Major Category	Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health
		INPATIENT SERVICES								
Inpatient	IP	Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	Per Case	216	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
Inpatient	IP	Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	Per Case	460	Inpatient	382,905.00	58,201.56	64,500.28	36,749.48	62,480.97
Inpatient	IP	Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	Per Case	470	Inpatient	154,508.00	23,485.22	32,745.11	18,489.16	21,106.42
Inpatient	IP	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Per Case	473	Inpatient	92,650.00	14,082.80	43,418.66	24,233.28	20,680.99
Inpatient	IP	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	Per Case	743	Inpatient	94,494.00	14,363.09	20,048.87	11,586.69	10,705.77
Inpatient	IP	NORMAL NEWBORN	Per Day	795	Inpatient	5,766.00	1,951.00	1,699.00	2,988.16	1,303.82
Inpatient	IP	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	Per Case	807	Inpatient	107,172.00	7,986.00	10,071.00	6,840.38	4,535.84
Inpatient	IP	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	Per Case	788	Inpatient	69,980.00	13,308.00	11,901.00	9,004.46	6,818.69
Inpatient	IP	Routine obstetric care for vaginal delivery including pre- and post delivery	Per Case	59400	Inpatient	107,172.00	7,986.00	10,071.00	6,840.38	4,535.84
Inpatient	IP	Routine obstetric careror cesarean deliver including pre and post delivery care	Per Case	59510	Inpatient	69,980.00	13,308.00	11,901.00	9,004.46	6,818.69
Inpatient	IP	Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	Per Case	59610	Inpatient	107,172.00	7,986.00	10,071.00	6,840.38	4,535.84
		EVALUATION & MANAGEMENT SERVICES								
E&M Services	E&M Services	Psychotherapy, 30 min	Per Visit	90832	Outpatient	519.75	111.23	104.11	159.02	18.82
E&M Services	E&M Services	Psychotherapy, 45 min	Per Visit	90834	Outpatient	40,031.00	8,566.63	7,565.86	3,117.29	627.20
E&M Services	E&M Services	Psychotherapy, 60 min	Per Visit	90837	Outpatient	2,032.00	434.85	0.01	82.00	44.61
E&M Services	E&M Services	Family psychotherapy, not including patient, 50 min	Per Visit	90846	Outpatient	714.00	152.80	143.01	159.02	76.11
E&M Services	E&M Services	Family psychotherapy, including patient, 50 min	Per Visit	90847	Outpatient	40,031.00	8,566.63	7,565.86	3,117.29	627.20
E&M Services	E&M Services	Group psychotherapy	Per Visit	90853	Outpatient	40,031.00	8,566.63	7,565.86	3,117.29	627.20
E&M Services	E&M Services	New Patient office or other outpatient visit, typically 30 min	Per Visit	99203	Outpatient	3,157.00	675.60	457.39	393.68	343.48
E&M Services	E&M Services	New Patient office or other outpatient visit, typically 45 min	Per Visit	99204	Outpatient	1,907.00	408.10	177.10	381.40	207.48
E&M Services	E&M Services	New Patient office or other outpatient visit, typically 60 min	Per Visit	99205	Outpatient	4,508.00	964.71	177.10	450.80	245.24
E&M Services	E&M Services	Patient office consultation, typically 40 min	Per Visit	99243	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	E&M Services	Patient office consultation, typically 60 min	Per Visit	99244	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	E&M Services	Initial new patient preventative medicine evaluation (18-39 years)	Per Visit	99385	Outpatient	1,010.00	216.14	190.89	202.00	109.89
E&M Services	E&M Services	Initial new patient preventative medicine evaluation (40-64 years)	Per Visit	99386	Outpatient	4,423.00	946.52	661.30	96.46	355.73
		LAB & PATHOLOGY SERVICES								
Lab & Path Services	Lab Only	Routine venipuncture	Per Unit	36415	Outpatient	105.00	7.98	4.84	2.95	1.80
Lab & Path Services	Lab Only	Basic Metabolic Panel	Per Unit	80048	Outpatient	494.00	37.54	18.70	11.41	9.30
Lab & Path Services	Lab Only	Blood test, comprehensive group of blood chemicals	Per Unit	80053	Outpatient	654.00	49.70	21.13	12.90	10.50
Lab & Path Services	Lab Only	Obstetric blood test panel	Per Unit	80055	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
Lab & Path Services	Lab Only	Blood test, lipids(cholesterol and triglycerides)	Per Unit	80061	Outpatient	1,107.00	84.13	29.61	18.08	15.00
Lab & Path Services	Lab Only	Kidney function panel test	Per Unit	80069	Outpatient	580.00	44.08	19.20	11.72	9.60
Lab & Path Services	Lab Only	Liver function panel test	Per Unit	80076	Outpatient	580.00	44.08	18.07	11.03	7.00
Lab & Path Services	Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81000	Outpatient	115.00	8.74	7.01	4.28	1.20
Lab & Path Services	Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81001	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
Lab & Path Services	Lab Only	Automated urinalysis test	Per Unit	81002	Outpatient	42.00	3.19	5.64	3.44	42.00
Lab & Path Services	Lab Only	Automated urinalysis test	Per Unit	81003	Outpatient	189.00	14.36	4.96	3.03	1.50
Lab & Path Services	Lab Only	Vitamin d 25 hydroxy	Per Unit	82306	Outpatient	1,620.00	123.12	65.46	39.96	30.00
Lab & Path Services	Lab Only	Glycosylated hemoglobin test	Per Unit	83036	Outpatient	420.00	31.92	21.47	13.11	6.60
Lab & Path Services	Lab Only	PSA (prostate specific antigen)	Per Unit	84153	Outpatient	1,010.00	76.76	40.67	24.83	24.50
Lab & Path Services	Lab Only	PSA (prostate specific antigen)	Per Unit	84154	Outpatient	514.00	39.06	40.67	24.83	24.50
Lab & Path Services	Lab Only	Blood test, thyroid stimulating hormone (TSH)	Per Unit	84443	Outpatient	442.00	33.59	37.16	22.68	23.00
Lab & Path Services	Lab Only	Chorionic gonadotropin assay	Per Unit	84703	Outpatient	674.00	51.22	16.64	10.15	3.00
Lab & Path Services	Lab Only	Complete blood cell count, with diffferential white blood cells, automated	Per Unit	85025	Outpatient	547.00	41.57	17.18	10.49	59.51
Lab & Path Services	Lab Only	Complete blood count, automated	Per Unit	85027	Outpatient	494.00	37.54	14.30	8.73	4.80
Lab & Path Services	Lab Only	Blood test, clotting time	Per Unit	85610	Outpatient	347.00	26.37	8.69	5.30	3.00
Lab & Path Services	Lab Only	Coagulation assessment blood test	Per Unit	85730	Outpatient	52.50	3.99	13.28	8.11	3.00
Lab & Path Services	Lab Only	Allg spec ige crude xtrc ea	Per Unit	86003	Outpatient	20.00	1.52	11.54	7.05	4.00
Lab & Path Services	Lab Only	Tb test cell immun measure	Per Unit	86480	Outpatient	452.00	34.35	137.05	83.66	49.58
Lab & Path Services	Lab Only	Urine culture/colony count	Per Unit	87086	Outpatient	654.00	49.70	17.84	10.89	6.00
Lab & Path Services	Lab Only	Hpylori stool ia	Per Unit	87338	Outpatient	674.00	51.22	31.80	19.41	73.33
Lab & Path Services	Lab Only	Cytopath eval fna report	Per Unit	88173	Outpatient	642.00	48.79	154.90	56.60	69.85
Lab & Path Services	Lab Only	Tissue exam by pathologist	Per Unit	88302	Outpatient	547.00	41.57	44.99	28.14	59.51
Lab & Path Services	Lab Only	Tissue exam by pathologist	Per Unit	88305	Outpatient	274.00	20.82	56.61	56.60	29.81
		MEDICAL SERVICES								
Medical Services	Other OP	Deb subq tissue 20 sq cm/<	Per Visit	11042	Outpatient	2,420.00	404.14	457.38	393.68	263.30
Medical Services	Other OP	Deb subq tissue add-on	Per Visit	11045	Outpatient	4,220.00	704.74	797.58	393.68	459.14
Medical Services	SDM	Dx bronchoscope/lavage	Per Visit	31624	Outpatient	37,390.00	7,291.05	5,597.00	7,615.14	3,892.85
Medical Services	SDM	Bronchoscopy/lung bx each	Per Visit	31628	Outpatient	44,488.00	8,675.16	5,597.00	11,992.69	4,776.32
Medical Services	Other OP	Blood transfusion service	Per Visit	36430	Outpatient	8,314.00	1,388.44	1,441.41	709.31	512.10
Medical Services	SDM	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	8,033.00	1,566.44	3,106.00	921.63	906.91
Medical Services	SDM	Endoscopic us exam esoph	Per Visit	43237	Outpatient	21,648.00	4,221.36	3,106.00	1,831.37	2,326.50
Medical Services	SDM	Egd us fine needle bx/aspir	Per Visit	43238	Outpatient	27,837.00	5,428.22	3,106.00	1,867.79	2,903.43

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Amerigroup	Amerihealth	CHN	CIGNA	CIGNA HealthSpring Medicare
	INPATIENT SERVICES								
IP	Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	Per Case	216	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
IP	Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	Per Case	460	Inpatient	57,274.23	59,845.43	40,460.00	55,028.79	36,749.48
IP	Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	Per Case	470	Inpatient	19,347.55	28,911.52	2,890.00	27,936.68	18,489.16
IP	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Per Case	473	Inpatient	18,957.57	38,655.21	2,890.00	37,042.88	24,233.28
IP	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	Per Case	743	Inpatient	9,813.62	17,230.65	2,890.00	17,104.81	11,586.69
IP	NORMAL NEWBORN	Per Day	795	Inpatient	1,195.17	1,822.00	1,075.00	2,325.00	2,988.16
IP	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	Per Case	807	Inpatient	4,157.85	7,823.00	6,400.00	8,684.00	6,949.69
IP	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	Per Case	788	Inpatient	6,250.47	11,230.00	9,225.00	11,937.00	9,004.46
IP	Routine obstetric care for vaginal delivery including pre- and post delivery	Per Case	59400	Inpatient	4,157.85	7,823.00	6,400.00	8,684.00	6,949.69
IP	Routine obstetric careror cesarean deliver including pre and post delivery care	Per Case	59510	Inpatient	6,250.47	11,230.00	9,225.00	11,937.00	9,004.46
IP	Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	Per Case	59610	Inpatient	4,157.85	7,823.00	6,400.00	8,684.00	6,949.69
	EVALUATION & MANAGEMENT SERVICES								
E&M Services	Psychotherapy, 30 min	Per Visit	90832	Outpatient	76.65	176.72	363.83	246.89	159.02
E&M Services	Psychotherapy, 45 min	Per Visit	90834	Outpatient	2,555.00	13,610.54	28,021.70	18,854.60	3,117.29
E&M Services	Psychotherapy, 60 min	Per Visit	90837	Outpatient	44.61	139.40	287.00	0.01	410.00
E&M Services	Family psychotherapy, not including patient, 50 min	Per Visit	90846	Outpatient	83.75	242.76	499.80	339.15	159.02
E&M Services	Family psychotherapy, including patient, 50 min	Per Visit	90847	Outpatient	2,555.00	13,610.54	28,021.70	18,854.60	3,117.29
E&M Services	Group psychotherapy	Per Visit	90853	Outpatient	2,555.00	13,610.54	28,021.70	18,854.60	3,117.29
E&M Services	New Patient office or other outpatient visit, typically 30 min	Per Visit	99203	Outpatient	343.48	1,073.38	2,209.90	1,139.83	393.68
E&M Services	New Patient office or other outpatient visit, typically 45 min	Per Visit	99204	Outpatient	207.48	648.38	1,334.90	441.34	1,907.00
E&M Services	New Patient office or other outpatient visit, typically 60 min	Per Visit	99205	Outpatient	245.24	766.36	1,577.80	441.34	2,254.00
E&M Services	Patient office consultation, typically 40 min	Per Visit	99243	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	Patient office consultation, typically 60 min	Per Visit	99244	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	Initial new patient preventative medicine evaluation (18-39 years)	Per Visit	99385	Outpatient	109.89	343.40	707.00	475.71	1,010.00
E&M Services	Initial new patient preventative medicine evaluation (40-64 years)	Per Visit	99386	Outpatient	355.73	673.05	2,488.50	1,136.82	96.46
	LAB & PATHOLOGY SERVICES								
Lab Only	Routine venipuncture	Per Unit	36415	Outpatient	1.80	1.39	73.50	5.35	2.95
Lab Only	Basic Metabolic Panel	Per Unit	80048	Outpatient	9.30	16.26	345.80	37.15	11.41
Lab Only	Blood test, comprehensive group of blood chemicals	Per Unit	80053	Outpatient	10.50	20.29	457.80	46.44	12.90
Lab Only	Obstetric blood test panel	Per Unit	80055	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
Lab Only	Blood test, lipids(cholesterol and triglycerides)	Per Unit	80061	Outpatient	15.00	26.41	774.90	88.22	18.08
Lab Only	Kidney function panel test	Per Unit	80069	Outpatient	9.60	16.68	406.00	38.31	11.72
Lab Only	Liver function panel test	Per Unit	80076	Outpatient	7.00	15.71	406.00	35.99	11.03
Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81000	Outpatient	1.20	6.95	80.50	13.94	4.28
Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81001	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
Lab Only	Automated urinalysis test	Per Unit	81002	Outpatient	42.00	6.95	29.40	11.61	3.44
Lab Only	Automated urinalysis test	Per Unit	81003	Outpatient	1.50	4.73	132.30	10.45	3.03
Lab Only	Vitamin d 25 hydroxy	Per Unit	82306	Outpatient	30.00	62.41	1,134.00	131.18	39.96
Lab Only	Glycosylated hemoglobin test	Per Unit	83036	Outpatient	6.60	20.57	294.00	42.96	13.11
Lab Only	PSA (prostate specific antigen)	Per Unit	84153	Outpatient	24.50	36.28	707.00	81.27	24.83
Lab Only	PSA (prostate specific antigen)	Per Unit	84154	Outpatient	24.50	35.31	359.80	81.27	24.83
Lab Only	Blood test, thyroid stimulating hormone (TSH)	Per Unit	84443	Outpatient	23.00	36.42	309.40	74.30	22.68
Lab Only	Chorionic gonadotropin assay	Per Unit	84703	Outpatient	3.00	16.12	471.80	33.67	10.15
Lab Only	Complete blood cell count, with diffferential white blood cells, automated	Per Unit	85025	Outpatient	59.51	15.29	382.90	34.83	10.49
Lab Only	Complete blood count, automated	Per Unit	85027	Outpatient	4.80	13.90	345.80	29.02	8.73
Lab Only	Blood test, clotting time	Per Unit	85610	Outpatient	3.00	7.78	242.90	17.41	5.30
Lab Only	Coagulation assessment blood test	Per Unit	85730	Outpatient	3.00	13.07	36.75	26.70	8.11
Lab Only	Allg spec ige crude xtrc ea	Per Unit	86003	Outpatient	4.00	10.29	14.00	20.00	7.05
Lab Only	Tb test cell immun measure	Per Unit	86480	Outpatient	49.58	132.05	316.40	275.13	83.66
Lab Only	Urine culture/colony count	Per Unit	87086	Outpatient	6.00	18.07	457.80	35.99	10.89
Lab Only	Hpylori stool ia	Per Unit	87338	Outpatient	73.33	22.24	471.80	63.85	19.41
Lab Only	Cytopath eval fna report	Per Unit	88173	Outpatient	69.85	24.20	449.40	263.19	56.60
Lab Only	Tissue exam by pathologist	Per Unit	88302	Outpatient	59.51	27.80	382.90	76.46	28.14
Lab Only	Tissue exam by pathologist	Per Unit	88305	Outpatient	29.81	83.40	191.80	96.19	56.60
	MEDICAL SERVICES								
Other OP	Deb subq tissue 20 sq cm/<	Per Visit	11042	Outpatient	263.30	822.80	1,694.00	1,139.82	393.68
Other OP	Deb subq tissue add-on	Per Visit	11045	Outpatient	459.14	1,434.80	2,954.00	1,987.62	400.08
SDM	Dx bronchoscope/lavage	Per Visit	31624	Outpatient	3,892.85	6,095.00	5,500.00	3,013.00	7,615.14
SDM	Bronchoscopy/lung bx each	Per Visit	31628	Outpatient	4,776.32	6,095.00	5,500.00	3,013.00	11,992.69
Other OP	Blood transfusion service	Per Visit	36430	Outpatient	512.10	2,490.14	5,819.80	3,518.18	709.31
SDM	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	906.91	4,146.63	5,500.00	3,013.00	921.63
SDM	Endoscopic us exam esoph	Per Visit	43237	Outpatient	2,326.50	6,095.00	5,500.00	3,013.00	1,831.37
SDM	Egd us fine needle bx/aspir	Per Visit	43238	Outpatient	2,903.43	6,095.00	5,500.00	3,013.00	1,867.79

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
	INPATIENT SERVICES									
IP	Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	Per Case	216	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	Service is not provided at Saint Peter's Healthcare System
IP	Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	Per Case	460	Inpatient	37,469.18	46,209.23	71,292.00	71,292.00	98,939.00	36,749.48
IP	Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	Per Case	470	Inpatient	18,836.21	22,323.83	34,441.00	34,441.00	47,798.00	18,489.16
IP	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Per Case	473	Inpatient	24,697.56	29,847.35	46,049.00	46,049.00	63,906.00	24,233.28
IP	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	Per Case	743	Inpatient	11,792.86	13,304.53	20,526.00	20,526.00	28,486.00	11,586.69
IP	NORMAL NEWBORN	Per Day	795	Inpatient	3,018.86	1,275.00	1,820.00	1,820.00	2,102.00	2,988.16
IP	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	Per Case	807	Inpatient	6,949.69	7,700.00	7,990.00	9,134.00	15,172.00	6,840.38
IP	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	Per Case	788	Inpatient	9,157.94	11,000.00	15,539.00	17,061.00	26,091.00	9,004.46
IP	Routine obstetric care for vaginal delivery including pre- and post delivery	Per Case	59400	Inpatient	6,949.69	7,700.00	7,990.00	9,134.00	15,172.00	6,840.38
IP	Routine obstetric careror cesarean deliver including pre and post delivery care	Per Case	59510	Inpatient	9,157.94	11,000.00	15,539.00	17,061.00	26,091.00	9,004.46
IP	Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	Per Case	59610	Inpatient	6,949.69	7,700.00	7,990.00	9,134.00	15,172.00	6,840.38
	EVALUATION & MANAGEMENT SERVICES									
E&M Services	Psychotherapy, 30 min	Per Visit	90832	Outpatient	159.02	285.86	169.96	169.96	169.96	159.02
E&M Services	Psychotherapy, 45 min	Per Visit	90834	Outpatient	3,167.98	22,017.05	13,090.14	13,090.14	13,090.14	3,117.29
E&M Services	Psychotherapy, 60 min	Per Visit	90837	Outpatient	410.00	225.50	134.07	134.07	134.07	66.01
E&M Services	Family psychotherapy, not including patient, 50 min	Per Visit	90846	Outpatient	159.02	392.70	233.48	233.48	233.48	159.02
E&M Services	Family psychotherapy, including patient, 50 min	Per Visit	90847	Outpatient	3,167.98	22,017.05	13,090.14	13,090.14	13,090.14	3,117.29
E&M Services	Group psychotherapy	Per Visit	90853	Outpatient	3,167.98	22,017.05	13,090.14	13,090.14	13,090.14	3,117.29
E&M Services	New Patient office or other outpatient visit, typically 30 min	Per Visit	99203	Outpatient	400.08	1,736.35	1,032.34	1,032.34	1,032.34	393.68
E&M Services	New Patient office or other outpatient visit, typically 45 min	Per Visit	99204	Outpatient	1,907.00	1,048.85	623.59	623.59	623.59	307.03
E&M Services	New Patient office or other outpatient visit, typically 60 min	Per Visit	99205	Outpatient	2,254.00	1,239.70	737.06	737.06	737.06	362.89
E&M Services	Patient office consultation, typically 40 min	Per Visit	99243	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	Patient office consultation, typically 60 min	Per Visit	99244	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	Initial new patient preventative medicine evaluation (18-39 years)	Per Visit	99385	Outpatient	1,010.00	555.50	330.27	330.27	330.27	162.61
E&M Services	Initial new patient preventative medicine evaluation (40-64 years)	Per Visit	99386	Outpatient	98.03	2,432.65	1,446.32	1,446.32	1,446.32	96.46
	LAB & PATHOLOGY SERVICES									
Lab Only	Routine venipuncture	Per Unit	36415	Outpatient	3.00	57.75	34.34	34.34	34.34	2.95
Lab Only	Basic Metabolic Panel	Per Unit	80048	Outpatient	11.60	271.70	161.54	161.54	161.54	11.41
Lab Only	Blood test, comprehensive group of blood chemicals	Per Unit	80053	Outpatient	13.11	359.70	213.86	213.86	213.86	12.90
Lab Only	Obstetric blood test panel	Per Unit	80055	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	Hospital does not utilize this test panel
Lab Only	Blood test, lipids(cholesterol and triglycerides)	Per Unit	80061	Outpatient	18.37	608.85	361.99	361.99	361.99	18.08
Lab Only	Kidney function panel test	Per Unit	80069	Outpatient	11.91	319.00	189.66	189.66	189.66	11.72
Lab Only	Liver function panel test	Per Unit	80076	Outpatient	11.21	319.00	189.66	189.66	189.66	11.03
Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81000	Outpatient	4.35	63.25	37.61	37.61	37.61	4.28
Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81001	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	Hospital does not utilize this test panel
Lab Only	Automated urinalysis test	Per Unit	81002	Outpatient	3.50	23.10	13.73	13.73	13.73	3.44
Lab Only	Automated urinalysis test	Per Unit	81003	Outpatient	3.08	103.95	61.80	61.80	61.80	3.03
Lab Only	Vitamin d 25 hydroxy	Per Unit	82306	Outpatient	40.61	891.00	529.74	529.74	529.74	39.96
Lab Only	Glycosylated hemoglobin test	Per Unit	83036	Outpatient	13.32	231.00	137.34	137.34	137.34	13.11
Lab Only	PSA (prostate specific antigen)	Per Unit	84153	Outpatient	25.23	555.50	330.27	330.27	330.27	24.83
Lab Only	PSA (prostate specific antigen)	Per Unit	84154	Outpatient	25.23	282.70	168.08	168.08	168.08	24.83
Lab Only	Blood test, thyroid stimulating hormone (TSH)	Per Unit	84443	Outpatient	23.05	243.10	144.53	144.53	144.53	22.68
Lab Only	Chorionic gonadotropin assay	Per Unit	84703	Outpatient	10.32	370.70	220.40	220.40	220.40	10.15
Lab Only	Complete blood cell count, with diffferential white blood cells, automated	Per Unit	85025	Outpatient	10.66	300.85	178.87	178.87	178.87	10.49
Lab Only	Complete blood count, automated	Per Unit	85027	Outpatient	8.87	271.70	161.54	161.54	161.54	8.73
Lab Only	Blood test, clotting time	Per Unit	85610	Outpatient	5.39	190.85	113.47	113.47	113.47	5.30
Lab Only	Coagulation assessment blood test	Per Unit	85730	Outpatient	8.24	28.88	17.17	17.17	17.17	8.11
Lab Only	Allg spec ige crude xtrc ea	Per Unit	86003	Outpatient	7.16	11.00	6.54	6.54	6.54	7.05
Lab Only	Tb test cell immun measure	Per Unit	86480	Outpatient	85.02	248.60	147.80	147.80	147.80	83.66
Lab Only	Urine culture/colony count	Per Unit	87086	Outpatient	11.07	359.70	213.86	213.86	213.86	10.89
Lab Only	Hpylori stool ia	Per Unit	87338	Outpatient	19.73	370.70	220.40	220.40	220.40	19.41
Lab Only	Cytopath eval fna report	Per Unit	88173	Outpatient	57.52	353.10	209.93	209.93	209.93	56.60
Lab Only	Tissue exam by pathologist	Per Unit	88302	Outpatient	28.60	300.85	178.87	178.87	178.87	28.14
Lab Only	Tissue exam by pathologist	Per Unit	88305	Outpatient	57.52	150.70	89.60	89.60	89.60	56.60
	MEDICAL SERVICES									
Other OP	Deb subq tissue 20 sq cm/<	Per Visit	11042	Outpatient	393.68	1,331.00	791.34	791.34	791.34	393.68
Other OP	Deb subq tissue add-on	Per Visit	11045	Outpatient	400.08	2,321.00	1,379.94	1,379.94	1,379.94	393.68
SDM	Dx bronchoscope/lavage	Per Visit	31624	Outpatient	7,738.97	4,093.00	5,121.00	5,121.00	5,121.00	7,615.14
SDM	Bronchoscopy/lung bx each	Per Visit	31628	Outpatient	12,187.69	4,093.00	5,121.00	5,121.00	5,121.00	11,992.69
Other OP	Blood transfusion service	Per Visit	36430	Outpatient	709.31	4,572.70	2,718.68	2,718.68	2,718.68	709.31
SDM	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	936.61	4,032.00	2,636.93	2,636.93	2,636.93	921.63
SDM	Endoscopic us exam esoph	Per Visit	43237	Outpatient	1,861.15	4,093.00	5,121.00	5,121.00	5,121.00	1,831.37
SDM	Egd us fine needle bx/aspir	Per Visit	43238	Outpatient	1,898.16	4,093.00	5,121.00	5,121.00	5,121.00	1,867.79

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Horizon NJ Health Medicaid	Humana Medicare	Longevity PPO	Magnacare	Multiplan
	INPATIENT SERVICES								
IP	Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	Per Case	216	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
IP	Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	Per Case	460	Inpatient	27,717.00	37,469.18	37,469.18	36,414.00	302,345.76
IP	Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	Per Case	470	Inpatient	13,660.00	18,836.21	18,836.21	2,601.00	59,993.60
IP	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Per Case	473	Inpatient	16,290.00	24,697.56	24,697.56	2,601.00	60,104.00
IP	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	Per Case	743	Inpatient	7,659.00	11,792.86	11,792.86	2,601.00	75,825.60
IP	NORMAL NEWBORN	Per Day	795	Inpatient	1,103.00	3,018.86	3,018.86	780.30	4,820.00
IP	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	Per Case	807	Inpatient	5,213.00	6,949.69	6,949.69	5,202.00	41,084.80
IP	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	Per Case	788	Inpatient	7,254.00	9,157.94	9,157.94	5,462.10	54,756.00
IP	Routine obstetric care for vaginal delivery including pre- and post delivery	Per Case	59400	Inpatient	5,213.00	6,949.69	6,949.69	5,202.00	41,084.80
IP	Routine obstetric careror cesarean deliver including pre and post delivery care	Per Case	59510	Inpatient	7,254.00	9,157.94	9,157.94	5,462.10	54,756.00
IP	Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	Per Case	59610	Inpatient	5,213.00	6,949.69	6,949.69	5,202.00	41,084.80
	EVALUATION & MANAGEMENT SERVICES								
E&M Services	Psychotherapy, 30 min	Per Visit	90832	Outpatient	181.91	159.02	159.02	441.79	415.80
E&M Services	Psychotherapy, 45 min	Per Visit	90834	Outpatient	485.44	3,167.98	3,167.98	34,026.35	32,024.80
E&M Services	Psychotherapy, 60 min	Per Visit	90837	Outpatient	0.01	410.00	410.00	348.50	328.00
E&M Services	Family psychotherapy, not including patient, 50 min	Per Visit	90846	Outpatient	49.34	159.02	159.02	606.90	571.20
E&M Services	Family psychotherapy, including patient, 50 min	Per Visit	90847	Outpatient	485.44	3,167.98	3,167.98	34,026.35	32,024.80
E&M Services	Group psychotherapy	Per Visit	90853	Outpatient	485.44	3,167.98	3,167.98	34,026.35	32,024.80
E&M Services	New Patient office or other outpatient visit, typically 30 min	Per Visit	99203	Outpatient	42.94	400.08	400.08	2,683.45	2,525.60
E&M Services	New Patient office or other outpatient visit, typically 45 min	Per Visit	99204	Outpatient	46.21	1,907.00	1,907.00	1,620.95	1,525.60
E&M Services	New Patient office or other outpatient visit, typically 60 min	Per Visit	99205	Outpatient	46.21	2,254.00	2,254.00	1,915.90	1,803.20
E&M Services	Patient office consultation, typically 40 min	Per Visit	99243	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	Patient office consultation, typically 60 min	Per Visit	99244	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	Initial new patient preventative medicine evaluation (18-39 years)	Per Visit	99385	Outpatient	35.53	1,010.00	1,010.00	858.50	808.00
E&M Services	Initial new patient preventative medicine evaluation (40-64 years)	Per Visit	99386	Outpatient	234.35	98.03	98.03	3,021.75	3,538.40
	LAB & PATHOLOGY SERVICES								
Lab Only	Routine venipuncture	Per Unit	36415	Outpatient	3.80	3.00	3.00	89.25	84.00
Lab Only	Basic Metabolic Panel	Per Unit	80048	Outpatient	14.32	11.60	11.60	419.90	395.20
Lab Only	Blood test, comprehensive group of blood chemicals	Per Unit	80053	Outpatient	22.18	13.11	13.11	555.90	523.20
Lab Only	Obstetric blood test panel	Per Unit	80055	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
Lab Only	Blood test, lipids(cholesterol and triglycerides)	Per Unit	80061	Outpatient	23.10	18.37	18.37	940.95	885.60
Lab Only	Kidney function panel test	Per Unit	80069	Outpatient	7.58	11.91	11.91	493.00	464.00
Lab Only	Liver function panel test	Per Unit	80076	Outpatient	10.78	11.21	11.21	493.00	464.00
Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81000	Outpatient	1.85	4.35	4.35	97.75	92.00
Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81001	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
Lab Only	Automated urinalysis test	Per Unit	81002	Outpatient	1.54	3.50	3.50	35.70	33.60
Lab Only	Automated urinalysis test	Per Unit	81003	Outpatient	2.31	3.08	3.08	160.65	151.20
Lab Only	Vitamin d 25 hydroxy	Per Unit	82306	Outpatient	46.20	40.61	40.61	1,377.00	1,296.00
Lab Only	Glycosylated hemoglobin test	Per Unit	83036	Outpatient	10.16	13.32	13.32	357.00	336.00
Lab Only	PSA (prostate specific antigen)	Per Unit	84153	Outpatient	37.73	25.23	25.23	858.50	808.00
Lab Only	PSA (prostate specific antigen)	Per Unit	84154	Outpatient	16.05	25.23	25.23	436.90	411.20
Lab Only	Blood test, thyroid stimulating hormone (TSH)	Per Unit	84443	Outpatient	38.50	23.05	23.05	375.70	353.60
Lab Only	Chorionic gonadotropin assay	Per Unit	84703	Outpatient	4.62	10.32	10.32	572.90	539.20
Lab Only	Complete blood cell count, with diffferential white blood cells, automated	Per Unit	85025	Outpatient	7.70	10.66	10.66	464.95	437.60
Lab Only	Complete blood count, automated	Per Unit	85027	Outpatient	7.39	8.87	8.87	419.90	395.20
Lab Only	Blood test, clotting time	Per Unit	85610	Outpatient	4.62	5.39	5.39	294.95	277.60
Lab Only	Coagulation assessment blood test	Per Unit	85730	Outpatient	4.62	8.24	8.24	44.63	42.00
Lab Only	Allg spec ige crude xtrc ea	Per Unit	86003	Outpatient	20.00	7.16	7.16	17.00	16.00
Lab Only	Tb test cell immun measure	Per Unit	86480	Outpatient	62.29	85.02	85.02	384.20	361.60
Lab Only	Urine culture/colony count	Per Unit	87086	Outpatient	9.24	11.07	11.07	555.90	523.20
Lab Only	Hpylori stool ia	Per Unit	87338	Outpatient	12.55	19.73	19.73	572.90	539.20
Lab Only	Cytopath eval fna report	Per Unit	88173	Outpatient	38.50	57.52	57.52	545.70	513.60
Lab Only	Tissue exam by pathologist	Per Unit	88302	Outpatient	32.34	28.60	28.60	464.95	437.60
Lab Only	Tissue exam by pathologist	Per Unit	88305	Outpatient	61.60	57.52	57.52	232.90	219.20
	MEDICAL SERVICES								
Other OP	Deb subq tissue 20 sq cm/<	Per Visit	11042	Outpatient	42.93	393.68	393.68	2,057.00	1,936.00
Other OP	Deb subq tissue add-on	Per Visit	11045	Outpatient	62.31	400.08	400.08	3,587.00	3,376.00
SDM	Dx bronchoscope/lavage	Per Visit	31624	Outpatient	2,211.00	7,738.97	7,738.97	4,251.00	30,468.00
SDM	Bronchoscopy/lung bx each	Per Visit	31628	Outpatient	2,211.00	12,187.69	12,187.69	4,251.00	36,323.20
Other OP	Blood transfusion service	Per Visit	36430	Outpatient	457.55	709.31	709.31	7,066.90	6,651.20
SDM	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	2,211.00	936.61	936.61	4,251.00	6,451.20
SDM	Endoscopic us exam esoph	Per Visit	43237	Outpatient	2,211.00	1,861.15	1,861.15	4,251.00	17,349.60
SDM	Egd us fine needle bx/aspir	Per Visit	43238	Outpatient	2,211.00	1,898.16	1,898.16	4,251.00	21,247.20

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare	United Community & State Medicaid
	INPATIENT SERVICES									
IP	Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	Per Case	216	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	Service is not provided at Saint Peter's Healthcare System
IP	Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	Per Case	460	Inpatient	76,513.82	42,477.00	2,286.21	76,513.82	36,749.48	54,670.85
IP	Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	Per Case	470	Inpatient	6,814.00	22,949.00	2,013.21	6,814.00	18,489.16	18,468.12
IP	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Per Case	473	Inpatient	6,814.00	23,278.00	2,013.21	6,814.00	24,233.28	18,095.86
IP	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	Per Case	743	Inpatient	6,814.00	10,572.00	2,013.21	6,814.00	11,586.69	9,367.55
IP	NORMAL NEWBORN	Per Day	795	Inpatient	1,732.00	1,247.00	1,397.00	1,732.00	2,988.16	1,140.84
IP	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	Per Case	807	Inpatient	10,158.00	7,249.00	7,763.00	10,158.00	6,840.38	3,968.86
IP	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	Per Case	788	Inpatient	13,742.00	10,548.00	11,283.00	13,742.00	9,004.46	5,966.36
IP	Routine obstetric care for vaginal delivery including pre- and post delivery	Per Case	59400	Inpatient	10,158.00	7,249.00	7,763.00	10,158.00	6,840.38	3,968.86
IP	Routine obstetric careror cesarean deliver including pre and post delivery care	Per Case	59510	Inpatient	13,742.00	10,548.00	11,283.00	13,742.00	9,004.46	5,966.36
IP	Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	Per Case	59610	Inpatient	10,158.00	7,249.00	7,763.00	10,158.00	6,840.38	3,968.86
	EVALUATION & MANAGEMENT SERVICES									
E&M Services	Psychotherapy, 30 min	Per Visit	90832	Outpatient	519.75	369.02	369.02	519.75	159.02	18.82
E&M Services	Psychotherapy, 45 min	Per Visit	90834	Outpatient	40,031.00	28,422.01	28,422.01	40,031.00	3,117.29	627.20
E&M Services	Psychotherapy, 60 min	Per Visit	90837	Outpatient	310.37	98.00	100.00	310.37	410.00	44.61
E&M Services	Family psychotherapy, not including patient, 50 min	Per Visit	90846	Outpatient	714.00	506.94	506.94	714.00	159.02	79.89
E&M Services	Family psychotherapy, including patient, 50 min	Per Visit	90847	Outpatient	40,031.00	28,422.01	28,422.01	40,031.00	3,117.29	627.20
E&M Services	Group psychotherapy	Per Visit	90853	Outpatient	40,031.00	28,422.01	28,422.01	40,031.00	3,117.29	627.20
E&M Services	New Patient office or other outpatient visit, typically 30 min	Per Visit	99203	Outpatient	2,389.85	98.00	1,818.20	2,389.85	393.68	343.48
E&M Services	New Patient office or other outpatient visit, typically 45 min	Per Visit	99204	Outpatient	733.00	98.00	765.27	733.00	1,907.00	207.48
E&M Services	New Patient office or other outpatient visit, typically 60 min	Per Visit	99205	Outpatient	733.00	98.00	765.27	733.00	2,254.00	245.24
E&M Services	Patient office consultation, typically 40 min	Per Visit	99243	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	Patient office consultation, typically 60 min	Per Visit	99244	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	Initial new patient preventative medicine evaluation (18-39 years)	Per Visit	99385	Outpatient	764.57	717.10	717.10	764.57	1,010.00	109.89
E&M Services	Initial new patient preventative medicine evaluation (40-64 years)	Per Visit	99386	Outpatient	326.32	2,454.31	2,459.51	326.32	96.46	371.53
	LAB & PATHOLOGY SERVICES									
Lab Only	Routine venipuncture	Per Unit	36415	Outpatient	34.00	74.55	74.55	34.00	2.95	1.89
Lab Only	Basic Metabolic Panel	Per Unit	80048	Outpatient	34.00	37.89	38.62	34.00	11.41	9.77
Lab Only	Blood test, comprehensive group of blood chemicals	Per Unit	80053	Outpatient	34.00	42.81	43.63	34.00	12.90	11.03
Lab Only	Obstetric blood test panel	Per Unit	80055	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	Hospital does not utilize this test panel
Lab Only	Blood test, lipids(cholesterol and triglycerides)	Per Unit	80061	Outpatient	34.00	60.01	61.16	34.00	18.08	15.75
Lab Only	Kidney function panel test	Per Unit	80069	Outpatient	34.00	38.90	39.64	34.00	11.72	10.08
Lab Only	Liver function panel test	Per Unit	80076	Outpatient	34.00	36.58	37.29	34.00	11.03	7.35
Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81000	Outpatient	34.00	14.17	14.44	34.00	4.28	1.26
Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81001	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	Hospital does not utilize this test panel
Lab Only	Automated urinalysis test	Per Unit	81002	Outpatient	34.00	11.47	11.69	34.00	3.44	1.05
Lab Only	Automated urinalysis test	Per Unit	81003	Outpatient	34.00	10.07	10.26	34.00	3.03	1.58
Lab Only	Vitamin d 25 hydroxy	Per Unit	82306	Outpatient	34.00	132.59	135.14	34.00	39.96	31.50
Lab Only	Glycosylated hemoglobin test	Per Unit	83036	Outpatient	34.00	43.46	44.29	34.00	13.11	6.93
Lab Only	PSA (prostate specific antigen)	Per Unit	84153	Outpatient	34.00	82.39	83.97	34.00	24.83	25.73
Lab Only	PSA (prostate specific antigen)	Per Unit	84154	Outpatient	34.00	82.39	83.97	34.00	24.83	25.73
Lab Only	Blood test, thyroid stimulating hormone (TSH)	Per Unit	84443	Outpatient	34.00	75.25	76.70	34.00	22.68	24.15
Lab Only	Chorionic gonadotropin assay	Per Unit	84703	Outpatient	34.00	33.65	34.30	34.00	10.15	3.15
Lab Only	Complete blood cell count, with diffferential white blood cells, automated	Per Unit	85025	Outpatient	34.00	34.82	35.49	34.00	10.49	59.51
Lab Only	Complete blood count, automated	Per Unit	85027	Outpatient	34.00	28.96	29.52	34.00	8.73	5.04
Lab Only	Blood test, clotting time	Per Unit	85610	Outpatient	34.00	17.59	17.93	34.00	5.30	3.15
Lab Only	Coagulation assessment blood test	Per Unit	85730	Outpatient	34.00	26.88	27.39	34.00	8.11	3.15
Lab Only	Allg spec ige crude xtrc ea	Per Unit	86003	Outpatient	20.00	20.00	20.00	20.00	7.05	4.20
Lab Only	Tb test cell immun measure	Per Unit	86480	Outpatient	34.00	277.56	282.89	34.00	83.66	71.42
Lab Only	Urine culture/colony count	Per Unit	87086	Outpatient	34.00	36.16	36.86	34.00	10.89	6.30
Lab Only	Hpylori stool ia	Per Unit	87338	Outpatient	34.00	64.40	65.64	34.00	19.41	73.33
Lab Only	Cytopath eval fna report	Per Unit	88173	Outpatient	78.00	144.19	146.96	78.00	56.60	69.85
Lab Only	Tissue exam by pathologist	Per Unit	88302	Outpatient	78.00	88.67	90.38	78.00	28.14	59.51
Lab Only	Tissue exam by pathologist	Per Unit	88305	Outpatient	78.00	144.19	146.96	78.00	56.60	29.81
	MEDICAL SERVICES									
Other OP	Deb subq tissue 20 sq cm/<	Per Visit	11042	Outpatient	1,831.94	1,718.20	1,718.20	1,831.94	393.68	263.30
Other OP	Deb subq tissue add-on	Per Visit	11045	Outpatient	3,194.54	2,996.20	2,996.20	3,194.54	393.68	459.14
SDM	Dx bronchoscope/lavage	Per Visit	31624	Outpatient	8,535.25	6,446.00	6,570.00	8,535.25	7,615.14	3,777.27
SDM	Bronchoscopy/lung bx each	Per Visit	31628	Outpatient	8,535.25	6,446.00	6,570.00	8,535.25	11,992.69	4,601.99
Other OP	Blood transfusion service	Per Visit	36430	Outpatient	396.00	5,335.96	5,339.39	396.00	709.31	513.78
SDM	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	4,423.00	5,725.44	5,725.44	4,423.00	921.63	877.36
SDM	Endoscopic us exam esoph	Per Visit	43237	Outpatient	6,634.50	6,446.00	6,570.00	6,634.50	1,831.37	2,309.10
SDM	Egd us fine needle bx/aspir	Per Visit	43238	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	1,867.79	2,868.47

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
	INPATIENT SERVICES							
IP	Cardiac valve and other major cardiothoracic procedures with cardiac catherization with major complications or comorbidities	Per Case	216	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
IP	Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	Per Case	460	Inpatient	62,480.97	36,749.48	2,286.21	302,345.76
IP	Major joint replacement or reattachment of lower extremity withour major comorbid conditions or complications (MCC)	Per Case	470	Inpatient	21,106.42	18,489.16	2,013.21	59,993.60
IP	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Per Case	473	Inpatient	20,680.99	24,233.28	2,013.21	63,906.00
IP	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	Per Case	743	Inpatient	10,705.77	11,586.69	2,013.21	75,825.60
IP	NORMAL NEWBORN	Per Day	795	Inpatient	1,303.82	2,988.16	780.30	4,820.00
IP	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	Per Case	807	Inpatient	4,535.84	6,840.38	4,157.85	41,084.80
IP	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	Per Case	788	Inpatient	6,818.69	9,004.46	5,462.10	54,756.00
IP	Routine obstetric care for vaginal delivery including pre- and post delivery	Per Case	59400	Inpatient	4,535.84	6,840.38	4,157.85	41,084.80
IP	Routine obstetric careror cesarean deliver including pre and post delivery care	Per Case	59510	Inpatient	6,818.69	9,004.46	5,462.10	54,756.00
IP	Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	Per Case	59610	Inpatient	4,535.84	6,840.38	4,157.85	41,084.80
	EVALUATION & MANAGEMENT SERVICES							
E&M Services	Psychotherapy, 30 min	Per Visit	90832	Outpatient	65.12	159.02	18.82	519.75
E&M Services	Psychotherapy, 45 min	Per Visit	90834	Outpatient	4,355.37	3,117.29	485.44	40,031.00
E&M Services	Psychotherapy, 60 min	Per Visit	90837	Outpatient	44.61	410.00	0.01	410.00
E&M Services	Family psychotherapy, not including patient, 50 min	Per Visit	90846	Outpatient	89.46	159.02	49.34	714.00
E&M Services	Family psychotherapy, including patient, 50 min	Per Visit	90847	Outpatient	4,355.37	3,117.29	485.44	40,031.00
E&M Services	Group psychotherapy	Per Visit	90853	Outpatient	4,355.37	3,117.29	485.44	40,031.00
E&M Services	New Patient office or other outpatient visit, typically 30 min	Per Visit	99203	Outpatient	343.48	393.68	42.94	2,683.45
E&M Services	New Patient office or other outpatient visit, typically 45 min	Per Visit	99204	Outpatient	207.48	1,907.00	46.21	1,907.00
E&M Services	New Patient office or other outpatient visit, typically 60 min	Per Visit	99205	Outpatient	245.24	2,254.00	46.21	2,254.00
E&M Services	Patient office consultation, typically 40 min	Per Visit	99243	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	Patient office consultation, typically 60 min	Per Visit	99244	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
E&M Services	Initial new patient preventative medicine evaluation (18-39 years)	Per Visit	99385	Outpatient	109.89	1,010.00	35.53	1,010.00
E&M Services	Initial new patient preventative medicine evaluation (40-64 years)	Per Visit	99386	Outpatient	375.04	96.46	96.46	3,538.40
	LAB & PATHOLOGY SERVICES							
Lab Only	Routine venipuncture	Per Unit	36415	Outpatient	2.16	2.95	1.39	89.25
Lab Only	Basic Metabolic Panel	Per Unit	80048	Outpatient	11.16	11.41	9.30	419.90
Lab Only	Blood test, comprehensive group of blood chemicals	Per Unit	80053	Outpatient	12.60	12.90	10.50	555.90
Lab Only	Obstetric blood test panel	Per Unit	80055	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
Lab Only	Blood test, lipids(cholesterol and triglycerides)	Per Unit	80061	Outpatient	18.00	18.08	15.00	940.95
Lab Only	Kidney function panel test	Per Unit	80069	Outpatient	11.52	11.72	7.58	493.00
Lab Only	Liver function panel test	Per Unit	80076	Outpatient	8.40	11.03	7.00	493.00
Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81000	Outpatient	1.44	4.28	1.20	97.75
Lab Only	Manual urinalysis test with examination using microscope	Per Unit	81001	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
Lab Only	Automated urinalysis test	Per Unit	81002	Outpatient	1.20	3.44	1.20	42.00
Lab Only	Automated urinalysis test	Per Unit	81003	Outpatient	1.80	3.03	1.50	160.65
Lab Only	Vitamin d 25 hydroxy	Per Unit	82306	Outpatient	36.00	39.96	30.00	1,377.00
Lab Only	Glycosylated hemoglobin test	Per Unit	83036	Outpatient	7.92	13.11	6.60	357.00
Lab Only	PSA (prostate specific antigen)	Per Unit	84153	Outpatient	29.40	24.83	24.50	858.50
Lab Only	PSA (prostate specific antigen)	Per Unit	84154	Outpatient	29.40	24.83	16.05	436.90
Lab Only	Blood test, thyroid stimulating hormone (TSH)	Per Unit	84443	Outpatient	27.60	22.68	22.68	375.70
Lab Only	Chorionic gonadotropin assay	Per Unit	84703	Outpatient	3.60	10.15	3.00	572.90
Lab Only	Complete blood cell count, with diffferential white blood cells, automated	Per Unit	85025	Outpatient	59.51	10.49	7.70	464.95
Lab Only	Complete blood count, automated	Per Unit	85027	Outpatient	5.76	8.73	4.80	419.90
Lab Only	Blood test, clotting time	Per Unit	85610	Outpatient	3.60	5.30	3.00	294.95
Lab Only	Coagulation assessment blood test	Per Unit	85730	Outpatient	3.60	8.11	3.00	44.63
Lab Only	Allg spec ige crude xtrc ea	Per Unit	86003	Outpatient	4.80	7.05	4.00	20.00
Lab Only	Tb test cell immun measure	Per Unit	86480	Outpatient	59.50	83.66	34.00	384.20
Lab Only	Urine culture/colony count	Per Unit	87086	Outpatient	7.20	10.89	6.00	555.90
Lab Only	Hpylori stool ia	Per Unit	87338	Outpatient	73.33	19.41	12.55	572.90
Lab Only	Cytopath eval fna report	Per Unit	88173	Outpatient	69.85	56.60	24.20	545.70
Lab Only	Tissue exam by pathologist	Per Unit	88302	Outpatient	59.51	28.14	27.80	464.95
Lab Only	Tissue exam by pathologist	Per Unit	88305	Outpatient	29.81	56.60	29.81	232.90
	MEDICAL SERVICES							
Other OP	Deb subq tissue 20 sq cm/<	Per Visit	11042	Outpatient	263.30	393.68	42.93	2,057.00
Other OP	Deb subq tissue add-on	Per Visit	11045	Outpatient	459.14	393.68	62.31	3,587.00
SDM	Dx bronchoscope/lavage	Per Visit	31624	Outpatient	3,988.35	7,615.14	2,211.00	30,468.00
SDM	Bronchoscopy/lung bx each	Per Visit	31628	Outpatient	4,937.78	11,992.69	2,211.00	36,323.20
Other OP	Blood transfusion service	Per Visit	36430	Outpatient	518.82	709.31	396.00	7,066.90
SDM	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	917.17	921.63	906.91	6,451.20
SDM	Endoscopic us exam esoph	Per Visit	43237	Outpatient	2,342.76	1,831.37	1,831.37	17,349.60
SDM	Egd us fine needle bx/aspir	Per Visit	43238	Outpatient	2,935.35	1,867.79	1,867.79	21,247.20

Major Category	Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health
		INPATIENT SERVICES								
Medical Services	SDM	Biopsy of the esophagus, stomach and or upper small bowel using an endocscope	Per Visit	43239	Outpatient	36,455.00	7,108.73	3,106.00	4,656.90	3,899.72
Medical Services	SDM	Ercp remove duct calculi	Per Visit	43264	Outpatient	31,142.00	6,072.69	5,597.00	6,871.68	3,432.27
Medical Services	SDM	Diagnostistic examination of large bowel using an endoscope	Per Visit	45378	Outpatient	12,690.00	2,474.55	3,106.00	903.88	1,383.17
Medical Services	SDM	Biopsy of large bowel using an endoscope	Per Visit	45380	Outpatient	20,150.00	3,929.25	3,106.00	1,771.67	2,197.22
Medical Services	SDM	Removal of polyps or growths of large bowel using an endoscope	Per Visit	45385	Outpatient	108,453.00	21,148.34	3,106.00	1,607.92	3,968.76
Medical Services	SDM	Ultrasound examination of lower large bowel using an endoscope	Per Visit	45391	Outpatient	22,606.00	4,408.17	3,106.00	2,970.61	2,441.10
Medical Services	SDM	Fragmenting of kidney stone	Per Visit	50590	Outpatient	37,124.00	7,239.18	5,597.00	91.21	4,053.78
Medical Services	Other OP	Fetal non-stress test	Per Visit	59025	Outpatient	2,860.00	477.62	540.54	193.65	311.17
Medical Services	SDM	Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	Per Visit	64483	Outpatient	18,398.10	3,587.63	5,651.10	1,870.06	1,871.53
Medical Services	Other OP	Tympanometry	Per Visit	92567	Outpatient	2,018.00	337.01	381.40	301.44	219.56
Medical Services	SDM	Electrocardiogram, routine, with interpretation and report	Per Visit	93000	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
Medical Services	Other OP	Cardiovascular stress test	Per Visit	93017	Outpatient	2,790.00	465.93	558.84	301.44	303.55
Medical Services	SDM	Insertion of catheter into left heart for diagnosis	Per Visit	93452	Outpatient	50,450.00	9,837.75	9,162.00	3,275.72	5,293.99
Medical Services	Sleep Studies	Polysom 6/> yrs 4/> param	Per Visit	95810	Outpatient	18,450.00	4,649.40	2,150.00	1,037.35	2,007.36
Medical Services	Sleep Studies	Polysom 6/>yrs cpap 4/> parm	Per Visit	95811	Outpatient	20,400.00	5,140.80	2,150.00	1,037.35	2,219.52
Medical Services	Other OP	Eeg 41-60 minutes	Per Visit	95812	Outpatient	5,060.00	845.02	956.34	301.44	550.53
Medical Services	Other OP	Genetic counseling 30 min	Per Visit	96040	Outpatient	1,058.40	176.75	212.00	211.68	112.82
Medical Services	Other OP	Chemo iv infusion 1 hr	Per Visit	96413	Outpatient	4,404.00	735.47	352.01	2,589.34	479.16
Medical Services	Other OP	Ultrasound therapy	Per Visit	97035	Outpatient	1,915.00	319.81	402.15	83.21	208.35
Medical Services	Other OP	Physical Therapy, therapeutic exercise	Per Visit	97110	Outpatient	5,890.00	983.63	1,236.90	346.47	640.83
Medical Services	Other OP	Gait training therapy	Per Visit	97116	Outpatient	4,284.00	715.43	899.64	282.15	466.10
		RADIOLOGY SERVICES								
Radiology Services	Radiology Only	CT scan, head or brain, without contrast	Per Unit	70450	Outpatient	7,770.00	1,383.06	1,644.50	538.34	845.38
Radiology Services	Radiology Only	Mri brain stem w/o dye	Per Unit	70551	Outpatient	7,130.00	1,269.14	684.06	262.08	775.74
Radiology Services	Radiology Only	MRI scan of brain before and after contrast	Per Unit	70553	Outpatient	9,870.00	1,756.86	1,152.20	419.43	1,073.86
Radiology Services	Radiology Only	X-ray exam chest 2 views	Per Unit	71046	Outpatient	780.00	138.84	147.42	92.13	84.86
Radiology Services	Radiology Only	Ct thorax w/o dye	Per Unit	71250	Outpatient	6,610.00	1,176.58	909.40	124.00	719.17
Radiology Services	Radiology Only	X-ray exam entire spi 2/3 vw	Per Unit	72082	Outpatient	1,834.00	326.45	140.47	248.01	237.29
Radiology Services	Radiology Only	X-ray exam l-s spine 2/3 vws	Per Unit	72100	Outpatient	1,450.00	258.10	56.00	124.00	157.76
Radiology Services	Radiology Only	X-Ray, lower back, minimum 4 views	Per Unit	72110	Outpatient	1,260.00	224.28	77.78	124.00	137.09
Radiology Services	Radiology Only	MRI scan of lower spinal canal	Per Unit	72148	Outpatient	7,130.00	1,269.14	649.90	262.08	775.74
Radiology Services	Radiology Only	CT Scan, pelvis, with contrast	Per Unit	72193	Outpatient	12,400.00	2,207.20	1,179.36	201.41	805.12
Radiology Services	Radiology Only	X-ray exam of shoulder	Per Unit	73030	Outpatient	1,317.00	234.43	45.94	91.21	143.29
Radiology Services	Radiology Only	X-ray exam of elbow	Per Unit	73080	Outpatient	1,230.00	218.94	52.64	92.13	133.82
Radiology Services	Radiology Only	X-ray exam of forearm	Per Unit	73090	Outpatient	1,127.00	200.61	40.92	92.13	122.62
Radiology Services	Radiology Only	X-ray exam of wrist	Per Unit	73110	Outpatient	1,127.00	200.61	62.70	92.13	122.62
Radiology Services	Radiology Only	X-ray exam of hand	Per Unit	73130	Outpatient	1,127.00	200.61	51.81	92.13	122.62
Radiology Services	Radiology Only	X-ray exam hips bi 2 views	Per Unit	73521	Outpatient	880.00	156.64	66.04	124.00	129.47
Radiology Services	Radiology Only	X-ray exam of knee 3	Per Unit	73562	Outpatient	727.00	129.41	61.85	92.13	79.10
Radiology Services	Radiology Only	X-ray exam of lower leg	Per Unit	73590	Outpatient	1,127.00	200.61	47.62	92.13	122.62
Radiology Services	Radiology Only	X-ray exam of ankle	Per Unit	73610	Outpatient	1,250.00	222.50	53.49	92.13	136.00
Radiology Services	Radiology Only	X-ray exam of foot	Per Unit	73630	Outpatient	884.00	157.35	48.45	92.13	96.18
Radiology Services	Radiology Only	MRI scan of leg joint	Per Unit	73721	Outpatient	7,130.00	1,269.14	736.59	262.08	775.74
Radiology Services	Radiology Only	CT Scan of abdomen and pelvis with contrast	Per Unit	74177	Outpatient	12,900.00	2,296.20	1,546.73	419.43	805.12
Radiology Services	Radiology Only	Contrst x-ray exam of throat	Per Unit	74210	Outpatient	2,184.05	388.76	141.12	224.23	232.82
Radiology Services	Radiology Only	X-ray exam surgical specimen	Per Unit	76098	Outpatient	5,570.00	991.46	5,597.00	1,259.13	606.02
Radiology Services	Radiology Only	Us exam of head and neck	Per Unit	76536	Outpatient	5,000.00	890.00	210.11	124.00	544.00
Radiology Services	Radiology Only	Ultrasound breast limited	Per Unit	76642	Outpatient	5,240.00	932.72	401.01	154.47	570.11
Radiology Services	Radiology Only	Ultrasound of abdomen	Per Unit	76700	Outpatient	4,460.00	793.88	195.03	124.00	485.25
Radiology Services	Radiology Only	Echo exam of abdomen	Per Unit	76705	Outpatient	3,480.00	619.44	147.29	124.00	378.62
Radiology Services	Radiology Only	Us exam abdo back wall comp	Per Unit	76770	Outpatient	4,690.00	834.82	181.61	124.00	510.27
Radiology Services	Radiology Only	Us exam abdo back wall lim	Per Unit	76775	Outpatient	3,600.00	640.80	70.23	124.00	391.68
Radiology Services	Radiology Only	Ob us < 14 wks single fetus	Per Unit	76801	Outpatient	1,820.00	323.96	174.92	124.00	198.02
Radiology Services	Radiology Only	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	Per Unit	76805	Outpatient	3,600.00	640.80	489.00	124.00	391.68
Radiology Services	Radiology Only	Ob us detailed sngl fetus	Per Unit	76811	Outpatient	2,580.00	459.24	203.27	262.08	280.70
Radiology Services	Radiology Only	Ob us nuchal meas 1 gest	Per Unit	76813	Outpatient	947.00	168.57	145.61	124.00	103.03
Radiology Services	Radiology Only	Ob us limited fetus(s)	Per Unit	76815	Outpatient	5,830.00	1,037.74	539.42	248.01	634.30
Radiology Services	Radiology Only	Ob us follow-up per fetus	Per Unit	76816	Outpatient	4,370.00	777.86	398.00	124.00	475.46
Radiology Services	Radiology Only	Transvaginal us obstetric	Per Unit	76817	Outpatient	5,830.00	1,037.74	539.42	248.01	634.30
Radiology Services	Radiology Only	Fetal biophys profil w/o nst	Per Unit	76819	Outpatient	1,580.00	281.24	121.33	124.00	171.90
Radiology Services	Radiology Only	Ultrasound pelvis through vagina	Per Unit	76830	Outpatient	8,440.00	1,502.32	388.38	248.01	918.27
Radiology Services	Radiology Only	Us exam scrotum	Per Unit	76870	Outpatient	5,740.00	1,021.72	85.30	124.00	624.51
Radiology Services	Radiology Only	Us exam infant hips dynamic	Per Unit	76885	Outpatient	3,480.00	619.44	260.36	92.13	378.62
Radiology Services	Radiology Only	Mammography of one breast	Per Unit	77065	Outpatient	3,130.00	557.14	357.54	154.47	340.54
Radiology Services	Radiology Only	Mammography of both breasts	Per Unit	77066	Outpatient	5,240.00	932.72	401.01	154.47	570.11
Radiology Services	Radiology Only	Mamography, screening bilateral	Per Unit	77067	Outpatient	1,284.00	228.55	262.45	62.34	139.70
Radiology Services	Radiology Only	X-rays for bone age	Per Unit	77072	Outpatient	1,834.00	326.45	140.47	248.01	237.29
Radiology Services	Radiology Only	Joint survey single view	Per Unit	77077	Outpatient	894.00	159.13	49.30	121.53	97.27
Radiology Services	Radiology Only	Dxa bone density axial	Per Unit	77080	Outpatient	2,954.00	525.81	335.19	262.87	321.40
		SURGICAL SERVICES								
Surgical Services	SDS	Fna bx w/us gdn 1st les	Per Case	10005	Outpatient	5,000.00	985.00	5,597.00	708.78	544.00
Surgical Services	SDS	Fna bx w/us gdn ea addl	Per Case	10006	Outpatient	9,640.00	1,899.08	5,597.00	708.78	1,048.83
Surgical Services	SDS	Drainage of hematoma/fluid	Per Case	10140	Outpatient	21,051.00	4,147.05	5,597.00	6,030.67	1,863.50
Surgical Services	SDS	Deb subq tissue 20 sq cm/<	Per Case	11042	Outpatient	2,420.00	476.74	457.38	393.68	263.30

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Amerigroup	Amerihealth	CHN	CIGNA	CIGNA HealthSpring Medicare
	INPATIENT SERVICES								
SDM	Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	Per Visit	43239	Outpatient	3,899.72	6,095.00	5,500.00	3,013.00	4,656.90
SDM	Ercp remove duct calculi	Per Visit	43264	Outpatient	3,432.27	6,095.00	5,500.00	3,013.00	6,871.68
SDM	Diagnotistic examination of large bowel using an endoscope	Per Visit	45378	Outpatient	1,383.17	6,095.00	5,500.00	3,013.00	903.88
SDM	Biopsy of large bowel using an endoscope	Per Visit	45380	Outpatient	2,197.22	6,095.00	5,500.00	3,013.00	1,771.67
SDM	Removal of polyps or growths of large bowel using an endoscope	Per Visit	45385	Outpatient	3,968.76	6,095.00	5,500.00	3,013.00	1,607.92
SDM	Ultrasound examination of lower large bowel using an endoscope	Per Visit	45391	Outpatient	2,441.10	6,095.00	5,500.00	3,013.00	2,970.61
SDM	Fragmenting of kidney stone	Per Visit	50590	Outpatient	4,053.78	6,095.00	5,500.00	4,599.00	91.21
Other OP	Fetal non-stress test	Per Visit	59025	Outpatient	311.17	972.40	2,002.00	2,860.00	193.65
SDM	Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	Per Visit	64483	Outpatient	2,057.77	6,341.50	6,011.78	5,018.37	1,870.06
Other OP	Tympanometry	Per Visit	92567	Outpatient	219.56	686.12	1,412.60	950.48	306.34
SDM	Electrocardiogram, routine, with interpretation and report	Per Visit	93000	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
Other OP	Cardiovascular stress test	Per Visit	93017	Outpatient	303.55	948.60	1,953.00	1,314.09	301.44
SDM	Insertion of catheter into left heart for diagnosis	Per Visit	93452	Outpatient	5,512.79	10,364.00	6,875.00	8,696.00	3,275.72
Sleep Studies	Polysom 6/> yrs 4/> param	Per Visit	95810	Outpatient	2,007.36	6,273.00	12,915.00	3,632.84	1,037.35
Sleep Studies	Polysom 6/>yrs cpap 4/> parm	Per Visit	95811	Outpatient	2,219.52	6,936.00	14,280.00	3,481.48	1,037.35
Other OP	Eeg 41-60 minutes	Per Visit	95812	Outpatient	550.53	1,720.40	3,542.00	3,027.37	301.44
Other OP	Genetic counseling 30 min	Per Visit	96040	Outpatient	124.15	359.86	740.88	502.74	1,058.40
Other OP	Chemo iv infusion 1 hr	Per Visit	96413	Outpatient	479.16	1,497.36	3,082.80	1,617.42	2,589.34
Other OP	Ultrasound therapy	Per Visit	97035	Outpatient	208.35	651.10	1,340.50	248.00	84.56
Other OP	Physical Therapy, therapeutic exercise	Per Visit	97110	Outpatient	640.83	2,002.60	4,123.00	1,240.00	352.10
Other OP	Gait training therapy	Per Visit	97116	Outpatient	466.10	1,456.56	2,998.80	496.00	282.15
	RADIOLOGY SERVICES								
Radiology Only	CT scan, head or brain, without contrast	Per Unit	70450	Outpatient	845.38	1,126.00	975.00	1,213.00	547.09
Radiology Only	Mri brain stem w/o dye	Per Unit	70551	Outpatient	775.74	2,424.20	4,991.00	511.79	262.08
Radiology Only	MRI scan of brain before and after contrast	Per Unit	70553	Outpatient	1,073.86	3,355.80	6,909.00	1,493.42	419.43
Radiology Only	X-ray exam chest 2 views	Per Unit	71046	Outpatient	84.86	265.20	546.00	367.38	93.63
Radiology Only	Ct thorax w/o dye	Per Unit	71250	Outpatient	719.17	2,247.40	4,627.00	422.40	126.02
Radiology Only	X-ray exam entire spi 2/3 vw	Per Unit	72082	Outpatient	237.29	741.54	1,526.70	194.70	252.04
Radiology Only	X-ray exam l-s spine 2/3 vws	Per Unit	72100	Outpatient	157.76	493.00	1,015.00	77.62	124.00
Radiology Only	X-Ray, lower back, minimum 4 views	Per Unit	72110	Outpatient	137.09	428.40	882.00	107.80	124.00
Radiology Only	MRI scan of lower spinal canal	Per Unit	72148	Outpatient	775.74	2,424.20	4,991.00	486.25	262.08
Radiology Only	CT Scan, pelvis, with contrast	Per Unit	72193	Outpatient	805.12	2,516.00	5,180.00	547.78	201.41
Radiology Only	X-ray exam of shoulder	Per Unit	73030	Outpatient	143.29	447.78	921.90	63.68	91.21
Radiology Only	X-ray exam of elbow	Per Unit	73080	Outpatient	133.82	418.20	861.00	72.97	93.63
Radiology Only	X-ray exam of forearm	Per Unit	73090	Outpatient	122.62	383.18	788.90	56.72	92.13
Radiology Only	X-ray exam of wrist	Per Unit	73110	Outpatient	122.62	383.18	788.90	86.90	93.63
Radiology Only	X-ray exam of hand	Per Unit	73130	Outpatient	122.62	383.18	788.90	71.81	92.13
Radiology Only	X-ray exam hips bi 2 views	Per Unit	73521	Outpatient	129.47	404.60	833.00	91.54	124.00
Radiology Only	X-ray exam of knee 3	Per Unit	73562	Outpatient	79.10	247.18	508.90	85.74	93.63
Radiology Only	X-ray exam of lower leg	Per Unit	73590	Outpatient	122.62	383.18	788.90	66.01	93.63
Radiology Only	X-ray exam of ankle	Per Unit	73610	Outpatient	136.00	425.00	875.00	74.14	93.63
Radiology Only	X-ray exam of foot	Per Unit	73630	Outpatient	96.18	300.56	618.80	67.17	92.13
Radiology Only	MRI scan of leg joint	Per Unit	73721	Outpatient	775.74	2,424.20	4,991.00	551.10	266.34
Radiology Only	CT Scan of abdomen and pelvis with contrast	Per Unit	74177	Outpatient	805.12	2,516.00	5,180.00	718.42	426.25
Radiology Only	Contrst x-ray exam of throat	Per Unit	74210	Outpatient	256.19	742.58	1,528.84	195.56	224.23
Radiology Only	X-ray exam surgical specimen	Per Unit	76098	Outpatient	606.02	2,875.23	5,500.00	1,647.94	1,259.13
Radiology Only	Us exam of head and neck	Per Unit	76536	Outpatient	544.00	1,700.00	3,500.00	291.22	124.00
Radiology Only	Ultrasound breast limited	Per Unit	76642	Outpatient	570.11	1,781.60	3,668.00	654.43	154.47
Radiology Only	Ultrasound of abdomen	Per Unit	76700	Outpatient	485.25	1,516.40	3,122.00	270.32	124.00
Radiology Only	Echo exam of abdomen	Per Unit	76705	Outpatient	378.62	1,183.20	2,436.00	204.15	126.02
Radiology Only	Us exam abdo back wall comp	Per Unit	76770	Outpatient	510.27	1,594.60	3,283.00	251.74	126.02
Radiology Only	Us exam abdo back wall lim	Per Unit	76775	Outpatient	391.68	1,224.00	2,520.00	97.35	126.02
Radiology Only	Ob us < 14 wks single fetus	Per Unit	76801	Outpatient	198.02	618.80	1,274.00	242.47	126.02
Radiology Only	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	Per Unit	76805	Outpatient	391.68	1,224.00	2,520.00	303.99	126.02
Radiology Only	Ob us detailed sngl fetus	Per Unit	76811	Outpatient	280.70	877.20	1,806.00	281.77	266.34
Radiology Only	Ob us nuchal meas 1 gest	Per Unit	76813	Outpatient	103.03	321.98	662.90	201.83	126.02
Radiology Only	Ob us limited fetus(s)	Per Unit	76815	Outpatient	634.30	1,982.20	4,081.00	367.68	252.04
Radiology Only	Ob us follow-up per fetus	Per Unit	76816	Outpatient	475.46	1,485.80	3,059.00	237.82	126.02
Radiology Only	Transvaginal us obstetric	Per Unit	76817	Outpatient	634.30	1,982.20	4,081.00	367.68	252.04
Radiology Only	Fetal biophys profil w/o nst	Per Unit	76819	Outpatient	171.90	537.20	1,106.00	168.17	126.02
Radiology Only	Ultrasound pelvis through vagina	Per Unit	76830	Outpatient	918.27	2,869.60	5,908.00	538.32	252.04
Radiology Only	Us exam scrotum	Per Unit	76870	Outpatient	624.51	1,951.60	4,018.00	118.24	124.00
Radiology Only	Us exam infant hips dynamic	Per Unit	76885	Outpatient	378.62	1,183.20	2,436.00	360.87	92.13
Radiology Only	Mammography of one breast	Per Unit	77065	Outpatient	340.54	1,064.20	2,191.00	568.52	156.98
Radiology Only	Mammography of both breasts	Per Unit	77066	Outpatient	570.11	1,781.60	3,668.00	654.43	154.47
Radiology Only	Mamography, screening bilateral	Per Unit	77067	Outpatient	139.70	436.56	898.80	407.31	63.35
Radiology Only	X-rays for bone age	Per Unit	77072	Outpatient	237.29	741.54	1,526.70	194.70	252.04
Radiology Only	Joint survey single view	Per Unit	77077	Outpatient	97.27	303.96	625.80	68.33	121.53
Radiology Only	Dxa bone density axial	Per Unit	77080	Outpatient	321.40	1,004.36	2,067.80	508.14	262.87
	SURGICAL SERVICES								
SDS	Fna bx w/us gdn 1st les	Per Case	10005	Outpatient	544.00	2,581.00	5,000.00	1,970.74	708.78
SDS	Fna bx w/us gdn ea addl	Per Case	10006	Outpatient	1,048.83	4,976.17	5,500.00	3,771.92	720.31
SDS	Drainage of hematoma/fluid	Per Case	10140	Outpatient	1,997.24	6,095.00	5,500.00	4,599.00	6,030.67
SDS	Deb subq tissue 20 sq cm/<	Per Case	11042	Outpatient	263.30	822.80	1,694.00	1,139.82	393.68

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
	INPATIENT SERVICES									
SDM	Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	Per Visit	43239	Outpatient	4,694.46	4,093.00	5,121.00	5,121.00	5,121.00	4,656.90
SDM	Ercp remove duct calculi	Per Visit	43264	Outpatient	6,983.41	4,093.00	5,121.00	5,121.00	5,121.00	6,871.68
SDM	Diagnotistic examination of large bowel using an endoscope	Per Visit	45378	Outpatient	918.58	4,093.00	4,157.15	4,157.15	4,157.15	903.88
SDM	Biopsy of large bowel using an endoscope	Per Visit	45380	Outpatient	1,800.48	4,093.00	5,121.00	5,121.00	5,121.00	1,771.67
SDM	Removal of polyps or growths of large bowel using an endoscope	Per Visit	45385	Outpatient	1,634.06	4,093.00	5,121.00	5,121.00	5,121.00	1,607.92
SDM	Ultrasound examination of lower large bowel using an endoscope	Per Visit	45391	Outpatient	2,970.61	4,093.00	5,121.00	5,121.00	5,121.00	2,970.61
SDM	Fragmenting of kidney stone	Per Visit	50590	Outpatient	91.21	4,093.00	5,121.00	5,121.00	5,121.00	91.21
Other OP	Fetal non-stress test	Per Visit	59025	Outpatient	195.21	1,573.00	935.22	935.22	935.22	193.65
SDM	Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	Per Visit	64483	Outpatient	1,870.06	4,297.65	4,347.00	4,347.00	4,347.00	1,870.06
Other OP	Tympanometry	Per Visit	92567	Outpatient	306.34	1,109.90	659.89	659.89	659.89	301.44
SDM	Electrocardiogram, routine, with interpretation and report	Per Visit	93000	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	Service is not provided at Saint Peter's Healthcare System
Other OP	Cardiovascular stress test	Per Visit	93017	Outpatient	306.34	1,534.50	912.33	912.33	912.33	301.44
SDM	Insertion of catheter into left heart for diagnosis	Per Visit	93452	Outpatient	3,322.77	5,750.00	8,360.00	8,360.00	8,360.00	3,275.72
Sleep Studies	Polysom 6/> yrs 4/> param	Per Visit	95810	Outpatient	1,054.22	10,147.50	6,033.15	6,033.15	6,033.15	1,037.35
Sleep Studies	Polysom 6/>yrs cpap 4/> parm	Per Visit	95811	Outpatient	1,054.22	11,220.00	6,670.80	6,670.80	6,670.80	1,037.35
Other OP	Eeg 41-60 minutes	Per Visit	95812	Outpatient	306.34	2,783.00	1,654.62	1,654.62	1,654.62	301.44
Other OP	Genetic counseling 30 min	Per Visit	96040	Outpatient	1,058.40	582.12	346.10	346.10	346.10	1,058.40
Other OP	Chemo iv infusion 1 hr	Per Visit	96413	Outpatient	2,631.44	475.00	1,440.11	1,442.72	1,442.72	2,589.34
Other OP	Ultrasound therapy	Per Visit	97035	Outpatient	84.56	175.00	344.70	344.70	344.70	83.21
Other OP	Physical Therapy, therapeutic exercise	Per Visit	97110	Outpatient	352.10	875.00	1,060.20	1,060.20	1,060.20	346.47
Other OP	Gait training therapy	Per Visit	97116	Outpatient	286.74	350.00	771.12	771.12	771.12	282.15
	RADIOLOGY SERVICES									
Radiology Only	CT scan, head or brain, without contrast	Per Unit	70450	Outpatient	547.09	775.00	1,249.00	1,386.00	1,460.00	538.34
Radiology Only	Mri brain stem w/o dye	Per Unit	70551	Outpatient	266.34	3,921.50	2,331.51	2,331.51	2,331.51	262.08
Radiology Only	MRI scan of brain before and after contrast	Per Unit	70553	Outpatient	426.25	5,428.50	3,227.49	3,227.49	3,227.49	419.43
Radiology Only	X-ray exam chest 2 views	Per Unit	71046	Outpatient	93.63	429.00	255.06	255.06	255.06	92.13
Radiology Only	Ct thorax w/o dye	Per Unit	71250	Outpatient	126.02	3,635.50	2,161.47	2,161.47	2,161.47	124.00
Radiology Only	X-ray exam entire spi 2/3 vw	Per Unit	72082	Outpatient	252.04	1,199.55	713.19	713.19	713.19	248.01
Radiology Only	X-ray exam l-s spine 2/3 vws	Per Unit	72100	Outpatient	126.02	797.50	474.15	474.15	474.15	124.00
Radiology Only	X-Ray, lower back, minimum 4 views	Per Unit	72110	Outpatient	126.02	693.00	412.02	412.02	412.02	124.00
Radiology Only	MRI scan of lower spinal canal	Per Unit	72148	Outpatient	266.34	3,921.50	2,331.51	2,331.51	2,331.51	262.08
Radiology Only	CT Scan, pelvis, with contrast	Per Unit	72193	Outpatient	204.68	4,070.00	2,419.80	2,419.80	2,419.80	201.41
Radiology Only	X-ray exam of shoulder	Per Unit	73030	Outpatient	92.69	724.35	430.66	430.66	430.66	91.21
Radiology Only	X-ray exam of elbow	Per Unit	73080	Outpatient	93.63	676.50	402.21	402.21	402.21	92.13
Radiology Only	X-ray exam of forearm	Per Unit	73090	Outpatient	93.63	619.85	368.53	368.53	368.53	92.13
Radiology Only	X-ray exam of wrist	Per Unit	73110	Outpatient	93.63	619.85	368.53	368.53	368.53	92.13
Radiology Only	X-ray exam of hand	Per Unit	73130	Outpatient	93.63	619.85	368.53	368.53	368.53	92.13
Radiology Only	X-ray exam hips bi 2 views	Per Unit	73521	Outpatient	126.02	654.50	389.13	389.13	389.13	124.00
Radiology Only	X-ray exam of knee 3	Per Unit	73562	Outpatient	93.63	399.85	237.73	237.73	237.73	92.13
Radiology Only	X-ray exam of lower leg	Per Unit	73590	Outpatient	93.63	619.85	368.53	368.53	368.53	92.13
Radiology Only	X-ray exam of ankle	Per Unit	73610	Outpatient	93.63	687.50	408.75	408.75	408.75	92.13
Radiology Only	X-ray exam of foot	Per Unit	73630	Outpatient	93.63	486.20	289.07	289.07	289.07	92.13
Radiology Only	MRI scan of leg joint	Per Unit	73721	Outpatient	266.34	3,921.50	2,331.51	2,331.51	2,331.51	262.08
Radiology Only	CT Scan of abdomen and pelvis with contrast	Per Unit	74177	Outpatient	426.25	4,070.00	2,419.80	2,419.80	2,419.80	419.43
Radiology Only	Contrst x-ray exam of throat	Per Unit	74210	Outpatient	224.23	1,201.23	714.19	714.19	714.19	224.23
Radiology Only	X-ray exam surgical specimen	Per Unit	76098	Outpatient	1,259.13	2,785.00	1,821.39	1,821.39	1,821.39	1,259.13
Radiology Only	Us exam of head and neck	Per Unit	76536	Outpatient	126.02	2,750.00	1,635.00	1,635.00	1,635.00	124.00
Radiology Only	Ultrasound breast limited	Per Unit	76642	Outpatient	156.98	2,882.00	1,713.48	1,713.48	1,713.48	154.47
Radiology Only	Ultrasound of abdomen	Per Unit	76700	Outpatient	126.02	2,453.00	1,458.42	1,458.42	1,458.42	124.00
Radiology Only	Echo exam of abdomen	Per Unit	76705	Outpatient	126.02	1,914.00	1,137.96	1,137.96	1,137.96	124.00
Radiology Only	Us exam abdo back wall comp	Per Unit	76770	Outpatient	126.02	2,579.50	1,533.63	1,533.63	1,533.63	124.00
Radiology Only	Us exam abdo back wall lim	Per Unit	76775	Outpatient	126.02	1,980.00	1,177.20	1,177.20	1,177.20	124.00
Radiology Only	Ob us < 14 wks single fetus	Per Unit	76801	Outpatient	126.02	1,001.00	595.14	595.14	595.14	124.00
Radiology Only	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	Per Unit	76805	Outpatient	126.02	1,980.00	1,177.20	1,177.20	1,177.20	124.00
Radiology Only	Ob us detailed sngl fetus	Per Unit	76811	Outpatient	266.34	1,419.00	843.66	843.66	843.66	262.08
Radiology Only	Ob us nuchal meas 1 gest	Per Unit	76813	Outpatient	126.02	520.85	309.67	309.67	309.67	124.00
Radiology Only	Ob us limited fetus(s)	Per Unit	76815	Outpatient	252.04	3,206.50	1,906.41	1,906.41	1,906.41	248.01
Radiology Only	Ob us follow-up per fetus	Per Unit	76816	Outpatient	126.02	2,403.50	1,428.99	1,428.99	1,428.99	124.00
Radiology Only	Transvaginal us obstetric	Per Unit	76817	Outpatient	252.04	3,206.50	1,906.41	1,906.41	1,906.41	248.01
Radiology Only	Fetal biophys profil w/o nst	Per Unit	76819	Outpatient	126.02	869.00	516.66	516.66	516.66	124.00
Radiology Only	Ultrasound pelvis through vagina	Per Unit	76830	Outpatient	252.04	4,642.00	2,759.88	2,759.88	2,759.88	248.01
Radiology Only	Us exam scrotum	Per Unit	76870	Outpatient	126.02	3,157.00	1,876.98	1,876.98	1,876.98	124.00
Radiology Only	Us exam infant hips dynamic	Per Unit	76885	Outpatient	93.63	1,914.00	1,137.96	1,137.96	1,137.96	92.13
Radiology Only	Mammography of one breast	Per Unit	77065	Outpatient	156.98	1,721.50	1,023.51	1,023.51	1,023.51	154.47
Radiology Only	Mammography of both breasts	Per Unit	77066	Outpatient	156.98	2,882.00	1,713.48	1,713.48	1,713.48	154.47
Radiology Only	Mamography, screening bilateral	Per Unit	77067	Outpatient	63.35	706.20	419.87	419.87	419.87	62.34
Radiology Only	X-rays for bone age	Per Unit	77072	Outpatient	252.04	1,199.55	713.19	713.19	713.19	248.01
Radiology Only	Joint survey single view	Per Unit	77077	Outpatient	123.50	491.70	292.34	292.34	292.34	121.53
Radiology Only	Dxa bone density axial	Per Unit	77080	Outpatient	268.23	1,624.70	965.96	965.96	965.96	262.87
	SURGICAL SERVICES									
SDS	Fna bx w/us gdn 1st les	Per Case	10005	Outpatient	720.31	2,500.00	1,635.00	1,635.00	1,635.00	708.78
SDS	Fna bx w/us gdn ea addl	Per Case	10006	Outpatient	720.31	4,093.00	3,152.28	3,152.28	3,152.28	708.78
SDS	Drainage of hematoma/fluid	Per Case	10140	Outpatient	6,128.73	4,093.00	5,121.00	5,121.00	5,121.00	6,030.67
SDS	Deb subq tissue 20 sq cm/<	Per Case	11042	Outpatient	393.68	1,331.00	791.34	791.34	791.34	393.68

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Horizon NJ Health Medicaid	Humana Medicare	Longevity PPO	Magnacare	Multiplan
	INPATIENT SERVICES								
SDM	Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	Per Visit	43239	Outpatient	2,211.00	4,694.46	4,694.46	4,251.00	28,674.40
SDM	Ercp remove duct calculi	Per Visit	43264	Outpatient	2,211.00	6,983.41	6,983.41	4,251.00	25,020.00
SDM	Diagnotistic examination of large bowel using an endoscope	Per Visit	45378	Outpatient	2,211.00	918.58	918.58	4,251.00	10,170.40
SDM	Biopsy of large bowel using an endoscope	Per Visit	45380	Outpatient	2,211.00	1,800.48	1,800.48	4,251.00	16,156.00
SDM	Removal of polyps or growths of large bowel using an endoscope	Per Visit	45385	Outpatient	2,211.00	1,634.06	1,634.06	4,251.00	28,964.80
SDM	Ultrasound examination of lower large bowel using an endoscope	Per Visit	45391	Outpatient	2,211.00	2,970.61	2,970.61	4,251.00	18,121.60
SDM	Fragmenting of kidney stone	Per Visit	50590	Outpatient	2,211.00	91.21	91.21	4,251.00	29,807.20
Other OP	Fetal non-stress test	Per Visit	59025	Outpatient	497.00	195.21	195.21	2,431.00	2,288.00
SDM	Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	Per Visit	64483	Outpatient	2,321.55	1,870.06	1,870.06	4,937.10	14,718.48
Other OP	Tympanometry	Per Visit	92567	Outpatient	240.90	306.34	306.34	1,715.30	1,614.40
SDM	Electrocardiogram, routine, with interpretation and report	Per Visit	93000	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
Other OP	Cardiovascular stress test	Per Visit	93017	Outpatient	336.60	306.34	306.34	2,371.50	2,232.00
SDM	Insertion of catheter into left heart for diagnosis	Per Visit	93452	Outpatient	4,367.00	3,322.77	3,322.77	6,196.00	40,535.20
Sleep Studies	Polysom 6/> yrs 4/> param	Per Visit	95810	Outpatient	1,103.00	1,054.22	1,054.22	15,682.50	14,760.00
Sleep Studies	Polysom 6/>yrs cpap 4/> parm	Per Visit	95811	Outpatient	1,103.00	1,054.22	1,054.22	17,340.00	16,320.00
Other OP	Eeg 41-60 minutes	Per Visit	95812	Outpatient	273.90	306.34	306.34	4,301.00	4,048.00
Other OP	Genetic counseling 30 min	Per Visit	96040	Outpatient	106.26	1,058.40	1,058.40	899.64	846.72
Other OP	Chemo iv infusion 1 hr	Per Visit	96413	Outpatient	2,667.29	2,631.44	2,631.44	3,743.40	14,665.60
Other OP	Ultrasound therapy	Per Visit	97035	Outpatient	60.00	84.56	84.56	1,627.75	1,532.00
Other OP	Physical Therapy, therapeutic exercise	Per Visit	97110	Outpatient	300.00	352.10	352.10	5,006.50	4,712.00
Other OP	Gait training therapy	Per Visit	97116	Outpatient	120.00	286.74	286.74	3,641.40	3,427.20
	RADIOLOGY SERVICES								
Radiology Only	CT scan, head or brain, without contrast	Per Unit	70450	Outpatient	440.00	547.09	547.09	6,604.50	6,216.00
Radiology Only	Mri brain stem w/o dye	Per Unit	70551	Outpatient	633.60	266.34	266.34	6,060.50	5,704.00
Radiology Only	MRI scan of brain before and after contrast	Per Unit	70553	Outpatient	1,046.90	426.25	426.25	8,389.50	7,896.00
Radiology Only	X-ray exam chest 2 views	Per Unit	71046	Outpatient	23.83	93.63	93.63	663.00	624.00
Radiology Only	Ct thorax w/o dye	Per Unit	71250	Outpatient	280.26	126.02	126.02	5,618.50	5,288.00
Radiology Only	X-ray exam entire spi 2/3 vw	Per Unit	72082	Outpatient	97.39	252.04	252.04	1,853.85	1,744.80
Radiology Only	X-ray exam l-s spine 2/3 vws	Per Unit	72100	Outpatient	42.24	126.02	126.02	1,232.50	1,160.00
Radiology Only	X-Ray, lower back, minimum 4 views	Per Unit	72110	Outpatient	52.80	126.02	126.02	1,071.00	1,008.00
Radiology Only	MRI scan of lower spinal canal	Per Unit	72148	Outpatient	633.60	266.34	266.34	6,060.50	5,704.00
Radiology Only	CT Scan, pelvis, with contrast	Per Unit	72193	Outpatient	327.05	204.68	204.68	6,290.00	9,920.00
Radiology Only	X-ray exam of shoulder	Per Unit	73030	Outpatient	31.68	92.69	92.69	1,119.45	1,053.60
Radiology Only	X-ray exam of elbow	Per Unit	73080	Outpatient	31.68	93.63	93.63	1,045.50	984.00
Radiology Only	X-ray exam of forearm	Per Unit	73090	Outpatient	26.88	93.63	93.63	957.95	901.60
Radiology Only	X-ray exam of wrist	Per Unit	73110	Outpatient	31.68	93.63	93.63	957.95	901.60
Radiology Only	X-ray exam of hand	Per Unit	73130	Outpatient	31.68	93.63	93.63	957.95	901.60
Radiology Only	X-ray exam hips bi 2 views	Per Unit	73521	Outpatient	42.14	126.02	126.02	1,011.50	952.00
Radiology Only	X-ray exam of knee 3	Per Unit	73562	Outpatient	31.68	93.63	93.63	617.95	581.60
Radiology Only	X-ray exam of lower leg	Per Unit	73590	Outpatient	31.68	93.63	93.63	957.95	901.60
Radiology Only	X-ray exam of ankle	Per Unit	73610	Outpatient	29.18	93.63	93.63	1,062.50	1,000.00
Radiology Only	X-ray exam of foot	Per Unit	73630	Outpatient	29.18	93.63	93.63	751.40	707.20
Radiology Only	MRI scan of leg joint	Per Unit	73721	Outpatient	633.60	266.34	266.34	6,060.50	5,704.00
Radiology Only	CT Scan of abdomen and pelvis with contrast	Per Unit	74177	Outpatient	230.43	426.25	426.25	6,290.00	10,320.00
Radiology Only	Contrst x-ray exam of throat	Per Unit	74210	Outpatient	56.45	224.23	224.23	1,856.44	1,747.24
Radiology Only	X-ray exam surgical specimen	Per Unit	76098	Outpatient	2,211.00	1,259.13	1,259.13	4,251.00	4,456.00
Radiology Only	Us exam of head and neck	Per Unit	76536	Outpatient	78.60	126.02	126.02	4,250.00	4,000.00
Radiology Only	Ultrasound breast limited	Per Unit	76642	Outpatient	186.57	156.98	156.98	4,454.00	4,192.00
Radiology Only	Ultrasound of abdomen	Per Unit	76700	Outpatient	126.72	126.02	126.02	3,791.00	3,568.00
Radiology Only	Echo exam of abdomen	Per Unit	76705	Outpatient	84.48	126.02	126.02	2,958.00	2,784.00
Radiology Only	Us exam abdo back wall comp	Per Unit	76770	Outpatient	126.72	126.02	126.02	3,986.50	3,752.00
Radiology Only	Us exam abdo back wall lim	Per Unit	76775	Outpatient	126.72	126.02	126.02	3,060.00	2,880.00
Radiology Only	Ob us < 14 wks single fetus	Per Unit	76801	Outpatient	105.60	126.02	126.02	1,547.00	1,456.00
Radiology Only	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	Per Unit	76805	Outpatient	124.03	126.02	126.02	3,060.00	2,880.00
Radiology Only	Ob us detailed sngl fetus	Per Unit	76811	Outpatient	391.68	266.34	266.34	2,193.00	2,064.00
Radiology Only	Ob us nuchal meas 1 gest	Per Unit	76813	Outpatient	67.35	126.02	126.02	804.95	757.60
Radiology Only	Ob us limited fetus(s)	Per Unit	76815	Outpatient	222.72	252.04	252.04	4,955.50	4,664.00
Radiology Only	Ob us follow-up per fetus	Per Unit	76816	Outpatient	67.20	126.02	126.02	3,714.50	3,496.00
Radiology Only	Transvaginal us obstetric	Per Unit	76817	Outpatient	222.72	252.04	252.04	4,955.50	4,664.00
Radiology Only	Fetal biophys profil w/o nst	Per Unit	76819	Outpatient	105.60	126.02	126.02	1,343.00	1,264.00
Radiology Only	Ultrasound pelvis through vagina	Per Unit	76830	Outpatient	268.22	252.04	252.04	7,174.00	6,752.00
Radiology Only	Us exam scrotum	Per Unit	76870	Outpatient	99.26	126.02	126.02	4,879.00	4,592.00
Radiology Only	Us exam infant hips dynamic	Per Unit	76885	Outpatient	71.04	93.63	93.63	2,958.00	2,784.00
Radiology Only	Mammography of one breast	Per Unit	77065	Outpatient	162.23	156.98	156.98	2,660.50	2,504.00
Radiology Only	Mammography of both breasts	Per Unit	77066	Outpatient	186.57	156.98	156.98	4,454.00	4,192.00
Radiology Only	Mamography, screening bilateral	Per Unit	77067	Outpatient	119.62	63.35	63.35	1,091.40	1,027.20
Radiology Only	X-rays for bone age	Per Unit	77072	Outpatient	97.39	252.04	252.04	1,853.85	1,744.80
Radiology Only	Joint survey single view	Per Unit	77077	Outpatient	33.33	123.50	123.50	759.90	715.20
Radiology Only	Dxa bone density axial	Per Unit	77080	Outpatient	244.42	268.23	268.23	2,510.90	2,363.20
	SURGICAL SERVICES								
SDS	Fna bx w/us gdn 1st les	Per Case	10005	Outpatient	2,211.00	720.31	720.31	4,250.00	4,000.00
SDS	Fna bx w/us gdn ea addl	Per Case	10006	Outpatient	2,211.00	720.31	720.31	4,251.00	7,712.00
SDS	Drainage of hematoma/fluid	Per Case	10140	Outpatient	2,211.00	6,128.73	6,128.73	4,251.00	14,685.60
SDS	Deb subq tissue 20 sq cm/<	Per Case	11042	Outpatient	42.93	393.68	393.68	2,057.00	1,936.00

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare	United Community & State Medicaid
	INPATIENT SERVICES									
SDM	Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	Per Visit	43239	Outpatient	7,740.25	6,446.00	6,570.00	7,740.25	4,656.90	3,899.72
SDM	Ercp remove duct calculi	Per Visit	43264	Outpatient	7,827.00	6,446.00	6,570.00	7,827.00	6,871.68	3,402.72
SDM	Diagnotistic examination of large bowel using an endoscope	Per Visit	45378	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	903.88	1,383.17
SDM	Biopsy of large bowel using an endoscope	Per Visit	45380	Outpatient	6,634.50	6,446.00	6,570.00	6,634.50	1,771.67	2,197.22
SDM	Removal of polyps or growths of large bowel using an endoscope	Per Visit	45385	Outpatient	6,634.50	6,446.00	6,570.00	6,634.50	1,607.92	3,939.21
SDM	Ultrasound examination of lower large bowel using an endoscope	Per Visit	45391	Outpatient	6,634.50	6,446.00	6,570.00	6,634.50	2,970.61	2,371.26
SDM	Fragmenting of kidney stone	Per Visit	50590	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	91.21	4,053.78
Other OP	Fetal non-stress test	Per Visit	59025	Outpatient	568.00	2,030.60	2,030.60	568.00	193.65	311.17
SDM	Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	Per Visit	64483	Outpatient	7,814.89	6,768.30	6,898.50	7,814.89	1,870.06	1,964.59
Other OP	Tympanometry	Per Visit	92567	Outpatient	1,005.00	1,432.78	1,432.78	1,005.00	301.44	219.56
SDM	Electrocardiogram, routine, with interpretation and report	Per Visit	93000	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	Service is not provided at Saint Peter's Healthcare System
Other OP	Cardiovascular stress test	Per Visit	93017	Outpatient	568.00	1,980.90	1,980.90	568.00	301.44	303.55
SDM	Insertion of catheter into left heart for diagnosis	Per Visit	93452	Outpatient	5,899.00	6,889.00	7,022.00	5,899.00	3,275.72	5,512.79
Sleep Studies	Polysom 6/> yrs 4/> param	Per Visit	95810	Outpatient	3,974.88	1,368.00	1,594.00	3,974.88	1,037.35	2,007.36
Sleep Studies	Polysom 6/>yrs cpap 4/> parm	Per Visit	95811	Outpatient	3,974.88	1,368.00	1,594.00	3,974.88	1,037.35	2,219.52
Other OP	Eeg 41-60 minutes	Per Visit	95812	Outpatient	312.00	1,368.00	1,594.00	312.00	301.44	550.53
Other OP	Genetic counseling 30 min	Per Visit	96040	Outpatient	804.30	751.46	751.46	804.30	1,058.40	118.44
Other OP	Chemo iv infusion 1 hr	Per Visit	96413	Outpatient	4,714.81	554.00	564.00	4,714.81	2,589.34	1,994.52
Other OP	Ultrasound therapy	Per Visit	97035	Outpatient	1,107.00	189.00	206.00	1,107.00	83.21	208.35
Other OP	Physical Therapy, therapeutic exercise	Per Visit	97110	Outpatient	3,690.00	945.00	1,030.00	3,690.00	346.47	640.83
Other OP	Gait training therapy	Per Visit	97116	Outpatient	2,952.00	378.00	412.00	2,952.00	282.15	466.10
	RADIOLOGY SERVICES									
Radiology Only	CT scan, head or brain, without contrast	Per Unit	70450	Outpatient	1,055.00	1,727.00	2,125.00	1,055.00	538.34	845.38
Radiology Only	Mri brain stem w/o dye	Per Unit	70551	Outpatient	804.00	1,229.70	1,253.35	804.00	262.08	775.74
Radiology Only	MRI scan of brain before and after contrast	Per Unit	70553	Outpatient	804.00	2,954.67	2,993.06	804.00	419.43	1,073.86
Radiology Only	X-ray exam chest 2 views	Per Unit	71046	Outpatient	318.00	553.80	553.80	318.00	92.13	84.86
Radiology Only	Ct thorax w/o dye	Per Unit	71250	Outpatient	699.00	630.60	642.73	699.00	124.00	719.17
Radiology Only	X-ray exam entire spi 2/3 vw	Per Unit	72082	Outpatient	636.00	1,109.10	1,112.31	636.00	248.01	237.29
Radiology Only	X-ray exam l-s spine 2/3 vws	Per Unit	72100	Outpatient	318.00	166.93	170.14	318.00	124.00	157.76
Radiology Only	X-Ray, lower back, minimum 4 views	Per Unit	72110	Outpatient	318.00	257.35	262.30	318.00	124.00	137.09
Radiology Only	MRI scan of lower spinal canal	Per Unit	72148	Outpatient	804.00	1,229.70	1,253.35	804.00	262.08	775.74
Radiology Only	CT Scan, pelvis, with contrast	Per Unit	72193	Outpatient	700.00	1,079.52	1,100.28	700.00	201.41	1,349.12
Radiology Only	X-ray exam of shoulder	Per Unit	73030	Outpatient	318.00	166.93	170.14	318.00	91.21	143.29
Radiology Only	X-ray exam of elbow	Per Unit	73080	Outpatient	318.00	166.93	170.14	318.00	92.13	133.82
Radiology Only	X-ray exam of forearm	Per Unit	73090	Outpatient	318.00	166.93	170.14	318.00	92.13	122.62
Radiology Only	X-ray exam of wrist	Per Unit	73110	Outpatient	318.00	166.93	170.14	318.00	92.13	122.62
Radiology Only	X-ray exam of hand	Per Unit	73130	Outpatient	318.00	166.93	170.14	318.00	92.13	122.62
Radiology Only	X-ray exam hips bi 2 views	Per Unit	73521	Outpatient	318.00	844.90	844.90	318.00	124.00	129.47
Radiology Only	X-ray exam of knee 3	Per Unit	73562	Outpatient	318.00	166.93	170.14	318.00	92.13	79.10
Radiology Only	X-ray exam of lower leg	Per Unit	73590	Outpatient	318.00	166.93	170.14	318.00	92.13	122.62
Radiology Only	X-ray exam of ankle	Per Unit	73610	Outpatient	318.00	166.93	170.14	318.00	92.13	136.00
Radiology Only	X-ray exam of foot	Per Unit	73630	Outpatient	318.00	166.93	170.14	318.00	92.13	96.18
Radiology Only	MRI scan of leg joint	Per Unit	73721	Outpatient	804.00	1,229.70	1,253.35	804.00	262.08	775.74
Radiology Only	CT Scan of abdomen and pelvis with contrast	Per Unit	74177	Outpatient	700.10	1,753.17	1,786.88	700.10	419.43	1,403.52
Radiology Only	Contrst x-ray exam of throat	Per Unit	74210	Outpatient	321.30	315.54	321.60	321.30	224.23	244.40
Radiology Only	X-ray exam surgical specimen	Per Unit	76098	Outpatient	4,334.54	3,954.70	3,954.70	4,334.54	1,259.13	606.02
Radiology Only	Us exam of head and neck	Per Unit	76536	Outpatient	369.00	360.82	367.76	369.00	124.00	544.00
Radiology Only	Ultrasound breast limited	Per Unit	76642	Outpatient	731.00	3,720.40	3,720.40	731.00	154.47	570.11
Radiology Only	Ultrasound of abdomen	Per Unit	76700	Outpatient	369.00	360.82	367.76	369.00	124.00	485.25
Radiology Only	Echo exam of abdomen	Per Unit	76705	Outpatient	369.00	360.82	367.76	369.00	124.00	378.62
Radiology Only	Us exam abdo back wall comp	Per Unit	76770	Outpatient	369.00	360.82	367.76	369.00	124.00	510.27
Radiology Only	Us exam abdo back wall lim	Per Unit	76775	Outpatient	369.00	360.82	367.76	369.00	124.00	391.68
Radiology Only	Ob us < 14 wks single fetus	Per Unit	76801	Outpatient	369.00	360.82	367.76	369.00	124.00	198.02
Radiology Only	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	Per Unit	76805	Outpatient	369.00	360.82	367.76	369.00	124.00	391.68
Radiology Only	Ob us detailed sngl fetus	Per Unit	76811	Outpatient	369.00	562.16	572.97	369.00	262.08	280.70
Radiology Only	Ob us nuchal meas 1 gest	Per Unit	76813	Outpatient	369.00	234.58	239.09	369.00	124.00	103.03
Radiology Only	Ob us limited fetus(s)	Per Unit	76815	Outpatient	738.00	469.16	478.18	738.00	248.01	634.30
Radiology Only	Ob us follow-up per fetus	Per Unit	76816	Outpatient	369.00	234.58	239.09	369.00	124.00	475.46
Radiology Only	Transvaginal us obstetric	Per Unit	76817	Outpatient	738.00	469.16	478.18	738.00	248.01	634.30
Radiology Only	Fetal biophys profil w/o nst	Per Unit	76819	Outpatient	369.00	360.82	367.76	369.00	124.00	171.90
Radiology Only	Ultrasound pelvis through vagina	Per Unit	76830	Outpatient	738.00	721.64	735.52	738.00	248.01	918.27
Radiology Only	Us exam scrotum	Per Unit	76870	Outpatient	369.00	360.82	367.76	369.00	124.00	624.51
Radiology Only	Us exam infant hips dynamic	Per Unit	76885	Outpatient	369.00	234.58	239.09	369.00	92.13	378.62
Radiology Only	Mammography of one breast	Per Unit	77065	Outpatient	731.00	2,222.30	2,222.30	731.00	154.47	340.54
Radiology Only	Mammography of both breasts	Per Unit	77066	Outpatient	731.00	3,720.40	3,720.40	731.00	154.47	570.11
Radiology Only	Mamography, screening bilateral	Per Unit	77067	Outpatient	362.00	911.64	911.64	362.00	62.34	139.70
Radiology Only	X-rays for bone age	Per Unit	77072	Outpatient	636.00	1,109.10	1,112.31	636.00	248.01	237.29
Radiology Only	Joint survey single view	Per Unit	77077	Outpatient	318.00	166.93	170.14	318.00	121.53	97.27
Radiology Only	Dxa bone density axial	Per Unit	77080	Outpatient	680.00	1,180.00	1,185.16	680.00	262.87	321.40
	SURGICAL SERVICES									
SDS	Fna bx w/us gdn 1st les	Per Case	10005	Outpatient	4,423.00	3,550.00	3,550.00	4,423.00	708.78	544.00
SDS	Fna bx w/us gdn ea addl	Per Case	10006	Outpatient	8,846.00	6,446.00	6,570.00	8,846.00	708.78	1,048.83
SDS	Drainage of hematoma/fluid	Per Case	10140	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	6,030.67	1,835.12
SDS	Deb subq tissue 20 sq cm/<	Per Case	11042	Outpatient	1,831.94	1,718.20	1,718.20	1,831.94	393.68	263.30

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
	INPATIENT SERVICES							
SDM	Biopsy of the esophagus, stomach and or upper small bowel using an endocsope	Per Visit	43239	Outpatient	3,899.72	4,656.90	2,211.00	28,674.40
SDM	Ercp remove duct calculi	Per Visit	43264	Outpatient	3,442.53	6,871.68	2,211.00	25,020.00
SDM	Diagnotistic examination of large bowel using an endoscope	Per Visit	45378	Outpatient	1,383.17	903.88	903.88	10,170.40
SDM	Biopsy of large bowel using an endoscope	Per Visit	45380	Outpatient	2,197.22	1,771.67	1,771.67	16,156.00
SDM	Removal of polyps or growths of large bowel using an endoscope	Per Visit	45385	Outpatient	3,979.02	1,607.92	1,607.92	28,964.80
SDM	Ultrasound examination of lower large bowel using an endoscope	Per Visit	45391	Outpatient	2,505.24	2,970.61	2,211.00	18,121.60
SDM	Fragmenting of kidney stone	Per Visit	50590	Outpatient	4,053.78	91.21	91.21	29,807.20
Other OP	Fetal non-stress test	Per Visit	59025	Outpatient	311.17	193.65	193.65	2,860.00
SDM	Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	Per Visit	64483	Outpatient	472.50	1,870.06	472.50	14,718.48
Other OP	Tympanometry	Per Visit	92567	Outpatient	219.56	301.44	219.56	1,715.30
SDM	Electrocardiogram, routine, with interpretation and report	Per Visit	93000	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
Other OP	Cardiovascular stress test	Per Visit	93017	Outpatient	303.55	301.44	301.44	2,371.50
SDM	Insertion of catheter into left heart for diagnosis	Per Visit	93452	Outpatient	5,512.79	3,275.72	3,275.72	40,535.20
Sleep Studies	Polysom 6/> yrs 4/> param	Per Visit	95810	Outpatient	2,007.36	1,037.35	1,037.35	15,682.50
Sleep Studies	Polysom 6/>yrs cpap 4/> parm	Per Visit	95811	Outpatient	2,219.52	1,037.35	1,037.35	17,340.00
Other OP	Eeg 41-60 minutes	Per Visit	95812	Outpatient	550.53	301.44	273.90	4,301.00
Other OP	Genetic counseling 30 min	Per Visit	96040	Outpatient	132.62	1,058.40	106.26	1,058.40
Other OP	Chemo iv infusion 1 hr	Per Visit	96413	Outpatient	1,994.52	2,589.34	352.01	14,665.60
Other OP	Ultrasound therapy	Per Visit	97035	Outpatient	208.35	83.21	60.00	1,627.75
Other OP	Physical Therapy, therapeutic exercise	Per Visit	97110	Outpatient	640.83	346.47	300.00	5,006.50
Other OP	Gait training therapy	Per Visit	97116	Outpatient	466.10	282.15	120.00	3,641.40
	RADIOLOGY SERVICES							
Radiology Only	CT scan, head or brain, without contrast	Per Unit	70450	Outpatient	450.00	538.34	440.00	6,604.50
Radiology Only	Mri brain stem w/o dye	Per Unit	70551	Outpatient	775.74	262.08	262.08	6,060.50
Radiology Only	MRI scan of brain before and after contrast	Per Unit	70553	Outpatient	1,073.86	419.43	419.43	8,389.50
Radiology Only	X-ray exam chest 2 views	Per Unit	71046	Outpatient	84.86	92.13	23.83	663.00
Radiology Only	Ct thorax w/o dye	Per Unit	71250	Outpatient	719.17	124.00	124.00	5,618.50
Radiology Only	X-ray exam entire spi 2/3 vw	Per Unit	72082	Outpatient	237.29	248.01	97.39	1,853.85
Radiology Only	X-ray exam l-s spine 2/3 vws	Per Unit	72100	Outpatient	157.76	124.00	42.24	1,232.50
Radiology Only	X-Ray, lower back, minimum 4 views	Per Unit	72110	Outpatient	137.09	124.00	52.80	1,071.00
Radiology Only	MRI scan of lower spinal canal	Per Unit	72148	Outpatient	775.74	262.08	262.08	6,060.50
Radiology Only	CT Scan, pelvis, with contrast	Per Unit	72193	Outpatient	1,349.12	201.41	201.41	9,920.00
Radiology Only	X-ray exam of shoulder	Per Unit	73030	Outpatient	143.29	91.21	31.68	1,119.45
Radiology Only	X-ray exam of elbow	Per Unit	73080	Outpatient	133.82	92.13	31.68	1,045.50
Radiology Only	X-ray exam of forearm	Per Unit	73090	Outpatient	122.62	92.13	26.88	957.95
Radiology Only	X-ray exam of wrist	Per Unit	73110	Outpatient	122.62	92.13	31.68	957.95
Radiology Only	X-ray exam of hand	Per Unit	73130	Outpatient	122.62	92.13	31.68	957.95
Radiology Only	X-ray exam hips bi 2 views	Per Unit	73521	Outpatient	129.47	124.00	42.14	1,011.50
Radiology Only	X-ray exam of knee 3	Per Unit	73562	Outpatient	79.10	92.13	31.68	617.95
Radiology Only	X-ray exam of lower leg	Per Unit	73590	Outpatient	122.62	92.13	31.68	957.95
Radiology Only	X-ray exam of ankle	Per Unit	73610	Outpatient	136.00	92.13	29.18	1,062.50
Radiology Only	X-ray exam of foot	Per Unit	73630	Outpatient	96.18	92.13	29.18	751.40
Radiology Only	MRI scan of leg joint	Per Unit	73721	Outpatient	775.74	262.08	262.08	6,060.50
Radiology Only	CT Scan of abdomen and pelvis with contrast	Per Unit	74177	Outpatient	1,403.52	419.43	230.43	10,320.00
Radiology Only	Contrst x-ray exam of throat	Per Unit	74210	Outpatient	273.66	224.23	56.45	1,856.44
Radiology Only	X-ray exam surgical specimen	Per Unit	76098	Outpatient	606.02	1,259.13	606.02	5,597.00
Radiology Only	Us exam of head and neck	Per Unit	76536	Outpatient	544.00	124.00	78.60	4,250.00
Radiology Only	Ultrasound breast limited	Per Unit	76642	Outpatient	570.11	154.47	154.47	4,454.00
Radiology Only	Ultrasound of abdomen	Per Unit	76700	Outpatient	485.25	124.00	124.00	3,791.00
Radiology Only	Echo exam of abdomen	Per Unit	76705	Outpatient	378.62	124.00	84.48	2,958.00
Radiology Only	Us exam abdo back wall comp	Per Unit	76770	Outpatient	510.27	124.00	124.00	3,986.50
Radiology Only	Us exam abdo back wall lim	Per Unit	76775	Outpatient	391.68	124.00	70.23	3,060.00
Radiology Only	Ob us < 14 wks single fetus	Per Unit	76801	Outpatient	198.02	124.00	105.60	1,547.00
Radiology Only	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	Per Unit	76805	Outpatient	391.68	124.00	124.00	3,060.00
Radiology Only	Ob us detailed sngl fetus	Per Unit	76811	Outpatient	280.70	262.08	203.27	2,193.00
Radiology Only	Ob us nuchal meas 1 gest	Per Unit	76813	Outpatient	103.03	124.00	67.35	804.95
Radiology Only	Ob us limited fetus(s)	Per Unit	76815	Outpatient	634.30	248.01	222.72	4,955.50
Radiology Only	Ob us follow-up per fetus	Per Unit	76816	Outpatient	475.46	124.00	67.20	3,714.50
Radiology Only	Transvaginal us obstetric	Per Unit	76817	Outpatient	634.30	248.01	222.72	4,955.50
Radiology Only	Fetal biophys profil w/o nst	Per Unit	76819	Outpatient	171.90	124.00	105.60	1,343.00
Radiology Only	Ultrasound pelvis through vagina	Per Unit	76830	Outpatient	918.27	248.01	248.01	7,174.00
Radiology Only	Us exam scrotum	Per Unit	76870	Outpatient	624.51	124.00	85.30	4,879.00
Radiology Only	Us exam infant hips dynamic	Per Unit	76885	Outpatient	378.62	92.13	71.04	2,958.00
Radiology Only	Mammography of one breast	Per Unit	77065	Outpatient	340.54	154.47	154.47	2,660.50
Radiology Only	Mammography of both breasts	Per Unit	77066	Outpatient	570.11	154.47	154.47	4,454.00
Radiology Only	Mamography, screening bilateral	Per Unit	77067	Outpatient	139.70	62.34	62.34	1,091.40
Radiology Only	X-rays for bone age	Per Unit	77072	Outpatient	237.29	248.01	97.39	1,853.85
Radiology Only	Joint survey single view	Per Unit	77077	Outpatient	97.27	121.53	33.33	759.90
Radiology Only	Dxa bone density axial	Per Unit	77080	Outpatient	321.40	262.87	244.42	2,510.90
	SURGICAL SERVICES							
SDS	Fna bx w/us gdn 1st les	Per Case	10005	Outpatient	544.00	708.78	544.00	5,597.00
SDS	Fna bx w/us gdn ea addl	Per Case	10006	Outpatient	1,048.83	708.78	708.78	8,846.00
SDS	Drainage of hematoma/fluid	Per Case	10140	Outpatient	1,878.42	6,030.67	1,863.50	14,685.60
SDS	Deb subq tissue 20 sq cm/<	Per Case	11042	Outpatient	263.30	393.68	42.93	2,057.00

Major Category	Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health
		INPATIENT SERVICES								
Surgical Services	SDS	Deb bone 20 sq cm/<	Per Case	11044	Outpatient	5,236.88	1,031.66	1,048.95	1,689.06	558.25
Surgical Services	SDS	Removal of skin tags <w/15	Per Case	11200	Outpatient	1,581.00	311.46	5,597.00	205.77	172.01
Surgical Services	SDS	Exc tr-ext b9+marg 1.1-2 cm	Per Visit	11402	Outpatient	19,012.00	3,745.36	5,597.00	708.78	1,914.16
Surgical Services	SDS	Exc tr-ext b9+marg 2.1-3cm	Per Case	11403	Outpatient	16,705.00	3,290.89	5,597.00	708.78	1,740.83
Surgical Services	SDS	Exc tr-ext b9+marg >4.0 cm	Per Case	11406	Outpatient	18,111.00	3,567.87	5,597.00	1,658.74	1,819.96
Surgical Services	SDS	Exc h-f-nk-sp b9+marg 3.1-4	Per Case	11424	Outpatient	22,130.85	4,359.78	5,651.10	5,908.47	2,281.58
Surgical Services	SDS	Remove pilonidal cyst simple	Per Case	11770	Outpatient	17,390.00	3,425.83	5,597.00	2,757.22	1,890.96
Surgical Services	SDS	Replace tissue expander	Per Case	11970	Outpatient	53,732.00	10,585.20	5,597.00	30,234.14	5,545.40
Surgical Services	SDS	Tis trnfr s/a/l 10 sq cm/<	Per Case	14020	Outpatient	29,176.00	5,747.67	5,597.00	1,950.86	2,988.38
Surgical Services	SDS	Tis trnfr e/n/e/l 10 sq cm/<	Per Case	14060	Outpatient	23,577.00	4,644.67	5,597.00	7,743.74	2,593.92
Surgical Services	SDS	Wound prep trk/arm/leg	Per Case	15002	Outpatient	37,866.00	7,459.60	5,597.00	14,761.54	4,144.47
Surgical Services	SDS	Skin sub graft trnk/arm/leg	Per Case	15271	Outpatient	22,080.00	4,349.76	4,040.82	1,946.93	2,326.14
Surgical Services	SDS	Acellular derm matrix implt	Per Case	15777	Outpatient	92,220.00	18,167.34	5,597.00	22,993.94	12,146.74
Surgical Services	SDS	Exc skin abd	Per Case	15830	Outpatient	49,611.00	9,773.37	5,597.00	6,171.70	3,903.59
Surgical Services	SDS	Dressing change not for burn	Per Case	15852	Outpatient	9,767.26	1,924.15	5,651.10	594.23	1,041.19
Surgical Services	SDS	Suction lipectomy trunk	Per Case	15877	Outpatient	57,815.00	11,389.56	5,597.00	6,290.81	6,299.15
Surgical Services	SDS	Suction lipectomy lwr extrem	Per Case	15879	Outpatient	46,401.60	9,141.12	5,651.10	15,766.60	5,357.47
Surgical Services	SDS	Drainage of breast lesion	Per Case	19000	Outpatient	9,200.00	1,812.40	5,597.00	837.12	1,000.96
Surgical Services	SDS	Bx breast 1st lesion strtctc	Per Case	19081	Outpatient	11,194.00	2,205.22	5,597.00	1,715.79	1,217.91
Surgical Services	SDS	Bx breast add lesion us imag	Per Case	19084	Outpatient	26,357.00	5,192.33	5,597.00	1,926.86	2,896.48
Surgical Services	SDS	Biopsy of breast open	Per Case	19101	Outpatient	35,868.00	7,066.00	5,597.00	8,769.50	3,499.77
Surgical Services	SDS	Removal of 1 or more breast growth, open procedure	Per Case	19120	Outpatient	32,437.00	6,390.09	5,597.00	4,193.20	3,676.04
Surgical Services	SDS	Excision breast lesion	Per Case	19125	Outpatient	30,099.00	5,929.50	5,597.00	8,449.85	3,075.51
Surgical Services	SDS	Perq device breast 1st imag	Per Case	19281	Outpatient	5,570.00	1,097.29	5,597.00	1,259.13	606.02
Surgical Services	SDS	Perq device breast ea imag	Per Case	19282	Outpatient	7,600.00	1,497.20	5,597.00	701.65	826.88
Surgical Services	SDS	Partial mastectomy	Per Case	19301	Outpatient	35,517.00	6,996.85	5,597.00	6,439.40	3,950.11
Surgical Services	SDS	Mast simple complete	Per Case	19303	Outpatient	95,591.00	18,831.43	5,597.00	28,487.95	10,442.21
Surgical Services	SDS	Reduction of large breast	Per Case	19318	Outpatient	59,174.00	11,657.28	5,597.00	6,416.68	6,430.86
Surgical Services	SDS	Immediate breast prosthesis	Per Case	19340	Outpatient	102,585.00	20,209.25	5,597.00	14,461.43	11,060.08
Surgical Services	SDS	Delayed breast prosthesis	Per Case	19342	Outpatient	51,690.00	10,182.93	5,597.00	19,752.39	5,524.25
Surgical Services	SDS	Breast reconstruction	Per Case	19357	Outpatient	92,220.00	18,167.34	5,597.00	22,993.94	12,146.74
Surgical Services	SDS	Breast reconstruction	Per Case	19366	Outpatient	54,747.47	10,785.25	6,843.90	20,399.12	6,086.03
Surgical Services	SDS	Revise breast reconstruction	Per Case	19380	Outpatient	55,776.00	10,987.87	5,597.00	12,890.03	6,124.61
Surgical Services	SDS	Removal of support implant	Per Case	20680	Outpatient	38,394.00	7,563.62	5,597.00	5,663.33	4,225.97
Surgical Services	SDS	Cerv artific diskectomy	Per Case	22856	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
Surgical Services	SDS	Treat humerus fracture	Per Case	24538	Outpatient	46,474.00	9,155.38	5,597.00	7,062.52	3,768.62
Surgical Services	SDS	Remove wrist tendon lesion	Per Case	25111	Outpatient	23,451.00	4,619.85	5,597.00	1,614.59	2,454.37
Surgical Services	SDS	Incise finger tendon sheath	Per Case	26055	Outpatient	14,387.00	2,834.24	5,597.00	1,884.03	1,463.94
Surgical Services	SDS	Treat finger fracture each	Per Case	26727	Outpatient	20,661.00	4,070.22	5,597.00	3,193.16	2,283.56
Surgical Services	SDS	Revision of knee joint	Per Case	27446	Outpatient	61,571.00	12,129.49	14,593.00	15,187.78	6,391.54
Surgical Services	SDS	Total knee arthroplasty	Per Case	27447	Outpatient	118,547.00	23,353.76	14,593.00	15,223.81	8,046.52
Surgical Services	SDS	Surgery to stop leg growth	Per Case	27485	Outpatient	39,283.00	7,738.75	5,597.00	10,793.90	4,176.43
Surgical Services	SDS	Repair achilles tendon	Per Case	27650	Outpatient	34,690.00	6,833.93	5,597.00	10,772.55	3,503.10
Surgical Services	SDS	Treatment of ankle fracture	Per Case	27792	Outpatient	32,744.00	6,450.57	5,597.00	7,396.37	3,621.26
Surgical Services	SDS	Treatment of ankle fracture	Per Case	27814	Outpatient	44,812.00	8,827.96	5,597.00	7,577.07	4,426.39
Surgical Services	SDS	Removal of foot lesion	Per Case	28080	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
Surgical Services	SDS	Repair of hammertoe	Per Case	28285	Outpatient	62,225.00	12,258.33	5,597.00	13,645.37	5,996.22
Surgical Services	SDS	Correction hallux valgus	Per Case	28296	Outpatient	32,568.64	6,416.02	32,568.64	32,568.64	32,568.64
Surgical Services	SDS	Shoulder arthroscopy/surgery	Per Case	29823	Outpatient	49,026.60	9,658.24	49,026.60	49,026.60	49,026.60
Surgical Services	SDS	Shaving of shoulder bone using endoscope	Per Case	29826	Outpatient	45,206.00	8,905.58	3,106.00	7,062.52	5,014.11
Surgical Services	SDS	Removal of one knee cartilageusing an endoscope	Per Case	29881	Outpatient	32,250.00	6,353.25	3,106.00	3,225.60	3,437.95
Surgical Services	SDS	Knee arthroscopy/surgery	Per Case	29882	Outpatient	55,419.00	10,917.54	3,106.00	11,295.36	6,148.90
Surgical Services	SDS	Percut bx lung/mediastinum	Per Case	32405	Outpatient	16,896.76	3,328.66	5,651.10	1,689.06	1,801.19
Surgical Services	SDS	Aspirate pleura w/ imaging	Per Case	32555	Outpatient	13,240.00	2,608.28	5,597.00	763.38	657.33
Surgical Services	SDS	Thoracoscopy w/ th nrv exc	Per Case	32664	Outpatient	33,742.64	6,647.30	5,651.10	2,141.18	3,959.08
Surgical Services	SDS	Repair blood vessel lesion	Per Case	35190	Outpatient	55,501.90	10,933.87	5,651.10	12,770.50	5,817.22
Surgical Services	SDS	Endovenous laser 1st vein	Per Case	36478	Outpatient	28,257.34	5,566.70	5,651.10	7,304.14	2,964.60
Surgical Services	SDS	Insert tunneled cv cath	Per Case	36561	Outpatient	48,554.00	9,565.14	5,597.00	3,227.77	2,755.90
Surgical Services	SDS	Insj picc 5 yr+ w/o imaging	Per Case	36569	Outpatient	28,500.00	5,614.50	5,597.00	1,611.34	2,287.96
Surgical Services	SDS	Removal tunneled cv cath	Per Case	36590	Outpatient	1,810.00	356.57	5,597.00	1,585.56	197.80
Surgical Services	SDS	Av fuse uppr arm basilic	Per Case	36819	Outpatient	51,575.00	10,160.28	5,597.00	9,229.09	5,791.71
Surgical Services	SDS	Av fusion direct any site	Per Case	36821	Outpatient	38,960.00	7,675.12	5,597.00	6,884.39	4,189.71
Surgical Services	SDS	Artery-vein autograft	Per Case	36825	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
Surgical Services	SDS	Artery-vein nonautograft	Per Case	36830	Outpatient	48,667.00	9,587.40	5,597.00	5,420.61	5,612.08
Surgical Services	SDS	Av fistula revision open	Per Case	36832	Outpatient	47,612.00	9,379.56	5,597.00	11,752.20	4,754.93
Surgical Services	SDS	Av fistula revision	Per Case	36833	Outpatient	33,649.00	6,628.85	5,597.00	5,420.61	3,603.84
Surgical Services	SDS	Intro cath dialysis circuit	Per Case	36903	Outpatient	70,332.00	13,855.40	5,597.00	18,004.16	6,540.14
Surgical Services	SDS	Thrmbc/nfs dialysis circuit	Per Case	36906	Outpatient	87,704.00	17,277.69	5,597.00	18,066.12	9,091.38
Surgical Services	SDS	Fem/popl revas w/tla	Per Case	37224	Outpatient	181,475.00	35,750.58	9,162.00	18,066.12	18,916.02
Surgical Services	SDS	Fem/popl revasc stnt & ather	Per Case	37227	Outpatient	143,615.85	28,292.32	13,906.83	18,533.03	15,942.34
Surgical Services	SDS	Revise leg vein	Per Case	37700	Outpatient	24,049.57	4,737.76	5,651.10	10,812.56	2,482.96

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Amerigroup	Amerihealth	CHN	CIGNA	CIGNA HealthSpring Medicare
	INPATIENT SERVICES								
SDS	Deb bone 20 sq cm/<	Per Case	11044	Outpatient	614.28	1,780.54	3,665.81	2,487.51	1,689.06
SDS	Removal of skin tags <w/15	Per Case	11200	Outpatient	172.01	816.11	1,581.00	431.92	205.77
SDS	Exc tr-ext b9+marg 1.1-2 cm	Per Visit	11402	Outpatient	2,080.69	6,095.00	5,500.00	4,599.00	708.78
SDS	Exc tr-ext b9+marg 2.1-3cm	Per Case	11403	Outpatient	1,838.72	6,095.00	5,500.00	4,599.00	708.78
SDS	Exc tr-ext b9+marg >4.0 cm	Per Case	11406	Outpatient	1,966.45	6,095.00	5,500.00	4,599.00	1,658.74
SDS	Exc h-f-nk-sp b9+marg 3.1-4	Per Case	11424	Outpatient	2,595.95	6,131.01	5,809.39	4,856.46	5,908.47
SDS	Remove pilonidal cyst simple	Per Case	11770	Outpatient	1,880.17	6,095.00	5,500.00	4,599.00	2,757.22
SDS	Replace tissue expander	Per Case	11970	Outpatient	6,032.74	6,095.00	5,500.00	4,599.00	30,234.14
SDS	Tis trnfr s/a/l 10 sq cm/<	Per Case	14020	Outpatient	3,182.40	6,095.00	5,500.00	4,599.00	1,950.86
SDS	Tis trnfr e/n/e/l 10 sq cm/<	Per Case	14060	Outpatient	2,583.13	6,095.00	5,500.00	4,599.00	7,743.74
SDS	Wound prep trk/arm/leg	Per Case	15002	Outpatient	4,315.44	6,095.00	5,500.00	4,599.00	14,761.54
SDS	Skin sub graft trnk/arm/leg	Per Case	15271	Outpatient	2,326.14	7,007.40	14,427.00	9,707.31	1,946.93
SDS	Acellular derm matrix implt	Per Case	15777	Outpatient	5,479.60	6,095.00	5,500.00	4,599.00	22,993.94
SDS	Exc skin abd	Per Case	15830	Outpatient	4,167.69	6,095.00	5,500.00	4,599.00	6,171.70
SDS	Dressing change not for burn	Per Case	15852	Outpatient	1,145.70	5,018.73	5,797.58	4,847.01	594.23
SDS	Suction lipectomy trunk	Per Case	15877	Outpatient	6,487.64	6,095.00	5,500.00	4,599.00	6,290.81
SDS	Suction lipectomy lwr extrem	Per Case	15879	Outpatient	5,442.91	6,602.48	6,262.73	5,219.13	15,766.60
SDS	Drainage of breast lesion	Per Case	19000	Outpatient	1,000.96	4,749.04	5,500.00	3,427.49	837.12
SDS	Bx breast 1st lesion strtctc	Per Case	19081	Outpatient	1,217.91	5,556.38	5,500.00	4,385.60	1,715.79
SDS	Bx breast add lesion us imag	Per Case	19084	Outpatient	2,896.48	6,095.00	5,500.00	9,108.95	1,926.86
SDS	Biopsy of breast open	Per Case	19101	Outpatient	3,603.13	6,095.00	5,500.00	4,599.00	8,769.50
SDS	Removal of 1 or more breast growth, open procedure	Per Case	19120	Outpatient	3,876.33	6,095.00	5,500.00	4,599.00	4,193.20
SDS	Excision breast lesion	Per Case	19125	Outpatient	3,113.68	6,095.00	5,500.00	4,599.00	8,449.85
SDS	Perq device breast 1st imag	Per Case	19281	Outpatient	606.02	2,875.23	5,500.00	1,647.94	1,259.13
SDS	Perq device breast ea imag	Per Case	19282	Outpatient	826.88	3,923.12	5,500.00	2,604.07	701.65
SDS	Partial mastectomy	Per Case	19301	Outpatient	3,950.11	6,095.00	5,500.00	4,599.00	6,439.40
SDS	Mast simple complete	Per Case	19303	Outpatient	8,348.77	6,095.00	5,500.00	4,599.00	28,487.95
SDS	Reduction of large breast	Per Case	19318	Outpatient	6,632.56	6,095.00	5,500.00	4,599.00	6,416.68
SDS	Immediate breast prosthesis	Per Case	19340	Outpatient	6,578.48	6,095.00	5,500.00	4,599.00	14,461.43
SDS	Delayed breast prosthesis	Per Case	19342	Outpatient	5,863.78	6,095.00	5,500.00	4,599.00	19,752.39
SDS	Breast reconstruction	Per Case	19357	Outpatient	5,479.60	6,095.00	5,500.00	4,599.00	22,993.94
SDS	Breast reconstruction	Per Case	19366	Outpatient	6,421.87	8,032.75	7,752.68	6,649.65	20,399.12
SDS	Revise breast reconstruction	Per Case	19380	Outpatient	6,278.30	6,095.00	5,500.00	4,599.00	12,890.03
SDS	Removal of support implant	Per Case	20680	Outpatient	4,196.42	6,095.00	5,500.00	4,599.00	5,663.33
SDS	Cerv artific diskectomy	Per Case	22856	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
SDS	Treat humerus fracture	Per Case	24538	Outpatient	3,822.69	6,095.00	5,500.00	4,599.00	7,062.52
SDS	Remove wrist tendon lesion	Per Case	25111	Outpatient	2,567.16	6,095.00	5,500.00	4,599.00	1,614.59
SDS	Incise finger tendon sheath	Per Case	26055	Outpatient	1,576.73	6,095.00	5,500.00	4,599.00	1,884.03
SDS	Treat finger fracture each	Per Case	26727	Outpatient	2,254.01	6,095.00	5,500.00	4,599.00	3,193.16
SDS	Revision of knee joint	Per Case	27446	Outpatient	6,947.86	17,016.00	5,500.00	4,599.00	15,187.78
SDS	Total knee arthroplasty	Per Case	27447	Outpatient	8,955.78	17,016.00	5,500.00	4,599.00	15,223.81
SDS	Surgery to stop leg growth	Per Case	27485	Outpatient	4,163.46	6,095.00	5,500.00	4,599.00	10,793.90
SDS	Repair achilles tendon	Per Case	27650	Outpatient	3,621.73	6,095.00	5,500.00	4,599.00	10,772.55
SDS	Treatment of ankle fracture	Per Case	27792	Outpatient	3,591.71	6,095.00	5,500.00	4,599.00	7,396.37
SDS	Treatment of ankle fracture	Per Case	27814	Outpatient	4,604.20	6,095.00	5,500.00	4,599.00	7,577.07
SDS	Removal of foot lesion	Per Case	28080	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
SDS	Repair of hammertoe	Per Case	28285	Outpatient	6,295.93	6,095.00	5,500.00	4,599.00	13,645.37
SDS	Correction hallux valgus	Per Case	28296	Outpatient	32,568.64	32,568.64	32,568.64	32,568.64	32,568.64
SDS	Shoulder arthroscopy/surgery	Per Case	29823	Outpatient	49,026.60	49,026.60	49,026.60	49,026.60	49,026.60
SDS	Shaving of shoulder bone using endoscope	Per Case	29826	Outpatient	4,984.56	6,095.00	5,500.00	4,599.00	7,177.36
SDS	Removal of one knee cartilageusing an endoscope	Per Case	29881	Outpatient	3,531.97	6,095.00	5,500.00	4,599.00	3,225.60
SDS	Knee arthroscopy/surgery	Per Case	29882	Outpatient	6,173.42	6,095.00	5,500.00	4,599.00	11,295.36
SDS	Percut bx lung/mediastinum	Per Case	32405	Outpatient	1,981.99	6,095.25	5,775.00	7,603.80	1,689.06
SDS	Aspirate pleura w/ imaging	Per Case	32555	Outpatient	657.33	6,063.80	5,500.00	2,652.44	763.38
SDS	Thoracoscopy w/ th nrv exc	Per Case	32664	Outpatient	3,958.02	6,536.69	6,199.46	5,168.52	2,141.18
SDS	Repair blood vessel lesion	Per Case	35190	Outpatient	6,400.64	6,128.37	5,808.86	4,860.24	12,770.50
SDS	Endovenous laser 1st vein	Per Case	36478	Outpatient	3,314.59	6,150.12	5,827.76	4,871.16	7,304.14
SDS	Insert tunneled cv cath	Per Case	36561	Outpatient	2,755.90	6,095.00	5,500.00	10,820.28	3,227.77
SDS	Insj picc 5 yr+ w/o imaging	Per Case	36569	Outpatient	2,287.96	6,095.00	5,500.00	4,350.59	1,611.34
SDS	Removal tunneled cv cath	Per Case	36590	Outpatient	197.80	938.45	1,818.00	856.28	1,585.56
SDS	Av fuse uppr arm basilic	Per Case	36819	Outpatient	5,762.16	6,095.00	5,500.00	4,599.00	9,229.09
SDS	Av fusion direct any site	Per Case	36821	Outpatient	4,250.49	6,095.00	5,500.00	4,599.00	6,884.39
SDS	Artery-vein autograft	Per Case	36825	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
SDS	Artery-vein nonautograft	Per Case	36830	Outpatient	5,881.73	6,095.00	5,500.00	4,599.00	5,420.61
SDS	Av fistula revision open	Per Case	36832	Outpatient	5,230.45	6,095.00	5,500.00	4,599.00	11,752.20
SDS	Av fistula revision	Per Case	36833	Outpatient	3,676.35	6,095.00	5,500.00	4,599.00	5,420.61
SDS	Intro cath dialysis circuit	Per Case	36903	Outpatient	6,911.19	6,095.00	5,500.00	4,599.00	18,004.16
SDS	Thrmbc/nfs dialysis circuit	Per Case	36906	Outpatient	9,379.76	6,095.00	5,500.00	4,599.00	18,066.12
SDS	Fem/popl revas w/tla	Per Case	37224	Outpatient	18,916.02	10,364.00	6,875.00	8,696.00	18,066.12
SDS	Fem/popl revasc stnt & ather	Per Case	37227	Outpatient	16,650.97	16,035.89	13,040.48	14,201.88	18,533.03
SDS	Revise leg vein	Per Case	37700	Outpatient	2,821.01	6,147.67	5,825.40	4,869.27	10,812.56

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
	INPATIENT SERVICES									
SDS	Deb bone 20 sq cm/<	Per Case	11044	Outpatient	1,689.06	2,880.29	1,712.46	1,712.46	1,712.46	1,689.06
SDS	Removal of skin tags <w/15	Per Case	11200	Outpatient	205.77	790.50	516.99	516.99	516.99	205.77
SDS	Exc tr-ext b9+marg 1.1-2 cm	Per Visit	11402	Outpatient	720.31	4,093.00	5,121.00	5,121.00	5,121.00	708.78
SDS	Exc tr-ext b9+marg 2.1-3cm	Per Case	11403	Outpatient	720.31	4,093.00	5,121.00	5,121.00	5,121.00	708.78
SDS	Exc tr-ext b9+marg >4.0 cm	Per Case	11406	Outpatient	1,685.71	4,093.00	5,121.00	5,121.00	5,121.00	1,658.74
SDS	Exc h-f-nk-sp b9+marg 3.1-4	Per Case	11424	Outpatient	5,908.47	4,297.65	4,347.00	4,347.00	4,347.00	5,908.47
SDS	Remove pilonidal cyst simple	Per Case	11770	Outpatient	2,802.06	4,093.00	5,121.00	5,121.00	5,121.00	2,757.22
SDS	Replace tissue expander	Per Case	11970	Outpatient	30,725.75	4,093.00	5,121.00	5,121.00	5,121.00	30,234.14
SDS	Tis trnfr s/a/l 10 sq cm/<	Per Case	14020	Outpatient	1,982.58	4,093.00	5,121.00	5,121.00	5,121.00	1,950.86
SDS	Tis trnfr e/n/e/l 10 sq cm/<	Per Case	14060	Outpatient	7,869.66	4,093.00	5,121.00	5,121.00	5,121.00	7,743.74
SDS	Wound prep trk/arm/leg	Per Case	15002	Outpatient	14,880.69	4,093.00	5,121.00	5,121.00	5,121.00	14,761.54
SDS	Skin sub graft trnk/arm/leg	Per Case	15271	Outpatient	1,946.93	11,759.00	6,991.26	6,991.26	6,991.26	1,946.93
SDS	Acellular derm matrix implt	Per Case	15777	Outpatient	23,367.82	4,093.00	5,121.00	5,121.00	5,121.00	22,993.94
SDS	Exc skin abd	Per Case	15830	Outpatient	6,272.06	4,093.00	5,121.00	5,121.00	5,121.00	6,171.70
SDS	Dressing change not for burn	Per Case	15852	Outpatient	594.23	4,297.65	3,193.89	3,193.89	3,193.89	594.23
SDS	Suction lipectomy trunk	Per Case	15877	Outpatient	6,341.54	4,093.00	5,121.00	5,121.00	5,121.00	6,290.81
SDS	Suction lipectomy lwr extrem	Per Case	15879	Outpatient	15,766.60	4,297.65	4,347.00	4,347.00	4,347.00	15,766.60
SDS	Drainage of breast lesion	Per Case	19000	Outpatient	850.73	4,093.00	3,008.40	3,008.40	3,008.40	837.12
SDS	Bx breast 1st lesion strtctc	Per Case	19081	Outpatient	1,743.69	4,093.00	3,660.44	3,660.44	3,660.44	1,715.79
SDS	Bx breast add lesion us imag	Per Case	19084	Outpatient	1,958.19	4,093.00	5,121.00	5,121.00	5,121.00	1,926.86
SDS	Biopsy of breast open	Per Case	19101	Outpatient	8,912.10	4,093.00	5,121.00	5,121.00	5,121.00	8,769.50
SDS	Removal of 1 or more breast growth, open procedure	Per Case	19120	Outpatient	4,261.38	4,093.00	5,121.00	5,121.00	5,121.00	4,193.20
SDS	Excision breast lesion	Per Case	19125	Outpatient	8,587.25	4,093.00	5,121.00	5,121.00	5,121.00	8,449.85
SDS	Perq device breast 1st imag	Per Case	19281	Outpatient	1,259.13	2,785.00	1,821.39	1,821.39	1,821.39	1,259.13
SDS	Perq device breast ea imag	Per Case	19282	Outpatient	701.65	3,800.00	2,485.20	2,485.20	2,485.20	701.65
SDS	Partial mastectomy	Per Case	19301	Outpatient	6,439.40	4,093.00	5,121.00	5,121.00	5,121.00	6,439.40
SDS	Mast simple complete	Per Case	19303	Outpatient	28,951.17	4,093.00	5,121.00	5,121.00	5,121.00	28,487.95
SDS	Reduction of large breast	Per Case	19318	Outpatient	6,521.02	4,093.00	5,121.00	5,121.00	5,121.00	6,416.68
SDS	Immediate breast prosthesis	Per Case	19340	Outpatient	14,696.57	4,093.00	5,121.00	5,121.00	5,121.00	14,461.43
SDS	Delayed breast prosthesis	Per Case	19342	Outpatient	20,073.57	4,093.00	5,121.00	5,121.00	5,121.00	19,752.39
SDS	Breast reconstruction	Per Case	19357	Outpatient	23,367.82	4,093.00	5,121.00	5,121.00	5,121.00	22,993.94
SDS	Breast reconstruction	Per Case	19366	Outpatient	20,399.12	4,297.65	4,347.00	4,347.00	4,347.00	20,399.12
SDS	Revise breast reconstruction	Per Case	19380	Outpatient	13,099.63	4,093.00	5,121.00	5,121.00	5,121.00	12,890.03
SDS	Removal of support implant	Per Case	20680	Outpatient	5,755.42	4,093.00	5,121.00	5,121.00	5,121.00	5,663.33
SDS	Cerv artific diskectomy	Per Case	22856	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	Service is not provided at Saint Peter's Healthcare System
SDS	Treat humerus fracture	Per Case	24538	Outpatient	7,177.36	4,093.00	5,121.00	5,121.00	5,121.00	7,062.52
SDS	Remove wrist tendon lesion	Per Case	25111	Outpatient	1,640.84	4,093.00	5,121.00	5,121.00	5,121.00	1,614.59
SDS	Incise finger tendon sheath	Per Case	26055	Outpatient	1,914.66	4,093.00	4,738.88	4,738.88	4,738.88	1,884.03
SDS	Treat finger fracture each	Per Case	26727	Outpatient	3,245.08	4,093.00	5,121.00	5,121.00	5,121.00	3,193.16
SDS	Revision of knee joint	Per Case	27446	Outpatient	15,434.74	15,500.00	15,780.00	15,780.00	15,780.00	15,187.78
SDS	Total knee arthroplasty	Per Case	27447	Outpatient	15,471.35	15,500.00	15,780.00	15,780.00	15,780.00	15,223.81
SDS	Surgery to stop leg growth	Per Case	27485	Outpatient	10,969.41	4,093.00	5,121.00	5,121.00	5,121.00	10,793.90
SDS	Repair achilles tendon	Per Case	27650	Outpatient	10,947.71	4,093.00	5,121.00	5,121.00	5,121.00	10,772.55
SDS	Treatment of ankle fracture	Per Case	27792	Outpatient	7,516.63	4,093.00	5,121.00	5,121.00	5,121.00	7,396.37
SDS	Treatment of ankle fracture	Per Case	27814	Outpatient	7,700.27	4,093.00	5,121.00	5,121.00	5,121.00	7,577.07
SDS	Removal of foot lesion	Per Case	28080	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	Service is not provided at Saint Peter's Healthcare System
SDS	Repair of hammertoe	Per Case	28285	Outpatient	13,867.24	4,093.00	5,121.00	5,121.00	5,121.00	13,645.37
SDS	Correction hallux valgus	Per Case	28296	Outpatient	32,568.64	32,568.64	32,568.64	32,568.64	32,568.64	32,568.64
SDS	Shoulder arthroscopy/surgery	Per Case	29823	Outpatient	49,026.60	49,026.60	49,026.60	49,026.60	49,026.60	49,026.60
SDS	Shaving of shoulder bone using endoscope	Per Case	29826	Outpatient	7,177.36	4,093.00	5,121.00	5,121.00	5,121.00	7,062.52
SDS	Removal of one knee cartilageusing an endoscope	Per Case	29881	Outpatient	3,278.05	4,093.00	5,121.00	5,121.00	5,121.00	3,225.60
SDS	Knee arthroscopy/surgery	Per Case	29882	Outpatient	11,479.03	4,093.00	5,121.00	5,121.00	5,121.00	11,295.36
SDS	Percut bx lung/mediastinum	Per Case	32405	Outpatient	1,689.06	4,297.65	4,347.00	4,347.00	4,347.00	1,689.06
SDS	Aspirate pleura w/ imaging	Per Case	32555	Outpatient	763.38	4,093.00	3,841.27	3,841.27	3,841.27	763.38
SDS	Thoracoscopy w/ th nrv exc	Per Case	32664	Outpatient	2,141.18	4,297.65	4,347.00	4,347.00	4,347.00	2,141.18
SDS	Repair blood vessel lesion	Per Case	35190	Outpatient	12,770.50	5,452.65	4,347.00	4,347.00	4,347.00	12,770.50
SDS	Endovenous laser 1st vein	Per Case	36478	Outpatient	7,304.14	4,297.65	4,347.00	4,347.00	4,347.00	7,304.14
SDS	Insert tunneled cv cath	Per Case	36561	Outpatient	3,280.25	4,093.00	5,121.00	5,121.00	5,121.00	3,227.77
SDS	Insj picc 5 yr+ w/o imaging	Per Case	36569	Outpatient	1,611.34	4,093.00	5,121.00	5,121.00	5,121.00	1,611.34
SDS	Removal tunneled cv cath	Per Case	36590	Outpatient	1,585.56	909.00	594.49	594.49	594.49	1,585.56
SDS	Av fuse uppr arm basilic	Per Case	36819	Outpatient	9,379.15	4,093.00	5,121.00	5,121.00	5,121.00	9,229.09
SDS	Av fusion direct any site	Per Case	36821	Outpatient	6,996.33	4,093.00	5,121.00	5,121.00	5,121.00	6,884.39
SDS	Artery-vein autograft	Per Case	36825	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	Service is not provided at Saint Peter's Healthcare System
SDS	Artery-vein nonautograft	Per Case	36830	Outpatient	5,464.32	4,093.00	5,121.00	5,121.00	5,121.00	5,420.61
SDS	Av fistula revision open	Per Case	36832	Outpatient	11,943.30	4,093.00	5,121.00	5,121.00	5,121.00	11,752.20
SDS	Av fistula revision	Per Case	36833	Outpatient	5,420.61	4,093.00	5,121.00	5,121.00	5,121.00	5,420.61
SDS	Intro cath dialysis circuit	Per Case	36903	Outpatient	18,296.91	4,093.00	5,121.00	5,121.00	5,121.00	18,004.16
SDS	Thrmbc/nfs dialysis circuit	Per Case	36906	Outpatient	18,066.12	4,093.00	5,121.00	5,121.00	5,121.00	18,066.12
SDS	Fem/popl revas w/tla	Per Case	37224	Outpatient	18,066.12	5,750.00	8,360.00	8,360.00	8,360.00	18,066.12
SDS	Fem/popl revasc stnt & ather	Per Case	37227	Outpatient	18,533.03	11,859.23	5,486.25	5,486.25	5,486.25	18,533.03
SDS	Revise leg vein	Per Case	37700	Outpatient	10,812.56	4,297.65	4,347.00	4,347.00	4,347.00	10,812.56

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Horizon NJ Health Medicaid	Humana Medicare	Longevity PPO	Magnacare	Multiplan
	INPATIENT SERVICES								
SDS	Deb bone 20 sq cm/<	Per Case	11044	Outpatient	235.41	1,689.06	1,689.06	4,451.35	4,189.50
SDS	Removal of skin tags <w/15	Per Case	11200	Outpatient	1,581.00	205.77	205.77	1,343.85	1,264.80
SDS	Exc tr-ext b9+marg 1.1-2 cm	Per Visit	11402	Outpatient	2,211.00	720.31	720.31	4,251.00	15,299.20
SDS	Exc tr-ext b9+marg 2.1-3cm	Per Case	11403	Outpatient	2,211.00	720.31	720.31	4,251.00	13,520.00
SDS	Exc tr-ext b9+marg >4.0 cm	Per Case	11406	Outpatient	2,211.00	1,685.71	1,685.71	4,251.00	14,459.20
SDS	Exc h-f-nk-sp b9+marg 3.1-4	Per Case	11424	Outpatient	2,321.55	5,908.47	5,908.47	4,532.33	17,704.68
SDS	Remove pilonidal cyst simple	Per Case	11770	Outpatient	2,211.00	2,802.06	2,802.06	4,251.00	13,824.80
SDS	Replace tissue expander	Per Case	11970	Outpatient	2,211.00	30,725.75	30,725.75	4,251.00	44,358.40
SDS	Tis trnfr s/a/l 10 sq cm/<	Per Case	14020	Outpatient	2,211.00	1,982.58	1,982.58	4,251.00	23,400.00
SDS	Tis trnfr e/n/e/l 10 sq cm/<	Per Case	14060	Outpatient	2,211.00	7,869.66	7,869.66	4,251.00	18,993.60
SDS	Wound prep trk/arm/leg	Per Case	15002	Outpatient	2,211.00	14,880.69	14,880.69	4,251.00	31,731.20
SDS	Skin sub graft trnk/arm/leg	Per Case	15271	Outpatient	89.50	1,946.93	1,946.93	17,518.50	17,104.00
SDS	Acellular derm matrix implt	Per Case	15777	Outpatient	2,211.00	23,367.82	23,367.82	4,251.00	90,915.20
SDS	Exc skin abd	Per Case	15830	Outpatient	2,211.00	6,272.06	6,272.06	4,251.00	30,644.80
SDS	Dressing change not for burn	Per Case	15852	Outpatient	2,321.55	594.23	594.23	4,508.70	7,813.81
SDS	Suction lipectomy trunk	Per Case	15877	Outpatient	2,211.00	6,341.54	6,341.54	4,251.00	47,703.20
SDS	Suction lipectomy lwr extrem	Per Case	15879	Outpatient	2,321.55	15,766.60	15,766.60	5,439.00	37,121.28
SDS	Drainage of breast lesion	Per Case	19000	Outpatient	2,211.00	850.73	850.73	4,251.00	7,360.00
SDS	Bx breast 1st lesion strtctc	Per Case	19081	Outpatient	2,211.00	1,743.69	1,743.69	4,251.00	8,955.20
SDS	Bx breast add lesion us imag	Per Case	19084	Outpatient	2,211.00	1,958.19	1,958.19	4,251.00	21,085.60
SDS	Biopsy of breast open	Per Case	19101	Outpatient	2,211.00	8,912.10	8,912.10	4,251.00	26,493.60
SDS	Removal of 1 or more breast growth, open procedure	Per Case	19120	Outpatient	2,211.00	4,261.38	4,261.38	4,251.00	28,502.40
SDS	Excision breast lesion	Per Case	19125	Outpatient	2,211.00	8,587.25	8,587.25	4,251.00	22,894.72
SDS	Perq device breast 1st imag	Per Case	19281	Outpatient	2,211.00	1,259.13	1,259.13	4,251.00	4,456.00
SDS	Perq device breast ea imag	Per Case	19282	Outpatient	2,211.00	701.65	701.65	4,251.00	6,080.00
SDS	Partial mastectomy	Per Case	19301	Outpatient	2,211.00	6,439.40	6,439.40	4,251.00	29,044.96
SDS	Mast simple complete	Per Case	19303	Outpatient	2,211.00	28,951.17	28,951.17	4,251.00	79,020.00
SDS	Reduction of large breast	Per Case	19318	Outpatient	2,211.00	6,521.02	6,521.02	4,251.00	48,768.80
SDS	Immediate breast prosthesis	Per Case	19340	Outpatient	2,211.00	14,696.57	14,696.57	4,251.00	84,019.20
SDS	Delayed breast prosthesis	Per Case	19342	Outpatient	2,211.00	20,073.57	20,073.57	4,251.00	43,116.00
SDS	Breast reconstruction	Per Case	19357	Outpatient	2,211.00	23,367.82	23,367.82	4,251.00	90,915.20
SDS	Breast reconstruction	Per Case	19366	Outpatient	3,752.91	20,399.12	20,399.12	6,927.90	43,797.98
SDS	Revise breast reconstruction	Per Case	19380	Outpatient	2,211.00	13,099.63	13,099.63	4,251.00	46,164.00
SDS	Removal of support implant	Per Case	20680	Outpatient	2,211.00	5,755.42	5,755.42	4,251.00	30,856.00
SDS	Cerv artific diskectomy	Per Case	22856	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
SDS	Treat humerus fracture	Per Case	24538	Outpatient	2,211.00	7,177.36	7,177.36	4,251.00	28,108.00
SDS	Remove wrist tendon lesion	Per Case	25111	Outpatient	2,211.00	1,640.84	1,640.84	4,251.00	18,876.16
SDS	Incise finger tendon sheath	Per Case	26055	Outpatient	2,211.00	1,914.66	1,914.66	4,251.00	11,593.60
SDS	Treat finger fracture each	Per Case	26727	Outpatient	2,211.00	3,245.08	3,245.08	4,251.00	16,573.60
SDS	Revision of knee joint	Per Case	27446	Outpatient	2,211.00	15,434.74	15,434.74	4,251.00	51,087.20
SDS	Total knee arthroplasty	Per Case	27447	Outpatient	2,211.00	15,471.35	15,471.35	4,251.00	65,851.36
SDS	Surgery to stop leg growth	Per Case	27485	Outpatient	2,211.00	10,969.41	10,969.41	4,251.00	30,613.68
SDS	Repair achilles tendon	Per Case	27650	Outpatient	2,211.00	10,947.71	10,947.71	4,251.00	26,630.40
SDS	Treatment of ankle fracture	Per Case	27792	Outpatient	2,211.00	7,516.63	7,516.63	4,251.00	26,409.60
SDS	Treatment of ankle fracture	Per Case	27814	Outpatient	2,211.00	7,700.27	7,700.27	4,251.00	33,854.40
SDS	Removal of foot lesion	Per Case	28080	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
SDS	Repair of hammertoe	Per Case	28285	Outpatient	2,211.00	13,867.24	13,867.24	4,251.00	46,293.60
SDS	Correction hallux valgus	Per Case	28296	Outpatient	32,568.64	32,568.64	32,568.64	32,568.64	32,568.64
SDS	Shoulder arthroscopy/surgery	Per Case	29823	Outpatient	49,026.60	49,026.60	49,026.60	49,026.60	49,026.60
SDS	Shaving of shoulder bone using endoscope	Per Case	29826	Outpatient	2,211.00	7,177.36	7,177.36	4,251.00	36,651.20
SDS	Removal of one knee cartilageusing an endoscope	Per Case	29881	Outpatient	2,211.00	3,278.05	3,278.05	4,251.00	25,970.40
SDS	Knee arthroscopy/surgery	Per Case	29882	Outpatient	2,211.00	11,479.03	11,479.03	4,251.00	45,392.80
SDS	Percut bx lung/mediastinum	Per Case	32405	Outpatient	2,321.55	1,689.06	1,689.06	4,463.55	13,517.41
SDS	Aspirate pleura w/ imaging	Per Case	32555	Outpatient	2,211.00	763.38	763.38	4,251.00	9,397.60
SDS	Thoracoscopy w/ th nrv exc	Per Case	32664	Outpatient	2,321.55	2,141.18	2,141.18	5,312.48	26,994.11
SDS	Repair blood vessel lesion	Per Case	35190	Outpatient	2,321.55	12,770.50	12,770.50	4,505.03	44,401.52
SDS	Endovenous laser 1st vein	Per Case	36478	Outpatient	2,321.55	7,304.14	7,304.14	4,569.08	22,605.87
SDS	Insert tunneled cv cath	Per Case	36561	Outpatient	2,211.00	3,280.25	3,280.25	4,251.00	20,264.00
SDS	Insj picc 5 yr+ w/o imaging	Per Case	36569	Outpatient	2,211.00	1,611.34	1,611.34	4,251.00	22,824.80
SDS	Removal tunneled cv cath	Per Case	36590	Outpatient	1,818.00	1,585.56	1,585.56	1,545.30	1,454.40
SDS	Av fuse uppr arm basilic	Per Case	36819	Outpatient	2,211.00	9,379.15	9,379.15	4,251.00	42,368.80
SDS	Av fusion direct any site	Per Case	36821	Outpatient	2,211.00	6,996.33	6,996.33	4,251.00	31,253.60
SDS	Artery-vein autograft	Per Case	36825	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
SDS	Artery-vein nonautograft	Per Case	36830	Outpatient	2,211.00	5,464.32	5,464.32	4,251.00	43,248.00
SDS	Av fistula revision open	Per Case	36832	Outpatient	2,211.00	11,943.30	11,943.30	4,251.00	38,459.20
SDS	Av fistula revision	Per Case	36833	Outpatient	2,211.00	5,420.61	5,420.61	4,251.00	27,032.00
SDS	Intro cath dialysis circuit	Per Case	36903	Outpatient	2,211.00	18,296.91	18,296.91	4,251.00	54,859.20
SDS	Thrmbc/nfs dialysis circuit	Per Case	36906	Outpatient	2,211.00	18,066.12	18,066.12	4,251.00	68,968.80
SDS	Fem/popl revas w/tla	Per Case	37224	Outpatient	4,367.00	18,066.12	18,066.12	6,196.00	145,588.80
SDS	Fem/popl revasc stnt & ather	Per Case	37227	Outpatient	9,171.75	18,533.03	18,533.03	13,371.75	114,892.68
SDS	Revise leg vein	Per Case	37700	Outpatient	2,321.55	10,812.56	10,812.56	4,564.35	19,239.65

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare	United Community & State Medicaid
	INPATIENT SERVICES									
SDS	Deb bone 20 sq cm/<	Per Case	11044	Outpatient	3,927.66	3,718.19	3,718.19	3,927.66	1,689.06	586.01
SDS	Removal of skin tags <w/15	Per Case	11200	Outpatient	1,581.00	1,122.51	1,122.51	1,581.00	205.77	172.01
SDS	Exc tr-ext b9+marg 1.1-2 cm	Per Visit	11402	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	708.78	1,885.63
SDS	Exc tr-ext b9+marg 2.1-3cm	Per Case	11403	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	708.78	1,741.37
SDS	Exc tr-ext b9+marg >4.0 cm	Per Case	11406	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	1,658.74	1,791.41
SDS	Exc h-f-nk-sp b9+marg 3.1-4	Per Case	11424	Outpatient	6,698.48	6,768.30	6,898.50	6,698.48	5,908.47	2,359.59
SDS	Remove pilonidal cyst simple	Per Case	11770	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	2,757.22	1,861.56
SDS	Replace tissue expander	Per Case	11970	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	30,234.14	5,729.44
SDS	Tis trnfr s/a/l 10 sq cm/<	Per Case	14020	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	1,950.86	2,960.19
SDS	Tis trnfr e/n/e/l 10 sq cm/<	Per Case	14060	Outpatient	8,110.50	6,446.00	6,570.00	8,110.50	7,743.74	2,564.52
SDS	Wound prep trk/arm/leg	Per Case	15002	Outpatient	8,110.50	6,446.00	6,570.00	8,110.50	14,761.54	4,315.44
SDS	Skin sub graft trnk/arm/leg	Per Case	15271	Outpatient	0.11	15,179.80	15,179.80	0.11	1,946.93	2,326.14
SDS	Acellular derm matrix implt	Per Case	15777	Outpatient	9,954.25	6,446.00	6,570.00	9,954.25	22,993.94	12,292.35
SDS	Exc skin abd	Per Case	15830	Outpatient	8,110.50	6,446.00	6,570.00	8,110.50	6,171.70	4,150.17
SDS	Dressing change not for burn	Per Case	15852	Outpatient	4,465.65	6,768.30	6,898.50	4,465.65	594.23	1,092.96
SDS	Suction lipectomy trunk	Per Case	15877	Outpatient	9,954.25	6,446.00	6,570.00	9,954.25	6,290.81	6,487.64
SDS	Suction lipectomy lwr extrem	Per Case	15879	Outpatient	10,422.30	7,451.12	7,581.32	10,422.30	15,766.60	5,192.33
SDS	Drainage of breast lesion	Per Case	19000	Outpatient	4,423.00	6,446.00	6,532.00	4,423.00	837.12	1,000.96
SDS	Bx breast 1st lesion strtctc	Per Case	19081	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	1,715.79	1,217.91
SDS	Bx breast add lesion us imag	Per Case	19084	Outpatient	8,846.00	6,446.00	6,570.00	8,846.00	1,926.86	2,739.16
SDS	Biopsy of breast open	Per Case	19101	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	8,769.50	3,331.45
SDS	Removal of 1 or more breast growth, open procedure	Per Case	19120	Outpatient	7,429.50	6,446.00	6,570.00	7,429.50	4,193.20	3,857.72
SDS	Excision breast lesion	Per Case	19125	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	8,449.85	3,045.03
SDS	Perq device breast 1st imag	Per Case	19281	Outpatient	4,334.54	3,954.70	3,954.70	4,334.54	1,259.13	606.02
SDS	Perq device breast ea imag	Per Case	19282	Outpatient	8,846.00	5,396.00	5,396.00	8,846.00	701.65	826.88
SDS	Partial mastectomy	Per Case	19301	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	6,439.40	3,950.11
SDS	Mast simple complete	Per Case	19303	Outpatient	10,153.00	6,446.00	6,570.00	10,153.00	28,487.95	10,728.11
SDS	Reduction of large breast	Per Case	19318	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	6,416.68	6,613.95
SDS	Immediate breast prosthesis	Per Case	19340	Outpatient	9,954.25	6,446.00	6,570.00	9,954.25	14,461.43	11,354.26
SDS	Delayed breast prosthesis	Per Case	19342	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	19,752.39	5,700.47
SDS	Breast reconstruction	Per Case	19357	Outpatient	9,954.25	6,446.00	6,570.00	9,954.25	22,993.94	12,292.35
SDS	Breast reconstruction	Per Case	19366	Outpatient	10,422.30	8,940.65	9,070.85	10,422.30	20,399.12	5,957.99
SDS	Revise breast reconstruction	Per Case	19380	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	12,890.03	6,192.65
SDS	Removal of support implant	Per Case	20680	Outpatient	7,827.00	6,446.00	6,570.00	7,827.00	5,663.33	4,196.42
SDS	Cerv artific diskectomy	Per Case	22856	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	Service is not provided at Saint Peter's Healthcare System
SDS	Treat humerus fracture	Per Case	24538	Outpatient	7,429.50	6,446.00	6,570.00	7,429.50	7,062.52	3,769.18
SDS	Remove wrist tendon lesion	Per Case	25111	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	1,614.59	2,425.83
SDS	Incise finger tendon sheath	Per Case	26055	Outpatient	6,634.50	6,446.00	6,570.00	6,634.50	1,884.03	1,435.40
SDS	Treat finger fracture each	Per Case	26727	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	3,193.16	2,254.01
SDS	Revision of knee joint	Per Case	27446	Outpatient	9,079.00	6,446.00	6,570.00	9,079.00	15,187.78	6,589.39
SDS	Total knee arthroplasty	Per Case	27447	Outpatient	9,079.00	6,446.00	6,570.00	9,079.00	15,223.81	8,285.02
SDS	Surgery to stop leg growth	Per Case	27485	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	10,793.90	4,145.94
SDS	Repair achilles tendon	Per Case	27650	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	10,772.55	3,503.82
SDS	Treatment of ankle fracture	Per Case	27792	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	7,396.37	3,591.71
SDS	Treatment of ankle fracture	Per Case	27814	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	7,577.07	4,398.14
SDS	Removal of foot lesion	Per Case	28080	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	Service is not provided at Saint Peter's Healthcare System
SDS	Repair of hammertoe	Per Case	28285	Outpatient	9,812.50	6,446.00	6,570.00	9,812.50	13,645.37	6,192.96
SDS	Correction hallux valgus	Per Case	28296	Outpatient	32,568.64	32,568.64	32,568.64	32,568.64	32,568.64	32,568.64
SDS	Shoulder arthroscopy/surgery	Per Case	29823	Outpatient	49,026.60	49,026.60	49,026.60	49,026.60	49,026.60	49,026.60
SDS	Shaving of shoulder bone using endoscope	Per Case	29826	Outpatient	8,110.50	6,446.00	6,570.00	8,110.50	7,062.52	4,984.56
SDS	Removal of one knee cartilageusing an endoscope	Per Case	29881	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	3,225.60	3,409.26
SDS	Knee arthroscopy/surgery	Per Case	29882	Outpatient	9,954.25	6,446.00	6,570.00	9,954.25	11,295.36	6,119.91
SDS	Percut bx lung/mediastinum	Per Case	32405	Outpatient	4,465.65	6,768.30	6,898.50	4,465.65	1,689.06	1,890.75
SDS	Aspirate pleura w/ imaging	Per Case	32555	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	763.38	630.68
SDS	Thoracoscopy w/ th nrv exc	Per Case	32664	Outpatient	8,188.43	7,362.55	7,492.75	8,188.43	2,141.18	3,775.80
SDS	Repair blood vessel lesion	Per Case	35190	Outpatient	11,672.98	6,768.30	6,924.75	11,672.98	12,770.50	6,106.45
SDS	Endovenous laser 1st vein	Per Case	36478	Outpatient	5,955.60	6,768.30	6,898.50	5,955.60	7,304.14	3,076.58
SDS	Insert tunneled cv cath	Per Case	36561	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	3,227.77	2,755.90
SDS	Insj picc 5 yr+ w/o imaging	Per Case	36569	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	1,611.34	3,104.17
SDS	Removal tunneled cv cath	Per Case	36590	Outpatient	4,423.00	1,290.78	1,290.78	4,423.00	1,585.56	197.80
SDS	Av fuse uppr arm basilic	Per Case	36819	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	9,229.09	5,762.16
SDS	Av fusion direct any site	Per Case	36821	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	6,884.39	4,160.80
SDS	Artery-vein autograft	Per Case	36825	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	Service is not provided at Saint Peter's Healthcare System
SDS	Artery-vein nonautograft	Per Case	36830	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,420.61	5,583.79
SDS	Av fistula revision open	Per Case	36832	Outpatient	8,110.50	6,446.00	6,570.00	8,110.50	11,752.20	4,729.55
SDS	Av fistula revision	Per Case	36833	Outpatient	8,110.50	6,446.00	6,570.00	8,110.50	5,420.61	3,604.00
SDS	Intro cath dialysis circuit	Per Case	36903	Outpatient	7,376.00	6,446.00	6,570.00	7,376.00	18,004.16	7,061.88
SDS	Thrmbc/nfs dialysis circuit	Per Case	36906	Outpatient	7,376.00	6,446.00	6,570.00	7,376.00	18,066.12	9,063.41
SDS	Fem/popl revas w/tla	Per Case	37224	Outpatient	17,698.00	117,063.97	117,221.78	17,698.00	18,066.12	19,642.13
SDS	Fem/popl revasc stnt & ather	Per Case	37227	Outpatient	16,451.51	97,298.36	97,301.85	16,451.51	18,533.03	15,887.01
SDS	Revise leg vein	Per Case	37700	Outpatient	8,933.40	6,768.30	6,898.50	8,933.40	10,812.56	2,571.00

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
	INPATIENT SERVICES							
SDS	Deb bone 20 sq cm/<	Per Case	11044	Outpatient	656.18	1,689.06	235.41	4,451.35
SDS	Removal of skin tags <w/15	Per Case	11200	Outpatient	172.01	205.77	172.01	5,597.00
SDS	Exc tr-ext b9+marg 1.1-2 cm	Per Visit	11402	Outpatient	1,928.44	708.78	708.78	15,299.20
SDS	Exc tr-ext b9+marg 2.1-3cm	Per Case	11403	Outpatient	1,742.99	708.78	708.78	13,520.00
SDS	Exc tr-ext b9+marg >4.0 cm	Per Case	11406	Outpatient	1,834.18	1,658.74	1,658.74	14,459.20
SDS	Exc h-f-nk-sp b9+marg 3.1-4	Per Case	11424	Outpatient	2,683.58	5,908.47	2,281.58	17,704.68
SDS	Remove pilonidal cyst simple	Per Case	11770	Outpatient	1,901.82	2,757.22	1,880.17	13,824.80
SDS	Replace tissue expander	Per Case	11970	Outpatient	5,773.46	30,234.14	2,211.00	44,358.40
SDS	Tis trnfr s/a/l 10 sq cm/<	Per Case	14020	Outpatient	3,004.04	1,950.86	1,950.86	23,400.00
SDS	Tis trnfr e/n/e/l 10 sq cm/<	Per Case	14060	Outpatient	2,604.78	7,743.74	2,211.00	18,993.60
SDS	Wound prep trk/arm/leg	Per Case	15002	Outpatient	4,355.25	14,761.54	2,211.00	31,731.20
SDS	Skin sub graft trnk/arm/leg	Per Case	15271	Outpatient	2,326.14	1,946.93	0.11	17,518.50
SDS	Acellular derm matrix implt	Per Case	15777	Outpatient	12,374.08	22,993.94	2,211.00	90,915.20
SDS	Exc skin abd	Per Case	15830	Outpatient	4,150.62	6,171.70	2,211.00	30,644.80
SDS	Dressing change not for burn	Per Case	15852	Outpatient	1,223.84	594.23	594.23	7,813.81
SDS	Suction lipectomy trunk	Per Case	15877	Outpatient	6,527.45	6,290.81	2,211.00	47,703.20
SDS	Suction lipectomy lwr extrem	Per Case	15879	Outpatient	5,855.12	15,766.60	2,321.55	37,121.28
SDS	Drainage of breast lesion	Per Case	19000	Outpatient	1,000.96	837.12	837.12	7,360.00
SDS	Bx breast 1st lesion strtctc	Per Case	19081	Outpatient	1,217.91	1,715.79	1,217.91	8,955.20
SDS	Bx breast add lesion us imag	Per Case	19084	Outpatient	3,040.12	1,926.86	1,926.86	21,085.60
SDS	Biopsy of breast open	Per Case	19101	Outpatient	3,641.97	8,769.50	2,211.00	26,493.60
SDS	Removal of 1 or more breast growth, open procedure	Per Case	19120	Outpatient	3,897.98	4,193.20	2,211.00	28,502.40
SDS	Excision breast lesion	Per Case	19125	Outpatient	3,086.37	8,449.85	2,211.00	22,894.72
SDS	Perq device breast 1st imag	Per Case	19281	Outpatient	606.02	1,259.13	606.02	5,597.00
SDS	Perq device breast ea imag	Per Case	19282	Outpatient	826.88	701.65	701.65	8,846.00
SDS	Partial mastectomy	Per Case	19301	Outpatient	3,950.11	6,439.40	2,211.00	29,044.96
SDS	Mast simple complete	Per Case	19303	Outpatient	10,768.37	28,487.95	2,211.00	79,020.00
SDS	Reduction of large breast	Per Case	19318	Outpatient	6,654.21	6,416.68	2,211.00	48,768.80
SDS	Immediate breast prosthesis	Per Case	19340	Outpatient	11,394.51	14,461.43	2,211.00	84,019.20
SDS	Delayed breast prosthesis	Per Case	19342	Outpatient	5,741.61	19,752.39	2,211.00	43,116.00
SDS	Breast reconstruction	Per Case	19357	Outpatient	12,374.08	22,993.94	2,211.00	90,915.20
SDS	Breast reconstruction	Per Case	19366	Outpatient	6,713.10	20,399.12	3,752.91	43,797.98
SDS	Revise breast reconstruction	Per Case	19380	Outpatient	6,433.10	12,890.03	2,211.00	46,164.00
SDS	Removal of support implant	Per Case	20680	Outpatient	4,236.23	5,663.33	2,211.00	30,856.00
SDS	Cerv artific diskectomy	Per Case	22856	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
SDS	Treat humerus fracture	Per Case	24538	Outpatient	3,770.84	7,062.52	2,211.00	28,108.00
SDS	Remove wrist tendon lesion	Per Case	25111	Outpatient	2,468.65	1,614.59	1,614.59	18,876.16
SDS	Incise finger tendon sheath	Per Case	26055	Outpatient	1,478.22	1,884.03	1,463.94	11,593.60
SDS	Treat finger fracture each	Per Case	26727	Outpatient	2,293.82	3,193.16	2,211.00	16,573.60
SDS	Revision of knee joint	Per Case	27446	Outpatient	6,636.01	15,187.78	2,211.00	51,087.20
SDS	Total knee arthroplasty	Per Case	27447	Outpatient	8,334.91	15,223.81	2,211.00	65,851.36
SDS	Surgery to stop leg growth	Per Case	27485	Outpatient	4,187.29	10,793.90	2,211.00	30,613.68
SDS	Repair achilles tendon	Per Case	27650	Outpatient	3,505.92	10,772.55	2,211.00	26,630.40
SDS	Treatment of ankle fracture	Per Case	27792	Outpatient	3,631.52	7,396.37	2,211.00	26,409.60
SDS	Treatment of ankle fracture	Per Case	27814	Outpatient	4,441.81	7,577.07	2,211.00	33,854.40
SDS	Removal of foot lesion	Per Case	28080	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
SDS	Repair of hammertoe	Per Case	28285	Outpatient	6,193.62	13,645.37	2,211.00	46,293.60
SDS	Correction hallux valgus	Per Case	28296	Outpatient	32,568.64	32,568.64	32,568.64	32,568.64
SDS	Shoulder arthroscopy/surgery	Per Case	29823	Outpatient	49,026.60	49,026.60	49,026.60	49,026.60
SDS	Shaving of shoulder bone using endoscope	Per Case	29826	Outpatient	5,024.37	7,062.52	2,211.00	36,651.20
SDS	Removal of one knee cartilageusing an endoscope	Per Case	29881	Outpatient	3,451.63	3,225.60	2,211.00	25,970.40
SDS	Knee arthroscopy/surgery	Per Case	29882	Outpatient	6,161.38	11,295.36	2,211.00	45,392.80
SDS	Percut bx lung/mediastinum	Per Case	32405	Outpatient	2,117.17	1,689.06	1,689.06	13,517.41
SDS	Aspirate pleura w/ imaging	Per Case	32555	Outpatient	679.13	763.38	657.33	9,397.60
SDS	Thoracoscopy w/ th nrv exc	Per Case	32664	Outpatient	4,268.95	2,141.18	2,141.18	26,994.11
SDS	Repair blood vessel lesion	Per Case	35190	Outpatient	472.50	12,770.50	472.50	44,401.52
SDS	Endovenous laser 1st vein	Per Case	36478	Outpatient	3,486.32	7,304.14	2,321.55	22,605.87
SDS	Insert tunneled cv cath	Per Case	36561	Outpatient	2,755.90	3,227.77	2,211.00	20,264.00
SDS	Insj picc 5 yr+ w/o imaging	Per Case	36569	Outpatient	3,104.17	1,611.34	1,611.34	22,824.80
SDS	Removal tunneled cv cath	Per Case	36590	Outpatient	197.80	1,585.56	197.80	5,597.00
SDS	Av fuse uppr arm basilic	Per Case	36819	Outpatient	5,801.97	9,229.09	2,211.00	42,368.80
SDS	Av fusion direct any site	Per Case	36821	Outpatient	4,202.49	6,884.39	2,211.00	31,253.60
SDS	Artery-vein autograft	Per Case	36825	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
SDS	Artery-vein nonautograft	Per Case	36830	Outpatient	5,627.28	5,420.61	2,211.00	43,248.00
SDS	Av fistula revision open	Per Case	36832	Outpatient	4,781.81	11,752.20	2,211.00	38,459.20
SDS	Av fistula revision	Per Case	36833	Outpatient	3,604.44	5,420.61	2,211.00	27,032.00
SDS	Intro cath dialysis circuit	Per Case	36903	Outpatient	7,106.49	18,004.16	2,211.00	54,859.20
SDS	Thrmbc/nfs dialysis circuit	Per Case	36906	Outpatient	9,107.86	18,066.12	2,211.00	68,968.80
SDS	Fem/popl revas w/tla	Per Case	37224	Outpatient	19,646.31	18,066.12	4,367.00	145,588.80
SDS	Fem/popl revasc stnt & ather	Per Case	37227	Outpatient	17,790.12	18,533.03	5,486.25	114,892.68
SDS	Revise leg vein	Per Case	37700	Outpatient	2,920.22	10,812.56	2,321.55	19,239.65

Major Category	Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health
		INPATIENT SERVICES								
Surgical Services	SDS	Ligate/strip long leg vein	Per Case	37722	Outpatient	25,229.00	4,970.11	5,597.00	10,144.96	2,776.38
Surgical Services	SDS	Stab phleb veins xtr 10-20	Per Case	37765	Outpatient	24,092.00	4,746.12	5,597.00	3,254.01	2,659.03
Surgical Services	SDS	Biopsy/removal lymph nodes	Per Case	38500	Outpatient	32,612.00	6,424.56	5,597.00	3,823.14	3,672.34
Surgical Services	SDS	Biopsy/removal lymph nodes	Per Case	38525	Outpatient	91,786.00	18,081.84	5,597.00	10,130.60	9,976.90
Surgical Services	SDS	Laparoscopy lymph node biop	Per Case	38570	Outpatient	59,529.00	11,727.21	5,597.00	17,648.45	6,391.62
Surgical Services	SDS	Laparoscopy lymphadenectomy	Per Case	38571	Outpatient	76,219.00	15,015.14	5,597.00	21,653.05	7,921.12
Surgical Services	SDS	Laparoscopy lymphadenectomy	Per Case	38572	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
Surgical Services	SDS	Ra tracer id of sentinl node	Per Case	38792	Outpatient	2,601.00	512.40	5,597.00	429.36	282.99
Surgical Services	SDS	Excision of gum lesion	Per Case	41825	Outpatient	10,503.00	2,069.09	5,597.00	3,356.95	1,185.88
Surgical Services	SDS	Reconstruct cleft palate	Per Case	42200	Outpatient	33,291.00	6,558.33	5,597.00	5,792.89	3,619.39
Surgical Services	SDS	Removal of tonsils and adenoid glands patient younger than 12	Per Case	42820	Outpatient	15,630.00	3,079.11	5,597.00	10,758.69	1,770.46
Surgical Services	SDS	Control throat bleeding	Per Case	42960	Outpatient	21,828.00	4,300.12	5,597.00	593.53	2,402.91
Surgical Services	SDS	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	8,033.00	1,582.50	3,106.00	921.63	906.91
Surgical Services	SDS	Laparoscopy fundoplasty	Per Case	43280	Outpatient	104,811.00	20,647.77	3,136.35	11,564.30	11,263.97
Surgical Services	SDS	Lap paraesoph her rpr w/mesh	Per Case	43282	Outpatient	76,502.00	15,070.89	5,597.00	10,713.24	8,606.36
Surgical Services	SDS	Laparoscopy appendectomy	Per Case	44970	Outpatient	74,648.00	14,705.66	5,597.00	6,817.99	4,541.88
Surgical Services	SDS	Diagnostic sigmoidoscopy	Per Case	45330	Outpatient	15,679.00	3,088.76	3,106.00	1,834.38	1,659.12
Surgical Services	SDS	Needle biopsy of liver	Per Case	47000	Outpatient	9,431.00	1,857.91	5,597.00	2,049.99	1,026.09
Surgical Services	SDS	Removal of gallbladder using an endoscope	Per Case	47562	Outpatient	52,998.00	10,440.61	5,597.00	5,751.66	2,916.51
Surgical Services	SDS	Laparo cholecystectomy/graph	Per Case	47563	Outpatient	65,077.00	12,820.17	5,597.00	6,604.11	5,997.25
Surgical Services	SDS	Abd paracentesis w/imaging	Per Case	49083	Outpatient	6,330.00	1,247.01	5,597.00	912.36	688.70
Surgical Services	SDS	Diag laparo separate proc	Per Case	49320	Outpatient	28,688.00	5,651.54	5,597.00	12,879.28	3,103.06
Surgical Services	SDS	Laparoscopy biopsy	Per Case	49321	Outpatient	37,998.00	7,485.61	5,597.00	13,162.36	4,014.65
Surgical Services	SDS	Laparoscopy aspiration	Per Case	49322	Outpatient	31,195.00	6,145.42	5,597.00	5,751.66	3,325.82
Surgical Services	SDS	Lap insert tunnel ip cath	Per Case	49324	Outpatient	35,614.00	7,015.96	5,597.00	5,826.65	3,677.70
Surgical Services	SDS	Laparo proc abdm/per/oment	Per Case	49329	Outpatient	53,239.00	10,488.08	5,597.00	16,743.61	5,566.04
Surgical Services	SDS	Ins tun ip cath for dial opn	Per Case	49421	Outpatient	23,093.00	4,549.32	5,597.00	3,612.36	2,418.06
Surgical Services	SDS	Remove tunneled ip cath	Per Case	49422	Outpatient	23,142.00	4,558.97	5,597.00	3,260.57	2,560.35
Surgical Services	SDS	Rpr ing hernia init reduce	Per Case	49500	Outpatient	17,772.00	3,501.08	5,597.00	10,749.57	1,979.40
Surgical Services	SDS	Repair of groin hernia patient age 5 years or older	Per Case	49505	Outpatient	31,669.00	6,238.79	5,597.00	5,767.93	3,315.27
Surgical Services	SDS	Prp i/hern init block >5 yr	Per Case	49507	Outpatient	27,024.00	5,323.73	5,597.00	7,128.08	2,932.14
Surgical Services	SDS	Rerepair ing hernia reduce	Per Case	49520	Outpatient	33,505.00	6,600.49	5,597.00	5,767.93	3,545.23
Surgical Services	SDS	Rpr ventral hern init reduc	Per Case	49560	Outpatient	48,233.00	9,501.90	5,597.00	9,450.47	5,214.85
Surgical Services	SDS	Rpr ventral hern init block	Per Case	49561	Outpatient	27,896.00	5,495.51	5,597.00	7,339.19	3,038.91
Surgical Services	SDS	Rerepair ventrl hern reduce	Per Case	49565	Outpatient	63,417.00	12,493.15	5,597.00	9,773.91	6,649.26
Surgical Services	SDS	Rpr umbil hern reduc > 5 yr	Per Case	49585	Outpatient	37,920.00	7,470.24	5,597.00	9,415.21	4,112.88
Surgical Services	SDS	Rpr umbil hern block > 5 yr	Per Case	49587	Outpatient	33,850.00	6,668.45	5,597.00	7,189.79	3,459.17
Surgical Services	SDS	Lap ing hernia repair init	Per Case	49650	Outpatient	38,034.00	7,492.70	5,597.00	5,643.64	4,284.81
Surgical Services	SDS	Lap ing hernia repair recur	Per Case	49651	Outpatient	42,553.00	8,382.94	5,597.00	5,751.66	4,622.22
Surgical Services	SDS	Lap vent/abd hernia repair	Per Case	49652	Outpatient	46,525.00	9,165.43	5,597.00	5,751.66	5,031.85
Surgical Services	SDS	Lap vent/abd hern proc comp	Per Case	49653	Outpatient	41,816.00	8,237.75	5,597.00	5,763.25	4,515.59
Surgical Services	SDS	Lap inc hernia repair	Per Case	49654	Outpatient	42,831.00	8,437.71	5,597.00	9,996.31	4,652.57
Surgical Services	SDS	Lap inc hern repair comp	Per Case	49655	Outpatient	49,515.00	9,754.46	5,597.00	10,300.32	5,253.07
Surgical Services	SDS	Lap inc hernia repair recur	Per Case	49656	Outpatient	50,288.00	9,906.74	5,597.00	10,119.55	5,426.69
Surgical Services	SDS	Removal of kidney stone	Per Case	50080	Outpatient	48,222.00	9,499.73	5,597.00	16,537.88	4,750.84
Surgical Services	SDS	Removal of kidney stone	Per Case	50081	Outpatient	60,708.00	11,959.48	5,597.00	9,456.97	6,154.16
Surgical Services	SDS	Renal biopsy perq	Per Case	50200	Outpatient	39,089.00	7,700.53	5,597.00	9,466.34	2,307.82
Surgical Services	SDS	Plmt nephroureteral catheter	Per Case	50433	Outpatient	58,563.00	11,536.91	5,597.00	17,142.24	5,935.29
Surgical Services	SDS	Laparo radical nephrectomy	Per Case	50545	Outpatient	39,409.00	7,763.57	5,597.00	1,160.98	4,109.18
Surgical Services	SDS	Laparoscope proc ureter	Per Case	50949	Outpatient	45,339.00	8,931.78	5,597.00	16,789.00	4,805.69
Surgical Services	SDS	Injection for bladder x-ray	Per Case	51600	Outpatient	2,980.00	587.06	5,597.00	262.08	324.22
Surgical Services	SDS	Cystoscopy	Per Case	52000	Outpatient	20,090.00	3,957.73	3,106.00	3,494.88	2,091.24
Surgical Services	SDS	Cystoscopy & ureter catheter	Per Case	52005	Outpatient	38,575.00	7,599.28	3,106.00	8,913.67	4,220.00
Surgical Services	SDS	Cystoscopy w/biopsy(s)	Per Case	52204	Outpatient	28,366.00	5,588.10	3,106.00	5,605.40	2,511.78
Surgical Services	SDS	Cystoscopy and treatment	Per Case	52224	Outpatient	12,195.00	2,402.42	3,106.00	3,466.69	1,258.66
Surgical Services	SDS	Cystoscopy and treatment	Per Case	52234	Outpatient	25,860.00	5,094.42	3,106.00	3,494.88	2,360.70
Surgical Services	SDS	Cystoscopy and treatment	Per Case	52235	Outpatient	26,682.00	5,256.35	3,106.00	3,523.06	2,305.56
Surgical Services	SDS	Cystoscopy and treatment	Per Case	52240	Outpatient	30,779.00	6,063.46	3,106.00	8,825.60	3,342.06
Surgical Services	SDS	Cystoscopy and treatment	Per Case	52281	Outpatient	20,099.00	3,959.50	3,106.00	2,051.71	1,973.58
Surgical Services	SDS	Remove bladder stone	Per Case	52317	Outpatient	24,567.00	4,839.70	3,106.00	7,245.42	2,667.63
Surgical Services	SDS	Remove bladder stone	Per Case	52318	Outpatient	24,204.00	4,768.19	3,106.00	7,182.02	2,507.14
Surgical Services	SDS	Cystoscopy and treatment	Per Case	52332	Outpatient	104,586.00	20,603.44	3,106.00	20,078.54	5,651.97
Surgical Services	SDS	Cystouretero w/stone remove	Per Case	52352	Outpatient	38,476.00	7,579.77	3,106.00	15,914.92	4,083.41
Surgical Services	SDS	Cystouretero w/lithotripsy	Per Case	52353	Outpatient	35,019.00	6,898.74	5,597.00	5,015.08	3,758.19
Surgical Services	SDS	Cysto/uretero w/lithotripsy	Per Case	52356	Outpatient	32,884.00	6,478.15	5,597.00	4,974.63	3,512.47
Surgical Services	SDS	Prostatectomy (turp)	Per Case	52601	Outpatient	32,082.00	6,320.15	5,597.00	8,472.87	2,942.75
Surgical Services	SDS	Laser surgery of prostate	Per Case	52648	Outpatient	22,008.00	4,335.58	5,597.00	5,055.52	2,566.33
Surgical Services	SDS	Revision of urethra	Per Case	53450	Outpatient	14,702.00	2,896.29	5,597.00	5,541.31	1,637.07
Surgical Services	SDS	Urology surgery procedure	Per Case	53899	Outpatient	23,009.00	4,532.77	5,597.00	6,695.25	2,443.62
Surgical Services	SDS	Circumcision w/regionl block	Per Case	54150	Outpatient	13,333.00	2,626.60	5,597.00	2,039.39	1,479.64
Surgical Services	SDS	Circum 28 days or older	Per Case	54161	Outpatient	17,402.00	3,428.19	5,597.00	1,999.62	1,889.31
Surgical Services	SDS	Lysis penil circumic lesion	Per Case	54162	Outpatient	17,955.00	3,537.14	5,597.00	16,412.78	1,991.21
Surgical Services	SDS	Repair of circumcision	Per Case	54163	Outpatient	14,867.00	2,928.80	5,597.00	3,912.67	1,679.24
Surgical Services	SDS	Reconstruction of urethra	Per Case	54324	Outpatient	29,823.00	5,875.13	5,597.00	9,076.60	3,284.30
Surgical Services	SDS	Revise penis/urethra	Per Case	54332	Outpatient	18,112.00	3,568.06	5,597.00	3,501.92	2,067.07
Surgical Services	SDS	Insert self-contd prosthesis	Per Case	54401	Outpatient	61,295.06	12,075.13	16,785.30	21,693.47	6,216.13
Surgical Services	SDS	Removal of testis	Per Case	54520	Outpatient	32,147.00	6,332.96	5,597.00	11,861.76	3,346.61
Surgical Services	SDS	Reduce testis torsion	Per Case	54600	Outpatient	49,931.00	9,836.41	5,597.00	15,026.81	3,813.23

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Amerigroup	Amerihealth	CHN	CIGNA	CIGNA HealthSpring Medicare
	INPATIENT SERVICES								
SDS	Ligate/strip long leg vein	Per Case	37722	Outpatient	2,765.59	6,095.00	5,500.00	4,599.00	10,144.96
SDS	Stab phleb veins xtr 10-20	Per Case	37765	Outpatient	2,629.48	6,095.00	5,500.00	4,599.00	3,254.01
SDS	Biopsy/removal lymph nodes	Per Case	38500	Outpatient	3,610.75	6,095.00	5,500.00	4,599.00	3,823.14
SDS	Biopsy/removal lymph nodes	Per Case	38525	Outpatient	10,338.28	6,095.00	5,500.00	4,599.00	10,130.60
SDS	Laparoscopy lymph node biop	Per Case	38570	Outpatient	6,766.16	6,095.00	5,500.00	4,599.00	17,648.45
SDS	Laparoscopy lymphadenectomy	Per Case	38571	Outpatient	8,401.75	6,095.00	5,500.00	4,599.00	21,653.05
SDS	Laparoscopy lymphadenectomy	Per Case	38572	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
SDS	Ra tracer id of sentinl node	Per Case	38792	Outpatient	282.99	1,342.64	2,601.00	1,225.07	436.34
SDS	Excision of gum lesion	Per Case	41825	Outpatient	1,156.33	5,437.65	5,500.00	4,599.00	3,356.95
SDS	Reconstruct cleft palate	Per Case	42200	Outpatient	3,611.97	6,095.00	5,500.00	4,599.00	5,792.89
SDS	Removal of tonsils and adenoid glands patient younger than 12	Per Case	42820	Outpatient	1,740.91	6,095.00	5,500.00	4,599.00	10,758.69
SDS	Control throat bleeding	Per Case	42960	Outpatient	2,412.53	6,095.00	5,500.00	4,599.00	593.53
SDS	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	906.91	4,146.63	5,500.00	3,013.00	921.63
SDS	Laparoscopy fundoplasty	Per Case	43280	Outpatient	12,294.33	7,350.42	7,042.88	4,182.99	11,564.30
SDS	Lap paraesoph her rpr w/mesh	Per Case	43282	Outpatient	8,709.55	6,095.00	5,500.00	4,599.00	10,713.24
SDS	Laparoscopy appendectomy	Per Case	44970	Outpatient	4,733.83	6,095.00	5,500.00	4,599.00	6,817.99
SDS	Diagnostic sigmoidoscopy	Per Case	45330	Outpatient	1,659.12	6,095.00	5,500.00	3,013.00	1,834.38
SDS	Needle biopsy of liver	Per Case	47000	Outpatient	1,026.09	4,868.28	5,500.00	4,340.61	2,083.32
SDS	Removal of gallbladder using an endoscope	Per Case	47562	Outpatient	2,905.72	6,095.00	5,500.00	4,599.00	5,751.66
SDS	Laparo cholecystectomy/graph	Per Case	47563	Outpatient	6,187.78	6,095.00	5,500.00	4,599.00	6,604.11
SDS	Abd paracentesis w/imaging	Per Case	49083	Outpatient	688.70	3,267.55	5,500.00	2,981.43	912.36
SDS	Diag laparo separate proc	Per Case	49320	Outpatient	3,144.65	6,095.00	5,500.00	3,013.00	12,879.28
SDS	Laparoscopy biopsy	Per Case	49321	Outpatient	4,138.32	6,095.00	5,500.00	3,013.00	13,162.36
SDS	Laparoscopy aspiration	Per Case	49322	Outpatient	3,411.86	6,095.00	5,500.00	3,013.00	5,751.66
SDS	Lap insert tunnel ip cath	Per Case	49324	Outpatient	3,903.74	6,095.00	5,500.00	4,599.00	5,826.65
SDS	Laparo proc abdm/per/oment	Per Case	49329	Outpatient	5,678.60	6,095.00	5,500.00	4,599.00	16,743.61
SDS	Ins tun ip cath for dial opn	Per Case	49421	Outpatient	2,549.40	6,095.00	5,500.00	4,599.00	3,612.36
SDS	Remove tunneled ip cath	Per Case	49422	Outpatient	2,530.80	6,095.00	5,500.00	4,599.00	3,260.57
SDS	Rpr ing hernia init reduce	Per Case	49500	Outpatient	1,979.40	6,095.00	5,500.00	4,783.00	10,749.57
SDS	Repair of groin hernia patient age 5 years or older	Per Case	49505	Outpatient	3,476.16	6,095.00	5,500.00	4,599.00	5,767.93
SDS	Prp i/hern init block >5 yr	Per Case	49507	Outpatient	3,009.13	6,095.00	5,500.00	4,599.00	7,128.08
SDS	Rerepair ing hernia reduce	Per Case	49520	Outpatient	3,676.57	6,095.00	5,500.00	4,599.00	5,767.93
SDS	Rpr ventral hern init reduc	Per Case	49560	Outpatient	5,255.58	6,095.00	5,500.00	4,599.00	9,450.47
SDS	Rpr ventral hern init block	Per Case	49561	Outpatient	3,081.87	6,095.00	5,500.00	4,599.00	7,339.19
SDS	Rerepair ventrl hern reduce	Per Case	49565	Outpatient	7,148.49	6,095.00	5,500.00	4,599.00	9,773.91
SDS	Rpr umbil hern reduc > 5 yr	Per Case	49585	Outpatient	4,155.83	6,095.00	5,500.00	4,599.00	9,415.21
SDS	Rpr umbil hern block > 5 yr	Per Case	49587	Outpatient	3,839.81	6,095.00	5,500.00	4,599.00	7,189.79
SDS	Lap ing hernia repair init	Per Case	49650	Outpatient	4,255.26	6,095.00	5,500.00	4,599.00	5,643.64
SDS	Lap ing hernia repair recur	Per Case	49651	Outpatient	4,689.50	6,095.00	5,500.00	4,599.00	5,751.66
SDS	Lap vent/abd hernia repair	Per Case	49652	Outpatient	5,056.37	6,095.00	5,500.00	4,599.00	5,751.66
SDS	Lap vent/abd hern proc comp	Per Case	49653	Outpatient	4,534.35	6,095.00	5,500.00	4,599.00	5,763.25
SDS	Lap inc hernia repair	Per Case	49654	Outpatient	4,623.02	6,095.00	5,500.00	4,599.00	9,996.31
SDS	Lap inc hern repair comp	Per Case	49655	Outpatient	5,412.26	6,095.00	5,500.00	4,599.00	10,300.32
SDS	Lap inc hernia repair recur	Per Case	49656	Outpatient	5,451.21	6,095.00	5,500.00	4,599.00	10,119.55
SDS	Removal of kidney stone	Per Case	50080	Outpatient	4,999.36	6,095.00	5,500.00	4,599.00	16,537.88
SDS	Removal of kidney stone	Per Case	50081	Outpatient	6,786.77	6,095.00	5,500.00	3,013.00	9,456.97
SDS	Renal biopsy perq	Per Case	50200	Outpatient	2,307.82	6,095.00	5,500.00	10,223.45	9,466.34
SDS	Plmt nephroureteral catheter	Per Case	50433	Outpatient	6,598.39	6,095.00	5,500.00	4,599.00	17,142.24
SDS	Laparo radical nephrectomy	Per Case	50545	Outpatient	4,438.28	6,095.00	5,500.00	4,599.00	1,160.98
SDS	Laparoscope proc ureter	Per Case	50949	Outpatient	4,912.69	6,095.00	5,500.00	4,599.00	16,789.00
SDS	Injection for bladder x-ray	Per Case	51600	Outpatient	324.22	1,538.28	2,980.00	401.84	262.08
SDS	Cystoscopy	Per Case	52000	Outpatient	2,170.45	6,095.00	5,500.00	3,013.00	3,494.88
SDS	Cystoscopy & ureter catheter	Per Case	52005	Outpatient	4,255.60	6,095.00	5,500.00	3,013.00	8,913.67
SDS	Cystoscopy w/biopsy(s)	Per Case	52204	Outpatient	2,554.73	6,095.00	5,500.00	3,013.00	5,605.40
SDS	Cystoscopy and treatment	Per Case	52224	Outpatient	1,331.17	6,095.00	5,500.00	3,013.00	3,466.69
SDS	Cystoscopy and treatment	Per Case	52234	Outpatient	2,331.15	6,095.00	5,500.00	3,013.00	3,494.88
SDS	Cystoscopy and treatment	Per Case	52235	Outpatient	2,399.58	6,095.00	5,500.00	3,013.00	3,523.06
SDS	Cystoscopy and treatment	Per Case	52240	Outpatient	3,475.18	6,095.00	5,500.00	3,013.00	8,825.60
SDS	Cystoscopy and treatment	Per Case	52281	Outpatient	2,192.54	6,095.00	5,500.00	3,013.00	2,051.71
SDS	Remove bladder stone	Per Case	52317	Outpatient	2,692.15	6,095.00	5,500.00	3,013.00	7,245.42
SDS	Remove bladder stone	Per Case	52318	Outpatient	2,658.85	6,095.00	5,500.00	3,013.00	7,182.02
SDS	Cystoscopy and treatment	Per Case	52332	Outpatient	5,683.93	6,095.00	5,500.00	3,013.00	20,078.54
SDS	Cystouretero w/stone remove	Per Case	52352	Outpatient	4,196.20	6,095.00	5,500.00	3,013.00	15,914.92
SDS	Cystouretero w/lithotripsy	Per Case	52353	Outpatient	3,855.22	6,095.00	5,500.00	3,013.00	5,015.08
SDS	Cysto/uretero w/lithotripsy	Per Case	52356	Outpatient	3,606.50	6,095.00	5,500.00	3,013.00	4,974.63
SDS	Prostatectomy (turp)	Per Case	52601	Outpatient	2,992.33	6,095.00	5,500.00	3,013.00	8,472.87
SDS	Laser surgery of prostate	Per Case	52648	Outpatient	2,536.78	6,095.00	5,500.00	3,013.00	5,055.52
SDS	Revision of urethra	Per Case	53450	Outpatient	1,607.52	6,095.00	5,500.00	4,599.00	5,541.31
SDS	Urology surgery procedure	Per Case	53899	Outpatient	2,562.78	6,095.00	5,500.00	3,013.00	6,695.25
SDS	Circumcision w/regionl block	Per Case	54150	Outpatient	1,450.09	6,095.00	5,500.00	4,599.00	2,039.39
SDS	Circum 28 days or older	Per Case	54161	Outpatient	1,889.31	6,095.00	5,500.00	4,599.00	1,999.62
SDS	Lysis penil circumic lesion	Per Case	54162	Outpatient	1,961.66	6,095.00	5,500.00	4,599.00	16,412.78
SDS	Repair of circumcision	Per Case	54163	Outpatient	1,619.05	6,095.00	5,500.00	4,599.00	3,912.67
SDS	Reconstruction of urethra	Per Case	54324	Outpatient	3,254.75	6,095.00	5,500.00	4,599.00	9,076.60
SDS	Revise penis/urethra	Per Case	54332	Outpatient	1,978.42	6,095.00	5,500.00	4,599.00	3,501.92
SDS	Insert self-contd prosthesis	Per Case	54401	Outpatient	17,285.85	19,741.85	19,967.33	18,409.65	21,693.47
SDS	Removal of testis	Per Case	54520	Outpatient	3,489.98	6,095.00	5,500.00	4,599.00	11,861.76
SDS	Reduce testis torsion	Per Case	54600	Outpatient	3,883.51	6,095.00	5,500.00	4,599.00	15,026.81

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
	INPATIENT SERVICES									
SDS	Ligate/strip long leg vein	Per Case	37722	Outpatient	10,309.92	4,093.00	5,121.00	5,121.00	5,121.00	10,144.96
SDS	Stab phleb veins xtr 10-20	Per Case	37765	Outpatient	3,254.01	4,093.00	5,121.00	5,121.00	5,121.00	3,254.01
SDS	Biopsy/removal lymph nodes	Per Case	38500	Outpatient	3,885.31	4,093.00	5,121.00	5,121.00	5,121.00	3,823.14
SDS	Biopsy/removal lymph nodes	Per Case	38525	Outpatient	10,217.21	4,093.00	5,121.00	5,121.00	5,121.00	10,130.60
SDS	Laparoscopy lymph node biop	Per Case	38570	Outpatient	17,935.41	4,093.00	5,121.00	5,121.00	5,121.00	17,648.45
SDS	Laparoscopy lymphadenectomy	Per Case	38571	Outpatient	22,005.13	4,093.00	5,121.00	5,121.00	5,121.00	21,653.05
SDS	Laparoscopy lymphadenectomy	Per Case	38572	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	Service is not provided at Saint Peter's Healthcare System
SDS	Ra tracer id of sentinl node	Per Case	38792	Outpatient	436.34	1,300.50	850.53	850.53	850.53	429.36
SDS	Excision of gum lesion	Per Case	41825	Outpatient	3,411.53	4,093.00	3,475.36	3,475.36	3,475.36	3,356.95
SDS	Reconstruct cleft palate	Per Case	42200	Outpatient	5,887.08	4,093.00	5,121.00	5,121.00	5,121.00	5,792.89
SDS	Removal of tonsils and adenoid glands patient younger than 12	Per Case	42820	Outpatient	10,933.63	4,093.00	5,121.00	5,121.00	5,121.00	10,758.69
SDS	Control throat bleeding	Per Case	42960	Outpatient	598.32	4,093.00	5,121.00	5,121.00	5,121.00	593.53
SDS	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	936.61	4,032.00	2,636.93	2,636.93	2,636.93	921.63
SDS	Laparoscopy fundoplasty	Per Case	43280	Outpatient	11,564.30	4,297.65	4,347.00	4,347.00	4,347.00	11,564.30
SDS	Lap paraesoph her rpr w/mesh	Per Case	43282	Outpatient	10,887.44	4,093.00	5,121.00	5,121.00	5,121.00	10,713.24
SDS	Laparoscopy appendectomy	Per Case	44970	Outpatient	6,928.85	4,093.00	5,121.00	5,121.00	5,121.00	6,817.99
SDS	Diagnostic sigmoidoscopy	Per Case	45330	Outpatient	1,864.21	4,093.00	5,121.00	5,121.00	5,121.00	1,834.38
SDS	Needle biopsy of liver	Per Case	47000	Outpatient	2,083.32	4,093.00	3,083.94	3,083.94	3,083.94	2,049.99
SDS	Removal of gallbladder using an endoscope	Per Case	47562	Outpatient	5,798.04	4,093.00	5,121.00	5,121.00	5,121.00	5,751.66
SDS	Laparo cholecystectomy/graph	Per Case	47563	Outpatient	6,711.49	4,093.00	5,121.00	5,121.00	5,121.00	6,604.11
SDS	Abd paracentesis w/imaging	Per Case	49083	Outpatient	927.19	3,165.00	2,069.91	2,069.91	2,069.91	912.36
SDS	Diag laparo separate proc	Per Case	49320	Outpatient	13,088.70	4,093.00	5,121.00	5,121.00	5,121.00	12,879.28
SDS	Laparoscopy biopsy	Per Case	49321	Outpatient	13,376.38	4,093.00	5,121.00	5,121.00	5,121.00	13,162.36
SDS	Laparoscopy aspiration	Per Case	49322	Outpatient	5,798.04	4,093.00	5,121.00	5,121.00	5,121.00	5,751.66
SDS	Lap insert tunnel ip cath	Per Case	49324	Outpatient	5,921.39	4,093.00	5,121.00	5,121.00	5,121.00	5,826.65
SDS	Laparo proc abdm/per/oment	Per Case	49329	Outpatient	17,015.86	4,093.00	5,121.00	5,121.00	5,121.00	16,743.61
SDS	Ins tun ip cath for dial opn	Per Case	49421	Outpatient	3,671.10	4,093.00	5,121.00	5,121.00	5,121.00	3,612.36
SDS	Remove tunneled ip cath	Per Case	49422	Outpatient	3,313.58	4,093.00	5,121.00	5,121.00	5,121.00	3,260.57
SDS	Rpr ing hernia init reduce	Per Case	49500	Outpatient	10,924.36	4,093.00	5,121.00	5,121.00	5,121.00	10,749.57
SDS	Repair of groin hernia patient age 5 years or older	Per Case	49505	Outpatient	5,767.93	4,093.00	5,121.00	5,121.00	5,121.00	5,767.93
SDS	Prp i/hern init block >5 yr	Per Case	49507	Outpatient	7,243.99	4,093.00	5,121.00	5,121.00	5,121.00	7,128.08
SDS	Rerepair ing hernia reduce	Per Case	49520	Outpatient	5,767.93	4,093.00	5,121.00	5,121.00	5,121.00	5,767.93
SDS	Rpr ventral hern init reduc	Per Case	49560	Outpatient	9,604.14	4,093.00	5,121.00	5,121.00	5,121.00	9,450.47
SDS	Rpr ventral hern init block	Per Case	49561	Outpatient	7,458.52	4,093.00	5,121.00	5,121.00	5,121.00	7,339.19
SDS	Rerepair ventrl hern reduce	Per Case	49565	Outpatient	9,932.84	4,093.00	5,121.00	5,121.00	5,121.00	9,773.91
SDS	Rpr umbil hern reduc > 5 yr	Per Case	49585	Outpatient	9,568.30	4,093.00	5,121.00	5,121.00	5,121.00	9,415.21
SDS	Rpr umbil hern block > 5 yr	Per Case	49587	Outpatient	7,306.70	4,093.00	5,121.00	5,121.00	5,121.00	7,189.79
SDS	Lap ing hernia repair init	Per Case	49650	Outpatient	5,735.40	4,093.00	5,121.00	5,121.00	5,121.00	5,643.64
SDS	Lap ing hernia repair recur	Per Case	49651	Outpatient	5,798.04	4,093.00	5,121.00	5,121.00	5,121.00	5,751.66
SDS	Lap vent/abd hernia repair	Per Case	49652	Outpatient	5,798.04	4,093.00	5,121.00	5,121.00	5,121.00	5,751.66
SDS	Lap vent/abd hern proc comp	Per Case	49653	Outpatient	5,856.96	4,093.00	5,121.00	5,121.00	5,121.00	5,763.25
SDS	Lap inc hernia repair	Per Case	49654	Outpatient	10,158.85	4,093.00	5,121.00	5,121.00	5,121.00	9,996.31
SDS	Lap inc hern repair comp	Per Case	49655	Outpatient	10,467.81	4,093.00	5,121.00	5,121.00	5,121.00	10,300.32
SDS	Lap inc hernia repair recur	Per Case	49656	Outpatient	10,206.05	4,093.00	5,121.00	5,121.00	5,121.00	10,119.55
SDS	Removal of kidney stone	Per Case	50080	Outpatient	16,806.79	4,093.00	5,121.00	5,121.00	5,121.00	16,537.88
SDS	Removal of kidney stone	Per Case	50081	Outpatient	9,456.97	4,093.00	5,121.00	5,121.00	5,121.00	9,456.97
SDS	Renal biopsy perq	Per Case	50200	Outpatient	9,620.27	4,093.00	5,121.00	5,121.00	5,121.00	9,466.34
SDS	Plmt nephroureteral catheter	Per Case	50433	Outpatient	17,420.98	4,093.00	5,121.00	5,121.00	5,121.00	17,142.24
SDS	Laparo radical nephrectomy	Per Case	50545	Outpatient	1,179.86	4,093.00	5,121.00	5,121.00	5,121.00	1,160.98
SDS	Laparoscope proc ureter	Per Case	50949	Outpatient	17,061.99	4,093.00	5,121.00	5,121.00	5,121.00	16,789.00
SDS	Injection for bladder x-ray	Per Case	51600	Outpatient	266.34	1,490.00	974.46	974.46	974.46	262.08
SDS	Cystoscopy	Per Case	52000	Outpatient	3,523.06	4,093.00	5,121.00	5,121.00	5,121.00	3,494.88
SDS	Cystoscopy & ureter catheter	Per Case	52005	Outpatient	9,058.61	4,093.00	5,121.00	5,121.00	5,121.00	8,913.67
SDS	Cystoscopy w/biopsy(s)	Per Case	52204	Outpatient	5,696.55	4,093.00	5,121.00	5,121.00	5,121.00	5,605.40
SDS	Cystoscopy and treatment	Per Case	52224	Outpatient	3,466.69	4,093.00	4,000.85	4,000.85	4,000.85	3,466.69
SDS	Cystoscopy and treatment	Per Case	52234	Outpatient	3,523.06	4,093.00	5,121.00	5,121.00	5,121.00	3,494.88
SDS	Cystoscopy and treatment	Per Case	52235	Outpatient	3,523.06	4,093.00	5,121.00	5,121.00	5,121.00	3,523.06
SDS	Cystoscopy and treatment	Per Case	52240	Outpatient	8,969.10	4,093.00	5,121.00	5,121.00	5,121.00	8,825.60
SDS	Cystoscopy and treatment	Per Case	52281	Outpatient	2,051.71	4,093.00	5,121.00	5,121.00	5,121.00	2,051.71
SDS	Remove bladder stone	Per Case	52317	Outpatient	7,363.23	4,093.00	5,121.00	5,121.00	5,121.00	7,245.42
SDS	Remove bladder stone	Per Case	52318	Outpatient	7,298.80	4,093.00	5,121.00	5,121.00	5,121.00	7,182.02
SDS	Cystoscopy and treatment	Per Case	52332	Outpatient	20,405.02	4,093.00	5,121.00	5,121.00	5,121.00	20,078.54
SDS	Cystouretero w/stone remove	Per Case	52352	Outpatient	16,173.70	4,093.00	5,121.00	5,121.00	5,121.00	15,914.92
SDS	Cystouretero w/lithotripsy	Per Case	52353	Outpatient	5,015.08	4,093.00	5,121.00	5,121.00	5,121.00	5,015.08
SDS	Cysto/uretero w/lithotripsy	Per Case	52356	Outpatient	4,974.63	4,093.00	5,121.00	5,121.00	5,121.00	4,974.63
SDS	Prostatectomy (turp)	Per Case	52601	Outpatient	8,610.64	4,093.00	5,121.00	5,121.00	5,121.00	8,472.87
SDS	Laser surgery of prostate	Per Case	52648	Outpatient	5,055.52	4,093.00	5,121.00	5,121.00	5,121.00	5,055.52
SDS	Revision of urethra	Per Case	53450	Outpatient	5,631.41	4,093.00	4,831.43	4,831.43	4,831.43	5,541.31
SDS	Urology surgery procedure	Per Case	53899	Outpatient	6,804.11	4,093.00	5,121.00	5,121.00	5,121.00	6,695.25
SDS	Circumcision w/regionl block	Per Case	54150	Outpatient	2,072.56	4,093.00	4,358.26	4,358.26	4,358.26	2,039.39
SDS	Circum 28 days or older	Per Case	54161	Outpatient	2,032.14	4,093.00	5,121.00	5,121.00	5,121.00	1,999.62
SDS	Lysis penil circumic lesion	Per Case	54162	Outpatient	16,679.66	4,093.00	5,121.00	5,121.00	5,121.00	16,412.78
SDS	Repair of circumcision	Per Case	54163	Outpatient	3,976.29	4,093.00	4,866.09	4,866.09	4,866.09	3,912.67
SDS	Reconstruction of urethra	Per Case	54324	Outpatient	9,224.18	4,093.00	5,121.00	5,121.00	5,121.00	9,076.60
SDS	Revise penis/urethra	Per Case	54332	Outpatient	3,558.86	4,093.00	5,121.00	5,121.00	5,121.00	3,501.92
SDS	Insert self-contd prosthesis	Per Case	54401	Outpatient	21,693.47	18,215.40	4,347.00	4,347.00	4,347.00	21,693.47
SDS	Removal of testis	Per Case	54520	Outpatient	12,054.63	4,093.00	5,121.00	5,121.00	5,121.00	11,861.76
SDS	Reduce testis torsion	Per Case	54600	Outpatient	15,271.15	4,093.00	5,121.00	5,121.00	5,121.00	15,026.81

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Horizon NJ Health Medicaid	Humana Medicare	Longevity PPO	Magnacare	Multiplan
	INPATIENT SERVICES								
SDS	Ligate/strip long leg vein	Per Case	37722	Outpatient	2,211.00	10,309.92	10,309.92	4,251.00	20,335.20
SDS	Stab phleb veins xtr 10-20	Per Case	37765	Outpatient	2,211.00	3,254.01	3,254.01	4,251.00	19,334.40
SDS	Biopsy/removal lymph nodes	Per Case	38500	Outpatient	2,211.00	3,885.31	3,885.31	4,251.00	26,549.60
SDS	Biopsy/removal lymph nodes	Per Case	38525	Outpatient	2,211.00	10,217.21	10,217.21	4,251.00	76,016.80
SDS	Laparoscopy lymph node biop	Per Case	38570	Outpatient	2,211.00	17,935.41	17,935.41	4,251.00	49,751.20
SDS	Laparoscopy lymphadenectomy	Per Case	38571	Outpatient	2,211.00	22,005.13	22,005.13	4,251.00	61,777.60
SDS	Laparoscopy lymphadenectomy	Per Case	38572	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
SDS	Ra tracer id of sentinl node	Per Case	38792	Outpatient	2,211.00	436.34	436.34	2,210.85	2,080.80
SDS	Excision of gum lesion	Per Case	41825	Outpatient	2,211.00	3,411.53	3,411.53	4,251.00	8,502.40
SDS	Reconstruct cleft palate	Per Case	42200	Outpatient	2,211.00	5,887.08	5,887.08	4,251.00	26,558.61
SDS	Removal of tonsils and adenoid glands patient younger than 12	Per Case	42820	Outpatient	2,211.00	10,933.63	10,933.63	4,251.00	12,800.80
SDS	Control throat bleeding	Per Case	42960	Outpatient	2,211.00	598.32	598.32	4,251.00	17,739.20
SDS	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	2,211.00	936.61	936.61	4,251.00	6,451.20
SDS	Laparoscopy fundoplasty	Per Case	43280	Outpatient	2,321.55	11,564.30	11,564.30	6,206.55	83,848.80
SDS	Lap paraesoph her rpr w/mesh	Per Case	43282	Outpatient	2,211.00	10,887.44	10,887.44	4,251.00	64,040.80
SDS	Laparoscopy appendectomy	Per Case	44970	Outpatient	2,211.00	6,928.85	6,928.85	4,251.00	34,807.60
SDS	Diagnostic sigmoidoscopy	Per Case	45330	Outpatient	2,211.00	1,864.21	1,864.21	4,251.00	12,564.00
SDS	Needle biopsy of liver	Per Case	47000	Outpatient	2,211.00	2,083.32	2,083.32	4,251.00	7,544.80
SDS	Removal of gallbladder using an endoscope	Per Case	47562	Outpatient	2,211.00	5,798.04	5,798.04	4,251.00	21,365.60
SDS	Laparo cholecystectomy/graph	Per Case	47563	Outpatient	2,211.00	6,711.49	6,711.49	4,251.00	45,498.40
SDS	Abd paracentesis w/imaging	Per Case	49083	Outpatient	2,211.00	927.19	927.19	4,251.00	5,064.00
SDS	Diag laparo separate proc	Per Case	49320	Outpatient	2,211.00	13,088.70	13,088.70	4,251.00	23,122.40
SDS	Laparoscopy biopsy	Per Case	49321	Outpatient	2,211.00	13,376.38	13,376.38	4,251.00	30,428.80
SDS	Laparoscopy aspiration	Per Case	49322	Outpatient	2,211.00	5,798.04	5,798.04	4,251.00	25,087.20
SDS	Lap insert tunnel ip cath	Per Case	49324	Outpatient	2,211.00	5,921.39	5,921.39	4,251.00	28,704.00
SDS	Laparo proc abdm/per/oment	Per Case	49329	Outpatient	2,211.00	17,015.86	17,015.86	4,251.00	41,754.40
SDS	Ins tun ip cath for dial opn	Per Case	49421	Outpatient	2,211.00	3,671.10	3,671.10	4,251.00	18,745.60
SDS	Remove tunneled ip cath	Per Case	49422	Outpatient	2,211.00	3,313.58	3,313.58	4,251.00	18,608.80
SDS	Rpr ing hernia init reduce	Per Case	49500	Outpatient	2,211.00	10,924.36	10,924.36	4,251.00	14,554.40
SDS	Repair of groin hernia patient age 5 years or older	Per Case	49505	Outpatient	2,211.00	5,767.93	5,767.93	4,251.00	25,560.00
SDS	Prp i/hern init block >5 yr	Per Case	49507	Outpatient	2,211.00	7,243.99	7,243.99	4,251.00	22,125.92
SDS	Rerepair ing hernia reduce	Per Case	49520	Outpatient	2,211.00	5,767.93	5,767.93	4,251.00	27,033.60
SDS	Rpr ventral hern init reduc	Per Case	49560	Outpatient	2,211.00	9,604.14	9,604.14	4,251.00	38,644.00
SDS	Rpr ventral hern init block	Per Case	49561	Outpatient	2,211.00	7,458.52	7,458.52	4,251.00	22,660.80
SDS	Rerepair ventrl hern reduce	Per Case	49565	Outpatient	2,211.00	9,932.84	9,932.84	4,251.00	52,562.40
SDS	Rpr umbil hern reduc > 5 yr	Per Case	49585	Outpatient	2,211.00	9,568.30	9,568.30	4,251.00	30,557.60
SDS	Rpr umbil hern block > 5 yr	Per Case	49587	Outpatient	2,211.00	7,306.70	7,306.70	4,251.00	28,233.92
SDS	Lap ing hernia repair init	Per Case	49650	Outpatient	2,211.00	5,735.40	5,735.40	4,251.00	31,288.64
SDS	Lap ing hernia repair recur	Per Case	49651	Outpatient	2,211.00	5,798.04	5,798.04	4,251.00	34,481.60
SDS	Lap vent/abd hernia repair	Per Case	49652	Outpatient	2,211.00	5,798.04	5,798.04	4,251.00	37,179.20
SDS	Lap vent/abd hern proc comp	Per Case	49653	Outpatient	2,211.00	5,856.96	5,856.96	4,251.00	33,340.80
SDS	Lap inc hernia repair	Per Case	49654	Outpatient	2,211.00	10,158.85	10,158.85	4,251.00	33,992.80
SDS	Lap inc hern repair comp	Per Case	49655	Outpatient	2,211.00	10,467.81	10,467.81	4,251.00	39,796.00
SDS	Lap inc hernia repair recur	Per Case	49656	Outpatient	2,211.00	10,206.05	10,206.05	4,251.00	40,082.40
SDS	Removal of kidney stone	Per Case	50080	Outpatient	2,211.00	16,806.79	16,806.79	4,251.00	41,356.00
SDS	Removal of kidney stone	Per Case	50081	Outpatient	2,211.00	9,456.97	9,456.97	4,251.00	49,902.72
SDS	Renal biopsy perq	Per Case	50200	Outpatient	2,211.00	9,620.27	9,620.27	4,251.00	31,228.80
SDS	Plmt nephroureteral catheter	Per Case	50433	Outpatient	2,211.00	17,420.98	17,420.98	4,251.00	48,517.60
SDS	Laparo radical nephrectomy	Per Case	50545	Outpatient	2,211.00	1,179.86	1,179.86	4,251.00	32,634.40
SDS	Laparoscope proc ureter	Per Case	50949	Outpatient	2,211.00	17,061.99	17,061.99	4,251.00	36,122.72
SDS	Injection for bladder x-ray	Per Case	51600	Outpatient	2,211.00	266.34	266.34	2,533.00	2,384.00
SDS	Cystoscopy	Per Case	52000	Outpatient	2,211.00	3,523.06	3,523.06	4,251.00	15,959.20
SDS	Cystoscopy & ureter catheter	Per Case	52005	Outpatient	2,211.00	9,058.61	9,058.61	4,251.00	31,291.20
SDS	Cystoscopy w/biopsy(s)	Per Case	52204	Outpatient	2,211.00	5,696.55	5,696.55	4,251.00	18,784.80
SDS	Cystoscopy and treatment	Per Case	52224	Outpatient	2,211.00	3,466.69	3,466.69	4,251.00	9,788.00
SDS	Cystoscopy and treatment	Per Case	52234	Outpatient	2,211.00	3,523.06	3,523.06	4,251.00	17,140.80
SDS	Cystoscopy and treatment	Per Case	52235	Outpatient	2,211.00	3,523.06	3,523.06	4,251.00	17,644.00
SDS	Cystoscopy and treatment	Per Case	52240	Outpatient	2,211.00	8,969.10	8,969.10	4,251.00	25,552.80
SDS	Cystoscopy and treatment	Per Case	52281	Outpatient	2,211.00	2,051.71	2,051.71	4,251.00	16,121.60
SDS	Remove bladder stone	Per Case	52317	Outpatient	2,211.00	7,363.23	7,363.23	4,251.00	19,795.20
SDS	Remove bladder stone	Per Case	52318	Outpatient	2,211.00	7,298.80	7,298.80	4,251.00	19,550.40
SDS	Cystoscopy and treatment	Per Case	52332	Outpatient	2,211.00	20,405.02	20,405.02	4,251.00	41,793.60
SDS	Cystouretero w/stone remove	Per Case	52352	Outpatient	2,211.00	16,173.70	16,173.70	4,251.00	30,854.40
SDS	Cystouretero w/lithotripsy	Per Case	52353	Outpatient	2,211.00	5,015.08	5,015.08	4,251.00	28,347.20
SDS	Cysto/uretero w/lithotripsy	Per Case	52356	Outpatient	2,211.00	4,974.63	4,974.63	4,251.00	26,518.40
SDS	Prostatectomy (turp)	Per Case	52601	Outpatient	2,211.00	8,610.64	8,610.64	4,251.00	22,002.40
SDS	Laser surgery of prostate	Per Case	52648	Outpatient	2,211.00	5,055.52	5,055.52	4,251.00	18,652.80
SDS	Revision of urethra	Per Case	53450	Outpatient	2,211.00	5,631.41	5,631.41	4,251.00	11,820.00
SDS	Urology surgery procedure	Per Case	53899	Outpatient	2,211.00	6,804.11	6,804.11	4,251.00	23,872.00
SDS	Circumcision w/regionl block	Per Case	54150	Outpatient	2,211.00	2,072.56	2,072.56	4,251.00	10,662.40
SDS	Circum 28 days or older	Per Case	54161	Outpatient	2,211.00	2,032.14	2,032.14	4,251.00	13,892.00
SDS	Lysis penil circumic lesion	Per Case	54162	Outpatient	2,211.00	16,679.66	16,679.66	4,251.00	14,424.00
SDS	Repair of circumcision	Per Case	54163	Outpatient	2,211.00	3,976.29	3,976.29	4,251.00	11,904.80
SDS	Reconstruction of urethra	Per Case	54324	Outpatient	2,211.00	9,224.18	9,224.18	4,251.00	23,932.00
SDS	Revise penis/urethra	Per Case	54332	Outpatient	2,211.00	3,558.86	3,558.86	4,251.00	14,547.20
SDS	Insert self-contd prosthesis	Per Case	54401	Outpatient	15,682.59	21,693.47	21,693.47	18,930.45	49,036.05
SDS	Removal of testis	Per Case	54520	Outpatient	2,211.00	12,054.63	12,054.63	4,251.00	25,661.60
SDS	Reduce testis torsion	Per Case	54600	Outpatient	2,211.00	15,271.15	15,271.15	4,251.00	28,555.20

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare	United Community & State Medicaid
	INPATIENT SERVICES									
SDS	Ligate/strip long leg vein	Per Case	37722	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	10,144.96	2,746.98
SDS	Stab phleb veins xtr 10-20	Per Case	37765	Outpatient	9,954.25	6,446.00	6,570.00	9,954.25	3,254.01	2,629.48
SDS	Biopsy/removal lymph nodes	Per Case	38500	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	3,823.14	3,467.99
SDS	Biopsy/removal lymph nodes	Per Case	38525	Outpatient	11,800.25	6,446.00	6,570.00	11,800.25	10,130.60	10,150.09
SDS	Laparoscopy lymph node biop	Per Case	38570	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	17,648.45	6,605.09
SDS	Laparoscopy lymphadenectomy	Per Case	38571	Outpatient	10,325.50	6,446.00	6,570.00	10,325.50	21,653.05	8,107.64
SDS	Laparoscopy lymphadenectomy	Per Case	38572	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	Service is not provided at Saint Peter's Healthcare System
SDS	Ra tracer id of sentinl node	Per Case	38792	Outpatient	2,601.00	1,846.71	1,846.71	2,601.00	429.36	282.99
SDS	Excision of gum lesion	Per Case	41825	Outpatient	6,634.50	6,446.00	6,570.00	6,634.50	3,356.95	1,156.33
SDS	Reconstruct cleft palate	Per Case	42200	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,792.89	3,589.99
SDS	Removal of tonsils and adenoid glands patient younger than 12	Per Case	42820	Outpatient	7,429.50	6,446.00	6,570.00	7,429.50	10,758.69	1,740.91
SDS	Control throat bleeding	Per Case	42960	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	593.53	2,403.00
SDS	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	4,423.00	5,725.44	5,725.44	4,423.00	921.63	877.36
SDS	Laparoscopy fundoplasty	Per Case	43280	Outpatient	8,188.43	8,226.23	8,356.43	8,188.43	11,564.30	11,438.24
SDS	Lap paraesoph her rpr w/mesh	Per Case	43282	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	10,713.24	8,578.18
SDS	Laparoscopy appendectomy	Per Case	44970	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	6,817.99	4,543.12
SDS	Diagnostic sigmoidoscopy	Per Case	45330	Outpatient	7,740.25	6,446.00	6,570.00	7,740.25	1,834.38	1,629.96
SDS	Needle biopsy of liver	Per Case	47000	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	2,049.99	1,026.09
SDS	Removal of gallbladder using an endoscope	Per Case	47562	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,751.66	2,887.11
SDS	Laparo cholecystectomy/graph	Per Case	47563	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	6,604.11	5,969.37
SDS	Abd paracentesis w/imaging	Per Case	49083	Outpatient	4,423.00	4,494.30	4,494.30	4,423.00	912.36	688.70
SDS	Diag laparo separate proc	Per Case	49320	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	12,879.28	3,074.18
SDS	Laparoscopy biopsy	Per Case	49321	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	13,162.36	3,986.35
SDS	Laparoscopy aspiration	Per Case	49322	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	5,751.66	3,297.41
SDS	Lap insert tunnel ip cath	Per Case	49324	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,826.65	3,649.47
SDS	Laparo proc abdm/per/oment	Per Case	49329	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	16,743.61	5,537.73
SDS	Ins tun ip cath for dial opn	Per Case	49421	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	3,612.36	2,359.98
SDS	Remove tunneled ip cath	Per Case	49422	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	3,260.57	2,530.80
SDS	Rpr ing hernia init reduce	Per Case	49500	Outpatient	10,153.00	6,446.00	6,570.00	10,153.00	10,749.57	1,979.40
SDS	Repair of groin hernia patient age 5 years or older	Per Case	49505	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,767.93	3,286.74
SDS	Prp i/hern init block >5 yr	Per Case	49507	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	7,128.08	2,903.29
SDS	Rerepair ing hernia reduce	Per Case	49520	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,767.93	3,487.15
SDS	Rpr ventral hern init reduc	Per Case	49560	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	9,450.47	5,185.92
SDS	Rpr ventral hern init block	Per Case	49561	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	7,339.19	3,009.52
SDS	Rerepair ventrl hern reduce	Per Case	49565	Outpatient	9,954.25	6,446.00	6,570.00	9,954.25	9,773.91	6,833.57
SDS	Rpr umbil hern reduc > 5 yr	Per Case	49585	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	9,415.21	4,083.49
SDS	Rpr umbil hern block > 5 yr	Per Case	49587	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	7,189.79	3,755.13
SDS	Lap ing hernia repair init	Per Case	49650	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,643.64	4,255.26
SDS	Lap ing hernia repair recur	Per Case	49651	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	5,751.66	4,593.66
SDS	Lap vent/abd hernia repair	Per Case	49652	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,751.66	5,002.86
SDS	Lap vent/abd hern proc comp	Per Case	49653	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,763.25	4,515.74
SDS	Lap inc hernia repair	Per Case	49654	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	9,996.31	4,623.02
SDS	Lap inc hern repair comp	Per Case	49655	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	10,300.32	5,224.68
SDS	Lap inc hernia repair recur	Per Case	49656	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	10,119.55	5,397.70
SDS	Removal of kidney stone	Per Case	50080	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	16,537.88	5,348.57
SDS	Removal of kidney stone	Per Case	50081	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	9,456.97	6,428.04
SDS	Renal biopsy perq	Per Case	50200	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	9,466.34	2,316.49
SDS	Plmt nephroureteral catheter	Per Case	50433	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	17,142.24	6,216.39
SDS	Laparo radical nephrectomy	Per Case	50545	Outpatient	7,376.00	6,446.00	6,570.00	7,376.00	1,160.98	4,012.65
SDS	Laparoscope proc ureter	Per Case	50949	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	16,789.00	4,725.09
SDS	Injection for bladder x-ray	Per Case	51600	Outpatient	2,980.00	2,115.80	2,115.80	2,980.00	262.08	324.22
SDS	Cystoscopy	Per Case	52000	Outpatient	8,110.50	6,446.00	6,570.00	8,110.50	3,494.88	2,061.93
SDS	Cystoscopy & ureter catheter	Per Case	52005	Outpatient	7,827.00	6,446.00	6,570.00	7,827.00	8,913.67	4,190.75
SDS	Cystoscopy w/biopsy(s)	Per Case	52204	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	5,605.40	2,482.39
SDS	Cystoscopy and treatment	Per Case	52224	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	3,466.69	1,258.82
SDS	Cystoscopy and treatment	Per Case	52234	Outpatient	7,429.50	6,446.00	6,570.00	7,429.50	3,494.88	2,331.15
SDS	Cystoscopy and treatment	Per Case	52235	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	3,523.06	2,276.87
SDS	Cystoscopy and treatment	Per Case	52240	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	8,825.60	3,313.70
SDS	Cystoscopy and treatment	Per Case	52281	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	2,051.71	1,916.14
SDS	Remove bladder stone	Per Case	52317	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	7,245.42	2,638.64
SDS	Remove bladder stone	Per Case	52318	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	7,182.02	2,477.99
SDS	Cystoscopy and treatment	Per Case	52332	Outpatient	10,153.00	6,446.00	6,570.00	10,153.00	20,078.54	5,623.00
SDS	Cystouretero w/stone remove	Per Case	52352	Outpatient	9,812.50	6,446.00	6,570.00	9,812.50	15,914.92	4,054.87
SDS	Cystouretero w/lithotripsy	Per Case	52353	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,015.08	3,729.36
SDS	Cysto/uretero w/lithotripsy	Per Case	52356	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	4,974.63	3,483.78
SDS	Prostatectomy (turp)	Per Case	52601	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	8,472.87	2,913.59
SDS	Laser surgery of prostate	Per Case	52648	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,055.52	2,536.78
SDS	Revision of urethra	Per Case	53450	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	5,541.31	1,607.52
SDS	Urology surgery procedure	Per Case	53899	Outpatient	9,216.25	6,446.00	6,570.00	9,216.25	6,695.25	3,099.36
SDS	Circumcision w/regionl block	Per Case	54150	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	2,039.39	1,450.09
SDS	Circum 28 days or older	Per Case	54161	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	1,999.62	1,889.31
SDS	Lysis penil circumic lesion	Per Case	54162	Outpatient	10,153.00	6,446.00	6,570.00	10,153.00	16,412.78	1,961.66
SDS	Repair of circumcision	Per Case	54163	Outpatient	7,429.50	6,446.00	6,570.00	7,429.50	3,912.67	1,619.05
SDS	Reconstruction of urethra	Per Case	54324	Outpatient	8,110.50	6,446.00	6,570.00	8,110.50	9,076.60	3,254.75
SDS	Revise penis/urethra	Per Case	54332	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	3,501.92	1,978.42
SDS	Insert self-contd prosthesis	Per Case	54401	Outpatient	21,364.35	20,686.05	20,816.25	21,364.35	21,693.47	6,489.81
SDS	Removal of testis	Per Case	54520	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	11,861.76	3,318.32
SDS	Reduce testis torsion	Per Case	54600	Outpatient	9,812.50	6,446.00	6,570.00	9,812.50	15,026.81	3,813.85

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
	INPATIENT SERVICES							
SDS	Ligate/strip long leg vein	Per Case	37722	Outpatient	2,787.24	10,144.96	2,211.00	20,335.20
SDS	Stab phleb veins xtr 10-20	Per Case	37765	Outpatient	2,669.29	3,254.01	2,211.00	19,334.40
SDS	Biopsy/removal lymph nodes	Per Case	38500	Outpatient	3,842.20	3,823.14	2,211.00	26,549.60
SDS	Biopsy/removal lymph nodes	Per Case	38525	Outpatient	10,426.27	10,130.60	2,211.00	76,016.80
SDS	Laparoscopy lymph node biop	Per Case	38570	Outpatient	6,811.66	17,648.45	2,211.00	49,751.20
SDS	Laparoscopy lymphadenectomy	Per Case	38571	Outpatient	8,154.89	21,653.05	2,211.00	61,777.60
SDS	Laparoscopy lymphadenectomy	Per Case	38572	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
SDS	Ra tracer id of sentinl node	Per Case	38792	Outpatient	282.99	429.36	282.99	5,597.00
SDS	Excision of gum lesion	Per Case	41825	Outpatient	1,196.14	3,356.95	1,156.33	8,502.40
SDS	Reconstruct cleft palate	Per Case	42200	Outpatient	3,630.25	5,792.89	2,211.00	26,558.61
SDS	Removal of tonsils and adenoid glands patient younger than 12	Per Case	42820	Outpatient	1,780.72	10,758.69	1,740.91	12,800.80
SDS	Control throat bleeding	Per Case	42960	Outpatient	2,403.27	593.53	593.53	17,739.20
SDS	Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	Per Visit	43235	Outpatient	917.17	921.63	906.91	6,451.20
SDS	Laparoscopy fundoplasty	Per Case	43280	Outpatient	12,811.35	11,564.30	2,321.55	83,848.80
SDS	Lap paraesoph her rpr w/mesh	Per Case	43282	Outpatient	8,622.06	10,713.24	2,211.00	64,040.80
SDS	Laparoscopy appendectomy	Per Case	44970	Outpatient	4,546.76	6,817.99	2,211.00	34,807.60
SDS	Diagnostic sigmoidoscopy	Per Case	45330	Outpatient	1,670.94	1,834.38	1,659.12	12,564.00
SDS	Needle biopsy of liver	Per Case	47000	Outpatient	1,026.09	2,049.99	1,026.09	7,544.80
SDS	Removal of gallbladder using an endoscope	Per Case	47562	Outpatient	2,927.37	5,751.66	2,211.00	21,365.60
SDS	Laparo cholecystectomy/graph	Per Case	47563	Outpatient	6,014.13	6,604.11	2,211.00	45,498.40
SDS	Abd paracentesis w/imaging	Per Case	49083	Outpatient	688.70	912.36	688.70	5,597.00
SDS	Diag laparo separate proc	Per Case	49320	Outpatient	3,116.00	12,879.28	2,211.00	23,122.40
SDS	Laparoscopy biopsy	Per Case	49321	Outpatient	4,029.91	13,162.36	2,211.00	30,428.80
SDS	Laparoscopy aspiration	Per Case	49322	Outpatient	3,340.62	5,751.66	2,211.00	25,087.20
SDS	Lap insert tunnel ip cath	Per Case	49324	Outpatient	3,693.20	5,826.65	2,211.00	28,704.00
SDS	Laparo proc abdm/per/oment	Per Case	49329	Outpatient	5,581.26	16,743.61	2,211.00	41,754.40
SDS	Ins tun ip cath for dial opn	Per Case	49421	Outpatient	2,442.62	3,612.36	2,211.00	18,745.60
SDS	Remove tunneled ip cath	Per Case	49422	Outpatient	2,570.61	3,260.57	2,211.00	18,608.80
SDS	Rpr ing hernia init reduce	Per Case	49500	Outpatient	1,979.40	10,749.57	1,979.40	14,554.40
SDS	Repair of groin hernia patient age 5 years or older	Per Case	49505	Outpatient	3,329.57	5,767.93	2,211.00	25,560.00
SDS	Prp i/hern init block >5 yr	Per Case	49507	Outpatient	2,945.16	7,128.08	2,211.00	22,125.92
SDS	Rerepair ing hernia reduce	Per Case	49520	Outpatient	3,569.79	5,767.93	2,211.00	27,033.60
SDS	Rpr ventral hern init reduc	Per Case	49560	Outpatient	5,227.57	9,450.47	2,211.00	38,644.00
SDS	Rpr ventral hern init block	Per Case	49561	Outpatient	3,049.77	7,339.19	2,211.00	22,660.80
SDS	Rerepair ventrl hern reduce	Per Case	49565	Outpatient	6,878.38	9,773.91	2,211.00	52,562.40
SDS	Rpr umbil hern reduc > 5 yr	Per Case	49585	Outpatient	4,123.74	9,415.21	2,211.00	30,557.60
SDS	Rpr umbil hern block > 5 yr	Per Case	49587	Outpatient	3,797.91	7,189.79	2,211.00	28,233.92
SDS	Lap ing hernia repair init	Per Case	49650	Outpatient	4,295.07	5,643.64	2,211.00	31,288.64
SDS	Lap ing hernia repair recur	Per Case	49651	Outpatient	4,636.42	5,751.66	2,211.00	34,481.60
SDS	Lap vent/abd hernia repair	Per Case	49652	Outpatient	5,044.33	5,751.66	2,211.00	37,179.20
SDS	Lap vent/abd hern proc comp	Per Case	49653	Outpatient	4,516.19	5,763.25	2,211.00	33,340.80
SDS	Lap inc hernia repair	Per Case	49654	Outpatient	4,662.83	9,996.31	2,211.00	33,992.80
SDS	Lap inc hern repair comp	Per Case	49655	Outpatient	5,267.95	10,300.32	2,211.00	39,796.00
SDS	Lap inc hernia repair recur	Per Case	49656	Outpatient	5,439.17	10,119.55	2,211.00	40,082.40
SDS	Removal of kidney stone	Per Case	50080	Outpatient	5,395.01	16,537.88	2,211.00	41,356.00
SDS	Removal of kidney stone	Per Case	50081	Outpatient	6,474.87	9,456.97	2,211.00	49,902.72
SDS	Renal biopsy perq	Per Case	50200	Outpatient	2,470.90	9,466.34	2,211.00	31,228.80
SDS	Plmt nephroureteral catheter	Per Case	50433	Outpatient	6,265.31	17,142.24	2,211.00	48,517.60
SDS	Laparo radical nephrectomy	Per Case	50545	Outpatient	4,194.96	1,160.98	1,160.98	32,634.40
SDS	Laparoscope proc ureter	Per Case	50949	Outpatient	4,869.37	16,789.00	2,211.00	36,122.72
SDS	Injection for bladder x-ray	Per Case	51600	Outpatient	324.22	262.08	262.08	5,597.00
SDS	Cystoscopy	Per Case	52000	Outpatient	2,102.40	3,494.88	2,091.24	15,959.20
SDS	Cystoscopy & ureter catheter	Per Case	52005	Outpatient	4,231.46	8,913.67	2,211.00	31,291.20
SDS	Cystoscopy w/biopsy(s)	Per Case	52204	Outpatient	2,522.64	5,605.40	2,211.00	18,784.80
SDS	Cystoscopy and treatment	Per Case	52224	Outpatient	1,259.26	3,466.69	1,258.66	9,788.00
SDS	Cystoscopy and treatment	Per Case	52234	Outpatient	2,370.96	3,494.88	2,211.00	17,140.80
SDS	Cystoscopy and treatment	Per Case	52235	Outpatient	2,319.24	3,523.06	2,211.00	17,644.00
SDS	Cystoscopy and treatment	Per Case	52240	Outpatient	3,357.06	8,825.60	2,211.00	25,552.80
SDS	Cystoscopy and treatment	Per Case	52281	Outpatient	2,000.70	2,051.71	1,973.58	16,121.60
SDS	Remove bladder stone	Per Case	52317	Outpatient	2,680.11	7,245.42	2,211.00	19,795.20
SDS	Remove bladder stone	Per Case	52318	Outpatient	2,518.90	7,182.02	2,211.00	19,550.40
SDS	Cystoscopy and treatment	Per Case	52332	Outpatient	5,664.55	20,078.54	2,211.00	41,793.60
SDS	Cystouretero w/stone remove	Per Case	52352	Outpatient	4,097.69	15,914.92	2,211.00	30,854.40
SDS	Cystouretero w/lithotripsy	Per Case	52353	Outpatient	3,771.27	5,015.08	2,211.00	28,347.20
SDS	Cysto/uretero w/lithotripsy	Per Case	52356	Outpatient	3,526.15	4,974.63	2,211.00	26,518.40
SDS	Prostatectomy (turp)	Per Case	52601	Outpatient	2,954.57	8,472.87	2,211.00	22,002.40
SDS	Laser surgery of prostate	Per Case	52648	Outpatient	2,576.59	5,055.52	2,211.00	18,652.80
SDS	Revision of urethra	Per Case	53450	Outpatient	1,647.33	5,541.31	1,607.52	11,820.00
SDS	Urology surgery procedure	Per Case	53899	Outpatient	3,143.59	6,695.25	2,211.00	23,872.00
SDS	Circumcision w/regionl block	Per Case	54150	Outpatient	1,489.90	2,039.39	1,450.09	10,662.40
SDS	Circum 28 days or older	Per Case	54161	Outpatient	1,889.31	1,999.62	1,889.31	13,892.00
SDS	Lysis penil circumic lesion	Per Case	54162	Outpatient	2,001.47	16,412.78	1,961.66	16,679.66
SDS	Repair of circumcision	Per Case	54163	Outpatient	1,699.76	3,912.67	1,619.05	11,904.80
SDS	Reconstruction of urethra	Per Case	54324	Outpatient	3,294.56	9,076.60	2,211.00	23,932.00
SDS	Revise penis/urethra	Per Case	54332	Outpatient	2,097.85	3,501.92	1,978.42	14,547.20
SDS	Insert self-contd prosthesis	Per Case	54401	Outpatient	7,308.66	21,693.47	4,347.00	49,036.05
SDS	Removal of testis	Per Case	54520	Outpatient	3,361.89	11,861.76	2,211.00	25,661.60
SDS	Reduce testis torsion	Per Case	54600	Outpatient	3,815.69	15,026.81	2,211.00	28,555.20

Major Category	Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health
		INPATIENT SERVICES								
Surgical Services	SDS	Suspension of testis	Per Case	54640	Outpatient	24,362.00	4,799.31	5,597.00	7,247.65	2,689.82
Surgical Services	SDS	Removal of hydrocele	Per Case	55040	Outpatient	24,741.00	4,873.98	5,597.00	7,190.16	2,560.67
Surgical Services	SDS	Biopsy of prostate gland	Per Case	55700	Outpatient	26,031.00	5,128.11	5,597.00	3,640.04	2,786.21
Surgical Services	SDS	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Per Case	55866	Outpatient	84,434.00	16,633.50	5,597.00	21,480.23	8,519.64
Surgical Services	SDS	Closure of vagina	Per Case	57120	Outpatient	31,174.00	6,141.28	5,597.00	4,972.03	3,329.53
Surgical Services	SDS	Repair of vagina	Per Case	57200	Outpatient	22,900.00	4,511.30	5,597.00	7,543.78	2,249.81
Surgical Services	SDS	Anterior colporrhaphy	Per Case	57240	Outpatient	32,843.00	6,470.07	3,106.00	18,754.82	3,887.87
Surgical Services	SDS	Repair rectum & vagina	Per Case	57250	Outpatient	36,681.00	7,226.16	5,597.00	7,716.70	3,924.86
Surgical Services	SDS	Cmbn ant pst colprhy	Per Case	57260	Outpatient	42,017.00	8,277.35	5,597.00	7,716.70	4,514.09
Surgical Services	SDS	Cmbn ap colprhy w/ntrcl rpr	Per Case	57265	Outpatient	38,627.00	7,609.52	5,597.00	17,803.79	3,391.22
Surgical Services	SDS	Repair of bowel bulge	Per Case	57268	Outpatient	33,438.00	6,587.29	3,106.00	17,649.67	3,434.75
Surgical Services	SDS	Colpopexy extraperitoneal	Per Case	57282	Outpatient	41,387.00	8,153.24	5,597.00	29,585.17	4,164.17
Surgical Services	SDS	Repair bladder defect	Per Case	57288	Outpatient	39,065.00	7,695.81	5,597.00	23,521.83	4,227.68
Surgical Services	SDS	Bx/curett of cervix w/scope	Per Case	57454	Outpatient	2,620.00	516.14	5,597.00	321.24	266.30
Surgical Services	SDS	Conization of cervix	Per Case	57520	Outpatient	24,243.00	4,775.87	5,597.00	4,108.69	2,577.04
Surgical Services	SDS	Conization of cervix	Per Case	57522	Outpatient	20,623.00	4,062.73	5,597.00	3,328.04	2,314.74
Surgical Services	SDS	Biopsy of uterus lining	Per Case	58100	Outpatient	2,151.00	423.75	5,597.00	194.04	215.27
Surgical Services	SDS	Catheter for hysterography	Per Case	58340	Outpatient	5,734.00	1,129.60	5,597.00	262.08	351.86
Surgical Services	SDS	Reopen fallopian tube	Per Case	58350	Outpatient	42,183.00	8,310.05	5,597.00	5,798.04	4,507.88
Surgical Services	SDS	Lsh w/t/o ut 250 g or less	Per Case	58542	Outpatient	58,226.00	11,470.52	5,597.00	23,474.06	6,289.70
Surgical Services	SDS	Lsh w/t/o uterus above 250 g	Per Case	58544	Outpatient	46,277.00	9,116.57	5,597.00	10,119.55	4,896.62
Surgical Services	SDS	Laparoscopic myomectomy	Per Case	58545	Outpatient	51,652.00	10,175.44	5,597.00	5,705.27	5,500.14
Surgical Services	SDS	Laparo-vag hyst incl t/o	Per Case	58552	Outpatient	51,907.00	10,225.68	5,597.00	17,932.70	5,582.41
Surgical Services	SDS	Hysteroscopy biopsy	Per Case	58558	Outpatient	25,923.00	5,106.83	5,597.00	7,062.25	2,807.39
Surgical Services	SDS	Hysteroscopy remove myoma	Per Case	58561	Outpatient	31,947.00	6,293.56	5,597.00	9,298.95	3,375.10
Surgical Services	SDS	Hysteroscopy ablation	Per Case	58563	Outpatient	34,829.00	6,861.31	5,597.00	19,078.90	4,368.73
Surgical Services	SDS	Tlh uterus 250 g or less	Per Case	58570	Outpatient	39,289.00	7,739.93	5,597.00	10,813.38	4,084.89
Surgical Services	SDS	Tlh w/t/o 250 g or less	Per Case	58571	Outpatient	44,084.00	8,684.55	5,597.00	14,018.88	4,836.99
Surgical Services	SDS	Tlh w/t/o uterus over 250 g	Per Case	58573	Outpatient	47,986.00	9,453.24	5,597.00	16,314.64	5,072.61
Surgical Services	SDS	Laparoscopy remove adnexa	Per Case	58661	Outpatient	42,638.00	8,399.69	3,106.00	8,474.21	4,621.35
Surgical Services	SDS	Laparoscopy excise lesions	Per Case	58662	Outpatient	40,864.00	8,050.21	5,597.00	16,800.21	4,453.27
Surgical Services	SDS	Treat ectopic pregnancy	Per Case	59151	Outpatient	67,746.00	13,345.96	5,597.00	6,468.98	4,811.26
Surgical Services	SDS	Treatment of miscarriage	Per Case	59812	Outpatient	50,893.00	10,025.92	5,597.00	3,976.55	2,739.52
Surgical Services	SDS	Partial removal of thyroid	Per Case	60220	Outpatient	48,652.00	9,584.44	5,597.00	5,939.84	5,980.25
Surgical Services	SDS	Removal of thyroid	Per Case	60240	Outpatient	89,118.00	17,556.25	5,597.00	5,761.20	6,651.05
Surgical Services	SDS	Explore parathyroid glands	Per Case	60500	Outpatient	136,503.00	26,891.09	5,597.00	9,529.91	5,198.65
Surgical Services	SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62322	Outpatient	39,645.00	7,810.07	5,597.00	5,015.08	4,375.35
Surgical Services	SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62323	Outpatient	7,532.00	1,483.80	5,597.00	133,259.79	485.05
Surgical Services	SDS	Low back disk surgery	Per Case	63030	Outpatient	45,612.00	8,985.56	5,597.00	14,530.65	4,743.36
Surgical Services	SDS	Inc for vagus n elect impl	Per Case	64568	Outpatient	112,981.00	22,257.26	5,597.00	33,730.62	12,274.88
Surgical Services	SDS	Removal of recurring cataract in lens capsule using laser	Per Case	66821	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
Surgical Services	SDS	Removal of cataract with insertion of lens	Per Case	66984	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

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Amerigroup	Amerihealth	CHN	CIGNA	CIGNA HealthSpring Medicare
	INPATIENT SERVICES								
SDS	Suspension of testis	Per Case	54640	Outpatient	2,660.27	6,095.00	5,500.00	4,599.00	7,247.65
SDS	Removal of hydrocele	Per Case	55040	Outpatient	2,707.16	6,095.00	5,500.00	4,599.00	7,190.16
SDS	Biopsy of prostate gland	Per Case	55700	Outpatient	2,722.83	6,095.00	5,500.00	4,599.00	3,640.04
SDS	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Per Case	55866	Outpatient	9,445.62	6,095.00	5,500.00	4,599.00	21,480.23
SDS	Closure of vagina	Per Case	57120	Outpatient	3,431.86	6,095.00	5,500.00	4,599.00	4,972.03
SDS	Repair of vagina	Per Case	57200	Outpatient	2,534.39	6,095.00	5,500.00	4,599.00	7,543.78
SDS	Anterior colporrhaphy	Per Case	57240	Outpatient	3,891.45	6,095.00	5,500.00	3,013.00	18,754.82
SDS	Repair rectum & vagina	Per Case	57250	Outpatient	4,161.16	6,095.00	5,500.00	4,599.00	7,716.70
SDS	Cmbn ant pst colprhy	Per Case	57260	Outpatient	4,680.25	6,095.00	5,500.00	4,599.00	7,716.70
SDS	Cmbn ap colprhy w/ntrcl rpr	Per Case	57265	Outpatient	3,626.09	6,095.00	5,500.00	4,599.00	17,803.79
SDS	Repair of bowel bulge	Per Case	57268	Outpatient	3,657.42	6,095.00	5,500.00	3,013.00	17,649.67
SDS	Colpopexy extraperitoneal	Per Case	57282	Outpatient	4,433.82	6,095.00	5,500.00	4,599.00	29,585.17
SDS	Repair bladder defect	Per Case	57288	Outpatient	4,413.80	6,095.00	5,500.00	4,599.00	23,521.83
SDS	Bx/curett of cervix w/scope	Per Case	57454	Outpatient	266.30	1,352.44	2,620.00	2,620.00	321.24
SDS	Conization of cervix	Per Case	57520	Outpatient	2,650.26	6,095.00	5,500.00	4,599.00	4,108.69
SDS	Conization of cervix	Per Case	57522	Outpatient	2,268.70	6,095.00	5,500.00	4,599.00	3,328.04
SDS	Biopsy of uterus lining	Per Case	58100	Outpatient	215.27	1,110.35	2,151.00	634.05	194.04
SDS	Catheter for hysterography	Per Case	58340	Outpatient	623.86	1,669.39	3,234.00	560.78	266.34
SDS	Reopen fallopian tube	Per Case	58350	Outpatient	4,549.47	6,095.00	5,500.00	4,599.00	5,798.04
SDS	Lsh w/t/o ut 250 g or less	Per Case	58542	Outpatient	6,655.77	6,095.00	5,500.00	4,599.00	23,474.06
SDS	Lsh w/t/o uterus above 250 g	Per Case	58544	Outpatient	5,060.72	6,095.00	5,500.00	4,599.00	10,119.55
SDS	Laparoscopic myomectomy	Per Case	58545	Outpatient	5,565.23	6,095.00	5,500.00	3,013.00	5,705.27
SDS	Laparo-vag hyst incl t/o	Per Case	58552	Outpatient	5,793.93	6,095.00	5,500.00	4,599.00	17,932.70
SDS	Hysteroscopy biopsy	Per Case	58558	Outpatient	2,839.35	6,095.00	5,500.00	3,013.00	7,062.25
SDS	Hysteroscopy remove myoma	Per Case	58561	Outpatient	3,469.41	6,095.00	5,500.00	3,013.00	9,298.95
SDS	Hysteroscopy ablation	Per Case	58563	Outpatient	4,655.23	6,095.00	5,500.00	3,013.00	19,078.90
SDS	Tlh uterus 250 g or less	Per Case	58570	Outpatient	4,187.82	6,095.00	5,500.00	4,599.00	10,813.38
SDS	Tlh w/t/o 250 g or less	Per Case	58571	Outpatient	4,868.95	6,095.00	5,500.00	4,599.00	14,018.88
SDS	Tlh w/t/o uterus over 250 g	Per Case	58573	Outpatient	5,104.57	6,095.00	5,500.00	4,599.00	16,314.64
SDS	Laparoscopy remove adnexa	Per Case	58661	Outpatient	4,693.68	6,095.00	5,500.00	3,013.00	8,474.21
SDS	Laparoscopy excise lesions	Per Case	58662	Outpatient	4,494.85	6,095.00	5,500.00	4,599.00	16,800.21
SDS	Treat ectopic pregnancy	Per Case	59151	Outpatient	5,105.77	6,095.00	5,500.00	4,599.00	6,468.98
SDS	Treatment of miscarriage	Per Case	59812	Outpatient	3,233.86	6,095.00	5,500.00	4,599.00	3,976.55
SDS	Partial removal of thyroid	Per Case	60220	Outpatient	6,109.12	6,095.00	5,500.00	4,599.00	5,939.84
SDS	Removal of thyroid	Per Case	60240	Outpatient	7,184.50	6,095.00	5,500.00	4,599.00	5,761.20
SDS	Explore parathyroid glands	Per Case	60500	Outpatient	6,565.10	6,095.00	5,500.00	4,599.00	9,529.91
SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62322	Outpatient	4,345.80	6,095.00	5,500.00	4,599.00	5,015.08
SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62323	Outpatient	485.05	2,881.43	5,500.00	1,988.62	133,259.79
SDS	Low back disk surgery	Per Case	63030	Outpatient	5,289.42	6,095.00	5,500.00	4,599.00	14,530.65
SDS	Inc for vagus n elect impl	Per Case	64568	Outpatient	6,855.05	6,095.00	5,500.00	4,599.00	33,730.62
SDS	Removal of recurring cataract in lens capsule using laser	Per Case	66821	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
SDS	Removal of cataract with insertion of lens	Per Case	66984	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

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
	INPATIENT SERVICES									
SDS	Suspension of testis	Per Case	54640	Outpatient	7,365.50	4,093.00	5,121.00	5,121.00	5,121.00	7,247.65
SDS	Removal of hydrocele	Per Case	55040	Outpatient	7,307.07	4,093.00	5,121.00	5,121.00	5,121.00	7,190.16
SDS	Biopsy of prostate gland	Per Case	55700	Outpatient	3,699.23	4,093.00	5,121.00	5,121.00	5,121.00	3,640.04
SDS	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Per Case	55866	Outpatient	21,829.50	4,093.00	5,121.00	5,121.00	5,121.00	21,480.23
SDS	Closure of vagina	Per Case	57120	Outpatient	4,972.03	4,093.00	5,121.00	5,121.00	5,121.00	4,972.03
SDS	Repair of vagina	Per Case	57200	Outpatient	7,666.44	4,093.00	5,121.00	5,121.00	5,121.00	7,543.78
SDS	Anterior colporrhaphy	Per Case	57240	Outpatient	19,059.78	4,093.00	5,121.00	5,121.00	5,121.00	18,754.82
SDS	Repair rectum & vagina	Per Case	57250	Outpatient	7,778.93	4,093.00	5,121.00	5,121.00	5,121.00	7,716.70
SDS	Cmbn ant pst colprhy	Per Case	57260	Outpatient	7,778.93	4,093.00	5,121.00	5,121.00	5,121.00	7,716.70
SDS	Cmbn ap colprhy w/ntrcl rpr	Per Case	57265	Outpatient	18,093.28	4,093.00	5,121.00	5,121.00	5,121.00	17,803.79
SDS	Repair of bowel bulge	Per Case	57268	Outpatient	17,936.65	4,093.00	5,121.00	5,121.00	5,121.00	17,649.67
SDS	Colpopexy extraperitoneal	Per Case	57282	Outpatient	30,066.23	4,093.00	5,121.00	5,121.00	5,121.00	29,585.17
SDS	Repair bladder defect	Per Case	57288	Outpatient	23,904.30	4,093.00	5,121.00	5,121.00	5,121.00	23,521.83
SDS	Bx/curett of cervix w/scope	Per Case	57454	Outpatient	326.46	1,310.00	856.74	856.74	856.74	321.24
SDS	Conization of cervix	Per Case	57520	Outpatient	4,175.50	4,093.00	5,121.00	5,121.00	5,121.00	4,108.69
SDS	Conization of cervix	Per Case	57522	Outpatient	3,382.15	4,093.00	5,121.00	5,121.00	5,121.00	3,328.04
SDS	Biopsy of uterus lining	Per Case	58100	Outpatient	197.20	1,075.50	703.38	703.38	703.38	194.04
SDS	Catheter for hysterography	Per Case	58340	Outpatient	266.34	2,867.00	1,057.52	1,057.52	1,057.52	262.08
SDS	Reopen fallopian tube	Per Case	58350	Outpatient	5,798.04	4,093.00	5,121.00	5,121.00	5,121.00	5,798.04
SDS	Lsh w/t/o ut 250 g or less	Per Case	58542	Outpatient	23,855.76	4,093.00	5,121.00	5,121.00	5,121.00	23,474.06
SDS	Lsh w/t/o uterus above 250 g	Per Case	58544	Outpatient	10,206.05	4,093.00	5,121.00	5,121.00	5,121.00	10,119.55
SDS	Laparoscopic myomectomy	Per Case	58545	Outpatient	5,798.04	4,093.00	5,121.00	5,121.00	5,121.00	5,705.27
SDS	Laparo-vag hyst incl t/o	Per Case	58552	Outpatient	18,224.29	4,093.00	5,121.00	5,121.00	5,121.00	17,932.70
SDS	Hysteroscopy biopsy	Per Case	58558	Outpatient	7,177.08	4,093.00	5,121.00	5,121.00	5,121.00	7,062.25
SDS	Hysteroscopy remove myoma	Per Case	58561	Outpatient	9,450.16	4,093.00	5,121.00	5,121.00	5,121.00	9,298.95
SDS	Hysteroscopy ablation	Per Case	58563	Outpatient	19,389.13	4,093.00	5,121.00	5,121.00	5,121.00	19,078.90
SDS	Tlh uterus 250 g or less	Per Case	58570	Outpatient	10,989.21	4,093.00	5,121.00	5,121.00	5,121.00	10,813.38
SDS	Tlh w/t/o 250 g or less	Per Case	58571	Outpatient	14,246.82	4,093.00	5,121.00	5,121.00	5,121.00	14,018.88
SDS	Tlh w/t/o uterus over 250 g	Per Case	58573	Outpatient	16,579.92	4,093.00	5,121.00	5,121.00	5,121.00	16,314.64
SDS	Laparoscopy remove adnexa	Per Case	58661	Outpatient	8,612.00	4,093.00	5,121.00	5,121.00	5,121.00	8,474.21
SDS	Laparoscopy excise lesions	Per Case	58662	Outpatient	17,073.38	4,093.00	5,121.00	5,121.00	5,121.00	16,800.21
SDS	Treat ectopic pregnancy	Per Case	59151	Outpatient	6,574.17	4,093.00	5,121.00	5,121.00	5,121.00	6,468.98
SDS	Treatment of miscarriage	Per Case	59812	Outpatient	4,041.21	4,093.00	5,121.00	5,121.00	5,121.00	3,976.55
SDS	Partial removal of thyroid	Per Case	60220	Outpatient	6,036.43	4,093.00	5,121.00	5,121.00	5,121.00	5,939.84
SDS	Removal of thyroid	Per Case	60240	Outpatient	5,854.88	4,093.00	5,121.00	5,121.00	5,121.00	5,761.20
SDS	Explore parathyroid glands	Per Case	60500	Outpatient	9,684.87	4,093.00	5,121.00	5,121.00	5,121.00	9,529.91
SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62322	Outpatient	5,055.52	4,093.00	5,121.00	5,121.00	5,121.00	5,015.08
SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62323	Outpatient	135,426.62	2,791.00	1,825.31	1,825.31	1,825.31	133,259.79
SDS	Low back disk surgery	Per Case	63030	Outpatient	14,766.92	4,093.00	5,121.00	5,121.00	5,121.00	14,530.65
SDS	Inc for vagus n elect impl	Per Case	64568	Outpatient	33,730.62	4,093.00	5,121.00	5,121.00	5,121.00	33,730.62
SDS	Removal of recurring cataract in lens capsule using laser	Per Case	66821	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	Service is not provided at Saint Peter's Healthcare System
SDS	Removal of cataract with insertion of lens	Per Case	66984	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	Service is not provided at Saint Peter's Healthcare System

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Horizon NJ Health Medicaid	Humana Medicare	Longevity PPO	Magnacare	Multiplan
	INPATIENT SERVICES								
SDS	Suspension of testis	Per Case	54640	Outpatient	2,211.00	7,365.50	7,365.50	4,251.00	19,560.80
SDS	Removal of hydrocele	Per Case	55040	Outpatient	2,211.00	7,307.07	7,307.07	4,251.00	19,905.60
SDS	Biopsy of prostate gland	Per Case	55700	Outpatient	2,211.00	3,699.23	3,699.23	4,251.00	20,020.80
SDS	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Per Case	55866	Outpatient	2,211.00	21,829.50	21,829.50	4,251.00	69,453.12
SDS	Closure of vagina	Per Case	57120	Outpatient	2,211.00	4,972.03	4,972.03	4,251.00	25,234.24
SDS	Repair of vagina	Per Case	57200	Outpatient	2,211.00	7,666.44	7,666.44	4,251.00	18,635.20
SDS	Anterior colporrhaphy	Per Case	57240	Outpatient	2,211.00	19,059.78	19,059.78	4,251.00	28,613.60
SDS	Repair rectum & vagina	Per Case	57250	Outpatient	2,211.00	7,778.93	7,778.93	4,251.00	30,596.80
SDS	Cmbn ant pst colprhy	Per Case	57260	Outpatient	2,211.00	7,778.93	7,778.93	4,251.00	34,413.60
SDS	Cmbn ap colprhy w/ntrcl rpr	Per Case	57265	Outpatient	2,211.00	18,093.28	18,093.28	4,251.00	26,662.40
SDS	Repair of bowel bulge	Per Case	57268	Outpatient	2,211.00	17,936.65	17,936.65	4,251.00	32,127.20
SDS	Colpopexy extraperitoneal	Per Case	57282	Outpatient	2,211.00	30,066.23	30,066.23	4,251.00	32,601.60
SDS	Repair bladder defect	Per Case	57288	Outpatient	2,211.00	23,904.30	23,904.30	4,251.00	32,454.40
SDS	Bx/curett of cervix w/scope	Per Case	57454	Outpatient	2,211.00	326.46	326.46	2,227.00	2,096.00
SDS	Conization of cervix	Per Case	57520	Outpatient	2,211.00	4,175.50	4,175.50	4,251.00	19,487.20
SDS	Conization of cervix	Per Case	57522	Outpatient	2,211.00	3,382.15	3,382.15	4,251.00	16,681.60
SDS	Biopsy of uterus lining	Per Case	58100	Outpatient	2,151.00	197.20	197.20	1,828.35	1,720.80
SDS	Catheter for hysterography	Per Case	58340	Outpatient	2,211.00	266.34	266.34	2,748.90	4,587.20
SDS	Reopen fallopian tube	Per Case	58350	Outpatient	2,211.00	5,798.04	5,798.04	4,251.00	33,452.00
SDS	Lsh w/t/o ut 250 g or less	Per Case	58542	Outpatient	2,211.00	23,855.76	23,855.76	4,251.00	48,939.52
SDS	Lsh w/t/o uterus above 250 g	Per Case	58544	Outpatient	2,211.00	10,206.05	10,206.05	4,251.00	37,211.20
SDS	Laparoscopic myomectomy	Per Case	58545	Outpatient	2,211.00	5,798.04	5,798.04	4,251.00	40,920.80
SDS	Laparo-vag hyst incl t/o	Per Case	58552	Outpatient	2,211.00	18,224.29	18,224.29	4,251.00	42,602.40
SDS	Hysteroscopy biopsy	Per Case	58558	Outpatient	2,211.00	7,177.08	7,177.08	4,251.00	20,877.60
SDS	Hysteroscopy remove myoma	Per Case	58561	Outpatient	2,211.00	9,450.16	9,450.16	4,251.00	25,510.40
SDS	Hysteroscopy ablation	Per Case	58563	Outpatient	2,211.00	19,389.13	19,389.13	4,251.00	34,229.60
SDS	Tlh uterus 250 g or less	Per Case	58570	Outpatient	2,211.00	10,989.21	10,989.21	4,251.00	30,792.80
SDS	Tlh w/t/o 250 g or less	Per Case	58571	Outpatient	2,211.00	14,246.82	14,246.82	4,251.00	35,801.12
SDS	Tlh w/t/o uterus over 250 g	Per Case	58573	Outpatient	2,211.00	16,579.92	16,579.92	4,251.00	37,533.60
SDS	Laparoscopy remove adnexa	Per Case	58661	Outpatient	2,211.00	8,612.00	8,612.00	4,251.00	34,512.32
SDS	Laparoscopy excise lesions	Per Case	58662	Outpatient	2,211.00	17,073.38	17,073.38	4,251.00	33,050.40
SDS	Treat ectopic pregnancy	Per Case	59151	Outpatient	2,211.00	6,574.17	6,574.17	4,251.00	37,542.40
SDS	Treatment of miscarriage	Per Case	59812	Outpatient	2,211.00	4,041.21	4,041.21	4,251.00	23,778.40
SDS	Partial removal of thyroid	Per Case	60220	Outpatient	2,211.00	6,036.43	6,036.43	4,251.00	44,920.00
SDS	Removal of thyroid	Per Case	60240	Outpatient	2,211.00	5,854.88	5,854.88	4,251.00	52,827.20
SDS	Explore parathyroid glands	Per Case	60500	Outpatient	2,211.00	9,684.87	9,684.87	4,251.00	48,272.80
SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62322	Outpatient	2,211.00	5,055.52	5,055.52	4,251.00	31,954.40
SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62323	Outpatient	2,211.00	135,426.62	135,426.62	4,251.00	514,465.60
SDS	Low back disk surgery	Per Case	63030	Outpatient	2,211.00	14,766.92	14,766.92	4,251.00	38,892.80
SDS	Inc for vagus n elect impl	Per Case	64568	Outpatient	2,211.00	33,730.62	33,730.62	4,251.00	90,436.80
SDS	Removal of recurring cataract in lens capsule using laser	Per Case	66821	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
SDS	Removal of cataract with insertion of lens	Per Case	66984	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

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare	United Community & State Medicaid
	INPATIENT SERVICES									
SDS	Suspension of testis	Per Case	54640	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	7,247.65	2,660.27
SDS	Removal of hydrocele	Per Case	55040	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	7,190.16	2,532.12
SDS	Biopsy of prostate gland	Per Case	55700	Outpatient	4,423.00	6,446.00	6,570.00	4,423.00	3,640.04	2,624.39
SDS	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Per Case	55866	Outpatient	10,325.50	6,446.00	6,570.00	10,325.50	21,480.23	8,607.80
SDS	Closure of vagina	Per Case	57120	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	4,972.03	3,301.05
SDS	Repair of vagina	Per Case	57200	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	7,543.78	2,189.72
SDS	Anterior colporrhaphy	Per Case	57240	Outpatient	10,153.00	6,446.00	6,570.00	10,153.00	18,754.82	3,858.66
SDS	Repair rectum & vagina	Per Case	57250	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	7,716.70	3,897.45
SDS	Cmbn ant pst colprhy	Per Case	57260	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	7,716.70	4,485.65
SDS	Cmbn ap colprhy w/ntrcl rpr	Per Case	57265	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	17,803.79	3,393.25
SDS	Repair of bowel bulge	Per Case	57268	Outpatient	9,812.50	6,446.00	6,570.00	9,812.50	17,649.67	4,119.39
SDS	Colpopexy extraperitoneal	Per Case	57282	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	29,585.17	4,166.37
SDS	Repair bladder defect	Per Case	57288	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	23,521.83	4,199.82
SDS	Bx/curett of cervix w/scope	Per Case	57454	Outpatient	2,620.00	1,860.20	1,860.20	2,620.00	321.24	266.45
SDS	Conization of cervix	Per Case	57520	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	4,108.69	2,478.71
SDS	Conization of cervix	Per Case	57522	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	3,328.04	2,093.06
SDS	Biopsy of uterus lining	Per Case	58100	Outpatient	2,151.00	1,527.21	1,527.21	2,151.00	194.04	215.42
SDS	Catheter for hysterography	Per Case	58340	Outpatient	4,423.00	2,296.14	2,296.14	4,423.00	262.08	623.86
SDS	Reopen fallopian tube	Per Case	58350	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	5,798.04	4,479.00
SDS	Lsh w/t/o ut 250 g or less	Per Case	58542	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	23,474.06	6,262.36
SDS	Lsh w/t/o uterus above 250 g	Per Case	58544	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	10,119.55	4,869.05
SDS	Laparoscopic myomectomy	Per Case	58545	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	5,705.27	5,471.51
SDS	Laparo-vag hyst incl t/o	Per Case	58552	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	17,932.70	5,554.65
SDS	Hysteroscopy biopsy	Per Case	58558	Outpatient	7,429.50	6,446.00	6,570.00	7,429.50	7,062.25	2,778.42
SDS	Hysteroscopy remove myoma	Per Case	58561	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	9,298.95	3,345.79
SDS	Hysteroscopy ablation	Per Case	58563	Outpatient	10,323.25	6,446.00	6,570.00	10,323.25	19,078.90	4,341.23
SDS	Tlh uterus 250 g or less	Per Case	58570	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	10,813.38	4,056.49
SDS	Tlh w/t/o 250 g or less	Per Case	58571	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	14,018.88	4,808.02
SDS	Tlh w/t/o uterus over 250 g	Per Case	58573	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	16,314.64	5,043.64
SDS	Laparoscopy remove adnexa	Per Case	58661	Outpatient	8,508.00	6,446.00	6,570.00	8,508.00	8,474.21	4,592.81
SDS	Laparoscopy excise lesions	Per Case	58662	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	16,800.21	4,424.39
SDS	Treat ectopic pregnancy	Per Case	59151	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	6,468.98	4,784.40
SDS	Treatment of miscarriage	Per Case	59812	Outpatient	5,218.00	6,446.00	6,570.00	5,218.00	3,976.55	2,710.66
SDS	Partial removal of thyroid	Per Case	60220	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,939.84	5,869.66
SDS	Removal of thyroid	Per Case	60240	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	5,761.20	6,658.62
SDS	Explore parathyroid glands	Per Case	60500	Outpatient	5,899.00	6,446.00	6,570.00	5,899.00	9,529.91	5,185.06
SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62322	Outpatient	9,216.25	6,446.00	6,570.00	9,216.25	5,015.08	4,345.80
SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62323	Outpatient	4,423.00	3,963.22	3,963.22	4,423.00	133,259.79	69,816.21
SDS	Low back disk surgery	Per Case	63030	Outpatient	8,848.50	6,446.00	6,570.00	8,848.50	14,530.65	4,932.29
SDS	Inc for vagus n elect impl	Per Case	64568	Outpatient	7,376.00	6,446.00	6,570.00	7,376.00	33,730.62	12,245.89
SDS	Removal of recurring cataract in lens capsule using laser	Per Case	66821	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	Service is not provided at Saint Peter's Healthcare System
SDS	Removal of cataract with insertion of lens	Per Case	66984	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	Service is not provided at Saint Peter's Healthcare System

Minor Category	DESCRIPTION OF SERVICE	Payment Category	DRG/CPT/ HCPCS	Location of Service	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
	INPATIENT SERVICES							
SDS	Suspension of testis	Per Case	54640	Outpatient	2,700.08	7,247.65	2,211.00	19,560.80
SDS	Removal of hydrocele	Per Case	55040	Outpatient	2,574.89	7,190.16	2,211.00	19,905.60
SDS	Biopsy of prostate gland	Per Case	55700	Outpatient	2,887.91	3,640.04	2,211.00	20,020.80
SDS	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Per Case	55866	Outpatient	8,926.03	21,480.23	2,211.00	69,453.12
SDS	Closure of vagina	Per Case	57120	Outpatient	3,344.03	4,972.03	2,211.00	25,234.24
SDS	Repair of vagina	Per Case	57200	Outpatient	2,283.11	7,543.78	2,211.00	18,635.20
SDS	Anterior colporrhaphy	Per Case	57240	Outpatient	3,899.49	18,754.82	2,211.00	28,613.60
SDS	Repair rectum & vagina	Per Case	57250	Outpatient	3,943.66	7,716.70	2,211.00	30,596.80
SDS	Cmbn ant pst colprhy	Per Case	57260	Outpatient	4,528.75	7,716.70	2,211.00	34,413.60
SDS	Cmbn ap colprhy w/ntrcl rpr	Per Case	57265	Outpatient	3,399.30	17,803.79	2,211.00	26,662.40
SDS	Repair of bowel bulge	Per Case	57268	Outpatient	4,166.09	17,649.67	2,211.00	32,127.20
SDS	Colpopexy extraperitoneal	Per Case	57282	Outpatient	4,172.91	29,585.17	2,211.00	32,601.60
SDS	Repair bladder defect	Per Case	57288	Outpatient	4,244.68	23,521.83	2,211.00	32,454.40
SDS	Bx/curett of cervix w/scope	Per Case	57454	Outpatient	266.90	321.24	266.30	5,597.00
SDS	Conization of cervix	Per Case	57520	Outpatient	2,655.68	4,108.69	2,211.00	19,487.20
SDS	Conization of cervix	Per Case	57522	Outpatient	2,501.16	3,328.04	2,211.00	16,681.60
SDS	Biopsy of uterus lining	Per Case	58100	Outpatient	215.87	194.04	194.04	5,597.00
SDS	Catheter for hysterography	Per Case	58340	Outpatient	623.86	262.08	262.08	5,597.00
SDS	Reopen fallopian tube	Per Case	58350	Outpatient	4,520.82	5,798.04	2,211.00	33,452.00
SDS	Lsh w/t/o ut 250 g or less	Per Case	58542	Outpatient	6,308.68	23,474.06	2,211.00	48,939.52
SDS	Lsh w/t/o uterus above 250 g	Per Case	58544	Outpatient	4,914.76	10,119.55	2,211.00	37,211.20
SDS	Laparoscopic myomectomy	Per Case	58545	Outpatient	5,514.08	5,705.27	2,211.00	40,920.80
SDS	Laparo-vag hyst incl t/o	Per Case	58552	Outpatient	5,599.77	17,932.70	2,211.00	42,602.40
SDS	Hysteroscopy biopsy	Per Case	58558	Outpatient	2,819.97	7,062.25	2,211.00	20,877.60
SDS	Hysteroscopy remove myoma	Per Case	58561	Outpatient	3,390.66	9,298.95	2,211.00	25,510.40
SDS	Hysteroscopy ablation	Per Case	58563	Outpatient	4,387.11	19,078.90	2,211.00	34,229.60
SDS	Tlh uterus 250 g or less	Per Case	58570	Outpatient	4,099.75	10,813.38	2,211.00	30,792.80
SDS	Tlh w/t/o 250 g or less	Per Case	58571	Outpatient	4,849.57	14,018.88	2,211.00	35,801.12
SDS	Tlh w/t/o uterus over 250 g	Per Case	58573	Outpatient	5,085.19	16,314.64	2,211.00	37,533.60
SDS	Laparoscopy remove adnexa	Per Case	58661	Outpatient	4,635.65	8,474.21	2,211.00	34,512.32
SDS	Laparoscopy excise lesions	Per Case	58662	Outpatient	4,466.21	16,800.21	2,211.00	33,050.40
SDS	Treat ectopic pregnancy	Per Case	59151	Outpatient	4,832.24	6,468.98	2,211.00	37,542.40
SDS	Treatment of miscarriage	Per Case	59812	Outpatient	2,769.32	3,976.55	2,211.00	23,778.40
SDS	Partial removal of thyroid	Per Case	60220	Outpatient	6,052.37	5,939.84	2,211.00	44,920.00
SDS	Removal of thyroid	Per Case	60240	Outpatient	6,681.23	5,761.20	2,211.00	52,827.20
SDS	Explore parathyroid glands	Per Case	60500	Outpatient	5,272.69	9,529.91	2,211.00	48,272.80
SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62322	Outpatient	4,385.61	5,015.08	2,211.00	31,954.40
SDS	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Per Case	62323	Outpatient	69,858.13	133,259.79	485.05	514,465.60
SDS	Low back disk surgery	Per Case	63030	Outpatient	4,971.00	14,530.65	2,211.00	38,892.80
SDS	Inc for vagus n elect impl	Per Case	64568	Outpatient	12,287.36	33,730.62	2,211.00	90,436.80
SDS	Removal of recurring cataract in lens capsule using laser	Per Case	66821	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
SDS	Removal of cataract with insertion of lens	Per Case	66984	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