DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare
INPATIENT SERVICES							
Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	266,192.60	39,396.50	89,370.57	37,231.71
Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	96,263.35	14,246.98	34,990.14	19,135.77
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	212,056.90	31,384.42	45,812.25	24,077.64
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	68,108.80	10,080.10	18,654.95	11,687.55
NORMAL NEWBORN	795	Per Day	Inpatient	5,841.00	1,855.00	1,634.00	3,106.56
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	Per Case	Inpatient	45,608.85	7,838.00	9,684.00	6,948.27
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	Per Case	Inpatient	75,346.90	12,411.00	11,443.00	9,486.43
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	45,608.85	7,838.00	9,684.00	6,948.27
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	75,346.90	12,411.00	11,443.00	9,486.43
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	45,608.85	7,838.00	9,684.00	6,948.27
EVALUATION & MANAGEMENT SERVICES							
Psychotherapy, 30 min	90832	Per Visit	Outpatient	495.00	101.97	99.15	151.45
Psychotherapy, 45 min	90834	Per Visit	Outpatient	1,485.00	321.21	297.45	151.45
Psychotherapy, 60 min	90837	Per Visit	Outpatient	1,980.00	407.88	396.59	151.45
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	680.00	140.08	136.20	151.45
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	1,650.00	356.90	330.50	151.45
Group psychotherapy	90853	Per Visit	Outpatient	1,040.00	115.11	208.31	84.86
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	700.00	151.41	0.01	140.00
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	920.00	199.00	0.01	184.00
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	1,250.00	270.38	0.01	250.00
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	960.00	207.65	192.29	192.00
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	960.00	207.65	192.29	192.00
LAB & PATHOLOGY SERVICES							
Routine venipuncture	36415	Per Unit	Outpatient	100.00	17.75	0.01	3.00
Basic Metabolic Panel	80048	Per Unit	Outpatient	470.00	83.40	18.03	11.60
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	620.00	110.02	20.37	13.11
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	1,050.00	186.32	28.55	18.37
Kidney function panel test	80069	Per Unit	Outpatient	550.00	92.95	18.51	11.91
Liver function panel test	80076	Per Unit	Outpatient	550.00	97.60	17.42	11.21
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	110.00	18.59	6.76	4.35
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Automated urinalysis test	81002	Per Unit	Outpatient	40.00	3.19	5.44	3.50
Automated urinalysis test	81003	Per Unit	Outpatient	330.00	31.76	4.79	3.08
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	1,690.00	272.09	63.11	40.61
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	400.00	25.76	20.70	13.32
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	960.00	170.35	39.21	25.23

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Aetna Better Health	Amerigroup	Amerihealth	CHN
INPATIENT SERVICES							
Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	35,689.50	60,223.35	86,694.18	57,539.75
Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	18,662.12	16,465.10	32,576.82	10,983.50
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	26,712.61	23,925.56	42,144.88	25,740.00
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	10,897.52	9,989.40	16,745.02	6,102.00
NORMAL NEWBORN	795	Per Day	Inpatient	1,269.54	1,163.74	1,787.78	1,125.75
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	Per Case	Inpatient	3,916.58	3,590.20	7,510.06	6,457.75
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	Per Case	Inpatient	7,936.54	7,275.16	10,938.10	12,533.75
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	3,916.58	3,590.20	7,510.06	6,457.75
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	7,936.54	7,275.16	10,938.10	12,533.75
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	3,916.58	3,590.20	7,510.06	6,457.75
EVALUATION & MANAGEMENT SERVICES							
Psychotherapy, 30 min	90832	Per Visit	Outpatient	17.92	73.00	168.30	346.50
Psychotherapy, 45 min	90834	Per Visit	Outpatient	17.92	73.00	504.90	1,039.50
Psychotherapy, 60 min	90837	Per Visit	Outpatient	17.92	73.00	673.20	1,386.00
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	72.49	79.76	231.20	476.00
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	17.92	73.00	561.00	1,155.00
Group psychotherapy	90853	Per Visit	Outpatient	17.92	73.00	353.60	728.00
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	74.62	82.11	238.00	490.00
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	98.07	107.92	312.80	644.00
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	133.25	146.63	425.00	875.00
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	102.34	112.61	326.40	672.00
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	102.34	112.61	326.40	672.00
LAB & PATHOLOGY SERVICES							
Routine venipuncture	36415	Per Unit	Outpatient	1.80	1.80	1.39	70.00
Basic Metabolic Panel	80048	Per Unit	Outpatient	9.30	9.30	16.26	329.00
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	10.50	10.50	20.29	434.00
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	15.00	15.00	26.41	735.00
Kidney function panel test	80069	Per Unit	Outpatient	9.60	9.60	16.68	385.00
Liver function panel test	80076	Per Unit	Outpatient	7.00	7.00	15.71	385.00
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	1.20	1.20	6.95	77.00
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Automated urinalysis test	81002	Per Unit	Outpatient	40.00	40.00	6.95	28.00
Automated urinalysis test	81003	Per Unit	Outpatient	1.50	1.50	4.73	231.00
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	30.00	30.00	62.41	1,183.00
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	6.60	6.60	20.57	280.00
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	24.50	24.50	36.28	672.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	CIGNA	CIGNA HealthSpring Medicare	Clover Health Medicare	Emblem
INPATIENT SERVICES							
Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	84,143.40	37,231.71	37,231.71	77,008.98
Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	31,413.09	19,135.77	19,135.77	26,943.83
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	40,629.59	24,077.64	24,077.64	34,847.35
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	16,061.29	11,687.55	11,687.55	13,304.53
NORMAL NEWBORN	795	Per Day	Inpatient	2,276.60	3,106.56	3,106.56	1,275.00
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	Per Case	Inpatient	8,396.20	6,948.27	6,948.27	7,700.00
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	Per Case	Inpatient	15,491.00	9,486.43	9,486.43	11,000.00
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	8,396.20	6,948.27	6,948.27	7,700.00
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	15,491.00	9,486.43	9,486.43	11,000.00
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	8,396.20	6,948.27	6,948.27	7,700.00
EVALUATION & MANAGEMENT SERVICES							
Psychotherapy, 30 min	90832	Per Visit	Outpatient	235.13	151.45	151.45	272.25
Psychotherapy, 45 min	90834	Per Visit	Outpatient	705.38	151.45	151.45	816.75
Psychotherapy, 60 min	90837	Per Visit	Outpatient	940.50	151.45	151.45	1,089.00
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	323.00	151.45	151.45	374.00
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	783.75	151.45	151.45	907.50
Group psychotherapy	90853	Per Visit	Outpatient	494.00	84.86	84.86	572.00
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	0.01	700.00	700.00	385.00
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	0.01	920.00	920.00	506.00
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	0.01	1,250.00	1,250.00	687.50
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	456.00	960.00	960.00	528.00
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	456.00	960.00	960.00	528.00
LAB & PATHOLOGY SERVICES							
Routine venipuncture	36415	Per Unit	Outpatient	5.14	3.00	3.00	55.00
Basic Metabolic Panel	80048	Per Unit	Outpatient	35.72	11.60	11.60	258.50
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	44.65	13.11	13.11	341.00
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	84.83	18.37	18.37	577.50
Kidney function panel test	80069	Per Unit	Outpatient	36.84	11.91	11.91	302.50
Liver function panel test	80076	Per Unit	Outpatient	34.60	11.21	11.21	302.50
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	13.40	4.35	4.35	60.50
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Automated urinalysis test	81002	Per Unit	Outpatient	11.17	3.50	3.50	22.00
Automated urinalysis test	81003	Per Unit	Outpatient	10.05	3.08	3.08	181.50
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	126.13	40.61	40.61	929.50
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	41.30	13.32	13.32	220.00
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	78.14	25.23	25.23	528.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare	Horizon NJ Health Medicaid
INPATIENT SERVICES								
Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	72,004.00	72,004.00	96,994.00	37,231.71	51,417.40
Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	35,787.00	35,787.00	48,208.00	19,135.77	20,007.20
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	45,678.00	45,678.00	61,531.00	24,077.64	18,563.00
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	20,881.00	20,881.00	28,128.00	11,687.55	6,308.00
NORMAL NEWBORN	795	Per Day	Inpatient	1,808.00	1,808.00	2,088.00	3,106.56	1,103.00
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	Per Case	Inpatient	9,076.00	7,939.00	15,075.00	6,948.27	5,213.00
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	Per Case	Inpatient	16,952.00	15,439.00	25,924.00	9,486.43	7,254.00
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	9,076.00	7,939.00	15,075.00	6,948.27	5,213.00
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	16,952.00	15,439.00	25,924.00	9,486.43	7,254.00
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	9,076.00	7,939.00	15,075.00	6,948.27	5,213.00
EVALUATION & MANAGEMENT SERVICES								
Psychotherapy, 30 min	90832	Per Visit	Outpatient	161.87	161.87	161.87	151.45	173.25
Psychotherapy, 45 min	90834	Per Visit	Outpatient	485.60	485.60	485.60	151.45	519.75
Psychotherapy, 60 min	90837	Per Visit	Outpatient	647.46	647.46	647.46	151.45	693.00
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	222.36	222.36	222.36	151.45	46.99
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	539.55	539.55	539.55	151.45	51.49
Group psychotherapy	90853	Per Visit	Outpatient	340.08	340.08	340.08	84.86	13.15
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	228.90	228.90	228.90	700.00	0.01
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	300.84	300.84	300.84	920.00	0.01
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	408.75	408.75	408.75	1,250.00	0.01
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	313.92	313.92	313.92	960.00	35.53
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	313.92	313.92	313.92	960.00	35.53
LAB & PATHOLOGY SERVICES								
Routine venipuncture	36415	Per Unit	Outpatient	32.70	32.70	32.70	3.00	0.01
Basic Metabolic Panel	80048	Per Unit	Outpatient	153.69	153.69	153.69	11.60	14.32
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	202.74	202.74	202.74	13.11	22.18
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	343.35	343.35	343.35	18.37	23.10
Kidney function panel test	80069	Per Unit	Outpatient	179.85	179.85	179.85	11.91	7.58
Liver function panel test	80076	Per Unit	Outpatient	179.85	179.85	179.85	11.21	10.78
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	35.97	35.97	35.97	4.35	1.85
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Automated urinalysis test	81002	Per Unit	Outpatient	13.08	13.08	13.08	3.50	1.54
Automated urinalysis test	81003	Per Unit	Outpatient	107.91	107.91	107.91	3.08	2.31
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	552.63	552.63	552.63	40.61	46.20
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	130.80	130.80	130.80	13.32	7.57
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	313.92	313.92	313.92	25.23	37.73

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Humana Medicare	Longevity PPO	Magnacare	Multiplan
INPATIENT SERVICES							
Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	37,231.71	37,231.71	141,598.18	212,954.08
Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	19,135.77	19,135.77	10,989.00	77,010.68
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	24,077.64	24,077.64	156,401.52	169,645.52
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	11,687.55	11,687.55	5,846.00	54,487.04
NORMAL NEWBORN	795	Per Day	Inpatient	3,106.56	3,106.56	881.80	4,672.80
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	Per Case	Inpatient	6,948.27	6,948.27	5,317.50	36,487.08
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	Per Case	Inpatient	9,486.43	9,486.43	7,750.30	60,277.52
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	6,948.27	6,948.27	5,317.50	36,487.08
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	9,486.43	9,486.43	7,750.30	60,277.52
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	6,948.27	6,948.27	5,317.50	36,487.08
EVALUATION & MANAGEMENT SERVICES							
Psychotherapy, 30 min	90832	Per Visit	Outpatient	151.45	151.45	420.75	396.00
Psychotherapy, 45 min	90834	Per Visit	Outpatient	151.45	151.45	1,262.25	1,188.00
Psychotherapy, 60 min	90837	Per Visit	Outpatient	151.45	151.45	1,683.00	1,584.00
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	151.45	151.45	578.00	544.00
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	151.45	151.45	1,402.50	1,320.00
Group psychotherapy	90853	Per Visit	Outpatient	84.86	84.86	884.00	832.00
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	700.00	700.00	595.00	560.00
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	920.00	920.00	782.00	736.00
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	1,250.00	1,250.00	1,062.50	1,000.00
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	960.00	960.00	816.00	768.00
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	960.00	960.00	816.00	768.00
LAB & PATHOLOGY SERVICES							
Routine venipuncture	36415	Per Unit	Outpatient	3.00	3.00	85.00	80.00
Basic Metabolic Panel	80048	Per Unit	Outpatient	11.60	11.60	399.50	376.00
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	13.11	13.11	527.00	496.00
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	18.37	18.37	892.50	840.00
Kidney function panel test	80069	Per Unit	Outpatient	11.91	11.91	467.50	440.00
Liver function panel test	80076	Per Unit	Outpatient	11.21	11.21	467.50	440.00
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	4.35	4.35	93.50	88.00
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Automated urinalysis test	81002	Per Unit	Outpatient	3.50	3.50	34.00	32.00
Automated urinalysis test	81003	Per Unit	Outpatient	3.08	3.08	280.50	264.00
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	40.61	40.61	1,436.50	1,352.00
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	13.32	13.32	340.00	320.00
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	25.23	25.23	816.00	768.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
INPATIENT SERVICES								
Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	108,243.81	73,930.65	33,592.86	108,243.81	37,231.71
Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	41,744.26	28,385.90	7,471.11	41,744.26	19,135.77
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	54,601.90	28,992.00	7,853.21	54,601.90	24,077.64
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	22,130.38	11,022.80	2,485.01	22,130.38	11,687.55
NORMAL NEWBORN	795	Per Day	Inpatient	1,665.00	1,318.05	1,468.05	1,665.00	3,106.56
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	Per Case	Inpatient	9,767.00	7,329.85	7,843.85	9,767.00	6,948.27
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	Per Case	Inpatient	13,213.00	10,875.25	11,610.25	13,213.00	9,486.43
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	9,767.00	7,329.85	7,843.85	9,767.00	6,948.27
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	13,213.00	10,875.25	11,610.25	13,213.00	9,486.43
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	9,767.00	7,329.85	7,843.85	9,767.00	6,948.27
EVALUATION & MANAGEMENT SERVICES								
Psychotherapy, 30 min	90832	Per Visit	Outpatient	495.00	351.45	351.45	495.00	151.45
Psychotherapy, 45 min	90834	Per Visit	Outpatient	1,485.00	1,054.35	1,054.35	1,485.00	151.45
Psychotherapy, 60 min	90837	Per Visit	Outpatient	1,980.00	1,405.80	1,405.80	1,980.00	151.45
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	680.00	482.80	482.80	680.00	151.45
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	1,650.00	1,171.50	1,171.50	1,650.00	151.45
Group psychotherapy	90853	Per Visit	Outpatient	1,040.00	738.40	738.40	1,040.00	84.86
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	525.00	98.00	100.00	525.00	700.00
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	690.00	98.00	100.00	690.00	920.00
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	937.50	98.00	100.00	937.50	1,250.00
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	720.00	681.60	681.60	720.00	960.00
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	720.00	681.60	681.60	720.00	960.00
LAB & PATHOLOGY SERVICES								
Routine venipuncture	36415	Per Unit	Outpatient	33.00	71.00	71.00	33.00	3.00
Basic Metabolic Panel	80048	Per Unit	Outpatient	33.00	37.89	38.62	33.00	11.60
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	33.00	42.81	43.63	33.00	13.11
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	33.00	60.01	61.16	33.00	18.37
Kidney function panel test	80069	Per Unit	Outpatient	33.00	38.90	39.64	33.00	11.91
Liver function panel test	80076	Per Unit	Outpatient	33.00	36.58	37.29	33.00	11.21
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	33.00	14.17	14.44	33.00	4.35
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Automated urinalysis test	81002	Per Unit	Outpatient	33.00	11.47	11.69	33.00	3.50
Automated urinalysis test	81003	Per Unit	Outpatient	33.00	10.07	10.26	33.00	3.08
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	33.00	132.59	135.14	33.00	40.61
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	33.00	43.46	44.29	33.00	13.32
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	33.00	82.39	83.97	33.00	25.23

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	United Community & State Medicaid	Wellcare Medicaid	Wellcare Medicare
INPATIENT SERVICES						
Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	29,511.83	67,771.00	37,231.71
Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	15,716.68	23,744.12	19,135.77
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	22,838.03	32,212.61	24,077.64
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	9,535.33	11,283.92	11,687.55
NORMAL NEWBORN	795	Per Day	Inpatient	1,110.85	1,330.44	3,106.56
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	Per Case	Inpatient	3,427.01	3,985.88	6,948.27
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	Per Case	Inpatient	6,944.47	8,217.04	9,486.43
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	3,427.01	3,985.88	6,948.27
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	6,944.47	8,217.04	9,486.43
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	3,427.01	3,985.88	6,948.27
EVALUATION & MANAGEMENT SERVICES						
Psychotherapy, 30 min	90832	Per Visit	Outpatient	17.92	62.02	151.45
Psychotherapy, 45 min	90834	Per Visit	Outpatient	17.92	186.07	151.45
Psychotherapy, 60 min	90837	Per Visit	Outpatient	17.92	248.09	151.45
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	76.09	85.20	151.45
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	17.92	206.75	151.45
Group psychotherapy	90853	Per Visit	Outpatient	17.92	130.31	84.86
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	78.33	87.71	700.00
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	102.95	115.28	920.00
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	139.88	156.63	1,250.00
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	107.42	120.29	960.00
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	107.42	120.29	960.00
LAB & PATHOLOGY SERVICES						
Routine venipuncture	36415	Per Unit	Outpatient	1.89	2.16	3.00
Basic Metabolic Panel	80048	Per Unit	Outpatient	9.77	11.16	11.60
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	11.03	12.60	13.11
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	15.75	18.00	18.37
Kidney function panel test	80069	Per Unit	Outpatient	10.08	11.52	11.91
Liver function panel test	80076	Per Unit	Outpatient	7.35	8.40	11.21
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	1.26	1.44	4.35
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Automated urinalysis test	81002	Per Unit	Outpatient	1.05	1.20	3.50
Automated urinalysis test	81003	Per Unit	Outpatient	1.58	1.80	3.08
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	31.50	36.00	40.61
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	6.93	7.92	13.32
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	25.73	29.40	25.23

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Minimum Negotiated Rate	Maximum Negotiated Rate
INPATIENT SERVICES					
Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	29,511.83	212,954.08
Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	7,471.11	77,010.68
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	7,853.21	169,645.52
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	2,485.01	54,487.04
NORMAL NEWBORN	795	Per Day	Inpatient	881.80	4,672.80
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	Per Case	Inpatient	3,427.01	36,487.08
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	Per Case	Inpatient	6,944.47	60,277.52
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	3,427.01	36,487.08
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	6,944.47	60,277.52
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	3,427.01	36,487.08
EVALUATION & MANAGEMENT SERVICES					
Psychotherapy, 30 min	90832	Per Visit	Outpatient	17.92	495.00
Psychotherapy, 45 min	90834	Per Visit	Outpatient	17.92	1,485.00
Psychotherapy, 60 min	90837	Per Visit	Outpatient	17.92	1,980.00
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	46.99	680.00
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	17.92	1,650.00
Group psychotherapy	90853	Per Visit	Outpatient	13.15	1,040.00
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	0.01	700.00
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	0.01	920.00
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	0.01	1,250.00
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	35.53	960.00
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	35.53	960.00
LAB & PATHOLOGY SERVICES					
Routine venipuncture	36415	Per Unit	Outpatient	0.01	85.00
Basic Metabolic Panel	80048	Per Unit	Outpatient	9.30	399.50
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	10.50	527.00
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	15.00	892.50
Kidney function panel test	80069	Per Unit	Outpatient	7.58	467.50
Liver function panel test	80076	Per Unit	Outpatient	7.00	467.50
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	1.20	93.50
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Automated urinalysis test	81002	Per Unit	Outpatient	1.05	40.00
Automated urinalysis test	81003	Per Unit	Outpatient	1.50	280.50
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	30.00	1,436.50
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	6.60	340.00
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	24.50	816.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare
INPATIENT SERVICES							
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	490.00	86.95	39.21	25.23
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	800.00	73.14	35.82	23.05
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	640.00	113.57	16.03	10.32
Complete blood cell count, with diffferential white blood cells, automated	85025	Per Unit	Outpatient	520.00	92.27	16.57	10.66
Complete blood count, automated	85027	Per Unit	Outpatient	470.00	83.40	13.79	8.87
Blood test, clotting time	85610	Per Unit	Outpatient	330.00	58.56	8.38	5.39
Coagulation assessment blood test	85730	Per Unit	Outpatient	330.00	8.54	12.81	8.24
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	270.80	48.05	11.13	7.16
Tb test cell immun measure	86480	Per Unit	Outpatient	430.00	72.84	132.12	85.02
Urine culture/colony count	87086	Per Unit	Outpatient	620.00	110.02	17.20	11.07
Hpylori stool ia	87338	Per Unit	Outpatient	640.00	113.57	30.66	19.73
Cytopath eval fna report	88173	Per Unit	Outpatient	610.00	108.24	149.32	56.40
Tissue exam by pathologist	88302	Per Unit	Outpatient	520.00	92.27	43.38	27.96
Tissue exam by pathologist	88305	Per Unit	Outpatient	720.00	45.36	54.58	56.40
MEDICAL SERVICES						11.00	12.00
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	2,300.00	449.19	460.69	391.97
Deb subq tissue add-on	11045	Per Visit	Outpatient	1,710.00	333.96	342.51	28.86
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	39,251.90	4,973.72	5,382.00	6,039.34
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	35,820.25	3,544.41	5,382.00	8,172.86
Blood transfusion service	36430	Per Visit	Outpatient	11,655.60	555.73	2,208.14	980.29
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	16,449.25	1,745.81	2,987.00	892.51
Endoscopic us exam esoph	43237	Per Visit	Outpatient	20,799.75	2,246.83	2,987.00	3,027.95
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	27,483.00	3,956.48	2,987.00	2,063.81
Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	43239	Per Visit	Outpatient	9,663.25	2,546.54	2,987.00	892.51
Ercp remove duct calculi	43264	Per Visit	Outpatient	37,622.50	4,002.62	2,987.00	14,594.09
Diagnotistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	10,232.50	1,577.72	2,987.00	872.98
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	13,387.75	2,709.96	2,987.00	1,148.27
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	40,337.75	3,009.11	2,987.00	2,225.89
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	32,141.00	2,484.71	2,987.00	1,694.85
Fragmenting of kidney stone	50590	Per Visit	Outpatient	19,515.90	3,839.35	3,924.29	3,631.14
Fetal non-stress test	59025	Per Visit	Outpatient	2,606.20	460.17	522.02	194.60
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	17,522.00	1,471.12	5,382.00	1,781.01
Tympanometry	92567	Per Visit	Outpatient	1,823.85	94.33	365.32	296.62
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	2,520.00	491.54	504.76	296.62
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	16,726.50	4,372.29	2,067.00	1,065.25
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	18,490.50	4,681.75	2,067.00	1,065.25
Eeg 41-60 minutes	95812	Per Visit	Outpatient	4,574.85	893.47	916.34	296.62
Genetic counseling 30 min	96040	Per Visit	Outpatient	1,008.00	98.64	201.90	201.60
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	35,620.00	4,089.29	6,668.21	4,017.71
Ultrasound therapy	97035	Per Visit	Outpatient	23,373.00	129.19	4,908.33	1,305.89
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	12,411.00	51.56	2,606.31	680.34
Gait training therapy	97116	Per Visit	Outpatient	5,764.50	110.74	1,210.55	425.01
RADIOLOGY SERVICES							
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	3,965.85	712.07	494.71	131.35
Mri brain stem w/o dye	70551	Per Unit	Outpatient	6,457.50	1,159.44	657.28	273.11

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Aetna Better Health	Amerigroup	Amerihealth	CHN
INPATIENT SERVICES							
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	24.50	24.50	35.31	343.00
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	23.00	23.00	36.42	560.00
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	3.00	3.00	16.12	448.00
Complete blood cell count, with diffferential white blood cells, automated	85025	Per Unit	Outpatient	55.43	61.00	15.29	364.00
Complete blood count, automated	85027	Per Unit	Outpatient	4.80	4.80	13.90	329.00
Blood test, clotting time	85610	Per Unit	Outpatient	3.00	3.00	7.78	231.00
Coagulation assessment blood test	85730	Per Unit	Outpatient	3.00	3.00	13.07	231.00
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	4.00	4.00	10.29	189.56
Tb test cell immun measure	86480	Per Unit	Outpatient	49.58	49.58	132.05	301.00
Urine culture/colony count	87086	Per Unit	Outpatient	6.00	6.00	18.07	434.00
Hpylori stool ia	87338	Per Unit	Outpatient	68.22	75.07	22.24	448.00
Cytopath eval fna report	88173	Per Unit	Outpatient	65.03	71.55	24.20	427.00
Tissue exam by pathologist	88302	Per Unit	Outpatient	55.43	61.00	27.80	364.00
Tissue exam by pathologist	88305	Per Unit	Outpatient	76.75	84.46	83.40	504.00
MEDICAL SERVICES				13.00	14.00	15.00	16.00
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	245.18	269.79	782.00	1,610.00
Deb subq tissue add-on	11045	Per Visit	Outpatient	182.29	200.58	581.40	1,197.00
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	3,888.80	4,248.78	5,805.00	5,500.00
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	3,335.72	3,590.77	5,812.54	5,507.25
Blood transfusion service	36430	Per Visit	Outpatient	881.33	965.22	3,602.34	8,158.92
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	1,721.97	1,894.66	5,820.34	5,514.75
Endoscopic us exam esoph	43237	Per Visit	Outpatient	2,217.25	2,439.81	5,816.18	5,510.75
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	2,917.09	3,201.58	5,827.88	5,522.00
Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	43239	Per Visit	Outpatient	1,041.96	1,138.62	4,988.17	5,500.00
Ercp remove duct calculi	43264	Per Visit	Outpatient	3,790.56	4,159.79	6,128.98	5,835.75
Diagnotistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	1,090.78	1,200.27	5,277.92	5,504.00
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	1,427.13	1,570.38	5,818.26	5,512.75
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	4,440.15	4,774.08	5,806.56	5,501.50
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	3,295.40	3,480.11	5,818.78	5,513.25
Fragmenting of kidney stone	50590	Per Visit	Outpatient	2,112.54	2,319.43	5,815.14	13,643.58
Fetal non-stress test	59025	Per Visit	Outpatient	277.82	305.71	886.11	1,824.34
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	1,782.41	1,959.78	6,039.52	5,725.50
Tympanometry	92567	Per Visit	Outpatient	194.42	213.94	620.11	1,276.70
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	268.63	295.60	856.80	1,764.00
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	1,783.04	1,962.02	5,687.01	11,708.55
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	1,971.09	2,168.94	6,286.77	12,943.35
Eeg 41-60 minutes	95812	Per Visit	Outpatient	487.68	536.63	1,555.45	3,202.40
Genetic counseling 30 min	96040	Per Visit	Outpatient	107.45	118.24	342.72	705.60
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	9,918.40	6,795.76	9,578.72	10,691.05
Ultrasound therapy	97035	Per Visit	Outpatient	2,491.56	2,741.65	7,946.82	16,361.10
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	1,323.01	1,455.81	4,219.74	8,687.70
Gait training therapy	97116	Per Visit	Outpatient	614.50	676.18	1,959.93	4,035.15
RADIOLOGY SERVICES							
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	422.76	465.19	1,348.39	2,776.10
Mri brain stem w/o dye	70551	Per Unit	Outpatient	688.37	757.46	2,195.55	4,520.25

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	CIGNA	CIGNA HealthSpring Medicare	Clover Health Medicare	Emblem
INPATIENT SERVICES							
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	78.14	25.23	25.23	269.50
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	71.44	23.05	23.05	440.00
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	32.37	10.32	10.32	352.00
Complete blood cell count, with diffferential white blood cells, automated	85025	Per Unit	Outpatient	33.49	10.66	10.66	286.00
Complete blood count, automated	85027	Per Unit	Outpatient	27.90	8.87	8.87	258.50
Blood test, clotting time	85610	Per Unit	Outpatient	16.74	5.39	5.39	181.50
Coagulation assessment blood test	85730	Per Unit	Outpatient	25.67	8.24	8.24	181.50
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	22.32	7.16	7.16	148.94
Tb test cell immun measure	86480	Per Unit	Outpatient	264.55	85.02	85.02	236.50
Urine culture/colony count	87086	Per Unit	Outpatient	34.60	11.07	11.07	341.00
Hpylori stool ia	87338	Per Unit	Outpatient	61.39	19.73	19.73	352.00
Cytopath eval fna report	88173	Per Unit	Outpatient	253.07	56.40	56.40	335.50
Tissue exam by pathologist	88302	Per Unit	Outpatient	73.52	27.96	27.96	286.00
Tissue exam by pathologist	88305	Per Unit	Outpatient	92.49	56.40	56.40	396.00
MEDICAL SERVICES				17.00	18.00	19.00	20.00
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	1,092.50	391.97	391.97	1,265.00
Deb subq tissue add-on	11045	Per Visit	Outpatient	812.25	28.86	28.86	940.50
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	2,897.00	6,039.34	6,039.34	4,093.00
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	2,902.80	8,172.86	8,172.86	4,093.00
Blood transfusion service	36430	Per Visit	Outpatient	5,142.12	980.29	980.29	6,410.58
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	2,908.80	892.51	892.51	4,093.00
Endoscopic us exam esoph	43237	Per Visit	Outpatient	2,847.66	3,027.95	3,027.95	4,093.00
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	2,914.60	2,063.81	2,063.81	4,093.00
Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	43239	Per Visit	Outpatient	2,897.00	892.51	892.51	4,093.00
Ercp remove duct calculi	43264	Per Visit	Outpatient	3,216.00	14,594.09	14,594.09	4,093.00
Diagnotistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	2,900.20	872.98	872.98	4,093.00
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	2,907.20	1,148.27	1,148.27	4,093.00
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	2,898.20	2,225.89	2,225.89	4,093.00
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	2,849.66	1,694.85	1,694.85	4,093.00
Fragmenting of kidney stone	50590	Per Visit	Outpatient	4,606.80	3,631.14	3,631.14	10,733.75
Fetal non-stress test	59025	Per Visit	Outpatient	1,237.95	194.60	194.60	1,433.41
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	4,779.40	1,781.01	1,781.01	4,093.00
Tympanometry	92567	Per Visit	Outpatient	866.33	296.62	296.62	1,003.12
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	1,197.00	296.62	296.62	1,386.00
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	7,945.09	1,065.25	1,065.25	9,199.58
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	8,782.99	1,065.25	1,065.25	10,169.78
Eeg 41-60 minutes	95812	Per Visit	Outpatient	2,173.05	296.62	296.62	2,516.17
Genetic counseling 30 min	96040	Per Visit	Outpatient	478.80	1,008.00	1,008.00	554.40
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	7,801.52	4,017.71	4,017.71	8,387.75
Ultrasound therapy	97035	Per Visit	Outpatient	2,142.00	1,305.89	1,305.89	1,575.00
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	1,904.00	680.34	680.34	1,400.00
Gait training therapy	97116	Per Visit	Outpatient	952.00	425.01	425.01	700.00
RADIOLOGY SERVICES							
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	229.79	131.35	131.35	2,181.22
Mri brain stem w/o dye	70551	Per Unit	Outpatient	492.11	273.11	273.11	3,551.63

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare	Horizon NJ Health Medicaid
INPATIENT SERVICES								
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	160.23	160.23	160.23	25.23	16.05
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	261.60	261.60	261.60	23.05	38.50
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	209.28	209.28	209.28	10.32	4.62
Complete blood cell count, with diffferential white blood cells, automated	85025	Per Unit	Outpatient	170.04	170.04	170.04	10.66	7.70
Complete blood count, automated	85027	Per Unit	Outpatient	153.69	153.69	153.69	8.87	7.39
Blood test, clotting time	85610	Per Unit	Outpatient	107.91	107.91	107.91	5.39	4.62
Coagulation assessment blood test	85730	Per Unit	Outpatient	107.91	107.91	107.91	8.24	4.62
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	88.55	88.55	88.55	7.16	30.80
Tb test cell immun measure	86480	Per Unit	Outpatient	140.61	140.61	140.61	85.02	62.29
Urine culture/colony count	87086	Per Unit	Outpatient	202.74	202.74	202.74	11.07	9.24
Hpylori stool ia	87338	Per Unit	Outpatient	209.28	209.28	209.28	19.73	12.55
Cytopath eval fna report	88173	Per Unit	Outpatient	199.47	199.47	199.47	56.40	38.50
Tissue exam by pathologist	88302	Per Unit	Outpatient	170.04	170.04	170.04	27.96	32.34
Tissue exam by pathologist	88305	Per Unit	Outpatient	235.44	235.44	235.44	56.40	61.60
MEDICAL SERVICES				21.00	22.00	23.00	26.00	25.00
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	752.10	752.10	752.10	391.97	42.93
Deb subq tissue add-on	11045	Per Visit	Outpatient	559.17	559.17	559.17	28.86	19.38
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	6,039.34	2,211.00
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	8,172.86	2,211.00
Blood transfusion service	36430	Per Visit	Outpatient	3,811.38	3,811.38	3,811.38	980.29	877.27
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	892.51	2,211.00
Endoscopic us exam esoph	43237	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	3,027.95	2,211.00
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	2,063.81	2,211.00
Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	43239	Per Visit	Outpatient	3,159.88	3,159.88	3,159.88	892.51	2,211.00
Ercp remove duct calculi	43264	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	14,594.09	2,211.00
Diagnotistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	3,346.03	3,346.03	3,346.03	872.98	2,211.00
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	1,148.27	2,211.00
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	2,225.89	2,211.00
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	1,694.85	2,211.00
Fragmenting of kidney stone	50590	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	3,631.14	6,824.98
Fetal non-stress test	59025	Per Visit	Outpatient	852.23	852.23	852.23	194.60	497.00
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	1,781.01	2,211.00
Tympanometry	92567	Per Visit	Outpatient	596.40	596.40	596.40	296.62	240.90
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	824.04	824.04	824.04	296.62	336.60
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	5,469.57	5,469.57	5,469.57	1,065.25	1,103.00
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	6,046.39	6,046.39	6,046.39	1,065.25	1,103.00
Eeg 41-60 minutes	95812	Per Visit	Outpatient	1,495.98	1,495.98	1,495.98	296.62	273.90
Genetic counseling 30 min	96040	Per Visit	Outpatient	329.62	329.62	329.62	1,008.00	101.20
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	11,647.74	11,647.74	11,647.74	4,017.71	3,978.45
Ultrasound therapy	97035	Per Visit	Outpatient	7,642.97	7,642.97	7,642.97	1,305.89	241.16
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	4,058.40	4,058.40	4,058.40	680.34	142.22
Gait training therapy	97116	Per Visit	Outpatient	1,884.99	1,884.99	1,884.99	425.01	654.12
RADIOLOGY SERVICES								
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	1,296.83	1,296.83	1,296.83	131.35	264.00
Mri brain stem w/o dye	70551	Per Unit	Outpatient	2,111.60	2,111.60	2,111.60	273.11	633.60

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Humana Medicare	Longevity PPO	Magnacare	Multiplan
INPATIENT SERVICES							
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	25.23	25.23	416.50	392.00
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	23.05	23.05	680.00	640.00
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	10.32	10.32	544.00	512.00
Complete blood cell count, with diffferential white blood cells, automated	85025	Per Unit	Outpatient	10.66	10.66	442.00	416.00
Complete blood count, automated	85027	Per Unit	Outpatient	8.87	8.87	399.50	376.00
Blood test, clotting time	85610	Per Unit	Outpatient	5.39	5.39	280.50	264.00
Coagulation assessment blood test	85730	Per Unit	Outpatient	8.24	8.24	280.50	264.00
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	7.16	7.16	230.18	216.64
Tb test cell immun measure	86480	Per Unit	Outpatient	85.02	85.02	365.50	344.00
Urine culture/colony count	87086	Per Unit	Outpatient	11.07	11.07	527.00	496.00
Hpylori stool ia	87338	Per Unit	Outpatient	19.73	19.73	544.00	512.00
Cytopath eval fna report	88173	Per Unit	Outpatient	56.40	56.40	518.50	488.00
Tissue exam by pathologist	88302	Per Unit	Outpatient	27.96	27.96	442.00	416.00
Tissue exam by pathologist	88305	Per Unit	Outpatient	56.40	56.40	612.00	576.00
MEDICAL SERVICES				26.00	27.00	28.00	29.00
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	391.97	391.97	1,955.00	1,840.00
Deb subq tissue add-on	11045	Per Visit	Outpatient	28.86	28.86	1,453.50	1,368.00
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	6,039.34	6,039.34	4,251.00	31,401.52
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	8,172.86	8,172.86	4,265.50	28,656.20
Blood transfusion service	36430	Per Visit	Outpatient	980.29	980.29	9,907.26	9,324.48
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	892.51	892.51	4,280.50	13,159.40
Endoscopic us exam esoph	43237	Per Visit	Outpatient	3,027.95	3,027.95	4,272.50	16,639.80
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	2,063.81	2,063.81	4,295.00	21,986.40
Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	43239	Per Visit	Outpatient	892.51	892.51	4,251.00	7,730.60
Ercp remove duct calculi	43264	Per Visit	Outpatient	14,594.09	14,594.09	4,607.50	30,098.00
Diagnotistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	872.98	872.98	4,259.00	8,186.00
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	1,148.27	1,148.27	4,276.50	10,710.20
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	2,225.89	2,225.89	4,254.00	32,270.20
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	1,694.85	1,694.85	4,277.50	25,712.80
Fragmenting of kidney stone	50590	Per Visit	Outpatient	3,631.14	3,631.14	16,574.87	15,612.72
Fetal non-stress test	59025	Per Visit	Outpatient	194.60	194.60	2,215.27	2,084.96
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	1,781.01	1,781.01	4,702.00	14,017.60
Tympanometry	92567	Per Visit	Outpatient	296.62	296.62	1,550.27	1,459.08
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	296.62	296.62	2,142.00	2,016.00
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	1,065.25	1,065.25	14,217.53	13,381.20
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	1,065.25	1,065.25	15,716.93	14,792.40
Eeg 41-60 minutes	95812	Per Visit	Outpatient	296.62	296.62	3,888.62	3,659.88
Genetic counseling 30 min	96040	Per Visit	Outpatient	1,008.00	1,008.00	856.80	806.40
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	4,017.71	4,017.71	19,199.15	28,496.00
Ultrasound therapy	97035	Per Visit	Outpatient	1,305.89	1,305.89	19,867.05	18,698.40
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	680.34	680.34	10,549.35	9,928.80
Gait training therapy	97116	Per Visit	Outpatient	425.01	425.01	4,899.83	4,611.60
RADIOLOGY SERVICES							
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	131.35	131.35	3,370.97	3,172.68
Mri brain stem w/o dye	70551	Per Unit	Outpatient	273.11	273.11	5,488.88	5,166.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
INPATIENT SERVICES								
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	33.00	82.39	83.97	33.00	25.23
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	33.00	75.25	76.70	33.00	23.05
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	33.00	33.65	34.30	33.00	10.32
Complete blood cell count, with diffferential white blood cells, automated	85025	Per Unit	Outpatient	33.00	34.82	35.49	33.00	10.66
Complete blood count, automated	85027	Per Unit	Outpatient	33.00	28.96	29.52	33.00	8.87
Blood test, clotting time	85610	Per Unit	Outpatient	33.00	17.59	17.93	33.00	5.39
Coagulation assessment blood test	85730	Per Unit	Outpatient	33.00	26.88	27.39	33.00	8.24
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	33.00	23.36	23.81	33.00	7.16
Tb test cell immun measure	86480	Per Unit	Outpatient	33.00	277.56	282.89	33.00	85.02
Urine culture/colony count	87086	Per Unit	Outpatient	33.00	36.16	36.86	33.00	11.07
Hpylori stool ia	87338	Per Unit	Outpatient	33.00	64.40	65.64	33.00	19.73
Cytopath eval fna report	88173	Per Unit	Outpatient	75.00	144.19	146.96	75.00	56.40
Tissue exam by pathologist	88302	Per Unit	Outpatient	75.00	88.67	90.38	75.00	27.96
Tissue exam by pathologist	88305	Per Unit	Outpatient	75.00	144.19	146.96	75.00	56.40
MEDICAL SERVICES				30.00	31.00	32.00	33.00	34.00
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	1,725.00	1,633.00	1,633.00	1,725.00	391.97
Deb subq tissue add-on	11045	Per Visit	Outpatient	1,282.50	1,214.10	1,214.10	1,282.50	28.86
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	7,143.50	6,446.00	6,570.00	7,143.50	6,039.34
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	7,143.50	6,446.00	6,570.00	7,143.50	8,172.86
Blood transfusion service	36430	Per Visit	Outpatient	525.00	7,660.94	7,665.67	525.00	980.29
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	892.51
Endoscopic us exam esoph	43237	Per Visit	Outpatient	7,293.90	6,446.00	6,570.00	7,293.90	3,027.95
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	2,063.81
Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	43239	Per Visit	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	892.51
Ercp remove duct calculi	43264	Per Visit	Outpatient	8,779.75	6,446.00	6,885.00	8,779.75	14,594.09
Diagnotistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	872.98
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	1,148.27
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	7,442.75	6,446.00	6,570.00	7,442.75	2,225.89
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	6,251.91	6,446.00	6,570.00	6,251.91	1,694.85
Fragmenting of kidney stone	50590	Per Visit	Outpatient	339.53	13,856.29	13,856.29	339.53	3,631.14
Fetal non-stress test	59025	Per Visit	Outpatient	546.00	1,850.40	1,850.40	546.00	194.60
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	7,442.75	6,446.00	6,570.00	7,442.75	1,781.01
Tympanometry	92567	Per Visit	Outpatient	966.00	1,294.93	1,294.93	966.00	296.62
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	546.00	1,789.20	1,789.20	546.00	296.62
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	3,822.00	1,368.00	1,594.00	3,822.00	1,065.25
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	3,822.00	1,368.00	1,594.00	3,822.00	1,065.25
Eeg 41-60 minutes	95812	Per Visit	Outpatient	300.00	1,368.00	1,594.00	300.00	296.62
Genetic counseling 30 min	96040	Per Visit	Outpatient	766.00	715.68	715.68	766.00	1,008.00
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	5,372.61	11,631.85	11,641.85	5,372.61	4,017.71
Ultrasound therapy	97035	Per Visit	Outpatient	14,910.00	1,701.00	1,854.00	14,910.00	1,305.89
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	8,520.00	1,512.00	1,648.00	8,520.00	680.34
Gait training therapy	97116	Per Visit	Outpatient	4,260.00	756.00	824.00	4,260.00	425.01
RADIOLOGY SERVICES								
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	672.00	630.60	642.73	672.00	131.35
Mri brain stem w/o dye	70551	Per Unit	Outpatient	773.00	1,229.70	1,253.35	773.00	273.11

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	United Community & State Medicaid	Wellcare Medicaid	Wellcare Medicare
INPATIENT SERVICES						
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	25.73	29.40	25.23
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	24.15	27.60	23.05
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	3.15	3.60	10.32
Complete blood cell count, with diffferential white blood cells, automated	85025	Per Unit	Outpatient	58.19	65.16	10.66
Complete blood count, automated	85027	Per Unit	Outpatient	5.04	5.76	8.87
Blood test, clotting time	85610	Per Unit	Outpatient	3.15	3.60	5.39
Coagulation assessment blood test	85730	Per Unit	Outpatient	3.15	3.60	8.24
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	4.20	4.80	7.16
Tb test cell immun measure	86480	Per Unit	Outpatient	71.42	59.50	85.02
Urine culture/colony count	87086	Per Unit	Outpatient	6.30	7.20	11.07
Hpylori stool ia	87338	Per Unit	Outpatient	71.62	80.19	19.73
Cytopath eval fna report	88173	Per Unit	Outpatient	68.26	76.43	56.40
Tissue exam by pathologist	88302	Per Unit	Outpatient	58.19	65.16	27.96
Tissue exam by pathologist	88305	Per Unit	Outpatient	80.57	90.22	56.40
MEDICAL SERVICES				35.00	36.00	37.00
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	257.37	288.19	391.97
Deb subq tissue add-on	11045	Per Visit	Outpatient	191.35	214.26	28.86
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	4,184.42	4,578.42	6,039.34
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	3,570.41	3,940.40	8,172.86
Blood transfusion service	36430	Per Visit	Outpatient	925.16	1,037.06	980.29
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	1,807.59	2,024.08	892.51
Endoscopic us exam esoph	43237	Per Visit	Outpatient	2,327.49	2,606.21	3,027.95
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	3,039.10	3,428.58	2,063.81
Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	43239	Per Visit	Outpatient	1,073.14	1,227.17	892.51
Ercp remove duct calculi	43264	Per Visit	Outpatient	3,945.30	4,458.26	14,594.09
Diagnotistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	1,145.02	1,282.13	872.98
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	1,498.09	1,677.49	1,148.27
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	4,366.24	5,246.36	2,225.89
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	3,266.05	3,893.79	1,694.85
Fragmenting of kidney stone	50590	Per Visit	Outpatient	2,183.83	2,484.39	3,631.14
Fetal non-stress test	59025	Per Visit	Outpatient	291.63	326.56	194.60
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	1,871.04	450.00	1,781.01
Tympanometry	92567	Per Visit	Outpatient	204.09	228.53	296.62
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	281.99	315.76	296.62
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	1,871.70	2,095.83	1,065.25
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	2,069.09	2,316.86	1,065.25
Eeg 41-60 minutes	95812	Per Visit	Outpatient	511.93	573.23	296.62
Genetic counseling 30 min	96040	Per Visit	Outpatient	112.80	126.30	1,008.00
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	3,985.88	4,463.19	4,017.71
Ultrasound therapy	97035	Per Visit	Outpatient	2,615.44	2,928.64	1,305.89
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	1,388.79	1,555.10	680.34
Gait training therapy	97116	Per Visit	Outpatient	645.05	722.29	425.01
RADIOLOGY SERVICES						
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	443.78	496.92	131.35
Mri brain stem w/o dye	70551	Per Unit	Outpatient	722.59	809.12	273.11

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Minimum Negotiated Rate	Maximum Negotiated Rate
INPATIENT SERVICES					
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	16.05	416.50
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	23.00	680.00
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	3.00	544.00
Complete blood cell count, with diffferential white blood cells, automated	85025	Per Unit	Outpatient	7.70	442.00
Complete blood count, automated	85027	Per Unit	Outpatient	4.80	399.50
Blood test, clotting time	85610	Per Unit	Outpatient	3.00	280.50
Coagulation assessment blood test	85730	Per Unit	Outpatient	3.00	280.50
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	4.00	230.18
Tb test cell immun measure	86480	Per Unit	Outpatient	33.00	365.50
Urine culture/colony count	87086	Per Unit	Outpatient	6.00	527.00
Hpylori stool ia	87338	Per Unit	Outpatient	12.55	544.00
Cytopath eval fna report	88173	Per Unit	Outpatient	24.20	518.50
Tissue exam by pathologist	88302	Per Unit	Outpatient	27.80	442.00
Tissue exam by pathologist	88305	Per Unit	Outpatient	54.58	612.00
MEDICAL SERVICES					
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	42.93	1,955.00
Deb subq tissue add-on	11045	Per Visit	Outpatient	19.38	1,453.50
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	2,211.00	31,401.52
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	2,211.00	28,656.20
Blood transfusion service	36430	Per Visit	Outpatient	525.00	9,907.26
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	892.51	13,159.40
Endoscopic us exam esoph	43237	Per Visit	Outpatient	2,211.00	16,639.80
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	2,063.81	21,986.40
Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	43239	Per Visit	Outpatient	892.51	7,730.60
Ercp remove duct calculi	43264	Per Visit	Outpatient	2,211.00	30,098.00
Diagnotistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	872.98	8,186.00
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	1,148.27	10,710.20
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	2,211.00	32,270.20
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	1,694.85	25,712.80
Fragmenting of kidney stone	50590	Per Visit	Outpatient	339.53	16,574.87
Fetal non-stress test	59025	Per Visit	Outpatient	194.60	2,215.27
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	450.00	14,017.60
Tympanometry	92567	Per Visit	Outpatient	194.42	1,550.27
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	268.63	2,142.00
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	1,065.25	14,217.53
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	1,065.25	15,716.93
Eeg 41-60 minutes	95812	Per Visit	Outpatient	273.90	3,888.62
Genetic counseling 30 min	96040	Per Visit	Outpatient	101.20	1,008.00
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	3,978.45	28,496.00
Ultrasound therapy	97035	Per Visit	Outpatient	241.16	19,867.05
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	142.22	10,549.35
Gait training therapy	97116	Per Visit	Outpatient	425.01	4,899.83
RADIOLOGY SERVICES					
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	131.35	3,370.97
Mri brain stem w/o dye	70551	Per Unit	Outpatient	273.11	5,488.88

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare
INPATIENT SERVICES							
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	8,617.50	1,385.68	1,101.43	447.51
X-ray exam chest 2 views	71046	Per Unit	Outpatient	700.35	125.75	140.28	93.53
Ct thorax w/o dye	71250	Per Unit	Outpatient	5,988.15	1,075.17	874.43	131.35
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	1,964.55	240.90	135.10	262.71
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	1,310.40	235.28	53.87	131.35
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	1,137.15	204.18	74.80	131.35
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	6,457.50	1,159.44	624.47	273.11
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	12,861.10	2,199.25	1,135.40	213.55
X-ray exam of shoulder	73030	Per Unit	Outpatient	1,183.35	212.47	44.18	93.53
X-ray exam of elbow	73080	Per Unit	Outpatient	1,114.05	200.03	50.63	93.53
X-ray exam of forearm	73090	Per Unit	Outpatient	1,008.00	181.55	39.36	93.53
X-ray exam of wrist	73110	Per Unit	Outpatient	1,011.15	199.51	60.30	93.53
X-ray exam of hand	73130	Per Unit	Outpatient	1,011.15	181.55	49.83	93.53
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	1,068.90	233.12	63.51	131.35
X-ray exam of knee 3	73562	Per Unit	Outpatient	651.00	116.89	59.48	93.53
X-ray exam of lower leg	73590	Per Unit	Outpatient	1,011.15	181.55	45.80	93.53
X-ray exam of ankle	73610	Per Unit	Outpatient	1,125.60	202.10	51.45	93.53
X-ray exam of foot	73630	Per Unit	Outpatient	798.00	143.28	46.60	93.53
MRI scan of leg joint	73721	Per Unit	Outpatient	6,457.50	1,159.44	707.75	273.11
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	11,761.10	1,203.18	1,488.39	447.51
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	2,080.05	373.47	134.40	213.55
X-ray exam surgical specimen	76098	Per Unit	Outpatient	1,921.50	345.01	19.22	564.39
Us exam of head and neck	76536	Per Unit	Outpatient	4,528.65	813.12	202.08	131.35
Ultrasound breast limited	76642	Per Unit	Outpatient	4,735.50	311.07	384.72	156.88
Ultrasound of abdomen	76700	Per Unit	Outpatient	4,034.10	724.32	187.58	131.35
Echo exam of abdomen	76705	Per Unit	Outpatient	3,148.95	175.33	141.67	131.35
Us exam abdo back wall comp	76770	Per Unit	Outpatient	4,240.95	761.46	174.68	131.35
Us exam abdo back wall lim	76775	Per Unit	Outpatient	3,252.90	584.06	67.55	131.35
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	1,638.00	295.05	168.23	131.35
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	3,255.00	584.06	470.40	131.35
Ob us detailed sngl fetus	76811	Per Unit	Outpatient	2,331.00	418.91	195.50	273.11
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	850.50	152.71	140.05	131.35
Ob us limited fetus(s)	76815	Per Unit	Outpatient	3,034.50	495.83	383.25	131.35
Ob us follow-up per fetus	76816	Per Unit	Outpatient	3,958.50	709.99	383.25	131.35
Transvaginal us obstetric	76817	Per Unit	Outpatient	2,247.00	404.39	136.02	131.35
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	1,428.00	255.83	116.69	131.35
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	7,631.40	685.11	373.55	262.71
Us exam scrotum	76870	Per Unit	Outpatient	5,195.40	932.83	82.05	131.35
Us exam infant hips dynamic	76885	Per Unit	Outpatient	3,148.95	565.39	250.41	93.53
Mammography of one breast	77065	Per Unit	Outpatient	2,824.50	162.13	342.66	156.88
Mammography of both breasts	77066	Per Unit	Outpatient	1,302.00	199.84	260.79	63.35
Mamography, screening bilateral	77067	Per Unit	Outpatient	966.00	173.45	193.49	193.20
X-rays for bone age	77072	Per Unit	Outpatient	1,964.55	155.16	135.10	262.71
Joint survey single view	77077	Per Unit	Outpatient	804.30	144.41	47.42	131.35
Dxa bone density axial	77080	Per Unit	Outpatient	1,512.00	271.48	69.96	131.35
SURGICAL SERVICES							
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	4,719.00	858.86	5,382.00	714.91
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	8,718.00	1,586.68	5,382.00	714.91
Drainage of hematoma/fluid	10140	Per Case	Outpatient	19,466.00	3,542.81	5,382.00	1,608.63
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	2,184.00	426.54	437.46	374.45
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	4,987.50	907.73	999.00	1,608.63
Removal of skin tags <w/15	11200	Per Case	Outpatient	14,130.00	3,087.46	5,382.00	270.21
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	17,866.55	2,684.72	5,382.00	1,252.69
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	18,325.00	2,546.98	5,382.00	4,716.38
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	19,251.45	5,620.02	5,382.00	5,627.11
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	21,077.00	3,379.42	5,382.00	5,627.11
Remove pilonidal cyst simple	11770	Per Case	Outpatient	16,016.75	2,748.90	5,382.00	2,840.09
Replace tissue expander	11970	Per Case	Outpatient	49,267.50	8,467.84	8,410.00	14,050.38
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	18,945.45	5,194.30	5,382.00	1,901.79
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	19,726.50	4,097.14	5,382.00	5,545.81

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Aetna Better Health	Amerigroup	Amerihealth	CHN
INPATIENT SERVICES							
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	918.63	1,010.83	2,929.95	6,032.25
X-ray exam chest 2 views	71046	Per Unit	Outpatient	74.66	82.15	238.12	490.25
Ct thorax w/o dye	71250	Per Unit	Outpatient	638.34	702.41	2,035.97	4,191.71
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	209.42	230.44	667.95	1,375.19
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	139.69	153.71	445.54	917.28
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	121.22	133.39	386.63	796.01
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	688.37	757.46	2,195.55	4,520.25
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	1,370.99	1,508.61	4,372.77	9,002.77
X-ray exam of shoulder	73030	Per Unit	Outpatient	126.15	138.81	402.34	828.35
X-ray exam of elbow	73080	Per Unit	Outpatient	118.76	130.68	378.78	779.84
X-ray exam of forearm	73090	Per Unit	Outpatient	107.45	118.24	342.72	705.60
X-ray exam of wrist	73110	Per Unit	Outpatient	107.79	118.61	343.79	707.81
X-ray exam of hand	73130	Per Unit	Outpatient	107.79	118.61	343.79	707.81
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	113.94	125.38	363.43	748.23
X-ray exam of knee 3	73562	Per Unit	Outpatient	69.40	76.36	221.34	455.70
X-ray exam of lower leg	73590	Per Unit	Outpatient	107.79	118.61	343.79	707.81
X-ray exam of ankle	73610	Per Unit	Outpatient	119.99	132.03	382.70	787.92
X-ray exam of foot	73630	Per Unit	Outpatient	85.07	93.61	271.32	558.60
MRI scan of leg joint	73721	Per Unit	Outpatient	688.37	757.46	2,195.55	4,520.25
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	1,253.73	1,379.58	3,998.77	8,232.77
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	221.73	243.99	707.22	1,456.04
X-ray exam surgical specimen	76098	Per Unit	Outpatient	204.83	225.39	653.31	1,345.05
Us exam of head and neck	76536	Per Unit	Outpatient	482.75	531.21	1,539.74	3,170.06
Ultrasound breast limited	76642	Per Unit	Outpatient	504.80	555.47	1,610.07	3,314.85
Ultrasound of abdomen	76700	Per Unit	Outpatient	430.04	473.20	1,371.59	2,823.87
Echo exam of abdomen	76705	Per Unit	Outpatient	335.68	369.37	1,070.64	2,204.27
Us exam abdo back wall comp	76770	Per Unit	Outpatient	452.09	497.46	1,441.92	2,968.67
Us exam abdo back wall lim	76775	Per Unit	Outpatient	346.76	381.57	1,105.99	2,277.03
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	174.61	192.14	556.92	1,146.60
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	346.98	381.81	1,106.70	2,278.50
Ob us detailed sngl fetus	76811	Per Unit	Outpatient	248.48	273.43	792.54	1,631.70
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	90.66	99.76	289.17	595.35
Ob us limited fetus(s)	76815	Per Unit	Outpatient	323.48	355.95	1,031.73	2,124.15
Ob us follow-up per fetus	76816	Per Unit	Outpatient	421.98	464.33	1,345.89	2,770.95
Transvaginal us obstetric	76817	Per Unit	Outpatient	239.53	263.57	763.98	1,572.90
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	152.22	167.50	485.52	999.60
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	813.51	895.16	2,594.68	5,341.98
Us exam scrotum	76870	Per Unit	Outpatient	553.83	609.42	1,766.44	3,636.78
Us exam infant hips dynamic	76885	Per Unit	Outpatient	335.68	369.37	1,070.64	2,204.27
Mammography of one breast	77065	Per Unit	Outpatient	301.09	331.31	960.33	1,977.15
Mammography of both breasts	77066	Per Unit	Outpatient	138.79	152.72	442.68	911.40
Mamography, screening bilateral	77067	Per Unit	Outpatient	102.98	113.31	328.44	676.20
X-rays for bone age	77072	Per Unit	Outpatient	209.42	230.44	667.95	1,375.19
Joint survey single view	77077	Per Unit	Outpatient	85.74	94.34	273.46	563.01
Dxa bone density axial	77080	Per Unit	Outpatient	161.18	177.36	514.08	1,058.40
SURGICAL SERVICES							
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	535.19	583.75	2,435.95	4,719.00
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	929.34	1,022.62	4,500.23	5,500.00
Drainage of hematoma/fluid	10140	Per Case	Outpatient	1,905.97	2,283.36	5,865.84	5,558.50
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	232.81	256.18	742.56	1,528.80
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	531.67	585.03	1,695.75	3,491.25
Removal of skin tags <w/15	11200	Per Case	Outpatient	1,506.26	1,657.45	5,822.42	5,516.75
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	2,178.86	2,095.75	6,232.70	5,911.25
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	1,920.22	2,149.52	5,823.72	5,518.00
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	2,060.72	2,258.20	5,838.54	5,532.25
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	2,172.93	2,472.33	5,839.06	5,532.75
Remove pilonidal cyst simple	11770	Per Case	Outpatient	1,519.03	1,878.76	5,907.96	5,599.00
Replace tissue expander	11970	Per Case	Outpatient	5,631.98	5,779.08	9,906.34	9,734.75
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	1,867.31	2,222.30	5,856.22	5,549.25
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	2,134.99	2,313.92	5,811.50	5,506.25

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	CIGNA	CIGNA HealthSpring Medicare	Clover Health Medicare	Emblem
INPATIENT SERVICES							
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	1,252.08	447.51	447.51	4,739.63
X-ray exam chest 2 views	71046	Per Unit	Outpatient	332.67	93.53	93.53	385.19
Ct thorax w/o dye	71250	Per Unit	Outpatient	406.15	131.35	131.35	3,293.48
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	187.21	262.71	262.71	1,080.50
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	74.63	131.35	131.35	720.72
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	103.66	131.35	131.35	625.43
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	467.54	273.11	273.11	3,551.63
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	3,452.71	213.55	213.55	5,225.61
X-ray exam of shoulder	73030	Per Unit	Outpatient	61.23	93.53	93.53	650.84
X-ray exam of elbow	73080	Per Unit	Outpatient	70.17	93.53	93.53	612.73
X-ray exam of forearm	73090	Per Unit	Outpatient	54.53	93.53	93.53	554.40
X-ray exam of wrist	73110	Per Unit	Outpatient	83.56	93.53	93.53	556.13
X-ray exam of hand	73130	Per Unit	Outpatient	69.05	93.53	93.53	556.13
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	88.02	131.35	131.35	587.90
X-ray exam of knee 3	73562	Per Unit	Outpatient	82.44	93.53	93.53	358.05
X-ray exam of lower leg	73590	Per Unit	Outpatient	63.47	93.53	93.53	556.13
X-ray exam of ankle	73610	Per Unit	Outpatient	71.28	93.53	93.53	619.08
X-ray exam of foot	73630	Per Unit	Outpatient	64.58	93.53	93.53	438.90
MRI scan of leg joint	73721	Per Unit	Outpatient	529.90	273.11	273.11	3,551.63
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	3,094.29	447.51	447.51	4,950.61
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	186.25	213.55	213.55	1,144.03
X-ray exam surgical specimen	76098	Per Unit	Outpatient	26.63	564.39	564.39	1,056.83
Us exam of head and neck	76536	Per Unit	Outpatient	280.02	131.35	131.35	2,490.76
Ultrasound breast limited	76642	Per Unit	Outpatient	629.26	156.88	156.88	2,604.53
Ultrasound of abdomen	76700	Per Unit	Outpatient	259.93	131.35	131.35	2,218.76
Echo exam of abdomen	76705	Per Unit	Outpatient	196.30	131.35	131.35	1,731.92
Us exam abdo back wall comp	76770	Per Unit	Outpatient	242.06	131.35	131.35	2,332.52
Us exam abdo back wall lim	76775	Per Unit	Outpatient	93.61	131.35	131.35	1,789.10
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	233.14	131.35	131.35	900.90
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	292.30	131.35	131.35	1,790.25
Ob us detailed sngl fetus	76811	Per Unit	Outpatient	270.94	273.11	273.11	1,282.05
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	194.07	131.35	131.35	467.78
Ob us limited fetus(s)	76815	Per Unit	Outpatient	165.05	131.35	131.35	1,668.98
Ob us follow-up per fetus	76816	Per Unit	Outpatient	228.67	131.35	131.35	2,177.18
Transvaginal us obstetric	76817	Per Unit	Outpatient	188.49	131.35	131.35	1,235.85
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	161.70	131.35	131.35	785.40
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	517.62	262.71	262.71	4,197.27
Us exam scrotum	76870	Per Unit	Outpatient	113.69	131.35	131.35	2,857.47
Us exam infant hips dynamic	76885	Per Unit	Outpatient	346.99	93.53	93.53	1,731.92
Mammography of one breast	77065	Per Unit	Outpatient	546.66	156.88	156.88	1,553.48
Mammography of both breasts	77066	Per Unit	Outpatient	457.51	63.35	63.35	716.10
Mamography, screening bilateral	77067	Per Unit	Outpatient	312.39	966.00	966.00	531.30
X-rays for bone age	77072	Per Unit	Outpatient	187.21	262.71	262.71	1,080.50
Joint survey single view	77077	Per Unit	Outpatient	65.70	131.35	131.35	442.37
Dxa bone density axial	77080	Per Unit	Outpatient	96.96	131.35	131.35	831.60
SURGICAL SERVICES							
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	1,917.06	714.91	714.91	2,359.50
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	3,492.11	714.91	714.91	4,093.00
Drainage of hematoma/fluid	10140	Per Case	Outpatient	4,645.80	1,608.63	1,608.63	4,093.00
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	1,037.40	374.45	374.45	1,201.20
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	2,369.06	1,608.63	1,608.63	2,743.13
Removal of skin tags <w/15	11200	Per Case	Outpatient	4,612.40	270.21	270.21	4,093.00
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	4,928.00	1,252.69	1,252.69	4,093.00
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	4,613.40	4,716.38	4,716.38	4,093.00
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	4,624.80	5,627.11	5,627.11	4,093.00
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	4,625.20	5,627.11	5,627.11	4,093.00
Remove pilonidal cyst simple	11770	Per Case	Outpatient	4,678.20	2,840.09	2,840.09	4,093.00
Replace tissue expander	11970	Per Case	Outpatient	8,592.40	14,050.38	14,050.38	7,878.00
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	4,638.40	1,901.79	1,901.79	4,093.00
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	4,604.00	5,545.81	5,545.81	4,093.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare	Horizon NJ Health Medicaid
INPATIENT SERVICES								
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	2,817.92	2,817.92	2,817.92	447.51	1,062.95
X-ray exam chest 2 views	71046	Per Unit	Outpatient	229.01	229.01	229.01	93.53	245.12
Ct thorax w/o dye	71250	Per Unit	Outpatient	1,958.13	1,958.13	1,958.13	131.35	280.26
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	642.41	642.41	642.41	262.71	449.04
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	428.50	428.50	428.50	131.35	42.24
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	371.85	371.85	371.85	131.35	52.80
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	2,111.60	2,111.60	2,111.60	273.11	633.60
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	4,205.58	4,205.58	4,205.58	213.55	330.45
X-ray exam of shoulder	73030	Per Unit	Outpatient	386.96	386.96	386.96	93.53	31.68
X-ray exam of elbow	73080	Per Unit	Outpatient	364.29	364.29	364.29	93.53	31.68
X-ray exam of forearm	73090	Per Unit	Outpatient	329.62	329.62	329.62	93.53	26.88
X-ray exam of wrist	73110	Per Unit	Outpatient	330.65	330.65	330.65	93.53	31.68
X-ray exam of hand	73130	Per Unit	Outpatient	330.65	330.65	330.65	93.53	31.68
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	349.53	349.53	349.53	131.35	374.12
X-ray exam of knee 3	73562	Per Unit	Outpatient	212.88	212.88	212.88	93.53	31.68
X-ray exam of lower leg	73590	Per Unit	Outpatient	330.65	330.65	330.65	93.53	31.68
X-ray exam of ankle	73610	Per Unit	Outpatient	368.07	368.07	368.07	93.53	29.18
X-ray exam of foot	73630	Per Unit	Outpatient	260.95	260.95	260.95	93.53	29.18
MRI scan of leg joint	73721	Per Unit	Outpatient	2,111.60	2,111.60	2,111.60	273.11	633.60
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	3,845.88	3,845.88	3,845.88	447.51	301.90
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	680.18	680.18	680.18	213.55	53.76
X-ray exam surgical specimen	76098	Per Unit	Outpatient	628.33	628.33	628.33	564.39	28.80
Us exam of head and neck	76536	Per Unit	Outpatient	1,480.87	1,480.87	1,480.87	131.35	78.60
Ultrasound breast limited	76642	Per Unit	Outpatient	1,548.51	1,548.51	1,548.51	156.88	531.62
Ultrasound of abdomen	76700	Per Unit	Outpatient	1,319.15	1,319.15	1,319.15	131.35	126.72
Echo exam of abdomen	76705	Per Unit	Outpatient	1,029.71	1,029.71	1,029.71	131.35	84.48
Us exam abdo back wall comp	76770	Per Unit	Outpatient	1,386.79	1,386.79	1,386.79	131.35	126.72
Us exam abdo back wall lim	76775	Per Unit	Outpatient	1,063.70	1,063.70	1,063.70	131.35	126.72
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	535.63	535.63	535.63	131.35	105.60
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	1,064.39	1,064.39	1,064.39	131.35	124.03
Ob us detailed sngl fetus	76811	Per Unit	Outpatient	762.24	762.24	762.24	273.11	391.68
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	278.11	278.11	278.11	131.35	128.16
Ob us limited fetus(s)	76815	Per Unit	Outpatient	992.28	992.28	992.28	131.35	67.20
Ob us follow-up per fetus	76816	Per Unit	Outpatient	1,294.43	1,294.43	1,294.43	131.35	67.20
Transvaginal us obstetric	76817	Per Unit	Outpatient	734.77	734.77	734.77	131.35	155.52
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	466.96	466.96	466.96	131.35	105.60
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	2,495.47	2,495.47	2,495.47	262.71	268.22
Us exam scrotum	76870	Per Unit	Outpatient	1,698.90	1,698.90	1,698.90	131.35	99.26
Us exam infant hips dynamic	76885	Per Unit	Outpatient	1,029.71	1,029.71	1,029.71	93.53	71.04
Mammography of one breast	77065	Per Unit	Outpatient	923.61	923.61	923.61	156.88	458.12
Mammography of both breasts	77066	Per Unit	Outpatient	425.75	425.75	425.75	63.35	455.70
Mamography, screening bilateral	77067	Per Unit	Outpatient	315.88	315.88	315.88	966.00	338.10
X-rays for bone age	77072	Per Unit	Outpatient	642.41	642.41	642.41	262.71	449.04
Joint survey single view	77077	Per Unit	Outpatient	263.01	263.01	263.01	131.35	33.33
Dxa bone density axial	77080	Per Unit	Outpatient	494.42	494.42	494.42	131.35	124.80
SURGICAL SERVICES								
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	1,543.11	1,543.11	1,543.11	714.91	2,211.00
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	2,850.79	2,850.79	2,850.79	714.91	2,211.00
Drainage of hematoma/fluid	10140	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	1,608.63	2,211.00
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	714.17	714.17	714.17	374.45	42.93
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	1,630.91	1,630.91	1,630.91	1,608.63	224.20
Removal of skin tags <w/15	11200	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	270.21	2,211.00
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	1,252.69	2,211.00
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	4,716.38	2,211.00
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,627.11	2,211.00
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,627.11	2,211.00
Remove pilonidal cyst simple	11770	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	2,840.09	2,211.00
Replace tissue expander	11970	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	14,050.38	5,844.60
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	1,901.79	2,211.00
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,545.81	2,211.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Humana Medicare	Longevity PPO	Magnacare	Multiplan
INPATIENT SERVICES							
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	447.51	447.51	7,324.88	6,894.00
X-ray exam chest 2 views	71046	Per Unit	Outpatient	93.53	93.53	595.30	560.28
Ct thorax w/o dye	71250	Per Unit	Outpatient	131.35	131.35	5,089.93	4,790.52
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	262.71	262.71	1,669.87	1,571.64
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	131.35	131.35	1,113.84	1,048.32
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	131.35	131.35	966.58	909.72
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	273.11	273.11	5,488.88	5,166.00
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	213.55	213.55	10,931.94	10,288.88
X-ray exam of shoulder	73030	Per Unit	Outpatient	93.53	93.53	1,005.85	946.68
X-ray exam of elbow	73080	Per Unit	Outpatient	93.53	93.53	946.94	891.24
X-ray exam of forearm	73090	Per Unit	Outpatient	93.53	93.53	856.80	806.40
X-ray exam of wrist	73110	Per Unit	Outpatient	93.53	93.53	859.48	808.92
X-ray exam of hand	73130	Per Unit	Outpatient	93.53	93.53	859.48	808.92
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	131.35	131.35	908.57	855.12
X-ray exam of knee 3	73562	Per Unit	Outpatient	93.53	93.53	553.35	520.80
X-ray exam of lower leg	73590	Per Unit	Outpatient	93.53	93.53	859.48	808.92
X-ray exam of ankle	73610	Per Unit	Outpatient	93.53	93.53	956.76	900.48
X-ray exam of foot	73630	Per Unit	Outpatient	93.53	93.53	678.30	638.40
MRI scan of leg joint	73721	Per Unit	Outpatient	273.11	273.11	5,488.88	5,166.00
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	447.51	447.51	9,996.94	9,408.88
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	213.55	213.55	1,768.04	1,664.04
X-ray exam surgical specimen	76098	Per Unit	Outpatient	564.39	564.39	1,633.28	1,537.20
Us exam of head and neck	76536	Per Unit	Outpatient	131.35	131.35	3,849.35	3,622.92
Ultrasound breast limited	76642	Per Unit	Outpatient	156.88	156.88	4,025.18	3,788.40
Ultrasound of abdomen	76700	Per Unit	Outpatient	131.35	131.35	3,428.99	3,227.28
Echo exam of abdomen	76705	Per Unit	Outpatient	131.35	131.35	2,676.61	2,519.16
Us exam abdo back wall comp	76770	Per Unit	Outpatient	131.35	131.35	3,604.81	3,392.76
Us exam abdo back wall lim	76775	Per Unit	Outpatient	131.35	131.35	2,764.97	2,602.32
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	131.35	131.35	1,392.30	1,310.40
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	131.35	131.35	2,766.75	2,604.00
Ob us detailed sngl fetus	76811	Per Unit	Outpatient	273.11	273.11	1,981.35	1,864.80
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	131.35	131.35	722.93	680.40
Ob us limited fetus(s)	76815	Per Unit	Outpatient	131.35	131.35	2,579.33	2,427.60
Ob us follow-up per fetus	76816	Per Unit	Outpatient	131.35	131.35	3,364.73	3,166.80
Transvaginal us obstetric	76817	Per Unit	Outpatient	131.35	131.35	1,909.95	1,797.60
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	131.35	131.35	1,213.80	1,142.40
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	262.71	262.71	6,486.69	6,105.12
Us exam scrotum	76870	Per Unit	Outpatient	131.35	131.35	4,416.09	4,156.32
Us exam infant hips dynamic	76885	Per Unit	Outpatient	93.53	93.53	2,676.61	2,519.16
Mammography of one breast	77065	Per Unit	Outpatient	156.88	156.88	2,400.83	2,259.60
Mammography of both breasts	77066	Per Unit	Outpatient	63.35	63.35	1,106.70	1,041.60
Mamography, screening bilateral	77067	Per Unit	Outpatient	966.00	966.00	821.10	772.80
X-rays for bone age	77072	Per Unit	Outpatient	262.71	262.71	1,669.87	1,571.64
Joint survey single view	77077	Per Unit	Outpatient	131.35	131.35	683.66	643.44
Dxa bone density axial	77080	Per Unit	Outpatient	131.35	131.35	1,285.20	1,209.60
SURGICAL SERVICES							
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	714.91	714.91	4,011.15	3,775.20
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	714.91	714.91	4,251.00	6,974.40
Drainage of hematoma/fluid	10140	Per Case	Outpatient	1,608.63	1,608.63	4,368.00	15,572.80
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	374.45	374.45	1,856.40	1,747.20
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	1,608.63	1,608.63	4,239.38	3,990.00
Removal of skin tags <w/15	11200	Per Case	Outpatient	270.21	270.21	4,284.50	11,304.00
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	1,252.69	1,252.69	5,073.50	14,293.24
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	4,716.38	4,716.38	4,287.00	14,660.00
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	5,627.11	5,627.11	4,315.50	15,401.16
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	5,627.11	5,627.11	4,316.50	16,861.60
Remove pilonidal cyst simple	11770	Per Case	Outpatient	2,840.09	2,840.09	4,449.00	12,813.40
Replace tissue expander	11970	Per Case	Outpatient	14,050.38	14,050.38	8,935.50	39,414.00
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	1,901.79	1,901.79	4,349.50	15,156.36
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	5,545.81	5,545.81	4,263.50	15,781.20

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
INPATIENT SERVICES								
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	773.00	2,635.17	2,673.56	773.00	447.51
X-ray exam chest 2 views	71046	Per Unit	Outpatient	306.00	497.25	497.25	306.00	93.53
Ct thorax w/o dye	71250	Per Unit	Outpatient	672.00	630.60	642.73	672.00	131.35
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	612.00	1,015.31	1,018.52	612.00	262.71
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	306.00	166.93	170.14	306.00	131.35
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	306.00	257.35	262.30	306.00	131.35
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	773.00	1,229.70	1,253.35	773.00	273.11
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	673.40	5,453.12	5,473.88	673.40	213.55
X-ray exam of shoulder	73030	Per Unit	Outpatient	306.00	166.93	170.14	306.00	93.53
X-ray exam of elbow	73080	Per Unit	Outpatient	306.00	166.93	170.14	306.00	93.53
X-ray exam of forearm	73090	Per Unit	Outpatient	306.00	166.93	170.14	306.00	93.53
X-ray exam of wrist	73110	Per Unit	Outpatient	306.00	166.93	170.14	306.00	93.53
X-ray exam of hand	73130	Per Unit	Outpatient	306.00	166.93	170.14	306.00	93.53
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	306.00	758.92	758.92	306.00	131.35
X-ray exam of knee 3	73562	Per Unit	Outpatient	306.00	166.93	170.14	306.00	93.53
X-ray exam of lower leg	73590	Per Unit	Outpatient	306.00	166.93	170.14	306.00	93.53
X-ray exam of ankle	73610	Per Unit	Outpatient	306.00	166.93	170.14	306.00	93.53
X-ray exam of foot	73630	Per Unit	Outpatient	306.00	166.93	170.14	306.00	93.53
MRI scan of leg joint	73721	Per Unit	Outpatient	773.00	1,229.70	1,253.35	773.00	273.11
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	673.15	5,345.77	5,379.48	673.15	447.51
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	306.00	300.51	306.29	306.00	213.55
X-ray exam surgical specimen	76098	Per Unit	Outpatient	306.00	1,169.94	1,192.44	306.00	564.39
Us exam of head and neck	76536	Per Unit	Outpatient	355.00	360.82	367.76	355.00	131.35
Ultrasound breast limited	76642	Per Unit	Outpatient	703.00	3,362.21	3,362.21	703.00	156.88
Ultrasound of abdomen	76700	Per Unit	Outpatient	355.00	360.82	367.76	355.00	131.35
Echo exam of abdomen	76705	Per Unit	Outpatient	355.00	360.82	367.76	355.00	131.35
Us exam abdo back wall comp	76770	Per Unit	Outpatient	355.00	360.82	367.76	355.00	131.35
Us exam abdo back wall lim	76775	Per Unit	Outpatient	355.00	360.82	367.76	355.00	131.35
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	355.00	360.82	367.76	355.00	131.35
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	355.00	360.82	367.76	355.00	131.35
Ob us detailed sngl fetus	76811	Per Unit	Outpatient	355.00	562.16	572.97	355.00	273.11
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	355.00	234.58	239.09	355.00	131.35
Ob us limited fetus(s)	76815	Per Unit	Outpatient	355.00	234.58	239.09	355.00	131.35
Ob us follow-up per fetus	76816	Per Unit	Outpatient	355.00	234.58	239.09	355.00	131.35
Transvaginal us obstetric	76817	Per Unit	Outpatient	355.00	234.58	239.09	355.00	131.35
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	355.00	360.82	367.76	355.00	131.35
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	710.00	721.64	735.52	710.00	262.71
Us exam scrotum	76870	Per Unit	Outpatient	355.00	360.82	367.76	355.00	131.35
Us exam infant hips dynamic	76885	Per Unit	Outpatient	355.00	234.58	239.09	355.00	93.53
Mammography of one breast	77065	Per Unit	Outpatient	703.00	2,005.40	2,005.40	703.00	156.88
Mammography of both breasts	77066	Per Unit	Outpatient	348.00	924.42	924.42	348.00	63.35
Mamography, screening bilateral	77067	Per Unit	Outpatient	174.00	685.86	685.86	174.00	966.00
X-rays for bone age	77072	Per Unit	Outpatient	612.00	1,015.31	1,018.52	612.00	262.71
Joint survey single view	77077	Per Unit	Outpatient	306.00	166.93	170.14	306.00	131.35
Dxa bone density axial	77080	Per Unit	Outpatient	306.00	268.36	273.52	306.00	131.35
SURGICAL SERVICES								
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	4,253.00	3,350.49	3,350.49	4,253.00	714.91
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	8,506.00	6,189.78	6,189.78	8,506.00	714.91
Drainage of hematoma/fluid	10140	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	1,608.63
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	1,638.00	1,550.64	1,550.64	1,638.00	374.45
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	3,740.63	3,541.13	3,541.13	3,740.63	1,608.63
Removal of skin tags <w/15	11200	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	270.21
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	6,379.50	7,021.75	7,145.75	6,379.50	1,252.69
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	7,442.75	6,446.00	6,570.00	7,442.75	4,716.38
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	6,379.50	6,446.00	6,570.00	6,379.50	5,627.11
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	6,379.50	6,446.00	6,570.00	6,379.50	5,627.11
Remove pilonidal cyst simple	11770	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	2,840.09
Replace tissue expander	11970	Per Case	Outpatient	13,711.00	10,860.65	10,984.65	13,711.00	14,050.38
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	1,901.79
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	5,545.81

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	United Community & State Medicaid	Wellcare Medicaid	Wellcare Medicare
INPATIENT SERVICES						
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	964.30	1,079.77	447.51
X-ray exam chest 2 views	71046	Per Unit	Outpatient	78.37	87.75	93.53
Ct thorax w/o dye	71250	Per Unit	Outpatient	670.07	750.32	131.35
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	219.83	246.16	262.71
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	146.63	164.19	131.35
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	127.25	142.48	131.35
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	722.59	809.12	273.11
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	1,439.16	1,611.50	213.55
X-ray exam of shoulder	73030	Per Unit	Outpatient	132.42	148.27	93.53
X-ray exam of elbow	73080	Per Unit	Outpatient	124.66	139.59	93.53
X-ray exam of forearm	73090	Per Unit	Outpatient	112.80	126.30	93.53
X-ray exam of wrist	73110	Per Unit	Outpatient	113.15	126.70	93.53
X-ray exam of hand	73130	Per Unit	Outpatient	113.15	126.70	93.53
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	119.61	133.93	131.35
X-ray exam of knee 3	73562	Per Unit	Outpatient	72.85	81.57	93.53
X-ray exam of lower leg	73590	Per Unit	Outpatient	113.15	126.70	93.53
X-ray exam of ankle	73610	Per Unit	Outpatient	125.95	141.04	93.53
X-ray exam of foot	73630	Per Unit	Outpatient	89.30	99.99	93.53
MRI scan of leg joint	73721	Per Unit	Outpatient	722.59	809.12	273.11
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	1,316.07	1,473.67	447.51
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	232.76	260.63	213.55
X-ray exam surgical specimen	76098	Per Unit	Outpatient	215.02	240.76	564.39
Us exam of head and neck	76536	Per Unit	Outpatient	506.76	567.44	131.35
Ultrasound breast limited	76642	Per Unit	Outpatient	529.90	593.36	156.88
Ultrasound of abdomen	76700	Per Unit	Outpatient	451.42	505.47	131.35
Echo exam of abdomen	76705	Per Unit	Outpatient	352.37	394.56	131.35
Us exam abdo back wall comp	76770	Per Unit	Outpatient	474.56	531.39	131.35
Us exam abdo back wall lim	76775	Per Unit	Outpatient	364.00	407.59	131.35
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	183.29	205.24	131.35
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	364.23	407.85	131.35
Ob us detailed sngl fetus	76811	Per Unit	Outpatient	260.84	292.07	273.11
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	95.17	106.57	131.35
Ob us limited fetus(s)	76815	Per Unit	Outpatient	339.56	380.22	131.35
Ob us follow-up per fetus	76816	Per Unit	Outpatient	442.96	496.00	131.35
Transvaginal us obstetric	76817	Per Unit	Outpatient	251.44	281.55	131.35
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	159.79	178.93	131.35
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	853.95	956.21	262.71
Us exam scrotum	76870	Per Unit	Outpatient	581.37	650.98	131.35
Us exam infant hips dynamic	76885	Per Unit	Outpatient	352.37	394.56	93.53
Mammography of one breast	77065	Per Unit	Outpatient	316.06	353.91	156.88
Mammography of both breasts	77066	Per Unit	Outpatient	145.69	163.14	63.35
Mamography, screening bilateral	77067	Per Unit	Outpatient	108.10	121.04	966.00
X-rays for bone age	77072	Per Unit	Outpatient	219.83	246.16	262.71
Joint survey single view	77077	Per Unit	Outpatient	90.00	100.78	131.35
Dxa bone density axial	77080	Per Unit	Outpatient	169.19	189.45	131.35
SURGICAL SERVICES						
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	528.06	630.34	714.91
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	975.54	1,092.37	714.91
Drainage of hematoma/fluid	10140	Per Case	Outpatient	1,967.00	2,242.62	1,608.63
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	244.39	273.66	374.45
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	558.10	624.93	1,608.63
Removal of skin tags <w/15	11200	Per Case	Outpatient	1,581.15	1,770.49	270.21
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	1,919.49	2,188.73	1,252.69
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	1,981.96	2,258.68	4,716.38
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	2,129.43	2,423.60	5,627.11
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	2,247.23	2,555.79	5,627.11
Remove pilonidal cyst simple	11770	Per Case	Outpatient	1,560.84	1,787.42	2,840.09
Replace tissue expander	11970	Per Case	Outpatient	5,513.03	6,212.26	14,050.38
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	1,926.43	2,196.71	1,901.79
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	2,207.40	2,510.78	5,545.81

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Minimum Negotiated Rate	Maximum Negotiated Rate
INPATIENT SERVICES					
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	447.51	7,324.88
X-ray exam chest 2 views	71046	Per Unit	Outpatient	74.66	595.30
Ct thorax w/o dye	71250	Per Unit	Outpatient	131.35	5,089.93
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	135.10	1,669.87
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	42.24	1,113.84
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	52.80	966.58
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	273.11	5,488.88
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	213.55	10,931.94
X-ray exam of shoulder	73030	Per Unit	Outpatient	31.68	1,005.85
X-ray exam of elbow	73080	Per Unit	Outpatient	31.68	946.94
X-ray exam of forearm	73090	Per Unit	Outpatient	26.88	856.80
X-ray exam of wrist	73110	Per Unit	Outpatient	31.68	859.48
X-ray exam of hand	73130	Per Unit	Outpatient	31.68	859.48
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	63.51	908.57
X-ray exam of knee 3	73562	Per Unit	Outpatient	31.68	553.35
X-ray exam of lower leg	73590	Per Unit	Outpatient	31.68	859.48
X-ray exam of ankle	73610	Per Unit	Outpatient	29.18	956.76
X-ray exam of foot	73630	Per Unit	Outpatient	29.18	678.30
MRI scan of leg joint	73721	Per Unit	Outpatient	273.11	5,488.88
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	301.90	9,996.94
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	53.76	1,768.04
X-ray exam surgical specimen	76098	Per Unit	Outpatient	19.22	1,633.28
Us exam of head and neck	76536	Per Unit	Outpatient	78.60	3,849.35
Ultrasound breast limited	76642	Per Unit	Outpatient	156.88	4,025.18
Ultrasound of abdomen	76700	Per Unit	Outpatient	126.72	3,428.99
Echo exam of abdomen	76705	Per Unit	Outpatient	84.48	2,676.61
Us exam abdo back wall comp	76770	Per Unit	Outpatient	126.72	3,604.81
Us exam abdo back wall lim	76775	Per Unit	Outpatient	67.55	2,764.97
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	105.60	1,392.30
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	124.03	2,766.75
Ob us detailed sngl fetus	76811	Per Unit	Outpatient	195.50	1,981.35
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	90.66	722.93
Ob us limited fetus(s)	76815	Per Unit	Outpatient	67.20	2,579.33
Ob us follow-up per fetus	76816	Per Unit	Outpatient	67.20	3,364.73
Transvaginal us obstetric	76817	Per Unit	Outpatient	131.35	1,909.95
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	105.60	1,213.80
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	262.71	6,486.69
Us exam scrotum	76870	Per Unit	Outpatient	82.05	4,416.09
Us exam infant hips dynamic	76885	Per Unit	Outpatient	71.04	2,676.61
Mammography of one breast	77065	Per Unit	Outpatient	156.88	2,400.83
Mammography of both breasts	77066	Per Unit	Outpatient	63.35	1,106.70
Mamography, screening bilateral	77067	Per Unit	Outpatient	102.98	966.00
X-rays for bone age	77072	Per Unit	Outpatient	135.10	1,669.87
Joint survey single view	77077	Per Unit	Outpatient	33.33	683.66
Dxa bone density axial	77080	Per Unit	Outpatient	69.96	1,285.20
SURGICAL SERVICES					
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	528.06	5,382.00
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	714.91	8,506.00
Drainage of hematoma/fluid	10140	Per Case	Outpatient	1,608.63	15,572.80
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	42.93	1,856.40
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	224.20	4,239.38
Removal of skin tags <w/15	11200	Per Case	Outpatient	270.21	11,304.00
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	1,252.69	14,293.24
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	1,920.22	14,660.00
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	2,060.72	15,401.16
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	2,172.93	16,861.60
Remove pilonidal cyst simple	11770	Per Case	Outpatient	1,519.03	12,813.40
Replace tissue expander	11970	Per Case	Outpatient	4,140.00	39,414.00
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	1,867.31	15,156.36
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	2,134.99	15,781.20

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare
INPATIENT SERVICES							
Wound prep trk/arm/leg	15002	Per Case	Outpatient	64,793.25	6,006.44	8,710.20	30,364.11
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	70,220.75	12,417.61	10,142.00	9,592.53
Exc skin abd	15830	Per Case	Outpatient	48,830.00	9,396.88	5,382.00	5,760.43
Dressing change not for burn	15852	Per Case	Outpatient	9,302.15	1,604.75	5,382.00	565.93
Suction lipectomy trunk	15877	Per Case	Outpatient	44,192.00	11,348.27	5,382.00	15,015.81
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	44,192.00	9,114.26	5,382.00	15,015.81
Drainage of breast lesion	19000	Per Case	Outpatient	8,122.50	1,478.30	5,382.00	827.34
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	10,182.50	2,337.43	5,382.00	1,724.59
Bx breast add lesion us imag	19084	Per Case	Outpatient	26,577.95	2,016.32	5,382.00	1,721.06
Biopsy of breast open	19101	Per Case	Outpatient	22,575.75	6,191.13	5,382.00	8,531.81
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	34,059.00	5,791.03	5,382.00	9,490.53
Perq device breast 1st imag	19281	Per Case	Outpatient	5,071.00	922.92	5,382.00	714.91
Perq device breast ea imag	19282	Per Case	Outpatient	6,939.50	1,262.99	5,382.00	714.91
Partial mastectomy	19301	Per Case	Outpatient	40,104.00	6,240.71	5,382.00	12,704.57
Mast simple complete	19303	Per Case	Outpatient	79,724.25	11,851.98	14,754.60	27,207.57
Reduction of large breast	19318	Per Case	Outpatient	57,522.50	10,277.61	5,382.00	6,253.85
Immediate breast prosthesis	19340	Per Case	Outpatient	60,859.85	8,106.10	8,465.00	13,670.34
Delayed breast prosthesis	19342	Per Case	Outpatient	52,140.45	10,844.84	6,518.00	19,427.73
Breast reconstruction	19357	Per Case	Outpatient	79,724.25	9,776.30	14,754.60	27,207.57
Breast reconstruction	19366	Per Case	Outpatient	52,140.45	7,163.06	6,518.00	19,427.73
Revise breast reconstruction	19380	Per Case	Outpatient	50,197.00	8,633.01	15,802.00	9,174.06
Removal of support implant	20680	Per Case	Outpatient	28,970.10	5,042.29	5,382.00	3,084.29
Treat humerus fracture	24538	Per Case	Outpatient	23,159.90	3,499.41	5,382.00	8,090.32
Remove wrist tendon lesion	25111	Per Case	Outpatient	14,919.00	3,037.42	5,382.00	1,597.86
Incise finger tendon sheath	26055	Per Case	Outpatient	12,526.00	2,263.27	5,382.00	4,904.32
Treat finger fracture each	26727	Per Case	Outpatient	19,118.85	2,997.58	5,382.00	3,344.66
Revision of knee joint	27446	Per Case	Outpatient	71,131.15	8,853.78	19,778.00	14,775.61
Total knee arthroplasty	27447	Per Case	Outpatient	75,236.35	8,898.70	20,185.80	14,743.77
Surgery to stop leg growth	27485	Per Case	Outpatient	41,073.25	9,545.10	6,822.00	10,927.74
Repair achilles tendon	27650	Per Case	Outpatient	77,942.50	8,548.02	10,690.00	16,041.18
Treatment of ankle fracture	27792	Per Case	Outpatient	43,866.15	4,963.44	5,382.00	8,373.84
Treatment of ankle fracture	27814	Per Case	Outpatient	35,163.90	8,645.38	8,714.00	7,039.91
Repair of hammertoe	28285	Per Case	Outpatient	37,825.75	5,144.04	6,746.00	10,581.91
Correction hallux valgus	28296	Per Case	Outpatient	31,017.75	5,807.02	5,382.00	7,215.33
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	46,692.00	11,875.48	5,823.00	9,747.65
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	55,272.00	10,847.26	6,595.00	7,263.33
Removal of one knee cartilageusing an endoscope	29881	Per Case	Outpatient	24,891.50	6,049.79	2,987.00	3,361.87
Knee arthroscopy/surgery	29882	Per Case	Outpatient	11,902.50	2,166.26	2,987.00	3,139.96
Percut bx lung/mediastinum	32405	Per Case	Outpatient	16,092.15	2,928.77	5,382.00	1,608.63
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	4,722.10	859.42	5,382.00	832.46
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	32,135.85	6,527.98	5,382.00	2,039.22
Repair blood vessel lesion	35190	Per Case	Outpatient	52,858.95	7,811.75	5,382.00	12,162.38
Endovenous laser 1st vein	36478	Per Case	Outpatient	26,911.75	5,416.62	5,382.00	6,956.32
Insert tunneled cv cath	36561	Per Case	Outpatient	21,554.95	5,199.39	5,382.00	3,247.83
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	6,827.00	1,242.51	5,382.00	1,911.62
Removal tunneled cv cath	36590	Per Case	Outpatient	1,638.00	298.12	5,382.00	738.93
Av fuse uppr arm basilic	36819	Per Case	Outpatient	41,491.50	8,305.69	5,382.00	8,648.76
Av fusion direct any site	36821	Per Case	Outpatient	35,779.75	6,061.09	5,382.00	7,226.99
Artery-vein nonautograft	36830	Per Case	Outpatient	40,905.50	11,771.35	7,321.40	8,445.92
Av fistula revision open	36832	Per Case	Outpatient	39,340.00	8,708.67	5,382.00	9,488.15
Av fistula revision	36833	Per Case	Outpatient	56,660.45	9,309.54	7,526.00	8,698.85
Intro cath dialysis circuit	36903	Per Case	Outpatient	69,978.45	9,328.46	13,882.00	17,861.40
Thrmbc/nfs dialysis circuit	36906	Per Case	Outpatient	81,550.00	13,541.28	11,346.00	24,798.45
Fem/popl revas w/tla	37224	Per Case	Outpatient	96,819.95	11,649.40	5,382.00	9,915.59
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	136,777.00	13,240.55	13,244.60	17,650.50
Revise leg vein	37700	Per Case	Outpatient	22,904.35	3,705.76	5,382.00	10,297.68

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Aetna Better Health	Amerigroup	Amerihealth	CHN
INPATIENT SERVICES							
Wound prep trk/arm/leg	15002	Per Case	Outpatient	7,473.29	7,600.25	9,854.86	9,660.25
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	7,446.24	8,236.89	11,947.30	11,863.75
Exc skin abd	15830	Per Case	Outpatient	5,557.46	5,727.76	6,278.46	5,955.25
Dressing change not for burn	15852	Per Case	Outpatient	991.61	1,091.14	4,779.74	5,521.50
Suction lipectomy trunk	15877	Per Case	Outpatient	5,102.35	5,183.72	6,288.08	5,964.50
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	5,102.35	5,183.72	6,288.08	5,964.50
Drainage of breast lesion	19000	Per Case	Outpatient	865.86	952.77	4,192.83	5,500.00
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	1,085.45	1,194.41	5,244.62	5,660.00
Bx breast add lesion us imag	19084	Per Case	Outpatient	3,192.27	3,379.26	6,112.20	5,820.00
Biopsy of breast open	19101	Per Case	Outpatient	2,419.33	2,648.14	5,871.82	5,564.25
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	3,670.61	3,995.12	5,817.74	5,512.25
Perq device breast 1st imag	19281	Per Case	Outpatient	540.57	594.83	2,617.65	5,071.00
Perq device breast ea imag	19282	Per Case	Outpatient	739.75	814.00	3,582.17	5,500.00
Partial mastectomy	19301	Per Case	Outpatient	4,413.89	4,704.20	6,808.44	6,541.00
Mast simple complete	19303	Per Case	Outpatient	9,142.55	17,345.56	17,107.78	17,215.75
Reduction of large breast	19318	Per Case	Outpatient	6,519.66	6,747.39	6,309.14	5,984.75
Immediate breast prosthesis	19340	Per Case	Outpatient	7,039.58	7,138.86	9,558.50	9,353.75
Delayed breast prosthesis	19342	Per Case	Outpatient	5,796.22	6,116.07	7,650.24	7,383.50
Breast reconstruction	19357	Per Case	Outpatient	9,142.55	17,345.56	17,107.78	17,215.75
Breast reconstruction	19366	Per Case	Outpatient	5,796.22	6,116.07	7,650.24	7,383.50
Revise breast reconstruction	19380	Per Case	Outpatient	5,307.73	15,336.44	18,349.82	18,564.25
Removal of support implant	20680	Per Case	Outpatient	2,981.89	3,398.19	5,820.08	5,514.50
Treat humerus fracture	24538	Per Case	Outpatient	2,421.07	2,716.66	5,925.68	5,624.50
Remove wrist tendon lesion	25111	Per Case	Outpatient	1,486.61	1,750.00	5,827.36	5,521.50
Incise finger tendon sheath	26055	Per Case	Outpatient	1,275.38	1,469.30	5,830.48	5,524.50
Treat finger fracture each	26727	Per Case	Outpatient	2,038.07	2,242.64	5,823.04	5,518.50
Revision of knee joint	27446	Per Case	Outpatient	7,914.25	8,343.68	23,185.40	12,682.50
Total knee arthroplasty	27447	Per Case	Outpatient	8,386.63	8,825.22	23,669.14	13,192.25
Surgery to stop leg growth	27485	Per Case	Outpatient	4,410.55	4,817.89	7,582.92	7,348.00
Repair achilles tendon	27650	Per Case	Outpatient	8,340.81	9,142.66	12,215.94	12,174.75
Treatment of ankle fracture	27792	Per Case	Outpatient	4,399.78	5,145.50	6,622.34	6,334.75
Treatment of ankle fracture	27814	Per Case	Outpatient	3,748.47	4,124.73	9,924.04	9,781.00
Repair of hammertoe	28285	Per Case	Outpatient	4,064.37	4,436.96	7,456.88	7,219.50
Correction hallux valgus	28296	Per Case	Outpatient	3,287.11	3,638.38	6,097.70	5,803.75
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	4,822.84	5,476.97	9,223.28	9,119.50
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	6,287.30	6,483.41	10,648.88	10,504.50
Removal of one knee cartilageusing an endoscope	29881	Per Case	Outpatient	2,685.58	2,919.77	5,873.90	5,566.25
Knee arthroscopy/surgery	29882	Per Case	Outpatient	1,268.81	1,396.16	5,860.12	5,553.00
Percut bx lung/mediastinum	32405	Per Case	Outpatient	1,715.42	1,887.61	5,805.00	5,500.00
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	503.38	553.90	2,437.55	4,722.10
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	3,770.55	3,769.54	6,225.42	5,904.25
Repair blood vessel lesion	35190	Per Case	Outpatient	5,540.21	6,095.85	5,836.54	5,532.25
Endovenous laser 1st vein	36478	Per Case	Outpatient	2,823.43	3,156.75	5,857.26	5,550.25
Insert tunneled cv cath	36561	Per Case	Outpatient	2,329.90	2,558.61	6,164.62	5,874.25
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	727.76	800.81	3,519.74	5,504.25
Removal tunneled cv cath	36590	Per Case	Outpatient	174.61	192.14	845.54	1,638.00
Av fuse uppr arm basilic	36819	Per Case	Outpatient	4,335.43	4,866.95	5,903.54	5,594.75
Av fusion direct any site	36821	Per Case	Outpatient	3,541.72	4,196.96	5,893.40	5,585.00
Artery-vein nonautograft	36830	Per Case	Outpatient	4,967.65	4,798.22	8,199.82	7,924.25
Av fistula revision open	36832	Per Case	Outpatient	4,014.36	4,614.58	5,824.50	5,518.75
Av fistula revision	36833	Per Case	Outpatient	5,945.45	6,646.27	8,420.70	8,221.25
Intro cath dialysis circuit	36903	Per Case	Outpatient	7,396.66	15,915.85	16,157.10	16,271.25
Thrmbc/nfs dialysis circuit	36906	Per Case	Outpatient	8,580.31	9,565.82	13,007.04	12,998.50
Fem/popl revas w/tla	37224	Per Case	Outpatient	10,151.94	11,356.98	6,191.00	5,900.00
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	15,183.18	15,858.07	15,272.28	12,419.50
Revise leg vein	37700	Per Case	Outpatient	2,364.72	2,686.68	5,854.92	5,548.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	CIGNA	CIGNA HealthSpring Medicare	Clover Health Medicare	Emblem
INPATIENT SERVICES							
Wound prep trk/arm/leg	15002	Per Case	Outpatient	8,480.80	30,364.11	30,364.11	7,553.00
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	10,642.00	9,592.53	9,592.53	10,043.00
Exc skin abd	15830	Per Case	Outpatient	4,963.20	5,760.43	5,760.43	4,093.00
Dressing change not for burn	15852	Per Case	Outpatient	4,616.20	565.93	565.93	4,093.00
Suction lipectomy trunk	15877	Per Case	Outpatient	4,970.60	15,015.81	15,015.81	4,093.00
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	4,970.60	15,015.81	15,015.81	4,093.00
Drainage of breast lesion	19000	Per Case	Outpatient	3,073.73	827.34	827.34	4,061.25
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	4,246.61	1,724.59	1,724.59	4,093.00
Bx breast add lesion us imag	19084	Per Case	Outpatient	10,431.88	1,721.06	1,721.06	4,093.00
Biopsy of breast open	19101	Per Case	Outpatient	4,650.40	8,531.81	8,531.81	4,093.00
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	4,608.80	9,490.53	9,490.53	4,093.00
Perq device breast 1st imag	19281	Per Case	Outpatient	1,522.64	714.91	714.91	2,535.50
Perq device breast ea imag	19282	Per Case	Outpatient	2,410.18	714.91	714.91	3,469.75
Partial mastectomy	19301	Per Case	Outpatient	5,590.20	12,704.57	12,704.57	4,093.00
Mast simple complete	19303	Per Case	Outpatient	15,734.80	27,207.57	27,207.57	15,113.00
Reduction of large breast	19318	Per Case	Outpatient	4,986.80	6,253.85	6,253.85	4,093.00
Immediate breast prosthesis	19340	Per Case	Outpatient	8,190.80	13,670.34	13,670.34	7,273.00
Delayed breast prosthesis	19342	Per Case	Outpatient	6,333.00	19,427.73	19,427.73	4,093.00
Breast reconstruction	19357	Per Case	Outpatient	15,734.80	27,207.57	27,207.57	15,113.00
Breast reconstruction	19366	Per Case	Outpatient	6,333.00	19,427.73	19,427.73	4,093.00
Revise breast reconstruction	19380	Per Case	Outpatient	17,134.40	9,174.06	9,174.06	17,118.00
Removal of support implant	20680	Per Case	Outpatient	4,610.60	3,084.29	3,084.29	4,093.00
Treat humerus fracture	24538	Per Case	Outpatient	4,716.20	8,090.32	8,090.32	4,093.00
Remove wrist tendon lesion	25111	Per Case	Outpatient	4,616.20	1,597.86	1,597.86	4,093.00
Incise finger tendon sheath	26055	Per Case	Outpatient	4,618.60	4,904.32	4,904.32	4,093.00
Treat finger fracture each	26727	Per Case	Outpatient	4,616.20	3,344.66	3,344.66	4,093.00
Revision of knee joint	27446	Per Case	Outpatient	11,325.80	14,775.61	14,775.61	22,682.50
Total knee arthroplasty	27447	Per Case	Outpatient	11,826.40	14,743.77	14,743.77	23,192.25
Surgery to stop leg growth	27485	Per Case	Outpatient	6,365.40	10,927.74	10,927.74	5,893.00
Repair achilles tendon	27650	Per Case	Outpatient	15,599.40	16,041.18	16,041.18	10,728.00
Treatment of ankle fracture	27792	Per Case	Outpatient	5,368.40	8,373.84	8,373.84	4,093.00
Treatment of ankle fracture	27814	Per Case	Outpatient	8,690.20	7,039.91	7,039.91	8,258.00
Repair of hammertoe	28285	Per Case	Outpatient	6,247.40	10,581.91	10,581.91	5,798.00
Correction hallux valgus	28296	Per Case	Outpatient	4,888.40	7,215.33	7,215.33	4,093.00
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	8,071.40	9,747.65	9,747.65	7,638.00
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	9,324.20	7,263.33	7,263.33	8,603.00
Removal of one knee cartilageusing an endoscope	29881	Per Case	Outpatient	4,652.00	3,361.87	3,361.87	4,093.00
Knee arthroscopy/surgery	29882	Per Case	Outpatient	4,641.40	3,139.96	3,139.96	4,093.00
Percut bx lung/mediastinum	32405	Per Case	Outpatient	7,241.71	1,608.63	1,608.63	4,093.00
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	2,243.00	832.46	832.46	2,361.05
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	4,922.40	2,039.22	2,039.22	4,093.00
Repair blood vessel lesion	35190	Per Case	Outpatient	4,628.80	12,162.38	12,162.38	5,193.00
Endovenous laser 1st vein	36478	Per Case	Outpatient	4,639.20	6,956.32	6,956.32	4,093.00
Insert tunneled cv cath	36561	Per Case	Outpatient	10,237.63	3,247.83	3,247.83	4,093.00
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	3,238.15	1,911.62	1,911.62	3,413.50
Removal tunneled cv cath	36590	Per Case	Outpatient	778.05	738.93	738.93	819.00
Av fuse uppr arm basilic	36819	Per Case	Outpatient	4,674.80	8,648.76	8,648.76	4,093.00
Av fusion direct any site	36821	Per Case	Outpatient	4,667.00	7,226.99	7,226.99	4,093.00
Artery-vein nonautograft	36830	Per Case	Outpatient	6,699.22	8,445.92	8,445.92	6,517.25
Av fistula revision open	36832	Per Case	Outpatient	4,614.00	9,488.15	9,488.15	4,093.00
Av fistula revision	36833	Per Case	Outpatient	7,204.80	8,698.85	8,698.85	8,423.00
Intro cath dialysis circuit	36903	Per Case	Outpatient	14,824.02	17,861.40	17,861.40	15,818.00
Thrmbc/nfs dialysis circuit	36906	Per Case	Outpatient	11,790.60	24,798.45	24,798.45	11,548.00
Fem/popl revas w/tla	37224	Per Case	Outpatient	4,887.02	9,915.59	9,915.59	6,843.00
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	13,525.60	17,650.50	17,650.50	11,294.50
Revise leg vein	37700	Per Case	Outpatient	4,637.40	10,297.68	10,297.68	4,093.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare	Horizon NJ Health Medicaid
INPATIENT SERVICES								
Wound prep trk/arm/leg	15002	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	30,364.11	5,532.60
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,592.53	7,923.00
Exc skin abd	15830	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,760.43	2,211.00
Dressing change not for burn	15852	Per Case	Outpatient	3,041.80	3,041.80	3,041.80	565.93	2,211.00
Suction lipectomy trunk	15877	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	15,015.81	2,211.00
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	15,015.81	2,211.00
Drainage of breast lesion	19000	Per Case	Outpatient	2,656.06	2,656.06	2,656.06	827.34	2,211.00
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	3,329.68	3,329.68	3,329.68	1,724.59	2,211.00
Bx breast add lesion us imag	19084	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	1,721.06	2,211.00
Biopsy of breast open	19101	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,531.81	2,211.00
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,490.53	2,211.00
Perq device breast 1st imag	19281	Per Case	Outpatient	1,658.22	1,658.22	1,658.22	714.91	2,211.00
Perq device breast ea imag	19282	Per Case	Outpatient	2,269.22	2,269.22	2,269.22	714.91	2,211.00
Partial mastectomy	19301	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	12,704.57	2,211.00
Mast simple complete	19303	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	27,207.57	12,790.20
Reduction of large breast	19318	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,253.85	2,211.00
Immediate breast prosthesis	19340	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	13,670.34	5,263.80
Delayed breast prosthesis	19342	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	19,427.73	3,574.20
Breast reconstruction	19357	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	27,207.57	12,790.20
Breast reconstruction	19366	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	19,427.73	3,574.20
Revise breast reconstruction	19380	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,174.06	14,715.00
Removal of support implant	20680	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	3,084.29	2,211.00
Treat humerus fracture	24538	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,090.32	2,211.00
Remove wrist tendon lesion	25111	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	1,597.86	2,211.00
Incise finger tendon sheath	26055	Per Case	Outpatient	4,096.00	4,096.00	4,096.00	4,904.32	2,211.00
Treat finger fracture each	26727	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	3,344.66	2,211.00
Revision of knee joint	27446	Per Case	Outpatient	15,675.00	15,675.00	15,675.00	14,775.61	8,095.80
Total knee arthroplasty	27447	Per Case	Outpatient	15,675.00	15,675.00	15,675.00	14,743.77	8,652.60
Surgery to stop leg growth	27485	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,927.74	3,939.00
Repair achilles tendon	27650	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	16,041.18	8,580.60
Treatment of ankle fracture	27792	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,373.84	2,211.00
Treatment of ankle fracture	27814	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,039.91	6,209.40
Repair of hammertoe	28285	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,581.91	3,847.80
Correction hallux valgus	28296	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,215.33	2,211.00
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,747.65	5,614.20
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,263.33	6,540.60
Removal of one knee cartilageusing an endoscope	29881	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	3,361.87	2,211.00
Knee arthroscopy/surgery	29882	Per Case	Outpatient	3,892.12	3,892.12	3,892.12	3,139.96	2,211.00
Percut bx lung/mediastinum	32405	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	1,608.63	2,211.00
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	1,544.13	1,544.13	1,544.13	832.46	2,211.00
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	2,039.22	2,211.00
Repair blood vessel lesion	35190	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	12,162.38	2,211.00
Endovenous laser 1st vein	36478	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,956.32	2,211.00
Insert tunneled cv cath	36561	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	3,247.83	2,211.00
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	2,232.43	2,232.43	2,232.43	1,911.62	2,211.00
Removal tunneled cv cath	36590	Per Case	Outpatient	535.63	535.63	535.63	738.93	1,638.00
Av fuse uppr arm basilic	36819	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,648.76	2,211.00
Av fusion direct any site	36821	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,226.99	2,211.00
Artery-vein nonautograft	36830	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,445.92	3,727.80
Av fistula revision open	36832	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,488.15	2,211.00
Av fistula revision	36833	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,698.85	4,783.80
Intro cath dialysis circuit	36903	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	17,861.40	12,411.00
Thrmbc/nfs dialysis circuit	36906	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	24,798.45	9,367.80
Fem/popl revas w/tla	37224	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,915.59	2,211.00
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	5,225.00	5,225.00	5,225.00	17,650.50	8,735.00
Revise leg vein	37700	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,297.68	2,211.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Humana Medicare	Longevity PPO	Magnacare	Multiplan
INPATIENT SERVICES							
Wound prep trk/arm/leg	15002	Per Case	Outpatient	30,364.11	30,364.11	9,111.50	51,834.60
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	9,592.53	9,592.53	11,028.50	56,176.60
Exc skin abd	15830	Per Case	Outpatient	5,760.43	5,760.43	5,161.50	39,064.00
Dressing change not for burn	15852	Per Case	Outpatient	565.93	565.93	4,294.00	7,441.72
Suction lipectomy trunk	15877	Per Case	Outpatient	15,015.81	15,015.81	5,180.00	35,353.60
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	15,015.81	15,015.81	5,180.00	35,353.60
Drainage of breast lesion	19000	Per Case	Outpatient	827.34	827.34	4,251.00	6,498.00
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	1,724.59	1,724.59	4,411.00	8,146.00
Bx breast add lesion us imag	19084	Per Case	Outpatient	1,721.06	1,721.06	4,571.00	21,262.36
Biopsy of breast open	19101	Per Case	Outpatient	8,531.81	8,531.81	4,379.50	18,060.60
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	9,490.53	9,490.53	4,275.50	27,247.20
Perq device breast 1st imag	19281	Per Case	Outpatient	714.91	714.91	4,251.00	4,056.80
Perq device breast ea imag	19282	Per Case	Outpatient	714.91	714.91	4,251.00	5,551.60
Partial mastectomy	19301	Per Case	Outpatient	12,704.57	12,704.57	5,343.00	32,083.20
Mast simple complete	19303	Per Case	Outpatient	27,207.57	27,207.57	16,662.50	63,779.40
Reduction of large breast	19318	Per Case	Outpatient	6,253.85	6,253.85	5,220.50	46,018.00
Immediate breast prosthesis	19340	Per Case	Outpatient	13,670.34	13,670.34	8,778.50	48,687.88
Delayed breast prosthesis	19342	Per Case	Outpatient	19,427.73	19,427.73	6,598.00	41,712.36
Breast reconstruction	19357	Per Case	Outpatient	27,207.57	27,207.57	16,662.50	63,779.40
Breast reconstruction	19366	Per Case	Outpatient	19,427.73	19,427.73	6,598.00	41,712.36
Revise breast reconstruction	19380	Per Case	Outpatient	9,174.06	9,174.06	17,354.50	40,157.60
Removal of support implant	20680	Per Case	Outpatient	3,084.29	3,084.29	4,280.00	23,176.08
Treat humerus fracture	24538	Per Case	Outpatient	8,090.32	8,090.32	4,390.00	18,527.92
Remove wrist tendon lesion	25111	Per Case	Outpatient	1,597.86	1,597.86	4,294.00	11,935.20
Incise finger tendon sheath	26055	Per Case	Outpatient	4,904.32	4,904.32	4,300.00	10,020.80
Treat finger fracture each	26727	Per Case	Outpatient	3,344.66	3,344.66	4,273.00	15,295.08
Revision of knee joint	27446	Per Case	Outpatient	14,775.61	14,775.61	12,486.00	56,904.92
Total knee arthroplasty	27447	Per Case	Outpatient	14,743.77	14,743.77	12,925.50	60,189.08
Surgery to stop leg growth	27485	Per Case	Outpatient	10,927.74	10,927.74	6,147.00	32,858.60
Repair achilles tendon	27650	Per Case	Outpatient	16,041.18	16,041.18	10,965.50	62,354.00
Treatment of ankle fracture	27792	Per Case	Outpatient	8,373.84	8,373.84	5,285.50	35,092.92
Treatment of ankle fracture	27814	Per Case	Outpatient	7,039.91	7,039.91	8,648.00	28,131.12
Repair of hammertoe	28285	Per Case	Outpatient	10,581.91	10,581.91	5,985.00	30,260.60
Correction hallux valgus	28296	Per Case	Outpatient	7,215.33	7,215.33	4,568.50	24,814.20
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	9,747.65	9,747.65	7,885.00	37,353.60
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	7,263.33	7,263.33	9,750.00	44,217.60
Removal of one knee cartilageusing an endoscope	29881	Per Case	Outpatient	3,361.87	3,361.87	4,383.50	19,913.20
Knee arthroscopy/surgery	29882	Per Case	Outpatient	3,139.96	3,139.96	4,357.00	9,522.00
Percut bx lung/mediastinum	32405	Per Case	Outpatient	1,608.63	1,608.63	4,251.00	12,873.72
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	832.46	832.46	4,013.79	3,777.68
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	2,039.22	2,039.22	5,059.50	25,708.68
Repair blood vessel lesion	35190	Per Case	Outpatient	12,162.38	12,162.38	4,290.50	42,287.16
Endovenous laser 1st vein	36478	Per Case	Outpatient	6,956.32	6,956.32	4,351.50	21,529.40
Insert tunneled cv cath	36561	Per Case	Outpatient	3,247.83	3,247.83	4,629.50	17,243.96
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	1,911.62	1,911.62	4,259.50	5,461.60
Removal tunneled cv cath	36590	Per Case	Outpatient	738.93	738.93	1,392.30	1,310.40
Av fuse uppr arm basilic	36819	Per Case	Outpatient	8,648.76	8,648.76	4,440.50	33,193.20
Av fusion direct any site	36821	Per Case	Outpatient	7,226.99	7,226.99	4,421.00	28,623.80
Artery-vein nonautograft	36830	Per Case	Outpatient	8,445.92	8,445.92	7,519.50	32,724.40
Av fistula revision open	36832	Per Case	Outpatient	9,488.15	9,488.15	4,288.50	31,472.00
Av fistula revision	36833	Per Case	Outpatient	8,698.85	8,698.85	7,013.50	45,328.36
Intro cath dialysis circuit	36903	Per Case	Outpatient	17,861.40	17,861.40	15,168.50	55,982.76
Thrmbc/nfs dialysis circuit	36906	Per Case	Outpatient	24,798.45	24,798.45	11,793.00	65,240.00
Fem/popl revas w/tla	37224	Per Case	Outpatient	9,915.59	9,915.59	4,676.00	77,455.96
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	17,650.50	17,650.50	12,735.00	109,421.60
Revise leg vein	37700	Per Case	Outpatient	10,297.68	10,297.68	4,347.00	18,323.48

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
INPATIENT SERVICES								
Wound prep trk/arm/leg	15002	Per Case	Outpatient	13,386.00	10,886.35	11,010.35	13,386.00	30,364.11
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	13,748.50	12,975.25	13,099.25	13,748.50	9,592.53
Exc skin abd	15830	Per Case	Outpatient	7,798.50	7,083.35	7,207.35	7,798.50	5,760.43
Dressing change not for burn	15852	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	565.93
Suction lipectomy trunk	15877	Per Case	Outpatient	9,926.00	7,096.30	7,220.30	9,926.00	15,015.81
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	9,926.00	7,096.30	7,220.30	9,926.00	15,015.81
Drainage of breast lesion	19000	Per Case	Outpatient	4,253.00	5,766.98	5,766.98	4,253.00	827.34
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	4,253.00	6,446.00	6,730.00	4,253.00	1,724.59
Bx breast add lesion us imag	19084	Per Case	Outpatient	8,506.00	6,446.00	6,890.00	8,506.00	1,721.06
Biopsy of breast open	19101	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	8,531.81
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	9,490.53
Perq device breast 1st imag	19281	Per Case	Outpatient	4,253.00	3,600.41	3,600.41	4,253.00	714.91
Perq device breast ea imag	19282	Per Case	Outpatient	6,939.50	4,927.05	4,927.05	6,939.50	714.91
Partial mastectomy	19301	Per Case	Outpatient	7,525.50	7,436.00	7,560.00	7,525.50	12,704.57
Mast simple complete	19303	Per Case	Outpatient	20,782.25	18,440.05	18,564.05	20,782.25	27,207.57
Reduction of large breast	19318	Per Case	Outpatient	5,672.00	7,124.65	7,248.65	5,672.00	6,253.85
Immediate breast prosthesis	19340	Per Case	Outpatient	11,688.00	10,569.25	10,693.25	11,688.00	13,670.34
Delayed breast prosthesis	19342	Per Case	Outpatient	9,926.00	8,514.90	8,638.90	9,926.00	19,427.73
Breast reconstruction	19357	Per Case	Outpatient	20,782.25	18,440.05	18,564.05	20,782.25	27,207.57
Breast reconstruction	19366	Per Case	Outpatient	9,926.00	8,514.90	8,638.90	9,926.00	19,427.73
Revise breast reconstruction	19380	Per Case	Outpatient	22,596.25	19,471.00	19,595.00	22,596.25	9,174.06
Removal of support implant	20680	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	3,084.29
Treat humerus fracture	24538	Per Case	Outpatient	5,017.00	6,446.00	6,680.00	5,017.00	8,090.32
Remove wrist tendon lesion	25111	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	1,597.86
Incise finger tendon sheath	26055	Per Case	Outpatient	7,442.75	6,446.00	6,570.00	7,442.75	4,904.32
Treat finger fracture each	26727	Per Case	Outpatient	5,017.00	6,446.00	6,585.00	5,017.00	3,344.66
Revision of knee joint	27446	Per Case	Outpatient	14,860.00	14,049.50	14,173.50	14,860.00	14,775.61
Total knee arthroplasty	27447	Per Case	Outpatient	15,440.00	14,531.15	14,655.15	15,440.00	14,743.77
Surgery to stop leg growth	27485	Per Case	Outpatient	7,472.00	8,246.00	8,370.00	7,472.00	10,927.74
Repair achilles tendon	27650	Per Case	Outpatient	12,307.00	13,081.00	13,205.00	12,307.00	16,041.18
Treatment of ankle fracture	27792	Per Case	Outpatient	5,672.00	7,081.00	7,205.00	5,672.00	8,373.84
Treatment of ankle fracture	27814	Per Case	Outpatient	9,837.00	10,611.00	10,735.00	9,837.00	7,039.91
Repair of hammertoe	28285	Per Case	Outpatient	9,885.50	8,151.00	8,275.00	9,885.50	10,581.91
Correction hallux valgus	28296	Per Case	Outpatient	5,672.00	6,446.00	6,860.00	5,672.00	7,215.33
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	12,053.00	9,991.00	10,175.00	12,053.00	9,747.65
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	13,371.75	11,648.30	11,772.30	13,371.75	7,263.33
Removal of one knee cartilageusing an endoscope	29881	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	3,361.87
Knee arthroscopy/surgery	29882	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	3,139.96
Percut bx lung/mediastinum	32405	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	1,608.63
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	4,253.00	3,352.69	3,352.69	4,253.00	832.46
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	7,798.50	7,011.95	7,135.95	7,798.50	2,039.22
Repair blood vessel lesion	35190	Per Case	Outpatient	11,117.12	6,446.00	6,595.00	11,117.12	12,162.38
Endovenous laser 1st vein	36478	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	6,956.32
Insert tunneled cv cath	36561	Per Case	Outpatient	5,672.00	6,446.00	6,940.00	5,672.00	3,247.83
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	4,253.00	4,847.17	4,847.17	4,253.00	1,911.62
Removal tunneled cv cath	36590	Per Case	Outpatient	4,253.00	1,162.98	1,162.98	4,253.00	738.93
Av fuse uppr arm basilic	36819	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	8,648.76
Av fusion direct any site	36821	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	7,226.99
Artery-vein nonautograft	36830	Per Case	Outpatient	7,138.56	9,207.95	9,331.95	7,138.56	8,445.92
Av fistula revision open	36832	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	9,488.15
Av fistula revision	36833	Per Case	Outpatient	10,478.50	9,126.00	9,250.00	10,478.50	8,698.85
Intro cath dialysis circuit	36903	Per Case	Outpatient	17,575.16	17,071.00	17,195.00	17,575.16	17,861.40
Thrmbc/nfs dialysis circuit	36906	Per Case	Outpatient	16,673.50	13,901.00	14,025.00	16,673.50	24,798.45
Fem/popl revas w/tla	37224	Per Case	Outpatient	7,642.53	6,446.00	6,945.00	7,642.53	9,915.59
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	15,668.10	92,665.10	92,668.43	15,668.10	17,650.50
Revise leg vein	37700	Per Case	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	10,297.68

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	United Community & State Medicaid	Wellcare Medicaid	Wellcare Medicare
INPATIENT SERVICES						
Wound prep trk/arm/leg	15002	Per Case	Outpatient	7,221.84	8,151.29	30,364.11
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	7,446.76	8,379.95	9,592.53
Exc skin abd	15830	Per Case	Outpatient	5,464.08	6,118.40	5,760.43
Dressing change not for burn	15852	Per Case	Outpatient	1,040.91	1,165.56	565.93
Suction lipectomy trunk	15877	Per Case	Outpatient	4,945.08	5,576.30	15,015.81
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	4,945.08	5,576.30	15,015.81
Drainage of breast lesion	19000	Per Case	Outpatient	908.91	1,017.75	827.34
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	1,139.42	1,275.87	1,724.59
Bx breast add lesion us imag	19084	Per Case	Outpatient	2,956.71	3,784.88	1,721.06
Biopsy of breast open	19101	Per Case	Outpatient	2,505.88	2,845.07	8,531.81
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	3,749.97	4,326.68	9,490.53
Perq device breast 1st imag	19281	Per Case	Outpatient	567.44	635.40	714.91
Perq device breast ea imag	19282	Per Case	Outpatient	776.53	869.52	714.91
Partial mastectomy	19301	Per Case	Outpatient	4,449.08	5,185.99	12,704.57
Mast simple complete	19303	Per Case	Outpatient	8,872.08	10,126.66	27,207.57
Reduction of large breast	19318	Per Case	Outpatient	6,416.42	7,223.90	6,253.85
Immediate breast prosthesis	19340	Per Case	Outpatient	6,724.52	7,671.05	13,670.34
Delayed breast prosthesis	19342	Per Case	Outpatient	5,674.28	6,393.43	19,427.73
Breast reconstruction	19357	Per Case	Outpatient	8,872.08	10,126.66	27,207.57
Breast reconstruction	19366	Per Case	Outpatient	5,674.28	6,393.43	19,427.73
Revise breast reconstruction	19380	Per Case	Outpatient	5,571.64	6,239.10	9,174.06
Removal of support implant	20680	Per Case	Outpatient	3,096.43	3,506.78	3,084.29
Treat humerus fracture	24538	Per Case	Outpatient	2,507.71	2,847.39	8,090.32
Remove wrist tendon lesion	25111	Per Case	Outpatient	1,560.53	1,747.84	1,597.86
Incise finger tendon sheath	26055	Per Case	Outpatient	1,338.80	1,499.18	4,904.32
Treat finger fracture each	26727	Per Case	Outpatient	2,139.40	2,395.59	3,344.66
Revision of knee joint	27446	Per Case	Outpatient	7,419.36	8,348.38	14,775.61
Total knee arthroplasty	27447	Per Case	Outpatient	7,972.25	8,967.48	14,743.77
Surgery to stop leg growth	27485	Per Case	Outpatient	4,596.10	5,185.52	10,927.74
Repair achilles tendon	27650	Per Case	Outpatient	8,721.77	9,805.24	16,041.18
Treatment of ankle fracture	27792	Per Case	Outpatient	4,584.82	5,173.91	8,373.84
Treatment of ankle fracture	27814	Per Case	Outpatient	3,934.84	4,406.04	7,039.91
Repair of hammertoe	28285	Per Case	Outpatient	4,232.70	4,778.61	10,581.91
Correction hallux valgus	28296	Per Case	Outpatient	3,450.54	3,863.81	7,215.33
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	5,062.64	5,669.17	9,747.65
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	6,164.59	6,941.91	7,263.33
Removal of one knee cartilageusing an endoscope	29881	Per Case	Outpatient	2,785.36	3,157.95	3,361.87
Knee arthroscopy/surgery	29882	Per Case	Outpatient	1,331.89	1,491.38	3,139.96
Percut bx lung/mediastinum	32405	Per Case	Outpatient	1,800.71	2,016.35	1,608.63
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	528.40	591.68	832.46
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	3,596.00	4,065.67	2,039.22
Repair blood vessel lesion	35190	Per Case	Outpatient	5,815.67	450.00	12,162.38
Endovenous laser 1st vein	36478	Per Case	Outpatient	2,930.08	3,320.30	6,956.32
Insert tunneled cv cath	36561	Per Case	Outpatient	2,412.00	2,739.88	3,247.83
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	763.94	855.42	1,911.62
Removal tunneled cv cath	36590	Per Case	Outpatient	183.29	205.24	738.93
Av fuse uppr arm basilic	36819	Per Case	Outpatient	4,551.00	5,096.18	8,648.76
Av fusion direct any site	36821	Per Case	Outpatient	3,684.10	4,165.20	7,226.99
Artery-vein nonautograft	36830	Per Case	Outpatient	4,529.06	5,071.68	8,445.92
Av fistula revision open	36832	Per Case	Outpatient	4,180.23	4,720.52	9,488.15
Av fistula revision	36833	Per Case	Outpatient	6,241.06	6,988.52	8,698.85
Intro cath dialysis circuit	36903	Per Case	Outpatient	7,764.43	8,694.28	17,861.40
Thrmbc/nfs dialysis circuit	36906	Per Case	Outpatient	9,006.93	10,085.73	24,798.45
Fem/popl revas w/tla	37224	Per Case	Outpatient	10,656.71	11,933.31	9,915.59
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	15,130.49	16,942.97	17,650.50
Revise leg vein	37700	Per Case	Outpatient	2,448.57	2,781.16	10,297.68

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Minimum Negotiated Rate	Maximum Negotiated Rate
INPATIENT SERVICES					
Wound prep trk/arm/leg	15002	Per Case	Outpatient	4,140.00	51,834.60
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	4,140.00	56,176.60
Exc skin abd	15830	Per Case	Outpatient	2,211.00	39,064.00
Dressing change not for burn	15852	Per Case	Outpatient	565.93	7,441.72
Suction lipectomy trunk	15877	Per Case	Outpatient	2,211.00	35,353.60
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	2,211.00	35,353.60
Drainage of breast lesion	19000	Per Case	Outpatient	827.34	6,498.00
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	1,085.45	8,146.00
Bx breast add lesion us imag	19084	Per Case	Outpatient	1,721.06	21,262.36
Biopsy of breast open	19101	Per Case	Outpatient	2,211.00	18,060.60
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	2,211.00	27,247.20
Perq device breast 1st imag	19281	Per Case	Outpatient	540.57	5,382.00
Perq device breast ea imag	19282	Per Case	Outpatient	714.91	6,939.50
Partial mastectomy	19301	Per Case	Outpatient	2,211.00	32,083.20
Mast simple complete	19303	Per Case	Outpatient	4,140.00	63,779.40
Reduction of large breast	19318	Per Case	Outpatient	2,211.00	46,018.00
Immediate breast prosthesis	19340	Per Case	Outpatient	4,140.00	48,687.88
Delayed breast prosthesis	19342	Per Case	Outpatient	3,574.20	41,712.36
Breast reconstruction	19357	Per Case	Outpatient	4,140.00	63,779.40
Breast reconstruction	19366	Per Case	Outpatient	3,574.20	41,712.36
Revise breast reconstruction	19380	Per Case	Outpatient	4,140.00	40,157.60
Removal of support implant	20680	Per Case	Outpatient	2,211.00	23,176.08
Treat humerus fracture	24538	Per Case	Outpatient	2,211.00	18,527.92
Remove wrist tendon lesion	25111	Per Case	Outpatient	1,486.61	11,935.20
Incise finger tendon sheath	26055	Per Case	Outpatient	1,275.38	10,020.80
Treat finger fracture each	26727	Per Case	Outpatient	2,038.07	15,295.08
Revision of knee joint	27446	Per Case	Outpatient	7,419.36	56,904.92
Total knee arthroplasty	27447	Per Case	Outpatient	7,972.25	60,189.08
Surgery to stop leg growth	27485	Per Case	Outpatient	3,939.00	32,858.60
Repair achilles tendon	27650	Per Case	Outpatient	4,140.00	62,354.00
Treatment of ankle fracture	27792	Per Case	Outpatient	2,211.00	35,092.92
Treatment of ankle fracture	27814	Per Case	Outpatient	3,748.47	28,131.12
Repair of hammertoe	28285	Per Case	Outpatient	3,847.80	30,260.60
Correction hallux valgus	28296	Per Case	Outpatient	2,211.00	24,814.20
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	4,140.00	37,353.60
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	4,140.00	44,217.60
Removal of one knee cartilageusing an endoscope	29881	Per Case	Outpatient	2,211.00	19,913.20
Knee arthroscopy/surgery	29882	Per Case	Outpatient	1,268.81	9,522.00
Percut bx lung/mediastinum	32405	Per Case	Outpatient	1,608.63	12,873.72
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	503.38	5,382.00
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	2,039.22	25,708.68
Repair blood vessel lesion	35190	Per Case	Outpatient	450.00	42,287.16
Endovenous laser 1st vein	36478	Per Case	Outpatient	2,211.00	21,529.40
Insert tunneled cv cath	36561	Per Case	Outpatient	2,211.00	17,243.96
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	727.76	5,504.25
Removal tunneled cv cath	36590	Per Case	Outpatient	174.61	5,382.00
Av fuse uppr arm basilic	36819	Per Case	Outpatient	2,211.00	33,193.20
Av fusion direct any site	36821	Per Case	Outpatient	2,211.00	28,623.80
Artery-vein nonautograft	36830	Per Case	Outpatient	3,727.80	32,724.40
Av fistula revision open	36832	Per Case	Outpatient	2,211.00	31,472.00
Av fistula revision	36833	Per Case	Outpatient	4,140.00	45,328.36
Intro cath dialysis circuit	36903	Per Case	Outpatient	4,140.00	55,982.76
Thrmbc/nfs dialysis circuit	36906	Per Case	Outpatient	4,140.00	65,240.00
Fem/popl revas w/tla	37224	Per Case	Outpatient	2,211.00	77,455.96
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	5,225.00	109,421.60
Revise leg vein	37700	Per Case	Outpatient	2,211.00	18,323.48

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare
INPATIENT SERVICES							
Ligate/strip long leg vein	37722	Per Case	Outpatient	19,554.00	3,594.83	5,382.00	9,711.17
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	22,904.35	3,309.26	5,382.00	10,297.68
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	46,993.10	6,333.30	5,382.00	13,473.71
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	43,136.10	5,800.72	5,382.00	12,897.91
Laparoscopy lymph node biop	38570	Per Case	Outpatient	50,224.00	11,998.65	2,987.00	15,321.81
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	77,243.80	13,246.88	5,928.60	19,539.09
Ra tracer id of sentinl node	38792	Per Case	Outpatient	2,336.25	425.20	5,382.00	431.43
Excision of gum lesion	41825	Per Case	Outpatient	21,755.25	4,036.31	5,382.00	3,308.36
Reconstruct cleft palate	42200	Per Case	Outpatient	23,393.50	5,149.49	5,382.00	17,053.88
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	19,032.60	2,943.88	5,382.00	8,756.61
Control throat bleeding	42960	Per Case	Outpatient	18,184.00	3,319.77	5,382.00	4,637.58
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	16,449.25	1,745.81	2,987.00	892.51
Laparoscopy fundoplasty	43280	Per Case	Outpatient	99,820.00	14,588.17	2,987.00	11,013.62
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	78,586.00	13,363.73	7,014.00	10,499.93
Laparoscopy appendectomy	44970	Per Case	Outpatient	36,807.70	3,582.86	5,382.00	6,891.37
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	9,009.25	3,958.11	2,987.00	895.24
Needle biopsy of liver	47000	Per Case	Outpatient	14,075.85	7,969.99	5,382.00	2,070.76
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	36,187.55	5,338.03	5,382.00	6,919.72
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	40,484.40	5,537.12	5,382.00	6,660.65
Abd paracentesis w/imaging	49083	Per Case	Outpatient	5,505.40	898.38	5,382.00	1,025.97
Diag laparo separate proc	49320	Per Case	Outpatient	26,845.00	4,759.32	5,382.00	9,504.40
Laparoscopy biopsy	49321	Per Case	Outpatient	39,446.01	6,714.55	5,382.00	13,838.35
Laparoscopy aspiration	49322	Per Case	Outpatient	38,897.60	7,082.18	5,382.00	11,705.00
Lap insert tunnel ip cath	49324	Per Case	Outpatient	31,951.00	5,458.84	5,382.00	11,329.83
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	44,445.00	7,977.67	5,382.00	15,330.20
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	25,624.50	4,110.26	5,382.00	7,561.16
Remove tunneled ip cath	49422	Per Case	Outpatient	31,216.00	3,916.51	5,382.00	8,833.58
Rpr ing hernia init reduce	49500	Per Case	Outpatient	15,959.75	3,177.35	5,382.00	3,474.26
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	25,087.50	5,032.25	5,382.00	12,432.46
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	24,985.10	4,766.06	5,382.00	7,472.99
Rerepair ing hernia reduce	49520	Per Case	Outpatient	22,448.00	4,448.66	5,382.00	6,916.40
Rpr ventral hern init reduc	49560	Per Case	Outpatient	38,020.00	4,481.76	5,382.00	10,395.75
Rpr ventral hern init block	49561	Per Case	Outpatient	18,520.20	4,080.81	5,382.00	7,539.87
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	36,135.75	6,450.31	5,382.00	6,026.99
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	29,200.95	2,866.93	5,382.00	10,138.23
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	21,433.50	5,166.25	5,382.00	10,126.74
Lap ing hernia repair init	49650	Per Case	Outpatient	41,113.00	7,480.49	5,382.00	5,664.91
Lap ing hernia repair recur	49651	Per Case	Outpatient	48,262.75	7,578.17	5,382.00	5,406.27
Lap vent/abd hernia repair	49652	Per Case	Outpatient	49,332.25	8,282.87	6,950.00	15,198.09
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	55,227.00	10,148.19	5,382.00	22,192.07
Lap inc hernia repair	49654	Per Case	Outpatient	62,423.00	9,710.51	6,630.00	9,152.42
Lap inc hern repair comp	49655	Per Case	Outpatient	42,454.75	7,162.19	5,382.00	11,392.04
Lap inc hernia repair recur	49656	Per Case	Outpatient	40,900.70	8,896.25	5,382.00	9,924.30
Removal of kidney stone	50080	Per Case	Outpatient	63,266.10	6,000.18	5,382.00	16,500.03
Removal of kidney stone	50081	Per Case	Outpatient	44,256.00	8,628.74	5,382.00	14,411.14
Renal biopsy perq	50200	Per Case	Outpatient	42,852.70	6,466.04	5,382.00	9,742.87
Plmt nephroureteral catheter	50433	Per Case	Outpatient	42,788.00	8,468.15	5,382.00	6,455.67
Laparoscope proc ureter	50949	Per Case	Outpatient	58,366.95	9,064.61	2,987.00	31,052.73
Injection for bladder x-ray	51600	Per Case	Outpatient	2,690.10	489.60	5,382.00	273.11
Cystoscopy	52000	Per Case	Outpatient	37,200.00	5,983.74	2,987.00	10,512.06
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	27,739.25	4,643.95	2,987.00	5,993.32
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	23,394.70	3,238.45	2,987.00	7,885.72
Cystoscopy and treatment	52224	Per Case	Outpatient	25,941.00	4,486.64	2,987.00	6,104.62
Cystoscopy and treatment	52234	Per Case	Outpatient	20,385.25	4,228.62	2,987.00	9,530.93
Cystoscopy and treatment	52235	Per Case	Outpatient	27,541.25	4,475.69	2,987.00	7,454.74
Cystoscopy and treatment	52240	Per Case	Outpatient	25,502.35	5,586.09	2,987.00	13,929.25
Cystoscopy and treatment	52281	Per Case	Outpatient	16,213.00	2,997.30	2,987.00	5,784.68
Remove bladder stone	52317	Per Case	Outpatient	21,029.65	4,365.39	2,987.00	7,299.99
Remove bladder stone	52318	Per Case	Outpatient	27,023.75	4,919.14	2,987.00	11,450.28

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Aetna Better Health	Amerigroup	Amerihealth	CHN
INPATIENT SERVICES							
Ligate/strip long leg vein	37722	Per Case	Outpatient	2,038.47	2,293.68	5,829.96	5,524.00
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	2,364.72	2,686.68	5,854.92	5,548.00
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	4,978.57	5,512.29	5,811.24	5,506.00
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	4,461.02	5,059.86	5,814.62	5,509.25
Laparoscopy lymph node biop	38570	Per Case	Outpatient	5,301.52	5,891.28	5,930.84	5,621.00
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	8,112.22	9,060.70	6,515.58	6,183.25
Ra tracer id of sentinl node	38792	Per Case	Outpatient	249.04	274.04	1,205.97	2,336.25
Excision of gum lesion	41825	Per Case	Outpatient	2,646.91	2,551.89	6,228.54	5,907.25
Reconstruct cleft palate	42200	Per Case	Outpatient	2,506.50	2,744.06	5,848.94	5,542.25
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	2,028.88	2,232.52	5,896.68	5,588.15
Control throat bleeding	42960	Per Case	Outpatient	1,798.28	2,132.98	5,913.94	5,604.75
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	1,721.97	1,894.66	5,820.34	5,514.75
Laparoscopy fundoplasty	43280	Per Case	Outpatient	10,727.59	11,708.89	7,000.40	6,707.50
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	8,509.10	9,218.14	7,815.80	7,540.00
Laparoscopy appendectomy	44970	Per Case	Outpatient	3,781.66	4,317.54	5,967.50	5,656.25
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	961.01	1,052.17	4,641.61	5,508.75
Needle biopsy of liver	47000	Per Case	Outpatient	1,563.86	1,651.10	5,809.16	5,504.00
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	3,608.03	4,244.80	5,981.50	5,676.25
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	3,811.49	4,748.82	6,032.76	5,719.00
Abd paracentesis w/imaging	49083	Per Case	Outpatient	586.88	645.78	2,730.18	5,178.40
Diag laparo separate proc	49320	Per Case	Outpatient	2,769.95	3,148.92	5,899.64	5,591.00
Laparoscopy biopsy	49321	Per Case	Outpatient	4,209.28	4,627.02	6,076.18	5,760.75
Laparoscopy aspiration	49322	Per Case	Outpatient	4,095.58	4,562.69	5,938.25	5,628.13
Lap insert tunnel ip cath	49324	Per Case	Outpatient	3,345.52	3,747.85	5,831.26	5,525.25
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	4,617.79	5,213.40	5,952.42	5,641.75
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	2,731.57	3,005.75	5,856.61	5,549.63
Remove tunneled ip cath	49422	Per Case	Outpatient	3,221.60	3,661.64	5,826.58	5,520.75
Rpr ing hernia init reduce	49500	Per Case	Outpatient	1,701.31	1,872.08	5,812.80	5,507.50
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	2,991.55	2,942.76	6,442.08	6,124.50
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	2,649.57	2,930.75	6,047.20	5,737.50
Rerepair ing hernia reduce	49520	Per Case	Outpatient	2,279.07	2,633.15	6,058.06	5,760.25
Rpr ventral hern init reduc	49560	Per Case	Outpatient	4,052.93	4,459.75	5,902.08	5,599.50
Rpr ventral hern init block	49561	Per Case	Outpatient	1,974.25	2,172.42	5,837.24	5,531.00
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	3,729.29	4,238.72	6,666.64	6,388.50
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	2,943.66	3,425.27	5,960.18	5,655.75
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	2,582.11	2,514.15	6,849.24	6,551.00
Lap ing hernia repair init	49650	Per Case	Outpatient	4,368.80	4,822.55	6,619.06	6,342.75
Lap ing hernia repair recur	49651	Per Case	Outpatient	5,081.77	5,661.22	6,589.94	6,314.75
Lap vent/abd hernia repair	49652	Per Case	Outpatient	5,165.55	5,786.67	7,713.38	7,485.75
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	5,706.00	6,478.13	5,871.30	5,563.75
Lap inc hernia repair	49654	Per Case	Outpatient	6,877.84	7,322.22	7,822.34	7,559.75
Lap inc hern repair comp	49655	Per Case	Outpatient	4,284.85	4,979.94	6,642.56	6,366.50
Lap inc hernia repair recur	49656	Per Case	Outpatient	4,267.78	4,797.65	6,523.68	6,239.50
Removal of kidney stone	50080	Per Case	Outpatient	6,611.53	7,421.11	5,953.08	5,647.00
Removal of kidney stone	50081	Per Case	Outpatient	4,352.41	5,191.23	6,043.26	5,735.25
Renal biopsy perq	50200	Per Case	Outpatient	2,947.10	3,160.31	5,808.64	5,503.50
Plmt nephroureteral catheter	50433	Per Case	Outpatient	4,477.96	5,019.03	6,124.16	5,811.50
Laparoscope proc ureter	50949	Per Case	Outpatient	6,174.63	6,846.44	6,526.20	6,245.00
Injection for bladder x-ray	51600	Per Case	Outpatient	286.76	315.55	1,388.63	2,690.10
Cystoscopy	52000	Per Case	Outpatient	3,889.92	4,363.56	5,850.76	5,544.00
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	2,989.15	3,253.81	5,808.12	5,503.00
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	2,526.02	2,744.20	6,155.74	5,837.25
Cystoscopy and treatment	52224	Per Case	Outpatient	2,426.88	3,042.88	6,046.54	5,732.25
Cystoscopy and treatment	52234	Per Case	Outpatient	2,097.69	2,391.19	5,854.92	5,548.00
Cystoscopy and treatment	52235	Per Case	Outpatient	2,859.02	3,230.59	5,872.74	5,569.75
Cystoscopy and treatment	52240	Per Case	Outpatient	2,662.34	2,991.43	5,901.20	5,592.50
Cystoscopy and treatment	52281	Per Case	Outpatient	1,639.95	1,901.78	5,821.90	5,516.25
Remove bladder stone	52317	Per Case	Outpatient	2,167.88	2,466.78	5,862.72	5,555.50
Remove bladder stone	52318	Per Case	Outpatient	2,525.35	3,169.89	5,878.32	5,570.50

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	CIGNA	CIGNA HealthSpring Medicare	Clover Health Medicare	Emblem
INPATIENT SERVICES							
Ligate/strip long leg vein	37722	Per Case	Outpatient	4,618.20	9,711.17	9,711.17	4,093.00
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	4,637.40	10,297.68	10,297.68	4,093.00
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	4,603.80	13,473.71	13,473.71	4,093.00
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	4,606.40	12,897.91	12,897.91	4,093.00
Laparoscopy lymph node biop	38570	Per Case	Outpatient	2,993.80	15,321.81	15,321.81	4,093.00
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	5,145.60	19,539.09	19,539.09	4,093.00
Ra tracer id of sentinl node	38792	Per Case	Outpatient	1,109.72	431.43	431.43	1,168.13
Excision of gum lesion	41825	Per Case	Outpatient	4,924.80	3,308.36	3,308.36	4,093.00
Reconstruct cleft palate	42200	Per Case	Outpatient	4,632.80	17,053.88	17,053.88	4,093.00
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	4,669.52	8,756.61	8,756.61	4,093.00
Control throat bleeding	42960	Per Case	Outpatient	4,682.80	4,637.58	4,637.58	4,093.00
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	2,908.80	892.51	892.51	4,093.00
Laparoscopy fundoplasty	43280	Per Case	Outpatient	3,983.80	11,013.62	11,013.62	4,093.00
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	6,452.60	10,499.93	10,499.93	4,093.00
Laparoscopy appendectomy	44970	Per Case	Outpatient	4,724.00	6,891.37	6,891.37	4,093.00
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	2,904.00	895.24	895.24	4,093.00
Needle biopsy of liver	47000	Per Case	Outpatient	4,602.20	2,070.76	2,070.76	4,093.00
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	4,753.60	6,919.72	6,919.72	4,093.00
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	4,774.20	6,660.65	6,660.65	4,093.00
Abd paracentesis w/imaging	49083	Per Case	Outpatient	2,495.17	1,025.97	1,025.97	2,752.70
Diag laparo separate proc	49320	Per Case	Outpatient	4,671.80	9,504.40	9,504.40	4,093.00
Laparoscopy biopsy	49321	Per Case	Outpatient	3,105.60	13,838.35	13,838.35	4,093.00
Laparoscopy aspiration	49322	Per Case	Outpatient	2,999.50	11,705.00	11,705.00	4,093.00
Lap insert tunnel ip cath	49324	Per Case	Outpatient	4,619.20	11,329.83	11,329.83	4,093.00
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	4,712.40	15,330.20	15,330.20	4,093.00
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	4,638.70	7,561.16	7,561.16	4,093.00
Remove tunneled ip cath	49422	Per Case	Outpatient	4,523.62	8,833.58	8,833.58	4,093.00
Rpr ing hernia init reduce	49500	Per Case	Outpatient	4,605.00	3,474.26	3,474.26	4,093.00
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	5,123.40	12,432.46	12,432.46	4,093.00
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	4,798.60	7,472.99	7,472.99	4,093.00
Rerepair ing hernia reduce	49520	Per Case	Outpatient	4,750.42	6,916.40	6,916.40	4,093.00
Rpr ventral hern init reduc	49560	Per Case	Outpatient	4,691.40	10,395.75	10,395.75	4,093.00
Rpr ventral hern init block	49561	Per Case	Outpatient	4,623.80	7,539.87	7,539.87	4,093.00
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	5,434.60	6,026.99	6,026.99	4,093.00
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	4,737.20	10,138.23	10,138.23	4,093.00
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	5,537.40	10,126.74	10,126.74	4,093.00
Lap ing hernia repair init	49650	Per Case	Outpatient	5,398.00	5,664.91	5,664.91	4,093.00
Lap ing hernia repair recur	49651	Per Case	Outpatient	5,375.60	5,406.27	5,406.27	4,093.00
Lap vent/abd hernia repair	49652	Per Case	Outpatient	6,501.20	15,198.09	15,198.09	6,053.00
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	4,650.00	22,192.07	22,192.07	4,093.00
Lap inc hernia repair	49654	Per Case	Outpatient	6,496.40	9,152.42	9,152.42	5,653.00
Lap inc hern repair comp	49655	Per Case	Outpatient	5,419.40	11,392.04	11,392.04	5,193.00
Lap inc hernia repair recur	49656	Per Case	Outpatient	5,291.40	9,924.30	9,924.30	4,093.00
Removal of kidney stone	50080	Per Case	Outpatient	4,634.22	16,500.03	16,500.03	5,743.00
Removal of kidney stone	50081	Per Case	Outpatient	4,708.02	14,411.14	14,411.14	4,093.00
Renal biopsy perq	50200	Per Case	Outpatient	13,669.98	9,742.87	9,742.87	4,093.00
Plmt nephroureteral catheter	50433	Per Case	Outpatient	4,857.80	6,455.67	6,455.67	4,093.00
Laparoscope proc ureter	50949	Per Case	Outpatient	3,600.20	31,052.73	31,052.73	4,093.00
Injection for bladder x-ray	51600	Per Case	Outpatient	374.81	273.11	273.11	1,345.05
Cystoscopy	52000	Per Case	Outpatient	2,932.20	10,512.06	10,512.06	4,093.00
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	2,899.40	5,993.32	5,993.32	4,093.00
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	3,166.80	7,885.72	7,885.72	4,093.00
Cystoscopy and treatment	52224	Per Case	Outpatient	3,082.80	6,104.62	6,104.62	4,093.00
Cystoscopy and treatment	52234	Per Case	Outpatient	2,935.40	9,530.93	9,530.93	4,093.00
Cystoscopy and treatment	52235	Per Case	Outpatient	2,962.40	7,454.74	7,454.74	4,093.00
Cystoscopy and treatment	52240	Per Case	Outpatient	2,971.00	13,929.25	13,929.25	4,093.00
Cystoscopy and treatment	52281	Per Case	Outpatient	2,910.00	5,784.68	5,784.68	4,093.00
Remove bladder stone	52317	Per Case	Outpatient	2,941.40	7,299.99	7,299.99	4,093.00
Remove bladder stone	52318	Per Case	Outpatient	2,895.46	11,450.28	11,450.28	4,093.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare	Horizon NJ Health Medicaid
INPATIENT SERVICES								
Ligate/strip long leg vein	37722	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,711.17	2,211.00
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,297.68	2,211.00
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	13,473.71	2,211.00
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	12,897.91	2,211.00
Laparoscopy lymph node biop	38570	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	15,321.81	2,211.00
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	19,539.09	2,211.00
Ra tracer id of sentinl node	38792	Per Case	Outpatient	763.95	763.95	763.95	431.43	2,211.00
Excision of gum lesion	41825	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	3,308.36	2,211.00
Reconstruct cleft palate	42200	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	17,053.88	2,211.00
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,756.61	2,211.00
Control throat bleeding	42960	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	4,637.58	2,211.00
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	4,140.00	4,140.00	4,140.00	892.51	2,211.00
Laparoscopy fundoplasty	43280	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	11,013.62	2,211.00
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,499.93	3,540.60
Laparoscopy appendectomy	44970	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,891.37	2,211.00
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	2,946.02	2,946.02	2,946.02	895.24	2,211.00
Needle biopsy of liver	47000	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	2,070.76	2,211.00
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,919.72	2,211.00
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,660.65	2,211.00
Abd paracentesis w/imaging	49083	Per Case	Outpatient	1,800.27	1,800.27	1,800.27	1,025.97	2,211.00
Diag laparo separate proc	49320	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,504.40	2,211.00
Laparoscopy biopsy	49321	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	13,838.35	2,211.00
Laparoscopy aspiration	49322	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	11,705.00	2,211.00
Lap insert tunnel ip cath	49324	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	11,329.83	2,211.00
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	15,330.20	2,211.00
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,561.16	2,211.00
Remove tunneled ip cath	49422	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,833.58	2,211.00
Rpr ing hernia init reduce	49500	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	3,474.26	2,211.00
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	12,432.46	2,211.00
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,472.99	2,211.00
Rerepair ing hernia reduce	49520	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,916.40	2,211.00
Rpr ventral hern init reduc	49560	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,395.75	2,211.00
Rpr ventral hern init block	49561	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,539.87	2,211.00
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,026.99	2,211.00
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,138.23	2,211.00
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,126.74	2,211.00
Lap ing hernia repair init	49650	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,664.91	2,211.00
Lap ing hernia repair recur	49651	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,406.27	2,211.00
Lap vent/abd hernia repair	49652	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	15,198.09	4,092.60
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	22,192.07	2,211.00
Lap inc hernia repair	49654	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,152.42	3,708.60
Lap inc hern repair comp	49655	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	11,392.04	2,211.00
Lap inc hernia repair recur	49656	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,924.30	2,211.00
Removal of kidney stone	50080	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	16,500.03	2,211.00
Removal of kidney stone	50081	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	14,411.14	2,211.00
Renal biopsy perq	50200	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,742.87	2,211.00
Plmt nephroureteral catheter	50433	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,455.67	2,211.00
Laparoscope proc ureter	50949	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	31,052.73	2,211.00
Injection for bladder x-ray	51600	Per Case	Outpatient	879.66	879.66	879.66	273.11	2,211.00
Cystoscopy	52000	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,512.06	2,211.00
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,993.32	2,211.00
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,885.72	2,211.00
Cystoscopy and treatment	52224	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,104.62	2,211.00
Cystoscopy and treatment	52234	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,530.93	2,211.00
Cystoscopy and treatment	52235	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,454.74	2,211.00
Cystoscopy and treatment	52240	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	13,929.25	2,211.00
Cystoscopy and treatment	52281	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,784.68	2,211.00
Remove bladder stone	52317	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,299.99	2,211.00
Remove bladder stone	52318	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	11,450.28	2,211.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Humana Medicare	Longevity PPO	Magnacare	Multiplan
INPATIENT SERVICES							
Ligate/strip long leg vein	37722	Per Case	Outpatient	9,711.17	9,711.17	4,299.00	15,643.20
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	10,297.68	10,297.68	4,347.00	18,323.48
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	13,473.71	13,473.71	4,263.00	37,594.48
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	12,897.91	12,897.91	4,269.50	34,508.88
Laparoscopy lymph node biop	38570	Per Case	Outpatient	15,321.81	15,321.81	4,493.00	40,179.20
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	19,539.09	19,539.09	5,617.50	61,795.04
Ra tracer id of sentinl node	38792	Per Case	Outpatient	431.43	431.43	1,985.81	1,869.00
Excision of gum lesion	41825	Per Case	Outpatient	3,308.36	3,308.36	5,065.50	17,404.20
Reconstruct cleft palate	42200	Per Case	Outpatient	17,053.88	17,053.88	4,335.50	18,714.80
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	8,756.61	8,756.61	4,427.30	15,226.08
Control throat bleeding	42960	Per Case	Outpatient	4,637.58	4,637.58	4,460.50	14,547.20
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	892.51	892.51	4,280.50	13,159.40
Laparoscopy fundoplasty	43280	Per Case	Outpatient	11,013.62	11,013.62	5,911.00	79,856.00
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	10,499.93	10,499.93	6,946.00	62,868.80
Laparoscopy appendectomy	44970	Per Case	Outpatient	6,891.37	6,891.37	4,563.50	29,446.16
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	895.24	895.24	4,268.50	7,207.40
Needle biopsy of liver	47000	Per Case	Outpatient	2,070.76	2,070.76	4,259.00	11,260.68
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	6,919.72	6,919.72	4,518.50	28,950.04
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	6,660.65	6,660.65	4,689.00	32,387.52
Abd paracentesis w/imaging	49083	Per Case	Outpatient	1,025.97	1,025.97	4,469.00	4,404.32
Diag laparo separate proc	49320	Per Case	Outpatient	9,504.40	9,504.40	4,433.00	21,476.00
Laparoscopy biopsy	49321	Per Case	Outpatient	13,838.35	13,838.35	4,772.50	31,556.81
Laparoscopy aspiration	49322	Per Case	Outpatient	11,705.00	11,705.00	4,507.25	31,118.08
Lap insert tunnel ip cath	49324	Per Case	Outpatient	11,329.83	11,329.83	4,301.50	25,560.80
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	15,330.20	15,330.20	4,534.50	35,556.00
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	7,561.16	7,561.16	4,350.25	20,499.60
Remove tunneled ip cath	49422	Per Case	Outpatient	8,833.58	8,833.58	4,292.50	24,972.80
Rpr ing hernia init reduce	49500	Per Case	Outpatient	3,474.26	3,474.26	4,266.00	12,767.80
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	12,432.46	12,432.46	5,345.00	20,070.00
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	7,472.99	7,472.99	4,666.00	19,988.08
Rerepair ing hernia reduce	49520	Per Case	Outpatient	6,916.40	6,916.40	4,551.50	17,958.40
Rpr ventral hern init reduc	49560	Per Case	Outpatient	10,395.75	10,395.75	4,370.00	30,416.00
Rpr ventral hern init block	49561	Per Case	Outpatient	7,539.87	7,539.87	4,313.00	14,816.16
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	6,026.99	6,026.99	5,248.00	28,908.60
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	10,138.23	10,138.23	4,477.50	23,360.76
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	10,126.74	10,126.74	5,743.00	17,146.80
Lap ing hernia repair init	49650	Per Case	Outpatient	5,664.91	5,664.91	5,156.50	32,890.40
Lap ing hernia repair recur	49651	Per Case	Outpatient	5,406.27	5,406.27	5,100.50	38,610.20
Lap vent/abd hernia repair	49652	Per Case	Outpatient	15,198.09	15,198.09	6,262.50	39,465.80
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	22,192.07	22,192.07	4,378.50	44,181.60
Lap inc hernia repair	49654	Per Case	Outpatient	9,152.42	9,152.42	6,810.50	49,938.40
Lap inc hern repair comp	49655	Per Case	Outpatient	11,392.04	11,392.04	5,189.00	33,963.80
Lap inc hernia repair recur	49656	Per Case	Outpatient	9,924.30	9,924.30	5,100.00	32,720.56
Removal of kidney stone	50080	Per Case	Outpatient	16,500.03	16,500.03	4,485.00	50,612.88
Removal of kidney stone	50081	Per Case	Outpatient	14,411.14	14,411.14	4,641.50	35,404.80
Renal biopsy perq	50200	Per Case	Outpatient	9,742.87	9,742.87	4,258.00	34,282.16
Plmt nephroureteral catheter	50433	Per Case	Outpatient	6,455.67	6,455.67	4,814.00	34,230.40
Laparoscope proc ureter	50949	Per Case	Outpatient	31,052.73	31,052.73	5,071.00	46,693.56
Injection for bladder x-ray	51600	Per Case	Outpatient	273.11	273.11	2,286.59	2,152.08
Cystoscopy	52000	Per Case	Outpatient	10,512.06	10,512.06	4,339.00	29,760.00
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	5,993.32	5,993.32	4,257.00	22,191.40
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	7,885.72	7,885.72	4,925.50	18,715.76
Cystoscopy and treatment	52224	Per Case	Outpatient	6,104.62	6,104.62	4,715.50	20,752.80
Cystoscopy and treatment	52234	Per Case	Outpatient	9,530.93	9,530.93	4,347.00	16,308.20
Cystoscopy and treatment	52235	Per Case	Outpatient	7,454.74	7,454.74	4,330.50	22,033.00
Cystoscopy and treatment	52240	Per Case	Outpatient	13,929.25	13,929.25	4,436.00	20,401.88
Cystoscopy and treatment	52281	Per Case	Outpatient	5,784.68	5,784.68	4,283.50	12,970.40
Remove bladder stone	52317	Per Case	Outpatient	7,299.99	7,299.99	4,362.00	16,823.72
Remove bladder stone	52318	Per Case	Outpatient	11,450.28	11,450.28	4,392.00	21,619.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
INPATIENT SERVICES								
Ligate/strip long leg vein	37722	Per Case	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	9,711.17
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	10,297.68
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	8,588.75	6,446.00	6,570.00	8,588.75	13,473.71
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	7,525.50	6,446.00	6,570.00	7,525.50	12,897.91
Laparoscopy lymph node biop	38570	Per Case	Outpatient	9,571.25	6,446.00	6,570.00	9,571.25	15,321.81
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	9,928.00	7,402.55	7,526.55	9,928.00	19,539.09
Ra tracer id of sentinl node	38792	Per Case	Outpatient	4,253.00	1,658.74	1,658.74	4,253.00	431.43
Excision of gum lesion	41825	Per Case	Outpatient	6,379.50	7,016.15	7,140.15	6,379.50	3,308.36
Reconstruct cleft palate	42200	Per Case	Outpatient	9,762.25	6,446.00	6,570.00	9,762.25	17,053.88
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	7,143.50	6,446.00	6,570.00	7,143.50	8,756.61
Control throat bleeding	42960	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	4,637.58
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	892.51
Laparoscopy fundoplasty	43280	Per Case	Outpatient	7,798.50	7,834.50	7,958.50	7,798.50	11,013.62
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	5,672.00	8,748.00	8,872.00	5,672.00	10,499.93
Laparoscopy appendectomy	44970	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	6,891.37
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	4,253.00	6,396.57	6,396.57	4,253.00	895.24
Needle biopsy of liver	47000	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	2,070.76
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	5,672.00	6,446.00	6,655.00	5,672.00	6,919.72
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	6,660.65
Abd paracentesis w/imaging	49083	Per Case	Outpatient	4,253.00	3,908.83	3,908.83	4,253.00	1,025.97
Diag laparo separate proc	49320	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	9,504.40
Laparoscopy biopsy	49321	Per Case	Outpatient	9,762.25	6,446.00	6,570.00	9,762.25	13,838.35
Laparoscopy aspiration	49322	Per Case	Outpatient	8,180.50	6,446.00	6,570.00	8,180.50	11,705.00
Lap insert tunnel ip cath	49324	Per Case	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	11,329.83
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	15,330.20
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	7,561.16
Remove tunneled ip cath	49422	Per Case	Outpatient	8,337.84	6,446.00	6,570.00	8,337.84	8,833.58
Rpr ing hernia init reduce	49500	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	3,474.26
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	9,434.75	7,103.30	7,382.30	9,434.75	12,432.46
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	5,672.00	6,446.00	6,630.00	5,672.00	7,472.99
Rerepair ing hernia reduce	49520	Per Case	Outpatient	5,558.56	6,446.00	6,790.00	5,558.56	6,916.40
Rpr ventral hern init reduc	49560	Per Case	Outpatient	8,508.00	6,446.00	6,650.00	8,508.00	10,395.75
Rpr ventral hern init block	49561	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	7,539.87
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	7,798.50	7,226.00	7,350.00	7,798.50	6,026.99
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	8,508.00	6,446.00	6,655.00	8,508.00	10,138.23
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	8,180.50	7,673.40	7,797.40	8,180.50	10,126.74
Lap ing hernia repair init	49650	Per Case	Outpatient	5,672.00	7,226.00	7,350.00	5,672.00	5,664.91
Lap ing hernia repair recur	49651	Per Case	Outpatient	5,672.00	7,226.00	7,350.00	5,672.00	5,406.27
Lap vent/abd hernia repair	49652	Per Case	Outpatient	10,468.00	8,406.00	8,530.00	10,468.00	15,198.09
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	9,926.00	6,446.00	6,570.00	9,926.00	22,192.07
Lap inc hernia repair	49654	Per Case	Outpatient	7,232.00	8,705.65	8,829.65	7,232.00	9,152.42
Lap inc hern repair comp	49655	Per Case	Outpatient	5,672.00	7,241.00	7,365.00	5,672.00	11,392.04
Lap inc hernia repair recur	49656	Per Case	Outpatient	5,672.00	7,076.00	7,200.00	5,672.00	9,924.30
Removal of kidney stone	50080	Per Case	Outpatient	5,558.56	6,446.00	6,630.00	5,558.56	16,500.03
Removal of kidney stone	50081	Per Case	Outpatient	5,558.56	6,446.00	6,650.00	5,558.56	14,411.14
Renal biopsy perq	50200	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	9,742.87
Plmt nephroureteral catheter	50433	Per Case	Outpatient	5,017.00	6,446.00	6,630.00	5,017.00	6,455.67
Laparoscope proc ureter	50949	Per Case	Outpatient	9,926.00	7,116.00	7,240.00	9,926.00	31,052.73
Injection for bladder x-ray	51600	Per Case	Outpatient	2,690.10	1,909.97	1,909.97	2,690.10	273.11
Cystoscopy	52000	Per Case	Outpatient	7,798.50	6,446.00	6,570.00	7,798.50	10,512.06
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	5,993.32
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	7,525.50	6,918.15	7,042.15	7,525.50	7,885.72
Cystoscopy and treatment	52224	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	6,104.62
Cystoscopy and treatment	52234	Per Case	Outpatient	7,525.50	6,446.00	6,570.00	7,525.50	9,530.93
Cystoscopy and treatment	52235	Per Case	Outpatient	5,017.00	6,446.00	6,630.00	5,017.00	7,454.74
Cystoscopy and treatment	52240	Per Case	Outpatient	8,180.50	6,446.00	6,570.00	8,180.50	13,929.25
Cystoscopy and treatment	52281	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	5,784.68
Remove bladder stone	52317	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	7,299.99
Remove bladder stone	52318	Per Case	Outpatient	8,016.89	6,446.00	6,570.00	8,016.89	11,450.28

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	United Community & State Medicaid	Wellcare Medicaid	Wellcare Medicare
INPATIENT SERVICES						
Ligate/strip long leg vein	37722	Per Case	Outpatient	2,139.83	2,396.34	9,711.17
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	2,448.57	2,781.16	10,297.68
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	5,192.37	5,853.26	13,473.71
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	4,545.96	5,257.50	12,897.91
Laparoscopy lymph node biop	38570	Per Case	Outpatient	5,565.11	6,231.81	15,321.81
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	7,960.78	8,915.93	19,539.09
Ra tracer id of sentinl node	38792	Per Case	Outpatient	261.43	292.73	431.43
Excision of gum lesion	41825	Per Case	Outpatient	2,414.06	2,742.27	3,308.36
Reconstruct cleft palate	42200	Per Case	Outpatient	2,597.38	2,947.54	17,053.88
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	2,129.75	2,384.78	8,756.61
Control throat bleeding	42960	Per Case	Outpatient	1,887.70	2,114.36	4,637.58
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	1,807.59	2,024.08	892.51
Laparoscopy fundoplasty	43280	Per Case	Outpatient	10,893.56	12,201.29	11,013.62
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	8,366.57	9,409.38	10,499.93
Laparoscopy appendectomy	44970	Per Case	Outpatient	3,935.96	4,446.94	6,891.37
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	975.05	1,130.89	895.24
Needle biopsy of liver	47000	Per Case	Outpatient	1,476.59	1,857.58	2,070.76
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	3,719.98	4,244.85	6,919.72
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	3,967.31	4,483.23	6,660.65
Abd paracentesis w/imaging	49083	Per Case	Outpatient	616.05	689.83	1,025.97
Diag laparo separate proc	49320	Per Case	Outpatient	2,907.67	3,256.35	9,504.40
Laparoscopy biopsy	49321	Per Case	Outpatient	4,377.31	4,952.59	13,838.35
Laparoscopy aspiration	49322	Per Case	Outpatient	4,299.21	4,814.14	11,705.00
Lap insert tunnel ip cath	49324	Per Case	Outpatient	3,511.87	3,932.70	11,329.83
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	4,847.39	5,428.25	15,330.20
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	2,867.38	3,210.75	7,561.16
Remove tunneled ip cath	49422	Per Case	Outpatient	3,381.79	3,787.16	8,833.58
Rpr ing hernia init reduce	49500	Per Case	Outpatient	1,785.90	1,999.76	3,474.26
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	2,759.03	3,089.69	12,432.46
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	2,747.57	3,115.90	7,472.99
Rerepair ing hernia reduce	49520	Per Case	Outpatient	2,392.40	2,679.32	6,916.40
Rpr ventral hern init reduc	49560	Per Case	Outpatient	4,254.44	4,763.91	10,395.75
Rpr ventral hern init block	49561	Per Case	Outpatient	2,072.41	2,320.58	7,539.87
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	3,880.98	4,385.54	6,026.99
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	3,090.04	3,460.75	10,138.23
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	2,318.64	2,635.67	10,126.74
Lap ing hernia repair init	49650	Per Case	Outpatient	4,552.28	5,136.73	5,664.91
Lap ing hernia repair recur	49651	Per Case	Outpatient	5,334.44	5,973.30	5,406.27
Lap vent/abd hernia repair	49652	Per Case	Outpatient	5,422.38	6,072.21	15,198.09
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	5,955.97	6,709.29	22,192.07
Lap inc hernia repair	49654	Per Case	Outpatient	6,814.00	7,630.36	9,152.42
Lap inc hern repair comp	49655	Per Case	Outpatient	4,464.18	5,039.10	11,392.04
Lap inc hernia repair recur	49656	Per Case	Outpatient	4,446.24	5,018.13	9,924.30
Removal of kidney stone	50080	Per Case	Outpatient	6,940.25	7,771.98	16,500.03
Removal of kidney stone	50081	Per Case	Outpatient	4,568.86	5,117.10	14,411.14
Renal biopsy perq	50200	Per Case	Outpatient	3,060.12	3,484.32	9,742.87
Plmt nephroureteral catheter	50433	Per Case	Outpatient	4,700.61	5,263.89	6,455.67
Laparoscope proc ureter	50949	Per Case	Outpatient	6,447.89	7,259.52	31,052.73
Injection for bladder x-ray	51600	Per Case	Outpatient	301.02	337.07	273.11
Cystoscopy	52000	Per Case	Outpatient	4,049.60	4,574.11	10,512.06
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	3,104.02	3,514.77	5,993.32
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	2,617.87	2,970.40	7,885.72
Cystoscopy and treatment	52224	Per Case	Outpatient	2,547.60	2,853.40	6,104.62
Cystoscopy and treatment	52234	Per Case	Outpatient	2,168.25	2,467.32	9,530.93
Cystoscopy and treatment	52235	Per Case	Outpatient	2,967.44	3,362.16	7,454.74
Cystoscopy and treatment	52240	Per Case	Outpatient	2,727.24	3,132.36	13,929.25
Cystoscopy and treatment	52281	Per Case	Outpatient	1,687.76	1,929.35	5,784.68
Remove bladder stone	52317	Per Case	Outpatient	2,241.93	2,549.86	7,299.99
Remove bladder stone	52318	Per Case	Outpatient	2,650.94	2,969.97	11,450.28

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Minimum Negotiated Rate	Maximum Negotiated Rate
INPATIENT SERVICES					
Ligate/strip long leg vein	37722	Per Case	Outpatient	2,038.47	15,643.20
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	2,211.00	18,323.48
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	2,211.00	37,594.48
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	2,211.00	34,508.88
Laparoscopy lymph node biop	38570	Per Case	Outpatient	2,211.00	40,179.20
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	2,211.00	61,795.04
Ra tracer id of sentinl node	38792	Per Case	Outpatient	249.04	5,382.00
Excision of gum lesion	41825	Per Case	Outpatient	2,211.00	17,404.20
Reconstruct cleft palate	42200	Per Case	Outpatient	2,211.00	18,714.80
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	2,028.88	15,226.08
Control throat bleeding	42960	Per Case	Outpatient	1,798.28	14,547.20
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	892.51	13,159.40
Laparoscopy fundoplasty	43280	Per Case	Outpatient	2,211.00	79,856.00
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	3,540.60	62,868.80
Laparoscopy appendectomy	44970	Per Case	Outpatient	2,211.00	29,446.16
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	895.24	7,207.40
Needle biopsy of liver	47000	Per Case	Outpatient	1,476.59	11,260.68
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	2,211.00	28,950.04
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	2,211.00	32,387.52
Abd paracentesis w/imaging	49083	Per Case	Outpatient	586.88	5,382.00
Diag laparo separate proc	49320	Per Case	Outpatient	2,211.00	21,476.00
Laparoscopy biopsy	49321	Per Case	Outpatient	2,211.00	31,556.81
Laparoscopy aspiration	49322	Per Case	Outpatient	2,211.00	31,118.08
Lap insert tunnel ip cath	49324	Per Case	Outpatient	2,211.00	25,560.80
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	2,211.00	35,556.00
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	2,211.00	20,499.60
Remove tunneled ip cath	49422	Per Case	Outpatient	2,211.00	24,972.80
Rpr ing hernia init reduce	49500	Per Case	Outpatient	1,701.31	12,767.80
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	2,211.00	20,070.00
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	2,211.00	19,988.08
Rerepair ing hernia reduce	49520	Per Case	Outpatient	2,211.00	17,958.40
Rpr ventral hern init reduc	49560	Per Case	Outpatient	2,211.00	30,416.00
Rpr ventral hern init block	49561	Per Case	Outpatient	1,974.25	14,816.16
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	2,211.00	28,908.60
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	2,211.00	23,360.76
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	2,211.00	17,146.80
Lap ing hernia repair init	49650	Per Case	Outpatient	2,211.00	32,890.40
Lap ing hernia repair recur	49651	Per Case	Outpatient	2,211.00	38,610.20
Lap vent/abd hernia repair	49652	Per Case	Outpatient	4,092.60	39,465.80
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	2,211.00	44,181.60
Lap inc hernia repair	49654	Per Case	Outpatient	3,708.60	49,938.40
Lap inc hern repair comp	49655	Per Case	Outpatient	2,211.00	33,963.80
Lap inc hernia repair recur	49656	Per Case	Outpatient	2,211.00	32,720.56
Removal of kidney stone	50080	Per Case	Outpatient	2,211.00	50,612.88
Removal of kidney stone	50081	Per Case	Outpatient	2,211.00	35,404.80
Renal biopsy perq	50200	Per Case	Outpatient	2,211.00	34,282.16
Plmt nephroureteral catheter	50433	Per Case	Outpatient	2,211.00	34,230.40
Laparoscope proc ureter	50949	Per Case	Outpatient	2,211.00	46,693.56
Injection for bladder x-ray	51600	Per Case	Outpatient	273.11	5,382.00
Cystoscopy	52000	Per Case	Outpatient	2,211.00	29,760.00
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	2,211.00	22,191.40
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	2,211.00	18,715.76
Cystoscopy and treatment	52224	Per Case	Outpatient	2,211.00	20,752.80
Cystoscopy and treatment	52234	Per Case	Outpatient	2,097.69	16,308.20
Cystoscopy and treatment	52235	Per Case	Outpatient	2,211.00	22,033.00
Cystoscopy and treatment	52240	Per Case	Outpatient	2,211.00	20,401.88
Cystoscopy and treatment	52281	Per Case	Outpatient	1,639.95	12,970.40
Remove bladder stone	52317	Per Case	Outpatient	2,167.88	16,823.72
Remove bladder stone	52318	Per Case	Outpatient	2,211.00	21,619.00

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare
INPATIENT SERVICES							
Cystoscopy and treatment	52332	Per Case	Outpatient	22,818.95	3,148.47	2,987.00	11,457.92
Cystouretero w/stone remove	52352	Per Case	Outpatient	30,761.80	4,323.92	5,382.00	13,005.30
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	34,848.75	3,968.49	5,382.00	8,876.43
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	33,426.00	4,582.60	5,382.00	12,414.03
Prostatectomy (turp)	52601	Per Case	Outpatient	23,476.95	4,312.57	5,382.00	8,603.31
Laser surgery of prostate	52648	Per Case	Outpatient	23,631.00	4,179.18	2,987.00	13,852.49
Revision of urethra	53450	Per Case	Outpatient	8,980.70	1,634.49	5,382.00	3,537.61
Urology surgery procedure	53899	Per Case	Outpatient	51,670.75	8,096.84	2,987.00	16,333.35
Circumcision w/regionl block	54150	Per Case	Outpatient	16,890.90	1,942.57	5,382.00	2,076.19
Circum 28 days or older	54161	Per Case	Outpatient	15,775.10	2,687.20	5,382.00	2,415.80
Lysis penil circumic lesion	54162	Per Case	Outpatient	10,157.70	2,198.10	5,382.00	7,689.98
Repair of circumcision	54163	Per Case	Outpatient	12,143.90	2,410.37	5,382.00	2,076.19
Reconstruction of urethra	54324	Per Case	Outpatient	24,846.00	3,864.45	5,382.00	6,884.30
Revise penis/urethra	54332	Per Case	Outpatient	28,516.00	4,814.21	5,382.00	7,181.63
Insert self-contd prosthesis	54401	Per Case	Outpatient	58,376.25	14,396.24	15,986.00	20,660.45
Removal of testis	54520	Per Case	Outpatient	28,960.65	2,757.74	5,382.00	15,037.44
Reduce testis torsion	54600	Per Case	Outpatient	22,276.35	2,054.42	5,382.00	8,332.96
Suspension of testis	54640	Per Case	Outpatient	12,275.00	1,919.70	5,382.00	7,288.04
Removal of hydrocele	55040	Per Case	Outpatient	17,041.00	3,292.70	5,382.00	6,969.15
Biopsy of prostate gland	55700	Per Case	Outpatient	22,903.90	3,964.45	5,382.00	3,567.55
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	65,507.55	5,715.62	6,068.40	16,204.87
Closure of vagina	57120	Per Case	Outpatient	40,201.75	7,229.91	5,382.00	19,177.20
Repair of vagina	57200	Per Case	Outpatient	26,566.65	7,496.95	2,987.00	12,303.85
Anterior colporrhaphy	57240	Per Case	Outpatient	28,502.20	6,168.76	5,382.00	21,557.18
Repair rectum & vagina	57250	Per Case	Outpatient	45,064.00	6,669.11	6,402.00	25,369.54
Cmbn ant pst colprhy	57260	Per Case	Outpatient	36,614.95	6,429.15	5,382.00	22,308.74
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	38,043.25	6,808.13	7,642.00	18,661.21
Repair of bowel bulge	57268	Per Case	Outpatient	45,064.00	9,927.02	6,402.00	25,369.54
Colpopexy extraperitoneal	57282	Per Case	Outpatient	41,509.50	8,117.48	7,402.00	22,036.26
Repair bladder defect	57288	Per Case	Outpatient	41,629.25	5,915.42	7,086.00	30,399.08
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	2,992.50	544.64	5,382.00	317.27
Conization of cervix	57520	Per Case	Outpatient	21,196.00	3,941.66	5,382.00	3,436.74
Conization of cervix	57522	Per Case	Outpatient	24,171.10	3,441.58	5,382.00	3,494.71
Biopsy of uterus lining	58100	Per Case	Outpatient	2,640.75	466.19	5,382.00	194.60
Catheter for hysterography	58340	Per Case	Outpatient	5,113.55	930.67	5,382.00	273.11
Reopen fallopian tube	58350	Per Case	Outpatient	42,538.76	7,039.23	5,382.00	11,368.66
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	46,686.50	8,282.77	7,958.00	19,728.97
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	47,874.75	10,301.55	5,382.00	10,863.46
Laparoscopic myomectomy	58545	Per Case	Outpatient	53,127.76	9,917.39	5,382.00	5,835.72
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	59,055.70	11,489.40	8,434.00	29,067.09
Hysteroscopy biopsy	58558	Per Case	Outpatient	28,918.75	3,902.20	5,382.00	6,673.00
Hysteroscopy remove myoma	58561	Per Case	Outpatient	33,374.95	4,157.36	5,382.00	8,708.07
Hysteroscopy ablation	58563	Per Case	Outpatient	24,054.50	3,795.08	5,382.00	9,165.65
Tlh uterus 250 g or less	58570	Per Case	Outpatient	52,323.50	9,745.52	5,382.00	14,235.60
Tlh w/t/o 250 g or less	58571	Per Case	Outpatient	44,640.50	8,705.07	5,382.00	10,797.71
Tlh w/t/o uterus over 250 g	58573	Per Case	Outpatient	46,226.00	8,272.26	5,382.00	10,859.25
Laparoscopy remove adnexa	58661	Per Case	Outpatient	50,568.50	7,674.48	2,987.00	19,172.18
Laparoscopy excise lesions	58662	Per Case	Outpatient	53,106.26	7,542.84	5,382.00	14,530.62
Treat ectopic pregnancy	59151	Per Case	Outpatient	48,312.60	5,422.44	5,382.00	6,518.89
Treatment of miscarriage	59812	Per Case	Outpatient	31,973.35	3,892.61	5,382.00	3,823.60
Partial removal of thyroid	60220	Per Case	Outpatient	56,576.25	8,793.83	5,382.00	5,787.36
Removal of thyroid	60240	Per Case	Outpatient	68,345.25	9,936.24	5,382.00	5,780.87
Explore parathyroid glands	60500	Per Case	Outpatient	54,403.20	10,104.12	5,382.00	13,111.07
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Aetna Better Health	Amerigroup	Amerihealth	CHN
INPATIENT SERVICES							
Cystoscopy and treatment	52332	Per Case	Outpatient	2,244.15	2,676.66	5,920.06	5,615.25
Cystouretero w/stone remove	52352	Per Case	Outpatient	2,906.67	3,608.36	5,924.48	5,619.50
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	3,714.88	4,087.76	5,910.70	5,606.25
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	3,469.28	3,920.87	6,080.38	5,783.25
Prostatectomy (turp)	52601	Per Case	Outpatient	2,279.99	2,753.85	5,820.60	5,515.00
Laser surgery of prostate	52648	Per Case	Outpatient	2,551.21	2,771.92	5,853.62	5,546.75
Revision of urethra	53450	Per Case	Outpatient	989.48	1,053.44	4,633.53	5,502.25
Urology surgery procedure	53899	Per Case	Outpatient	5,313.59	6,060.98	5,994.28	5,682.00
Circumcision w/regionl block	54150	Per Case	Outpatient	1,769.67	1,981.30	5,869.22	5,561.75
Circum 28 days or older	54161	Per Case	Outpatient	1,963.48	1,850.42	5,900.94	5,592.25
Lysis penil circumic lesion	54162	Per Case	Outpatient	1,114.95	1,191.50	5,238.79	5,504.50
Repair of circumcision	54163	Per Case	Outpatient	1,292.71	1,424.48	5,807.34	5,502.25
Reconstruction of urethra	54324	Per Case	Outpatient	2,648.58	2,914.44	5,810.46	5,505.25
Revise penis/urethra	54332	Per Case	Outpatient	3,071.95	3,344.93	5,807.34	5,502.25
Insert self-contd prosthesis	54401	Per Case	Outpatient	5,920.12	16,462.71	18,801.76	19,016.50
Removal of testis	54520	Per Case	Outpatient	3,087.21	3,397.08	5,814.36	5,509.00
Reduce testis torsion	54600	Per Case	Outpatient	2,162.83	2,613.02	5,818.00	5,512.50
Suspension of testis	54640	Per Case	Outpatient	1,340.66	1,439.86	5,810.46	5,505.25
Removal of hydrocele	55040	Per Case	Outpatient	1,716.41	1,998.91	5,807.86	5,502.75
Biopsy of prostate gland	55700	Per Case	Outpatient	2,521.53	2,686.63	5,845.82	5,539.25
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	7,279.15	7,684.04	6,697.32	6,358.00
Closure of vagina	57120	Per Case	Outpatient	4,222.30	4,715.67	5,814.62	5,509.25
Repair of vagina	57200	Per Case	Outpatient	2,755.12	3,116.27	5,863.50	5,556.25
Anterior colporrhaphy	57240	Per Case	Outpatient	3,070.48	3,343.31	7,009.76	6,726.50
Repair rectum & vagina	57250	Per Case	Outpatient	4,638.68	5,286.01	7,392.74	7,124.75
Cmbn ant pst colprhy	57260	Per Case	Outpatient	3,692.26	4,294.93	6,004.42	5,691.75
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	3,910.27	4,462.47	8,728.38	8,528.25
Repair of bowel bulge	57268	Per Case	Outpatient	4,638.68	5,286.01	7,392.74	7,124.75
Colpopexy extraperitoneal	57282	Per Case	Outpatient	4,176.18	4,869.06	8,495.24	8,281.00
Repair bladder defect	57288	Per Case	Outpatient	4,035.01	4,883.11	8,025.04	7,798.50
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	299.61	329.39	1,544.73	2,992.50
Conization of cervix	57520	Per Case	Outpatient	2,268.22	2,486.29	5,835.42	5,529.25
Conization of cervix	57522	Per Case	Outpatient	2,553.22	2,835.27	5,818.52	5,513.00
Biopsy of uterus lining	58100	Per Case	Outpatient	262.12	288.13	1,363.16	2,640.75
Catheter for hysterography	58340	Per Case	Outpatient	545.10	599.82	2,639.61	5,113.55
Reopen fallopian tube	58350	Per Case	Outpatient	4,535.74	4,989.80	6,072.80	5,757.50
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	4,770.26	5,476.33	9,094.06	8,910.25
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	5,311.46	5,615.71	6,282.62	5,959.25
Laparoscopic myomectomy	58545	Per Case	Outpatient	5,607.86	6,231.89	5,940.20	5,630.00
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	6,105.77	6,927.23	9,712.58	9,550.75
Hysteroscopy biopsy	58558	Per Case	Outpatient	2,966.38	3,392.17	6,082.16	5,766.50
Hysteroscopy remove myoma	58561	Per Case	Outpatient	3,463.27	3,914.88	6,034.84	5,721.00
Hysteroscopy ablation	58563	Per Case	Outpatient	2,402.49	2,821.59	5,821.12	5,515.50
Tlh uterus 250 g or less	58570	Per Case	Outpatient	5,508.28	6,137.55	5,900.16	5,591.50
Tlh w/t/o 250 g or less	58571	Per Case	Outpatient	4,819.02	5,236.33	5,907.18	5,598.25
Tlh w/t/o uterus over 250 g	58573	Per Case	Outpatient	4,904.28	5,422.31	5,885.34	5,577.25
Laparoscopy remove adnexa	58661	Per Case	Outpatient	5,354.43	5,931.69	5,831.00	5,525.00
Laparoscopy excise lesions	58662	Per Case	Outpatient	5,997.44	6,229.36	6,266.76	5,944.00
Treat ectopic pregnancy	59151	Per Case	Outpatient	4,815.81	5,667.07	5,884.56	5,576.50
Treatment of miscarriage	59812	Per Case	Outpatient	3,239.58	3,750.47	5,934.48	5,624.50
Partial removal of thyroid	60220	Per Case	Outpatient	5,841.32	6,636.39	5,871.82	5,564.25
Removal of thyroid	60240	Per Case	Outpatient	6,985.59	8,016.90	5,884.56	5,576.50
Explore parathyroid glands	60500	Per Case	Outpatient	5,216.76	6,381.50	6,284.70	5,961.25
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	CIGNA	CIGNA HealthSpring Medicare	Clover Health Medicare	Emblem
INPATIENT SERVICES							
Cystoscopy and treatment	52332	Per Case	Outpatient	2,998.80	11,457.92	11,457.92	4,093.00
Cystouretero w/stone remove	52352	Per Case	Outpatient	3,002.20	13,005.30	13,005.30	4,093.00
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	2,991.60	8,876.43	8,876.43	4,093.00
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	3,162.00	12,414.03	12,414.03	4,093.00
Prostatectomy (turp)	52601	Per Case	Outpatient	2,909.00	8,603.31	8,603.31	4,093.00
Laser surgery of prostate	52648	Per Case	Outpatient	2,934.40	13,852.49	13,852.49	4,093.00
Revision of urethra	53450	Per Case	Outpatient	4,600.80	3,537.61	3,537.61	4,093.00
Urology surgery procedure	53899	Per Case	Outpatient	3,042.60	16,333.35	16,333.35	4,093.00
Circumcision w/regionl block	54150	Per Case	Outpatient	4,648.40	2,076.19	2,076.19	4,093.00
Circum 28 days or older	54161	Per Case	Outpatient	4,672.80	2,415.80	2,415.80	4,093.00
Lysis penil circumic lesion	54162	Per Case	Outpatient	4,602.60	7,689.98	7,689.98	4,093.00
Repair of circumcision	54163	Per Case	Outpatient	4,600.80	2,076.19	2,076.19	4,093.00
Reconstruction of urethra	54324	Per Case	Outpatient	4,603.20	6,884.30	6,884.30	4,093.00
Revise penis/urethra	54332	Per Case	Outpatient	4,600.80	7,181.63	7,181.63	4,093.00
Insert self-contd prosthesis	54401	Per Case	Outpatient	17,533.00	20,660.45	20,660.45	17,348.00
Removal of testis	54520	Per Case	Outpatient	4,606.20	15,037.44	15,037.44	4,093.00
Reduce testis torsion	54600	Per Case	Outpatient	4,609.00	8,332.96	8,332.96	4,093.00
Suspension of testis	54640	Per Case	Outpatient	4,603.20	7,288.04	7,288.04	4,093.00
Removal of hydrocele	55040	Per Case	Outpatient	4,601.20	6,969.15	6,969.15	4,093.00
Biopsy of prostate gland	55700	Per Case	Outpatient	4,630.40	3,567.55	3,567.55	4,093.00
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	5,285.40	16,204.87	16,204.87	4,951.00
Closure of vagina	57120	Per Case	Outpatient	4,606.40	19,177.20	19,177.20	4,093.00
Repair of vagina	57200	Per Case	Outpatient	2,942.00	12,303.85	12,303.85	4,093.00
Anterior colporrhaphy	57240	Per Case	Outpatient	5,721.80	21,557.18	21,557.18	4,093.00
Repair rectum & vagina	57250	Per Case	Outpatient	6,102.80	25,369.54	25,369.54	4,093.00
Cmbn ant pst colprhy	57260	Per Case	Outpatient	4,752.40	22,308.74	22,308.74	4,093.00
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	7,473.60	18,661.21	18,661.21	6,918.00
Repair of bowel bulge	57268	Per Case	Outpatient	6,102.80	25,369.54	25,369.54	4,093.00
Colpopexy extraperitoneal	57282	Per Case	Outpatient	7,135.82	22,036.26	22,036.26	6,618.00
Repair bladder defect	57288	Per Case	Outpatient	6,778.60	30,399.08	30,399.08	6,223.00
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	2,897.00	317.27	317.27	1,496.25
Conization of cervix	57520	Per Case	Outpatient	4,622.40	3,436.74	3,436.74	4,093.00
Conization of cervix	57522	Per Case	Outpatient	4,609.40	3,494.71	3,494.71	4,093.00
Biopsy of uterus lining	58100	Per Case	Outpatient	673.50	194.60	194.60	1,320.38
Catheter for hysterography	58340	Per Case	Outpatient	1,561.15	273.11	273.11	2,556.78
Reopen fallopian tube	58350	Per Case	Outpatient	4,805.00	11,368.66	11,368.66	4,093.00
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	7,842.40	19,728.97	19,728.97	7,313.00
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	4,966.40	10,863.46	10,863.46	4,093.00
Laparoscopic myomectomy	58545	Per Case	Outpatient	4,703.00	5,835.72	5,835.72	4,093.00
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	8,450.00	29,067.09	29,067.09	7,908.00
Hysteroscopy biopsy	58558	Per Case	Outpatient	3,110.20	6,673.00	6,673.00	4,093.00
Hysteroscopy remove myoma	58561	Per Case	Outpatient	3,073.80	8,708.07	8,708.07	4,093.00
Hysteroscopy ablation	58563	Per Case	Outpatient	2,909.40	9,165.65	9,165.65	4,093.00
Tlh uterus 250 g or less	58570	Per Case	Outpatient	4,672.20	14,235.60	14,235.60	4,093.00
Tlh w/t/o 250 g or less	58571	Per Case	Outpatient	4,677.60	10,797.71	10,797.71	4,093.00
Tlh w/t/o uterus over 250 g	58573	Per Case	Outpatient	4,660.80	10,859.25	10,859.25	4,093.00
Laparoscopy remove adnexa	58661	Per Case	Outpatient	2,917.00	19,172.18	19,172.18	4,093.00
Laparoscopy excise lesions	58662	Per Case	Outpatient	3,252.20	14,530.62	14,530.62	4,093.00
Treat ectopic pregnancy	59151	Per Case	Outpatient	4,660.20	6,518.89	6,518.89	4,093.00
Treatment of miscarriage	59812	Per Case	Outpatient	4,698.60	3,823.60	3,823.60	4,093.00
Partial removal of thyroid	60220	Per Case	Outpatient	4,650.40	5,787.36	5,787.36	4,093.00
Removal of thyroid	60240	Per Case	Outpatient	4,660.20	5,780.87	5,780.87	4,093.00
Explore parathyroid glands	60500	Per Case	Outpatient	4,968.00	13,111.07	13,111.07	4,093.00
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare	Horizon NJ Health Medicaid
INPATIENT SERVICES								
Cystoscopy and treatment	52332	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	11,457.92	2,211.00
Cystouretero w/stone remove	52352	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	13,005.30	2,211.00
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,876.43	2,211.00
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	12,414.03	2,211.00
Prostatectomy (turp)	52601	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,603.31	2,211.00
Laser surgery of prostate	52648	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	13,852.49	2,211.00
Revision of urethra	53450	Per Case	Outpatient	2,936.69	2,936.69	2,936.69	3,537.61	2,211.00
Urology surgery procedure	53899	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	16,333.35	2,211.00
Circumcision w/regionl block	54150	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	2,076.19	2,211.00
Circum 28 days or older	54161	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	2,415.80	2,211.00
Lysis penil circumic lesion	54162	Per Case	Outpatient	3,321.57	3,321.57	3,321.57	7,689.98	2,211.00
Repair of circumcision	54163	Per Case	Outpatient	3,971.06	3,971.06	3,971.06	2,076.19	2,211.00
Reconstruction of urethra	54324	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,884.30	2,211.00
Revise penis/urethra	54332	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,181.63	2,211.00
Insert self-contd prosthesis	54401	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	20,660.45	14,935.80
Removal of testis	54520	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	15,037.44	2,211.00
Reduce testis torsion	54600	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,332.96	2,211.00
Suspension of testis	54640	Per Case	Outpatient	4,013.93	4,013.93	4,013.93	7,288.04	2,211.00
Removal of hydrocele	55040	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,969.15	2,211.00
Biopsy of prostate gland	55700	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	3,567.55	2,211.00
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	16,204.87	2,211.00
Closure of vagina	57120	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	19,177.20	2,211.00
Repair of vagina	57200	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	12,303.85	2,211.00
Anterior colporrhaphy	57240	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	21,557.18	2,211.00
Repair rectum & vagina	57250	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	25,369.54	3,435.00
Cmbn ant pst colprhy	57260	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	22,308.74	2,211.00
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	18,661.21	4,923.00
Repair of bowel bulge	57268	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	25,369.54	3,435.00
Colpopexy extraperitoneal	57282	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	22,036.26	4,635.00
Repair bladder defect	57288	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	30,399.08	4,255.80
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	978.55	978.55	978.55	317.27	2,211.00
Conization of cervix	57520	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	3,436.74	2,211.00
Conization of cervix	57522	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	3,494.71	2,211.00
Biopsy of uterus lining	58100	Per Case	Outpatient	863.53	863.53	863.53	194.60	2,211.00
Catheter for hysterography	58340	Per Case	Outpatient	1,672.13	1,672.13	1,672.13	273.11	2,211.00
Reopen fallopian tube	58350	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	11,368.66	2,211.00
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	19,728.97	5,302.20
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,863.46	2,211.00
Laparoscopic myomectomy	58545	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,835.72	2,211.00
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	29,067.09	5,873.40
Hysteroscopy biopsy	58558	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,673.00	2,211.00
Hysteroscopy remove myoma	58561	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	8,708.07	2,211.00
Hysteroscopy ablation	58563	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	9,165.65	2,211.00
Tlh uterus 250 g or less	58570	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	14,235.60	2,211.00
Tlh w/t/o 250 g or less	58571	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,797.71	2,211.00
Tlh w/t/o uterus over 250 g	58573	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	10,859.25	2,211.00
Laparoscopy remove adnexa	58661	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	19,172.18	2,211.00
Laparoscopy excise lesions	58662	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	14,530.62	2,211.00
Treat ectopic pregnancy	59151	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	6,518.89	2,211.00
Treatment of miscarriage	59812	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	3,823.60	2,211.00
Partial removal of thyroid	60220	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,787.36	2,211.00
Removal of thyroid	60240	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	5,780.87	2,211.00
Explore parathyroid glands	60500	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	13,111.07	2,211.00
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Humana Medicare	Longevity PPO	Magnacare	Multiplan
INPATIENT SERVICES							
Cystoscopy and treatment	52332	Per Case	Outpatient	11,457.92	11,457.92	4,421.50	18,255.16
Cystouretero w/stone remove	52352	Per Case	Outpatient	13,005.30	13,005.30	4,430.00	24,609.44
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	8,876.43	8,876.43	4,403.50	27,879.00
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	12,414.03	12,414.03	4,577.50	26,740.80
Prostatectomy (turp)	52601	Per Case	Outpatient	8,603.31	8,603.31	4,281.00	18,781.56
Laser surgery of prostate	52648	Per Case	Outpatient	13,852.49	13,852.49	4,344.50	18,904.80
Revision of urethra	53450	Per Case	Outpatient	3,537.61	3,537.61	4,255.50	7,184.56
Urology surgery procedure	53899	Per Case	Outpatient	16,333.35	16,333.35	4,615.00	41,336.60
Circumcision w/regionl block	54150	Per Case	Outpatient	2,076.19	2,076.19	4,374.50	13,512.72
Circum 28 days or older	54161	Per Case	Outpatient	2,415.80	2,415.80	4,435.50	12,620.08
Lysis penil circumic lesion	54162	Per Case	Outpatient	7,689.98	7,689.98	4,260.00	8,126.16
Repair of circumcision	54163	Per Case	Outpatient	2,076.19	2,076.19	4,255.50	9,715.12
Reconstruction of urethra	54324	Per Case	Outpatient	6,884.30	6,884.30	4,261.50	19,876.80
Revise penis/urethra	54332	Per Case	Outpatient	7,181.63	7,181.63	4,255.50	22,812.80
Insert self-contd prosthesis	54401	Per Case	Outpatient	20,660.45	20,660.45	18,029.00	46,701.00
Removal of testis	54520	Per Case	Outpatient	15,037.44	15,037.44	4,269.00	23,168.52
Reduce testis torsion	54600	Per Case	Outpatient	8,332.96	8,332.96	4,276.00	17,821.08
Suspension of testis	54640	Per Case	Outpatient	7,288.04	7,288.04	4,261.50	9,820.00
Removal of hydrocele	55040	Per Case	Outpatient	6,969.15	6,969.15	4,256.50	13,632.80
Biopsy of prostate gland	55700	Per Case	Outpatient	3,567.55	3,567.55	4,329.50	18,323.12
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	16,204.87	16,204.87	5,967.00	52,406.04
Closure of vagina	57120	Per Case	Outpatient	19,177.20	19,177.20	4,269.50	32,161.40
Repair of vagina	57200	Per Case	Outpatient	12,303.85	12,303.85	4,363.50	21,253.32
Anterior colporrhaphy	57240	Per Case	Outpatient	21,557.18	21,557.18	5,819.00	22,801.76
Repair rectum & vagina	57250	Per Case	Outpatient	25,369.54	25,369.54	6,225.50	36,051.20
Cmbn ant pst colprhy	57260	Per Case	Outpatient	22,308.74	22,308.74	4,634.50	29,291.96
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	18,661.21	18,661.21	7,482.50	30,434.60
Repair of bowel bulge	57268	Per Case	Outpatient	25,369.54	25,369.54	6,225.50	36,051.20
Colpopexy extraperitoneal	57282	Per Case	Outpatient	22,036.26	22,036.26	7,288.00	33,207.60
Repair bladder defect	57288	Per Case	Outpatient	30,399.08	30,399.08	6,718.00	33,303.40
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	317.27	317.27	2,543.63	2,394.00
Conization of cervix	57520	Per Case	Outpatient	3,436.74	3,436.74	4,309.50	16,956.80
Conization of cervix	57522	Per Case	Outpatient	3,494.71	3,494.71	4,277.00	19,336.88
Biopsy of uterus lining	58100	Per Case	Outpatient	194.60	194.60	2,244.64	2,112.60
Catheter for hysterography	58340	Per Case	Outpatient	273.11	273.11	4,251.00	4,090.84
Reopen fallopian tube	58350	Per Case	Outpatient	11,368.66	11,368.66	4,766.00	34,031.01
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	19,728.97	19,728.97	7,851.50	37,349.20
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	10,863.46	10,863.46	5,169.50	38,299.80
Laparoscopic myomectomy	58545	Per Case	Outpatient	5,835.72	5,835.72	4,511.00	42,502.21
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	29,067.09	29,067.09	8,537.50	47,244.56
Hysteroscopy biopsy	58558	Per Case	Outpatient	6,673.00	6,673.00	4,784.00	23,135.00
Hysteroscopy remove myoma	58561	Per Case	Outpatient	8,708.07	8,708.07	4,693.00	26,699.96
Hysteroscopy ablation	58563	Per Case	Outpatient	9,165.65	9,165.65	4,282.00	19,243.60
Tlh uterus 250 g or less	58570	Per Case	Outpatient	14,235.60	14,235.60	4,434.00	41,858.80
Tlh w/t/o 250 g or less	58571	Per Case	Outpatient	10,797.71	10,797.71	4,447.50	35,712.40
Tlh w/t/o uterus over 250 g	58573	Per Case	Outpatient	10,859.25	10,859.25	4,405.50	36,980.80
Laparoscopy remove adnexa	58661	Per Case	Outpatient	19,172.18	19,172.18	4,301.00	40,454.80
Laparoscopy excise lesions	58662	Per Case	Outpatient	14,530.62	14,530.62	5,139.00	42,485.01
Treat ectopic pregnancy	59151	Per Case	Outpatient	6,518.89	6,518.89	4,404.00	38,650.08
Treatment of miscarriage	59812	Per Case	Outpatient	3,823.60	3,823.60	4,500.00	25,578.68
Partial removal of thyroid	60220	Per Case	Outpatient	5,787.36	5,787.36	4,379.50	45,261.00
Removal of thyroid	60240	Per Case	Outpatient	5,780.87	5,780.87	4,404.00	54,676.20
Explore parathyroid glands	60500	Per Case	Outpatient	13,111.07	13,111.07	5,173.50	43,522.56
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
INPATIENT SERVICES								
Cystoscopy and treatment	52332	Per Case	Outpatient	7,525.50	6,446.00	6,630.00	7,525.50	11,457.92
Cystouretero w/stone remove	52352	Per Case	Outpatient	8,180.50	6,446.00	6,630.00	8,180.50	13,005.30
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	5,672.00	6,446.00	6,630.00	5,672.00	8,876.43
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	8,180.50	6,446.00	6,810.00	8,180.50	12,414.03
Prostatectomy (turp)	52601	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	8,603.31
Laser surgery of prostate	52648	Per Case	Outpatient	8,180.50	6,446.00	6,570.00	8,180.50	13,852.49
Revision of urethra	53450	Per Case	Outpatient	5,672.00	6,376.30	6,376.30	5,672.00	3,537.61
Urology surgery procedure	53899	Per Case	Outpatient	8,206.75	6,446.00	6,570.00	8,206.75	16,333.35
Circumcision w/regionl block	54150	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	2,076.19
Circum 28 days or older	54161	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	2,415.80
Lysis penil circumic lesion	54162	Per Case	Outpatient	9,434.75	6,446.00	6,570.00	9,434.75	7,689.98
Repair of circumcision	54163	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	2,076.19
Reconstruction of urethra	54324	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	6,884.30
Revise penis/urethra	54332	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	7,181.63
Insert self-contd prosthesis	54401	Per Case	Outpatient	20,347.00	19,701.00	19,825.00	20,347.00	20,660.45
Removal of testis	54520	Per Case	Outpatient	9,434.75	6,446.00	6,570.00	9,434.75	15,037.44
Reduce testis torsion	54600	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	8,332.96
Suspension of testis	54640	Per Case	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	7,288.04
Removal of hydrocele	55040	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	6,969.15
Biopsy of prostate gland	55700	Per Case	Outpatient	4,253.00	6,446.00	6,570.00	4,253.00	3,567.55
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	9,928.00	7,647.20	7,771.20	9,928.00	16,204.87
Closure of vagina	57120	Per Case	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	19,177.20
Repair of vagina	57200	Per Case	Outpatient	8,588.75	6,446.00	6,570.00	8,588.75	12,303.85
Anterior colporrhaphy	57240	Per Case	Outpatient	9,926.00	7,809.10	7,933.10	9,926.00	21,557.18
Repair rectum & vagina	57250	Per Case	Outpatient	9,926.00	8,210.65	8,334.65	9,926.00	25,369.54
Cmbn ant pst colprhy	57260	Per Case	Outpatient	9,926.00	6,446.00	6,570.00	9,926.00	22,308.74
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	12,751.00	9,271.00	9,395.00	12,751.00	18,661.21
Repair of bowel bulge	57268	Per Case	Outpatient	9,926.00	8,210.65	8,334.65	9,926.00	25,369.54
Colpopexy extraperitoneal	57282	Per Case	Outpatient	12,252.48	8,971.00	9,095.00	12,252.48	22,036.26
Repair bladder defect	57288	Per Case	Outpatient	12,056.00	8,576.00	8,700.00	12,056.00	30,399.08
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	2,992.50	2,124.68	2,124.68	2,992.50	317.27
Conization of cervix	57520	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	3,436.74
Conization of cervix	57522	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	3,494.71
Biopsy of uterus lining	58100	Per Case	Outpatient	2,640.75	1,874.93	1,874.93	2,640.75	194.60
Catheter for hysterography	58340	Per Case	Outpatient	4,253.00	3,630.62	3,630.62	4,253.00	273.11
Reopen fallopian tube	58350	Per Case	Outpatient	9,571.25	6,446.00	6,570.00	9,571.25	11,368.66
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	13,146.00	9,666.00	9,790.00	13,146.00	19,728.97
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	5,672.00	7,088.95	7,212.95	5,672.00	10,863.46
Laparoscopic myomectomy	58545	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	5,835.72
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	13,741.00	10,261.00	10,385.00	13,741.00	29,067.09
Hysteroscopy biopsy	58558	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	6,673.00
Hysteroscopy remove myoma	58561	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	8,708.07
Hysteroscopy ablation	58563	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	9,165.65
Tlh uterus 250 g or less	58570	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	14,235.60
Tlh w/t/o 250 g or less	58571	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	10,797.71
Tlh w/t/o uterus over 250 g	58573	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	10,859.25
Laparoscopy remove adnexa	58661	Per Case	Outpatient	9,926.00	6,446.00	6,570.00	9,926.00	19,172.18
Laparoscopy excise lesions	58662	Per Case	Outpatient	9,762.25	7,067.60	7,191.60	9,762.25	14,530.62
Treat ectopic pregnancy	59151	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	6,518.89
Treatment of miscarriage	59812	Per Case	Outpatient	5,017.00	6,446.00	6,570.00	5,017.00	3,823.60
Partial removal of thyroid	60220	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	5,787.36
Removal of thyroid	60240	Per Case	Outpatient	5,672.00	6,446.00	6,570.00	5,672.00	5,780.87
Explore parathyroid glands	60500	Per Case	Outpatient	8,180.50	7,091.75	7,215.75	8,180.50	13,111.07
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	United Community & State Medicaid	Wellcare Medicaid	Wellcare Medicare
INPATIENT SERVICES						
Cystoscopy and treatment	52332	Per Case	Outpatient	2,322.00	2,639.73	11,457.92
Cystouretero w/stone remove	52352	Per Case	Outpatient	3,028.46	3,420.09	13,005.30
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	3,899.58	4,366.55	8,876.43
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	3,608.05	4,079.28	12,414.03
Prostatectomy (turp)	52601	Per Case	Outpatient	2,359.65	2,681.66	8,603.31
Laser surgery of prostate	52648	Per Case	Outpatient	2,644.31	3,000.01	13,852.49
Revision of urethra	53450	Per Case	Outpatient	1,004.94	1,164.33	3,537.61
Urology surgery procedure	53899	Per Case	Outpatient	5,544.06	6,247.90	16,333.35
Circumcision w/regionl block	54150	Per Case	Outpatient	1,823.93	2,081.45	2,076.19
Circum 28 days or older	54161	Per Case	Outpatient	1,948.34	2,348.84	2,415.80
Lysis penil circumic lesion	54162	Per Case	Outpatient	1,136.65	1,311.81	7,689.98
Repair of circumcision	54163	Per Case	Outpatient	1,323.24	1,521.01	2,076.19
Reconstruction of urethra	54324	Per Case	Outpatient	2,780.27	3,113.20	6,884.30
Revise penis/urethra	54332	Per Case	Outpatient	3,190.94	3,612.10	7,181.63
Insert self-contd prosthesis	54401	Per Case	Outpatient	6,180.77	6,960.63	20,660.45
Removal of testis	54520	Per Case	Outpatient	3,240.70	3,628.77	15,037.44
Reduce testis torsion	54600	Per Case	Outpatient	2,270.38	2,543.17	8,332.96
Suspension of testis	54640	Per Case	Outpatient	1,373.57	1,577.10	7,288.04
Removal of hydrocele	55040	Per Case	Outpatient	1,801.76	2,017.93	6,969.15
Biopsy of prostate gland	55700	Per Case	Outpatient	2,517.70	2,972.44	3,567.55
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	6,944.34	7,777.92	16,204.87
Closure of vagina	57120	Per Case	Outpatient	4,398.49	4,964.61	19,177.20
Repair of vagina	57200	Per Case	Outpatient	2,858.38	3,240.05	12,303.85
Anterior colporrhaphy	57240	Per Case	Outpatient	3,189.40	3,610.37	21,557.18
Repair rectum & vagina	57250	Per Case	Outpatient	4,869.33	5,453.41	25,369.54
Cmbn ant pst colprhy	57260	Per Case	Outpatient	3,842.13	4,342.16	22,308.74
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	4,070.96	4,598.52	18,661.21
Repair of bowel bulge	57268	Per Case	Outpatient	4,869.33	5,453.41	25,369.54
Colpopexy extraperitoneal	57282	Per Case	Outpatient	4,383.84	4,909.98	22,036.26
Repair bladder defect	57288	Per Case	Outpatient	4,201.95	4,745.48	30,399.08
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	314.51	352.25	317.27
Conization of cervix	57520	Per Case	Outpatient	2,313.52	2,668.93	3,436.74
Conization of cervix	57522	Per Case	Outpatient	2,646.43	3,002.67	3,494.71
Biopsy of uterus lining	58100	Per Case	Outpatient	275.15	308.17	194.60
Catheter for hysterography	58340	Per Case	Outpatient	572.21	640.73	273.11
Reopen fallopian tube	58350	Per Case	Outpatient	4,685.42	5,336.86	11,368.66
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	5,007.45	5,608.15	19,728.97
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	5,168.88	5,827.52	10,863.46
Laparoscopic myomectomy	58545	Per Case	Outpatient	5,886.68	6,591.89	5,835.72
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	6,375.63	7,179.76	29,067.09
Hysteroscopy biopsy	58558	Per Case	Outpatient	3,113.87	3,487.31	6,673.00
Hysteroscopy remove myoma	58561	Per Case	Outpatient	3,601.72	4,072.58	8,708.07
Hysteroscopy ablation	58563	Per Case	Outpatient	2,488.21	2,826.08	9,165.65
Tlh uterus 250 g or less	58570	Per Case	Outpatient	5,748.42	6,476.38	14,235.60
Tlh w/t/o 250 g or less	58571	Per Case	Outpatient	4,835.45	5,683.67	10,797.71
Tlh w/t/o uterus over 250 g	58573	Per Case	Outpatient	5,114.37	5,766.14	10,859.25
Laparoscopy remove adnexa	58661	Per Case	Outpatient	5,620.65	6,293.93	19,172.18
Laparoscopy excise lesions	58662	Per Case	Outpatient	5,859.23	6,651.28	14,530.62
Treat ectopic pregnancy	59151	Per Case	Outpatient	5,055.27	5,662.11	6,518.89
Treatment of miscarriage	59812	Per Case	Outpatient	3,366.92	3,809.99	3,823.60
Partial removal of thyroid	60220	Per Case	Outpatient	6,076.98	6,870.19	5,787.36
Removal of thyroid	60240	Per Case	Outpatient	7,299.21	8,213.82	5,780.87
Explore parathyroid glands	60500	Per Case	Outpatient	5,067.90	5,719.72	13,111.07
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Minimum Negotiated Rate	Maximum Negotiated Rate
INPATIENT SERVICES					
Cystoscopy and treatment	52332	Per Case	Outpatient	2,211.00	18,255.16
Cystouretero w/stone remove	52352	Per Case	Outpatient	2,211.00	24,609.44
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	2,211.00	27,879.00
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	2,211.00	26,740.80
Prostatectomy (turp)	52601	Per Case	Outpatient	2,211.00	18,781.56
Laser surgery of prostate	52648	Per Case	Outpatient	2,211.00	18,904.80
Revision of urethra	53450	Per Case	Outpatient	989.48	7,184.56
Urology surgery procedure	53899	Per Case	Outpatient	2,211.00	41,336.60
Circumcision w/regionl block	54150	Per Case	Outpatient	1,769.67	13,512.72
Circum 28 days or older	54161	Per Case	Outpatient	1,850.42	12,620.08
Lysis penil circumic lesion	54162	Per Case	Outpatient	1,114.95	9,434.75
Repair of circumcision	54163	Per Case	Outpatient	1,292.71	9,715.12
Reconstruction of urethra	54324	Per Case	Outpatient	2,211.00	19,876.80
Revise penis/urethra	54332	Per Case	Outpatient	2,211.00	22,812.80
Insert self-contd prosthesis	54401	Per Case	Outpatient	4,140.00	46,701.00
Removal of testis	54520	Per Case	Outpatient	2,211.00	23,168.52
Reduce testis torsion	54600	Per Case	Outpatient	2,162.83	17,821.08
Suspension of testis	54640	Per Case	Outpatient	1,340.66	9,820.00
Removal of hydrocele	55040	Per Case	Outpatient	1,716.41	13,632.80
Biopsy of prostate gland	55700	Per Case	Outpatient	2,211.00	18,323.12
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	2,211.00	52,406.04
Closure of vagina	57120	Per Case	Outpatient	2,211.00	32,161.40
Repair of vagina	57200	Per Case	Outpatient	2,211.00	21,253.32
Anterior colporrhaphy	57240	Per Case	Outpatient	2,211.00	22,801.76
Repair rectum & vagina	57250	Per Case	Outpatient	3,435.00	36,051.20
Cmbn ant pst colprhy	57260	Per Case	Outpatient	2,211.00	29,291.96
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	3,910.27	30,434.60
Repair of bowel bulge	57268	Per Case	Outpatient	3,435.00	36,051.20
Colpopexy extraperitoneal	57282	Per Case	Outpatient	4,140.00	33,207.60
Repair bladder defect	57288	Per Case	Outpatient	4,035.01	33,303.40
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	299.61	5,382.00
Conization of cervix	57520	Per Case	Outpatient	2,211.00	16,956.80
Conization of cervix	57522	Per Case	Outpatient	2,211.00	19,336.88
Biopsy of uterus lining	58100	Per Case	Outpatient	194.60	5,382.00
Catheter for hysterography	58340	Per Case	Outpatient	273.11	5,382.00
Reopen fallopian tube	58350	Per Case	Outpatient	2,211.00	34,031.01
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	4,140.00	37,349.20
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	2,211.00	38,299.80
Laparoscopic myomectomy	58545	Per Case	Outpatient	2,211.00	42,502.21
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	4,140.00	47,244.56
Hysteroscopy biopsy	58558	Per Case	Outpatient	2,211.00	23,135.00
Hysteroscopy remove myoma	58561	Per Case	Outpatient	2,211.00	26,699.96
Hysteroscopy ablation	58563	Per Case	Outpatient	2,211.00	19,243.60
Tlh uterus 250 g or less	58570	Per Case	Outpatient	2,211.00	41,858.80
Tlh w/t/o 250 g or less	58571	Per Case	Outpatient	2,211.00	35,712.40
Tlh w/t/o uterus over 250 g	58573	Per Case	Outpatient	2,211.00	36,980.80
Laparoscopy remove adnexa	58661	Per Case	Outpatient	2,211.00	40,454.80
Laparoscopy excise lesions	58662	Per Case	Outpatient	2,211.00	42,485.01
Treat ectopic pregnancy	59151	Per Case	Outpatient	2,211.00	38,650.08
Treatment of miscarriage	59812	Per Case	Outpatient	2,211.00	25,578.68
Partial removal of thyroid	60220	Per Case	Outpatient	2,211.00	45,261.00
Removal of thyroid	60240	Per Case	Outpatient	2,211.00	54,676.20
Explore parathyroid glands	60500	Per Case	Outpatient	2,211.00	43,522.56
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare
INPATIENT SERVICES							
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Low back disk surgery	63030	Per Case	Outpatient	35,519.45	6,892.47	5,382.00	7,283.72
Inc for vagus n elect impl	64568	Per Case	Outpatient	113,098.50	22,179.27	41,790.00	38,169.62
Removal of recurring cataract in lens capsule using laser	66821	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Removal of cataract with insertion of lens	66984	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Aetna Better Health	Amerigroup	Amerihealth	CHN
INPATIENT SERVICES							
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Low back disk surgery	63030	Per Case	Outpatient	4,150.14	4,382.15	6,264.68	5,942.00
Inc for vagus n elect impl	64568	Per Case	Outpatient	12,130.78	46,330.43	49,520.34	51,034.75
Removal of recurring cataract in lens capsule using laser	66821	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Removal of cataract with insertion of lens	66984	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	CIGNA	CIGNA HealthSpring Medicare	Clover Health Medicare	Emblem
INPATIENT SERVICES							
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Low back disk surgery	63030	Per Case	Outpatient	4,952.60	7,283.72	7,283.72	4,093.00
Inc for vagus n elect impl	64568	Per Case	Outpatient	48,308.40	38,169.62	38,169.62	49,603.00
Removal of recurring cataract in lens capsule using laser	66821	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Removal of cataract with insertion of lens	66984	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare	Horizon NJ Health Medicaid
INPATIENT SERVICES								
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Low back disk surgery	63030	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	7,283.72	2,211.00
Inc for vagus n elect impl	64568	Per Case	Outpatient	4,140.00	4,140.00	4,140.00	38,169.62	45,900.60
Removal of recurring cataract in lens capsule using laser	66821	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Removal of cataract with insertion of lens	66984	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Humana Medicare	Longevity PPO	Magnacare	Multiplan
INPATIENT SERVICES							
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Low back disk surgery	63030	Per Case	Outpatient	7,283.72	7,283.72	5,135.00	29,886.76
Inc for vagus n elect impl	64568	Per Case	Outpatient	38,169.62	38,169.62	49,810.50	90,826.80
Removal of recurring cataract in lens capsule using laser	66821	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Removal of cataract with insertion of lens	66984	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
INPATIENT SERVICES								
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Low back disk surgery	63030	Per Case	Outpatient	5,672.00	7,064.80	7,188.80	5,672.00	7,283.72
Inc for vagus n elect impl	64568	Per Case	Outpatient	52,602.00	51,956.00	52,080.00	52,602.00	38,169.62
Removal of recurring cataract in lens capsule using laser	66821	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Removal of cataract with insertion of lens	66984	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	United Community & State Medicaid	Wellcare Medicaid	Wellcare Medicare
INPATIENT SERVICES						
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Low back disk surgery	63030	Per Case	Outpatient	3,963.83	4,478.30	7,283.72
Inc for vagus n elect impl	64568	Per Case	Outpatient	12,666.43	14,261.53	38,169.62
Removal of recurring cataract in lens capsule using laser	66821	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Removal of cataract with insertion of lens	66984	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Minimum Negotiated Rate	Maximum Negotiated Rate
INPATIENT SERVICES					
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Low back disk surgery	63030	Per Case	Outpatient	2,211.00	29,886.76
Inc for vagus n elect impl	64568	Per Case	Outpatient	4,140.00	90,826.80
Removal of recurring cataract in lens capsule using laser	66821	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Removal of cataract with insertion of lens	66984	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System