

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health	Aetna Better Health Medicare Dual Eligible
INPATIENT SERVICES									
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	\$257,957	\$34,044	\$61,680	\$37,232	\$32,937	\$37,232
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	\$102,764	\$15,016	\$29,798	\$19,136	\$17,541	\$19,136
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	\$117,192	\$18,165	\$39,841	\$24,078	\$25,489	\$24,078
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	\$71,118	\$9,860	\$17,759	\$11,688	\$10,642	\$11,688
Normal Newborn	795	Per Day	Inpatient	\$13,806	\$1,068	\$1,556	\$3,107	\$1,240	\$3,107
Vaginal Delivery w/o Sterilization/D&C w/o cc/mcc	807	Per Case	Inpatient	\$51,867	\$5,618	\$9,223	\$6,948	\$3,825	\$6,948
Cesarean Section w/o Sterilizatoin w/o cc/mcc	788	Per Case	Inpatient	\$69,711	\$7,283	\$10,898	\$9,486	\$7,751	\$9,486
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	\$51,867	\$5,618	\$9,223	\$6,948	\$3,825	\$6,948
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	\$69,711	\$7,283	\$10,898	\$9,486	\$7,751	\$9,486
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	\$51,867	\$5,618	\$9,223	\$6,948	\$3,825	\$6,948
EVALUATION & MANAGEMENT SERVICES									
Psychotherapy, 30 min	90832	Per Visit	Outpatient	\$700	\$144	\$140	\$154	\$18	\$154
Psychotherapy, 45 min	90834	Per Visit	Outpatient	\$1,638	\$354	\$328	\$154	\$18	\$154
Psychotherapy, 60 min	90837	Per Visit	Outpatient	\$2,184	\$450	\$437	\$154	\$18	\$154
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	\$641	\$132	\$128	\$154	\$71	\$154
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	\$1,827	\$395	\$366	\$154	\$18	\$154
Group psychotherapy	90853	Per Visit	Outpatient	\$987	\$109	\$198	\$92	\$18	\$92
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	\$662	\$143	\$0	\$132	\$74	\$132
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	\$872	\$189	\$0	\$174	\$97	\$3

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Amerigroup	Amerigroup Medicare Dual Eligible	AmeriHealth	CHN	CIGNA	CIGNA HealthSpring Medicare
INPATIENT SERVICES									
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	\$31,178	\$37,232	\$53,295	\$26,740	\$54,189	\$37,232
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	\$16,604	\$19,136	\$27,932	\$5,780	\$26,179	\$19,136
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	\$24,128	\$24,078	\$30,393	\$20,230	\$35,001	\$24,078
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	\$10,074	\$11,688	\$13,539	\$5,780	\$15,602	\$11,688
Normal Newborn	795	Per Day	Inpatient	\$1,174	\$3,107	\$1,650	\$1,075	\$2,208	\$3,107
Vaginal Delivery w/o Sterilization/D&C w/o cc/mcc	807	Per Case	Inpatient	\$3,621	\$6,948	\$7,057	\$6,400	\$8,248	\$6,948
Cesarean Section w/o Sterilizatoin w/o cc/mcc	788	Per Case	Inpatient	\$7,337	\$9,486	\$10,164	\$12,300	\$15,116	\$9,486
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	\$3,621	\$6,948	\$7,057	\$6,400	\$8,248	\$6,948
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	\$7,337	\$9,486	\$10,164	\$12,300	\$15,116	\$9,486
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	\$3,621	\$6,948	\$7,057	\$6,400	\$8,248	\$6,948
EVALUATION & MANAGEMENT SERVICES									
Psychotherapy, 30 min	90832	Per Visit	Outpatient	\$73	\$154	\$238	\$490	\$335	\$154
Psychotherapy, 45 min	90834	Per Visit	Outpatient	\$73	\$154	\$557	\$1,147	\$785	\$154
Psychotherapy, 60 min	90837	Per Visit	Outpatient	\$73	\$154	\$743	\$1,529	\$1,046	\$154
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	\$83	\$154	\$218	\$448	\$307	\$154
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	\$73	\$154	\$621	\$1,279	\$875	\$154
Group psychotherapy	90853	Per Visit	Outpatient	\$73	\$92	\$336	\$691	\$473	\$92
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	\$86	\$132	\$225	\$463	\$0	\$662
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	\$113	\$3	\$296	\$610	\$0	\$872

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
INPATIENT SERVICES									
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	\$37,232	\$46,209	\$64,716	\$64,716	\$87,200	\$37,232
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	\$19,136	\$22,324	\$33,113	\$33,113	\$44,617	\$19,136
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	\$24,078	\$29,847	\$36,938	\$36,938	\$49,771	\$24,078
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	\$11,688	\$13,305	\$17,320	\$17,320	\$23,337	\$11,688
Normal Newborn	795	Per Day	Inpatient	\$3,107	\$1,275	\$1,608	\$1,608	\$1,857	\$3,107
Vaginal Delivery w/o Sterilization/D&C w/o cc/mcc	807	Per Case	Inpatient	\$6,948	\$7,700	\$7,060	\$8,071	\$13,406	\$6,948
Cesarean Section w/o Sterilizatoin w/o cc/mcc	788	Per Case	Inpatient	\$9,486	\$11,000	\$13,730	\$15,075	\$23,054	\$9,486
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	\$6,948	\$7,700	\$7,060	\$8,071	\$13,406	\$6,948
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	\$9,486	\$11,000	\$13,730	\$15,075	\$23,054	\$9,486
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	\$6,948	\$7,700	\$7,060	\$8,071	\$13,406	\$6,948
EVALUATION & MANAGEMENT SERVICES									
Psychotherapy, 30 min	90832	Per Visit	Outpatient	\$154	\$385	\$229	\$229	\$229	\$154
Psychotherapy, 45 min	90834	Per Visit	Outpatient	\$154	\$901	\$536	\$536	\$536	\$154
Psychotherapy, 60 min	90837	Per Visit	Outpatient	\$154	\$1,201	\$714	\$714	\$714	\$154
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	\$154	\$352	\$209	\$209	\$209	\$154
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	\$154	\$1,005	\$597	\$597	\$597	\$154
Group psychotherapy	90853	Per Visit	Outpatient	\$92	\$543	\$323	\$323	\$323	\$92
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	\$662	\$364	\$216	\$216	\$216	\$87
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	\$872	\$479	\$285	\$285	\$285	\$114

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon NJ Health					
				Horizon NJ Health Medicaid	Medicare Dual Dligibles	Humana Medicare	Humana Tricare	Longevity PPO	Magnacare
INPATIENT SERVICES									
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	\$23,419	\$37,232	\$37,232	\$36,115	\$37,232	\$107,974
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	\$15,572	\$19,136	\$19,136	\$18,562	\$19,136	\$5,202
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	\$13,763	\$24,078	\$24,078	\$23,355	\$24,078	\$150,928
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	\$6,308	\$11,688	\$11,688	\$11,337	\$11,688	\$5,202
Normal Newborn	795	Per Day	Inpatient	\$1,103	\$3,107	\$3,107	\$3,013	\$3,107	\$780
Vaginal Delivery w/o Sterilization/D&C w/o cc/mcc	807	Per Case	Inpatient	\$5,213	\$6,948	\$6,948	\$6,740	\$6,948	\$5,202
Cesarean Section w/o Sterilizatoin w/o cc/mcc	788	Per Case	Inpatient	\$7,254	\$9,486	\$9,486	\$9,202	\$9,486	\$7,283
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	\$5,213	\$6,948	\$6,948	\$6,740	\$6,948	\$5,202
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	\$7,254	\$9,486	\$9,486	\$9,202	\$9,486	\$7,283
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	\$5,213	\$6,948	\$6,948	\$6,740	\$6,948	\$5,202
EVALUATION & MANAGEMENT SERVICES									
Psychotherapy, 30 min	90832	Per Visit	Outpatient	\$245	\$154	\$154	\$131	\$154	\$595
Psychotherapy, 45 min	90834	Per Visit	Outpatient	\$573	\$154	\$154	\$131	\$154	\$1,392
Psychotherapy, 60 min	90837	Per Visit	Outpatient	\$764	\$154	\$154	\$131	\$154	\$1,856
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	\$47	\$154	\$154	\$131	\$154	\$544
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	\$51	\$154	\$154	\$131	\$154	\$1,553
Group psychotherapy	90853	Per Visit	Outpatient	\$13	\$92	\$92	\$78	\$92	\$839
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	\$0	\$132	\$662	\$562	\$662	\$562
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	\$0	\$3	\$872	\$3	\$872	\$741

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Multiplan	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
INPATIENT SERVICES									
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	\$212,551	\$73,593	\$41,849	\$43,938	\$73,593	\$37,232
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	\$76,328	\$35,553	\$22,609	\$23,738	\$35,553	\$19,136
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	\$170,192	\$47,535	\$22,934	\$24,079	\$47,535	\$24,078
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	\$54,580	\$21,189	\$10,416	\$10,936	\$21,189	\$11,688
Normal Newborn	795	Per Day	Inpatient	\$4,673	\$1,595	\$1,229	\$1,377	\$1,595	\$3,107
Vaginal Delivery w/o Sterilization/D&C w/o cc/mcc	807	Per Case	Inpatient	\$35,710	\$9,356	\$7,142	\$7,648	\$9,356	\$6,948
Cesarean Section w/o Sterilizatoin w/o cc/mcc	788	Per Case	Inpatient	\$60,278	\$12,657	\$10,393	\$11,116	\$12,657	\$9,486
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	\$35,710	\$9,356	\$7,142	\$7,648	\$9,356	\$6,948
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	\$60,278	\$12,657	\$10,393	\$11,116	\$12,657	\$9,486
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	\$35,710	\$9,356	\$7,142	\$7,648	\$9,356	\$6,948
EVALUATION & MANAGEMENT SERVICES									
Psychotherapy, 30 min	90832	Per Visit	Outpatient	\$560	\$700	\$497	\$497	\$700	\$154
Psychotherapy, 45 min	90834	Per Visit	Outpatient	\$1,310	\$1,638	\$1,163	\$1,163	\$1,638	\$154
Psychotherapy, 60 min	90837	Per Visit	Outpatient	\$1,747	\$2,184	\$1,551	\$1,551	\$2,184	\$154
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	\$512	\$641	\$455	\$455	\$641	\$154
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	\$1,462	\$1,827	\$1,297	\$1,297	\$1,827	\$154
Group psychotherapy	90853	Per Visit	Outpatient	\$790	\$987	\$701	\$701	\$987	\$92
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	\$529	\$496	\$96	\$98	\$496	\$662
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	\$697	\$654	\$96	\$98	\$654	\$872

<div> United Community &amp; State Medicaid </div>								
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Wellcare Medicaid	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
INPATIENT SERVICES								
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	Per Case	Inpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Spinal fusion except cervical without major comorbid conditions or complicaitons (MCC)	460	Per Case	Inpatient	\$28,821	\$32,937	\$37,232	\$23,419	\$212,551
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	470	Per Case	Inpatient	\$15,349	\$17,541	\$19,136	\$5,202	\$76,328
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	Per Case	Inpatient	\$22,304	\$25,489	\$24,078	\$13,763	\$170,192
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid	743	Per Case	Inpatient	\$9,312	\$10,642	\$11,688	\$5,202	\$54,580
Normal Newborn	795	Per Day	Inpatient	\$1,085	\$1,240	\$3,107	\$780	\$4,673
Vaginal Delivery w/o Sterilization/D&C w/o cc/mcc	807	Per Case	Inpatient	\$3,347	\$3,825	\$6,948	\$3,347	\$35,710
Cesarean Section w/o Sterilizatoin w/o cc/mcc	788	Per Case	Inpatient	\$6,782	\$7,751	\$9,486	\$6,782	\$60,278
Routine obstetric care for vaginal delivery including pre- and post delivery	59400	Per Case	Inpatient	\$3,347	\$3,825	\$6,948	\$3,347	\$35,710
Routine obstetric careror cesarean deliver including pre and post delivery care	59510	Per Case	Inpatient	\$6,782	\$7,751	\$9,486	\$6,782	\$60,278
Routine osbstetric care for vaginal delivery after prior cesarean section delivery including pre and post delivery care	59610	Per Case	Inpatient	\$3,347	\$3,825	\$6,948	\$3,347	\$35,710
EVALUATION & MANAGEMENT SERVICES								
Psychotherapy, 30 min	90832	Per Visit	Outpatient	\$18	\$94	\$154	\$18	\$700
Psychotherapy, 45 min	90834	Per Visit	Outpatient	\$18	\$219	\$154	\$18	\$1,638
Psychotherapy, 60 min	90837	Per Visit	Outpatient	\$18	\$292	\$154	\$18	\$2,184
Family psychotherapy, not including patient, 50 min	90846	Per Visit	Outpatient	\$71	\$86	\$154	\$47	\$641
Family psychotherapy, including patient, 50 min	90847	Per Visit	Outpatient	\$18	\$244	\$154	\$18	\$1,827
Group psychotherapy	90853	Per Visit	Outpatient	\$18	\$132	\$92	\$13	\$987
New Patient office or other outpatient visit, typically 30 min	99203	Per Visit	Outpatient	\$74	\$88	\$662	\$0	\$662
New Patient office or other outpatient visit, typically 45 min	99204	Per Visit	Outpatient	\$97	\$116	\$872	\$0	\$872

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health	Aetna Better Health Medicare Dual Eligible
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	\$1,187	\$257	\$0	\$237	\$132	\$269
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	\$907	\$196	\$182	\$181	\$101	\$181
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	\$907	\$196	\$182	\$181	\$101	\$181
LAB & PATHOLOGY SERVICES									
Routine venipuncture	36415	Per Unit	Outpatient	\$95	\$17	\$4	\$3	\$2	\$7
Basic Metabolic Panel	80048	Per Unit	Outpatient	\$441	\$78	\$17	\$12	\$9	\$15
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	\$588	\$104	\$19	\$13	\$11	\$27
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	\$1,000	\$177	\$27	\$18	\$15	\$18
Kidney function panel test	80069	Per Unit	Outpatient	\$517	\$87	\$18	\$12	\$10	\$12
Liver function panel test	80076	Per Unit	Outpatient	\$517	\$92	\$17	\$11	\$7	\$11
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	\$103	\$17	\$6	\$4	\$1	\$4
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test
Automated urinalysis test	81002	Per Unit	Outpatient	\$70	\$6	\$5	\$4	\$70	\$84
Automated urinalysis test	81003	Per Unit	Outpatient	\$310	\$30	\$5	\$3	\$2	\$3
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	\$1,609	\$259	\$60	\$41	\$30	\$78
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	\$379	\$24	\$20	\$13	\$7	\$154
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	\$907	\$161	\$37	\$25	\$25	\$21
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	\$459	\$81	\$37	\$25	\$25	\$32
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	\$758	\$69	\$34	\$23	\$23	\$29
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	\$609	\$108	\$15	\$10	\$3	\$10
Complete blood cell count, with differential white blood cells, automated	85025	Per Unit	Outpatient	\$494	\$88	\$16	\$11	\$55	\$14
Complete blood count, automated	85027	Per Unit	Outpatient	\$441	\$78	\$13	\$9	\$5	\$33
Blood test, clotting time	85610	Per Unit	Outpatient	\$310	\$55	\$8	\$5	\$3	\$7
Coagulation assessment blood test	85730	Per Unit	Outpatient	\$310	\$8	\$12	\$8	\$3	\$13
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	\$788	\$140	\$11	\$7	\$4	\$179
Tb test cell immun measure	86480	Per Unit	Outpatient	\$429	\$73	\$126	\$85	\$50	\$85
Urine culture/colony count	87086	Per Unit	Outpatient	\$588	\$104	\$16	\$11	\$6	\$10
Hpylori stool ia	87338	Per Unit	Outpatient	\$609	\$108	\$29	\$20	\$68	\$20

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Amerigroup	Amerigroup Medicare Dual Eligible	AmeriHealth	CHN	CIGNA	CIGNA HealthSpring Medicare
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	\$154	\$269	\$403	\$831	\$0	\$1,187
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	\$118	\$181	\$308	\$635	\$435	\$907
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	\$118	\$181	\$308	\$635	\$435	\$907
LAB & PATHOLOGY SERVICES									
Routine venipuncture	36415	Per Unit	Outpatient	\$2	\$7	\$1	\$66	\$5	\$3
Basic Metabolic Panel	80048	Per Unit	Outpatient	\$9	\$15	\$16	\$309	\$35	\$12
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	\$11	\$27	\$20	\$412	\$44	\$13
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	\$15	\$18	\$26	\$700	\$84	\$18
Kidney function panel test	80069	Per Unit	Outpatient	\$10	\$12	\$17	\$362	\$36	\$12
Liver function panel test	80076	Per Unit	Outpatient	\$7	\$11	\$16	\$362	\$34	\$11
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	\$1	\$4	\$7	\$72	\$13	\$4
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test
Automated urinalysis test	81002	Per Unit	Outpatient	\$70	\$84	\$7	\$49	\$11	\$4
Automated urinalysis test	81003	Per Unit	Outpatient	\$2	\$3	\$5	\$217	\$10	\$3
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	\$30	\$78	\$62	\$1,126	\$125	\$41
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	\$7	\$154	\$21	\$265	\$41	\$13
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	\$25	\$21	\$36	\$635	\$77	\$25
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	\$25	\$32	\$35	\$321	\$77	\$25
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	\$23	\$29	\$36	\$531	\$71	\$23
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	\$3	\$10	\$16	\$426	\$32	\$10
Complete blood cell count, with differential white blood cells, automated	85025	Per Unit	Outpatient	\$64	\$14	\$15	\$345	\$33	\$11
Complete blood count, automated	85027	Per Unit	Outpatient	\$5	\$33	\$14	\$309	\$28	\$9
Blood test, clotting time	85610	Per Unit	Outpatient	\$3	\$7	\$8	\$217	\$17	\$5
Coagulation assessment blood test	85730	Per Unit	Outpatient	\$3	\$13	\$13	\$217	\$25	\$8
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	\$4	\$179	\$10	\$551	\$22	\$7
Tb test cell immun measure	86480	Per Unit	Outpatient	\$50	\$85	\$132	\$300	\$261	\$85
Urine culture/colony count	87086	Per Unit	Outpatient	\$6	\$10	\$18	\$412	\$34	\$11
Hpylori stool ia	87338	Per Unit	Outpatient	\$79	\$20	\$22	\$426	\$61	\$20



DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	\$1,187	\$653	\$388	\$388	\$388	\$155
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	\$907	\$499	\$297	\$297	\$297	\$119
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	\$907	\$499	\$297	\$297	\$297	\$119
LAB & PATHOLOGY SERVICES									
Routine venipuncture	36415	Per Unit	Outpatient	\$3	\$52	\$31	\$31	\$31	\$3
Basic Metabolic Panel	80048	Per Unit	Outpatient	\$12	\$243	\$144	\$144	\$144	\$12
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	\$13	\$323	\$192	\$192	\$192	\$13
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	\$18	\$550	\$327	\$327	\$327	\$18
Kidney function panel test	80069	Per Unit	Outpatient	\$12	\$284	\$169	\$169	\$169	\$12
Liver function panel test	80076	Per Unit	Outpatient	\$11	\$284	\$169	\$169	\$169	\$11
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	\$4	\$57	\$34	\$34	\$34	\$4
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test
Automated urinalysis test	81002	Per Unit	Outpatient	\$4	\$39	\$23	\$23	\$23	\$4
Automated urinalysis test	81003	Per Unit	Outpatient	\$3	\$170	\$101	\$101	\$101	\$3
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	\$41	\$885	\$526	\$526	\$526	\$41
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	\$13	\$208	\$124	\$124	\$124	\$13
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	\$25	\$499	\$297	\$297	\$297	\$25
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	\$25	\$252	\$150	\$150	\$150	\$25
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	\$23	\$417	\$248	\$248	\$248	\$23
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	\$10	\$335	\$199	\$199	\$199	\$10
Complete blood cell count, with differential white blood cells, automated	85025	Per Unit	Outpatient	\$11	\$271	\$161	\$161	\$161	\$11
Complete blood count, automated	85027	Per Unit	Outpatient	\$9	\$243	\$144	\$144	\$144	\$9
Blood test, clotting time	85610	Per Unit	Outpatient	\$5	\$170	\$101	\$101	\$101	\$5
Coagulation assessment blood test	85730	Per Unit	Outpatient	\$8	\$170	\$101	\$101	\$101	\$8
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	\$7	\$433	\$258	\$258	\$258	\$7
Tb test cell immun measure	86480	Per Unit	Outpatient	\$85	\$236	\$140	\$140	\$140	\$85
Urine culture/colony count	87086	Per Unit	Outpatient	\$11	\$323	\$192	\$192	\$192	\$11
Hpylori stool ia	87338	Per Unit	Outpatient	\$20	\$335	\$199	\$199	\$199	\$20

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon NJ Health					
				Horizon NJ Health Medicaid	Medicare Dual Dligibles	Humana Medicare	Humana Tricare	Longevity PPO	Magnacare
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	\$0	\$269	\$1,187	\$1,142	\$1,187	\$1,009
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	\$36	\$181	\$907	\$771	\$907	\$771
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	\$36	\$181	\$907	\$771	\$907	\$771
LAB & PATHOLOGY SERVICES									
Routine venipuncture	36415	Per Unit	Outpatient	\$0	\$7	\$3	\$6	\$3	\$80
Basic Metabolic Panel	80048	Per Unit	Outpatient	\$14	\$15	\$12	\$12	\$12	\$375
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	\$22	\$27	\$13	\$23	\$13	\$500
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	\$23	\$18	\$18	\$16	\$18	\$850
Kidney function panel test	80069	Per Unit	Outpatient	\$8	\$12	\$12	\$10	\$12	\$439
Liver function panel test	80076	Per Unit	Outpatient	\$11	\$11	\$11	\$9	\$11	\$439
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	\$2	\$4	\$4	\$4	\$4	\$87
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test
Automated urinalysis test	81002	Per Unit	Outpatient	\$2	\$84	\$4	\$359	\$4	\$60
Automated urinalysis test	81003	Per Unit	Outpatient	\$2	\$3	\$3	\$3	\$3	\$263
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	\$46	\$78	\$41	\$66	\$41	\$1,367
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	\$8	\$154	\$13	\$652	\$13	\$322
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	\$38	\$21	\$25	\$18	\$25	\$771
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	\$16	\$32	\$25	\$27	\$25	\$390
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	\$39	\$29	\$23	\$24	\$23	\$644
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	\$5	\$10	\$10	\$9	\$10	\$518
Complete blood cell count, with differential white blood cells, automated	85025	Per Unit	Outpatient	\$8	\$14	\$11	\$12	\$11	\$419
Complete blood count, automated	85027	Per Unit	Outpatient	\$7	\$33	\$9	\$28	\$9	\$375
Blood test, clotting time	85610	Per Unit	Outpatient	\$5	\$7	\$5	\$6	\$5	\$263
Coagulation assessment blood test	85730	Per Unit	Outpatient	\$5	\$13	\$8	\$11	\$8	\$263
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	\$31	\$179	\$7	\$152	\$7	\$669
Tb test cell immun measure	86480	Per Unit	Outpatient	\$62	\$85	\$85	\$72	\$85	\$365
Urine culture/colony count	87086	Per Unit	Outpatient	\$9	\$10	\$11	\$9	\$11	\$500
Hpylori stool ia	87338	Per Unit	Outpatient	\$13	\$20	\$20	\$17	\$20	\$518

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Multiplan	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	\$949	\$890	\$96	\$98	\$890	\$1,187
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	\$726	\$680	\$644	\$644	\$680	\$907
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	\$726	\$680	\$644	\$644	\$680	\$907
LAB & PATHOLOGY SERVICES									
Routine venipuncture	36415	Per Unit	Outpatient	\$76	\$31	\$67	\$67	\$31	\$3
Basic Metabolic Panel	80048	Per Unit	Outpatient	\$353	\$31	\$37	\$38	\$31	\$12
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	\$470	\$31	\$42	\$43	\$31	\$13
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	\$800	\$31	\$59	\$60	\$31	\$18
Kidney function panel test	80069	Per Unit	Outpatient	\$413	\$31	\$38	\$39	\$31	\$12
Liver function panel test	80076	Per Unit	Outpatient	\$413	\$31	\$36	\$37	\$31	\$11
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	\$82	\$31	\$14	\$14	\$31	\$4
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test
Automated urinalysis test	81002	Per Unit	Outpatient	\$56	\$31	\$11	\$12	\$31	\$4
Automated urinalysis test	81003	Per Unit	Outpatient	\$248	\$31	\$10	\$10	\$31	\$3
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	\$1,287	\$31	\$131	\$133	\$31	\$41
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	\$303	\$31	\$43	\$44	\$31	\$13
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	\$726	\$31	\$81	\$83	\$31	\$25
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	\$367	\$31	\$81	\$83	\$31	\$25
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	\$606	\$31	\$74	\$76	\$31	\$23
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	\$487	\$31	\$33	\$34	\$31	\$10
Complete blood cell count, with differential white blood cells, automated	85025	Per Unit	Outpatient	\$395	\$31	\$34	\$35	\$31	\$11
Complete blood count, automated	85027	Per Unit	Outpatient	\$353	\$31	\$29	\$29	\$31	\$9
Blood test, clotting time	85610	Per Unit	Outpatient	\$248	\$31	\$17	\$18	\$31	\$5
Coagulation assessment blood test	85730	Per Unit	Outpatient	\$248	\$31	\$26	\$27	\$31	\$8
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	\$630	\$31	\$23	\$23	\$31	\$7
Tb test cell immun measure	86480	Per Unit	Outpatient	\$343	\$31	\$273	\$279	\$31	\$85
Urine culture/colony count	87086	Per Unit	Outpatient	\$470	\$31	\$36	\$36	\$31	\$11
Hpylori stool ia	87338	Per Unit	Outpatient	\$487	\$31	\$63	\$65	\$31	\$20

United Community & State Medicaid								
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	State Medicaid	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
New Patient office or other outpatient visit, typically 60 min	99205	Per Visit	Outpatient	\$132	\$159	\$1,187	\$0	\$1,187
Patient office consultation, typically 40 min	99243	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Patient office consultation, typically 60 min	99244	Per Visit	Outpatient	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5	See Footnote #5
Initial new patient preventative medicine evaluation (18-39 years)	99385	Per Visit	Outpatient	\$101	\$121	\$907	\$36	\$907
Initial new patient preventative medicine evaluation (40-64 years)	99386	Per Visit	Outpatient	\$101	\$121	\$907	\$36	\$907
LAB & PATHOLOGY SERVICES								
Routine venipuncture	36415	Per Unit	Outpatient	\$2	\$2	\$3	\$0	\$80
Basic Metabolic Panel	80048	Per Unit	Outpatient	\$10	\$11	\$12	\$9	\$375
Blood test, comprehensive group of blood chemicals	80053	Per Unit	Outpatient	\$11	\$13	\$13	\$11	\$500
Obstetric blood test panel	80055	Per Unit	Outpatient	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel	Hospital does not utilize this test panel
Blood test, lipids(cholesterol and triglycerides)	80061	Per Unit	Outpatient	\$16	\$18	\$18	\$15	\$850
Kidney function panel test	80069	Per Unit	Outpatient	\$10	\$12	\$12	\$8	\$439
Liver function panel test	80076	Per Unit	Outpatient	\$7	\$8	\$11	\$7	\$439
Manual urinalysis test with examination using microscope	81000	Per Unit	Outpatient	\$1	\$1	\$4	\$1	\$87
Manual urinalysis test with examination using microscope	81001	Per Unit	Outpatient	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test	Hospital does not provide this test
Automated urinalysis test	81002	Per Unit	Outpatient	\$1	\$1	\$4	\$1	\$359
Automated urinalysis test	81003	Per Unit	Outpatient	\$2	\$2	\$3	\$2	\$263
Vitamin d 25 hydroxy	82306	Per Unit	Outpatient	\$32	\$36	\$41	\$30	\$1,367
Glycosylated hemoglobin test	83036	Per Unit	Outpatient	\$7	\$8	\$13	\$7	\$652
PSA (prostate specific antigen)	84153	Per Unit	Outpatient	\$26	\$29	\$25	\$18	\$771
PSA (prostate specific antigen)	84154	Per Unit	Outpatient	\$26	\$29	\$25	\$16	\$390
Blood test, thyroid stimulating hormone (TSH)	84443	Per Unit	Outpatient	\$24	\$28	\$23	\$23	\$644
Chorionic gonadotropin assay	84703	Per Unit	Outpatient	\$3	\$4	\$10	\$3	\$518
Complete blood cell count, with differential white blood cells, automated	85025	Per Unit	Outpatient	\$55	\$66	\$11	\$8	\$419
Complete blood count, automated	85027	Per Unit	Outpatient	\$5	\$6	\$9	\$5	\$375
Blood test, clotting time	85610	Per Unit	Outpatient	\$3	\$4	\$5	\$3	\$263
Coagulation assessment blood test	85730	Per Unit	Outpatient	\$3	\$4	\$8	\$3	\$263
Allg spec ige crude xtrc ea	86003	Per Unit	Outpatient	\$4	\$5	\$7	\$4	\$669
Tb test cell immun measure	86480	Per Unit	Outpatient	\$71	\$60	\$85	\$31	\$365
Urine culture/colony count	87086	Per Unit	Outpatient	\$6	\$7	\$11	\$6	\$500
Hpylori stool ia	87338	Per Unit	Outpatient	\$68	\$81	\$20	\$13	\$518

DESCRIPTION OF SERVICE	DRG/CPT/ HPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health	Aetna Better Health Medicare Dual Eligible
Cytopath eval fna report	88173	Per Unit	Outpatient	\$578	\$102	\$142	\$58	\$64	\$60
Tissue exam by pathologist	88302	Per Unit	Outpatient	\$494	\$88	\$41	\$27	\$55	\$27
Tissue exam by pathologist	88305	Per Unit	Outpatient	\$677	\$43	\$52	\$58	\$75	\$58
MEDICAL SERVICES									
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	\$2,184	\$427	\$437	\$374	\$243	\$374
Deb subq tissue add-on	11045	Per Visit	Outpatient	\$1,628	\$318	\$326	\$29	\$181	\$374
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	\$39,214	\$4,969	\$5,126	\$6,039	\$4,047	\$6,039
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	\$35,759	\$3,538	\$5,126	\$8,173	\$3,448	\$8,173
Blood transfusion service	36430	Per Visit	Outpatient	\$11,656	\$556	\$2,211	\$980	\$918	\$980
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	\$16,385	\$1,739	\$2,845	\$893	\$1,798	\$893
Endoscopic us exam esoph	43237	Per Visit	Outpatient	\$20,757	\$2,242	\$2,845	\$3,028	\$2,315	\$3,028
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	\$28,703	\$4,132	\$2,845	\$2,064	\$3,183	\$2,064
Biopsy of the esophagus, stomach and or upper small bowel using an endocscope	43239	Per Visit	Outpatient	\$9,765	\$2,573	\$2,845	\$893	\$1,096	\$893
Ercp remove duct calculi	43264	Per Visit	Outpatient	\$37,535	\$3,993	\$2,845	\$14,594	\$3,953	\$14,594
Diagnostistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	\$10,217	\$1,575	\$2,845	\$873	\$1,139	\$873
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	\$13,337	\$2,700	\$2,845	\$1,148	\$1,490	\$1,148
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	\$40,322	\$3,008	\$2,845	\$2,226	\$4,587	\$2,226
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	\$32,083	\$2,480	\$2,845	\$1,695	\$3,377	\$1,695
Fragmenting of kidney stone	50590	Per Visit	Outpatient	\$19,477	\$3,832	\$3,909	\$3,631	\$2,203	\$3,631
Fetal non-stress test	59025	Per Visit	Outpatient	\$2,606	\$460	\$522	\$195	\$290	\$195
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	\$33,342	\$2,799	\$5,126	\$1,781	\$1,947	\$1,781
Tympanometry	92567	Per Visit	Outpatient	\$1,824	\$94	\$365	\$297	\$203	\$297
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	\$0	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	\$2,520	\$492	\$505	\$297	\$280	\$297
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	\$0	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	\$16,727	\$4,372	\$1,969	\$1,065	\$1,862	\$1,065
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	\$18,491	\$4,682	\$1,969	\$1,065	\$2,058	\$1,065

DESCRIPTION OF SERVICE	DRG/CPT/ HPCS	Payment Category	Location of Service	Amerigroup	Amerigroup Medicare Dual Eligible	AmeriHealth	CHN	CIGNA	CIGNA HealthSpring Medicare
Cytopath eval fna report	88173	Per Unit	Outpatient	\$75	\$60	\$24	\$404	\$250	\$58
Tissue exam by pathologist	88302	Per Unit	Outpatient	\$64	\$27	\$28	\$345	\$73	\$27
Tissue exam by pathologist	88305	Per Unit	Outpatient	\$88	\$58	\$83	\$474	\$91	\$58
MEDICAL SERVICES									
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	\$284	\$374	\$743	\$1,529	\$1,046	\$374
Deb subq tissue add-on	11045	Per Visit	Outpatient	\$212	\$374	\$553	\$1,139	\$780	\$29
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	\$4,683	\$6,039	\$5,470	\$5,500	\$2,861	\$6,039
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	\$3,898	\$8,173	\$5,470	\$5,500	\$2,861	\$8,173
Blood transfusion service	36430	Per Visit	Outpatient	\$1,066	\$980	\$3,602	\$8,159	\$5,181	\$980
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	\$2,103	\$893	\$5,470	\$5,500	\$2,861	\$893
Endoscopic us exam esoph	43237	Per Visit	Outpatient	\$2,708	\$3,028	\$5,470	\$5,500	\$2,804	\$3,028
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	\$3,709	\$2,064	\$5,470	\$5,500	\$2,861	\$2,064
Biopsy of the esophagus, stomach and or upper small bowel using an endocscope	43239	Per Visit	Outpatient	\$1,268	\$893	\$5,041	\$5,500	\$2,861	\$893
Ercp remove duct calculi	43264	Per Visit	Outpatient	\$4,605	\$14,594	\$5,470	\$5,500	\$2,861	\$14,594
Diagnostistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	\$1,332	\$873	\$5,274	\$5,500	\$2,861	\$873
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	\$1,743	\$1,148	\$5,470	\$5,500	\$2,861	\$1,148
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	\$5,177	\$2,226	\$5,470	\$5,500	\$2,861	\$2,226
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	\$3,703	\$1,695	\$5,470	\$5,500	\$2,804	\$1,695
Fragmenting of kidney stone	50590	Per Visit	Outpatient	\$2,569	\$3,631	\$5,470	\$13,634	\$4,542	\$3,631
Fetal non-stress test	59025	Per Visit	Outpatient	\$339	\$195	\$886	\$1,824	\$1,248	\$195
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	\$2,275	\$1,781	\$5,470	\$5,500	\$4,542	\$1,781
Tympanometry	92567	Per Visit	Outpatient	\$237	\$297	\$620	\$1,277	\$874	\$297
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	\$328	\$297	\$857	\$1,764	\$1,207	\$297
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	\$2,178	\$1,065	\$5,687	\$11,709	\$8,012	\$1,065
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	\$2,407	\$1,065	\$6,287	\$12,943	\$8,857	\$1,065

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
Cytopath eval fna report	88173	Per Unit	Outpatient	\$58	\$318	\$189	\$189	\$189	\$58
Tissue exam by pathologist	88302	Per Unit	Outpatient	\$27	\$271	\$161	\$161	\$161	\$27
Tissue exam by pathologist	88305	Per Unit	Outpatient	\$58	\$372	\$221	\$221	\$221	\$58
MEDICAL SERVICES									
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	\$374	\$1,201	\$714	\$714	\$714	\$374
Deb subq tissue add-on	11045	Per Visit	Outpatient	\$29	\$895	\$532	\$532	\$532	\$29
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	\$6,039	\$4,093	\$4,140	\$4,140	\$4,140	\$6,039
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	\$8,173	\$4,093	\$4,140	\$4,140	\$4,140	\$8,173
Blood transfusion service	36430	Per Visit	Outpatient	\$980	\$6,411	\$3,811	\$3,811	\$3,811	\$980
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	\$893	\$4,093	\$4,140	\$4,140	\$4,140	\$893
Endoscopic us exam esoph	43237	Per Visit	Outpatient	\$3,028	\$4,093	\$4,140	\$4,140	\$4,140	\$3,028
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	\$2,064	\$4,093	\$4,140	\$4,140	\$4,140	\$2,064
Biopsy of the esophagus, stomach and or upper small bowel using an endocscope	43239	Per Visit	Outpatient	\$893	\$4,093	\$3,193	\$3,193	\$3,193	\$893
Ercp remove duct calculi	43264	Per Visit	Outpatient	\$14,594	\$4,093	\$4,140	\$4,140	\$4,140	\$14,594
Diagnostistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	\$873	\$4,093	\$3,346	\$3,346	\$3,346	\$873
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	\$1,148	\$4,093	\$4,140	\$4,140	\$4,140	\$1,148
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	\$2,226	\$4,093	\$4,140	\$4,140	\$4,140	\$2,226
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	\$1,695	\$4,093	\$4,140	\$4,140	\$4,140	\$1,695
Fragmenting of kidney stone	50590	Per Visit	Outpatient	\$3,631	\$10,734	\$4,140	\$4,140	\$4,140	\$3,631
Fetal non-stress test	59025	Per Visit	Outpatient	\$195	\$1,433	\$852	\$852	\$852	\$195
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	\$1,781	\$4,093	\$4,140	\$4,140	\$4,140	\$1,781
Tympanometry	92567	Per Visit	Outpatient	\$297	\$1,003	\$596	\$596	\$596	\$297
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	\$297	\$1,386	\$824	\$824	\$824	\$297
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	\$1,065	\$9,200	\$5,470	\$5,470	\$5,470	\$1,065
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	\$1,065	\$10,170	\$6,046	\$6,046	\$6,046	\$1,065

DESCRIPTION OF SERVICE	DRG/CPT/ HPCS	Payment Category	Location of Service	Horizon NJ Health					
				Horizon NJ Health Medicaid	Medicare Dual Dligibles	Humana Medicare	Humana Tricare	Longevity PPO	Magnacare
Cytopath eval fna report	88173	Per Unit	Outpatient	\$39	\$60	\$58	\$51	\$58	\$491
Tissue exam by pathologist	88302	Per Unit	Outpatient	\$32	\$27	\$27	\$23	\$27	\$419
Tissue exam by pathologist	88305	Per Unit	Outpatient	\$62	\$58	\$58	\$49	\$58	\$576
MEDICAL SERVICES									
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	\$43	\$374	\$374	\$318	\$374	\$1,856
Deb subq tissue add-on	11045	Per Visit	Outpatient	\$19	\$374	\$29	\$318	\$29	\$1,383
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	\$2,211	\$6,039	\$6,039	\$5,133	\$6,039	\$4,251
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	\$2,211	\$8,173	\$8,173	\$6,947	\$8,173	\$4,251
Blood transfusion service	36430	Per Visit	Outpatient	\$877	\$980	\$980	\$833	\$980	\$9,907
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	\$2,211	\$893	\$893	\$759	\$893	\$4,251
Endoscopic us exam esoph	43237	Per Visit	Outpatient	\$2,211	\$3,028	\$3,028	\$2,574	\$3,028	\$4,251
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	\$2,211	\$2,064	\$2,064	\$1,754	\$2,064	\$4,251
Biopsy of the esophagus, stomach and or upper small bowel using an endocscope	43239	Per Visit	Outpatient	\$2,211	\$893	\$893	\$759	\$893	\$4,251
Ercp remove duct calculi	43264	Per Visit	Outpatient	\$2,211	\$14,594	\$14,594	\$12,405	\$14,594	\$4,251
Diagnotistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	\$2,211	\$873	\$873	\$742	\$873	\$4,251
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	\$2,211	\$1,148	\$1,148	\$976	\$1,148	\$4,251
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	\$2,211	\$2,226	\$2,226	\$1,892	\$2,226	\$4,251
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	\$2,211	\$1,695	\$1,695	\$1,441	\$1,695	\$4,251
Fragmenting of kidney stone	50590	Per Visit	Outpatient	\$6,825	\$3,631	\$3,631	\$3,086	\$3,631	\$16,555
Fetal non-stress test	59025	Per Visit	Outpatient	\$497	\$195	\$195	\$165	\$195	\$2,215
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	\$2,211	\$1,781	\$1,781	\$1,514	\$1,781	\$4,251
Tympanometry	92567	Per Visit	Outpatient	\$241	\$297	\$297	\$252	\$297	\$1,550
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	\$337	\$297	\$297	\$252	\$297	\$2,142
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	\$1,103	\$1,065	\$1,065	\$905	\$1,065	\$14,218
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	\$1,103	\$1,065	\$1,065	\$905	\$1,065	\$15,717



DESCRIPTION OF SERVICE	DRG/CPT/ HPCS	Payment Category	Location of Service	Multiplan	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
Cytopath eval fna report	88173	Per Unit	Outpatient	\$462	\$71	\$142	\$145	\$71	\$58
Tissue exam by pathologist	88302	Per Unit	Outpatient	\$395	\$71	\$87	\$89	\$71	\$27
Tissue exam by pathologist	88305	Per Unit	Outpatient	\$542	\$71	\$142	\$145	\$71	\$58
MEDICAL SERVICES									
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	\$1,747	\$1,638	\$1,551	\$1,551	\$1,638	\$374
Deb subq tissue add-on	11045	Per Visit	Outpatient	\$1,302	\$1,221	\$1,156	\$1,156	\$1,221	\$29
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	\$31,402	\$6,849	\$6,351	\$6,378	\$6,849	\$6,039
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	\$28,656	\$6,849	\$6,351	\$6,378	\$6,849	\$8,173
Blood transfusion service	36430	Per Visit	Outpatient	\$9,324	\$501	\$7,657	\$7,662	\$501	\$980
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	\$13,159	\$4,077	\$6,351	\$6,378	\$4,077	\$893
Endoscopic us exam esoph	43237	Per Visit	Outpatient	\$16,640	\$6,992	\$6,351	\$6,378	\$6,992	\$3,028
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	\$23,033	\$4,077	\$6,351	\$6,378	\$4,077	\$2,064
Biopsy of the esophagus, stomach and or upper small bowel using an endocscope	43239	Per Visit	Outpatient	\$7,812	\$4,077	\$6,351	\$6,378	\$4,077	\$893
Ercp remove duct calculi	43264	Per Visit	Outpatient	\$30,098	\$8,418	\$6,351	\$6,378	\$8,418	\$14,594
Diagnostistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	\$8,186	\$4,077	\$6,351	\$6,378	\$4,077	\$873
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	\$10,710	\$4,077	\$6,351	\$6,378	\$4,077	\$1,148
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	\$32,270	\$7,135	\$6,351	\$6,378	\$7,135	\$2,226
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	\$25,713	\$5,993	\$6,351	\$6,378	\$5,993	\$1,695
Fragmenting of kidney stone	50590	Per Visit	Outpatient	\$15,613	\$324	\$13,856	\$13,856	\$324	\$3,631
Fetal non-stress test	59025	Per Visit	Outpatient	\$2,085	\$523	\$1,850	\$1,850	\$523	\$195
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	\$14,681	\$7,135	\$6,351	\$6,378	\$7,135	\$1,781
Tympanometry	92567	Per Visit	Outpatient	\$1,459	\$927	\$1,295	\$1,295	\$927	\$297
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	\$2,016	\$523	\$1,789	\$1,789	\$523	\$297
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	\$13,381	\$3,661	\$1,348	\$1,570	\$3,661	\$1,065
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	\$14,792	\$3,661	\$1,348	\$1,570	\$3,661	\$1,065

United Community & State Medicaid								
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	State Medicaid	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
Cytopath eval fna report	88173	Per Unit	Outpatient	\$64	\$77	\$58	\$24	\$491
Tissue exam by pathologist	88302	Per Unit	Outpatient	\$55	\$66	\$27	\$23	\$419
Tissue exam by pathologist	88305	Per Unit	Outpatient	\$75	\$90	\$58	\$49	\$576
MEDICAL SERVICES								
Deb subq tissue 20 sq cm/<	11042	Per Visit	Outpatient	\$243	\$292	\$374	\$43	\$1,856
Deb subq tissue add-on	11045	Per Visit	Outpatient	\$181	\$217	\$29	\$19	\$1,383
Dx bronchoscope/lavage	31624	Per Visit	Outpatient	\$4,164	\$4,858	\$6,039	\$2,211	\$31,402
Bronchoscopy/lung bx each	31628	Per Visit	Outpatient	\$3,556	\$4,138	\$8,173	\$2,211	\$28,656
Blood transfusion service	36430	Per Visit	Outpatient	\$920	\$1,102	\$980	\$501	\$9,907
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Visit	Outpatient	\$1,798	\$2,158	\$893	\$759	\$13,159
Endoscopic us exam esoph	43237	Per Visit	Outpatient	\$2,315	\$2,779	\$3,028	\$2,211	\$16,640
Egd us fine needle bx/aspir	43238	Per Visit	Outpatient	\$3,164	\$3,818	\$2,064	\$1,754	\$23,033
Biopsy of the esophagus, stomach and or upper small bowel using an endocscope	43239	Per Visit	Outpatient	\$1,079	\$1,316	\$893	\$759	\$7,812
Ercp remove duct calculi	43264	Per Visit	Outpatient	\$3,924	\$4,745	\$14,594	\$2,211	\$30,098
Diagnostistic examination of large bowel using an endoscope	45378	Per Visit	Outpatient	\$1,139	\$1,367	\$873	\$742	\$8,186
Biopsy of large bowel using an endoscope	45380	Per Visit	Outpatient	\$1,490	\$1,789	\$1,148	\$976	\$10,710
Removal of polyps or growths of large bowel using an endoscope	45385	Per Visit	Outpatient	\$4,348	\$5,505	\$2,226	\$1,892	\$32,270
Ultrasound examination of lower large bowel using an endoscope	45391	Per Visit	Outpatient	\$3,256	\$4,037	\$1,695	\$1,441	\$25,713
Fragmenting of kidney stone	50590	Per Visit	Outpatient	\$2,172	\$2,645	\$3,631	\$324	\$16,555
Fetal non-stress test	59025	Per Visit	Outpatient	\$290	\$348	\$195	\$165	\$2,215
Injection of anesthetic and or steriod drug into lower or sacral spine nerve root using imaging guidance	64483	Per Visit	Outpatient	\$1,948	\$450	\$1,781	\$450	\$14,681
Tympanometry	92567	Per Visit	Outpatient	\$203	\$244	\$297	\$203	\$1,550
Electrocardiogram, routine, with interpretation and report	93000	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Cardiovascular stress test	93017	Per Visit	Outpatient	\$280	\$337	\$297	\$252	\$2,142
Insertion of catheter into left heart for diagnosis	93452	Per Visit	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Polysom 6/> yrs 4/> param	95810	Per Visit	Outpatient	\$1,862	\$2,235	\$1,065	\$905	\$14,218
Polysom 6/>yrs cpap 4/> parm	95811	Per Visit	Outpatient	\$2,058	\$2,470	\$1,065	\$905	\$15,717

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health	Aetna Better Health Medicare Dual Eligible
Eeg 41-60 minutes	95812	Per Visit	Outpatient	\$4,575	\$893	\$916	\$297	\$509	\$297
Genetic counseling 30 min	96040	Per Visit	Outpatient	\$1,008	\$99	\$202	\$202	\$112	\$202
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	\$3,969	\$456	\$322	\$4,018	\$442	\$4,018
Ultrasound therapy	97035	Per Visit	Outpatient	\$23,373	\$129	\$4,908	\$1,306	\$2,601	\$1,306
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	\$12,411	\$52	\$2,606	\$680	\$1,381	\$680
Gait training therapy	97116	Per Visit	Outpatient	\$5,765	\$111	\$1,211	\$425	\$642	\$425
RADIOLOGY SERVICES									
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	\$3,966	\$712	\$471	\$131	\$441	\$131
Mri brain stem w/o dye	70551	Per Unit	Outpatient	\$6,458	\$1,159	\$626	\$273	\$719	\$273
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	\$8,618	\$1,386	\$1,049	\$448	\$959	\$448
X-ray exam chest 2 views	71046	Per Unit	Outpatient	\$700	\$126	\$140	\$94	\$78	\$94
Ct thorax w/o dye	71250	Per Unit	Outpatient	\$5,988	\$1,075	\$833	\$131	\$666	\$131
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	\$1,750	\$215	\$129	\$263	\$195	\$263
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	\$1,310	\$235	\$51	\$131	\$146	\$131
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	\$1,137	\$204	\$71	\$131	\$127	\$131
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	\$6,458	\$1,159	\$595	\$273	\$719	\$273
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	\$12,861	\$2,199	\$1,081	\$214	\$1,431	\$214
X-ray exam of shoulder	73030	Per Unit	Outpatient	\$1,183	\$212	\$42	\$94	\$132	\$94
X-ray exam of elbow	73080	Per Unit	Outpatient	\$1,114	\$200	\$48	\$94	\$124	\$94
X-ray exam of forearm	73090	Per Unit	Outpatient	\$1,008	\$182	\$37	\$94	\$112	\$94
X-ray exam of wrist	73110	Per Unit	Outpatient	\$1,011	\$200	\$57	\$94	\$113	\$94
X-ray exam of hand	73130	Per Unit	Outpatient	\$1,011	\$182	\$47	\$94	\$113	\$94
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	\$880	\$192	\$60	\$131	\$98	\$131
X-ray exam of knee 3	73562	Per Unit	Outpatient	\$651	\$117	\$57	\$94	\$72	\$94
X-ray exam of lower leg	73590	Per Unit	Outpatient	\$1,011	\$182	\$44	\$94	\$113	\$94
X-ray exam of ankle	73610	Per Unit	Outpatient	\$1,126	\$202	\$49	\$94	\$125	\$94
X-ray exam of foot	73630	Per Unit	Outpatient	\$798	\$143	\$44	\$94	\$89	\$94
MRI scan of leg joint	73721	Per Unit	Outpatient	\$6,458	\$1,159	\$674	\$273	\$719	\$273
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	\$11,761	\$1,203	\$1,418	\$448	\$1,309	\$448
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	\$2,080	\$373	\$128	\$214	\$232	\$214
X-ray exam surgical specimen	76098	Per Unit	Outpatient	\$1,922	\$345	\$18	\$564	\$214	\$564
Us exam of head and neck	76536	Per Unit	Outpatient	\$4,529	\$813	\$192	\$131	\$504	\$131
Ultrasound breast limited	76642	Per Unit	Outpatient	\$4,736	\$311	\$379	\$157	\$527	\$157
Ultrasound of abdomen	76700	Per Unit	Outpatient	\$4,034	\$724	\$179	\$131	\$449	\$131
Echo exam of abdomen	76705	Per Unit	Outpatient	\$3,149	\$175	\$135	\$131	\$350	\$131
Us exam abdo back wall comp	76770	Per Unit	Outpatient	\$4,241	\$761	\$166	\$131	\$472	\$131
Us exam abdo back wall lim	76775	Per Unit	Outpatient	\$3,253	\$584	\$64	\$131	\$362	\$131
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	\$1,638	\$295	\$160	\$131	\$182	\$131
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	\$3,255	\$584	\$448	\$131	\$362	\$131

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Amerigroup	Amerigroup Medicare Dual Eligible	AmeriHealth	CHN	CIGNA	CIGNA HealthSpring Medicare
Eeg 41-60 minutes	95812	Per Visit	Outpatient	\$596	\$297	\$1,555	\$3,202	\$2,191	\$297
Genetic counseling 30 min	96040	Per Visit	Outpatient	\$131	\$202	\$343	\$706	\$483	\$1,008
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	\$517	\$4,018	\$1,349	\$2,778	\$1,484	\$4,018
Ultrasound therapy	97035	Per Visit	Outpatient	\$3,043	\$1,306	\$7,947	\$16,361	\$2,115	\$1,306
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	\$1,616	\$680	\$4,220	\$8,688	\$1,880	\$680
Gait training therapy	97116	Per Visit	Outpatient	\$751	\$425	\$1,960	\$4,035	\$940	\$425
RADIOLOGY SERVICES									
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	\$516	\$131	\$1,348	\$2,776	\$227	\$131
Mri brain stem w/o dye	70551	Per Unit	Outpatient	\$841	\$273	\$2,196	\$4,520	\$486	\$273
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	\$1,122	\$448	\$2,930	\$6,032	\$1,246	\$448
X-ray exam chest 2 views	71046	Per Unit	Outpatient	\$91	\$94	\$238	\$490	\$335	\$94
Ct thorax w/o dye	71250	Per Unit	Outpatient	\$780	\$131	\$2,036	\$4,192	\$401	\$131
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	\$228	\$263	\$595	\$1,225	\$185	\$263
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	\$171	\$131	\$446	\$917	\$74	\$131
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	\$148	\$131	\$387	\$796	\$102	\$131
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	\$841	\$273	\$2,196	\$4,520	\$462	\$273
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	\$1,675	\$214	\$4,373	\$9,003	\$3,471	\$214
X-ray exam of shoulder	73030	Per Unit	Outpatient	\$154	\$94	\$402	\$828	\$60	\$94
X-ray exam of elbow	73080	Per Unit	Outpatient	\$145	\$94	\$379	\$780	\$69	\$94
X-ray exam of forearm	73090	Per Unit	Outpatient	\$131	\$94	\$343	\$706	\$54	\$94
X-ray exam of wrist	73110	Per Unit	Outpatient	\$132	\$94	\$344	\$708	\$83	\$94
X-ray exam of hand	73130	Per Unit	Outpatient	\$132	\$94	\$344	\$708	\$68	\$94
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	\$115	\$131	\$299	\$616	\$87	\$131
X-ray exam of knee 3	73562	Per Unit	Outpatient	\$85	\$94	\$221	\$456	\$81	\$94
X-ray exam of lower leg	73590	Per Unit	Outpatient	\$132	\$94	\$344	\$708	\$63	\$94
X-ray exam of ankle	73610	Per Unit	Outpatient	\$147	\$94	\$383	\$788	\$70	\$94
X-ray exam of foot	73630	Per Unit	Outpatient	\$104	\$94	\$271	\$559	\$64	\$94
MRI scan of leg joint	73721	Per Unit	Outpatient	\$841	\$273	\$2,196	\$4,520	\$523	\$273
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	\$1,531	\$448	\$3,999	\$8,233	\$3,106	\$448
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	\$271	\$214	\$707	\$1,456	\$184	\$214
X-ray exam surgical specimen	76098	Per Unit	Outpatient	\$250	\$564	\$653	\$1,345	\$26	\$564
Us exam of head and neck	76536	Per Unit	Outpatient	\$590	\$131	\$1,540	\$3,170	\$277	\$131
Ultrasound breast limited	76642	Per Unit	Outpatient	\$617	\$157	\$1,610	\$3,315	\$621	\$157
Ultrasound of abdomen	76700	Per Unit	Outpatient	\$525	\$131	\$1,372	\$2,824	\$257	\$131
Echo exam of abdomen	76705	Per Unit	Outpatient	\$410	\$131	\$1,071	\$2,204	\$194	\$131
Us exam abdo back wall comp	76770	Per Unit	Outpatient	\$552	\$131	\$1,442	\$2,969	\$239	\$131
Us exam abdo back wall lim	76775	Per Unit	Outpatient	\$424	\$131	\$1,106	\$2,277	\$92	\$131
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	\$213	\$131	\$557	\$1,147	\$230	\$131
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	\$424	\$131	\$1,107	\$2,279	\$289	\$131

DESCRIPTION OF SERVICE	DRG/CPT/ HCCPS	Payment Category	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
Eeg 41-60 minutes	95812	Per Visit	Outpatient	\$297	\$2,516	\$1,496	\$1,496	\$1,496	\$297
Genetic counseling 30 min	96040	Per Visit	Outpatient	\$1,008	\$554	\$330	\$330	\$330	\$132
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	\$4,018	\$475	\$11,648	\$11,648	\$11,648	\$4,018
Ultrasound therapy	97035	Per Visit	Outpatient	\$1,306	\$1,575	\$7,643	\$7,643	\$7,643	\$1,306
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	\$680	\$1,400	\$4,058	\$4,058	\$4,058	\$680
Gait training therapy	97116	Per Visit	Outpatient	\$425	\$700	\$1,885	\$1,885	\$1,885	\$425
RADIOLOGY SERVICES									
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	\$131	\$2,181	\$1,297	\$1,297	\$1,297	\$131
Mri brain stem w/o dye	70551	Per Unit	Outpatient	\$273	\$3,552	\$2,112	\$2,112	\$2,112	\$273
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	\$448	\$4,740	\$2,818	\$2,818	\$2,818	\$448
X-ray exam chest 2 views	71046	Per Unit	Outpatient	\$94	\$385	\$229	\$229	\$229	\$94
Ct thorax w/o dye	71250	Per Unit	Outpatient	\$131	\$3,293	\$1,958	\$1,958	\$1,958	\$131
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	\$263	\$962	\$572	\$572	\$572	\$263
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	\$131	\$721	\$429	\$429	\$429	\$131
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	\$131	\$625	\$372	\$372	\$372	\$131
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	\$273	\$3,552	\$2,112	\$2,112	\$2,112	\$273
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	\$214	\$3,686	\$4,206	\$4,206	\$4,206	\$214
X-ray exam of shoulder	73030	Per Unit	Outpatient	\$94	\$651	\$387	\$387	\$387	\$94
X-ray exam of elbow	73080	Per Unit	Outpatient	\$94	\$613	\$364	\$364	\$364	\$94
X-ray exam of forearm	73090	Per Unit	Outpatient	\$94	\$554	\$330	\$330	\$330	\$94
X-ray exam of wrist	73110	Per Unit	Outpatient	\$94	\$556	\$331	\$331	\$331	\$94
X-ray exam of hand	73130	Per Unit	Outpatient	\$94	\$556	\$331	\$331	\$331	\$94
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	\$131	\$484	\$288	\$288	\$288	\$131
X-ray exam of knee 3	73562	Per Unit	Outpatient	\$94	\$358	\$213	\$213	\$213	\$94
X-ray exam of lower leg	73590	Per Unit	Outpatient	\$94	\$556	\$331	\$331	\$331	\$94
X-ray exam of ankle	73610	Per Unit	Outpatient	\$94	\$619	\$368	\$368	\$368	\$94
X-ray exam of foot	73630	Per Unit	Outpatient	\$94	\$439	\$261	\$261	\$261	\$94
MRI scan of leg joint	73721	Per Unit	Outpatient	\$273	\$3,552	\$2,112	\$2,112	\$2,112	\$273
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	\$448	\$3,686	\$3,846	\$3,846	\$3,846	\$448
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	\$214	\$1,144	\$680	\$680	\$680	\$214
X-ray exam surgical specimen	76098	Per Unit	Outpatient	\$564	\$1,057	\$628	\$628	\$628	\$564
Us exam of head and neck	76536	Per Unit	Outpatient	\$131	\$2,491	\$1,481	\$1,481	\$1,481	\$131
Ultrasound breast limited	76642	Per Unit	Outpatient	\$157	\$2,605	\$1,549	\$1,549	\$1,549	\$157
Ultrasound of abdomen	76700	Per Unit	Outpatient	\$131	\$2,219	\$1,319	\$1,319	\$1,319	\$131
Echo exam of abdomen	76705	Per Unit	Outpatient	\$131	\$1,732	\$1,030	\$1,030	\$1,030	\$131
Us exam abdo back wall comp	76770	Per Unit	Outpatient	\$131	\$2,333	\$1,387	\$1,387	\$1,387	\$131
Us exam abdo back wall lim	76775	Per Unit	Outpatient	\$131	\$1,789	\$1,064	\$1,064	\$1,064	\$131
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	\$131	\$901	\$536	\$536	\$536	\$131
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	\$131	\$1,790	\$1,064	\$1,064	\$1,064	\$131

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon NJ Health					
				Horizon NJ Health Medicaid	Medicare Dual Dligibles	Humana Medicare	Humana Tricare	Longevity PPO	Magnacare
Eeg 41-60 minutes	95812	Per Visit	Outpatient	\$274	\$297	\$297	\$252	\$297	\$3,889
Genetic counseling 30 min	96040	Per Visit	Outpatient	\$101	\$202	\$1,008	\$857	\$1,008	\$857
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	\$3,978	\$4,018	\$4,018	\$3,415	\$4,018	\$3,374
Ultrasound therapy	97035	Per Visit	Outpatient	\$241	\$1,306	\$1,306	\$1,110	\$1,306	\$19,867
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	\$142	\$680	\$680	\$578	\$680	\$10,549
Gait training therapy	97116	Per Visit	Outpatient	\$654	\$425	\$425	\$361	\$425	\$4,900
RADIOLOGY SERVICES									
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	\$264	\$131	\$131	\$112	\$131	\$3,371
Mri brain stem w/o dye	70551	Per Unit	Outpatient	\$634	\$273	\$273	\$232	\$273	\$5,489
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	\$1,063	\$448	\$448	\$380	\$448	\$7,325
X-ray exam chest 2 views	71046	Per Unit	Outpatient	\$245	\$94	\$94	\$80	\$94	\$595
Ct thorax w/o dye	71250	Per Unit	Outpatient	\$280	\$131	\$131	\$112	\$131	\$5,090
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	\$374	\$263	\$263	\$223	\$263	\$1,487
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	\$42	\$131	\$131	\$112	\$131	\$1,114
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	\$53	\$131	\$131	\$112	\$131	\$967
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	\$634	\$273	\$273	\$232	\$273	\$5,489
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	\$330	\$214	\$214	\$182	\$214	\$10,932
X-ray exam of shoulder	73030	Per Unit	Outpatient	\$32	\$94	\$94	\$80	\$94	\$1,006
X-ray exam of elbow	73080	Per Unit	Outpatient	\$32	\$94	\$94	\$80	\$94	\$947
X-ray exam of forearm	73090	Per Unit	Outpatient	\$27	\$94	\$94	\$80	\$94	\$857
X-ray exam of wrist	73110	Per Unit	Outpatient	\$32	\$94	\$94	\$80	\$94	\$859
X-ray exam of hand	73130	Per Unit	Outpatient	\$32	\$94	\$94	\$80	\$94	\$859
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	\$308	\$131	\$131	\$112	\$131	\$748
X-ray exam of knee 3	73562	Per Unit	Outpatient	\$32	\$94	\$94	\$80	\$94	\$553
X-ray exam of lower leg	73590	Per Unit	Outpatient	\$32	\$94	\$94	\$80	\$94	\$859
X-ray exam of ankle	73610	Per Unit	Outpatient	\$29	\$94	\$94	\$80	\$94	\$957
X-ray exam of foot	73630	Per Unit	Outpatient	\$29	\$94	\$94	\$80	\$94	\$678
MRI scan of leg joint	73721	Per Unit	Outpatient	\$634	\$273	\$273	\$232	\$273	\$5,489
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	\$302	\$448	\$448	\$380	\$448	\$9,997
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	\$54	\$214	\$214	\$182	\$214	\$1,768
X-ray exam surgical specimen	76098	Per Unit	Outpatient	\$29	\$564	\$564	\$480	\$564	\$1,633
Us exam of head and neck	76536	Per Unit	Outpatient	\$79	\$131	\$131	\$112	\$131	\$3,849
Ultrasound breast limited	76642	Per Unit	Outpatient	\$532	\$157	\$157	\$133	\$157	\$4,025
Ultrasound of abdomen	76700	Per Unit	Outpatient	\$127	\$131	\$131	\$112	\$131	\$3,429
Echo exam of abdomen	76705	Per Unit	Outpatient	\$84	\$131	\$131	\$112	\$131	\$2,677
Us exam abdo back wall comp	76770	Per Unit	Outpatient	\$127	\$131	\$131	\$112	\$131	\$3,605
Us exam abdo back wall lim	76775	Per Unit	Outpatient	\$127	\$131	\$131	\$112	\$131	\$2,765
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	\$106	\$131	\$131	\$112	\$131	\$1,392
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	\$124	\$131	\$131	\$112	\$131	\$2,767

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Multiplan	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
Eeg 41-60 minutes	95812	Per Visit	Outpatient	\$3,660	\$288	\$1,348	\$1,570	\$288	\$297
Genetic counseling 30 min	96040	Per Visit	Outpatient	\$806	\$734	\$716	\$716	\$734	\$1,008
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	\$28,496	\$576	\$546	\$556	\$576	\$4,018
Ultrasound therapy	97035	Per Visit	Outpatient	\$18,698	\$14,280	\$1,674	\$1,827	\$14,280	\$1,306
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	\$9,929	\$8,160	\$1,488	\$1,624	\$8,160	\$680
Gait training therapy	97116	Per Visit	Outpatient	\$4,612	\$4,080	\$744	\$812	\$4,080	\$425
RADIOLOGY SERVICES									
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	\$3,173	\$645	\$621	\$633	\$645	\$131
Mri brain stem w/o dye	70551	Per Unit	Outpatient	\$5,166	\$740	\$1,212	\$1,235	\$740	\$273
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	\$6,894	\$740	\$2,606	\$2,643	\$740	\$448
X-ray exam chest 2 views	71046	Per Unit	Outpatient	\$560	\$293	\$497	\$497	\$293	\$94
Ct thorax w/o dye	71250	Per Unit	Outpatient	\$4,791	\$645	\$621	\$633	\$645	\$131
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	\$1,400	\$586	\$860	\$863	\$586	\$263
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	\$1,048	\$293	\$164	\$168	\$293	\$131
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	\$910	\$293	\$254	\$258	\$293	\$131
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	\$5,166	\$740	\$1,212	\$1,235	\$740	\$273
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	\$10,289	\$645	\$5,437	\$5,458	\$645	\$214
X-ray exam of shoulder	73030	Per Unit	Outpatient	\$947	\$293	\$164	\$168	\$293	\$94
X-ray exam of elbow	73080	Per Unit	Outpatient	\$891	\$293	\$164	\$168	\$293	\$94
X-ray exam of forearm	73090	Per Unit	Outpatient	\$806	\$293	\$164	\$168	\$293	\$94
X-ray exam of wrist	73110	Per Unit	Outpatient	\$809	\$293	\$164	\$168	\$293	\$94
X-ray exam of hand	73130	Per Unit	Outpatient	\$809	\$293	\$164	\$168	\$293	\$94
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	\$704	\$293	\$625	\$625	\$293	\$131
X-ray exam of knee 3	73562	Per Unit	Outpatient	\$521	\$293	\$164	\$168	\$293	\$94
X-ray exam of lower leg	73590	Per Unit	Outpatient	\$809	\$293	\$164	\$168	\$293	\$94
X-ray exam of ankle	73610	Per Unit	Outpatient	\$900	\$293	\$164	\$168	\$293	\$94
X-ray exam of foot	73630	Per Unit	Outpatient	\$638	\$293	\$164	\$168	\$293	\$94
MRI scan of leg joint	73721	Per Unit	Outpatient	\$5,166	\$740	\$1,212	\$1,235	\$740	\$273
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	\$9,409	\$645	\$5,320	\$5,353	\$645	\$448
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	\$1,664	\$293	\$296	\$302	\$293	\$214
X-ray exam surgical specimen	76098	Per Unit	Outpatient	\$1,537	\$293	\$1,153	\$1,175	\$293	\$564
Us exam of head and neck	76536	Per Unit	Outpatient	\$3,623	\$340	\$355	\$362	\$340	\$131
Ultrasound breast limited	76642	Per Unit	Outpatient	\$3,788	\$674	\$3,362	\$3,362	\$674	\$157
Ultrasound of abdomen	76700	Per Unit	Outpatient	\$3,227	\$340	\$355	\$362	\$340	\$131
Echo exam of abdomen	76705	Per Unit	Outpatient	\$2,519	\$340	\$355	\$362	\$340	\$131
Us exam abdo back wall comp	76770	Per Unit	Outpatient	\$3,393	\$340	\$355	\$362	\$340	\$131
Us exam abdo back wall lim	76775	Per Unit	Outpatient	\$2,602	\$340	\$355	\$362	\$340	\$131
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	\$1,310	\$340	\$355	\$362	\$340	\$131
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	\$2,604	\$340	\$355	\$362	\$340	\$131



United Community & State								
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	State Medicaid	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
Eeg 41-60 minutes	95812	Per Visit	Outpatient	\$509	\$611	\$297	\$252	\$3,889
Genetic counseling 30 min	96040	Per Visit	Outpatient	\$112	\$135	\$1,008	\$101	\$1,008
Chemo iv infusion 1 hr	96413	Per Visit	Outpatient	\$3,965	\$4,759	\$4,018	\$322	\$28,496
Ultrasound therapy	97035	Per Visit	Outpatient	\$2,601	\$3,123	\$1,306	\$241	\$19,867
Physical Therapy, therapeutic exercise	97110	Per Visit	Outpatient	\$1,381	\$1,658	\$680	\$142	\$10,549
Gait training therapy	97116	Per Visit	Outpatient	\$642	\$770	\$425	\$361	\$4,900
RADIOLOGY SERVICES								
CT scan, head or brain, without contrast	70450	Per Unit	Outpatient	\$441	\$530	\$131	\$112	\$3,371
Mri brain stem w/o dye	70551	Per Unit	Outpatient	\$719	\$863	\$273	\$232	\$5,489
MRI scan of brain before and after contrast	70553	Per Unit	Outpatient	\$959	\$1,151	\$448	\$380	\$7,325
X-ray exam chest 2 views	71046	Per Unit	Outpatient	\$78	\$94	\$94	\$78	\$595
Ct thorax w/o dye	71250	Per Unit	Outpatient	\$666	\$800	\$131	\$112	\$5,090
X-ray exam entire spi 2/3 vw	72082	Per Unit	Outpatient	\$195	\$234	\$263	\$129	\$1,487
X-ray exam l-s spine 2/3 vws	72100	Per Unit	Outpatient	\$146	\$175	\$131	\$42	\$1,114
X-Ray, lower back, minimum 4 views	72110	Per Unit	Outpatient	\$127	\$152	\$131	\$53	\$967
MRI scan of lower spinal canal	72148	Per Unit	Outpatient	\$719	\$863	\$273	\$232	\$5,489
CT Scan, pelvis, with contrast	72193	Per Unit	Outpatient	\$1,431	\$1,718	\$214	\$182	\$10,932
X-ray exam of shoulder	73030	Per Unit	Outpatient	\$132	\$158	\$94	\$32	\$1,006
X-ray exam of elbow	73080	Per Unit	Outpatient	\$124	\$149	\$94	\$32	\$947
X-ray exam of forearm	73090	Per Unit	Outpatient	\$112	\$135	\$94	\$27	\$857
X-ray exam of wrist	73110	Per Unit	Outpatient	\$113	\$135	\$94	\$32	\$859
X-ray exam of hand	73130	Per Unit	Outpatient	\$113	\$135	\$94	\$32	\$859
X-ray exam hips bi 2 views	73521	Per Unit	Outpatient	\$98	\$118	\$131	\$60	\$748
X-ray exam of knee 3	73562	Per Unit	Outpatient	\$72	\$87	\$94	\$32	\$553
X-ray exam of lower leg	73590	Per Unit	Outpatient	\$113	\$135	\$94	\$32	\$859
X-ray exam of ankle	73610	Per Unit	Outpatient	\$125	\$150	\$94	\$29	\$957
X-ray exam of foot	73630	Per Unit	Outpatient	\$89	\$107	\$94	\$29	\$678
MRI scan of leg joint	73721	Per Unit	Outpatient	\$719	\$863	\$273	\$232	\$5,489
CT Scan of abdomen and pelvis with contrast	74177	Per Unit	Outpatient	\$1,309	\$1,571	\$448	\$302	\$9,997
Contrst x-ray exam of throat	74210	Per Unit	Outpatient	\$232	\$278	\$214	\$54	\$1,768
X-ray exam surgical specimen	76098	Per Unit	Outpatient	\$214	\$257	\$564	\$18	\$1,633
Us exam of head and neck	76536	Per Unit	Outpatient	\$504	\$605	\$131	\$79	\$3,849
Ultrasound breast limited	76642	Per Unit	Outpatient	\$527	\$633	\$157	\$133	\$4,025
Ultrasound of abdomen	76700	Per Unit	Outpatient	\$449	\$539	\$131	\$112	\$3,429
Echo exam of abdomen	76705	Per Unit	Outpatient	\$350	\$421	\$131	\$84	\$2,677
Us exam abdo back wall comp	76770	Per Unit	Outpatient	\$472	\$567	\$131	\$112	\$3,605
Us exam abdo back wall lim	76775	Per Unit	Outpatient	\$362	\$435	\$131	\$64	\$2,765
Ob us < 14 wks single fetus	76801	Per Unit	Outpatient	\$182	\$219	\$131	\$106	\$1,392
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	Per Unit	Outpatient	\$362	\$435	\$131	\$112	\$2,767



DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health	Aetna Better Health Medicare Dual Eligible
Ob us detailed snl fetus	76811	Per Unit	Outpatient	\$2,331	\$419	\$186	\$273	\$259	\$273
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	\$851	\$153	\$133	\$131	\$95	\$131
Ob us limited fetus(s)	76815	Per Unit	Outpatient	\$3,035	\$496	\$365	\$131	\$338	\$131
Ob us follow-up per fetus	76816	Per Unit	Outpatient	\$3,959	\$710	\$365	\$131	\$441	\$131
Transvaginal us obstetric	76817	Per Unit	Outpatient	\$2,247	\$404	\$130	\$131	\$250	\$131
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	\$1,428	\$256	\$111	\$131	\$159	\$131
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	\$7,631	\$685	\$356	\$263	\$849	\$263
Us exam scrotum	76870	Per Unit	Outpatient	\$5,195	\$933	\$78	\$131	\$578	\$131
Us exam infant hips dynamic	76885	Per Unit	Outpatient	\$3,149	\$565	\$238	\$94	\$350	\$94
Mammography of one breast	77065	Per Unit	Outpatient	\$2,825	\$162	\$337	\$157	\$314	\$157
Mammography of both breasts	77066	Per Unit	Outpatient	\$1,302	\$200	\$261	\$63	\$145	\$63
Mamography, screening bilateral	77067	Per Unit	Outpatient	\$966	\$173	\$193	\$193	\$108	\$193
X-rays for bone age	77072	Per Unit	Outpatient	\$1,750	\$138	\$129	\$263	\$195	\$263
Joint survey single view	77077	Per Unit	Outpatient	\$804	\$144	\$45	\$131	\$90	\$131
Dxa bone density axial	77080	Per Unit	Outpatient	\$1,512	\$271	\$67	\$131	\$168	\$131
SURGICAL SERVICES									
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	\$11,192	\$2,037	\$5,126	\$715	\$557	\$715
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	\$10,880	\$1,980	\$5,126	\$715	\$970	\$715
Drainage of hematoma/fluid	10140	Per Case	Outpatient	\$41,275	\$7,512	\$5,126	\$1,609	\$1,984	\$1,609
Deb subq tissue 20 sq cm/<	11042	Per Case	Outpatient	\$2,184	\$417	\$437	\$374	\$243	\$374
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	\$24,686	\$4,493	\$5,126	\$1,609	\$555	\$1,609
Removal of skin tags <w/15	11200	Per Case	Outpatient	\$14,010	\$3,061	\$5,126	\$270	\$1,573	\$270
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	\$16,216	\$2,437	\$5,126	\$1,253	\$1,757	\$1,253
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	\$18,253	\$2,537	\$5,126	\$4,716	\$2,002	\$4,716
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	\$19,074	\$5,568	\$5,126	\$5,627	\$2,149	\$5,627
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	\$20,945	\$3,358	\$5,126	\$5,627	\$2,266	\$5,627
Remove pilonidal cyst simple	11770	Per Case	Outpatient	\$16,027	\$2,751	\$5,126	\$2,840	\$1,600	\$2,840
Replace tissue expander	11970	Per Case	Outpatient	\$46,613	\$8,012	\$5,126	\$14,050	\$5,224	\$14,050
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	\$18,928	\$5,190	\$5,126	\$1,902	\$1,946	\$1,902
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	\$19,597	\$4,070	\$5,126	\$5,546	\$2,227	\$5,546
Wound prep trk/arm/leg	15002	Per Case	Outpatient	\$63,391	\$5,876	\$5,126	\$30,364	\$7,088	\$30,364
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	\$68,141	\$12,050	\$5,126	\$9,593	\$7,217	\$9,593
Exc skin abd	15830	Per Case	Outpatient	\$46,310	\$8,912	\$5,126	\$5,760	\$5,190	\$5,760
Dressing change not for burn	15852	Per Case	Outpatient	\$9,164	\$1,581	\$5,126	\$566	\$1,031	\$566
Suction lipectomy trunk	15877	Per Case	Outpatient	\$41,757	\$10,723	\$5,126	\$15,016	\$4,706	\$15,016
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	\$41,757	\$8,612	\$5,126	\$15,016	\$4,706	\$15,016
Drainage of breast lesion	19000	Per Case	Outpatient	\$13,573	\$2,470	\$5,126	\$827	\$904	\$827

DESCRIPTION OF SERVICE	DRG/CPT/ HCPGS	Payment Category	Location of Service	Amerigroup	Amerigroup Medicare Dual Eligible	AmeriHealth	CHN	CIGNA	CIGNA HealthSpring Medicare
Ob us detailed snl fetus	76811	Per Unit	Outpatient	\$304	\$273	\$793	\$1,632	\$268	\$273
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	\$111	\$131	\$289	\$595	\$192	\$131
Ob us limited fetus(s)	76815	Per Unit	Outpatient	\$395	\$131	\$1,032	\$2,124	\$163	\$131
Ob us follow-up per fetus	76816	Per Unit	Outpatient	\$515	\$131	\$1,346	\$2,771	\$226	\$131
Transvaginal us obstetric	76817	Per Unit	Outpatient	\$293	\$131	\$764	\$1,573	\$186	\$131
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	\$186	\$131	\$486	\$1,000	\$160	\$131
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	\$994	\$263	\$2,595	\$5,342	\$511	\$263
Us exam scrotum	76870	Per Unit	Outpatient	\$676	\$131	\$1,766	\$3,637	\$112	\$131
Us exam infant hips dynamic	76885	Per Unit	Outpatient	\$410	\$94	\$1,071	\$2,204	\$343	\$94
Mammography of one breast	77065	Per Unit	Outpatient	\$368	\$157	\$960	\$1,977	\$540	\$157
Mammography of both breasts	77066	Per Unit	Outpatient	\$170	\$63	\$443	\$911	\$452	\$63
Mamography, screening bilateral	77067	Per Unit	Outpatient	\$126	\$193	\$328	\$676	\$309	\$966
X-rays for bone age	77072	Per Unit	Outpatient	\$228	\$263	\$595	\$1,225	\$185	\$263
Joint survey single view	77077	Per Unit	Outpatient	\$105	\$131	\$273	\$563	\$65	\$131
Dxa bone density axial	77080	Per Unit	Outpatient	\$197	\$131	\$514	\$1,058	\$96	\$131
SURGICAL SERVICES									
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	\$642	\$715	\$2,436	\$4,719	\$4,542	\$715
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	\$1,135	\$715	\$4,500	\$5,500	\$4,542	\$715
Drainage of hematoma/fluid	10140	Per Case	Outpatient	\$2,532	\$1,609	\$5,470	\$5,500	\$4,542	\$1,609
Deb subq tissue 20 sq cm/<	11042	Per Case	Outpatient	\$284	\$374	\$743	\$1,529	\$1,046	\$374
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	\$649	\$1,609	\$5,470	\$3,491	\$4,542	\$1,609
Removal of skin tags <w/15	11200	Per Case	Outpatient	\$1,840	\$270	\$5,470	\$5,500	\$4,542	\$270
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	\$2,326	\$1,253	\$5,470	\$5,500	\$4,542	\$1,253
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	\$2,386	\$4,716	\$5,470	\$5,500	\$4,542	\$4,716
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	\$2,507	\$5,627	\$5,470	\$5,500	\$4,542	\$5,627
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	\$2,744	\$5,627	\$5,470	\$5,500	\$4,542	\$5,627
Remove pilonidal cyst simple	11770	Per Case	Outpatient	\$2,105	\$2,840	\$5,470	\$5,500	\$4,542	\$2,840
Replace tissue expander	11970	Per Case	Outpatient	\$6,309	\$14,050	\$5,470	\$5,500	\$4,542	\$14,050
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	\$2,467	\$1,902	\$5,470	\$5,500	\$4,542	\$1,902
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	\$2,568	\$5,546	\$5,470	\$5,500	\$4,542	\$5,546
Wound prep trk/arm/leg	15002	Per Case	Outpatient	\$8,633	\$30,364	\$5,470	\$5,500	\$4,542	\$30,364
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	\$9,105	\$9,593	\$5,470	\$5,500	\$4,542	\$9,593
Exc skin abd	15830	Per Case	Outpatient	\$6,308	\$5,760	\$5,470	\$5,500	\$4,542	\$5,760
Dressing change not for burn	15852	Per Case	Outpatient	\$1,206	\$566	\$4,737	\$5,500	\$4,542	\$566
Suction lipectomy trunk	15877	Per Case	Outpatient	\$5,711	\$15,016	\$5,470	\$5,500	\$4,542	\$15,016
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	\$5,711	\$15,016	\$5,470	\$5,500	\$4,542	\$15,016
Drainage of breast lesion	19000	Per Case	Outpatient	\$1,058	\$827	\$5,470	\$5,500	\$4,542	\$827

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
Ob us detailed snl fetus	76811	Per Unit	Outpatient	\$273	\$1,282	\$762	\$762	\$762	\$273
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	\$131	\$468	\$278	\$278	\$278	\$131
Ob us limited fetus(s)	76815	Per Unit	Outpatient	\$131	\$1,669	\$992	\$992	\$992	\$131
Ob us follow-up per fetus	76816	Per Unit	Outpatient	\$131	\$2,177	\$1,294	\$1,294	\$1,294	\$131
Transvaginal us obstetric	76817	Per Unit	Outpatient	\$131	\$1,236	\$735	\$735	\$735	\$131
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	\$131	\$785	\$467	\$467	\$467	\$131
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	\$263	\$4,197	\$2,495	\$2,495	\$2,495	\$263
Us exam scrotum	76870	Per Unit	Outpatient	\$131	\$2,857	\$1,699	\$1,699	\$1,699	\$131
Us exam infant hips dynamic	76885	Per Unit	Outpatient	\$94	\$1,732	\$1,030	\$1,030	\$1,030	\$94
Mammography of one breast	77065	Per Unit	Outpatient	\$157	\$1,553	\$924	\$924	\$924	\$157
Mammography of both breasts	77066	Per Unit	Outpatient	\$63	\$716	\$426	\$426	\$426	\$63
Mamography, screening bilateral	77067	Per Unit	Outpatient	\$966	\$531	\$316	\$316	\$316	\$127
X-rays for bone age	77072	Per Unit	Outpatient	\$263	\$962	\$572	\$572	\$572	\$263
Joint survey single view	77077	Per Unit	Outpatient	\$131	\$442	\$263	\$263	\$263	\$131
Dxa bone density axial	77080	Per Unit	Outpatient	\$131	\$832	\$494	\$494	\$494	\$131
SURGICAL SERVICES									
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	\$715	\$2,360	\$4,140	\$4,140	\$4,140	\$715
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	\$715	\$4,093	\$4,140	\$4,140	\$4,140	\$715
Drainage of hematoma/fluid	10140	Per Case	Outpatient	\$1,609	\$4,093	\$4,140	\$4,140	\$4,140	\$1,609
Deb subq tissue 20 sq cm/<	11042	Per Case	Outpatient	\$374	\$1,201	\$714	\$714	\$714	\$374
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	\$1,609	\$2,743	\$4,140	\$4,140	\$4,140	\$1,609
Removal of skin tags <w/15	11200	Per Case	Outpatient	\$270	\$4,093	\$4,140	\$4,140	\$4,140	\$270
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	\$1,253	\$4,093	\$4,140	\$4,140	\$4,140	\$1,253
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	\$4,716	\$4,093	\$4,140	\$4,140	\$4,140	\$4,716
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	\$5,627	\$4,093	\$4,140	\$4,140	\$4,140	\$5,627
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	\$5,627	\$4,093	\$4,140	\$4,140	\$4,140	\$5,627
Remove pilonidal cyst simple	11770	Per Case	Outpatient	\$2,840	\$4,093	\$4,140	\$4,140	\$4,140	\$2,840
Replace tissue expander	11970	Per Case	Outpatient	\$14,050	\$4,093	\$4,140	\$4,140	\$4,140	\$14,050
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	\$1,902	\$4,093	\$4,140	\$4,140	\$4,140	\$1,902
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	\$5,546	\$4,093	\$4,140	\$4,140	\$4,140	\$5,546
Wound prep trk/arm/leg	15002	Per Case	Outpatient	\$30,364	\$4,093	\$4,140	\$4,140	\$4,140	\$30,364
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	\$9,593	\$4,093	\$4,140	\$4,140	\$4,140	\$9,593
Exc skin abd	15830	Per Case	Outpatient	\$5,760	\$4,093	\$4,140	\$4,140	\$4,140	\$5,760
Dressing change not for burn	15852	Per Case	Outpatient	\$566	\$4,093	\$4,140	\$4,140	\$4,140	\$566
Suction lipectomy trunk	15877	Per Case	Outpatient	\$15,016	\$4,093	\$4,140	\$4,140	\$4,140	\$15,016
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	\$15,016	\$4,093	\$4,140	\$4,140	\$4,140	\$15,016
Drainage of breast lesion	19000	Per Case	Outpatient	\$827	\$4,061	\$4,140	\$4,140	\$4,140	\$827

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon NJ Health					
				Horizon NJ Health Medicaid	Medicare Dual Dligibles	Humana Medicare	Humana Tricare	Longevity PPO	Magnacare
Ob us detailed snl fetus	76811	Per Unit	Outpatient	\$392	\$273	\$273	\$232	\$273	\$1,981
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	\$128	\$131	\$131	\$112	\$131	\$723
Ob us limited fetus(s)	76815	Per Unit	Outpatient	\$67	\$131	\$131	\$112	\$131	\$2,579
Ob us follow-up per fetus	76816	Per Unit	Outpatient	\$67	\$131	\$131	\$112	\$131	\$3,365
Transvaginal us obstetric	76817	Per Unit	Outpatient	\$156	\$131	\$131	\$112	\$131	\$1,910
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	\$106	\$131	\$131	\$112	\$131	\$1,214
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	\$268	\$263	\$263	\$223	\$263	\$6,487
Us exam scrotum	76870	Per Unit	Outpatient	\$99	\$131	\$131	\$112	\$131	\$4,416
Us exam infant hips dynamic	76885	Per Unit	Outpatient	\$71	\$94	\$94	\$80	\$94	\$2,677
Mammography of one breast	77065	Per Unit	Outpatient	\$458	\$157	\$157	\$133	\$157	\$2,401
Mammography of both breasts	77066	Per Unit	Outpatient	\$456	\$63	\$63	\$54	\$63	\$1,107
Mamography, screening bilateral	77067	Per Unit	Outpatient	\$338	\$193	\$966	\$821	\$966	\$821
X-rays for bone age	77072	Per Unit	Outpatient	\$374	\$263	\$263	\$223	\$263	\$1,487
Joint survey single view	77077	Per Unit	Outpatient	\$33	\$131	\$131	\$112	\$131	\$684
Dxa bone density axial	77080	Per Unit	Outpatient	\$125	\$131	\$131	\$112	\$131	\$1,285
SURGICAL SERVICES									
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	\$2,211	\$715	\$715	\$608	\$715	\$4,251
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	\$2,211	\$715	\$715	\$608	\$715	\$4,251
Drainage of hematoma/fluid	10140	Per Case	Outpatient	\$2,211	\$1,609	\$1,609	\$1,367	\$1,609	\$4,251
Deb subq tissue 20 sq cm/<	11042	Per Case	Outpatient	\$43	\$374	\$374	\$318	\$374	\$1,856
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	\$2,211	\$1,609	\$1,609	\$1,367	\$1,609	\$4,251
Removal of skin tags <w/15	11200	Per Case	Outpatient	\$2,211	\$270	\$270	\$230	\$270	\$4,251
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	\$2,211	\$1,253	\$1,253	\$1,065	\$1,253	\$4,251
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	\$2,211	\$4,716	\$4,716	\$4,009	\$4,716	\$4,251
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	\$2,211	\$5,627	\$5,627	\$4,783	\$5,627	\$4,251
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	\$2,211	\$5,627	\$5,627	\$4,783	\$5,627	\$4,251
Remove pilonidal cyst simple	11770	Per Case	Outpatient	\$2,211	\$2,840	\$2,840	\$2,414	\$2,840	\$4,251
Replace tissue expander	11970	Per Case	Outpatient	\$2,211	\$14,050	\$14,050	\$11,943	\$14,050	\$4,251
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	\$2,211	\$1,902	\$1,902	\$1,617	\$1,902	\$4,251
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	\$2,211	\$5,546	\$5,546	\$4,714	\$5,546	\$4,251
Wound prep trk/arm/leg	15002	Per Case	Outpatient	\$2,211	\$30,364	\$30,364	\$25,809	\$30,364	\$4,251
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	\$2,211	\$9,593	\$9,593	\$8,154	\$9,593	\$4,251
Exc skin abd	15830	Per Case	Outpatient	\$2,211	\$5,760	\$5,760	\$4,896	\$5,760	\$4,251
Dressing change not for burn	15852	Per Case	Outpatient	\$2,211	\$566	\$566	\$481	\$566	\$4,251
Suction lipectomy trunk	15877	Per Case	Outpatient	\$2,211	\$15,016	\$15,016	\$12,763	\$15,016	\$4,251
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	\$2,211	\$15,016	\$15,016	\$12,763	\$15,016	\$4,251
Drainage of breast lesion	19000	Per Case	Outpatient	\$2,211	\$827	\$827	\$703	\$827	\$4,251

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Multiplan	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
Ob us detailed snl fetus	76811	Per Unit	Outpatient	\$1,865	\$340	\$554	\$565	\$340	\$273
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	\$680	\$340	\$231	\$236	\$340	\$131
Ob us limited fetus(s)	76815	Per Unit	Outpatient	\$2,428	\$340	\$231	\$236	\$340	\$131
Ob us follow-up per fetus	76816	Per Unit	Outpatient	\$3,167	\$340	\$231	\$236	\$340	\$131
Transvaginal us obstetric	76817	Per Unit	Outpatient	\$1,798	\$340	\$231	\$236	\$340	\$131
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	\$1,142	\$340	\$355	\$362	\$340	\$131
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	\$6,105	\$680	\$711	\$725	\$680	\$263
Us exam scrotum	76870	Per Unit	Outpatient	\$4,156	\$340	\$355	\$362	\$340	\$131
Us exam infant hips dynamic	76885	Per Unit	Outpatient	\$2,519	\$340	\$231	\$236	\$340	\$94
Mammography of one breast	77065	Per Unit	Outpatient	\$2,260	\$674	\$2,005	\$2,005	\$674	\$157
Mammography of both breasts	77066	Per Unit	Outpatient	\$1,042	\$334	\$924	\$924	\$334	\$63
Mamography, screening bilateral	77067	Per Unit	Outpatient	\$773	\$167	\$686	\$686	\$167	\$966
X-rays for bone age	77072	Per Unit	Outpatient	\$1,400	\$586	\$860	\$863	\$586	\$263
Joint survey single view	77077	Per Unit	Outpatient	\$643	\$293	\$164	\$168	\$293	\$131
Dxa bone density axial	77080	Per Unit	Outpatient	\$1,210	\$293	\$264	\$269	\$293	\$131
SURGICAL SERVICES									
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	\$3,775	\$4,077	\$6,351	\$6,473	\$4,077	\$715
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	\$6,974	\$8,154	\$6,351	\$6,473	\$8,154	\$715
Drainage of hematoma/fluid	10140	Per Case	Outpatient	\$15,557	\$4,077	\$6,351	\$6,473	\$4,077	\$1,609
Deb subq tissue 20 sq cm/<	11042	Per Case	Outpatient	\$1,747	\$1,638	\$1,551	\$1,551	\$1,638	\$374
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	\$3,990	\$3,741	\$6,351	\$6,473	\$3,741	\$1,609
Removal of skin tags <w/15	11200	Per Case	Outpatient	\$11,304	\$4,077	\$6,351	\$6,473	\$4,077	\$270
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	\$14,293	\$6,116	\$6,351	\$6,473	\$6,116	\$1,253
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	\$14,660	\$7,135	\$6,351	\$6,473	\$7,135	\$4,716
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	\$15,401	\$6,116	\$6,351	\$6,473	\$6,116	\$5,627
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	\$16,862	\$6,116	\$6,351	\$6,473	\$6,116	\$5,627
Remove pilonidal cyst simple	11770	Per Case	Outpatient	\$12,937	\$4,810	\$6,351	\$6,473	\$4,810	\$2,840
Replace tissue expander	11970	Per Case	Outpatient	\$38,766	\$9,515	\$6,351	\$6,473	\$9,515	\$14,050
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	\$15,156	\$4,077	\$6,351	\$6,473	\$4,077	\$1,902
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	\$15,781	\$4,077	\$6,351	\$6,473	\$4,077	\$5,546
Wound prep trk/arm/leg	15002	Per Case	Outpatient	\$53,043	\$9,515	\$6,351	\$6,473	\$9,515	\$30,364
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	\$55,945	\$7,476	\$6,351	\$6,473	\$7,476	\$9,593
Exc skin abd	15830	Per Case	Outpatient	\$38,760	\$7,476	\$6,351	\$6,473	\$7,476	\$5,760
Dressing change not for burn	15852	Per Case	Outpatient	\$7,410	\$4,077	\$6,351	\$6,473	\$4,077	\$566
Suction lipectomy trunk	15877	Per Case	Outpatient	\$35,090	\$9,515	\$6,351	\$6,473	\$9,515	\$15,016
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	\$35,090	\$9,515	\$6,351	\$6,473	\$9,515	\$15,016
Drainage of breast lesion	19000	Per Case	Outpatient	\$6,498	\$4,077	\$5,767	\$5,767	\$4,077	\$827

United Community & State Medicaid								
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	State Medicaid	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
Ob us detailed snl fetus	76811	Per Unit	Outpatient	\$259	\$311	\$273	\$186	\$1,981
Ob us nuchal meas 1 gest	76813	Per Unit	Outpatient	\$95	\$114	\$131	\$95	\$723
Ob us limited fetus(s)	76815	Per Unit	Outpatient	\$338	\$405	\$131	\$67	\$2,579
Ob us follow-up per fetus	76816	Per Unit	Outpatient	\$441	\$529	\$131	\$67	\$3,365
Transvaginal us obstetric	76817	Per Unit	Outpatient	\$250	\$300	\$131	\$112	\$1,910
Fetal biophys profil w/o nst	76819	Per Unit	Outpatient	\$159	\$191	\$131	\$106	\$1,214
Ultrasound pelvis through vagina	76830	Per Unit	Outpatient	\$849	\$1,020	\$263	\$223	\$6,487
Us exam scrotum	76870	Per Unit	Outpatient	\$578	\$694	\$131	\$78	\$4,416
Us exam infant hips dynamic	76885	Per Unit	Outpatient	\$350	\$421	\$94	\$71	\$2,677
Mammography of one breast	77065	Per Unit	Outpatient	\$314	\$377	\$157	\$133	\$2,401
Mammography of both breasts	77066	Per Unit	Outpatient	\$145	\$174	\$63	\$54	\$1,107
Mamography, screening bilateral	77067	Per Unit	Outpatient	\$108	\$129	\$966	\$108	\$966
X-rays for bone age	77072	Per Unit	Outpatient	\$195	\$234	\$263	\$129	\$1,487
Joint survey single view	77077	Per Unit	Outpatient	\$90	\$107	\$131	\$33	\$684
Dxa bone density axial	77080	Per Unit	Outpatient	\$168	\$202	\$131	\$67	\$1,285
SURGICAL SERVICES								
Fna bx w/us gdn 1st les	10005	Per Case	Outpatient	\$525	\$668	\$715	\$525	\$6,473
Fna bx w/us gdn ea addl	10006	Per Case	Outpatient	\$970	\$1,165	\$715	\$608	\$8,154
Drainage of hematoma/fluid	10140	Per Case	Outpatient	\$1,954	\$2,381	\$1,609	\$1,367	\$15,557
Deb subq tissue 20 sq cm/<	11042	Per Case	Outpatient	\$243	\$292	\$374	\$43	\$1,856
Deb bone 20 sq cm/<	11044	Per Case	Outpatient	\$555	\$666	\$1,609	\$555	\$6,473
Removal of skin tags <w/15	11200	Per Case	Outpatient	\$1,573	\$1,888	\$270	\$230	\$11,304
Exc tr-ext b9+marg 1.1-2 cm	11402	Per Case	Outpatient	\$1,909	\$2,329	\$1,253	\$1,065	\$14,293
Exc tr-ext b9+marg 2.1-3cm	11403	Per Case	Outpatient	\$1,971	\$2,403	\$4,716	\$1,971	\$14,660
Exc tr-ext b9+marg >4.0 cm	11406	Per Case	Outpatient	\$2,118	\$2,580	\$5,627	\$2,118	\$15,401
Exc h-f-nk-sp b9+marg 3.1-4	11424	Per Case	Outpatient	\$2,235	\$2,720	\$5,627	\$2,211	\$16,862
Remove pilonidal cyst simple	11770	Per Case	Outpatient	\$1,570	\$1,920	\$2,840	\$1,570	\$12,937
Replace tissue expander	11970	Per Case	Outpatient	\$5,393	\$6,511	\$14,050	\$2,211	\$38,766
Tis trnfr s/a/l 10 sq cm/<	14020	Per Case	Outpatient	\$1,916	\$2,336	\$1,902	\$1,617	\$15,156
Tis trnfr e/n/e/l 10 sq cm/<	14060	Per Case	Outpatient	\$2,196	\$2,673	\$5,546	\$2,196	\$15,781
Wound prep trk/arm/leg	15002	Per Case	Outpatient	\$7,352	\$8,882	\$30,364	\$2,211	\$53,043
Skin sub graft trnk/arm/leg	15271	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Acellular derm matrix implt	15777	Per Case	Outpatient	\$7,375	\$8,884	\$9,593	\$2,211	\$55,945
Exc skin abd	15830	Per Case	Outpatient	\$5,392	\$6,473	\$5,760	\$2,211	\$38,760
Dressing change not for burn	15852	Per Case	Outpatient	\$1,031	\$1,237	\$566	\$481	\$7,410
Suction lipectomy trunk	15877	Per Case	Outpatient	\$4,882	\$5,898	\$15,016	\$2,211	\$35,090
Suction lipectomy lwr extrem	15879	Per Case	Outpatient	\$4,882	\$5,898	\$15,016	\$2,211	\$35,090
Drainage of breast lesion	19000	Per Case	Outpatient	\$904	\$1,085	\$827	\$703	\$6,498



DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health	Aetna Better Health Medicare Dual Eligible
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	\$10,183	\$2,337	\$5,126	\$1,725	\$1,133	\$1,725
Bx breast add lesion us imag	19084	Per Case	Outpatient	\$49,924	\$3,787	\$5,126	\$1,721	\$2,899	\$1,721
Biopsy of breast open	19101	Per Case	Outpatient	\$22,319	\$6,121	\$5,126	\$8,532	\$2,524	\$8,532
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	\$33,960	\$5,774	\$5,126	\$9,491	\$3,809	\$9,491
Perq device breast 1st imag	19281	Per Case	Outpatient	\$9,248	\$1,683	\$5,126	\$715	\$564	\$715
Perq device breast ea imag	19282	Per Case	Outpatient	\$14,624	\$2,661	\$5,126	\$715	\$772	\$715
Partial mastectomy	19301	Per Case	Outpatient	\$40,349	\$6,279	\$5,126	\$12,705	\$4,603	\$12,705
Mast simple complete	19303	Per Case	Outpatient	\$77,003	\$11,447	\$5,126	\$27,208	\$8,644	\$27,208
Reduction of large breast	19318	Per Case	Outpatient	\$55,688	\$9,950	\$5,126	\$6,254	\$6,191	\$6,254
Immediate breast prosthesis	19340	Per Case	Outpatient	\$59,378	\$7,909	\$5,126	\$13,670	\$6,426	\$13,670
Delayed breast prosthesis	19342	Per Case	Outpatient	\$51,328	\$10,676	\$5,126	\$19,428	\$5,560	\$19,428
Breast reconstruction	19357	Per Case	Outpatient	\$77,003	\$9,443	\$5,126	\$27,208	\$8,644	\$27,208
Breast reconstruction	19366	Per Case	Outpatient	\$51,328	\$7,052	\$5,126	\$19,428	\$5,560	\$19,428
Revise breast reconstruction	19380	Per Case	Outpatient	\$48,570	\$8,353	\$5,126	\$9,174	\$5,385	\$9,174
Removal of support implant	20680	Per Case	Outpatient	\$28,910	\$5,032	\$5,126	\$3,084	\$3,110	\$3,084
Treat humerus fracture	24538	Per Case	Outpatient	\$28,961	\$4,376	\$5,126	\$8,090	\$2,525	\$8,090
Remove wrist tendon lesion	25111	Per Case	Outpatient	\$15,847	\$3,226	\$5,126	\$1,598	\$1,623	\$1,598
Incise finger tendon sheath	26055	Per Case	Outpatient	\$13,010	\$2,351	\$5,126	\$4,904	\$1,393	\$4,904
Treat finger fracture each	26727	Per Case	Outpatient	\$19,092	\$2,993	\$5,126	\$3,345	\$2,128	\$3,345
Revision of knee joint	27446	Per Case	Outpatient	\$88,927	\$11,069	\$13,364	\$14,776	\$6,845	\$14,776
Total knee arthroplasty	27447	Per Case	Outpatient	\$105,443	\$12,471	\$13,364	\$14,744	\$8,352	\$14,744
Surgery to stop leg growth	27485	Per Case	Outpatient	\$41,383	\$9,617	\$5,126	\$10,928	\$4,622	\$10,928
Repair achilles tendon	27650	Per Case	Outpatient	\$77,514	\$8,501	\$5,126	\$16,041	\$8,676	\$16,041
Treatment of ankle fracture	27792	Per Case	Outpatient	\$86,241	\$9,758	\$5,126	\$8,374	\$4,525	\$8,374
Treatment of ankle fracture	27814	Per Case	Outpatient	\$37,439	\$9,205	\$5,126	\$7,040	\$4,210	\$7,040
Repair of hammertoe	28285	Per Case	Outpatient	\$38,634	\$5,254	\$5,126	\$10,582	\$4,341	\$10,582
Correction hallux valgus	28296	Per Case	Outpatient	\$30,799	\$5,766	\$5,126	\$7,215	\$3,417	\$7,215
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	\$45,397	\$11,546	\$2,845	\$9,748	\$4,890	\$9,748
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	\$50,887	\$9,987	\$2,845	\$7,263	\$5,780	\$7,263
Removal of one knee cartilage using an endoscope	29881	Per Case	Outpatient	\$24,471	\$5,948	\$2,845	\$3,362	\$2,787	\$3,362
Knee arthroscopy/surgery	29882	Per Case	Outpatient	\$43,295	\$7,880	\$2,845	\$3,140	\$1,325	\$3,140
Percut bx lung/mediastinum	32405	Per Case	Outpatient	\$19,957	\$3,632	\$5,126	\$1,609	\$1,397	\$1,609
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	\$9,673	\$1,760	\$5,126	\$832	\$526	\$832
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	\$28,679	\$5,826	\$5,126	\$2,039	\$3,390	\$2,039
Repair blood vessel lesion	35190	Per Case	Outpatient	\$54,218	\$8,013	\$5,126	\$12,162	\$5,758	\$12,162
Endovenous laser 1st vein	36478	Per Case	Outpatient	\$26,686	\$5,371	\$5,126	\$6,956	\$2,953	\$6,956
Insert tunneled cv cath	36561	Per Case	Outpatient	\$21,881	\$5,278	\$5,126	\$3,248	\$2,451	\$3,248
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	\$12,708	\$2,313	\$5,126	\$1,912	\$760	\$1,912
Removal tunneled cv cath	36590	Per Case	Outpatient	\$21,985	\$4,001	\$5,126	\$739	\$182	\$739

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Amerigroup Medicare Dual					CIGNA HealthSpring Medicare
				Amerigroup	Eligible	AmeriHealth	CHN	CIGNA	
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	\$1,326	\$1,725	\$5,470	\$5,500	\$4,542	\$1,725
Bx breast add lesion us imag	19084	Per Case	Outpatient	\$3,216	\$1,721	\$5,470	\$5,500	\$4,542	\$1,721
Biopsy of breast open	19101	Per Case	Outpatient	\$2,939	\$8,532	\$5,470	\$5,500	\$4,542	\$8,532
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	\$4,428	\$9,491	\$5,470	\$5,500	\$4,542	\$9,491
Perq device breast 1st imag	19281	Per Case	Outpatient	\$660	\$715	\$5,470	\$5,071	\$4,542	\$715
Perq device breast ea imag	19282	Per Case	Outpatient	\$904	\$715	\$5,470	\$5,500	\$4,542	\$715
Partial mastectomy	19301	Per Case	Outpatient	\$5,280	\$12,705	\$5,470	\$5,500	\$4,542	\$12,705
Mast simple complete	19303	Per Case	Outpatient	\$7,523	\$27,208	\$5,470	\$5,500	\$4,542	\$27,208
Reduction of large breast	19318	Per Case	Outpatient	\$7,502	\$6,254	\$5,470	\$5,500	\$4,542	\$6,254
Immediate breast prosthesis	19340	Per Case	Outpatient	\$7,851	\$13,670	\$5,470	\$5,500	\$4,542	\$13,670
Delayed breast prosthesis	19342	Per Case	Outpatient	\$6,917	\$19,428	\$5,470	\$5,500	\$4,542	\$19,428
Breast reconstruction	19357	Per Case	Outpatient	\$7,523	\$27,208	\$5,470	\$5,500	\$4,542	\$27,208
Breast reconstruction	19366	Per Case	Outpatient	\$6,917	\$19,428	\$5,470	\$5,500	\$4,542	\$19,428
Revise breast reconstruction	19380	Per Case	Outpatient	\$3,281	\$9,174	\$5,470	\$5,500	\$4,542	\$9,174
Removal of support implant	20680	Per Case	Outpatient	\$3,772	\$3,084	\$5,470	\$5,500	\$4,542	\$3,084
Treat humerus fracture	24538	Per Case	Outpatient	\$3,015	\$8,090	\$5,470	\$5,500	\$4,542	\$8,090
Remove wrist tendon lesion	25111	Per Case	Outpatient	\$2,034	\$1,598	\$5,470	\$5,500	\$4,542	\$1,598
Incise finger tendon sheath	26055	Per Case	Outpatient	\$1,707	\$4,904	\$5,470	\$5,500	\$4,542	\$4,904
Treat finger fracture each	26727	Per Case	Outpatient	\$2,489	\$3,345	\$5,470	\$5,500	\$4,542	\$3,345
Revision of knee joint	27446	Per Case	Outpatient	\$9,151	\$14,776	\$15,435	\$5,500	\$4,542	\$14,776
Total knee arthroplasty	27447	Per Case	Outpatient	\$8,005	\$14,744	\$15,435	\$5,500	\$4,542	\$14,744
Surgery to stop leg growth	27485	Per Case	Outpatient	\$5,371	\$10,928	\$5,470	\$5,500	\$4,542	\$10,928
Repair achilles tendon	27650	Per Case	Outpatient	\$10,113	\$16,041	\$5,470	\$5,500	\$4,542	\$16,041
Treatment of ankle fracture	27792	Per Case	Outpatient	\$5,635	\$8,374	\$5,470	\$5,500	\$4,542	\$8,374
Treatment of ankle fracture	27814	Per Case	Outpatient	\$4,925	\$7,040	\$5,470	\$5,500	\$4,542	\$7,040
Repair of hammertoe	28285	Per Case	Outpatient	\$5,041	\$10,582	\$5,470	\$5,500	\$4,542	\$10,582
Correction hallux valgus	28296	Per Case	Outpatient	\$4,021	\$7,215	\$5,470	\$5,500	\$4,542	\$7,215
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	\$5,919	\$9,748	\$5,470	\$5,500	\$4,542	\$9,748
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	\$7,006	\$7,263	\$5,470	\$5,500	\$4,542	\$7,263
Removal of one knee cartilage using an endoscope	29881	Per Case	Outpatient	\$3,223	\$3,362	\$5,470	\$5,500	\$4,542	\$3,362
Knee arthroscopy/surgery	29882	Per Case	Outpatient	\$1,550	\$3,140	\$5,470	\$5,500	\$4,542	\$3,140
Percut bx lung/mediastinum	32405	Per Case	Outpatient	\$1,634	\$1,609	\$5,470	\$5,500	\$4,542	\$1,609
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	\$615	\$832	\$5,470	\$4,722	\$4,542	\$832
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	\$4,140	\$2,039	\$5,470	\$5,500	\$4,542	\$2,039
Repair blood vessel lesion	35190	Per Case	Outpatient	\$6,735	\$12,162	\$5,470	\$5,500	\$4,542	\$12,162
Endovenous laser 1st vein	36478	Per Case	Outpatient	\$3,513	\$6,956	\$5,470	\$5,500	\$4,542	\$6,956
Insert tunneled cv cath	36561	Per Case	Outpatient	\$2,858	\$3,248	\$5,470	\$5,500	\$4,542	\$3,248
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	\$889	\$1,912	\$5,470	\$5,500	\$4,542	\$1,912
Removal tunneled cv cath	36590	Per Case	Outpatient	\$213	\$739	\$5,470	\$1,638	\$4,542	\$739



DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	\$1,725	\$4,093	\$4,140	\$4,140	\$4,140	\$1,725
Bx breast add lesion us imag	19084	Per Case	Outpatient	\$1,721	\$4,093	\$4,140	\$4,140	\$4,140	\$1,721
Biopsy of breast open	19101	Per Case	Outpatient	\$8,532	\$4,093	\$4,140	\$4,140	\$4,140	\$8,532
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	\$9,491	\$4,093	\$4,140	\$4,140	\$4,140	\$9,491
Perq device breast 1st imag	19281	Per Case	Outpatient	\$715	\$2,536	\$4,140	\$4,140	\$4,140	\$715
Perq device breast ea imag	19282	Per Case	Outpatient	\$715	\$3,470	\$4,140	\$4,140	\$4,140	\$715
Partial mastectomy	19301	Per Case	Outpatient	\$12,705	\$4,093	\$4,140	\$4,140	\$4,140	\$12,705
Mast simple complete	19303	Per Case	Outpatient	\$27,208	\$4,093	\$4,140	\$4,140	\$4,140	\$27,208
Reduction of large breast	19318	Per Case	Outpatient	\$6,254	\$4,093	\$4,140	\$4,140	\$4,140	\$6,254
Immediate breast prosthesis	19340	Per Case	Outpatient	\$13,670	\$4,093	\$4,140	\$4,140	\$4,140	\$13,670
Delayed breast prosthesis	19342	Per Case	Outpatient	\$19,428	\$4,093	\$4,140	\$4,140	\$4,140	\$19,428
Breast reconstruction	19357	Per Case	Outpatient	\$27,208	\$4,093	\$4,140	\$4,140	\$4,140	\$27,208
Breast reconstruction	19366	Per Case	Outpatient	\$19,428	\$4,093	\$4,140	\$4,140	\$4,140	\$19,428
Revise breast reconstruction	19380	Per Case	Outpatient	\$9,174	\$4,093	\$4,140	\$4,140	\$4,140	\$9,174
Removal of support implant	20680	Per Case	Outpatient	\$3,084	\$4,093	\$4,140	\$4,140	\$4,140	\$3,084
Treat humerus fracture	24538	Per Case	Outpatient	\$8,090	\$4,093	\$4,140	\$4,140	\$4,140	\$8,090
Remove wrist tendon lesion	25111	Per Case	Outpatient	\$1,598	\$4,093	\$4,140	\$4,140	\$4,140	\$1,598
Incise finger tendon sheath	26055	Per Case	Outpatient	\$4,904	\$4,093	\$4,140	\$4,140	\$4,140	\$4,904
Treat finger fracture each	26727	Per Case	Outpatient	\$3,345	\$4,093	\$4,140	\$4,140	\$4,140	\$3,345
Revision of knee joint	27446	Per Case	Outpatient	\$14,776	\$15,500	\$15,675	\$15,675	\$15,675	\$14,776
Total knee arthroplasty	27447	Per Case	Outpatient	\$14,744	\$15,500	\$15,675	\$15,675	\$15,675	\$14,744
Surgery to stop leg growth	27485	Per Case	Outpatient	\$10,928	\$4,093	\$4,140	\$4,140	\$4,140	\$10,928
Repair achilles tendon	27650	Per Case	Outpatient	\$16,041	\$4,093	\$4,140	\$4,140	\$4,140	\$16,041
Treatment of ankle fracture	27792	Per Case	Outpatient	\$8,374	\$4,093	\$4,140	\$4,140	\$4,140	\$8,374
Treatment of ankle fracture	27814	Per Case	Outpatient	\$7,040	\$4,093	\$4,140	\$4,140	\$4,140	\$7,040
Repair of hammertoe	28285	Per Case	Outpatient	\$10,582	\$4,093	\$4,140	\$4,140	\$4,140	\$10,582
Correction hallux valgus	28296	Per Case	Outpatient	\$7,215	\$4,093	\$4,140	\$4,140	\$4,140	\$7,215
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	\$9,748	\$4,093	\$4,140	\$4,140	\$4,140	\$9,748
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	\$7,263	\$4,093	\$4,140	\$4,140	\$4,140	\$7,263
Removal of one knee cartilage using an endoscope	29881	Per Case	Outpatient	\$3,362	\$4,093	\$4,140	\$4,140	\$4,140	\$3,362
Knee arthroscopy/surgery	29882	Per Case	Outpatient	\$3,140	\$4,093	\$4,140	\$4,140	\$4,140	\$3,140
Percut bx lung/mediastinum	32405	Per Case	Outpatient	\$1,609	\$4,093	\$4,140	\$4,140	\$4,140	\$1,609
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	\$832	\$2,361	\$4,140	\$4,140	\$4,140	\$832
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	\$2,039	\$4,093	\$4,140	\$4,140	\$4,140	\$2,039
Repair blood vessel lesion	35190	Per Case	Outpatient	\$12,162	\$4,093	\$4,140	\$4,140	\$4,140	\$12,162
Endovenous laser 1st vein	36478	Per Case	Outpatient	\$6,956	\$4,093	\$4,140	\$4,140	\$4,140	\$6,956
Insert tunneled cv cath	36561	Per Case	Outpatient	\$3,248	\$4,093	\$4,140	\$4,140	\$4,140	\$3,248
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	\$1,912	\$3,414	\$4,140	\$4,140	\$4,140	\$1,912
Removal tunneled cv cath	36590	Per Case	Outpatient	\$739	\$819	\$4,140	\$4,140	\$4,140	\$739

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon NJ Health					
				Horizon NJ Health Medicaid	Medicare Dual Dligibles	Humana Medicare	Humana Tricare	Longevity PPO	Magnacare
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	\$2,211	\$1,725	\$1,725	\$1,466	\$1,725	\$4,251
Bx breast add lesion us imag	19084	Per Case	Outpatient	\$2,211	\$1,721	\$1,721	\$1,463	\$1,721	\$4,251
Biopsy of breast open	19101	Per Case	Outpatient	\$2,211	\$8,532	\$8,532	\$7,252	\$8,532	\$4,251
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	\$2,211	\$9,491	\$9,491	\$8,067	\$9,491	\$4,251
Perq device breast 1st imag	19281	Per Case	Outpatient	\$2,211	\$715	\$715	\$608	\$715	\$4,251
Perq device breast ea imag	19282	Per Case	Outpatient	\$2,211	\$715	\$715	\$608	\$715	\$4,251
Partial mastectomy	19301	Per Case	Outpatient	\$2,211	\$12,705	\$12,705	\$10,799	\$12,705	\$4,251
Mast simple complete	19303	Per Case	Outpatient	\$2,211	\$27,208	\$27,208	\$23,126	\$27,208	\$4,251
Reduction of large breast	19318	Per Case	Outpatient	\$2,211	\$6,254	\$6,254	\$5,316	\$6,254	\$4,251
Immediate breast prosthesis	19340	Per Case	Outpatient	\$2,211	\$13,670	\$13,670	\$11,620	\$13,670	\$4,251
Delayed breast prosthesis	19342	Per Case	Outpatient	\$2,211	\$19,428	\$19,428	\$16,514	\$19,428	\$4,251
Breast reconstruction	19357	Per Case	Outpatient	\$2,211	\$27,208	\$27,208	\$23,126	\$27,208	\$4,251
Breast reconstruction	19366	Per Case	Outpatient	\$2,211	\$19,428	\$19,428	\$16,514	\$19,428	\$4,251
Revise breast reconstruction	19380	Per Case	Outpatient	\$2,211	\$9,174	\$9,174	\$7,798	\$9,174	\$4,251
Removal of support implant	20680	Per Case	Outpatient	\$2,211	\$3,084	\$3,084	\$2,622	\$3,084	\$4,251
Treat humerus fracture	24538	Per Case	Outpatient	\$2,211	\$8,090	\$8,090	\$6,877	\$8,090	\$4,251
Remove wrist tendon lesion	25111	Per Case	Outpatient	\$2,211	\$1,598	\$1,598	\$1,358	\$1,598	\$4,251
Incise finger tendon sheath	26055	Per Case	Outpatient	\$2,211	\$4,904	\$4,904	\$4,169	\$4,904	\$4,251
Treat finger fracture each	26727	Per Case	Outpatient	\$2,211	\$3,345	\$3,345	\$2,843	\$3,345	\$4,251
Revision of knee joint	27446	Per Case	Outpatient	\$2,211	\$14,776	\$14,776	\$12,559	\$14,776	\$4,251
Total knee arthroplasty	27447	Per Case	Outpatient	\$2,211	\$14,744	\$14,744	\$12,532	\$14,744	\$4,251
Surgery to stop leg growth	27485	Per Case	Outpatient	\$2,211	\$10,928	\$10,928	\$9,289	\$10,928	\$4,251
Repair achilles tendon	27650	Per Case	Outpatient	\$2,211	\$16,041	\$16,041	\$13,635	\$16,041	\$4,251
Treatment of ankle fracture	27792	Per Case	Outpatient	\$2,211	\$8,374	\$8,374	\$7,118	\$8,374	\$4,251
Treatment of ankle fracture	27814	Per Case	Outpatient	\$2,211	\$7,040	\$7,040	\$5,984	\$7,040	\$4,251
Repair of hammertoe	28285	Per Case	Outpatient	\$2,211	\$10,582	\$10,582	\$8,995	\$10,582	\$4,251
Correction hallux valgus	28296	Per Case	Outpatient	\$2,211	\$7,215	\$7,215	\$6,133	\$7,215	\$4,251
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	\$2,211	\$9,748	\$9,748	\$8,286	\$9,748	\$4,251
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	\$2,211	\$7,263	\$7,263	\$6,174	\$7,263	\$4,251
Removal of one knee cartilage using an endoscope	29881	Per Case	Outpatient	\$2,211	\$3,362	\$3,362	\$2,858	\$3,362	\$4,251
Knee arthroscopy/surgery	29882	Per Case	Outpatient	\$2,211	\$3,140	\$3,140	\$2,669	\$3,140	\$4,251
Percut bx lung/mediastinum	32405	Per Case	Outpatient	\$2,211	\$1,609	\$1,609	\$1,367	\$1,609	\$4,251
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	\$2,211	\$832	\$832	\$708	\$832	\$4,251
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	\$2,211	\$2,039	\$2,039	\$1,733	\$2,039	\$4,251
Repair blood vessel lesion	35190	Per Case	Outpatient	\$2,211	\$12,162	\$12,162	\$10,338	\$12,162	\$4,251
Endovenous laser 1st vein	36478	Per Case	Outpatient	\$2,211	\$6,956	\$6,956	\$5,913	\$6,956	\$4,251
Insert tunneled cv cath	36561	Per Case	Outpatient	\$2,211	\$3,248	\$3,248	\$2,761	\$3,248	\$4,251
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	\$2,211	\$1,912	\$1,912	\$1,625	\$1,912	\$4,251
Removal tunneled cv cath	36590	Per Case	Outpatient	\$2,211	\$739	\$739	\$628	\$739	\$4,251

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Multiplan	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	\$8,146	\$4,077	\$6,351	\$6,378	\$4,077	\$1,725
Bx breast add lesion us imag	19084	Per Case	Outpatient	\$19,970	\$8,154	\$6,351	\$6,378	\$8,154	\$1,721
Biopsy of breast open	19101	Per Case	Outpatient	\$18,061	\$4,810	\$6,351	\$6,473	\$4,810	\$8,532
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	\$27,207	\$4,810	\$6,351	\$6,473	\$4,810	\$9,491
Perq device breast 1st imag	19281	Per Case	Outpatient	\$4,057	\$4,077	\$6,351	\$6,473	\$4,077	\$715
Perq device breast ea imag	19282	Per Case	Outpatient	\$5,552	\$6,940	\$6,351	\$6,473	\$6,940	\$715
Partial mastectomy	19301	Per Case	Outpatient	\$32,442	\$7,215	\$6,351	\$6,473	\$7,215	\$12,705
Mast simple complete	19303	Per Case	Outpatient	\$63,856	\$9,358	\$6,351	\$6,473	\$9,358	\$27,208
Reduction of large breast	19318	Per Case	Outpatient	\$46,095	\$5,437	\$6,351	\$6,473	\$5,437	\$6,254
Immediate breast prosthesis	19340	Per Case	Outpatient	\$48,237	\$8,156	\$6,351	\$6,473	\$8,156	\$13,670
Delayed breast prosthesis	19342	Per Case	Outpatient	\$42,500	\$9,515	\$6,351	\$6,473	\$9,515	\$19,428
Breast reconstruction	19357	Per Case	Outpatient	\$63,856	\$9,358	\$6,351	\$6,473	\$9,358	\$27,208
Breast reconstruction	19366	Per Case	Outpatient	\$42,500	\$9,515	\$6,351	\$6,473	\$9,515	\$19,428
Revise breast reconstruction	19380	Per Case	Outpatient	\$39,053	\$9,175	\$6,351	\$6,473	\$9,175	\$9,174
Removal of support implant	20680	Per Case	Outpatient	\$23,176	\$4,810	\$6,351	\$6,473	\$4,810	\$3,084
Treat humerus fracture	24538	Per Case	Outpatient	\$18,528	\$4,810	\$6,351	\$6,473	\$4,810	\$8,090
Remove wrist tendon lesion	25111	Per Case	Outpatient	\$12,499	\$4,810	\$6,351	\$6,473	\$4,810	\$1,598
Incise finger tendon sheath	26055	Per Case	Outpatient	\$10,487	\$7,135	\$6,351	\$6,473	\$7,135	\$4,904
Treat finger fracture each	26727	Per Case	Outpatient	\$15,295	\$4,810	\$6,351	\$6,473	\$4,810	\$3,345
Revision of knee joint	27446	Per Case	Outpatient	\$56,229	\$8,366	\$6,351	\$6,473	\$8,366	\$14,776
Total knee arthroplasty	27447	Per Case	Outpatient	\$66,163	\$8,366	\$6,351	\$6,473	\$8,366	\$14,744
Surgery to stop leg growth	27485	Per Case	Outpatient	\$32,999	\$5,437	\$6,351	\$6,473	\$5,437	\$10,928
Repair achilles tendon	27650	Per Case	Outpatient	\$62,138	\$5,437	\$6,351	\$6,473	\$5,437	\$16,041
Treatment of ankle fracture	27792	Per Case	Outpatient	\$34,625	\$5,437	\$6,351	\$6,473	\$5,437	\$8,374
Treatment of ankle fracture	27814	Per Case	Outpatient	\$30,259	\$5,437	\$6,351	\$6,473	\$5,437	\$7,040
Repair of hammertoe	28285	Per Case	Outpatient	\$30,975	\$7,842	\$6,351	\$6,473	\$7,842	\$10,582
Correction hallux valgus	28296	Per Case	Outpatient	\$24,705	\$5,437	\$6,351	\$6,473	\$5,437	\$7,215
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	\$36,371	\$8,156	\$6,351	\$6,473	\$8,156	\$9,748
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	\$43,050	\$8,495	\$6,351	\$6,473	\$8,495	\$7,263
Removal of one knee cartilage using an endoscope	29881	Per Case	Outpatient	\$19,804	\$5,437	\$6,351	\$6,473	\$5,437	\$3,362
Knee arthroscopy/surgery	29882	Per Case	Outpatient	\$9,522	\$5,437	\$6,351	\$6,473	\$5,437	\$3,140
Percut bx lung/mediastinum	32405	Per Case	Outpatient	\$10,043	\$4,077	\$6,351	\$6,473	\$4,077	\$1,609
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	\$3,778	\$4,077	\$6,351	\$6,473	\$4,077	\$832
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	\$25,437	\$7,476	\$6,351	\$6,473	\$7,476	\$2,039
Repair blood vessel lesion	35190	Per Case	Outpatient	\$42,095	\$10,657	\$6,351	\$6,378	\$10,657	\$12,162
Endovenous laser 1st vein	36478	Per Case	Outpatient	\$21,585	\$5,437	\$6,351	\$6,473	\$5,437	\$6,956
Insert tunneled cv cath	36561	Per Case	Outpatient	\$17,389	\$5,437	\$6,351	\$6,378	\$5,437	\$3,248
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	\$5,462	\$4,077	\$6,351	\$6,378	\$4,077	\$1,912
Removal tunneled cv cath	36590	Per Case	Outpatient	\$1,310	\$4,077	\$6,351	\$6,378	\$4,077	\$739

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	United Community & State Medicaid				
				Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate	
Bx breast 1st lesion strtctc	19081	Per Case	Outpatient	\$1,133	\$1,360	\$1,725	\$1,133	\$8,146
Bx breast add lesion us imag	19084	Per Case	Outpatient	\$2,677	\$3,480	\$1,721	\$1,463	\$19,970
Biopsy of breast open	19101	Per Case	Outpatient	\$2,492	\$3,029	\$8,532	\$2,211	\$18,061
Removal of 1 or more breast growth, open procedure	19120	Per Case	Outpatient	\$3,726	\$4,575	\$9,491	\$2,211	\$27,207
Perq device breast 1st imag	19281	Per Case	Outpatient	\$564	\$677	\$715	\$564	\$6,473
Perq device breast ea imag	19282	Per Case	Outpatient	\$772	\$927	\$715	\$608	\$6,940
Partial mastectomy	19301	Per Case	Outpatient	\$4,451	\$5,507	\$12,705	\$2,211	\$32,442
Mast simple complete	19303	Per Case	Outpatient	\$8,837	\$10,768	\$27,208	\$2,211	\$63,856
Reduction of large breast	19318	Per Case	Outpatient	\$6,393	\$7,711	\$6,254	\$2,211	\$46,095
Immediate breast prosthesis	19340	Per Case	Outpatient	\$6,627	\$8,074	\$13,670	\$2,211	\$48,237
Delayed breast prosthesis	19342	Per Case	Outpatient	\$5,754	\$6,942	\$19,428	\$2,211	\$42,500
Breast reconstruction	19357	Per Case	Outpatient	\$8,837	\$10,768	\$27,208	\$2,211	\$63,856
Breast reconstruction	19366	Per Case	Outpatient	\$5,754	\$6,942	\$19,428	\$2,211	\$42,500
Revise breast reconstruction	19380	Per Case	Outpatient	\$5,385	\$6,464	\$9,174	\$2,211	\$39,053
Removal of support implant	20680	Per Case	Outpatient	\$3,080	\$3,733	\$3,084	\$2,211	\$23,176
Treat humerus fracture	24538	Per Case	Outpatient	\$2,494	\$3,031	\$8,090	\$2,211	\$18,528
Remove wrist tendon lesion	25111	Per Case	Outpatient	\$1,624	\$1,949	\$1,598	\$1,358	\$12,499
Incise finger tendon sheath	26055	Per Case	Outpatient	\$1,393	\$1,672	\$4,904	\$1,393	\$10,487
Treat finger fracture each	26727	Per Case	Outpatient	\$2,128	\$2,554	\$3,345	\$2,128	\$15,295
Revision of knee joint	27446	Per Case	Outpatient	\$7,286	\$8,779	\$14,776	\$2,211	\$56,229
Total knee arthroplasty	27447	Per Case	Outpatient	\$8,761	\$10,550	\$14,744	\$2,211	\$66,163
Surgery to stop leg growth	27485	Per Case	Outpatient	\$4,591	\$5,548	\$10,928	\$2,211	\$32,999
Repair achilles tendon	27650	Per Case	Outpatient	\$8,645	\$10,415	\$16,041	\$2,211	\$62,138
Treatment of ankle fracture	27792	Per Case	Outpatient	\$4,495	\$5,431	\$8,374	\$2,211	\$34,625
Treatment of ankle fracture	27814	Per Case	Outpatient	\$4,210	\$5,053	\$7,040	\$2,211	\$30,259
Repair of hammertoe	28285	Per Case	Outpatient	\$4,309	\$5,210	\$10,582	\$2,211	\$30,975
Correction hallux valgus	28296	Per Case	Outpatient	\$3,417	\$4,101	\$7,215	\$2,211	\$24,705
Shoulder arthroscopy/surgery	29823	Per Case	Outpatient	\$4,890	\$5,869	\$9,748	\$2,211	\$36,371
Shaving of shoulder bone using endoscope	29826	Per Case	Outpatient	\$5,969	\$7,202	\$7,263	\$2,211	\$43,050
Removal of one knee cartilage using an endoscope	29881	Per Case	Outpatient	\$2,755	\$3,345	\$3,362	\$2,211	\$19,804
Knee arthroscopy/surgery	29882	Per Case	Outpatient	\$1,325	\$1,590	\$3,140	\$1,325	\$9,522
Percut bx lung/mediastinum	32405	Per Case	Outpatient	\$1,397	\$1,677	\$1,609	\$1,367	\$10,043
Aspirate pleura w/ imaging	32555	Per Case	Outpatient	\$526	\$631	\$832	\$526	\$6,473
Thoracoscopy w/ th nrv exc	32664	Per Case	Outpatient	\$3,539	\$4,285	\$2,039	\$1,733	\$25,437
Repair blood vessel lesion	35190	Per Case	Outpatient	\$5,758	\$450	\$12,162	\$450	\$42,095
Endovenous laser 1st vein	36478	Per Case	Outpatient	\$2,922	\$3,545	\$6,956	\$2,211	\$21,585
Insert tunneled cv cath	36561	Per Case	Outpatient	\$2,419	\$2,941	\$3,248	\$2,211	\$17,389
Insj picc 5 yr+ w/o imaging	36569	Per Case	Outpatient	\$760	\$912	\$1,912	\$760	\$6,378
Removal tunneled cv cath	36590	Per Case	Outpatient	\$182	\$219	\$739	\$182	\$6,378

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health	Aetna Better Health Medicare Dual Eligible
Av fuse uppr arm basilic	36819	Per Case	Outpatient	\$41,028	\$8,213	\$5,126	\$8,649	\$4,511	\$8,649
Av fusion direct any site	36821	Per Case	Outpatient	\$35,667	\$6,042	\$5,126	\$7,227	\$3,709	\$7,227
Artery-vein nonautograft	36830	Per Case	Outpatient	\$37,275	\$10,726	\$5,126	\$8,446	\$4,128	\$8,446
Av fistula revision open	36832	Per Case	Outpatient	\$39,256	\$8,690	\$5,126	\$9,488	\$4,188	\$9,488
Av fistula revision	36833	Per Case	Outpatient	\$58,108	\$9,547	\$5,126	\$8,699	\$6,206	\$8,699
Intro cath dialysis circuit	36903	Per Case	Outpatient	\$71,214	\$9,493	\$5,126	\$17,861	\$7,916	\$17,861
Thrmcb/nfs dialysis circuit	36906	Per Case	Outpatient	\$83,563	\$13,875	\$5,126	\$24,798	\$9,202	\$24,798
Fem/popl revas w/tla	37224	Per Case	Outpatient	\$96,762	\$11,642	\$5,126	\$9,916	\$10,611	\$9,916
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	\$140,999	\$13,649	\$5,126	\$17,651	\$15,074	\$17,651
Revise leg vein	37700	Per Case	Outpatient	\$22,702	\$3,673	\$5,126	\$10,298	\$2,466	\$10,298
Ligate/strip long leg vein	37722	Per Case	Outpatient	\$19,418	\$3,570	\$5,126	\$9,711	\$2,123	\$9,711
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	\$22,702	\$3,280	\$5,126	\$10,298	\$2,466	\$10,298
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	\$46,049	\$6,206	\$5,126	\$13,474	\$5,195	\$13,474
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	\$43,992	\$5,916	\$5,126	\$12,898	\$4,636	\$12,898
Laparoscopy lymph node biop	38570	Per Case	Outpatient	\$51,688	\$12,348	\$2,845	\$15,322	\$5,756	\$15,322
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	\$75,054	\$12,871	\$5,126	\$19,539	\$7,649	\$19,539
Ra tracer id of sentinl node	38792	Per Case	Outpatient	\$8,161	\$1,485	\$5,126	\$431	\$260	\$431
Excision of gum lesion	41825	Per Case	Outpatient	\$19,799	\$3,673	\$5,126	\$3,308	\$2,221	\$3,308
Reconstruct cleft palate	42200	Per Case	Outpatient	\$22,913	\$5,044	\$5,126	\$17,054	\$2,585	\$17,054
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	\$19,373	\$2,996	\$5,126	\$8,757	\$2,220	\$8,757
Control throat bleeding	42960	Per Case	Outpatient	\$19,984	\$3,648	\$5,126	\$4,638	\$1,864	\$4,638
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Case	Outpatient	\$16,385	\$2,153	\$2,845	\$893	\$1,798	\$893
Laparoscopy fundoplasty	43280	Per Case	Outpatient	\$95,036	\$13,889	\$2,845	\$11,014	\$10,274	\$11,014
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	\$76,249	\$12,966	\$5,126	\$10,500	\$8,101	\$10,500
Laparoscopy appendectomy	44970	Per Case	Outpatient	\$87,802	\$8,547	\$5,126	\$6,891	\$3,949	\$6,891
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	\$26,923	\$11,828	\$2,845	\$895	\$1,001	\$895
Needle biopsy of liver	47000	Per Case	Outpatient	\$14,060	\$7,961	\$5,126	\$2,071	\$1,605	\$2,071
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	\$49,194	\$7,257	\$5,126	\$6,920	\$3,749	\$6,920
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	\$66,339	\$9,073	\$5,126	\$6,661	\$3,972	\$6,661
Abd paracentesis w/imaging	49083	Per Case	Outpatient	\$5,069	\$827	\$5,126	\$1,026	\$613	\$1,026
Diag laparo separate proc	49320	Per Case	Outpatient	\$25,837	\$4,581	\$5,126	\$9,504	\$2,809	\$9,504
Laparoscopy biopsy	49321	Per Case	Outpatient	\$37,947	\$6,459	\$5,126	\$13,838	\$4,347	\$13,838
Laparoscopy aspiration	49322	Per Case	Outpatient	\$44,414	\$8,087	\$5,126	\$11,705	\$4,970	\$11,705
Lap insert tunnel ip cath	49324	Per Case	Outpatient	\$31,814	\$5,435	\$5,126	\$11,330	\$3,492	\$11,330
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	\$45,459	\$8,160	\$5,126	\$15,330	\$4,984	\$15,330
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	\$25,417	\$4,077	\$5,126	\$7,561	\$2,852	\$7,561
Remove tunneled ip cath	49422	Per Case	Outpatient	\$30,796	\$3,864	\$5,126	\$8,834	\$3,334	\$8,834
Rpr ing hernia init reduce	49500	Per Case	Outpatient	\$15,574	\$3,101	\$5,126	\$3,474	\$1,742	\$3,474

DESCRIPTION OF SERVICE	DRG/CPT/ HCPGS	Payment Category	Location of Service	Amerigroup	Amerigroup Medicare Dual Eligible	AmeriHealth	CHN	CIGNA	CIGNA HealthSpring Medicare
Av fuse uppr arm basilic	36819	Per Case	Outpatient	\$5,385	\$8,649	\$5,470	\$5,500	\$4,542	\$8,649
Av fusion direct any site	36821	Per Case	Outpatient	\$4,676	\$7,227	\$5,470	\$5,500	\$4,542	\$7,227
Artery-vein nonautograft	36830	Per Case	Outpatient	\$5,326	\$8,446	\$5,470	\$5,500	\$4,542	\$8,446
Av fistula revision open	36832	Per Case	Outpatient	\$5,122	\$9,488	\$5,470	\$5,500	\$4,542	\$9,488
Av fistula revision	36833	Per Case	Outpatient	\$7,376	\$8,699	\$5,470	\$5,500	\$4,542	\$8,699
Intro cath dialysis circuit	36903	Per Case	Outpatient	\$6,360	\$17,861	\$5,470	\$5,500	\$4,542	\$17,861
Thrmbs/nfs dialysis circuit	36906	Per Case	Outpatient	\$10,911	\$24,798	\$5,470	\$5,500	\$4,542	\$24,798
Fem/popl revas w/tla	37224	Per Case	Outpatient	\$12,620	\$9,916	\$5,470	\$5,500	\$4,542	\$9,916
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	\$18,147	\$17,651	\$5,470	\$6,875	\$4,542	\$17,651
Revise leg vein	37700	Per Case	Outpatient	\$2,982	\$10,298	\$5,470	\$5,500	\$4,542	\$10,298
Ligate/strip long leg vein	37722	Per Case	Outpatient	\$2,541	\$9,711	\$5,470	\$5,500	\$4,542	\$9,711
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	\$2,982	\$10,298	\$5,470	\$5,500	\$4,542	\$10,298
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	\$6,117	\$13,474	\$5,470	\$5,500	\$4,542	\$13,474
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	\$5,615	\$12,898	\$5,470	\$5,500	\$4,542	\$12,898
Laparoscopy lymph node biop	38570	Per Case	Outpatient	\$6,802	\$15,322	\$5,470	\$5,500	\$2,861	\$15,322
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	\$10,123	\$19,539	\$5,470	\$5,500	\$4,542	\$19,539
Ra tracer id of sentinl node	38792	Per Case	Outpatient	\$304	\$431	\$5,470	\$2,336	\$1,119	\$431
Excision of gum lesion	41825	Per Case	Outpatient	\$2,797	\$3,308	\$5,470	\$5,500	\$4,542	\$3,308
Reconstruct cleft palate	42200	Per Case	Outpatient	\$3,011	\$17,054	\$5,470	\$5,500	\$4,542	\$17,054
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	\$2,597	\$8,757	\$5,470	\$5,500	\$4,542	\$8,757
Control throat bleeding	42960	Per Case	Outpatient	\$2,363	\$4,638	\$5,470	\$5,500	\$4,542	\$4,638
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Case	Outpatient	\$2,103	\$893	\$5,470	\$5,500	\$2,861	\$893
Laparoscopy fundoplasty	43280	Per Case	Outpatient	\$12,628	\$11,014	\$5,470	\$5,500	\$2,861	\$11,014
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	\$10,283	\$10,500	\$5,470	\$5,500	\$4,542	\$10,500
Laparoscopy appendectomy	44970	Per Case	Outpatient	\$4,797	\$6,891	\$5,470	\$5,500	\$4,542	\$6,891
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	\$1,162	\$895	\$4,633	\$5,500	\$2,861	\$895
Needle biopsy of liver	47000	Per Case	Outpatient	\$1,833	\$2,071	\$5,470	\$5,500	\$4,542	\$2,071
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	\$4,699	\$6,920	\$5,470	\$5,500	\$4,542	\$6,920
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	\$5,268	\$6,661	\$5,470	\$5,500	\$4,542	\$6,661
Abd paracentesis w/imaging	49083	Per Case	Outpatient	\$717	\$1,026	\$2,617	\$5,069	\$2,428	\$1,026
Diag laparo separate proc	49320	Per Case	Outpatient	\$3,400	\$9,504	\$5,470	\$5,500	\$4,542	\$9,504
Laparoscopy biopsy	49321	Per Case	Outpatient	\$5,088	\$13,838	\$5,470	\$5,500	\$2,861	\$13,838
Laparoscopy aspiration	49322	Per Case	Outpatient	\$5,876	\$11,705	\$5,470	\$5,500	\$2,861	\$11,705
Lap insert tunnel ip cath	49324	Per Case	Outpatient	\$4,160	\$11,330	\$5,470	\$5,500	\$4,542	\$11,330
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	\$5,986	\$15,330	\$5,470	\$5,500	\$4,542	\$15,330
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	\$3,336	\$7,561	\$5,470	\$5,500	\$4,542	\$7,561
Remove tunneled ip cath	49422	Per Case	Outpatient	\$4,030	\$8,834	\$5,470	\$5,500	\$4,542	\$8,834
Rpr ing hernia init reduce	49500	Per Case	Outpatient	\$2,038	\$3,474	\$5,470	\$5,500	\$4,542	\$3,474



DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
Av fuse uppr arm basilic	36819	Per Case	Outpatient	\$8,649	\$4,093	\$4,140	\$4,140	\$4,140	\$8,649
Av fusion direct any site	36821	Per Case	Outpatient	\$7,227	\$4,093	\$4,140	\$4,140	\$4,140	\$7,227
Artery-vein nonautograft	36830	Per Case	Outpatient	\$8,446	\$4,093	\$4,140	\$4,140	\$4,140	\$8,446
Av fistula revision open	36832	Per Case	Outpatient	\$9,488	\$4,093	\$4,140	\$4,140	\$4,140	\$9,488
Av fistula revision	36833	Per Case	Outpatient	\$8,699	\$4,093	\$4,140	\$4,140	\$4,140	\$8,699
Intro cath dialysis circuit	36903	Per Case	Outpatient	\$17,861	\$4,093	\$4,140	\$4,140	\$4,140	\$17,861
Thrmc/nfs dialysis circuit	36906	Per Case	Outpatient	\$24,798	\$4,093	\$4,140	\$4,140	\$4,140	\$24,798
Fem/popl revas w/tla	37224	Per Case	Outpatient	\$9,916	\$4,093	\$4,140	\$4,140	\$4,140	\$9,916
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	\$17,651	\$5,750	\$5,225	\$5,225	\$5,225	\$17,651
Revise leg vein	37700	Per Case	Outpatient	\$10,298	\$4,093	\$4,140	\$4,140	\$4,140	\$10,298
Ligate/strip long leg vein	37722	Per Case	Outpatient	\$9,711	\$4,093	\$4,140	\$4,140	\$4,140	\$9,711
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	\$10,298	\$4,093	\$4,140	\$4,140	\$4,140	\$10,298
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	\$13,474	\$4,093	\$4,140	\$4,140	\$4,140	\$13,474
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	\$12,898	\$4,093	\$4,140	\$4,140	\$4,140	\$12,898
Laparoscopy lymph node biop	38570	Per Case	Outpatient	\$15,322	\$4,093	\$4,140	\$4,140	\$4,140	\$15,322
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	\$19,539	\$4,093	\$4,140	\$4,140	\$4,140	\$19,539
Ra tracer id of sentinl node	38792	Per Case	Outpatient	\$431	\$1,168	\$4,140	\$4,140	\$4,140	\$431
Excision of gum lesion	41825	Per Case	Outpatient	\$3,308	\$4,093	\$4,140	\$4,140	\$4,140	\$3,308
Reconstruct cleft palate	42200	Per Case	Outpatient	\$17,054	\$4,093	\$4,140	\$4,140	\$4,140	\$17,054
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	\$8,757	\$4,093	\$4,140	\$4,140	\$4,140	\$8,757
Control throat bleeding	42960	Per Case	Outpatient	\$4,638	\$4,093	\$4,140	\$4,140	\$4,140	\$4,638
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Case	Outpatient	\$893	\$4,093	\$4,140	\$4,140	\$4,140	\$893
Laparoscopy fundoplasty	43280	Per Case	Outpatient	\$11,014	\$4,093	\$4,140	\$4,140	\$4,140	\$11,014
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	\$10,500	\$4,093	\$4,140	\$4,140	\$4,140	\$10,500
Laparoscopy appendectomy	44970	Per Case	Outpatient	\$6,891	\$4,093	\$4,140	\$4,140	\$4,140	\$6,891
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	\$895	\$4,093	\$4,140	\$4,140	\$4,140	\$895
Needle biopsy of liver	47000	Per Case	Outpatient	\$2,071	\$4,093	\$4,140	\$4,140	\$4,140	\$2,071
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	\$6,920	\$4,093	\$4,140	\$4,140	\$4,140	\$6,920
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	\$6,661	\$4,093	\$4,140	\$4,140	\$4,140	\$6,661
Abd paracentesis w/imaging	49083	Per Case	Outpatient	\$1,026	\$2,753	\$4,140	\$4,140	\$4,140	\$1,026
Diag laparo separate proc	49320	Per Case	Outpatient	\$9,504	\$4,093	\$4,140	\$4,140	\$4,140	\$9,504
Laparoscopy biopsy	49321	Per Case	Outpatient	\$13,838	\$4,093	\$4,140	\$4,140	\$4,140	\$13,838
Laparoscopy aspiration	49322	Per Case	Outpatient	\$11,705	\$4,093	\$4,140	\$4,140	\$4,140	\$11,705
Lap insert tunnel ip cath	49324	Per Case	Outpatient	\$11,330	\$4,093	\$4,140	\$4,140	\$4,140	\$11,330
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	\$15,330	\$4,093	\$4,140	\$4,140	\$4,140	\$15,330
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	\$7,561	\$4,093	\$4,140	\$4,140	\$4,140	\$7,561
Remove tunneled ip cath	49422	Per Case	Outpatient	\$8,834	\$4,093	\$4,140	\$4,140	\$4,140	\$8,834
Rpr ing hernia init reduce	49500	Per Case	Outpatient	\$3,474	\$4,093	\$4,140	\$4,140	\$4,140	\$3,474

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon NJ Health					
				Horizon NJ Health Medicaid	Medicare Dual Dligibles	Humana Medicare	Humana Tricare	Longevity PPO	Magnacare
Av fuse uppr arm basilic	36819	Per Case	Outpatient	\$2,211	\$8,649	\$8,649	\$7,351	\$8,649	\$4,251
Av fusion direct any site	36821	Per Case	Outpatient	\$2,211	\$7,227	\$7,227	\$6,143	\$7,227	\$4,251
Artery-vein nonautograft	36830	Per Case	Outpatient	\$2,211	\$8,446	\$8,446	\$7,179	\$8,446	\$4,251
Av fistula revision open	36832	Per Case	Outpatient	\$2,211	\$9,488	\$9,488	\$8,065	\$9,488	\$4,251
Av fistula revision	36833	Per Case	Outpatient	\$2,211	\$8,699	\$8,699	\$7,394	\$8,699	\$4,251
Intro cath dialysis circuit	36903	Per Case	Outpatient	\$2,211	\$17,861	\$17,861	\$15,182	\$17,861	\$4,251
Thrmcb/nfs dialysis circuit	36906	Per Case	Outpatient	\$2,211	\$24,798	\$24,798	\$21,079	\$24,798	\$4,251
Fem/popl revas w/tla	37224	Per Case	Outpatient	\$2,211	\$9,916	\$9,916	\$8,428	\$9,916	\$4,251
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	\$2,211	\$17,651	\$17,651	\$15,003	\$17,651	\$4,251
Revise leg vein	37700	Per Case	Outpatient	\$2,211	\$10,298	\$10,298	\$8,753	\$10,298	\$4,251
Ligate/strip long leg vein	37722	Per Case	Outpatient	\$2,211	\$9,711	\$9,711	\$8,254	\$9,711	\$4,251
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	\$2,211	\$10,298	\$10,298	\$8,753	\$10,298	\$4,251
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	\$2,211	\$13,474	\$13,474	\$11,453	\$13,474	\$4,251
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	\$2,211	\$12,898	\$12,898	\$10,963	\$12,898	\$4,251
Laparoscopy lymph node biop	38570	Per Case	Outpatient	\$2,211	\$15,322	\$15,322	\$13,024	\$15,322	\$4,251
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	\$2,211	\$19,539	\$19,539	\$16,608	\$19,539	\$4,251
Ra tracer id of sentinl node	38792	Per Case	Outpatient	\$2,211	\$431	\$431	\$367	\$431	\$4,251
Excision of gum lesion	41825	Per Case	Outpatient	\$2,211	\$3,308	\$3,308	\$2,812	\$3,308	\$4,251
Reconstruct cleft palate	42200	Per Case	Outpatient	\$2,211	\$17,054	\$17,054	\$14,496	\$17,054	\$4,251
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	\$2,211	\$8,757	\$8,757	\$7,443	\$8,757	\$4,251
Control throat bleeding	42960	Per Case	Outpatient	\$2,211	\$4,638	\$4,638	\$3,942	\$4,638	\$4,251
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Case	Outpatient	\$2,211	\$893	\$893	\$759	\$893	\$4,251
Laparoscopy fundoplasty	43280	Per Case	Outpatient	\$2,211	\$11,014	\$11,014	\$9,362	\$11,014	\$4,251
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	\$2,211	\$10,500	\$10,500	\$8,925	\$10,500	\$4,251
Laparoscopy appendectomy	44970	Per Case	Outpatient	\$2,211	\$6,891	\$6,891	\$5,858	\$6,891	\$4,251
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	\$2,211	\$895	\$895	\$761	\$895	\$4,251
Needle biopsy of liver	47000	Per Case	Outpatient	\$2,211	\$2,071	\$2,071	\$1,760	\$2,071	\$4,251
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	\$2,211	\$6,920	\$6,920	\$5,882	\$6,920	\$4,251
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	\$2,211	\$6,661	\$6,661	\$5,662	\$6,661	\$4,251
Abd paracentesis w/imaging	49083	Per Case	Outpatient	\$2,211	\$1,026	\$1,026	\$872	\$1,026	\$4,251
Diag laparo separate proc	49320	Per Case	Outpatient	\$2,211	\$9,504	\$9,504	\$8,079	\$9,504	\$4,251
Laparoscopy biopsy	49321	Per Case	Outpatient	\$2,211	\$13,838	\$13,838	\$11,763	\$13,838	\$4,251
Laparoscopy aspiration	49322	Per Case	Outpatient	\$2,211	\$11,705	\$11,705	\$9,949	\$11,705	\$4,251
Lap insert tunnel ip cath	49324	Per Case	Outpatient	\$2,211	\$11,330	\$11,330	\$9,630	\$11,330	\$4,251
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	\$2,211	\$15,330	\$15,330	\$13,031	\$15,330	\$4,251
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	\$2,211	\$7,561	\$7,561	\$6,427	\$7,561	\$4,251
Remove tunneled ip cath	49422	Per Case	Outpatient	\$2,211	\$8,834	\$8,834	\$7,509	\$8,834	\$4,251
Rpr ing hernia init reduce	49500	Per Case	Outpatient	\$2,211	\$3,474	\$3,474	\$2,953	\$3,474	\$4,251



DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Multiplan	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
Av fuse uppr arm basilic	36819	Per Case	Outpatient	\$33,086	\$5,437	\$6,351	\$6,473	\$5,437	\$8,649
Av fusion direct any site	36821	Per Case	Outpatient	\$28,733	\$5,437	\$6,351	\$6,473	\$5,437	\$7,227
Artery-vein nonautograft	36830	Per Case	Outpatient	\$32,724	\$5,328	\$6,351	\$6,473	\$5,328	\$8,446
Av fistula revision open	36832	Per Case	Outpatient	\$31,472	\$5,437	\$6,351	\$6,473	\$5,437	\$9,488
Av fistula revision	36833	Per Case	Outpatient	\$45,320	\$7,476	\$6,351	\$6,473	\$7,476	\$8,699
Intro cath dialysis circuit	36903	Per Case	Outpatient	\$57,372	\$6,661	\$6,351	\$6,473	\$6,661	\$17,861
Thrmc/nfs dialysis circuit	36906	Per Case	Outpatient	\$67,039	\$8,836	\$6,351	\$6,473	\$8,836	\$24,798
Fem/popl revas w/tla	37224	Per Case	Outpatient	\$77,544	\$7,326	\$6,351	\$6,473	\$7,326	\$9,916
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	\$112,859	\$10,657	\$6,351	\$6,473	\$10,657	\$17,651
Revise leg vein	37700	Per Case	Outpatient	\$18,323	\$8,156	\$6,351	\$6,473	\$8,156	\$10,298
Ligate/strip long leg vein	37722	Per Case	Outpatient	\$15,611	\$8,156	\$6,351	\$6,473	\$8,156	\$9,711
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	\$18,323	\$8,156	\$6,351	\$6,473	\$8,156	\$10,298
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	\$37,586	\$8,234	\$6,351	\$6,473	\$8,234	\$13,474
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	\$34,501	\$7,215	\$6,351	\$6,473	\$7,215	\$12,898
Laparoscopy lymph node biop	38570	Per Case	Outpatient	\$41,793	\$9,175	\$6,351	\$6,473	\$9,175	\$15,322
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	\$62,200	\$9,516	\$6,351	\$6,473	\$9,516	\$19,539
Ra tracer id of sentinl node	38792	Per Case	Outpatient	\$1,869	\$4,077	\$1,659	\$1,659	\$4,077	\$431
Excision of gum lesion	41825	Per Case	Outpatient	\$17,188	\$6,116	\$6,351	\$6,473	\$6,116	\$3,308
Reconstruct cleft palate	42200	Per Case	Outpatient	\$18,499	\$9,358	\$6,351	\$6,473	\$9,358	\$17,054
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	\$15,957	\$6,849	\$6,351	\$6,473	\$6,849	\$8,757
Control throat bleeding	42960	Per Case	Outpatient	\$14,520	\$4,077	\$6,351	\$6,473	\$4,077	\$4,638
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Case	Outpatient	\$13,159	\$4,077	\$6,351	\$6,378	\$4,077	\$893
Laparoscopy fundoplasty	43280	Per Case	Outpatient	\$77,589	\$7,476	\$6,351	\$6,473	\$7,476	\$11,014
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	\$63,181	\$5,437	\$6,351	\$6,473	\$5,437	\$10,500
Laparoscopy appendectomy	44970	Per Case	Outpatient	\$29,473	\$5,437	\$6,351	\$6,473	\$5,437	\$6,891
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	\$7,207	\$4,077	\$6,351	\$6,378	\$4,077	\$895
Needle biopsy of liver	47000	Per Case	Outpatient	\$11,261	\$4,077	\$6,351	\$6,473	\$4,077	\$2,071
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	\$28,870	\$5,437	\$6,351	\$6,473	\$5,437	\$6,920
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	\$32,372	\$5,437	\$6,351	\$6,473	\$5,437	\$6,661
Abd paracentesis w/imaging	49083	Per Case	Outpatient	\$4,404	\$4,077	\$3,909	\$3,909	\$4,077	\$1,026
Diag laparo separate proc	49320	Per Case	Outpatient	\$20,889	\$5,437	\$6,351	\$6,473	\$5,437	\$9,504
Laparoscopy biopsy	49321	Per Case	Outpatient	\$31,261	\$9,358	\$6,351	\$6,473	\$9,358	\$13,838
Laparoscopy aspiration	49322	Per Case	Outpatient	\$36,107	\$7,842	\$6,351	\$6,473	\$7,842	\$11,705
Lap insert tunnel ip cath	49324	Per Case	Outpatient	\$25,561	\$8,156	\$6,351	\$6,473	\$8,156	\$11,330
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	\$36,779	\$8,156	\$6,351	\$6,473	\$8,156	\$15,330
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	\$20,500	\$5,437	\$6,351	\$6,473	\$5,437	\$7,561
Remove tunneled ip cath	49422	Per Case	Outpatient	\$24,765	\$7,992	\$6,351	\$6,473	\$7,992	\$8,834
Rpr ing hernia init reduce	49500	Per Case	Outpatient	\$12,520	\$5,437	\$6,351	\$6,473	\$5,437	\$3,474

United Community & State Medicaid								
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	State Medicaid	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
Av fuse uppr arm basilic	36819	Per Case	Outpatient	\$4,512	\$5,415	\$8,649	\$2,211	\$33,086
Av fusion direct any site	36821	Per Case	Outpatient	\$3,680	\$4,452	\$7,227	\$2,211	\$28,733
Artery-vein nonautograft	36830	Per Case	Outpatient	\$4,505	\$5,407	\$8,446	\$2,211	\$32,724
Av fistula revision open	36832	Per Case	Outpatient	\$4,158	\$5,027	\$9,488	\$2,211	\$31,472
Av fistula revision	36833	Per Case	Outpatient	\$6,207	\$7,450	\$8,699	\$2,211	\$45,320
Intro cath dialysis circuit	36903	Per Case	Outpatient	\$7,916	\$9,502	\$17,861	\$2,211	\$57,372
Thrmc/nfs dialysis circuit	36906	Per Case	Outpatient	\$9,203	\$11,046	\$24,798	\$2,211	\$67,039
Fem/popl revas w/tla	37224	Per Case	Outpatient	\$10,612	\$12,737	\$9,916	\$2,211	\$77,544
Fem/popl revasc stnt & ather	37227	Per Case	Outpatient	\$15,518	\$18,625	\$17,651	\$2,211	\$112,859
Revise leg vein	37700	Per Case	Outpatient	\$2,436	\$2,960	\$10,298	\$2,211	\$18,323
Ligate/strip long leg vein	37722	Per Case	Outpatient	\$2,124	\$2,549	\$9,711	\$2,123	\$15,611
Stab phleb veins xtr 10-20	37765	Per Case	Outpatient	\$2,436	\$2,960	\$10,298	\$2,211	\$18,323
Biopsy/removal lymph nodes	38500	Per Case	Outpatient	\$5,163	\$6,235	\$13,474	\$2,211	\$37,586
Biopsy/removal lymph nodes	38525	Per Case	Outpatient	\$4,522	\$5,567	\$12,898	\$2,211	\$34,501
Laparoscopy lymph node biop	38570	Per Case	Outpatient	\$5,757	\$6,909	\$15,322	\$2,211	\$41,793
Laparoscopy lymphadenectomy	38571	Per Case	Outpatient	\$7,975	\$9,568	\$19,539	\$2,211	\$62,200
Ra tracer id of sentinl node	38792	Per Case	Outpatient	\$260	\$312	\$431	\$260	\$5,470
Excision of gum lesion	41825	Per Case	Outpatient	\$2,371	\$2,884	\$3,308	\$2,211	\$17,188
Reconstruct cleft palate	42200	Per Case	Outpatient	\$2,553	\$3,102	\$17,054	\$2,211	\$18,499
Removal of tonsils and adenoid glands patient younger than 12	42820	Per Case	Outpatient	\$2,220	\$2,665	\$8,757	\$2,211	\$15,957
Control throat bleeding	42960	Per Case	Outpatient	\$1,865	\$2,238	\$4,638	\$1,864	\$14,520
Diagnostic examinationof esophagus, stomach, and or upper small bowel using and endoscope	43235	Per Case	Outpatient	\$1,798	\$2,158	\$893	\$759	\$13,159
Laparoscopy fundoplasty	43280	Per Case	Outpatient	\$10,500	\$12,595	\$11,014	\$2,211	\$77,589
Lap paraesoph her rpr w/mesh	43282	Per Case	Outpatient	\$8,366	\$10,074	\$10,500	\$2,211	\$63,181
Laparoscopy appendectomy	44970	Per Case	Outpatient	\$3,919	\$4,740	\$6,891	\$2,211	\$29,473
Diagnostic sigmoidoscopy	45330	Per Case	Outpatient	\$970	\$1,202	\$895	\$761	\$7,207
Needle biopsy of liver	47000	Per Case	Outpatient	\$1,471	\$1,930	\$2,071	\$1,471	\$11,261
Removal of gallbladder using an endoscope	47562	Per Case	Outpatient	\$3,689	\$4,500	\$6,920	\$2,211	\$28,870
Laparo cholecystectomy/graph	47563	Per Case	Outpatient	\$3,944	\$4,767	\$6,661	\$2,211	\$32,372
Abd paracentesis w/imaging	49083	Per Case	Outpatient	\$613	\$736	\$1,026	\$613	\$5,126
Diag laparo separate proc	49320	Per Case	Outpatient	\$2,811	\$3,372	\$9,504	\$2,211	\$20,889
Laparoscopy biopsy	49321	Per Case	Outpatient	\$4,313	\$5,218	\$13,838	\$2,211	\$31,261
Laparoscopy aspiration	49322	Per Case	Outpatient	\$4,970	\$5,966	\$11,705	\$2,211	\$36,107
Lap insert tunnel ip cath	49324	Per Case	Outpatient	\$3,493	\$4,192	\$11,330	\$2,211	\$25,561
Laparo proc abdm/per/oment	49329	Per Case	Outpatient	\$4,984	\$5,982	\$15,330	\$2,211	\$36,779
Ins tun ip cath for dial opn	49421	Per Case	Outpatient	\$2,852	\$3,423	\$7,561	\$2,211	\$20,500
Remove tunneled ip cath	49422	Per Case	Outpatient	\$3,335	\$4,002	\$8,834	\$2,211	\$24,765
Rpr ing hernia init reduce	49500	Per Case	Outpatient	\$1,742	\$2,091	\$3,474	\$1,742	\$12,520

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health	Aetna Better Health Medicare Dual Eligible
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	\$23,377	\$4,689	\$5,126	\$12,432	\$2,530	\$12,432
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	\$24,257	\$4,627	\$5,126	\$7,473	\$2,764	\$7,473
Rerepair ing hernia reduce	49520	Per Case	Outpatient	\$23,270	\$4,612	\$5,126	\$6,916	\$2,487	\$6,916
Rpr ventral hern init reduc	49560	Per Case	Outpatient	\$39,347	\$4,638	\$5,126	\$10,396	\$4,403	\$10,396
Rpr ventral hern init block	49561	Per Case	Outpatient	\$21,839	\$4,812	\$5,126	\$7,540	\$2,031	\$7,540
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	\$35,880	\$6,405	\$5,126	\$6,027	\$3,905	\$6,027
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	\$40,696	\$3,995	\$5,126	\$10,138	\$3,061	\$10,138
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	\$19,298	\$4,651	\$5,126	\$10,127	\$2,100	\$10,127
Lap ing hernia repair init	49650	Per Case	Outpatient	\$41,237	\$7,503	\$5,126	\$5,665	\$4,608	\$5,665
Lap ing hernia repair recur	49651	Per Case	Outpatient	\$47,756	\$7,499	\$5,126	\$5,406	\$5,272	\$5,406
Lap vent/abd hernia repair	49652	Per Case	Outpatient	\$48,815	\$8,196	\$5,126	\$15,198	\$5,360	\$15,198
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	\$46,678	\$8,577	\$5,126	\$22,192	\$5,228	\$22,192
Lap inc hernia repair	49654	Per Case	Outpatient	\$56,673	\$8,816	\$5,126	\$9,152	\$6,072	\$9,152
Lap inc hern repair comp	49655	Per Case	Outpatient	\$86,665	\$14,621	\$5,126	\$11,392	\$4,439	\$11,392
Lap inc hernia repair recur	49656	Per Case	Outpatient	\$41,407	\$9,006	\$5,126	\$9,924	\$4,548	\$9,924
Removal of kidney stone	50080	Per Case	Outpatient	\$89,224	\$8,462	\$5,126	\$16,500	\$7,322	\$16,500
Removal of kidney stone	50081	Per Case	Outpatient	\$47,445	\$9,251	\$5,126	\$14,411	\$4,777	\$14,411
Renal biopsy perq	50200	Per Case	Outpatient	\$38,833	\$5,860	\$5,126	\$9,743	\$2,600	\$9,743
Plmt nephroureteral catheter	50433	Per Case	Outpatient	\$44,611	\$8,829	\$5,126	\$6,456	\$4,976	\$6,456
Laparoscope proc ureter	50949	Per Case	Outpatient	\$58,275	\$9,050	\$2,845	\$31,053	\$6,461	\$31,053
Injection for bladder x-ray	51600	Per Case	Outpatient	\$4,805	\$874	\$5,126	\$273	\$299	\$273
Cystoscopy	52000	Per Case	Outpatient	\$36,677	\$5,900	\$2,845	\$10,512	\$4,027	\$10,512
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	\$27,675	\$4,633	\$2,845	\$5,993	\$3,119	\$5,993
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	\$23,982	\$3,320	\$2,845	\$7,886	\$2,636	\$7,886
Cystoscopy and treatment	52224	Per Case	Outpatient	\$20,815	\$3,600	\$2,845	\$6,105	\$2,062	\$6,105
Cystoscopy and treatment	52234	Per Case	Outpatient	\$20,179	\$4,186	\$2,845	\$9,531	\$2,176	\$9,531
Cystoscopy and treatment	52235	Per Case	Outpatient	\$22,532	\$3,662	\$2,845	\$7,455	\$2,429	\$7,455
Cystoscopy and treatment	52240	Per Case	Outpatient	\$25,136	\$5,506	\$2,845	\$13,929	\$2,793	\$13,929
Cystoscopy and treatment	52281	Per Case	Outpatient	\$16,138	\$2,983	\$2,845	\$5,785	\$1,710	\$5,785
Remove bladder stone	52317	Per Case	Outpatient	\$20,773	\$4,312	\$2,845	\$7,300	\$2,262	\$7,300
Remove bladder stone	52318	Per Case	Outpatient	\$26,734	\$4,866	\$2,845	\$11,450	\$2,635	\$11,450
Cystoscopy and treatment	52332	Per Case	Outpatient	\$30,064	\$4,148	\$2,845	\$11,458	\$2,331	\$11,458
Cystouretero w/stone remove	52352	Per Case	Outpatient	\$30,500	\$4,287	\$5,126	\$13,005	\$3,030	\$13,005
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	\$34,674	\$3,949	\$5,126	\$8,876	\$3,880	\$8,876
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	\$33,176	\$4,548	\$5,126	\$12,414	\$3,611	\$12,414
Prostatectomy (turp)	52601	Per Case	Outpatient	\$23,400	\$4,298	\$5,126	\$8,603	\$2,379	\$8,603
Laser surgery of prostate	52648	Per Case	Outpatient	\$23,364	\$4,132	\$2,845	\$13,852	\$2,663	\$13,852
Revision of urethra	53450	Per Case	Outpatient	\$10,032	\$1,826	\$5,126	\$3,538	\$1,031	\$3,538
Urology surgery procedure	53899	Per Case	Outpatient	\$40,412	\$6,333	\$2,845	\$16,333	\$4,378	\$16,333
Circumcision w/regionl block	54150	Per Case	Outpatient	\$16,635	\$1,913	\$5,126	\$2,076	\$1,845	\$2,076

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Amerigroup	Amerigroup Medicare Dual Eligible	AmeriHealth	CHN	CIGNA	CIGNA HealthSpring Medicare
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	\$3,282	\$12,432	\$5,470	\$5,500	\$4,542	\$12,432
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	\$3,253	\$7,473	\$5,470	\$5,500	\$4,542	\$7,473
Rerepair ing hernia reduce	49520	Per Case	Outpatient	\$3,057	\$6,916	\$5,470	\$5,500	\$4,542	\$6,916
Rpr ventral hern init reduc	49560	Per Case	Outpatient	\$5,151	\$10,396	\$5,470	\$5,500	\$4,542	\$10,396
Rpr ventral hern init block	49561	Per Case	Outpatient	\$2,376	\$7,540	\$5,470	\$5,500	\$4,542	\$7,540
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	\$4,722	\$6,027	\$5,470	\$5,500	\$4,542	\$6,027
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	\$3,789	\$10,138	\$5,470	\$5,500	\$4,542	\$10,138
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	\$2,744	\$10,127	\$5,470	\$5,500	\$4,542	\$10,127
Lap ing hernia repair init	49650	Per Case	Outpatient	\$5,411	\$5,665	\$5,470	\$5,500	\$4,542	\$5,665
Lap ing hernia repair recur	49651	Per Case	Outpatient	\$6,245	\$5,406	\$5,470	\$5,500	\$4,542	\$5,406
Lap vent/abd hernia repair	49652	Per Case	Outpatient	\$6,385	\$15,198	\$5,470	\$5,500	\$4,542	\$15,198
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	\$6,342	\$22,192	\$5,470	\$5,500	\$4,542	\$22,192
Lap inc hernia repair	49654	Per Case	Outpatient	\$7,615	\$9,152	\$5,470	\$5,500	\$4,542	\$9,152
Lap inc hern repair comp	49655	Per Case	Outpatient	\$5,492	\$11,392	\$5,470	\$5,500	\$4,542	\$11,392
Lap inc hernia repair recur	49656	Per Case	Outpatient	\$5,436	\$9,924	\$5,470	\$5,500	\$4,542	\$9,924
Removal of kidney stone	50080	Per Case	Outpatient	\$8,729	\$16,500	\$5,470	\$5,500	\$4,542	\$16,500
Removal of kidney stone	50081	Per Case	Outpatient	\$6,037	\$14,411	\$5,470	\$5,500	\$4,542	\$14,411
Renal biopsy perq	50200	Per Case	Outpatient	\$2,902	\$9,743	\$5,470	\$5,500	\$4,542	\$9,743
Plmt nephroureteral catheter	50433	Per Case	Outpatient	\$5,929	\$6,456	\$5,470	\$5,500	\$4,542	\$6,456
Laparoscope proc ureter	50949	Per Case	Outpatient	\$7,619	\$31,053	\$5,470	\$5,500	\$2,861	\$31,053
Injection for bladder x-ray	51600	Per Case	Outpatient	\$350	\$273	\$1,389	\$2,690	\$374	\$273
Cystoscopy	52000	Per Case	Outpatient	\$4,807	\$10,512	\$5,470	\$5,500	\$2,861	\$10,512
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	\$3,612	\$5,993	\$5,470	\$5,500	\$2,861	\$5,993
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	\$3,047	\$7,886	\$5,470	\$5,500	\$2,861	\$7,886
Cystoscopy and treatment	52224	Per Case	Outpatient	\$2,850	\$6,105	\$5,470	\$5,500	\$2,861	\$6,105
Cystoscopy and treatment	52234	Per Case	Outpatient	\$2,641	\$9,531	\$5,470	\$5,500	\$2,861	\$9,531
Cystoscopy and treatment	52235	Per Case	Outpatient	\$2,939	\$7,455	\$5,470	\$5,500	\$2,861	\$7,455
Cystoscopy and treatment	52240	Per Case	Outpatient	\$3,342	\$13,929	\$5,470	\$5,500	\$2,861	\$13,929
Cystoscopy and treatment	52281	Per Case	Outpatient	\$2,112	\$5,785	\$5,470	\$5,500	\$2,861	\$5,785
Remove bladder stone	52317	Per Case	Outpatient	\$2,739	\$7,300	\$5,470	\$5,500	\$2,861	\$7,300
Remove bladder stone	52318	Per Case	Outpatient	\$3,520	\$11,450	\$5,470	\$5,500	\$2,861	\$11,450
Cystoscopy and treatment	52332	Per Case	Outpatient	\$2,961	\$11,458	\$5,470	\$5,500	\$2,861	\$11,458
Cystouretero w/stone remove	52352	Per Case	Outpatient	\$4,006	\$13,005	\$5,470	\$5,500	\$2,861	\$13,005
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	\$4,539	\$8,876	\$5,470	\$5,500	\$2,861	\$8,876
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	\$4,342	\$12,414	\$5,470	\$5,500	\$2,861	\$12,414
Prostatectomy (turp)	52601	Per Case	Outpatient	\$3,058	\$8,603	\$5,470	\$5,500	\$2,861	\$8,603
Laser surgery of prostate	52648	Per Case	Outpatient	\$3,078	\$13,852	\$5,470	\$5,500	\$2,861	\$13,852
Revision of urethra	53450	Per Case	Outpatient	\$1,169	\$3,538	\$5,470	\$5,500	\$4,542	\$3,538
Urology surgery procedure	53899	Per Case	Outpatient	\$5,363	\$16,333	\$5,470	\$5,500	\$2,861	\$16,333
Circumcision w/regionl block	54150	Per Case	Outpatient	\$2,199	\$2,076	\$5,470	\$5,500	\$4,542	\$2,076

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	\$12,432	\$4,093	\$4,140	\$4,140	\$4,140	\$12,432
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	\$7,473	\$4,093	\$4,140	\$4,140	\$4,140	\$7,473
Rerepair ing hernia reduce	49520	Per Case	Outpatient	\$6,916	\$4,093	\$4,140	\$4,140	\$4,140	\$6,916
Rpr ventral hern init reduc	49560	Per Case	Outpatient	\$10,396	\$4,093	\$4,140	\$4,140	\$4,140	\$10,396
Rpr ventral hern init block	49561	Per Case	Outpatient	\$7,540	\$4,093	\$4,140	\$4,140	\$4,140	\$7,540
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	\$6,027	\$4,093	\$4,140	\$4,140	\$4,140	\$6,027
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	\$10,138	\$4,093	\$4,140	\$4,140	\$4,140	\$10,138
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	\$10,127	\$4,093	\$4,140	\$4,140	\$4,140	\$10,127
Lap ing hernia repair init	49650	Per Case	Outpatient	\$5,665	\$4,093	\$4,140	\$4,140	\$4,140	\$5,665
Lap ing hernia repair recur	49651	Per Case	Outpatient	\$5,406	\$4,093	\$4,140	\$4,140	\$4,140	\$5,406
Lap vent/abd hernia repair	49652	Per Case	Outpatient	\$15,198	\$4,093	\$4,140	\$4,140	\$4,140	\$15,198
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	\$22,192	\$4,093	\$4,140	\$4,140	\$4,140	\$22,192
Lap inc hernia repair	49654	Per Case	Outpatient	\$9,152	\$4,093	\$4,140	\$4,140	\$4,140	\$9,152
Lap inc hern repair comp	49655	Per Case	Outpatient	\$11,392	\$4,093	\$4,140	\$4,140	\$4,140	\$11,392
Lap inc hernia repair recur	49656	Per Case	Outpatient	\$9,924	\$4,093	\$4,140	\$4,140	\$4,140	\$9,924
Removal of kidney stone	50080	Per Case	Outpatient	\$16,500	\$4,093	\$4,140	\$4,140	\$4,140	\$16,500
Removal of kidney stone	50081	Per Case	Outpatient	\$14,411	\$4,093	\$4,140	\$4,140	\$4,140	\$14,411
Renal biopsy perq	50200	Per Case	Outpatient	\$9,743	\$4,093	\$4,140	\$4,140	\$4,140	\$9,743
Plmt nephroureteral catheter	50433	Per Case	Outpatient	\$6,456	\$4,093	\$4,140	\$4,140	\$4,140	\$6,456
Laparoscope proc ureter	50949	Per Case	Outpatient	\$31,053	\$4,093	\$4,140	\$4,140	\$4,140	\$31,053
Injection for bladder x-ray	51600	Per Case	Outpatient	\$273	\$1,345	\$880	\$880	\$880	\$273
Cystoscopy	52000	Per Case	Outpatient	\$10,512	\$4,093	\$4,140	\$4,140	\$4,140	\$10,512
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	\$5,993	\$4,093	\$4,140	\$4,140	\$4,140	\$5,993
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	\$7,886	\$4,093	\$4,140	\$4,140	\$4,140	\$7,886
Cystoscopy and treatment	52224	Per Case	Outpatient	\$6,105	\$4,093	\$4,140	\$4,140	\$4,140	\$6,105
Cystoscopy and treatment	52234	Per Case	Outpatient	\$9,531	\$4,093	\$4,140	\$4,140	\$4,140	\$9,531
Cystoscopy and treatment	52235	Per Case	Outpatient	\$7,455	\$4,093	\$4,140	\$4,140	\$4,140	\$7,455
Cystoscopy and treatment	52240	Per Case	Outpatient	\$13,929	\$4,093	\$4,140	\$4,140	\$4,140	\$13,929
Cystoscopy and treatment	52281	Per Case	Outpatient	\$5,785	\$4,093	\$4,140	\$4,140	\$4,140	\$5,785
Remove bladder stone	52317	Per Case	Outpatient	\$7,300	\$4,093	\$4,140	\$4,140	\$4,140	\$7,300
Remove bladder stone	52318	Per Case	Outpatient	\$11,450	\$4,093	\$4,140	\$4,140	\$4,140	\$11,450
Cystoscopy and treatment	52332	Per Case	Outpatient	\$11,458	\$4,093	\$4,140	\$4,140	\$4,140	\$11,458
Cystouretero w/stone remove	52352	Per Case	Outpatient	\$13,005	\$4,093	\$4,140	\$4,140	\$4,140	\$13,005
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	\$8,876	\$4,093	\$4,140	\$4,140	\$4,140	\$8,876
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	\$12,414	\$4,093	\$4,140	\$4,140	\$4,140	\$12,414
Prostatectomy (turp)	52601	Per Case	Outpatient	\$8,603	\$4,093	\$4,140	\$4,140	\$4,140	\$8,603
Laser surgery of prostate	52648	Per Case	Outpatient	\$13,852	\$4,093	\$4,140	\$4,140	\$4,140	\$13,852
Revision of urethra	53450	Per Case	Outpatient	\$3,538	\$4,093	\$4,140	\$4,140	\$4,140	\$3,538
Urology surgery procedure	53899	Per Case	Outpatient	\$16,333	\$4,093	\$4,140	\$4,140	\$4,140	\$16,333
Circumcision w/regionl block	54150	Per Case	Outpatient	\$2,076	\$4,093	\$4,140	\$4,140	\$4,140	\$2,076

Horizon NJ Health									
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon NJ Health Medicaid	Medicare Dual Dligibles	Humana Medicare	Humana Tricare	Longevity PPO	Magnacare
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	\$2,211	\$12,432	\$12,432	\$10,568	\$12,432	\$4,251
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	\$2,211	\$7,473	\$7,473	\$6,352	\$7,473	\$4,251
Rerepair ing hernia reduce	49520	Per Case	Outpatient	\$2,211	\$6,916	\$6,916	\$5,879	\$6,916	\$4,251
Rpr ventral hern init reduc	49560	Per Case	Outpatient	\$2,211	\$10,396	\$10,396	\$8,836	\$10,396	\$4,251
Rpr ventral hern init block	49561	Per Case	Outpatient	\$2,211	\$7,540	\$7,540	\$6,409	\$7,540	\$4,251
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	\$2,211	\$6,027	\$6,027	\$5,123	\$6,027	\$4,251
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	\$2,211	\$10,138	\$10,138	\$8,617	\$10,138	\$4,251
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	\$2,211	\$10,127	\$10,127	\$8,608	\$10,127	\$4,251
Lap ing hernia repair init	49650	Per Case	Outpatient	\$2,211	\$5,665	\$5,665	\$4,815	\$5,665	\$4,251
Lap ing hernia repair recur	49651	Per Case	Outpatient	\$2,211	\$5,406	\$5,406	\$4,595	\$5,406	\$4,251
Lap vent/abd hernia repair	49652	Per Case	Outpatient	\$2,211	\$15,198	\$15,198	\$12,918	\$15,198	\$4,251
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	\$2,211	\$22,192	\$22,192	\$18,863	\$22,192	\$4,251
Lap inc hernia repair	49654	Per Case	Outpatient	\$2,211	\$9,152	\$9,152	\$7,780	\$9,152	\$4,251
Lap inc hern repair comp	49655	Per Case	Outpatient	\$2,211	\$11,392	\$11,392	\$9,683	\$11,392	\$4,251
Lap inc hernia repair recur	49656	Per Case	Outpatient	\$2,211	\$9,924	\$9,924	\$8,436	\$9,924	\$4,251
Removal of kidney stone	50080	Per Case	Outpatient	\$2,211	\$16,500	\$16,500	\$14,025	\$16,500	\$4,251
Removal of kidney stone	50081	Per Case	Outpatient	\$2,211	\$14,411	\$14,411	\$12,249	\$14,411	\$4,251
Renal biopsy perq	50200	Per Case	Outpatient	\$2,211	\$9,743	\$9,743	\$8,281	\$9,743	\$4,251
Plmt nephroureteral catheter	50433	Per Case	Outpatient	\$2,211	\$6,456	\$6,456	\$5,487	\$6,456	\$4,251
Laparoscope proc ureter	50949	Per Case	Outpatient	\$2,211	\$31,053	\$31,053	\$26,395	\$31,053	\$4,251
Injection for bladder x-ray	51600	Per Case	Outpatient	\$2,211	\$273	\$273	\$232	\$273	\$2,287
Cystoscopy	52000	Per Case	Outpatient	\$2,211	\$10,512	\$10,512	\$8,935	\$10,512	\$4,251
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	\$2,211	\$5,993	\$5,993	\$5,094	\$5,993	\$4,251
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	\$2,211	\$7,886	\$7,886	\$6,703	\$7,886	\$4,251
Cystoscopy and treatment	52224	Per Case	Outpatient	\$2,211	\$6,105	\$6,105	\$5,189	\$6,105	\$4,251
Cystoscopy and treatment	52234	Per Case	Outpatient	\$2,211	\$9,531	\$9,531	\$8,101	\$9,531	\$4,251
Cystoscopy and treatment	52235	Per Case	Outpatient	\$2,211	\$7,455	\$7,455	\$6,337	\$7,455	\$4,251
Cystoscopy and treatment	52240	Per Case	Outpatient	\$2,211	\$13,929	\$13,929	\$11,840	\$13,929	\$4,251
Cystoscopy and treatment	52281	Per Case	Outpatient	\$2,211	\$5,785	\$5,785	\$4,917	\$5,785	\$4,251
Remove bladder stone	52317	Per Case	Outpatient	\$2,211	\$7,300	\$7,300	\$6,205	\$7,300	\$4,251
Remove bladder stone	52318	Per Case	Outpatient	\$2,211	\$11,450	\$11,450	\$9,733	\$11,450	\$4,251
Cystoscopy and treatment	52332	Per Case	Outpatient	\$2,211	\$11,458	\$11,458	\$9,739	\$11,458	\$4,251
Cystouretero w/stone remove	52352	Per Case	Outpatient	\$2,211	\$13,005	\$13,005	\$11,055	\$13,005	\$4,251
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	\$2,211	\$8,876	\$8,876	\$7,545	\$8,876	\$4,251
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	\$2,211	\$12,414	\$12,414	\$10,552	\$12,414	\$4,251
Prostatectomy (turp)	52601	Per Case	Outpatient	\$2,211	\$8,603	\$8,603	\$7,313	\$8,603	\$4,251
Laser surgery of prostate	52648	Per Case	Outpatient	\$2,211	\$13,852	\$13,852	\$11,775	\$13,852	\$4,251
Revision of urethra	53450	Per Case	Outpatient	\$2,211	\$3,538	\$3,538	\$3,007	\$3,538	\$4,251
Urology surgery procedure	53899	Per Case	Outpatient	\$2,211	\$16,333	\$16,333	\$13,883	\$16,333	\$4,251
Circumcision w/regionl block	54150	Per Case	Outpatient	\$2,211	\$2,076	\$2,076	\$1,765	\$2,076	\$4,251



DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Multiplan	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	\$20,163	\$9,045	\$6,351	\$6,473	\$9,045	\$12,432
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	\$19,988	\$5,437	\$6,351	\$6,473	\$5,437	\$7,473
Rerepair ing hernia reduce	49520	Per Case	Outpatient	\$18,786	\$5,328	\$6,351	\$6,473	\$5,328	\$6,916
Rpr ventral hern init reduc	49560	Per Case	Outpatient	\$31,651	\$8,156	\$6,351	\$6,473	\$8,156	\$10,396
Rpr ventral hern init block	49561	Per Case	Outpatient	\$14,600	\$5,437	\$6,351	\$6,378	\$5,437	\$7,540
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	\$29,016	\$7,476	\$6,351	\$6,473	\$7,476	\$6,027
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	\$23,281	\$8,156	\$6,351	\$6,473	\$8,156	\$10,138
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	\$16,857	\$7,842	\$6,351	\$6,473	\$7,842	\$10,127
Lap ing hernia repair init	49650	Per Case	Outpatient	\$33,248	\$5,437	\$6,351	\$6,473	\$5,437	\$5,665
Lap ing hernia repair recur	49651	Per Case	Outpatient	\$38,370	\$5,437	\$6,351	\$6,473	\$5,437	\$5,406
Lap vent/abd hernia repair	49652	Per Case	Outpatient	\$39,234	\$8,156	\$6,351	\$6,473	\$8,156	\$15,198
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	\$38,968	\$9,515	\$6,351	\$6,473	\$9,515	\$22,192
Lap inc hernia repair	49654	Per Case	Outpatient	\$46,787	\$5,437	\$6,351	\$6,473	\$5,437	\$9,152
Lap inc hern repair comp	49655	Per Case	Outpatient	\$33,746	\$5,437	\$6,351	\$6,473	\$5,437	\$11,392
Lap inc hernia repair recur	49656	Per Case	Outpatient	\$33,403	\$5,437	\$6,351	\$6,473	\$5,437	\$9,924
Removal of kidney stone	50080	Per Case	Outpatient	\$53,632	\$5,328	\$6,351	\$6,473	\$5,328	\$16,500
Removal of kidney stone	50081	Per Case	Outpatient	\$37,093	\$5,328	\$6,351	\$6,473	\$5,328	\$14,411
Renal biopsy perq	50200	Per Case	Outpatient	\$30,965	\$4,077	\$6,351	\$6,378	\$4,077	\$9,743
Plmt nephroureteral catheter	50433	Per Case	Outpatient	\$36,432	\$4,810	\$6,351	\$6,473	\$4,810	\$6,456
Laparoscope proc ureter	50949	Per Case	Outpatient	\$46,817	\$9,515	\$6,351	\$6,473	\$9,515	\$31,053
Injection for bladder x-ray	51600	Per Case	Outpatient	\$2,152	\$2,690	\$1,910	\$1,910	\$2,690	\$273
Cystoscopy	52000	Per Case	Outpatient	\$29,536	\$7,476	\$6,351	\$6,473	\$7,476	\$10,512
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	\$22,191	\$4,810	\$6,351	\$6,473	\$4,810	\$5,993
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	\$18,724	\$7,215	\$6,351	\$6,473	\$7,215	\$7,886
Cystoscopy and treatment	52224	Per Case	Outpatient	\$17,513	\$4,810	\$6,351	\$6,473	\$4,810	\$6,105
Cystoscopy and treatment	52234	Per Case	Outpatient	\$16,225	\$7,215	\$6,351	\$6,473	\$7,215	\$9,531
Cystoscopy and treatment	52235	Per Case	Outpatient	\$18,057	\$4,810	\$6,351	\$6,473	\$4,810	\$7,455
Cystoscopy and treatment	52240	Per Case	Outpatient	\$20,535	\$7,842	\$6,351	\$6,473	\$7,842	\$13,929
Cystoscopy and treatment	52281	Per Case	Outpatient	\$12,978	\$4,077	\$6,351	\$6,473	\$4,077	\$5,785
Remove bladder stone	52317	Per Case	Outpatient	\$16,832	\$4,810	\$6,351	\$6,473	\$4,810	\$7,300
Remove bladder stone	52318	Per Case	Outpatient	\$21,627	\$7,685	\$6,351	\$6,473	\$7,685	\$11,450
Cystoscopy and treatment	52332	Per Case	Outpatient	\$18,193	\$7,215	\$6,351	\$6,473	\$7,215	\$11,458
Cystouretero w/stone remove	52352	Per Case	Outpatient	\$24,617	\$7,842	\$6,351	\$6,473	\$7,842	\$13,005
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	\$27,887	\$5,437	\$6,351	\$6,473	\$5,437	\$8,876
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	\$26,679	\$7,842	\$6,351	\$6,473	\$7,842	\$12,414
Prostatectomy (turp)	52601	Per Case	Outpatient	\$18,790	\$5,437	\$6,351	\$6,473	\$5,437	\$8,603
Laser surgery of prostate	52648	Per Case	Outpatient	\$18,913	\$7,842	\$6,351	\$6,473	\$7,842	\$13,852
Revision of urethra	53450	Per Case	Outpatient	\$7,185	\$5,437	\$6,351	\$6,376	\$5,437	\$3,538
Urology surgery procedure	53899	Per Case	Outpatient	\$32,953	\$7,868	\$6,351	\$6,473	\$7,868	\$16,333
Circumcision w/regionl block	54150	Per Case	Outpatient	\$13,513	\$4,810	\$6,351	\$6,473	\$4,810	\$2,076



United Community & State Medicaid								
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	State Medicaid	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
Repair of groin hernia patient age 5 years or older	49505	Per Case	Outpatient	\$2,757	\$3,309	\$12,432	\$2,211	\$20,163
Prp i/hern init block >5 yr	49507	Per Case	Outpatient	\$2,733	\$3,317	\$7,473	\$2,211	\$19,988
Rerepair ing hernia reduce	49520	Per Case	Outpatient	\$2,488	\$2,985	\$6,916	\$2,211	\$18,786
Rpr ventral hern init reduc	49560	Per Case	Outpatient	\$4,403	\$5,286	\$10,396	\$2,211	\$31,651
Rpr ventral hern init block	49561	Per Case	Outpatient	\$2,031	\$2,438	\$7,540	\$2,031	\$14,600
Rerepair ventrl hern reduce	49565	Per Case	Outpatient	\$3,875	\$4,687	\$6,027	\$2,211	\$29,016
Rpr umbil hern reduc > 5 yr	49585	Per Case	Outpatient	\$3,063	\$3,674	\$10,138	\$2,211	\$23,281
Rpr umbil hern block > 5 yr	49587	Per Case	Outpatient	\$2,266	\$2,757	\$10,127	\$2,100	\$16,857
Lap ing hernia repair init	49650	Per Case	Outpatient	\$4,578	\$5,532	\$5,665	\$2,211	\$33,248
Lap ing hernia repair recur	49651	Per Case	Outpatient	\$5,272	\$6,329	\$5,406	\$2,211	\$38,370
Lap vent/abd hernia repair	49652	Per Case	Outpatient	\$5,361	\$6,434	\$15,198	\$2,211	\$39,234
Lap vent/abd hern proc comp	49653	Per Case	Outpatient	\$5,199	\$6,276	\$22,192	\$2,211	\$38,968
Lap inc hernia repair	49654	Per Case	Outpatient	\$6,330	\$7,597	\$9,152	\$2,211	\$46,787
Lap inc hern repair comp	49655	Per Case	Outpatient	\$4,410	\$5,328	\$11,392	\$2,211	\$33,746
Lap inc hernia repair recur	49656	Per Case	Outpatient	\$4,517	\$5,459	\$9,924	\$2,211	\$33,403
Removal of kidney stone	50080	Per Case	Outpatient	\$7,323	\$8,789	\$16,500	\$2,211	\$53,632
Removal of kidney stone	50081	Per Case	Outpatient	\$4,779	\$5,734	\$14,411	\$2,211	\$37,093
Renal biopsy perq	50200	Per Case	Outpatient	\$2,608	\$3,121	\$9,743	\$2,211	\$30,965
Plmt nephroureteral catheter	50433	Per Case	Outpatient	\$4,977	\$5,973	\$6,456	\$2,211	\$36,432
Laparoscope proc ureter	50949	Per Case	Outpatient	\$6,431	\$7,755	\$31,053	\$2,211	\$46,817
Injection for bladder x-ray	51600	Per Case	Outpatient	\$299	\$359	\$273	\$232	\$5,126
Cystoscopy	52000	Per Case	Outpatient	\$3,997	\$4,834	\$10,512	\$2,211	\$29,536
Cystoscopy & ureter catheter	52005	Per Case	Outpatient	\$3,087	\$3,744	\$5,993	\$2,211	\$22,191
Cystoscopy w/biopsy(s)	52204	Per Case	Outpatient	\$2,605	\$3,164	\$7,886	\$2,211	\$18,724
Cystoscopy and treatment	52224	Per Case	Outpatient	\$2,064	\$2,476	\$6,105	\$2,062	\$17,513
Cystoscopy and treatment	52234	Per Case	Outpatient	\$2,145	\$2,612	\$9,531	\$2,145	\$16,225
Cystoscopy and treatment	52235	Per Case	Outpatient	\$2,398	\$2,916	\$7,455	\$2,211	\$18,057
Cystoscopy and treatment	52240	Per Case	Outpatient	\$2,731	\$3,352	\$13,929	\$2,211	\$20,535
Cystoscopy and treatment	52281	Per Case	Outpatient	\$1,680	\$2,053	\$5,785	\$1,680	\$12,978
Remove bladder stone	52317	Per Case	Outpatient	\$2,231	\$2,715	\$7,300	\$2,211	\$16,832
Remove bladder stone	52318	Per Case	Outpatient	\$2,638	\$3,163	\$11,450	\$2,211	\$21,627
Cystoscopy and treatment	52332	Per Case	Outpatient	\$2,301	\$2,798	\$11,458	\$2,211	\$18,193
Cystouretero w/stone remove	52352	Per Case	Outpatient	\$3,014	\$3,637	\$13,005	\$2,211	\$24,617
Cystouretero w/lithotripsy	52353	Per Case	Outpatient	\$3,880	\$4,657	\$8,876	\$2,211	\$27,887
Cysto/uretero w/lithotripsy	52356	Per Case	Outpatient	\$3,580	\$4,335	\$12,414	\$2,211	\$26,679
Prostatectomy (turp)	52601	Per Case	Outpatient	\$2,348	\$2,855	\$8,603	\$2,211	\$18,790
Laser surgery of prostate	52648	Per Case	Outpatient	\$2,631	\$3,196	\$13,852	\$2,211	\$18,913
Revision of urethra	53450	Per Case	Outpatient	\$1,000	\$1,237	\$3,538	\$1,000	\$7,185
Urology surgery procedure	53899	Per Case	Outpatient	\$4,348	\$5,255	\$16,333	\$2,211	\$32,953
Circumcision w/regionl block	54150	Per Case	Outpatient	\$1,814	\$2,215	\$2,076	\$1,765	\$13,513

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Gross Charge	Discounted Cash Charge	Aetna	Aetna Medicare	Aetna Better Health	Aetna Better Health Medicare Dual Eligible
Circum 28 days or older	54161	Per Case	Outpatient	\$15,620	\$2,661	\$5,126	\$2,416	\$2,043	\$2,416
Lysis penil circumic lesion	54162	Per Case	Outpatient	\$10,083	\$2,182	\$5,126	\$7,690	\$1,162	\$7,690
Repair of circumcision	54163	Per Case	Outpatient	\$12,070	\$2,396	\$5,126	\$2,076	\$1,347	\$2,076
Reconstruction of urethra	54324	Per Case	Outpatient	\$24,758	\$3,851	\$5,126	\$6,884	\$2,761	\$6,884
Revise penis/urethra	54332	Per Case	Outpatient	\$28,450	\$4,803	\$5,126	\$7,182	\$3,205	\$7,182
Insert self-contd prosthesis	54401	Per Case	Outpatient	\$57,516	\$14,184	\$5,126	\$20,660	\$6,191	\$20,660
Removal of testis	54520	Per Case	Outpatient	\$39,005	\$3,714	\$5,126	\$15,037	\$3,189	\$15,037
Reduce testis torsion	54600	Per Case	Outpatient	\$56,029	\$5,167	\$5,126	\$8,333	\$2,257	\$8,333
Suspension of testis	54640	Per Case	Outpatient	\$23,848	\$3,730	\$5,126	\$7,288	\$1,367	\$7,288
Removal of hydrocele	55040	Per Case	Outpatient	\$17,827	\$3,445	\$5,126	\$6,969	\$1,874	\$6,969
Biopsy of prostate gland	55700	Per Case	Outpatient	\$22,747	\$3,937	\$5,126	\$3,568	\$2,617	\$3,568
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	\$139,894	\$12,206	\$5,126	\$16,205	\$6,500	\$16,205
Closure of vagina	57120	Per Case	Outpatient	\$34,530	\$6,210	\$5,126	\$19,177	\$3,780	\$19,177
Repair of vagina	57200	Per Case	Outpatient	\$25,824	\$7,287	\$2,845	\$12,277	\$2,854	\$12,277
Anterior colporrhaphy	57240	Per Case	Outpatient	\$26,433	\$5,721	\$5,126	\$21,557	\$3,207	\$21,557
Repair rectum & vagina	57250	Per Case	Outpatient	\$44,556	\$6,594	\$5,126	\$25,370	\$5,007	\$25,370
Cmbn ant pst colprhy	57260	Per Case	Outpatient	\$35,837	\$6,293	\$5,126	\$22,309	\$3,853	\$22,309
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	\$38,524	\$6,894	\$5,126	\$18,661	\$4,052	\$18,661
Repair of bowel bulge	57268	Per Case	Outpatient	\$44,556	\$9,815	\$5,126	\$25,370	\$5,007	\$25,370
Colpopexy extraperitoneal	57282	Per Case	Outpatient	\$39,864	\$7,796	\$5,126	\$22,036	\$4,378	\$22,036
Repair bladder defect	57288	Per Case	Outpatient	\$39,943	\$5,676	\$5,126	\$30,399	\$4,178	\$30,399
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	\$17,568	\$3,197	\$5,126	\$317	\$313	\$317
Conization of cervix	57520	Per Case	Outpatient	\$20,927	\$3,892	\$5,126	\$3,437	\$2,364	\$3,437
Conization of cervix	57522	Per Case	Outpatient	\$24,672	\$3,513	\$5,126	\$3,495	\$2,664	\$3,495
Biopsy of uterus lining	58100	Per Case	Outpatient	\$2,641	\$466	\$5,126	\$195	\$274	\$195
Catheter for hysteroigraphy	58340	Per Case	Outpatient	\$24,828	\$4,519	\$5,126	\$273	\$569	\$273
Reopen fallopian tube	58350	Per Case	Outpatient	\$41,228	\$6,822	\$5,126	\$11,369	\$4,701	\$11,369
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	\$44,748	\$7,939	\$5,126	\$19,729	\$4,945	\$19,729
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	\$46,334	\$9,970	\$5,126	\$10,863	\$5,008	\$10,863
Laparoscopic myomectomy	58545	Per Case	Outpatient	\$52,189	\$9,742	\$5,126	\$5,836	\$5,855	\$5,836
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	\$51,272	\$9,975	\$5,126	\$29,067	\$5,762	\$29,067
Hysteroscopy biopsy	58558	Per Case	Outpatient	\$28,389	\$3,831	\$5,126	\$6,673	\$3,146	\$6,673
Hysteroscopy remove myoma	58561	Per Case	Outpatient	\$32,491	\$4,047	\$5,126	\$8,708	\$3,621	\$8,708
Hysteroscopy ablation	58563	Per Case	Outpatient	\$23,993	\$3,785	\$5,126	\$9,166	\$2,505	\$9,166
TIh uterus 250 g or less	58570	Per Case	Outpatient	\$45,958	\$8,560	\$5,126	\$14,236	\$5,085	\$14,236
TIh w/t/o 250 g or less	58571	Per Case	Outpatient	\$43,661	\$8,514	\$5,126	\$10,798	\$4,940	\$10,798
TIh w/t/o uterus over 250 g	58573	Per Case	Outpatient	\$47,636	\$8,524	\$5,126	\$10,859	\$5,150	\$10,859
Laparoscopy remove adnexa	58661	Per Case	Outpatient	\$50,203	\$7,619	\$2,845	\$19,172	\$5,617	\$19,172
Laparoscopy excise lesions	58662	Per Case	Outpatient	\$51,045	\$7,250	\$5,126	\$14,531	\$5,671	\$14,531
Treat ectopic pregnancy	59151	Per Case	Outpatient	\$58,799	\$6,599	\$5,126	\$6,519	\$4,929	\$6,519

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Amerigroup Medicare Dual						CIGNA HealthSpring Medicare	
				Amerigroup	Eligible	AmeriHealth	CHN	CIGNA			
Circum 28 days or older	54161	Per Case	Outpatient	\$2,074	\$2,416	\$5,470	\$5,500	\$4,542		\$2,416	
Lysis penil circumic lesion	54162	Per Case	Outpatient	\$1,323	\$7,690	\$5,470	\$5,500	\$4,542		\$7,690	
Repair of circumcision	54163	Per Case	Outpatient	\$1,581	\$2,076	\$5,470	\$5,500	\$4,542		\$2,076	
Reconstruction of urethra	54324	Per Case	Outpatient	\$3,230	\$6,884	\$5,470	\$5,500	\$4,542		\$6,884	
Revise penis/urethra	54332	Per Case	Outpatient	\$3,713	\$7,182	\$5,470	\$5,500	\$4,542		\$7,182	
Insert self-contd prosthesis	54401	Per Case	Outpatient	\$4,165	\$20,660	\$5,470	\$5,500	\$4,542		\$20,660	
Removal of testis	54520	Per Case	Outpatient	\$3,730	\$15,037	\$5,470	\$5,500	\$4,542		\$15,037	
Reduce testis torsion	54600	Per Case	Outpatient	\$2,900	\$8,333	\$5,470	\$5,500	\$4,542		\$8,333	
Suspension of testis	54640	Per Case	Outpatient	\$1,563	\$7,288	\$5,470	\$5,500	\$4,542		\$7,288	
Removal of hydrocele	55040	Per Case	Outpatient	\$2,323	\$6,969	\$5,470	\$5,500	\$4,542		\$6,969	
Biopsy of prostate gland	55700	Per Case	Outpatient	\$2,982	\$3,568	\$5,470	\$5,500	\$4,542		\$3,568	
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	\$8,504	\$16,205	\$5,470	\$5,500	\$4,542		\$16,205	
Closure of vagina	57120	Per Case	Outpatient	\$4,503	\$19,177	\$5,470	\$5,500	\$4,542		\$19,177	
Repair of vagina	57200	Per Case	Outpatient	\$3,436	\$12,277	\$5,470	\$5,500	\$2,861		\$12,277	
Anterior colporrhaphy	57240	Per Case	Outpatient	\$3,715	\$21,557	\$5,470	\$5,500	\$4,542		\$21,557	
Repair rectum & vagina	57250	Per Case	Outpatient	\$6,073	\$25,370	\$5,470	\$5,500	\$4,542		\$25,370	
Cmbn ant pst colprhy	57260	Per Case	Outpatient	\$4,770	\$22,309	\$5,470	\$5,500	\$4,542		\$22,309	
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	\$4,922	\$18,661	\$5,470	\$5,500	\$4,542		\$18,661	
Repair of bowel bulge	57268	Per Case	Outpatient	\$6,073	\$25,370	\$5,470	\$5,500	\$4,542		\$25,370	
Colpopexy extraperitoneal	57282	Per Case	Outpatient	\$5,427	\$22,036	\$5,470	\$5,500	\$4,542		\$22,036	
Repair bladder defect	57288	Per Case	Outpatient	\$5,385	\$30,399	\$5,470	\$5,500	\$4,542		\$30,399	
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	\$365	\$317	\$5,470	\$2,993	\$4,542		\$317	
Conization of cervix	57520	Per Case	Outpatient	\$2,761	\$3,437	\$5,470	\$5,500	\$4,542		\$3,437	
Conization of cervix	57522	Per Case	Outpatient	\$3,148	\$3,495	\$5,470	\$5,500	\$4,542		\$3,495	
Biopsy of uterus lining	58100	Per Case	Outpatient	\$319	\$195	\$5,470	\$2,641	\$677		\$195	
Catheter for hysteroigraphy	58340	Per Case	Outpatient	\$666	\$273	\$5,470	\$5,114	\$4,542		\$273	
Reopen fallopian tube	58350	Per Case	Outpatient	\$5,510	\$11,369	\$5,470	\$5,500	\$4,542		\$11,369	
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	\$6,040	\$19,729	\$5,470	\$5,500	\$4,542		\$19,729	
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	\$6,281	\$10,863	\$5,470	\$5,500	\$4,542		\$10,863	
Laparoscopic myomectomy	58545	Per Case	Outpatient	\$6,917	\$5,836	\$5,470	\$5,500	\$4,542		\$5,836	
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	\$6,978	\$29,067	\$5,470	\$5,500	\$4,542		\$29,067	
Hysteroscopy biopsy	58558	Per Case	Outpatient	\$3,823	\$6,673	\$5,470	\$5,500	\$2,861		\$6,673	
Hysteroscopy remove myoma	58561	Per Case	Outpatient	\$4,355	\$8,708	\$5,470	\$5,500	\$2,861		\$8,708	
Hysteroscopy ablation	58563	Per Case	Outpatient	\$3,132	\$9,166	\$5,470	\$5,500	\$2,861		\$9,166	
TIh uterus 250 g or less	58570	Per Case	Outpatient	\$6,037	\$14,236	\$5,470	\$5,500	\$4,542		\$14,236	
TIh w/t/o 250 g or less	58571	Per Case	Outpatient	\$5,746	\$10,798	\$5,470	\$5,500	\$4,542		\$10,798	
TIh w/t/o uterus over 250 g	58573	Per Case	Outpatient	\$6,056	\$10,859	\$5,470	\$5,500	\$4,542		\$10,859	
Laparoscopy remove adnexa	58661	Per Case	Outpatient	\$6,615	\$19,172	\$5,470	\$5,500	\$2,861		\$19,172	
Laparoscopy excise lesions	58662	Per Case	Outpatient	\$6,886	\$14,531	\$5,470	\$5,500	\$2,861		\$14,531	
Treat ectopic pregnancy	59151	Per Case	Outpatient	\$6,178	\$6,519	\$5,470	\$5,500	\$4,542		\$6,519	

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Clover Health Medicare	Emblem	Horizon BCBS HMO	Horizon BCBS PPO	Horizon BCBS Indemnity	Horizon Medicare
Circum 28 days or older	54161	Per Case	Outpatient	\$2,416	\$4,093	\$4,140	\$4,140	\$4,140	\$2,416
Lysis penil circumic lesion	54162	Per Case	Outpatient	\$7,690	\$4,093	\$4,140	\$4,140	\$4,140	\$7,690
Repair of circumcision	54163	Per Case	Outpatient	\$2,076	\$4,093	\$4,140	\$4,140	\$4,140	\$2,076
Reconstruction of urethra	54324	Per Case	Outpatient	\$6,884	\$4,093	\$4,140	\$4,140	\$4,140	\$6,884
Revise penis/urethra	54332	Per Case	Outpatient	\$7,182	\$4,093	\$4,140	\$4,140	\$4,140	\$7,182
Insert self-contd prosthesis	54401	Per Case	Outpatient	\$20,660	\$4,093	\$4,140	\$4,140	\$4,140	\$20,660
Removal of testis	54520	Per Case	Outpatient	\$15,037	\$4,093	\$4,140	\$4,140	\$4,140	\$15,037
Reduce testis torsion	54600	Per Case	Outpatient	\$8,333	\$4,093	\$4,140	\$4,140	\$4,140	\$8,333
Suspension of testis	54640	Per Case	Outpatient	\$7,288	\$4,093	\$4,140	\$4,140	\$4,140	\$7,288
Removal of hydrocele	55040	Per Case	Outpatient	\$6,969	\$4,093	\$4,140	\$4,140	\$4,140	\$6,969
Biopsy of prostate gland	55700	Per Case	Outpatient	\$3,568	\$4,093	\$4,140	\$4,140	\$4,140	\$3,568
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	\$16,205	\$4,093	\$4,140	\$4,140	\$4,140	\$16,205
Closure of vagina	57120	Per Case	Outpatient	\$19,177	\$4,093	\$4,140	\$4,140	\$4,140	\$19,177
Repair of vagina	57200	Per Case	Outpatient	\$12,277	\$4,093	\$4,140	\$4,140	\$4,140	\$12,277
Anterior colporrhaphy	57240	Per Case	Outpatient	\$21,557	\$4,093	\$4,140	\$4,140	\$4,140	\$21,557
Repair rectum & vagina	57250	Per Case	Outpatient	\$25,370	\$4,093	\$4,140	\$4,140	\$4,140	\$25,370
Cmbn ant pst colprhy	57260	Per Case	Outpatient	\$22,309	\$4,093	\$4,140	\$4,140	\$4,140	\$22,309
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	\$18,661	\$4,093	\$4,140	\$4,140	\$4,140	\$18,661
Repair of bowel bulge	57268	Per Case	Outpatient	\$25,370	\$4,093	\$4,140	\$4,140	\$4,140	\$25,370
Colpopexy extraperitoneal	57282	Per Case	Outpatient	\$22,036	\$4,093	\$4,140	\$4,140	\$4,140	\$22,036
Repair bladder defect	57288	Per Case	Outpatient	\$30,399	\$4,093	\$4,140	\$4,140	\$4,140	\$30,399
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	\$317	\$1,496	\$4,140	\$4,140	\$4,140	\$317
Conization of cervix	57520	Per Case	Outpatient	\$3,437	\$4,093	\$4,140	\$4,140	\$4,140	\$3,437
Conization of cervix	57522	Per Case	Outpatient	\$3,495	\$4,093	\$4,140	\$4,140	\$4,140	\$3,495
Biopsy of uterus lining	58100	Per Case	Outpatient	\$195	\$1,320	\$4,140	\$4,140	\$4,140	\$195
Catheter for hysteroigraphy	58340	Per Case	Outpatient	\$273	\$2,557	\$4,140	\$4,140	\$4,140	\$273
Reopen fallopian tube	58350	Per Case	Outpatient	\$11,369	\$4,093	\$4,140	\$4,140	\$4,140	\$11,369
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	\$19,729	\$4,093	\$4,140	\$4,140	\$4,140	\$19,729
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	\$10,863	\$4,093	\$4,140	\$4,140	\$4,140	\$10,863
Laparoscopic myomectomy	58545	Per Case	Outpatient	\$5,836	\$4,093	\$4,140	\$4,140	\$4,140	\$5,836
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	\$29,067	\$4,093	\$4,140	\$4,140	\$4,140	\$29,067
Hysteroscopy biopsy	58558	Per Case	Outpatient	\$6,673	\$4,093	\$4,140	\$4,140	\$4,140	\$6,673
Hysteroscopy remove myoma	58561	Per Case	Outpatient	\$8,708	\$4,093	\$4,140	\$4,140	\$4,140	\$8,708
Hysteroscopy ablation	58563	Per Case	Outpatient	\$9,166	\$4,093	\$4,140	\$4,140	\$4,140	\$9,166
Tlh uterus 250 g or less	58570	Per Case	Outpatient	\$14,236	\$4,093	\$4,140	\$4,140	\$4,140	\$14,236
Tlh w/t/o 250 g or less	58571	Per Case	Outpatient	\$10,798	\$4,093	\$4,140	\$4,140	\$4,140	\$10,798
Tlh w/t/o uterus over 250 g	58573	Per Case	Outpatient	\$10,859	\$4,093	\$4,140	\$4,140	\$4,140	\$10,859
Laparoscopy remove adnexa	58661	Per Case	Outpatient	\$19,172	\$4,093	\$4,140	\$4,140	\$4,140	\$19,172
Laparoscopy excise lesions	58662	Per Case	Outpatient	\$14,531	\$4,093	\$4,140	\$4,140	\$4,140	\$14,531
Treat ectopic pregnancy	59151	Per Case	Outpatient	\$6,519	\$4,093	\$4,140	\$4,140	\$4,140	\$6,519

Horizon NJ Health									
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Horizon NJ Health Medicaid	Medicare Dual Dligibles	Humana Medicare	Humana Tricare	Longevity PPO	Magnacare
Circum 28 days or older	54161	Per Case	Outpatient	\$2,211	\$2,416	\$2,416	\$2,053	\$2,416	\$4,251
Lysis penil circumic lesion	54162	Per Case	Outpatient	\$2,211	\$7,690	\$7,690	\$6,536	\$7,690	\$4,251
Repair of circumcision	54163	Per Case	Outpatient	\$2,211	\$2,076	\$2,076	\$1,765	\$2,076	\$4,251
Reconstruction of urethra	54324	Per Case	Outpatient	\$2,211	\$6,884	\$6,884	\$5,852	\$6,884	\$4,251
Revise penis/urethra	54332	Per Case	Outpatient	\$2,211	\$7,182	\$7,182	\$6,104	\$7,182	\$4,251
Insert self-contd prosthesis	54401	Per Case	Outpatient	\$2,211	\$20,660	\$20,660	\$17,561	\$20,660	\$4,251
Removal of testis	54520	Per Case	Outpatient	\$2,211	\$15,037	\$15,037	\$12,782	\$15,037	\$4,251
Reduce testis torsion	54600	Per Case	Outpatient	\$2,211	\$8,333	\$8,333	\$7,083	\$8,333	\$4,251
Suspension of testis	54640	Per Case	Outpatient	\$2,211	\$7,288	\$7,288	\$6,195	\$7,288	\$4,251
Removal of hydrocele	55040	Per Case	Outpatient	\$2,211	\$6,969	\$6,969	\$5,924	\$6,969	\$4,251
Biopsy of prostate gland	55700	Per Case	Outpatient	\$2,211	\$3,568	\$3,568	\$3,032	\$3,568	\$4,251
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	\$2,211	\$16,205	\$16,205	\$13,774	\$16,205	\$4,251
Closure of vagina	57120	Per Case	Outpatient	\$2,211	\$19,177	\$19,177	\$16,301	\$19,177	\$4,251
Repair of vagina	57200	Per Case	Outpatient	\$2,211	\$12,277	\$12,277	\$10,435	\$12,277	\$4,251
Anterior colporrhaphy	57240	Per Case	Outpatient	\$2,211	\$21,557	\$21,557	\$18,324	\$21,557	\$4,251
Repair rectum & vagina	57250	Per Case	Outpatient	\$2,211	\$25,370	\$25,370	\$21,564	\$25,370	\$4,251
Cmbn ant pst colprhy	57260	Per Case	Outpatient	\$2,211	\$22,309	\$22,309	\$18,962	\$22,309	\$4,251
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	\$2,211	\$18,661	\$18,661	\$15,862	\$18,661	\$4,251
Repair of bowel bulge	57268	Per Case	Outpatient	\$2,211	\$25,370	\$25,370	\$21,564	\$25,370	\$4,251
Colpopexy extraperitoneal	57282	Per Case	Outpatient	\$2,211	\$22,036	\$22,036	\$18,731	\$22,036	\$4,251
Repair bladder defect	57288	Per Case	Outpatient	\$2,211	\$30,399	\$30,399	\$25,839	\$30,399	\$4,251
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	\$2,211	\$317	\$317	\$270	\$317	\$4,251
Conization of cervix	57520	Per Case	Outpatient	\$2,211	\$3,437	\$3,437	\$2,921	\$3,437	\$4,251
Conization of cervix	57522	Per Case	Outpatient	\$2,211	\$3,495	\$3,495	\$2,971	\$3,495	\$4,251
Biopsy of uterus lining	58100	Per Case	Outpatient	\$2,211	\$195	\$195	\$165	\$195	\$2,245
Catheter for hysteroigraphy	58340	Per Case	Outpatient	\$2,211	\$273	\$273	\$232	\$273	\$4,251
Reopen fallopian tube	58350	Per Case	Outpatient	\$2,211	\$11,369	\$11,369	\$9,663	\$11,369	\$4,251
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	\$2,211	\$19,729	\$19,729	\$16,770	\$19,729	\$4,251
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	\$2,211	\$10,863	\$10,863	\$9,234	\$10,863	\$4,251
Laparoscopic myomectomy	58545	Per Case	Outpatient	\$2,211	\$5,836	\$5,836	\$4,960	\$5,836	\$4,251
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	\$2,211	\$29,067	\$29,067	\$24,707	\$29,067	\$4,251
Hysteroscopy biopsy	58558	Per Case	Outpatient	\$2,211	\$6,673	\$6,673	\$5,672	\$6,673	\$4,251
Hysteroscopy remove myoma	58561	Per Case	Outpatient	\$2,211	\$8,708	\$8,708	\$7,402	\$8,708	\$4,251
Hysteroscopy ablation	58563	Per Case	Outpatient	\$2,211	\$9,166	\$9,166	\$7,791	\$9,166	\$4,251
TIh uterus 250 g or less	58570	Per Case	Outpatient	\$2,211	\$14,236	\$14,236	\$12,100	\$14,236	\$4,251
TIh w/t/o 250 g or less	58571	Per Case	Outpatient	\$2,211	\$10,798	\$10,798	\$9,178	\$10,798	\$4,251
TIh w/t/o uterus over 250 g	58573	Per Case	Outpatient	\$2,211	\$10,859	\$10,859	\$9,230	\$10,859	\$4,251
Laparoscopy remove adnexa	58661	Per Case	Outpatient	\$2,211	\$19,172	\$19,172	\$16,296	\$19,172	\$4,251
Laparoscopy excise lesions	58662	Per Case	Outpatient	\$2,211	\$14,531	\$14,531	\$12,351	\$14,531	\$4,251
Treat ectopic pregnancy	59151	Per Case	Outpatient	\$2,211	\$6,519	\$6,519	\$5,541	\$6,519	\$4,251

DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Multiplan	Oxford	Qualcare HMO	Qualcare PPO	United	United Medicare
Circum 28 days or older	54161	Per Case	Outpatient	\$12,745	\$4,810	\$6,351	\$6,473	\$4,810	\$2,416
Lysis penil circumic lesion	54162	Per Case	Outpatient	\$8,126	\$9,045	\$6,351	\$6,473	\$9,045	\$7,690
Repair of circumcision	54163	Per Case	Outpatient	\$9,715	\$4,810	\$6,351	\$6,473	\$4,810	\$2,076
Reconstruction of urethra	54324	Per Case	Outpatient	\$19,845	\$5,437	\$6,351	\$6,473	\$5,437	\$6,884
Revise penis/urethra	54332	Per Case	Outpatient	\$22,813	\$5,437	\$6,351	\$6,473	\$5,437	\$7,182
Insert self-contd prosthesis	54401	Per Case	Outpatient	\$46,800	\$6,797	\$6,351	\$6,473	\$6,797	\$20,660
Removal of testis	54520	Per Case	Outpatient	\$22,921	\$9,045	\$6,351	\$6,473	\$9,045	\$15,037
Reduce testis torsion	54600	Per Case	Outpatient	\$17,821	\$4,810	\$6,351	\$6,473	\$4,810	\$8,333
Suspension of testis	54640	Per Case	Outpatient	\$9,604	\$8,156	\$6,351	\$6,473	\$8,156	\$7,288
Removal of hydrocele	55040	Per Case	Outpatient	\$14,270	\$5,437	\$6,351	\$6,473	\$5,437	\$6,969
Biopsy of prostate gland	55700	Per Case	Outpatient	\$18,323	\$4,077	\$6,351	\$6,473	\$4,077	\$3,568
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	\$52,254	\$9,516	\$6,351	\$6,473	\$9,516	\$16,205
Closure of vagina	57120	Per Case	Outpatient	\$27,665	\$8,156	\$6,351	\$6,473	\$8,156	\$19,177
Repair of vagina	57200	Per Case	Outpatient	\$21,112	\$8,234	\$6,351	\$6,473	\$8,234	\$12,277
Anterior colporrhaphy	57240	Per Case	Outpatient	\$22,826	\$9,515	\$6,351	\$6,473	\$9,515	\$21,557
Repair rectum & vagina	57250	Per Case	Outpatient	\$37,317	\$9,515	\$6,351	\$6,473	\$9,515	\$25,370
Cmbn ant pst colprhy	57260	Per Case	Outpatient	\$29,308	\$9,515	\$6,351	\$6,473	\$9,515	\$22,309
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	\$30,243	\$9,515	\$6,351	\$6,473	\$9,515	\$18,661
Repair of bowel bulge	57268	Per Case	Outpatient	\$37,317	\$9,515	\$6,351	\$6,473	\$9,515	\$25,370
Colpopexy extraperitoneal	57282	Per Case	Outpatient	\$33,348	\$9,324	\$6,351	\$6,473	\$9,324	\$22,036
Repair bladder defect	57288	Per Case	Outpatient	\$33,087	\$9,515	\$6,351	\$6,473	\$9,515	\$30,399
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	\$2,394	\$2,993	\$6,351	\$6,473	\$2,993	\$317
Conization of cervix	57520	Per Case	Outpatient	\$16,965	\$4,810	\$6,351	\$6,473	\$4,810	\$3,437
Conization of cervix	57522	Per Case	Outpatient	\$19,345	\$4,810	\$6,351	\$6,473	\$4,810	\$3,495
Biopsy of uterus lining	58100	Per Case	Outpatient	\$2,113	\$2,641	\$1,875	\$1,875	\$2,641	\$195
Catheter for hysteroigraphy	58340	Per Case	Outpatient	\$4,091	\$4,077	\$6,351	\$6,473	\$4,077	\$273
Reopen fallopian tube	58350	Per Case	Outpatient	\$33,855	\$9,175	\$6,351	\$6,473	\$9,175	\$11,369
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	\$37,109	\$9,515	\$6,351	\$6,473	\$9,515	\$19,729
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	\$38,595	\$5,437	\$6,351	\$6,473	\$5,437	\$10,863
Laparoscopic myomectomy	58545	Per Case	Outpatient	\$42,502	\$5,437	\$6,351	\$6,473	\$5,437	\$5,836
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	\$42,873	\$9,515	\$6,351	\$6,473	\$9,515	\$29,067
Hysteroscopy biopsy	58558	Per Case	Outpatient	\$23,492	\$4,810	\$6,351	\$6,473	\$4,810	\$6,673
Hysteroscopy remove myoma	58561	Per Case	Outpatient	\$26,756	\$5,437	\$6,351	\$6,473	\$5,437	\$8,708
Hysteroscopy ablation	58563	Per Case	Outpatient	\$19,244	\$5,437	\$6,351	\$6,473	\$5,437	\$9,166
TIh uterus 250 g or less	58570	Per Case	Outpatient	\$37,091	\$5,437	\$6,351	\$6,473	\$5,437	\$14,236
TIh w/t/o 250 g or less	58571	Per Case	Outpatient	\$35,304	\$5,437	\$6,351	\$6,473	\$5,437	\$10,798
TIh w/t/o uterus over 250 g	58573	Per Case	Outpatient	\$37,210	\$5,437	\$6,351	\$6,473	\$5,437	\$10,859
Laparoscopy remove adnexa	58661	Per Case	Outpatient	\$40,647	\$9,515	\$6,351	\$6,473	\$9,515	\$19,172
Laparoscopy excise lesions	58662	Per Case	Outpatient	\$42,309	\$9,358	\$6,351	\$6,473	\$9,358	\$14,531
Treat ectopic pregnancy	59151	Per Case	Outpatient	\$37,959	\$5,437	\$6,351	\$6,473	\$5,437	\$6,519



United Community & State Medicaid								
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	State Medicaid	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
Circum 28 days or older	54161	Per Case	Outpatient	\$1,958	\$2,480	\$2,416	\$1,958	\$12,745
Lysis penil circumic lesion	54162	Per Case	Outpatient	\$1,131	\$1,395	\$7,690	\$1,131	\$9,045
Repair of circumcision	54163	Per Case	Outpatient	\$1,316	\$1,617	\$2,076	\$1,316	\$9,715
Reconstruction of urethra	54324	Per Case	Outpatient	\$2,761	\$3,314	\$6,884	\$2,211	\$19,845
Revise penis/urethra	54332	Per Case	Outpatient	\$3,174	\$3,847	\$7,182	\$2,211	\$22,813
Insert self-contd prosthesis	54401	Per Case	Outpatient	\$6,162	\$7,432	\$20,660	\$2,211	\$46,800
Removal of testis	54520	Per Case	Outpatient	\$3,189	\$3,828	\$15,037	\$2,211	\$22,921
Reduce testis torsion	54600	Per Case	Outpatient	\$2,258	\$2,709	\$8,333	\$2,211	\$17,821
Suspension of testis	54640	Per Case	Outpatient	\$1,336	\$1,641	\$7,288	\$1,336	\$9,604
Removal of hydrocele	55040	Per Case	Outpatient	\$1,875	\$2,249	\$6,969	\$1,874	\$14,270
Biopsy of prostate gland	55700	Per Case	Outpatient	\$2,505	\$3,142	\$3,568	\$2,211	\$18,323
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Per Case	Outpatient	\$6,886	\$8,261	\$16,205	\$2,211	\$52,254
Closure of vagina	57120	Per Case	Outpatient	\$3,749	\$4,537	\$19,177	\$2,211	\$27,665
Repair of vagina	57200	Per Case	Outpatient	\$2,824	\$3,426	\$12,277	\$2,211	\$21,112
Anterior colporrhaphy	57240	Per Case	Outpatient	\$3,176	\$3,849	\$21,557	\$2,211	\$22,826
Repair rectum & vagina	57250	Per Case	Outpatient	\$5,009	\$6,010	\$25,370	\$2,211	\$37,317
Cmbn ant pst colprhy	57260	Per Case	Outpatient	\$3,824	\$4,625	\$22,309	\$2,211	\$29,308
Cmbn ap colprhy w/ntrcl rpr	57265	Per Case	Outpatient	\$4,023	\$4,864	\$18,661	\$2,211	\$30,243
Repair of bowel bulge	57268	Per Case	Outpatient	\$5,009	\$6,010	\$25,370	\$2,211	\$37,317
Colpopexy extraperitoneal	57282	Per Case	Outpatient	\$4,380	\$5,255	\$22,036	\$2,211	\$33,348
Repair bladder defect	57288	Per Case	Outpatient	\$4,150	\$5,015	\$30,399	\$2,211	\$33,087
Bx/curett of cervix w/scope	57454	Per Case	Outpatient	\$313	\$375	\$317	\$270	\$6,473
Conization of cervix	57520	Per Case	Outpatient	\$2,302	\$2,838	\$3,437	\$2,211	\$16,965
Conization of cervix	57522	Per Case	Outpatient	\$2,633	\$3,198	\$3,495	\$2,211	\$19,345
Biopsy of uterus lining	58100	Per Case	Outpatient	\$274	\$328	\$195	\$165	\$5,470
Catheter for hysteroigraphy	58340	Per Case	Outpatient	\$569	\$683	\$273	\$232	\$6,473
Reopen fallopian tube	58350	Per Case	Outpatient	\$4,637	\$5,643	\$11,369	\$2,211	\$33,855
Lsh w/t/o ut 250 g or less	58542	Per Case	Outpatient	\$4,947	\$5,936	\$19,729	\$2,211	\$37,109
Lsh w/t/o uterus above 250 g	58544	Per Case	Outpatient	\$5,182	\$6,257	\$10,863	\$2,211	\$38,595
Laparoscopic myomectomy	58545	Per Case	Outpatient	\$5,855	\$7,028	\$5,836	\$2,211	\$42,502
Laparo-vag hyst incl t/o	58552	Per Case	Outpatient	\$5,734	\$6,916	\$29,067	\$2,211	\$42,873
Hysteroscopy biopsy	58558	Per Case	Outpatient	\$3,147	\$3,776	\$6,673	\$2,211	\$23,492
Hysteroscopy remove myoma	58561	Per Case	Outpatient	\$3,590	\$4,346	\$8,708	\$2,211	\$26,756
Hysteroscopy ablation	58563	Per Case	Outpatient	\$2,475	\$3,006	\$9,166	\$2,211	\$19,244
TIh uterus 250 g or less	58570	Per Case	Outpatient	\$5,054	\$6,103	\$14,236	\$2,211	\$37,091
TIh w/t/o 250 g or less	58571	Per Case	Outpatient	\$4,756	\$5,930	\$10,798	\$2,211	\$35,304
TIh w/t/o uterus over 250 g	58573	Per Case	Outpatient	\$5,119	\$6,181	\$10,859	\$2,211	\$37,210
Laparoscopy remove adnexa	58661	Per Case	Outpatient	\$5,617	\$6,742	\$19,172	\$2,211	\$40,647
Laparoscopy excise lesions	58662	Per Case	Outpatient	\$5,804	\$7,045	\$14,531	\$2,211	\$42,309
Treat ectopic pregnancy	59151	Per Case	Outpatient	\$4,932	\$5,917	\$6,519	\$2,211	\$37,959



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DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	Amerigroup Medicare Dual						CIGNA HealthSpring Medicare	
				Amerigroup	Eligible	AmeriHealth	CHN	CIGNA			
Treatment of miscarriage	59812	Per Case	Outpatient	\$4,148	\$3,824	\$5,470	\$5,500	\$4,542		\$3,824	
Partial removal of thyroid	60220	Per Case	Outpatient	\$7,284	\$5,787	\$5,470	\$5,500	\$4,542		\$5,787	
Removal of thyroid	60240	Per Case	Outpatient	\$8,899	\$5,781	\$5,470	\$5,500	\$4,542		\$5,781	
Explore parathyroid glands	60500	Per Case	Outpatient	\$7,083	\$13,111	\$5,470	\$5,500	\$4,542		\$13,111	
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System		Service is not provided at Saint Peter's Healthcare System	
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System		Service is not provided at Saint Peter's Healthcare System	
Low back disk surgery	63030	Per Case	Outpatient	\$4,876	\$7,284	\$5,470	\$5,500	\$4,542		\$7,284	
Inc for vagus n elect impl	64568	Per Case	Outpatient	\$2,920	\$38,170	\$5,470	\$5,500	\$4,542		\$38,170	
Removal of recurring cataract in lens capsule using laser	66821	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System		Service is not provided at Saint Peter's Healthcare System	
Removal of cataract with insertion of lens	66984	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System		Service is not provided at Saint Peter's Healthcare System	

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United Community & State Medicaid								
DESCRIPTION OF SERVICE	DRG/CPT/ HCPCS	Payment Category	Location of Service	State Medicaid	Wellcare Medicaid	Wellcare Medicare	Minimum Negotiated Rate	Maximum Negotiated Rate
Treatment of miscarriage	59812	Per Case	Outpatient	\$3,336	\$4,040	\$3,824	\$2,211	\$25,484
Partial removal of thyroid	60220	Per Case	Outpatient	\$5,983	\$7,216	\$5,787	\$2,211	\$44,757
Removal of thyroid	60240	Per Case	Outpatient	\$7,260	\$8,749	\$5,781	\$2,211	\$54,676
Explore parathyroid glands	60500	Per Case	Outpatient	\$5,042	\$6,075	\$13,111	\$2,211	\$43,523
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Low back disk surgery	63030	Per Case	Outpatient	\$3,953	\$4,781	\$7,284	\$2,211	\$29,962
Inc for vagus n elect impl	64568	Per Case	Outpatient	\$12,589	\$15,185	\$38,170	\$2,211	\$90,755
Removal of recurring cataract in lens capsule using laser	66821	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System
Removal of cataract with insertion of lens	66984	Per Case	Outpatient	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System	Service is not provided at Saint Peter's Healthcare System