Type of Service	Patient Class	DRG, CPT, HCPC	Description	Minimum Negotiated Charge	Maximum Negotiated Charge	Discounted Cash Price	BCBS Traditional	BCBS Adv PPO	BCBS Choice PPO	BCBS Bluelines HMO	BCBS Preferred PPO
Evaluation & Management Services	Outpatient	99385	PR PREVENTIVE VISIT, NEW, AGE 18 39	126.12	$157.65	$126.12	#N/A	#N/A	#N/A	#N/A	#N/A
Evaluation & Management Services	Outpatient	99204	PR OFFICE/OUTPT VISIT,NEW,LEVL IV	$156.64	$244.75	$182.32	#N/A	#N/A	#N/A	#N/A	#N/A
Evaluation & Management Services	Outpatient	99203	PR OFFICE/OUTPT VISIT,NEW,LEVL III	$101.82	$159.09	$118.80	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Outpatient	85730	LCHG PTT	7.36	9.02	$8.49	$7.36	$7.36	$7.36	$7.36	$7.36
Laboratory & Pathology Services	Outpatient	85610	LCHG PT-INR	6.44	7.36	$6.93	$7.36	$7.36	$7.36	$7.36	$7.36
Laboratory & Pathology Services	Outpatient	85027	LCHG CBC W/O AUTO DIFFERENTIAL	9.71	13.86	$13.04	$13.86	$13.86	$13.86	$13.86	$13.86
Laboratory & Pathology Services	Outpatient	85025	LCHG CBC W AUTO DIFFERENTIAL	11.66	13.86	$13.04	$13.86	$13.86	$13.86	$13.86	$13.86
Laboratory & Pathology Services	Outpatient	84443	LCHG TSH	25.20	30.73	$28.92	$30.73	$30.73	$30.73	$30.73	$30.73
Laboratory & Pathology Services	Outpatient	84154	LCHG PSA FREE	18.83	27.59	$25.97	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	84153	LCHG PROSTATE SPECIFIC ANTIGEN DIAG	18.83	27.59	$25.97	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	81003	LCHG URINALYSIS DIPSTICK AUTO	3.38	4.20	$3.95	$4.20	$4.20	$4.20	$4.20	$4.20
Laboratory & Pathology Services	Outpatient	84425	LCHG VITAMIN B1	18.83	31.85	$29.98	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	81001	LCHG URINALYSIS ROUTINE AUTO W MICROSCOPIC	4.76	5.96	$5.61	$5.96	$5.96	$5.96	$5.96	$5.96
Laboratory & Pathology Services	Outpatient	80076	LCHG HEPATIC FUNCTION PANEL	12.26	20.41	$19.21	$20.41	$20.41	$20.41	$20.41	$20.41
Laboratory & Pathology Services	Outpatient	80069	LCHG RENAL FUNCTION PANEL	13.02	20.41	$19.21	$20.41	$20.41	$20.41	$20.41	$20.41
Laboratory & Pathology Services	Outpatient	80061	LCHG LIPID PROFILE	20.09	20.41	$20.41	$20.41	$20.41	$20.41	$20.41	$20.41
Laboratory & Pathology Services	Outpatient	80053	LCHG COMPREHENSIVE METABOLIC PANEL	20.41	47.81	$45.00	$20.41	$20.41	$20.41	$20.41	$20.41
Laboratory & Pathology Services	Outpatient	80048	LCHG BASIC METABOLIC PANEL (CA TOTAL)	12.69	20.41	$19.21	$20.41	$20.41	$20.41	$20.41	$20.41
Radiology Services	Outpatient	76830	HC US TRANSVAGINAL NON OB	121.53	224.16	$210.98	$199.60	$121.53	$173.64	$121.53	$147.49
Radiology Services	Outpatient	76805	HC US OB 14+ WKS SINGLE GEST	154.18	224.16	$210.98	$154.18	$154.18	$154.18	$154.18	$154.18
Radiology Services	Outpatient	76700	HC US ABDOMEN COMPLETE	121.53	224.16	$210.98	$199.60	$121.53	$173.64	$121.53	$147.49
Radiology Services	Outpatient	74177	HC CT ABDOMEN PELVIS W CONTRAST	332.68	763.70	$718.78	$546.40	$332.68	$475.34	$332.68	$403.74
Radiology Services	Outpatient	72193	HC CT PELVIS WITH IV CONTRAST	332.68	546.40	$514.26	$546.40	$332.68	$475.34	$332.68	$403.74
Radiology Services	Outpatient	72110	HC LUMBAR SPINE 4+ VW	41.33	224.16	$210.98	$41.33	$41.33	$41.33	$41.33	$41.33
Radiology Services	Outpatient	70450	HC CT HEAD NON CONTRAST	128.47	280.20	$263.72	$210.99	$128.47	$183.55	$128.47	$155.91
Medicine and surgery services	Outpatient	64483	HC INJ TRANS NERVE L/S SNGL BILAT	989.23	1624.71	$1,452.15	$1,624.71	$989.23	$1,413.42	$989.23	$1,200.53
Medicine and surgery services	Outpatient	62323	HC INJ EPIDURAL LUMBAR SACRAL W IMG	606.01	1062.59	$1,000.09	$995.31	$606.01	$865.87	$606.01	$735.45
Medicine and surgery services	Outpatient	45385	PR COLONOSCOPY,REMV LESN,SNARE	1497.63	2054.18	#N/A	$2,054.18	$1,250.72	$1,787.04	$1,250.72	$1,517.87
Medicine and surgery services	Outpatient	45380	PR COLONOSCOPY,BIOPSY	921.04	1707.17	#N/A	$1,263.32	$769.19	$1,099.03	$769.19	$933.49
Medicine and surgery services	Outpatient	45378	PR COLONOSCOPY,DIAGNOSTIC	921.04	1298.60	#N/A	$1,263.32	$769.19	$1,099.03	$769.19	$933.49
Evaluation & Management Services	Outpatient	43239	PR EGD FLEX TRANSORAL W BX SNGL OR MULT	884.34	1336.06	$1,068.85	$1,212.98	$738.54	$1,055.23	$738.54	$896.29
Evaluation & Management Services	Outpatient	43235	PR ED EGD FLEX TRANSORAL DX	884.34	1336.06	$1,068.85	$1,212.98	$738.54	$1,055.23	$738.54	$896.29
Laboratory & Pathology Services	Outpatient	36415	LCHG BLOOD DRAW	4.23	4.50	$4.23	$0.00	$0.00	$0.00	$0.00	$0.00
Evaluation & Management Services	Outpatient	99213	PR OFFICE/OUTPT VISIT,EST,LEVL III	100.15	110.69	$80.12	$0.00	$0.00	$0.00	$0.00	$0.00
Evaluation & Management Services	Outpatient	99283	HC ED EMERGENT LEVEL III	176.00	279.18	$176.00	$0.00	$0.00	$0.00	$0.00	$0.00
Evaluation & Management Services	Outpatient	99284	HC ED EMERGENT LEVEL IV	81.66	439.74	$81.66	$0.00	$0.00	$0.00	$0.00	$0.00
Evaluation & Management Services	Outpatient	93005	HC EKG 12 LEAD	88.02	93.52	$88.02	$18.00	$18.00	$18.00	$18.00	$18.00
Radiology Services	Outpatient	70491	HC CT SOFT TISSUE NECK WITH CONTRAST	270.88	444.90	$418.73	$444.90	$270.88	$387.04	$270.88	$328.74
Laboratory & Pathology Services	Outpatient	87804	CHG INFLUENZA IMMUNOASSAY W/OPTIC	14.69	24.83	$23.37	$14.69	$14.69	$14.69	$14.69	$14.69
Laboratory & Pathology Services	Outpatient	83735	LCHG MAGNESIUM BLOOD	9.84	10.05	$10.05	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	84484	LCHG TROPONIN I	18.71	18.83	$18.83	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	83036	LCHG HEMOGLOBIN A1C	14.57	18.83	$17.73	$18.83	$18.83	$18.83	$18.83	$18.83
Evaluation & Management Services	Outpatient	99214	PR OFFICE/OUTPT VISIT,EST,LEVL IV	161.11	220.00	$176.00	$0.00	$0.00	$0.00	$0.00	$0.00
Radiology Services	Outpatient	71045	HC XRAY CHEST 1 VIEW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	87880	CHG STREP A ASSAY W/OPTIC	14.69	24.80	$23.34	$14.69	$14.69	$14.69	$14.69	$14.69
Laboratory & Pathology Services	Outpatient	87086	LCHG CULTURE URINE	12.11	14.69	$13.82	$14.69	$14.69	$14.69	$14.69	$14.69
Laboratory & Pathology Services	Outpatient	82550	LCHG CK BLOOD	9.77	9.84	$9.84	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	84439	LCHG T4 FREE	13.53	30.73	$28.92	$30.73	$30.73	$30.73	$30.73	$30.73
Radiology Services	Outpatient	72050	HC CERVICAL SPINE MIN 4+ VW	41.33	224.16	$210.98	$41.33	$41.33	$41.33	$41.33	$41.33
Evaluation & Management Services	Outpatient	96372	PR THER/PROPH/DIAG INJ, SC/IM	99.59	105.82	$99.59	$0.00	$0.00	$0.00	$0.00	$0.00
Evaluation & Management Services	Outpatient	99285	HC ED EMERGENT LEVEL V	593.54	630.64	$593.54	$0.00	$0.00	$0.00	$0.00	$0.00
Radiology Services	Outpatient	71046	HC XRAY CHEST 2 VIEWS	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	83605	LCHG LACTIC ACID BLOOD	17.36	18.83	$17.73	$18.83	$18.83	$18.83	$18.83	$18.83
Evaluation & Management Services	Outpatient	96372	HC ED INJ THER/PROPH/DIAG SUBQ/IM	99.59	105.82	$99.59	$0.00	$0.00	$0.00	$0.00	$0.00
Laboratory & Pathology Services	Outpatient	82553	LCHG CKMB	17.33	18.83	$17.73	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	83690	LCHG LIPASE BLOOD	9.84	10.34	$10.34	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	83880	LCHG B-TYPE NATRIURETIC PEPTIDE	57.18	58.89	$58.89	$57.18	$57.18	$57.18	$57.18	$57.18
Laboratory & Pathology Services	Outpatient	82607	LCHG VITAMIN B12	22.62	30.73	$28.92	$30.73	$30.73	$30.73	$30.73	$30.73
Evaluation & Management Services	Outpatient	96375	HC ED INJ THER/DIAG IVP EA ADDL NEW DRUG	62.77	66.69	$62.77	$0.00	$0.00	$0.00	$0.00	$0.00
Laboratory & Pathology Services	Outpatient	85060	LCHG PERIPHERAL BLOOD SMEAR W INTERP NL	34.18	36.32	$34.18	$0.00	$0.00	$0.00	$0.00	$0.00
Evaluation & Management Services	Outpatient	G0378	HC RB OBSERVATION PER HR	35.77	35.77	$35.77	$30.41	$30.41	$30.41	$30.41	$30.41
Laboratory & Pathology Services	Outpatient	82306	LCHG VITAMIN D 25-HYDROXY	44.40	57.18	$53.82	$57.18	$57.18	$57.18	$57.18	$57.18
Evaluation & Management Services	Inpatient	94640	HC INHALATION TREATMENT W/MED SUBSEQUENT	285.14	513.23	$483.05	$513.23	$312.49	$446.49	$312.49	$379.24
Evaluation & Management Services	Outpatient	87804	LCHG INFLUENZA A+B ANTIGEN RAPID	14.69	24.83	$23.37	$14.69	$14.69	$14.69	$14.69	$14.69
Evaluation & Management Services	Outpatient	96361	HC ED IV INF HYDRATION EA ADDL HR	46.44	76.28	$71.79	$76.28	$46.44	$66.36	$46.44	$56.36
Laboratory & Pathology Services	Outpatient	G0103	LCHG PROSTATE SPECIFIC ANTIGEN SCREEN	18.83	27.26	$27.26	$18.83	$18.83	$18.83	$18.83	$18.83
Evaluation & Management Services	Outpatient	94640	HC INHALATION TREATMENT W/MED SUBSEQUENT	285.14	513.23	$483.05	$513.23	$312.49	$446.49	$312.49	$379.24
Evaluation & Management Services	Outpatient	99202	PR OFFICE/OUTPT VISIT,NEW,LEVL II	89.53	111.91	$81.66	$0.00	$0.00	$0.00	$0.00	$0.00
Laboratory & Pathology Services	Outpatient	87040	LCHG CULTURE BLOOD	15.48	53.37	$50.23	$53.37	$53.37	$53.37	$53.37	$53.37
Laboratory & Pathology Services	Outpatient	82043	LCHG MICROALBUMIN URINE RANDOM QUANT	5.96	8.67	$8.16	$5.96	$5.96	$5.96	$5.96	$5.96
Laboratory & Pathology Services	Outpatient	82247	LCHG BILIRUBIN TOTAL BLOOD	7.53	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	80307	LCHG DRUG SCREEN SGLCLS A V	57.18	93.21	$87.73	$57.18	$57.18	$57.18	$57.18	$57.18
Laboratory & Pathology Services	Outpatient	82746	LCHG FOLATE	18.83	22.05	$20.75	$18.83	$18.83	$18.83	$18.83	$18.83
Evaluation & Management Services	Outpatient	87880	LCHG STREP A SCREEN DIRECT IMMUNO	14.69	24.80	$23.34	$14.69	$14.69	$14.69	$14.69	$14.69
Laboratory & Pathology Services	Outpatient	84403	LCHG TESTOSTERONE TOTAL	38.72	40.79	$40.79	$40.79	$40.79	$40.79	$40.79	$40.79
Laboratory & Pathology Services	Outpatient	85379	LCHG D-DIMER QUANTITATIVE	15.27	23.74	$22.34	$23.74	$23.74	$23.74	$23.74	$23.74
Evaluation & Management Services	Outpatient	96365	HC ED IV INF THER/PROPH/DIAG 1ST HR	93.95	321.55	$302.63	$154.31	$93.95	$134.24	$93.95	$114.02
Laboratory & Pathology Services	Outpatient	82570	LCHG CREATININE URINE RANDOM	7.77	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	81025	LCHG HCG URINE QUALITATIVE	5.96	12.92	$12.16	$5.96	$5.96	$5.96	$5.96	$5.96
Laboratory & Pathology Services	Outpatient	85651	LCHG SED RATE WESTERGREN	6.41	13.86	$13.04	$13.86	$13.86	$13.86	$13.86	$13.86
Evaluation & Management Services	Outpatient	90471	PR IMMUNIZATION ADMINISTRATION ; ONE VACCINE	$82.24	102.80	$15.66	$0.00	$0.00	$0.00	$0.00	$0.00
Laboratory & Pathology Services	Outpatient	82805	LCHG BLOOD GASES VENOUS	18.83	118.16	$111.21	$18.83	$18.83	$18.83	$18.83	$18.83
Radiology Services	Outpatient	74176	HC CT ABDOMEN PELVIS WO CONTRAST	332.68	546.40	$514.26	$546.40	$332.68	$475.34	$332.68	$403.74
Evaluation & Management Services	Outpatient	90472	PR IMMUNIZATION ADMINISTRATION; EA ADD VACCINE	$15.03	19.58	$15.66	$0.00	$0.00	$0.00	$0.00	$0.00
Evaluation & Management Services	Outpatient	99282	HC ED EMERGENT LEVEL II	150.54	159.95	$150.54	$0.00	$0.00	$0.00	$0.00	$0.00
Laboratory & Pathology Services	Outpatient	84155	LCHG PROTEIN TOTAL BLOOD I	5.51	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	87651	LCHG STREP A DNA AMPLIFIED PROBE	52.64	53.38	$53.38	$53.37	$53.37	$53.37	$53.37	$53.37
Laboratory & Pathology Services	Outpatient	84436	LCHG T4 TOTAL	10.31	30.73	$28.92	$30.73	$30.73	$30.73	$30.73	$30.73
Laboratory & Pathology Services	Outpatient	82150	LCHG AMYLASE BLOOD	9.72	18.83	$17.73	$18.83	$18.83	$18.83	$18.83	$18.83
Radiology Services	Outpatient	73630	HC FOOT 3+ VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	86140	LCHG C-REACTIVE PROTEIN	7.77	16.45	$15.48	$16.45	$16.45	$16.45	$16.45	$16.45
Inpatient	Inpatient	MS194	SIMPLE PNEUMONIA AND PLEURISY WITH CC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Radiology Services	Outpatient	73130	HC HAND 3+ VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	86200	LCHG CYCLIC CITRUL PEPTIDE AB IGG (CCP) I	16.45	19.43	$18.29	$16.45	$16.45	$16.45	$16.45	$16.45
Laboratory & Pathology Services	Inpatient	82962	HC LAB GLUCOSE BLD POCT (IP)	4.92	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	84550	LCHG URIC ACID BLOOD	6.78	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Evaluation & Management Services	Outpatient	90471	HC IMMUNIZ ADMIN 1 SNGL/COMB VAC/TOXOID	0.00	102.80	$96.75	$0.00	$0.00	$0.00	$0.00	$0.00
Evaluation & Management Services	Inpatient	99285	HC ED EMERGENT LEVEL V	0.00	630.64	$593.54	$0.00	$0.00	$0.00	$0.00	$0.00

Type of Service	Patient Class	DRG, CPT, HCPC	Description	Minimum Negotiated Charge	Maximum Negotiated Charge	Discounted Cash Price	BCBS Traditional	BCBS Adv PPO	BCBS Choice PPO	BCBS Bluelines HMO	BCBS Preferred PPO
Laboratory & Pathology Services	Outpatient	84481	LCHG T3 FREE	25.41	30.73	$28.92	$30.73	$30.73	$30.73	$30.73	$30.73
Evaluation & Management Services	Inpatient	93005	HC EKG 12 LEAD	18.00	93.52	$88.02	$18.00	$18.00	$18.00	$18.00	$18.00
Radiology Services	Outpatient	73030	HC SHOULDER 2+ VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	86757	LCHG ROCKY MT SPOTTED FEVER ANTIBODY IGM	27.29	29.03	$27.32	$27.29	$27.29	$27.29	$27.29	$27.29
Laboratory & Pathology Services	Inpatient	83605	LCHG LACTIC ACID BLOOD	17.36	18.83	$17.73	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	U0003	LCHG SARS-COV-2 PCR I	$94.12	$117.65	$94.12	#N/A	#N/A	#N/A	#N/A	#N/A
Evaluation & Management Services	Outpatient	99281	HC ED EMERGENT LEVEL I	81.91	87.03	$81.91	$0.00	$0.00	$0.00	$0.00	$0.00
Radiology Services	Outpatient	73610	HC ANKLE 3+ VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	82962	HC LAB GLUCOSE BLD POCT (IP)	4.92	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Radiology Services	Outpatient	72100	HC LUMBAR SPINE 2 OR 3 VW	41.33	224.16	$210.98	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Inpatient	84484	LCHG TROPONIN I	18.71	18.83	$18.83	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	80320	LCHG ALCOHOL ETHYL BLOOD II	92.00	92.00	$92.00	$0.00	$0.00	$0.00	$0.00	$0.00
Radiology Services	Inpatient	71045	HC XRAY CHEST 1 VIEW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Inpatient	83735	LCHG MAGNESIUM BLOOD	9.84	10.05	$10.05	$9.84	$9.84	$9.84	$9.84	$9.84
Radiology Services	Outpatient	73120	HC HAND 2 VW	41.33	224.16	$210.98	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Inpatient	83880	LCHG B-TYPE NATRIURETIC PEPTIDE	57.18	58.89	$58.89	$57.18	$57.18	$57.18	$57.18	$57.18
Inpatient	Inpatient	MS690	KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Inpatient	Inpatient	MS871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Radiology Services	Outpatient	73560	HC KNEE 1 OR 2 VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Evaluation & Management Services	Inpatient	G0378	HC RB OBSERVATION PER HR	30.41	35.77	$35.77	$30.41	$30.41	$30.41	$30.41	$30.41
Radiology Services	Outpatient	73110	HC WRIST 3+ VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Inpatient	87040	LCHG CULTURE BLOOD	15.48	53.37	$50.23	$53.37	$53.37	$53.37	$53.37	$53.37
Radiology Services	Outpatient	73502	HC XRAY HIP UNILAT 2-3 VIEWS	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Evaluation & Management Services	Outpatient	96376	HC IVP TPD EA ADD PUSH SAME DRUG	31.39	33.35	$31.39	$0.00	$0.00	$0.00	$0.00	$0.00
Evaluation & Management Services	Outpatient	96360	HC ED IV INF HYDRATION INIT 31 MIN TO 1HR	93.95	321.55	$302.63	$154.31	$93.95	$134.24	$93.95	$114.02
Laboratory & Pathology Services	Outpatient	86038	LCHG ANA BLOOD SCREEN	16.45	18.14	$17.07	$16.45	$16.45	$16.45	$16.45	$16.45
Radiology Services	Outpatient	93971	HC DUPLEX VEIN EXTREM UNILAT	190.54	331.83	$312.31	$331.83	$202.04	$288.67	$202.04	$245.19
Laboratory & Pathology Services	Outpatient	82728	LCHG FERRITIN	18.83	20.45	$19.25	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Inpatient	81001	LCHG URINALYSIS ROUTINE AUTO W MICROSCOPIC	4.76	5.96	$5.61	$5.96	$5.96	$5.96	$5.96	$5.96
Evaluation & Management Services	Outpatient	94762	HC NONINVAS OXYGEN SATURATION CONT	227.87	242.11	$227.87	$0.00	$0.00	$0.00	$0.00	$0.00
Laboratory & Pathology Services	Outpatient	99211	PR OFFICE/OUTPT VISIT,EST,LEVL I	31.40	33.36	$31.40	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	Inpatient	MS872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Evaluation & Management Services	Outpatient	87807	CHG INF AGT ANTIG DETCT IMMUOASSY DIR OPTICL OBS;RSV	14.69	25.00	$20.00	$14.69	$14.69	$14.69	$14.69	$14.69
Radiology Services	Outpatient	73562	HC KNEE 3 VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	87070	LCHG CULTURE FLUID	12.93	14.69	$13.82	$14.69	$14.69	$14.69	$14.69	$14.69
Radiology Services	Outpatient	93306	HC TTE 2D WO CON W DOPPLER AND COLOR CMPL	288.92	818.69	$770.53	$474.51	$288.92	$412.80	$288.92	$350.63
Evaluation & Management Services	Outpatient	99441	PR PHONE E/M PHYS/QHP 5 10 MIN	24.00	30.00	$24.00	$0.00	$0.00	$0.00	$0.00	$0.00
Laboratory & Pathology Services	Outpatient	80329	LCHG ACETAMINOPHEN LEVEL II	235.82	235.82	$235.82	$0.00	$0.00	$0.00	$0.00	$0.00
Laboratory & Pathology Services	Outpatient	84703	LCHG HCG BLOOD QUALITATIVE	11.28	18.83	$17.73	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	82670	LCHG ESTRADIOL	40.79	41.91	$41.91	$40.79	$40.79	$40.79	$40.79	$40.79
Laboratory & Pathology Services	Inpatient	82550	LCHG CK BLOOD	9.77	9.84	$9.84	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	82140	LCHG AMMONIA	18.83	21.86	$20.58	$18.83	$18.83	$18.83	$18.83	$18.83
Evaluation & Management Services	Outpatient	99394	PR PREVENTIVE VISIT,EST,12 17	110.84	138.55	$110.84	$0.00	$0.00	$0.00	$0.00	$0.00
Radiology Services	Outpatient	72125	HC CT CERVICAL SPINE NON CONTRAST	224.16	369.84	$348.09	$369.84	$225.18	$321.74	$225.18	$273.28
Evaluation & Management Services	Outpatient	G1004	HC CLIN DECISION SUPPORT NDSC AUC2	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Inpatient	Inpatient	MS291	HEART FAILURE AND SHOCK WITH MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Radiology Services	Outpatient	76705	HC US ABDOMEN LIMITED	121.53	224.16	$210.98	$199.60	$121.53	$173.64	$121.53	$147.49
Inpatient	Inpatient	MS191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Inpatient	Inpatient	MS641	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Inpatient	82553	LCHG CKMB	17.33	18.83	$17.73	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	83540	LCHG IRON BLOOD	9.71	9.84	$9.84	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	86618	LCHG LYME DISEASE ANTIBODY SCREEN BLOOD	25.55	27.29	$25.68	$27.29	$27.29	$27.29	$27.29	$27.29
Evaluation & Management Services	Outpatient	99393	PR PREVENTIVE VISIT,EST,AGE5 11	101.28	126.60	$101.28	$0.00	$0.00	$0.00	$0.00	$0.00
Radiology Services	Outpatient	71260	HC CT CHEST WITH CONTRAST	270.88	455.55	$455.55	$444.90	$270.88	$387.04	$270.88	$328.74
Laboratory & Pathology Services	Outpatient	87635	LCHG SARS-COV-2 (COVID-19)	$66.73	$100.00	$80.00	#N/A	#N/A	#N/A	#N/A	#N/A
Outpatient	Outpatient	93017	HC CARD STRESS TEST ROUTINE	69.42	430.27	$404.96	$114.01	$69.42	$99.18	$69.42	$84.24
Radiology Services	Outpatient	72040	HC CERVICAL SPINE 2 OR 3 VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Radiology Services	Outpatient	74022	HC XRAY ABD ACUTE SERIES W PA CHEST	41.33	224.16	$210.98	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	84144	LCHG PROGESTERONE	30.73	31.29	$31.29	$30.73	$30.73	$30.73	$30.73	$30.73
Radiology Services	Outpatient	71250	HC CT CHEST NON CONTRAST	270.88	444.90	$418.73	$444.90	$270.88	$387.04	$270.88	$328.74
Evaluation & Management Services	Outpatient	99291	HC ED CRITICAL CARE E/M 30-74 MIN	784.31	833.33	$784.31	$0.00	$0.00	$0.00	$0.00	$0.00
Radiology Services	Outpatient	74018	HC XRAY ABDOMEN 1 VIEW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	87591	LCHG GC AMPLIFIED PROBE	52.64	53.38	$53.38	$53.37	$53.37	$53.37	$53.37	$53.37
Laboratory & Pathology Services	Outpatient	87491	LCHG CHLAMYDIA DNA PROBE	16.45	52.64	$49.54	$16.45	$16.45	$16.45	$16.45	$16.45
Inpatient	Inpatient	MS190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Inpatient	87086	LCHG CULTURE URINE	12.11	14.69	$13.82	$14.69	$14.69	$14.69	$14.69	$14.69
Evaluation & Management Services	Outpatient	99442	PR PHONE E/M PHYS/QHP 11 20 MIN	28.00	35.00	$28.00	$0.00	$0.00	$0.00	$0.00	$0.00
Laboratory & Pathology Services	Outpatient	86430	LCHG RHEUMATOID FACTOR BLOOD SCREEN	9.21	16.45	$15.48	$16.45	$16.45	$16.45	$16.45	$16.45
Laboratory & Pathology Services	Outpatient	81025	CHG URINE PREGNANCY TEST	5.96	12.92	$12.16	$5.96	$5.96	$5.96	$5.96	$5.96
Radiology Services	Outpatient	73070	HC ELBOW 2 VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Evaluation & Management Services	Outpatient	94664	HC DEMO AND/OR EVAL PT USE AEROSOL DEVICE	113.79	321.93	$302.99	$113.79	$113.79	$113.79	$113.79	$113.79
Inpatient	Inpatient	MS177	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Outpatient	86666	LCHG EHRLICHIA ANTIBODY	15.27	27.29	$25.68	$27.29	$27.29	$27.29	$27.29	$27.29
Evaluation & Management Services	Outpatient	99392	PR PREVENTIVE VISIT,EST,AGE 1 4	101.60	127.00	$101.60	$0.00	$0.00	$0.00	$0.00	$0.00
Laboratory & Pathology Services	Outpatient	86677	LCHG HELICOBACTER PYLORI ANTIBODY IGG QUAL	25.28	27.29	$25.68	$27.29	$27.29	$27.29	$27.29	$27.29
Laboratory & Pathology Services	Outpatient	80074	LCHG HEPATITIS SCREEN ACUTE	20.41	71.45	$67.25	$20.41	$20.41	$20.41	$20.41	$20.41
Radiology Services	Outpatient	93880	HC DUPLEX CAROTID BILAT	121.53	396.17	$372.86	$199.60	$121.53	$173.64	$121.53	$147.49
Inpatient	Inpatient	MS605	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE AND BREAST WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Outpatient	84100	LCHG PHOSPHORUS BLOOD	7.11	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Evaluation & Management Services	Outpatient	99391	PR PREVENTIVE VISIT,EST,INFANT	94.92	118.65	$94.92	$0.00	$0.00	$0.00	$0.00	$0.00
Radiology Services	Outpatient	70486	HC CT SINUS FACIAL BONES NON CONTRAST	270.88	444.90	$418.73	$444.90	$270.88	$387.04	$270.88	$328.74
Inpatient	Inpatient	MS195	SIMPLE PNEUMONIA AND PLEURISY WITHOUT CC/MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Outpatient	84156	LCHG PROTEIN URINE RANDOM QUANTITATIVE	5.51	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Evaluation & Management Services	Outpatient	99212	PR OFFICE/OUTPT VISIT,EST,LEVL II	$47.71	66.45	$47.71	$0.00	$0.00	$0.00	$0.00	$0.00
Radiology Services	Outpatient	71046	HC XRAY CHEST 2 VIEWS	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Evaluation & Management Services	Outpatient	29125	HC ED APPLIC SPLINT SHORT ARM STATIC	185.35	456.14	$429.31	$456.14	$277.73	$396.82	$277.73	$337.05
Inpatient	Inpatient	MS563	FRACTURE, SPRAIN, STRAIN AND DISLOCATION EXCEPT FEMUR, HIP, PELVIS AND THIGH WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Radiology Services	Outpatient	72170	HC PELVIS 1 OR 2 VW	41.33	224.16	$210.98	$41.33	$41.33	$41.33	$41.33	$41.33

Type of Service	Patient Class	DRG, CPT, HCPC	Description	Minimum Negotiated Charge	Maximum Negotiated Charge	Discounted Cash Price	BCBS Traditional	BCBS Adv PPO	BCBS Choice PPO	BCBS Bluelines HMO	BCBS Preferred PPO
Laboratory & Pathology Services	Outpatient	87045	LCHG CULTURE SALMONELLA+SHIGELLA	14.16	14.69	$14.69	$14.69	$14.69	$14.69	$14.69	$14.69
Laboratory & Pathology Services	Outpatient	87046	LCHG CULTURE STOOL EACH ORGANISM	14.16	14.69	$14.69	$14.69	$14.69	$14.69	$14.69	$14.69
Evaluation & Management Services	Outpatient	78452	HC NM MYOCARD PERFUSION SPECT STRESS AND REST	715.66	2544.38	$2,394.71	$1,175.40	$715.66	$1,022.54	$715.66	$868.52
Laboratory & Pathology Services	Outpatient	86665	LCHG EPSTEIN-BARR VIRUS ANTIBODY VCA	27.21	27.29	$27.29	$27.29	$27.29	$27.29	$27.29	$27.29
Laboratory & Pathology Services	Outpatient	87427	LCHG SHIGA-LIKE TOXIN	16.45	17.97	$16.91	$16.45	$16.45	$16.45	$16.45	$16.45
Laboratory & Pathology Services	Outpatient	87493	LCHG CLOSTRIDIUM DIFF PCR	16.45	55.91	$52.62	$16.45	$16.45	$16.45	$16.45	$16.45
Radiology Services	Outpatient	70360	HC NECK SOFT TISSUE	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Radiology Services	Outpatient	73590	HC TIBIA AND FIBULA 2 VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Radiology Services	Outpatient	76536	HC US HEAD NECK TISSUES B - SCAN REAL TIME	121.53	224.16	$210.98	$199.60	$121.53	$173.64	$121.53	$147.49
Laboratory & Pathology Services	Outpatient	83001	LCHG FSH	27.87	40.79	$38.39	$40.79	$40.79	$40.79	$40.79	$40.79
Radiology Services	Outpatient	76856	HC US PELVIS COMPLETE	121.53	224.16	$210.98	$199.60	$121.53	$173.64	$121.53	$147.49
Laboratory & Pathology Services	Outpatient	86141	LCHG C-REACTIVE PROTEIN SENSITIVE	16.45	19.43	$18.29	$16.45	$16.45	$16.45	$16.45	$16.45
Inpatient	Inpatient	MS292	HEART FAILURE AND SHOCK WITH CC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Inpatient	83690	LCHG LIPASE BLOOD	9.84	10.34	$10.34	$9.84	$9.84	$9.84	$9.84	$9.84
Radiology Services	Outpatient	74019	HC XRAY ABDOMEN 2 VIEWS	41.33	224.16	$210.98	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	86901	LCHG BLOOD TYPE RH I	5.59	50.15	$47.20	$5.59	$5.59	$5.59	$5.59	$5.59
Laboratory & Pathology Services	Inpatient	82805	LCHG BLOOD GASES VENOUS	18.83	118.16	$111.21	$18.83	$18.83	$18.83	$18.83	$18.83
Radiology Services	Outpatient	73090	HC FOREARM 2 VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	83516	LCHG GLIADIN ANTIBODY IGA	16.45	17.30	$17.30	$16.45	$16.45	$16.45	$16.45	$16.45
Inpatient	Inpatient	MS192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITHOUT CC/MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Outpatient	86235	LCHG CENTROMERE B ANTIBODY	26.90	27.29	$27.29	$27.29	$27.29	$27.29	$27.29	$27.29
Laboratory & Pathology Services	Outpatient	86900	LCHG BLOOD TYPE ABO	5.59	163.55	$153.93	$5.59	$5.59	$5.59	$5.59	$5.59
Inpatient	Inpatient	MS193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Outpatient	86803	LCHG HEPATITIS C ANTIBODY	21.41	27.29	$25.68	$27.29	$27.29	$27.29	$27.29	$27.29
Laboratory & Pathology Services	Outpatient	84466	LCHG TRANSFERRIN	18.83	19.14	$19.14	$18.83	$18.83	$18.83	$18.83	$18.83
Evaluation & Management Services	Outpatient	87807	LCHG RSV RAPID AG BY IMMUNOASSAY	14.69	19.65	$18.50	$14.69	$14.69	$14.69	$14.69	$14.69
Inpatient	Inpatient	MS683	RENAL FAILURE WITH CC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Evaluation & Management Services	Outpatient	96367	HC IV INF THER/PROPH/DIAG SEQ INF 1ST HR	93.95	154.31	$145.23	$154.31	$93.95	$134.24	$93.95	$114.02
Laboratory & Pathology Services	Outpatient	80162	LCHG DIGOXIN LEVEL	19.92	24.59	$23.14	$24.59	$24.59	$24.59	$24.59	$24.59
Laboratory & Pathology Services	Outpatient	86308	LCHG MONONUCLEOSIS SCREEN	7.77	16.45	$15.48	$16.45	$16.45	$16.45	$16.45	$16.45
Radiology Services	Outpatient	73600	HC ANKLE 2 VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Radiology Services	Outpatient	76770	HC US RETROPERITONEAL COMPLETE	121.53	224.16	$210.98	$199.60	$121.53	$173.64	$121.53	$147.49
Radiology Services	Outpatient	73620	HC FOOT 2 VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Evaluation & Management Services	Outpatient	90651	PR HPV VIRUS VACCINE 9 VAL IM	$240.57	370.00	$296.00	$34.69	$34.69	$34.69	$34.69	$34.69
Laboratory & Pathology Services	Outpatient	84702	LCHG HCG QUANTITATIVE I	22.58	30.73	$28.92	$30.73	$30.73	$30.73	$30.73	$30.73
Laboratory & Pathology Services	Outpatient	86850	LCHG ANTIBODY SCREEN	16.45	74.21	$69.85	$16.45	$16.45	$16.45	$16.45	$16.45
Evaluation & Management Services	Outpatient	10060	HC ED I&D ABSCESS SMPL SNGL	297.04	538.18	$506.52	$538.18	$327.68	$468.19	$327.68	$397.67
Radiology Services	Outpatient	71275	HC CT ANGIO CHEST W/WO CONTRAST	364.44	600.50	$565.18	$600.50	$365.62	$522.40	$365.62	$443.72
Inpatient	Inpatient	MS603	CELLULITIS WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Inpatient	83036	LCHG HEMOGLOBIN A1C	14.57	18.83	$17.73	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	83970	LCHG PTH INTACT	40.79	61.92	$58.28	$40.79	$40.79	$40.79	$40.79	$40.79
Laboratory & Pathology Services	Outpatient	86920	LCHG COMPATIBILITY TEST IMMEDIATE SPIN	5.59	215.25	$202.59	$5.59	$5.59	$5.59	$5.59	$5.59
Laboratory & Pathology Services	Outpatient	82652	LCHG VITAMIN D 1 25 DIHYDROXY	57.18	57.75	$57.75	$57.18	$57.18	$57.18	$57.18	$57.18
Evaluation & Management Services	Outpatient	36430	HC ED BLOOD TRANSFUSION SERVICE	659.67	1689.01	$1,509.62	$1,689.01	$1,028.38	$1,469.36	$1,028.38	$1,248.04
Radiology Services	Outpatient	72131	HC CT LUMBAR SPINE NON CONTRAST	224.16	369.84	$348.09	$369.84	$225.18	$321.74	$225.18	$273.28
Laboratory & Pathology Services	Outpatient	82009	LCHG ACETONE BLOOD QUALITATIVE	6.78	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Evaluation & Management Services	Inpatient	87804	LCHG INFLUENZA A+B ANTIGEN RAPID	14.69	24.83	$23.37	$14.69	$14.69	$14.69	$14.69	$14.69
Laboratory & Pathology Services	Outpatient	87205	LCHG GRAM STAIN SMEAR	6.41	14.69	$13.82	$14.69	$14.69	$14.69	$14.69	$14.69
Radiology Services	Outpatient	72072	HC THORACIC SPINE 3 VW	41.33	224.16	$210.98	$41.33	$41.33	$41.33	$41.33	$41.33
Radiology Services	Outpatient	77080	HC DEXA BONE DENSITY AXIAL SKELETON	54.40	224.16	$210.98	$89.35	$54.40	$77.73	$54.40	$66.02
#N/A	Outpatient	87210	LCHG WET PREP SMEAR	8.73	14.69	$13.82	$14.69	$14.69	$14.69	$14.69	$14.69
Laboratory & Pathology Services	Outpatient	80164	LCHG VALPROIC ACID LEVEL	20.31	24.59	$23.14	$24.59	$24.59	$24.59	$24.59	$24.59
Laboratory & Pathology Services	Outpatient	80202	LCHG VANCOMYCIN LEVEL TROUGH	20.31	24.59	$23.14	$24.59	$24.59	$24.59	$24.59	$24.59
Evaluation & Management Services	Outpatient	93225	HC ECG MONITOR UP TO 48 HRS RECORDING	58.03	185.35	$174.45	$58.03	$58.03	$58.03	$58.03	$58.03
Inpatient	Inpatient	MS392	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Radiology Services	Outpatient	74178	HC CT ABDOMEN PELVIS WWO CONTRAST	332.68	763.70	$718.78	$546.40	$332.68	$475.34	$332.68	$403.74
Radiology Services	Inpatient	74176	HC CT ABDOMEN PELVIS WO CONTRAST	332.68	546.40	$514.26	$546.40	$332.68	$475.34	$332.68	$403.74
Radiology Services	Inpatient	93306	HC TTE 2D WO CON W DOPPLER AND COLOR CMPL	288.92	818.69	$770.53	$474.51	$288.92	$412.80	$288.92	$350.63
Laboratory & Pathology Services	Outpatient	87177	LCHG O+P	13.35	14.69	$13.82	$14.69	$14.69	$14.69	$14.69	$14.69
Laboratory & Pathology Services	Outpatient	87209	LCHG STAIN TRICHROME	26.97	53.37	$50.23	$53.37	$53.37	$53.37	$53.37	$53.37
Inpatient	Inpatient	MS556	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Radiology Services	Inpatient	71250	HC CT CHEST NON CONTRAST	270.88	444.90	$418.73	$444.90	$270.88	$387.04	$270.88	$328.74
Evaluation & Management Services	Outpatient	29515	HC ED APPLIC SPLINT SHORT LEG	227.36	456.14	$429.31	$456.14	$277.73	$396.82	$277.73	$337.05
Laboratory & Pathology Services	Outpatient	83615	LCHG LDH BLOOD	9.06	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	86664	LCHG EPSTEIN-BARR VIRUS ANTIBODY NUCLEAR AG	22.94	27.29	$25.68	$27.29	$27.29	$27.29	$27.29	$27.29
Evaluation & Management Services	Outpatient	96366	HC ED IV INF THER/PROPH/DIAG EA ADDL HR	46.44	76.28	$71.79	$76.28	$46.44	$66.36	$46.44	$56.36
Inpatient	Inpatient	MS189	PULMONARY EDEMA AND RESPIRATORY FAILURE	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Inpatient	82607	LCHG VITAMIN B12	22.62	30.73	$28.92	$30.73	$30.73	$30.73	$30.73	$30.73
Radiology Services	Outpatient	73620	HC FOOT 2 VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Inpatient	82746	LCHG FOLATE	18.83	22.05	$20.75	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	87075	LCHG CULTURE ANAEROBE	14.21	14.69	$14.69	$14.69	$14.69	$14.69	$14.69	$14.69
Evaluation & Management Services	Outpatient	92950	HC CARDIOPULMONARY RESUSCITATION	430.27	1570.51	$1,403.71	$1,570.51	$956.23	$1,366.27	$956.23	$1,160.48
Radiology Services	Outpatient	93925	HC DUPLEX ARTERY OR BYPASS LE BILAT	202.04	396.17	$372.86	$331.83	$202.04	$288.67	$202.04	$245.19
Inpatient	Inpatient	MS312	SYNCOPE AND COLLAPSE	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Evaluation & Management Services	Outpatient	51702	HC INSERT CATH TEMP INDWELL BLADDER SMPL	88.49	185.35	$174.45	$88.49	$88.49	$88.49	$88.49	$88.49
Radiology Services	Outpatient	78227	HC HEPATOBIL SYST IMAGE W/DRUG	671.84	1103.43	$1,022.77	$1,103.43	$671.84	$959.93	$671.84	$815.34
Evaluation & Management Services	Outpatient	94060	HC BRONCHODILATOR PRE/POST TEST	89.52	442.93	$416.87	$89.52	$89.52	$89.52	$89.52	$89.52
#N/A	Outpatient	A9537	HC TC99M MEBROFENIN PER DOSE TO 15MCI	62.47	66.38	$62.47	$0.00	$0.00	$0.00	$0.00	$0.00
Blood Trans	Outpatient	P9016	LCHG RBC LR	1231.40	1689.01	$1,509.62	$1,689.01	$1,028.38	$1,469.36	$1,028.38	$1,248.04
Laboratory & Pathology Services	Outpatient	87389	LCHG HIV-1 AG W HIV-1+HIV-2 AB	16.45	36.12	$33.99	$16.45	$16.45	$16.45	$16.45	$16.45
Radiology Services	Outpatient	73552	HC XRAY FEMUR MINIMUM 2 VIEWS	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	82784	LCHG IGA BLOOD I	13.95	18.83	$17.73	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	86663	LCHG EPSTEIN-BARR VIRUS ANTIBODY TO EARLY AG	19.68	27.29	$25.68	$27.29	$27.29	$27.29	$27.29	$27.29
Laboratory & Pathology Services	Outpatient	86787	LCHG VARICELLA ZOSTER ANTIBODY IGG	16.45	19.32	$18.18	$16.45	$16.45	$16.45	$16.45	$16.45
Radiology Services	Outpatient	71101	HC RIBS UNILATERAL W PA CHEST	41.33	224.16	$210.98	$41.33	$41.33	$41.33	$41.33	$41.33
Radiology Services	Outpatient	71100	HC RIBS UNILATERAL 2 VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	80050	CHG GENERAL HEALTH PANEL	20.41	71.82	$67.59	$20.41	$20.41	$20.41	$20.41	$20.41
Laboratory & Pathology Services	Outpatient	86376	LCHG MICROSOMAL ANTIBODY	21.83	40.79	$38.39	$40.79	$40.79	$40.79	$40.79	$40.79
Laboratory & Pathology Services	Outpatient	86431	LCHG RHEUMATOID FACTOR BLOOD QUANT I	8.51	16.45	$15.48	$16.45	$16.45	$16.45	$16.45	$16.45
Inpatient	Inpatient	MS552	MEDICAL BACK PROBLEMS WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Inpatient	Inpatient	MS689	KIDNEY AND URINARY TRACT INFECTIONS WITH MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Radiology Services	Outpatient	76870	HC US SCROTUM AND CONTENTS	121.53	224.16	$210.98	$199.60	$121.53	$173.64	$121.53	$147.49
Laboratory & Pathology Services	Outpatient	82533	LCHG CORTISOL BLOOD	24.45	40.79	$38.39	$40.79	$40.79	$40.79	$40.79	$40.79
Laboratory & Pathology Services	Outpatient	86769	LCHG SARS-COV-2 (COVID-19) ANTIBODY IGG	$30.95	$127.50	$102.00	#N/A	#N/A	#N/A	#N/A	#N/A

Type of Service	Patient Class	DRG, CPT, HCPC	Description	Minimum Negotiated Charge	Maximum Negotiated Charge	Discounted Cash Price	BCBS Traditional	BCBS Adv PPO	BCBS Choice PPO	BCBS Bluelines HMO	BCBS Preferred PPO
Radiology Services	Outpatient	73060	HC HUMERUS 2+ VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Inpatient	Inpatient	MS179	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITHOUT CC/MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Evaluation & Management Services	Outpatient	29105	HC ED APPLIC SPLINT ARM LONG	227.36	456.14	$429.31	$456.14	$277.73	$396.82	$277.73	$337.05
Radiology Services	Outpatient	93970	HC DUPLEX VEIN EXTREM BILAT	202.04	396.17	$372.86	$331.83	$202.04	$288.67	$202.04	$245.19
Inpatient	Inpatient	MS948	SIGNS AND SYMPTOMS WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Outpatient	83002	LCHG LH	27.78	40.79	$38.39	$40.79	$40.79	$40.79	$40.79	$40.79
Laboratory & Pathology Services	Outpatient	88305	LCHG SP G+M LEVEL IV TC NL	44.12	74.21	$69.85	$44.12	$44.12	$44.12	$44.12	$44.12
Laboratory & Pathology Services	Outpatient	82962	CHG GLUCOSE BLOOD TEST	4.92	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Inpatient	86920	LCHG COMPATIBILITY TEST IMMEDIATE SPIN	5.59	215.25	$202.59	$5.59	$5.59	$5.59	$5.59	$5.59
Laboratory & Pathology Services	Outpatient	99195	HC PHLEBOTOMY THER	86.60	190.80	$179.58	$142.23	$86.60	$123.73	$86.60	$105.09
Inpatient	Inpatient	MS565	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITH CC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Inpatient	Inpatient	MS914	TRAUMATIC INJURY WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Inpatient	82728	LCHG FERRITIN	18.83	20.45	$19.25	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	84134	LCHG PREALBUMIN	18.83	21.89	$20.60	$18.83	$18.83	$18.83	$18.83	$18.83
Radiology Services	Outpatient	73523	HC XRAY HIPS BILATERAL W PELV MIN 5 VW	41.33	224.16	$210.98	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	86762	LCHG RUBELLA IMMUNE STATUS	16.45	21.59	$20.32	$16.45	$16.45	$16.45	$16.45	$16.45
Laboratory & Pathology Services	Outpatient	81003	CHG URINALYSIS, AUTO, W/O SCOPE	3.38	4.20	$3.95	$4.20	$4.20	$4.20	$4.20	$4.20
Laboratory & Pathology Services	Inpatient	82140	LCHG AMMONIA	18.83	21.86	$20.58	$18.83	$18.83	$18.83	$18.83	$18.83
Evaluation & Management Services	Outpatient	51703	HC ED CATHETERIZATION URETHRA COMP	88.49	235.20	$221.37	$88.49	$88.49	$88.49	$88.49	$88.49
Laboratory & Pathology Services	Outpatient	86592	LCHG RPR W REFLEX CONFIRM	6.41	16.45	$15.48	$16.45	$16.45	$16.45	$16.45	$16.45
Inpatient	Inpatient	MS178	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH CC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Inpatient	Inpatient	MS812	RED BLOOD CELL DISORDERS WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Evaluation & Management Services	Outpatient	29126	HC ED APPLIC SPLINT SHORT ARM DYNAMIC	185.35	456.14	$429.31	$456.14	$277.73	$396.82	$277.73	$337.05
Radiology Services	Outpatient	72192	HC CT PELVIS WO CONTRAST	280.20	546.40	$514.26	$546.40	$332.68	$475.34	$332.68	$403.74
Laboratory & Pathology Services	Outpatient	83550	LCHG TIBC	13.11	18.83	$17.73	$18.83	$18.83	$18.83	$18.83	$18.83
Laboratory & Pathology Services	Outpatient	84146	LCHG PROLACTIN	29.07	40.79	$38.39	$40.79	$40.79	$40.79	$40.79	$40.79
Evaluation & Management Services	Outpatient	A4565	SLING ARM LARGE	12.62	13.41	$12.62	$0.00	$0.00	$0.00	$0.00	$0.00
Medicine and surgery services	Outpatient	64493	HC INJ FACET JNT L/S SNGL LVL BILAT	989.23	1624.71	$1,452.15	$1,624.71	$989.23	$1,413.42	$989.23	$1,200.53
Medicine and surgery services	Outpatient	64494	HC INJ FACET JNT L/S 2ND LVL BILAT	1184.52	1624.71	$1,452.15	$1,624.71	$989.23	$1,413.42	$989.23	$1,200.53
Medicine and surgery services	Outpatient	64495	HC INJ FACET JNT L/S 3RD LVL BILAT	1184.52	1624.71	$1,452.15	$1,624.71	$989.23	$1,413.42	$989.23	$1,200.53
Radiology Services	Outpatient	72128	HC CT THORACIC SPINE NON CONTRAST	224.16	369.84	$348.09	$369.84	$225.18	$321.74	$225.18	$273.28
Laboratory & Pathology Services	Outpatient	82270	LCHG OCCULT BLOOD FECES	6.57	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	82565	LCHG CREATININE BLOOD	7.68	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	86160	LCHG COMPLEMENT C3	16.45	18.00	$16.94	$16.45	$16.45	$16.45	$16.45	$16.45
Laboratory & Pathology Services	Outpatient	86706	LCHG HEPATITIS B SURFACE ANTIBODY	16.11	16.45	$16.45	$16.45	$16.45	$16.45	$16.45	$16.45
Laboratory & Pathology Services	Inpatient	86140	LCHG C-REACTIVE PROTEIN	7.77	16.45	$15.48	$16.45	$16.45	$16.45	$16.45	$16.45
Laboratory & Pathology Services	Outpatient	82248	LCHG BILIRUBIN DIRECT	7.53	9.84	$9.26	$9.84	$9.84	$9.84	$9.84	$9.84
Laboratory & Pathology Services	Outpatient	86645	LCHG CMV ANTIBODY IGM BLOOD	25.28	27.29	$25.68	$27.29	$27.29	$27.29	$27.29	$27.29
Inpatient	Inpatient	MS983	EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Radiology Services	Inpatient	71260	HC CT CHEST WITH CONTRAST	270.88	455.55	$455.55	$444.90	$270.88	$387.04	$270.88	$328.74
Evaluation & Management Services	Outpatient	99406	HC COUNSEL SMOKING/TOBACCO INTERMED 3-10MIN	29.79	47.81	$45.00	$29.79	$29.79	$29.79	$29.79	$29.79
Inpatient	Inpatient	MS293	HEART FAILURE AND SHOCK WITHOUT CC/MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Radiology Services	Outpatient	73000	HC CLAVICLE	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Inpatient	87070	LCHG CULTURE FLUID	12.93	14.69	$13.82	$14.69	$14.69	$14.69	$14.69	$14.69
Inpatient	Inpatient	97166	HC OT EVAL MOD COMPLEXITY	47.15	134.97	$127.03	$77.44	$47.15	$67.37	$47.15	$57.23
Evaluation & Management Services	Outpatient	31500	HC ED INTUBATION ENDOTRACHEAL EMERGENT	346.19	1570.51	$1,403.71	$1,570.51	$956.23	$1,366.27	$956.23	$1,160.48
Laboratory & Pathology Services	Outpatient	82672	LCHG ESTROGEN TOTAL	32.55	40.79	$38.39	$40.79	$40.79	$40.79	$40.79	$40.79
Laboratory & Pathology Services	Outpatient	86735	LCHG MUMPS ANTIBODY IGG	16.45	19.58	$18.43	$16.45	$16.45	$16.45	$16.45	$16.45
Laboratory & Pathology Services	Outpatient	86765	LCHG RUBEOLA ANTIBODY IGG	16.45	19.32	$18.18	$16.45	$16.45	$16.45	$16.45	$16.45
Evaluation & Management Services	Inpatient	99284	HC ED EMERGENT LEVEL IV	0.00	439.74	$413.87	$0.00	$0.00	$0.00	$0.00	$0.00
Radiology Services	Outpatient	70470	HC CT HEAD WITH & WITHOUT CONTRAST	128.47	455.55	$428.75	$210.99	$128.47	$183.55	$128.47	$155.91
Radiology Services	Outpatient	73660	HC TOES 2+ VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Inpatient	Inpatient	MS305	HYPERTENSION WITHOUT MCC	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Laboratory & Pathology Services	Outpatient	80185	LCHG PHENYTOIN LEVEL	19.88	24.59	$23.14	$24.59	$24.59	$24.59	$24.59	$24.59
Laboratory & Pathology Services	Outpatient	83655	LCHG LEAD BLOOD	18.17	27.94	$26.29	$27.94	$27.94	$27.94	$27.94	$27.94
Radiology Services	Outpatient	73080	HC ELBOW 3+ VW	41.33	159.62	$150.23	$41.33	$41.33	$41.33	$41.33	$41.33
Laboratory & Pathology Services	Outpatient	80177	LCHG LEVETIRACETAM LEVEL I	19.88	24.59	$23.14	$24.59	$24.59	$24.59	$24.59	$24.59
Laboratory & Pathology Services	Outpatient	86256	LCHG C-ANCA TITER I	18.08	27.29	$25.68	$27.29	$27.29	$27.29	$27.29	$27.29
Laboratory & Pathology Services	Outpatient	86800	LCHG THYROGLOBULIN ANTIBODY	23.87	40.79	$38.39	$40.79	$40.79	$40.79	$40.79	$40.79
Outpatient	Outpatient	90832	Psychotherapy, 30 min	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	90834	Psychotherapy, 45 min	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	90837	Psychotherapy, 60 min	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	90846	Family psychotherapy, not including patient, 50 min	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	90847	Family psychotherapy, including patient, 50 min	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	90853	Group psychotherapy	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	99243	Patient office consultation, typically 40 min	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	99244	Patient office consultation, typically 60 min	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Evaluation & Management Services	Outpatient	99385	Initial new patient preventive medicine evaluation (18-39 years)	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	99386	Initial new patient preventive medicine evaluation (40-64 years)	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	80055	Obstetric blood test panel	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	77065	Mammography of one breast	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	77066	Mammography of both breasts	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Outpatient	Outpatient	77067	Mammography, screening, bilateral	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	460	Spinal fusion except cervical without major comorbid conditions or complications (MCC)	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	470	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	743	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	19120	Removal of 1 or more breast growth, open procedure	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	29826	Shaving of shoulder bone using an endoscope	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	29881	Removal of one knee cartilage using an endoscope	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	42820	Removal of tonsils and adenoid glands patient younger than age 12	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P

Type of Service	Patient Class	DRG, CPT, HCPC	Description	Minimum Negotiated Charge	Maximum Negotiated Charge	Discounted Cash Price	BCBS Traditional	BCBS Adv PPO	BCBS Choice PPO	BCBS Bluelines HMO	BCBS Preferred PPO
Evaluation & Management Services	Not Provided	43235	Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Evaluation & Management Services	Not Provided	43239	Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	45378	Diagnostic examination of large bowel using an endoscope	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	45380	Biopsy of large bowel using an endoscope	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	45385	Removal of polyps or growths of large bowel using an endoscope	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	45391	Ultrasound examination of lower large bowel using an endoscope	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	47562	Removal of gallbladder using an endoscope	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	49505	Repair of groin hernia patient age 5 years or older	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	55700	Biopsy of prostate gland	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	55866	Surgical removal of prostate and surrounding lymph nodes using an endoscope	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	59400	Routine obstetric care for vaginal delivery, including pre- and post-delivery care	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	59510	Routine obstetric care for cesarean delivery, including pre-and post-delivery care	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	59610	Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	66821	Removal of recurring cataract in lens capsule using laser	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	66984	Removal of cataract with insertion of lens	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	93000	Electrocardiogram, routine, with interpretation and report	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P
Medicine and surgery services	Not Provided	93452	Insertion of catheter into left heart for diagnosis	N/P	N/P	N/P	N/P	N/P	N/P	N/P	N/P