It is **Kaweah Delta Health Care District's goal to help you** – our valued patient – better understand any out-of-pocket financial responsibility you may have when seeking health care services at Kaweah Delta.

There are a few departments within Kaweah Delta Health Care District that have CDMs specific to their unique service line.
*The letters "**HH**" in front of a number combination in the CDM column mean that CDM is specifically for our **Home Health** service line.
*The letters "**KDHIP**" in front of a number combination in the CDM column mean that CDM is specifically for **Kaweah Delta Home Infusion Pharmacy** service line.

*An important note is that the maintenance of CDMs and Billed Charges amount is an ongoing process throughout the year, and may necessitate routine updates. Kaweah Delta plans to post quarterly updates to our website in efforts to remain as current as possible with Price Transparency.

*Another important note is that typically billed charges do not reflect the actual price a patient, or guarantor, will pay. For example, billed charges do not take into account any contracted rates with insurance plans or discounts a health care provider applies when a patient, or guarantor, pays in cash.

It will be our pleasure to talk you through the process. Please call the **Kaweah Delta's Patient Access direct line, 559-624-4100**, and speak to a knowledgeable representative, available 8am to 5pm, Monday - Friday.

Format Descriptions

Service Description-outlines whether a service can be paid at the single charge of grouped within a package of charges
Service Item - Is a charge and payment rate that can be reimbursed as a single charge but can be included in a service package
Service Package - Is a charge and payment rate that is most often included in a package of charges to determine payment rate but can be reimbursed separately in certain settings
CPT Code - Is a 5 digit code that all health care professionals and hospitals use to bill services to health insurance companies
Revenue Code - Can be used to group like charges for payment methodology identifiers

Gross Charge - Is the usual and customary charge our facility charges for services rendered at all of our locations

Disclaimers

Inpatient rates are typical rates per day or per case a patient can expect to pay. These are averages but the payment rates can vary based on your individual level of care, services rendered and your length of stay.
Outpatient rates can be paid at the service item or service package level
Rates contained in this file are estimations based on current payment mythologies.
Each health plan can have specific policies and procedures that are unique to that organization but can change the reimbursement structure or payment amount
Surgical Services can change based on patient status or the number of procedures performed
Pharmaceuticals may or may not be reimbursed separately and can depend on which setting the pharmaceutical is administered

Outpatient services can and sometimes will be included in an inpatient rate if the you are admitted

Pharmaceuticals can be reimbursed based on charge or unit - payment can vary based on contracted rate
Health Plan payment rates - These are rates that have been averaged per service item or service package for payments made to our facility by the outlined health plan. For exact contracted rate amounts you may contact your health plan and request this information. Payment rates can change as does your health care at our facility so these are based on rates in place effective 1/1/2020 and are subject to change at any point through the calendar year.

Gross Charge - Is the usual and customary charge our facility charges for services rendered at all of our locations
Inpatient - Services that are typically provided as an inpatient only
Outpatient - Services that are typically provided as an outpatient
Inpatient and Outpatient - Services that can be charged in either setting

Service Item or Package	Service Description	2021 CPT/HCPCS Primary Code	Gross charge	Cash price	Private Insurance	Minimum Rate	Maximum Rate
Service Item	10060 Drainage Of Skin Abscess	10060	$ 213.00	$ 196.14	$ 175.45	$ 85.57	$ 195.96
Service Item	10061 Drainage Of Skin Abscess	10061	$ 382.92	$ 229.75	$ 273.26	$ 143.65	$ 352.29
Service Item	10120 Fb Removal - Sub Sim Pro	10120	$ 218.42	$ 142.11	$ 178.04	$ 105.29	$ 200.95
Service Item	10121 Incision and Removal of FB, Subsut Tissue, Complex	10121	$ 388.04	$ 238.79	$ 310.36	$ 186.80	$ 357.00
Service Item	10140 I & D Fluid Colection Pro	10140	$ 250.34	$ 161.52	$ 194.61	$ 120.13	$ 230.31
Service Item	10160 Puncture Aspir-Cyst Pro	10160	$ 199.84	$ 132.40	$ 226.04	$ 98.02	$ 183.85
Service Item	11042 Debride Skin/Tissue	11042	$ 127.56	$ 63.01	$ 97.80	$ 56.49	$ 117.36
Service Item	11043 Deb Musc/Fascia 20 Sq Pro	11043	$ 321.40	$ 209.90	$ 273.38	$ 124.12	$ 295.69
Service Item	11044 Deb Bone 20 Sq Cm/< Pro	11044	$ 470.40	$ 310.16	$ 396.18	$ 214.14	$ 432.77
Service Item	11055 Trim Skin Lesion	11055	$ 33.30	$ 109.13	$ 63.35	$ 20.94	$ 30.64
Service Item	11056 Trim Skin Lesions 2 to 4	11056	$ 48.32	$ 22.54	$ 49.50	$ 22.54	$ 44.45
Service Item	11102 Skin Biopsy - Shave, Scoop, Sauce - Single	11102	$ 81.48	$ 49.37	$ 74.15	$ 41.15	$ 74.96
Service Item	11103 Skin Biopsy - Shave, Scoop, Sauce - Ea Addl	11103	$ 47.18	$ 35.48	$ 45.33	$ 29.57	$ 43.41
Service Item	11104 Skin Biopsy - Punch, Single Lesion	11104	$ 102.18	$ 49.37	$ 86.86	$ 41.15	$ 94.01
Service Item	11105 Skin Biopsy - Punch - Ea Addl	11105	$ 55.44	$ 35.48	$ 49.77	$ 29.57	$ 51.00
Service Item	11106 Skin Biopsy - Incisional, Single	11106	$ 123.98	$ 49.37	$ 100.04	$ 41.15	$ 114.06
Service Item	11107 Skin Biopsy - Incisional, Ea Addl	11107	$ 66.72	$ 35.48	$ 55.95	$ 29.57	$ 61.38
Service Item	11200 Removal Of Skin Tags	11200	$ 156.28	$ 138.09	$ 127.97	$ 65.16	$ 143.78
Service Item	11201 Skin Tag Rem Addl 10 Pro	11201	$ 34.28	$ 96.44	$ 49.14	$ 14.59	$ 31.54
Service Item	11300 Shave Trunk <0.5 Cm	11300	$ 72.34	$ 30.11	$ 59.31	$ 30.11	$ 66.55
Service Item	11301 Shave Trunk 0.6-1 Cm	11301	$ 109.68	$ 49.66	$ 87.28	$ 49.66	$ 100.91
Service Item	11302 Shv Les T/A/L1.1-2.0 Pro	11302	$ 128.56	$ 63.77	$ 105.11	$ 63.77	$ 118.28
Service Item	11305 Shave S,N,H <0.5 Cm	11305	$ 81.78	$ 33.46	$ 68.29	$ 33.46	$ 75.24
Service Item	11306 Shave S,N,H 0.6-1 Cm	11306	$ 105.62	$ 51.93	$ 93.52	$ 51.93	$ 97.17
Service Item	11308 Shv S/N/H/F/G >2.0 Pro	11308	$ 153.86	$ 99.32	$ 132.19	$ 77.70	$ 141.55
Service Item	11310 Shave F,E,E,N,L,M <0.5 Cm	11310	$ 97.66	$ 33.93	$ 75.39	$ 33.93	$ 89.85
Service Item	11311 Shave F,E,E,N,L,M 0.6-1 Cm	11311	$ 133.80	$ 47.42	$ 100.23	$ 47.42	$ 123.10
Service Item	11400 Exc Bn Les T/A/L 0.5 Pro	11400	$ 173.08	$ 69.45	$ 127.12	$ 69.45	$ 159.23
Service Item	11401 Exc Bn Les T/A/L 0.6-1 Pro	11401	$ 219.06	$ 69.45	$ 152.05	$ 69.45	$ 201.54
Service Item	11402 Exc Bn Les T/A/L 1-2.0 Pro	11402	$ 241.02	$ 76.54	$ 168.36	$ 76.54	$ 221.74
Service Item	11403 Exc Bn Les T/A/L 2.1-3 Pro	11403	$ 310.68	$ 161.89	$ 232.62	$ 142.54	$ 285.83
Service Item	11404 Exc Tr-Ext B9 Marg 3.1-4 Cm	11404	$ 340.52	$ 161.89	$ 253.72	$ 161.74	$ 313.28
Service Item	11406 Exc Bn Les T/A/L; >4.0 Pro	11406	$ 513.26	$ 330.56	$ 387.73	$ 229.55	$ 472.20
Service Item	11420 Exc Bl S/N/Ex 0.5Cm/< Pro	11420	$ 173.42	$ 112.99	$ 140.61	$ 83.36	$ 159.55
Service Item	11421 Exc Bl S/N/Ex <1.0Cm Pro	11421	$ 230.48	$ 151.82	$ 185.27	$ 112.70	$ 212.04
Service Item	11422 Exc H-F-Nk-Sp B9 Marg 1.1-2	11422	$ 285.94	$ 92.32	$ 192.73	$ 92.32	$ 263.06
Service Item	11426 Exc Bl S/N/Ex G > 4.0 Pro	11426	$ 571.72	$ 161.89	$ 371.34	$ 161.89	$ 525.98
Service Item	11440 Exc Bl Face Marg 0.5 Pro	11440	$ 219.68	$ 106.52	$ 160.72	$ 100.54	$ 202.11
Service Item	11443 Exc Face Marg 2.1-3 Pro	11443	$ 373.26	$ 177.59	$ 269.87	$ 170.08	$ 343.40
Service Item	11602 Exc Tr-Ext Ml+Mrg 1-2Pro	11602	$ 341.20	$ 164.11	$ 257.76	$ 164.11	$ 313.90
Service Item	11719 Trim Nail(s)	11719	$ 16.08	$ 82.75	$ 38.94	$ 8.32	$ 14.79
Service Item	11720 Debride Nail, 1-5	11720	$ 30.32	$ 98.17	$ 52.44	$ 15.38	$ 27.89
Service Item	11721 Debride Nail 6 Or + Pro	11721	$ 52.04	$ 24.50	$ 42.30	$ 24.50	$ 47.88
Service Item	11730 Removal Of Nail Plate	11730	$ 114.58	$ 147.56	$ 121.82	$ 53.06	$ 105.41
Service Item	11750 Removal Of Nail Bed	11750	$ 215.26	$ 538.04	$ 327.16	$ 167.87	$ 198.04
Service Item	11765 Wedge Exc Nail Fold Pro	11765	$ 196.66	$ 210.95	$ 179.13	$ 70.99	$ 180.93
Service Item	11900 Injection Into Skin Lesions	11900	$ 63.70	$ 109.13	$ 110.99	$ 109.13	$ 58.60
Service Item	11901 Added Skin Lesions Injection	11901	$ 99.20	$ 137.32	$ 102.96	$ 50.42	$ 91.26
Service Item	11976 Removal Of Contraceptive Cap	11976	$ 195.02	$ 174.44	$ 179.07	$ 96.37	$ 179.42
Service Item	11981 Insert Drug Implant Device	11981	$ 132.08	$ 77.54	$ 124.12	$ 77.54	$ 121.51
Service Item	11982 Remove Drug Implant Device	11982	$ 155.84	$ 93.40	$ 145.84	$ 93.40	$ 143.37
Service Item	11983 Remove/Insert Drug Implant	11983	$ 215.16	$ 162.10	$ 223.53	$ 162.10	$ 197.95
Service Item	12001 Laceration >2Cm	12001	$ 92.30	$ 199.97	$ 154.25	$ 100.60	$ 84.92
Service Item	12011 Repair Superficial Wound(S)	12011	$ 114.90	$ 213.79	$ 168.51	$ 66.67	$ 105.71
Service Item	12031 Int Wnd Rep S/A/T 2.5< Pro	12031	$ 320.90	$ 199.97	$ 259.89	$ 165.90	$ 295.23
Service Item	12032 Int Wnd Rep S/A/T 2.5> Pro	12032	$ 403.76	$ 199.97	$ 313.95	$ 199.97	$ 371.46
Service Item	12034 Int Wnd Repair S/A/T/E 7.6-12.5 Cm	12034	$ 432.08	$ 194.15	$ 319.30	$ 194.15	$ 397.51
Service Item	16020 Burn Tx-Sm Debride Pro	16020	$ 114.24	$ 74.30	$ 95.81	$ 58.27	$ 105.10
Service Item	16025 Burn Tx-Med Debride	16025	$ 229.92	$ 151.82	$ 185.27	$ 114.40	$ 211.53
Service Item	16030 Burn Tx-Lg Debride Pro	16030	$ 276.58	$ 180.94	$ 226.45	$ 136.82	$ 254.45
Service Item	17000 Destroy Benign/Premlg Lesion	17000	$ 114.02	$ 117.79	$ 106.00	$ 58.02	$ 104.90
Service Item	17003 Destroy Lesions, 2-14	17003	$ 6.56	$ 76.36	$ 29.00	$ 4.52	$ 6.04
Service Item	17004 Destroy Lesions, 15 Or More	17004	$ 206.68	$ 336.04	$ 248.50	$ 138.61	$ 190.15
Service Item	17110 Destruction Of Lesion - Cryo, 1-14	17110	$ 142.36	$ 210.87	$ 159.90	$ 91.89	$ 130.97
Service Item	17250 Chem Caut Granul Tis Pro	17250	$ 77.80	$ 40.90	$ 68.59	$ 36.86	$ 71.58
Service Item	17260 Destruction of Skin Legions T/A/L; 0.0 - 0.5cm	17260	$ 148.10	$ 71.68	$ 110.41	$ 70.44	$ 136.25
Service Item	17261 Destruction Of Skin Lesions Trunk/Arms/Legs Lesion Diame	17261	$ 458.04	$ 274.82	$ 285.14	$ 95.68	$ 421.40
Service Item	17262 Destruction Of Skin Lesions Trunk/Arms/Legs Lesion Diame	17262	$ 197.22	$ 118.33	$ 171.58	$ 118.33	$ 181.44
Service Item	17264 Destr M Les T/A/L 3.1-4 Pro	17264	$ 279.38	$ 138.45	$ 216.40	$ 138.45	$ 257.03
Service Item	17270 Destr M Les Snhfg0.5< Pro	17270	$ 202.46	$ 101.86	$ 157.37	$ 101.86	$ 186.26
Service Item	17271 Destruction Of Skin Lesions Scalp/Neck/Hands/Feet/Genita	17271	$ 524.92	$ 314.95	$ 327.43	$ 116.11	$ 482.93
Service Item	17272 Destruction Of Skin Lesions Scalp/Neck/Hands/Feet/Genita	17272	$ 218.06	$ 130.84	$ 187.90	$ 130.84	$ 200.62
Service Item	17280 Destruction Of Skin Lesions Face/Ears/Eyelids/Nose/Lips/M	17280	$ 152.37	$ 91.42	$ 134.63	$ 91.42	$ 140.18
Service Item	17281 Destruction Of Skin Lesions Face/Ears/Eyelids/Nose/Lips/M	17281	$ 567.67	$ 340.60	$ 354.77	$ 130.38	$ 522.26
Service Item	17282 Destruction Of Skin Lesions Face/Ears/Eyelids/Nose/Lips/M	17282	$ 176.32	$ 105.79	$ 175.86	$ 105.79	$ 162.21
Service Item	17340 Cryotherapy Of Skin	17340	$ 103.16	$ 48.70	$ 69.39	$ 39.95	$ 94.91
Service Item	20526 Ther Injection, Carp Tunnel	20526	$ 118.66	$ 56.89	$ 82.10	$ 56.89	$ 109.17
Service Item	20550 Inj Tendon Sheath/Ligament	20550	$ 81.60	$ 294.64	$ 264.15	$ 294.64	$ 75.07
Service Item	20551 Inj Tendon Orig/Inst	20551	$ 83.14	$ 57.29	$ 73.28	$ 57.29	$ 76.49
Service Item	20552 Inject Trigger Point, 1 Or 2	20552	$ 80.36	$ 38.52	$ 55.60	$ 38.52	$ 73.93

Service Item	20553 Inj Trig Points 3/>	20553	$ 90.86	$ 57.29	$ 75.62	$ 57.29	$ 83.59
Service Item	20600 Drain/Inject, Joint/Bursa	20600	$ 74.94	$ 35.88	$ 114.44	$ 35.88	$ 68.94
Service Item	20605 Drain/Inject, Joint/Bursa	20605	$ 77.96	$ 39.80	$ 123.54	$ 39.80	$ 71.72
Service Item	20610 Drain/Inject, Joint/Bursa	20610	$ 95.08	$ 294.64	$ 288.68	$ 234.09	$ 87.47
Service Item	20612 Asp/Inj Ganglon Cyst	20612	$ 86.40	$ 56.30	$ 73.44	$ 56.30	$ 79.49
Service Item	21550 Sft Tiss Bx Neck/Thrx	21550	$ 328.32	$ 214.84	$ 289.76	$ 167.12	$ 302.05
Service Item	21920 Sft Tiss Bx Back/Flnk	21920	$ 330.64	$ 218.34	$ 289.36	$ 170.20	$ 304.19
Service Item	21930 Exc Back Les Sc <3Cm	21930	$ 757.26	$ 490.90	$ 616.87	$ 375.97	$ 696.68
Service Item	21932 Excision, tumor, soft tissue of back or flank, subfascial (eg,	21932	$ 1,079.03	$ 647.42	$ 901.53	$ 647.42	$ 992.71
Service Item	22902 Exc Abd Les Sc <3Cm	22902	$ 688.72	$ 442.84	$ 574.32	$ 361.56	$ 633.62
Service Item	25065 Soft Tissue BX FA/Wrist, Superficial	25065	$ 338.18	$ 426.85	$ 354.34	$ 174.74	$ 311.13
Service Item	25075 Exc Forarm Sc<3Cm	25075	$ 660.94	$ 426.85	$ 528.56	$ 339.06	$ 608.06
Service Item	25622 Cl Tx Carpal Scaphoid	25622	$ 595.60	$ 377.74	$ 450.35	$ 277.72	$ 547.95
Service Item	28043 Exc Ft/Toe Tum Sc<1.5	28043	$ 554.20	$ 361.36	$ 446.33	$ 283.33	$ 509.86
Service Item	28190 Removal Of Foot Foreign Body	28190	$ 283.24	$ 137.93	$ 239.94	$ 137.93	$ 260.58
Service Item	29075 Application Of Forearm Cast	29075	$ 128.78	$ 84.79	$ 107.32	$ 64.12	$ 118.48
Service Item	29086 Apply Finger Cast Pro	29086	$ 108.28	$ 66.83	$ 87.20	$ 52.19	$ 99.62
Service Item	29125 App Short Arm Splint	29125	$ 82.42	$ 53.74	$ 73.75	$ 44.62	$ 75.83
Service Item	29130 App Fngr Splnt Static	29130	$ 60.80	$ 38.24	$ 51.15	$ 37.53	$ 55.94
Service Item	29345 Apply Long Leg Cast	29345	$ 207.46	$ 136.39	$ 170.74	$ 104.63	$ 190.86
Service Item	29405 Apply Short Leg Cast	29405	$ 123.62	$ 81.91	$ 105.84	$ 66.20	$ 113.73
Service Item	29425 App Wlkr Sh Leg Cast	29425	$ 116.26	$ 77.27	$ 105.43	$ 71.22	$ 106.96
Service Item	29435 Apply Short Leg Cast	29435	$ 170.14	$ 111.40	$ 142.98	$ 88.27	$ 156.53
Service Item	29700 Gauntlet Removal	29700	$ 69.06	$ 45.13	$ 64.25	$ 35.48	$ 63.54
Service Item	29799 Casting/Strapping Procedure	29799	$ 77.47	$ 45.13	$ 55.50	$ 37.61	$ 71.27
Service Item	30300 Foreign Body-Nose	30300	$ 241.24	$ 80.02	$ 212.61	$ 80.02	$ 221.94
Service Item	30901 Nasal Hemor Cntrl	30901	$ 116.64	$ 54.97	$ 104.12	$ 54.97	$ 107.31
Service Item	36415 Venipunct, Routine*	36415	$ 32.89	$ 19.73	$ 20.92	$ 8.18	$ 30.26
Service Item	36416 Capillary Collection of Blood	36416	$ 33.88	$ 19.73	$ 17.25	$ 1.83	$ 31.17
Service Item	36589 Removal Tunneled Cv Cath	36589	$ 287.72	$ 187.12	$ 242.55	$ 152.81	$ 264.70
Service Item	40490 Biopsy Of Lip	40490	$ 148.84	$ 74.46	$ 136.74	$ 74.46	$ 136.93
Service Item	46083 Incise Ext Hemorhoid	46083	$ 227.38	$ 108.21	$ 190.32	$ 108.21	$ 209.19
Service Item	51102 Insertion of Suprapubic Catheter	51102	$ 304.80	$ 234.84	$ 315.96	$ 180.11	$ 280.42
Service Item	51700 Bladder Irrigation Lavage/Instill, Simple	51700	$ 64.34	$ 40.17	$ 78.62	$ 40.17	$ 59.19
Service Item	51701 Insert Bladder Cath	51701	$ 54.20	$ 70.02	$ 70.92	$ 33.44	$ 49.86
Service Item	51702 Insertion of Temporary Indwelling Bladder Catheter, Simpl	51702	$ 106.09	$ 63.65	$ 117.90	$ 63.65	$ 97.60
Service Item	51703 Insertion of Temp Indwelling Bladder Cath, Complex	51703	$ 160.98	$ 101.97	$ 156.94	$ 100.20	$ 148.10
Service Item	51705 Change of Cystostomy Tube, Simple	51705	$ 108.96	$ 86.52	$ 122.21	$ 83.57	$ 100.24
Service Item	51710 Change of Cystostomy Tube, Complex	51710	$ 166.30	$ 129.78	$ 178.34	$ 117.74	$ 153.00
Service Item	52310 Cystourethroscopy w/ Rem FB,Calculus,Stent, Simple	52310	$ 315.32	$ 189.19	$ 302.36	$ 189.19	$ 290.09
Service Item	52315 Cystourethroscopy w/ Rem FB,Calculus,Stent, Complex	52315	$ 572.42	$ 343.45	$ 517.25	$ 337.44	$ 526.63
Service Item	54056 Cryosurgery, Penis Lesion(S)	54056	$ 232.44	$ 83.55	$ 164.01	$ 83.55	$ 213.84
Service Item	54235 Injection of Corpora Cavernosa w/ Pharm Agent	54235	$ 153.64	$ 92.18	$ 123.05	$ 84.29	$ 141.35
Service Item	56405 I & D Of Vulva/Perineum	56405	$ 250.76	$ 110.35	$ 171.86	$ 110.35	$ 230.70
Service Item	56420 I & D Bartholin's Gland Abcess	56420	$ 215.76	$ 235.85	$ 207.35	$ 98.92	$ 198.50
Service Item	56501 Destruction of Lesion(s), Vulva, Simple	56501	$ 264.30	$ 158.58	$ 201.34	$ 123.84	$ 243.16
Service Item	56605 Biopsy Of Vulva/Perineum	56605	$ 125.14	$ 80.71	$ 107.69	$ 64.46	$ 115.13
Service Item	57160 Insert Pessary/Other Device	57160	$ 96.72	$ 163.71	$ 123.54	$ 84.10	$ 88.98
Service Item	57421 Coloscopy of Vagina with Scope	57421	$ 254.48	$ 793.21	$ 407.94	$ 130.30	$ 234.12
Service Item	57452 Exam Of Cervix W/Scope	57452	$ 190.42	$ 309.12	$ 212.51	$ 98.00	$ 175.19
Service Item	57454 Bx/Curett Of Cervix W/Scope	57454	$ 279.60	$ 413.09	$ 296.46	$ 145.45	$ 257.23
Service Item	57456 Endocerv Curettage W/Scope	57456	$ 211.78	$ 133.76	$ 178.99	$ 110.34	$ 194.84
Service Item	57500 Biopsy Of Cervix	57500	$ 156.88	$ 538.04	$ 284.70	$ 81.06	$ 144.33
Service Item	57505 Endocervical Curettage	57505	$ 213.66	$ 309.12	$ 217.38	$ 99.47	$ 196.57
Service Item	57511 Cryocautery Of Cervix	57511	$ 296.12	$ 309.12	$ 266.58	$ 142.58	$ 272.43
Service Item	58100 Biopsy Of Uterus Lining	58100	$ 132.92	$ 163.71	$ 151.01	$ 93.64	$ 122.29
Service Item	58300 Insert Iud W/ Device	58300	$ 196.69	$ 258.70	$ 180.75	$ 55.84	$ 180.95
Service Item	58301 Remove Intrauterine Device	58301	$ 139.66	$ 309.12	$ 189.91	$ 72.30	$ 128.49
Service Item	59025 Fetal Non-Stress Test	59025	$ 59.22	$ 178.01	$ 94.98	$ 19.74	$ 54.48
Service Item	64425 Injection, anesthetic agent; ilioinguinal, iliohypogastric ner	64425	$ 203.43	$ 122.06	$ 161.04	$ 98.29	$ 187.16
Service Item	64450 Inj Anes Othr Prph Nrv	64450	$ 89.32	$ 61.61	$ 78.78	$ 61.61	$ 82.17
Service Item	65205 Remove Foreign Body From Eye	65205	$ 61.76	$ 159.88	$ 95.57	$ 42.67	$ 56.82
Service Item	65220 Remove Foreign Body, External Eye, Corneal	65220	$ 86.36	$ 51.82	$ 69.69	$ 41.04	$ 79.45
Service Item	69100 Bx External Ear	69100	$ 99.94	$ 66.09	$ 99.25	$ 49.94	$ 91.94
Service Item	69200 Foreign Body/Ear	69200	$ 97.82	$ 235.92	$ 168.79	$ 114.62	$ 89.99
Service Item	69209 Rem Impacted Ear Wax Uni	69209	$ 30.54	$ 22.28	$ 24.29	$ 13.75	$ 28.10
Service Item	69210 Remove Impacted Ear Wax Using Instrumentation	69210	$ 68.94	$ 80.02	$ 67.99	$ 32.48	$ 63.42
Service Item	76801 US OB 1st Trimstr <14 weeks	76801	$ 103.84	$ 66.04	$ 378.17	$ 66.04	$ 95.53
Service Item	76815 Ltd Us Ob 1 Or More Fetus	76815	$ 67.84	$ 43.28	$ 320.05	$ 43.28	$ 62.41
Service Item	76819 Fetal Biophys W/O NST	76819	$ 80.56	$ 56.65	$ 334.55	$ 56.65	$ 74.12
Service Item	81003 Urine-No Micro	81003	$ 63.68	$ 37.10	$ 32.88	$ 8.98	$ 58.59
Service Item	81025 Urine Pregnancy Test	81025	$ 51.12	$ 29.78	$ 41.18	$ 20.39	$ 47.03
Service Item	82270 Occult Blood Feces Colorectal Screening	82270	$ 11.41	$ 6.65	$ 15.78	$ 6.65	$ 10.50
Service Item	82272 Occult Blood Feces 1-3 Test	82272	$ 36.34	$ 21.17	$ 25.76	$ 12.70	$ 33.43
Service Item	82947 POC Glucose NOVA	82947	$ 60.91	$ 35.48	$ 37.62	$ 15.71	$ 56.04
Service Item	82948 Reagent Strip/Blood Glucose	82948	$ 16.85	$ 9.82	$ 18.63	$ 9.82	$ 15.50
Service Item	83037 Hemoglobin A1C	83037	$ 137.41	$ 80.05	$ 104.23	$ 62.97	$ 126.42
Service Item	83655 Lead	83655	$ 31.83	$ 18.54	$ 35.46	$ 9.54	$ 29.28
Service Item	85018 Hemoglobin	85018	$ 28.27	$ 16.47	$ 19.35	$ 9.44	$ 26.01
Service Item	86580 Skin Test Tuberculosis Ppd	86580	$ 69.94	$ 40.74	$ 51.98	$ 28.43	$ 64.34
Service Item	87210 Smear, Wet Mount, Saline/Ink	87210	$ 51.12	$ 29.78	$ 35.44	$ 17.05	$ 47.03
Service Item	87426 POC COVID-19 Quidel	87426	$ 80.50	$ 48.30	$ 64.93	$ 48.30	$ 74.06
Service Item	87502 Influenza A/B Automated	87502	$ 288.48	$ 168.05	$ 419.32	$ 168.05	$ 265.40

Service Item	87634 POC RSV Automated	87634	$ 160.91	$ 93.73	$ 306.48	$ 93.73	$ 148.04	
Service Item	87804 POC Flu A/B Quidel	87804	$ 52.78	$ 31.67	$ 59.18	$ 31.67	$ 48.56	
Service Item	87807 POC RSV Quidel	87807	$ 80.63	$ 48.38	$ 68.73	$ 36.37	$ 74.18	
Service Item	87880 POC Strep A Quidel	87880	$ 74.03	$ 44.42	$ 67.59	$ 35.91	$ 68.11	
Service Item	88720 Bilirubin, Total, Transcutaneous	88720	$ 18.85	$ 10.98	$ 17.02	$ 3.95	$ 17.34	
Service Item	90378 palivizumab 50 mg/0.5mL IM Inj	90378	$ 5,169.25	$ 3,101.55	$ 3,394.19	$ 681.44	$ 4,755.71	
Service Item	90384 Rh Ig, Full-Dose, Im	90384	$ 244.01	$ 146.41	$ 181.36	$ 121.01	$ 224.49	
Service Item	90471 Inj Adm-Vaccine/1St Med	90471	$ 87.40	$ 50.91	$ 70.95	$ 50.91	$ 80.41	
Service Item	90472 Immunization Admin Ea Add Vaccine	90472	$ 49.99	$ 29.12	$ 39.58	$ 29.12	$ 45.99	
Service Item	90473 Immune Admin Oral/Nasal	90473	$ 83.51	$ 48.65	$ 62.95	$ 19.98	$ 76.83	
Service Item	90620 meningococcal B vacc recomb (Bexsero) IM 0.5 mL	90620	$ 897.00	$ 538.20	$ 623.80	$ 168.94	$ 825.24	
Service Item	90621 meningococcal group B recomb vacc (Trumenba) IM 0.5 m	90621	$ 645.20	$ 387.12	$ 499.98	$ 136.17	$ 593.58	
Service Item	90632 hepatitis A adult vacc (Havrix) 1,440 units/mL 1 mL	90632	$ 351.40	$ 210.84	$ 222.09	$ 69.35	$ 323.29	
Service Item	90633 hepatitis A PF PED vacc (Havrix PF) 720 units/0.5 mL IM Su	90633	$ 152.30	$ 91.38	$ 97.55	$ 32.77	$ 140.12	
Service Item	90647 Liquid PedvaxHIB 7.5 mcg-125 mcg/0.5 mL IM Susp 0.5 mL	90647	$ 136.05	$ 81.63	$ 89.50	$ 26.63	$ 125.17	
Service Item	90648 haemophilus b cong (PRP-T) vaccine Inj (ActHIB)	90648	$ 160.15	$ 96.09	$ 129.17	$ 96.09	$ 147.34	
Service Item	90649 human papillomavirus vaccine type 6,11,16,18 IM Susp 0.5	90649	$ 891.45	$ 534.87	$ 557.83	$ 147.18	$ 820.13	
Service Item	90651 human papillomavirus vaccine 9-valent Inj 0.5 mL	90651	$ 977.75	$ 586.65	$ 624.54	$ 191.82	$ 899.53	
Service Item	90660 Flu Mist	90660	$ 71.87	$ 43.12	$ 54.09	$ 20.99	$ 66.12	
Service Item	90670 pneumococcal 13-valent conjugate vaccine 0.5 mL	90670	$ 830.25	$ 498.15	$ 530.34	$ 134.97	$ 763.83	
Service Item	90672 Flu Vaccine 4 Valent Nasal	90672	$ 31.74	$ 19.04	$ 28.20	$ 19.04	$ 29.20	
Service Item	90674 Flucelvax	90674	$ 108.10	$ 64.86	$ 79.49	$ 23.65	$ 99.45	
Service Item	90680 rotavirus vaccine pentavalent Susp 2 mL	90680	$ 423.95	$ 254.37	$ 267.52	$ 77.44	$ 390.03	
Service Item	90685 influenza vaccine (6 - 35 months) PF Quad 30 mcg inj 0.25	90685	$ 80.10	$ 48.06	$ 53.67	$ 19.52	$ 73.69	
Service Item	90686 influenza vaccine (> 6 months old) PF Quad 60 mcg Inj 0.5	90686	$ 77.70	$ 46.62	$ 50.79	$ 17.73	$ 71.48	
Service Item	90688 influenza vaccine (> 6 months old), inactivated quad 5 mL	90688	$ 69.15	$ 41.49	$ 45.38	$ 16.54	$ 63.62	
Service Item	90696 diphtheria/pertussis,acel/tetanus/polio IM 0.5 mL (Kinrix)	90696	$ 243.50	$ 146.10	$ 156.37	$ 51.60	$ 224.02	
Service Item	90698 diphtheria/haemophilus/pertussis/tetanus/polio IM Kit	90698	$ 484.70	$ 290.82	$ 301.32	$ 56.08	$ 445.92	
Service Item	90700 diphtheria/tetanus/pertussis (DTaP) Ped (Infanrix)	90700	$ 111.75	$ 67.05	$ 71.72	$ 22.51	$ 102.81	
Service Item	90707 measles/mumps/rubella virus vaccine (MMR II) 0.5 mL	90707	$ 361.50	$ 216.90	$ 226.88	$ 47.76	$ 332.58	
Service Item	90710 ProQuad MMRV 0.5 mL	90710	$ 951.65	$ 570.99	$ 602.27	$ 128.26	$ 875.52	
Service Item	90713 poliovirus vaccine, inactivated 0.5 mL	90713	$ 167.70	$ 100.62	$ 105.54	$ 31.82	$ 154.28	
Service Item	90714 diphtheria/tetanus toxoids (DT) pediatric	90714	$ 225.95	$ 135.57	$ 134.65	$ 23.50	$ 207.87	
Service Item	90715 diphtheria - tetanus - pertussis (Boostrix Tdap)	90715	$ 194.00	$ 116.40	$ 124.63	$ 42.80	$ 178.48	
Service Item	90716 varicella virus vaccine 0.5 mL	90716	$ 313.20	$ 187.92	$ 221.04	$ 74.55	$ 288.14	
Service Item	90723 Pediarix 0.5 mL	90723	$ 358.75	$ 215.25	$ 229.34	$ 75.69	$ 330.05	
Service Item	90732 pneumococcal 23-polyvalent vaccine 0.5 mL	90732	$ 483.85	$ 290.31	$ 300.95	$ 20.07	$ 445.14	
Service Item	90733 meningococcal polysaccharide vacc ACYW (Menomune)	90733	$ 686.60	$ 411.96	$ 461.48	$ 85.91	$ 631.67	
Service Item	90734 meningococcal conjugate vaccine ACYW (Menactra)	90734	$ 629.50	$ 377.70	$ 392.85	$ 87.59	$ 579.14	
Service Item	90736 zoster vaccine live Inj 0.65 mL	90736	$ 638.35	$ 383.01	$ 443.93	$ 198.07	$ 587.28	
Service Item	90744 hepatitis B ped (Engerix) 10 mcg/0.5 mL Syringe	90744	$ 113.00	$ 67.80	$ 73.89	$ 26.10	$ 103.96	
Service Item	90746 hepatitis B adult (Engerix) 20 mcg/mL	90746	$ 273.60	$ 164.16	$ 179.29	$ 59.65	$ 251.71	
Service Item	90791 Psych Diagnostic Evaluation	90791	$ 362.14	$ 210.95	$ 272.91	$ 158.40	$ 333.17	
Service Item	90792 Psych Diag Eval W/Med Srvcs	90792	$ 362.14	$ 210.95	$ 272.46	$ 177.00	$ 333.17	
Service Item	90832 Lcsw, Office 20-30 Min	90832	$ 132.42	$ 159.88	$ 131.31	$ 70.00	$ 121.83	
Service Item	90833 Lcsw Off 20-30 Min W/E	90833	$ 138.04	$ 159.88	$ 125.64	$ 42.27	$ 127.00	
Service Item	90834 Psytx Pt&/Family 45 Minutes	90834	$ 176.71	$ 210.95	$ 180.46	$ 101.00	$ 162.57	
Service Item	90836 Lcsw Off 45-50 Min W/E&M	90836	$ 175.12	$ 210.95	$ 167.91	$ 68.67	$ 161.11	
Service Item	90837 Lcsw Off 60 Min	90837	$ 265.25	$ 210.95	$ 226.01	$ 121.44	$ 244.03	
Service Item	91065 Breath Hydro Test	91065	$ 234.09	$ 136.36	$ 161.85	$ 10.00	$ 215.36	
Service Item	92250 Retinal Imaging	92250	$ 111.65	$ 66.99	$ 100.14	$ 19.79	$ 102.72	
Service Item	92551 Screen Pure Tone Air Only	92551	$ 76.22	$ 44.40	$ 60.36	$ 44.40	$ 70.12	
Service Item	92552 Pure Tone Audiometry, Air	92552	$ 76.22	$ 58.23	$ 57.20	$ 21.59	$ 70.12	
Service Item	93000 12 Lead Ekg; Global Pro	93000	$ 35.80	$ 22.28	$ 34.75	$ 22.28	$ 32.94	
Service Item	93005 Electrocardiogram, Tracing	93005	$ 98.54	$ 57.40	$ 82.81	$ 54.12	$ 90.66	
Service Item	93922 Upr/Lxtr Art Stdy 2Lvls	93922	$ 25.92	$ 94.05	$ 254.82	$ 11.10	$ 23.85	
Service Item	94640 Inhalation Treatment	94640	$ 38.26	$ 56.65	$ 39.84	$ 13.62	$ 35.20	
Service Item	94642 Aerosol Inhalation Using Pentamidine	94642	$ 59.99	$ 34.94	$ 48.09	$ 21.79	$ 55.19	
Service Item	94760 Pulse Oximetry	94760	$ 10.93	$ 59.52	$ 23.30	$ 0.08	$ 10.06	
Service Item	95970 Analyze Neurostim, No Prog	95970	$ 41.50	$ 24.17	$ 54.27	$ 24.17	$ 38.18	
Service Item	95971 Analyze Neurostim, Simple	95971	$ 67.03	$ 39.05	$ 62.55	$ 39.05	$ 61.67	
Service Item	95972 Analyze Neurostimulator Complex	95972	$ 70.44	$ 41.03	$ 89.97	$ 41.03	$ 64.80	
Service Item	95976 Cranial Neurostim, Simple with Programming	95976	$ 90.18	$ 52.53	$ 63.50	$ 43.78	$ 82.97	
Service Item	95977 Cranial Neurostim, Complex with Programming	95977	$ 110.98	$ 157.15	$ 125.06	$ 61.13	$ 102.10	
Service Item	96110 Developmental Screen with Score	96110	$ 113.30	$ 67.98	$ 63.76	$ 9.51	$ 104.24	
Service Item	96156 Psychosocial/Behavioral Assesment/Re-Assessment	96156	$ 183.70	$ 27.81	$ 85.75	$ 23.18	$ 169.00	
Service Item	96160 Pt-Focus Hlth Risk Assmt	96160	$ 159.14	$ 95.48	$ 90.11	$ 6.14	$ 146.41	
Service Item	96372 Ther/Proph/Diag Inj, Sc/Im	96372	$ 139.60	$ 81.32	$ 104.96	$ 50.96	$ 128.43	
Service Item	97597 Active Wound Care/20 Cm Or <	97597	$ 76.42	$ 23.83	$ 57.81	$ 23.83	$ 70.31	
Service Item	97598 Debr Sel Add-On 20Cm	97598	$ 53.36	$ 16.07	$ 48.92	$ 16.07	$ 49.09	
Service Item	98925 Osteopath Manip 1-2	98925	$ 49.92	$ 32.20	$ 41.02	$ 27.53	$ 45.93	
Service Item	98926 Osteopath Manip 3-4	98926	$ 75.42	$ 48.35	$ 59.72	$ 37.69	$ 69.39	
Service Item	99000 Specimen Handling	99000	$ 27.59	$ 16.07	$ 15.66	$ 0.17	$ 25.38	
Service Item	99001 Specimen Handling Pt to Lab	99001	$ 27.59	$ 16.07	$ 16.01	$ 0.20	$ 25.38	
Service Item	99173 Visual Acuity Screen	99173	$ 38.55	$ 22.46	$ 20.08	$ 2.36	$ 35.47	
Service Item	99201 New E/M Level 1	99201	$ 199.64	$ 116.30	$ 117.02	$ 30.07	$ 183.67	
Service Item	99202 New E/M Level 2	99202	$ 238.46	$ 138.91	$ 151.00	$ 57.05	$ 219.38	
Service Item	99203 New E/M Level 3	99203	$ 310.56	$ 180.91	$ 202.32	$ 86.46	$ 285.72	
Service Item	99204 New E/M Level 4	99204	$ 404.82	$ 235.82	$ 275.79	$ 146.28	$ 372.43	
Service Item	99205 New E/M Level 5	99205	$ 510.20	$ 297.20	$ 349.80	$ 192.34	$ 469.38	
Service Item	99211 Est E/M Level 1	99211	$ 199.64	$ 116.30	$ 108.77	$ 23.58	$ 183.67	
Service Item	99215 Est E/M Level 5	99215	$ 510.20	$ 297.20	$ 313.49	$ 124.87	$ 469.38	
Service Item	99241 Outpt Consultation Lev 1	99241	$ 68.55	$ 39.93	$ 57.61	$ 38.90	$ 63.07	

Service Item	99242 Outpt Consultation Lev 2	99242	$ 114.24	$ 66.55	$ 97.61	$ 66.55	$ 105.10
Service Item	99243 Outpt Consultation Lev 3	99243	$ 171.36	$ 99.82	$ 142.24	$ 99.63	$ 157.65
Service Item	99244 Outpt Consultation Lev 4	99244	$ 262.74	$ 153.05	$ 214.96	$ 147.72	$ 241.72
Service Item	99245 Outpt Consultation Lev 5	99245	$ 331.30	$ 192.99	$ 267.33	$ 180.15	$ 304.80
Service Item	99306 Nursing Facility Care, Init	99306	$ 346.88	$ 148.24	$ 228.77	$ 138.42	$ 319.13
Service Item	99308 Nursing Fac Care, Subseq	99308	$ 143.92	$ 56.57	$ 95.41	$ 56.57	$ 132.41
Service Item	99341 Home V, Np Focused	99341	$ 113.82	$ 91.50	$ 94.34	$ 57.35	$ 104.71
Service Item	99342 Home V, Np Expanded	99342	$ 162.80	$ 113.63	$ 130.54	$ 83.51	$ 149.78
Service Item	99343 Home V, Np Detailed	99343	$ 267.36	$ 155.23	$ 201.22	$ 136.03	$ 245.97
Service Item	99344 Home V, Np Comreh	99344	$ 378.74	$ 214.11	$ 276.37	$ 180.43	$ 348.44
Service Item	99345 Home V, Np Hi Comp	99345	$ 460.76	$ 255.71	$ 334.14	$ 216.64	$ 423.90
Service Item	99347 Home V, Ep Focused	99347	$ 113.84	$ 68.21	$ 84.75	$ 56.97	$ 104.73
Service Item	99348 Home V, Ep Expanded	99348	$ 174.68	$ 104.48	$ 129.66	$ 85.63	$ 160.71
Service Item	99349 Home V, Ep Detailed	99349	$ 268.02	$ 146.07	$ 192.41	$ 125.75	$ 246.58
Service Item	99350 Home V, Ep Comprehen	99350	$ 372.12	$ 210.29	$ 271.23	$ 175.39	$ 342.35
Service Item	99381 Preventive Care New Pt. Age Less Than 1 Year	99381	$ 278.18	$ 162.05	$ 185.93	$ 73.49	$ 255.93
Service Item	99382 Preventive Care New Pt. Age 1-4	99382	$ 291.60	$ 169.87	$ 196.59	$ 84.05	$ 268.27
Service Item	99383 Preventive Care New Pt. Age 5-11	99383	$ 253.32	$ 147.56	$ 178.46	$ 84.05	$ 233.05
Service Item	99384 Preventive Care New Pt. Age 12-17	99384	$ 355.57	$ 207.13	$ 233.64	$ 94.61	$ 327.12
Service Item	99385 Preventive Care New Pt. Age 18-39	99385	$ 329.59	$ 191.99	$ 220.51	$ 94.61	$ 303.22
Service Item	99386 Preventive Care New Pt. Age 40-64	99386	$ 355.57	$ 207.13	$ 243.84	$ 116.15	$ 327.12
Service Item	99387 Preventive Care New Pt. Age 65 And Over	99387	$ 393.27	$ 229.09	$ 268.62	$ 127.57	$ 361.81
Service Item	99391 Preventive Care Est. Pt. Age Less Than 1 Year	99391	$ 215.34	$ 125.44	$ 147.71	$ 63.14	$ 198.11
Service Item	99392 Preventive Care Est. Pt. Age 1-4	99392	$ 253.32	$ 147.56	$ 170.70	$ 73.49	$ 233.05
Service Item	99393 Preventive Care Est. Pt. Age 5-11	99393	$ 253.32	$ 147.56	$ 170.46	$ 73.49	$ 233.05
Service Item	99394 Preventive Care Est Pt. Age 12-17	99394	$ 291.60	$ 169.87	$ 197.84	$ 104.73	$ 268.27
Service Item	99395 Preventive Care Est Pt. Age 18-39	99395	$ 266.47	$ 155.23	$ 182.39	$ 84.05	$ 245.15
Service Item	99396 Preventive Care Est Pt. Age 40-64	99396	$ 278.18	$ 162.05	$ 192.87	$ 94.61	$ 255.93
Service Item	99397 Preventive Care Est Pt. Age 65 And Over	99397	$ 240.47	$ 140.08	$ 180.87	$ 105.80	$ 221.23
Service Item	99401 Preventive Counsel 15Mn	99401	$ 113.67	$ 66.22	$ 73.21	$ 29.78	$ 104.58
Service Item	99402 Preventive Counsel 30Mn	99402	$ 202.20	$ 117.79	$ 129.91	$ 60.61	$ 186.02
Service Item	99403 Preventive Counsel 45Mn	99403	$ 291.60	$ 169.87	$ 186.50	$ 90.11	$ 268.27
Service Item	99404 P/M Counsel, Indiv 60 Min	99404	$ 375.28	$ 218.61	$ 240.42	$ 116.31	$ 345.26
Service Item	99406 Smoking/Tobacco Cessation Counseling 3 to 10 Min	99406	$ 25.52	$ 16.24	$ 19.69	$ 14.01	$ 23.48
Service Item	99407 Smoking/Tobacco Cessation Counseling > 10 Min	99407	$ 53.72	$ 34.06	$ 40.48	$ 26.78	$ 49.42
Service Item	99408 Alchl/Sub Abuse 15-30 Pro	99408	$ 77.58	$ 45.19	$ 55.22	$ 35.79	$ 71.37
Service Item	99409 Alchl/Sub Abuse 30+ Pro	99409	$ 160.91	$ 93.73	$ 112.60	$ 70.21	$ 148.04
Service Item	99441 Phone E/M 5-10Min	99441	$ 54.61	$ 31.81	$ 31.99	$ 0.39	$ 50.24
Service Item	99442 Phone E/M 11-20Min	99442	$ 109.12	$ 63.56	$ 63.32	$ 0.72	$ 100.39
Service Item	99443 Phone E/M 21-30 Min	99443	$ 168.26	$ 98.02	$ 97.10	$ 1.06	$ 154.80
Service Item	99495 Trans Care 14 Day Dis	99495	$ 256.34	$ 161.52	$ 223.02	$ 160.40	$ 235.83
Service Item	99496 Trans Care 7 Day Dis	99496	$ 337.48	$ 161.52	$ 292.29	$ 161.52	$ 310.48
Service Item	99497 Advncd Care Plan 30 Min	99497	$ 164.06	$ 80.68	$ 127.47	$ 80.68	$ 150.94
Service Item	99498 Advncd Care Pln Addl 30Min	99498	$ 154.36	$ 74.32	$ 115.38	$ 74.32	$ 142.01
Service Item	A4561 Pessary Rubber Any Type	A4561	$ 154.57	$ 90.04	$ 80.68	$ 10.48	$ 142.20
Service Item	A4614 Peak Flow Meter	A4614	$ 84.14	$ 49.01	$ 47.99	$ 12.22	$ 77.41
Service Item	G0009 Admn Pneumcoc Vac No Fee Sched Day	G0009	$ 87.97	$ 51.25	$ 69.66	$ 51.25	$ 80.93
Service Item	G0071 5 or More Min of Virtual Communication RHC	G0071	$ 27.38	$ 16.43	$ 19.87	$ 13.69	$ 25.19
Service Item	G0101 Cerv/Vag Cancr Scrpelv&Cln Brst Ex	G0101	$ 58.24	$ 38.92	$ 48.79	$ 27.37	$ 53.58
Service Item	G0127 Trimming of dystrophic nails, any number	G0127	$ 16.48	$ 9.60	$ 16.46	$ 8.12	$ 15.16
Service Item	G0396 Alcohol/Substance Abuse Screen + Interv 15-30 min	G0396	$ 68.68	$ 44.56	$ 52.00	$ 31.10	$ 63.19
Service Item	G0397 Alcohol/Substance Abuse Screen + Interv > 30 min	G0397	$ 133.12	$ 89.12	$ 103.08	$ 65.80	$ 122.47
Service Item	G0402 Medicare Welcome Visit	G0402	$ 263.82	$ 89.48	$ 168.66	$ 89.48	$ 242.71
Service Item	G0438 Medicare Initial Well Visit	G0438	$ 357.28	$ 171.15	$ 254.49	$ 163.66	$ 328.70
Service Item	G0439 Medicare Subseq Well Visit	G0439	$ 242.84	$ 114.16	$ 171.69	$ 110.24	$ 223.41
Service Item	G0442 Annual alcohol misuse screen 15 min	G0442	$ 32.00	$ 12.36	$ 23.11	$ 9.37	$ 29.44
Service Item	G0443 Brief alcohol misuse counsel	G0443	$ 49.20	$ 30.90	$ 39.10	$ 23.53	$ 45.26
Service Item	G0444 Depression Screen Annual	G0444	$ 32.00	$ 12.36	$ 24.09	$ 12.36	$ 29.44
Service Item	G0447 Behavior Counseling for Obesity, 15 Min	G0447	$ 49.20	$ 29.40	$ 38.63	$ 23.53	$ 45.26
Service Item	G0511 CCM/BHI By RHC/FQHC 20Min Month	G0511	$ 102.08	$ 59.47	$ 73.76	$ 27.73	$ 93.91
Service Item	G0512 COCM By RHC/FQHC 60 Min Month	G0512	$ 237.80	$ 138.52	$ 181.29	$ 115.44	$ 218.78
Service Item	G2012 Brief Virtual Check-In Visit	G2012	$ 25.00	$ 15.00	$ 18.67	$ 12.50	$ 23.00
Service Item	G2025 RHC/FQHC Telehealth Services	G2025	$ 92.03	$ 55.22	$ 65.39	$ 46.02	$ 84.67
Service Item	G8431 Clin Depres Scrn F/U Doc	G8431	$ 30.90	$ 18.00	$ 19.92	$ 0.01	$ 28.43
Service Item	G8510 Neg Scr D Pt Not Elig F/U/Pln Doc	G8510	$ 15.00	$ 9.00	$ 9.83	$ 0.01	$ 13.80
Service Item	J0171 EPINEPHrine 1 mg/mL Inj 1 mL	J0171	$ 81.40	$ 48.84	$ 44.56	$ 0.52	$ 74.89
Service Item	J0558 Bicillin C-R 600,000-600,000 units/2 mL IM Susp	J0558	$ 43.29	$ 25.97	$ 97.71	$ 3.74	$ 39.83
Service Item	J0561 penicillin G benzathine 1.2 millionunits/2 mL IM Susp	J0561	$ 54.25	$ 32.55	$ 34.48	$ 4.73	$ 49.91
Service Item	J0690 ceFAZolin 1 g Inj	J0690	$ 26.05	$ 15.63	$ 14.91	$ 1.64	$ 23.97
Service Item	J0696 cefTRIAXone 500 mg Inj	J0696	$ 12.10	$ 7.26	$ 8.74	$ 1.26	$ 11.13
Service Item	J0702 betamethasone 6 mg/mL Inj Susp 5 mL	J0702	$ 186.00	$ 111.60	$ 104.69	$ 5.19	$ 171.12
Service Item	J0834 cosyntropin 0.25 mg Inj	J0834	$ 594.75	$ 356.85	$ 358.03	$ 74.48	$ 547.17
Service Item	J1030 methylPREDNISolone 40 mg/mL Susp-Inj (Depo-Medrol)	J1030	$ 56.15	$ 33.69	$ 41.04	$ 6.71	$ 51.66
Service Item	J1040 methylPREDNISolone 80 mg/mL Susp-Inj (Depo-Medrol)	J1040	$ 47.30	$ 28.38	$ 31.02	$ 9.31	$ 43.52
Service Item	J1050 medroxyPROGESTERone 150 mg/mL IM Inj	J1050	$ 250.50	$ 150.30	$ 140.99	$ 0.55	$ 230.46
Service Item	J1071 testosterone cypionate 200 mg/mL IM Inj	J1071	$ 134.00	$ 80.40	$ 72.96	$ 0.04	$ 123.28
Service Item	J1100 dexamethasone 4 mg/mL Inj 1 mL	J1100	$ 14.95	$ 8.97	$ 8.36	$ 0.21	$ 13.75
Service Item	J1200 diphenhydrAMINE 50 mg/mL Inj 1 mL	J1200	$ 18.65	$ 11.19	$ 10.65	$ 1.18	$ 17.16
Service Item	J1380 estradiol valerate 40 mg/mL IM Inj 1 mL	J1380	$ 86.59	$ 51.95	$ 89.75	$ 11.22	$ 79.66
Service Item	J1610 glucagon recombinant 1 mg Inj	J1610	$ 957.55	$ 574.53	$ 594.02	$ 47.31	$ 880.95
Service Item	J1726 Makena 275mg inj	J1726	$ 2,930.95	$ 1,758.57	$ 1,610.83	$ 29.31	$ 2,696.47
Service Item	J1815 insulin regular (ED/AMB use) 1 units/0.01 mL	J1815	$ 12.10	$ 7.26	$ 108.30	$ 0.15	$ 11.13
Service Item	J1885 ketorolac 30 mg/mL Inj 1 mL	J1885	$ 16.95	$ 10.17	$ 10.62	$ 1.20	$ 15.59

Service Item	J2001 lidocaine 2% Inj 10 mL	J2001	$ 10.18	$ 6.11	$ 9.34	$ 0.11	$ 9.37
Service Item	J2300 Nalbuphine 10Mg/Ml Inj	J2300	$ 14.20	$ 8.52	$ 10.75	$ 3.36	$ 13.06
Service Item	J2310 nalOXone 0.4 mg/mL Inj 1 mL	J2310	$ 111.90	$ 67.14	$ 71.04	$ 4.65	$ 102.95
Service Item	J2550 promethazine 25 mg/mL Inj 1 mL	J2550	$ 12.10	$ 7.26	$ 7.57	$ 1.07	$ 11.13
Service Item	J2791 RHo (D) immune globulin 300 mcg/2 mL Inj	J2791	$ 847.50	$ 508.50	$ 552.08	$ 10.41	$ 779.70
Service Item	J2920 methylPREDNISolone 40 mg/mL (Solu-Medrol)	J2920	$ 33.25	$ 19.95	$ 19.89	$ 2.21	$ 30.59
Service Item	J2930 methylPREDNISolone 125 mg/ 2 mL (Solu-Medrol)	J2930	$ 53.65	$ 32.19	$ 32.00	$ 5.80	$ 49.36
Service Item	J3030 SUMAtriptan 6 mg/0.5 mL Inj 0.5 mL	J3030	$ 133.95	$ 80.37	$ 98.31	$ 28.99	$ 123.23
Service Item	J3301 triamcinolone acetonide 40 mg/mL Inj 1 mL	J3301	$ 47.45	$ 28.47	$ 32.02	$ 2.05	$ 43.65
Service Item	J3410 hydrOXYzine HCl 50 mg/mL IM Inj 1 mL	J3410	$ 22.98	$ 13.79	$ 20.28	$ 12.44	$ 21.14
Service Item	J3420 cyanocobalamin 1,000 mcg/mL Inj 1 mL	J3420	$ 49.40	$ 29.64	$ 28.24	$ 3.05	$ 45.45
Service Item	J3490 sodium bicarbonate 8.4% 50 mL Vial	J3490	$ 51.90	$ 31.14	$ 38.68	$ 23.14	$ 47.75
Service Item	J7298 Mirena Iud	J7298	$ 3,417.75	$ 2,050.65	$ 2,298.31	$ 927.15	$ 3,144.33
Service Item	J7300 Intrauterine Copper Contraceptive	J7300	$ 3,541.25	$ 2,124.75	$ 2,274.21	$ 354.26	$ 3,257.95
Service Item	J7307 Etonogestrel Implant System	J7307	$ 3,379.30	$ 2,027.58	$ 2,237.73	$ 641.30	$ 3,108.96
Service Item	J7512 predniSONE 20 mg Tab	J7512	$ 12.10	$ 7.26	$ 6.62	$ 0.02	$ 11.13
Service Item	J7626 budesonide 0.25 mg/2 mL Inh Susp 2 mL	J7626	$ 53.65	$ 32.19	$ 31.20	$ 0.76	$ 49.36
Service Item	J7644 Ipratropium Bromide Inhal Sol U-Mg	J7644	$ 9.70	$ 5.82	$ 5.81	$ 0.40	$ 8.92
Service Item	J8540 Dexamethasone Oral	J8540	$ 9.70	$ 5.82	$ 5.73	$ 0.16	$ 8.92
Service Item	Q0091 Scr Pap Smer Obtain Prep&Convy-Lab	Q0091	$ 79.58	$ 46.36	$ 53.95	$ 21.46	$ 73.21
Service Item	Q0111 Wet Mounts W/Prep Vag Cerv/Skn Spec	Q0111	$ 9.76	$ 5.69	$ 20.22	$ 3.36	$ 8.98
Service Item	S9445 Contraceptive Counsel	S9445	$ 16.28	$ 9.49	$ 22.23	$ 7.91	$ 14.98
Service Item	T1017 Targeted Case Management Ea 15 Mins	T1017	$ 55.46	$ 32.30	$ 38.52	$ 24.86	$ 51.02
Service Item	Z1032 Initial Ob Exam	99214	$ 291.60	$ 169.87	$ 192.17	$ 88.37	$ 268.27
Service Item	Z1034 Antepartum Visit	99213	$ 139.95	$ 81.52	$ 102.92	$ 57.37	$ 128.75
Service Item	Z1038 Postpartum Visit	99212	$ 139.95	$ 81.52	$ 88.81	$ 29.22	$ 128.75
Service Item	Z6200 Cpsp Nutrition Init Asses	Z6200	$ 31.13	$ 18.13	$ 21.75	$ 15.11	$ 28.64
Service Item	Z6202 Cpsp Nutr Init Ass Ea Sub	Z6202	$ 16.39	$ 9.55	$ 12.98	$ 9.55	$ 15.08
Service Item	Z6204 Cpsp Nutrition F/U	Z6204	$ 16.28	$ 9.49	$ 11.38	$ 7.91	$ 14.98
Service Item	Z6206 Cpsp Nutrition Group	Z6206	$ 7.65	$ 4.46	$ 6.06	$ 4.46	$ 7.04
Service Item	Z6208 Cpsp Nutrition Postpartum	Z6208	$ 16.28	$ 9.49	$ 11.38	$ 7.91	$ 14.98
Service Item	Z6300 Cpsp Psychsoc Init Assess 30 Min	Z6300	$ 31.13	$ 18.13	$ 21.75	$ 15.11	$ 28.64
Service Item	Z6302 Cpsp Psychsoc Init Assess Ea Add 15 Min	Z6302	$ 16.28	$ 9.49	$ 12.89	$ 9.49	$ 14.98
Service Item	Z6304 Cpsp Psychsoc F/U	Z6304	$ 16.28	$ 9.49	$ 11.38	$ 7.91	$ 14.98
Service Item	Z6306 Psych Group Interven	Z6306	$ 53.00	$ 30.88	$ 37.03	$ 25.73	$ 48.76
Service Item	Z6308 Cpsp Psychsoc Postpartum	Z6308	$ 16.28	$ 9.49	$ 11.38	$ 7.91	$ 14.98
Service Item	Z6400 Cpsp Hlth Ed Orient	Z6400	$ 16.28	$ 9.49	$ 11.38	$ 7.91	$ 14.98
Service Item	Z6402 Cpsp Hlth Ed Init Assess	Z6402	$ 31.13	$ 18.13	$ 21.75	$ 15.11	$ 28.64
Service Item	Z6404 Cpsp Hl Ed Int Ea Sub	Z6404	$ 16.28	$ 9.49	$ 11.38	$ 7.91	$ 14.98
Service Item	Z6406 Cpsp Hlth Educ F/U	Z6406	$ 74.58	$ 43.45	$ 52.11	$ 36.21	$ 68.61
Service Item	Z6408 Cpsp Hlth Educ Group	Z6408	$ 7.65	$ 4.46	$ 6.06	$ 4.46	$ 7.04
Service Item	Z6410 Cpsp Hlth Educ Perinatal	Z6410	$ 16.39	$ 9.55	$ 12.98	$ 9.55	$ 15.08
Service Item	Z6412 Cpsp Hlth Educ Peri Group	Z6412	$ 74.58	$ 43.45	$ 52.11	$ 36.21	$ 68.61
Service Item	Z6414 Cpsp Hlth Ed Postpartum	Z6414	$ 16.28	$ 9.49	$ 11.38	$ 7.91	$ 14.98
Service Item	Z6500 Cpsp Initial Comp Assessment First 30 Min	Z6500	$ 286.44	$ 166.86	$ 200.13	$ 139.05	$ 263.52

Sevice Description	CPT/HCPCS Primary Code	Gross charge	Cash price	Private Insurance	Minimum Rate	Maximum Rate
Removal of 1 or more breast growth, open procedure	19120	$ 9,135	$ 2,400	$ 5,699	$ 2,400	$ 8,404
Shaving of shoulder bone using an endoscope	29826	$ 23,364	$ 3,400	$ 10,256	$ 2,514	$ 21,495
Removal of one knee cartilage using an endoscope	29881	$ 13,547	$ 3,000	$ 7,575	$ 3,000	$ 12,463
COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415	$ 34	$ 10	$ 24	$ 9	$ 30
Removal of tonsils and adenoid glands patient younger than age 12	42820	$ 8,528	$ 3,000	$ 5,662	$ 2,514	$ 7,846
Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	43235	$ 3,600	$ 2,160	$ 2,653	$ 911	$ 3,541
Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	43239	$ 3,600	$ 2,100	$ 2,805	$ 911	$ 3,541
Colonoscopy Dx	45378	$ 2,700	$ 1,600	$ 2,164	$ 885	$ 2,761
Diagnostic examination of large bowel using an endoscope	45378	$ 2,700	$ 2,100	$ 2,388	$ 885	$ 3,541
Biopsy of large bowel using an endoscope	45380	$ 2,700	$ 1,600	$ 2,416	$ 1,164	$ 3,541
Colonoscopy W/ Bx	45380	$ 2,700	$ 1,600	$ 2,271	$ 1,164	$ 3,312
Removal of polyps or growths of large bowel using an endoscope	45385	$ 2,700	$ 1,600	$ 2,416	$ 1,164	$ 3,541
Colonoscopy W/ Dilation	45386	$ 3,600	$ 1,600	$ 2,437	$ 1,164	$ 2,761
Ultrasound examination of lower large bowel using an endoscope	45391	$ 3,600	$ 2,100	$ 2,511	$ 939	$ 3,475
Removal of gallbladder using an endoscope	47562	$ 20,039	$ 6,300	$ 11,437	$ 5,181	$ 18,436
Repair of groin hernia patient age 5 years or older	49505	$ 21,399	$ 3,000	$ 9,948	$ 3,000	$ 19,687
Biopsy of prostate gland	55700	$ 5,672	$ 2,100	$ 3,843	$ 2,100	$ 5,219
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	$ 68,652	$ 4,700	$ 33,900	$ 1,736	$ 63,160
FETAL NON-STRESS TEST	59025	$ 394	$ 210	$ 326	$ 192	$ 536
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	$ 1,563	$ 2,100	$ 1,594	$ 724	$ 2,569
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	$ 1,563	$ 2,100	$ 1,121	$ 495	$ 2,100
Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	64483	$ 2,030	$ 2,100	$ 1,973	$ 941	$ 2,761
Removal of cataract with insertion of lens	66984	$ 2,472	$ 4,700	$ 4,554	$ 2,100	$ 8,603
RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	70360	$ 230	$ 54	$ 245	$ 49	$ 888
COMPUTED TOMOGRAPHY, HEAD OR BRAIN; W/O CONTRAST MATERIAL	70450	$ 1,846	$ 597	$ 1,137	$ 130	$ 1,649
CT scan, head or brain, without contrast	70450	$ 1,846	$ 597	$ 1,137	$ 130	$ 1,649
COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	70486	$ 1,920	$ 599	$ 1,295	$ 130	$ 1,715
COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	70491	$ 2,123	$ 718	$ 1,507	$ 211	$ 3,612
COMPUTED TOMOGRAPHIC ANGIOGRAPHY,HEAD W/O CONTRAST,FOLLOWED BY CONTRAST, INCLUDING IMAGE POST PROCESSING	70496	$ 2,567	$ 931	$ 1,892	$ 211	$ 3,612
COMPUTED TOMOGRAPHIC ANGIOGRAPHY,NECK W/O CONTRAST,FOLLOWED BY CONTRAST, INCLUDING IMAGE POST PROCESSING	70498	$ 2,567	$ 931	$ 1,875	$ 211	$ 3,612
MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	70551	$ 3,912	$ 1,411	$ 2,340	$ 270	$ 3,494
MAGNETIC RESONANCE (EG, PROTON) IMAGING BRAIN;W/O CONTRAST MATERIAL,FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQ	70553	$ 6,088	$ 2,779	$ 3,743	$ 442	$ 6,522
MRI scan of brain before and after contrast	70553	$ 6,088	$ 2,779	$ 3,743	$ 442	$ 6,522
X-ray exam chest 1 view	71045	$ 260	$ 156	$ 251	$ 35	$ 888
X-ray exam chest 2 views	71046	$ 410	$ 246	$ 308	$ 64	$ 888
RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	71101	$ 376	$ 86	$ 399	$ 81	$ 1,636
COMPUTED TOMOGRAPHY, THORAX; W/O CONTRAST MATERIAL	71250	$ 2,198	$ 747	$ 1,447	$ 130	$ 1,963
COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	71260	$ 2,800	$ 894	$ 1,964	$ 211	$ 3,612
CT ANGIOGRAPHY, CHEST (NONCORONARY), W/O CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS, IN	71275	$ 3,022	$ 1,138	$ 1,993	$ 211	$ 3,612
RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	72020	$ 292	$ 54	$ 276	$ 49	$ 888
RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 3 VIEWS OR LESS	72040	$ 433	$ 77	$ 348	$ 73	$ 888
RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	72050	$ 728	$ 115	$ 575	$ 109	$ 1,636

RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	72070	$ 440	$ 83	$ 431	$ 79	$ 1,636
RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	72100	$ 472	$ 85	$ 447	$ 81	$ 1,636
RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	72110	$ 806	$ 117	$ 614	$ 111	$ 1,636
X-Ray, lower back, minimum four views	72110	$ 806	$ 117	$ 607	$ 111	$ 1,636
COMPUTED TOMOGRAPHY, CERVICAL SPINE; W/O CONTRAST MATERIAL	72125	$ 2,555	$ 747	$ 1,623	$ 130	$ 2,282
COMPUTED TOMOGRAPHY, THORACIC SPINE; W/O CONTRAST MATERIAL	72128	$ 2,555	$ 747	$ 1,623	$ 130	$ 2,282
COMPUTED TOMOGRAPHY, LUMBAR SPINE; W/O CONTRAST MATERIAL	72131	$ 2,448	$ 747	$ 1,570	$ 130	$ 2,187
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	72141	$ 3,755	$ 1,412	$ 2,284	$ 270	$ 3,354
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	72146	$ 3,803	$ 1,566	$ 2,330	$ 270	$ 3,397
MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	72148	$ 3,921	$ 1,565	$ 2,371	$ 270	$ 3,502
MRI scan of lower spinal canal	72148	$ 3,921	$ 1,565	$ 2,371	$ 270	$ 3,502
MAGNETIC RESONANCE IMAGING,SPINAL CANAL AND CONTENTS, W/O CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S);LUMBAR	72158	$ 6,065	$ 2,779	$ 4,132	$ 442	$ 6,522
RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	72170	$ 257	$ 67	$ 318	$ 60	$ 1,636
COMPUTED TOMOGRAPHY, PELVIS; W/O CONTRAST MATERIAL RIAL	72192	$ 2,353	$ 747	$ 1,523	$ 130	$ 2,102
CT scan, pelvis, with contrast	72193	$ 2,633	$ 863	$ 1,878	$ 211	$ 3,612
RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	73030	$ 351	$ 73	$ 276	$ 65	$ 888
RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	73060	$ 257	$ 73	$ 261	$ 70	$ 888
RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	73070	$ 254	$ 67	$ 258	$ 62	$ 888
RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	73080	$ 421	$ 73	$ 342	$ 70	$ 888
RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	73090	$ 344	$ 67	$ 303	$ 62	$ 888
RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	73100	$ 307	$ 63	$ 284	$ 59	$ 888
RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	73110	$ 441	$ 68	$ 351	$ 63	$ 888
RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	73120	$ 387	$ 63	$ 365	$ 56	$ 1,636
RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	73130	$ 441	$ 68	$ 351	$ 63	$ 888
RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	73140	$ 252	$ 54	$ 256	$ 49	$ 888
MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	73221	$ 3,660	$ 1,406	$ 2,248	$ 270	$ 3,320
X-ray exam hip uni 1 view	73501	$ 280	$ 108	$ 245	$ 66	$ 888
X-ray exam hip uni 2-3 views	73502	$ 352	$ 159	$ 303	$ 92	$ 888
X-ray exam of femur 2/>	73552	$ 304	$ 121	$ 277	$ 74	$ 888
RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	73560	$ 313	$ 67	$ 287	$ 62	$ 888
RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	73562	$ 389	$ 73	$ 326	$ 70	$ 888
RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND/OR TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEWS	73564	$ 423	$ 79	$ 421	$ 76	$ 1,636
RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	73590	$ 350	$ 67	$ 273	$ 60	$ 888
RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	73600	$ 325	$ 63	$ 293	$ 59	$ 888
RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	73610	$ 434	$ 68	$ 347	$ 63	$ 888
RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	73620	$ 346	$ 63	$ 304	$ 59	$ 888
RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	73630	$ 407	$ 68	$ 296	$ 61	$ 888
RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	73660	$ 253	$ 54	$ 257	$ 49	$ 888
COMPUTED TOMOGRAPHY, LOWER EXTREMITY; W/O CONTRAST MATERIAL	73700	$ 1,926	$ 629	$ 1,191	$ 130	$ 1,721
COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	73701	$ 2,117	$ 747	$ 1,613	$ 211	$ 3,612

COMPUTED TOMOGRAPHIC ANGIOGRAPHY,LOWER EXTREMITY,W/O CONTRASFOLLOW CONTRAST,FURTHER SECTIONS,INCLUDING IMAGE POST PROCES	73706	$ 2,671	$ 961	$ 1,946	$ 211	$ 3,612
MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIALS	73721	$ 3,649	$ 1,406	$ 2,434	$ 270	$ 3,320
MRI scan of leg joint	73721	$ 3,649	$ 1,406	$ 2,434	$ 270	$ 3,320
X-ray exam abdomen 1 view	74018	$ 250	$ 150	$ 249	$ 59	$ 888
X-ray exam abdomen 2 views	74019	$ 384	$ 230	$ 394	$ 71	$ 1,636
RADIOLOGIC EXAM, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCSUPINE, ERECT, AND/OR DECUBITUS VIEWS, SINGLE VIEW CHEST	74022	$ 436	$ 95	$ 399	$ 85	$ 1,636
COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S)INCLUDING NONCONTRAST IMAGES,IF PERFORMED	74174	$ 4,215	$ 1,734	$ 2,756	$ 442	$ 3,765
COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	74176	$ 4,351	$ 482	$ 2,665	$ 270	$ 3,886
COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	74177	$ 5,361	$ 919	$ 2,720	$ 442	$ 4,789
CT scan of abdomen and pelvis with contrast	74177	$ 5,361	$ 919	$ 2,720	$ 442	$ 4,789
COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MAT	74178	$ 6,064	$ 1,215	$ 3,045	$ 442	$ 5,416
MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIALS	74181	$ 3,755	$ 1,412	$ 2,283	$ 270	$ 3,354
RADIOLOGIC EXAMINATION; ESOPHAGUS	74220	$ 609	$ 142	$ 689	$ 127	$ 3,612
SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	74230	$ 663	$ 167	$ 535	$ 149	$ 1,636
RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFERVESCENT	74246	$ 1,156	$ 211	$ 911	$ 201	$ 3,612
RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	74250	$ 696	$ 166	$ 534	$ 149	$ 1,636
ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	74328	$ 825	$ 399	$ 591	$ 358	$ 737
COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA,BILATERAL ILIOFEMOAL LOWER EXTREMITY RUNOFF,SUPV,INTERP W/O CONTRAST	75635	$ 3,149	$ 1,094	$ 2,202	$ 211	$ 3,612
RADIOLOGICAL GUIDANCE (IE FLUOROSCOPY, ULTRASOUND, CT)W/PLCTOF CATHETER, RAD SUPV & INTERP; FOR PERCUTANEOUS DRAINAGE	75989	$ 1,177	$ 399	$ 815	$ 288	$ 1,051
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME, OTHER THAN 71023 OR 71034 (EG CARDI	76000	$ 796	$ 145	$ 814	$ 145	$ 3,320
3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMAGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER	76376	$ 828	$ 430	$ 587	$ 306	$ 739
ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTRICULAR S	76506	$ 199	$ 156	$ 311	$ 116	$ 1,636
ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), REAL TIME WITH IMAGE DOCUMENTATION	76536	$ 859	$ 181	$ 712	$ 130	$ 1,636
Ultrasound breast complete	76641	$ 643	$ 325	$ 611	$ 130	$ 1,636
Ultrasound of abdomen	76700	$ 1,187	$ 252	$ 789	$ 130	$ 1,636
ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION, COMPLETE	76700	$ 1,187	$ 252	$ 789	$ 130	$ 1,636
ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT, FOLLO	76705	$ 986	$ 181	$ 676	$ 130	$ 1,636
ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	76770	$ 903	$ 252	$ 740	$ 130	$ 1,636
ULTRASOUND,PREG UTERUS,REAL TIME WITH IMAGE DOC FETAL/MATER EVAL,FIRST TRI(<14WKS 0DAYS),TRANSABDOMINAL;SNGL/FIRST GEST	76801	$ 794	$ 140	$ 688	$ 130	$ 1,636
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	$ 794	$ 261	$ 828	$ 130	$ 2,339
ULTRASOUND, PREGNANT UTERUS, REAL TIME W/IMAGE DOC, FETAL & MATERNAL EVAL, AFTER 1ST TRIMESTER, SINGLE/FIRST GESTATION	76805	$ 794	$ 261	$ 688	$ 130	$ 1,636

ULTRASOUND, PREGNANT UTERUS, REAL TIME W/IMAGE DOC, LIMITED;ONE OR MORE FETUSES; (EG, FETAL HEARTBEAT, PLACENTAL LOCATIO	76815	$ 488	$ 173	$ 528	$ 130	$ 1,636
ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	76817	$ 755	$ 200	$ 607	$ 130	$ 1,636
FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	76819	$ 555	$ 210	$ 482	$ 130	$ 1,636
ECHOGRAPHY, TRANSVAGINAL	76830	$ 749	$ 196	$ 582	$ 130	$ 1,636
Ultrasound pelvis through vagina	76830	$ 749	$ 196	$ 619	$ 130	$ 1,636
ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	76856	$ 923	$ 196	$ 744	$ 130	$ 1,636
ECHOGRAPHY, SCROTUM AND CONTENTS	76870	$ 723	$ 175	$ 570	$ 130	$ 1,636
ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT(EG,BIOPSY,ASPIRATION,INJECTION,LOCALIZATIO N DEVICE)RADIOLOGICAL IMAGING(S)AND(I	76942	$ 828	$ 194	$ 643	$ 174	$ 939
COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION,INJECTION,LOCALIZATION DEVICE), RADIOLOGICAL S	77012	$ 3,127	$ 1,047	$ 1,949	$ 246	$ 2,793
Breast tomosynthesis bi	77063	$ 136	$ 136	$ 139	$ 84	$ 336
Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	77065	$ 436	$ 352	$ 462	$ 240	$ 1,262
Mammography of one breast	77065	$ 436	$ 352	$ 462	$ 240	$ 1,262
Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	77066	$ 545	$ 450	$ 589	$ 352	$ 1,613
Mammography of both breasts	77066	$ 545	$ 450	$ 589	$ 352	$ 1,613
Mammography, screening, bilateral	77067	$ 344	$ 344	$ 443	$ 263	$ 1,333
Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	77067	$ 344	$ 372	$ 443	$ 263	$ 1,333
DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	77080	$ 345	$ 364	$ 386	$ 99	$ 1,636
THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	77280	$ 783	$ 386	$ 651	$ 147	$ 1,791
THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	77290	$ 2,300	$ 721	$ 1,743	$ 288	$ 4,618
THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE-DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUME	77295	$ 3,655	$ 3,110	$ 4,012	$ 288	$ 16,960
BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOM	77300	$ 382	$ 172	$ 633	$ 147	$ 2,339
INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE VOLUMEHISTOGRAMS FOR TARGET CRITICAL STRUCTURE PARTIAL TOLERANCE	77301	$ 8,568	$ 3,394	$ 6,641	$ 1,443	$ 16,960
Telethx isodose plan cplx	77307	$ 1,225	$ 611	$ 1,243	$ 388	$ 4,618
TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	77332	$ 543	$ 171	$ 507	$ 147	$ 1,791
TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOL	77334	$ 712	$ 414	$ 920	$ 288	$ 4,618
CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING QUALITY A	77336	$ 384	$ 335	$ 442	$ 147	$ 1,791
MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT	77338	$ 1,331	$ 1,169	$ 1,473	$ 388	$ 4,618
SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	77370	$ 590	$ 404	$ 562	$ 147	$ 1,791
Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	77385	$ 2,144	$ 1,820	$ 2,186	$ 624	$ 7,465
Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	77386	$ 2,358	$ 2,184	$ 2,324	$ 624	$ 7,465
Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	77387	$ 509	$ 219	$ 423	$ 219	$ 533
RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIO	77412	$ 1,184	$ 267	$ 1,023	$ 267	$ 3,142
THERAPEUTIC RADIOLOGY PORT FILM(S)	77417	$ 439	$ 74	$ 316	$ 72	$ 392
SPECIAL TREATMENT PROCEDURE(EG,TOTAL BODY IRRADIATION,HEMIBODY IRRADIATION,PER ORAL VAGINAL ENDOCAVITARY,INTRAOPERATIVE	77470	$ 1,475	$ 1,238	$ 1,758	$ 624	$ 7,465

HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION,INCLUDING QUANTITATIVE	78227	$ 2,179	$ 1,113	$ 1,555	$ 547	$ 1,946
BONE AND/OR JOINT IMAGING; WHOLE BODY	78306	$ 1,812	$ 532	$ 1,149	$ 288	$ 1,618
MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC)	78451	$ 2,682	$ 548	$ 1,950	$ 502	$ 2,396
MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) A	78452	$ 3,318	$ 1,583	$ 2,358	$ 971	$ 2,964
TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY WITH CONCURRENT ACQUIRED COMPUTED TOMOGRAPHY FOR ATTENUATION CORRECTION AND	78815	$ 4,880	$ 3,189	$ 4,175	$ 288	$ 11,436
Basic metabolic panel	80048	$ 180	$ 38	$ 101	$ 34	$ 164
BASIC METABOLIC PANEL	80048	$ 180	$ 38	$ 101	$ 34	$ 164
Blood test, comprehensive group of blood chemicals	80053	$ 258	$ 47	$ 140	$ 42	$ 235
COMPREHENSIVE METABOLIC PANEL	80053	$ 258	$ 47	$ 140	$ 42	$ 235
Obstetric blood test panel	80055	$ 338	$ 73	$ 278	$ 66	$ 470
Blood test, lipids (cholesterol and triglycerides)	80061	$ 202	$ 60	$ 127	$ 54	$ 184
LIPID PROFILE	80061	$ 202	$ 60	$ 127	$ 54	$ 184
Kidney function panel test	80069	$ 222	$ 39	$ 118	$ 35	$ 202
RENAL FUNCTION PANEL	80069	$ 222	$ 39	$ 118	$ 35	$ 202
ACUTE HEPATITIS PANEL	80074	$ 432	$ 180	$ 334	$ 162	$ 468
HEPATIC FUNCTION PANEL	80076	$ 297	$ 36	$ 147	$ 33	$ 270
Liver function blood test panel	80076	$ 297	$ 36	$ 147	$ 33	$ 270
Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg utilizing immunoassay, enzyme assay, [eg EIA, ELISA, EMIT, FPIA, IA KIMS, RIA]) and mass spectrometry either with or without	80307	$ 130	$ 280	$ 270	$ 112	$ 572
Alcohols	80320	$ 162	$ 47	$ 109	$ 0	$ 147
Manual urinalysis test with examination using microscope	81001	$ 66	$ 14	$ 37	$ 13	$ 60
URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GLUCOSE ETC; AUTOMATED WITH MICROSCOPY	81001	$ 66	$ 14	$ 37	$ 12	$ 60
Automated urinalysis test	81003	$ 38	$ 10	$ 24	$ 9	$ 32
URINALYSIS, BY DIP SICK OR TABLET REAGENT FOR BILIRUBIN,ETC W/O MICROSCOPY, AUTOMATED	81003	$ 38	$ 10	$ 23	$ 9	$ 32
URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	81025	$ 111	$ 23	$ 79	$ 23	$ 101
ACETONE; QUANTITATIVE	82010	$ 80	$ 36	$ 60	$ 32	$ 80
ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD	82040	$ 68	$ 22	$ 44	$ 20	$ 61
ALBUMIN;URINE, MICROALBUMIN,QUANTITATIVE	82043	$ 87	$ 26	$ 55	$ 23	$ 80
AMMONIA; BLOOD	82140	$ 169	$ 65	$ 118	$ 58	$ 153
BILIRUBIN; DIRECT	82248	$ 68	$ 22	$ 44	$ 20	$ 61
BLOOD, OCCULT, BY PEROXIDASE ACTIVITY, QUALITATIVE; FECES, CONSECUTIVE COLLECTED SPECIMENS WITH SINGLE DETERMINATION, FO	82270	$ 49	$ 11	$ 36	$ 11	$ 44
VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED	82306	$ 129	$ 132	$ 154	$ 112	$ 291
CALCIUM, BLOOD; CHEMICAL	82310	$ 57	$ 23	$ 41	$ 21	$ 52
CALCIUM, BLOOD; FRACTIONATED, DIFFUSIBLE	82330	$ 144	$ 61	$ 105	$ 55	$ 134
CARBON DIOXIDE, COMBINING POWER OR CONTENT	82374	$ 70	$ 21	$ 45	$ 19	$ 63
CHLORIDES; BLOOD (SPECIFY CHEMICAL OR ELECTROMETRIC)	82435	$ 55	$ 21	$ 41	$ 19	$ 50
CREATINE PHOSPHOKINASE (CPK), BLOOD; TIMED KINETIC ULTRAVIOLET METHOD	82550	$ 92	$ 29	$ 59	$ 26	$ 84
MB FRACTION ONLY	82553	$ 201	$ 51	$ 120	$ 46	$ 183
CREATININE; BLOOD	82565	$ 69	$ 23	$ 45	$ 20	$ 63
CREATININE; URINE	82570	$ 97	$ 23	$ 57	$ 21	$ 88
CYANOCOBALAMIN (VITAMIN B-12); RIA	82607	$ 179	$ 67	$ 124	$ 60	$ 163
FERRITIN, SPECIFY METHOD (EG, RIA, IMMUNORADIOMETRIC ASSAY)	82728	$ 183	$ 61	$ 120	$ 54	$ 167
FOLIC ACID (FOLATE), BLOOD; RIA	82746	$ 185	$ 66	$ 125	$ 59	$ 169
GASES, BLOOD; PH, PCO2, PO2 SIMULTANEOUS	82803	$ 261	$ 86	$ 173	$ 77	$ 238
GLUCOSE; BLOOD (EXCEPT REAGENT STRIP)	82947	$ 60	$ 18	$ 43	$ 16	$ 54
GLUCOSE; BLOOD, STICK TEST	82948	$ 68	$ 14	$ 39	$ 13	$ 62
GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	82950	$ 67	$ 21	$ 43	$ 19	$ 61
HEMOGLOBIN; GLYCOSYLATED (A1C)	83036	$ 135	$ 43	$ 87	$ 39	$ 123
IRON, SERUM; CHEMICAL	83540	$ 85	$ 29	$ 56	$ 26	$ 77
LACTATE (LACTIC ACID)	83605	$ 102	$ 48	$ 79	$ 45	$ 105
LACTIC DEHYDROGENASE (LDH), BLOOD; KINETIC ULTRAVIOLET METHOD	83615	$ 99	$ 27	$ 60	$ 24	$ 90

LIPASE, BLOOD	83690	$ 91	$ 31	$ 60	$ 27	$ 82
MAGNESIUM, BLOOD; CHEMICAL	83735	$ 115	$ 30	$ 69	$ 27	$ 105
MASS SPECTROMETRY AND TANDEM MASS SPECTROMETY,ANALYTE NOT ELESWHERE;QUANTITATIVE,EACH SPECIMEN	83789	$ 80	$ 80	$ 96	$ 70	$ 192
NATRIURETIC PEPTIDE	83880	$ 269	$ 151	$ 225	$ 136	$ 334
PARATHORMONE (PARATHYROID HORMONE), RIA	83970	$ 99	$ 184	$ 183	$ 86	$ 406
PHOSPHATASE, ALKALINE, BLOOD;	84075	$ 66	$ 23	$ 44	$ 21	$ 60
PHOSPHORUS (PHOSPHATE); BLOOD	84100	$ 66	$ 21	$ 43	$ 19	$ 60
POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD	84132	$ 66	$ 21	$ 48	$ 19	$ 61
PREALBUMIN	84134	$ 166	$ 65	$ 117	$ 58	$ 151
PROCALCITONIN (PCT)	84145	$ 227	$ 78	$ 181	$ 78	$ 263
PROSTATE SPECIFIC ANTIGEN	84153	$ 213	$ 82	$ 149	$ 73	$ 194
PSA (prostate specific antigen), total	84153	$ 213	$ 82	$ 149	$ 73	$ 194
PSA (prostate specific antigen), free	84154	$ 21	$ 82	$ 72	$ 18	$ 181
PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	84155	$ 46	$ 16	$ 31	$ 15	$ 42
SODIUM; SERUM, PLASMA OR WHOLE BLOOD	84295	$ 73	$ 21	$ 46	$ 19	$ 66
SODIUM; URINE	84300	$ 86	$ 22	$ 51	$ 19	$ 78
THYROXINE, TRUE (TT-4), RIA	84436	$ 81	$ 31	$ 56	$ 27	$ 74
THYROXINE, FREE (FT-4), RIA (UNBOUND T-4 ONLY)	84439	$ 137	$ 40	$ 86	$ 36	$ 125
Blood test, thyroid stimulating hormone (TSH)	84443	$ 182	$ 75	$ 131	$ 67	$ 165
THYROID STIMULATING HORMONE (TSH), RIA OR EIA	84443	$ 182	$ 75	$ 131	$ 67	$ 165
TRANSAMINASE, GLUTAMIC OXALOACETIC (SGOT), BLOOD; TIMED KINETIC ULTRAVIOLET METHOD	84450	$ 72	$ 23	$ 47	$ 21	$ 65
TRANSAMINASE, GLUTAMIC PYRUVIC (SGPT), BLOOD; TIMED KINETIC ULTRAVIOLET METHOD	84460	$ 70	$ 23	$ 46	$ 21	$ 64
TRANSFERRIN	84466	$ 135	$ 59	$ 98	$ 53	$ 125
TRIGLYCERIDES, BLOOD	84478	$ 67	$ 26	$ 47	$ 23	$ 61
TRIIODOTHYRONINE (T-3), RESIN UPTAKE	84479	$ 87	$ 29	$ 57	$ 26	$ 80
TRIIODOTHYRONINE, FREE (FT-3), RIA (UNBOUND T-3 ONLY)	84481	$ 209	$ 76	$ 142	$ 68	$ 190
TROPONIN	84484	$ 154	$ 85	$ 100	$ 41	$ 140
UREA NITROGEN, BLOOD (BUN); QUANTITATIVE	84520	$ 60	$ 18	$ 38	$ 16	$ 54
URIC ACID; BLOOD, CHEMICAL	84550	$ 64	$ 20	$ 41	$ 18	$ 58
GONADOTROPIN, CHORIONIC; QUANTITATIVE	84702	$ 254	$ 64	$ 153	$ 58	$ 232
GONADOTROPIN, CHORIONIC; QUALITATIVE	84703	$ 140	$ 33	$ 98	$ 31	$ 128
BLOOD COUNT; HEMATOCRIT (HCT)	85014	$ 39	$ 11	$ 28	$ 10	$ 36
BLOOD COUNT; HEMOGLOBIN (HGB)	85018	$ 39	$ 11	$ 28	$ 10	$ 36
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	85025	$ 117	$ 35	$ 73	$ 31	$ 106
Complete blood cell count, with differential white blood cells, automated	85025	$ 117	$ 35	$ 73	$ 31	$ 106
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	85027	$ 108	$ 29	$ 65	$ 26	$ 98
Complete blood count, automated	85027	$ 108	$ 29	$ 65	$ 26	$ 98
BLOOD COUNT; RETICULOCYTE, AUTOMATED	85045	$ 47	$ 18	$ 33	$ 16	$ 43
COAGULATION TIME; ACTIVATED	85347	$ 67	$ 19	$ 48	$ 18	$ 61
FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	85379	$ 133	$ 45	$ 88	$ 41	$ 121
FIBRINOGEN; ACTIVITY	85384	$ 149	$ 38	$ 89	$ 34	$ 136
FIBRINOLYSINS; SCREENING	85390	$ 54	$ 23	$ 48	$ 21	$ 123
PLATELET; AGGREGATION (IN VITRO), EACH AGENT	85576	$ 254	$ 81	$ 175	$ 73	$ 232
Blood test, clotting time	85610	$ 72	$ 18	$ 51	$ 16	$ 66
PROTHROMBIN TIME;	85610	$ 72	$ 18	$ 51	$ 16	$ 66
SEDIMENTATION RATE (ESR); WESTERGREN TYPE	85651	$ 55	$ 16	$ 34	$ 14	$ 50
Coagulation assessment blood test	85730	$ 103	$ 27	$ 62	$ 24	$ 94
THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	85730	$ 103	$ 27	$ 62	$ 24	$ 94
ALLERGEN SPECIFIC IGE; QUUANTITIATIVE, OR SEMIQUANTITATIVE EACH ALLERGEN	86003	$ 6	$ 6	$ 25	$ 5	$ 70
C-REACTIVE PROTEIN	86140	$ 161	$ 23	$ 82	$ 21	$ 147
SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)	86592	$ 58	$ 19	$ 38	$ 17	$ 53
COCCIDIOIDES	86635	$ 88	$ 52	$ 75	$ 46	$ 113
ANTIBODY SCREEN, RBC EACH SERUM	86850	$ 123	$ 48	$ 82	$ 43	$ 112
ANTIHUMAN GLOBULIN TEST; DIRECT, EACH ANTISERUM	86880	$ 76	$ 24	$ 48	$ 21	$ 69
BLOOD TYPING; ABO	86900	$ 152	$ 13	$ 76	$ 12	$ 138
RH (D)	86901	$ 62	$ 28	$ 37	$ 12	$ 56
COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	86920	$ 196	$ 160	$ 164	$ 61	$ 295

CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES (INCLUDES ANAEROBIC CLUTUR	87040	$ 204	$ 46	$ 117	$ 41	$ 185
CULTURE,BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD, OR STOOL, AEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION	87070	$ 126	$ 38	$ 80	$ 34	$ 115
CULTURE, BACTERIAL; ANY SOURCE; EXCEPT BLOOD ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	87075	$ 107	$ 42	$ 76	$ 38	$ 98
CULTURE, BACTERIAL, URINE; QUANTITATIVE, COLONY COUNT,URINE	87086	$ 154	$ 35	$ 89	$ 32	$ 141
CULTURE, BACTERIAL; COLONY COUNT; W/ISOLATION AND PRESUMPTIVE IDENTIFICATION EACH ISOLATE, URINE	87088	$ 137	$ 32	$ 82	$ 29	$ 124
CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIED PROBE TECHNIQUE, PER CULTURE OR ISOLATE, E	87150	$ 61	$ 196	$ 161	$ 53	$ 345
SENSITIVITY STUDIES, ANTIBIOTIC; DISK METHOD, PER PLATE (12 OR LESS AGENTS)	87184	$ 67	$ 31	$ 51	$ 28	$ 68
SENSITIVITY STUDIES,ANTIBIOTIC;MICRODILUTION OR AGAR DILUTION,(MIC),OR BREAK POINT EACH MULTI-ANTIMICROBIAL,PER PLATE	87186	$ 140	$ 39	$ 84	$ 35	$ 109
SMEAR, PRIMARY SOURCE, WITH INTERPRETATION;GRAM OR GIEMSA STAIN FOR BACTERIA,FUNGI, OR CELL TYPES	87205	$ 59	$ 19	$ 38	$ 17	$ 54
INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUALITATIVE, HEPATITIS B SURFACE	87340	$ 130	$ 45	$ 87	$ 40	$ 118
INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP	87389	$ 101	$ 89	$ 127	$ 87	$ 237
INFECTIOUS AGENT ANTIGEN DETECTION BY NUCLECI ACID (DNA OR RNA) CANDIDA SPECIFIES AMPLIFIED PROBE TECHNIQUE	87481	$ 150	$ 150	$ 181	$ 130	$ 345
INFECTIOUS AGENT ANTIGEN DETECTION BY NUCLECI ACID (DNA OR RNA) CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TECHNIQUE	87486	$ 52	$ 151	$ 142	$ 45	$ 345
INFECTIOUS AGENT ANTIGEN DETECTION BY NUCLECI ACID (DNA OR RNA) CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TECHNIQUE	87491	$ 148	$ 151	$ 180	$ 129	$ 345
INFECTIOUS AGENT ANTIGEN DETECTION BY NUCIECI ACID MYCOPLASMA PNEUMONIAE AMPLIFIED PROBE TECHNIQUE	87581	$ 52	$ 52	$ 142	$ 45	$ 345
INFECTIOUS AGENT ANTIGEN DETECTION BY NUCIECI ACID NEISSERIA GONORRHOEAE AMPLIFIED PROB TECHNIQUE	87591	$ 162	$ 151	$ 186	$ 136	$ 345
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP B, AMPLIFIED PROBE TECHNIQUE.‹	87653	$ 277	$ 153	$ 232	$ 137	$ 345
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE	87661	$ 91	$ 91	$ 156	$ 79	$ 345
INFECTIOUS AGENT DETECTION BY NUCIECI ACID AMPLIFIED PROBE TECHNIQUE, EACH ORGANISM	87798	$ 150	$ 150	$ 172	$ 45	$ 345
LEVEL IV SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	88305	$ 57	$ 57	$ 79	$ 34	$ 241
DECALCIFICATION PROCEDURE	88311	$ 63	$ 11	$ 49	$ 11	$ 74
Immunohisto antibody slide	88341	$ 46	$ 207	$ 103	$ 27	$ 516
Psychotherapy, 30 min	90832	$ 314	$ 77	$ 189	$ 70	$ 281
Psychotherapy, 45 min	90834	$ 314	$ 98	$ 207	$ 98	$ 281
Psychotherapy, 60 min	90837	$ 314	$ 188	$ 224	$ 121	$ 281
Family psychotherapy, not including patient, 50 min	90846	$ 314	$ 188	$ 208	$ 100	$ 281
Group psychotherapy	90853	$ 182	$ 109	$ 109	$ 37	$ 167
Electrocardiogram, routine, with interpretation and report	93000	$ 36	$ 158	$ 31	$ 18	$ 158
ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	93005	$ 189	$ 221	$ 130	$ 54	$ 221
CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; TRACING ONLY, WITHOUT INTERPRETA	93017	$ 992	$ 992	$ 689	$ 206	$ 1,019
Insertion of catheter into left heart for diagnosis	93452	$ 12,875	$ 7,500	$ 8,181	$ 3,302	$ 11,500
Sleep study	95810	$ 4,608	$ 3,607	$ 3,137	$ 1,053	$ 4,116
Physical therapy, therapeutic exercise	97110	$ 134	$ 108	$ 158	$ 80	$ 317

New patient office or other outpatient visit, typically 30 min	99203	$ 311	$ 125	$ 201	$ 86	$ 277
New patient office of other outpatient visit, typically 45 min	99204	$ 405	$ 125	$ 274	$ 125	$ 362
New patient office of other outpatient visit, typically 60 min	99205	$ 510	$ 125	$ 347	$ 125	$ 456
Patient office consultation, typically 40 min	99243	$ 171	$ 1	$ 134	$ 74	$ 198
Patient office consultation, typically 60 min	99244	$ 263	$ 158	$ 207	$ 126	$ 290
Initial new patient preventive medicine evaluation (18-39 years)	99385	$ 330	$ 198	$ 217	$ 95	$ 277
Initial new patient preventive medicine evaluation (40-64 years)	99386	$ 356	$ 213	$ 236	$ 116	$ 277
Spinal fusion except cervical without major comorbid conditions or complications (MCC)	DRG 460	$ 96,247	$ 57,748	$ 67,444	$ 37,135	$ 88,547
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbiditie	DRG 216	$ 309,477	$ 43,600	$ 152,475	$ 43,600	$ 284,719
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	DRG 470	$ 52,424	$ 31,454	$ 31,099	$ 16,374	$ 48,230
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	DRG 473	$ 66,094	$ 39,656	$ 40,755	$ 18,747	$ 60,806
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	DRG 743	$ 33,236	$ 19,941	$ 18,463	$ 7,632	$ 30,577
Tomosynthesis, mammo screen	G0279	$ 480	$ 116	$ 333	$ 116	$ 428

Service Description	Inpatient or Outpatient	Services	2021 CPT/HCPCS Primary Code	Revenue Code (if applicable)	SvcProvider	Gross Charge	Cash price	Private Insurance	Minimum Rate	Maximum Rate
Service Item	Inpatient and Outpatient	% Cd16+/Cd56+/Cd3-95701	88185	310	MC Reference Lab	$ 30	$ 85	$ 51.60	$ 18	$ 244
Service Item	Inpatient and Outpatient	% Cd19+/Cd3-95914	88185	310	MC Reference Lab	$ 30	$ 85	$ 51.60	$ 18	$ 244
Service Item	Inpatient and Outpatient	% Cd395903 (1)	88185	310	MC Reference Lab	$ 21	$ 85	$ 46.25	$ 13	$ 244
Service Item	Inpatient and Outpatient	% Cd395903 (2)	88185	310	MC Reference Lab	$ 30	$ 85	$ 51.60	$ 18	$ 244
Service Item	Inpatient and Outpatient	% Cd4+/Cd3+95905 (1)	88184	310	MC Reference Lab	$ 43	$ 174	$ 127.32	$ 26	$ 542
Service Item	Inpatient and Outpatient	% Cd4+/Cd3+95905 (2)	88184	310	MC Reference Lab	$ 43	$ 174	$ 127.32	$ 26	$ 542
Service Item	Inpatient and Outpatient	% Cd8+/Cd3+95910	88185	310	MC Reference Lab	$ 21	$ 85	$ 46.25	$ 13	$ 244
Service Item	Inpatient and Outpatient	(1,3)-Beta-D-Glucan (Fungitell)-ARUP	87449	300	MC Reference Lab	$ 130	$ 40	$ 87.64	$ 36	$ 120
Service Item	Outpatient	0275T Perq Lamot/Lam Lumbar	0275T	960	NS Neuro Sciences	$ 2,489.06	$ 1,493.44	$ 1,959.00	$ 2.00	$ 3,228.77
Service Item	Outpatient	0296T - External ECG Recording	0296T	960	SQ Seq Cardiology	$ 154.50	$ 209.52	$ 100.35	$ 48.80	$ 209.52
Service Item	Outpatient	0298T Ext ECG Review and Interp 48 hrs up to 2:	0298T	960	SQ Seq Cardiology	$ 154.50	$ 90.00	$ 90.43	$ 44.78	$ 138.00
Service Item	Outpatient	0439T Myocrd Contrast Prfuj Ech	0439T	960	SQ Seq Cardiology	$ 83.05	$ 48.38	$ 52.00	$ 40.32	$ 74.18
Service Item	Outpatient	10021 Fna W/O Image Pro	10021	960	NS Neuro Sciences	$ 115.56	$ 93.73	$ 101.57	$ 57.78	$ 143.72
Service Item	Outpatient	10060 I & D Abcess Pro	10060	761	OP Wound Center	$ 213.00	$ 165.00	$ 170.57	$ 106.50	$ 203.99
Service Item	Outpatient	10060 I & D Abcess Pro	10060	761	SFM Family Medicine	$ 213.00	$ 133.04	$ 170.02	$ 106.50	$ 203.99
Service Item	Outpatient	10061 Drainage Of Skin Abscess	10061	521	NS Neuro Sciences	$ 382.92	$ 229.75	$ 259.24	$ 143.65	$ 352.29
Service Item	Outpatient	10061 I & D Abcess Complex Pro	10061	761	OP Wound Center	$ 382.92	$ 165.00	$ 312.45	$ 165.00	$ 376.50
Service Item	Outpatient	10061 I & D Abcess Complex Pro	10061	761	SFM Family Medicine	$ 382.92	$ 245.54	$ 311.43	$ 191.46	$ 376.50
Service Item	Outpatient	10120 Fb Removal - Sub Sim Pro	10120	521	SFM Family Medicine	$ 218.42	$ 142.11	$ 179.50	$ 109.21	$ 217.90
Service Item	Outpatient	10121 Incision and Removal of FB, Subsut Tissue	10121	521	SFM Family Medicine	$ 388.04	$ 238.79	$ 306.50	$ 194.02	$ 366.15
Service Item	Outpatient	10140 I & D Fluid Colection Pro	10140	761	NS Neuro Sciences	$ 250.34	$ 161.52	$ 179.79	$ 120.13	$ 247.66
Service Item	Outpatient	10140 I & D Fluid Colection Pro	10140	761	OP Wound Center	$ 250.34	$ 165.00	$ 205.18	$ 125.17	$ 247.66
Service Item	Outpatient	10140 I & D Fluid Colection Pro	10140	761	SFM Family Medicine	$ 250.34	$ 161.52	$ 204.50	$ 125.17	$ 247.66
Service Item	Outpatient	10160 Puncture Aspir-Cyst Pro	10160	960	NS Neuro Sciences	$ 199.84	$ 132.40	$ 212.95	$ 98.02	$ 447.38
Service Item	Outpatient	10160 Puncture Aspir-Cyst Pro	10160	960	OP Wound Center	$ 199.84	$ 132.40	$ 225.29	$ 99.92	$ 447.38
Service Item	Outpatient	10160 Puncture Aspir-Cyst Pro	10160	960	SFM Family Medicine	$ 199.84	$ 132.40	$ 224.74	$ 99.92	$ 447.38
Service Item	Outpatient	10180 I&D Cplx Pstop Wndinf Pro	10180	761	NS Neuro Sciences	$ 369.68	$ 242.21	$ 268.34	$ 180.78	$ 371.39
Service Item	Outpatient	10180 I&D Cplx Pstop Wndinf Pro	10180	761	OP Wound Center	$ 369.68	$ 165.00	$ 306.34	$ 165.00	$ 371.39
Service Item	Outpatient	10Th Antepartum Z1036	99213	510	SFM Family Medicine	$ 195.06	$ 113.63	$ 168.66	$ 113.63	$ 174.23
Service Item	Outpatient	11000 Debride Skin - To 10% Pro	11000	960	SFM Family Medicine	$ 59.22	$ 38.83	$ 48.94	$ 29.61	$ 59.53
Service Item	Outpatient	11001 Deb Inf Skin Add=<10% Pro	11001	960	SFM Family Medicine	$ 29.60	$ 19.42	$ 24.47	$ 14.80	$ 29.77
Service Item	Outpatient	11042 Deb Subq Tissue 20 Sq Pro	11042	761	NS Neuro Sciences	$ 127.56	$ 84.02	$ 92.31	$ 56.49	$ 128.84
Service Item	Outpatient	11042 Deb Subq Tissue 20 Sq Pro	11042	761	OP Wound Center	$ 127.56	$ 94.00	$ 106.11	$ 63.78	$ 128.84
Service Item	Outpatient	11042 Deb Subq Tissue 20 Sq Pro	11042	761	SFM Family Medicine	$ 127.56	$ 84.02	$ 105.76	$ 63.78	$ 128.84
Service Item	Outpatient	11043 Deb Musc/Fascia 20 Sq Pro	11043	761	CD Chronic Disease	$ 321.40	$ 209.90	$ 238.70	$ 160.70	$ 321.84
Service Item	Outpatient	11043 Deb Musc/Fascia 20 Sq Pro	11043	761	NS Neuro Sciences	$ 321.40	$ 209.90	$ 238.70	$ 160.70	$ 321.84
Service Item	Outpatient	11043 Deb Musc/Fascia 20 Sq Pro	11043	761	OP Wound Center	$ 321.40	$ 94.00	$ 265.72	$ 94.00	$ 321.84
Service Item	Outpatient	11043 Deb Musc/Fascia 20 Sq Pro	11043	761	SFM Family Medicine	$ 321.40	$ 209.90	$ 264.84	$ 160.70	$ 321.84
Service Item	Outpatient	11044 Deb Bone 20 Sq Cm/< Pro	11044	761	OP Wound Center	$ 516.93	$ 94.00	$ 400.06	$ 94.00	$ 475.58
Service Item	Outpatient	11045 Deb Sub Tissue Add-On Pro	11045	761	OP Wound Center	$ 59.14	$ 94.00	$ 45.81	$ 27.31	$ 94.00
Service Item	Outpatient	11046 Deb Musc/Fasca Add-On Pro	11046	761	OP Wound Center	$ 123.86	$ 94.00	$ 95.97	$ 57.49	$ 113.95
Service Item	Outpatient	11047 Deb Bone Add-On=<20Sq Pro	11047	761	OP Wound Center	$ 220.67	$ 94.00	$ 170.87	$ 94.00	$ 203.02
Service Item	Outpatient	11055 Trim Skin Lesion	11055	521	SFM Family Medicine	$ 33.30	$ 21.69	$ 27.39	$ 16.65	$ 33.26
Service Item	Outpatient	11102 Skin Biopsy - Shave, Scoop, Sauce - Single	11102	521	OP Wound Center	$ 81.48	$ 67.84	$ 80.69	$ 40.74	$ 104.02
Service Item	Outpatient	11102 Skin Biopsy - Shave, Scoop, Sauce - Single	11102	521	SFM Family Medicine	$ 81.48	$ 67.84	$ 80.40	$ 40.74	$ 104.02
Service Item	Outpatient	11103 Skin Biopsy - Shave, Scoop, Sauce - Ea Ad	11103	761	OP Wound Center	$ 47.18	$ 35.48	$ 43.26	$ 23.59	$ 54.41
Service Item	Outpatient	11103 Skin Biopsy - Shave, Scoop, Sauce - Ea Ad	11103	761	SFM Family Medicine	$ 47.18	$ 35.48	$ 43.11	$ 23.59	$ 54.41
Service Item	Outpatient	11104 Skin Biopsy - Punch, Single Lesion	11104	521	OP Wound Center	$ 102.18	$ 67.84	$ 85.49	$ 51.09	$ 104.02
Service Item	Outpatient	11104 Skin Biopsy - Punch, Single Lesion	11104	521	SFM Family Medicine	$ 102.18	$ 67.84	$ 85.21	$ 51.09	$ 104.02
Service Item	Outpatient	11105 Skin Biopsy - Punch - Ea Addl	11105	761	OP Wound Center	$ 55.44	$ 35.48	$ 45.18	$ 27.72	$ 54.41
Service Item	Outpatient	11105 Skin Biopsy - Punch - Ea Addl	11105	761	SFM Family Medicine	$ 55.44	$ 35.48	$ 45.03	$ 27.72	$ 54.41
Service Item	Outpatient	11106 Skin Biopsy - Incisional, Single	11106	761	OP Wound Center	$ 123.98	$ 67.84	$ 90.55	$ 61.99	$ 104.02
Service Item	Outpatient	11106 Skin Biopsy - Incisional, Single	11106	761	SFM Family Medicine	$ 123.98	$ 67.84	$ 90.26	$ 61.99	$ 104.02
Service Item	Outpatient	11107 Skin Biopsy - Incisional, Ea Addl	11107	761	OP Wound Center	$ 66.72	$ 35.48	$ 47.79	$ 33.36	$ 54.41
Service Item	Outpatient	11107 Skin Biopsy - Incisional, Ea Addl	11107	761	SFM Family Medicine	$ 66.72	$ 35.48	$ 47.65	$ 33.36	$ 54.41
Service Item	Outpatient	11200 Skin Tag Remov 1-15 Pro	11200	960	SFM Family Medicine	$ 156.28	$ 103.44	$ 130.03	$ 78.14	$ 158.61
Service Item	Outpatient	11201 Skin Tag Rem Addl 10 Pro	11201	521	SFM Family Medicine	$ 34.28	$ 22.60	$ 28.44	$ 17.14	$ 34.66
Service Item	Outpatient	11300 Shave Trunk <0.5 Cm	11300	521	SFM Family Medicine	$ 72.34	$ 47.77	$ 60.09	$ 36.17	$ 73.25
Service Item	Outpatient	11301 Shave Trunk 0.6-1 Cm	11301	521	SFM Family Medicine	$ 109.68	$ 72.66	$ 91.31	$ 54.84	$ 111.41
Service Item	Outpatient	11302 Shv Les T/A/L1.1-2.0 Pro	11302	521	SFM Family Medicine	$ 128.56	$ 85.13	$ 107.00	$ 64.28	$ 130.53
Service Item	Outpatient	11305 Shave S,N,H <0.5 Cm	11305	521	SFM Family Medicine	$ 81.78	$ 51.56	$ 65.71	$ 40.89	$ 79.06
Service Item	Outpatient	11306 Shave S,N,H 0.6-1 Cm	11306	521	SFM Family Medicine	$ 105.62	$ 70.22	$ 88.16	$ 52.81	$ 107.67
Service Item	Outpatient	11308 Shv S/N/H/F/G >2.0 Pro	11308	521	SFM Family Medicine	$ 153.86	$ 99.32	$ 125.73	$ 76.93	$ 152.29
Service Item	Outpatient	11310 Shave F,E,E,N,L,M <0.5 Cm	11310	521	SFM Family Medicine	$ 97.66	$ 64.10	$ 80.77	$ 48.83	$ 98.29
Service Item	Outpatient	11311 Shave F,E,E,N,L,M 0.6-1 Cm	11311	521	SFM Family Medicine	$ 133.80	$ 88.50	$ 111.27	$ 66.90	$ 135.70
Service Item	Outpatient	11400 Exc Bn Les T/A/L 0.5 Pro	11400	521	OP Wound Center	$ 173.08	$ 110.47	$ 140.76	$ 86.54	$ 169.38
Service Item	Outpatient	11400 Exc Bn Les T/A/L 0.5 Pro	11400	521	SFM Family Medicine	$ 173.08	$ 110.47	$ 140.30	$ 86.54	$ 169.38
Service Item	Outpatient	11401 Exc Bn Les T/A/L 0.6-1 Pro	11401	521	OP Wound Center	$ 219.06	$ 141.71	$ 179.88	$ 109.53	$ 217.29
Service Item	Outpatient	11401 Exc Bn Les T/A/L 0.6-1 Pro	11401	521	SFM Family Medicine	$ 219.06	$ 141.71	$ 179.29	$ 109.53	$ 217.29
Service Item	Outpatient	11402 Exc Bn Les T/A/L 1-2.0 Pro	11402	521	OP Wound Center	$ 241.02	$ 154.92	$ 197.00	$ 120.51	$ 237.54
Service Item	Outpatient	11402 Exc Bn Les T/A/L 1-2.0 Pro	11402	521	SFM Family Medicine	$ 241.02	$ 154.92	$ 196.36	$ 120.51	$ 237.54
Service Item	Outpatient	11403 Exc Bn Les T/A/L 2.1-3 Pro	11403	521	OP Wound Center	$ 310.68	$ 200.00	$ 254.22	$ 155.34	$ 306.67
Service Item	Outpatient	11403 Exc Bn Les T/A/L 2.1-3 Pro	11403	521	SFM Family Medicine	$ 310.68	$ 200.00	$ 253.39	$ 155.34	$ 306.67
Service Item	Outpatient	11404 Exc Tr-Ext B9 Marg 3.1-4 Cm	11404	521	OP Wound Center	$ 340.52	$ 219.91	$ 278.73	$ 170.26	$ 336.28
Service Item	Outpatient	11404 Exc Tr-Ext B9 Marg 3.1-4 Cm	11404	521	SFM Family Medicine	$ 340.52	$ 219.31	$ 277.81	$ 170.26	$ 336.28
Service Item	Outpatient	11406 Exc Bn Les T/A/L; >4.0 Pro	11406	521	OP Wound Center	$ 513.26	$ 330.56	$ 420.12	$ 256.63	$ 506.86
Service Item	Outpatient	11406 Exc Bn Les T/A/L; >4.0 Pro	11406	521	SFM Family Medicine	$ 513.26	$ 330.56	$ 418.74	$ 256.63	$ 506.86
Service Item	Outpatient	11420 Exc Bl S/N/Ex 0.5Cm/< Pro	11420	521	OP Wound Center	$ 173.42	$ 112.99	$ 143.13	$ 86.71	$ 173.25
Service Item	Outpatient	11420 Exc Bl S/N/Ex 0.5Cm/< Pro	11420	521	SFM Family Medicine	$ 173.42	$ 112.99	$ 142.66	$ 86.71	$ 173.25
Service Item	Outpatient	11421 Exc Bl S/N/Ex <1.0Cm Pro	11421	521	OP Wound Center	$ 230.48	$ 151.82	$ 191.73	$ 115.24	$ 232.79
Service Item	Outpatient	11421 Exc Bl S/N/Ex <1.0Cm Pro	11421	521	SFM Family Medicine	$ 230.48	$ 151.82	$ 191.10	$ 115.24	$ 232.79
Service Item	Outpatient	11422 Exc H-F-Nk-Sp B9 Marg 1.1-2	11422	521	OP Wound Center	$ 285.94	$ 187.30	$ 236.91	$ 142.97	$ 287.20
Service Item	Outpatient	11422 Exc H-F-Nk-Sp B9 Marg 1.1-2	11422	521	SFM Family Medicine	$ 285.94	$ 187.30	$ 236.13	$ 142.97	$ 287.20
Service Item	Outpatient	11423 Exc Bl S/N/Ex 2.1-3Cm	11423	761	OP Wound Center	$ 259.92	$ 155.95	$ 205.68	$ 155.95	$ 239.13
Service Item	Outpatient	11424 Exc Bl S/N/Ex 3.1-4Cm	11424	761	OP Wound Center	$ 297.05	$ 178.23	$ 235.04	$ 178.23	$ 273.29
Service Item	Outpatient	11426 Exc Bl S/N/Ex G > 4.0 Pro	11426	521	OP Wound Center	$ 571.72	$ 368.77	$ 468.48	$ 285.86	$ 565.45
Service Item	Outpatient	11426 Exc Bl S/N/Ex G > 4.0 Pro	11426	521	SFM Family Medicine	$ 571.72	$ 368.77	$ 466.94	$ 285.86	$ 565.45
Service Item	Outpatient	11440 Exc Bl Face Marg 0.5 Pro	11440	521	OP Wound Center	$ 219.68	$ 141.61	$ 179.93	$ 109.84	$ 217.13
Service Item	Outpatient	11440 Exc Bl Face Marg 0.5 Pro	11440	521	SFM Family Medicine	$ 219.68	$ 141.61	$ 179.34	$ 109.84	$ 217.13
Service Item	Outpatient	11441 Exc Bl Face Marg 0.6-1	11441	761	OP Wound Center	$ 217.48	$ 130.49	$ 172.23	$ 130.49	$ 200.08
Service Item	Outpatient	11442 Exc Bl Face Marg 1-1.2	11442	761	OP Wound Center	$ 238.70	$ 143.22	$ 189.14	$ 143.22	$ 219.60
Service Item	Outpatient	11443 Exc Face Marg 2.1-3 Pro	11443	521	OP Wound Center	$ 373.26	$ 241.67	$ 306.69	$ 186.63	$ 370.57
Service Item	Outpatient	11443 Exc Face Marg 2.1-3 Pro	11443	521	SFM Family Medicine	$ 373.26	$ 241.67	$ 305.68	$ 186.63	$ 370.57
Service Item	Outpatient	11444 Exc Bl Face Marg 3.1-4	11444	761	OP Wound Center	$ 474.38	$ 225.97	$ 315.85	$ 225.97	$ 346.49
Service Item	Outpatient	11444 Exc Bl Face Marg 3.1-4	11444	761	SFM Family Medicine	$ 474.38	$ 225.97	$ 314.91	$ 225.97	$ 346.49
Service Item	Outpatient	11446 Exc Bl Face Marg >4Cm	11446	761	OP Wound Center	$ 535.75	$ 321.45	$ 424.01	$ 321.45	$ 492.89
Service Item	Outpatient	11602 Exc Tr-Ext Ml+Mrg 1-2Pro	11602	521	SFM Family Medicine	$ 341.20	$ 222.50	$ 280.87	$ 170.60	$ 341.17
Service Item	Outpatient	11719 Trim Nail(s)	11719	521	SFM Family Medicine	$ 16.08	$ 82.75	$ 78.75	$ 8.04	$ 126.89
Service Item	Outpatient	11720 Debride Nail 1-5 Pro	11720	761	OP Wound Center	$ 30.32	$ 35.00	$ 20.37	$ 14.64	$ 35.00
Service Item	Outpatient	11720 Debride Nail 1-5 Pro	11720	761	SFM Family Medicine	$ 30.32	$ 104.39	$ 20.31	$ 14.64	$ 22.45
Service Item	Outpatient	11721 Debride Nail 6 Or + Pro	11721	761	OP Wound Center	$ 52.04	$ 35.00	$ 34.54	$ 24.67	$ 37.82
Service Item	Outpatient	11721 Debride Nail 6 Or + Pro	11721	761	SFM Family Medicine	$ 52.04	$ 104.39	$ 34.43	$ 24.67	$ 37.82
Service Item	Outpatient	11730 Avulsion Nail Plate Pro	11730	761	OP Wound Center	$ 114.58	$ 35.00	$ 77.02	$ 35.00	$ 84.92
Service Item	Outpatient	11730 Avulsion Nail Plate Pro	11730	761	SFM Family Medicine	$ 114.58	$ 104.39	$ 76.79	$ 55.38	$ 84.92
Service Item	Outpatient	11732 Nail Avulsion Ea Addl Pro	11732	761	OP Wound Center	$ 29.71	$ 35.00	$ 23.46	$ 17.83	$ 35.00
Service Item	Outpatient	11750 Removal Of Nail Bed	11750	521	SFM Family Medicine	$ 215.26	$ 155.80	$ 191.18	$ 107.63	$ 238.90
Service Item	Outpatient	11755 Bx Nail Unit Pro	11755	510	SFM Family Medicine	$ 130.14	$ 105.57	$ 125.90	$ 65.07	$ 161.87
Service Item	Outpatient	11765 Wedge Exc Nail Fold Pro	11765	521	SFM Family Medicine	$ 196.66	$ 129.53	$ 163.05	$ 98.33	$ 198.61
Service Item	Outpatient	11900 Injection Into Skin Lesions	11900	521	SFM Family Medicine	$ 63.70	$ 42.19	$ 53.03	$ 31.85	$ 64.69
Service Item	Outpatient	11901 Added Skin Lesions Injection	11901	521	SFM Family Medicine	$ 99.20	$ 65.62	$ 82.50	$ 49.60	$ 100.61
Service Item	Outpatient	11976 Removal Of Contraceptive Cap	11976	521	SFM Family Medicine	$ 195.02	$ 126.01	$ 159.47	$ 97.51	$ 193.21
Service Item	Outpatient	11981 Insert Drug Implant Device	11981	521	SFM Family Medicine	$ 132.08	$ 133.67	$ 151.82	$ 66.04	$ 204.97
Service Item	Outpatient	11982 Remove Drug Implant Device	11982	521	SFM Family Medicine	$ 155.84	$ 133.84	$ 157.48	$ 77.92	$ 205.22
Service Item	Outpatient	11983 Remove/Insert Drug Implant	11983	521	SFM Family Medicine	$ 215.16	$ 234.98	$ 262.94	$ 107.58	$ 360.31
Service Item	Inpatient and Outpatient	11-Deoxycortisol Quantitative-ARUP	82634	300	MC Reference Lab	$ 32	$ 130	$ 62.98	$ 19	$ 288

Service Item	Outpatient	12 Lead Ekg; Tracing Only	93005	730	CD Chronic Disease	$ 188.50	$ 73.80	$ 120.22	$ 54.12	$ 168.37
Service Item	Outpatient	12 Lead Ekg; Tracing Only	93005	730	IC Radiology	$ 188.50	$ 73.80	$ 117.48	$ 54.12	$ 168.37
Service Item	Outpatient	12 Lead Ekg; Tracing Only	93005	730	IC Radiology	$ 188.50	$ 73.80	$ 117.48	$ 54.12	$ 168.37
Service Package	Inpatient	12 Lead Ekg; Tracing Only	93005	730	MC Cardiovascular	$ 188.50	$ 73.80	$ 119.31	$ 54.12	$ 168.37
Service Package	Inpatient and Outpatient	12 Lead Ekg; Tracing Only	93005	730	MC Cath Lab Srvcs	$ 189	Charges have been	$ 142.88	$ 64	$ 168
Service Item	Inpatient and Outpatient	12 Lead Ekg; Tracing Only	93005	730	MC Diag Radiology	$ 189	$ 74	$ 119.31	$ 54	$ 168
Service Package	Inpatient and Outpatient	12 Lead Ekg; Tracing Only	93005	730	MC Emergency	$ 189	Charges have been	$ 142.88	$ 64	$ 168
Service Package	Inpatient and Outpatient	12 Lead Ekg; Tracing Only	93005	730	MC RT Services	$ 189	$ 74	$ 119.72	$ 54	$ 168
Service Package	Inpatient and Outpatient	12 Lead Ekg; Tracing Only	93005	730	MC Surgical Center	$ 189	Charges have been	$ 142.88	$ 64	$ 168
Service Package	Inpatient and Outpatient	12 Lead Ekg; Tracing Only	93005	730	MC Surgical Srvcs	$ 189	Charges have been	$ 142.88	$ 64	$ 168
Service Item	Outpatient	12 Lead Ekg; Tracing Only	93005	730	NC Diag Imaging	$ 188.50	$ 73.80	$ 119.31	$ 54.12	$ 168.37
Service Item	Outpatient	12 Lead Ekg; Tracing Only	93005	730	NC Urgent Care	$ 188.50	$ 73.80	$ 118.85	$ 54.12	$ 168.37
Service Item	Outpatient	12 Lead Ekg; Tracing Only	93005	730	SC Diag Imaging	$ 188.50	$ 73.80	$ 119.31	$ 54.12	$ 168.37
Service Item	Outpatient	12 Lead Ekg; Tracing Only	93005	730	SC Urgent Care	$ 188.50	$ 73.80	$ 119.31	$ 54.12	$ 168.37
Service Item	Outpatient	12 Lead Ekg; Tracing Only	93005	730	SFM Family Medicine	$ 188.50	$ 73.80	$ 118.85	$ 54.12	$ 168.37
Service Item	Outpatient	12 Lead Ekg; Tracing Only	93005	730	SQ Seq Cardiology	$ 188.50	$ 73.80	$ 120.22	$ 54.12	$ 168.37
Service Item	Outpatient	12001 Srep S/N/A/G/Tr/E 2.5 Pro	12001	510	SFM Family Medicine	$ 92.30	$ 59.01	$ 74.91	$ 46.15	$ 90.48
Service Item	Outpatient	12011 Repair Superficial Wound(S)	12011	521	SFM Family Medicine	$ 114.90	$ 73.07	$ 92.90	$ 57.45	$ 112.05
Service Item	Outpatient	12013 Wound Repair 2.6-5.0 Cm	12013	510	SFM Family Medicine	$ 120.30	$ 77.25	$ 97.94	$ 60.15	$ 118.45
Service Item	Outpatient	12031 Int Wnd Rep S/A/T 2.5< Pro	12031	521	OP Wound Center	$ 320.90	$ 208.83	$ 264.63	$ 160.45	$ 320.21
Service Item	Outpatient	12031 Int Wnd Rep S/A/T 2.5< Pro	12031	521	SFM Family Medicine	$ 320.90	$ 208.83	$ 263.76	$ 160.45	$ 320.21
Service Item	Outpatient	12032 Int Wnd Rep S/A/T 2.5> Pro	12032	521	OP Wound Center	$ 403.76	$ 266.53	$ 336.40	$ 201.88	$ 408.67
Service Item	Outpatient	12032 Int Wnd Rep S/A/T 2.5> Pro	12032	521	SFM Family Medicine	$ 403.76	$ 266.53	$ 335.29	$ 201.88	$ 408.67
Service Item	Outpatient	12034 Int Wnd Repair S/A/T/E 7.6-12.5 Cm	12034	521	SFM Family Medicine	$ 432.08	$ 194.15	$ 276.24	$ 194.15	$ 297.69
Service Item	Outpatient	12034 Int Wnd S/A/T 7.6-12.5	12034	761	OP Wound Center	$ 343.21	$ 205.93	$ 271.61	$ 205.93	$ 315.75
Service Item	Outpatient	12035 Int Wnd S/A/T 12.6-20	12035	761	OP Wound Center	$ 396.46	$ 237.88	$ 313.91	$ 237.88	$ 364.74
Service Item	Outpatient	12036 Int Wnd S/A/T 20.1-30	12036	761	OP Wound Center	$ 462.97	$ 277.78	$ 366.52	$ 277.78	$ 425.93
Service Item	Outpatient	12037 Int Wnd S/A/T 30+ Cm	12037	761	OP Wound Center	$ 542.02	$ 325.21	$ 428.99	$ 325.21	$ 498.66
Service Item	Outpatient	12041 Int Wnd H/N/F/G 2.5<	12041	761	OP Wound Center	$ 248.15	$ 148.89	$ 196.23	$ 148.89	$ 228.30
Service Item	Outpatient	12042 Int Wnd H/N/F/G2.6-7.5	12042	761	OP Wound Center	$ 330.58	$ 198.35	$ 261.57	$ 198.35	$ 304.13
Service Item	Outpatient	12044 Int Wnd H/N/F/G7.6-12.5	12044	761	OP Wound Center	$ 355.19	$ 213.11	$ 281.17	$ 213.11	$ 326.77
Service Item	Outpatient	12045 Int Wnd H/N/F/G12.6-20	12045	761	OP Wound Center	$ 443.99	$ 266.39	$ 351.62	$ 266.39	$ 408.47
Service Item	Outpatient	12046 Int Wnd H/N/F/G 20.1-30	12046	761	OP Wound Center	$ 513.90	$ 308.34	$ 406.85	$ 308.34	$ 472.79
Service Item	Outpatient	12047 Int Wnd H/N/F/G 30+	12047	761	OP Wound Center	$ 574.05	$ 344.43	$ 454.31	$ 344.43	$ 528.13
Service Item	Outpatient	12051 Int Wnd Face/Mm 2.5<	12051	761	OP Wound Center	$ 283.04	$ 169.82	$ 224.02	$ 169.82	$ 260.40
Service Item	Outpatient	12052 Int Wnd Face/Mm 2.6-5	12052	761	OP Wound Center	$ 336.94	$ 202.16	$ 266.56	$ 202.16	$ 309.98
Service Item	Outpatient	12053 Int Wnd Face/Mm5.1-7.5	12053	761	OP Wound Center	$ 360.39	$ 216.23	$ 285.21	$ 216.23	$ 331.56
Service Item	Outpatient	12054 Int Wnd Face/Mm7.6-12.5	12054	761	OP Wound Center	$ 367.29	$ 220.37	$ 290.53	$ 220.37	$ 337.91
Service Item	Outpatient	12055 Int Wnd Face/Mm12.6-20	12055	761	OP Wound Center	$ 501.91	$ 301.15	$ 396.90	$ 301.15	$ 461.76
Service Item	Outpatient	12056 Int Wnd Face/Mm20.1-30	12056	761	OP Wound Center	$ 634.20	$ 380.52	$ 502.32	$ 380.52	$ 583.46
Service Item	Outpatient	12057 Int Wnd Face/Mm 30+Cm	12057	761	OP Wound Center	$ 711.54	$ 426.92	$ 562.87	$ 426.92	$ 654.62
Service Item	Outpatient	13100 Cplx Rep Trunk 1.1-2.5	13100	761	OP Wound Center	$ 340.33	$ 204.20	$ 269.22	$ 204.20	$ 313.10
Service Item	Outpatient	13101 Cplx Rep Trunk 2.6-7.5	13101	761	OP Wound Center	$ 418.21	$ 250.93	$ 330.93	$ 250.93	$ 384.75
Service Item	Outpatient	13102 Cplx Rep Trnk Ea Add 5	13102	761	OP Wound Center	$ 123.17	$ 73.90	$ 97.30	$ 73.90	$ 113.32
Service Item	Outpatient	13120 Cplx Rep S/A/L 1.1-2.5	13120	761	OP Wound Center	$ 390.73	$ 234.44	$ 309.20	$ 234.44	$ 359.47
Service Item	Outpatient	13121 Cplx Rep S/A/L 2.6-7.5	13121	761	OP Wound Center	$ 441.76	$ 265.06	$ 349.32	$ 265.06	$ 406.42
Service Item	Outpatient	13122 Cplx Rep S/A/L Ea Add 5	13122	761	OP Wound Center	$ 142.16	$ 85.30	$ 112.32	$ 85.30	$ 130.79
Service Item	Outpatient	13131 Cplx Rp F/G/H/F 1.1-2.5	13131	761	OP Wound Center	$ 413.65	$ 248.19	$ 327.12	$ 248.19	$ 380.56
Service Item	Outpatient	13132 Cplx Rp F/G/H/F 2.6-7.5	13132	761	OP Wound Center	$ 520.26	$ 312.16	$ 411.29	$ 312.16	$ 478.64
Service Item	Outpatient	13133 Cplx Rp F/G/H/F Add 5	13133	761	OP Wound Center	$ 217.17	$ 130.30	$ 171.60	$ 130.30	$ 199.80
Service Item	Outpatient	13151 Cplx Rp E/N/E/L 1.1-2.5	13151	761	OP Wound Center	$ 474.44	$ 284.66	$ 375.21	$ 284.66	$ 436.48
Service Item	Outpatient	13152 Cplx Rp E/N/E/L 2.6-7.5	13152	761	OP Wound Center	$ 575.22	$ 345.13	$ 454.70	$ 345.13	$ 529.20
Service Item	Outpatient	13153 Cplx Rp E/N/E/L Add 5	13153	761	OP Wound Center	$ 233.82	$ 140.29	$ 184.85	$ 140.29	$ 215.11
Service Item	Outpatient	13160 Secondary Closure Surgical Wound/Dehis	13160	761	OP Wound Center	$ 1,750.49	$ 1,050.29	$ 1,347.96	$ 831.36	$ 1,610.45
Service Item	Outpatient	15004 Wnd ep F/N/H/G 1%Ba	15004	761	OP Wound Center	$ 442.93	$ 265.76	$ 350.32	$ 265.76	$ 407.50
Service Item	Outpatient	15005 Wnd ep F/N/H/G Add1%	15005	761	OP Wound Center	$ 150.75	$ 90.45	$ 119.25	$ 90.45	$ 138.69
Service Item	Outpatient	15271 Ap Skin Sub T/A/Lg 25 Pro	15271	761	OP Wound Center	$ 188.31	$ 107.00	$ 145.97	$ 88.05	$ 173.25
Service Item	Outpatient	15271 Lc Ap Skin Sub T/A/Lg Pro	15271	761	OP Wound Center	$ 188.31	$ 107.00	$ 145.97	$ 88.05	$ 173.25
Service Item	Outpatient	15272 Ap Skn Sub T/A/Lg Add Pro	15272	761	OP Wound Center	$ 37.67	$ 22.60	$ 29.25	$ 18.09	$ 34.66
Service Item	Outpatient	15272 Lc Ap Skin T/A/Lg Add Pro	15272	761	OP Wound Center	$ 37.67	$ 22.60	$ 29.25	$ 18.09	$ 34.66
Service Item	Outpatient	15273 Ap Skin Sub T/A/Lg 25 Child Pro	15273	761	OP Wound Center	$ 446.91	$ 107.00	$ 346.32	$ 107.00	$ 411.16
Service Item	Outpatient	15273 Lc Ap Skin T/A/Lg 25 Pro	15273	761	OP Wound Center	$ 446.91	$ 107.00	$ 346.32	$ 107.00	$ 411.16
Service Item	Outpatient	15274 Ap Skn Sub T/A/Lg Add Child Pro	15274	761	OP Wound Center	$ 96.81	$ 58.09	$ 75.20	$ 46.82	$ 89.07
Service Item	Outpatient	15274 Lc Ap Skin T/A/Lg Add Child Pro	15274	761	OP Wound Center	$ 96.81	$ 58.09	$ 75.20	$ 46.82	$ 89.07
Service Item	Outpatient	15275 Lc Skin F/N/Hf/G 25 Pro	15275	761	OP Wound Center	$ 220.67	$ 107.00	$ 170.72	$ 99.80	$ 203.02
Service Item	Outpatient	15275 Skn Sub F/N/Hf/G 25 Pro	15275	761	OP Wound Center	$ 220.67	$ 107.00	$ 170.72	$ 99.80	$ 203.02
Service Item	Outpatient	15276 Lc Skin F/N/Hf/G Add Pro	15276	761	OP Wound Center	$ 53.84	$ 32.30	$ 41.89	$ 26.72	$ 49.53
Service Item	Outpatient	15276 Skn Sub F/N/Hf/G Add Pro	15276	761	OP Wound Center	$ 53.84	$ 32.30	$ 41.89	$ 26.72	$ 49.53
Service Item	Outpatient	15277 Lc Skn F/N/Hf/G Ch 25 Pro	15277	761	OP Wound Center	$ 489.87	$ 107.00	$ 380.42	$ 107.00	$ 450.68
Service Item	Outpatient	15277 Skn Sub F/N/Hf/G Ch25 Pro	15277	761	OP Wound Center	$ 489.87	$ 107.00	$ 380.42	$ 107.00	$ 450.68
Service Item	Outpatient	15278 Lc Skin F/N/H/G Add Pro	15278	761	OP Wound Center	$ 123.86	$ 74.32	$ 96.13	$ 59.11	$ 113.95
Service Item	Outpatient	15278 Skin F/N/H/G Ch Add Pro	15278	761	OP Wound Center	$ 123.86	$ 74.32	$ 96.13	$ 59.11	$ 113.95
Service Item	Outpatient	16000 Init Tx 1St Degr Burn Pro	16000	761	OP Wound Center	$ 80.63	$ 123.00	$ 63.51	$ 47.76	$ 123.00
Service Item	Outpatient	16020 Burn Tx-Sm Debride Pro	16020	761	OP Wound Center	$ 114.24	$ 123.00	$ 94.18	$ 57.12	$ 123.00
Service Item	Outpatient	16020 Burn Tx-Sm Debride Pro	16020	761	SFM Family Medicine	$ 114.24	$ 74.32	$ 93.87	$ 57.12	$ 113.95
Service Item	Outpatient	16025 Burn Tx-Med Debride	16025	761	OP Wound Center	$ 229.92	$ 123.00	$ 191.60	$ 114.96	$ 232.79
Service Item	Outpatient	16025 Burn Tx-Med Debride	16025	761	SFM Family Medicine	$ 229.92	$ 151.82	$ 190.97	$ 114.96	$ 232.79
Service Item	Outpatient	16030 Burn Tx-Lg Debride Pro	16030	761	OP Wound Center	$ 276.58	$ 123.00	$ 228.94	$ 123.00	$ 277.44
Service Item	Outpatient	16030 Burn Tx-Lg Debride Pro	16030	761	SFM Family Medicine	$ 276.58	$ 180.94	$ 228.19	$ 138.29	$ 277.44
Service Item	Outpatient	16035 Escharotomy; Init Inc Pro	16035	761	OP Wound Center	$ 328.35	$ 123.00	$ 259.61	$ 123.00	$ 302.08
Service Item	Outpatient	16036 Escharotomy; Addl Inc Pro	16036	761	OP Wound Center	$ 140.04	$ 123.00	$ 110.42	$ 84.02	$ 128.84
Service Item	Outpatient	17000 Destroy Benign/Premlg Lesion	17000	521	SFM Family Medicine	$ 114.02	$ 72.76	$ 92.41	$ 57.01	$ 111.57
Service Item	Outpatient	17003 Destroy Lesions, 2-14	17003	521	SFM Family Medicine	$ 6.56	$ 3.82	$ 4.88	$ 2.25	$ 5.86
Service Item	Outpatient	17004 Destroy Lesions, 15 Or More	17004	521	SFM Family Medicine	$ 206.68	$ 135.23	$ 170.54	$ 103.34	$ 207.35
Service Item	Outpatient	17110 Destruction Of Lesion - Cryo, 1-14	17110	521	SFM Family Medicine	$ 142.36	$ 96.34	$ 120.36	$ 71.18	$ 147.72
Service Item	Outpatient	17250 Chem Caut Granul Tis Pro	17250	521	OP Wound Center	$ 68.17	$ 35.00	$ 53.55	$ 35.00	$ 62.72
Service Item	Outpatient	17260 Destruction of Skin Legions T/A/L; 0.0 - 0.	17260	521	SFM Family Medicine	$ 148.10	$ 93.28	$ 118.92	$ 74.05	$ 143.03
Service Item	Outpatient	17261 Destruction Of Skin Lesions Trunk/Arms/l	17261	510	SFM Family Medicine	$ 203.69	$ 122.21	$ 157.08	$ 92.18	$ 187.39
Service Item	Outpatient	17264 Destr M Les T/A/L 3.1-4 Pro	17264	521	SFM Family Medicine	$ 279.38	$ 186.49	$ 233.87	$ 139.69	$ 285.95
Service Item	Outpatient	17270 Destr M Les Snhfg0.5< Pro	17270	521	SFM Family Medicine	$ 202.46	$ 136.25	$ 170.49	$ 101.23	$ 208.92
Service Item	Outpatient	17271 Destruction Of Skin Lesions Scalp/Neck/H	17271	510	SFM Family Medicine	$ 245.28	$ 147.17	$ 189.23	$ 111.76	$ 225.66
Service Item	Outpatient	17272 Destruction Of Skin Lesions Scalp/Neck/H	17272	510	SFM Family Medicine	$ 283.38	$ 170.03	$ 218.68	$ 129.72	$ 260.71
Service Item	Outpatient	17280 Destruction Of Skin Lesions Face/Ears/Ey	17280	510	SFM Family Medicine	$ 202.03	$ 121.22	$ 155.84	$ 91.80	$ 185.87
Service Item	Outpatient	17281 Destruction Of Skin Lesions Face/Ears/Ey	17281	510	SFM Family Medicine	$ 277.04	$ 166.22	$ 213.70	$ 125.91	$ 254.88
Service Item	Outpatient	17282 Destruction Of Skin Lesions Face/Ears/Ey	17282	510	SFM Family Medicine	$ 318.85	$ 191.31	$ 246.07	$ 146.12	$ 293.34
Service Item	Outpatient	17340 Cryotherapy Of Skin	17340	521	SFM Family Medicine	$ 103.16	$ 66.14	$ 83.89	$ 51.58	$ 101.41
Service Item	Inpatient and Outpatient	17-Hydroxyprogesterone Qnt, HPLC-MS/MS-AR	83498	300	MC Reference Lab	$ 24	$ 121	$ 95.14	$ 21	$ 267
Service Item	Inpatient and Outpatient	18-Hydroxycorticosterone, HPLC MS/MS-ARUP	82542	300	MC Reference Lab	$ 151	$ 80	$ 128.94	$ 75	$ 192
Service Item	Outpatient	20220 Bx Bone Superficial Pro	20220	761	OP Wound Center	$ 123.86	$ 128.00	$ 281.93	$ 92.52	$ 1,448.85
Service Item	Outpatient	20240 Bx Bone Open Sprfical Pro	20240	761	OP Wound Center	$ 258.33	$ 128.00	$ 209.08	$ 128.00	$ 237.66
Service Item	Outpatient	20526 Ther Injection, Carp Tunnel	20526	521	SFM Family Medicine	$ 118.66	$ 77.18	$ 97.50	$ 59.33	$ 118.35
Service Item	Outpatient	20550 Inj Tendon Sheath/Ligament	20550	521	SFM Family Medicine	$ 81.60	$ 54.91	$ 68.71	$ 40.80	$ 84.19
Service Item	Outpatient	20551 Inj Tendon Orig/Inst	20551	521	SFM Family Medicine	$ 83.14	$ 58.26	$ 72.10	$ 41.57	$ 89.33
Service Item	Outpatient	20552 Inject Trigger Point, 1 Or 2	20552	521	SFM Family Medicine	$ 80.36	$ 51.72	$ 65.53	$ 40.18	$ 79.30
Service Item	Outpatient	20553 Inj Trig Points 3/>	20553	521	SFM Family Medicine	$ 90.86	$ 58.39	$ 74.01	$ 45.43	$ 89.53
Service Item	Outpatient	20600 Drain/Inject, Joint/Bursa	20600	521	SFM Family Medicine	$ 74.94	$ 47.83	$ 113.46	$ 37.47	$ 453.21
Service Item	Outpatient	20605 Drain/Inject, Joint/Bursa	20605	521	OP Wound Center	$ 77.96	$ 50.07	$ 122.18	$ 38.98	$ 506.99
Service Item	Outpatient	20605 Drain/Inject, Joint/Bursa	20605	521	SFM Family Medicine	$ 77.96	$ 50.07	$ 121.98	$ 38.98	$ 506.99
Service Item	Outpatient	20610 Drain/Inject, Joint/Bursa	20610	521	SFM Family Medicine	$ 95.08	$ 61.93	$ 143.00	$ 47.54	$ 557.02
Service Item	Outpatient	20612 Asp/Inj Ganglon Cyst	20612	521	SFM Family Medicine	$ 86.40	$ 56.30	$ 71.08	$ 43.20	$ 86.32
Service Item	Outpatient	20661 Apply Halo; Cranial	20661	960	NS Neuro Sciences	$ 1,038.64	$ 674.18	$ 750.86	$ 519.32	$ 1,033.74
Service Item	Outpatient	20930 Sp Bone Algrft Morsel Add-On	20930	960	NS Neuro Sciences	$ 360.28	$ 209.87	$ 246.24	$ 135.04	$ 321.81
Service Item	Outpatient	20931 Spine Allograft Structural Add-On	20931	960	NS Neuro Sciences	$ 223.58	$ 137.93	$ 157.86	$ 111.79	$ 211.49
Service Item	Outpatient	20936 Sp Bone Agrft Local Add-On	20936	960	NS Neuro Sciences	$ 360.28	$ 209.87	$ 247.23	$ 143.99	$ 321.81
Service Item	Outpatient	20937 Sp Bone Agrft Morsel Add-On	20937	960	NS Neuro Sciences	$ 340.56	$ 209.87	$ 240.37	$ 170.28	$ 321.81
Service Item	Outpatient	21550 Sft Tiss Bx Neck/Thrx	21550	521	SFM Family Medicine	$ 328.32	$ 214.84	$ 270.93	$ 164.16	$ 329.42
Service Item	Outpatient	21920 Sft Tiss Bx Back/Flnk	21920	521	SFM Family Medicine	$ 330.64	$ 218.34	$ 274.64	$ 165.32	$ 334.79
Service Item	Outpatient	21930 Exc Back Les Sc <3Cm	21930	521	SFM Family Medicine	$ 757.26	$ 490.90	$ 620.70	$ 378.63	$ 752.72

Service Item	Outpatient	21932 Excision, tumor, soft tissue of back or flar	21932	510	SFM Family Medicine	$ 1,079.03	$ 647.42	$ 851.89	$ 647.42	$ 992.71
Service Item	Inpatient and Outpatient	21-Hydroxylase Antibody-ARUP	83519	300	MC Reference Lab	$ 12	$ 60	$ 28.26	$ 7	$ 147
Service Item	Inpatient and Outpatient	21-Hydroxylase Autoantibodies, Serum-ARUP	83516	300	MC Reference Lab	$ 53	$ 104	$ 58.65	$ 39	$ 113
Service Item	Outpatient	22010 I&D P-Spine C/T/Cerv-Thor	22010	960	NS Neuro Sciences	$ 1,971.92	$ 1,183.15	$ 1,362.17	$ 985.96	$ 1,814.17
Service Item	Outpatient	22015 I&D Abscess P-Spine L/S/Ls	22015	960	NS Neuro Sciences	$ 1,947.84	$ 1,199.47	$ 1,366.87	$ 973.92	$ 1,839.18
Service Item	Outpatient	22224 Revision of Lumbar Spine Ant Approach S	22224	960	NS Neuro Sciences	$ 3,284.60	$ 2,044.58	$ 2,322.54	$ 1,642.30	$ 3,135.02
Service Item	Outpatient	22325 Treat Spine Fracture	22325	960	NS Neuro Sciences	$ 2,967.96	$ 1,820.72	$ 2,078.80	$ 1,483.98	$ 2,791.78
Service Item	Outpatient	22326 Treat Neck Spine Fracture	22326	960	NS Neuro Sciences	$ 3,040.80	$ 1,936.34	$ 2,179.51	$ 1,520.40	$ 2,969.06
Service Item	Outpatient	22327 Treatment Thorax Spoine Fract 1 FX Verte	22327	960	NS Neuro Sciences	$ 3,085.56	$ 1,954.61	$ 2,201.86	$ 1,542.78	$ 2,997.07
Service Item	Outpatient	22328 Treat Each Add Spine Fx	22328	960	NS Neuro Sciences	$ 567.26	$ 367.49	$ 412.40	$ 283.63	$ 563.48
Service Item	Outpatient	22513 Perc Augmen Kypho 1 Vert Thoracic	22513	960	NS Neuro Sciences	$ 1,064.28	$ 684.28	$ 1,699.17	$ 532.14	$ 9,875.15
Service Item	Outpatient	22514 Perc Augmen Kypho 1 Vert Lumbar	22514	960	NS Neuro Sciences	$ 992.78	$ 636.54	$ 1,645.73	$ 496.39	$ 9,830.90
Service Item	Outpatient	22551 Neck Spine F&R Bel C2 Pro	22551	960	NS Neuro Sciences	$ 3,459.78	$ 2,224.71	$ 2,507.23	$ 1,729.89	$ 3,411.22
Service Item	Outpatient	22551 Spinfuscerv Below C2	22551	960	NS Neuro Sciences	$ 3,459.78	$ 2,224.71	$ 2,507.23	$ 1,729.89	$ 3,411.22
Service Item	Outpatient	22552 Spine Fuse&Remv Cerv Below C2, Ea Add	22552	960	NS Neuro Sciences	$ 801.12	$ 515.60	$ 580.97	$ 400.56	$ 790.58
Service Item	Outpatient	22554 Spine Fusion W/O Decomprs Cerv Below	22554	960	NS Neuro Sciences	$ 2,561.42	$ 1,621.41	$ 1,833.11	$ 1,280.71	$ 2,486.16
Service Item	Outpatient	22585 Additional Spine Fusion Ea Add Interspace	22585	960	NS Neuro Sciences	$ 664.16	$ 425.39	$ 480.28	$ 332.08	$ 652.27
Service Item	Outpatient	22586 Prescrl Fuse W/ Instr L5/S1	22586	960	NS Neuro Sciences	$ 4,056.44	$ 2,433.86	$ 2,763.21	$ 1,691.17	$ 3,731.92
Service Item	Outpatient	22600 Neck Spine Fusion	22600	960	NS Neuro Sciences	$ 2,629.10	$ 1,669.53	$ 1,881.08	$ 1,314.55	$ 2,559.95
Service Item	Outpatient	22610 Thorax Spine Fusion	22610	960	NS Neuro Sciences	$ 2,592.50	$ 1,639.09	$ 1,849.85	$ 1,296.25	$ 2,513.27
Service Item	Outpatient	22612 Lumbar Spine Fusion Pro	22612	960	NS Neuro Sciences	$ 3,252.78	$ 2,078.30	$ 2,340.11	$ 1,626.39	$ 3,186.73
Service Item	Outpatient	22614 Arthro Post Ea Add Pro	22614	960	NS Neuro Sciences	$ 791.76	$ 509.23	$ 573.12	$ 395.88	$ 780.82
Service Item	Outpatient	22630 Lumbar Spine Fusion Posterior Single	22630	960	NS Neuro Sciences	$ 3,195.84	$ 2,040.13	$ 2,294.04	$ 1,597.92	$ 3,128.20
Service Item	Outpatient	22633 Lumbar Spine Fusion Combined	22633	960	NS Neuro Sciences	$ 3,773.48	$ 2,323.13	$ 2,664.64	$ 1,886.74	$ 3,562.14
Service Item	Outpatient	22840 Instrumentation Post (Add On)	22840	960	NS Neuro Sciences	$ 1,538.16	$ 977.09	$ 1,105.36	$ 769.08	$ 1,498.20
Service Item	Outpatient	22841 Insert Spine Fixation Device Wiring	22841	960	NS Neuro Sciences	$ 1,706.75	$ 994.22	$ 1,141.40	$ 413.86	$ 1,524.48
Service Item	Outpatient	22842 Insert Spine Fixation Device 3-6 Segments	22842	960	NS Neuro Sciences	$ 1,543.98	$ 994.22	$ 1,118.59	$ 771.99	$ 1,524.48
Service Item	Outpatient	22845 Instrumen2-3Vert Anter (Add On)	22845	960	NS Neuro Sciences	$ 1,469.44	$ 935.71	$ 1,057.62	$ 734.72	$ 1,434.76
Service Item	Outpatient	22846 Insert Spine Fixation Device 4-7 Segments	22846	960	NS Neuro Sciences	$ 1,527.48	$ 916.49	$ 1,061.12	$ 763.74	$ 1,405.28
Service Item	Outpatient	22853 Insert Cage, Screws (Add On)	22853	960	NS Neuro Sciences	$ 522.82	$ 324.64	$ 381.30	$ 261.41	$ 497.78
Service Item	Outpatient	22854 Insert Biomechanical Device for Anchorin	22854	960	NS Neuro Sciences	$ 677.04	$ 435.64	$ 504.12	$ 338.52	$ 667.98
Service Item	Outpatient	22855 Rem Ant Segment Instrument	22855	960	NS Neuro Sciences	$ 2,264.62	$ 1,358.77	$ 1,568.89	$ 1,132.31	$ 2,083.45
Service Item	Outpatient	22856 Cerv Artific Diskectomy	22856	960	NS Neuro Sciences	$ 3,326.86	$ 2,051.92	$ 2,344.59	$ 1,663.43	$ 3,146.27
Service Item	Outpatient	22865 Remove Lumb Artif Disc	22865	960	NS Neuro Sciences	$ 4,511.92	$ 2,822.78	$ 3,194.91	$ 2,255.96	$ 4,328.27
Service Item	Outpatient	22902 Exc Abd Les Sc <3Cm	22902	521	SFM Family Medicine	$ 688.72	$ 442.84	$ 561.23	$ 344.36	$ 679.02
Service Item	Outpatient	25065 Soft Tissue BX FA/Wrist, Superficial	25065	960	SFM Family Medicine	$ 338.18	$ 426.85	$ 465.41	$ 169.09	$ 654.50
Service Item	Outpatient	25075 Exc Forarm Sc<3Cm	25075	521	SFM Family Medicine	$ 660.94	$ 426.85	$ 540.29	$ 330.47	$ 654.50
Service Item	Outpatient	25622 Cl Tx Carpal Scaphoid	25622	521	SFM Family Medicine	$ 595.60	$ 377.74	$ 480.61	$ 297.80	$ 579.20
Service Item	Inpatient and Outpatient	25-Hydroxyvitamin D2 and D3 Level-ARUP	82306	300	MC Reference Lab	$ 25	$ 132	$ 114.21	$ 22	$ 291
Service Item	Outpatient	28043 Exc Ft/Toe Tum Sc<1.5	28043	521	SFM Family Medicine	$ 554.20	$ 361.36	$ 456.16	$ 277.10	$ 554.08
Service Item	Outpatient	28190 Removal Of Foot Foreign Body	28190	521	SFM Family Medicine	$ 283.24	$ 181.42	$ 230.17	$ 141.62	$ 278.17
Service Item	Outpatient	28810 - Amputation, metatarsal, with toe, single	28810	761	OP Wound Center	$ 927.00	$ 556.20	$ 720.00	$ 447.56	$ 852.84
Service Item	Outpatient	28825 - Amputation, toe; interphalangeal joint	28825	761	OP Wound Center	$ 824.00	$ 494.40	$ 639.13	$ 389.10	$ 758.08
Service Item	Outpatient	29075 Application Of Forearm Cast	29075	521	SFM Family Medicine	$ 128.78	$ 84.79	$ 106.74	$ 64.39	$ 130.01
Service Item	Outpatient	29086 Apply Finger Cast Pro	29086	521	SFM Family Medicine	$ 108.28	$ 68.23	$ 86.97	$ 54.14	$ 104.61
Service Item	Outpatient	29125 App Short Arm Splint	29125	521	SFM Family Medicine	$ 82.42	$ 53.74	$ 67.84	$ 41.21	$ 82.40
Service Item	Outpatient	29130 App Fngr Splnt Static	29130	521	SFM Family Medicine	$ 60.80	$ 38.24	$ 48.77	$ 30.40	$ 58.63
Service Item	Outpatient	29345 Apply Long Leg Cast	29345	521	SFM Family Medicine	$ 207.46	$ 136.39	$ 171.77	$ 103.73	$ 209.13
Service Item	Outpatient	29405 Apply Short Leg Cast	29405	521	SFM Family Medicine	$ 123.62	$ 81.91	$ 102.94	$ 61.81	$ 125.60
Service Item	Outpatient	29425 App Wlkr Sh Leg Cast	29425	521	SFM Family Medicine	$ 116.26	$ 77.36	$ 97.10	$ 58.13	$ 118.62
Service Item	Outpatient	29435 Apply Short Leg Cast	29435	521	SFM Family Medicine	$ 170.14	$ 111.40	$ 140.46	$ 85.07	$ 170.81
Service Item	Outpatient	29445 App Rgid Cnt Leg Cast Pro	29445	761	OP Wound Center	$ 236.85	$ 142.11	$ 183.20	$ 106.69	$ 217.90
Service Item	Outpatient	29580 Unna Boot Strapping Pro	29580	761	OP Wound Center	$ 80.63	$ 48.38	$ 61.55	$ 28.18	$ 74.18
Service Item	Outpatient	29581 App Mlt Cmp Lwr Lg Bl Pro	29581	761	OP Wound Center	$ 53.84	$ 32.30	$ 42.17	$ 29.54	$ 49.53
Service Item	Outpatient	29581 Apply Mlt Comp Lwr Lg Pro	29581	761	OP Wound Center	$ 26.79	$ 16.07	$ 22.47	$ 16.07	$ 29.54
Service Item	Outpatient	29584 Appl Mlt Cmpr Arm/Hnd Pro	29584	761	OP Wound Center	$ 37.67	$ 22.60	$ 29.18	$ 17.39	$ 34.66
Service Item	Outpatient	29700 Gauntlet Removal	29700	521	SFM Family Medicine	$ 69.06	$ 45.13	$ 56.93	$ 34.53	$ 69.19
Service Item	Outpatient	29799 Casting/Strapping Procedure	29799	521	SFM Family Medicine	$ 77.47	$ 45.13	$ 55.01	$ 45.13	$ 69.19
Service Item	Outpatient	2Nd Mnt Group 30Min	G0271	942	CD Diabetic Clinic	$ 19.94	$ 11.62	$ 16.38	$ 9.56	$ 22.26
Service Item	Outpatient	2Nd Mnt Indiv 15 Min	G0270	942	CD Diabetic Clinic	$ 57.37	$ 33.42	$ 41.78	$ 24.39	$ 51.24
Service Item	Outpatient	30300 Foreign Body-Nose	30300	521	SFM Family Medicine	$ 241.24	$ 141.68	$ 184.41	$ 120.62	$ 217.25
Service Item	Outpatient	30901 Nasal Hemor Cntrl	30901	521	SFM Family Medicine	$ 116.64	$ 75.28	$ 95.31	$ 58.32	$ 115.43
Service Item	Outpatient	33017 Ccl/Pericardiocentesis W/ Drain Placeme	33017	960	SQ Seq Cardiology	$ 501.18	$ 144.18	$ 226.21	$ 120.15	$ 250.59
Service Item	Outpatient	33206 Pacer/Insert Gen/Atr Lead	33206	960	SQ Seq Cardiology	$ 938.32	$ 606.62	$ 695.81	$ 469.16	$ 930.16
Service Item	Outpatient	33207 Pacer/Insert Gen/Ven Lead	33207	960	SQ Seq Cardiology	$ 988.34	$ 646.88	$ 739.06	$ 494.17	$ 991.89
Service Item	Outpatient	33208 Pacer/Insert Gen/Dual Lea	33208	960	SQ Seq Cardiology	$ 1,073.38	$ 702.10	$ 802.02	$ 536.69	$ 1,076.56
Service Item	Outpatient	33210 Insrt Elctrd/Pm Sngl	33210	960	SQ Seq Cardiology	$ 334.02	$ 223.11	$ 255.16	$ 167.01	$ 342.10
Service Item	Outpatient	33211 Insrt Electrds Dual	33211	960	SQ Seq Cardiology	$ 345.38	$ 228.20	$ 261.42	$ 172.69	$ 349.91
Service Item	Outpatient	33212 Insert Pulse Gen Sngl Lead	33212	960	SQ Seq Cardiology	$ 663.90	$ 430.30	$ 495.26	$ 331.95	$ 659.80
Service Item	Outpatient	33213 Insert Pulse Gen Dual Lea	33213	960	SQ Seq Cardiology	$ 692.56	$ 450.35	$ 522.54	$ 346.28	$ 690.54
Service Item	Outpatient	33214 Upgr Pacemkr Sc To Dc	33214	960	SQ Seq Cardiology	$ 988.14	$ 642.27	$ 735.21	$ 494.07	$ 984.81
Service Item	Outpatient	33215 Repos Pacing-Defib Ld	33215	960	SQ Seq Cardiology	$ 640.98	$ 417.89	$ 476.90	$ 320.49	$ 640.77
Service Item	Outpatient	33216 Pacer/Insrt Pacer Lead Sg	33216	960	SQ Seq Cardiology	$ 770.46	$ 497.62	$ 571.68	$ 385.23	$ 763.01
Service Item	Outpatient	33217 Ins 2 Elctrd Pm-Defib	33217	960	SQ Seq Cardiology	$ 758.56	$ 487.91	$ 561.85	$ 379.28	$ 748.13
Service Item	Outpatient	33218 Repair Ld Pm-Defb Sgl	33218	960	SQ Seq Cardiology	$ 800.76	$ 523.07	$ 598.11	$ 400.38	$ 802.05
Service Item	Outpatient	33220 Rpair Ld Pm-Defb Dual	33220	960	SQ Seq Cardiology	$ 776.32	$ 523.56	$ 593.37	$ 388.16	$ 802.79
Service Item	Outpatient	33222 Pacer/Revise Pocket	33222	960	SQ Seq Cardiology	$ 706.02	$ 451.63	$ 520.71	$ 353.01	$ 692.49
Service Item	Outpatient	33223 Relocate Pocket Defib	33223	960	SQ Seq Cardiology	$ 847.44	$ 548.06	$ 629.27	$ 423.72	$ 840.36
Service Item	Outpatient	33224 Insrt Pacing Ld & Con	33224	960	SQ Seq Cardiology	$ 1,056.88	$ 696.53	$ 791.97	$ 528.44	$ 1,068.02
Service Item	Outpatient	33225 L Vntr Pcng Ld Add-On	33225	960	SQ Seq Cardiology	$ 961.12	$ 634.95	$ 720.72	$ 480.56	$ 973.59
Service Item	Outpatient	33226 Repos L Ventric Lead	33226	960	SQ Seq Cardiology	$ 1,015.06	$ 670.12	$ 761.58	$ 507.53	$ 1,027.51
Service Item	Outpatient	33227 Remove&Replace Pm Gen Sgl	33227	960	SQ Seq Cardiology	$ 699.60	$ 454.01	$ 518.48	$ 349.80	$ 696.15
Service Item	Outpatient	33228 Remv&Replc Pm Gen Dual Ld	33228	960	SQ Seq Cardiology	$ 731.76	$ 474.86	$ 542.09	$ 365.88	$ 728.12
Service Item	Outpatient	33229 Remv&Replc Pm Gen Mult Ld	33229	960	SQ Seq Cardiology	$ 775.02	$ 503.19	$ 573.37	$ 387.51	$ 771.56
Service Item	Outpatient	33233 Pacer/Gen Removal	33233	960	SQ Seq Cardiology	$ 481.44	$ 308.41	$ 356.14	$ 240.72	$ 472.89
Service Item	Outpatient	33234 Remove Pacer Lead	33234	960	SQ Seq Cardiology	$ 1,003.00	$ 652.45	$ 746.54	$ 501.50	$ 1,000.43
Service Item	Outpatient	33235 Remove Pacer Electrode(s); Dual Lead	33235	960	SQ Seq Cardiology	$ 1,318.46	$ 824.96	$ 958.40	$ 659.23	$ 1,264.94
Service Item	Outpatient	33240 Ins Pulse Gen Sngl Ld	33240	960	SQ Seq Cardiology	$ 753.00	$ 491.09	$ 575.86	$ 376.50	$ 753.01
Service Item	Outpatient	33241 Defib/Gen Remove	33241	960	SQ Seq Cardiology	$ 445.76	$ 288.99	$ 332.67	$ 222.88	$ 443.12
Service Item	Outpatient	33249 Defib/Gen W/Sgl Lead	33249	960	SQ Seq Cardiology	$ 1,890.02	$ 1,234.09	$ 1,409.00	$ 945.01	$ 1,892.27
Service Item	Outpatient	33262 Rmvl&Replc Plsgen 1Ld	33262	960	SQ Seq Cardiology	$ 771.86	$ 501.28	$ 571.37	$ 385.93	$ 768.62
Service Item	Outpatient	33263 Rmvl&Rplc Dfb Gen 2Ld Pro	33263	960	SQ Seq Cardiology	$ 802.40	$ 522.13	$ 594.61	$ 401.20	$ 800.59
Service Item	Outpatient	33264 Remv&Repl Cvd Gen Mult Ld	33264	960	SQ Seq Cardiology	$ 837.72	$ 544.40	$ 619.93	$ 418.86	$ 834.75
Service Item	Outpatient	33285 Impl Pt-Act Card Rec	33285	960	SQ Seq Cardiology	$ 181.38	$ 302.83	$ 995.72	$ 90.69	$ 7,479.64
Service Item	Outpatient	33286 Pacer/Loop Recrd Remove	33286	960	SQ Seq Cardiology	$ 178.40	$ 266.23	$ 240.02	$ 89.20	$ 408.22
Service Item	Outpatient	33361 TAVR Percutaneous Femoral Artery Appro	33361	960	SQ Seq Cardiology	$ 2,463.66	$ 1,744.48	$ 1,940.40	$ 1,231.83	$ 2,674.86
Service Item	Outpatient	33362 TAVR Open Femoral Artery Approach	33362	960	SQ Seq Cardiology	$ 2,682.04	$ 1,903.37	$ 2,120.06	$ 1,341.02	$ 2,918.51
Service Item	Outpatient	33363 TAVR Open Axillary Artery Approach	33363	960	SQ Seq Cardiology	$ 2,781.48	$ 1,972.89	$ 2,197.59	$ 1,390.74	$ 3,025.10
Service Item	Outpatient	33364 TAVR Open Iliac Artery Approach	33364	960	SQ Seq Cardiology	$ 2,775.64	$ 2,078.11	$ 2,281.78	$ 1,387.82	$ 3,186.44
Service Item	Outpatient	33365 TAVR Transaortic Approach	33365	960	SQ Seq Cardiology	$ 2,943.82	$ 2,286.47	$ 2,482.15	$ 1,471.91	$ 3,505.93
Service Item	Outpatient	33366 TAVR Transapical Exposure	33366	960	SQ Seq Cardiology	$ 3,199.46	$ 2,472.12	$ 2,716.43	$ 1,599.73	$ 3,790.58
Service Item	Outpatient	33367 TAVR CardioPulmonary Bypass w/Perc Pe	33367	960	SQ Seq Cardiology	$ 1,276.92	$ 804.40	$ 928.65	$ 638.46	$ 1,233.41
Service Item	Outpatient	33368 TAVR CardioPulmonary Bypass w/Open P	33368	960	SQ Seq Cardiology	$ 1,503.16	$ 953.65	$ 1,100.74	$ 751.58	$ 1,462.27
Service Item	Outpatient	33369 TAVR CardioPulmonary Bypass w/ Centra	33369	960	SQ Seq Cardiology	$ 1,984.32	$ 1,259.23	$ 1,453.32	$ 992.16	$ 1,930.82
Service Item	Outpatient	33967 Ccl/Iabp/Insrt	33967	960	SQ Seq Cardiology	$ 526.80	$ 350.26	$ 398.46	$ 263.40	$ 537.06
Service Item	Outpatient	33968 Ccl/Iabp/Removal	33968	960	SQ Seq Cardiology	$ 68.96	$ 45.19	$ 51.56	$ 34.48	$ 69.29
Service Item	Outpatient	33990 Insert Vad Artery Access	33990	960	SQ Seq Cardiology	$ 864.08	$ 574.96	$ 651.99	$ 432.04	$ 881.60
Service Item	Outpatient	33991 Insert Vad Art&Vein Acces	33991	960	SQ Seq Cardiology	$ 1,267.54	$ 842.47	$ 955.17	$ 633.77	$ 1,291.78
Service Item	Outpatient	33992 Remove Vad Diff Session	33992	960	SQ Seq Cardiology	$ 404.94	$ 271.33	$ 307.06	$ 202.47	$ 416.03
Service Item	Outpatient	33993 Repositn Vad Diff Session	33993	960	SQ Seq Cardiology	$ 355.08	$ 236.48	$ 268.32	$ 177.54	$ 362.60
Service Item	Outpatient	36000 Non-Sel Cath Plmnt In Vei	36000	960	SQ Seq Cardiology	$ 99.71	$ 58.09	$ 57.62	$ 0.18	$ 89.07
Service Item	Outpatient	36005 Inj Unilat Ext Venogram	36005	960	SQ Seq Cardiology	$ 98.82	$ 184.60	$ 195.95	$ 49.41	$ 476.53
Service Item	Outpatient	36215 A Cath 1St Order Thor	36215	960	SQ Seq Cardiology	$ 440.48	$ 314.14	$ 476.34	$ 220.24	$ 1,607.98
Service Item	Outpatient	36216 A Cath 2nd Order Thor Pro	36216	960	SQ Seq Cardiology	$ 559.04	$ 356.46	$ 547.68	$ 279.52	$ 1,758.83
Service Item	Outpatient	36246 Selective Cath Placement, Art, 2nd Order	36246	960	SQ Seq Cardiology	$ 517.04	$ 310.22	$ 503.81	$ 258.52	$ 1,731.63
Service Item	Outpatient	36556 Place Of Ctrl Venous Cath	36556	960	SQ Seq Cardiology	$ 176.40	$ 130.49	$ 161.72	$ 88.20	$ 321.68
Service Item	Outpatient	36589 Removal Tunneled Cv Cath	36589	521	SFM Family Medicine	$ 287.72	$ 181.51	$ 231.29	$ 143.86	$ 278.31
Service Item	Outpatient	37220 Iliac Revasc	37220	960	SQ Seq Cardiology	$ 814.16	$ 488.50	$ 982.58	$ 407.08	$ 4,619.28

Service Item	Outpatient	37221 Iliac Revasc W/Stent	37221	960	SQ Seq Cardiology	$ 1,005.42	$ 603.25	$ 1,327.51	$ 502.71	$ 6,845.44
Service Item	Outpatient	37224 Fem/Popl Revas W/Tla	37224	960	SQ Seq Cardiology	$ 905.32	$ 559.29	$ 1,145.56	$ 452.66	$ 5,556.71
Service Item	Outpatient	37228 Tib/Per Revasc W/Tla	37228	960	SQ Seq Cardiology	$ 1,103.52	$ 679.80	$ 1,509.99	$ 551.76	$ 7,922.76
Service Item	Outpatient	38550 Exc Cystic Hygroma, Cerv	38550	960	NS Neuro Sciences	$ 1,067.08	$ 668.37	$ 755.10	$ 533.54	$ 1,024.83
Service Item	Outpatient	3D Mam Implnt Uni Lt Diag	G0279	401	IC Breast Center	$ 479.71	$ 138.15	$ 345.46	$ 115.62	$ 428.48
Service Item	Outpatient	3D Mam Implnt Uni Rt Diag	G0279	401	IC Breast Center	$ 479.71	$ 138.15	$ 345.46	$ 115.62	$ 428.48
Service Item	Outpatient	3D Mam Male Uni Lt Diag	G0279	401	IC Breast Center	$ 479.71	$ 138.15	$ 345.46	$ 115.62	$ 428.48
Service Item	Outpatient	3D Mam Male Uni Rt Diag	G0279	401	IC Breast Center	$ 479.71	$ 138.15	$ 345.46	$ 115.62	$ 428.48
Service Item	Outpatient	3D Mam Uni Lt Call Back	G0279	401	IC Breast Center	$ 479.71	$ 138.15	$ 345.46	$ 115.62	$ 428.48
Service Item	Outpatient	3D Mam Uni Lt Diag	G0279	401	IC Breast Center	$ 479.71	$ 138.15	$ 345.46	$ 115.62	$ 428.48
Service Item	Outpatient	3D Mam Uni Rt Call Back	G0279	401	IC Breast Center	$ 479.71	$ 138.15	$ 345.46	$ 115.62	$ 428.48
Service Item	Outpatient	3D Mam Uni Rt Diag	G0279	401	IC Breast Center	$ 479.71	$ 138.15	$ 345.46	$ 115.62	$ 428.48
Service Item	Outpatient	3D Mamm Screen Bilateral	77063	403	IC Breast Center	$ 136.05	$ 139.71	$ 138.15	$ 83.60	$ 336.28
Service Item	Outpatient	3D Recon Same Station	76376	350	IC CAT Scan	$ 827.75	$ 429.84	$ 606.92	$ 306.28	$ 739.35
Service Item	Inpatient and Outpatient	3D Recon Same Station	76376	350	MC CAT Scanner	$ 828	$ 430	$ 606.92	$ 306	$ 739
Service Item	Outpatient	3D Treatment Planning	77295	333	HR Radiation Onc	$ 3,654.64	$ 3,110.46	$ 4,269.53	$ 1,442.98	$ 16,959.85
Service Item	Inpatient and Outpatient	3D Treatment Planning	77295	333	MC Radiation Thrpy	$ 3,655	$ 3,110	$ 4,264.40	$ 1,443	$ 16,960
Service Item	Outpatient	3D Treatment Planning	77295	333	VR Radiation Onc	$ 3,654.64	$ 3,110.46	$ 4,269.53	$ 1,442.98	$ 16,959.85
Service Item	Outpatient	40490 Biopsy Of Lip	40490	521	SFM Family Medicine	$ 148.84	$ 96.85	$ 122.33	$ 74.42	$ 148.50
Service Item	Outpatient	40810 Exc Les Mouth Vest	40810	510	SFM Family Medicine	$ 263.22	$ 178.10	$ 222.52	$ 131.61	$ 273.08
Service Item	Outpatient	46083 Incise Ext Hemorhoid	46083	521	SFM Family Medicine	$ 227.38	$ 144.70	$ 183.92	$ 113.69	$ 221.87
Service Item	Outpatient	46600 Anoscopy	46600	510	SFM Family Medicine	$ 85.36	$ 58.09	$ 72.46	$ 42.68	$ 89.07
Service Item	Inpatient and Outpatient	5' Nucleotidase-ARUP	83915	300	MC Reference Lab	$ 12	$ 50	$ 23.86	$ 7	$ 110
Service Item	Outpatient	51701 Insert Bladder Cath	51701	521	SFM Family Medicine	$ 54.20	$ 70.02	$ 76.05	$ 27.10	$ 107.36
Service Item	Outpatient	51702 Insertion of Temporary Indwelling Bladde	51702	510	SFM Family Medicine	$ 106.09	$ 63.65	$ 105.18	$ 26.68	$ 235.36
Service Item	Outpatient	54056 Cryosurgery, Penis Lesion(S)	54056	521	SFM Family Medicine	$ 232.44	$ 150.10	$ 189.99	$ 116.22	$ 230.15
Service Item	Outpatient	54150 Circumcis W/Regnl Blk	54150	510	SFM Family Medicine	$ 204.18	$ 131.77	$ 166.82	$ 102.09	$ 202.04
Service Item	Outpatient	54160 Circumcis Neo<=28 Day	54160	510	SFM Family Medicine	$ 303.76	$ 195.61	$ 247.80	$ 151.88	$ 299.94
Service Item	Outpatient	56405 I & D Of Vulva/Perineum	56405	521	SFM Family Medicine	$ 250.76	$ 146.69	$ 191.15	$ 125.38	$ 224.92
Service Item	Outpatient	56605 Biopsy Of Vulva/Perineum	56605	521	SFM Family Medicine	$ 125.14	$ 80.71	$ 102.20	$ 62.57	$ 123.75
Service Item	Outpatient	57160 Insert Pessary/Other Device	57160	521	SFM Family Medicine	$ 96.72	$ 60.92	$ 77.66	$ 48.36	$ 93.41
Service Item	Outpatient	57452 Exam Of Cervix W/Scope	57452	521	SFM Family Medicine	$ 190.42	$ 123.92	$ 156.52	$ 95.21	$ 190.02
Service Item	Outpatient	57454 Bx/Curett Of Cervix W/Scope	57454	521	SFM Family Medicine	$ 279.60	$ 182.12	$ 229.96	$ 139.80	$ 279.25
Service Item	Outpatient	57456 Endocerv Curettage W/Scope	57456	521	SFM Family Medicine	$ 211.78	$ 133.76	$ 170.39	$ 105.89	$ 205.10
Service Item	Outpatient	57500 Biopsy Of Cervix	57500	521	SFM Family Medicine	$ 156.88	$ 102.26	$ 129.10	$ 78.44	$ 156.80
Service Item	Outpatient	57505 Endocervical Curettage	57505	521	SFM Family Medicine	$ 213.66	$ 125.08	$ 162.96	$ 106.83	$ 191.79
Service Item	Outpatient	57511 Cryocautery Of Cervix	57511	521	SFM Family Medicine	$ 296.12	$ 178.17	$ 230.22	$ 148.06	$ 273.19
Service Item	Outpatient	58100 Biopsy Of Uterus Lining	58100	521	SFM Family Medicine	$ 132.92	$ 117.06	$ 136.96	$ 66.46	$ 179.49
Service Item	Outpatient	58300 Insert Iud W/ Device	58300	521	SFM Family Medicine	$ 196.69	$ 114.58	$ 139.66	$ 114.58	$ 175.68
Service Item	Outpatient	58301 Remove Intrauterine Device	58301	521	SFM Family Medicine	$ 139.66	$ 90.08	$ 114.06	$ 69.83	$ 138.12
Service Item	Outpatient	59025 Fetal Non-Stress Test	59025	521	SFM Family Medicine	$ 59.22	$ 210.00	$ 50.39	$ 38.19	$ 210.00
Service Item	Inpatient and Outpatient	5-a-Dihydrotestosterone by LC-MS/MS-ARUP	80327	300	MC Reference Lab	$ 15	$ 113	$ 12.72	$ 9	$ 113
Service Item	Inpatient and Outpatient	5-Hydroxyindoleacetic Acid (HIAA) Urine-ARUP	83497	300	MC Reference Lab	$ 14	$ 57	$ 27.59	$ 8	$ 127
Service Item	Outpatient	61020 Vent Punc Prev Hole	61020	960	NS Neuro Sciences	$ 211.66	$ 134.35	$ 157.05	$ 105.83	$ 206.00
Service Item	Outpatient	61070 Puncture of Shunt/RSVR for Asp/Inj	61070	960	NS Neuro Sciences	$ 117.62	$ 77.53	$ 87.60	$ 58.81	$ 118.87
Service Item	Outpatient	61105 Twist Drill Hole	61105	960	NS Neuro Sciences	$ 934.84	$ 601.79	$ 680.65	$ 467.42	$ 922.75
Service Item	Outpatient	61107 Drill Skull Implant	61107	960	NS Neuro Sciences	$ 621.04	$ 408.34	$ 460.89	$ 310.52	$ 626.12
Service Item	Outpatient	61140 Burr Hole(s) w/ Biopsy	61140	960	NS Neuro Sciences	$ 2,540.96	$ 1,613.63	$ 1,839.47	$ 1,270.48	$ 2,474.23
Service Item	Outpatient	61154 Burr Hole W/Dr Hema	61154	960	NS Neuro Sciences	$ 2,555.48	$ 1,648.64	$ 1,867.10	$ 1,277.74	$ 2,527.91
Service Item	Outpatient	61156 Burr Holes W/Asp Intr	61156	960	NS Neuro Sciences	$ 2,483.34	$ 1,610.45	$ 1,822.99	$ 1,241.67	$ 2,469.35
Service Item	Outpatient	61210 Pierce Skull Impl Dev	61210	960	NS Neuro Sciences	$ 727.82	$ 474.22	$ 537.02	$ 363.91	$ 727.14
Service Item	Outpatient	61304 Craniectomy Expl Sup	61304	960	NS Neuro Sciences	$ 3,285.04	$ 2,113.31	$ 2,399.25	$ 1,642.52	$ 3,240.41
Service Item	Outpatient	61305 Craniectomy Expl Infr	61305	960	NS Neuro Sciences	$ 4,006.30	$ 2,609.81	$ 2,948.61	$ 2,003.15	$ 4,001.71
Service Item	Outpatient	61312 Crani w/ Evac Hema/Subdr	61312	960	NS Neuro Sciences	$ 4,139.18	$ 2,641.64	$ 3,010.00	$ 2,069.59	$ 4,050.52
Service Item	Outpatient	61313 Open Skull For Drainage	61313	960	NS Neuro Sciences	$ 3,963.60	$ 2,585.35	$ 2,918.58	$ 1,981.80	$ 3,964.21
Service Item	Outpatient	61314 Craniectomy/Otomy Evac Hema Infra Ext	61314	960	NS Neuro Sciences	$ 3,653.82	$ 2,326.55	$ 2,651.82	$ 1,826.91	$ 3,567.38
Service Item	Outpatient	61315 Open Skull For Drainage	61315	960	NS Neuro Sciences	$ 4,125.24	$ 2,691.81	$ 3,039.81	$ 2,062.62	$ 4,127.44
Service Item	Outpatient	61320 Crani Drain of Abcess	61320	960	NS Neuro Sciences	$ 3,791.44	$ 2,418.85	$ 2,757.21	$ 1,895.72	$ 3,708.91
Service Item	Outpatient	61322 Decompressive Craniotomy	61322	960	NS Neuro Sciences	$ 4,746.92	$ 3,055.39	$ 3,465.68	$ 2,373.46	$ 4,684.93
Service Item	Outpatient	61343 Cranectomy SO W/ Lamin For Decompre	61343	960	NS Neuro Sciences	$ 4,383.46	$ 2,853.96	$ 3,225.97	$ 2,191.73	$ 4,376.07
Service Item	Outpatient	61345 Relieve Cranial Pressure	61345	960	NS Neuro Sciences	$ 4,073.44	$ 2,657.51	$ 3,000.71	$ 2,036.72	$ 4,074.85
Service Item	Outpatient	61458 Craniectomy So Expl/Decomp Cran Nrv	61458	960	NS Neuro Sciences	$ 4,015.68	$ 2,483.15	$ 2,865.38	$ 2,007.84	$ 3,807.49
Service Item	Outpatient	61500 Cranectomy W/ Exc Tumor or Bone Lesio	61500	960	NS Neuro Sciences	$ 2,668.46	$ 1,702.03	$ 1,941.34	$ 1,334.23	$ 2,609.78
Service Item	Outpatient	61510 Craniectomy Bf Tumor	61510	960	NS Neuro Sciences	$ 4,388.56	$ 2,750.10	$ 3,154.13	$ 2,194.28	$ 4,216.82
Service Item	Outpatient	61512 Craniectomy Bf; Exc Meningioma St	61512	960	NS Neuro Sciences	$ 5,092.34	$ 3,148.43	$ 3,634.33	$ 2,546.17	$ 4,827.59
Service Item	Outpatient	61516 Craniectomy Bf; Exc Fenestr Cyst St	61516	960	NS Neuro Sciences	$ 3,739.46	$ 2,303.36	$ 2,659.89	$ 1,869.73	$ 3,531.82
Service Item	Outpatient	61518 Cranectomy Exc Brain Tumor Skull Base	61518	960	NS Neuro Sciences	$ 5,519.86	$ 3,609.88	$ 4,071.91	$ 2,759.93	$ 5,535.14
Service Item	Outpatient	61519 Cranectomy Exc Brain Tumor Meningiom	61519	960	NS Neuro Sciences	$ 5,883.36	$ 3,864.22	$ 4,353.32	$ 2,941.68	$ 5,925.13
Service Item	Outpatient	61543 Removal Of Brain Tissue	61543	960	NS Neuro Sciences	$ 4,334.80	$ 2,749.27	$ 3,137.67	$ 2,167.40	$ 4,215.55
Service Item	Outpatient	61545 Excision Of Brain Tumor	61545	960	NS Neuro Sciences	$ 6,356.52	$ 4,143.52	$ 4,679.93	$ 3,178.26	$ 6,353.39
Service Item	Outpatient	61546 Cranitomy Hypophys/Exc Pituit Tumor Ic	61546	960	NS Neuro Sciences	$ 4,601.00	$ 2,840.80	$ 3,280.15	$ 2,300.50	$ 4,355.89
Service Item	Outpatient	61548 Hypophys Or Exc Pituit Tumor Tn/Ts	61548	960	NS Neuro Sciences	$ 3,154.74	$ 1,953.01	$ 2,253.85	$ 1,577.37	$ 2,994.61
Service Item	Outpatient	61581 Craniofacial Acf; Extradur W Orb Exent	61581	960	NS Neuro Sciences	$ 5,597.94	$ 3,421.25	$ 3,972.05	$ 2,798.97	$ 5,245.91
Service Item	Outpatient	61592 Orbitocranial Zygomatic Appr Mcf	61592	960	NS Neuro Sciences	$ 6,418.54	$ 3,951.86	$ 4,563.90	$ 3,209.27	$ 6,059.52
Service Item	Outpatient	61698 Brain Aneurysm Rep - Vertebrobas	61698	960	NS Neuro Sciences	$ 9,368.50	$ 6,282.98	$ 7,006.65	$ 4,684.25	$ 9,633.91
Service Item	Outpatient	61703 Icrain Aneursym; Cerv W/ Clamp C Caroti	61703	960	NS Neuro Sciences	$ 2,718.84	$ 1,778.65	$ 2,005.52	$ 1,359.42	$ 2,727.27
Service Item	Outpatient	61750 Incise Skull/Brain Biopsy	61750	960	NS Neuro Sciences	$ 2,815.38	$ 1,845.02	$ 2,078.80	$ 1,407.69	$ 2,829.04
Service Item	Outpatient	61781 Scan Proc Cranial Intra	61781	960	NS Neuro Sciences	$ 466.10	$ 294.92	$ 334.96	$ 233.05	$ 452.22
Service Item	Outpatient	61782 Scan Proc Cranial Extra	61782	960	NS Neuro Sciences	$ 360.10	$ 223.62	$ 257.48	$ 180.05	$ 342.88
Service Item	Outpatient	61783 Stereotactic Computer-Assisted (Navig) P	61783	960	NS Neuro Sciences	$ 465.42	$ 286.66	$ 329.19	$ 232.71	$ 439.54
Service Item	Outpatient	61796 Stereotactic Radiosurgery 1 Simple Cran I	61796	960	NS Neuro Sciences	$ 2,032.34	$ 1,266.90	$ 1,445.04	$ 1,016.17	$ 1,942.58
Service Item	Outpatient	61797 Stereotactic Radiosurgery Simple Ea Add	61797	960	NS Neuro Sciences	$ 433.96	$ 278.10	$ 314.80	$ 216.26	$ 426.42
Service Item	Outpatient	61798 Stereotactic Radiosurgery 1 Complex Cra	61798	960	NS Neuro Sciences	$ 2,756.46	$ 1,714.95	$ 1,916.62	$ 1,018.71	$ 2,629.59
Service Item	Outpatient	61799 Stereotactic Radiosurgery Complex Ea Ad	61799	960	NS Neuro Sciences	$ 599.88	$ 386.25	$ 436.24	$ 299.07	$ 592.25
Service Item	Outpatient	61800 Application of Stereotactic Radiosurgery	61800	960	NS Neuro Sciences	$ 303.70	$ 200.85	$ 223.89	$ 151.85	$ 307.97
Service Item	Outpatient	61867 Sc Impl Electr Array W Micro	61867	960	NS Neuro Sciences	$ 4,548.84	$ 2,814.30	$ 3,248.12	$ 2,274.42	$ 4,315.26
Service Item	Outpatient	61885 Ins/Repl Cranl Nstim Pg/Rcvr W 1 Elctr Ar	61885	960	NS Neuro Sciences	$ 1,058.00	$ 646.58	$ 765.02	$ 529.00	$ 991.43
Service Item	Outpatient	61886 Implant Neurostim 2+ Arrays	61886	960	NS Neuro Sciences	$ 1,745.14	$ 1,103.36	$ 1,255.60	$ 872.57	$ 1,691.82
Service Item	Outpatient	61888 Revise Or Rem Cranial Ns Pg Or Rcvr	61888	960	NS Neuro Sciences	$ 797.94	$ 493.96	$ 569.02	$ 398.97	$ 757.40
Service Item	Outpatient	62000 Elevate Depr SK FX, Simple Extradural	62000	960	NS Neuro Sciences	$ 2,069.96	$ 1,347.46	$ 1,513.83	$ 1,034.98	$ 2,066.11
Service Item	Outpatient	62005 Elevate Depressed Skull Fracture, Extradu	62005	960	NS Neuro Sciences	$ 2,543.24	$ 1,635.91	$ 1,855.30	$ 1,271.62	$ 2,508.39
Service Item	Outpatient	62100 Craniotomy Rep Dura Or Csf Leak	62100	960	NS Neuro Sciences	$ 3,187.78	$ 1,976.12	$ 2,280.82	$ 1,593.89	$ 3,030.06
Service Item	Outpatient	62140 Cranioplasty Skull Defect Up To 5Cm	62140	960	NS Neuro Sciences	$ 2,072.46	$ 1,320.82	$ 1,506.23	$ 1,036.23	$ 2,025.26
Service Item	Outpatient	62141 Cranioplasty Skull Defect Greater Than 5(	62141	960	NS Neuro Sciences	$ 2,301.38	$ 1,464.04	$ 1,669.48	$ 1,150.69	$ 2,244.86
Service Item	Outpatient	62145 Repair Of Skull & Brain	62145	960	NS Neuro Sciences	$ 2,847.44	$ 1,827.65	$ 2,075.71	$ 1,423.72	$ 2,802.39
Service Item	Outpatient	62165 Remove Pituit Tumor W/Scope	62165	960	NS Neuro Sciences	$ 3,093.00	$ 1,919.33	$ 2,217.40	$ 1,546.50	$ 2,942.98
Service Item	Outpatient	62180 Establish Brain Cavity Shunt	62180	960	NS Neuro Sciences	$ 3,195.44	$ 2,096.70	$ 2,361.97	$ 1,597.72	$ 3,214.94
Service Item	Outpatient	62220 Create Shunt Vent Atr	62220	960	NS Neuro Sciences	$ 1,986.86	$ 1,336.73	$ 1,493.30	$ 993.43	$ 2,049.66
Service Item	Outpatient	62223 Create Shunt Vent Per	62223	960	NS Neuro Sciences	$ 2,102.08	$ 1,368.56	$ 1,546.26	$ 1,051.04	$ 2,098.46
Service Item	Outpatient	62225 Replacement or Irrigation, Ventricular Ca	62225	960	NS Neuro Sciences	$ 1,071.48	$ 681.10	$ 773.49	$ 535.74	$ 1,044.35
Service Item	Outpatient	62230 Replace/Revise Brain Shunt	62230	960	NS Neuro Sciences	$ 1,695.00	$ 1,093.57	$ 1,239.07	$ 847.50	$ 1,676.80
Service Item	Outpatient	62252 Csf Shunt Reprogram	62252	960	NS Neuro Sciences	$ 91.42	$ 60.47	$ 71.85	$ 50.40	$ 92.73
Service Item	Outpatient	62270 Spine Punc Lum Diag	62270	960	NS Neuro Sciences	$ 128.54	$ 104.97	$ 201.11	$ 64.27	$ 660.22
Service Item	Outpatient	62272 Drain Cereb Spn Fluid	62272	960	NS Neuro Sciences	$ 179.60	$ 111.62	$ 220.47	$ 89.80	$ 649.37
Service Item	Outpatient	62273 Inj Epid Bld Or Clot	62273	960	NS Neuro Sciences	$ 237.92	$ 153.50	$ 175.09	$ 118.96	$ 235.37
Service Item	Outpatient	62320 Non-Neurolytic Ct Sp	62320	960	SFM Family Medicine	$ 208.54	$ 133.67	$ 169.56	$ 104.27	$ 204.97
Service Item	Outpatient	62322 Insertion Intrathecal Cath	62322	960	NS Neuro Sciences	$ 177.22	$ 117.76	$ 142.68	$ 88.61	$ 215.80
Service Item	Outpatient	62329 Ther Spi Pnxr Csf Fluor/Ct	62329	960	NS Neuro Sciences	$ 229.82	$ 141.18	$ 160.97	$ 114.91	$ 216.48
Service Item	Outpatient	62350 Impl Or Revise Epid Cath For Pain	62350	960	NS Neuro Sciences	$ 824.60	$ 495.88	$ 577.58	$ 412.30	$ 760.34
Service Item	Outpatient	62360 Implant/Replace Intrathecal Device, Rese	62360	960	NS Neuro Sciences	$ 651.62	$ 413.75	$ 469.87	$ 325.81	$ 634.42
Service Item	Outpatient	62361 Implant Spine Infusion Nonprogrammabl	62361	960	NS Neuro Sciences	$ 869.46	$ 556.97	$ 629.84	$ 434.73	$ 854.03
Service Item	Outpatient	62362 Impant Or Replace Programmable Pump	62362	960	NS Neuro Sciences	$ 791.90	$ 509.23	$ 581.27	$ 395.95	$ 780.82
Service Item	Outpatient	62365 Removal Reservoir Or Pump	62365	960	NS Neuro Sciences	$ 610.04	$ 397.84	$ 452.84	$ 305.02	$ 610.02
Service Item	Outpatient	63001 Laminectomy With Exp/Decomp Cervical	63001	960	NS Neuro Sciences	$ 2,493.70	$ 1,591.35	$ 1,811.87	$ 1,246.85	$ 2,440.07
Service Item	Outpatient	63003 Laminectomy With Exp/Decomp Thoracic	63003	960	NS Neuro Sciences	$ 2,500.54	$ 1,591.35	$ 1,814.36	$ 1,250.27	$ 2,440.07
Service Item	Outpatient	63005 Laminectomy With Exp/Decomp Lumbar	63005	960	NS Neuro Sciences	$ 2,417.50	$ 1,527.70	$ 1,744.91	$ 1,208.75	$ 2,342.47
Service Item	Outpatient	63012 Laminectomy W Rem Abn Facets Lumbar	63012	960	NS Neuro Sciences	$ 2,425.60	$ 1,492.19	$ 1,724.33	$ 1,212.80	$ 2,288.02
Service Item	Outpatient	63015 Removal Of Spinal Lamina 2+ Segments C	63015	960	NS Neuro Sciences	$ 2,984.64	$ 1,852.26	$ 2,133.36	$ 1,492.32	$ 2,840.13

Service Item	Outpatient	63017 Remove Spine Lamina >2 Lmbr	63017	960	NS Neuro Sciences	$ 2,546.38	$ 1,634.77	$ 1,855.39	$ 1,273.19	$ 2,506.65
Service Item	Outpatient	63020 Neck Spine Disk Surgery	63020	960	NS Neuro Sciences	$ 2,359.68	$ 1,449.94	$ 1,677.05	$ 1,179.84	$ 2,223.24
Service Item	Outpatient	63030 Low Back Disk Surg	63030	960	NS Neuro Sciences	$ 1,988.58	$ 1,273.08	$ 1,446.30	$ 994.29	$ 1,952.06
Service Item	Outpatient	63035 Spinal Disk Surgery Add-On	63035	960	NS Neuro Sciences	$ 386.34	$ 248.25	$ 282.91	$ 193.17	$ 380.65
Service Item	Outpatient	63042 Laminotomy Single Lumbar	63042	960	NS Neuro Sciences	$ 2,652.72	$ 1,632.64	$ 1,887.44	$ 1,326.36	$ 2,503.38
Service Item	Outpatient	63045 Removal Of Spinal Lamina Sgl Cervical	63045	960	NS Neuro Sciences	$ 2,606.46	$ 1,605.55	$ 1,852.66	$ 1,303.23	$ 2,461.85
Service Item	Outpatient	63046 Removal Of Spinal Lamina Sgl Thoracic	63046	960	NS Neuro Sciences	$ 2,497.64	$ 1,536.98	$ 1,774.15	$ 1,248.82	$ 2,356.71
Service Item	Outpatient	63047 Removal of Spinal Lamina Sgl Lumbar	63047	960	NS Neuro Sciences	$ 2,253.16	$ 1,438.58	$ 1,637.21	$ 1,126.58	$ 2,205.82
Service Item	Outpatient	63048 Remove Spinal Lamina Add-On	63048	960	NS Neuro Sciences	$ 426.54	$ 274.84	$ 312.74	$ 213.27	$ 421.42
Service Item	Outpatient	63050 Cervical Laminoplasty 2+ Segments	63050	960	NS Neuro Sciences	$ 3,060.28	$ 1,878.74	$ 2,177.24	$ 1,530.14	$ 2,880.74
Service Item	Outpatient	63081 Vertebr Corpectomy; Cerv Sngl Segment	63081	960	NS Neuro Sciences	$ 3,572.78	$ 2,278.00	$ 2,597.37	$ 1,786.39	$ 3,492.93
Service Item	Outpatient	63265 Laminectomy W Exc Intrasp Les; Cerv	63265	960	NS Neuro Sciences	$ 3,359.64	$ 2,090.89	$ 2,405.45	$ 1,679.82	$ 3,206.03
Service Item	Outpatient	63272 Laminectomy W/ Exc Intradural Les; Lum	63272	960	NS Neuro Sciences	$ 3,801.52	$ 2,457.96	$ 2,786.54	$ 1,900.76	$ 3,768.87
Service Item	Outpatient	63282 Laminectomy BX IS Neopl; ID EM Lumb	63282	960	NS Neuro Sciences	$ 3,955.24	$ 2,570.21	$ 2,906.59	$ 1,977.62	$ 3,940.99
Service Item	Outpatient	63290 Laminectomy BX IS Neopl; Comb ED-ID	63290	960	NS Neuro Sciences	$ 5,563.88	$ 3,674.47	$ 4,129.36	$ 2,781.94	$ 5,634.18
Service Item	Outpatient	63650 Implant Neuroelectrodes	63650	960	NS Neuro Sciences	$ 870.40	$ 2,048.15	$ 1,646.60	$ 435.20	$ 3,140.49
Service Item	Outpatient	63655 Laminectomy Impl NS Electrodes; Epidur	63655	960	NS Neuro Sciences	$ 1,696.06	$ 1,073.51	$ 1,228.70	$ 848.03	$ 1,646.05
Service Item	Outpatient	63685 Insert/Repl Spine Nstim Pulse Gen/Receiv	63685	960	NS Neuro Sciences	$ 747.24	$ 463.27	$ 538.21	$ 373.62	$ 710.34
Service Item	Outpatient	63700 Repair of Meningocele; < 5CM Diameter	63700	960	NS Neuro Sciences	$ 2,619.68	$ 1,701.59	$ 1,919.32	$ 1,309.84	$ 2,609.10
Service Item	Outpatient	63709 Rep Dural Or Csf Leak; W Laminectomy	63709	960	NS Neuro Sciences	$ 2,261.26	$ 1,387.57	$ 1,604.21	$ 1,130.63	$ 2,127.61
Service Item	Outpatient	64400 Inj Anesth Trig Nerve	64400	960	NS Neuro Sciences	$ 102.36	$ 94.75	$ 97.23	$ 51.18	$ 145.28
Service Item	Outpatient	64405 Inj Anes Grtr Occ Nrv	64405	960	NS Neuro Sciences	$ 109.16	$ 84.04	$ 91.34	$ 54.58	$ 128.86
Service Item	Outpatient	64420 Inj Anes Intrcost Nrv	64420	960	NS Neuro Sciences	$ 125.36	$ 91.67	$ 104.80	$ 62.68	$ 140.56
Service Item	Outpatient	64435 Inj Anes Paracervical	64435	960	SFM Family Medicine	$ 90.94	$ 111.40	$ 122.08	$ 45.47	$ 170.81
Service Item	Outpatient	64450 Inj Anes Othr Prph Nrv	64450	960	NS Neuro Sciences	$ 89.32	$ 61.61	$ 71.05	$ 44.66	$ 94.47
Service Item	Outpatient	64450 Inj Anes Othr Prph Nrv	64450	960	SFM Family Medicine	$ 89.32	$ 61.61	$ 76.57	$ 44.66	$ 94.47
Service Item	Outpatient	64461 PVB Thoracic Single Inj Site	64461	960	SFM Family Medicine	$ 161.04	$ 114.58	$ 141.23	$ 80.52	$ 175.68
Service Item	Outpatient	64568 Incision for Vagus NS Electrode Impl	64568	960	NS Neuro Sciences	$ 1,282.52	$ 820.95	$ 929.89	$ 641.26	$ 1,258.79
Service Item	Outpatient	64999 Unlisted Procedure, Nervous System	64999	960	NS Neuro Sciences	$ 546.36	$ 318.27	$ 356.22	$ 50.00	$ 488.01
Service Item	Outpatient	65205 Remove Foreign Body From Eye	65205	521	SFM Family Medicine	$ 61.76	$ 73.20	$ 80.69	$ 30.88	$ 112.24
Service Item	Outpatient	66183 Insert Ant Drainage Device	66183	960	NS Neuro Sciences	$ 2,170.86	$ 1,304.71	$ 1,510.85	$ 1,085.43	$ 2,000.56
Service Item	Outpatient	69100 Bx External Ear	69100	510	SFM Family Medicine	$ 99.94	$ 66.09	$ 83.10	$ 49.97	$ 101.34
Service Item	Outpatient	69200 Foreign Body/Ear	69200	521	SFM Family Medicine	$ 97.82	$ 63.91	$ 80.63	$ 48.91	$ 97.99
Service Item	Outpatient	69209 Rem Impacted Ear Wax Uni	69209	521	SFM Family Medicine	$ 30.54	$ 22.28	$ 27.28	$ 15.27	$ 34.16
Service Item	Outpatient	69210 Rem Impacted Ear Wax Pro	69210	761	OP Wound Center	$ 55.17	$ 35.00	$ 43.63	$ 33.10	$ 50.76
Service Item	Outpatient	69210 Remove Impacted Ear Wax Using Instrum	69210	521	SFM Family Medicine	$ 68.94	$ 33.11	$ 46.01	$ 33.11	$ 50.77
Service Item	Outpatient	69990 Microsurgial Microscope Use (Add-On)	69990	960	NS Neuro Sciences	$ 430.86	$ 276.89	$ 307.90	$ 198.83	$ 424.57
Service Item	Outpatient	75625 Aorto Abdo Cath W/Serial	75625	960	SQ Seq Cardiology	$ 142.54	$ 1,597.65	$ 3,794.42	$ 59.23	$ 35,625.80
Service Item	Outpatient	75630 Aorto Abdo & Runoff	75630	960	SQ Seq Cardiology	$ 200.58	$ 1,665.09	$ 3,836.65	$ 92.70	$ 35,625.80
Service Item	Outpatient	75710 Art-Extremity Unilat	75710	960	SQ Seq Cardiology	$ 175.62	$ 1,597.65	$ 3,819.99	$ 59.34	$ 35,625.80
Service Item	Outpatient	75716 Angiography, Extremity, Bilateral	75716	960	SQ Seq Cardiology	$ 196.04	$ 1,606.44	$ 3,831.85	$ 68.58	$ 35,625.80
Service Item	Outpatient	75756 Angio Int Mammary	75756	960	SQ Seq Cardiology	$ 114.76	$ 1,597.65	$ 3,794.15	$ 61.80	$ 35,625.80
Service Item	Outpatient	75820 Venogram, Uni, Arm/Leg	75820	960	SQ Seq Cardiology	$ 71.24	$ 120.12	$ 936.22	$ 37.02	$ 8,754.76
Service Item	Outpatient	76000 Fluoroscopy <1 Hr Phys/Qhp	76000	960	NS Neuro Sciences	$ 31.92	$ 145.05	$ 471.91	$ 27.82	$ 3,320.14
Service Item	Outpatient	76706 US Abdl Aorta Screen AAA	76706	960	SQ Seq Cardiology	$ 57.36	$ 332.43	$ 302.09	$ 48.76	$ 1,635.83
Service Item	Outpatient	76770 Us Retroperitoneum Comp	76770	960	SQ Seq Cardiology	$ 76.80	$ 251.94	$ 368.60	$ 76.65	$ 1,635.83
Service Item	Outpatient	76801 US OB 1st Trimstr <14 weeks	76801	402	SFM Family Medicine	$ 103.84	$ 139.89	$ 353.96	$ 93.56	$ 1,635.83
Service Item	Outpatient	76815 Ltd Us Ob 1 Or More Fetus	76815	402	SFM Family Medicine	$ 67.84	$ 173.40	$ 297.41	$ 61.32	$ 1,635.83
Service Item	Outpatient	76819 Fetal Biophys W/O NST	76819	402	SFM Family Medicine	$ 80.56	$ 209.55	$ 311.60	$ 80.26	$ 1,635.83
Service Item	Outpatient	77002 Needle Localization By Xray	77002	960	NS Neuro Sciences	$ 58.16	$ 214.50	$ 146.47	$ 49.24	$ 534.30
Service Item	Outpatient	78414 Central C-V Hemodynamics	78414	960	SQ Seq Cardiology	$ 114.73	$ 145.41	$ 82.16	$ 22.51	$ 169.03
Service Item	Outpatient	78429 Pet Mycord Img Pet 1 Std W/Ct	78429	960	SQ Seq Cardiology	$ 180.33	$ 105.05	$ 121.67	$ 87.54	$ 161.07
Service Item	Outpatient	78430 Pet Myocrd Img Pet Rst/Strs W/Ct	78430	960	SQ Seq Cardiology	$ 171.08	$ 99.66	$ 115.43	$ 83.05	$ 152.81
Service Item	Outpatient	78431 Pet Myocrd Img Pet Rst&Strs Ct	78431	960	SQ Seq Cardiology	$ 199.00	$ 115.92	$ 134.27	$ 96.60	$ 177.74
Service Item	Outpatient	78432 Pet Myocrd Img Pet 2Rtracer	78432	960	SQ Seq Cardiology	$ 211.95	$ 123.47	$ 143.01	$ 102.89	$ 189.32
Service Item	Outpatient	78433 Pet Myocrd Img Pet 2Rtracer W/Ct	78433	960	SQ Seq Cardiology	$ 231.61	$ 134.92	$ 156.27	$ 112.43	$ 206.87
Service Item	Outpatient	78451 Myocard Perf Imaging	78451	960	SQ Seq Cardiology	$ 140.38	$ 548.37	$ 197.11	$ 68.24	$ 548.37
Service Item	Outpatient	78452 Myocardial Perfusion Imaging SPECT	78452	960	SQ Seq Cardiology	$ 165.50	$ 1,583.37	$ 319.38	$ 81.01	$ 1,583.37
Service Item	Outpatient	78459 Pet Myocrd Img Pet Single Study	78459	960	SQ Seq Cardiology	$ 163.71	$ 3,000.00	$ 159.42	$ 79.47	$ 3,000.00
Service Item	Outpatient	78491 Pet Myocardial Sngl Study	78491	960	SQ Seq Cardiology	$ 159.09	$ 1,861.32	$ 1,694.34	$ 127.43	$ 11,436.20
Service Item	Outpatient	78492 Pet Myocrd Img Pet Mlt Rst&Strs	78492	960	SQ Seq Cardiology	$ 187.36	$ 2,181.24	$ 189.24	$ 90.95	$ 2,181.24
Service Item	Outpatient	90791 Psych Diagnostic Evaluation	90791	521	CD Chronic Disease	$ 362.14	$ 210.95	$ 239.16	$ 129.77	$ 323.46
Service Item	Outpatient	90791 Psych Diagnostic Evaluation	90791	521	SFM Family Medicine	$ 362.14	$ 210.95	$ 270.12	$ 129.77	$ 323.46
Service Item	Outpatient	90792 Psych Diag Eval W/Med Srvcs	90792	521	CD Chronic Disease	$ 362.14	$ 210.95	$ 241.44	$ 145.58	$ 323.46
Service Item	Outpatient	90792 Psych Diag Eval W/Med Srvcs	90792	521	SFM Family Medicine	$ 362.14	$ 210.95	$ 271.70	$ 145.58	$ 323.46
Service Item	Outpatient	90832 Lcsw, Office 20-30 Min	90832	521	SFM Family Medicine	$ 132.42	$ 77.14	$ 100.51	$ 64.80	$ 118.28
Service Item	Outpatient	90833 Lcsw Off 20-30 Min W/E	90833	521	SFM Family Medicine	$ 138.04	$ 80.41	$ 104.77	$ 67.50	$ 123.30
Service Item	Outpatient	90834 Psytx Pt&/Family 45 Minutes	90834	521	SFM Family Medicine	$ 176.71	$ 102.94	$ 134.12	$ 86.40	$ 157.84
Service Item	Outpatient	90836 Lcsw Off 45-50 Min W/E&M	90836	521	SFM Family Medicine	$ 175.12	$ 102.01	$ 132.89	$ 85.41	$ 156.42
Service Item	Outpatient	90837 Lcsw Off 60 Min	90837	521	SFM Family Medicine	$ 265.25	$ 154.51	$ 201.28	$ 129.39	$ 236.92
Service Item	Outpatient	90845 Psychoanalysis	90845	960	SFM Family Medicine	$ 191.58	$ 111.60	$ 135.47	$ 40.64	$ 171.12
Service Item	Outpatient	90846 Family Psychotherapy W/O Patient, 50 M	90846	960	SFM Family Medicine	$ 216.30	$ 126.00	$ 153.70	$ 53.46	$ 193.20
Service Item	Outpatient	91065 Breath Hydro Test	91065	521	SFM Family Medicine	$ 234.09	$ 78.54	$ 180.10	$ 78.54	$ 221.98
Service Item	Outpatient	92552 Pure Tone Audiometry, Air	92552	471	SFM Family Medicine	$ 76.22	$ 44.40	$ 57.48	$ 34.19	$ 68.08
Service Item	Outpatient	92920 Pci Ptca 1 Art	92920	960	SQ Seq Cardiology	$ 1,081.04	$ 718.34	$ 814.32	$ 540.52	$ 1,101.45
Service Item	Outpatient	92921 Pci Ptca Ea Ad Art Pro	92921	960	SQ Seq Cardiology	$ 1,233.15	$ 718.34	$ 769.04	$ 567.35	$ 1,101.45
Service Item	Outpatient	92924 Pci Ptca/Ptcra 1 Art Pro	92924	960	SQ Seq Cardiology	$ 1,288.16	$ 857.42	$ 971.11	$ 644.08	$ 1,314.71
Service Item	Outpatient	92925 Pci Ptca/Ptcra Ad Art Pro	92925	960	SQ Seq Cardiology	$ 1,471.90	$ 857.42	$ 917.66	$ 674.46	$ 1,314.71
Service Item	Outpatient	92928 Pci Stnt W/Ptca 1 Vsl Pro	92928	960	SQ Seq Cardiology	$ 1,202.12	$ 799.49	$ 905.85	$ 601.06	$ 1,225.89
Service Item	Outpatient	92929 Pci Stnt W/Ptca Ad Art Pr	92929	960	SQ Seq Cardiology	$ 1,372.46	$ 799.49	$ 855.76	$ 629.78	$ 1,225.89
Service Item	Outpatient	92933 Pci Des Mult Proc Sgl Pro	92933	960	SQ Seq Cardiology	$ 1,348.58	$ 896.89	$ 1,015.90	$ 674.29	$ 1,375.23
Service Item	Outpatient	92934 Pci Des Mult Proc Ad Art Pro	92934	960	SQ Seq Cardiology	$ 1,539.65	$ 896.89	$ 959.77	$ 704.21	$ 1,375.23
Service Item	Outpatient	92937 Pci Revas Grft Filt 1 Art Pro	92937	960	SQ Seq Cardiology	$ 1,200.62	$ 799.02	$ 905.08	$ 600.31	$ 1,225.16
Service Item	Outpatient	92938 Pci Des Revasc Grft Ea Ad Pro	92938	960	SQ Seq Cardiology	$ 1,371.65	$ 799.02	$ 855.21	$ 628.99	$ 1,225.16
Service Item	Outpatient	92941 Pci Ami Revas Throm 1 Art Pro	92941	960	SQ Seq Cardiology	$ 1,351.18	$ 898.79	$ 1,017.98	$ 675.59	$ 1,378.15
Service Item	Outpatient	92943 Pci Cto Revasc 1 Art Pro	92943	960	SQ Seq Cardiology	$ 1,351.18	$ 897.84	$ 1,017.33	$ 675.59	$ 1,376.69
Service Item	Outpatient	92944 Pci Cto Revasc Ea Ad Pro	92944	960	SQ Seq Cardiology	$ 1,541.29	$ 897.84	$ 960.85	$ 705.56	$ 1,376.69
Service Item	Outpatient	92953 Temp Transcutan Pacing	92953	960	SQ Seq Cardiology	$ 27.32	$ 15.91	$ 17.16	$ 0.97	$ 24.40
Service Item	Outpatient	92960 Ccl/Cardioversion Pro	92960	960	SQ Seq Cardiology	$ 229.72	$ 145.61	$ 249.66	$ 114.86	$ 743.70
Service Item	Outpatient	92961 Ep/Cardioversion Internal Pro	92961	960	SQ Seq Cardiology	$ 506.44	$ 335.30	$ 380.37	$ 253.22	$ 514.12
Service Item	Outpatient	92973 Pci/Thrombo Coronary Pro	92973	960	SQ Seq Cardiology	$ 359.08	$ 238.87	$ 271.84	$ 179.54	$ 366.26
Service Item	Outpatient	92975 Ccl/Thrombolysis Coro Pro	92975	960	SQ Seq Cardiology	$ 766.82	$ 509.23	$ 576.31	$ 370.43	$ 780.82
Service Item	Outpatient	92977 Thrombo Coron Iv Infus	92977	940	SQ Seq Cardiology	$ 112.72	$ 159.14	$ 233.96	$ 56.36	$ 980.23
Service Item	Outpatient	92978 Iv Oct For Proc Init Vess Pro	92978	960	SQ Seq Cardiology	$ 251.33	$ 146.41	$ 211.92	$ 122.01	$ 553.89
Service Item	Outpatient	92979 Pci/Intravasc Us Ad Ves P Pro	92979	960	SQ Seq Cardiology	$ 177.57	$ 103.44	$ 140.76	$ 86.20	$ 278.95
Service Item	Outpatient	93000 12 Lead Ekg; Global Pro	93000	730	CD Chronic Disease	$ 35.80	$ 127.80	$ 30.62	$ 17.90	$ 127.80
Service Item	Outpatient	93000 12 Lead Ekg; Global Pro	93000	730	SQ Seq Cardiology	$ 35.80	$ 127.80	$ 30.62	$ 17.90	$ 127.80
Service Item	Outpatient	93010 12 Lead Ekg; Int & Rep	93010	960	CD Chronic Disease	$ 17.62	$ 54.00	$ 12.80	$ 7.83	$ 54.00
Service Item	Outpatient	93010 12 Lead Ekg; Int & Rep	93010	960	SQ Seq Cardiology	$ 17.62	$ 54.00	$ 12.80	$ 7.83	$ 54.00
Service Item	Outpatient	93015 Cardiovas Stress Test	93015	482	CD Chronic Disease	$ 150.56	$ 527.40	$ 132.19	$ 75.28	$ 527.40
Service Item	Outpatient	93015 Cardiovas Stress Test	93015	482	SQ Seq Cardiology	$ 150.56	$ 527.40	$ 132.19	$ 75.28	$ 527.40
Service Item	Outpatient	93016 Cardiovasc Stress Test Supervision Only V	93016	985	CD Chronic Disease	$ 46.46	$ 138.15	$ 33.81	$ 21.48	$ 138.15
Service Item	Inpatient and Outpatient	93016 Cardiovasc Stress Test Supervision Only V	93016	985	MC IP Professional	$ 46	$ 138	$ 33.56	$ 21	$ 138
Service Item	Inpatient and Outpatient	93016 Cardiovasc Stress Test Supervision Only V	93016	985	MC Observation Prof	$ 46	$ 138	$ 33.56	$ 21	$ 138
Service Item	Outpatient	93016 Cardiovasc Stress Test Supervision Only V	93016	985	SQ Seq Cardiology	$ 46.46	$ 138.15	$ 33.81	$ 21.48	$ 138.15
Service Item	Outpatient	93018 Cvslr Stress Test; Int & Report	93018	985	CD Chronic Disease	$ 31.08	$ 112.95	$ 22.43	$ 13.66	$ 112.95
Service Item	Outpatient	93018 Cvslr Stress Test; Int & Report	93018	985	SQ Seq Cardiology	$ 31.08	$ 112.95	$ 22.43	$ 13.66	$ 112.95
Service Item	Outpatient	93025 Microvolt T-Wave Assess	93025	960	SQ Seq Cardiology	$ 77.90	$ 149.59	$ 217.14	$ 57.71	$ 928.88
Service Item	Outpatient	93040 Rhythm Ecg 1-3 Leads W/ R	93040	730	SQ Seq Cardiology	$ 26.60	$ 70.20	$ 20.54	$ 13.30	$ 70.20
Service Item	Outpatient	93224 Ecg Mnt/Rpt W/ Rec Upto 4	93224	731	SQ Seq Cardiology	$ 189.16	$ 765.45	$ 170.15	$ 94.58	$ 765.45
Service Item	Outpatient	93225 Holter Recording Up to 48 Hr	93225	731	CD Chronic Disease	$ 55.26	$ 203.85	$ 51.90	$ 27.63	$ 203.85
Service Item	Outpatient	93225 Holter Recording Up to 48 Hr	93225	731	SQ Seq Cardiology	$ 55.26	$ 203.85	$ 51.90	$ 27.63	$ 203.85
Service Item	Outpatient	93227 Ecg Monit/Reprt Upto 48Hr	93227	985	CD Chronic Disease	$ 55.48	$ 202.05	$ 39.05	$ 23.82	$ 202.05
Service Item	Outpatient	93227 Ecg Monit/Reprt Upto 48Hr	93227	985	SQ Seq Cardiology	$ 55.48	$ 202.05	$ 39.05	$ 23.82	$ 202.05
Service Item	Outpatient	93228 Remote 30 Day Ecg Rev/Rpt	93228	960	CD Chronic Disease	$ 55.20	$ 101.25	$ 38.79	$ 26.36	$ 101.25
Service Item	Outpatient	93228 Remote 30 Day Ecg Rev/Rpt	93228	960	SQ Seq Cardiology	$ 55.20	$ 101.25	$ 38.79	$ 26.36	$ 101.25
Service Item	Outpatient	93261 Interrogate Subq Defib	93261	960	SQ Seq Cardiology	$ 78.70	$ 129.39	$ 59.77	$ 40.27	$ 129.39
Service Item	Outpatient	93270 Remote Pt 30 Day Ecg Rev	93270	730	CD Chronic Disease	$ 18.96	$ 202.50	$ 32.62	$ 9.48	$ 202.50

Service Item	Outpatient	93270 Remote Pt 30 Day Ecg Rev	93270	730	SQ Seq Cardiology	$ 18.96	$ 202.50	$ 32.62	$ 9.48	$ 202.50
Service Item	Outpatient	93272 Ecg/Review Interpret Only	93272	960	CD Chronic Disease	$ 53.18	$ 135.00	$ 37.32	$ 23.82	$ 135.00
Service Item	Outpatient	93272 Ecg/Review Interpret Only	93272	960	SQ Seq Cardiology	$ 53.18	$ 135.00	$ 37.32	$ 23.82	$ 135.00
Service Item	Outpatient	93279 Reprogrm Pacer Single	93279	983	CD Chronic Disease	$ 68.18	$ 88.44	$ 56.70	$ 26.85	$ 88.44
Service Item	Outpatient	93279 Reprogrm Pacer Single	93279	983	SQ Seq Cardiology	$ 68.18	$ 88.44	$ 56.70	$ 26.85	$ 88.44
Service Item	Outpatient	93280 Reprogram Pacer Dual	93280	983	CD Chronic Disease	$ 81.34	$ 88.44	$ 63.98	$ 20.87	$ 89.07
Service Item	Outpatient	93280 Reprogram Pacer Dual	93280	983	SQ Seq Cardiology	$ 81.34	$ 88.44	$ 63.98	$ 20.87	$ 89.07
Service Item	Outpatient	93281 Reprogram Pacer Multi	93281	983	CD Chronic Disease	$ 90.34	$ 103.50	$ 73.07	$ 24.13	$ 103.95
Service Item	Outpatient	93281 Reprogram Pacer Multi	93281	983	SQ Seq Cardiology	$ 90.34	$ 103.50	$ 73.07	$ 24.13	$ 103.95
Service Item	Outpatient	93282 Reprogram Icd Single	93282	983	CD Chronic Disease	$ 90.34	$ 93.39	$ 70.30	$ 21.59	$ 99.07
Service Item	Outpatient	93282 Reprogram Icd Single	93282	983	SQ Seq Cardiology	$ 90.34	$ 93.39	$ 70.30	$ 21.59	$ 99.07
Service Item	Outpatient	93283 Reprogram Icd Dual	93283	983	CD Chronic Disease	$ 122.62	$ 106.20	$ 89.34	$ 24.86	$ 123.71
Service Item	Outpatient	93283 Reprogram Icd Dual	93283	983	SQ Seq Cardiology	$ 122.62	$ 106.20	$ 89.34	$ 24.86	$ 123.71
Service Item	Outpatient	93284 Reprogram Icd Multi	93284	983	CD Chronic Disease	$ 133.10	$ 120.60	$ 98.96	$ 28.13	$ 138.60
Service Item	Outpatient	93284 Reprogram Icd Multi	93284	983	SQ Seq Cardiology	$ 133.10	$ 120.60	$ 98.96	$ 28.13	$ 138.60
Service Item	Outpatient	93285 Ilr Programming	93285	983	CD Chronic Disease	$ 55.48	$ 71.55	$ 46.88	$ 16.52	$ 71.55
Service Item	Outpatient	93285 Ilr Programming	93285	983	SQ Seq Cardiology	$ 55.48	$ 71.55	$ 46.88	$ 16.52	$ 71.55
Service Item	Outpatient	93286 Peri-Px Pacemaker Device	93286	960	CD Chronic Disease	$ 32.64	$ 47.49	$ 24.95	$ 11.80	$ 47.49
Service Item	Outpatient	93286 Peri-Px Pacemaker Device	93286	960	SQ Seq Cardiology	$ 32.64	$ 47.49	$ 24.95	$ 11.80	$ 47.49
Service Item	Outpatient	93287 Peri-Px Device Eval & Prg	93287	960	SQ Seq Cardiology	$ 48.78	$ 52.89	$ 36.04	$ 12.89	$ 52.89
Service Item	Outpatient	93288 Interrog Pacer Office	93288	983	CD Chronic Disease	$ 44.56	$ 73.14	$ 41.43	$ 16.88	$ 73.14
Service Item	Outpatient	93288 Interrog Pacer Office	93288	983	SQ Seq Cardiology	$ 44.56	$ 73.14	$ 41.43	$ 16.88	$ 73.14
Service Item	Outpatient	93289 Interrog Icd Office	93289	983	CD Chronic Disease	$ 79.08	$ 88.44	$ 69.51	$ 20.50	$ 103.95
Service Item	Outpatient	93289 Interrog Icd Office	93289	983	SQ Seq Cardiology	$ 79.08	$ 88.44	$ 69.51	$ 20.50	$ 103.95
Service Item	Outpatient	93290 Icm Device Eval Pro	93290	960	SQ Seq Cardiology	$ 45.74	$ 39.84	$ 42.87	$ 9.62	$ 64.42
Service Item	Outpatient	93291 Ilr Interrogation	93291	983	CD Chronic Disease	$ 39.36	$ 65.49	$ 38.50	$ 15.43	$ 65.49
Service Item	Outpatient	93291 Ilr Interrogation	93291	983	SQ Seq Cardiology	$ 39.36	$ 65.49	$ 38.50	$ 15.43	$ 65.49
Service Item	Outpatient	93294 Interrog Pacer Remote	93294	983	CD Chronic Disease	$ 64.98	$ 127.59	$ 48.76	$ 32.49	$ 127.59
Service Item	Outpatient	93294 Interrog Pacer Remote	93294	983	SQ Seq Cardiology	$ 64.98	$ 127.59	$ 48.76	$ 32.49	$ 127.59
Service Item	Outpatient	93295 Interrog Icd Remote	93295	983	CD Chronic Disease	$ 79.96	$ 231.09	$ 85.78	$ 39.98	$ 231.09
Service Item	Outpatient	93295 Interrog Icd Remote	93295	983	SQ Seq Cardiology	$ 79.96	$ 231.09	$ 85.78	$ 39.98	$ 231.09
Service Item	Outpatient	93297 Interrogation Device Evaluation (Remote	93297	960	SQ Seq Cardiology	$ 55.98	$ 87.09	$ 37.85	$ 24.87	$ 87.09
Service Item	Outpatient	93298 Ilr Interrogat Remote	93298	983	CD Chronic Disease	$ 56.74	$ 102.84	$ 39.83	$ 27.77	$ 102.84
Service Item	Outpatient	93298 Ilr Interrogat Remote	93298	983	SQ Seq Cardiology	$ 56.74	$ 102.84	$ 39.83	$ 27.77	$ 102.84
Service Item	Outpatient	93306 Complete Echo W/ Doppler (Inpatient Re	93306	960	SQ Seq Cardiology	$ 153.90	$ 1,063.59	$ 164.07	$ 100.47	$ 1,063.59
Service Item	Outpatient	93306 Complete Echo W/ Doppler Pro	93306	960	CD Chronic Disease	$ 153.90	$ 1,063.59	$ 164.07	$ 100.47	$ 1,063.59
Service Item	Outpatient	93306 Complete Echo W/ Doppler Pro	93306	960	SQ Seq Cardiology	$ 153.90	$ 1,063.59	$ 164.07	$ 100.47	$ 1,063.59
Service Item	Outpatient	93306 Echocardiogram w/image enhancement i	93306	960	SQ Seq Cardiology	$ 153.90	$ 1,063.59	$ 164.07	$ 100.47	$ 1,063.59
Service Item	Outpatient	93307 Tte W/O Doppler Comp Pro	93307	983	CD Chronic Disease	$ 94.74	$ 642.39	$ 145.25	$ 70.28	$ 642.39
Service Item	Outpatient	93307 Tte W/O Doppler Comp Pro	93307	983	SQ Seq Cardiology	$ 94.74	$ 642.39	$ 145.25	$ 70.28	$ 642.39
Service Item	Outpatient	93308 Tte F-Up Or Lmtd Pro	93308	960	CD Chronic Disease	$ 53.92	$ 324.24	$ 78.67	$ 40.64	$ 324.24
Service Item	Outpatient	93308 Tte F-Up Or Lmtd Pro	93308	960	SQ Seq Cardiology	$ 53.92	$ 324.24	$ 78.67	$ 40.64	$ 324.24
Service Item	Outpatient	93308 Tte F-Up Or Lmtd w/ Definity	93308	960	SQ Seq Cardiology	$ 53.92	$ 324.24	$ 78.67	$ 40.64	$ 324.24
Service Item	Outpatient	93312 Transesphogeal Echo	93312	960	SQ Seq Cardiology	$ 230.14	$ 543.15	$ 216.96	$ 120.15	$ 543.15
Service Item	Outpatient	93314 Echo Transesoph Img I&R O Pro	93314	960	SQ Seq Cardiology	$ 188.58	$ 545.40	$ 187.23	$ 92.48	$ 545.40
Service Item	Outpatient	93317 TEE Congenital Interpretation and Report	93317	960	SQ Seq Cardiology	$ 213.09	$ 453.60	$ 144.14	$ 84.77	$ 453.60
Service Item	Outpatient	93318 Tee For Monitoring Pro	93318	960	SQ Seq Cardiology	$ 284.10	$ 1,017.00	$ 215.88	$ 137.92	$ 1,017.00
Service Item	Outpatient	93320 Doppler Echo Complete Pro	93320	983	CD Chronic Disease	$ 38.54	$ 286.20	$ 67.05	$ 29.11	$ 286.20
Service Item	Outpatient	93320 Doppler Echo Complete Pro	93320	983	SQ Seq Cardiology	$ 38.54	$ 286.20	$ 67.05	$ 29.11	$ 286.20
Service Item	Outpatient	93321 Cardiac Doppler Limited F/Up	93321	960	SQ Seq Cardiology	$ 15.36	$ 160.65	$ 41.79	$ 11.82	$ 160.65
Service Item	Outpatient	93325 Doppler Color Flow Pro	93325	983	CD Chronic Disease	$ 6.72	$ 420.99	$ 70.48	$ 5.52	$ 420.99
Service Item	Outpatient	93325 Doppler Color Flow Pro	93325	983	SQ Seq Cardiology	$ 6.72	$ 420.99	$ 70.48	$ 5.52	$ 420.99
Service Item	Outpatient	93350 Stress Tte Only Pro	93350	983	CD Chronic Disease	$ 149.40	$ 296.34	$ 136.37	$ 78.11	$ 296.34
Service Item	Outpatient	93350 Stress Tte Only Pro	93350	983	SQ Seq Cardiology	$ 149.40	$ 296.34	$ 136.37	$ 78.11	$ 296.34
Service Item	Outpatient	93350 Stress Tte Only Pro with Image Enhancer	93350	983	SQ Seq Cardiology	$ 149.40	$ 296.34	$ 136.37	$ 78.11	$ 296.34
Service Item	Outpatient	93351 Stress Echocardiogram with image enhan	93351	960	SQ Seq Cardiology	$ 265.23	$ 970.44	$ 195.26	$ 132.62	$ 970.44
Service Item	Outpatient	93351 Stress Tte Complete Pro	93351	960	CD Chronic Disease	$ 178.96	$ 970.44	$ 179.56	$ 132.62	$ 970.44
Service Item	Outpatient	93351 Stress Tte Complete Pro	93351	960	SQ Seq Cardiology	$ 178.96	$ 970.44	$ 179.56	$ 132.62	$ 970.44
Service Item	Outpatient	93451 Right Heart Cath	93451	960	SQ Seq Cardiology	$ 269.72	$ 445.58	$ 462.88	$ 199.69	$ 912.05
Service Item	Outpatient	93452 Left Hrt Cath W/Ventrclgr	93452	960	SQ Seq Cardiology	$ 486.16	$ 486.95	$ 551.97	$ 349.43	$ 978.21
Service Item	Outpatient	93453 R&L Hrt Cath W/Ventriclgr	93453	960	SQ Seq Cardiology	$ 649.78	$ 636.54	$ 707.18	$ 306.73	$ 1,259.28
Service Item	Outpatient	93454 Coronary Artery Angio S&I	93454	960	SQ Seq Cardiology	$ 491.14	$ 502.87	$ 564.15	$ 352.38	$ 979.93
Service Item	Outpatient	93455 Coronary Art/Grft Ang S&I	93455	960	SQ Seq Cardiology	$ 571.74	$ 585.62	$ 653.78	$ 406.99	$ 1,112.91
Service Item	Outpatient	93456 R Hrt Coronary Artery Ang	93456	960	SQ Seq Cardiology	$ 639.20	$ 630.17	$ 713.45	$ 451.57	$ 1,239.70
Service Item	Outpatient	93457 R Hrt Art/Grft Angio	93457	960	SQ Seq Cardiology	$ 720.32	$ 712.93	$ 803.10	$ 506.24	$ 1,371.78
Service Item	Outpatient	93458 L Hrt Artery/Ventri Angio	93458	960	SQ Seq Cardiology	$ 606.08	$ 607.90	$ 680.76	$ 430.04	$ 1,145.91
Service Item	Outpatient	93459 L Hrt Art/Grft Angio	93459	960	SQ Seq Cardiology	$ 686.68	$ 668.37	$ 751.96	$ 484.40	$ 1,246.07
Service Item	Outpatient	93460 R&L Hrt Art/Ventricle Ang	93460	960	SQ Seq Cardiology	$ 768.42	$ 716.11	$ 818.07	$ 539.79	$ 1,378.84
Service Item	Outpatient	93461 R&L Hrt Art/Grft/Vent Ang	93461	960	SQ Seq Cardiology	$ 849.78	$ 821.14	$ 926.25	$ 595.18	$ 1,543.87
Service Item	Outpatient	93462 L Hrt Cath Trnsptl Punct	93462	960	SQ Seq Cardiology	$ 430.08	$ 282.46	$ 319.06	$ 215.04	$ 433.11
Service Item	Outpatient	93463 Drug Admin & Hemodyn Meas	93463	960	SQ Seq Cardiology	$ 206.56	$ 130.81	$ 151.39	$ 103.28	$ 200.58
Service Item	Outpatient	93464 Exercise W/Hemodyn Meas	93464	960	SQ Seq Cardiology	$ 187.00	$ 886.74	$ 170.28	$ 119.35	$ 886.74
Service Item	Outpatient	93503 Ins Swan Ganz Bedside	93503	960	SQ Seq Cardiology	$ 183.94	$ 171.07	$ 178.61	$ 91.97	$ 262.30
Service Item	Outpatient	93505 Endomyocardial Bx	93505	960	SQ Seq Cardiology	$ 458.36	$ 294.88	$ 394.54	$ 245.73	$ 757.86
Service Item	Outpatient	93530 Rhc For Cong Anomaly	93530	960	SQ Seq Cardiology	$ 606.46	$ 353.28	$ 405.29	$ 294.40	$ 541.70
Service Item	Outpatient	93531 Rhc & Retrogr Lhc Congeni	93531	960	SQ Seq Cardiology	$ 1,518.89	$ 884.79	$ 987.77	$ 663.36	$ 1,356.68
Service Item	Outpatient	93532 Rhc & Ts Lhc Cong - Intac	93532	960	SQ Seq Cardiology	$ 1,232.32	$ 717.86	$ 844.65	$ 598.22	$ 1,100.72
Service Item	Outpatient	93533 Rhc & Ts Lhc Cong - Open	93533	960	SQ Seq Cardiology	$ 1,387.76	$ 808.40	$ 890.73	$ 529.13	$ 1,239.55
Service Item	Outpatient	93561 Cardiac Output Measuremen	93561	960	SQ Seq Cardiology	$ 49.17	$ 28.64	$ 35.30	$ 20.52	$ 43.92
Service Item	Outpatient	93562 Card Output Measure Subsq	93562	960	SQ Seq Cardiology	$ 21.86	$ 12.73	$ 17.25	$ 7.16	$ 19.52
Service Item	Outpatient	93563 Inject Congenital Card Ca	93563	960	SQ Seq Cardiology	$ 118.92	$ 78.77	$ 87.56	$ 59.46	$ 120.78
Service Item	Outpatient	93564 Inject Hrt Congntl Art/Gr	93564	960	SQ Seq Cardiology	$ 124.52	$ 83.07	$ 91.88	$ 62.26	$ 127.37
Service Item	Outpatient	93565 Inject L Ventr/Atrial Ang	93565	960	SQ Seq Cardiology	$ 92.18	$ 61.27	$ 69.01	$ 46.09	$ 93.94
Service Item	Outpatient	93566 Inject R Ventr/Atrial Ang	93566	960	SQ Seq Cardiology	$ 94.26	$ 98.66	$ 113.78	$ 47.13	$ 249.00
Service Item	Outpatient	93567 Inject Suprvlv Aortograph	93567	960	SQ Seq Cardiology	$ 107.16	$ 70.98	$ 93.51	$ 53.58	$ 204.40
Service Item	Outpatient	93568 Inject Pulm Art Hrt Cath	93568	960	SQ Seq Cardiology	$ 96.52	$ 63.98	$ 88.30	$ 48.26	$ 224.51
Service Item	Outpatient	93571 Ffr Doppler; Initial Vess	93571	960	SQ Seq Cardiology	$ 267.72	$ 155.95	$ 171.52	$ 93.77	$ 239.13
Service Item	Outpatient	93572 Ffr Doppler; Ea Adtl Vess	93572	960	SQ Seq Cardiology	$ 245.86	$ 143.22	$ 154.89	$ 74.46	$ 219.60
Service Item	Outpatient	93580 Transcath Closure of Asd	93580	960	SQ Seq Cardiology	$ 1,990.06	$ 1,191.55	$ 1,366.48	$ 966.87	$ 1,827.05
Service Item	Outpatient	93600 Bundle Of His Recording	93600	960	SQ Seq Cardiology	$ 274.55	$ 159.93	$ 189.50	$ 80.44	$ 245.23
Service Item	Outpatient	93602 Intra-Atrial Recording	93602	960	SQ Seq Cardiology	$ 268.27	$ 156.28	$ 172.26	$ 46.66	$ 239.62
Service Item	Outpatient	93603 Rt Ventricular Record	93603	960	SQ Seq Cardiology	$ 268.27	$ 156.28	$ 181.61	$ 70.44	$ 239.62
Service Item	Outpatient	93609 Map Tachycardia Add-On	93609	960	SQ Seq Cardiology	$ 643.34	$ 374.76	$ 413.23	$ 111.14	$ 574.63
Service Item	Outpatient	93610 Intra Atrial Pacing	93610	960	SQ Seq Cardiology	$ 379.73	$ 221.20	$ 240.15	$ 57.01	$ 339.18
Service Item	Outpatient	93612 Intraventricular Pacing	93612	960	SQ Seq Cardiology	$ 376.45	$ 219.29	$ 242.31	$ 66.27	$ 336.25
Service Item	Outpatient	93613 Electrophys Map 3D Add	93613	960	SQ Seq Cardiology	$ 608.12	$ 537.08	$ 535.43	$ 304.06	$ 823.52
Service Item	Outpatient	93615 Esoph Atrial Electrogram	93615	960	SQ Seq Cardiology	$ 92.89	$ 54.11	$ 58.47	$ 13.80	$ 82.97
Service Item	Outpatient	93616 Esoph Atrial Electrogr; W	93616	960	SQ Seq Cardiology	$ 121.01	$ 70.49	$ 76.50	$ 22.33	$ 108.09
Service Item	Outpatient	93618 Arrhythmia Induction	93618	960	SQ Seq Cardiology	$ 512.76	$ 298.70	$ 358.68	$ 163.24	$ 483.95
Service Item	Outpatient	93619 Comp Ep Eval Wo A Induct	93619	960	SQ Seq Cardiology	$ 904.50	$ 526.90	$ 644.89	$ 319.04	$ 941.43
Service Item	Outpatient	93620 Comp Ep Eval W Induction	93620	960	SQ Seq Cardiology	$ 1,454.42	$ 847.24	$ 1,017.63	$ 222.06	$ 1,613.38
Service Item	Outpatient	93621 Comp Ep Eval W La Record	93621	960	SQ Seq Cardiology	$ 764.91	$ 445.58	$ 449.95	$ 39.94	$ 683.22
Service Item	Outpatient	93622 Comp Ep Eval W Lv Record	93622	960	SQ Seq Cardiology	$ 764.91	$ 445.58	$ 476.42	$ 58.83	$ 683.22
Service Item	Outpatient	93623 Stim & Pacing S/P Iv Drug	93623	960	SQ Seq Cardiology	$ 369.34	$ 215.15	$ 256.24	$ 54.48	$ 390.69
Service Item	Outpatient	93624 Ep F-Up Study W Pacing	93624	960	SQ Seq Cardiology	$ 559.75	$ 326.07	$ 352.86	$ 78.26	$ 499.97
Service Item	Outpatient	93640 Defib/Ep Eval	93640	960	SQ Seq Cardiology	$ 529.98	$ 308.72	$ 405.18	$ 189.79	$ 874.31
Service Item	Outpatient	93641 Ep Eval Cd W/Gen Test	93641	960	SQ Seq Cardiology	$ 723.66	$ 421.55	$ 532.58	$ 301.24	$ 874.31
Service Item	Outpatient	93642 Electrophysiology Eval Tr	93642	960	SQ Seq Cardiology	$ 525.72	$ 346.91	$ 442.22	$ 172.34	$ 874.31
Service Item	Outpatient	93644 Electrophysiology Eval Im	93644	960	SQ Seq Cardiology	$ 308.78	$ 210.53	$ 234.82	$ 145.72	$ 322.82
Service Item	Outpatient	93650 Icc Ablation Av Createchb	93650	960	SQ Seq Cardiology	$ 1,211.78	$ 798.06	$ 872.32	$ 578.35	$ 1,223.69
Service Item	Outpatient	93653 Icc Ablat For Svt	93653	960	SQ Seq Cardiology	$ 1,711.68	$ 1,129.22	$ 1,278.81	$ 855.84	$ 1,731.48
Service Item	Outpatient	93654 Icc Ablat For V-Tach	93654	960	SQ Seq Cardiology	$ 2,291.86	$ 1,512.26	$ 1,711.98	$ 1,145.93	$ 2,318.80
Service Item	Outpatient	93655 Icc Ablat Ea Add	93655	960	SQ Seq Cardiology	$ 872.58	$ 575.43	$ 650.65	$ 436.29	$ 882.33
Service Item	Outpatient	93656 Icc Ablat For Afib	93656	960	SQ Seq Cardiology	$ 2,298.74	$ 1,517.35	$ 1,717.08	$ 1,149.37	$ 2,326.61
Service Item	Outpatient	93657 Icc Ablat A Fib L/F Ea Ad	93657	960	SQ Seq Cardiology	$ 871.80	$ 574.16	$ 649.63	$ 435.90	$ 880.38
Service Item	Outpatient	93660 Tilt Table Evaluation	93660	960	CD Chronic Disease	$ 197.82	$ 124.28	$ 153.23	$ 64.04	$ 198.66
Service Item	Inpatient and Outpatient	93660 Tilt Table Evaluation	93660	960	MC IP Professional	$ 198	$ 124	$ 326.19	$ 124	$ 740
Service Item	Outpatient	93660 Tilt Table Evaluation	93660	960	SQ Seq Cardiology	$ 197.82	$ 124.28	$ 153.23	$ 64.04	$ 198.66

Service Item	Outpatient	93662 Intracardiac Echo	93662	960	SQ Seq Cardiology	$ 325.63	$ 1,245.60	$ 233.78	$ 49.94	$ 1,245.60
Service Item	Outpatient	93701 Bioimpedance Cv Analysis	93701	920	SQ Seq Cardiology	$ 56.80	$ 94.74	$ 45.99	$ 25.95	$ 111.57
Service Item	Outpatient	93793 Anticoag Mgmt Init 90 Day	93793	960	CD Chronic Disease	$ 24.54	$ 12.36	$ 15.49	$ 10.30	$ 18.95
Service Item	Outpatient	93793 Anticoag Mgmt Init 90 Day	93793	960	SQ Seq Cardiology	$ 24.54	$ 12.36	$ 15.49	$ 10.30	$ 18.95
Service Item	Outpatient	93880 Dup Scan Extracrn Art Bil	93880	960	SQ Seq Cardiology	$ 82.50	$ 639.90	$ 467.76	$ 33.53	$ 3,320.14
Service Item	Outpatient	93922 Upr/Lxtr Art Stdy 2Lvls	93922	960	CD Chronic Disease	$ 25.92	$ 201.15	$ 230.74	$ 11.10	$ 1,501.22
Service Item	Outpatient	93922 Upr/Lxtr Art Stdy 2Lvls	93922	960	OP Wound Center	$ 25.92	$ 201.15	$ 248.71	$ 91.56	$ 1,501.22
Service Item	Outpatient	93922 Upr/Lxtr Art Stdy 2Lvls	93922	960	SQ Seq Cardiology	$ 25.92	$ 201.15	$ 230.74	$ 11.10	$ 1,501.22
Service Item	Outpatient	93923 Upr/Lxtr Art Stdy 3+ Lvls	93923	960	SQ Seq Cardiology	$ 45.40	$ 379.59	$ 283.61	$ 20.39	$ 1,948.28
Service Item	Outpatient	93925 Duplx Scan Art Low Ex Bil	93925	960	SQ Seq Cardiology	$ 80.94	$ 643.05	$ 463.86	$ 31.91	$ 3,320.14
Service Item	Outpatient	93926 Arterial Doppler - Unilateral Lower Extren	93926	960	SQ Seq Cardiology	$ 49.86	$ 429.30	$ 246.67	$ 21.69	$ 1,635.83
Service Item	Outpatient	93930 Arterial Doppler - Bilateral Upper Extremi	93930	960	SQ Seq Cardiology	$ 82.20	$ 680.40	$ 442.61	$ 25.50	$ 3,320.14
Service Item	Outpatient	93931 Arterial Doppler - Unilateral Upper Extren	93931	960	SQ Seq Cardiology	$ 50.64	$ 452.49	$ 237.97	$ 16.86	$ 1,635.83
Service Item	Outpatient	93970 Duplx Scan Ven Extrem Bil	93970	960	SQ Seq Cardiology	$ 71.24	$ 608.19	$ 466.28	$ 37.53	$ 3,320.14
Service Item	Outpatient	93971 Duplex Ext Veins; Unil/Li	93971	960	SQ Seq Cardiology	$ 46.10	$ 474.75	$ 246.26	$ 25.10	$ 1,635.83
Service Item	Outpatient	94640 Inhalation Treatment	94640	410	CD Chronic Disease	$ 38.26	$ 67.50	$ 47.89	$ 13.62	$ 86.87
Service Item	Outpatient	94640 Inhalation Treatment	94640	410	SFM Family Medicine	$ 38.26	$ 67.50	$ 57.08	$ 19.13	$ 86.87
Service Item	Outpatient	94760 Pulse Oximetry	94760	960	NS Neuro Sciences	$ 10.93	$ 43.44	$ 6.68	$ 0.08	$ 43.44
Service Item	Outpatient	94760 Pulse Oximetry	94760	960	SFM Family Medicine	$ 10.93	$ 43.44	$ 7.85	$ 2.53	$ 43.44
Service Item	Outpatient	94760 Pulse Oximetry	94760	960	SQ Seq Cardiology	$ 10.93	$ 43.44	$ 6.68	$ 0.08	$ 43.44
Service Item	Outpatient	95251 Continuous Glucose Monitoring Analysis	95251	960	CD Chronic Disease	$ 74.68	$ 40.05	$ 49.88	$ 23.82	$ 68.06
Service Item	Outpatient	95977 Cranial Neurostim, Complex with Prograr	95977	920	SFM Family Medicine	$ 110.98	$ 216.43	$ 201.11	$ 55.49	$ 331.85
Service Item	Outpatient	96105 Assessment Of Aphasia Per Hour	96105	918	SFM Family Medicine	$ 217.30	$ 263.70	$ 175.31	$ 108.65	$ 263.70
Service Item	Outpatient	96110 Developmental Screen with Score	96110	521	SFM Family Medicine	$ 113.30	$ 225.00	$ 77.50	$ 37.16	$ 225.00
Service Item	Outpatient	96112 Developmental Test Admin 1st Hr	96112	918	SFM Family Medicine	$ 268.02	$ 158.59	$ 197.98	$ 117.75	$ 243.17
Service Item	Outpatient	96113 Devel Test Admin Ea Addl 30 Min	96113	918	SFM Family Medicine	$ 121.46	$ 72.38	$ 90.27	$ 54.80	$ 110.99
Service Item	Outpatient	96116 Neurobehavioral Exam 1st Hr	96116	918	SFM Family Medicine	$ 176.00	$ 105.60	$ 129.93	$ 65.14	$ 161.92
Service Item	Outpatient	96121 Neurobehavioral Exam Ea Addl Hr	96121	918	SFM Family Medicine	$ 162.60	$ 96.89	$ 125.56	$ 81.30	$ 148.56
Service Package	Inpatient and Outpatient	96125 Cognitive Test By Hc Pro	96125	440	MC ST Services	$ 304	Charges have been	$ 235.25	$ 115	$ 279
Service Package	Inpatient	96125 Cognitive Test By Hc Pro	96125	440	MH ST Services	$ 303.50	Charges have been	$ 235.25	$ 115.47	$ 279.22
Service Item	Outpatient	96125 Cognitive Test By Hc Pro	96125	440	OP Hand Center	$ 303.50	$ 120.00	$ 232.62	$ 115.47	$ 279.22
Service Item	Outpatient	96125 Cognitive Test By Hc Pro	96125	440	OP Therapy Akers	$ 303.50	$ 120.00	$ 225.60	$ 115.47	$ 279.22
Service Item	Outpatient	96125 Cognitive Test By Hc Pro	96125	440	OP Therapy Dinuba	$ 303.50	$ 120.00	$ 225.60	$ 115.47	$ 279.22
Service Item	Outpatient	96125 Cognitive Test By Hc Pro	96125	440	OP Therapy Exeter	$ 303.50	$ 120.00	$ 225.60	$ 115.47	$ 279.22
Service Item	Outpatient	96125 Cognitive Test By Hc Pro	96125	440	OP Therapy Lovers Ln	$ 303.50	$ 120.00	$ 225.60	$ 115.47	$ 279.22
Service Item	Outpatient	96125 Cognitive Test By Hc Pro	96125	440	OP Therapy Neuro	$ 303.50	$ 120.00	$ 215.60	$ 56.48	$ 279.22
Service Item	Inpatient	96125 Cognitive Test By Hc Pro	96125	440	RH ST Services	$ 303.50	Charges have been	$ 235.25	$ 115.47	$ 279.22
Service Item	Inpatient	96125 Cognitive Test By Hc Pro	96125	440	SA ST Services	$ 303.50	Charges have been	$ 235.25	$ 115.47	$ 279.22
Service Item	Outpatient	96125 Cognitive Test By Hc Pro	96125	440	SFM Family Medicine	$ 303.50	$ 182.10	$ 214.84	$ 56.48	$ 279.22
Service Item	Inpatient	96125 Cognitive Test By Hc Pro	96125	440	SN TC Ortho ST	$ 303.50	Charges have been	$ 235.25	$ 115.47	$ 279.22
Service Item	Inpatient	96125 Cognitive Test By Hc Pro	96125	440	SN TS ST Services	$ 303.50	Charges have been	$ 235.25	$ 115.47	$ 279.22
Service Item	Outpatient	96127 Brief Emotional/Behav Assmt	96127	918	SFM Family Medicine	$ 10.46	$ 26.55	$ 8.54	$ 5.23	$ 26.55
Service Item	Outpatient	96130 Psycological Test Eval 1st Hr	96130	918	SFM Family Medicine	$ 226.20	$ 135.79	$ 175.58	$ 113.10	$ 208.21
Service Item	Outpatient	96131 Psycological Test Eval Ea Addl Hr	96131	918	SFM Family Medicine	$ 173.34	$ 103.49	$ 134.03	$ 86.67	$ 158.68
Service Item	Outpatient	96132 Neuropsychological Test Eval 1st Hr	96132	918	SFM Family Medicine	$ 223.10	$ 133.22	$ 172.53	$ 111.55	$ 204.28
Service Item	Outpatient	96133 Neuropsychological Test Eval Ea Addl Hr	96133	918	SFM Family Medicine	$ 171.38	$ 102.10	$ 132.31	$ 85.69	$ 156.55
Service Item	Outpatient	96136 Psycl/Nrpsyc Test and Score 1st 30 Min	96136	918	SFM Family Medicine	$ 51.18	$ 30.56	$ 39.58	$ 25.59	$ 46.86
Service Item	Outpatient	96137 Psycl/Nrpsyc Test/Score Ea Addl 30 Min	96137	918	SFM Family Medicine	$ 40.24	$ 24.02	$ 31.11	$ 20.12	$ 36.84
Service Item	Outpatient	96138 Psycl/Nrpsyc Tech 1st 30 Min	96138	918	SFM Family Medicine	$ 82.28	$ 49.94	$ 64.36	$ 41.14	$ 76.58
Service Item	Outpatient	96139 Psycl/Nrpsyc Test Tech Ea Addl 30 Min	96139	918	SFM Family Medicine	$ 82.28	$ 49.94	$ 64.36	$ 41.14	$ 76.58
Service Item	Outpatient	96146 Psycl/Nrpsyc Test Auto Result	96146	918	SFM Family Medicine	$ 4.41	$ 2.57	$ 3.34	$ 2.14	$ 3.94
Service Item	Outpatient	96156 Psychosocial/Behavioral Assesment or Re	96156	900	SFM Family Medicine	$ 183.70	$ 27.81	$ 67.83	$ 27.81	$ 91.85
Service Item	Outpatient	96156 Psychosocial/Behavioral Assesment/Re-A	96156	900	CD Diabetic Clinic	$ 183.70	$ 27.81	$ 63.82	$ 23.18	$ 91.85
Service Item	Outpatient	96156 Psychosocial/Behavioral Assesment/Re-A	96156	900	SFM Family Medicine	$ 183.70	$ 27.81	$ 67.83	$ 27.81	$ 91.85
Service Item	Outpatient	96160 Pt-Focus Hlth Risk Assmt	96160	521	CD Chronic Disease	$ 159.14	$ 95.48	$ 94.87	$ 2.70	$ 146.41
Service Item	Outpatient	96160 Pt-Focus Hlth Risk Assmt	96160	521	SFM Family Medicine	$ 159.14	$ 95.48	$ 115.79	$ 2.70	$ 146.41
Service Item	Outpatient	96374 Injection Iv/Routine Pro	96374	940	SQ Seq Cardiology	$ 84.42	$ 75.11	$ 86.17	$ 42.21	$ 152.54
Service Item	Outpatient	97597 Active Wound Care/20 Cm Or <	97597	521	SFM Family Medicine	$ 76.42	Charges have been	$ 41.22	$ 23.83	$ 38.21
Service Item	Outpatient	97597 Debr Select <=20Sq Cm Pro	97597	761	OP Wound Center	$ 53.84	Charges have been	$ 42.86	$ 32.30	$ 49.53
Service Item	Outpatient	97598 Debr Sel Add-On 20Cm	97598	761	OP Wound Center	$ 53.36	Charges have been	$ 28.33	$ 16.07	$ 26.68
Service Item	Outpatient	97598 Debr Sel Add-On 20Cm	97598	761	SFM Family Medicine	$ 53.36	Charges have been	$ 28.33	$ 16.07	$ 26.68
Service Item	Outpatient	97605 Wound Vac <=50Sq Cm Pro	97605	761	OP Wound Center	$ 59.14	$ 35.48	$ 42.96	$ 15.66	$ 54.41
Service Item	Outpatient	97606 Wound Vac >50Sq Cm Pro	97606	761	OP Wound Center	$ 64.71	$ 38.83	$ 47.02	$ 17.66	$ 59.53
Service Item	Outpatient	97607 Npwt <=50Sq Cm Pro	97607	761	OP Wound Center	$ 328.35	$ 197.01	$ 241.48	$ 23.00	$ 302.08
Service Item	Outpatient	97608 Npwt >50 Sq Cm Pro	97608	761	OP Wound Center	$ 328.35	$ 197.01	$ 241.76	$ 25.83	$ 302.08
Service Item	Outpatient	97610 Mist Ultrasound Ther Pro	97610	761	OP Wound Center	$ 210.06	$ 126.04	$ 154.97	$ 19.63	$ 193.26
Service Item	Outpatient	98925 Osteopath Manip 1-2	98925	521	SFM Family Medicine	$ 49.92	$ 32.20	$ 40.77	$ 24.96	$ 49.38
Service Item	Outpatient	98926 Osteopath Manip 3-4	98926	521	SFM Family Medicine	$ 75.42	$ 48.35	$ 61.33	$ 37.71	$ 74.14
Service Item	Outpatient	98927 Osteopath Manip 5-6	98927	510	SFM Family Medicine	$ 99.30	$ 64.02	$ 81.07	$ 49.65	$ 98.16
Service Item	Outpatient	98928 Osteopath Manip 7-8	98928	510	SFM Family Medicine	$ 124.38	$ 80.18	$ 101.54	$ 62.19	$ 122.94
Service Item	Outpatient	99080 Special Reports	99080	960	NS Neuro Sciences	$ 27.32	$ 15.91	$ 19.01	$ 13.26	$ 24.40
Service Item	Outpatient	99173 Visual Acuity Screen	99173	521	SFM Family Medicine	$ 38.55	$ 9.55	$ 15.67	$ 9.55	$ 14.64
Service Item	Outpatient	99183 Fbc Hbo Per 30 Min Pro	99183	982	OP Wound Center	$ 269.20	$ 94.00	$ 226.58	$ 113.75	$ 392.19
Service Item	Outpatient	99201 New E/M Level 1	99201	516	CD Chronic Disease	$ 54.56	$ 30.00	$ 38.58	$ 26.92	$ 49.53
Service Item	Outpatient	99201 New E/M Level 1	99201	516	NC Urgent Care	$ 54.56	$ 90.00	$ 39.72	$ 26.92	$ 90.00
Service Item	Outpatient	99201 New E/M Level 1	99201	516	NS Neuro Sciences	$ 54.56	$ 30.00	$ 38.58	$ 26.92	$ 49.53
Service Item	Outpatient	99201 New E/M Level 1	99201	516	NS Neuro Sciences	$ 54.56	$ 30.00	$ 38.58	$ 26.92	$ 49.53
Service Item	Outpatient	99201 New E/M Level 1	99201	516	OP Wound Center	$ 54.56	$ 30.00	$ 42.08	$ 27.28	$ 49.53
Service Item	Outpatient	99201 New E/M Level 1	99201	516	SC Urgent Care	$ 54.56	$ 90.00	$ 39.85	$ 26.92	$ 90.00
Service Item	Outpatient	99201 New E/M Level 1	99201	516	SFM Family Medicine	$ 54.56	$ 30.00	$ 41.94	$ 27.28	$ 49.53
Service Item	Outpatient	99201 New E/M Level 1	99201	516	SQ Seq Cardiology	$ 54.56	$ 30.00	$ 38.58	$ 26.92	$ 49.53
Service Item	Outpatient	99202 New E/M Level 2	99202	516	CD Chronic Disease	$ 104.18	$ 57.00	$ 63.87	$ 40.32	$ 74.18
Service Item	Outpatient	99202 New E/M Level 2	99202	516	NC Urgent Care	$ 104.18	$ 115.00	$ 65.57	$ 40.32	$ 115.00
Service Item	Outpatient	99202 New E/M Level 2	99202	516	NS Neuro Sciences	$ 104.18	$ 57.00	$ 63.87	$ 40.32	$ 74.18
Service Item	Outpatient	99202 New E/M Level 2	99202	516	NS Neuro Sciences	$ 104.18	$ 57.00	$ 63.87	$ 40.32	$ 74.18
Service Item	Outpatient	99202 New E/M Level 2	99202	516	OP Wound Center	$ 104.18	$ 57.00	$ 68.23	$ 48.38	$ 74.18
Service Item	Outpatient	99202 New E/M Level 2	99202	516	SC Urgent Care	$ 104.18	$ 115.00	$ 65.78	$ 40.32	$ 115.00
Service Item	Outpatient	99202 New E/M Level 2	99202	516	SFM Family Medicine	$ 104.18	$ 57.00	$ 68.03	$ 48.38	$ 74.18
Service Item	Outpatient	99202 New E/M Level 2	99202	516	SQ Seq Cardiology	$ 104.18	$ 57.00	$ 63.87	$ 40.32	$ 74.18
Service Item	Outpatient	99203 New E/M Level 3	99203	510	CD Chronic Disease	$ 155.96	$ 86.00	$ 96.57	$ 61.93	$ 113.95
Service Item	Outpatient	99203 New E/M Level 3	99203	510	NC Urgent Care	$ 155.96	$ 175.00	$ 99.18	$ 61.93	$ 175.00
Service Item	Outpatient	99203 New E/M Level 3	99203	510	NS Neuro Sciences	$ 155.96	$ 86.00	$ 96.57	$ 61.93	$ 113.95
Service Item	Outpatient	99203 New E/M Level 3	99203	510	NS Neuro Sciences	$ 155.96	$ 86.00	$ 96.57	$ 61.93	$ 113.95
Service Item	Outpatient	99203 New E/M Level 3	99203	510	OP Wound Center	$ 155.96	$ 86.00	$ 103.86	$ 74.32	$ 113.95
Service Item	Outpatient	99203 New E/M Level 3	99203	510	SC Urgent Care	$ 155.96	$ 175.00	$ 99.49	$ 61.93	$ 175.00
Service Item	Outpatient	99203 New E/M Level 3	99203	510	SFM Family Medicine	$ 155.96	$ 86.00	$ 103.55	$ 74.32	$ 113.95
Service Item	Outpatient	99203 New E/M Level 3	99203	510	SQ Seq Cardiology	$ 155.96	$ 86.00	$ 96.57	$ 61.93	$ 113.95
Service Item	Outpatient	99204 New E/M Level 4	99204	510	CD Chronic Disease	$ 266.82	$ 146.00	$ 162.84	$ 105.03	$ 193.26
Service Item	Outpatient	99204 New E/M Level 4	99204	510	NC Urgent Care	$ 266.82	$ 225.00	$ 167.27	$ 105.03	$ 225.00
Service Item	Outpatient	99204 New E/M Level 4	99204	510	NS Neuro Sciences	$ 266.82	$ 146.00	$ 162.84	$ 105.03	$ 193.26
Service Item	Outpatient	99204 New E/M Level 4	99204	510	NS Neuro Sciences	$ 266.82	$ 146.00	$ 162.84	$ 105.03	$ 193.26
Service Item	Outpatient	99204 New E/M Level 4	99204	510	OP Wound Center	$ 266.82	$ 126.04	$ 176.68	$ 126.04	$ 193.26
Service Item	Outpatient	99204 New E/M Level 4	99204	510	SC Urgent Care	$ 266.82	$ 225.00	$ 167.79	$ 105.03	$ 225.00
Service Item	Outpatient	99204 New E/M Level 4	99204	510	SFM Family Medicine	$ 266.82	$ 146.00	$ 176.16	$ 126.04	$ 193.26
Service Item	Outpatient	99204 New E/M Level 4	99204	510	SQ Seq Cardiology	$ 266.82	$ 146.00	$ 162.84	$ 105.03	$ 193.26
Service Item	Outpatient	99205 New E/M Level 5	99205	510	CD Chronic Disease	$ 348.74	$ 191.00	$ 209.84	$ 134.60	$ 247.66
Service Item	Outpatient	99205 New E/M Level 5	99205	510	NC Urgent Care	$ 348.74	$ 265.00	$ 215.52	$ 134.60	$ 265.00
Service Item	Outpatient	99205 New E/M Level 5	99205	510	NS Neuro Sciences	$ 348.74	$ 191.00	$ 209.84	$ 134.60	$ 247.66
Service Item	Outpatient	99205 New E/M Level 5	99205	510	NS Neuro Sciences	$ 348.74	$ 191.00	$ 209.84	$ 134.60	$ 247.66
Service Item	Outpatient	99205 New E/M Level 5	99205	510	OP Wound Center	$ 348.74	$ 191.00	$ 228.00	$ 161.52	$ 247.66
Service Item	Outpatient	99205 New E/M Level 5	99205	510	SC Urgent Care	$ 348.74	$ 265.00	$ 216.19	$ 134.60	$ 265.00
Service Item	Outpatient	99205 New E/M Level 5	99205	510	SFM Family Medicine	$ 348.74	$ 191.00	$ 227.33	$ 161.52	$ 247.66
Service Item	Outpatient	99205 New E/M Level 5	99205	510	SQ Seq Cardiology	$ 348.74	$ 191.00	$ 209.84	$ 134.60	$ 247.66
Service Item	Outpatient	99211 Est E/M Level 1	99211	510	CD Chronic Disease	$ 55.46	$ 10.00	$ 35.35	$ 9.56	$ 49.53
Service Item	Outpatient	99211 Est E/M Level 1	99211	510	NC Urgent Care	$ 55.46	$ 75.00	$ 36.48	$ 9.56	$ 75.00
Service Item	Outpatient	99211 Est E/M Level 1	99211	510	NS Neuro Sciences	$ 55.46	$ 10.00	$ 35.35	$ 9.56	$ 49.53
Service Item	Outpatient	99211 Est E/M Level 1	99211	510	NS Neuro Sciences	$ 55.46	$ 10.00	$ 35.35	$ 9.56	$ 49.53
Service Item	Outpatient	99211 Est E/M Level 1	99211	510	SC Urgent Care	$ 55.46	$ 75.00	$ 36.62	$ 9.56	$ 75.00

Service Item	Outpatient	99211 Est E/M Level 1	99211	510	SFM Family Medicine	$ 55.46	$ 10.00	$ 40.33	$ 9.56	$ 49.53
Service Item	Outpatient	99211 Est E/M Level 1	99211	510	SQ Seq Cardiology	$ 55.46	$ 10.00	$ 35.35	$ 9.56	$ 49.53
Service Item	Outpatient	99212 Est E/M Level 2	99212	510	CD Chronic Disease	$ 83.05	$ 29.00	$ 55.18	$ 26.51	$ 74.18
Service Item	Outpatient	99212 Est E/M Level 2	99212	510	NC Urgent Care	$ 83.05	$ 100.00	$ 56.88	$ 26.51	$ 100.00
Service Item	Outpatient	99212 Est E/M Level 2	99212	510	NS Neuro Sciences	$ 83.05	$ 29.00	$ 55.18	$ 26.51	$ 74.18
Service Item	Outpatient	99212 Est E/M Level 2	99212	510	NS Neuro Sciences	$ 83.05	$ 29.00	$ 55.18	$ 26.51	$ 74.18
Service Item	Outpatient	99212 Est E/M Level 2	99212	510	OP Wound Center	$ 83.05	$ 29.00	$ 61.82	$ 26.51	$ 74.18
Service Item	Outpatient	99212 Est E/M Level 2	99212	510	SC Urgent Care	$ 83.05	$ 100.00	$ 57.08	$ 26.51	$ 100.00
Service Item	Outpatient	99212 Est E/M Level 2	99212	510	SFM Family Medicine	$ 83.05	$ 29.00	$ 61.62	$ 26.51	$ 74.18
Service Item	Outpatient	99212 Est E/M Level 2	99212	510	SQ Seq Cardiology	$ 83.05	$ 29.00	$ 55.18	$ 26.51	$ 74.18
Service Item	Outpatient	99213 Est E/M Level 3	99213	510	CD Chronic Disease	$ 127.58	$ 58.00	$ 86.05	$ 52.97	$ 113.95
Service Item	Outpatient	99213 Est E/M Level 3	99213	510	NC Urgent Care	$ 127.58	$ 145.00	$ 88.66	$ 52.97	$ 145.00
Service Item	Outpatient	99213 Est E/M Level 3	99213	510	NS Neuro Sciences	$ 127.58	$ 58.00	$ 86.05	$ 52.97	$ 113.95
Service Item	Outpatient	99213 Est E/M Level 3	99213	510	NS Neuro Sciences	$ 127.58	$ 58.00	$ 86.05	$ 52.97	$ 113.95
Service Item	Outpatient	99213 Est E/M Level 3	99213	510	OP Wound Center	$ 127.58	$ 58.00	$ 96.20	$ 52.97	$ 113.95
Service Item	Outpatient	99213 Est E/M Level 3	99213	510	SC Urgent Care	$ 127.58	$ 145.00	$ 88.97	$ 52.97	$ 145.00
Service Item	Outpatient	99213 Est E/M Level 3	99213	510	SFM Family Medicine	$ 127.58	$ 58.00	$ 95.89	$ 52.97	$ 113.95
Service Item	Outpatient	99213 Est E/M Level 3	99213	510	SQ Seq Cardiology	$ 127.58	$ 58.00	$ 86.05	$ 52.97	$ 113.95
Service Item	Outpatient	99214 Est E/M Level 4	99214	510	CD Chronic Disease	$ 216.36	$ 89.00	$ 142.78	$ 81.68	$ 193.26
Service Item	Outpatient	99214 Est E/M Level 4	99214	510	NC Urgent Care	$ 216.36	$ 205.00	$ 147.21	$ 81.68	$ 205.00
Service Item	Outpatient	99214 Est E/M Level 4	99214	510	NS Neuro Sciences	$ 216.36	$ 89.00	$ 142.78	$ 81.68	$ 193.26
Service Item	Outpatient	99214 Est E/M Level 4	99214	510	NS Neuro Sciences	$ 216.36	$ 89.00	$ 142.78	$ 81.68	$ 193.26
Service Item	Outpatient	99214 Est E/M Level 4	99214	510	OP Wound Center	$ 216.36	$ 89.00	$ 162.33	$ 81.68	$ 193.26
Service Item	Outpatient	99214 Est E/M Level 4	99214	510	SC Urgent Care	$ 216.36	$ 2,055.00	$ 147.73	$ 81.68	$ 2,055.00
Service Item	Outpatient	99214 Est E/M Level 4	99214	510	SFM Family Medicine	$ 216.36	$ 89.00	$ 161.80	$ 81.68	$ 193.26
Service Item	Outpatient	99214 Est E/M Level 4	99214	510	SQ Seq Cardiology	$ 216.36	$ 89.00	$ 142.78	$ 81.68	$ 193.26
Service Item	Outpatient	99215 Est E/M Level 5	99215	510	CD Chronic Disease	$ 277.28	$ 126.00	$ 184.69	$ 115.48	$ 247.66
Service Item	Outpatient	99215 Est E/M Level 5	99215	510	NC Urgent Care	$ 277.28	$ 265.00	$ 190.37	$ 115.48	$ 265.00
Service Item	Outpatient	99215 Est E/M Level 5	99215	510	NS Neuro Sciences	$ 277.28	$ 126.00	$ 184.69	$ 115.48	$ 247.66
Service Item	Outpatient	99215 Est E/M Level 5	99215	510	NS Neuro Sciences	$ 277.28	$ 126.00	$ 184.69	$ 115.48	$ 247.66
Service Item	Outpatient	99215 Est E/M Level 5	99215	510	OP Wound Center	$ 277.28	$ 126.00	$ 209.11	$ 115.48	$ 247.66
Service Item	Outpatient	99215 Est E/M Level 5	99215	510	SC Urgent Care	$ 277.28	$ 250.00	$ 191.05	$ 115.48	$ 250.00
Service Item	Outpatient	99215 Est E/M Level 5	99215	510	SFM Family Medicine	$ 277.28	$ 126.00	$ 208.44	$ 115.48	$ 247.66
Service Item	Outpatient	99215 Est E/M Level 5	99215	510	SQ Seq Cardiology	$ 277.28	$ 126.00	$ 184.69	$ 115.48	$ 247.66
Service Item	Inpatient and Outpatient	99217 Obs Care Discharge Pro	99217	987	MC IP Professional	$ 151	$ 97	$ 107.21	$ 72	$ 149
Service Item	Inpatient and Outpatient	99217 Obs Care Discharge Pro	99217	987	MC Observation Prof	$ 151	$ 97	$ 107.21	$ 72	$ 149
Service Item	Outpatient	99217 Obs Care Discharge Pro	99217	987	NS Neuro Sciences	$ 150.90	$ 96.91	$ 108.02	$ 71.90	$ 148.60
Service Item	Outpatient	99217 Obs Care Discharge Pro	99217	987	SQ Seq Cardiology	$ 150.90	$ 96.91	$ 108.02	$ 71.90	$ 148.60
Service Item	Inpatient and Outpatient	99218 Initl Obs Care 30Min	99218	960	MC IP Professional	$ 206	$ 194	$ 184.47	$ 67	$ 297
Service Item	Inpatient and Outpatient	99218 Initl Obs Care 30Min	99218	960	MC Observation Prof	$ 206	$ 194	$ 184.47	$ 67	$ 297
Service Item	Outpatient	99218 Initl Obs Care 30Min	99218	960	NS Neuro Sciences	$ 205.76	$ 193.83	$ 186.09	$ 67.08	$ 297.21
Service Item	Outpatient	99218 Initl Obs Care 30Min	99218	960	SQ Seq Cardiology	$ 205.76	$ 193.83	$ 186.09	$ 67.08	$ 297.21
Service Item	Inpatient and Outpatient	99219 Initl Obs Care 50Min	99219	987	MC IP Professional	$ 281	$ 194	$ 206.34	$ 112	$ 297
Service Item	Inpatient and Outpatient	99219 Initl Obs Care 50Min	99219	987	MC Observation Prof	$ 281	$ 194	$ 206.34	$ 112	$ 297
Service Item	Outpatient	99219 Initl Obs Care 50Min	99219	987	NS Neuro Sciences	$ 280.80	$ 193.83	$ 207.95	$ 111.65	$ 297.21
Service Item	Outpatient	99219 Initl Obs Care 50Min	99219	987	SQ Seq Cardiology	$ 280.80	$ 193.83	$ 207.95	$ 111.65	$ 297.21
Service Item	Inpatient and Outpatient	99220 Initl Obs Care 70Min	99220	960	MC IP Professional	$ 382	$ 258	$ 277.67	$ 156	$ 396
Service Item	Inpatient and Outpatient	99220 Initl Obs Care 70Min	99220	960	MC Observation Prof	$ 382	$ 258	$ 277.67	$ 156	$ 396
Service Item	Outpatient	99220 Initl Obs Care 70Min	99220	960	NS Neuro Sciences	$ 382.14	$ 258.44	$ 279.82	$ 156.46	$ 396.27
Service Item	Outpatient	99220 Initl Obs Care 70Min	99220	960	SQ Seq Cardiology	$ 382.14	$ 258.44	$ 279.82	$ 156.46	$ 396.27
Service Item	Outpatient	99221 Initial Hosptl Care 30Min	99221	987	CD Chronic Disease	$ 209.34	$ 106.63	$ 130.63	$ 88.86	$ 163.49
Service Item	Inpatient and Outpatient	99221 Initial Hosptl Care 30Min	99221	987	MC IP Professional	$ 209	$ 107	$ 130.63	$ 89	$ 163
Service Item	Inpatient and Outpatient	99221 Initial Hosptl Care 30Min	99221	987	MC Observation Prof	$ 209	$ 107	$ 130.63	$ 89	$ 163
Service Item	Outpatient	99221 Initial Hosptl Care 30Min	99221	987	NS Neuro Sciences	$ 209.34	$ 106.63	$ 130.63	$ 88.86	$ 163.49
Service Item	Outpatient	99221 Initial Hosptl Care 30Min	99221	987	SQ Seq Cardiology	$ 209.34	$ 106.63	$ 130.63	$ 88.86	$ 163.49
Service Item	Outpatient	99222 Initial Hosptl Care 50Min	99222	987	CD Chronic Disease	$ 283.98	$ 145.29	$ 177.67	$ 121.08	$ 222.78
Service Item	Inpatient and Outpatient	99222 Initial Hosptl Care 50Min	99222	987	MC IP Professional	$ 284	$ 145	$ 177.67	$ 121	$ 223
Service Item	Inpatient and Outpatient	99222 Initial Hosptl Care 50Min	99222	987	MC Observation Prof	$ 284	$ 145	$ 177.67	$ 121	$ 223
Service Item	Outpatient	99222 Initial Hosptl Care 50Min	99222	987	NS Neuro Sciences	$ 283.98	$ 145.29	$ 177.67	$ 121.08	$ 222.78
Service Item	Outpatient	99222 Initial Hosptl Care 50Min	99222	987	SQ Seq Cardiology	$ 283.98	$ 145.29	$ 177.67	$ 121.08	$ 222.78
Service Item	Outpatient	99223 Initial Hosptl Care 70Min	99223	987	CD Chronic Disease	$ 418.28	$ 213.24	$ 261.21	$ 177.70	$ 326.97
Service Item	Inpatient and Outpatient	99223 Initial Hosptl Care 70Min	99223	987	MC IP Professional	$ 418	$ 213	$ 261.21	$ 178	$ 327
Service Item	Inpatient and Outpatient	99223 Initial Hosptl Care 70Min	99223	987	MC Observation Prof	$ 418	$ 213	$ 261.21	$ 178	$ 327
Service Item	Outpatient	99223 Initial Hosptl Care 70Min	99223	987	NS Neuro Sciences	$ 418.28	$ 213.24	$ 261.21	$ 177.70	$ 326.97
Service Item	Outpatient	99223 Initial Hosptl Care 70Min	99223	987	SQ Seq Cardiology	$ 418.28	$ 213.24	$ 261.21	$ 177.70	$ 326.97
Service Item	Inpatient and Outpatient	99224 Subseq Obs Care 15Min	99224	987	MC IP Professional	$ 82	$ 65	$ 64.51	$ 22	$ 99
Service Item	Inpatient and Outpatient	99224 Subseq Obs Care 15Min	99224	987	MC Observation Prof	$ 82	$ 65	$ 64.51	$ 22	$ 99
Service Item	Outpatient	99224 Subseq Obs Care 15Min	99224	987	NS Neuro Sciences	$ 81.86	$ 64.61	$ 65.04	$ 21.69	$ 99.07
Service Item	Outpatient	99224 Subseq Obs Care 15Min	99224	987	SQ Seq Cardiology	$ 81.86	$ 64.61	$ 65.04	$ 21.69	$ 99.07
Service Item	Inpatient and Outpatient	99225 Subseq Obs Care 25Min Pro	99225	987	MC IP Professional	$ 151	$ 97	$ 103.80	$ 39	$ 149
Service Item	Inpatient and Outpatient	99225 Subseq Obs Care 25Min Pro	99225	987	MC Observation Prof	$ 151	$ 97	$ 103.80	$ 39	$ 149
Service Item	Outpatient	99225 Subseq Obs Care 25Min Pro	99225	987	NS Neuro Sciences	$ 150.52	$ 96.91	$ 104.60	$ 38.64	$ 148.60
Service Item	Outpatient	99225 Subseq Obs Care 25Min Pro	99225	987	SQ Seq Cardiology	$ 150.52	$ 96.91	$ 104.60	$ 38.64	$ 148.60
Service Item	Inpatient and Outpatient	99226 Subseq Obs Care 35Min Pro	99226	987	MC IP Professional	$ 217	$ 129	$ 142.71	$ 58	$ 198
Service Item	Inpatient and Outpatient	99226 Subseq Obs Care 35Min Pro	99226	987	MC Observation Prof	$ 217	$ 129	$ 142.71	$ 58	$ 198
Service Item	Outpatient	99226 Subseq Obs Care 35Min Pro	99226	987	NS Neuro Sciences	$ 216.60	$ 129.22	$ 143.79	$ 57.75	$ 198.13
Service Item	Outpatient	99226 Subseq Obs Care 35Min Pro	99226	987	SQ Seq Cardiology	$ 216.60	$ 129.22	$ 143.79	$ 57.75	$ 198.13
Service Item	Outpatient	99231 Subseq Hosptal Care 15Min	99231	987	CD Chronic Disease	$ 81.08	$ 44.00	$ 50.66	$ 34.35	$ 63.19
Service Item	Inpatient and Outpatient	99231 Subseq Hosptal Care 15Min	99231	987	MC IP Professional	$ 81	$ 41	$ 157.17	$ 41	$ 302
Service Item	Inpatient and Outpatient	99231 Subseq Hosptal Care 15Min	99231	987	MC Observation Prof	$ 81	$ 41	$ 50.66	$ 34	$ 63
Service Item	Outpatient	99231 Subseq Hosptal Care 15Min	99231	987	NS Neuro Sciences	$ 81.08	$ 41.21	$ 50.66	$ 34.35	$ 63.19
Service Item	Outpatient	99231 Subseq Hosptal Care 15Min	99231	987	SQ Seq Cardiology	$ 81.08	$ 41.21	$ 50.66	$ 34.35	$ 63.19
Service Item	Outpatient	99232 Subseq Hosptal Care 25Min	99232	960	CD Chronic Disease	$ 149.76	$ 83.00	$ 94.71	$ 64.99	$ 119.57
Service Item	Inpatient and Outpatient	99232 Subseq Hosptal Care 25Min	99232	960	MC IP Professional	$ 150	$ 78	$ 94.06	$ 65	$ 120
Service Item	Inpatient and Outpatient	99232 Subseq Hosptal Care 25Min	99232	960	MC Observation Prof	$ 150	$ 78	$ 94.06	$ 65	$ 120
Service Item	Outpatient	99232 Subseq Hosptal Care 25Min	99232	960	NS Neuro Sciences	$ 149.76	$ 77.98	$ 94.71	$ 64.99	$ 119.57
Service Item	Outpatient	99232 Subseq Hosptal Care 25Min	99232	960	SQ Seq Cardiology	$ 149.76	$ 77.98	$ 94.71	$ 64.99	$ 119.57
Service Item	Outpatient	99233 Subseq Hosptal Care 35Min	99233	987	CD Chronic Disease	$ 215.82	$ 118.00	$ 134.05	$ 90.71	$ 166.90
Service Item	Inpatient and Outpatient	99233 Subseq Hosptal Care 35Min	99233	987	MC IP Professional	$ 216	$ 109	$ 134.05	$ 91	$ 167
Service Item	Inpatient and Outpatient	99233 Subseq Hosptal Care 35Min	99233	987	MC Observation Prof	$ 216	$ 109	$ 92.07	$ 34	$ 167
Service Item	Outpatient	99233 Subseq Hosptal Care 35Min	99233	987	NS Neuro Sciences	$ 215.82	$ 108.85	$ 134.05	$ 90.71	$ 166.90
Service Item	Outpatient	99233 Subseq Hosptal Care 35Min	99233	987	SQ Seq Cardiology	$ 215.82	$ 108.85	$ 134.05	$ 90.71	$ 166.90
Service Item	Inpatient and Outpatient	99234 Obs Same Date 40Min Pro	99234	960	MC IP Professional	$ 275	$ 194	$ 207.54	$ 137	$ 297
Service Item	Inpatient and Outpatient	99234 Obs Same Date 40Min Pro	99234	960	MC Observation Prof	$ 275	$ 194	$ 207.54	$ 137	$ 297
Service Item	Outpatient	99234 Obs Same Date 40Min Pro	99234	960	NS Neuro Sciences	$ 275.24	$ 193.83	$ 209.16	$ 136.60	$ 297.21
Service Item	Outpatient	99234 Obs Same Date 40Min Pro	99234	960	SQ Seq Cardiology	$ 275.24	$ 193.83	$ 209.16	$ 136.60	$ 297.21
Service Item	Inpatient and Outpatient	99235 Obs Same Date 50Min Pro	99235	960	MC IP Professional	$ 350	$ 226	$ 250.72	$ 175	$ 347
Service Item	Inpatient and Outpatient	99235 Obs Same Date 50Min Pro	99235	960	MC Observation Prof	$ 350	$ 226	$ 250.72	$ 175	$ 347
Service Item	Outpatient	99235 Obs Same Date 50Min Pro	99235	960	NS Neuro Sciences	$ 349.50	$ 226.13	$ 252.60	$ 174.75	$ 346.74
Service Item	Outpatient	99235 Obs Same Date 50Min Pro	99235	960	SQ Seq Cardiology	$ 349.50	$ 226.13	$ 252.60	$ 174.75	$ 346.74
Service Item	Inpatient and Outpatient	99236 Obs Same Date 55Min Pro	99236	987	MC IP Professional	$ 450	$ 291	$ 321.63	$ 223	$ 446
Service Item	Inpatient and Outpatient	99236 Obs Same Date 55Min Pro	99236	987	MC Observation Prof	$ 450	$ 291	$ 321.63	$ 223	$ 446
Service Item	Outpatient	99236 Obs Same Date 55Min Pro	99236	987	NS Neuro Sciences	$ 449.64	$ 290.74	$ 324.05	$ 222.76	$ 445.80
Service Item	Outpatient	99236 Obs Same Date 55Min Pro	99236	987	SQ Seq Cardiology	$ 449.64	$ 290.74	$ 324.05	$ 222.76	$ 445.80
Service Item	Inpatient and Outpatient	99238 Hosp Dc Day Mgmnt 30Min/<	99238	987	MC IP Professional	$ 152	$ 76	$ 93.99	$ 64	$ 117
Service Item	Inpatient and Outpatient	99238 Hosp Dc Day Mgmnt 30Min/<	99238	987	MC Observation Prof	$ 152	$ 76	$ 93.99	$ 64	$ 117
Service Item	Outpatient	99238 Hosp Dc Day Mgmnt 30Min/<	99238	987	NS Neuro Sciences	$ 151.66	$ 76.39	$ 93.99	$ 63.66	$ 117.13
Service Item	Outpatient	99238 Hosp Dc Day Mgmnt 30Min/<	99238	987	SQ Seq Cardiology	$ 151.66	$ 76.39	$ 93.99	$ 63.66	$ 117.13
Service Item	Inpatient and Outpatient	99239 Hosp Dc Day Mgmnt 30Min+	99239	987	MC IP Professional	$ 223	$ 114	$ 139.40	$ 95	$ 175
Service Item	Inpatient and Outpatient	99239 Hosp Dc Day Mgmnt 30Min+	99239	987	MC Observation Prof	$ 223	$ 114	$ 139.40	$ 95	$ 175
Service Item	Outpatient	99239 Hosp Dc Day Mgmnt 30Min+	99239	987	NS Neuro Sciences	$ 222.68	$ 114.26	$ 139.40	$ 95.22	$ 175.20
Service Item	Outpatient	99239 Hosp Dc Day Mgmnt 30Min+	99239	987	SQ Seq Cardiology	$ 222.68	$ 114.26	$ 139.40	$ 95.22	$ 175.20
Service Item	Outpatient	99241 Outpt Consultation Lev 1	99241	521	CD Chronic Disease	$ 68.55	$ 32.30	$ 38.31	$ 26.92	$ 49.53
Service Item	Outpatient	99241 Outpt Consultation Lev 1	99241	521	NS Neuro Sciences	$ 68.55	$ 32.30	$ 38.31	$ 26.92	$ 49.53
Service Item	Outpatient	99241 Outpt Consultation Lev 1	99241	521	SQ Seq Cardiology	$ 68.55	$ 32.30	$ 38.31	$ 26.92	$ 49.53
Service Item	Outpatient	99242 Outpt Consultation Lev 2	99242	521	CD Chronic Disease	$ 114.24	$ 48.38	$ 60.94	$ 40.32	$ 74.18
Service Item	Outpatient	99242 Outpt Consultation Lev 2	99242	521	NS Neuro Sciences	$ 114.24	$ 48.38	$ 60.94	$ 40.32	$ 74.18
Service Item	Outpatient	99242 Outpt Consultation Lev 2	99242	521	SQ Seq Cardiology	$ 114.24	$ 48.38	$ 60.94	$ 40.32	$ 74.18

Service Item	Outpatient	99243 Outpt Consultation Lev 3	99243	521	CD Chronic Disease	$ 171.36	$ 74.32	$ 91.62	$ 61.93	$ 113.95
Service Item	Outpatient	99243 Outpt Consultation Lev 3	99243	521	NS Neuro Sciences	$ 171.36	$ 74.32	$ 91.62	$ 61.93	$ 113.95
Service Item	Outpatient	99243 Outpt Consultation Lev 3	99243	521	SQ Seq Cardiology	$ 171.36	$ 74.32	$ 91.62	$ 61.93	$ 113.95
Service Item	Outpatient	99244 Outpt Consultation Lev 4	99244	521	CD Chronic Disease	$ 262.74	$ 126.04	$ 148.19	$ 105.03	$ 193.26
Service Item	Outpatient	99244 Outpt Consultation Lev 4	99244	521	NS Neuro Sciences	$ 262.74	$ 126.04	$ 148.19	$ 105.03	$ 193.26
Service Item	Outpatient	99244 Outpt Consultation Lev 4	99244	521	SQ Seq Cardiology	$ 262.74	$ 126.04	$ 148.19	$ 105.03	$ 193.26
Service Item	Outpatient	99245 Outpt Consultation Lev 5	99245	521	CD Chronic Disease	$ 331.30	$ 161.52	$ 208.90	$ 134.60	$ 247.66
Service Item	Outpatient	99245 Outpt Consultation Lev 5	99245	521	NS Neuro Sciences	$ 331.30	$ 161.52	$ 208.90	$ 134.60	$ 247.66
Service Item	Outpatient	99245 Outpt Consultation Lev 5	99245	521	SQ Seq Cardiology	$ 331.30	$ 161.52	$ 208.90	$ 134.60	$ 247.66
Service Item	Inpatient and Outpatient	99251 Inpatient Consult 20 Min Pro	99251	960	MC IP Professional	$ 55	$ 32	$ 35.66	$ 27	$ 50
Service Item	Inpatient and Outpatient	99251 Inpatient Consult 20 Min Pro	99251	960	MC Observation Prof	$ 55	$ 32	$ 35.66	$ 27	$ 50
Service Item	Outpatient	99251 Inpatient Consult 20 Min Pro	99251	960	NS Neuro Sciences	$ 55.46	$ 32.30	$ 35.93	$ 26.92	$ 49.53
Service Item	Outpatient	99251 Inpatient Consult 20 Min Pro	99251	960	SQ Seq Cardiology	$ 55.46	$ 32.30	$ 35.93	$ 26.92	$ 49.53
Service Item	Inpatient and Outpatient	99252 Inpatient Consult 40 Min Pro	99252	960	MC IP Professional	$ 83	$ 48	$ 53.56	$ 40	$ 74
Service Item	Inpatient and Outpatient	99252 Inpatient Consult 40 Min Pro	99252	960	MC Observation Prof	$ 83	$ 48	$ 53.56	$ 40	$ 74
Service Item	Outpatient	99252 Inpatient Consult 40 Min Pro	99252	960	NS Neuro Sciences	$ 83.05	$ 48.38	$ 53.96	$ 40.32	$ 74.18
Service Item	Outpatient	99252 Inpatient Consult 40 Min Pro	99252	960	SQ Seq Cardiology	$ 83.05	$ 48.38	$ 53.96	$ 40.32	$ 74.18
Service Item	Inpatient and Outpatient	99253 Inpatient Consult 55 Min Pro	99253	960	MC IP Professional	$ 128	$ 74	$ 82.26	$ 62	$ 114
Service Item	Inpatient and Outpatient	99253 Inpatient Consult 55 Min Pro	99253	960	MC Observation Prof	$ 128	$ 74	$ 82.26	$ 62	$ 114
Service Item	Outpatient	99253 Inpatient Consult 55 Min Pro	99253	960	NS Neuro Sciences	$ 127.58	$ 74.32	$ 82.88	$ 61.93	$ 113.95
Service Item	Outpatient	99253 Inpatient Consult 55 Min Pro	99253	960	SQ Seq Cardiology	$ 127.58	$ 74.32	$ 82.88	$ 61.93	$ 113.95
Service Item	Inpatient and Outpatient	99254 Inpatient Consult 80 Min Pro	99254	960	MC IP Professional	$ 216	$ 126	$ 137.23	$ 105	$ 193
Service Item	Inpatient and Outpatient	99254 Inpatient Consult 80 Min Pro	99254	960	MC Observation Prof	$ 216	$ 126	$ 137.23	$ 105	$ 193
Service Item	Outpatient	99254 Inpatient Consult 80 Min Pro	99254	960	NS Neuro Sciences	$ 216.36	$ 126.04	$ 138.28	$ 105.03	$ 193.26
Service Item	Outpatient	99254 Inpatient Consult 80 Min Pro	99254	960	SQ Seq Cardiology	$ 216.36	$ 126.04	$ 138.28	$ 105.03	$ 193.26
Service Item	Inpatient and Outpatient	99255 Inpatient Consult 110 Min Pro	99255	960	MC IP Professional	$ 277	$ 162	$ 174.86	$ 135	$ 248
Service Item	Inpatient and Outpatient	99255 Inpatient Consult 110 Min Pro	99255	960	MC Observation Prof	$ 277	$ 162	$ 174.86	$ 135	$ 248
Service Item	Outpatient	99255 Inpatient Consult 110 Min Pro	99255	960	NS Neuro Sciences	$ 277.28	$ 161.52	$ 176.21	$ 134.60	$ 247.66
Service Item	Outpatient	99255 Inpatient Consult 110 Min Pro	99255	960	SQ Seq Cardiology	$ 277.28	$ 161.52	$ 176.21	$ 134.60	$ 247.66
Service Item	Outpatient	99291 Critical Care 1St Hour Pr	99291	960	NS Neuro Sciences	$ 455.92	$ 293.13	$ 335.47	$ 227.96	$ 449.47
Service Item	Outpatient	99291 Critical Care 1St Hour Pr	99291	960	SQ Seq Cardiology	$ 455.92	$ 293.13	$ 335.47	$ 227.96	$ 449.47
Service Item	Outpatient	99292 Critical Care Addl 30 Min	99292	960	NS Neuro Sciences	$ 229.16	$ 147.04	$ 166.80	$ 114.58	$ 225.46
Service Item	Outpatient	99292 Critical Care Addl 30 Min	99292	960	SQ Seq Cardiology	$ 229.16	$ 147.04	$ 166.80	$ 114.58	$ 225.46
Service Item	Outpatient	99324 Cust Visit New 20Min	99324	983	CD Chronic Disease	$ 113.82	$ 101.84	$ 101.35	$ 56.91	$ 156.16
Service Item	Outpatient	99325 Cust Visit New 30Min	99325	983	CD Chronic Disease	$ 165.12	$ 25.46	$ 63.97	$ 21.22	$ 83.70
Service Item	Outpatient	99326 Cust Visit New 45Min	99326	983	CD Chronic Disease	$ 287.88	$ 47.74	$ 113.30	$ 39.79	$ 143.94
Service Item	Outpatient	99327 Cust Visit New 60Min	99327	983	CD Chronic Disease	$ 386.48	$ 57.29	$ 146.96	$ 47.74	$ 193.24
Service Item	Outpatient	99328 Cust Visit New 75Min	99328	983	CD Chronic Disease	$ 456.42	$ 57.29	$ 166.32	$ 47.74	$ 228.21
Service Item	Outpatient	99334 Cust Visit Est 15Min	99334	983	CD Chronic Disease	$ 125.62	$ 47.74	$ 67.61	$ 39.79	$ 73.20
Service Item	Outpatient	99335 Cust Visit Est 25Min	99335	983	CD Chronic Disease	$ 198.86	$ 66.83	$ 100.90	$ 55.70	$ 102.48
Service Item	Outpatient	99336 Cust Visit Est 40Min	99336	983	CD Chronic Disease	$ 280.72	$ 89.12	$ 138.85	$ 74.27	$ 140.36
Service Item	Outpatient	99337 Cust Visit Est 60Min	99337	983	CD Chronic Disease	$ 403.56	$ 101.84	$ 181.78	$ 84.87	$ 201.78
Service Item	Outpatient	99354 Prolonged E&M Services First Hour	99354	960	SQ Seq Cardiology	$ 252.64	$ 155.32	$ 174.01	$ 99.10	$ 238.15
Service Item	Outpatient	99355 Prolonged E&M Services Ea Add 30 Min	99355	960	SQ Seq Cardiology	$ 190.26	$ 117.40	$ 133.70	$ 95.13	$ 180.01
Service Item	Inpatient and Outpatient	99356 Prolonged Service Inpat	99356	987	MC IP Professional	$ 192	$ 92	$ 129.01	$ 92	$ 162
Service Item	Inpatient and Outpatient	99356 Prolonged Service Inpat	99356	987	MC Observation Prof	$ 192	$ 92	$ 129.01	$ 92	$ 162
Service Item	Outpatient	99381 Preventive Care New Pt. Age Less Than 1	99381	521	CD Chronic Disease	$ 278.18	$ 74.32	$ 111.36	$ 61.93	$ 113.95
Service Item	Outpatient	99381 Preventive Care New Pt. Age Less Than 1	99381	521	SFM Family Medicine	$ 278.18	$ 74.32	$ 118.00	$ 74.32	$ 113.95
Service Item	Outpatient	99382 Preventive Care New Pt. Age 1-4	99382	521	CD Chronic Disease	$ 291.60	$ 74.32	$ 127.43	$ 61.93	$ 113.95
Service Item	Outpatient	99382 Preventive Care New Pt. Age 1-4	99382	521	SFM Family Medicine	$ 291.60	$ 74.32	$ 133.82	$ 74.32	$ 113.95
Service Item	Outpatient	99383 Preventive Care New Pt. Age 5-11	99383	521	CD Chronic Disease	$ 253.32	$ 74.32	$ 107.68	$ 61.93	$ 113.95
Service Item	Outpatient	99383 Preventive Care New Pt. Age 5-11	99383	521	SFM Family Medicine	$ 253.32	$ 74.32	$ 113.47	$ 74.32	$ 113.95
Service Item	Outpatient	99384 Preventive Care New Pt. Age 12-17	99384	521	CD Chronic Disease	$ 355.57	$ 74.32	$ 127.25	$ 61.93	$ 120.60
Service Item	Outpatient	99384 Preventive Care New Pt. Age 12-17	99384	521	SFM Family Medicine	$ 355.57	$ 74.32	$ 132.08	$ 74.32	$ 113.95
Service Item	Outpatient	99385 Preventive Care New Pt. Age 18-39	99385	521	CD Chronic Disease	$ 329.59	$ 74.32	$ 122.52	$ 61.93	$ 120.60
Service Item	Outpatient	99385 Preventive Care New Pt. Age 18-39	99385	521	SFM Family Medicine	$ 329.59	$ 74.32	$ 127.36	$ 74.32	$ 113.95
Service Item	Outpatient	99386 Preventive Care New Pt. Age 40-64	99386	521	CD Chronic Disease	$ 355.57	$ 74.32	$ 129.28	$ 61.93	$ 140.98
Service Item	Outpatient	99386 Preventive Care New Pt. Age 40-64	99386	521	SFM Family Medicine	$ 355.57	$ 74.32	$ 132.08	$ 74.32	$ 113.95
Service Item	Outpatient	99387 Preventive Care New Pt. Age 65 And Ove	99387	521	CD Chronic Disease	$ 393.27	$ 74.32	$ 137.52	$ 61.93	$ 154.73
Service Item	Outpatient	99387 Preventive Care New Pt. Age 65 And Ove	99387	521	SFM Family Medicine	$ 393.27	$ 74.32	$ 138.95	$ 74.32	$ 113.95
Service Item	Outpatient	99391 Preventive Care Est. Pt. Age Less Than 1 Y	99391	521	CD Chronic Disease	$ 215.34	$ 74.32	$ 98.29	$ 61.93	$ 113.95
Service Item	Outpatient	99391 Preventive Care Est. Pt. Age Less Than 1 Y	99391	521	SFM Family Medicine	$ 215.34	$ 74.32	$ 106.56	$ 74.32	$ 113.95
Service Item	Outpatient	99392 Preventive Care Est. Pt. Age 1-4	99392	521	CD Chronic Disease	$ 253.32	$ 74.32	$ 106.16	$ 61.93	$ 113.95
Service Item	Outpatient	99392 Preventive Care Est. Pt. Age 1-4	99392	521	SFM Family Medicine	$ 253.32	$ 74.32	$ 113.47	$ 74.32	$ 113.95
Service Item	Outpatient	99393 Preventive Care Est. Pt. Age 5-11	99393	521	CD Chronic Disease	$ 253.32	$ 74.32	$ 106.11	$ 61.93	$ 113.95
Service Item	Outpatient	99393 Preventive Care Est. Pt. Age 5-11	99393	521	SFM Family Medicine	$ 253.32	$ 74.32	$ 113.47	$ 74.32	$ 113.95
Service Item	Outpatient	99394 Preventive Care Est Pt. Age 12-17	99394	521	CD Chronic Disease	$ 291.60	$ 74.32	$ 114.02	$ 61.93	$ 113.95
Service Item	Outpatient	99394 Preventive Care Est Pt. Age 12-17	99394	521	SFM Family Medicine	$ 291.60	$ 74.32	$ 120.44	$ 74.32	$ 113.95
Service Item	Outpatient	99395 Preventive Care Est Pt. Age 18-39	99395	521	CD Chronic Disease	$ 266.47	$ 74.32	$ 109.49	$ 61.93	$ 113.95
Service Item	Outpatient	99395 Preventive Care Est Pt. Age 18-39	99395	521	SFM Family Medicine	$ 266.47	$ 74.32	$ 115.87	$ 74.32	$ 113.95
Service Item	Outpatient	99396 Preventive Care Est Pt. Age 40-64	99396	521	CD Chronic Disease	$ 278.18	$ 74.32	$ 112.57	$ 61.93	$ 114.71
Service Item	Outpatient	99396 Preventive Care Est Pt. Age 40-64	99396	521	SFM Family Medicine	$ 278.18	$ 74.32	$ 118.00	$ 74.32	$ 113.95
Service Item	Outpatient	99397 Preventive Care Est Pt. Age 65 And Over	99397	521	CD Chronic Disease	$ 240.47	$ 74.32	$ 107.13	$ 61.93	$ 128.89
Service Item	Outpatient	99397 Preventive Care Est Pt. Age 65 And Over	99397	521	SFM Family Medicine	$ 240.47	$ 74.32	$ 111.14	$ 74.32	$ 113.95
Service Item	Outpatient	99406 Smoking/Tobacco Cessation Counseling 3	99406	942	CD Chronic Disease	$ 25.52	$ 16.24	$ 18.37	$ 12.76	$ 24.90
Service Item	Outpatient	99406 Smoking/Tobacco Cessation Counseling 3	99406	942	SFM Family Medicine	$ 25.52	$ 16.24	$ 20.64	$ 12.76	$ 24.90
Service Item	Outpatient	99407 Smoking/Tobacco Cessation Counseling >	99407	942	CD Chronic Disease	$ 53.72	$ 34.06	$ 38.31	$ 26.86	$ 52.22
Service Item	Outpatient	99407 Smoking/Tobacco Cessation Counseling >	99407	942	SFM Family Medicine	$ 53.72	$ 34.06	$ 43.34	$ 26.86	$ 52.22
Service Item	Outpatient	99408 Alchl/Sub Abuse 15-30 Pro	99408	960	CD Chronic Disease	$ 77.58	$ 45.19	$ 53.83	$ 36.34	$ 69.29
Service Item	Outpatient	99408 Alchl/Sub Abuse 15-30 Pro	99408	960	NS Neuro Sciences	$ 77.58	$ 45.19	$ 53.83	$ 36.34	$ 69.29
Service Item	Outpatient	99408 Alchl/Sub Abuse 15-30 Pro	99408	960	SFM Family Medicine	$ 77.58	$ 45.19	$ 61.21	$ 45.19	$ 69.29
Service Item	Outpatient	99409 Alchl/Sub Abuse 30+ Pro	99409	960	CD Chronic Disease	$ 160.91	$ 93.73	$ 111.17	$ 71.06	$ 143.72
Service Item	Outpatient	99409 Alchl/Sub Abuse 30+ Pro	99409	960	NS Neuro Sciences	$ 160.91	$ 93.73	$ 111.17	$ 71.06	$ 143.72
Service Item	Outpatient	99409 Alchl/Sub Abuse 30+ Pro	99409	960	SFM Family Medicine	$ 160.91	$ 93.73	$ 126.95	$ 93.73	$ 143.72
Service Item	Outpatient	99441 Phone E/M 5-10Min	99441	960	CD Chronic Disease	$ 54.61	$ 31.81	$ 34.23	$ 0.39	$ 48.78
Service Item	Outpatient	99441 Phone E/M 5-10Min	99441	960	NC Urgent Care	$ 54.61	$ 31.81	$ 35.35	$ 0.39	$ 48.78
Service Item	Outpatient	99441 Phone E/M 5-10Min	99441	960	NS Neuro Sciences	$ 54.61	$ 31.81	$ 34.23	$ 0.39	$ 48.78
Service Item	Outpatient	99441 Phone E/M 5-10Min	99441	960	SC Urgent Care	$ 54.61	$ 31.81	$ 35.49	$ 0.39	$ 48.78
Service Item	Outpatient	99441 Phone E/M 5-10Min	99441	960	SFM Family Medicine	$ 54.61	$ 31.81	$ 41.43	$ 26.51	$ 48.78
Service Item	Outpatient	99441 Phone E/M 5-10Min	99441	960	SQ Seq Cardiology	$ 54.61	$ 31.81	$ 34.23	$ 0.39	$ 48.78
Service Item	Outpatient	99442 Phone E/M 11-20Min	99442	960	CD Chronic Disease	$ 109.12	$ 63.56	$ 68.40	$ 0.72	$ 97.46
Service Item	Outpatient	99442 Phone E/M 11-20Min	99442	960	NC Urgent Care	$ 109.12	$ 63.56	$ 70.63	$ 0.72	$ 97.46
Service Item	Outpatient	99442 Phone E/M 11-20Min	99442	960	NS Neuro Sciences	$ 109.12	$ 63.56	$ 68.40	$ 0.72	$ 97.46
Service Item	Outpatient	99442 Phone E/M 11-20Min	99442	960	SC Urgent Care	$ 109.12	$ 63.56	$ 70.90	$ 0.72	$ 97.46
Service Item	Outpatient	99442 Phone E/M 11-20Min	99442	960	SFM Family Medicine	$ 109.12	$ 63.56	$ 82.78	$ 52.97	$ 97.46
Service Item	Outpatient	99442 Phone E/M 11-20Min	99442	960	SQ Seq Cardiology	$ 109.12	$ 63.56	$ 68.40	$ 0.72	$ 97.46
Service Item	Outpatient	99443 Phone E/M 21-30 Min	99443	960	CD Chronic Disease	$ 168.26	$ 98.02	$ 105.47	$ 1.06	$ 150.29
Service Item	Outpatient	99443 Phone E/M 21-30 Min	99443	960	NC Urgent Care	$ 168.26	$ 98.02	$ 108.91	$ 1.06	$ 150.29
Service Item	Outpatient	99443 Phone E/M 21-30 Min	99443	960	NS Neuro Sciences	$ 168.26	$ 98.02	$ 105.47	$ 1.06	$ 150.29
Service Item	Outpatient	99443 Phone E/M 21-30 Min	99443	960	SC Urgent Care	$ 168.26	$ 98.02	$ 109.32	$ 1.06	$ 150.29
Service Item	Outpatient	99443 Phone E/M 21-30 Min	99443	960	SFM Family Medicine	$ 168.26	$ 98.02	$ 127.65	$ 81.68	$ 150.29
Service Item	Outpatient	99443 Phone E/M 21-30 Min	99443	960	SQ Seq Cardiology	$ 168.26	$ 98.02	$ 105.47	$ 1.06	$ 150.29
Service Item	Outpatient	99490 Chron Care Mgmt 20Min	99490	960	CD Chronic Disease	$ 66.48	$ 48.38	$ 56.23	$ 33.24	$ 79.54
Service Item	Outpatient	99490 Chron Care Mgmt 20Min	99490	960	SQ Seq Cardiology	$ 66.48	$ 48.38	$ 56.23	$ 33.24	$ 79.54
Service Item	Outpatient	99495 Trans Care 14 Day Dis	99495	960	CD Chronic Disease	$ 256.34	$ 161.52	$ 188.13	$ 128.17	$ 247.66
Service Item	Outpatient	99495 Trans Care 14 Day Dis	99495	960	SFM Family Medicine	$ 256.34	$ 161.52	$ 205.89	$ 128.17	$ 247.66
Service Item	Outpatient	99496 Trans Care 7 Day Dis	99496	960	CD Chronic Disease	$ 337.48	$ 161.52	$ 214.69	$ 134.60	$ 266.98
Service Item	Outpatient	99496 Trans Care 7 Day Dis	99496	960	SFM Family Medicine	$ 337.48	$ 161.52	$ 224.72	$ 161.52	$ 247.66
Service Item	Outpatient	99497 Advncd Care Plan 30 Min	99497	960	CD Chronic Disease	$ 164.06	$ 80.68	$ 104.91	$ 67.24	$ 123.71
Service Item	Inpatient and Outpatient	99497 Advncd Care Plan 30 Min	99497	960	MC IP Professional	$ 164	$ 81	$ 123.13	$ 81	$ 152
Service Item	Outpatient	99497 Advncd Care Plan 30 Min	99497	960	SFM Family Medicine	$ 164.06	$ 80.68	$ 111.20	$ 80.68	$ 123.71
Service Item	Outpatient	99498 Advncd Care Pln Addl 30Min	99498	960	CD Chronic Disease	$ 154.36	$ 74.32	$ 96.65	$ 61.93	$ 113.95
Service Item	Inpatient and Outpatient	99498 Advncd Care Pln Addl 30Min	99498	960	MC IP Professional	$ 154	$ 74	$ 103.49	$ 74	$ 114
Service Item	Outpatient	99498 Advncd Care Pln Addl 30Min	99498	960	SFM Family Medicine	$ 154.36	$ 74.32	$ 103.18	$ 74.32	$ 113.95
Service Item	Outpatient	99605 Mtms By Pharm Np 15 Min	99605	940	CD Diabetic Clinic	$ 110.92	$ 64.61	$ 69.46	$ 53.85	$ 99.07
Service Item	Outpatient	99606 Mtms By Pharm Est 15 Min	99606	940	CD Diabetic Clinic	$ 110.92	$ 64.61	$ 69.46	$ 53.85	$ 99.07
Service Item	Outpatient	99607 Mtms By Pharm Addl 15 Min	99607	940	CD Diabetic Clinic	$ 110.92	$ 64.61	$ 69.46	$ 53.85	$ 99.07
Service Package	Inpatient and Outpatient	A Cath 1St Ord A/P/E	36245	361	MC Cath Lab Srvcs	$ 1,198	Charges have been	$ 1,097.73	$ 1,047	$ 1,070

Service Package	Inpatient and Outpatient	A Cath 1St Order Thor	36215	361	MC Cath Lab Srvcs	$ 1,319	Charges have been	$ 1,208.85	$ 1,153	$ 1,179
Service Package	Inpatient and Outpatient	A Cath 2Nd Order A/P/E	36246	361	MC Cath Lab Srvcs	$ 1,348	Charges have been	$ 1,234.63	$ 1,178	$ 1,204
Service Package	Inpatient and Outpatient	A Cath 2Nd Order Thor	36216	361	MC Cath Lab Srvcs	$ 1,337	Charges have been	$ 1,224.62	$ 1,168	$ 1,194
Service Package	Inpatient and Outpatient	A Cath 3 Or More Ord A/P/	36247	361	MC Cath Lab Srvcs	$ 1,497	Charges have been	$ 1,371.78	$ 1,308	$ 1,337
Service Package	Inpatient and Outpatient	A Cath 3 Or More Ord Thor	36217	361	MC Cath Lab Srvcs	$ 1,354	Charges have been	$ 1,240.39	$ 1,183	$ 1,209
Service Package	Inpatient and Outpatient	A Cath Ea Addl 2/3 A/P/E	36248	361	MC Cath Lab Srvcs	$ 906	Charges have been	$ 829.68	$ 791	$ 809
Service Item	Inpatient and Outpatient	A1A ELISA, Random Stool-ARUP	82103	300	MC Reference Lab	$ 15	$ 60	$ 27.28	$ 9	$ 132
Service Item	Inpatient and Outpatient	A-1-A Phenotype99005	82104	300	MC Reference Lab	$ 16	$ 64	$ 31.29	$ 10	$ 142
Service Item	Outpatient	A4561 Pessary Rubber Any Type	A4561	278	CD Chronic Disease	$ 154.57	$ 90.04	$ 72.20	$ 10.48	$ 138.06
Service Item	Outpatient	A4561 Pessary Rubber Any Type	A4561	278	SFM Family Medicine	$ 154.57	$ 90.04	$ 109.76	$ 90.04	$ 138.06
Service Item	Outpatient	A9502 Myoview 99Mtc Tetrofosmin Pro	A9502	343	SQ Seq Cardiology	$ 240.40	$ 140.04	$ 184.68	$ 123.61	$ 250.33
Service Package	Inpatient and Outpatient	Aaa/Bi-Proth 1 Ext Graft	34701	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Aaa/Extender 1 Vessel	34709	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Aaa/Extender Ad Vessel	34709	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Aaa/Fem Art Expos Bi	34812	360	MC Cath Lab Srvcs	$ 6,766	Charges have been	$ 5,651.75	$ 5,912	$ 6,044
Service Package	Inpatient and Outpatient	Aaa/Fem Art Expos Uni	34812	360	MC Cath Lab Srvcs	$ 4,511	Charges have been	$ 4,132.87	$ 3,942	$ 4,029
Service Package	Inpatient and Outpatient	Aaa/Iliac Art Expos Bi	34820	360	MC Cath Lab Srvcs	$ 6,569	Charges have been	$ 5,487.21	$ 5,740	$ 5,868
Service Package	Inpatient and Outpatient	Aaa/Iliac Art Expos Uni	34820	360	MC Cath Lab Srvcs	$ 4,380	Charges have been	$ 4,012.48	$ 3,827	$ 3,912
Service Package	Inpatient and Outpatient	Aaa/Iliac Graft Uni	34707	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Aaa/Iliac Occl Device	34808	360	MC Cath Lab Srvcs	$ 5,309	Charges have been	$ 4,863.94	$ 4,639	$ 4,742
Service Package	Inpatient and Outpatient	Aaa/Mod Bi Proth 2 Limb	34701	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Aaa/Rsi Ao/Bi Graft Plc	34701	320	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Item	Inpatient and Outpatient	AB; Neisseria Meningitidis-ARUP	86741	301	MC Reference Lab	$ 14	$ 59	$ 28.22	$ 9	$ 130
Service Item	Outpatient	abatacept 250 mg Inj	J0129	636	CD Infusion Clinic	$ 3,820.35	$ 2,292.21	$ 1,908.62	$ 22.13	$ 3,514.72
Service Item	Inpatient and Outpatient	abatacept 250 mg Inj	J0129	636	MC Pharmacy	$ 3,820	$ 2,314	$ 1,908.62	$ 22	$ 3,515
Service Item	Outpatient	abatacept 250 mg Inj	J0129	636	NC Urgent Care	$ 3,820.35	$ 2,313.96	$ 1,899.07	$ 22.13	$ 3,514.72
Service Item	Outpatient	abatacept 250 mg Inj	J0129	636	SC Urgent Care	$ 3,820.35	$ 2,313.96	$ 1,908.62	$ 22.13	$ 3,514.72
Service Package	Inpatient and Outpatient	Abd Paracent Initial	49082	750	MC Endo Services	$ 3,600	Charges have been	$ 2,675.66	$ 911	$ 3,312
Service Package	Inpatient and Outpatient	Abd Paracentesis W/Imag	49083	450	MC Cath Lab Srvcs	$ 1,965	Charges have been	$ 1,339.70	$ 872	$ 911
Service Package	Inpatient and Outpatient	Abd Paracentesis W/Imag	49083	450	MC Emergency	$ 1,965	Charges have been	$ 1,339.70	$ 872	$ 911
Service Package	Inpatient and Outpatient	Abd Paracentesis W/O Im	49082	450	MC Emergency	$ 950	Charges have been	$ 867.53	$ 830	$ 911
Service Item	Outpatient	Abdomen 2 Views	74019	320	IC Radiology	$ 383.55	$ 223.43	$ 229.19	$ 70.77	$ 342.59
Service Item	Inpatient and Outpatient	Abdomen 2 Views	74019	320	MC Diag Radiology	$ 384	$ 223	$ 368.57	$ 71	$ 1,636
Service Item	Outpatient	Abdomen 2 Views	74019	320	NC Diag Imaging	$ 383.55	$ 223.43	$ 368.57	$ 70.77	$ 1,635.83
Service Item	Outpatient	Abdomen 2 Views	74019	320	SC Diag Imaging	$ 383.55	$ 223.43	$ 368.57	$ 70.77	$ 1,635.83
Service Item	Outpatient	Abdomen Kub 1 View	74018	320	IC Radiology	$ 250.24	$ 145.77	$ 155.19	$ 59.12	$ 223.51
Service Item	Inpatient and Outpatient	Abdomen Kub 1 View	74018	320	MC Diag Radiology	$ 250	$ 146	$ 228.18	$ 59	$ 888
Service Item	Outpatient	Abdomen Kub 1 View	74018	320	NC Diag Imaging	$ 250.24	$ 145.77	$ 228.18	$ 59.12	$ 887.81
Service Item	Outpatient	Abdomen Kub 1 View	74018	320	SC Diag Imaging	$ 250.24	$ 145.77	$ 228.18	$ 59.12	$ 887.81
Service Item	Outpatient	Abdomen Series W/Chest	74022	320	IC Radiology	$ 436.00	$ 94.53	$ 262.06	$ 84.76	$ 389.44
Service Item	Inpatient and Outpatient	Abdomen Series W/Chest	74022	320	MC Diag Radiology	$ 436	$ 95	$ 398.13	$ 85	$ 1,636
Service Item	Outpatient	Abdomen Series W/Chest	74022	320	NC Diag Imaging	$ 436.00	$ 94.53	$ 398.13	$ 84.76	$ 1,635.83
Service Item	Outpatient	Abdomen Series W/Chest	74022	320	SC Diag Imaging	$ 436.00	$ 94.53	$ 398.13	$ 84.76	$ 1,635.83
Service Item	Inpatient and Outpatient	Ablation, renal tumor(s), unilateral, percutaneou	50593	360	MC CAT Scanner	$ 18,340	$ 11,004	$ 14,333.99	$ 9,748	$ 16,873
Service Item	Inpatient and Outpatient	Ablation, renal tumor(s), unilateral, percutaneou	50593	360	MC Ultrasound	$ 18,340	$ 11,004	$ 14,333.99	$ 9,748	$ 16,873
Service Item	Inpatient and Outpatient	Abs Cd16+/Cd56+/Cd3-95702	88185	310	MC Reference Lab	$ 30	$ 85	$ 51.46	$ 18	$ 244
Service Item	Inpatient and Outpatient	Abs Cd3+/A-B+95740	86359	305	MC Reference Lab	$ 42	$ 168	$ 81.53	$ 25	$ 371
Service Item	Inpatient and Outpatient	Abs Cd4+/Cd3+95906	88184	310	MC Reference Lab	$ 30	$ 174	$ 120.08	$ 18	$ 542
Service Item	Inpatient and Outpatient	Abs Cd4+/Cd3+95906 (2)	88185	310	MC Reference Lab	$ 21	$ 85	$ 46.25	$ 13	$ 244
Service Package	Inpatient and Outpatient	Absc Cyst Constrast Inj	49424	361	MC Cath Lab Srvcs	$ 152	Charges have been	$ 139.16	$ 133	$ 136
Service Package	Inpatient and Outpatient	Abscess Fistula/Sinus	76080	320	MC Cath Lab Srvcs	$ 1,204	Charges have been	$ 817.15	$ 519	$ 558
Service Item	Inpatient and Outpatient	Abscess Local Lmtd Area	78830	340	MC Nuclear Medicine	$ 1,874	$ 1,092	$ 1,509.55	$ 1,092	$ 1,674
Service Item	Inpatient and Outpatient	Abscess Local Whole Body	78831	340	MC Nuclear Medicine	$ 2,097	$ 1,221	$ 1,671.16	$ 1,221	$ 1,873
Service Package	Inpatient and Outpatient	Acetabular Liner (A)	C1776	278	MC Central Supply	$ 2,545	Charges have been	$ 2,175.62	$ 2,268	$ 2,318
Service Package	Inpatient and Outpatient	Acetabular Liner (B)	C1776	278	MC Central Supply	$ 3,286	Charges have been	$ 2,677.99	$ 2,928	$ 2,993
Service Package	Inpatient and Outpatient	Acetabular Shell (A)	C1776	278	MC Central Supply	$ 3,277	Charges have been	$ 2,671.65	$ 2,920	$ 2,985
Service Package	Inpatient and Outpatient	Acetabular Shell (B)	C1776	278	MC Central Supply	$ 4,993	Charges have been	$ 3,835.04	$ 4,450	$ 4,548
Service Package	Inpatient and Outpatient	Acetabular Shell (C)	C1776	278	MC Central Supply	$ 5,134	Charges have been	$ 3,930.23	$ 4,575	$ 4,676
Service Item	Inpatient and Outpatient	Acetaminophen (Tylenol)	80329	301	MC General Lab	$ 234	$ 88	$ 164.88	$ 0	$ 213
Service Item	Outpatient	acetaminophen 1000 mg/100 mL Premix	J0131	636	CD Infusion Clinic	$ 197.55	$ 118.53	$ 117.17	$ 0.15	$ 181.75
Service Item	Inpatient and Outpatient	acetaminophen 1000 mg/100 mL Premix	J0131	636	MC Pharmacy	$ 198	$ 119	$ 117.17	$ 0	$ 182
Service Item	Outpatient	acetaminophen 1000 mg/100 mL Premix	J0131	636	NC Urgent Care	$ 197.55	$ 118.68	$ 116.68	$ 0.15	$ 181.75
Service Item	Outpatient	acetaminophen 1000 mg/100 mL Premix	J0131	636	SC Urgent Care	$ 197.55	$ 118.68	$ 117.17	$ 0.15	$ 181.75
Service Item	Outpatient	acetaminophen PED 10 mg/mL Inj 100 mL	J0131	636	CD Infusion Clinic	$ 197.55	$ 118.53	$ 117.17	$ 0.15	$ 181.75
Service Item	Inpatient and Outpatient	acetaminophen PED 10 mg/mL Inj 100 mL	J0131	636	MC Pharmacy	$ 198	$ 119	$ 117.17	$ 0	$ 182
Service Item	Outpatient	acetaminophen PED 10 mg/mL Inj 100 mL	J0131	636	NC Urgent Care	$ 197.55	$ 118.68	$ 116.68	$ 0.15	$ 181.75
Service Item	Outpatient	acetaminophen PED 10 mg/mL Inj 100 mL	J0131	636	SC Urgent Care	$ 197.55	$ 118.68	$ 117.17	$ 0.15	$ 181.75
Service Item	Outpatient	acetaZOLAMIDE 500 mg Inj	J1120	636	CD Infusion Clinic	$ 231.60	$ 138.96	$ 148.43	$ 34.80	$ 213.07
Service Item	Inpatient and Outpatient	acetaZOLAMIDE 500 mg Inj	J1120	636	MC Pharmacy	$ 232	$ 139	$ 148.43	$ 35	$ 213
Service Item	Outpatient	acetaZOLAMIDE 500 mg Inj	J1120	636	NC Urgent Care	$ 231.60	$ 138.96	$ 147.85	$ 34.80	$ 213.07
Service Item	Outpatient	acetaZOLAMIDE 500 mg Inj	J1120	636	SC Urgent Care	$ 231.60	$ 138.96	$ 148.43	$ 34.80	$ 213.07
Service Item	Inpatient and Outpatient	Acetone B-Hydroxybutyrate	82010	301	MC General Lab	$ 80	$ 36	$ 61.86	$ 32	$ 80
Service Item	Inpatient and Outpatient	Acetone Quantitative-ARUP	80320	300	MC Reference Lab	$ 9	$ 47	$ 36.62	$ 0	$ 94
Service Item	Inpatient and Outpatient	Acetylcholine Binding Antibody-ARUP	83519	300	MC Reference Lab	$ 12	$ 60	$ 28.26	$ 7	$ 147
Service Item	Inpatient and Outpatient	Acetylcholine Blocking Antibody-ARUP	83516	300	MC Reference Lab	$ 10	$ 104	$ 43.46	$ 9	$ 113
Service Item	Inpatient and Outpatient	Acetylcholine Receptor Modulating Antibody-AR	83519	300	MC Reference Lab	$ 9	$ 60	$ 26.13	$ 5	$ 147
Service Item	Outpatient	acetylcysteine 20% Inh Soln 30 mL	J7608	250	CD Infusion Clinic	$ 54.75	$ 32.85	$ 35.31	$ 7.78	$ 50.37
Service Item	Inpatient and Outpatient	acetylcysteine 20% Inh Soln 30 mL	J7608	250	MC Pharmacy	$ 55	$ 33	$ 35.31	$ 8	$ 50
Service Item	Outpatient	acetylcysteine 20% Inh Soln 30 mL	J7608	250	NC Urgent Care	$ 54.75	$ 32.85	$ 35.18	$ 7.78	$ 50.37
Service Item	Outpatient	acetylcysteine 20% Inh Soln 30 mL	J7608	250	SC Urgent Care	$ 54.75	$ 32.85	$ 35.31	$ 7.78	$ 50.37
Service Item	Outpatient	acetylcysteine Inj 20% 30 mL	J0132	636	CD Infusion Clinic	$ 1,049.05	$ 629.43	$ 623.33	$ 2.44	$ 965.13
Service Item	Inpatient and Outpatient	acetylcysteine Inj 20% 30 mL	J0132	636	MC Pharmacy	$ 1,049	$ 629	$ 623.33	$ 2	$ 965
Service Item	Outpatient	acetylcysteine Inj 20% 30 mL	J0132	636	NC Urgent Care	$ 1,049.05	$ 629.43	$ 620.71	$ 2.44	$ 965.13
Service Item	Outpatient	acetylcysteine Inj 20% 30 mL	J0132	636	SC Urgent Care	$ 1,049.05	$ 629.43	$ 623.33	$ 2.44	$ 965.13
Service Item	Inpatient and Outpatient	Acid Phosphatase Total-ARUP	84060	300	MC Reference Lab	$ 8	$ 33	$ 15.51	$ 5	$ 73
Service Package	Inpatient and Outpatient	Acid Reflux Prolong Study	91034	750	MC Endo Services	$ 844	Charges have been	$ 714.59	$ 563	$ 776
Service Item	Inpatient and Outpatient	Acid-Fast Bacillus (AFB) Culture and AFB Stain-AF	87116	300	MC Reference Lab	$ 9	$ 48	$ 40.37	$ 8	$ 106
Service Item	Inpatient and Outpatient	ACTH Stimulating Cortisol 0 Min-ARUP	82533	300	MC Reference Lab	$ 15	$ 73	$ 33.07	$ 9	$ 160
Service Item	Inpatient and Outpatient	ACTH Stimulating Cortisol 30 Min-ARUP	82533	300	MC Reference Lab	$ 15	$ 73	$ 33.07	$ 9	$ 160
Service Item	Inpatient and Outpatient	ACTH Stimulating Cortisol 60 Min-ARUP	82533	300	MC Reference Lab	$ 15	$ 73	$ 33.07	$ 9	$ 160
Service Package	Inpatient	Activated Clotting Time	85347	305	MC 3W ICCU	$ 66.70	Charges have been	$ 61.72	$ 59.44	$ 60.76
Service Package	Inpatient	Activated Clotting Time	85347	305	MC Cardiac Surgery	$ 66.70	$ 39.62	$ 43.77	$ 17.00	$ 60.76
Service Package	Inpatient	Activated Clotting Time	85347	305	MC CV CVICU	$ 66.70	Charges have been	$ 61.72	$ 59.44	$ 60.76
Service Package	Inpatient and Outpatient	Activated Clotting Time	85347	305	MC Surgical Srvcs	$ 67	Charges have been	$ 61.72	$ 59	$ 61
Service Item	Outpatient	Active Wound Care/20 Cm Or <	97597	510	SFM Family Medicine	$ 231.75	Charges have been	$ 186.01	$ 135.00	$ 207.00
Service Package	Inpatient and Outpatient	Acute Ac Repair Kit	C1889	278	MC Central Supply	$ 4,450	Charges have been	$ 6,324.03	$ 3,965	$ 4,053
Service Package	Inpatient	Acute Hemodialysis Bicarb		800	MC Acute Dialysis	$ 3,457.39	Charges have been	#N/A	$ 3,021.02	$ 3,088.15
Service Package	Inpatient	Acute Hemodialysis In-Pt		800	MC Acute Dialysis	$ 2,910.48	Charges have been	$ 2,145.45	$ 741.60	$ 2,599.65
Service Item	Outpatient	acyclovir 5 mg/mL PED IV/Sodium Chloride 0.9%	J0133	636	CD Infusion Clinic	$ 12.75	$ 7.65	$ 29.07	$ 0.12	$ 71.26
Service Item	Inpatient and Outpatient	acyclovir 5 mg/mL PED IV/Sodium Chloride 0.9%	J0133	636	MC Pharmacy	$ 13	$ 8	$ 29.07	$ 0	$ 71
Service Item	Outpatient	acyclovir 5 mg/mL PED IV/Sodium Chloride 0.9%	J0133	636	NC Urgent Care	$ 12.75	$ 7.65	$ 29.04	$ 0.12	$ 71.26
Service Item	Outpatient	acyclovir 5 mg/mL PED IV/Sodium Chloride 0.9%	J0133	636	SC Urgent Care	$ 12.75	$ 7.65	$ 29.07	$ 0.12	$ 71.26
Service Item	Outpatient	acyclovir 50 mg/mL Inj 10 mL	J0133	636	CD Infusion Clinic	$ 104.95	$ 62.97	$ 62.21	$ 0.12	$ 96.55
Service Item	Inpatient and Outpatient	acyclovir 50 mg/mL Inj 10 mL	J0133	636	MC Pharmacy	$ 105	$ 63	$ 62.21	$ 0	$ 97
Service Item	Outpatient	acyclovir 50 mg/mL Inj 10 mL	J0133	636	NC Urgent Care	$ 104.95	$ 62.97	$ 61.95	$ 0.12	$ 96.55
Service Item	Outpatient	acyclovir 50 mg/mL Inj 10 mL	J0133	636	SC Urgent Care	$ 104.95	$ 62.97	$ 62.21	$ 0.12	$ 96.55
Service Item	Outpatient	acyclovir 50 mg/mL Inj 20 mL	J0133	636	CD Infusion Clinic	$ 195.30	$ 117.18	$ 94.69	$ 0.12	$ 179.68
Service Item	Inpatient and Outpatient	acyclovir 50 mg/mL Inj 20 mL	J0133	636	MC Pharmacy	$ 195	$ 117	$ 94.69	$ 0	$ 180
Service Item	Outpatient	acyclovir 50 mg/mL Inj 20 mL	J0133	636	NC Urgent Care	$ 195.30	$ 117.33	$ 94.21	$ 0.12	$ 179.68
Service Item	Outpatient	acyclovir 50 mg/mL Inj 20 mL	J0133	636	SC Urgent Care	$ 195.30	$ 117.33	$ 94.69	$ 0.12	$ 179.68
Service Item	Inpatient and Outpatient	ADAMTS13 Activity-ARUP	85397	305	MC Reference Lab	$ 27	$ 104	$ 53.09	$ 16	$ 246
Service Package	Inpatient and Outpatient	Adaptor Femoral B	C1776	278	MC Central Supply	$ 8,786	Charges have been	$ 6,405.72	$ 7,829	$ 8,003
Service Package	Inpatient and Outpatient	Adaptor Post Taper Tka	C1776	278	MC Central Supply	$ 1,383	Charges have been	$ 1,388.20	$ 1,233	$ 1,260
Service Item	Outpatient	Add Skin Lesions Inj >7	11901	510	SFM Family Medicine	$ 231.75	$ 135.00	$ 184.81	$ 135.00	$ 207.00
Service Item	Outpatient	Additional 15 Min Ot		430	OP Hand Center	$ 134.00	$ 120.00	#N/A	$ 80.40	$ 123.28
Service Item	Outpatient	Additional 15 Min Ot		430	OP Therapy Akers	$ 134.00	$ 120.00	#N/A	$ 80.40	$ 123.28
Service Item	Outpatient	Additional 15 Min Ot		430	OP Therapy Dinuba	$ 134.00	$ 120.00	#N/A	$ 80.40	$ 123.28
Service Item	Outpatient	Additional 15 Min Ot		430	OP Therapy Exeter	$ 134.00	$ 120.00	#N/A	$ 80.40	$ 123.28

Service Item	Outpatient	Additional 15 Min Ot		430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	#N/A	$ 80.40	$	123.28
Service Item	Outpatient	Additional 15 Min Ot		430	OP Therapy Neuro	$ 134.00	$ 120.00	#N/A	$ 80.40	$	123.28
Service Package	Inpatient and Outpatient	Additional 15 Min Pt		420	MC PT Services	$ 134	Charges have been	#N/A	$ 121	$	123
Service Item	Outpatient	Additional 15 Min Pt		420	OP Hand Center	$ 134.00	$ 120.00	#N/A	$ 80.40	$	123.28
Service Item	Outpatient	Additional 15 Min Pt		420	OP Therapy Akers	$ 134.00	$ 120.00	#N/A	$ 80.40	$	123.28
Service Item	Outpatient	Additional 15 Min Pt		420	OP Therapy Dinuba	$ 134.00	$ 120.00	#N/A	$ 80.40	$	123.28
Service Item	Outpatient	Additional 15 Min Pt		420	OP Therapy Exeter	$ 134.00	$ 120.00	#N/A	$ 80.40	$	123.28
Service Item	Outpatient	Additional 15 Min Pt		420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	#N/A	$ 80.40	$	123.28
Service Item	Outpatient	Additional 15 Min Pt		420	OP Therapy Neuro	$ 134.00	$ 120.00	#N/A	$ 80.40	$	123.28
Service Package	Inpatient	Addtl 1/2 Hr-Major Emerg		360	MC Cardiac Surgery	$ 4,546.56	Charges have been	#N/A	$ 3,972.73	$	4,061.01
Service Package	Inpatient and Outpatient	Addtl 1/2 Hr-Major Emerg		360	MC Lbr & Dlvy Rev	$ 4,547	Charges have been	#N/A	$ 3,973	$	4,061
Service Package	Inpatient and Outpatient	Addtl 1/2 Hr-Major Emerg		360	MC Surgical Srvcs	$ 4,547	Charges have been	#N/A	$ 3,973	$	4,061
Service Package	Inpatient	Addtl 1/2 Hr-Minor Emerg		360	MC 2E Labor & Dlvry	$ 2,008.16	Charges have been	#N/A	$ 1,754.70	$	1,793.70
Service Package	Inpatient and Outpatient	Addtl 1/2 Hr-Minor Emerg		360	MC Lbr & Dlvy Rev	$ 2,008	Charges have been	#N/A	$ 1,755	$	1,794
Service Package	Inpatient and Outpatient	Addtl 1/2 Hr-Minor Emerg		360	MC Surgical Srvcs	$ 2,008	Charges have been	#N/A	$ 1,755	$	1,794
Service Item	Outpatient	Adenosine 2,500 mcg/50 mL NS	J0153	636	CD Infusion Clinic	$ 1,822.45	$ 1,093.47	$ 665.51	$ 1.38	$	1,676.65
Service Item	Inpatient and Outpatient	Adenosine 2,500 mcg/50 mL NS	J0153	636	MC Pharmacy	$ 1,822	$ 1,096	$ 665.51	$ 1	$	1,677
Service Item	Outpatient	Adenosine 2,500 mcg/50 mL NS	J0153	636	NC Urgent Care	$ 1,822.45	$ 1,095.80	$ 660.96	$ 1.38	$	1,676.65
Service Item	Outpatient	Adenosine 2,500 mcg/50 mL NS	J0153	636	SC Urgent Care	$ 1,822.45	$ 1,095.80	$ 665.51	$ 1.38	$	1,676.65
Service Item	Outpatient	adenosine 3 mg/mL Inj 2 mL	J0153	636	CD Infusion Clinic	$ 42.05	$ 25.23	$ 25.46	$ 1.38	$	38.69
Service Item	Inpatient and Outpatient	adenosine 3 mg/mL Inj 2 mL	J0153	636	MC Pharmacy	$ 42	$ 25	$ 25.46	$ 1	$	39
Service Item	Outpatient	adenosine 3 mg/mL Inj 2 mL	J0153	636	NC Urgent Care	$ 42.05	$ 25.23	$ 25.36	$ 1.38	$	38.69
Service Item	Outpatient	adenosine 3 mg/mL Inj 2 mL	J0153	636	SC Urgent Care	$ 42.05	$ 25.23	$ 25.46	$ 1.38	$	38.69
Service Item	Outpatient	adenosine 3 mg/mL Inj 30 mL	J0153	636	CD Infusion Clinic	$ 928.60	$ 557.16	$ 344.18	$ 1.38	$	854.31
Service Item	Inpatient and Outpatient	adenosine 3 mg/mL Inj 30 mL	J0153	636	MC Pharmacy	$ 929	$ 557	$ 344.18	$ 1	$	854
Service Item	Outpatient	adenosine 3 mg/mL Inj 30 mL	J0153	636	NC Urgent Care	$ 928.60	$ 557.16	$ 341.85	$ 1.38	$	854.31
Service Item	Outpatient	adenosine 3 mg/mL Inj 30 mL	J0153	636	SC Urgent Care	$ 928.60	$ 557.16	$ 344.18	$ 1.38	$	854.31
Service Item	Inpatient and Outpatient	Adenosine Deaminase RBC-ARUP	84311	300	MC Reference Lab	$ 8	$ 31	$ 14.95	$ 5	$	69
Service Item	Inpatient and Outpatient	Adenosine Deaminase, CSF-ARUP	84311	300	MC Reference Lab	$ 7	$ 31	$ 14.32	$ 4	$	69
Service Item	Inpatient and Outpatient	Adenosine Deaminase, Pericardial Fluid-ARUP	84311	300	MC Reference Lab	$ 7	$ 31	$ 14.32	$ 4	$	69
Service Item	Inpatient and Outpatient	Adenosine Deaminase, Peritoneal Fluid-ARUP	84311	300	MC Reference Lab	$ 7	$ 31	$ 14.32	$ 4	$	69
Service Item	Inpatient and Outpatient	Adenosine Deaminase, Pleural Fluid-ARUP	84311	300	MC Reference Lab	$ 8	$ 31	$ 14.95	$ 5	$	69
Service Item	Inpatient and Outpatient	Adenovirus, Quantitative PCR-ARUP	87260	306	MC Reference Lab	$ 11	$ 40	$ 22.79	$ 6	$	118
Service Package	Inpatient and Outpatient	Adl/Self Care Tr Ea 15 M	97535	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$	123
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M	97535	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$	123.28
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M	97535	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 140.43	$ 100.50	$	317.00
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M	97535	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 140.43	$ 100.50	$	317.00
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M	97535	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 140.43	$ 100.50	$	317.00
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M	97535	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 140.43	$ 100.50	$	317.00
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M	97535	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 105.39	$ 43.96	$	123.28
Service Item	Inpatient	Adl/Self Care Tr Ea 15 M	97535	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 43.96	$	135.01
Service Item	Inpatient	Adl/Self Care Tr Ea 15 M	97535	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$	123.28
Service Item	Inpatient	Adl/Self Care Tr Ea 15 M	97535	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$	123.28
Service Item	Inpatient	Adl/Self Care Tr Ea 15 M	97535	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$	123.28
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M - PTA/OTA Services	97535	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$	123.28
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M - PTA/OTA Services	97535	420	OP Therapy Akers	$ 134.00	Charges have been	$ 148.31	$ 100.50	$	317.00
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M - PTA/OTA Services	97535	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 148.31	$ 100.50	$	317.00
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M - PTA/OTA Services	97535	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 148.31	$ 100.50	$	317.00
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M - PTA/OTA Services	97535	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 148.31	$ 100.50	$	317.00
Service Item	Outpatient	Adl/Self Care Tr Ea 15 M - PTA/OTA Services	97535	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.52	$ 43.96	$	123.28
Service Item	Inpatient	Adl/Self Care Tr Ea 15 M - PTA/OTA Services	97535	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 43.96	$	135.01
Service Item	Inpatient	Adl/Self Care Tr Ea 15 M - PTA/OTA Services	97535	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$	123.28
Service Item	Inpatient	Adl/Self Care Tr Ea 15 M - PTA/OTA Services	97535	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$	123.28
Service Item	Inpatient	Adl/Self Care Tr Ea 15 M - PTA/OTA Services	97535	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$	123.28
Service Item	Outpatient	Admin Flu Virus Vaccine	90471	771	CD Chronic Disease	$ 95.23	$ 55.48	$ 64.65	$ 26.34	$	85.06
Service Item	Outpatient	Admin Flu Virus Vaccine	90471	771	CD Infusion Clinic	$ 95.23	$ 55.48	$ 73.14	$ 55.48	$	85.06
Service Item	Inpatient and Outpatient	Admin Flu Virus Vaccine	90471	771	MC Pharmacy	$ 95	$ 55	$ 74.86	$ 55	$	85
Service Item	Outpatient	Admin Flu Virus Vaccine	90471	771	NC Urgent Care	$ 95.23	$ 55.48	$ 65.68	$ 26.34	$	85.06
Service Item	Outpatient	Admin Flu Virus Vaccine	90471	771	SC Urgent Care	$ 95.23	$ 55.48	$ 65.91	$ 26.34	$	85.06
Service Item	Outpatient	Admin Flu Virus Vaccine	90471	771	SFM Family Medicine	$ 95.23	$ 55.48	$ 74.63	$ 55.48	$	85.06
Service Item	Outpatient	Admin Flu Virus Vaccine	90471	771	VD CAPD CCPD	$ 95.23	$ 55.48	$ 74.86	$ 55.48	$	85.06
Service Item	Outpatient	Admin Flu Virus Vaccine	90471	771	VD Visalia Dialysis	$ 95.23	$ 55.48	$ 74.86	$ 55.48	$	85.06
Service Item	Inpatient and Outpatient	Admin Hep B Vac - Esrd	90471	771	MC Pharmacy	$ 95	$ 55	$ 74.86	$ 55	$	85
Service Item	Outpatient	Admin Hep B Vac - Esrd	90471	771	VD CAPD CCPD	$ 95.23	$ 55.48	$ 74.86	$ 55.48	$	85.06
Service Item	Outpatient	Admin Hep B Vac - Esrd	90471	771	VD Visalia Dialysis	$ 95.23	$ 55.48	$ 74.86	$ 55.48	$	85.06
Service Item	Outpatient	Admin Hepatitis B Vaccine	90471	771	CD Chronic Disease	$ 95.23	$ 55.48	$ 64.65	$ 26.34	$	85.06
Service Item	Outpatient	Admin Hepatitis B Vaccine	90471	771	CD Infusion Clinic	$ 95.23	$ 55.48	$ 73.14	$ 55.48	$	85.06
Service Item	Inpatient and Outpatient	Admin Hepatitis B Vaccine	90471	771	MC Pharmacy	$ 95	$ 55	$ 74.86	$ 55	$	85
Service Item	Outpatient	Admin Hepatitis B Vaccine	90471	771	NC Urgent Care	$ 95.23	$ 55.48	$ 65.68	$ 26.34	$	85.06
Service Item	Outpatient	Admin Hepatitis B Vaccine	90471	771	SC Urgent Care	$ 95.23	$ 55.48	$ 65.91	$ 26.34	$	85.06
Service Item	Outpatient	Admin Hepatitis B Vaccine	90471	771	SFM Family Medicine	$ 95.23	$ 55.48	$ 74.63	$ 55.48	$	85.06
Service Item	Outpatient	Admin Pneumonia Vaccine	90471	771	CD Chronic Disease	$ 96.54	$ 56.24	$ 65.41	$ 26.34	$	86.23
Service Item	Outpatient	Admin Pneumonia Vaccine	90471	771	CD Infusion Clinic	$ 96.54	$ 56.24	$ 74.05	$ 56.24	$	86.23
Service Item	Inpatient and Outpatient	Admin Pneumonia Vaccine	90471	771	MC Pharmacy	$ 97	$ 56	$ 75.79	$ 56	$	86
Service Item	Outpatient	Admin Pneumonia Vaccine	90471	771	NC Urgent Care	$ 96.54	$ 56.24	$ 66.45	$ 26.34	$	86.23
Service Item	Outpatient	Admin Pneumonia Vaccine	90471	771	SC Urgent Care	$ 96.54	$ 56.24	$ 66.68	$ 26.34	$	86.23
Service Item	Outpatient	Admin Pneumonia Vaccine	90471	771	SFM Family Medicine	$ 96.54	$ 56.24	$ 75.56	$ 56.24	$	86.23
Service Item	Outpatient	Admin Pneumonia Vaccine	90471	771	VD CAPD CCPD	$ 96.54	$ 56.24	$ 75.79	$ 56.24	$	86.23
Service Item	Outpatient	Admin Pneumonia Vaccine	90471	771	VD Visalia Dialysis	$ 96.54	$ 56.24	$ 75.79	$ 56.24	$	86.23
Service Item	Inpatient and Outpatient	Admin Tdap Vaccine	90471	771	MC Pharmacy	$ 95	$ 55	$ 74.86	$ 55	$	85
Service Item	Outpatient	Administration of Bamlanivimab-XXXX Infusion	M0239	260	CD Infusion Clinic	$ 619.20	$ 371.52	$ 476.37	$ 334.37	$	541.80
Service Item	Inpatient	Administration of Bamlanivimab-XXXX Infusion	M0239	260	MC 2N Cardiac Srvc	$ 619.20	Charges have been	$ 563.47	$ -	$	-
Service Item	Inpatient	Administration of Bamlanivimab-XXXX Infusion	M0239	260	MC 2S Med Surg	$ 619.20	Charges have been	$ 563.47	$ -	$	-
Service Item	Inpatient	Administration of Bamlanivimab-XXXX Infusion	M0239	260	MC 3N Surgical	$ 619.20	Charges have been	$ 563.47	$ -	$	-
Service Item	Inpatient	Administration of Bamlanivimab-XXXX Infusion	M0239	260	MC 4N Med Renal	$ 619.20	Charges have been	$ 563.47	$ -	$	-
Service Item	Outpatient	ado-trastuzumab emtansine 100 mg IV Inj	J9354	636	CD Infusion Clinic	$ 12,330.45	$ 7,398.27	$ 6,087.15	$ 30.47	$	11,344.01
Service Item	Inpatient and Outpatient	ado-trastuzumab emtansine 100 mg IV Inj	J9354	636	MC Pharmacy	$ 12,330	$ 7,430	$ 6,087.15	$ 30	$	11,344
Service Item	Outpatient	ado-trastuzumab emtansine 100 mg IV Inj	J9354	636	NC Urgent Care	$ 12,330.45	$ 7,430.37	$ 6,056.32	$ 30.47	$	11,344.01
Service Item	Outpatient	ado-trastuzumab emtansine 100 mg IV Inj	J9354	636	SC Urgent Care	$ 12,330.45	$ 7,430.37	$ 6,087.15	$ 30.47	$	11,344.01
Service Item	Outpatient	ado-trastuzumab emtansine 160 mg IV Inj	J9354	636	CD Infusion Clinic	$ 19,728.70	$ 11,837.22	$ 8,746.82	$ 30.47	$	18,150.40
Service Item	Inpatient and Outpatient	ado-trastuzumab emtansine 160 mg IV Inj	J9354	636	MC Pharmacy	$ 19,729	$ 11,869	$ 8,746.82	$ 30	$	18,150
Service Item	Outpatient	ado-trastuzumab emtansine 160 mg IV Inj	J9354	636	NC Urgent Care	$ 19,728.70	$ 11,869.32	$ 8,697.50	$ 30.47	$	18,150.40
Service Item	Outpatient	ado-trastuzumab emtansine 160 mg IV Inj	J9354	636	SC Urgent Care	$ 19,728.70	$ 11,869.32	$ 8,746.82	$ 30.47	$	18,150.40
Service Item	Inpatient and Outpatient	Adrenal/Tumor Mibg	78075	340	MC Nuclear Medicine	$ 1,553	$ 692	$ 1,229.21	$ 659	$	1,474
Service Item	Inpatient and Outpatient	Adrenocorticotropic Hormone-ARUP	82024	300	MC Reference Lab	$ 42	$ 172	$ 82.64	$ 25	$	380
Service Item	Outpatient	Adv Care Plan 30Min Tech	99497	510	CD Chronic Disease	$ 193.96	$ 112.99	$ 133.18	$ 91.00	$	173.25
Service Item	Outpatient	Adv Care Plan 30Min Tech	99497	510	SFM Family Medicine	$ 193.96	$ 112.99	$ 146.83	$ 91.00	$	173.25
Service Item	Outpatient	Adv Care Pln Addl 30 Tech	99498	510	CD Chronic Disease	$ 166.37	$ 96.91	$ 122.62	$ 80.76	$	148.60
Service Item	Outpatient	Adv Care Pln Addl 30 Tech	99498	510	SFM Family Medicine	$ 166.37	$ 96.91	$ 134.29	$ 96.91	$	148.60
Service Item	Outpatient	Aerobe Id To Ucla	87088	306	Reference Lab UCLA	$ 23.95	$ 32.07	$ 47.01	$ 20.36	$	79.52
Service Package	Inpatient and Outpatient	Aerosol Demo/Eval 1Xdly	94664	412	MC RT Services	$ 222	Charges have been	$ 202.67	$ 194	$	213
Service Item	Inpatient and Outpatient	Afb Smear	87206	306	MC General Lab	$ 46	$ 24	$ 37.94	$ 21	$	53
Service Item	Outpatient	Afb Smear	87206	306	Reference Lab Sp	$ 46.30	$ 23.94	$ 37.83	$ 21.47	$	52.92
Service Item	Inpatient and Outpatient	Afp Alpha Feto Protein	82105	301	MC General Lab	$ 165	$ 75	$ 125.57	$ 67	$	165
Service Item	Outpatient	agalsidase beta 35 mg Inj	J0180	636	CD Infusion Clinic	$ 18,250.00	$ 10,950.00	$ 9,070.67	$ 140.09	$	16,790.00
Service Item	Inpatient and Outpatient	agalsidase beta 35 mg Inj	J0180	636	MC Pharmacy	$ 18,250	$ 10,950	$ 9,070.67	$ 140	$	16,790
Service Item	Outpatient	agalsidase beta 35 mg Inj	J0180	636	NC Urgent Care	$ 18,250.00	$ 10,950.00	$ 9,025.04	$ 140.09	$	16,790.00
Service Item	Outpatient	agalsidase beta 35 mg Inj	J0180	636	SC Urgent Care	$ 18,250.00	$ 10,950.00	$ 9,070.67	$ 140.09	$	16,790.00
Service Item	Outpatient	agalsidase beta 5 mg Inj	J0180	636	CD Infusion Clinic	$ 2,501.00	$ 1,500.60	$ 3,408.90	$ 140.09	$	12,391.75
Service Item	Inpatient and Outpatient	agalsidase beta 5 mg Inj	J0180	636	MC Pharmacy	$ 2,501	$ 1,638	$ 3,408.90	$ 140	$	12,392
Service Item	Outpatient	agalsidase beta 5 mg Inj	J0180	636	NC Urgent Care	$ 2,501.00	$ 1,638.30	$ 3,402.65	$ 140.09	$	12,391.75
Service Item	Outpatient	agalsidase beta 5 mg Inj	J0180	636	SC Urgent Care	$ 2,501.00	$ 1,638.30	$ 3,408.90	$ 140.09	$	12,391.75
Service Package	Inpatient and Outpatient	Agent Injectable Bulking	C1889	278	MC Central Supply	$ 1,821	Charges have been	$ 4,541.92	$ 1,622	$	1,658
Service Item	Inpatient and Outpatient	Agent Nos Assay W/Optic	87899	306	MC General Lab	$ 52	$ 40	$ 57.91	$ 36	$	128
Service Item	Inpatient and Outpatient	Alanine amino (alt) (sgpt)-ARUP	84460	300	MC Reference Lab	$ 6	$ 23	$ 25.60	$ 5	$	52
Service Item	Outpatient	albumin 25% for Hemin dilution 50 mL	P9047	636	CD Infusion Clinic	$ 418.50	$ 251.10	$ 243.03	$ 52.45	$	385.02
Service Item	Inpatient and Outpatient	albumin 25% for Hemin dilution 50 mL	P9047	636	MC Pharmacy	$ 419	$ 339	$ 243.03	$ 52	$	385
Service Item	Outpatient	albumin 25% for Hemin dilution 50 mL	P9047	636	NC Urgent Care	$ 418.50	$ 338.60	$ 219.97	$ 52.45	$	385.02

Service Item	Outpatient	albumin 25% for Hemin dilution 50 mL	P9047	636	SC Urgent Care	$ 418.50	$ 338.60	$ 221.02	$ 52.45	$ 385.02
Service Item	Inpatient and Outpatient	Albumin Body Fluid-ARUP	82042	300	MC Reference Lab	$ 3	$ 23	$ 10.28	$ 2	$ 62
Service Item	Outpatient	albumin human 25% Inj 100 mL	P9047	636	CD Infusion Clinic	$ 924.05	$ 554.43	$ 462.54	$ 52.45	$ 850.13
Service Item	Inpatient and Outpatient	albumin human 25% Inj 100 mL	P9047	636	MC Pharmacy	$ 924	$ 554	$ 462.54	$ 52	$ 850
Service Item	Outpatient	albumin human 25% Inj 100 mL	P9047	636	NC Urgent Care	$ 924.05	$ 554.43	$ 400.45	$ 52.45	$ 850.13
Service Item	Outpatient	albumin human 25% Inj 100 mL	P9047	636	SC Urgent Care	$ 924.05	$ 554.43	$ 402.76	$ 52.45	$ 850.13
Service Item	Outpatient	albumin human 25% Inj 100 mL	P9047	636	VD CAPD CCPD	$ 924.05	$ 554.43	$ 462.54	$ 52.45	$ 850.13
Service Item	Outpatient	albumin human 25% Inj 100 mL	P9047	636	VD Visalia Dialysis	$ 924.05	$ 554.43	$ 462.54	$ 52.45	$ 850.13
Service Item	Outpatient	albumin human 25% Inj 50 mL	P9047	636	CD Chronic Disease	$ 269.70	$ 161.82	$ 166.85	$ 52.45	$ 248.12
Service Item	Outpatient	albumin human 25% Inj 50 mL	P9047	636	CD Infusion Clinic	$ 269.70	$ 161.82	$ 178.42	$ 52.45	$ 248.12
Service Item	Inpatient and Outpatient	albumin human 25% Inj 50 mL	P9047	636	MC Pharmacy	$ 270	$ 162	$ 178.42	$ 52	$ 248
Service Item	Outpatient	albumin human 25% Inj 50 mL	P9047	636	NC Urgent Care	$ 269.70	$ 161.82	$ 166.85	$ 52.45	$ 248.12
Service Item	Outpatient	albumin human 25% Inj 50 mL	P9047	636	SC Urgent Care	$ 269.70	$ 161.82	$ 167.52	$ 52.45	$ 248.12
Service Item	Outpatient	albumin human 5% IV Soln 250 mL	P9045	636	CD Infusion Clinic	$ 269.70	$ 161.82	$ 178.95	$ 52.45	$ 248.12
Service Item	Inpatient and Outpatient	albumin human 5% IV Soln 250 mL	P9045	636	MC Pharmacy	$ 270	$ 162	$ 178.95	$ 52	$ 248
Service Item	Outpatient	albumin human 5% IV Soln 250 mL	P9045	636	NC Urgent Care	$ 269.70	$ 161.82	$ 168.96	$ 52.45	$ 248.12
Service Item	Outpatient	albumin human 5% IV Soln 250 mL	P9045	636	SC Urgent Care	$ 269.70	$ 161.82	$ 169.64	$ 52.45	$ 248.12
Service Item	Outpatient	albumin human 5% IV Soln 500 mL	P9045	636	CD Infusion Clinic	$ 582.35	$ 349.41	$ 314.70	$ 52.45	$ 535.76
Service Item	Inpatient and Outpatient	albumin human 5% IV Soln 500 mL	P9045	636	MC Pharmacy	$ 582	$ 349	$ 314.70	$ 52	$ 536
Service Item	Outpatient	albumin human 5% IV Soln 500 mL	P9045	636	NC Urgent Care	$ 582.35	$ 349.41	$ 280.58	$ 52.45	$ 535.76
Service Item	Outpatient	albumin human 5% IV Soln 500 mL	P9045	636	SC Urgent Care	$ 582.35	$ 349.41	$ 282.04	$ 52.45	$ 535.76
Service Item	Outpatient	albumin human PED 25% Inj	P9047	636	CD Infusion Clinic	$ 269.70	$ 161.82	$ 178.42	$ 52.45	$ 248.12
Service Item	Inpatient and Outpatient	albumin human PED 25% Inj	P9047	636	MC Pharmacy	$ 270	$ 249	$ 178.42	$ 52	$ 249
Service Item	Outpatient	albumin human PED 25% Inj	P9047	636	NC Urgent Care	$ 269.70	$ 249.32	$ 166.85	$ 52.45	$ 249.32
Service Item	Outpatient	albumin human PED 25% Inj	P9047	636	SC Urgent Care	$ 269.70	$ 249.32	$ 167.52	$ 52.45	$ 249.32
Service Item	Outpatient	albumin human PED 5% IV	P9045	636	CD Infusion Clinic	$ 269.70	$ 161.82	$ 178.95	$ 52.45	$ 248.12
Service Item	Inpatient and Outpatient	albumin human PED 5% IV	P9045	636	MC Pharmacy	$ 270	$ 252	$ 178.95	$ 52	$ 252
Service Item	Outpatient	albumin human PED 5% IV	P9045	636	NC Urgent Care	$ 269.70	$ 251.84	$ 168.96	$ 52.45	$ 251.84
Service Item	Outpatient	albumin human PED 5% IV	P9045	636	SC Urgent Care	$ 269.70	$ 251.84	$ 169.64	$ 52.45	$ 251.84
Service Item	Inpatient and Outpatient	Albumin Level CSF-ARUP	82042	300	MC Reference Lab	$ 3	$ 23	$ 10.28	$ 2	$ 62
Service Item	Inpatient and Outpatient	Albumin Serum	82040	301	MC General Lab	$ 68	$ 22	$ 46.30	$ 20	$ 61
Service Item	Inpatient and Outpatient	Albumin Serum 50671	82040	300	MC Reference Lab	$ 6	$ 22	$ 24.12	$ 5	$ 49
Service Item	Outpatient	albuterol 5 mg/mL (0.5%) Inh Soln 20 mL	J7611	250	CD Infusion Clinic	$ 186.00	$ 111.60	$ 110.26	$ 0.15	$ 171.12
Service Item	Inpatient and Outpatient	albuterol 5 mg/mL (0.5%) Inh Soln 20 mL	J7611	250	MC Pharmacy	$ 186	$ 112	$ 110.26	$ 0	$ 171
Service Item	Outpatient	albuterol 5 mg/mL (0.5%) Inh Soln 20 mL	J7611	250	NC Urgent Care	$ 186.00	$ 111.60	$ 109.80	$ 0.15	$ 171.12
Service Item	Outpatient	albuterol 5 mg/mL (0.5%) Inh Soln 20 mL	J7611	250	SC Urgent Care	$ 186.00	$ 111.60	$ 110.26	$ 0.15	$ 171.12
Service Item	Inpatient and Outpatient	Alcohol Ethyl Blood	80320	301	MC General Lab	$ 162	$ 47	$ 113.74	$ 0	$ 147
Service Item	Inpatient and Outpatient	Aldolase-ARUP	82085	300	MC Reference Lab	$ 9	$ 43	$ 19.51	$ 5	$ 95
Service Item	Inpatient and Outpatient	Aldosterone Renin ACT Ratio-ARUP	84244	300	MC Reference Lab	$ 24	$ 98	$ 47.06	$ 14	$ 216
Service Item	Inpatient and Outpatient	Aldosterone Urine-ARUP	82088	300	MC Reference Lab	$ 44	$ 182	$ 87.20	$ 27	$ 401
Service Item	Inpatient and Outpatient	Aldosterone-ARUP	82088	300	MC Reference Lab	$ 44	$ 182	$ 87.20	$ 27	$ 401
Service Item	Outpatient	alfentanil 0.5 mg/mL Inj 2 mL	J3490	636	CD Infusion Clinic	$ 48.95	$ 29.37	$ 36.81	$ 23.14	$ 45.03
Service Item	Inpatient and Outpatient	alfentanil 0.5 mg/mL Inj 2 mL	J3490	636	MC Pharmacy	$ 49	$ 29	$ 36.81	$ 23	$ 45
Service Item	Outpatient	alfentanil 0.5 mg/mL Inj 2 mL	J3490	636	NC Urgent Care	$ 48.95	$ 29.37	$ 36.69	$ 23.14	$ 45.03
Service Item	Outpatient	alfentanil 0.5 mg/mL Inj 2 mL	J3490	636	SC Urgent Care	$ 48.95	$ 29.37	$ 36.81	$ 23.14	$ 45.03
Service Item	Outpatient	alfentanil 0.5 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 87.70	$ 52.62	$ 59.08	$ 23.14	$ 80.68
Service Item	Inpatient and Outpatient	alfentanil 0.5 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 88	$ 53	$ 59.08	$ 23	$ 81
Service Item	Outpatient	alfentanil 0.5 mg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 87.70	$ 52.62	$ 58.86	$ 23.14	$ 80.68
Service Item	Outpatient	alfentanil 0.5 mg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 87.70	$ 52.62	$ 59.08	$ 23.14	$ 80.68
Service Item	Inpatient and Outpatient	Alk Phos 20005	84075	300	MC Reference Lab	$ 6	$ 23	$ 24.75	$ 5	$ 51
Service Item	Inpatient and Outpatient	Alkaline Phosphatase Bone Specific-ARUP	84080	300	MC Reference Lab	$ 16	$ 66	$ 31.67	$ 10	$ 145
Service Item	Inpatient and Outpatient	Alk-Phos %21005	84080	300	MC Reference Lab	$ 17	$ 66	$ 31.90	$ 10	$ 145
Service Item	Inpatient and Outpatient	Allergen Food, Honeydew/Cantaloupe Melon-AF	86003	300	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen IgE; quant or semi, recomb or purified,	86008	305	MC Reference Lab	$ 22	$ 13	$ 39.28	$ 13	$ 176
Service Item	Inpatient and Outpatient	Allergen, Animal, Cat Dander-ARUP	86003	300	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Animal, Cow Hair/Dander-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Animal, Dog Dander-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Drugs, Penicillin G (major)-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Drugs, Penicillin V (minor)-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Almond-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Anchovy IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Apple-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Apricot-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Artichoke IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Asparagus IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Avocado-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Baker's/Brewer's Yeast-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Banana-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Barley-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Basil IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Bass Black IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Bay Leaf IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Beef-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Beet Root IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Black Bean IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Black Olive IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Black Pepper-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Blackberry IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Blue Mussel-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Blueberry-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Brazil Nut-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Broccoli-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Buckwheat-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Canola(Rapeseed) Oil IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Carrot-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Cashew-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Cherry-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Chestnut-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Chicken-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Chickpea (Garbanzo) IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Chocolate IgG-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Chocolate-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Cinnamon-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Clam-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Codfish-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Corn-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Crab-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Egg White-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Egg Whole-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Egg Yolk-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Gluten-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Goat Milk-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Grape-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Halibut-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Honey IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Hops-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Kiwi-ARUP	86003	300	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Lemon-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Lime-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Lobster IgG-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Lobster-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Milk (Cow's)-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Onion-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Orange IgG-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Orange-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Oregano IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Oyster-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Pea-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70

Service Item	Inpatient and Outpatient	Allergen, Food, Peach-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Peanut-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Pear-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Pecan-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Pistachio-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Plum-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Poppy Seed IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Pork-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Potato-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Pumpkin Seed IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Quinoa IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Raspberry IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Red Dye-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Rye-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Salmon-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Scallop-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Seafood Panel-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Soybean-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Spinach-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Strawberry-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Tomato-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Turkey-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Vanilla-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Walnut/Black Walnut-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Watermelon IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Food, Wheat-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Fungi/Mold, A. alternatas-ARUP	86003	300	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Fungi/Mold, Hormodendrum-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Fungi/Mold, P. notatum-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Fungi/Mold, Phoma betae IgE-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Fungi/Mold, T. viride-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Fungi/Molds, A. Niger IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Grass, Alfalfa IgE-ARUP	86003	300	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Grass, Bermuda Grass-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Grass, Cultivated Corn Pollen-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Grass, Cultivated Wheat Pollen-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Grass, Johnson Grass-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Grass, June/Kentucky Blue-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Grass, Perennial Rye Grass-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Grass, Timothy Grass-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Insect, Honey Bee Venom IgE-ARUP	86003	300	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Mites, D. farinae-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Mites, D. pteronyssinus-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Occupational, Latex IgE Enh.-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Alder Tree-ARUP	86003	300	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, American Beech, IgE-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Birch Tree-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Box Elder/Maple Tree-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Cottonwood Tree-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Elm Tree-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Eucalyptus Tree-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Hazelnut-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Japanese Cedar Tree-ARUP	86003	300	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Oak Tree-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Olive Tree-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Tree, Sycamore Tree-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Common/Short Ragweed-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Dandelion-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, English Plantain-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, False Ragweed-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Giant Ragweed-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Kochia/Firebush-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.11	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Lamb's Quarters-ARUP	86003	300	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Mugwort-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Nettle-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Pigweed-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Russian Thistle-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Sagebrush/Wormwood-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen, Weed, Scale-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergen,Latex/Cross-Reactive-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergens, Food, Egg Cmpnts-ARUP	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allergenshrimp55030	86003	305	MC Reference Lab	$ 5	$ 70	$ 10.47	$ 3	$ 70
Service Item	Inpatient and Outpatient	Allg spec ige crude xtrc ea-ARUP	86003	305	MC Reference Lab	$ 6	$ 70	$ 11.13	$ 3	$ 70
Service Package	Inpatient and Outpatient	Alln Medulary Bone Plg Ki	C1889	278	MC Central Supply	$ 752	Charges have been	$ 3,817.84	$ 670	$ 685
Service Package	Inpatient and Outpatient	Allograft Amniotic 1.5Cm	Q4186	278	MC Central Supply	$ 1,091	Charges have been	$ 2,551.76	$ 972	$ 993
Service Item	Outpatient	alpha 1-proteinase inhibitor	J0256	636	CD Infusion Clinic	$ 2,139.00	$ 1,283.40	$ 1,055.39	$ 2.75	$ 1,967.88
Service Item	Inpatient and Outpatient	alpha 1-proteinase inhibitor	J0256	636	MC Pharmacy	$ 2,139	$ 1,283	$ 1,055.39	$ 3	$ 1,968
Service Item	Outpatient	alpha 1-proteinase inhibitor	J0256	636	NC Urgent Care	$ 2,139.00	$ 1,283.40	$ 1,050.04	$ 2.75	$ 1,967.88
Service Item	Outpatient	alpha 1-proteinase inhibitor	J0256	636	SC Urgent Care	$ 2,139.00	$ 1,283.40	$ 1,055.39	$ 2.75	$ 1,967.88
Service Item	Inpatient and Outpatient	Alpha Fetoprotein Total & L3 Percent-ARUP	82107	300	MC Reference Lab	$ 70	$ 281	$ 137.82	$ 42	$ 633
Service Item	Inpatient and Outpatient	Alpha1Antitryp50001	82103	300	MC Reference Lab	$ 15	$ 60	$ 27.50	$ 9	$ 132
Service Item	Inpatient and Outpatient	Alpha-1-Antitrypsin-ARUP	82103	300	MC Reference Lab	$ 15	$ 60	$ 27.28	$ 9	$ 132
Service Item	Outpatient	alprostadil 0.5 mg/mL Inj 1 mL	J0270	636	CD Infusion Clinic	$ 604.60	$ 362.76	$ 361.79	$ 0.28	$ 556.23
Service Item	Inpatient and Outpatient	alprostadil 0.5 mg/mL Inj 1 mL	J0270	636	MC Pharmacy	$ 605	$ 363	$ 361.79	$ 0	$ 556
Service Item	Outpatient	alprostadil 0.5 mg/mL Inj 1 mL	J0270	636	NC Urgent Care	$ 604.60	$ 362.76	$ 360.28	$ 0.28	$ 556.23
Service Item	Outpatient	alprostadil 0.5 mg/mL Inj 1 mL	J0270	636	SC Urgent Care	$ 604.60	$ 362.76	$ 361.79	$ 0.28	$ 556.23
Service Item	Outpatient	alprostadil PED 10 mcg/mL Inj	J0270	636	CD Infusion Clinic	$ 604.60	$ 362.76	$ 361.79	$ 0.28	$ 556.23
Service Item	Inpatient and Outpatient	alprostadil PED 10 mcg/mL Inj	J0270	636	MC Pharmacy	$ 605	$ 377	$ 361.79	$ 0	$ 556
Service Item	Outpatient	alprostadil PED 10 mcg/mL Inj	J0270	636	NC Urgent Care	$ 604.60	$ 377.39	$ 360.28	$ 0.28	$ 556.23
Service Item	Outpatient	alprostadil PED 10 mcg/mL Inj	J0270	636	SC Urgent Care	$ 604.60	$ 377.39	$ 361.79	$ 0.28	$ 556.23
Service Item	Outpatient	alteplase (CathFlo) 2 mg Inj	J2997	636	CD Infusion Clinic	$ 716.10	$ 429.66	$ 2,555.67	$ 36.85	$ 11,550.10
Service Item	Inpatient and Outpatient	alteplase (CathFlo) 2 mg Inj	J2997	636	MC Pharmacy	$ 716	$ 430	$ 2,555.67	$ 37	$ 11,550
Service Item	Outpatient	alteplase (CathFlo) 2 mg Inj	J2997	636	NC Urgent Care	$ 716.10	$ 429.66	$ 2,553.88	$ 36.85	$ 11,550.10
Service Item	Outpatient	alteplase (CathFlo) 2 mg Inj	J2997	636	SC Urgent Care	$ 716.10	$ 429.66	$ 2,555.67	$ 36.85	$ 11,550.10
Service Item	Outpatient	alteplase (CathFlo) 2 mg Inj	J2997	636	VD CAPD CCPD	$ 716.10	$ 429.66	$ 2,555.67	$ 36.85	$ 11,550.10
Service Item	Outpatient	alteplase (CathFlo) 2 mg Inj	J2997	636	VD Visalia Dialysis	$ 716.10	$ 429.66	$ 2,555.67	$ 36.85	$ 11,550.10
Service Item	Outpatient	alteplase 100 mg/100 mL	J2997	636	CD Infusion Clinic	$ 34,020.85	$ 20,412.51	$ 14,528.73	$ 36.85	$ 31,299.18
Service Item	Inpatient and Outpatient	alteplase 100 mg/100 mL	J2997	636	MC Pharmacy	$ 34,021	$ 20,413	$ 14,528.73	$ 37	$ 31,299
Service Item	Outpatient	alteplase 100 mg/100 mL	J2997	636	NC Urgent Care	$ 34,020.85	$ 20,412.51	$ 14,443.67	$ 36.85	$ 31,299.18
Service Item	Outpatient	alteplase 100 mg/100 mL	J2997	636	SC Urgent Care	$ 34,020.85	$ 20,412.51	$ 11,945.60	$ 36.85	$ 31,299.18
Service Item	Outpatient	alteplase 50 mg/50 mL	J2997	636	CD Infusion Clinic	$ 17,010.45	$ 10,206.27	$ 8,413.49	$ 36.85	$ 15,649.61
Service Item	Inpatient and Outpatient	alteplase 50 mg/50 mL	J2997	636	MC Pharmacy	$ 17,010	$ 10,206	$ 8,413.49	$ 37	$ 15,650
Service Item	Outpatient	alteplase 50 mg/50 mL	J2997	636	NC Urgent Care	$ 17,010.45	$ 10,206.27	$ 8,370.96	$ 36.85	$ 15,649.61
Service Item	Outpatient	alteplase 50 mg/50 mL	J2997	636	SC Urgent Care	$ 17,010.45	$ 10,206.27	$ 8,413.49	$ 36.85	$ 15,649.61
Service Item	Inpatient and Outpatient	Aluminum Level-ARUP	82108	300	MC Reference Lab	$ 29	$ 114	$ 55.04	$ 17	$ 251
Service Package	Inpatient	Ambulatory Recovery		710	MC 14 Telemetry	Charges have been i	Charges have been	#VALUE!	$ -	$ -
Service Package	Inpatient	Ambulatory Recovery		710	MC 15 ICCU	Charges have been i	Charges have been	#VALUE!	$ -	$ -
Service Item	Outpatient	amifostine 500 mg Inj	J0207	636	CD Infusion Clinic	$ 2,190.00	$ 1,314.00	$ 1,535.64	$ 404.92	$ 2,014.80
Service Item	Inpatient and Outpatient	amifostine 500 mg Inj	J0207	636	MC Pharmacy	$ 2,190	$ 1,314	$ 1,535.64	$ 405	$ 2,015
Service Item	Outpatient	amifostine 500 mg Inj	J0207	636	NC Urgent Care	$ 2,190.00	$ 1,314.00	$ 1,530.17	$ 404.92	$ 2,014.80
Service Item	Outpatient	amifostine 500 mg Inj	J0207	636	SC Urgent Care	$ 2,190.00	$ 1,314.00	$ 1,535.64	$ 404.92	$ 2,014.80
Service Item	Outpatient	amikacin 250 mg/mL Inj 2 mL	J0278	636	CD Infusion Clinic	$ 65.05	$ 39.03	$ 39.73	$ 1.94	$ 59.85
Service Item	Inpatient and Outpatient	amikacin 250 mg/mL Inj 2 mL	J0278	636	MC Pharmacy	$ 65	$ 39	$ 39.73	$ 2	$ 60
Service Item	Outpatient	amikacin 250 mg/mL Inj 2 mL	J0278	636	NC Urgent Care	$ 65.05	$ 39.03	$ 39.56	$ 1.94	$ 59.85
Service Item	Outpatient	amikacin 250 mg/mL Inj 2 mL	J0278	636	SC Urgent Care	$ 65.05	$ 39.03	$ 39.73	$ 1.94	$ 59.85
Service Item	Inpatient and Outpatient	Amikacin Level-ARUP	80150	300	MC Reference Lab	$ 15	$ 67	$ 54.61	$ 13	$ 148
Service Item	Inpatient and Outpatient	Amikacin Peak	80150	301	MC General Lab	$ 23	$ 67	$ 57.73	$ 20	$ 148
Service Item	Outpatient	amikacin PED 2.5 mg/mL Inj	J0278	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 20.69	$ 1.94	$ 44.17

Service Item	Inpatient and Outpatient	amikacin PED 2.5 mg/mL Inj	J0278	636	MC Pharmacy	$ 12	$ 14	$ 20.69	$ 2	$ 44
Service Item	Outpatient	amikacin PED 2.5 mg/mL Inj	J0278	636	NC Urgent Care	$ 12.10	$ 14.16	$ 20.66	$ 1.94	$ 44.17
Service Item	Outpatient	amikacin PED 2.5 mg/mL Inj	J0278	636	SC Urgent Care	$ 12.10	$ 14.16	$ 20.69	$ 1.94	$ 44.17
Service Item	Inpatient and Outpatient	Amikacin Trough	80150	301	MC General Lab	$ 23	$ 67	$ 57.73	$ 20	$ 148
Service Item	Outpatient	Amino Acids 10% (Trophamine) IV Soln 500 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	Amino Acids 10% (Trophamine) IV Soln 500 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	Amino Acids 10% (Trophamine) IV Soln 500 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	Amino Acids 10% (Trophamine) IV Soln 500 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	Amino Acids 15% (Clinisol Sulfite-Free) IV Soln 2(	J3490	636	CD Infusion Clinic	$ 529.20	$ 317.52	$ 312.87	$ 23.14	$ 486.86
Service Item	Inpatient and Outpatient	Amino Acids 15% (Clinisol Sulfite-Free) IV Soln 2(	J3490	636	MC Pharmacy	$ 529	$ 318	$ 312.87	$ 23	$ 487
Service Item	Outpatient	Amino Acids 15% (Clinisol Sulfite-Free) IV Soln 2(	J3490	636	NC Urgent Care	$ 529.20	$ 317.52	$ 311.54	$ 23.14	$ 486.86
Service Item	Outpatient	Amino Acids 15% (Clinisol Sulfite-Free) IV Soln 2(	J3490	636	SC Urgent Care	$ 529.20	$ 317.52	$ 312.87	$ 23.14	$ 486.86
Service Item	Outpatient	Amino Acids 4.25%/D10%/Electrolytes 1,000 mL	J3490	636	CD Infusion Clinic	$ 188.15	$ 112.89	$ 116.82	$ 23.14	$ 173.10
Service Item	Inpatient and Outpatient	Amino Acids 4.25%/D10%/Electrolytes 1,000 mL	J3490	636	MC Pharmacy	$ 188	$ 113	$ 116.82	$ 23	$ 173
Service Item	Outpatient	Amino Acids 4.25%/D10%/Electrolytes 1,000 mL	J3490	636	NC Urgent Care	$ 188.15	$ 112.89	$ 116.35	$ 23.14	$ 173.10
Service Item	Outpatient	Amino Acids 4.25%/D10%/Electrolytes 1,000 mL	J3490	636	SC Urgent Care	$ 188.15	$ 112.89	$ 116.82	$ 23.14	$ 173.10
Service Item	Outpatient	Amino Acids 4.25%/D10%/Electrolytes 2,000 mL	J3490	636	CD Infusion Clinic	$ 321.15	$ 192.69	$ 193.28	$ 23.14	$ 295.46
Service Item	Inpatient and Outpatient	Amino Acids 4.25%/D10%/Electrolytes 2,000 mL	J3490	636	MC Pharmacy	$ 321	$ 193	$ 193.28	$ 23	$ 295
Service Item	Outpatient	Amino Acids 4.25%/D10%/Electrolytes 2,000 mL	J3490	636	NC Urgent Care	$ 321.15	$ 192.69	$ 192.47	$ 23.14	$ 295.46
Service Item	Outpatient	Amino Acids 4.25%/D10%/Electrolytes 2,000 mL	J3490	636	SC Urgent Care	$ 321.15	$ 192.69	$ 193.28	$ 23.14	$ 295.46
Service Item	Outpatient	Amino Acids 4.25%/D5%/Electrolytes 1,000 mL I	J3490	636	CD Infusion Clinic	$ 209.85	$ 125.91	$ 129.30	$ 23.14	$ 193.06
Service Item	Inpatient and Outpatient	Amino Acids 4.25%/D5%/Electrolytes 1,000 mL I	J3490	636	MC Pharmacy	$ 210	$ 126	$ 129.30	$ 23	$ 193
Service Item	Outpatient	Amino Acids 4.25%/D5%/Electrolytes 1,000 mL I	J3490	636	NC Urgent Care	$ 209.85	$ 125.91	$ 128.77	$ 23.14	$ 193.06
Service Item	Outpatient	Amino Acids 4.25%/D5%/Electrolytes 1,000 mL I	J3490	636	SC Urgent Care	$ 209.85	$ 125.91	$ 129.30	$ 23.14	$ 193.06
Service Item	Outpatient	Amino Acids 4.25%/D5%/Electrolytes 2,000 mL I	J3490	636	CD Infusion Clinic	$ 389.50	$ 233.70	$ 232.56	$ 23.14	$ 358.34
Service Item	Inpatient and Outpatient	Amino Acids 4.25%/D5%/Electrolytes 2,000 mL I	J3490	636	MC Pharmacy	$ 390	$ 234	$ 232.56	$ 23	$ 358
Service Item	Outpatient	Amino Acids 4.25%/D5%/Electrolytes 2,000 mL I	J3490	636	NC Urgent Care	$ 389.50	$ 233.70	$ 231.59	$ 23.14	$ 358.34
Service Item	Outpatient	Amino Acids 4.25%/D5%/Electrolytes 2,000 mL I	J3490	636	SC Urgent Care	$ 389.50	$ 233.70	$ 232.56	$ 23.14	$ 358.34
Service Item	Outpatient	Amino Acids 5%/D20%/Electrolytes 1,000 mL (C	J3490	636	CD Infusion Clinic	$ 199.70	$ 119.82	$ 123.46	$ 23.14	$ 183.72
Service Item	Inpatient and Outpatient	Amino Acids 5%/D20%/Electrolytes 1,000 mL (C	J3490	636	MC Pharmacy	$ 200	$ 120	$ 123.46	$ 23	$ 184
Service Item	Outpatient	Amino Acids 5%/D20%/Electrolytes 1,000 mL (C	J3490	636	NC Urgent Care	$ 199.70	$ 119.82	$ 122.96	$ 23.14	$ 183.72
Service Item	Outpatient	Amino Acids 5%/D20%/Electrolytes 1,000 mL (C	J3490	636	SC Urgent Care	$ 199.70	$ 119.82	$ 123.46	$ 23.14	$ 183.72
Service Item	Outpatient	Amino Acids 5%/D20%/Electrolytes 2,000 mL (C	J3490	636	CD Infusion Clinic	$ 384.75	$ 230.85	$ 229.83	$ 23.14	$ 353.97
Service Item	Inpatient and Outpatient	Amino Acids 5%/D20%/Electrolytes 2,000 mL (C	J3490	636	MC Pharmacy	$ 385	$ 231	$ 229.83	$ 23	$ 354
Service Item	Outpatient	Amino Acids 5%/D20%/Electrolytes 2,000 mL (C	J3490	636	NC Urgent Care	$ 384.75	$ 230.85	$ 228.87	$ 23.14	$ 353.97
Service Item	Outpatient	Amino Acids 5%/D20%/Electrolytes 2,000 mL (C	J3490	636	SC Urgent Care	$ 384.75	$ 230.85	$ 229.83	$ 23.14	$ 353.97
Service Item	Inpatient and Outpatient	Amino Acids Quant by LC-MS/MS-ARUP	82139	300	MC Reference Lab	$ 15	$ 75	$ 33.84	$ 9	$ 166
Service Item	Outpatient	aminocaproic acid 250 mg/mL Inj 20 mL	J3490	636	CD Infusion Clinic	$ 35.60	$ 21.36	$ 29.14	$ 21.36	$ 32.75
Service Item	Inpatient and Outpatient	aminocaproic acid 250 mg/mL Inj 20 mL	J3490	636	MC Pharmacy	$ 36	$ 21	$ 29.14	$ 21	$ 33
Service Item	Outpatient	aminocaproic acid 250 mg/mL Inj 20 mL	J3490	636	NC Urgent Care	$ 35.60	$ 21.36	$ 29.05	$ 21.36	$ 32.75
Service Item	Outpatient	aminocaproic acid 250 mg/mL Inj 20 mL	J3490	636	SC Urgent Care	$ 35.60	$ 21.36	$ 29.14	$ 21.36	$ 32.75
Service Item	Outpatient	aminocaproic acid PED 20 mg/mL Inj 20 mL	J3490	636	CD Infusion Clinic	$ 35.60	$ 21.36	$ 29.14	$ 21.36	$ 32.75
Service Item	Inpatient and Outpatient	aminocaproic acid PED 20 mg/mL Inj 20 mL	J3490	636	MC Pharmacy	$ 36	$ 21	$ 29.14	$ 21	$ 33
Service Item	Outpatient	aminocaproic acid PED 20 mg/mL Inj 20 mL	J3490	636	NC Urgent Care	$ 35.60	$ 21.36	$ 29.05	$ 21.36	$ 32.75
Service Item	Outpatient	aminocaproic acid PED 20 mg/mL Inj 20 mL	J3490	636	SC Urgent Care	$ 35.60	$ 21.36	$ 29.14	$ 21.36	$ 32.75
Service Item	Inpatient and Outpatient	Aminolevulinic Acid (ALA) Urine-ARUP	82135	300	MC Reference Lab	$ 15	$ 73	$ 33.25	$ 9	$ 162
Service Item	Outpatient	AMINOphylline (PED) 250 mg/50 mL	J0280	636	CD Infusion Clinic	$ 69.75	$ 41.85	$ 40.68	$ 2.37	$ 64.17
Service Item	Inpatient and Outpatient	AMINOphylline (PED) 250 mg/50 mL	J0280	636	MC Pharmacy	$ 70	$ 44	$ 40.68	$ 2	$ 64
Service Item	Outpatient	AMINOphylline (PED) 250 mg/50 mL	J0280	636	NC Urgent Care	$ 69.75	$ 44.18	$ 40.51	$ 2.37	$ 64.17
Service Item	Outpatient	AMINOphylline (PED) 250 mg/50 mL	J0280	636	SC Urgent Care	$ 69.75	$ 44.18	$ 40.68	$ 2.37	$ 64.17
Service Item	Outpatient	AMINOphylline 25 mg/mL Inj 10 mL	J0280	636	CD Infusion Clinic	$ 55.70	$ 33.42	$ 35.63	$ 2.37	$ 51.24
Service Item	Inpatient and Outpatient	AMINOphylline 25 mg/mL Inj 10 mL	J0280	636	MC Pharmacy	$ 56	$ 33	$ 35.63	$ 2	$ 51
Service Item	Outpatient	AMINOphylline 25 mg/mL Inj 10 mL	J0280	636	NC Urgent Care	$ 55.70	$ 33.42	$ 35.49	$ 2.37	$ 51.24
Service Item	Outpatient	AMINOphylline 25 mg/mL Inj 10 mL	J0280	636	SC Urgent Care	$ 55.70	$ 33.42	$ 35.63	$ 2.37	$ 51.24
Service Item	Outpatient	AMINOphylline 25 mg/mL Inj 10 mL	J0280	636	SQ Seq Cardiology	$ 55.70	$ 33.42	$ 35.49	$ 2.37	$ 51.24
Service Item	Outpatient	AMINOphylline/NS IV (PED) 5 mg/mL	J0280	636	CD Infusion Clinic	$ 13.55	$ 8.13	$ 20.48	$ 2.37	$ 37.82
Service Item	Inpatient and Outpatient	AMINOphylline/NS IV (PED) 5 mg/mL	J0280	636	MC Pharmacy	$ 14	$ 8	$ 20.48	$ 2	$ 38
Service Item	Outpatient	AMINOphylline/NS IV (PED) 5 mg/mL	J0280	636	NC Urgent Care	$ 13.55	$ 8.13	$ 20.45	$ 2.37	$ 37.82
Service Item	Outpatient	AMINOphylline/NS IV (PED) 5 mg/mL	J0280	636	SC Urgent Care	$ 13.55	$ 8.13	$ 20.48	$ 2.37	$ 37.82
Service Item	Inpatient and Outpatient	AMIODArone 150 mg/D5W 100 mL Premix	J0282	636	MC Pharmacy	$ 194	$ 148	$ 75.82	$ 1	$ 178
Service Item	Outpatient	AMIODArone 50 mg/mL Inj 18 mL	J0282	636	CD Infusion Clinic	$ 79.10	$ 47.46	$ 34.66	$ 0.69	$ 72.77
Service Item	Inpatient and Outpatient	AMIODArone 50 mg/mL Inj 18 mL	J0282	636	MC Pharmacy	$ 79	$ 79	$ 34.66	$ 1	$ 79
Service Item	Outpatient	AMIODArone 50 mg/mL Inj 18 mL	J0282	636	NC Urgent Care	$ 79.10	$ 79.26	$ 34.46	$ 0.69	$ 79.26
Service Item	Outpatient	AMIODArone 50 mg/mL Inj 18 mL	J0282	636	SC Urgent Care	$ 79.10	$ 79.26	$ 34.66	$ 0.69	$ 79.26
Service Item	Outpatient	AMIODArone 50 mg/mL Inj 3 mL	J0282	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 10.57	$ 0.69	$ 32.35
Service Item	Inpatient and Outpatient	AMIODArone 50 mg/mL Inj 3 mL	J0282	636	MC Pharmacy	$ 12	$ 7	$ 10.57	$ 1	$ 32
Service Item	Outpatient	AMIODArone 50 mg/mL Inj 3 mL	J0282	636	NC Urgent Care	$ 12.10	$ 7.26	$ 10.54	$ 0.69	$ 32.35
Service Item	Outpatient	AMIODArone 50 mg/mL Inj 3 mL	J0282	636	SC Urgent Care	$ 12.10	$ 7.26	$ 10.57	$ 0.69	$ 32.35
Service Item	Inpatient and Outpatient	AMIODArone 50 mg/mL Inj 9 mL	J0282	636	MC Pharmacy	$ 30	$ 50	$ 16.63	$ 1	$ 50
Service Item	Inpatient and Outpatient	Amitriptyline and Nortriptyline, SP-ARUP	80335	300	MC Reference Lab	$ 35	$ 78	$ 26.85	$ 21	$ 78
Service Item	Inpatient and Outpatient	Ammonia Blood	82140	301	MC General Lab	$ 169	$ 65	$ 122.48	$ 58	$ 153
Service Item	Inpatient and Outpatient	Amphet Single Ux Qual	80307	301	MC General Lab	$ 130	$ 280	$ 255.61	$ 112	$ 572
Service Item	Inpatient and Outpatient	Amphiphysin IgG Antibody-ARUP	83516	300	MC Reference Lab	$ 10	$ 104	$ 43.46	$ 9	$ 113
Service Item	Outpatient	amphotericin B (Lipo) IV (PED) 1 mg/mL	J0289	636	CD Infusion Clinic	$ 1,014.20	$ 608.52	$ 521.66	$ 26.56	$ 933.06
Service Item	Inpatient and Outpatient	amphotericin B (Lipo) IV (PED) 1 mg/mL	J0289	636	MC Pharmacy	$ 1,014	$ 645	$ 521.66	$ 27	$ 933
Service Item	Outpatient	amphotericin B (Lipo) IV (PED) 1 mg/mL	J0289	636	NC Urgent Care	$ 1,014.20	$ 644.90	$ 519.13	$ 26.56	$ 933.06
Service Item	Outpatient	amphotericin B (Lipo) IV (PED) 1 mg/mL	J0289	636	SC Urgent Care	$ 1,014.20	$ 644.90	$ 521.66	$ 26.56	$ 933.06
Service Item	Outpatient	amphotericin B 50 mg Inj	J0285	636	CD Infusion Clinic	$ 212.05	$ 127.23	$ 137.98	$ 18.85	$ 195.09
Service Item	Inpatient and Outpatient	amphotericin B 50 mg Inj	J0285	636	MC Pharmacy	$ 212	$ 127	$ 137.98	$ 19	$ 195
Service Item	Outpatient	amphotericin B 50 mg Inj	J0285	636	NC Urgent Care	$ 212.05	$ 127.23	$ 137.45	$ 18.85	$ 195.09
Service Item	Outpatient	amphotericin B 50 mg Inj	J0285	636	SC Urgent Care	$ 212.05	$ 127.23	$ 137.98	$ 18.85	$ 195.09
Service Item	Outpatient	amphotericin B liposomal 50 mg Inj	J0289	636	CD Infusion Clinic	$ 1,064.85	$ 638.91	$ 539.87	$ 26.56	$ 979.66
Service Item	Inpatient and Outpatient	amphotericin B liposomal 50 mg Inj	J0289	636	MC Pharmacy	$ 1,065	$ 639	$ 539.87	$ 27	$ 980
Service Item	Outpatient	amphotericin B liposomal 50 mg Inj	J0289	636	NC Urgent Care	$ 1,064.85	$ 638.91	$ 537.21	$ 26.56	$ 979.66
Service Item	Outpatient	amphotericin B liposomal 50 mg Inj	J0289	636	SC Urgent Care	$ 1,064.85	$ 638.91	$ 539.87	$ 26.56	$ 979.66
Service Item	Outpatient	amphotericin B/D5W IV (PED) 0.1 mg/mL	J0285	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 66.10	$ 7.26	$ 143.98
Service Item	Inpatient and Outpatient	amphotericin B/D5W IV (PED) 0.1 mg/mL	J0285	636	MC Pharmacy	$ 12	$ 7	$ 66.10	$ 7	$ 144
Service Item	Outpatient	amphotericin B/D5W IV (PED) 0.1 mg/mL	J0285	636	NC Urgent Care	$ 12.10	$ 7.26	$ 66.06	$ 7.26	$ 143.98
Service Item	Outpatient	amphotericin B/D5W IV (PED) 0.1 mg/mL	J0285	636	SC Urgent Care	$ 12.10	$ 7.26	$ 66.10	$ 7.26	$ 143.98
Service Item	Outpatient	ampicillin 1 g Inj	J0290	636	CD Infusion Clinic	$ 279.00	$ 167.40	$ 107.30	$ 2.62	$ 256.68
Service Item	Inpatient and Outpatient	ampicillin 1 g Inj	J0290	636	MC Pharmacy	$ 279	$ 167	$ 107.30	$ 3	$ 257
Service Item	Outpatient	ampicillin 1 g Inj	J0290	636	NC Urgent Care	$ 279.00	$ 167.40	$ 106.60	$ 2.62	$ 256.68
Service Item	Outpatient	ampicillin 1 g Inj	J0290	636	SC Urgent Care	$ 279.00	$ 167.40	$ 107.30	$ 2.62	$ 256.68
Service Item	Outpatient	ampicillin 1 g/D5W MBP 50 mL	J0290	636	CD Infusion Clinic	$ 279.00	$ 167.40	$ 107.30	$ 2.62	$ 256.68
Service Item	Inpatient and Outpatient	ampicillin 1 g/D5W MBP 50 mL	J0290	636	MC Pharmacy	$ 279	$ 167	$ 107.30	$ 3	$ 257
Service Item	Outpatient	ampicillin 1 g/D5W MBP 50 mL	J0290	636	NC Urgent Care	$ 279.00	$ 167.40	$ 106.60	$ 2.62	$ 256.68
Service Item	Outpatient	ampicillin 1 g/D5W MBP 50 mL	J0290	636	SC Urgent Care	$ 279.00	$ 167.40	$ 107.30	$ 2.62	$ 256.68
Service Item	Outpatient	ampicillin 2 g Inj	J0290	636	CD Infusion Clinic	$ 50.85	$ 30.51	$ 25.28	$ 2.62	$ 46.78
Service Item	Inpatient and Outpatient	ampicillin 2 g Inj	J0290	636	MC Pharmacy	$ 51	$ 31	$ 25.28	$ 3	$ 47
Service Item	Outpatient	ampicillin 2 g Inj	J0290	636	NC Urgent Care	$ 50.85	$ 30.51	$ 25.15	$ 2.62	$ 46.78
Service Item	Outpatient	ampicillin 2 g Inj	J0290	636	SC Urgent Care	$ 50.85	$ 30.51	$ 25.28	$ 2.62	$ 46.78
Service Item	Outpatient	ampicillin 2 g/D5W KIT 50 mL	J0290	636	CD Infusion Clinic	$ 558.00	$ 334.80	$ 207.60	$ 2.62	$ 513.36
Service Item	Inpatient and Outpatient	ampicillin 2 g/D5W KIT 50 mL	J0290	636	MC Pharmacy	$ 558	$ 339	$ 207.60	$ 3	$ 513
Service Item	Outpatient	ampicillin 2 g/D5W KIT 50 mL	J0290	636	NC Urgent Care	$ 558.00	$ 338.85	$ 206.20	$ 2.62	$ 513.36
Service Item	Outpatient	ampicillin 2 g/D5W KIT 50 mL	J0290	636	SC Urgent Care	$ 558.00	$ 338.85	$ 207.60	$ 2.62	$ 513.36
Service Item	Outpatient	ampicillin 2 g/D5W MBP 50 mL	J0290	636	CD Infusion Clinic	$ 50.85	$ 30.51	$ 25.28	$ 2.62	$ 46.78
Service Item	Inpatient and Outpatient	ampicillin 2 g/D5W MBP 50 mL	J0290	636	MC Pharmacy	$ 51	$ 31	$ 25.28	$ 3	$ 47
Service Item	Outpatient	ampicillin 2 g/D5W MBP 50 mL	J0290	636	NC Urgent Care	$ 50.85	$ 30.51	$ 25.15	$ 2.62	$ 46.78
Service Item	Outpatient	ampicillin 2 g/D5W MBP 50 mL	J0290	636	SC Urgent Care	$ 50.85	$ 30.51	$ 25.28	$ 2.62	$ 46.78
Service Item	Outpatient	ampicillin 2 g/D5W MBP 50 mL	J0290	636	VD CAPD CCPD	$ 50.85	$ 30.51	$ 25.28	$ 2.62	$ 46.78
Service Item	Outpatient	ampicillin 2 g/D5W MBP 50 mL	J0290	636	VD Visalia Dialysis	$ 50.85	$ 30.51	$ 25.28	$ 2.62	$ 46.78
Service Item	Outpatient	ampicillin 250 mg Inj	J0290	636	CD Infusion Clinic	$ 23.70	$ 14.22	$ 15.52	$ 2.62	$ 21.80
Service Item	Inpatient and Outpatient	ampicillin 250 mg Inj	J0290	636	MC Pharmacy	$ 24	$ 14	$ 15.52	$ 3	$ 22
Service Item	Outpatient	ampicillin 250 mg Inj	J0290	636	NC Urgent Care	$ 23.70	$ 14.22	$ 15.46	$ 2.62	$ 21.80
Service Item	Outpatient	ampicillin 250 mg Inj	J0290	636	SC Urgent Care	$ 23.70	$ 14.22	$ 15.52	$ 2.62	$ 21.80
Service Item	Outpatient	ampicillin 500 mg Inj	J0290	636	CD Infusion Clinic	$ 25.00	$ 15.00	$ 15.98	$ 2.62	$ 23.00
Service Item	Inpatient and Outpatient	ampicillin 500 mg Inj	J0290	636	MC Pharmacy	$ 25	$ 15	$ 15.98	$ 3	$ 23
Service Item	Outpatient	ampicillin 500 mg Inj	J0290	636	NC Urgent Care	$ 25.00	$ 15.00	$ 15.92	$ 2.62	$ 23.00

Service Item	Outpatient	ampicillin 500 mg Inj	J0290	636	SC Urgent Care	$ 25.00	$ 15.00	$ 15.98	$ 2.62	$ 23.00
Service Item	Outpatient	ampicillin-sulbactam 1.5 g Inj	J0295	636	CD Infusion Clinic	$ 51.55	$ 30.93	$ 32.37	$ 5.06	$ 47.43
Service Item	Inpatient and Outpatient	ampicillin-sulbactam 1.5 g Inj	J0295	636	MC Pharmacy	$ 52	$ 31	$ 32.37	$ 5	$ 47
Service Item	Outpatient	ampicillin-sulbactam 1.5 g Inj	J0295	636	NC Urgent Care	$ 51.55	$ 30.93	$ 32.24	$ 5.06	$ 47.43
Service Item	Outpatient	ampicillin-sulbactam 1.5 g Inj	J0295	636	SC Urgent Care	$ 51.55	$ 30.93	$ 32.37	$ 5.06	$ 47.43
Service Item	Outpatient	ampicillin-sulbactam 3 g Inj	J0295	636	CD Infusion Clinic	$ 80.10	$ 48.06	$ 42.64	$ 5.06	$ 73.69
Service Item	Inpatient and Outpatient	ampicillin-sulbactam 3 g Inj	J0295	636	MC Pharmacy	$ 80	$ 56	$ 42.64	$ 5	$ 74
Service Item	Outpatient	ampicillin-sulbactam 3 g Inj	J0295	636	NC Urgent Care	$ 80.10	$ 55.94	$ 42.44	$ 5.06	$ 73.69
Service Item	Outpatient	ampicillin-sulbactam 3 g Inj	J0295	636	SC Urgent Care	$ 80.10	$ 55.94	$ 42.64	$ 5.06	$ 73.69
Service Item	Outpatient	ampicillin-sulbactam/NS IV (PED) 45 mg/mL	J0295	636	CD Infusion Clinic	$ 51.55	$ 30.93	$ 32.37	$ 5.06	$ 47.43
Service Item	Inpatient and Outpatient	ampicillin-sulbactam/NS IV (PED) 45 mg/mL	J0295	636	MC Pharmacy	$ 52	$ 39	$ 32.37	$ 5	$ 47
Service Item	Outpatient	ampicillin-sulbactam/NS IV (PED) 45 mg/mL	J0295	636	NC Urgent Care	$ 51.55	$ 38.81	$ 32.24	$ 5.06	$ 47.43
Service Item	Outpatient	ampicillin-sulbactam/NS IV (PED) 45 mg/mL	J0295	636	SC Urgent Care	$ 51.55	$ 38.81	$ 32.37	$ 5.06	$ 47.43
Service Item	Inpatient and Outpatient	Amplif NA Probe NOS Agent-ARUP	87798	306	MC Reference Lab	$ 34	$ 151	$ 136.32	$ 30	$ 345
Service Item	Outpatient	Amputation, metatarsal, with toe, single	28810	761	OP Wound Center	$ 4,660.75	$ 2,796.45	$ 3,447.26	$ 1,429.00	$ 4,287.89
Service Item	Outpatient	Amputation, toe; interphalangeal joint	28825	761	OP Wound Center	$ 4,660.75	$ 2,796.45	$ 3,447.26	$ 1,429.00	$ 4,287.89
Service Item	Inpatient and Outpatient	Amylase Level Body Fluid-ARUP	82150	300	MC Reference Lab	$ 6	$ 29	$ 31.94	$ 5	$ 64
Service Item	Inpatient and Outpatient	Amylase Serum	82150	301	MC General Lab	$ 97	$ 29	$ 64.66	$ 26	$ 89
Service Item	Inpatient and Outpatient	ANA IgG by IFA-ARUP	86038	305	MC Reference Lab	$ 10	$ 54	$ 58.68	$ 9	$ 119
Service Item	Inpatient and Outpatient	ANA, IgG ELISA w/ Reflex to ANA, IgG IFA-ARUP	86038	300	MC Reference Lab	$ 13	$ 54	$ 59.86	$ 12	$ 119
Service Item	Inpatient and Outpatient	Ana50303	86038	305	MC Reference Lab	$ 14	$ 54	$ 59.91	$ 12	$ 119
Service Package	Inpatient and Outpatient	Anchor Bone (A)	C1713	278	MC Central Supply	$ 1,810	Charges have been	$ 2,618.29	$ 1,613	$ 1,648
Service Package	Inpatient and Outpatient	Anchor Bone (B)	C1713	278	MC Central Supply	$ 3,550	Charges have been	$ 3,797.90	$ 3,163	$ 3,234
Service Package	Inpatient and Outpatient	Anchor Bone (C)	C1713	278	MC Central Supply	$ 4,666	Charges have been	$ 4,554.10	$ 4,158	$ 4,250
Service Package	Inpatient and Outpatient	Anchor Bone (D)	C1713	278	MC Central Supply	$ 5,611	Charges have been	$ 5,194.50	$ 5,000	$ 5,111
Service Package	Inpatient and Outpatient	Anchor Bone Speedbridge	C1713	278	MC Central Supply	$ 6,229	Charges have been	$ 5,613.32	$ 5,550	$ 5,674
Service Package	Inpatient and Outpatient	Anchor Bone Sternal	C1713	278	MC Central Supply	$ 4,482	Charges have been	$ 4,429.83	$ 3,994	$ 4,083
Service Package	Inpatient and Outpatient	Anchor Dorsal Column Lead	C1889	278	MC Central Supply	$ 1,001	Charges have been	$ 3,986.67	$ 892	$ 912
Service Package	Inpatient and Outpatient	Anchor Soft Tissue	C1713	278	MC Central Supply	$ 3,204	Charges have been	$ 3,563.45	$ 2,855	$ 2,919
Service Package	Inpatient and Outpatient	Anchor Spine Anulus	C1713	278	MC Central Supply	$ 6,213	Charges have been	$ 5,603.06	$ 5,537	$ 5,660
Service Item	Inpatient and Outpatient	Androstanediol Glucuronide Quantitative-ARUP	82154	300	MC Reference Lab	$ 288	$ 128	$ 235.70	$ 120	$ 283
Service Item	Inpatient and Outpatient	Androstenedione by TMS-ARUP	82157	300	MC Reference Lab	$ 33	$ 130	$ 63.23	$ 20	$ 288
Service Package	Inpatient	Anesthesia General		370	MC Anesthesiology	$ 947.39	Charges have been	#N/A	$ 827.82	$ 846.22
Service Package	Inpatient	Anesthesia Local		370	MC Anesthesiology	$ 101.62	Charges have been	#N/A	$ 88.79	$ 90.77
Service Package	Inpatient	Anesthesia Pro Fee		963	MC Anesthesiology	$ 4,021.79	Charges have been	#N/A	$ 3,514.19	$ 3,592.28
Service Package	Inpatient and Outpatient	Angio Int Mammary	75756	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220
Service Package	Inpatient and Outpatient	Angio Pulm Nonselect	75746	323	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,770.76	$ 1,771	$ 1,890
Service Item	Inpatient and Outpatient	Angiotensin Converting Enzyme-ARUP	82164	300	MC Reference Lab	$ 16	$ 65	$ 31.25	$ 10	$ 144
Service Item	Outpatient	anidulafungin 100 mg Inj	J0348	636	CD Infusion Clinic	$ 1,004.40	$ 602.64	$ 595.52	$ 1.08	$ 924.05
Service Item	Inpatient and Outpatient	anidulafungin 100 mg Inj	J0348	636	MC Pharmacy	$ 1,004	$ 605	$ 595.52	$ 1	$ 924
Service Item	Outpatient	anidulafungin 100 mg Inj	J0348	636	NC Urgent Care	$ 1,004.40	$ 604.82	$ 593.01	$ 1.08	$ 924.05
Service Item	Outpatient	anidulafungin 100 mg Inj	J0348	636	SC Urgent Care	$ 1,004.40	$ 604.82	$ 595.52	$ 1.08	$ 924.05
Service Item	Outpatient	Ankle 2 Views	73600	320	IC Radiology	$ 325.09	$ 62.88	$ 191.32	$ 56.38	$ 290.37
Service Item	Inpatient and Outpatient	Ankle 2 Views	73600	320	MC Diag Radiology	$ 325	$ 63	$ 259.59	$ 56	$ 888
Service Item	Outpatient	Ankle 2 Views	73600	320	NC Diag Imaging	$ 325.09	$ 62.88	$ 259.59	$ 56.38	$ 887.81
Service Item	Outpatient	Ankle 2 Views	73600	320	SC Diag Imaging	$ 325.09	$ 62.88	$ 259.59	$ 56.38	$ 887.81
Service Item	Outpatient	Ankle 3 Views	73610	320	IC Radiology	$ 433.54	$ 67.62	$ 247.61	$ 60.63	$ 387.24
Service Item	Inpatient and Outpatient	Ankle 3 Views	73610	320	MC Diag Radiology	$ 434	$ 68	$ 309.03	$ 61	$ 888
Service Item	Outpatient	Ankle 3 Views	73610	320	NC Diag Imaging	$ 433.54	$ 67.62	$ 309.03	$ 60.63	$ 887.81
Service Item	Outpatient	Ankle 3 Views	73610	320	SC Diag Imaging	$ 433.54	$ 67.62	$ 309.03	$ 60.63	$ 887.81
Service Package	Inpatient and Outpatient	Anoscopy	46600	516	MC Endo Services	$ 190	Charges have been	$ 160.44	$ 126	$ 174
Service Item	Outpatient	Anoscopy	46600	516	NC Urgent Care	$ 189.50	$ 113.70	$ 136.16	$ 78.19	$ 174.34
Service Item	Outpatient	Anoscopy	46600	516	SC Urgent Care	$ 189.50	$ 113.70	$ 136.63	$ 78.19	$ 174.34
Service Item	Outpatient	Anoscopy	46600	516	SFM Family Medicine	$ 189.50	$ 113.70	$ 150.19	$ 113.70	$ 174.34
Service Item	Outpatient	Anoscopy W Fb Removal	46608	516	NC Urgent Care	$ 786.80	$ 629.86	$ 702.34	$ 207.04	$ 965.79
Service Item	Outpatient	Anoscopy W Fb Removal	46608	516	SC Urgent Care	$ 786.80	$ 629.86	$ 704.97	$ 207.04	$ 965.79
Service Package	Inpatient and Outpatient	Ante Pyleo/Nephro/Loopo	74425	320	MC Cath Lab Srvcs	$ 955	Charges have been	$ 706.93	$ 442	$ 662
Service Item	Outpatient	Antepartum Visit Follow-Up Z1034	99213	510	SFM Family Medicine	$ 138.50	$ 80.68	$ 128.50	$ 80.68	$ 123.71
Service Item	Inpatient and Outpatient	Antibody Aas Atyp Screen	86850	300	MC General Lab	$ 123	$ 48	$ 82.05	$ 43	$ 112
Service Item	Inpatient and Outpatient	Antibody Elution	86860	302	MC General Lab	$ 177	$ 120	$ 159.52	$ 55	$ 267
Service Item	Inpatient and Outpatient	Antibody Id Rbc	86870	300	MC General Lab	$ 354	$ 100	$ 244.21	$ 90	$ 364
Service Item	Inpatient and Outpatient	Antibody Nuclear Ana Scrn	86038	302	MC General Lab	$ 175	$ 54	$ 117.54	$ 48	$ 159
Service Item	Inpatient and Outpatient	Antibody Panel Enzyme	86971	302	MC General Lab	$ 354	$ 64	$ 211.21	$ 44	$ 328
Service Item	Inpatient and Outpatient	Antibody Rh Titer Or Othe	86886	302	MC General Lab	$ 177	$ 23	$ 96.02	$ 21	$ 166
Service Item	Inpatient and Outpatient	Antibody; Aspergillus-ARUP	86606	302	MC Reference Lab	$ 9	$ 67	$ 26.96	$ 5	$ 148
Service Item	Inpatient and Outpatient	Antibody; lymphocytic choriomeningitis-ARUP	86727	301	MC Reference Lab	$ 14	$ 57	$ 27.54	$ 8	$ 127
Service Item	Outpatient	antihemophilic factor recombinant (Recombinat	J7192	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 6.64	$ 1.30	$ 11.13
Service Item	Inpatient and Outpatient	antihemophilic factor recombinant (Recombinat	J7192	636	MC Pharmacy	$ 12	$ 9	$ 6.64	$ 1	$ 11
Service Item	Outpatient	antihemophilic factor recombinant (Recombinat	J7192	636	NC Urgent Care	$ 12.10	$ 8.54	$ 6.61	$ 1.30	$ 11.13
Service Item	Outpatient	antihemophilic factor recombinant (Recombinat	J7192	636	SC Urgent Care	$ 12.10	$ 8.54	$ 6.64	$ 1.30	$ 11.13
Service Item	Outpatient	antihemophilic factor-von Willebrand factor (FV	J7187	636	CD Infusion Clinic	$ 3,460.20	$ 2,076.12	$ 1,704.41	$ 1.21	$ 3,183.38
Service Item	Inpatient and Outpatient	antihemophilic factor-von Willebrand factor (FV	J7187	636	MC Pharmacy	$ 3,460	$ 2,077	$ 1,704.41	$ 1	$ 3,183
Service Item	Outpatient	antihemophilic factor-von Willebrand factor (FV	J7187	636	NC Urgent Care	$ 3,460.20	$ 2,077.40	$ 1,695.76	$ 1.21	$ 3,183.38
Service Item	Outpatient	antihemophilic factor-von Willebrand factor (FV	J7187	636	SC Urgent Care	$ 3,460.20	$ 2,077.40	$ 1,704.41	$ 1.21	$ 3,183.38
Service Item	Outpatient	antihemophilic factor-von Willebrand factor (VW	J7187	636	CD Infusion Clinic	$ 3,460.20	$ 2,076.12	$ 1,704.41	$ 1.21	$ 3,183.38
Service Item	Inpatient and Outpatient	antihemophilic factor-von Willebrand factor (VW	J7187	636	MC Pharmacy	$ 3,460	$ 2,077	$ 1,704.41	$ 1	$ 3,183
Service Item	Outpatient	antihemophilic factor-von Willebrand factor (VW	J7187	636	NC Urgent Care	$ 3,460.20	$ 2,077.40	$ 1,695.76	$ 1.21	$ 3,183.38
Service Item	Outpatient	antihemophilic factor-von Willebrand factor (VW	J7187	636	SC Urgent Care	$ 3,460.20	$ 2,077.40	$ 1,704.41	$ 1.21	$ 3,183.38
Service Item	Inpatient and Outpatient	anti-inhibitor coagulant complex (Feiba)	J7198	636	MC Pharmacy	$ 12	$ 9	$ 6.94	$ 2	$ 11
Service Item	Inpatient and Outpatient	Anti-Mullerian Hormone-ARUP	83520	301	MC Reference Lab	$ 10	$ 58	$ 26.12	$ 6	$ 138
Service Item	Inpatient and Outpatient	Anti-Neutrophil Cytoplasmic IgG Ab-ARUP	86255	305	MC Reference Lab	$ 11	$ 54	$ 24.26	$ 7	$ 118
Service Item	Inpatient and Outpatient	Antinuclear Antibody (ANA) with HEp-2 Substrat	86039	306	MC Reference Lab	$ 10	$ 50	$ 22.33	$ 6	$ 110
Service Item	Inpatient and Outpatient	Anti-phospholipid antibody-ARUP	86148	305	MC Reference Lab	$ 18	$ 72	$ 34.59	$ 11	$ 158
Service Item	Inpatient and Outpatient	Antistreptolysin O Screen-ARUP	86060	305	MC Reference Lab	$ 6	$ 33	$ 14.63	$ 4	$ 72
Service Item	Inpatient and Outpatient	Antithrombin Ag30015	85301	305	MC Reference Lab	$ 12	$ 48	$ 23.47	$ 7	$ 106
Service Item	Inpatient and Outpatient	Antithrombin Enz30010	85300	305	MC Reference Lab	$ 13	$ 53	$ 24.27	$ 8	$ 117
Service Item	Outpatient	antithrombin III Inj	J7197	636	CD Infusion Clinic	$ 15.35	$ 9.21	$ 9.19	$ 1.37	$ 14.12
Service Item	Inpatient and Outpatient	antithrombin III Inj	J7197	636	MC Pharmacy	$ 15	$ 9	$ 9.19	$ 1	$ 14
Service Item	Outpatient	antithrombin III Inj	J7197	636	NC Urgent Care	$ 15.35	$ 9.21	$ 9.15	$ 1.37	$ 14.12
Service Item	Outpatient	antithrombin III Inj	J7197	636	SC Urgent Care	$ 15.35	$ 9.21	$ 9.19	$ 1.37	$ 14.12
Service Item	Outpatient	antithrombin III Inj	J7197	636	SFM Family Medicine	$ 15.35	$ 9.21	$ 9.15	$ 1.37	$ 14.12
Service Item	Outpatient	antivenin (black widow spider) 6,000 units Inj	J3490	636	CD Infusion Clinic	$ 386.60	$ 231.96	$ 230.90	$ 23.14	$ 355.67
Service Item	Inpatient and Outpatient	antivenin (black widow spider) 6,000 units Inj	J3490	636	MC Pharmacy	$ 387	$ 232	$ 230.90	$ 23	$ 356
Service Item	Outpatient	antivenin (black widow spider) 6,000 units Inj	J3490	636	NC Urgent Care	$ 386.60	$ 231.96	$ 229.93	$ 23.14	$ 355.67
Service Item	Outpatient	antivenin (black widow spider) 6,000 units Inj	J3490	636	SC Urgent Care	$ 386.60	$ 231.96	$ 230.90	$ 23.14	$ 355.67
Service Item	Outpatient	antivenin (Crotalidae) polyvalent Inj	J0840	636	CD Infusion Clinic	$ 11,388.00	$ 6,832.80	$ 7,077.69	$ 2,392.69	$ 10,476.96
Service Item	Inpatient and Outpatient	antivenin (Crotalidae) polyvalent Inj	J0840	636	MC Pharmacy	$ 11,388	$ 6,833	$ 7,077.69	$ 2,393	$ 10,477
Service Item	Outpatient	antivenin (Crotalidae) polyvalent Inj	J0840	636	NC Urgent Care	$ 11,388.00	$ 6,832.80	$ 7,049.22	$ 2,392.69	$ 10,476.96
Service Item	Outpatient	antivenin (Crotalidae) polyvalent Inj	J0840	636	SC Urgent Care	$ 11,388.00	$ 6,832.80	$ 6,474.94	$ 2,392.69	$ 10,476.96
Service Package	Inpatient and Outpatient	Aorto Abdo & Runoff	75630	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220
Service Package	Inpatient and Outpatient	Aorto Abdo Cath W/Serial	75625	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,779.76	$ 3,211	$ 3,372
Service Package	Inpatient and Outpatient	Aortography Thor W/O Seri	75600	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220
Service Package	Inpatient and Outpatient	Aortography Thor W/Serial	75605	323	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,356.98	$ 5,326	$ 7,349
Service Item	Outpatient	Ap Skin Sub T/A/Lg 25	15271	761	OP Wound Center	$ 1,900.00	$ 1,140.00	$ 1,548.68	$ 1,140.00	$ 1,880.27
Service Item	Outpatient	Ap Skin Sub T/A/Lg 25 Ch	15273	761	OP Wound Center	$ 3,500.00	$ 2,100.00	$ 2,731.10	$ 1,429.00	$ 3,449.79
Service Item	Outpatient	Ap Skin Sub T/A/Lg Add	15272	761	OP Wound Center	$ 204.75	$ 122.85	$ 169.62	$ 122.85	$ 204.75
Service Item	Outpatient	Ap Skin Sub T/A/Lg Add Ch	15274	761	OP Wound Center	$ 558.30	$ 334.98	$ 462.51	$ 334.98	$ 558.30
Service Item	Inpatient and Outpatient	APC Resistance Panel-ARUP	85307	305	MC Reference Lab	$ 17	$ 68	$ 33.18	$ 10	$ 151
Service Item	Inpatient and Outpatient	Apolipoprotein A-1-ARUP	82172	300	MC Reference Lab	$ 13	$ 52	$ 30.65	$ 8	$ 168
Service Item	Inpatient and Outpatient	Apolipoprotein B-ARUP	82172	300	MC Reference Lab	$ 13	$ 52	$ 30.65	$ 8	$ 168
Service Item	Outpatient	App Long Arm Splint	29105	516	NC Urgent Care	$ 272.08	$ 158.50	$ 186.19	$ 79.56	$ 243.03
Service Item	Outpatient	App Long Arm Splint	29105	516	SC Urgent Care	$ 272.08	$ 158.50	$ 186.85	$ 79.56	$ 243.03
Service Item	Outpatient	App Long Leg Splint	29505	516	NC Urgent Care	$ 269.37	$ 156.91	$ 183.75	$ 71.38	$ 240.60
Service Item	Outpatient	App Long Leg Splint	29505	516	SC Urgent Care	$ 269.37	$ 156.91	$ 184.40	$ 71.38	$ 240.60
Service Item	Outpatient	App Short Arm Splint	29125	516	NC Urgent Care	$ 278.10	$ 162.00	$ 185.26	$ 62.87	$ 248.40
Service Item	Outpatient	App Short Arm Splint	29125	516	SC Urgent Care	$ 278.10	$ 162.00	$ 185.93	$ 62.87	$ 248.40
Service Item	Outpatient	App Short Arm Splint	29125	516	SFM Family Medicine	$ 278.10	$ 162.00	$ 210.11	$ 126.33	$ 248.40
Service Item	Outpatient	App Short Leg Splint	29515	516	NC Urgent Care	$ 269.37	$ 156.91	$ 183.22	$ 66.08	$ 240.60

Service Item	Outpatient	App Short Leg Splint	29515	516	SC Urgent Care	$ 269.37	$ 156.91	$ 183.87	$ 66.08	$ 240.60
Service Item	Outpatient	Appl Mult Comprs Arm/Hand	29584	761	OP Wound Center	$ 311.64	$ 186.98	$ 242.50	$ 154.96	$ 286.71
Service Item	Inpatient and Outpatient	Apply Cult Skin Sub Addon	15272	761	MC OT Services	$ 205	$ 123	$ 169.62	$ 123	$ 188
Service Package	Inpatient and Outpatient	Apply Cult Skin Sub Addon	15272	761	MC PT Services	$ 205	Charges have been	$ 190.42	$ 184	$ 188
Service Item	Inpatient	Apply Cult Skin Sub Addon	15272	761	RH OT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Apply Cult Skin Sub Addon	15272	761	RH PT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Apply Cult Skin Sub Addon	15272	761	SA PT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Apply Cult Skin Sub Addon	15272	761	SN TC Ortho OT	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Apply Cult Skin Sub Addon	15272	761	SN TC Ortho PT	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Apply Cult Skin Sub Addon	15272	761	SN TS OT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Apply Cult Skin Sub Addon	15272	761	SN TS PT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient and Outpatient	Apply Cult Skin Substitut	15271	761	MC OT Services	$ 1,900	$ 1,140	$ 1,572.03	$ 1,140	$ 1,880
Service Package	Inpatient and Outpatient	Apply Cult Skin Substitut	15271	761	MC PT Services	$ 1,900	Charges have been	$ 1,762.07	$ 1,710	$ 1,880
Service Item	Inpatient	Apply Cult Skin Substitut	15271	761	RH OT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Apply Cult Skin Substitut	15271	761	RH PT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Apply Cult Skin Substitut	15271	761	SA PT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Apply Cult Skin Substitut	15271	761	SN TC Ortho OT	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Apply Cult Skin Substitut	15271	761	SN TC Ortho PT	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Apply Cult Skin Substitut	15271	761	SN TS OT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Apply Cult Skin Substitut	15271	761	SN TS PT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Package	Inpatient and Outpatient	Apply Derm 1St 100 Sq Cm	15275	761	MC PT Services	$ 1,900	Charges have been	$ 1,762.07	$ 1,710	$ 1,880
Service Item	Inpatient	Apply Derm 1St 100 Sq Cm	15275	761	RH PT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Apply Derm 1St 100 Sq Cm	15275	761	SA PT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Apply Derm 1St 100 Sq Cm	15275	761	SN TC Ortho PT	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Apply Derm 1St 100 Sq Cm	15275	761	SN TS PT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Package	Inpatient and Outpatient	Apply Derm Ea Addl 25	15276	761	MC PT Services	$ 205	Charges have been	$ 190.42	$ 184	$ 188
Service Item	Inpatient	Apply Derm Ea Addl 25	15276	761	RH PT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Apply Derm Ea Addl 25	15276	761	SA PT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Apply Derm Ea Addl 25	15276	761	SN TC Ortho PT	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Apply Derm Ea Addl 25	15276	761	SN TS PT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Outpatient	Apply Finger Cast	29086	510	SFM Family Medicine	$ 233.03	$ 135.74	$ 180.96	$ 135.74	$ 208.14
Service Item	Outpatient	Apply Finger Splnt Static	29130	516	NC Urgent Care	$ 155.17	$ 90.39	$ 102.94	$ 37.53	$ 138.60
Service Item	Outpatient	Apply Finger Splnt Static	29130	516	SC Urgent Care	$ 155.17	$ 90.39	$ 103.31	$ 37.53	$ 138.60
Service Item	Outpatient	Apply Finger Splnt Static	29130	516	SFM Family Medicine	$ 155.17	$ 90.39	$ 116.56	$ 63.74	$ 138.60
Service Item	Outpatient	Apply Long Leg Cast	29345	510	SFM Family Medicine	$ 408.41	$ 237.91	$ 316.63	$ 237.91	$ 364.79
Service Package	Inpatient and Outpatient	Apply Mult Comp Lwr Lg	29581	420	MC PT Services	$ 312	Charges have been	$ 250.66	$ 155	$ 287
Service Item	Outpatient	Apply Mult Comp Lwr Lg	29581	420	OP Wound Center	$ 311.64	$ 186.98	$ 242.50	$ 154.96	$ 286.71
Service Item	Inpatient	Apply Mult Comp Lwr Lg	29581	420	RH PT Services	$ 311.64	Charges have been	$ 250.66	$ 154.96	$ 286.71
Service Item	Inpatient	Apply Mult Comp Lwr Lg	29581	420	SA PT Services	$ 311.64	Charges have been	$ 250.66	$ 154.96	$ 286.71
Service Item	Inpatient	Apply Mult Comp Lwr Lg	29581	420	SN TC Ortho PT	$ 311.64	Charges have been	$ 250.66	$ 154.96	$ 286.71
Service Item	Inpatient	Apply Mult Comp Lwr Lg	29581	420	SN TS PT Services	$ 311.64	Charges have been	$ 250.66	$ 154.96	$ 286.71
Service Package	Inpatient and Outpatient	Apply Mult Comp Lwr Lg Bl	29581	420	MC PT Services	$ 467	Charges have been	$ 356.52	$ 155	$ 430
Service Item	Outpatient	Apply Mult Comp Lwr Lg Bl	29581	420	OP Wound Center	$ 467.33	$ 280.40	$ 355.91	$ 154.96	$ 429.94
Service Item	Inpatient	Apply Mult Comp Lwr Lg Bl	29581	420	RH PT Services	$ 467.33	Charges have been	$ 356.52	$ 154.96	$ 429.94
Service Item	Inpatient	Apply Mult Comp Lwr Lg Bl	29581	420	SA PT Services	$ 467.33	Charges have been	$ 356.52	$ 154.96	$ 429.94
Service Item	Inpatient	Apply Mult Comp Lwr Lg Bl	29581	420	SN TC Ortho PT	$ 467.33	Charges have been	$ 356.52	$ 154.96	$ 429.94
Service Item	Inpatient	Apply Mult Comp Lwr Lg Bl	29581	420	SN TS PT Services	$ 467.33	Charges have been	$ 356.52	$ 154.96	$ 429.94
Service Item	Outpatient	Apply Rigid Cont Leg Cast	29445	761	OP Wound Center	$ 324.11	$ 194.47	$ 262.72	$ 194.47	$ 298.18
Service Item	Outpatient	Apply Sh Leg Cast	29405	510	SFM Family Medicine	$ 438.74	$ 255.58	$ 338.17	$ 255.58	$ 391.88
Service Item	Outpatient	Apply Short Arm Cast	29075	510	SFM Family Medicine	$ 435.72	$ 253.82	$ 336.02	$ 253.82	$ 389.19
Service Item	Outpatient	Apply Short Leg Cast	29435	510	SFM Family Medicine	$ 305.96	$ 178.23	$ 243.89	$ 178.23	$ 273.29
Service Item	Outpatient	Apply Wlkr Sh Leg Cast	29425	510	SFM Family Medicine	$ 428.35	$ 249.52	$ 330.79	$ 249.52	$ 382.60
Service Item	Outpatient	aprepitant 40 mg Cap	J8501	636	CD Infusion Clinic	$ 511.25	$ 306.75	$ 305.98	$ 6.70	$ 470.35
Service Item	Inpatient and Outpatient	aprepitant 40 mg Cap	J8501	636	MC Pharmacy	$ 511	$ 313	$ 305.98	$ 7	$ 470
Service Item	Outpatient	aprepitant 40 mg Cap	J8501	636	NC Urgent Care	$ 511.25	$ 312.90	$ 304.70	$ 6.70	$ 470.35
Service Item	Outpatient	aprepitant 40 mg Cap	J8501	636	SC Urgent Care	$ 511.25	$ 312.90	$ 305.98	$ 6.70	$ 470.35
Service Package	Inpatient and Outpatient	Aptus HeliFX Anchor		278	MC Central Supply	$ 9,883	Charges have been	#N/A	$ 8,807	$ 9,002
Service Package	Inpatient and Outpatient	Aptus HeliFX Guide		278	MC Central Supply	$ 3,667	Charges have been	#N/A	$ 3,268	$ 3,340
Service Item	Inpatient and Outpatient	Aquaporin-4 Receptor Antibody-ARUP	83516	300	MC Reference Lab	$ 9	$ 104	$ 42.86	$ 8	$ 113
Service Item	Outpatient	arformoterol 15 mcg/2 mL Inh Soln 2 mL	J7605	250	CD Infusion Clinic	$ 81.05	$ 48.63	$ 52.12	$ 5.65	$ 74.57
Service Item	Inpatient and Outpatient	arformoterol 15 mcg/2 mL Inh Soln 2 mL	J7605	250	MC Pharmacy	$ 81	$ 54	$ 52.12	$ 6	$ 75
Service Item	Outpatient	arformoterol 15 mcg/2 mL Inh Soln 2 mL	J7605	250	NC Urgent Care	$ 81.05	$ 54.18	$ 51.92	$ 5.65	$ 74.57
Service Item	Outpatient	arformoterol 15 mcg/2 mL Inh Soln 2 mL	J7605	250	SC Urgent Care	$ 81.05	$ 54.18	$ 52.12	$ 5.65	$ 74.57
Service Item	Outpatient	argatroban 100 mg/mL Inj 2.5 mL	J0883	636	CD Infusion Clinic	$ 4,366.10	$ 2,619.66	$ 2,151.98	$ 1.31	$ 4,016.81
Service Item	Inpatient and Outpatient	argatroban 100 mg/mL Inj 2.5 mL	J0883	636	MC Pharmacy	$ 4,366	$ 2,625	$ 2,151.98	$ 1	$ 4,017
Service Item	Outpatient	argatroban 100 mg/mL Inj 2.5 mL	J0883	636	NC Urgent Care	$ 4,366.10	$ 2,624.56	$ 2,141.07	$ 1.31	$ 4,016.81
Service Item	Outpatient	argatroban 100 mg/mL Inj 2.5 mL	J0883	636	SC Urgent Care	$ 4,366.10	$ 2,624.56	$ 2,151.98	$ 1.31	$ 4,016.81
Service Item	Outpatient	argatroban 100 mg/mL Inj 2.5 mL	J0883	636	VD CAPD CCPD	$ 4,366.10	$ 2,624.56	$ 2,151.98	$ 1.31	$ 4,016.81
Service Item	Outpatient	argatroban 100 mg/mL Inj 2.5 mL	J0883	636	VD Visalia Dialysis	$ 4,366.10	$ 2,619.66	$ 2,151.98	$ 1.31	$ 4,016.81
Service Item	Outpatient	arginine 10% IV Soln 300 mL	J3490	636	CD Infusion Clinic	$ 174.85	$ 104.91	$ 109.18	$ 23.14	$ 160.86
Service Item	Inpatient and Outpatient	arginine 10% IV Soln 300 mL	J3490	636	MC Pharmacy	$ 175	$ 105	$ 109.18	$ 23	$ 161
Service Item	Outpatient	arginine 10% IV Soln 300 mL	J3490	636	NC Urgent Care	$ 174.85	$ 104.91	$ 108.74	$ 23.14	$ 160.86
Service Item	Outpatient	arginine 10% IV Soln 300 mL	J3490	636	SC Urgent Care	$ 174.85	$ 104.91	$ 109.18	$ 23.14	$ 160.86
Service Item	Inpatient and Outpatient	Arginine Vasopressin Hormone-ARUP	84588	300	MC Reference Lab	$ 37	$ 152	$ 72.63	$ 22	$ 334
Service Item	Outpatient	ARIPiprazole 400 mg IM Inj, ER	J0401	636	CD Infusion Clinic	$ 7,866.35	$ 4,719.81	$ 3,875.94	$ 4.27	$ 7,237.04
Service Item	Inpatient and Outpatient	ARIPiprazole 400 mg IM Inj, ER	J0401	636	MC Pharmacy	$ 7,866	$ 4,724	$ 3,875.94	$ 4	$ 7,237
Service Item	Outpatient	ARIPiprazole 400 mg IM Inj, ER	J0401	636	NC Urgent Care	$ 7,866.35	$ 4,724.01	$ 3,856.28	$ 4.27	$ 7,237.04
Service Item	Outpatient	ARIPiprazole 400 mg IM Inj, ER	J0401	636	SC Urgent Care	$ 7,866.35	$ 4,724.01	$ 3,875.94	$ 4.27	$ 7,237.04
Service Item	Outpatient	Arm Infant 2 Views	73092	320	IC Radiology	$ 361.42	$ 62.88	$ 214.18	$ 56.38	$ 322.82
Service Item	Inpatient and Outpatient	Arm Infant 2 Views	73092	320	MC Diag Radiology	$ 361	$ 63	$ 354.95	$ 56	$ 1,636
Service Item	Outpatient	Arm Infant 2 Views	73092	320	NC Diag Imaging	$ 361.42	$ 62.88	$ 354.95	$ 56.38	$ 1,635.83
Service Item	Outpatient	Arm Infant 2 Views	73092	320	SC Diag Imaging	$ 361.42	$ 62.88	$ 354.95	$ 56.38	$ 1,635.83
Service Item	Inpatient and Outpatient	Arsenic Blood-ARUP	82175	300	MC Reference Lab	$ 21	$ 85	$ 38.53	$ 12	$ 186
Service Item	Inpatient and Outpatient	Arsenic Fractionated Urine-ARUP	82175	300	MC Reference Lab	$ 21	$ 85	$ 38.71	$ 13	$ 186
Service Item	Outpatient	arsenic trioxide 1 mg/mL Inj 10 mL	J9017	636	CD Infusion Clinic	$ 2,626.80	$ 1,576.08	$ 1,319.15	$ 22.06	$ 2,416.66
Service Item	Inpatient and Outpatient	arsenic trioxide 1 mg/mL Inj 10 mL	J9017	636	MC Pharmacy	$ 2,627	$ 1,608	$ 1,319.15	$ 22	$ 2,417
Service Item	Outpatient	arsenic trioxide 1 mg/mL Inj 10 mL	J9017	636	NC Urgent Care	$ 2,626.80	$ 1,607.96	$ 1,312.59	$ 22.06	$ 2,416.66
Service Item	Outpatient	arsenic trioxide 1 mg/mL Inj 10 mL	J9017	636	SC Urgent Care	$ 2,626.80	$ 1,607.96	$ 1,319.15	$ 22.06	$ 2,416.66
Service Package	Inpatient	Arterial Blood Gas Panel	82803	301	MC Cardiac Surgery	$ 261.18	$ 155.15	$ 181.48	$ 77.31	$ 237.90
Service Package	Inpatient	Arterial Blood Gas Panel	82803	301	MC Cardiovascular	$ 261.18	$ 86.22	$ 181.48	$ 77.31	$ 237.90
Service Package	Inpatient	Arterial Blood Gas Panel	82803	301	MC CV CVICU	$ 261.18	Charges have been	$ 241.67	$ 232.73	$ 237.90
Service Item	Inpatient and Outpatient	Arterial Blood Gas Panel	82803	301	MC General Lab	$ 261	$ 86	$ 181.48	$ 77	$ 238
Service Package	Inpatient and Outpatient	Arterial Blood Gas Panel	82803	301	MC IC Intnsv Care	$ 261	Charges have been	$ 241.67	$ 233	$ 238
Service Package	Inpatient	Arterial Blood Gas Panel	82803	301	MC NI NICU	$ 261.18	Charges have been	$ 241.67	$ 232.73	$ 237.90
Service Package	Inpatient and Outpatient	Arterial Blood Gas Panel	82803	301	MC Surgical Srvcs	$ 261	Charges have been	$ 241.67	$ 233	$ 238
Service Package	Inpatient	Arterial Blood Gas Panel - Carboxy	82803	301	MC Cardiac Surgery	$ 261.18	$ 155.15	$ 181.48	$ 77.31	$ 237.90
Service Package	Inpatient	Arterial Blood Gas Panel - Carboxy	82803	301	MC Cardiovascular	$ 261.18	$ 86.22	$ 181.48	$ 77.31	$ 237.90
Service Package	Inpatient and Outpatient	Arterial Blood Gas Panel - Carboxy	82803	301	MC IC Intnsv Care	$ 261	Charges have been	$ 241.67	$ 233	$ 238
Service Package	Inpatient	Arterial Blood Gas Panel - Carboxy	82803	301	MC NI NICU	$ 261.18	Charges have been	$ 241.67	$ 232.73	$ 237.90
Service Package	Inpatient and Outpatient	Arterial Blood Gas Panel - Carboxy	82803	301	MC Surgical Srvcs	$ 261	Charges have been	$ 241.67	$ 233	$ 238
Service Package	Inpatient and Outpatient	Arterial Line Insertion	36620	360	MC Cath Lab Srvcs	$ 412	Charges have been	$ 377.17	$ 360	$ 368
Service Package	Inpatient and Outpatient	Art-Extremity Bilateral	75716	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220
Service Package	Inpatient and Outpatient	Art-Extremity Unilat	75710	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220
Service Item	Outpatient	Arthrocentesis Lg Joint	20610	361	IC Radiology	$ 654.43	$ 425.21	$ 510.48	$ 234.09	$ 651.99
Service Package	Inpatient and Outpatient	Arthrocentesis Lg Joint	20610	361	MC Cath Lab Srvcs	$ 654	Charges have been	$ 533.05	$ 303	$ 652
Service Item	Inpatient and Outpatient	Arthrocentesis Lg Joint	20610	361	MC Diag Radiology	$ 654	$ 425	$ 517.56	$ 234	$ 652
Service Item	Outpatient	Arthrocentesis Lg Joint	20610	361	NC Diag Imaging	$ 654.43	$ 425.21	$ 517.56	$ 234.09	$ 651.99
Service Item	Outpatient	Arthrocentesis Lg Joint	20610	361	SC Diag Imaging	$ 654.43	$ 425.21	$ 517.56	$ 234.09	$ 651.99
Service Item	Outpatient	Arthrocentesis Md Joint	20605	361	IC Radiology	$ 664.38	$ 387.02	$ 477.92	$ 193.66	$ 593.43
Service Package	Inpatient and Outpatient	Arthrocentesis Md Joint	20605	361	MC Cath Lab Srvcs	$ 664	Charges have been	$ 523.25	$ 303	$ 593
Service Item	Inpatient and Outpatient	Arthrocentesis Md Joint	20605	361	MC Diag Radiology	$ 664	$ 387	$ 484.37	$ 194	$ 593
Service Item	Outpatient	Arthrocentesis Md Joint	20605	361	NC Diag Imaging	$ 664.38	$ 387.02	$ 484.37	$ 193.66	$ 593.43
Service Item	Outpatient	Arthrocentesis Md Joint	20605	361	SC Diag Imaging	$ 664.38	$ 387.02	$ 484.37	$ 193.66	$ 593.43
Service Item	Outpatient	Arthrocentesis Sm. Joint	20600	361	IC Radiology	$ 654.43	$ 345.96	$ 442.58	$ 184.39	$ 530.47
Service Package	Inpatient and Outpatient	Arthrocentesis Sm. Joint	20600	361	MC Cath Lab Srvcs	$ 654	Charges have been	$ 503.33	$ 303	$ 530
Service Item	Inpatient and Outpatient	Arthrocentesis Sm. Joint	20600	361	MC Diag Radiology	$ 654	$ 346	$ 448.35	$ 184	$ 530
Service Item	Outpatient	Arthrocentesis Sm. Joint	20600	361	NC Diag Imaging	$ 654.43	$ 345.96	$ 448.35	$ 184.39	$ 530.47
Service Item	Outpatient	Arthrocentesis Sm. Joint	20600	361	SC Diag Imaging	$ 654.43	$ 345.96	$ 448.35	$ 184.39	$ 530.47

Service Package	Inpatient and Outpatient	Arthrodesis Implant	C1776	278	MC Central Supply	$ 4,666	Charges have been	$ 3,612.94	$ 4,158	$ 4,250		
Service Package	Inpatient and Outpatient	Art-Pelvic Selective	75736	323	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,356.98	$ 5,326	$ 7,349		
Service Package	Inpatient and Outpatient	Art-Pulm Bilat Selectiv	75743	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,821.23	$ 3,211	$ 3,542		
Service Package	Inpatient and Outpatient	Art-Renal Bilat Select	36252	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,475.70	$ 3,211	$ 6,218		
Service Package	Inpatient and Outpatient	Art-Renal Unilat Select	36251	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,423.54	$ 3,211	$ 6,004		
Service Package	Inpatient and Outpatient	Art-Select Ea Ves Aft	75774	323	MC Cath Lab Srvcs	$ 1,371	Charges have been	$ 1,255.66	$ 1,198	$ 1,224		
Service Package	Inpatient and Outpatient	Art-Spinal Selective	75705	323	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,073.84	$ 5,326	$ 6,192		
Service Package	Inpatient and Outpatient	Art-Visceral Selective	75726	323	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,073.84	$ 5,326	$ 6,192		
Service Item	Inpatient and Outpatient	ascorbic acid 500 mg/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 26	$ 16	$ 23.65	$ 16	$ 28		
Service Item	Outpatient	ascorbic acid 500 mg/mL Inj 1mL	J3490	636	CD Infusion Clinic	$ 504.90	$ 302.94	$ 298.90	$ 23.14	$ 464.51		
Service Item	Inpatient and Outpatient	ascorbic acid 500 mg/mL Inj 1mL	J3490	636	MC Pharmacy	$ 505	$ 303	$ 298.90	$ 23	$ 465		
Service Item	Outpatient	ascorbic acid 500 mg/mL Inj 1mL	J3490	636	NC Urgent Care	$ 504.90	$ 302.94	$ 297.64	$ 23.14	$ 464.51		
Service Item	Outpatient	ascorbic acid 500 mg/mL Inj 1mL	J3490	636	SC Urgent Care	$ 504.90	$ 302.94	$ 298.90	$ 23.14	$ 464.51		
Service Item	Outpatient	Asp/Inj Renal Pelvis/Cyst	50390	361	IC Ultrasound	$ 1,525.03	$ 1,024.83	$ 1,232.54	$ 534.68	$ 1,571.41		
Service Item	Inpatient and Outpatient	Asp/Inj Renal Pelvis/Cyst	50390	361	MC Ultrasound	$ 1,525	$ 1,025	$ 1,232.54	$ 535	$ 1,571		
Service Item	Outpatient	asparaginase 10,000 units/10 mL	J9020	636	CD Infusion Clinic	$ 339.90	$ 203.94	$ 247.84	$ 64.70	$ 312.71		
Service Item	Inpatient and Outpatient	asparaginase 10,000 units/10 mL	J9020	636	MC Pharmacy	$ 340	$ 204	$ 247.84	$ 65	$ 313		
Service Item	Outpatient	asparaginase 10,000 units/10 mL	J9020	636	NC Urgent Care	$ 339.90	$ 203.94	$ 238.59	$ 64.70	$ 312.71		
Service Item	Outpatient	asparaginase 10,000 units/10 mL	J9020	636	SC Urgent Care	$ 339.90	$ 203.94	$ 239.44	$ 64.70	$ 312.71		
Service Item	Inpatient and Outpatient	Aspergillus fumigatus IgG by ELISA-ARUP	86606	300	MC Reference Lab	$ 16	$ 67	$ 31.44	$ 10	$ 148		
Service Item	Inpatient and Outpatient	Aspergillus Galactomannan Antigen-ARUP	86606	305	MC Reference Lab	$ 9	$ 67	$ 26.96	$ 5	$ 148		
Service Item	Inpatient and Outpatient	Aspergillus Galactomannan EIA, Broncho-ARUP	87305	300	MC Reference Lab	$ 10	$ 41	$ 22.71	$ 6	$ 118		
Service Package	Inpatient and Outpatient	Aspira Te/Inj Renal Cyst	50390	361	MC Cath Lab Srvcs	$ 1,525	Charges have been	$ 1,254.90	$ 707	$ 1,571		
Service Item	Outpatient	Aspirate/Inj Ganglon Cyst	20612	510	SFM Family Medicine	$ 412.24	$ 240.14	$ 323.05	$ 240.14	$ 368.21		
Service Item	Inpatient and Outpatient	Assay nephelometry not spec-ARUP	83883	300	MC Reference Lab	$ 15	$ 61	$ 30.20	$ 9	$ 134		
Service Item	Inpatient and Outpatient	Assay of calcium in urine-ARUP	82340	300	MC Reference Lab	$ 7	$ 27	$ 29.79	$ 6	$ 59		
Service Item	Inpatient and Outpatient	Assay of citrate-ARUP	82507	300	MC Reference Lab	$ 31	$ 124	$ 59.76	$ 18	$ 273		
Service Item	Inpatient and Outpatient	Assay of ggt-ARUP	82977	300	MC Reference Lab	$ 8	$ 32	$ 34.39	$ 7	$ 71		
Service Item	Inpatient and Outpatient	Assay of ige-ARUP	82785	300	MC Reference Lab	$ 18	$ 73	$ 35.45	$ 11	$ 162		
Service Item	Inpatient and Outpatient	Assay of insulin-ARUP	83525	300	MC Reference Lab	$ 13	$ 51	$ 23.33	$ 8	$ 112		
Service Item	Inpatient and Outpatient	Assay of magnesium-ARUP	83735	300	MC Reference Lab	$ 7	$ 30	$ 34.96	$ 6	$ 66		
Service Item	Inpatient and Outpatient	Assay of oxalate-ARUP	83945	300	MC Reference Lab	$ 14	$ 57	$ 27.70	$ 9	$ 127		
Service Item	Inpatient and Outpatient	Assay of proinsulin-ARUP	84206	300	MC Reference Lab	$ 20	$ 77	$ 42.07	$ 12	$ 213		
Service Item	Inpatient and Outpatient	Assay of protein urine-ARUP	84156	300	MC Reference Lab	$ 4	$ 16	$ 21.17	$ 4	$ 36		
Service Item	Inpatient and Outpatient	Assay of sex hormone globul-ARUP	84270	300	MC Reference Lab	$ 24	$ 97	$ 46.21	$ 14	$ 214		
Service Item	Inpatient and Outpatient	Assay of total testosterone-ARUP	84403	300	MC Reference Lab	$ 29	$ 115	$ 94.84	$ 25	$ 254		
Service Item	Inpatient and Outpatient	Assay of urea nitrogen-ARUP	84520	300	MC Reference Lab	$ 4	$ 18	$ 19.82	$ 4	$ 39		
Service Item	Inpatient and Outpatient	Assay of urine chloride-ARUP	82436	300	MC Reference Lab	$ 5	$ 22	$ 23.93	$ 5	$ 49		
Service Item	Inpatient and Outpatient	Assay of urine phosphorus-ARUP	84105	300	MC Reference Lab	$ 6	$ 23	$ 27.15	$ 5	$ 51		
Service Item	Inpatient and Outpatient	Assay of urine potassium-ARUP	84133	300	MC Reference Lab	$ 5	$ 19	$ 21.07	$ 4	$ 42		
Service Item	Inpatient and Outpatient	Assay of urine sodium-ARUP	84300	300	MC Reference Lab	$ 5	$ 22	$ 25.62	$ 5	$ 48		
Service Item	Inpatient and Outpatient	Assay of urine sulfate-ARUP	84392	300	MC Reference Lab	$ 5	$ 21	$ 10.21	$ 3	$ 47		
Service Item	Inpatient and Outpatient	Assay of urine/uric acid-ARUP	84560	300	MC Reference Lab	$ 5	$ 21	$ 24.76	$ 5	$ 47		
Service Item	Inpatient and Outpatient	Assay ph body fluid nos-ARUP	83986	300	MC Reference Lab	$ 4	$ 16	$ 18.97	$ 3	$ 35		
Service Item	Inpatient and Outpatient	Assay rbc cholinesterase-ARUP	82482	300	MC Reference Lab	$ 9	$ 34	$ 16.80	$ 5	$ 78		
Service Item	Inpatient and Outpatient	Assay serum cholinesterase-ARUP	82480	300	MC Reference Lab	$ 9	$ 35	$ 16.95	$ 5	$ 77		
Service Item	Inpatient and Outpatient	Assay triiodothyronine (t3)-ARUP	84480	300	MC Reference Lab	$ 16	$ 63	$ 67.43	$ 14	$ 139		
Service Item	Outpatient	Assessment Of Aphasia Per Hour	96105	918	SFM Family Medicine	$ 257.50	$ 263.70	$ 211.30	$ 150.00	$ 263.70		
Service Item	Outpatient	atezolizumab 840 mg/14 mL Inj	J9022	636	CD Infusion Clinic	$ 27,636.20	$ 16,581.72	$ 13,647.05	$ 75.49	$ 25,425.30		
Service Item	Inpatient and Outpatient	atezolizumab 840 mg/14 mL Inj	J9022	636	MC Pharmacy	$ 27,636	$ 16,582	$ 13,647.05	$ 75	$ 25,425		
Service Item	Outpatient	atropine 0.1 mg/mL Inj 10 mL	J0461	636	CD Infusion Clinic	$ 51.65	$ 30.99	$ 64.25	$ 0.08	$ 133.02		
Service Item	Inpatient and Outpatient	atropine 0.1 mg/mL Inj 10 mL	J0461	636	MC Pharmacy	$ 52	$ 31	$ 64.25	$ 0	$ 133		
Service Item	Outpatient	atropine 0.1 mg/mL Inj 10 mL	J0461	636	NC Urgent Care	$ 51.65	$ 30.99	$ 64.12	$ 0.08	$ 133.02		
Service Item	Outpatient	atropine 0.1 mg/mL Inj 10 mL	J0461	636	SC Urgent Care	$ 51.65	$ 30.99	$ 64.25	$ 0.08	$ 133.02		
Service Item	Outpatient	atropine 0.4 mg/mL Inj 20 mL	J0461	636	CD Infusion Clinic	$ 195.90	$ 117.54	$ 116.10	$ 0.08	$ 180.23		
Service Item	Inpatient and Outpatient	atropine 0.4 mg/mL Inj 20 mL	J0461	636	MC Pharmacy	$ 196	$ 118	$ 116.10	$ 0	$ 180		
Service Item	Outpatient	atropine 0.4 mg/mL Inj 20 mL	J0461	636	NC Urgent Care	$ 195.90	$ 117.54	$ 115.61	$ 0.08	$ 180.23		
Service Item	Outpatient	atropine 0.4 mg/mL Inj 20 mL	J0461	636	SC Urgent Care	$ 195.90	$ 117.54	$ 116.10	$ 0.08	$ 180.23		
Service Item	Outpatient	atropine 1 mg/mL Inj 1 mL	J0461	636	CD Infusion Clinic	$ 38.85	$ 23.31	$ 59.64	$ 0.08	$ 133.02		
Service Item	Inpatient and Outpatient	atropine 1 mg/mL Inj 1 mL	J0461	636	MC Pharmacy	$ 39	$ 23	$ 59.64	$ 0	$ 133		
Service Item	Outpatient	atropine 1 mg/mL Inj 1 mL	J0461	636	NC Urgent Care	$ 38.85	$ 23.31	$ 59.55	$ 0.08	$ 133.02		
Service Item	Outpatient	atropine 1 mg/mL Inj 1 mL	J0461	636	SC Urgent Care	$ 38.85	$ 23.31	$ 59.64	$ 0.08	$ 133.02		
Service Item	Outpatient	atropine 1 mg/mL Inj 1 mL	J0461	636	SQ Seq Cardiology	$ 38.85	$ 23.31	$ 59.55	$ 0.08	$ 133.02		
Service Item	Outpatient	Aurix Platelet Rich Plasm	G0460	761	OP Wound Center	$ 1,900.00	$ 1,140.00	$ 1,548.68	$ 1,140.00	$ 1,880.27		
Service Item	Inpatient and Outpatient	Automated Platelet Count	85049	305	MC General Lab	$ 74	$ 20	$ 47.75	$ 18	$ 67		
Service Package	Inpatient and Outpatient	Av G/F+Ect/Lysis+Pta+Stnt	36906	320	MC Cath Lab Srvcs	$ 39,850	Charges have been	$ 30,016.79	$ 18,470	$ 29,717		
Service Package	Inpatient and Outpatient	Av G/F+Ectomy/Lysis+Pta	36905	320	MC Cath Lab Srvcs	$ 39,490	Charges have been	$ 28,105.82	$ 11,481	$ 29,717		
Service Package	Inpatient and Outpatient	Av Gft/Fist Pta Cent Vein	36907	320	MC Cath Lab Srvcs	$ 15,409	Charges have been	$ 14,117.02	$ 13,464	$ 13,763		
Service Package	Inpatient and Outpatient	Av Graft/Fist+/-Pta+Stent	36903	320	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 20,036.25	$ 11,481	$ 24,104		
Service Package	Inpatient and Outpatient	Av Graft/Fistula+Pta	36902	320	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 18,601.04	$ 5,740	$ 24,104		
Service Package	Inpatient and Outpatient	Av Graft/Fistulagram	36901	320	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,965.79	$ 1,890	$ 2,608		
Service Package	Inpatient and Outpatient	Av Graft/Fst+Ectomy/Lysis	36904	320	MC Cath Lab Srvcs	$ 12,385	Charges have been	$ 8,704.68	$ 5,740	$ 6,684		
Service Item	Outpatient	avibactam-ceftazidime 0.5 g-2 g Pow	J0714	636	CD Infusion Clinic	$ 1,445.75	$ 867.45	$ 755.79	$ 83.56	$ 1,330.09		
Service Item	Inpatient and Outpatient	avibactam-ceftazidime 0.5 g-2 g Pow	J0714	636	MC Pharmacy	$ 1,446	$ 950	$ 755.79	$ 84	$ 1,330		
Service Item	Outpatient	avibactam-ceftazidime 0.5 g-2 g Pow	J0714	636	NC Urgent Care	$ 1,445.75	$ 949.88	$ 752.17	$ 83.56	$ 1,330.09		
Service Item	Outpatient	avibactam-ceftazidime 0.5 g-2 g Pow	J0714	636	SC Urgent Care	$ 1,445.75	$ 949.88	$ 755.79	$ 83.56	$ 1,330.09		
Service Item	Outpatient	Avulsion Of Nail Plate	11730	516	NC Urgent Care	$ 311.98	$ 104.39	$ 214.33	$ 74.83	$ 278.66		
Service Item	Outpatient	Avulsion Of Nail Plate	11730	516	OP Wound Center	$ 311.98	$ 104.39	$ 242.53	$ 104.39	$ 278.66		
Service Item	Outpatient	Avulsion Of Nail Plate	11730	516	SC Urgent Care	$ 311.98	$ 104.39	$ 215.09	$ 74.83	$ 278.66		
Service Item	Outpatient	Avulsion Of Nail Plate	11730	516	SFM Family Medicine	$ 311.98	$ 104.39	$ 241.77	$ 181.73	$ 278.66		
Service Package	Inpatient and Outpatient	Axel Adaptor Knee	C1776	278	MC Central Supply	$ 4,361	Charges have been	$ 3,406.61	$ 3,886	$ 3,973		
Service Item	Outpatient	azaCITIDine 100 mg Inj	J9025	636	CD Infusion Clinic	$ 2,043.60	$ 1,226.16	$ 1,007.39	$ 0.80	$ 1,880.11		
Service Item	Inpatient and Outpatient	azaCITIDine 100 mg Inj	J9025	636	MC Pharmacy	$ 2,044	$ 1,226	$ 1,007.39	$ 1	$ 1,880		
Service Item	Outpatient	azaCITIDine 100 mg Inj	J9025	636	NC Urgent Care	$ 2,043.60	$ 1,226.16	$ 1,002.28	$ 0.80	$ 1,880.11		
Service Item	Outpatient	azaCITIDine 100 mg Inj	J9025	636	SC Urgent Care	$ 2,043.60	$ 1,226.16	$ 1,007.39	$ 0.80	$ 1,880.11		
Service Item	Outpatient	azaTHIOprine 50 mg Tab	J7500	250	CD Infusion Clinic	$ 13.30	$ 7.98	$ 19.89	$ 0.66	$ 118.57		
Service Item	Inpatient and Outpatient	azaTHIOprine 50 mg Tab	J7500	250	MC Pharmacy	$ 13	$ 8	$ 19.89	$ 1	$ 119		
Service Item	Outpatient	azaTHIOprine 50 mg Tab	J7500	250	NC Urgent Care	$ 13.30	$ 7.98	$ 19.85	$ 0.66	$ 118.57		
Service Item	Outpatient	azaTHIOprine 50 mg Tab	J7500	250	SC Urgent Care	$ 13.30	$ 7.98	$ 19.89	$ 0.66	$ 118.57		
Service Item	Outpatient	azaTHIOprine suspension 50 mg/mL	J7500	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 19.45	$ 0.66	$ 118.57		
Service Item	Inpatient and Outpatient	azaTHIOprine suspension 50 mg/mL	J7500	250	MC Pharmacy	$ 12	$ 7	$ 19.45	$ 1	$ 119		
Service Item	Outpatient	azaTHIOprine suspension 50 mg/mL	J7500	250	NC Urgent Care	$ 12.10	$ 7.26	$ 19.42	$ 0.66	$ 118.57		
Service Item	Outpatient	azaTHIOprine suspension 50 mg/mL	J7500	250	SC Urgent Care	$ 12.10	$ 7.26	$ 19.45	$ 0.66	$ 118.57		
Service Item	Outpatient	azithromycin 250 mg Tab	Q0144	250	CD Infusion Clinic	$ 23.85	$ 14.31	$ 24.35	$ 14.31	$ 58.26		
Service Item	Inpatient and Outpatient	azithromycin 250 mg Tab	Q0144	250	MC Pharmacy	$ 24	$ 14	$ 24.35	$ 14	$ 58		
Service Item	Outpatient	azithromycin 250 mg Tab	Q0144	250	NC Urgent Care	$ 23.85	$ 14.31	$ 24.85	$ 14.31	$ 58.26		
Service Item	Outpatient	azithromycin 250 mg Tab	Q0144	250	SC Urgent Care	$ 23.85	$ 14.31	$ 24.91	$ 14.31	$ 58.26		
Service Item	Outpatient	azithromycin 250 mg Tab	Q0144	250	SFM Family Medicine	$ 23.85	$ 14.31	$ 24.29	$ 14.31	$ 58.26		
Service Item	Outpatient	azithromycin 500 mg Inj	J0456	636	CD Infusion Clinic	$ 50.40	$ 30.24	$ 33.70	$ 5.69	$ 46.37		
Service Item	Inpatient and Outpatient	azithromycin 500 mg Inj	J0456	636	MC Pharmacy	$ 50	$ 30	$ 33.70	$ 6	$ 46		
Service Item	Outpatient	azithromycin 500 mg Inj	J0456	636	NC Urgent Care	$ 50.40	$ 30.24	$ 33.58	$ 5.69	$ 46.37		
Service Item	Outpatient	azithromycin 500 mg Inj	J0456	636	SC Urgent Care	$ 50.40	$ 30.24	$ 33.70	$ 5.69	$ 46.37		
Service Item	Outpatient	azithromycin PED 2 mg/mL Inj	J0456	636	CD Infusion Clinic	$ 50.40	$ 30.24	$ 33.70	$ 5.69	$ 46.37		
Service Item	Inpatient and Outpatient	azithromycin PED 2 mg/mL Inj	J0456	636	MC Pharmacy	$ 50	$ 56	$ 33.70	$ 6	$ 56		
Service Item	Outpatient	azithromycin PED 2 mg/mL Inj	J0456	636	NC Urgent Care	$ 50.40	$ 55.67	$ 33.58	$ 5.69	$ 55.67		
Service Item	Outpatient	azithromycin PED 2 mg/mL Inj	J0456	636	SC Urgent Care	$ 50.40	$ 55.67	$ 33.70	$ 5.69	$ 55.67		
Service Item	Outpatient	aztreonam 1 g Inj	J3490	636	CD Infusion Clinic	$ 183.90	$ 110.34	$ 114.38	$ 23.14	$ 169.19		
Service Item	Inpatient and Outpatient	aztreonam 1 g Inj	J3490	636	MC Pharmacy	$ 184	$ 110	$ 114.38	$ 23	$ 169		
Service Item	Outpatient	aztreonam 1 g Inj	J3490	636	NC Urgent Care	$ 183.90	$ 110.34	$ 113.92	$ 23.14	$ 169.19		
Service Item	Outpatient	aztreonam 1 g Inj	J3490	636	SC Urgent Care	$ 183.90	$ 110.34	$ 114.38	$ 23.14	$ 169.19		
Service Item	Outpatient	Aztreonam 1000Mg/50Ml Inj	J3490	636	CD Infusion Clinic	$ 185.70	$ 111.42	$ 115.42	$ 23.14	$ 170.84		
Service Item	Inpatient and Outpatient	Aztreonam 1000Mg/50Ml Inj	J3490	636	MC Pharmacy	$ 186	$ 111	$ 115.42	$ 23	$ 171		
Service Item	Outpatient	Aztreonam 1000Mg/50Ml Inj	J3490	636	NC Urgent Care	$ 185.70	$ 111.42	$ 114.95	$ 23.14	$ 170.84		
Service Item	Outpatient	Aztreonam 1000Mg/50Ml Inj	J3490	636	SC Urgent Care	$ 185.70	$ 111.42	$ 115.42	$ 23.14	$ 170.84		
Service Item	Outpatient	aztreonam 2 g Inj	J3490	636	CD Infusion Clinic	$ 323.65	$ 194.19	$ 194.71	$ 23.14	$ 297.76		
Service Item	Inpatient and Outpatient	aztreonam 2 g Inj	J3490	636	MC Pharmacy	$ 324	$ 194	$ 194.71	$ 23	$ 298		
Service Item	Outpatient	aztreonam 2 g Inj	J3490	636	NC Urgent Care	$ 323.65	$ 194.19	$ 193.90	$ 23.14	$ 297.76		
Service Item	Outpatient	aztreonam 2 g Inj	J3490	636	SC Urgent Care	$ 323.65	$ 194.19	$ 194.71	$ 23.14	$ 297.76		

Service Item	Outpatient	Aztreonam 2Gm Vial Inj	J3490	636	CD Infusion Clinic	$ 344.80	$ 206.88	$ 206.87	$ 23.14	$ 317.22
Service Item	Inpatient and Outpatient	Aztreonam 2Gm Vial Inj	J3490	636	MC Pharmacy	$ 345	$ 207	$ 206.87	$ 23	$ 317
Service Item	Outpatient	Aztreonam 2Gm Vial Inj	J3490	636	NC Urgent Care	$ 344.80	$ 206.88	$ 206.01	$ 23.14	$ 317.22
Service Item	Outpatient	Aztreonam 2Gm Vial Inj	J3490	636	SC Urgent Care	$ 344.80	$ 206.88	$ 206.87	$ 23.14	$ 317.22
Service Item	Outpatient	Aztreonam 2Gm Vial Inj	J3490	636	VD Visalia Dialysis	$ 344.80	$ 206.88	$ 206.87	$ 23.14	$ 317.22
Service Item	Outpatient	Aztreonam 2Gm/ D5W 50Ml	J3490	636	CD Infusion Clinic	$ 371.85	$ 223.11	$ 222.42	$ 23.14	$ 342.10
Service Item	Inpatient and Outpatient	Aztreonam 2Gm/ D5W 50Ml	J3490	636	MC Pharmacy	$ 372	$ 223	$ 222.42	$ 23	$ 342
Service Item	Outpatient	Aztreonam 2Gm/ D5W 50Ml	J3490	636	NC Urgent Care	$ 371.85	$ 223.11	$ 221.49	$ 23.14	$ 342.10
Service Item	Outpatient	Aztreonam 2Gm/ D5W 50Ml	J3490	636	SC Urgent Care	$ 371.85	$ 223.11	$ 222.42	$ 23.14	$ 342.10
Service Item	Outpatient	aztreonam IV (PED) 20 mg/mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	aztreonam IV (PED) 20 mg/mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	aztreonam IV (PED) 20 mg/mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	aztreonam IV (PED) 20 mg/mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	B Cells Total Count-ARUP	86355	302	MC Reference Lab	$ 6	$ 164	$ 56.68	$ 3	$ 371
Service Item	Inpatient and Outpatient	B. burgdorferi IgG Ab by Western Blot-ARUP	86617	300	MC Reference Lab	$ 17	$ 96	$ 33.14	$ 10	$ 152
Service Item	Inpatient and Outpatient	B. burgdorferi IgM Ab by Western Blot-ARUP	86617	300	MC Reference Lab	$ 17	$ 96	$ 33.14	$ 10	$ 152
Service Item	Inpatient and Outpatient	B. pertussis Antibody, IgA Immunoblot-ARUP	86615	305	MC Reference Lab	$ 14	$ 59	$ 28.22	$ 9	$ 130
Service Item	Inpatient and Outpatient	B. pertussis Antibody, IgG Immunoblot-ARUP	86615	305	MC Reference Lab	$ 14	$ 59	$ 28.22	$ 9	$ 130
Service Item	Inpatient and Outpatient	B. pertussis Antibody, IgM Immunoblot-ARUP	86615	305	MC Reference Lab	$ 14	$ 59	$ 28.22	$ 9	$ 130
Service Item	Inpatient and Outpatient	B-2 Gly Ab Igg50322	86146	305	MC Reference Lab	$ 20	$ 113	$ 46.59	$ 12	$ 250
Service Item	Inpatient and Outpatient	B-2 Glyab Igm50323	86146	305	MC Reference Lab	$ 41	$ 113	$ 58.44	$ 25	$ 250
Service Item	Outpatient	Bacitracin 5,000 units/10 mL Eye Wash	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	Bacitracin 5,000 units/10 mL Eye Wash	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	Bacitracin 5,000 units/10 mL Eye Wash	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	Bacitracin 5,000 units/10 mL Eye Wash	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	bacitracin 50,000 units Inj	J3490	636	CD Infusion Clinic	$ 61.90	$ 37.14	$ 44.25	$ 23.14	$ 56.95
Service Item	Inpatient and Outpatient	bacitracin 50,000 units Inj	J3490	636	MC Pharmacy	$ 62	$ 37	$ 44.25	$ 23	$ 57
Service Item	Outpatient	bacitracin 50,000 units Inj	J3490	636	NC Urgent Care	$ 61.90	$ 37.14	$ 44.10	$ 23.14	$ 56.95
Service Item	Outpatient	bacitracin 50,000 units Inj	J3490	636	SC Urgent Care	$ 61.90	$ 37.14	$ 44.25	$ 23.14	$ 56.95
Service Item	Outpatient	baclofen 50 mcg/mL Intrathecal Soln 1 mL	J0476	636	CD Infusion Clinic	$ 390.60	$ 234.36	$ 254.64	$ 61.65	$ 359.35
Service Item	Inpatient and Outpatient	baclofen 50 mcg/mL Intrathecal Soln 1 mL	J0476	636	MC Pharmacy	$ 391	$ 234	$ 254.64	$ 62	$ 359
Service Item	Outpatient	baclofen 50 mcg/mL Intrathecal Soln 1 mL	J0476	636	NC Urgent Care	$ 390.60	$ 234.36	$ 253.66	$ 61.65	$ 359.35
Service Item	Outpatient	baclofen 50 mcg/mL Intrathecal Soln 1 mL	J0476	636	SC Urgent Care	$ 390.60	$ 234.36	$ 254.64	$ 61.65	$ 359.35
Service Item	Outpatient	baclofen 500 mcg/mL Intrathecal Soln 20 mL	J0475	636	CD Infusion Clinic	$ 1,283.40	$ 770.04	$ 733.40	$ 171.59	$ 1,180.73
Service Item	Inpatient and Outpatient	baclofen 500 mcg/mL Intrathecal Soln 20 mL	J0475	636	MC Pharmacy	$ 1,283	$ 770	$ 733.40	$ 172	$ 1,181
Service Item	Outpatient	baclofen 500 mcg/mL Intrathecal Soln 20 mL	J0475	636	NC Urgent Care	$ 1,283.40	$ 770.04	$ 730.20	$ 171.59	$ 1,180.73
Service Item	Outpatient	baclofen 500 mcg/mL Intrathecal Soln 20 mL	J0475	636	SC Urgent Care	$ 1,283.40	$ 770.04	$ 733.40	$ 171.59	$ 1,180.73
Service Item	Inpatient and Outpatient	Bacteria Semi-Quantitative BF	87798	306	MC General Lab	$ 52	$ 151	$ 142.64	$ 45	$ 345
Service Item	Inpatient and Outpatient	Bacterial Serology Grp B	86403	302	MC General Lab	$ 92	$ 44	$ 73.93	$ 40	$ 100
Service Item	Inpatient and Outpatient	Bacterial Serology H Flu	86403	302	MC General Lab	$ 92	$ 44	$ 73.93	$ 40	$ 100
Service Item	Inpatient and Outpatient	Bacterial Serology Mening	86403	302	MC General Lab	$ 92	$ 44	$ 73.93	$ 40	$ 100
Service Item	Inpatient and Outpatient	Bacterial Serology Pneumo	86403	302	MC General Lab	$ 92	$ 44	$ 73.93	$ 40	$ 100
Service Package	Inpatient and Outpatient	Ball Hip (A)	C1776	278	MC Central Supply	$ 3,987	Charges have been	$ 3,152.87	$ 3,553	$ 3,632
Service Package	Inpatient and Outpatient	Ball Hip (B)	C1776	278	MC Central Supply	$ 7,321	Charges have been	$ 5,412.79	$ 6,524	$ 6,669
Service Item	Inpatient and Outpatient	BAMLANIVIMAB 700 MG INJ	Q0239	636	MC Pharmacy	$ 0	$ 0	$ 0.01	$ 0	$ 0
Service Item	Inpatient and Outpatient	Barbs Single Ux Qual	80307	301	MC General Lab	$ 130	$ 280	$ 255.61	$ 112	$ 572
Service Item	Outpatient	Barium Enema	74270	320	IC Radiology	$ 859.16	$ 211.23	$ 528.23	$ 189.40	$ 767.41
Service Item	Inpatient and Outpatient	Barium Enema	74270	320	MC Diag Radiology	$ 859	$ 211	$ 835.22	$ 189	$ 3,612
Service Item	Outpatient	Barium Enema	74270	320	NC Diag Imaging	$ 859.16	$ 211.23	$ 835.22	$ 189.40	$ 3,612.11
Service Item	Outpatient	Barium Enema	74270	320	SC Diag Imaging	$ 859.16	$ 211.23	$ 835.22	$ 189.40	$ 3,612.11
Service Item	Outpatient	Barium Enema W/Air	74280	320	IC Radiology	$ 1,063.77	$ 246.48	$ 666.09	$ 211.14	$ 950.17
Service Item	Inpatient and Outpatient	Barium Enema W/Air	74280	320	MC Diag Radiology	$ 1,064	$ 246	$ 960.17	$ 211	$ 3,612
Service Item	Outpatient	Barium Enema W/Air	74280	320	NC Diag Imaging	$ 1,063.77	$ 246.48	$ 960.17	$ 211.14	$ 3,612.11
Service Item	Outpatient	Barium Enema W/Air	74280	320	SC Diag Imaging	$ 1,063.77	$ 246.48	$ 960.17	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Bartonella antibody-ARUP	86611	305	MC Reference Lab	$ 11	$ 45	$ 21.91	$ 7	$ 100
Service Item	Inpatient and Outpatient	Bartonella henselae IgG Antibody by IFA-ARUP	86611	300	MC Reference Lab	$ 11	$ 45	$ 21.81	$ 7	$ 100
Service Item	Inpatient and Outpatient	Bartonella henselae IgM Antibody by IFA-ARUP	86611	300	MC Reference Lab	$ 11	$ 45	$ 21.81	$ 7	$ 100
Service Item	Inpatient and Outpatient	Bartonella Igg 50091	86611	305	MC Reference Lab	$ 12	$ 45	$ 22.05	$ 7	$ 100
Service Item	Inpatient and Outpatient	Bartonella Igm 50092	86611	305	MC Reference Lab	$ 12	$ 45	$ 22.05	$ 7	$ 100
Service Package	Inpatient and Outpatient	Basic Audiometry	92557	470	MC ST Services	$ 206	Charges have been	$ 180.16	$ 160	$ 190
Service Package	Inpatient	Basic Audiometry	92557	470	MH ST Services	$ 206.00	Charges have been	$ 180.16	$ 160.31	$ 189.52
Service Item	Outpatient	Basic Audiometry	92557	470	OP Hand Center	$ 206.00	$ 120.00	$ 166.09	$ 120.00	$ 189.52
Service Item	Outpatient	Basic Audiometry	92557	470	OP Therapy Akers	$ 206.00	$ 120.00	$ 184.41	$ 120.00	$ 317.00
Service Item	Outpatient	Basic Audiometry	92557	470	OP Therapy Dinuba	$ 206.00	$ 120.00	$ 184.41	$ 120.00	$ 317.00
Service Item	Outpatient	Basic Audiometry	92557	470	OP Therapy Exeter	$ 206.00	$ 120.00	$ 184.41	$ 120.00	$ 317.00
Service Item	Outpatient	Basic Audiometry	92557	470	OP Therapy Lovers Ln	$ 206.00	$ 120.00	$ 184.41	$ 120.00	$ 317.00
Service Item	Outpatient	Basic Audiometry	92557	470	OP Therapy Neuro	$ 206.00	$ 120.00	$ 165.57	$ 120.00	$ 189.52
Service Item	Inpatient	Basic Audiometry	92557	470	RH ST Services	$ 206.00	Charges have been	$ 180.16	$ 160.31	$ 189.52
Service Item	Inpatient	Basic Audiometry	92557	470	SA ST Services	$ 206.00	Charges have been	$ 180.16	$ 160.31	$ 189.52
Service Item	Inpatient	Basic Audiometry	92557	470	SN TC Ortho ST	$ 206.00	Charges have been	$ 180.16	$ 160.31	$ 189.52
Service Item	Inpatient	Basic Audiometry	92557	470	SN TS ST Services	$ 206.00	Charges have been	$ 180.16	$ 160.31	$ 189.52
Service Item	Inpatient and Outpatient	BCR-ABL1, Major (p210), Quantitative-ARUP	81206	300	MC Reference Lab	$ 70	$ 184	$ 214.28	$ 42	$ 1,612
Service Package	Inpatient and Outpatient	Bedside/Dysphagia Eval	92610	440	MC ST Services	$ 304	Charges have been	$ 282.26	$ 273	$ 279
Service Package	Inpatient	Bedside/Dysphagia Eval	92610	440	MH ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Outpatient	Bedside/Dysphagia Eval	92610	440	OP Hand Center	$ 303.50	$ 120.00	$ 251.43	$ 120.00	$ 279.22
Service Item	Outpatient	Bedside/Dysphagia Eval	92610	440	OP Therapy Akers	$ 303.50	$ 120.00	$ 249.50	$ 120.00	$ 317.00
Service Item	Outpatient	Bedside/Dysphagia Eval	92610	440	OP Therapy Dinuba	$ 303.50	$ 120.00	$ 249.50	$ 120.00	$ 317.00
Service Item	Outpatient	Bedside/Dysphagia Eval	92610	440	OP Therapy Exeter	$ 303.50	$ 120.00	$ 249.50	$ 120.00	$ 317.00
Service Item	Outpatient	Bedside/Dysphagia Eval	92610	440	OP Therapy Lovers Ln	$ 303.50	$ 120.00	$ 249.50	$ 120.00	$ 317.00
Service Item	Outpatient	Bedside/Dysphagia Eval	92610	440	OP Therapy Neuro	$ 303.50	$ 120.00	$ 269.52	$ 120.00	$ 407.66
Service Item	Inpatient	Bedside/Dysphagia Eval	92610	440	RH ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Bedside/Dysphagia Eval	92610	440	SA ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Bedside/Dysphagia Eval	92610	440	SN TC Ortho ST	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Bedside/Dysphagia Eval	92610	440	SN TS ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Outpatient	Behav Qualit Analys Voice	92524	440	OP Hand Center	$ 303.50	$ 120.00	$ 251.43	$ 120.00	$ 279.22
Service Item	Outpatient	Behav Qualit Analys Voice	92524	440	OP Therapy Akers	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Behav Qualit Analys Voice	92524	440	OP Therapy Dinuba	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Behav Qualit Analys Voice	92524	440	OP Therapy Exeter	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Behav Qualit Analys Voice	92524	440	OP Therapy Lovers Ln	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Behav Qualit Analys Voice	92524	440	OP Therapy Neuro	$ 303.50	$ 120.00	$ 251.43	$ 120.00	$ 279.22
Service Item	Outpatient	Behavior Counseling for Obesity, 15 Min	G0447	510	CD Chronic Disease	$ 186.17	$ 108.45	$ 102.71	$ 23.53	$ 166.29
Service Item	Outpatient	Behavior Counseling for Obesity, 15 Min	G0447	510	SFM Family Medicine	$ 186.17	$ 108.45	$ 141.30	$ 91.00	$ 166.29
Service Item	Outpatient	belatacept 250 mg Inj	J0485	636	CD Infusion Clinic	$ 3,721.20	$ 2,232.72	$ 1,834.30	$ 3.78	$ 3,423.50
Service Item	Inpatient and Outpatient	belatacept 250 mg Inj	J0485	636	MC Pharmacy	$ 3,721	$ 2,237	$ 1,834.30	$ 4	$ 3,424
Service Item	Outpatient	belatacept 250 mg Inj	J0485	636	NC Urgent Care	$ 3,721.20	$ 2,237.00	$ 1,825.00	$ 3.78	$ 3,423.50
Service Item	Outpatient	belatacept 250 mg Inj	J0485	636	SC Urgent Care	$ 3,721.20	$ 2,237.00	$ 1,834.30	$ 3.78	$ 3,423.50
Service Item	Outpatient	bendamustine 100 mg Inj	J9033	636	CD Infusion Clinic	$ 10,338.20	$ 6,202.92	$ 4,110.18	$ 22.13	$ 9,511.14
Service Item	Inpatient and Outpatient	bendamustine 100 mg Inj	J9033	636	MC Pharmacy	$ 10,338	$ 6,225	$ 4,110.18	$ 22	$ 9,511
Service Item	Outpatient	bendamustine 100 mg Inj	J9033	636	NC Urgent Care	$ 10,338.20	$ 6,224.67	$ 4,084.34	$ 22.13	$ 9,511.14
Service Item	Outpatient	bendamustine 100 mg Inj	J9033	636	SC Urgent Care	$ 10,338.20	$ 6,224.67	$ 4,110.18	$ 22.13	$ 9,511.14
Service Item	Outpatient	bendamustine 25 mg Inj	J9033	636	CD Infusion Clinic	$ 2,858.25	$ 1,714.95	$ 1,421.14	$ 22.13	$ 2,629.59
Service Item	Inpatient and Outpatient	bendamustine 25 mg Inj	J9033	636	MC Pharmacy	$ 2,858	$ 1,737	$ 1,421.14	$ 22	$ 2,630
Service Item	Outpatient	bendamustine 25 mg Inj	J9033	636	NC Urgent Care	$ 2,858.25	$ 1,736.70	$ 1,414.00	$ 22.13	$ 2,629.59
Service Item	Outpatient	bendamustine 25 mg Inj	J9033	636	SC Urgent Care	$ 2,858.25	$ 1,736.70	$ 1,421.14	$ 22.13	$ 2,629.59
Service Item	Outpatient	benralizumab 30 mg/mL Inj 1 mL	J0517	636	CD Infusion Clinic	$ 20,814.25	$ 12,488.55	$ 11,549.61	$ 161.57	$ 19,149.11
Service Item	Inpatient and Outpatient	benralizumab 30 mg/mL Inj 1 mL	J0517	636	MC Pharmacy	$ 20,814	$ 12,489	$ 10,320.80	$ 162	$ 19,149
Service Item	Outpatient	benralizumab 30 mg/mL Inj 1 mL	J0517	636	NC Urgent Care	$ 20,814.25	$ 12,488.55	$ 10,268.76	$ 161.57	$ 19,149.11
Service Item	Outpatient	benralizumab 30 mg/mL Inj 1 mL	J0517	636	SC Urgent Care	$ 20,814.25	$ 12,488.55	$ 10,320.80	$ 161.57	$ 19,149.11
Service Item	Inpatient and Outpatient	Benzo Single Ux Qual	80307	301	MC General Lab	$ 130	$ 280	$ 255.61	$ 112	$ 572
Service Item	Inpatient and Outpatient	Benzodiazepine Conf, Mec Bill-ARUP	80346	300	MC Reference Lab	$ 20	$ 81	$ 16.94	$ 12	$ 81
Service Item	Outpatient	benztropine 1 mg/mL Inj 2 mL	J0515	636	CD Infusion Clinic	$ 306.90	$ 184.14	$ 189.23	$ 6.64	$ 282.35
Service Item	Inpatient and Outpatient	benztropine 1 mg/mL Inj 2 mL	J0515	636	MC Pharmacy	$ 307	$ 184	$ 189.23	$ 7	$ 282
Service Item	Outpatient	benztropine 1 mg/mL Inj 2 mL	J0515	636	NC Urgent Care	$ 306.90	$ 184.14	$ 188.46	$ 6.64	$ 282.35
Service Item	Outpatient	benztropine 1 mg/mL Inj 2 mL	J0515	636	SC Urgent Care	$ 306.90	$ 184.14	$ 189.23	$ 6.64	$ 282.35
Service Item	Inpatient and Outpatient	Beta-2 Glycoprotein 1 IgA Antibody-ARUP	86146	305	MC Reference Lab	$ 61	$ 113	$ 70.28	$ 37	$ 250
Service Item	Inpatient and Outpatient	Beta-2 glycoprotein antibody-ARUP	86146	305	MC Reference Lab	$ 24	$ 113	$ 48.76	$ 15	$ 250
Service Item	Inpatient and Outpatient	Beta-2 Microglobulin-ARUP	82232	300	MC Reference Lab	$ 15	$ 72	$ 32.60	$ 9	$ 159
Service Item	Inpatient and Outpatient	Beta-2 Transferrin-ARUP	86335	300	MC Reference Lab	$ 33	$ 62	$ 63.42	$ 20	$ 289

Service Item	Inpatient and Outpatient	Beta-Hydroxybutyric Acid-ARUP	82010	300	MC Reference Lab	$ 9	$ 36	$ 36.64	$ 8	$ 80
Service Item	Outpatient	betamethasone 6 mg/mL Inj Susp 5 mL	J0702	636	CD Infusion Clinic	$ 186.00	$ 111.60	$ 113.28	$ 5.19	$ 171.12
Service Item	Inpatient and Outpatient	betamethasone 6 mg/mL Inj Susp 5 mL	J0702	636	MC Pharmacy	$ 186	$ 112	$ 113.28	$ 5	$ 171
Service Item	Outpatient	betamethasone 6 mg/mL Inj Susp 5 mL	J0702	636	NC Urgent Care	$ 186.00	$ 111.60	$ 112.82	$ 5.19	$ 171.12
Service Item	Outpatient	betamethasone 6 mg/mL Inj Susp 5 mL	J0702	636	SC Urgent Care	$ 186.00	$ 111.60	$ 113.28	$ 5.19	$ 171.12
Service Item	Outpatient	bevacizumab 25 mg/mL Inj 16 mL	J9035	636	CD Infusion Clinic	$ 11,319.70	$ 6,791.82	$ 5,611.66	$ 67.45	$ 10,414.12
Service Item	Inpatient and Outpatient	bevacizumab 25 mg/mL Inj 16 mL	J9035	636	MC Pharmacy	$ 11,320	$ 6,792	$ 5,611.66	$ 67	$ 10,414
Service Item	Outpatient	bevacizumab 25 mg/mL Inj 16 mL	J9035	636	NC Urgent Care	$ 11,319.70	$ 6,791.82	$ 5,583.36	$ 67.45	$ 10,414.12
Service Item	Outpatient	bevacizumab 25 mg/mL Inj 16 mL	J9035	636	SC Urgent Care	$ 11,319.70	$ 6,791.82	$ 5,611.66	$ 67.45	$ 10,414.12
Service Item	Outpatient	bevacizumab 25 mg/mL Inj 4 mL	J9035	636	CD Infusion Clinic	$ 2,829.90	$ 1,697.94	$ 2,559.58	$ 67.45	$ 7,686.08
Service Item	Inpatient and Outpatient	bevacizumab 25 mg/mL Inj 4 mL	J9035	636	MC Pharmacy	$ 2,830	$ 1,698	$ 2,559.58	$ 67	$ 7,686
Service Item	Outpatient	bevacizumab 25 mg/mL Inj 4 mL	J9035	636	NC Urgent Care	$ 2,829.90	$ 1,697.94	$ 2,552.50	$ 67.45	$ 7,686.08
Service Item	Outpatient	bevacizumab 25 mg/mL Inj 4 mL	J9035	636	SC Urgent Care	$ 2,829.90	$ 1,697.94	$ 2,559.58	$ 67.45	$ 7,686.08
Service Package	Inpatient	Bicarb Set Up		800	MC Acute Dialysis	$ 407.31	Charges have been	#N/A	$ 355.91	$ 363.81
Service Item	Inpatient and Outpatient	Bicarbonate (HCO3) Urine-ARUP	82374	300	MC Reference Lab	$ 5	$ 21	$ 24.02	$ 5	$ 48
Service Item	Inpatient and Outpatient	Bicillin C-R 600,000-600,000 units/2 mL IM Susp	J0558	636	MC Pharmacy	$ 519	$ 312	$ 260.42	$ 4	$ 478
Service Item	Outpatient	Bicillin LA 600,000unit/1	J0561	636	CD Infusion Clinic	$ 507.00	$ 304.20	$ 195.45	$ 4.73	$ 466.44
Service Item	Inpatient and Outpatient	Bicillin LA 600,000unit/1	J0561	636	MC Pharmacy	$ 507	$ 309	$ 195.45	$ 5	$ 466
Service Item	Outpatient	Bicillin LA 600,000unit/1	J0561	636	NC Urgent Care	$ 507.00	$ 308.85	$ 194.18	$ 4.73	$ 466.44
Service Item	Outpatient	Bicillin LA 600,000unit/1	J0561	636	SC Urgent Care	$ 507.00	$ 308.85	$ 195.45	$ 4.73	$ 466.44
Service Package	Inpatient and Outpatient	Bilayer Wnd Matrix 2X2In	Q4104	278	MC Central Supply	$ 9,344	Charges have been	$ 8,145.56	$ 8,326	$ 8,511
Service Package	Inpatient and Outpatient	Bilayer Wnd Matrix 4X5In	Q4104	278	MC Central Supply	$ 7,323	Charges have been	$ 6,776.17	$ 6,526	$ 6,671
Service Item	Inpatient and Outpatient	Bile Acids Total-ARUP	82239	301	MC Reference Lab	$ 19	$ 77	$ 37.05	$ 12	$ 168
Service Item	Inpatient and Outpatient	Bile Acids, Fractionated and Total-ARUP	83789	300	MC Reference Lab	$ 16	$ 80	$ 71.66	$ 14	$ 192
Service Item	Outpatient	Bile Duct Endoscopy	74328	320	IC Radiology	$ 824.73	$ 399.36	$ 602.14	$ 358.09	$ 736.65
Service Item	Inpatient and Outpatient	Bile Duct Endoscopy	74328	320	MC Diag Radiology	$ 825	$ 399	$ 610.14	$ 358	$ 737
Service Item	Outpatient	Bile Duct Endoscopy	74328	320	NC Diag Imaging	$ 824.73	$ 399.36	$ 610.14	$ 358.09	$ 736.65
Service Item	Outpatient	Bile Duct Endoscopy	74328	320	SC Diag Imaging	$ 824.73	$ 399.36	$ 610.14	$ 358.09	$ 736.65
Service Item	Outpatient	Bile/Pancreas Endoscopy	74330	320	IC Radiology	$ 867.08	$ 399.36	$ 647.08	$ 358.09	$ 774.48
Service Item	Inpatient and Outpatient	Bile/Pancreas Endoscopy	74330	320	MC Diag Radiology	$ 867	$ 399	$ 655.50	$ 358	$ 774
Service Item	Outpatient	Bile/Pancreas Endoscopy	74330	320	NC Diag Imaging	$ 867.08	$ 399.36	$ 655.50	$ 358.09	$ 774.48
Service Item	Outpatient	Bile/Pancreas Endoscopy	74330	320	SC Diag Imaging	$ 867.08	$ 399.36	$ 655.50	$ 358.09	$ 774.48
Service Item	Inpatient and Outpatient	Bilirubin Direct Blood	82248	301	MC General Lab	$ 68	$ 22	$ 46.50	$ 20	$ 61
Service Item	Inpatient and Outpatient	Bilirubin Total Blood	82247	301	MC General Lab	$ 69	$ 22	$ 47.23	$ 20	$ 63
Service Item	Inpatient and Outpatient	Bilirubin Total&Direct	82247	301	MC General Lab	$ 69	$ 22	$ 47.23	$ 20	$ 63
Service Item	Outpatient	Bio Vulva/Perineum 1 Les	56605	510	SFM Family Medicine	$ 950.67	$ 553.79	$ 749.03	$ 553.79	$ 849.14
Service Item	Inpatient and Outpatient	Biofire Gastrointestinal (GI) Panel	87507	306	MC General Lab	$ 728	$ 1,423	$ 1,651.67	$ 631	$ 4,097
Service Item	Inpatient and Outpatient	Biofire Meningitis/Encephalitis (ME) Panel	87483	306	MC General Lab	$ 936	$ 1,588	$ 1,775.51	$ 811	$ 4,097
Service Item	Inpatient and Outpatient	Biofire Respiratory (RP2) Panel (0100U)	87631	300	MC General Lab	$ 754	$ 462	$ 755.57	$ 462	$ 1,261
Service Item	Inpatient and Outpatient	Biofire Respiratory Panel 2.1	87631	300	MC General Lab	$ 754	$ 462	$ 755.57	$ 462	$ 1,261
Service Item	Outpatient	Bioimpedance Cv Analysis Tech	93701	480	SQ Seq Cardiology	$ 682.14	$ 94.74	$ 387.30	$ 25.95	$ 609.29
Service Package	Inpatient and Outpatient	Bioimplant Equine 1X15	C1781	278	MC Central Supply	$ 6,368	Charges have been	$ 4,964.77	$ 5,675	$ 5,801
Service Package	Inpatient and Outpatient	Bioimplant Equine 3X4	C1781	278	MC Central Supply	$ 7,712	Charges have been	$ 5,875.83	$ 6,872	$ 7,025
Service Package	Inpatient and Outpatient	Bioimplant Equine 5X10	C1781	278	MC Central Supply	$ 3,361	Charges have been	$ 2,926.21	$ 2,995	$ 3,061
Service Item	Outpatient	Biopsy Of Cervix	57500	510	SFM Family Medicine	$ 950.67	$ 553.79	$ 749.03	$ 553.79	$ 849.14
Service Item	Outpatient	Biopsy Of Lip	40490	510	SFM Family Medicine	$ 344.21	$ 200.51	$ 268.01	$ 200.51	$ 307.45
Service Item	Inpatient and Outpatient	Biopsy Prostate 10-20 Spc	G0416	310	MC Pathology	$ 328	$ 1,080	$ 813.66	$ 287	$ 1,977
Service Item	Inpatient and Outpatient	Biotinidase(Bd)	82261	301	MC Reference Lab	$ 16	$ 75	$ 60.13	$ 14	$ 166
Service Item	Outpatient	Biotinidase(Bd)	82261	301	Reference Lab CA HS	$ 16.25	$ 74.82	$ 60.09	$ 13.81	$ 165.87
Service Item	Inpatient and Outpatient	Bismuth, Blood-ARUP	83018	300	MC Reference Lab	$ 22	$ 83	$ 45.95	$ 13	$ 216
Service Item	Outpatient	bivalirudin 250 mg IV Inj	J0583	636	CD Infusion Clinic	$ 2,225.05	$ 1,335.03	$ 1,318.73	$ 1.83	$ 2,047.05
Service Item	Inpatient and Outpatient	bivalirudin 250 mg IV Inj	J0583	636	MC Pharmacy	$ 2,225	$ 1,335	$ 1,318.73	$ 2	$ 2,047
Service Item	Outpatient	bivalirudin 250 mg IV Inj	J0583	636	NC Urgent Care	$ 2,225.05	$ 1,335.03	$ 1,313.16	$ 1.83	$ 2,047.05
Service Item	Outpatient	bivalirudin 250 mg IV Inj	J0583	636	SC Urgent Care	$ 2,225.05	$ 1,335.03	$ 1,318.73	$ 1.83	$ 2,047.05
Service Item	Inpatient and Outpatient	BK Virus Detection by PCR, Urine-ARUP	87799	300	MC Reference Lab	$ 47	$ 115	$ 92.21	$ 28	$ 421
Service Item	Inpatient and Outpatient	BK Virus, Quantitative by PCR-ARUP	87799	300	MC Reference Lab	$ 39	$ 115	$ 87.43	$ 23	$ 421
Service Package	Inpatient	Bladder Irrigation Lavage/Instill, Simple	51700	360	MC 2N Cardiac Srvc	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Bladder Irrigation Lavage/Instill, Simple	51700	360	MC 2S Med Surg	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Bladder Irrigation Lavage/Instill, Simple	51700	360	MC 3N Surgical	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Bladder Irrigation Lavage/Instill, Simple	51700	360	MC 3S Oncology	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Bladder Irrigation Lavage/Instill, Simple	51700	360	MC 4N Med Renal	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Bladder Irrigation Lavage/Instill, Simple	51700	360	MC 4S Ortho Surgery	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Bladder Irrigation Lavage/Instill, Simple	51700	360	MC BP Broderick Pav	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Bladder Irrigation Lavage/Instill, Simple	51700	360	MC PE Pediatrics	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient and Outpatient	Blake Drain 10Mm	C1729	272	MC Central Supply	$ 732	Charges have been	$ 646.13	$ 652	$ 666
Service Package	Inpatient and Outpatient	Blake Drain 19Mm	C1729	272	MC Central Supply	$ 607	Charges have been	$ 561.76	$ 541	$ 553
Service Item	Inpatient and Outpatient	Blastomyces Antibody by CF-ARUP	86612	300	MC Reference Lab	$ 14	$ 59	$ 27.75	$ 9	$ 127
Service Item	Outpatient	bleomycin 15 units Inj	J9040	636	CD Infusion Clinic	$ 319.20	$ 191.52	$ 231.04	$ 46.65	$ 318.78
Service Item	Inpatient and Outpatient	bleomycin 15 units Inj	J9040	636	MC Pharmacy	$ 319	$ 505	$ 231.04	$ 47	$ 505
Service Item	Outpatient	bleomycin 15 units Inj	J9040	636	NC Urgent Care	$ 319.20	$ 504.87	$ 230.24	$ 46.65	$ 504.87
Service Item	Outpatient	bleomycin 15 units Inj	J9040	636	SC Urgent Care	$ 319.20	$ 504.87	$ 231.04	$ 46.65	$ 504.87
Service Item	Outpatient	blinatumomab 35 mcg injection	J9039	636	CD Infusion Clinic	$ 13,938.10	$ 8,362.86	$ 6,918.55	$ 108.04	$ 12,823.05
Service Item	Inpatient and Outpatient	blinatumomab 35 mcg injection	J9039	636	MC Pharmacy	$ 13,938	$ 8,473	$ 6,918.55	$ 108	$ 12,823
Service Item	Outpatient	blinatumomab 35 mcg injection	J9039	636	NC Urgent Care	$ 13,938.10	$ 8,473.11	$ 6,883.70	$ 108.04	$ 12,823.05
Service Item	Outpatient	blinatumomab 35 mcg injection	J9039	636	SC Urgent Care	$ 13,938.10	$ 8,473.11	$ 6,918.55	$ 108.04	$ 12,823.05
Service Item	Inpatient	Blood Admin Per Visit	36430	391	MC Blood Bank	$ 925.82	$ 539.31	$ 668.79	$ 181.08	$ 826.94
Service Item	Inpatient and Outpatient	Blood Count Auto	85027	305	MC General Lab	$ 108	$ 29	$ 69.52	$ 26	$ 98
Service Item	Inpatient and Outpatient	Blood Count Boffy Coat	85009	305	MC General Lab	$ 6	$ 17	$ 14.57	$ 5	$ 40
Service Item	Inpatient and Outpatient	Blood Count Diff (Cbc)	85025	305	MC General Lab	$ 117	$ 35	$ 77.50	$ 31	$ 106
Service Item	Inpatient and Outpatient	Blood Count, Manual Differential	85007	305	MC General Lab	$ 46	$ 15	$ 31.67	$ 14	$ 42
Service Item	Inpatient and Outpatient	Blood Culture Yeast	87103	306	MC General Lab	$ 108	$ 40	$ 84.79	$ 36	$ 163
Service Item	Inpatient and Outpatient	Blood Draw Off Venous Device	36591	300	MC General Lab	$ 164	$ 95	$ 129.88	$ 82	$ 147
Service Item	Inpatient and Outpatient	Blood Gas Capillary	82803	301	MC General Lab	$ 261	$ 86	$ 181.48	$ 77	$ 238
Service Package	Inpatient	Blood Gas Capillary	82803	301	MC NI NICU	$ 261.18	Charges have been	$ 241.67	$ 232.73	$ 237.90
Service Item	Inpatient and Outpatient	Blood Gas Mixed Venous	82803	301	MC General Lab	$ 261	$ 86	$ 181.48	$ 77	$ 238
Service Item	Inpatient and Outpatient	Blood Gas Umbil Artery	82803	301	MC General Lab	$ 261	$ 86	$ 181.48	$ 77	$ 238
Service Item	Inpatient and Outpatient	Blood Gas Umbil Vein	82803	301	MC General Lab	$ 261	$ 86	$ 181.48	$ 77	$ 238
Service Package	Inpatient	Blood Gas Venous	82803	301	MC Cardiac Surgery	$ 261.18	$ 155.15	$ 181.48	$ 77.31	$ 237.90
Service Item	Inpatient and Outpatient	Blood Gas Venous	82803	301	MC General Lab	$ 261	$ 86	$ 181.48	$ 77	$ 238
Service Package	Inpatient and Outpatient	Blood Gas Venous	82803	301	MC IC Intnsv Care	$ 261	Charges have been	$ 241.67	$ 233	$ 238
Service Package	Inpatient	Blood Gas Venous	82803	301	MC NI NICU	$ 261.18	Charges have been	$ 241.67	$ 232.73	$ 237.90
Service Item	Inpatient and Outpatient	Blood Gases	82803	301	MC General Lab	$ 261	$ 86	$ 181.48	$ 77	$ 238
Service Package	Inpatient	Blood Trans Ext Add'L Hr		490	MC 3S Oncology	$ 52.73	Charges have been	#N/A	$ 46.07	$ 47.09
Service Item	Inpatient and Outpatient	Blood Typing Abo	86900	302	MC General Lab	$ 152	$ 13	$ 76.16	$ 12	$ 138
Service Item	Inpatient and Outpatient	Blood Typing Rh	86901	302	MC General Lab	$ 62	$ 28	$ 36.58	$ 12	$ 56
Service Item	Inpatient and Outpatient	Bnp Brain Natiuretic Pep	83880	301	MC General Lab	$ 269	$ 151	$ 229.01	$ 136	$ 334
Service Item	Outpatient	Bodetella Pertussis	87798	306	Reference Lab TC	$ 7.21	$ 151.32	$ 126.60	$ 6.13	$ 344.96
Service Item	Outpatient	Bone Age	77072	320	IC Radiology	$ 382.73	$ 66.54	$ 219.06	$ 41.30	$ 341.85
Service Item	Inpatient and Outpatient	Bone Age	77072	320	MC Diag Radiology	$ 383	$ 67	$ 358.49	$ 41	$ 1,636
Service Item	Outpatient	Bone Age	77072	320	NC Diag Imaging	$ 382.73	$ 66.54	$ 358.49	$ 41.30	$ 1,635.83
Service Item	Outpatient	Bone Age	77072	320	SC Diag Imaging	$ 382.73	$ 66.54	$ 358.49	$ 41.30	$ 1,635.83
Service Item	Outpatient	Bone Eval Bone Lengh Scan	77073	320	IC Radiology	$ 455.67	$ 100.71	$ 265.90	$ 68.28	$ 407.01
Service Item	Inpatient and Outpatient	Bone Eval Bone Lengh Scan	77073	320	MC Diag Radiology	$ 456	$ 101	$ 400.72	$ 68	$ 1,636
Service Item	Outpatient	Bone Eval Bone Lengh Scan	77073	320	NC Diag Imaging	$ 455.67	$ 100.71	$ 400.72	$ 68.28	$ 1,635.83
Service Item	Outpatient	Bone Eval Bone Lengh Scan	77073	320	SC Diag Imaging	$ 455.67	$ 100.71	$ 400.72	$ 68.28	$ 1,635.83
Service Item	Outpatient	Bone Eval Infant	77076	320	IC Radiology	$ 506.75	$ 94.53	$ 325.24	$ 84.76	$ 452.63
Service Item	Inpatient and Outpatient	Bone Eval Infant	77076	320	MC Diag Radiology	$ 507	$ 95	$ 456.85	$ 85	$ 1,636
Service Item	Outpatient	Bone Eval Infant	77076	320	NC Diag Imaging	$ 506.75	$ 94.53	$ 456.85	$ 84.76	$ 1,635.83
Service Item	Outpatient	Bone Eval Infant	77076	320	SC Diag Imaging	$ 506.75	$ 94.53	$ 456.85	$ 84.76	$ 1,635.83
Service Package	Inpatient and Outpatient	Bone Graft Wedge	C1713	278	MC Central Supply	$ 5,366	Charges have been	$ 5,028.80	$ 4,782	$ 4,888
Service Item	Inpatient and Outpatient	Bone Image 3 Phase Tech	78315	340	MC Nuclear Medicine	$ 1,730	$ 562	$ 1,232.54	$ 427	$ 1,545
Service Package	Inpatient and Outpatient	Bone Powder	C1713	278	MC Central Supply	$ 674	Charges have been	$ 1,848.77	$ 601	$ 614
Service Item	Inpatient and Outpatient	Bone Scan Regional Spect	78803	340	MC Nuclear Medicine	$ 1,730	$ 757	$ 1,358.87	$ 757	$ 1,545
Service Item	Inpatient and Outpatient	Bone Scan Whole Body	78306	340	MC Nuclear Medicine	$ 1,812	$ 532	$ 1,279.78	$ 427	$ 1,618
Service Item	Inpatient and Outpatient	Bone Scan-Limited	78300	340	MC Nuclear Medicine	$ 1,730	$ 311	$ 1,204.81	$ 303	$ 1,545
Service Item	Outpatient	Bone Survey Complete	77075	320	IC Radiology	$ 718.48	$ 183.96	$ 445.52	$ 129.87	$ 641.75
Service Item	Inpatient and Outpatient	Bone Survey Complete	77075	320	MC Diag Radiology	$ 718	$ 184	$ 563.76	$ 130	$ 1,636
Service Item	Outpatient	Bone Survey Complete	77075	320	NC Diag Imaging	$ 718.48	$ 183.96	$ 563.76	$ 129.87	$ 1,635.83

Service Item	Outpatient	Bone Survey Complete	77075	320	SC Diag Imaging	$ 718.48	$ 183.96	$ 563.76	$ 129.87	$ 1,635.83
Service Item	Outpatient	Bone Survey Limited	77074	320	IC Radiology	$ 663.56	$ 127.59	$ 390.20	$ 114.41	$ 592.69
Service Item	Inpatient and Outpatient	Bone Survey Limited	77074	320	MC Diag Radiology	$ 664	$ 128	$ 511.91	$ 114	$ 1,636
Service Item	Outpatient	Bone Survey Limited	77074	320	NC Diag Imaging	$ 663.56	$ 127.59	$ 511.91	$ 114.41	$ 1,635.83
Service Item	Outpatient	Bone Survey Limited	77074	320	SC Diag Imaging	$ 663.56	$ 127.59	$ 511.91	$ 114.41	$ 1,635.83
Service Package	Inpatient and Outpatient	Bone Void Filler (A)	C1713	278	MC Central Supply	$ 271	Charges have been	$ 1,575.64	$ 242	$ 247
Service Package	Inpatient and Outpatient	Bone Void Filler (B)	C1713	278	MC Central Supply	$ 2,185	Charges have been	$ 2,872.47	$ 1,947	$ 1,990
Service Package	Inpatient and Outpatient	Bone Void Filler (C)	C1713	278	MC Central Supply	$ 4,424	Charges have been	$ 4,390.17	$ 3,942	$ 4,030
Service Package	Inpatient and Outpatient	Bone Void Filler (D)	C1713	278	MC Central Supply	$ 4,102	Charges have been	$ 4,172.03	$ 3,655	$ 3,737
Service Package	Inpatient and Outpatient	Bone Void Filler (E)	C1713	278	MC Central Supply	$ 9,143	Charges have been	$ 7,588.79	$ 8,147	$ 8,328
Service Item	Inpatient and Outpatient	Bord.pertussis IgG, IgM, IgA Ab w Rlx-ARUP	86618	305	MC Reference Lab	$ 19	$ 72	$ 36.75	$ 11	$ 167
Service Item	Inpatient and Outpatient	Bordatella Parapertussis BF	87798	306	MC General Lab	$ 52	$ 151	$ 142.64	$ 45	$ 345
Service Item	Inpatient and Outpatient	Bordatella Pertussis BF	87798	306	MC General Lab	$ 52	$ 151	$ 142.64	$ 45	$ 345
Service Item	Inpatient and Outpatient	Borrelia burgdorferi Abs, Total by ELISA-ARUP	86618	305	MC Reference Lab	$ 19	$ 72	$ 36.75	$ 11	$ 167
Service Item	Inpatient and Outpatient	Borrelia Species by PCR (Lyme Disease)-ARUP	87476	300	MC Reference Lab	$ 39	$ 151	$ 75.49	$ 23	$ 345
Service Item	Outpatient	bortezomib 3.5 mg Inj	J9041	636	CD Infusion Clinic	$ 6,942.30	$ 4,165.38	$ 3,440.30	$ 33.57	$ 6,386.92
Service Item	Inpatient and Outpatient	bortezomib 3.5 mg Inj	J9041	636	MC Pharmacy	$ 6,942	$ 4,198	$ 3,440.30	$ 34	$ 6,387
Service Item	Outpatient	bortezomib 3.5 mg Inj	J9041	636	NC Urgent Care	$ 6,942.30	$ 4,198.38	$ 3,422.95	$ 33.57	$ 6,386.92
Service Item	Outpatient	bortezomib 3.5 mg Inj	J9041	636	SC Urgent Care	$ 6,942.30	$ 4,198.38	$ 3,440.30	$ 33.57	$ 6,386.92
Service Item	Outpatient	botulinum toxin A 100 units Inj	J0585	636	CD Chronic Disease	$ 2,305.50	$ 1,383.30	$ 1,132.45	$ 5.19	$ 2,121.06
Service Item	Outpatient	botulinum toxin A 100 units Inj	J0585	636	CD Infusion Clinic	$ 2,305.50	$ 1,383.30	$ 1,138.21	$ 5.19	$ 2,121.06
Service Item	Inpatient and Outpatient	botulinum toxin A 100 units Inj	J0585	636	MC Pharmacy	$ 2,306	$ 1,383	$ 1,138.21	$ 5	$ 2,121
Service Item	Outpatient	botulinum toxin A 100 units Inj	J0585	636	NC Urgent Care	$ 2,305.50	$ 1,383.30	$ 1,132.45	$ 5.19	$ 2,121.06
Service Item	Outpatient	botulinum toxin A 100 units Inj	J0585	636	SC Urgent Care	$ 2,305.50	$ 1,383.30	$ 1,138.21	$ 5.19	$ 2,121.06
Service Item	Outpatient	botulinum toxin A 50 units Inj	J0585	636	CD Infusion Clinic	$ 1,847.00	$ 1,108.20	$ 973.38	$ 5.19	$ 1,699.24
Service Item	Inpatient and Outpatient	botulinum toxin A 50 units Inj	J0585	636	MC Pharmacy	$ 1,847	$ 1,113	$ 973.38	$ 5	$ 1,699
Service Item	Outpatient	botulinum toxin A 50 units Inj	J0585	636	NC Urgent Care	$ 1,847.00	$ 1,113.30	$ 968.76	$ 5.19	$ 1,699.24
Service Item	Outpatient	botulinum toxin A 50 units Inj	J0585	636	SC Urgent Care	$ 1,847.00	$ 1,113.30	$ 973.38	$ 5.19	$ 1,699.24
Service Item	Inpatient and Outpatient	Bowel Scan - Meckel'S	78290	340	MC Nuclear Medicine	$ 1,777	$ 388	$ 1,242.06	$ 370	$ 1,587
Service Item	Outpatient	Brachyth Isodose Cal Com	77318	333	VR Radiation Onc	$ 1,031.53	$ 918.48	$ 1,156.14	$ 388.35	$ 4,617.55
Service Item	Outpatient	Brachyth Isodose Cal Sim	77316	333	VR Radiation Onc	$ 583.24	$ 519.03	$ 871.19	$ 339.75	$ 4,617.55
Service Item	Inpatient and Outpatient	Brain Scan With Vas Flow	78601	340	MC Nuclear Medicine	$ 1,608	$ 428	$ 1,136.04	$ 413	$ 1,436
Service Item	Outpatient	Brain W/Brn Stem Wo Contr	70551	611	IC MRI	$ 3,911.96	$ 1,411.26	$ 2,487.72	$ 270.02	$ 3,494.18
Service Item	Inpatient and Outpatient	Brain W/Brn Stem Wo Contr	70551	611	MC MRI	$ 3,912	$ 1,411	$ 2,487.72	$ 270	$ 3,494
Service Item	Inpatient and Outpatient	Brainstem Evoked Response	92585	471	MC EEG	$ 843	Charges have been	$ 641.06	$ 293	$ 753
Service Package	Inpatient and Outpatient	Brainstem Evoked Response	92585	471	MC Surgical Srvcs	$ 843	Charges have been	$ 641.06	$ 293	$ 753
Service Item	Outpatient	Brainstem Evoked Response	92585	471	OS EEG	$ 843.04	$ 491.09	$ 932.41	$ 228.49	$ 3,707.23
Service Item	Outpatient	Breast Surgical Specimen	76098	320	IC Breast Center	$ 590.08	$ 54.21	$ 382.49	$ 48.61	$ 572.89
Service Item	Outpatient	Breath Hydrogen or Methane Test	91065	920	SFM Family Medicine	$ 260.68	$ 78.54	$ 204.43	$ 78.54	$ 232.84
Service Item	Outpatient	brentuximab vedotin 50 mg Inj	J9042	636	CD Infusion Clinic	$ 25,564.40	$ 15,338.64	$ 12,660.44	$ 109.64	$ 23,519.25
Service Item	Inpatient and Outpatient	brentuximab vedotin 50 mg Inj	J9042	636	MC Pharmacy	$ 25,564	$ 15,446	$ 12,660.44	$ 110	$ 23,519
Service Item	Outpatient	brentuximab vedotin 50 mg Inj	J9042	636	NC Urgent Care	$ 25,564.40	$ 15,446.42	$ 12,596.53	$ 109.64	$ 23,519.25
Service Item	Outpatient	brentuximab vedotin 50 mg Inj	J9042	636	SC Urgent Care	$ 25,564.40	$ 15,446.42	$ 12,660.44	$ 109.64	$ 23,519.25
Service Item	Outpatient	Brief Emotional/Behav Assmt	96127	918	SFM Family Medicine	$ 82.40	$ 26.55	$ 62.38	$ 26.55	$ 73.60
Service Package	Inpatient and Outpatient	Bronch Dx W/Wo Cell Wash	31622	750	MC Endo Services	$ 3,600	Charges have been	$ 2,862.41	$ 1,658	$ 3,312
Service Package	Inpatient and Outpatient	Bronch Rem Foreign Body	31635	750	MC Endo Services	$ 3,600	Charges have been	$ 2,862.41	$ 1,658	$ 3,312
Service Package	Inpatient and Outpatient	Bronch Tb Asp Biopsy	31629	750	MC Endo Services	$ 5,105	Charges have been	$ 4,321.81	$ 3,403	$ 4,696
Service Package	Inpatient and Outpatient	Bronch W/ Alveolar Lavage	31624	750	MC Endo Services	$ 3,600	Charges have been	$ 2,862.41	$ 1,658	$ 3,312
Service Package	Inpatient and Outpatient	Bronch W/ Biopsy	31625	750	MC Endo Services	$ 3,600	Charges have been	$ 2,862.41	$ 1,658	$ 3,312
Service Package	Inpatient and Outpatient	Bronch W/ Brushings	31623	750	MC Endo Services	$ 3,600	Charges have been	$ 2,862.41	$ 1,658	$ 3,312
Service Package	Inpatient and Outpatient	Bronch W/ Lung Biopsy	31628	750	MC Endo Services	$ 5,105	Charges have been	$ 4,321.81	$ 3,403	$ 4,696
Service Item	Inpatient and Outpatient	Bronchoprovocation Chal	94070	460	MC Pulmonary Func	$ 1,047	$ 245	$ 628.87	$ 187	$ 935
Service Package	Inpatient and Outpatient	Bronchoscopy,rigid or flexible,incl fluoro w/ aspi	31645	750	MC Endo Services	$ 3,600	Charges have been	$ 2,862.41	$ 1,658	$ 3,312
Service Item	Inpatient and Outpatient	Brucella Ab (Total) by Agglutination-ARUP	86622	300	MC Reference Lab	$ 10	$ 36	$ 18.95	$ 6	$ 88
Service Item	Outpatient	B-Scan Of Chest Med/Real	76604	402	IC Ultrasound	$ 218.27	$ 166.50	$ 331.64	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	B-Scan Of Chest Med/Real	76604	402	MC Ultrasound	$ 218	$ 167	$ 331.64	$ 130	$ 1,636
Service Item	Outpatient	budesonide 0.25 mg/2 mL Inh Susp 2 mL	J7626	636	CD Infusion Clinic	$ 53.65	$ 32.19	$ 33.58	$ 0.76	$ 49.36
Service Item	Inpatient and Outpatient	budesonide 0.25 mg/2 mL Inh Susp 2 mL	J7626	636	MC Pharmacy	$ 54	$ 32	$ 33.58	$ 1	$ 49
Service Item	Outpatient	budesonide 0.25 mg/2 mL Inh Susp 2 mL	J7626	636	NC Urgent Care	$ 53.65	$ 32.19	$ 33.44	$ 0.76	$ 49.36
Service Item	Outpatient	budesonide 0.25 mg/2 mL Inh Susp 2 mL	J7626	636	SC Urgent Care	$ 53.65	$ 32.19	$ 33.58	$ 0.76	$ 49.36
Service Item	Outpatient	budesonide 0.5 mg/2 mL Inh Susp 2 mL	J7626	636	CD Infusion Clinic	$ 51.95	$ 31.17	$ 32.97	$ 0.76	$ 47.79
Service Item	Inpatient and Outpatient	budesonide 0.5 mg/2 mL Inh Susp 2 mL	J7626	636	MC Pharmacy	$ 52	$ 31	$ 32.97	$ 1	$ 48
Service Item	Outpatient	budesonide 0.5 mg/2 mL Inh Susp 2 mL	J7626	636	NC Urgent Care	$ 51.95	$ 31.17	$ 32.84	$ 0.76	$ 47.79
Service Item	Outpatient	budesonide 0.5 mg/2 mL Inh Susp 2 mL	J7626	636	SC Urgent Care	$ 51.95	$ 31.17	$ 32.97	$ 0.76	$ 47.79
Service Item	Outpatient	bumetanide 0.25 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 16.75	$ 10.05	$ 18.30	$ 10.05	$ 27.98
Service Item	Inpatient and Outpatient	bumetanide 0.25 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 17	$ 10	$ 18.30	$ 10	$ 28
Service Item	Outpatient	bumetanide 0.25 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 16.75	$ 10.05	$ 18.26	$ 10.05	$ 27.98
Service Item	Outpatient	bumetanide 0.25 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 16.75	$ 10.05	$ 18.30	$ 10.05	$ 27.98
Service Item	Outpatient	bumetanide 0.25 mg/mL Inj 4 mL	J3490	636	CD Chronic Disease	$ 17.25	$ 10.35	$ 18.54	$ 10.35	$ 27.98
Service Item	Outpatient	bumetanide 0.25 mg/mL Inj 4 mL	J3490	636	CD Infusion Clinic	$ 17.25	$ 10.35	$ 18.59	$ 10.35	$ 27.98
Service Item	Inpatient and Outpatient	bumetanide 0.25 mg/mL Inj 4 mL	J3490	636	MC Pharmacy	$ 17	$ 10	$ 18.59	$ 10	$ 28
Service Item	Outpatient	bumetanide 0.25 mg/mL Inj 4 mL	J3490	636	NC Urgent Care	$ 17.25	$ 10.35	$ 18.54	$ 10.35	$ 27.98
Service Item	Outpatient	bumetanide 0.25 mg/mL Inj 4 mL	J3490	636	SC Urgent Care	$ 17.25	$ 10.35	$ 18.59	$ 10.35	$ 27.98
Service Package	Inpatient and Outpatient	Bumper Tibial Insert	C1776	278	MC Central Supply	$ 2,621	Charges have been	$ 2,227.32	$ 2,336	$ 2,388
Service Package	Inpatient and Outpatient	Bundle Of His Recording	93600	481	MC Cath Lab Srvcs	$ 14,714	Charges have been	$ 11,212.44	$ 6,820	$ 11,500
Service Item	Outpatient	bupivacaine 0.25% Inj 50 mL	J3490	636	CD Infusion Clinic	$ 56.15	$ 33.69	$ 40.95	$ 23.14	$ 51.66
Service Item	Inpatient and Outpatient	bupivacaine 0.25% Inj 50 mL	J3490	636	MC Pharmacy	$ 56	$ 34	$ 40.95	$ 23	$ 52
Service Item	Outpatient	bupivacaine 0.25% Inj 50 mL	J3490	636	NC Urgent Care	$ 56.15	$ 33.69	$ 40.81	$ 23.14	$ 51.66
Service Item	Outpatient	bupivacaine 0.25% Inj 50 mL	J3490	636	SC Urgent Care	$ 56.15	$ 33.69	$ 40.95	$ 23.14	$ 51.66
Service Item	Outpatient	bupivacaine 0.25% Inj 50 mL	J3490	636	SFM Family Medicine	$ 56.15	$ 33.69	$ 40.81	$ 23.14	$ 51.66
Service Item	Outpatient	bupivacaine 0.5% Inj 50 mL	J3490	636	CD Infusion Clinic	$ 62.50	$ 37.50	$ 44.60	$ 23.14	$ 57.50
Service Item	Inpatient and Outpatient	bupivacaine 0.5% Inj 50 mL	J3490	636	MC Pharmacy	$ 63	$ 38	$ 44.60	$ 23	$ 58
Service Item	Outpatient	bupivacaine 0.5% Inj 50 mL	J3490	636	NC Urgent Care	$ 62.50	$ 37.50	$ 44.44	$ 23.14	$ 57.50
Service Item	Outpatient	bupivacaine 0.5% Inj 50 mL	J3490	636	SC Urgent Care	$ 62.50	$ 37.50	$ 44.60	$ 23.14	$ 57.50
Service Item	Outpatient	bupivacaine 0.5% Inj 50 mL	J3490	636	SFM Family Medicine	$ 62.50	$ 37.50	$ 44.44	$ 23.14	$ 57.50
Service Item	Inpatient and Outpatient	bupivacaine liposome 0.53% / bupivacaine 0.15%	C9290	636	MC Pharmacy	$ 1,758	$ 1,055	$ 1,138.91	$ 1	$ 1,617
Service Item	Outpatient	bupivacaine liposome 1.3% (13.3 mg/mL) Inj Sus	C9290	636	CD Infusion Clinic	$ 1,757.70	$ 1,054.62	$ 1,138.91	$ 1.29	$ 1,617.08
Service Item	Inpatient and Outpatient	bupivacaine liposome 1.3% (13.3 mg/mL) Inj Sus	C9290	636	MC Pharmacy	$ 1,758	$ 1,055	$ 1,138.91	$ 1	$ 1,617
Service Item	Outpatient	bupivacaine liposome 1.3% (13.3 mg/mL) Inj Sus	C9290	636	NC Urgent Care	$ 1,757.70	$ 1,054.62	$ 949.52	$ 1.21	$ 1,617.08
Service Item	Outpatient	bupivacaine liposome 1.3% (13.3 mg/mL) Inj Sus	C9290	636	SC Urgent Care	$ 1,757.70	$ 1,054.62	$ 953.91	$ 1.21	$ 1,617.08
Service Item	Outpatient	bupivacaine PF 0.25% Inj 10 mL	J3490	636	CD Infusion Clinic	$ 13.20	$ 7.92	$ 16.26	$ 7.92	$ 27.98
Service Item	Inpatient and Outpatient	bupivacaine PF 0.25% Inj 10 mL	J3490	636	MC Pharmacy	$ 13	$ 8	$ 16.26	$ 8	$ 28
Service Item	Outpatient	bupivacaine PF 0.25% Inj 10 mL	J3490	636	NC Urgent Care	$ 13.20	$ 7.92	$ 16.23	$ 7.92	$ 27.98
Service Item	Outpatient	bupivacaine PF 0.25% Inj 10 mL	J3490	636	SC Urgent Care	$ 13.20	$ 7.92	$ 16.26	$ 7.92	$ 27.98
Service Item	Outpatient	bupivacaine PF 0.25% Inj 30 mL	J3490	636	CD Infusion Clinic	$ 13.50	$ 8.10	$ 16.43	$ 8.10	$ 27.98
Service Item	Inpatient and Outpatient	bupivacaine PF 0.25% Inj 30 mL	J3490	636	MC Pharmacy	$ 14	$ 8	$ 16.43	$ 8	$ 28
Service Item	Outpatient	bupivacaine PF 0.25% Inj 30 mL	J3490	636	NC Urgent Care	$ 13.50	$ 8.10	$ 16.40	$ 8.10	$ 27.98
Service Item	Outpatient	bupivacaine PF 0.25% Inj 30 mL	J3490	636	SC Urgent Care	$ 13.50	$ 8.10	$ 16.43	$ 8.10	$ 27.98
Service Item	Outpatient	bupivacaine PF 0.5% Inj 10 mL	J3490	636	CD Infusion Clinic	$ 30.95	$ 18.57	$ 26.46	$ 18.57	$ 28.47
Service Item	Inpatient and Outpatient	bupivacaine PF 0.5% Inj 10 mL	J3490	636	MC Pharmacy	$ 31	$ 19	$ 26.46	$ 19	$ 28
Service Item	Outpatient	bupivacaine PF 0.5% Inj 10 mL	J3490	636	NC Urgent Care	$ 30.95	$ 18.57	$ 26.39	$ 18.57	$ 28.47
Service Item	Outpatient	bupivacaine PF 0.5% Inj 10 mL	J3490	636	SC Urgent Care	$ 30.95	$ 18.57	$ 26.46	$ 18.57	$ 28.47
Service Item	Outpatient	bupivacaine PF 0.5% Inj 10 mL	J3490	636	SFM Family Medicine	$ 30.95	$ 18.57	$ 26.39	$ 18.57	$ 28.47
Service Item	Outpatient	bupivacaine PF 0.5% Inj 30 mL	J3490	636	CD Infusion Clinic	$ 42.75	$ 25.65	$ 33.25	$ 23.14	$ 39.33
Service Item	Inpatient and Outpatient	bupivacaine PF 0.5% Inj 30 mL	J3490	636	MC Pharmacy	$ 43	$ 26	$ 33.25	$ 23	$ 39
Service Item	Outpatient	bupivacaine PF 0.5% Inj 30 mL	J3490	636	NC Urgent Care	$ 42.75	$ 25.65	$ 33.14	$ 23.14	$ 39.33
Service Item	Outpatient	bupivacaine PF 0.5% Inj 30 mL	J3490	636	SC Urgent Care	$ 42.75	$ 25.65	$ 33.25	$ 23.14	$ 39.33
Service Item	Outpatient	bupivacaine PF 0.75% Inj 30 mL	J3490	636	CD Infusion Clinic	$ 44.45	$ 26.67	$ 34.22	$ 23.14	$ 40.89
Service Item	Inpatient and Outpatient	bupivacaine PF 0.75% Inj 30 mL	J3490	636	MC Pharmacy	$ 44	$ 27	$ 34.22	$ 23	$ 41
Service Item	Outpatient	bupivacaine PF 0.75% Inj 30 mL	J3490	636	NC Urgent Care	$ 44.45	$ 26.67	$ 34.11	$ 23.14	$ 40.89
Service Item	Outpatient	bupivacaine PF 0.75% Inj 30 mL	J3490	636	SC Urgent Care	$ 44.45	$ 26.67	$ 34.22	$ 23.14	$ 40.89
Service Item	Outpatient	bupivacaine PF 0.75%-D8.25% Intrathecal Inj 2 n	J3490	636	CD Infusion Clinic	$ 31.00	$ 18.60	$ 26.49	$ 18.60	$ 28.52
Service Item	Inpatient and Outpatient	bupivacaine PF 0.75%-D8.25% Intrathecal Inj 2 n	J3490	636	MC Pharmacy	$ 31	$ 19	$ 26.49	$ 19	$ 29
Service Item	Outpatient	bupivacaine PF 0.75%-D8.25% Intrathecal Inj 2 n	J3490	636	NC Urgent Care	$ 31.00	$ 18.60	$ 26.41	$ 18.60	$ 28.52
Service Item	Outpatient	bupivacaine PF 0.75%-D8.25% Intrathecal Inj 2 n	J3490	636	SC Urgent Care	$ 31.00	$ 18.60	$ 26.49	$ 18.60	$ 28.52
Service Item	Outpatient	bupivacaine PF 0.75%-D8.25% Intrathecal Inj 2 n	J3490	636	SFM Family Medicine	$ 31.00	$ 18.60	$ 26.41	$ 18.60	$ 28.52
Service Item	Outpatient	bupivacaine-EPINEPHrine 0.5%-1/200,000 Inj 1.5	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	bupivacaine-EPINEPHrine 0.5%-1/200,000 Inj 1.5	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28

Service Item	Outpatient	bupivacaine-EPINEPHrine 0.5%-1/200,000 Inj 1.5	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	bupivacaine-EPINEPHrine 0.5%-1/200,000 Inj 1.5	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	bupivacaine-EPINEPHrine 0.5%-1/200,000 Inj 50	J3490	636	CD Infusion Clinic	$ 73.75	$ 44.25	$ 51.07	$ 23.14	$ 67.85
Service Item	Inpatient and Outpatient	bupivacaine-EPINEPHrine 0.5%-1/200,000 Inj 50	J3490	636	MC Pharmacy	$ 74	$ 44	$ 51.07	$ 23	$ 68
Service Item	Outpatient	bupivacaine-EPINEPHrine 0.5%-1/200,000 Inj 50	J3490	636	NC Urgent Care	$ 73.75	$ 44.25	$ 50.88	$ 23.14	$ 67.85
Service Item	Outpatient	bupivacaine-EPINEPHrine 0.5%-1/200,000 Inj 50	J3490	636	SC Urgent Care	$ 73.75	$ 44.25	$ 51.07	$ 23.14	$ 67.85
Service Item	Outpatient	bupivacaine-EPINEPHrine PF 0.25%-1/200,000 In	J3490	636	CD Infusion Clinic	$ 52.25	$ 31.35	$ 38.71	$ 23.14	$ 48.07
Service Item	Inpatient and Outpatient	bupivacaine-EPINEPHrine PF 0.25%-1/200,000 In	J3490	636	MC Pharmacy	$ 52	$ 31	$ 38.71	$ 23	$ 48
Service Item	Outpatient	bupivacaine-EPINEPHrine PF 0.25%-1/200,000 In	J3490	636	NC Urgent Care	$ 52.25	$ 31.35	$ 38.58	$ 23.14	$ 48.07
Service Item	Outpatient	bupivacaine-EPINEPHrine PF 0.25%-1/200,000 In	J3490	636	SC Urgent Care	$ 52.25	$ 31.35	$ 38.71	$ 23.14	$ 48.07
Service Item	Inpatient and Outpatient	bupivacaine-EPINEPHrine PF 0.25%-1:200,000 In	J3490	636	MC Pharmacy	$ 36	$ 22	$ 29.39	$ 22	$ 33
Service Item	Outpatient	bupivacaine-EPINEPHrine PF 0.5%-1/200,000 Inj	J3490	636	CD Infusion Clinic	$ 56.25	$ 33.75	$ 41.01	$ 23.14	$ 51.75
Service Item	Inpatient and Outpatient	bupivacaine-EPINEPHrine PF 0.5%-1/200,000 Inj	J3490	636	MC Pharmacy	$ 56	$ 34	$ 41.01	$ 23	$ 52
Service Item	Outpatient	bupivacaine-EPINEPHrine PF 0.5%-1/200,000 Inj	J3490	636	NC Urgent Care	$ 56.25	$ 33.75	$ 40.87	$ 23.14	$ 51.75
Service Item	Outpatient	bupivacaine-EPINEPHrine PF 0.5%-1/200,000 Inj	J3490	636	SC Urgent Care	$ 56.25	$ 33.75	$ 41.01	$ 23.14	$ 51.75
Service Item	Inpatient and Outpatient	buprenorphine-naloXone 2 mg-0.5 mg SL Tab	J0572	250	MC Pharmacy	$ 26	$ 15	$ 17.04	$ 4	$ 24
Service Item	Outpatient	buprenorphine-naloXone 2 mg-0.5 mg SL Tab	J0572	250	NC Urgent Care	$ 25.70	$ 15.42	$ 16.97	$ 4.12	$ 23.64
Service Item	Outpatient	buprenorphine-naloXone 2 mg-0.5 mg SL Tab	J0572	250	SC Urgent Care	$ 25.70	$ 15.42	$ 17.04	$ 4.12	$ 23.64
Service Item	Inpatient and Outpatient	buprenorphine-naloXone 8 mg-2 mg SL Tab	J0574	250	MC Pharmacy	$ 49	$ 29	$ 32.29	$ 8	$ 45
Service Item	Outpatient	buprenorphine-naloXone 8 mg-2 mg SL Tab	J0574	250	NC Urgent Care	$ 48.55	$ 29.13	$ 32.17	$ 8.32	$ 44.67
Service Item	Outpatient	buprenorphine-naloXone 8 mg-2 mg SL Tab	J0574	250	SC Urgent Care	$ 48.55	$ 29.13	$ 32.29	$ 8.32	$ 44.67
Service Package	Inpatient and Outpatient	Burn Tx-Lg Debridement	16030	450	MC Emergency	$ 796	Charges have been	$ 628.47	$ 370	$ 711
Service Item	Outpatient	Burn Tx-Lg Debridement	16030	450	OP Wound Center	$ 795.78	$ 463.56	$ 604.02	$ 370.22	$ 710.79
Service Item	Outpatient	Burn Tx-Lg Debridement	16030	450	SFM Family Medicine	$ 795.78	$ 463.56	$ 602.09	$ 370.22	$ 710.79
Service Package	Inpatient and Outpatient	Burn Tx-Med Debridement	16025	450	MC Emergency	$ 316	Charges have been	$ 263.29	$ 202	$ 282
Service Item	Outpatient	Burn Tx-Med Debridement	16025	450	OP Wound Center	$ 315.80	$ 183.96	$ 245.25	$ 183.96	$ 282.07
Service Item	Outpatient	Burn Tx-Med Debridement	16025	450	SFM Family Medicine	$ 315.80	$ 183.96	$ 244.49	$ 183.96	$ 282.07
Service Package	Inpatient and Outpatient	Burn Tx-Sm Debridement	16020	516	MC Emergency	$ 290	Charges have been	$ 246.18	$ 202	$ 259
Service Item	Outpatient	Burn Tx-Sm Debridement	16020	516	NC Urgent Care	$ 290.39	$ 169.16	$ 200.26	$ 63.29	$ 259.38
Service Item	Outpatient	Burn Tx-Sm Debridement	16020	516	OP Wound Center	$ 290.39	$ 169.16	$ 227.15	$ 169.16	$ 259.38
Service Item	Outpatient	Burn Tx-Sm Debridement	16020	516	SC Urgent Care	$ 290.39	$ 169.16	$ 200.97	$ 63.29	$ 259.38
Service Item	Outpatient	Burn Tx-Sm Debridement	16020	516	SFM Family Medicine	$ 290.39	$ 169.16	$ 226.44	$ 169.16	$ 259.38
Service Package	Inpatient and Outpatient	Bushing Fem Adaptor	C1776	278	MC Central Supply	$ 1,275	Charges have been	$ 1,314.85	$ 1,136	$ 1,161
Service Item	Outpatient	Bx Abdml/Retroperi Mass	49180	361	IC CAT Scan	$ 1,898.62	$ 1,105.99	$ 1,443.70	$ 424.77	$ 1,695.85
Service Item	Outpatient	Bx Abdml/Retroperi Mass	49180	361	IC Ultrasound	$ 1,898.62	$ 1,105.99	$ 1,443.70	$ 424.77	$ 1,695.85
Service Item	Inpatient and Outpatient	Bx Abdml/Retroperi Mass	49180	361	MC CAT Scanner	$ 1,899	$ 1,106	$ 1,443.70	$ 425	$ 1,696
Service Item	Inpatient and Outpatient	Bx Abdml/Retroperi Mass	49180	361	MC Ultrasound	$ 1,899	$ 1,106	$ 1,443.70	$ 425	$ 1,696
Service Item	Outpatient	Bx Bone Deep	20225	361	IC CAT Scan	$ 2,466.28	$ 1,436.67	$ 1,826.48	$ 538.69	$ 2,202.89
Service Item	Inpatient and Outpatient	Bx Bone Deep	20225	361	MC CAT Scanner	$ 2,466	$ 1,437	$ 1,826.48	$ 539	$ 2,203
Service Item	Outpatient	Bx Bone Open Superfical	20240	761	OP Wound Center	$ 2,700.00	$ 2,100.00	$ 2,142.07	$ 1,429.00	$ 2,686.90
Service Item	Outpatient	Bx Bone Superficial	20220	361	IC CAT Scan	$ 3,431.50	$ 1,105.99	$ 1,716.00	$ 357.99	$ 1,695.85
Service Item	Inpatient and Outpatient	Bx Bone Superficial	20220	361	MC CAT Scanner	$ 3,432	$ 1,106	$ 1,716.00	$ 358	$ 1,696
Service Package	Inpatient and Outpatient	Bx Bone Superficial	20220	361	MC Cath Lab Srvcs	$ 3,432	Charges have been	$ 2,373.69	$ 1,590	$ 1,696
Service Item	Outpatient	Bx Bone Superficial	20220	361	OP Wound Center	$ 3,431.50	$ 1,105.99	$ 1,697.61	$ 357.99	$ 1,695.85
Service Item	Outpatient	Bx Breast 1St Lesion Mri	19085	361	IC MRI	$ 5,686.55	$ 3,312.55	$ 3,972.37	$ 928.93	$ 5,079.25
Service Item	Inpatient and Outpatient	Bx Breast 1St Lesion Mri	19085	361	MC MRI	$ 5,687	$ 3,313	$ 3,972.37	$ 929	$ 5,079
Service Item	Outpatient	Bx Breast 1St Lesion Strt	19081	361	IC Breast Center	$ 5,686.55	$ 3,312.55	$ 3,964.10	$ 846.22	$ 5,079.25
Service Item	Outpatient	Bx Breast 1St Lesion Us	19083	361	IC Ultrasound	$ 5,686.55	$ 3,312.55	$ 3,958.93	$ 794.52	$ 5,079.25
Service Item	Inpatient and Outpatient	Bx Breast 1St Lesion Us	19083	361	MC Ultrasound	$ 5,687	$ 3,313	$ 3,958.93	$ 795	$ 5,079
Service Item	Outpatient	Bx Breast Add Lesion Mri	19086	361	IC MRI	$ 1,944.77	$ 1,132.88	$ 1,504.59	$ 434.03	$ 1,737.08
Service Item	Inpatient and Outpatient	Bx Breast Add Lesion Mri	19086	361	MC MRI	$ 1,945	$ 1,133	$ 1,504.59	$ 434	$ 1,737
Service Item	Outpatient	Bx Breast Add Lesion Strt	19082	361	IC Breast Center	$ 1,944.77	$ 1,132.88	$ 1,502.25	$ 410.62	$ 1,737.08
Service Item	Outpatient	Bx Breast Add Lesion Us	19084	361	IC Ultrasound	$ 1,944.77	$ 1,132.88	$ 1,499.82	$ 386.34	$ 1,737.08
Service Item	Inpatient and Outpatient	Bx Breast Add Lesion Us	19084	361	MC Ultrasound	$ 1,945	$ 1,133	$ 1,499.82	$ 386	$ 1,737
Service Item	Outpatient	Bx External Ear	69100	510	SFM Family Medicine	$ 708.91	$ 412.96	$ 526.98	$ 235.96	$ 633.20
Service Item	Outpatient	Bx Liver	47000	361	IC CAT Scan	$ 3,431.50	$ 1,421.39	$ 1,983.10	$ 472.03	$ 2,179.47
Service Item	Outpatient	Bx Liver	47000	361	IC Ultrasound	$ 3,431.50	$ 1,421.39	$ 1,983.10	$ 472.03	$ 2,179.47
Service Item	Inpatient and Outpatient	Bx Liver	47000	361	MC CAT Scanner	$ 3,432	$ 1,421	$ 1,983.10	$ 472	$ 2,179
Service Package	Inpatient and Outpatient	Bx Liver	47000	361	MC Cath Lab Srvcs	$ 3,432	Charges have been	$ 2,491.96	$ 1,590	$ 2,179
Service Package	Inpatient and Outpatient	Bx Liver	47000	361	MC Endo Services	$ 3,432	Charges have been	$ 2,491.96	$ 1,590	$ 2,179
Service Item	Inpatient and Outpatient	Bx Liver	47000	361	MC Ultrasound	$ 3,432	$ 1,421	$ 1,983.10	$ 472	$ 2,179
Service Item	Outpatient	Bx Lung Or Mediastinum	32405	361	IC CAT Scan	$ 2,397.99	$ 1,396.89	$ 1,779.05	$ 511.11	$ 2,141.90
Service Item	Inpatient and Outpatient	Bx Lung Or Mediastinum	32405	361	MC CAT Scanner	$ 2,398	$ 1,397	$ 1,779.05	$ 511	$ 2,142
Service Item	Outpatient	Bx Lymph Node	38505	361	IC CAT Scan	$ 1,898.62	$ 1,105.99	$ 1,440.62	$ 393.98	$ 1,695.85
Service Item	Outpatient	Bx Lymph Node	38505	361	IC Ultrasound	$ 1,898.62	$ 1,105.99	$ 1,440.62	$ 393.98	$ 1,695.85
Service Item	Inpatient and Outpatient	Bx Lymph Node	38505	361	MC CAT Scanner	$ 1,899	$ 1,106	$ 1,440.62	$ 394	$ 1,696
Service Item	Inpatient and Outpatient	Bx Lymph Node	38505	361	MC Ultrasound	$ 1,899	$ 1,106	$ 1,440.62	$ 394	$ 1,696
Service Item	Outpatient	Bx Muscle	20206	361	IC CAT Scan	$ 1,843.98	$ 1,074.16	$ 1,394.38	$ 289.05	$ 1,647.05
Service Item	Outpatient	Bx Muscle	20206	361	IC Ultrasound	$ 1,843.98	$ 1,074.16	$ 1,394.38	$ 289.05	$ 1,647.05
Service Item	Inpatient and Outpatient	Bx Muscle	20206	361	MC CAT Scanner	$ 1,844	$ 1,074	$ 1,394.38	$ 289	$ 1,647
Service Item	Inpatient and Outpatient	Bx Muscle	20206	361	MC Ultrasound	$ 1,844	$ 1,074	$ 1,394.38	$ 289	$ 1,647
Service Item	Outpatient	BX Nail Unit	11755	510	SFM Family Medicine	$ 1,053.67	$ 613.79	$ 818.87	$ 613.79	$ 941.14
Service Item	Outpatient	Bx Pancreas	48102	361	IC CAT Scan	$ 1,898.62	$ 1,105.99	$ 1,521.63	$ 1,105.99	$ 1,695.85
Service Item	Inpatient and Outpatient	Bx Pancreas	48102	361	MC CAT Scanner	$ 1,899	$ 1,106	$ 1,521.63	$ 1,106	$ 1,696
Service Item	Outpatient	Bx Renal	50200	361	IC CAT Scan	$ 3,348.40	$ 1,950.52	$ 2,428.64	$ 789.04	$ 2,990.80
Service Item	Inpatient and Outpatient	Bx Renal	50200	361	MC CAT Scanner	$ 3,348	$ 1,951	$ 2,428.64	$ 789	$ 2,991
Service Item	Outpatient	Bx Sft Tis Deep	27041	360	IC CAT Scan	$ 2,540.87	$ 1,480.12	$ 2,137.32	$ 1,480.12	$ 3,159.05
Service Item	Outpatient	Bx Sft Tis Deep	27041	360	IC Ultrasound	$ 2,540.87	$ 1,480.12	$ 2,137.32	$ 1,480.12	$ 3,159.05
Service Item	Inpatient and Outpatient	Bx Sft Tis Deep	27041	360	MC CAT Scanner	$ 2,541	$ 1,480	$ 2,137.32	$ 1,480	$ 3,159
Service Item	Inpatient and Outpatient	Bx Sft Tis Deep	27041	360	MC Ultrasound	$ 2,541	$ 1,480	$ 2,137.32	$ 1,480	$ 3,159
Service Item	Outpatient	Bx Sft Tis Superficial	27040	361	IC CAT Scan	$ 1,898.62	$ 1,105.99	$ 1,494.92	$ 936.96	$ 1,695.85
Service Item	Outpatient	Bx Sft Tis Superficial	27040	361	IC Ultrasound	$ 1,898.62	$ 1,105.99	$ 1,494.92	$ 936.96	$ 1,695.85
Service Item	Inpatient and Outpatient	Bx Sft Tis Superficial	27040	361	MC CAT Scanner	$ 1,899	$ 1,106	$ 1,494.92	$ 937	$ 1,696
Service Item	Inpatient and Outpatient	Bx Sft Tis Superficial	27040	361	MC Ultrasound	$ 1,899	$ 1,106	$ 1,494.92	$ 937	$ 1,696
Service Item	Outpatient	Bx Thyroid	60100	361	IC Ultrasound	$ 1,252.26	$ 729.47	$ 932.37	$ 423.90	$ 1,118.53
Service Item	Inpatient and Outpatient	Bx Thyroid	60100	361	MC Ultrasound	$ 1,252	$ 729	$ 932.37	$ 424	$ 1,119
Service Item	Inpatient and Outpatient	C Psittaci Igg Titer65107	86631	305	MC Reference Lab	$ 13	$ 58	$ 24.23	$ 8	$ 116
Service Item	Inpatient and Outpatient	C. difficile Cytotoxin Antibody-ARUP	87230	300	MC Reference Lab	$ 93	$ 88	$ 90.50	$ 56	$ 194
Service Item	Inpatient and Outpatient	C. difficile toxin B gene (tcdB), RT-PCR Stool-ARU	87493	300	MC Reference Lab	$ 40	$ 196	$ 176.73	$ 35	$ 345
Service Item	Inpatient and Outpatient	C. Pneumo Igg Titer65104	86631	305	MC Reference Lab	$ 13	$ 58	$ 24.23	$ 8	$ 116
Service Item	Inpatient and Outpatient	C. Pneumo Igm Qt65101	86632	305	MC Reference Lab	$ 14	$ 58	$ 27.45	$ 9	$ 125
Service Item	Inpatient and Outpatient	C. Psitaci Igm Titer65103	86632	305	MC Reference Lab	$ 14	$ 58	$ 27.45	$ 9	$ 125
Service Item	Inpatient and Outpatient	C. Trach Igg Titer65106	86631	305	MC Reference Lab	$ 13	$ 58	$ 24.23	$ 8	$ 116
Service Item	Inpatient and Outpatient	C. Trach Igm Qt65102	86632	305	MC Reference Lab	$ 14	$ 58	$ 27.45	$ 9	$ 125
Service Item	Outpatient	C. trachomatis & N. gonorrhoeae by TMA-ARUP	87491	306	Reference Lab Sp	$ 19.57	$ 151.32	$ 130.86	$ 16.63	$ 344.96
Service Item	Inpatient and Outpatient	C.Difficile	87449	306	MC General Lab	$ 80	$ 40	$ 69.37	$ 36	$ 118
Service Item	Inpatient and Outpatient	C.Difficile Amplifi Probe	87493	306	MC General Lab	$ 394	$ 196	$ 303.40	$ 150	$ 359
Service Item	Outpatient	C1 esterase inhibitor 500 units Inj (Berinert)	J0597	636	CD Infusion Clinic	$ 7,555.50	$ 4,533.30	$ 3,745.32	$ 40.59	$ 6,951.06
Service Item	Inpatient and Outpatient	C1 esterase inhibitor 500 units Inj (Berinert)	J0597	636	MC Pharmacy	$ 7,556	$ 4,573	$ 3,745.32	$ 41	$ 6,951
Service Item	Outpatient	C1 esterase inhibitor 500 units Inj (Berinert)	J0597	636	NC Urgent Care	$ 7,555.50	$ 4,573.20	$ 3,726.44	$ 40.59	$ 6,951.06
Service Item	Outpatient	C1 esterase inhibitor 500 units Inj (Berinert)	J0597	636	SC Urgent Care	$ 7,555.50	$ 4,573.20	$ 3,745.32	$ 40.59	$ 6,951.06
Service Item	Outpatient	C1 esterase inhibitor 500 units Inj (Cynryze)	J0598	636	CD Infusion Clinic	$ 8,541.00	$ 5,124.60	$ 4,232.33	$ 40.59	$ 7,857.72
Service Item	Inpatient and Outpatient	C1 esterase inhibitor 500 units Inj (Cynryze)	J0598	636	MC Pharmacy	$ 8,541	$ 5,165	$ 4,232.33	$ 41	$ 7,858
Service Item	Outpatient	C1 esterase inhibitor 500 units Inj (Cynryze)	J0598	636	NC Urgent Care	$ 8,541.00	$ 5,164.50	$ 4,210.98	$ 40.59	$ 7,857.72
Service Item	Outpatient	C1 esterase inhibitor 500 units Inj (Cynryze)	J0598	636	SC Urgent Care	$ 8,541.00	$ 5,164.50	$ 4,232.33	$ 40.59	$ 7,857.72
Service Item	Inpatient and Outpatient	C-1-Esterase Inhibitor Functional-ARUP	86161	300	MC Reference Lab	$ 13	$ 53	$ 25.72	$ 8	$ 118
Service Item	Inpatient and Outpatient	C-1-Esterase Inhibitor Panel-ARUP	86161	305	MC Reference Lab	$ 14	$ 53	$ 25.98	$ 8	$ 118
Service Item	Inpatient and Outpatient	C-1-Esterase Inhibitor-ARUP	86160	300	MC Reference Lab	$ 11	$ 53	$ 49.48	$ 9	$ 118
Service Item	Inpatient and Outpatient	C1Q Binding Assay-ARUP	86332	300	MC Reference Lab	$ 27	$ 109	$ 49.73	$ 16	$ 240
Service Item	Inpatient and Outpatient	C1Q Complement Component-ARUP	86332	305	MC Reference Lab	$ 11	$ 109	$ 40.22	$ 6	$ 240
Service Item	Inpatient and Outpatient	Ca 125	86304	300	MC General Lab	$ 198	$ 93	$ 155.56	$ 83	$ 205
Service Item	Inpatient and Outpatient	Ca 15-3	86300	302	MC General Lab	$ 32	$ 93	$ 79.70	$ 28	$ 205
Service Item	Inpatient and Outpatient	Ca 19-9	86301	302	MC General Lab	$ 32	$ 93	$ 79.70	$ 28	$ 205
Service Item	Outpatient	CA Scrning Pelv&Brst Exam	G0101	510	CD Chronic Disease	$ 181.67	$ 105.83	$ 104.79	$ 27.37	$ 162.27
Service Item	Outpatient	CA Scrning Pelv&Brst Exam	G0101	510	SFM Family Medicine	$ 181.67	$ 105.83	$ 138.10	$ 91.00	$ 162.27
Service Package	Inpatient and Outpatient	Cable And Sleeve Set	C1889	278	MC Central Supply	$ 2,222	Charges have been	$ 4,813.88	$ 1,980	$ 2,024
Service Package	Inpatient and Outpatient	Cable Closure	C1889	278	MC Central Supply	$ 2,025	Charges have been	$ 4,680.61	$ 1,805	$ 1,845
Service Package	Inpatient and Outpatient	Cable Surgical Gtr (A)	C1889	278	MC Central Supply	$ 1,989	Charges have been	$ 4,656.16	$ 1,772	$ 1,812

Service Package	Inpatient and Outpatient	Cable Surgical Gtr (B)	C1889	278	MC Central Supply	$ 3,574	Charges have been	$ 5,730.26	$ 3,185	$ 3,255	
Service Package	Inpatient and Outpatient	Cable Surgical Gtr (C)	C1889	278	MC Central Supply	$ 5,260	Charges have been	$ 6,872.78	$ 4,687	$ 4,791	
Service Package	Inpatient and Outpatient	Cable Surgical Support	C1889	278	MC Central Supply	$ 2,531	Charges have been	$ 5,023.14	$ 2,255	$ 2,305	
Service Package	Inpatient and Outpatient	Cadavor Skin Graft	Q4100	278	MC Central Supply	$ 884	Charges have been	$ 1,144.73	$ 787	$ 805	
Service Item	Outpatient	caffeine citrate 20 mg/mL Inj 3 mL	J0706	636	CD Infusion Clinic	$ 158.70	$ 95.22	$ 95.09	$ 1.99	$ 146.00	
Service Item	Inpatient and Outpatient	caffeine citrate 20 mg/mL Inj 3 mL	J0706	636	MC Pharmacy	$ 159	$ 99	$ 95.09	$ 2	$ 146	
Service Item	Outpatient	caffeine citrate 20 mg/mL Inj 3 mL	J0706	636	NC Urgent Care	$ 158.70	$ 98.67	$ 94.69	$ 1.99	$ 146.00	
Service Item	Outpatient	caffeine citrate 20 mg/mL Inj 3 mL	J0706	636	SC Urgent Care	$ 158.70	$ 98.67	$ 95.09	$ 1.99	$ 146.00	
Service Item	Outpatient	caffeine w/sodium benzoate 250 mg/mL Inj 2 m	J3490	636	CD Infusion Clinic	$ 101.75	$ 61.05	$ 67.16	$ 23.14	$ 93.61	
Service Item	Inpatient and Outpatient	caffeine w/sodium benzoate 250 mg/mL Inj 2 m	J3490	636	MC Pharmacy	$ 102	$ 61	$ 67.16	$ 23	$ 94	
Service Item	Outpatient	caffeine w/sodium benzoate 250 mg/mL Inj 2 m	J3490	636	NC Urgent Care	$ 101.75	$ 61.05	$ 66.91	$ 23.14	$ 93.61	
Service Item	Outpatient	caffeine w/sodium benzoate 250 mg/mL Inj 2 m	J3490	636	SC Urgent Care	$ 101.75	$ 61.05	$ 67.16	$ 23.14	$ 93.61	
Service Package	Inpatient and Outpatient	Cage Spine (A)	C1889	278	MC Central Supply	$ 3,514	Charges have been	$ 5,689.45	$ 3,131	$ 3,201	
Service Package	Inpatient and Outpatient	Cage Spine (B)	C1889	278	MC Central Supply	$ 6,601	Charges have been	$ 7,781.79	$ 5,882	$ 6,013	
Service Package	Inpatient and Outpatient	Cage Spine (C)	C1889	278	MC Central Supply	$ 9,779	Charges have been	$ 9,935.83	$ 8,714	$ 8,907	
Service Package	Inpatient and Outpatient	Cage Spine (D)	C1889	278	MC Central Supply	$ 14,473	Charges have been	$ 13,117.18	$ 12,896	$ 13,183	
Service Package	Inpatient and Outpatient	Cage Spine (E)	C1889	278	MC Central Supply	$ 22,335	Charges have been	$ 18,445.95	$ 19,902	$ 20,345	
Service Package	Inpatient and Outpatient	Cage Spine (F)	C1889	278	MC Central Supply	$ 28,686	Charges have been	$ 22,750.71	$ 25,562	$ 26,130	
Service Item	Outpatient	calcitonin 200 units/mL Inj 2 mL	J0630	636	CD Infusion Clinic	$ 10,001.70	$ 6,001.02	$ 5,942.96	$ 50.82	$ 9,201.56	
Service Item	Inpatient and Outpatient	calcitonin 200 units/mL Inj 2 mL	J0630	636	MC Pharmacy	$ 10,002	$ 6,001	$ 5,942.96	$ 51	$ 9,202	
Service Item	Outpatient	calcitonin 200 units/mL Inj 2 mL	J0630	636	NC Urgent Care	$ 10,001.70	$ 6,001.02	$ 5,917.95	$ 50.82	$ 9,201.56	
Service Item	Outpatient	calcitonin 200 units/mL Inj 2 mL	J0630	636	SC Urgent Care	$ 10,001.70	$ 6,001.02	$ 5,942.96	$ 50.82	$ 9,201.56	
Service Item	Inpatient and Outpatient	Calcitonin-ARUP	82308	300	MC Reference Lab	$ 29	$ 119	$ 57.31	$ 17	$ 263	
Service Item	Inpatient and Outpatient	Calcium Blood Chemical	82310	301	MC General Lab	$ 57	$ 23	$ 42.30	$ 21	$ 52	
Service Item	Outpatient	calcium CHLORide 100 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 23.00	$ 13.80	$ 21.89	$ 13.80	$ 27.98	
Service Item	Inpatient and Outpatient	calcium CHLORide 100 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 23	$ 14	$ 21.89	$ 14	$ 28	
Service Item	Outpatient	calcium CHLORide 100 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 23.00	$ 13.80	$ 21.84	$ 13.80	$ 27.98	
Service Item	Outpatient	calcium CHLORide 100 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 23.00	$ 13.80	$ 21.89	$ 13.80	$ 27.98	
Service Item	Outpatient	calcium CHLORide 100 mg/mL Syringe 10 mL	J3490	636	CD Infusion Clinic	$ 50.25	$ 30.15	$ 37.56	$ 23.14	$ 46.23	
Service Item	Inpatient and Outpatient	calcium CHLORide 100 mg/mL Syringe 10 mL	J3490	636	MC Pharmacy	$ 50	$ 30	$ 37.56	$ 23	$ 46	
Service Item	Outpatient	calcium CHLORide 100 mg/mL Syringe 10 mL	J3490	636	NC Urgent Care	$ 50.25	$ 30.15	$ 37.43	$ 23.14	$ 46.23	
Service Item	Outpatient	calcium CHLORide 100 mg/mL Syringe 10 mL	J3490	636	SC Urgent Care	$ 50.25	$ 30.15	$ 37.56	$ 23.14	$ 46.23	
Service Item	Outpatient	calcium CHLORide PED 10 mg/mL	J3490	636	CD Infusion Clinic	$ 50.25	$ 30.15	$ 37.56	$ 23.14	$ 46.23	
Service Item	Inpatient and Outpatient	calcium CHLORide PED 10 mg/mL	J3490	636	MC Pharmacy	$ 50	$ 30	$ 37.56	$ 23	$ 46	
Service Item	Outpatient	calcium CHLORide PED 10 mg/mL	J3490	636	NC Urgent Care	$ 50.25	$ 30.15	$ 37.43	$ 23.14	$ 46.23	
Service Item	Outpatient	calcium CHLORide PED 10 mg/mL	J3490	636	SC Urgent Care	$ 50.25	$ 30.15	$ 37.56	$ 23.14	$ 46.23	
Service Item	Outpatient	calcium GLUConate 0.465 mEq/mL Inj 1 mL	J0610	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 16.66	$ 1.83	$ 32.32	
Service Item	Inpatient and Outpatient	calcium GLUConate 0.465 mEq/mL Inj 1 mL	J0610	636	MC Pharmacy	$ 12	$ 7	$ 16.66	$ 2	$ 32	
Service Item	Outpatient	calcium GLUConate 0.465 mEq/mL Inj 1 mL	J0610	636	NC Urgent Care	$ 12.10	$ 7.26	$ 16.63	$ 1.83	$ 32.32	
Service Item	Outpatient	calcium GLUConate 0.465 mEq/mL Inj 1 mL	J0610	636	SC Urgent Care	$ 12.10	$ 7.26	$ 16.66	$ 1.83	$ 32.32	
Service Item	Outpatient	calcium GLUConate 100 mg/mL Inj 10 mL	J0610	636	CD Infusion Clinic	$ 47.60	$ 28.56	$ 29.42	$ 1.83	$ 43.79	
Service Item	Inpatient and Outpatient	calcium GLUConate 100 mg/mL Inj 10 mL	J0610	636	MC Pharmacy	$ 48	$ 29	$ 29.42	$ 2	$ 44	
Service Item	Outpatient	calcium GLUConate 100 mg/mL Inj 10 mL	J0610	636	NC Urgent Care	$ 47.60	$ 28.56	$ 29.30	$ 1.83	$ 43.79	
Service Item	Outpatient	calcium GLUConate 100 mg/mL Inj 10 mL	J0610	636	SC Urgent Care	$ 47.60	$ 28.56	$ 29.42	$ 1.83	$ 43.79	
Service Item	Outpatient	calcium GLUConate 100 mg/mL Inj 50 mL	J0610	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 16.66	$ 1.83	$ 32.32	
Service Item	Inpatient and Outpatient	calcium GLUConate 100 mg/mL Inj 50 mL	J0610	636	MC Pharmacy	$ 12	$ 9	$ 16.66	$ 2	$ 32	
Service Item	Outpatient	calcium GLUConate 100 mg/mL Inj 50 mL	J0610	636	NC Urgent Care	$ 12.10	$ 9.06	$ 16.63	$ 1.83	$ 32.32	
Service Item	Outpatient	calcium GLUConate 100 mg/mL Inj 50 mL	J0610	636	SC Urgent Care	$ 12.10	$ 9.06	$ 16.66	$ 1.83	$ 32.32	
Service Item	Outpatient	calcium GLUConate IV (PED) 100 mg/mL 5 mL	J0610	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 16.66	$ 1.83	$ 32.32	
Service Item	Inpatient and Outpatient	calcium GLUConate IV (PED) 100 mg/mL 5 mL	J0610	636	MC Pharmacy	$ 12	$ 7	$ 16.66	$ 2	$ 32	
Service Item	Outpatient	calcium GLUConate IV (PED) 100 mg/mL 5 mL	J0610	636	NC Urgent Care	$ 12.10	$ 7.26	$ 16.63	$ 1.83	$ 32.32	
Service Item	Outpatient	calcium GLUConate IV (PED) 100 mg/mL 5 mL	J0610	636	SC Urgent Care	$ 12.10	$ 7.26	$ 16.66	$ 1.83	$ 32.32	
Service Package	Inpatient	Calcium Ionizd Alrt Panel	82330	301	MC Cardiac Surgery	$ 144.38	$ 85.77	$ 108.64	$ 54.61	$ 134.40	
Service Package	Inpatient	Calcium Ionizd Alrt Panel	82330	301	MC Cardiovascular	$ 144.38	$ 60.90	$ 108.64	$ 54.61	$ 134.40	
Service Item	Inpatient and Outpatient	Calcium Ionizd Alrt Panel	82330	301	MC General Lab	$ 144	$ 61	$ 108.64	$ 55	$ 134	
Service Package	Inpatient and Outpatient	Calcium Ionizd Alrt Panel	82330	301	MC IC Intnsv Care	$ 144	Charges have been	$ 133.59	$ 129	$ 132	
Service Package	Inpatient	Calcium Ionizd Alrt Panel	82330	301	MC NI NICU	$ 144.38	Charges have been	$ 133.59	$ 128.66	$ 131.51	
Service Package	Inpatient and Outpatient	Calcium Ionizd Alrt Panel	82330	301	MC Surgical Srvcs	$ 144	Charges have been	$ 133.59	$ 129	$ 132	
Service Package	Inpatient and Outpatient	Calcium Ionized	82330	301	MC IC Intnsv Care	$ 144	Charges have been	$ 133.59	$ 129	$ 132	
Service Item	Inpatient and Outpatient	Calcium Urine	82340	301	MC General Lab	$ 86	$ 27	$ 58.25	$ 24	$ 79	
Service Item	Inpatient and Outpatient	Calcium; Ionized	82330	301	MC General Lab	$ 144	$ 61	$ 108.64	$ 55	$ 134	
Service Item	Inpatient and Outpatient	Calculi (STONE) Analysis-ARUP	82365	300	MC Reference Lab	$ 14	$ 57	$ 27.59	$ 8	$ 127	
Service Item	Inpatient and Outpatient	Calprotectin Stool-ARUP	83993	300	MC Reference Lab	$ 21	$ 87	$ 42.01	$ 13	$ 193	
Service Package	Inpatient and Outpatient	Canalith Repositioning Pr	95992	420	MC PT Services	$ 74	Charges have been	$ 69.05	$ 67	$ 68	
Service Item	Outpatient	Canalith Repositioning Pr	95992	420	OP Hand Center	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr	95992	420	OP Therapy Akers	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr	95992	420	OP Therapy Dinuba	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr	95992	420	OP Therapy Exeter	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr	95992	420	OP Therapy Lovers Ln	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr	95992	420	OP Therapy Neuro	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr - PTA/OTA Services	95992	420	OP Hand Center	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr - PTA/OTA Services	95992	420	OP Therapy Akers	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr - PTA/OTA Services	95992	420	OP Therapy Dinuba	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr - PTA/OTA Services	95992	420	OP Therapy Exeter	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr - PTA/OTA Services	95992	420	OP Therapy Lovers Ln	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Item	Outpatient	Canalith Repositioning Pr - PTA/OTA Services	95992	420	OP Therapy Neuro	$ 74.25	$ 120.00	$ 61.51	$ 44.55	$ 120.00	
Service Package	Inpatient and Outpatient	Canceled Pre Anesthesia		360	MC Surgical Srvcs	$ 790	Charges have been	#N/A	$ 690	$ 706	
Service Item	Inpatient and Outpatient	Cancer Antigen 27.29-ARUP	86300	305	MC Reference Lab	$ 19	$ 93	$ 74.98	$ 17	$ 205	
Service Item	Inpatient and Outpatient	Candida antibody-ARUP	86628	306	MC Reference Lab	$ 13	$ 55	$ 25.83	$ 8	$ 118	
Service Item	Inpatient and Outpatient	Candida Glabrata	87481	306	MC General Lab	$ 150	$ 151	$ 177.70	$ 130	$ 345	
Service Item	Inpatient and Outpatient	Candida Krusei	87481	306	MC General Lab	$ 150	$ 151	$ 177.70	$ 130	$ 345	
Service Item	Inpatient and Outpatient	Candida Species	87481	306	MC General Lab	$ 150	$ 151	$ 177.70	$ 130	$ 345	
Service Item	Outpatient	cangrelor 50,000 mcg Inj	C9460	636	CD Infusion Clinic	$ 3,280.65	$ 1,968.39	$ 1,867.35	$ 15.32	$ 3,018.20	
Service Item	Inpatient and Outpatient	cangrelor 50,000 mcg Inj	C9460	636	MC Pharmacy	$ 3,281	$ 1,985	$ 1,867.35	$ 15	$ 3,018	
Service Item	Outpatient	cangrelor 50,000 mcg Inj	C9460	636	NC Urgent Care	$ 3,280.65	$ 1,984.55	$ 1,778.11	$ 15.32	$ 3,018.20	
Service Item	Outpatient	cangrelor 50,000 mcg Inj	C9460	636	SC Urgent Care	$ 3,280.65	$ 1,984.55	$ 1,786.31	$ 15.32	$ 3,018.20	
Service Item	Inpatient and Outpatient	Cannabinoids Sing Ux Qual	80307	301	MC General Lab	$ 130	$ 280	$ 255.61	$ 112	$ 572	
Service Package	Inpatient and Outpatient	Cap Nail	C1713	278	MC Central Supply	$ 1,005	Charges have been	$ 2,073.19	$ 896	$ 916	
Service Item	Outpatient	Capd Dialysis Training	90993	841	VD CAPD CCPD Trng	$ 1,276.58	$ 500.00	$ 874.51	$ 470.00	$ 1,140.25	
Service Item	Outpatient	Capd Dialysis Training	90993	841	VD Visalia Dialysis	$ 1,276.58	$ 500.00	$ 874.51	$ 470.00	$ 1,140.25	
Service Item	Inpatient and Outpatient	Capd Fluid Cell	89051	300	MC General Lab	$ 91	$ 25	$ 58.56	$ 22	$ 82	
Service Item	Outpatient	Capd Home Maintenance	90945	841	VD CAPD CCPD	$ 637.61	$ 250.00	$ 520.42	$ 250.00	$ 578.09	
Service Item	Outpatient	Capd Home Maintenance	90945	841	VD Visalia Dialysis	$ 637.61	$ 500.00	$ 520.42	$ 407.62	$ 578.09	
Service Item	Outpatient	capecitabine 150 mg Tab	J8520	636	CD Infusion Clinic	$ 54.75	$ 32.85	$ 37.82	$ 3.34	$ 50.37	
Service Item	Inpatient and Outpatient	capecitabine 150 mg Tab	J8520	636	MC Pharmacy	$ 55	$ 33	$ 37.82	$ 3	$ 50	
Service Item	Outpatient	capecitabine 150 mg Tab	J8520	636	NC Urgent Care	$ 54.75	$ 32.85	$ 33.39	$ 1.16	$ 50.37	
Service Item	Outpatient	capecitabine 150 mg Tab	J8520	636	SC Urgent Care	$ 54.75	$ 32.85	$ 33.52	$ 1.16	$ 50.37	
Service Package	Inpatient	Capillary Bld Gas - Carboxy Nicu	82803	301	MC NI NICU	$ 261.18	Charges have been	$ 241.67	$ 232.73	$ 237.90	
Service Item	Outpatient	carbachol 0.01% Intraocular inj 1.5 mL	J3490	636	CD Infusion Clinic	$ 172.90	$ 103.74	$ 108.06	$ 23.14	$ 159.07	
Service Item	Inpatient and Outpatient	carbachol 0.01% Intraocular inj 1.5 mL	J3490	636	MC Pharmacy	$ 173	$ 104	$ 108.06	$ 23	$ 159	
Service Item	Outpatient	carbachol 0.01% Intraocular inj 1.5 mL	J3490	636	NC Urgent Care	$ 172.90	$ 103.74	$ 107.63	$ 23.14	$ 159.07	
Service Item	Outpatient	carbachol 0.01% Intraocular inj 1.5 mL	J3490	636	SC Urgent Care	$ 172.90	$ 103.74	$ 108.06	$ 23.14	$ 159.07	
Service Item	Inpatient and Outpatient	Carbamazepine Tegretol Se	80156	301	MC General Lab	$ 220	$ 65	$ 145.83	$ 58	$ 200	
Service Item	Inpatient and Outpatient	Carbon Dioxide C02	82374	301	MC General Lab	$ 70	$ 21	$ 47.02	$ 19	$ 63	
Service Package	Inpatient	Carbon Monoxide Quant	82375	301	MC Cardiac Surgery	$ 176.80	$ 105.03	$ 119.26	$ 49.25	$ 161.05	
Service Package	Inpatient	Carbon Monoxide Quant	82375	301	MC Cardiovascular	$ 176.80	$ 54.93	$ 119.26	$ 49.25	$ 161.05	
Service Item	Inpatient and Outpatient	Carbon Monoxide Quant	82375	301	MC General Lab	$ 177	$ 55	$ 119.26	$ 49	$ 161	
Service Package	Inpatient and Outpatient	Carbon Monoxide Quant	82375	301	MC IC Intnsv Care	$ 177	Charges have been	$ 163.59	$ 158	$ 161	
Service Package	Inpatient	Carbon Monoxide Quant	82375	301	MC NI NICU	$ 176.80	Charges have been	$ 163.59	$ 157.55	$ 161.05	
Service Package	Inpatient and Outpatient	Carbon Monoxide Quant	82375	301	MC Surgical Srvcs	$ 177	Charges have been	$ 163.59	$ 158	$ 161	
Service Item	Outpatient	CARBOplatin 10 mg/mL Inj 15 mL	J9045	636	CD Infusion Clinic	$ 107.55	$ 64.53	$ 121.72	$ 6.40	$ 197.11	
Service Item	Inpatient and Outpatient	CARBOplatin 10 mg/mL Inj 15 mL	J9045	636	MC Pharmacy	$ 108	$ 203	$ 121.72	$ 6	$ 203	
Service Item	Outpatient	CARBOplatin 10 mg/mL Inj 15 mL	J9045	636	NC Urgent Care	$ 107.55	$ 202.53	$ 121.46	$ 6.40	$ 202.53	
Service Item	Outpatient	CARBOplatin 10 mg/mL Inj 15 mL	J9045	636	SC Urgent Care	$ 107.55	$ 202.53	$ 121.72	$ 6.40	$ 202.53	
Service Item	Outpatient	CARBOplatin 10 mg/mL Inj 45 mL	J9045	636	CD Infusion Clinic	$ 290.30	$ 174.18	$ 187.42	$ 6.40	$ 267.08	
Service Item	Inpatient and Outpatient	CARBOplatin 10 mg/mL Inj 45 mL	J9045	636	MC Pharmacy	$ 290	$ 312	$ 187.42	$ 6	$ 312	
Service Item	Outpatient	CARBOplatin 10 mg/mL Inj 45 mL	J9045	636	NC Urgent Care	$ 290.30	$ 312.18	$ 186.70	$ 6.40	$ 312.18	
Service Item	Outpatient	CARBOplatin 10 mg/mL Inj 45 mL	J9045	636	SC Urgent Care	$ 290.30	$ 312.18	$ 187.42	$ 6.40	$ 312.18	

Service Item	Outpatient	CARBOplatin 10 mg/mL Inj 5 mL	J9045	636	CD Infusion Clinic	$ 51.35	$ 30.81	$ 101.52	$ 6.40	$ 197.11
Service Item	Inpatient and Outpatient	CARBOplatin 10 mg/mL Inj 5 mL	J9045	636	MC Pharmacy	$ 51	$ 169	$ 101.52	$ 6	$ 197
Service Item	Outpatient	CARBOplatin 10 mg/mL Inj 5 mL	J9045	636	NC Urgent Care	$ 51.35	$ 168.81	$ 101.39	$ 6.40	$ 197.11
Service Item	Outpatient	CARBOplatin 10 mg/mL Inj 5 mL	J9045	636	SC Urgent Care	$ 51.35	$ 168.81	$ 101.52	$ 6.40	$ 197.11
Service Item	Outpatient	carboprost 250 mcg/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 1,267.50	$ 760.50	$ 737.26	$ 23.14	$ 1,166.10
Service Item	Inpatient and Outpatient	carboprost 250 mcg/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 1,268	$ 761	$ 737.26	$ 23	$ 1,166
Service Item	Outpatient	carboprost 250 mcg/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 1,267.50	$ 760.50	$ 734.09	$ 23.14	$ 1,166.10
Service Item	Outpatient	carboprost 250 mcg/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 1,267.50	$ 760.50	$ 737.26	$ 23.14	$ 1,166.10
Service Item	Inpatient and Outpatient	Carcinoembryonic Antigen Body Fluid-ARUP	82378	300	MC Reference Lab	$ 17	$ 84	$ 90.79	$ 15	$ 186
Service Package	Inpatient	Cardiac Anes Addl 1/2 Hr		370	MC Anesthesiology	$ 457.03	Charges have been	#N/A	$ 399.35	$ 408.22
Service Package	Inpatient	Cardiac Anesth 1St Hour		370	MC Anesthesiology	$ 1,142.46	Charges have been	#N/A	$ 998.26	$ 1,020.45
Service Item	Inpatient and Outpatient	Cardiac Doppler	93320	480	DC Non Invasive Card	$ 657	$ 286	$ 505.10	$ 211	$ 587
Service Item	Inpatient and Outpatient	Cardiac Doppler	93320	480	MC NonInv CardioSrv	$ 657	Charges have been	$ 601.67	$ 574	$ 587
Service Item	Outpatient	Cardiac Doppler	93320	480	OS Non Invasive Card	$ 656.73	$ 286.20	$ 808.02	$ 210.50	$ 3,411.73
Service Item	Outpatient	Cardiac Doppler	93320	480	SQ Seq Cardiology	$ 656.73	$ 286.20	$ 435.19	$ 29.11	$ 586.59
Service Item	Inpatient and Outpatient	Cardiac Doppler Limited F/Up	93321	480	DC Non Invasive Card	$ 482	$ 161	$ 369.32	$ 137	$ 431
Service Item	Inpatient and Outpatient	Cardiac Doppler Limited F/Up	93321	480	MC NonInv CardioSrv	$ 482	Charges have been	$ 442.00	$ 422	$ 431
Service Item	Outpatient	Cardiac Doppler Limited F/Up	93321	480	OS Non Invasive Card	$ 482.44	$ 160.65	$ 369.32	$ 137.23	$ 430.92
Service Item	Outpatient	Cardiac Rehab W/Ecg Montr	93798	943	OP Cardiac Rehab	$ 163.00	$ 125.79	$ 124.75	$ 54.45	$ 149.96
Service Item	Outpatient	Cardiac Rehab W/Ecg Montr	93798	943	OP Pulmonary Rehab	$ 75.00	$ 120.00	$ 106.65	$ 58.95	$ 182.00
Service Item	Outpatient	Cardiac Rehab W/Ecg Montr	93798	943	OP Therapy Akers	$ 75.00	$ 120.00	$ 106.65	$ 58.95	$ 182.00
Service Item	Outpatient	Cardiac Rehab W/Ecg Montr	93798	943	OP Therapy Dinuba	$ 75.00	$ 120.00	$ 106.65	$ 58.95	$ 182.00
Service Item	Outpatient	Cardiac Rehab W/Ecg Montr	93798	943	OP Therapy Exeter	$ 75.00	$ 120.00	$ 106.65	$ 58.95	$ 182.00
Service Item	Outpatient	Cardiac Rehab W/Ecg Montr	93798	943	OP Therapy Lovers Ln	$ 75.00	$ 120.00	$ 106.65	$ 58.95	$ 182.00
Service Item	Outpatient	Cardiac Rehab W/O Art Ecg	93797	943	OP Cardiac Rehab	$ 142.00	$ 79.65	$ 109.16	$ 35.80	$ 130.64
Service Item	Outpatient	Cardiac Rehab W/O Art Ecg	93797	943	OP Pulmonary Rehab	$ 75.00	$ 120.00	$ 100.29	$ 58.95	$ 182.00
Service Item	Outpatient	Cardiac Rehab W/O Art Ecg	93797	943	OP Therapy Akers	$ 75.00	$ 120.00	$ 100.29	$ 58.95	$ 182.00
Service Item	Outpatient	Cardiac Rehab W/O Art Ecg	93797	943	OP Therapy Dinuba	$ 75.00	$ 120.00	$ 100.29	$ 58.95	$ 182.00
Service Item	Outpatient	Cardiac Rehab W/O Art Ecg	93797	943	OP Therapy Exeter	$ 75.00	$ 120.00	$ 100.29	$ 58.95	$ 182.00
Service Item	Outpatient	Cardiac Rehab W/O Art Ecg	93797	943	OP Therapy Lovers Ln	$ 75.00	$ 120.00	$ 100.29	$ 58.95	$ 182.00
Service Package	Inpatient	Cardiac Ret Subsq 1/2Hr	Z7510	360	MC Cardiac Surgery	$ 8,465.35	$ 4,931.27	$ 7,326.66	$ 4,186.02	$ 9,124.90
Service Package	Inpatient	Cardiac Return Or Ea 1/2H		360	MC Cardiac Surgery	$ 856.16	Charges have been	#N/A	$ 748.10	$ 764.72
Service Package	Inpatient	Cardiac Return To Or 1 Hr		360	MC Cardiac Surgery	$ 8,465.35	Charges have been	#N/A	$ 7,396.91	$ 7,561.29
Service Item	Inpatient and Outpatient	Cardiolipin Ab Iga98358	86147	305	MC Reference Lab	$ 25	$ 64	$ 49.32	$ 15	$ 250
Service Item	Inpatient and Outpatient	Cardiolipin Ab Igg50901 (1)	86147	305	MC Reference Lab	$ 25	$ 64	$ 49.32	$ 15	$ 250
Service Item	Inpatient and Outpatient	Cardiolipin Ab Igm50902 (1)	86147	305	MC Reference Lab	$ 25	$ 64	$ 49.32	$ 15	$ 250
Service Item	Inpatient and Outpatient	Cardiolipin Ab Igm50902 (2)	86147	305	MC Reference Lab	$ 25	$ 64	$ 49.32	$ 15	$ 250
Service Item	Inpatient and Outpatient	Cardiolipin Antibodies, IgG/IgM-ARUP	86147	305	MC Reference Lab	$ 40	$ 64	$ 58.32	$ 24	$ 250
Service Item	Inpatient and Outpatient	Cardiolipin antibody ea ig-ARUP	86147	305	MC Reference Lab	$ 24	$ 64	$ 49.17	$ 15	$ 250
Service Item	Outpatient	Cardiov Stress Test Tracing Only	93017	482	CD Chronic Disease	$ 991.65	$ 242.55	$ 582.51	$ 78.91	$ 885.75
Service Item	Inpatient and Outpatient	Cardiov Stress Test Tracing Only	93017	482	DC Non Invasive Card	$ 992	$ 243	$ 684.58	$ 206	$ 886
Service Item	Inpatient and Outpatient	Cardiov Stress Test Tracing Only	93017	482	MC NonInv CardioSrv	$ 992	Charges have been	$ 741.14	$ 293	$ 886
Service Item	Inpatient and Outpatient	Cardiov Stress Test Tracing Only	93017	482	MC Nuclear Medicine	$ 992	$ 243	$ 698.71	$ 206	$ 886
Service Item	Outpatient	Cardiov Stress Test Tracing Only	93017	482	OS Non Invasive Card	$ 991.65	$ 242.55	$ 684.58	$ 206.17	$ 885.75
Service Item	Outpatient	Cardiov Stress Test Tracing Only	93017	482	SQ Seq Cardiology	$ 991.65	$ 242.55	$ 582.51	$ 78.91	$ 885.75
Service Item	Outpatient	carfilzomib 60 mg Inj	J9047	636	CD Infusion Clinic	$ 6,595.55	$ 3,957.33	$ 3,265.29	$ 32.50	$ 6,067.91
Service Item	Inpatient and Outpatient	carfilzomib 60 mg Inj	J9047	636	MC Pharmacy	$ 6,596	$ 3,989	$ 3,265.29	$ 33	$ 6,068
Service Item	Outpatient	carfilzomib 60 mg Inj	J9047	636	NC Urgent Care	$ 6,595.55	$ 3,989.28	$ 3,248.80	$ 32.50	$ 6,067.91
Service Item	Outpatient	carfilzomib 60 mg Inj	J9047	636	SC Urgent Care	$ 6,595.55	$ 3,989.28	$ 3,265.29	$ 32.50	$ 6,067.91
Service Item	Outpatient	Carm > 1 Hour	76000	320	IC Radiology	$ 795.68	$ 145.05	$ 483.07	$ 130.06	$ 710.70
Service Item	Inpatient and Outpatient	Carm > 1 Hour	76000	320	MC Diag Radiology	$ 796	$ 145	$ 764.87	$ 130	$ 3,320
Service Item	Outpatient	Carm > 1 Hour	76000	320	NC Diag Imaging	$ 795.68	$ 145.05	$ 764.87	$ 130.06	$ 3,320.14
Service Item	Outpatient	Carm > 1 Hour	76000	320	SC Diag Imaging	$ 795.68	$ 145.05	$ 764.87	$ 130.06	$ 3,320.14
Service Item	Outpatient	Carm To 1 Hour	76000	320	IC Radiology	$ 795.68	$ 145.05	$ 483.07	$ 130.06	$ 710.70
Service Item	Inpatient and Outpatient	Carm To 1 Hour	76000	320	MC Diag Radiology	$ 796	$ 145	$ 764.87	$ 130	$ 3,320
Service Item	Outpatient	carmustine 100 mg Inj	J9050	636	CD Infusion Clinic	$ 16,396.85	$ 9,838.11	$ 9,446.12	$ 131.46	$ 15,085.10
Service Item	Inpatient and Outpatient	carmustine 100 mg Inj	J9050	636	MC Pharmacy	$ 16,397	$ 9,967	$ 9,446.12	$ 131	$ 15,085
Service Item	Outpatient	carmustine 100 mg Inj	J9050	636	NC Urgent Care	$ 16,396.85	$ 9,967.34	$ 9,405.13	$ 131.46	$ 15,085.10
Service Item	Outpatient	carmustine 100 mg Inj	J9050	636	SC Urgent Care	$ 16,396.85	$ 9,967.34	$ 9,446.12	$ 131.46	$ 15,085.10
Service Item	Inpatient and Outpatient	Carnitine Free and Total-ARUP	82379	300	MC Reference Lab	$ 15	$ 75	$ 33.83	$ 9	$ 166
Service Item	Inpatient and Outpatient	Carotene Level-ARUP	82380	300	MC Reference Lab	$ 10	$ 41	$ 19.73	$ 6	$ 91
Service Item	Outpatient	Carpal Tunnel Tx Inj	20526	510	SFM Family Medicine	$ 439.55	$ 256.05	$ 342.45	$ 256.05	$ 392.61
Service Item	Outpatient	caspoFUNGIN 50 mg Inj	J0637	636	CD Infusion Clinic	$ 1,884.45	$ 1,130.67	$ 1,125.40	$ 18.89	$ 1,733.69
Service Item	Inpatient and Outpatient	caspoFUNGIN 50 mg Inj	J0637	636	MC Pharmacy	$ 1,884	$ 1,165	$ 1,125.40	$ 19	$ 1,734
Service Item	Outpatient	caspoFUNGIN 50 mg Inj	J0637	636	NC Urgent Care	$ 1,884.45	$ 1,165.40	$ 1,120.68	$ 18.89	$ 1,733.69
Service Item	Outpatient	caspoFUNGIN 50 mg Inj	J0637	636	SC Urgent Care	$ 1,884.45	$ 1,165.40	$ 1,125.40	$ 18.89	$ 1,733.69
Service Item	Outpatient	caspoFUNGIN 70 mg Inj	J0637	636	CD Infusion Clinic	$ 1,957.95	$ 1,174.77	$ 1,151.82	$ 18.89	$ 1,801.31
Service Item	Inpatient and Outpatient	caspoFUNGIN 70 mg Inj	J0637	636	MC Pharmacy	$ 1,958	$ 1,210	$ 1,151.82	$ 19	$ 1,801
Service Item	Outpatient	caspoFUNGIN 70 mg Inj	J0637	636	NC Urgent Care	$ 1,957.95	$ 1,209.50	$ 1,146.92	$ 18.89	$ 1,801.31
Service Item	Outpatient	caspoFUNGIN 70 mg Inj	J0637	636	SC Urgent Care	$ 1,957.95	$ 1,209.50	$ 1,151.82	$ 18.89	$ 1,801.31
Service Item	Outpatient	Cast Windowing	29730	516	NC Urgent Care	$ 166.37	$ 96.91	$ 121.01	$ 60.07	$ 154.96
Service Item	Outpatient	Cast Windowing	29730	516	SC Urgent Care	$ 166.37	$ 96.91	$ 121.41	$ 60.07	$ 154.96
Service Package	Inpatient and Outpatient	Cast/Splint/Strap Apl S-M		450	MC Emergency	$ 225	Charges have been	#N/A	$ 136	$ 139
Service Item	Outpatient	Cast/Splint/Strap Apl S-M		450	NC Urgent Care	$ 225.00	$ 90.55	#N/A	$ 75.46	$ 138.85
Service Item	Outpatient	Cast/Splint/Strap Apl S-M		450	SC Urgent Care	$ 225.00	$ 90.55	#N/A	$ 75.46	$ 138.85
Service Package	Inpatient and Outpatient	Cast/Splint/Strap Appl Lg		450	MC Emergency	$ 350	Charges have been	#N/A	$ 237	$ 242
Service Item	Outpatient	Cast/Splint/Strap Appl Lg		450	NC Urgent Care	$ 350.00	$ 158.02	#N/A	$ 131.69	$ 242.30
Service Item	Outpatient	Cast/Splint/Strap Appl Lg		450	SC Urgent Care	$ 350.00	$ 158.02	#N/A	$ 131.69	$ 242.30
Service Item	Outpatient	Casting/Strap - Unlisted	29799	510	SFM Family Medicine	$ 166.37	$ 96.91	$ 133.63	$ 96.91	$ 154.96
Service Package	Inpatient and Outpatient	Cataract Surgery Fee	66984	360	MC Surgical Srvcs	$ 2,472	Charges have been	$ 2,250.44	$ 2,160	$ 2,343
Service Item	Inpatient and Outpatient	Catecholamine Epi/Nor-ARUP	82384	300	MC Reference Lab	$ 28	$ 113	$ 54.36	$ 17	$ 248
Service Item	Inpatient and Outpatient	Catecholamines Fractionated, Urine Free-ARUP	82384	300	MC Reference Lab	$ 27	$ 113	$ 54.12	$ 16	$ 248
Service Item	Inpatient and Outpatient	Catecholamines Panel-ARUP	82384	300	MC Reference Lab	$ 28	$ 113	$ 54.56	$ 17	$ 248
Service Package	Inpatient and Outpatient	Cath Balloon Dilitation	C1726	272	MC Central Supply	$ 896	Charges have been	$ 828.79	$ 798	$ 816
Service Package	Inpatient and Outpatient	Cath Change Drainage	49423	361	MC Cath Lab Srvcs	$ 3,894	Charges have been	$ 2,807.68	$ 1,805	$ 2,392
Service Package	Inpatient and Outpatient	Cath Coude 12Fr	A4352	272	MC Central Supply	$ 113	Charges have been	$ 104.10	$ 100	$ 102
Service Package	Inpatient and Outpatient	Cath Coude 14Fr	A4352	272	MC Central Supply	$ 9	Charges have been	$ 34.02	$ 8	$ 8
Service Package	Inpatient and Outpatient	Cath Coude Urin Drain	A4340	272	MC Central Supply	$ 400	Charges have been	$ 342.28	$ 357	$ 364
Service Package	Inpatient and Outpatient	Cath Embolectomy	C1757	272	MC Central Supply	$ 300	Charges have been	$ 277.27	$ 267	$ 273
Service Package	Inpatient and Outpatient	Cath Foley Coude 16/5Cc	A4340	272	MC Central Supply	$ 287	Charges have been	$ 265.71	$ 256	$ 262
Service Package	Inpatient and Outpatient	Cath Foley Coude 18/5Cc	A4340	272	MC Central Supply	$ 290	Charges have been	$ 267.71	$ 259	$ 264
Service Package	Inpatient and Outpatient	Cath Foley Coude 20/5Cc	A4340	272	MC Central Supply	$ 285	Charges have been	$ 264.08	$ 254	$ 259
Service Package	Inpatient and Outpatient	Cath Guide Liner	C1887	272	MC Central Supply	$ 2,163	Charges have been	$ 1,645.90	$ 1,928	$ 1,971
Service Package	Inpatient and Outpatient	Cath Hickman Dual Lumen 1	C1751	270	MC Central Supply	$ 1,050	Charges have been	$ 971.15	$ 935	$ 956
Service Package	Inpatient and Outpatient	Cath Hickman Dual Lumen 9	C1751	270	MC Central Supply	$ 805	Charges have been	$ 805.18	$ 717	$ 733
Service Package	Inpatient and Outpatient	Cath Hickman Single Lumen	C1751	272	MC Central Supply	$ 1,300	Charges have been	$ 1,140.72	$ 1,158	$ 1,184
Service Package	Inpatient and Outpatient	Cath High Vol Picc	C1751	272	MC Central Supply	$ 1,198	Charges have been	$ 1,071.54	$ 1,067	$ 1,091
Service Item	Outpatient	Cath Hysterosalpingogram	58340	361	IC Radiology	$ 556.75	$ 324.32	$ 441.35	$ 284.50	$ 497.29
Service Item	Inpatient and Outpatient	Cath Hysterosalpingogram	58340	361	MC Diag Radiology	$ 557	$ 324	$ 446.76	$ 284	$ 497
Service Item	Outpatient	Cath Hysterosalpingogram	58340	361	NC Diag Imaging	$ 556.75	$ 324.32	$ 446.76	$ 284.50	$ 497.29
Service Item	Outpatient	Cath Hysterosalpingogram	58340	361	SC Diag Imaging	$ 556.75	$ 324.32	$ 446.76	$ 284.50	$ 497.29
Service Package	Inpatient and Outpatient	Cath Intraspinal Indura	C1755	272	MC Central Supply	$ 3,623	Charges have been	$ 3,352.21	$ 3,228	$ 3,300
Service Package	Inpatient and Outpatient	Cath Mammosite	C1728	272	MC Central Supply	$ 10,517	Charges have been	$ 9,731.22	$ 9,371	$ 9,580
Service Package	Inpatient and Outpatient	Cath Peritoneal Curl 60Cm	C1881	278	MC Central Supply	$ 682	Charges have been	$ 630.69	$ 607	$ 621
Service Package	Inpatient and Outpatient	Cath Peritoneal Curl 62.2	C1881	278	MC Central Supply	$ 670	Charges have been	$ 623.04	$ 597	$ 611
Service Package	Inpatient and Outpatient	Cath Perm 14Fr Ash 28Cm	C1750	278	MC Central Supply	$ 1,121	Charges have been	$ 1,305.34	$ 999	$ 1,022
Service Package	Inpatient and Outpatient	Cath Perm 14Fr Ash 36Cm	C1750	278	MC Central Supply	$ 1,121	Charges have been	$ 1,305.34	$ 999	$ 1,022
Service Package	Inpatient and Outpatient	Cath Place R/L Pulm	36014	361	MC Cath Lab Srvcs	$ 789	Charges have been	$ 722.55	$ 689	$ 704
Service Package	Inpatient and Outpatient	Cath Rt Heart Pulm A	36013	361	MC Cath Lab Srvcs	$ 616	Charges have been	$ 564.63	$ 539	$ 550
Service Package	Inpatient and Outpatient	Cath Self Cath Female 14F	A4328	272	MC Central Supply	$ 9	Charges have been	$ 7.93	$ 8	$ 8
Service Package	Inpatient and Outpatient	Cath Silicone 08Fr 3Cc Ar	A4344	272	MC Central Supply	$ 211	Charges have been	$ 195.07	$ 188	$ 192
Service Package	Inpatient and Outpatient	Cath Suprapubic W/Balloon		272	MC Central Supply	$ 1,828	Charges have been	#N/A	$ 1,629	$ 1,665
Service Package	Inpatient	Cath Umbil Vein Unsuccess	36660	761	MC NI NICU	$ 411.68	Charges have been	$ 377.17	$ 359.72	$ 367.71
Service Package	Inpatient and Outpatient	Cath Ureteral	C1758	272	MC Central Supply	$ 533	Charges have been	$ 493.23	$ 475	$ 486
Service Package	Inpatient and Outpatient	Cath Ureteral Dual Lumen	C1758	272	MC Central Supply	$ 228	Charges have been	$ 286.35	$ 203	$ 208
Service Package	Inpatient and Outpatient	Cath Vascular Access (A)	C1750	278	MC Central Supply	$ 1,121	Charges have been	$ 1,305.34	$ 999	$ 1,022
Service Package	Inpatient and Outpatient	Cath Vascular Access (B)	C1750	278	MC Central Supply	$ 4,005	Charges have been	$ 3,259.84	$ 3,569	$ 3,648
Service Package	Inpatient and Outpatient	Cath/Drn Ins Rnal Pelvis	50432	320	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,174.72	$ 2,053	$ 2,643

Service Package	Inpatient and Outpatient	Catheter Balloon Venogra	C1725	272	MC Central Supply	$ 803	Charges have been	$ 1,473.25	$ 716	$ 732
Service Package	Inpatient and Outpatient	Catheter Ivus/Pci	C1753	272	MC Central Supply	$ 3,739	Charges have been	$ 3,459.96	$ 3,332	$ 3,406
Service Package	Inpatient and Outpatient	Catheter System Cto	C1725	270	MC Central Supply	$ 3,752	Charges have been	$ 3,471.85	$ 3,344	$ 3,418
Service Package	Inpatient and Outpatient	Catheter, Ablation	C1886	272	MC Central Supply	$ 2,447	Charges have been	$ 2,264.26	$ 2,181	$ 2,229
Service Item	Outpatient	Cautery Of Cervix; Cryo	57511	510	SFM Family Medicine	$ 441.19	$ 257.00	$ 344.65	$ 257.00	$ 394.07
Service Package	Inpatient and Outpatient	Ccl/ Pericadiocentesis No Drain	33016	361	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 3,182.91	$ 1,890	$ 3,496
Service Package	Inpatient	Ccl/Act	85347	305	MC Cardiovascular	$ 66.70	$ 18.96	$ 43.77	$ 17.00	$ 60.76
Service Package	Inpatient and Outpatient	Ccl/Act	85347	305	MC Cath Lab Srvcs	$ 67	Charges have been	$ 61.72	$ 59	$ 61
Service Package	Inpatient and Outpatient	Ccl/Angio Renal Bi W/Cc	36252	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,627.75	$ 3,211	$ 6,839
Service Package	Inpatient and Outpatient	Ccl/Angio Renal Uni W/Cc	36251	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,423.54	$ 3,211	$ 6,004
Service Package	Inpatient	Ccl/Cardioversion	92960	480	MC Cardiovascular	$ 2,141.21	$ 1,247.30	$ 1,506.86	$ 621.60	$ 1,912.53
Service Package	Inpatient and Outpatient	Ccl/Cardioversion	92960	480	MC Cath Lab Srvcs	$ 2,141	Charges have been	$ 1,597.39	$ 622	$ 1,913
Service Package	Inpatient and Outpatient	Ccl/Cardioversion	92960	480	MC Emergency	$ 2,141	Charges have been	$ 1,597.39	$ 622	$ 1,913
Service Package	Inpatient	Ccl/Cent Ven Access	36556	361	MC Cardiovascular	$ 4,077.83	$ 1,240.30	$ 2,060.71	$ 1,240.30	$ 1,901.80
Service Package	Inpatient and Outpatient	Ccl/Cent Ven Access	36556	361	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,793.02	$ 1,860	$ 1,902
Service Package	Inpatient and Outpatient	Ccl/Drainage Hematoma	10140	481	MC Cath Lab Srvcs	$ 3,432	Charges have been	$ 2,543.94	$ 1,590	$ 2,392
Service Package	Inpatient and Outpatient	Ccl/labp/Insrt	33967	360	MC Cath Lab Srvcs	$ 3,227	Charges have been	$ 2,956.56	$ 2,820	$ 2,882
Service Package	Inpatient and Outpatient	Ccl/labp/Removal	33968	360	MC Cath Lab Srvcs	$ 3,123	Charges have been	$ 2,861.19	$ 2,729	$ 2,789
Service Package	Inpatient and Outpatient	Ccl/labp/Revision	33999	361	MC Cath Lab Srvcs	$ 1,576	Charges have been	$ 1,117.91	$ 731	$ 892
Service Package	Inpatient and Outpatient	Ccl/Pericardiocentesis W/ Drain Placement	33017	361	MC Cath Lab Srvcs	$ 1,242	Charges have been	$ 1,138.02	$ 1,085	$ 1,110
Service Package	Inpatient and Outpatient	Ccl/Throbolysis Coro	92975	481	MC Cath Lab Srvcs	$ 1,548	Charges have been	$ 1,418.09	$ 1,352	$ 1,383
Service Item	Outpatient	Ccpd Dialysis Training	90993	851	VD CAPD CCPD Trng	$ 1,276.58	$ 500.00	$ 874.51	$ 470.00	$ 1,140.25
Service Item	Outpatient	Ccpd Dialysis Training	90993	851	VD Visalia Dialysis	$ 1,276.58	$ 250.00	$ 874.51	$ 250.00	$ 1,140.25
Service Item	Outpatient	Ccpd Home Maintenance	90945	851	VD CAPD CCPD	$ 637.61	$ 250.00	$ 520.42	$ 250.00	$ 578.09
Service Item	Outpatient	Ccpd Home Maintenance	90945	851	VD Visalia Dialysis	$ 637.61	$ 250.00	$ 520.42	$ 250.00	$ 578.09
Service Item	Inpatient and Outpatient	Cd4:Cd8 Ratio95742	86360	305	MC Reference Lab	$ 53	$ 176	$ 101.63	$ 32	$ 462
Service Item	Inpatient and Outpatient	CDT for Alcohol Use-ARUP	82373	300	MC Reference Lab	$ 9	$ 32	$ 31.62	$ 6	$ 178
Service Item	Inpatient and Outpatient	Cea Carcinoembroyonic	82378	301	MC General Lab	$ 256	$ 84	$ 176.10	$ 76	$ 233
Service Item	Outpatient	ceFAZolin 1 g from 10 g Inj	J0690	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 11.08	$ 1.64	$ 17.69
Service Item	Inpatient and Outpatient	ceFAZolin 1 g from 10 g Inj	J0690	636	MC Pharmacy	$ 12	$ 10	$ 11.08	$ 2	$ 18
Service Item	Outpatient	ceFAZolin 1 g from 10 g Inj	J0690	636	NC Urgent Care	$ 12.10	$ 10.41	$ 11.05	$ 1.64	$ 17.69
Service Item	Outpatient	ceFAZolin 1 g from 10 g Inj	J0690	636	SC Urgent Care	$ 12.10	$ 10.41	$ 11.08	$ 1.64	$ 17.69
Service Item	Outpatient	ceFAZolin 1 g Inj	J0690	636	CD Infusion Clinic	$ 26.05	$ 15.63	$ 16.09	$ 1.64	$ 23.97
Service Item	Inpatient and Outpatient	ceFAZolin 1 g Inj	J0690	636	MC Pharmacy	$ 26	$ 16	$ 16.09	$ 2	$ 24
Service Item	Outpatient	ceFAZolin 1 g Inj	J0690	636	NC Urgent Care	$ 26.05	$ 15.63	$ 16.03	$ 1.64	$ 23.97
Service Item	Outpatient	ceFAZolin 1 g Inj	J0690	636	SC Urgent Care	$ 26.05	$ 15.63	$ 16.09	$ 1.64	$ 23.97
Service Item	Outpatient	ceFAZolin 1 g Inj	J0690	636	VD CAPD CCPD	$ 26.05	$ 15.63	$ 16.09	$ 1.64	$ 23.97
Service Item	Outpatient	ceFAZolin 1 g Inj	J0690	636	VD Visalia Dialysis	$ 26.05	$ 15.63	$ 16.09	$ 1.64	$ 23.97
Service Item	Outpatient	ceFAZolin 1 g/50 mL Premix	J0690	636	CD Infusion Clinic	$ 39.55	$ 23.73	$ 20.95	$ 1.64	$ 36.39
Service Item	Inpatient and Outpatient	ceFAZolin 1 g/50 mL Premix	J0690	636	MC Pharmacy	$ 40	$ 24	$ 20.95	$ 2	$ 36
Service Item	Outpatient	ceFAZolin 1 g/50 mL Premix	J0690	636	NC Urgent Care	$ 39.55	$ 23.73	$ 20.85	$ 1.64	$ 36.39
Service Item	Outpatient	ceFAZolin 1 g/50 mL Premix	J0690	636	SC Urgent Care	$ 39.55	$ 23.73	$ 20.95	$ 1.64	$ 36.39
Service Item	Outpatient	Cefazolin 12.5 mg/Heparin 6250 units Syringe (C	J0690	636	CD Infusion Clinic	$ 39.55	$ 23.73	$ 20.95	$ 1.64	$ 36.39
Service Item	Inpatient and Outpatient	Cefazolin 12.5 mg/Heparin 6250 units Syringe (C	J0690	636	MC Pharmacy	$ 40	$ 27	$ 20.95	$ 2	$ 36
Service Item	Outpatient	Cefazolin 12.5 mg/Heparin 6250 units Syringe (C	J0690	636	NC Urgent Care	$ 39.55	$ 26.88	$ 20.85	$ 1.64	$ 36.39
Service Item	Outpatient	Cefazolin 12.5 mg/Heparin 6250 units Syringe (C	J0690	636	SC Urgent Care	$ 39.55	$ 26.88	$ 20.95	$ 1.64	$ 36.39
Service Item	Outpatient	ceFAZolin 2 g/D5W 100 mL Premix	J0690	636	CD Infusion Clinic	$ 51.65	$ 30.99	$ 25.30	$ 1.64	$ 47.52
Service Item	Inpatient and Outpatient	ceFAZolin 2 g/D5W 100 mL Premix	J0690	636	MC Pharmacy	$ 52	$ 31	$ 25.30	$ 2	$ 48
Service Item	Outpatient	ceFAZolin 2 g/D5W 100 mL Premix	J0690	636	NC Urgent Care	$ 51.65	$ 30.99	$ 25.17	$ 1.64	$ 47.52
Service Item	Outpatient	ceFAZolin 2 g/D5W 100 mL Premix	J0690	636	SC Urgent Care	$ 51.65	$ 30.99	$ 25.30	$ 1.64	$ 47.52
Service Item	Outpatient	ceFAZolin 500 mg Inj	J0690	636	CD Infusion Clinic	$ 19.80	$ 11.88	$ 13.85	$ 1.64	$ 18.22
Service Item	Inpatient and Outpatient	ceFAZolin 500 mg Inj	J0690	636	MC Pharmacy	$ 20	$ 12	$ 13.85	$ 2	$ 18
Service Item	Outpatient	ceFAZolin 500 mg Inj	J0690	636	NC Urgent Care	$ 19.80	$ 11.88	$ 13.80	$ 1.64	$ 18.22
Service Item	Outpatient	ceFAZolin 500 mg Inj	J0690	636	SC Urgent Care	$ 19.80	$ 11.88	$ 13.85	$ 1.64	$ 18.22
Service Item	Outpatient	ceFAZolin IM PED 225 mg/mL	J0690	636	CD Infusion Clinic	$ 19.80	$ 11.88	$ 13.85	$ 1.64	$ 18.22
Service Item	Inpatient and Outpatient	ceFAZolin IM PED 225 mg/mL	J0690	636	MC Pharmacy	$ 20	$ 15	$ 13.85	$ 2	$ 18
Service Item	Outpatient	ceFAZolin IM PED 225 mg/mL	J0690	636	NC Urgent Care	$ 19.80	$ 15.03	$ 13.80	$ 1.64	$ 18.22
Service Item	Outpatient	ceFAZolin IM PED 225 mg/mL	J0690	636	SC Urgent Care	$ 19.80	$ 15.03	$ 13.85	$ 1.64	$ 18.22
Service Item	Outpatient	ceFAZolin/D5W IV (PED) 20 mg/mL	J0690	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 11.08	$ 1.64	$ 17.69
Service Item	Inpatient and Outpatient	ceFAZolin/D5W IV (PED) 20 mg/mL	J0690	636	MC Pharmacy	$ 12	$ 7	$ 11.08	$ 2	$ 18
Service Item	Outpatient	ceFAZolin/D5W IV (PED) 20 mg/mL	J0690	636	NC Urgent Care	$ 12.10	$ 7.26	$ 11.05	$ 1.64	$ 17.69
Service Item	Outpatient	ceFAZolin/D5W IV (PED) 20 mg/mL	J0690	636	SC Urgent Care	$ 12.10	$ 7.26	$ 11.08	$ 1.64	$ 17.69
Service Item	Outpatient	ceFAZolin/D5W IV (PED) 20 mg/mL	J0690	636	VD Visalia Dialysis	$ 12.10	$ 7.26	$ 11.08	$ 1.64	$ 17.69
Service Item	Outpatient	cefepime 2 g Inj	J0692	636	CD Infusion Clinic	$ 55.80	$ 33.48	$ 29.82	$ 4.62	$ 51.34
Service Item	Inpatient and Outpatient	cefepime 2 g Inj	J0692	636	MC Pharmacy	$ 56	$ 42	$ 29.82	$ 5	$ 51
Service Item	Outpatient	cefepime 2 g Inj	J0692	636	NC Urgent Care	$ 55.80	$ 42.11	$ 29.68	$ 4.62	$ 51.34
Service Item	Outpatient	cefepime 2 g Inj	J0692	636	SC Urgent Care	$ 55.80	$ 42.11	$ 29.82	$ 4.62	$ 51.34
Service Item	Outpatient	cefepime 2 g Inj	J0692	636	VD CAPD CCPD	$ 55.80	$ 33.48	$ 29.82	$ 4.62	$ 51.34
Service Item	Outpatient	cefepime 2 g Inj	J0692	636	VD Visalia Dialysis	$ 55.80	$ 33.48	$ 29.82	$ 4.62	$ 51.34
Service Item	Inpatient and Outpatient	Cefepime Hcl Inj 1000 Mg	J0692	636	MC Pharmacy	$ 65	$ 48	$ 33.24	$ 5	$ 60
Service Item	Outpatient	Cefepime Hcl Inj 1000 Mg	J0692	636	VD Visalia Dialysis	$ 65.32	$ 39.19	$ 33.24	$ 4.62	$ 60.09
Service Item	Outpatient	cefepime/NS IV (PED) 40 mg/mL	J0692	636	CD Infusion Clinic	$ 33.90	$ 20.34	$ 21.95	$ 4.62	$ 31.19
Service Item	Inpatient and Outpatient	cefepime/NS IV (PED) 40 mg/mL	J0692	636	MC Pharmacy	$ 34	$ 29	$ 21.95	$ 5	$ 31
Service Item	Outpatient	cefepime/NS IV (PED) 40 mg/mL	J0692	636	NC Urgent Care	$ 33.90	$ 28.97	$ 21.86	$ 4.62	$ 31.19
Service Item	Outpatient	cefepime/NS IV (PED) 40 mg/mL	J0692	636	SC Urgent Care	$ 33.90	$ 28.97	$ 21.95	$ 4.62	$ 31.19
Service Item	Outpatient	cefotaxime 1 g Inj	J0698	636	CD Infusion Clinic	$ 12.60	$ 7.56	$ 9.59	$ 3.48	$ 12.51
Service Item	Inpatient and Outpatient	cefotaxime 1 g Inj	J0698	636	MC Pharmacy	$ 13	$ 8	$ 9.59	$ 3	$ 13
Service Item	Outpatient	cefotaxime 1 g Inj	J0698	636	NC Urgent Care	$ 12.60	$ 7.56	$ 9.56	$ 3.48	$ 12.51
Service Item	Outpatient	cefotaxime 1 g Inj	J0698	636	SC Urgent Care	$ 12.60	$ 7.56	$ 9.59	$ 3.48	$ 12.51
Service Item	Outpatient	cefotaxime 2 g Inj	J0698	636	CD Infusion Clinic	$ 33.90	$ 20.34	$ 17.25	$ 3.48	$ 31.19
Service Item	Inpatient and Outpatient	cefotaxime 2 g Inj	J0698	636	MC Pharmacy	$ 34	$ 20	$ 17.25	$ 3	$ 31
Service Item	Outpatient	cefotaxime 2 g Inj	J0698	636	NC Urgent Care	$ 33.90	$ 20.34	$ 17.16	$ 3.48	$ 31.19
Service Item	Outpatient	cefotaxime 2 g Inj	J0698	636	SC Urgent Care	$ 33.90	$ 20.34	$ 17.25	$ 3.48	$ 31.19
Service Item	Outpatient	cefotaxime IM PED 300 mg/mL Syringe	J0698	636	CD Infusion Clinic	$ 33.90	$ 20.34	$ 17.25	$ 3.48	$ 31.19
Service Item	Inpatient and Outpatient	cefotaxime IM PED 300 mg/mL Syringe	J0698	636	MC Pharmacy	$ 34	$ 20	$ 17.25	$ 3	$ 31
Service Item	Outpatient	cefotaxime IM PED 300 mg/mL Syringe	J0698	636	NC Urgent Care	$ 33.90	$ 20.34	$ 17.16	$ 3.48	$ 31.19
Service Item	Outpatient	cefotaxime IM PED 300 mg/mL Syringe	J0698	636	SC Urgent Care	$ 33.90	$ 20.34	$ 17.25	$ 3.48	$ 31.19
Service Item	Outpatient	cefotaxime IV PED 40 mg/mL Syringe	J0698	636	CD Infusion Clinic	$ 20.75	$ 12.45	$ 12.52	$ 3.48	$ 19.09
Service Item	Inpatient and Outpatient	cefotaxime IV PED 40 mg/mL Syringe	J0698	636	MC Pharmacy	$ 21	$ 12	$ 12.52	$ 3	$ 19
Service Item	Outpatient	cefotaxime IV PED 40 mg/mL Syringe	J0698	636	NC Urgent Care	$ 20.75	$ 12.45	$ 12.47	$ 3.48	$ 19.09
Service Item	Outpatient	cefotaxime IV PED 40 mg/mL Syringe	J0698	636	SC Urgent Care	$ 20.75	$ 12.45	$ 12.52	$ 3.48	$ 19.09
Service Item	Outpatient	cefotaxime per 1 g from 10 g vial	J0698	636	CD Infusion Clinic	$ 18.35	$ 11.01	$ 11.66	$ 3.48	$ 16.88
Service Item	Inpatient and Outpatient	cefotaxime per 1 g from 10 g vial	J0698	636	MC Pharmacy	$ 18	$ 23	$ 11.66	$ 3	$ 23
Service Item	Outpatient	cefotaxime per 1 g from 10 g vial	J0698	636	NC Urgent Care	$ 18.35	$ 23.31	$ 11.61	$ 3.48	$ 23.31
Service Item	Outpatient	cefotaxime per 1 g from 10 g vial	J0698	636	SC Urgent Care	$ 18.35	$ 23.31	$ 11.66	$ 3.48	$ 23.31
Service Item	Outpatient	cefoTEtan 1 g Inj	J3490	636	CD Infusion Clinic	$ 107.35	$ 64.41	$ 70.38	$ 23.14	$ 98.76
Service Item	Inpatient and Outpatient	cefoTEtan 1 g Inj	J3490	636	MC Pharmacy	$ 107	$ 64	$ 70.38	$ 23	$ 99
Service Item	Outpatient	cefoTEtan 1 g Inj	J3490	636	NC Urgent Care	$ 107.35	$ 64.41	$ 70.11	$ 23.14	$ 98.76
Service Item	Outpatient	cefoTEtan 1 g Inj	J3490	636	SC Urgent Care	$ 107.35	$ 64.41	$ 70.38	$ 23.14	$ 98.76
Service Item	Outpatient	cefoTEtan 1 g/50 mL Premix	J3490	636	CD Infusion Clinic	$ 81.75	$ 49.05	$ 55.66	$ 23.14	$ 75.21
Service Item	Inpatient and Outpatient	cefoTEtan 1 g/50 mL Premix	J3490	636	MC Pharmacy	$ 82	$ 49	$ 55.66	$ 23	$ 75
Service Item	Outpatient	cefoTEtan 1 g/50 mL Premix	J3490	636	NC Urgent Care	$ 81.75	$ 49.05	$ 55.46	$ 23.14	$ 75.21
Service Item	Outpatient	cefoTEtan 1 g/50 mL Premix	J3490	636	SC Urgent Care	$ 81.75	$ 49.05	$ 55.66	$ 23.14	$ 75.21
Service Item	Outpatient	cefoTEtan 2 g Inj	J3490	636	CD Infusion Clinic	$ 214.70	$ 128.82	$ 132.09	$ 23.14	$ 197.52
Service Item	Inpatient and Outpatient	cefoTEtan 2 g Inj	J3490	636	MC Pharmacy	$ 215	$ 129	$ 132.09	$ 23	$ 198
Service Item	Outpatient	cefoTEtan 2 g Inj	J3490	636	NC Urgent Care	$ 214.70	$ 128.82	$ 131.55	$ 23.14	$ 197.52
Service Item	Outpatient	cefoTEtan 2 g Inj	J3490	636	SC Urgent Care	$ 214.70	$ 128.82	$ 132.09	$ 23.14	$ 197.52
Service Item	Outpatient	cefoTEtan 2 g/50 mL Premix	J3490	636	CD Infusion Clinic	$ 116.95	$ 70.17	$ 75.90	$ 23.14	$ 107.59
Service Item	Inpatient and Outpatient	cefoTEtan 2 g/50 mL Premix	J3490	636	MC Pharmacy	$ 117	$ 70	$ 75.90	$ 23	$ 108
Service Item	Outpatient	cefoTEtan 2 g/50 mL Premix	J3490	636	NC Urgent Care	$ 116.95	$ 70.17	$ 75.60	$ 23.14	$ 107.59
Service Item	Outpatient	cefoTEtan 2 g/50 mL Premix	J3490	636	SC Urgent Care	$ 116.95	$ 70.17	$ 75.90	$ 23.14	$ 107.59
Service Item	Outpatient	cefoTEtan 2 g/50 mL Premix	J3490	636	VD CAPD CCPD	$ 116.95	$ 70.17	$ 75.90	$ 23.14	$ 107.59
Service Item	Outpatient	cefoTEtan 2 g/50 mL Premix	J3490	636	VD Visalia Dialysis	$ 116.95	$ 70.17	$ 75.90	$ 23.14	$ 107.59
Service Item	Outpatient	cefoTEtan/NS IV (PED) 20 mg/mL	J3490	636	CD Infusion Clinic	$ 107.35	$ 64.41	$ 70.38	$ 23.14	$ 98.76
Service Item	Inpatient and Outpatient	cefoTEtan/NS IV (PED) 20 mg/mL	J3490	636	MC Pharmacy	$ 107	$ 64	$ 70.38	$ 23	$ 99
Service Item	Outpatient	cefoTEtan/NS IV (PED) 20 mg/mL	J3490	636	NC Urgent Care	$ 107.35	$ 64.41	$ 70.11	$ 23.14	$ 98.76
Service Item	Outpatient	cefoTEtan/NS IV (PED) 20 mg/mL	J3490	636	SC Urgent Care	$ 107.35	$ 64.41	$ 70.38	$ 23.14	$ 98.76
Service Item	Outpatient	cefOXitin 1 g Inj	J0694	636	CD Infusion Clinic	$ 52.20	$ 31.32	$ 34.34	$ 5.75	$ 48.02

Service Item	Inpatient and Outpatient	cefOXitin 1 g Inj	J0694	636	MC Pharmacy	$ 52	$ 50	$ 34.34	$ 6	$ 50
Service Item	Outpatient	cefOXitin 1 g Inj	J0694	636	NC Urgent Care	$ 52.20	$ 50.00	$ 34.21	$ 5.75	$ 50.00
Service Item	Outpatient	cefOXitin 1 g Inj	J0694	636	SC Urgent Care	$ 52.20	$ 50.00	$ 34.34	$ 5.75	$ 50.00
Service Item	Outpatient	CefOXitin 2 g Inj	J0694	636	CD Infusion Clinic	$ 55.80	$ 33.48	$ 35.64	$ 5.75	$ 51.34
Service Item	Inpatient and Outpatient	CefOXitin 2 g Inj	J0694	636	MC Pharmacy	$ 56	$ 52	$ 35.64	$ 6	$ 52
Service Item	Outpatient	CefOXitin 2 g Inj	J0694	636	NC Urgent Care	$ 55.80	$ 52.16	$ 35.50	$ 5.75	$ 52.16
Service Item	Outpatient	CefOXitin 2 g Inj	J0694	636	SC Urgent Care	$ 55.80	$ 52.16	$ 35.64	$ 5.75	$ 52.16
Service Item	Outpatient	CefOXitin 2 g Kit Inj	J0694	636	CD Infusion Clinic	$ 111.05	$ 66.63	$ 55.50	$ 5.75	$ 102.17
Service Item	Inpatient and Outpatient	CefOXitin 2 g Kit Inj	J0694	636	MC Pharmacy	$ 111	$ 85	$ 55.50	$ 6	$ 102
Service Item	Outpatient	CefOXitin 2 g Kit Inj	J0694	636	NC Urgent Care	$ 111.05	$ 85.31	$ 55.22	$ 5.75	$ 102.17
Service Item	Outpatient	CefOXitin 2 g Kit Inj	J0694	636	SC Urgent Care	$ 111.05	$ 85.31	$ 55.50	$ 5.75	$ 102.17
Service Item	Outpatient	ceftaroline 600 mg Inj	J0712	636	CD Infusion Clinic	$ 774.15	$ 464.49	$ 382.52	$ 0.99	$ 712.22
Service Item	Inpatient and Outpatient	ceftaroline 600 mg Inj	J0712	636	MC Pharmacy	$ 774	$ 465	$ 382.52	$ 1	$ 712
Service Item	Outpatient	ceftaroline 600 mg Inj	J0712	636	NC Urgent Care	$ 774.15	$ 465.47	$ 380.58	$ 0.99	$ 712.22
Service Item	Outpatient	ceftaroline 600 mg Inj	J0712	636	SC Urgent Care	$ 774.15	$ 465.47	$ 382.52	$ 0.99	$ 712.22
Service Item	Outpatient	ceftAZidime 1 g Inj	J0713	636	CD Infusion Clinic	$ 30.90	$ 18.54	$ 19.82	$ 2.91	$ 28.43
Service Item	Inpatient and Outpatient	ceftAZidime 1 g Inj	J0713	636	MC Pharmacy	$ 31	$ 19	$ 19.82	$ 3	$ 28
Service Item	Outpatient	ceftAZidime 1 g Inj	J0713	636	NC Urgent Care	$ 30.90	$ 18.54	$ 19.75	$ 2.91	$ 28.43
Service Item	Outpatient	ceftAZidime 1 g Inj	J0713	636	SC Urgent Care	$ 30.90	$ 18.54	$ 19.82	$ 2.91	$ 28.43
Service Item	Outpatient	ceftAZidime 1 g Inj	J0713	636	VD CAPD CCPD	$ 30.90	$ 18.54	$ 19.82	$ 2.91	$ 28.43
Service Item	Outpatient	ceftAZidime 1 g Inj	J0713	636	VD Visalia Dialysis	$ 30.90	$ 18.54	$ 19.82	$ 2.91	$ 28.43
Service Item	Outpatient	ceftAZidime 1 g/D5W 50 mL Premix	J0713	636	CD Infusion Clinic	$ 60.05	$ 36.03	$ 30.30	$ 2.91	$ 55.25
Service Item	Inpatient and Outpatient	ceftAZidime 1 g/D5W 50 mL Premix	J0713	636	MC Pharmacy	$ 60	$ 44	$ 30.30	$ 3	$ 55
Service Item	Outpatient	ceftAZidime 1 g/D5W 50 mL Premix	J0713	636	NC Urgent Care	$ 60.05	$ 43.68	$ 30.15	$ 2.91	$ 55.25
Service Item	Outpatient	ceftAZidime 1 g/D5W 50 mL Premix	J0713	636	SC Urgent Care	$ 60.05	$ 43.68	$ 30.30	$ 2.91	$ 55.25
Service Item	Outpatient	ceftAZidime 1 g/D5W 50 mL Premix	J0713	636	VD CAPD CCPD	$ 60.05	$ 36.03	$ 30.30	$ 2.91	$ 55.25
Service Item	Outpatient	ceftAZidime 1 g/D5W 50 mL Premix	J0713	636	VD Visalia Dialysis	$ 60.05	$ 36.03	$ 30.30	$ 2.91	$ 55.25
Service Item	Outpatient	ceftAZidime 2 g/D5W 50 mL Premix	J0713	636	CD Infusion Clinic	$ 86.45	$ 51.87	$ 39.79	$ 2.91	$ 79.53
Service Item	Inpatient and Outpatient	ceftAZidime 2 g/D5W 50 mL Premix	J0713	636	MC Pharmacy	$ 86	$ 60	$ 39.79	$ 3	$ 80
Service Item	Outpatient	ceftAZidime 2 g/D5W 50 mL Premix	J0713	636	NC Urgent Care	$ 86.45	$ 59.52	$ 39.58	$ 2.91	$ 79.53
Service Item	Outpatient	ceftAZidime 2 g/D5W 50 mL Premix	J0713	636	SC Urgent Care	$ 86.45	$ 59.52	$ 39.79	$ 2.91	$ 79.53
Service Item	Outpatient	ceftAZidime 2 g/D5W 50 mL Premix	J0713	636	VD CAPD CCPD	$ 86.45	$ 51.87	$ 39.79	$ 2.91	$ 79.53
Service Item	Outpatient	ceftAZidime 2 g/D5W 50 mL Premix	J0713	636	VD Visalia Dialysis	$ 86.45	$ 51.87	$ 39.79	$ 2.91	$ 79.53
Service Item	Outpatient	ceftAZidime IM (PED) 280 mg/mL	J0713	636	CD Infusion Clinic	$ 30.90	$ 18.54	$ 19.82	$ 2.91	$ 28.43
Service Item	Inpatient and Outpatient	ceftAZidime IM (PED) 280 mg/mL	J0713	636	MC Pharmacy	$ 31	$ 26	$ 19.82	$ 3	$ 28
Service Item	Outpatient	ceftAZidime IM (PED) 280 mg/mL	J0713	636	NC Urgent Care	$ 30.90	$ 26.19	$ 19.75	$ 2.91	$ 28.43
Service Item	Outpatient	ceftAZidime IM (PED) 280 mg/mL	J0713	636	SC Urgent Care	$ 30.90	$ 26.19	$ 19.82	$ 2.91	$ 28.43
Service Item	Outpatient	ceftAZidime/LIDO IM (PED) 280 mg/mL	J0713	636	CD Infusion Clinic	$ 30.90	$ 18.54	$ 19.82	$ 2.91	$ 28.43
Service Item	Inpatient and Outpatient	ceftAZidime/LIDO IM (PED) 280 mg/mL	J0713	636	MC Pharmacy	$ 31	$ 26	$ 19.82	$ 3	$ 28
Service Item	Outpatient	ceftAZidime/LIDO IM (PED) 280 mg/mL	J0713	636	NC Urgent Care	$ 30.90	$ 26.19	$ 19.75	$ 2.91	$ 28.43
Service Item	Outpatient	ceftAZidime/LIDO IM (PED) 280 mg/mL	J0713	636	SC Urgent Care	$ 30.90	$ 26.19	$ 19.82	$ 2.91	$ 28.43
Service Item	Outpatient	ceftAZidime/NS IV (PED) 20 mg/mL	J0713	636	CD Infusion Clinic	$ 30.90	$ 18.54	$ 19.82	$ 2.91	$ 28.43
Service Item	Inpatient and Outpatient	ceftAZidime/NS IV (PED) 20 mg/mL	J0713	636	MC Pharmacy	$ 31	$ 19	$ 19.82	$ 3	$ 28
Service Item	Outpatient	ceftAZidime/NS IV (PED) 20 mg/mL	J0713	636	NC Urgent Care	$ 30.90	$ 18.54	$ 19.75	$ 2.91	$ 28.43
Service Item	Outpatient	ceftAZidime/NS IV (PED) 20 mg/mL	J0713	636	SC Urgent Care	$ 30.90	$ 18.54	$ 19.82	$ 2.91	$ 28.43
Service Item	Inpatient and Outpatient	cefTRIAXone 1 g Inj	J0696	636	MC Pharmacy	$ 214	$ 128	$ 81.65	$ 1	$ 197
Service Item	Outpatient	cefTRIAXone 1 g Inj	J0696	636	NC Urgent Care	$ 213.90	$ 128.34	$ 81.11	$ 1.26	$ 196.79
Service Item	Outpatient	cefTRIAXone 1 g Inj	J0696	636	SC Urgent Care	$ 213.90	$ 128.34	$ 81.65	$ 1.26	$ 196.79
Service Item	Outpatient	cefTRIAXone 1 g Inj	J0696	636	SFM Family Medicine	$ 213.90	$ 128.34	$ 81.11	$ 1.26	$ 196.79
Service Item	Outpatient	cefTRIAXone 1 g Inj	J0696	636	VD Visalia Dialysis	$ 213.90	$ 128.34	$ 81.65	$ 1.26	$ 196.79
Service Item	Outpatient	cefTRIAXone 1 g/50 mL Premix	J0696	636	CD Infusion Clinic	$ 219.95	$ 131.97	$ 83.82	$ 1.26	$ 202.35
Service Item	Inpatient and Outpatient	cefTRIAXone 1 g/50 mL Premix	J0696	636	MC Pharmacy	$ 220	$ 132	$ 83.82	$ 1	$ 202
Service Item	Outpatient	cefTRIAXone 1 g/50 mL Premix	J0696	636	NC Urgent Care	$ 219.95	$ 131.97	$ 83.27	$ 1.26	$ 202.35
Service Item	Outpatient	cefTRIAXone 1 g/50 mL Premix	J0696	636	SC Urgent Care	$ 219.95	$ 131.97	$ 83.82	$ 1.26	$ 202.35
Service Item	Outpatient	cefTRIAXone 2 g Inj	J0696	636	CD Infusion Clinic	$ 425.10	$ 255.06	$ 157.58	$ 1.26	$ 391.09
Service Item	Inpatient and Outpatient	cefTRIAXone 2 g Inj	J0696	636	MC Pharmacy	$ 425	$ 271	$ 157.58	$ 1	$ 391
Service Item	Outpatient	cefTRIAXone 2 g Inj	J0696	636	NC Urgent Care	$ 425.10	$ 270.96	$ 156.51	$ 1.26	$ 391.09
Service Item	Outpatient	cefTRIAXone 2 g Inj	J0696	636	SC Urgent Care	$ 425.10	$ 270.96	$ 157.58	$ 1.26	$ 391.09
Service Item	Outpatient	cefTRIAXone 2 g Inj	J0696	636	VD Visalia Dialysis	$ 425.10	$ 255.06	$ 157.58	$ 1.26	$ 391.09
Service Item	Outpatient	cefTRIAXone 2 g/50 mL Premix	J0696	636	CD Infusion Clinic	$ 103.50	$ 62.10	$ 41.96	$ 1.26	$ 95.22
Service Item	Inpatient and Outpatient	cefTRIAXone 2 g/50 mL Premix	J0696	636	MC Pharmacy	$ 104	$ 78	$ 41.96	$ 1	$ 95
Service Item	Outpatient	cefTRIAXone 2 g/50 mL Premix	J0696	636	NC Urgent Care	$ 103.50	$ 78.00	$ 41.70	$ 1.26	$ 95.22
Service Item	Outpatient	cefTRIAXone 2 g/50 mL Premix	J0696	636	SC Urgent Care	$ 103.50	$ 78.00	$ 41.96	$ 1.26	$ 95.22
Service Item	Outpatient	cefTRIAXone 250 mg Inj	J0696	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 9.10	$ 1.26	$ 16.18
Service Item	Inpatient and Outpatient	cefTRIAXone 250 mg Inj	J0696	636	MC Pharmacy	$ 12	$ 7	$ 9.10	$ 1	$ 16
Service Item	Outpatient	cefTRIAXone 250 mg Inj	J0696	636	NC Urgent Care	$ 12.10	$ 7.26	$ 9.07	$ 1.26	$ 16.18
Service Item	Outpatient	cefTRIAXone 250 mg Inj	J0696	636	SC Urgent Care	$ 12.10	$ 7.26	$ 9.10	$ 1.26	$ 16.18
Service Item	Outpatient	cefTRIAXone 250 mg Inj	J0696	636	SFM Family Medicine	$ 12.10	$ 7.26	$ 9.07	$ 1.26	$ 16.18
Service Item	Outpatient	cefTRIAXone 500 mg Inj	J0696	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 9.10	$ 1.26	$ 16.18
Service Item	Inpatient and Outpatient	cefTRIAXone 500 mg Inj	J0696	636	MC Pharmacy	$ 12	$ 7	$ 9.10	$ 1	$ 16
Service Item	Outpatient	cefTRIAXone 500 mg Inj	J0696	636	NC Urgent Care	$ 12.10	$ 7.26	$ 9.07	$ 1.26	$ 16.18
Service Item	Outpatient	cefTRIAXone 500 mg Inj	J0696	636	SC Urgent Care	$ 12.10	$ 7.26	$ 9.10	$ 1.26	$ 16.18
Service Item	Outpatient	cefTRIAXone 500 mg Inj	J0696	636	SFM Family Medicine	$ 12.10	$ 7.26	$ 9.07	$ 1.26	$ 16.18
Service Item	Outpatient	cefTRIAXone IM (PED) 350 mg/mL	J0696	636	CD Infusion Clinic	$ 213.90	$ 128.34	$ 81.65	$ 1.26	$ 196.79
Service Item	Inpatient and Outpatient	cefTRIAXone IM (PED) 350 mg/mL	J0696	636	MC Pharmacy	$ 214	$ 128	$ 81.65	$ 1	$ 197
Service Item	Outpatient	cefTRIAXone IM (PED) 350 mg/mL	J0696	636	NC Urgent Care	$ 213.90	$ 128.34	$ 81.11	$ 1.26	$ 196.79
Service Item	Outpatient	cefTRIAXone IM (PED) 350 mg/mL	J0696	636	SC Urgent Care	$ 213.90	$ 128.34	$ 81.65	$ 1.26	$ 196.79
Service Item	Outpatient	CefTRIAXone with Lidocaine 1% IM (PED) 350mg	J0696	636	CD Infusion Clinic	$ 213.90	$ 128.34	$ 81.65	$ 1.26	$ 196.79
Service Item	Inpatient and Outpatient	CefTRIAXone with Lidocaine 1% IM (PED) 350mg	J0696	636	MC Pharmacy	$ 214	$ 144	$ 81.65	$ 1	$ 197
Service Item	Outpatient	CefTRIAXone with Lidocaine 1% IM (PED) 350mg	J0696	636	NC Urgent Care	$ 213.90	$ 144.24	$ 81.11	$ 1.26	$ 196.79
Service Item	Outpatient	CefTRIAXone with Lidocaine 1% IM (PED) 350mg	J0696	636	SC Urgent Care	$ 213.90	$ 144.24	$ 81.65	$ 1.26	$ 196.79
Service Item	Outpatient	cefTRIAXone/D5W IV (PED) 20 mg/mL	J0696	636	CD Infusion Clinic	$ 199.95	$ 119.97	$ 76.63	$ 1.26	$ 183.95
Service Item	Inpatient and Outpatient	cefTRIAXone/D5W IV (PED) 20 mg/mL	J0696	636	MC Pharmacy	$ 200	$ 120	$ 76.63	$ 1	$ 184
Service Item	Outpatient	cefTRIAXone/D5W IV (PED) 20 mg/mL	J0696	636	NC Urgent Care	$ 199.95	$ 119.97	$ 76.13	$ 1.26	$ 183.95
Service Item	Outpatient	cefTRIAXone/D5W IV (PED) 20 mg/mL	J0696	636	SC Urgent Care	$ 199.95	$ 119.97	$ 76.63	$ 1.26	$ 183.95
Service Item	Outpatient	ceFUROXime 1.5 g Inj	J0697	636	CD Infusion Clinic	$ 29.85	$ 17.91	$ 39.89	$ 2.21	$ 81.00
Service Item	Inpatient and Outpatient	ceFUROXime 1.5 g Inj	J0697	636	MC Pharmacy	$ 30	$ 18	$ 39.89	$ 2	$ 81
Service Item	Outpatient	ceFUROXime 1.5 g Inj	J0697	636	NC Urgent Care	$ 29.85	$ 17.91	$ 39.82	$ 2.21	$ 81.00
Service Item	Outpatient	ceFUROXime 1.5 g Inj	J0697	636	SC Urgent Care	$ 29.85	$ 17.91	$ 39.89	$ 2.21	$ 81.00
Service Item	Outpatient	ceFUROXime 1.5 g/D5W 50 mL	J0697	636	CD Infusion Clinic	$ 119.30	$ 71.58	$ 72.05	$ 2.21	$ 109.76
Service Item	Inpatient and Outpatient	ceFUROXime 1.5 g/D5W 50 mL	J0697	636	MC Pharmacy	$ 119	$ 72	$ 72.05	$ 2	$ 110
Service Item	Outpatient	ceFUROXime 1.5 g/D5W 50 mL	J0697	636	NC Urgent Care	$ 119.30	$ 71.58	$ 71.75	$ 2.21	$ 109.76
Service Item	Outpatient	ceFUROXime 1.5 g/D5W 50 mL	J0697	636	SC Urgent Care	$ 119.30	$ 71.58	$ 72.05	$ 2.21	$ 109.76
Service Item	Outpatient	ceFUROXime 750 mg Inj	J0697	636	CD Infusion Clinic	$ 20.75	$ 12.45	$ 36.62	$ 2.21	$ 81.00
Service Item	Inpatient and Outpatient	ceFUROXime 750 mg Inj	J0697	636	MC Pharmacy	$ 21	$ 12	$ 36.62	$ 2	$ 81
Service Item	Outpatient	ceFUROXime 750 mg Inj	J0697	636	NC Urgent Care	$ 20.75	$ 12.45	$ 36.57	$ 2.21	$ 81.00
Service Item	Outpatient	ceFUROXime 750 mg Inj	J0697	636	SC Urgent Care	$ 20.75	$ 12.45	$ 36.62	$ 2.21	$ 81.00
Service Item	Outpatient	ceFUROXime IM (PED) 220 mg/mL	J0697	636	CD Infusion Clinic	$ 68.35	$ 41.01	$ 53.73	$ 2.21	$ 81.00
Service Item	Inpatient and Outpatient	ceFUROXime IM (PED) 220 mg/mL	J0697	636	MC Pharmacy	$ 68	$ 41	$ 53.73	$ 2	$ 81
Service Item	Outpatient	ceFUROXime IM (PED) 220 mg/mL	J0697	636	NC Urgent Care	$ 68.35	$ 41.01	$ 53.56	$ 2.21	$ 81.00
Service Item	Outpatient	ceFUROXime IM (PED) 220 mg/mL	J0697	636	SC Urgent Care	$ 68.35	$ 41.01	$ 53.73	$ 2.21	$ 81.00
Service Item	Outpatient	ceFUROXime IV (PED) 30 mg/mL	J0697	636	CD Infusion Clinic	$ 95.35	$ 57.21	$ 63.44	$ 2.21	$ 87.72
Service Item	Inpatient and Outpatient	ceFUROXime IV (PED) 30 mg/mL	J0697	636	MC Pharmacy	$ 95	$ 57	$ 63.44	$ 2	$ 88
Service Item	Outpatient	ceFUROXime IV (PED) 30 mg/mL	J0697	636	NC Urgent Care	$ 95.35	$ 57.21	$ 63.20	$ 2.21	$ 87.72
Service Item	Outpatient	ceFUROXime IV (PED) 30 mg/mL	J0697	636	SC Urgent Care	$ 95.35	$ 57.21	$ 63.44	$ 2.21	$ 87.72
Service Item	Inpatient and Outpatient	Celiac Disease Reflexive Cascade-ARUP	82784	300	MC Reference Lab	$ 6	$ 35	$ 31.91	$ 5	$ 91
Service Item	Inpatient and Outpatient	Celiac Disease Screen-ARUP	82784	300	MC Reference Lab	$ 9	$ 35	$ 32.82	$ 8	$ 91
Service Item	Inpatient and Outpatient	Cell Count & Diff Csf	89051	300	MC General Lab	$ 91	$ 25	$ 58.56	$ 22	$ 82
Service Item	Inpatient and Outpatient	Cell Count & Diff Misc Fl	89051	300	MC General Lab	$ 91	$ 25	$ 58.56	$ 22	$ 82
Service Item	Inpatient and Outpatient	Cell Count&Diff Syn Fluid	89051	300	MC General Lab	$ 91	$ 25	$ 58.56	$ 22	$ 82
Service Package	Inpatient and Outpatient	Cellular Bone Matrix (1)	C1713	278	MC Central Supply	$ 8,231	Charges have been	$ 6,970.75	$ 7,335	$ 7,498
Service Package	Inpatient and Outpatient	Cellular Bone Matrix (2)	C1713	278	MC Central Supply	$ 2,907	Charges have been	$ 3,362.07	$ 2,590	$ 2,648
Service Package	Inpatient and Outpatient	Cement Restrictor	C1713	278	MC Central Supply	$ 932	Charges have been	$ 2,023.55	$ 831	$ 849
Service Package	Inpatient and Outpatient	Cement With Antibiotic	C1713	278	MC Central Supply	$ 1,362	Charges have been	$ 2,315.04	$ 1,214	$ 1,241
Service Package	Inpatient and Outpatient	Cement/Bone (A)	C1713	278	MC Central Supply	$ 8,068	Charges have been	$ 6,859.73	$ 7,189	$ 7,349
Service Package	Inpatient and Outpatient	Cement/Bone Copo/Osteobon	C1713	278	MC Central Supply	$ 644	Charges have been	$ 1,828.59	$ 574	$ 587
Service Package	Inpatient and Outpatient	Central Mtr Evoked Lower	95929	920	MC Surgical Srvcs	$ 1,238	Charges have been	$ 974.63	$ 563	$ 1,106
Service Package	Inpatient and Outpatient	Central Mtr Evoked Upper	95928	920	MC Surgical Srvcs	$ 1,126	Charges have been	$ 1,021.45	$ 984	$ 1,053

Service Package	Inpatient and Outpatient	Central Mtr Evoked Upper and Lower Extremitie	95939	920	MC Surgical Srvcs	$ 1,588	Charges have been	$ 1,332.56	$ 1,053	$ 1,418
Service Package	Inpatient and Outpatient	Central Vent/Art Cath Plc		450	MC Emergency	$ 1,542	Charges have been	#N/A	$ 1,348	$ 1,378
Service Package	Inpatient and Outpatient	Centralizer Distl W/Cemnt	C1713	278	MC Central Supply	$ 925	Charges have been	$ 2,018.61	$ 824	$ 842
Service Item	Inpatient and Outpatient	Centromere IgG Antibody-ARUP	86039	305	MC Reference Lab	$ 9	$ 50	$ 21.48	$ 5	$ 110
Service Item	Inpatient and Outpatient	Ceruloplasmin-ARUP	82390	300	MC Reference Lab	$ 10	$ 48	$ 21.53	$ 6	$ 106
Service Package	Inpatient and Outpatient	Cervical Laser		360	MC Surgical Srvcs	$ 2,018	Charges have been	#N/A	$ 1,764	$ 1,803
Service Item	Outpatient	Cervical Myelogram	72240	320	IC Radiology	$ 1,538.02	$ 602.10	$ 999.48	$ 495.28	$ 1,373.76
Service Item	Inpatient and Outpatient	Cervical Myelogram	72240	320	MC Diag Radiology	$ 1,538	$ 602	$ 1,876.96	$ 495	$ 9,745
Service Item	Outpatient	Cervical Myelogram	72240	320	NC Diag Imaging	$ 1,538.02	$ 602.10	$ 1,876.96	$ 495.28	$ 9,745.33
Service Item	Outpatient	Cervical Myelogram	72240	320	SC Diag Imaging	$ 1,538.02	$ 602.10	$ 1,876.96	$ 495.28	$ 9,745.33
Service Item	Outpatient	Cervical Puncture Mylogra	61055	361	IC Radiology	$ 1,028.26	$ 598.99	$ 757.61	$ 303.31	$ 918.45
Service Item	Inpatient and Outpatient	Cervical Puncture Mylogra	61055	361	MC Diag Radiology	$ 1,028	$ 599	$ 767.60	$ 303	$ 918
Service Item	Outpatient	Cervical Puncture Mylogra	61055	361	NC Diag Imaging	$ 1,028.26	$ 598.99	$ 767.60	$ 303.31	$ 918.45
Service Item	Outpatient	Cervical Puncture Mylogra	61055	361	SC Diag Imaging	$ 1,028.26	$ 598.99	$ 767.60	$ 303.31	$ 918.45
Service Item	Outpatient	cetuximab 2 mg/mL Inj 100 mL	J9055	636	CD Infusion Clinic	$ 4,263.80	$ 2,558.28	$ 1,849.35	$ 58.90	$ 3,922.70
Service Item	Inpatient and Outpatient	cetuximab 2 mg/mL Inj 100 mL	J9055	636	MC Pharmacy	$ 4,264	$ 2,616	$ 1,849.35	$ 59	$ 3,923
Service Item	Outpatient	cetuximab 2 mg/mL Inj 100 mL	J9055	636	NC Urgent Care	$ 4,263.80	$ 2,616.18	$ 1,838.69	$ 58.90	$ 3,922.70
Service Item	Outpatient	cetuximab 2 mg/mL Inj 100 mL	J9055	636	SC Urgent Care	$ 4,263.80	$ 2,616.18	$ 1,849.35	$ 58.90	$ 3,922.70
Service Item	Outpatient	cetuximab 2 mg/mL Inj 50 mL	J9055	636	CD Infusion Clinic	$ 2,153.25	$ 1,291.95	$ 1,090.61	$ 58.90	$ 1,980.99
Service Item	Inpatient and Outpatient	cetuximab 2 mg/mL Inj 50 mL	J9055	636	MC Pharmacy	$ 2,153	$ 1,292	$ 1,090.61	$ 59	$ 1,981
Service Item	Outpatient	cetuximab 2 mg/mL Inj 50 mL	J9055	636	NC Urgent Care	$ 2,153.25	$ 1,291.95	$ 1,085.23	$ 58.90	$ 1,980.99
Service Item	Outpatient	cetuximab 2 mg/mL Inj 50 mL	J9055	636	SC Urgent Care	$ 2,153.25	$ 1,291.95	$ 1,090.61	$ 58.90	$ 1,980.99
Service Package	Inpatient and Outpatient	Change I/E Ureteral Stent	50387	360	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,002.44	$ 1,896	$ 2,053
Service Package	Inpatient and Outpatient	Change Ureteral Stent	50382	360	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,227.06	$ 2,053	$ 2,857
Service Item	Outpatient	Chem Caut Granulation Tis	17250	516	NC Urgent Care	$ 233.03	$ 135.74	$ 165.84	$ 62.17	$ 208.14
Service Item	Outpatient	Chem Caut Granulation Tis	17250	516	OP Wound Center	$ 233.03	$ 135.74	$ 186.28	$ 135.74	$ 208.14
Service Item	Outpatient	Chem Caut Granulation Tis	17250	516	SC Urgent Care	$ 233.03	$ 135.74	$ 166.41	$ 62.17	$ 208.14
Service Package	Inpatient	Chemo Into Cns 3S	96450	331	MC 3S Oncology	$ 524.51	Charges have been	$ 442.91	$ 358.73	$ 468.49
Service Package	Inpatient	Chemo Iv Inf > 8 Hr 3S	96416	335	MC 3S Oncology	$ 655.64	Charges have been	$ 531.22	$ 358.73	$ 585.62
Service Item	Outpatient	Chemo Iv Inf 1St Hr	96413	335	CD Infusion Clinic	$ 670.40	$ 390.52	$ 495.56	$ 358.73	$ 598.80
Service Package	Inpatient	Chemo Iv Inf 1St Hr	96413	335	MC 3S Oncology	$ 670.40	Charges have been	$ 541.16	$ 358.73	$ 598.80
Service Item	Outpatient	Chemo Iv Inf Add Hr	96415	335	CD Infusion Clinic	$ 109.83	$ 63.98	$ 83.47	$ 63.98	$ 98.10
Service Package	Inpatient	Chemo Iv Inf Add Hr	96415	335	MC 3S Oncology	$ 109.83	Charges have been	$ 91.48	$ 70.07	$ 98.10
Service Package	Inpatient	Chemo Iv Inf Addl Seq 3S	96417	335	MC 3S Oncology	$ 229.47	Charges have been	$ 172.05	$ 70.07	$ 204.97
Service Package	Inpatient	Chemo Iv Push Ea Addl 3S	96411	331	MC 3S Oncology	$ 423.43	Charges have been	$ 302.68	$ 70.07	$ 378.21
Service Package	Inpatient	Chemo Iv Push Sngl 3S	96409	331	MC 3S Oncology	$ 423.43	Charges have been	$ 338.38	$ 212.90	$ 378.21
Service Package	Inpatient	Chemo Pleural Periton 3S	96446	335	MC 3S Oncology	$ 388.20	Charges have been	$ 351.11	$ 339.20	$ 358.73
Service Package	Inpatient	Chemo Pleural Thora 3S	96440	335	MC 3S Oncology	$ 388.20	Charges have been	$ 351.11	$ 339.20	$ 358.73
Service Package	Inpatient	Chemo Sq/Im Hormonal 3S	96402	331	MC 3S Oncology	$ 331.65	Charges have been	$ 240.87	$ 70.07	$ 296.23
Service Package	Inpatient	Chemo Sq/Im Non-Hormon 3S	96401	331	MC 3S Oncology	$ 331.65	Charges have been	$ 240.87	$ 70.07	$ 296.23
Service Item	Outpatient	Chest 1 View	71045	324	IC Radiology	$ 260.06	$ 151.49	$ 151.17	$ 34.64	$ 232.29
Service Item	Inpatient and Outpatient	Chest 1 View	71045	324	MC Diag Radiology	$ 260	$ 151	$ 223.54	$ 35	$ 888
Service Item	Outpatient	Chest 1 View	71045	324	NC Diag Imaging	$ 260.06	$ 151.49	$ 223.54	$ 34.64	$ 887.81
Service Item	Outpatient	Chest 1 View	71045	324	SC Diag Imaging	$ 260.06	$ 151.49	$ 223.54	$ 34.64	$ 887.81
Service Item	Outpatient	Chest 2 Views	71046	324	IC Radiology	$ 320.44	$ 186.67	$ 188.10	$ 63.78	$ 286.22
Service Item	Inpatient and Outpatient	Chest 2 Views	71046	324	MC Diag Radiology	$ 320	$ 187	$ 256.66	$ 64	$ 888
Service Item	Outpatient	Chest 2 Views	71046	324	NC Diag Imaging	$ 320.44	$ 186.67	$ 256.66	$ 63.78	$ 887.81
Service Item	Outpatient	Chest 2 Views	71046	324	SC Diag Imaging	$ 320.44	$ 186.67	$ 256.66	$ 63.78	$ 887.81
Service Item	Outpatient	Chest 4 Views	71048	324	IC Radiology	$ 363.33	$ 211.65	$ 225.10	$ 83.60	$ 324.53
Service Item	Inpatient and Outpatient	Chest 4 Views	71048	324	MC Diag Radiology	$ 363	$ 212	$ 365.76	$ 84	$ 1,636
Service Item	Outpatient	Chest 4 Views	71048	324	NC Diag Imaging	$ 363.33	$ 211.65	$ 365.76	$ 83.60	$ 1,635.83
Service Item	Outpatient	Chest 4 Views	71048	324	SC Diag Imaging	$ 363.33	$ 211.65	$ 365.76	$ 83.60	$ 1,635.83
Service Item	Outpatient	Chest Bilat Decubitus	71046	324	IC Radiology	$ 263.90	$ 153.73	$ 164.50	$ 63.78	$ 235.71
Service Item	Inpatient and Outpatient	Chest Bilat Decubitus	71046	324	MC Diag Radiology	$ 264	$ 154	$ 236.63	$ 64	$ 888
Service Item	Outpatient	Chest Bilat Decubitus	71046	324	NC Diag Imaging	$ 263.90	$ 153.73	$ 236.63	$ 63.78	$ 887.81
Service Item	Outpatient	Chest Bilat Decubitus	71046	324	SC Diag Imaging	$ 263.90	$ 153.73	$ 236.63	$ 63.78	$ 887.81
Service Item	Outpatient	Chest Lat Decubitus	71046	324	IC Radiology	$ 263.90	$ 153.73	$ 164.50	$ 63.78	$ 235.71
Service Item	Inpatient and Outpatient	Chest Lat Decubitus	71046	324	MC Diag Radiology	$ 264	$ 154	$ 236.63	$ 64	$ 888
Service Item	Outpatient	Chest Lat Decubitus	71046	324	NC Diag Imaging	$ 263.90	$ 153.73	$ 236.63	$ 63.78	$ 887.81
Service Item	Outpatient	Chest Lat Decubitus	71046	324	SC Diag Imaging	$ 263.90	$ 153.73	$ 236.63	$ 63.78	$ 887.81
Service Item	Outpatient	Chest Pa Lat & Oblique	71046	324	IC Radiology	$ 409.78	$ 238.70	$ 225.39	$ 63.78	$ 366.01
Service Item	Inpatient and Outpatient	Chest Pa Lat & Oblique	71046	324	MC Diag Radiology	$ 410	$ 239	$ 288.32	$ 64	$ 888
Service Item	Outpatient	Chest Pa Lat & Oblique	71046	324	NC Diag Imaging	$ 409.78	$ 238.70	$ 288.32	$ 63.78	$ 887.81
Service Item	Outpatient	Chest Pa Lat & Oblique	71046	324	SC Diag Imaging	$ 409.78	$ 238.70	$ 288.32	$ 63.78	$ 887.81
Service Item	Outpatient	Chest Pa Lat Apical Lordo	71047	324	IC Radiology	$ 405.40	$ 236.15	$ 241.22	$ 81.26	$ 362.10
Service Item	Inpatient and Outpatient	Chest Pa Lat Apical Lordo	71047	324	MC Diag Radiology	$ 405	$ 236	$ 304.42	$ 81	$ 888
Service Item	Outpatient	Chest Pa Lat Apical Lordo	71047	324	NC Diag Imaging	$ 405.40	$ 236.15	$ 304.42	$ 81.26	$ 887.81
Service Item	Outpatient	Chest Pa Lat Apical Lordo	71047	324	SC Diag Imaging	$ 405.40	$ 236.15	$ 304.42	$ 81.26	$ 887.81
Service Package	Inpatient and Outpatient	Chest Tube Insert		450	MC Emergency	$ 560	Charges have been	#N/A	$ 489	$ 500
Service Item	Outpatient	Chest Xray 1 View-P	71045	324	IC Radiology	$ 260.06	$ 151.49	$ 151.17	$ 34.64	$ 232.29
Service Item	Inpatient and Outpatient	Chest Xray 1 View-P	71045	324	MC Diag Radiology	$ 260	$ 151	$ 223.54	$ 35	$ 888
Service Item	Outpatient	Chest Xray 1 View-P	71045	324	NC Diag Imaging	$ 260.06	$ 151.49	$ 223.54	$ 34.64	$ 887.81
Service Item	Outpatient	Chest Xray 1 View-P	71045	324	SC Diag Imaging	$ 260.06	$ 151.49	$ 223.54	$ 34.64	$ 887.81
Service Package	Inpatient and Outpatient	Chg Perc Tube/Drain	75984	320	MC Cath Lab Srvcs	$ 1,022	Charges have been	$ 936.30	$ 893	$ 913
Service Item	Outpatient	Chlamyd Pneumoniae	87486	306	Reference Lab TC	$ 7.21	$ 151.32	$ 116.90	$ 6.13	$ 344.96
Service Item	Inpatient and Outpatient	Chlamydia antibody-ARUP	86631	307	MC Reference Lab	$ 13	$ 58	$ 24.14	$ 8	$ 116
Service Item	Inpatient and Outpatient	Chlamydia culture-ARUP	87110	306	MC Reference Lab	$ 19	$ 87	$ 40.51	$ 12	$ 193
Service Item	Inpatient and Outpatient	Chlamydia igm antibody-ARUP	86632	302	MC Reference Lab	$ 14	$ 58	$ 27.32	$ 8	$ 125
Service Item	Inpatient and Outpatient	Chlamydia pneumoniae Body Fluid by PCR Fluid-	87486	300	MC Reference Lab	$ 39	$ 151	$ 128.27	$ 34	$ 345
Service Item	Inpatient and Outpatient	Chlamydid Probe PCR	87491	306	MC General Lab	$ 148	$ 151	$ 176.96	$ 129	$ 345
Service Item	Inpatient and Outpatient	Chlamydophilia/Chlamdia Pneumoniae BF	87486	306	MC General Lab	$ 52	$ 151	$ 132.93	$ 45	$ 345
Service Item	Outpatient	chloramphenicol 1,000 mg Inj	J0720	636	CD Infusion Clinic	$ 217.20	$ 130.32	$ 141.11	$ 6.26	$ 199.82
Service Item	Inpatient and Outpatient	chloramphenicol 1,000 mg Inj	J0720	636	MC Pharmacy	$ 217	$ 130	$ 141.11	$ 6	$ 200
Service Item	Outpatient	chloramphenicol 1,000 mg Inj	J0720	636	NC Urgent Care	$ 217.20	$ 130.32	$ 140.57	$ 6.26	$ 199.82
Service Item	Outpatient	chloramphenicol 1,000 mg Inj	J0720	636	SC Urgent Care	$ 217.20	$ 130.32	$ 141.11	$ 6.26	$ 199.82
Service Package	Inpatient	Chlorides Electrode Blood	82435	301	MC Cardiac Surgery	$ 54.91	$ 32.62	$ 39.46	$ 18.53	$ 50.02
Service Package	Inpatient	Chlorides Electrode Blood	82435	301	MC Cardiovascular	$ 54.91	$ 20.67	$ 39.46	$ 18.53	$ 50.02
Service Item	Inpatient and Outpatient	Chlorides Electrode Blood	82435	301	MC General Lab	$ 55	$ 21	$ 39.46	$ 19	$ 50
Service Package	Inpatient and Outpatient	Chlorides Electrode Blood	82435	301	MC IC Intnsv Care	$ 55	Charges have been	$ 50.81	$ 49	$ 50
Service Package	Inpatient	Chlorides Electrode Blood	82435	301	MC NI NICU	$ 54.91	Charges have been	$ 50.81	$ 48.93	$ 50.02
Service Package	Inpatient and Outpatient	Chlorides Electrode Blood	82435	301	MC Surgical Srvcs	$ 55	Charges have been	$ 50.81	$ 49	$ 50
Service Item	Inpatient and Outpatient	Chlorides Electrode Misc	82438	301	MC General Lab	$ 63	$ 22	$ 44.02	$ 20	$ 57
Service Item	Inpatient and Outpatient	Chlorides Urine	82436	301	MC General Lab	$ 64	$ 22	$ 44.83	$ 20	$ 58
Service Item	Outpatient	chloroprocaine 3% PF Inj Soln 20 mL	J2400	636	CD Infusion Clinic	$ 124.90	$ 74.94	$ 83.61	$ 18.46	$ 114.91
Service Item	Inpatient and Outpatient	chloroprocaine 3% PF Inj Soln 20 mL	J2400	636	MC Pharmacy	$ 125	$ 75	$ 83.61	$ 18	$ 115
Service Item	Outpatient	chloroprocaine 3% PF Inj Soln 20 mL	J2400	636	NC Urgent Care	$ 124.90	$ 74.94	$ 83.30	$ 18.46	$ 114.91
Service Item	Outpatient	chloroprocaine 3% PF Inj Soln 20 mL	J2400	636	SC Urgent Care	$ 124.90	$ 74.94	$ 83.61	$ 18.46	$ 114.91
Service Item	Outpatient	chlorothiazide 500 mg Inj	J1205	636	CD Infusion Clinic	$ 1,661.20	$ 996.72	$ 1,016.77	$ 10.83	$ 1,528.30
Service Item	Inpatient and Outpatient	chlorothiazide 500 mg Inj	J1205	636	MC Pharmacy	$ 1,661	$ 1,007	$ 1,016.77	$ 11	$ 1,528
Service Item	Outpatient	chlorothiazide 500 mg Inj	J1205	636	NC Urgent Care	$ 1,661.20	$ 1,007.37	$ 1,012.62	$ 10.83	$ 1,528.30
Service Item	Outpatient	chlorothiazide 500 mg Inj	J1205	636	SC Urgent Care	$ 1,661.20	$ 1,007.37	$ 1,016.77	$ 10.83	$ 1,528.30
Service Item	Outpatient	chlorproMAZINE 25 mg/mL Inj 1 mL	J3230	636	CD Infusion Clinic	$ 124.85	$ 74.91	$ 88.95	$ 10.07	$ 114.86
Service Item	Inpatient and Outpatient	chlorproMAZINE 25 mg/mL Inj 1 mL	J3230	636	MC Pharmacy	$ 125	$ 75	$ 88.95	$ 10	$ 115
Service Item	Outpatient	chlorproMAZINE 25 mg/mL Inj 1 mL	J3230	636	NC Urgent Care	$ 124.85	$ 74.91	$ 88.64	$ 10.07	$ 114.86
Service Item	Outpatient	chlorproMAZINE 25 mg/mL Inj 1 mL	J3230	636	SC Urgent Care	$ 124.85	$ 74.91	$ 88.95	$ 10.07	$ 114.86
Service Item	Outpatient	chlorproMAZINE 25 mg/mL Inj 2 mL	J3230	636	CD Infusion Clinic	$ 143.10	$ 85.86	$ 95.51	$ 10.07	$ 131.65
Service Item	Inpatient and Outpatient	chlorproMAZINE 25 mg/mL Inj 2 mL	J3230	636	MC Pharmacy	$ 143	$ 86	$ 95.51	$ 10	$ 132
Service Item	Outpatient	chlorproMAZINE 25 mg/mL Inj 2 mL	J3230	636	NC Urgent Care	$ 143.10	$ 85.86	$ 95.15	$ 10.07	$ 131.65
Service Item	Outpatient	chlorproMAZINE 25 mg/mL Inj 2 mL	J3230	636	SC Urgent Care	$ 143.10	$ 85.86	$ 95.51	$ 10.07	$ 131.65
Service Item	Outpatient	Chole Or Pancreas Post Op	47531	320	IC Radiology	$ 7,773.35	$ 2,264.33	$ 3,621.45	$ 484.60	$ 3,602.79
Service Item	Inpatient and Outpatient	Chole Or Pancreas Post Op	47531	320	MC Diag Radiology	$ 7,773	$ 2,264	$ 3,659.18	$ 485	$ 3,603
Service Item	Outpatient	Chole Or Pancreas Post Op	47531	320	NC Diag Imaging	$ 7,773.35	$ 2,264.33	$ 3,659.18	$ 484.60	$ 3,602.79
Service Item	Outpatient	Chole Or Pancreas Post Op	47531	320	SC Diag Imaging	$ 7,773.35	$ 2,264.33	$ 3,659.18	$ 484.60	$ 3,602.79
Service Item	Inpatient and Outpatient	Cholesterol Total Serum	82465	301	MC General Lab	$ 64	$ 19	$ 42.72	$ 17	$ 58
Service Item	Inpatient and Outpatient	Cholesterol, Fluid-ARUP	84311	300	MC Reference Lab	$ 7	$ 31	$ 14.32	$ 4	$ 69
Service Item	Inpatient and Outpatient	Chromatin Antibody, IgG-ARUP	83516	300	MC Reference Lab	$ 10	$ 104	$ 43.46	$ 9	$ 113
Service Item	Inpatient and Outpatient	Chromium Level-ARUP	82495	300	MC Reference Lab	$ 22	$ 90	$ 43.40	$ 13	$ 199
Service Item	Inpatient and Outpatient	Chromogranin A-ARUP	86316	300	MC Reference Lab	$ 19	$ 93	$ 41.73	$ 11	$ 205

Service Item	Outpatient	Chron Care Mgmt 20Min	99490	510	CD Chronic Disease	$ 199.70	$ 116.33	$ 132.41	$ 79.54	$ 178.37
Service Item	Inpatient and Outpatient	Chylmd trach dna amp probe-ARUP	87491	306	MC Reference Lab	$ 39	$ 151	$ 137.82	$ 34	$ 345
Service Item	Outpatient	cidofovir 75 mg/mL Inj 5 mL	J0740	636	CD Infusion Clinic	$ 3,472.75	$ 2,083.65	$ 2,040.95	$ 666.25	$ 3,194.93
Service Item	Inpatient and Outpatient	cidofovir 75 mg/mL Inj 5 mL	J0740	636	MC Pharmacy	$ 3,473	$ 2,900	$ 2,040.95	$ 666	$ 3,195
Service Item	Outpatient	cidofovir 75 mg/mL Inj 5 mL	J0740	636	NC Urgent Care	$ 3,472.75	$ 2,899.50	$ 2,032.26	$ 666.25	$ 3,194.93
Service Item	Outpatient	cidofovir 75 mg/mL Inj 5 mL	J0740	636	SC Urgent Care	$ 3,472.75	$ 2,899.50	$ 2,040.95	$ 666.25	$ 3,194.93
Service Item	Outpatient	ciprofloxacin 10 mg/mL Inj 20 mL	J0744	636	CD Infusion Clinic	$ 18.60	$ 11.16	$ 13.08	$ 2.33	$ 17.11
Service Item	Inpatient and Outpatient	ciprofloxacin 10 mg/mL Inj 20 mL	J0744	636	MC Pharmacy	$ 19	$ 11	$ 13.08	$ 2	$ 17
Service Item	Outpatient	ciprofloxacin 10 mg/mL Inj 20 mL	J0744	636	NC Urgent Care	$ 18.60	$ 11.16	$ 13.03	$ 2.33	$ 17.11
Service Item	Outpatient	ciprofloxacin 10 mg/mL Inj 20 mL	J0744	636	SC Urgent Care	$ 18.60	$ 11.16	$ 13.08	$ 2.33	$ 17.11
Service Item	Outpatient	ciprofloxacin 400 mg/D5W 200 mL Premix	J0744	636	CD Infusion Clinic	$ 18.95	$ 11.37	$ 13.21	$ 2.33	$ 17.43
Service Item	Inpatient and Outpatient	ciprofloxacin 400 mg/D5W 200 mL Premix	J0744	636	MC Pharmacy	$ 19	$ 11	$ 13.21	$ 2	$ 17
Service Item	Outpatient	ciprofloxacin 400 mg/D5W 200 mL Premix	J0744	636	NC Urgent Care	$ 18.95	$ 11.37	$ 13.16	$ 2.33	$ 17.43
Service Item	Outpatient	ciprofloxacin 400 mg/D5W 200 mL Premix	J0744	636	SC Urgent Care	$ 18.95	$ 11.37	$ 13.21	$ 2.33	$ 17.43
Service Item	Outpatient	ciprofloxacin-dexamethasone 0.3%-0.1% Otic Su	J3490	636	CD Infusion Clinic	$ 1,076.15	$ 645.69	$ 627.26	$ 23.14	$ 990.06
Service Item	Inpatient and Outpatient	ciprofloxacin-dexamethasone 0.3%-0.1% Otic Su	J3490	636	MC Pharmacy	$ 1,076	$ 646	$ 627.26	$ 23	$ 990
Service Item	Outpatient	ciprofloxacin-dexamethasone 0.3%-0.1% Otic Su	J3490	636	NC Urgent Care	$ 1,076.15	$ 645.69	$ 624.57	$ 23.14	$ 990.06
Service Item	Outpatient	ciprofloxacin-dexamethasone 0.3%-0.1% Otic Su	J3490	636	SC Urgent Care	$ 1,076.15	$ 645.69	$ 627.26	$ 23.14	$ 990.06
Service Item	Outpatient	Circumcision Neo<=28 Days	54160	510	SFM Family Medicine	$ 669.50	$ 390.00	$ 539.88	$ 390.00	$ 644.85
Service Item	Outpatient	Circumcision W/Regnl Blk	54150	510	SFM Family Medicine	$ 2,163.00	$ 1,260.00	$ 1,741.17	$ 1,260.00	$ 2,052.70
Service Item	Outpatient	cisatracurium 10 mg/mL Inj 20 mL	J3490	636	CD Infusion Clinic	$ 1,588.25	$ 952.95	$ 921.63	$ 23.14	$ 1,461.19
Service Item	Inpatient and Outpatient	cisatracurium 10 mg/mL Inj 20 mL	J3490	636	MC Pharmacy	$ 1,588	$ 953	$ 921.63	$ 23	$ 1,461
Service Item	Outpatient	cisatracurium 10 mg/mL Inj 20 mL	J3490	636	NC Urgent Care	$ 1,588.25	$ 952.95	$ 917.66	$ 23.14	$ 1,461.19
Service Item	Outpatient	cisatracurium 10 mg/mL Inj 20 mL	J3490	636	SC Urgent Care	$ 1,588.25	$ 952.95	$ 921.63	$ 23.14	$ 1,461.19
Service Item	Outpatient	cisatracurium 2 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 153.50	$ 92.10	$ 96.91	$ 23.14	$ 141.22
Service Item	Inpatient and Outpatient	cisatracurium 2 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 154	$ 92	$ 96.91	$ 23	$ 141
Service Item	Outpatient	cisatracurium 2 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 153.50	$ 92.10	$ 96.52	$ 23.14	$ 141.22
Service Item	Outpatient	cisatracurium 2 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 153.50	$ 92.10	$ 96.91	$ 23.14	$ 141.22
Service Item	Outpatient	cisatracurium 2 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 78.15	$ 46.89	$ 53.59	$ 23.14	$ 71.90
Service Item	Inpatient and Outpatient	cisatracurium 2 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 78	$ 47	$ 53.59	$ 23	$ 72
Service Item	Outpatient	CISplatin 1 mg/mL Inj 100 mL	J9060	636	CD Infusion Clinic	$ 224.90	$ 134.94	$ 109.05	$ 3.60	$ 206.91
Service Item	Inpatient and Outpatient	CISplatin 1 mg/mL Inj 100 mL	J9060	636	MC Pharmacy	$ 225	$ 181	$ 109.05	$ 4	$ 207
Service Item	Outpatient	CISplatin 1 mg/mL Inj 100 mL	J9060	636	NC Urgent Care	$ 224.90	$ 181.29	$ 108.49	$ 3.60	$ 206.91
Service Item	Outpatient	CISplatin 1 mg/mL Inj 100 mL	J9060	636	SC Urgent Care	$ 224.90	$ 181.29	$ 109.05	$ 3.60	$ 206.91
Service Item	Outpatient	CISplatin 1 mg/mL Inj 50 mL	J9060	636	CD Infusion Clinic	$ 97.65	$ 58.59	$ 63.30	$ 3.60	$ 89.84
Service Item	Inpatient and Outpatient	CISplatin 1 mg/mL Inj 50 mL	J9060	636	MC Pharmacy	$ 98	$ 105	$ 63.30	$ 4	$ 105
Service Item	Outpatient	CISplatin 1 mg/mL Inj 50 mL	J9060	636	NC Urgent Care	$ 97.65	$ 104.94	$ 63.06	$ 3.60	$ 104.94
Service Item	Outpatient	CISplatin 1 mg/mL Inj 50 mL	J9060	636	SC Urgent Care	$ 97.65	$ 104.94	$ 63.30	$ 3.60	$ 104.94
Service Item	Inpatient and Outpatient	Cisternogram	78630	340	MC Nuclear Medicine	$ 1,699	$ 635	$ 1,227.10	$ 547	$ 1,517
Service Item	Outpatient	Cisternography	70015	320	IC Radiology	$ 824.00	$ 173.37	$ 561.59	$ 155.46	$ 788.87
Service Item	Inpatient and Outpatient	Cisternography	70015	320	MC Diag Radiology	$ 824	$ 173	$ 1,484.12	$ 155	$ 9,745
Service Item	Outpatient	Citrate-Phos-Dex Soln (Surgery) 500 mL	J3490	636	CD Infusion Clinic	$ 124.20	$ 74.52	$ 80.06	$ 23.14	$ 114.26
Service Item	Inpatient and Outpatient	Citrate-Phos-Dex Soln (Surgery) 500 mL	J3490	636	MC Pharmacy	$ 124	$ 75	$ 80.06	$ 23	$ 114
Service Item	Outpatient	Citrate-Phos-Dex Soln (Surgery) 500 mL	J3490	636	NC Urgent Care	$ 124.20	$ 74.52	$ 79.75	$ 23.14	$ 114.26
Service Item	Outpatient	Citrate-Phos-Dex Soln (Surgery) 500 mL	J3490	636	SC Urgent Care	$ 124.20	$ 74.52	$ 80.06	$ 23.14	$ 114.26
Service Item	Inpatient and Outpatient	Citric Acid Urine-ARUP	82507	300	MC Reference Lab	$ 30	$ 124	$ 59.49	$ 18	$ 273
Service Item	Outpatient	citric acid/gluc delta-lact/mag (Renacidin) 500 m	Q2004	636	CD Infusion Clinic	$ 195.30	$ 117.18	$ 150.03	$ 40.52	$ 212.50
Service Item	Inpatient and Outpatient	citric acid/gluc delta-lact/mag (Renacidin) 500 m	Q2004	636	MC Pharmacy	$ 195	$ 157	$ 150.03	$ 41	$ 213
Service Item	Outpatient	citric acid/gluc delta-lact/mag (Renacidin) 500 m	Q2004	636	NC Urgent Care	$ 195.30	$ 157.01	$ 149.54	$ 40.52	$ 212.50
Service Item	Outpatient	citric acid/gluc delta-lact/mag (Renacidin) 500 m	Q2004	636	SC Urgent Care	$ 195.30	$ 157.01	$ 150.03	$ 40.52	$ 212.50
Service Item	Inpatient and Outpatient	Ck Total20108	82550	300	MC Reference Lab	$ 7	$ 29	$ 32.07	$ 6	$ 64
Service Item	Inpatient and Outpatient	Ck-Mm20020	82552	300	MC Reference Lab	$ 15	$ 60	$ 27.43	$ 9	$ 132
Service Item	Outpatient	Cl Tx Ank Disloc Wo Anes	27840	516	NC Urgent Care	$ 421.52	$ 245.54	$ 315.98	$ 204.62	$ 388.82
Service Item	Outpatient	Cl Tx Ank Disloc Wo Anes	27840	516	SC Urgent Care	$ 421.52	$ 245.54	$ 317.01	$ 204.62	$ 388.82
Service Item	Outpatient	Cl Tx Carpal Scaphoid Fx	25622	510	SFM Family Medicine	$ 338.47	$ 197.17	$ 265.33	$ 197.17	$ 302.32
Service Item	Outpatient	Cl Tx Fx Phalanx/Phalang	28510	516	NC Urgent Care	$ 443.65	$ 258.44	$ 301.45	$ 111.06	$ 396.27
Service Item	Outpatient	Cl Tx Fx Phalanx/Phalang	28510	516	SC Urgent Care	$ 443.65	$ 258.44	$ 302.52	$ 111.06	$ 396.27
Service Item	Outpatient	Cl Tx Metatarsal	28475	516	NC Urgent Care	$ 467.96	$ 272.60	$ 329.17	$ 227.17	$ 417.98
Service Item	Outpatient	Cl Tx Metatarsal	28475	516	SC Urgent Care	$ 467.96	$ 272.60	$ 330.31	$ 227.17	$ 417.98
Service Item	Outpatient	cladribine 1 mg/mL Inj 10 mL	J9065	636	CD Infusion Clinic	$ 1,905.30	$ 1,143.18	$ 954.45	$ 19.57	$ 1,752.88
Service Item	Inpatient and Outpatient	cladribine 1 mg/mL Inj 10 mL	J9065	636	MC Pharmacy	$ 1,905	$ 1,143	$ 954.45	$ 20	$ 1,753
Service Item	Outpatient	cladribine 1 mg/mL Inj 10 mL	J9065	636	NC Urgent Care	$ 1,905.30	$ 1,143.18	$ 949.68	$ 19.57	$ 1,752.88
Service Item	Outpatient	cladribine 1 mg/mL Inj 10 mL	J9065	636	SC Urgent Care	$ 1,905.30	$ 1,143.18	$ 954.45	$ 19.57	$ 1,752.88
Service Item	Outpatient	Clavicle	73000	320	IC Radiology	$ 262.53	$ 66.54	$ 161.28	$ 59.66	$ 234.49
Service Item	Inpatient and Outpatient	Clavicle	73000	320	MC Diag Radiology	$ 263	$ 67	$ 233.49	$ 60	$ 888
Service Item	Outpatient	Clavicle	73000	320	NC Diag Imaging	$ 262.53	$ 66.54	$ 233.49	$ 59.66	$ 887.81
Service Item	Outpatient	Clavicle	73000	320	SC Diag Imaging	$ 262.53	$ 66.54	$ 233.49	$ 59.66	$ 887.81
Service Item	Outpatient	clevidipine 0.5 mg/mL 100 mL Premix	C9248	636	CD Infusion Clinic	$ 777.55	$ 466.53	$ 520.08	$ 6.68	$ 715.35
Service Item	Inpatient and Outpatient	clevidipine 0.5 mg/mL 100 mL Premix	C9248	636	MC Pharmacy	$ 778	$ 473	$ 520.08	$ 7	$ 715
Service Item	Outpatient	clevidipine 0.5 mg/mL 100 mL Premix	C9248	636	NC Urgent Care	$ 777.55	$ 473.06	$ 498.93	$ 6.68	$ 715.35
Service Item	Outpatient	clevidipine 0.5 mg/mL 100 mL Premix	C9248	636	SC Urgent Care	$ 777.55	$ 473.06	$ 500.88	$ 6.68	$ 715.35
Service Item	Inpatient and Outpatient	Clin Pathologist Consult	80500	310	MC General Lab	$ 81	$ 70	$ 87.87	$ 57	$ 160
Service Item	Outpatient	clindamycin 150 mg/mL Inj 4 mL	J3490	636	CD Infusion Clinic	$ 19.70	$ 11.82	$ 20.00	$ 11.82	$ 27.98
Service Item	Inpatient and Outpatient	clindamycin 150 mg/mL Inj 4 mL	J3490	636	MC Pharmacy	$ 20	$ 12	$ 20.00	$ 12	$ 28
Service Item	Outpatient	clindamycin 150 mg/mL Inj 4 mL	J3490	636	NC Urgent Care	$ 19.70	$ 11.82	$ 19.95	$ 11.82	$ 27.98
Service Item	Outpatient	clindamycin 150 mg/mL Inj 4 mL	J3490	636	SC Urgent Care	$ 19.70	$ 11.82	$ 20.00	$ 11.82	$ 27.98
Service Item	Outpatient	clindamycin 300 mg/50 mL-NaCl 0.9% Sol	J3490	636	CD Infusion Clinic	$ 63.60	$ 38.16	$ 45.23	$ 23.14	$ 58.51
Service Item	Inpatient and Outpatient	clindamycin 300 mg/50 mL-NaCl 0.9% Sol	J3490	636	MC Pharmacy	$ 64	$ 38	$ 45.23	$ 23	$ 59
Service Item	Outpatient	clindamycin 300 mg/50 mL-NaCl 0.9% Sol	J3490	636	NC Urgent Care	$ 63.60	$ 38.16	$ 45.07	$ 23.14	$ 58.51
Service Item	Outpatient	clindamycin 300 mg/50 mL-NaCl 0.9% Sol	J3490	636	SC Urgent Care	$ 63.60	$ 38.16	$ 45.23	$ 23.14	$ 58.51
Service Item	Outpatient	clindamycin 600 mg/50 mL-NaCl 0.9% Sol	J3490	636	CD Infusion Clinic	$ 97.35	$ 58.41	$ 64.63	$ 23.14	$ 89.56
Service Item	Inpatient and Outpatient	clindamycin 600 mg/50 mL-NaCl 0.9% Sol	J3490	636	MC Pharmacy	$ 97	$ 58	$ 64.63	$ 23	$ 90
Service Item	Outpatient	clindamycin 600 mg/50 mL-NaCl 0.9% Sol	J3490	636	NC Urgent Care	$ 97.35	$ 58.41	$ 64.39	$ 23.14	$ 89.56
Service Item	Outpatient	clindamycin 600 mg/50 mL-NaCl 0.9% Sol	J3490	636	SC Urgent Care	$ 97.35	$ 58.41	$ 64.63	$ 23.14	$ 89.56
Service Item	Outpatient	clindamycin 900 mg/50 mL-NaCl 0.9% Sol	J3490	636	CD Infusion Clinic	$ 118.95	$ 71.37	$ 77.05	$ 23.14	$ 109.43
Service Item	Inpatient and Outpatient	clindamycin 900 mg/50 mL-NaCl 0.9% Sol	J3490	636	MC Pharmacy	$ 119	$ 71	$ 77.05	$ 23	$ 109
Service Item	Outpatient	clindamycin 900 mg/50 mL-NaCl 0.9% Sol	J3490	636	NC Urgent Care	$ 118.95	$ 71.37	$ 76.75	$ 23.14	$ 109.43
Service Item	Outpatient	clindamycin 900 mg/50 mL-NaCl 0.9% Sol	J3490	636	SC Urgent Care	$ 118.95	$ 71.37	$ 77.05	$ 23.14	$ 109.43
Service Item	Outpatient	clindamycin/NS IV (PED) 12 mg/mL	J3490	636	CD Infusion Clinic	$ 97.35	$ 58.41	$ 64.63	$ 23.14	$ 89.56
Service Item	Inpatient and Outpatient	clindamycin/NS IV (PED) 12 mg/mL	J3490	636	MC Pharmacy	$ 97	$ 58	$ 64.63	$ 23	$ 90
Service Item	Outpatient	clindamycin/NS IV (PED) 12 mg/mL	J3490	636	NC Urgent Care	$ 97.35	$ 58.41	$ 64.39	$ 23.14	$ 89.56
Service Item	Outpatient	clindamycin/NS IV (PED) 12 mg/mL	J3490	636	SC Urgent Care	$ 97.35	$ 58.41	$ 64.63	$ 23.14	$ 89.56
Service Package	Inpatient and Outpatient	Clip Pr Sterilization	A4649	272	MC Central Supply	$ 5,378	Charges have been	$ 3,853.17	$ 4,793	$ 4,899
Service Package	Inpatient and Outpatient	Clo Test	87077	300	MC Endo Services	$ 96	Charges have been	$ 88.75	$ 85	$ 87
Service Item	Inpatient and Outpatient	Clot factor viii ahg 1 stage-ARUP	85240	305	MC Reference Lab	$ 20	$ 80	$ 36.54	$ 12	$ 176
Service Item	Inpatient and Outpatient	Clot factor viii multimetric-ARUP	85247	305	MC Reference Lab	$ 25	$ 102	$ 49.33	$ 15	$ 226
Service Item	Inpatient and Outpatient	Clot factor viii vw antigen-ARUP	85246	305	MC Reference Lab	$ 25	$ 102	$ 49.33	$ 15	$ 226
Service Item	Inpatient and Outpatient	Clot factor viii vw ristoctn-ARUP	85245	305	MC Reference Lab	$ 25	$ 102	$ 49.33	$ 15	$ 226
Service Item	Inpatient and Outpatient	Clot inhibit prot c activity-ARUP	85303	305	MC Reference Lab	$ 15	$ 62	$ 29.73	$ 9	$ 136
Service Item	Inpatient and Outpatient	Clot inhibit prot c antigen-ARUP	85302	305	MC Reference Lab	$ 13	$ 54	$ 25.85	$ 8	$ 118
Service Item	Inpatient and Outpatient	Clot inhibit prot s free-ARUP	85306	305	MC Reference Lab	$ 17	$ 68	$ 32.94	$ 10	$ 151
Service Item	Inpatient and Outpatient	Clot inhibit prot s total-ARUP	85305	305	MC Reference Lab	$ 13	$ 52	$ 24.95	$ 8	$ 114
Service Item	Inpatient and Outpatient	Clozapine Level-ARUP	80299	300	MC Reference Lab	$ 20	$ 65	$ 34.24	$ 12	$ 148
Service Item	Outpatient	Cltxfx Phanx/Phang W/Mani	28515	516	NC Urgent Care	$ 474.24	$ 276.26	$ 323.21	$ 145.69	$ 423.60
Service Item	Outpatient	Cltxfx Phanx/Phang W/Mani	28515	516	SC Urgent Care	$ 474.24	$ 276.26	$ 324.36	$ 145.69	$ 423.60
Service Item	Inpatient and Outpatient	Cmv Antibody Igg50165	86644	305	MC Reference Lab	$ 16	$ 64	$ 29.13	$ 9	$ 142
Service Item	Inpatient and Outpatient	Cmv Antobody Igg50165	86644	305	MC Reference Lab	$ 16	$ 64	$ 29.13	$ 9	$ 142
Service Item	Inpatient	Cmv Screen Blood Ccbb	86850	300	MC Blood Bank	$ 123.49	$ 48.12	$ 80.24	$ 43.15	$ 112.49
Service Package	Inpatient and Outpatient	Cng Ureteral Stnt Via Con	50688	360	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,016.16	$ 1,951	$ 2,053
Service Item	Inpatient and Outpatient	Coag Time; Activated	85347	305	MC General Lab	$ 67	$ 19	$ 43.77	$ 17	$ 61
Service Item	Outpatient	coagulation factor IX recombinant 1,000 unit (Be	J7195	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 6.70	$ 1.30	$ 11.13
Service Item	Inpatient and Outpatient	coagulation factor IX recombinant 1,000 unit (Be	J7195	636	MC Pharmacy	$ 12	$ 9	$ 6.70	$ 1	$ 11
Service Item	Outpatient	coagulation factor IX recombinant 1,000 unit (Be	J7195	636	NC Urgent Care	$ 12.10	$ 8.54	$ 6.67	$ 1.30	$ 11.13
Service Item	Outpatient	coagulation factor IX recombinant 1,000 unit (Be	J7195	636	SC Urgent Care	$ 12.10	$ 8.54	$ 6.70	$ 1.30	$ 11.13
Service Item	Outpatient	coagulation factor IX recombinant 2,000 unit (Be	J7195	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 6.70	$ 1.30	$ 11.13
Service Item	Inpatient and Outpatient	coagulation factor IX recombinant 2,000 unit (Be	J7195	636	MC Pharmacy	$ 12	$ 9	$ 6.70	$ 1	$ 11
Service Item	Outpatient	coagulation factor IX recombinant 2,000 unit (Be	J7195	636	NC Urgent Care	$ 12.10	$ 8.54	$ 6.67	$ 1.30	$ 11.13
Service Item	Outpatient	coagulation factor IX recombinant 2,000 unit (Be	J7195	636	SC Urgent Care	$ 12.10	$ 8.54	$ 6.70	$ 1.30	$ 11.13

Service Item	Outpatient	coagulation factor IX recombinant 3,000 unit (Be	J7195	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 6.70	$ 1.30	$ 11.13
Service Item	Inpatient and Outpatient	coagulation factor IX recombinant 3,000 unit (Be	J7195	636	MC Pharmacy	$ 12	$ 7	$ 6.70	$ 1	$ 11
Service Item	Outpatient	coagulation factor IX recombinant 3,000 unit (Be	J7195	636	NC Urgent Care	$ 12.10	$ 7.26	$ 6.67	$ 1.30	$ 11.13
Service Item	Outpatient	coagulation factor IX recombinant 3,000 unit (Be	J7195	636	SC Urgent Care	$ 12.10	$ 7.26	$ 6.70	$ 1.30	$ 11.13
Service Item	Outpatient	coagulation factor IX recombinant 500 unit (Ben	J7195	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 6.70	$ 1.30	$ 11.13
Service Item	Inpatient and Outpatient	coagulation factor IX recombinant 500 unit (Ben	J7195	636	MC Pharmacy	$ 12	$ 9	$ 6.70	$ 1	$ 11
Service Item	Outpatient	coagulation factor IX recombinant 500 unit (Ben	J7195	636	NC Urgent Care	$ 12.10	$ 8.54	$ 6.67	$ 1.30	$ 11.13
Service Item	Outpatient	coagulation factor IX recombinant 500 unit (Ben	J7195	636	SC Urgent Care	$ 12.10	$ 8.54	$ 6.70	$ 1.30	$ 11.13
Service Item	Outpatient	coagulation factor VIIa 1 mg (NovoSeven)	J7189	636	CD Infusion Clinic	$ 6,533.50	$ 3,920.10	$ 4,086.39	$ 1.53	$ 8,872.49
Service Item	Inpatient and Outpatient	coagulation factor VIIa 1 mg (NovoSeven)	J7189	636	MC Pharmacy	$ 6,534	$ 3,922	$ 4,086.39	$ 2	$ 8,872
Service Item	Outpatient	coagulation factor VIIa 1 mg (NovoSeven)	J7189	636	NC Urgent Care	$ 6,533.50	$ 3,921.60	$ 4,070.06	$ 1.53	$ 8,872.49
Service Item	Outpatient	coagulation factor VIIa 1 mg (NovoSeven)	J7189	636	SC Urgent Care	$ 6,533.50	$ 3,921.60	$ 4,086.39	$ 1.53	$ 8,872.49
Service Item	Outpatient	coagulation factor VIIa 2 mg (NovoSeven)	J7189	636	CD Infusion Clinic	$ 13,067.00	$ 7,840.20	$ 6,435.19	$ 1.53	$ 12,021.64
Service Item	Inpatient and Outpatient	coagulation factor VIIa 2 mg (NovoSeven)	J7189	636	MC Pharmacy	$ 13,067	$ 7,840	$ 6,435.19	$ 2	$ 12,022
Service Item	Outpatient	coagulation factor VIIa 2 mg (NovoSeven)	J7189	636	NC Urgent Care	$ 13,067.00	$ 7,840.20	$ 6,402.52	$ 1.53	$ 12,021.64
Service Item	Outpatient	coagulation factor VIIa 2 mg (NovoSeven)	J7189	636	SC Urgent Care	$ 13,067.00	$ 7,840.20	$ 6,435.19	$ 1.53	$ 12,021.64
Service Item	Inpatient and Outpatient	Cobalt Serum or Plasma-ARUP	83018	300	MC Reference Lab	$ 22	$ 83	$ 45.95	$ 13	$ 216
Service Item	Inpatient and Outpatient	Cobalt Whole Blood-ARUP	83018	300	MC Reference Lab	$ 22	$ 83	$ 45.95	$ 13	$ 216
Service Item	Outpatient	Cocaine 4% Nasal Soln 4 mL	C9046	636	CD Infusion Clinic	$ 993.25	$ 595.95	$ 705.15	$ 1.23	$ 913.79
Service Item	Inpatient and Outpatient	Cocaine 4% Nasal Soln 4 mL	C9046	636	MC Pharmacy	$ 993	$ 596	$ 723.63	$ 1	$ 914
Service Item	Outpatient	Cocaine 4% Nasal Soln 4 mL	C9046	636	NC Urgent Care	$ 993.25	$ 595.95	$ 656.26	$ 1.23	$ 913.79
Service Item	Outpatient	Cocaine 4% Nasal Soln 4 mL	C9046	636	SC Urgent Care	$ 993.25	$ 595.95	$ 658.75	$ 1.23	$ 913.79
Service Item	Inpatient and Outpatient	Cocaine Conf, Mec Bill-ARUP	80353	300	MC Reference Lab	$ 17	$ 66	$ 13.88	$ 10	$ 66
Service Item	Inpatient and Outpatient	Cocaine Single Ux Qual	80307	301	MC General Lab	$ 130	$ 280	$ 255.61	$ 112	$ 572
Service Item	Outpatient	Cocci Immunodiffusion	86331	302	Reference Lab UCD	$ 37.60	$ 53.40	$ 54.61	$ 31.96	$ 117.74
Service Item	Outpatient	Cocci Serology Comp	86171	302	Reference Lab UCD	$ 46.09	$ 44.64	$ 52.35	$ 39.18	$ 98.39
Service Item	Inpatient and Outpatient	Coccidioides Igg	86635	302	MC General Lab	$ 88	$ 52	$ 76.16	$ 46	$ 113
Service Item	Inpatient and Outpatient	Coccidioides Igm	86635	302	MC General Lab	$ 88	$ 52	$ 76.16	$ 46	$ 113
Service Item	Outpatient	Cognitive Intervention 15 Min OT - PTA/OTA Ser	97129	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention 15 Min OT - PTA/OTA Ser	97129	430	OP Therapy Akers	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention 15 Min OT - PTA/OTA Ser	97129	430	OP Therapy Dinuba	$ 134.00	Charges have been included in the inpatient service package or MSDRG table or could be included in an outpatient service package to simplify payment information to the consumer	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention 15 Min OT - PTA/OTA Ser	97129	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention 15 Min OT - PTA/OTA Ser	97129	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention 15 Min OT - PTA/OTA Ser	97129	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Inpatient	Cognitive Intervention 15 Min OT - PTA/OTA Ser	97129	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Cognitive Intervention 15 Min OT - PTA/OTA Ser	97129	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Cognitive Intervention 15 Min OT - PTA/OTA Ser	97129	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Cognitive Intervention 15 Min OT - PTA/OTA Ser	97129	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient and Outpatient	Cognitive Intervention Initial 15 Min OT	97129	430	MC OT Services	$ 134	Charges have been	$ 111.54	$ 80	$ 123
Service Item	Outpatient	Cognitive Intervention Initial 15 Min OT	97129	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min OT	97129	430	OP Therapy Akers	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min OT	97129	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min OT	97129	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min OT	97129	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min OT	97129	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Inpatient	Cognitive Intervention Initial 15 Min OT	97129	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Cognitive Intervention Initial 15 Min OT	97129	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Cognitive Intervention Initial 15 Min OT	97129	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Cognitive Intervention Initial 15 Min OT	97129	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min ST	97129	440	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min ST	97129	440	OP Therapy Akers	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min ST	97129	440	OP Therapy Dinuba	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min ST	97129	440	OP Therapy Exeter	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min ST	97129	440	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Intervention Initial 15 Min ST	97129	440	OP Therapy Neuro	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Cognitive Test By Hc Pro	96125	918	SFM Family Medicine	$ 257.50	$ 150.00	$ 200.17	$ 56.48	$ 230.00
Service Item	Inpatient and Outpatient	Cold Agglutinins-ARUP	86157	305	MC Reference Lab	$ 9	$ 36	$ 17.26	$ 5	$ 79
Service Item	Outpatient	colistimethate 150 mg (colistin base) Inj	J0770	636	CD Infusion Clinic	$ 156.20	$ 93.72	$ 104.03	$ 28.10	$ 143.70
Service Item	Inpatient and Outpatient	colistimethate 150 mg (colistin base) Inj	J0770	636	MC Pharmacy	$ 156	$ 94	$ 104.03	$ 28	$ 144
Service Item	Outpatient	colistimethate 150 mg (colistin base) Inj	J0770	636	NC Urgent Care	$ 156.20	$ 93.72	$ 103.64	$ 28.10	$ 143.70
Service Item	Outpatient	colistimethate 150 mg (colistin base) Inj	J0770	636	SC Urgent Care	$ 156.20	$ 93.72	$ 104.03	$ 28.10	$ 143.70
Service Item	Inpatient and Outpatient	Collect Blood from PICC	36592	300	MC General Lab	$ 164	$ 95	$ 132.84	$ 94	$ 164
Service Package	Inpatient and Outpatient	Colonoscopy Dx	45378	750	MC Endo Services	$ 2,700	Charges have been	$ 2,057.28	$ 885	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy Flex W Rem Fb	45379	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy Stoma	44388	750	MC Endo Services	$ 2,700	Charges have been	$ 2,057.28	$ 885	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy Stoma W Bleed	44391	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy Stoma W Rem	44394	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy Stoma W/ Bx	44389	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy Submucous Inj	45381	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/ Ablation	45388	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/ Bleed Cntr	45382	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/ Bx	45380	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/ Dil Stoma	44405	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/ Dilation	45386	750	MC Endo Services	$ 3,600	Charges have been	$ 2,738.90	$ 1,164	$ 3,312
Service Package	Inpatient and Outpatient	Colonoscopy W/ Emr	45390	750	MC Endo Services	$ 3,600	Charges have been	$ 3,127.05	$ 2,716	$ 3,312
Service Package	Inpatient and Outpatient	Colonoscopy W/ Injection	44404	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/ Rem Hbf/Bp	44392	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/Band Ligatn	45398	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/Decompress	45393	750	MC Endo Services	$ 3,600	Charges have been	$ 2,738.90	$ 1,164	$ 3,312
Service Package	Inpatient and Outpatient	Colonoscopy W/Endo Fn Bx	45392	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/Endo Us	45391	750	MC Endo Services	$ 3,600	Charges have been	$ 2,738.90	$ 1,164	$ 3,312
Service Package	Inpatient and Outpatient	Colonoscopy W/Rem Hbf/Bpc	45384	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/Rem Snare	45385	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/Resection	44403	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Colonoscopy W/Stent Plcmt	45389	750	MC Endo Services	$ 6,893	Charges have been	$ 6,072.26	$ 5,540	$ 6,342
Service Item	Inpatient and Outpatient	Color Flow Doppler	93325	480	DC Non Invasive Card	$ 612	$ 421	$ 486.91	$ 357	$ 547
Service Item	Inpatient and Outpatient	Color Flow Doppler	93325	480	MC NonInv CardioSrv	$ 612	Charges have been	$ 560.88	$ 535	$ 547
Service Item	Outpatient	Color Flow Doppler	93325	480	OS Non Invasive Card	$ 612.20	$ 420.99	$ 486.91	$ 356.62	$ 546.82
Service Item	Outpatient	Color Flow Doppler	93325	480	SQ Seq Cardiology	$ 612.20	$ 420.99	$ 419.57	$ 5.52	$ 546.82
Service Item	Outpatient	Colp Cervix W Bx & Curett	57454	510	SFM Family Medicine	$ 441.19	$ 257.00	$ 344.65	$ 257.00	$ 394.07
Service Item	Outpatient	Colposcopy Of Cervix	57452	510	SFM Family Medicine	$ 255.70	$ 148.95	$ 200.81	$ 148.95	$ 228.39
Service Item	Inpatient and Outpatient	Community Reentry 15 Min	97537	430	MC OT Services	$ 134	Charges have been	$ 103.21	$ 33	$ 123
Service Item	Outpatient	Community Reentry 15 Min	97537	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Community Reentry 15 Min	97537	430	OP Therapy Akers	$ 134.00	Charges have been	$ 152.86	$ 100.50	$ 317.00
Service Item	Outpatient	Community Reentry 15 Min	97537	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 152.86	$ 100.50	$ 317.00
Service Item	Outpatient	Community Reentry 15 Min	97537	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 152.86	$ 100.50	$ 317.00
Service Item	Outpatient	Community Reentry 15 Min	97537	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 152.86	$ 100.50	$ 317.00
Service Item	Outpatient	Community Reentry 15 Min	97537	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.21	$ 33.47	$ 123.28
Service Item	Inpatient	Community Reentry 15 Min	97537	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 33.47	$ 123.28
Service Item	Inpatient	Community Reentry 15 Min	97537	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Community Reentry 15 Min	97537	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Community Reentry 15 Min	97537	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Community Reentry 15 Min - PTA/OTA Services	97537	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Community Reentry 15 Min - PTA/OTA Services	97537	430	OP Therapy Akers	$ 134.00	Charges have been	$ 152.86	$ 100.50	$ 317.00
Service Item	Outpatient	Community Reentry 15 Min - PTA/OTA Services	97537	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 152.86	$ 100.50	$ 317.00
Service Item	Outpatient	Community Reentry 15 Min - PTA/OTA Services	97537	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 152.86	$ 100.50	$ 317.00
Service Item	Outpatient	Community Reentry 15 Min - PTA/OTA Services	97537	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 152.86	$ 100.50	$ 317.00

Service Item	Outpatient	Community Reentry 15 Min - PTA/OTA Services	97537	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.21	$ 33.47	$ 123.28
Service Item	Inpatient	Community Reentry 15 Min - PTA/OTA Services	97537	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 33.47	$ 123.28
Service Item	Inpatient	Community Reentry 15 Min - PTA/OTA Services	97537	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Community Reentry 15 Min - PTA/OTA Services	97537	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Community Reentry 15 Min - PTA/OTA Services	97537	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Package	Inpatient and Outpatient	Comp Cemented Femur Post	C1776	278	MC Central Supply	$ 3,131	Charges have been	$ 2,572.73	$ 2,790	$ 2,852
Service Package	Inpatient and Outpatient	Comp Ep Eval W Induction	93620	481	MC Cath Lab Srvcs	$ 14,714	Charges have been	$ 10,614.92	$ 6,820	$ 9,057
Service Package	Inpatient and Outpatient	Comp Ep Eval W La Record	93621	481	MC Cath Lab Srvcs	$ 2,936	Charges have been	$ 2,690.26	$ 2,566	$ 2,623
Service Package	Inpatient and Outpatient	Comp Ep Eval W Lv Record	93622	481	MC Cath Lab Srvcs	$ 2,936	Charges have been	$ 2,690.26	$ 2,566	$ 2,623
Service Package	Inpatient and Outpatient	Comp Ep Eval Wo A Induct	93619	481	MC Cath Lab Srvcs	$ 14,714	Charges have been	$ 10,543.49	$ 6,820	$ 8,765
Service Package	Inpatient and Outpatient	Comp Femoral Augment	C1776	278	MC Central Supply	$ 5,097	Charges have been	$ 3,905.55	$ 4,542	$ 4,643
Service Item	Inpatient and Outpatient	Complement 350150	86160	305	MC Reference Lab	$ 14	$ 53	$ 50.55	$ 12	$ 118
Service Item	Inpatient and Outpatient	Complement 450155	86160	305	MC Reference Lab	$ 14	$ 53	$ 50.55	$ 12	$ 118
Service Item	Inpatient and Outpatient	Complement Activity, Total EIA-ARUP	86162	300	MC Reference Lab	$ 22	$ 91	$ 43.48	$ 13	$ 200
Service Item	Inpatient and Outpatient	Complement C3	86160	300	MC General Lab	$ 83	$ 53	$ 75.31	$ 48	$ 118
Service Item	Inpatient and Outpatient	Complement C4	86160	300	MC General Lab	$ 83	$ 53	$ 75.31	$ 48	$ 118
Service Item	Inpatient and Outpatient	Complement Component 1, Functional-ARUP	86161	300	MC Reference Lab	$ 124	$ 53	$ 90.08	$ 50	$ 118
Service Item	Inpatient and Outpatient	Complement Component 2-ARUP	86160	300	MC Reference Lab	$ 13	$ 53	$ 50.47	$ 12	$ 118
Service Item	Inpatient and Outpatient	Complement Factor H (B1H)-ARUP	86160	300	MC Reference Lab	$ 76	$ 53	$ 73.13	$ 48	$ 118
Service Item	Outpatient	Complete Echo W/ Doppler	93306	480	CD Chronic Disease	$ 1,818.30	$ 1,063.59	$ 1,116.15	$ 100.47	$ 1,624.11
Service Item	Inpatient and Outpatient	Complete Echo W/ Doppler	93306	480	DC Non Invasive Card	$ 1,818	$ 1,064	$ 1,351.35	$ 558	$ 1,624
Service Item	Inpatient and Outpatient	Complete Echo W/ Doppler	93306	480	MC NonInv CardioSrv	$ 1,818	Charges have been	$ 1,364.03	$ 558	$ 1,624
Service Item	Outpatient	Complete Echo W/ Doppler	93306	480	OS Non Invasive Card	$ 1,818.30	$ 1,063.59	$ 1,351.35	$ 558.01	$ 1,624.11
Service Item	Outpatient	Complete Echo W/ Doppler	93306	480	SQ Seq Cardiology	$ 1,818.30	$ 1,063.59	$ 1,116.15	$ 100.47	$ 1,624.11
Service Item	Outpatient	Complex Rad Sim	77290	333	HR Radiation Onc	$ 2,299.65	$ 720.90	$ 1,894.85	$ 388.35	$ 4,617.55
Service Item	Inpatient and Outpatient	Complex Rad Sim	77290	333	MC Radiation Thrpy	$ 2,300	$ 721	$ 1,875.33	$ 388	$ 4,618
Service Item	Outpatient	Complex Rad Sim	77290	333	VR Radiation Onc	$ 2,299.65	$ 720.90	$ 1,894.85	$ 388.35	$ 4,617.55
Service Package	Inpatient and Outpatient	Component Arterial Graft		278	MC Central Supply	$ 2,834	Charges have been	#N/A	$ 2,526	$ 2,582
Service Package	Inpatient and Outpatient	Component Articular (A)	C1776	278	MC Central Supply	$ 3,459	Charges have been	$ 2,795.04	$ 3,082	$ 3,151
Service Package	Inpatient and Outpatient	Component Articular (B)	C1776	278	MC Central Supply	$ 4,057	Charges have been	$ 3,200.46	$ 3,615	$ 3,696
Service Package	Inpatient and Outpatient	Component Articular (C)	C1776	278	MC Central Supply	$ 4,390	Charges have been	$ 3,426.09	$ 3,912	$ 3,999
Service Package	Inpatient and Outpatient	Component Articular (D)	C1776	278	MC Central Supply	$ 8,324	Charges have been	$ 6,092.55	$ 7,418	$ 7,582
Service Package	Inpatient and Outpatient	Component Block Build Up (A)	C1776	278	MC Central Supply	$ 1,158	Charges have been	$ 1,235.38	$ 1,032	$ 1,055
Service Package	Inpatient and Outpatient	Component Block Build Up (B)	C1776	278	MC Central Supply	$ 5,097	Charges have been	$ 3,905.55	$ 4,542	$ 4,643
Service Package	Inpatient and Outpatient	Component Block Build Up (C)	C1776	278	MC Central Supply	$ 12,669	Charges have been	$ 9,037.02	$ 11,289	$ 11,540
Service Package	Inpatient and Outpatient	Component Bolt Troch	C1776	278	MC Central Supply	$ 2,333	Charges have been	$ 2,031.94	$ 2,079	$ 2,125
Service Package	Inpatient and Outpatient	Component Claw Troch Small	C1776	278	MC Central Supply	$ 3,200	Charges have been	$ 2,619.28	$ 2,851	$ 2,915
Service Package	Inpatient and Outpatient	Component Coupler Offset	C1776	278	MC Central Supply	$ 4,598	Charges have been	$ 3,567.04	$ 4,097	$ 4,188
Service Package	Inpatient and Outpatient	Component Fem Block Build	C1776	278	MC Central Supply	$ 13,098	Charges have been	$ 9,328.15	$ 11,672	$ 11,931
Service Package	Inpatient and Outpatient	Component Fem Stem Taper	C1776	278	MC Central Supply	$ 12,441	Charges have been	$ 8,882.86	$ 11,086	$ 11,332
Service Package	Inpatient and Outpatient	Component Femor (A)	C1776	278	MC Central Supply	$ 7,212	Charges have been	$ 5,338.77	$ 6,427	$ 6,569
Service Package	Inpatient and Outpatient	Component Femor (B)	C1776	278	MC Central Supply	$ 16,480	Charges have been	$ 11,620.15	$ 14,685	$ 15,011
Service Package	Inpatient and Outpatient	Component Femor Head Tape (A)	C1776	278	MC Central Supply	$ 2,913	Charges have been	$ 2,424.87	$ 2,596	$ 2,653
Service Package	Inpatient and Outpatient	Component Femor Head Tape (B)	C1776	278	MC Central Supply	$ 3,428	Charges have been	$ 2,774.24	$ 3,055	$ 3,123
Service Package	Inpatient and Outpatient	Component Femoral Head (A)	C1776	278	MC Central Supply	$ 3,277	Charges have been	$ 2,671.65	$ 2,920	$ 2,985
Service Package	Inpatient and Outpatient	Component Femoral Head (B)	C1776	278	MC Central Supply	$ 3,567	Charges have been	$ 2,868.37	$ 3,179	$ 3,249
Service Package	Inpatient and Outpatient	Component Femoral Head (C)	C1776	278	MC Central Supply	$ 6,582	Charges have been	$ 4,911.47	$ 5,865	$ 5,995
Service Package	Inpatient and Outpatient	Component Femoral Head (D)	C1776	278	MC Central Supply	$ 1,237	Charges have been	$ 1,289.20	$ 1,103	$ 1,127
Service Package	Inpatient and Outpatient	Component Femoral Stem (A)	C1776	278	MC Central Supply	$ 3,637	Charges have been	$ 2,915.96	$ 3,241	$ 3,313
Service Package	Inpatient and Outpatient	Component Femoral Stem (B)	C1776	278	MC Central Supply	$ 4,678	Charges have been	$ 3,621.40	$ 4,169	$ 4,261
Service Package	Inpatient and Outpatient	Component Femoral Stem (C)	C1776	278	MC Central Supply	$ 5,199	Charges have been	$ 3,974.30	$ 4,633	$ 4,736
Service Package	Inpatient and Outpatient	Component Femoral Stem (D)	C1776	278	MC Central Supply	$ 7,332	Charges have been	$ 5,419.83	$ 6,533	$ 6,678
Service Package	Inpatient and Outpatient	Component Femoral Stem (E)	C1776	278	MC Central Supply	$ 9,955	Charges have been	$ 7,198.07	$ 8,871	$ 9,068
Service Package	Inpatient and Outpatient	Component Femoral Stem (F)	C1776	278	MC Central Supply	$ 21,823	Charges have been	$ 15,241.91	$ 19,447	$ 19,879
Service Package	Inpatient and Outpatient	Component Great Toe	C1776	278	MC Central Supply	$ 7,165	Charges have been	$ 5,306.99	$ 6,385	$ 6,527
Service Package	Inpatient and Outpatient	Component Humeral Adaptor	C1776	278	MC Central Supply	$ 1,846	Charges have been	$ 1,701.81	$ 1,645	$ 1,682
Service Package	Inpatient and Outpatient	Component Neck Adapter (C)	C1776	278	MC Central Supply	$ 354	Charges have been	$ 690.22	$ 315	$ 322
Service Package	Inpatient and Outpatient	Component Neck Adaptor (A)	C1776	278	MC Central Supply	$ 3,102	Charges have been	$ 2,553.19	$ 2,764	$ 2,826
Service Package	Inpatient and Outpatient	Component Neck Adaptor (B)	C1776	278	MC Central Supply	$ 6,887	Charges have been	$ 5,118.27	$ 6,137	$ 6,273
Service Package	Inpatient and Outpatient	Component Patella Rev	C1776	278	MC Central Supply	$ 8,157	Charges have been	$ 5,979.13	$ 7,268	$ 7,430
Service Package	Inpatient and Outpatient	Component Patellar (A)	C1776	278	MC Central Supply	$ 1,779	Charges have been	$ 1,656.14	$ 1,585	$ 1,620
Service Package	Inpatient and Outpatient	Component Patellar (B)	C1776	278	MC Central Supply	$ 3,121	Charges have been	$ 2,565.88	$ 2,781	$ 2,843
Service Package	Inpatient and Outpatient	Component Tibial	C1776	278	MC Central Supply	$ 6,112	Charges have been	$ 4,593.01	$ 5,446	$ 5,567
Service Package	Inpatient and Outpatient	Component Tibial Base (A)	C1776	278	MC Central Supply	$ 4,941	Charges have been	$ 3,799.79	$ 4,403	$ 4,501
Service Package	Inpatient and Outpatient	Component Tibial Base (B)	C1776	278	MC Central Supply	$ 6,554	Charges have been	$ 4,892.67	$ 5,840	$ 5,970
Service Package	Inpatient and Outpatient	Component Tibial Base (C)	C1776	278	MC Central Supply	$ 7,906	Charges have been	$ 5,809.28	$ 7,045	$ 7,202
Service Package	Inpatient and Outpatient	Component Tibial Base (D)	C1776	278	MC Central Supply	$ 8,779	Charges have been	$ 6,400.85	$ 7,823	$ 7,997
Service Package	Inpatient and Outpatient	Component Tibial Base (E)	C1776	278	MC Central Supply	$ 14,635	Charges have been	$ 10,369.97	$ 13,041	$ 13,331
Service Package	Inpatient and Outpatient	Component Tibial Base (F)	C1776	278	MC Central Supply	$ 20,943	Charges have been	$ 14,645.41	$ 18,662	$ 19,077
Service Package	Inpatient and Outpatient	Component Toe (A)	C1776	278	MC Central Supply	$ 4,676	Charges have been	$ 3,619.99	$ 4,167	$ 4,259
Service Package	Inpatient and Outpatient	Component Toe (B)	C1776	278	MC Central Supply	$ 7,701	Charges have been	$ 5,670.03	$ 6,862	$ 7,015
Service Package	Inpatient and Outpatient	Component Venous Outflow	C1750	278	MC Central Supply	$ 6,043	Charges have been	$ 4,640.89	$ 5,385	$ 5,504
Service Package	Inpatient and Outpatient	Conformer Univ W/Holes		278	MC Central Supply	$ 229	Charges have been	#N/A	$ 204	$ 209
Service Item	Outpatient	conjugated estrogens 25 mg Inj	J1410	636	CD Infusion Clinic	$ 1,347.95	$ 808.77	$ 792.78	$ 58.67	$ 1,240.11
Service Item	Inpatient and Outpatient	conjugated estrogens 25 mg Inj	J1410	636	MC Pharmacy	$ 1,348	$ 809	$ 792.78	$ 59	$ 1,240
Service Item	Outpatient	conjugated estrogens 25 mg Inj	J1410	636	NC Urgent Care	$ 1,347.95	$ 808.77	$ 789.41	$ 58.67	$ 1,240.11
Service Item	Outpatient	conjugated estrogens 25 mg Inj	J1410	636	SC Urgent Care	$ 1,347.95	$ 808.77	$ 792.78	$ 58.67	$ 1,240.11
Service Package	Inpatient and Outpatient	Connector Spine (A)	C1889	278	MC Central Supply	$ 4,535	Charges have been	$ 6,381.49	$ 4,041	$ 4,131
Service Package	Inpatient and Outpatient	Connector Spine (B)	C1889	278	MC Central Supply	$ 5,097	Charges have been	$ 6,762.77	$ 4,542	$ 4,643
Service Package	Inpatient and Outpatient	Conscious Sedation <5Yrs	99151	450	MC Emergency	$ 280	Charges have been	$ 256.79	$ 245	$ 250
Service Package	Inpatient and Outpatient	Conscious Sedation 5Yrs+	99152	450	MC Emergency	$ 280	Charges have been	$ 256.79	$ 245	$ 250
Service Item	Outpatient	Cont Glucose Monitoring	95250	920	CD Chronic Disease	$ 388.20	$ 226.59	$ 275.81	$ 123.76	$ 446.12
Service Item	Outpatient	Cont Glucose Monitoring	95250	920	CD Diabetic Clinic	$ 388.20	$ 226.13	$ 275.81	$ 123.76	$ 446.12
Service Item	Outpatient	Cont Rad Phys Cons Sup/Qa	77336	333	HR Radiation Onc	$ 384.10	$ 335.19	$ 449.68	$ 146.68	$ 1,791.48
Service Item	Inpatient and Outpatient	Cont Rad Phys Cons Sup/Qa	77336	333	MC Radiation Thrpy	$ 384	$ 335	$ 458.19	$ 147	$ 1,791
Service Item	Outpatient	Cont Rad Phys Cons Sup/Qa	77336	333	VR Radiation Onc	$ 384.10	$ 335.19	$ 449.68	$ 146.68	$ 1,791.48
Service Item	Inpatient and Outpatient	Contrast Inj for PEG Tube Placement	49465	320	MC Diag Radiology	$ 584	$ 340	$ 442.75	$ 270	$ 521
Service Package	Inpatient and Outpatient	Contrast Isovue M200	Q9966	636	MC Cath Lab Srvcs	$ 302	Charges have been	$ 212.77	$ 272	$ 278
Service Item	Outpatient	Contrast Material Vcug	Q9958	636	IC CAT Scan	$ 172.05	$ 103.23	$ 130.52	$ 0.38	$ 172.05
Service Item	Outpatient	Contrast Material Vcug	Q9958	636	IC MRI	$ 172.05	$ 103.23	$ 130.52	$ 0.38	$ 172.05
Service Item	Outpatient	Contrast Material Vcug	Q9958	636	IC Radiology	$ 172.05	$ 103.23	$ 130.52	$ 0.38	$ 172.05
Service Item	Inpatient and Outpatient	Contrast Material Vcug	Q9958	636	MC CAT Scanner	$ 172	$ 103	$ 130.52	$ 0	$ 172
Service Package	Inpatient and Outpatient	Contrast Material Vcug	Q9958	636	MC Contrast Material	$ 172	$ 103	$ 126.98	$ 0	$ 158
Service Item	Inpatient and Outpatient	Contrast Material Vcug	Q9958	636	MC Diag Radiology	$ 172	$ 103	$ 130.52	$ 0	$ 172
Service Item	Inpatient and Outpatient	Contrast Material Vcug	Q9958	636	MC MRI	$ 172	$ 103	$ 130.52	$ 0	$ 172
Service Item	Outpatient	Contrast Material Vcug	Q9958	636	NC Diag Imaging	$ 172.05	$ 103.23	$ 130.52	$ 0.38	$ 172.05
Service Item	Outpatient	Contrast Material Vcug	Q9958	636	SC Diag Imaging	$ 172.05	$ 103.23	$ 130.52	$ 0.38	$ 172.05
Service Package	Inpatient and Outpatient	Contrst Isovu 200-299 1Ml	Q9966	636	MC Cath Lab Srvcs	$ 1	Charges have been	$ 8.11	$ 1	$ 1
Service Package	Inpatient and Outpatient	Contrst Isovu 300-399 1Ml	Q9967	636	MC Cath Lab Srvcs	$ 1	Charges have been	$ 1.26	$ 1	$ 1
Service Package	Inpatient and Outpatient	Contrst Visi 300-399 1Ml	Q9967	636	MC Cath Lab Srvcs	$ 2	Charges have been	$ 1.98	$ 2	$ 2
Service Package	Inpatient and Outpatient	Convert Nephrostomy Cath	50434	361	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,221.11	$ 2,053	$ 2,833
Service Package	Inpatient and Outpatient	Convrson Ext Bil Drg Cath	47535	361	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,399.78	$ 3,603	$ 3,934
Service Item	Inpatient and Outpatient	Coombs Direct Antihuman	86880	300	MC General Lab	$ 76	$ 24	$ 47.88	$ 21	$ 69
Service Item	Inpatient and Outpatient	Copper Level Urine-ARUP	82525	300	MC Reference Lab	$ 14	$ 55	$ 26.68	$ 8	$ 122
Service Item	Inpatient and Outpatient	Copper Level-ARUP	82525	300	MC Reference Lab	$ 14	$ 55	$ 26.56	$ 8	$ 122
Service Package	Inpatient and Outpatient	Coronary Art/Grft Ang S&I	93455	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Package	Inpatient and Outpatient	Coronary Artery Angio S&I	93454	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Item	Inpatient and Outpatient	Cortisol	82530	301	MC General Lab	$ 26	$ 76	$ 64.05	$ 22	$ 164
Service Item	Inpatient and Outpatient	Cortisol and Cortisone Urine Free-ARUP	82530	300	MC Reference Lab	$ 19	$ 76	$ 61.59	$ 16	$ 164
Service Item	Inpatient and Outpatient	Cortisol Saliva-ARUP	82533	300	MC Reference Lab	$ 18	$ 73	$ 35.06	$ 11	$ 160
Service Item	Inpatient and Outpatient	Cortisol Urine Free by LC-MS/MS-ARUP	82530	300	MC Reference Lab	$ 18	$ 76	$ 61.39	$ 16	$ 164
Service Item	Outpatient	cosyntropin 0.25 mg Inj	J0834	636	CD Infusion Clinic	$ 594.75	$ 356.85	$ 383.19	$ 74.48	$ 547.17
Service Item	Inpatient and Outpatient	cosyntropin 0.25 mg Inj	J0834	636	MC Pharmacy	$ 595	$ 357	$ 383.19	$ 74	$ 547
Service Item	Outpatient	cosyntropin 0.25 mg Inj	J0834	636	NC Urgent Care	$ 594.75	$ 356.85	$ 381.71	$ 74.48	$ 547.17
Service Item	Outpatient	cosyntropin 0.25 mg Inj	J0834	636	SC Urgent Care	$ 594.75	$ 356.85	$ 383.19	$ 74.48	$ 547.17
Service Item	Inpatient and Outpatient	COVID-19 Antibody Abbot	86769	300	MC General Lab	$ 72	$ 43	$ 59.65	$ 43	$ 66
Service Item	Inpatient and Outpatient	COVID-19 Biofire	87635	300	MC General Lab	$ 103	$ 62	$ 99.74	$ 62	$ 230
Service Item	Inpatient and Outpatient	COVID-19 Molecular ID Now	87635	300	MC General Lab	$ 103	$ 62	$ 99.74	$ 62	$ 230

Service Item	Inpatient and Outpatient	COVID-19, ARUP	U0002	300	MC Reference Lab	$ 95	$ 57	$ 84.84	$ 57	$ 138		
Service Item	Inpatient and Outpatient	COVID-19, BDMax	87635	300	MC General Lab	$ 103	$ 62	$ 99.74	$ 62	$ 230		
Service Item	Inpatient and Outpatient	COVID-19, PCR-PE	87635	300	MC General Lab	$ 103	$ 62	$ 81.32	$ 55	$ 103		
Service Item	Outpatient	COVID-19, Quest Diagnostics	U0002	300	Reference Lab Quest	$ 100.00	$ 60.00	$ 87.83	$ 60.00	$ 138.02		
Service Item	Inpatient and Outpatient	COVID-19, Specimen Collection	C9803	300	MC General Lab	$ 50	$ 30	$ 39.09	$ 27	$ 46		
Service Item	Inpatient and Outpatient	COVID-19, Specimen Collection	C9803	300	MC Reference Lab	$ 50	$ 30	$ 39.09	$ 27	$ 46		
Service Item	Inpatient and Outpatient	Coxsackie A Serotype 9 Titer-ARUP	86658	300	MC Reference Lab	$ 14	$ 59	$ 28.03	$ 9	$ 128		
Service Package	Inpatient	Cpap Initiation & Mgt	94660	412	MC NC Special Care	$ 232.21	Charges have been	$ 209.67	$ 202.91	$ 213.15		
Service Package	Inpatient	Cpap Initiation & Mgt	94660	412	MC NI NICU	$ 232.21	Charges have been	$ 209.67	$ 202.91	$ 213.15		
Service Package	Inpatient and Outpatient	Cpap Initiation & Mgt	94660	412	MC RT Services	$ 232	Charges have been	$ 209.67	$ 203	$ 213		
Service Item	Inpatient and Outpatient	C-Peptide 24 Hour Urine-ARUP	84681	300	MC Reference Lab	$ 18	$ 76	$ 40.23	$ 11	$ 205		
Service Item	Inpatient and Outpatient	C-Peptide-ARUP	84681	300	MC Reference Lab	$ 18	$ 76	$ 40.23	$ 11	$ 205		
Service Item	Inpatient and Outpatient	Cpk 1St Elevated	82550	301	MC General Lab	$ 92	$ 29	$ 62.34	$ 26	$ 84		
Service Item	Inpatient and Outpatient	Cpk If	82550	301	MC General Lab	$ 92	$ 29	$ 62.34	$ 26	$ 84		
Service Item	Inpatient and Outpatient	Cpk Mb Fraction	82553	301	MC General Lab	$ 201	$ 51	$ 127.84	$ 46	$ 183		
Service Item	Inpatient and Outpatient	Cpk Total	82550	301	MC General Lab	$ 92	$ 29	$ 62.34	$ 26	$ 84		
Service Item	Outpatient	Cplx Rep S/A/L 1.1-2.5 Cm	13120	761	OP Wound Center	$ 907.07	$ 544.24	$ 718.32	$ 544.24	$ 834.50		
Service Item	Outpatient	Cplx Rep S/A/L 2.6-7.5 Cm	13121	761	OP Wound Center	$ 907.07	$ 544.24	$ 718.32	$ 544.24	$ 834.50		
Service Item	Outpatient	Cplx Rep S/A/L Ea Add 5 Cm	13122	761	OP Wound Center	$ 907.07	$ 544.24	$ 751.43	$ 544.24	$ 907.07		
Service Item	Outpatient	Cplx Rep Trunk 1.1-2.5 Cm	13100	761	OP Wound Center	$ 907.07	$ 544.24	$ 718.32	$ 544.24	$ 834.50		
Service Item	Outpatient	Cplx Rep Trunk 2.6-7.5 Cm	13101	761	OP Wound Center	$ 907.07	$ 544.24	$ 718.32	$ 544.24	$ 834.50		
Service Item	Outpatient	Cplx Rep Trunk Ea Add 5Cm	13102	761	OP Wound Center	$ 907.07	$ 544.24	$ 751.43	$ 544.24	$ 907.07		
Service Item	Outpatient	Cplx Rp E/N/E/L 1.1-2.5Cm	13151	761	OP Wound Center	$ 907.07	$ 544.24	$ 718.32	$ 544.24	$ 834.50		
Service Item	Outpatient	Cplx Rp E/N/E/L 2.6-7.5Cm	13152	761	OP Wound Center	$ 907.07	$ 544.24	$ 718.32	$ 544.24	$ 834.50		
Service Item	Outpatient	Cplx Rp E/N/E/L Add 5Cm	13153	761	OP Wound Center	$ 907.07	$ 544.24	$ 751.43	$ 544.24	$ 907.07		
Service Item	Outpatient	Cplx Rp F/G/H/F 1.1-2.5Cm	13131	761	OP Wound Center	$ 578.19	$ 346.91	$ 458.19	$ 346.91	$ 531.93		
Service Item	Outpatient	Cplx Rp F/G/H/F 2.6-7.5Cm	13132	761	OP Wound Center	$ 578.19	$ 346.91	$ 478.76	$ 346.91	$ 575.90		
Service Item	Outpatient	Cplx Rp F/G/H/F Add 5Cm	13133	761	OP Wound Center	$ 578.19	$ 346.91	$ 478.98	$ 346.91	$ 578.19		
Service Package	Inpatient and Outpatient	Cpr	92950	516	MC Emergency	$ 871	Charges have been	$ 659.83	$ 293	$ 778		
Service Item	Outpatient	Cpr	92950	516	NC Urgent Care	$ 870.91	$ 507.32	$ 597.85	$ 293.27	$ 777.90		
Service Item	Outpatient	Cpr	92950	516	SC Urgent Care	$ 870.91	$ 507.32	$ 599.97	$ 293.27	$ 777.90		
Service Item	Outpatient	Cpsp F/U Postpartum Z6308	Z6308	510	SFM Family Medicine	$ 16.39	$ 9.55	$ 13.23	$ 9.55	$ 14.64		
Service Item	Outpatient	Cpsp Hl Ed Int Ea Sub Z6404	Z6404	519	CD Chronic Disease	$ 16.28	$ 9.49	$ 11.78	$ 7.91	$ 14.55		
Service Item	Outpatient	Cpsp Hl Ed Int Ea Sub Z6404	Z6404	519	CD Diabetic Clinic	$ 16.28	$ 9.49	$ 11.78	$ 7.91	$ 14.55		
Service Item	Outpatient	Cpsp Hl Ed Int Ea Sub Z6404	Z6404	519	SFM Family Medicine	$ 16.28	$ 9.49	$ 13.14	$ 9.49	$ 14.55		
Service Item	Outpatient	Cpsp Hlth Ed Init Assess Z6402	Z6402	510	CD Chronic Disease	$ 31.13	$ 18.13	$ 22.51	$ 15.11	$ 27.80		
Service Item	Outpatient	Cpsp Hlth Ed Init Assess Z6402	Z6402	510	CD Diabetic Clinic	$ 31.13	$ 18.13	$ 22.51	$ 15.11	$ 27.80		
Service Item	Outpatient	Cpsp Hlth Ed Init Assess Z6402	Z6402	510	SFM Family Medicine	$ 31.13	$ 18.13	$ 25.12	$ 18.13	$ 27.80		
Service Item	Outpatient	Cpsp Hlth Ed Orient Z6400	Z6400	510	CD Chronic Disease	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Hlth Ed Orient Z6400	Z6400	510	SFM Family Medicine	$ 16.39	$ 9.55	$ 13.23	$ 9.55	$ 14.64		
Service Item	Outpatient	Cpsp Hlth Educ F/U Z6406	Z6406	519	CD Diabetic Clinic	$ 74.58	$ 43.45	$ 53.94	$ 36.21	$ 66.62		
Service Item	Outpatient	Cpsp Hlth Educ F/U Z6406	Z6406	519	SFM Family Medicine	$ 74.58	$ 43.45	$ 60.20	$ 43.45	$ 66.62		
Service Item	Outpatient	Cpsp Hlth Educ Group Z6408	Z6408	510	SFM Family Medicine	$ 7.65	$ 4.46	$ 6.18	$ 4.46	$ 6.84		
Service Item	Outpatient	Cpsp Hlth Educ Peri Group Z6412	Z6412	519	CD Diabetic Clinic	$ 74.58	$ 43.45	$ 53.94	$ 36.21	$ 66.62		
Service Item	Outpatient	Cpsp Hlth Educ Peri Group Z6412	Z6412	519	SFM Family Medicine	$ 74.58	$ 43.45	$ 60.20	$ 43.45	$ 66.62		
Service Item	Outpatient	Cpsp Hlth Educ Perinatal Z6410	Z6410	510	CD Diabetic Clinic	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Hlth Educ Perinatal Z6410	Z6410	510	SFM Family Medicine	$ 16.39	$ 9.55	$ 13.23	$ 9.55	$ 14.64		
Service Item	Outpatient	Cpsp Hlth Educ Postpartum Z6414	Z6414	510	CD Chronic Disease	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Hlth Educ Postpartum Z6414	Z6414	510	CD Diabetic Clinic	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Hlth Educ Postpartum Z6414	Z6414	510	SFM Family Medicine	$ 16.39	$ 9.55	$ 13.23	$ 9.55	$ 14.64		
Service Item	Outpatient	Cpsp Nutr Init Ass Ea Sub Z6202	Z6202	510	CD Diabetic Clinic	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Nutr Init Ass Ea Sub Z6202	Z6202	510	SFM Family Medicine	$ 16.39	$ 9.55	$ 13.23	$ 9.55	$ 14.64		
Service Item	Outpatient	Cpsp Nutrition F/U Z6204	Z6204	510	CD Chronic Disease	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Nutrition F/U Z6204	Z6204	510	CD Diabetic Clinic	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Nutrition F/U Z6204	Z6204	510	SFM Family Medicine	$ 16.39	$ 9.55	$ 13.23	$ 9.55	$ 14.64		
Service Item	Outpatient	Cpsp Nutrition Group Z6206	Z6206	510	CD Diabetic Clinic	$ 7.65	$ 4.46	$ 5.53	$ 3.72	$ 6.84		
Service Item	Outpatient	Cpsp Nutrition Group Z6206	Z6206	510	SFM Family Medicine	$ 7.65	$ 4.46	$ 6.18	$ 4.46	$ 6.84		
Service Item	Outpatient	Cpsp Nutrition Init Asses Z6200	Z6200	510	CD Chronic Disease	$ 31.15	$ 18.14	$ 22.53	$ 15.12	$ 27.82		
Service Item	Outpatient	Cpsp Nutrition Init Asses Z6200	Z6200	510	CD Diabetic Clinic	$ 31.15	$ 18.14	$ 22.53	$ 15.12	$ 27.82		
Service Item	Outpatient	Cpsp Nutrition Init Asses Z6200	Z6200	510	SFM Family Medicine	$ 31.15	$ 18.14	$ 25.14	$ 18.14	$ 27.82		
Service Item	Outpatient	Cpsp Nutrition Postpartum Z6208	Z6208	510	CD Chronic Disease	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Nutrition Postpartum Z6208	Z6208	510	CD Diabetic Clinic	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Nutrition Postpartum Z6208	Z6208	510	SFM Family Medicine	$ 16.39	$ 9.55	$ 13.23	$ 9.55	$ 14.64		
Service Item	Outpatient	Cpsp Psychsoc Init Assess 30 Min Z6300	Z6300	510	CD Diabetic Clinic	$ 31.15	$ 18.14	$ 22.53	$ 15.12	$ 27.82		
Service Item	Outpatient	Cpsp Psychsoc Init Assess 30 Min Z6300	Z6300	510	SFM Family Medicine	$ 31.15	$ 18.14	$ 25.14	$ 18.14	$ 27.82		
Service Item	Outpatient	Cpsp Psychsoc Postpartum		510	CD Chronic Disease	$ 16.39	$ 9.55	#N/A	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Psychsoc Postpartum		510	SFM Family Medicine	$ 16.39	$ 9.55	#N/A	$ 9.55	$ 14.64		
Service Item	Outpatient	Cpsp Psysoc Int As Ea Sub Add 15 Min Z6302	Z6302	510	CD Diabetic Clinic	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64		
Service Item	Outpatient	Cpsp Psysoc Int As Ea Sub Add 15 Min Z6302	Z6302	510	SFM Family Medicine	$ 16.39	$ 9.55	$ 13.23	$ 9.55	$ 14.64		
Service Package	Inpatient and Outpatient	Cranial Implant Ti	C1889	278	MC Central Supply	$ 20,780	Charges have been	$ 17,392.12	$ 18,517	$ 18,928		
Service Item	Outpatient	Cranial Neurostim, Complex	95977	920	SFM Family Medicine	$ 220.19	$ 128.27	$ 159.64	$ 61.13	$ 196.68		
Service Item	Inpatient and Outpatient	C-Reactive Protein	86140	302	MC General Lab	$ 161	$ 23	$ 89.82	$ 21	$ 147		
Service Item	Inpatient and Outpatient	C-Reactive Protein-ARUP	86140	305	MC Reference Lab	$ 5	$ 23	$ 33.79	$ 4	$ 51		
Service Package	Inpatient and Outpatient	Create AV Fistula - Non Autogenous	36830	360	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,900.25	$ 5,326	$ 9,571		
Service Item	Inpatient and Outpatient	Creatine Level Urine-ARUP	82540	300	MC Reference Lab	$ 5	$ 20	$ 9.97	$ 3	$ 46		
Service Item	Inpatient and Outpatient	Creatinine Blood	82565	301	MC General Lab	$ 69	$ 23	$ 47.46	$ 20	$ 63		
Service Item	Inpatient and Outpatient	Creatinine Body Fluid-ARUP	82570	300	MC Reference Lab	$ 5	$ 23	$ 27.67	$ 5	$ 51		
Service Item	Inpatient and Outpatient	Creatinine Clearance	82575	301	MC General Lab	$ 156	$ 42	$ 100.61	$ 38	$ 142		
Service Item	Inpatient and Outpatient	Creatinine Other Source	82570	301	MC General Lab	$ 97	$ 23	$ 60.46	$ 21	$ 88		
Service Item	Inpatient and Outpatient	Creatinine Urine	82570	301	MC General Lab	$ 97	$ 23	$ 60.46	$ 21	$ 88		
Service Package	Inpatient and Outpatient	Critical Care Addl 30 Min	99292	450	MC Emergency	$ 2,532	Charges have been	$ 2,319.59	$ 2,212	$ 2,261		
Service Package	Inpatient and Outpatient	Crosslink Spine (A)	C1889	278	MC Central Supply	$ 4,441	Charges have been	$ 6,318.03	$ 3,957	$ 4,045		
Service Package	Inpatient and Outpatient	Crosslink Spine (B)	C1889	278	MC Central Supply	$ 5,669	Charges have been	$ 7,150.49	$ 5,052	$ 5,164		
Service Item	Outpatient	Cryoablation of Bone Tumor(s) and Soft Tissue	20983	350	IC CAT Scan	$ 14,278.46	$ 8,317.55	$ 10,230.32	$ 1,954.78	$ 12,753.57		
Service Item	Inpatient and Outpatient	Cryoablation of Bone Tumor(s) and Soft Tissue	20983	350	MC CAT Scanner	$ 14,278	$ 8,318	$ 10,230.32	$ 1,955	$ 12,754		
Service Item	Inpatient and Outpatient	Cryoglobulin Qualitative with Rflx-ARUP	82595	300	MC Reference Lab	$ 5	$ 28	$ 12.67	$ 3	$ 64		
Service Item	Inpatient and Outpatient	Cryoglobulin Qualitative-ARUP	82595	300	MC Reference Lab	$ 5	$ 28	$ 12.67	$ 3	$ 64		
Service Item	Inpatient	Cryoprecipitate Each Unit	P9012	390	MC Blood Bank	$ 104.36	$ 60.79	$ 124.80	$ 50.44	$ 514.79		
Service Item	Inpatient	Cryoprecipitate Pooling	86965	300	MC Blood Bank	$ 202.00	$ 80.19	$ 162.17	$ 38.47	$ 275.14		
Service Item	Outpatient	Cryosurgery, Penis Lesion(S)	54056	510	SFM Family Medicine	$ 327.82	$ 190.96	$ 253.02	$ 190.96	$ 292.81		
Service Item	Outpatient	Cryotherapy Of Skin	17340	510	SFM Family Medicine	$ 102.18	$ 59.52	$ 76.43	$ 38.74	$ 91.26		
Service Item	Inpatient and Outpatient	Cryptococcus Antigen by EIA, CSF-ARUP	87327	300	MC Reference Lab	$ 10	$ 41	$ 22.64	$ 6	$ 118		
Service Item	Inpatient and Outpatient	Cryptococcus Qual	86403	302	MC General Lab	$ 92	$ 44	$ 73.93	$ 40	$ 100		
Service Item	Inpatient and Outpatient	Cryptococcus Quant	86406	302	MC General Lab	$ 16	$ 72	$ 42.92	$ 14	$ 105		
Service Package	Inpatient	C-Sect Aft Hr Addl 1/2 Hr		720	MC 2E Labor & Dlvry	$ 803.50	Charges have been	#N/A	$ 682.22	$ 697.38		
Service Package	Inpatient and Outpatient	C-Sect Aft Hr Addl 1/2 Hr		720	MC Lbr & Dlvy Rev	$ 804	Charges have been	#N/A	$ 682	$ 697		
Service Package	Inpatient and Outpatient	C-Sect Aft Hr Addl 1/2 Hr		720	MC Surgical Srvcs	$ 804	Charges have been	#N/A	$ 682	$ 697		
Service Package	Inpatient and Outpatient	C-Sect Aft Hr Subsq 1/2Hr		360	MC Lbr & Dlvy Rev	$ 804	Charges have been	#N/A	$ 682	$ 697		
Service Package	Inpatient and Outpatient	C-Section-Ob-1 Hr		720	MC Lbr & Dlvy Rev	$ 5,776	$ 5,500	#N/A	$ 2,704	$ 5,500		
Service Package	Inpatient and Outpatient	C-Section-Ob-Addtl 1/2 Hr		720	MC Lbr & Dlvy Rev	$ 804	Charges have been	#N/A	$ 682	$ 697		
Service Package	Inpatient and Outpatient	C-Section-Ob-Subsq 1/2Hr		360	MC Lbr & Dlvy Rev	$ 804	Charges have been	#N/A	$ 682	$ 697		
Service Package	Inpatient	C-Sect-Ob-Aft Hr-1 Hr		720	MC 2E Labor & Dlvry	$ 6,183.36	Charges have been	#N/A	$ 5,250.02	$ 5,366.69		
Service Package	Inpatient and Outpatient	C-Sect-Ob-Aft Hr-1 Hr		720	MC Lbr & Dlvy Rev	$ 6,183	$ 5,500	#N/A	$ 2,704	$ 5,500		
Service Package	Inpatient and Outpatient	C-Sect-Ob-Aft Hr-1 Hr		720	MC Surgical Srvcs	$ 6,183	Charges have been	#N/A	$ 5,250	$ 5,367		
Service Item	Inpatient and Outpatient	Csf Oligo Bands 80095	83916	300	MC Reference Lab	$ 23	$ 90	$ 43.23	$ 14	$ 218		
Service Item	Outpatient	Ct Abd & Pel W/O Oral&Iv	74176	352	IC CAT Scan	$ 4,350.97	$ 481.80	$ 2,383.25	$ 270.02	$ 3,886.30		
Service Item	Inpatient and Outpatient	Ct Abd & Pel W/O Oral&Iv	74176	352	MC CAT Scanner	$ 4,351	$ 482	$ 2,383.25	$ 270	$ 3,886		
Service Item	Outpatient	Ct Abd & Pelvis W/O Cont	74176	352	IC CAT Scan	$ 4,350.97	$ 481.80	$ 2,383.25	$ 270.02	$ 3,886.30		
Service Item	Inpatient and Outpatient	Ct Abd & Pelvis W/O Cont	74176	352	MC CAT Scanner	$ 4,351	$ 482	$ 2,383.25	$ 270	$ 3,886		
Service Item	Outpatient	Ct Abd&Pel W/Iv W/O Oral	74177	352	IC CAT Scan	$ 5,361.47	$ 919.35	$ 3,001.56	$ 442.45	$ 4,788.89		
Service Item	Inpatient and Outpatient	Ct Abd&Pel W/Iv W/O Oral	74177	352	MC CAT Scanner	$ 5,361	$ 919	$ 3,001.56	$ 442	$ 4,789		
Service Item	Outpatient	Ct Abd&Pelvis W/ W/O Cont	74178	352	IC CAT Scan	$ 6,064.09	$ 1,215.45	$ 3,396.59	$ 442.45	$ 5,416.47		
Service Item	Inpatient and Outpatient	Ct Abd&Pelvis W/ W/O Cont	74178	352	MC CAT Scanner	$ 6,064	$ 1,215	$ 3,396.59	$ 442	$ 5,416		
Service Item	Outpatient	Ct Abdmn & Pelvis W/Cont	74177	352	IC CAT Scan	$ 5,361.47	$ 919.35	$ 3,001.56	$ 442.45	$ 4,788.89		
Service Item	Inpatient and Outpatient	Ct Abdmn & Pelvis W/Cont	74177	352	MC CAT Scanner	$ 5,361	$ 919	$ 3,001.56	$ 442	$ 4,789		
Service Item	Outpatient	Ct Abdomen W/Oral W/ Iv	74160	352	IC CAT Scan	$ 2,698.22	$ 864.51	$ 1,740.55	$ 211.14	$ 2,619.63		
Service Item	Inpatient and Outpatient	Ct Abdomen W/Oral W/ Iv	74160	352	MC CAT Scanner	$ 2,698	$ 865	$ 1,839.80	$ 211	$ 3,612		
Service Item	Outpatient	Ct Abdomen W/Oral Wo Iv	74150	352	IC CAT Scan	$ 2,286.54	$ 716.88	$ 1,387.69	$ 129.87	$ 2,042.34		

Service Item	Inpatient and Outpatient	Ct Abdomen W/Oral Wo Iv	74150	352	MC CAT Scanner	$ 2,287	$ 717	$ 1,387.69	$ 130	$ 2,042
Service Item	Outpatient	Ct Abdomen Wo Oral W/ Iv	74160	352	IC CAT Scan	$ 2,698.22	$ 864.51	$ 1,839.80	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Ct Abdomen Wo Oral W/ Iv	74160	352	MC CAT Scanner	$ 2,698	$ 865	$ 1,839.80	$ 211	$ 3,612
Service Item	Outpatient	Ct Abdomen Wo Oral Wo Iv	74150	352	IC CAT Scan	$ 2,286.54	$ 716.88	$ 1,387.69	$ 129.87	$ 2,042.34
Service Item	Inpatient and Outpatient	Ct Abdomen Wo Oral Wo Iv	74150	352	MC CAT Scanner	$ 2,287	$ 717	$ 1,387.69	$ 130	$ 2,042
Service Item	Outpatient	CT BX Bone Marrow	38221	361	IC CAT Scan	$ 3,356.33	$ 1,955.14	$ 2,396.01	$ 410.84	$ 2,997.88
Service Item	Inpatient and Outpatient	CT BX Bone Marrow	38221	361	MC CAT Scanner	$ 3,356	$ 1,955	$ 2,396.01	$ 411	$ 2,998
Service Item	Outpatient	Ct Cerv Spine W/Wo Cont	72127	352	IC CAT Scan	$ 3,692.88	$ 1,113.51	$ 2,335.82	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Ct Cerv Spine W/Wo Cont	72127	352	MC CAT Scanner	$ 3,693	$ 1,114	$ 2,335.82	$ 211	$ 3,612
Service Item	Outpatient	Ct C-Spine W/Contrast	72126	352	IC CAT Scan	$ 3,448.92	$ 893.61	$ 2,154.76	$ 442.45	$ 3,348.47
Service Item	Inpatient and Outpatient	Ct C-Spine W/Contrast	72126	352	MC CAT Scanner	$ 3,449	$ 894	$ 2,472.15	$ 442	$ 6,522
Service Item	Outpatient	Ct C-Spine W/O Contrast	72125	352	IC CAT Scan	$ 2,554.52	$ 747.45	$ 1,511.65	$ 129.87	$ 2,281.71
Service Item	Inpatient and Outpatient	Ct C-Spine W/O Contrast	72125	352	MC CAT Scanner	$ 2,555	$ 747	$ 1,511.65	$ 130	$ 2,282
Service Item	Outpatient	Ct Fine Needle Aspiratn	77012	350	IC CAT Scan	$ 3,126.84	$ 1,046.73	$ 2,049.16	$ 246.02	$ 2,792.91
Service Item	Inpatient and Outpatient	Ct Fine Needle Aspiratn	77012	350	MC CAT Scanner	$ 3,127	$ 1,047	$ 2,049.16	$ 246	$ 2,793
Service Item	Outpatient	Ct Guide Ablation	77013	350	IC CAT Scan	$ 992.74	$ 1,099.29	$ 942.55	$ 719.98	$ 1,757.98
Service Item	Inpatient and Outpatient	Ct Guide Ablation	77013	350	MC CAT Scanner	$ 993	$ 1,099	$ 942.55	$ 720	$ 1,758
Service Item	Outpatient	Ct Guide Percu Drain Absc	75989	350	IC CAT Scan	$ 1,177.15	$ 399.36	$ 819.50	$ 358.09	$ 1,051.43
Service Item	Inpatient and Outpatient	Ct Guide Percu Drain Absc	75989	350	MC CAT Scanner	$ 1,177	$ 399	$ 819.50	$ 358	$ 1,051
Service Item	Outpatient	CT Heart w/o Contrast, w/ Quant Eval of Corona	75571	352	IC CAT Scan	$ 240.40	$ 158.55	$ 267.54	$ 92.48	$ 887.81
Service Item	Inpatient and Outpatient	CT Heart w/o Contrast, w/ Quant Eval of Corona	75571	352	MC CAT Scanner	$ 240	$ 159	$ 267.54	$ 92	$ 888
Service Item	Outpatient	Ct Lower Extrem W/Contrst	73701	352	IC CAT Scan	$ 2,117.43	$ 747.45	$ 1,399.02	$ 211.14	$ 2,055.76
Service Item	Inpatient and Outpatient	Ct Lower Extrem W/Contrst	73701	352	MC CAT Scanner	$ 2,117	$ 747	$ 1,554.65	$ 211	$ 3,612
Service Item	Outpatient	Ct Lower Extrem W/O Cont	73700	352	IC CAT Scan	$ 1,926.48	$ 628.56	$ 1,218.84	$ 129.87	$ 1,720.74
Service Item	Inpatient and Outpatient	Ct Lower Extrem W/O Cont	73700	352	MC CAT Scanner	$ 1,926	$ 629	$ 1,218.84	$ 130	$ 1,721
Service Item	Outpatient	Ct Lower Extrem W/Wo Cont	73702	352	IC CAT Scan	$ 2,575.83	$ 937.95	$ 1,716.22	$ 211.14	$ 2,500.81
Service Item	Inpatient and Outpatient	Ct Lower Extrem W/Wo Cont	73702	352	MC CAT Scanner	$ 2,576	$ 938	$ 1,827.35	$ 211	$ 3,612
Service Item	Outpatient	Ct L-Spine W/Contrast	72132	352	IC CAT Scan	$ 3,448.92	$ 893.61	$ 2,154.59	$ 442.45	$ 3,348.47
Service Item	Inpatient and Outpatient	Ct L-Spine W/Contrast	72132	352	MC CAT Scanner	$ 3,449	$ 894	$ 2,471.98	$ 442	$ 6,522
Service Item	Outpatient	Ct Lumbar Spine W/Wo Cont	72133	352	IC CAT Scan	$ 3,692.88	$ 1,113.51	$ 2,335.82	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Ct Lumbar Spine W/Wo Cont	72133	352	MC CAT Scanner	$ 3,693	$ 1,114	$ 2,335.82	$ 211	$ 3,612
Service Item	Outpatient	Ct Mid-Inner Ear W/Wo Con	70482	351	IC CAT Scan	$ 2,827.70	$ 895.41	$ 1,845.46	$ 211.14	$ 2,745.34
Service Item	Inpatient and Outpatient	Ct Mid-Inner Ear W/Wo Con	70482	351	MC CAT Scanner	$ 2,828	$ 895	$ 1,932.14	$ 211	$ 3,612
Service Item	Outpatient	Ct Orbits Sella W/ Contrast	70481	351	IC CAT Scan	$ 2,532.12	$ 718.32	$ 1,638.29	$ 211.14	$ 2,458.37
Service Item	Inpatient and Outpatient	Ct Orbits Sella W/ Contrast	70481	351	MC CAT Scanner	$ 2,532	$ 718	$ 1,753.66	$ 211	$ 3,612
Service Item	Outpatient	Ct Orbits Sella W/O Contrast	70480	351	IC CAT Scan	$ 2,036.30	$ 600.21	$ 1,260.91	$ 129.87	$ 1,818.83
Service Item	Inpatient and Outpatient	Ct Orbits Sella W/O Contrast	70480	351	MC CAT Scanner	$ 2,036	$ 600	$ 1,260.91	$ 130	$ 1,819
Service Item	Outpatient	Ct Orbits Sella W/Wo Contrast	70482	351	IC CAT Scan	$ 2,827.70	$ 895.41	$ 1,845.46	$ 211.14	$ 2,745.34
Service Item	Inpatient and Outpatient	Ct Orbits Sella W/Wo Contrast	70482	351	MC CAT Scanner	$ 2,828	$ 895	$ 1,932.14	$ 211	$ 3,612
Service Item	Outpatient	Ct Orbits W/O Contrast	70480	351	IC CAT Scan	$ 2,036.30	$ 600.21	$ 1,260.91	$ 129.87	$ 1,818.83
Service Item	Inpatient and Outpatient	Ct Orbits W/O Contrast	70480	351	MC CAT Scanner	$ 2,036	$ 600	$ 1,260.91	$ 130	$ 1,819
Service Item	Outpatient	Ct Orbits With Contrast	70481	351	IC CAT Scan	$ 2,532.12	$ 718.32	$ 1,638.29	$ 211.14	$ 2,458.37
Service Item	Inpatient and Outpatient	Ct Orbits With Contrast	70481	351	MC CAT Scanner	$ 2,532	$ 718	$ 1,753.66	$ 211	$ 3,612
Service Item	Outpatient	Ct Pelvis W/ Oral W/ Iv	72193	352	IC CAT Scan	$ 2,632.66	$ 863.43	$ 1,688.81	$ 211.14	$ 2,555.98
Service Item	Inpatient and Outpatient	Ct Pelvis W/ Oral W/ Iv	72193	352	MC CAT Scanner	$ 2,633	$ 863	$ 1,794.42	$ 211	$ 3,612
Service Item	Outpatient	Ct Pelvis W/ Oral W/O Iv	72192	352	IC CAT Scan	$ 2,353.19	$ 747.06	$ 1,422.89	$ 129.87	$ 2,101.88
Service Item	Inpatient and Outpatient	Ct Pelvis W/ Oral W/O Iv	72192	352	MC CAT Scanner	$ 2,353	$ 747	$ 1,422.89	$ 130	$ 2,102
Service Item	Outpatient	Ct Pelvis Wo Oral & W/ Iv	72193	352	IC CAT Scan	$ 2,632.66	$ 863.43	$ 1,794.42	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Ct Pelvis Wo Oral & W/ Iv	72193	352	MC CAT Scanner	$ 2,633	$ 863	$ 1,794.42	$ 211	$ 3,612
Service Item	Outpatient	Ct Pelvis Wo Oral & Wo Iv	72192	352	IC CAT Scan	$ 2,353.19	$ 747.06	$ 1,422.89	$ 129.87	$ 2,101.88
Service Item	Inpatient and Outpatient	Ct Pelvis Wo Oral & Wo Iv	72192	352	MC CAT Scanner	$ 2,353	$ 747	$ 1,422.89	$ 130	$ 2,102
Service Item	Outpatient	Ct Perfusion W/Cont Cbf	0042T	351	IC CAT Scan	$ 2,308.65	$ 1,344.85	$ 2,045.77	$ 1,344.85	$ 3,111.84
Service Item	Inpatient and Outpatient	Ct Perfusion W/Cont Cbf	0042T	351	MC CAT Scanner	$ 2,309	$ 1,345	$ 2,045.77	$ 1,345	$ 3,112
Service Item	Outpatient	Ct Spine Lumbar W/O Contrast	72131	352	IC CAT Scan	$ 2,447.98	$ 747.45	$ 1,465.77	$ 129.87	$ 2,186.55
Service Item	Inpatient and Outpatient	Ct Spine Lumbar W/O Contrast	72131	352	MC CAT Scanner	$ 2,448	$ 747	$ 1,465.77	$ 130	$ 2,187
Service Item	Inpatient and Outpatient	Ct Spine Lumbar W/O Contrast	72131	352	MC Diag Radiology	$ 2,448	$ 747	$ 1,465.77	$ 130	$ 2,187
Service Item	Outpatient	Ct Spine Thoracic W Cont	72129	352	IC CAT Scan	$ 3,448.92	$ 893.61	$ 2,131.80	$ 211.14	$ 3,348.47
Service Item	Inpatient and Outpatient	Ct Spine Thoracic W Cont	72129	352	MC CAT Scanner	$ 3,449	$ 894	$ 2,158.16	$ 211	$ 3,612
Service Item	Outpatient	Ct Spine Thoracic Wo Cont	72128	352	IC CAT Scan	$ 2,554.52	$ 747.45	$ 1,511.65	$ 129.87	$ 2,281.71
Service Item	Inpatient and Outpatient	Ct Spine Thoracic Wo Cont	72128	352	MC CAT Scanner	$ 2,555	$ 747	$ 1,511.65	$ 130	$ 2,282
Service Item	Outpatient	Ct Thoracic Spine W/Wo Co	72130	352	IC CAT Scan	$ 3,692.88	$ 1,113.51	$ 2,335.99	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Ct Thoracic Spine W/Wo Co	72130	352	MC CAT Scanner	$ 3,693	$ 1,114	$ 2,335.99	$ 211	$ 3,612
Service Item	Outpatient	Ct Upper Extrem W/O Contr	73200	352	IC CAT Scan	$ 1,788.52	$ 628.56	$ 1,159.42	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Ct Upper Extrem W/O Contr	73200	352	MC CAT Scanner	$ 1,789	$ 629	$ 1,159.42	$ 130	$ 1,636
Service Item	Outpatient	Ct Upper Extrem W/Wo Cont	73202	352	IC CAT Scan	$ 2,748.48	$ 937.95	$ 1,806.49	$ 211.14	$ 2,668.43
Service Item	Inpatient and Outpatient	Ct Upper Extrem W/Wo Cont	73202	352	MC CAT Scanner	$ 2,748	$ 938	$ 1,900.86	$ 211	$ 3,612
Service Item	Outpatient	Ct Upper Extremity W/Cont	73201	352	IC CAT Scan	$ 2,183.82	$ 747.45	$ 1,455.83	$ 442.45	$ 2,120.21
Service Item	Inpatient and Outpatient	Ct Upper Extremity W/Cont	73201	352	MC CAT Scanner	$ 2,184	$ 747	$ 1,605.02	$ 442	$ 3,612
Service Item	Outpatient	Ct/Abdomen W-W/O Contrast	74170	352	IC CAT Scan	$ 3,150.61	$ 1,070.25	$ 2,048.60	$ 211.14	$ 3,058.84
Service Item	Inpatient and Outpatient	Ct/Abdomen W-W/O Contrast	74170	352	MC CAT Scanner	$ 3,151	$ 1,070	$ 2,103.93	$ 211	$ 3,612
Service Item	Outpatient	Ct/Chest W/Contrast	71260	352	IC CAT Scan	$ 2,800.38	$ 893.94	$ 1,789.07	$ 211.14	$ 2,718.82
Service Item	Inpatient and Outpatient	Ct/Chest W/Contrast	71260	352	MC CAT Scanner	$ 2,800	$ 894	$ 1,878.40	$ 211	$ 3,612
Service Item	Outpatient	Ct/Chest W/O Contrast	71250	352	IC CAT Scan	$ 2,198.03	$ 747.45	$ 1,358.13	$ 129.87	$ 1,963.29
Service Item	Inpatient and Outpatient	Ct/Chest W/O Contrast	71250	352	MC CAT Scanner	$ 2,198	$ 747	$ 1,358.13	$ 130	$ 1,963
Service Item	Outpatient	Ct/Chest W-W/O Contrast	71270	352	IC CAT Scan	$ 3,023.30	$ 1,114.26	$ 1,980.02	$ 211.14	$ 2,935.24
Service Item	Inpatient and Outpatient	Ct/Chest W-W/O Contrast	71270	352	MC CAT Scanner	$ 3,023	$ 1,114	$ 2,047.71	$ 211	$ 3,612
Service Item	Outpatient	Ct/For Needle Biopsy	77012	350	IC CAT Scan	$ 3,126.84	$ 1,046.73	$ 2,049.16	$ 246.02	$ 2,792.91
Service Item	Inpatient and Outpatient	Ct/For Needle Biopsy	77012	350	MC CAT Scanner	$ 3,127	$ 1,047	$ 2,049.16	$ 246	$ 2,793
Service Item	Outpatient	Ct/Head With Contrast	70460	351	IC CAT Scan	$ 2,098.58	$ 716.55	$ 1,361.25	$ 211.14	$ 2,037.46
Service Item	Inpatient and Outpatient	Ct/Head With Contrast	70460	351	MC CAT Scanner	$ 2,099	$ 717	$ 1,518.71	$ 211	$ 3,612
Service Item	Outpatient	Ct/Head Wo Contrast	70450	351	IC CAT Scan	$ 1,845.62	$ 597.30	$ 1,159.29	$ 129.87	$ 1,648.51
Service Item	Inpatient and Outpatient	Ct/Head Wo Contrast	70450	351	MC CAT Scanner	$ 1,846	$ 597	$ 1,159.29	$ 130	$ 1,649
Service Item	Outpatient	Ct/Head W-W/O Contrast	70470	351	IC CAT Scan	$ 2,689.75	$ 893.94	$ 1,729.50	$ 211.14	$ 2,611.41
Service Item	Inpatient and Outpatient	Ct/Head W-W/O Contrast	70470	351	MC CAT Scanner	$ 2,690	$ 894	$ 1,829.57	$ 211	$ 3,612
Service Item	Outpatient	Ct/Neck Tissue W/Contrast	70491	351	IC CAT Scan	$ 2,122.62	$ 718.32	$ 1,394.51	$ 211.14	$ 2,060.80
Service Item	Inpatient and Outpatient	Ct/Neck Tissue W/Contrast	70491	351	MC CAT Scanner	$ 2,123	$ 718	$ 1,549.64	$ 211	$ 3,612
Service Item	Outpatient	Ct/Neck Tissue W/O Contra	70490	351	IC CAT Scan	$ 1,747.55	$ 600.21	$ 1,142.64	$ 129.87	$ 1,696.65
Service Item	Inpatient and Outpatient	Ct/Neck Tissue W/O Contra	70490	351	MC CAT Scanner	$ 1,748	$ 600	$ 1,136.56	$ 130	$ 1,636
Service Item	Outpatient	Ct/Neck Tissue W-W/O Cont	70492	351	IC CAT Scan	$ 2,508.08	$ 895.41	$ 1,661.44	$ 211.14	$ 2,435.03
Service Item	Inpatient and Outpatient	Ct/Neck Tissue W-W/O Cont	70492	351	MC CAT Scanner	$ 2,508	$ 895	$ 1,779.14	$ 211	$ 3,612
Service Item	Outpatient	Ct/Pelvis W-W/O Contrast	72194	352	IC CAT Scan	$ 3,365.32	$ 1,068.81	$ 2,153.51	$ 211.14	$ 3,267.30
Service Item	Inpatient and Outpatient	Ct/Pelvis W-W/O Contrast	72194	352	MC CAT Scanner	$ 3,365	$ 1,069	$ 2,188.00	$ 211	$ 3,612
Service Item	Outpatient	Cta Abd Runoff W/Wo Cont.	75635	352	IC CAT Scan	$ 3,148.97	$ 1,094.31	$ 2,193.83	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Cta Abd Runoff W/Wo Cont.	75635	352	MC CAT Scanner	$ 3,149	$ 1,094	$ 2,193.83	$ 211	$ 3,612
Service Item	Outpatient	Cta Abd W/Wo Contrast	74175	352	IC CAT Scan	$ 2,694.67	$ 1,094.31	$ 1,952.98	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Cta Abd W/Wo Contrast	74175	352	MC CAT Scanner	$ 2,695	$ 1,094	$ 1,952.98	$ 211	$ 3,612
Service Item	Outpatient	Cta Abd&Pelv W/O&W/Dye	74174	352	IC CAT Scan	$ 4,215.20	$ 1,734.48	$ 2,749.02	$ 442.45	$ 3,765.04
Service Item	Inpatient and Outpatient	Cta Abd&Pelv W/O&W/Dye	74174	352	MC CAT Scanner	$ 4,215	$ 1,734	$ 2,749.02	$ 442	$ 3,765
Service Item	Outpatient	Cta Chest W/ Contrast	71275	352	IC CAT Scan	$ 3,022.48	$ 1,138.44	$ 2,102.02	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Cta Chest W/ Contrast	71275	352	MC CAT Scanner	$ 3,022	$ 1,138	$ 2,102.02	$ 211	$ 3,612
Service Item	Outpatient	Cta Head W/Wo Contrast	70496	351	IC CAT Scan	$ 2,567.37	$ 930.78	$ 1,756.58	$ 211.14	$ 2,492.59
Service Item	Inpatient and Outpatient	Cta Head W/Wo Contrast	70496	351	MC CAT Scanner	$ 2,567	$ 931	$ 1,868.53	$ 211	$ 3,612
Service Item	Outpatient	Cta Low Ext W/Wo Contrast	73706	352	IC CAT Scan	$ 2,670.90	$ 960.60	$ 1,918.12	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Cta Low Ext W/Wo Contrast	73706	352	MC CAT Scanner	$ 2,671	$ 961	$ 1,918.12	$ 211	$ 3,612
Service Item	Outpatient	Cta Neck W/Wo Contrast	70498	351	IC CAT Scan	$ 2,567.37	$ 930.78	$ 1,756.58	$ 211.14	$ 2,492.59
Service Item	Inpatient and Outpatient	Cta Neck W/Wo Contrast	70498	351	MC CAT Scanner	$ 2,567	$ 931	$ 1,868.53	$ 211	$ 3,612
Service Item	Outpatient	Cta Pelvis W/Wo Contrast	72191	352	IC CAT Scan	$ 2,923.86	$ 1,094.31	$ 2,051.51	$ 211.14	$ 3,612.11
Service Item	Inpatient and Outpatient	Cta Pelvis W/Wo Contrast	72191	352	MC CAT Scanner	$ 2,924	$ 1,094	$ 2,051.51	$ 211	$ 3,612
Service Item	Outpatient	Cta Up Ex W/Wo Contrast	73206	352	IC CAT Scan	$ 2,771.43	$ 960.60	$ 1,869.27	$ 211.14	$ 2,690.71
Service Item	Inpatient and Outpatient	Cta Up Ex W/Wo Contrast	73206	352	MC CAT Scanner	$ 2,771	$ 961	$ 1,961.41	$ 211	$ 3,612
Service Item	Inpatient and Outpatient	C-Telopeptide Beta-Cross-Linked-ARUP	82523	300	MC Reference Lab	$ 21	$ 123	$ 40.04	$ 12	$ 184
Service Item	Outpatient	Ct-Limited Study	76380	350	IC CAT Scan	$ 1,202.28	$ 406.44	$ 750.92	$ 92.48	$ 1,073.88
Service Item	Inpatient and Outpatient	Ct-Limited Study	76380	350	MC CAT Scanner	$ 1,202	$ 406	$ 750.92	$ 92	$ 1,074
Service Item	Inpatient and Outpatient	Culture Additional Ident	87077	306	MC General Lab	$ 96	$ 36	$ 69.05	$ 32	$ 87
Service Item	Outpatient	Culture Afb Conc/Isolatin	87116	306	Reference Lab TC	$ 33.48	$ 48.06	$ 49.05	$ 28.46	$ 106.23
Service Item	Inpatient and Outpatient	Culture Bact Aerobic Def (1)	87070	306	MC General Lab	$ 126	$ 38	$ 84.66	$ 34	$ 115
Service Item	Inpatient and Outpatient	Culture Bact Anaerobic Id	87076	306	MC General Lab	$ 52	$ 56	$ 50.66	$ 34	$ 79
Service Item	Inpatient and Outpatient	Culture Bact Anaerobic Is	87075	306	MC General Lab	$ 107	$ 42	$ 78.63	$ 38	$ 98

Service Item	Inpatient and Outpatient	Culture Bact Screen Bhs	87081	306	MC General Lab	$ 102	$ 29	$ 67.31	$ 26	$ 93	
Service Item	Inpatient and Outpatient	Culture Bact Screen Gc	87081	306	MC General Lab	$ 102	$ 29	$ 67.31	$ 26	$ 93	
Service Item	Inpatient and Outpatient	Culture Bact Stool Campyl	87046	306	MC General Lab	$ 78	$ 11	$ 62.26	$ 9	$ 93	
Service Item	Inpatient and Outpatient	Culture Bact Stool Def Mi	87045	306	MC General Lab	$ 104	$ 42	$ 77.20	$ 38	$ 95	
Service Item	Inpatient and Outpatient	Culture Bact Stool Yersin	87046	306	MC General Lab	$ 78	$ 11	$ 62.26	$ 9	$ 93	
Service Item	Inpatient and Outpatient	Culture Bact Urine Def	87088	306	MC General Lab	$ 137	$ 32	$ 87.33	$ 29	$ 124	
Service Item	Inpatient and Outpatient	Culture Blood Aer/Anaerob	87040	306	MC General Lab	$ 204	$ 46	$ 125.24	$ 41	$ 185	
Service Item	Inpatient and Outpatient	Culture Fungi Def Per Org	87106	306	MC General Lab	$ 107	$ 46	$ 81.19	$ 41	$ 101	
Service Item	Inpatient and Outpatient	Culture Fungi Iso Misc	87102	306	MC General Lab	$ 103	$ 37	$ 73.49	$ 34	$ 94	
Service Item	Inpatient and Outpatient	Culture Fungi Isolation	87101	306	MC General Lab	$ 102	$ 34	$ 70.45	$ 31	$ 92	
Service Item	Inpatient and Outpatient	Culture Hsv 65065	87252	306	MC Reference Lab	$ 40	$ 116	$ 63.33	$ 24	$ 256	
Service Item	Inpatient and Outpatient	Culture Stool For E Coli	87046	306	MC General Lab	$ 78	$ 11	$ 62.26	$ 9	$ 93	
Service Item	Inpatient and Outpatient	Culture type immunofluoresc-ARUP	87140	305	MC Reference Lab	$ 6	$ 25	$ 11.93	$ 4	$ 55	
Service Item	Inpatient and Outpatient	Culture&Colony Count Urin	87086	306	MC General Lab	$ 154	$ 35	$ 95.64	$ 32	$ 141	
Service Package	Inpatient and Outpatient	Cup Accetabular	C1776	272	MC Central Supply	$ 5,339	Charges have been	$ 4,069.47	$ 4,758	$ 4,864	
Service Package	Inpatient and Outpatient	Cup Acetabular	C1776	278	MC Central Supply	$ 4,361	Charges have been	$ 3,406.61	$ 3,886	$ 3,973	
Service Package	Inpatient and Outpatient	Cup Multipolar Bipolar (A)	C1776	278	MC Central Supply	$ 1,821	Charges have been	$ 1,684.53	$ 1,622	$ 1,658	
Service Package	Inpatient and Outpatient	Cup Multipolar Bipolar (B)	C1776	278	MC Central Supply	$ 3,622	Charges have been	$ 2,905.77	$ 3,228	$ 3,300	
Service Package	Inpatient and Outpatient	Cup Multipolar Bipolar (C)	C1776	278	MC Central Supply	$ 4,161	Charges have been	$ 3,270.97	$ 3,708	$ 3,790	
Service Item	Outpatient	Custom Adult 2 in 1 (Central IV Access ONLY)		250	CD Infusion Clinic	$ 83.70	$ 50.22	#N/A	$ 50.22	$ 77.00	
Service Item	Inpatient and Outpatient	Custom Adult 2 in 1 (Central IV Access ONLY)		250	MC Pharmacy	$ 84	$ 50	#N/A	$ 50	$ 77	
Service Item	Outpatient	Custom Adult 2 in 1 (Central IV Access ONLY)		250	NC Urgent Care	$ 83.70	$ 50.22	#N/A	$ 41.85	$ 77.00	
Service Item	Outpatient	Custom Adult 2 in 1 (Central IV Access ONLY)		250	SC Urgent Care	$ 83.70	$ 50.22	#N/A	$ 41.85	$ 77.00	
Service Item	Outpatient	Custom Adult 2 in 1 (Peripheral or Central IV Access)		250	CD Infusion Clinic	$ 83.70	$ 50.22	#N/A	$ 50.22	$ 77.00	
Service Item	Inpatient and Outpatient	Custom Adult 2 in 1 (Peripheral or Central IV Access)		250	MC Pharmacy	$ 84	$ 50	#N/A	$ 50	$ 77	
Service Item	Outpatient	Custom Adult 2 in 1 (Peripheral or Central IV Access)		250	NC Urgent Care	$ 83.70	$ 50.22	#N/A	$ 41.85	$ 77.00	
Service Item	Outpatient	Custom Adult 2 in 1 (Peripheral or Central IV Access)		250	SC Urgent Care	$ 83.70	$ 50.22	#N/A	$ 41.85	$ 77.00	
Service Package	Inpatient	Cva Device Check	36598	360	MC Cardiovascular	$ 459.35	$ 166.30	$ 256.34	$ 166.30	$ 254.99	
Service Package	Inpatient and Outpatient	Cva Device Check	36598	360	MC Cath Lab Srvcs	$ 459	Charges have been	$ 324.59	$ 213	$ 255	
Service Item	Outpatient	cyanocobalamin 1,000 mcg/mL Inj 1 mL	J3420	636	CD Chronic Disease	$ 49.40	$ 29.64	$ 30.36	$ 3.05	$ 45.45	
Service Item	Outpatient	cyanocobalamin 1,000 mcg/mL Inj 1 mL	J3420	636	CD Infusion Clinic	$ 49.40	$ 29.64	$ 30.48	$ 3.05	$ 45.45	
Service Item	Inpatient and Outpatient	cyanocobalamin 1,000 mcg/mL Inj 1 mL	J3420	636	MC Pharmacy	$ 49	$ 30	$ 30.48	$ 3	$ 45	
Service Item	Outpatient	cyanocobalamin 1,000 mcg/mL Inj 1 mL	J3420	636	NC Urgent Care	$ 49.40	$ 29.64	$ 30.36	$ 3.05	$ 45.45	
Service Item	Outpatient	cyanocobalamin 1,000 mcg/mL Inj 1 mL	J3420	636	SC Urgent Care	$ 49.40	$ 29.64	$ 30.48	$ 3.05	$ 45.45	
Service Item	Outpatient	cyanocobalamin 1,000 mcg/mL Inj 1 mL	J3420	636	SFM Family Medicine	$ 49.40	$ 29.64	$ 30.36	$ 3.05	$ 45.45	
Service Item	Outpatient	cyanocobalamin 1,000 mcg/mL Inj 1 mL	J3420	636	VD CAPD CCPD	$ 49.40	$ 29.64	$ 30.48	$ 3.05	$ 45.45	
Service Item	Outpatient	cyanocobalamin 1,000 mcg/mL Inj 1 mL	J3420	636	VD Visalia Dialysis	$ 49.40	$ 29.64	$ 30.48	$ 3.05	$ 45.45	
Service Item	Inpatient and Outpatient	Cyclic Citrullinated Peptid IgG Ab-ARUP	86200	300	MC Reference Lab	$ 7	$ 56	$ 22.96	$ 4	$ 127	
Service Item	Outpatient	cyclophosphamide 1,000 mg Inj	J9070	636	CD Infusion Clinic	$ 3,208.35	$ 1,925.01	$ 1,443.44	$ 6.49	$ 2,951.68	
Service Item	Inpatient and Outpatient	cyclophosphamide 1,000 mg Inj	J9070	636	MC Pharmacy	$ 3,208	$ 1,931	$ 1,443.44	$ 6	$ 2,952	
Service Item	Outpatient	cyclophosphamide 1,000 mg Inj	J9070	636	NC Urgent Care	$ 3,208.35	$ 1,931.39	$ 1,435.42	$ 6.49	$ 2,951.68	
Service Item	Outpatient	cyclophosphamide 1,000 mg Inj	J9070	636	SC Urgent Care	$ 3,208.35	$ 1,931.39	$ 1,443.44	$ 6.49	$ 2,951.68	
Service Item	Outpatient	cyclophosphamide 25 mg Cap	J8530	636	CD Infusion Clinic	$ 51.55	$ 30.93	$ 38.78	$ 2.05	$ 54.25	
Service Item	Inpatient and Outpatient	cyclophosphamide 25 mg Cap	J8530	636	MC Pharmacy	$ 52	$ 33	$ 38.78	$ 2	$ 54	
Service Item	Outpatient	cyclophosphamide 25 mg Cap	J8530	636	NC Urgent Care	$ 51.55	$ 32.81	$ 38.65	$ 2.05	$ 54.25	
Service Item	Outpatient	cyclophosphamide 25 mg Cap	J8530	636	SC Urgent Care	$ 51.55	$ 32.81	$ 38.78	$ 2.05	$ 54.25	
Service Item	Outpatient	cyclophosphamide 50 mg Cap	J8530	250	CD Infusion Clinic	$ 79.90	$ 47.94	$ 48.97	$ 2.05	$ 73.51	
Service Item	Inpatient and Outpatient	cyclophosphamide 50 mg Cap	J8530	250	MC Pharmacy	$ 80	$ 50	$ 48.97	$ 2	$ 74	
Service Item	Outpatient	cyclophosphamide 50 mg Cap	J8530	250	NC Urgent Care	$ 79.90	$ 49.82	$ 48.77	$ 2.05	$ 73.51	
Service Item	Outpatient	cyclophosphamide 50 mg Cap	J8530	250	SC Urgent Care	$ 79.90	$ 49.82	$ 48.97	$ 2.05	$ 73.51	
Service Item	Outpatient	cyclophosphamide 500 mg Inj	J9070	636	CD Infusion Clinic	$ 2,043.70	$ 1,226.22	$ 1,024.75	$ 6.49	$ 1,880.20	
Service Item	Inpatient and Outpatient	cyclophosphamide 500 mg Inj	J9070	636	MC Pharmacy	$ 2,044	$ 1,233	$ 1,024.75	$ 6	$ 1,880	
Service Item	Outpatient	cyclophosphamide 500 mg Inj	J9070	636	NC Urgent Care	$ 2,043.70	$ 1,232.60	$ 1,019.64	$ 6.49	$ 1,880.20	
Service Item	Outpatient	cyclophosphamide 500 mg Inj	J9070	636	SC Urgent Care	$ 2,043.70	$ 1,232.60	$ 1,024.75	$ 6.49	$ 1,880.20	
Service Item	Inpatient and Outpatient	Cyclosporine A by HPLC-MS/MS-ARUP	80158	301	MC Reference Lab	$ 19	$ 80	$ 38.35	$ 12	$ 177	
Service Item	Outpatient	cycloSPORINE modified (Neoral) 100 mg Cap	J7502	636	CD Infusion Clinic	$ 43.15	$ 25.89	$ 32.80	$ 5.34	$ 45.19	
Service Item	Inpatient and Outpatient	cycloSPORINE modified (Neoral) 100 mg Cap	J7502	636	MC Pharmacy	$ 43	$ 26	$ 32.80	$ 5	$ 45	
Service Item	Outpatient	cycloSPORINE modified (Neoral) 100 mg Cap	J7502	636	NC Urgent Care	$ 43.15	$ 25.89	$ 32.69	$ 5.34	$ 45.19	
Service Item	Outpatient	cycloSPORINE modified (Neoral) 100 mg Cap	J7502	636	SC Urgent Care	$ 43.15	$ 25.89	$ 32.80	$ 5.34	$ 45.19	
Service Item	Outpatient	cycloSPORINE modified (Neoral) 25 mg Cap	J7515	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.44	$ 1.42	$ 11.13	
Service Item	Inpatient and Outpatient	cycloSPORINE modified (Neoral) 25 mg Cap	J7515	250	MC Pharmacy	$ 12	$ 7	$ 8.44	$ 1	$ 11	
Service Item	Outpatient	cycloSPORINE modified (Neoral) 25 mg Cap	J7515	250	NC Urgent Care	$ 12.10	$ 7.26	$ 7.50	$ 0.72	$ 11.13	
Service Item	Outpatient	cycloSPORINE modified (Neoral) 25 mg Cap	J7515	250	SC Urgent Care	$ 12.10	$ 7.26	$ 7.53	$ 0.72	$ 11.13	
Service Item	Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 1(	J7502	636	CD Infusion Clinic	$ 68.55	$ 41.13	$ 41.93	$ 5.34	$ 63.07	
Service Item	Inpatient and Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 1(	J7502	636	MC Pharmacy	$ 69	$ 41	$ 41.93	$ 5	$ 63	
Service Item	Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 1(	J7502	636	NC Urgent Care	$ 68.55	$ 41.13	$ 41.76	$ 5.34	$ 63.07	
Service Item	Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 1(	J7502	636	SC Urgent Care	$ 68.55	$ 41.13	$ 41.93	$ 5.34	$ 63.07	
Service Item	Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 1(	J7502	636	CD Infusion Clinic	$ 66.55	$ 39.93	$ 41.21	$ 5.34	$ 61.23	
Service Item	Inpatient and Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 1(	J7502	636	MC Pharmacy	$ 67	$ 40	$ 41.21	$ 5	$ 61	
Service Item	Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 1(	J7502	636	NC Urgent Care	$ 66.55	$ 39.93	$ 41.04	$ 5.34	$ 61.23	
Service Item	Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 1(	J7502	636	SC Urgent Care	$ 66.55	$ 39.93	$ 41.21	$ 5.34	$ 61.23	
Service Item	Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 5(	J7516	636	CD Infusion Clinic	$ 267.10	$ 160.26	$ 173.86	$ 31.82	$ 245.73	
Service Item	Inpatient and Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 5(	J7516	636	MC Pharmacy	$ 267	$ 160	$ 173.86	$ 32	$ 246	
Service Item	Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 5(	J7516	636	NC Urgent Care	$ 267.10	$ 160.26	$ 173.19	$ 31.82	$ 245.73	
Service Item	Outpatient	cycloSPORINE NON-modified (SandIMMUNE) 5(	J7516	636	SC Urgent Care	$ 267.10	$ 160.26	$ 173.86	$ 31.82	$ 245.73	
Service Item	Inpatient and Outpatient	Cystatin C-ARUP	82610	300	MC Reference Lab	$ 15	$ 61	$ 30.48	$ 9	$ 147	
Service Item	Outpatient	cysteine 50 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 418.50	$ 251.10	$ 249.23	$ 23.14	$ 385.02	
Service Item	Inpatient and Outpatient	cysteine 50 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 419	$ 251	$ 249.23	$ 23	$ 385	
Service Item	Outpatient	cysteine 50 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 418.50	$ 251.10	$ 248.19	$ 23.14	$ 385.02	
Service Item	Outpatient	cysteine 50 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 418.50	$ 251.10	$ 249.23	$ 23.14	$ 385.02	
Service Item	Inpatient and Outpatient	Cystic Fibrosis (CFTR) 32 Mutations-ARUP	81223	300	MC Reference Lab	$ 1,214	$ 3,490	$ 1,312.10	$ 728	$ 3,973	
Service Item	Inpatient and Outpatient	Cystic Fibrosis 165 Var-ARUP	81220	300	MC Reference Lab	$ 180	$ 1,929	$ 578.81	$ 108	$ 4,432	
Service Item	Inpatient and Outpatient	Cysticercosis IgG Ab by ELISA, CSF-ARUP	86682	300	MC Reference Lab	$ 14	$ 59	$ 27.98	$ 9	$ 128	
Service Item	Inpatient and Outpatient	Cysticercosis IgG Ab by ELISA-ARUP	86682	300	MC Reference Lab	$ 14	$ 59	$ 27.98	$ 9	$ 128	
Service Item	Inpatient and Outpatient	Cystine Quantitative Urine-ARUP	82131	300	MC Reference Lab	$ 18	$ 75	$ 37.81	$ 11	$ 183	
Service Item	Outpatient	Cystography	74430	320	IC Radiology	$ 801.78	$ 133.83	$ 487.51	$ 120.00	$ 716.16	
Service Item	Inpatient and Outpatient	Cystography	74430	320	MC Diag Radiology	$ 802	$ 134	$ 798.12	$ 120	$ 3,612	
Service Item	Outpatient	cytarabine 100 mg/mL Inj 20 mL	J9100	636	CD Infusion Clinic	$ 123.90	$ 74.34	$ 56.41	$ 1.58	$ 113.99	
Service Item	Inpatient and Outpatient	cytarabine 100 mg/mL Inj 20 mL	J9100	636	MC Pharmacy	$ 124	$ 82	$ 56.41	$ 2	$ 114	
Service Item	Outpatient	cytarabine 100 mg/mL Inj 20 mL	J9100	636	NC Urgent Care	$ 123.90	$ 81.84	$ 56.10	$ 1.58	$ 113.99	
Service Item	Outpatient	cytarabine 100 mg/mL Inj 20 mL	J9100	636	SC Urgent Care	$ 123.90	$ 81.84	$ 56.41	$ 1.58	$ 113.99	
Service Item	Outpatient	cytarabine 20 mg/mL Inj 5 mL	J9100	636	CD Infusion Clinic	$ 45.80	$ 27.48	$ 28.33	$ 1.58	$ 42.14	
Service Item	Inpatient and Outpatient	cytarabine 20 mg/mL Inj 5 mL	J9100	636	MC Pharmacy	$ 46	$ 35	$ 28.33	$ 2	$ 42	
Service Item	Outpatient	cytarabine 20 mg/mL Inj 5 mL	J9100	636	NC Urgent Care	$ 45.80	$ 34.98	$ 28.22	$ 1.58	$ 42.14	
Service Item	Outpatient	cytarabine 20 mg/mL Inj 5 mL	J9100	636	SC Urgent Care	$ 45.80	$ 34.98	$ 28.33	$ 1.58	$ 42.14	
Service Item	Inpatient and Outpatient	Cyto Exam Initial Site	88333	310	MC Pathology	$ 728	$ 73	$ 399.34	$ 66	$ 728	
Service Item	Inpatient and Outpatient	Cytokine Panel 12 Each-ARUP	83520	300	MC Reference Lab	$ 10	$ 58	$ 26.12	$ 6	$ 138	
Service Item	Inpatient and Outpatient	Cytomegalovirus by Qualitative PCR, Body Fluid-	87496	300	MC Reference Lab	$ 39	$ 151	$ 75.49	$ 23	$ 345	
Service Item	Inpatient and Outpatient	Cytomegalovirus DNA Quantitation by PCR-ARU	87497	306	MC Reference Lab	$ 39	$ 115	$ 86.30	$ 23	$ 421	
Service Item	Inpatient and Outpatient	Cytomegalovirus IgG Ab Avidity-ARUP	86644	300	MC Reference Lab	$ 16	$ 64	$ 29.63	$ 10	$ 142	
Service Item	Inpatient and Outpatient	Cytomegalovirus IgG Antibody-ARUP	86645	305	MC Reference Lab	$ 19	$ 72	$ 36.50	$ 11	$ 166	
Service Item	Inpatient and Outpatient	Cytomegalovirus IgM Antibody-ARUP	86645	305	MC Reference Lab	$ 19	$ 72	$ 36.50	$ 11	$ 166	
Service Item	Inpatient and Outpatient	Cytopath Concentration	88108	310	MC Pathology	$ 39	$ 29	$ 89.06	$ 26	$ 307	
Service Item	Inpatient and Outpatient	Cytopath Extended Study	88162	310	MC Pathology	$ 57	$ 46	$ 108.82	$ 41	$ 464	
Service Item	Inpatient and Outpatient	Cytopath Filter Method	88106	310	MC Pathology	$ 27	$ 24	$ 88.42	$ 22	$ 361	
Service Item	Inpatient and Outpatient	Cytopath Prep & Screen	88161	310	MC Pathology	$ 27	$ 23	$ 77.54	$ 21	$ 327	
Service Item	Inpatient and Outpatient	Cytopath Screen & Inter	88160	310	MC Pathology	$ 27	$ 21	$ 82.11	$ 19	$ 373	
Service Item	Inpatient and Outpatient	Cytopath Sel Cell En Tech	88112	310	MC Pathology	$ 57	$ 197	$ 130.63	$ 50	$ 324	
Service Item	Inpatient and Outpatient	Cytopath Smears W/Inter	88104	310	MC Pathology	$ 39	$ 28	$ 87.73	$ 25	$ 353	
Service Item	Outpatient	dacarbazine 100 mg Inj	J9130	636	CD Infusion Clinic	$ 62.10	$ 37.26	$ 46.92	$ 7.62	$ 62.20	
Service Item	Inpatient and Outpatient	dacarbazine 100 mg Inj	J9130	636	MC Pharmacy	$ 62	$ 52	$ 46.92	$ 8	$ 62	
Service Item	Outpatient	dacarbazine 100 mg Inj	J9130	636	NC Urgent Care	$ 62.10	$ 52.11	$ 46.76	$ 7.62	$ 62.20	
Service Item	Outpatient	dacarbazine 100 mg Inj	J9130	636	SC Urgent Care	$ 62.10	$ 52.11	$ 46.92	$ 7.62	$ 62.20	
Service Item	Outpatient	dacarbazine 200 mg Inj	J9130	636	CD Infusion Clinic	$ 91.60	$ 54.96	$ 57.52	$ 7.62	$ 84.27	
Service Item	Inpatient and Outpatient	dacarbazine 200 mg Inj	J9130	636	MC Pharmacy	$ 92	$ 70	$ 57.52	$ 8	$ 84	
Service Item	Outpatient	dacarbazine 200 mg Inj	J9130	636	NC Urgent Care	$ 91.60	$ 69.81	$ 57.29	$ 7.62	$ 84.27	
Service Item	Outpatient	dacarbazine 200 mg Inj	J9130	636	SC Urgent Care	$ 91.60	$ 69.81	$ 57.52	$ 7.62	$ 84.27	
Service Item	Outpatient	DACTINomycin 0.5 mg Inj	J9120	636	CD Infusion Clinic	$ 4,892.50	$ 2,935.50	$ 2,950.68	$ 14.34	$ 4,501.10	

Service Item	Inpatient and Outpatient	DACTINomycin 0.5 mg Inj	J9120	636	MC Pharmacy	$ 4,893	$ 2,950	$ 2,950.68	$ 14	$ 4,501
Service Item	Outpatient	DACTINomycin 0.5 mg Inj	J9120	636	NC Urgent Care	$ 4,892.50	$ 2,949.60	$ 2,938.45	$ 14.34	$ 4,501.10
Service Item	Outpatient	DACTINomycin 0.5 mg Inj	J9120	636	SC Urgent Care	$ 4,892.50	$ 2,949.60	$ 2,950.68	$ 14.34	$ 4,501.10
Service Item	Outpatient	Daily Tx Complex >1 Mev	77412	333	HR Radiation Onc	$ 1,183.97	$ 267.21	$ 1,047.07	$ 267.21	$ 3,141.78
Service Item	Inpatient and Outpatient	Daily Tx Complex >1 Mev	77412	333	MC Radiation Thrpy	$ 1,184	$ 267	$ 1,025.89	$ 267	$ 3,142
Service Item	Outpatient	Daily Tx Complex >1 Mev	77412	333	VR Radiation Onc	$ 1,183.97	$ 267.21	$ 1,047.07	$ 267.21	$ 3,141.78
Service Item	Outpatient	Daily Tx Simple >1 Mev	77402	333	HR Radiation Onc	$ 896.85	$ 199.95	$ 727.08	$ 142.18	$ 1,782.62
Service Item	Inpatient and Outpatient	Daily Tx Simple >1 Mev	77402	333	MC Radiation Thrpy	$ 897	$ 200	$ 710.77	$ 142	$ 1,783
Service Item	Outpatient	Daily Tx Simple >1 Mev	77402	333	VR Radiation Onc	$ 896.85	$ 199.95	$ 727.08	$ 142.18	$ 1,782.62
Service Item	Outpatient	dalbavancin 500 mg Pow	J0875	636	CD Infusion Clinic	$ 6,722.00	$ 4,033.20	$ 3,317.73	$ 15.39	$ 6,184.24
Service Item	Inpatient and Outpatient	dalbavancin 500 mg Pow	J0875	636	MC Pharmacy	$ 6,722	$ 4,050	$ 3,317.73	$ 15	$ 6,184
Service Item	Outpatient	dalbavancin 500 mg Pow	J0875	636	NC Urgent Care	$ 6,722.00	$ 4,050.45	$ 3,300.92	$ 15.39	$ 6,184.24
Service Item	Outpatient	dalbavancin 500 mg Pow	J0875	636	SC Urgent Care	$ 6,722.00	$ 4,050.45	$ 3,317.73	$ 15.39	$ 6,184.24
Service Item	Outpatient	dantrolene 20 mg Inj	J3490	636	CD Infusion Clinic	$ 494.65	$ 296.79	$ 293.01	$ 23.14	$ 455.08
Service Item	Inpatient and Outpatient	dantrolene 20 mg Inj	J3490	636	MC Pharmacy	$ 495	$ 297	$ 293.01	$ 23	$ 455
Service Item	Outpatient	dantrolene 20 mg Inj	J3490	636	NC Urgent Care	$ 494.65	$ 296.79	$ 291.77	$ 23.14	$ 455.08
Service Item	Outpatient	dantrolene 20 mg Inj	J3490	636	SC Urgent Care	$ 494.65	$ 296.79	$ 293.01	$ 23.14	$ 455.08
Service Item	Outpatient	dantrolene 250 mg Inj	J3490	636	CD Infusion Clinic	$ 10,980.70	$ 6,588.42	$ 6,320.60	$ 23.14	$ 10,102.24
Service Item	Inpatient and Outpatient	dantrolene 250 mg Inj	J3490	636	MC Pharmacy	$ 10,981	$ 6,588	$ 6,320.60	$ 23	$ 10,102
Service Item	Outpatient	dantrolene 250 mg Inj	J3490	636	NC Urgent Care	$ 10,980.70	$ 6,588.42	$ 6,293.15	$ 23.14	$ 10,102.24
Service Item	Outpatient	dantrolene 250 mg Inj	J3490	636	SC Urgent Care	$ 10,980.70	$ 6,588.42	$ 6,320.60	$ 23.14	$ 10,102.24
Service Item	Outpatient	DAPTOmycin 500 mg Inj	J0878	636	CD Infusion Clinic	$ 1,951.10	$ 1,170.66	$ 960.96	$ 0.16	$ 1,795.01
Service Item	Inpatient and Outpatient	DAPTOmycin 500 mg Inj	J0878	636	MC Pharmacy	$ 1,951	$ 1,171	$ 960.96	$ 0	$ 1,795
Service Item	Outpatient	DAPTOmycin 500 mg Inj	J0878	636	NC Urgent Care	$ 1,951.10	$ 1,171.04	$ 956.08	$ 0.16	$ 1,795.01
Service Item	Outpatient	DAPTOmycin 500 mg Inj	J0878	636	SC Urgent Care	$ 1,951.10	$ 1,171.04	$ 960.96	$ 0.16	$ 1,795.01
Service Item	Outpatient	Daptomycin Rf 500Mg Vial (Dialysis Use)	J0878	636	CD Infusion Clinic	$ 3.90	$ 2.34	$ 260.94	$ 0.16	$ 1,324.80
Service Item	Inpatient and Outpatient	Daptomycin Rf 500Mg Vial (Dialysis Use)	J0878	636	MC Pharmacy	$ 4	$ 3	$ 260.94	$ 0	$ 1,325
Service Item	Outpatient	Daptomycin Rf 500Mg Vial (Dialysis Use)	J0878	636	NC Urgent Care	$ 3.90	$ 2.72	$ 260.93	$ 0.16	$ 1,324.80
Service Item	Outpatient	Daptomycin Rf 500Mg Vial (Dialysis Use)	J0878	636	SC Urgent Care	$ 3.90	$ 2.72	$ 260.94	$ 0.16	$ 1,324.80
Service Item	Outpatient	Daptomycin Rf 500Mg Vial (Dialysis Use)	J0878	636	VD Visalia Dialysis	$ 3.90	$ 2.34	$ 260.94	$ 0.16	$ 1,324.80
Service Item	Outpatient	daratumumab 100 mg/5 mL vial	J9145	636	CD Infusion Clinic	$ 2,076.90	$ 1,246.14	$ 1,048.84	$ 52.00	$ 1,910.75
Service Item	Inpatient and Outpatient	daratumumab 100 mg/5 mL vial	J9145	636	MC Pharmacy	$ 2,077	$ 1,296	$ 1,048.84	$ 52	$ 1,911
Service Item	Outpatient	daratumumab 100 mg/5 mL vial	J9145	636	NC Urgent Care	$ 2,076.90	$ 1,296.12	$ 1,043.65	$ 52.00	$ 1,910.75
Service Item	Outpatient	daratumumab 100 mg/5 mL vial	J9145	636	SC Urgent Care	$ 2,076.90	$ 1,296.12	$ 1,048.84	$ 52.00	$ 1,910.75
Service Item	Outpatient	daratumumab 400 mg/20 mL vial	J9145	636	CD Infusion Clinic	$ 8,307.50	$ 4,984.50	$ 3,288.74	$ 52.00	$ 7,642.90
Service Item	Inpatient and Outpatient	daratumumab 400 mg/20 mL vial	J9145	636	MC Pharmacy	$ 8,308	$ 5,034	$ 3,288.74	$ 52	$ 7,643
Service Item	Outpatient	daratumumab 400 mg/20 mL vial	J9145	636	NC Urgent Care	$ 8,307.50	$ 5,034.48	$ 3,267.97	$ 52.00	$ 7,642.90
Service Item	Outpatient	daratumumab 400 mg/20 mL vial	J9145	636	SC Urgent Care	$ 8,307.50	$ 5,034.48	$ 3,288.74	$ 52.00	$ 7,642.90
Service Item	Outpatient	darbepoetin (PED) 25 mcg/mL Inj	J0881	636	CD Infusion Clinic	$ 1,039.00	$ 623.40	$ 516.98	$ 3.72	$ 955.88
Service Item	Inpatient and Outpatient	darbepoetin (PED) 25 mcg/mL Inj	J0881	636	MC Pharmacy	$ 1,039	$ 657	$ 516.98	$ 4	$ 956
Service Item	Outpatient	darbepoetin (PED) 25 mcg/mL Inj	J0881	636	NC Urgent Care	$ 1,039.00	$ 657.15	$ 514.38	$ 3.72	$ 955.88
Service Item	Outpatient	darbepoetin (PED) 25 mcg/mL Inj	J0881	636	SC Urgent Care	$ 1,039.00	$ 657.15	$ 516.98	$ 3.72	$ 955.88
Service Item	Outpatient	darbepoetin alfa 100 mcg/0.5 mL Inj 0.5 mL	J0882	636	CD Infusion Clinic	$ 3,262.25	$ 1,957.35	$ 1,611.71	$ 3.72	$ 3,001.27
Service Item	Inpatient and Outpatient	darbepoetin alfa 100 mcg/0.5 mL Inj 0.5 mL	J0882	636	MC Pharmacy	$ 3,262	$ 1,991	$ 1,611.71	$ 4	$ 3,001
Service Item	Outpatient	darbepoetin alfa 100 mcg/0.5 mL Inj 0.5 mL	J0882	636	NC Urgent Care	$ 3,262.25	$ 1,991.10	$ 1,603.55	$ 3.72	$ 3,001.27
Service Item	Outpatient	darbepoetin alfa 100 mcg/0.5 mL Inj 0.5 mL	J0882	636	SC Urgent Care	$ 3,262.25	$ 1,991.10	$ 1,611.71	$ 3.72	$ 3,001.27
Service Item	Outpatient	darbepoetin alfa 40 mcg/0.4 mL Inj 0.4 mL	J0881	636	CD Infusion Clinic	$ 1,662.60	$ 997.56	$ 741.16	$ 3.72	$ 1,529.59
Service Item	Inpatient and Outpatient	darbepoetin alfa 40 mcg/0.4 mL Inj 0.4 mL	J0881	636	MC Pharmacy	$ 1,663	$ 1,031	$ 741.16	$ 4	$ 1,530
Service Item	Outpatient	darbepoetin alfa 40 mcg/0.4 mL Inj 0.4 mL	J0881	636	NC Urgent Care	$ 1,662.60	$ 1,031.31	$ 737.01	$ 3.72	$ 1,529.59
Service Item	Outpatient	darbepoetin alfa 40 mcg/0.4 mL Inj 0.4 mL	J0881	636	SC Urgent Care	$ 1,662.60	$ 1,031.31	$ 741.16	$ 3.72	$ 1,529.59
Service Item	Outpatient	DAUNOrubicin 5 mg/mL Inj 4 mL	J9150	636	CD Infusion Clinic	$ 686.75	$ 412.05	$ 366.15	$ 43.84	$ 631.81
Service Item	Inpatient and Outpatient	DAUNOrubicin 5 mg/mL Inj 4 mL	J9150	636	MC Pharmacy	$ 687	$ 502	$ 366.15	$ 44	$ 632
Service Item	Outpatient	DAUNOrubicin 5 mg/mL Inj 4 mL	J9150	636	NC Urgent Care	$ 686.75	$ 502.35	$ 364.44	$ 43.84	$ 631.81
Service Item	Outpatient	DAUNOrubicin 5 mg/mL Inj 4 mL	J9150	636	SC Urgent Care	$ 686.75	$ 502.35	$ 366.15	$ 43.84	$ 631.81
Service Item	Inpatient and Outpatient	D-Dimer	85379	305	MC General Lab	$ 133	$ 45	$ 92.60	$ 41	$ 121
Service Item	Outpatient	Deb Bone 20 Sq Cm/<	11044	761	OP Wound Center	$ 1,675.43	$ 94.00	$ 1,375.76	$ 94.00	$ 1,590.43
Service Item	Outpatient	Deb Bone Add-On =<20Sq Cm	11047	761	OP Wound Center	$ 1,675.43	$ 94.00	$ 1,384.26	$ 94.00	$ 1,675.43
Service Item	Outpatient	Deb Musc/Fascia 20 Sq Cm<	11043	761	OP Wound Center	$ 618.00	$ 94.00	$ 497.92	$ 94.00	$ 575.90
Service Item	Outpatient	Deb Musc/Fascia 20 Sq Cm<	11043	761	SFM Family Medicine	$ 618.00	$ 360.00	$ 496.42	$ 360.00	$ 575.90
Service Item	Outpatient	Deb Musc/Fascia Add-On 20	11046	761	OP Wound Center	$ 567.58	$ 94.00	$ 470.19	$ 94.00	$ 567.58
Service Item	Outpatient	Deb Subq Tissue 20 Sq Cm<	11042	761	OP Wound Center	$ 414.70	$ 94.00	$ 332.50	$ 94.00	$ 370.41
Service Item	Outpatient	Deb Subq Tissue 20 Sq Cm<	11042	761	SFM Family Medicine	$ 414.70	$ 241.57	$ 331.49	$ 241.57	$ 370.41
Service Item	Outpatient	Deb Subq Tissue Add-On 20	11045	761	OP Wound Center	$ 402.62	$ 94.00	$ 333.54	$ 94.00	$ 402.62
Service Package	Inpatient and Outpatient	Debrid Sel Add-On Ea 20Cm	97598	420	MC PT Services	$ 127	Charges have been	$ 118.31	$ 114	$ 117
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm	97598	420	OP Hand Center	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 117.03
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm	97598	420	OP Therapy Akers	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 117.03
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm	97598	420	OP Therapy Dinuba	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 117.03
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm	97598	420	OP Therapy Exeter	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 117.03
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm	97598	420	OP Therapy Lovers Ln	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 117.03
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm	97598	420	OP Therapy Neuro	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 117.03
Service Item	Inpatient	Debrid Sel Add-On Ea 20Cm	97598	420	RH PT Services	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Inpatient	Debrid Sel Add-On Ea 20Cm	97598	420	SA PT Services	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Inpatient	Debrid Sel Add-On Ea 20Cm	97598	420	SN TC Ortho PT	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Inpatient	Debrid Sel Add-On Ea 20Cm	97598	420	SN TS PT Services	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm - PTA/OTA Services	97598	420	OP Hand Center	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 120.00
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm - PTA/OTA Services	97598	420	OP Therapy Akers	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 120.00
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm - PTA/OTA Services	97598	420	OP Therapy Dinuba	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 120.00
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm - PTA/OTA Services	97598	420	OP Therapy Exeter	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 120.00
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm - PTA/OTA Services	97598	420	OP Therapy Lovers Ln	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 120.00
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm - PTA/OTA Services	97598	420	OP Therapy Neuro	$ 127.21	Charges have been	$ 105.89	$ 76.33	$ 120.00
Service Item	Inpatient	Debrid Sel Add-On Ea 20Cm - PTA/OTA Services	97598	420	RH PT Services	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Inpatient	Debrid Sel Add-On Ea 20Cm - PTA/OTA Services	97598	420	SA PT Services	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Inpatient	Debrid Sel Add-On Ea 20Cm - PTA/OTA Services	97598	420	SN TC Ortho PT	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Inpatient	Debrid Sel Add-On Ea 20Cm - PTA/OTA Services	97598	420	SN TS PT Services	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm (Non Pt)	97598	761	OP Wound Center	$ 134.96	Charges have been	$ 109.49	$ 78.62	$ 127.21
Service Item	Outpatient	Debrid Sel Add-On Ea 20Cm (Non Pt)	97598	761	SFM Family Medicine	$ 134.96	Charges have been	$ 109.49	$ 78.62	$ 127.21
Service Item	Inpatient and Outpatient	Debride Add-On Each 20Cm	97598	430	MC OT Services	$ 131	Charges have been	$ 108.59	$ 79	$ 121
Service Item	Inpatient	Debride Add-On Each 20Cm	97598	430	RH OT Services	$ 131.03	Charges have been	$ 120.90	$ 117.93	$ 120.55
Service Item	Inpatient	Debride Add-On Each 20Cm	97598	430	SA OT Services	$ 131.03	Charges have been	$ 120.90	$ 117.93	$ 120.55
Service Item	Inpatient	Debride Add-On Each 20Cm	97598	430	SN TC Ortho OT	$ 131.03	Charges have been	$ 120.90	$ 117.93	$ 120.55
Service Item	Inpatient	Debride Add-On Each 20Cm	97598	430	SN TS OT Services	$ 131.03	Charges have been	$ 120.90	$ 117.93	$ 120.55
Service Item	Inpatient	Debride Add-On Each 20Cm - PTA/OTA Services	97598	430	RH OT Services	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Inpatient	Debride Add-On Each 20Cm - PTA/OTA Services	97598	430	SA OT Services	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Inpatient	Debride Add-On Each 20Cm - PTA/OTA Services	97598	430	SN TC Ortho OT	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Inpatient	Debride Add-On Each 20Cm - PTA/OTA Services	97598	430	SN TS OT Services	$ 127.21	Charges have been	$ 118.31	$ 114.49	$ 117.03
Service Item	Outpatient	Debride Infected Skin Add-On =<10% BS	11001	510	SFM Family Medicine	$ 284.10	$ 165.50	$ 229.32	$ 165.50	$ 253.76
Service Item	Outpatient	Debride Nail 1-5	11720	510	OP Wound Center	$ 179.21	$ 104.39	$ 134.06	$ 63.74	$ 160.07
Service Item	Outpatient	Debride Nail 1-5	11720	510	SFM Family Medicine	$ 179.21	$ 104.39	$ 133.63	$ 63.74	$ 160.07
Service Item	Outpatient	Debride Nail 6 Or More	11721	761	OP Wound Center	$ 179.21	$ 104.39	$ 134.06	$ 63.74	$ 160.07
Service Item	Outpatient	Debride Nail 6 Or More	11721	761	SFM Family Medicine	$ 179.21	$ 104.39	$ 133.63	$ 63.74	$ 160.07
Service Item	Inpatient and Outpatient	Debride Select <=20Sq Cen	97597	420	MC PT Services	$ 225	Charges have been	$ 180.24	$ 134	$ 207
Service Item	Outpatient	Debride Select <=20Sq Cen	97597	420	OP Hand Center	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cen	97597	420	OP Rehab Therapies	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cen	97597	420	OP Therapy Akers	$ 225.00	Charges have been	$ 184.47	$ 135.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cen	97597	420	OP Therapy Dinuba	$ 225.00	Charges have been	$ 184.47	$ 135.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cen	97597	420	OP Therapy Exeter	$ 225.00	Charges have been	$ 184.47	$ 135.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cen	97597	420	OP Therapy Lovers Ln	$ 225.00	Charges have been	$ 184.47	$ 135.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cen	97597	420	OP Therapy Neuro	$ 225.00	Charges have been	$ 184.47	$ 135.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cen	97597	420	OP Wound Center	$ 225.00	Charges have been	$ 184.47	$ 135.00	$ 207.00
Service Item	Inpatient	Debride Select <=20Sq Cen	97597	420	RH PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00
Service Item	Inpatient	Debride Select <=20Sq Cen	97597	420	SA PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00
Service Item	Inpatient	Debride Select <=20Sq Cen	97597	420	SN TC Ortho PT	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00
Service Item	Inpatient	Debride Select <=20Sq Cen	97597	420	SN TS PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cm Ot	97597	430	OP Hand Center	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cm Ot	97597	430	OP Rehab Therapies	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cm Ot	97597	430	OP Therapy Akers	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cm Ot	97597	430	OP Therapy Exeter	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00
Service Item	Outpatient	Debride Select <=20Sq Cm Ot	97597	430	OP Therapy Neuro	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00

Service Item	Outpatient	Debride Select <=20Sq Cm Ot - PTA/OTA Service	97597	430	OP Hand Center	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride Select <=20Sq Cm Ot - PTA/OTA Service	97597	430	OP Rehab Therapies	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride Select <=20Sq Cm Ot - PTA/OTA Service	97597	430	OP Therapy Akers	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride Select <=20Sq Cm Ot - PTA/OTA Service	97597	430	OP Therapy Exeter	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride Select <=20Sq Cm Ot - PTA/OTA Service	97597	430	OP Therapy Neuro	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride Skin - To 10%	11000	516	NC Urgent Care	$ 618.00	$ 360.00	$ 431.34	$ 41.14	$ 575.90		
Service Item	Outpatient	Debride Skin - To 10%	11000	516	SC Urgent Care	$ 618.00	$ 360.00	$ 432.84	$ 41.14	$ 575.90		
Service Item	Outpatient	Debride Skin - To 10%	11000	516	SFM Family Medicine	$ 618.00	$ 360.00	$ 496.42	$ 360.00	$ 575.90		
Service Package	Inpatient and Outpatient	Debride Skin & Tissue		450	MC Emergency	$ 336	Charges have been	#N/A	$ 294	$ 300		
Service Package	Inpatient and Outpatient	Debride Skin Full Thickne		450	MC Emergency	$ 230	Charges have been	#N/A	$ 201	$ 205		
Service Package	Inpatient and Outpatient	Debride Skin/Tiss/Muscl &		450	MC Emergency	$ 1,074	Charges have been	#N/A	$ 938	$ 959		
Service Package	Inpatient and Outpatient	Debride/Nonselect	97602	420	MC PT Services	$ 225	Charges have been	$ 203.62	$ 202	$ 207		
Service Item	Outpatient	Debride/Nonselect	97602	420	OP Therapy Akers	$ 225.00	Charges have been	$ 184.47	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride/Nonselect	97602	420	OP Therapy Dinuba	$ 225.00	$ 120.00	$ 184.14	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride/Nonselect	97602	420	OP Therapy Exeter	$ 225.00	$ 120.00	$ 184.14	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride/Nonselect	97602	420	OP Therapy Lovers Ln	$ 225.00	$ 120.00	$ 184.14	$ 120.00	$ 207.00		
Service Item	Inpatient	Debride/Nonselect	97602	420	RH PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00		
Service Item	Inpatient	Debride/Nonselect	97602	420	SA PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00		
Service Item	Inpatient	Debride/Nonselect	97602	420	SN TC Ortho PT	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00		
Service Item	Inpatient	Debride/Nonselect	97602	420	SN TS PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00		
Service Item	Outpatient	Debride/Nonselect - PTA/OTA Services	97602	420	OP Therapy Akers	$ 225.00	$ 120.00	$ 184.14	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride/Nonselect - PTA/OTA Services	97602	420	OP Therapy Dinuba	$ 225.00	$ 120.00	$ 184.14	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride/Nonselect - PTA/OTA Services	97602	420	OP Therapy Exeter	$ 225.00	$ 120.00	$ 184.14	$ 120.00	$ 207.00		
Service Item	Outpatient	Debride/Nonselect - PTA/OTA Services	97602	420	OP Therapy Lovers Ln	$ 225.00	$ 120.00	$ 184.14	$ 120.00	$ 207.00		
Service Item	Inpatient	Debride/Nonselect - PTA/OTA Services	97602	420	RH PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00		
Service Item	Inpatient	Debride/Nonselect - PTA/OTA Services	97602	420	SA PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00		
Service Item	Inpatient	Debride/Nonselect - PTA/OTA Services	97602	420	SN TC Ortho PT	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00		
Service Item	Inpatient	Debride/Nonselect - PTA/OTA Services	97602	420	SN TS PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00		
Service Item	Outpatient	decitabine 50 mg IV Inj	J0894	636	CD Infusion Clinic	$ 7,494.20	$ 4,496.52	$ 3,699.10	$ 4.26	$ 6,894.66		
Service Item	Inpatient and Outpatient	decitabine 50 mg IV Inj	J0894	636	MC Pharmacy	$ 7,494	$ 4,525	$ 3,699.10	$ 4	$ 6,895		
Service Item	Outpatient	decitabine 50 mg IV Inj	J0894	636	NC Urgent Care	$ 7,494.20	$ 4,525.47	$ 3,680.36	$ 4.26	$ 6,894.66		
Service Item	Outpatient	decitabine 50 mg IV Inj	J0894	636	SC Urgent Care	$ 7,494.20	$ 4,525.47	$ 3,699.10	$ 4.26	$ 6,894.66		
Service Item	Outpatient	Declot Vascular Device	36593	360	CD Infusion Clinic	$ 586.26	$ 341.51	$ 443.00	$ 341.51	$ 523.65		
Service Package	Inpatient	Declot Vascular Device	36593	360	MC 2N Cardiac Srvc	$ 586.26	Charges have been	$ 484.50	$ 358.73	$ 523.65		
Service Package	Inpatient	Declot Vascular Device	36593	360	MC 2S Med Surg	$ 586.26	Charges have been	$ 484.50	$ 358.73	$ 523.65		
Service Package	Inpatient	Declot Vascular Device	36593	360	MC 3N Surgical	$ 586.26	Charges have been	$ 484.50	$ 358.73	$ 523.65		
Service Package	Inpatient	Declot Vascular Device	36593	360	MC 3S Oncology	$ 586.26	Charges have been	$ 484.50	$ 358.73	$ 523.65		
Service Package	Inpatient	Declot Vascular Device	36593	360	MC 4N Med Renal	$ 586.26	Charges have been	$ 484.50	$ 358.73	$ 523.65		
Service Package	Inpatient	Declot Vascular Device	36593	360	MC 4S Ortho Surgery	$ 586.26	Charges have been	$ 484.50	$ 358.73	$ 523.65		
Service Package	Inpatient	Declot Vascular Device	36593	360	MC BP Broderick Pav	$ 586.26	Charges have been	$ 484.50	$ 358.73	$ 523.65		
Service Package	Inpatient	Declot Vascular Device	36593	360	MC PE Pediatrics	$ 586.26	Charges have been	$ 484.50	$ 358.73	$ 523.65		
Service Package	Inpatient and Outpatient	Declot Vascular Device	36593	360	MC PICC Procedures	$ 586	Charges have been	$ 484.50	$ 359	$ 524		
Service Item	Outpatient	deferoxamine 500 mg Inj	J0895	636	CD Infusion Clinic	$ 48.50	$ 29.10	$ 33.08	$ 11.48	$ 44.62		
Service Item	Inpatient and Outpatient	deferoxamine 500 mg Inj	J0895	636	MC Pharmacy	$ 49	$ 29	$ 33.08	$ 11	$ 45		
Service Item	Outpatient	deferoxamine 500 mg Inj	J0895	636	NC Urgent Care	$ 48.50	$ 29.10	$ 32.96	$ 11.48	$ 44.62		
Service Item	Outpatient	deferoxamine 500 mg Inj	J0895	636	SC Urgent Care	$ 48.50	$ 29.10	$ 33.08	$ 11.48	$ 44.62		
Service Package	Inpatient and Outpatient	Defib/Ep Eval	93640	481	MC Cath Lab Srvcs	$ 2,438	Charges have been	$ 2,234.00	$ 2,131	$ 2,178		
Service Package	Inpatient and Outpatient	Defib/Gen Remove	33241	360	MC Cath Lab Srvcs	$ 7,460	Charges have been	$ 5,541.21	$ 3,458	$ 5,244		
Service Package	Inpatient and Outpatient	Defib/Gen W/Dual Lead	33249	361	MC Cath Lab Srvcs	$ 64,565	Charges have been	$ 47,942.72	$ 36,856	$ 37,675		
Service Package	Inpatient and Outpatient	Defib/Gen W/Sgl Lead	33249	361	MC Cath Lab Srvcs	$ 64,565	Charges have been	$ 47,942.72	$ 36,856	$ 37,675		
Service Item	Inpatient and Outpatient	Dehydroepiandrosterone by TMS-ARUP	82626	300	MC Reference Lab	$ 28	$ 113	$ 54.07	$ 17	$ 248		
Service Package	Inpatient	Delivery/Recovery		720	MC 2E Labor & Dlvry	$ 3,723.47	Charges have been	#N/A	$ 3,161.44	$ 3,231.69		
Service Package	Inpatient and Outpatient	Delivery/Recovery		720	MC Lbr & Dlvy Rev	$ 3,723	Charges have been	#N/A	$ 3,161	$ 3,232		
Service Item	Outpatient	denosumab 120 mg/1.7 mL SubQ Inj	J0897	636	CD Infusion Clinic	$ 8,913.10	$ 5,347.86	$ 4,398.51	$ 19.48	$ 8,200.05		
Service Item	Inpatient and Outpatient	denosumab 120 mg/1.7 mL SubQ Inj	J0897	636	MC Pharmacy	$ 8,913	$ 5,369	$ 4,398.51	$ 19	$ 8,200		
Service Item	Outpatient	denosumab 120 mg/1.7 mL SubQ Inj	J0897	636	NC Urgent Care	$ 8,913.10	$ 5,369.39	$ 4,376.23	$ 19.48	$ 8,200.05		
Service Item	Outpatient	denosumab 120 mg/1.7 mL SubQ Inj	J0897	636	SC Urgent Care	$ 8,913.10	$ 5,369.39	$ 4,398.51	$ 19.48	$ 8,200.05		
Service Item	Outpatient	denosumab 60 mg/mL Sol	J0897	636	CD Infusion Clinic	$ 4,941.55	$ 2,964.93	$ 2,970.74	$ 19.48	$ 6,051.99		
Service Item	Inpatient and Outpatient	denosumab 60 mg/mL Sol	J0897	636	MC Pharmacy	$ 4,942	$ 2,986	$ 2,970.74	$ 19	$ 6,052		
Service Item	Outpatient	denosumab 60 mg/mL Sol	J0897	636	NC Urgent Care	$ 4,941.55	$ 2,986.46	$ 2,958.38	$ 19.48	$ 6,051.99		
Service Item	Outpatient	denosumab 60 mg/mL Sol	J0897	636	SC Urgent Care	$ 4,941.55	$ 2,986.46	$ 2,970.74	$ 19.48	$ 6,051.99		
Service Package	Inpatient and Outpatient	Dermagraft Skin Sub	Q4106	636	MC Central Supply	$ 2,628	Charges have been	$ 4,089.86	$ 2,365	$ 2,418		
Service Item	Outpatient	Dermapure Per Sq Cm	Q4152	278	OP Wound Center	$ 412.00	$ 247.20	$ 410.66	$ 112.85	$ 575.74		
Service Package	Inpatient and Outpatient	Dermapure Tissue 1X2Cm	Q4152	278	MC Central Supply	$ 856	Charges have been	$ 792.43	$ 763	$ 780		
Service Package	Inpatient and Outpatient	Dermapure Tissue 2X2Cm	Q4152	278	MC Central Supply	$ 1,183	Charges have been	$ 1,013.57	$ 1,054	$ 1,077		
Service Package	Inpatient and Outpatient	Dermapure Tissue 2X3Cm	Q4152	278	MC Central Supply	$ 1,321	Charges have been	$ 1,107.62	$ 1,178	$ 1,204		
Service Package	Inpatient and Outpatient	Dermapure Tissue 3X4Cm	Q4152	278	MC Central Supply	$ 4,361	Charges have been	$ 3,167.97	$ 3,886	$ 3,973		
Service Package	Inpatient and Outpatient	Dermapure Tissue 4X6Cm	Q4152	278	MC Central Supply	$ 5,366	Charges have been	$ 3,849.00	$ 4,782	$ 4,888		
Service Item	Inpatient and Outpatient	Des-gamma-carboxy Prothrombin-ARUP	83951	300	MC Reference Lab	$ 70	$ 292	$ 139.03	$ 42	$ 633		
Service Item	Outpatient	desmopressin 4 mcg/mL Inj 1 mL	J2597	636	CD Infusion Clinic	$ 390.75	$ 234.45	$ 199.19	$ 9.61	$ 359.49		
Service Item	Inpatient and Outpatient	desmopressin 4 mcg/mL Inj 1 mL	J2597	636	MC Pharmacy	$ 391	$ 234	$ 199.19	$ 10	$ 359		
Service Item	Outpatient	desmopressin 4 mcg/mL Inj 1 mL	J2597	636	NC Urgent Care	$ 390.75	$ 234.45	$ 198.21	$ 9.61	$ 359.49		
Service Item	Outpatient	desmopressin 4 mcg/mL Inj 1 mL	J2597	636	SC Urgent Care	$ 390.75	$ 234.45	$ 199.19	$ 9.61	$ 359.49		
Service Item	Outpatient	desmopressin 4 mcg/mL Inj 10 mL	J2597	636	CD Infusion Clinic	$ 2,607.00	$ 1,564.20	$ 995.93	$ 9.61	$ 2,398.44		
Service Item	Inpatient and Outpatient	desmopressin 4 mcg/mL Inj 10 mL	J2597	636	MC Pharmacy	$ 2,607	$ 1,586	$ 995.93	$ 10	$ 2,398		
Service Item	Outpatient	desmopressin 4 mcg/mL Inj 10 mL	J2597	636	NC Urgent Care	$ 2,607.00	$ 1,585.80	$ 989.41	$ 9.61	$ 2,398.44		
Service Item	Outpatient	desmopressin 4 mcg/mL Inj 10 mL	J2597	636	SC Urgent Care	$ 2,607.00	$ 1,585.80	$ 995.93	$ 9.61	$ 2,398.44		
Service Item	Outpatient	Destr M Les Snhfg 0.5Cm<	17270	510	SFM Family Medicine	$ 443.65	$ 258.44	$ 335.27	$ 202.46	$ 396.27		
Service Item	Outpatient	Destr M Les T/A/L 3.1-4Cm	17264	510	SFM Family Medicine	$ 443.65	$ 258.44	$ 352.05	$ 258.44	$ 396.27		
Service Item	Outpatient	Destroy Premal Lesion 15+	17004	510	SFM Family Medicine	$ 552.38	$ 321.77	$ 429.25	$ 321.77	$ 493.39		
Service Package	Inpatient and Outpatient	Destruct Skin Lesion/Wart		450	MC Emergency	$ 73	Charges have been	#N/A	$ 64	$ 66		
Service Item	Outpatient	Destruction of Skin Legions T/A/L; 0.0 - 0.5cm	17260	510	SFM Family Medicine	$ 327.82	$ 190.96	$ 253.02	$ 190.96	$ 292.81		
Service Item	Outpatient	Destruction Of Skin Lesions F/E/E/N/L/MM Dia (	17280	510	SFM Family Medicine	$ 327.82	$ 190.96	$ 253.02	$ 190.96	$ 292.81		
Service Item	Outpatient	Destruction Of Skin Lesions F/E/E/N/L/MM Dia (	17281	510	SFM Family Medicine	$ 595.54	$ 346.91	$ 459.90	$ 346.91	$ 531.93		
Service Item	Outpatient	Destruction Of Skin Lesions F/E/E/N/L/MM Dia 1	17282	510	SFM Family Medicine	$ 595.54	$ 346.91	$ 459.90	$ 346.91	$ 531.93		
Service Item	Outpatient	Destruction Of Skin Lesions S/N/H/F/G Dia 0.6-1	17271	510	SFM Family Medicine	$ 273.19	$ 159.14	$ 214.23	$ 159.14	$ 244.01		
Service Item	Outpatient	Destruction Of Skin Lesions S/N/H/F/G Dia 1.1-2	17272	510	SFM Family Medicine	$ 284.10	$ 165.50	$ 221.98	$ 165.50	$ 253.76		
Service Item	Outpatient	Destruction Of Skin Lesions T/A/L Lesion Dia 0.6	17261	510	SFM Family Medicine	$ 284.10	$ 165.50	$ 221.98	$ 165.50	$ 253.76		
Service Item	Outpatient	Devel Test Admin Ea Addl 30 Min	96113	918	SFM Family Medicine	$ 180.25	$ 105.00	$ 137.90	$ 54.80	$ 161.00		
Service Item	Outpatient	Developmental Test Admin 1st Hr	96112	918	SFM Family Medicine	$ 334.75	$ 195.00	$ 241.23	$ 117.75	$ 299.00		
Service Package	Inpatient and Outpatient	Device Advancer	C1894	272	MC Central Supply	$ 1,460	Charges have been	$ 1,351.37	$ 1,301	$ 1,330		
Service Package	Inpatient and Outpatient	Device Burr	C1724	272	MC Central Supply	$ 5,229	Charges have been	$ 4,838.59	$ 4,660	$ 4,763		
Service Package	Inpatient and Outpatient	Device Distl Protect	C1884	272	MC Central Supply	$ 6,902	Charges have been	$ 6,386.52	$ 6,150	$ 6,287		
Service Package	Inpatient and Outpatient	Device Sept Defect Sys	C1817	278	MC Central Supply	$ 12,923	Charges have been	$ 11,957.31	$ 11,515	$ 11,771		
Service Item	Outpatient	dexamethasone 0.5 mg Tab	J8540	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.26	$ 0.16	$ 11.13		
Service Item	Inpatient and Outpatient	dexamethasone 0.5 mg Tab	J8540	250	MC Pharmacy	$ 12	$ 7	$ 7.26	$ 0	$ 11		
Service Item	Outpatient	dexamethasone 0.5 mg Tab	J8540	250	NC Urgent Care	$ 12.10	$ 7.26	$ 7.23	$ 0.16	$ 11.13		
Service Item	Outpatient	dexamethasone 0.5 mg Tab	J8540	250	SC Urgent Care	$ 12.10	$ 7.26	$ 7.26	$ 0.16	$ 11.13		
Service Item	Outpatient	dexamethasone 0.5 mg/5 mL Oral Liquid 5 mL	J8540	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.26	$ 0.16	$ 11.13		
Service Item	Inpatient and Outpatient	dexamethasone 0.5 mg/5 mL Oral Liquid 5 mL	J8540	250	MC Pharmacy	$ 12	$ 7	$ 7.26	$ 0	$ 11		
Service Item	Outpatient	dexamethasone 0.5 mg/5 mL Oral Liquid 5 mL	J8540	250	NC Urgent Care	$ 12.10	$ 7.26	$ 7.23	$ 0.16	$ 11.13		
Service Item	Outpatient	dexamethasone 0.5 mg/5 mL Oral Liquid 5 mL	J8540	250	SC Urgent Care	$ 12.10	$ 7.26	$ 7.26	$ 0.16	$ 11.13		
Service Item	Outpatient	dexamethasone 0.75 mg Tab	J8540	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.26	$ 0.16	$ 11.13		
Service Item	Inpatient and Outpatient	dexamethasone 0.75 mg Tab	J8540	250	MC Pharmacy	$ 12	$ 7	$ 7.26	$ 0	$ 11		
Service Item	Outpatient	dexamethasone 0.75 mg Tab	J8540	250	NC Urgent Care	$ 12.10	$ 7.26	$ 7.23	$ 0.16	$ 11.13		
Service Item	Outpatient	dexamethasone 0.75 mg Tab	J8540	250	SC Urgent Care	$ 12.10	$ 7.26	$ 7.26	$ 0.16	$ 11.13		
Service Item	Outpatient	dexamethasone 1 mg/mL Oral Conc 1 mL	J8540	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.26	$ 0.16	$ 11.13		
Service Item	Inpatient and Outpatient	dexamethasone 1 mg/mL Oral Conc 1 mL	J8540	636	MC Pharmacy	$ 12	$ 8	$ 7.26	$ 0	$ 11		
Service Item	Outpatient	dexamethasone 1 mg/mL Oral Conc 1 mL	J8540	636	NC Urgent Care	$ 12.10	$ 7.64	$ 7.23	$ 0.16	$ 11.13		
Service Item	Outpatient	dexamethasone 1 mg/mL Oral Conc 1 mL	J8540	636	SC Urgent Care	$ 12.10	$ 7.64	$ 7.26	$ 0.16	$ 11.13		
Service Item	Outpatient	dexamethasone 10 mg/mL Inj 1 mL	J1100	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.03	$ 0.21	$ 11.13		
Service Item	Inpatient and Outpatient	dexamethasone 10 mg/mL Inj 1 mL	J1100	636	MC Pharmacy	$ 12	$ 7	$ 8.03	$ 0	$ 11		
Service Item	Outpatient	dexamethasone 10 mg/mL Inj 1 mL	J1100	636	NC Urgent Care	$ 12.10	$ 7.26	$ 8.00	$ 0.21	$ 11.13		
Service Item	Outpatient	dexamethasone 10 mg/mL Inj 1 mL	J1100	636	SC Urgent Care	$ 12.10	$ 7.26	$ 8.03	$ 0.21	$ 11.13		
Service Item	Outpatient	dexamethasone 10 mg/mL Inj 1 mL	J1100	636	SFM Family Medicine	$ 12.10	$ 7.26	$ 8.00	$ 0.21	$ 11.13		
Service Item	Outpatient	dexamethasone 10 mg/mL Inj 10 mL	J1100	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.03	$ 0.21	$ 11.13		
Service Item	Inpatient and Outpatient	dexamethasone 10 mg/mL Inj 10 mL	J1100	636	MC Pharmacy	$ 12	$ 9	$ 8.03	$ 0	$ 11		
Service Item	Outpatient	dexamethasone 10 mg/mL Inj 10 mL	J1100	636	NC Urgent Care	$ 12.10	$ 8.76	$ 8.00	$ 0.21	$ 11.13		

Service Item	Outpatient	dexamethasone 10 mg/mL Inj 10 mL	J1100	636	SC Urgent Care	$ 12.10	$ 8.76	$ 8.03	$ 0.21	$ 11.13
Service Item	Outpatient	dexamethasone 4 mg Tab	J8540	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.26	$ 0.16	$ 11.13
Service Item	Inpatient and Outpatient	dexamethasone 4 mg Tab	J8540	250	MC Pharmacy	$ 12	$ 7	$ 7.26	$ 0	$ 11
Service Item	Outpatient	dexamethasone 4 mg Tab	J8540	250	NC Urgent Care	$ 12.10	$ 7.26	$ 7.23	$ 0.16	$ 11.13
Service Item	Outpatient	dexamethasone 4 mg Tab	J8540	250	SC Urgent Care	$ 12.10	$ 7.26	$ 7.26	$ 0.16	$ 11.13
Service Item	Outpatient	dexamethasone 4 mg/mL Inj 1 mL	J1100	636	CD Infusion Clinic	$ 14.95	$ 8.97	$ 9.05	$ 0.21	$ 13.75
Service Item	Inpatient and Outpatient	dexamethasone 4 mg/mL Inj 1 mL	J1100	636	MC Pharmacy	$ 15	$ 9	$ 9.05	$ 0	$ 14
Service Item	Outpatient	dexamethasone 4 mg/mL Inj 1 mL	J1100	636	NC Urgent Care	$ 14.95	$ 8.97	$ 9.02	$ 0.21	$ 13.75
Service Item	Outpatient	dexamethasone 4 mg/mL Inj 1 mL	J1100	636	SC Urgent Care	$ 14.95	$ 8.97	$ 9.05	$ 0.21	$ 13.75
Service Item	Outpatient	dexamethasone 4 mg/mL Inj 1 mL	J1100	636	SFM Family Medicine	$ 14.95	$ 8.97	$ 9.02	$ 0.21	$ 13.75
Service Item	Outpatient	dexamethasone 4 mg/mL Inj 5 mL	J1100	636	CD Infusion Clinic	$ 35.80	$ 21.48	$ 16.55	$ 0.21	$ 32.94
Service Item	Inpatient and Outpatient	dexamethasone 4 mg/mL Inj 5 mL	J1100	636	MC Pharmacy	$ 36	$ 21	$ 16.55	$ 0	$ 33
Service Item	Outpatient	dexamethasone 4 mg/mL Inj 5 mL	J1100	636	NC Urgent Care	$ 35.80	$ 21.48	$ 16.46	$ 0.21	$ 32.94
Service Item	Outpatient	dexamethasone 4 mg/mL Inj 5 mL	J1100	636	SC Urgent Care	$ 35.80	$ 21.48	$ 16.55	$ 0.21	$ 32.94
Service Item	Inpatient and Outpatient	dexamethasone 6mg tab	J8540	636	MC Pharmacy	$ 12	$ 7	$ 7.26	$ 0	$ 11
Service Item	Inpatient and Outpatient	Dexamethasone by LC-MS/MS-ARUP	80299	300	MC Reference Lab	$ 13	$ 65	$ 29.87	$ 8	$ 148
Service Item	Outpatient	dexamethasone IV (PED) 0.2 mg/mL	J1100	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.03	$ 0.21	$ 11.13
Service Item	Inpatient and Outpatient	dexamethasone IV (PED) 0.2 mg/mL	J1100	636	MC Pharmacy	$ 12	$ 9	$ 8.03	$ 0	$ 11
Service Item	Outpatient	dexamethasone IV (PED) 0.2 mg/mL	J1100	636	NC Urgent Care	$ 12.10	$ 8.76	$ 8.00	$ 0.21	$ 11.13
Service Item	Outpatient	dexamethasone IV (PED) 0.2 mg/mL	J1100	636	SC Urgent Care	$ 12.10	$ 8.76	$ 8.03	$ 0.21	$ 11.13
Service Item	Outpatient	dexamethasone PF 10 mg/mL Inj 1 mL	J1100	636	CD Infusion Clinic	$ 35.60	$ 21.36	$ 16.48	$ 0.21	$ 32.75
Service Item	Inpatient and Outpatient	dexamethasone PF 10 mg/mL Inj 1 mL	J1100	636	MC Pharmacy	$ 36	$ 23	$ 16.48	$ 0	$ 33
Service Item	Outpatient	dexamethasone PF 10 mg/mL Inj 1 mL	J1100	636	NC Urgent Care	$ 35.60	$ 22.86	$ 16.39	$ 0.21	$ 32.75
Service Item	Outpatient	dexamethasone PF 10 mg/mL Inj 1 mL	J1100	636	SC Urgent Care	$ 35.60	$ 22.86	$ 16.48	$ 0.21	$ 32.75
Service Item	Outpatient	dexmedeTOMidine 100 mcg/mL Inj 2 mL	J3490	636	CD Infusion Clinic	$ 235.85	$ 141.51	$ 144.24	$ 23.14	$ 216.98
Service Item	Inpatient and Outpatient	dexmedeTOMidine 100 mcg/mL Inj 2 mL	J3490	636	MC Pharmacy	$ 236	$ 142	$ 144.24	$ 23	$ 217
Service Item	Outpatient	dexmedeTOMidine 100 mcg/mL Inj 2 mL	J3490	636	NC Urgent Care	$ 235.85	$ 141.51	$ 143.65	$ 23.14	$ 216.98
Service Item	Outpatient	dexmedeTOMidine 100 mcg/mL Inj 2 mL	J3490	636	SC Urgent Care	$ 235.85	$ 141.51	$ 144.24	$ 23.14	$ 216.98
Service Item	Outpatient	dexmedeTOMidine 400 mcg/Sodium Chloride 0.	J3490	636	CD Infusion Clinic	$ 446.40	$ 267.84	$ 265.27	$ 23.14	$ 410.69
Service Item	Inpatient and Outpatient	dexmedeTOMidine 400 mcg/Sodium Chloride 0.	J3490	636	MC Pharmacy	$ 446	$ 268	$ 265.27	$ 23	$ 411
Service Item	Outpatient	dexmedeTOMidine 400 mcg/Sodium Chloride 0.	J3490	636	NC Urgent Care	$ 446.40	$ 267.84	$ 264.16	$ 23.14	$ 410.69
Service Item	Outpatient	dexmedeTOMidine 400 mcg/Sodium Chloride 0.	J3490	636	SC Urgent Care	$ 446.40	$ 267.84	$ 265.27	$ 23.14	$ 410.69
Service Item	Outpatient	dexrazoxane 250 mg Inj	J1190	636	CD Infusion Clinic	$ 1,530.35	$ 918.21	$ 868.55	$ 199.93	$ 1,407.92
Service Item	Inpatient and Outpatient	dexrazoxane 250 mg Inj	J1190	636	MC Pharmacy	$ 1,530	$ 918	$ 868.55	$ 200	$ 1,408
Service Item	Outpatient	dexrazoxane 250 mg Inj	J1190	636	NC Urgent Care	$ 1,530.35	$ 918.21	$ 864.72	$ 199.93	$ 1,407.92
Service Item	Outpatient	dexrazoxane 250 mg Inj	J1190	636	SC Urgent Care	$ 1,530.35	$ 918.21	$ 868.55	$ 199.93	$ 1,407.92
Service Item	Outpatient	Dextrose 10% Water 1,000 mL	J3490	636	CD Infusion Clinic	$ 41.35	$ 24.81	$ 32.44	$ 23.14	$ 38.04
Service Item	Inpatient and Outpatient	Dextrose 10% Water 1,000 mL	J3490	636	MC Pharmacy	$ 41	$ 25	$ 32.44	$ 23	$ 38
Service Item	Outpatient	Dextrose 10% Water 1,000 mL	J3490	636	NC Urgent Care	$ 41.35	$ 24.81	$ 32.34	$ 23.14	$ 38.04
Service Item	Outpatient	Dextrose 10% Water 1,000 mL	J3490	636	SC Urgent Care	$ 41.35	$ 24.81	$ 32.44	$ 23.14	$ 38.04
Service Item	Inpatient and Outpatient	Dextrose 10%/Trophamine3% NICU TPN	J3490	636	MC Pharmacy	$ 1,095	$ 657	$ 638.30	$ 23	$ 1,008
Service Item	Outpatient	Dextrose 10%/Trophamine3%/Heparin NICU TP	J3490	636	CD Infusion Clinic	$ 1,107.45	$ 664.47	$ 645.26	$ 23.14	$ 1,018.85
Service Item	Inpatient and Outpatient	Dextrose 10%/Trophamine3%/Heparin NICU TP	J3490	636	MC Pharmacy	$ 1,107	$ 664	$ 645.26	$ 23	$ 1,019
Service Item	Outpatient	Dextrose 10%/Trophamine3%/Heparin NICU TP	J3490	636	NC Urgent Care	$ 1,107.45	$ 664.47	$ 642.49	$ 23.14	$ 1,018.85
Service Item	Outpatient	Dextrose 10%/Trophamine3%/Heparin NICU TP	J3490	636	SC Urgent Care	$ 1,107.45	$ 664.47	$ 645.26	$ 23.14	$ 1,018.85
Service Item	Outpatient	Dextrose 12.5/Trophamine3% NICU TPN	J3490	636	CD Infusion Clinic	$ 22.60	$ 13.56	$ 21.66	$ 13.56	$ 27.98
Service Item	Inpatient and Outpatient	Dextrose 12.5/Trophamine3% NICU TPN	J3490	636	MC Pharmacy	$ 23	$ 14	$ 21.66	$ 14	$ 28
Service Item	Outpatient	Dextrose 12.5/Trophamine3% NICU TPN	J3490	636	NC Urgent Care	$ 22.60	$ 13.56	$ 21.61	$ 13.56	$ 27.98
Service Item	Outpatient	Dextrose 12.5/Trophamine3% NICU TPN	J3490	636	SC Urgent Care	$ 22.60	$ 13.56	$ 21.66	$ 13.56	$ 27.98
Service Item	Outpatient	Dextrose 20% Water 500 mL	J7799	636	CD Infusion Clinic	$ 75.60	$ 45.36	$ 46.88	$ 9.56	$ 69.55
Service Item	Inpatient and Outpatient	Dextrose 20% Water 500 mL	J7799	636	MC Pharmacy	$ 76	$ 45	$ 46.88	$ 10	$ 70
Service Item	Outpatient	Dextrose 20% Water 500 mL	J7799	636	NC Urgent Care	$ 75.60	$ 45.36	$ 41.75	$ 9.56	$ 69.55
Service Item	Outpatient	Dextrose 20% Water 500 mL	J7799	636	SC Urgent Care	$ 75.60	$ 45.36	$ 41.94	$ 9.56	$ 69.55
Service Item	Outpatient	Dextrose 25% Syringe 10 mL	J3490	636	CD Infusion Clinic	$ 49.45	$ 29.67	$ 37.10	$ 23.14	$ 45.49
Service Item	Inpatient and Outpatient	Dextrose 25% Syringe 10 mL	J3490	636	MC Pharmacy	$ 49	$ 30	$ 37.10	$ 23	$ 45
Service Item	Outpatient	Dextrose 25% Syringe 10 mL	J3490	636	NC Urgent Care	$ 49.45	$ 29.67	$ 36.97	$ 23.14	$ 45.49
Service Item	Outpatient	Dextrose 25% Syringe 10 mL	J3490	636	SC Urgent Care	$ 49.45	$ 29.67	$ 37.10	$ 23.14	$ 45.49
Service Item	Outpatient	Dextrose 5% Water (Pab) 25 mL	J7060	636	CD Infusion Clinic	$ 54.30	$ 32.58	$ 28.46	$ 1.60	$ 49.96
Service Item	Inpatient and Outpatient	Dextrose 5% Water (Pab) 25 mL	J7060	636	MC Pharmacy	$ 54	$ 43	$ 28.46	$ 2	$ 50
Service Item	Outpatient	Dextrose 5% Water (Pab) 25 mL	J7060	636	NC Urgent Care	$ 54.30	$ 43.31	$ 28.32	$ 1.60	$ 49.96
Service Item	Outpatient	Dextrose 5% Water (Pab) 25 mL	J7060	636	SC Urgent Care	$ 54.30	$ 43.31	$ 28.46	$ 1.60	$ 49.96
Service Item	Outpatient	Dextrose 5%/0.2% Sodium Chloride/KCl 20 mEq	J3490	636	CD Infusion Clinic	$ 51.05	$ 30.63	$ 38.02	$ 23.14	$ 46.97
Service Item	Inpatient and Outpatient	Dextrose 5%/0.2% Sodium Chloride/KCl 20 mEq	J3490	636	MC Pharmacy	$ 51	$ 31	$ 38.02	$ 23	$ 47
Service Item	Outpatient	Dextrose 5%/0.2% Sodium Chloride/KCl 20 mEq	J3490	636	NC Urgent Care	$ 51.05	$ 30.63	$ 37.89	$ 23.14	$ 46.97
Service Item	Outpatient	Dextrose 5%/0.2% Sodium Chloride/KCl 20 mEq	J3490	636	SC Urgent Care	$ 51.05	$ 30.63	$ 38.02	$ 23.14	$ 46.97
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 10 mE	J3490	636	CD Infusion Clinic	$ 53.15	$ 31.89	$ 39.22	$ 23.14	$ 48.90
Service Item	Inpatient and Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 10 mE	J3490	636	MC Pharmacy	$ 53	$ 32	$ 39.22	$ 23	$ 49
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 10 mE	J3490	636	NC Urgent Care	$ 53.15	$ 31.89	$ 39.09	$ 23.14	$ 48.90
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 10 mE	J3490	636	SC Urgent Care	$ 53.15	$ 31.89	$ 39.22	$ 23.14	$ 48.90
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 20 mE	J3490	636	CD Infusion Clinic	$ 32.40	$ 19.44	$ 27.30	$ 19.44	$ 29.81
Service Item	Inpatient and Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 20 mE	J3490	636	MC Pharmacy	$ 32	$ 19	$ 27.30	$ 19	$ 30
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 20 mE	J3490	636	NC Urgent Care	$ 32.40	$ 19.44	$ 27.22	$ 19.44	$ 29.81
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 20 mE	J3490	636	SC Urgent Care	$ 32.40	$ 19.44	$ 27.30	$ 19.44	$ 29.81
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 30 mE	J3490	636	CD Infusion Clinic	$ 52.00	$ 31.20	$ 38.56	$ 23.14	$ 47.84
Service Item	Inpatient and Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 30 mE	J3490	636	MC Pharmacy	$ 52	$ 31	$ 38.56	$ 23	$ 48
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 30 mE	J3490	636	NC Urgent Care	$ 52.00	$ 31.20	$ 38.43	$ 23.14	$ 47.84
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 30 mE	J3490	636	SC Urgent Care	$ 52.00	$ 31.20	$ 38.56	$ 23.14	$ 47.84
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 40 mE	J3490	636	CD Infusion Clinic	$ 53.45	$ 32.07	$ 39.40	$ 23.14	$ 49.17
Service Item	Inpatient and Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 40 mE	J3490	636	MC Pharmacy	$ 53	$ 32	$ 39.40	$ 23	$ 49
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 40 mE	J3490	636	NC Urgent Care	$ 53.45	$ 32.07	$ 39.26	$ 23.14	$ 49.17
Service Item	Outpatient	Dextrose 5%/0.45% Sodium Chloride/KCl 40 mE	J3490	636	SC Urgent Care	$ 53.45	$ 32.07	$ 39.40	$ 23.14	$ 49.17
Service Item	Outpatient	Dextrose 5%/0.9% Sodium Chloride/KCl 20 mEq	J3480	636	CD Infusion Clinic	$ 51.25	$ 30.75	$ 22.48	$ 0.26	$ 47.15
Service Item	Inpatient and Outpatient	Dextrose 5%/0.9% Sodium Chloride/KCl 20 mEq	J3480	636	MC Pharmacy	$ 51	$ 31	$ 22.48	$ 0	$ 47
Service Item	Outpatient	Dextrose 5%/0.9% Sodium Chloride/KCl 20 mEq	J3480	636	NC Urgent Care	$ 51.25	$ 30.75	$ 22.35	$ 0.26	$ 47.15
Service Item	Outpatient	Dextrose 5%/0.9% Sodium Chloride/KCl 20 mEq	J3480	636	SC Urgent Care	$ 51.25	$ 30.75	$ 22.48	$ 0.26	$ 47.15
Service Item	Outpatient	Dextrose 5%/0.9% Sodium Chloride/KCl 40 mEq	J3480	636	CD Infusion Clinic	$ 78.10	$ 46.86	$ 32.14	$ 0.26	$ 71.85
Service Item	Inpatient and Outpatient	Dextrose 5%/0.9% Sodium Chloride/KCl 40 mEq	J3480	636	MC Pharmacy	$ 78	$ 47	$ 32.14	$ 0	$ 72
Service Item	Outpatient	Dextrose 5%/0.9% Sodium Chloride/KCl 40 mEq	J3480	636	NC Urgent Care	$ 78.10	$ 46.86	$ 31.94	$ 0.26	$ 71.85
Service Item	Outpatient	Dextrose 5%/0.9% Sodium Chloride/KCl 40 mEq	J3480	636	SC Urgent Care	$ 78.10	$ 46.86	$ 32.14	$ 0.26	$ 71.85
Service Item	Outpatient	Dextrose 5%/Lactated Ringers/KCl 20 mEq 1,00(	J3480	636	CD Infusion Clinic	$ 48.50	$ 29.10	$ 21.49	$ 0.26	$ 44.62
Service Item	Inpatient and Outpatient	Dextrose 5%/Lactated Ringers/KCl 20 mEq 1,00(	J3480	636	MC Pharmacy	$ 49	$ 29	$ 21.49	$ 0	$ 45
Service Item	Outpatient	Dextrose 5%/Lactated Ringers/KCl 20 mEq 1,00(	J3480	636	NC Urgent Care	$ 48.50	$ 29.10	$ 21.37	$ 0.26	$ 44.62
Service Item	Outpatient	Dextrose 5%/Lactated Ringers/KCl 20 mEq 1,00(	J3480	636	SC Urgent Care	$ 48.50	$ 29.10	$ 21.49	$ 0.26	$ 44.62
Service Item	Outpatient	Dextrose 50% IV Syringe 50 mL	J3490	636	CD Infusion Clinic	$ 54.05	$ 32.43	$ 39.74	$ 23.14	$ 49.73
Service Item	Inpatient and Outpatient	Dextrose 50% IV Syringe 50 mL	J3490	636	MC Pharmacy	$ 54	$ 32	$ 39.74	$ 23	$ 50
Service Item	Outpatient	Dextrose 50% IV Syringe 50 mL	J3490	636	NC Urgent Care	$ 54.05	$ 32.43	$ 39.61	$ 23.14	$ 49.73
Service Item	Outpatient	Dextrose 50% IV Syringe 50 mL	J3490	636	SC Urgent Care	$ 54.05	$ 32.43	$ 39.74	$ 23.14	$ 49.73
Service Item	Outpatient	Dextrose 50% Vial 50 mL	J7799	636	CD Infusion Clinic	$ 14.70	$ 8.82	$ 11.87	$ 8.82	$ 13.52
Service Item	Inpatient and Outpatient	Dextrose 50% Vial 50 mL	J7799	636	MC Pharmacy	$ 15	$ 9	$ 11.87	$ 9	$ 14
Service Item	Outpatient	Dextrose 50% Vial 50 mL	J7799	636	NC Urgent Care	$ 14.70	$ 8.82	$ 10.88	$ 7.35	$ 13.52
Service Item	Outpatient	Dextrose 50% Vial 50 mL	J7799	636	SC Urgent Care	$ 14.70	$ 8.82	$ 10.91	$ 7.35	$ 13.52
Service Item	Outpatient	Dextrose 70% in Water 2,000 mL	J3490	636	CD Infusion Clinic	$ 89.50	$ 53.70	$ 60.12	$ 23.14	$ 82.34
Service Item	Inpatient and Outpatient	Dextrose 70% in Water 2,000 mL	J3490	636	MC Pharmacy	$ 90	$ 54	$ 60.12	$ 23	$ 82
Service Item	Outpatient	Dextrose 70% in Water 2,000 mL	J3490	636	NC Urgent Care	$ 89.50	$ 53.70	$ 59.89	$ 23.14	$ 82.34
Service Item	Outpatient	Dextrose 70% in Water 2,000 mL	J3490	636	SC Urgent Care	$ 89.50	$ 53.70	$ 60.12	$ 23.14	$ 82.34
Service Item	Outpatient	Dextrose 70% in Water IV Soln 500 mL	J3490	636	CD Infusion Clinic	$ 103.15	$ 61.89	$ 67.96	$ 23.14	$ 94.90
Service Item	Inpatient and Outpatient	Dextrose 70% in Water IV Soln 500 mL	J3490	636	MC Pharmacy	$ 103	$ 62	$ 67.96	$ 23	$ 95
Service Item	Outpatient	Dextrose 70% in Water IV Soln 500 mL	J3490	636	NC Urgent Care	$ 103.15	$ 61.89	$ 67.71	$ 23.14	$ 94.90
Service Item	Outpatient	Dextrose 70% in Water IV Soln 500 mL	J3490	636	SC Urgent Care	$ 103.15	$ 61.89	$ 67.96	$ 23.14	$ 94.90
Service Item	Outpatient	Dg Mam Bilat Call Back	77066	401	IC Breast Center	$ 544.99	$ 450.27	$ 465.98	$ 352.14	$ 529.12
Service Item	Outpatient	Dg Mam Implnt Bilat Diag	77066	401	IC Breast Center	$ 544.99	$ 450.27	$ 465.98	$ 352.14	$ 529.12
Service Item	Outpatient	Dg Mam Implnt Uni Lt Diag	77065	401	IC Breast Center	$ 436.28	$ 351.72	$ 368.16	$ 240.47	$ 423.57
Service Item	Outpatient	Dg Mam Implnt Uni Rt Diag	77065	401	IC Breast Center	$ 436.28	$ 351.72	$ 368.16	$ 240.47	$ 423.57
Service Item	Outpatient	Dg Mam Male Bilat Diag	77066	401	IC Breast Center	$ 544.99	$ 450.27	$ 465.98	$ 352.14	$ 529.12
Service Item	Outpatient	Dg Mam Male Uni Lt Diag	77065	401	IC Breast Center	$ 436.28	$ 351.72	$ 368.16	$ 240.47	$ 423.57
Service Item	Outpatient	Dg Mam Male Uni Rt Diag	77065	401	IC Breast Center	$ 436.28	$ 351.72	$ 368.16	$ 240.47	$ 423.57
Service Item	Outpatient	Dg Mam Uni Lt Call Back	77065	401	IC Breast Center	$ 436.28	$ 351.72	$ 368.16	$ 240.47	$ 423.57
Service Item	Outpatient	Dg Mam Uni Rt Call Back	77065	401	IC Breast Center	$ 436.28	$ 351.72	$ 368.16	$ 240.47	$ 423.57

Service Item	Outpatient	Dgtl Mam Implnt Screening	77067	403	IC Breast Center	$ 344.21	$ 371.85	$ 431.37	$ 262.67	$ 1,333.36
Service Item	Outpatient	Dgtl Mam Uni Lt Diag	77065	401	IC Breast Center	$ 436.28	$ 351.72	$ 368.16	$ 240.47	$ 423.57
Service Item	Outpatient	Dgtl Mam Uni Rt Diag	77065	401	IC Breast Center	$ 436.28	$ 351.72	$ 368.16	$ 240.47	$ 423.57
Service Item	Outpatient	Dgtl Mammo Bilat Diag	77066	401	IC Breast Center	$ 544.99	$ 450.27	$ 465.98	$ 352.14	$ 529.12
Service Item	Outpatient	Dgtl Mammo Screening	77067	403	IC Breast Center	$ 344.21	$ 371.85	$ 431.37	$ 262.67	$ 1,333.36
Service Item	Outpatient	Dgtl Mammo Unilat Screen	77067	403	IC Breast Center	$ 344.21	$ 371.85	$ 315.00	$ 262.67	$ 371.85
Service Item	Inpatient and Outpatient	DHEA Sulfate-ARUP	82627	300	MC Reference Lab	$ 20	$ 99	$ 44.46	$ 12	$ 219
Service Item	Outpatient	Diab Ed/Group 30 Min	G0109	942	CD Diabetic Clinic	$ 68.85	$ 40.10	$ 44.87	$ 14.28	$ 61.49
Service Item	Outpatient	Diab/Nutritional Ed 30Min	G0108	942	CD Diabetic Clinic	$ 131.94	$ 76.86	$ 86.82	$ 25.93	$ 117.85
Service Package	Inpatient and Outpatient	Dialysis Circuit Embolj	36909	320	MC Cath Lab Srvcs	$ 12,909	Charges have been	$ 11,826.72	$ 11,280	$ 11,530
Service Package	Inpatient	Dialysis Esrd/Unscheduled	G0257	821	MC Acute Dialysis	$ 798.51	Charges have been	$ 723.15	$ 697.73	$ 741.60
Service Item	Outpatient	Dialysis Procedure for AKI without ESRD	G0491	821	VD Visalia Dialysis	$ 1,885.51	$ 1,098.35	$ 1,212.42	$ 470.00	$ 1,684.14
Service Item	Outpatient	diazePAM 5 mg/mL Inj 2 mL	J3360	636	CD Infusion Clinic	$ 122.40	$ 73.44	$ 75.10	$ 3.89	$ 112.61
Service Item	Inpatient and Outpatient	diazePAM 5 mg/mL Inj 2 mL	J3360	636	MC Pharmacy	$ 122	$ 73	$ 75.10	$ 4	$ 113
Service Item	Outpatient	diazePAM 5 mg/mL Inj 2 mL	J3360	636	NC Urgent Care	$ 122.40	$ 73.44	$ 74.79	$ 3.89	$ 112.61
Service Item	Outpatient	diazePAM 5 mg/mL Inj 2 mL	J3360	636	SC Urgent Care	$ 122.40	$ 73.44	$ 75.10	$ 3.89	$ 112.61
Service Item	Outpatient	diazoxide 50 mg/mL Oral Susp 30 mL	J3490	636	CD Infusion Clinic	$ 1,307.25	$ 784.35	$ 760.11	$ 23.14	$ 1,202.67
Service Item	Inpatient and Outpatient	diazoxide 50 mg/mL Oral Susp 30 mL	J3490	636	MC Pharmacy	$ 1,307	$ 784	$ 760.11	$ 23	$ 1,203
Service Item	Outpatient	diazoxide 50 mg/mL Oral Susp 30 mL	J3490	636	NC Urgent Care	$ 1,307.25	$ 784.35	$ 756.84	$ 23.14	$ 1,202.67
Service Item	Outpatient	diazoxide 50 mg/mL Oral Susp 30 mL	J3490	636	SC Urgent Care	$ 1,307.25	$ 784.35	$ 760.11	$ 23.14	$ 1,202.67
Service Item	Outpatient	Digital Block	64450	516	NC Urgent Care	$ 772.50	$ 450.00	$ 542.96	$ 84.90	$ 724.25
Service Item	Outpatient	Digital Block	64450	516	SC Urgent Care	$ 772.50	$ 450.00	$ 544.84	$ 84.90	$ 724.25
Service Item	Outpatient	Digital Block	64450	516	SFM Family Medicine	$ 772.50	$ 450.00	$ 620.96	$ 450.00	$ 724.25
Service Item	Outpatient	digoxin 100 mcg/mL (0.1 mg/mL) Inj 1 mL	J1160	636	CD Infusion Clinic	$ 514.30	$ 308.58	$ 196.61	$ 2.06	$ 473.16
Service Item	Inpatient and Outpatient	digoxin 100 mcg/mL (0.1 mg/mL) Inj 1 mL	J1160	636	MC Pharmacy	$ 514	$ 309	$ 196.61	$ 2	$ 473
Service Item	Outpatient	digoxin 100 mcg/mL (0.1 mg/mL) Inj 1 mL	J1160	636	NC Urgent Care	$ 514.30	$ 308.58	$ 195.33	$ 2.06	$ 473.16
Service Item	Outpatient	digoxin 100 mcg/mL (0.1 mg/mL) Inj 1 mL	J1160	636	SC Urgent Care	$ 514.30	$ 308.58	$ 196.61	$ 2.06	$ 473.16
Service Item	Outpatient	digoxin 250 mcg/mL (0.25 mg/mL) Inj 2 mL	J1160	636	CD Infusion Clinic	$ 37.30	$ 22.38	$ 25.13	$ 2.06	$ 34.32
Service Item	Inpatient and Outpatient	digoxin 250 mcg/mL (0.25 mg/mL) Inj 2 mL	J1160	636	MC Pharmacy	$ 37	$ 22	$ 25.13	$ 2	$ 34
Service Item	Outpatient	digoxin 250 mcg/mL (0.25 mg/mL) Inj 2 mL	J1160	636	NC Urgent Care	$ 37.30	$ 22.38	$ 25.04	$ 2.06	$ 34.32
Service Item	Outpatient	digoxin 250 mcg/mL (0.25 mg/mL) Inj 2 mL	J1160	636	SC Urgent Care	$ 37.30	$ 22.38	$ 25.13	$ 2.06	$ 34.32
Service Item	Outpatient	digoxin immune FAB 40 mg Inj	J1162	636	CD Infusion Clinic	$ 13,775.10	$ 8,265.06	$ 8,309.95	$ 743.85	$ 12,673.09
Service Item	Inpatient and Outpatient	digoxin immune FAB 40 mg Inj	J1162	636	MC Pharmacy	$ 13,775	$ 8,996	$ 8,309.95	$ 744	$ 12,673
Service Item	Outpatient	digoxin immune FAB 40 mg Inj	J1162	636	NC Urgent Care	$ 13,775.10	$ 8,996.24	$ 8,275.52	$ 743.85	$ 12,673.09
Service Item	Outpatient	digoxin immune FAB 40 mg Inj	J1162	636	SC Urgent Care	$ 13,775.10	$ 8,996.24	$ 8,309.95	$ 743.85	$ 12,673.09
Service Item	Outpatient	digoxin immune FAB PED 10 mg/mL Inj	J1162	636	CD Infusion Clinic	$ 13,775.10	$ 8,265.06	$ 8,309.95	$ 743.85	$ 12,673.09
Service Item	Inpatient and Outpatient	digoxin immune FAB PED 10 mg/mL Inj	J1162	636	MC Pharmacy	$ 13,775	$ 8,996	$ 8,309.95	$ 744	$ 12,673
Service Item	Outpatient	digoxin immune FAB PED 10 mg/mL Inj	J1162	636	NC Urgent Care	$ 13,775.10	$ 8,996.24	$ 8,275.52	$ 743.85	$ 12,673.09
Service Item	Outpatient	digoxin immune FAB PED 10 mg/mL Inj	J1162	636	SC Urgent Care	$ 13,775.10	$ 8,996.24	$ 8,309.95	$ 743.85	$ 12,673.09
Service Item	Outpatient	digoxin PED 20 mcg/mL Inj	J1160	636	CD Infusion Clinic	$ 334.25	$ 200.55	$ 131.89	$ 2.06	$ 307.51
Service Item	Inpatient and Outpatient	digoxin PED 20 mcg/mL Inj	J1160	636	MC Pharmacy	$ 334	$ 203	$ 131.89	$ 2	$ 308
Service Item	Outpatient	digoxin PED 20 mcg/mL Inj	J1160	636	NC Urgent Care	$ 334.25	$ 202.58	$ 131.05	$ 2.06	$ 307.51
Service Item	Outpatient	digoxin PED 20 mcg/mL Inj	J1160	636	SC Urgent Care	$ 334.25	$ 202.58	$ 131.89	$ 2.06	$ 307.51
Service Item	Inpatient and Outpatient	Digoxin Ria	80162	301	MC General Lab	$ 200	$ 59	$ 132.87	$ 53	$ 182
Service Item	Outpatient	dihydroergotamine 1 mg/mL Inj 1 mL	J1110	636	CD Infusion Clinic	$ 732.95	$ 439.77	$ 465.19	$ 32.66	$ 674.31
Service Item	Inpatient and Outpatient	dihydroergotamine 1 mg/mL Inj 1 mL	J1110	636	MC Pharmacy	$ 733	$ 440	$ 465.19	$ 33	$ 674
Service Item	Outpatient	dihydroergotamine 1 mg/mL Inj 1 mL	J1110	636	NC Urgent Care	$ 732.95	$ 439.77	$ 463.36	$ 32.66	$ 674.31
Service Item	Outpatient	dihydroergotamine 1 mg/mL Inj 1 mL	J1110	636	SC Urgent Care	$ 732.95	$ 439.77	$ 465.19	$ 32.66	$ 674.31
Service Package	Inpatient and Outpatient	Dilat Biliary W Stent	47556	361	MC Cath Lab Srvcs	$ 12,084	Charges have been	$ 8,788.84	$ 5,601	$ 7,729
Service Package	Inpatient and Outpatient	Dilat Biliary W/O Stent	47555	361	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,286.70	$ 3,397	$ 3,603
Service Package	Inpatient and Outpatient	Dilate Esoph Over Gd Wire	43453	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Dilate Esoph Unguided	43450	750	MC Endo Services	$ 2,700	Charges have been	$ 2,063.66	$ 911	$ 2,484
Service Package	Inpatient and Outpatient	Dilate Ureter/Ureth/Nephr	74485	320	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,016.16	$ 1,951	$ 2,053
Service Package	Inpatient and Outpatient	Dilation & Curettage (D&C		450	MC Emergency	$ 1,497	Charges have been	#N/A	$ 1,308	$ 1,337
Service Item	Outpatient	diltIAZem 125 mg/Sodium Chloride 0.9% 125 m	J3490	636	CD Infusion Clinic	$ 39.35	$ 23.61	$ 31.29	$ 23.14	$ 36.20
Service Item	Inpatient and Outpatient	diltIAZem 125 mg/Sodium Chloride 0.9% 125 m	J3490	636	MC Pharmacy	$ 39	$ 24	$ 31.29	$ 23	$ 36
Service Item	Outpatient	diltIAZem 125 mg/Sodium Chloride 0.9% 125 m	J3490	636	NC Urgent Care	$ 39.35	$ 23.61	$ 31.19	$ 23.14	$ 36.20
Service Item	Outpatient	diltIAZem 125 mg/Sodium Chloride 0.9% 125 m	J3490	636	SC Urgent Care	$ 39.35	$ 23.61	$ 31.29	$ 23.14	$ 36.20
Service Item	Outpatient	diltIAZem 5 mg/mL Inj 25 mL	J3490	636	CD Infusion Clinic	$ 39.35	$ 23.61	$ 31.29	$ 23.14	$ 36.20
Service Item	Inpatient and Outpatient	diltIAZem 5 mg/mL Inj 25 mL	J3490	636	MC Pharmacy	$ 39	$ 24	$ 31.29	$ 23	$ 36
Service Item	Outpatient	diltIAZem 5 mg/mL Inj 25 mL	J3490	636	NC Urgent Care	$ 39.35	$ 23.61	$ 31.19	$ 23.14	$ 36.20
Service Item	Outpatient	diltIAZem 5 mg/mL Inj 25 mL	J3490	636	SC Urgent Care	$ 39.35	$ 23.61	$ 31.29	$ 23.14	$ 36.20
Service Item	Outpatient	diltIAZem 5 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 14.80	$ 8.88	$ 17.18	$ 8.88	$ 27.98
Service Item	Inpatient and Outpatient	diltIAZem 5 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 15	$ 9	$ 17.18	$ 9	$ 28
Service Item	Outpatient	diltIAZem 5 mg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 14.80	$ 8.88	$ 17.14	$ 8.88	$ 27.98
Service Item	Outpatient	diltIAZem 5 mg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 14.80	$ 8.88	$ 17.18	$ 8.88	$ 27.98
Service Item	Outpatient	diltIAZem 5 mg/mL Sol	J3490	636	CD Infusion Clinic	$ 26.95	$ 16.17	$ 24.16	$ 16.17	$ 27.98
Service Item	Inpatient and Outpatient	diltIAZem 5 mg/mL Sol	J3490	636	MC Pharmacy	$ 27	$ 16	$ 24.16	$ 16	$ 28
Service Item	Outpatient	diltIAZem 5 mg/mL Sol	J3490	636	NC Urgent Care	$ 26.95	$ 16.17	$ 24.10	$ 16.17	$ 27.98
Service Item	Outpatient	diltIAZem 5 mg/mL Sol	J3490	636	SC Urgent Care	$ 26.95	$ 16.17	$ 24.16	$ 16.17	$ 27.98
Service Item	Outpatient	dimercaprol 10% Inj 3 mL	J0470	636	CD Infusion Clinic	$ 814.65	$ 488.79	$ 501.18	$ 28.77	$ 749.48
Service Item	Inpatient and Outpatient	dimercaprol 10% Inj 3 mL	J0470	636	MC Pharmacy	$ 815	$ 489	$ 501.18	$ 29	$ 749
Service Item	Outpatient	dimercaprol 10% Inj 3 mL	J0470	636	NC Urgent Care	$ 814.65	$ 488.79	$ 499.14	$ 28.77	$ 749.48
Service Item	Outpatient	dimercaprol 10% Inj 3 mL	J0470	636	SC Urgent Care	$ 814.65	$ 488.79	$ 501.18	$ 28.77	$ 749.48
Service Item	Outpatient	dimethyl sulfoxide 50% Irrigation Soln 50 mL	J1212	636	CD Infusion Clinic	$ 2,490.30	$ 1,494.18	$ 1,453.67	$ 65.47	$ 2,291.08
Service Item	Inpatient and Outpatient	dimethyl sulfoxide 50% Irrigation Soln 50 mL	J1212	636	MC Pharmacy	$ 2,490	$ 1,494	$ 1,453.67	$ 65	$ 2,291
Service Item	Outpatient	dimethyl sulfoxide 50% Irrigation Soln 50 mL	J1212	636	NC Urgent Care	$ 2,490.30	$ 1,494.18	$ 1,447.44	$ 65.47	$ 2,291.08
Service Item	Outpatient	dimethyl sulfoxide 50% Irrigation Soln 50 mL	J1212	636	SC Urgent Care	$ 2,490.30	$ 1,494.18	$ 1,453.67	$ 65.47	$ 2,291.08
Service Item	Inpatient and Outpatient	Diph and Tetanus-ARUP	86317	305	MC Reference Lab	$ 11	$ 67	$ 27.40	$ 7	$ 147
Service Item	Outpatient	diphenhydrAMINE 50 mg/mL Inj 1 mL	J1200	636	CD Infusion Clinic	$ 18.65	$ 11.19	$ 11.49	$ 1.18	$ 17.16
Service Item	Inpatient and Outpatient	diphenhydrAMINE 50 mg/mL Inj 1 mL	J1200	636	MC Pharmacy	$ 19	$ 11	$ 11.49	$ 1	$ 17
Service Item	Outpatient	diphenhydrAMINE 50 mg/mL Inj 1 mL	J1200	636	NC Urgent Care	$ 18.65	$ 11.19	$ 11.45	$ 1.18	$ 17.16
Service Item	Outpatient	diphenhydrAMINE 50 mg/mL Inj 1 mL	J1200	636	SC Urgent Care	$ 18.65	$ 11.19	$ 11.49	$ 1.18	$ 17.16
Service Item	Outpatient	diphenhydrAMINE 50 mg/mL Inj 1 mL	J1200	636	SFM Family Medicine	$ 18.65	$ 11.19	$ 11.45	$ 1.18	$ 17.16
Service Item	Outpatient	diphenhydrAMINE 50 mg/mL Inj 1 mL	J1200	636	VD Visalia Dialysis	$ 18.65	$ 11.19	$ 11.49	$ 1.18	$ 17.16
Service Item	Outpatient	diphtheria - tetanus - pertussis (Boostrix Tdap)	90715	636	CD Infusion Clinic	$ 194.00	$ 116.40	$ 132.05	$ 42.80	$ 178.48
Service Item	Inpatient and Outpatient	diphtheria - tetanus - pertussis (Boostrix Tdap)	90715	636	MC Pharmacy	$ 194	$ 163	$ 132.05	$ 43	$ 178
Service Item	Outpatient	diphtheria - tetanus - pertussis (Boostrix Tdap)	90715	636	NC Urgent Care	$ 194.00	$ 163.05	$ 131.57	$ 42.80	$ 178.48
Service Item	Outpatient	diphtheria - tetanus - pertussis (Boostrix Tdap)	90715	636	SC Urgent Care	$ 194.00	$ 163.05	$ 132.05	$ 42.80	$ 178.48
Service Item	Outpatient	diphtheria - tetanus - pertussis (Boostrix Tdap)	90715	636	SFM Family Medicine	$ 194.00	$ 163.05	$ 131.57	$ 42.80	$ 178.48
Service Item	Outpatient	diphtheria/haemophilus/pertussis/tetanus/polio	90698	636	CD Infusion Clinic	$ 499.24	$ 299.54	$ 326.10	$ 56.08	$ 459.30
Service Item	Inpatient and Outpatient	diphtheria/haemophilus/pertussis/tetanus/polio	90698	636	MC Pharmacy	$ 499	$ 300	$ 326.10	$ 56	$ 459
Service Item	Outpatient	diphtheria/haemophilus/pertussis/tetanus/polio	90698	636	NC Urgent Care	$ 499.24	$ 299.54	$ 324.85	$ 56.08	$ 459.30
Service Item	Outpatient	diphtheria/haemophilus/pertussis/tetanus/polio	90698	636	SC Urgent Care	$ 499.24	$ 299.54	$ 326.10	$ 56.08	$ 459.30
Service Item	Outpatient	diphtheria/pertussis,acel/tetanus/polio IM 0.5 m	90696	636	CD Infusion Clinic	$ 250.81	$ 150.49	$ 168.32	$ 51.60	$ 230.75
Service Item	Inpatient and Outpatient	diphtheria/pertussis,acel/tetanus/polio IM 0.5 m	90696	636	MC Pharmacy	$ 251	$ 150	$ 168.32	$ 52	$ 231
Service Item	Outpatient	diphtheria/pertussis,acel/tetanus/polio IM 0.5 m	90696	636	NC Urgent Care	$ 250.81	$ 150.49	$ 167.69	$ 51.60	$ 230.75
Service Item	Outpatient	diphtheria/pertussis,acel/tetanus/polio IM 0.5 m	90696	636	SC Urgent Care	$ 250.81	$ 150.49	$ 168.32	$ 51.60	$ 230.75
Service Item	Outpatient	diphtheria/pertussis,acel/tetanus/polio IM 0.5 m	90696	636	SFM Family Medicine	$ 250.81	$ 150.49	$ 167.69	$ 51.60	$ 230.75
Service Item	Outpatient	diphtheria/tetanus toxoids (DT) pediatric	90714	636	CD Infusion Clinic	$ 225.95	$ 135.57	$ 144.34	$ 23.50	$ 207.87
Service Item	Inpatient and Outpatient	diphtheria/tetanus toxoids (DT) pediatric	90714	636	MC Pharmacy	$ 226	$ 136	$ 144.34	$ 24	$ 208
Service Item	Outpatient	diphtheria/tetanus toxoids (DT) pediatric	90714	636	NC Urgent Care	$ 225.95	$ 135.57	$ 143.78	$ 23.50	$ 207.87
Service Item	Outpatient	diphtheria/tetanus toxoids (DT) pediatric	90714	636	SC Urgent Care	$ 225.95	$ 135.57	$ 144.34	$ 23.50	$ 207.87
Service Item	Outpatient	diphtheria/tetanus/pertussis (DTaP) Ped (Infanri	90700	636	CD Infusion Clinic	$ 111.75	$ 67.05	$ 76.00	$ 22.51	$ 102.81
Service Item	Inpatient and Outpatient	diphtheria/tetanus/pertussis (DTaP) Ped (Infanri	90700	636	MC Pharmacy	$ 112	$ 89	$ 76.00	$ 23	$ 103
Service Item	Outpatient	diphtheria/tetanus/pertussis (DTaP) Ped (Infanri	90700	636	NC Urgent Care	$ 111.75	$ 89.18	$ 75.72	$ 22.51	$ 102.81
Service Item	Outpatient	diphtheria/tetanus/pertussis (DTaP) Ped (Infanri	90700	636	SC Urgent Care	$ 111.75	$ 89.18	$ 76.00	$ 22.51	$ 102.81
Service Item	Outpatient	diphtheria/tetanus/pertussis (DTaP) Ped (Infanri	90700	636	SFM Family Medicine	$ 111.75	$ 89.18	$ 75.72	$ 22.51	$ 102.81
Service Item	Outpatient	Diprivan 1% 50Ml	J2704	636	CD Infusion Clinic	$ 87.20	$ 52.32	$ 40.89	$ 0.15	$ 80.22
Service Item	Inpatient and Outpatient	Diprivan 1% 50Ml	J2704	636	MC Pharmacy	$ 87	$ 52	$ 40.89	$ 0	$ 80
Service Item	Outpatient	Diprivan 1% 50Ml	J2704	636	NC Urgent Care	$ 87.20	$ 52.47	$ 40.68	$ 0.15	$ 80.22
Service Item	Outpatient	Diprivan 1% 50Ml	J2704	636	SC Urgent Care	$ 87.20	$ 52.47	$ 40.89	$ 0.15	$ 80.22
Service Item	Outpatient	dipyridamole 5 mg/mL Inj 10 mL	J1245	636	CD Infusion Clinic	$ 30.25	$ 18.15	$ 21.20	$ 1.52	$ 27.83
Service Item	Inpatient and Outpatient	dipyridamole 5 mg/mL Inj 10 mL	J1245	636	MC Pharmacy	$ 30	$ 18	$ 21.20	$ 2	$ 28
Service Item	Outpatient	dipyridamole 5 mg/mL Inj 10 mL	J1245	636	NC Urgent Care	$ 30.25	$ 18.15	$ 21.12	$ 1.52	$ 27.83
Service Item	Outpatient	dipyridamole 5 mg/mL Inj 10 mL	J1245	636	SC Urgent Care	$ 30.25	$ 18.15	$ 21.20	$ 1.52	$ 27.83
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 14 Telemetry	$ 1,924.57	Charges have been	$ 1,094.51	$ 290.75	$ 584.58
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 15 ICCU	$ 1,924.57	Charges have been	$ 1,094.51	$ 290.75	$ 584.58

Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 1E ED Overflow	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 2E Labor & Dlvry	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 2N Cardiac Srvc	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 2S Med Surg	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 3N Surgical	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 3S Oncology	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 3W ICCU	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 4N Med Renal	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC 4S Ortho Surgery	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC BP Broderick Pav	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC CV Med Surg	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient and Outpatient	Direct Admission to Observation G0379		762	MC IO ISS Test	$ 1,925	Charges have been	$ 1,302.24	$ 585	$ 1,147	
Service Package	Inpatient and Outpatient	Direct Admission to Observation G0379		762	MC LT Labor Triage	$ 1,925	$ 748	$ 1,089.73	$ 585	$ 1,147	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC MA Obstetrics	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient	Direct Admission to Observation G0379		762	MC PE Pediatrics	$ 1,924.57	Charges have been	$ 1,302.24	$ 584.58	$ 1,146.60	
Service Package	Inpatient and Outpatient	Direct Admission to Observation G0379		762	MC RO Med Surg	$ 1,925	Charges have been	$ 1,302.24	$ 585	$ 1,147	
Service Package	Inpatient and Outpatient	Diskography Lumbar (Sp)	72295	320	MC Cath Lab Srvcs	$ 4,298	Charges have been	$ 3,404.75	$ 1,992	$ 3,888	
Service Package	Inpatient and Outpatient	Dislocation Tx W/Anesth		450	MC Emergency	$ 1,296	Charges have been	#N/A	$ 1,132	$ 1,158	
Service Item	Outpatient	Dmv		516	NC Urgent Care	$ 77.58	$ 45.19	#N/A	$ 37.66	$ 69.29	
Service Item	Outpatient	Dmv		516	SC Urgent Care	$ 77.58	$ 45.19	#N/A	$ 37.66	$ 69.29	
Service Item	Inpatient and Outpatient	Dna antibody native-ARUP	86225	305	MC Reference Lab	$ 15	$ 61	$ 29.60	$ 9	$ 135	
Service Item	Inpatient and Outpatient	DNA/RNA Amplified Probe Each Organism BF	87150	306	MC General Lab	$ 61	$ 196	$ 151.24	$ 53	$ 345	
Service Item	Inpatient and Outpatient	DNase-B Antibody-ARUP	86215	300	MC Reference Lab	$ 15	$ 59	$ 28.51	$ 9	$ 130	
Service Item	Outpatient	DOBUTamine 12.5 mg/mL Inj 20 mL	J1250	636	CD Infusion Clinic	$ 30.20	$ 18.12	$ 21.31	$ 8.12	$ 27.78	
Service Item	Inpatient and Outpatient	DOBUTamine 12.5 mg/mL Inj 20 mL	J1250	636	MC Pharmacy	$ 30	$ 18	$ 21.31	$ 8	$ 28	
Service Item	Outpatient	DOBUTamine 12.5 mg/mL Inj 20 mL	J1250	636	NC Urgent Care	$ 30.20	$ 18.12	$ 21.24	$ 8.12	$ 27.78	
Service Item	Outpatient	DOBUTamine 12.5 mg/mL Inj 20 mL	J1250	636	SC Urgent Care	$ 30.20	$ 18.12	$ 21.31	$ 8.12	$ 27.78	
Service Item	Outpatient	DOBUTamine 250 mg/Dextrose 5% Water 250 n	J1250	636	CD Infusion Clinic	$ 92.00	$ 55.20	$ 43.53	$ 8.12	$ 84.64	
Service Item	Inpatient and Outpatient	DOBUTamine 250 mg/Dextrose 5% Water 250 n	J1250	636	MC Pharmacy	$ 92	$ 55	$ 43.53	$ 8	$ 85	
Service Item	Outpatient	DOBUTamine 250 mg/Dextrose 5% Water 250 n	J1250	636	NC Urgent Care	$ 92.00	$ 55.20	$ 43.30	$ 8.12	$ 84.64	
Service Item	Outpatient	DOBUTamine 250 mg/Dextrose 5% Water 250 n	J1250	636	SC Urgent Care	$ 92.00	$ 55.20	$ 43.53	$ 8.12	$ 84.64	
Service Item	Outpatient	DOCEtaxel 20 mg/mL Inj 1 mL	J9171	636	CD Infusion Clinic	$ 1,697.95	$ 1,018.77	$ 839.33	$ 0.85	$ 1,562.11	
Service Item	Inpatient and Outpatient	DOCEtaxel 20 mg/mL Inj 1 mL	J9171	636	MC Pharmacy	$ 1,698	$ 1,019	$ 839.33	$ 1	$ 1,562	
Service Item	Outpatient	DOCEtaxel 20 mg/mL Inj 1 mL	J9171	636	NC Urgent Care	$ 1,697.95	$ 1,018.77	$ 835.09	$ 0.85	$ 1,562.11	
Service Item	Outpatient	DOCEtaxel 20 mg/mL Inj 1 mL	J9171	636	SC Urgent Care	$ 1,697.95	$ 1,018.77	$ 839.33	$ 0.85	$ 1,562.11	
Service Item	Outpatient	DOCEtaxel 20 mg/mL Inj 4 mL	J9171	636	CD Infusion Clinic	$ 5,331.20	$ 3,198.72	$ 2,145.49	$ 0.85	$ 4,904.70	
Service Item	Inpatient and Outpatient	DOCEtaxel 20 mg/mL Inj 4 mL	J9171	636	MC Pharmacy	$ 5,331	$ 3,199	$ 2,145.49	$ 1	$ 4,905	
Service Item	Outpatient	DOCEtaxel 20 mg/mL Inj 4 mL	J9171	636	NC Urgent Care	$ 5,331.20	$ 3,198.72	$ 2,132.16	$ 0.85	$ 4,904.70	
Service Item	Outpatient	DOCEtaxel 20 mg/mL Inj 4 mL	J9171	636	SC Urgent Care	$ 5,331.20	$ 3,198.72	$ 2,145.49	$ 0.85	$ 4,904.70	
Service Item	Outpatient	DOPamine 40 mg/mL Inj 10 mL	J1265	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 18.89	$ 0.38	$ 41.62	
Service Item	Inpatient and Outpatient	DOPamine 40 mg/mL Inj 10 mL	J1265	636	MC Pharmacy	$ 12	$ 8	$ 18.89	$ 0	$ 42	
Service Item	Outpatient	DOPamine 40 mg/mL Inj 10 mL	J1265	636	NC Urgent Care	$ 12.10	$ 7.64	$ 18.85	$ 0.38	$ 41.62	
Service Item	Outpatient	DOPamine 40 mg/mL Inj 10 mL	J1265	636	SC Urgent Care	$ 12.10	$ 7.64	$ 18.89	$ 0.38	$ 41.62	
Service Item	Outpatient	DOPamine 40 mg/mL Inj 5 mL	J1265	636	CD Infusion Clinic	$ 19.85	$ 11.91	$ 21.67	$ 0.38	$ 41.62	
Service Item	Inpatient and Outpatient	DOPamine 40 mg/mL Inj 5 mL	J1265	636	MC Pharmacy	$ 20	$ 12	$ 21.67	$ 0	$ 42	
Service Item	Outpatient	DOPamine 40 mg/mL Inj 5 mL	J1265	636	NC Urgent Care	$ 19.85	$ 12.29	$ 21.62	$ 0.38	$ 41.62	
Service Item	Outpatient	DOPamine 40 mg/mL Inj 5 mL	J1265	636	SC Urgent Care	$ 19.85	$ 12.29	$ 21.67	$ 0.38	$ 41.62	
Service Item	Outpatient	DOPamine 400 mg/Dextrose 5% Water 250mL F	J1265	636	CD Infusion Clinic	$ 61.30	$ 36.78	$ 36.57	$ 0.38	$ 56.40	
Service Item	Inpatient and Outpatient	DOPamine 400 mg/Dextrose 5% Water 250mL F	J1265	636	MC Pharmacy	$ 61	$ 37	$ 36.57	$ 0	$ 56	
Service Item	Outpatient	DOPamine 400 mg/Dextrose 5% Water 250mL F	J1265	636	NC Urgent Care	$ 61.30	$ 37.16	$ 36.42	$ 0.38	$ 56.40	
Service Item	Outpatient	DOPamine 400 mg/Dextrose 5% Water 250mL F	J1265	636	SC Urgent Care	$ 61.30	$ 37.16	$ 36.57	$ 0.38	$ 56.40	
Service Item	Outpatient	DOPamine 48 mg/30 mL (Peds)	J1265	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 18.89	$ 0.38	$ 41.62	
Service Item	Inpatient and Outpatient	DOPamine 48 mg/30 mL (Peds)	J1265	636	MC Pharmacy	$ 12	$ 8	$ 18.89	$ 0	$ 42	
Service Item	Outpatient	DOPamine 48 mg/30 mL (Peds)	J1265	636	NC Urgent Care	$ 12.10	$ 7.64	$ 18.85	$ 0.38	$ 41.62	
Service Item	Outpatient	DOPamine 48 mg/30 mL (Peds)	J1265	636	SC Urgent Care	$ 12.10	$ 7.64	$ 18.89	$ 0.38	$ 41.62	
Service Item	Outpatient	dornase alfa 2.5 mg/2.5 mL Inh Soln 2.5 mL	J7639	636	CD Infusion Clinic	$ 487.90	$ 292.74	$ 304.32	$ 15.03	$ 448.87	
Service Item	Inpatient and Outpatient	dornase alfa 2.5 mg/2.5 mL Inh Soln 2.5 mL	J7639	636	MC Pharmacy	$ 488	$ 308	$ 304.32	$ 15	$ 449	
Service Item	Outpatient	dornase alfa 2.5 mg/2.5 mL Inh Soln 2.5 mL	J7639	636	NC Urgent Care	$ 487.90	$ 307.52	$ 303.10	$ 15.03	$ 448.87	
Service Item	Outpatient	dornase alfa 2.5 mg/2.5 mL Inh Soln 2.5 mL	J7639	636	SC Urgent Care	$ 487.90	$ 307.52	$ 304.32	$ 15.03	$ 448.87	
Service Package	Inpatient and Outpatient	Dorsal Column Lead Kit (A)	C1778	278	MC Central Supply	$ 4,999	Charges have been	$ 5,539.69	$ 4,455	$ 4,554	
Service Package	Inpatient and Outpatient	Dorsal Column Lead Kit (B)	C1778	278	MC Central Supply	$ 15,157	Charges have been	$ 12,424.33	$ 13,506	$ 13,807	
Service Item	Outpatient	Dosim Calcul As Req Tx	77300	333	HR Radiation Onc	$ 382.46	$ 171.96	$ 428.87	$ 146.68	$ 1,791.48	
Service Item	Inpatient and Outpatient	Dosim Calcul As Req Tx	77300	333	MC Radiation Thrpy	$ 382	$ 172	$ 413.61	$ 147	$ 1,791	
Service Item	Outpatient	Dosim Calcul As Req Tx	77300	333	VR Radiation Onc	$ 382.46	$ 171.96	$ 428.87	$ 146.68	$ 1,791.48	
Service Item	Outpatient	doxapram 20 mg/mL Inj 20 mL	J3490	636	CD Infusion Clinic	$ 234.40	$ 140.64	$ 143.41	$ 23.14	$ 215.65	
Service Item	Inpatient and Outpatient	doxapram 20 mg/mL Inj 20 mL	J3490	636	MC Pharmacy	$ 234	$ 141	$ 143.41	$ 23	$ 216	
Service Item	Outpatient	doxapram 20 mg/mL Inj 20 mL	J3490	636	NC Urgent Care	$ 234.40	$ 140.64	$ 142.82	$ 23.14	$ 215.65	
Service Item	Outpatient	doxapram 20 mg/mL Inj 20 mL	J3490	636	SC Urgent Care	$ 234.40	$ 140.64	$ 143.41	$ 23.14	$ 215.65	
Service Item	Outpatient	doxercalciferol 2 mcg/mL Inj 1 mL	J1270	636	CD Infusion Clinic	$ 42.40	$ 25.44	$ 20.11	$ 0.88	$ 39.01	
Service Item	Inpatient and Outpatient	doxercalciferol 2 mcg/mL Inj 1 mL	J1270	636	MC Pharmacy	$ 42	$ 31	$ 20.11	$ 1	$ 39	
Service Item	Outpatient	doxercalciferol 2 mcg/mL Inj 1 mL	J1270	636	NC Urgent Care	$ 42.40	$ 31.44	$ 20.00	$ 0.88	$ 39.01	
Service Item	Outpatient	doxercalciferol 2 mcg/mL Inj 1 mL	J1270	636	SC Urgent Care	$ 42.40	$ 31.44	$ 20.11	$ 0.88	$ 39.01	
Service Item	Outpatient	doxercalciferol 2 mcg/mL Inj 1 mL	J1270	636	VD Visalia Dialysis	$ 42.40	$ 25.44	$ 20.11	$ 0.88	$ 39.01	
Service Item	Outpatient	doxercalciferol 2 mcg/mL Inj 2 mL	J1270	636	CD Infusion Clinic	$ 17.45	$ 10.47	$ 11.14	$ 0.88	$ 16.05	
Service Item	Inpatient and Outpatient	doxercalciferol 2 mcg/mL Inj 2 mL	J1270	636	MC Pharmacy	$ 17	$ 16	$ 11.14	$ 1	$ 16	
Service Item	Outpatient	doxercalciferol 2 mcg/mL Inj 2 mL	J1270	636	NC Urgent Care	$ 17.45	$ 16.47	$ 11.09	$ 0.88	$ 16.47	
Service Item	Outpatient	doxercalciferol 2 mcg/mL Inj 2 mL	J1270	636	SC Urgent Care	$ 17.45	$ 16.47	$ 11.14	$ 0.88	$ 16.47	
Service Item	Outpatient	doxercalciferol 2 mcg/mL Inj 2 mL	J1270	636	VD Visalia Dialysis	$ 17.45	$ 10.47	$ 11.14	$ 0.88	$ 16.05	
Service Item	Outpatient	DOXOrubicin 2 mg/mL Inj 100 mL	J9000	636	CD Infusion Clinic	$ 781.20	$ 468.72	$ 300.39	$ 6.28	$ 718.70	
Service Item	Inpatient and Outpatient	DOXOrubicin 2 mg/mL Inj 100 mL	J9000	636	MC Pharmacy	$ 781	$ 526	$ 300.39	$ 6	$ 719	
Service Item	Outpatient	DOXOrubicin 2 mg/mL Inj 100 mL	J9000	636	NC Urgent Care	$ 781.20	$ 526.25	$ 298.44	$ 6.28	$ 718.70	
Service Item	Outpatient	DOXOrubicin 2 mg/mL Inj 100 mL	J9000	636	SC Urgent Care	$ 781.20	$ 526.25	$ 300.39	$ 6.28	$ 718.70	
Service Item	Outpatient	DOXOrubicin 2 mg/mL Inj 25 mL	J9000	636	CD Infusion Clinic	$ 179.20	$ 107.52	$ 83.97	$ 6.28	$ 164.86	
Service Item	Inpatient and Outpatient	DOXOrubicin 2 mg/mL Inj 25 mL	J9000	636	MC Pharmacy	$ 179	$ 165	$ 83.97	$ 6	$ 165	
Service Item	Outpatient	DOXOrubicin 2 mg/mL Inj 25 mL	J9000	636	NC Urgent Care	$ 179.20	$ 165.05	$ 83.53	$ 6.28	$ 165.05	
Service Item	Outpatient	DOXOrubicin 2 mg/mL Inj 25 mL	J9000	636	SC Urgent Care	$ 179.20	$ 165.05	$ 83.97	$ 6.28	$ 165.05	
Service Item	Outpatient	DOXOrubicin 2 mg/mL Inj 5 mL	J9000	636	CD Infusion Clinic	$ 51.20	$ 30.72	$ 37.96	$ 6.28	$ 58.52	
Service Item	Inpatient and Outpatient	DOXOrubicin 2 mg/mL Inj 5 mL	J9000	636	MC Pharmacy	$ 51	$ 88	$ 37.96	$ 6	$ 88	
Service Item	Outpatient	DOXOrubicin 2 mg/mL Inj 5 mL	J9000	636	NC Urgent Care	$ 51.20	$ 88.25	$ 37.83	$ 6.28	$ 88.25	
Service Item	Outpatient	DOXOrubicin 2 mg/mL Inj 5 mL	J9000	636	SC Urgent Care	$ 51.20	$ 88.25	$ 37.96	$ 6.28	$ 88.25	
Service Item	Outpatient	DOXOrubicin liposomal 2 mg/mL Inj 10 mL	Q2050	636	CD Infusion Clinic	$ 4,244.25	$ 2,546.55	$ 3,151.18	$ 315.73	$ 7,204.84	
Service Item	Inpatient and Outpatient	DOXOrubicin liposomal 2 mg/mL Inj 10 mL	Q2050	636	MC Pharmacy	$ 4,244	$ 3,107	$ 3,151.18	$ 316	$ 7,205	
Service Item	Outpatient	DOXOrubicin liposomal 2 mg/mL Inj 10 mL	Q2050	636	NC Urgent Care	$ 4,244.25	$ 3,107.18	$ 3,140.57	$ 315.73	$ 7,204.84	
Service Item	Outpatient	DOXOrubicin liposomal 2 mg/mL Inj 10 mL	Q2050	636	SC Urgent Care	$ 4,244.25	$ 3,107.18	$ 3,151.18	$ 315.73	$ 7,204.84	
Service Item	Outpatient	DOXOrubicin liposomal 2 mg/mL Inj 25 mL	Q2050	636	CD Infusion Clinic	$ 10,610.95	$ 6,366.57	$ 5,440.01	$ 315.73	$ 9,762.07	
Service Item	Inpatient and Outpatient	DOXOrubicin liposomal 2 mg/mL Inj 25 mL	Q2050	636	MC Pharmacy	$ 10,611	$ 6,367	$ 5,440.01	$ 316	$ 9,762	
Service Item	Outpatient	DOXOrubicin liposomal 2 mg/mL Inj 25 mL	Q2050	636	NC Urgent Care	$ 10,610.95	$ 6,366.57	$ 5,413.49	$ 315.73	$ 9,762.07	
Service Item	Outpatient	DOXOrubicin liposomal 2 mg/mL Inj 25 mL	Q2050	636	SC Urgent Care	$ 10,610.95	$ 6,366.57	$ 5,440.01	$ 315.73	$ 9,762.07	
Service Item	Outpatient	doxycycline 100 mg Inj	J3490	636	CD Infusion Clinic	$ 134.85	$ 80.91	$ 86.19	$ 23.14	$ 124.06	
Service Item	Inpatient and Outpatient	doxycycline 100 mg Inj	J3490	636	MC Pharmacy	$ 135	$ 81	$ 86.19	$ 23	$ 124	
Service Item	Outpatient	doxycycline 100 mg Inj	J3490	636	NC Urgent Care	$ 134.85	$ 80.91	$ 85.85	$ 23.14	$ 124.06	
Service Item	Outpatient	doxycycline 100 mg Inj	J3490	636	SC Urgent Care	$ 134.85	$ 80.91	$ 86.19	$ 23.14	$ 124.06	
Service Item	Outpatient	Doxycycline 500 mg/NS 50 mL Syringe (Intraplet	J3490	636	CD Infusion Clinic	$ 674.10	$ 404.46	$ 396.16	$ 23.14	$ 620.17	
Service Item	Inpatient and Outpatient	Doxycycline 500 mg/NS 50 mL Syringe (Intraplet	J3490	636	MC Pharmacy	$ 674	$ 404	$ 396.16	$ 23	$ 620	
Service Item	Outpatient	Doxycycline 500 mg/NS 50 mL Syringe (Intraplet	J3490	636	NC Urgent Care	$ 674.10	$ 404.46	$ 394.47	$ 23.14	$ 620.17	
Service Item	Outpatient	Doxycycline 500 mg/NS 50 mL Syringe (Intraplet	J3490	636	SC Urgent Care	$ 674.10	$ 404.46	$ 396.16	$ 23.14	$ 620.17	
Service Item	Outpatient	doxycycline PED 1 mg/mL Inj	J3490	636	CD Infusion Clinic	$ 134.85	$ 80.91	$ 86.19	$ 23.14	$ 124.06	
Service Item	Inpatient and Outpatient	doxycycline PED 1 mg/mL Inj	J3490	636	MC Pharmacy	$ 135	$ 81	$ 86.19	$ 23	$ 124	
Service Item	Outpatient	doxycycline PED 1 mg/mL Inj	J3490	636	NC Urgent Care	$ 134.85	$ 80.91	$ 85.85	$ 23.14	$ 124.06	
Service Item	Outpatient	doxycycline PED 1 mg/mL Inj	J3490	636	SC Urgent Care	$ 134.85	$ 80.91	$ 86.19	$ 23.14	$ 124.06	
Service Package	Inpatient and Outpatient	Drain Saratoga Sump	C1729	272	MC Central Supply	$ 284	Charges have been	$ 342.91	$ 253	$ 259	
Service Package	Inpatient and Outpatient	Drain Shirley Wound	C1729	272	MC Central Supply	$ 247	Charges have been	$ 317.85	$ 220	$ 225	
Service Package	Inpatient and Outpatient	Drain Subungal Hematoma		450	MC Emergency	$ 71	Charges have been	#N/A	$ 62	$ 63	
Service Package	Inpatient and Outpatient	Drain T Tube	C1729	272	MC Central Supply	$ 562	Charges have been	$ 531.05	$ 501	$ 512	
Service Package	Inpatient and Outpatient	Drain Triple Lumen	C1729	272	MC Central Supply	$ 1,031	Charges have been	$ 848.79	$ 918	$ 939	
Service Item	Inpatient and Outpatient	droperidol 2.5 mg/mL Inj 2 mL	J1790	636	MC Pharmacy	$ 51	$ 36	$ 31.75	$ 5	$ 47	
Service Package	Inpatient and Outpatient	Drug Coated Balloon	C2623	272	MC Central Supply	$ 3,241	Charges have been	$ 2,998.92	$ 2,888	$ 2,952	
Service Item	Inpatient and Outpatient	Drug screen amphetamines 1/2-ARUP	80324	300	MC Reference Lab	$ 9	$ 68	$ 7.12	$ 5	$ 68	

Service Item	Inpatient and Outpatient	Drug screening oxycodone-ARUP	80365	300	MC Reference Lab	$ 11	$ 85	$ 8.91	$ 6	$ 85
Service Item	Inpatient and Outpatient	dsDNA (Crithidia luciliae) IgG Ab by IFA-ARUP	86256	300	MC Reference Lab	$ 10	$ 54	$ 23.93	$ 6	$ 118
Service Item	Inpatient and Outpatient	dsDNA IgG Antibody w/ Reflex to IFA Titer-ARUP	86225	305	MC Reference Lab	$ 16	$ 61	$ 29.77	$ 9	$ 135
Service Item	Inpatient and Outpatient	Dup Scan Extracrn Art Bil	93880	921	DC Non Invasive Card	$ 1,074	$ 640	$ 1,017.59	$ 270	$ 3,320
Service Item	Inpatient and Outpatient	Dup Scan Extracrn Art Bil	93880	921	MC NonInv CardioSrv	$ 1,074	Charges have been	$ 791.07	$ 270	$ 960
Service Item	Outpatient	Dup Scan Extracrn Art Bil	93880	921	OS Non Invasive Card	$ 1,074.42	$ 625.88	$ 1,017.59	$ 270.02	$ 3,320.14
Service Item	Outpatient	Dup Scan Extracrn Art Bil	93880	921	SQ Seq Cardiology	$ 1,074.42	$ 639.90	$ 893.97	$ 33.53	$ 3,320.14
Service Item	Inpatient and Outpatient	Duplx Scan Art Low Ex Bil	93925	921	DC Non Invasive Card	$ 1,069	$ 643	$ 1,022.49	$ 270	$ 3,320
Service Item	Inpatient and Outpatient	Duplx Scan Art Low Ex Bil	93925	921	MC NonInv CardioSrv	$ 1,069	Charges have been	$ 787.21	$ 270	$ 955
Service Item	Outpatient	Duplx Scan Art Low Ex Bil	93925	921	OS Non Invasive Card	$ 1,068.69	$ 622.54	$ 1,022.49	$ 270.02	$ 3,320.14
Service Item	Outpatient	Duplx Scan Art Low Ex Bil	93925	921	SQ Seq Cardiology	$ 1,068.69	$ 643.05	$ 899.39	$ 31.91	$ 3,320.14
Service Item	Inpatient and Outpatient	Duplx Scan Art Low Ex Uni	93926	921	DC Non Invasive Card	$ 886	$ 429	$ 720.28	$ 130	$ 1,636
Service Item	Inpatient and Outpatient	Duplx Scan Art Low Ex Uni	93926	921	MC NonInv CardioSrv	$ 886	Charges have been	$ 629.28	$ 130	$ 792
Service Item	Outpatient	Duplx Scan Art Low Ex Uni	93926	921	OS Non Invasive Card	$ 886.20	$ 516.23	$ 720.28	$ 129.87	$ 1,635.83
Service Item	Outpatient	Duplx Scan Art Low Ex Uni	93926	921	SQ Seq Cardiology	$ 886.20	$ 429.30	$ 617.72	$ 21.69	$ 1,635.83
Service Item	Inpatient and Outpatient	Duplx Scan Art Up Ex Bil	93930	921	DC Non Invasive Card	$ 1,020	$ 680	$ 983.81	$ 270	$ 3,320
Service Item	Inpatient and Outpatient	Duplx Scan Art Up Ex Bil	93930	921	MC NonInv CardioSrv	$ 1,020	Charges have been	$ 754.64	$ 270	$ 911
Service Item	Outpatient	Duplx Scan Art Up Ex Bil	93930	921	OS Non Invasive Card	$ 1,020.33	$ 594.37	$ 983.81	$ 270.02	$ 3,320.14
Service Item	Outpatient	Duplx Scan Art Up Ex Bil	93930	921	SQ Seq Cardiology	$ 1,020.33	$ 680.40	$ 865.78	$ 25.50	$ 3,320.14
Service Item	Inpatient and Outpatient	Duplx Scan Art Up Ext Unl	93931	921	DC Non Invasive Card	$ 886	$ 452	$ 712.78	$ 130	$ 1,636
Service Item	Inpatient and Outpatient	Duplx Scan Art Up Ext Unl	93931	921	MC NonInv CardioSrv	$ 886	Charges have been	$ 629.28	$ 130	$ 792
Service Item	Outpatient	Duplx Scan Art Up Ext Unl	93931	921	OS Non Invasive Card	$ 886.20	$ 516.23	$ 712.78	$ 129.87	$ 1,635.83
Service Item	Outpatient	Duplx Scan Art Up Ext Unl	93931	921	SQ Seq Cardiology	$ 886.20	$ 452.49	$ 609.74	$ 16.86	$ 1,635.83
Service Item	Inpatient and Outpatient	Duplx Scan Ven Extrem Bil	93970	921	DC Non Invasive Card	$ 1,069	$ 608	$ 1,012.07	$ 270	$ 3,320
Service Item	Inpatient and Outpatient	Duplx Scan Ven Extrem Bil	93970	921	MC NonInv CardioSrv	$ 1,069	Charges have been	$ 787.21	$ 270	$ 955
Service Item	Outpatient	Duplx Scan Ven Extrem Bil	93970	921	OS Non Invasive Card	$ 1,068.69	$ 622.54	$ 1,012.07	$ 270.02	$ 3,320.14
Service Item	Outpatient	Duplx Scan Ven Extrem Bil	93970	921	SQ Seq Cardiology	$ 1,068.69	$ 608.19	$ 889.53	$ 37.53	$ 3,320.14
Service Item	Inpatient and Outpatient	Duplx Scan Ven Extrem Uni	93971	921	DC Non Invasive Card	$ 928	$ 475	$ 736.74	$ 130	$ 1,636
Service Item	Inpatient and Outpatient	Duplx Scan Ven Extrem Uni	93971	921	MC NonInv CardioSrv	$ 928	Charges have been	$ 657.43	$ 130	$ 829
Service Item	Outpatient	Duplx Scan Ven Extrem Uni	93971	921	OS Non Invasive Card	$ 928.00	$ 540.58	$ 736.74	$ 129.87	$ 1,635.83
Service Item	Outpatient	Duplx Scan Ven Extrem Uni	93971	921	SQ Seq Cardiology	$ 928.00	$ 474.75	$ 629.58	$ 25.10	$ 1,635.83
Service Item	Outpatient	Dxa Bone 1+ Site H/P/S	77080	320	IC Radiology	$ 345.30	$ 363.90	$ 267.98	$ 99.27	$ 419.45
Service Item	Inpatient and Outpatient	Dxa Bone 1+ Site H/P/S	77080	320	MC Diag Radiology	$ 345	$ 364	$ 409.77	$ 99	$ 1,636
Service Item	Outpatient	Dxa Bone 1+ Site H/P/S	77080	320	NC Diag Imaging	$ 345.30	$ 363.90	$ 409.77	$ 99.27	$ 1,635.83
Service Item	Outpatient	Dxa Bone 1+ Site H/P/S	77080	320	SC Diag Imaging	$ 345.30	$ 363.90	$ 409.77	$ 99.27	$ 1,635.83
Service Item	Outpatient	Dxa Bone Density Study Fx	77085	320	IC Radiology	$ 329.72	$ 272.01	$ 232.16	$ 129.87	$ 294.51
Service Item	Inpatient and Outpatient	Dxa Bone Density Study Fx	77085	320	MC Diag Radiology	$ 330	$ 272	$ 374.93	$ 130	$ 1,636
Service Item	Outpatient	Dxa Bone Density Study Fx	77085	320	NC Diag Imaging	$ 329.72	$ 272.01	$ 374.93	$ 129.87	$ 1,635.83
Service Item	Outpatient	Dxa Bone Density Study Fx	77085	320	SC Diag Imaging	$ 329.72	$ 272.01	$ 374.93	$ 129.87	$ 1,635.83
Service Item	Outpatient	Dxa Bone Density Vert Fx	77086	320	IC Radiology	$ 199.15	$ 176.94	$ 144.27	$ 87.09	$ 177.88
Service Item	Inpatient and Outpatient	Dxa Bone Density Vert Fx	77086	320	MC Diag Radiology	$ 199	$ 177	$ 220.48	$ 87	$ 888
Service Item	Outpatient	Dxa Bone Density Vert Fx	77086	320	NC Diag Imaging	$ 199.15	$ 176.94	$ 220.48	$ 87.09	$ 887.81
Service Item	Outpatient	Dxa Bone Density Vert Fx	77086	320	SC Diag Imaging	$ 199.15	$ 176.94	$ 220.48	$ 87.09	$ 887.81
Service Item	Outpatient	Dxa Bone Density/Peripher	77081	320	IC Radiology	$ 199.15	$ 193.44	$ 142.05	$ 77.61	$ 193.44
Service Item	Inpatient and Outpatient	Dxa Bone Density/Peripher	77081	320	MC Diag Radiology	$ 199	$ 193	$ 218.26	$ 78	$ 888
Service Item	Outpatient	Dxa Bone Density/Peripher	77081	320	NC Diag Imaging	$ 199.15	$ 193.44	$ 218.26	$ 77.61	$ 887.81
Service Item	Outpatient	Dxa Bone Density/Peripher	77081	320	SC Diag Imaging	$ 199.15	$ 193.44	$ 218.26	$ 77.61	$ 887.81
Service Package	Inpatient and Outpatient	Dysphagia Swallowing Eval	92610	440	MC ST Services	$ 304	Charges have been	$ 282.26	$ 273	$ 279
Service Item	Outpatient	Dysphagia Swallowing Eval	92610	440	OP Rehab Therapies	$ 303.50	$ 120.00	$ 269.52	$ 120.00	$ 407.66
Service Item	Outpatient	Dysphagia Swallowing Eval	92610	440	OP Therapy Akers	$ 303.50	$ 120.00	$ 244.40	$ 120.00	$ 279.22
Service Item	Outpatient	Dysphagia Swallowing Eval	92610	440	OP Therapy Exeter	$ 303.50	$ 120.00	$ 244.40	$ 120.00	$ 279.22
Service Item	Inpatient	Dysphagia Swallowing Eval	92610	440	RH ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Dysphagia Swallowing Eval	92610	440	SA ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Dysphagia Swallowing Eval	92610	440	SN TS ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Package	Inpatient and Outpatient	Dysphagia Therapy 15 Min	92526	440	MC ST Services	$ 144	Charges have been	$ 134.15	$ 130	$ 133
Service Package	Inpatient	Dysphagia Therapy 15 Min	92526	440	MH ST Services	$ 144.25	Charges have been	$ 134.15	$ 129.83	$ 132.71
Service Item	Outpatient	Dysphagia Therapy 15 Min	92526	440	OP Hand Center	$ 144.25	$ 120.00	$ 119.50	$ 86.55	$ 132.71
Service Item	Outpatient	Dysphagia Therapy 15 Min	92526	440	OP Therapy Akers	$ 144.25	$ 120.00	$ 136.89	$ 86.55	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 15 Min	92526	440	OP Therapy Dinuba	$ 144.25	$ 120.00	$ 136.89	$ 86.55	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 15 Min	92526	440	OP Therapy Exeter	$ 144.25	$ 120.00	$ 136.89	$ 86.55	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 15 Min	92526	440	OP Therapy Lovers Ln	$ 144.25	$ 120.00	$ 136.89	$ 86.55	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 15 Min	92526	440	OP Therapy Neuro	$ 144.25	$ 120.00	$ 128.01	$ 86.55	$ 192.84
Service Item	Inpatient	Dysphagia Therapy 15 Min	92526	440	RH ST Services	$ 144.25	Charges have been	$ 134.15	$ 129.83	$ 132.71
Service Item	Inpatient	Dysphagia Therapy 15 Min	92526	440	SA ST Services	$ 144.25	Charges have been	$ 134.15	$ 129.83	$ 132.71
Service Item	Inpatient	Dysphagia Therapy 15 Min	92526	440	SN TC Ortho ST	$ 144.25	Charges have been	$ 134.15	$ 129.83	$ 132.71
Service Item	Inpatient	Dysphagia Therapy 15 Min	92526	440	SN TS ST Services	$ 144.25	Charges have been	$ 134.15	$ 129.83	$ 132.71
Service Package	Inpatient and Outpatient	Dysphagia Therapy 30 Min	92526	440	MC ST Services	$ 208	Charges have been	$ 177.50	$ 187	$ 191
Service Package	Inpatient	Dysphagia Therapy 30 Min	92526	440	MH ST Services	$ 208.00	Charges have been	$ 177.50	$ 187.20	$ 191.36
Service Item	Outpatient	Dysphagia Therapy 30 Min	92526	440	OP Hand Center	$ 208.00	$ 120.00	$ 165.94	$ 120.00	$ 191.36
Service Item	Outpatient	Dysphagia Therapy 30 Min	92526	440	OP Therapy Akers	$ 208.00	$ 120.00	$ 173.55	$ 120.00	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 30 Min	92526	440	OP Therapy Dinuba	$ 208.00	$ 120.00	$ 173.55	$ 120.00	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 30 Min	92526	440	OP Therapy Exeter	$ 208.00	$ 120.00	$ 173.55	$ 120.00	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 30 Min	92526	440	OP Therapy Lovers Ln	$ 208.00	$ 120.00	$ 173.55	$ 120.00	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 30 Min	92526	440	OP Therapy Neuro	$ 208.00	$ 120.00	$ 169.68	$ 120.00	$ 192.84
Service Item	Inpatient	Dysphagia Therapy 30 Min	92526	440	RH ST Services	$ 208.00	Charges have been	$ 177.50	$ 187.20	$ 191.36
Service Item	Inpatient	Dysphagia Therapy 30 Min	92526	440	SA ST Services	$ 208.00	Charges have been	$ 177.50	$ 187.20	$ 191.36
Service Item	Inpatient	Dysphagia Therapy 30 Min	92526	440	SN TC Ortho ST	$ 208.00	Charges have been	$ 177.50	$ 187.20	$ 191.36
Service Item	Inpatient	Dysphagia Therapy 30 Min	92526	440	SN TS ST Services	$ 208.00	Charges have been	$ 177.50	$ 187.20	$ 191.36
Service Package	Inpatient and Outpatient	Dysphagia Therapy 45 Min	92526	440	MC ST Services	$ 144	Charges have been	$ 134.15	$ 130	$ 133
Service Package	Inpatient	Dysphagia Therapy 45 Min	92526	440	MH ST Services	$ 144.25	Charges have been	$ 134.15	$ 129.83	$ 132.71
Service Item	Outpatient	Dysphagia Therapy 45 Min	92526	440	OP Hand Center	$ 144.25	$ 120.00	$ 119.50	$ 86.55	$ 132.71
Service Item	Outpatient	Dysphagia Therapy 45 Min	92526	440	OP Therapy Akers	$ 144.25	$ 120.00	$ 136.89	$ 86.55	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 45 Min	92526	440	OP Therapy Dinuba	$ 144.25	$ 120.00	$ 136.89	$ 86.55	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 45 Min	92526	440	OP Therapy Exeter	$ 144.25	$ 120.00	$ 136.89	$ 86.55	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 45 Min	92526	440	OP Therapy Lovers Ln	$ 144.25	$ 120.00	$ 136.89	$ 86.55	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 45 Min	92526	440	OP Therapy Neuro	$ 144.25	$ 120.00	$ 128.01	$ 86.55	$ 192.84
Service Item	Inpatient	Dysphagia Therapy 45 Min	92526	440	RH ST Services	$ 144.25	Charges have been	$ 134.15	$ 129.83	$ 132.71
Service Item	Inpatient	Dysphagia Therapy 45 Min	92526	440	SA ST Services	$ 144.25	Charges have been	$ 134.15	$ 129.83	$ 132.71
Service Item	Inpatient	Dysphagia Therapy 45 Min	92526	440	SN TC Ortho ST	$ 144.25	Charges have been	$ 134.15	$ 129.83	$ 132.71
Service Item	Inpatient	Dysphagia Therapy 45 Min	92526	440	SN TS ST Services	$ 144.25	Charges have been	$ 134.15	$ 129.83	$ 132.71
Service Package	Inpatient and Outpatient	Dysphagia Therapy 60 Min	92526	440	MC ST Services	$ 208	Charges have been	$ 177.50	$ 187	$ 191
Service Package	Inpatient	Dysphagia Therapy 60 Min	92526	440	MH ST Services	$ 208.00	Charges have been	$ 177.50	$ 187.20	$ 191.36
Service Item	Outpatient	Dysphagia Therapy 60 Min	92526	440	OP Hand Center	$ 208.00	$ 120.00	$ 165.94	$ 120.00	$ 191.36
Service Item	Outpatient	Dysphagia Therapy 60 Min	92526	440	OP Therapy Akers	$ 208.00	$ 120.00	$ 173.55	$ 120.00	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 60 Min	92526	440	OP Therapy Dinuba	$ 208.00	$ 120.00	$ 173.55	$ 120.00	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 60 Min	92526	440	OP Therapy Exeter	$ 208.00	$ 120.00	$ 173.55	$ 120.00	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 60 Min	92526	440	OP Therapy Lovers Ln	$ 208.00	$ 120.00	$ 173.55	$ 120.00	$ 266.00
Service Item	Outpatient	Dysphagia Therapy 60 Min	92526	440	OP Therapy Neuro	$ 208.00	$ 120.00	$ 169.68	$ 120.00	$ 192.84
Service Item	Inpatient	Dysphagia Therapy 60 Min	92526	440	RH ST Services	$ 208.00	Charges have been	$ 177.50	$ 187.20	$ 191.36
Service Item	Inpatient	Dysphagia Therapy 60 Min	92526	440	SA ST Services	$ 208.00	Charges have been	$ 177.50	$ 187.20	$ 191.36
Service Item	Inpatient	Dysphagia Therapy 60 Min	92526	440	SN TC Ortho ST	$ 208.00	Charges have been	$ 177.50	$ 187.20	$ 191.36
Service Item	Inpatient	Dysphagia Therapy 60 Min	92526	440	SN TS ST Services	$ 208.00	Charges have been	$ 177.50	$ 187.20	$ 191.36
Service Package	Inpatient and Outpatient	Dysphagia Treatment	92526	440	MC ST Services	$ 153	Charges have been	$ 140.13	$ 138	$ 141
Service Package	Inpatient	Dysphagia Treatment	92526	440	MH ST Services	$ 153.04	Charges have been	$ 140.13	$ 137.74	$ 140.80
Service Item	Inpatient	Dysphagia Treatment	92526	440	RH ST Services	$ 153.04	Charges have been	$ 140.13	$ 137.74	$ 140.80
Service Item	Inpatient	Dysphagia Treatment	92526	440	SA ST Services	$ 153.04	Charges have been	$ 140.13	$ 137.74	$ 140.80
Service Item	Inpatient	Dysphagia Treatment	92526	440	SN TC Ortho ST	$ 153.04	Charges have been	$ 140.13	$ 137.74	$ 140.80
Service Item	Inpatient	Dysphagia Treatment	92526	440	SN TS ST Services	$ 153.04	Charges have been	$ 140.13	$ 137.74	$ 140.80
Service Item	Inpatient and Outpatient	E Coli 0157:H7 Agglutinat	87147	306	MC General Lab	$ 80	$ 21	$ 52.53	$ 19	$ 73
Service Item	Inpatient and Outpatient	E Coli Shiga-Like Toxin by EIA Stool-ARUP	87427	306	MC Reference Lab	$ 9	$ 41	$ 21.65	$ 5	$ 118
Service Package	Inpatient and Outpatient	E Wedge Allograft	C1713	278	MC Central Supply	$ 3,745	Charges have been	$ 3,930.10	$ 3,337	$ 3,411
Service Item	Inpatient and Outpatient	E. histolytica (amebiasis) IgG Antibody-ARUP	86753	301	MC Reference Lab	$ 14	$ 55	$ 26.86	$ 8	$ 122
Service Item	Outpatient	E/M Pharmacist Only Lvl 2	99212	510	CD Chronic Disease	$ 138.50	$ 80.68	$ 107.71	$ 45.55	$ 123.71
Service Item	Outpatient	E/M Pharmacist Only Lvl 2	99212	510	SFM Family Medicine	$ 138.50	$ 80.68	$ 121.50	$ 80.68	$ 123.71
Service Item	Outpatient	E/M Pharmacist Only Lvl 3	99213	510	CD Chronic Disease	$ 138.50	$ 80.68	$ 117.22	$ 67.24	$ 123.71
Service Item	Outpatient	E/M Pharmacist Only Lvl 3	99213	510	SFM Family Medicine	$ 138.50	$ 80.68	$ 128.50	$ 80.68	$ 123.71
Service Item	Outpatient	E/M Pharmacist Only Lvl 4	99214	510	CD Chronic Disease	$ 138.50	$ 80.68	$ 128.94	$ 67.24	$ 123.71
Service Item	Outpatient	E/M Pharmacist Only Lvl 4	99214	510	SFM Family Medicine	$ 138.50	$ 80.68	$ 137.65	$ 80.68	$ 123.71

Service Item	Outpatient	E/M Pharmacist Only Lvl 5	99215	510	CD Chronic Disease	$ 138.50	$ 80.68	$ 142.53	$ 67.24	$ 129.82
Service Item	Outpatient	E/M Pharmacist Only Lvl 5	99215	510	SFM Family Medicine	$ 138.50	$ 80.68	$ 147.89	$ 80.68	$ 123.71
Service Item	Inpatient and Outpatient	Ebv Ab (Ea-D) Igg50225	86663	305	MC Reference Lab	$ 15	$ 59	$ 28.39	$ 9	$ 129
Service Item	Inpatient and Outpatient	Ebv Ab Cap Ag Igg50235	86665	305	MC Reference Lab	$ 20	$ 72	$ 36.69	$ 12	$ 178
Service Item	Inpatient and Outpatient	Ebv Ab Cap Ag Igm50240	86665	305	MC Reference Lab	$ 20	$ 72	$ 36.69	$ 12	$ 178
Service Item	Inpatient and Outpatient	EBV Ab to Viral Capsid Ag, IgG-ARUP	86664	305	MC Reference Lab	$ 16	$ 69	$ 32.16	$ 9	$ 150
Service Item	Inpatient and Outpatient	EBV IgA Ab to Viral Capsid Ag-ARUP	86665	311	MC Reference Lab	$ 16	$ 72	$ 34.27	$ 9	$ 178
Service Item	Outpatient	Echo Exam Of Head	76506	402	IC Ultrasound	$ 198.60	$ 156.33	$ 324.41	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Echo Exam Of Head	76506	402	MC Ultrasound	$ 199	$ 156	$ 324.41	$ 130	$ 1,636
Service Item	Outpatient	Echo Exam Of Scrotum	76870	402	IC Ultrasound	$ 722.84	$ 175.23	$ 567.93	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Echo Exam Of Scrotum	76870	402	MC Ultrasound	$ 723	$ 175	$ 567.93	$ 130	$ 1,636
Service Item	Outpatient	Echo Prostate-Transrectal	76872	402	IC Ultrasound	$ 595.54	$ 173.76	$ 518.80	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Echo Prostate-Transrectal	76872	402	MC Ultrasound	$ 596	$ 174	$ 518.80	$ 130	$ 1,636
Service Item	Inpatient and Outpatient	Echocardiogram with Image Enhancement	C8929	483	DC Non Invasive Card	$ 2,076	$ 1,320	$ 1,558.18	$ 789	$ 1,854
Service Item	Inpatient and Outpatient	Echocardiogram with Image Enhancement	C8929	483	MC NonInv CardioSrv	$ 2,076	Charges have been	$ 1,595.41	$ 789	$ 1,854
Service Item	Outpatient	Echocardiogram with Image Enhancement	C8929	483	OS Non Invasive Card	$ 2,076.18	$ 1,319.85	$ 1,558.18	$ 788.87	$ 1,854.45
Service Item	Outpatient	Echocardiogram with Image Enhancement	C8929	483	SQ Seq Cardiology	$ 2,076.18	$ 1,319.85	$ 1,387.38	$ 788.87	$ 1,854.45
Service Item	Outpatient	Echography Breast B Scan	76641	402	IC Ultrasound	$ 643.07	$ 324.99	$ 539.52	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Echography Breast B Scan	76641	402	MC Ultrasound	$ 643	$ 325	$ 539.52	$ 130	$ 1,636
Service Item	Inpatient and Outpatient	Echo-Limited/Follow-up with Image Enhanceme	C8924	483	DC Non Invasive Card	$ 2,076	$ 1,209	$ 1,523.53	$ 442	$ 1,854
Service Item	Inpatient and Outpatient	Echo-Limited/Follow-up with Image Enhanceme	C8924	483	MC NonInv CardioSrv	$ 2,076	Charges have been	$ 1,508.81	$ 442	$ 1,854
Service Item	Outpatient	Echo-Limited/Follow-up with Image Enhanceme	C8924	483	OS Non Invasive Card	$ 2,076.18	$ 1,209.43	$ 1,523.53	$ 442.45	$ 1,854.45
Service Item	Outpatient	Echo-Limited/Follow-up with Image Enhanceme	C8924	483	SQ Seq Cardiology	$ 2,076.18	$ 1,209.43	$ 1,297.55	$ 442.45	$ 1,854.45
Service Package	Inpatient and Outpatient	ECMO/ECLS Initiation Artery	33947	360	MC Cath Lab Srvcs	$ 1,133	Charges have been	$ 1,038.02	$ 990	$ 1,012
Service Package	Inpatient and Outpatient	ECMO/ECLS Ins Peripheral Cannula	33952	360	MC Cath Lab Srvcs	$ 1,133	Charges have been	$ 1,038.02	$ 990	$ 1,012
Service Item	Outpatient	eculizumab 10 mg/mL Inj 30 mL	J1300	636	CD Infusion Clinic	$ 24,931.00	$ 14,958.60	$ 12,387.33	$ 204.03	$ 22,936.52
Service Item	Inpatient and Outpatient	eculizumab 10 mg/mL Inj 30 mL	J1300	636	MC Pharmacy	$ 24,931	$ 15,159	$ 12,387.33	$ 204	$ 22,937
Service Item	Outpatient	eculizumab 10 mg/mL Inj 30 mL	J1300	636	NC Urgent Care	$ 24,931.00	$ 15,159.15	$ 12,325.00	$ 204.03	$ 22,936.52
Service Item	Outpatient	eculizumab 10 mg/mL Inj 30 mL	J1300	636	SC Urgent Care	$ 24,931.00	$ 15,159.15	$ 12,387.33	$ 204.03	$ 22,936.52
Service Package	Inpatient and Outpatient	Ed Delivery		450	MC Emergency	$ 581	Charges have been	#N/A	$ 493	$ 504
Service Package	Inpatient and Outpatient	Ed Procedure Cmplx		450	MC Emergency	$ 1,298	Charges have been	#N/A	$ 1,134	$ 1,159
Service Package	Inpatient and Outpatient	Ed Procedure Intrmd		450	MC Emergency	$ 560	Charges have been	#N/A	$ 489	$ 500
Service Package	Inpatient and Outpatient	Ed Procedure Minor		450	MC Emergency	$ 73	Charges have been	#N/A	$ 64	$ 66
Service Package	Inpatient and Outpatient	Ed Procedure Simple		450	MC Emergency	$ 199	Charges have been	#N/A	$ 174	$ 178
Service Package	Inpatient and Outpatient	Ed Telepsychiatry Eval	Q3014	450	MC Emergency	$ 83	Charges have been	$ 76.09	$ 73	$ 74
Service Item	Outpatient	edaravone 30 mg/100 mL	J1301	636	CD Infusion Clinic	$ 2,378.35	$ 1,427.01	$ 1,319.85	$ 18.83	$ 2,188.08
Service Item	Inpatient and Outpatient	edaravone 30 mg/100 mL	J1301	636	MC Pharmacy	$ 2,378	$ 1,427	$ 1,179.35	$ 19	$ 2,188
Service Item	Outpatient	edaravone 30 mg/100 mL	J1301	636	NC Urgent Care	$ 2,378.35	$ 1,427.01	$ 1,173.41	$ 18.83	$ 2,188.08
Service Item	Outpatient	edaravone 30 mg/100 mL	J1301	636	SC Urgent Care	$ 2,378.35	$ 1,427.01	$ 1,179.35	$ 18.83	$ 2,188.08
Service Item	Inpatient and Outpatient	Eeg & Video Rec Ea 24Hrs	95715	740	MC EEG	$ 1,038	Charges have been	$ 839.77	$ 563	$ 927
Service Item	Inpatient and Outpatient	Eeg Awake & Drowsy	95816	740	MC EEG	$ 912	Charges have been	$ 687.24	$ 293	$ 814
Service Item	Outpatient	Eeg Awake & Drowsy	95816	740	OS EEG	$ 911.61	$ 286.20	$ 644.81	$ 286.20	$ 814.26
Service Item	Inpatient and Outpatient	Eeg Awake & Sleep	95819	740	MC EEG	$ 1,013	Charges have been	$ 755.67	$ 293	$ 905
Service Item	Outpatient	Eeg Awake & Sleep	95819	740	OS EEG	$ 1,013.23	$ 232.44	$ 716.26	$ 232.44	$ 905.02
Service Item	Inpatient and Outpatient	Eeg Cerebral Death Only	95824	740	MC EEG	$ 1,320	Charges have been	$ 1,029.63	$ 563	$ 1,179
Service Item	Outpatient	Eeg Cerebral Death Only	95824	740	OS EEG	$ 1,320.02	$ 768.94	$ 920.37	$ 193.18	$ 1,179.04
Service Item	Inpatient and Outpatient	Eeg Coma Or Sleep Only	95822	740	MC EEG	$ 870	Charges have been	$ 659.46	$ 293	$ 777
Service Package	Inpatient and Outpatient	Eeg Coma Or Sleep Only	95822	740	MC Surgical Srvcs	$ 870	Charges have been	$ 659.46	$ 293	$ 777
Service Item	Outpatient	Eeg Coma Or Sleep Only	95822	740	OS EEG	$ 870.36	$ 644.85	$ 632.89	$ 293.27	$ 777.41
Service Item	Inpatient and Outpatient	Eeg Extended To 1 Hour	95812	740	MC EEG	$ 1,054	Charges have been	$ 782.91	$ 293	$ 941
Service Item	Outpatient	Eeg Extended To 1 Hour	95812	740	OS EEG	$ 1,053.67	$ 532.35	$ 744.90	$ 293.27	$ 941.14
Service Item	Inpatient and Outpatient	Eeg Greater Than 1 Hour	95813	740	MC EEG	$ 1,144	Charges have been	$ 843.44	$ 293	$ 1,021
Service Item	Outpatient	Eeg Greater Than 1 Hour	95813	740	OS EEG	$ 1,143.55	$ 243.00	$ 772.11	$ 243.00	$ 1,021.42
Service Package	Inpatient and Outpatient	Egd Lesion Ablation	43270	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Egd Us Fine Needle Bx/Asp	43238	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Egd Us Transmural Inj	43253	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Item	Inpatient and Outpatient	Ehlers-Danlos Syndrome Type VI Screen-ARUP	82523	300	MC Reference Lab	$ 21	$ 123	$ 40.04	$ 12	$ 184
Service Item	Inpatient and Outpatient	Ehrlichia antibody-ARUP	86666	312	MC Reference Lab	$ 11	$ 45	$ 21.88	$ 7	$ 100
Service Item	Outpatient	Elbow 2 Views	73070	320	IC Radiology	$ 253.79	$ 66.54	$ 156.96	$ 59.66	$ 226.69
Service Item	Inpatient and Outpatient	Elbow 2 Views	73070	320	MC Diag Radiology	$ 254	$ 67	$ 229.73	$ 60	$ 888
Service Item	Outpatient	Elbow 2 Views	73070	320	NC Diag Imaging	$ 253.79	$ 66.54	$ 229.73	$ 59.66	$ 887.81
Service Item	Outpatient	Elbow 2 Views	73070	320	SC Diag Imaging	$ 253.79	$ 66.54	$ 229.73	$ 59.66	$ 887.81
Service Item	Outpatient	Elbow 3 Views	73080	320	IC Radiology	$ 421.25	$ 72.72	$ 243.48	$ 65.21	$ 376.26
Service Item	Inpatient and Outpatient	Elbow 3 Views	73080	320	MC Diag Radiology	$ 421	$ 73	$ 305.68	$ 65	$ 888
Service Item	Outpatient	Elbow 3 Views	73080	320	NC Diag Imaging	$ 421.25	$ 72.72	$ 305.68	$ 65.21	$ 887.81
Service Item	Outpatient	Elbow 3 Views	73080	320	SC Diag Imaging	$ 421.25	$ 72.72	$ 305.68	$ 65.21	$ 887.81
Service Item	Outpatient	Elbow Arthrogram	73085	322	IC Radiology	$ 610.56	$ 266.61	$ 430.11	$ 239.06	$ 545.36
Service Item	Inpatient and Outpatient	Elbow Arthrogram	73085	322	MC Diag Radiology	$ 611	$ 267	$ 1,043.81	$ 239	$ 6,522
Service Item	Outpatient	Elbow Arthrogram	73085	322	NC Diag Imaging	$ 610.56	$ 266.61	$ 1,043.81	$ 239.06	$ 6,522.36
Service Item	Outpatient	Elbow Arthrogram	73085	322	SC Diag Imaging	$ 610.56	$ 266.61	$ 1,043.81	$ 239.06	$ 6,522.36
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot	97032	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot	97032	430	OP Therapy Akers	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot	97032	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot	97032	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot	97032	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot	97032	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 102.05	$ 24.15	$ 123.28
Service Item	Inpatient	Elec Stim (Manual) 15 Min Ot	97032	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 24.15	$ 123.28
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot - PTA/OTA Service	97032	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot - PTA/OTA Service	97032	430	OP Therapy Akers	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot - PTA/OTA Service	97032	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot - PTA/OTA Service	97032	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot - PTA/OTA Service	97032	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Ot - PTA/OTA Service	97032	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 102.05	$ 24.15	$ 123.28
Service Item	Inpatient	Elec Stim (Manual) 15 Min Ot - PTA/OTA Service	97032	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 24.15	$ 123.28
Service Package	Inpatient and Outpatient	Elec Stim (Manual) 15 Min Pt	97032	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt	97032	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt	97032	420	OP Therapy Akers	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt	97032	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt	97032	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt	97032	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 147.38	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt	97032	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 102.05	$ 24.15	$ 123.28
Service Item	Inpatient	Elec Stim (Manual) 15 Min Pt	97032	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 24.15	$ 123.28
Service Item	Inpatient	Elec Stim (Manual) 15 Min Pt	97032	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Elec Stim (Manual) 15 Min Pt	97032	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Elec Stim (Manual) 15 Min Pt	97032	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt - PTA/OTA Service	97032	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt - PTA/OTA Service	97032	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 139.68	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt - PTA/OTA Service	97032	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 139.68	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt - PTA/OTA Service	97032	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 139.68	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt - PTA/OTA Service	97032	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 139.68	$ 73.55	$ 317.00
Service Item	Outpatient	Elec Stim (Manual) 15 Min Pt - PTA/OTA Service	97032	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 103.41	$ 24.15	$ 123.28
Service Item	Inpatient	Elec Stim (Manual) 15 Min Pt - PTA/OTA Service	97032	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 24.15	$ 123.28
Service Item	Inpatient	Elec Stim (Manual) 15 Min Pt - PTA/OTA Service	97032	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Elec Stim (Manual) 15 Min Pt - PTA/OTA Service	97032	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Elec Stim (Manual) 15 Min Pt - PTA/OTA Service	97032	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient and Outpatient	Electronic Compatability Test	86923	302	MC General Lab	$ 173	$ 38	$ 142.11	$ 34	$ 235
Service Package	Inpatient and Outpatient	Electrophys Map 3D Add	93613	481	MC Cath Lab Srvcs	$ 2,941	Charges have been	$ 2,694.26	$ 2,570	$ 2,627
Service Package	Inpatient and Outpatient	Electrophysiology Eval	93644	481	MC Cath Lab Srvcs	$ 2,440	Charges have been	$ 2,235.50	$ 2,132	$ 2,179
Service Package	Inpatient and Outpatient	Embolization Tumor/Organ	37243	361	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 16,961.05	$ 11,280	$ 11,530
Service Package	Inpatient and Outpatient	Emerg Room I	99281	450	MC Emergency	$ 325	$ 190	$ 1,608.28	$ 81	$ 3,539
Service Package	Inpatient and Outpatient	Emerg Room Ii	99282	450	MC Emergency	$ 813	$ 474	$ 1,703.79	$ 148	$ 3,539
Service Package	Inpatient and Outpatient	Emerg Room Iii	99283	450	MC Emergency	$ 1,510	$ 880	$ 1,841.72	$ 259	$ 3,539
Service Package	Inpatient and Outpatient	Emerg Room Iv	99284	450	MC Emergency	$ 2,439	$ 1,421	$ 2,025.71	$ 408	$ 3,539
Service Package	Inpatient and Outpatient	Emerg Room V	99285	450	MC Emergency	$ 3,601	$ 2,098	$ 2,254.81	$ 585	$ 3,539
Service Package	Inpatient and Outpatient	Emergency Room Vi	99291	450	MC Emergency	$ 5,303	$ 3,089	$ 2,583.44	$ 772	$ 4,737
Service Package	Inpatient and Outpatient	Emg 1 Extremity	95860	922	MC Surgical Center	$ 238	Charges have been	$ 192.19	$ 126	$ 213
Service Package	Inpatient and Outpatient	Emg 1 Extremity	95860	922	MC Surgical Srvcs	$ 238	Charges have been	$ 192.19	$ 126	$ 213
Service Package	Inpatient and Outpatient	Emg 2 Extremities	95861	922	MC Surgical Srvcs	$ 305	Charges have been	$ 237.27	$ 126	$ 273

Service Package	Inpatient and Outpatient	Emg 3 Extremities	95863	922	MC Surgical Srvcs	$	355	Charges have been	$	279.24	$	160	$	317
Service Package	Inpatient and Outpatient	Emg 4 Extremities	95864	922	MC Surgical Srvcs	$	422	Charges have been	$	323.95	$	160	$	377
Service Package	Inpatient and Outpatient	EMG Muscle Test Larynx	95865	922	MC Surgical Srvcs	$	2,493	Charges have been	$	1,710.56	$	126	$	2,227
Service Item	Outpatient	enalapril/NS IV PED 25 mcg/mL	J3490	636	CD Infusion Clinic	$	20.35	$ 12.21	$	20.37	$	12.21	$	27.98
Service Item	Inpatient and Outpatient	enalapril/NS IV PED 25 mcg/mL	J3490	636	MC Pharmacy	$	20	$ 12	$	20.37	$	12	$	28
Service Item	Outpatient	enalapril/NS IV PED 25 mcg/mL	J3490	636	NC Urgent Care	$	20.35	$ 12.21	$	20.32	$	12.21	$	27.98
Service Item	Outpatient	enalapril/NS IV PED 25 mcg/mL	J3490	636	SC Urgent Care	$	20.35	$ 12.21	$	20.37	$	12.21	$	27.98
Service Item	Outpatient	enalaprilat 1.25 mg/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$	20.35	$ 12.21	$	20.37	$	12.21	$	27.98
Service Item	Inpatient and Outpatient	enalaprilat 1.25 mg/mL Inj 1 mL	J3490	636	MC Pharmacy	$	20	$ 12	$	20.37	$	12	$	28
Service Item	Outpatient	enalaprilat 1.25 mg/mL Inj 1 mL	J3490	636	NC Urgent Care	$	20.35	$ 12.21	$	20.32	$	12.21	$	27.98
Service Item	Outpatient	enalaprilat 1.25 mg/mL Inj 1 mL	J3490	636	SC Urgent Care	$	20.35	$ 12.21	$	20.37	$	12.21	$	27.98
Service Item	Inpatient and Outpatient	Encephalopathy Autoimmune, Fluorescent AB-A	86255	300	MC Reference Lab	$	79	$ 54	$	63.92	$	48	$	118
Service Item	Inpatient and Outpatient	Encephalopathy Autoimmune, Islet Cell AB-ARU	86341	300	MC Reference Lab	$	79	$ 69	$	74.22	$	48	$	195
Service Item	Inpatient and Outpatient	Encephalopathy Autoimmune, RIA Antibody-ARU	83519	300	MC Reference Lab	$	258	$ 60	$	170.62	$	56	$	238
Service Package	Inpatient and Outpatient	End Cap Lck Screw	C1713	278	MC Central Supply	$	1,908	Charges have been	$	2,684.92	$	1,700	$	1,738
Service Package	Inpatient and Outpatient	End Plate Spine	C1713	278	MC Central Supply	$	23,299	Charges have been	$	17,183.13	$	20,761	$	21,223
Service Package	Inpatient and Outpatient	End Plate Spine (B)	C1713	278	MC Central Supply	$	14,241	Charges have been	$	11,043.94	$	12,690	$	12,972
Service Package	Inpatient and Outpatient	Endo Cath - Bil & Pancr D	74330	320	MC Cath Lab Srvcs	$	867	Charges have been	$	794.39	$	758	$	774
Service Package	Inpatient and Outpatient	Endo Cath - Bile Ducts	74328	320	MC Cath Lab Srvcs	$	825	Charges have been	$	755.59	$	721	$	737
Service Package	Inpatient and Outpatient	Endo Cath - Pancr Duct	74329	320	MC Cath Lab Srvcs	$	788	Charges have been	$	721.55	$	688	$	703
Service Package	Inpatient and Outpatient	Endo Mucosal Resection	43254	750	MC Endo Services	$	3,600	Charges have been	$	2,899.14	$	1,805	$	3,312
Service Item	Outpatient	Endocerv Curettage W/Scope	57456	510	SFM Family Medicine	$	513.20	$ 298.95	$	395.78	$	298.95	$	458.39
Service Item	Outpatient	Endocervical Curettage	57505	510	SFM Family Medicine	$	950.67	$ 553.79	$	749.03	$	553.79	$	849.14
Service Package	Inpatient and Outpatient	Endolmnl Bx Urtr Rnl Plvs	50606	361	MC Cath Lab Srvcs	$	851	Charges have been	$	779.87	$	744	$	760
Service Item	Outpatient	Endometral Bx Wo Cerv Dil	58100	510	SFM Family Medicine	$	441.19	$ 257.00	$	332.52	$	192.40	$	394.07
Service Item	Inpatient and Outpatient	Endomysial Antibody, IgG-ARUP	86256	302	MC Reference Lab	$	10	$ 54	$	23.93	$	6	$	118
Service Package	Inpatient and Outpatient	Endoscopic Us Exam Esoph	43237	750	MC Endo Services	$	3,600	Charges have been	$	2,899.14	$	1,805	$	3,312
Service Package	Inpatient and Outpatient	Endoscopy of Bowel Pouch	44385	360	MC Endo Services	$	1,766	Charges have been	$	1,422.46	$	885	$	1,625
Service Package	Inpatient and Outpatient	Endotracheal Intubation		450	MC Emergency	$	743	Charges have been		#N/A	$	649	$	664
Service Package	Inpatient and Outpatient	Endovas Prosth Taa Add-On	33884	360	MC Cath Lab Srvcs	$	7,767	Charges have been	$	7,116.20	$	6,787	$	6,938
Service Package	Inpatient and Outpatient	Endovas Taa Repr Incl Sub	33880	360	MC Cath Lab Srvcs	$	31,815	Charges have been	$	29,147.55	$	27,799	$	28,417
Service Package	Inpatient and Outpatient	Endovas Taa Repr W/O Sub	33881	360	MC Cath Lab Srvcs	$	31,815	Charges have been	$	29,147.55	$	27,799	$	28,417
Service Package	Inpatient and Outpatient	Endovasc Prosth Delayed	33886	360	MC Cath Lab Srvcs	$	7,767	Charges have been	$	7,116.20	$	6,787	$	6,938
Service Package	Inpatient and Outpatient	Endovenous Rf 1St Vein	36475	361	MC Cath Lab Srvcs	$	6,928	Charges have been	$	5,797.77	$	3,211	$	7,534
Service Item	Outpatient	enoxaparin 100 mg/mL Inj 1 mL	J1650	636	CD Infusion Clinic	$	461.95	$ 277.17	$	200.44	$	1.66	$	424.99
Service Item	Inpatient and Outpatient	enoxaparin 100 mg/mL Inj 1 mL	J1650	636	MC Pharmacy	$	462	$ 277	$	200.44	$	2	$	425
Service Item	Outpatient	enoxaparin 100 mg/mL Inj 1 mL	J1650	636	NC Urgent Care	$	461.95	$ 277.17	$	199.29	$	1.66	$	424.99
Service Item	Outpatient	enoxaparin 100 mg/mL Inj 1 mL	J1650	636	SC Urgent Care	$	461.95	$ 277.17	$	200.44	$	1.66	$	424.99
Service Item	Outpatient	enoxaparin 120 mg/0.8 mL Inj 0.8 mL	J1650	636	CD Infusion Clinic	$	554.55	$ 332.73	$	233.73	$	1.66	$	510.19
Service Item	Inpatient and Outpatient	enoxaparin 120 mg/0.8 mL Inj 0.8 mL	J1650	636	MC Pharmacy	$	555	$ 333	$	233.73	$	2	$	510
Service Item	Outpatient	enoxaparin 120 mg/0.8 mL Inj 0.8 mL	J1650	636	NC Urgent Care	$	554.55	$ 332.73	$	232.35	$	1.66	$	510.19
Service Item	Outpatient	enoxaparin 120 mg/0.8 mL Inj 0.8 mL	J1650	636	SC Urgent Care	$	554.55	$ 332.73	$	233.73	$	1.66	$	510.19
Service Item	Outpatient	enoxaparin 150 mg/mL Inj 1 mL	J1650	636	CD Infusion Clinic	$	693.20	$ 415.92	$	283.58	$	1.66	$	637.74
Service Item	Inpatient and Outpatient	enoxaparin 150 mg/mL Inj 1 mL	J1650	636	MC Pharmacy	$	693	$ 416	$	283.58	$	2	$	638
Service Item	Outpatient	enoxaparin 150 mg/mL Inj 1 mL	J1650	636	NC Urgent Care	$	693.20	$ 415.92	$	281.85	$	1.66	$	637.74
Service Item	Outpatient	enoxaparin 150 mg/mL Inj 1 mL	J1650	636	SC Urgent Care	$	693.20	$ 415.92	$	283.58	$	1.66	$	637.74
Service Item	Outpatient	enoxaparin 30 mg/0.3 mL Inj 0.3 mL	J1650	636	CD Infusion Clinic	$	138.45	$ 83.07	$	84.15	$	1.66	$	127.37
Service Item	Inpatient and Outpatient	enoxaparin 30 mg/0.3 mL Inj 0.3 mL	J1650	636	MC Pharmacy	$	138	$ 83	$	84.15	$	2	$	127
Service Item	Outpatient	enoxaparin 30 mg/0.3 mL Inj 0.3 mL	J1650	636	NC Urgent Care	$	138.45	$ 83.07	$	83.80	$	1.66	$	127.37
Service Item	Outpatient	enoxaparin 30 mg/0.3 mL Inj 0.3 mL	J1650	636	SC Urgent Care	$	138.45	$ 83.07	$	84.15	$	1.66	$	127.37
Service Item	Outpatient	enoxaparin 40 mg/0.4 mL Inj 0.4 mL	J1650	636	CD Infusion Clinic	$	184.60	$ 110.76	$	100.74	$	1.66	$	169.83
Service Item	Inpatient and Outpatient	enoxaparin 40 mg/0.4 mL Inj 0.4 mL	J1650	636	MC Pharmacy	$	185	$ 111	$	100.74	$	2	$	170
Service Item	Outpatient	enoxaparin 40 mg/0.4 mL Inj 0.4 mL	J1650	636	NC Urgent Care	$	184.60	$ 110.76	$	100.28	$	1.66	$	169.83
Service Item	Outpatient	enoxaparin 40 mg/0.4 mL Inj 0.4 mL	J1650	636	SC Urgent Care	$	184.60	$ 110.76	$	100.74	$	1.66	$	169.83
Service Item	Outpatient	enoxaparin 60 mg/0.6 mL Inj 0.6 mL	J1650	636	CD Infusion Clinic	$	277.20	$ 166.32	$	134.03	$	1.66	$	255.02
Service Item	Inpatient and Outpatient	enoxaparin 60 mg/0.6 mL Inj 0.6 mL	J1650	636	MC Pharmacy	$	277	$ 166	$	134.03	$	2	$	255
Service Item	Outpatient	enoxaparin 60 mg/0.6 mL Inj 0.6 mL	J1650	636	NC Urgent Care	$	277.20	$ 166.32	$	133.33	$	1.66	$	255.02
Service Item	Outpatient	enoxaparin 60 mg/0.6 mL Inj 0.6 mL	J1650	636	SC Urgent Care	$	277.20	$ 166.32	$	134.03	$	1.66	$	255.02
Service Item	Outpatient	enoxaparin 80 mg/0.8 mL Inj 0.8 mL	J1650	636	CD Infusion Clinic	$	369.60	$ 221.76	$	167.24	$	1.66	$	340.03
Service Item	Inpatient and Outpatient	enoxaparin 80 mg/0.8 mL Inj 0.8 mL	J1650	636	MC Pharmacy	$	370	$ 222	$	167.24	$	2	$	340
Service Item	Outpatient	enoxaparin 80 mg/0.8 mL Inj 0.8 mL	J1650	636	NC Urgent Care	$	369.60	$ 221.76	$	166.32	$	1.66	$	340.03
Service Item	Outpatient	enoxaparin 80 mg/0.8 mL Inj 0.8 mL	J1650	636	SC Urgent Care	$	369.60	$ 221.76	$	167.24	$	1.66	$	340.03
Service Package	Inpatient and Outpatient	Ent Cement	C1713	278	MC Central Supply	$	571	Charges have been	$	1,778.69	$	509	$	520
Service Package	Inpatient and Outpatient	Ent Surg Proc Complex		450	MC Emergency	$	2,953	Charges have been		#N/A	$	2,580	$	2,637
Service Package	Inpatient and Outpatient	Ent Surg Proc Intermediat		450	MC Emergency	$	1,369	Charges have been		#N/A	$	1,196	$	1,222
Service Package	Inpatient and Outpatient	Ent Surg Proc Simple		450	MC Emergency	$	270	Charges have been		#N/A	$	236	$	241
Service Item	Inpatient and Outpatient	Entamoeba Antigen by EIA Stool-ARUP	87337	306	MC Reference Lab	$	10	$ 41	$	22.52	$	6	$	118
Service Item	Inpatient and Outpatient	Enteric Parasite	87505	306	MC General Lab	$	408	$ 438	$	592.24	$	353	$	1,261
Service Item	Outpatient	Enterocolysis Sbft	74251	320	IC Radiology	$	895.21	$ 167.25	$	564.34	$	149.97	$	799.61
Service Item	Inpatient and Outpatient	Enterocolysis Sbft	74251	320	MC Diag Radiology	$	895	$ 167	$	671.43	$	150	$	1,636
Service Item	Inpatient and Outpatient	Enterovirus antibody-ARUP	86658	302	MC Reference Lab	$	14	$ 59	$	28.03	$	9	$	128
Service Item	Outpatient	Enuc/Excise Hemorrhoid	46320	516	NC Urgent Care	$	1,034.35	$ 2,510.35	$	2,113.96	$	161.25	$	3,849.21
Service Item	Outpatient	Enuc/Excise Hemorrhoid	46320	516	SC Urgent Care	$	1,034.35	$ 2,510.35	$	2,124.42	$	161.25	$	3,849.21
Service Item	Inpatient and Outpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	MC OT Services	$	1,932	$ 1,159	$	1,600.71	$	1,159	$	1,778
Service Item	Outpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	OP Hand Center	$	1,932.25	$ 1,159.35	$	1,600.71	$	1,159.35	$	1,777.67
Service Item	Outpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	OP Therapy Akers	$	1,932.25	$ 1,159.35	$	1,574.54	$	1,159.35	$	1,777.67
Service Item	Outpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	OP Therapy Dinuba	$	1,932.25	$ 1,159.35	$	1,574.54	$	1,159.35	$	1,777.67
Service Item	Outpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	OP Therapy Exeter	$	1,932.25	$ 1,159.35	$	1,574.54	$	1,159.35	$	1,777.67
Service Item	Outpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	OP Therapy Lovers Ln	$	1,932.25	$ 1,159.35	$	1,574.54	$	1,159.35	$	1,777.67
Service Item	Outpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	OP Therapy Neuro	$	1,932.25	$ 1,159.35	$	1,574.54	$	1,159.35	$	1,777.67
Service Item	Inpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	RH OT Services	$	1,932.25	Charges have been	$	1,796.99	$	1,739.03	$	1,777.67
Service Item	Inpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	SA OT Services	$	1,932.25	Charges have been	$	1,796.99	$	1,739.03	$	1,777.67
Service Item	Inpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	SN TC Ortho OT	$	1,932.25	Charges have been	$	1,796.99	$	1,739.03	$	1,777.67
Service Item	Inpatient	Eo Cf Dbl Upr Adj Pos Lk	L3740	274	SN TS OT Services	$	1,932.25	Charges have been	$	1,796.99	$	1,739.03	$	1,777.67
Service Item	Inpatient and Outpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	MC OT Services	$	1,630	$ 978	$	1,350.12	$	978	$	1,499
Service Item	Outpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	OP Hand Center	$	1,629.75	$ 977.85	$	1,350.12	$	977.85	$	1,499.37
Service Item	Outpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	OP Therapy Akers	$	1,629.75	$ 977.85	$	1,350.12	$	977.85	$	1,499.37
Service Item	Outpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	OP Therapy Dinuba	$	1,629.75	$ 977.85	$	1,350.12	$	977.85	$	1,499.37
Service Item	Outpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	OP Therapy Exeter	$	1,629.75	$ 977.85	$	1,350.12	$	977.85	$	1,499.37
Service Item	Outpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	OP Therapy Lovers Ln	$	1,629.75	$ 977.85	$	1,350.12	$	977.85	$	1,499.37
Service Item	Outpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	OP Therapy Neuro	$	1,629.75	$ 977.85	$	1,350.12	$	977.85	$	1,499.37
Service Item	Inpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	RH OT Services	$	1,629.75	Charges have been	$	1,515.67	$	1,466.78	$	1,499.37
Service Item	Inpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	SA OT Services	$	1,629.75	Charges have been	$	1,515.67	$	1,466.78	$	1,499.37
Service Item	Inpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	SN TC Ortho OT	$	1,629.75	Charges have been	$	1,515.67	$	1,466.78	$	1,499.37
Service Item	Inpatient	Eo Cf Dbl Upr Flex Asst	L3730	274	SN TS OT Services	$	1,629.75	Charges have been	$	1,515.67	$	1,466.78	$	1,499.37
Service Item	Outpatient	Eo Cf Free Mtn Dbl Upr	L3720	274	OP Hand Center	$	1,183.00	$ 709.80	$	980.02	$	709.80	$	1,088.36
Service Item	Outpatient	Eo Cf Free Mtn Dbl Upr	L3720	274	OP Therapy Akers	$	1,183.00	$ 709.80	$	980.02	$	709.80	$	1,088.36
Service Item	Outpatient	Eo Cf Free Mtn Dbl Upr	L3720	274	OP Therapy Dinuba	$	1,183.00	$ 709.80	$	980.02	$	709.80	$	1,088.36
Service Item	Outpatient	Eo Cf Free Mtn Dbl Upr	L3720	274	OP Therapy Exeter	$	1,183.00	$ 709.80	$	980.02	$	709.80	$	1,088.36
Service Item	Outpatient	Eo Cf Free Mtn Dbl Upr	L3720	274	OP Therapy Lovers Ln	$	1,183.00	$ 709.80	$	980.02	$	709.80	$	1,088.36
Service Item	Outpatient	Eo Cf Free Mtn Dbl Upr	L3720	274	OP Therapy Neuro	$	1,183.00	$ 709.80	$	980.02	$	709.80	$	1,088.36
Service Item	Inpatient and Outpatient	Eo Pf Elas W Metal Jnts	L3710	274	MC OT Services	$	188	$ 113	$	155.54	$	113	$	173
Service Item	Outpatient	Eo Pf Elas W Metal Jnts	L3710	274	OP Hand Center	$	187.75	$ 112.65	$	155.54	$	112.65	$	172.73
Service Item	Outpatient	Eo Pf Elas W Metal Jnts	L3710	274	OP Therapy Akers	$	187.75	$ 112.65	$	155.54	$	112.65	$	172.73
Service Item	Outpatient	Eo Pf Elas W Metal Jnts	L3710	274	OP Therapy Dinuba	$	187.75	$ 112.65	$	155.54	$	112.65	$	172.73
Service Item	Outpatient	Eo Pf Elas W Metal Jnts	L3710	274	OP Therapy Exeter	$	187.75	$ 112.65	$	155.54	$	112.65	$	172.73
Service Item	Outpatient	Eo Pf Elas W Metal Jnts	L3710	274	OP Therapy Lovers Ln	$	187.75	$ 112.65	$	155.54	$	112.65	$	172.73
Service Item	Outpatient	Eo Pf Elas W Metal Jnts	L3710	274	OP Therapy Neuro	$	187.75	$ 112.65	$	155.54	$	112.65	$	172.73
Service Item	Inpatient	Eo Pf Elas W Metal Jnts	L3710	274	RH OT Services	$	187.75	Charges have been	$	174.61	$	168.98	$	172.73
Service Item	Inpatient	Eo Pf Elas W Metal Jnts	L3710	274	SA OT Services	$	187.75	Charges have been	$	174.61	$	168.98	$	172.73
Service Item	Inpatient	Eo Pf Elas W Metal Jnts	L3710	274	SN TC Ortho OT	$	187.75	Charges have been	$	174.61	$	168.98	$	172.73
Service Item	Inpatient	Eo Pf Elas W Metal Jnts	L3710	274	SN TS OT Services	$	187.75	Charges have been	$	174.61	$	168.98	$	172.73
Service Item	Outpatient	Eo Pf Rigid Wo Jnts	L3762	274	OP Hand Center	$	141.50	$ 84.90	$	117.22	$	84.90	$	130.18
Service Item	Outpatient	Eo Pf Rigid Wo Jnts	L3762	274	OP Therapy Akers	$	141.50	$ 84.90	$	117.22	$	84.90	$	130.18
Service Item	Outpatient	Eo Pf Rigid Wo Jnts	L3762	274	OP Therapy Dinuba	$	141.50	$ 84.90	$	117.22	$	84.90	$	130.18
Service Item	Outpatient	Eo Pf Rigid Wo Jnts	L3762	274	OP Therapy Exeter	$	141.50	$ 84.90	$	117.22	$	84.90	$	130.18
Service Item	Outpatient	Eo Pf Rigid Wo Jnts	L3762	274	OP Therapy Lovers Ln	$	141.50	$ 84.90	$	117.22	$	84.90	$	130.18
Service Item	Outpatient	Eo Pf Rigid Wo Jnts	L3762	274	OP Therapy Neuro	$	141.50	$ 84.90	$	117.22	$	84.90	$	130.18

Service Item	Inpatient	Eo Pf Rigid Wo Jnts	L3762	274	SN TC Ortho OT	$ 141.50	Charges have been	$ 131.60	$ 127.35	$ 130.18	
Service Item	Inpatient and Outpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	MC OT Services	$ 658	$ 395	$ 545.31	$ 395	$ 606	
Service Item	Outpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	OP Hand Center	$ 658.25	$ 394.95	$ 545.31	$ 394.95	$ 605.59	
Service Item	Outpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	OP Therapy Akers	$ 658.25	$ 394.95	$ 545.31	$ 394.95	$ 605.59	
Service Item	Outpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	OP Therapy Dinuba	$ 658.25	$ 394.95	$ 545.31	$ 394.95	$ 605.59	
Service Item	Outpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	OP Therapy Exeter	$ 658.25	$ 394.95	$ 545.31	$ 394.95	$ 605.59	
Service Item	Outpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	OP Therapy Lovers Ln	$ 658.25	$ 394.95	$ 545.31	$ 394.95	$ 605.59	
Service Item	Outpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	OP Therapy Neuro	$ 658.25	$ 394.95	$ 545.31	$ 394.95	$ 605.59	
Service Item	Inpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	RH OT Services	$ 658.25	Charges have been	$ 612.17	$ 592.43	$ 605.59	
Service Item	Inpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	SA OT Services	$ 658.25	Charges have been	$ 612.17	$ 592.43	$ 605.59	
Service Item	Inpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	SN TC Ortho OT	$ 658.25	Charges have been	$ 612.17	$ 592.43	$ 605.59	
Service Item	Inpatient	Eo Pf W Adj Pos Lk Jnts	L3760	274	SN TS OT Services	$ 658.25	Charges have been	$ 612.17	$ 592.43	$ 605.59	
Service Item	Outpatient	Eo Wo Joints Cf Including Fitting	L3702	274	OP Hand Center	$ 380.25	$ 228.15	$ 315.01	$ 228.15	$ 349.83	
Service Item	Outpatient	Eo Wo Joints Cf Including Fitting	L3702	274	OP Therapy Akers	$ 380.25	$ 228.15	$ 315.01	$ 228.15	$ 349.83	
Service Item	Outpatient	Eo Wo Joints Cf Including Fitting	L3702	274	OP Therapy Dinuba	$ 380.25	$ 228.15	$ 315.01	$ 228.15	$ 349.83	
Service Item	Outpatient	Eo Wo Joints Cf Including Fitting	L3702	274	OP Therapy Exeter	$ 380.25	$ 228.15	$ 315.01	$ 228.15	$ 349.83	
Service Item	Outpatient	Eo Wo Joints Cf Including Fitting	L3702	274	OP Therapy Lovers Ln	$ 380.25	$ 228.15	$ 315.01	$ 228.15	$ 349.83	
Service Item	Outpatient	Eo Wo Joints Cf Including Fitting	L3702	274	OP Therapy Neuro	$ 380.25	$ 228.15	$ 315.01	$ 228.15	$ 349.83	
Service Item	Inpatient and Outpatient	Eosinophil, Urine	85999	300	MC General Lab	$ 70	$ 42	$ 67.94	$ 42	$ 155	
Service Package	Inpatient and Outpatient	Ep Eval Cd W Generator	93641	481	MC Cath Lab Srvcs	$ 2,554	Charges have been	$ 2,339.87	$ 2,232	$ 2,281	
Service Package	Inpatient and Outpatient	Ep/Acath Diab/Abl Non 3D	C1733	270	MC Central Supply	$ 3,896	Charges have been	$ 3,604.71	$ 3,471	$ 3,549	
Service Package	Inpatient and Outpatient	Ep/Acath Diag/Abl 3D/Vect	C1732	270	MC Central Supply	$ 10,714	Charges have been	$ 9,913.40	$ 9,547	$ 9,759	
Service Package	Inpatient and Outpatient	Ep/Cardioversion Internal	92961	480	MC Cath Lab Srvcs	$ 1,341	Charges have been	$ 1,233.36	$ 622	$ 1,913	
Service Package	Inpatient and Outpatient	Ep/Cath Intra Card Echo	C1759	270	MC Central Supply	$ 9,739	Charges have been	$ 9,011.92	$ 8,679	$ 8,872	
Service Package	Inpatient and Outpatient	Ep/Dcath 19 Or Few Elect	C1730	270	MC Central Supply	$ 2,857	Charges have been	$ 2,643.50	$ 2,546	$ 2,602	
Service Package	Inpatient and Outpatient	Ep/Dcath 20 Or More Elec	C1731	270	MC Central Supply	$ 6,429	Charges have been	$ 5,948.29	$ 5,728	$ 5,856	
Service Package	Inpatient and Outpatient	Ep/Introducer Fix Curve	C1893	270	MC Central Supply	$ 1,141	Charges have been	$ 1,055.91	$ 1,017	$ 1,039	
Service Item	Outpatient	ePHEDrine 50 mg/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 222.05	$ 133.23	$ 136.31	$ 23.14	$ 204.29	
Service Item	Inpatient and Outpatient	ePHEDrine 50 mg/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 222	$ 133	$ 136.31	$ 23	$ 204	
Service Item	Outpatient	ePHEDrine 50 mg/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 222.05	$ 133.23	$ 135.76	$ 23.14	$ 204.29	
Service Item	Outpatient	ePHEDrine 50 mg/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 222.05	$ 133.23	$ 136.31	$ 23.14	$ 204.29	
Service Item	Outpatient	ePHEDrine 50 mg/mL Inj 1 mL	J3490	636	SFM Family Medicine	$ 222.05	$ 133.23	$ 135.76	$ 23.14	$ 204.29	
Service Item	Outpatient	ePHEDrine PF 25 mg/NS 0.9% Inj 5 mL	J3490	636	CD Infusion Clinic	$ 114.75	$ 68.85	$ 74.63	$ 23.14	$ 105.57	
Service Item	Inpatient and Outpatient	ePHEDrine PF 25 mg/NS 0.9% Inj 5 mL	J3490	636	MC Pharmacy	$ 115	$ 69	$ 74.63	$ 23	$ 106	
Service Item	Outpatient	ePHEDrine PF 25 mg/NS 0.9% Inj 5 mL	J3490	636	NC Urgent Care	$ 114.75	$ 68.85	$ 74.35	$ 23.14	$ 105.57	
Service Item	Outpatient	ePHEDrine PF 25 mg/NS 0.9% Inj 5 mL	J3490	636	SC Urgent Care	$ 114.75	$ 68.85	$ 74.63	$ 23.14	$ 105.57	
Service Item	Outpatient	Epicord Graft Per Sq Cm	Q4187	278	OP Wound Center	$ 297.93	$ 178.76	$ 246.81	$ 178.76	$ 274.10	
Service Package	Inpatient	Epidural Anesth Tray Cont		370	MC Anesthesiology	$ 383.82	Charges have been	#N/A	$ 335.38	$ 342.83	
Service Item	Outpatient	Epidural Steroid Injection	62323	360	IC Radiology	$ 1,562.63	$ 869.10	$ 1,096.42	$ 495.06	$ 1,332.62	
Service Package	Inpatient and Outpatient	Epidural Steroid Injection	62323	360	MC Cath Lab Srvcs	$ 1,563	Charges have been	$ 1,217.97	$ 724	$ 1,333	
Service Package	Inpatient and Outpatient	Epidurography S & I Fl	72275	320	MC Cath Lab Srvcs	$ 774	Charges have been	$ 708.79	$ 676	$ 691	
Service Item	Outpatient	Epifix Graft Per Sq Cm	Q4186	278	OP Wound Center	$ 297.93	$ 178.76	$ 942.08	$ 178.76	$ 274.10	
Service Package	Inpatient and Outpatient	Epifix Graft Tissue 2X3Cm	Q4186	278	MC Central Supply	$ 3,572	Charges have been	$ 4,233.57	$ 3,183	$ 3,254	
Service Package	Inpatient and Outpatient	Epifix Graft Tissue 2X4Cm	Q4186	278	MC Central Supply	$ 2,202	Charges have been	$ 3,305.26	$ 1,962	$ 2,006	
Service Package	Inpatient and Outpatient	Epifix Graft Tissue 4X4Cm	Q4186	278	MC Central Supply	$ 7,323	Charges have been	$ 6,776.06	$ 6,526	$ 6,671	
Service Package	Inpatient and Outpatient	Epifix Graft Tissue4X10Cm	Q4186	278	MC Central Supply	$ 8,715	Charges have been	$ 7,719.71	$ 7,766	$ 7,939	
Service Item	Outpatient	EPINEPHrine 0.1 mg/mL Syringe Inj 10 mL	J0171	636	CD Infusion Clinic	$ 30.95	$ 18.57	$ 30.31	$ 0.52	$ 55.27	
Service Item	Inpatient and Outpatient	EPINEPHrine 0.1 mg/mL Syringe Inj 10 mL	J0171	636	MC Pharmacy	$ 31	$ 19	$ 30.31	$ 1	$ 55	
Service Item	Outpatient	EPINEPHrine 0.1 mg/mL Syringe Inj 10 mL	J0171	636	NC Urgent Care	$ 30.95	$ 18.57	$ 30.23	$ 0.52	$ 55.27	
Service Item	Outpatient	EPINEPHrine 0.1 mg/mL Syringe Inj 10 mL	J0171	636	SC Urgent Care	$ 30.95	$ 18.57	$ 30.31	$ 0.52	$ 55.27	
Service Item	Outpatient	EPINEPHrine 0.15 mg Inj Kit	J0171	636	CD Infusion Clinic	$ 837.00	$ 502.20	$ 320.08	$ 0.52	$ 770.04	
Service Item	Inpatient and Outpatient	EPINEPHrine 0.15 mg Inj Kit	J0171	636	MC Pharmacy	$ 837	$ 503	$ 320.08	$ 1	$ 770	
Service Item	Outpatient	EPINEPHrine 0.15 mg Inj Kit	J0171	636	NC Urgent Care	$ 837.00	$ 502.73	$ 317.99	$ 0.52	$ 770.04	
Service Item	Outpatient	EPINEPHrine 0.15 mg Inj Kit	J0171	636	SC Urgent Care	$ 837.00	$ 502.73	$ 320.08	$ 0.52	$ 770.04	
Service Item	Outpatient	EPINEPHrine 0.3 mg Inj Kit	J0171	636	CD Infusion Clinic	$ 837.00	$ 502.20	$ 320.08	$ 0.52	$ 770.04	
Service Item	Inpatient and Outpatient	EPINEPHrine 0.3 mg Inj Kit	J0171	636	MC Pharmacy	$ 837	$ 503	$ 320.08	$ 1	$ 770	
Service Item	Outpatient	EPINEPHrine 0.3 mg Inj Kit	J0171	636	NC Urgent Care	$ 837.00	$ 502.73	$ 317.99	$ 0.52	$ 770.04	
Service Item	Outpatient	EPINEPHrine 0.3 mg Inj Kit	J0171	636	SC Urgent Care	$ 837.00	$ 502.73	$ 320.08	$ 0.52	$ 770.04	
Service Item	Outpatient	EPINEPHrine 0.3 mg Inj Kit	J0171	636	VD Visalia Dialysis	$ 837.00	$ 502.20	$ 320.08	$ 0.52	$ 770.04	
Service Item	Outpatient	EPINEPHrine 1 mg/mL Inj 1 mL	J0171	636	CD Infusion Clinic	$ 81.40	$ 48.84	$ 48.45	$ 0.52	$ 74.89	
Service Item	Inpatient and Outpatient	EPINEPHrine 1 mg/mL Inj 1 mL	J0171	636	MC Pharmacy	$ 81	$ 49	$ 48.45	$ 1	$ 75	
Service Item	Outpatient	EPINEPHrine 1 mg/mL Inj 1 mL	J0171	636	NC Urgent Care	$ 81.40	$ 48.84	$ 48.24	$ 0.52	$ 74.89	
Service Item	Outpatient	EPINEPHrine 1 mg/mL Inj 1 mL	J0171	636	SC Urgent Care	$ 81.40	$ 48.84	$ 48.45	$ 0.52	$ 74.89	
Service Item	Outpatient	EPINEPHrine 1 mg/mL Inj 30 mL	J0171	636	CD Infusion Clinic	$ 20.55	$ 12.33	$ 26.57	$ 0.52	$ 55.27	
Service Item	Inpatient and Outpatient	EPINEPHrine 1 mg/mL Inj 30 mL	J0171	636	MC Pharmacy	$ 21	$ 12	$ 26.57	$ 1	$ 55	
Service Item	Outpatient	EPINEPHrine 1 mg/mL Inj 30 mL	J0171	636	NC Urgent Care	$ 20.55	$ 12.33	$ 26.52	$ 0.52	$ 55.27	
Service Item	Outpatient	EPINEPHrine 1 mg/mL Inj 30 mL	J0171	636	SC Urgent Care	$ 20.55	$ 12.33	$ 26.57	$ 0.52	$ 55.27	
Service Item	Outpatient	epiRUBicin 2 mg/mL Inj 25 mL	J9178	636	CD Infusion Clinic	$ 531.25	$ 318.75	$ 318.36	$ 2.74	$ 488.75	
Service Item	Inpatient and Outpatient	epiRUBicin 2 mg/mL Inj 25 mL	J9178	636	MC Pharmacy	$ 531	$ 349	$ 318.36	$ 3	$ 489	
Service Item	Outpatient	epiRUBicin 2 mg/mL Inj 25 mL	J9178	636	NC Urgent Care	$ 531.25	$ 348.90	$ 317.03	$ 2.74	$ 488.75	
Service Item	Outpatient	epiRUBicin 2 mg/mL Inj 25 mL	J9178	636	SC Urgent Care	$ 531.25	$ 348.90	$ 318.36	$ 2.74	$ 488.75	
Service Item	Outpatient	Epoetin Afla 10000+U Capd	Q4081	635	CD Infusion Clinic	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Inpatient and Outpatient	Epoetin Afla 10000+U Capd	Q4081	635	MC Pharmacy	$ 10	$ 6	$ 6.76	$ 2	$ 10	
Service Item	Outpatient	Epoetin Afla 10000+U Capd	Q4081	635	NC Urgent Care	$ 10.38	$ 6.23	$ 6.74	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Afla 10000+U Capd	Q4081	635	SC Urgent Care	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Afla 10000+U Capd	Q4081	635	VD CAPD CCPD	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Afla 10000+U Capd	Q4081	635	VD Visalia Dialysis	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Afla 10000+Units	Q4081	635	CD Infusion Clinic	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Inpatient and Outpatient	Epoetin Afla 10000+Units	Q4081	635	MC Pharmacy	$ 10	$ 6	$ 6.76	$ 2	$ 10	
Service Item	Outpatient	Epoetin Afla 10000+Units	Q4081	635	NC Urgent Care	$ 10.38	$ 6.23	$ 6.74	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Afla 10000+Units	Q4081	635	SC Urgent Care	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Afla 10000+Units	Q4081	635	VD Visalia Dialysis	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	epoetin alfa 1,000 units/0.05 mL Inj (CKD/ESRD)	Q4081	634	CD Infusion Clinic	$ 113.20	$ 67.92	$ 43.73	$ 1.53	$ 104.14	
Service Item	Inpatient and Outpatient	epoetin alfa 1,000 units/0.05 mL Inj (CKD/ESRD)	Q4081	634	MC Pharmacy	$ 113	$ 68	$ 43.73	$ 2	$ 104	
Service Item	Outpatient	epoetin alfa 1,000 units/0.05 mL Inj (CKD/ESRD)	Q4081	634	NC Urgent Care	$ 113.20	$ 67.92	$ 43.45	$ 1.53	$ 104.14	
Service Item	Outpatient	epoetin alfa 1,000 units/0.05 mL Inj (CKD/ESRD)	Q4081	634	SC Urgent Care	$ 113.20	$ 67.92	$ 43.73	$ 1.53	$ 104.14	
Service Item	Outpatient	epoetin alfa 1,000 units/0.05 mL Inj (Non-CKD/E	J0885	636	CD Infusion Clinic	$ 113.20	$ 67.92	$ 62.60	$ 9.11	$ 104.14	
Service Item	Inpatient and Outpatient	epoetin alfa 1,000 units/0.05 mL Inj (Non-CKD/E	J0885	636	MC Pharmacy	$ 113	$ 68	$ 62.60	$ 9	$ 104	
Service Item	Outpatient	epoetin alfa 1,000 units/0.05 mL Inj (Non-CKD/E	J0885	636	NC Urgent Care	$ 113.20	$ 67.92	$ 62.32	$ 9.11	$ 104.14	
Service Item	Outpatient	epoetin alfa 1,000 units/0.05 mL Inj (Non-CKD/E	J0885	636	SC Urgent Care	$ 113.20	$ 67.92	$ 62.60	$ 9.11	$ 104.14	
Service Item	Outpatient	Epoetin Alfa 1000Un Capd	Q4081	634	CD Infusion Clinic	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Inpatient and Outpatient	Epoetin Alfa 1000Un Capd	Q4081	634	MC Pharmacy	$ 10	$ 6	$ 6.76	$ 2	$ 10	
Service Item	Outpatient	Epoetin Alfa 1000Un Capd	Q4081	634	NC Urgent Care	$ 10.38	$ 6.23	$ 6.74	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Alfa 1000Un Capd	Q4081	634	SC Urgent Care	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Alfa 1000Un Capd	Q4081	634	VD CAPD CCPD	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Alfa 1000Un Capd	Q4081	634	VD Visalia Dialysis	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Alfa 1000Units In	Q4081	634	CD Infusion Clinic	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Inpatient and Outpatient	Epoetin Alfa 1000Units In	Q4081	634	MC Pharmacy	$ 10	$ 6	$ 6.76	$ 2	$ 10	
Service Item	Outpatient	Epoetin Alfa 1000Units In	Q4081	634	NC Urgent Care	$ 10.38	$ 6.23	$ 6.74	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Alfa 1000Units In	Q4081	634	SC Urgent Care	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Alfa 1000Units In	Q4081	634	VD CAPD CCPD	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	Epoetin Alfa 1000Units In	Q4081	634	VD Visalia Dialysis	$ 10.38	$ 6.23	$ 6.76	$ 1.53	$ 9.55	
Service Item	Outpatient	epoetin PF (PED) 2,000 units/mL Syringe 1 mL	Q4081	634	CD Infusion Clinic	$ 178.10	$ 106.86	$ 67.06	$ 1.53	$ 163.85	
Service Item	Inpatient and Outpatient	epoetin PF (PED) 2,000 units/mL Syringe 1 mL	Q4081	634	MC Pharmacy	$ 178	$ 107	$ 67.06	$ 2	$ 164	
Service Item	Outpatient	epoetin PF (PED) 2,000 units/mL Syringe 1 mL	Q4081	634	NC Urgent Care	$ 178.10	$ 106.86	$ 66.61	$ 1.53	$ 163.85	
Service Item	Outpatient	epoetin PF (PED) 2,000 units/mL Syringe 1 mL	Q4081	634	SC Urgent Care	$ 178.10	$ 106.86	$ 67.06	$ 1.53	$ 163.85	
Service Item	Outpatient	epoprostenol 0.5 mg Inj	J1325	636	CD Infusion Clinic	$ 110.25	$ 66.15	$ 71.79	$ 14.92	$ 101.43	
Service Item	Inpatient and Outpatient	epoprostenol 0.5 mg Inj	J1325	636	MC Pharmacy	$ 110	$ 66	$ 71.79	$ 15	$ 101	
Service Item	Outpatient	epoprostenol 0.5 mg Inj	J1325	636	NC Urgent Care	$ 110.25	$ 66.15	$ 71.51	$ 14.92	$ 101.43	
Service Item	Outpatient	epoprostenol 0.5 mg Inj	J1325	636	SC Urgent Care	$ 110.25	$ 66.15	$ 71.79	$ 14.92	$ 101.43	
Service Item	Outpatient	epoprostenol 1.5 mg Inj	J1325	636	CD Infusion Clinic	$ 220.45	$ 132.27	$ 111.40	$ 14.92	$ 202.81	
Service Item	Inpatient and Outpatient	epoprostenol 1.5 mg Inj	J1325	636	MC Pharmacy	$ 220	$ 132	$ 111.40	$ 15	$ 203	
Service Item	Outpatient	epoprostenol 1.5 mg Inj	J1325	636	NC Urgent Care	$ 220.45	$ 132.27	$ 110.85	$ 14.92	$ 202.81	
Service Item	Outpatient	epoprostenol 1.5 mg Inj	J1325	636	SC Urgent Care	$ 220.45	$ 132.27	$ 111.40	$ 14.92	$ 202.81	
Service Item	Inpatient and Outpatient	Epstein-Barr Virus by Quant PCR, WB-ARUP	87799	306	MC Reference Lab	$ 48	$ 115	$ 92.58	$ 29	$ 421	
Service Item	Inpatient and Outpatient	Epstein-Barr Virus by Quantitative PCR-ARUP	87799	300	MC Reference Lab	$ 39	$ 115	$ 87.43	$ 23	$ 421	
Service Item	Outpatient	Ercp Dil Bil&Or Pan Ducts	74328	320	IC Radiology	$ 824.73	$ 399.36	$ 602.14	$ 358.09	$ 736.65	
Service Item	Inpatient and Outpatient	Ercp Dil Bil&Or Pan Ducts	74328	320	MC Diag Radiology	$ 825	$ 399	$ 610.14	$ 358	$ 737	

Service Package	Inpatient and Outpatient	Ercp Dx	43260	750	MC Endo Services	$ 5,213	Charges have been	$ 4,413.29	$ 3,475	$ 4,796	
Service Package	Inpatient and Outpatient	Ercp Lithotripsy Calculi	43265	750	MC Endo Services	$ 8,309	Charges have been	$ 7,035.23	$ 5,540	$ 7,645	
Service Package	Inpatient and Outpatient	Ercp Rem Forgn Body Duct	43275	750	MC Endo Services	$ 4,011	Charges have been	$ 3,596.24	$ 3,475	$ 3,690	
Service Package	Inpatient and Outpatient	Ercp W Rem Calc	43264	750	MC Endo Services	$ 5,213	Charges have been	$ 4,413.29	$ 3,475	$ 4,796	
Service Package	Inpatient and Outpatient	Ercp W/ Balloon Dilation	43277	750	MC Endo Services	$ 5,213	Charges have been	$ 4,413.29	$ 3,475	$ 4,796	
Service Package	Inpatient and Outpatient	Ercp W/ Biopsy	43261	750	MC Endo Services	$ 5,213	Charges have been	$ 4,413.29	$ 3,475	$ 4,796	
Service Package	Inpatient and Outpatient	Ercp W/ Insert Of Stent	43274	750	MC Endo Services	$ 8,309	Charges have been	$ 7,035.23	$ 5,540	$ 7,645	
Service Package	Inpatient and Outpatient	Ercp W/ Rem Tb/Stent Chg	43276	750	MC Endo Services	$ 8,309	Charges have been	$ 7,035.23	$ 5,540	$ 7,645	
Service Package	Inpatient and Outpatient	Ercp W/ Sphincter/Papil	43262	750	MC Endo Services	$ 5,213	Charges have been	$ 4,413.29	$ 3,475	$ 4,796	
Service Item	Outpatient	eribulin 1 mg/2 mL Inj 2 mL	J9179	636	CD Infusion Clinic	$ 4,082.30	$ 2,449.38	$ 2,065.70	$ 103.16	$ 3,755.72	
Service Item	Inpatient and Outpatient	eribulin 1 mg/2 mL Inj 2 mL	J9179	636	MC Pharmacy	$ 4,082	$ 2,551	$ 2,065.70	$ 103	$ 3,756	
Service Item	Outpatient	eribulin 1 mg/2 mL Inj 2 mL	J9179	636	NC Urgent Care	$ 4,082.30	$ 2,550.78	$ 2,055.50	$ 103.16	$ 3,755.72	
Service Item	Outpatient	eribulin 1 mg/2 mL Inj 2 mL	J9179	636	SC Urgent Care	$ 4,082.30	$ 2,550.78	$ 2,065.70	$ 103.16	$ 3,755.72	
Service Item	Outpatient	ertapenem 1 g Inj	J1335	636	CD Infusion Clinic	$ 357.15	$ 214.29	$ 231.11	$ 24.57	$ 328.58	
Service Item	Inpatient and Outpatient	ertapenem 1 g Inj	J1335	636	MC Pharmacy	$ 357	$ 238	$ 231.11	$ 25	$ 329	
Service Item	Outpatient	ertapenem 1 g Inj	J1335	636	NC Urgent Care	$ 357.15	$ 238.44	$ 230.22	$ 24.57	$ 328.58	
Service Item	Outpatient	ertapenem 1 g Inj	J1335	636	SC Urgent Care	$ 357.15	$ 238.44	$ 231.11	$ 24.57	$ 328.58	
Service Item	Outpatient	ertapenem 1 g Inj	J1335	636	VD Visalia Dialysis	$ 357.15	$ 214.29	$ 231.11	$ 24.57	$ 328.58	
Service Item	Inpatient and Outpatient	Erythrocyte Porphyrin (EP)-ARUP	84202	300	MC Reference Lab	$ 16	$ 64	$ 30.96	$ 10	$ 141	
Service Item	Outpatient	erythromycin lactobionate 500 mg Inj	J1364	636	CD Infusion Clinic	$ 334.40	$ 200.64	$ 220.63	$ 3.82	$ 307.65	
Service Item	Inpatient and Outpatient	erythromycin lactobionate 500 mg Inj	J1364	636	MC Pharmacy	$ 334	$ 201	$ 220.63	$ 4	$ 308	
Service Item	Outpatient	erythromycin lactobionate 500 mg Inj	J1364	636	NC Urgent Care	$ 334.40	$ 200.64	$ 219.79	$ 3.82	$ 307.65	
Service Item	Outpatient	erythromycin lactobionate 500 mg Inj	J1364	636	SC Urgent Care	$ 334.40	$ 200.64	$ 220.63	$ 3.82	$ 307.65	
Service Item	Outpatient	erythromycin lactobionate PED 5 mg/mL Inj	J1364	636	CD Infusion Clinic	$ 334.40	$ 200.64	$ 220.63	$ 3.82	$ 307.65	
Service Item	Inpatient and Outpatient	erythromycin lactobionate PED 5 mg/mL Inj	J1364	636	MC Pharmacy	$ 334	$ 204	$ 220.63	$ 4	$ 308	
Service Item	Outpatient	erythromycin lactobionate PED 5 mg/mL Inj	J1364	636	NC Urgent Care	$ 334.40	$ 204.39	$ 219.79	$ 3.82	$ 307.65	
Service Item	Outpatient	erythromycin lactobionate PED 5 mg/mL Inj	J1364	636	SC Urgent Care	$ 334.40	$ 204.39	$ 220.63	$ 3.82	$ 307.65	
Service Item	Inpatient and Outpatient	Erythropoietin-ARUP	82668	300	MC Reference Lab	$ 20	$ 83	$ 40.21	$ 12	$ 185	
Service Item	Outpatient	Escharotomy; Addl Incis	16036	761	OP Wound Center	$ 457.52	$ 274.51	$ 379.02	$ 274.51	$ 420.92	
Service Item	Outpatient	Escharotomy; Init Inc	16035	761	OP Wound Center	$ 565.19	$ 339.11	$ 448.72	$ 339.11	$ 519.97	
Service Item	Outpatient	esmolol 10 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 49.75	$ 29.85	$ 37.27	$ 23.14	$ 45.77	
Service Item	Inpatient and Outpatient	esmolol 10 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 50	$ 30	$ 37.27	$ 23	$ 46	
Service Item	Outpatient	esmolol 10 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 49.75	$ 29.85	$ 37.15	$ 23.14	$ 45.77	
Service Item	Outpatient	esmolol 10 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 49.75	$ 29.85	$ 37.27	$ 23.14	$ 45.77	
Service Item	Outpatient	esmolol 10 mg/mL Inj 250 mL	J3490	636	CD Infusion Clinic	$ 1,696.05	$ 1,017.63	$ 983.60	$ 23.14	$ 1,560.37	
Service Item	Inpatient and Outpatient	esmolol 10 mg/mL Inj 250 mL	J3490	636	MC Pharmacy	$ 1,696	$ 1,018	$ 983.60	$ 23	$ 1,560	
Service Item	Outpatient	esmolol 10 mg/mL Inj 250 mL	J3490	636	NC Urgent Care	$ 1,696.05	$ 1,017.63	$ 979.36	$ 23.14	$ 1,560.37	
Service Item	Outpatient	esmolol 10 mg/mL Inj 250 mL	J3490	636	SC Urgent Care	$ 1,696.05	$ 1,017.63	$ 983.60	$ 23.14	$ 1,560.37	
Service Package	Inpatient and Outpatient	Esophagoscopy Flex Rem Fb	43215	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312	
Service Package	Inpatient and Outpatient	Esophagoscopy W/ Us Exam	43231	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312	
Service Package	Inpatient and Outpatient	Esophagoscopy W/ Us Fna X	43232	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312	
Service Item	Outpatient	Esophagus	74220	320	IC Radiology	$ 609.20	$ 141.78	$ 382.49	$ 127.13	$ 544.14	
Service Item	Inpatient and Outpatient	Esophagus	74220	320	MC Diag Radiology	$ 609	$ 142	$ 705.25	$ 127	$ 3,612	
Service Package	Inpatient and Outpatient	Esophagus Motility Study	91010	750	MC Endo Services	$ 778	Charges have been	$ 669.47	$ 563	$ 715	
Service Item	Outpatient	Est E/M Level 1 Tech	99211	510	CD Chronic Disease	$ 199.70	$ 10.00	$ 137.10	$ 10.00	$ 193.88	
Service Item	Outpatient	Est E/M Level 1 Tech	99211	510	HR Radiation Onc	$ 199.70	$ 116.33	$ 162.62	$ 116.33	$ 178.37	
Service Item	Inpatient and Outpatient	Est E/M Level 1 Tech	99211	510	MC Radiation Thrpy	$ 200	$ 116	$ 155.69	$ 47	$ 178	
Service Item	Outpatient	Est E/M Level 1 Tech	99211	510	NC Urgent Care	$ 199.70	$ 10.00	$ 141.19	$ 10.00	$ 193.88	
Service Item	Outpatient	Est E/M Level 1 Tech	99211	510	NS Neuro Sciences	$ 199.70	$ 10.00	$ 137.10	$ 10.00	$ 193.88	
Service Item	Outpatient	Est E/M Level 1 Tech	99211	510	SC Urgent Care	$ 199.70	$ 75.00	$ 141.67	$ 23.58	$ 193.88	
Service Item	Outpatient	Est E/M Level 1 Tech	99211	510	SFM Family Medicine	$ 199.70	$ 10.00	$ 161.19	$ 10.00	$ 193.88	
Service Item	Outpatient	Est E/M Level 1 Tech	99211	510	SQ Seq Cardiology	$ 199.70	$ 10.00	$ 137.10	$ 10.00	$ 193.88	
Service Item	Outpatient	Est E/M Level 1 Tech	99211	510	VR Radiation Onc	$ 199.70	$ 116.33	$ 162.62	$ 116.33	$ 178.37	
Service Item	Outpatient	Est E/M Level 2 Tech	99212	510	CD Chronic Disease	$ 238.49	$ 29.00	$ 165.47	$ 29.00	$ 231.54	
Service Item	Outpatient	Est E/M Level 2 Tech	99212	510	HR Radiation Onc	$ 238.49	$ 138.92	$ 194.21	$ 138.92	$ 213.02	
Service Item	Inpatient and Outpatient	Est E/M Level 2 Tech	99212	510	MC Radiation Thrpy	$ 238	$ 139	$ 193.10	$ 128	$ 213	
Service Item	Outpatient	Est E/M Level 2 Tech	99212	510	NC Urgent Care	$ 238.49	$ 29.00	$ 170.35	$ 29.00	$ 231.54	
Service Item	Outpatient	Est E/M Level 2 Tech	99212	510	NS Neuro Sciences	$ 238.49	$ 29.00	$ 165.47	$ 29.00	$ 231.54	
Service Item	Outpatient	Est E/M Level 2 Tech	99212	510	OP Wound Center	$ 238.49	$ 29.00	$ 193.08	$ 29.00	$ 231.54	
Service Item	Outpatient	Est E/M Level 2 Tech	99212	510	SC Urgent Care	$ 238.49	$ 100.00	$ 170.93	$ 45.55	$ 231.54	
Service Item	Outpatient	Est E/M Level 2 Tech	99212	510	SFM Family Medicine	$ 238.49	$ 29.00	$ 192.50	$ 29.00	$ 231.54	
Service Item	Outpatient	Est E/M Level 2 Tech	99212	510	SQ Seq Cardiology	$ 238.49	$ 29.00	$ 165.47	$ 29.00	$ 231.54	
Service Item	Outpatient	Est E/M Level 2 Tech	99212	510	VR Radiation Onc	$ 238.49	$ 138.92	$ 194.21	$ 138.92	$ 213.02	
Service Item	Outpatient	Est E/M Level 3 Tech	99213	510	CD Chronic Disease	$ 310.61	$ 58.00	$ 216.63	$ 58.00	$ 301.56	
Service Item	Outpatient	Est E/M Level 3 Tech	99213	510	HR Radiation Onc	$ 310.61	$ 180.94	$ 252.94	$ 180.94	$ 277.44	
Service Item	Inpatient and Outpatient	Est E/M Level 3 Tech	99213	510	MC Radiation Thrpy	$ 311	$ 181	$ 259.95	$ 181	$ 277	
Service Item	Outpatient	Est E/M Level 3 Tech	99213	510	NC Urgent Care	$ 310.61	$ 58.00	$ 222.99	$ 58.00	$ 301.56	
Service Item	Outpatient	Est E/M Level 3 Tech	99213	510	NS Neuro Sciences	$ 310.61	$ 588.00	$ 216.63	$ 70.56	$ 588.00	
Service Item	Outpatient	Est E/M Level 3 Tech	99213	510	OP Wound Center	$ 310.61	$ 58.00	$ 251.47	$ 58.00	$ 301.56	
Service Item	Outpatient	Est E/M Level 3 Tech	99213	510	SC Urgent Care	$ 310.61	$ 145.00	$ 223.75	$ 70.56	$ 301.56	
Service Item	Outpatient	Est E/M Level 3 Tech	99213	510	SFM Family Medicine	$ 310.61	$ 58.00	$ 250.71	$ 58.00	$ 301.56	
Service Item	Outpatient	Est E/M Level 3 Tech	99213	510	SQ Seq Cardiology	$ 310.61	$ 58.00	$ 216.63	$ 58.00	$ 301.56	
Service Item	Outpatient	Est E/M Level 3 Tech	99213	510	VR Radiation Onc	$ 310.61	$ 180.94	$ 252.94	$ 180.94	$ 277.44	
Service Item	Outpatient	Est E/M Level 4 Tech	99214	510	CD Chronic Disease	$ 404.86	$ 89.00	$ 282.80	$ 89.00	$ 393.07	
Service Item	Outpatient	Est E/M Level 4 Tech	99214	510	HR Radiation Onc	$ 404.86	$ 235.84	$ 329.70	$ 235.84	$ 361.62	
Service Item	Inpatient and Outpatient	Est E/M Level 4 Tech	99214	510	MC Radiation Thrpy	$ 405	$ 236	$ 344.78	$ 236	$ 387	
Service Item	Outpatient	Est E/M Level 4 Tech	99214	510	NC Urgent Care	$ 404.86	$ 89.00	$ 291.09	$ 89.00	$ 393.07	
Service Item	Outpatient	Est E/M Level 4 Tech	99214	510	NS Neuro Sciences	$ 404.86	$ 89.00	$ 282.80	$ 89.00	$ 393.07	
Service Item	Outpatient	Est E/M Level 4 Tech	99214	510	OP Wound Center	$ 404.86	$ 89.00	$ 327.77	$ 89.00	$ 393.07	
Service Item	Outpatient	Est E/M Level 4 Tech	99214	510	SC Urgent Care	$ 404.86	$ 205.00	$ 292.07	$ 96.31	$ 393.07	
Service Item	Outpatient	Est E/M Level 4 Tech	99214	510	SFM Family Medicine	$ 404.86	$ 89.00	$ 326.79	$ 89.00	$ 393.07	
Service Item	Outpatient	Est E/M Level 4 Tech	99214	510	SQ Seq Cardiology	$ 404.86	$ 89.00	$ 282.80	$ 89.00	$ 393.07	
Service Item	Outpatient	Est E/M Level 4 Tech	99214	510	VR Radiation Onc	$ 404.86	$ 235.84	$ 329.70	$ 235.84	$ 361.62	
Service Item	Outpatient	Est E/M Level 5 Tech	99215	510	CD Chronic Disease	$ 510.30	$ 126.00	$ 357.29	$ 126.00	$ 495.44	
Service Item	Outpatient	Est E/M Level 5 Tech	99215	510	HR Radiation Onc	$ 510.30	$ 297.26	$ 415.56	$ 297.26	$ 455.80	
Service Item	Inpatient and Outpatient	Est E/M Level 5 Tech	99215	510	MC Radiation Thrpy	$ 510	$ 297	$ 440.47	$ 297	$ 546	
Service Item	Outpatient	Est E/M Level 5 Tech	99215	510	NC Urgent Care	$ 510.30	$ 126.00	$ 367.75	$ 126.00	$ 495.44	
Service Item	Outpatient	Est E/M Level 5 Tech	99215	510	NS Neuro Sciences	$ 510.30	$ 126.00	$ 357.29	$ 126.00	$ 495.44	
Service Item	Outpatient	Est E/M Level 5 Tech	99215	510	OP Wound Center	$ 510.30	$ 126.00	$ 413.14	$ 126.00	$ 495.44	
Service Item	Outpatient	Est E/M Level 5 Tech	99215	510	SC Urgent Care	$ 510.30	$ 250.00	$ 368.98	$ 129.82	$ 495.44	
Service Item	Outpatient	Est E/M Level 5 Tech	99215	510	SFM Family Medicine	$ 510.30	$ 126.00	$ 411.90	$ 126.00	$ 495.44	
Service Item	Outpatient	Est E/M Level 5 Tech	99215	510	SQ Seq Cardiology	$ 510.30	$ 126.00	$ 357.29	$ 126.00	$ 495.44	
Service Item	Outpatient	Est E/M Level 5 Tech	99215	510	VR Radiation Onc	$ 510.30	$ 297.26	$ 415.56	$ 297.26	$ 455.80	
Service Item	Outpatient	Est Pcpm E/M <1 Yr Tech	99391	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 208.95	$ 86.24	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M <1 Yr Tech	99391	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 241.46	$ 180.94	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 12-17Yr Tech	99394	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 220.05	$ 104.73	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 12-17Yr Tech	99394	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 1-4 Yrs Tech	99392	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 219.15	$ 95.80	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 1-4 Yrs Tech	99392	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 18-39Yr Tech	99395	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 220.09	$ 105.15	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 18-39Yr Tech	99395	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 40-64Yr Tech	99396	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 221.04	$ 114.71	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 40-64Yr Tech	99396	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 5-11Yrs Tech	99393	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 219.11	$ 95.37	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 5-11Yrs Tech	99393	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 65+ Yrs Tech	99397	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 215.65	$ 128.89	$ 277.44	
Service Item	Outpatient	Est Pcpm E/M 65+ Yrs Tech	99397	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 243.90	$ 180.94	$ 277.44	
Service Item	Inpatient and Outpatient	Estradiol	82670	301	MC General Lab	$ 213	$ 125	$ 184.44	$ 112	$ 275	
Service Item	Outpatient	estradiol cypionate 5 mg/mL IM Inj 1 mL	J1000	636	CD Infusion Clinic	$ 93.45	$ 56.07	$ 62.05	$ 5.04	$ 85.97	
Service Item	Inpatient and Outpatient	estradiol cypionate 5 mg/mL IM Inj 1 mL	J1000	636	MC Pharmacy	$ 93	$ 56	$ 62.05	$ 5	$ 86	
Service Item	Outpatient	estradiol cypionate 5 mg/mL IM Inj 1 mL	J1000	636	NC Urgent Care	$ 93.45	$ 56.07	$ 61.81	$ 5.04	$ 85.97	
Service Item	Outpatient	estradiol cypionate 5 mg/mL IM Inj 1 mL	J1000	636	SC Urgent Care	$ 93.45	$ 56.07	$ 62.05	$ 5.04	$ 85.97	
Service Item	Inpatient and Outpatient	estradiol valerate 20 mg/mL IM Inj 1 mL	J1380	636	MC Pharmacy	$ 209	$ 136	$ 159.56	$ 11	$ 235	
Service Item	Outpatient	estradiol valerate 40 mg/mL IM Inj 1 mL	J1380	636	CD Infusion Clinic	$ 346.35	$ 207.81	$ 209.01	$ 11.22	$ 318.64	
Service Item	Inpatient and Outpatient	estradiol valerate 40 mg/mL IM Inj 1 mL	J1380	636	MC Pharmacy	$ 346	$ 208	$ 209.01	$ 11	$ 319	
Service Item	Outpatient	estradiol valerate 40 mg/mL IM Inj 1 mL	J1380	636	NC Urgent Care	$ 346.35	$ 207.81	$ 208.15	$ 11.22	$ 318.64	
Service Item	Outpatient	estradiol valerate 40 mg/mL IM Inj 1 mL	J1380	636	SC Urgent Care	$ 346.35	$ 207.81	$ 209.01	$ 11.22	$ 318.64	
Service Item	Inpatient and Outpatient	Estrogens, Fractionated by TMS-ARUP	82671	300	MC Reference Lab	$ 35	$ 144	$ 69.12	$ 21	$ 318	

Service Item	Inpatient and Outpatient	Estrone by TMS-ARUP	82679	300	MC Reference Lab	$ 28	$ 111	$ 53.70	$ 17	$ 245
Service Item	Outpatient	ethanol 98% Inj 5 mL	J3490	636	CD Infusion Clinic	$ 497.20	$ 298.32	$ 294.47	$ 23.14	$ 457.42
Service Item	Inpatient and Outpatient	ethanol 98% Inj 5 mL	J3490	636	MC Pharmacy	$ 497	$ 298	$ 294.47	$ 23	$ 457
Service Item	Outpatient	ethanol 98% Inj 5 mL	J3490	636	NC Urgent Care	$ 497.20	$ 298.32	$ 293.23	$ 23.14	$ 457.42
Service Item	Outpatient	ethanol 98% Inj 5 mL	J3490	636	SC Urgent Care	$ 497.20	$ 298.32	$ 294.47	$ 23.14	$ 457.42
Service Item	Outpatient	ethanolamine oleate 50 mg/mL Inj 2 mL	J1430	636	CD Infusion Clinic	$ 1,872.50	$ 1,123.50	$ 1,105.48	$ 66.23	$ 1,722.70
Service Item	Inpatient and Outpatient	ethanolamine oleate 50 mg/mL Inj 2 mL	J1430	636	MC Pharmacy	$ 1,873	$ 1,189	$ 1,105.48	$ 66	$ 1,723
Service Item	Outpatient	ethanolamine oleate 50 mg/mL Inj 2 mL	J1430	636	NC Urgent Care	$ 1,872.50	$ 1,188.60	$ 1,100.80	$ 66.23	$ 1,722.70
Service Item	Outpatient	ethanolamine oleate 50 mg/mL Inj 2 mL	J1430	636	SC Urgent Care	$ 1,872.50	$ 1,188.60	$ 1,105.48	$ 66.23	$ 1,722.70
Service Item	Outpatient	ethiodized oil 4,800 mg/10 mL Sol	J3490	636	CD Infusion Clinic	$ 4,085.95	$ 2,451.57	$ 2,357.36	$ 23.14	$ 3,759.07
Service Item	Inpatient and Outpatient	ethiodized oil 4,800 mg/10 mL Sol	J3490	636	MC Pharmacy	$ 4,086	$ 2,452	$ 2,357.36	$ 23	$ 3,759
Service Item	Outpatient	ethiodized oil 4,800 mg/10 mL Sol	J3490	636	NC Urgent Care	$ 4,085.95	$ 2,451.57	$ 2,347.14	$ 23.14	$ 3,759.07
Service Item	Outpatient	ethiodized oil 4,800 mg/10 mL Sol	J3490	636	SC Urgent Care	$ 4,085.95	$ 2,451.57	$ 2,357.36	$ 23.14	$ 3,759.07
Service Item	Inpatient and Outpatient	Ethosuximide Level-ARUP	80168	300	MC Reference Lab	$ 18	$ 73	$ 34.96	$ 11	$ 161
Service Item	Inpatient and Outpatient	Ethyl Glucuronide/Sulfate Urine Quant-ARUP	80321	300	MC Reference Lab	$ 12	$ 47	$ 9.89	$ 7	$ 47
Service Item	Inpatient and Outpatient	Ethylene Glycol Level-ARUP	82693	300	MC Reference Lab	$ 16	$ 66	$ 32.05	$ 10	$ 147
Service Item	Outpatient	etomidate 2 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 54.25	$ 32.55	$ 39.86	$ 23.14	$ 49.91
Service Item	Inpatient and Outpatient	etomidate 2 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 54	$ 33	$ 39.86	$ 23	$ 50
Service Item	Outpatient	etomidate 2 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 54.25	$ 32.55	$ 39.72	$ 23.14	$ 49.91
Service Item	Outpatient	etomidate 2 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 54.25	$ 32.55	$ 39.86	$ 23.14	$ 49.91
Service Item	Outpatient	etomidate 2 mg/mL Inj 20 mL	J3490	636	CD Infusion Clinic	$ 45.60	$ 27.36	$ 34.88	$ 23.14	$ 41.95
Service Item	Inpatient and Outpatient	etomidate 2 mg/mL Inj 20 mL	J3490	636	MC Pharmacy	$ 46	$ 27	$ 34.88	$ 23	$ 42
Service Item	Outpatient	etomidate 2 mg/mL Inj 20 mL	J3490	636	NC Urgent Care	$ 45.60	$ 27.36	$ 34.77	$ 23.14	$ 41.95
Service Item	Outpatient	etomidate 2 mg/mL Inj 20 mL	J3490	636	SC Urgent Care	$ 45.60	$ 27.36	$ 34.88	$ 23.14	$ 41.95
Service Item	Outpatient	etoposide 20 mg/mL Inj 5 mL	J9181	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.95	$ 1.07	$ 15.49
Service Item	Inpatient and Outpatient	etoposide 20 mg/mL Inj 5 mL	J9181	636	MC Pharmacy	$ 12	$ 22	$ 8.95	$ 1	$ 22
Service Item	Outpatient	etoposide 20 mg/mL Inj 5 mL	J9181	636	NC Urgent Care	$ 12.10	$ 22.49	$ 8.92	$ 1.07	$ 22.49
Service Item	Outpatient	etoposide 20 mg/mL Inj 5 mL	J9181	636	SC Urgent Care	$ 12.10	$ 22.49	$ 8.95	$ 1.07	$ 22.49
Service Item	Outpatient	etoposide 50 mg Cap	J8560	636	CD Infusion Clinic	$ 467.05	$ 280.23	$ 265.26	$ 46.52	$ 429.69
Service Item	Inpatient and Outpatient	etoposide 50 mg Cap	J8560	636	MC Pharmacy	$ 467	$ 323	$ 265.26	$ 47	$ 430
Service Item	Outpatient	etoposide 50 mg Cap	J8560	636	NC Urgent Care	$ 467.05	$ 322.91	$ 264.09	$ 46.52	$ 429.69
Service Item	Outpatient	etoposide 50 mg Cap	J8560	636	SC Urgent Care	$ 467.05	$ 322.91	$ 265.26	$ 46.52	$ 429.69
Service Package	Inpatient and Outpatient	Ev Speech Dev Ea Addl 30	92608	440	MC ST Services	$ 126	Charges have been	$ 116.95	$ 113	$ 116
Service Package	Inpatient	Ev Speech Dev Ea Addl 30	92608	440	MH ST Services	$ 125.75	Charges have been	$ 116.95	$ 113.18	$ 115.69
Service Item	Outpatient	Ev Speech Dev Ea Addl 30	92608	440	OP Hand Center	$ 125.75	$ 120.00	$ 104.17	$ 75.45	$ 120.00
Service Item	Outpatient	Ev Speech Dev Ea Addl 30	92608	440	OP Therapy Akers	$ 125.75	$ 120.00	$ 124.40	$ 75.45	$ 266.00
Service Item	Outpatient	Ev Speech Dev Ea Addl 30	92608	440	OP Therapy Dinuba	$ 125.75	$ 120.00	$ 124.40	$ 75.45	$ 266.00
Service Item	Outpatient	Ev Speech Dev Ea Addl 30	92608	440	OP Therapy Exeter	$ 125.75	$ 120.00	$ 124.40	$ 75.45	$ 266.00
Service Item	Outpatient	Ev Speech Dev Ea Addl 30	92608	440	OP Therapy Lovers Ln	$ 125.75	$ 120.00	$ 124.40	$ 75.45	$ 266.00
Service Item	Outpatient	Ev Speech Dev Ea Addl 30	92608	440	OP Therapy Neuro	$ 125.75	$ 120.00	$ 103.01	$ 75.45	$ 120.00
Service Item	Inpatient	Ev Speech Dev Ea Addl 30	92608	440	RH ST Services	$ 125.75	Charges have been	$ 116.95	$ 113.18	$ 115.69
Service Item	Inpatient	Ev Speech Dev Ea Addl 30	92608	440	SA ST Services	$ 125.75	Charges have been	$ 116.95	$ 113.18	$ 115.69
Service Item	Inpatient	Ev Speech Dev Ea Addl 30	92608	440	SN TC Ortho ST	$ 125.75	Charges have been	$ 116.95	$ 113.18	$ 115.69
Service Item	Inpatient	Ev Speech Dev Ea Addl 30	92608	440	SN TS ST Services	$ 125.75	Charges have been	$ 116.95	$ 113.18	$ 115.69
Service Package	Inpatient and Outpatient	Ev To Use/Fit Voice Pros	92597	440	MC ST Services	$ 145	Charges have been	$ 135.08	$ 131	$ 134
Service Package	Inpatient	Ev To Use/Fit Voice Pros	92597	440	MH ST Services	$ 145.25	Charges have been	$ 135.08	$ 130.73	$ 133.63
Service Item	Outpatient	Ev To Use/Fit Voice Pros	92597	440	OP Hand Center	$ 145.25	$ 120.00	$ 120.33	$ 87.15	$ 133.63
Service Item	Outpatient	Ev To Use/Fit Voice Pros	92597	440	OP Therapy Akers	$ 145.25	$ 120.00	$ 142.86	$ 87.15	$ 266.00
Service Item	Outpatient	Ev To Use/Fit Voice Pros	92597	440	OP Therapy Dinuba	$ 145.25	$ 120.00	$ 142.86	$ 87.15	$ 266.00
Service Item	Outpatient	Ev To Use/Fit Voice Pros	92597	440	OP Therapy Exeter	$ 145.25	$ 120.00	$ 142.86	$ 87.15	$ 266.00
Service Item	Outpatient	Ev To Use/Fit Voice Pros	92597	440	OP Therapy Lovers Ln	$ 145.25	$ 120.00	$ 142.86	$ 87.15	$ 266.00
Service Item	Outpatient	Ev To Use/Fit Voice Pros	92597	440	OP Therapy Neuro	$ 145.25	$ 120.00	$ 129.43	$ 87.15	$ 199.50
Service Item	Inpatient	Ev To Use/Fit Voice Pros	92597	440	RH ST Services	$ 145.25	Charges have been	$ 135.08	$ 130.73	$ 133.63
Service Item	Inpatient	Ev To Use/Fit Voice Pros	92597	440	SA ST Services	$ 145.25	Charges have been	$ 135.08	$ 130.73	$ 133.63
Service Item	Inpatient	Ev To Use/Fit Voice Pros	92597	440	SN TC Ortho ST	$ 145.25	Charges have been	$ 135.08	$ 130.73	$ 133.63
Service Item	Inpatient	Ev To Use/Fit Voice Pros	92597	440	SN TS ST Services	$ 145.25	Charges have been	$ 135.08	$ 130.73	$ 133.63
Service Package	Inpatient and Outpatient	Evac Rpr A-Billiac Ndgft	34705	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Item	Outpatient	Evac Subungual Hematoma	11740	516	NC Urgent Care	$ 191.78	$ 111.71	$ 130.85	$ 35.15	$ 171.29
Service Item	Outpatient	Evac Subungual Hematoma	11740	516	SC Urgent Care	$ 191.78	$ 111.71	$ 131.32	$ 35.15	$ 171.29
Service Item	Inpatient and Outpatient	Eval Initial 30 Min Ot		430	MC OT Services	$ 209	$ 125	#N/A	$ 125	$ 192
Service Item	Outpatient	Eval Initial 30 Min Ot		430	OP Hand Center	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	Eval Initial 30 Min Ot		430	OP Therapy Akers	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	Eval Initial 30 Min Ot		430	OP Therapy Dinuba	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	Eval Initial 30 Min Ot		430	OP Therapy Exeter	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	Eval Initial 30 Min Ot		430	OP Therapy Lovers Ln	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	Eval Initial 30 Min Ot		430	OP Therapy Neuro	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Inpatient and Outpatient	Eval Needle Aspir I & R	88173	310	MC Pathology	$ 57	$ 49	$ 158.64	$ 44	$ 662
Service Item	Inpatient and Outpatient	Eval Needle Aspir Immed	88172	310	MC Pathology	$ 166	$ 46	$ 119.80	$ 42	$ 166
Service Package	Inpatient and Outpatient	Eval Of Speech Fluency	92521	440	MC ST Services	$ 304	Charges have been	$ 282.26	$ 273	$ 279
Service Package	Inpatient	Eval Of Speech Fluency	92521	440	MH ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Outpatient	Eval Of Speech Fluency	92521	440	OP Hand Center	$ 303.50	$ 120.00	$ 251.43	$ 120.00	$ 279.22
Service Item	Outpatient	Eval Of Speech Fluency	92521	440	OP Therapy Akers	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Eval Of Speech Fluency	92521	440	OP Therapy Dinuba	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Eval Of Speech Fluency	92521	440	OP Therapy Exeter	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Eval Of Speech Fluency	92521	440	OP Therapy Lovers Ln	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Eval Of Speech Fluency	92521	440	OP Therapy Neuro	$ 303.50	$ 120.00	$ 251.43	$ 120.00	$ 279.22
Service Item	Inpatient	Eval Of Speech Fluency	92521	440	RH ST Services	$ 303.50	Charges have been	$ 282.26	$ 182.10	$ 531.32
Service Item	Inpatient	Eval Of Speech Fluency	92521	440	SA ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Eval Of Speech Fluency	92521	440	SN TC Ortho ST	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Eval Of Speech Fluency	92521	440	SN TS ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Package	Inpatient and Outpatient	Eval Speech Dev Rx 1Hr	92607	440	MC ST Services	$ 252	Charges have been	$ 234.13	$ 227	$ 232
Service Package	Inpatient	Eval Speech Dev Rx 1Hr	92607	440	MH ST Services	$ 251.75	Charges have been	$ 234.13	$ 226.58	$ 231.61
Service Item	Outpatient	Eval Speech Dev Rx 1Hr	92607	440	OP Hand Center	$ 251.75	$ 120.00	$ 208.55	$ 120.00	$ 231.61
Service Item	Outpatient	Eval Speech Dev Rx 1Hr	92607	440	OP Therapy Akers	$ 251.75	$ 120.00	$ 209.46	$ 120.00	$ 266.00
Service Item	Outpatient	Eval Speech Dev Rx 1Hr	92607	440	OP Therapy Dinuba	$ 251.75	$ 120.00	$ 209.46	$ 120.00	$ 266.00
Service Item	Outpatient	Eval Speech Dev Rx 1Hr	92607	440	OP Therapy Exeter	$ 251.75	$ 120.00	$ 209.46	$ 120.00	$ 266.00
Service Item	Outpatient	Eval Speech Dev Rx 1Hr	92607	440	OP Therapy Lovers Ln	$ 251.75	$ 120.00	$ 209.46	$ 120.00	$ 266.00
Service Item	Outpatient	Eval Speech Dev Rx 1Hr	92607	440	OP Therapy Neuro	$ 251.75	$ 120.00	$ 227.70	$ 120.00	$ 379.51
Service Item	Inpatient	Eval Speech Dev Rx 1Hr	92607	440	RH ST Services	$ 251.75	Charges have been	$ 234.13	$ 226.58	$ 231.61
Service Item	Inpatient	Eval Speech Dev Rx 1Hr	92607	440	SA ST Services	$ 251.75	Charges have been	$ 234.13	$ 226.58	$ 231.61
Service Item	Inpatient	Eval Speech Dev Rx 1Hr	92607	440	SN TC Ortho ST	$ 251.75	Charges have been	$ 234.13	$ 226.58	$ 231.61
Service Item	Inpatient	Eval Speech Dev Rx 1Hr	92607	440	SN TS ST Services	$ 251.75	Charges have been	$ 234.13	$ 226.58	$ 231.61
Service Item	Outpatient	Eval Speech Production	92522	440	OP Hand Center	$ 303.50	$ 120.00	$ 251.43	$ 120.00	$ 279.22
Service Item	Outpatient	Eval Speech Production	92522	440	OP Therapy Akers	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Eval Speech Production	92522	440	OP Therapy Dinuba	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Eval Speech Production	92522	440	OP Therapy Exeter	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Eval Speech Production	92522	440	OP Therapy Lovers Ln	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Eval Speech Production	92522	440	OP Therapy Neuro	$ 303.50	$ 120.00	$ 251.43	$ 120.00	$ 279.22
Service Package	Inpatient	Evaluation Amniotic Fluid Protein	84112	301	MC 2E Labor & Dlvry	$ 221.00	Charges have been	$ 204.49	$ 196.93	$ 201.31
Service Package	Inpatient and Outpatient	Evaluation Amniotic Fluid Protein	84112	301	MC Labor Triage	$ 221	Charges have been	$ 204.49	$ 197	$ 201
Service Package	Inpatient and Outpatient	Evaluation Amniotic Fluid Protein	84112	301	MC Lbr & Dlvy Rev	$ 221	Charges have been	$ 204.49	$ 197	$ 201
Service Package	Inpatient and Outpatient	Evasc Rpr A-Ao Ndgft	34701	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Evasc Rpr A-Ao Ndgft Rpt	34702	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Evasc Rpr A-Uni Ndgft Rpt	34704	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Evasc Rpr A-Unilac Ndgft	34703	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Evasc Rpr Iliac Art Bifur W/ Endograft	34717	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Evasc Rpr Iliac Art Bifur W/O Endograft	34718	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Evasc Rpr Ilio-Iliac Ndgt	34707	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Evasc Rpr Ilio-Iliac Rpt	34708	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Item	Inpatient and Outpatient	Everolimus by HPLC-MS/MS-ARUP	80169	300	MC Reference Lab	$ 15	$ 38	$ 29.25	$ 9	$ 135
Service Item	Inpatient and Outpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	MC OT Services	$ 2,212	$ 1,327	$ 1,832.47	$ 1,327	$ 2,035
Service Item	Outpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	OP Hand Center	$ 2,212.00	$ 1,327.20	$ 1,832.47	$ 1,327.20	$ 2,035.04
Service Item	Outpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	OP Therapy Akers	$ 2,212.00	$ 1,327.20	$ 1,781.82	$ 1,327.20	$ 2,035.04
Service Item	Outpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	OP Therapy Dinuba	$ 2,212.00	$ 1,327.20	$ 1,781.82	$ 1,327.20	$ 2,035.04
Service Item	Outpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	OP Therapy Exeter	$ 2,212.00	$ 1,327.20	$ 1,781.82	$ 1,327.20	$ 2,035.04
Service Item	Outpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	OP Therapy Lovers Ln	$ 2,212.00	$ 1,327.20	$ 1,781.82	$ 1,327.20	$ 2,035.04
Service Item	Outpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	OP Therapy Neuro	$ 2,212.00	$ 1,327.20	$ 1,781.82	$ 1,327.20	$ 2,035.04
Service Item	Inpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	RH OT Services	$ 2,212.00	Charges have been	$ 2,057.16	$ 1,990.80	$ 2,035.04

Service Item	Inpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	SA OT Services	$ 2,212.00	Charges have been	$ 2,057.16	$ 1,990.80	$ 2,035.04	
Service Item	Inpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	SN TC Ortho OT	$ 2,212.00	Charges have been	$ 2,057.16	$ 1,990.80	$ 2,035.04	
Service Item	Inpatient	Ewhfo Cap Des W/O Jnt Cf Including Fitting	L3975	274	SN TS OT Services	$ 2,212.00	Charges have been	$ 2,057.16	$ 1,990.80	$ 2,035.04	
Service Item	Inpatient and Outpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	MC OT Services	$ 1,688	$ 1,013	$ 1,398.58	$ 1,013	$ 1,553	
Service Item	Outpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	OP Hand Center	$ 1,688.25	$ 1,012.95	$ 1,398.58	$ 1,012.95	$ 1,553.19	
Service Item	Outpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	OP Therapy Akers	$ 1,688.25	$ 1,012.95	$ 1,393.76	$ 1,012.95	$ 1,553.19	
Service Item	Outpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	OP Therapy Dinuba	$ 1,688.25	$ 1,012.95	$ 1,393.76	$ 1,012.95	$ 1,553.19	
Service Item	Outpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	OP Therapy Exeter	$ 1,688.25	$ 1,012.95	$ 1,393.76	$ 1,012.95	$ 1,553.19	
Service Item	Outpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	OP Therapy Lovers Ln	$ 1,688.25	$ 1,012.95	$ 1,393.76	$ 1,012.95	$ 1,553.19	
Service Item	Outpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	OP Therapy Neuro	$ 1,688.25	$ 1,012.95	$ 1,393.76	$ 1,012.95	$ 1,553.19	
Service Item	Inpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	RH OT Services	$ 1,688.25	Charges have been	$ 1,570.07	$ 1,519.43	$ 1,553.19	
Service Item	Inpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	SA OT Services	$ 1,688.25	Charges have been	$ 1,570.07	$ 1,519.43	$ 1,553.19	
Service Item	Inpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	SN TC Ortho OT	$ 1,688.25	Charges have been	$ 1,570.07	$ 1,519.43	$ 1,553.19	
Service Item	Inpatient	Ewhfo Rigid Wo Jnts Cf Including Fitting	L3765	274	SN TS OT Services	$ 1,688.25	Charges have been	$ 1,570.07	$ 1,519.43	$ 1,553.19	
Service Item	Inpatient and Outpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	MC OT Services	$ 1,788	$ 1,073	$ 1,480.80	$ 1,073	$ 1,645	
Service Item	Outpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	OP Hand Center	$ 1,787.50	$ 1,072.50	$ 1,480.80	$ 1,072.50	$ 1,644.50	
Service Item	Outpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	OP Therapy Akers	$ 1,787.50	$ 1,072.50	$ 1,467.29	$ 1,072.50	$ 1,644.50	
Service Item	Outpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	OP Therapy Dinuba	$ 1,787.50	$ 1,072.50	$ 1,467.29	$ 1,072.50	$ 1,644.50	
Service Item	Outpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	OP Therapy Exeter	$ 1,787.50	$ 1,072.50	$ 1,467.29	$ 1,072.50	$ 1,644.50	
Service Item	Outpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	OP Therapy Lovers Ln	$ 1,787.50	$ 1,072.50	$ 1,467.29	$ 1,072.50	$ 1,644.50	
Service Item	Outpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	OP Therapy Neuro	$ 1,787.50	$ 1,072.50	$ 1,467.29	$ 1,072.50	$ 1,644.50	
Service Item	Inpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	RH OT Services	$ 1,787.50	Charges have been	$ 1,662.38	$ 1,608.75	$ 1,644.50	
Service Item	Inpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	SA OT Services	$ 1,787.50	Charges have been	$ 1,662.38	$ 1,608.75	$ 1,644.50	
Service Item	Inpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	SN TC Ortho OT	$ 1,787.50	Charges have been	$ 1,662.38	$ 1,608.75	$ 1,644.50	
Service Item	Inpatient	Ewhfo W/Joint(S) Cf Including Fitting	L3766	274	SN TS OT Services	$ 1,787.50	Charges have been	$ 1,662.38	$ 1,608.75	$ 1,644.50	
Service Item	Outpatient	Ewho Rigid W/O Jnts Cf Including Fitting	L3763	274	OP Hand Center	$ 1,688.25	$ 1,012.95	$ 1,398.58	$ 1,012.95	$ 1,553.19	
Service Item	Outpatient	Ewho Rigid W/O Jnts Cf Including Fitting	L3763	274	OP Therapy Akers	$ 1,688.25	$ 1,012.95	$ 1,393.76	$ 1,012.95	$ 1,553.19	
Service Item	Outpatient	Ewho Rigid W/O Jnts Cf Including Fitting	L3763	274	OP Therapy Dinuba	$ 1,688.25	$ 1,012.95	$ 1,393.76	$ 1,012.95	$ 1,553.19	
Service Item	Outpatient	Ewho Rigid W/O Jnts Cf Including Fitting	L3763	274	OP Therapy Exeter	$ 1,688.25	$ 1,012.95	$ 1,393.76	$ 1,012.95	$ 1,553.19	
Service Item	Outpatient	Ewho Rigid W/O Jnts Cf Including Fitting	L3763	274	OP Therapy Lovers Ln	$ 1,688.25	$ 1,012.95	$ 1,393.76	$ 1,012.95	$ 1,553.19	
Service Item	Outpatient	Ewho Rigid W/O Jnts Cf Including Fitting	L3763	274	OP Therapy Neuro	$ 1,688.25	$ 1,012.95	$ 1,393.76	$ 1,012.95	$ 1,553.19	
Service Item	Inpatient and Outpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	MC OT Services	$ 1,788	$ 1,073	$ 1,480.80	$ 1,073	$ 1,645	
Service Item	Outpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	OP Hand Center	$ 1,787.50	$ 1,072.50	$ 1,480.80	$ 1,072.50	$ 1,644.50	
Service Item	Outpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	OP Therapy Akers	$ 1,787.50	$ 1,072.50	$ 1,467.29	$ 1,072.50	$ 1,644.50	
Service Item	Outpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	OP Therapy Dinuba	$ 1,787.50	$ 1,072.50	$ 1,467.29	$ 1,072.50	$ 1,644.50	
Service Item	Outpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	OP Therapy Exeter	$ 1,787.50	$ 1,072.50	$ 1,467.29	$ 1,072.50	$ 1,644.50	
Service Item	Outpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	OP Therapy Lovers Ln	$ 1,787.50	$ 1,072.50	$ 1,467.29	$ 1,072.50	$ 1,644.50	
Service Item	Outpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	OP Therapy Neuro	$ 1,787.50	$ 1,072.50	$ 1,467.29	$ 1,072.50	$ 1,644.50	
Service Item	Inpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	RH OT Services	$ 1,787.50	Charges have been	$ 1,662.38	$ 1,608.75	$ 1,644.50	
Service Item	Inpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	SA OT Services	$ 1,787.50	Charges have been	$ 1,662.38	$ 1,608.75	$ 1,644.50	
Service Item	Inpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	SN TC Ortho OT	$ 1,787.50	Charges have been	$ 1,662.38	$ 1,608.75	$ 1,644.50	
Service Item	Inpatient	Ewho W/Jnts Cf Including Fitting	L3764	274	SN TS OT Services	$ 1,787.50	Charges have been	$ 1,662.38	$ 1,608.75	$ 1,644.50	
Service Item	Outpatient	Exc Abd Les Sc < 3 Cm	22902	510	SFM Family Medicine	$ 2,617.35	$ 1,524.67	$ 2,017.57	$ 1,524.67	$ 2,337.83	
Service Item	Outpatient	Exc Back Les Sc < 3 Cm	21930	510	SFM Family Medicine	$ 2,398.81	$ 1,397.36	$ 1,862.38	$ 1,397.36	$ 2,142.62	
Service Item	Outpatient	Exc Back Tum Deep < 5 Cm	21932	510	SFM Family Medicine	$ 4,168.48	$ 2,428.24	$ 3,228.64	$ 2,428.24	$ 3,723.30	
Service Item	Outpatient	Exc Ben Les T/A/L 0.5Cm/<	11400	510	OP Wound Center	$ 738.69	$ 430.30	$ 597.00	$ 430.30	$ 706.82	
Service Item	Outpatient	Exc Ben Les T/A/L 0.5Cm/<	11400	510	SFM Family Medicine	$ 738.69	$ 430.30	$ 595.21	$ 430.30	$ 706.82	
Service Item	Outpatient	Exc Ben Les T/A/L 0.6-1Cm	11401	510	OP Wound Center	$ 738.69	$ 430.30	$ 563.34	$ 370.22	$ 659.80	
Service Item	Outpatient	Exc Ben Les T/A/L 0.6-1Cm	11401	510	SFM Family Medicine	$ 738.69	$ 430.30	$ 561.55	$ 370.22	$ 659.80	
Service Item	Outpatient	Exc Ben Les T/A/L 1-2.0Cm	11402	510	OP Wound Center	$ 738.69	$ 430.30	$ 597.00	$ 430.30	$ 706.82	
Service Item	Outpatient	Exc Ben Les T/A/L 1-2.0Cm	11402	510	SFM Family Medicine	$ 738.69	$ 430.30	$ 595.21	$ 430.30	$ 706.82	
Service Item	Outpatient	Exc Ben Les T/A/L 2.1-3Cm	11403	510	OP Wound Center	$ 738.69	$ 430.30	$ 597.00	$ 430.30	$ 706.82	
Service Item	Outpatient	Exc Ben Les T/A/L 2.1-3Cm	11403	510	SFM Family Medicine	$ 738.69	$ 430.30	$ 595.21	$ 430.30	$ 706.82	
Service Item	Outpatient	Exc Ben Les T/A/L 3.1-4.0Cm	11404	510	OP Wound Center	$ 2,617.63	$ 1,524.83	$ 1,944.65	$ 1,429.00	$ 2,338.08	
Service Item	Outpatient	Exc Ben Les T/A/L 3.1-4.0Cm	11404	510	SFM Family Medicine	$ 2,617.63	$ 1,524.83	$ 2,017.76	$ 1,524.83	$ 2,338.08	
Service Item	Outpatient	Exc Ben Les T/A/L; >4.0Cm	11406	510	OP Wound Center	$ 2,617.63	$ 1,524.83	$ 1,944.65	$ 1,429.00	$ 2,338.08	
Service Item	Outpatient	Exc Ben Les T/A/L; >4.0Cm	11406	510	SFM Family Medicine	$ 2,617.63	$ 1,524.83	$ 2,017.76	$ 1,524.83	$ 2,338.08	
Service Item	Outpatient	Exc Bl Face Marg >4Cm	11446	761	OP Wound Center	$ 2,700.00	$ 1,620.00	$ 2,142.07	$ 1,429.00	$ 2,686.90	
Service Item	Outpatient	Exc Bl Face Marg 0.6-1Cm	11441	761	OP Wound Center	$ 717.17	$ 430.30	$ 593.08	$ 430.30	$ 706.82	
Service Item	Outpatient	Exc Bl Face Marg 1-1.2Cm	11442	761	OP Wound Center	$ 717.17	$ 430.30	$ 593.08	$ 430.30	$ 706.82	
Service Item	Outpatient	Exc Bl Face Marg 3.1-4Cm	11444	761	OP Wound Center	$ 2,617.63	$ 1,524.83	$ 1,944.65	$ 1,429.00	$ 2,338.08	
Service Item	Outpatient	Exc Bl Face Marg 3.1-4Cm	11444	761	SFM Family Medicine	$ 2,617.63	$ 1,524.83	$ 2,017.76	$ 1,524.83	$ 2,338.08	
Service Item	Outpatient	Exc Bles Face Marg 0.5Cm<	11440	510	OP Wound Center	$ 738.69	$ 430.30	$ 597.00	$ 430.30	$ 706.82	
Service Item	Outpatient	Exc Bles Face Marg 0.5Cm<	11440	510	SFM Family Medicine	$ 738.69	$ 430.30	$ 595.21	$ 430.30	$ 706.82	
Service Item	Outpatient	Exc Bles S/N/Ex 1.1-2.0Cm	11422	510	OP Wound Center	$ 1,648.00	$ 960.00	$ 1,333.25	$ 960.00	$ 1,590.43	
Service Item	Outpatient	Exc Bles S/N/Ex 1.1-2.0Cm	11422	510	SFM Family Medicine	$ 1,648.00	$ 960.00	$ 1,329.25	$ 960.00	$ 1,590.43	
Service Item	Outpatient	Exc Bles S/N/Ex 2.1-3Cm	11423	761	OP Wound Center	$ 2,541.39	$ 1,524.83	$ 1,930.77	$ 1,429.00	$ 2,338.08	
Service Item	Outpatient	Exc Bles S/N/Ex 3.1-4Cm	11424	761	OP Wound Center	$ 2,541.39	$ 1,524.83	$ 1,930.77	$ 1,429.00	$ 2,338.08	
Service Item	Outpatient	Exc Bles S/N/Ex G <1.0Cm	11421	510	OP Wound Center	$ 1,612.87	$ 939.53	$ 1,219.86	$ 706.82	$ 1,440.62	
Service Item	Outpatient	Exc Bles S/N/Ex G <1.0Cm	11421	510	SFM Family Medicine	$ 1,612.87	$ 939.53	$ 1,215.94	$ 706.82	$ 1,440.62	
Service Item	Outpatient	Exc Bles S/N/Ex G > 4.0Cm	11426	510	OP Wound Center	$ 3,559.82	$ 2,073.68	$ 2,645.57	$ 1,429.00	$ 3,179.65	
Service Item	Outpatient	Exc Bles S/N/Ex G > 4.0Cm	11426	510	SFM Family Medicine	$ 3,559.82	$ 2,073.68	$ 2,796.44	$ 2,073.68	$ 3,179.65	
Service Item	Outpatient	Exc Bles S/N/Ex G 0.5Cm/<	11420	510	OP Wound Center	$ 1,648.00	$ 960.00	$ 1,333.25	$ 960.00	$ 1,590.43	
Service Item	Outpatient	Exc Bles S/N/Ex G 0.5Cm/<	11420	510	SFM Family Medicine	$ 1,648.00	$ 960.00	$ 1,329.25	$ 960.00	$ 1,590.43	
Service Item	Outpatient	Exc Face Marg 2.1-3 Cm	11443	510	OP Wound Center	$ 1,648.00	$ 960.00	$ 1,333.25	$ 960.00	$ 1,590.43	
Service Item	Outpatient	Exc Face Marg 2.1-3 Cm	11443	510	SFM Family Medicine	$ 1,648.00	$ 960.00	$ 1,329.25	$ 960.00	$ 1,590.43	
Service Item	Outpatient	Exc Foot/Toe Tum Sc<1.5Cm	28043	510	SFM Family Medicine	$ 2,398.81	$ 1,397.36	$ 1,862.38	$ 1,397.36	$ 2,142.62	
Service Item	Outpatient	Exc Forearm Les Sc < 3 Cm	25075	510	SFM Family Medicine	$ 2,778.26	$ 1,618.40	$ 2,131.82	$ 1,590.43	$ 2,481.55	
Service Item	Outpatient	Exc Les Mouth Vestibule	40810	510	SFM Family Medicine	$ 3,172.18	$ 1,847.87	$ 2,555.99	$ 1,847.87	$ 3,034.97	
Service Item	Outpatient	Exc Tr-Ext Mal+Marg 1-2Cm	11602	510	SFM Family Medicine	$ 738.69	$ 430.30	$ 561.55	$ 370.22	$ 659.80	
Service Package	Inpatient and Outpatient	Exchange Biliary Drg Cath	47536	361	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,399.78	$ 3,603	$ 3,934	
Service Item	Outpatient	Excis Of Ganglion	25111	516	NC Urgent Care	$ 2,162.78	$ 1,259.87	$ 1,485.16	$ 345.18	$ 1,931.81	
Service Item	Outpatient	Excis Of Ganglion	25111	516	SC Urgent Care	$ 2,162.78	$ 1,259.87	$ 1,490.41	$ 345.18	$ 1,931.81	
Service Item	Outpatient	Excise Hemorrhoid Tags	46230	516	NC Urgent Care	$ 2,414.51	$ 2,510.35	$ 2,528.60	$ 243.13	$ 3,849.21	
Service Item	Outpatient	Excise Hemorrhoid Tags	46230	516	SC Urgent Care	$ 2,414.51	$ 2,510.35	$ 2,539.06	$ 243.13	$ 3,849.21	
Service Item	Outpatient	Excise Nail W/ Matrix	11750	516	NC Urgent Care	$ 493.64	$ 287.56	$ 349.06	$ 167.87	$ 440.92	
Service Item	Outpatient	Excise Nail W/ Matrix	11750	516	SC Urgent Care	$ 493.64	$ 287.56	$ 350.26	$ 167.87	$ 440.92	
Service Item	Outpatient	Excise Nail W/ Matrix	11750	516	SFM Family Medicine	$ 493.64	$ 287.56	$ 387.54	$ 287.56	$ 440.92	
Service Package	Inpatient and Outpatient	Explore Penetrating Wound		450	MC Emergency	$ 231	Charges have been	#N/A	$ 202	$ 207	
Service Package	Inpatient and Outpatient	Extension Kit(In Line Con	C1883	278	MC Central Supply	$ 2,687	Charges have been	$ 2,616.75	$ 2,395	$ 2,448	
Service Package	Inpatient and Outpatient	External Neurostimulator		278	MC Central Supply	$ 2,497	Charges have been	#N/A	$ 2,225	$ 2,274	
Service Item	Inpatient and Outpatient	Extremity Testing 15Min		430	MC OT Services	$ 134	$ 80	#N/A	$ 80	$ 123	
Service Item	Outpatient	Extremity Testing 15Min		430	OP Hand Center	$ 134.00	$ 120.00	#N/A	$ 80.40	$ 123.28	
Service Item	Outpatient	Extremity Testing 15Min		430	OP Therapy Akers	$ 134.00	$ 120.00	#N/A	$ 80.40	$ 123.28	
Service Item	Outpatient	Extremity Testing 15Min		430	OP Therapy Dinuba	$ 134.00	$ 120.00	#N/A	$ 80.40	$ 123.28	
Service Item	Outpatient	Extremity Testing 15Min		430	OP Therapy Exeter	$ 134.00	$ 120.00	#N/A	$ 80.40	$ 123.28	
Service Item	Outpatient	Extremity Testing 15Min		430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	#N/A	$ 80.40	$ 123.28	
Service Item	Outpatient	Extremity Testing 15Min		430	OP Therapy Neuro	$ 134.00	$ 120.00	#N/A	$ 80.40	$ 123.28	
Service Item	Outpatient	Eye Foreign Body Detect	70030	320	IC Radiology	$ 141.23	$ 54.18	$ 98.83	$ 48.58	$ 126.15	
Service Item	Inpatient and Outpatient	Eye Foreign Body Detect	70030	320	MC Diag Radiology	$ 141	$ 54	$ 178.70	$ 49	$ 888	
Service Item	Outpatient	Eye Foreign Body Detect	70030	320	NC Diag Imaging	$ 141.23	$ 54.18	$ 178.70	$ 48.58	$ 887.81	
Service Item	Outpatient	Eye Foreign Body Detect	70030	320	SC Diag Imaging	$ 141.23	$ 54.18	$ 178.70	$ 48.58	$ 887.81	
Service Item	Outpatient	F/U Mnt Individ 15 Min	97803	942	CD Diabetic Clinic	$ 62.01	$ 36.12	$ 47.01	$ 26.22	$ 55.62	
Service Item	Outpatient	Facial Bones 3 View Min	70150	320	IC Radiology	$ 363.60	$ 100.35	$ 226.07	$ 89.98	$ 324.77	
Service Item	Inpatient and Outpatient	Facial Bones 3 View Min	70150	320	MC Diag Radiology	$ 364	$ 100	$ 366.71	$ 90	$ 1,636	
Service Item	Outpatient	Facial Bones 3 View Min	70150	320	NC Diag Imaging	$ 363.60	$ 100.35	$ 366.71	$ 89.98	$ 1,635.83	
Service Item	Outpatient	Facial Bones 3 View Min	70150	320	SC Diag Imaging	$ 363.60	$ 100.35	$ 366.71	$ 89.98	$ 1,635.83	
Service Item	Outpatient	Facial Bones 3Vws Or Less	70140	320	IC Radiology	$ 242.86	$ 78.93	$ 154.01	$ 70.77	$ 216.93	
Service Item	Inpatient and Outpatient	Facial Bones 3Vws Or Less	70140	320	MC Diag Radiology	$ 243	$ 79	$ 227.47	$ 71	$ 888	
Service Item	Outpatient	Facial Bones 3Vws Or Less	70140	320	NC Diag Imaging	$ 242.86	$ 78.93	$ 227.47	$ 70.77	$ 887.81	
Service Item	Outpatient	Facial Bones 3Vws Or Less	70140	320	SC Diag Imaging	$ 242.86	$ 78.93	$ 227.47	$ 70.77	$ 887.81	
Service Item	Inpatient and Outpatient	F-Actin (Smooth Muscle) IgG Ab-ARUP	83516	300	MC Reference Lab	$ 11	$ 104	$ 43.54	$ 9	$ 113	
Service Item	Inpatient and Outpatient	F-Actin IgG Ab EIA w/ Rlx to ASM IFA-ARUP	83516	300	MC Reference Lab	$ 11	$ 104	$ 43.54	$ 9	$ 113	
Service Item	Inpatient and Outpatient	Factor IX Activity-ARUP	85250	300	MC Reference Lab	$ 21	$ 85	$ 40.74	$ 12	$ 187	
Service Item	Inpatient and Outpatient	Factor V Activity-ARUP	81241	300	MC Reference Lab	$ 37	$ 183	$ 87.76	$ 22	$ 601	
Service Item	Inpatient and Outpatient	Factor V Leiden (F5) R506Q Mutation-ARUP	81241	300	MC Reference Lab	$ 32	$ 183	$ 84.55	$ 19	$ 601	
Service Item	Inpatient and Outpatient	Factor VII Activity-ARUP	85230	300	MC Reference Lab	$ 20	$ 80	$ 38.52	$ 12	$ 176	
Service Item	Inpatient and Outpatient	Factor VIII:C-ARUP	85240	305	MC Reference Lab	$ 16	$ 80	$ 34.26	$ 10	$ 176	

Service Item	Inpatient and Outpatient	Factor X Activity-ARUP	85260	305	MC Reference Lab	$ 20	$ 80	$ 38.32	$ 12	$ 176
Service Item	Outpatient	Family Psychotherapy W/O Patient, 50 Min	90846	900	SFM Family Medicine	$ 314.15	$ 183.00	$ 220.85	$ 53.46	$ 280.60
Service Item	Outpatient	famotidine 10 mg/mL Inj 2 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	famotidine 10 mg/mL Inj 2 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	famotidine 10 mg/mL Inj 2 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	famotidine 10 mg/mL Inj 2 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	famotidine IV (PED) 1 mg/mL 10 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	famotidine IV (PED) 1 mg/mL 10 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	famotidine IV (PED) 1 mg/mL 10 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	famotidine IV (PED) 1 mg/mL 10 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	fat emulsion (smof) 20% 100 mL	J3490	636	CD Infusion Clinic	$ 122.80	$ 73.68	$ 79.26	$ 23.14	$ 112.98
Service Item	Inpatient and Outpatient	fat emulsion (smof) 20% 100 mL	J3490	636	MC Pharmacy	$ 123	$ 74	$ 79.26	$ 23	$ 113
Service Item	Outpatient	fat emulsion (smof) 20% 100 mL	J3490	636	NC Urgent Care	$ 122.80	$ 73.68	$ 78.95	$ 23.14	$ 112.98
Service Item	Outpatient	fat emulsion (smof) 20% 100 mL	J3490	636	SC Urgent Care	$ 122.80	$ 73.68	$ 79.26	$ 23.14	$ 112.98
Service Item	Outpatient	fat emulsion 20% 250 mL	J3490	636	CD Infusion Clinic	$ 208.10	$ 124.86	$ 128.29	$ 23.14	$ 191.45
Service Item	Inpatient and Outpatient	fat emulsion 20% 250 mL	J3490	636	MC Pharmacy	$ 208	$ 125	$ 128.29	$ 23	$ 191
Service Item	Outpatient	fat emulsion 20% 250 mL	J3490	636	NC Urgent Care	$ 208.10	$ 124.86	$ 127.77	$ 23.14	$ 191.45
Service Item	Outpatient	fat emulsion 20% 250 mL	J3490	636	SC Urgent Care	$ 208.10	$ 124.86	$ 128.29	$ 23.14	$ 191.45
Service Item	Outpatient	fat emulsion, (smof) PEDS IV 20% 1 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	fat emulsion, (smof) PEDS IV 20% 1 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	fat emulsion, (smof) PEDS IV 20% 1 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	fat emulsion, (smof) PEDS IV 20% 1 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	Fat Fecal Qualitative-ARUP	82705	300	MC Reference Lab	$ 6	$ 23	$ 10.90	$ 3	$ 50
Service Item	Outpatient	Fb Removal - Subqu Simple	10120	516	NC Urgent Care	$ 519.67	$ 296.95	$ 354.25	$ 105.29	$ 455.33
Service Item	Outpatient	Fb Removal - Subqu Simple	10120	516	SC Urgent Care	$ 519.67	$ 296.95	$ 355.49	$ 105.29	$ 455.33
Service Item	Outpatient	Fb Removal - Subqu Simple	10120	516	SFM Family Medicine	$ 519.67	$ 296.95	$ 400.80	$ 296.95	$ 455.33
Service Package	Inpatient and Outpatient	Fb Removal Ear		450	MC Emergency	$ 104	Charges have been	#N/A	$ 91	$ 93
Service Package	Inpatient and Outpatient	Fb Removal Eye		450	MC Emergency	$ 250	Charges have been included in the inpatient service package or MSDRG table or could be included in an outpatient service package to simplify payment information to the consumer	#N/A	$ 219	$ 224
Service Package	Inpatient and Outpatient	Fb Removal Nose		450	MC Emergency	$ 94	Charges have been included in the inpatient service package or MSDRG table or could be included in an outpatient service package to simplify payment information to the consumer	#N/A	$ 82	$ 84
Service Package	Inpatient and Outpatient	Fb Removal Pharnyx		450	MC Emergency	$ 94	Charges have been	#N/A	$ 82	$ 84
Service Item	Outpatient	Fb Removal-Conjunctiva	65205	516	NC Urgent Care	$ 145.61	$ 84.82	$ 105.28	$ 55.50	$ 130.06
Service Item	Outpatient	Fb Removal-Conjunctiva	65205	516	SC Urgent Care	$ 145.61	$ 84.82	$ 105.63	$ 55.50	$ 130.06
Service Item	Outpatient	Fb Removal-Conjunctiva	65205	516	SFM Family Medicine	$ 145.61	$ 84.82	$ 116.03	$ 84.82	$ 130.06
Service Item	Outpatient	Fb Removal-Corneal	65220	516	NC Urgent Care	$ 463.50	$ 270.00	$ 325.01	$ 56.54	$ 421.29
Service Item	Outpatient	Fb Removal-Corneal	65220	516	SC Urgent Care	$ 463.50	$ 270.00	$ 326.14	$ 56.54	$ 421.29
Service Item	Outpatient	Fb Removal-Ear	69200	516	NC Urgent Care	$ 163.91	$ 95.48	$ 122.13	$ 79.57	$ 146.41
Service Item	Outpatient	Fb Removal-Ear	69200	516	SC Urgent Care	$ 163.91	$ 95.48	$ 122.53	$ 79.57	$ 146.41
Service Item	Outpatient	Fb Removal-Ear	69200	516	SFM Family Medicine	$ 163.91	$ 95.48	$ 129.02	$ 95.48	$ 146.41
Service Item	Outpatient	Fb Removal-Muscle/Tendon	20520	516	NC Urgent Care	$ 1,648.00	$ 960.00	$ 1,165.93	$ 211.86	$ 1,590.43
Service Item	Outpatient	Fb Removal-Muscle/Tendon	20520	516	SC Urgent Care	$ 1,648.00	$ 960.00	$ 1,169.93	$ 211.86	$ 1,590.43
Service Item	Outpatient	Fb Removal-Nose	30300	516	NC Urgent Care	$ 443.65	$ 258.44	$ 302.97	$ 126.33	$ 396.27
Service Item	Outpatient	Fb Removal-Nose	30300	516	SC Urgent Care	$ 443.65	$ 258.44	$ 304.05	$ 126.33	$ 396.27
Service Item	Outpatient	Fb Removal-Nose	30300	516	SFM Family Medicine	$ 443.65	$ 258.44	$ 327.66	$ 126.33	$ 396.27
Service Item	Outpatient	Fb Removal-Scrotum	55120	516	NC Urgent Care	$ 2,362.48	$ 1,376.20	$ 1,657.33	$ 390.21	$ 2,110.18
Service Item	Outpatient	Fb Removal-Scrotum	55120	516	SC Urgent Care	$ 2,362.48	$ 1,376.20	$ 1,663.06	$ 390.21	$ 2,110.18
Service Package	Inpatient and Outpatient	Fb Remvl Cmplx Subq		450	MC Emergency	$ 516	Charges have been	#N/A	$ 451	$ 461
Service Package	Inpatient and Outpatient	Fb Remvl Smpl Subq		450	MC Emergency	$ 266	Charges have been	#N/A	$ 232	$ 238
Service Item	Outpatient	Fbc Hbo Per 30 Min	G0277	413	OP Wound Center	$ 194.68	$ 116.81	$ 155.14	$ 116.81	$ 179.11
Service Item	Inpatient and Outpatient	Fdg Per Dose/Pet Scan	A9552	343	DC PET CT	$ 680	$ 396	$ 570.66	$ 396	$ 661
Service Item	Outpatient	Fdg Per Dose/Pet Scan	A9552	343	IC PET Scan	$ 680.40	$ 396.35	$ 679.61	$ 396.35	$ 1,750.01
Service Item	Inpatient and Outpatient	Fecal Fat, Quantitative 72-Hour Collect-ARUP	82710	300	MC Reference Lab	$ 6	$ 75	$ 27.45	$ 3	$ 165
Service Package	Inpatient and Outpatient	Fecal Microbiota Prep Ins	G0455	750	MC Endo Services	$ 4,500	Charges have been	$ 3,287.66	$ 911	$ 4,140
Service Item	Inpatient and Outpatient	Fecal Occult Blood by Immunoassay-ARUP	83520	300	MC Reference Lab	$ 10	$ 58	$ 26.12	$ 6	$ 138
Service Item	Inpatient and Outpatient	Felbamate Level-ARUP	80339	300	MC Reference Lab	$ 15	$ 60	$ 12.54	$ 9	$ 60
Service Package	Inpatient and Outpatient	Fem/Popl Revas W/Ather	37225	361	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 16,961.05	$ 11,280	$ 11,530
Service Package	Inpatient and Outpatient	Fem/Popl Revas W/Tla	37224	361	MC Cath Lab Srvcs	$ 12,385	Charges have been	$ 8,442.64	$ 5,490	$ 5,740
Service Package	Inpatient and Outpatient	Fem/Popl Revasc W/Stent	37226	361	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 16,961.05	$ 11,280	$ 11,530
Service Package	Inpatient and Outpatient	Fem/Popl Revsc Stnt&Ather	37227	361	MC Cath Lab Srvcs	$ 39,850	Charges have been	$ 27,097.57	$ 17,394	$ 18,470
Service Package	Inpatient and Outpatient	Femoral Component (A)	C1776	278	MC Central Supply	$ 2,815	Charges have been	$ 2,358.59	$ 2,508	$ 2,564
Service Package	Inpatient and Outpatient	Femoral Component (A2)	C1776	278	MC Central Supply	$ 17,170	Charges have been	$ 12,087.98	$ 15,300	$ 15,640
Service Package	Inpatient and Outpatient	Femoral Component (B)	C1776	278	MC Central Supply	$ 5,097	Charges have been	$ 3,905.55	$ 4,542	$ 4,643
Service Package	Inpatient and Outpatient	Femoral Component (B2)	C1776	278	MC Central Supply	$ 16,842	Charges have been	$ 11,865.50	$ 15,008	$ 15,341
Service Package	Inpatient and Outpatient	Femoral Component (C)	C1776	278	MC Central Supply	$ 6,189	Charges have been	$ 4,645.18	$ 5,515	$ 5,637
Service Package	Inpatient and Outpatient	Femoral Component (D)	C1776	278	MC Central Supply	$ 6,845	Charges have been	$ 5,090.09	$ 6,100	$ 6,235
Service Package	Inpatient and Outpatient	Femoral Component (E)	C1776	278	MC Central Supply	$ 22,946	Charges have been	$ 16,002.79	$ 20,447	$ 20,901
Service Package	Inpatient and Outpatient	Femoral Component (F)	C1776	278	MC Central Supply	$ 27,377	Charges have been	$ 19,005.70	$ 24,395	$ 24,937
Service Package	Inpatient and Outpatient	Femoral Component (G)	C1776	278	MC Central Supply	$ 5,934	Charges have been	$ 4,472.36	$ 5,288	$ 5,405
Service Package	Inpatient and Outpatient	Femoral Component (H)	C1776	278	MC Central Supply	$ 3,798	Charges have been included in the inpatient service package or MSDRG table or could be included in an outpatient service package to simplify payment information to the consumer	$ 3,024.53	$ 3,384	$ 3,459
Service Item	Outpatient	Femur 1 View	73551	320	IC Radiology	$ 303.50	$ 102.06	$ 183.40	$ 62.61	$ 271.09
Service Item	Inpatient and Outpatient	Femur 1 View	73551	320	MC Diag Radiology	$ 304	$ 102	$ 253.03	$ 63	$ 888
Service Item	Outpatient	Femur 1 View	73551	320	NC Diag Imaging	$ 303.50	$ 102.06	$ 253.03	$ 62.61	$ 887.81
Service Item	Outpatient	Femur 1 View	73551	320	SC Diag Imaging	$ 303.50	$ 102.06	$ 253.03	$ 62.61	$ 887.81
Service Item	Outpatient	Femur 2 Views	73552	320	IC Radiology	$ 303.50	$ 121.32	$ 187.95	$ 74.27	$ 271.09
Service Item	Inpatient and Outpatient	Femur 2 Views	73552	320	MC Diag Radiology	$ 304	$ 121	$ 257.58	$ 74	$ 888
Service Item	Outpatient	Femur 2 Views	73552	320	NC Diag Imaging	$ 303.50	$ 121.32	$ 257.58	$ 74.27	$ 887.81
Service Item	Outpatient	Femur 2 Views	73552	320	SC Diag Imaging	$ 303.50	$ 121.32	$ 257.58	$ 74.27	$ 887.81
Service Item	Outpatient	fentaNYL (PED) 5 mcg/mL	J3010	636	CD Infusion Clinic	$ 10.85	$ 6.51	$ 7.47	$ 0.96	$ 9.98
Service Item	Inpatient and Outpatient	fentaNYL (PED) 5 mcg/mL	J3010	636	MC Pharmacy	$ 11	$ 8	$ 7.47	$ 1	$ 10
Service Item	Outpatient	fentaNYL (PED) 5 mcg/mL	J3010	636	NC Urgent Care	$ 10.85	$ 7.64	$ 7.44	$ 0.96	$ 9.98
Service Item	Outpatient	fentaNYL (PED) 5 mcg/mL	J3010	636	SC Urgent Care	$ 10.85	$ 7.64	$ 7.47	$ 0.96	$ 9.98
Service Item	Outpatient	fentaNYL 1,000 mcg/Sodium Chloride 0.9% 100	J3010	636	CD Infusion Clinic	$ 47.45	$ 28.47	$ 20.63	$ 0.96	$ 43.65
Service Item	Inpatient and Outpatient	fentaNYL 1,000 mcg/Sodium Chloride 0.9% 100	J3010	636	MC Pharmacy	$ 47	$ 28	$ 20.63	$ 1	$ 44
Service Item	Outpatient	fentaNYL 1,000 mcg/Sodium Chloride 0.9% 100	J3010	636	NC Urgent Care	$ 47.45	$ 28.47	$ 20.51	$ 0.96	$ 43.65
Service Item	Outpatient	fentaNYL 1,000 mcg/Sodium Chloride 0.9% 100	J3010	636	SC Urgent Care	$ 47.45	$ 28.47	$ 20.63	$ 0.96	$ 43.65
Service Item	Outpatient	fentaNYL 2,500 mcg/Sodium Chloride 0.9% 250	J3010	636	CD Infusion Clinic	$ 99.40	$ 59.64	$ 39.30	$ 0.96	$ 91.45

Service Item	Inpatient and Outpatient	fentaNYL 2,500 mcg/Sodium Chloride 0.9% 250	J3010	636	MC Pharmacy	$ 99	$ 60	$ 39.30	$ 1	$ 91
Service Item	Outpatient	fentaNYL 2,500 mcg/Sodium Chloride 0.9% 250	J3010	636	NC Urgent Care	$ 99.40	$ 59.64	$ 39.06	$ 0.96	$ 91.45
Service Item	Outpatient	fentaNYL 2,500 mcg/Sodium Chloride 0.9% 250	J3010	636	SC Urgent Care	$ 99.40	$ 59.64	$ 39.30	$ 0.96	$ 91.45
Service Item	Outpatient	Fentanyl 2mcg/mL-Ropivacaine 0.125%/50 mL N	J2795	636	CD Infusion Clinic	$ 73.25	$ 43.95	$ 70.66	$ 0.06	$ 123.80
Service Item	Inpatient and Outpatient	Fentanyl 2mcg/mL-Ropivacaine 0.125%/50 mL N	J2795	636	MC Pharmacy	$ 73	$ 44	$ 70.66	$ 0	$ 124
Service Item	Outpatient	Fentanyl 2mcg/mL-Ropivacaine 0.125%/50 mL N	J2795	636	NC Urgent Care	$ 73.25	$ 44.18	$ 64.58	$ 0.06	$ 123.80
Service Item	Outpatient	Fentanyl 2mcg/mL-Ropivacaine 0.125%/50 mL N	J2795	636	SC Urgent Care	$ 73.25	$ 44.18	$ 64.76	$ 0.06	$ 123.80
Service Item	Outpatient	Fentanyl 2Ml Inj	J3010	636	CD Infusion Clinic	$ 13.96	$ 8.38	$ 8.59	$ 0.96	$ 12.84
Service Item	Inpatient and Outpatient	Fentanyl 2Ml Inj	J3010	636	MC Pharmacy	$ 14	$ 8	$ 8.59	$ 1	$ 13
Service Item	Outpatient	Fentanyl 2Ml Inj	J3010	636	NC Urgent Care	$ 13.96	$ 8.38	$ 8.55	$ 0.96	$ 12.84
Service Item	Outpatient	Fentanyl 2Ml Inj	J3010	636	SC Urgent Care	$ 13.96	$ 8.38	$ 8.59	$ 0.96	$ 12.84
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 2 mL	J3010	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.92	$ 0.96	$ 11.13
Service Item	Inpatient and Outpatient	fentaNYL 50 mcg/mL Inj 2 mL	J3010	636	MC Pharmacy	$ 12	$ 8	$ 7.92	$ 1	$ 11
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 2 mL	J3010	636	NC Urgent Care	$ 12.10	$ 8.39	$ 7.89	$ 0.96	$ 11.13
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 2 mL	J3010	636	SC Urgent Care	$ 12.10	$ 8.39	$ 7.92	$ 0.96	$ 11.13
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 2 mL	J3010	636	SFM Family Medicine	$ 12.10	$ 8.39	$ 7.89	$ 0.96	$ 11.13
Service Item	Inpatient and Outpatient	fentaNYL 50 mcg/mL Inj 20 mL	J3010	636	MC Pharmacy	$ 47	$ 30	$ 20.63	$ 1	$ 44
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 5 mL	J3010	636	CD Infusion Clinic	$ 12.70	$ 7.62	$ 8.14	$ 0.96	$ 11.68
Service Item	Inpatient and Outpatient	fentaNYL 50 mcg/mL Inj 5 mL	J3010	636	MC Pharmacy	$ 13	$ 8	$ 8.14	$ 1	$ 12
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 5 mL	J3010	636	NC Urgent Care	$ 12.70	$ 7.62	$ 8.10	$ 0.96	$ 11.68
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 5 mL	J3010	636	SC Urgent Care	$ 12.70	$ 7.62	$ 8.14	$ 0.96	$ 11.68
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 5 mL	J3010	636	VD Visalia Dialysis	$ 12.70	$ 7.62	$ 8.14	$ 0.96	$ 11.68
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 50 mL	J3010	636	CD Infusion Clinic	$ 97.65	$ 58.59	$ 38.68	$ 0.96	$ 89.84
Service Item	Inpatient and Outpatient	fentaNYL 50 mcg/mL Inj 50 mL	J3010	636	MC Pharmacy	$ 98	$ 60	$ 38.68	$ 1	$ 90
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 50 mL	J3010	636	NC Urgent Care	$ 97.65	$ 59.72	$ 38.43	$ 0.96	$ 89.84
Service Item	Outpatient	fentaNYL 50 mcg/mL Inj 50 mL	J3010	636	SC Urgent Care	$ 97.65	$ 59.72	$ 38.68	$ 0.96	$ 89.84
Service Item	Outpatient	fentaNYL 50 mcg/mL MDV Inj 1 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	fentaNYL 50 mcg/mL MDV Inj 1 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	fentaNYL 50 mcg/mL MDV Inj 1 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	fentaNYL 50 mcg/mL MDV Inj 1 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	Fentanyl and Metabolite, Urine Quant-ARUP	80354	300	MC Reference Lab	$ 22	$ 85	$ 17.82	$ 13	$ 85
Service Item	Outpatient	ferric carboxymaltose (as elemental iron) 50 mg	J1439	636	CD Infusion Clinic	$ 4,145.05	$ 2,487.03	$ 2,041.62	$ 1.11	$ 3,813.45
Service Item	Inpatient and Outpatient	ferric carboxymaltose (as elemental iron) 50 mg	J1439	636	MC Pharmacy	$ 4,145	$ 2,488	$ 2,041.62	$ 1	$ 3,813
Service Item	Outpatient	ferric carboxymaltose (as elemental iron) 50 mg	J1439	636	NC Urgent Care	$ 4,145.05	$ 2,488.38	$ 2,031.26	$ 1.11	$ 3,813.45
Service Item	Outpatient	ferric carboxymaltose (as elemental iron) 50 mg	J1439	636	SC Urgent Care	$ 4,145.05	$ 2,488.38	$ 2,041.62	$ 1.11	$ 3,813.45
Service Item	Inpatient and Outpatient	Ferritin-Serum Ria	82728	301	MC General Lab	$ 183	$ 61	$ 126.14	$ 54	$ 167
Service Item	Outpatient	ferumoxytol 30 mg/mL Inj 17 mL	Q0138	636	CD Infusion Clinic	$ 3,074.50	$ 1,844.70	$ 1,514.44	$ 0.92	$ 2,828.54
Service Item	Inpatient and Outpatient	ferumoxytol 30 mg/mL Inj 17 mL	Q0138	636	MC Pharmacy	$ 3,075	$ 1,846	$ 1,514.44	$ 1	$ 2,829
Service Item	Outpatient	ferumoxytol 30 mg/mL Inj 17 mL	Q0138	636	NC Urgent Care	$ 3,074.50	$ 1,845.60	$ 1,506.76	$ 0.92	$ 2,828.54
Service Item	Outpatient	ferumoxytol 30 mg/mL Inj 17 mL	Q0138	636	SC Urgent Care	$ 3,074.50	$ 1,845.60	$ 1,514.44	$ 0.92	$ 2,828.54
Service Item	Outpatient	Fetal Biophy Prof W/O Non	76819	402	IC Ultrasound	$ 554.56	$ 209.55	$ 480.64	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Fetal Biophy Prof W/O Non	76819	402	MC Ultrasound	$ 555	$ 210	$ 480.64	$ 130	$ 1,636
Service Item	Outpatient	Fetal Biophy Prof W/O Non	76819	402	SFM Family Medicine	$ 554.56	$ 209.55	$ 479.30	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Fetal Cardiac Doppler	76827	480	DC Non Invasive Card	$ 307	$ 106	$ 371.74	$ 106	$ 1,636
Service Item	Inpatient and Outpatient	Fetal Cardiac Doppler	76827	480	MC NonInv CardioSrv	$ 307	Charges have been	$ 239.07	$ 130	$ 274
Service Item	Outpatient	Fetal Cardiac Doppler	76827	480	OS Non Invasive Card	$ 306.79	$ 106.14	$ 372.44	$ 106.14	$ 1,635.83
Service Item	Inpatient and Outpatient	Fetal Echocardiogram	76825	480	DC Non Invasive Card	$ 1,689	$ 245	$ 1,733.51	$ 240	$ 6,956
Service Item	Inpatient and Outpatient	Fetal Echocardiogram	76825	480	MC NonInv CardioSrv	$ 1,689	Charges have been	$ 1,277.19	$ 558	$ 1,509
Service Item	Outpatient	Fetal Echocardiogram	76825	480	OS Non Invasive Card	$ 1,689.35	$ 245.01	$ 1,737.38	$ 239.98	$ 6,955.69
Service Item	Inpatient and Outpatient	Fetal Fibronectin	82731	301	MC General Lab	$ 525	$ 600	$ 468.97	$ 269	$ 633
Service Item	Inpatient and Outpatient	Fetal Lung - LB Density	83664	301	MC General Lab	$ 29	$ 21	$ 66.76	$ 19	$ 186
Service Package	Inpatient and Outpatient	Fetal Non-Stress Test	59025	761	MC Labor Triage	$ 394	Charges have been	$ 313.57	$ 192	$ 352
Service Package	Inpatient	Fetal Non-Stress Test	59025	761	MC MA Obstetrics	$ 394.20	Charges have been	$ 313.57	$ 192.40	$ 352.10
Service Item	Inpatient and Outpatient	Fetal Non-Stress Test	59025	761	MC OB Non Stress	$ 394	Charges have been	$ 313.57	$ 192	$ 352
Service Item	Outpatient	Fetal Non-Stress Test	59025	761	SFM Family Medicine	$ 394.20	$ 210.00	$ 299.15	$ 192.40	$ 352.10
Service Item	Inpatient	Ffp Each Unit	P9017	390	MC Blood Bank	$ 100.81	$ 58.72	$ 97.96	$ 58.72	$ 236.31
Service Item	Inpatient	Ffp Thawing Each Unit	86927	300	MC Blood Bank	$ 271.89	$ 40.11	$ 185.93	$ 30.31	$ 423.60
Service Package	Inpatient and Outpatient	Ffr Doppler; Ea Adtl Vess	93572	481	MC Cath Lab Srvcs	$ 1,433	Charges have been	$ 1,312.47	$ 1,252	$ 1,280
Service Package	Inpatient and Outpatient	Ffr Doppler; Initial Vess	93571	481	MC Cath Lab Srvcs	$ 1,793	Charges have been	$ 1,642.34	$ 1,566	$ 1,601
Service Item	Inpatient and Outpatient	Fibrinogen Quantitative	85384	305	MC General Lab	$ 149	$ 38	$ 94.79	$ 34	$ 136
Service Item	Inpatient and Outpatient	Fibrinogen; Activity	85384	305	MC General Lab	$ 149	$ 38	$ 94.79	$ 34	$ 136
Service Item	Inpatient and Outpatient	Fibrinolysins Screen	85390	305	MC General Lab	$ 54	$ 23	$ 48.22	$ 21	$ 123
Service Item	Inpatient and Outpatient	Fibroblast Growth Factor 23, Plasma-ARUP	83520	300	MC Reference Lab	$ 223	$ 58	$ 149.36	$ 54	$ 205
Service Item	Outpatient	filgrastim-sndz 300 mcg/0.5 mL Inj	Q5101	636	CD Infusion Clinic	$ 1,538.20	$ 922.92	$ 757.80	$ 0.47	$ 1,415.14
Service Item	Inpatient and Outpatient	filgrastim-sndz 300 mcg/0.5 mL Inj	Q5101	636	MC Pharmacy	$ 1,538	$ 924	$ 757.80	$ 0	$ 1,415
Service Item	Outpatient	filgrastim-sndz 300 mcg/0.5 mL Inj	Q5101	636	NC Urgent Care	$ 1,538.20	$ 923.97	$ 753.95	$ 0.47	$ 1,415.14
Service Item	Outpatient	filgrastim-sndz 300 mcg/0.5 mL Inj	Q5101	636	SC Urgent Care	$ 1,538.20	$ 923.97	$ 757.80	$ 0.47	$ 1,415.14
Service Item	Outpatient	filgrastim-sndz 480 mcg/0.8 mL Inj	Q5101	636	CD Infusion Clinic	$ 1,922.75	$ 1,153.65	$ 896.04	$ 0.47	$ 1,768.93
Service Item	Inpatient and Outpatient	filgrastim-sndz 480 mcg/0.8 mL Inj	Q5101	636	MC Pharmacy	$ 1,923	$ 1,155	$ 896.04	$ 0	$ 1,769
Service Item	Outpatient	filgrastim-sndz 480 mcg/0.8 mL Inj	Q5101	636	NC Urgent Care	$ 1,922.75	$ 1,154.70	$ 891.23	$ 0.47	$ 1,768.93
Service Item	Outpatient	filgrastim-sndz 480 mcg/0.8 mL Inj	Q5101	636	SC Urgent Care	$ 1,922.75	$ 1,154.70	$ 896.04	$ 0.47	$ 1,768.93
Service Item	Outpatient	Fine Nedl Aspir/Img Guide - CT, 1st Lesion	10009	361	IC CAT Scan	$ 746.34	$ 426.48	$ 594.91	$ 426.48	$ 706.82
Service Item	Inpatient and Outpatient	Fine Nedl Aspir/Img Guide - CT, 1st Lesion	10009	361	MC CAT Scanner	$ 746	$ 426	$ 594.91	$ 426	$ 707
Service Item	Outpatient	Fine Nedl Aspir/Img Guide - CT, Ea Add Lesion	10010	361	IC CAT Scan	$ 746.34	$ 426.48	$ 595.31	$ 426.48	$ 653.94
Service Item	Inpatient and Outpatient	Fine Nedl Aspir/Img Guide - CT, Ea Add Lesion	10010	361	MC CAT Scanner	$ 746	$ 426	$ 595.31	$ 426	$ 654
Service Item	Outpatient	Fine Nedl Aspir/Img Guide - Flurosc, 1st Lesion	10007	361	IC Radiology	$ 746.34	$ 426.48	$ 587.80	$ 426.48	$ 706.82
Service Item	Inpatient and Outpatient	Fine Nedl Aspir/Img Guide - Flurosc, 1st Lesion	10007	361	MC Diag Radiology	$ 746	$ 426	$ 594.91	$ 426	$ 707
Service Item	Outpatient	Fine Nedl Aspir/Img Guide - Flurosc, Ea Add Lesic	10008	361	IC Radiology	$ 746.34	$ 426.48	$ 588.20	$ 426.48	$ 653.94
Service Item	Inpatient and Outpatient	Fine Nedl Aspir/Img Guide - Flurosc, Ea Add Lesic	10008	361	MC Diag Radiology	$ 746	$ 426	$ 595.31	$ 426	$ 654
Service Item	Outpatient	Fine Nedl Aspir/Img Guide - MRI, 1st Lesion	10011	361	IC MRI	$ 746.34	$ 426.48	$ 594.91	$ 426.48	$ 706.82
Service Item	Inpatient and Outpatient	Fine Nedl Aspir/Img Guide - MRI, 1st Lesion	10011	361	MC MRI	$ 746	$ 426	$ 594.91	$ 426	$ 707
Service Item	Outpatient	Fine Nedl Aspir/Img Guide - MRI, Ea Add Lesion	10012	361	IC MRI	$ 746.34	$ 426.48	$ 595.31	$ 426.48	$ 653.94
Service Item	Inpatient and Outpatient	Fine Nedl Aspir/Img Guide - MRI, Ea Add Lesion	10012	361	MC MRI	$ 746	$ 426	$ 595.31	$ 426	$ 654
Service Item	Outpatient	Fine Nedl Aspir/Img Guide - Ultrasound, 1st Lesic	10005	361	IC CAT Scan	$ 746.34	$ 426.48	$ 594.91	$ 426.48	$ 706.82
Service Item	Outpatient	Fine Nedl Aspir/Img Guide - Ultrasound, 1st Lesic	10005	361	IC Ultrasound	$ 746.34	$ 426.48	$ 594.91	$ 426.48	$ 706.82
Service Item	Inpatient and Outpatient	Fine Nedl Aspir/Img Guide - Ultrasound, 1st Lesic	10005	361	MC CAT Scanner	$ 746	$ 426	$ 594.91	$ 426	$ 707
Service Item	Inpatient and Outpatient	Fine Nedl Aspir/Img Guide - Ultrasound, 1st Lesic	10005	361	MC Ultrasound	$ 746	$ 426	$ 594.91	$ 426	$ 707
Service Item	Outpatient	Fine Nedl Aspir/Img Guide - Ultrasound, Ea Add L	10006	361	IC Ultrasound	$ 746.34	$ 426.48	$ 595.31	$ 426.48	$ 653.94
Service Item	Inpatient and Outpatient	Fine Nedl Aspir/Img Guide - Ultrasound, Ea Add L	10006	361	MC Ultrasound	$ 746	$ 426	$ 595.31	$ 426	$ 654
Service Package	Inpatient and Outpatient	Finger Joint Swanson	L8630	278	MC Central Supply	$ 2,018	Charges have been	$ 1,867.67	$ 1,799	$ 1,839
Service Item	Outpatient	Finger Orthosis, W/O Joint/Spring, Ext/Flex OTS	L3927	274	OP Hand Center	$ 85.00	$ 51.00	$ 70.42	$ 51.00	$ 78.20
Service Item	Outpatient	Finger Orthosis, W/O Joint/Spring, Ext/Flex OTS	L3927	274	OP Therapy Akers	$ 85.00	$ 51.00	$ 70.42	$ 51.00	$ 78.20
Service Item	Outpatient	Finger Orthosis, W/O Joint/Spring, Ext/Flex OTS	L3927	274	OP Therapy Dinuba	$ 85.00	$ 51.00	$ 70.42	$ 51.00	$ 78.20
Service Item	Outpatient	Finger Orthosis, W/O Joint/Spring, Ext/Flex OTS	L3927	274	OP Therapy Exeter	$ 85.00	$ 51.00	$ 70.42	$ 51.00	$ 78.20
Service Item	Outpatient	Finger Orthosis, W/O Joint/Spring, Ext/Flex OTS	L3927	274	OP Therapy Lovers Ln	$ 85.00	$ 51.00	$ 70.42	$ 51.00	$ 78.20
Service Item	Outpatient	Finger Orthosis, W/O Joint/Spring, Ext/Flex OTS	L3927	274	OP Therapy Neuro	$ 85.00	$ 51.00	$ 70.42	$ 51.00	$ 78.20
Service Item	Outpatient	Fingers 2 Views	73140	320	IC Radiology	$ 252.42	$ 53.79	$ 155.88	$ 48.23	$ 225.46
Service Item	Inpatient and Outpatient	Fingers 2 Views	73140	320	MC Diag Radiology	$ 252	$ 54	$ 228.73	$ 48	$ 888
Service Item	Outpatient	Fingers 2 Views	73140	320	NC Diag Imaging	$ 252.42	$ 53.79	$ 228.73	$ 48.23	$ 887.81
Service Item	Outpatient	Fingers 2 Views	73140	320	SC Diag Imaging	$ 252.42	$ 53.79	$ 228.73	$ 48.23	$ 887.81
Service Package	Inpatient and Outpatient	Fix G/Colon Tube W/Device	49460	360	MC Cath Lab Srvcs	$ 1,965	Charges have been	$ 1,706.65	$ 911	$ 2,392
Service Package	Inpatient and Outpatient	Fixator External Ankle		272	MC Central Supply	$ 40,228	Charges have been	#N/A	$ 35,847	$ 36,644
Service Item	Inpatient and Outpatient	Flecainide Level-ARUP	80299	300	MC Reference Lab	$ 15	$ 65	$ 31.34	$ 9	$ 148
Service Package	Inpatient and Outpatient	Flowable Matrix Per Syrng	Q4114	636	MC Central Supply	$ 7,334	Charges have been	$ 6,820.87	$ 6,601	$ 6,748
Service Item	Outpatient	fluconazole 100 mg/Sodium Chloride 0.9% 50 m	J1450	636	CD Infusion Clinic	$ 12.75	$ 7.65	$ 21.69	$ 7.62	$ 95.76
Service Item	Inpatient and Outpatient	fluconazole 100 mg/Sodium Chloride 0.9% 50 m	J1450	636	MC Pharmacy	$ 13	$ 8	$ 21.69	$ 8	$ 96
Service Item	Outpatient	fluconazole 100 mg/Sodium Chloride 0.9% 50 m	J1450	636	NC Urgent Care	$ 12.75	$ 7.65	$ 21.66	$ 7.62	$ 95.76
Service Item	Outpatient	fluconazole 100 mg/Sodium Chloride 0.9% 50 m	J1450	636	SC Urgent Care	$ 12.75	$ 7.65	$ 21.69	$ 7.62	$ 95.76
Service Item	Outpatient	fluconazole 200 mg/Sodium Chloride 0.9% 100 r	J1450	636	CD Infusion Clinic	$ 25.45	$ 15.27	$ 26.26	$ 7.62	$ 95.76
Service Item	Inpatient and Outpatient	fluconazole 200 mg/Sodium Chloride 0.9% 100 r	J1450	636	MC Pharmacy	$ 25	$ 15	$ 26.26	$ 8	$ 96
Service Item	Outpatient	fluconazole 200 mg/Sodium Chloride 0.9% 100 r	J1450	636	NC Urgent Care	$ 25.45	$ 15.27	$ 26.20	$ 7.62	$ 95.76
Service Item	Outpatient	fluconazole 200 mg/Sodium Chloride 0.9% 100 r	J1450	636	SC Urgent Care	$ 25.45	$ 15.27	$ 26.26	$ 7.62	$ 95.76
Service Item	Outpatient	fluconazole 400 mg/Sodium Chloride 0.9% 200 r	J1450	636	CD Infusion Clinic	$ 47.50	$ 28.50	$ 34.19	$ 7.62	$ 95.76
Service Item	Inpatient and Outpatient	fluconazole 400 mg/Sodium Chloride 0.9% 200 r	J1450	636	MC Pharmacy	$ 48	$ 29	$ 34.19	$ 8	$ 96
Service Item	Outpatient	fluconazole 400 mg/Sodium Chloride 0.9% 200 r	J1450	636	NC Urgent Care	$ 47.50	$ 28.50	$ 34.07	$ 7.62	$ 95.76
Service Item	Outpatient	fluconazole 400 mg/Sodium Chloride 0.9% 200 r	J1450	636	SC Urgent Care	$ 47.50	$ 28.50	$ 34.19	$ 7.62	$ 95.76
Service Item	Outpatient	fluconazole 800 mg/Sodium Chloride 0.9% 400 r	J1450	636	CD Infusion Clinic	$ 78.15	$ 46.89	$ 45.21	$ 7.62	$ 95.76
Service Item	Inpatient and Outpatient	fluconazole 800 mg/Sodium Chloride 0.9% 400 r	J1450	636	MC Pharmacy	$ 78	$ 47	$ 45.21	$ 8	$ 96

Service Item	Outpatient	fluconazole 800 mg/Sodium Chloride 0.9% 400 r	J1450	636	NC Urgent Care	$ 78.15	$ 46.89	$ 45.01	$ 7.62	$ 95.76
Service Item	Outpatient	fluconazole 800 mg/Sodium Chloride 0.9% 400 r	J1450	636	SC Urgent Care	$ 78.15	$ 46.89	$ 45.21	$ 7.62	$ 95.76
Service Item	Inpatient and Outpatient	Fluconazole, Quantitation by LC-MS/MS-ARUP	80299	300	MC Reference Lab	$ 15	$ 65	$ 31.34	$ 9	$ 148
Service Item	Outpatient	fluconazole/NS (PED) 2 mg/mL IV Syringe	J1450	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 21.46	$ 7.26	$ 95.76
Service Item	Inpatient and Outpatient	fluconazole/NS (PED) 2 mg/mL IV Syringe	J1450	636	MC Pharmacy	$ 12	$ 7	$ 21.46	$ 7	$ 96
Service Item	Outpatient	fluconazole/NS (PED) 2 mg/mL IV Syringe	J1450	636	NC Urgent Care	$ 12.10	$ 7.26	$ 21.43	$ 7.26	$ 95.76
Service Item	Outpatient	fluconazole/NS (PED) 2 mg/mL IV Syringe	J1450	636	SC Urgent Care	$ 12.10	$ 7.26	$ 21.46	$ 7.26	$ 95.76
Service Item	Outpatient	fludarabine 25 mg/mL Inj 2 mL	J9185	636	CD Infusion Clinic	$ 1,213.65	$ 728.19	$ 784.82	$ 151.74	$ 1,116.56
Service Item	Inpatient and Outpatient	fludarabine 25 mg/mL Inj 2 mL	J9185	636	MC Pharmacy	$ 1,214	$ 728	$ 784.82	$ 152	$ 1,117
Service Item	Outpatient	fludarabine 25 mg/mL Inj 2 mL	J9185	636	NC Urgent Care	$ 1,213.65	$ 728.19	$ 781.78	$ 151.74	$ 1,116.56
Service Item	Outpatient	fludarabine 25 mg/mL Inj 2 mL	J9185	636	SC Urgent Care	$ 1,213.65	$ 728.19	$ 784.82	$ 151.74	$ 1,116.56
Service Item	Outpatient	flumazenil 0.1 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 46.00	$ 27.60	$ 35.11	$ 23.14	$ 42.32
Service Item	Inpatient and Outpatient	flumazenil 0.1 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 46	$ 28	$ 35.11	$ 23	$ 42
Service Item	Outpatient	flumazenil 0.1 mg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 46.00	$ 27.60	$ 35.00	$ 23.14	$ 42.32
Service Item	Outpatient	flumazenil 0.1 mg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 46.00	$ 27.60	$ 35.11	$ 23.14	$ 42.32
Service Item	Outpatient	Fluor Loc Biopsy-Aspirati	77002	320	IC Radiology	$ 700.16	$ 214.50	$ 469.15	$ 123.57	$ 625.39
Service Item	Inpatient and Outpatient	Fluor Loc Biopsy-Aspirati	77002	320	MC Diag Radiology	$ 700	$ 215	$ 475.94	$ 124	$ 625
Service Item	Outpatient	fluorescein 10% Inj 5 mL	J3490	636	CD Infusion Clinic	$ 108.45	$ 65.07	$ 71.01	$ 23.14	$ 99.77
Service Item	Inpatient and Outpatient	fluorescein 10% Inj 5 mL	J3490	636	MC Pharmacy	$ 108	$ 65	$ 71.01	$ 23	$ 100
Service Item	Outpatient	fluorescein 10% Inj 5 mL	J3490	636	NC Urgent Care	$ 108.45	$ 65.07	$ 70.74	$ 23.14	$ 99.77
Service Item	Outpatient	fluorescein 10% Inj 5 mL	J3490	636	SC Urgent Care	$ 108.45	$ 65.07	$ 71.01	$ 23.14	$ 99.77
Service Item	Inpatient and Outpatient	Fluorescent antibody screen-ARUP	86255	300	MC Reference Lab	$ 12	$ 54	$ 25.01	$ 7	$ 118
Service Item	Inpatient and Outpatient	Fluoride Quantitative, Urine-ARUP	82735	300	MC Reference Lab	$ 78	$ 83	$ 78.92	$ 47	$ 182
Service Package	Inpatient and Outpatient	Fluoro Guide Venous Acces	77001	320	MC Cath Lab Srvcs	$ 700	Charges have been	$ 641.46	$ 612	$ 625
Service Package	Inpatient and Outpatient	Fluoro Lcl Needle Bio/Asp	77002	320	MC Cath Lab Srvcs	$ 700	Charges have been	$ 641.46	$ 612	$ 625
Service Item	Outpatient	Fluoro Nedl/Cath Spn/Para	77003	320	IC Radiology	$ 733.22	$ 163.86	$ 471.76	$ 75.78	$ 654.91
Service Item	Inpatient and Outpatient	Fluoro Nedl/Cath Spn/Para	77003	320	MC Diag Radiology	$ 733	$ 164	$ 478.88	$ 76	$ 655
Service Package	Inpatient and Outpatient	Fluoroscope Up To 1 Hour	76000	320	MC Cath Lab Srvcs	$ 796	Charges have been	$ 603.35	$ 270	$ 711
Service Item	Outpatient	Fluoroscopy Over 1 Hr	76000	320	IC Radiology	$ 795.68	$ 145.05	$ 521.55	$ 130.06	$ 856.70
Service Item	Inpatient and Outpatient	Fluoroscopy Over 1 Hr	76000	320	MC Diag Radiology	$ 796	$ 145	$ 793.04	$ 130	$ 3,320
Service Item	Outpatient	Fluoroscopy To 1 Hr	76000	320	IC Radiology	$ 795.68	$ 145.05	$ 483.07	$ 130.06	$ 710.70
Service Item	Inpatient and Outpatient	Fluoroscopy To 1 Hr	76000	320	MC Diag Radiology	$ 796	$ 145	$ 764.87	$ 130	$ 3,320
Service Item	Outpatient	fluorouracil 50 mg/mL Inj 10 mL	J9190	636	CD Infusion Clinic	$ 20.35	$ 12.21	$ 13.16	$ 2.21	$ 18.72
Service Item	Inpatient and Outpatient	fluorouracil 50 mg/mL Inj 10 mL	J9190	636	MC Pharmacy	$ 20	$ 14	$ 13.16	$ 2	$ 19
Service Item	Outpatient	fluorouracil 50 mg/mL Inj 10 mL	J9190	636	NC Urgent Care	$ 20.35	$ 14.39	$ 13.11	$ 2.21	$ 18.72
Service Item	Outpatient	fluorouracil 50 mg/mL Inj 10 mL	J9190	636	SC Urgent Care	$ 20.35	$ 14.39	$ 13.16	$ 2.21	$ 18.72
Service Item	Outpatient	fluorouracil 50 mg/mL Inj 20 mL	J9190	636	CD Infusion Clinic	$ 40.70	$ 24.42	$ 20.47	$ 2.21	$ 37.44
Service Item	Inpatient and Outpatient	fluorouracil 50 mg/mL Inj 20 mL	J9190	636	MC Pharmacy	$ 41	$ 27	$ 20.47	$ 2	$ 37
Service Item	Outpatient	fluorouracil 50 mg/mL Inj 20 mL	J9190	636	NC Urgent Care	$ 40.70	$ 26.60	$ 20.37	$ 2.21	$ 37.44
Service Item	Outpatient	fluorouracil 50 mg/mL Inj 20 mL	J9190	636	SC Urgent Care	$ 40.70	$ 26.60	$ 20.47	$ 2.21	$ 37.44
Service Item	Outpatient	fluPHENAZine 2.5 mg/mL Inj 1 mL	J2680	636	CD Infusion Clinic	$ 1,020.70	$ 612.42	$ 616.31	$ 24.92	$ 939.04
Service Item	Inpatient and Outpatient	fluPHENAZine 2.5 mg/mL Inj 1 mL	J2680	636	MC Pharmacy	$ 1,021	$ 612	$ 616.31	$ 25	$ 939
Service Item	Outpatient	fluPHENAZine 2.5 mg/mL Inj 1 mL	J2680	636	NC Urgent Care	$ 1,020.70	$ 612.42	$ 613.75	$ 24.92	$ 939.04
Service Item	Outpatient	fluPHENAZine 2.5 mg/mL Inj 1 mL	J2680	636	SC Urgent Care	$ 1,020.70	$ 612.42	$ 616.31	$ 24.92	$ 939.04
Service Item	Outpatient	fluPHENAZine decanoate 25 mg/mL Inj 1 mL	J2680	636	CD Infusion Clinic	$ 172.95	$ 103.77	$ 311.54	$ 24.92	$ 693.06
Service Item	Inpatient and Outpatient	fluPHENAZine decanoate 25 mg/mL Inj 1 mL	J2680	636	MC Pharmacy	$ 173	$ 104	$ 311.54	$ 25	$ 693
Service Item	Outpatient	fluPHENAZine decanoate 25 mg/mL Inj 1 mL	J2680	636	NC Urgent Care	$ 172.95	$ 103.77	$ 311.11	$ 24.92	$ 693.06
Service Item	Outpatient	fluPHENAZine decanoate 25 mg/mL Inj 1 mL	J2680	636	SC Urgent Care	$ 172.95	$ 103.77	$ 311.54	$ 24.92	$ 693.06
Service Package	Inpatient and Outpatient	Fluro N/C Spn/Parasp	77003	320	MC Cath Lab Srvcs	$ 733	Charges have been	$ 671.75	$ 641	$ 655
Service Item	Outpatient	Fo Nontor Joint Cf Including Fitting	L3935	274	OP Hand Center	$ 290.75	$ 174.45	$ 240.86	$ 174.45	$ 267.49
Service Item	Outpatient	Fo Nontor Joint Cf Including Fitting	L3935	274	OP Therapy Akers	$ 290.75	$ 174.45	$ 240.86	$ 174.45	$ 267.49
Service Item	Outpatient	Fo Nontor Joint Cf Including Fitting	L3935	274	OP Therapy Dinuba	$ 290.75	$ 174.45	$ 240.86	$ 174.45	$ 267.49
Service Item	Outpatient	Fo Nontor Joint Cf Including Fitting	L3935	274	OP Therapy Exeter	$ 290.75	$ 174.45	$ 240.86	$ 174.45	$ 267.49
Service Item	Outpatient	Fo Nontor Joint Cf Including Fitting	L3935	274	OP Therapy Lovers Ln	$ 290.75	$ 174.45	$ 240.86	$ 174.45	$ 267.49
Service Item	Outpatient	Fo Nontor Joint Cf Including Fitting	L3935	274	OP Therapy Neuro	$ 290.75	$ 174.45	$ 240.86	$ 174.45	$ 267.49
Service Item	Inpatient and Outpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	MC OT Services	$ 85	$ 51	$ 69.17	$ 51	$ 78
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	OP Hand Center	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	OP Therapy Akers	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	OP Therapy Dinuba	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	OP Therapy Exeter	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	OP Therapy Lovers Ln	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	OP Therapy Neuro	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Inpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	RH OT Services	$ 85.00	Charges have been	$ 75.93	$ 76.50	$ 78.20
Service Item	Inpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	SA OT Services	$ 85.00	Charges have been	$ 75.93	$ 76.50	$ 78.20
Service Item	Inpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	SN TC Ortho OT	$ 85.00	Charges have been	$ 75.93	$ 76.50	$ 78.20
Service Item	Inpatient	Fo Pip/Dip W/Jt/Spg Pf Ad	L3925	274	SN TS OT Services	$ 85.00	Charges have been	$ 75.93	$ 76.50	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spring Pf	L3925	274	OP Hand Center	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spring Pf	L3925	274	OP Therapy Akers	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spring Pf	L3925	274	OP Therapy Dinuba	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spring Pf	L3925	274	OP Therapy Exeter	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spring Pf	L3925	274	OP Therapy Lovers Ln	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo Pip/Dip W/Jt/Spring Pf	L3925	274	OP Therapy Neuro	$ 85.00	$ 51.00	$ 69.17	$ 51.00	$ 78.20
Service Item	Outpatient	Fo W/O Joints Cf Including Fitting	L3933	274	OP Hand Center	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Outpatient	Fo W/O Joints Cf Including Fitting	L3933	274	OP Therapy Akers	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Outpatient	Fo W/O Joints Cf Including Fitting	L3933	274	OP Therapy Dinuba	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Outpatient	Fo W/O Joints Cf Including Fitting	L3933	274	OP Therapy Exeter	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Outpatient	Fo W/O Joints Cf Including Fitting	L3933	274	OP Therapy Lovers Ln	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Outpatient	Fo W/O Joints Cf Including Fitting	L3933	274	OP Therapy Neuro	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Inpatient and Outpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	MC OT Services	$ 281	$ 169	$ 232.79	$ 169	$ 259
Service Item	Outpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	OP Hand Center	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Outpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	OP Therapy Akers	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Outpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	OP Therapy Dinuba	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Outpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	OP Therapy Exeter	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Outpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	OP Therapy Lovers Ln	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Outpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	OP Therapy Neuro	$ 281.00	$ 168.60	$ 232.79	$ 168.60	$ 258.52
Service Item	Inpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	RH OT Services	$ 281.00	Charges have been	$ 261.33	$ 252.90	$ 258.52
Service Item	Inpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	SA OT Services	$ 281.00	Charges have been	$ 261.33	$ 252.90	$ 258.52
Service Item	Inpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	SN TC Ortho OT	$ 281.00	Charges have been	$ 261.33	$ 252.90	$ 258.52
Service Item	Inpatient	Fo W/O Joints Mult Digits Including Fitting	L3933	274	SN TS OT Services	$ 281.00	Charges have been	$ 261.33	$ 252.90	$ 258.52
Service Package	Inpatient and Outpatient	Focused Abdomen Us	76705	450	MC Emergency	$ 986	Charges have been	$ 696.43	$ 130	$ 881
Service Package	Inpatient and Outpatient	Focused Arthrocentesis (Large Joint)	20611	450	MC Emergency	$ 625	Charges have been	$ 496.61	$ 303	$ 558
Service Package	Inpatient and Outpatient	Focused Arthrocentesis (Medium Joint)	20606	450	MC Emergency	$ 1,492	Charges have been	$ 1,185.82	$ 724	$ 1,333
Service Package	Inpatient and Outpatient	Focused Arthrocentesis (Small Joint)	20604	450	MC Emergency	$ 625	Charges have been	$ 496.61	$ 303	$ 558
Service Package	Inpatient and Outpatient	Focused B-Scan Ocular Us	76512	450	MC Emergency	$ 257	Charges have been	$ 205.59	$ 130	$ 230
Service Package	Inpatient and Outpatient	Focused Cardiac Us	93308	480	MC Emergency	$ 465	Charges have been	$ 380.44	$ 270	$ 415
Service Package	Inpatient and Outpatient	Focused Chest Us	76604	450	MC Emergency	$ 218	Charges have been	$ 179.46	$ 130	$ 195
Service Package	Inpatient and Outpatient	Focused DVT Bilateral	93970	450	MC Emergency	$ 1,069	Charges have been	$ 787.21	$ 270	$ 955
Service Package	Inpatient and Outpatient	Focused Dvt US - Unilateral	93971	450	MC Emergency	$ 928	Charges have been	$ 657.43	$ 130	$ 829
Service Package	Inpatient and Outpatient	Focused LTD Guided Pericardiocentesis (Drain)	33016	450	MC Emergency	$ 4,078	Charges have been	$ 3,182.91	$ 1,890	$ 3,496
Service Package	Inpatient and Outpatient	Focused LTD Guided Pericardiocentesis (Leave Ir	33017	450	MC Emergency	$ 3,914	Charges have been	$ 2,937.37	$ 3,420	$ 3,496
Service Package	Inpatient and Outpatient	Focused Non-Ob Tv Us	76830	450	MC Emergency	$ 749	Charges have been	$ 536.74	$ 130	$ 669
Service Package	Inpatient and Outpatient	Focused Ob Tv Us	76817	450	MC Emergency	$ 755	Charges have been	$ 540.78	$ 130	$ 674
Service Package	Inpatient and Outpatient	Focused Pelvis Non Ob Us	76857	450	MC Emergency	$ 444	Charges have been	$ 331.24	$ 130	$ 396
Service Package	Inpatient and Outpatient	Focused Scrotum	76870	450	MC Emergency	$ 723	Charges have been	$ 519.26	$ 130	$ 646
Service Package	Inpatient and Outpatient	Focused TEE	93312	450	MC Emergency	$ 1,854	Charges have been	$ 1,387.95	$ 558	$ 1,656
Service Package	Inpatient and Outpatient	Focused Thoracentesis	32555	450	MC Emergency	$ 1,576	Charges have been	$ 1,176.27	$ 731	$ 1,130
Service Package	Inpatient and Outpatient	Focused Us Guide Vasc Acc	76937	450	MC Emergency	$ 378	Charges have been	$ 346.38	$ 330	$ 338
Service Package	Inpatient and Outpatient	Focused Us Guided Drain	76942	450	MC Emergency	$ 828	Charges have been	$ 758.36	$ 723	$ 739
Service Package	Inpatient and Outpatient	Focused Us Neck	76536	450	MC Emergency	$ 859	Charges have been	$ 610.70	$ 130	$ 767
Service Package	Inpatient and Outpatient	Focused Us Other Soft Tis	76999	450	MC Emergency	$ 514	Charges have been	$ 369.36	$ 92	$ 459
Service Package	Inpatient and Outpatient	Focused US Retroperitoneal (Renal, Aorta, Node	76775	450	MC Emergency	$ 579	Charges have been	$ 422.68	$ 130	$ 518
Service Item	Inpatient and Outpatient	Folate, RBC-ARUP	82747	300	MC Reference Lab	$ 11	$ 80	$ 32.06	$ 7	$ 170
Service Item	Inpatient and Outpatient	Folic Acid	82746	301	MC General Lab	$ 185	$ 66	$ 130.60	$ 59	$ 169
Service Item	Outpatient	folic acid 5 mg/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 251.80	$ 151.08	$ 153.41	$ 23.14	$ 231.66
Service Item	Inpatient and Outpatient	folic acid 5 mg/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 252	$ 151	$ 153.41	$ 23	$ 232
Service Item	Outpatient	folic acid 5 mg/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 251.80	$ 151.08	$ 152.78	$ 23.14	$ 231.66
Service Item	Outpatient	folic acid 5 mg/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 251.80	$ 151.08	$ 153.41	$ 23.14	$ 231.66
Service Item	Inpatient and Outpatient	Follow Up Fetal Echo	76826	483	DC Non Invasive Card	$ 885	$ 78	$ 869.71	$ 78	$ 3,320

Service Item	Inpatient and Outpatient	Follow Up Fetal Echo	76826	483	MC NonInv CardioSrv	$ 885	Charges have been	$ 663.58	$ 270	$ 791
Service Item	Outpatient	Follow Up Fetal Echo	76826	483	OS Non Invasive Card	$ 885.11	$ 77.79	$ 871.74	$ 77.79	$ 3,320.14
Service Item	Outpatient	Follow-Up Echocardiogram	93308	480	CD Chronic Disease	$ 464.68	$ 324.24	$ 300.74	$ 40.64	$ 415.06
Service Item	Inpatient and Outpatient	Follow-Up Echocardiogram	93308	480	DC Non Invasive Card	$ 465	$ 324	$ 348.21	$ 238	$ 415
Service Item	Inpatient and Outpatient	Follow-Up Echocardiogram	93308	480	MC NonInv CardioSrv	$ 465	Charges have been	$ 380.44	$ 270	$ 415
Service Item	Outpatient	Follow-Up Echocardiogram	93308	480	OS Non Invasive Card	$ 464.68	$ 324.24	$ 348.21	$ 238.15	$ 415.06
Service Item	Outpatient	Follow-Up Echocardiogram	93308	480	SQ Seq Cardiology	$ 464.68	$ 324.24	$ 300.74	$ 40.64	$ 415.06
Service Item	Outpatient	fomepizole 1000 mg/mL Inj 1.5 mL	J1451	636	CD Infusion Clinic	$ 4,133.65	$ 2,480.19	$ 2,039.93	$ 1.30	$ 3,802.96
Service Item	Inpatient and Outpatient	fomepizole 1000 mg/mL Inj 1.5 mL	J1451	636	MC Pharmacy	$ 4,134	$ 2,480	$ 2,039.93	$ 1	$ 3,803
Service Item	Outpatient	fomepizole 1000 mg/mL Inj 1.5 mL	J1451	636	NC Urgent Care	$ 4,133.65	$ 2,480.19	$ 2,029.60	$ 1.30	$ 3,802.96
Service Item	Outpatient	fomepizole 1000 mg/mL Inj 1.5 mL	J1451	636	SC Urgent Care	$ 4,133.65	$ 2,480.19	$ 2,039.93	$ 1.30	$ 3,802.96
Service Item	Outpatient	fondaparinux 10 mg/0.8 mL Inj 0.8 mL	J1652	636	CD Infusion Clinic	$ 631.50	$ 378.90	$ 291.50	$ 4.72	$ 580.98
Service Item	Inpatient and Outpatient	fondaparinux 10 mg/0.8 mL Inj 0.8 mL	J1652	636	MC Pharmacy	$ 632	$ 379	$ 291.50	$ 5	$ 581
Service Item	Outpatient	fondaparinux 10 mg/0.8 mL Inj 0.8 mL	J1652	636	NC Urgent Care	$ 631.50	$ 378.90	$ 289.92	$ 4.72	$ 580.98
Service Item	Outpatient	fondaparinux 10 mg/0.8 mL Inj 0.8 mL	J1652	636	SC Urgent Care	$ 631.50	$ 378.90	$ 291.50	$ 4.72	$ 580.98
Service Item	Outpatient	fondaparinux 2.5 mg/0.5 mL Inj 0.5 mL	J1652	636	CD Infusion Clinic	$ 268.35	$ 161.01	$ 160.94	$ 4.72	$ 246.88
Service Item	Inpatient and Outpatient	fondaparinux 2.5 mg/0.5 mL Inj 0.5 mL	J1652	636	MC Pharmacy	$ 268	$ 161	$ 160.94	$ 5	$ 247
Service Item	Outpatient	fondaparinux 2.5 mg/0.5 mL Inj 0.5 mL	J1652	636	NC Urgent Care	$ 268.35	$ 161.01	$ 160.27	$ 4.72	$ 246.88
Service Item	Outpatient	fondaparinux 2.5 mg/0.5 mL Inj 0.5 mL	J1652	636	SC Urgent Care	$ 268.35	$ 161.01	$ 160.94	$ 4.72	$ 246.88
Service Item	Outpatient	fondaparinux 5 mg/0.4 mL Inj 0.4 mL	J1652	636	CD Infusion Clinic	$ 631.50	$ 378.90	$ 291.50	$ 4.72	$ 580.98
Service Item	Inpatient and Outpatient	fondaparinux 5 mg/0.4 mL Inj 0.4 mL	J1652	636	MC Pharmacy	$ 632	$ 379	$ 291.50	$ 5	$ 581
Service Item	Outpatient	fondaparinux 5 mg/0.4 mL Inj 0.4 mL	J1652	636	NC Urgent Care	$ 631.50	$ 378.90	$ 289.92	$ 4.72	$ 580.98
Service Item	Outpatient	fondaparinux 5 mg/0.4 mL Inj 0.4 mL	J1652	636	SC Urgent Care	$ 631.50	$ 378.90	$ 291.50	$ 4.72	$ 580.98
Service Item	Outpatient	fondaparinux 7.5 mg/0.6 mL Inj 0.6 mL	J1652	636	CD Infusion Clinic	$ 631.50	$ 378.90	$ 291.50	$ 4.72	$ 580.98
Service Item	Inpatient and Outpatient	fondaparinux 7.5 mg/0.6 mL Inj 0.6 mL	J1652	636	MC Pharmacy	$ 632	$ 379	$ 291.50	$ 5	$ 581
Service Item	Outpatient	fondaparinux 7.5 mg/0.6 mL Inj 0.6 mL	J1652	636	NC Urgent Care	$ 631.50	$ 378.90	$ 289.92	$ 4.72	$ 580.98
Service Item	Outpatient	fondaparinux 7.5 mg/0.6 mL Inj 0.6 mL	J1652	636	SC Urgent Care	$ 631.50	$ 378.90	$ 291.50	$ 4.72	$ 580.98
Service Item	Outpatient	Foot 2 Views	73620	320	IC Radiology	$ 346.40	$ 62.88	$ 201.50	$ 56.38	$ 309.41
Service Item	Inpatient and Outpatient	Foot 2 Views	73620	320	MC Diag Radiology	$ 346	$ 63	$ 268.42	$ 56	$ 888
Service Item	Outpatient	Foot 2 Views	73620	320	NC Diag Imaging	$ 346.40	$ 62.88	$ 268.42	$ 56.38	$ 887.81
Service Item	Outpatient	Foot 2 Views	73620	320	SC Diag Imaging	$ 346.40	$ 62.88	$ 268.42	$ 56.38	$ 887.81
Service Item	Outpatient	Foot 3 Views	73630	320	IC Radiology	$ 406.77	$ 67.62	$ 234.06	$ 60.63	$ 363.33
Service Item	Inpatient and Outpatient	Foot 3 Views	73630	320	MC Diag Radiology	$ 407	$ 68	$ 297.17	$ 61	$ 888
Service Item	Outpatient	Foot 3 Views	73630	320	NC Diag Imaging	$ 406.77	$ 67.62	$ 297.17	$ 60.63	$ 887.81
Service Item	Outpatient	Foot 3 Views	73630	320	SC Diag Imaging	$ 406.77	$ 67.62	$ 297.17	$ 60.63	$ 887.81
Service Package	Inpatient	Forane Per 1/2 Hr		370	MC Anesthesiology	$ 146.98	Charges have been	#N/A	$ 128.43	$ 131.28
Service Item	Inpatient and Outpatient	Forced Vital Capacity	94150	460	MC Pulmonary Func	$ 244	$ 15	$ 157.57	$ 12	$ 218
Service Item	Outpatient	Forearm 2 Views	73090	320	IC Radiology	$ 344.21	$ 66.54	$ 201.26	$ 59.66	$ 307.45
Service Item	Inpatient and Outpatient	Forearm 2 Views	73090	320	MC Diag Radiology	$ 344	$ 67	$ 268.32	$ 60	$ 888
Service Item	Outpatient	Forearm 2 Views	73090	320	NC Diag Imaging	$ 344.21	$ 66.54	$ 268.32	$ 59.66	$ 887.81
Service Item	Outpatient	Forearm 2 Views	73090	320	SC Diag Imaging	$ 344.21	$ 66.54	$ 268.32	$ 59.66	$ 887.81
Service Item	Outpatient	Foreign Body 1 View Child	76010	320	IC Radiology	$ 399.13	$ 70.41	$ 228.06	$ 62.28	$ 356.50
Service Item	Inpatient and Outpatient	Foreign Body 1 View Child	76010	320	MC Diag Radiology	$ 399	$ 70	$ 291.65	$ 62	$ 888
Service Item	Outpatient	Foreign Body 1 View Child	76010	320	NC Diag Imaging	$ 399.13	$ 70.41	$ 291.65	$ 62.28	$ 887.81
Service Item	Outpatient	Foreign Body 1 View Child	76010	320	SC Diag Imaging	$ 399.13	$ 70.41	$ 291.65	$ 62.28	$ 887.81
Service Item	Outpatient	fosaprepitant 150 mg Inj	J1453	636	CD Infusion Clinic	$ 1,489.05	$ 893.43	$ 734.12	$ 0.79	$ 1,369.93
Service Item	Inpatient and Outpatient	fosaprepitant 150 mg Inj	J1453	636	MC Pharmacy	$ 1,489	$ 895	$ 734.12	$ 1	$ 1,370
Service Item	Outpatient	fosaprepitant 150 mg Inj	J1453	636	NC Urgent Care	$ 1,489.05	$ 895.31	$ 730.39	$ 0.79	$ 1,369.93
Service Item	Outpatient	fosaprepitant 150 mg Inj	J1453	636	SC Urgent Care	$ 1,489.05	$ 895.31	$ 734.12	$ 0.79	$ 1,369.93
Service Item	Outpatient	fosphenytoin 50 mg PE/mL Inj 10 mL	Q2009	636	CD Infusion Clinic	$ 504.85	$ 302.91	$ 205.83	$ 1.61	$ 464.46
Service Item	Inpatient and Outpatient	fosphenytoin 50 mg PE/mL Inj 10 mL	Q2009	636	MC Pharmacy	$ 505	$ 303	$ 205.83	$ 2	$ 464
Service Item	Outpatient	fosphenytoin 50 mg PE/mL Inj 10 mL	Q2009	636	NC Urgent Care	$ 504.85	$ 302.91	$ 204.57	$ 1.61	$ 464.46
Service Item	Outpatient	fosphenytoin 50 mg PE/mL Inj 10 mL	Q2009	636	SC Urgent Care	$ 504.85	$ 302.91	$ 205.83	$ 1.61	$ 464.46
Service Item	Outpatient	fosphenytoin 50 mg PE/mL Inj 2 mL	Q2009	636	CD Infusion Clinic	$ 167.90	$ 100.74	$ 84.70	$ 1.61	$ 154.47
Service Item	Inpatient and Outpatient	fosphenytoin 50 mg PE/mL Inj 2 mL	Q2009	636	MC Pharmacy	$ 168	$ 101	$ 84.70	$ 2	$ 154
Service Item	Outpatient	fosphenytoin 50 mg PE/mL Inj 2 mL	Q2009	636	NC Urgent Care	$ 167.90	$ 100.74	$ 84.28	$ 1.61	$ 154.47
Service Item	Outpatient	fosphenytoin 50 mg PE/mL Inj 2 mL	Q2009	636	SC Urgent Care	$ 167.90	$ 100.74	$ 84.70	$ 1.61	$ 154.47
Service Item	Outpatient	fosphenytoin IV (PED) 8 mg PE/mL	Q2009	636	CD Infusion Clinic	$ 159.90	$ 95.94	$ 81.83	$ 1.61	$ 147.11
Service Item	Inpatient and Outpatient	fosphenytoin IV (PED) 8 mg PE/mL	Q2009	636	MC Pharmacy	$ 160	$ 106	$ 81.83	$ 2	$ 147
Service Item	Outpatient	fosphenytoin IV (PED) 8 mg PE/mL	Q2009	636	NC Urgent Care	$ 159.90	$ 105.99	$ 81.43	$ 1.61	$ 147.11
Service Item	Outpatient	fosphenytoin IV (PED) 8 mg PE/mL	Q2009	636	SC Urgent Care	$ 159.90	$ 105.99	$ 81.83	$ 1.61	$ 147.11
Service Package	Inpatient and Outpatient	Frac/Disloc Tx Intrmd		450	MC Emergency	$ 494	Charges have been	#N/A	$ 432	$ 442
Service Package	Inpatient and Outpatient	Fract/Disloc Tx Open/Cmpl		450	MC Emergency	$ 3,073	Charges have been	#N/A	$ 2,685	$ 2,745
Service Package	Inpatient and Outpatient	Fracture/Disloc Tx Smpl		450	MC Emergency	$ 308	Charges have been	#N/A	$ 269	$ 275
Service Item	Inpatient and Outpatient	Francisella tularensis-ARUP	86668	302	MC Reference Lab	$ 12	$ 46	$ 23.42	$ 7	$ 113
Service Item	Inpatient and Outpatient	Free Estradiol by ED/LC-MS/MS-ARUP	82670	300	MC Reference Lab	$ 25	$ 125	$ 117.23	$ 22	$ 275
Service Item	Inpatient and Outpatient	Free Insulin70091	83527	300	MC Reference Lab	$ 15	$ 58	$ 27.98	$ 9	$ 127
Service Item	Inpatient and Outpatient	Free Lambda Chains50685	83883	300	MC Reference Lab	$ 15	$ 61	$ 30.33	$ 9	$ 134
Service Item	Inpatient and Outpatient	Free T4 by Equil Dialysis-TMS-ARUP	84439	300	MC Reference Lab	$ 10	$ 40	$ 45.35	$ 9	$ 89
Service Item	Inpatient and Outpatient	Frucosamine-ARUP	82985	300	MC Reference Lab	$ 16	$ 67	$ 32.26	$ 10	$ 148
Service Item	Inpatient and Outpatient	Fsh Follicle Stim Hormone	83001	301	MC General Lab	$ 219	$ 83	$ 157.89	$ 74	$ 199
Service Item	Outpatient	Ftl Biophy Profl/N-Strs	76818	402	IC Ultrasound	$ 632.69	$ 177.78	$ 519.87	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Ftl Biophy Profl/N-Strs	76818	402	MC Ultrasound	$ 633	$ 178	$ 519.87	$ 130	$ 1,636
Service Item	Outpatient	fulvestrant 50 mg/mL Inj Syringe 5 mL	J9395	636	CD Infusion Clinic	$ 4,020.35	$ 2,412.21	$ 2,023.66	$ 52.74	$ 3,698.72
Service Item	Inpatient and Outpatient	fulvestrant 50 mg/mL Inj Syringe 5 mL	J9395	636	MC Pharmacy	$ 4,020	$ 2,507	$ 2,023.66	$ 53	$ 3,699
Service Item	Outpatient	fulvestrant 50 mg/mL Inj Syringe 5 mL	J9395	636	NC Urgent Care	$ 4,020.35	$ 2,507.09	$ 2,013.61	$ 52.74	$ 3,698.72
Service Item	Outpatient	fulvestrant 50 mg/mL Inj Syringe 5 mL	J9395	636	SC Urgent Care	$ 4,020.35	$ 2,507.09	$ 2,023.66	$ 52.74	$ 3,698.72
Service Item	Inpatient and Outpatient	Functional Activities 15 Ot	97530	430	MC OT Services	$ 134	Charges have been	$ 104.67	$ 45	$ 123
Service Item	Outpatient	Functional Activities 15 Ot	97530	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Functional Activities 15 Ot	97530	430	OP Therapy Akers	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Ot	97530	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Ot	97530	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Ot	97530	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Ot	97530	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.67	$ 45.13	$ 123.28
Service Item	Inpatient	Functional Activities 15 Ot	97530	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 45.13	$ 135.12
Service Item	Inpatient	Functional Activities 15 Ot	97530	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Functional Activities 15 Ot	97530	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Functional Activities 15 Ot	97530	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Functional Activities 15 Ot - PTA/OTA Services	97530	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Functional Activities 15 Ot - PTA/OTA Services	97530	430	OP Therapy Akers	$ 134.00	Charges have been	$ 155.08	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Ot - PTA/OTA Services	97530	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 155.08	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Ot - PTA/OTA Services	97530	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 155.08	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Ot - PTA/OTA Services	97530	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 155.08	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Ot - PTA/OTA Services	97530	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.67	$ 45.13	$ 123.28
Service Item	Inpatient	Functional Activities 15 Ot - PTA/OTA Services	97530	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 45.13	$ 135.12
Service Item	Inpatient	Functional Activities 15 Ot - PTA/OTA Services	97530	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Functional Activities 15 Ot - PTA/OTA Services	97530	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Functional Activities 15 Ot - PTA/OTA Services	97530	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Package	Inpatient and Outpatient	Functional Activities 15 Pt	97530	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Functional Activities 15 Pt	97530	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Functional Activities 15 Pt	97530	420	OP Therapy Akers	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Pt	97530	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Pt	97530	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Pt	97530	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Pt	97530	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.67	$ 45.13	$ 123.28
Service Item	Inpatient	Functional Activities 15 Pt	97530	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 45.13	$ 135.12
Service Item	Inpatient	Functional Activities 15 Pt	97530	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Functional Activities 15 Pt	97530	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Functional Activities 15 Pt	97530	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Functional Activities 15 Pt - PTA/OTA Services	97530	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Functional Activities 15 Pt - PTA/OTA Services	97530	420	OP Therapy Akers	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Pt - PTA/OTA Services	97530	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Pt - PTA/OTA Services	97530	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Pt - PTA/OTA Services	97530	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Functional Activities 15 Pt - PTA/OTA Services	97530	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.67	$ 45.13	$ 123.28
Service Item	Inpatient	Functional Activities 15 Pt - PTA/OTA Services	97530	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 45.13	$ 135.12
Service Item	Inpatient	Functional Activities 15 Pt - PTA/OTA Services	97530	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Functional Activities 15 Pt - PTA/OTA Services	97530	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28

Service Item	Inpatient	Functional Activities 15 Pt - PTA/OTA Services	97530	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient and Outpatient	Fungus nes antibody-ARUP	86671	314	MC Reference Lab	$ 14	$ 57	$ 26.37	$ 8	$ 120
Service Item	Outpatient	furosemide 10 mg/mL Inj 1 mL	J1940	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.81	$ 1.22	$ 11.17
Service Item	Inpatient and Outpatient	furosemide 10 mg/mL Inj 1 mL	J1940	636	MC Pharmacy	$ 12	$ 7	$ 8.81	$ 1	$ 11
Service Item	Outpatient	furosemide 10 mg/mL Inj 1 mL	J1940	636	NC Urgent Care	$ 12.10	$ 7.26	$ 8.78	$ 1.22	$ 11.17
Service Item	Outpatient	furosemide 10 mg/mL Inj 1 mL	J1940	636	SC Urgent Care	$ 12.10	$ 7.26	$ 8.81	$ 1.22	$ 11.17
Service Item	Outpatient	furosemide 10 mg/mL Inj 2 mL	J1940	636	CD Infusion Clinic	$ 16.45	$ 9.87	$ 10.37	$ 1.22	$ 15.13
Service Item	Inpatient and Outpatient	furosemide 10 mg/mL Inj 2 mL	J1940	636	MC Pharmacy	$ 16	$ 10	$ 10.37	$ 1	$ 15
Service Item	Outpatient	furosemide 10 mg/mL Inj 2 mL	J1940	636	NC Urgent Care	$ 16.45	$ 9.87	$ 10.33	$ 1.22	$ 15.13
Service Item	Outpatient	furosemide 10 mg/mL Inj 2 mL	J1940	636	SC Urgent Care	$ 16.45	$ 9.87	$ 10.37	$ 1.22	$ 15.13
Service Item	Outpatient	furosemide 10 mg/mL Inj 4 mL	J1940	636	CD Chronic Disease	$ 21.70	$ 13.02	$ 12.21	$ 1.22	$ 19.96
Service Item	Outpatient	furosemide 10 mg/mL Inj 4 mL	J1940	636	CD Infusion Clinic	$ 21.70	$ 13.02	$ 12.26	$ 1.22	$ 19.96
Service Item	Inpatient and Outpatient	furosemide 10 mg/mL Inj 4 mL	J1940	636	MC Pharmacy	$ 22	$ 13	$ 12.26	$ 1	$ 20
Service Item	Outpatient	furosemide 10 mg/mL Inj 4 mL	J1940	636	NC Urgent Care	$ 21.70	$ 13.02	$ 12.21	$ 1.22	$ 19.96
Service Item	Outpatient	furosemide 10 mg/mL Inj 4 mL	J1940	636	SC Urgent Care	$ 21.70	$ 13.02	$ 12.26	$ 1.22	$ 19.96
Service Item	Outpatient	furosemide IV (PED) 2 mg/mL Syringe	J1940	636	CD Infusion Clinic	$ 23.20	$ 13.92	$ 12.80	$ 1.22	$ 21.34
Service Item	Inpatient and Outpatient	furosemide IV (PED) 2 mg/mL Syringe	J1940	636	MC Pharmacy	$ 23	$ 14	$ 12.80	$ 1	$ 21
Service Item	Outpatient	furosemide IV (PED) 2 mg/mL Syringe	J1940	636	NC Urgent Care	$ 23.20	$ 13.92	$ 12.74	$ 1.22	$ 21.34
Service Item	Outpatient	furosemide IV (PED) 2 mg/mL Syringe	J1940	636	SC Urgent Care	$ 23.20	$ 13.92	$ 12.80	$ 1.22	$ 21.34
Service Item	Outpatient	G0009 Admn Pneumcoc Vac No Fee Sched Day	G0009	521	SFM Family Medicine	$ 87.97	$ 51.25	$ 62.47	$ 51.25	$ 78.58
Service Item	Outpatient	G0101 Cerv/Vag Cancr Scrpelv&Cln Brst Ex	G0101	521	SFM Family Medicine	$ 58.24	$ 38.92	$ 48.79	$ 29.12	$ 59.67
Service Item	Outpatient	G0249 INR Test Materials 4 Week	G0249	510	SQ Seq Cardiology	$ 126.30	$ 155.95	$ 151.50	$ 63.15	$ 239.13
Service Item	Outpatient	G0250 Md Inr Test Revie Inter M	G0250	960	CD Chronic Disease	$ 19.12	$ 12.10	$ 14.28	$ 9.18	$ 18.55
Service Item	Outpatient	G0250 Md Inr Test Revie Inter M	G0250	960	SQ Seq Cardiology	$ 19.12	$ 12.10	$ 14.28	$ 9.18	$ 18.55
Service Item	Outpatient	G0269 Art Occlusive Device Plcm	G0269	960	SQ Seq Cardiology	$ 166.37	$ 96.91	$ 262.94	$ 1.00	$ 1,748.18
Service Item	Outpatient	G0396 Alcohol/Substance Abuse Screen + Interv	G0396	521	CD Chronic Disease	$ 68.68	$ 44.56	$ 50.74	$ 31.10	$ 68.32
Service Item	Outpatient	G0396 Alcohol/Substance Abuse Screen + Interv	G0396	521	NS Neuro Sciences	$ 68.68	$ 44.56	$ 50.74	$ 31.10	$ 68.32
Service Item	Outpatient	G0396 Alcohol/Substance Abuse Screen + Interv	G0396	521	SFM Family Medicine	$ 68.68	$ 44.56	$ 56.33	$ 34.34	$ 68.32
Service Item	Outpatient	G0396 Alcohol/Substance Abuse Screen + Interv	G0396	521	SQ Seq Cardiology	$ 68.68	$ 44.56	$ 50.74	$ 31.10	$ 68.32
Service Item	Outpatient	G0397 Alcohol/Substance Abuse Screen + Interv	G0397	521	CD Chronic Disease	$ 133.12	$ 89.12	$ 100.81	$ 65.80	$ 136.65
Service Item	Outpatient	G0397 Alcohol/Substance Abuse Screen + Interv	G0397	521	NS Neuro Sciences	$ 133.12	$ 89.12	$ 100.81	$ 65.80	$ 136.65
Service Item	Outpatient	G0397 Alcohol/Substance Abuse Screen + Interv	G0397	521	SFM Family Medicine	$ 133.12	$ 89.12	$ 111.67	$ 66.56	$ 136.65
Service Item	Outpatient	G0397 Alcohol/Substance Abuse Screen + Interv	G0397	521	SQ Seq Cardiology	$ 133.12	$ 89.12	$ 100.81	$ 65.80	$ 136.65
Service Item	Outpatient	G0402 Medicare Welcome Visit	G0402	521	CD Chronic Disease	$ 263.82	$ 168.68	$ 188.65	$ 114.40	$ 258.65
Service Item	Outpatient	G0402 Medicare Welcome Visit	G0402	521	SFM Family Medicine	$ 263.82	$ 168.68	$ 214.12	$ 131.91	$ 258.65
Service Item	Inpatient and Outpatient	G0406 Follow Up Telehealth Consult, Limited IP	G0406	960	MC IP Professional	$ 81	$ 48	$ 65.13	$ 40	$ 74
Service Item	Outpatient	G0406 Follow Up Telehealth Consult, Limited IP	G0406	960	NS Neuro Sciences	$ 80.66	$ 48.40	$ 57.40	$ 36.07	$ 74.21
Service Item	Outpatient	G0406 Follow Up Telehealth Consult, Limited IP	G0406	960	SQ Seq Cardiology	$ 80.66	$ 48.40	$ 57.98	$ 36.07	$ 74.21
Service Item	Inpatient and Outpatient	G0407 Follow Up Telehealth Consult, Intermedia	G0407	960	MC IP Professional	$ 149	$ 90	$ 120.59	$ 75	$ 137
Service Item	Outpatient	G0407 Follow Up Telehealth Consult, Intermedia	G0407	960	NS Neuro Sciences	$ 149.34	$ 89.60	$ 106.54	$ 65.45	$ 137.39
Service Item	Outpatient	G0407 Follow Up Telehealth Consult, Intermedia	G0407	960	SQ Seq Cardiology	$ 149.34	$ 89.60	$ 106.54	$ 65.45	$ 137.39
Service Item	Inpatient and Outpatient	G0408 Follow Up Telehealth Consult, Complex IF	G0408	960	MC IP Professional	$ 215	$ 129	$ 152.10	$ 94	$ 198
Service Item	Outpatient	G0408 Follow Up Telehealth Consult, Complex IF	G0408	960	NS Neuro Sciences	$ 214.98	$ 128.99	$ 153.18	$ 93.98	$ 197.78
Service Item	Outpatient	G0408 Follow Up Telehealth Consult, Complex IF	G0408	960	SQ Seq Cardiology	$ 214.98	$ 128.99	$ 153.18	$ 93.98	$ 197.78
Service Item	Inpatient and Outpatient	G0425 Telehealth Consultation, ED or Initial Inpa	G0425	960	MC IP Professional	$ 207	$ 124	$ 143.78	$ 73	$ 190
Service Item	Outpatient	G0425 Telehealth Consultation, ED or Initial Inpa	G0425	960	NS Neuro Sciences	$ 206.82	$ 124.09	$ 144.81	$ 73.20	$ 190.27
Service Item	Outpatient	G0425 Telehealth Consultation, ED or Initial Inpa	G0425	960	SQ Seq Cardiology	$ 206.82	$ 124.09	$ 144.81	$ 73.20	$ 190.27
Service Item	Inpatient and Outpatient	G0426 Telehealth Consultation, ED or Initial Inpa	G0426	960	MC IP Professional	$ 281	$ 166	$ 192.54	$ 79	$ 254
Service Item	Outpatient	G0426 Telehealth Consultation, ED or Initial Inpa	G0426	960	NS Neuro Sciences	$ 281.48	$ 165.86	$ 193.92	$ 79.30	$ 254.32
Service Item	Outpatient	G0426 Telehealth Consultation, ED or Initial Inpa	G0426	960	SQ Seq Cardiology	$ 281.48	$ 165.86	$ 193.92	$ 79.30	$ 254.32
Service Item	Inpatient and Outpatient	G0427 Telehealth Consultation, ED or Initial Inpa	G0427	960	MC IP Professional	$ 417	$ 246	$ 281.64	$ 85	$ 377
Service Item	Outpatient	G0427 Telehealth Consultation, ED or Initial Inpa	G0427	960	NS Neuro Sciences	$ 417.02	$ 245.99	$ 283.69	$ 85.40	$ 377.18
Service Item	Outpatient	G0427 Telehealth Consultation, ED or Initial Inpa	G0427	960	SQ Seq Cardiology	$ 417.02	$ 245.99	$ 283.69	$ 85.40	$ 377.18
Service Item	Outpatient	G0438 Medicare Initial Well Visit	G0438	521	CD Chronic Disease	$ 357.28	$ 232.34	$ 266.68	$ 163.66	$ 356.25
Service Item	Outpatient	G0438 Medicare Initial Well Visit	G0438	521	SFM Family Medicine	$ 357.28	$ 232.34	$ 293.51	$ 178.64	$ 356.25
Service Item	Outpatient	G0439 Medicare Subseq Well Visit	G0439	521	CD Chronic Disease	$ 242.84	$ 159.14	$ 181.24	$ 110.24	$ 244.01
Service Item	Outpatient	G0439 Medicare Subseq Well Visit	G0439	521	SFM Family Medicine	$ 242.84	$ 159.14	$ 200.60	$ 121.42	$ 244.01
Service Item	Outpatient	G0442 Annual alcohol misuse screen 15 min	G0442	521	CD Chronic Disease	$ 32.00	$ 12.36	$ 20.77	$ 9.37	$ 32.03
Service Item	Outpatient	G0442 Annual alcohol misuse screen 15 min	G0442	521	NC Urgent Care	$ 32.00	$ 12.36	$ 19.03	$ 9.37	$ 22.77
Service Item	Outpatient	G0442 Annual alcohol misuse screen 15 min	G0442	521	NS Neuro Sciences	$ 32.00	$ 12.36	$ 20.77	$ 9.37	$ 32.03
Service Item	Outpatient	G0442 Annual alcohol misuse screen 15 min	G0442	521	SC Urgent Care	$ 32.00	$ 12.36	$ 19.08	$ 9.37	$ 22.77
Service Item	Outpatient	G0442 Annual alcohol misuse screen 15 min	G0442	521	SFM Family Medicine	$ 32.00	$ 12.36	$ 18.02	$ 9.95	$ 18.95
Service Item	Outpatient	G0442 Annual alcohol misuse screen 15 min	G0442	521	SQ Seq Cardiology	$ 32.00	$ 12.36	$ 20.77	$ 9.37	$ 32.03
Service Item	Outpatient	G0443 Brief alcohol misuse counsel	G0443	521	CD Chronic Disease	$ 49.20	$ 30.90	$ 37.86	$ 23.53	$ 47.38
Service Item	Outpatient	G0443 Brief alcohol misuse counsel	G0443	521	NC Urgent Care	$ 49.20	$ 30.90	$ 36.97	$ 23.53	$ 47.38
Service Item	Outpatient	G0443 Brief alcohol misuse counsel	G0443	521	NS Neuro Sciences	$ 49.20	$ 30.90	$ 37.86	$ 23.53	$ 47.38
Service Item	Outpatient	G0443 Brief alcohol misuse counsel	G0443	521	SC Urgent Care	$ 49.20	$ 30.90	$ 37.10	$ 23.53	$ 47.38
Service Item	Outpatient	G0443 Brief alcohol misuse counsel	G0443	521	SFM Family Medicine	$ 49.20	$ 30.90	$ 39.43	$ 24.60	$ 47.38
Service Item	Outpatient	G0443 Brief alcohol misuse counsel	G0443	521	SQ Seq Cardiology	$ 49.20	$ 30.90	$ 37.86	$ 23.53	$ 47.38
Service Item	Outpatient	G0444 Depression Screen Annual	G0444	521	CD Chronic Disease	$ 32.00	$ 12.36	$ 21.65	$ 9.95	$ 32.03
Service Item	Outpatient	G0444 Depression Screen Annual	G0444	521	NC Urgent Care	$ 32.00	$ 12.36	$ 19.92	$ 9.95	$ 22.77
Service Item	Outpatient	G0444 Depression Screen Annual	G0444	521	NS Neuro Sciences	$ 32.00	$ 12.36	$ 21.65	$ 9.95	$ 32.03
Service Item	Outpatient	G0444 Depression Screen Annual	G0444	521	SC Urgent Care	$ 32.00	$ 12.36	$ 19.97	$ 9.95	$ 22.77
Service Item	Outpatient	G0444 Depression Screen Annual	G0444	521	SFM Family Medicine	$ 32.00	$ 12.36	$ 18.02	$ 9.95	$ 18.95
Service Item	Outpatient	G0444 Depression Screen Annual	G0444	521	SQ Seq Cardiology	$ 32.00	$ 12.36	$ 21.65	$ 9.95	$ 32.03
Service Item	Outpatient	G0447 Behavior Counseling for Obesity, 15 Min	G0447	510	CD Chronic Disease	$ 49.20	$ 29.40	$ 37.21	$ 23.53	$ 45.50
Service Item	Outpatient	G0447 Behavior Counseling for Obesity, 15 Min	G0447	510	SFM Family Medicine	$ 49.20	$ 29.40	$ 38.07	$ 24.60	$ 45.08
Service Item	Outpatient	G0460 Aurix Plate Rich Plas Pro	G0460	761	OP Wound Center	$ 807.61	$ 484.57	$ 601.19	$ 129.12	$ 743.00
Service Item	Outpatient	G2012 Brief Virtual Check-In Visit	G2012	510	CD Chronic Disease	$ 27.04	$ 15.00	$ 18.52	$ 12.50	$ 23.00
Service Item	Inpatient and Outpatient	G2012 Brief Virtual Check-In Visit	G2012	510	MC IP Professional	$ 27	$ 15	$ 19.11	$ 13	$ 23
Service Item	Outpatient	G2012 Brief Virtual Check-In Visit	G2012	510	NC Urgent Care	$ 27.04	$ 15.00	$ 19.05	$ 12.50	$ 23.00
Service Item	Outpatient	G2012 Brief Virtual Check-In Visit	G2012	510	NS Neuro Sciences	$ 27.04	$ 15.00	$ 18.52	$ 12.50	$ 23.00
Service Item	Outpatient	G2012 Brief Virtual Check-In Visit	G2012	510	SC Urgent Care	$ 27.04	$ 15.00	$ 19.11	$ 12.50	$ 23.00
Service Item	Outpatient	G2012 Brief Virtual Check-In Visit	G2012	510	SFM Family Medicine	$ 27.04	$ 15.00	$ 19.87	$ 13.52	$ 23.00
Service Item	Outpatient	G2012 Brief Virtual Check-In Visit	G2012	510	SQ Seq Cardiology	$ 27.04	$ 15.00	$ 18.52	$ 12.50	$ 23.00
Service Item	Outpatient	G8431 Clin Depres Scrn F/U Doc	G8431	510	CD Chronic Disease	$ 30.90	$ 18.00	$ 17.85	$ 0.01	$ 27.60
Service Item	Outpatient	G8431 Clin Depres Scrn F/U Doc	G8431	510	NC Urgent Care	$ 30.90	$ 18.00	$ 18.48	$ 0.01	$ 27.60
Service Item	Outpatient	G8431 Clin Depres Scrn F/U Doc	G8431	510	NS Neuro Sciences	$ 30.90	$ 18.00	$ 17.85	$ 0.01	$ 27.60
Service Item	Outpatient	G8431 Clin Depres Scrn F/U Doc	G8431	510	SC Urgent Care	$ 30.90	$ 18.00	$ 18.56	$ 0.01	$ 27.60
Service Item	Outpatient	G8431 Clin Depres Scrn F/U Doc	G8431	510	SFM Family Medicine	$ 30.90	$ 18.00	$ 21.94	$ 18.00	$ 27.60
Service Item	Outpatient	G8431 Clin Depres Scrn F/U Doc	G8431	510	SQ Seq Cardiology	$ 30.90	$ 18.00	$ 17.85	$ 0.01	$ 27.60
Service Item	Outpatient	G8510 Neg Scr D Pt Not Elig F/U/Pln Doc	G8510	521	CD Chronic Disease	$ 15.00	$ 9.00	$ 8.84	$ 0.01	$ 13.80
Service Item	Outpatient	G8510 Neg Scr D Pt Not Elig F/U/Pln Doc	G8510	521	NC Urgent Care	$ 15.00	$ 9.00	$ 9.16	$ 0.01	$ 13.80
Service Item	Outpatient	G8510 Neg Scr D Pt Not Elig F/U/Pln Doc	G8510	521	NS Neuro Sciences	$ 15.00	$ 9.00	$ 8.84	$ 0.01	$ 13.80
Service Item	Outpatient	G8510 Neg Scr D Pt Not Elig F/U/Pln Doc	G8510	521	SC Urgent Care	$ 15.00	$ 9.00	$ 9.20	$ 0.01	$ 13.80
Service Item	Outpatient	G8510 Neg Scr D Pt Not Elig F/U/Pln Doc	G8510	521	SFM Family Medicine	$ 15.00	$ 9.00	$ 10.89	$ 9.00	$ 13.80
Service Item	Outpatient	G8510 Neg Scr D Pt Not Elig F/U/Pln Doc	G8510	521	SQ Seq Cardiology	$ 15.00	$ 9.00	$ 8.84	$ 0.01	$ 13.80
Service Item	Inpatient and Outpatient	Gabapentin Level-ARUP	80299	300	MC Reference Lab	$ 15	$ 65	$ 31.41	$ 9	$ 148
Service Item	Outpatient	Gadolineum 15Ml	A9577	636	IC CAT Scan	$ 31.66	$ 24.91	$ 25.13	$ 11.22	$ 29.13
Service Item	Outpatient	Gadolineum 15Ml	A9577	636	IC MRI	$ 31.66	$ 24.91	$ 25.13	$ 11.22	$ 29.13
Service Item	Outpatient	Gadolineum 15Ml	A9577	636	IC Radiology	$ 31.66	$ 24.91	$ 25.13	$ 11.22	$ 29.13
Service Item	Inpatient and Outpatient	Gadolineum 15Ml	A9577	636	MC CAT Scanner	$ 32	$ 25	$ 25.13	$ 11	$ 29
Service Package	Inpatient and Outpatient	Gadolineum 15Ml	A9577	636	MC Cath Lab Srvcs	$ 32	Charges have been	$ 29.44	$ 28	$ 29
Service Package	Inpatient and Outpatient	Gadolineum 15Ml	A9577	636	MC Contrast Material	$ 32	$ 19	$ 24.48	$ 11	$ 29
Service Item	Inpatient and Outpatient	Gadolineum 15Ml	A9577	636	MC Diag Radiology	$ 32	$ 25	$ 25.13	$ 11	$ 29
Service Item	Inpatient and Outpatient	Gadolineum 15Ml	A9577	636	MC MRI	$ 32	$ 25	$ 25.13	$ 11	$ 29
Service Item	Outpatient	Gadolineum 20Ml	A9577	636	IC CAT Scan	$ 29.33	$ 23.51	$ 23.93	$ 11.22	$ 26.98
Service Item	Outpatient	Gadolineum 20Ml	A9577	636	IC MRI	$ 29.33	$ 23.51	$ 23.93	$ 11.22	$ 26.98
Service Item	Outpatient	Gadolineum 20Ml	A9577	636	IC Radiology	$ 29.33	$ 23.51	$ 23.78	$ 11.22	$ 26.98
Service Item	Inpatient and Outpatient	Gadolineum 20Ml	A9577	636	MC CAT Scanner	$ 29	$ 24	$ 23.93	$ 11	$ 27
Service Package	Inpatient and Outpatient	Gadolineum 20Ml	A9577	636	MC Cath Lab Srvcs	$ 29	Charges have been	$ 27.86	$ 26	$ 27
Service Package	Inpatient and Outpatient	Gadolineum 20Ml	A9577	636	MC Contrast Material	$ 29	$ 18	$ 23.33	$ 11	$ 27
Service Item	Inpatient and Outpatient	Gadolineum 20Ml	A9577	636	MC Diag Radiology	$ 29	$ 24	$ 23.93	$ 11	$ 27
Service Item	Inpatient and Outpatient	Gadolineum 20Ml	A9577	636	MC MRI	$ 29	$ 24	$ 23.93	$ 11	$ 27
Service Package	Inpatient and Outpatient	Gait Training 15 Min	97116	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Gait Training 15 Min	97116	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Gait Training 15 Min	97116	420	OP Therapy Akers	$ 134.00	Charges have been	$ 151.81	$ 100.50	$ 317.00
Service Item	Outpatient	Gait Training 15 Min	97116	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 151.81	$ 100.50	$ 317.00

Service Item	Outpatient	Gait Training 15 Min	97116	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 151.81	$ 100.50	$ 317.00	
Service Item	Outpatient	Gait Training 15 Min	97116	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 151.81	$ 100.50	$ 317.00	
Service Item	Outpatient	Gait Training 15 Min	97116	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.21	$ 33.47	$ 123.28	
Service Item	Inpatient	Gait Training 15 Min	97116	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 33.47	$ 123.28	
Service Item	Inpatient	Gait Training 15 Min	97116	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28	
Service Item	Inpatient	Gait Training 15 Min	97116	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28	
Service Item	Inpatient	Gait Training 15 Min	97116	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28	
Service Item	Outpatient	Gait Training 15 Min - PTA/OTA Services	97116	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28	
Service Item	Outpatient	Gait Training 15 Min - PTA/OTA Services	97116	420	OP Therapy Akers	$ 134.00	Charges have been	$ 151.81	$ 100.50	$ 317.00	
Service Item	Outpatient	Gait Training 15 Min - PTA/OTA Services	97116	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 151.81	$ 100.50	$ 317.00	
Service Item	Outpatient	Gait Training 15 Min - PTA/OTA Services	97116	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 151.81	$ 100.50	$ 317.00	
Service Item	Outpatient	Gait Training 15 Min - PTA/OTA Services	97116	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 151.81	$ 100.50	$ 317.00	
Service Item	Outpatient	Gait Training 15 Min - PTA/OTA Services	97116	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.21	$ 33.47	$ 123.28	
Service Item	Inpatient	Gait Training 15 Min - PTA/OTA Services	97116	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 33.47	$ 123.28	
Service Item	Inpatient	Gait Training 15 Min - PTA/OTA Services	97116	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28	
Service Item	Inpatient	Gait Training 15 Min - PTA/OTA Services	97116	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28	
Service Item	Inpatient	Gait Training 15 Min - PTA/OTA Services	97116	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28	
Service Item	Outpatient	Galactose-1-Phosphate	82776	301	Reference Lab CA HS	$ 16.74	$ 37.35	$ 34.94	$ 14.23	$ 93.49	
Service Item	Outpatient	GANciclovir 500 mg Inj	J1570	636	CD Infusion Clinic	$ 542.80	$ 325.68	$ 346.56	$ 38.00	$ 499.38	
Service Item	Inpatient and Outpatient	GANciclovir 500 mg Inj	J1570	636	MC Pharmacy	$ 543	$ 326	$ 346.56	$ 38	$ 499	
Service Item	Outpatient	GANciclovir 500 mg Inj	J1570	636	NC Urgent Care	$ 542.80	$ 325.68	$ 345.20	$ 38.00	$ 499.38	
Service Item	Outpatient	GANciclovir 500 mg Inj	J1570	636	SC Urgent Care	$ 542.80	$ 325.68	$ 346.56	$ 38.00	$ 499.38	
Service Item	Outpatient	GANciclovir IV (PED) 4 mg/mL	J1570	636	CD Infusion Clinic	$ 452.35	$ 271.41	$ 314.04	$ 38.00	$ 416.16	
Service Item	Inpatient and Outpatient	GANciclovir IV (PED) 4 mg/mL	J1570	636	MC Pharmacy	$ 452	$ 309	$ 314.04	$ 38	$ 416	
Service Item	Outpatient	GANciclovir IV (PED) 4 mg/mL	J1570	636	NC Urgent Care	$ 452.35	$ 308.76	$ 312.91	$ 38.00	$ 416.16	
Service Item	Outpatient	GANciclovir IV (PED) 4 mg/mL	J1570	636	SC Urgent Care	$ 452.35	$ 308.76	$ 314.04	$ 38.00	$ 416.16	
Service Item	Inpatient and Outpatient	Gardnerella Vaginalis Probe	87798	306	MC General Lab	$ 150	$ 151	$ 177.70	$ 130	$ 345	
Service Package	Inpatient and Outpatient	Gas Perfluoropropane		270	MC Central Supply	$ 1,729	Charges have been	#N/A	$ 1,541	$ 1,575	
Service Item	Inpatient and Outpatient	Gastric Emptying Exam	78264	340	MC Nuclear Medicine	$ 1,777	$ 458	$ 1,255.15	$ 427	$ 1,587	
Service Item	Inpatient and Outpatient	Gastric Parietal Cell Antibody, IgG-ARUP	83516	300	MC Reference Lab	$ 9	$ 104	$ 42.86	$ 8	$ 113	
Service Item	Inpatient and Outpatient	Gastrin Level-ARUP	82941	300	MC Reference Lab	$ 19	$ 79	$ 37.73	$ 12	$ 173	
Service Item	Outpatient	Gastrografin 120 Ml	Q9963	636	IC CAT Scan	$ 353.55	$ 212.13	$ 182.72	$ 1.14	$ 325.27	
Service Item	Outpatient	Gastrografin 120 Ml	Q9963	636	IC MRI	$ 353.55	$ 212.13	$ 182.72	$ 1.14	$ 325.27	
Service Item	Outpatient	Gastrografin 120 Ml	Q9963	636	IC Radiology	$ 353.55	$ 212.13	$ 205.54	$ 1.14	$ 325.27	
Service Item	Inpatient and Outpatient	Gastrografin 120 Ml	Q9963	636	MC CAT Scanner	$ 354	$ 212	$ 182.72	$ 1	$ 325	
Service Package	Inpatient and Outpatient	Gastrografin 120 Ml	Q9963	636	MC Contrast Material	$ 354	$ 212	$ 175.43	$ 1	$ 325	
Service Item	Inpatient and Outpatient	Gastrografin 120 Ml	Q9963	636	MC Diag Radiology	$ 354	$ 212	$ 182.72	$ 1	$ 325	
Service Item	Inpatient and Outpatient	Gastrografin 120 Ml	Q9963	636	MC MRI	$ 354	$ 212	$ 182.72	$ 1	$ 325	
Service Item	Outpatient	Gastrografin 120 Ml	Q9963	636	NC Diag Imaging	$ 353.55	$ 212.13	$ 182.72	$ 1.14	$ 325.27	
Service Item	Outpatient	Gastrografin 120 Ml	Q9963	636	SC Diag Imaging	$ 353.55	$ 212.13	$ 182.72	$ 1.14	$ 325.27	
Service Item	Outpatient	Gastrointestinal Tube Ins	44500	361	IC Radiology	$ 809.50	$ 581.48	$ 712.02	$ 119.13	$ 910.65	
Service Item	Inpatient and Outpatient	Gastrointestinal Tube Ins	44500	361	MC CAT Scanner	$ 810	$ 581	$ 721.72	$ 119	$ 911	
Service Item	Inpatient and Outpatient	Gastrointestinal Tube Ins	44500	361	MC Diag Radiology	$ 810	$ 581	$ 721.72	$ 119	$ 911	
Service Item	Outpatient	Gastrointestinal Tube Ins	44500	361	NC Diag Imaging	$ 809.50	$ 581.48	$ 721.72	$ 119.13	$ 910.65	
Service Item	Outpatient	Gastrointestinal Tube Ins	44500	361	SC Diag Imaging	$ 809.50	$ 581.48	$ 721.72	$ 119.13	$ 910.65	
Service Item	Outpatient	Gastroview 30 Ml	Q9963	636	IC CAT Scan	$ 2.42	$ 1.45	$ 1.95	$ 1.14	$ 2.42	
Service Item	Outpatient	Gastroview 30 Ml	Q9963	636	IC MRI	$ 2.42	$ 1.45	$ 1.95	$ 1.14	$ 2.42	
Service Item	Outpatient	Gastroview 30 Ml	Q9963	636	IC Radiology	$ 2.42	$ 1.45	$ 1.95	$ 1.14	$ 2.42	
Service Item	Inpatient and Outpatient	Gastroview 30 Ml	Q9963	636	MC CAT Scanner	$ 2	$ 1	$ 1.95	$ 1	$ 2	
Service Package	Inpatient and Outpatient	Gastroview 30 Ml	Q9963	636	MC Contrast Material	$ 2	$ 1	$ 1.90	$ 1	$ 2	
Service Item	Inpatient and Outpatient	Gastroview 30 Ml	Q9963	636	MC Diag Radiology	$ 2	$ 1	$ 1.95	$ 1	$ 2	
Service Item	Inpatient and Outpatient	Gastroview 30 Ml	Q9963	636	MC MRI	$ 2	$ 1	$ 1.95	$ 1	$ 2	
Service Item	Inpatient and Outpatient	Gated Blood Pool Imag Sng	78472	340	MC Nuclear Medicine	$ 2,264	$ 613	$ 1,590.86	$ 427	$ 2,022	
Service Item	Outpatient	Gauntlet Removal	29700	516	NC Urgent Care	$ 277.28	$ 161.52	$ 198.46	$ 59.82	$ 266.29	
Service Item	Outpatient	Gauntlet Removal	29700	516	SC Urgent Care	$ 277.28	$ 161.52	$ 199.13	$ 59.82	$ 266.29	
Service Item	Outpatient	Gauntlet Removal	29700	516	SFM Family Medicine	$ 277.28	$ 161.52	$ 223.52	$ 161.52	$ 266.29	
Service Item	Inpatient and Outpatient	GBM IgG Antibody by IFA-ARUP	86255	300	MC Reference Lab	$ 11	$ 54	$ 24.26	$ 7	$ 118	
Service Item	Inpatient and Outpatient	Gbs Pcr	87653	306	MC General Lab	$ 277	$ 153	$ 235.96	$ 137	$ 345	
Service Package	Inpatient	Gem Premier Abg'S	82803	301	MC Cardiac Surgery	$ 261.18	$ 155.15	$ 181.48	$ 77.31	$ 237.90	
Service Item	Outpatient	gemcitabine 1 g Inj	J9201	636	CD Infusion Clinic	$ 273.45	$ 164.07	$ 176.87	$ 11.80	$ 251.57	
Service Item	Inpatient and Outpatient	gemcitabine 1 g Inj	J9201	636	MC Pharmacy	$ 273	$ 164	$ 176.87	$ 12	$ 252	
Service Item	Outpatient	gemcitabine 1 g Inj	J9201	636	NC Urgent Care	$ 273.45	$ 164.07	$ 176.19	$ 11.80	$ 251.57	
Service Item	Outpatient	gemcitabine 1 g Inj	J9201	636	SC Urgent Care	$ 273.45	$ 164.07	$ 176.87	$ 11.80	$ 251.57	
Service Item	Outpatient	gemcitabine 1 g/50 mL Sterile Water	J9201	636	CD Infusion Clinic	$ 273.45	$ 164.07	$ 176.87	$ 11.80	$ 251.57	
Service Item	Inpatient and Outpatient	gemcitabine 1 g/50 mL Sterile Water	J9201	636	MC Pharmacy	$ 273	$ 287	$ 176.87	$ 12	$ 287	
Service Item	Outpatient	gemcitabine 1 g/50 mL Sterile Water	J9201	636	NC Urgent Care	$ 273.45	$ 286.92	$ 176.19	$ 11.80	$ 286.92	
Service Item	Outpatient	gemcitabine 1 g/50 mL Sterile Water	J9201	636	SC Urgent Care	$ 273.45	$ 286.92	$ 176.87	$ 11.80	$ 286.92	
Service Item	Outpatient	gemcitabine 2 g/52.6 mL NS	J9201	636	CD Infusion Clinic	$ 273.45	$ 164.07	$ 176.87	$ 11.80	$ 251.57	
Service Item	Inpatient and Outpatient	gemcitabine 2 g/52.6 mL NS	J9201	636	MC Pharmacy	$ 273	$ 287	$ 176.87	$ 12	$ 287	
Service Item	Outpatient	gemcitabine 2 g/52.6 mL NS	J9201	636	NC Urgent Care	$ 273.45	$ 286.92	$ 176.19	$ 11.80	$ 286.92	
Service Item	Outpatient	gemcitabine 2 g/52.6 mL NS	J9201	636	SC Urgent Care	$ 273.45	$ 286.92	$ 176.87	$ 11.80	$ 286.92	
Service Item	Outpatient	gemcitabine 200 mg Inj	J9201	636	CD Infusion Clinic	$ 67.00	$ 40.20	$ 102.66	$ 11.80	$ 185.67	
Service Item	Inpatient and Outpatient	gemcitabine 200 mg Inj	J9201	636	MC Pharmacy	$ 67	$ 163	$ 102.66	$ 12	$ 186	
Service Item	Outpatient	gemcitabine 200 mg Inj	J9201	636	NC Urgent Care	$ 67.00	$ 163.05	$ 102.49	$ 11.80	$ 185.67	
Service Item	Outpatient	gemcitabine 200 mg Inj	J9201	636	SC Urgent Care	$ 67.00	$ 163.05	$ 102.66	$ 11.80	$ 185.67	
Service Package	Inpatient and Outpatient	Generator Interstim	C1767	278	MC Central Supply	$ 28,554	Charges have been	$ 33,882.38	$ 25,444	$ 26,010	
Service Package	Inpatient and Outpatient	Generator Nerve Stimulator (A)	C1767	278	MC Central Supply	$ 58,698	Charges have been	$ 54,312.95	$ 52,305	$ 53,467	
Service Package	Inpatient and Outpatient	Generator Nerve Stimulator (B)	C1767	278	MC Central Supply	$ 12,711	Charges have been	$ 23,144.03	$ 11,326	$ 11,578	
Service Package	Inpatient and Outpatient	Generator Neurostimulator (A)	L8685	278	MC Central Supply	$ 26,770	Charges have been	$ 29,332.40	$ 23,854	$ 24,384	
Service Package	Inpatient and Outpatient	Generator Neurostimulator (B)	L8685	278	MC Central Supply	$ 45,203	Charges have been	$ 41,825.83	$ 40,280	$ 41,175	
Service Item	Inpatient and Outpatient	Gentamicin (Peak)	80170	301	MC General Lab	$ 241	$ 66	$ 160.81	$ 59	$ 220	
Service Item	Inpatient and Outpatient	Gentamicin (Trough)	80170	301	MC General Lab	$ 241	$ 66	$ 160.81	$ 59	$ 220	
Service Item	Outpatient	gentamicin 10 mg/mL Inj 2 mL	J1580	636	CD Infusion Clinic	$ 26.75	$ 16.05	$ 18.34	$ 3.80	$ 24.61	
Service Item	Inpatient and Outpatient	gentamicin 10 mg/mL Inj 2 mL	J1580	636	MC Pharmacy	$ 27	$ 16	$ 18.34	$ 4	$ 25	
Service Item	Outpatient	gentamicin 10 mg/mL Inj 2 mL	J1580	636	NC Urgent Care	$ 26.75	$ 16.05	$ 16.29	$ 1.69	$ 24.61	
Service Item	Outpatient	gentamicin 10 mg/mL Inj 2 mL	J1580	636	SC Urgent Care	$ 26.75	$ 16.05	$ 16.36	$ 1.69	$ 24.61	
Service Item	Outpatient	gentamicin 10 mg/mL Inj 2 mL	J1580	636	VD Visalia Dialysis	$ 26.75	$ 16.05	$ 18.34	$ 3.80	$ 24.61	
Service Item	Outpatient	gentamicin 100 mg/Sodium Chloride 0.9% 100 n	J1580	636	CD Infusion Clinic	$ 23.70	$ 14.22	$ 17.00	$ 3.80	$ 21.80	
Service Item	Inpatient and Outpatient	gentamicin 100 mg/Sodium Chloride 0.9% 100 n	J1580	636	MC Pharmacy	$ 24	$ 14	$ 17.00	$ 4	$ 22	
Service Item	Outpatient	gentamicin 100 mg/Sodium Chloride 0.9% 100 n	J1580	636	NC Urgent Care	$ 23.70	$ 14.22	$ 15.20	$ 1.69	$ 21.80	
Service Item	Outpatient	gentamicin 100 mg/Sodium Chloride 0.9% 100 n	J1580	636	SC Urgent Care	$ 23.70	$ 14.22	$ 15.26	$ 1.69	$ 21.80	
Service Item	Outpatient	gentamicin 100 mg/Sodium Chloride 0.9% 100 n	J1580	636	VD Visalia Dialysis	$ 23.70	$ 14.22	$ 17.00	$ 3.80	$ 21.80	
Service Item	Outpatient	gentamicin 120 mg/Sodium Chloride 0.9% 100 n	J1580	636	CD Infusion Clinic	$ 23.10	$ 13.86	$ 16.74	$ 3.80	$ 21.25	
Service Item	Inpatient and Outpatient	gentamicin 120 mg/Sodium Chloride 0.9% 100 n	J1580	636	MC Pharmacy	$ 23	$ 14	$ 16.74	$ 4	$ 21	
Service Item	Outpatient	gentamicin 120 mg/Sodium Chloride 0.9% 100 n	J1580	636	NC Urgent Care	$ 23.10	$ 13.86	$ 14.99	$ 1.69	$ 21.25	
Service Item	Outpatient	gentamicin 120 mg/Sodium Chloride 0.9% 100 n	J1580	636	SC Urgent Care	$ 23.10	$ 13.86	$ 15.04	$ 1.69	$ 21.25	
Service Item	Outpatient	gentamicin 120 mg/Sodium Chloride 0.9% 100 n	J1580	636	VD Visalia Dialysis	$ 23.10	$ 13.86	$ 16.74	$ 3.80	$ 21.25	
Service Item	Outpatient	Gentamicin 2.5 mg/Heparin 6250 Units Syringe (	J1580	636	CD Infusion Clinic	$ 26.75	$ 16.05	$ 18.34	$ 3.80	$ 24.61	
Service Item	Inpatient and Outpatient	Gentamicin 2.5 mg/Heparin 6250 Units Syringe (	J1580	636	MC Pharmacy	$ 27	$ 20	$ 18.34	$ 4	$ 25	
Service Item	Outpatient	Gentamicin 2.5 mg/Heparin 6250 Units Syringe (	J1580	636	NC Urgent Care	$ 26.75	$ 20.33	$ 16.29	$ 1.69	$ 24.61	
Service Item	Outpatient	Gentamicin 2.5 mg/Heparin 6250 Units Syringe (	J1580	636	SC Urgent Care	$ 26.75	$ 20.33	$ 16.36	$ 1.69	$ 24.61	
Service Item	Outpatient	gentamicin 40 mg/mL Inj 2 mL	J1580	636	CD Infusion Clinic	$ 21.90	$ 13.14	$ 16.21	$ 3.80	$ 20.15	
Service Item	Inpatient and Outpatient	gentamicin 40 mg/mL Inj 2 mL	J1580	636	MC Pharmacy	$ 22	$ 13	$ 16.21	$ 4	$ 20	
Service Item	Outpatient	gentamicin 40 mg/mL Inj 2 mL	J1580	636	NC Urgent Care	$ 21.90	$ 13.14	$ 14.56	$ 1.69	$ 20.15	
Service Item	Outpatient	gentamicin 40 mg/mL Inj 2 mL	J1580	636	SC Urgent Care	$ 21.90	$ 13.14	$ 14.61	$ 1.69	$ 20.15	
Service Item	Outpatient	gentamicin 40 mg/mL Inj 20 mL per 1 mL	J1580	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 11.90	$ 3.80	$ 17.21	
Service Item	Inpatient and Outpatient	gentamicin 40 mg/mL Inj 20 mL per 1 mL	J1580	636	MC Pharmacy	$ 12	$ 12	$ 11.90	$ 4	$ 17	
Service Item	Outpatient	gentamicin 40 mg/mL Inj 20 mL per 1 mL	J1580	636	NC Urgent Care	$ 12.10	$ 11.54	$ 11.06	$ 1.69	$ 17.21	
Service Item	Outpatient	gentamicin 40 mg/mL Inj 20 mL per 1 mL	J1580	636	SC Urgent Care	$ 12.10	$ 11.54	$ 11.09	$ 1.69	$ 17.21	
Service Item	Outpatient	gentamicin 80 mg/Sodium Chloride 0.9% 100 m	J1580	636	CD Infusion Clinic	$ 22.10	$ 13.26	$ 16.30	$ 3.80	$ 20.33	
Service Item	Inpatient and Outpatient	gentamicin 80 mg/Sodium Chloride 0.9% 100 m	J1580	636	MC Pharmacy	$ 22	$ 13	$ 16.30	$ 4	$ 20	
Service Item	Outpatient	gentamicin 80 mg/Sodium Chloride 0.9% 100 m	J1580	636	NC Urgent Care	$ 22.10	$ 13.26	$ 14.63	$ 1.69	$ 20.33	
Service Item	Outpatient	gentamicin 80 mg/Sodium Chloride 0.9% 100 m	J1580	636	SC Urgent Care	$ 22.10	$ 13.26	$ 14.69	$ 1.69	$ 20.33	
Service Item	Outpatient	gentamicin 80 mg/Sodium Chloride 0.9% 100 m	J1580	636	VD CAPD CCPD	$ 22.10	$ 13.26	$ 16.30	$ 3.80	$ 20.33	
Service Item	Outpatient	gentamicin 80 mg/Sodium Chloride 0.9% 100 m	J1580	636	VD Visalia Dialysis	$ 22.10	$ 13.26	$ 16.30	$ 3.80	$ 20.33	
Service Item	Outpatient	Gentamicin 80Mg Vial	J1580	636	IC Radiology	$ 21.45	$ 17.15	$ 15.98	$ 3.80	$ 19.73	
Service Item	Inpatient and Outpatient	Gentamicin 80Mg Vial	J1580	636	MC Diag Radiology	$ 21	$ 17	$ 16.01	$ 4	$ 20	
Service Item	Outpatient	Gentamicin 80Mg Vial	J1580	636	NC Diag Imaging	$ 21.45	$ 17.15	$ 16.01	$ 3.80	$ 19.73	

Service Item	Outpatient	Gentamicin 80Mg Vial	J1580	636	SC Diag Imaging	$ 21.45	$ 17.15	$ 16.01	$ 3.80	$ 19.73
Service Item	Outpatient	gentamicin IM (PED) 40 mg/mL Inj 2 mL	J1580	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 11.90	$ 3.80	$ 17.21
Service Item	Inpatient and Outpatient	gentamicin IM (PED) 40 mg/mL Inj 2 mL	J1580	636	MC Pharmacy	$ 12	$ 7	$ 11.90	$ 4	$ 17
Service Item	Outpatient	gentamicin IM (PED) 40 mg/mL Inj 2 mL	J1580	636	NC Urgent Care	$ 12.10	$ 7.26	$ 11.06	$ 1.69	$ 17.21
Service Item	Outpatient	gentamicin IM (PED) 40 mg/mL Inj 2 mL	J1580	636	SC Urgent Care	$ 12.10	$ 7.26	$ 11.09	$ 1.69	$ 17.21
Service Item	Outpatient	gentamicin IV (PED) 10 mg/mL	J1580	636	CD Infusion Clinic	$ 13.40	$ 8.04	$ 12.47	$ 3.80	$ 17.21
Service Item	Inpatient and Outpatient	gentamicin IV (PED) 10 mg/mL	J1580	636	MC Pharmacy	$ 13	$ 8	$ 12.47	$ 4	$ 17
Service Item	Outpatient	gentamicin IV (PED) 10 mg/mL	J1580	636	NC Urgent Care	$ 13.40	$ 8.04	$ 11.52	$ 1.69	$ 17.21
Service Item	Outpatient	gentamicin IV (PED) 10 mg/mL	J1580	636	SC Urgent Care	$ 13.40	$ 8.04	$ 11.56	$ 1.69	$ 17.21
Service Package	Inpatient and Outpatient	G-Esoph Reflux W Mucosal	91035	750	MC Endo Services	$ 1,292	Charges have been	$ 1,019.35	$ 563	$ 1,189
Service Item	Inpatient and Outpatient	Ggt(Glutamyl Transferase)	82977	301	MC General Lab	$ 91	$ 32	$ 64.11	$ 29	$ 83
Service Item	Inpatient and Outpatient	Gi Blood Loss-Acute Scan	78278	340	MC Nuclear Medicine	$ 1,777	$ 622	$ 1,264.15	$ 427	$ 1,587
Service Package	Inpatient and Outpatient	Gi Tube Check S & I	75984	320	MC Cath Lab Srvcs	$ 1,022	Charges have been	$ 936.30	$ 893	$ 913
Service Item	Outpatient	glatiramer 20 mg/mL Inj 1 mL	J1595	636	CD Infusion Clinic	$ 23,215.25	$ 13,929.15	$ 11,513.62	$ 37.16	$ 21,358.03
Service Item	Inpatient and Outpatient	glatiramer 20 mg/mL Inj 1 mL	J1595	636	MC Pharmacy	$ 23,215	$ 13,966	$ 11,513.62	$ 37	$ 21,358
Service Item	Outpatient	glatiramer 20 mg/mL Inj 1 mL	J1595	636	NC Urgent Care	$ 23,215.25	$ 13,965.68	$ 11,455.58	$ 37.16	$ 21,358.03
Service Item	Outpatient	glatiramer 20 mg/mL Inj 1 mL	J1595	636	SC Urgent Care	$ 23,215.25	$ 13,965.68	$ 11,513.62	$ 37.16	$ 21,358.03
Service Item	Outpatient	glatiramer 40 mg/mL Inj 1 mL	J1595	636	CD Infusion Clinic	$ 2,284.45	$ 1,370.67	$ 3,989.00	$ 37.16	$ 15,763.15
Service Item	Inpatient and Outpatient	glatiramer 40 mg/mL Inj 1 mL	J1595	636	MC Pharmacy	$ 2,284	$ 1,407	$ 3,989.00	$ 37	$ 15,763
Service Item	Outpatient	glatiramer 40 mg/mL Inj 1 mL	J1595	636	NC Urgent Care	$ 2,284.45	$ 1,407.20	$ 3,983.29	$ 37.16	$ 15,763.15
Service Item	Outpatient	glatiramer 40 mg/mL Inj 1 mL	J1595	636	SC Urgent Care	$ 2,284.45	$ 1,407.20	$ 3,989.00	$ 37.16	$ 15,763.15
Service Package	Inpatient and Outpatient	Glenoid Component (A)	C1776	278	MC Central Supply	$ 13,795	Charges have been	$ 9,800.34	$ 12,292	$ 12,566
Service Package	Inpatient and Outpatient	Glenoid Component Pegged (A)	C1776	278	MC Central Supply	$ 2,370	Charges have been	$ 2,057.17	$ 2,112	$ 2,159
Service Package	Inpatient and Outpatient	Glenoid Component Pegged (B)	C1776	278	MC Central Supply	$ 4,551	Charges have been	$ 3,535.38	$ 4,056	$ 4,146
Service Item	Inpatient and Outpatient	Gliadin Peptide IgA, IgG Antibodies,-ARUP	83516	300	MC Reference Lab	$ 11	$ 104	$ 43.54	$ 9	$ 113
Service Item	Inpatient and Outpatient	Gliadin Peptide IgG Ab-ARUP	83516	300	MC Reference Lab	$ 11	$ 104	$ 43.54	$ 9	$ 113
Service Package	Inpatient and Outpatient	Glide Wire	C1769	272	MC Central Supply	$ 898	Charges have been	$ 792.26	$ 800	$ 818
Service Package	Inpatient and Outpatient	Glide Wire - Straight 5/B	C1769	272	MC Central Supply	$ 772	Charges have been	$ 707.11	$ 688	$ 703
Service Item	Inpatient and Outpatient	Glomerular Filtration Rate, Estimated-ARUP	82565	300	MC Reference Lab	$ 4	$ 23	$ 24.37	$ 4	$ 50
Service Item	Outpatient	glucagon recombinant 1 mg Inj	J1610	636	CD Infusion Clinic	$ 957.55	$ 574.53	$ 558.19	$ 47.31	$ 880.95
Service Item	Inpatient and Outpatient	glucagon recombinant 1 mg Inj	J1610	636	MC Pharmacy	$ 958	$ 575	$ 558.19	$ 47	$ 881
Service Item	Outpatient	glucagon recombinant 1 mg Inj	J1610	636	NC Urgent Care	$ 957.55	$ 574.53	$ 555.80	$ 47.31	$ 880.95
Service Item	Outpatient	glucagon recombinant 1 mg Inj	J1610	636	SC Urgent Care	$ 957.55	$ 574.53	$ 558.19	$ 47.31	$ 880.95
Service Item	Outpatient	glucagon recombinant 1 mg Inj	J1610	636	SQ Seq Cardiology	$ 957.55	$ 574.53	$ 555.80	$ 47.31	$ 880.95
Service Package	Inpatient	Glucose Alert Panel	82947	301	MC Cardiac Surgery	$ 59.73	$ 35.48	$ 39.55	$ 15.71	$ 54.41
Service Package	Inpatient	Glucose Alert Panel	82947	301	MC Cardiovascular	$ 59.73	$ 17.52	$ 39.55	$ 15.71	$ 54.41
Service Item	Inpatient and Outpatient	Glucose Alert Panel	82947	301	MC General Lab	$ 60	$ 18	$ 39.55	$ 16	$ 54
Service Package	Inpatient and Outpatient	Glucose Alert Panel	82947	301	MC IC Intnsv Care	$ 60	Charges have been	$ 55.27	$ 53	$ 54
Service Package	Inpatient	Glucose Alert Panel	82947	301	MC NI NICU	$ 59.73	Charges have been	$ 55.27	$ 53.23	$ 54.41
Service Package	Inpatient and Outpatient	Glucose Alert Panel	82947	301	MC Surgical Srvcs	$ 60	Charges have been	$ 55.27	$ 53	$ 54
Service Item	Inpatient and Outpatient	Glucose Blood	82947	301	MC General Lab	$ 60	$ 18	$ 39.55	$ 16	$ 54
Service Item	Outpatient	Glucose Blood Reagent Poc	82948	301	CD Chronic Disease	$ 67.77	$ 14.07	$ 41.58	$ 12.62	$ 61.73
Service Item	Outpatient	Glucose Blood Reagent Poc	82948	301	CD Diabetic Clinic	$ 67.77	$ 40.26	$ 41.58	$ 12.62	$ 61.73
Service Item	Inpatient and Outpatient	Glucose Blood Reagent Poc	82948	301	MC General Lab	$ 68	$ 14	$ 41.74	$ 13	$ 62
Service Item	Outpatient	Glucose Blood Reagent Poc	82948	301	NC Urgent Care	$ 67.77	$ 14.07	$ 41.58	$ 12.62	$ 61.73
Service Item	Outpatient	Glucose Blood Reagent Poc	82948	301	SC Urgent Care	$ 67.77	$ 14.07	$ 41.74	$ 12.62	$ 61.73
Service Item	Outpatient	Glucose Blood Reagent Poc	82948	301	SFM Family Medicine	$ 67.77	$ 14.07	$ 41.58	$ 12.62	$ 61.73
Service Item	Inpatient and Outpatient	Glucose Body Fluid-ARUP	82945	300	MC Reference Lab	$ 4	$ 17	$ 20.29	$ 4	$ 39
Service Item	Inpatient and Outpatient	Glucose Csf	82945	301	MC General Lab	$ 65	$ 17	$ 42.11	$ 16	$ 60
Service Item	Inpatient and Outpatient	Glucose Misc Fluid	82945	301	MC General Lab	$ 65	$ 17	$ 42.11	$ 16	$ 60
Service Item	Inpatient and Outpatient	Glucose Post Dose	82950	301	MC General Lab	$ 67	$ 21	$ 45.30	$ 19	$ 61
Service Item	Inpatient and Outpatient	Glucose Tolerance 1st Hr	82951	301	MC General Lab	$ 146	$ 57	$ 106.78	$ 51	$ 133
Service Item	Inpatient and Outpatient	Glucose Tolerance 2nd Hr	82952	301	MC General Lab	$ 38	$ 17	$ 29.63	$ 16	$ 39
Service Item	Inpatient and Outpatient	Glucose Tolerance 3rd Hr	82952	301	MC General Lab	$ 38	$ 17	$ 29.63	$ 16	$ 39
Service Item	Inpatient and Outpatient	Glucose Tolerance 4th Hr	82952	301	MC General Lab	$ 38	$ 17	$ 29.63	$ 16	$ 39
Service Item	Inpatient and Outpatient	Glucose Tolerance 5th Hr	82952	301	MC General Lab	$ 38	$ 17	$ 29.63	$ 16	$ 39
Service Item	Inpatient and Outpatient	Glucose-6-Phosphate Dehydrogenase-ARUP	82955	300	MC Reference Lab	$ 11	$ 43	$ 20.74	$ 6	$ 95
Service Package	Inpatient and Outpatient	Glue Fibrin	C9250	272	MC Central Supply	$ 3,026	Charges have been	$ 2,089.96	$ 157	$ 2,756
Service Item	Inpatient and Outpatient	Glutamic Acid Decarboxylase Antibody-ARUP	83516	300	MC Reference Lab	$ 18	$ 104	$ 46.27	$ 16	$ 113
Service Item	Inpatient and Outpatient	Glutathione Level Total-ARUP	82978	300	MC Reference Lab	$ 68	$ 64	$ 66.12	$ 41	$ 140
Service Item	Outpatient	glycopyrrolate 0.2 mg/mL Inj 2 mL	J3490	636	CD Infusion Clinic	$ 78.05	$ 46.83	$ 53.54	$ 23.14	$ 71.81
Service Item	Inpatient and Outpatient	glycopyrrolate 0.2 mg/mL Inj 2 mL	J3490	636	MC Pharmacy	$ 78	$ 47	$ 53.54	$ 23	$ 72
Service Item	Outpatient	glycopyrrolate 0.2 mg/mL Inj 2 mL	J3490	636	NC Urgent Care	$ 78.05	$ 46.83	$ 53.34	$ 23.14	$ 71.81
Service Item	Outpatient	glycopyrrolate 0.2 mg/mL Inj 2 mL	J3490	636	SC Urgent Care	$ 78.05	$ 46.83	$ 53.54	$ 23.14	$ 71.81
Service Item	Outpatient	glycopyrrolate 0.2 mg/mL Inj 20 mL	J3490	636	CD Infusion Clinic	$ 866.90	$ 520.14	$ 506.98	$ 23.14	$ 797.55
Service Item	Inpatient and Outpatient	glycopyrrolate 0.2 mg/mL Inj 20 mL	J3490	636	MC Pharmacy	$ 867	$ 520	$ 506.98	$ 23	$ 798
Service Item	Outpatient	glycopyrrolate 0.2 mg/mL Inj 20 mL	J3490	636	NC Urgent Care	$ 866.90	$ 520.14	$ 504.82	$ 23.14	$ 797.55
Service Item	Outpatient	glycopyrrolate 0.2 mg/mL Inj 20 mL	J3490	636	SC Urgent Care	$ 866.90	$ 520.14	$ 506.98	$ 23.14	$ 797.55
Service Package	Inpatient and Outpatient	Gore Iliac Branch Component		278	MC Central Supply	$ 23,511	Charges have been	#N/A	$ 20,950	$ 21,416
Service Package	Inpatient and Outpatient	Gore Internal Iliac Component		278	MC Central Supply	$ 6,450	Charges have been	#N/A	$ 5,747	$ 5,875
Service Package	Inpatient and Outpatient	Gore Tag Thorac Endopros		278	MC Central Supply	$ 26,510	Charges have been	#N/A	$ 23,622	$ 24,147
Service Item	Outpatient	goserelin 3.6 mg Implant	J9202	636	CD Infusion Clinic	$ 2,649.90	$ 1,589.94	$ 1,543.25	$ 503.59	$ 2,437.91
Service Item	Inpatient and Outpatient	goserelin 3.6 mg Implant	J9202	636	MC Pharmacy	$ 2,650	$ 1,590	$ 1,543.25	$ 504	$ 2,438
Service Item	Outpatient	goserelin 3.6 mg Implant	J9202	636	NC Urgent Care	$ 2,649.90	$ 1,589.94	$ 1,536.63	$ 503.59	$ 2,437.91
Service Item	Outpatient	goserelin 3.6 mg Implant	J9202	636	SC Urgent Care	$ 2,649.90	$ 1,589.94	$ 1,543.25	$ 503.59	$ 2,437.91
Service Package	Inpatient and Outpatient	Graf Skin Matrix Xs 10X15	Q4100	278	MC Central Supply	$ 9,351	Charges have been	$ 6,883.61	$ 8,333	$ 8,518
Service Package	Inpatient and Outpatient	Graf Skin Matrix Xs 16X20	Q4100	278	MC Central Supply	$ 18,830	Charges have been	$ 13,308.33	$ 16,779	$ 17,152
Service Package	Inpatient and Outpatient	Graf Skin Matrix Xs 20X30	Q4100	278	MC Central Supply	$ 26,480	Charges have been	$ 18,493.31	$ 23,596	$ 24,121
Service Package	Inpatient and Outpatient	Graf Skin Matrix Xs 20X35	Q4100	278	MC Central Supply	$ 30,893	Charges have been	$ 21,484.33	$ 27,529	$ 28,140
Service Package	Inpatient and Outpatient	Graf Skin Matrix Xs 30X30	Q4100	278	MC Central Supply	$ 39,720	Charges have been	$ 27,466.91	$ 35,394	$ 36,181
Service Package	Inpatient and Outpatient	Graf Skin Matrix Xs 30X40	Q4100	278	MC Central Supply	$ 52,960	Charges have been	$ 36,440.68	$ 47,192	$ 48,241
Service Package	Inpatient and Outpatient	Graf Ventral Hernia 10X15	Q4100	278	MC Central Supply	$ 13,240	Charges have been	$ 9,519.36	$ 11,798	$ 12,060
Service Package	Inpatient and Outpatient	Graft 28Mm Woven Vascular	C1768	278	MC Central Supply	$ 3,904	Charges have been	$ 3,741.87	$ 3,478	$ 3,556
Service Package	Inpatient and Outpatient	Graft 30Mm Woven Vascular	C1768	278	MC Central Supply	$ 2,282	Charges have been	$ 2,642.62	$ 2,033	$ 2,078
Service Package	Inpatient and Outpatient	Graft Ankle Allograft	C1762	278	MC Central Supply	$ 3,568	Charges have been	$ 3,497.98	$ 3,180	$ 3,250
Service Package	Inpatient and Outpatient	Graft Apligraf Per Sq	Q4101	636	MC Central Supply	$ 106	Charges have been	$ 98.66	$ 95	$ 98
Service Item	Outpatient	Graft Apligraf Per Sq	Q4101	636	OP Wound Center	$ 106.09	$ 63.65	$ 80.99	$ 40.44	$ 97.60
Service Package	Inpatient and Outpatient	Graft Bio Oss Osteohealt	C1713	278	MC Central Supply	$ 512	Charges have been	$ 1,738.93	$ 456	$ 467
Service Package	Inpatient and Outpatient	Graft Bone Augment	C1713	278	MC Central Supply	$ 8,119	Charges have been	$ 6,894.53	$ 7,235	$ 7,395
Service Package	Inpatient and Outpatient	Graft Bone Cancellous	C1713	278	MC Central Supply	$ 1,956	Charges have been	$ 2,717.35	$ 1,743	$ 1,781
Service Package	Inpatient and Outpatient	Graft Bone Cortical Strut	C1713	278	MC Central Supply	$ 4,361	Charges have been	$ 4,347.78	$ 3,886	$ 3,973
Service Package	Inpatient and Outpatient	Graft Calcaneus	C1713	278	MC Central Supply	$ 2,481	Charges have been	$ 3,073.60	$ 2,211	$ 2,260
Service Package	Inpatient and Outpatient	Graft Cancellous Bone (A)	C1713	278	MC Central Supply	$ 3,095	Charges have been	$ 3,489.42	$ 2,758	$ 2,819
Service Package	Inpatient and Outpatient	Graft Cancellous Bone (B)	C1713	278	MC Central Supply	$ 4,941	Charges have been	$ 4,740.95	$ 4,403	$ 4,501
Service Package	Inpatient and Outpatient	Graft Cancellous Bone (C)	C1713	278	MC Central Supply	$ 8,556	Charges have been	$ 7,191.13	$ 7,625	$ 7,794
Service Package	Inpatient and Outpatient	Graft Cancellous Sponge	C1762	278	MC Central Supply	$ 5,532	Charges have been	$ 4,829.29	$ 4,930	$ 5,039
Service Package	Inpatient and Outpatient	Graft Celluar Scaffold	C1713	278	MC Central Supply	$ 12,082	Charges have been	$ 9,580.50	$ 10,766	$ 11,005
Service Package	Inpatient and Outpatient	Graft Cervical Allograft (A)	C1762	278	MC Central Supply	$ 3,095	Charges have been	$ 3,177.17	$ 2,758	$ 2,819
Service Package	Inpatient and Outpatient	Graft Cervical Allograft (B)	C1762	278	MC Central Supply	$ 6,112	Charges have been	$ 5,221.92	$ 5,446	$ 5,567
Service Package	Inpatient and Outpatient	Graft Cornea		278	MC Central Supply	$ 10,650	Charges have been	#N/A	$ 9,490	$ 9,701
Service Package	Inpatient and Outpatient	Graft Dbm Putty (A)	C9359	278	MC Central Supply	$ 1,508	Charges have been	$ 1,395.13	$ 1,344	$ 1,373
Service Package	Inpatient and Outpatient	Graft Dbm Putty (B)	C9359	278	MC Central Supply	$ 3,562	Charges have been	$ 2,787.36	$ 3,174	$ 3,244
Service Package	Inpatient and Outpatient	Graft Dbm Putty (C)	C9359	278	MC Central Supply	$ 4,889	Charges have been	$ 3,687.11	$ 4,357	$ 4,454
Service Package	Inpatient and Outpatient	Graft Dbm Putty (D)	C9359	278	MC Central Supply	$ 6,871	Charges have been	$ 5,030.37	$ 6,123	$ 6,259
Service Package	Inpatient and Outpatient	Graft Derma Matrix 4X4	Q4100	278	MC Central Supply	$ 4,889	Charges have been	$ 3,859.67	$ 4,357	$ 4,454
Service Package	Inpatient and Outpatient	Graft Derma Matrix 4X7	Q4100	278	MC Central Supply	$ 9,080	Charges have been	$ 6,699.69	$ 8,091	$ 8,271
Service Package	Inpatient and Outpatient	Graft Derma Matrix 4X8	Q4100	278	MC Central Supply	$ 6,322	Charges have been	$ 4,830.39	$ 5,633	$ 5,758
Service Package	Inpatient and Outpatient	Graft Dermal Tissue	Q4106	636	MC Central Supply	$ 9,211	Charges have been	$ 8,566.18	$ 8,290	$ 8,474
Service Package	Inpatient and Outpatient	Graft Dermal Tissue (A)	Q4106	636	MC Central Supply	$ 19,806	Charges have been	$ 15,770.96	$ 17,826	$ 18,222
Service Package	Inpatient and Outpatient	Graft Dermal Tissue (B)	Q4106	636	MC Central Supply	$ 37,699	Charges have been	$ 27,938.11	$ 33,929	$ 34,683
Service Package	Inpatient and Outpatient	Graft Dermal Tissue (C)	Q4106	636	MC Central Supply	$ 5,589	Charges have been	$ 6,103.43	$ 5,030	$ 5,142
Service Package	Inpatient and Outpatient	Graft Dermal Tissue (D)	Q4106	636	MC Central Supply	$ 3,713	Charges have been	$ 4,827.68	$ 3,342	$ 3,416
Service Package	Inpatient and Outpatient	Graft Dura Patch (A)	C1763	278	MC Central Supply	$ 1,917	Charges have been	$ 1,773.47	$ 1,708	$ 1,746
Service Package	Inpatient and Outpatient	Graft Dura Patch (B)	C1763	278	MC Central Supply	$ 3,625	Charges have been	$ 2,931.25	$ 3,230	$ 3,302
Service Package	Inpatient and Outpatient	Graft Dural Suturable 3x3	Q4100	278	MC Central Supply	$ 3,110	Charges have been	$ 2,653.41	$ 2,771	$ 2,833
Service Package	Inpatient and Outpatient	Graft Fascialata Tutoplas	C1762	278	MC Central Supply	$ 4,220	Charges have been	$ 3,939.89	$ 3,761	$ 3,844
Service Package	Inpatient and Outpatient	Graft Femoral Head Frozen	C1713	278	MC Central Supply	$ 4,482	Charges have been	$ 4,429.29	$ 3,993	$ 4,082
Service Package	Inpatient and Outpatient	Graft Fresh Hemi-Condyle	C1762	278	MC Central Supply	$ 8,777	Charges have been	$ 7,028.01	$ 7,821	$ 7,994

Service Package	Inpatient and Outpatient	Graft Hydroxyapetite Inte	C1713	278	MC Central Supply	$ 4,361	Charges have been	$ 4,347.78	$ 3,886	$ 3,973		
Service Package	Inpatient and Outpatient	Graft Infuse Synthetic Bo (A)	C1713	278	MC Central Supply	$ 9,302	Charges have been	$ 7,696.49	$ 8,289	$ 8,473		
Service Package	Inpatient and Outpatient	Graft Infuse Synthetic Bo (B)	C1713	278	MC Central Supply	$ 14,448	Charges have been	$ 11,184.38	$ 12,875	$ 13,161		
Service Package	Inpatient and Outpatient	Graft Jacket Matrix 4X7Cm	Q4107	636	MC Central Supply	$ 8,847	Charges have been	$ 7,704.21	$ 7,962	$ 8,139		
Service Package	Inpatient and Outpatient	Graft Otologic Repair	C1763	278	MC Central Supply	$ 778	Charges have been	$ 1,001.52	$ 693	$ 708		
Service Package	Inpatient and Outpatient	Graft Parastomal	C1763	278	MC Central Supply	$ 4,361	Charges have been	$ 3,430.41	$ 3,886	$ 3,973		
Service Package	Inpatient and Outpatient	Graft Patellar Tendon	C1713	278	MC Central Supply	$ 7,251	Charges have been	$ 6,306.31	$ 6,461	$ 6,605		
Service Package	Inpatient and Outpatient	Graft Scaffold 16 Sq Cm	Q4107	636	MC Central Supply	$ 4,318	Charges have been	$ 4,624.64	$ 3,886	$ 3,973		
Service Package	Inpatient and Outpatient	Graft Scaffold 25 Sq Cm	Q4107	636	MC Central Supply	$ 6,753	Charges have been	$ 6,280.48	$ 6,078	$ 6,213		
Service Package	Inpatient and Outpatient	Graft Scaffold 32 Sq Cm	Q4107	636	MC Central Supply	$ 8,249	Charges have been	$ 7,297.66	$ 7,424	$ 7,589		
Service Package	Inpatient and Outpatient	Graft Scaffold 50 Sq Cm	Q4107	636	MC Central Supply	$ 8,746	Charges have been	$ 7,635.62	$ 7,871	$ 8,046		
Service Package	Inpatient and Outpatient	Graft Skin Matrix 4X12	Q4100	278	MC Central Supply	$ 2,963	Charges have been	$ 2,553.82	$ 2,640	$ 2,699		
Service Package	Inpatient and Outpatient	Graft Skin Matrix 7X10	Q4100	278	MC Central Supply	$ 6,074	Charges have been	$ 4,662.63	$ 5,413	$ 5,533		
Service Package	Inpatient and Outpatient	Graft Skin Matrix Rs 2X4	Q4100	278	MC Central Supply	$ 819	Charges have been	$ 1,100.98	$ 730	$ 746		
Service Package	Inpatient and Outpatient	Graft Skin Matrix Xs 4X12	Q4100	278	MC Central Supply	$ 4,237	Charges have been	$ 3,417.50	$ 3,776	$ 3,859		
Service Package	Inpatient and Outpatient	Graft Skin Matrix Xs 5X5	Q4100	278	MC Central Supply	$ 2,205	Charges have been	$ 2,040.18	$ 1,965	$ 2,008		
Service Package	Inpatient and Outpatient	Graft Skin Matrix Xs 6X15	Q4100	278	MC Central Supply	$ 7,944	Charges have been	$ 5,929.91	$ 7,079	$ 7,236		
Service Package	Inpatient and Outpatient	Graft Skin Matrix Xs 7X10	Q4100	278	MC Central Supply	$ 4,361	Charges have been	$ 3,501.75	$ 3,886	$ 3,973		
Service Package	Inpatient and Outpatient	Graft Skin Matrix Xs 8X16	Q4100	278	MC Central Supply	$ 11,298	Charges have been	$ 8,203.23	$ 10,068	$ 10,291		
Service Package	Inpatient and Outpatient	Graft Tendo Tibialis	C1713	278	MC Central Supply	$ 4,343	Charges have been	$ 4,335.37	$ 3,870	$ 3,956		
Service Package	Inpatient and Outpatient	Graft Tissue 05X08 Hd Mtx	C1762	278	MC Central Supply	$ 6,049	Charges have been	$ 5,179.53	$ 5,390	$ 5,510		
Service Package	Inpatient and Outpatient	Graft Tissue 10X10 Hd Mtx	C1762	278	MC Central Supply	$ 6,721	Charges have been	$ 5,635.05	$ 5,989	$ 6,122		
Service Package	Inpatient and Outpatient	Graft Tissue 10X10 Strati	Q4130	278	MC Central Supply	$ 6,070	Charges have been	$ 6,515.95	$ 5,409	$ 5,529		
Service Package	Inpatient and Outpatient	Graft Tissue 10X16 Strati	Q4130	278	MC Central Supply	$ 9,703	Charges have been	$ 8,978.18	$ 8,646	$ 8,838		
Service Package	Inpatient and Outpatient	Graft Tissue 16X20 Strati	Q4130	278	MC Central Supply	$ 19,406	Charges have been	$ 15,554.64	$ 17,293	$ 17,677		
Service Package	Inpatient and Outpatient	Graft Tissue 20X20 Strati	Q4130	278	MC Central Supply	$ 24,254	Charges have been	$ 18,840.37	$ 21,612	$ 22,093		
Service Package	Inpatient and Outpatient	Graft Tissue 20X30 Strati	Q4130	278	MC Central Supply	$ 36,377	Charges have been	$ 27,057.20	$ 32,415	$ 33,136		
Service Package	Inpatient and Outpatient	Graft Tissue 25X40 Strati	Q4130	278	MC Central Supply	$ 64,499	Charges have been	$ 46,117.14	$ 57,474	$ 58,751		
Service Package	Inpatient and Outpatient	Graft Tissue 6X8 Strati	Q4130	278	MC Central Supply	$ 4,361	Charges have been	$ 5,357.73	$ 3,886	$ 3,973		
Service Package	Inpatient and Outpatient	Graft Tissue Occular		278	MC Central Supply	$ 598	Charges have been	#N/A	$ 533	$ 545		
Service Package	Inpatient and Outpatient	Graft Tissue Urology	C1762	278	MC Central Supply	$ 4,361	Charges have been	$ 4,035.53	$ 3,886	$ 3,973		
Service Package	Inpatient and Outpatient	Graft Vasc Strech Ringr A	C1768	278	MC Central Supply	$ 5,936	Charges have been	$ 5,119.26	$ 5,289	$ 5,407		
Service Package	Inpatient and Outpatient	Graft Vasc Strech Ringr B	C1768	278	MC Central Supply	$ 5,017	Charges have been	$ 4,496.25	$ 4,470	$ 4,570		
Service Package	Inpatient and Outpatient	Graft Vascular (A)	C1768	278	MC Central Supply	$ 2,822	Charges have been	$ 3,008.73	$ 2,514	$ 2,570		
Service Package	Inpatient and Outpatient	Graft Vascular (B)	C1768	278	MC Central Supply	$ 4,429	Charges have been	$ 4,097.73	$ 3,946	$ 4,034		
Service Package	Inpatient and Outpatient	Graft Vascular (C)	C1768	278	MC Central Supply	$ 7,884	Charges have been	$ 6,439.85	$ 7,025	$ 7,182		
Service Package	Inpatient and Outpatient	Graft Vascular (D)	C1768	278	MC Central Supply	$ 10,318	Charges have been	$ 8,089.16	$ 9,194	$ 9,398		
Service Package	Inpatient and Outpatient	Graft Vascular (E)	C1768	278	MC Central Supply	$ 5,780	Charges have been	$ 5,013.90	$ 5,151	$ 5,265		
Service Package	Inpatient and Outpatient	Graft Vascular Bifurcated	C1768	278	MC Central Supply	$ 1,700	Charges have been	$ 2,248.65	$ 1,515	$ 1,549		
Service Package	Inpatient and Outpatient	Graft Vein Frzn Heart Pac	C1762	278	MC Central Supply	$ 25,535	Charges have been	$ 18,386.41	$ 22,754	$ 23,260		
Service Package	Inpatient and Outpatient	Graft Ventral Hernia 7X10	Q4100	278	MC Central Supply	$ 6,179	Charges have been	$ 4,733.63	$ 5,506	$ 5,628		
Service Item	Outpatient	granisetron 1 mg Tab	Q0166	636	CD Infusion Clinic	$ 274.40	$ 164.64	$ 169.31	$ 4.00	$ 252.45		
Service Item	Inpatient and Outpatient	granisetron 1 mg Tab	Q0166	636	MC Pharmacy	$ 274	$ 165	$ 169.31	$ 4	$ 252		
Service Item	Outpatient	granisetron 1 mg Tab	Q0166	636	NC Urgent Care	$ 274.40	$ 164.64	$ 168.63	$ 4.00	$ 252.45		
Service Item	Outpatient	granisetron 1 mg Tab	Q0166	636	SC Urgent Care	$ 274.40	$ 164.64	$ 169.31	$ 4.00	$ 252.45		
Service Package	Inpatient and Outpatient	Grft Achillies Tendon Fro	C1713	278	MC Central Supply	$ 4,031	Charges have been	$ 4,124.00	$ 3,592	$ 3,672		
Service Package	Inpatient and Outpatient	Groshong Single Lumen 8 F	C1751	272	MC Central Supply	$ 4,688	Charges have been	$ 3,437.27	$ 4,178	$ 4,270		
Service Item	Inpatient and Outpatient	Group Exercise 30 Minutes	97150	430	MC OT Services	$ 268	Charges have been	$ 203.41	$ 26	$ 247		
Service Item	Outpatient	Group Exercise 30 Minutes	97150	430	OP Hand Center	$ 268.00	Charges have been	$ 225.12	$ 120.00	$ 246.56		
Service Item	Outpatient	Group Exercise 30 Minutes	97150	430	OP Therapy Akers	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 30 Minutes	97150	430	OP Therapy Dinuba	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 30 Minutes	97150	430	OP Therapy Exeter	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 30 Minutes	97150	430	OP Therapy Lovers Ln	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 30 Minutes	97150	430	OP Therapy Neuro	$ 268.00	Charges have been	$ 203.41	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 30 Minutes	97150	430	RH OT Services	$ 268.00	Charges have been	$ 253.32	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 30 Minutes	97150	430	SA OT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 30 Minutes	97150	430	SN TC Ortho OT	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 30 Minutes	97150	430	SN TS OT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Outpatient	Group Exercise 30 Minutes - PTA/OTA Services	97150	430	OP Hand Center	$ 268.00	Charges have been	$ 225.12	$ 120.00	$ 246.56		
Service Item	Outpatient	Group Exercise 30 Minutes - PTA/OTA Services	97150	430	OP Therapy Akers	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 30 Minutes - PTA/OTA Services	97150	430	OP Therapy Dinuba	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 30 Minutes - PTA/OTA Services	97150	430	OP Therapy Exeter	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 30 Minutes - PTA/OTA Services	97150	430	OP Therapy Lovers Ln	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 30 Minutes - PTA/OTA Services	97150	430	OP Therapy Neuro	$ 268.00	Charges have been	$ 203.41	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 30 Minutes - PTA/OTA Services	97150	430	RH OT Services	$ 268.00	Charges have been	$ 253.32	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 30 Minutes - PTA/OTA Services	97150	430	SA OT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 30 Minutes - PTA/OTA Services	97150	430	SN TC Ortho OT	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 30 Minutes - PTA/OTA Services	97150	430	SN TS OT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient and Outpatient	Group Exercise 60 Minutes OT	97150	430	MC OT Services	$ 268	Charges have been	$ 203.41	$ 26	$ 247		
Service Item	Outpatient	Group Exercise 60 Minutes OT	97150	430	OP Hand Center	$ 268.00	$ 120.00	$ 223.65	$ 120.00	$ 246.56		
Service Item	Outpatient	Group Exercise 60 Minutes OT	97150	430	OP Therapy Akers	$ 268.00	$ 120.00	$ 224.31	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes OT	97150	430	OP Therapy Dinuba	$ 268.00	$ 120.00	$ 224.31	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes OT	97150	430	OP Therapy Exeter	$ 268.00	$ 120.00	$ 224.31	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes OT	97150	430	OP Therapy Lovers Ln	$ 268.00	$ 120.00	$ 224.31	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes OT	97150	430	OP Therapy Neuro	$ 268.00	$ 120.00	$ 206.28	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes OT	97150	430	RH OT Services	$ 268.00	Charges have been	$ 253.32	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes OT	97150	430	SA OT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes OT	97150	430	SN TC Ortho OT	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes OT	97150	430	SN TS OT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Outpatient	Group Exercise 60 Minutes OT - PTA/OTA Servic	97150	430	OP Hand Center	$ 268.00	Charges have been	$ 225.12	$ 120.00	$ 246.56		
Service Item	Outpatient	Group Exercise 60 Minutes OT - PTA/OTA Servic	97150	430	OP Therapy Akers	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes OT - PTA/OTA Servic	97150	430	OP Therapy Dinuba	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes OT - PTA/OTA Servic	97150	430	OP Therapy Exeter	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes OT - PTA/OTA Servic	97150	430	OP Therapy Lovers Ln	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes OT - PTA/OTA Servic	97150	430	OP Therapy Neuro	$ 268.00	Charges have been	$ 203.41	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes OT - PTA/OTA Servic	97150	430	RH OT Services	$ 268.00	Charges have been	$ 253.32	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes OT - PTA/OTA Servic	97150	430	SA OT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes OT - PTA/OTA Servic	97150	430	SN TC Ortho OT	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes OT - PTA/OTA Servic	97150	430	SN TS OT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Package	Inpatient and Outpatient	Group Exercise 60 Minutes PT	97150	420	MC PT Services	$ 268	Charges have been	$ 253.32	$ 241	$ 247		
Service Item	Outpatient	Group Exercise 60 Minutes PT	97150	420	OP Hand Center	$ 268.00	Charges have been	$ 225.12	$ 120.00	$ 246.56		
Service Item	Outpatient	Group Exercise 60 Minutes PT	97150	420	OP Therapy Akers	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes PT	97150	420	OP Therapy Dinuba	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes PT	97150	420	OP Therapy Exeter	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes PT	97150	420	OP Therapy Lovers Ln	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes PT	97150	420	OP Therapy Neuro	$ 268.00	Charges have been	$ 203.41	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes PT	97150	420	RH PT Services	$ 268.00	Charges have been	$ 253.32	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes PT	97150	420	SA PT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes PT	97150	420	SN TC Ortho PT	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes PT	97150	420	SN TS PT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Outpatient	Group Exercise 60 Minutes PT - PTA/OTA Service	97150	420	OP Hand Center	$ 268.00	Charges have been	$ 225.12	$ 120.00	$ 246.56		
Service Item	Outpatient	Group Exercise 60 Minutes PT - PTA/OTA Service	97150	420	OP Therapy Akers	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes PT - PTA/OTA Service	97150	420	OP Therapy Dinuba	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes PT - PTA/OTA Service	97150	420	OP Therapy Exeter	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes PT - PTA/OTA Service	97150	420	OP Therapy Lovers Ln	$ 268.00	Charges have been	$ 225.95	$ 79.24	$ 317.00		
Service Item	Outpatient	Group Exercise 60 Minutes PT - PTA/OTA Service	97150	420	OP Therapy Neuro	$ 268.00	Charges have been	$ 203.41	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes PT - PTA/OTA Service	97150	420	RH PT Services	$ 268.00	Charges have been	$ 253.32	$ 26.48	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes PT - PTA/OTA Service	97150	420	SA PT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes PT - PTA/OTA Service	97150	420	SN TC Ortho PT	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Inpatient	Group Exercise 60 Minutes PT - PTA/OTA Service	97150	420	SN TS PT Services	$ 268.00	Charges have been	$ 253.32	$ 241.20	$ 246.56		
Service Item	Outpatient	Group Mnt(2/More)30 Min	97804	942	CD Diabetic Clinic	$ 49.99	$ 29.12	$ 34.92	$ 13.26	$ 44.65		
Service Item	Inpatient and Outpatient	Growth Hormone-ARUP	83003	300	MC Reference Lab	$ 18	$ 74	$ 35.68	$ 11	$ 164		
Service Item	Inpatient and Outpatient	Grp A Strep Screen Throat	87301	300	MC General Lab	$ 98	$ 40	$ 77.56	$ 36	$ 118		
Service Item	Outpatient	Gstrointestinal Tube S&I	74340	320	IC Radiology	$ 345.03	$ 334.08	$ 305.52	$ 217.74	$ 400.05		
Service Item	Inpatient and Outpatient	Gstrointestinal Tube S&I	74340	320	MC Diag Radiology	$ 345	$ 334	$ 308.87	$ 251	$ 400		
Service Item	Outpatient	Guide Percu Drain Absc	75989	402	IC Ultrasound	$ 1,177.15	$ 399.36	$ 819.50	$ 358.09	$ 1,051.43		
Service Item	Inpatient and Outpatient	Guide Percu Drain Absc	75989	402	MC Ultrasound	$ 1,177	$ 399	$ 819.50	$ 358	$ 1,051		
Service Package	Inpatient and Outpatient	Guide Wire	C1769	272	MC Central Supply	$ 811	Charges have been	$ 733.45	$ 723	$ 739		

Service Package	Inpatient and Outpatient	Guide Wire (B)	C1769	278	MC Central Supply	$ 35	Charges have been	$ 207.63	$ 32	$ 32		
Service Item	Outpatient	Guided Asp Brst Cyst Init	19000	361	IC Ultrasound	$ 732.12	$ 426.48	$ 569.88	$ 202.06	$ 706.82		
Service Item	Inpatient and Outpatient	Guided Asp Brst Cyst Init	19000	361	MC Ultrasound	$ 732	$ 426	$ 569.88	$ 202	$ 707		
Service Package	Inpatient and Outpatient	Guidewire	C1769	272	MC Central Supply	$ 898	Charges have been	$ 792.26	$ 800	$ 818		
Service Package	Inpatient and Outpatient	Guidewire 0.0035X60-90Cm	C1769	272	MC Central Supply	$ 385	Charges have been	$ 444.57	$ 343	$ 351		
Service Package	Inpatient and Outpatient	Guidewire Ffr Pressure	C1769	270	MC Central Supply	$ 2,913	Charges have been	$ 2,157.77	$ 2,595	$ 2,653		
Service Item	Inpatient and Outpatient	H. Influenzae B IgG Antibody-ARUP	86317	300	MC Reference Lab	$ 17	$ 67	$ 30.60	$ 10	$ 147		
Service Item	Inpatient and Outpatient	H. Pylori Antibody	86677	300	MC General Lab	$ 161	$ 66	$ 119.14	$ 60	$ 147		
Service Item	Outpatient	haemophilus b cong (PRP-T) vaccine Inj (ActHIB)	90648	636	NC Urgent Care	$ 160.15	$ 96.09	$ 116.20	$ 24.00	$ 147.34		
Service Item	Outpatient	haemophilus b cong (PRP-T) vaccine Inj (ActHIB)	90648	636	SC Urgent Care	$ 160.15	$ 96.09	$ 116.60	$ 24.00	$ 147.34		
Service Item	Outpatient	haemophilus b cong (PRP-T) vaccine Inj (ActHIB)	90648	636	CD Infusion Clinic	$ 160.15	$ 96.09	$ 129.69	$ 96.09	$ 147.34		
Service Item	Inpatient and Outpatient	haemophilus b cong (PRP-T) vaccine Inj (ActHIB)	90648	636	MC Pharmacy	$ 160	$ 96	$ 132.67	$ 96	$ 147		
Service Item	Outpatient	haemophilus b cong (PRP-T) vaccine Inj (ActHIB)	90648	636	SFM Family Medicine	$ 160.15	$ 96.09	$ 132.27	$ 96.09	$ 147.34		
Service Item	Outpatient	haemophilus b conjugate (PRP-T) vaccine (Hiber	90648	636	CD Infusion Clinic	$ 49.10	$ 29.46	$ 48.79	$ 14.37	$ 45.17		
Service Item	Inpatient and Outpatient	haemophilus b conjugate (PRP-T) vaccine (Hiber	90648	636	MC Pharmacy	$ 49	$ 57	$ 48.79	$ 14	$ 57		
Service Item	Outpatient	haemophilus b conjugate (PRP-T) vaccine (Hiber	90648	636	NC Urgent Care	$ 49.10	$ 56.61	$ 48.67	$ 14.37	$ 56.61		
Service Item	Outpatient	haemophilus b conjugate (PRP-T) vaccine (Hiber	90648	636	SC Urgent Care	$ 49.10	$ 56.61	$ 48.79	$ 14.37	$ 56.61		
Service Item	Outpatient	haloperidol 5 mg/mL Inj 1 mL	J1630	636	CD Infusion Clinic	$ 40.65	$ 24.39	$ 25.49	$ 2.16	$ 37.40		
Service Item	Inpatient and Outpatient	haloperidol 5 mg/mL Inj 1 mL	J1630	636	MC Pharmacy	$ 41	$ 24	$ 25.49	$ 2	$ 37		
Service Item	Outpatient	haloperidol 5 mg/mL Inj 1 mL	J1630	636	NC Urgent Care	$ 40.65	$ 24.39	$ 25.39	$ 2.16	$ 37.40		
Service Item	Outpatient	haloperidol 5 mg/mL Inj 1 mL	J1630	636	SC Urgent Care	$ 40.65	$ 24.39	$ 25.49	$ 2.16	$ 37.40		
Service Item	Outpatient	haloperidol decanoate 100 mg/mL Inj 1 mL	J1631	636	CD Infusion Clinic	$ 287.30	$ 172.38	$ 179.70	$ 23.48	$ 264.32		
Service Item	Inpatient and Outpatient	haloperidol decanoate 100 mg/mL Inj 1 mL	J1631	636	MC Pharmacy	$ 287	$ 172	$ 179.70	$ 23	$ 264		
Service Item	Outpatient	haloperidol decanoate 100 mg/mL Inj 1 mL	J1631	636	NC Urgent Care	$ 287.30	$ 172.38	$ 178.98	$ 23.48	$ 264.32		
Service Item	Outpatient	haloperidol decanoate 100 mg/mL Inj 1 mL	J1631	636	SC Urgent Care	$ 287.30	$ 172.38	$ 179.70	$ 23.48	$ 264.32		
Service Package	Inpatient and Outpatient	Hammertoe	C1713	278	MC Central Supply	$ 5,189	Charges have been	$ 4,908.41	$ 4,623	$ 4,726		
Service Item	Outpatient	Hand 2 Views	73120	320	IC Radiology	$ 387.10	$ 62.88	$ 225.34	$ 56.38	$ 345.76		
Service Item	Inpatient and Outpatient	Hand 2 Views	73120	320	MC Diag Radiology	$ 387	$ 63	$ 364.49	$ 56	$ 1,636		
Service Item	Outpatient	Hand 2 Views	73120	320	NC Diag Imaging	$ 387.10	$ 62.88	$ 364.49	$ 56.38	$ 1,635.83		
Service Item	Outpatient	Hand 2 Views	73120	320	SC Diag Imaging	$ 387.10	$ 62.88	$ 364.49	$ 56.38	$ 1,635.83		
Service Item	Outpatient	Hand 3 Views	73130	320	IC Radiology	$ 441.19	$ 67.62	$ 251.22	$ 60.63	$ 394.07		
Service Item	Inpatient and Outpatient	Hand 3 Views	73130	320	MC Diag Radiology	$ 441	$ 68	$ 312.16	$ 61	$ 888		
Service Item	Outpatient	Hand 3 Views	73130	320	NC Diag Imaging	$ 441.19	$ 67.62	$ 312.16	$ 60.63	$ 887.81		
Service Item	Outpatient	Hand 3 Views	73130	320	SC Diag Imaging	$ 441.19	$ 67.62	$ 312.16	$ 60.63	$ 887.81		
Service Item	Outpatient	Handling Charge (Medi-Cal)		300	Reference Lab CA HS	$ 6.70	$ 4.02	#N/A	$ 4.02	$ 6.16		
Service Item	Inpatient and Outpatient	Haptoglobin	83010	301	MC General Lab	$ 19	$ 56	$ 48.10	$ 17	$ 124		
Service Item	Inpatient and Outpatient	Haptoglobin-ARUP	83010	300	MC Reference Lab	$ 11	$ 56	$ 45.15	$ 10	$ 124		
Service Package	Inpatient	Hbg; Methemoglobin Quan	83050	301	MC Cardiac Surgery	$ 176.80	$ 105.03	$ 103.64	$ 29.27	$ 161.05		
Service Package	Inpatient	Hbg; Methemoglobin Quan	83050	301	MC Cardiovascular	$ 176.80	$ 32.64	$ 103.64	$ 29.27	$ 161.05		
Service Item	Inpatient and Outpatient	Hbg; Methemoglobin Quan	83050	301	MC General Lab	$ 177	$ 33	$ 103.64	$ 29	$ 161		
Service Package	Inpatient and Outpatient	Hbg; Methemoglobin Quan	83050	301	MC IC Intnsv Care	$ 177	Charges have been	$ 163.59	$ 158	$ 161		
Service Package	Inpatient	Hbg; Methemoglobin Quan	83050	301	MC NI NICU	$ 176.80	Charges have been	$ 163.59	$ 157.55	$ 161.05		
Service Package	Inpatient and Outpatient	Hbg; Methemoglobin Quan	83050	301	MC Surgical Srvcs	$ 177	Charges have been	$ 163.59	$ 158	$ 161		
Service Item	Outpatient	Hbo Therapy Ea Add 15 Min		413	OP Wound Center	$ 97.34	$ 58.40	#N/A	$ 58.40	$ 89.55		
Service Item	Outpatient	Hbo Therapy First 15 Min		413	OP Wound Center	$ 97.34	$ 58.40	#N/A	$ 58.40	$ 89.55		
Service Item	Inpatient and Outpatient	HBV Genotype by Sequencing-ARUP	87912	300	MC Reference Lab	$ 353	$ 927	$ 598.48	$ 212	$ 2,531		
Service Item	Inpatient and Outpatient	HBV QNT PCR, w/Reflex to Genotype-ARUP	87517	300	MC Reference Lab	$ 47	$ 115	$ 92.14	$ 28	$ 421		
Service Item	Inpatient and Outpatient	HBV Quant by NAAT-ARUP	87517	300	MC Reference Lab	$ 38	$ 115	$ 86.92	$ 23	$ 421		
Service Item	Inpatient and Outpatient	Hcg Conadotropin Quant	84702	301	MC General Lab	$ 254	$ 64	$ 163.01	$ 58	$ 232		
Service Package	Inpatient and Outpatient	Hcg Gonadotropin Qual	84703	301	MC Emergency	$ 140	$ 33	$ 87.47	$ 30	$ 128		
Service Item	Inpatient and Outpatient	Hcg Gonadotropin Qual	84703	301	MC General Lab	$ 140	$ 33	$ 87.47	$ 30	$ 128		
Service Item	Outpatient	Hcg Gonadotropin Qual	84703	301	NC Urgent Care	$ 140.10	$ 33.48	$ 87.13	$ 30.02	$ 127.61		
Service Item	Outpatient	Hcg Gonadotropin Qual	84703	301	SC Urgent Care	$ 140.10	$ 33.48	$ 87.47	$ 30.02	$ 127.61		
Service Item	Inpatient and Outpatient	Hcg Gonadotropin Self Ref	84703	301	MC General Lab	$ 140	$ 33	$ 87.47	$ 30	$ 128		
Service Item	Inpatient and Outpatient	HCV by Quantitative NAAT-ARUP	87522	306	MC Reference Lab	$ 39	$ 115	$ 86.25	$ 23	$ 421		
Service Item	Inpatient and Outpatient	HCV Genotyping by PCR and Sequencing-ARUP	87902	300	MC Reference Lab	$ 232	$ 1,146	$ 518.24	$ 139	$ 2,531		
Service Item	Outpatient	Hdr Brachytx >12Channels	77772	333	VR Radiation Onc	$ 3,266.44	$ 2,906.13	$ 3,182.22	$ 858.04	$ 10,205.93		
Service Item	Outpatient	Hdr Brachytx 1 Channel	77770	333	VR Radiation Onc	$ 2,766.51	$ 1,011.33	$ 2,760.88	$ 722.55	$ 10,205.93		
Service Item	Outpatient	Hdr Brachytx 2-12 Chann	77771	333	VR Radiation Onc	$ 2,760.22	$ 1,841.79	$ 2,816.63	$ 858.04	$ 10,205.93		
Service Package	Inpatient and Outpatient	Head Endo Femoral (A)	C1776	278	MC Central Supply	$ 2,003	Charges have been	$ 1,807.92	$ 1,784	$ 1,824		
Service Package	Inpatient and Outpatient	Head Endo Femoral (B)	C1776	278	MC Central Supply	$ 4,151	Charges have been	$ 3,263.92	$ 3,699	$ 3,781		
Service Package	Inpatient and Outpatient	Head Endo Versys Adapter	C1776	278	MC Central Supply	$ 1,456	Charges have been	$ 1,437.75	$ 1,298	$ 1,327		
Service Package	Inpatient and Outpatient	Head Humeral Modular (A)	C1776	278	MC Central Supply	$ 3,459	Charges have been	$ 2,795.04	$ 3,082	$ 3,151		
Service Package	Inpatient and Outpatient	Head Humeral Modular (B)	C1776	278	MC Central Supply	$ 5,017	Charges have been	$ 3,850.70	$ 4,470	$ 4,570		
Service Item	Inpatient and Outpatient	Heat Shock Protein 70 by WB-ARUP	83516	300	MC Reference Lab	$ 10	$ 104	$ 43.46	$ 9	$ 113		
Service Item	Inpatient and Outpatient	Heavy Metals Panel 3 Urine with Reflex-ARUP	82175	300	MC Reference Lab	$ 45	$ 85	$ 52.85	$ 27	$ 186		
Service Item	Outpatient	Heel 2 Views	73650	320	IC Radiology	$ 246.69	$ 60.36	$ 151.98	$ 54.12	$ 220.34		
Service Item	Inpatient and Outpatient	Heel 2 Views	73650	320	MC Diag Radiology	$ 247	$ 60	$ 225.19	$ 54	$ 888		
Service Item	Outpatient	Heel 2 Views	73650	320	NC Diag Imaging	$ 246.69	$ 60.36	$ 225.19	$ 54.12	$ 887.81		
Service Item	Outpatient	Heel 2 Views	73650	320	SC Diag Imaging	$ 246.69	$ 60.36	$ 225.19	$ 54.12	$ 887.81		
Service Item	Inpatient and Outpatient	Helicobacter pylori Ag, Stool by EIA-ARUP	87338	300	MC Reference Lab	$ 16	$ 71	$ 30.94	$ 10	$ 141		
Service Item	Inpatient and Outpatient	Helicobacter pylori Breath Test, Adult-ARUP	83013	300	MC Reference Lab	$ 61	$ 285	$ 135.56	$ 36	$ 662		
Service Package	Inpatient	Hematocrit	85014	305	MC Cardiac Surgery	$ 39.12	$ 23.24	$ 25.26	$ 9.44	$ 35.63		
Service Package	Inpatient	Hematocrit	85014	305	MC Cardiovascular	$ 39.12	$ 10.53	$ 25.26	$ 9.44	$ 35.63		
Service Item	Inpatient and Outpatient	Hematocrit	85014	305	MC General Lab	$ 39	$ 11	$ 25.26	$ 9	$ 36		
Service Package	Inpatient and Outpatient	Hematocrit	85014	305	MC IC Intnsv Care	$ 39	Charges have been	$ 36.20	$ 35	$ 36		
Service Package	Inpatient	Hematocrit	85014	305	MC NI NICU	$ 39.12	Charges have been	$ 36.20	$ 34.86	$ 35.63		
Service Package	Inpatient and Outpatient	Hematocrit	85014	305	MC Surgical Srvcs	$ 39	Charges have been	$ 36.20	$ 35	$ 36		
Service Item	Outpatient	hemin 313 mg Inj	J1640	636	CD Infusion Clinic	$ 30,165.90	$ 18,099.54	$ 14,863.56	$ 7.86	$ 27,752.63		
Service Item	Inpatient and Outpatient	hemin 313 mg Inj	J1640	636	MC Pharmacy	$ 30,166	$ 18,100	$ 14,863.56	$ 8	$ 27,753		
Service Item	Outpatient	hemin 313 mg Inj	J1640	636	NC Urgent Care	$ 30,165.90	$ 18,099.54	$ 14,788.15	$ 7.86	$ 27,752.63		
Service Item	Outpatient	hemin 313 mg Inj	J1640	636	SC Urgent Care	$ 30,165.90	$ 18,099.54	$ 12,617.75	$ 7.86	$ 27,752.63		
Service Item	Inpatient and Outpatient	Hemochromatosis (HFE) 3 Mutations-ARUP	81256	300	MC Reference Lab	$ 56	$ 245	$ 106.57	$ 34	$ 643		
Service Item	Outpatient	Hemoglobin	85018	305	CD Chronic Disease	$ 39.12	$ 10.53	$ 25.16	$ 9.44	$ 35.63		
Service Package	Inpatient	Hemoglobin	85018	305	MC Cardiovascular	$ 39.12	$ 10.53	$ 25.26	$ 9.44	$ 35.63		
Service Item	Inpatient and Outpatient	Hemoglobin	85018	305	MC General Lab	$ 39	$ 11	$ 25.26	$ 9	$ 36		
Service Item	Outpatient	Hemoglobin	85018	305	SFM Family Medicine	$ 39.12	$ 10.53	$ 25.16	$ 9.44	$ 35.63		
Service Item	Outpatient	Hemoglobin A1C	83036	301	CD Chronic Disease	$ 134.74	$ 80.05	$ 91.54	$ 38.79	$ 122.74		
Service Item	Outpatient	Hemoglobin A1C	83036	301	CD Diabetic Clinic	$ 134.74	$ 80.05	$ 91.54	$ 38.79	$ 122.74		
Service Item	Inpatient and Outpatient	Hemoglobin A1C	83036	301	MC General Lab	$ 135	$ 43	$ 91.87	$ 39	$ 123		
Service Item	Outpatient	Hemoglobin A1C	83036	301	SFM Family Medicine	$ 134.74	$ 43.26	$ 91.54	$ 38.79	$ 122.74		
Service Item	Inpatient and Outpatient	Hemoglobin A1C-ARUP	83036	300	MC Reference Lab	$ 11	$ 43	$ 47.62	$ 10	$ 95		
Service Item	Inpatient and Outpatient	Hemoglobin Chromatograp	83021	301	MC Reference Lab	$ 16	$ 80	$ 63.85	$ 14	$ 178		
Service Item	Outpatient	Hemoglobin Chromatograp	83021	301	Reference Lab CA HS	$ 16.25	$ 80.13	$ 63.81	$ 13.81	$ 177.52		
Service Item	Inpatient and Outpatient	Hemoglobin Evaluation with Reflex-ARUP	83021	300	MC Reference Lab	$ 20	$ 80	$ 65.28	$ 18	$ 178		
Service Item	Inpatient and Outpatient	Hemoglobin S Evaluation-ARUP	83021	300	MC Reference Lab	$ 20	$ 80	$ 65.18	$ 17	$ 178		
Service Item	Inpatient and Outpatient	Hemoglobin, Urine-ARUP	83069	300	MC Reference Lab	$ 4	$ 18	$ 8.49	$ 3	$ 39		
Service Item	Inpatient and Outpatient	Hemoglobin,Alkaline Apt	83033	301	MC General Lab	$ 9	$ 27	$ 23.29	$ 8	$ 64		
Service Item	Inpatient and Outpatient	Hemoglobin,Serum-ARUP	84311	300	MC Reference Lab	$ 7	$ 31	$ 14.32	$ 4	$ 69		
Service Item	Inpatient and Outpatient	Hep B Surf Ag (Hbsag)	87340	302	MC General Lab	$ 130	$ 45	$ 91.35	$ 40	$ 118		
Service Item	Inpatient and Outpatient	Hep Core Total	86704	302	MC General Lab	$ 130	$ 52	$ 97.08	$ 47	$ 119		
Service Package	Inpatient and Outpatient	Hep Ven W/O Hem Eval	75891	320	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220		
Service Item	Outpatient	heparin 1,000 units/mL Inj 1 mL	J1644	636	CD Infusion Clinic	$ 27.20	$ 16.32	$ 15.62	$ 0.19	$ 25.02		
Service Item	Inpatient and Outpatient	heparin 1,000 units/mL Inj 1 mL	J1644	636	MC Pharmacy	$ 27	$ 16	$ 15.62	$ 0	$ 25		
Service Item	Outpatient	heparin 1,000 units/mL Inj 1 mL	J1644	636	NC Urgent Care	$ 27.20	$ 16.32	$ 15.55	$ 0.19	$ 25.02		
Service Item	Outpatient	heparin 1,000 units/mL Inj 1 mL	J1644	636	SC Urgent Care	$ 27.20	$ 16.32	$ 15.62	$ 0.19	$ 25.02		
Service Item	Outpatient	heparin 1,000 units/mL Inj 10 mL	J1644	636	CD Infusion Clinic	$ 24.45	$ 14.67	$ 14.63	$ 0.19	$ 22.49		
Service Item	Inpatient and Outpatient	heparin 1,000 units/mL Inj 10 mL	J1644	636	MC Pharmacy	$ 24	$ 15	$ 14.63	$ 0	$ 22		
Service Item	Outpatient	heparin 1,000 units/mL Inj 10 mL	J1644	636	NC Urgent Care	$ 24.45	$ 14.67	$ 14.57	$ 0.19	$ 22.49		
Service Item	Outpatient	heparin 1,000 units/mL Inj 10 mL	J1644	636	SC Urgent Care	$ 24.45	$ 14.67	$ 14.63	$ 0.19	$ 22.49		
Service Item	Outpatient	heparin 1,000 units/mL Inj 10 mL	J1644	636	VD Visalia Dialysis	$ 24.45	$ 14.67	$ 14.63	$ 0.19	$ 22.49		
Service Item	Outpatient	heparin 10,000 units/mL Inj 1 mL	J1644	636	CD Infusion Clinic	$ 19.15	$ 11.49	$ 12.72	$ 0.19	$ 17.62		
Service Item	Inpatient and Outpatient	heparin 10,000 units/mL Inj 1 mL	J1644	636	MC Pharmacy	$ 19	$ 11	$ 12.72	$ 0	$ 18		
Service Item	Outpatient	heparin 10,000 units/mL Inj 1 mL	J1644	636	NC Urgent Care	$ 19.15	$ 11.49	$ 12.67	$ 0.19	$ 17.62		
Service Item	Outpatient	heparin 10,000 units/mL Inj 1 mL	J1644	636	SC Urgent Care	$ 19.15	$ 11.49	$ 12.72	$ 0.19	$ 17.62		
Service Item	Outpatient	heparin 10,000 units/mL Inj 4 mL	J1644	636	CD Infusion Clinic	$ 51.55	$ 30.93	$ 24.37	$ 0.19	$ 47.43		
Service Item	Inpatient and Outpatient	heparin 10,000 units/mL Inj 4 mL	J1644	636	MC Pharmacy	$ 52	$ 32	$ 24.37	$ 0	$ 47		
Service Item	Outpatient	heparin 10,000 units/mL Inj 4 mL	J1644	636	NC Urgent Care	$ 51.55	$ 31.76	$ 24.24	$ 0.19	$ 47.43		

Service Item	Outpatient	heparin 10,000 units/mL Inj 4 mL	J1644	636	SC Urgent Care	$ 51.55	$ 31.76	$ 24.37	$ 0.19	$ 47.43
Service Item	Outpatient	heparin 10,000 units/mL Inj 5 mL	J1644	636	CD Infusion Clinic	$ 131.45	$ 78.87	$ 53.09	$ 0.19	$ 120.93
Service Item	Inpatient and Outpatient	heparin 10,000 units/mL Inj 5 mL	J1644	636	MC Pharmacy	$ 131	$ 80	$ 53.09	$ 0	$ 121
Service Item	Outpatient	heparin 10,000 units/mL Inj 5 mL	J1644	636	NC Urgent Care	$ 131.45	$ 79.70	$ 52.76	$ 0.19	$ 120.93
Service Item	Outpatient	heparin 10,000 units/mL Inj 5 mL	J1644	636	SC Urgent Care	$ 131.45	$ 79.70	$ 53.09	$ 0.19	$ 120.93
Service Item	Outpatient	heparin 10,000 units/Sodium Chloride 0.9% 1,0(	J3490	636	CD Infusion Clinic	$ 62.55	$ 37.53	$ 44.63	$ 23.14	$ 57.55
Service Item	Inpatient and Outpatient	heparin 10,000 units/Sodium Chloride 0.9% 1,0(	J3490	636	MC Pharmacy	$ 63	$ 38	$ 44.63	$ 23	$ 58
Service Item	Outpatient	heparin 10,000 units/Sodium Chloride 0.9% 1,0(	J3490	636	NC Urgent Care	$ 62.55	$ 37.53	$ 44.47	$ 23.14	$ 57.55
Service Item	Outpatient	heparin 10,000 units/Sodium Chloride 0.9% 1,0(	J3490	636	SC Urgent Care	$ 62.55	$ 37.53	$ 44.63	$ 23.14	$ 57.55
Service Item	Outpatient	heparin 25,000 units/Dextrose 5% Water 500 m	J1644	636	CD Infusion Clinic	$ 51.65	$ 30.99	$ 24.41	$ 0.19	$ 47.52
Service Item	Inpatient and Outpatient	heparin 25,000 units/Dextrose 5% Water 500 m	J1644	636	MC Pharmacy	$ 52	$ 31	$ 24.41	$ 0	$ 48
Service Item	Outpatient	heparin 25,000 units/Dextrose 5% Water 500 m	J1644	636	NC Urgent Care	$ 51.65	$ 30.99	$ 24.28	$ 0.19	$ 47.52
Service Item	Outpatient	heparin 25,000 units/Dextrose 5% Water 500 m	J1644	636	SC Urgent Care	$ 51.65	$ 30.99	$ 24.41	$ 0.19	$ 47.52
Service Item	Outpatient	heparin 5,000 units/mL Inj 1 mL	J1644	636	CD Infusion Clinic	$ 17.65	$ 10.59	$ 12.18	$ 0.19	$ 16.60
Service Item	Inpatient and Outpatient	heparin 5,000 units/mL Inj 1 mL	J1644	636	MC Pharmacy	$ 18	$ 11	$ 12.18	$ 0	$ 17
Service Item	Outpatient	heparin 5,000 units/mL Inj 1 mL	J1644	636	NC Urgent Care	$ 17.65	$ 10.59	$ 12.14	$ 0.19	$ 16.60
Service Item	Outpatient	heparin 5,000 units/mL Inj 1 mL	J1644	636	SC Urgent Care	$ 17.65	$ 10.59	$ 12.18	$ 0.19	$ 16.60
Service Item	Outpatient	heparin 5,000 units/mL Inj 1 mL	J1644	636	VD Visalia Dialysis	$ 17.65	$ 10.59	$ 12.18	$ 0.19	$ 16.60
Service Item	Outpatient	Heparin 5,000 units/Sodium Chloride 0.9% 500 r	J3490	636	CD Infusion Clinic	$ 49.85	$ 29.91	$ 37.33	$ 23.14	$ 45.86
Service Item	Inpatient and Outpatient	Heparin 5,000 units/Sodium Chloride 0.9% 500 r	J3490	636	MC Pharmacy	$ 50	$ 30	$ 37.33	$ 23	$ 46
Service Item	Outpatient	Heparin 5,000 units/Sodium Chloride 0.9% 500 r	J3490	636	NC Urgent Care	$ 49.85	$ 29.91	$ 37.20	$ 23.14	$ 45.86
Service Item	Outpatient	Heparin 5,000 units/Sodium Chloride 0.9% 500 r	J3490	636	SC Urgent Care	$ 49.85	$ 29.91	$ 37.33	$ 23.14	$ 45.86
Service Item	Inpatient and Outpatient	Heparin Anti-Xa, LMWH-ARUP	85520	300	MC Reference Lab	$ 14	$ 50	$ 55.55	$ 13	$ 129
Service Item	Inpatient and Outpatient	Heparin Assay (Anti-Xa)	85520	305	MC General Lab	$ 103	$ 50	$ 87.34	$ 44	$ 129
Service Item	Outpatient	heparin flush (PEDS) 0.5 units/mL Inj 2 mL	J1642	636	CD Infusion Clinic	$ 18.40	$ 11.04	$ 9.56	$ 0.35	$ 16.93
Service Item	Inpatient and Outpatient	heparin flush (PEDS) 0.5 units/mL Inj 2 mL	J1642	636	MC Pharmacy	$ 18	$ 12	$ 9.56	$ 0	$ 17
Service Item	Outpatient	heparin flush (PEDS) 0.5 units/mL Inj 2 mL	J1642	636	NC Urgent Care	$ 18.40	$ 11.57	$ 9.51	$ 0.35	$ 16.93
Service Item	Outpatient	heparin flush (PEDS) 0.5 units/mL Inj 2 mL	J1642	636	SC Urgent Care	$ 18.40	$ 11.57	$ 9.56	$ 0.35	$ 16.93
Service Item	Outpatient	heparin flush (PEDS) 1 units/mL Inj 2 mL	J1642	636	CD Infusion Clinic	$ 18.40	$ 11.04	$ 9.56	$ 0.35	$ 16.93
Service Item	Inpatient and Outpatient	heparin flush (PEDS) 1 units/mL Inj 2 mL	J1642	636	MC Pharmacy	$ 18	$ 11	$ 9.56	$ 0	$ 17
Service Item	Outpatient	heparin flush (PEDS) 1 units/mL Inj 2 mL	J1642	636	NC Urgent Care	$ 18.40	$ 11.04	$ 9.51	$ 0.35	$ 16.93
Service Item	Outpatient	heparin flush (PEDS) 1 units/mL Inj 2 mL	J1642	636	SC Urgent Care	$ 18.40	$ 11.04	$ 9.56	$ 0.35	$ 16.93
Service Item	Outpatient	heparin flush 1,000 units/Sodium Chloride 0.9%	J1644	636	CD Chronic Disease	$ 21.50	$ 12.90	$ 13.51	$ 0.19	$ 19.78
Service Item	Outpatient	heparin flush 1,000 units/Sodium Chloride 0.9%	J1644	636	CD Infusion Clinic	$ 21.50	$ 12.90	$ 13.57	$ 0.19	$ 19.78
Service Item	Inpatient and Outpatient	heparin flush 1,000 units/Sodium Chloride 0.9%	J1644	636	MC Pharmacy	$ 22	$ 13	$ 13.57	$ 0	$ 20
Service Item	Outpatient	heparin flush 1,000 units/Sodium Chloride 0.9%	J1644	636	NC Urgent Care	$ 21.50	$ 12.90	$ 13.51	$ 0.19	$ 19.78
Service Item	Outpatient	heparin flush 1,000 units/Sodium Chloride 0.9%	J1644	636	SC Urgent Care	$ 21.50	$ 12.90	$ 13.57	$ 0.19	$ 19.78
Service Item	Outpatient	heparin flush 1,000 units/Sodium Chloride 0.9%	J1644	636	VD Visalia Dialysis	$ 21.50	$ 12.90	$ 13.57	$ 0.19	$ 19.78
Service Item	Outpatient	heparin flush 10 units/mL Inj 3 mL	J1642	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.29	$ 0.35	$ 11.13
Service Item	Inpatient and Outpatient	heparin flush 10 units/mL Inj 3 mL	J1642	636	MC Pharmacy	$ 12	$ 7	$ 7.29	$ 0	$ 11
Service Item	Outpatient	heparin flush 10 units/mL Inj 3 mL	J1642	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.26	$ 0.35	$ 11.13
Service Item	Outpatient	heparin flush 10 units/mL Inj 3 mL	J1642	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.29	$ 0.35	$ 11.13
Service Item	Outpatient	heparin flush 100 units/mL Inj 10 mL	J1642	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.29	$ 0.35	$ 11.13
Service Item	Inpatient and Outpatient	heparin flush 100 units/mL Inj 10 mL	J1642	636	MC Pharmacy	$ 12	$ 7	$ 7.29	$ 0	$ 11
Service Item	Outpatient	heparin flush 100 units/mL Inj 10 mL	J1642	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.26	$ 0.35	$ 11.13
Service Item	Outpatient	heparin flush 100 units/mL Inj 10 mL	J1642	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.29	$ 0.35	$ 11.13
Service Item	Outpatient	heparin flush 100 units/mL Inj 3 mL	J1642	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.29	$ 0.35	$ 11.13
Service Item	Inpatient and Outpatient	heparin flush 100 units/mL Inj 3 mL	J1642	636	MC Pharmacy	$ 12	$ 7	$ 7.29	$ 0	$ 11
Service Item	Outpatient	heparin flush 100 units/mL Inj 3 mL	J1642	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.26	$ 0.35	$ 11.13
Service Item	Outpatient	heparin flush 100 units/mL Inj 3 mL	J1642	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.29	$ 0.35	$ 11.13
Service Item	Outpatient	heparin flush 100 units/mL Inj 5 mL	J1642	636	CD Infusion Clinic	$ 21.00	$ 12.60	$ 10.49	$ 0.35	$ 19.32
Service Item	Inpatient and Outpatient	heparin flush 100 units/mL Inj 5 mL	J1642	636	MC Pharmacy	$ 21	$ 13	$ 10.49	$ 0	$ 19
Service Item	Outpatient	heparin flush 100 units/mL Inj 5 mL	J1642	636	NC Urgent Care	$ 21.00	$ 13.13	$ 10.44	$ 0.35	$ 19.32
Service Item	Outpatient	heparin flush 100 units/mL Inj 5 mL	J1642	636	SC Urgent Care	$ 21.00	$ 13.13	$ 10.49	$ 0.35	$ 19.32
Service Item	Inpatient and Outpatient	Heparin HIT Antibodies	86022	302	MC General Lab	$ 170	$ 69	$ 133.85	$ 62	$ 181
Service Item	Inpatient and Outpatient	Heparin-Ind Thrombocytopenia PF4 Ab, IgG-ARL	86022	300	MC Reference Lab	$ 20	$ 69	$ 80.28	$ 18	$ 181
Service Package	Inpatient and Outpatient	Hepatic Veno W/Hemo Eval	75889	320	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220
Service Item	Inpatient and Outpatient	Hepatitis A Ab Igm	86709	302	MC General Lab	$ 130	$ 49	$ 94.37	$ 43	$ 118
Service Item	Outpatient	hepatitis A adult vacc (Havrix) 1,440 units/mL 1 ı	90632	636	CD Infusion Clinic	$ 351.40	$ 210.84	$ 235.90	$ 69.35	$ 323.29
Service Item	Inpatient and Outpatient	hepatitis A adult vacc (Havrix) 1,440 units/mL 1 ı	90632	636	MC Pharmacy	$ 351	$ 281	$ 235.90	$ 69	$ 323
Service Item	Outpatient	hepatitis A adult vacc (Havrix) 1,440 units/mL 1 ı	90632	636	NC Urgent Care	$ 351.40	$ 281.04	$ 235.02	$ 69.35	$ 323.29
Service Item	Outpatient	hepatitis A adult vacc (Havrix) 1,440 units/mL 1 ı	90632	636	SC Urgent Care	$ 351.40	$ 281.04	$ 235.90	$ 69.35	$ 323.29
Service Item	Outpatient	hepatitis A adult vacc (Havrix) 1,440 units/mL 1 ı	90632	636	SFM Family Medicine	$ 351.40	$ 281.04	$ 235.02	$ 69.35	$ 323.29
Service Item	Outpatient	hepatitis A PF PED vacc (Havrix PF) 720 units/0.5	90633	636	CD Infusion Clinic	$ 156.87	$ 94.12	$ 105.05	$ 32.77	$ 144.32
Service Item	Inpatient and Outpatient	hepatitis A PF PED vacc (Havrix PF) 720 units/0.5	90633	636	MC Pharmacy	$ 157	$ 94	$ 105.05	$ 33	$ 144
Service Item	Outpatient	hepatitis A PF PED vacc (Havrix PF) 720 units/0.5	90633	636	NC Urgent Care	$ 156.87	$ 94.12	$ 104.66	$ 32.77	$ 144.32
Service Item	Outpatient	hepatitis A PF PED vacc (Havrix PF) 720 units/0.5	90633	636	SC Urgent Care	$ 156.87	$ 94.12	$ 105.05	$ 32.77	$ 144.32
Service Item	Outpatient	hepatitis A PF PED vacc (Havrix PF) 720 units/0.5	90633	636	SFM Family Medicine	$ 156.87	$ 94.12	$ 104.66	$ 32.77	$ 144.32
Service Item	Inpatient and Outpatient	Hepatitis A Virus Antibodies, Total-ARUP	86708	300	MC Reference Lab	$ 11	$ 53	$ 24.99	$ 7	$ 122
Service Item	Inpatient and Outpatient	Hepatitis Acute Panel	80074	300	MC General Lab	$ 432	$ 180	$ 343.28	$ 162	$ 468
Service Item	Outpatient	hepatitis B (Recombivax) dialysis 40 mcg/mL IM	90740	636	CD Infusion Clinic	$ 922.35	$ 553.41	$ 619.78	$ 169.24	$ 848.56
Service Item	Inpatient and Outpatient	hepatitis B (Recombivax) dialysis 40 mcg/mL IM	90740	636	MC Pharmacy	$ 922	$ 776	$ 619.78	$ 169	$ 849
Service Item	Outpatient	hepatitis B (Recombivax) dialysis 40 mcg/mL IM	90740	636	NC Urgent Care	$ 922.35	$ 775.64	$ 617.47	$ 169.24	$ 848.56
Service Item	Outpatient	hepatitis B (Recombivax) dialysis 40 mcg/mL IM	90740	636	SC Urgent Care	$ 922.35	$ 775.64	$ 619.78	$ 169.24	$ 848.56
Service Item	Outpatient	hepatitis B (Recombivax) dialysis 40 mcg/mL IM	90740	636	VD CAPD CCPD	$ 922.35	$ 553.41	$ 619.78	$ 169.24	$ 848.56
Service Item	Outpatient	hepatitis B (Recombivax) dialysis 40 mcg/mL IM	90740	636	VD Visalia Dialysis	$ 922.35	$ 553.41	$ 619.78	$ 169.24	$ 848.56
Service Item	Outpatient	hepatitis B adult (Engerix) 20 mcg/mL	90746	636	CD Infusion Clinic	$ 281.81	$ 169.09	$ 192.36	$ 59.65	$ 259.27
Service Item	Inpatient and Outpatient	hepatitis B adult (Engerix) 20 mcg/mL	90746	636	MC Pharmacy	$ 282	$ 169	$ 192.36	$ 60	$ 259
Service Item	Outpatient	hepatitis B adult (Engerix) 20 mcg/mL	90746	636	NC Urgent Care	$ 281.81	$ 169.09	$ 191.65	$ 59.65	$ 259.27
Service Item	Outpatient	hepatitis B adult (Engerix) 20 mcg/mL	90746	636	SC Urgent Care	$ 281.81	$ 169.09	$ 192.36	$ 59.65	$ 259.27
Service Item	Outpatient	hepatitis B adult (Engerix) 20 mcg/mL	90746	636	SFM Family Medicine	$ 281.81	$ 169.09	$ 191.65	$ 59.65	$ 259.27
Service Item	Inpatient and Outpatient	Hepatitis B Core Igm	86705	302	MC General Lab	$ 130	$ 51	$ 95.97	$ 46	$ 118
Service Item	Outpatient	hepatitis B immune globulin IM 312 unt/mL Inj 1	90371	636	CD Infusion Clinic	$ 854.20	$ 512.52	$ 431.62	$ 119.09	$ 785.86
Service Item	Inpatient and Outpatient	hepatitis B immune globulin IM 312 unt/mL Inj 1	90371	636	MC Pharmacy	$ 854	$ 513	$ 431.62	$ 119	$ 786
Service Item	Outpatient	hepatitis B immune globulin IM 312 unt/mL Inj 1	90371	636	NC Urgent Care	$ 854.20	$ 512.52	$ 429.49	$ 119.09	$ 785.86
Service Item	Outpatient	hepatitis B immune globulin IM 312 unt/mL Inj 1	90371	636	SC Urgent Care	$ 854.20	$ 512.52	$ 431.62	$ 119.09	$ 785.86
Service Item	Outpatient	hepatitis B immune globulin IM Inj 110 units/0.5	90371	636	CD Infusion Clinic	$ 407.00	$ 244.20	$ 270.85	$ 119.09	$ 374.44
Service Item	Inpatient and Outpatient	hepatitis B immune globulin IM Inj 110 units/0.5	90371	636	MC Pharmacy	$ 407	$ 244	$ 270.85	$ 119	$ 374
Service Item	Outpatient	hepatitis B immune globulin IM Inj 110 units/0.5	90371	636	NC Urgent Care	$ 407.00	$ 244.20	$ 269.84	$ 119.09	$ 374.44
Service Item	Outpatient	hepatitis B immune globulin IM Inj 110 units/0.5	90371	636	SC Urgent Care	$ 407.00	$ 244.20	$ 270.85	$ 119.09	$ 374.44
Service Item	Outpatient	hepatitis B immune globulin Inj 1,560 units/5 mL	90371	636	CD Infusion Clinic	$ 2,936.25	$ 1,761.75	$ 1,180.12	$ 119.09	$ 2,701.35
Service Item	Inpatient and Outpatient	hepatitis B immune globulin Inj 1,560 units/5 mL	90371	636	MC Pharmacy	$ 2,936	$ 1,947	$ 1,180.12	$ 119	$ 2,701
Service Item	Outpatient	hepatitis B immune globulin Inj 1,560 units/5 mL	90371	636	NC Urgent Care	$ 2,936.25	$ 1,946.85	$ 1,172.78	$ 119.09	$ 2,701.35
Service Item	Outpatient	hepatitis B immune globulin Inj 1,560 units/5 mL	90371	636	SC Urgent Care	$ 2,936.25	$ 1,946.85	$ 1,180.12	$ 119.09	$ 2,701.35
Service Item	Outpatient	hepatitis B ped (Engerix) 10 mcg/0.5 mL Syringe	90744	636	CD Infusion Clinic	$ 113.00	$ 67.80	$ 78.08	$ 26.10	$ 103.96
Service Item	Inpatient and Outpatient	hepatitis B ped (Engerix) 10 mcg/0.5 mL Syringe	90744	636	MC Pharmacy	$ 113	$ 68	$ 78.08	$ 26	$ 104
Service Item	Outpatient	hepatitis B ped (Engerix) 10 mcg/0.5 mL Syringe	90744	636	NC Urgent Care	$ 113.00	$ 67.80	$ 77.80	$ 26.10	$ 103.96
Service Item	Outpatient	hepatitis B ped (Engerix) 10 mcg/0.5 mL Syringe	90744	636	SC Urgent Care	$ 113.00	$ 67.80	$ 78.08	$ 26.10	$ 103.96
Service Item	Outpatient	hepatitis B ped (Engerix) 10 mcg/0.5 mL Syringe	90744	636	SFM Family Medicine	$ 113.00	$ 67.80	$ 77.80	$ 26.10	$ 103.96
Service Item	Inpatient and Outpatient	hepatitis B ped (Recombivax) 5 mcg/0.5 mL Syrir	90744	636	MC Pharmacy	$ 543	$ 326	$ 232.55	$ 26	$ 499
Service Item	Outpatient	hepatitis B ped (Recombivax) 5 mcg/0.5 mL Syrir	90744	636	SFM Family Medicine	$ 542.66	$ 325.60	$ 231.19	$ 26.10	$ 499.25
Service Item	Inpatient and Outpatient	Hepatitis B Surface Ab	86706	302	MC General Lab	$ 106	$ 46	$ 81.63	$ 42	$ 106
Service Item	Inpatient and Outpatient	Hepatitis B Surface Ag w/ Reflex to Conf-ARUP	87340	300	MC Reference Lab	$ 9	$ 45	$ 48.25	$ 8	$ 102
Service Item	Outpatient	Hepatitis B Vaccine- Esrd	90747	636	CD Infusion Clinic	$ 279.00	$ 167.40	$ 224.67	$ 114.60	$ 256.68
Service Item	Inpatient and Outpatient	Hepatitis B Vaccine- Esrd	90747	636	MC Pharmacy	$ 279	$ 167	$ 224.67	$ 115	$ 257
Service Item	Outpatient	Hepatitis B Vaccine- Esrd	90747	636	NC Urgent Care	$ 279.00	$ 167.40	$ 223.97	$ 114.60	$ 256.68
Service Item	Outpatient	Hepatitis B Vaccine- Esrd	90747	636	SC Urgent Care	$ 279.00	$ 167.40	$ 224.67	$ 114.60	$ 256.68
Service Item	Outpatient	Hepatitis B Vaccine- Esrd	90747	636	VD CAPD CCPD	$ 279.00	$ 167.40	$ 224.67	$ 114.60	$ 256.68
Service Item	Outpatient	Hepatitis B Vaccine- Esrd	90747	636	VD Visalia Dialysis	$ 279.00	$ 167.40	$ 224.67	$ 114.60	$ 256.68
Service Item	Inpatient and Outpatient	Hepatitis B Virus Core Antibodies, Total-ARUP	86704	300	MC Reference Lab	$ 13	$ 52	$ 55.21	$ 12	$ 118
Service Item	Inpatient and Outpatient	Hepatitis B Virus Surface Antibody-ARUP	86317	300	MC Reference Lab	$ 14	$ 67	$ 28.83	$ 8	$ 147
Service Item	Inpatient and Outpatient	Hepatitis B Virus Surface Antigen Conf-ARUP	87341	300	MC Reference Lab	$ 11	$ 46	$ 22.22	$ 7	$ 102
Service Item	Inpatient and Outpatient	Hepatitis Be Virus Antibody-ARUP	86707	300	MC Reference Lab	$ 5	$ 50	$ 19.38	$ 3	$ 114
Service Item	Inpatient and Outpatient	Hepatitis Be Virus Antigen-ARUP	87350	300	MC Reference Lab	$ 10	$ 50	$ 23.21	$ 6	$ 113
Service Item	Inpatient and Outpatient	Hepatitis C Virus Antibody by CIA-ARUP	86803	300	MC Reference Lab	$ 13	$ 62	$ 62.37	$ 11	$ 140
Service Item	Inpatient and Outpatient	Hepatitis C Virus by Quantitative PCR-ARUP	87522	306	MC Reference Lab	$ 39	$ 115	$ 86.25	$ 23	$ 421
Service Item	Inpatient and Outpatient	Hepatitis C Virus Igg	86803	302	MC General Lab	$ 136	$ 62	$ 106.43	$ 55	$ 140
Service Item	Inpatient and Outpatient	Hepatitis D Virus Antibody-ARUP	86692	305	MC Reference Lab	$ 19	$ 72	$ 36.72	$ 11	$ 169

Service Item	Inpatient and Outpatient	Hepatitis Delta Virus (HDV) IgM Ab by EIA-ARUP	86692	305	MC Reference Lab	$ 90	$ 72	$ 77.70	$ 54	$ 169
Service Item	Inpatient and Outpatient	Hepatitis E Virus Ab, IgM by ELISA-ARUP	86790	300	MC Reference Lab	$ 14	$ 57	$ 27.75	$ 9	$ 127
Service Item	Inpatient and Outpatient	Hepatitis Panel, Acute-ARUP	80074	300	MC Reference Lab	$ 53	$ 180	$ 207.64	$ 46	$ 468
Service Item	Inpatient and Outpatient	Hepatobiliary Imaging w/ Drug	78227	340	MC Nuclear Medicine	$ 2,179	$ 1,113	$ 1,619.57	$ 547	$ 1,946
Service Item	Inpatient and Outpatient	Herpes simplex type 1 test-ARUP	86695	305	MC Reference Lab	$ 15	$ 59	$ 28.38	$ 9	$ 130
Service Item	Inpatient and Outpatient	Herpes simplex type 2 test-ARUP	86696	305	MC Reference Lab	$ 21	$ 86	$ 41.68	$ 13	$ 190
Service Item	Inpatient and Outpatient	Herpes Simplex Virus By PCR-ARUP	87529	306	MC Reference Lab	$ 31	$ 151	$ 70.02	$ 18	$ 345
Service Item	Outpatient	hetastarch 6%/NS 0.9% IV 500 mL	J3490	636	CD Infusion Clinic	$ 71.75	$ 43.05	$ 49.92	$ 23.14	$ 66.01
Service Item	Inpatient and Outpatient	hetastarch 6%/NS 0.9% IV 500 mL	J3490	636	MC Pharmacy	$ 72	$ 43	$ 49.92	$ 23	$ 66
Service Item	Outpatient	hetastarch 6%/NS 0.9% IV 500 mL	J3490	636	NC Urgent Care	$ 71.75	$ 43.05	$ 49.74	$ 23.14	$ 66.01
Service Item	Outpatient	hetastarch 6%/NS 0.9% IV 500 mL	J3490	636	SC Urgent Care	$ 71.75	$ 43.05	$ 49.92	$ 23.14	$ 66.01
Service Item	Outpatient	hexaminolevulinate 100 mg Pow	A9589	636	CD Infusion Clinic	$ 3,923.75	$ 2,354.25	$ 2,979.51	$ 1,265.49	$ 3,609.85
Service Item	Inpatient and Outpatient	hexaminolevulinate 100 mg Pow	A9589	636	MC Pharmacy	$ 3,924	$ 2,354	$ 2,979.51	$ 1,265	$ 3,924
Service Item	Outpatient	hexaminolevulinate 100 mg Pow	A9589	636	NC Urgent Care	$ 3,923.75	$ 2,354.25	$ 2,767.94	$ 1,265.49	$ 3,923.75
Service Item	Outpatient	hexaminolevulinate 100 mg Pow	A9589	636	SC Urgent Care	$ 3,923.75	$ 2,354.25	$ 2,777.75	$ 1,265.49	$ 3,923.75
Service Item	Outpatient	Hfo W Jnts Cf Including Fitting	L3921	274	OP Hand Center	$ 423.00	$ 253.80	$ 350.42	$ 253.80	$ 389.16
Service Item	Outpatient	Hfo W Jnts Cf Including Fitting	L3921	274	OP Therapy Akers	$ 423.00	$ 253.80	$ 350.42	$ 253.80	$ 389.16
Service Item	Outpatient	Hfo W Jnts Cf Including Fitting	L3921	274	OP Therapy Dinuba	$ 423.00	$ 253.80	$ 350.42	$ 253.80	$ 389.16
Service Item	Outpatient	Hfo W Jnts Cf Including Fitting	L3921	274	OP Therapy Exeter	$ 423.00	$ 253.80	$ 350.42	$ 253.80	$ 389.16
Service Item	Outpatient	Hfo W Jnts Cf Including Fitting	L3921	274	OP Therapy Lovers Ln	$ 423.00	$ 253.80	$ 350.42	$ 253.80	$ 389.16
Service Item	Outpatient	Hfo W Jnts Cf Including Fitting	L3921	274	OP Therapy Neuro	$ 423.00	$ 253.80	$ 350.42	$ 253.80	$ 389.16
Service Item	Inpatient and Outpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	MC OT Services	$ 357	$ 214	$ 295.54	$ 214	$ 328
Service Item	Outpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	OP Hand Center	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Outpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	OP Therapy Akers	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Outpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	OP Therapy Dinuba	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Outpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	OP Therapy Exeter	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Outpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	OP Therapy Lovers Ln	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Outpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	OP Therapy Neuro	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Inpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	RH OT Services	$ 356.75	Charges have been	$ 331.78	$ 321.08	$ 328.21
Service Item	Inpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	SA OT Services	$ 356.75	Charges have been	$ 331.78	$ 321.08	$ 328.21
Service Item	Inpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	SN TC Ortho OT	$ 356.75	Charges have been	$ 331.78	$ 321.08	$ 328.21
Service Item	Inpatient	Hfo W/O Joints Cf Including Fitting	L3913	274	SN TS OT Services	$ 356.75	Charges have been	$ 331.78	$ 321.08	$ 328.21
Service Item	Outpatient	Hfo W/O Joints Pf	L3923	274	OP Hand Center	$ 51.50	$ 30.90	$ 42.66	$ 30.90	$ 47.38
Service Item	Outpatient	Hfo W/O Joints Pf	L3923	274	OP Therapy Akers	$ 51.50	$ 30.90	$ 42.66	$ 30.90	$ 47.38
Service Item	Outpatient	Hfo W/O Joints Pf	L3923	274	OP Therapy Dinuba	$ 51.50	$ 30.90	$ 42.66	$ 30.90	$ 47.38
Service Item	Outpatient	Hfo W/O Joints Pf	L3923	274	OP Therapy Exeter	$ 51.50	$ 30.90	$ 42.66	$ 30.90	$ 47.38
Service Item	Outpatient	Hfo W/O Joints Pf	L3923	274	OP Therapy Lovers Ln	$ 51.50	$ 30.90	$ 42.66	$ 30.90	$ 47.38
Service Item	Outpatient	Hfo W/O Joints Pf	L3923	274	OP Therapy Neuro	$ 51.50	$ 30.90	$ 42.66	$ 30.90	$ 47.38
Service Package	Inpatient and Outpatient	Hinge Cemneted Rotating	C1776	278	MC Central Supply	$ 19,446	Charges have been	$ 13,630.86	$ 17,328	$ 17,714
Service Package	Inpatient and Outpatient	Hinge Rotating Knee	C1776	278	MC Central Supply	$ 3,558	Charges have been	$ 2,862.29	$ 3,171	$ 3,241
Service Item	Outpatient	Hinged Knee Brace Including Fitting	L1820	270	NC Urgent Care	$ 117.47	$ 68.43	$ 100.79	$ 66.97	$ 133.00
Service Item	Outpatient	Hinged Knee Brace Including Fitting	L1820	270	SC Urgent Care	$ 117.47	$ 68.43	$ 101.07	$ 66.97	$ 133.00
Service Item	Outpatient	Hinged Knee Brace Including Fitting	L1820	270	SFM Family Medicine	$ 117.47	$ 68.43	$ 94.82	$ 68.43	$ 104.93
Service Item	Outpatient	Hip 1 View	73501	320	IC Radiology	$ 280.29	$ 107.76	$ 173.12	$ 66.11	$ 250.36
Service Item	Inpatient and Outpatient	Hip 1 View	73501	320	MC Diag Radiology	$ 280	$ 108	$ 244.21	$ 66	$ 888
Service Item	Outpatient	Hip 1 View	73501	320	NC Diag Imaging	$ 280.29	$ 107.76	$ 244.21	$ 66.11	$ 887.81
Service Item	Outpatient	Hip 1 View	73501	320	SC Diag Imaging	$ 280.29	$ 107.76	$ 244.21	$ 66.11	$ 887.81
Service Item	Outpatient	Hip Arthogram	73525	322	IC Radiology	$ 679.68	$ 266.61	$ 465.25	$ 239.06	$ 607.09
Service Item	Inpatient and Outpatient	Hip Arthogram	73525	322	MC Diag Radiology	$ 680	$ 267	$ 1,074.59	$ 239	$ 6,522
Service Item	Outpatient	Hip Arthogram	73525	322	NC Diag Imaging	$ 679.68	$ 266.61	$ 1,074.59	$ 239.06	$ 6,522.36
Service Item	Outpatient	Hip Arthogram	73525	322	SC Diag Imaging	$ 679.68	$ 266.61	$ 1,074.59	$ 239.06	$ 6,522.36
Service Item	Outpatient	Hips Incld Pelvis	73521	320	IC Radiology	$ 441.74	$ 149.79	$ 266.55	$ 91.76	$ 394.56
Service Item	Inpatient and Outpatient	Hips Incld Pelvis	73521	320	MC Diag Radiology	$ 442	$ 150	$ 402.26	$ 92	$ 1,636
Service Item	Outpatient	Hips Incld Pelvis	73521	320	NC Diag Imaging	$ 441.74	$ 149.79	$ 402.26	$ 91.76	$ 1,635.83
Service Item	Outpatient	Hips Incld Pelvis	73521	320	SC Diag Imaging	$ 441.74	$ 149.79	$ 402.26	$ 91.76	$ 1,635.83
Service Item	Inpatient and Outpatient	Histamine Urine-ARUP	83088	300	MC Reference Lab	$ 33	$ 132	$ 63.53	$ 20	$ 290
Service Item	Inpatient and Outpatient	Histamine, Plasma-ARUP	83088	300	MC Reference Lab	$ 33	$ 132	$ 63.53	$ 20	$ 290
Service Item	Inpatient and Outpatient	Histo/Cytochemistry Ea 10	88319	310	MC Pathology	$ 728	$ 32	$ 536.11	$ 29	$ 728
Service Item	Inpatient and Outpatient	Histone IgG Antibody-ARUP	83516	300	MC Reference Lab	$ 10	$ 104	$ 43.46	$ 9	$ 113
Service Item	Inpatient and Outpatient	Histoplasma antibody-ARUP	86698	305	MC Reference Lab	$ 14	$ 56	$ 26.89	$ 8	$ 123
Service Item	Inpatient and Outpatient	Histoplasma Galactomannan Ag Quant, Urine-AI	87385	300	MC Reference Lab	$ 10	$ 40	$ 22.52	$ 6	$ 118
Service Item	Inpatient and Outpatient	HIV 1 Antibody Confirm by Western Blot-ARUP	86689	300	MC Reference Lab	$ 21	$ 86	$ 41.65	$ 13	$ 190
Service Item	Inpatient and Outpatient	Hiv-1 Ag W/Hiv-1&Hiv-2 Ab	87389	302	MC General Lab	$ 101	$ 89	$ 124.53	$ 87	$ 237
Service Item	Inpatient and Outpatient	HIV-1 by Qualitative NAAT, Whole Blood-ARUP	87535	300	MC Reference Lab	$ 35	$ 151	$ 72.68	$ 21	$ 345
Service Item	Inpatient and Outpatient	HIV-1 by Quantitative NAAT, Plasma-ARUP	87536	306	MC Reference Lab	$ 76	$ 115	$ 171.01	$ 46	$ 837
Service Item	Inpatient and Outpatient	HIV-1 by Quantitative PCR-ARUP	87536	306	MC Reference Lab	$ 76	$ 115	$ 171.01	$ 46	$ 837
Service Item	Inpatient and Outpatient	HIV1 Genotype & Integrase Inhibitor, Seq-ARUP	87901	301	MC Reference Lab	$ 420	$ 1,146	$ 645.98	$ 252	$ 2,531
Service Item	Inpatient and Outpatient	HIV-1 PCR, Qualitative-ARUP	87536	300	MC Reference Lab	$ 94	$ 115	$ 181.28	$ 56	$ 837
Service Item	Inpatient and Outpatient	Hiv-1/Hiv-2 Single Result	86703	302	MC General Lab	$ 66	$ 63	$ 73.35	$ 56	$ 135
Service Item	Inpatient and Outpatient	Hla ii typing 1 loc hr-ARUP	81382	300	MC Reference Lab	$ 258	$ 383	$ 315.97	$ 155	$ 1,216
Service Item	Inpatient and Outpatient	HLA-B*57:01 for Abacavir Sensitivity-ARUP	81381	301	MC Reference Lab	$ 36	$ 550	$ 162.61	$ 22	$ 1,353
Service Item	Inpatient and Outpatient	HLA-B27-ARUP	86812	300	MC Reference Lab	$ 36	$ 106	$ 60.76	$ 22	$ 254
Service Item	Outpatient	Hlth Group Intervent (Each Add 15 Min)	96165	519	CD Diabetic Clinic	$ 37.15	$ 21.64	$ 26.87	$ 18.04	$ 33.18
Service Item	Outpatient	Hlth Group Intervent (Initial 30 Min)	96164	519	CD Diabetic Clinic	$ 74.30	$ 43.28	$ 49.69	$ 31.66	$ 66.37
Service Item	Outpatient	Hlth Postpartum	S9445	519	CD Diabetic Clinic	$ 74.58	$ 43.45	$ 58.05	$ 36.21	$ 66.62
Service Item	Inpatient and Outpatient	Ho W/O Joints Cf Including Fitting	L3919	274	MC OT Services	$ 357	$ 214	$ 295.54	$ 214	$ 328
Service Item	Outpatient	Ho W/O Joints Cf Including Fitting	L3919	274	OP Hand Center	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Outpatient	Ho W/O Joints Cf Including Fitting	L3919	274	OP Therapy Akers	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Outpatient	Ho W/O Joints Cf Including Fitting	L3919	274	OP Therapy Dinuba	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Outpatient	Ho W/O Joints Cf Including Fitting	L3919	274	OP Therapy Exeter	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Outpatient	Ho W/O Joints Cf Including Fitting	L3919	274	OP Therapy Lovers Ln	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Outpatient	Ho W/O Joints Cf Including Fitting	L3919	274	OP Therapy Neuro	$ 356.75	$ 214.05	$ 295.54	$ 214.05	$ 328.21
Service Item	Inpatient and Outpatient	Holter Recording 24 Hr	93225	731	DC Non Invasive Card	$ 406	$ 204	$ 287.90	$ 126	$ 363
Service Item	Inpatient and Outpatient	Holter Recording 24 Hr	93225	731	MC NonInv CardioSrv	$ 406	Charges have been	$ 305.33	$ 126	$ 363
Service Item	Outpatient	Holter Recording 24 Hr	93225	731	OS Non Invasive Card	$ 406.49	$ 203.85	$ 287.90	$ 126.33	$ 363.08
Service Item	Outpatient	Holter Recording 24 Hr	93225	731	SQ Seq Cardiology	$ 406.49	$ 203.85	$ 246.01	$ 31.91	$ 363.08
Service Item	Inpatient and Outpatient	Holter Scan/Rpt 24 Hr	93226	731	DC Non Invasive Card	$ 431	$ 360	$ 315.04	$ 126	$ 385
Service Item	Inpatient and Outpatient	Holter Scan/Rpt 24 Hr	93226	731	MC NonInv CardioSrv	$ 431	Charges have been	$ 321.71	$ 126	$ 385
Service Item	Outpatient	Holter Scan/Rpt 24 Hr	93226	731	OS Non Invasive Card	$ 430.81	$ 359.55	$ 315.04	$ 126.33	$ 384.80
Service Item	Inpatient and Outpatient	Home Eval 15 Min	97799	430	MC OT Services	$ 142	$ 85	$ 117.77	$ 85	$ 131
Service Item	Inpatient	Home Eval 15 Min	97799	430	RH OT Services	$ 142.16	Charges have been	$ 132.21	$ 127.94	$ 130.79
Service Item	Inpatient	Home Eval 15 Min	97799	430	SA OT Services	$ 142.16	Charges have been	$ 132.21	$ 127.94	$ 130.79
Service Item	Inpatient	Home Eval 15 Min	97799	430	SN TC Ortho OT	$ 142.16	Charges have been	$ 132.21	$ 127.94	$ 130.79
Service Item	Inpatient	Home Eval 15 Min	97799	430	SN TS OT Services	$ 142.16	Charges have been	$ 132.21	$ 127.94	$ 130.79
Service Item	Outpatient	Home Sleep Test Type 3	95806	920	OS Sleep Lab	$ 1,006.40	$ 726.54	$ 695.80	$ 160.31	$ 898.92
Service Item	Outpatient	Home Sleep Test Type 4	95800	920	OS Sleep Lab	$ 914.89	$ 600.09	$ 666.05	$ 160.31	$ 886.39
Service Item	Inpatient and Outpatient	Homocysteine Total-ARUP	83090	300	MC Reference Lab	$ 15	$ 75	$ 33.94	$ 9	$ 166
Service Item	Inpatient and Outpatient	Homovanillic Acid (HVA) Urine-ARUP	83150	300	MC Reference Lab	$ 11	$ 73	$ 34.85	$ 7	$ 190
Service Package	Inpatient and Outpatient	Hook Spine	C1889	278	MC Central Supply	$ 4,016	Charges have been	$ 6,029.65	$ 3,578	$ 3,658
Service Item	Outpatient	Hot/Cold Pack-One Area O/T	97010	430	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Hot/Cold Pack-One Area O/T	97010	430	OP Therapy Akers	$ 134.00	$ 120.00	$ 134.55	$ 22.28	$ 317.00
Service Item	Outpatient	Hot/Cold Pack-One Area O/T	97010	430	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 134.55	$ 22.28	$ 317.00
Service Item	Outpatient	Hot/Cold Pack-One Area O/T	97010	430	OP Therapy Exeter	$ 134.00	$ 120.00	$ 134.55	$ 22.28	$ 317.00
Service Item	Outpatient	Hot/Cold Pack-One Area O/T	97010	430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 134.55	$ 22.28	$ 317.00
Service Item	Outpatient	Hot/Cold Pack-One Area O/T	97010	430	OP Therapy Neuro	$ 134.00	$ 120.00	$ 101.90	$ 8.99	$ 123.28
Service Package	Inpatient and Outpatient	Hot/Cold Pack-One Area P/T	97010	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Hot/Cold Pack-One Area P/T	97010	420	OP Hand Center	$ 134.00	$ 80.40	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Hot/Cold Pack-One Area P/T	97010	420	OP Therapy Akers	$ 134.00	$ 80.40	$ 110.89	$ 22.28	$ 182.00
Service Item	Outpatient	Hot/Cold Pack-One Area P/T	97010	420	OP Therapy Dinuba	$ 134.00	$ 80.40	$ 110.89	$ 22.28	$ 182.00
Service Item	Outpatient	Hot/Cold Pack-One Area P/T	97010	420	OP Therapy Exeter	$ 134.00	$ 80.40	$ 110.89	$ 22.28	$ 182.00
Service Item	Outpatient	Hot/Cold Pack-One Area P/T	97010	420	OP Therapy Lovers Ln	$ 134.00	$ 80.40	$ 110.89	$ 22.28	$ 182.00
Service Item	Outpatient	Hot/Cold Pack-One Area P/T	97010	420	OP Therapy Neuro	$ 134.00	$ 80.40	$ 101.90	$ 8.99	$ 123.28
Service Item	Inpatient and Outpatient	HSV 1 Glycoprotein G IgG Ab-ARUP	86695	300	MC Reference Lab	$ 12	$ 59	$ 26.78	$ 7	$ 130
Service Item	Inpatient and Outpatient	HSV 2 Glycoprotein G IgG Ab-ARUP	86696	300	MC Reference Lab	$ 17	$ 86	$ 39.25	$ 10	$ 190
Service Item	Inpatient and Outpatient	Hsv 50292	86695	305	MC Reference Lab	$ 15	$ 59	$ 28.48	$ 9	$ 130
Service Item	Inpatient and Outpatient	Hsv Ab Igg 50294	86696	305	MC Reference Lab	$ 22	$ 86	$ 41.89	$ 13	$ 190
Service Item	Inpatient and Outpatient	Hsv I/Ii Igm50641	86694	305	MC Reference Lab	$ 16	$ 64	$ 29.13	$ 9	$ 142
Service Item	Inpatient and Outpatient	Hsv I/Ii Screen Igm50641	86694	305	MC Reference Lab	$ 16	$ 64	$ 29.13	$ 9	$ 142

Service Item	Inpatient and Outpatient	HSV Type 1,2 Combined IgG Antibody-ARUP	86694	305	MC Reference Lab	$ 16	$ 64	$ 29.13	$ 9	$ 142
Service Item	Inpatient and Outpatient	Hsv Type I/Ii Scripps50286	86694	305	MC Reference Lab	$ 16	$ 64	$ 29.13	$ 9	$ 142
Service Item	Inpatient and Outpatient	HSV-1 and HSV-2 Subtype by PCR-ARUP	87529	300	MC Reference Lab	$ 30	$ 151	$ 69.68	$ 18	$ 345
Service Item	Inpatient and Outpatient	HTLV I/II Antibodies Conf Western Blot-ARUP	86790	301	MC Reference Lab	$ 15	$ 57	$ 27.89	$ 9	$ 127
Service Item	Outpatient	Humalog 10Un/Ml 10Ml	J1815	636	CD Chronic Disease	$ 12.10	$ 7.26	$ 167.32	$ 0.15	$ 474.28
Service Item	Outpatient	Humalog 10Un/Ml 10Ml	J1815	636	SFM Family Medicine	$ 12.10	$ 7.26	$ 167.32	$ 0.15	$ 474.28
Service Item	Inpatient and Outpatient	Human Epididymis Protein 4 (HE4)-ARUP	86305	300	MC Reference Lab	$ 23	$ 121	$ 44.76	$ 14	$ 205
Service Item	Inpatient and Outpatient	Human Metapneumovirus DFA-ARUP	87299	300	MC Reference Lab	$ 10	$ 40	$ 23.25	$ 6	$ 128
Service Item	Inpatient and Outpatient	human papillomavirus vaccine 9-valent Inj 0.5 m	90651	636	MC Pharmacy	$ 978	$ 775	$ 662.30	$ 192	$ 900
Service Item	Outpatient	human papillomavirus vaccine 9-valent Inj 0.5 m	90651	636	SFM Family Medicine	$ 977.75	$ 775.20	$ 659.86	$ 191.82	$ 899.53
Service Item	Outpatient	human papillomavirus vaccine type 6,11,16,18 I	90649	636	CD Infusion Clinic	$ 918.19	$ 550.91	$ 603.03	$ 147.18	$ 844.73
Service Item	Inpatient and Outpatient	human papillomavirus vaccine type 6,11,16,18 I	90649	636	MC Pharmacy	$ 918	$ 551	$ 603.03	$ 147	$ 845
Service Item	Outpatient	human papillomavirus vaccine type 6,11,16,18 I	90649	636	NC Urgent Care	$ 918.19	$ 550.91	$ 600.74	$ 147.18	$ 844.73
Service Item	Outpatient	human papillomavirus vaccine type 6,11,16,18 I	90649	636	SC Urgent Care	$ 918.19	$ 550.91	$ 603.03	$ 147.18	$ 844.73
Service Item	Outpatient	human papillomavirus vaccine type 6,11,16,18 I	90649	636	SFM Family Medicine	$ 918.19	$ 550.91	$ 600.74	$ 147.18	$ 844.73
Service Package	Inpatient and Outpatient	Humeral Insert (A)	C1776	278	MC Central Supply	$ 1,365	Charges have been	$ 1,376.06	$ 1,217	$ 1,244
Service Package	Inpatient and Outpatient	Humeral Insert (B)	C1776	278	MC Central Supply	$ 3,997	Charges have been	$ 3,159.98	$ 3,562	$ 3,641
Service Package	Inpatient and Outpatient	Humeral Insert (C)	C1776	278	MC Central Supply	$ 7,349	Charges have been	$ 5,431.42	$ 6,548	$ 6,694
Service Package	Inpatient and Outpatient	Humeral Metaphysis (A)	C1776	278	MC Central Supply	$ 5,058	Charges have been	$ 3,879.11	$ 4,508	$ 4,608
Service Package	Inpatient and Outpatient	Humeral Metaphysis (B)	C1776	278	MC Central Supply	$ 7,474	Charges have been	$ 5,516.61	$ 6,660	$ 6,808
Service Package	Inpatient and Outpatient	Humeral Spacer	C1776	278	MC Central Supply	$ 4,425	Charges have been	$ 3,450.00	$ 3,943	$ 4,031
Service Package	Inpatient and Outpatient	Humeral Spacer A	C1776	278	MC Central Supply	$ 1,009	Charges have been	$ 1,134.21	$ 899	$ 919
Service Item	Outpatient	Humerus 2 Views	73060	320	IC Radiology	$ 256.79	$ 72.72	$ 159.75	$ 65.21	$ 229.37
Service Item	Inpatient and Outpatient	Humerus 2 Views	73060	320	MC Diag Radiology	$ 257	$ 73	$ 232.32	$ 65	$ 888
Service Item	Outpatient	Humerus 2 Views	73060	320	NC Diag Imaging	$ 256.79	$ 72.72	$ 232.32	$ 65.21	$ 887.81
Service Item	Outpatient	Humerus 2 Views	73060	320	SC Diag Imaging	$ 256.79	$ 72.72	$ 232.32	$ 65.21	$ 887.81
Service Item	Inpatient and Outpatient	Huntington Disease Mutation PCR-ARUP	81401	300	MC Reference Lab	$ 137	$ 144	$ 212.31	$ 82	$ 1,091
Service Item	Outpatient	hyaluronate sod 16 mg/mL Intraocular Inj 0.8 m	J7324	636	CD Infusion Clinic	$ 848.20	$ 508.92	$ 532.91	$ 128.41	$ 780.34
Service Item	Inpatient and Outpatient	hyaluronate sod 16 mg/mL Intraocular Inj 0.8 m	J7324	636	MC Pharmacy	$ 848	$ 509	$ 532.91	$ 128	$ 780
Service Item	Outpatient	hyaluronate sod 16 mg/mL Intraocular Inj 0.8 m	J7324	636	NC Urgent Care	$ 848.20	$ 508.92	$ 530.79	$ 128.41	$ 780.34
Service Item	Outpatient	hyaluronate sod 16 mg/mL Intraocular Inj 0.8 m	J7324	636	SC Urgent Care	$ 848.20	$ 508.92	$ 532.91	$ 128.41	$ 780.34
Service Item	Outpatient	Hyaluronate Sod 8.5 mg/0.85 mL Inj	J3490	636	CD Infusion Clinic	$ 796.60	$ 477.96	$ 466.57	$ 23.14	$ 732.87
Service Item	Inpatient and Outpatient	Hyaluronate Sod 8.5 mg/0.85 mL Inj	J3490	636	MC Pharmacy	$ 797	$ 478	$ 466.57	$ 23	$ 733
Service Item	Outpatient	Hyaluronate Sod 8.5 mg/0.85 mL Inj	J3490	636	NC Urgent Care	$ 796.60	$ 477.96	$ 464.58	$ 23.14	$ 732.87
Service Item	Outpatient	Hyaluronate Sod 8.5 mg/0.85 mL Inj	J3490	636	SC Urgent Care	$ 796.60	$ 477.96	$ 466.57	$ 23.14	$ 732.87
Service Item	Outpatient	hyaluronidase 150 units/mL Inj 1 mL	J3470	636	CD Infusion Clinic	$ 311.40	$ 186.84	$ 205.69	$ 21.29	$ 286.49
Service Item	Inpatient and Outpatient	hyaluronidase 150 units/mL Inj 1 mL	J3470	636	MC Pharmacy	$ 311	$ 187	$ 205.69	$ 21	$ 286
Service Item	Outpatient	hyaluronidase 150 units/mL Inj 1 mL	J3470	636	NC Urgent Care	$ 311.40	$ 186.84	$ 204.91	$ 21.29	$ 286.49
Service Item	Outpatient	hyaluronidase 150 units/mL Inj 1 mL	J3470	636	SC Urgent Care	$ 311.40	$ 186.84	$ 205.69	$ 21.29	$ 286.49
Service Item	Outpatient	hydrALAZINE (PED) 1 mg/mL Oral Soln	J0360	636	CD Infusion Clinic	$ 67.00	$ 40.20	$ 42.01	$ 6.34	$ 61.64
Service Item	Inpatient and Outpatient	hydrALAZINE (PED) 1 mg/mL Oral Soln	J0360	636	MC Pharmacy	$ 67	$ 40	$ 42.01	$ 6	$ 62
Service Item	Outpatient	hydrALAZINE (PED) 1 mg/mL Oral Soln	J0360	636	NC Urgent Care	$ 67.00	$ 40.20	$ 41.84	$ 6.34	$ 61.64
Service Item	Outpatient	hydrALAZINE (PED) 1 mg/mL Oral Soln	J0360	636	SC Urgent Care	$ 67.00	$ 40.20	$ 42.01	$ 6.34	$ 61.64
Service Item	Outpatient	hydrALAZINE 20 mg/mL Inj 1 mL	J0360	636	CD Infusion Clinic	$ 67.00	$ 40.20	$ 42.01	$ 6.34	$ 61.64
Service Item	Inpatient and Outpatient	hydrALAZINE 20 mg/mL Inj 1 mL	J0360	636	MC Pharmacy	$ 67	$ 40	$ 42.01	$ 6	$ 62
Service Item	Outpatient	hydrALAZINE 20 mg/mL Inj 1 mL	J0360	636	NC Urgent Care	$ 67.00	$ 40.20	$ 41.84	$ 6.34	$ 61.64
Service Item	Outpatient	hydrALAZINE 20 mg/mL Inj 1 mL	J0360	636	SC Urgent Care	$ 67.00	$ 40.20	$ 42.01	$ 6.34	$ 61.64
Service Item	Outpatient	hydrALAZINE 20 mg/mL Inj 1 mL	J0360	636	VD Visalia Dialysis	$ 67.00	$ 40.20	$ 42.01	$ 6.34	$ 61.64
Service Item	Outpatient	hydrALAZINE/NS (PED) 1 mg/mL Inj	J0360	636	CD Infusion Clinic	$ 67.00	$ 40.20	$ 42.01	$ 6.34	$ 61.64
Service Item	Inpatient and Outpatient	hydrALAZINE/NS (PED) 1 mg/mL Inj	J0360	636	MC Pharmacy	$ 67	$ 48	$ 42.01	$ 6	$ 62
Service Item	Outpatient	hydrALAZINE/NS (PED) 1 mg/mL Inj	J0360	636	NC Urgent Care	$ 67.00	$ 48.45	$ 41.84	$ 6.34	$ 61.64
Service Item	Outpatient	hydrALAZINE/NS (PED) 1 mg/mL Inj	J0360	636	SC Urgent Care	$ 67.00	$ 48.45	$ 42.01	$ 6.34	$ 61.64
Service Item	Outpatient	hydrocortisone PF 100 mg Inj	J1720	636	CD Infusion Clinic	$ 48.00	$ 28.80	$ 32.30	$ 3.59	$ 44.16
Service Item	Inpatient and Outpatient	hydrocortisone PF 100 mg Inj	J1720	636	MC Pharmacy	$ 48	$ 29	$ 32.30	$ 4	$ 44
Service Item	Outpatient	hydrocortisone PF 100 mg Inj	J1720	636	NC Urgent Care	$ 48.00	$ 28.80	$ 32.18	$ 3.59	$ 44.16
Service Item	Outpatient	hydrocortisone PF 100 mg Inj	J1720	636	SC Urgent Care	$ 48.00	$ 28.80	$ 32.30	$ 3.59	$ 44.16
Service Item	Outpatient	hydrocortisone PF 250 mg Inj	J1720	636	CD Infusion Clinic	$ 106.65	$ 63.99	$ 53.38	$ 3.59	$ 98.12
Service Item	Inpatient and Outpatient	hydrocortisone PF 250 mg Inj	J1720	636	MC Pharmacy	$ 107	$ 64	$ 53.38	$ 4	$ 98
Service Item	Outpatient	hydrocortisone PF 250 mg Inj	J1720	636	NC Urgent Care	$ 106.65	$ 63.99	$ 53.11	$ 3.59	$ 98.12
Service Item	Outpatient	hydrocortisone PF 250 mg Inj	J1720	636	SC Urgent Care	$ 106.65	$ 63.99	$ 53.38	$ 3.59	$ 98.12
Service Item	Outpatient	hydrocortisone/NS (PED) 1 mg/mL Inj	J1720	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 19.39	$ 3.59	$ 32.59
Service Item	Inpatient and Outpatient	hydrocortisone/NS (PED) 1 mg/mL Inj	J1720	636	MC Pharmacy	$ 12	$ 11	$ 19.39	$ 4	$ 33
Service Item	Outpatient	hydrocortisone/NS (PED) 1 mg/mL Inj	J1720	636	NC Urgent Care	$ 12.10	$ 10.79	$ 19.36	$ 3.59	$ 32.59
Service Item	Outpatient	hydrocortisone/NS (PED) 1 mg/mL Inj	J1720	636	SC Urgent Care	$ 12.10	$ 10.79	$ 19.39	$ 3.59	$ 32.59
Service Item	Outpatient	HYDROmorphone 1 mg/mL Inj 1 mL	J1170	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.15	$ 1.75	$ 11.13
Service Item	Inpatient and Outpatient	HYDROmorphone 1 mg/mL Inj 1 mL	J1170	636	MC Pharmacy	$ 12	$ 7	$ 8.15	$ 2	$ 11
Service Item	Outpatient	HYDROmorphone 1 mg/mL Inj 1 mL	J1170	636	NC Urgent Care	$ 12.10	$ 7.26	$ 8.12	$ 1.75	$ 11.13
Service Item	Outpatient	HYDROmorphone 1 mg/mL Inj 1 mL	J1170	636	SC Urgent Care	$ 12.10	$ 7.26	$ 8.15	$ 1.75	$ 11.13
Service Item	Outpatient	HYDROmorphone 10 mg/mL Inj 50 mL	J1170	636	CD Infusion Clinic	$ 594.30	$ 356.58	$ 217.45	$ 1.75	$ 546.76
Service Item	Inpatient and Outpatient	HYDROmorphone 10 mg/mL Inj 50 mL	J1170	636	MC Pharmacy	$ 594	$ 358	$ 217.45	$ 2	$ 547
Service Item	Outpatient	HYDROmorphone 10 mg/mL Inj 50 mL	J1170	636	NC Urgent Care	$ 594.30	$ 358.31	$ 215.97	$ 1.75	$ 546.76
Service Item	Outpatient	HYDROmorphone 10 mg/mL Inj 50 mL	J1170	636	SC Urgent Care	$ 594.30	$ 358.31	$ 217.45	$ 1.75	$ 546.76
Service Item	Outpatient	HYDROmorphone 2 mg/mL Inj 1 mL	J1170	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.15	$ 1.75	$ 11.13
Service Item	Inpatient and Outpatient	HYDROmorphone 2 mg/mL Inj 1 mL	J1170	636	MC Pharmacy	$ 12	$ 7	$ 8.15	$ 2	$ 11
Service Item	Outpatient	HYDROmorphone 2 mg/mL Inj 1 mL	J1170	636	NC Urgent Care	$ 12.10	$ 7.26	$ 8.12	$ 1.75	$ 11.13
Service Item	Outpatient	HYDROmorphone 2 mg/mL Inj 1 mL	J1170	636	SC Urgent Care	$ 12.10	$ 7.26	$ 8.15	$ 1.75	$ 11.13
Service Item	Outpatient	HYDROmorphone 2 mg/mL Inj 1 mL	J1170	636	SFM Family Medicine	$ 12.10	$ 7.26	$ 8.12	$ 1.75	$ 11.13
Service Item	Outpatient	HYDROmorphone 2 mg/mL Inj 20 mL	J1170	636	CD Infusion Clinic	$ 72.55	$ 43.53	$ 29.88	$ 1.75	$ 66.75
Service Item	Inpatient and Outpatient	HYDROmorphone 2 mg/mL Inj 20 mL	J1170	636	MC Pharmacy	$ 73	$ 44	$ 29.88	$ 2	$ 67
Service Item	Outpatient	HYDROmorphone 2 mg/mL Inj 20 mL	J1170	636	NC Urgent Care	$ 72.55	$ 43.53	$ 29.70	$ 1.75	$ 66.75
Service Item	Outpatient	HYDROmorphone 2 mg/mL Inj 20 mL	J1170	636	SC Urgent Care	$ 72.55	$ 43.53	$ 29.88	$ 1.75	$ 66.75
Service Item	Outpatient	HYDROmorphone 4 mg/mL Inj 1 mL	J1170	636	CD Infusion Clinic	$ 14.25	$ 8.55	$ 8.92	$ 1.75	$ 13.11
Service Item	Inpatient and Outpatient	HYDROmorphone 4 mg/mL Inj 1 mL	J1170	636	MC Pharmacy	$ 14	$ 9	$ 8.92	$ 2	$ 13
Service Item	Outpatient	HYDROmorphone 4 mg/mL Inj 1 mL	J1170	636	NC Urgent Care	$ 14.25	$ 8.55	$ 8.89	$ 1.75	$ 13.11
Service Item	Outpatient	HYDROmorphone 4 mg/mL Inj 1 mL	J1170	636	SC Urgent Care	$ 14.25	$ 8.55	$ 8.92	$ 1.75	$ 13.11
Service Item	Outpatient	HYDROmorphone HP 10 mg/mL Inj 1 mL	J1170	636	CD Infusion Clinic	$ 16.95	$ 10.17	$ 9.89	$ 1.75	$ 15.59
Service Item	Inpatient and Outpatient	HYDROmorphone HP 10 mg/mL Inj 1 mL	J1170	636	MC Pharmacy	$ 17	$ 12	$ 9.89	$ 2	$ 16
Service Item	Outpatient	HYDROmorphone HP 10 mg/mL Inj 1 mL	J1170	636	NC Urgent Care	$ 16.95	$ 11.90	$ 9.85	$ 1.75	$ 15.59
Service Item	Outpatient	HYDROmorphone HP 10 mg/mL Inj 1 mL	J1170	636	SC Urgent Care	$ 16.95	$ 11.90	$ 9.89	$ 1.75	$ 15.59
Service Item	Outpatient	HYDROmorphone HP 10 mg/mL Inj 5 mL	J1170	636	CD Infusion Clinic	$ 52.55	$ 31.53	$ 22.69	$ 1.75	$ 48.35
Service Item	Inpatient and Outpatient	HYDROmorphone HP 10 mg/mL Inj 5 mL	J1170	636	MC Pharmacy	$ 53	$ 32	$ 22.69	$ 2	$ 48
Service Item	Outpatient	HYDROmorphone HP 10 mg/mL Inj 5 mL	J1170	636	NC Urgent Care	$ 52.55	$ 31.53	$ 22.56	$ 1.75	$ 48.35
Service Item	Outpatient	HYDROmorphone HP 10 mg/mL Inj 5 mL	J1170	636	SC Urgent Care	$ 52.55	$ 31.53	$ 22.69	$ 1.75	$ 48.35
Service Item	Outpatient	HYDROmorphone PCA 25 mg/Sodium Chloride (	J1170	636	CD Infusion Clinic	$ 36.05	$ 21.63	$ 16.76	$ 1.75	$ 33.17
Service Item	Inpatient and Outpatient	HYDROmorphone PCA 25 mg/Sodium Chloride (	J1170	636	MC Pharmacy	$ 36	$ 23	$ 16.76	$ 2	$ 33
Service Item	Outpatient	HYDROmorphone PCA 25 mg/Sodium Chloride (	J1170	636	NC Urgent Care	$ 36.05	$ 23.36	$ 16.67	$ 1.75	$ 33.17
Service Item	Outpatient	HYDROmorphone PCA 25 mg/Sodium Chloride (	J1170	636	SC Urgent Care	$ 36.05	$ 23.36	$ 16.76	$ 1.75	$ 33.17
Service Item	Outpatient	Hydroxyprogesterone	83498	301	Reference Lab CA HS	$ 16.74	$ 121.05	$ 92.52	$ 14.23	$ 267.05
Service Item	Outpatient	hydrOXYzine HCl 50 mg/mL IM Inj 1 mL	J3410	636	CD Infusion Clinic	$ 45.95	$ 27.57	$ 31.16	$ 12.44	$ 42.27
Service Item	Inpatient and Outpatient	hydrOXYzine HCl 50 mg/mL IM Inj 1 mL	J3410	636	MC Pharmacy	$ 46	$ 28	$ 31.16	$ 12	$ 42
Service Item	Outpatient	hydrOXYzine HCl 50 mg/mL IM Inj 1 mL	J3410	636	NC Urgent Care	$ 45.95	$ 27.57	$ 31.05	$ 12.44	$ 42.27
Service Item	Outpatient	hydrOXYzine HCl 50 mg/mL IM Inj 1 mL	J3410	636	SC Urgent Care	$ 45.95	$ 27.57	$ 31.16	$ 12.44	$ 42.27
Service Item	Outpatient	hylan G-F 20 16 mg/2 mL Intra-articular Inj 2 mL	J7325	636	CD Infusion Clinic	$ 2,024.55	$ 1,214.73	$ 1,004.82	$ 10.22	$ 1,862.59
Service Item	Inpatient and Outpatient	hylan G-F 20 16 mg/2 mL Intra-articular Inj 2 mL	J7325	636	MC Pharmacy	$ 2,025	$ 1,232	$ 1,004.82	$ 10	$ 1,863
Service Item	Outpatient	hylan G-F 20 16 mg/2 mL Intra-articular Inj 2 mL	J7325	636	NC Urgent Care	$ 2,024.55	$ 1,231.68	$ 999.75	$ 10.22	$ 1,862.59
Service Item	Outpatient	hylan G-F 20 16 mg/2 mL Intra-articular Inj 2 mL	J7325	636	SC Urgent Care	$ 2,024.55	$ 1,231.68	$ 1,004.82	$ 10.22	$ 1,862.59
Service Item	Inpatient and Outpatient	Hypoglycemia Pan, Sulfonylureas, S/P-ARUP	80377	300	MC Reference Lab	$ 20	$ 94	$ 16.54	$ 12	$ 94
Service Item	Outpatient	Hysterosalpingogram	74740	320	IC Radiology	$ 1,045.74	$ 165.24	$ 604.12	$ 148.17	$ 934.06
Service Item	Outpatient	I & D Abcess	10060	516	CD Chronic Disease	$ 400.74	$ 229.00	$ 257.26	$ 85.57	$ 351.13
Service Package	Inpatient	I & D Abcess	10060	516	MC 3S Oncology	$ 400.74	Charges have been	$ 318.83	$ 202.46	$ 351.13
Service Item	Outpatient	I & D Abcess	10060	516	NC Urgent Care	$ 400.74	$ 229.00	$ 265.32	$ 85.57	$ 351.13
Service Item	Outpatient	I & D Abcess	10060	516	OP Wound Center	$ 400.74	$ 165.00	$ 301.73	$ 165.00	$ 351.13
Service Item	Outpatient	I & D Abcess	10060	516	SC Urgent Care	$ 400.74	$ 229.00	$ 266.27	$ 85.57	$ 351.13
Service Item	Outpatient	I & D Abcess	10060	516	SFM Family Medicine	$ 400.74	$ 229.00	$ 300.77	$ 202.46	$ 351.13
Service Item	Outpatient	I & D Abcess - Complex	10061	516	CD Chronic Disease	$ 470.09	$ 268.62	$ 319.38	$ 143.65	$ 411.88
Service Item	Outpatient	I & D Abcess - Complex	10061	516	NC Urgent Care	$ 470.09	$ 268.62	$ 328.83	$ 143.65	$ 411.88
Service Item	Outpatient	I & D Abcess - Complex	10061	516	OP Wound Center	$ 470.09	$ 165.00	$ 367.21	$ 165.00	$ 411.88
Service Item	Outpatient	I & D Abcess - Complex	10061	516	SC Urgent Care	$ 470.09	$ 268.62	$ 329.95	$ 143.65	$ 411.88

Service Item	Outpatient	I & D Abcess - Complex	10061	516	SFM Family Medicine	$ 470.09	$ 268.62	$ 366.09	$ 268.62	$	411.88
Service Item	Outpatient	I & D Bartholin Cyst	56420	516	NC Urgent Care	$ 315.25	$ 183.64	$ 222.53	$ 147.35	$	281.58
Service Item	Outpatient	I & D Bartholin Cyst	56420	516	SC Urgent Care	$ 315.25	$ 183.64	$ 223.30	$ 147.35	$	281.58
Service Item	Outpatient	I & D Cplx Postop Wnd Inf	10180	761	OP Wound Center	$ 2,700.00	$ 165.00	$ 2,142.07	$ 165.00	$	2,686.90
Service Item	Outpatient	I & D Ext Auditory Canal	69020	516	NC Urgent Care	$ 746.75	$ 435.00	$ 539.06	$ 217.37	$	706.82
Service Item	Outpatient	I & D Ext Auditory Canal	69020	516	SC Urgent Care	$ 746.75	$ 435.00	$ 540.88	$ 217.37	$	706.82
Service Item	Outpatient	I & D External Ear	69000	516	NC Urgent Care	$ 746.75	$ 435.00	$ 534.39	$ 170.69	$	706.82
Service Item	Outpatient	I & D External Ear	69000	516	SC Urgent Care	$ 746.75	$ 435.00	$ 536.21	$ 170.69	$	706.82
Service Item	Outpatient	I & D Fluid Collection	10140	516	NC Urgent Care	$ 1,648.00	$ 960.00	$ 1,156.75	$ 120.13	$	1,590.43
Service Item	Outpatient	I & D Fluid Collection	10140	516	OP Wound Center	$ 1,648.00	$ 165.00	$ 1,333.25	$ 165.00	$	1,590.43
Service Item	Outpatient	I & D Fluid Collection	10140	516	SC Urgent Care	$ 1,648.00	$ 960.00	$ 1,160.75	$ 120.13	$	1,590.43
Service Item	Outpatient	I & D Fluid Collection	10140	516	SFM Family Medicine	$ 1,648.00	$ 960.00	$ 1,329.25	$ 960.00	$	1,590.43
Service Item	Outpatient	I & D Ischio/Perirectal A	46040	516	NC Urgent Care	$ 1,034.35	$ 1,292.18	$ 1,274.82	$ 471.60	$	1,981.34
Service Item	Outpatient	I & D Ischio/Perirectal A	46040	516	SC Urgent Care	$ 1,034.35	$ 1,292.18	$ 1,280.20	$ 471.60	$	1,981.34
Service Item	Outpatient	I & D Lymph Node Abscess	38300	516	NC Urgent Care	$ 2,781.00	$ 1,620.00	$ 1,962.25	$ 302.01	$	2,686.90
Service Item	Outpatient	I & D Lymph Node Abscess	38300	516	SC Urgent Care	$ 2,781.00	$ 1,620.00	$ 1,969.00	$ 302.01	$	2,686.90
Service Item	Outpatient	I & D Nasal Abscess	30000	516	NC Urgent Care	$ 687.33	$ 400.39	$ 460.14	$ 235.96	$	613.93
Service Item	Outpatient	I & D Nasal Abscess	30000	516	SC Urgent Care	$ 687.33	$ 400.39	$ 461.81	$ 235.96	$	613.93
Service Item	Outpatient	I & D Nasal Septum Absces	30020	516	NC Urgent Care	$ 687.33	$ 400.39	$ 487.12	$ 248.39	$	613.93
Service Item	Outpatient	I & D Nasal Septum Absces	30020	516	SC Urgent Care	$ 687.33	$ 400.39	$ 488.79	$ 248.39	$	613.93
Service Item	Outpatient	I & D Parotid Abscess	42300	516	NC Urgent Care	$ 1,648.00	$ 960.00	$ 1,162.00	$ 199.60	$	1,563.48
Service Item	Outpatient	I & D Parotid Abscess	42300	516	SC Urgent Care	$ 1,648.00	$ 960.00	$ 1,166.00	$ 199.60	$	1,563.48
Service Item	Outpatient	I & D Perianal Abscess	46050	516	NC Urgent Care	$ 786.80	$ 969.14	$ 941.24	$ 172.39	$	1,486.01
Service Item	Outpatient	I & D Perianal Abscess	46050	516	SC Urgent Care	$ 786.80	$ 969.14	$ 945.27	$ 172.39	$	1,486.01
Service Item	Outpatient	I & D Peritonsillar Absc	42700	516	NC Urgent Care	$ 660.00	$ 384.47	$ 436.46	$ 181.04	$	589.52
Service Item	Outpatient	I & D Peritonsillar Absc	42700	516	SC Urgent Care	$ 660.00	$ 384.47	$ 438.06	$ 181.04	$	589.52
Service Item	Outpatient	I & D Pilonidal Cyst	10080	516	NC Urgent Care	$ 761.25	$ 435.00	$ 532.89	$ 129.21	$	706.82
Service Item	Outpatient	I & D Pilonidal Cyst	10080	516	SC Urgent Care	$ 761.25	$ 435.00	$ 534.70	$ 129.21	$	706.82
Service Item	Outpatient	I & D Smpl Finger Abscess	26010	516	NC Urgent Care	$ 350.22	$ 204.01	$ 257.34	$ 170.01	$	312.82
Service Item	Outpatient	I & D Smpl Finger Abscess	26010	516	SC Urgent Care	$ 350.22	$ 204.01	$ 258.19	$ 170.01	$	312.82
Service Package	Inpatient and Outpatient	I&D Abscess/Cyst Cmplx		450	MC Emergency	$ 387	Charges have been	#N/A	$ 338	$	346
Service Package	Inpatient and Outpatient	I&D Abscess/Cyst Smpl		450	MC Emergency	$ 266	Charges have been	#N/A	$ 232	$	238
Service Package	Inpatient and Outpatient	I&D Hematoma/Fluid Subq		450	MC Emergency	$ 749	Charges have been	#N/A	$ 654	$	669
Service Item	Outpatient	I&D of Vulva/Perineal	56405	510	SFM Family Medicine	$ 534.90	$ 311.59	$ 411.19	$ 311.59	$	477.77
Service Package	Inpatient and Outpatient	I&D Vulva/Perinuem		450	MC Emergency	$ 279	Charges have been	#N/A	$ 244	$	250
Service Item	Inpatient and Outpatient	I-123 Mibg Up To 15 Mci	A9582	343	MC Nuclear Medicine	$ 8,328	$ 4,851	$ 6,283.60	$ 3,984	$	7,439
Service Item	Inpatient and Outpatient	IA-2 Antibody-ARUP	86341	300	MC Reference Lab	$ 18	$ 69	$ 38.74	$ 11	$	195
Service Item	Outpatient	Ibandronate 3 mg/3 mL Sol	J1740	636	CD Infusion Clinic	$ 1,844.00	$ 1,106.40	$ 957.97	$ 51.00	$	1,696.48
Service Item	Inpatient and Outpatient	Ibandronate 3 mg/3 mL Sol	J1740	636	MC Pharmacy	$ 1,844	$ 1,269	$ 957.97	$ 51	$	1,696
Service Item	Outpatient	Ibandronate 3 mg/3 mL Sol	J1740	636	NC Urgent Care	$ 1,844.00	$ 1,268.63	$ 953.36	$ 51.00	$	1,696.48
Service Item	Outpatient	Ibandronate 3 mg/3 mL Sol	J1740	636	SC Urgent Care	$ 1,844.00	$ 1,268.63	$ 957.97	$ 51.00	$	1,696.48
Service Item	Outpatient	ibuprofen (PED) 5 mg/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 5,601.90	$ 3,361.14	$ 3,228.76	$ 23.14	$	5,153.75
Service Item	Inpatient and Outpatient	ibuprofen (PED) 5 mg/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 5,602	$ 3,361	$ 3,228.76	$ 23	$	5,154
Service Item	Outpatient	ibuprofen (PED) 5 mg/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 5,601.90	$ 3,361.14	$ 3,214.75	$ 23.14	$	5,153.75
Service Item	Outpatient	ibuprofen (PED) 5 mg/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 5,601.90	$ 3,361.14	$ 3,228.76	$ 23.14	$	5,153.75
Service Item	Outpatient	ibuprofen 10 mg/mL Inj 2 mL	J3490	636	CD Infusion Clinic	$ 2,800.95	$ 1,680.57	$ 1,618.71	$ 23.14	$	2,576.87
Service Item	Inpatient and Outpatient	ibuprofen 10 mg/mL Inj 2 mL	J3490	636	MC Pharmacy	$ 2,801	$ 1,681	$ 1,618.71	$ 23	$	2,577
Service Item	Outpatient	ibuprofen 10 mg/mL Inj 2 mL	J3490	636	NC Urgent Care	$ 2,800.95	$ 1,680.57	$ 1,611.71	$ 23.14	$	2,576.87
Service Item	Outpatient	ibuprofen 10 mg/mL Inj 2 mL	J3490	636	SC Urgent Care	$ 2,800.95	$ 1,680.57	$ 1,618.71	$ 23.14	$	2,576.87
Service Item	Outpatient	ibutilide 0.1 mg/mL Inj 10 mL	J1742	636	CD Infusion Clinic	$ 1,980.95	$ 1,188.57	$ 1,105.78	$ 270.33	$	1,822.47
Service Item	Inpatient and Outpatient	ibutilide 0.1 mg/mL Inj 10 mL	J1742	636	MC Pharmacy	$ 1,981	$ 1,189	$ 1,105.78	$ 270	$	1,822
Service Item	Outpatient	ibutilide 0.1 mg/mL Inj 10 mL	J1742	636	NC Urgent Care	$ 1,980.95	$ 1,188.57	$ 1,100.83	$ 270.33	$	1,822.47
Service Item	Outpatient	ibutilide 0.1 mg/mL Inj 10 mL	J1742	636	SC Urgent Care	$ 1,980.95	$ 1,188.57	$ 1,105.78	$ 270.33	$	1,822.47
Service Item	Outpatient	Ic Cephalogram	70350	320	IC Radiology	$ 141.23	$ 47.97	$ 93.58	$ 43.01	$	126.15
Service Item	Inpatient and Outpatient	Ic Cephalogram	70350	320	MC Diag Radiology	$ 141	$ 48	$ 173.45	$ 43	$	888
Service Package	Inpatient and Outpatient	Icc Ablat A Fib L/F Ea Ad	93657	481	MC Cath Lab Srvcs	$ 8,960	Charges have been	$ 8,208.43	$ 7,829	$	8,003
Service Package	Inpatient and Outpatient	Icc Ablat Ea Add	93655	481	MC Cath Lab Srvcs	$ 8,960	Charges have been	$ 8,208.43	$ 7,829	$	8,003
Service Package	Inpatient and Outpatient	Icc Ablat For Afib	93656	481	MC Cath Lab Srvcs	$ 40,871	Charges have been	$ 32,507.14	$ 23,678	$	32,676
Service Package	Inpatient and Outpatient	Icc Ablat For Svt	93653	481	MC Cath Lab Srvcs	$ 40,871	Charges have been	$ 32,507.14	$ 23,678	$	32,676
Service Package	Inpatient and Outpatient	Icc Ablat For V-Tach	93654	481	MC Cath Lab Srvcs	$ 40,871	Charges have been	$ 32,507.14	$ 23,678	$	32,676
Service Package	Inpatient and Outpatient	Icc Ablation Av Createchb	93650	481	MC Cath Lab Srvcs	$ 14,714	Charges have been	$ 11,212.44	$ 6,820	$	11,500
Service Item	Inpatient and Outpatient	ID; Gel Qual; EA AB/AG-ARUP	86331	302	MC Reference Lab	$ 14	$ 53	$ 46.09	$ 12	$	118
Service Item	Outpatient	IDArubicin 1 mg/mL Inj 20 mL	J9211	636	CD Infusion Clinic	$ 1,838.10	$ 1,102.86	$ 830.98	$ 62.93	$	1,691.05
Service Item	Inpatient and Outpatient	IDArubicin 1 mg/mL Inj 20 mL	J9211	636	MC Pharmacy	$ 1,838	$ 1,103	$ 830.98	$ 63	$	1,691
Service Item	Outpatient	IDArubicin 1 mg/mL Inj 20 mL	J9211	636	NC Urgent Care	$ 1,838.10	$ 1,102.86	$ 826.39	$ 62.93	$	1,691.05
Service Item	Outpatient	IDArubicin 1 mg/mL Inj 20 mL	J9211	636	SC Urgent Care	$ 1,838.10	$ 1,102.86	$ 830.98	$ 62.93	$	1,691.05
Service Item	Outpatient	IDArubicin 1 mg/mL Inj 5 mL	J9211	636	CD Infusion Clinic	$ 459.55	$ 275.73	$ 335.39	$ 62.93	$	481.83
Service Item	Inpatient and Outpatient	IDArubicin 1 mg/mL Inj 5 mL	J9211	636	MC Pharmacy	$ 460	$ 276	$ 335.39	$ 63	$	482
Service Item	Outpatient	IDArubicin 1 mg/mL Inj 5 mL	J9211	636	NC Urgent Care	$ 459.55	$ 275.73	$ 334.24	$ 62.93	$	481.83
Service Item	Outpatient	IDArubicin 1 mg/mL Inj 5 mL	J9211	636	SC Urgent Care	$ 459.55	$ 275.73	$ 335.39	$ 62.93	$	481.83
Service Item	Outpatient	idaruCIZUMAB 2.5 g/50 mL	J3490	636	CD Infusion Clinic	$ 7,665.00	$ 4,599.00	$ 4,414.67	$ 23.14	$	7,051.80
Service Item	Inpatient and Outpatient	idaruCIZUMAB 2.5 g/50 mL	J3490	636	MC Pharmacy	$ 7,665	$ 4,599	$ 4,414.67	$ 23	$	7,052
Service Item	Outpatient	idaruCIZUMAB 2.5 g/50 mL	J3490	636	NC Urgent Care	$ 7,665.00	$ 4,599.00	$ 4,395.50	$ 23.14	$	7,051.80
Service Item	Outpatient	idaruCIZUMAB 2.5 g/50 mL	J3490	636	SC Urgent Care	$ 7,665.00	$ 4,599.00	$ 4,414.67	$ 23.14	$	7,051.80
Service Item	Inpatient and Outpatient	Ife Immunofixation Prot	86334	300	MC General Lab	$ 34	$ 100	$ 85.46	$ 30	$	220
Service Item	Outpatient	ifosfamide 1 g Inj	J9208	636	CD Infusion Clinic	$ 323.95	$ 194.37	$ 216.71	$ 39.77	$	298.03
Service Item	Inpatient and Outpatient	ifosfamide 1 g Inj	J9208	636	MC Pharmacy	$ 324	$ 347	$ 216.71	$ 40	$	347
Service Item	Outpatient	ifosfamide 1 g Inj	J9208	636	NC Urgent Care	$ 323.95	$ 347.07	$ 215.90	$ 39.77	$	347.07
Service Item	Outpatient	ifosfamide 1 g Inj	J9208	636	SC Urgent Care	$ 323.95	$ 347.07	$ 216.71	$ 39.77	$	347.07
Service Item	Outpatient	ifosfamide 3 g Inj	J9208	636	CD Infusion Clinic	$ 588.65	$ 353.19	$ 311.87	$ 39.77	$	541.56
Service Item	Inpatient and Outpatient	ifosfamide 3 g Inj	J9208	636	MC Pharmacy	$ 589	$ 506	$ 311.87	$ 40	$	542
Service Item	Outpatient	ifosfamide 3 g Inj	J9208	636	NC Urgent Care	$ 588.65	$ 505.89	$ 310.40	$ 39.77	$	541.56
Service Item	Outpatient	ifosfamide 3 g Inj	J9208	636	SC Urgent Care	$ 588.65	$ 505.89	$ 311.87	$ 39.77	$	541.56
Service Item	Inpatient and Outpatient	IgF Binding Protein 1-ARUP	83519	300	MC Reference Lab	$ 122	$ 60	$ 91.76	$ 56	$	147
Service Item	Inpatient and Outpatient	IGF Binding Protein-3-ARUP	82397	300	MC Reference Lab	$ 15	$ 63	$ 30.22	$ 9	$	139
Service Item	Inpatient and Outpatient	IGF-1 (Insulin-Like Growth Factor 1)-ARUP	84305	300	MC Reference Lab	$ 22	$ 76	$ 43.68	$ 13	$	209
Service Item	Inpatient and Outpatient	Igg 1 2 3 or 4 each-ARUP	82787	300	MC Reference Lab	$ 9	$ 148	$ 16.37	$ 5	$	148
Service Item	Inpatient and Outpatient	Igg Csf 50670	82784	300	MC Reference Lab	$ 6	$ 35	$ 31.97	$ 5	$	91
Service Item	Inpatient and Outpatient	Igg Serum 50350	82784	300	MC Reference Lab	$ 6	$ 35	$ 31.97	$ 5	$	91
Service Item	Inpatient and Outpatient	Igg Subclass 150571	82787	300	MC Reference Lab	$ 9	$ 148	$ 16.45	$ 5	$	148
Service Item	Inpatient and Outpatient	Igg Subclass 250572	82787	300	MC Reference Lab	$ 9	$ 148	$ 16.45	$ 5	$	148
Service Item	Inpatient and Outpatient	Igg Subclass 350573	82787	300	MC Reference Lab	$ 9	$ 148	$ 16.45	$ 5	$	148
Service Item	Inpatient and Outpatient	Igg Subclass 450576	82787	300	MC Reference Lab	$ 9	$ 148	$ 16.45	$ 5	$	148
Service Package	Inpatient and Outpatient	Ileoscopy Thru Stoma	44380	750	MC Endo Services	$ 2,700	Charges have been	$ 2,063.66	$ 911	$	2,484
Service Package	Inpatient and Outpatient	Ileoscopy Thru Stoma; W Bx Sgl/Multi	44382	750	MC Endo Services	$ 2,700	Charges have been	$ 2,063.66	$ 911	$	2,484
Service Package	Inpatient and Outpatient	Iliac Revasc	37220	361	MC Cath Lab Srvcs	$ 12,385	Charges have been	$ 8,442.64	$ 5,490	$	5,740
Service Package	Inpatient and Outpatient	Iliac Revasc Add-On	37222	361	MC Cath Lab Srvcs	$ 6,006	Charges have been	$ 5,502.15	$ 5,248	$	5,364
Service Package	Inpatient and Outpatient	Iliac Revasc W/Stent	37221	361	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 16,961.05	$ 11,280	$	11,530
Service Package	Inpatient and Outpatient	Iliac Revsc W/Stnt Add-On	37223	361	MC Cath Lab Srvcs	$ 6,006	Charges have been	$ 5,502.15	$ 5,248	$	5,364
Service Item	Outpatient	Imm Adm Oral/Nasal 1 Vac	90473	771	CD Chronic Disease	$ 101.32	$ 59.02	$ 68.09	$ 25.58	$	90.50
Service Item	Outpatient	Imm Adm Oral/Nasal 1 Vac	90473	771	CD Infusion Clinic	$ 101.32	$ 59.02	$ 77.37	$ 59.02	$	90.50
Service Item	Inpatient and Outpatient	Imm Adm Oral/Nasal 1 Vac	90473	771	MC Pharmacy	$ 101	$ 59	$ 79.20	$ 59	$	91
Service Item	Outpatient	Imm Adm Oral/Nasal 1 Vac	90473	771	NC Urgent Care	$ 101.32	$ 59.02	$ 70.17	$ 25.58	$	90.50
Service Item	Outpatient	Imm Adm Oral/Nasal 1 Vac	90473	771	SC Urgent Care	$ 101.32	$ 59.02	$ 70.41	$ 25.58	$	90.50
Service Item	Outpatient	Imm Adm Oral/Nasal 1 Vac	90473	771	SFM Family Medicine	$ 101.32	$ 59.02	$ 78.95	$ 59.02	$	90.50
Service Item	Inpatient and Outpatient	Immhistochem Ea Antibody	88342	310	MC Pathology	$ 166	$ 42	$ 200.30	$ 38	$	590
Service Package	Inpatient and Outpatient	Immobilizer - Shoulder La	L3660	274	MC Central Supply	$ 162	Charges have been	$ 150.87	$ 146	$	149
Service Package	Inpatient and Outpatient	Immoblizer - Knee Large	L1830	274	MC Central Supply	$ 591	Charges have been	$ 544.30	$ 532	$	544
Service Package	Inpatient and Outpatient	Immoblizer - Knee Medium	L1830	274	MC Central Supply	$ 569	Charges have been	$ 529.34	$ 512	$	524
Service Item	Outpatient	immune globulin 10% (Gamunex) Inj 100 mL	J1561	636	CD Infusion Clinic	$ 4,233.75	$ 2,540.25	$ 1,826.98	$ 42.19	$	3,895.05
Service Item	Inpatient and Outpatient	immune globulin 10% (Gamunex) Inj 100 mL	J1561	636	MC Pharmacy	$ 4,234	$ 2,540	$ 1,826.98	$ 42	$	3,895
Service Item	Outpatient	immune globulin 10% (Gamunex) Inj 100 mL	J1561	636	NC Urgent Care	$ 4,233.75	$ 2,540.25	$ 1,816.39	$ 42.19	$	3,895.05
Service Item	Outpatient	immune globulin 10% (Gamunex) Inj 100 mL	J1561	636	SC Urgent Care	$ 4,233.75	$ 2,540.25	$ 1,826.98	$ 42.19	$	3,895.05
Service Item	Outpatient	immune globulin 10% (Gamunex) Inj 50 mL	J1561	636	CD Infusion Clinic	$ 2,116.90	$ 1,270.14	$ 1,065.97	$ 42.19	$	1,947.55
Service Item	Inpatient and Outpatient	immune globulin 10% (Gamunex) Inj 50 mL	J1561	636	MC Pharmacy	$ 2,117	$ 1,270	$ 1,065.97	$ 42	$	1,948
Service Item	Outpatient	immune globulin 10% (Gamunex) Inj 50 mL	J1561	636	NC Urgent Care	$ 2,116.90	$ 1,270.14	$ 1,060.68	$ 42.19	$	1,947.55
Service Item	Outpatient	immune globulin 10% (Gamunex) Inj 50 mL	J1561	636	SC Urgent Care	$ 2,116.90	$ 1,270.14	$ 1,065.97	$ 42.19	$	1,947.55
Service Item	Outpatient	immune globulin 10% (Privigen) IV Soln 100 mL	J1459	636	CD Infusion Clinic	$ 4,861.80	$ 2,917.08	$ 2,418.19	$ 41.50	$	4,472.86

Service Item	Inpatient and Outpatient	immune globulin 10% (Privigen) IV Soln 100 mL	J1459	636	MC Pharmacy	$ 4,862	$ 2,969	$ 2,418.19	$ 42	$ 4,473
Service Item	Outpatient	immune globulin 10% (Privigen) IV Soln 100 mL	J1459	636	NC Urgent Care	$ 4,861.80	$ 2,969.21	$ 2,406.03	$ 41.50	$ 4,472.86
Service Item	Outpatient	immune globulin 10% (Privigen) IV Soln 100 mL	J1459	636	SC Urgent Care	$ 4,861.80	$ 2,969.21	$ 2,418.19	$ 41.50	$ 4,472.86
Service Item	Outpatient	immune globulin 10% (Privigen) IV Soln 400 mL	J1459	636	CD Infusion Clinic	$ 19,447.20	$ 11,668.32	$ 7,661.64	$ 41.50	$ 17,891.42
Service Item	Inpatient and Outpatient	immune globulin 10% (Privigen) IV Soln 400 mL	J1459	636	MC Pharmacy	$ 19,447	$ 11,720	$ 7,661.64	$ 42	$ 17,891
Service Item	Outpatient	immune globulin 10% (Privigen) IV Soln 400 mL	J1459	636	NC Urgent Care	$ 19,447.20	$ 11,720.45	$ 7,613.02	$ 41.50	$ 17,891.42
Service Item	Outpatient	immune globulin 10% (Privigen) IV Soln 400 mL	J1459	636	SC Urgent Care	$ 19,447.20	$ 11,720.45	$ 7,661.64	$ 41.50	$ 17,891.42
Service Item	Outpatient	immune globulin 10% (Privigen) IV Soln 50 mL	J1459	636	CD Infusion Clinic	$ 2,430.90	$ 1,458.54	$ 1,544.28	$ 41.50	$ 3,301.16
Service Item	Inpatient and Outpatient	immune globulin 10% (Privigen) IV Soln 50 mL	J1459	636	MC Pharmacy	$ 2,431	$ 1,511	$ 1,544.28	$ 42	$ 3,301
Service Item	Outpatient	immune globulin 10% (Privigen) IV Soln 50 mL	J1459	636	NC Urgent Care	$ 2,430.90	$ 1,510.67	$ 1,538.20	$ 41.50	$ 3,301.16
Service Item	Outpatient	immune globulin 10% (Privigen) IV Soln 50 mL	J1459	636	SC Urgent Care	$ 2,430.90	$ 1,510.67	$ 1,544.28	$ 41.50	$ 3,301.16
Service Item	Outpatient	immune globulin PED 10% IV	J1459	636	CD Infusion Clinic	$ 61.95	$ 37.17	$ 692.64	$ 37.17	$ 3,301.16
Service Item	Inpatient and Outpatient	immune globulin PED 10% IV	J1459	636	MC PE Infusion	$ 62	$ 89	$ 381.27	$ 42	$ 3,301
Service Package	Inpatient	immune globulin PED 10% IV	J1459	636	MC PE Pediatrics	$ 61.95	Charges have been	$ 52.50	$ 41.50	$ 56.99
Service Item	Inpatient and Outpatient	immune globulin PED 10% IV	J1459	636	MC Pharmacy	$ 62	$ 89	$ 692.64	$ 42	$ 3,301
Service Item	Outpatient	immune globulin PED 10% IV	J1459	636	NC Urgent Care	$ 61.95	$ 89.30	$ 692.49	$ 41.50	$ 3,301.16
Service Item	Outpatient	immune globulin PED 10% IV	J1459	636	SC Urgent Care	$ 61.95	$ 89.30	$ 692.64	$ 41.50	$ 3,301.16
Service Item	Inpatient and Outpatient	Immunfix e-phorsis/urine/csf-ARUP	86335	302	MC Reference Lab	$ 33	$ 62	$ 63.42	$ 20	$ 289
Service Item	Outpatient	Immunization Admin Ea Add Vaccine	90472	771	NC Urgent Care	$ 49.99	$ 29.12	$ 35.58	$ 13.14	$ 44.65
Service Item	Outpatient	Immunization Admin Ea Add Vaccine	90472	771	SC Urgent Care	$ 49.99	$ 29.12	$ 35.70	$ 13.14	$ 44.65
Service Item	Outpatient	Immunization Admin Ea Add Vaccine	90472	771	SFM Family Medicine	$ 49.99	$ 29.12	$ 40.35	$ 29.12	$ 44.65
Service Item	Inpatient and Outpatient	Immunoassay nonantibody-ARUP	83516	300	MC Reference Lab	$ 10	$ 104	$ 43.46	$ 9	$ 113
Service Item	Inpatient and Outpatient	Immunofixation E-Phoresis, Urine-ARUP	86335	300	MC Reference Lab	$ 28	$ 62	$ 60.72	$ 17	$ 289
Service Item	Inpatient and Outpatient	Immunofixation, FLC, Quant, Urine-ARUP	83520	300	MC Reference Lab	$ 10	$ 58	$ 26.12	$ 6	$ 138
Service Item	Inpatient and Outpatient	Immunoglobulin A-ARUP	82784	300	MC Reference Lab	$ 6	$ 35	$ 31.91	$ 5	$ 91
Service Item	Inpatient and Outpatient	Immunoglobulin assay-ARUP	86023	305	MC Reference Lab	$ 14	$ 48	$ 26.80	$ 8	$ 123
Service Item	Inpatient and Outpatient	Immunoglobulin E50345	82785	300	MC Reference Lab	$ 19	$ 73	$ 35.62	$ 11	$ 162
Service Item	Inpatient and Outpatient	Immunoglobulin E-ARUP	82785	300	MC Reference Lab	$ 15	$ 73	$ 33.36	$ 9	$ 162
Service Item	Inpatient and Outpatient	Immunoglobulin G Subclass 4-ARUP	82787	300	MC Reference Lab	$ 9	$ 148	$ 16.37	$ 5	$ 148
Service Item	Inpatient and Outpatient	Immunoglobulin Iga	82784	301	MC General Lab	$ 13	$ 35	$ 34.42	$ 11	$ 91
Service Item	Inpatient and Outpatient	Immunoglobulin Igg	82784	301	MC General Lab	$ 13	$ 35	$ 34.42	$ 11	$ 91
Service Item	Inpatient and Outpatient	Immunoglobulin Igm	82784	301	MC General Lab	$ 13	$ 35	$ 34.42	$ 11	$ 91
Service Item	Outpatient	Immunoreative Trypsin Irt	83516	301	Reference Lab CA HS	$ 16.74	$ 104.25	$ 45.74	$ 14.23	$ 113.44
Service Package	Inpatient and Outpatient	Impact Cerumen Rmvl 1Or2		450	MC Emergency	$ 104	Charges have been	#N/A	$ 91	$ 93
Service Package	Inpatient and Outpatient	Impella Implanted Device		278	MC Central Supply	$ 61,118	Charges have been	#N/A	$ 54,461	$ 55,672
Service Package	Inpatient and Outpatient	Implant Interspin Proc	C1821	278	MC Central Supply	$ 13,869	Charges have been	$ 12,832.78	$ 12,358	$ 12,633
Service Package	Inpatient and Outpatient	Implant Subtalar	C1713	278	MC Central Supply	$ 7,212	Charges have been	$ 6,279.80	$ 6,426	$ 6,569
Service Package	Inpatient and Outpatient	Implantable Breast Marker	A4648	278	MC Central Supply	$ 3,277	Charges have been	$ 3,032.15	$ 2,920	$ 2,985
Service Item	Outpatient	Imrt Daily Tx Complex	77386	333	HR Radiation Onc	$ 2,358.38	$ 2,184.30	$ 2,328.76	$ 624.34	$ 7,464.77
Service Item	Inpatient and Outpatient	Imrt Daily Tx Complex	77386	333	MC Radiation Thrpy	$ 2,358	$ 2,184	$ 2,415.99	$ 624	$ 7,465
Service Item	Outpatient	Imrt Daily Tx Complex	77386	333	VR Radiation Onc	$ 2,358.38	$ 2,184.30	$ 2,328.76	$ 624.34	$ 7,464.77
Service Item	Outpatient	Imrt Daily Tx Simple	77385	333	HR Radiation Onc	$ 2,143.93	$ 1,819.89	$ 2,190.56	$ 624.34	$ 7,464.77
Service Item	Inpatient and Outpatient	Imrt Daily Tx Simple	77385	333	MC Radiation Thrpy	$ 2,144	$ 1,820	$ 2,270.70	$ 624	$ 7,465
Service Item	Outpatient	Imrt Daily Tx Simple	77385	333	VR Radiation Onc	$ 2,143.93	$ 1,819.89	$ 2,190.56	$ 624.34	$ 7,464.77
Service Item	Outpatient	Imrt Plan	77301	333	HR Radiation Onc	$ 8,567.80	$ 3,394.17	$ 7,079.48	$ 1,442.98	$ 16,959.85
Service Item	Inpatient and Outpatient	Imrt Plan	77301	333	MC Radiation Thrpy	$ 8,568	$ 3,394	$ 7,082.51	$ 1,443	$ 16,960
Service Item	Outpatient	Imrt Plan	77301	333	VR Radiation Onc	$ 8,567.80	$ 3,394.17	$ 6,757.13	$ 1,442.98	$ 16,959.85
Service Item	Outpatient	Incise Extern Hemorrhoid	46083	510	SFM Family Medicine	$ 241.95	$ 244.59	$ 292.98	$ 244.59	$ 375.04
Service Item	Outpatient	Incision and Removal of FB, Subsut Tissue, Comp	10121	510	SFM Family Medicine	$ 3,422.95	$ 1,955.97	$ 2,555.17	$ 1,590.43	$ 2,999.15
Service Item	Outpatient	indigo carmine 8 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 767.25	$ 460.35	$ 449.70	$ 23.14	$ 705.87
Service Item	Inpatient and Outpatient	indigo carmine 8 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 767	$ 460	$ 449.70	$ 23	$ 706
Service Item	Outpatient	indigo carmine 8 mg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 767.25	$ 460.35	$ 447.78	$ 23.14	$ 705.87
Service Item	Outpatient	indigo carmine 8 mg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 767.25	$ 460.35	$ 449.70	$ 23.14	$ 705.87
Service Package	Inpatient and Outpatient	Individual Sp Ther 15 Min	92507	440	MC ST Services	$ 133	Charges have been	$ 142.61	$ 120	$ 123
Service Package	Inpatient	Individual Sp Ther 15 Min	92507	440	MH ST Services	$ 133.25	Charges have been	$ 142.61	$ 119.93	$ 122.59
Service Item	Outpatient	Individual Sp Ther 15 Min	92507	440	OP Hand Center	$ 133.25	$ 120.00	$ 117.86	$ 79.95	$ 122.59
Service Item	Outpatient	Individual Sp Ther 15 Min	92507	440	OP Therapy Akers	$ 133.25	$ 120.00	$ 147.36	$ 99.94	$ 317.00
Service Item	Outpatient	Individual Sp Ther 15 Min	92507	440	OP Therapy Dinuba	$ 133.25	$ 120.00	$ 147.36	$ 99.94	$ 317.00
Service Item	Outpatient	Individual Sp Ther 15 Min	92507	440	OP Therapy Exeter	$ 133.25	$ 120.00	$ 147.36	$ 99.94	$ 317.00
Service Item	Outpatient	Individual Sp Ther 15 Min	92507	440	OP Therapy Lovers Ln	$ 133.25	$ 120.00	$ 147.36	$ 99.94	$ 317.00
Service Item	Outpatient	Individual Sp Ther 15 Min	92507	440	OP Therapy Neuro	$ 133.25	$ 120.00	$ 121.01	$ 79.95	$ 131.06
Service Item	Inpatient	Individual Sp Ther 15 Min	92507	440	RH ST Services	$ 133.25	Charges have been	$ 142.61	$ 79.95	$ 376.15
Service Item	Inpatient	Individual Sp Ther 15 Min	92507	440	SA ST Services	$ 133.25	Charges have been	$ 142.61	$ 119.93	$ 122.59
Service Item	Inpatient	Individual Sp Ther 15 Min	92507	440	SN TC Ortho ST	$ 133.25	Charges have been	$ 142.61	$ 119.93	$ 122.59
Service Item	Inpatient	Individual Sp Ther 15 Min	92507	440	SN TS ST Services	$ 133.25	Charges have been	$ 142.61	$ 119.93	$ 122.59
Service Package	Inpatient and Outpatient	Individual Sp Ther 30 Min	92507	440	MC ST Services	$ 208	Charges have been	$ 193.44	$ 187	$ 191
Service Package	Inpatient	Individual Sp Ther 30 Min	92507	440	MH ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Outpatient	Individual Sp Ther 30 Min	92507	440	OP Hand Center	$ 208.00	$ 120.00	$ 172.31	$ 120.00	$ 191.36
Service Item	Outpatient	Individual Sp Ther 30 Min	92507	440	OP Therapy Akers	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 30 Min	92507	440	OP Therapy Dinuba	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 30 Min	92507	440	OP Therapy Exeter	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 30 Min	92507	440	OP Therapy Lovers Ln	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 30 Min	92507	440	OP Therapy Neuro	$ 208.00	$ 120.00	$ 169.88	$ 120.00	$ 191.36
Service Item	Inpatient	Individual Sp Ther 30 Min	92507	440	RH ST Services	$ 208.00	Charges have been	$ 193.44	$ 124.80	$ 376.15
Service Item	Inpatient	Individual Sp Ther 30 Min	92507	440	SA ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Individual Sp Ther 30 Min	92507	440	SN TC Ortho ST	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Individual Sp Ther 30 Min	92507	440	SN TS ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Package	Inpatient and Outpatient	Individual Sp Ther 45 Min	92507	440	MC ST Services	$ 208	Charges have been	$ 193.44	$ 187	$ 191
Service Package	Inpatient	Individual Sp Ther 45 Min	92507	440	MH ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Outpatient	Individual Sp Ther 45 Min	92507	440	OP Hand Center	$ 208.00	$ 120.00	$ 172.31	$ 120.00	$ 191.36
Service Item	Outpatient	Individual Sp Ther 45 Min	92507	440	OP Therapy Akers	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 45 Min	92507	440	OP Therapy Dinuba	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 45 Min	92507	440	OP Therapy Exeter	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 45 Min	92507	440	OP Therapy Lovers Ln	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 45 Min	92507	440	OP Therapy Neuro	$ 208.00	$ 120.00	$ 169.88	$ 120.00	$ 191.36
Service Item	Inpatient	Individual Sp Ther 45 Min	92507	440	RH ST Services	$ 208.00	Charges have been	$ 193.44	$ 124.80	$ 376.15
Service Item	Inpatient	Individual Sp Ther 45 Min	92507	440	SA ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Individual Sp Ther 45 Min	92507	440	SN TC Ortho ST	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Individual Sp Ther 45 Min	92507	440	SN TS ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Package	Inpatient and Outpatient	Individual Sp Ther 60 Min	92507	440	MC ST Services	$ 208	Charges have been	$ 193.44	$ 187	$ 191
Service Package	Inpatient	Individual Sp Ther 60 Min	92507	440	MH ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Outpatient	Individual Sp Ther 60 Min	92507	440	OP Hand Center	$ 208.00	$ 120.00	$ 172.31	$ 120.00	$ 191.36
Service Item	Outpatient	Individual Sp Ther 60 Min	92507	440	OP Therapy Akers	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 60 Min	92507	440	OP Therapy Dinuba	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 60 Min	92507	440	OP Therapy Exeter	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 60 Min	92507	440	OP Therapy Lovers Ln	$ 208.00	$ 120.00	$ 193.34	$ 120.00	$ 317.00
Service Item	Outpatient	Individual Sp Ther 60 Min	92507	440	OP Therapy Neuro	$ 208.00	$ 120.00	$ 169.88	$ 120.00	$ 191.36
Service Item	Inpatient	Individual Sp Ther 60 Min	92507	440	RH ST Services	$ 208.00	Charges have been	$ 193.44	$ 124.80	$ 376.15
Service Item	Inpatient	Individual Sp Ther 60 Min	92507	440	SA ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Individual Sp Ther 60 Min	92507	440	SN TC Ortho ST	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Individual Sp Ther 60 Min	92507	440	SN TS ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Package	Inpatient and Outpatient	Individual Sp Ther 90 Min	92507	440	MC ST Services	$ 221	Charges have been	$ 202.06	$ 199	$ 203
Service Package	Inpatient	Individual Sp Ther 90 Min	92507	440	MH ST Services	$ 220.67	Charges have been	$ 202.06	$ 198.60	$ 203.02
Service Item	Inpatient	Individual Sp Ther 90 Min	92507	440	RH ST Services	$ 220.67	Charges have been	$ 202.06	$ 131.06	$ 376.15
Service Item	Inpatient	Individual Sp Ther 90 Min	92507	440	SA ST Services	$ 220.67	Charges have been	$ 202.06	$ 198.60	$ 203.02
Service Item	Inpatient	Individual Sp Ther 90 Min	92507	440	SN TC Ortho ST	$ 220.67	Charges have been	$ 202.06	$ 198.60	$ 203.02
Service Item	Inpatient	Individual Sp Ther 90 Min	92507	440	SN TS ST Services	$ 220.67	Charges have been	$ 202.06	$ 198.60	$ 203.02
Service Item	Outpatient	indocyanine green 25 mg Inj	J3490	636	CD Infusion Clinic	$ 492.90	$ 295.74	$ 292.00	$ 23.14	$ 453.47
Service Item	Inpatient and Outpatient	indocyanine green 25 mg Inj	J3490	636	MC Pharmacy	$ 493	$ 296	$ 292.00	$ 23	$ 453
Service Item	Outpatient	indocyanine green 25 mg Inj	J3490	636	NC Urgent Care	$ 492.90	$ 295.74	$ 290.77	$ 23.14	$ 453.47
Service Item	Outpatient	indocyanine green 25 mg Inj	J3490	636	SC Urgent Care	$ 492.90	$ 295.74	$ 292.00	$ 23.14	$ 453.47
Service Item	Outpatient	indomethacin 1 mg Inj	J3490	636	CD Infusion Clinic	$ 2,316.80	$ 1,390.08	$ 1,340.42	$ 23.14	$ 2,131.46
Service Item	Inpatient and Outpatient	indomethacin 1 mg Inj	J3490	636	MC Pharmacy	$ 2,317	$ 1,390	$ 1,340.42	$ 23	$ 2,131
Service Item	Outpatient	indomethacin 1 mg Inj	J3490	636	NC Urgent Care	$ 2,316.80	$ 1,390.08	$ 1,334.62	$ 23.14	$ 2,131.46
Service Item	Outpatient	indomethacin 1 mg Inj	J3490	636	SC Urgent Care	$ 2,316.80	$ 1,390.08	$ 1,340.42	$ 23.14	$ 2,131.46
Service Item	Outpatient	indomethacin IV (PED) 0.5 mg/mL	J3490	636	CD Infusion Clinic	$ 1,475.75	$ 885.45	$ 856.96	$ 23.14	$ 1,357.69
Service Item	Inpatient and Outpatient	indomethacin IV (PED) 0.5 mg/mL	J3490	636	MC Pharmacy	$ 1,476	$ 885	$ 856.96	$ 23	$ 1,358
Service Item	Outpatient	indomethacin IV (PED) 0.5 mg/mL	J3490	636	NC Urgent Care	$ 1,475.75	$ 885.45	$ 853.27	$ 23.14	$ 1,357.69

Service Item	Outpatient	indomethacin IV (PED) 0.5 mg/mL	J3490	636	SC Urgent Care	$ 1,475.75	$ 885.45	$ 856.96	$ 23.14	$ 1,357.69
Service Item	Outpatient	Inf Addtl Seq Up To 1 Hr	96367	260	CD Infusion Clinic	$ 225.92	$ 131.60	$ 155.77	$ 70.07	$ 201.79
Service Package	Inpatient	Inf Addtl Seq Up To 1 Hr	96367	260	MC 2N Cardiac Srvc	$ 225.92	Charges have been	$ 169.66	$ 70.07	$ 201.79
Service Package	Inpatient	Inf Addtl Seq Up To 1 Hr	96367	260	MC 2S Med Surg	$ 225.92	Charges have been	$ 169.66	$ 70.07	$ 201.79
Service Package	Inpatient	Inf Addtl Seq Up To 1 Hr	96367	260	MC 3N Surgical	$ 225.92	Charges have been	$ 169.66	$ 70.07	$ 201.79
Service Package	Inpatient	Inf Addtl Seq Up To 1 Hr	96367	260	MC 3S Oncology	$ 225.92	Charges have been	$ 169.66	$ 70.07	$ 201.79
Service Package	Inpatient	Inf Addtl Seq Up To 1 Hr	96367	260	MC 4N Med Renal	$ 225.92	Charges have been	$ 169.66	$ 70.07	$ 201.79
Service Package	Inpatient	Inf Addtl Seq Up To 1 Hr	96367	260	MC 4S Ortho Surgery	$ 225.92	Charges have been	$ 169.66	$ 70.07	$ 201.79
Service Package	Inpatient	Inf Addtl Seq Up To 1 Hr	96367	260	MC BP Broderick Pav	$ 225.92	Charges have been	$ 169.66	$ 70.07	$ 201.79
Service Package	Inpatient and Outpatient	Inf Addtl Seq Up To 1 Hr	96367	260	MC Emergency	$ 226	Charges have been	$ 169.66	$ 70	$ 202
Service Item	Outpatient	Inf Addtl Seq Up To 1 Hr	96367	260	NC Urgent Care	$ 225.92	$ 131.60	$ 143.43	$ 39.99	$ 201.79
Service Item	Outpatient	Inf Addtl Seq Up To 1 Hr	96367	260	SC Urgent Care	$ 225.92	$ 131.60	$ 143.97	$ 39.99	$ 201.79
Service Item	Outpatient	Infant Chest/Abdomen Xray	71045	324	IC Radiology	$ 260.06	$ 151.49	$ 151.17	$ 34.64	$ 232.29
Service Item	Inpatient and Outpatient	Infant Chest/Abdomen Xray	71045	324	MC Diag Radiology	$ 260	$ 151	$ 223.54	$ 35	$ 888
Service Item	Outpatient	Infant Chest/Abdomen Xray	71045	324	NC Diag Imaging	$ 260.06	$ 151.49	$ 223.54	$ 34.64	$ 887.81
Service Item	Outpatient	Infant Chest/Abdomen Xray	71045	324	SC Diag Imaging	$ 260.06	$ 151.49	$ 223.54	$ 34.64	$ 887.81
Service Item	Inpatient	Infant Hear Re-Screen O/P		470	MC BA Nursery	$ 73.21	Charges have been	#N/A	$ 63.97	$ 65.39
Service Package	Inpatient and Outpatient	Infant Hear Re-Screen O/P		470	MC Lbr & Dlvy Rev	$ 73	Charges have been	#N/A	$ 64	$ 65
Service Package	Inpatient	Infant Hear Re-Screen O/P		470	MC NB Newborn Care	$ 73.21	Charges have been	#N/A	$ 63.97	$ 65.39
Service Package	Inpatient	Infant Hear Re-Screen O/P		470	MC NC Special Care	$ 73.21	Charges have been	#N/A	$ 63.97	$ 65.39
Service Package	Inpatient	Infant Hear Re-Screen O/P		470	MC NI NICU	$ 73.21	Charges have been	#N/A	$ 63.97	$ 65.39
Service Package	Inpatient	Infant Hearing Screen I/P		470	MC NO Newborn Care	$ 73.21	Charges have been	#N/A	$ 63.97	$ 65.39
Service Package	Inpatient	Infant Hearing Screen O/P		470	MC NO Newborn Care	$ 66.65	Charges have been	#N/A	$ 58.24	$ 59.53
Service Item	Inpatient and Outpatient	Infectious Agent Probe	87797	306	MC General Lab	$ 240	$ 86	$ 176.34	$ 78	$ 239
Service Item	Outpatient	inFLIXimab 100 mg Inj	J1745	636	CD Infusion Clinic	$ 4,506.70	$ 2,704.02	$ 2,259.93	$ 47.62	$ 4,146.16
Service Item	Inpatient and Outpatient	inFLIXimab 100 mg Inj	J1745	636	MC Pharmacy	$ 4,507	$ 2,704	$ 2,259.93	$ 48	$ 4,146
Service Item	Outpatient	inFLIXimab 100 mg Inj	J1745	636	NC Urgent Care	$ 4,506.70	$ 2,704.02	$ 2,248.66	$ 47.62	$ 4,146.16
Service Item	Outpatient	inFLIXimab 100 mg Inj	J1745	636	SC Urgent Care	$ 4,506.70	$ 2,704.02	$ 2,259.93	$ 47.62	$ 4,146.16
Service Item	Inpatient and Outpatient	Influenza A Dfa60294	87276	306	MC Reference Lab	$ 11	$ 40	$ 22.76	$ 6	$ 128
Service Item	Inpatient and Outpatient	Influenza A Igg51074	86710	301	MC Reference Lab	$ 15	$ 62	$ 29.33	$ 9	$ 133
Service Item	Inpatient and Outpatient	Influenza A Igm51081	86710	301	MC Reference Lab	$ 15	$ 62	$ 29.33	$ 9	$ 133
Service Package	Inpatient and Outpatient	Influenza A&B Poc	87804	300	MC Emergency	$ 53	$ 40	$ 58.77	$ 36	$ 132
Service Item	Outpatient	Influenza A&B Poc	87804	300	NC Urgent Care	$ 53.31	$ 40.05	$ 58.64	$ 35.91	$ 131.81
Service Item	Outpatient	Influenza A&B Poc	87804	300	SC Urgent Care	$ 53.31	$ 40.05	$ 58.77	$ 35.91	$ 131.81
Service Item	Outpatient	Influenza A&B Poc	87804	300	SFM Family Medicine	$ 53.31	$ 40.05	$ 58.64	$ 35.91	$ 131.81
Service Package	Inpatient and Outpatient	Influenza A/B Automated	87502	300	MC Emergency	$ 283	$ 307	$ 404.32	$ 245	$ 837
Service Item	Inpatient and Outpatient	Influenza A/B Automated	87502	300	MC General Lab	$ 283	$ 307	$ 404.32	$ 245	$ 837
Service Item	Outpatient	Influenza A/B Automated	87502	300	NC Urgent Care	$ 282.88	$ 307.07	$ 403.62	$ 238.07	$ 836.57
Service Item	Outpatient	Influenza A/B Automated	87502	300	SC Urgent Care	$ 282.88	$ 307.07	$ 404.32	$ 245.07	$ 836.57
Service Item	Outpatient	Influenza A/B Automated	87502	300	SFM Family Medicine	$ 282.88	$ 307.07	$ 403.62	$ 238.07	$ 836.57
Service Item	Inpatient and Outpatient	Influenza B Dfa60295	87275	306	MC Reference Lab	$ 11	$ 41	$ 22.79	$ 6	$ 118
Service Item	Inpatient and Outpatient	Influenza B Igg51080	86710	301	MC Reference Lab	$ 15	$ 62	$ 29.33	$ 9	$ 133
Service Item	Inpatient and Outpatient	Influenza B Igm51079	86710	301	MC Reference Lab	$ 15	$ 62	$ 29.33	$ 9	$ 133
Service Item	Outpatient	influenza vaccine (> 6 months old) PF Quad 60 m	90686	636	CD Chronic Disease	$ 77.70	$ 66.95	$ 53.48	$ 17.73	$ 71.48
Service Item	Outpatient	influenza vaccine (> 6 months old) PF Quad 60 m	90686	636	CD Infusion Clinic	$ 77.70	$ 46.62	$ 53.68	$ 17.73	$ 71.48
Service Item	Inpatient and Outpatient	influenza vaccine (> 6 months old) PF Quad 60 m	90686	636	MC Pharmacy	$ 78	$ 67	$ 53.68	$ 18	$ 71
Service Item	Outpatient	influenza vaccine (> 6 months old) PF Quad 60 m	90686	636	NC Urgent Care	$ 77.70	$ 66.95	$ 53.48	$ 17.73	$ 71.48
Service Item	Outpatient	influenza vaccine (> 6 months old) PF Quad 60 m	90686	636	SC Urgent Care	$ 77.70	$ 66.95	$ 53.68	$ 17.73	$ 71.48
Service Item	Outpatient	influenza vaccine (> 6 months old) PF Quad 60 m	90686	636	SFM Family Medicine	$ 77.70	$ 66.95	$ 53.48	$ 17.73	$ 71.48
Service Item	Outpatient	influenza vaccine (> 6 months old), inactivated q	90688	636	CD Infusion Clinic	$ 69.15	$ 41.49	$ 47.93	$ 16.54	$ 63.62
Service Item	Inpatient and Outpatient	influenza vaccine (> 6 months old), inactivated q	90688	636	MC Pharmacy	$ 69	$ 41	$ 47.93	$ 17	$ 64
Service Item	Outpatient	influenza vaccine (> 6 months old), inactivated q	90688	636	NC Urgent Care	$ 69.15	$ 41.49	$ 47.75	$ 16.54	$ 63.62
Service Item	Outpatient	influenza vaccine (> 6 months old), inactivated q	90688	636	SC Urgent Care	$ 69.15	$ 41.49	$ 47.93	$ 16.54	$ 63.62
Service Item	Outpatient	influenza vaccine (> 6 months old), inactivated q	90688	636	SFM Family Medicine	$ 69.15	$ 41.49	$ 47.75	$ 16.54	$ 63.62
Service Item	Outpatient	influenza vaccine (> 6 months old), inactivated q	90688	636	VD Visalia Dialysis	$ 69.15	$ 41.49	$ 47.93	$ 16.54	$ 63.62
Service Item	Outpatient	influenza vaccine (6 - 35 months) PF Quad 30 mc	90685	636	CD Infusion Clinic	$ 80.10	$ 48.06	$ 56.51	$ 19.52	$ 73.69
Service Item	Inpatient and Outpatient	influenza vaccine (6 - 35 months) PF Quad 30 mc	90685	636	MC Pharmacy	$ 80	$ 48	$ 56.51	$ 20	$ 74
Service Item	Outpatient	influenza vaccine (6 - 35 months) PF Quad 30 mc	90685	636	NC Urgent Care	$ 80.10	$ 48.06	$ 56.31	$ 19.52	$ 73.69
Service Item	Outpatient	influenza vaccine (6 - 35 months) PF Quad 30 mc	90685	636	SC Urgent Care	$ 80.10	$ 48.06	$ 56.51	$ 19.52	$ 73.69
Service Item	Outpatient	influenza vaccine (6 - 35 months) PF Quad 30 mc	90685	636	SFM Family Medicine	$ 80.10	$ 48.06	$ 56.31	$ 19.52	$ 73.69
Service Item	Inpatient and Outpatient	Influenza virus antibody-ARUP	86710	301	MC Reference Lab	$ 15	$ 62	$ 29.18	$ 9	$ 133
Service Item	Outpatient	Infusion Therapy 1St Hr	96365	260	CD Chronic Disease	$ 521.51	$ 303.79	$ 324.48	$ 82.63	$ 465.81
Service Item	Outpatient	Infusion Therapy 1St Hr	96365	260	CD Infusion Clinic	$ 521.51	$ 303.79	$ 364.63	$ 190.01	$ 465.81
Service Package	Inpatient	Infusion Therapy 1St Hr	96365	260	MC 2N Cardiac Srvc	$ 521.51	$ 6,176.00	$ 2,572.27	$ 212.90	$ 6,176.00
Service Package	Inpatient	Infusion Therapy 1St Hr	96365	260	MC 2S Med Surg	$ 521.51	Charges have been	$ 404.43	$ 212.90	$ 465.81
Service Package	Inpatient	Infusion Therapy 1St Hr	96365	260	MC 3N Surgical	$ 521.51	Charges have been	$ 404.43	$ 212.90	$ 465.81
Service Package	Inpatient	Infusion Therapy 1St Hr	96365	260	MC 3S Oncology	$ 521.51	Charges have been	$ 404.43	$ 212.90	$ 465.81
Service Package	Inpatient	Infusion Therapy 1St Hr	96365	260	MC 4N Med Renal	$ 521.51	Charges have been	$ 404.43	$ 212.90	$ 465.81
Service Package	Inpatient	Infusion Therapy 1St Hr	96365	260	MC 4S Ortho Surgery	$ 521.51	Charges have been	$ 404.43	$ 212.90	$ 465.81
Service Package	Inpatient	Infusion Therapy 1St Hr	96365	260	MC BP Broderick Pav	$ 521.51	Charges have been	$ 404.43	$ 212.90	$ 465.81
Service Item	Inpatient and Outpatient	Infusion Therapy 1St Hr	96365	260	MC PE Infusion	$ 522	$ 304	$ 374.05	$ 190	$ 466
Service Package	Inpatient	Infusion Therapy 1St Hr	96365	260	MC PE Pediatrics	$ 521.51	Charges have been	$ 404.43	$ 212.90	$ 465.81
Service Item	Outpatient	Infusion Therapy 1St Hr	96365	260	NC Urgent Care	$ 521.51	$ 303.79	$ 335.16	$ 82.63	$ 465.81
Service Item	Outpatient	Infusion Therapy 1St Hr	96365	260	SC Urgent Care	$ 521.51	$ 303.79	$ 336.43	$ 82.63	$ 465.81
Service Item	Outpatient	Infusion Therapy 1St Hr	96365	260	SQ Seq Cardiology	$ 521.51	$ 303.79	$ 324.48	$ 82.63	$ 465.81
Service Item	Outpatient	Infusion Thrpy Ea Addl Hr	96366	260	CD Chronic Disease	$ 189.59	$ 110.44	$ 111.91	$ 25.40	$ 169.34
Service Item	Outpatient	Infusion Thrpy Ea Addl Hr	96366	260	CD Infusion Clinic	$ 189.59	$ 110.44	$ 126.97	$ 44.16	$ 169.34
Service Package	Inpatient	Infusion Thrpy Ea Addl Hr	96366	260	MC 2N Cardiac Srvc	$ 189.59	Charges have been	$ 138.72	$ 44.16	$ 169.34
Service Package	Inpatient	Infusion Thrpy Ea Addl Hr	96366	260	MC 2S Med Surg	$ 189.59	Charges have been	$ 138.72	$ 44.16	$ 169.34
Service Package	Inpatient	Infusion Thrpy Ea Addl Hr	96366	260	MC 3N Surgical	$ 189.59	Charges have been	$ 138.72	$ 44.16	$ 169.34
Service Package	Inpatient	Infusion Thrpy Ea Addl Hr	96366	260	MC 3S Oncology	$ 189.59	Charges have been	$ 138.72	$ 44.16	$ 169.34
Service Package	Inpatient	Infusion Thrpy Ea Addl Hr	96366	260	MC 4N Med Renal	$ 189.59	Charges have been	$ 138.72	$ 44.16	$ 169.34
Service Package	Inpatient	Infusion Thrpy Ea Addl Hr	96366	260	MC 4S Ortho Surgery	$ 189.59	Charges have been	$ 138.72	$ 44.16	$ 169.34
Service Package	Inpatient	Infusion Thrpy Ea Addl Hr	96366	260	MC BP Broderick Pav	$ 189.59	Charges have been	$ 138.72	$ 44.16	$ 169.34
Service Item	Inpatient and Outpatient	Infusion Thrpy Ea Addl Hr	96366	260	MC PE Infusion	$ 190	$ 110	$ 130.40	$ 44	$ 169
Service Package	Inpatient	Infusion Thrpy Ea Addl Hr	96366	260	MC PE Pediatrics	$ 189.59	Charges have been	$ 138.72	$ 44.16	$ 169.34
Service Item	Outpatient	Inhalation Treatment	94640	410	CD Chronic Disease	$ 221.82	$ 67.50	$ 143.94	$ 13.62	$ 213.15
Service Package	Inpatient and Outpatient	Inhalation Treatment	94640	410	MC Emergency	$ 222	Charges have been	$ 202.67	$ 194	$ 213
Service Package	Inpatient and Outpatient	Inhalation Treatment	94640	410	MC RT Services	$ 222	Charges have been	$ 202.67	$ 194	$ 213
Service Item	Outpatient	Inhalation Treatment	94640	410	NC Urgent Care	$ 221.82	$ 67.50	$ 148.48	$ 13.62	$ 213.15
Service Item	Outpatient	Inhalation Treatment	94640	410	SC Urgent Care	$ 221.82	$ 67.50	$ 149.02	$ 13.62	$ 213.15
Service Item	Outpatient	Inhalation Treatment	94640	410	SFM Family Medicine	$ 221.82	$ 67.50	$ 166.63	$ 38.97	$ 213.15
Service Item	Inpatient and Outpatient	Inhibin B-ARUP	83520	300	MC Reference Lab	$ 14	$ 58	$ 28.47	$ 9	$ 138
Service Item	Inpatient and Outpatient	Inhibin-A (DIMER)-ARUP	86336	300	MC Reference Lab	$ 18	$ 101	$ 33.74	$ 11	$ 153
Service Item	Outpatient	Init Prev Ex New Ben Tech		770	SFM Family Medicine	$ 310.61	$ 180.94	$ 233.99	$ 134.33	$ 277.44
Service Item	Outpatient	Init Tx 1St Degr Burn	16000	516	NC Urgent Care	$ 231.75	$ 135.00	$ 164.21	$ 53.52	$ 207.00
Service Item	Outpatient	Init Tx 1St Degr Burn	16000	516	OP Wound Center	$ 231.75	$ 135.00	$ 185.37	$ 135.00	$ 207.00
Service Item	Outpatient	Init Tx 1St Degr Burn	16000	516	SC Urgent Care	$ 231.75	$ 135.00	$ 164.77	$ 53.52	$ 207.00
Service Item	Outpatient	Initial Antepartum Visit Z1032	99214	510	SFM Family Medicine	$ 291.48	$ 169.79	$ 246.28	$ 169.79	$ 260.35
Service Item	Outpatient	Inj Adm-Vaccine/1St Med	90471	771	CD Chronic Disease	$ 95.23	$ 55.48	$ 64.65	$ 26.34	$ 85.06
Service Item	Outpatient	Inj Adm-Vaccine/1St Med	90471	771	CD Infusion Clinic	$ 95.23	$ 55.48	$ 73.14	$ 55.48	$ 85.06
Service Item	Inpatient and Outpatient	Inj Adm-Vaccine/1St Med	90471	771	MC Pharmacy	$ 95	$ 55	$ 74.86	$ 55	$ 85
Service Item	Outpatient	Inj Adm-Vaccine/1St Med	90471	771	NC Urgent Care	$ 95.23	$ 55.48	$ 65.68	$ 26.34	$ 85.06
Service Item	Outpatient	Inj Adm-Vaccine/1St Med	90471	771	SC Urgent Care	$ 95.23	$ 55.48	$ 65.91	$ 26.34	$ 85.06
Service Item	Outpatient	Inj Adm-Vaccine/1St Med	90471	771	SFM Family Medicine	$ 95.23	$ 55.48	$ 74.63	$ 55.48	$ 85.06
Service Item	Outpatient	Inj Anes Paracervical Ner	64435	510	SFM Family Medicine	$ 1,038.36	$ 604.87	$ 809.74	$ 604.87	$ 927.47
Service Package	Inpatient and Outpatient	Inj Anest Stell Cer Gngln	64510	360	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,743.94	$ 941	$ 2,392
Service Package	Inpatient and Outpatient	Inj Anesth Cervical Plex	64999	450	MC Emergency	$ 800	Charges have been	$ 614.32	$ 303	$ 714
Service Package	Inpatient and Outpatient	Inj Anesth Lumb/Thor Symp	64520	360	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,743.94	$ 941	$ 2,392
Service Item	Outpatient	Inj Elbow Arthro	24220	361	IC Radiology	$ 745.51	$ 434.28	$ 585.46	$ 325.63	$ 665.90
Service Item	Inpatient and Outpatient	Inj Elbow Arthro	24220	361	MC Diag Radiology	$ 746	$ 434	$ 592.70	$ 326	$ 666
Service Item	Outpatient	Inj Elbow Arthro	24220	361	NC Diag Imaging	$ 745.51	$ 434.28	$ 592.70	$ 325.63	$ 665.90
Service Item	Outpatient	Inj Elbow Arthro	24220	361	SC Diag Imaging	$ 745.51	$ 434.28	$ 592.70	$ 325.63	$ 665.90
Service Package	Inpatient and Outpatient	Inj Epi Blood/Clot Patch	62273	361	MC Cath Lab Srvcs	$ 1,563	Charges have been	$ 1,263.24	$ 724	$ 1,518
Service Package	Inpatient and Outpatient	Inj Epi Blood/Clot Patch	62273	361	MC Surgical Center	$ 1,563	Charges have been	$ 1,263.24	$ 724	$ 1,518
Service Package	Inpatient and Outpatient	Inj Facet Jt Ce/Th 1 Lev	64490	361	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,402.24	$ 941	$ 995
Service Package	Inpatient and Outpatient	Inj Facet Jt Ce/Tho 2 Lev	64491	361	MC Cath Lab Srvcs	$ 238	Charges have been	$ 217.75	$ 208	$ 212
Service Package	Inpatient and Outpatient	Inj Facet Jt Ce/Tho 3 Lev	64492	360	MC Cath Lab Srvcs	$ 238	Charges have been	$ 217.75	$ 208	$ 212

Service Package	Inpatient and Outpatient	Inj Facet Jt Lu/Sa 1 Lev	64493	361	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,402.24	$ 941	$ 995
Service Package	Inpatient and Outpatient	Inj Facet Jt Lum/Sa 2 Lev	64494	361	MC Cath Lab Srvcs	$ 238	Charges have been	$ 217.75	$ 208	$ 212
Service Package	Inpatient and Outpatient	Inj Facet Jt Lum/Sa 3 Lev	64495	360	MC Cath Lab Srvcs	$ 238	Charges have been	$ 217.75	$ 208	$ 212
Service Item	Inpatient and Outpatient	Inj For Id Sentinel Node	38792	361	MC Nuclear Medicine	$ 457	$ 266	$ 374.80	$ 266	$ 427
Service Item	Outpatient	Inj For Myelo (Non C1/C2)	62284	361	IC Radiology	$ 566.58	$ 330.05	$ 461.52	$ 330.05	$ 506.07
Service Item	Inpatient and Outpatient	Inj For Myelo (Non C1/C2)	62284	361	MC Diag Radiology	$ 567	$ 330	$ 467.02	$ 330	$ 506
Service Item	Outpatient	Inj For Myelo (Non C1/C2)	62284	361	NC Diag Imaging	$ 566.58	$ 330.05	$ 467.02	$ 330.05	$ 506.07
Service Item	Outpatient	Inj For Myelo (Non C1/C2)	62284	361	SC Diag Imaging	$ 566.58	$ 330.05	$ 467.02	$ 330.05	$ 506.07
Service Item	Outpatient	Inj Hip Arthro	27093	361	IC CAT Scan	$ 508.67	$ 296.31	$ 415.45	$ 296.31	$ 454.34
Service Item	Outpatient	Inj Hip Arthro	27093	361	IC Radiology	$ 508.67	$ 296.31	$ 410.51	$ 296.31	$ 454.34
Service Item	Inpatient and Outpatient	Inj Hip Arthro	27093	361	MC Diag Radiology	$ 509	$ 296	$ 415.45	$ 296	$ 454
Service Item	Outpatient	Inj Hip Arthro	27093	361	NC Diag Imaging	$ 508.67	$ 296.31	$ 415.45	$ 296.31	$ 454.34
Service Item	Outpatient	Inj Hip Arthro	27093	361	SC Diag Imaging	$ 508.67	$ 296.31	$ 415.45	$ 296.31	$ 454.34
Service Item	Outpatient	Inj Into Skin Lesions =<7	11900	510	SFM Family Medicine	$ 231.75	$ 135.00	$ 184.81	$ 135.00	$ 207.00
Service Item	Outpatient	Inj Knee Arthro	27369	361	IC Radiology	$ 508.67	$ 296.31	$ 406.87	$ 296.31	$ 454.34
Service Item	Inpatient and Outpatient	Inj Knee Arthro	27369	361	MC Diag Radiology	$ 509	$ 296	$ 411.81	$ 296	$ 454
Service Package	Inpatient and Outpatient	Inj Lumbar Disco Each	62290	361	MC Cath Lab Srvcs	$ 743	Charges have been	$ 680.27	$ 649	$ 663
Service Item	Outpatient	Inj New Drug Addon	96375	260	CD Infusion Clinic	$ 226.20	$ 131.77	$ 151.26	$ 44.16	$ 202.04
Service Package	Inpatient	Inj New Drug Addon	96375	260	MC 2N Cardiac Srvc	$ 226.20	Charges have been	$ 163.37	$ 44.16	$ 202.04
Service Package	Inpatient	Inj New Drug Addon	96375	260	MC 2S Med Surg	$ 226.20	Charges have been	$ 163.37	$ 44.16	$ 202.04
Service Package	Inpatient	Inj New Drug Addon	96375	260	MC 3N Surgical	$ 226.20	Charges have been	$ 163.37	$ 44.16	$ 202.04
Service Package	Inpatient	Inj New Drug Addon	96375	260	MC 3S Oncology	$ 226.20	Charges have been	$ 163.37	$ 44.16	$ 202.04
Service Package	Inpatient	Inj New Drug Addon	96375	260	MC 4N Med Renal	$ 226.20	Charges have been	$ 163.37	$ 44.16	$ 202.04
Service Package	Inpatient	Inj New Drug Addon	96375	260	MC 4S Ortho Surgery	$ 226.20	Charges have been	$ 163.37	$ 44.16	$ 202.04
Service Package	Inpatient	Inj New Drug Addon	96375	260	MC BP Broderick Pav	$ 226.20	Charges have been	$ 163.37	$ 44.16	$ 202.04
Service Package	Inpatient and Outpatient	Inj New Drug Addon	96375	260	MC Emergency	$ 226	Charges have been	$ 163.37	$ 44	$ 202
Service Item	Inpatient and Outpatient	Inj New Drug Addon	96375	260	MC Nuclear Medicine	$ 226	$ 132	$ 158.56	$ 44	$ 202
Service Item	Inpatient and Outpatient	Inj New Drug Addon	96375	260	MC PE Infusion	$ 226	$ 132	$ 155.34	$ 44	$ 202
Service Item	Outpatient	Inj New Drug Addon	96375	260	NC Urgent Care	$ 226.20	$ 131.77	$ 137.63	$ 27.40	$ 202.04
Service Item	Outpatient	Inj New Drug Addon	96375	260	SC Urgent Care	$ 226.20	$ 131.77	$ 138.18	$ 27.40	$ 202.04
Service Item	Outpatient	Inj New Drug Addon	96375	260	SQ Seq Cardiology	$ 226.20	$ 131.77	$ 133.00	$ 27.40	$ 202.04
Service Package	Inpatient	Inj Perc Extr Aneurysm	36002	360	MC Cardiovascular	$ 1,576.28	$ 581.48	$ 889.50	$ 581.48	$ 891.61
Service Package	Inpatient and Outpatient	Inj Perc Extr Aneurysm	36002	360	MC Cath Lab Srvcs	$ 1,576	Charges have been	$ 1,117.91	$ 731	$ 892
Service Item	Inpatient and Outpatient	Inj Perflutren Lipid Microspheres	Q9957	636	DC Non Invasive Card	$ 365	$ 219	$ 267.65	$ 101	$ 365
Service Item	Inpatient and Outpatient	Inj Perflutren Lipid Microspheres	Q9957	636	MC NonInv CardioSrv	$ 365	Charges have been	$ 339.68	$ 329	$ 336
Service Item	Outpatient	Inj Perflutren Lipid Microspheres	Q9957	636	OS Non Invasive Card	$ 365.25	$ 219.15	$ 267.65	$ 100.96	$ 365.25
Service Item	Outpatient	Inj Perflutren Lipid Microspheres	Q9957	636	SQ Seq Cardiology	$ 365.25	$ 219.15	$ 242.16	$ 48.69	$ 365.25
Service Package	Inpatient and Outpatient	Inj Ptch Cholangio	47531	361	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,286.70	$ 3,397	$ 3,603
Service Item	Outpatient	Inj Same Drug Addon	96376	260	CD Infusion Clinic	$ 115.56	$ 67.31	$ 91.47	$ 67.31	$ 103.21
Service Package	Inpatient	Inj Same Drug Addon	96376	260	MC 2N Cardiac Srvc	$ 115.56	Charges have been	$ 105.87	$ 100.97	$ 103.21
Service Package	Inpatient	Inj Same Drug Addon	96376	260	MC 2S Med Surg	$ 115.56	Charges have been	$ 105.87	$ 100.97	$ 103.21
Service Package	Inpatient	Inj Same Drug Addon	96376	260	MC 3N Surgical	$ 115.56	Charges have been	$ 105.87	$ 100.97	$ 103.21
Service Package	Inpatient	Inj Same Drug Addon	96376	260	MC 3S Oncology	$ 115.56	Charges have been	$ 105.87	$ 100.97	$ 103.21
Service Package	Inpatient	Inj Same Drug Addon	96376	260	MC 4N Med Renal	$ 115.56	Charges have been	$ 105.87	$ 100.97	$ 103.21
Service Package	Inpatient	Inj Same Drug Addon	96376	260	MC 4S Ortho Surgery	$ 115.56	Charges have been	$ 105.87	$ 100.97	$ 103.21
Service Package	Inpatient	Inj Same Drug Addon	96376	260	MC BP Broderick Pav	$ 115.56	Charges have been	$ 105.87	$ 100.97	$ 103.21
Service Package	Inpatient and Outpatient	Inj Same Drug Addon	96376	260	MC Emergency	$ 116	Charges have been	$ 105.87	$ 101	$ 103
Service Item	Inpatient and Outpatient	Inj Same Drug Addon	96376	260	MC Nuclear Medicine	$ 116	$ 67	$ 95.20	$ 67	$ 103
Service Item	Outpatient	Inj Same Drug Addon	96376	260	NC Urgent Care	$ 115.56	$ 67.31	$ 81.93	$ 15.92	$ 103.21
Service Item	Outpatient	Inj Same Drug Addon	96376	260	SC Urgent Care	$ 115.56	$ 67.31	$ 82.21	$ 15.92	$ 103.21
Service Item	Outpatient	Inj Same Drug Addon	96376	260	SQ Seq Cardiology	$ 115.56	$ 67.31	$ 79.56	$ 15.92	$ 103.21
Service Item	Outpatient	Inj Shoulder Arthro	23350	361	IC CAT Scan	$ 589.25	$ 343.25	$ 467.13	$ 244.06	$ 526.32
Service Item	Outpatient	Inj Shoulder Arthro	23350	361	IC Radiology	$ 589.25	$ 343.25	$ 461.41	$ 244.06	$ 526.32
Service Item	Inpatient and Outpatient	Inj Shoulder Arthro	23350	361	MC Diag Radiology	$ 589	$ 343	$ 467.13	$ 244	$ 526
Service Item	Outpatient	Inj Shoulder Arthro	23350	361	NC Diag Imaging	$ 589.25	$ 343.25	$ 467.13	$ 244.06	$ 526.32
Service Item	Outpatient	Inj Shoulder Arthro	23350	361	SC Diag Imaging	$ 589.25	$ 343.25	$ 467.13	$ 244.06	$ 526.32
Service Package	Inpatient and Outpatient	Inj Si Joint	27096	361	MC Cath Lab Srvcs	$ 689	Charges have been	$ 630.95	$ 602	$ 615
Service Item	Outpatient	Inj Sinogram/Fistulogram	20501	361	IC Radiology	$ 662.47	$ 385.90	$ 509.81	$ 185.09	$ 591.72
Service Item	Inpatient and Outpatient	Inj Sinogram/Fistulogram	20501	361	MC Diag Radiology	$ 662	$ 386	$ 516.25	$ 185	$ 592
Service Item	Outpatient	Inj Sinogram/Fistulogram	20501	361	NC Diag Imaging	$ 662.47	$ 385.90	$ 516.25	$ 185.09	$ 591.72
Service Item	Outpatient	Inj Sinogram/Fistulogram	20501	361	SC Diag Imaging	$ 662.47	$ 385.90	$ 516.25	$ 185.09	$ 591.72
Service Package	Inpatient and Outpatient	Inj Spine W/Cath L/S (Cd)	62326	360	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,673.17	$ 941	$ 2,103
Service Item	Outpatient	Inj Tendon Origin/Insert	20551	510	SFM Family Medicine	$ 412.24	$ 240.14	$ 323.05	$ 240.14	$ 368.21
Service Item	Outpatient	Inj Tmj Arthro	21116	361	IC Radiology	$ 299.96	$ 174.73	$ 242.13	$ 174.73	$ 267.92
Service Item	Inpatient and Outpatient	Inj Tmj Arthro	21116	361	MC Diag Radiology	$ 300	$ 175	$ 245.04	$ 175	$ 268
Service Item	Outpatient	Inj Tmj Arthro	21116	361	NC Diag Imaging	$ 299.96	$ 174.73	$ 245.04	$ 174.73	$ 267.92
Service Item	Outpatient	Inj Tmj Arthro	21116	361	SC Diag Imaging	$ 299.96	$ 174.73	$ 245.04	$ 174.73	$ 267.92
Service Item	Outpatient	Inj Trigger Pnt 1/2 Muscl	20552	516	NC Urgent Care	$ 334.75	$ 195.00	$ 233.15	$ 58.51	$ 303.31
Service Item	Outpatient	Inj Trigger Pnt 1/2 Muscl	20552	516	SC Urgent Care	$ 334.75	$ 195.00	$ 233.96	$ 58.51	$ 303.31
Service Item	Outpatient	Inj Trigger Pnt 1/2 Muscl	20552	516	SFM Family Medicine	$ 334.75	$ 195.00	$ 268.03	$ 195.00	$ 303.31
Service Item	Outpatient	Inj Trigger Points =/> 3	20553	516	NC Urgent Care	$ 334.75	$ 195.00	$ 233.94	$ 66.39	$ 303.31
Service Item	Outpatient	Inj Trigger Points =/> 3	20553	516	SC Urgent Care	$ 334.75	$ 195.00	$ 234.75	$ 66.39	$ 303.31
Service Item	Outpatient	Inj Trigger Points =/> 3	20553	516	SFM Family Medicine	$ 334.75	$ 195.00	$ 268.03	$ 195.00	$ 303.31
Service Package	Inpatient and Outpatient	Inj T-Tube/Exist Chol	47531	361	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,286.70	$ 3,397	$ 3,603
Service Package	Inpatient and Outpatient	Inj Ureterogram Thru Tube	50684	360	MC Cath Lab Srvcs	$ 134	Charges have been	$ 122.65	$ 117	$ 120
Service Item	Outpatient	Inj Wrist Arthro	25246	361	IC CAT Scan	$ 746.61	$ 434.92	$ 596.49	$ 355.34	$ 666.87
Service Item	Outpatient	Inj Wrist Arthro	25246	361	IC Radiology	$ 746.61	$ 434.92	$ 589.24	$ 355.34	$ 666.87
Service Item	Inpatient and Outpatient	Inj Wrist Arthro	25246	361	MC Diag Radiology	$ 747	$ 435	$ 596.49	$ 355	$ 667
Service Item	Outpatient	Inj Wrist Arthro	25246	361	NC Diag Imaging	$ 746.61	$ 434.92	$ 596.49	$ 355.34	$ 666.87
Service Item	Outpatient	Inj Wrist Arthro	25246	361	SC Diag Imaging	$ 746.61	$ 434.92	$ 596.49	$ 355.34	$ 666.87
Service Item	Outpatient	Inj/Asp Intermed Joint	20605	516	NC Urgent Care	$ 654.43	$ 375.72	$ 413.86	$ 64.98	$ 576.10
Service Item	Outpatient	Inj/Asp Intermed Joint	20605	516	OP Wound Center	$ 654.43	$ 375.72	$ 474.88	$ 193.66	$ 576.10
Service Item	Outpatient	Inj/Asp Intermed Joint	20605	516	SC Urgent Care	$ 654.43	$ 375.72	$ 415.43	$ 64.98	$ 576.10
Service Item	Outpatient	Inj/Asp Intermed Joint	20605	516	SFM Family Medicine	$ 654.43	$ 375.72	$ 473.31	$ 193.66	$ 576.10
Service Item	Outpatient	Inj/Asp Large Joint	20610	516	NC Urgent Care	$ 654.43	$ 412.80	$ 443.47	$ 85.18	$ 632.96
Service Item	Outpatient	Inj/Asp Large Joint	20610	516	SC Urgent Care	$ 654.43	$ 412.80	$ 445.19	$ 85.18	$ 632.96
Service Item	Outpatient	Inj/Asp Large Joint	20610	516	SFM Family Medicine	$ 654.43	$ 412.80	$ 507.41	$ 234.09	$ 632.96
Service Item	Outpatient	Inj/Asp Small Joint	20600	516	NC Urgent Care	$ 654.43	$ 335.78	$ 387.07	$ 59.86	$ 514.86
Service Item	Outpatient	Inj/Asp Small Joint	20600	516	SC Urgent Care	$ 654.43	$ 335.78	$ 388.47	$ 59.86	$ 514.86
Service Item	Outpatient	Inj/Asp Small Joint	20600	516	SFM Family Medicine	$ 654.43	$ 335.78	$ 440.03	$ 184.39	$ 514.86
Service Package	Inpatient and Outpatient	Inject Contrast Venograph	36005	361	MC Cath Lab Srvcs	$ 152	Charges have been	$ 139.16	$ 133	$ 136
Service Package	Inpatient and Outpatient	Inject Pulm Art Hrt Cath	93568	481	MC Cath Lab Srvcs	$ 841	Charges have been	$ 770.61	$ 735	$ 751
Service Package	Inpatient and Outpatient	Inject R Ventr/Atrial Ang	93566	481	MC Cath Lab Srvcs	$ 841	Charges have been	$ 770.61	$ 735	$ 751
Service Package	Inpatient and Outpatient	Inject Suprvlv Aortograph	93567	481	MC Cath Lab Srvcs	$ 841	Charges have been	$ 770.61	$ 735	$ 751
Service Item	Outpatient	Injection Iv/Routine	96374	260	CD Chronic Disease	$ 273.19	$ 159.14	$ 187.66	$ 65.80	$ 244.01
Service Item	Outpatient	Injection Iv/Routine	96374	260	CD Infusion Clinic	$ 273.19	$ 159.14	$ 206.45	$ 152.54	$ 244.01
Service Package	Inpatient	Injection Iv/Routine	96374	260	MC 2N Cardiac Srvc	$ 273.19	Charges have been	$ 237.20	$ 212.90	$ 244.01
Service Package	Inpatient	Injection Iv/Routine	96374	260	MC 2S Med Surg	$ 273.19	Charges have been	$ 237.20	$ 212.90	$ 244.01
Service Package	Inpatient	Injection Iv/Routine	96374	260	MC 3N Surgical	$ 273.19	Charges have been	$ 237.20	$ 212.90	$ 244.01
Service Package	Inpatient	Injection Iv/Routine	96374	260	MC 3S Oncology	$ 273.19	Charges have been	$ 237.20	$ 212.90	$ 244.01
Service Package	Inpatient	Injection Iv/Routine	96374	260	MC 4N Med Renal	$ 273.19	Charges have been	$ 237.20	$ 212.90	$ 244.01
Service Package	Inpatient	Injection Iv/Routine	96374	260	MC 4S Ortho Surgery	$ 273.19	Charges have been	$ 237.20	$ 212.90	$ 244.01
Service Package	Inpatient	Injection Iv/Routine	96374	260	MC BP Broderick Pav	$ 273.19	Charges have been	$ 237.20	$ 212.90	$ 244.01
Service Package	Inpatient and Outpatient	Injection Iv/Routine	96374	260	MC Emergency	$ 273	Charges have been	$ 237.20	$ 213	$ 244
Service Item	Inpatient and Outpatient	Injection Iv/Routine	96374	260	MC Nuclear Medicine	$ 273	$ 159	$ 215.27	$ 153	$ 244
Service Package	Inpatient	Injection Iv/Routine	96374	260	MC PE Pediatrics	$ 273.19	Charges have been	$ 237.20	$ 212.90	$ 244.01
Service Item	Outpatient	Injection Iv/Routine	96374	260	NC Urgent Care	$ 273.19	$ 159.14	$ 190.61	$ 65.80	$ 244.01
Service Item	Outpatient	Injection Iv/Routine	96374	260	SC Urgent Care	$ 273.19	$ 159.14	$ 191.27	$ 65.80	$ 244.01
Service Item	Outpatient	Injection Iv/Routine	96374	260	SFM Family Medicine	$ 273.19	$ 159.14	$ 210.72	$ 152.54	$ 244.01
Service Item	Outpatient	Injection Iv/Routine	96374	260	SQ Seq Cardiology	$ 273.19	$ 159.14	$ 187.66	$ 65.80	$ 244.01
Service Item	Outpatient	Injection Subq/IM	96372	260	CD Chronic Disease	$ 139.60	$ 81.32	$ 88.60	$ 26.34	$ 124.69
Service Item	Outpatient	Injection Subq/IM	96372	260	CD Infusion Clinic	$ 139.60	$ 81.32	$ 98.92	$ 50.96	$ 124.69
Service Package	Inpatient	Injection Subq/IM	96372	260	MC 2E Labor & Dlvry	$ 139.60	Charges have been	$ 111.53	$ 70.07	$ 124.69
Service Package	Inpatient	Injection Subq/IM	96372	260	MC 2N Cardiac Srvc	$ 139.60	Charges have been	$ 111.53	$ 70.07	$ 124.69
Service Package	Inpatient	Injection Subq/IM	96372	260	MC 2S Med Surg	$ 139.60	Charges have been	$ 111.53	$ 70.07	$ 124.69
Service Package	Inpatient	Injection Subq/IM	96372	260	MC 3N Surgical	$ 139.60	Charges have been	$ 111.53	$ 70.07	$ 124.69
Service Package	Inpatient	Injection Subq/IM	96372	260	MC 3S Oncology	$ 139.60	Charges have been	$ 111.53	$ 70.07	$ 124.69
Service Package	Inpatient	Injection Subq/IM	96372	260	MC 4N Med Renal	$ 139.60	Charges have been	$ 111.53	$ 70.07	$ 124.69

Service Package	Inpatient	Injection Subq/IM	96372	260	MC 4S Ortho Surgery	$ 139.60	Charges have been	$ 111.53	$ 70.07	$ 124.69	
Service Package	Inpatient	Injection Subq/IM	96372	260	MC BP Broderick Pav	$ 139.60	Charges have been	$ 111.53	$ 70.07	$ 124.69	
Service Item	Inpatient and Outpatient	Injection Subq/IM	96372	260	MC CAT Scanner	$ 140	$ 81	$ 101.44	$ 51	$ 125	
Service Item	Inpatient and Outpatient	Injection Subq/IM	96372	260	MC Diag Radiology	$ 140	$ 81	$ 101.44	$ 51	$ 125	
Service Package	Inpatient and Outpatient	Injection Subq/IM	96372	260	MC Emergency	$ 140	Charges have been	$ 111.53	$ 70	$ 125	
Service Package	Inpatient and Outpatient	Injection Subq/IM	96372	260	MC Labor Triage	$ 140	Charges have been	$ 111.53	$ 70	$ 125	
Service Package	Inpatient and Outpatient	Injection Subq/IM	96372	260	MC Lbr & Dlvy Rev	$ 140	Charges have been	$ 111.53	$ 70	$ 125	
Service Item	Inpatient and Outpatient	Injection Subq/IM	96372	260	MC Nuclear Medicine	$ 140	$ 81	$ 103.43	$ 51	$ 125	
Service Package	Inpatient	Injection Subq/IM	96372	260	MC PE Pediatrics	$ 139.60	Charges have been	$ 111.53	$ 70.07	$ 124.69	
Service Item	Inpatient and Outpatient	Injection Subq/IM	96372	260	MC Ultrasound	$ 140	$ 81	$ 101.44	$ 51	$ 125	
Service Item	Outpatient	Injection Subq/IM	96372	260	NC Urgent Care	$ 139.60	$ 81.32	$ 91.46	$ 26.34	$ 124.69	
Service Item	Outpatient	Injection Subq/IM	96372	260	SC Urgent Care	$ 139.60	$ 81.32	$ 91.79	$ 26.34	$ 124.69	
Service Item	Outpatient	Injection Subq/IM	96372	260	SFM Family Medicine	$ 139.60	$ 81.32	$ 101.10	$ 50.96	$ 124.69	
Service Item	Outpatient	Injection Subq/IM	96372	260	SQ Seq Cardiology	$ 139.60	$ 81.32	$ 88.60	$ 26.34	$ 124.69	
Service Package	Inpatient and Outpatient	Ins Cath Ren Art 2Nd+ Bil	36254	360	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,521.29	$ 3,211	$ 6,404	
Service Package	Inpatient and Outpatient	Ins Cath Ren Art 2Nd+ Uni	36253	360	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,072.05	$ 5,326	$ 6,184	
Service Package	Inpatient and Outpatient	Ins Swan Ganz Bedside	93503	481	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,893.86	$ 1,890	$ 2,314	
Service Item	Outpatient	Ins Vag Brachytx Device	57156	361	VR Radiation Onc	$ 3,248.14	$ 1,892.12	$ 2,361.13	$ 313.68	$ 2,901.25	
Service Package	Inpatient and Outpatient	Ins/Rep Subq Defibrilator	33270	360	MC Cath Lab Srvcs	$ 64,565	Charges have been	$ 47,774.91	$ 36,185	$ 37,406	
Service Package	Inpatient and Outpatient	Insert Bladder Catheter	51701	450	MC Emergency	$ 185	Charges have been	$ 155.95	$ 126	$ 165	
Service Item	Outpatient	Insert Bladder Catheter	51701	450	NC Urgent Care	$ 184.67	$ 107.57	$ 129.61	$ 65.19	$ 164.95	
Service Item	Outpatient	Insert Bladder Catheter	51701	450	SC Urgent Care	$ 184.67	$ 107.57	$ 130.05	$ 65.19	$ 164.95	
Service Item	Outpatient	Insert Bladder Catheter	51701	450	SFM Family Medicine	$ 184.67	$ 107.57	$ 143.76	$ 107.57	$ 164.95	
Service Package	Inpatient and Outpatient	Insert Card Electrodes Dual	33211	360	MC Cath Lab Srvcs	$ 19,105	Charges have been	$ 14,857.60	$ 8,855	$ 16,157	
Service Item	Outpatient	Insert Cath Pleura W/ Im	32557	361	IC CAT Scan	$ 1,957.00	$ 1,140.00	$ 1,552.29	$ 829.21	$ 1,889.99	
Service Item	Inpatient and Outpatient	Insert Cath Pleura W/ Im	32557	361	MC CAT Scanner	$ 1,957	$ 1,140	$ 1,552.29	$ 829	$ 1,890	
Service Item	Outpatient	Insert Drug Implant	11981	510	SFM Family Medicine	$ 257.07	$ 149.75	$ 195.17	$ 126.33	$ 229.61	
Service Package	Inpatient and Outpatient	Insert Endovas Prosth Taa	33883	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938	
Service Package	Inpatient and Outpatient	Insert Hinge Tibial	C1776	278	MC Central Supply	$ 9,276	Charges have been	$ 6,737.52	$ 8,266	$ 8,449	
Service Item	Outpatient	Insert Pessary/Other Device	57160	510	SFM Family Medicine	$ 307.33	$ 179.03	$ 237.47	$ 179.03	$ 274.51	
Service Package	Inpatient and Outpatient	Insert Pleural Cath	32550	360	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,498.19	$ 3,603	$ 4,337	
Service Package	Inpatient and Outpatient	Insert Tun Ip Cath Perc	49418	360	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,286.70	$ 3,397	$ 3,603	
Service Item	Outpatient	Insert Uteri Tandem/Ovoid	57155	361	VR Radiation Onc	$ 5,150.00	$ 3,000.00	$ 4,156.84	$ 3,000.00	$ 4,949.43	
Service Package	Inpatient	Insert Vad Artery Access	33990	360	MC Cardiac Surgery	$ 70,706.27	$ 41,188.12	$ 30,135.84	$ 4,186.02	$ 63,155.11	
Service Package	Inpatient and Outpatient	Insert Vad Artery Access	33990	360	MC Cath Lab Srvcs	$ 70,706	Charges have been	$ 64,778.61	$ 61,782	$ 63,155	
Service Package	Inpatient and Outpatient	Insert Vad IC Single Ventricle	33979	360	MC Cath Lab Srvcs	$ 70,706	Charges have been	$ 64,778.61	$ 61,782	$ 63,155	
Service Package	Inpatient and Outpatient	Insert Wedge Tibial	C1776	278	MC Central Supply	$ 1,821	Charges have been	$ 1,684.53	$ 1,622	$ 1,658	
Service Package	Inpatient and Outpatient	Insertion Of Chest Tube	32551	361	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,965.79	$ 1,890	$ 2,608	
Service Item	Inpatient and Outpatient	Insitu Hybridization Auto	88367	310	MC Pathology	$ 328	$ 471	$ 402.68	$ 146	$ 947	
Service Item	Inpatient and Outpatient	Insitu Hybridization Manu	88368	310	MC Pathology	$ 328	$ 384	$ 374.22	$ 146	$ 764	
Service Package	Inpatient and Outpatient	Insj Subq Impltbl Dfb Elc	33271	360	MC Cath Lab Srvcs	$ 19,105	Charges have been	$ 13,894.71	$ 8,855	$ 12,219	
Service Package	Inpatient	Insrt Comp Bladder Cath	51703	360	MC 3S Oncology	$ 342.84	Charges have been	$ 270.96	$ 160.31	$ 306.22	
Service Package	Inpatient	Insrt Comp Bladder Cath	51703	360	MC Cardiovascular	$ 342.84	$ 199.71	$ 260.30	$ 160.31	$ 306.22	
Service Package	Inpatient and Outpatient	Insrt Comp Bladder Cath	51703	360	MC Cath Lab Srvcs	$ 343	Charges have been	$ 270.96	$ 160	$ 306	
Service Item	Outpatient	Insrt Foley Bladder Cath	51702	360	IC Radiology	$ 308.42	$ 179.66	$ 228.09	$ 126.33	$ 275.48	
Service Package	Inpatient	Insrt Foley Bladder Cath	51702	360	MC 2E Labor & Dlvry	$ 308.42	Charges have been	$ 239.29	$ 126.33	$ 275.48	
Service Package	Inpatient	Insrt Foley Bladder Cath	51702	360	MC Cardiac Surgery	$ 308.42	Charges have been	$ 239.29	$ 126.33	$ 275.48	
Service Package	Inpatient	Insrt Foley Bladder Cath	51702	360	MC Cardiovascular	$ 308.42	$ 179.66	$ 231.09	$ 126.33	$ 275.48	
Service Package	Inpatient and Outpatient	Insrt Foley Bladder Cath	51702	360	MC Cath Lab Srvcs	$ 308	Charges have been	$ 239.29	$ 126	$ 275	
Service Item	Inpatient and Outpatient	Insrt Foley Bladder Cath	51702	360	MC Diag Radiology	$ 308	$ 180	$ 231.09	$ 126	$ 275	
Service Package	Inpatient and Outpatient	Insrt Foley Bladder Cath	51702	360	MC Emergency	$ 308	Charges have been	$ 239.29	$ 126	$ 275	
Service Item	Outpatient	Insrt Foley Bladder Cath	51702	360	NC Diag Imaging	$ 308.42	$ 179.66	$ 231.09	$ 126.33	$ 275.48	
Service Item	Outpatient	Insrt Foley Bladder Cath	51702	360	NC Urgent Care	$ 308.42	$ 179.66	$ 207.18	$ 83.84	$ 275.48	
Service Item	Outpatient	Insrt Foley Bladder Cath	51702	360	SC Diag Imaging	$ 308.42	$ 179.66	$ 231.09	$ 126.33	$ 275.48	
Service Item	Outpatient	Insrt Foley Bladder Cath	51702	360	SC Urgent Care	$ 308.42	$ 179.66	$ 207.93	$ 83.84	$ 275.48	
Service Item	Outpatient	Insrt Foley Bladder Cath	51702	360	SFM Family Medicine	$ 308.42	$ 179.66	$ 230.34	$ 126.33	$ 275.48	
Service Package	Inpatient and Outpatient	Insrt Pulse Gen W/Singl	33240	360	MC Cath Lab Srvcs	$ 45,426	Charges have been	$ 33,986.00	$ 26,317	$ 27,551	
Service Item	Inpatient and Outpatient	Insulin 120 Minutes-ARUP	83525	300	MC Reference Lab	$ 13	$ 51	$ 23.33	$ 8	$ 112	
Service Item	Inpatient and Outpatient	Insulin 30 Minutes-ARUP	83525	300	MC Reference Lab	$ 13	$ 51	$ 23.33	$ 8	$ 112	
Service Item	Inpatient and Outpatient	Insulin 60 Minutes-ARUP	83525	300	MC Reference Lab	$ 13	$ 51	$ 23.33	$ 8	$ 112	
Service Item	Inpatient and Outpatient	Insulin Antibody-ARUP	86337	300	MC Reference Lab	$ 24	$ 81	$ 46.06	$ 14	$ 210	
Service Item	Outpatient	insulin glargine 1 units / 0.01 ml Injection	J1815	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 167.35	$ 0.15	$ 474.28	
Service Item	Inpatient and Outpatient	insulin glargine 1 units / 0.01 ml Injection	J1815	636	MC Pharmacy	$ 12	$ 7	$ 167.35	$ 0	$ 474	
Service Item	Outpatient	insulin glargine 1 units / 0.01 ml Injection	J1815	636	NC Urgent Care	$ 12.10	$ 7.41	$ 167.32	$ 0.15	$ 474.28	
Service Item	Outpatient	insulin glargine 1 units / 0.01 ml Injection	J1815	636	SC Urgent Care	$ 12.10	$ 7.41	$ 167.35	$ 0.15	$ 474.28	
Service Item	Outpatient	insulin glargine 100 U/mL Vial 10 mL	J1815	250	CD Infusion Clinic	$ 1,386.70	$ 832.02	$ 661.52	$ 0.15	$ 1,275.76	
Service Item	Inpatient and Outpatient	insulin glargine 100 U/mL Vial 10 mL	J1815	250	MC Pharmacy	$ 1,387	$ 832	$ 661.52	$ 0	$ 1,276	
Service Item	Outpatient	insulin glargine 100 U/mL Vial 10 mL	J1815	250	NC Urgent Care	$ 1,386.70	$ 832.02	$ 658.05	$ 0.15	$ 1,275.76	
Service Item	Outpatient	insulin glargine 100 U/mL Vial 10 mL	J1815	250	SC Urgent Care	$ 1,386.70	$ 832.02	$ 661.52	$ 0.15	$ 1,275.76	
Service Item	Outpatient	insulin lispro 100 unit/mL 3 mL	J1815	636	CD Infusion Clinic	$ 342.30	$ 205.38	$ 286.06	$ 0.15	$ 474.28	
Service Item	Inpatient and Outpatient	insulin lispro 100 unit/mL 3 mL	J1815	636	MC Pharmacy	$ 342	$ 206	$ 286.06	$ 0	$ 474	
Service Item	Outpatient	insulin lispro 100 unit/mL 3 mL	J1815	636	NC Urgent Care	$ 342.30	$ 205.53	$ 285.20	$ 0.15	$ 474.28	
Service Item	Outpatient	insulin lispro 100 unit/mL 3 mL	J1815	636	SC Urgent Care	$ 342.30	$ 205.53	$ 286.06	$ 0.15	$ 474.28	
Service Item	Outpatient	insulin lispro mix 75/25 Vial 10 mL	J1815	250	CD Infusion Clinic	$ 1,171.50	$ 702.90	$ 584.16	$ 0.15	$ 1,077.78	
Service Item	Inpatient and Outpatient	insulin lispro mix 75/25 Vial 10 mL	J1815	250	MC Pharmacy	$ 1,172	$ 703	$ 584.16	$ 0	$ 1,078	
Service Item	Outpatient	insulin lispro mix 75/25 Vial 10 mL	J1815	250	NC Urgent Care	$ 1,171.50	$ 702.90	$ 581.23	$ 0.15	$ 1,077.78	
Service Item	Outpatient	insulin lispro mix 75/25 Vial 10 mL	J1815	250	SC Urgent Care	$ 1,171.50	$ 702.90	$ 584.16	$ 0.15	$ 1,077.78	
Service Item	Outpatient	insulin NPH 100 U/mL Vial 10 mL	J1815	250	CD Infusion Clinic	$ 698.50	$ 419.10	$ 414.11	$ 0.15	$ 642.62	
Service Item	Inpatient and Outpatient	insulin NPH 100 U/mL Vial 10 mL	J1815	250	MC Pharmacy	$ 699	$ 419	$ 414.11	$ 0	$ 643	
Service Item	Outpatient	insulin NPH 100 U/mL Vial 10 mL	J1815	250	NC Urgent Care	$ 698.50	$ 419.10	$ 412.37	$ 0.15	$ 642.62	
Service Item	Outpatient	insulin NPH 100 U/mL Vial 10 mL	J1815	250	SC Urgent Care	$ 698.50	$ 419.10	$ 414.11	$ 0.15	$ 642.62	
Service Item	Outpatient	insulin NPH/R 70-30 Vial 10 mL	J1815	250	CD Infusion Clinic	$ 698.50	$ 419.10	$ 414.11	$ 0.15	$ 642.62	
Service Item	Inpatient and Outpatient	insulin NPH/R 70-30 Vial 10 mL	J1815	250	MC Pharmacy	$ 699	$ 419	$ 414.11	$ 0	$ 643	
Service Item	Outpatient	insulin NPH/R 70-30 Vial 10 mL	J1815	250	NC Urgent Care	$ 698.50	$ 419.10	$ 412.37	$ 0.15	$ 642.62	
Service Item	Outpatient	insulin NPH/R 70-30 Vial 10 mL	J1815	250	SC Urgent Care	$ 698.50	$ 419.10	$ 414.11	$ 0.15	$ 642.62	
Service Item	Outpatient	insulin regular (ED/AMB use) 1 units/0.01 mL	J1815	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 167.35	$ 0.15	$ 474.28	
Service Item	Inpatient and Outpatient	insulin regular (ED/AMB use) 1 units/0.01 mL	J1815	250	MC Pharmacy	$ 12	$ 7	$ 167.35	$ 0	$ 474	
Service Item	Outpatient	insulin regular (ED/AMB use) 1 units/0.01 mL	J1815	250	NC Urgent Care	$ 12.10	$ 7.26	$ 167.32	$ 0.15	$ 474.28	
Service Item	Outpatient	insulin regular (ED/AMB use) 1 units/0.01 mL	J1815	250	SC Urgent Care	$ 12.10	$ 7.26	$ 167.35	$ 0.15	$ 474.28	
Service Item	Outpatient	insulin regular (ED/AMB use) 1 units/0.01 mL	J1815	250	SFM Family Medicine	$ 12.10	$ 7.26	$ 167.32	$ 0.15	$ 474.28	
Service Item	Outpatient	Insulin regular 100 units/Sodium Chloride 0.9% 1	J3490	636	CD Infusion Clinic	$ 162.75	$ 97.65	$ 102.22	$ 23.14	$ 149.73	
Service Item	Inpatient and Outpatient	Insulin regular 100 units/Sodium Chloride 0.9% 1	J3490	636	MC Pharmacy	$ 163	$ 98	$ 102.22	$ 23	$ 150	
Service Item	Outpatient	Insulin regular 100 units/Sodium Chloride 0.9% 1	J3490	636	NC Urgent Care	$ 162.75	$ 97.65	$ 101.82	$ 23.14	$ 149.73	
Service Item	Outpatient	Insulin regular 100 units/Sodium Chloride 0.9% 1	J3490	636	SC Urgent Care	$ 162.75	$ 97.65	$ 102.22	$ 23.14	$ 149.73	
Service Item	Inpatient and Outpatient	insulin regular human 1 Unit/0.01 mL Inj	J1815	636	MC Pharmacy	$ 12	$ 7	$ 167.35	$ 0	$ 474	
Service Item	Outpatient	insulin regular human 1 Unit/0.01 mL Inj	J1815	636	SFM Family Medicine	$ 12.10	$ 7.26	$ 167.32	$ 0.15	$ 474.28	
Service Item	Outpatient	insulin regular human 100 Units/mL Inj 10 mL	J1815	250	CD Infusion Clinic	$ 698.50	$ 419.10	$ 414.11	$ 0.15	$ 642.62	
Service Item	Inpatient and Outpatient	insulin regular human 100 Units/mL Inj 10 mL	J1815	250	MC Pharmacy	$ 699	$ 419	$ 414.11	$ 0	$ 643	
Service Item	Outpatient	insulin regular human 100 Units/mL Inj 10 mL	J1815	250	NC Urgent Care	$ 698.50	$ 419.10	$ 412.37	$ 0.15	$ 642.62	
Service Item	Outpatient	insulin regular human 100 Units/mL Inj 10 mL	J1815	250	SC Urgent Care	$ 698.50	$ 419.10	$ 414.11	$ 0.15	$ 642.62	
Service Item	Inpatient and Outpatient	Insulin, Fasting-ARUP	83525	300	MC Reference Lab	$ 13	$ 51	$ 23.33	$ 8	$ 112	
Service Item	Inpatient and Outpatient	Insulin, Random-ARUP	83525	300	MC Reference Lab	$ 10	$ 51	$ 21.89	$ 6	$ 112	
Service Item	Outpatient	Insulin, Regular Human for Drip 100 units/mL 1 r	J1815	636	CD Infusion Clinic	$ 64.75	$ 38.85	$ 186.28	$ 0.15	$ 474.28	
Service Item	Inpatient and Outpatient	Insulin, Regular Human for Drip 100 units/mL 1 r	J1815	636	MC Pharmacy	$ 65	$ 39	$ 186.28	$ 0	$ 474	
Service Item	Outpatient	Insulin, Regular Human for Drip 100 units/mL 1 r	J1815	636	NC Urgent Care	$ 64.75	$ 38.85	$ 186.12	$ 0.15	$ 474.28	
Service Item	Outpatient	Insulin, Regular Human for Drip 100 units/mL 1 r	J1815	636	SC Urgent Care	$ 64.75	$ 38.85	$ 186.28	$ 0.15	$ 474.28	
Service Item	Outpatient	Int Wnd Face/Mm 30+Cm	12057	761	OP Wound Center	$ 578.19	$ 346.91	$ 458.19	$ 346.91	$ 531.93	
Service Item	Outpatient	Int Wnd Face/Mm20.1-30Cm	12056	761	OP Wound Center	$ 578.19	$ 346.91	$ 458.19	$ 346.91	$ 531.93	
Service Item	Outpatient	Int Wnd H/N/F/G 30+Cm	12047	761	OP Wound Center	$ 2,912.17	$ 1,747.30	$ 2,197.39	$ 1,429.00	$ 2,679.20	
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M 12.6-20.0Cm	12055	516	NC Urgent Care	$ 466.59	$ 271.80	$ 349.01	$ 226.50	$ 416.76	
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M 12.6-20.0Cm	12055	516	OP Wound Center	$ 466.59	$ 271.80	$ 369.47	$ 271.80	$ 416.76	
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M 12.6-20.0Cm	12055	516	SC Urgent Care	$ 466.59	$ 271.80	$ 350.14	$ 226.50	$ 416.76	
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M 5.1-7.5 Cm	12053	516	NC Urgent Care	$ 432.72	$ 252.07	$ 321.84	$ 210.06	$ 386.51	
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M 5.1-7.5 Cm	12053	516	OP Wound Center	$ 432.72	$ 252.07	$ 345.34	$ 252.07	$ 386.51	
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M 5.1-7.5 Cm	12053	516	SC Urgent Care	$ 432.72	$ 252.07	$ 322.89	$ 210.06	$ 386.51	
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M 7.6-12.5 Cm	12054	516	NC Urgent Care	$ 449.67	$ 261.94	$ 333.48	$ 218.29	$ 401.64	
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M 7.6-12.5 Cm	12054	516	OP Wound Center	$ 449.67	$ 261.94	$ 357.41	$ 261.94	$ 401.64	
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M 7.6-12.5 Cm	12054	516	SC Urgent Care	$ 449.67	$ 261.94	$ 334.57	$ 218.29	$ 401.64	

Service Item	Outpatient	Int Wnd Repair F/E/N/L/M To 2.5 Cm	12051	516	NC Urgent Care	$ 398.85	$ 232.34	$ 296.31	$ 193.62	$ 370.22
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M To 2.5 Cm	12051	516	OP Wound Center	$ 398.85	$ 232.34	$ 321.20	$ 232.34	$ 370.22
Service Item	Outpatient	Int Wnd Repair F/E/N/L/M To 2.5 Cm	12051	516	SC Urgent Care	$ 398.85	$ 232.34	$ 297.27	$ 193.62	$ 370.22
Service Item	Outpatient	Int Wnd Repair N/H/F/G 12.6-20.0Cm	12045	516	NC Urgent Care	$ 618.00	$ 360.00	$ 455.80	$ 285.70	$ 575.90
Service Item	Outpatient	Int Wnd Repair N/H/F/G 12.6-20.0Cm	12045	516	OP Wound Center	$ 618.00	$ 360.00	$ 497.92	$ 360.00	$ 575.90
Service Item	Outpatient	Int Wnd Repair N/H/F/G 12.6-20.0Cm	12045	516	SC Urgent Care	$ 618.00	$ 360.00	$ 457.30	$ 285.70	$ 575.90
Service Item	Outpatient	Int Wnd Repair N/H/F/G 2.6-7.5 Cm	12042	516	NC Urgent Care	$ 415.79	$ 242.21	$ 308.22	$ 201.84	$ 371.39
Service Item	Outpatient	Int Wnd Repair N/H/F/G 2.6-7.5 Cm	12042	516	OP Wound Center	$ 415.79	$ 242.21	$ 333.27	$ 242.21	$ 371.39
Service Item	Outpatient	Int Wnd Repair N/H/F/G 2.6-7.5 Cm	12042	516	SC Urgent Care	$ 415.79	$ 242.21	$ 309.23	$ 201.84	$ 371.39
Service Item	Outpatient	Int Wnd Repair N/H/F/G 20.1-30.0 Cm	12046	516	NC Urgent Care	$ 483.53	$ 281.67	$ 361.13	$ 234.73	$ 431.89
Service Item	Outpatient	Int Wnd Repair N/H/F/G 20.1-30.0 Cm	12046	516	OP Wound Center	$ 483.53	$ 281.67	$ 381.54	$ 281.67	$ 431.89
Service Item	Outpatient	Int Wnd Repair N/H/F/G 20.1-30.0 Cm	12046	516	SC Urgent Care	$ 483.53	$ 281.67	$ 362.31	$ 234.73	$ 431.89
Service Item	Outpatient	Int Wnd Repair N/H/F/G 7.6-12.5 Cm	12044	516	NC Urgent Care	$ 618.00	$ 360.00	$ 453.50	$ 262.70	$ 575.90
Service Item	Outpatient	Int Wnd Repair N/H/F/G 7.6-12.5 Cm	12044	516	OP Wound Center	$ 618.00	$ 360.00	$ 497.92	$ 360.00	$ 575.90
Service Item	Outpatient	Int Wnd Repair N/H/F/G 7.6-12.5 Cm	12044	516	SC Urgent Care	$ 618.00	$ 360.00	$ 455.00	$ 262.70	$ 575.90
Service Item	Outpatient	Int Wnd Repair N/H/F/G To 2.5 Cm	12041	516	NC Urgent Care	$ 398.85	$ 232.34	$ 295.02	$ 193.62	$ 370.22
Service Item	Outpatient	Int Wnd Repair N/H/F/G To 2.5 Cm	12041	516	OP Wound Center	$ 398.85	$ 232.34	$ 321.20	$ 232.34	$ 370.22
Service Item	Outpatient	Int Wnd Repair N/H/F/G To 2.5 Cm	12041	516	SC Urgent Care	$ 398.85	$ 232.34	$ 295.99	$ 193.62	$ 370.22
Service Item	Outpatient	Int Wnd Repair S/A/T/E 2.6-7.5 Cm	12032	516	NC Urgent Care	$ 415.79	$ 242.21	$ 309.46	$ 201.84	$ 371.39
Service Item	Outpatient	Int Wnd Repair S/A/T/E 2.6-7.5 Cm	12032	516	OP Wound Center	$ 415.79	$ 242.21	$ 333.27	$ 242.21	$ 371.39
Service Item	Outpatient	Int Wnd Repair S/A/T/E 2.6-7.5 Cm	12032	516	SC Urgent Care	$ 415.79	$ 242.21	$ 310.47	$ 201.84	$ 371.39
Service Item	Outpatient	Int Wnd Repair S/A/T/E 2.6-7.5 Cm	12032	516	SFM Family Medicine	$ 415.79	$ 242.21	$ 332.27	$ 242.21	$ 371.39
Service Item	Outpatient	Int Wnd Repair S/A/T/E 20.1-30.0 Cm	12036	516	NC Urgent Care	$ 618.00	$ 360.00	$ 458.25	$ 300.00	$ 575.90
Service Item	Outpatient	Int Wnd Repair S/A/T/E 20.1-30.0 Cm	12036	516	OP Wound Center	$ 618.00	$ 360.00	$ 497.92	$ 360.00	$ 575.90
Service Item	Outpatient	Int Wnd Repair S/A/T/E 20.1-30.0 Cm	12036	516	SC Urgent Care	$ 618.00	$ 360.00	$ 459.75	$ 300.00	$ 575.90
Service Item	Outpatient	Int Wnd Repair S/A/T/E 7.6-12.5 Cm	12034	516	NC Urgent Care	$ 449.67	$ 261.94	$ 329.45	$ 218.29	$ 401.64
Service Item	Outpatient	Int Wnd Repair S/A/T/E 7.6-12.5 Cm	12034	516	OP Wound Center	$ 449.67	$ 261.94	$ 357.41	$ 261.94	$ 401.64
Service Item	Outpatient	Int Wnd Repair S/A/T/E 7.6-12.5 Cm	12034	516	SC Urgent Care	$ 449.67	$ 261.94	$ 330.54	$ 218.29	$ 401.64
Service Item	Outpatient	Int Wnd Repair S/A/T/E 7.6-12.5 Cm	12034	516	SFM Family Medicine	$ 449.67	$ 261.94	$ 356.32	$ 261.94	$ 401.64
Service Item	Outpatient	Int Wnd Repair S/A/T/E To 2.5 Cm	12031	516	NC Urgent Care	$ 398.85	$ 232.34	$ 294.19	$ 186.08	$ 370.22
Service Item	Outpatient	Int Wnd Repair S/A/T/E To 2.5 Cm	12031	516	OP Wound Center	$ 398.85	$ 232.34	$ 321.20	$ 232.34	$ 370.22
Service Item	Outpatient	Int Wnd Repair S/A/T/E To 2.5 Cm	12031	516	SC Urgent Care	$ 398.85	$ 232.34	$ 295.16	$ 186.08	$ 370.22
Service Item	Outpatient	Int Wnd Repair S/A/T/E To 2.5 Cm	12031	516	SFM Family Medicine	$ 398.85	$ 232.34	$ 320.23	$ 232.34	$ 370.22
Service Item	Outpatient	Int Wnd S/A/T 30+ Cm	12037	761	OP Wound Center	$ 2,912.17	$ 1,747.30	$ 2,197.39	$ 1,429.00	$ 2,679.20
Service Package	Inpatient and Outpatient	Int/Ext Osseo Intrg Sys	L8690	278	MC Central Supply	$ 8,471	Charges have been	$ 7,838.10	$ 7,548	$ 7,716
Service Item	Inpatient and Outpatient	Intactparathyroid Hormone	83970	301	MC General Lab	$ 99	$ 184	$ 174.33	$ 86	$ 406
Service Package	Inpatient and Outpatient	Intercostal Nerve Single	64420	361	MC Cath Lab Srvcs	$ 1,563	Charges have been	$ 1,066.73	$ 699	$ 724
Service Package	Inpatient and Outpatient	Intercostal Nerves Multip	64421	361	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,743.94	$ 941	$ 2,392
Service Item	Outpatient	interferon alfa-2b 10,000,000 units Inj	J9214	636	CD Infusion Clinic	$ 1,419.60	$ 851.76	$ 713.29	$ 13.96	$ 1,306.03
Service Item	Inpatient and Outpatient	interferon alfa-2b 10,000,000 units Inj	J9214	636	MC Pharmacy	$ 1,420	$ 865	$ 713.29	$ 14	$ 1,306
Service Item	Outpatient	interferon alfa-2b 10,000,000 units Inj	J9214	636	NC Urgent Care	$ 1,419.60	$ 865.49	$ 709.74	$ 13.96	$ 1,306.03
Service Item	Outpatient	interferon alfa-2b 10,000,000 units Inj	J9214	636	SC Urgent Care	$ 1,419.60	$ 865.49	$ 713.29	$ 13.96	$ 1,306.03
Service Item	Outpatient	interferon beta-1b 0.3 mg Inj	J1830	636	CD Infusion Clinic	$ 1,766.70	$ 1,060.02	$ 1,059.23	$ 83.32	$ 1,625.36
Service Item	Inpatient and Outpatient	interferon beta-1b 0.3 mg Inj	J1830	636	MC Pharmacy	$ 1,767	$ 1,142	$ 1,059.23	$ 83	$ 1,625
Service Item	Outpatient	interferon beta-1b 0.3 mg Inj	J1830	636	NC Urgent Care	$ 1,766.70	$ 1,141.92	$ 1,054.81	$ 83.32	$ 1,625.36
Service Item	Outpatient	interferon beta-1b 0.3 mg Inj	J1830	636	SC Urgent Care	$ 1,766.70	$ 1,141.92	$ 1,059.23	$ 83.32	$ 1,625.36
Service Item	Outpatient	Interm Brachytherapy Isodose Plan	77317	333	VR Radiation Onc	$ 759.72	$ 676.71	$ 983.43	$ 388.35	$ 4,617.55
Service Package	Inpatient and Outpatient	Into Guide Nephrostomy Tr	50436	361	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,282.50	$ 2,053	$ 3,084
Service Package	Inpatient and Outpatient	Intra Atrial Pacing	93610	481	MC Cath Lab Srvcs	$ 14,714	Charges have been	$ 11,212.44	$ 6,820	$ 11,500
Service Package	Inpatient and Outpatient	Intra-Atrial Recording	93602	481	MC Cath Lab Srvcs	$ 14,714	Charges have been	$ 11,212.44	$ 6,820	$ 11,500
Service Package	Inpatient and Outpatient	Intracardiac Echo	93662	481	MC Cath Lab Srvcs	$ 7,163	Charges have been	$ 6,562.08	$ 6,259	$ 6,398
Service Package	Inpatient and Outpatient	Intraop Nerve Test Per 15	95940	740	MC Surgical Srvcs	$ 107	Charges have been	$ 98.37	$ 94	$ 96
Service Package	Inpatient and Outpatient	Intraventricular Pacing	93612	481	MC Cath Lab Srvcs	$ 14,714	Charges have been	$ 11,212.44	$ 6,820	$ 11,500
Service Item	Inpatient and Outpatient	Intrinsic Factor Blocking Antibody-ARUP	86340	305	MC Reference Lab	$ 16	$ 67	$ 32.26	$ 10	$ 148
Service Package	Inpatient and Outpatient	Intro Cath Aorta	36200	361	MC Cath Lab Srvcs	$ 959	Charges have been	$ 878.48	$ 838	$ 856
Service Package	Inpatient and Outpatient	Intro Cath Ivc/Svc	36010	361	MC Cath Lab Srvcs	$ 1,154	Charges have been	$ 1,057.69	$ 1,009	$ 1,031
Service Package	Inpatient and Outpatient	Intro Cath Renal Pelvis	50432	361	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,174.72	$ 2,053	$ 2,643
Service Package	Inpatient and Outpatient	Intro Needle Ext Art	36140	361	MC Cath Lab Srvcs	$ 419	Charges have been	$ 383.68	$ 366	$ 374
Service Package	Inpatient and Outpatient	Intro Ureteral Cath/Stent	50432	320	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,174.72	$ 2,053	$ 2,643
Service Package	Inpatient and Outpatient	Introducer/Gastro Tube	C1894	272	MC Central Supply	$ 3,426	Charges have been	$ 2,683.48	$ 3,053	$ 3,121
Service Item	Outpatient	Introduction of Needle or Intracatheter, Vein	36000	510	CD Infusion Clinic	$ 60.10	$ 35.01	$ 51.42	$ 35.01	$ 53.68
Service Package	Inpatient and Outpatient	Intrvas Stent 1 Artery	37236	361	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 16,961.05	$ 11,280	$ 11,530
Service Package	Inpatient and Outpatient	Intrvas Stent 1 Vein	37238	361	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 16,961.05	$ 11,280	$ 11,530
Service Package	Inpatient and Outpatient	Intrvas Stent Add Vein	37239	361	MC Cath Lab Srvcs	$ 11,244	Charges have been	$ 10,301.01	$ 9,825	$ 10,043
Service Package	Inpatient and Outpatient	Intrvas Stent Add Vessel	37237	361	MC Cath Lab Srvcs	$ 11,244	Charges have been	$ 10,301.01	$ 9,825	$ 10,043
Service Package	Inpatient and Outpatient	Intrvasc Us Noncoronary 1St	37252	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Package	Inpatient and Outpatient	Intrvasc Us Noncoronary Addl	37253	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Item	Outpatient	Iodine 125 Seed	C2638	278	VR Radiation Onc	$ 109.44	$ 63.75	$ 81.95	$ 34.55	$ 97.75
Service Item	Inpatient and Outpatient	Iodine I-131 Cap 50 Mci	A9517	344	MC Radiation Thrpy	$ 1,830	$ 1,222	$ 839.72	$ 21	$ 1,635
Service Item	Outpatient	Iodine I-131 Cap 50 Mci	A9517	344	VR Radiation Onc	$ 1,830.05	$ 1,222.19	$ 839.72	$ 20.69	$ 1,634.61
Service Item	Inpatient and Outpatient	Iodine Level Serum-ARUP	83018	300	MC Reference Lab	$ 22	$ 83	$ 45.95	$ 13	$ 216
Service Item	Inpatient and Outpatient	Iodine Urine-ARUP	83018	300	MC Reference Lab	$ 22	$ 83	$ 45.95	$ 13	$ 216
Service Item	Outpatient	Iontophoresis 15 Min Ot	97033	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Iontophoresis 15 Min Ot	97033	430	OP Therapy Akers	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Ot	97033	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Ot	97033	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Ot	97033	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Ot	97033	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 105.54	$ 52.12	$ 123.28
Service Item	Outpatient	Iontophoresis 15 Min Ot - PTA/OTA Services	97033	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Iontophoresis 15 Min Ot - PTA/OTA Services	97033	430	OP Therapy Akers	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Ot - PTA/OTA Services	97033	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Ot - PTA/OTA Services	97033	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Ot - PTA/OTA Services	97033	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Ot - PTA/OTA Services	97033	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 105.54	$ 52.12	$ 123.28
Service Package	Inpatient and Outpatient	Iontophoresis 15 Min Pt	97033	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Iontophoresis 15 Min Pt	97033	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Iontophoresis 15 Min Pt	97033	420	OP Therapy Akers	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Pt	97033	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Pt	97033	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Pt	97033	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Pt	97033	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 105.54	$ 52.12	$ 123.28
Service Item	Outpatient	Iontophoresis 15 Min Pt - PTA/OTA Services	97033	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Iontophoresis 15 Min Pt - PTA/OTA Services	97033	420	OP Therapy Akers	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Pt - PTA/OTA Services	97033	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Pt - PTA/OTA Services	97033	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Pt - PTA/OTA Services	97033	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 153.07	$ 100.50	$ 317.00
Service Item	Outpatient	Iontophoresis 15 Min Pt - PTA/OTA Services	97033	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 105.54	$ 52.12	$ 123.28
Service Item	Outpatient	ipilimumab 5 mg/mL Inj 10 mL	J9228	636	CD Infusion Clinic	$ 26,915.20	$ 16,149.12	$ 24,057.96	$ 141.23	$ 73,101.62
Service Item	Inpatient and Outpatient	ipilimumab 5 mg/mL Inj 10 mL	J9228	636	MC Pharmacy	$ 26,915	$ 16,288	$ 24,057.96	$ 141	$ 73,102
Service Item	Outpatient	ipilimumab 5 mg/mL Inj 10 mL	J9228	636	NC Urgent Care	$ 26,915.20	$ 16,287.95	$ 23,990.67	$ 141.23	$ 73,101.62
Service Item	Outpatient	ipilimumab 5 mg/mL Inj 10 mL	J9228	636	SC Urgent Care	$ 26,915.20	$ 16,287.95	$ 24,057.96	$ 141.23	$ 73,101.62
Service Item	Outpatient	ipilimumab 5 mg/mL Inj 40 mL	J9228	636	CD Infusion Clinic	$ 107,660.70	$ 64,596.42	$ 53,085.96	$ 141.23	$ 99,047.84
Service Item	Inpatient and Outpatient	ipilimumab 5 mg/mL Inj 40 mL	J9228	636	MC Pharmacy	$ 107,661	$ 64,735	$ 53,085.96	$ 141	$ 99,048
Service Item	Outpatient	ipilimumab 5 mg/mL Inj 40 mL	J9228	636	NC Urgent Care	$ 107,660.70	$ 64,735.25	$ 52,816.81	$ 141.23	$ 99,047.84
Service Item	Outpatient	ipilimumab 5 mg/mL Inj 40 mL	J9228	636	SC Urgent Care	$ 107,660.70	$ 64,735.25	$ 53,085.96	$ 141.23	$ 99,047.84
Service Package	Inpatient and Outpatient	Ir/Drainage Cath Special	C1729	272	MC Central Supply	$ 1,620	Charges have been	$ 1,248.16	$ 1,443	$ 1,476
Service Package	Inpatient and Outpatient	Ir/Drainage Cath Standard	C1729	272	MC Central Supply	$ 673	Charges have been	$ 606.72	$ 600	$ 613
Service Package	Inpatient and Outpatient	Ir/Ureteral Stent	C2617	272	MC Central Supply	$ 1,108	Charges have been	$ 1,025.68	$ 988	$ 1,010
Service Item	Outpatient	irinotecan 20 mg/mL Inj 5 mL	J9206	636	CD Infusion Clinic	$ 348.75	$ 209.25	$ 223.66	$ 6.50	$ 320.85
Service Item	Inpatient and Outpatient	irinotecan 20 mg/mL Inj 5 mL	J9206	636	MC Pharmacy	$ 349	$ 209	$ 223.66	$ 7	$ 321
Service Item	Outpatient	irinotecan 20 mg/mL Inj 5 mL	J9206	636	NC Urgent Care	$ 348.75	$ 209.25	$ 222.78	$ 6.50	$ 320.85
Service Item	Outpatient	irinotecan 20 mg/mL Inj 5 mL	J9206	636	SC Urgent Care	$ 348.75	$ 209.25	$ 223.66	$ 6.50	$ 320.85
Service Item	Outpatient	iron DEXTRAN 50 mg/mL Inj 2 mL	J1750	636	CD Infusion Clinic	$ 155.25	$ 93.15	$ 83.75	$ 13.52	$ 142.83
Service Item	Inpatient and Outpatient	iron DEXTRAN 50 mg/mL Inj 2 mL	J1750	636	MC Pharmacy	$ 155	$ 93	$ 83.75	$ 14	$ 143
Service Item	Outpatient	iron DEXTRAN 50 mg/mL Inj 2 mL	J1750	636	NC Urgent Care	$ 155.25	$ 93.15	$ 83.36	$ 13.52	$ 142.83
Service Item	Outpatient	iron DEXTRAN 50 mg/mL Inj 2 mL	J1750	636	SC Urgent Care	$ 155.25	$ 93.15	$ 83.75	$ 13.52	$ 142.83
Service Item	Inpatient and Outpatient	Iron Serum	83540	301	MC General Lab	$ 85	$ 29	$ 59.01	$ 26	$ 77
Service Item	Outpatient	iron sucrose 20 mg/mL Inj 5 mL	J1756	636	CD Infusion Clinic	$ 279.00	$ 167.40	$ 165.44	$ 0.44	$ 256.68

Service Item	Inpatient and Outpatient	iron sucrose 20 mg/mL Inj 5 mL	J1756	636	MC Pharmacy	$ 279	$ 167	$ 165.44	$ 0	$ 257
Service Item	Outpatient	iron sucrose 20 mg/mL Inj 5 mL	J1756	636	NC Urgent Care	$ 279.00	$ 167.40	$ 164.74	$ 0.44	$ 256.68
Service Item	Outpatient	iron sucrose 20 mg/mL Inj 5 mL	J1756	636	SC Urgent Care	$ 279.00	$ 167.40	$ 165.44	$ 0.44	$ 256.68
Service Item	Outpatient	iron sucrose 20 mg/mL Inj 5 mL	J1756	636	VD Visalia Dialysis	$ 279.00	$ 167.40	$ 165.44	$ 0.44	$ 256.68
Service Item	Inpatient	Irradiated Blood Service	86945	300	MC Blood Bank	$ 58.66	$ 80.19	$ 79.38	$ 38.74	$ 246.47
Service Item	Outpatient	Irrigate Imp Venous Dev	96523	510	CD Infusion Clinic	$ 105.45	$ 61.43	$ 79.50	$ 61.43	$ 94.19
Service Package	Inpatient and Outpatient	Irrigate Imp Venous Dev	96523	510	MC Emergency	$ 105	Charges have been	$ 86.95	$ 64	$ 94
Service Package	Inpatient	Irrigate Imp Venous Dev	96523	510	MC PE Pediatrics	$ 105.45	Charges have been	$ 86.95	$ 63.74	$ 94.19
Service Item	Inpatient and Outpatient	Islet Cell IgG Antibody-ARUP	86341	305	MC Reference Lab	$ 19	$ 69	$ 39.12	$ 11	$ 195
Service Item	Outpatient	isoproterenol 0.2 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 5,694.00	$ 3,416.40	$ 3,281.70	$ 23.14	$ 5,238.48
Service Item	Inpatient and Outpatient	isoproterenol 0.2 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 5,694	$ 3,416	$ 3,281.70	$ 23	$ 5,238
Service Item	Outpatient	isoproterenol 0.2 mg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 5,694.00	$ 3,416.40	$ 3,267.46	$ 23.14	$ 5,238.48
Service Item	Outpatient	isoproterenol 0.2 mg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 5,694.00	$ 3,416.40	$ 3,281.70	$ 23.14	$ 5,238.48
Service Item	Outpatient	isosulfan blue 10 mg/mL Inj 5 mL	Q9968	636	CD Infusion Clinic	$ 3,272.50	$ 1,963.50	$ 1,860.21	$ 0.31	$ 3,010.70
Service Item	Inpatient and Outpatient	isosulfan blue 10 mg/mL Inj 5 mL	Q9968	636	MC Pharmacy	$ 3,273	$ 1,964	$ 1,860.21	$ 0	$ 3,011
Service Item	Outpatient	isosulfan blue 10 mg/mL Inj 5 mL	Q9968	636	NC Urgent Care	$ 3,272.50	$ 1,963.50	$ 1,771.19	$ 0.31	$ 3,010.70
Service Item	Outpatient	isosulfan blue 10 mg/mL Inj 5 mL	Q9968	636	SC Urgent Care	$ 3,272.50	$ 1,963.50	$ 1,779.38	$ 0.31	$ 3,010.70
Service Item	Outpatient	Isovue 200 50Ml	Q9966	636	IC CAT Scan	$ 249.95	$ 150.42	$ 135.83	$ 1.84	$ 229.95
Service Item	Outpatient	Isovue 200 50Ml	Q9966	636	IC MRI	$ 249.95	$ 150.42	$ 135.83	$ 1.84	$ 229.95
Service Item	Outpatient	Isovue 200 50Ml	Q9966	636	IC Radiology	$ 249.95	$ 150.42	$ 150.22	$ 1.84	$ 229.95
Service Item	Inpatient and Outpatient	Isovue 200 50Ml	Q9966	636	MC CAT Scanner	$ 250	$ 150	$ 135.83	$ 2	$ 230
Service Package	Inpatient and Outpatient	Isovue 200 50Ml	Q9966	636	MC Contrast Material	$ 250	$ 150	$ 130.68	$ 2	$ 230
Service Item	Inpatient and Outpatient	Isovue 200 50Ml	Q9966	636	MC Diag Radiology	$ 250	$ 150	$ 135.83	$ 2	$ 230
Service Item	Inpatient and Outpatient	Isovue 200 50Ml	Q9966	636	MC MRI	$ 250	$ 150	$ 135.83	$ 2	$ 230
Service Package	Inpatient and Outpatient	Isovue 200 50Ml	Q9966	636	MC Surgical Srvcs	$ 250	Charges have been	$ 177.12	$ 225	$ 230
Service Item	Outpatient	Isovue 200 50Ml	Q9966	636	NC Diag Imaging	$ 249.95	$ 150.42	$ 135.83	$ 1.84	$ 229.95
Service Item	Outpatient	Isovue 200 50Ml	Q9966	636	SC Diag Imaging	$ 249.95	$ 150.42	$ 135.83	$ 1.84	$ 229.95
Service Item	Outpatient	Isovue 200M 20Ml	Q9966	636	IC Radiology	$ 28.60	$ 17.61	$ 21.88	$ 1.84	$ 26.31
Service Package	Inpatient and Outpatient	Isovue 200M 20Ml	Q9966	636	MC Cath Lab Srvcs	$ 29	Charges have been	$ 26.60	$ 26	$ 26
Service Package	Inpatient and Outpatient	Isovue 200M 20Ml	Q9966	636	MC Contrast Material	$ 29	$ 17	$ 21.29	$ 2	$ 26
Service Item	Inpatient and Outpatient	Isovue 200M 20Ml	Q9966	636	MC Diag Radiology	$ 29	$ 18	$ 21.88	$ 2	$ 26
Service Item	Outpatient	Isovue 200M 20Ml	Q9966	636	NC Diag Imaging	$ 28.60	$ 17.61	$ 21.88	$ 1.84	$ 26.31
Service Item	Outpatient	Isovue 200M 20Ml	Q9966	636	SC Diag Imaging	$ 28.60	$ 17.61	$ 21.88	$ 1.84	$ 26.31
Service Item	Outpatient	Isovue 300 100 Ml	Q9967	636	IC CAT Scan	$ 819.20	$ 491.97	$ 422.13	$ 0.65	$ 753.66
Service Item	Outpatient	Isovue 300 100 Ml	Q9967	636	IC MRI	$ 819.20	$ 491.97	$ 422.13	$ 0.65	$ 753.66
Service Item	Outpatient	Isovue 300 100 Ml	Q9967	636	IC Radiology	$ 819.20	$ 491.97	$ 475.29	$ 0.65	$ 753.66
Service Item	Inpatient and Outpatient	Isovue 300 100 Ml	Q9967	636	MC CAT Scanner	$ 819	$ 492	$ 422.13	$ 1	$ 754
Service Package	Inpatient and Outpatient	Isovue 300 100 Ml	Q9967	636	MC Contrast Material	$ 819	$ 492	$ 405.24	$ 1	$ 754
Service Item	Inpatient and Outpatient	Isovue 300 100 Ml	Q9967	636	MC Diag Radiology	$ 819	$ 492	$ 422.13	$ 1	$ 754
Service Item	Inpatient and Outpatient	Isovue 300 100 Ml	Q9967	636	MC MRI	$ 819	$ 492	$ 422.13	$ 1	$ 754
Service Item	Outpatient	Isovue 300 150Ml	Q9967	636	IC CAT Scan	$ 1,194.00	$ 716.85	$ 615.09	$ 0.65	$ 1,098.48
Service Item	Outpatient	Isovue 300 150Ml	Q9967	636	IC MRI	$ 1,194.00	$ 716.85	$ 615.09	$ 0.65	$ 1,098.48
Service Item	Outpatient	Isovue 300 150Ml	Q9967	636	IC Radiology	$ 1,194.00	$ 716.85	$ 692.61	$ 0.65	$ 1,098.48
Service Item	Inpatient and Outpatient	Isovue 300 150Ml	Q9967	636	MC CAT Scanner	$ 1,194	$ 717	$ 615.09	$ 1	$ 1,098
Service Package	Inpatient and Outpatient	Isovue 300 150Ml	Q9967	636	MC Contrast Material	$ 1,194	$ 716	$ 590.47	$ 1	$ 1,098
Service Item	Inpatient and Outpatient	Isovue 300 150Ml	Q9967	636	MC Diag Radiology	$ 1,194	$ 717	$ 615.09	$ 1	$ 1,098
Service Item	Inpatient and Outpatient	Isovue 300 150Ml	Q9967	636	MC MRI	$ 1,194	$ 717	$ 615.09	$ 1	$ 1,098
Service Item	Outpatient	Isovue 300 50 Ml	Q9967	636	IC CAT Scan	$ 251.50	$ 151.35	$ 129.87	$ 0.65	$ 231.38
Service Item	Outpatient	Isovue 300 50 Ml	Q9967	636	IC MRI	$ 251.50	$ 151.35	$ 129.87	$ 0.65	$ 231.38
Service Item	Outpatient	Isovue 300 50 Ml	Q9967	636	IC Radiology	$ 251.50	$ 151.35	$ 146.13	$ 0.65	$ 231.38
Service Item	Inpatient and Outpatient	Isovue 300 50 Ml	Q9967	636	MC CAT Scanner	$ 252	$ 151	$ 129.87	$ 1	$ 231
Service Package	Inpatient and Outpatient	Isovue 300 50 Ml	Q9967	636	MC Contrast Material	$ 252	$ 151	$ 124.69	$ 1	$ 231
Service Item	Inpatient and Outpatient	Isovue 300 50 Ml	Q9967	636	MC Diag Radiology	$ 252	$ 151	$ 129.87	$ 1	$ 231
Service Item	Inpatient and Outpatient	Isovue 300 50 Ml	Q9967	636	MC MRI	$ 252	$ 151	$ 129.87	$ 1	$ 231
Service Item	Outpatient	Isovue 300 50 Ml	Q9967	636	NC Diag Imaging	$ 251.50	$ 151.35	$ 129.87	$ 0.65	$ 231.38
Service Item	Outpatient	Isovue 300 50 Ml	Q9967	636	SC Diag Imaging	$ 251.50	$ 151.35	$ 129.87	$ 0.65	$ 231.38
Service Item	Outpatient	Isovue 300 75 Ml	Q9967	636	IC CAT Scan	$ 407.70	$ 245.07	$ 210.29	$ 0.65	$ 375.08
Service Item	Outpatient	Isovue 300 75 Ml	Q9967	636	IC MRI	$ 407.70	$ 245.07	$ 210.29	$ 0.65	$ 375.08
Service Item	Outpatient	Isovue 300 75 Ml	Q9967	636	IC Radiology	$ 407.70	$ 245.07	$ 236.70	$ 0.65	$ 375.08
Service Item	Inpatient and Outpatient	Isovue 300 75 Ml	Q9967	636	MC CAT Scanner	$ 408	$ 245	$ 210.29	$ 1	$ 375
Service Package	Inpatient and Outpatient	Isovue 300 75 Ml	Q9967	636	MC Contrast Material	$ 408	$ 245	$ 201.88	$ 1	$ 375
Service Item	Inpatient and Outpatient	Isovue 300 75 Ml	Q9967	636	MC Diag Radiology	$ 408	$ 245	$ 210.29	$ 1	$ 375
Service Item	Inpatient and Outpatient	Isovue 300 75 Ml	Q9967	636	MC MRI	$ 408	$ 245	$ 210.29	$ 1	$ 375
Service Item	Outpatient	Isovue 370 100 Ml	Q9967	636	IC CAT Scan	$ 909.20	$ 545.97	$ 468.47	$ 0.65	$ 836.46
Service Item	Outpatient	Isovue 370 100 Ml	Q9967	636	IC MRI	$ 909.20	$ 545.97	$ 468.47	$ 0.65	$ 836.46
Service Item	Outpatient	Isovue 370 100 Ml	Q9967	636	IC Radiology	$ 909.20	$ 545.97	$ 527.48	$ 0.65	$ 836.46
Service Item	Inpatient and Outpatient	Isovue 370 100 Ml	Q9967	636	MC CAT Scanner	$ 909	$ 546	$ 468.47	$ 1	$ 836
Service Package	Inpatient and Outpatient	Isovue 370 100 Ml	Q9967	636	MC Contrast Material	$ 909	$ 546	$ 449.72	$ 1	$ 836
Service Item	Inpatient and Outpatient	Isovue 370 100 Ml	Q9967	636	MC Diag Radiology	$ 909	$ 546	$ 468.47	$ 1	$ 836
Service Item	Inpatient and Outpatient	Isovue 370 100 Ml	Q9967	636	MC MRI	$ 909	$ 546	$ 468.47	$ 1	$ 836
Service Item	Outpatient	Isovue 370 150Ml	Q9967	636	IC CAT Scan	$ 1,257.75	$ 755.10	$ 647.91	$ 0.65	$ 1,157.13
Service Item	Outpatient	Isovue 370 150Ml	Q9967	636	IC MRI	$ 1,257.75	$ 755.10	$ 647.91	$ 0.65	$ 1,157.13
Service Item	Outpatient	Isovue 370 150Ml	Q9967	636	IC Radiology	$ 1,257.75	$ 755.10	$ 729.57	$ 0.65	$ 1,157.13
Service Item	Inpatient and Outpatient	Isovue 370 150Ml	Q9967	636	MC CAT Scanner	$ 1,258	$ 755	$ 647.91	$ 1	$ 1,157
Service Package	Inpatient and Outpatient	Isovue 370 150Ml	Q9967	636	MC Contrast Material	$ 1,258	$ 755	$ 621.97	$ 1	$ 1,157
Service Item	Inpatient and Outpatient	Isovue 370 150Ml	Q9967	636	MC Diag Radiology	$ 1,258	$ 755	$ 647.91	$ 1	$ 1,157
Service Item	Inpatient and Outpatient	Isovue 370 150Ml	Q9967	636	MC MRI	$ 1,258	$ 755	$ 647.91	$ 1	$ 1,157
Service Item	Outpatient	Isovue M 300 15Ml	Q9967	636	IC Radiology	$ 37.00	$ 22.65	$ 21.76	$ 0.65	$ 34.04
Service Package	Inpatient and Outpatient	Isovue M 300 15Ml	Q9967	636	MC Contrast Material	$ 37	$ 22	$ 18.68	$ 1	$ 34
Service Item	Inpatient and Outpatient	Isovue M 300 15Ml	Q9967	636	MC Diag Radiology	$ 37	$ 23	$ 19.44	$ 1	$ 34
Service Item	Outpatient	Isovue M 300 15Ml	Q9967	636	NC Diag Imaging	$ 37.00	$ 22.65	$ 19.44	$ 0.65	$ 34.04
Service Item	Outpatient	Isovue M 300 15Ml	Q9967	636	SC Diag Imaging	$ 37.00	$ 22.65	$ 19.44	$ 0.65	$ 34.04
Service Item	Inpatient and Outpatient	Itraconazole, Quantitative by LC-MS/MS-ARUP	80299	300	MC Reference Lab	$ 15	$ 65	$ 31.34	$ 9	$ 148
Service Item	Outpatient	Iud Insertion	58300	516	NC Urgent Care	$ 188.50	$ 109.81	$ 139.90	$ 88.55	$ 168.37
Service Item	Outpatient	Iud Insertion	58300	516	SC Urgent Care	$ 188.50	$ 109.81	$ 140.36	$ 88.55	$ 168.37
Service Item	Outpatient	Iud Insertion	58300	516	SFM Family Medicine	$ 188.50	$ 109.81	$ 152.15	$ 109.81	$ 168.37
Service Item	Outpatient	Iud Removal	58301	516	NC Urgent Care	$ 360.32	$ 209.90	$ 258.17	$ 112.90	$ 321.84
Service Item	Outpatient	Iud Removal	58301	516	SC Urgent Care	$ 360.32	$ 209.90	$ 259.05	$ 112.90	$ 321.84
Service Item	Outpatient	Iud Removal	58301	516	SFM Family Medicine	$ 360.32	$ 209.90	$ 287.23	$ 209.90	$ 321.84
Service Item	Outpatient	Iv Hydration Ea Add Hr	96361	260	CD Chronic Disease	$ 123.20	$ 71.77	$ 75.42	$ 18.76	$ 110.04
Service Item	Outpatient	Iv Hydration Ea Add Hr	96361	260	CD Infusion Clinic	$ 123.20	$ 71.77	$ 84.98	$ 39.47	$ 110.04
Service Package	Inpatient	Iv Hydration Ea Add Hr	96361	260	MC 2N Cardiac Srvc	$ 123.20	Charges have been	$ 94.01	$ 44.16	$ 110.04
Service Package	Inpatient	Iv Hydration Ea Add Hr	96361	260	MC 2S Med Surg	$ 123.20	Charges have been	$ 94.01	$ 44.16	$ 110.04
Service Package	Inpatient	Iv Hydration Ea Add Hr	96361	260	MC 3N Surgical	$ 123.20	Charges have been	$ 94.01	$ 44.16	$ 110.04
Service Package	Inpatient	Iv Hydration Ea Add Hr	96361	260	MC 3S Oncology	$ 123.20	Charges have been	$ 94.01	$ 44.16	$ 110.04
Service Package	Inpatient	Iv Hydration Ea Add Hr	96361	260	MC 4N Med Renal	$ 123.20	Charges have been	$ 94.01	$ 44.16	$ 110.04
Service Package	Inpatient	Iv Hydration Ea Add Hr	96361	260	MC 4S Ortho Surgery	$ 123.20	Charges have been	$ 94.01	$ 44.16	$ 110.04
Service Package	Inpatient	Iv Hydration Ea Add Hr	96361	260	MC BP Broderick Pav	$ 123.20	Charges have been	$ 94.01	$ 44.16	$ 110.04
Service Package	Inpatient and Outpatient	Iv Hydration Ea Add Hr	96361	260	MC Emergency	$ 123	Charges have been	$ 94.01	$ 44	$ 110
Service Package	Inpatient and Outpatient	Iv Hydration Ea Add Hr	96361	260	MC Labor Triage	$ 123	Charges have been	$ 94.01	$ 44	$ 110
Service Package	Inpatient and Outpatient	Iv Hydration Ea Add Hr	96361	260	MC Lbr & Dlvy Rev	$ 123	Charges have been	$ 94.01	$ 44	$ 110
Service Item	Inpatient and Outpatient	Iv Hydration Ea Add Hr	96361	260	MC Nuclear Medicine	$ 123	$ 72	$ 88.96	$ 39	$ 110
Service Package	Inpatient	Iv Hydration Ea Add Hr	96361	260	MC PE Pediatrics	$ 123.20	Charges have been	$ 94.01	$ 44.16	$ 110.04
Service Item	Outpatient	Iv Hydration Ea Add Hr	96361	260	NC Urgent Care	$ 123.20	$ 71.77	$ 77.95	$ 18.76	$ 110.04
Service Item	Outpatient	Iv Hydration Ea Add Hr	96361	260	SC Urgent Care	$ 123.20	$ 71.77	$ 78.24	$ 18.76	$ 110.04
Service Item	Outpatient	Iv Hydration Up To 1 Hr	96360	260	CD Chronic Disease	$ 457.86	$ 266.71	$ 285.88	$ 67.19	$ 408.96
Service Item	Outpatient	Iv Hydration Up To 1 Hr	96360	260	CD Infusion Clinic	$ 457.86	$ 266.71	$ 321.66	$ 156.21	$ 408.96
Service Package	Inpatient	Iv Hydration Up To 1 Hr	96360	260	MC 2N Cardiac Srvc	$ 457.86	Charges have been	$ 361.57	$ 212.90	$ 408.96
Service Package	Inpatient	Iv Hydration Up To 1 Hr	96360	260	MC 2S Med Surg	$ 457.86	Charges have been	$ 361.57	$ 212.90	$ 408.96
Service Package	Inpatient	Iv Hydration Up To 1 Hr	96360	260	MC 3N Surgical	$ 457.86	Charges have been	$ 361.57	$ 212.90	$ 408.96
Service Package	Inpatient	Iv Hydration Up To 1 Hr	96360	260	MC 3S Oncology	$ 457.86	Charges have been	$ 361.57	$ 212.90	$ 408.96
Service Package	Inpatient	Iv Hydration Up To 1 Hr	96360	260	MC 4N Med Renal	$ 457.86	Charges have been	$ 361.57	$ 212.90	$ 408.96
Service Package	Inpatient	Iv Hydration Up To 1 Hr	96360	260	MC 4S Ortho Surgery	$ 457.86	Charges have been	$ 361.57	$ 212.90	$ 408.96
Service Package	Inpatient	Iv Hydration Up To 1 Hr	96360	260	MC BP Broderick Pav	$ 457.86	Charges have been	$ 361.57	$ 212.90	$ 408.96
Service Package	Inpatient and Outpatient	Iv Hydration Up To 1 Hr	96360	260	MC Emergency	$ 458	Charges have been	$ 361.57	$ 213	$ 409
Service Package	Inpatient and Outpatient	Iv Hydration Up To 1 Hr	96360	260	MC Labor Triage	$ 458	Charges have been	$ 361.57	$ 213	$ 409
Service Package	Inpatient and Outpatient	Iv Hydration Up To 1 Hr	96360	260	MC Lbr & Dlvy Rev	$ 458	Charges have been	$ 361.57	$ 213	$ 409
Service Item	Inpatient and Outpatient	Iv Hydration Up To 1 Hr	96360	260	MC Nuclear Medicine	$ 458	$ 267	$ 336.45	$ 156	$ 409

Service Package	Inpatient	Iv Hydration Up To 1 Hr	96360	260	MC PE Pediatrics	$ 457.86	Charges have been	$ 361.57	$ 212.90	$ 408.96
Service Item	Outpatient	Iv Hydration Up To 1 Hr	96360	260	NC Urgent Care	$ 457.86	$ 266.71	$ 295.26	$ 67.19	$ 408.96
Service Item	Outpatient	Iv Hydration Up To 1 Hr	96360	260	SC Urgent Care	$ 457.86	$ 266.71	$ 296.37	$ 67.19	$ 408.96
Service Package	Inpatient and Outpatient	Iv Infus W/Antib Addl Hr	96366	450	MC Emergency	$ 190	Charges have been	$ 138.72	$ 44	$ 169
Service Package	Inpatient and Outpatient	Iv Infusion W/ Antibiotic	96365	450	MC Emergency	$ 522	Charges have been	$ 404.43	$ 213	$ 466
Service Package	Inpatient and Outpatient	Iv Oct For Proc Addl Vess	92979	481	MC Cath Lab Srvcs	$ 770	Charges have been	$ 705.79	$ 673	$ 688
Service Package	Inpatient and Outpatient	Iv Oct For Proc Init Vess	92978	481	MC Cath Lab Srvcs	$ 832	Charges have been	$ 762.36	$ 727	$ 743
Service Item	Outpatient	Ivp W/O Tomos	74400	320	IC Radiology	$ 1,172.77	$ 214.47	$ 683.63	$ 192.31	$ 1,047.52
Service Item	Inpatient and Outpatient	Ivp W/O Tomos	74400	320	MC Diag Radiology	$ 1,173	$ 214	$ 970.83	$ 192	$ 3,612
Service Item	Outpatient	ixabepilone 15 mg Powder	J9207	636	CD Infusion Clinic	$ 4,922.45	$ 2,953.47	$ 2,464.77	$ 75.38	$ 4,528.65
Service Item	Inpatient and Outpatient	ixabepilone 15 mg Powder	J9207	636	MC Pharmacy	$ 4,922	$ 3,028	$ 2,464.77	$ 75	$ 4,529
Service Item	Outpatient	ixabepilone 15 mg Powder	J9207	636	NC Urgent Care	$ 4,922.45	$ 3,027.57	$ 2,452.46	$ 75.38	$ 4,528.65
Service Item	Outpatient	ixabepilone 15 mg Powder	J9207	636	SC Urgent Care	$ 4,922.45	$ 3,027.57	$ 2,464.77	$ 75.38	$ 4,528.65
Service Item	Inpatient and Outpatient	JC Virus by PCR-ARUP	87798	300	MC Reference Lab	$ 30	$ 151	$ 134.87	$ 26	$ 345
Service Package	Inpatient and Outpatient	J-Guidewire (.038 Od)	C1769	272	MC Central Supply	$ 276	Charges have been	$ 370.68	$ 246	$ 251
Service Item	Inpatient and Outpatient	JO-1 Antibody-ARUP	86235	300	MC Reference Lab	$ 15	$ 68	$ 33.57	$ 9	$ 176
Service Item	Outpatient	Joint Survey Sngle Stress	77071	320	IC Radiology	$ 271.82	$ 59.01	$ 180.41	$ 52.91	$ 242.79
Service Item	Inpatient and Outpatient	Joint Survey Sngle Stress	77071	320	MC Diag Radiology	$ 272	$ 59	$ 252.04	$ 53	$ 888
Service Item	Outpatient	Joint Survey Sngle Stress	77071	320	NC Diag Imaging	$ 271.82	$ 59.01	$ 252.04	$ 52.91	$ 887.81
Service Item	Outpatient	Joint Survey Sngle Stress	77071	320	SC Diag Imaging	$ 271.82	$ 59.01	$ 252.04	$ 52.91	$ 887.81
Service Package	Inpatient and Outpatient	Joint/Bursa Inject/Drain		450	MC Emergency	$ 249	Charges have been	#N/A	$ 218	$ 223
Service Package	Inpatient and Outpatient	K Wire Surgical Fixator	C1713	278	MC Central Supply	$ 423	Charges have been	$ 1,678.50	$ 377	$ 385
Service Item	Inpatient and Outpatient	Kappa-Lambda Quant FLC with Ratio-ARUP	83883	300	MC Reference Lab	$ 25	$ 61	$ 35.72	$ 15	$ 134
Service Item	Outpatient	Kenalog 10Mg/Ml 5Ml	J3301	636	CD Chronic Disease	$ 58.95	$ 35.37	$ 34.01	$ 1.70	$ 54.23
Service Item	Outpatient	Kenalog 10Mg/Ml 5Ml	J3301	636	SFM Family Medicine	$ 58.95	$ 35.37	$ 38.59	$ 2.05	$ 54.23
Service Item	Outpatient	Kenalog 40 Inj 1Ml	J3301	636	IC Radiology	$ 58.74	$ 47.32	$ 39.38	$ 2.05	$ 54.04
Service Item	Inpatient and Outpatient	Kenalog 40 Inj 1Ml	J3301	636	MC Diag Radiology	$ 59	$ 47	$ 38.65	$ 2	$ 54
Service Item	Outpatient	Kenalog 40 Inj 1Ml	J3301	636	NC Diag Imaging	$ 58.74	$ 47.32	$ 38.65	$ 2.05	$ 54.04
Service Item	Outpatient	Kenalog 40 Inj 1Ml	J3301	636	SC Diag Imaging	$ 58.74	$ 47.32	$ 38.65	$ 2.05	$ 54.04
Service Item	Inpatient and Outpatient	Keppra (Levetiracetam)-ARUP	80299	300	MC Reference Lab	$ 14	$ 65	$ 30.93	$ 9	$ 148
Service Item	Outpatient	ketamine 100 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 55.20	$ 33.12	$ 40.40	$ 23.14	$ 50.78
Service Item	Inpatient and Outpatient	ketamine 100 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 55	$ 33	$ 40.40	$ 23	$ 51
Service Item	Outpatient	ketamine 100 mg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 55.20	$ 33.12	$ 40.26	$ 23.14	$ 50.78
Service Item	Outpatient	ketamine 100 mg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 55.20	$ 33.12	$ 40.40	$ 23.14	$ 50.78
Service Item	Outpatient	ketamine 50 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 24.40	$ 14.64	$ 22.70	$ 14.64	$ 27.98
Service Item	Inpatient and Outpatient	ketamine 50 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 24	$ 15	$ 22.70	$ 15	$ 28
Service Item	Outpatient	ketamine 50 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 24.40	$ 14.64	$ 22.64	$ 14.64	$ 27.98
Service Item	Outpatient	ketamine 50 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 24.40	$ 14.64	$ 22.70	$ 14.64	$ 27.98
Service Item	Outpatient	ketamine 50 mg/Sodium Chloride 0.9% 5 mL Inj	J3490	636	CD Infusion Clinic	$ 23.80	$ 14.28	$ 22.35	$ 14.28	$ 27.98
Service Item	Inpatient and Outpatient	ketamine 50 mg/Sodium Chloride 0.9% 5 mL Inj	J3490	636	MC Pharmacy	$ 24	$ 14	$ 22.35	$ 14	$ 28
Service Item	Outpatient	ketamine 50 mg/Sodium Chloride 0.9% 5 mL Inj	J3490	636	NC Urgent Care	$ 23.80	$ 14.28	$ 22.29	$ 14.28	$ 27.98
Service Item	Outpatient	ketamine 50 mg/Sodium Chloride 0.9% 5 mL Inj	J3490	636	SC Urgent Care	$ 23.80	$ 14.28	$ 22.35	$ 14.28	$ 27.98
Service Item	Outpatient	ketorolac 15 mg/mL Inj 1 mL	J1885	636	CD Infusion Clinic	$ 25.45	$ 15.27	$ 14.35	$ 1.20	$ 23.41
Service Item	Inpatient and Outpatient	ketorolac 15 mg/mL Inj 1 mL	J1885	636	MC Pharmacy	$ 25	$ 15	$ 14.35	$ 1	$ 23
Service Item	Outpatient	ketorolac 15 mg/mL Inj 1 mL	J1885	636	NC Urgent Care	$ 25.45	$ 15.27	$ 14.29	$ 1.20	$ 23.41
Service Item	Outpatient	ketorolac 15 mg/mL Inj 1 mL	J1885	636	SC Urgent Care	$ 25.45	$ 15.27	$ 14.35	$ 1.20	$ 23.41
Service Item	Outpatient	ketorolac 15 mg/mL Inj 1 mL	J1885	636	SFM Family Medicine	$ 25.45	$ 15.27	$ 14.29	$ 1.20	$ 23.41
Service Item	Outpatient	ketorolac 30 mg/mL Inj 1 mL	J1885	636	CD Chronic Disease	$ 33.90	$ 20.34	$ 17.30	$ 1.20	$ 31.19
Service Item	Outpatient	ketorolac 30 mg/mL Inj 1 mL	J1885	636	CD Infusion Clinic	$ 33.90	$ 20.34	$ 17.39	$ 1.20	$ 31.19
Service Item	Inpatient and Outpatient	ketorolac 30 mg/mL Inj 1 mL	J1885	636	MC Pharmacy	$ 34	$ 20	$ 17.39	$ 1	$ 31
Service Item	Outpatient	ketorolac 30 mg/mL Inj 1 mL	J1885	636	NC Urgent Care	$ 33.90	$ 20.34	$ 17.30	$ 1.20	$ 31.19
Service Item	Outpatient	ketorolac 30 mg/mL Inj 1 mL	J1885	636	SC Urgent Care	$ 33.90	$ 20.34	$ 17.39	$ 1.20	$ 31.19
Service Item	Outpatient	ketorolac 30 mg/mL Inj 1 mL	J1885	636	SFM Family Medicine	$ 33.90	$ 20.34	$ 17.30	$ 1.20	$ 31.19
Service Item	Outpatient	Ketorolac 60 mg/2mL Inj	J1885	636	CD Infusion Clinic	$ 19.55	$ 11.73	$ 12.23	$ 1.20	$ 17.99
Service Item	Inpatient and Outpatient	Ketorolac 60 mg/2mL Inj	J1885	636	MC Pharmacy	$ 20	$ 21	$ 12.23	$ 1	$ 21
Service Item	Outpatient	Ketorolac 60 mg/2mL Inj	J1885	636	NC Urgent Care	$ 19.55	$ 21.48	$ 12.18	$ 1.20	$ 21.48
Service Item	Outpatient	Ketorolac 60 mg/2mL Inj	J1885	636	SC Urgent Care	$ 19.55	$ 21.48	$ 12.23	$ 1.20	$ 21.48
Service Item	Inpatient and Outpatient	Kidney Scan W/Vas Flow&Fu	78707	340	MC Nuclear Medicine	$ 1,599	$ 566	$ 1,155.07	$ 541	$ 1,428
Service Item	Inpatient and Outpatient	Kidney W/Vas Flow Multi	78709	340	MC Nuclear Medicine	$ 1,599	$ 570	$ 1,155.07	$ 541	$ 1,428
Service Item	Inpatient and Outpatient	Kirby Bauer PA	87184	306	MC General Lab	$ 67	$ 31	$ 52.00	$ 28	$ 68
Service Package	Inpatient and Outpatient	Kit Carticel Essentials	A4649	272	MC Central Supply	$ 840	Charges have been	$ 777.06	$ 748	$ 765
Service Package	Inpatient and Outpatient	Kit Disp. Fallop Ring Cab	A4264	278	MC Central Supply	$ 6,503	Charges have been	$ 6,017.13	$ 5,795	$ 5,923
Service Package	Inpatient and Outpatient	Kit Lead Accessory (A)	C1778	278	MC Central Supply	$ 728	Charges have been	$ 2,644.78	$ 649	$ 663
Service Package	Inpatient and Outpatient	Kit Lead Accessory (B)	C1778	278	MC Central Supply	$ 2,516	Charges have been	$ 3,856.47	$ 2,242	$ 2,292
Service Package	Inpatient and Outpatient	Kit Lead Accessory (C)	C1778	278	MC Central Supply	$ 4,889	Charges have been	$ 5,465.13	$ 4,357	$ 4,454
Service Package	Inpatient and Outpatient	Kit Mesh Pouch	C1781	278	MC Central Supply	$ 819	Charges have been	$ 1,203.75	$ 730	$ 746
Service Package	Inpatient and Outpatient	Kit Pleurx Cath	C1729	278	MC Central Supply	$ 2,094	Charges have been	$ 1,569.27	$ 1,866	$ 1,907
Service Item	Inpatient and Outpatient	Kleihauer-Betke	85460	305	MC General Lab	$ 40	$ 34	$ 42.65	$ 31	$ 76
Service Item	Outpatient	Knee 2 Views	73560	320	IC Radiology	$ 312.52	$ 66.54	$ 186.30	$ 59.66	$ 279.15
Service Item	Inpatient and Outpatient	Knee 2 Views	73560	320	MC Diag Radiology	$ 313	$ 67	$ 255.36	$ 60	$ 888
Service Item	Outpatient	Knee 2 Views	73560	320	NC Diag Imaging	$ 312.52	$ 66.54	$ 255.36	$ 59.66	$ 887.81
Service Item	Outpatient	Knee 2 Views	73560	320	SC Diag Imaging	$ 312.52	$ 66.54	$ 255.36	$ 59.66	$ 887.81
Service Item	Outpatient	Knee 3 Views	73562	320	IC Radiology	$ 389.01	$ 72.69	$ 228.06	$ 65.18	$ 347.47
Service Item	Inpatient and Outpatient	Knee 3 Views	73562	320	MC Diag Radiology	$ 389	$ 73	$ 292.30	$ 65	$ 888
Service Item	Outpatient	Knee 3 Views	73562	320	NC Diag Imaging	$ 389.01	$ 72.69	$ 292.30	$ 65.18	$ 887.81
Service Item	Outpatient	Knee 3 Views	73562	320	SC Diag Imaging	$ 389.01	$ 72.69	$ 292.30	$ 65.18	$ 887.81
Service Item	Outpatient	Knee Arthrogram	73580	322	IC Radiology	$ 679.68	$ 334.08	$ 492.71	$ 299.56	$ 607.09
Service Item	Inpatient and Outpatient	Knee Arthrogram	73580	322	MC Diag Radiology	$ 680	$ 334	$ 1,102.05	$ 300	$ 6,522
Service Item	Outpatient	Knee Arthrogram	73580	322	NC Diag Imaging	$ 679.68	$ 334.08	$ 1,102.05	$ 299.56	$ 6,522.36
Service Item	Outpatient	Knee Arthrogram	73580	322	SC Diag Imaging	$ 679.68	$ 334.08	$ 1,102.05	$ 299.56	$ 6,522.36
Service Item	Outpatient	Knee Both Standing Ap	73565	320	IC Radiology	$ 280.29	$ 62.91	$ 171.23	$ 56.41	$ 250.36
Service Item	Inpatient and Outpatient	Knee Both Standing Ap	73565	320	MC Diag Radiology	$ 280	$ 63	$ 242.32	$ 56	$ 888
Service Item	Outpatient	Knee Both Standing Ap	73565	320	NC Diag Imaging	$ 280.29	$ 62.91	$ 242.32	$ 56.41	$ 887.81
Service Item	Outpatient	Knee Both Standing Ap	73565	320	SC Diag Imaging	$ 280.29	$ 62.91	$ 242.32	$ 56.41	$ 887.81
Service Item	Outpatient	Knee Minimum 4 Views	73564	320	IC Radiology	$ 422.61	$ 79.26	$ 251.42	$ 71.07	$ 377.48
Service Item	Inpatient and Outpatient	Knee Minimum 4 Views	73564	320	MC Diag Radiology	$ 423	$ 79	$ 388.34	$ 71	$ 1,636
Service Item	Outpatient	Knee Minimum 4 Views	73564	320	NC Diag Imaging	$ 422.61	$ 79.26	$ 388.34	$ 71.07	$ 1,635.83
Service Item	Outpatient	Knee Minimum 4 Views	73564	320	SC Diag Imaging	$ 422.61	$ 79.26	$ 388.34	$ 71.07	$ 1,635.83
Service Package	Inpatient and Outpatient	Knotless Ac Implant	C1713	278	MC Central Supply	$ 3,095	Charges have been	$ 3,489.42	$ 2,758	$ 2,819
Service Package	Inpatient and Outpatient	Kypho Plasty Each Add'L	22515	361	MC Cath Lab Srvcs	$ 5,117	Charges have been	$ 4,688.23	$ 4,471	$ 4,571
Service Package	Inpatient and Outpatient	Kyphoplasty Lumbar	22514	361	MC Cath Lab Srvcs	$ 14,955	Charges have been	$ 11,487.36	$ 6,931	$ 12,062
Service Package	Inpatient and Outpatient	Kyphoplasty Thoracic	22513	361	MC Cath Lab Srvcs	$ 14,955	Charges have been	$ 11,487.36	$ 6,931	$ 12,062
Service Package	Inpatient and Outpatient	L Hrt Art/Grft Angio	93459	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Package	Inpatient and Outpatient	L Hrt Artery/Ventri Angio	93458	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Package	Inpatient and Outpatient	L Hrt Cath Trnsptl Punct	93462	481	MC Cath Lab Srvcs	$ 10,116	Charges have been	$ 9,267.86	$ 8,839	$ 9,036
Service Item	Outpatient	Labetalol 20Mg Prefil Syr	J3490	636	CD Infusion Clinic	$ 45.85	$ 27.51	$ 35.03	$ 23.14	$ 42.18
Service Item	Inpatient and Outpatient	Labetalol 20Mg Prefil Syr	J3490	636	MC Pharmacy	$ 46	$ 28	$ 35.03	$ 23	$ 42
Service Item	Outpatient	Labetalol 20Mg Prefil Syr	J3490	636	NC Urgent Care	$ 45.85	$ 27.51	$ 34.91	$ 23.14	$ 42.18
Service Item	Outpatient	Labetalol 20Mg Prefil Syr	J3490	636	SC Urgent Care	$ 45.85	$ 27.51	$ 35.03	$ 23.14	$ 42.18
Service Item	Outpatient	labetalol 5 mg/mL Inj 20 mL	J3490	636	CD Chronic Disease	$ 19.30	$ 11.58	$ 19.72	$ 11.58	$ 27.98
Service Item	Outpatient	labetalol 5 mg/mL Inj 20 mL	J3490	636	CD Infusion Clinic	$ 19.30	$ 11.58	$ 19.77	$ 11.58	$ 27.98
Service Item	Inpatient and Outpatient	labetalol 5 mg/mL Inj 20 mL	J3490	636	MC Pharmacy	$ 19	$ 12	$ 19.77	$ 12	$ 28
Service Item	Outpatient	labetalol 5 mg/mL Inj 20 mL	J3490	636	NC Urgent Care	$ 19.30	$ 11.58	$ 19.72	$ 11.58	$ 27.98
Service Item	Outpatient	labetalol 5 mg/mL Inj 20 mL	J3490	636	SC Urgent Care	$ 19.30	$ 11.58	$ 19.77	$ 11.58	$ 27.98
Service Item	Outpatient	labetalol 5 mg/mL Inj 20 mL	J3490	636	SQ Seq Cardiology	$ 19.30	$ 11.58	$ 19.72	$ 11.58	$ 27.98
Service Package	Inpatient and Outpatient	Lac Rep Smpl/Intr To 30 C		450	MC Emergency	$ 279	Charges have been	#N/A	$ 244	$ 250
Service Package	Inpatient and Outpatient	Lac Repair>30Cm/Cmplx		450	MC Emergency	$ 415	Charges have been	#N/A	$ 362	$ 370
Service Item	Outpatient	lacosamide 200 mg/20 mL Inj 20 mL	C9254	636	CD Infusion Clinic	$ 307.45	$ 184.47	$ 205.20	$ 0.21	$ 282.85
Service Item	Inpatient and Outpatient	lacosamide 200 mg/20 mL Inj 20 mL	C9254	636	MC Pharmacy	$ 307	$ 185	$ 205.20	$ 0	$ 283
Service Item	Outpatient	lacosamide 200 mg/20 mL Inj 20 mL	C9254	636	NC Urgent Care	$ 307.45	$ 184.66	$ 196.84	$ 0.21	$ 282.85
Service Item	Outpatient	lacosamide 200 mg/20 mL Inj 20 mL	C9254	636	SC Urgent Care	$ 307.45	$ 184.66	$ 197.61	$ 0.21	$ 282.85
Service Item	Inpatient and Outpatient	Lacosamide Level-ARUP	80339	300	MC Reference Lab	$ 15	$ 60	$ 12.54	$ 9	$ 60
Service Package	Inpatient	Lactate Alert Panel	83605	301	MC Cardiac Surgery	$ 101.53	$ 60.31	$ 79.73	$ 42.66	$ 105.00
Service Package	Inpatient	Lactate Alert Panel	83605	301	MC Cardiovascular	$ 101.53	$ 47.58	$ 79.73	$ 42.66	$ 105.00
Service Item	Inpatient and Outpatient	Lactate Alert Panel	83605	301	MC General Lab	$ 102	$ 48	$ 79.73	$ 43	$ 105
Service Package	Inpatient and Outpatient	Lactate Alert Panel	83605	301	MC IC Intnsv Care	$ 102	Charges have been	$ 93.94	$ 90	$ 92
Service Package	Inpatient	Lactate Alert Panel	83605	301	MC NI NICU	$ 101.53	Charges have been	$ 93.94	$ 90.47	$ 92.48
Service Package	Inpatient and Outpatient	Lactate Alert Panel	83605	301	MC Surgical Srvcs	$ 102	Charges have been	$ 93.94	$ 90	$ 92

Service Item	Inpatient and Outpatient	Lactate Dehydrogenase Body Fluid-ARUP	83615	300	MC Reference Lab	$ 7	$ 27	$ 31.07	$ 6	$ 59
Service Item	Inpatient and Outpatient	Lactate Lactic Acid	83605	301	MC General Lab	$ 102	$ 48	$ 79.73	$ 43	$ 105
Service Item	Inpatient and Outpatient	Lactoferrin, Stool by ELISA-ARUP	83630	300	MC Reference Lab	$ 21	$ 41	$ 42.01	$ 13	$ 193
Service Item	Inpatient and Outpatient	Lamotrigine Level-ARUP	80299	300	MC Reference Lab	$ 14	$ 65	$ 30.93	$ 9	$ 148
Service Package	Inpatient and Outpatient	Lap Gastric Band	C1889	278	MC Central Supply	$ 13,364	Charges have been	$ 12,366.04	$ 11,909	$ 12,174
Service Package	Inpatient and Outpatient	Lapiplasty System Anatomic Biplanar Implant	C1713	278	MC Central Supply	$ 9,767	Charges have been	$ 8,011.32	$ 8,703	$ 8,896
Service Package	Inpatient and Outpatient	Las Ablt Ex Vein 1St Vein	36478	360	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,289.81	$ 3,211	$ 5,457
Service Package	Inpatient and Outpatient	Laser Abltn Extr Vein 2Nd	36479	360	MC Cath Lab Srvcs	$ 6,110	Charges have been	$ 5,597.76	$ 5,339	$ 5,457
Service Item	Outpatient	Lc Ap Skin Sub T/A/Lg 1% Body	15273	761	OP Wound Center	$ 3,500.00	$ 2,100.00	$ 2,731.10	$ 1,429.00	$ 3,449.79
Service Item	Outpatient	Lc Ap Skin Sub T/A/Lg 25	15271	761	OP Wound Center	$ 1,900.00	$ 1,140.00	$ 1,548.68	$ 1,140.00	$ 1,880.27
Service Item	Outpatient	Lc Ap Skin Sub T/A/Lg Add	15272	761	OP Wound Center	$ 204.75	$ 122.85	$ 169.62	$ 122.85	$ 204.75
Service Item	Outpatient	Lc Ap Skin Sub T/A/Lg Add Child	15274	761	OP Wound Center	$ 558.30	$ 334.98	$ 462.51	$ 334.98	$ 558.30
Service Item	Outpatient	Lc Skn Sub F/N/H/G Add	15278	761	OP Wound Center	$ 558.30	$ 334.98	$ 462.51	$ 334.98	$ 558.30
Service Item	Outpatient	Lc Skn Sub F/N/Hf/G 25	15275	761	OP Wound Center	$ 1,900.00	$ 1,400.00	$ 1,548.68	$ 1,140.00	$ 1,880.27
Service Item	Outpatient	Lc Skn Sub F/N/Hf/G Add	15276	761	OP Wound Center	$ 204.75	$ 122.85	$ 169.62	$ 122.85	$ 204.75
Service Item	Outpatient	Lc Skn Sub F/N/Hf/G Ch25	15277	761	OP Wound Center	$ 1,900.00	$ 1,140.00	$ 1,548.68	$ 1,140.00	$ 1,880.27
Service Item	Outpatient	Lcsw Off 20-30 Min W/E	90833	900	SFM Family Medicine	$ 314.15	$ 183.00	$ 253.57	$ 183.00	$ 280.60
Service Item	Outpatient	Lcsw Off 45-50 Min W/E&M	90836	900	SFM Family Medicine	$ 314.15	$ 183.00	$ 253.57	$ 183.00	$ 280.60
Service Item	Outpatient	Lcsw Off 60 Min	90837	900	SFM Family Medicine	$ 314.15	$ 183.00	$ 238.29	$ 152.21	$ 280.60
Service Item	Outpatient	Lcsw, Office 20-30 Min	90832	900	SFM Family Medicine	$ 314.15	$ 183.00	$ 238.29	$ 152.21	$ 280.60
Service Item	Outpatient	LDCT Scan for Lung Cancer Screen	G0297	352	IC CAT Scan	$ 240.40	$ 140.04	$ 437.89	$ 92.48	$ 1,174.99
Service Item	Inpatient and Outpatient	LDCT Scan for Lung Cancer Screen	G0297	352	MC CAT Scanner	$ 240	$ 1,404	$ 437.89	$ 92	$ 1,404
Service Item	Inpatient and Outpatient	Ldh Serum	83615	301	MC General Lab	$ 99	$ 27	$ 64.13	$ 24	$ 90
Service Item	Inpatient and Outpatient	Ldh Urine & Misc Fluid	83615	301	MC General Lab	$ 99	$ 27	$ 64.13	$ 24	$ 90
Service Package	Inpatient and Outpatient	Lead Aicd Non Sing/Dual	C1896	278	MC Central Supply	$ 19,754	Charges have been	$ 18,278.38	$ 17,603	$ 17,994
Service Item	Inpatient and Outpatient	Lead Blood 20098	83655	300	MC Reference Lab	$ 14	$ 54	$ 26.13	$ 8	$ 119
Service Package	Inpatient and Outpatient	Lead Condtendril Mri	C1883	278	MC Central Supply	$ 911	Charges have been	$ 1,412.65	$ 812	$ 830
Service Package	Inpatient and Outpatient	Lead Kit	C1897	278	MC Central Supply	$ 10,809	Charges have been	$ 8,046.99	$ 9,632	$ 9,846
Service Package	Inpatient and Outpatient	Lead Neurostimulator Penta	C1778	278	MC Central Supply	$ 12,711	Charges have been	$ 10,766.08	$ 11,326	$ 11,578
Service Package	Inpatient and Outpatient	Lead Pacer Open Heart (A)	C1898	275	MC Central Supply	$ 2,940	Charges have been	$ 3,424.44	$ 2,620	$ 2,678
Service Package	Inpatient and Outpatient	Lead Pacer Open Heart (B)	C1898	275	MC Central Supply	$ 12,224	Charges have been	$ 9,716.45	$ 10,892	$ 11,134
Service Package	Inpatient and Outpatient	Lead Sns Tined	C1778	278	MC Central Supply	$ 8,691	Charges have been	$ 8,041.69	$ 7,744	$ 7,916
Service Item	Inpatient and Outpatient	Lead Urine-ARUP	83655	300	MC Reference Lab	$ 13	$ 54	$ 26.06	$ 8	$ 119
Service Package	Inpatient and Outpatient	Lead Vagus Nerve	C1778	278	MC Central Supply	$ 15,023	Charges have been	$ 12,333.53	$ 13,387	$ 13,685
Service Item	Inpatient and Outpatient	Lead, Whole Blood Venous-ARUP	83655	300	MC Reference Lab	$ 14	$ 54	$ 26.13	$ 8	$ 119
Service Package	Inpatient and Outpatient	Left Hrt Cath W/Ventrclgr	93452	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Item	Inpatient and Outpatient	Legionella pneumophila 1-6 IgG Antibody-ARUP	86713	300	MC Reference Lab	$ 17	$ 67	$ 32.92	$ 10	$ 150
Service Item	Inpatient and Outpatient	Legionella pneumophila 1-6 IgM Antibody-ARUP	86713	300	MC Reference Lab	$ 17	$ 67	$ 32.92	$ 10	$ 150
Service Item	Inpatient and Outpatient	Legionella pneumophila by DFA-ARUP	87278	300	MC Reference Lab	$ 10	$ 40	$ 23.27	$ 6	$ 124
Service Item	Inpatient and Outpatient	Legionella Pneumophilia BF	87541	306	MC General Lab	$ 52	$ 151	$ 132.93	$ 45	$ 345
Service Item	Inpatient and Outpatient	Legionella Urine Antig Ts	87449	306	MC General Lab	$ 80	$ 40	$ 69.37	$ 36	$ 118
Service Package	Inpatient and Outpatient	Lens Implant		276	MC Central Supply	$ 1,074	Charges have been	#N/A	$ 957	$ 978
Service Item	Inpatient and Outpatient	Leptin Quant by CIA-ARUP	82397	300	MC Reference Lab	$ 10	$ 63	$ 27.25	$ 6	$ 139
Service Item	Outpatient	Lesion Destruction 2-14	17003	516	NC Urgent Care	$ 68.57	$ 39.94	$ 48.29	$ 6.17	$ 61.24
Service Item	Outpatient	Lesion Destruction 2-14	17003	516	SC Urgent Care	$ 68.57	$ 39.94	$ 48.45	$ 6.17	$ 61.24
Service Item	Outpatient	Lesion Destruction 2-14	17003	516	SFM Family Medicine	$ 68.57	$ 39.94	$ 55.35	$ 39.94	$ 61.24
Service Item	Outpatient	Lesion Destruction-1St	17000	516	NC Urgent Care	$ 231.75	$ 135.00	$ 165.58	$ 67.20	$ 207.00
Service Item	Outpatient	Lesion Destruction-1St	17000	516	SC Urgent Care	$ 231.75	$ 135.00	$ 166.14	$ 67.20	$ 207.00
Service Item	Outpatient	Lesion Destruction-1St	17000	516	SFM Family Medicine	$ 231.75	$ 135.00	$ 184.81	$ 135.00	$ 207.00
Service Item	Outpatient	leucovorin 200 mg Inj	J0640	636	CD Infusion Clinic	$ 223.20	$ 133.92	$ 135.94	$ 5.64	$ 205.34
Service Item	Inpatient and Outpatient	leucovorin 200 mg Inj	J0640	636	MC Pharmacy	$ 223	$ 157	$ 135.94	$ 6	$ 205
Service Item	Outpatient	leucovorin 200 mg Inj	J0640	636	NC Urgent Care	$ 223.20	$ 157.17	$ 135.38	$ 5.64	$ 205.34
Service Item	Outpatient	leucovorin 200 mg Inj	J0640	636	SC Urgent Care	$ 223.20	$ 157.17	$ 135.94	$ 5.64	$ 205.34
Service Item	Inpatient and Outpatient	Leukocyte Alkaline Phosphatase Smear-ARUP	85540	300	MC Reference Lab	$ 10	$ 38	$ 18.49	$ 6	$ 85
Service Item	Outpatient	leuprolide 1 mg/0.2 mL Kit	J9218	636	CD Infusion Clinic	$ 669.60	$ 401.76	$ 415.80	$ 36.67	$ 616.03
Service Item	Inpatient and Outpatient	leuprolide 1 mg/0.2 mL Kit	J9218	636	MC Pharmacy	$ 670	$ 501	$ 415.80	$ 37	$ 616
Service Item	Outpatient	leuprolide 1 mg/0.2 mL Kit	J9218	636	NC Urgent Care	$ 669.60	$ 501.44	$ 414.13	$ 36.67	$ 616.03
Service Item	Outpatient	leuprolide 1 mg/0.2 mL Kit	J9218	636	SC Urgent Care	$ 669.60	$ 501.44	$ 415.80	$ 36.67	$ 616.03
Service Item	Outpatient	leuprolide DEP IM 11.25 mg/3 months Kit, ER	J1950	636	CD Infusion Clinic	$ 11,797.30	$ 7,078.38	$ 6,339.32	$ 528.84	$ 10,853.52
Service Item	Inpatient and Outpatient	leuprolide DEP IM 11.25 mg/3 months Kit, ER	J1950	636	MC Pharmacy	$ 11,797	$ 7,598	$ 6,339.32	$ 529	$ 10,854
Service Item	Outpatient	leuprolide DEP IM 11.25 mg/3 months Kit, ER	J1950	636	NC Urgent Care	$ 11,797.30	$ 7,598.21	$ 6,309.82	$ 528.84	$ 10,853.52
Service Item	Outpatient	leuprolide DEP IM 11.25 mg/3 months Kit, ER	J1950	636	SC Urgent Care	$ 11,797.30	$ 7,598.21	$ 6,339.32	$ 528.84	$ 10,853.52
Service Item	Outpatient	leuprolide DEP IM 22.5 mg/3 months Inj, ER	J9217	636	CD Infusion Clinic	$ 14,058.10	$ 8,434.86	$ 7,147.50	$ 224.45	$ 12,933.45
Service Item	Inpatient and Outpatient	leuprolide DEP IM 22.5 mg/3 months Inj, ER	J9217	636	MC Pharmacy	$ 14,058	$ 8,435	$ 7,147.50	$ 224	$ 12,933
Service Item	Outpatient	leuprolide DEP IM 22.5 mg/3 months Inj, ER	J9217	636	NC Urgent Care	$ 14,058.10	$ 8,434.86	$ 7,112.35	$ 224.45	$ 12,933.45
Service Item	Outpatient	leuprolide DEP IM 22.5 mg/3 months Inj, ER	J9217	636	SC Urgent Care	$ 14,058.10	$ 8,434.86	$ 7,147.50	$ 224.45	$ 12,933.45
Service Item	Outpatient	leuprolide DEP IM 3.75 mg/mth Kit, ER	J1950	636	CD Infusion Clinic	$ 3,932.40	$ 2,359.44	$ 3,511.89	$ 528.84	$ 8,010.37
Service Item	Inpatient and Outpatient	leuprolide DEP IM 3.75 mg/mth Kit, ER	J1950	636	MC Pharmacy	$ 3,932	$ 2,879	$ 3,511.89	$ 529	$ 8,010
Service Item	Outpatient	leuprolide DEP IM 3.75 mg/mth Kit, ER	J1950	636	NC Urgent Care	$ 3,932.40	$ 2,879.27	$ 3,502.05	$ 528.84	$ 8,010.37
Service Item	Outpatient	leuprolide DEP IM 3.75 mg/mth Kit, ER	J1950	636	SC Urgent Care	$ 3,932.40	$ 2,879.27	$ 3,511.89	$ 528.84	$ 8,010.37
Service Item	Outpatient	leuprolide DEP IM 7.5 mg/month Kit, ER	J9217	636	CD Infusion Clinic	$ 4,686.10	$ 2,811.66	$ 3,778.27	$ 224.45	$ 9,545.45
Service Item	Inpatient and Outpatient	leuprolide DEP IM 7.5 mg/month Kit, ER	J9217	636	MC Pharmacy	$ 4,686	$ 3,432	$ 3,778.27	$ 224	$ 9,545
Service Item	Outpatient	leuprolide DEP IM 7.5 mg/month Kit, ER	J9217	636	NC Urgent Care	$ 4,686.10	$ 3,432.44	$ 3,766.55	$ 224.45	$ 9,545.45
Service Item	Outpatient	leuprolide DEP IM 7.5 mg/month Kit, ER	J9217	636	SC Urgent Care	$ 4,686.10	$ 3,432.44	$ 3,778.27	$ 224.45	$ 9,545.45
Service Item	Outpatient	levalbuterol 0.31 mg/3 mL Inh Soln	J7614	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.76	$ 0.12	$ 11.13
Service Item	Inpatient and Outpatient	levalbuterol 0.31 mg/3 mL Inh Soln	J7614	250	MC Pharmacy	$ 12	$ 7	$ 7.76	$ 0	$ 11
Service Item	Outpatient	levalbuterol 0.31 mg/3 mL Inh Soln	J7614	250	NC Urgent Care	$ 12.10	$ 7.26	$ 7.73	$ 0.12	$ 11.13
Service Item	Outpatient	levalbuterol 0.31 mg/3 mL Inh Soln	J7614	250	SC Urgent Care	$ 12.10	$ 7.26	$ 7.76	$ 0.12	$ 11.13
Service Item	Inpatient and Outpatient	levalbuterol 0.63 mg/3 mL Inh Soln	J7614	636	MC Pharmacy	$ 12	$ 9	$ 7.76	$ 0	$ 11
Service Item	Outpatient	levalbuterol 1.25 mg/0.5 mL Inh Soln	J7612	250	CD Infusion Clinic	$ 48.25	$ 28.95	$ 28.99	$ 0.38	$ 44.39
Service Item	Inpatient and Outpatient	levalbuterol 1.25 mg/0.5 mL Inh Soln	J7612	250	MC Pharmacy	$ 48	$ 29	$ 28.99	$ 0	$ 44
Service Item	Outpatient	levalbuterol 1.25 mg/0.5 mL Inh Soln	J7612	250	NC Urgent Care	$ 48.25	$ 28.95	$ 28.87	$ 0.38	$ 44.39
Service Item	Outpatient	levalbuterol 1.25 mg/0.5 mL Inh Soln	J7612	250	SC Urgent Care	$ 48.25	$ 28.95	$ 28.99	$ 0.38	$ 44.39
Service Item	Inpatient and Outpatient	Level I - Surgical pathology, gross examination o	88300	310	MC Pathology	$ 27	$ 13	$ 44.73	$ 11	$ 108
Service Item	Inpatient and Outpatient	Level Ii Path	88302	310	MC Pathology	$ 27	$ 31	$ 72.34	$ 23	$ 227
Service Item	Inpatient and Outpatient	Level Iii Path	88304	310	MC Pathology	$ 57	$ 44	$ 102.49	$ 39	$ 250
Service Item	Inpatient and Outpatient	Level Iv Path	88305	310	MC Pathology	$ 57	$ 60	$ 120.77	$ 50	$ 337
Service Item	Inpatient and Outpatient	Level V Path	88307	310	MC Pathology	$ 328	$ 89	$ 422.98	$ 80	$ 1,450
Service Item	Inpatient and Outpatient	Level Vi Path	88309	310	MC Pathology	$ 728	$ 122	$ 744.99	$ 109	$ 2,024
Service Item	Outpatient	levETIRAcetam 1,000 mg/NS 100 mL Premix	J1953	636	CD Infusion Clinic	$ 254.45	$ 152.67	$ 104.06	$ 0.18	$ 234.09
Service Item	Inpatient and Outpatient	levETIRAcetam 1,000 mg/NS 100 mL Premix	J1953	636	MC Pharmacy	$ 254	$ 154	$ 104.06	$ 0	$ 234
Service Item	Outpatient	levETIRAcetam 1,000 mg/NS 100 mL Premix	J1953	636	NC Urgent Care	$ 254.45	$ 153.50	$ 103.43	$ 0.18	$ 234.09
Service Item	Outpatient	levETIRAcetam 1,000 mg/NS 100 mL Premix	J1953	636	SC Urgent Care	$ 254.45	$ 153.50	$ 104.06	$ 0.18	$ 234.09
Service Item	Outpatient	levETIRAcetam 1,500 mg/NS 100 mL Premix	J1953	636	CD Infusion Clinic	$ 380.80	$ 228.48	$ 149.49	$ 0.18	$ 350.34
Service Item	Inpatient and Outpatient	levETIRAcetam 1,500 mg/NS 100 mL Premix	J1953	636	MC Pharmacy	$ 381	$ 229	$ 149.49	$ 0	$ 350
Service Item	Outpatient	levETIRAcetam 1,500 mg/NS 100 mL Premix	J1953	636	NC Urgent Care	$ 380.80	$ 229.31	$ 148.53	$ 0.18	$ 350.34
Service Item	Outpatient	levETIRAcetam 1,500 mg/NS 100 mL Premix	J1953	636	SC Urgent Care	$ 380.80	$ 229.31	$ 149.49	$ 0.18	$ 350.34
Service Item	Outpatient	levETIRAcetam 100 mg/mL Inj 5 mL	J1953	636	CD Infusion Clinic	$ 53.50	$ 32.10	$ 31.82	$ 0.18	$ 49.22
Service Item	Inpatient and Outpatient	levETIRAcetam 100 mg/mL Inj 5 mL	J1953	636	MC Pharmacy	$ 54	$ 33	$ 31.82	$ 0	$ 49
Service Item	Outpatient	levETIRAcetam 100 mg/mL Inj 5 mL	J1953	636	NC Urgent Care	$ 53.50	$ 32.93	$ 31.69	$ 0.18	$ 49.22
Service Item	Outpatient	levETIRAcetam 100 mg/mL Inj 5 mL	J1953	636	SC Urgent Care	$ 53.50	$ 32.93	$ 31.82	$ 0.18	$ 49.22
Service Item	Outpatient	levETIRAcetam 500 mg/NS 100 mL Premix	J1953	636	CD Infusion Clinic	$ 152.70	$ 91.62	$ 67.48	$ 0.18	$ 140.48
Service Item	Inpatient and Outpatient	levETIRAcetam 500 mg/NS 100 mL Premix	J1953	636	MC Pharmacy	$ 153	$ 92	$ 67.48	$ 0	$ 140
Service Item	Outpatient	levETIRAcetam 500 mg/NS 100 mL Premix	J1953	636	NC Urgent Care	$ 152.70	$ 92.45	$ 67.10	$ 0.18	$ 140.48
Service Item	Outpatient	levETIRAcetam 500 mg/NS 100 mL Premix	J1953	636	SC Urgent Care	$ 152.70	$ 92.45	$ 67.48	$ 0.18	$ 140.48
Service Item	Outpatient	levETIRAcetam PED 10 mg/mL Inj	J1953	636	CD Infusion Clinic	$ 58.60	$ 35.16	$ 33.66	$ 0.18	$ 53.91
Service Item	Inpatient and Outpatient	levETIRAcetam PED 10 mg/mL Inj	J1953	636	MC Pharmacy	$ 59	$ 36	$ 33.66	$ 0	$ 54
Service Item	Outpatient	levETIRAcetam PED 10 mg/mL Inj	J1953	636	NC Urgent Care	$ 58.60	$ 35.99	$ 33.51	$ 0.18	$ 53.91
Service Item	Outpatient	levETIRAcetam PED 10 mg/mL Inj	J1953	636	SC Urgent Care	$ 58.60	$ 35.99	$ 33.66	$ 0.18	$ 53.91
Service Item	Outpatient	levOCARNitine 200 mg/mL Inj 5 mL	J1955	636	CD Infusion Clinic	$ 184.85	$ 110.91	$ 122.07	$ 33.78	$ 170.06
Service Item	Inpatient and Outpatient	levOCARNitine 200 mg/mL Inj 5 mL	J1955	636	MC Pharmacy	$ 185	$ 152	$ 122.07	$ 34	$ 170
Service Item	Outpatient	levOCARNitine 200 mg/mL Inj 5 mL	J1955	636	NC Urgent Care	$ 184.85	$ 152.09	$ 121.61	$ 33.78	$ 170.06
Service Item	Outpatient	levOCARNitine 200 mg/mL Inj 5 mL	J1955	636	SC Urgent Care	$ 184.85	$ 152.09	$ 122.07	$ 33.78	$ 170.06
Service Item	Outpatient	levoFLOXacin 250 mg/50 mL Premix	J1956	636	CD Infusion Clinic	$ 31.25	$ 18.75	$ 21.56	$ 3.64	$ 28.75
Service Item	Inpatient and Outpatient	levoFLOXacin 250 mg/50 mL Premix	J1956	636	MC Pharmacy	$ 31	$ 40	$ 21.56	$ 4	$ 40
Service Item	Outpatient	levoFLOXacin 250 mg/50 mL Premix	J1956	636	NC Urgent Care	$ 31.25	$ 39.98	$ 21.48	$ 3.64	$ 39.98
Service Item	Outpatient	levoFLOXacin 250 mg/50 mL Premix	J1956	636	SC Urgent Care	$ 31.25	$ 39.98	$ 21.56	$ 3.64	$ 39.98
Service Item	Outpatient	levoFLOXacin 500 mg/100 mL Premix	J1956	636	CD Infusion Clinic	$ 45.65	$ 27.39	$ 26.74	$ 3.64	$ 42.00

Service Item	Inpatient and Outpatient	levoFLOXacin 500 mg/100 mL Premix	J1956	636	MC Pharmacy	$ 46	$ 49	$ 26.74	$ 4	$ 49
Service Item	Outpatient	levoFLOXacin 500 mg/100 mL Premix	J1956	636	NC Urgent Care	$ 45.65	$ 48.62	$ 26.62	$ 3.64	$ 48.62
Service Item	Outpatient	levoFLOXacin 500 mg/100 mL Premix	J1956	636	SC Urgent Care	$ 45.65	$ 48.62	$ 26.74	$ 3.64	$ 48.62
Service Item	Outpatient	levoFLOXacin 750 mg/150 mL Premix	J1956	636	CD Infusion Clinic	$ 50.50	$ 30.30	$ 28.48	$ 3.64	$ 46.46
Service Item	Inpatient and Outpatient	levoFLOXacin 750 mg/150 mL Premix	J1956	636	MC Pharmacy	$ 51	$ 52	$ 28.48	$ 4	$ 52
Service Item	Outpatient	levoFLOXacin 750 mg/150 mL Premix	J1956	636	NC Urgent Care	$ 50.50	$ 51.53	$ 28.36	$ 3.64	$ 51.53
Service Item	Outpatient	levoFLOXacin 750 mg/150 mL Premix	J1956	636	SC Urgent Care	$ 50.50	$ 51.53	$ 28.48	$ 3.64	$ 51.53
Service Item	Outpatient	levoFLOXacin IV (PED) 5 mg/mL Syringe	J1956	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 14.68	$ 3.64	$ 21.59
Service Item	Inpatient and Outpatient	levoFLOXacin IV (PED) 5 mg/mL Syringe	J1956	636	MC Pharmacy	$ 12	$ 28	$ 14.68	$ 4	$ 28
Service Item	Outpatient	levoFLOXacin IV (PED) 5 mg/mL Syringe	J1956	636	NC Urgent Care	$ 12.10	$ 28.49	$ 14.65	$ 3.64	$ 28.49
Service Item	Outpatient	levoFLOXacin IV (PED) 5 mg/mL Syringe	J1956	636	SC Urgent Care	$ 12.10	$ 28.49	$ 14.68	$ 3.64	$ 28.49
Service Item	Outpatient	levothyroxine 100 mcg (0.1 mg) Inj	J3490	636	CD Infusion Clinic	$ 589.20	$ 353.52	$ 347.36	$ 23.14	$ 542.06
Service Item	Inpatient and Outpatient	levothyroxine 100 mcg (0.1 mg) Inj	J3490	636	MC Pharmacy	$ 589	$ 354	$ 347.36	$ 23	$ 542
Service Item	Outpatient	levothyroxine 100 mcg (0.1 mg) Inj	J3490	636	NC Urgent Care	$ 589.20	$ 353.52	$ 345.88	$ 23.14	$ 542.06
Service Item	Outpatient	levothyroxine 100 mcg (0.1 mg) Inj	J3490	636	SC Urgent Care	$ 589.20	$ 353.52	$ 347.36	$ 23.14	$ 542.06
Service Item	Inpatient and Outpatient	Lh Lutenizing Hormone	83002	301	MC General Lab	$ 250	$ 83	$ 172.01	$ 74	$ 228
Service Item	Outpatient	lidocaine 0.5% Inj 50 mL	J2001	636	CD Infusion Clinic	$ 37.55	$ 22.53	$ 23.19	$ 0.11	$ 34.55
Service Item	Inpatient and Outpatient	lidocaine 0.5% Inj 50 mL	J2001	636	MC Pharmacy	$ 38	$ 23	$ 23.19	$ 0	$ 35
Service Item	Outpatient	lidocaine 0.5% Inj 50 mL	J2001	636	NC Urgent Care	$ 37.55	$ 22.53	$ 20.08	$ 0.05	$ 34.55
Service Item	Outpatient	lidocaine 0.5% Inj 50 mL	J2001	636	SC Urgent Care	$ 37.55	$ 22.53	$ 20.17	$ 0.05	$ 34.55
Service Item	Outpatient	lidocaine 0.5% Inj 50 mL	J2001	636	SFM Family Medicine	$ 37.55	$ 22.53	$ 23.10	$ 0.11	$ 34.55
Service Item	Outpatient	Lidocaine 1% 50Ml Inj	J2001	636	IC Radiology	$ 40.71	$ 25.26	$ 25.46	$ 0.11	$ 37.45
Service Item	Inpatient and Outpatient	Lidocaine 1% 50Ml Inj	J2001	636	MC Diag Radiology	$ 41	$ 25	$ 24.58	$ 0	$ 37
Service Item	Outpatient	Lidocaine 1% 50Ml Inj	J2001	636	NC Diag Imaging	$ 40.71	$ 25.26	$ 24.58	$ 0.11	$ 37.45
Service Item	Outpatient	Lidocaine 1% 50Ml Inj	J2001	636	SC Diag Imaging	$ 40.71	$ 25.26	$ 24.58	$ 0.11	$ 37.45
Service Item	Outpatient	lidocaine 1% Inj 20 mL	J2001	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 11.99	$ 0.11	$ 21.34
Service Item	Inpatient and Outpatient	lidocaine 1% Inj 20 mL	J2001	636	MC Pharmacy	$ 12	$ 8	$ 11.99	$ 0	$ 21
Service Item	Outpatient	lidocaine 1% Inj 20 mL	J2001	636	NC Urgent Care	$ 12.10	$ 8.09	$ 10.99	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine 1% Inj 20 mL	J2001	636	SC Urgent Care	$ 12.10	$ 8.09	$ 11.02	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine 1% Inj 20 mL	J2001	636	SFM Family Medicine	$ 12.10	$ 8.09	$ 11.96	$ 0.11	$ 21.34
Service Item	Outpatient	lidocaine 1% Inj 20 mL	J2001	636	VD Visalia Dialysis	$ 12.10	$ 7.26	$ 11.99	$ 0.11	$ 21.34
Service Item	Outpatient	lidocaine 1% Inj 5 mL	J2001	636	CD Infusion Clinic	$ 50.15	$ 30.09	$ 28.74	$ 0.11	$ 46.14
Service Item	Inpatient and Outpatient	lidocaine 1% Inj 5 mL	J2001	636	MC Pharmacy	$ 50	$ 31	$ 28.74	$ 0	$ 46
Service Item	Outpatient	lidocaine 1% Inj 5 mL	J2001	636	NC Urgent Care	$ 50.15	$ 30.92	$ 24.57	$ 0.05	$ 46.14
Service Item	Outpatient	lidocaine 1% Inj 5 mL	J2001	636	SC Urgent Care	$ 50.15	$ 30.92	$ 24.70	$ 0.05	$ 46.14
Service Item	Outpatient	lidocaine 1% Inj 5 mL	J2001	636	SFM Family Medicine	$ 50.15	$ 30.92	$ 28.61	$ 0.11	$ 46.14
Service Item	Outpatient	lidocaine 1% Inj 5 mL	J2001	636	SQ Seq Cardiology	$ 50.15	$ 30.92	$ 24.57	$ 0.05	$ 46.14
Service Item	Outpatient	lidocaine 1% Inj 50 mL	J2001	636	CD Infusion Clinic	$ 18.95	$ 11.37	$ 15.01	$ 0.11	$ 21.34
Service Item	Inpatient and Outpatient	lidocaine 1% Inj 50 mL	J2001	636	MC Pharmacy	$ 19	$ 11	$ 15.01	$ 0	$ 21
Service Item	Outpatient	lidocaine 1% Inj 50 mL	J2001	636	NC Urgent Care	$ 18.95	$ 11.37	$ 13.44	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine 1% Inj 50 mL	J2001	636	SC Urgent Care	$ 18.95	$ 11.37	$ 13.48	$ 0.05	$ 21.34
Service Item	Outpatient	Lidocaine 1%/EPINEPHrine 1/100,000 Inj 20 mL	J3490	636	CD Infusion Clinic	$ 13.50	$ 8.10	$ 16.43	$ 8.10	$ 27.98
Service Item	Inpatient and Outpatient	Lidocaine 1%/EPINEPHrine 1/100,000 Inj 20 mL	J3490	636	MC Pharmacy	$ 14	$ 8	$ 16.43	$ 8	$ 28
Service Item	Outpatient	Lidocaine 1%/EPINEPHrine 1/100,000 Inj 20 mL	J3490	636	NC Urgent Care	$ 13.50	$ 8.10	$ 16.40	$ 8.10	$ 27.98
Service Item	Outpatient	Lidocaine 1%/EPINEPHrine 1/100,000 Inj 20 mL	J3490	636	SC Urgent Care	$ 13.50	$ 8.10	$ 16.43	$ 8.10	$ 27.98
Service Item	Outpatient	Lidocaine 1%/EPINEPHrine 1/100,000 Inj 20 mL	J3490	636	SFM Family Medicine	$ 13.50	$ 8.10	$ 16.40	$ 8.10	$ 27.98
Service Item	Outpatient	Lidocaine 1%/EPINEPHrine 1/100,000 Inj 30 mL	J3490	636	CD Infusion Clinic	$ 34.40	$ 20.64	$ 28.45	$ 20.64	$ 31.65
Service Item	Inpatient and Outpatient	Lidocaine 1%/EPINEPHrine 1/100,000 Inj 30 mL	J3490	636	MC Pharmacy	$ 34	$ 21	$ 28.45	$ 21	$ 32
Service Item	Outpatient	Lidocaine 1%/EPINEPHrine 1/100,000 Inj 30 mL	J3490	636	NC Urgent Care	$ 34.40	$ 20.64	$ 28.36	$ 20.64	$ 31.65
Service Item	Outpatient	Lidocaine 1%/EPINEPHrine 1/100,000 Inj 30 mL	J3490	636	SC Urgent Care	$ 34.40	$ 20.64	$ 28.45	$ 20.64	$ 31.65
Service Item	Outpatient	Lidocaine 1%/EPINEPHrine 1/100,000 Inj 30 mL	J3490	636	SFM Family Medicine	$ 34.40	$ 20.64	$ 28.36	$ 20.64	$ 31.65
Service Item	Inpatient and Outpatient	Lidocaine 1.5%/EPINEPHrine PF 1/200,000 Inj 5	J3490	636	MC Pharmacy	$ 18	$ 11	$ 19.08	$ 11	$ 28
Service Item	Outpatient	lidocaine 2 g/Dextrose 5% Water 500 mL premix	J2001	636	CD Infusion Clinic	$ 35.70	$ 21.42	$ 22.38	$ 0.11	$ 32.84
Service Item	Inpatient and Outpatient	lidocaine 2 g/Dextrose 5% Water 500 mL premix	J2001	636	MC Pharmacy	$ 36	$ 21	$ 22.38	$ 0	$ 33
Service Item	Outpatient	lidocaine 2 g/Dextrose 5% Water 500 mL premix	J2001	636	NC Urgent Care	$ 35.70	$ 21.42	$ 19.42	$ 0.05	$ 32.84
Service Item	Outpatient	lidocaine 2 g/Dextrose 5% Water 500 mL premix	J2001	636	SC Urgent Care	$ 35.70	$ 21.42	$ 19.51	$ 0.05	$ 32.84
Service Item	Outpatient	lidocaine 2% Inj 10 mL	J2001	636	CD Infusion Clinic	$ 20.35	$ 12.21	$ 15.62	$ 0.11	$ 21.34
Service Item	Inpatient and Outpatient	lidocaine 2% Inj 10 mL	J2001	636	MC Pharmacy	$ 20	$ 12	$ 15.62	$ 0	$ 21
Service Item	Outpatient	lidocaine 2% Inj 10 mL	J2001	636	NC Urgent Care	$ 20.35	$ 12.21	$ 13.94	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine 2% Inj 10 mL	J2001	636	SC Urgent Care	$ 20.35	$ 12.21	$ 13.99	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine 2% Inj 10 mL	J2001	636	SFM Family Medicine	$ 20.35	$ 12.21	$ 15.57	$ 0.11	$ 21.34
Service Item	Outpatient	lidocaine 2% Inj 20 mL	J2001	636	CD Infusion Clinic	$ 22.65	$ 13.59	$ 16.63	$ 0.11	$ 21.34
Service Item	Inpatient and Outpatient	lidocaine 2% Inj 20 mL	J2001	636	MC Pharmacy	$ 23	$ 14	$ 16.63	$ 0	$ 21
Service Item	Outpatient	lidocaine 2% Inj 20 mL	J2001	636	NC Urgent Care	$ 22.65	$ 14.42	$ 14.76	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine 2% Inj 20 mL	J2001	636	SC Urgent Care	$ 22.65	$ 14.42	$ 14.81	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine 2% Inj 20 mL	J2001	636	SFM Family Medicine	$ 22.65	$ 14.42	$ 16.58	$ 0.11	$ 21.34
Service Item	Outpatient	lidocaine 2% Inj 50 mL	J2001	636	CD Infusion Clinic	$ 25.00	$ 15.00	$ 17.67	$ 0.11	$ 23.00
Service Item	Inpatient and Outpatient	lidocaine 2% Inj 50 mL	J2001	636	MC Pharmacy	$ 25	$ 15	$ 17.67	$ 0	$ 23
Service Item	Outpatient	lidocaine 2% Inj 50 mL	J2001	636	NC Urgent Care	$ 25.00	$ 15.00	$ 15.60	$ 0.05	$ 23.00
Service Item	Outpatient	lidocaine 2% Inj 50 mL	J2001	636	SC Urgent Care	$ 25.00	$ 15.00	$ 15.66	$ 0.05	$ 23.00
Service Item	Outpatient	lidocaine 2% Inj 50 mL	J2001	636	SFM Family Medicine	$ 25.00	$ 15.00	$ 17.61	$ 0.11	$ 23.00
Service Item	Outpatient	Lidocaine 2%/EPINEPHrine 1/100,000 Inj 20 mL	J3490	636	CD Infusion Clinic	$ 20.30	$ 12.18	$ 20.34	$ 12.18	$ 27.98
Service Item	Inpatient and Outpatient	Lidocaine 2%/EPINEPHrine 1/100,000 Inj 20 mL	J3490	636	MC Pharmacy	$ 20	$ 12	$ 20.34	$ 12	$ 28
Service Item	Outpatient	Lidocaine 2%/EPINEPHrine 1/100,000 Inj 20 mL	J3490	636	NC Urgent Care	$ 20.30	$ 12.18	$ 20.29	$ 12.18	$ 27.98
Service Item	Outpatient	Lidocaine 2%/EPINEPHrine 1/100,000 Inj 20 mL	J3490	636	SC Urgent Care	$ 20.30	$ 12.18	$ 20.34	$ 12.18	$ 27.98
Service Item	Outpatient	Lidocaine 2%/EPINEPHrine 1/100,000 Inj 20 mL	J3490	636	SFM Family Medicine	$ 20.30	$ 12.18	$ 20.29	$ 12.18	$ 27.98
Service Item	Outpatient	Lidocaine 2%/EPINEPHrine PF 1/200,000 Inj 10 r	J3490	636	CD Infusion Clinic	$ 49.85	$ 29.91	$ 37.33	$ 23.14	$ 45.86
Service Item	Inpatient and Outpatient	Lidocaine 2%/EPINEPHrine PF 1/200,000 Inj 10 r	J3490	636	MC Pharmacy	$ 50	$ 30	$ 37.33	$ 23	$ 46
Service Item	Outpatient	Lidocaine 2%/EPINEPHrine PF 1/200,000 Inj 10 r	J3490	636	NC Urgent Care	$ 49.85	$ 29.91	$ 37.20	$ 23.14	$ 45.86
Service Item	Outpatient	Lidocaine 2%/EPINEPHrine PF 1/200,000 Inj 10 r	J3490	636	SC Urgent Care	$ 49.85	$ 29.91	$ 37.33	$ 23.14	$ 45.86
Service Item	Outpatient	Lidocaine 2%/EPINEPHrinel PF 1/200,000 Inj 20	J3490	636	CD Infusion Clinic	$ 28.05	$ 16.83	$ 24.80	$ 16.83	$ 27.98
Service Item	Inpatient and Outpatient	Lidocaine 2%/EPINEPHrinel PF 1/200,000 Inj 20	J3490	636	MC Pharmacy	$ 28	$ 17	$ 24.80	$ 17	$ 28
Service Item	Outpatient	Lidocaine 2%/EPINEPHrinel PF 1/200,000 Inj 20	J3490	636	NC Urgent Care	$ 28.05	$ 16.83	$ 24.73	$ 16.83	$ 27.98
Service Item	Outpatient	Lidocaine 2%/EPINEPHrinel PF 1/200,000 Inj 20	J3490	636	SC Urgent Care	$ 28.05	$ 16.83	$ 24.80	$ 16.83	$ 27.98
Service Item	Inpatient and Outpatient	Lidocaine Level-ARUP	80176	300	MC Reference Lab	$ 16	$ 65	$ 31.60	$ 10	$ 144
Service Item	Outpatient	lidocaine MPF 2% (Epidural) 100 mg/5 mL Inj	J2001	636	CD Infusion Clinic	$ 19.35	$ 11.61	$ 15.18	$ 0.11	$ 21.34
Service Item	Inpatient and Outpatient	lidocaine MPF 2% (Epidural) 100 mg/5 mL Inj	J2001	636	MC Pharmacy	$ 19	$ 12	$ 15.18	$ 0	$ 21
Service Item	Outpatient	lidocaine MPF 2% (Epidural) 100 mg/5 mL Inj	J2001	636	NC Urgent Care	$ 19.35	$ 11.61	$ 13.58	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine MPF 2% (Epidural) 100 mg/5 mL Inj	J2001	636	SC Urgent Care	$ 19.35	$ 11.61	$ 13.63	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine PF 0.5% Inj 50 mL	J2001	636	CD Infusion Clinic	$ 37.55	$ 22.53	$ 23.19	$ 0.11	$ 34.55
Service Item	Inpatient and Outpatient	lidocaine PF 0.5% Inj 50 mL	J2001	636	MC Pharmacy	$ 38	$ 23	$ 23.19	$ 0	$ 35
Service Item	Outpatient	lidocaine PF 0.5% Inj 50 mL	J2001	636	NC Urgent Care	$ 37.55	$ 22.53	$ 20.08	$ 0.05	$ 34.55
Service Item	Outpatient	lidocaine PF 0.5% Inj 50 mL	J2001	636	SC Urgent Care	$ 37.55	$ 22.53	$ 20.17	$ 0.05	$ 34.55
Service Item	Outpatient	lidocaine PF 1% Inj 2 mL	J2001	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 11.99	$ 0.11	$ 21.34
Service Item	Inpatient and Outpatient	lidocaine PF 1% Inj 2 mL	J2001	636	MC Pharmacy	$ 12	$ 8	$ 11.99	$ 0	$ 21
Service Item	Outpatient	lidocaine PF 1% Inj 2 mL	J2001	636	NC Urgent Care	$ 12.10	$ 8.09	$ 10.99	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine PF 1% Inj 2 mL	J2001	636	SC Urgent Care	$ 12.10	$ 8.09	$ 11.02	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine PF 1% Inj 2 mL	J2001	636	SFM Family Medicine	$ 12.10	$ 8.09	$ 11.96	$ 0.11	$ 21.34
Service Item	Outpatient	lidocaine PF 1% Inj 30 mL	J2001	636	CD Infusion Clinic	$ 57.20	$ 34.32	$ 31.84	$ 0.11	$ 52.62
Service Item	Inpatient and Outpatient	lidocaine PF 1% Inj 30 mL	J2001	636	MC Pharmacy	$ 57	$ 35	$ 31.84	$ 0	$ 53
Service Item	Outpatient	lidocaine PF 1% Inj 30 mL	J2001	636	NC Urgent Care	$ 57.20	$ 35.15	$ 27.09	$ 0.05	$ 52.62
Service Item	Outpatient	lidocaine PF 1% Inj 30 mL	J2001	636	SC Urgent Care	$ 57.20	$ 35.15	$ 27.23	$ 0.05	$ 52.62
Service Item	Outpatient	lidocaine PF 1% Inj 5 mL	J2001	636	CD Infusion Clinic	$ 23.00	$ 13.80	$ 16.79	$ 0.11	$ 21.34
Service Item	Inpatient and Outpatient	lidocaine PF 1% Inj 5 mL	J2001	636	MC Pharmacy	$ 23	$ 14	$ 16.79	$ 0	$ 21
Service Item	Outpatient	lidocaine PF 1% Inj 5 mL	J2001	636	NC Urgent Care	$ 23.00	$ 13.80	$ 14.88	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine PF 1% Inj 5 mL	J2001	636	NS Neuro Sciences	$ 23.00	$ 13.80	$ 14.88	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine PF 1% Inj 5 mL	J2001	636	SC Urgent Care	$ 23.00	$ 13.80	$ 14.94	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine PF 1% Inj 5 mL	J2001	636	SFM Family Medicine	$ 23.00	$ 13.80	$ 16.73	$ 0.11	$ 21.34
Service Item	Outpatient	lidocaine PF 1.5% Inj 20 mL	J2001	636	CD Infusion Clinic	$ 66.50	$ 39.90	$ 35.93	$ 0.11	$ 61.18
Service Item	Inpatient and Outpatient	lidocaine PF 1.5% Inj 20 mL	J2001	636	MC Pharmacy	$ 67	$ 40	$ 35.93	$ 0	$ 61
Service Item	Outpatient	lidocaine PF 1.5% Inj 20 mL	J2001	636	NC Urgent Care	$ 66.50	$ 39.90	$ 30.41	$ 0.05	$ 61.18
Service Item	Outpatient	lidocaine PF 1.5% Inj 20 mL	J2001	636	SC Urgent Care	$ 66.50	$ 39.90	$ 30.58	$ 0.05	$ 61.18
Service Item	Outpatient	lidocaine PF 2% Inj 10 mL	J2001	636	CD Infusion Clinic	$ 25.85	$ 15.51	$ 18.04	$ 0.11	$ 23.78
Service Item	Inpatient and Outpatient	lidocaine PF 2% Inj 10 mL	J2001	636	MC Pharmacy	$ 26	$ 16	$ 18.04	$ 0	$ 24
Service Item	Outpatient	lidocaine PF 2% Inj 10 mL	J2001	636	NC Urgent Care	$ 25.85	$ 15.51	$ 15.90	$ 0.05	$ 23.78
Service Item	Outpatient	lidocaine PF 2% Inj 10 mL	J2001	636	SC Urgent Care	$ 25.85	$ 15.51	$ 15.96	$ 0.05	$ 23.78
Service Item	Outpatient	lidocaine PF 2% Inj 2 mL	J2001	636	CD Infusion Clinic	$ 17.30	$ 10.38	$ 14.28	$ 0.11	$ 21.34
Service Item	Inpatient and Outpatient	lidocaine PF 2% Inj 2 mL	J2001	636	MC Pharmacy	$ 17	$ 11	$ 14.28	$ 0	$ 21

Service Item	Outpatient	lidocaine PF 2% Inj 2 mL	J2001	636	NC Urgent Care	$ 17.30	$ 11.21	$ 12.85	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine PF 2% Inj 2 mL	J2001	636	SC Urgent Care	$ 17.30	$ 11.21	$ 12.89	$ 0.05	$ 21.34
Service Item	Outpatient	lidocaine PF 2% Inj 2 mL	J2001	636	SFM Family Medicine	$ 17.30	$ 11.21	$ 14.24	$ 0.11	$ 21.34
Service Item	Outpatient	lidocaine PF 2% syringe 5 mL	J2001	636	CD Infusion Clinic	$ 27.15	$ 16.29	$ 18.62	$ 0.11	$ 24.98
Service Item	Inpatient and Outpatient	lidocaine PF 2% syringe 5 mL	J2001	636	MC Pharmacy	$ 27	$ 16	$ 18.62	$ 0	$ 25
Service Item	Outpatient	lidocaine PF 2% syringe 5 mL	J2001	636	NC Urgent Care	$ 27.15	$ 16.29	$ 16.36	$ 0.05	$ 24.98
Service Item	Outpatient	lidocaine PF 2% syringe 5 mL	J2001	636	SC Urgent Care	$ 27.15	$ 16.29	$ 16.43	$ 0.05	$ 24.98
Service Item	Outpatient	lidocaine PF 2% syringe 5 mL	J2001	636	SFM Family Medicine	$ 27.15	$ 16.29	$ 18.55	$ 0.11	$ 24.98
Service Item	Outpatient	lidocaine PF 2% syringe 5 mL	J2001	636	VD Visalia Dialysis	$ 27.15	$ 16.29	$ 18.62	$ 0.11	$ 24.98
Service Item	Outpatient	lidocaine PF 4% Inj 5 mL	J2001	636	CD Infusion Clinic	$ 29.40	$ 17.64	$ 19.61	$ 0.11	$ 27.05
Service Item	Inpatient and Outpatient	lidocaine PF 4% Inj 5 mL	J2001	636	MC Pharmacy	$ 29	$ 18	$ 19.61	$ 0	$ 27
Service Item	Outpatient	lidocaine PF 4% Inj 5 mL	J2001	636	NC Urgent Care	$ 29.40	$ 17.64	$ 17.17	$ 0.05	$ 27.05
Service Item	Outpatient	lidocaine PF 4% Inj 5 mL	J2001	636	SC Urgent Care	$ 29.40	$ 17.64	$ 17.24	$ 0.05	$ 27.05
Service Item	Outpatient	lidocaine top 4% Pre-attached Kit 4 mL	J3490	636	CD Infusion Clinic	$ 114.95	$ 68.97	$ 74.75	$ 23.14	$ 105.75
Service Package	Inpatient and Outpatient	lidocaine top 4% Pre-attached Kit 4 mL	J3490	636	MC Central Supply	$ 115	Charges have been	$ 87.07	$ 103	$ 106
Service Item	Inpatient and Outpatient	lidocaine top 4% Pre-attached Kit 4 mL	J3490	636	MC Pharmacy	$ 115	$ 69	$ 74.75	$ 23	$ 106
Service Item	Outpatient	lidocaine top 4% Pre-attached Kit 4 mL	J3490	636	NC Urgent Care	$ 114.95	$ 68.97	$ 74.46	$ 23.14	$ 105.75
Service Item	Outpatient	lidocaine top 4% Pre-attached Kit 4 mL	J3490	636	SC Urgent Care	$ 114.95	$ 68.97	$ 74.75	$ 23.14	$ 105.75
Service Item	Inpatient and Outpatient	Limited Body Nopr	78814	404	DC PET CT	$ 4,658	$ 2,925	$ 3,650.45	$ 1,672	$ 4,523
Service Item	Outpatient	Limited Body Nopr	78814	404	IC PET Scan	$ 4,658.30	$ 2,925.00	$ 3,650.45	$ 1,672.11	$ 4,522.62
Service Item	Inpatient and Outpatient	Limited/Follow Up-Ped	93304	480	DC Non Invasive Card	$ 934	$ 289	$ 677.54	$ 238	$ 835
Service Item	Inpatient and Outpatient	Limited/Follow Up-Ped	93304	480	MC NonInv CardioSrv	$ 934	Charges have been	$ 768.69	$ 558	$ 835
Service Item	Outpatient	Limited/Follow Up-Ped	93304	480	OS Non Invasive Card	$ 934.28	$ 289.35	$ 677.54	$ 238.15	$ 834.50
Service Package	Inpatient and Outpatient	Liner Total Hip (A)	C1776	278	MC Central Supply	$ 3,623	Charges have been	$ 2,906.09	$ 3,228	$ 3,300
Service Package	Inpatient and Outpatient	Liner Total Hip (B)	C1776	278	MC Central Supply	$ 4,681	Charges have been	$ 3,623.51	$ 4,172	$ 4,264
Service Package	Inpatient and Outpatient	Liner Total Hip (C)	C1776	278	MC Central Supply	$ 8,009	Charges have been	$ 5,878.81	$ 7,137	$ 7,295
Service Package	Inpatient and Outpatient	Liner Total Hip (D)	C1776	278	MC Central Supply	$ 11,293	Charges have been	$ 8,104.78	$ 10,063	$ 10,287
Service Item	Outpatient	linezolid 600 mg/300 mL IVPB Premix	J2020	636	CD Infusion Clinic	$ 418.50	$ 251.10	$ 257.00	$ 23.20	$ 385.02
Service Item	Inpatient and Outpatient	linezolid 600 mg/300 mL IVPB Premix	J2020	636	MC Pharmacy	$ 419	$ 251	$ 257.00	$ 23	$ 385
Service Item	Outpatient	linezolid 600 mg/300 mL IVPB Premix	J2020	636	NC Urgent Care	$ 418.50	$ 251.10	$ 255.95	$ 23.20	$ 385.02
Service Item	Outpatient	linezolid 600 mg/300 mL IVPB Premix	J2020	636	SC Urgent Care	$ 418.50	$ 251.10	$ 257.00	$ 23.20	$ 385.02
Service Item	Outpatient	linezolid IV (PED) 2 mg/mL	J2020	636	CD Infusion Clinic	$ 446.40	$ 267.84	$ 267.03	$ 23.20	$ 410.69
Service Item	Inpatient and Outpatient	linezolid IV (PED) 2 mg/mL	J2020	636	MC Pharmacy	$ 446	$ 309	$ 267.03	$ 23	$ 411
Service Item	Outpatient	linezolid IV (PED) 2 mg/mL	J2020	636	NC Urgent Care	$ 446.40	$ 308.72	$ 265.91	$ 23.20	$ 410.69
Service Item	Outpatient	linezolid IV (PED) 2 mg/mL	J2020	636	SC Urgent Care	$ 446.40	$ 308.72	$ 267.03	$ 23.20	$ 410.69
Service Item	Inpatient and Outpatient	Lipase Body Fluid-ARUP	83690	300	MC Reference Lab	$ 8	$ 31	$ 33.22	$ 7	$ 68
Service Item	Inpatient and Outpatient	Lipase Serum/Misc Fluid	83690	301	MC General Lab	$ 91	$ 31	$ 62.87	$ 27	$ 82
Service Item	Inpatient and Outpatient	Lipid panel-ARUP	80061	300	MC Reference Lab	$ 14	$ 60	$ 66.80	$ 12	$ 132
Service Item	Inpatient and Outpatient	Lipoprotein (a)-ARUP	83695	300	MC Reference Lab	$ 14	$ 56	$ 27.71	$ 8	$ 127
Service Item	Inpatient and Outpatient	Lipoprotein bld quan part-ARUP	83704	300	MC Reference Lab	$ 35	$ 138	$ 68.13	$ 21	$ 310
Service Item	Inpatient and Outpatient	Lipoprotein Hdl Cholester	83718	301	MC General Lab	$ 105	$ 36	$ 73.67	$ 33	$ 96
Service Item	Outpatient	Liquid PedvaxHIB 7.5 mcg-125 mcg/0.5 mL IM S	90647	636	CD Infusion Clinic	$ 140.13	$ 84.08	$ 95.96	$ 26.63	$ 128.92
Service Item	Inpatient and Outpatient	Liquid PedvaxHIB 7.5 mcg-125 mcg/0.5 mL IM S	90647	636	MC Pharmacy	$ 140	$ 84	$ 95.96	$ 27	$ 129
Service Item	Outpatient	Liquid PedvaxHIB 7.5 mcg-125 mcg/0.5 mL IM S	90647	636	NC Urgent Care	$ 140.13	$ 84.08	$ 95.61	$ 26.63	$ 128.92
Service Item	Outpatient	Liquid PedvaxHIB 7.5 mcg-125 mcg/0.5 mL IM S	90647	636	SC Urgent Care	$ 140.13	$ 84.08	$ 95.96	$ 26.63	$ 128.92
Service Item	Outpatient	Liquid PedvaxHIB 7.5 mcg-125 mcg/0.5 mL IM S	90647	636	SFM Family Medicine	$ 140.13	$ 84.08	$ 95.61	$ 26.63	$ 128.92
Service Item	Inpatient and Outpatient	Listeria CSF Ab by CF-ARUP	86609	300	MC Reference Lab	$ 82	$ 57	$ 73.70	$ 49	$ 127
Service Item	Inpatient and Outpatient	Lithium Serum	80178	301	MC General Lab	$ 94	$ 29	$ 63.35	$ 26	$ 85
Service Package	Inpatient and Outpatient	Live Articular Cartilage	L8699	278	MC Central Supply	$ 7,701	Charges have been	$ 7,125.55	$ 6,862	$ 7,015
Service Item	Outpatient	Liver Abscess Drain	49405	361	IC CAT Scan	$ 3,431.50	$ 978.20	$ 1,683.26	$ 978.20	$ 1,590.43
Service Item	Inpatient and Outpatient	Liver Abscess Drain	49405	361	MC CAT Scanner	$ 3,432	$ 978	$ 1,683.26	$ 978	$ 1,590
Service Item	Inpatient and Outpatient	Liver Imaging Spect	78803	340	MC Nuclear Medicine	$ 1,630	$ 757	$ 1,293.29	$ 757	$ 1,474
Service Item	Inpatient and Outpatient	Liver/Spleen Image Scan	78215	340	MC Nuclear Medicine	$ 1,630	$ 370	$ 1,144.47	$ 356	$ 1,456
Service Item	Inpatient and Outpatient	Liver-Kidney Microsome IgG Abs-ARUP	86376	300	MC Reference Lab	$ 13	$ 65	$ 29.18	$ 8	$ 143
Service Item	Inpatient and Outpatient	Liver-Kidney Microsome-1 IgG Antibody-ARUP	86376	305	MC Reference Lab	$ 13	$ 65	$ 29.18	$ 8	$ 143
Service Package	Inpatient and Outpatient	Locking Bar Tibial	C1776	278	MC Central Supply	$ 524	Charges have been	$ 805.99	$ 467	$ 478
Service Package	Inpatient and Outpatient	Locking Bolt	C1713	278	MC Central Supply	$ 11,902	Charges have been	$ 9,458.50	$ 10,606	$ 10,841
Service Package	Inpatient and Outpatient	Loopogram	50690	361	MC Cath Lab Srvcs	$ 152	Charges have been	$ 139.16	$ 133	$ 136
Service Item	Inpatient and Outpatient	Loopogram	50690	361	MC Diag Radiology	$ 152	$ 88	$ 122.97	$ 88	$ 136
Service Item	Outpatient	LORazepam 2 mg/mL Inj 1 mL	J2060	636	CD Infusion Clinic	$ 23.00	$ 13.80	$ 15.19	$ 1.10	$ 21.16
Service Item	Inpatient and Outpatient	LORazepam 2 mg/mL Inj 1 mL	J2060	636	MC Pharmacy	$ 23	$ 14	$ 15.19	$ 1	$ 21
Service Item	Outpatient	LORazepam 2 mg/mL Inj 1 mL	J2060	636	NC Urgent Care	$ 23.00	$ 13.80	$ 15.13	$ 1.10	$ 21.16
Service Item	Outpatient	LORazepam 2 mg/mL Inj 1 mL	J2060	636	SC Urgent Care	$ 23.00	$ 13.80	$ 15.19	$ 1.10	$ 21.16
Service Item	Outpatient	LORazepam 2 mg/mL Inj 10 mL MDV	J2060	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 11.27	$ 1.10	$ 15.62
Service Item	Inpatient and Outpatient	LORazepam 2 mg/mL Inj 10 mL MDV	J2060	636	MC Pharmacy	$ 12	$ 7	$ 11.27	$ 1	$ 16
Service Item	Outpatient	LORazepam 2 mg/mL Inj 10 mL MDV	J2060	636	NC Urgent Care	$ 12.10	$ 7.26	$ 11.24	$ 1.10	$ 15.62
Service Item	Outpatient	LORazepam 2 mg/mL Inj 10 mL MDV	J2060	636	SC Urgent Care	$ 12.10	$ 7.26	$ 11.27	$ 1.10	$ 15.62
Service Item	Inpatient and Outpatient	Low Density Lipoprotein (	83721	301	MC General Lab	$ 114	$ 42	$ 81.77	$ 38	$ 104
Service Item	Outpatient	Low Osmolar Cont Per100Ml	Q9967	636	HR Radiation Onc	$ 94.96	$ 57.43	$ 49.28	$ 0.65	$ 87.36
Service Item	Inpatient and Outpatient	Low Osmolar Cont Per100Ml	Q9967	636	MC Radiation Thrpy	$ 95	$ 57	$ 49.28	$ 1	$ 87
Service Item	Outpatient	Low Osmolar Cont Per100Ml	Q9967	636	VR Radiation Onc	$ 94.96	$ 57.43	$ 49.28	$ 0.65	$ 87.36
Service Item	Outpatient	Low-Dose Ct Lung Screen	71250	352	IC CAT Scan	$ 2,198.03	$ 747.45	$ 1,358.13	$ 129.87	$ 1,963.29
Service Item	Inpatient and Outpatient	Low-Dose Ct Lung Screen	71250	352	MC CAT Scanner	$ 2,198	$ 747	$ 1,358.13	$ 130	$ 1,963
Service Package	Inpatient and Outpatient	Ltd Us Pv Residual Urine	51798	450	MC Emergency	$ 134	Charges have been	$ 106.26	$ 64	$ 120
Service Package	Inpatient and Outpatient	Ltd Us Xtr Non-Vasc	76882	450	MC Emergency	$ 514	Charges have been	$ 378.71	$ 130	$ 459
Service Item	Outpatient	Lumbar Myelogram	72265	320	IC Radiology	$ 1,538.02	$ 517.02	$ 982.33	$ 463.59	$ 1,373.76
Service Item	Inpatient and Outpatient	Lumbar Myelogram	72265	320	MC Diag Radiology	$ 1,538	$ 517	$ 1,859.80	$ 464	$ 9,745
Service Item	Outpatient	Lumbar Myelogram	72265	320	NC Diag Imaging	$ 1,538.02	$ 517.02	$ 1,859.80	$ 463.59	$ 9,745.33
Service Item	Outpatient	Lumbar Myelogram	72265	320	SC Diag Imaging	$ 1,538.02	$ 517.02	$ 1,859.80	$ 463.59	$ 9,745.33
Service Item	Outpatient	Lumbar Puncture Diagnostic	62270	361	IC Radiology	$ 865.17	$ 503.98	$ 666.81	$ 367.48	$ 772.77
Service Item	Inpatient and Outpatient	Lumbar Puncture Diagnostic	62270	361	MC Diag Radiology	$ 865	$ 504	$ 675.21	$ 367	$ 773
Service Item	Outpatient	Lumbar Puncture Diagnostic	62270	361	NC Diag Imaging	$ 865.17	$ 503.98	$ 675.21	$ 367.48	$ 772.77
Service Item	Outpatient	Lumbar Puncture Diagnostic	62270	361	SC Diag Imaging	$ 865.17	$ 503.98	$ 675.21	$ 367.48	$ 772.77
Service Item	Outpatient	Lumbar Puncture Therapeutic	62272	361	IC Radiology	$ 850.96	$ 495.70	$ 659.93	$ 390.24	$ 760.08
Service Item	Inpatient and Outpatient	Lumbar Puncture Therapeutic	62272	361	MC Diag Radiology	$ 851	$ 496	$ 668.19	$ 390	$ 760
Service Item	Outpatient	Lumbar Puncture Therapeutic	62272	361	NC Diag Imaging	$ 850.96	$ 495.70	$ 668.19	$ 390.24	$ 760.08
Service Item	Outpatient	Lumbar Puncture Therapeutic	62272	361	SC Diag Imaging	$ 850.96	$ 495.70	$ 668.19	$ 390.24	$ 760.08
Service Item	Inpatient and Outpatient	Lung Scan-Perfus&Ventilat	78598	340	MC Nuclear Medicine	$ 1,553	$ 997	$ 1,160.55	$ 547	$ 1,387
Service Item	Outpatient	Lwr Ext Infnt Min 2 Vws	73592	320	IC Radiology	$ 367.43	$ 62.88	$ 213.58	$ 56.38	$ 328.19
Service Item	Inpatient and Outpatient	Lwr Ext Infnt Min 2 Vws	73592	320	MC Diag Radiology	$ 367	$ 63	$ 279.17	$ 56	$ 888
Service Item	Outpatient	Lwr Ext Infnt Min 2 Vws	73592	320	NC Diag Imaging	$ 367.43	$ 62.88	$ 279.17	$ 56.38	$ 887.81
Service Item	Outpatient	Lwr Ext Infnt Min 2 Vws	73592	320	SC Diag Imaging	$ 367.43	$ 62.88	$ 279.17	$ 56.38	$ 887.81
Service Item	Inpatient and Outpatient	Lyme Disease Acute Reflexive Panel-ARUP	86618	300	MC Reference Lab	$ 19	$ 72	$ 36.48	$ 11	$ 167
Service Item	Outpatient	lymphocyte immune glob 50 mg/mL Inj 5 mL	J7504	636	CD Infusion Clinic	$ 6,076.20	$ 3,645.72	$ 3,839.59	$ 299.78	$ 5,590.10
Service Item	Inpatient and Outpatient	lymphocyte immune glob 50 mg/mL Inj 5 mL	J7504	636	MC Pharmacy	$ 6,076	$ 3,646	$ 3,839.59	$ 300	$ 5,590
Service Item	Outpatient	lymphocyte immune glob 50 mg/mL Inj 5 mL	J7504	636	NC Urgent Care	$ 6,076.20	$ 3,645.72	$ 3,824.40	$ 299.78	$ 5,590.10
Service Item	Outpatient	lymphocyte immune glob 50 mg/mL Inj 5 mL	J7504	636	SC Urgent Care	$ 6,076.20	$ 3,645.72	$ 3,839.59	$ 299.78	$ 5,590.10
Service Item	Inpatient and Outpatient	Lymphocyte Subset 2, CD4 Pct. and Absl-ARUP	86361	300	MC Reference Lab	$ 30	$ 120	$ 57.60	$ 18	$ 263
Service Item	Inpatient and Outpatient	Lymphoscintigraphy Injection/Scan	78195	340	MC Nuclear Medicine	$ 1,931	$ 520	$ 1,367.59	$ 495	$ 1,725
Service Item	Inpatient and Outpatient	Lysozyme Level-ARUP	85549	300	MC Reference Lab	$ 21	$ 84	$ 40.35	$ 12	$ 184
Service Item	Inpatient and Outpatient	Mag-3 Isotope	A9562	343	MC Nuclear Medicine	$ 1,469	$ 856	$ 1,203.01	$ 856	$ 1,313
Service Item	Inpatient and Outpatient	Magnesium Blood Chemical	83735	301	MC General Lab	$ 115	$ 30	$ 73.41	$ 27	$ 105
Service Item	Outpatient	magnesium sulfate 1 g/D5W 100 mL Premix	J3490	636	CD Infusion Clinic	$ 55.20	$ 33.12	$ 40.40	$ 23.14	$ 50.78
Service Item	Inpatient and Outpatient	magnesium sulfate 1 g/D5W 100 mL Premix	J3490	636	MC Pharmacy	$ 55	$ 33	$ 40.40	$ 23	$ 51
Service Item	Outpatient	magnesium sulfate 1 g/D5W 100 mL Premix	J3490	636	NC Urgent Care	$ 55.20	$ 33.12	$ 40.26	$ 23.14	$ 50.78
Service Item	Outpatient	magnesium sulfate 1 g/D5W 100 mL Premix	J3490	636	SC Urgent Care	$ 55.20	$ 33.12	$ 40.40	$ 23.14	$ 50.78
Service Item	Outpatient	magnesium sulfate 2 g/SW 50 mL Premix	J3475	636	CD Infusion Clinic	$ 77.90	$ 46.74	$ 31.11	$ 0.46	$ 71.67
Service Item	Inpatient and Outpatient	magnesium sulfate 2 g/SW 50 mL Premix	J3475	636	MC Pharmacy	$ 78	$ 47	$ 31.11	$ 0	$ 72
Service Item	Outpatient	magnesium sulfate 2 g/SW 50 mL Premix	J3475	636	NC Urgent Care	$ 77.90	$ 47.19	$ 30.91	$ 0.46	$ 71.67
Service Item	Outpatient	magnesium sulfate 2 g/SW 50 mL Premix	J3475	636	SC Urgent Care	$ 77.90	$ 47.19	$ 31.11	$ 0.46	$ 71.67
Service Item	Outpatient	magnesium sulfate 20 g/Sterile Water 500 mL Pr	J3475	636	CD Infusion Clinic	$ 45.85	$ 27.51	$ 19.58	$ 0.46	$ 42.18
Service Item	Inpatient and Outpatient	magnesium sulfate 20 g/Sterile Water 500 mL Pr	J3475	636	MC Pharmacy	$ 46	$ 28	$ 19.58	$ 0	$ 42
Service Item	Outpatient	magnesium sulfate 20 g/Sterile Water 500 mL Pr	J3475	636	NC Urgent Care	$ 45.85	$ 27.51	$ 19.47	$ 0.46	$ 42.18
Service Item	Outpatient	magnesium sulfate 20 g/Sterile Water 500 mL Pr	J3475	636	SC Urgent Care	$ 45.85	$ 27.51	$ 19.58	$ 0.46	$ 42.18
Service Item	Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 50 mL	J3475	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.45	$ 0.46	$ 11.13
Service Item	Inpatient and Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 50 mL	J3475	636	MC Pharmacy	$ 12	$ 8	$ 7.45	$ 0	$ 11
Service Item	Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 50 mL	J3475	636	NC Urgent Care	$ 12.10	$ 7.71	$ 7.42	$ 0.46	$ 11.13
Service Item	Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 50 mL	J3475	636	SC Urgent Care	$ 12.10	$ 7.71	$ 7.45	$ 0.46	$ 11.13

Service Item	Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 1 mL	J3475	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.45	$ 0.46	$ 11.13
Service Item	Inpatient and Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 1 mL	J3475	636	MC Pharmacy	$ 12	$ 7	$ 7.45	$ 0	$ 11
Service Item	Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 1 mL	J3475	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.42	$ 0.46	$ 11.13
Service Item	Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 1 mL	J3475	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.45	$ 0.46	$ 11.13
Service Item	Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 2 mL	J3475	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.45	$ 0.46	$ 11.13
Service Item	Inpatient and Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 2 mL	J3475	636	MC Pharmacy	$ 12	$ 7	$ 7.45	$ 0	$ 11
Service Item	Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 2 mL	J3475	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.42	$ 0.46	$ 11.13
Service Item	Outpatient	magnesium sulfate 50% 4 mEq/mL Inj 2 mL	J3475	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.45	$ 0.46	$ 11.13
Service Item	Outpatient	magnesium sulfate 50% Inj 500 mg/mL (0.5 g/m	J3475	636	CD Chronic Disease	$ 12.10	$ 7.26	$ 7.42	$ 0.46	$ 11.13
Service Item	Outpatient	magnesium sulfate 50% Inj 500 mg/mL (0.5 g/m	J3475	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.45	$ 0.46	$ 11.13
Service Item	Inpatient and Outpatient	magnesium sulfate 50% Inj 500 mg/mL (0.5 g/m	J3475	636	MC Pharmacy	$ 12	$ 7	$ 7.45	$ 0	$ 11
Service Item	Outpatient	magnesium sulfate 50% Inj 500 mg/mL (0.5 g/m	J3475	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.42	$ 0.46	$ 11.13
Service Item	Outpatient	magnesium sulfate 50% Inj 500 mg/mL (0.5 g/m	J3475	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.45	$ 0.46	$ 11.13
Service Item	Outpatient	magnesium sulfate IV (PED) 40 mg/mL 1 mL	J3475	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.45	$ 0.46	$ 11.13
Service Item	Inpatient and Outpatient	magnesium sulfate IV (PED) 40 mg/mL 1 mL	J3475	636	MC Pharmacy	$ 12	$ 8	$ 7.45	$ 0	$ 11
Service Item	Outpatient	magnesium sulfate IV (PED) 40 mg/mL 1 mL	J3475	636	NC Urgent Care	$ 12.10	$ 7.71	$ 7.42	$ 0.46	$ 11.13
Service Item	Outpatient	magnesium sulfate IV (PED) 40 mg/mL 1 mL	J3475	636	SC Urgent Care	$ 12.10	$ 7.71	$ 7.45	$ 0.46	$ 11.13
Service Item	Inpatient and Outpatient	Magnesium Urine-ARUP	83735	300	MC Reference Lab	$ 6	$ 30	$ 34.46	$ 5	$ 66
Service Item	Inpatient and Outpatient	Magnesium, RBC-ARUP	83735	300	MC Reference Lab	$ 7	$ 30	$ 34.96	$ 6	$ 66
Service Item	Outpatient	Magnetic Res Guide Needle	77021	610	IC MRI	$ 1,663.69	$ 1,448.43	$ 1,417.26	$ 1,067.00	$ 1,815.70
Service Item	Inpatient and Outpatient	Magnetic Res Guide Needle	77021	610	MC MRI	$ 1,664	$ 1,448	$ 1,417.26	$ 1,067	$ 1,816
Service Item	Outpatient	Maintenance Dialysis	90937	821	VD Visalia Dialysis	$ 1,885.51	$ 1,098.35	$ 1,212.42	$ 470.00	$ 1,684.14
Service Package	Inpatient	Maj Surg Per Add 1/2 Hr		360	MC Cardiac Surgery	$ 2,284.89	Charges have been	#N/A	$ 1,996.51	$ 2,040.87
Service Package	Inpatient and Outpatient	Maj Surg Per Add 1/2 Hr		360	MC Surgical Srvcs	$ 2,285	Charges have been	#N/A	$ 1,997	$ 2,041
Service Package	Inpatient	Maj Surg Per Addtl 1/2 Hr		360	MC Cardiac Surgery	$ 3,427.07	Charges have been	#N/A	$ 2,994.53	$ 3,061.07
Service Package	Inpatient and Outpatient	Maj Surg Per Addtl 1/2 Hr		360	MC Lbr & Dlvy Rev	$ 3,427	Charges have been	#N/A	$ 2,995	$ 3,061
Service Package	Inpatient and Outpatient	Maj Surg Per Addtl 1/2 Hr		360	MC Surgical Srvcs	$ 3,427	Charges have been	#N/A	$ 2,995	$ 3,061
Service Package	Inpatient	Maj Surg Per Subsq 1/2 Hr		360	MC Cardiac Surgery	$ 3,427.07	Charges have been	#N/A	$ 2,994.53	$ 3,061.07
Service Package	Inpatient and Outpatient	Maj Surg Per Subsq 1/2 Hr		360	MC Lbr & Dlvy Rev	$ 3,427	Charges have been	#N/A	$ 2,995	$ 3,061
Service Package	Inpatient and Outpatient	Maj Surg Per Subsq 1/2 Hr		360	MC Surgical Srvcs	$ 3,427	Charges have been	#N/A	$ 2,995	$ 3,061
Service Package	Inpatient	Maj Surg Per Subsq 1/2 Hr Cardiac		360	MC Cardiac Surgery	$ 2,284.89	Charges have been	#N/A	$ 1,996.51	$ 2,040.87
Service Package	Inpatient and Outpatient	Maj Surg Per Subsq 1/2 Hr Cardiac		360	MC Surgical Srvcs	$ 2,285	Charges have been	#N/A	$ 1,997	$ 2,041
Service Package	Inpatient	Major Emerg Surg First Hr		360	MC Cardiac Surgery	$ 12,932.98	$ 7,533.77	#N/A	$ 7,533.77	$ 21,154.00
Service Package	Inpatient and Outpatient	Major Emerg Surg First Hr		360	MC Lbr & Dlvy Rev	$ 12,933	$ 5,500	#N/A	$ 2,704	$ 11,552
Service Package	Inpatient and Outpatient	Major Emerg Surg First Hr		360	MC Surgical Srvcs	$ 12,933	$ 21,706	#N/A	$ 5,261	$ 21,706
Service Package	Inpatient	Major Surgery Per 1 Hr		360	MC Cardiac Surgery	$ 9,139.03	Charges have been	#N/A	$ 7,985.56	$ 8,163.01
Service Package	Inpatient and Outpatient	Major Surgery Per 1 Hr		360	MC Lbr & Dlvy Rev	$ 9,139	Charges have been	#N/A	$ 7,986	$ 8,163
Service Package	Inpatient and Outpatient	Major Surgery Per 1 Hr		360	MC Surgical Srvcs	$ 9,139	Charges have been	#N/A	$ 7,986	$ 8,163
Service Item	Inpatient and Outpatient	Maldi (Mass Spec Idenifcation)	83789	301	MC General Lab	$ 80	$ 80	$ 94.53	$ 70	$ 192
Service Item	Outpatient	Mandible Complete	70110	320	IC Radiology	$ 363.60	$ 79.26	$ 220.76	$ 71.07	$ 324.77
Service Item	Inpatient and Outpatient	Mandible Complete	70110	320	MC Diag Radiology	$ 364	$ 79	$ 361.40	$ 71	$ 1,636
Service Item	Outpatient	Mandible Complete	70110	320	NC Diag Imaging	$ 363.60	$ 79.26	$ 361.40	$ 71.07	$ 1,635.83
Service Item	Outpatient	Mandible Complete	70110	320	SC Diag Imaging	$ 363.60	$ 79.26	$ 361.40	$ 71.07	$ 1,635.83
Service Item	Outpatient	Mandible Limited	70100	320	IC Radiology	$ 242.86	$ 66.51	$ 153.25	$ 59.64	$ 216.93
Service Item	Inpatient and Outpatient	Mandible Limited	70100	320	MC Diag Radiology	$ 243	$ 67	$ 226.70	$ 60	$ 888
Service Item	Outpatient	Mandible Limited	70100	320	NC Diag Imaging	$ 242.86	$ 66.51	$ 226.70	$ 59.64	$ 887.81
Service Item	Outpatient	Mandible Limited	70100	320	SC Diag Imaging	$ 242.86	$ 66.51	$ 226.70	$ 59.64	$ 887.81
Service Item	Inpatient and Outpatient	Manganese Level Serum-ARUP	83785	300	MC Reference Lab	$ 27	$ 110	$ 52.90	$ 16	$ 242
Service Package	Inpatient and Outpatient	Manip Chest Wall Init	94667	410	MC RT Services	$ 222	Charges have been	$ 180.97	$ 126	$ 198
Service Package	Inpatient and Outpatient	Manip Chest Wall Subseq	94668	410	MC RT Services	$ 155	Charges have been	$ 135.63	$ 126	$ 138
Service Item	Outpatient	mannitol 20% IV Soln 250 mL	J7799	636	CD Infusion Clinic	$ 220.10	$ 132.06	$ 129.94	$ 9.56	$ 202.49
Service Item	Inpatient and Outpatient	mannitol 20% IV Soln 250 mL	J7799	636	MC Pharmacy	$ 220	$ 132	$ 129.94	$ 10	$ 202
Service Item	Outpatient	mannitol 20% IV Soln 250 mL	J7799	636	NC Urgent Care	$ 220.10	$ 132.06	$ 115.01	$ 9.56	$ 202.49
Service Item	Outpatient	mannitol 20% IV Soln 250 mL	J7799	636	SC Urgent Care	$ 220.10	$ 132.06	$ 115.56	$ 9.56	$ 202.49
Service Item	Outpatient	mannitol 20% IV Soln 500 mL	J7799	636	CD Infusion Clinic	$ 277.05	$ 166.23	$ 162.68	$ 9.56	$ 254.89
Service Item	Inpatient and Outpatient	mannitol 20% IV Soln 500 mL	J7799	636	MC Pharmacy	$ 277	$ 166	$ 162.68	$ 10	$ 255
Service Item	Outpatient	mannitol 20% IV Soln 500 mL	J7799	636	NC Urgent Care	$ 277.05	$ 166.23	$ 143.89	$ 9.56	$ 254.89
Service Item	Outpatient	mannitol 20% IV Soln 500 mL	J7799	636	SC Urgent Care	$ 277.05	$ 166.23	$ 144.58	$ 9.56	$ 254.89
Service Item	Outpatient	mannitol 25% Inj 50 mL	J2150	636	CD Infusion Clinic	$ 12.50	$ 7.50	$ 8.66	$ 2.84	$ 11.50
Service Item	Inpatient and Outpatient	mannitol 25% Inj 50 mL	J2150	636	MC Pharmacy	$ 13	$ 8	$ 8.66	$ 3	$ 12
Service Item	Outpatient	mannitol 25% Inj 50 mL	J2150	636	NC Urgent Care	$ 12.50	$ 7.50	$ 8.63	$ 2.84	$ 11.50
Service Item	Outpatient	mannitol 25% Inj 50 mL	J2150	636	SC Urgent Care	$ 12.50	$ 7.50	$ 8.66	$ 2.84	$ 11.50
Service Item	Inpatient and Outpatient	Manual Tumor Im Ea Ab	88360	310	MC Pathology	$ 166	$ 166	$ 226.49	$ 145	$ 714
Service Item	Outpatient	Mass Spectrometry	83789	301	Reference Lab CA HS	$ 16.74	$ 80.13	$ 71.76	$ 14.23	$ 191.98
Service Item	Outpatient	Mastoids, Complete	70130	320	IC Radiology	$ 347.21	$ 100.68	$ 222.73	$ 90.28	$ 310.13
Service Item	Inpatient and Outpatient	Mastoids, Complete	70130	320	MC Diag Radiology	$ 347	$ 101	$ 364.41	$ 90	$ 1,636
Service Item	Outpatient	Mastoids, Complete	70130	320	NC Diag Imaging	$ 347.21	$ 100.68	$ 364.41	$ 90.28	$ 1,635.83
Service Item	Outpatient	Mastoids, Complete	70130	320	SC Diag Imaging	$ 347.21	$ 100.68	$ 364.41	$ 90.28	$ 1,635.83
Service Package	Inpatient and Outpatient	Matristem Wnd Mtx 10X15Cm	Q4166	278	MC Central Supply	$ 4,361	Charges have been	$ 2,975.88	$ 3,886	$ 3,973
Service Package	Inpatient and Outpatient	Matristem Wnd Mtx 3X3.5Cm	Q4166	278	MC Central Supply	$ 80	Charges have been	$ 74.36	$ 72	$ 73
Service Package	Inpatient and Outpatient	Matristem Wnd Mtx 3X7Cm	Q4166	278	MC Central Supply	$ 155	Charges have been	$ 125.20	$ 138	$ 142
Service Package	Inpatient and Outpatient	Matristem Wnd Mtx 7X10Cm	Q4166	278	MC Central Supply	$ 4,361	Charges have been	$ 2,975.88	$ 3,886	$ 3,973
Service Package	Inpatient and Outpatient	Matrix Bone Cellular 10Cc	C1713	278	MC Central Supply	$ 14,592	Charges have been	$ 11,282.14	$ 13,003	$ 13,292
Service Package	Inpatient and Outpatient	Matrix Bone Cellular 12Cc	C1713	278	MC Central Supply	$ 10,153	Charges have been	$ 8,273.05	$ 9,047	$ 9,248
Service Package	Inpatient and Outpatient	Matrix Bone Cellular 15Cc	C1713	278	MC Central Supply	$ 11,420	Charges have been	$ 9,131.69	$ 10,176	$ 10,402
Service Package	Inpatient and Outpatient	Matrix Bone Cellular 1Cc	C1713	278	MC Central Supply	$ 1,763	Charges have been	$ 2,586.45	$ 1,571	$ 1,606
Service Package	Inpatient and Outpatient	Matrix Bone Cellular 5Cc	C1713	278	MC Central Supply	$ 4,361	Charges have been	$ 4,347.78	$ 3,886	$ 3,973
Service Item	Outpatient	Maxillofacial W/Contrast	70487	351	IC CAT Scan	$ 2,117.70	$ 717.99	$ 1,396.95	$ 211.14	$ 2,056.02
Service Item	Inpatient and Outpatient	Maxillofacial W/Contrast	70487	351	MC CAT Scanner	$ 2,118	$ 718	$ 1,552.56	$ 211	$ 3,612
Service Item	Outpatient	Maxillofacial W/Wo Contra	70488	351	IC CAT Scan	$ 2,641.67	$ 895.05	$ 1,737.64	$ 211.14	$ 2,564.73
Service Item	Inpatient and Outpatient	Maxillofacial W/Wo Contra	70488	351	MC CAT Scanner	$ 2,642	$ 895	$ 1,842.38	$ 211	$ 3,612
Service Item	Outpatient	Maxillofacial/Sinus Lmt	70486	351	IC CAT Scan	$ 1,920.20	$ 599.10	$ 1,210.81	$ 129.87	$ 1,715.13
Service Item	Inpatient and Outpatient	Maxillofacial/Sinus Lmt	70486	351	MC CAT Scanner	$ 1,920	$ 599	$ 1,210.81	$ 130	$ 1,715
Service Item	Outpatient	Mcal Group Exercise Addl 15 Minutes Pt	97150	420	OP Therapy Akers	$ 134.00	Charges have been	$ 166.88	$ 79.24	$ 317.00
Service Item	Outpatient	Mcal Group Exercise Addl 15 Minutes Pt	97150	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 166.88	$ 79.24	$ 317.00
Service Item	Outpatient	Mcal Group Exercise Addl 15 Minutes Pt	97150	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 166.88	$ 79.24	$ 317.00
Service Item	Outpatient	Mcal Group Exercise Addl 15 Minutes Pt	97150	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 166.88	$ 79.24	$ 317.00
Service Package	Inpatient and Outpatient	Mcal Init Eval Add 15Mins	97750	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Mcal Init Eval Add 15Mins	97750	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Mcal Init Eval Add 15Mins	97750	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Mcal Init Eval Add 15Mins	97750	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Mcal Init Eval Add 15Mins	97750	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Mcal Init Eval Add 15Mins	97750	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Mcal Init Eval Add 15Mins	97750	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 105.01	$ 40.14	$ 123.28
Service Item	Inpatient	Mcal Init Eval Add 15Mins	97750	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Mcal Init Eval Add 15Mins	97750	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Mcal Init Eval Add 15Mins	97750	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Mcal Init Eval Add 15Mins	97750	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Package	Inpatient and Outpatient	Mcal Initial Eval 30 Mins		420	MC PT Services	$ 209	Charges have been	#N/A	$ 188	$ 192
Service Item	Outpatient	Mcal Initial Eval 30 Mins		420	OP Hand Center	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	Mcal Initial Eval 30 Mins		420	OP Therapy Akers	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	Mcal Initial Eval 30 Mins		420	OP Therapy Dinuba	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	Mcal Initial Eval 30 Mins		420	OP Therapy Exeter	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	Mcal Initial Eval 30 Mins		420	OP Therapy Lovers Ln	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	Mcal Initial Eval 30 Mins		420	OP Therapy Neuro	$ 209.00	$ 120.00	#N/A	$ 120.00	$ 192.28
Service Item	Outpatient	MDV lidocaine 1% Inj 50 mL	J3490	636	CD Infusion Clinic	$ 0.40	$ 0.24	$ 8.90	$ 0.24	$ 27.98
Service Item	Inpatient and Outpatient	MDV lidocaine 1% Inj 50 mL	J3490	636	MC Pharmacy	$ 0	$ 0	$ 8.90	$ 0	$ 28
Service Item	Outpatient	MDV lidocaine 1% Inj 50 mL	J3490	636	NC Urgent Care	$ 0.40	$ 0.24	$ 8.90	$ 0.24	$ 27.98
Service Item	Outpatient	MDV lidocaine 1% Inj 50 mL	J3490	636	SC Urgent Care	$ 0.40	$ 0.24	$ 8.90	$ 0.24	$ 27.98
Service Item	Outpatient	MDV Lidocaine 1%/EPINEPHrine 1/100,000 Inj 5	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	MDV Lidocaine 1%/EPINEPHrine 1/100,000 Inj 5	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	MDV Lidocaine 1%/EPINEPHrine 1/100,000 Inj 5	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	MDV Lidocaine 1%/EPINEPHrine 1/100,000 Inj 5	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	MDV sodium bicarbonate 8.4% 50 mL Vial	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	MDV sodium bicarbonate 8.4% 50 mL Vial	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	MDV sodium bicarbonate 8.4% 50 mL Vial	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	MDV sodium bicarbonate 8.4% 50 mL Vial	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	Measles (Rubeola) IgG Ab CSF-ARUP	86765	301	MC Reference Lab	$ 11	$ 57	$ 26.10	$ 7	$ 127

Service Item	Inpatient and Outpatient	Measles (Rubeola) IgG Antibody-ARUP	86765	301	MC Reference Lab	$ 14	$ 57	$ 27.72	$ 9	$ 127
Service Item	Inpatient and Outpatient	Measles (Rubeola) IgM Ab -ARUP	86765	301	MC Reference Lab	$ 11	$ 57	$ 26.10	$ 7	$ 127
Service Item	Inpatient and Outpatient	Measles (Rubeola) IgM Ab-ARUP	86765	300	MC Reference Lab	$ 14	$ 57	$ 27.72	$ 9	$ 127
Service Item	Outpatient	measles/mumps/rubella virus vaccine (MMR II) I	90707	636	CD Infusion Clinic	$ 361.50	$ 216.90	$ 241.24	$ 47.76	$ 332.58
Service Item	Inpatient and Outpatient	measles/mumps/rubella virus vaccine (MMR II) I	90707	636	MC Pharmacy	$ 362	$ 217	$ 241.24	$ 48	$ 333
Service Item	Outpatient	measles/mumps/rubella virus vaccine (MMR II) I	90707	636	NC Urgent Care	$ 361.50	$ 216.90	$ 240.34	$ 47.76	$ 332.58
Service Item	Outpatient	measles/mumps/rubella virus vaccine (MMR II) I	90707	636	SC Urgent Care	$ 361.50	$ 216.90	$ 241.24	$ 47.76	$ 332.58
Service Item	Outpatient	measles/mumps/rubella virus vaccine (MMR II) I	90707	636	SFM Family Medicine	$ 361.50	$ 216.90	$ 240.34	$ 47.76	$ 332.58
Service Item	Inpatient and Outpatient	Mec Amph	80307	301	MC Reference Lab	$ 16	$ 280	$ 214.80	$ 14	$ 572
Service Item	Inpatient and Outpatient	Mec Barb	80307	301	MC Reference Lab	$ 16	$ 280	$ 214.80	$ 14	$ 572
Service Item	Inpatient and Outpatient	Mec Benz	80307	301	MC Reference Lab	$ 16	$ 280	$ 214.80	$ 14	$ 572
Service Item	Inpatient and Outpatient	Mec Cann	80307	301	MC Reference Lab	$ 16	$ 280	$ 214.80	$ 14	$ 572
Service Item	Inpatient and Outpatient	Mec Coca	80307	301	MC Reference Lab	$ 16	$ 280	$ 214.80	$ 14	$ 572
Service Item	Inpatient and Outpatient	Mec Metho	80307	301	MC Reference Lab	$ 16	$ 280	$ 214.80	$ 14	$ 572
Service Item	Inpatient and Outpatient	Mec Opi	80307	301	MC Reference Lab	$ 16	$ 280	$ 214.80	$ 14	$ 572
Service Item	Inpatient and Outpatient	Mec Pcp	80307	301	MC Reference Lab	$ 16	$ 280	$ 214.80	$ 14	$ 572
Service Item	Inpatient and Outpatient	Mec Propoxyphene	80307	301	MC Reference Lab	$ 16	$ 280	$ 214.80	$ 14	$ 572
Service Package	Inpatient and Outpatient	Mech Remove Int.Lumen Mat	36596	361	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 3,115.41	$ 1,890	$ 3,220
Service Package	Inpatient and Outpatient	Mech Remove Int.Lumen Mat W/ Rad	75902	320	MC Cath Lab Srvcs	$ 487	Charges have been	$ 445.75	$ 425	$ 435
Service Package	Inpatient and Outpatient	Mech Remove Pericath Mate	36595	361	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,038.86	$ 3,211	$ 4,431
Service Package	Inpatient and Outpatient	Mech Remove Pericath Mate W/ Rad	75901	320	MC Cath Lab Srvcs	$ 741	Charges have been	$ 678.76	$ 647	$ 662
Service Package	Inpatient and Outpatient	Mechanical Traction-One A	97012	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Mechanical Traction-One A	97012	420	OP Hand Center	$ 134.00	$ 80.40	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Mechanical Traction-One A	97012	420	OP Therapy Akers	$ 134.00	$ 80.40	$ 114.99	$ 63.25	$ 182.00
Service Item	Outpatient	Mechanical Traction-One A	97012	420	OP Therapy Dinuba	$ 134.00	$ 80.40	$ 114.99	$ 63.25	$ 182.00
Service Item	Outpatient	Mechanical Traction-One A	97012	420	OP Therapy Exeter	$ 134.00	$ 80.40	$ 114.99	$ 63.25	$ 182.00
Service Item	Outpatient	Mechanical Traction-One A	97012	420	OP Therapy Lovers Ln	$ 134.00	$ 80.40	$ 114.99	$ 63.25	$ 182.00
Service Item	Outpatient	Mechanical Traction-One A	97012	420	OP Therapy Neuro	$ 134.00	$ 80.40	$ 102.71	$ 17.15	$ 123.28
Service Item	Outpatient	Mechanical Traction-One A - PTA/OTA Services	97012	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Mechanical Traction-One A - PTA/OTA Services	97012	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 138.65	$ 63.25	$ 317.00
Service Item	Outpatient	Mechanical Traction-One A - PTA/OTA Services	97012	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 138.65	$ 63.25	$ 317.00
Service Item	Outpatient	Mechanical Traction-One A - PTA/OTA Services	97012	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 138.65	$ 63.25	$ 317.00
Service Item	Outpatient	Mechanical Traction-One A - PTA/OTA Services	97012	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 138.65	$ 63.25	$ 317.00
Service Item	Outpatient	Mechanical Traction-One A - PTA/OTA Services	97012	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 102.71	$ 17.15	$ 123.28
Service Item	Outpatient	Medicare Initial Well Visit	G0438	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 248.42	$ 163.66	$ 294.69
Service Item	Outpatient	Medicare Initial Well Visit	G0438	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44
Service Item	Outpatient	Medicare Subseq Well Visit	G0439	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 220.94	$ 110.24	$ 277.44
Service Item	Outpatient	Medicare Subseq Well Visit	G0439	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44
Service Item	Outpatient	Medicare Welcome Visit	G0402	510	CD Chronic Disease	$ 218.55	$ 127.31	$ 162.90	$ 114.40	$ 195.21
Service Item	Outpatient	Medicare Welcome Visit	G0402	510	SFM Family Medicine	$ 218.55	$ 127.31	$ 168.62	$ 127.31	$ 195.21
Service Item	Outpatient	medroxyPROGESTERone 150 mg/mL IM Inj	J1050	636	CD Infusion Clinic	$ 815.40	$ 489.24	$ 355.65	$ 0.55	$ 750.17
Service Item	Inpatient and Outpatient	medroxyPROGESTERone 150 mg/mL IM Inj	J1050	636	MC Pharmacy	$ 815	$ 529	$ 355.65	$ 1	$ 750
Service Item	Outpatient	medroxyPROGESTERone 150 mg/mL IM Inj	J1050	636	NC Urgent Care	$ 815.40	$ 528.69	$ 353.61	$ 0.55	$ 750.17
Service Item	Outpatient	medroxyPROGESTERone 150 mg/mL IM Inj	J1050	636	SC Urgent Care	$ 815.40	$ 528.69	$ 355.65	$ 0.55	$ 750.17
Service Item	Outpatient	medroxyPROGESTERone 150 mg/mL IM Inj	J1050	636	SFM Family Medicine	$ 815.40	$ 528.69	$ 353.61	$ 0.55	$ 750.17
Service Item	Outpatient	melphalan 2 mg Tab	J8600	250	CD Infusion Clinic	$ 63.20	$ 37.92	$ 41.34	$ 5.48	$ 58.14
Service Item	Inpatient and Outpatient	melphalan 2 mg Tab	J8600	250	MC Pharmacy	$ 63	$ 38	$ 41.34	$ 5	$ 58
Service Item	Outpatient	melphalan 2 mg Tab	J8600	250	NC Urgent Care	$ 63.20	$ 37.92	$ 41.19	$ 5.48	$ 58.14
Service Item	Outpatient	melphalan 2 mg Tab	J8600	250	SC Urgent Care	$ 63.20	$ 37.92	$ 41.34	$ 5.48	$ 58.14
Service Item	Inpatient and Outpatient	Membrane Diff Capacity	94729	460	MC Pulmonary Func	$ 345	$ 151	$ 262.81	$ 127	$ 308
Service Item	Outpatient	meningococcal B vacc recomb (Bexsero) IM 0.5	90620	636	CD Infusion Clinic	$ 923.91	$ 554.35	$ 665.20	$ 168.94	$ 850.00
Service Item	Inpatient and Outpatient	meningococcal B vacc recomb (Bexsero) IM 0.5	90620	636	MC Pharmacy	$ 924	$ 554	$ 665.20	$ 169	$ 850
Service Item	Outpatient	meningococcal B vacc recomb (Bexsero) IM 0.5	90620	636	NC Urgent Care	$ 923.91	$ 554.35	$ 608.28	$ 168.94	$ 850.00
Service Item	Outpatient	meningococcal B vacc recomb (Bexsero) IM 0.5	90620	636	SC Urgent Care	$ 923.91	$ 554.35	$ 610.59	$ 168.94	$ 850.00
Service Item	Outpatient	meningococcal B vacc recomb (Bexsero) IM 0.5	90620	636	SFM Family Medicine	$ 923.91	$ 554.35	$ 662.89	$ 168.94	$ 850.00
Service Item	Outpatient	meningococcal conjugate vaccine ACYW (Menac	90734	636	CD Infusion Clinic	$ 629.50	$ 377.70	$ 418.09	$ 87.59	$ 579.14
Service Item	Inpatient and Outpatient	meningococcal conjugate vaccine ACYW (Menac	90734	636	MC Pharmacy	$ 630	$ 464	$ 418.09	$ 88	$ 579
Service Item	Outpatient	meningococcal conjugate vaccine ACYW (Menac	90734	636	NC Urgent Care	$ 629.50	$ 463.80	$ 416.51	$ 87.59	$ 579.14
Service Item	Outpatient	meningococcal conjugate vaccine ACYW (Menac	90734	636	SC Urgent Care	$ 629.50	$ 463.80	$ 418.09	$ 87.59	$ 579.14
Service Item	Outpatient	meningococcal conjugate vaccine ACYW (Menac	90734	636	SFM Family Medicine	$ 629.50	$ 463.80	$ 416.51	$ 87.59	$ 579.14
Service Item	Outpatient	meningococcal conjugate vaccine group ACYW (	90734	636	CD Infusion Clinic	$ 607.50	$ 364.50	$ 410.18	$ 87.59	$ 558.90
Service Item	Inpatient and Outpatient	meningococcal conjugate vaccine group ACYW (	90734	636	MC Pharmacy	$ 608	$ 451	$ 410.18	$ 88	$ 559
Service Item	Outpatient	meningococcal conjugate vaccine group ACYW (	90734	636	NC Urgent Care	$ 607.50	$ 450.60	$ 408.66	$ 87.59	$ 558.90
Service Item	Outpatient	meningococcal conjugate vaccine group ACYW (	90734	636	SC Urgent Care	$ 607.50	$ 450.60	$ 410.18	$ 87.59	$ 558.90
Service Item	Outpatient	meningococcal conjugate vaccine group ACYW (	90734	636	SFM Family Medicine	$ 607.50	$ 450.60	$ 408.66	$ 87.59	$ 558.90
Service Item	Outpatient	meningococcal group B recomb vacc (Trumenba	90621	636	CD Infusion Clinic	$ 664.56	$ 398.74	$ 523.07	$ 136.17	$ 952.83
Service Item	Inpatient and Outpatient	meningococcal group B recomb vacc (Trumenba	90621	636	MC Pharmacy	$ 665	$ 399	$ 523.07	$ 136	$ 953
Service Item	Outpatient	meningococcal group B recomb vacc (Trumenba	90621	636	NC Urgent Care	$ 664.56	$ 398.74	$ 521.41	$ 136.17	$ 952.83
Service Item	Outpatient	meningococcal group B recomb vacc (Trumenba	90621	636	SC Urgent Care	$ 664.56	$ 398.74	$ 523.07	$ 136.17	$ 952.83
Service Item	Outpatient	meningococcal group B recomb vacc (Trumenba	90621	636	SFM Family Medicine	$ 664.56	$ 398.74	$ 521.41	$ 136.17	$ 952.83
Service Item	Outpatient	meningococcal polysaccharide vacc ACYW (Men	90733	636	CD Infusion Clinic	$ 686.60	$ 411.96	$ 485.70	$ 85.91	$ 631.67
Service Item	Inpatient and Outpatient	meningococcal polysaccharide vacc ACYW (Men	90733	636	MC Pharmacy	$ 687	$ 496	$ 485.70	$ 86	$ 632
Service Item	Outpatient	meningococcal polysaccharide vacc ACYW (Men	90733	636	NC Urgent Care	$ 686.60	$ 496.41	$ 483.99	$ 85.91	$ 631.67
Service Item	Outpatient	meningococcal polysaccharide vacc ACYW (Men	90733	636	SC Urgent Care	$ 686.60	$ 496.41	$ 485.70	$ 85.91	$ 631.67
Service Item	Outpatient	meningococcal polysaccharide vacc ACYW (Men	90733	636	SFM Family Medicine	$ 686.60	$ 496.41	$ 483.99	$ 85.91	$ 631.67
Service Item	Outpatient	meperidine 50 mg/mL Inj 1 mL	J2175	636	CD Infusion Clinic	$ 20.70	$ 12.42	$ 13.73	$ 0.69	$ 19.04
Service Item	Inpatient and Outpatient	meperidine 50 mg/mL Inj 1 mL	J2175	636	MC Pharmacy	$ 21	$ 12	$ 13.73	$ 1	$ 19
Service Item	Outpatient	meperidine 50 mg/mL Inj 1 mL	J2175	636	NC Urgent Care	$ 20.70	$ 12.42	$ 13.68	$ 0.69	$ 19.04
Service Item	Outpatient	meperidine 50 mg/mL Inj 1 mL	J2175	636	SC Urgent Care	$ 20.70	$ 12.42	$ 13.73	$ 0.69	$ 19.04
Service Item	Outpatient	meperidine 50 mg/mL Inj 1 mL	J2175	636	VR Radiation Onc	$ 20.70	$ 12.42	$ 13.73	$ 0.69	$ 19.04
Service Item	Outpatient	meperidine 75 mg/1.5 mL Inj	J2175	636	CD Infusion Clinic	$ 19.90	$ 11.94	$ 13.45	$ 0.69	$ 18.31
Service Item	Inpatient and Outpatient	meperidine 75 mg/1.5 mL Inj	J2175	636	MC Pharmacy	$ 20	$ 12	$ 13.45	$ 1	$ 18
Service Item	Outpatient	meperidine 75 mg/1.5 mL Inj	J2175	636	NC Urgent Care	$ 19.90	$ 11.94	$ 13.40	$ 0.69	$ 18.31
Service Item	Outpatient	meperidine 75 mg/1.5 mL Inj	J2175	636	SC Urgent Care	$ 19.90	$ 11.94	$ 13.45	$ 0.69	$ 18.31
Service Item	Outpatient	mepivacaine 2% Inj 50 mL	J0670	636	CD Infusion Clinic	$ 49.05	$ 29.43	$ 31.48	$ 2.65	$ 45.13
Service Item	Inpatient and Outpatient	mepivacaine 2% Inj 50 mL	J0670	636	MC Pharmacy	$ 49	$ 29	$ 31.48	$ 3	$ 45
Service Item	Outpatient	mepivacaine 2% Inj 50 mL	J0670	636	NC Urgent Care	$ 49.05	$ 29.43	$ 31.36	$ 2.65	$ 45.13
Service Item	Outpatient	mepivacaine 2% Inj 50 mL	J0670	636	SC Urgent Care	$ 49.05	$ 29.43	$ 31.48	$ 2.65	$ 45.13
Service Item	Outpatient	mepivacaine PF 1.5% Inj 30 mL	J0670	636	CD Infusion Clinic	$ 31.55	$ 18.93	$ 25.19	$ 2.65	$ 33.30
Service Item	Inpatient and Outpatient	mepivacaine PF 1.5% Inj 30 mL	J0670	636	MC Pharmacy	$ 32	$ 19	$ 25.19	$ 3	$ 33
Service Item	Outpatient	mepivacaine PF 1.5% Inj 30 mL	J0670	636	NC Urgent Care	$ 31.55	$ 18.93	$ 25.11	$ 2.65	$ 33.30
Service Item	Outpatient	mepivacaine PF 1.5% Inj 30 mL	J0670	636	SC Urgent Care	$ 31.55	$ 18.93	$ 25.19	$ 2.65	$ 33.30
Service Item	Outpatient	mepolizumab 100 mg vial	J2182	636	CD Infusion Clinic	$ 11,729.65	$ 7,037.79	$ 5,791.19	$ 28.70	$ 10,791.28
Service Item	Inpatient and Outpatient	mepolizumab 100 mg vial	J2182	636	MC Pharmacy	$ 11,730	$ 7,066	$ 5,791.19	$ 29	$ 10,791
Service Item	Outpatient	mepolizumab 100 mg vial	J2182	636	NC Urgent Care	$ 11,729.65	$ 7,065.58	$ 5,761.86	$ 28.70	$ 10,791.28
Service Item	Outpatient	mepolizumab 100 mg vial	J2182	636	SC Urgent Care	$ 11,729.65	$ 7,065.58	$ 5,791.19	$ 28.70	$ 10,791.28
Service Item	Inpatient and Outpatient	Mercury Blood 99305 (2)	83825	300	MC Reference Lab	$ 14	$ 72	$ 32.45	$ 9	$ 160
Service Item	Inpatient and Outpatient	Mercury Blood-ARUP	83825	300	MC Reference Lab	$ 14	$ 72	$ 32.38	$ 8	$ 160
Service Item	Inpatient and Outpatient	Mercury Urine-ARUP	83825	300	MC Reference Lab	$ 14	$ 72	$ 32.38	$ 8	$ 160
Service Item	Outpatient	meropenem 1,000 mg Inj	J2185	636	CD Infusion Clinic	$ 340.45	$ 204.27	$ 136.35	$ 1.99	$ 313.21
Service Item	Inpatient and Outpatient	meropenem 1,000 mg Inj	J2185	636	MC Pharmacy	$ 340	$ 204	$ 136.35	$ 2	$ 313
Service Item	Outpatient	meropenem 1,000 mg Inj	J2185	636	NC Urgent Care	$ 340.45	$ 204.27	$ 135.50	$ 1.99	$ 313.21
Service Item	Outpatient	meropenem 1,000 mg Inj	J2185	636	SC Urgent Care	$ 340.45	$ 204.27	$ 136.35	$ 1.99	$ 313.21
Service Item	Outpatient	meropenem 1,000 mg Inj	J2185	636	VD Visalia Dialysis	$ 340.45	$ 204.27	$ 136.35	$ 1.99	$ 313.21
Service Item	Outpatient	meropenem 500 mg Inj	J2185	636	CD Infusion Clinic	$ 55.80	$ 33.48	$ 34.02	$ 1.99	$ 51.34
Service Item	Inpatient and Outpatient	meropenem 500 mg Inj	J2185	636	MC Pharmacy	$ 56	$ 33	$ 34.02	$ 2	$ 51
Service Item	Outpatient	meropenem 500 mg Inj	J2185	636	NC Urgent Care	$ 55.80	$ 33.48	$ 33.88	$ 1.99	$ 51.34
Service Item	Outpatient	meropenem 500 mg Inj	J2185	636	SC Urgent Care	$ 55.80	$ 33.48	$ 34.02	$ 1.99	$ 51.34
Service Item	Outpatient	meropenem 500 mg Inj	J2185	636	VD Visalia Dialysis	$ 55.80	$ 33.48	$ 34.02	$ 1.99	$ 51.34
Service Item	Outpatient	meropenem/NS IV (PED) 20 mg/mL	J2185	636	CD Infusion Clinic	$ 55.80	$ 33.48	$ 34.02	$ 1.99	$ 51.34
Service Item	Inpatient and Outpatient	meropenem/NS IV (PED) 20 mg/mL	J2185	636	MC Pharmacy	$ 56	$ 33	$ 34.02	$ 2	$ 51
Service Item	Outpatient	meropenem/NS IV (PED) 20 mg/mL	J2185	636	NC Urgent Care	$ 55.80	$ 33.48	$ 33.88	$ 1.99	$ 51.34
Service Item	Outpatient	meropenem/NS IV (PED) 20 mg/mL	J2185	636	SC Urgent Care	$ 55.80	$ 33.48	$ 34.02	$ 1.99	$ 51.34
Service Package	Inpatient and Outpatient	Mesh - Burr Hole Front to Temporal	C1781	278	MC Central Supply	$ 11,611	Charges have been	$ 8,518.19	$ 10,346	$ 10,576
Service Package	Inpatient and Outpatient	Mesh Felt Patch PTFE 6x6	C1781	278	MC Central Supply	$ 1,103	Charges have been	$ 1,396.07	$ 983	$ 1,005
Service Package	Inpatient and Outpatient	Mesh Gentrix Matrix Plus	C1781	278	MC Central Supply	$ 12,167	Charges have been	$ 8,895.20	$ 10,842	$ 11,083
Service Package	Inpatient and Outpatient	Mesh Gentrix Matrix Plus 16x20Cm	C1781	278	MC Central Supply	$ 17,064	Charges have been	$ 12,213.90	$ 15,205	$ 15,543
Service Package	Inpatient and Outpatient	Mesh Hernia (A)	C1781	278	MC Central Supply	$ 1,638	Charges have been	$ 1,759.05	$ 1,460	$ 1,492

Service Package	Inpatient and Outpatient	Mesh Hernia (B)	C1781	278	MC Central Supply	$ 3,623	Charges have been	$ 3,104.01	$ 3,228	$ 3,300		
Service Package	Inpatient and Outpatient	Mesh Hernia (C)	C1781	278	MC Central Supply	$ 5,842	Charges have been	$ 4,608.03	$ 5,206	$ 5,321		
Service Package	Inpatient and Outpatient	Mesh Hernia 10 X 14	C1781	278	MC Central Supply	$ 7,742	Charges have been	$ 5,895.62	$ 6,899	$ 7,052		
Service Package	Inpatient and Outpatient	Mesh Hernia 10X15Cm Oval	C1781	278	MC Central Supply	$ 2,081	Charges have been	$ 2,058.70	$ 1,854	$ 1,895		
Service Package	Inpatient and Outpatient	Mesh Hernia 15X20Cm Oval	C1781	278	MC Central Supply	$ 3,761	Charges have been	$ 3,197.83	$ 3,352	$ 3,426		
Service Package	Inpatient and Outpatient	Mesh Hernia 15X20Cm Rect	C1781	278	MC Central Supply	$ 2,939	Charges have been	$ 2,640.43	$ 2,619	$ 2,677		
Service Package	Inpatient and Outpatient	Mesh Hernia 20X25Cm Oval	C1781	278	MC Central Supply	$ 4,361	Charges have been	$ 3,604.53	$ 3,886	$ 3,973		
Service Package	Inpatient and Outpatient	Mesh Hernia 7X15Cm Rect	C1781	278	MC Central Supply	$ 1,656	Charges have been	$ 1,770.95	$ 1,476	$ 1,508		
Service Package	Inpatient and Outpatient	Mesh Marlex Perfix Plug	C1781	278	MC Central Supply	$ 2,239	Charges have been	$ 2,166.05	$ 1,995	$ 2,039		
Service Package	Inpatient and Outpatient	Mesh Marlix Bard 3X6	C1781	278	MC Central Supply	$ 2,620	Charges have been	$ 2,424.38	$ 2,335	$ 2,387		
Service Package	Inpatient and Outpatient	Mesh Prolene	C1781	278	MC Central Supply	$ 1,689	Charges have been	$ 1,793.21	$ 1,505	$ 1,538		
Service Package	Inpatient and Outpatient	Mesh Prolene Plug	C1781	278	MC Central Supply	$ 2,781	Charges have been	$ 2,533.73	$ 2,479	$ 2,534		
Service Package	Inpatient and Outpatient	Mesh Ti Reconstructive	C1781	278	MC Central Supply	$ 4,361	Charges have been	$ 3,604.53	$ 3,886	$ 3,973		
Service Item	Outpatient	mesna 100 mg/mL Inj 10 mL	J9209	636	CD Infusion Clinic	$ 111.60	$ 66.96	$ 71.24	$ 4.58	$ 102.67		
Service Item	Inpatient and Outpatient	mesna 100 mg/mL Inj 10 mL	J9209	636	MC Pharmacy	$ 112	$ 108	$ 71.24	$ 5	$ 108		
Service Item	Outpatient	mesna 100 mg/mL Inj 10 mL	J9209	636	NC Urgent Care	$ 111.60	$ 107.61	$ 70.96	$ 4.58	$ 107.61		
Service Item	Outpatient	mesna 100 mg/mL Inj 10 mL	J9209	636	SC Urgent Care	$ 111.60	$ 107.61	$ 71.24	$ 4.58	$ 107.61		
Service Item	Outpatient	Metabolc Panel Ionized Ca	80047	301	CD Chronic Disease	$ 179.74	$ 97.29	$ 120.16	$ 6.67	$ 163.72		
Service Package	Inpatient and Outpatient	Metabolic Activ De Tissue	Q4101	636	MC Central Supply	$ 2,675	Charges have been	$ 1,845.20	$ 2,407	$ 2,461		
Service Item	Inpatient and Outpatient	Metanephrines (Free)-ARUP	83835	300	MC Reference Lab	$ 19	$ 76	$ 36.63	$ 11	$ 167		
Service Item	Inpatient and Outpatient	Metanephrines Fractionated Urine-ARUP	83835	300	MC Reference Lab	$ 18	$ 76	$ 36.31	$ 11	$ 167		
Service Package	Inpatient and Outpatient	Metatarsal Cryo Preserved		278	MC Central Supply	$ 6,112	Charges have been	#N/A	$ 5,446	$ 5,567		
Service Item	Outpatient	methacholine 100 mg Pow	J7674	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.40	$ 0.53	$ 11.13		
Service Item	Inpatient and Outpatient	methacholine 100 mg Pow	J7674	636	MC Pharmacy	$ 12	$ 8	$ 7.40	$ 1	$ 11		
Service Item	Outpatient	methacholine 100 mg Pow	J7674	636	NC Urgent Care	$ 12.10	$ 7.79	$ 7.37	$ 0.53	$ 11.13		
Service Item	Outpatient	methacholine 100 mg Pow	J7674	636	SC Urgent Care	$ 12.10	$ 7.79	$ 7.40	$ 0.53	$ 11.13		
Service Item	Inpatient and Outpatient	Methadone & Metabolite, Quant-ARUP	80358	300	MC Reference Lab	$ 18	$ 71	$ 14.95	$ 11	$ 71		
Service Item	Outpatient	methadone 10 mg/mL Inj 20 mL	J1230	636	CD Infusion Clinic	$ 108.55	$ 65.13	$ 70.03	$ 0.61	$ 99.87		
Service Item	Inpatient and Outpatient	methadone 10 mg/mL Inj 20 mL	J1230	636	MC Pharmacy	$ 109	$ 66	$ 70.03	$ 1	$ 100		
Service Item	Outpatient	methadone 10 mg/mL Inj 20 mL	J1230	636	NC Urgent Care	$ 108.55	$ 65.73	$ 69.76	$ 0.61	$ 99.87		
Service Item	Outpatient	methadone 10 mg/mL Inj 20 mL	J1230	636	SC Urgent Care	$ 108.55	$ 65.73	$ 70.03	$ 0.61	$ 99.87		
Service Item	Outpatient	methadone CONC 10 mg/mL Oral Soln 30 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98		
Service Item	Inpatient and Outpatient	methadone CONC 10 mg/mL Oral Soln 30 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28		
Service Item	Outpatient	methadone CONC 10 mg/mL Oral Soln 30 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98		
Service Item	Outpatient	methadone CONC 10 mg/mL Oral Soln 30 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98		
Service Item	Inpatient and Outpatient	Methanol Level-ARUP	80320	300	MC Reference Lab	$ 18	$ 47	$ 41.07	$ 0	$ 94		
Service Item	Inpatient and Outpatient	Methemoglobin Reductase-ARUP	82657	300	MC Reference Lab	$ 298	$ 80	$ 227.77	$ 75	$ 274		
Service Item	Inpatient and Outpatient	methocarbamol 100 mg/mL Inj 10mL	J2800	636	MC Pharmacy	$ 77	$ 51	$ 56.69	$ 5	$ 71		
Service Item	Outpatient	methocarbamol 100 mg/mL Inj 10mL	J2800	636	NC Urgent Care	$ 76.75	$ 51.15	$ 56.50	$ 5.19	$ 70.61		
Service Item	Outpatient	methocarbamol 100 mg/mL Inj 10mL	J2800	636	SC Urgent Care	$ 76.75	$ 51.15	$ 56.69	$ 5.19	$ 70.61		
Service Item	Outpatient	methotrexate 15 mg/6 mL NS	J9250	636	CD Infusion Clinic	$ 27.70	$ 16.62	$ 21.93	$ 0.39	$ 34.26		
Service Item	Inpatient and Outpatient	methotrexate 15 mg/6 mL NS	J9250	636	MC Pharmacy	$ 28	$ 18	$ 21.93	$ 0	$ 34		
Service Item	Outpatient	methotrexate 15 mg/6 mL NS	J9250	636	NC Urgent Care	$ 27.70	$ 17.90	$ 21.87	$ 0.39	$ 34.26		
Service Item	Outpatient	methotrexate 15 mg/6 mL NS	J9250	636	SC Urgent Care	$ 27.70	$ 17.90	$ 21.93	$ 0.39	$ 34.26		
Service Item	Outpatient	methotrexate 2.5 mg Tab	J8610	250	CD Infusion Clinic	$ 20.00	$ 12.00	$ 12.57	$ 0.68	$ 18.40		
Service Item	Inpatient and Outpatient	methotrexate 2.5 mg Tab	J8610	250	MC Pharmacy	$ 20	$ 15	$ 12.57	$ 1	$ 18		
Service Item	Outpatient	methotrexate 2.5 mg Tab	J8610	250	NC Urgent Care	$ 20.00	$ 15.23	$ 12.52	$ 0.68	$ 18.40		
Service Item	Outpatient	methotrexate 2.5 mg Tab	J8610	250	SC Urgent Care	$ 20.00	$ 15.23	$ 12.57	$ 0.68	$ 18.40		
Service Item	Outpatient	methotrexate PF 25 mg/mL Inj 10 mL	J9250	636	CD Infusion Clinic	$ 50.45	$ 30.27	$ 30.11	$ 0.39	$ 46.41		
Service Item	Inpatient and Outpatient	methotrexate PF 25 mg/mL Inj 10 mL	J9250	636	MC Pharmacy	$ 50	$ 32	$ 30.11	$ 0	$ 46		
Service Item	Outpatient	methotrexate PF 25 mg/mL Inj 10 mL	J9250	636	NC Urgent Care	$ 50.45	$ 31.55	$ 29.99	$ 0.39	$ 46.41		
Service Item	Outpatient	methotrexate PF 25 mg/mL Inj 10 mL	J9250	636	SC Urgent Care	$ 50.45	$ 31.55	$ 30.11	$ 0.39	$ 46.41		
Service Item	Outpatient	methotrexate PF 25 mg/mL Inj 2 mL	J9260	636	CD Infusion Clinic	$ 28.10	$ 16.86	$ 19.33	$ 3.59	$ 25.85		
Service Item	Inpatient and Outpatient	methotrexate PF 25 mg/mL Inj 2 mL	J9260	636	MC Pharmacy	$ 28	$ 34	$ 19.33	$ 4	$ 34		
Service Item	Outpatient	methotrexate PF 25 mg/mL Inj 2 mL	J9260	636	NC Urgent Care	$ 28.10	$ 34.04	$ 19.26	$ 3.59	$ 34.04		
Service Item	Outpatient	methotrexate PF 25 mg/mL Inj 2 mL	J9260	636	SC Urgent Care	$ 28.10	$ 34.04	$ 19.33	$ 3.59	$ 34.04		
Service Item	Inpatient and Outpatient	Methotrexate, Sensitive-ARUP	80299	301	MC Reference Lab	$ 13	$ 65	$ 29.87	$ 8	$ 148		
Service Item	Inpatient and Outpatient	Methylene 55655	81291	300	MC Reference Lab	$ 65	$ 208	$ 101.00	$ 39	$ 520		
Service Item	Outpatient	methylene blue 5 mg/mL Inj 10 mL	Q9968	636	CD Infusion Clinic	$ 1,055.25	$ 633.15	$ 897.48	$ 0.31	$ 2,222.03		
Service Item	Inpatient and Outpatient	methylene blue 5 mg/mL Inj 10 mL	Q9968	636	MC Pharmacy	$ 1,055	$ 633	$ 897.48	$ 0	$ 2,222		
Service Item	Outpatient	methylene blue 5 mg/mL Inj 10 mL	Q9968	636	NC Urgent Care	$ 1,055.25	$ 633.45	$ 868.77	$ 0.31	$ 2,222.03		
Service Item	Outpatient	methylene blue 5 mg/mL Inj 10 mL	Q9968	636	SC Urgent Care	$ 1,055.25	$ 633.45	$ 871.41	$ 0.31	$ 2,222.03		
Service Item	Inpatient and Outpatient	Methylenedioxyamphetamines-ARUP	80359	300	MC Reference Lab	$ 9	$ 68	$ 7.12	$ 5	$ 68		
Service Item	Inpatient and Outpatient	Methylenetetrahydrofolate Reductase-ARUP	81291	300	MC Reference Lab	$ 64	$ 208	$ 100.38	$ 38	$ 520		
Service Item	Outpatient	methylergonovine 0.2 mg/mL Inj 1 mL	J2210	636	CD Infusion Clinic	$ 78.50	$ 47.10	$ 51.67	$ 4.04	$ 72.22		
Service Item	Inpatient and Outpatient	methylergonovine 0.2 mg/mL Inj 1 mL	J2210	636	MC Pharmacy	$ 79	$ 47	$ 51.67	$ 4	$ 72		
Service Item	Outpatient	methylergonovine 0.2 mg/mL Inj 1 mL	J2210	636	NC Urgent Care	$ 78.50	$ 47.10	$ 51.47	$ 4.04	$ 72.22		
Service Item	Outpatient	methylergonovine 0.2 mg/mL Inj 1 mL	J2210	636	SC Urgent Care	$ 78.50	$ 47.10	$ 51.67	$ 4.04	$ 72.22		
Service Item	Inpatient and Outpatient	Methylmalonic Acid Urine-ARUP	83921	300	MC Reference Lab	$ 18	$ 73	$ 36.12	$ 11	$ 169		
Service Item	Outpatient	methylnaltrexone 12 mg/0.6 mL Inj 0.6 mL	J2212	636	CD Infusion Clinic	$ 608.25	$ 364.95	$ 360.70	$ 0.46	$ 559.59		
Service Item	Inpatient and Outpatient	methylnaltrexone 12 mg/0.6 mL Inj 0.6 mL	J2212	636	MC Pharmacy	$ 608	$ 365	$ 360.70	$ 0	$ 560		
Service Item	Outpatient	methylnaltrexone 12 mg/0.6 mL Inj 0.6 mL	J2212	636	NC Urgent Care	$ 608.25	$ 365.40	$ 359.18	$ 0.46	$ 559.59		
Service Item	Outpatient	methylnaltrexone 12 mg/0.6 mL Inj 0.6 mL	J2212	636	SC Urgent Care	$ 608.25	$ 365.40	$ 360.70	$ 0.46	$ 559.59		
Service Item	Outpatient	methylPREDNISolone (PED) 10 mg/mL Inj	J2930	636	CD Infusion Clinic	$ 53.65	$ 32.19	$ 34.30	$ 5.80	$ 49.36		
Service Item	Inpatient and Outpatient	methylPREDNISolone (PED) 10 mg/mL Inj	J2930	636	MC Pharmacy	$ 54	$ 38	$ 34.30	$ 6	$ 49		
Service Item	Outpatient	methylPREDNISolone (PED) 10 mg/mL Inj	J2930	636	NC Urgent Care	$ 53.65	$ 37.89	$ 34.16	$ 5.80	$ 49.36		
Service Item	Outpatient	methylPREDNISolone (PED) 10 mg/mL Inj	J2930	636	SC Urgent Care	$ 53.65	$ 37.89	$ 34.30	$ 5.80	$ 49.36		
Service Item	Outpatient	methylPREDNISolone (PED) 62.5 mg / mL	J2930	636	CD Infusion Clinic	$ 49.00	$ 29.40	$ 32.62	$ 5.80	$ 45.08		
Service Item	Inpatient and Outpatient	methylPREDNISolone (PED) 62.5 mg / mL	J2930	636	MC Pharmacy	$ 49	$ 29	$ 32.62	$ 6	$ 45		
Service Item	Outpatient	methylPREDNISolone (PED) 62.5 mg / mL	J2930	636	NC Urgent Care	$ 49.00	$ 29.40	$ 32.50	$ 5.80	$ 45.08		
Service Item	Outpatient	methylPREDNISolone (PED) 62.5 mg / mL	J2930	636	SC Urgent Care	$ 49.00	$ 29.40	$ 32.62	$ 5.80	$ 45.08		
Service Item	Outpatient	methylPREDNISolone 1,000 mg Inj (Solu-Medrol	J2930	636	CD Infusion Clinic	$ 190.95	$ 114.57	$ 83.66	$ 5.80	$ 175.67		
Service Item	Inpatient and Outpatient	methylPREDNISolone 1,000 mg Inj (Solu-Medrol	J2930	636	MC Pharmacy	$ 191	$ 115	$ 83.66	$ 6	$ 176		
Service Item	Outpatient	methylPREDNISolone 1,000 mg Inj (Solu-Medrol	J2930	636	NC Urgent Care	$ 190.95	$ 114.57	$ 83.18	$ 5.80	$ 175.67		
Service Item	Outpatient	methylPREDNISolone 1,000 mg Inj (Solu-Medrol	J2930	636	SC Urgent Care	$ 190.95	$ 114.57	$ 83.66	$ 5.80	$ 175.67		
Service Item	Outpatient	methylPREDNISolone 1,000 mg Inj (Solu-Medrol	J2930	636	VD Visalia Dialysis	$ 190.95	$ 114.57	$ 83.66	$ 5.80	$ 175.67		
Service Item	Outpatient	methylPREDNISolone 125 mg/ 2 mL (Solu-Medrı	J2930	636	CD Chronic Disease	$ 53.65	$ 32.19	$ 34.16	$ 5.80	$ 49.36		
Service Item	Outpatient	methylPREDNISolone 125 mg/ 2 mL (Solu-Medrı	J2930	636	CD Infusion Clinic	$ 53.65	$ 32.19	$ 34.30	$ 5.80	$ 49.36		
Service Item	Inpatient and Outpatient	methylPREDNISolone 125 mg/ 2 mL (Solu-Medrı	J2930	636	MC Pharmacy	$ 54	$ 32	$ 34.30	$ 6	$ 49		
Service Item	Outpatient	methylPREDNISolone 125 mg/ 2 mL (Solu-Medrı	J2930	636	NC Urgent Care	$ 53.65	$ 32.19	$ 34.16	$ 5.80	$ 49.36		
Service Item	Outpatient	methylPREDNISolone 125 mg/ 2 mL (Solu-Medrı	J2930	636	SC Urgent Care	$ 53.65	$ 32.19	$ 34.30	$ 5.80	$ 49.36		
Service Item	Outpatient	methylPREDNISolone 125 mg/ 2 mL (Solu-Medrı	J2930	636	SFM Family Medicine	$ 53.65	$ 32.19	$ 34.16	$ 5.80	$ 49.36		
Service Item	Outpatient	methylPREDNISolone 2,000 mg Inj (Solu-Medrol	J2930	636	CD Infusion Clinic	$ 378.65	$ 227.19	$ 151.13	$ 5.80	$ 348.36		
Service Item	Inpatient and Outpatient	methylPREDNISolone 2,000 mg Inj (Solu-Medrol	J2930	636	MC Pharmacy	$ 379	$ 233	$ 151.13	$ 6	$ 348		
Service Item	Outpatient	methylPREDNISolone 2,000 mg Inj (Solu-Medrol	J2930	636	NC Urgent Care	$ 378.65	$ 232.89	$ 150.19	$ 5.80	$ 348.36		
Service Item	Outpatient	methylPREDNISolone 2,000 mg Inj (Solu-Medrol	J2930	636	SC Urgent Care	$ 378.65	$ 232.89	$ 151.13	$ 5.80	$ 348.36		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL (Solu-Medrol)	J2920	636	CD Infusion Clinic	$ 33.25	$ 19.95	$ 21.31	$ 2.21	$ 30.59		
Service Item	Inpatient and Outpatient	methylPREDNISolone 40 mg/mL (Solu-Medrol)	J2920	636	MC Pharmacy	$ 33	$ 20	$ 21.31	$ 2	$ 31		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL (Solu-Medrol)	J2920	636	NC Urgent Care	$ 33.25	$ 19.95	$ 21.22	$ 2.21	$ 30.59		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL (Solu-Medrol)	J2920	636	SC Urgent Care	$ 33.25	$ 19.95	$ 21.31	$ 2.21	$ 30.59		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL (Solu-Medrol)	J2920	636	SFM Family Medicine	$ 33.25	$ 19.95	$ 21.22	$ 2.21	$ 30.59		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL Susp-Inj (Depo-	J1030	636	CD Chronic Disease	$ 56.15	$ 39.24	$ 38.68	$ 6.60	$ 51.66		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL Susp-Inj (Depo-	J1030	636	CD Infusion Clinic	$ 56.15	$ 33.69	$ 42.69	$ 6.71	$ 51.66		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL Susp-Inj (Depo-	J1030	636	IC Radiology	$ 56.15	$ 39.24	$ 42.69	$ 6.71	$ 51.66		
Service Item	Inpatient and Outpatient	methylPREDNISolone 40 mg/mL Susp-Inj (Depo-	J1030	636	MC Diag Radiology	$ 56	$ 39	$ 42.69	$ 7	$ 52		
Service Item	Inpatient and Outpatient	methylPREDNISolone 40 mg/mL Susp-Inj (Depo-	J1030	636	MC Pharmacy	$ 56	$ 39	$ 42.69	$ 7	$ 52		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL Susp-Inj (Depo-	J1030	636	NC Diag Imaging	$ 56.15	$ 39.24	$ 42.69	$ 6.71	$ 51.66		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL Susp-Inj (Depo-	J1030	636	NC Urgent Care	$ 56.15	$ 39.24	$ 38.68	$ 6.60	$ 51.66		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL Susp-Inj (Depo-	J1030	636	SC Diag Imaging	$ 56.15	$ 39.24	$ 42.69	$ 6.71	$ 51.66		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL Susp-Inj (Depo-	J1030	636	SC Urgent Care	$ 56.15	$ 39.24	$ 38.82	$ 6.60	$ 51.66		
Service Item	Outpatient	methylPREDNISolone 40 mg/mL Susp-Inj (Depo-	J1030	636	SFM Family Medicine	$ 56.15	$ 39.24	$ 42.55	$ 6.71	$ 51.66		
Service Item	Outpatient	methylPREDNISolone 500 mg Inj (Solu-Medrol)	J2930	636	CD Infusion Clinic	$ 105.40	$ 63.24	$ 52.90	$ 5.80	$ 96.97		
Service Item	Inpatient and Outpatient	methylPREDNISolone 500 mg Inj (Solu-Medrol)	J2930	636	MC Pharmacy	$ 105	$ 63	$ 52.90	$ 6	$ 97		
Service Item	Outpatient	methylPREDNISolone 500 mg Inj (Solu-Medrol)	J2930	636	NC Urgent Care	$ 105.40	$ 63.24	$ 52.64	$ 5.80	$ 96.97		
Service Item	Outpatient	methylPREDNISolone 500 mg Inj (Solu-Medrol)	J2930	636	SC Urgent Care	$ 105.40	$ 63.24	$ 52.90	$ 5.80	$ 96.97		
Service Item	Outpatient	methylPREDNISolone 80 mg/mL Susp-Inj (Depo-	J1040	636	CD Chronic Disease	$ 47.30	$ 28.38	$ 32.65	$ 9.31	$ 43.52		
Service Item	Outpatient	methylPREDNISolone 80 mg/mL Susp-Inj (Depo-	J1040	636	CD Infusion Clinic	$ 47.30	$ 28.38	$ 32.77	$ 9.31	$ 43.52		
Service Item	Inpatient and Outpatient	methylPREDNISolone 80 mg/mL Susp-Inj (Depo-	J1040	636	MC Pharmacy	$ 47	$ 28	$ 32.77	$ 9	$ 44		

Service Item	Outpatient	methylPREDNISolone 80 mg/mL Susp-Inj (Depo-	J1040	636	NC Urgent Care	$ 47.30	$ 28.38	$ 32.65	$ 9.31	$ 43.52
Service Item	Outpatient	methylPREDNISolone 80 mg/mL Susp-Inj (Depo-	J1040	636	SC Urgent Care	$ 47.30	$ 28.38	$ 32.77	$ 9.31	$ 43.52
Service Item	Outpatient	metoclopramide 5 mg/mL Inj 2 mL	J2765	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.86	$ 1.86	$ 11.13
Service Item	Inpatient and Outpatient	metoclopramide 5 mg/mL Inj 2 mL	J2765	636	MC Pharmacy	$ 12	$ 7	$ 7.86	$ 2	$ 11
Service Item	Outpatient	metoclopramide 5 mg/mL Inj 2 mL	J2765	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.83	$ 1.86	$ 11.13
Service Item	Outpatient	metoclopramide 5 mg/mL Inj 2 mL	J2765	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.86	$ 1.86	$ 11.13
Service Item	Outpatient	metoclopramide 5 mg/mL Inj 2 mL	J2765	636	VD Visalia Dialysis	$ 12.10	$ 7.26	$ 7.86	$ 1.86	$ 11.13
Service Item	Outpatient	metoclopramide/NS IV (PED) 0.1 mg/mL	J2765	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.86	$ 1.86	$ 11.13
Service Item	Inpatient and Outpatient	metoclopramide/NS IV (PED) 0.1 mg/mL	J2765	636	MC Pharmacy	$ 12	$ 7	$ 7.86	$ 2	$ 11
Service Item	Outpatient	metoclopramide/NS IV (PED) 0.1 mg/mL	J2765	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.83	$ 1.86	$ 11.13
Service Item	Outpatient	metoclopramide/NS IV (PED) 0.1 mg/mL	J2765	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.86	$ 1.86	$ 11.13
Service Item	Outpatient	metoprolol tartrate 1 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	metoprolol tartrate 1 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	metoprolol tartrate 1 mg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	metoprolol tartrate 1 mg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	metoprolol tartrate 1 mg/mL Inj 5 mL	J3490	636	SQ Seq Cardiology	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	metroNIDAZOLE 1,000 mg/200 mL	J3490	636	CD Infusion Clinic	$ 27.65	$ 16.59	$ 24.57	$ 16.59	$ 27.98
Service Item	Inpatient and Outpatient	metroNIDAZOLE 1,000 mg/200 mL	J3490	636	MC Pharmacy	$ 28	$ 17	$ 24.57	$ 17	$ 28
Service Item	Outpatient	metroNIDAZOLE 1,000 mg/200 mL	J3490	636	NC Urgent Care	$ 27.65	$ 16.59	$ 24.50	$ 16.59	$ 27.98
Service Item	Outpatient	metroNIDAZOLE 1,000 mg/200 mL	J3490	636	SC Urgent Care	$ 27.65	$ 16.59	$ 24.57	$ 16.59	$ 27.98
Service Item	Outpatient	metroNIDAZOLE 250 mg/50 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	metroNIDAZOLE 250 mg/50 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	metroNIDAZOLE 250 mg/50 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	metroNIDAZOLE 250 mg/50 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	metroNIDAZOLE 500 mg/100 mL Premix	J3490	636	CD Infusion Clinic	$ 14.90	$ 8.94	$ 17.24	$ 8.94	$ 27.98
Service Item	Inpatient and Outpatient	metroNIDAZOLE 500 mg/100 mL Premix	J3490	636	MC Pharmacy	$ 15	$ 9	$ 17.24	$ 9	$ 28
Service Item	Outpatient	metroNIDAZOLE 500 mg/100 mL Premix	J3490	636	NC Urgent Care	$ 14.90	$ 8.94	$ 17.20	$ 8.94	$ 27.98
Service Item	Outpatient	metroNIDAZOLE 500 mg/100 mL Premix	J3490	636	SC Urgent Care	$ 14.90	$ 8.94	$ 17.24	$ 8.94	$ 27.98
Service Item	Outpatient	metroNIDAZOLE/NS IV (PED) 50 mg/10 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	metroNIDAZOLE/NS IV (PED) 50 mg/10 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	metroNIDAZOLE/NS IV (PED) 50 mg/10 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	metroNIDAZOLE/NS IV (PED) 50 mg/10 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	MG Breast Tomo 3D Digital Diag Bilateral	G0279	401	IC Breast Center	$ 479.71	$ 138.15	$ 345.46	$ 115.62	$ 428.48
Service Item	Outpatient	Mic To Ucla	87186	306	Reference Lab UCLA	$ 139.57	$ 38.52	$ 88.70	$ 34.54	$ 128.40
Service Item	Outpatient	micafungin 100 mg Inj	J2248	636	CD Infusion Clinic	$ 1,043.50	$ 626.10	$ 618.78	$ 1.84	$ 960.02
Service Item	Inpatient and Outpatient	micafungin 100 mg Inj	J2248	636	MC Pharmacy	$ 1,044	$ 628	$ 618.78	$ 2	$ 960
Service Item	Outpatient	micafungin 100 mg Inj	J2248	636	NC Urgent Care	$ 1,043.50	$ 628.43	$ 616.17	$ 1.84	$ 960.02
Service Item	Outpatient	micafungin 100 mg Inj	J2248	636	SC Urgent Care	$ 1,043.50	$ 628.43	$ 618.78	$ 1.84	$ 960.02
Service Item	Outpatient	micafungin PED 1 mg /mL inj	J2248	636	CD Infusion Clinic	$ 1,043.50	$ 626.10	$ 618.78	$ 1.84	$ 960.02
Service Item	Inpatient and Outpatient	micafungin PED 1 mg /mL inj	J2248	636	MC Pharmacy	$ 1,044	$ 628	$ 618.78	$ 2	$ 960
Service Item	Outpatient	micafungin PED 1 mg /mL inj	J2248	636	NC Urgent Care	$ 1,043.50	$ 628.43	$ 616.17	$ 1.84	$ 960.02
Service Item	Outpatient	micafungin PED 1 mg /mL inj	J2248	636	SC Urgent Care	$ 1,043.50	$ 628.43	$ 618.78	$ 1.84	$ 960.02
Service Item	Inpatient and Outpatient	Microalbumin Urine	82043	301	MC General Lab	$ 87	$ 26	$ 57.96	$ 23	$ 80
Service Package	Inpatient and Outpatient	Micromatrix Powder 1000Mg	Q4118	278	MC Central Supply	$ 5,611	Charges have been	$ 4,882.25	$ 5,000	$ 5,111
Service Package	Inpatient and Outpatient	Micromatrix Powder 100Mg	Q4118	278	MC Central Supply	$ 990	Charges have been	$ 1,750.78	$ 883	$ 902
Service Package	Inpatient and Outpatient	Micromatrix Powder 200Mg	Q4118	278	MC Central Supply	$ 1,981	Charges have been	$ 2,422.02	$ 1,765	$ 1,804
Service Package	Inpatient and Outpatient	Micromatrix Powder 20Mg	Q4118	278	MC Central Supply	$ 386	Charges have been	$ 1,341.35	$ 344	$ 352
Service Package	Inpatient and Outpatient	Micromatrix Powder 30Mg	Q4118	278	MC Central Supply	$ 635	Charges have been	$ 1,509.65	$ 565	$ 578
Service Package	Inpatient and Outpatient	Micromatrix Powder 500Mg	Q4118	278	MC Central Supply	$ 4,361	Charges have been	$ 4,035.53	$ 3,886	$ 3,973
Service Package	Inpatient and Outpatient	Micromatrix Powder 60Mg	Q4118	278	MC Central Supply	$ 900	Charges have been	$ 1,689.58	$ 802	$ 820
Service Item	Inpatient and Outpatient	Microsomal antibody each-ARUP	86376	305	MC Reference Lab	$ 15	$ 65	$ 30.47	$ 9	$ 143
Service Item	Outpatient	Midazolam 1 mg/mL Inj 2 mL	J2250	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.33	$ 0.24	$ 11.13
Service Item	Inpatient and Outpatient	Midazolam 1 mg/mL Inj 2 mL	J2250	636	MC Pharmacy	$ 12	$ 8	$ 7.33	$ 0	$ 11
Service Item	Outpatient	Midazolam 1 mg/mL Inj 2 mL	J2250	636	NC Urgent Care	$ 12.10	$ 8.24	$ 7.30	$ 0.24	$ 11.13
Service Item	Outpatient	Midazolam 1 mg/mL Inj 2 mL	J2250	636	SC Urgent Care	$ 12.10	$ 8.24	$ 7.33	$ 0.24	$ 11.13
Service Item	Outpatient	Midazolam 1Mg/Ml Syringe	J3490	636	CD Infusion Clinic	$ 39.30	$ 23.58	$ 31.26	$ 23.14	$ 36.16
Service Item	Inpatient and Outpatient	Midazolam 1Mg/Ml Syringe	J3490	636	MC Pharmacy	$ 39	$ 24	$ 31.26	$ 23	$ 36
Service Item	Outpatient	Midazolam 1Mg/Ml Syringe	J3490	636	NC Urgent Care	$ 39.30	$ 23.58	$ 31.16	$ 23.14	$ 36.16
Service Item	Outpatient	Midazolam 1Mg/Ml Syringe	J3490	636	SC Urgent Care	$ 39.30	$ 23.58	$ 31.26	$ 23.14	$ 36.16
Service Item	Outpatient	midazolam 5 mg/mL Inj 1 mL	J2250	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.33	$ 0.24	$ 11.13
Service Item	Inpatient and Outpatient	midazolam 5 mg/mL Inj 1 mL	J2250	636	MC Pharmacy	$ 12	$ 8	$ 7.33	$ 0	$ 11
Service Item	Outpatient	midazolam 5 mg/mL Inj 1 mL	J2250	636	NC Urgent Care	$ 12.10	$ 8.24	$ 7.30	$ 0.24	$ 11.13
Service Item	Outpatient	midazolam 5 mg/mL Inj 1 mL	J2250	636	SC Urgent Care	$ 12.10	$ 8.24	$ 7.33	$ 0.24	$ 11.13
Service Item	Outpatient	midazolam 5 mg/mL Inj 10 mL	J2250	636	CD Infusion Clinic	$ 46.80	$ 28.08	$ 19.80	$ 0.24	$ 43.06
Service Item	Inpatient and Outpatient	midazolam 5 mg/mL Inj 10 mL	J2250	636	MC Pharmacy	$ 47	$ 29	$ 19.80	$ 0	$ 43
Service Item	Outpatient	midazolam 5 mg/mL Inj 10 mL	J2250	636	NC Urgent Care	$ 46.80	$ 29.06	$ 19.68	$ 0.24	$ 43.06
Service Item	Outpatient	midazolam 5 mg/mL Inj 10 mL	J2250	636	SC Urgent Care	$ 46.80	$ 29.06	$ 19.80	$ 0.24	$ 43.06
Service Item	Inpatient and Outpatient	midazolam PF 0.5 mg/mL Inj (PEDS)	J2250	636	MC Pharmacy	$ 12	$ 8	$ 7.33	$ 0	$ 11
Service Item	Outpatient	midazolam PF 1 mg/mL Inj 2 mL	J2250	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.33	$ 0.24	$ 11.13
Service Item	Inpatient and Outpatient	midazolam PF 1 mg/mL Inj 2 mL	J2250	636	MC Pharmacy	$ 12	$ 7	$ 7.33	$ 0	$ 11
Service Item	Outpatient	midazolam PF 1 mg/mL Inj 2 mL	J2250	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.30	$ 0.24	$ 11.13
Service Item	Outpatient	midazolam PF 1 mg/mL Inj 2 mL	J2250	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.33	$ 0.24	$ 11.13
Service Item	Outpatient	midazolam PF 1 mg/mL Inj 2 mL	J2250	636	SFM Family Medicine	$ 12.10	$ 7.26	$ 7.30	$ 0.24	$ 11.13
Service Item	Outpatient	midazolam PF 1 mg/mL Inj 2 mL	J2250	636	VD Visalia Dialysis	$ 12.10	$ 7.26	$ 7.33	$ 0.24	$ 11.13
Service Item	Outpatient	midazolam PF 5 mg/mL Inj 1 mL	J2250	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.33	$ 0.24	$ 11.13
Service Item	Inpatient and Outpatient	midazolam PF 5 mg/mL Inj 1 mL	J2250	636	MC Pharmacy	$ 12	$ 7	$ 7.33	$ 0	$ 11
Service Item	Outpatient	midazolam PF 5 mg/mL Inj 1 mL	J2250	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.30	$ 0.24	$ 11.13
Service Item	Outpatient	midazolam PF 5 mg/mL Inj 1 mL	J2250	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.33	$ 0.24	$ 11.13
Service Item	Outpatient	midazolam PF 5 mg/mL Inj 1 mL	J2250	636	VD Visalia Dialysis	$ 12.10	$ 7.26	$ 7.33	$ 0.24	$ 11.13
Service Package	Inpatient and Outpatient	Midline Placement < 3 Years Old - Femoral or Ju	36400	361	MC PICC Procedures	$ 96	Charges have been	$ 87.60	$ 84	$ 85
Service Package	Inpatient and Outpatient	Midline Placement < 3 Years Old - Other Vein	36406	361	MC PICC Procedures	$ 96	Charges have been	$ 87.60	$ 84	$ 85
Service Item	Outpatient	Midline Placement < 3 Years Old - Other Vein	36406	361	NC Urgent Care	$ 95.61	$ 55.70	$ 68.11	$ 16.39	$ 85.40
Service Item	Outpatient	Midline Placement < 3 Years Old - Other Vein	36406	361	SC Urgent Care	$ 95.61	$ 55.70	$ 68.34	$ 16.39	$ 85.40
Service Package	Inpatient and Outpatient	Midline Placement < 3 Years Old - Scalp Vein	36405	361	MC PICC Procedures	$ 96	Charges have been	$ 87.60	$ 84	$ 85
Service Package	Inpatient and Outpatient	Midline Placement > 3 Years Old	36410	361	MC PICC Procedures	$ 96	Charges have been	$ 87.60	$ 84	$ 85
Service Item	Outpatient	milrinone 1 mg/mL Inj 10 mL	J2260	636	CD Infusion Clinic	$ 42.40	$ 25.44	$ 39.64	$ 3.20	$ 57.61
Service Item	Inpatient and Outpatient	milrinone 1 mg/mL Inj 10 mL	J2260	636	MC Pharmacy	$ 42	$ 25	$ 39.64	$ 3	$ 58
Service Item	Outpatient	milrinone 1 mg/mL Inj 10 mL	J2260	636	NC Urgent Care	$ 42.40	$ 25.44	$ 39.54	$ 3.20	$ 57.61
Service Item	Outpatient	milrinone 1 mg/mL Inj 10 mL	J2260	636	SC Urgent Care	$ 42.40	$ 25.44	$ 39.64	$ 3.20	$ 57.61
Service Item	Outpatient	milrinone 20 mg/Dextrose 5% Water 100 mL	J2260	636	CD Infusion Clinic	$ 84.85	$ 50.91	$ 54.90	$ 3.20	$ 78.06
Service Item	Inpatient and Outpatient	milrinone 20 mg/Dextrose 5% Water 100 mL	J2260	636	MC Pharmacy	$ 85	$ 51	$ 54.90	$ 3	$ 78
Service Item	Outpatient	milrinone 20 mg/Dextrose 5% Water 100 mL	J2260	636	NC Urgent Care	$ 84.85	$ 50.91	$ 54.69	$ 3.20	$ 78.06
Service Item	Outpatient	milrinone 20 mg/Dextrose 5% Water 100 mL	J2260	636	SC Urgent Care	$ 84.85	$ 50.91	$ 54.90	$ 3.20	$ 78.06
Service Package	Inpatient	Min Surg Per Add 1/2 Hr		360	MC Cardiac Surgery	$ 1,256.64	Charges have been	#N/A	$ 1,098.04	$ 1,122.44
Service Package	Inpatient and Outpatient	Min Surg Per Addtl 1/2 Hr		360	MC Lbr & Dlvy Rev	$ 1,599	Charges have been	#N/A	$ 1,398	$ 1,429
Service Package	Inpatient and Outpatient	Min Surg Per Addtl 1/2 Hr		360	MC Surgical Srvcs	$ 1,599	Charges have been	#N/A	$ 1,398	$ 1,429
Service Package	Inpatient and Outpatient	Min Surg Per Subsq 1/2 Hr		360	MC Lbr & Dlvy Rev	$ 1,599	Charges have been	#N/A	$ 1,398	$ 1,429
Service Package	Inpatient and Outpatient	Min Surg Per Subsq 1/2 Hr		360	MC Surgical Srvcs	$ 1,599	Charges have been	#N/A	$ 1,398	$ 1,429
Service Package	Inpatient	Min Surg Per Subsq 1/2 Hr Cardiac		360	MC Cardiac Surgery	$ 1,256.64	Charges have been	#N/A	$ 1,098.04	$ 1,122.44
Service Package	Inpatient and Outpatient	Minor Emerg Surg First Hr		360	MC Lbr & Dlvy Rev	$ 5,883	$ 5,500	#N/A	$ 2,704	$ 5,500
Service Package	Inpatient and Outpatient	Minor Emerg Surg First Hr		360	MC Surgical Srvcs	$ 5,883	Charges have been	#N/A	$ 5,140	$ 5,254
Service Package	Inpatient and Outpatient	Minor Surg Aft Hr 1 1/2 L		720	MC Lbr & Dlvy Rev	$ 3,547	Charges have been	#N/A	$ 3,099	$ 3,168
Service Package	Inpatient and Outpatient	Minor Surg Aft Hr 1 Hr-Ob		720	MC Lbr & Dlvy Rev	$ 3,208	Charges have been	#N/A	$ 2,803	$ 2,865
Service Package	Inpatient and Outpatient	Minor Surgery Per 1 Hr		360	MC Lbr & Dlvy Rev	$ 4,570	Charges have been	#N/A	$ 3,993	$ 4,082
Service Package	Inpatient and Outpatient	Minor Surgery Per 1 Hr		360	MC Surgical Srvcs	$ 4,570	Charges have been	#N/A	$ 3,993	$ 4,082
Service Package	Inpatient	Minor Surgery Per 1St Hr		360	MC Cardiac Surgery	$ 5,483.58	Charges have been	#N/A	$ 4,791.47	$ 4,897.95
Service Item	Inpatient and Outpatient	Mirena Iud	J7298	636	MC Pharmacy	$ 3,418	$ 2,051	$ 2,418.80	$ 927	$ 3,144
Service Item	Outpatient	Mirena Iud	J7298	636	SFM Family Medicine	$ 3,417.75	$ 2,050.65	$ 2,410.26	$ 927.15	$ 3,144.33
Service Item	Inpatient and Outpatient	Miscellaneous Testing	84999	301	MC Reference Lab	$ 100	$ 60	$ 90.80	$ 60	$ 155
Service Item	Outpatient	Mist Ultrasound Therapy	97610	761	OP Wound Center	$ 226.24	$ 135.74	$ 185.04	$ 135.74	$ 208.14
Service Item	Inpatient and Outpatient	Mitochondrial Disorders (mtDNA) Seq.-ARUP	81460	300	MC Reference Lab	$ 1,800	$ 9,799	$ 2,380.93	$ 1,080	$ 10,248
Service Item	Inpatient and Outpatient	Mitochondrial M2 IgG Antibody-ARUP	83516	300	MC Reference Lab	$ 11	$ 104	$ 43.54	$ 9	$ 113
Service Item	Outpatient	mitoMYcin 0.2 mg Ophth Kit	J7315	636	CD Infusion Clinic	$ 1,669.35	$ 1,001.61	$ 1,126.11	$ 144.13	$ 1,535.80
Service Item	Inpatient and Outpatient	mitoMYcin 0.2 mg Ophth Kit	J7315	636	MC Pharmacy	$ 1,669	$ 1,143	$ 1,126.11	$ 144	$ 1,536
Service Item	Outpatient	mitoMYcin 0.2 mg Ophth Kit	J7315	636	NC Urgent Care	$ 1,669.35	$ 1,143.29	$ 1,121.94	$ 144.13	$ 1,535.80
Service Item	Outpatient	mitoMYcin 0.2 mg Ophth Kit	J7315	636	SC Urgent Care	$ 1,669.35	$ 1,143.29	$ 1,126.11	$ 144.13	$ 1,535.80
Service Item	Outpatient	mitoMYcin 20 mg Inj	J9280	636	CD Infusion Clinic	$ 2,998.75	$ 1,799.25	$ 1,340.92	$ 49.88	$ 2,758.85
Service Item	Inpatient and Outpatient	mitoMYcin 20 mg Inj	J9280	636	MC Pharmacy	$ 2,999	$ 1,937	$ 1,340.92	$ 50	$ 2,759

Service Item	Outpatient	mitoMYcin 20 mg Inj	J9280	636	NC Urgent Care	$ 2,998.75	$ 1,937.48	$ 1,333.42	$ 49.88	$ 2,758.85
Service Item	Outpatient	mitoMYcin 20 mg Inj	J9280	636	SC Urgent Care	$ 2,998.75	$ 1,937.48	$ 1,340.92	$ 49.88	$ 2,758.85
Service Item	Outpatient	mitoMYcin 40 mg/20 mL SWFI	J9280	636	CD Infusion Clinic	$ 5,997.50	$ 3,598.50	$ 2,418.97	$ 49.88	$ 5,517.70
Service Item	Inpatient and Outpatient	mitoMYcin 40 mg/20 mL SWFI	J9280	636	MC Pharmacy	$ 5,998	$ 3,737	$ 2,418.97	$ 50	$ 5,518
Service Item	Outpatient	mitoMYcin 40 mg/20 mL SWFI	J9280	636	NC Urgent Care	$ 5,997.50	$ 3,736.73	$ 2,403.98	$ 49.88	$ 5,517.70
Service Item	Outpatient	mitoMYcin 40 mg/20 mL SWFI	J9280	636	SC Urgent Care	$ 5,997.50	$ 3,736.73	$ 2,418.97	$ 49.88	$ 5,517.70
Service Item	Outpatient	mitoMYcin 5 mg Inj	J9280	636	CD Infusion Clinic	$ 1,470.60	$ 882.36	$ 791.55	$ 49.88	$ 1,352.95
Service Item	Inpatient and Outpatient	mitoMYcin 5 mg Inj	J9280	636	MC Pharmacy	$ 1,471	$ 1,021	$ 791.55	$ 50	$ 1,353
Service Item	Outpatient	mitoMYcin 5 mg Inj	J9280	636	NC Urgent Care	$ 1,470.60	$ 1,020.59	$ 787.87	$ 49.88	$ 1,352.95
Service Item	Outpatient	mitoMYcin 5 mg Inj	J9280	636	SC Urgent Care	$ 1,470.60	$ 1,020.59	$ 791.55	$ 49.88	$ 1,352.95
Service Item	Outpatient	mitoXANTRONE 2 mg/mL Inj 10 mL	J9293	636	CD Infusion Clinic	$ 2,274.75	$ 1,364.85	$ 1,163.91	$ 28.69	$ 2,092.77
Service Item	Inpatient and Outpatient	mitoXANTRONE 2 mg/mL Inj 10 mL	J9293	636	MC Pharmacy	$ 2,275	$ 1,635	$ 1,163.91	$ 29	$ 2,093
Service Item	Outpatient	mitoXANTRONE 2 mg/mL Inj 10 mL	J9293	636	NC Urgent Care	$ 2,274.75	$ 1,635.08	$ 1,158.22	$ 28.69	$ 2,092.77
Service Item	Outpatient	mitoXANTRONE 2 mg/mL Inj 10 mL	J9293	636	SC Urgent Care	$ 2,274.75	$ 1,635.08	$ 1,163.91	$ 28.69	$ 2,092.77
Service Item	Inpatient and Outpatient	Mixing Studies	85732	305	MC General Lab	$ 10	$ 29	$ 24.98	$ 9	$ 64
Service Item	Inpatient and Outpatient	MMA Serum/Plasma, Metabolic Disorder-ARUP	83921	300	MC Reference Lab	$ 18	$ 73	$ 36.12	$ 11	$ 169
Service Item	Inpatient and Outpatient	MMA Serum/Plasma, Vitamin B12 Status-ARUP	83921	300	MC Reference Lab	$ 15	$ 73	$ 34.09	$ 9	$ 169
Service Package	Inpatient and Outpatient	Mod Sed Ea Add 15 Min	99153	450	MC Emergency	$ 280	Charges have been	$ 256.79	$ 245	$ 250
Service Package	Inpatient and Outpatient	Modality - Infrared	97026	420	MC PT Services	$ 92	Charges have been	$ 85.10	$ 82	$ 84
Service Item	Inpatient	Modality - Infrared	97026	420	RH PT Services	$ 91.51	Charges have been	$ 85.10	$ 8.99	$ 84.19
Service Item	Inpatient	Modality - Infrared	97026	420	SA PT Services	$ 91.51	Charges have been	$ 85.10	$ 82.36	$ 84.19
Service Item	Inpatient	Modality - Infrared	97026	420	SN TC Ortho PT	$ 91.51	Charges have been	$ 85.10	$ 82.36	$ 84.19
Service Item	Inpatient	Modality - Infrared	97026	420	SN TS PT Services	$ 91.51	Charges have been	$ 85.10	$ 82.36	$ 84.19
Service Item	Inpatient	Modality - Infrared - PTA/OTA Services	97026	420	RH PT Services	$ 88.84	Charges have been	$ 83.29	$ 8.99	$ 81.73
Service Item	Inpatient	Modality - Infrared - PTA/OTA Services	97026	420	SA PT Services	$ 88.84	Charges have been	$ 83.29	$ 79.96	$ 81.73
Service Item	Inpatient	Modality - Infrared - PTA/OTA Services	97026	420	SN TC Ortho PT	$ 88.84	Charges have been	$ 83.29	$ 79.96	$ 81.73
Service Item	Inpatient	Modality - Infrared - PTA/OTA Services	97026	420	SN TS PT Services	$ 88.84	Charges have been	$ 83.29	$ 79.96	$ 81.73
Service Item	Inpatient and Outpatient	Mononuclear cell antigen-ARUP	86356	302	MC Reference Lab	$ 30	$ 119	$ 57.83	$ 18	$ 263
Service Item	Inpatient and Outpatient	Monotest Heterophile Ab	86308	302	MC General Lab	$ 103	$ 23	$ 63.02	$ 21	$ 93
Service Package	Inpatient and Outpatient	Morcellator	C1782	272	MC Central Supply	$ 2,822	Charges have been	$ 2,611.03	$ 2,515	$ 2,570
Service Item	Outpatient	morphine 50 mg/mL Inj 20 mL	J2270	636	CD Infusion Clinic	$ 63.75	$ 38.25	$ 26.98	$ 0.76	$ 58.65
Service Item	Inpatient and Outpatient	morphine 50 mg/mL Inj 20 mL	J2270	636	MC Pharmacy	$ 64	$ 38	$ 26.98	$ 1	$ 59
Service Item	Outpatient	morphine 50 mg/mL Inj 20 mL	J2270	636	NC Urgent Care	$ 63.75	$ 38.25	$ 26.82	$ 0.76	$ 58.65
Service Item	Outpatient	morphine 50 mg/mL Inj 20 mL	J2270	636	SC Urgent Care	$ 63.75	$ 38.25	$ 26.98	$ 0.76	$ 58.65
Service Item	Outpatient	morphine PCA 30 mg/Sodium Chloride 0.9% 30	J3490	636	CD Infusion Clinic	$ 31.10	$ 18.66	$ 26.55	$ 18.66	$ 28.61
Service Item	Inpatient and Outpatient	morphine PCA 30 mg/Sodium Chloride 0.9% 30	J3490	636	MC Pharmacy	$ 31	$ 19	$ 26.55	$ 19	$ 29
Service Item	Outpatient	morphine PCA 30 mg/Sodium Chloride 0.9% 30	J3490	636	NC Urgent Care	$ 31.10	$ 18.66	$ 26.47	$ 18.66	$ 28.61
Service Item	Outpatient	morphine PCA 30 mg/Sodium Chloride 0.9% 30	J3490	636	SC Urgent Care	$ 31.10	$ 18.66	$ 26.55	$ 18.66	$ 28.61
Service Item	Inpatient and Outpatient	morphine PF (PEDS) 0.1mg/ml inj	J2274	636	MC Pharmacy	$ 12	$ 21	$ 28.70	$ 11	$ 54
Service Item	Outpatient	morphine PF 1 mg/mL Inj 10 mL	J2274	636	CD Infusion Clinic	$ 79.45	$ 47.67	$ 52.92	$ 13.73	$ 73.09
Service Item	Inpatient and Outpatient	morphine PF 1 mg/mL Inj 10 mL	J2274	636	MC Pharmacy	$ 79	$ 48	$ 52.92	$ 14	$ 73
Service Item	Outpatient	morphine PF 1 mg/mL Inj 10 mL	J2274	636	NC Urgent Care	$ 79.45	$ 47.67	$ 52.72	$ 13.73	$ 73.09
Service Item	Outpatient	morphine PF 1 mg/mL Inj 10 mL	J2274	636	SC Urgent Care	$ 79.45	$ 47.67	$ 52.92	$ 13.73	$ 73.09
Service Item	Outpatient	morphine PF 10 mg/mL inj 1 mL	J2270	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.41	$ 0.76	$ 11.13
Service Item	Inpatient and Outpatient	morphine PF 10 mg/mL inj 1 mL	J2270	636	MC Pharmacy	$ 12	$ 7	$ 8.41	$ 1	$ 11
Service Item	Outpatient	morphine PF 10 mg/mL inj 1 mL	J2270	636	NC Urgent Care	$ 12.10	$ 7.26	$ 8.38	$ 0.76	$ 11.13
Service Item	Outpatient	morphine PF 10 mg/mL inj 1 mL	J2270	636	SC Urgent Care	$ 12.10	$ 7.26	$ 8.41	$ 0.76	$ 11.13
Service Item	Outpatient	morphine PF 10 mg/mL Inj 20 mL	J2274	636	CD Infusion Clinic	$ 923.55	$ 554.13	$ 356.37	$ 13.73	$ 849.67
Service Item	Inpatient and Outpatient	morphine PF 10 mg/mL Inj 20 mL	J2274	636	MC Pharmacy	$ 924	$ 554	$ 356.37	$ 14	$ 850
Service Item	Outpatient	morphine PF 10 mg/mL Inj 20 mL	J2274	636	NC Urgent Care	$ 923.55	$ 554.13	$ 354.06	$ 13.73	$ 849.67
Service Item	Outpatient	morphine PF 10 mg/mL Inj 20 mL	J2274	636	SC Urgent Care	$ 923.55	$ 554.13	$ 356.37	$ 13.73	$ 849.67
Service Item	Outpatient	morphine PF 25 mg/mL Inj 10 mL	J2270	636	CD Infusion Clinic	$ 47.10	$ 28.26	$ 20.99	$ 0.76	$ 43.33
Service Item	Inpatient and Outpatient	morphine PF 25 mg/mL Inj 10 mL	J2270	636	MC Pharmacy	$ 47	$ 29	$ 20.99	$ 1	$ 43
Service Item	Outpatient	morphine PF 25 mg/mL Inj 10 mL	J2270	636	NC Urgent Care	$ 47.10	$ 29.01	$ 20.87	$ 0.76	$ 43.33
Service Item	Outpatient	morphine PF 25 mg/mL Inj 10 mL	J2270	636	SC Urgent Care	$ 47.10	$ 29.01	$ 20.99	$ 0.76	$ 43.33
Service Item	Inpatient and Outpatient	Morphometric Analysis	88358	310	MC Pathology	$ 166	$ 146	$ 170.29	$ 23	$ 381
Service Item	Outpatient	Mra Abdomen W/O & With	C8902	610	IC MRI	$ 3,022.48	$ 1,760.67	$ 2,570.16	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mra Abdomen W/O & With	C8902	610	MC MRI	$ 3,022	$ 1,761	$ 2,570.16	$ 442	$ 6,522
Service Item	Outpatient	Mra Abdomen W/O Cont	C8901	610	IC MRI	$ 1,663.69	$ 969.14	$ 1,548.99	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mra Abdomen W/O Cont	C8901	610	MC MRI	$ 1,664	$ 969	$ 1,548.99	$ 270	$ 3,320
Service Item	Outpatient	Mra Abdomen With Cont	C8900	610	IC MRI	$ 1,930.57	$ 1,124.60	$ 1,749.55	$ 442.45	$ 3,612.11
Service Item	Inpatient and Outpatient	Mra Abdomen With Cont	C8900	610	MC MRI	$ 1,931	$ 1,125	$ 1,749.55	$ 442	$ 3,612
Service Item	Outpatient	Mra Chest W/O And With	C8911	610	IC MRI	$ 3,865.80	$ 2,251.92	$ 2,994.59	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mra Chest W/O And With	C8911	610	MC MRI	$ 3,866	$ 2,252	$ 2,994.59	$ 442	$ 6,522
Service Item	Outpatient	Mra Chest W/O Contrast	C8910	610	IC MRI	$ 2,349.09	$ 1,368.40	$ 1,891.47	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mra Chest W/O Contrast	C8910	610	MC MRI	$ 2,349	$ 1,368	$ 1,891.47	$ 270	$ 3,320
Service Item	Outpatient	Mra Chest With Contrast	C8909	610	IC MRI	$ 2,777.17	$ 1,617.77	$ 2,175.53	$ 442.45	$ 3,612.11
Service Item	Inpatient and Outpatient	Mra Chest With Contrast	C8909	610	MC MRI	$ 2,777	$ 1,618	$ 2,175.53	$ 442	$ 3,612
Service Item	Outpatient	Mra Head W/O	70544	610	IC MRI	$ 3,054.18	$ 1,451.34	$ 2,121.92	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mra Head W/O	70544	610	MC MRI	$ 3,054	$ 1,451	$ 2,121.92	$ 270	$ 3,320
Service Item	Outpatient	Mra Head W/O & With	70546	610	IC MRI	$ 4,081.06	$ 2,853.81	$ 3,158.49	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mra Head W/O & With	70546	610	MC MRI	$ 4,081	$ 2,854	$ 3,158.49	$ 442	$ 6,522
Service Item	Outpatient	Mra Head With	70545	610	IC MRI	$ 3,457.39	$ 1,451.34	$ 2,342.00	$ 442.45	$ 3,612.11
Service Item	Inpatient and Outpatient	Mra Head With	70545	610	MC MRI	$ 3,457	$ 1,451	$ 2,342.00	$ 442	$ 3,612
Service Item	Outpatient	Mra Lower Ext W/O And Wit	C8914	616	IC MRI	$ 2,841.09	$ 1,655.00	$ 2,478.27	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mra Lower Ext W/O And Wit	C8914	616	MC MRI	$ 2,841	$ 1,655	$ 2,478.27	$ 442	$ 6,522
Service Item	Outpatient	Mra Lower Ext W/O Cont	C8913	610	IC MRI	$ 2,639.21	$ 1,537.40	$ 2,026.30	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mra Lower Ext W/O Cont	C8913	610	MC MRI	$ 2,639	$ 1,537	$ 2,026.30	$ 270	$ 3,320
Service Item	Outpatient	Mra Lower Ext With Cont	C8912	610	IC MRI	$ 2,697.13	$ 1,571.14	$ 2,405.83	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mra Lower Ext With Cont	C8912	610	MC MRI	$ 2,697	$ 1,571	$ 2,405.83	$ 442	$ 6,522
Service Item	Outpatient	Mra Neck W/O	70547	610	IC MRI	$ 2,916.49	$ 1,451.34	$ 2,062.62	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mra Neck W/O	70547	610	MC MRI	$ 2,916	$ 1,451	$ 2,062.62	$ 270	$ 3,320
Service Item	Outpatient	Mra Neck W/O & With	70549	610	IC MRI	$ 4,081.06	$ 2,853.81	$ 3,158.49	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mra Neck W/O & With	70549	610	MC MRI	$ 4,081	$ 2,854	$ 3,158.49	$ 442	$ 6,522
Service Item	Outpatient	Mra Neck With Contrast	70548	610	IC MRI	$ 3,512.58	$ 1,451.34	$ 2,365.76	$ 442.45	$ 3,612.11
Service Item	Inpatient and Outpatient	Mra Neck With Contrast	70548	610	MC MRI	$ 3,513	$ 1,451	$ 2,365.76	$ 442	$ 3,612
Service Item	Outpatient	Mra Pelvis W/Contrast	C8918	618	IC MRI	$ 1,685.80	$ 982.02	$ 1,606.56	$ 442.45	$ 3,612.11
Service Item	Inpatient and Outpatient	Mra Pelvis W/Contrast	C8918	618	MC MRI	$ 1,686	$ 982	$ 1,606.56	$ 442	$ 3,612
Service Item	Outpatient	Mra Pelvis W/O & With Con	C8920	618	IC MRI	$ 2,618.45	$ 1,525.31	$ 2,366.86	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mra Pelvis W/O & With Con	C8920	618	MC MRI	$ 2,618	$ 1,525	$ 2,366.86	$ 442	$ 6,522
Service Item	Outpatient	Mra Pelvis W/O Contrast	C8919	618	IC MRI	$ 1,536.92	$ 895.30	$ 1,499.74	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mra Pelvis W/O Contrast	C8919	618	MC MRI	$ 1,537	$ 895	$ 1,499.74	$ 270	$ 3,320
Service Item	Outpatient	Mri Abdomen W/O	74181	610	IC MRI	$ 3,755.16	$ 1,411.98	$ 2,419.09	$ 270.02	$ 3,354.13
Service Item	Inpatient and Outpatient	Mri Abdomen W/O	74181	610	MC MRI	$ 3,755	$ 1,412	$ 2,419.09	$ 270	$ 3,354
Service Item	Outpatient	Mri Abdomen W/O & With	74183	610	IC MRI	$ 5,695.29	$ 3,190.32	$ 3,915.60	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Abdomen W/O & With	74183	610	MC MRI	$ 5,695	$ 3,190	$ 3,915.60	$ 442	$ 6,522
Service Item	Outpatient	Mri Abdomen With	74182	610	IC MRI	$ 3,922.61	$ 1,724.25	$ 2,883.48	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Abdomen With	74182	610	MC MRI	$ 3,923	$ 1,724	$ 2,883.48	$ 442	$ 6,522
Service Item	Outpatient	Mri Both Breasts W/O Cont	77047	610	IC MRI	$ 5,189.36	$ 3,022.93	$ 3,065.36	$ 270.02	$ 4,635.15
Service Item	Inpatient and Outpatient	Mri Both Breasts W/O Cont	77047	610	MC MRI	$ 5,189	$ 3,023	$ 3,065.36	$ 270	$ 4,635
Service Item	Outpatient	Mri Both Breasts W/Wo Con	C8908	610	IC MRI	$ 5,189.36	$ 3,022.93	$ 3,680.28	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Both Breasts W/Wo Con	C8908	610	MC MRI	$ 5,189	$ 3,023	$ 3,680.28	$ 442	$ 6,522
Service Item	Outpatient	Mri Brain W & W/O	70553	611	IC MRI	$ 6,087.86	$ 2,779.26	$ 4,051.05	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Brain W & W/O	70553	611	MC MRI	$ 6,088	$ 2,779	$ 4,051.05	$ 442	$ 6,522
Service Item	Outpatient	Mri Brain W/Contrast	70552	611	IC MRI	$ 4,173.67	$ 1,690.47	$ 2,699.04	$ 442.45	$ 3,727.94
Service Item	Inpatient and Outpatient	Mri Brain W/Contrast	70552	611	MC MRI	$ 4,174	$ 1,690	$ 2,699.04	$ 442	$ 3,728
Service Item	Outpatient	MRI Breast w/ Contrast Bilateral	C8906	610	IC MRI	$ 5,189.36	$ 3,022.93	$ 3,764.97	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	MRI Breast w/ Contrast Bilateral	C8906	610	MC MRI	$ 5,189	$ 3,023	$ 3,764.97	$ 442	$ 6,522
Service Item	Outpatient	Mri Breast W/O Contrast	77046	610	IC MRI	$ 4,189.24	$ 2,440.33	$ 2,504.34	$ 270.02	$ 3,741.84
Service Item	Inpatient and Outpatient	Mri Breast W/O Contrast	77046	610	MC MRI	$ 4,189	$ 2,440	$ 2,504.34	$ 270	$ 3,742
Service Item	Outpatient	Mri Breast W/Wo Contrast	C8905	610	IC MRI	$ 4,189.24	$ 2,440.33	$ 3,261.74	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Breast W/Wo Contrast	C8905	610	MC MRI	$ 4,189	$ 2,440	$ 3,261.74	$ 442	$ 6,522
Service Item	Outpatient	Mri Cerv Spine W/Wo Contr	72156	612	IC MRI	$ 5,876.41	$ 2,778.18	$ 3,959.89	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Cerv Spine W/Wo Contr	72156	612	MC MRI	$ 5,876	$ 2,778	$ 3,959.89	$ 442	$ 6,522
Service Item	Outpatient	Mri Cerv Spine Wo Contras	72141	612	IC MRI	$ 3,755.16	$ 1,411.98	$ 2,420.26	$ 270.02	$ 3,354.13
Service Item	Inpatient and Outpatient	Mri Cerv Spine Wo Contras	72141	612	MC MRI	$ 3,755	$ 1,412	$ 2,420.26	$ 270	$ 3,354
Service Item	Outpatient	Mri Cervical Spine W Cont	72142	612	IC MRI	$ 4,122.04	$ 1,694.46	$ 2,968.19	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Cervical Spine W Cont	72142	612	MC MRI	$ 4,122	$ 1,694	$ 2,968.19	$ 442	$ 6,522

Service Item	Outpatient	Mri Chest W/O	71550	610	IC MRI	$ 2,817.33	$ 1,411.98	$ 2,015.22	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mri Chest W/O	71550	610	MC MRI	$ 2,817	$ 1,412	$ 2,015.22	$ 270	$ 3,320
Service Item	Outpatient	Mri Chest W/O & With	71552	610	IC MRI	$ 5,188.26	$ 3,170.88	$ 3,693.50	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Chest W/O & With	71552	610	MC MRI	$ 5,188	$ 3,171	$ 3,693.50	$ 442	$ 6,522
Service Item	Outpatient	Mri Chest With	71551	610	IC MRI	$ 3,026.85	$ 1,724.25	$ 2,854.67	$ 788.87	$ 9,745.33
Service Item	Inpatient and Outpatient	Mri Chest With	71551	610	MC MRI	$ 3,027	$ 1,724	$ 2,854.67	$ 789	$ 9,745
Service Item	Outpatient	Mri Lo Ext Any Jt W/O	73721	610	IC MRI	$ 3,649.17	$ 1,406.13	$ 2,372.42	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mri Lo Ext Any Jt W/O	73721	610	MC MRI	$ 3,649	$ 1,406	$ 2,372.42	$ 270	$ 3,320
Service Item	Outpatient	Mri Lo Ext Any Jt W/O & W	73723	610	IC MRI	$ 5,695.29	$ 3,184.50	$ 3,914.41	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Lo Ext Any Jt W/O & W	73723	610	MC MRI	$ 5,695	$ 3,185	$ 3,914.41	$ 442	$ 6,522
Service Item	Outpatient	Mri Lo Ext Any Jt With	73722	610	IC MRI	$ 3,860.06	$ 1,720.32	$ 3,212.71	$ 788.87	$ 9,745.33
Service Item	Inpatient and Outpatient	Mri Lo Ext Any Jt With	73722	610	MC MRI	$ 3,860	$ 1,720	$ 3,212.71	$ 789	$ 9,745
Service Item	Outpatient	Mri Lo Ext Oth Than Jt W	73719	610	IC MRI	$ 3,692.32	$ 1,720.32	$ 2,492.51	$ 442.45	$ 3,612.11
Service Item	Inpatient and Outpatient	Mri Lo Ext Oth Than Jt W	73719	610	MC MRI	$ 3,692	$ 1,720	$ 2,492.51	$ 442	$ 3,612
Service Item	Outpatient	Mri Lo Ext Oth Than Jt W&W/O	73720	610	IC MRI	$ 5,715.78	$ 1,411.26	$ 3,764.23	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Lo Ext Oth Than Jt W&W/O	73720	610	MC MRI	$ 5,716	$ 1,411	$ 3,764.23	$ 442	$ 6,522
Service Item	Outpatient	Mri Lo Ext Oth Than Jt W/Out	73718	610	IC MRI	$ 3,469.69	$ 1,434.84	$ 2,297.71	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mri Lo Ext Oth Than Jt W/Out	73718	610	MC MRI	$ 3,470	$ 1,435	$ 2,297.71	$ 270	$ 3,320
Service Item	Outpatient	Mri Lumb Spine W&Wo Contr	72158	612	IC MRI	$ 6,065.19	$ 2,779.26	$ 4,041.28	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Lumb Spine W&Wo Contr	72158	612	MC MRI	$ 6,065	$ 2,779	$ 4,041.28	$ 442	$ 6,522
Service Item	Outpatient	Mri Lumbar Spine W Contra	72149	612	IC MRI	$ 4,121.76	$ 1,693.38	$ 2,967.98	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Lumbar Spine W Contra	72149	612	MC MRI	$ 4,122	$ 1,693	$ 2,967.98	$ 442	$ 6,522
Service Item	Outpatient	Mri Lumbar Spine Wo Cont	72148	612	IC MRI	$ 3,920.71	$ 1,564.65	$ 2,520.11	$ 270.02	$ 3,501.99
Service Item	Inpatient and Outpatient	Mri Lumbar Spine Wo Cont	72148	612	MC MRI	$ 3,921	$ 1,565	$ 2,520.11	$ 270	$ 3,502
Service Item	Outpatient	Mri Orbit Face Neck W/O	70540	610	IC MRI	$ 3,378.99	$ 1,411.26	$ 2,256.53	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mri Orbit Face Neck W/O	70540	610	MC MRI	$ 3,379	$ 1,411	$ 2,256.53	$ 270	$ 3,320
Service Item	Outpatient	Mri Orbit Face Neck W/O &	70543	610	IC MRI	$ 4,872.20	$ 3,184.50	$ 3,559.95	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Orbit Face Neck W/O &	70543	610	MC MRI	$ 4,872	$ 3,185	$ 3,559.95	$ 442	$ 6,522
Service Item	Outpatient	Mri Orbit Face Neck With	70542	610	IC MRI	$ 3,806.52	$ 1,720.32	$ 2,832.72	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Orbit Face Neck With	70542	610	MC MRI	$ 3,807	$ 1,720	$ 2,832.72	$ 442	$ 6,522
Service Item	Outpatient	Mri Pelvis W/O	72195	610	IC MRI	$ 3,922.35	$ 1,439.70	$ 2,493.58	$ 270.02	$ 3,503.46
Service Item	Inpatient and Outpatient	Mri Pelvis W/O	72195	610	MC MRI	$ 3,922	$ 1,440	$ 2,493.58	$ 270	$ 3,503
Service Item	Outpatient	Mri Pelvis W/O & With	72197	610	IC MRI	$ 5,068.34	$ 3,190.32	$ 3,645.61	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Pelvis W/O & With	72197	610	MC MRI	$ 5,068	$ 3,190	$ 3,645.61	$ 442	$ 6,522
Service Item	Outpatient	Mri Pelvis With	72196	610	IC MRI	$ 4,094.72	$ 1,411.98	$ 2,929.60	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Pelvis With	72196	610	MC MRI	$ 4,095	$ 1,412	$ 2,929.60	$ 442	$ 6,522
Service Item	Outpatient	Mri Thor Spine W&Wo Contr	72157	612	IC MRI	$ 5,876.41	$ 2,778.18	$ 3,959.89	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Thor Spine W&Wo Contr	72157	612	MC MRI	$ 5,876	$ 2,778	$ 3,959.89	$ 442	$ 6,522
Service Item	Outpatient	Mri Thoracic Spine W Cont	72147	612	IC MRI	$ 4,121.76	$ 1,694.46	$ 2,968.07	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Thoracic Spine W Cont	72147	612	MC MRI	$ 4,122	$ 1,694	$ 2,968.07	$ 442	$ 6,522
Service Item	Outpatient	Mri Thoracic Spine Wo Con	72146	612	IC MRI	$ 3,803.24	$ 1,566.09	$ 2,469.66	$ 270.02	$ 3,397.07
Service Item	Inpatient and Outpatient	Mri Thoracic Spine Wo Con	72146	612	MC MRI	$ 3,803	$ 1,566	$ 2,469.66	$ 270	$ 3,397
Service Item	Outpatient	Mri Tmj (S)	70336	610	IC MRI	$ 3,325.00	$ 1,252.02	$ 2,156.12	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mri Tmj (S)	70336	610	MC MRI	$ 3,325	$ 1,252	$ 2,156.12	$ 270	$ 3,320
Service Item	Outpatient	Mri Up Ext Oth Than Jt W	73219	610	IC MRI	$ 3,670.74	$ 1,729.32	$ 2,775.05	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Up Ext Oth Than Jt W	73219	610	MC MRI	$ 3,671	$ 1,729	$ 2,775.05	$ 442	$ 6,522
Service Item	Outpatient	Mri Up Ext Oth Than Jt W&W/O	73220	610	IC MRI	$ 4,872.20	$ 1,411.26	$ 3,400.95	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Up Ext Oth Than Jt W&W/O	73220	610	MC MRI	$ 4,872	$ 1,411	$ 3,400.95	$ 442	$ 6,522
Service Item	Outpatient	Mri Up Ext Oth Than Jt W/Out	73218	610	IC MRI	$ 3,660.09	$ 1,434.84	$ 2,379.70	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mri Up Ext Oth Than Jt W/Out	73218	610	MC MRI	$ 3,660	$ 1,435	$ 2,379.70	$ 270	$ 3,320
Service Item	Outpatient	Mri Upper Ext Any Jt W&W/O	73223	610	IC MRI	$ 4,652.02	$ 3,184.50	$ 3,465.13	$ 442.45	$ 6,522.36
Service Item	Inpatient and Outpatient	Mri Upper Ext Any Jt W&W/O	73223	610	MC MRI	$ 4,652	$ 3,185	$ 3,465.13	$ 442	$ 6,522
Service Item	Outpatient	Mri Upper Ext Any Jt W/O	73221	610	IC MRI	$ 3,660.09	$ 1,406.13	$ 2,377.13	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Mri Upper Ext Any Jt W/O	73221	610	MC MRI	$ 3,660	$ 1,406	$ 2,377.13	$ 270	$ 3,320
Service Item	Outpatient	Mri Upper Ext Any Jt With	73222	610	IC MRI	$ 3,670.74	$ 1,720.32	$ 3,131.18	$ 788.87	$ 9,745.33
Service Item	Inpatient and Outpatient	Mri Upper Ext Any Jt With	73222	610	MC MRI	$ 3,671	$ 1,720	$ 3,131.18	$ 789	$ 9,745
Service Item	Inpatient and Outpatient	Mrsa Dna Amp Probe	87641	306	MC General Lab	$ 277	$ 153	$ 235.96	$ 137	$ 345
Service Item	Outpatient	Multihance Gadolineum 5Ml	A9577	636	IC CAT Scan	$ 33.09	$ 25.76	$ 25.87	$ 11.22	$ 30.44
Service Item	Outpatient	Multihance Gadolineum 5Ml	A9577	636	IC MRI	$ 33.09	$ 25.76	$ 25.87	$ 11.22	$ 30.44
Service Item	Outpatient	Multihance Gadolineum 5Ml	A9577	636	IC Radiology	$ 33.09	$ 25.76	$ 25.96	$ 11.22	$ 30.44
Service Item	Inpatient and Outpatient	Multihance Gadolineum 5Ml	A9577	636	MC CAT Scanner	$ 33	$ 26	$ 25.87	$ 11	$ 30
Service Package	Inpatient and Outpatient	Multihance Gadolineum 5Ml	A9577	636	MC Contrast Material	$ 33	$ 20	$ 25.19	$ 11	$ 30
Service Item	Inpatient and Outpatient	Multihance Gadolineum 5Ml	A9577	636	MC Diag Radiology	$ 33	$ 26	$ 25.87	$ 11	$ 30
Service Item	Inpatient and Outpatient	Multihance Gadolineum 5Ml	A9577	636	MC MRI	$ 33	$ 26	$ 25.87	$ 11	$ 30
Service Item	Outpatient	Multihance Gadolineum10Ml	A9577	636	IC CAT Scan	$ 324.55	$ 200.64	$ 175.92	$ 11.22	$ 298.59
Service Item	Outpatient	Multihance Gadolineum10Ml	A9577	636	IC MRI	$ 324.55	$ 200.64	$ 175.92	$ 11.22	$ 298.59
Service Item	Outpatient	Multihance Gadolineum10Ml	A9577	636	IC Radiology	$ 324.55	$ 200.64	$ 194.96	$ 11.22	$ 298.59
Service Item	Inpatient and Outpatient	Multihance Gadolineum10Ml	A9577	636	MC CAT Scanner	$ 325	$ 201	$ 175.92	$ 11	$ 299
Service Package	Inpatient and Outpatient	Multihance Gadolineum10Ml	A9577	636	MC Contrast Material	$ 325	$ 195	$ 169.23	$ 11	$ 299
Service Item	Inpatient and Outpatient	Multihance Gadolineum10Ml	A9577	636	MC Diag Radiology	$ 325	$ 201	$ 175.92	$ 11	$ 299
Service Item	Inpatient and Outpatient	Multihance Gadolineum10Ml	A9577	636	MC MRI	$ 325	$ 201	$ 175.92	$ 11	$ 299
Service Item	Outpatient	Multi-Leaf Collimator	77338	333	HR Radiation Onc	$ 1,330.95	$ 1,168.59	$ 1,343.23	$ 388.35	$ 4,617.55
Service Item	Inpatient and Outpatient	Multi-Leaf Collimator	77338	333	MC Radiation Thrpy	$ 1,331	$ 1,169	$ 1,402.68	$ 388	$ 4,618
Service Item	Outpatient	Multi-Leaf Collimator	77338	333	VR Radiation Onc	$ 1,330.95	$ 1,168.59	$ 1,343.23	$ 388.35	$ 4,617.55
Service Item	Outpatient	Multiple Sleep Latency	95805	920	OS Sleep Lab	$ 2,398.54	$ 737.34	$ 1,719.60	$ 562.68	$ 2,142.39
Service Item	Outpatient	multitrace-4 (NEONATAL) Inj 1 mL	J3490	636	CD Infusion Clinic	$ 59.60	$ 35.76	$ 42.93	$ 23.14	$ 54.83
Service Item	Inpatient and Outpatient	multitrace-4 (NEONATAL) Inj 1 mL	J3490	636	MC Pharmacy	$ 60	$ 36	$ 42.93	$ 23	$ 55
Service Item	Outpatient	multitrace-4 (NEONATAL) Inj 1 mL	J3490	636	NC Urgent Care	$ 59.60	$ 35.76	$ 42.78	$ 23.14	$ 54.83
Service Item	Outpatient	multitrace-4 (NEONATAL) Inj 1 mL	J3490	636	SC Urgent Care	$ 59.60	$ 35.76	$ 42.93	$ 23.14	$ 54.83
Service Item	Inpatient and Outpatient	Multivitamin With Vitamin K Inj 10 mL	B4216	270	MC Pharmacy	$ 116	$ 68	$ 83.79	$ 9	$ 104
Service Item	Outpatient	Multivitamin With Vitamin K Inj 50 mL	J3490	636	CD Infusion Clinic	$ 239.30	$ 143.58	$ 146.23	$ 23.14	$ 220.16
Service Item	Inpatient and Outpatient	Multivitamin With Vitamin K Inj 50 mL	J3490	636	MC Pharmacy	$ 239	$ 144	$ 146.23	$ 23	$ 220
Service Item	Outpatient	Multivitamin With Vitamin K Inj 50 mL	J3490	636	NC Urgent Care	$ 239.30	$ 143.58	$ 145.63	$ 23.14	$ 220.16
Service Item	Outpatient	Multivitamin With Vitamin K Inj 50 mL	J3490	636	SC Urgent Care	$ 239.30	$ 143.58	$ 146.23	$ 23.14	$ 220.16
Service Item	Inpatient and Outpatient	Mumps Virus IgG Ab CSF-ARUP	86735	301	MC Reference Lab	$ 11	$ 59	$ 26.38	$ 7	$ 128
Service Item	Inpatient and Outpatient	Mumps Virus IgG Antibody-ARUP	86735	301	MC Reference Lab	$ 15	$ 59	$ 28.29	$ 9	$ 128
Service Item	Inpatient and Outpatient	Mumps Virus IgM Ab CSF-ARUP	86735	301	MC Reference Lab	$ 11	$ 59	$ 26.38	$ 7	$ 128
Service Item	Inpatient and Outpatient	Mumps Virus IgM Antibody-ARUP	86735	301	MC Reference Lab	$ 15	$ 59	$ 28.29	$ 9	$ 128
Service Item	Inpatient and Outpatient	Mycobacteria T Amplif NA Probe-ARUP	87556	306	MC Reference Lab	$ 34	$ 151	$ 72.36	$ 21	$ 345
Service Item	Outpatient	mycophenolate mofetil 250 mg Cap	J7517	636	CD Infusion Clinic	$ 22.40	$ 13.44	$ 16.22	$ 1.78	$ 20.61
Service Item	Inpatient and Outpatient	mycophenolate mofetil 250 mg Cap	J7517	636	MC Pharmacy	$ 22	$ 13	$ 16.22	$ 2	$ 21
Service Item	Outpatient	mycophenolate mofetil 250 mg Cap	J7517	636	NC Urgent Care	$ 22.40	$ 13.44	$ 14.46	$ 1.03	$ 20.61
Service Item	Outpatient	mycophenolate mofetil 250 mg Cap	J7517	636	SC Urgent Care	$ 22.40	$ 13.44	$ 14.51	$ 1.03	$ 20.61
Service Item	Outpatient	mycophenolate PEDS 200 mg/mL oral susp	J7517	636	CD Infusion Clinic	$ 49.90	$ 29.94	$ 28.32	$ 1.78	$ 45.91
Service Item	Inpatient and Outpatient	mycophenolate PEDS 200 mg/mL oral susp	J7517	636	MC Pharmacy	$ 50	$ 30	$ 28.32	$ 2	$ 46
Service Item	Outpatient	mycophenolate PEDS 200 mg/mL oral susp	J7517	636	NC Urgent Care	$ 49.90	$ 29.94	$ 24.27	$ 1.03	$ 45.91
Service Item	Outpatient	mycophenolate PEDS 200 mg/mL oral susp	J7517	636	SC Urgent Care	$ 49.90	$ 29.94	$ 24.40	$ 1.03	$ 45.91
Service Item	Outpatient	mycophenolic acid 180 mg DR Tab	J7518	636	CD Infusion Clinic	$ 28.25	$ 16.95	$ 18.04	$ 3.60	$ 25.99
Service Item	Inpatient and Outpatient	mycophenolic acid 180 mg DR Tab	J7518	636	MC Pharmacy	$ 28	$ 20	$ 18.04	$ 4	$ 26
Service Item	Outpatient	mycophenolic acid 180 mg DR Tab	J7518	636	NC Urgent Care	$ 28.25	$ 20.25	$ 17.97	$ 3.60	$ 25.99
Service Item	Outpatient	mycophenolic acid 180 mg DR Tab	J7518	636	SC Urgent Care	$ 28.25	$ 20.25	$ 18.04	$ 3.60	$ 25.99
Service Item	Inpatient and Outpatient	Mycophenolic Acid and Metabolites-ARUP	80180	300	MC Reference Lab	$ 20	$ 49	$ 38.45	$ 12	$ 177
Service Item	Inpatient and Outpatient	Mycoplasma Antibody	86738	300	MC General Lab	$ 149	$ 59	$ 109.50	$ 53	$ 136
Service Item	Outpatient	Mycoplasma Pneumonia	87581	306	Reference Lab TC	$ 7.21	$ 151.32	$ 116.90	$ 6.13	$ 344.96
Service Item	Inpatient and Outpatient	Mycoplasma Pneumoniae BF	87581	306	MC General Lab	$ 52	$ 151	$ 132.93	$ 45	$ 345
Service Item	Inpatient and Outpatient	Mycoplasma pneumoniae by PCR-ARUP	87581	300	MC Reference Lab	$ 38	$ 151	$ 128.06	$ 33	$ 345
Service Item	Inpatient and Outpatient	Mycoplasma pneumoniae IgG Antibody-ARUP	86738	301	MC Reference Lab	$ 15	$ 59	$ 61.42	$ 13	$ 130
Service Item	Inpatient and Outpatient	Mycoplasma pneumoniae IgM Antibody-ARUP	86738	301	MC Reference Lab	$ 15	$ 59	$ 61.42	$ 13	$ 130
Service Item	Inpatient and Outpatient	Myelin Basic Protein CSF-ARUP	83873	300	MC Reference Lab	$ 19	$ 74	$ 36.82	$ 11	$ 169
Service Item	Outpatient	Myelo 2 Or More Regions	72270	320	IC Radiology	$ 1,663.69	$ 773.67	$ 1,117.95	$ 693.72	$ 1,486.01
Service Item	Inpatient and Outpatient	Myelo 2 Or More Regions	72270	320	MC Diag Radiology	$ 1,664	$ 774	$ 1,987.50	$ 694	$ 9,745
Service Item	Outpatient	Myelo 2 Or More Regions	72270	320	NC Diag Imaging	$ 1,663.69	$ 773.67	$ 1,987.50	$ 693.72	$ 9,745.33
Service Item	Outpatient	Myelo 2 Or More Regions	72270	320	SC Diag Imaging	$ 1,663.69	$ 773.67	$ 1,987.50	$ 693.72	$ 9,745.33
Service Item	Outpatient	Myelo Lum Inj&Int Cervcal	62302	320	IC Radiology	$ 2,088.20	$ 1,216.43	$ 1,486.64	$ 618.21	$ 1,865.19
Service Item	Inpatient and Outpatient	Myelo Lum Inj&Int Cervcal	62302	320	MC Diag Radiology	$ 2,088	$ 1,216	$ 1,506.92	$ 618	$ 1,865
Service Item	Outpatient	Myelo Lum Inj&Int Cervcal	62302	320	NC Diag Imaging	$ 2,088.20	$ 1,216.43	$ 1,506.92	$ 618.21	$ 1,865.19
Service Item	Outpatient	Myelo Lum Inj&Int Cervcal	62302	320	SC Diag Imaging	$ 2,088.20	$ 1,216.43	$ 1,506.92	$ 618.21	$ 1,865.19
Service Item	Outpatient	Myelo Lum Inj&Int Lumbsac	62304	320	IC Radiology	$ 2,088.20	$ 1,216.43	$ 1,485.59	$ 607.64	$ 1,865.19

Service Item	Inpatient and Outpatient	Myelo Lum Inj&Int Lumbsac	62304	320	MC Diag Radiology	$ 2,088	$ 1,216	$ 1,505.86	$ 608	$ 1,865
Service Item	Outpatient	Myelo Lum Inj&Int Lumbsac	62304	320	NC Diag Imaging	$ 2,088.20	$ 1,216.43	$ 1,505.86	$ 607.64	$ 1,865.19
Service Item	Outpatient	Myelo Lum Inj&Int Lumbsac	62304	320	SC Diag Imaging	$ 2,088.20	$ 1,216.43	$ 1,505.86	$ 607.64	$ 1,865.19
Service Item	Outpatient	Myelo Lum Inj&Int Thorac	62303	320	IC Radiology	$ 2,088.20	$ 1,216.43	$ 1,487.55	$ 627.31	$ 1,865.19
Service Item	Inpatient and Outpatient	Myelo Lum Inj&Int Thorac	62303	320	MC Diag Radiology	$ 2,088	$ 1,216	$ 1,507.83	$ 627	$ 1,865
Service Item	Outpatient	Myelo Lum Inj&Int Thorac	62303	320	NC Diag Imaging	$ 2,088.20	$ 1,216.43	$ 1,507.83	$ 627.31	$ 1,865.19
Service Item	Outpatient	Myelo Lum Inj&Int Thorac	62303	320	SC Diag Imaging	$ 2,088.20	$ 1,216.43	$ 1,507.83	$ 627.31	$ 1,865.19
Service Item	Inpatient and Outpatient	Myeloperox IgG Antibodies-ARUP	83516	300	MC Reference Lab	$ 11	$ 104	$ 43.54	$ 9	$ 113
Service Item	Inpatient and Outpatient	Myocard Perf Imaging	78451	341	MC Nuclear Medicine	$ 2,682	$ 548	$ 1,952.31	$ 502	$ 2,396
Service Item	Outpatient	Myocard Perf Imaging	78451	341	SQ Seq Cardiology	$ 2,682.10	$ 548.37	$ 1,623.51	$ 68.24	$ 2,395.66
Service Item	Inpatient and Outpatient	Myocardial Amyloid Scintigraphy	78469	340	MC Nuclear Medicine	$ 3,796	$ 661	$ 2,694.12	$ 634	$ 3,390
Service Item	Inpatient and Outpatient	Myocardial Perfusion Imaging SPECT	78452	340	MC Nuclear Medicine	$ 3,318	$ 1,583	$ 2,415.41	$ 971	$ 2,964
Service Item	Outpatient	Myocardial Perfusion Imaging SPECT	78452	340	SQ Seq Cardiology	$ 3,318.34	$ 1,583.37	$ 2,008.27	$ 81.01	$ 2,963.95
Service Item	Inpatient and Outpatient	Myocardial Strain Imaging	93356	483	DC Non Invasive Card	$ 482	$ 281	$ 390.58	$ 281	$ 431
Service Item	Inpatient and Outpatient	Myocardial Strain Imaging	93356	483	MC NonInv CardioSrv	$ 482	Charges have been	$ 442.00	$ 422	$ 431
Service Item	Outpatient	Myocardial Strain Imaging	93356	483	OS Non Invasive Card	$ 482.44	$ 281.03	$ 390.58	$ 281.03	$ 430.92
Service Item	Outpatient	Myocardial Strain Imaging	93356	483	SQ Seq Cardiology	$ 482.44	$ 281.03	$ 348.93	$ 234.20	$ 430.92
Service Package	Inpatient and Outpatient	Myofacial/Mob 15 Min	97140	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Myofacial/Mob 15 Min	97140	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Myofacial/Mob 15 Min	97140	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 120.28	$ 80.40	$ 182.00
Service Item	Outpatient	Myofacial/Mob 15 Min	97140	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 120.28	$ 80.40	$ 182.00
Service Item	Outpatient	Myofacial/Mob 15 Min	97140	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 120.28	$ 80.40	$ 182.00
Service Item	Outpatient	Myofacial/Mob 15 Min	97140	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 120.28	$ 80.40	$ 182.00
Service Item	Outpatient	Myofacial/Mob 15 Min	97140	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 104.46	$ 34.64	$ 123.28
Service Item	Inpatient	Myofacial/Mob 15 Min	97140	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 34.64	$ 123.28
Service Item	Inpatient	Myofacial/Mob 15 Min	97140	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Myofacial/Mob 15 Min	97140	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Myofacial/Mob 15 Min	97140	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Myofacial/Mob 15 Min - PTA/OTA Services	97140	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Myofacial/Mob 15 Min - PTA/OTA Services	97140	420	OP Therapy Akers	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Myofacial/Mob 15 Min - PTA/OTA Services	97140	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Myofacial/Mob 15 Min - PTA/OTA Services	97140	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Myofacial/Mob 15 Min - PTA/OTA Services	97140	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Myofacial/Mob 15 Min - PTA/OTA Services	97140	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.36	$ 34.64	$ 123.28
Service Item	Inpatient	Myofacial/Mob 15 Min - PTA/OTA Services	97140	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 34.64	$ 123.28
Service Item	Inpatient	Myofacial/Mob 15 Min - PTA/OTA Services	97140	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Myofacial/Mob 15 Min - PTA/OTA Services	97140	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Myofacial/Mob 15 Min - PTA/OTA Services	97140	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient and Outpatient	Myofacial-Soft Tissue-One	97140	430	MC OT Services	$ 133	Charges have been	$ 102.67	$ 35	$ 122
Service Item	Inpatient	Myofacial-Soft Tissue-One	97140	430	RH OT Services	$ 132.88	Charges have been	$ 123.86	$ 34.64	$ 122.25
Service Item	Inpatient	Myofacial-Soft Tissue-One	97140	430	SA OT Services	$ 132.88	Charges have been	$ 123.86	$ 119.59	$ 122.25
Service Item	Inpatient	Myofacial-Soft Tissue-One	97140	430	SN TC Ortho OT	$ 132.88	Charges have been	$ 123.86	$ 119.59	$ 122.25
Service Item	Inpatient	Myofacial-Soft Tissue-One	97140	430	SN TS OT Services	$ 132.88	Charges have been	$ 123.86	$ 119.59	$ 122.25
Service Item	Inpatient	Myofacial-Soft Tissue-One - PTA/OTA Services	97140	430	RH OT Services	$ 129.01	Charges have been	$ 121.23	$ 34.64	$ 118.69
Service Item	Inpatient	Myofacial-Soft Tissue-One - PTA/OTA Services	97140	430	SA OT Services	$ 129.01	Charges have been	$ 121.23	$ 116.11	$ 118.69
Service Item	Inpatient	Myofacial-Soft Tissue-One - PTA/OTA Services	97140	430	SN TC Ortho OT	$ 129.01	Charges have been	$ 121.23	$ 116.11	$ 118.69
Service Item	Inpatient	Myofacial-Soft Tissue-One - PTA/OTA Services	97140	430	SN TS OT Services	$ 129.01	Charges have been	$ 121.23	$ 116.11	$ 118.69
Service Item	Inpatient and Outpatient	Myoglobin Urine-ARUP	83874	300	MC Reference Lab	$ 12	$ 58	$ 26.11	$ 7	$ 127
Service Item	Inpatient and Outpatient	Myoglobin-ARUP	83874	300	MC Reference Lab	$ 12	$ 58	$ 26.11	$ 7	$ 127
Service Item	Inpatient and Outpatient	Myoview 99Mtc Tetrofosmin	A9502	343	MC Nuclear Medicine	$ 380	$ 221	$ 293.52	$ 124	$ 339
Service Item	Inpatient and Outpatient	N Meningit B/E Coli Ki Ag	86403	302	MC General Lab	$ 92	$ 44	$ 73.93	$ 40	$ 100
Service Item	Inpatient and Outpatient	N Meningitidis A/Y Ag	86403	302	MC General Lab	$ 92	$ 44	$ 73.93	$ 40	$ 100
Service Item	Inpatient and Outpatient	N.gonorrhoeae dna amp prob-ARUP	87591	306	MC Reference Lab	$ 39	$ 151	$ 139.20	$ 34	$ 345
Service Item	Outpatient	nafcillin 1 g Inj	J3490	636	CD Infusion Clinic	$ 67.90	$ 40.74	$ 47.70	$ 23.14	$ 62.47
Service Item	Inpatient and Outpatient	nafcillin 1 g Inj	J3490	636	MC Pharmacy	$ 68	$ 41	$ 47.70	$ 23	$ 62
Service Item	Outpatient	nafcillin 1 g Inj	J3490	636	NC Urgent Care	$ 67.90	$ 40.74	$ 47.53	$ 23.14	$ 62.47
Service Item	Outpatient	nafcillin 1 g Inj	J3490	636	SC Urgent Care	$ 67.90	$ 40.74	$ 47.70	$ 23.14	$ 62.47
Service Item	Outpatient	nafcillin 1 g/50 mL Premix	J3490	636	CD Infusion Clinic	$ 105.00	$ 63.00	$ 69.03	$ 23.14	$ 96.60
Service Item	Inpatient and Outpatient	nafcillin 1 g/50 mL Premix	J3490	636	MC Pharmacy	$ 105	$ 63	$ 69.03	$ 23	$ 97
Service Item	Outpatient	nafcillin 1 g/50 mL Premix	J3490	636	NC Urgent Care	$ 105.00	$ 63.00	$ 68.77	$ 23.14	$ 96.60
Service Item	Outpatient	nafcillin 1 g/50 mL Premix	J3490	636	SC Urgent Care	$ 105.00	$ 63.00	$ 69.03	$ 23.14	$ 96.60
Service Item	Outpatient	nafcillin 2 g Inj	J3490	636	CD Infusion Clinic	$ 125.55	$ 75.33	$ 80.84	$ 23.14	$ 115.51
Service Item	Inpatient and Outpatient	nafcillin 2 g Inj	J3490	636	MC Pharmacy	$ 126	$ 75	$ 80.84	$ 23	$ 116
Service Item	Outpatient	nafcillin 2 g Inj	J3490	636	NC Urgent Care	$ 125.55	$ 75.33	$ 80.53	$ 23.14	$ 115.51
Service Item	Outpatient	nafcillin 2 g Inj	J3490	636	SC Urgent Care	$ 125.55	$ 75.33	$ 80.84	$ 23.14	$ 115.51
Service Item	Outpatient	nafcillin 2 g/100 mL Premix	J3490	636	CD Infusion Clinic	$ 151.10	$ 90.66	$ 95.53	$ 23.14	$ 139.01
Service Item	Inpatient and Outpatient	nafcillin 2 g/100 mL Premix	J3490	636	MC Pharmacy	$ 151	$ 91	$ 95.53	$ 23	$ 139
Service Item	Outpatient	nafcillin 2 g/100 mL Premix	J3490	636	NC Urgent Care	$ 151.10	$ 90.66	$ 95.15	$ 23.14	$ 139.01
Service Item	Outpatient	nafcillin 2 g/100 mL Premix	J3490	636	SC Urgent Care	$ 151.10	$ 90.66	$ 95.53	$ 23.14	$ 139.01
Service Item	Outpatient	nafcillin 500 mg Inj	J3490	636	CD Infusion Clinic	$ 67.90	$ 40.74	$ 47.70	$ 23.14	$ 62.47
Service Item	Inpatient and Outpatient	nafcillin 500 mg Inj	J3490	636	MC Pharmacy	$ 68	$ 41	$ 47.70	$ 23	$ 62
Service Item	Outpatient	nafcillin 500 mg Inj	J3490	636	NC Urgent Care	$ 67.90	$ 40.74	$ 47.53	$ 23.14	$ 62.47
Service Item	Outpatient	nafcillin 500 mg Inj	J3490	636	SC Urgent Care	$ 67.90	$ 40.74	$ 47.70	$ 23.14	$ 62.47
Service Item	Outpatient	nafcillin per 1 g from 10 g vial	J3490	636	CD Infusion Clinic	$ 79.00	$ 47.40	$ 54.08	$ 23.14	$ 72.68
Service Item	Inpatient and Outpatient	nafcillin per 1 g from 10 g vial	J3490	636	MC Pharmacy	$ 79	$ 47	$ 54.08	$ 23	$ 73
Service Item	Outpatient	nafcillin per 1 g from 10 g vial	J3490	636	NC Urgent Care	$ 79.00	$ 47.40	$ 53.89	$ 23.14	$ 72.68
Service Item	Outpatient	nafcillin per 1 g from 10 g vial	J3490	636	SC Urgent Care	$ 79.00	$ 47.40	$ 54.08	$ 23.14	$ 72.68
Service Item	Outpatient	nafcillin/Dextrose IV (PED) 20 mg/mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	nafcillin/Dextrose IV (PED) 20 mg/mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	nafcillin/Dextrose IV (PED) 20 mg/mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	nafcillin/Dextrose IV (PED) 20 mg/mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	Nail Avulsion Ea Addl	11732	516	NC Urgent Care	$ 156.81	$ 104.39	$ 112.45	$ 34.38	$ 140.06
Service Item	Outpatient	Nail Avulsion Ea Addl	11732	516	OP Wound Center	$ 156.81	$ 104.39	$ 126.95	$ 91.34	$ 152.24
Service Item	Outpatient	Nail Avulsion Ea Addl	11732	516	SC Urgent Care	$ 156.81	$ 104.39	$ 112.83	$ 34.38	$ 140.06
Service Package	Inpatient and Outpatient	Nail Blade Fx	C1713	278	MC Central Supply	$ 3,195	Charges have been	$ 3,557.43	$ 2,847	$ 2,911
Service Package	Inpatient and Outpatient	Nail Clavicle	C1713	278	MC Central Supply	$ 8,777	Charges have been	$ 7,340.26	$ 7,821	$ 7,994
Service Package	Inpatient and Outpatient	Nail Elastic Ti	C1713	278	MC Central Supply	$ 1,338	Charges have been	$ 2,298.88	$ 1,193	$ 1,219
Service Package	Inpatient and Outpatient	Nail Femoral (A)	C1713	278	MC Central Supply	$ 4,639	Charges have been	$ 4,535.91	$ 4,134	$ 4,226
Service Package	Inpatient and Outpatient	Nail Femoral (B)	C1713	278	MC Central Supply	$ 5,087	Charges have been	$ 4,839.66	$ 4,533	$ 4,634
Service Package	Inpatient and Outpatient	Nail Femoral (C)	C1713	278	MC Central Supply	$ 6,026	Charges have been	$ 5,476.18	$ 5,370	$ 5,489
Service Package	Inpatient and Outpatient	Nail Femoral Expand	C1713	278	MC Central Supply	$ 6,601	Charges have been	$ 5,865.56	$ 5,882	$ 6,013
Service Package	Inpatient and Outpatient	Nail Femoral Im	C1713	278	MC Central Supply	$ 4,925	Charges have been	$ 4,730.02	$ 4,389	$ 4,486
Service Package	Inpatient and Outpatient	Nail Humeral	C1713	278	MC Central Supply	$ 5,262	Charges have been	$ 4,958.03	$ 4,689	$ 4,793
Service Package	Inpatient and Outpatient	Nail Humeral (B)	C1713	278	MC Central Supply	$ 1,471	Charges have been	$ 2,388.49	$ 1,310	$ 1,340
Service Package	Inpatient and Outpatient	Nail Plate Avulsion 1St		450	MC Emergency	$ 167	Charges have been	#N/A	$ 146	$ 149
Service Package	Inpatient and Outpatient	Nail Plate Avulsion Ea Ad		450	MC Emergency	$ 73	Charges have been	#N/A	$ 64	$ 66
Service Package	Inpatient and Outpatient	Nail Tibial Expand (A)	C1713	278	MC Central Supply	$ 4,821	Charges have been	$ 4,659.47	$ 4,296	$ 4,392
Service Package	Inpatient and Outpatient	Nail Tibial Expand (B)	C1713	278	MC Central Supply	$ 9,358	Charges have been	$ 7,734.60	$ 8,339	$ 8,524
Service Item	Outpatient	nalOXone 0.4 mg/mL Inj 1 mL	J2310	636	CD Infusion Clinic	$ 111.90	$ 67.14	$ 75.40	$ 4.65	$ 102.95
Service Item	Inpatient and Outpatient	nalOXone 0.4 mg/mL Inj 1 mL	J2310	636	MC Pharmacy	$ 112	$ 67	$ 75.40	$ 5	$ 103
Service Item	Outpatient	nalOXone 0.4 mg/mL Inj 1 mL	J2310	636	NC Urgent Care	$ 111.90	$ 67.14	$ 75.12	$ 4.65	$ 102.95
Service Item	Outpatient	nalOXone 0.4 mg/mL Inj 1 mL	J2310	636	SC Urgent Care	$ 111.90	$ 67.14	$ 75.40	$ 4.65	$ 102.95
Service Item	Outpatient	nalOXone 1 mg/mL Inj 2 mL	J2310	636	CD Infusion Clinic	$ 184.15	$ 110.49	$ 101.38	$ 4.65	$ 169.42
Service Item	Inpatient and Outpatient	nalOXone 1 mg/mL Inj 2 mL	J2310	636	MC Pharmacy	$ 184	$ 110	$ 101.38	$ 5	$ 169
Service Item	Outpatient	nalOXone 1 mg/mL Inj 2 mL	J2310	636	NC Urgent Care	$ 184.15	$ 110.49	$ 100.92	$ 4.65	$ 169.42
Service Item	Outpatient	nalOXone 1 mg/mL Inj 2 mL	J2310	636	SC Urgent Care	$ 184.15	$ 110.49	$ 101.38	$ 4.65	$ 169.42
Service Item	Outpatient	Naropin 5Mg/Ml 20Ml	J2795	636	IC Radiology	$ 69.39	$ 41.86	$ 63.23	$ 0.06	$ 123.80
Service Item	Inpatient and Outpatient	Naropin 5Mg/Ml 20Ml	J2795	636	MC Diag Radiology	$ 69	$ 42	$ 68.96	$ 0	$ 124
Service Item	Outpatient	Naropin 5Mg/Ml 20Ml	J2795	636	NC Diag Imaging	$ 69.39	$ 41.86	$ 68.96	$ 0.06	$ 123.80
Service Item	Outpatient	Naropin 5Mg/Ml 20Ml	J2795	636	SC Diag Imaging	$ 69.39	$ 41.86	$ 68.96	$ 0.06	$ 123.80
Service Item	Outpatient	Nasal Bones 3 View Min	70160	320	IC Radiology	$ 363.60	$ 66.54	$ 213.20	$ 59.66	$ 324.77
Service Item	Inpatient and Outpatient	Nasal Bones 3 View Min	70160	320	MC Diag Radiology	$ 364	$ 67	$ 279.04	$ 60	$ 888
Service Item	Outpatient	Nasal Bones 3 View Min	70160	320	NC Diag Imaging	$ 363.60	$ 66.54	$ 279.04	$ 59.66	$ 887.81
Service Item	Outpatient	Nasal Bones 3 View Min	70160	320	SC Diag Imaging	$ 363.60	$ 66.54	$ 279.04	$ 59.66	$ 887.81
Service Item	Outpatient	Nasal Hemorr Cntrl Post	30905	516	NC Urgent Care	$ 477.52	$ 278.17	$ 325.02	$ 126.33	$ 426.52
Service Item	Outpatient	Nasal Hemorr Cntrl Post	30905	516	SC Urgent Care	$ 477.52	$ 278.17	$ 326.18	$ 126.33	$ 426.52
Service Item	Outpatient	Nasal Hemorrhage Control	30901	516	NC Urgent Care	$ 305.43	$ 177.92	$ 206.84	$ 115.26	$ 272.81
Service Item	Outpatient	Nasal Hemorrhage Control	30901	516	SC Urgent Care	$ 305.43	$ 177.92	$ 207.58	$ 115.26	$ 272.81

Service Item	Outpatient	Nasal Hemorrhage Control	30901	516	SFM Family Medicine	$ 305.43	$ 177.92	$ 229.51	$ 126.33	$ 272.81
Service Package	Inpatient and Outpatient	Nasal Hemorrhage Control (Ed)		450	MC Emergency	$ 256	Charges have been	#N/A	$ 224	$ 229
Service Package	Inpatient and Outpatient	Nasal Implant Propel Contour	J7401	636	MC Central Supply	$ 2,975	Charges have been	$ 2,766.75	$ 2,678	$ 2,737
Service Item	Inpatient and Outpatient	Nasal Mrsa Screen	87184	306	MC General Lab	$ 67	$ 31	$ 52.00	$ 28	$ 68
Service Package	Inpatient and Outpatient	Nasal Splint	C1889	278	MC Central Supply	$ 4,166	Charges have been	$ 6,131.79	$ 3,713	$ 3,795
Service Item	Outpatient	Naso/Gast Tube W/Fluoro	43752	361	IC Radiology	$ 586.26	$ 341.51	$ 439.81	$ 198.10	$ 523.65
Service Item	Inpatient and Outpatient	Naso/Gast Tube W/Fluoro	43752	361	MC Diag Radiology	$ 586	$ 342	$ 445.50	$ 198	$ 524
Service Item	Outpatient	Naso/Gast Tube W/Fluoro	43752	361	NC Diag Imaging	$ 586.26	$ 341.51	$ 445.50	$ 198.10	$ 523.65
Service Item	Outpatient	Naso/Gast Tube W/Fluoro	43752	361	SC Diag Imaging	$ 586.26	$ 341.51	$ 445.50	$ 198.10	$ 523.65
Service Item	Outpatient	natalizumab 20 mg/mL Inj 15 mL	J2323	636	CD Infusion Clinic	$ 19,333.35	$ 11,600.01	$ 9,528.78	$ 8.93	$ 17,786.68
Service Item	Inpatient and Outpatient	natalizumab 20 mg/mL Inj 15 mL	J2323	636	MC Pharmacy	$ 19,333	$ 11,609	$ 9,528.78	$ 9	$ 17,787
Service Item	Outpatient	natalizumab 20 mg/mL Inj 15 mL	J2323	636	NC Urgent Care	$ 19,333.35	$ 11,608.79	$ 9,480.45	$ 8.93	$ 17,786.68
Service Item	Outpatient	natalizumab 20 mg/mL Inj 15 mL	J2323	636	SC Urgent Care	$ 19,333.35	$ 11,608.79	$ 9,528.78	$ 8.93	$ 17,786.68
Service Item	Inpatient and Outpatient	Natural Killer Cell Panel-ARUP	86357	300	MC Reference Lab	$ 42	$ 164	$ 81.46	$ 25	$ 371
Service Item	Outpatient	Neck Soft Tissue	70360	320	IC Radiology	$ 230.02	$ 54.18	$ 142.16	$ 48.58	$ 205.45
Service Item	Inpatient and Outpatient	Neck Soft Tissue	70360	320	MC Diag Radiology	$ 230	$ 54	$ 216.42	$ 49	$ 888
Service Item	Outpatient	Neck Soft Tissue	70360	320	NC Diag Imaging	$ 230.02	$ 54.18	$ 216.42	$ 48.58	$ 887.81
Service Item	Outpatient	Neck Soft Tissue	70360	320	SC Diag Imaging	$ 230.02	$ 54.18	$ 216.42	$ 48.58	$ 887.81
Service Package	Inpatient and Outpatient	Needle Bx/Asp Cmplx/Deep		450	MC Emergency	$ 1,016	Charges have been	#N/A	$ 888	$ 907
Service Package	Inpatient and Outpatient	Needle Bx/Asp Simple/Spfc		450	MC Emergency	$ 301	Charges have been	#N/A	$ 263	$ 269
Service Package	Inpatient and Outpatient	Needle EMG Cranial Nerve - Bilateral	95868	922	MC Surgical Srvcs	$ 2,493	Charges have been	$ 1,719.06	$ 160	$ 2,227
Service Package	Inpatient and Outpatient	Needle EMG of Anal/Urerthral Sphincter	51785	920	MC Surgical Srvcs	$ 1,432	Charges have been	$ 1,032.57	$ 272	$ 1,279
Service Item	Inpatient and Outpatient	Neisseria gonorrhoea Antibodies Total-ARUP	86609	300	MC Reference Lab	$ 14	$ 57	$ 34.50	$ 9	$ 127
Service Item	Inpatient and Outpatient	Neisseria Gonorrhoeae PCR	87591	306	MC General Lab	$ 162	$ 151	$ 183.32	$ 136	$ 345
Service Item	Outpatient	Neosporin G.U. irrigation Amp 1 mL	J3490	250	CD Infusion Clinic	$ 59.80	$ 35.88	$ 43.05	$ 23.14	$ 55.02
Service Item	Inpatient and Outpatient	Neosporin G.U. irrigation Amp 1 mL	J3490	250	MC Pharmacy	$ 60	$ 36	$ 43.05	$ 23	$ 55
Service Item	Outpatient	Neosporin G.U. irrigation Amp 1 mL	J3490	250	NC Urgent Care	$ 59.80	$ 35.88	$ 42.90	$ 23.14	$ 55.02
Service Item	Outpatient	Neosporin G.U. irrigation Amp 1 mL	J3490	250	SC Urgent Care	$ 59.80	$ 35.88	$ 43.05	$ 23.14	$ 55.02
Service Item	Outpatient	neostigmine 1 mg/mL Inj 10 mL (Bloxiverz)	J2710	636	CD Infusion Clinic	$ 312.50	$ 187.50	$ 127.04	$ 2.41	$ 287.50
Service Item	Inpatient and Outpatient	neostigmine 1 mg/mL Inj 10 mL (Bloxiverz)	J2710	636	MC Pharmacy	$ 313	$ 188	$ 127.04	$ 2	$ 288
Service Item	Outpatient	neostigmine 1 mg/mL Inj 10 mL (Bloxiverz)	J2710	636	NC Urgent Care	$ 312.50	$ 187.50	$ 126.26	$ 2.41	$ 287.50
Service Item	Outpatient	neostigmine 1 mg/mL Inj 10 mL (Bloxiverz)	J2710	636	SC Urgent Care	$ 312.50	$ 187.50	$ 127.04	$ 2.41	$ 287.50
Service Item	Outpatient	neostigmine 1 mg/mL Inj 5 mL	J2710	636	CD Infusion Clinic	$ 50.50	$ 30.30	$ 32.86	$ 2.41	$ 46.46
Service Item	Inpatient and Outpatient	neostigmine 1 mg/mL Inj 5 mL	J2710	636	MC Pharmacy	$ 51	$ 30	$ 32.86	$ 2	$ 46
Service Item	Outpatient	neostigmine 1 mg/mL Inj 5 mL	J2710	636	NC Urgent Care	$ 50.50	$ 30.30	$ 32.73	$ 2.41	$ 46.46
Service Item	Outpatient	neostigmine 1 mg/mL Inj 5 mL	J2710	636	SC Urgent Care	$ 50.50	$ 30.30	$ 32.86	$ 2.41	$ 46.46
Service Package	Inpatient and Outpatient	Nephro Tube Change	50435	361	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,221.11	$ 2,053	$ 2,833
Service Package	Inpatient and Outpatient	Nephrosto/Pyelogram	50430	361	MC Cath Lab Srvcs	$ 1,391	Charges have been	$ 1,026.05	$ 645	$ 948
Service Package	Inpatient and Outpatient	Nervrtblk Cer/Thor 1	64479	361	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,743.94	$ 941	$ 2,392
Service Package	Inpatient and Outpatient	Nervrtblk Cer/Thor Ea Add	64480	361	MC Cath Lab Srvcs	$ 379	Charges have been	$ 347.13	$ 331	$ 338
Service Package	Inpatient and Outpatient	Nervrtblk Lumbar Ea Addl	64484	361	MC Cath Lab Srvcs	$ 379	Charges have been	$ 347.13	$ 331	$ 338
Service Package	Inpatient and Outpatient	Nervrtblk Lumbar One	64483	361	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,743.94	$ 941	$ 2,392
Service Item	Outpatient	Neurobehavioral Exam 1st Hr	96116	918	SFM Family Medicine	$ 607.70	$ 354.00	$ 423.28	$ 65.14	$ 542.80
Service Item	Outpatient	Neurobehavioral Exam Ea Addl Hr	96121	918	SFM Family Medicine	$ 283.25	$ 165.00	$ 228.63	$ 165.00	$ 253.00
Service Package	Inpatient and Outpatient	Neurolytic Inj Ct Sp	62281	361	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,799.50	$ 941	$ 2,619
Service Package	Inpatient and Outpatient	Neurolytic Inj Ls Sp	62282	361	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,799.50	$ 941	$ 2,619
Service Package	Inpatient and Outpatient	Neurolytic Inj Subarachno	62280	361	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,530.12	$ 941	$ 1,518
Service Item	Inpatient and Outpatient	Neuromuscular Reed 15 Min Ot	97112	430	MC OT Services	$ 134	Charges have been	$ 104.09	$ 40	$ 123
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot	97112	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot	97112	430	OP Therapy Akers	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot	97112	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot	97112	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot	97112	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot	97112	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.09	$ 40.47	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Ot	97112	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 40.47	$ 129.16
Service Item	Inpatient	Neuromuscular Reed 15 Min Ot	97112	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Ot	97112	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Ot	97112	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot - PTA/OTA Servi	97112	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot - PTA/OTA Servi	97112	430	OP Therapy Akers	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot - PTA/OTA Servi	97112	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot - PTA/OTA Servi	97112	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot - PTA/OTA Servi	97112	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Ot - PTA/OTA Servi	97112	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.09	$ 40.47	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Ot - PTA/OTA Servi	97112	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 40.47	$ 129.16
Service Item	Inpatient	Neuromuscular Reed 15 Min Ot - PTA/OTA Servi	97112	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Ot - PTA/OTA Servi	97112	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Ot - PTA/OTA Servi	97112	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Package	Inpatient and Outpatient	Neuromuscular Reed 15 Min Pt	97112	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt	97112	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt	97112	420	OP Therapy Akers	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt	97112	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt	97112	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt	97112	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt	97112	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.09	$ 40.47	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Pt	97112	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 40.47	$ 129.16
Service Item	Inpatient	Neuromuscular Reed 15 Min Pt	97112	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Pt	97112	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Pt	97112	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt - PTA/OTA Servi	97112	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt - PTA/OTA Servi	97112	420	OP Therapy Akers	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt - PTA/OTA Servi	97112	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt - PTA/OTA Servi	97112	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt - PTA/OTA Servi	97112	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 154.33	$ 100.50	$ 317.00
Service Item	Outpatient	Neuromuscular Reed 15 Min Pt - PTA/OTA Servi	97112	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.09	$ 40.47	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Pt - PTA/OTA Servi	97112	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 40.47	$ 129.16
Service Item	Inpatient	Neuromuscular Reed 15 Min Pt - PTA/OTA Servi	97112	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Pt - PTA/OTA Servi	97112	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Neuromuscular Reed 15 Min Pt - PTA/OTA Servi	97112	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient and Outpatient	Neuron Specific Enolase CSF-ARUP	86316	300	MC Reference Lab	$ 23	$ 93	$ 44.33	$ 14	$ 205
Service Item	Inpatient and Outpatient	Neuronal Nuclear Abs IgG, Immunoblot-ARUP	83516	300	MC Reference Lab	$ 10	$ 104	$ 43.46	$ 9	$ 113
Service Item	Outpatient	Neuropsychological Test Eval 1st Hr	96132	918	SFM Family Medicine	$ 334.75	$ 195.00	$ 253.73	$ 160.31	$ 299.00
Service Item	Outpatient	Neuropsychological Test Eval Ea Addl Hr	96133	918	SFM Family Medicine	$ 180.25	$ 105.00	$ 145.49	$ 105.00	$ 161.00
Service Item	Inpatient and Outpatient	Neutrophil Associated Antibodies-ARUP	86021	300	MC Reference Lab	$ 16	$ 67	$ 31.86	$ 10	$ 148
Service Item	Outpatient	New E/M Level 1 Tech	99201	510	CD Chronic Disease	$ 199.70	$ 30.00	$ 138.73	$ 30.00	$ 193.88
Service Item	Outpatient	New E/M Level 1 Tech	99201	510	HR Radiation Onc	$ 199.70	$ 116.33	$ 162.62	$ 116.33	$ 178.37
Service Item	Inpatient and Outpatient	New E/M Level 1 Tech	99201	510	MC Radiation Thrpy	$ 200	$ 116	$ 164.15	$ 116	$ 178
Service Item	Outpatient	New E/M Level 1 Tech	99201	510	NC Urgent Care	$ 199.70	$ 30.00	$ 142.82	$ 30.00	$ 193.88
Service Item	Outpatient	New E/M Level 1 Tech	99201	510	NS Neuro Sciences	$ 199.70	$ 116.33	$ 138.73	$ 39.86	$ 193.88
Service Item	Outpatient	New E/M Level 1 Tech	99201	510	OP Wound Center	$ 199.70	$ 30.00	$ 161.67	$ 30.00	$ 193.88
Service Item	Outpatient	New E/M Level 1 Tech	99201	510	SC Urgent Care	$ 199.70	$ 90.00	$ 143.30	$ 39.86	$ 193.88
Service Item	Outpatient	New E/M Level 1 Tech	99201	510	SFM Family Medicine	$ 199.70	$ 30.00	$ 161.19	$ 30.00	$ 193.88
Service Item	Outpatient	New E/M Level 1 Tech	99201	510	SQ Seq Cardiology	$ 199.70	$ 30.00	$ 138.73	$ 30.00	$ 193.88
Service Item	Outpatient	New E/M Level 1 Tech	99201	510	VR Radiation Onc	$ 199.70	$ 116.33	$ 162.62	$ 116.33	$ 178.37
Service Item	Outpatient	New E/M Level 2 Tech	99202	510	CD Chronic Disease	$ 238.49	$ 57.00	$ 167.76	$ 57.00	$ 231.54
Service Item	Outpatient	New E/M Level 2 Tech	99202	510	HR Radiation Onc	$ 238.49	$ 138.92	$ 194.21	$ 138.92	$ 213.02
Service Item	Inpatient and Outpatient	New E/M Level 2 Tech	99202	510	MC Radiation Thrpy	$ 238	$ 139	$ 205.28	$ 139	$ 250
Service Item	Outpatient	New E/M Level 2 Tech	99202	510	NC Urgent Care	$ 238.49	$ 57.00	$ 172.64	$ 57.00	$ 231.54
Service Item	Outpatient	New E/M Level 2 Tech	99202	510	NS Neuro Sciences	$ 238.49	$ 57.00	$ 167.76	$ 57.00	$ 231.54
Service Item	Outpatient	New E/M Level 2 Tech	99202	510	OP Wound Center	$ 238.49	$ 57.00	$ 193.08	$ 57.00	$ 231.54
Service Item	Outpatient	New E/M Level 2 Tech	99202	510	SC Urgent Care	$ 238.49	$ 115.00	$ 173.22	$ 68.47	$ 231.54
Service Item	Outpatient	New E/M Level 2 Tech	99202	510	SFM Family Medicine	$ 238.49	$ 57.00	$ 192.50	$ 57.00	$ 231.54
Service Item	Outpatient	New E/M Level 2 Tech	99202	510	SQ Seq Cardiology	$ 238.49	$ 57.00	$ 167.76	$ 57.00	$ 231.54
Service Item	Outpatient	New E/M Level 2 Tech	99202	510	VR Radiation Onc	$ 238.49	$ 138.92	$ 194.21	$ 138.92	$ 213.02
Service Item	Outpatient	New E/M Level 3 Tech	99203	510	CD Chronic Disease	$ 310.61	$ 86.00	$ 219.49	$ 86.00	$ 301.56
Service Item	Outpatient	New E/M Level 3 Tech	99203	510	HR Radiation Onc	$ 310.61	$ 180.94	$ 252.94	$ 180.94	$ 277.44
Service Item	Inpatient and Outpatient	New E/M Level 3 Tech	99203	510	MC Radiation Thrpy	$ 311	$ 181	$ 272.68	$ 181	$ 378
Service Item	Outpatient	New E/M Level 3 Tech	99203	510	NC Urgent Care	$ 310.61	$ 86.00	$ 225.85	$ 86.00	$ 301.56

Service Item	Outpatient	New E/M Level 3 Tech	99203	510	NS Neuro Sciences	$ 310.61	$ 86.00	$ 219.49	$ 86.00	$ 301.56
Service Item	Outpatient	New E/M Level 3 Tech	99203	510	OP Wound Center	$ 310.61	$ 86.00	$ 251.47	$ 86.00	$ 301.56
Service Item	Outpatient	New E/M Level 3 Tech	99203	510	SC Urgent Care	$ 310.61	$ 175.00	$ 226.60	$ 99.15	$ 301.56
Service Item	Outpatient	New E/M Level 3 Tech	99203	510	SFM Family Medicine	$ 310.61	$ 86.00	$ 250.71	$ 86.00	$ 301.56
Service Item	Outpatient	New E/M Level 3 Tech	99203	510	SQ Seq Cardiology	$ 310.61	$ 86.00	$ 219.49	$ 86.00	$ 301.56
Service Item	Outpatient	New E/M Level 3 Tech	99203	510	VR Radiation Onc	$ 310.61	$ 180.94	$ 252.94	$ 180.94	$ 277.44
Service Item	Outpatient	New E/M Level 4 Tech	99204	510	CD Chronic Disease	$ 404.86	$ 146.00	$ 288.50	$ 146.00	$ 393.07
Service Item	Outpatient	New E/M Level 4 Tech	99204	510	HR Radiation Onc	$ 404.86	$ 235.84	$ 329.70	$ 235.84	$ 361.62
Service Item	Inpatient and Outpatient	New E/M Level 4 Tech	99204	510	MC Radiation Thrpy	$ 405	$ 236	$ 370.11	$ 236	$ 640
Service Item	Outpatient	New E/M Level 4 Tech	99204	510	NC Urgent Care	$ 404.86	$ 146.00	$ 296.80	$ 146.00	$ 393.07
Service Item	Outpatient	New E/M Level 4 Tech	99204	510	NS Neuro Sciences	$ 404.86	$ 146.00	$ 288.50	$ 146.00	$ 393.07
Service Item	Outpatient	New E/M Level 4 Tech	99204	510	OP Wound Center	$ 404.86	$ 146.00	$ 327.77	$ 146.00	$ 393.07
Service Item	Outpatient	New E/M Level 4 Tech	99204	510	SC Urgent Care	$ 404.86	$ 225.00	$ 297.78	$ 153.35	$ 393.07
Service Item	Outpatient	New E/M Level 4 Tech	99204	510	SFM Family Medicine	$ 404.86	$ 146.00	$ 326.79	$ 146.00	$ 393.07
Service Item	Outpatient	New E/M Level 4 Tech	99204	510	SQ Seq Cardiology	$ 404.86	$ 146.00	$ 288.50	$ 146.00	$ 393.07
Service Item	Outpatient	New E/M Level 4 Tech	99204	510	VR Radiation Onc	$ 404.86	$ 235.84	$ 329.70	$ 235.84	$ 361.62
Service Item	Outpatient	New E/M Level 5 Tech	99205	510	CD Chronic Disease	$ 510.30	$ 191.00	$ 363.54	$ 191.00	$ 495.44
Service Item	Outpatient	New E/M Level 5 Tech	99205	510	HR Radiation Onc	$ 510.30	$ 297.26	$ 415.56	$ 297.26	$ 455.80
Service Item	Inpatient and Outpatient	New E/M Level 5 Tech	99205	510	MC Radiation Thrpy	$ 510	$ 297	$ 468.25	$ 297	$ 824
Service Item	Outpatient	New E/M Level 5 Tech	99205	510	NC Urgent Care	$ 510.30	$ 191.00	$ 374.00	$ 191.00	$ 495.44
Service Item	Outpatient	New E/M Level 5 Tech	99205	510	NS Neuro Sciences	$ 510.30	$ 191.00	$ 363.54	$ 191.00	$ 495.44
Service Item	Outpatient	New E/M Level 5 Tech	99205	510	OP Wound Center	$ 510.30	$ 191.00	$ 413.14	$ 191.00	$ 495.44
Service Item	Outpatient	New E/M Level 5 Tech	99205	510	SC Urgent Care	$ 510.30	$ 265.00	$ 375.24	$ 192.34	$ 495.44
Service Item	Outpatient	New E/M Level 5 Tech	99205	510	SFM Family Medicine	$ 510.30	$ 191.00	$ 411.90	$ 191.00	$ 495.44
Service Item	Outpatient	New E/M Level 5 Tech	99205	510	SQ Seq Cardiology	$ 510.30	$ 191.00	$ 363.54	$ 191.00	$ 495.44
Service Item	Outpatient	New E/M Level 5 Tech	99205	510	VR Radiation Onc	$ 510.30	$ 297.26	$ 415.56	$ 297.26	$ 455.80
Service Item	Outpatient	New Icpm E/M <1Yr Tech	99381	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 219.83	$ 102.55	$ 277.44
Service Item	Outpatient	New Icpm E/M <1Yr Tech	99381	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44
Service Item	Outpatient	New Icpm E/M 12-17Yr Tech	99384	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 221.63	$ 120.60	$ 277.44
Service Item	Outpatient	New Icpm E/M 12-17Yr Tech	99384	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44
Service Item	Outpatient	New Icpm E/M 1-4 Yrs Tech	99382	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 220.72	$ 111.47	$ 277.44
Service Item	Outpatient	New Icpm E/M 1-4 Yrs Tech	99382	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44
Service Item	Outpatient	New Icpm E/M 18-39Yr Tech	99385	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 221.63	$ 120.60	$ 277.44
Service Item	Outpatient	New Icpm E/M 18-39Yr Tech	99385	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44
Service Item	Outpatient	New Icpm E/M 40-64Yr Tech	99386	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 223.67	$ 140.98	$ 277.44
Service Item	Outpatient	New Icpm E/M 40-64Yr Tech	99386	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44
Service Item	Outpatient	New Icpm E/M 5-11Yrs Tech	99383	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 220.68	$ 111.05	$ 277.44
Service Item	Outpatient	New Icpm E/M 5-11Yrs Tech	99383	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 250.71	$ 180.94	$ 277.44
Service Item	Outpatient	New Icpm E/M 65+ Yrs Tech	99387	510	CD Chronic Disease	$ 310.61	$ 180.94	$ 207.28	$ 150.78	$ 277.44
Service Item	Outpatient	New Icpm E/M 65+ Yrs Tech	99387	510	SFM Family Medicine	$ 310.61	$ 180.94	$ 232.94	$ 180.94	$ 277.44
Service Item	Outpatient	Nexplanon IUD 68Mg	J7307	636	SFM Family Medicine	$ 3,480.68	$ 2,088.41	$ 2,388.08	$ 641.30	$ 3,202.23
Service Item	Inpatient and Outpatient	Niacin (Vitamin B3)-ARUP	84591	300	MC Reference Lab	$ 80	$ 52	$ 72.73	$ 48	$ 136
Service Item	Outpatient	niCARdipine 2.5 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 112.40	$ 67.44	$ 73.28	$ 23.14	$ 103.41
Service Item	Inpatient and Outpatient	niCARdipine 2.5 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 112	$ 67	$ 73.28	$ 23	$ 103
Service Item	Outpatient	niCARdipine 2.5 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 112.40	$ 67.44	$ 73.00	$ 23.14	$ 103.41
Service Item	Outpatient	niCARdipine 2.5 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 112.40	$ 67.44	$ 73.28	$ 23.14	$ 103.41
Service Item	Outpatient	niCARdipine 20 mg/NS 200 mL Premix	J3490	636	CD Infusion Clinic	$ 530.10	$ 318.06	$ 313.38	$ 23.14	$ 487.69
Service Item	Inpatient and Outpatient	niCARdipine 20 mg/NS 200 mL Premix	J3490	636	MC Pharmacy	$ 530	$ 318	$ 313.38	$ 23	$ 488
Service Item	Outpatient	niCARdipine 20 mg/NS 200 mL Premix	J3490	636	NC Urgent Care	$ 530.10	$ 318.06	$ 312.06	$ 23.14	$ 487.69
Service Item	Outpatient	niCARdipine 20 mg/NS 200 mL Premix	J3490	636	SC Urgent Care	$ 530.10	$ 318.06	$ 313.38	$ 23.14	$ 487.69
Service Item	Inpatient and Outpatient	Nicotine and Metabolites Quant-ARUP	80323	300	MC Reference Lab	$ 26	$ 131	$ 21.69	$ 16	$ 131
Service Item	Inpatient and Outpatient	Nicotine and Metabolites Urine Quant-ARUP	80323	300	MC Reference Lab	$ 26	$ 131	$ 21.69	$ 16	$ 131
Service Item	Outpatient	nitroGLYcerin 2.5 mg/Dextrose 5% Water 25 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	nitroGLYcerin 2.5 mg/Dextrose 5% Water 25 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	nitroGLYcerin 2.5 mg/Dextrose 5% Water 25 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	nitroGLYcerin 2.5 mg/Dextrose 5% Water 25 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	nitroGLYcerin 25 mg/Dextrose 5% Water 250 m	J3490	636	CD Infusion Clinic	$ 89.15	$ 53.49	$ 59.92	$ 23.14	$ 82.02
Service Item	Inpatient and Outpatient	nitroGLYcerin 25 mg/Dextrose 5% Water 250 m	J3490	636	MC Pharmacy	$ 89	$ 53	$ 59.92	$ 23	$ 82
Service Item	Outpatient	nitroGLYcerin 25 mg/Dextrose 5% Water 250 m	J3490	636	NC Urgent Care	$ 89.15	$ 53.49	$ 59.69	$ 23.14	$ 82.02
Service Item	Outpatient	nitroGLYcerin 25 mg/Dextrose 5% Water 250 m	J3490	636	SC Urgent Care	$ 89.15	$ 53.49	$ 59.92	$ 23.14	$ 82.02
Service Item	Outpatient	nitroGLYcerin 5 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 58.15	$ 34.89	$ 42.10	$ 23.14	$ 53.50
Service Item	Inpatient and Outpatient	nitroGLYcerin 5 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 58	$ 35	$ 42.10	$ 23	$ 53
Service Item	Outpatient	nitroGLYcerin 5 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 58.15	$ 34.89	$ 41.95	$ 23.14	$ 53.50
Service Item	Outpatient	nitroGLYcerin 5 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 58.15	$ 34.89	$ 42.10	$ 23.14	$ 53.50
Service Item	Outpatient	nitroprusside 25 mg/mL Inj 2 mL	J3490	636	CD Infusion Clinic	$ 1,534.50	$ 920.70	$ 890.73	$ 23.14	$ 1,411.74
Service Item	Inpatient and Outpatient	nitroprusside 25 mg/mL Inj 2 mL	J3490	636	MC Pharmacy	$ 1,535	$ 921	$ 890.73	$ 23	$ 1,412
Service Item	Outpatient	nitroprusside 25 mg/mL Inj 2 mL	J3490	636	NC Urgent Care	$ 1,534.50	$ 920.70	$ 886.90	$ 23.14	$ 1,411.74
Service Item	Outpatient	nitroprusside 25 mg/mL Inj 2 mL	J3490	636	SC Urgent Care	$ 1,534.50	$ 920.70	$ 890.73	$ 23.14	$ 1,411.74
Service Package	Inpatient and Outpatient	Nitrous Oxide Per 1 Hr		412	MC RT Services	$ 333	Charges have been	#N/A	$ 291	$ 297
Service Package	Inpatient	Nitrous Oxide Per 1/2 Hr		370	MC Anesthesiology	$ 30.32	Charges have been	#N/A	$ 26.50	$ 27.08
Service Item	Outpatient	nivolumab 10 mg/mL Inj 10 mL	J9299	636	CD Infusion Clinic	$ 10,983.05	$ 6,589.83	$ 5,421.81	$ 26.75	$ 10,104.41
Service Item	Inpatient and Outpatient	nivolumab 10 mg/mL Inj 10 mL	J9299	636	MC Pharmacy	$ 10,983	$ 6,618	$ 5,421.81	$ 27	$ 10,104
Service Item	Outpatient	nivolumab 10 mg/mL Inj 10 mL	J9299	636	NC Urgent Care	$ 10,983.05	$ 6,618.03	$ 5,394.35	$ 26.75	$ 10,104.41
Service Item	Outpatient	nivolumab 10 mg/mL Inj 10 mL	J9299	636	SC Urgent Care	$ 10,983.05	$ 6,618.03	$ 5,421.81	$ 26.75	$ 10,104.41
Service Item	Outpatient	nivolumab 10 mg/mL Inj 4 mL	J9299	636	CD Infusion Clinic	$ 4,393.20	$ 2,635.92	$ 3,052.76	$ 26.75	$ 7,457.49
Service Item	Inpatient and Outpatient	nivolumab 10 mg/mL Inj 4 mL	J9299	636	MC Pharmacy	$ 4,393	$ 2,664	$ 3,052.76	$ 27	$ 7,457
Service Item	Outpatient	nivolumab 10 mg/mL Inj 4 mL	J9299	636	NC Urgent Care	$ 4,393.20	$ 2,664.12	$ 3,041.78	$ 26.75	$ 7,457.49
Service Item	Outpatient	nivolumab 10 mg/mL Inj 4 mL	J9299	636	SC Urgent Care	$ 4,393.20	$ 2,664.12	$ 3,052.76	$ 26.75	$ 7,457.49
Service Package	Inpatient and Outpatient	NJX Interlaminar Crv/Thrc	62321	361	MC Cath Lab Srvcs	$ 1,563	Charges have been	$ 1,120.02	$ 724	$ 932
Service Package	Inpatient and Outpatient	Njx Px Nfrosgrm &/Urtrgrm	50431	361	MC Cath Lab Srvcs	$ 1,391	Charges have been	$ 1,026.05	$ 645	$ 948
Service Item	Inpatient and Outpatient	Nm 131 Therap Dose 1-5Mci	A9517	344	MC Nuclear Medicine	$ 278	$ 162	$ 195.45	$ 21	$ 248
Service Item	Inpatient and Outpatient	Nm Ceretec Isotope (Brain	A9521	343	MC Nuclear Medicine	$ 1,206	$ 702	$ 984.79	$ 702	$ 1,077
Service Item	Inpatient and Outpatient	Nm Chemical Stress Test	78452	340	MC Nuclear Medicine	$ 3,318	$ 1,583	$ 2,415.41	$ 971	$ 2,964
Service Item	Inpatient and Outpatient	Nm Gallium Dose	A9556	343	MC Nuclear Medicine	$ 513	$ 299	$ 382.51	$ 26	$ 458
Service Item	Inpatient and Outpatient	Nm I123 Mibg 10 Mci	A9582	343	MC Nuclear Medicine	$ 6,604	$ 3,847	$ 5,288.28	$ 3,847	$ 5,899
Service Item	Inpatient and Outpatient	Nm I123 Unit Dose Per Mci	A9516	343	MC Nuclear Medicine	$ 335	$ 195	$ 254.78	$ 67	$ 299
Service Item	Inpatient and Outpatient	Nm I131 Ea Addl 3Mci	A9517	344	MC Nuclear Medicine	$ 239	$ 140	$ 174.38	$ 21	$ 214
Service Item	Inpatient and Outpatient	Nm In111 Octreoscan 6Mci	A9572	343	MC Nuclear Medicine	$ 10,610	$ 6,181	$ 8,916.48	$ 6,181	$ 10,604
Service Item	Inpatient and Outpatient	Nm Indium 111 Dtpa	A9548	343	MC Nuclear Medicine	$ 3,495	$ 2,036	$ 2,617.09	$ 297	$ 3,121
Service Item	Inpatient and Outpatient	Nm Indium 111 Oxine Per 5	A9570	343	MC Nuclear Medicine	$ 2,172	$ 1,265	$ 1,778.24	$ 1,265	$ 1,940
Service Item	Inpatient and Outpatient	Nm Indium-111 Zevalin	A9542	343	MC Nuclear Medicine	$ 8,630	$ 7,797	$ 6,691.78	$ 3,019	$ 7,797
Service Item	Inpatient and Outpatient	Nm Sestamibi Dose	A9500	343	MC Nuclear Medicine	$ 627	$ 365	$ 476.98	$ 126	$ 560
Service Item	Outpatient	Nm Sestamibi Dose	A9500	343	SQ Seq Cardiology	$ 627.23	$ 365.38	$ 415.58	$ 125.67	$ 560.24
Service Item	Outpatient	Nm Sestamibi Dose - SQ Cardiology	A9500	343	SQ Seq Cardiology	$ 262.26	$ 152.77	$ 287.15	$ 125.67	$ 413.48
Service Item	Inpatient and Outpatient	Nm Tc99 Pentate Aerosol	A4641	343	MC Nuclear Medicine	$ 876	$ 510	$ 670.35	$ 510	$ 783
Service Item	Inpatient and Outpatient	Nm Tc99M Dose 5Mci	A4641	343	MC Nuclear Medicine	$ 347	$ 202	$ 285.60	$ 202	$ 310
Service Item	Inpatient and Outpatient	Nm Tc99M Dtpa Unit Dose	A9537	343	MC Nuclear Medicine	$ 556	$ 324	$ 376.01	$ 65	$ 497
Service Item	Inpatient and Outpatient	Nm Tc99M Lung Maa Per Via	A9540	343	MC Nuclear Medicine	$ 911	$ 531	$ 676.91	$ 23	$ 814
Service Item	Inpatient and Outpatient	Nm Tc99M Lymphoseek Diag	A9520	343	MC Nuclear Medicine	$ 601	$ 350	$ 471.65	$ 267	$ 537
Service Item	Inpatient and Outpatient	Nm Tc99M Mebrofenin	A9537	343	MC Nuclear Medicine	$ 297	$ 173	$ 226.17	$ 65	$ 265
Service Item	Inpatient and Outpatient	Nm Tc99M Medronate	A9503	343	MC Nuclear Medicine	$ 149	$ 87	$ 125.88	$ 87	$ 159
Service Item	Inpatient and Outpatient	Nm Tc99M Sc Per Vial	A9541	343	MC Nuclear Medicine	$ 1,005	$ 585	$ 749.94	$ 58	$ 898
Service Item	Inpatient and Outpatient	Nm Tc99M Ultratag Per Dos	A9560	343	MC Nuclear Medicine	$ 1,513	$ 881	$ 1,132.39	$ 124	$ 1,351
Service Item	Inpatient and Outpatient	Nm Tc99M Vent Lung Per Vi	A9539	343	MC Nuclear Medicine	$ 876	$ 510	$ 650.44	$ 18	$ 783
Service Item	Inpatient and Outpatient	Nm Thallium 201 Dose	A9505	343	MC Nuclear Medicine	$ 1,012	$ 589	$ 752.41	$ 32	$ 904
Service Item	Inpatient and Outpatient	N-methyl-D-Aspartate Rcptr IgG Ab-ARUP	86255	300	MC Reference Lab	$ 146	$ 54	$ 102.23	$ 50	$ 134
Service Item	Inpatient and Outpatient	N-methyl-D-Aspartate Receptor Ab CSF-ARUP	86255	300	MC Reference Lab	$ 117	$ 54	$ 85.68	$ 50	$ 118
Service Package	Inpatient and Outpatient	Non Neurlyt Cath C T	62324	361	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,673.17	$ 941	$ 2,103
Service Package	Inpatient and Outpatient	Non Neurlyt Cath L S	62326	361	MC Cath Lab Srvcs	$ 2,030	Charges have been	$ 1,673.17	$ 941	$ 2,103
Service Package	Inpatient and Outpatient	Non-Neurolytic Ct Sp	62320	361	MC Cath Lab Srvcs	$ 1,563	Charges have been	$ 1,263.24	$ 724	$ 1,518
Service Item	Outpatient	Non-Neurolytic Ct Sp	62320	361	SFM Family Medicine	$ 1,562.63	$ 989.82	$ 1,254.13	$ 724.25	$ 1,517.72
Service Package	Inpatient and Outpatient	Non-Neurolytic Ls Sp	62322	361	MC Cath Lab Srvcs	$ 1,563	Charges have been	$ 1,263.24	$ 724	$ 1,518
Service Item	Outpatient	norEPINEPHrine 0.8 mg/50 mL (PED)	J3490	636	CD Infusion Clinic	$ 25.75	$ 15.45	$ 23.47	$ 15.45	$ 27.98
Service Item	Inpatient and Outpatient	norEPINEPHrine 0.8 mg/50 mL (PED)	J3490	636	MC Pharmacy	$ 26	$ 15	$ 23.47	$ 15	$ 28
Service Item	Outpatient	norEPINEPHrine 0.8 mg/50 mL (PED)	J3490	636	NC Urgent Care	$ 25.75	$ 15.45	$ 23.41	$ 15.45	$ 27.98
Service Item	Outpatient	norEPINEPHrine 0.8 mg/50 mL (PED)	J3490	636	SC Urgent Care	$ 25.75	$ 15.45	$ 23.47	$ 15.45	$ 27.98
Service Item	Outpatient	norEPINEPHrine 1 mg/mL Inj 4 mL	J3490	636	CD Infusion Clinic	$ 105.85	$ 63.51	$ 69.52	$ 23.14	$ 97.38
Service Item	Inpatient and Outpatient	norEPINEPHrine 1 mg/mL Inj 4 mL	J3490	636	MC Pharmacy	$ 106	$ 64	$ 69.52	$ 23	$ 97

Service Item	Outpatient	norEPINEPHrine 1 mg/mL Inj 4 mL	J3490	636	NC Urgent Care	$ 105.85	$ 63.51	$ 69.25	$ 23.14	$ 97.38
Service Item	Outpatient	norEPINEPHrine 1 mg/mL Inj 4 mL	J3490	636	SC Urgent Care	$ 105.85	$ 63.51	$ 69.52	$ 23.14	$ 97.38
Service Item	Outpatient	norEPINEPHrine 4 mg/Dextrose 5% Water 250 n	J3490	636	CD Infusion Clinic	$ 127.20	$ 76.32	$ 81.79	$ 23.14	$ 117.02
Service Item	Inpatient and Outpatient	norEPINEPHrine 4 mg/Dextrose 5% Water 250 n	J3490	636	MC Pharmacy	$ 127	$ 76	$ 81.79	$ 23	$ 117
Service Item	Outpatient	norEPINEPHrine 4 mg/Dextrose 5% Water 250 n	J3490	636	NC Urgent Care	$ 127.20	$ 76.32	$ 81.47	$ 23.14	$ 117.02
Service Item	Outpatient	norEPINEPHrine 4 mg/Dextrose 5% Water 250 n	J3490	636	SC Urgent Care	$ 127.20	$ 76.32	$ 81.79	$ 23.14	$ 117.02
Service Item	Outpatient	norEPINEPHrine 4 mg/Sodium Chloride 0.9% 25(	J3490	636	CD Infusion Clinic	$ 105.85	$ 63.51	$ 69.52	$ 23.14	$ 97.38
Service Item	Inpatient and Outpatient	norEPINEPHrine 4 mg/Sodium Chloride 0.9% 25(	J3490	636	MC Pharmacy	$ 106	$ 64	$ 69.52	$ 23	$ 97
Service Item	Outpatient	norEPINEPHrine 4 mg/Sodium Chloride 0.9% 25(	J3490	636	NC Urgent Care	$ 105.85	$ 63.51	$ 69.25	$ 23.14	$ 97.38
Service Item	Outpatient	norEPINEPHrine 4 mg/Sodium Chloride 0.9% 25(	J3490	636	SC Urgent Care	$ 105.85	$ 63.51	$ 69.52	$ 23.14	$ 97.38
Service Item	Inpatient and Outpatient	Norovirus Group 1 and 2 Detection PCR, Stool-A	87798	300	MC Reference Lab	$ 30	$ 151	$ 134.87	$ 26	$ 345
Service Item	Inpatient and Outpatient	Nortriptyline Level-ARUP	80335	300	MC Reference Lab	$ 15	$ 78	$ 12.63	$ 9	$ 78
Service Item	Outpatient	Novolog 100Un/Ml 10Ml	J1815	636	CD Chronic Disease	$ 12.10	$ 7.26	$ 167.32	$ 0.15	$ 474.28
Service Item	Outpatient	Novolog 100Un/Ml 10Ml	J1815	636	SFM Family Medicine	$ 12.10	$ 7.26	$ 167.32	$ 0.15	$ 474.28
Service Item	Outpatient	Npwt <=50Sqcm	97607	761	OP Wound Center	$ 780.55	$ 468.33	$ 605.59	$ 370.22	$ 718.11
Service Item	Outpatient	Npwt >50 Sq Cm	97608	761	OP Wound Center	$ 780.55	$ 468.33	$ 605.59	$ 370.22	$ 718.11
Service Item	Inpatient and Outpatient	N-Telopeptide, Cross-Linked, Urine-ARUP	82523	300	MC Reference Lab	$ 21	$ 123	$ 40.04	$ 12	$ 184
Service Item	Inpatient and Outpatient	Nuclear antigen antibody-ARUP	86235	305	MC Reference Lab	$ 15	$ 68	$ 33.92	$ 9	$ 176
Service Package	Inpatient	Nurtition Ther Init 15Min	97802	942	MC Acute Dialysis	$ 65.02	Charges have been	$ 59.57	$ 56.82	$ 58.08
Service Package	Inpatient and Outpatient	Nut Bolt (A)	C1713	278	MC Central Supply	$ 1,507	Charges have been	$ 2,413.46	$ 1,343	$ 1,373
Service Package	Inpatient and Outpatient	Nut Bolt (B)	C1713	278	MC Central Supply	$ 4,270	Charges have been	$ 4,286.17	$ 3,805	$ 3,890
Service Item	Outpatient	Nutr Group Interv	97804	942	CD Chronic Disease	$ 49.99	$ 29.12	$ 34.92	$ 13.26	$ 44.65
Service Item	Outpatient	Nutr Group Interv	97804	942	CD Diabetic Clinic	$ 49.99	$ 29.12	$ 34.92	$ 13.26	$ 44.65
Service Item	Outpatient	Nutr Init/Sub Assess	97802	942	CD Chronic Disease	$ 65.02	$ 37.88	$ 49.27	$ 29.93	$ 58.08
Service Item	Outpatient	Nutr Init/Sub Assess	97802	942	CD Diabetic Clinic	$ 65.02	$ 37.88	$ 49.27	$ 29.93	$ 58.08
Service Item	Outpatient	Nutr Init/Sub Assess	97802	942	SFM Family Medicine	$ 65.02	$ 37.88	$ 53.33	$ 37.88	$ 58.08
Service Item	Outpatient	Nutrition Re-Assessment and Intervention EA 15	97803	942	CD Chronic Disease	$ 62.01	$ 36.12	$ 47.01	$ 26.22	$ 55.62
Service Item	Outpatient	Nutrition Re-Assessment and Intervention EA 15	97803	942	CD Diabetic Clinic	$ 62.01	$ 36.12	$ 47.01	$ 26.22	$ 55.62
Service Item	Outpatient	Nutrition Re-Assessment and Intervention EA 15	97803	942	SFM Family Medicine	$ 62.01	$ 36.12	$ 51.11	$ 36.12	$ 55.62
Service Package	Inpatient	Nutrition Ther Re-Assess	97803	942	MC Acute Dialysis	$ 62.01	Charges have been	$ 56.81	$ 54.18	$ 55.38
Service Item	Inpatient and Outpatient	O-Arm Scan Proc Spinal	61783	360	MC Diag Radiology	$ 328	$ 191	$ 265.40	$ 191	$ 293
Service Item	Outpatient	O-Arm Scan Proc Spinal	61783	360	NC Diag Imaging	$ 327.82	$ 190.96	$ 265.40	$ 190.96	$ 292.81
Service Item	Outpatient	O-Arm Scan Proc Spinal	61783	360	SC Diag Imaging	$ 327.82	$ 190.96	$ 265.40	$ 190.96	$ 292.81
Service Package	Inpatient and Outpatient	Oasis Tri-Lay Wnd 1 Sq Cm	Q4124	636	MC Central Supply	$ 18	Charges have been	$ 768.69	$ 16	$ 17
Service Package	Inpatient and Outpatient	Oasis Tri-Lay Wnd 5X7 Cm	Q4124	636	MC Central Supply	$ 1,338	Charges have been	$ 1,665.96	$ 1,204	$ 1,231
Service Package	Inpatient and Outpatient	Oasis Tri-Lay Wnd 7X10 Cm	Q4124	636	MC Central Supply	$ 3,026	Charges have been	$ 2,813.88	$ 2,723	$ 2,784
Service Package	Inpatient and Outpatient	Oasis Tri-Lay Wnd 7X20 Cm	Q4124	636	MC Central Supply	$ 2,507	Charges have been	$ 2,461.30	$ 2,256	$ 2,307
Service Package	Inpatient and Outpatient	Oasis Wnd Matrix 3X3.5 Cm	Q4102	636	MC Central Supply	$ 133	Charges have been	$ 123.83	$ 120	$ 122
Service Package	Inpatient and Outpatient	Oasis Wnd Matrix 3X7 Cm	Q4102	636	MC Central Supply	$ 266	Charges have been	$ 214.18	$ 239	$ 245
Service Package	Inpatient	Observation Charge	99218	762	MC 14 Telemetry	$ 1,924.57	Charges have been	$ 1,275.26	$ 290.75	$ 290.75
Service Package	Inpatient	Observation Charge	99218	762	MC 15 ICCU	$ 1,924.57	Charges have been	$ 1,275.26	$ 290.75	$ 290.75
Service Item	Inpatient and Outpatient	Obstetric Panel w/ HIV	80081	300	MC General Lab	$ 439	$ 472	$ 467.59	$ 305	$ 736
Service Package	Inpatient and Outpatient	Obstetrics Triage	99211	761	MC Labor Triage	$ 1,054	$ 659	$ 645.72	$ 150	$ 962
Service Package	Inpatient and Outpatient	Obstetrics Triage	99211	761	MC LT Labor Triage	$ 1,054	$ 614	$ 770.13	$ 614	$ 941
Service Item	Outpatient	Obtaining Screen Pap Smear	Q0091	311	SFM Family Medicine	$ 79.50	$ 133.53	$ 59.11	$ 26.64	$ 133.53
Service Package	Inpatient and Outpatient	Occlusive Device Plc	G0269	361	MC Cath Lab Srvcs	$ 337	Charges have been	$ 308.85	$ 295	$ 301
Service Item	Outpatient	Occult Bld Feces 1-3 Test	82272	300	CD Chronic Disease	$ 35.63	$ 21.17	$ 26.49	$ 12.70	$ 33.71
Service Package	Inpatient and Outpatient	Occult Bld Feces 1-3 Test	82272	300	MC Emergency	$ 36	$ 14	$ 26.58	$ 13	$ 34
Service Item	Inpatient and Outpatient	Occult Bld Feces 1-3 Test	82272	300	MC General Lab	$ 36	$ 14	$ 26.58	$ 13	$ 34
Service Item	Outpatient	Occult Bld Feces 1-3 Test	82272	300	NC Urgent Care	$ 35.63	$ 14.16	$ 26.49	$ 12.70	$ 33.71
Service Item	Outpatient	Occult Bld Feces 1-3 Test	82272	300	SC Urgent Care	$ 35.63	$ 14.16	$ 26.58	$ 12.70	$ 33.71
Service Item	Outpatient	Occult Bld Feces 1-3 Test	82272	300	SFM Family Medicine	$ 35.63	$ 14.16	$ 26.49	$ 12.70	$ 33.71
Service Item	Outpatient	Occult Blood Feces Colorectal Screening	82270	301	CD Chronic Disease	$ 48.76	$ 28.97	$ 28.59	$ 10.03	$ 44.42
Service Item	Inpatient and Outpatient	Occult Blood Feces Colorectal Screening	82270	301	MC General Lab	$ 49	$ 11	$ 28.71	$ 10	$ 44
Service Item	Outpatient	Occult Blood Feces Colorectal Screening	82270	301	SFM Family Medicine	$ 48.76	$ 11.19	$ 28.59	$ 10.03	$ 44.42
Service Item	Inpatient and Outpatient	Occult Blood Misc Source	82271	300	MC General Lab	$ 36	$ 14	$ 27.45	$ 13	$ 42
Service Item	Outpatient	ocrelizumab 300 mg/10 mL Sol	J2350	636	CD Infusion Clinic	$ 71,175.00	$ 42,705.00	$ 35,075.63	$ 55.25	$ 65,481.00
Service Item	Inpatient and Outpatient	ocrelizumab 300 mg/10 mL Sol	J2350	636	MC Pharmacy	$ 71,175	$ 42,705	$ 35,075.63	$ 55	$ 65,481
Service Item	Outpatient	ocrelizumab 300 mg/10 mL Sol	J2350	636	NC Urgent Care	$ 71,175.00	$ 42,705.00	$ 34,897.69	$ 55.25	$ 65,481.00
Service Item	Outpatient	ocrelizumab 300 mg/10 mL Sol	J2350	636	SC Urgent Care	$ 71,175.00	$ 42,705.00	$ 35,075.63	$ 55.25	$ 65,481.00
Service Item	Outpatient	octreotide 100 mcg/mL Inj 1 mL	J2354	636	CD Infusion Clinic	$ 55.50	$ 33.30	$ 28.85	$ 1.74	$ 51.06
Service Item	Inpatient and Outpatient	octreotide 100 mcg/mL Inj 1 mL	J2354	636	MC Pharmacy	$ 56	$ 33	$ 28.85	$ 2	$ 51
Service Item	Outpatient	octreotide 100 mcg/mL Inj 1 mL	J2354	636	NC Urgent Care	$ 55.50	$ 33.30	$ 28.71	$ 1.74	$ 51.06
Service Item	Outpatient	octreotide 100 mcg/mL Inj 1 mL	J2354	636	SC Urgent Care	$ 55.50	$ 33.30	$ 28.85	$ 1.74	$ 51.06
Service Item	Outpatient	octreotide 50 mcg/mL Inj 1 mL	J2354	636	CD Infusion Clinic	$ 34.35	$ 20.61	$ 21.24	$ 1.74	$ 31.60
Service Item	Inpatient and Outpatient	octreotide 50 mcg/mL Inj 1 mL	J2354	636	MC Pharmacy	$ 34	$ 21	$ 21.24	$ 2	$ 32
Service Item	Outpatient	octreotide 50 mcg/mL Inj 1 mL	J2354	636	NC Urgent Care	$ 34.35	$ 20.61	$ 21.16	$ 1.74	$ 31.60
Service Item	Outpatient	octreotide 50 mcg/mL Inj 1 mL	J2354	636	SC Urgent Care	$ 34.35	$ 20.61	$ 21.24	$ 1.74	$ 31.60
Service Item	Outpatient	octreotide 500 mcg/mL Inj 1 mL	J2354	636	CD Infusion Clinic	$ 195.30	$ 117.18	$ 79.10	$ 1.74	$ 179.68
Service Item	Inpatient and Outpatient	octreotide 500 mcg/mL Inj 1 mL	J2354	636	MC Pharmacy	$ 195	$ 117	$ 79.10	$ 2	$ 180
Service Item	Outpatient	octreotide 500 mcg/mL Inj 1 mL	J2354	636	NC Urgent Care	$ 195.30	$ 117.18	$ 78.62	$ 1.74	$ 179.68
Service Item	Outpatient	octreotide 500 mcg/mL Inj 1 mL	J2354	636	SC Urgent Care	$ 195.30	$ 117.18	$ 79.10	$ 1.74	$ 179.68
Service Package	Inpatient and Outpatient	Oil Retinal	C1814	272	MC Central Supply	$ 1,921	Charges have been	$ 1,777.85	$ 1,712	$ 1,750
Service Item	Outpatient	OLANZapine 10 mg IM Inj	J3490	636	CD Infusion Clinic	$ 193.00	$ 115.80	$ 119.61	$ 23.14	$ 177.56
Service Item	Inpatient and Outpatient	OLANZapine 10 mg IM Inj	J3490	636	MC Pharmacy	$ 193	$ 116	$ 119.61	$ 23	$ 178
Service Item	Outpatient	OLANZapine 10 mg IM Inj	J3490	636	NC Urgent Care	$ 193.00	$ 115.80	$ 119.13	$ 23.14	$ 177.56
Service Item	Outpatient	OLANZapine 10 mg IM Inj	J3490	636	SC Urgent Care	$ 193.00	$ 115.80	$ 119.61	$ 23.14	$ 177.56
Service Item	Inpatient and Outpatient	Olanzapine Level-ARUP	80299	300	MC Reference Lab	$ 15	$ 65	$ 31.34	$ 9	$ 148
Service Item	Outpatient	omalizumab 150 mg vial	J2357	636	CD Infusion Clinic	$ 4,657.65	$ 2,794.59	$ 2,310.96	$ 18.62	$ 4,285.04
Service Item	Inpatient and Outpatient	omalizumab 150 mg vial	J2357	636	MC Pharmacy	$ 4,658	$ 2,813	$ 2,310.96	$ 19	$ 4,285
Service Item	Outpatient	Omnipaque 300 50 Ml	Q9967	636	IC CAT Scan	$ 5.16	$ 3.55	$ 3.05	$ 0.65	$ 4.75
Service Package	Inpatient	Omnipaque 300 50 Ml	Q9967	636	MC Cardiac Surgery	$ 5.16	Charges have been	$ 3.85	$ 4.64	$ 4.75
Service Item	Inpatient and Outpatient	Omnipaque 300 50 Ml	Q9967	636	MC CAT Scanner	$ 5	$ 4	$ 3.05	$ 1	$ 5
Service Package	Inpatient and Outpatient	Omnipaque 300 50 Ml	Q9967	636	MC Contrast Material	$ 5	$ 3	$ 2.94	$ 1	$ 5
Service Package	Inpatient and Outpatient	Omnipaque 300 50 Ml	Q9967	636	MC Surgical Srvcs	$ 5	Charges have been	$ 3.85	$ 5	$ 5
Service Item	Outpatient	ondansetron 2 mg/mL Inj 1 mL	J2405	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.87	$ 0.16	$ 11.13
Service Item	Inpatient and Outpatient	ondansetron 2 mg/mL Inj 1 mL	J2405	636	MC Pharmacy	$ 12	$ 14	$ 7.87	$ 0	$ 14
Service Item	Outpatient	ondansetron 2 mg/mL Inj 1 mL	J2405	636	NC Urgent Care	$ 12.10	$ 13.79	$ 7.84	$ 0.16	$ 13.79
Service Item	Outpatient	ondansetron 2 mg/mL Inj 1 mL	J2405	636	SC Urgent Care	$ 12.10	$ 13.79	$ 7.87	$ 0.16	$ 13.79
Service Item	Outpatient	ondansetron 2 mg/mL Inj 2 mL	J2405	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.87	$ 0.16	$ 11.13
Service Item	Inpatient and Outpatient	ondansetron 2 mg/mL Inj 2 mL	J2405	636	MC Pharmacy	$ 12	$ 7	$ 7.87	$ 0	$ 11
Service Item	Outpatient	ondansetron 2 mg/mL Inj 2 mL	J2405	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.84	$ 0.16	$ 11.13
Service Item	Outpatient	ondansetron 2 mg/mL Inj 2 mL	J2405	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.87	$ 0.16	$ 11.13
Service Item	Outpatient	ondansetron 2 mg/mL Inj 2 mL	J2405	636	SFM Family Medicine	$ 12.10	$ 7.26	$ 7.84	$ 0.16	$ 11.13
Service Item	Outpatient	ondansetron 2 mg/mL Inj 2 mL	J2405	636	VD Visalia Dialysis	$ 12.10	$ 7.26	$ 7.87	$ 0.16	$ 11.13
Service Item	Outpatient	ondansetron 2 mg/mL Inj 20 mL	J2405	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.87	$ 0.16	$ 11.13
Service Item	Inpatient and Outpatient	ondansetron 2 mg/mL Inj 20 mL	J2405	636	MC Pharmacy	$ 12	$ 14	$ 7.87	$ 0	$ 14
Service Item	Outpatient	ondansetron 2 mg/mL Inj 20 mL	J2405	636	NC Urgent Care	$ 12.10	$ 13.79	$ 7.84	$ 0.16	$ 13.79
Service Item	Outpatient	ondansetron 2 mg/mL Inj 20 mL	J2405	636	SC Urgent Care	$ 12.10	$ 13.79	$ 7.87	$ 0.16	$ 13.79
Service Package	Inpatient and Outpatient	Open Aortic Tube Prosth Repr	34716	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Package	Inpatient and Outpatient	Open Aortofemor Prosth Repr	34830	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Open Aortoiliac Prosth Repr	34813	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Package	Inpatient	Open Heart Ea Add'L 1/2Hr		360	MC Cardiac Surgery	$ 3,998.28	Charges have been	#N/A	$ 3,493.65	$ 3,571.28
Service Package	Inpatient	Open Heart Room 0-2 Hrs		360	MC Cardiac Surgery	$ 30,844.68	$ 17,967.77	#N/A	$ 17,967.77	$ 369,325.32
Service Package	Inpatient and Outpatient	Open/Perq Place Stent 1St	34847	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Open/Perq Place Stent Ea Add	34848	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Item	Outpatient	Operative Cholang Add Set	74301	320	IC Radiology	$ 511.95	$ 87.24	$ 326.54	$ 61.95	$ 457.28
Service Item	Inpatient and Outpatient	Operative Cholang Add Set	74301	320	MC Diag Radiology	$ 512	$ 87	$ 331.51	$ 62	$ 457
Service Item	Outpatient	Operative Cholang Add Set	74301	320	NC Diag Imaging	$ 511.95	$ 87.24	$ 331.51	$ 61.95	$ 457.28
Service Item	Outpatient	Operative Cholang Add Set	74301	320	SC Diag Imaging	$ 511.95	$ 87.24	$ 331.51	$ 61.95	$ 457.28
Service Item	Outpatient	Operative Cholangiography	74300	320	IC Radiology	$ 536.25	$ 312.38	$ 385.94	$ 106.75	$ 478.98
Service Item	Inpatient and Outpatient	Operative Cholangiography	74300	320	MC Diag Radiology	$ 536	$ 312	$ 391.14	$ 107	$ 479
Service Item	Outpatient	Operative Cholangiography	74300	320	NC Diag Imaging	$ 536.25	$ 312.38	$ 391.14	$ 106.75	$ 478.98
Service Item	Outpatient	Operative Cholangiography	74300	320	SC Diag Imaging	$ 536.25	$ 312.38	$ 391.14	$ 106.75	$ 478.98
Service Item	Inpatient and Outpatient	Opiates 1 or more-ARUP	80361	300	MC Reference Lab	$ 11	$ 85	$ 8.91	$ 6	$ 85
Service Item	Inpatient and Outpatient	Opiates Single Ux Qual	80307	301	MC General Lab	$ 130	$ 280	$ 255.61	$ 112	$ 572
Service Package	Inpatient and Outpatient	Opn Ax/Subcla Art Expos	34706	360	MC Cath Lab Srvcs	$ 31,815	Charges have been	$ 29,147.55	$ 27,799	$ 28,417
Service Package	Inpatient and Outpatient	Opn Ax/Subcla Art Expos Cndt	34710	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938

Service Package	Inpatient and Outpatient	Opn Brach Art Expos	34832	360	MC Cath Lab Srvcs	$	31,815	Charges have been	$	29,147.55	$	27,799	$	28,417
Service Package	Inpatient and Outpatient	Opn Fem Art Expos	34712	360	MC Cath Lab Srvcs	$	7,767	Charges have been	$	7,116.20	$	6,787	$	6,938
Service Package	Inpatient and Outpatient	Opn Iliac Art Expos Cndt Crtj	34831	360	MC Cath Lab Srvcs	$	31,815	Charges have been	$	29,147.55	$	27,799	$	28,417
Service Package	Inpatient and Outpatient	Opn Iliac Art Expos	34715	360	MC Cath Lab Srvcs	$	7,767	Charges have been	$	7,116.20	$	6,787	$	6,938
Service Item	Outpatient	Orbits 4 Views Min	70200	320	IC Radiology	$	347.21	$ 100.71	$	218.18	$	90.30	$	310.13
Service Item	Inpatient and Outpatient	Orbits 4 Views Min	70200	320	MC Diag Radiology	$	347	$ 101	$	359.86	$	90	$	1,636
Service Item	Outpatient	Orbits 4 Views Min	70200	320	NC Diag Imaging	$	347.21	$ 100.71	$	359.86	$	90.30	$	1,635.83
Service Item	Outpatient	Orbits 4 Views Min	70200	320	SC Diag Imaging	$	347.21	$ 100.71	$	359.86	$	90.30	$	1,635.83
Service Package	Inpatient and Outpatient	Oropharyngeal Hemor Ctrl		450	MC Emergency	$	233	Charges have been		#N/A	$	203	$	208
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter OT	97763	430	OP Hand Center	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter OT	97763	430	OP Rehab Therapies	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter OT	97763	430	OP Therapy Akers	$	134.00	$ 120.00	$	116.37	$	100.10	$	134.00
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter OT	97763	430	OP Therapy Exeter	$	134.00	$ 120.00	$	116.37	$	100.10	$	134.00
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter OT	97763	430	OP Therapy Neuro	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter OT - PTA/OTA	97763	430	OP Hand Center	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter OT - PTA/OTA	97763	430	OP Rehab Therapies	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter OT - PTA/OTA	97763	430	OP Therapy Akers	$	134.00	$ 120.00	$	116.37	$	100.10	$	134.00
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter OT - PTA/OTA	97763	430	OP Therapy Exeter	$	134.00	$ 120.00	$	116.37	$	100.10	$	134.00
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter OT - PTA/OTA	97763	430	OP Therapy Neuro	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Package	Inpatient and Outpatient	Orth/Prost Mgmt Sbsq Encounter PT	97763	420	MC PT Services	$	134	Charges have been	$	124.62	$	121	$	123
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT	97763	420	OP Hand Center	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT	97763	420	OP Rehab Therapies	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT	97763	420	OP Therapy Akers	$	134.00	$ 120.00	$	116.37	$	100.10	$	134.00
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT	97763	420	OP Therapy Exeter	$	134.00	$ 120.00	$	116.37	$	100.10	$	134.00
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT	97763	420	OP Therapy Lovers Ln	$	134.00	$ 120.00	$	116.37	$	100.10	$	134.00
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT	97763	420	OP Therapy Neuro	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT - PTA/OTA	97763	420	OP Hand Center	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT - PTA/OTA	97763	420	OP Rehab Therapies	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT - PTA/OTA	97763	420	OP Therapy Akers	$	134.00	$ 120.00	$	116.37	$	100.10	$	134.00
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT - PTA/OTA	97763	420	OP Therapy Exeter	$	134.00	$ 120.00	$	116.37	$	100.10	$	134.00
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT - PTA/OTA	97763	420	OP Therapy Lovers Ln	$	134.00	$ 120.00	$	116.37	$	100.10	$	134.00
Service Item	Outpatient	Orth/Prost Mgmt Sbsq Encounter PT - PTA/OTA	97763	420	OP Therapy Neuro	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Inpatient and Outpatient	Orthotics Training 15 Min Ot	97760	430	MC OT Services	$	134	$ 80	$	106.14	$	51	$	123
Service Item	Outpatient	Orthotics Training 15 Min Ot	97760	430	OP Hand Center	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orthotics Training 15 Min Ot	97760	430	OP Therapy Akers	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Ot	97760	430	OP Therapy Dinuba	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Ot	97760	430	OP Therapy Exeter	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Ot	97760	430	OP Therapy Lovers Ln	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Ot	97760	430	OP Therapy Neuro	$	134.00	$ 120.00	$	106.14	$	51.46	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Ot	97760	430	RH OT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Ot	97760	430	SA OT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Ot	97760	430	SN TC Ortho OT	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Ot	97760	430	SN TS OT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Outpatient	Orthotics Training 15 Min Ot - PTA/OTA Services	97760	430	OP Hand Center	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orthotics Training 15 Min Ot - PTA/OTA Services	97760	430	OP Therapy Akers	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Ot - PTA/OTA Services	97760	430	OP Therapy Dinuba	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Ot - PTA/OTA Services	97760	430	OP Therapy Exeter	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Ot - PTA/OTA Services	97760	430	OP Therapy Lovers Ln	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Ot - PTA/OTA Services	97760	430	OP Therapy Neuro	$	134.00	$ 120.00	$	106.14	$	51.46	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Ot - PTA/OTA Services	97760	430	RH OT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Ot - PTA/OTA Services	97760	430	SA OT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Ot - PTA/OTA Services	97760	430	SN TC Ortho OT	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Ot - PTA/OTA Services	97760	430	SN TS OT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Package	Inpatient and Outpatient	Orthotics Training 15 Min Pt	97760	420	MC PT Services	$	134	Charges have been	$	124.62	$	121	$	123
Service Item	Outpatient	Orthotics Training 15 Min Pt	97760	420	OP Hand Center	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orthotics Training 15 Min Pt	97760	420	OP Therapy Akers	$	134.00	$ 120.00	$	116.71	$	80.40	$	182.00
Service Item	Outpatient	Orthotics Training 15 Min Pt	97760	420	OP Therapy Dinuba	$	134.00	$ 120.00	$	116.71	$	80.40	$	182.00
Service Item	Outpatient	Orthotics Training 15 Min Pt	97760	420	OP Therapy Exeter	$	134.00	$ 120.00	$	116.71	$	80.40	$	182.00
Service Item	Outpatient	Orthotics Training 15 Min Pt	97760	420	OP Therapy Lovers Ln	$	134.00	$ 120.00	$	116.71	$	80.40	$	182.00
Service Item	Outpatient	Orthotics Training 15 Min Pt	97760	420	OP Therapy Neuro	$	134.00	$ 120.00	$	106.14	$	51.46	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Pt	97760	420	RH PT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Pt	97760	420	SA PT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Pt	97760	420	SN TC Ortho PT	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Pt	97760	420	SN TS PT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Outpatient	Orthotics Training 15 Min Pt - PTA/OTA Services	97760	420	OP Hand Center	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Orthotics Training 15 Min Pt - PTA/OTA Services	97760	420	OP Therapy Akers	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Pt - PTA/OTA Services	97760	420	OP Therapy Dinuba	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Pt - PTA/OTA Services	97760	420	OP Therapy Exeter	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Pt - PTA/OTA Services	97760	420	OP Therapy Lovers Ln	$	134.00	$ 120.00	$	140.37	$	80.40	$	317.00
Service Item	Outpatient	Orthotics Training 15 Min Pt - PTA/OTA Services	97760	420	OP Therapy Neuro	$	134.00	$ 120.00	$	106.14	$	51.46	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Pt - PTA/OTA Services	97760	420	RH PT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Pt - PTA/OTA Services	97760	420	SA PT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Pt - PTA/OTA Services	97760	420	SN TC Ortho PT	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient	Orthotics Training 15 Min Pt - PTA/OTA Services	97760	420	SN TS PT Services	$	134.00	Charges have been	$	124.62	$	120.60	$	123.28
Service Item	Inpatient and Outpatient	Osmolality Serum	83930	301	MC General Lab	$	138	$ 40	$	84.86	$	28	$	126
Service Item	Inpatient and Outpatient	Osmolality Stool-ARUP	84999	300	MC Reference Lab	$	22	$ 13	$	40.10	$	13	$	155
Service Item	Inpatient and Outpatient	Osmolality Urine	83935	301	MC General Lab	$	118	$ 30	$	75.26	$	27	$	108
Service Item	Inpatient and Outpatient	Osmotic Fragility Erythrocyte-ARUP	85555	300	MC Reference Lab	$	7	$ 30	$	14.37	$	4	$	66
Service Package	Inpatient and Outpatient	Ossicular Implant	L8613	278	MC Central Supply	$	1,810	Charges have been	$	1,674.43	$	1,613	$	1,648
Service Item	Inpatient and Outpatient	Osteocalcin by ECIA-ARUP	83937	300	MC Reference Lab	$	18	$ 52	$	46.71	$	11	$	293
Service Item	Outpatient	Osteopath Manip 1-2 Areas	98925	530	SFM Family Medicine	$	38.80	$ 22.60	$	30.39	$	22.60	$	34.66
Service Item	Outpatient	Osteopath Manip 3-4 Areas	98926	530	SFM Family Medicine	$	38.80	$ 22.60	$	30.39	$	22.60	$	34.66
Service Item	Outpatient	Osteopath Manip 5-6 Areas	98927	530	SFM Family Medicine	$	38.80	$ 22.60	$	30.39	$	22.60	$	34.66
Service Item	Outpatient	Osteopath Manip 7-8 Areas	98928	530	SFM Family Medicine	$	38.80	$ 22.60	$	30.39	$	22.60	$	34.66
Service Item	Outpatient	Ot Case Consult		430	OP Hand Center	$	79.75	$ 120.00		#N/A	$	47.85	$	120.00
Service Item	Outpatient	Ot Case Consult		430	OP Therapy Akers	$	79.75	$ 120.00		#N/A	$	47.85	$	120.00
Service Item	Outpatient	Ot Case Consult		430	OP Therapy Dinuba	$	79.75	$ 120.00		#N/A	$	47.85	$	120.00
Service Item	Outpatient	Ot Case Consult		430	OP Therapy Exeter	$	79.75	$ 120.00		#N/A	$	47.85	$	120.00
Service Item	Outpatient	Ot Case Consult		430	OP Therapy Lovers Ln	$	79.75	$ 120.00		#N/A	$	47.85	$	120.00
Service Item	Outpatient	Ot Case Consult		430	OP Therapy Neuro	$	79.75	$ 120.00		#N/A	$	47.85	$	120.00
Service Item	Outpatient	Ot E-Stim (Unattended)	97014	430	OP Hand Center	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Ot E-Stim (Unattended)	97014	430	OP Therapy Akers	$	134.00	$ 120.00	$	138.42	$	60.92	$	317.00
Service Item	Outpatient	Ot E-Stim (Unattended)	97014	430	OP Therapy Dinuba	$	134.00	$ 120.00	$	138.42	$	60.92	$	317.00
Service Item	Outpatient	Ot E-Stim (Unattended)	97014	430	OP Therapy Exeter	$	134.00	$ 120.00	$	138.42	$	60.92	$	317.00
Service Item	Outpatient	Ot E-Stim (Unattended)	97014	430	OP Therapy Lovers Ln	$	134.00	$ 120.00	$	138.42	$	60.92	$	317.00
Service Item	Outpatient	Ot E-Stim (Unattended)	97014	430	OP Therapy Neuro	$	134.00	$ 120.00	$	103.18	$	21.82	$	123.28
Service Item	Outpatient	Ot E-Stim (Unattended) - PTA/OTA Services	97014	430	OP Hand Center	$	134.00	$ 120.00	$	111.01	$	80.40	$	123.28
Service Item	Outpatient	Ot E-Stim (Unattended) - PTA/OTA Services	97014	430	OP Therapy Akers	$	134.00	$ 120.00	$	138.42	$	60.92	$	317.00
Service Item	Outpatient	Ot E-Stim (Unattended) - PTA/OTA Services	97014	430	OP Therapy Dinuba	$	134.00	$ 120.00	$	138.42	$	60.92	$	317.00
Service Item	Outpatient	Ot E-Stim (Unattended) - PTA/OTA Services	97014	430	OP Therapy Exeter	$	134.00	$ 120.00	$	138.42	$	60.92	$	317.00
Service Item	Outpatient	Ot E-Stim (Unattended) - PTA/OTA Services	97014	430	OP Therapy Lovers Ln	$	134.00	$ 120.00	$	138.42	$	60.92	$	317.00
Service Item	Outpatient	Ot E-Stim (Unattended) - PTA/OTA Services	97014	430	OP Therapy Neuro	$	134.00	$ 120.00	$	103.18	$	21.82	$	123.28
Service Item	Inpatient and Outpatient	Ot Eval High Complx	97167	434	MC OT Services	$	304	Charges have been	$	252.63	$	182	$	279
Service Item	Outpatient	Ot Eval High Complx	97167	434	OP Hand Center	$	303.50	Charges have been	$	252.63	$	120.00	$	279.22
Service Item	Outpatient	Ot Eval High Complx	97167	434	OP Rehab Therapies	$	303.50	Charges have been	$	252.63	$	120.00	$	279.22
Service Item	Outpatient	Ot Eval High Complx	97167	434	OP Therapy Akers	$	303.50	Charges have been	$	267.81	$	120.00	$	303.50
Service Item	Outpatient	Ot Eval High Complx	97167	434	OP Therapy Dinuba	$	303.50	Charges have been	$	267.81	$	120.00	$	303.50
Service Item	Outpatient	Ot Eval High Complx	97167	434	OP Therapy Exeter	$	303.50	Charges have been	$	267.81	$	120.00	$	303.50
Service Item	Outpatient	Ot Eval High Complx	97167	434	OP Therapy Lovers Ln	$	303.50	Charges have been	$	267.81	$	120.00	$	303.50
Service Item	Outpatient	Ot Eval High Complx	97167	434	OP Therapy Neuro	$	303.50	Charges have been	$	252.63	$	120.00	$	279.22
Service Item	Inpatient	Ot Eval High Complx	97167	434	RH OT Services	$	303.50	Charges have been	$	282.26	$	182.10	$	390.67
Service Item	Inpatient	Ot Eval High Complx	97167	434	SA OT Services	$	303.50	Charges have been	$	282.26	$	273.15	$	279.22
Service Item	Inpatient	Ot Eval High Complx	97167	434	SN TC Ortho OT	$	303.50	Charges have been	$	282.26	$	273.15	$	279.22
Service Item	Inpatient	Ot Eval High Complx	97167	434	SN TS OT Services	$	303.50	Charges have been	$	282.26	$	273.15	$	279.22
Service Item	Inpatient and Outpatient	Ot Eval Low Complx	97165	434	MC OT Services	$	304	Charges have been	$	252.63	$	182	$	279
Service Item	Outpatient	Ot Eval Low Complx	97165	434	OP Hand Center	$	303.50	Charges have been	$	252.63	$	120.00	$	279.22
Service Item	Outpatient	Ot Eval Low Complx	97165	434	OP Rehab Therapies	$	303.50	Charges have been	$	252.63	$	120.00	$	279.22
Service Item	Outpatient	Ot Eval Low Complx	97165	434	OP Therapy Akers	$	303.50	Charges have been	$	267.81	$	120.00	$	303.50

Service Item	Outpatient	Ot Eval Low Complx	97165	434	OP Therapy Dinuba	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Ot Eval Low Complx	97165	434	OP Therapy Exeter	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Ot Eval Low Complx	97165	434	OP Therapy Lovers Ln	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Ot Eval Low Complx	97165	434	OP Therapy Neuro	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Inpatient	Ot Eval Low Complx	97165	434	RH OT Services	$ 303.50	Charges have been	$ 282.26	$ 182.10	$ 390.67
Service Item	Inpatient	Ot Eval Low Complx	97165	434	SA OT Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Ot Eval Low Complx	97165	434	SN TC Ortho OT	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Ot Eval Low Complx	97165	434	SN TS OT Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient and Outpatient	Ot Eval Mod Complx	97166	434	MC OT Services	$ 304	Charges have been	$ 252.63	$ 182	$ 279
Service Item	Outpatient	Ot Eval Mod Complx	97166	434	OP Hand Center	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Outpatient	Ot Eval Mod Complx	97166	434	OP Rehab Therapies	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Outpatient	Ot Eval Mod Complx	97166	434	OP Therapy Akers	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Ot Eval Mod Complx	97166	434	OP Therapy Dinuba	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Ot Eval Mod Complx	97166	434	OP Therapy Exeter	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Ot Eval Mod Complx	97166	434	OP Therapy Lovers Ln	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Ot Eval Mod Complx	97166	434	OP Therapy Neuro	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Inpatient	Ot Eval Mod Complx	97166	434	RH OT Services	$ 303.50	Charges have been	$ 282.26	$ 182.10	$ 390.67
Service Item	Inpatient	Ot Eval Mod Complx	97166	434	SA OT Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Ot Eval Mod Complx	97166	434	SN TC Ortho OT	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Ot Eval Mod Complx	97166	434	SN TS OT Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient and Outpatient	Ot Initial Evaluation		434	MC OT Services	$ 299	$ 179	#N/A	$ 179	$ 275
Service Item	Outpatient	Ot Initial Evaluation		434	OP Hand Center	$ 298.96	$ 120.00	#N/A	$ 120.00	$ 275.04
Service Item	Outpatient	Ot Initial Evaluation		434	OP Therapy Akers	$ 298.96	$ 120.00	#N/A	$ 120.00	$ 275.04
Service Item	Outpatient	Ot Initial Evaluation		434	OP Therapy Dinuba	$ 298.96	$ 120.00	#N/A	$ 120.00	$ 275.04
Service Item	Outpatient	Ot Initial Evaluation		434	OP Therapy Exeter	$ 298.96	$ 120.00	#N/A	$ 120.00	$ 275.04
Service Item	Outpatient	Ot Initial Evaluation		434	OP Therapy Lovers Ln	$ 298.96	$ 120.00	#N/A	$ 120.00	$ 275.04
Service Item	Outpatient	Ot Initial Evaluation		434	OP Therapy Neuro	$ 298.96	$ 120.00	#N/A	$ 120.00	$ 275.04
Service Item	Inpatient	Ot Initial Evaluation		434	RH OT Services	$ 298.96	Charges have been	#N/A	$ 269.06	$ 275.04
Service Item	Inpatient	Ot Initial Evaluation		434	SA OT Services	$ 298.96	Charges have been	#N/A	$ 269.06	$ 275.04
Service Item	Inpatient	Ot Initial Evaluation		434	SN TC Ortho OT	$ 298.96	Charges have been	#N/A	$ 269.06	$ 275.04
Service Item	Inpatient	Ot Initial Evaluation		434	SN TS OT Services	$ 298.96	Charges have been	#N/A	$ 269.06	$ 275.04
Service Item	Inpatient and Outpatient	Ot Re-Evaluation	97168	434	MC OT Services	$ 193	Charges have been	$ 160.45	$ 116	$ 177
Service Item	Outpatient	Ot Re-Evaluation	97168	434	OP Hand Center	$ 192.75	Charges have been	$ 160.45	$ 115.65	$ 177.33
Service Item	Outpatient	Ot Re-Evaluation	97168	434	OP Therapy Akers	$ 192.75	Charges have been	$ 170.08	$ 120.00	$ 192.75
Service Item	Outpatient	Ot Re-Evaluation	97168	434	OP Therapy Dinuba	$ 192.75	$ 120.00	$ 167.39	$ 120.00	$ 192.75
Service Item	Outpatient	Ot Re-Evaluation	97168	434	OP Therapy Exeter	$ 192.75	$ 120.00	$ 167.39	$ 120.00	$ 192.75
Service Item	Outpatient	Ot Re-Evaluation	97168	434	OP Therapy Lovers Ln	$ 192.75	$ 120.00	$ 167.39	$ 120.00	$ 192.75
Service Item	Outpatient	Ot Re-Evaluation	97168	434	OP Therapy Neuro	$ 192.75	$ 120.00	$ 159.68	$ 115.65	$ 177.33
Service Item	Inpatient	Ot Re-Evaluation	97168	434	RH OT Services	$ 192.75	Charges have been	$ 179.26	$ 115.65	$ 260.27
Service Item	Inpatient	Ot Re-Evaluation	97168	434	SA OT Services	$ 192.75	Charges have been	$ 179.26	$ 173.48	$ 177.33
Service Item	Inpatient	Ot Re-Evaluation	97168	434	SN TC Ortho OT	$ 192.75	Charges have been	$ 179.26	$ 173.48	$ 177.33
Service Item	Inpatient	Ot Re-Evaluation	97168	434	SN TS OT Services	$ 192.75	Charges have been	$ 179.26	$ 173.48	$ 177.33
Service Package	Inpatient	Other Ext Add'L Hr		490	MC 3S Oncology	$ 52.73	Charges have been	#N/A	$ 46.07	$ 47.09
Service Item	Outpatient	Other Physical W/Labs/Med		516	NC Urgent Care	$ 144.24	$ 84.02	#N/A	$ 70.02	$ 128.84
Service Item	Outpatient	Other Physical W/Labs/Med		516	SC Urgent Care	$ 144.24	$ 84.02	#N/A	$ 70.02	$ 128.84
Service Item	Inpatient and Outpatient	Oxalate, Total Urine-ARUP	83945	300	MC Reference Lab	$ 14	$ 57	$ 27.70	$ 9	$ 127
Service Item	Outpatient	oxaliplatin 5 mg/mL Inj 10 mL	J9263	636	CD Infusion Clinic	$ 279.00	$ 167.40	$ 231.34	$ 0.40	$ 378.88
Service Item	Inpatient and Outpatient	oxaliplatin 5 mg/mL Inj 10 mL	J9263	636	MC Pharmacy	$ 279	$ 167	$ 231.34	$ 0	$ 379
Service Item	Outpatient	oxaliplatin 5 mg/mL Inj 10 mL	J9263	636	NC Urgent Care	$ 279.00	$ 167.40	$ 230.64	$ 0.40	$ 378.88
Service Item	Outpatient	oxaliplatin 5 mg/mL Inj 10 mL	J9263	636	SC Urgent Care	$ 279.00	$ 167.40	$ 231.34	$ 0.40	$ 378.88
Service Item	Outpatient	oxaliplatin 5 mg/mL Inj 20 mL	J9263	636	CD Infusion Clinic	$ 558.00	$ 334.80	$ 331.64	$ 0.40	$ 513.36
Service Item	Inpatient and Outpatient	oxaliplatin 5 mg/mL Inj 20 mL	J9263	636	MC Pharmacy	$ 558	$ 335	$ 331.64	$ 0	$ 513
Service Item	Outpatient	oxaliplatin 5 mg/mL Inj 20 mL	J9263	636	NC Urgent Care	$ 558.00	$ 334.80	$ 330.25	$ 0.40	$ 513.36
Service Item	Outpatient	oxaliplatin 5 mg/mL Inj 20 mL	J9263	636	SC Urgent Care	$ 558.00	$ 334.80	$ 331.64	$ 0.40	$ 513.36
Service Item	Inpatient and Outpatient	Oxcarb or Eslicarb Metabolite (MHD)-ARUP	80299	300	MC Reference Lab	$ 14	$ 65	$ 30.93	$ 9	$ 148
Service Item	Outpatient	Oxychlorosene 4 gm/NS 2L	J3490	636	CD Infusion Clinic	$ 32.45	$ 19.47	$ 27.33	$ 19.47	$ 29.85
Service Item	Inpatient and Outpatient	Oxychlorosene 4 gm/NS 2L	J3490	636	MC Pharmacy	$ 32	$ 19	$ 27.33	$ 19	$ 30
Service Item	Outpatient	Oxychlorosene 4 gm/NS 2L	J3490	636	NC Urgent Care	$ 32.45	$ 19.47	$ 27.24	$ 19.47	$ 29.85
Service Item	Outpatient	Oxychlorosene 4 gm/NS 2L	J3490	636	SC Urgent Care	$ 32.45	$ 19.47	$ 27.33	$ 19.47	$ 29.85
Service Item	Outpatient	Oxychlorosene 4 gm/SWFI 2L	J3490	636	CD Infusion Clinic	$ 32.45	$ 19.47	$ 27.33	$ 19.47	$ 29.85
Service Item	Inpatient and Outpatient	Oxychlorosene 4 gm/SWFI 2L	J3490	636	MC Pharmacy	$ 32	$ 19	$ 27.33	$ 19	$ 30
Service Item	Outpatient	Oxychlorosene 4 gm/SWFI 2L	J3490	636	NC Urgent Care	$ 32.45	$ 19.47	$ 27.24	$ 19.47	$ 29.85
Service Item	Outpatient	Oxychlorosene 4 gm/SWFI 2L	J3490	636	SC Urgent Care	$ 32.45	$ 19.47	$ 27.33	$ 19.47	$ 29.85
Service Item	Inpatient and Outpatient	Oxycodone/Oxymorphone Urine Scrn w/Rflx-AR	80307	300	MC Reference Lab	$ 15	$ 280	$ 214.70	$ 13	$ 572
Service Package	Inpatient and Outpatient	Oxygen - Daily Use		270	MC RT Services	$ 698	Charges have been	#N/A	$ 610	$ 623
Service Item	Outpatient	oxytocin 10 units/mL Inj 1 mL	J2590	636	CD Infusion Clinic	$ 20.35	$ 12.21	$ 12.52	$ 1.05	$ 18.72
Service Item	Inpatient and Outpatient	oxytocin 10 units/mL Inj 1 mL	J2590	636	MC Pharmacy	$ 20	$ 12	$ 12.52	$ 1	$ 19
Service Item	Outpatient	oxytocin 10 units/mL Inj 1 mL	J2590	636	NC Urgent Care	$ 20.35	$ 12.21	$ 12.47	$ 1.05	$ 18.72
Service Item	Outpatient	oxytocin 10 units/mL Inj 1 mL	J2590	636	SC Urgent Care	$ 20.35	$ 12.21	$ 12.52	$ 1.05	$ 18.72
Service Item	Outpatient	oxytocin 10 units/mL Inj 10 mL	J2590	636	CD Infusion Clinic	$ 54.25	$ 32.55	$ 24.71	$ 1.05	$ 49.91
Service Item	Inpatient and Outpatient	oxytocin 10 units/mL Inj 10 mL	J2590	636	MC Pharmacy	$ 54	$ 34	$ 24.71	$ 1	$ 50
Service Item	Outpatient	oxytocin 10 units/mL Inj 10 mL	J2590	636	NC Urgent Care	$ 54.25	$ 33.60	$ 24.57	$ 1.05	$ 49.91
Service Item	Outpatient	oxytocin 10 units/mL Inj 10 mL	J2590	636	SC Urgent Care	$ 54.25	$ 33.60	$ 24.71	$ 1.05	$ 49.91
Service Item	Outpatient	oxytocin 10 units/Sodium Chloride 0.9% 1000 m	J2590	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 9.55	$ 1.05	$ 13.82
Service Item	Inpatient and Outpatient	oxytocin 10 units/Sodium Chloride 0.9% 1000 m	J2590	636	MC Pharmacy	$ 12	$ 7	$ 9.55	$ 1	$ 14
Service Item	Outpatient	oxytocin 10 units/Sodium Chloride 0.9% 1000 m	J2590	636	NC Urgent Care	$ 12.10	$ 7.26	$ 9.52	$ 1.05	$ 13.82
Service Item	Outpatient	oxytocin 10 units/Sodium Chloride 0.9% 1000 m	J2590	636	SC Urgent Care	$ 12.10	$ 7.26	$ 9.55	$ 1.05	$ 13.82
Service Item	Outpatient	oxytocin 30 units/Sodium Chloride 0.9% 500 mL	J3490	636	CD Infusion Clinic	$ 58.50	$ 35.10	$ 42.30	$ 23.14	$ 53.82
Service Item	Inpatient and Outpatient	oxytocin 30 units/Sodium Chloride 0.9% 500 mL	J3490	636	MC Pharmacy	$ 59	$ 35	$ 42.30	$ 23	$ 54
Service Item	Outpatient	oxytocin 30 units/Sodium Chloride 0.9% 500 mL	J3490	636	NC Urgent Care	$ 58.50	$ 35.10	$ 42.15	$ 23.14	$ 53.82
Service Item	Outpatient	oxytocin 30 units/Sodium Chloride 0.9% 500 mL	J3490	636	SC Urgent Care	$ 58.50	$ 35.10	$ 42.30	$ 23.14	$ 53.82
Service Package	Inpatient and Outpatient	Pa/ Guidewires (Specialty	C1769	272	MC Central Supply	$ 840	Charges have been	$ 752.86	$ 748	$ 765
Service Package	Inpatient and Outpatient	Pa/ Guidewires (Standard)	C1769	272	MC Central Supply	$ 242	Charges have been	$ 347.44	$ 215	$ 220
Service Package	Inpatient and Outpatient	Pa/Catheters(Specialty)	C1887	272	MC Central Supply	$ 726	Charges have been	$ 671.48	$ 647	$ 661
Service Package	Inpatient and Outpatient	Pa/Micropuncture Kits	C1894	272	MC Central Supply	$ 270	Charges have been	$ 544.52	$ 241	$ 246
Service Package	Inpatient and Outpatient	Pa/Sheaths (Specialty)	C1894	272	MC Central Supply	$ 726	Charges have been	$ 853.35	$ 647	$ 661
Service Package	Inpatient and Outpatient	Pa/Sheaths (Standard)	C1894	272	MC Central Supply	$ 202	Charges have been	$ 498.22	$ 180	$ 184
Service Package	Inpatient and Outpatient	Pa/Vascular Sealant Devic	C1760	272	MC Central Supply	$ 1,781	Charges have been	$ 1,647.82	$ 1,587	$ 1,622
Service Package	Inpatient and Outpatient	Pacer/Bivent Adaptor	C1883	278	MC Central Supply	$ 3,213	Charges have been	$ 2,973.15	$ 2,863	$ 2,927
Service Package	Inpatient and Outpatient	Pacer/Defib/Gen Bi Vnt	C1882	278	MC Central Supply	$ 54,922	Charges have been	$ 50,818.74	$ 48,940	$ 50,028
Service Package	Inpatient and Outpatient	Pacer/Defib/Gen Dr	C1721	278	MC Central Supply	$ 54,922	Charges have been	$ 50,818.74	$ 48,940	$ 50,028
Service Package	Inpatient and Outpatient	Pacer/Defib/Gen Sr	C1722	278	MC Central Supply	$ 47,131	Charges have been	$ 43,610.29	$ 41,998	$ 42,931
Service Package	Inpatient and Outpatient	Pacer/Defib/Lead (A)	C1895	278	MC Central Supply	$ 10,649	Charges have been	$ 9,853.62	$ 9,489	$ 9,700
Service Package	Inpatient and Outpatient	Pacer/Defib/Lead (B)	C1895	278	MC Central Supply	$ 44,506	Charges have been	$ 32,800.76	$ 39,659	$ 40,540
Service Package	Inpatient and Outpatient	Pacer/Gen Removal	33233	360	MC Cath Lab Srvcs	$ 19,105	Charges have been	$ 13,894.71	$ 8,855	$ 12,219
Service Package	Inpatient and Outpatient	Pacer/Generator Bivent	C2621	275	MC Central Supply	$ 28,600	Charges have been	$ 26,463.67	$ 25,485	$ 26,052
Service Package	Inpatient and Outpatient	Pacer/Generator Dr	C1785	275	MC Central Supply	$ 24,085	Charges have been	$ 22,286.13	$ 21,462	$ 21,939
Service Package	Inpatient and Outpatient	Pacer/Generator Sr	C1786	275	MC Central Supply	$ 21,836	Charges have been	$ 20,204.56	$ 19,458	$ 19,890
Service Package	Inpatient and Outpatient	Pacer/Guide Catheter	C1892	272	MC Central Supply	$ 482	Charges have been	$ 446.16	$ 430	$ 439
Service Package	Inpatient and Outpatient	Pacer/Guide Wire	C1769	272	MC Central Supply	$ 482	Charges have been	$ 510.48	$ 430	$ 439
Service Package	Inpatient and Outpatient	Pacer/Insert Gen/Atr Lead	33206	360	MC Cath Lab Srvcs	$ 25,630	Charges have been	$ 17,413.81	$ 11,130	$ 11,879
Service Package	Inpatient and Outpatient	Pacer/Insert Gen/Dual Lea	33208	360	MC Cath Lab Srvcs	$ 25,630	Charges have been	$ 17,666.35	$ 11,879	$ 12,410
Service Package	Inpatient and Outpatient	Pacer/Insert Gen/Ven Lead	33207	360	MC Cath Lab Srvcs	$ 25,630	Charges have been	$ 17,413.81	$ 11,130	$ 11,879
Service Package	Inpatient and Outpatient	Pacer/Insert Lv Lead	33224	361	MC Cath Lab Srvcs	$ 25,630	Charges have been	$ 17,666.35	$ 11,879	$ 12,410
Service Package	Inpatient and Outpatient	Pacer/Insrt Lv Lead Gener	33225	360	MC Cath Lab Srvcs	$ 13,894	Charges have been	$ 12,728.97	$ 12,140	$ 12,410
Service Package	Inpatient and Outpatient	Pacer/Insrt Pace Lead Dua	33217	360	MC Cath Lab Srvcs	$ 19,105	Charges have been	$ 13,894.71	$ 8,855	$ 12,219
Service Package	Inpatient and Outpatient	Pacer/Insrt Pacer Lead Sg	33216	360	MC Cath Lab Srvcs	$ 19,105	Charges have been	$ 13,894.71	$ 8,855	$ 12,219
Service Package	Inpatient and Outpatient	Pacer/Introducer	C1894	272	MC Central Supply	$ 482	Charges have been	$ 688.31	$ 430	$ 439
Service Package	Inpatient and Outpatient	Pacer/Lead Bivent	C1900	278	MC Central Supply	$ 9,641	Charges have been	$ 8,920.46	$ 8,591	$ 8,782
Service Package	Inpatient and Outpatient	Pacer/Lead Revision Sgl	33215	360	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,038.86	$ 3,211	$ 4,431
Service Package	Inpatient and Outpatient	Pacer/Loop Recorder	C1764	278	MC Central Supply	$ 11,913	Charges have been	$ 11,022.85	$ 10,615	$ 10,851
Service Package	Inpatient	Pacer/Loop Recrd Insrt	33285	360	MC Cardiovascular	$ 19,104.63	$ 7,969.20	$ 11,620.05	$ 7,969.20	$ 12,219.44
Service Package	Inpatient and Outpatient	Pacer/Loop Recrd Insrt	33285	360	MC Cath Lab Srvcs	$ 19,105	Charges have been	$ 13,894.71	$ 8,855	$ 12,219
Service Package	Inpatient	Pacer/Loop Recrd Remove	33286	360	MC Cardiovascular	$ 1,525.03	$ 876.20	$ 1,146.19	$ 706.82	$ 1,343.50
Service Package	Inpatient and Outpatient	Pacer/Loop Recrd Remove	33286	360	MC Cath Lab Srvcs	$ 1,525	Charges have been	$ 1,199.17	$ 707	$ 1,344
Service Item	Outpatient	Pacer/Loop Recrd Remove	33286	360	SQ Seq Cardiology	$ 1,525.03	$ 876.20	$ 961.14	$ 178.17	$ 1,343.50
Service Package	Inpatient and Outpatient	Pacer/Pacing Lead	C1898	275	MC Central Supply	$ 5,784	Charges have been	$ 5,351.93	$ 5,154	$ 5,269
Service Package	Inpatient and Outpatient	Pacer/Remove Lead Dual	33235	360	MC Cath Lab Srvcs	$ 7,460	Charges have been	$ 5,425.65	$ 3,458	$ 4,771

Service Package	Inpatient and Outpatient	Pacer/Remove Lead Sgl	33234	360	MC Cath Lab Srvcs	$ 7,460	Charges have been	$ 5,425.65	$ 3,458	$ 4,771
Service Package	Inpatient and Outpatient	Pacer/Reposition Lv Lead	33226	361	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,237.60	$ 3,211	$ 5,244
Service Package	Inpatient and Outpatient	Pacer/Revise Pocket	33222	360	MC Cath Lab Srvcs	$ 4,057	Charges have been	$ 3,305.93	$ 1,880	$ 4,048
Service Package	Inpatient and Outpatient	Pacer/Temp Pacer Insrt	33210	361	MC Cath Lab Srvcs	$ 19,105	Charges have been	$ 13,894.71	$ 8,855	$ 12,219
Service Package	Inpatient and Outpatient	Pacer/Upgrad To Dual Pace	33214	360	MC Cath Lab Srvcs	$ 25,630	Charges have been	$ 17,666.35	$ 11,879	$ 12,410
Service Item	Outpatient	PACLitaxel 6 mg/mL Inj 50 mL	J9267	636	CD Infusion Clinic	$ 558.00	$ 334.80	$ 330.69	$ 0.24	$ 513.36
Service Item	Inpatient and Outpatient	PACLitaxel 6 mg/mL Inj 50 mL	J9267	636	MC Pharmacy	$ 558	$ 335	$ 330.69	$ 0	$ 513
Service Item	Outpatient	PACLitaxel 6 mg/mL Inj 50 mL	J9267	636	NC Urgent Care	$ 558.00	$ 335.33	$ 329.29	$ 0.24	$ 513.36
Service Item	Outpatient	PACLitaxel 6 mg/mL Inj 50 mL	J9267	636	SC Urgent Care	$ 558.00	$ 335.33	$ 330.69	$ 0.24	$ 513.36
Service Item	Outpatient	PACLitaxel protein-bound 100 mg Inj	J9264	636	CD Infusion Clinic	$ 5,049.15	$ 3,029.49	$ 2,492.15	$ 10.53	$ 4,645.22
Service Item	Inpatient and Outpatient	PACLitaxel protein-bound 100 mg Inj	J9264	636	MC Pharmacy	$ 5,049	$ 3,040	$ 2,492.15	$ 11	$ 4,645
Service Item	Outpatient	PACLitaxel protein-bound 100 mg Inj	J9264	636	NC Urgent Care	$ 5,049.15	$ 3,039.84	$ 2,479.53	$ 10.53	$ 4,645.22
Service Item	Outpatient	PACLitaxel protein-bound 100 mg Inj	J9264	636	SC Urgent Care	$ 5,049.15	$ 3,039.84	$ 2,492.15	$ 10.53	$ 4,645.22
Service Item	Outpatient	paliperidone 117 mg/0.75 mL IM Susp, ER	J2426	636	CD Infusion Clinic	$ 4,360.45	$ 2,616.27	$ 2,731.72	$ 7.48	$ 5,921.56
Service Item	Inpatient and Outpatient	paliperidone 117 mg/0.75 mL IM Susp, ER	J2426	636	MC Pharmacy	$ 4,360	$ 2,624	$ 2,731.72	$ 7	$ 5,922
Service Item	Outpatient	paliperidone 117 mg/0.75 mL IM Susp, ER	J2426	636	NC Urgent Care	$ 4,360.45	$ 2,623.62	$ 2,720.82	$ 7.48	$ 5,921.56
Service Item	Outpatient	paliperidone 117 mg/0.75 mL IM Susp, ER	J2426	636	SC Urgent Care	$ 4,360.45	$ 2,623.62	$ 2,731.72	$ 7.48	$ 5,921.56
Service Item	Outpatient	paliperidone 156 mg/mL IM Susp, ER	J2426	636	CD Infusion Clinic	$ 5,814.15	$ 3,488.49	$ 3,254.33	$ 7.48	$ 5,921.56
Service Item	Inpatient and Outpatient	paliperidone 156 mg/mL IM Susp, ER	J2426	636	MC Pharmacy	$ 5,814	$ 3,496	$ 3,254.33	$ 7	$ 5,922
Service Item	Outpatient	paliperidone 156 mg/mL IM Susp, ER	J2426	636	NC Urgent Care	$ 5,814.15	$ 3,495.84	$ 3,239.79	$ 7.48	$ 5,921.56
Service Item	Outpatient	paliperidone 156 mg/mL IM Susp, ER	J2426	636	SC Urgent Care	$ 5,814.15	$ 3,495.84	$ 3,254.33	$ 7.48	$ 5,921.56
Service Item	Outpatient	paliperidone 234 mg/1.5 mL IM Susp, ER	J2426	636	CD Infusion Clinic	$ 8,721.00	$ 5,232.60	$ 4,299.34	$ 7.48	$ 8,023.32
Service Item	Inpatient and Outpatient	paliperidone 234 mg/1.5 mL IM Susp, ER	J2426	636	MC Pharmacy	$ 8,721	$ 5,240	$ 4,299.34	$ 7	$ 8,023
Service Item	Outpatient	paliperidone 234 mg/1.5 mL IM Susp, ER	J2426	636	NC Urgent Care	$ 8,721.00	$ 5,239.95	$ 4,277.54	$ 7.48	$ 8,023.32
Service Item	Outpatient	paliperidone 234 mg/1.5 mL IM Susp, ER	J2426	636	SC Urgent Care	$ 8,721.00	$ 5,239.95	$ 4,299.34	$ 7.48	$ 8,023.32
Service Item	Outpatient	palivizumab 50 mg/0.5mL IM Inj	90378	636	CD Infusion Clinic	$ 5,169.25	$ 3,101.55	$ 3,251.56	$ 681.44	$ 4,755.71
Service Item	Inpatient and Outpatient	palivizumab 50 mg/0.5mL IM Inj	90378	636	MC Pharmacy	$ 5,169	$ 3,102	$ 3,251.56	$ 681	$ 4,756
Service Item	Outpatient	palivizumab 50 mg/0.5mL IM Inj	90378	636	NC Urgent Care	$ 5,169.25	$ 3,101.55	$ 3,238.64	$ 681.44	$ 4,755.71
Service Item	Outpatient	palivizumab 50 mg/0.5mL IM Inj	90378	636	SC Urgent Care	$ 5,169.25	$ 3,101.55	$ 3,251.56	$ 681.44	$ 4,755.71
Service Item	Outpatient	Palladium 103 Seed	C2640	278	VR Radiation Onc	$ 173.04	$ 100.80	$ 132.48	$ 83.60	$ 154.56
Service Item	Outpatient	pamidronate 3 mg/mL Inj 10 mL	J2430	636	CD Infusion Clinic	$ 150.70	$ 90.42	$ 122.75	$ 19.68	$ 290.55
Service Item	Inpatient and Outpatient	pamidronate 3 mg/mL Inj 10 mL	J2430	636	MC Pharmacy	$ 151	$ 90	$ 122.75	$ 20	$ 291
Service Item	Outpatient	pamidronate 3 mg/mL Inj 10 mL	J2430	636	NC Urgent Care	$ 150.70	$ 90.42	$ 122.37	$ 19.68	$ 290.55
Service Item	Outpatient	pamidronate 3 mg/mL Inj 10 mL	J2430	636	SC Urgent Care	$ 150.70	$ 90.42	$ 122.75	$ 19.68	$ 290.55
Service Item	Outpatient	Pancreas Endoscopy	74329	320	IC Radiology	$ 787.58	$ 399.36	$ 571.91	$ 324.06	$ 703.47
Service Item	Inpatient and Outpatient	Pancreas Endoscopy	74329	320	MC Diag Radiology	$ 788	$ 399	$ 579.56	$ 324	$ 703
Service Item	Outpatient	Pancreas Endoscopy	74329	320	NC Diag Imaging	$ 787.58	$ 399.36	$ 579.56	$ 324.06	$ 703.47
Service Item	Outpatient	Pancreas Endoscopy	74329	320	SC Diag Imaging	$ 787.58	$ 399.36	$ 579.56	$ 324.06	$ 703.47
Service Item	Inpatient and Outpatient	Pancreastatin Level-ARUP	83519	300	MC Reference Lab	$ 170	$ 60	$ 119.54	$ 56	$ 156
Service Item	Inpatient and Outpatient	Pancreatic Elastase Stool-ARUP	83520	300	MC Reference Lab	$ 14	$ 58	$ 28.47	$ 9	$ 138
Service Item	Outpatient	pancuronium 1 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 32.15	$ 19.29	$ 27.15	$ 19.29	$ 29.58
Service Item	Inpatient and Outpatient	pancuronium 1 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 32	$ 19	$ 27.15	$ 19	$ 30
Service Item	Outpatient	pancuronium 1 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 32.15	$ 19.29	$ 27.07	$ 19.29	$ 29.58
Service Item	Outpatient	pancuronium 1 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 32.15	$ 19.29	$ 27.15	$ 19.29	$ 29.58
Service Item	Inpatient and Outpatient	Panel Add Comp Meta	80053	300	MC General Lab	$ 258	$ 47	$ 150.97	$ 42	$ 235
Service Item	Inpatient and Outpatient	Panel Basic Metabolic Rpi	80048	300	MC General Lab	$ 180	$ 38	$ 108.66	$ 34	$ 164
Service Item	Inpatient and Outpatient	Panel Comp Metabolic	80053	300	MC General Lab	$ 258	$ 47	$ 150.97	$ 42	$ 235
Service Item	Inpatient and Outpatient	Panel Electrolyte	80051	300	MC General Lab	$ 147	$ 31	$ 88.96	$ 28	$ 134
Service Item	Inpatient and Outpatient	Panel Hepatic Function	80076	300	MC General Lab	$ 297	$ 36	$ 161.09	$ 33	$ 270
Service Item	Inpatient and Outpatient	Panel Lipid	80061	300	MC General Lab	$ 202	$ 60	$ 133.97	$ 54	$ 184
Service Item	Inpatient and Outpatient	Panel Obstetric	80055	300	MC General Lab	$ 338	$ 73	$ 283.75	$ 66	$ 470
Service Item	Inpatient and Outpatient	Panel Renal Ii & Mg	80048	300	MC General Lab	$ 180	$ 38	$ 108.66	$ 34	$ 164
Service Item	Outpatient	panitumumab 20 mg/mL Inj 20 mL	J9303	636	CD Infusion Clinic	$ 19,094.20	$ 11,456.52	$ 9,458.54	$ 98.12	$ 17,566.66
Service Item	Inpatient and Outpatient	panitumumab 20 mg/mL Inj 20 mL	J9303	636	MC Pharmacy	$ 19,094	$ 11,553	$ 9,458.54	$ 98	$ 17,567
Service Item	Outpatient	panitumumab 20 mg/mL Inj 20 mL	J9303	636	NC Urgent Care	$ 19,094.20	$ 11,552.97	$ 9,410.81	$ 98.12	$ 17,566.66
Service Item	Outpatient	panitumumab 20 mg/mL Inj 20 mL	J9303	636	SC Urgent Care	$ 19,094.20	$ 11,552.97	$ 9,458.54	$ 98.12	$ 17,566.66
Service Item	Outpatient	panitumumab 20 mg/mL Inj 5 mL	J9303	636	CD Infusion Clinic	$ 4,773.55	$ 2,864.13	$ 4,310.27	$ 98.12	$ 12,964.96
Service Item	Inpatient and Outpatient	panitumumab 20 mg/mL Inj 5 mL	J9303	636	MC Pharmacy	$ 4,774	$ 2,961	$ 4,310.27	$ 98	$ 12,965
Service Item	Outpatient	panitumumab 20 mg/mL Inj 5 mL	J9303	636	NC Urgent Care	$ 4,773.55	$ 2,960.58	$ 4,298.33	$ 98.12	$ 12,964.96
Service Item	Outpatient	panitumumab 20 mg/mL Inj 5 mL	J9303	636	SC Urgent Care	$ 4,773.55	$ 2,960.58	$ 4,310.27	$ 98.12	$ 12,964.96
Service Item	Outpatient	pantoprazole 40 mg Inj	C9113	636	CD Infusion Clinic	$ 33.90	$ 20.34	$ 27.33	$ 12.00	$ 35.17
Service Item	Inpatient and Outpatient	pantoprazole 40 mg Inj	C9113	636	MC Pharmacy	$ 34	$ 20	$ 27.33	$ 12	$ 35
Service Item	Outpatient	pantoprazole 40 mg Inj	C9113	636	NC Urgent Care	$ 33.90	$ 20.34	$ 26.41	$ 12.00	$ 35.17
Service Item	Outpatient	pantoprazole 40 mg Inj	C9113	636	SC Urgent Care	$ 33.90	$ 20.34	$ 26.49	$ 12.00	$ 35.17
Service Item	Outpatient	papaverine 30 mg/mL Inj 2 mL	J2440	636	CD Infusion Clinic	$ 65.40	$ 39.24	$ 47.76	$ 1.60	$ 85.86
Service Item	Inpatient and Outpatient	papaverine 30 mg/mL Inj 2 mL	J2440	636	MC Pharmacy	$ 65	$ 39	$ 47.76	$ 2	$ 86
Service Item	Outpatient	papaverine 30 mg/mL Inj 2 mL	J2440	636	NC Urgent Care	$ 65.40	$ 39.24	$ 47.60	$ 1.60	$ 85.86
Service Item	Outpatient	papaverine 30 mg/mL Inj 2 mL	J2440	636	SC Urgent Care	$ 65.40	$ 39.24	$ 47.76	$ 1.60	$ 85.86
Service Item	Outpatient	Paracentesis Diagnostic	49083	361	IC CAT Scan	$ 1,964.80	$ 581.48	$ 972.18	$ 521.08	$ 910.65
Service Item	Outpatient	Paracentesis Diagnostic	49083	361	IC Ultrasound	$ 1,964.80	$ 581.48	$ 972.18	$ 521.08	$ 910.65
Service Item	Inpatient and Outpatient	Paracentesis Diagnostic	49083	361	MC CAT Scanner	$ 1,965	$ 581	$ 972.18	$ 521	$ 911
Service Item	Inpatient and Outpatient	Paracentesis Diagnostic	49083	361	MC Ultrasound	$ 1,965	$ 581	$ 972.18	$ 521	$ 911
Service Item	Outpatient	Paracentesis Therapeutic	49083	361	IC CAT Scan	$ 1,964.80	$ 581.48	$ 972.18	$ 521.08	$ 910.65
Service Item	Outpatient	Paracentesis Therapeutic	49083	361	IC Ultrasound	$ 1,964.80	$ 581.48	$ 972.18	$ 521.08	$ 910.65
Service Item	Inpatient and Outpatient	Paracentesis Therapeutic	49083	361	MC CAT Scanner	$ 1,965	$ 581	$ 972.18	$ 521	$ 911
Service Item	Inpatient and Outpatient	Paracentesis Therapeutic	49083	361	MC Ultrasound	$ 1,965	$ 581	$ 972.18	$ 521	$ 911
Service Item	Inpatient and Outpatient	Paraffin Bath-One Area Ot	97018	430	MC OT Services	$ 134	$ 80	$ 103.06	$ 21	$ 123
Service Item	Outpatient	Paraffin Bath-One Area Ot	97018	430	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Paraffin Bath-One Area Ot	97018	430	OP Therapy Akers	$ 134.00	$ 120.00	$ 136.32	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Ot	97018	430	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 136.32	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Ot	97018	430	OP Therapy Exeter	$ 134.00	$ 120.00	$ 136.32	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Ot	97018	430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 136.32	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Ot	97018	430	OP Therapy Neuro	$ 134.00	$ 120.00	$ 103.06	$ 20.65	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Ot	97018	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 20.65	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Ot	97018	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Ot	97018	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Ot	97018	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Paraffin Bath-One Area Ot - PTA/OTA Services	97018	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Paraffin Bath-One Area Ot - PTA/OTA Services	97018	430	OP Therapy Akers	$ 134.00	Charges have been	$ 143.18	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Ot - PTA/OTA Services	97018	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 143.18	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Ot - PTA/OTA Services	97018	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 143.18	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Ot - PTA/OTA Services	97018	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 143.18	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Ot - PTA/OTA Services	97018	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 101.61	$ 20.65	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Ot - PTA/OTA Services	97018	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 20.65	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Ot - PTA/OTA Services	97018	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Ot - PTA/OTA Services	97018	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Ot - PTA/OTA Services	97018	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Package	Inpatient and Outpatient	Paraffin Bath-One Area Pt	97018	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Paraffin Bath-One Area Pt	97018	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Paraffin Bath-One Area Pt	97018	420	OP Therapy Akers	$ 134.00	Charges have been	$ 113.60	$ 39.89	$ 182.00
Service Item	Outpatient	Paraffin Bath-One Area Pt	97018	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 113.60	$ 39.89	$ 182.00
Service Item	Outpatient	Paraffin Bath-One Area Pt	97018	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 113.60	$ 39.89	$ 182.00
Service Item	Outpatient	Paraffin Bath-One Area Pt	97018	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 113.60	$ 39.89	$ 182.00
Service Item	Outpatient	Paraffin Bath-One Area Pt	97018	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 101.61	$ 20.65	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Pt	97018	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 20.65	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Pt	97018	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Pt	97018	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Pt	97018	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Paraffin Bath-One Area Pt - PTA/OTA Services	97018	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Paraffin Bath-One Area Pt - PTA/OTA Services	97018	420	OP Therapy Akers	$ 134.00	Charges have been	$ 143.18	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Pt - PTA/OTA Services	97018	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 143.18	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Pt - PTA/OTA Services	97018	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 143.18	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Pt - PTA/OTA Services	97018	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 143.18	$ 39.89	$ 317.00
Service Item	Outpatient	Paraffin Bath-One Area Pt - PTA/OTA Services	97018	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 101.61	$ 20.65	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Pt - PTA/OTA Services	97018	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 20.65	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Pt - PTA/OTA Services	97018	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Pt - PTA/OTA Services	97018	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Paraffin Bath-One Area Pt - PTA/OTA Services	97018	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28

Service Item	Outpatient	Paragard T380A Single	J7300	636	SFM Family Medicine	$ 3,541.25	$ 2,124.75	$ 2,400.92	$ 354.26	$ 3,257.95
Service Item	Inpatient and Outpatient	Parainfluenza 1 60296	87279	306	MC Reference Lab	$ 11	$ 41	$ 24.09	$ 6	$ 131
Service Item	Inpatient and Outpatient	Parainfluenza 2 60297	87279	306	MC Reference Lab	$ 11	$ 41	$ 24.09	$ 6	$ 131
Service Item	Inpatient and Outpatient	Parainfluenza 3 60298	87279	306	MC Reference Lab	$ 11	$ 41	$ 24.09	$ 6	$ 131
Service Item	Inpatient and Outpatient	Parasite Identification	87169	300	MC General Lab	$ 25	$ 19	$ 24.88	$ 17	$ 42
Service Item	Inpatient and Outpatient	Parathyroid Imaging Spect	78070	340	MC Nuclear Medicine	$ 1,342	$ 231	$ 942.96	$ 222	$ 1,199
Service Item	Inpatient and Outpatient	Parathyroid Spect Ct	78072	340	MC Nuclear Medicine	$ 1,630	$ 1,224	$ 1,239.15	$ 547	$ 1,456
Service Item	Inpatient and Outpatient	Parsabiv 10MG/2ML	J0606	636	MC Pharmacy	$ 18	$ 11	$ 10.70	$ 2	$ 17
Service Item	Outpatient	Parsabiv 10MG/2ML	J0606	636	VD CAPD CCPD	$ 18.25	$ 10.95	$ 10.70	$ 2.14	$ 16.79
Service Item	Outpatient	Parsabiv 10MG/2ML	J0606	636	VD Visalia Dialysis	$ 18.25	$ 10.95	$ 10.70	$ 2.14	$ 16.79
Service Item	Inpatient and Outpatient	Parsabiv 2.5MG/0.5ML	J0606	636	MC Pharmacy	$ 18	$ 11	$ 10.70	$ 2	$ 17
Service Item	Outpatient	Parsabiv 2.5MG/0.5ML	J0606	636	VD CAPD CCPD	$ 18.25	$ 10.95	$ 10.70	$ 2.14	$ 16.79
Service Item	Outpatient	Parsabiv 2.5MG/0.5ML	J0606	636	VD Visalia Dialysis	$ 18.25	$ 10.95	$ 10.70	$ 2.14	$ 16.79
Service Item	Inpatient and Outpatient	Parsabiv 5MG/ML	J0606	636	MC Pharmacy	$ 18	$ 11	$ 10.70	$ 2	$ 17
Service Item	Outpatient	Parsabiv 5MG/ML	J0606	636	VD CAPD CCPD	$ 18.25	$ 10.95	$ 10.70	$ 2.14	$ 16.79
Service Item	Outpatient	Parsabiv 5MG/ML	J0606	636	VD Visalia Dialysis	$ 18.25	$ 10.95	$ 10.70	$ 2.14	$ 16.79
Service Package	Inpatient and Outpatient	Part Interupt Ivc W/Filte	37191	360	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,755.63	$ 5,326	$ 8,979
Service Item	Inpatient and Outpatient	Parvovirus antibody-ARUP	86747	305	MC Reference Lab	$ 17	$ 67	$ 32.35	$ 10	$ 148
Service Item	Inpatient and Outpatient	Parvovirus B 19, by PCR-ARUP	87798	300	MC Reference Lab	$ 39	$ 151	$ 137.98	$ 34	$ 345
Service Item	Inpatient and Outpatient	Parvovirus B-19 Igg 65121	86747	301	MC Reference Lab	$ 17	$ 67	$ 32.42	$ 10	$ 148
Service Item	Inpatient and Outpatient	Parvovirus B-19 Igm 65122	86747	301	MC Reference Lab	$ 17	$ 67	$ 32.42	$ 10	$ 148
Service Package	Inpatient and Outpatient	Patch Carotid	C1763	278	MC Central Supply	$ 2,348	Charges have been	$ 2,066.15	$ 2,093	$ 2,139
Service Package	Inpatient and Outpatient	Patch Hern Gld 13Cmx22Cm	C1781	278	MC Central Supply	$ 5,550	Charges have been	$ 4,410.46	$ 4,946	$ 5,056
Service Package	Inpatient and Outpatient	Patch Hernia Repair 4X7	C1781	278	MC Central Supply	$ 2,492	Charges have been	$ 2,337.75	$ 2,221	$ 2,270
Service Package	Inpatient and Outpatient	Patch Hernia Repair 7X10	C1781	278	MC Central Supply	$ 3,623	Charges have been	$ 3,104.01	$ 3,228	$ 3,300
Service Package	Inpatient and Outpatient	Patella Dome Implant	C1776	278	MC Central Supply	$ 3,186	Charges have been	$ 2,609.95	$ 2,839	$ 2,902
Service Item	Inpatient and Outpatient	Path Consult 1St Specimen	88331	310	MC Pathology	$ 166	$ 71	$ 144.86	$ 57	$ 264
Service Package	Inpatient and Outpatient	Patlofem Implant	C1776	278	MC Central Supply	$ 11,637	Charges have been	$ 8,337.72	$ 10,369	$ 10,600
Service Package	Inpatient and Outpatient	PB Valvuoplasty Aortic Valve	92986	481	MC Cath Lab Srvcs	$ 12,385	Charges have been	$ 9,573.00	$ 5,740	$ 10,234
Service Package	Inpatient and Outpatient	Pci Ami Revas Throm 1 Art	92941	481	MC Cath Lab Srvcs	$ 19,263	Charges have been	$ 17,648.22	$ 16,832	$ 17,206
Service Package	Inpatient and Outpatient	Pci Cto Revasc 1 Art	92943	481	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 19,428.64	$ 11,481	$ 21,620
Service Package	Inpatient and Outpatient	Pci Cto Revasc Ea Ad	92944	481	MC Cath Lab Srvcs	$ 11,558	Charges have been	$ 10,589.08	$ 10,099	$ 10,324
Service Package	Inpatient and Outpatient	Pci Des Ami Revasc Sgl	92941	481	MC Cath Lab Srvcs	$ 24,473	Charges have been	$ 21,156.59	$ 21,384	$ 21,859
Service Package	Inpatient and Outpatient	Pci Des Cto Mult Proc Ad	C9608	481	MC Cath Lab Srvcs	$ 14,684	Charges have been	$ 13,452.53	$ 12,830	$ 13,115
Service Package	Inpatient and Outpatient	Pci Des Cto Mult Proc Sgl	92943	481	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 19,428.64	$ 11,481	$ 21,620
Service Package	Inpatient and Outpatient	Pci Des Mult Proc Ad Art	92934	481	MC Cath Lab Srvcs	$ 14,684	Charges have been	$ 12,652.48	$ 12,830	$ 13,115
Service Package	Inpatient and Outpatient	Pci Des Mult Proc Sgl	92933	481	MC Cath Lab Srvcs	$ 31,880	Charges have been	$ 25,356.30	$ 18,470	$ 25,488
Service Package	Inpatient and Outpatient	Pci Des Revasc Grft Ea Ad	92938	481	MC Cath Lab Srvcs	$ 14,684	Charges have been	$ 12,693.92	$ 12,830	$ 13,115
Service Package	Inpatient and Outpatient	Pci Des Revasc Grft Sgl	92937	481	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 19,428.64	$ 11,481	$ 21,620
Service Package	Inpatient and Outpatient	Pci Des Stnt Ptca Ad Art	92929	481	MC Cath Lab Srvcs	$ 14,684	Charges have been	$ 12,693.92	$ 12,830	$ 13,115
Service Package	Inpatient and Outpatient	Pci Des Stnt W/Ptca Sgl	92928	481	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 19,428.64	$ 11,481	$ 21,620
Service Package	Inpatient and Outpatient	Pci Ptca 1 Art	92920	481	MC Cath Lab Srvcs	$ 12,385	Charges have been	$ 10,546.38	$ 5,740	$ 14,214
Service Package	Inpatient and Outpatient	Pci Ptca Ea Ad Art	92921	481	MC Cath Lab Srvcs	$ 7,610	Charges have been	$ 6,971.79	$ 6,649	$ 6,797
Service Package	Inpatient and Outpatient	Pci Ptca/Ptcra 1 Art	92924	481	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 19,428.64	$ 11,481	$ 21,620
Service Package	Inpatient and Outpatient	Pci Ptca/Ptcra Ad Art	92925	481	MC Cath Lab Srvcs	$ 14,510	Charges have been	$ 13,293.10	$ 12,678	$ 12,960
Service Package	Inpatient and Outpatient	Pci Revas Grft Filt 1 Art	92937	481	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 19,428.64	$ 11,481	$ 21,620
Service Package	Inpatient and Outpatient	Pci Revas Grft Filt Ea Ad	92938	481	MC Cath Lab Srvcs	$ 11,558	Charges have been	$ 10,589.08	$ 10,099	$ 10,324
Service Package	Inpatient and Outpatient	Pci Stnt W/Ptca 1 Vsl	92928	481	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 19,428.64	$ 11,481	$ 21,620
Service Package	Inpatient and Outpatient	Pci Stnt W/Ptca Ad Art	92929	481	MC Cath Lab Srvcs	$ 11,558	Charges have been	$ 10,589.08	$ 10,099	$ 10,324
Service Package	Inpatient and Outpatient	Pci Stnt/Pcra/Ptca 1 Art	92933	481	MC Cath Lab Srvcs	$ 31,880	Charges have been	$ 25,356.30	$ 18,470	$ 25,488
Service Package	Inpatient and Outpatient	Pci Stnt/Pcra/Ptca Ad Art	92934	481	MC Cath Lab Srvcs	$ 11,387	Charges have been	$ 10,432.66	$ 9,950	$ 10,171
Service Package	Inpatient and Outpatient	Pci/Intravasc Us 1 Ves	92978	481	MC Cath Lab Srvcs	$ 792	Charges have been	$ 735.31	$ 692	$ 707
Service Package	Inpatient and Outpatient	Pci/Intravasc Us Ad Ves	92979	481	MC Cath Lab Srvcs	$ 590	Charges have been	$ 584.37	$ 516	$ 527
Service Package	Inpatient and Outpatient	Pci/Stnt Coat/Cover W/Sys	C1874	278	MC Central Supply	$ 13,584	Charges have been	$ 11,204.35	$ 12,105	$ 12,374
Service Package	Inpatient and Outpatient	Pci/Stnt No Coat W/Sys	C1876	278	MC Central Supply	$ 2,913	Charges have been	$ 2,695.24	$ 2,596	$ 2,653
Service Package	Inpatient and Outpatient	Pci/Thrombo Coronary	92973	481	MC Cath Lab Srvcs	$ 5,917	Charges have been	$ 5,421.05	$ 5,170	$ 5,285
Service Item	Inpatient and Outpatient	Pcp Single Ux Qual	80307	301	MC General Lab	$ 130	$ 280	$ 255.61	$ 112	$ 572
Service Item	Outpatient	Peak Flow Meter	A4614	270	NC Urgent Care	$ 84.14	$ 49.01	$ 55.52	$ 12.22	$ 75.15
Service Item	Outpatient	Peak Flow Meter	A4614	270	SC Urgent Care	$ 84.14	$ 49.01	$ 55.72	$ 12.22	$ 75.15
Service Item	Outpatient	Peak Flow Meter	A4614	270	SFM Family Medicine	$ 84.14	$ 49.01	$ 67.92	$ 49.01	$ 75.15
Service Item	Outpatient	Pediarix 0.5 mL	90723	636	CD Infusion Clinic	$ 358.75	$ 215.25	$ 243.18	$ 75.69	$ 330.05
Service Item	Inpatient and Outpatient	Pediarix 0.5 mL	90723	636	MC Pharmacy	$ 359	$ 290	$ 243.18	$ 76	$ 330
Service Item	Outpatient	Pediarix 0.5 mL	90723	636	NC Urgent Care	$ 358.75	$ 289.65	$ 242.28	$ 75.69	$ 330.05
Service Item	Outpatient	Pediarix 0.5 mL	90723	636	SC Urgent Care	$ 358.75	$ 289.65	$ 243.18	$ 75.69	$ 330.05
Service Item	Outpatient	Pediarix 0.5 mL	90723	636	SFM Family Medicine	$ 358.75	$ 289.65	$ 242.28	$ 75.69	$ 330.05
Service Item	Inpatient and Outpatient	Pediatric Echo-Congenital	93303	480	DC Non Invasive Card	$ 1,258	$ 573	$ 907.93	$ 470	$ 1,124
Service Item	Inpatient and Outpatient	Pediatric Echo-Congenital	93303	480	MC NonInv CardioSrv	$ 1,258	Charges have been	$ 986.70	$ 558	$ 1,124
Service Item	Outpatient	Pediatric Echo-Congenital	93303	480	OS Non Invasive Card	$ 1,258.00	$ 573.30	$ 907.93	$ 470.30	$ 1,123.65
Service Item	Outpatient	Pediatric Multiple Vitamins Inj 10 mL	J3490	636	CD Infusion Clinic	$ 70.80	$ 42.48	$ 49.37	$ 23.14	$ 65.14
Service Item	Inpatient and Outpatient	Pediatric Multiple Vitamins Inj 10 mL	J3490	636	MC Pharmacy	$ 71	$ 42	$ 49.37	$ 23	$ 65
Service Item	Outpatient	Pediatric Multiple Vitamins Inj 10 mL	J3490	636	NC Urgent Care	$ 70.80	$ 42.48	$ 49.19	$ 23.14	$ 65.14
Service Item	Outpatient	Pediatric Multiple Vitamins Inj 10 mL	J3490	636	SC Urgent Care	$ 70.80	$ 42.48	$ 49.37	$ 23.14	$ 65.14
Service Item	Outpatient	Pediatric Multivitamin With Vitamin K Inj 5 mL	J3490	636	CD Infusion Clinic	$ 66.75	$ 40.05	$ 47.04	$ 23.14	$ 61.41
Service Item	Inpatient and Outpatient	Pediatric Multivitamin With Vitamin K Inj 5 mL	J3490	636	MC Pharmacy	$ 67	$ 40	$ 47.04	$ 23	$ 61
Service Item	Outpatient	Pediatric Multivitamin With Vitamin K Inj 5 mL	J3490	636	NC Urgent Care	$ 66.75	$ 40.05	$ 46.87	$ 23.14	$ 61.41
Service Item	Outpatient	Pediatric Multivitamin With Vitamin K Inj 5 mL	J3490	636	SC Urgent Care	$ 66.75	$ 40.05	$ 47.04	$ 23.14	$ 61.41
Service Package	Inpatient and Outpatient	Peg Change	43762	750	MC Cath Lab Srvcs	$ 587	Charges have been	$ 942.74	$ 272	$ 2,484
Service Package	Inpatient and Outpatient	Peg Change	43762	750	MC Endo Services	$ 587	Charges have been	$ 942.74	$ 272	$ 2,484
Service Package	Inpatient and Outpatient	Peg Fixation	C1889	278	MC Central Supply	$ 397	Charges have been	$ 3,577.01	$ 354	$ 362
Service Item	Outpatient	pegaspargase 750 units/mL Inj 5 mL	J9266	636	CD Infusion Clinic	$ 58,986.20	$ 35,391.72	$ 35,333.93	$ 1,473.96	$ 54,267.30
Service Item	Inpatient and Outpatient	pegaspargase 750 units/mL Inj 5 mL	J9266	636	MC Pharmacy	$ 58,986	$ 36,841	$ 35,333.93	$ 1,474	$ 54,267
Service Item	Outpatient	pegaspargase 750 units/mL Inj 5 mL	J9266	636	NC Urgent Care	$ 58,986.20	$ 36,840.57	$ 35,186.47	$ 1,473.96	$ 54,267.30
Service Item	Outpatient	pegaspargase 750 units/mL Inj 5 mL	J9266	636	SC Urgent Care	$ 58,986.20	$ 36,840.57	$ 35,333.93	$ 1,473.96	$ 54,267.30
Service Item	Outpatient	pegfilgrastim 6 mg/0.6 mL Inj 0.6 mL	J2505	636	CD Infusion Clinic	$ 23,688.40	$ 14,213.04	$ 13,834.76	$ 2,893.98	$ 21,793.33
Service Item	Inpatient and Outpatient	pegfilgrastim 6 mg/0.6 mL Inj 0.6 mL	J2505	636	MC Pharmacy	$ 23,688	$ 17,058	$ 13,834.76	$ 2,894	$ 21,793
Service Item	Outpatient	pegfilgrastim 6 mg/0.6 mL Inj 0.6 mL	J2505	636	NC Urgent Care	$ 23,688.40	$ 17,057.72	$ 13,775.54	$ 2,893.98	$ 21,793.33
Service Item	Outpatient	pegfilgrastim 6 mg/0.6 mL Inj 0.6 mL	J2505	636	SC Urgent Care	$ 23,688.40	$ 17,057.72	$ 13,834.76	$ 2,893.98	$ 21,793.33
Service Item	Outpatient	pegloticase 8 mg/mL Inj	J2507	636	CD Infusion Clinic	$ 74,062.35	$ 44,437.41	$ 37,454.74	$ 338.47	$ 68,137.36
Service Item	Inpatient and Outpatient	pegloticase 8 mg/mL Inj	J2507	636	MC Pharmacy	$ 74,062	$ 44,770	$ 37,454.74	$ 338	$ 68,137
Service Item	Outpatient	pegloticase 8 mg/mL Inj	J2507	636	NC Urgent Care	$ 74,062.35	$ 44,770.11	$ 37,269.59	$ 338.47	$ 68,137.36
Service Item	Outpatient	pegloticase 8 mg/mL Inj	J2507	636	SC Urgent Care	$ 74,062.35	$ 44,770.11	$ 37,454.74	$ 338.47	$ 68,137.36
Service Item	Outpatient	Pelvis 1 Or 2 Views	72170	320	IC Radiology	$ 257.07	$ 66.54	$ 160.97	$ 59.66	$ 229.61
Service Item	Inpatient and Outpatient	Pelvis 1 Or 2 Views	72170	320	MC Diag Radiology	$ 257	$ 67	$ 308.33	$ 60	$ 1,636
Service Item	Outpatient	Pelvis 1 Or 2 Views	72170	320	NC Diag Imaging	$ 257.07	$ 66.54	$ 308.33	$ 59.66	$ 1,635.83
Service Item	Outpatient	Pelvis 1 Or 2 Views	72170	320	SC Diag Imaging	$ 257.07	$ 66.54	$ 308.33	$ 59.66	$ 1,635.83
Service Item	Outpatient	Pelvis 3 View Min	72190	320	IC Radiology	$ 371.25	$ 85.44	$ 227.37	$ 76.61	$ 331.60
Service Item	Inpatient and Outpatient	Pelvis 3 View Min	72190	320	MC Diag Radiology	$ 371	$ 85	$ 367.52	$ 77	$ 1,636
Service Item	Outpatient	Pelvis 3 View Min	72190	320	NC Diag Imaging	$ 371.25	$ 85.44	$ 367.52	$ 76.61	$ 1,635.83
Service Item	Outpatient	Pelvis 3 View Min	72190	320	SC Diag Imaging	$ 371.25	$ 85.44	$ 367.52	$ 76.61	$ 1,635.83
Service Package	Inpatient and Outpatient	Pelvis Sling Appl		450	MC Emergency	$ 518	Charges have been	#N/A	$ 453	$ 463
Service Item	Outpatient	Pelvis-Hips Infant/Child	73502	320	IC Radiology	$ 351.58	$ 159.42	$ 220.75	$ 92.48	$ 314.03
Service Item	Inpatient and Outpatient	Pelvis-Hips Infant/Child	73502	320	MC Diag Radiology	$ 352	$ 159	$ 287.35	$ 92	$ 888
Service Item	Outpatient	Pelvis-Hips Infant/Child	73502	320	NC Diag Imaging	$ 351.58	$ 159.42	$ 287.35	$ 92.48	$ 887.81
Service Item	Outpatient	Pelvis-Hips Infant/Child	73502	320	SC Diag Imaging	$ 351.58	$ 159.42	$ 287.35	$ 92.48	$ 887.81
Service Item	Outpatient	pembrolizumab 25 mg/mL Inj 4 mL	J9271	636	CD Infusion Clinic	$ 16,720.40	$ 10,032.24	$ 8,257.68	$ 48.14	$ 15,382.77
Service Item	Inpatient and Outpatient	pembrolizumab 25 mg/mL Inj 4 mL	J9271	636	MC Pharmacy	$ 16,720	$ 10,082	$ 8,257.68	$ 48	$ 15,383
Service Item	Outpatient	pembrolizumab 25 mg/mL Inj 4 mL	J9271	636	NC Urgent Care	$ 16,720.40	$ 10,082.19	$ 8,215.88	$ 48.14	$ 15,382.77
Service Item	Outpatient	pembrolizumab 25 mg/mL Inj 4 mL	J9271	636	SC Urgent Care	$ 16,720.40	$ 10,082.19	$ 8,257.68	$ 48.14	$ 15,382.77
Service Item	Outpatient	PEMEtrexed 100 mg Inj	J9305	636	CD Infusion Clinic	$ 2,257.85	$ 1,354.71	$ 2,359.14	$ 47.84	$ 7,741.89
Service Item	Inpatient and Outpatient	PEMEtrexed 100 mg Inj	J9305	636	MC Pharmacy	$ 2,258	$ 1,402	$ 2,359.14	$ 48	$ 7,742
Service Item	Outpatient	PEMEtrexed 100 mg Inj	J9305	636	NC Urgent Care	$ 2,257.85	$ 1,401.74	$ 2,353.49	$ 47.84	$ 7,741.89
Service Item	Outpatient	PEMEtrexed 100 mg Inj	J9305	636	SC Urgent Care	$ 2,257.85	$ 1,401.74	$ 2,359.14	$ 47.84	$ 7,741.89
Service Item	Outpatient	PEMEtrexed 500 mg Inj	J9305	636	CD Infusion Clinic	$ 11,401.90	$ 6,841.14	$ 5,646.42	$ 47.84	$ 10,489.75
Service Item	Inpatient and Outpatient	PEMEtrexed 500 mg Inj	J9305	636	MC Pharmacy	$ 11,402	$ 6,841	$ 5,646.42	$ 48	$ 10,490
Service Item	Outpatient	PEMEtrexed 500 mg Inj	J9305	636	NC Urgent Care	$ 11,401.90	$ 6,841.14	$ 5,617.92	$ 47.84	$ 10,489.75
Service Item	Outpatient	PEMEtrexed 500 mg Inj	J9305	636	SC Urgent Care	$ 11,401.90	$ 6,841.14	$ 5,646.42	$ 47.84	$ 10,489.75
Service Item	Outpatient	penicillin G benzathine 1.2 millionunits/2 mL IM	J0561	636	CD Infusion Clinic	$ 651.05	$ 390.63	$ 247.23	$ 4.73	$ 598.97
Service Item	Inpatient and Outpatient	penicillin G benzathine 1.2 millionunits/2 mL IM	J0561	636	MC Pharmacy	$ 651	$ 391	$ 247.23	$ 5	$ 599

Service Item	Outpatient	penicillin G benzathine 1.2 millionunits/2 mL IM	J0561	636	NC Urgent Care	$ 651.05	$ 390.63	$ 245.60	$ 4.73	$ 598.97
Service Item	Outpatient	penicillin G benzathine 1.2 millionunits/2 mL IM	J0561	636	SC Urgent Care	$ 651.05	$ 390.63	$ 247.23	$ 4.73	$ 598.97
Service Item	Outpatient	penicillin G benzathine 1.2 millionunits/2 mL IM	J0561	636	SFM Family Medicine	$ 651.05	$ 390.63	$ 245.60	$ 4.73	$ 598.97
Service Item	Outpatient	penicillin G benzathine 2.4 millionunits/4 mL IM	J0561	636	CD Infusion Clinic	$ 1,372.80	$ 823.68	$ 506.70	$ 4.73	$ 1,262.98
Service Item	Inpatient and Outpatient	penicillin G benzathine 2.4 millionunits/4 mL IM	J0561	636	MC Pharmacy	$ 1,373	$ 824	$ 506.70	$ 5	$ 1,263
Service Item	Outpatient	penicillin G benzathine 2.4 millionunits/4 mL IM	J0561	636	NC Urgent Care	$ 1,372.80	$ 823.68	$ 503.27	$ 4.73	$ 1,262.98
Service Item	Outpatient	penicillin G benzathine 2.4 millionunits/4 mL IM	J0561	636	SC Urgent Care	$ 1,372.80	$ 823.68	$ 506.70	$ 4.73	$ 1,262.98
Service Item	Outpatient	penicillin G benzathine 2.4 millionunits/4 mL IM	J0561	636	SFM Family Medicine	$ 1,372.80	$ 823.68	$ 503.27	$ 4.73	$ 1,262.98
Service Item	Outpatient	penicillin G benzathine PED 1,200,000 units/2 m	J0561	636	CD Infusion Clinic	$ 651.05	$ 390.63	$ 247.23	$ 4.73	$ 598.97
Service Item	Inpatient and Outpatient	penicillin G benzathine PED 1,200,000 units/2 m	J0561	636	MC Pharmacy	$ 651	$ 395	$ 247.23	$ 5	$ 599
Service Item	Outpatient	penicillin G benzathine PED 1,200,000 units/2 m	J0561	636	NC Urgent Care	$ 651.05	$ 395.28	$ 245.60	$ 4.73	$ 598.97
Service Item	Outpatient	penicillin G benzathine PED 1,200,000 units/2 m	J0561	636	SC Urgent Care	$ 651.05	$ 395.28	$ 247.23	$ 4.73	$ 598.97
Service Item	Outpatient	penicillin G pot 1 millionunits Inj (from 20 MUnit	J2540	636	CD Infusion Clinic	$ 16.35	$ 9.81	$ 22.32	$ 2.22	$ 45.66
Service Item	Inpatient and Outpatient	penicillin G pot 1 millionunits Inj (from 20 MUnit	J2540	636	MC Pharmacy	$ 16	$ 10	$ 22.32	$ 2	$ 46
Service Item	Outpatient	penicillin G pot 1 millionunits Inj (from 20 MUnit	J2540	636	NC Urgent Care	$ 16.35	$ 9.81	$ 22.27	$ 2.22	$ 45.66
Service Item	Outpatient	penicillin G pot 1 millionunits Inj (from 20 MUnit	J2540	636	SC Urgent Care	$ 16.35	$ 9.81	$ 22.32	$ 2.22	$ 45.66
Service Item	Outpatient	penicillin G pot 1 millionunits/50 mL Premix	J2540	636	CD Infusion Clinic	$ 61.40	$ 36.84	$ 38.51	$ 2.22	$ 56.49
Service Item	Inpatient and Outpatient	penicillin G pot 1 millionunits/50 mL Premix	J2540	636	MC Pharmacy	$ 61	$ 37	$ 38.51	$ 2	$ 56
Service Item	Outpatient	penicillin G pot 1 millionunits/50 mL Premix	J2540	636	NC Urgent Care	$ 61.40	$ 36.84	$ 38.36	$ 2.22	$ 56.49
Service Item	Outpatient	penicillin G pot 1 millionunits/50 mL Premix	J2540	636	SC Urgent Care	$ 61.40	$ 36.84	$ 38.51	$ 2.22	$ 56.49
Service Item	Outpatient	penicillin G pot 2 millionunits/50 mL Premix	J2540	636	CD Infusion Clinic	$ 56.25	$ 33.75	$ 36.66	$ 2.22	$ 51.75
Service Item	Inpatient and Outpatient	penicillin G pot 2 millionunits/50 mL Premix	J2540	636	MC Pharmacy	$ 56	$ 34	$ 36.66	$ 2	$ 52
Service Item	Outpatient	penicillin G pot 2 millionunits/50 mL Premix	J2540	636	NC Urgent Care	$ 56.25	$ 33.75	$ 36.52	$ 2.22	$ 51.75
Service Item	Outpatient	penicillin G pot 2 millionunits/50 mL Premix	J2540	636	SC Urgent Care	$ 56.25	$ 33.75	$ 36.66	$ 2.22	$ 51.75
Service Item	Outpatient	penicillin G pot 3 millionunits/50 mL Premix	J2540	636	CD Infusion Clinic	$ 58.40	$ 35.04	$ 37.43	$ 2.22	$ 53.73
Service Item	Inpatient and Outpatient	penicillin G pot 3 millionunits/50 mL Premix	J2540	636	MC Pharmacy	$ 58	$ 35	$ 37.43	$ 2	$ 54
Service Item	Outpatient	penicillin G pot 3 millionunits/50 mL Premix	J2540	636	NC Urgent Care	$ 58.40	$ 35.04	$ 37.29	$ 2.22	$ 53.73
Service Item	Outpatient	penicillin G pot 3 millionunits/50 mL Premix	J2540	636	SC Urgent Care	$ 58.40	$ 35.04	$ 37.43	$ 2.22	$ 53.73
Service Item	Outpatient	Penicillin G pot 5 millionunits Inj	J2540	636	CD Infusion Clinic	$ 67.25	$ 40.35	$ 40.61	$ 2.22	$ 61.87
Service Item	Inpatient and Outpatient	Penicillin G pot 5 millionunits Inj	J2540	636	MC Pharmacy	$ 67	$ 40	$ 40.61	$ 2	$ 62
Service Item	Outpatient	Penicillin G pot 5 millionunits Inj	J2540	636	NC Urgent Care	$ 67.25	$ 40.35	$ 40.45	$ 2.22	$ 61.87
Service Item	Outpatient	Penicillin G pot 5 millionunits Inj	J2540	636	SC Urgent Care	$ 67.25	$ 40.35	$ 40.61	$ 2.22	$ 61.87
Service Item	Outpatient	Penicillin G Pot IV (PED) 40,000 units/mL	J2540	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 20.79	$ 2.22	$ 45.66
Service Item	Inpatient and Outpatient	Penicillin G Pot IV (PED) 40,000 units/mL	J2540	636	MC Pharmacy	$ 12	$ 7	$ 20.79	$ 2	$ 46
Service Item	Outpatient	Penicillin G Pot IV (PED) 40,000 units/mL	J2540	636	NC Urgent Care	$ 12.10	$ 7.26	$ 20.76	$ 2.22	$ 45.66
Service Item	Outpatient	Penicillin G Pot IV (PED) 40,000 units/mL	J2540	636	SC Urgent Care	$ 12.10	$ 7.26	$ 20.79	$ 2.22	$ 45.66
Service Package	Inpatient and Outpatient	Penile Prosthesis	C1813	278	MC Central Supply	$ 25,669	Charges have been	$ 21,107.43	$ 22,874	$ 23,382
Service Item	Outpatient	Penis Study	74445	320	IC Radiology	$ 812.18	$ 144.69	$ 527.97	$ 129.74	$ 873.22
Service Item	Inpatient and Outpatient	Penis Study	74445	320	MC Diag Radiology	$ 812	$ 145	$ 640.29	$ 130	$ 1,636
Service Item	Outpatient	Penis Study	74445	320	NC Diag Imaging	$ 812.18	$ 144.69	$ 640.29	$ 129.74	$ 1,635.83
Service Item	Outpatient	Penis Study	74445	320	SC Diag Imaging	$ 812.18	$ 144.69	$ 640.29	$ 129.74	$ 1,635.83
Service Item	Outpatient	pentamidine 300 mg Inj	J3490	636	CD Infusion Clinic	$ 931.25	$ 558.75	$ 543.97	$ 23.14	$ 856.75
Service Item	Inpatient and Outpatient	pentamidine 300 mg Inj	J3490	636	MC Pharmacy	$ 931	$ 559	$ 543.97	$ 23	$ 857
Service Item	Outpatient	pentamidine 300 mg Inj	J3490	636	NC Urgent Care	$ 931.25	$ 558.75	$ 541.65	$ 23.14	$ 856.75
Service Item	Outpatient	pentamidine 300 mg Inj	J3490	636	SC Urgent Care	$ 931.25	$ 558.75	$ 543.97	$ 23.14	$ 856.75
Service Package	Inpatient and Outpatient	Perc Abs Drain Peritoneal	49406	361	MC Cath Lab Srvcs	$ 3,432	Charges have been	$ 2,383.18	$ 1,590	$ 1,735
Service Package	Inpatient and Outpatient	Perc Abs Drain Subdiaphrm	49406	361	MC Cath Lab Srvcs	$ 3,432	Charges have been	$ 2,383.18	$ 1,590	$ 1,735
Service Package	Inpatient and Outpatient	Perc Abscess Drain Liver	49405	361	MC Cath Lab Srvcs	$ 3,432	Charges have been	$ 2,325.77	$ 1,467	$ 1,590
Service Package	Inpatient and Outpatient	Perc Access and Closure of Fem Art Del of Endo	34713	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Item	Outpatient	Perc Bone Ablation	20982	350	IC CAT Scan	$ 7,210.00	$ 4,200.00	$ 5,592.62	$ 1,823.29	$ 6,931.29
Service Item	Inpatient and Outpatient	Perc Bone Ablation	20982	350	MC CAT Scanner	$ 7,210	$ 4,200	$ 5,592.62	$ 1,823	$ 6,931
Service Package	Inpatient and Outpatient	Perc Cholecystostomy	47490	360	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,286.70	$ 3,397	$ 3,603
Service Item	Outpatient	Perc Colecystostomy	47490	360	IC CAT Scan	$ 3,887.11	$ 2,264.33	$ 3,082.65	$ 1,792.18	$ 3,602.79
Service Item	Inpatient and Outpatient	Perc Colecystostomy	47490	360	MC CAT Scanner	$ 3,887	$ 2,264	$ 3,082.65	$ 1,792	$ 3,603
Service Package	Inpatient and Outpatient	Perc Dilat Biliary	74363	320	MC Cath Lab Srvcs	$ 1,936	Charges have been	$ 1,773.98	$ 1,692	$ 1,730
Service Package	Inpatient and Outpatient	Perc Gastro Tube Placemen	49440	361	MC Cath Lab Srvcs	$ 3,894	Charges have been	$ 2,646.68	$ 1,696	$ 1,805
Service Package	Inpatient and Outpatient	Perc Gastro Tube S & I	49440	320	MC Cath Lab Srvcs	$ 3,894	Charges have been	$ 2,646.68	$ 1,696	$ 1,805
Service Item	Outpatient	Perc Liver Ablation	47382	350	IC CAT Scan	$ 8,096.56	$ 4,716.44	$ 6,245.70	$ 3,884.19	$ 7,231.88
Service Item	Outpatient	Perc Liver Ablation	47382	350	IC Ultrasound	$ 8,096.56	$ 4,716.44	$ 6,245.70	$ 3,884.19	$ 7,231.88
Service Item	Inpatient and Outpatient	Perc Liver Ablation	47382	350	MC CAT Scanner	$ 8,097	$ 4,716	$ 6,245.70	$ 3,884	$ 7,232
Service Item	Inpatient and Outpatient	Perc Liver Ablation	47382	350	MC Ultrasound	$ 8,097	$ 4,716	$ 6,245.70	$ 3,884	$ 7,232
Service Item	Outpatient	Perc Lung Ablation	32998	361	IC CAT Scan	$ 8,339.42	$ 4,857.91	$ 6,170.75	$ 1,545.89	$ 7,448.80
Service Item	Outpatient	Perc Lung Ablation	32998	361	IC Ultrasound	$ 8,339.42	$ 4,857.91	$ 6,170.75	$ 1,545.89	$ 7,448.80
Service Item	Inpatient and Outpatient	Perc Lung Ablation	32998	361	MC CAT Scanner	$ 8,339	$ 4,858	$ 6,170.75	$ 1,546	$ 7,449
Service Item	Inpatient and Outpatient	Perc Lung Ablation	32998	361	MC Ultrasound	$ 8,339	$ 4,858	$ 6,170.75	$ 1,546	$ 7,449
Service Package	Inpatient and Outpatient	Perc Portal Vein Cath	36481	361	MC Cath Lab Srvcs	$ 1,232	Charges have been	$ 1,128.77	$ 1,077	$ 1,100
Service Item	Outpatient	Perc Renal Tumor Ablation	50592	361	IC CAT Scan	$ 8,339.42	$ 4,857.91	$ 6,216.22	$ 2,000.52	$ 7,448.80
Service Item	Outpatient	Perc Renal Tumor Ablation	50592	361	IC Ultrasound	$ 8,339.42	$ 4,857.91	$ 6,216.22	$ 2,000.52	$ 7,448.80
Service Item	Inpatient and Outpatient	Perc Renal Tumor Ablation	50592	361	MC CAT Scanner	$ 8,339	$ 4,858	$ 6,216.22	$ 2,001	$ 7,449
Service Item	Inpatient and Outpatient	Perc Renal Tumor Ablation	50592	361	MC Ultrasound	$ 8,339	$ 4,858	$ 6,216.22	$ 2,001	$ 7,449
Service Package	Inpatient and Outpatient	Perc T-Hep Bil Drain	47533	320	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,399.78	$ 3,603	$ 3,934
Service Package	Inpatient and Outpatient	Perc Transhep Portogram w/ HDM	75885	320	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,343.16	$ 3,211	$ 5,676
Service Package	Inpatient and Outpatient	Percut Abscess Drainage	75989	320	MC Cath Lab Srvcs	$ 1,177	Charges have been	$ 1,078.46	$ 1,029	$ 1,051
Service Package	Inpatient	Perfusionist Case Cv Tech		360	MC Cardiac Surgery	$ 2,425.58	Charges have been	#N/A	$ 2,119.44	$ 2,166.54
Service Package	Inpatient	Perfusionist Case Cv Tech		360	MC CV CVICU	$ 2,425.58	Charges have been	#N/A	$ 2,119.44	$ 2,166.54
Service Package	Inpatient and Outpatient	Peri Cervico Arch	36221	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,913.07	$ 3,211	$ 3,917
Service Package	Inpatient and Outpatient	Peri Com Car Excran Bi	36222	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220
Service Package	Inpatient and Outpatient	Peri Com Car Excran Uni	36222	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220
Service Package	Inpatient and Outpatient	Peri Com Car Incran Bi	36223	323	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,356.98	$ 5,326	$ 7,349
Service Package	Inpatient and Outpatient	Peri Com Car Incran Uni	36223	323	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,356.98	$ 5,326	$ 7,349
Service Item	Outpatient	Peri Ed/Individual	H1003	519	CD Diabetic Clinic	$ 74.58	$ 43.45	$ 53.82	$ 34.97	$ 66.62
Service Package	Inpatient and Outpatient	Peri Int Car Incran Bi	36224	323	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 9,059.68	$ 5,326	$ 10,223
Service Package	Inpatient and Outpatient	Peri Int Car Incran Uni	36224	323	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,559.60	$ 5,326	$ 8,178
Service Package	Inpatient and Outpatient	Peri Subcl Inom Vert Bi	36225	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,483.69	$ 3,211	$ 6,250
Service Package	Inpatient and Outpatient	Peri Subcl Inom Vert Uni	36225	323	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,178.15	$ 3,211	$ 5,001
Service Package	Inpatient and Outpatient	Peri Vert Cerv Cereb Bi	36226	323	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 9,059.68	$ 5,326	$ 10,223
Service Package	Inpatient and Outpatient	Peri Vert Cerv Cereb Uni	36226	323	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,073.84	$ 5,326	$ 6,192
Service Package	Inpatient and Outpatient	Peri/Angio Ea Ad Ves	75774	320	MC Cath Lab Srvcs	$ 1,371	Charges have been	$ 1,255.66	$ 1,198	$ 1,224
Service Package	Inpatient and Outpatient	Peri/Ango Ext Cartid Bi	36227	323	MC Cath Lab Srvcs	$ 6,578	Charges have been	$ 5,494.31	$ 5,748	$ 5,875
Service Package	Inpatient and Outpatient	Peri/Ango Ext Cartid Uni	36227	323	MC Cath Lab Srvcs	$ 4,385	Charges have been	$ 4,017.74	$ 3,832	$ 3,917
Service Package	Inpatient and Outpatient	Pericardial Membrane		278	MC Central Supply	$ 766	Charges have been	#N/A	$ 683	$ 698
Service Package	Inpatient and Outpatient	Peristrip		278	MC Central Supply	$ 4,361	Charges have been	#N/A	$ 3,886	$ 3,973
Service Item	Outpatient	Peritoneal Abscess Drain	49406	361	IC CAT Scan	$ 3,431.50	$ 1,131.29	$ 1,807.56	$ 1,068.39	$ 1,734.65
Service Item	Inpatient and Outpatient	Peritoneal Abscess Drain	49406	361	MC CAT Scanner	$ 3,432	$ 1,131	$ 1,807.56	$ 1,068	$ 1,735
Service Package	Inpatient and Outpatient	Permcath	C1750	272	MC Central Supply	$ 1,121	Charges have been	$ 1,305.34	$ 999	$ 1,022
Service Package	Inpatient and Outpatient	Perq Bile Dct Stnt W Cath	47540	361	MC Cath Lab Srvcs	$ 12,084	Charges have been	$ 8,718.72	$ 5,601	$ 7,442
Service Package	Inpatient and Outpatient	Perq Bile Duct Stent New	47539	361	MC Cath Lab Srvcs	$ 12,084	Charges have been	$ 8,718.72	$ 5,601	$ 7,442
Service Package	Inpatient and Outpatient	Perq Bile Duct Stnt Exist	47538	361	MC Cath Lab Srvcs	$ 12,084	Charges have been	$ 8,718.72	$ 5,601	$ 7,442
Service Item	Outpatient	Perq Dev Breast 1St Mri	19287	361	IC MRI	$ 732.12	$ 426.48	$ 615.86	$ 426.48	$ 706.82
Service Item	Inpatient and Outpatient	Perq Dev Breast 1St Mri	19287	361	MC MRI	$ 732	$ 426	$ 615.86	$ 426	$ 707
Service Item	Outpatient	Perq Dev Breast 1St Strtc	19283	361	IC Breast Center	$ 732.12	$ 426.48	$ 599.21	$ 426.48	$ 706.82
Service Item	Outpatient	Perq Dev Breast 1St Us Im	19285	361	IC Ultrasound	$ 732.12	$ 426.48	$ 591.68	$ 420.05	$ 706.82
Service Item	Inpatient and Outpatient	Perq Dev Breast 1St Us Im	19285	361	MC Ultrasound	$ 732	$ 426	$ 591.68	$ 420	$ 707
Service Item	Outpatient	Perq Dev Breast Add Mri	19288	361	IC MRI	$ 151.89	$ 88.48	$ 144.96	$ 88.48	$ 308.40
Service Item	Inpatient and Outpatient	Perq Dev Breast Add Mri	19288	361	MC MRI	$ 152	$ 88	$ 144.96	$ 88	$ 308
Service Item	Outpatient	Perq Dev Breast Add Strtc	19284	361	IC Breast Center	$ 151.89	$ 88.48	$ 128.87	$ 88.48	$ 147.47
Service Item	Outpatient	Perq Dev Breast Add Us Im	19286	361	IC Ultrasound	$ 151.89	$ 88.48	$ 134.72	$ 88.48	$ 205.96
Service Item	Inpatient and Outpatient	Perq Dev Breast Add Us Im	19286	361	MC Ultrasound	$ 152	$ 88	$ 134.72	$ 88	$ 206
Service Item	Outpatient	pertuzumab 420 mg/14 mL Inj	J9306	636	CD Infusion Clinic	$ 19,506.75	$ 11,704.05	$ 9,611.07	$ 11.45	$ 17,946.21
Service Item	Inpatient and Outpatient	pertuzumab 420 mg/14 mL Inj	J9306	636	MC Pharmacy	$ 19,507	$ 11,715	$ 9,611.07	$ 11	$ 17,946
Service Item	Outpatient	pertuzumab 420 mg/14 mL Inj	J9306	636	NC Urgent Care	$ 19,506.75	$ 11,715.30	$ 9,562.30	$ 11.45	$ 17,946.21
Service Item	Outpatient	pertuzumab 420 mg/14 mL Inj	J9306	636	SC Urgent Care	$ 19,506.75	$ 11,715.30	$ 9,611.07	$ 11.45	$ 17,946.21
Service Item	Inpatient and Outpatient	Pet Brain Alz Disease	78608	404	DC PET CT	$ 3,272	$ 2,727	$ 2,828.42	$ 1,672	$ 4,518
Service Item	Outpatient	Pet Brain Alz Disease	78608	404	IC PET Scan	$ 3,271.90	$ 2,726.55	$ 2,828.42	$ 1,672.11	$ 4,518.08
Service Item	Inpatient and Outpatient	Pet Ct Init Canc Whol Bod	78816	404	DC PET CT	$ 5,213	$ 3,795	$ 4,118.01	$ 1,672	$ 5,061
Service Item	Outpatient	Pet Ct Init Canc Whol Bod	78816	404	IC PET Scan	$ 5,212.86	$ 3,795.00	$ 4,118.01	$ 1,672.11	$ 5,061.03
Service Item	Inpatient and Outpatient	Pet Ct Init Skul Bas Canc	78815	404	DC PET CT	$ 4,880	$ 3,189	$ 3,835.69	$ 1,672	$ 4,738
Service Item	Outpatient	Pet Ct Init Skul Bas Canc	78815	404	IC PET Scan	$ 4,880.12	$ 3,189.00	$ 3,835.69	$ 1,672.11	$ 4,737.98

Service Item	Inpatient and Outpatient	Pet Ct Limited Area	78814	404	DC PET CT	$ 4,658	$ 2,925	$ 3,650.45	$ 1,672	$ 4,523
Service Item	Outpatient	Pet Ct Limited Area	78814	404	IC PET Scan	$ 4,658.30	$ 2,925.00	$ 3,650.45	$ 1,672.11	$ 4,522.62
Service Item	Inpatient and Outpatient	Pet Ct Skull Base Thigh	78815	404	DC PET CT	$ 4,880	$ 3,189	$ 3,835.69	$ 1,672	$ 4,738
Service Item	Outpatient	Pet Ct Skull Base Thigh	78815	404	IC PET Scan	$ 4,880.12	$ 3,189.00	$ 3,835.69	$ 1,672.11	$ 4,737.98
Service Item	Inpatient and Outpatient	Pet Ct Sub Cance Skul Bas	78815	404	DC PET CT	$ 4,880	$ 3,189	$ 3,835.69	$ 1,672	$ 4,738
Service Item	Outpatient	Pet Ct Sub Cance Skul Bas	78815	404	IC PET Scan	$ 4,880.12	$ 3,189.00	$ 3,835.69	$ 1,672.11	$ 4,737.98
Service Item	Inpatient and Outpatient	Pet Ct Subseq Cance Body	78816	404	DC PET CT	$ 5,213	$ 3,795	$ 4,118.01	$ 1,672	$ 5,061
Service Item	Outpatient	Pet Ct Subseq Cance Body	78816	404	IC PET Scan	$ 5,212.86	$ 3,795.00	$ 4,118.01	$ 1,672.11	$ 5,061.03
Service Item	Inpatient and Outpatient	Pet Ct Whole Body	78816	404	DC PET CT	$ 5,213	$ 3,795	$ 4,118.01	$ 1,672	$ 5,061
Service Item	Outpatient	Pet Ct Whole Body	78816	404	IC PET Scan	$ 5,212.86	$ 3,795.00	$ 4,118.01	$ 1,672.11	$ 5,061.03
Service Item	Inpatient and Outpatient	Pet Limited	78811	404	DC PET CT	$ 4,658	$ 2,625	$ 3,603.74	$ 1,474	$ 4,523
Service Item	Outpatient	Pet Limited	78811	404	IC PET Scan	$ 4,658.30	$ 2,625.00	$ 3,603.74	$ 1,474.09	$ 4,522.62
Service Item	Inpatient and Outpatient	Pet Mycord Img Pet 1 Std W/Ct	78429	404	DC PET CT	$ 3,445	$ 2,007	$ 2,621.47	$ 1,672	$ 3,077
Service Item	Inpatient and Outpatient	Pet Myocardial Sngl Study	78491	404	DC PET CT	$ 3,272	$ 1,861	$ 2,356.71	$ 577	$ 3,177
Service Item	Outpatient	Pet Myocardial Sngl Study	78491	404	IC PET Scan	$ 3,271.90	$ 1,861.32	$ 2,356.71	$ 576.87	$ 3,176.60
Service Item	Inpatient and Outpatient	Pet Myocrd Img Pet 2Rtracer	78432	404	DC PET CT	$ 6,565	$ 3,824	$ 4,935.93	$ 3,187	$ 5,864
Service Item	Inpatient and Outpatient	Pet Myocrd Img Pet 2Rtracer W/Ct	78433	404	DC PET CT	$ 6,565	$ 3,824	$ 4,935.93	$ 3,187	$ 5,864
Service Item	Inpatient and Outpatient	Pet Myocrd Img Pet Mlt Rst&Strs	78492	404	DC PET CT	$ 3,445	$ 2,181	$ 2,443.48	$ 718	$ 3,077
Service Item	Inpatient and Outpatient	Pet Myocrd Img Pet Rst&Strs Ct	78431	404	DC PET CT	$ 5,372	$ 3,129	$ 4,088.17	$ 2,608	$ 4,798
Service Item	Inpatient and Outpatient	Pet Myocrd Img Pet Rst/Strs W/Ct	78430	404	DC PET CT	$ 3,445	$ 2,007	$ 2,621.47	$ 1,672	$ 3,077
Service Item	Inpatient and Outpatient	Pet Myocrd Img Pet Single Study	78459	404	DC PET CT	$ 3,037	$ 3,000	$ 2,147.66	$ 569	$ 3,000
Service Item	Inpatient and Outpatient	Pet Naf18 Bone Per Dose	A9580	343	DC PET CT	$ 650	$ 378	$ 551.20	$ 378	$ 631
Service Item	Outpatient	Pet Naf18 Bone Per Dose	A9580	343	IC PET Scan	$ 649.67	$ 378.45	$ 580.78	$ 378.45	$ 926.55
Service Item	Inpatient and Outpatient	Pet Skull Base Mid Thigh	78812	404	DC PET CT	$ 4,880	$ 2,889	$ 3,808.79	$ 1,672	$ 4,738
Service Item	Outpatient	Pet Skull Base Mid Thigh	78812	404	IC PET Scan	$ 4,880.12	$ 2,889.00	$ 3,808.79	$ 1,672.11	$ 4,737.98
Service Item	Inpatient and Outpatient	Pet Whole Body	78813	404	DC PET CT	$ 5,213	$ 3,495	$ 4,091.11	$ 1,672	$ 5,061
Service Item	Outpatient	Pet Whole Body	78813	404	IC PET Scan	$ 5,212.86	$ 3,495.00	$ 4,091.11	$ 1,672.11	$ 5,061.03
Service Item	Inpatient and Outpatient	Pf Metacarpl Fx Orth	L3917	274	MC OT Services	$ 139	$ 83	$ 115.15	$ 83	$ 128
Service Item	Outpatient	Pf Metacarpl Fx Orth	L3917	274	OP Hand Center	$ 139.00	$ 83.40	$ 115.15	$ 83.40	$ 127.88
Service Item	Outpatient	Pf Metacarpl Fx Orth	L3917	274	OP Therapy Akers	$ 139.00	$ 83.40	$ 115.15	$ 83.40	$ 127.88
Service Item	Outpatient	Pf Metacarpl Fx Orth	L3917	274	OP Therapy Dinuba	$ 139.00	$ 83.40	$ 115.15	$ 83.40	$ 127.88
Service Item	Outpatient	Pf Metacarpl Fx Orth	L3917	274	OP Therapy Exeter	$ 139.00	$ 83.40	$ 115.15	$ 83.40	$ 127.88
Service Item	Outpatient	Pf Metacarpl Fx Orth	L3917	274	OP Therapy Lovers Ln	$ 139.00	$ 83.40	$ 115.15	$ 83.40	$ 127.88
Service Item	Outpatient	Pf Metacarpl Fx Orth	L3917	274	OP Therapy Neuro	$ 139.00	$ 83.40	$ 115.15	$ 83.40	$ 127.88
Service Item	Inpatient	Pf Metacarpl Fx Orth	L3917	274	RH OT Services	$ 139.00	Charges have been	$ 129.27	$ 125.10	$ 127.88
Service Item	Inpatient	Pf Metacarpl Fx Orth	L3917	274	SA OT Services	$ 139.00	Charges have been	$ 129.27	$ 125.10	$ 127.88
Service Item	Inpatient	Pf Metacarpl Fx Orth	L3917	274	SN TC Ortho OT	$ 139.00	Charges have been	$ 129.27	$ 125.10	$ 127.88
Service Item	Inpatient	Pf Metacarpl Fx Orth	L3917	274	SN TS OT Services	$ 139.00	Charges have been	$ 129.27	$ 125.10	$ 127.88
Service Item	Inpatient and Outpatient	Pf Whfo Wo Jnts	L3807	274	MC OT Services	$ 330	$ 198	$ 273.17	$ 198	$ 303
Service Item	Outpatient	Pf Whfo Wo Jnts	L3807	274	OP Hand Center	$ 329.75	$ 197.85	$ 273.17	$ 197.85	$ 303.37
Service Item	Outpatient	Pf Whfo Wo Jnts	L3807	274	OP Therapy Akers	$ 329.75	$ 197.85	$ 273.17	$ 197.85	$ 303.37
Service Item	Outpatient	Pf Whfo Wo Jnts	L3807	274	OP Therapy Dinuba	$ 329.75	$ 197.85	$ 273.17	$ 197.85	$ 303.37
Service Item	Outpatient	Pf Whfo Wo Jnts	L3807	274	OP Therapy Exeter	$ 329.75	$ 197.85	$ 273.17	$ 197.85	$ 303.37
Service Item	Outpatient	Pf Whfo Wo Jnts	L3807	274	OP Therapy Lovers Ln	$ 329.75	$ 197.85	$ 273.17	$ 197.85	$ 303.37
Service Item	Outpatient	Pf Whfo Wo Jnts	L3807	274	OP Therapy Neuro	$ 329.75	$ 197.85	$ 273.17	$ 197.85	$ 303.37
Service Item	Inpatient	Pf Whfo Wo Jnts	L3807	274	SN TC Ortho OT	$ 329.75	Charges have been	$ 306.67	$ 296.78	$ 303.37
Service Item	Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - First D	0001A	771	CD Chronic Disease	$ 33.88	$ 20.33	$ 34.22	$ 18.30	$ 99.99
Service Item	Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - First D	0001A	771	CD Infusion Clinic	$ 33.88	$ 20.33	$ 34.22	$ 18.30	$ 99.99
Service Item	Inpatient and Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - First D	0001A	771	MC Pharmacy	$ 34	$ 20	$ 34.22	$ 18	$ 100
Service Item	Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - First D	0001A	771	NC Urgent Care	$ 33.88	$ 20.33	$ 34.22	$ 18.30	$ 99.99
Service Item	Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - First D	0001A	771	SC Urgent Care	$ 33.88	$ 20.33	$ 34.22	$ 18.30	$ 99.99
Service Item	Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - First D	0001A	771	SFM Family Medicine	$ 33.88	$ 20.33	$ 34.22	$ 18.30	$ 99.99
Service Item	Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - Secon	0002A	771	CD Chronic Disease	$ 56.78	$ 34.07	$ 49.83	$ 30.66	$ 99.99
Service Item	Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - Secon	0002A	771	CD Infusion Clinic	$ 56.78	$ 34.07	$ 49.83	$ 30.66	$ 99.99
Service Item	Inpatient and Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - Secon	0002A	771	MC Pharmacy	$ 57	$ 34	$ 49.83	$ 31	$ 100
Service Item	Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - Secon	0002A	771	NC Urgent Care	$ 56.78	$ 34.07	$ 49.83	$ 30.66	$ 99.99
Service Item	Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - Secon	0002A	771	SC Urgent Care	$ 56.78	$ 34.07	$ 50.51	$ 30.66	$ 106.08
Service Item	Outpatient	Pfizer-Biontech Covid-19 Vaccine Admin - Secon	0002A	771	SFM Family Medicine	$ 56.78	$ 34.07	$ 50.51	$ 30.66	$ 106.08
Service Item	Inpatient and Outpatient	Ph Body Fluid Except Bld	83986	301	MC General Lab	$ 64	$ 16	$ 40.54	$ 14	$ 59
Service Item	Outpatient	PHENobarbital 130 mg/mL Inj 1 mL	J2560	636	CD Infusion Clinic	$ 258.05	$ 154.83	$ 165.20	$ 3.66	$ 237.41
Service Item	Inpatient and Outpatient	PHENobarbital 130 mg/mL Inj 1 mL	J2560	636	MC Pharmacy	$ 258	$ 155	$ 165.20	$ 4	$ 237
Service Item	Outpatient	PHENobarbital 130 mg/mL Inj 1 mL	J2560	636	NC Urgent Care	$ 258.05	$ 154.83	$ 164.56	$ 3.66	$ 237.41
Service Item	Outpatient	PHENobarbital 130 mg/mL Inj 1 mL	J2560	636	SC Urgent Care	$ 258.05	$ 154.83	$ 165.20	$ 3.66	$ 237.41
Service Item	Outpatient	PHENobarbital 65 mg/mL Inj 1 mL	J2560	636	CD Infusion Clinic	$ 103.65	$ 62.19	$ 109.70	$ 3.66	$ 175.22
Service Item	Inpatient and Outpatient	PHENobarbital 65 mg/mL Inj 1 mL	J2560	636	MC Pharmacy	$ 104	$ 62	$ 109.70	$ 4	$ 175
Service Item	Outpatient	PHENobarbital 65 mg/mL Inj 1 mL	J2560	636	NC Urgent Care	$ 103.65	$ 62.19	$ 109.44	$ 3.66	$ 175.22
Service Item	Outpatient	PHENobarbital 65 mg/mL Inj 1 mL	J2560	636	SC Urgent Care	$ 103.65	$ 62.19	$ 109.70	$ 3.66	$ 175.22
Service Item	Inpatient and Outpatient	Phenobarbital Quant	80184	301	MC General Lab	$ 182	$ 51	$ 111.00	$ 0	$ 166
Service Item	Outpatient	PHENobarbital/NS IV (PED) 10 mg/mL	J2560	636	CD Infusion Clinic	$ 89.30	$ 53.58	$ 104.54	$ 3.66	$ 175.22
Service Item	Inpatient and Outpatient	PHENobarbital/NS IV (PED) 10 mg/mL	J2560	636	MC Pharmacy	$ 89	$ 57	$ 104.54	$ 4	$ 175
Service Item	Outpatient	PHENobarbital/NS IV (PED) 10 mg/mL	J2560	636	NC Urgent Care	$ 89.30	$ 57.18	$ 104.32	$ 3.66	$ 175.22
Service Item	Outpatient	PHENobarbital/NS IV (PED) 10 mg/mL	J2560	636	SC Urgent Care	$ 89.30	$ 57.18	$ 104.54	$ 3.66	$ 175.22
Service Item	Inpatient and Outpatient	Phenobarbital90230	80184	300	MC Reference Lab	$ 13	$ 51	$ 50.42	$ 0	$ 122
Service Item	Outpatient	phentolamine 5 mg/10 mL Inj	J2760	636	CD Infusion Clinic	$ 1,861.50	$ 1,116.90	$ 1,071.72	$ 34.34	$ 1,712.58
Service Item	Inpatient and Outpatient	phentolamine 5 mg/10 mL Inj	J2760	636	MC Pharmacy	$ 1,862	$ 1,117	$ 1,071.72	$ 34	$ 1,713
Service Item	Outpatient	phentolamine 5 mg/10 mL Inj	J2760	636	NC Urgent Care	$ 1,861.50	$ 1,116.90	$ 1,067.07	$ 34.34	$ 1,712.58
Service Item	Outpatient	phentolamine 5 mg/10 mL Inj	J2760	636	SC Urgent Care	$ 1,861.50	$ 1,116.90	$ 1,071.72	$ 34.34	$ 1,712.58
Service Item	Outpatient	PHENYLephrine 0.5 mg/NS 5 mL Syringe	J2370	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 21.71	$ 2.21	$ 45.49
Service Item	Inpatient and Outpatient	PHENYLephrine 0.5 mg/NS 5 mL Syringe	J2370	636	MC Pharmacy	$ 12	$ 9	$ 21.71	$ 2	$ 45
Service Item	Outpatient	PHENYLephrine 0.5 mg/NS 5 mL Syringe	J2370	636	NC Urgent Care	$ 12.10	$ 9.44	$ 21.68	$ 2.21	$ 45.49
Service Item	Outpatient	PHENYLephrine 0.5 mg/NS 5 mL Syringe	J2370	636	SC Urgent Care	$ 12.10	$ 9.44	$ 21.71	$ 2.21	$ 45.49
Service Item	Outpatient	PHENYLephrine 1,000 mcg/10 mL Syringe	J3490	636	CD Infusion Clinic	$ 38.60	$ 23.16	$ 30.86	$ 23.14	$ 35.51
Service Item	Inpatient and Outpatient	PHENYLephrine 1,000 mcg/10 mL Syringe	J3490	636	MC Pharmacy	$ 39	$ 23	$ 30.86	$ 23	$ 36
Service Item	Outpatient	PHENYLephrine 1,000 mcg/10 mL Syringe	J3490	636	NC Urgent Care	$ 38.60	$ 23.16	$ 30.76	$ 23.14	$ 35.51
Service Item	Outpatient	PHENYLephrine 1,000 mcg/10 mL Syringe	J3490	636	SC Urgent Care	$ 38.60	$ 23.16	$ 30.86	$ 23.14	$ 35.51
Service Item	Outpatient	PHENYLephrine 10 mg/mL Inj 1 mL	J2370	636	CD Infusion Clinic	$ 67.00	$ 40.20	$ 41.45	$ 2.21	$ 61.64
Service Item	Inpatient and Outpatient	PHENYLephrine 10 mg/mL Inj 1 mL	J2370	636	MC Pharmacy	$ 67	$ 40	$ 41.45	$ 2	$ 62
Service Item	Outpatient	PHENYLephrine 10 mg/mL Inj 1 mL	J2370	636	NC Urgent Care	$ 67.00	$ 40.20	$ 41.28	$ 2.21	$ 61.64
Service Item	Outpatient	PHENYLephrine 10 mg/mL Inj 1 mL	J2370	636	SC Urgent Care	$ 67.00	$ 40.20	$ 41.45	$ 2.21	$ 61.64
Service Item	Outpatient	PHENYLephrine 10 mg/mL Inj 1 mL	J2370	636	SFM Family Medicine	$ 67.00	$ 40.20	$ 41.28	$ 2.21	$ 61.64
Service Item	Inpatient and Outpatient	PHENYLephrine 500 mcg/5 mL Inj	J2370	636	MC Pharmacy	$ 56	$ 36	$ 37.42	$ 2	$ 51
Service Item	Outpatient	phenytoin 50 mg/mL Inj 2 mL	J1165	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.54	$ 0.69	$ 11.13
Service Item	Inpatient and Outpatient	phenytoin 50 mg/mL Inj 2 mL	J1165	636	MC Pharmacy	$ 12	$ 7	$ 7.54	$ 1	$ 11
Service Item	Outpatient	phenytoin 50 mg/mL Inj 2 mL	J1165	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.51	$ 0.69	$ 11.13
Service Item	Outpatient	phenytoin 50 mg/mL Inj 2 mL	J1165	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.54	$ 0.69	$ 11.13
Service Item	Outpatient	phenytoin 50 mg/mL Inj 5 mL	J1165	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.54	$ 0.69	$ 11.13
Service Item	Inpatient and Outpatient	phenytoin 50 mg/mL Inj 5 mL	J1165	636	MC Pharmacy	$ 12	$ 7	$ 7.54	$ 1	$ 11
Service Item	Outpatient	phenytoin 50 mg/mL Inj 5 mL	J1165	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.51	$ 0.69	$ 11.13
Service Item	Outpatient	phenytoin 50 mg/mL Inj 5 mL	J1165	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.54	$ 0.69	$ 11.13
Service Item	Inpatient and Outpatient	Phenytoin Dilantin	80185	301	MC General Lab	$ 205	$ 59	$ 135.14	$ 53	$ 187
Service Item	Outpatient	phenytoin PED 5 mg/ml Inj	J1165	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.54	$ 0.69	$ 11.13
Service Item	Inpatient and Outpatient	phenytoin PED 5 mg/ml Inj	J1165	636	MC Pharmacy	$ 12	$ 9	$ 7.54	$ 1	$ 11
Service Item	Outpatient	phenytoin PED 5 mg/ml Inj	J1165	636	NC Urgent Care	$ 12.10	$ 9.06	$ 7.51	$ 0.69	$ 11.13
Service Item	Outpatient	phenytoin PED 5 mg/ml Inj	J1165	636	SC Urgent Care	$ 12.10	$ 9.06	$ 7.54	$ 0.69	$ 11.13
Service Item	Outpatient	Phlebotomy Therapeutic	99195	940	CD Infusion Clinic	$ 160.09	$ 93.26	$ 117.49	$ 52.96	$ 143.00
Service Package	Inpatient	Phlebotomy Therapeutic	99195	940	MC 2N Cardiac Srvc	$ 160.09	Charges have been	$ 139.40	$ 126.33	$ 143.00
Service Package	Inpatient	Phlebotomy Therapeutic	99195	940	MC 2S Med Surg	$ 160.09	Charges have been	$ 139.40	$ 126.33	$ 143.00
Service Package	Inpatient	Phlebotomy Therapeutic	99195	940	MC 3N Surgical	$ 160.09	Charges have been	$ 139.40	$ 126.33	$ 143.00
Service Package	Inpatient	Phlebotomy Therapeutic	99195	940	MC 3S Oncology	$ 160.09	Charges have been	$ 139.40	$ 126.33	$ 143.00
Service Package	Inpatient	Phlebotomy Therapeutic	99195	940	MC 4N Med Renal	$ 160.09	Charges have been	$ 139.40	$ 126.33	$ 143.00
Service Package	Inpatient	Phlebotomy Therapeutic	99195	940	MC 4S Ortho Surgery	$ 160.09	Charges have been	$ 139.40	$ 126.33	$ 143.00
Service Package	Inpatient	Phlebotomy Therapeutic	99195	940	MC BP Broderick Pav	$ 160.09	Charges have been	$ 139.40	$ 126.33	$ 143.00
Service Package	Inpatient	Phlebotomy Therapeutic	99195	940	MC PE Pediatrics	$ 160.09	Charges have been	$ 139.40	$ 126.33	$ 143.00
Service Package	Inpatient and Outpatient	Phlebotomy Therapeutic	99195	940	MC PICC Procedures	$ 160	Charges have been	$ 139.40	$ 126	$ 143
Service Item	Inpatient and Outpatient	Phosphatase Alkaline Bld	84075	301	MC General Lab	$ 66	$ 23	$ 46.26	$ 21	$ 60
Service Item	Inpatient and Outpatient	Phosphatidylserine Antibody IgA-ARUP	86148	305	MC Reference Lab	$ 18	$ 72	$ 34.73	$ 11	$ 158
Service Item	Inpatient and Outpatient	Phosphatidylserine Antibody IgG-ARUP	86148	305	MC Reference Lab	$ 18	$ 72	$ 34.73	$ 11	$ 158
Service Item	Inpatient and Outpatient	Phosphatidylserine Antibody IgM-ARUP	86148	305	MC Reference Lab	$ 18	$ 72	$ 34.73	$ 11	$ 158

Service Item	Inpatient and Outpatient	Phospholipids-ARUP	84311	300	MC Reference Lab	$ 8	$ 31	$ 14.95	$ 5	$ 69
Service Item	Inpatient and Outpatient	Phosphorous Blood	84100	301	MC General Lab	$ 66	$ 21	$ 44.78	$ 19	$ 60
Service Item	Inpatient and Outpatient	Phosphorus Urine	84105	301	MC General Lab	$ 90	$ 23	$ 57.39	$ 21	$ 82
Service Item	Outpatient	Physical No Lab/Med		516	NC Urgent Care	$ 99.71	$ 58.09	#N/A	$ 48.41	$ 89.07
Service Item	Outpatient	Physical No Lab/Med		516	SC Urgent Care	$ 99.71	$ 58.09	#N/A	$ 48.41	$ 89.07
Service Item	Outpatient	physostigmine 1 mg/mL Inj 2 mL	J3490	636	CD Infusion Clinic	$ 188.40	$ 113.04	$ 116.97	$ 23.14	$ 173.33
Service Item	Inpatient and Outpatient	physostigmine 1 mg/mL Inj 2 mL	J3490	636	MC Pharmacy	$ 188	$ 113	$ 116.97	$ 23	$ 173
Service Item	Outpatient	physostigmine 1 mg/mL Inj 2 mL	J3490	636	NC Urgent Care	$ 188.40	$ 113.04	$ 116.50	$ 23.14	$ 173.33
Service Item	Outpatient	physostigmine 1 mg/mL Inj 2 mL	J3490	636	SC Urgent Care	$ 188.40	$ 113.04	$ 116.97	$ 23.14	$ 173.33
Service Item	Outpatient	phytonadione 1 mg/0.5 mL Inj	J3430	636	CD Infusion Clinic	$ 31.60	$ 18.96	$ 20.52	$ 4.61	$ 29.07
Service Item	Inpatient and Outpatient	phytonadione 1 mg/0.5 mL Inj	J3430	636	MC Pharmacy	$ 32	$ 19	$ 20.52	$ 5	$ 29
Service Item	Outpatient	phytonadione 1 mg/0.5 mL Inj	J3430	636	NC Urgent Care	$ 31.60	$ 18.96	$ 20.44	$ 4.61	$ 29.07
Service Item	Outpatient	phytonadione 1 mg/0.5 mL Inj	J3430	636	SC Urgent Care	$ 31.60	$ 18.96	$ 20.52	$ 4.61	$ 29.07
Service Item	Outpatient	phytonadione 10 mg/mL Inj 1 mL	J3430	636	CD Infusion Clinic	$ 202.05	$ 121.23	$ 81.80	$ 4.61	$ 185.89
Service Item	Inpatient and Outpatient	phytonadione 10 mg/mL Inj 1 mL	J3430	636	MC Pharmacy	$ 202	$ 121	$ 81.80	$ 5	$ 186
Service Item	Outpatient	phytonadione 10 mg/mL Inj 1 mL	J3430	636	NC Urgent Care	$ 202.05	$ 121.23	$ 81.29	$ 4.61	$ 185.89
Service Item	Outpatient	phytonadione 10 mg/mL Inj 1 mL	J3430	636	SC Urgent Care	$ 202.05	$ 121.23	$ 81.80	$ 4.61	$ 185.89
Service Package	Inpatient and Outpatient	Pi/Cath Infus Art Init	37211	361	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,356.98	$ 5,326	$ 7,349
Service Package	Inpatient and Outpatient	Pi/Cath Infus Art Ven Fu	37213	323	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,982.08	$ 1,890	$ 2,675
Service Package	Inpatient and Outpatient	Pi/Cath Infus Comp Remov	37214	361	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 3,001.71	$ 1,890	$ 2,755
Service Package	Inpatient and Outpatient	Pi/Cath Infus Vein Init	37212	361	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,038.86	$ 3,211	$ 4,431
Service Package	Inpatient and Outpatient	Pi/Cto Cross Device	C1769	270	MC Central Supply	$ 5,204	Charges have been	$ 3,710.83	$ 4,637	$ 4,740
Service Package	Inpatient and Outpatient	Picc Cath Insertion	36569	361	MC Cath Lab Srvcs	$ 2,129	Charges have been	$ 1,906.39	$ 1,860	$ 1,902
Service Package	Inpatient and Outpatient	Picc Insert > 5Yrs Discon	36569	361	MC PICC Procedures	$ 2,129	Charges have been	$ 1,906.39	$ 1,860	$ 1,902
Service Package	Inpatient and Outpatient	PICC Line Insert w/ Imaging Guidance	36573	361	MC PICC Procedures	$ 4,078	Charges have been	$ 3,178.41	$ 1,890	$ 3,478
Service Package	Inpatient	Picc Line Insert<5 Years	36568	361	MC NI NICU	$ 2,129.19	Charges have been	$ 1,616.54	$ 730.57	$ 1,901.80
Service Package	Inpatient	Picc Line Insert<5 Years	36568	361	MC PE Pediatrics	$ 2,129.19	Charges have been	$ 1,616.54	$ 730.57	$ 1,901.80
Service Package	Inpatient and Outpatient	Picc Line Insert>5 Years	36569	361	MC PICC Procedures	$ 2,129	Charges have been	$ 1,906.39	$ 1,860	$ 1,902
Service Package	Inpatient and Outpatient	Pigtail Stent 7X7 Cm	C2617	278	MC Central Supply	$ 7,902	Charges have been	$ 5,630.03	$ 7,041	$ 7,198
Service Package	Inpatient and Outpatient	Pin Fixation (A)	C1713	278	MC Central Supply	$ 524	Charges have been	$ 1,747.06	$ 467	$ 477
Service Package	Inpatient and Outpatient	Pin Fixation (B)	C1713	278	MC Central Supply	$ 914	Charges have been	$ 2,011.21	$ 814	$ 832
Service Package	Inpatient and Outpatient	Pin Fixation (C)	C1713	278	MC Central Supply	$ 1,952	Charges have been	$ 2,714.53	$ 1,739	$ 1,778
Service Package	Inpatient and Outpatient	Pin Resorbable	C1713	278	MC Central Supply	$ 1,341	Charges have been	$ 2,300.86	$ 1,195	$ 1,222
Service Item	Inpatient and Outpatient	Pipecolic Acid Level-ARUP	83789	300	MC Reference Lab	$ 20	$ 80	$ 72.96	$ 17	$ 192
Service Item	Outpatient	piperacillin-tazo/D5W IV (PED) 45 mg/mL	J2543	636	CD Infusion Clinic	$ 67.45	$ 40.47	$ 38.18	$ 3.65	$ 62.05
Service Item	Inpatient and Outpatient	piperacillin-tazo/D5W IV (PED) 45 mg/mL	J2543	636	MC Pharmacy	$ 67	$ 46	$ 38.18	$ 4	$ 62
Service Item	Outpatient	piperacillin-tazo/D5W IV (PED) 45 mg/mL	J2543	636	NC Urgent Care	$ 67.45	$ 46.32	$ 38.01	$ 3.65	$ 62.05
Service Item	Outpatient	piperacillin-tazo/D5W IV (PED) 45 mg/mL	J2543	636	SC Urgent Care	$ 67.45	$ 46.32	$ 38.18	$ 3.65	$ 62.05
Service Item	Outpatient	piperacillin-tazobactam 2 g-0.25 g Inj	J2543	636	CD Infusion Clinic	$ 67.45	$ 40.47	$ 38.18	$ 3.65	$ 62.05
Service Item	Inpatient and Outpatient	piperacillin-tazobactam 2 g-0.25 g Inj	J2543	636	MC Pharmacy	$ 67	$ 40	$ 38.18	$ 4	$ 62
Service Item	Outpatient	piperacillin-tazobactam 2 g-0.25 g Inj	J2543	636	NC Urgent Care	$ 67.45	$ 40.47	$ 38.01	$ 3.65	$ 62.05
Service Item	Outpatient	piperacillin-tazobactam 2 g-0.25 g Inj	J2543	636	SC Urgent Care	$ 67.45	$ 40.47	$ 38.18	$ 3.65	$ 62.05
Service Item	Outpatient	piperacillin-tazobactam 2 g-0.25 g/50 mL Premix	J2543	636	CD Infusion Clinic	$ 77.45	$ 46.47	$ 41.77	$ 3.65	$ 71.25
Service Item	Inpatient and Outpatient	piperacillin-tazobactam 2 g-0.25 g/50 mL Premix	J2543	636	MC Pharmacy	$ 77	$ 46	$ 41.77	$ 4	$ 71
Service Item	Outpatient	piperacillin-tazobactam 2 g-0.25 g/50 mL Premix	J2543	636	NC Urgent Care	$ 77.45	$ 46.47	$ 41.58	$ 3.65	$ 71.25
Service Item	Outpatient	piperacillin-tazobactam 2 g-0.25 g/50 mL Premix	J2543	636	SC Urgent Care	$ 77.45	$ 46.47	$ 41.77	$ 3.65	$ 71.25
Service Item	Outpatient	piperacillin-tazobactam 3 g-0.375 g Inj	J2543	636	CD Infusion Clinic	$ 53.30	$ 31.98	$ 33.09	$ 3.65	$ 49.04
Service Item	Inpatient and Outpatient	piperacillin-tazobactam 3 g-0.375 g Inj	J2543	636	MC Pharmacy	$ 53	$ 32	$ 33.09	$ 4	$ 49
Service Item	Outpatient	piperacillin-tazobactam 3 g-0.375 g Inj	J2543	636	NC Urgent Care	$ 53.30	$ 31.98	$ 32.96	$ 3.65	$ 49.04
Service Item	Outpatient	piperacillin-tazobactam 3 g-0.375 g Inj	J2543	636	SC Urgent Care	$ 53.30	$ 31.98	$ 33.09	$ 3.65	$ 49.04
Service Item	Outpatient	piperacillin-tazobactam 3 g-0.375 g/50 mL Prem	J2543	636	CD Infusion Clinic	$ 116.15	$ 69.69	$ 55.68	$ 3.65	$ 106.86
Service Item	Inpatient and Outpatient	piperacillin-tazobactam 3 g-0.375 g/50 mL Prem	J2543	636	MC Pharmacy	$ 116	$ 70	$ 55.68	$ 4	$ 107
Service Item	Outpatient	piperacillin-tazobactam 3 g-0.375 g/50 mL Prem	J2543	636	NC Urgent Care	$ 116.15	$ 69.69	$ 55.39	$ 3.65	$ 106.86
Service Item	Outpatient	piperacillin-tazobactam 3 g-0.375 g/50 mL Prem	J2543	636	SC Urgent Care	$ 116.15	$ 69.69	$ 55.68	$ 3.65	$ 106.86
Service Item	Outpatient	piperacillin-tazobactam 4 g-0.5 g Inj	J2543	636	CD Infusion Clinic	$ 71.05	$ 42.63	$ 39.47	$ 3.65	$ 65.37
Service Item	Inpatient and Outpatient	piperacillin-tazobactam 4 g-0.5 g Inj	J2543	636	MC Pharmacy	$ 71	$ 43	$ 39.47	$ 4	$ 65
Service Item	Outpatient	piperacillin-tazobactam 4 g-0.5 g Inj	J2543	636	NC Urgent Care	$ 71.05	$ 42.63	$ 39.29	$ 3.65	$ 65.37
Service Item	Outpatient	piperacillin-tazobactam 4 g-0.5 g Inj	J2543	636	SC Urgent Care	$ 71.05	$ 42.63	$ 39.47	$ 3.65	$ 65.37
Service Item	Outpatient	piperacillin-tazobactam 4 g-0.5 g/100 mL Premix	J2543	636	CD Infusion Clinic	$ 148.55	$ 89.13	$ 67.33	$ 3.65	$ 136.67
Service Item	Inpatient and Outpatient	piperacillin-tazobactam 4 g-0.5 g/100 mL Premix	J2543	636	MC Pharmacy	$ 149	$ 89	$ 67.33	$ 4	$ 137
Service Item	Outpatient	piperacillin-tazobactam 4 g-0.5 g/100 mL Premix	J2543	636	NC Urgent Care	$ 148.55	$ 89.13	$ 66.96	$ 3.65	$ 136.67
Service Item	Outpatient	piperacillin-tazobactam 4 g-0.5 g/100 mL Premix	J2543	636	SC Urgent Care	$ 148.55	$ 89.13	$ 67.33	$ 3.65	$ 136.67
Service Item	Outpatient	Pku Draw Form		300	Reference Lab CA HS	$ 1.00	$ 0.60	#N/A	$ 0.60	$ 0.92
Service Package	Inpatient and Outpatient	Place Fem-Fem Grath At Aa Rep	34714	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Package	Inpatient and Outpatient	Place Iliac Art Occlus Device	34711	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Package	Inpatient and Outpatient	Place Of Ctrl Venous Cath	36556	361	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,793.02	$ 1,860	$ 1,902
Service Package	Inpatient and Outpatient	Place Of Ctrl Venous Cath	36556	361	MC Surgical Center	$ 4,078	Charges have been	$ 2,793.02	$ 1,860	$ 1,902
Service Item	Inpatient and Outpatient	Plasminogen Activator Inhibitor, Activity-ARUP	85415	300	MC Reference Lab	$ 19	$ 77	$ 36.98	$ 11	$ 169
Service Package	Inpatient and Outpatient	Plate And Cable	C1713	278	MC Central Supply	$ 4,361	Charges have been	$ 4,347.78	$ 3,886	$ 3,973
Service Package	Inpatient and Outpatient	Plate Anterior Cervical (A)	C1713	278	MC Central Supply	$ 3,459	Charges have been	$ 3,736.20	$ 3,082	$ 3,151
Service Package	Inpatient and Outpatient	Plate Anterior Cervical (B)	C1713	278	MC Central Supply	$ 4,057	Charges have been	$ 4,141.62	$ 3,615	$ 3,696
Service Package	Inpatient and Outpatient	Plate Anterior Cervical (C)	C1713	278	MC Central Supply	$ 6,349	Charges have been	$ 5,694.90	$ 5,657	$ 5,783
Service Package	Inpatient and Outpatient	Plate Bone	C1713	278	MC Central Supply	$ 3,636	Charges have been	$ 3,856.17	$ 3,240	$ 3,312
Service Package	Inpatient and Outpatient	Plate Bone (A)	C1713	278	MC Central Supply	$ 1,092	Charges have been	$ 2,132.13	$ 973	$ 995
Service Package	Inpatient and Outpatient	Plate Bone (B)	C1713	278	MC Central Supply	$ 1,817	Charges have been	$ 2,623.56	$ 1,619	$ 1,655
Service Package	Inpatient and Outpatient	Plate Bone (C)	C1713	278	MC Central Supply	$ 3,623	Charges have been	$ 3,847.25	$ 3,228	$ 3,300
Service Package	Inpatient and Outpatient	Plate Bone (D)	C1713	278	MC Central Supply	$ 5,199	Charges have been	$ 4,915.81	$ 4,633	$ 4,736
Service Package	Inpatient and Outpatient	Plate Bone (E)	C1713	278	MC Central Supply	$ 7,302	Charges have been	$ 6,341.10	$ 6,507	$ 6,652
Service Package	Inpatient and Outpatient	Plate Bone (F)	C1713	278	MC Central Supply	$ 9,883	Charges have been	$ 8,090.02	$ 8,806	$ 9,002
Service Package	Inpatient and Outpatient	Plate Bone (G)	C1713	278	MC Central Supply	$ 9,595	Charges have been	$ 7,895.01	$ 8,550	$ 8,740
Service Package	Inpatient and Outpatient	Plate Facial	C1713	278	MC Central Supply	$ 1,638	Charges have been	$ 2,502.30	$ 1,460	$ 1,492
Service Package	Inpatient and Outpatient	Plate Femoral Condylar	C1713	278	MC Central Supply	$ 5,199	Charges have been	$ 4,915.81	$ 4,633	$ 4,736
Service Package	Inpatient and Outpatient	Plate Fibula	C1713	278	MC Central Supply	$ 2,640	Charges have been	$ 3,180.95	$ 2,352	$ 2,405
Service Package	Inpatient and Outpatient	Plate Humeral Distal	C1713	278	MC Central Supply	$ 4,361	Charges have been	$ 4,347.78	$ 3,886	$ 3,973
Service Package	Inpatient and Outpatient	Plate Humeral Proxmimal	C1713	278	MC Central Supply	$ 5,175	Charges have been	$ 4,898.98	$ 4,611	$ 4,713
Service Package	Inpatient and Outpatient	Plate Shoulder (A)	C1713	278	MC Central Supply	$ 3,608	Charges have been	$ 3,837.39	$ 3,215	$ 3,287
Service Package	Inpatient and Outpatient	Plate Shoulder (B)	C1713	278	MC Central Supply	$ 4,291	Charges have been	$ 4,300.27	$ 3,824	$ 3,909
Service Package	Inpatient and Outpatient	Plate Spacer Combo	C1713	278	MC Central Supply	$ 12,309	Charges have been	$ 9,734.55	$ 10,968	$ 11,212
Service Package	Inpatient and Outpatient	Plate Spacer Combo Lumb	C1713	278	MC Central Supply	$ 17,307	Charges have been	$ 13,122.18	$ 15,422	$ 15,765
Service Package	Inpatient and Outpatient	Plate Spine (A)	C1713	278	MC Central Supply	$ 4,369	Charges have been	$ 4,353.15	$ 3,893	$ 3,980
Service Package	Inpatient and Outpatient	Plate Spine (B)	C1713	278	MC Central Supply	$ 6,640	Charges have been	$ 5,892.07	$ 5,917	$ 6,048
Service Package	Inpatient and Outpatient	Plate Spine (C)	C1713	278	MC Central Supply	$ 24,784	Charges have been	$ 18,189.98	$ 22,085	$ 22,576
Service Package	Inpatient and Outpatient	Plate Ti 3.5Mm 423.56 6Ho	C1713	278	MC Central Supply	$ 4,361	Charges have been	$ 4,347.78	$ 3,886	$ 3,973
Service Package	Inpatient and Outpatient	Plate Ti 3.5Mm 423.57 7 H	C1713	278	MC Central Supply	$ 666	Charges have been	$ 1,843.51	$ 594	$ 607
Service Package	Inpatient and Outpatient	Plate Ti 441.34 1/3 Tub W	C1713	278	MC Central Supply	$ 4,361	Charges have been	$ 4,347.78	$ 3,886	$ 3,973
Service Package	Inpatient and Outpatient	Plate Ti 441.35 1/3 Tub W	C1713	278	MC Central Supply	$ 4,361	Charges have been	$ 4,347.78	$ 3,886	$ 3,973
Service Package	Inpatient and Outpatient	Plate Ti 441.37 1/3 Tub W	C1713	278	MC Central Supply	$ 323	Charges have been	$ 1,610.57	$ 288	$ 294
Service Package	Inpatient and Outpatient	Plate Tibial (A)	C1713	278	MC Central Supply	$ 4,611	Charges have been	$ 4,516.94	$ 4,109	$ 4,200
Service Package	Inpatient and Outpatient	Plate Tibial (B)	C1713	278	MC Central Supply	$ 5,156	Charges have been	$ 4,886.20	$ 4,594	$ 4,696
Service Package	Inpatient and Outpatient	Plate Tibial (C)	C1713	278	MC Central Supply	$ 5,825	Charges have been	$ 5,339.87	$ 5,191	$ 5,306
Service Package	Inpatient and Outpatient	Plate Writst Fixation	C1713	278	MC Central Supply	$ 3,498	Charges have been	$ 3,762.80	$ 3,117	$ 3,187
Service Package	Inpatient and Outpatient	Plate/Tube	C1713	278	MC Central Supply	$ 4,361	Charges have been	$ 4,347.78	$ 3,886	$ 3,973
Service Item	Inpatient and Outpatient	Platelet Aggregation Adp	85576	305	MC General Lab	$ 254	$ 81	$ 182.06	$ 73	$ 232
Service Item	Inpatient and Outpatient	Platelet Aggregation Epi	85576	305	MC General Lab	$ 254	$ 81	$ 182.06	$ 73	$ 232
Service Item	Inpatient and Outpatient	Platelet Antibodies Indirect-ARUP	86022	305	MC Reference Lab	$ 20	$ 69	$ 80.28	$ 18	$ 181
Service Item	Inpatient	Platelet Apher L/R Irr Ea	P9036	390	MC Blood Bank	$ 715.46	$ 416.77	$ 864.43	$ 416.77	$ 3,270.97
Service Item	Inpatient	Platelet Pheresis X-M	86920	300	MC Blood Bank	$ 196.08	$ 160.38	$ 160.74	$ 60.61	$ 295.23
Service Item	Inpatient	Platelets Apher L/R. Ea	P9035	390	MC Blood Bank	$ 691.42	$ 402.77	$ 707.08	$ 402.77	$ 2,047.57
Service Package	Inpatient and Outpatient	Plcmnt Cca Stent W Prot	37215	360	MC Cath Lab Srvcs	$ 5,940	Charges have been	$ 5,442.33	$ 5,191	$ 5,306
Service Package	Inpatient and Outpatient	Plcmnt Cca Stent Wo Prot	37216	360	MC Cath Lab Srvcs	$ 5,940	Charges have been	$ 5,442.33	$ 5,191	$ 5,306
Service Item	Inpatient and Outpatient	Plethysmography Complete	94726	460	MC Pulmonary Func	$ 415	$ 138	$ 667.56	$ 138	$ 3,412
Service Package	Inpatient and Outpatient	Plmt Nephroureteral Cath	50433	361	MC Cath Lab Srvcs	$ 7,546	Charges have been	$ 5,488.42	$ 3,498	$ 4,827
Service Package	Inpatient and Outpatient	Plmt Ureteral Stent	50695	361	MC Cath Lab Srvcs	$ 7,546	Charges have been	$ 5,299.55	$ 3,498	$ 4,054
Service Package	Inpatient and Outpatient	Plmt Ureteral Stent Excng	50693	361	MC Cath Lab Srvcs	$ 7,546	Charges have been	$ 5,299.55	$ 3,498	$ 4,054
Service Package	Inpatient and Outpatient	Plmt Ureteral Stent New	50694	361	MC Cath Lab Srvcs	$ 7,546	Charges have been	$ 5,299.55	$ 3,498	$ 4,054
Service Item	Inpatient and Outpatient	Plt Agg(In Vitro) A	85576	305	MC General Lab	$ 254	$ 81	$ 182.06	$ 73	$ 232
Service Item	Inpatient and Outpatient	Plt Agg(In Vitro) Aa	85576	305	MC General Lab	$ 254	$ 81	$ 182.06	$ 73	$ 232
Service Item	Inpatient and Outpatient	Plt Agg(In Vitro) Adp	85576	305	MC General Lab	$ 254	$ 81	$ 182.06	$ 73	$ 232

Service Item	Inpatient and Outpatient	Plt Agg(In Vitro0 Ea Ag	85576	305	MC General Lab	$ 254	$ 81	$ 182.06	$ 73	$ 232
Service Package	Inpatient and Outpatient	Plug Anal Fistula	C1763	278	MC Central Supply	$ 1,705	Charges have been	$ 1,629.86	$ 1,519	$ 1,553
Service Item	Outpatient	pneumococcal 13-valent conjugate vaccine 0.5 r	90670	636	CD Chronic Disease	$ 830.25	$ 630.83	$ 560.33	$ 134.97	$ 763.83
Service Item	Outpatient	pneumococcal 13-valent conjugate vaccine 0.5 r	90670	636	CD Infusion Clinic	$ 830.25	$ 498.15	$ 562.41	$ 134.97	$ 763.83
Service Item	Inpatient and Outpatient	pneumococcal 13-valent conjugate vaccine 0.5 r	90670	636	MC Pharmacy	$ 830	$ 631	$ 562.41	$ 135	$ 764
Service Item	Outpatient	pneumococcal 13-valent conjugate vaccine 0.5 r	90670	636	NC Urgent Care	$ 830.25	$ 630.83	$ 560.33	$ 134.97	$ 763.83
Service Item	Outpatient	pneumococcal 13-valent conjugate vaccine 0.5 r	90670	636	SC Urgent Care	$ 830.25	$ 630.83	$ 562.41	$ 134.97	$ 763.83
Service Item	Outpatient	pneumococcal 13-valent conjugate vaccine 0.5 r	90670	636	SFM Family Medicine	$ 830.25	$ 630.83	$ 560.33	$ 134.97	$ 763.83
Service Item	Outpatient	pneumococcal 13-valent conjugate vaccine 0.5 r	90670	636	VD Visalia Dialysis	$ 830.25	$ 498.15	$ 562.41	$ 134.97	$ 763.83
Service Item	Outpatient	pneumococcal 23-polyvalent vaccine 0.5 mL	90732	636	CD Chronic Disease	$ 483.85	$ 290.31	$ 319.24	$ 20.07	$ 445.14
Service Item	Outpatient	pneumococcal 23-polyvalent vaccine 0.5 mL	90732	636	CD Infusion Clinic	$ 483.85	$ 290.31	$ 320.45	$ 20.07	$ 445.14
Service Item	Inpatient and Outpatient	pneumococcal 23-polyvalent vaccine 0.5 mL	90732	636	MC Pharmacy	$ 484	$ 290	$ 320.45	$ 20	$ 445
Service Item	Outpatient	pneumococcal 23-polyvalent vaccine 0.5 mL	90732	636	NC Urgent Care	$ 483.85	$ 290.31	$ 319.24	$ 20.07	$ 445.14
Service Item	Outpatient	pneumococcal 23-polyvalent vaccine 0.5 mL	90732	636	SC Urgent Care	$ 483.85	$ 290.31	$ 320.45	$ 20.07	$ 445.14
Service Item	Outpatient	pneumococcal 23-polyvalent vaccine 0.5 mL	90732	636	SFM Family Medicine	$ 483.85	$ 290.31	$ 319.24	$ 20.07	$ 445.14
Service Item	Outpatient	pneumococcal 23-polyvalent vaccine 0.5 mL	90732	636	VD Visalia Dialysis	$ 483.85	$ 290.31	$ 320.45	$ 20.07	$ 445.14
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 1 IgG-ARUP	86317	305	MC Reference Lab	$ 311	$ 67	$ 200.96	$ 63	$ 286
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 12F IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 14* IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 18C* IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 19F* IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 23F* IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 3 IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 4* IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 5 IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 6B* IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 7F IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 8 IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 9N IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumococcal Serotype 9V*, IgG-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Pneumocystis Jirovecii by DFA-ARUP	87299	306	MC Reference Lab	$ 10	$ 40	$ 23.15	$ 6	$ 128
Service Item	Outpatient	POC COVID-19 Quidel	87426	300	CD Chronic Disease	$ 80.50	$ 48.30	$ 59.53	$ 40.25	$ 74.06
Service Item	Inpatient and Outpatient	POC COVID-19 Quidel	87426	300	MC General Lab	$ 81	$ 48	$ 66.69	$ 48	$ 74
Service Item	Outpatient	POC COVID-19 Quidel	87426	300	NC Urgent Care	$ 80.50	$ 48.30	$ 61.23	$ 40.25	$ 74.06
Service Item	Outpatient	POC COVID-19 Quidel	87426	300	SC Urgent Care	$ 80.50	$ 48.30	$ 61.43	$ 40.25	$ 74.06
Service Item	Outpatient	POC COVID-19 Quidel	87426	300	SFM Family Medicine	$ 80.50	$ 48.30	$ 66.49	$ 48.30	$ 74.06
Service Item	Outpatient	POC Flu A Quidel	87804	300	CD Chronic Disease	$ 33.50	$ 20.10	$ 32.08	$ 18.09	$ 52.78
Service Item	Inpatient and Outpatient	POC Flu A Quidel	87804	300	MC General Lab	$ 34	$ 20	$ 34.78	$ 18	$ 59
Service Item	Outpatient	POC Flu A Quidel	87804	300	NC Urgent Care	$ 33.50	$ 20.10	$ 34.78	$ 18.09	$ 58.81
Service Item	Outpatient	POC Flu A Quidel	87804	300	SC Urgent Care	$ 33.50	$ 20.10	$ 34.78	$ 18.09	$ 58.81
Service Item	Outpatient	POC Flu A Quidel	87804	300	SFM Family Medicine	$ 33.50	$ 20.10	$ 34.78	$ 18.09	$ 58.81
Service Item	Outpatient	POC Flu A/B Quidel	87804	300	CD Chronic Disease	$ 52.78	$ 31.67	$ 58.54	$ 31.67	$ 131.81
Service Item	Inpatient and Outpatient	POC Flu A/B Quidel	87804	300	MC General Lab	$ 53	$ 40	$ 58.68	$ 36	$ 132
Service Item	Outpatient	POC Flu A/B Quidel	87804	300	NC Urgent Care	$ 52.78	$ 40.05	$ 58.54	$ 35.91	$ 131.81
Service Item	Outpatient	POC Flu A/B Quidel	87804	300	SC Urgent Care	$ 52.78	$ 40.05	$ 58.68	$ 35.91	$ 131.81
Service Item	Outpatient	POC Flu A/B Quidel	87804	300	SFM Family Medicine	$ 52.78	$ 40.05	$ 58.54	$ 35.91	$ 131.81
Service Item	Outpatient	POC Flu B Quidel	87804	300	CD Chronic Disease	$ 33.50	$ 20.10	$ 32.16	$ 18.09	$ 52.78
Service Item	Inpatient and Outpatient	POC Flu B Quidel	87804	300	MC General Lab	$ 34	$ 20	$ 34.69	$ 18	$ 59
Service Item	Outpatient	POC Flu B Quidel	87804	300	NC Urgent Care	$ 33.50	$ 20.10	$ 34.69	$ 18.09	$ 58.81
Service Item	Outpatient	POC Flu B Quidel	87804	300	SC Urgent Care	$ 33.50	$ 20.10	$ 34.80	$ 18.09	$ 58.81
Service Item	Outpatient	POC Flu B Quidel	87804	300	SFM Family Medicine	$ 33.50	$ 20.10	$ 34.80	$ 18.09	$ 58.81
Service Item	Outpatient	POC Glucose NOVA	82947	301	CD Chronic Disease	$ 59.73	$ 35.48	$ 39.40	$ 15.71	$ 54.41
Service Item	Outpatient	POC Glucose NOVA	82947	301	CD Diabetic Clinic	$ 59.73	$ 35.48	$ 39.40	$ 15.71	$ 54.41
Service Package	Inpatient and Outpatient	POC Glucose NOVA	82947	301	MC Emergency	$ 60	$ 18	$ 39.55	$ 16	$ 54
Service Item	Inpatient and Outpatient	POC Glucose NOVA	82947	301	MC General Lab	$ 60	$ 18	$ 39.55	$ 16	$ 54
Service Item	Outpatient	POC Glucose NOVA	82947	301	NC Urgent Care	$ 59.73	$ 17.52	$ 39.40	$ 15.71	$ 54.41
Service Item	Outpatient	POC Glucose NOVA	82947	301	SC Urgent Care	$ 59.73	$ 17.52	$ 39.55	$ 15.71	$ 54.41
Service Item	Outpatient	POC Glucose NOVA	82947	301	SFM Family Medicine	$ 59.73	$ 17.52	$ 39.40	$ 15.71	$ 54.41
Service Item	Inpatient and Outpatient	POC RSV Automated	87634	300	MC General Lab	$ 158	$ 94	$ 290.86	$ 94	$ 690
Service Item	Outpatient	POC RSV Automated	87634	300	NC Urgent Care	$ 157.78	$ 93.73	$ 290.47	$ 93.73	$ 690.06
Service Item	Outpatient	POC RSV Automated	87634	300	SC Urgent Care	$ 157.78	$ 93.73	$ 290.86	$ 93.73	$ 690.06
Service Item	Outpatient	POC RSV Automated	87634	300	SFM Family Medicine	$ 157.78	$ 93.73	$ 290.47	$ 93.73	$ 690.06
Service Item	Outpatient	POC RSV Quidel	87807	300	CD Chronic Disease	$ 80.63	$ 48.38	$ 69.92	$ 36.37	$ 117.85
Service Item	Inpatient and Outpatient	POC RSV Quidel	87807	300	MC General Lab	$ 81	$ 41	$ 70.12	$ 36	$ 118
Service Item	Outpatient	POC RSV Quidel	87807	300	NC Urgent Care	$ 80.63	$ 40.56	$ 69.92	$ 36.37	$ 117.85
Service Item	Outpatient	POC RSV Quidel	87807	300	SC Urgent Care	$ 80.63	$ 40.56	$ 70.12	$ 36.37	$ 117.85
Service Item	Outpatient	POC RSV Quidel	87807	300	SFM Family Medicine	$ 80.63	$ 40.56	$ 69.92	$ 36.37	$ 117.85
Service Item	Outpatient	POC Strep A Quidel	87880	300	CD Chronic Disease	$ 74.03	$ 44.42	$ 68.23	$ 35.91	$ 131.57
Service Item	Inpatient and Outpatient	POC Strep A Quidel	87880	300	MC General Lab	$ 74	$ 40	$ 68.42	$ 36	$ 132
Service Item	Outpatient	POC Strep A Quidel	87880	300	NC Urgent Care	$ 74.03	$ 40.05	$ 68.23	$ 35.91	$ 131.57
Service Item	Outpatient	POC Strep A Quidel	87880	300	SC Urgent Care	$ 74.03	$ 40.05	$ 68.42	$ 35.91	$ 131.57
Service Item	Outpatient	POC Strep A Quidel	87880	300	SFM Family Medicine	$ 74.03	$ 40.05	$ 68.23	$ 35.91	$ 131.57
Service Item	Outpatient	poliovirus vaccine, inactivated 0.5 mL	90713	636	CD Infusion Clinic	$ 167.70	$ 100.62	$ 112.18	$ 31.82	$ 154.28
Service Item	Inpatient and Outpatient	poliovirus vaccine, inactivated 0.5 mL	90713	636	MC Pharmacy	$ 168	$ 132	$ 112.18	$ 32	$ 154
Service Item	Outpatient	poliovirus vaccine, inactivated 0.5 mL	90713	636	NC Urgent Care	$ 167.70	$ 131.90	$ 111.76	$ 31.82	$ 154.28
Service Item	Outpatient	poliovirus vaccine, inactivated 0.5 mL	90713	636	SC Urgent Care	$ 167.70	$ 131.90	$ 112.18	$ 31.82	$ 154.28
Service Item	Outpatient	poliovirus vaccine, inactivated 0.5 mL	90713	636	SFM Family Medicine	$ 167.70	$ 131.90	$ 111.76	$ 31.82	$ 154.28
Service Item	Outpatient	Polysom <6 Yrs 4/> Ptrs	95782	740	OS Sleep Lab	$ 4,676.06	$ 3,708.24	$ 3,659.30	$ 1,053.20	$ 5,538.59
Service Item	Outpatient	Polysom <6 Yrs Cpap/Bilvl	95783	740	OS Sleep Lab	$ 4,676.06	$ 3,944.04	$ 3,714.28	$ 1,053.20	$ 5,891.05
Service Item	Outpatient	Polysomnography	95810	920	OS Sleep Lab	$ 4,608.30	$ 882.45	$ 3,030.78	$ 738.51	$ 4,116.15
Service Item	Outpatient	Polysomnography < 6 Hours	95810	920	OS Sleep Lab	$ 4,608.30	$ 882.45	$ 3,030.78	$ 738.51	$ 4,116.15
Service Item	Outpatient	Polysomography With Cpap	95811	920	OS Sleep Lab	$ 4,826.30	$ 1,016.55	$ 3,178.49	$ 850.74	$ 4,310.87
Service Package	Inpatient and Outpatient	Pool Therapy 15 Min	97113	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Pool Therapy 15 Min	97113	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Pool Therapy 15 Min	97113	420	OP Rehab Therapies	$ 134.00	$ 120.00	$ 107.26	$ 62.61	$ 123.28
Service Item	Outpatient	Pool Therapy 15 Min	97113	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 145.73	$ 100.50	$ 317.00
Service Item	Outpatient	Pool Therapy 15 Min	97113	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 145.73	$ 100.50	$ 317.00
Service Item	Outpatient	Pool Therapy 15 Min	97113	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 145.73	$ 100.50	$ 317.00
Service Item	Outpatient	Pool Therapy 15 Min	97113	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 107.26	$ 62.61	$ 123.28
Service Item	Inpatient	Pool Therapy 15 Min	97113	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 62.61	$ 163.03
Service Item	Outpatient	Pool Therapy 15 Min - PTA/OTA Services	97113	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Pool Therapy 15 Min - PTA/OTA Services	97113	420	OP Rehab Therapies	$ 134.00	Charges have been	$ 106.86	$ 62.61	$ 123.28
Service Item	Outpatient	Pool Therapy 15 Min - PTA/OTA Services	97113	420	OP Therapy Akers	$ 134.00	Charges have been	$ 158.57	$ 100.50	$ 317.00
Service Item	Outpatient	Pool Therapy 15 Min - PTA/OTA Services	97113	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 158.57	$ 100.50	$ 317.00
Service Item	Outpatient	Pool Therapy 15 Min - PTA/OTA Services	97113	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 158.57	$ 100.50	$ 317.00
Service Item	Outpatient	Pool Therapy 15 Min - PTA/OTA Services	97113	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 106.86	$ 62.61	$ 123.28
Service Item	Inpatient	Pool Therapy 15 Min - PTA/OTA Services	97113	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 62.61	$ 163.03
Service Package	Inpatient and Outpatient	Pool Therapy W/Ther Ex 30		420	MC PT Services	$ 268	Charges have been	#N/A	$ 241	$ 247
Service Item	Outpatient	Pool Therapy W/Ther Ex 30		420	OP Hand Center	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Pool Therapy W/Ther Ex 30		420	OP Rehab Therapies	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Pool Therapy W/Ther Ex 30		420	OP Therapy Akers	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Pool Therapy W/Ther Ex 30		420	OP Therapy Exeter	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Pool Therapy W/Ther Ex 30		420	OP Therapy Lovers Ln	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Pool Therapy W/Ther Ex 30		420	OP Therapy Neuro	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Inpatient	Pool Therapy W/Ther Ex 30		420	RH PT Services	$ 268.00	Charges have been	#N/A	$ 241.20	$ 246.56
Service Item	Outpatient	poractant 80 mg/mL Intratracheal Susp 1.5 mL	J3490	636	CD Infusion Clinic	$ 2,163.10	$ 1,297.86	$ 1,252.07	$ 23.14	$ 1,990.05
Service Item	Inpatient and Outpatient	poractant 80 mg/mL Intratracheal Susp 1.5 mL	J3490	636	MC Pharmacy	$ 2,163	$ 1,298	$ 1,252.07	$ 23	$ 1,990
Service Item	Outpatient	poractant 80 mg/mL Intratracheal Susp 1.5 mL	J3490	636	NC Urgent Care	$ 2,163.10	$ 1,297.86	$ 1,246.66	$ 23.14	$ 1,990.05
Service Item	Outpatient	poractant 80 mg/mL Intratracheal Susp 1.5 mL	J3490	636	SC Urgent Care	$ 2,163.10	$ 1,297.86	$ 1,252.07	$ 23.14	$ 1,990.05
Service Item	Outpatient	poractant 80 mg/mL Intratracheal Susp 3 mL	J3490	636	CD Infusion Clinic	$ 3,348.10	$ 2,008.86	$ 1,933.23	$ 23.14	$ 3,080.25
Service Item	Inpatient and Outpatient	poractant 80 mg/mL Intratracheal Susp 3 mL	J3490	636	MC Pharmacy	$ 3,348	$ 2,009	$ 1,933.23	$ 23	$ 3,080
Service Item	Outpatient	poractant 80 mg/mL Intratracheal Susp 3 mL	J3490	636	NC Urgent Care	$ 3,348.10	$ 2,008.86	$ 1,924.86	$ 23.14	$ 3,080.25
Service Item	Outpatient	poractant 80 mg/mL Intratracheal Susp 3 mL	J3490	636	SC Urgent Care	$ 3,348.10	$ 2,008.86	$ 1,933.23	$ 23.14	$ 3,080.25
Service Item	Inpatient and Outpatient	Porphobilinogen Quantitative Urine-ARUP	84110	300	MC Reference Lab	$ 9	$ 38	$ 18.01	$ 5	$ 83
Service Item	Inpatient and Outpatient	Porphyrins Fractionated and Qnt Urine-ARUP	84120	300	MC Reference Lab	$ 17	$ 66	$ 31.80	$ 10	$ 145
Service Package	Inpatient and Outpatient	Port Lapband Access		278	MC Central Supply	$ 2,731	Charges have been	#N/A	$ 2,433	$ 2,487
Service Package	Inpatient and Outpatient	Port Ven W/O Hem Eval	75887	320	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,965.79	$ 1,890	$ 2,608
Service Package	Inpatient and Outpatient	Port-A-Cath	C1788	278	MC Central Supply	$ 1,802	Charges have been	$ 1,667.68	$ 1,606	$ 1,642

Service Item	Inpatient and Outpatient	Posaconazole, Quantitative by LC-MS/MS-ARUP	80299	300	MC Reference Lab	$ 13	$ 65	$ 29.87	$ 8	$ 148
Service Package	Inpatient	Post Anesth Care 30 Min		710	MC Cardiovascular	$ 610.02	$ 355.35	#N/A	$ 355.35	$ 544.87
Service Item	Inpatient	Post Anesth Care 30 Min		710	MC PACU IP	$ 610.02	Charges have been	#N/A	$ 533.03	$ 544.87
Service Package	Inpatient	Post Anesth Care Ea 15Min		710	MC Cardiovascular	$ 152.44	$ 88.80	#N/A	$ 88.80	$ 136.16
Service Item	Inpatient	Post Anesth Care Ea 15Min		710	MC PACU IP	$ 152.44	Charges have been	#N/A	$ 133.20	$ 136.16
Service Package	Inpatient	Post Proc Phase I 15 Min		710	MC Cardiovascular	$ 152.44	$ 88.80	#N/A	$ 88.80	$ 136.16
Service Package	Inpatient	Post Proc Phase I 30 Min		710	MC Cardiovascular	$ 610.02	$ 355.35	#N/A	$ 355.35	$ 544.87
Service Item	Outpatient	Postpartum Follow-Up Z1038	99212	510	SFM Family Medicine	$ 138.50	$ 80.68	$ 121.50	$ 80.68	$ 123.71
Service Package	Inpatient	Potassium	84132	301	MC Cardiovascular	$ 66.44	$ 20.67	$ 44.73	$ 18.53	$ 60.52
Service Item	Outpatient	potassium ACETate 2 mEq/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 43.00	$ 25.80	$ 33.39	$ 23.14	$ 39.56
Service Item	Inpatient and Outpatient	potassium ACETate 2 mEq/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 43	$ 26	$ 33.39	$ 23	$ 40
Service Item	Outpatient	potassium ACETate 2 mEq/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 43.00	$ 25.80	$ 33.28	$ 23.14	$ 39.56
Service Item	Outpatient	potassium ACETate 2 mEq/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 43.00	$ 25.80	$ 33.39	$ 23.14	$ 39.56
Service Item	Outpatient	potassium ACETate 2 mEq/mL Inj 20 mL	J3490	636	CD Infusion Clinic	$ 14.00	$ 8.40	$ 16.72	$ 8.40	$ 27.98
Service Item	Inpatient and Outpatient	potassium ACETate 2 mEq/mL Inj 20 mL	J3490	636	MC Pharmacy	$ 14	$ 8	$ 16.72	$ 8	$ 28
Service Item	Outpatient	potassium ACETate 2 mEq/mL Inj 20 mL	J3490	636	NC Urgent Care	$ 14.00	$ 8.40	$ 16.68	$ 8.40	$ 27.98
Service Item	Outpatient	potassium ACETate 2 mEq/mL Inj 20 mL	J3490	636	SC Urgent Care	$ 14.00	$ 8.40	$ 16.72	$ 8.40	$ 27.98
Service Package	Inpatient	Potassium Alert Panel	84132	301	MC Cardiac Surgery	$ 66.44	$ 39.47	$ 44.73	$ 18.53	$ 60.52
Service Package	Inpatient	Potassium Alert Panel	84132	301	MC Cardiovascular	$ 66.44	$ 20.67	$ 44.73	$ 18.53	$ 60.52
Service Item	Inpatient and Outpatient	Potassium Alert Panel	84132	301	MC General Lab	$ 66	$ 21	$ 44.73	$ 19	$ 61
Service Package	Inpatient and Outpatient	Potassium Alert Panel	84132	301	MC IC Intnsv Care	$ 66	Charges have been	$ 61.48	$ 59	$ 61
Service Package	Inpatient	Potassium Alert Panel	84132	301	MC NI NICU	$ 66.44	Charges have been	$ 61.48	$ 59.20	$ 60.52
Service Package	Inpatient and Outpatient	Potassium Alert Panel	84132	301	MC Surgical Srvcs	$ 66	Charges have been	$ 61.48	$ 59	$ 61
Service Item	Outpatient	potassium CHLORide 10 mEq/50 mL Premix	J3480	636	CD Infusion Clinic	$ 21.45	$ 12.87	$ 11.77	$ 0.26	$ 19.73
Service Item	Inpatient and Outpatient	potassium CHLORide 10 mEq/50 mL Premix	J3480	636	MC Pharmacy	$ 21	$ 13	$ 11.77	$ 0	$ 20
Service Item	Outpatient	potassium CHLORide 10 mEq/50 mL Premix	J3480	636	NC Urgent Care	$ 21.45	$ 12.87	$ 11.72	$ 0.26	$ 19.73
Service Item	Outpatient	potassium CHLORide 10 mEq/50 mL Premix	J3480	636	SC Urgent Care	$ 21.45	$ 12.87	$ 11.77	$ 0.26	$ 19.73
Service Item	Outpatient	potassium CHLORide 2 mEq/mL inj 1 mL (TPN)	J3480	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.41	$ 0.26	$ 11.41
Service Item	Inpatient and Outpatient	potassium CHLORide 2 mEq/mL inj 1 mL (TPN)	J3480	636	MC Pharmacy	$ 12	$ 7	$ 8.41	$ 0	$ 11
Service Item	Outpatient	potassium CHLORide 2 mEq/mL inj 1 mL (TPN)	J3480	636	NC Urgent Care	$ 12.10	$ 7.26	$ 8.38	$ 0.26	$ 11.41
Service Item	Outpatient	potassium CHLORide 2 mEq/mL inj 1 mL (TPN)	J3480	636	SC Urgent Care	$ 12.10	$ 7.26	$ 8.41	$ 0.26	$ 11.41
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 10 mL	J3480	636	CD Infusion Clinic	$ 16.80	$ 10.08	$ 10.10	$ 0.26	$ 15.46
Service Item	Inpatient and Outpatient	potassium CHLORide 2 mEq/mL Inj 10 mL	J3480	636	MC Pharmacy	$ 17	$ 10	$ 10.10	$ 0	$ 15
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 10 mL	J3480	636	NC Urgent Care	$ 16.80	$ 10.08	$ 10.06	$ 0.26	$ 15.46
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 10 mL	J3480	636	SC Urgent Care	$ 16.80	$ 10.08	$ 10.10	$ 0.26	$ 15.46
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 20 mL	J3480	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.41	$ 0.26	$ 11.41
Service Item	Inpatient and Outpatient	potassium CHLORide 2 mEq/mL Inj 20 mL	J3480	636	MC Pharmacy	$ 12	$ 7	$ 8.41	$ 0	$ 11
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 20 mL	J3480	636	NC Urgent Care	$ 12.10	$ 7.26	$ 8.38	$ 0.26	$ 11.41
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 20 mL	J3480	636	SC Urgent Care	$ 12.10	$ 7.26	$ 8.41	$ 0.26	$ 11.41
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 30 mL	J3480	636	CD Infusion Clinic	$ 14.95	$ 8.97	$ 9.43	$ 0.26	$ 13.75
Service Item	Inpatient and Outpatient	potassium CHLORide 2 mEq/mL Inj 30 mL	J3480	636	MC Pharmacy	$ 15	$ 10	$ 9.43	$ 0	$ 14
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 30 mL	J3480	636	NC Urgent Care	$ 14.95	$ 9.72	$ 9.40	$ 0.26	$ 13.75
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 30 mL	J3480	636	SC Urgent Care	$ 14.95	$ 9.72	$ 9.43	$ 0.26	$ 13.75
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 5 mL	J3480	636	CD Infusion Clinic	$ 26.25	$ 15.75	$ 13.50	$ 0.26	$ 24.15
Service Item	Inpatient and Outpatient	potassium CHLORide 2 mEq/mL Inj 5 mL	J3480	636	MC Pharmacy	$ 26	$ 17	$ 13.50	$ 0	$ 24
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 5 mL	J3480	636	NC Urgent Care	$ 26.25	$ 16.50	$ 13.43	$ 0.26	$ 24.15
Service Item	Outpatient	potassium CHLORide 2 mEq/mL Inj 5 mL	J3480	636	SC Urgent Care	$ 26.25	$ 16.50	$ 13.50	$ 0.26	$ 24.15
Service Item	Outpatient	potassium CHLORide 20 mEq/50 mL Premix	J3480	636	CD Infusion Clinic	$ 21.05	$ 12.63	$ 11.63	$ 0.26	$ 19.37
Service Item	Inpatient and Outpatient	potassium CHLORide 20 mEq/50 mL Premix	J3480	636	MC Pharmacy	$ 21	$ 13	$ 11.63	$ 0	$ 19
Service Item	Outpatient	potassium CHLORide 20 mEq/50 mL Premix	J3480	636	NC Urgent Care	$ 21.05	$ 12.63	$ 11.57	$ 0.26	$ 19.37
Service Item	Outpatient	potassium CHLORide 20 mEq/50 mL Premix	J3480	636	SC Urgent Care	$ 21.05	$ 12.63	$ 11.63	$ 0.26	$ 19.37
Service Item	Outpatient	potassium CHLORide PED 0.04 mEq/mL Inj	J3480	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.41	$ 0.26	$ 11.41
Service Item	Inpatient and Outpatient	potassium CHLORide PED 0.04 mEq/mL Inj	J3480	636	MC Pharmacy	$ 12	$ 8	$ 8.41	$ 0	$ 11
Service Item	Outpatient	potassium CHLORide PED 0.04 mEq/mL Inj	J3480	636	NC Urgent Care	$ 12.10	$ 8.01	$ 8.38	$ 0.26	$ 11.41
Service Item	Outpatient	potassium CHLORide PED 0.04 mEq/mL Inj	J3480	636	SC Urgent Care	$ 12.10	$ 8.01	$ 8.41	$ 0.26	$ 11.41
Service Item	Outpatient	potassium CHLORide PED 0.2 mEq/mL	J3480	636	CD Infusion Clinic	$ 21.45	$ 12.87	$ 11.77	$ 0.26	$ 19.73
Service Item	Inpatient and Outpatient	potassium CHLORide PED 0.2 mEq/mL	J3480	636	MC Pharmacy	$ 21	$ 14	$ 11.77	$ 0	$ 20
Service Item	Outpatient	potassium CHLORide PED 0.2 mEq/mL	J3480	636	NC Urgent Care	$ 21.45	$ 13.62	$ 11.72	$ 0.26	$ 19.73
Service Item	Outpatient	potassium CHLORide PED 0.2 mEq/mL	J3480	636	SC Urgent Care	$ 21.45	$ 13.62	$ 11.77	$ 0.26	$ 19.73
Service Item	Inpatient and Outpatient	Potassium Misc Fluid	84133	301	MC General Lab	$ 60	$ 19	$ 40.73	$ 17	$ 54
Service Item	Outpatient	potassium PHOSphate 3 mmol/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 68.90	$ 41.34	$ 48.28	$ 23.14	$ 63.39
Service Item	Inpatient and Outpatient	potassium PHOSphate 3 mmol/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 69	$ 41	$ 48.28	$ 23	$ 63
Service Item	Outpatient	potassium PHOSphate 3 mmol/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 68.90	$ 41.34	$ 48.11	$ 23.14	$ 63.39
Service Item	Outpatient	potassium PHOSphate 3 mmol/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 68.90	$ 41.34	$ 48.28	$ 23.14	$ 63.39
Service Item	Outpatient	potassium PHOSphate 4.4 mEq/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 137.75	$ 82.65	$ 87.85	$ 23.14	$ 126.73
Service Item	Inpatient and Outpatient	potassium PHOSphate 4.4 mEq/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 138	$ 83	$ 87.85	$ 23	$ 127
Service Item	Outpatient	potassium PHOSphate 4.4 mEq/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 137.75	$ 82.65	$ 87.51	$ 23.14	$ 126.73
Service Item	Outpatient	potassium PHOSphate 4.4 mEq/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 137.75	$ 82.65	$ 87.85	$ 23.14	$ 126.73
Service Item	Outpatient	potassium PHOSphate PED 0.05 mmol/mL	J3490	636	CD Infusion Clinic	$ 68.90	$ 41.34	$ 48.28	$ 23.14	$ 63.39
Service Item	Inpatient and Outpatient	potassium PHOSphate PED 0.05 mmol/mL	J3490	636	MC Pharmacy	$ 69	$ 41	$ 48.28	$ 23	$ 63
Service Item	Outpatient	potassium PHOSphate PED 0.05 mmol/mL	J3490	636	NC Urgent Care	$ 68.90	$ 41.34	$ 48.11	$ 23.14	$ 63.39
Service Item	Outpatient	potassium PHOSphate PED 0.05 mmol/mL	J3490	636	SC Urgent Care	$ 68.90	$ 41.34	$ 48.28	$ 23.14	$ 63.39
Service Item	Inpatient and Outpatient	Potassium Serum	84132	301	MC General Lab	$ 66	$ 21	$ 44.73	$ 19	$ 61
Service Item	Inpatient and Outpatient	Potassium Stool-ARUP	84999	300	MC Reference Lab	$ 11	$ 7	$ 32.96	$ 7	$ 155
Service Item	Inpatient and Outpatient	Potassium Urine	84133	301	MC General Lab	$ 60	$ 19	$ 40.73	$ 17	$ 54
Service Package	Inpatient and Outpatient	Pouch Surgical Tissue		278	MC Central Supply	$ 238	Charges have been	#N/A	$ 212	$ 217
Service Item	Outpatient	pralidoxime 1 g IV Inj	J2730	636	CD Infusion Clinic	$ 483.80	$ 290.28	$ 326.89	$ 88.43	$ 445.10
Service Item	Inpatient and Outpatient	pralidoxime 1 g IV Inj	J2730	636	MC Pharmacy	$ 484	$ 290	$ 326.89	$ 88	$ 445
Service Item	Outpatient	pralidoxime 1 g IV Inj	J2730	636	NC Urgent Care	$ 483.80	$ 290.28	$ 325.68	$ 88.43	$ 445.10
Service Item	Outpatient	pralidoxime 1 g IV Inj	J2730	636	SC Urgent Care	$ 483.80	$ 290.28	$ 326.89	$ 88.43	$ 445.10
Service Item	Outpatient	Pre Stereo Unilat Mammo	77065	401	IC Breast Center	$ 436.28	$ 351.72	$ 456.88	$ 240.47	$ 1,262.35
Service Item	Inpatient and Outpatient	Prealbumin	84134	301	MC General Lab	$ 166	$ 65	$ 121.32	$ 58	$ 151
Service Item	Outpatient	Precedex 200Mcg/50Ml Iv	J3490	636	CD Infusion Clinic	$ 310.00	$ 186.00	$ 186.87	$ 23.14	$ 285.20
Service Item	Inpatient and Outpatient	Precedex 200Mcg/50Ml Iv	J3490	636	MC Pharmacy	$ 310	$ 186	$ 186.87	$ 23	$ 285
Service Item	Outpatient	Precedex 200Mcg/50Ml Iv	J3490	636	NC Urgent Care	$ 310.00	$ 186.00	$ 186.09	$ 23.14	$ 285.20
Service Item	Outpatient	Precedex 200Mcg/50Ml Iv	J3490	636	SC Urgent Care	$ 310.00	$ 186.00	$ 186.87	$ 23.14	$ 285.20
Service Item	Outpatient	predniSONE 10 mg Tab	J7512	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.20	$ 0.02	$ 11.13
Service Item	Inpatient and Outpatient	predniSONE 10 mg Tab	J7512	250	MC Pharmacy	$ 12	$ 7	$ 7.20	$ 0	$ 11
Service Item	Outpatient	predniSONE 10 mg Tab	J7512	250	NC Urgent Care	$ 12.10	$ 7.26	$ 7.17	$ 0.02	$ 11.13
Service Item	Outpatient	predniSONE 10 mg Tab	J7512	250	SC Urgent Care	$ 12.10	$ 7.26	$ 7.20	$ 0.02	$ 11.13
Service Item	Outpatient	predniSONE 20 mg Tab	J7512	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.20	$ 0.02	$ 11.13
Service Item	Inpatient and Outpatient	predniSONE 20 mg Tab	J7512	636	MC Pharmacy	$ 12	$ 7	$ 7.20	$ 0	$ 11
Service Item	Outpatient	predniSONE 20 mg Tab	J7512	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.17	$ 0.02	$ 11.13
Service Item	Outpatient	predniSONE 20 mg Tab	J7512	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.20	$ 0.02	$ 11.13
Service Item	Outpatient	predniSONE 5 mg Tab	J7512	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.20	$ 0.02	$ 11.13
Service Item	Inpatient and Outpatient	predniSONE 5 mg Tab	J7512	250	MC Pharmacy	$ 12	$ 7	$ 7.20	$ 0	$ 11
Service Item	Outpatient	predniSONE 5 mg Tab	J7512	250	NC Urgent Care	$ 12.10	$ 7.26	$ 7.17	$ 0.02	$ 11.13
Service Item	Outpatient	predniSONE 5 mg Tab	J7512	250	SC Urgent Care	$ 12.10	$ 7.26	$ 7.20	$ 0.02	$ 11.13
Service Item	Outpatient	predniSONE 5 mg/5 mL Oral Soln	J7512	250	CD Infusion Clinic	$ 12.10	$ 7.26	$ 7.20	$ 0.02	$ 11.13
Service Item	Inpatient and Outpatient	predniSONE 5 mg/5 mL Oral Soln	J7512	250	MC Pharmacy	$ 12	$ 7	$ 7.20	$ 0	$ 11
Service Item	Outpatient	predniSONE 5 mg/5 mL Oral Soln	J7512	250	NC Urgent Care	$ 12.10	$ 7.26	$ 7.17	$ 0.02	$ 11.13
Service Item	Outpatient	predniSONE 5 mg/5 mL Oral Soln	J7512	250	SC Urgent Care	$ 12.10	$ 7.26	$ 7.20	$ 0.02	$ 11.13
Service Item	Inpatient and Outpatient	Pregnenolone by MS/MS-ARUP	84140	300	MC Reference Lab	$ 23	$ 90	$ 44.23	$ 14	$ 203
Service Item	Outpatient	Prev Counseling Ind 15Min	99401	510	CD Chronic Disease	$ 110.92	$ 64.61	$ 79.10	$ 39.91	$ 99.07
Service Item	Outpatient	Prev Counseling Ind 15Min	99401	510	SFM Family Medicine	$ 110.92	$ 64.61	$ 89.80	$ 64.61	$ 99.07
Service Item	Outpatient	Prev Counseling Ind 30Min	99402	510	CD Chronic Disease	$ 166.37	$ 96.91	$ 122.59	$ 68.62	$ 148.60
Service Item	Outpatient	Prev Counseling Ind 30Min	99402	510	SFM Family Medicine	$ 166.37	$ 96.91	$ 137.76	$ 96.91	$ 148.60
Service Item	Outpatient	Prev Counseling Ind 45Min	99403	510	CD Chronic Disease	$ 221.82	$ 129.22	$ 166.03	$ 95.89	$ 283.11
Service Item	Outpatient	Prev Counseling Ind 45Min	99403	510	SFM Family Medicine	$ 221.82	$ 129.22	$ 185.82	$ 129.22	$ 283.11
Service Item	Outpatient	Prev Counseling Ind 60Min	99404	510	CD Chronic Disease	$ 277.28	$ 161.52	$ 208.95	$ 123.56	$ 364.35
Service Item	Outpatient	Prev Counseling Ind 60Min	99404	510	CD Diabetic Clinic	$ 277.28	$ 161.52	$ 208.95	$ 123.56	$ 247.66
Service Item	Outpatient	Prev Counseling Ind 60Min	99404	510	SFM Family Medicine	$ 277.28	$ 161.52	$ 233.32	$ 161.52	$ 364.35
Service Package	Inpatient and Outpatient	Primatrix Tissue 4X4Cm	Q4110	278	MC Central Supply	$ 940	Charges have been	$ 869.51	$ 837	$ 856
Service Package	Inpatient and Outpatient	Primatrix Tissue 6X6Cm	Q4110	278	MC Central Supply	$ 1,997	Charges have been	$ 1,585.95	$ 1,779	$ 1,819
Service Package	Inpatient and Outpatient	Primatrix Tissue 8X8Cm	Q4110	278	MC Central Supply	$ 3,550	Charges have been	$ 2,638.63	$ 3,163	$ 3,234
Service Item	Inpatient and Outpatient	Primidone and Metabolite-ARUP	80188	300	MC Reference Lab	$ 26	$ 74	$ 38.55	$ 16	$ 163
Service Item	Outpatient	procainamide 100 mg/mL Inj 10 mL	J2690	636	CD Infusion Clinic	$ 367.95	$ 220.77	$ 230.82	$ 36.17	$ 338.51
Service Item	Inpatient and Outpatient	procainamide 100 mg/mL Inj 10 mL	J2690	636	MC Pharmacy	$ 368	$ 221	$ 230.82	$ 36	$ 339

Service Item	Outpatient	procainamide 100 mg/mL Inj 10 mL	J2690	636	NC Urgent Care	$ 367.95	$ 220.77	$ 229.90	$ 36.17	$ 338.51
Service Item	Outpatient	procainamide 100 mg/mL Inj 10 mL	J2690	636	SC Urgent Care	$ 367.95	$ 220.77	$ 230.82	$ 36.17	$ 338.51
Service Item	Outpatient	procainamide 500 mg/mL Inj 2 mL	J2690	636	CD Infusion Clinic	$ 305.35	$ 183.21	$ 208.32	$ 36.17	$ 280.92
Service Item	Inpatient and Outpatient	procainamide 500 mg/mL Inj 2 mL	J2690	636	MC Pharmacy	$ 305	$ 183	$ 208.32	$ 36	$ 281
Service Item	Outpatient	procainamide 500 mg/mL Inj 2 mL	J2690	636	NC Urgent Care	$ 305.35	$ 183.21	$ 207.55	$ 36.17	$ 280.92
Service Item	Outpatient	procainamide 500 mg/mL Inj 2 mL	J2690	636	SC Urgent Care	$ 305.35	$ 183.21	$ 208.32	$ 36.17	$ 280.92
Service Package	Inpatient and Outpatient	Procainamide Challeng 1Hr	96365	260	MC Cath Lab Srvcs	$ 459	Charges have been	$ 376.15	$ 213	$ 466
Service Package	Inpatient and Outpatient	Procainamide Chlng Ea Hr	96366	260	MC Cath Lab Srvcs	$ 95	Charges have been	$ 95.81	$ 44	$ 169
Service Item	Outpatient	procaine penicillin 600,000 units/mL IM Inj 1 mL	J2510	636	CD Infusion Clinic	$ 169.30	$ 101.58	$ 110.19	$ 9.38	$ 155.76
Service Item	Inpatient and Outpatient	procaine penicillin 600,000 units/mL IM Inj 1 mL	J2510	636	MC Pharmacy	$ 169	$ 102	$ 110.19	$ 9	$ 156
Service Item	Outpatient	procaine penicillin 600,000 units/mL IM Inj 1 mL	J2510	636	NC Urgent Care	$ 169.30	$ 101.58	$ 109.77	$ 9.38	$ 155.76
Service Item	Outpatient	procaine penicillin 600,000 units/mL IM Inj 1 mL	J2510	636	SC Urgent Care	$ 169.30	$ 101.58	$ 110.19	$ 9.38	$ 155.76
Service Item	Inpatient and Outpatient	Procalcitonin (Pct)	84145	301	MC General Lab	$ 227	$ 78	$ 184.88	$ 78	$ 263
Service Item	Inpatient and Outpatient	Procalcitonin Level-ARUP	84145	300	MC Reference Lab	$ 38	$ 78	$ 117.07	$ 33	$ 263
Service Item	Inpatient	Processing Auto/Dir Blood Cells	P9021	390	MC Blood Bank	$ 316.08	$ 184.12	$ 252.10	$ 139.76	$ 313.28
Service Item	Outpatient	prochlorperazine 5 mg/mL Inj 2 mL	J0780	636	CD Infusion Clinic	$ 103.25	$ 61.95	$ 65.89	$ 9.00	$ 94.99
Service Item	Inpatient and Outpatient	prochlorperazine 5 mg/mL Inj 2 mL	J0780	636	MC Pharmacy	$ 103	$ 62	$ 65.89	$ 9	$ 95
Service Item	Outpatient	prochlorperazine 5 mg/mL Inj 2 mL	J0780	636	NC Urgent Care	$ 103.25	$ 61.95	$ 65.63	$ 9.00	$ 94.99
Service Item	Outpatient	prochlorperazine 5 mg/mL Inj 2 mL	J0780	636	SC Urgent Care	$ 103.25	$ 61.95	$ 65.89	$ 9.00	$ 94.99
Service Item	Outpatient	progesterone 50 mg/mL IM Inj 10 mL	J2675	636	CD Infusion Clinic	$ 180.70	$ 108.42	$ 108.01	$ 2.60	$ 166.24
Service Item	Inpatient and Outpatient	progesterone 50 mg/mL IM Inj 10 mL	J2675	636	MC Pharmacy	$ 181	$ 108	$ 108.01	$ 3	$ 166
Service Item	Outpatient	progesterone 50 mg/mL IM Inj 10 mL	J2675	636	NC Urgent Care	$ 180.70	$ 108.42	$ 107.56	$ 2.60	$ 166.24
Service Item	Outpatient	progesterone 50 mg/mL IM Inj 10 mL	J2675	636	SC Urgent Care	$ 180.70	$ 108.42	$ 108.01	$ 2.60	$ 166.24
Service Item	Inpatient and Outpatient	Progesterone Quant-ARUP	84144	300	MC Reference Lab	$ 23	$ 93	$ 44.49	$ 14	$ 205
Service Package	Inpatient and Outpatient	Programmer Patient	C1787	278	MC Central Supply	$ 5,404	Charges have been	$ 4,999.95	$ 4,815	$ 4,922
Service Item	Inpatient and Outpatient	Proinsulin, Intact-ARUP	84206	300	MC Reference Lab	$ 20	$ 77	$ 42.07	$ 12	$ 213
Service Item	Inpatient and Outpatient	Prolactin	84146	301	MC General Lab	$ 235	$ 86	$ 167.84	$ 77	$ 214
Service Item	Outpatient	promethazine 25 mg/mL Inj 1 mL	J2550	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.06	$ 1.07	$ 11.13
Service Item	Inpatient and Outpatient	promethazine 25 mg/mL Inj 1 mL	J2550	636	MC Pharmacy	$ 12	$ 7	$ 8.06	$ 1	$ 11
Service Item	Outpatient	promethazine 25 mg/mL Inj 1 mL	J2550	636	NC Urgent Care	$ 12.10	$ 7.26	$ 8.03	$ 1.07	$ 11.13
Service Item	Outpatient	promethazine 25 mg/mL Inj 1 mL	J2550	636	SC Urgent Care	$ 12.10	$ 7.26	$ 8.06	$ 1.07	$ 11.13
Service Item	Outpatient	promethazine 25 mg/mL Inj 1 mL	J2550	636	SFM Family Medicine	$ 12.10	$ 7.26	$ 8.03	$ 1.07	$ 11.13
Service Item	Outpatient	promethazine 25 mg/mL Inj 1 mL	J2550	636	VD Visalia Dialysis	$ 12.10	$ 7.26	$ 8.06	$ 1.07	$ 11.13
Service Item	Outpatient	Promethazine 50Mg/Ml	J2550	636	CD Chronic Disease	$ 9.99	$ 5.99	$ 7.27	$ 1.07	$ 9.19
Service Item	Outpatient	Promethazine 50Mg/Ml	J2550	636	NC Urgent Care	$ 9.99	$ 5.99	$ 7.27	$ 1.07	$ 9.19
Service Item	Outpatient	Promethazine 50Mg/Ml	J2550	636	SC Urgent Care	$ 9.99	$ 5.99	$ 7.30	$ 1.07	$ 9.19
Service Item	Outpatient	Promethazine 50Mg/Ml	J2550	636	SFM Family Medicine	$ 9.99	$ 5.99	$ 7.27	$ 1.07	$ 9.19
Service Item	Outpatient	propofol 10 mg/mL 100 mL	J2704	636	CD Infusion Clinic	$ 156.25	$ 93.75	$ 65.72	$ 0.15	$ 143.75
Service Item	Inpatient and Outpatient	propofol 10 mg/mL 100 mL	J2704	636	MC Pharmacy	$ 156	$ 94	$ 65.72	$ 0	$ 144
Service Item	Outpatient	propofol 10 mg/mL 100 mL	J2704	636	NC Urgent Care	$ 156.25	$ 93.75	$ 65.33	$ 0.15	$ 143.75
Service Item	Outpatient	propofol 10 mg/mL 100 mL	J2704	636	SC Urgent Care	$ 156.25	$ 93.75	$ 65.72	$ 0.15	$ 143.75
Service Item	Outpatient	propofol 10 mg/mL 20 mL	J2704	636	CD Infusion Clinic	$ 40.70	$ 24.42	$ 24.18	$ 0.15	$ 37.44
Service Item	Inpatient and Outpatient	propofol 10 mg/mL 20 mL	J2704	636	MC Pharmacy	$ 41	$ 24	$ 24.18	$ 0	$ 37
Service Item	Outpatient	propofol 10 mg/mL 20 mL	J2704	636	NC Urgent Care	$ 40.70	$ 24.42	$ 24.08	$ 0.15	$ 37.44
Service Item	Outpatient	propofol 10 mg/mL 20 mL	J2704	636	SC Urgent Care	$ 40.70	$ 24.42	$ 24.18	$ 0.15	$ 37.44
Service Item	Outpatient	propofol 10 mg/mL 20 mL	J2704	636	SFM Family Medicine	$ 40.70	$ 24.42	$ 24.08	$ 0.15	$ 37.44
Service Item	Inpatient and Outpatient	propofol 20 mg/mL 100 mL	J3490	636	MC Pharmacy	$ 140	$ 84	$ 88.86	$ 23	$ 128
Service Item	Outpatient	propranolol (PED) IV 0.1 mg/mL Inj	J1800	636	CD Infusion Clinic	$ 46.50	$ 27.90	$ 29.82	$ 3.44	$ 42.78
Service Item	Inpatient and Outpatient	propranolol (PED) IV 0.1 mg/mL Inj	J1800	636	MC Pharmacy	$ 47	$ 38	$ 29.82	$ 3	$ 43
Service Item	Outpatient	propranolol (PED) IV 0.1 mg/mL Inj	J1800	636	NC Urgent Care	$ 46.50	$ 38.18	$ 29.71	$ 3.44	$ 42.78
Service Item	Outpatient	propranolol (PED) IV 0.1 mg/mL Inj	J1800	636	SC Urgent Care	$ 46.50	$ 38.18	$ 29.82	$ 3.44	$ 42.78
Service Item	Outpatient	propranolol 1 mg/mL Inj 1 mL	J1800	636	CD Infusion Clinic	$ 46.50	$ 27.90	$ 29.82	$ 3.44	$ 42.78
Service Item	Inpatient and Outpatient	propranolol 1 mg/mL Inj 1 mL	J1800	636	MC Pharmacy	$ 47	$ 28	$ 29.82	$ 3	$ 43
Service Item	Outpatient	propranolol 1 mg/mL Inj 1 mL	J1800	636	NC Urgent Care	$ 46.50	$ 27.90	$ 29.71	$ 3.44	$ 42.78
Service Item	Outpatient	propranolol 1 mg/mL Inj 1 mL	J1800	636	SC Urgent Care	$ 46.50	$ 27.90	$ 29.82	$ 3.44	$ 42.78
Service Item	Outpatient	ProQuad MMRV 0.5 mL	90710	636	CD Infusion Clinic	$ 980.20	$ 588.12	$ 649.85	$ 128.26	$ 901.78
Service Item	Inpatient and Outpatient	ProQuad MMRV 0.5 mL	90710	636	MC Pharmacy	$ 980	$ 588	$ 649.85	$ 128	$ 902
Service Item	Outpatient	ProQuad MMRV 0.5 mL	90710	636	NC Urgent Care	$ 980.20	$ 588.12	$ 647.40	$ 128.26	$ 901.78
Service Item	Outpatient	ProQuad MMRV 0.5 mL	90710	636	SC Urgent Care	$ 980.20	$ 588.12	$ 649.85	$ 128.26	$ 901.78
Service Item	Outpatient	ProQuad MMRV 0.5 mL	90710	636	SFM Family Medicine	$ 980.20	$ 588.12	$ 647.40	$ 128.26	$ 901.78
Service Item	Inpatient and Outpatient	Prostate Specific Ag Psa	84153	301	MC General Lab	$ 213	$ 82	$ 154.61	$ 73	$ 194
Service Item	Inpatient and Outpatient	Prostate Specific Antigen-ARUP	84153	300	MC Reference Lab	$ 21	$ 82	$ 85.98	$ 18	$ 181
Service Item	Inpatient and Outpatient	Prostatic Acid Phosphatase-ARUP	84066	300	MC Reference Lab	$ 11	$ 43	$ 20.67	$ 6	$ 95
Service Package	Inpatient and Outpatient	Prosthesis Mammary	C1789	278	MC Central Supply	$ 3,832	Charges have been	$ 3,546.17	$ 3,415	$ 3,491
Service Package	Inpatient and Outpatient	Prosthesis Moore Hip	C1776	278	MC Central Supply	$ 3,629	Charges have been	$ 2,910.40	$ 3,234	$ 3,306
Service Package	Inpatient and Outpatient	Prosthesis Testicular		278	MC Central Supply	$ 4,967	Charges have been	#N/A	$ 4,426	$ 4,525
Service Item	Inpatient and Outpatient	Prosthetic Train 1st Encounter 15 Min Ot	97761	430	MC OT Services	$ 134	$ 80	$ 105.01	$ 40	$ 123
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Ot	97761	430	OP Therapy Akers	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Ot	97761	430	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Ot	97761	430	OP Therapy Exeter	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Ot	97761	430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Ot	97761	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Ot	97761	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Ot	97761	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Ot	97761	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Ot - PTA/(	97761	430	OP Therapy Akers	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Ot - PTA/(	97761	430	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Ot - PTA/(	97761	430	OP Therapy Exeter	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Ot - PTA/(	97761	430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Ot - PTA/(	97761	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Ot - PTA/(	97761	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Ot - PTA/(	97761	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Ot - PTA/(	97761	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Package	Inpatient and Outpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 116.71	$ 80.40	$ 182.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 116.71	$ 80.40	$ 182.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 116.71	$ 80.40	$ 182.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 116.71	$ 80.40	$ 182.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 105.01	$ 40.14	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Pt	97761	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt - PTA/(	97761	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt - PTA/(	97761	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt - PTA/(	97761	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt - PTA/(	97761	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt - PTA/(	97761	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Prosthetic Train 1st Encounter 15 Min Pt - PTA/(	97761	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 105.01	$ 40.14	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Pt - PTA/(	97761	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Pt - PTA/(	97761	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Pt - PTA/(	97761	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Prosthetic Train 1st Encounter 15 Min Pt - PTA/(	97761	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	protamine 10 mg/mL Inj 25 mL	J2720	636	CD Infusion Clinic	$ 195.90	$ 117.54	$ 86.49	$ 1.67	$ 180.23
Service Item	Inpatient and Outpatient	protamine 10 mg/mL Inj 25 mL	J2720	636	MC Pharmacy	$ 196	$ 118	$ 86.49	$ 2	$ 180
Service Item	Outpatient	protamine 10 mg/mL Inj 25 mL	J2720	636	NC Urgent Care	$ 195.90	$ 117.54	$ 86.00	$ 1.67	$ 180.23
Service Item	Outpatient	protamine 10 mg/mL Inj 25 mL	J2720	636	SC Urgent Care	$ 195.90	$ 117.54	$ 86.49	$ 1.67	$ 180.23
Service Item	Outpatient	protamine 10 mg/mL Inj 5 mL	J2720	636	CD Infusion Clinic	$ 65.30	$ 39.18	$ 39.54	$ 1.67	$ 60.08
Service Item	Inpatient and Outpatient	protamine 10 mg/mL Inj 5 mL	J2720	636	MC Pharmacy	$ 65	$ 39	$ 39.54	$ 2	$ 60
Service Item	Outpatient	protamine 10 mg/mL Inj 5 mL	J2720	636	NC Urgent Care	$ 65.30	$ 39.18	$ 39.38	$ 1.67	$ 60.08
Service Item	Outpatient	protamine 10 mg/mL Inj 5 mL	J2720	636	SC Urgent Care	$ 65.30	$ 39.18	$ 39.54	$ 1.67	$ 60.08
Service Item	Inpatient and Outpatient	Protein C Total Antigen-ARUP	85302	300	MC Reference Lab	$ 13	$ 54	$ 25.85	$ 8	$ 118
Service Item	Inpatient and Outpatient	Protein C, Functional-ARUP	85303	305	MC Reference Lab	$ 15	$ 62	$ 29.60	$ 9	$ 136
Service Item	Inpatient and Outpatient	Protein Csf Quant	84157	301	MC General Lab	$ 71	$ 16	$ 44.00	$ 15	$ 65
Service Item	Inpatient and Outpatient	Protein Electophoresis Se	84165	301	MC General Lab	$ 17	$ 48	$ 41.15	$ 14	$ 106
Service Item	Inpatient and Outpatient	Protein Other Sources	84157	301	MC General Lab	$ 71	$ 16	$ 44.00	$ 15	$ 65
Service Item	Inpatient and Outpatient	Protein S Total Antigen-ARUP	85305	300	MC Reference Lab	$ 13	$ 52	$ 24.95	$ 8	$ 114

Service Item	Inpatient and Outpatient	Protein S, Functional-ARUP	85306	305	MC Reference Lab	$ 17	$ 68	$ 32.79	$ 10	$ 151
Service Item	Inpatient and Outpatient	Protein Serum	84155	301	MC General Lab	$ 46	$ 16	$ 32.37	$ 15	$ 42
Service Item	Inpatient and Outpatient	Protein Urine 12-24 Hour	84156	301	MC General Lab	$ 83	$ 16	$ 49.50	$ 15	$ 76
Service Item	Inpatient and Outpatient	Prothrombin (F2) G20210A Mutation-ARUP	81240	305	MC Reference Lab	$ 32	$ 144	$ 76.29	$ 19	$ 523
Service Item	Outpatient	prothrombin complex (Kcentra)	C9132	636	CD Infusion Clinic	$ 3,584.60	$ 2,150.76	$ 2,033.80	$ 2.09	$ 3,297.83
Service Item	Inpatient and Outpatient	prothrombin complex (Kcentra)	C9132	636	MC Pharmacy	$ 3,585	$ 2,153	$ 2,033.80	$ 2	$ 3,298
Service Item	Outpatient	prothrombin complex (Kcentra)	C9132	636	NC Urgent Care	$ 3,584.60	$ 2,152.71	$ 1,936.30	$ 2.09	$ 3,297.83
Service Item	Outpatient	prothrombin complex (Kcentra)	C9132	636	SC Urgent Care	$ 3,584.60	$ 2,152.71	$ 1,945.26	$ 2.09	$ 3,297.83
Service Item	Inpatient and Outpatient	Prothrombin IgG Antibody-ARUP	86849	300	MC Reference Lab	$ 62	$ 77	$ 62.08	$ 37	$ 155
Service Item	Outpatient	Prothrombin Time	85610	305	CD Chronic Disease	$ 72.06	$ 17.55	$ 45.02	$ 15.74	$ 65.64
Service Item	Inpatient and Outpatient	Prothrombin Time	85610	305	MC General Lab	$ 72	$ 18	$ 45.20	$ 16	$ 66
Service Item	Inpatient and Outpatient	Prothrombin time-ARUP	85610	305	MC Reference Lab	$ 4	$ 18	$ 20.98	$ 4	$ 39
Service Item	Inpatient and Outpatient	Protozoa antibody nos-ARUP	86753	301	MC Reference Lab	$ 14	$ 55	$ 26.68	$ 8	$ 122
Service Item	Inpatient and Outpatient	Psa Free Only80207	84154	300	MC Reference Lab	$ 21	$ 82	$ 39.85	$ 12	$ 181
Service Item	Inpatient and Outpatient	Psa Screening	84153	301	MC General Lab	$ 213	$ 82	$ 154.61	$ 73	$ 194
Service Item	Inpatient and Outpatient	PSA Ultra Sensitive-ARUP	84153	300	MC Reference Lab	$ 20	$ 82	$ 85.83	$ 18	$ 181
Service Item	Inpatient and Outpatient	Pseudocholinesterase, Total-ARUP	82480	300	MC Reference Lab	$ 9	$ 35	$ 16.87	$ 5	$ 77
Service Item	Inpatient	Psoralen Treated Platelet	P9073	390	MC Blood Bank	$ 1,131.25	$ 658.98	$ 867.22	$ 612.01	$ 1,010.44
Service Item	Outpatient	Psych Diag Eval W/Med Srvcs	90792	900	SFM Family Medicine	$ 314.15	$ 183.00	$ 238.29	$ 152.21	$ 280.60
Service Item	Outpatient	Psych Diagnostic Evaluation	90791	900	SFM Family Medicine	$ 314.15	$ 183.00	$ 238.29	$ 152.21	$ 280.60
Service Item	Outpatient	Psych Group Interven Z6306	Z6306	519	CD Diabetic Clinic	$ 53.00	$ 30.88	$ 38.33	$ 25.73	$ 47.34
Service Item	Outpatient	Psych Postpartum Z6308		519	CD Diabetic Clinic	$ 64.20	$ 37.40	#N/A	$ 31.17	$ 57.34
Service Item	Outpatient	Psychoanalysis	90845	900	SFM Family Medicine	$ 314.15	$ 183.00	$ 219.57	$ 40.64	$ 280.60
Service Item	Outpatient	Psychosocial/Behavioral Assesment/Re-Assessm	96156	519	CD Diabetic Clinic	$ 95.35	$ 55.54	$ 68.80	$ 46.29	$ 91.00
Service Item	Outpatient	Psychosocial/Behavioral Assesment/Re-Assessm	96156	519	SFM Family Medicine	$ 95.35	$ 55.54	$ 76.80	$ 55.54	$ 91.00
Service Item	Outpatient	Psychsoc F/U Z6304	Z6304	510	CD Diabetic Clinic	$ 16.39	$ 9.55	$ 11.85	$ 7.96	$ 14.64
Service Item	Outpatient	Psychsoc F/U Z6304	Z6304	510	SFM Family Medicine	$ 16.39	$ 9.55	$ 13.23	$ 9.55	$ 14.64
Service Item	Outpatient	Psycl/Nrpsyc Tech 1st 30 Min	96138	918	SFM Family Medicine	$ 61.80	$ 36.00	$ 46.55	$ 26.64	$ 55.20
Service Item	Outpatient	Psycl/Nrpsyc Test and Score 1st 30 Min	96136	918	SFM Family Medicine	$ 61.80	$ 36.00	$ 46.55	$ 26.64	$ 55.20
Service Item	Outpatient	Psycl/Nrpsyc Test Auto Result	96146	918	SFM Family Medicine	$ 30.90	$ 18.00	$ 24.61	$ 18.00	$ 27.60
Service Item	Outpatient	Psycl/Nrpsyc Test Tech Ea Addl 30 Min	96139	918	SFM Family Medicine	$ 30.90	$ 18.00	$ 24.94	$ 18.00	$ 27.60
Service Item	Outpatient	Psycl/Nrpsyc Test/Score Ea Addl 30 Min	96137	918	SFM Family Medicine	$ 30.90	$ 18.00	$ 24.94	$ 18.00	$ 27.60
Service Item	Outpatient	Psycological Test Eval 1st Hr	96130	918	SFM Family Medicine	$ 334.75	$ 195.00	$ 253.73	$ 160.31	$ 299.00
Service Item	Outpatient	Psycological Test Eval Ea Addl Hr	96131	918	SFM Family Medicine	$ 180.25	$ 105.00	$ 145.49	$ 105.00	$ 161.00
Service Item	Outpatient	Psytx Pt&/Family 45 Minutes	90834	900	SFM Family Medicine	$ 314.15	$ 183.00	$ 238.29	$ 152.21	$ 280.60
Service Package	Inpatient and Outpatient	Pt 30 Min Group	97150	420	MC PT Services	$ 284	Charges have been	$ 264.42	$ 256	$ 262
Service Item	Inpatient	Pt 30 Min Group	97150	420	RH PT Services	$ 284.32	Charges have been	$ 264.42	$ 26.48	$ 261.57
Service Item	Inpatient	Pt 30 Min Group	97150	420	SA PT Services	$ 284.32	Charges have been	$ 264.42	$ 255.89	$ 261.57
Service Item	Inpatient	Pt 30 Min Group	97150	420	SN TC Ortho PT	$ 284.32	Charges have been	$ 264.42	$ 255.89	$ 261.57
Service Item	Inpatient	Pt 30 Min Group	97150	420	SN TS PT Services	$ 284.32	Charges have been	$ 264.42	$ 255.89	$ 261.57
Service Item	Inpatient	Pt 30 Min Group - PTA/OTA Services	97150	420	RH PT Services	$ 276.04	Charges have been	$ 258.79	$ 26.48	$ 253.96
Service Item	Inpatient	Pt 30 Min Group - PTA/OTA Services	97150	420	SA PT Services	$ 276.04	Charges have been	$ 258.79	$ 248.44	$ 253.96
Service Item	Inpatient	Pt 30 Min Group - PTA/OTA Services	97150	420	SN TC Ortho PT	$ 276.04	Charges have been	$ 258.79	$ 248.44	$ 253.96
Service Item	Inpatient	Pt 30 Min Group - PTA/OTA Services	97150	420	SN TS PT Services	$ 276.04	Charges have been	$ 258.79	$ 248.44	$ 253.96
Service Package	Inpatient and Outpatient	Pt Case Consult		420	MC PT Services	$ 80	Charges have been	#N/A	$ 72	$ 73
Service Item	Outpatient	Pt Case Consult		420	OP Hand Center	$ 79.75	$ 47.85	#N/A	$ 47.85	$ 73.37
Service Item	Outpatient	Pt Case Consult		420	OP Therapy Akers	$ 79.75	$ 47.85	#N/A	$ 47.85	$ 73.37
Service Item	Outpatient	Pt Case Consult		420	OP Therapy Dinuba	$ 79.75	$ 47.85	#N/A	$ 47.85	$ 73.37
Service Item	Outpatient	Pt Case Consult		420	OP Therapy Exeter	$ 79.75	$ 47.85	#N/A	$ 47.85	$ 73.37
Service Item	Outpatient	Pt Case Consult		420	OP Therapy Lovers Ln	$ 79.75	$ 47.85	#N/A	$ 47.85	$ 73.37
Service Item	Outpatient	Pt Case Consult		420	OP Therapy Neuro	$ 79.75	$ 47.85	#N/A	$ 47.85	$ 73.37
Service Package	Inpatient and Outpatient	Pt Eval High Complx	97163	424	MC PT Services	$ 304	Charges have been	$ 282.26	$ 273	$ 279
Service Item	Outpatient	Pt Eval High Complx	97163	424	OP Hand Center	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Outpatient	Pt Eval High Complx	97163	424	OP Rehab Therapies	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Outpatient	Pt Eval High Complx	97163	424	OP Therapy Akers	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval High Complx	97163	424	OP Therapy Dinuba	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval High Complx	97163	424	OP Therapy Exeter	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval High Complx	97163	424	OP Therapy Lovers Ln	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval High Complx	97163	424	OP Therapy Neuro	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Inpatient	Pt Eval High Complx	97163	424	RH PT Services	$ 303.50	Charges have been	$ 282.26	$ 182.10	$ 340.97
Service Item	Inpatient	Pt Eval High Complx	97163	424	SA PT Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Pt Eval High Complx	97163	424	SN TC Ortho PT	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Pt Eval High Complx	97163	424	SN TS PT Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Package	Inpatient and Outpatient	Pt Eval Low Complx	97161	424	MC PT Services	$ 304	Charges have been	$ 282.26	$ 273	$ 279
Service Item	Outpatient	Pt Eval Low Complx	97161	424	OP Hand Center	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Outpatient	Pt Eval Low Complx	97161	424	OP Therapy Akers	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval Low Complx	97161	424	OP Therapy Dinuba	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval Low Complx	97161	424	OP Therapy Exeter	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval Low Complx	97161	424	OP Therapy Lovers Ln	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval Low Complx	97161	424	OP Therapy Neuro	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Inpatient	Pt Eval Low Complx	97161	424	RH PT Services	$ 303.50	Charges have been	$ 282.26	$ 182.10	$ 340.97
Service Item	Inpatient	Pt Eval Low Complx	97161	424	SA PT Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Pt Eval Low Complx	97161	424	SN TC Ortho PT	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Pt Eval Low Complx	97161	424	SN TS PT Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Package	Inpatient and Outpatient	Pt Eval Mod Complx	97162	424	MC PT Services	$ 304	Charges have been	$ 282.26	$ 273	$ 279
Service Item	Outpatient	Pt Eval Mod Complx	97162	424	OP Hand Center	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Outpatient	Pt Eval Mod Complx	97162	424	OP Rehab Therapies	$ 303.50	Charges have been	$ 252.63	$ 120.00	$ 279.22
Service Item	Outpatient	Pt Eval Mod Complx	97162	424	OP Therapy Akers	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval Mod Complx	97162	424	OP Therapy Dinuba	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval Mod Complx	97162	424	OP Therapy Exeter	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval Mod Complx	97162	424	OP Therapy Lovers Ln	$ 303.50	Charges have been	$ 267.81	$ 120.00	$ 303.50
Service Item	Outpatient	Pt Eval Mod Complx	97162	424	OP Therapy Neuro	$ 303.50	$ 120.00	$ 251.43	$ 120.00	$ 279.22
Service Item	Inpatient	Pt Eval Mod Complx	97162	424	RH PT Services	$ 303.50	Charges have been	$ 282.26	$ 182.10	$ 340.97
Service Item	Inpatient	Pt Eval Mod Complx	97162	424	SA PT Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Pt Eval Mod Complx	97162	424	SN TC Ortho PT	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Pt Eval Mod Complx	97162	424	SN TS PT Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Package	Inpatient and Outpatient	Pt Mod/Elect Stim (Unattended)	97014	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended)	97014	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended)	97014	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 114.76	$ 60.92	$ 182.00
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended)	97014	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 114.76	$ 60.92	$ 182.00
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended)	97014	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 114.76	$ 60.92	$ 182.00
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended)	97014	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 114.76	$ 60.92	$ 182.00
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended)	97014	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 103.18	$ 21.82	$ 123.28
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended) - PTA/OTA Serv	97014	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended) - PTA/OTA Serv	97014	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 138.42	$ 60.92	$ 317.00
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended) - PTA/OTA Serv	97014	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 138.42	$ 60.92	$ 317.00
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended) - PTA/OTA Serv	97014	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 138.42	$ 60.92	$ 317.00
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended) - PTA/OTA Serv	97014	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 138.42	$ 60.92	$ 317.00
Service Item	Outpatient	Pt Mod/Elect Stim (Unattended) - PTA/OTA Serv	97014	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 103.18	$ 21.82	$ 123.28
Service Package	Inpatient and Outpatient	Pt Re-Evaluation	97164	424	MC PT Services	$ 193	Charges have been	$ 179.26	$ 173	$ 177
Service Item	Outpatient	Pt Re-Evaluation	97164	424	OP Hand Center	$ 192.75	Charges have been	$ 160.45	$ 115.65	$ 177.33
Service Item	Outpatient	Pt Re-Evaluation	97164	424	OP Therapy Akers	$ 192.75	Charges have been	$ 170.08	$ 120.00	$ 192.75
Service Item	Outpatient	Pt Re-Evaluation	97164	424	OP Therapy Dinuba	$ 192.75	Charges have been	$ 170.08	$ 120.00	$ 192.75
Service Item	Outpatient	Pt Re-Evaluation	97164	424	OP Therapy Exeter	$ 192.75	Charges have been	$ 170.08	$ 120.00	$ 192.75
Service Item	Outpatient	Pt Re-Evaluation	97164	424	OP Therapy Lovers Ln	$ 192.75	Charges have been	$ 170.08	$ 120.00	$ 192.75
Service Item	Outpatient	Pt Re-Evaluation	97164	424	OP Therapy Neuro	$ 192.75	Charges have been	$ 160.45	$ 115.65	$ 177.33
Service Item	Inpatient	Pt Re-Evaluation	97164	424	RH PT Services	$ 192.75	Charges have been	$ 179.26	$ 115.65	$ 230.08
Service Item	Inpatient	Pt Re-Evaluation	97164	424	SA PT Services	$ 192.75	Charges have been	$ 179.26	$ 173.48	$ 177.33
Service Item	Inpatient	Pt Re-Evaluation	97164	424	SN TC Ortho PT	$ 192.75	Charges have been	$ 179.26	$ 173.48	$ 177.33
Service Item	Inpatient	Pt Re-Evaluation	97164	424	SN TS PT Services	$ 192.75	Charges have been	$ 179.26	$ 173.48	$ 177.33
Service Package	Inpatient and Outpatient	Pta Per/Visc/Rnl Art E/Ad	37247	360	MC Cath Lab Srvcs	$ 15,420	Charges have been	$ 14,127.04	$ 13,474	$ 13,773
Service Package	Inpatient and Outpatient	Pta Per/Visc/Rnl Ven E/Ad	37249	360	MC Cath Lab Srvcs	$ 15,420	Charges have been	$ 14,127.04	$ 13,474	$ 13,773
Service Package	Inpatient and Outpatient	Pta Peri/Visc/Renal Art	37246	360	MC Cath Lab Srvcs	$ 12,385	Charges have been	$ 11,337.68	$ 5,740	$ 17,450
Service Package	Inpatient and Outpatient	Pta Peri/Visc/Renal Vein	37248	360	MC Cath Lab Srvcs	$ 12,385	Charges have been	$ 10,438.49	$ 5,740	$ 13,773
Service Package	Inpatient and Outpatient	Pta/Aaa Stent Sheath	C1894	272	MC Central Supply	$ 806	Charges have been	$ 908.00	$ 718	$ 734
Service Package	Inpatient and Outpatient	Pta/Contralat Graft	C1874	278	MC Central Supply	$ 13,254	Charges have been	$ 10,980.31	$ 11,810	$ 12,073
Service Package	Inpatient and Outpatient	Pta/Extender Graft	C1874	278	MC Central Supply	$ 9,290	Charges have been	$ 8,293.95	$ 8,278	$ 8,462
Service Package	Inpatient and Outpatient	Pta/Trunk-Ipsilat Graft	C1874	278	MC Central Supply	$ 19,140	Charges have been	$ 14,969.91	$ 17,056	$ 17,435

Service Item	Outpatient	Pta; Air Only	92552	471	SFM Family Medicine	$ 230.02	$ 133.99	$ 164.75	$ 54.63	$ 205.45
Service Package	Inpatient and Outpatient	Pth Bil Drain In/Ext	47534	320	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,399.78	$ 3,603	$ 3,934
Service Package	Inpatient and Outpatient	Pth Biliary Drain	47533	360	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,399.78	$ 3,603	$ 3,934
Service Package	Inpatient and Outpatient	Pth Biliary Drain In/Ext	47534	360	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,399.78	$ 3,603	$ 3,934
Service Package	Inpatient and Outpatient	Pthc Cholangiogram	47532	320	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,371.79	$ 3,603	$ 3,820
Service Item	Inpatient and Outpatient	PTHRP by LC-MS/MS-ARUP	82542	300	MC Reference Lab	$ 20	$ 80	$ 53.34	$ 12	$ 192
Service Item	Outpatient	Pulmonary Rehab W Exer	G0424	948	OP Cardiac Rehab	$ 156.25	$ 93.75	$ 120.19	$ 63.74	$ 143.75
Service Item	Outpatient	Pulmonary Rehab W Exer	G0424	948	OP Pulmonary Rehab	$ 156.25	$ 120.00	$ 141.04	$ 63.74	$ 266.00
Service Item	Outpatient	Pulmonary Rehab W Exer	G0424	948	OP Therapy Akers	$ 156.25	$ 120.00	$ 120.19	$ 63.74	$ 143.75
Service Item	Outpatient	Pulmonary Rehab W Exer	G0424	948	OP Therapy Dinuba	$ 156.25	$ 120.00	$ 120.19	$ 63.74	$ 143.75
Service Item	Outpatient	Pulmonary Rehab W Exer	G0424	948	OP Therapy Exeter	$ 156.25	$ 120.00	$ 120.19	$ 63.74	$ 143.75
Service Item	Outpatient	Pulmonary Rehab W Exer	G0424	948	OP Therapy Lovers Ln	$ 156.25	$ 120.00	$ 120.19	$ 63.74	$ 143.75
Service Item	Outpatient	Pulse Oximetry	94760	410	CD Chronic Disease	$ 102.18	$ 43.44	$ 54.70	$ 0.08	$ 91.26
Service Item	Outpatient	Pulse Oximetry	94760	410	NC Urgent Care	$ 102.18	$ 43.44	$ 55.80	$ 0.08	$ 91.26
Service Item	Outpatient	Pulse Oximetry	94760	410	NS Neuro Sciences	$ 102.18	$ 43.44	$ 54.70	$ 0.08	$ 91.26
Service Item	Outpatient	Pulse Oximetry	94760	410	SC Urgent Care	$ 102.18	$ 43.44	$ 56.05	$ 0.08	$ 91.26
Service Item	Outpatient	Pulse Oximetry	94760	410	SFM Family Medicine	$ 102.18	$ 43.44	$ 65.78	$ 6.33	$ 91.26
Service Item	Outpatient	Pulse Oximetry	94760	410	SQ Seq Cardiology	$ 102.18	$ 43.44	$ 54.70	$ 0.08	$ 91.26
Service Item	Outpatient	Pulse Oximetry Contin Det	94762	460	OS Sleep Lab	$ 469.88	$ 165.84	$ 283.93	$ 54.97	$ 419.69
Service Package	Inpatient and Outpatient	Pump Infusion 18Ml W/Sut	C1772	278	MC Central Supply	$ 26,439	Charges have been	$ 24,464.38	$ 23,560	$ 24,083
Service Package	Inpatient and Outpatient	Pump Penile	C1813	278	MC Central Supply	$ 14,986	Charges have been	$ 13,866.55	$ 13,354	$ 13,651
Service Package	Inpatient and Outpatient	Punct Asp Abscess/Cyst/He		450	MC Emergency	$ 130	Charges have been	#N/A	$ 113	$ 116
Service Item	Outpatient	Puncture Asp Fluid Collec	10160	361	IC CAT Scan	$ 586.26	$ 341.51	$ 464.78	$ 341.51	$ 523.65
Service Item	Outpatient	Puncture Asp Fluid Collec	10160	361	IC Ultrasound	$ 586.26	$ 341.51	$ 464.78	$ 341.51	$ 523.65
Service Item	Inpatient and Outpatient	Puncture Asp Fluid Collec	10160	361	MC CAT Scanner	$ 586	$ 342	$ 464.78	$ 342	$ 524
Service Item	Inpatient and Outpatient	Puncture Asp Fluid Collec	10160	361	MC Ultrasound	$ 586	$ 342	$ 464.78	$ 342	$ 524
Service Item	Outpatient	Puncture Aspiration-Cyst	10160	516	NC Urgent Care	$ 586.26	$ 341.51	$ 413.21	$ 98.02	$ 523.65
Service Item	Outpatient	Puncture Aspiration-Cyst	10160	516	OP Wound Center	$ 586.26	$ 341.51	$ 464.78	$ 341.51	$ 523.65
Service Item	Outpatient	Puncture Aspiration-Cyst	10160	516	SC Urgent Care	$ 586.26	$ 341.51	$ 414.63	$ 98.02	$ 523.65
Service Item	Outpatient	Puncture Aspiration-Cyst	10160	516	SFM Family Medicine	$ 586.26	$ 341.51	$ 463.35	$ 341.51	$ 523.65
Service Item	Outpatient	Puraply Per Sq Cm	Q4195	636	OP Wound Center	$ 179.15	$ 107.49	$ 148.41	$ 107.49	$ 179.15
Service Item	Outpatient	PVB Thoracic Single Inj Site	64461	510	SFM Family Medicine	$ 913.80	$ 532.31	$ 721.29	$ 532.31	$ 816.21
Service Package	Inpatient and Outpatient	Pvi - Arthrectomy Device	C1714	272	MC Central Supply	$ 11,270	Charges have been	$ 10,428.22	$ 10,043	$ 10,266
Service Package	Inpatient and Outpatient	Pvi - Infusion Catheter	C1757	272	MC Central Supply	$ 934	Charges have been	$ 707.27	$ 832	$ 851
Service Package	Inpatient and Outpatient	Pvi/Angiojet Catheters	C1757	272	MC Central Supply	$ 4,415	Charges have been	$ 3,066.82	$ 3,935	$ 4,022
Service Package	Inpatient and Outpatient	Pvi/Angioplasty Balloon	C1725	272	MC Central Supply	$ 2,016	Charges have been	$ 2,295.35	$ 1,797	$ 1,837
Service Package	Inpatient and Outpatient	Pvi/Cryo Balloons	C1725	272	MC Central Supply	$ 4,301	Charges have been	$ 3,843.69	$ 3,832	$ 3,918
Service Package	Inpatient and Outpatient	Pvi/Cutting Balloons	C1725	272	MC Central Supply	$ 4,812	Charges have been	$ 4,189.93	$ 4,288	$ 4,383
Service Package	Inpatient and Outpatient	Pvi/Embol Coil/Sphere	C1889	278	MC Central Supply	$ 489	Charges have been	$ 3,639.73	$ 436	$ 446
Service Package	Inpatient and Outpatient	Pvi/Embol Plug/Coil Sys	C1889	278	MC Central Supply	$ 2,447	Charges have been	$ 4,966.57	$ 2,181	$ 2,229
Service Package	Inpatient and Outpatient	Pvi/Infusion Balloon	C1751	272	MC Central Supply	$ 2,522	Charges have been	$ 1,968.82	$ 2,247	$ 2,297
Service Package	Inpatient and Outpatient	Pvi/Infusion Wires	C1769	272	MC Central Supply	$ 1,210	Charges have been	$ 1,003.77	$ 1,078	$ 1,102
Service Package	Inpatient and Outpatient	Pvi/Ivc Filter	C1880	278	MC Central Supply	$ 6,049	Charges have been	$ 5,596.82	$ 5,390	$ 5,510
Service Package	Inpatient and Outpatient	Pvi/Lysis Infus Cath		272	MC Central Supply	$ 6,933	Charges have been	#N/A	$ 6,178	$ 6,315
Service Package	Inpatient and Outpatient	Pvi/Micro Catheter	C1887	272	MC Central Supply	$ 2,285	Charges have been	$ 1,728.33	$ 2,036	$ 2,081
Service Package	Inpatient and Outpatient	Pvi/Occlusion Balloon	C2628	272	MC Central Supply	$ 1,613	Charges have been	$ 1,492.40	$ 1,437	$ 1,469
Service Package	Inpatient and Outpatient	Pvi/Oclusive Devce Plc	G0269	481	MC Cath Lab Srvcs	$ 337	Charges have been	$ 308.85	$ 295	$ 301
Service Package	Inpatient and Outpatient	Pvi/Peri Arthrect Cath	C1724	272	MC Central Supply	$ 11,004	Charges have been	$ 8,752.84	$ 9,806	$ 10,024
Service Package	Inpatient and Outpatient	Pvi/Peri Thromb Ea Add	37185	360	MC Cath Lab Srvcs	$ 3,686	Charges have been	$ 3,377.28	$ 3,221	$ 3,293
Service Package	Inpatient and Outpatient	Pvi/Peri Thromb Sec	37186	360	MC Cath Lab Srvcs	$ 4,341	Charges have been	$ 3,977.19	$ 3,793	$ 3,878
Service Package	Inpatient and Outpatient	Pvi/Peri Thromb Vein F/U	37188	360	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,903.41	$ 3,211	$ 3,878
Service Package	Inpatient and Outpatient	Pvi/Peri Thromb Vein Pri	37187	360	MC Cath Lab Srvcs	$ 12,385	Charges have been	$ 9,007.39	$ 5,740	$ 7,921
Service Package	Inpatient and Outpatient	Pvi/Peri Thrombectomy Pri	37184	360	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 18,015.97	$ 11,481	$ 15,844
Service Package	Inpatient and Outpatient	Pvi/Snare/Retrieval Set	C1773	272	MC Central Supply	$ 1,848	Charges have been	$ 1,710.02	$ 1,647	$ 1,683
Service Package	Inpatient and Outpatient	Pvi/Stnt Coat/Cover W/Sys	C1874	278	MC Central Supply	$ 7,762	Charges have been	$ 7,258.11	$ 6,917	$ 7,070
Service Package	Inpatient and Outpatient	Pvi/Stnt Coat/Cover W/Sys (2)	C1874	278	MC Central Supply	$ 5,363	Charges have been	$ 5,632.10	$ 4,779	$ 4,885
Service Package	Inpatient and Outpatient	Pvi/Stnt No Coat W/O Sys	C1877	278	MC Central Supply	$ 7,238	Charges have been	$ 6,697.34	$ 6,450	$ 6,593
Service Package	Inpatient and Outpatient	Pvi/Stnt No Coat W/Sys	C1876	278	MC Central Supply	$ 6,431	Charges have been	$ 5,079.89	$ 5,731	$ 5,858
Service Package	Inpatient and Outpatient	Pvi-Cath Long Term Hemo	C1750	278	MC Central Supply	$ 2,681	Charges have been	$ 2,362.68	$ 2,389	$ 2,443
Service Package	Inpatient and Outpatient	Pvi-Cath Short Term Hemo	C1752	272	MC Central Supply	$ 705	Charges have been	$ 652.63	$ 629	$ 642
Service Package	Inpatient and Outpatient	Pvi-Centrl Vein Cath Othe	C1751	272	MC Central Supply	$ 1,075	Charges have been	$ 988.39	$ 958	$ 979
Service Package	Inpatient and Outpatient	Pvi-Crosser Cath Arthrect	C1714	272	MC Central Supply	$ 5,710	Charges have been	$ 6,659.58	$ 5,088	$ 5,201
Service Package	Inpatient and Outpatient	Pvi-Port Indwelling	C1788	278	MC Central Supply	$ 3,140	Charges have been	$ 2,574.54	$ 2,798	$ 2,860
Service Item	Outpatient	pyridostigmine 5 mg/mL Inj 2 mL	J3490	636	CD Infusion Clinic	$ 178.60	$ 107.16	$ 111.34	$ 23.14	$ 164.31
Service Item	Inpatient and Outpatient	pyridostigmine 5 mg/mL Inj 2 mL	J3490	636	MC Pharmacy	$ 179	$ 107	$ 111.34	$ 23	$ 164
Service Item	Outpatient	pyridostigmine 5 mg/mL Inj 2 mL	J3490	636	NC Urgent Care	$ 178.60	$ 107.16	$ 110.89	$ 23.14	$ 164.31
Service Item	Outpatient	pyridostigmine 5 mg/mL Inj 2 mL	J3490	636	SC Urgent Care	$ 178.60	$ 107.16	$ 111.34	$ 23.14	$ 164.31
Service Item	Outpatient	pyridoxine 100 mg/mL Inj 1 mL	J3415	636	CD Infusion Clinic	$ 84.85	$ 50.91	$ 53.82	$ 3.28	$ 78.06
Service Item	Inpatient and Outpatient	pyridoxine 100 mg/mL Inj 1 mL	J3415	636	MC Pharmacy	$ 85	$ 51	$ 53.82	$ 3	$ 78
Service Item	Outpatient	pyridoxine 100 mg/mL Inj 1 mL	J3415	636	NC Urgent Care	$ 84.85	$ 50.91	$ 53.61	$ 3.28	$ 78.06
Service Item	Outpatient	pyridoxine 100 mg/mL Inj 1 mL	J3415	636	SC Urgent Care	$ 84.85	$ 50.91	$ 53.82	$ 3.28	$ 78.06
Service Item	Inpatient and Outpatient	Pyruvic Acid Level-ARUP	84210	300	MC Reference Lab	$ 12	$ 48	$ 24.22	$ 7	$ 115
Service Item	Outpatient	Q0091 Scr Pap Smer Obtain Prep&Convy-Lab	Q0091	521	SFM Family Medicine	$ 79.58	$ 133.53	$ 56.51	$ 46.36	$ 133.53
Service Item	Outpatient	Q0111 Wet Mounts W/Prep Vag Cerv/Skn Spec	Q0111	521	SFM Family Medicine	$ 9.76	$ 19.08	$ 18.96	$ 5.69	$ 116.62
Service Item	Inpatient and Outpatient	Q-Fever Ab Igg 50463	86638	305	MC Reference Lab	$ 14	$ 56	$ 24.80	$ 8	$ 119
Service Item	Inpatient and Outpatient	Q-Fever Ab Igg 50464	86638	305	MC Reference Lab	$ 14	$ 56	$ 24.80	$ 8	$ 119
Service Item	Outpatient	Quantferon Tb Test Confir	86480	302	Reference Lab TC	$ 60.00	$ 270.15	$ 220.50	$ 51.00	$ 609.32
Service Item	Inpatient and Outpatient	QuantiFERON-TB Gold Plus-ARUP	86480	300	MC Reference Lab	$ 55	$ 270	$ 218.87	$ 48	$ 609
Service Item	Inpatient and Outpatient	Quetiapine Level-ARUP	80342	300	MC Reference Lab	$ 15	$ 68	$ 12.54	$ 9	$ 68
Service Item	Outpatient	Quick Strep A Poc	87880	300	CD Chronic Disease	$ 151.35	$ 89.91	$ 95.57	$ 35.91	$ 137.86
Service Item	Outpatient	Quick Strep A Poc	87880	300	CD Infusion Clinic	$ 151.35	$ 40.05	$ 95.95	$ 35.91	$ 137.86
Service Package	Inpatient and Outpatient	Quick Strep A Poc	87880	300	MC Emergency	$ 151	$ 40	$ 95.95	$ 36	$ 138
Service Item	Inpatient and Outpatient	Quick Strep A Poc	87880	300	MC General Lab	$ 151	$ 40	$ 95.95	$ 36	$ 138
Service Package	Inpatient and Outpatient	Quick Strep A Poc	87880	300	MC POC Testing	$ 151	$ 40	$ 95.95	$ 36	$ 138
Service Item	Outpatient	Quick Strep A Poc	87880	300	NC Urgent Care	$ 151.35	$ 40.05	$ 95.57	$ 35.91	$ 137.86
Service Item	Outpatient	Quick Strep A Poc	87880	300	SC Urgent Care	$ 151.35	$ 40.05	$ 95.95	$ 35.91	$ 137.86
Service Item	Outpatient	Quick Strep A Poc	87880	300	SFM Family Medicine	$ 151.35	$ 40.05	$ 95.57	$ 35.91	$ 137.86
Service Item	Inpatient and Outpatient	Quinidine Level-ARUP	80194	300	MC Reference Lab	$ 16	$ 65	$ 30.97	$ 9	$ 144
Service Package	Inpatient and Outpatient	R Hrt Art/Grft Angio	93457	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Package	Inpatient and Outpatient	R Hrt Coronary Artery Ang	93456	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Package	Inpatient and Outpatient	R&L Hrt Art/Grft/Vent Ang	93461	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Package	Inpatient and Outpatient	R&L Hrt Art/Ventricle Ang	93460	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Package	Inpatient and Outpatient	R&L Hrt Cath W/Ventriclgr	93453	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Item	Outpatient	rabies immune globulin 150 units/mL 2 mL	90375	636	CD Infusion Clinic	$ 2,083.85	$ 1,250.31	$ 1,156.98	$ 84.54	$ 1,917.14
Service Item	Inpatient and Outpatient	rabies immune globulin 150 units/mL 2 mL	90375	636	MC Pharmacy	$ 2,084	$ 1,250	$ 1,156.98	$ 85	$ 1,917
Service Item	Outpatient	rabies immune globulin 150 units/mL 2 mL	90375	636	NC Urgent Care	$ 2,083.85	$ 1,250.31	$ 1,151.77	$ 84.54	$ 1,917.14
Service Item	Outpatient	rabies immune globulin 150 units/mL 2 mL	90375	636	SC Urgent Care	$ 2,083.85	$ 1,250.31	$ 1,156.98	$ 84.54	$ 1,917.14
Service Item	Outpatient	rabies immune globulin 300 units/mL 1 mL	90375	636	CD Infusion Clinic	$ 3,110.35	$ 1,866.21	$ 1,526.00	$ 84.54	$ 2,861.52
Service Item	Inpatient and Outpatient	rabies immune globulin 300 units/mL 1 mL	90375	636	MC Pharmacy	$ 3,110	$ 1,949	$ 1,526.00	$ 85	$ 2,862
Service Item	Outpatient	rabies immune globulin 300 units/mL 1 mL	90375	636	NC Urgent Care	$ 3,110.35	$ 1,949.31	$ 1,518.23	$ 84.54	$ 2,861.52
Service Item	Outpatient	rabies immune globulin 300 units/mL 1 mL	90375	636	SC Urgent Care	$ 3,110.35	$ 1,949.31	$ 1,526.00	$ 84.54	$ 2,861.52
Service Item	Outpatient	rabies vaccine 2.5 units	90675	636	CD Infusion Clinic	$ 1,826.35	$ 1,095.81	$ 1,139.87	$ 168.32	$ 1,680.24
Service Item	Inpatient and Outpatient	rabies vaccine 2.5 units	90675	636	MC Pharmacy	$ 1,826	$ 1,096	$ 1,139.87	$ 168	$ 1,680
Service Item	Outpatient	rabies vaccine 2.5 units	90675	636	NC Urgent Care	$ 1,826.35	$ 1,095.81	$ 1,090.20	$ 168.32	$ 1,680.24
Service Item	Outpatient	rabies vaccine 2.5 units	90675	636	SC Urgent Care	$ 1,826.35	$ 1,095.81	$ 1,094.76	$ 168.32	$ 1,680.24
Service Item	Inpatient and Outpatient	Rad Exam Surg Specimen	76098	320	MC Diag Radiology	$ 590	$ 54	$ 1,020.77	$ 49	$ 6,956
Service Item	Inpatient and Outpatient	Radial Artery Mapping	93931	921	DC Non Invasive Card	$ 886	$ 452	$ 712.78	$ 130	$ 1,636
Service Item	Inpatient and Outpatient	Radial Artery Mapping	93931	921	MC NonInv CardioSrv	$ 886	Charges have been	$ 629.28	$ 130	$ 792
Service Item	Outpatient	Radial Artery Mapping	93931	921	OS Non Invasive Card	$ 886.20	$ 516.23	$ 712.78	$ 129.87	$ 1,635.83
Service Package	Inpatient and Outpatient	Radial Head	C1776	278	MC Central Supply	$ 7,617	Charges have been	$ 5,613.36	$ 6,788	$ 6,938
Service Item	Outpatient	Radial Head Subluxation	24640	516	NC Urgent Care	$ 443.65	$ 258.44	$ 303.61	$ 132.70	$ 396.27
Service Item	Outpatient	Radial Head Subluxation	24640	516	SC Urgent Care	$ 443.65	$ 258.44	$ 304.69	$ 132.70	$ 396.27
Service Item	Inpatient and Outpatient	Radiopharmaceutical By Iv	79101	333	MC Nuclear Medicine	$ 1,515	$ 326	$ 1,050.05	$ 275	$ 1,353
Service Item	Outpatient	Radiopharmaceutical By Iv	79101	333	VR Radiation Onc	$ 1,514.52	$ 326.46	$ 1,035.69	$ 275.08	$ 1,352.78
Service Item	Inpatient and Outpatient	Radpharm Tx Oral 1-131	79005	342	MC Radiation Thrpy	$ 1,628	$ 326	$ 947.84	$ 262	$ 1,454
Service Item	Outpatient	Radpharm Tx Oral 1-131	79005	342	VR Radiation Onc	$ 1,628.16	$ 326.46	$ 1,108.95	$ 275.08	$ 1,454.28
Service Item	Inpatient and Outpatient	Raji Cell Immune Complex Assay-ARUP	86332	305	MC Reference Lab	$ 27	$ 109	$ 49.91	$ 16	$ 240
Service Item	Outpatient	ranitidine 2 mg/mL- NS (PED) Inj	J2780	636	CD Infusion Clinic	$ 22.55	$ 13.53	$ 15.43	$ 1.98	$ 20.75

Service Item	Inpatient and Outpatient	ranitidine 2 mg/mL- NS (PED) Inj	J2780	636	MC Pharmacy	$ 23	$ 15	$ 15.43	$ 2	$ 21
Service Item	Outpatient	ranitidine 2 mg/mL- NS (PED) Inj	J2780	636	NC Urgent Care	$ 22.55	$ 15.48	$ 15.37	$ 1.98	$ 20.75
Service Item	Outpatient	ranitidine 2 mg/mL- NS (PED) Inj	J2780	636	SC Urgent Care	$ 22.55	$ 15.48	$ 15.43	$ 1.98	$ 20.75
Service Item	Outpatient	ranitidine 25 mg/mL Inj 2 mL	J2780	636	CD Infusion Clinic	$ 22.55	$ 13.53	$ 15.43	$ 1.98	$ 20.75
Service Item	Inpatient and Outpatient	ranitidine 25 mg/mL Inj 2 mL	J2780	636	MC Pharmacy	$ 23	$ 15	$ 15.43	$ 2	$ 21
Service Item	Outpatient	ranitidine 25 mg/mL Inj 2 mL	J2780	636	NC Urgent Care	$ 22.55	$ 15.48	$ 15.37	$ 1.98	$ 20.75
Service Item	Outpatient	ranitidine 25 mg/mL Inj 2 mL	J2780	636	SC Urgent Care	$ 22.55	$ 15.48	$ 15.43	$ 1.98	$ 20.75
Service Item	Outpatient	rasburicase 1.5 mg Inj	J2783	636	CD Infusion Clinic	$ 3,367.15	$ 2,020.29	$ 1,781.11	$ 121.85	$ 3,097.78
Service Item	Inpatient and Outpatient	rasburicase 1.5 mg Inj	J2783	636	MC Pharmacy	$ 3,367	$ 2,140	$ 1,781.11	$ 122	$ 3,098
Service Item	Outpatient	rasburicase 1.5 mg Inj	J2783	636	NC Urgent Care	$ 3,367.15	$ 2,140.07	$ 1,772.69	$ 121.85	$ 3,097.78
Service Item	Outpatient	rasburicase 1.5 mg Inj	J2783	636	SC Urgent Care	$ 3,367.15	$ 2,140.07	$ 1,781.11	$ 121.85	$ 3,097.78
Service Item	Outpatient	rasburicase 7.5 mg Inj	J2783	636	CD Infusion Clinic	$ 16,134.50	$ 9,680.70	$ 6,370.97	$ 121.85	$ 14,843.74
Service Item	Inpatient and Outpatient	rasburicase 7.5 mg Inj	J2783	636	MC Pharmacy	$ 16,135	$ 9,800	$ 6,370.97	$ 122	$ 14,844
Service Item	Outpatient	rasburicase 7.5 mg Inj	J2783	636	NC Urgent Care	$ 16,134.50	$ 9,800.48	$ 6,330.64	$ 121.85	$ 14,843.74
Service Item	Outpatient	rasburicase 7.5 mg Inj	J2783	636	SC Urgent Care	$ 16,134.50	$ 9,800.48	$ 6,370.97	$ 121.85	$ 14,843.74
Service Item	Inpatient and Outpatient	Rb-82 Rubidium Per Study Up to 60 Mci	A9555	343	DC PET CT	$ 2,884	$ 1,680	$ 2,105.67	$ 545	$ 2,576
Service Item	Inpatient and Outpatient	RBC Band 3 Protein Reduction-ARUP	88184	300	MC Reference Lab	$ 42	$ 174	$ 126.99	$ 25	$ 542
Service Item	Inpatient	Rbcs L/R Quad Unit	P9016	390	MC Blood Bank	$ 274.82	$ 160.09	$ 284.39	$ 160.09	$ 857.50
Service Item	Inpatient	Rbc'S, Deglycerized	P9039	390	MC Blood Bank	$ 426.98	$ 248.72	$ 466.99	$ 248.72	$ 1,555.97
Service Package	Inpatient and Outpatient	Rc Quick Anchor	C1713	278	MC Central Supply	$ 5,623	Charges have been	$ 5,202.78	$ 5,010	$ 5,122
Service Package	Inpatient	Recovery Room Ob 30Minute		710	MC 2E Labor & Dlvry	$ 610.02	Charges have been	#N/A	$ 533.03	$ 544.87
Service Package	Inpatient and Outpatient	Recovery Room Ob 30Minute		710	MC Lbr & Dlvy Rev	$ 610	Charges have been	#N/A	$ 533	$ 545
Service Package	Inpatient	Recovery Room Ob Add15Min		710	MC 2E Labor & Dlvry	$ 152.44	Charges have been	#N/A	$ 133.20	$ 136.16
Service Package	Inpatient and Outpatient	Recovery Room Ob Add15Min		710	MC Lbr & Dlvy Rev	$ 152	Charges have been	#N/A	$ 133	$ 136
Service Package	Inpatient and Outpatient	Rectal/Anal Surgical Proc		450	MC Emergency	$ 267	Charges have been	#N/A	$ 233	$ 238
Service Item	Inpatient	Red Blood Cells L/R Each	P9016	390	MC Blood Bank	$ 274.82	$ 160.09	$ 284.39	$ 160.09	$ 857.50
Service Item	Inpatient and Outpatient	Red Cell Type/Per Antigen	86905	302	MC General Lab	$ 354	$ 17	$ 171.25	$ 15	$ 328
Service Item	Inpatient and Outpatient	Reducing Substance, Stool-ARUP	84376	300	MC Reference Lab	$ 5	$ 24	$ 10.89	$ 3	$ 54
Service Item	Inpatient and Outpatient	Reducing Substances Chem	81005	301	MC General Lab	$ 30	$ 10	$ 20.60	$ 9	$ 28
Service Item	Inpatient and Outpatient	Ref Consult W Slide Prep	88323	310	MC Pathology	$ 57	$ 38	$ 109.55	$ 34	$ 284
Service Item	Outpatient	regadenoson 0.4 mg/5 mL Inj 5 mL	J2785	636	CD Chronic Disease	$ 1,290.40	$ 835.29	$ 784.92	$ 61.96	$ 1,187.17
Service Item	Outpatient	regadenoson 0.4 mg/5 mL Inj 5 mL	J2785	636	CD Infusion Clinic	$ 1,290.40	$ 774.24	$ 788.15	$ 61.96	$ 1,187.17
Service Item	Inpatient and Outpatient	regadenoson 0.4 mg/5 mL Inj 5 mL	J2785	636	MC Pharmacy	$ 1,290	$ 835	$ 788.15	$ 62	$ 1,187
Service Item	Outpatient	regadenoson 0.4 mg/5 mL Inj 5 mL	J2785	636	NC Urgent Care	$ 1,290.40	$ 835.29	$ 784.92	$ 61.96	$ 1,187.17
Service Item	Outpatient	regadenoson 0.4 mg/5 mL Inj 5 mL	J2785	636	SC Urgent Care	$ 1,290.40	$ 835.29	$ 788.15	$ 61.96	$ 1,187.17
Service Item	Outpatient	regadenoson 0.4 mg/5 mL Inj 5 mL	J2785	636	SQ Seq Cardiology	$ 1,290.40	$ 835.29	$ 784.92	$ 61.96	$ 1,187.17
Service Package	Inpatient and Outpatient	Rem Endovas Vena Cava Flt	37193	360	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,936.88	$ 3,211	$ 4,014
Service Item	Outpatient	Rem Impacted Ear Wax Uni	69209	516	NC Urgent Care	$ 138.50	$ 80.68	$ 91.20	$ 19.87	$ 123.71
Service Item	Outpatient	Rem Impacted Ear Wax Uni	69209	516	SC Urgent Care	$ 138.50	$ 80.68	$ 91.54	$ 19.87	$ 123.71
Service Item	Outpatient	Rem Impacted Ear Wax Uni	69209	516	SFM Family Medicine	$ 138.50	$ 80.68	$ 104.72	$ 63.74	$ 123.71
Service Item	Outpatient	remifentanil 2 mg Inj	J3490	636	CD Infusion Clinic	$ 627.55	$ 376.53	$ 369.40	$ 23.14	$ 577.35
Service Item	Inpatient and Outpatient	remifentanil 2 mg Inj	J3490	636	MC Pharmacy	$ 628	$ 377	$ 369.40	$ 23	$ 577
Service Item	Outpatient	remifentanil 2 mg Inj	J3490	636	NC Urgent Care	$ 627.55	$ 376.53	$ 367.83	$ 23.14	$ 577.35
Service Item	Outpatient	remifentanil 2 mg Inj	J3490	636	SC Urgent Care	$ 627.55	$ 376.53	$ 369.40	$ 23.14	$ 577.35
Service Item	Outpatient	remifentanil 5 mg Inj	J3490	636	CD Infusion Clinic	$ 1,335.20	$ 801.12	$ 776.17	$ 23.14	$ 1,228.38
Service Item	Inpatient and Outpatient	remifentanil 5 mg Inj	J3490	636	MC Pharmacy	$ 1,335	$ 801	$ 776.17	$ 23	$ 1,228
Service Item	Outpatient	remifentanil 5 mg Inj	J3490	636	NC Urgent Care	$ 1,335.20	$ 801.12	$ 772.83	$ 23.14	$ 1,228.38
Service Item	Outpatient	remifentanil 5 mg Inj	J3490	636	SC Urgent Care	$ 1,335.20	$ 801.12	$ 776.17	$ 23.14	$ 1,228.38
Service Item	Outpatient	Remote Interrogation (30-90 days) for Pacemak	93296	510	CD Chronic Disease	$ 57.29	$ 144.90	$ 41.40	$ 28.65	$ 144.90
Service Item	Outpatient	Remote Interrogation (30-90 days) for Pacemak	93296	510	SQ Seq Cardiology	$ 57.29	$ 144.90	$ 41.40	$ 28.65	$ 144.90
Service Item	Outpatient	Remote Interrogation (up to 30 days) for ICM or	G2066	510	SQ Seq Cardiology	$ 58.62	$ 35.17	$ 41.69	$ 29.31	$ 53.93
Service Package	Inpatient and Outpatient	Removal Biliary Drg Cath	47537	361	MC Cath Lab Srvcs	$ 1,965	Charges have been	$ 1,406.18	$ 911	$ 1,163
Service Item	Outpatient	Removal Of Contraceptive Cap	11976	510	SFM Family Medicine	$ 738.69	$ 430.30	$ 595.21	$ 430.30	$ 706.82
Service Item	Outpatient	Removal Of Foot Foreign Body	28190	510	SFM Family Medicine	$ 1,095.47	$ 638.14	$ 848.55	$ 638.14	$ 978.48
Service Package	Inpatient and Outpatient	Removal Vad Intracorporeal, Single Ventricle	33980	360	MC Cath Lab Srvcs	$ 23,569	Charges have been	$ 21,592.86	$ 20,594	$ 21,052
Service Item	Outpatient	Remove Arm Or Leg Cast	29705	516	NC Urgent Care	$ 304.87	$ 177.59	$ 215.16	$ 61.80	$ 272.31
Service Item	Outpatient	Remove Arm Or Leg Cast	29705	516	SC Urgent Care	$ 304.87	$ 177.59	$ 215.90	$ 61.80	$ 272.31
Service Item	Outpatient	Remove Drug Implant	11982	510	SFM Family Medicine	$ 463.50	$ 270.00	$ 371.25	$ 270.00	$ 421.29
Service Package	Inpatient and Outpatient	Remove Electrode Transvenously	33244	360	MC Cath Lab Srvcs	$ 7,460	Charges have been	$ 5,927.31	$ 3,458	$ 6,823
Service Item	Outpatient	Remove Fb Pharynx	42809	516	NC Urgent Care	$ 463.50	$ 270.00	$ 335.75	$ 163.91	$ 421.29
Service Item	Outpatient	Remove Fb Pharynx	42809	516	SC Urgent Care	$ 463.50	$ 270.00	$ 336.87	$ 163.91	$ 421.29
Service Item	Outpatient	Remove Impacted Ear Wax	69210	516	NC Urgent Care	$ 138.50	$ 80.68	$ 93.89	$ 46.79	$ 123.71
Service Item	Outpatient	Remove Impacted Ear Wax	69210	516	OP Wound Center	$ 138.50	$ 80.68	$ 105.06	$ 63.74	$ 123.71
Service Item	Outpatient	Remove Impacted Ear Wax	69210	516	SC Urgent Care	$ 138.50	$ 80.68	$ 94.23	$ 46.79	$ 123.71
Service Item	Outpatient	Remove Impacted Ear Wax	69210	516	SFM Family Medicine	$ 138.50	$ 80.68	$ 104.72	$ 63.74	$ 123.71
Service Package	Inpatient and Outpatient	Remove Lung Catheter	32552	361	MC Cath Lab Srvcs	$ 1,576	Charges have been	$ 1,235.89	$ 731	$ 1,374
Service Package	Inpatient and Outpatient	Remove Nephro Tube	50389	360	MC Cath Lab Srvcs	$ 1,391	Charges have been	$ 1,100.40	$ 645	$ 1,252
Service Package	Inpatient and Outpatient	Remove Pulse Generator	33241	360	MC Cath Lab Srvcs	$ 7,460	Charges have been	$ 5,541.21	$ 3,458	$ 5,244
Service Package	Inpatient and Outpatient	Remove Tunneled Ip Cath	49422	360	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,038.86	$ 3,211	$ 4,431
Service Package	Inpatient and Outpatient	Remove Tunneled W/Port	36590	361	MC Cath Lab Srvcs	$ 1,576	Charges have been	$ 1,353.80	$ 731	$ 1,856
Service Package	Inpatient and Outpatient	Remove Ureteral Stent	50384	360	MC Cath Lab Srvcs	$ 4,429	Charges have been	$ 3,027.44	$ 1,997	$ 2,053
Service Package	Inpatient	Remove Vad Diff Session	33992	360	MC Cardiac Surgery	$ 23,568.75	$ 13,729.37	$ 12,861.54	$ 4,186.02	$ 21,051.70
Service Package	Inpatient and Outpatient	Remove Vad Diff Session	33992	360	MC Cath Lab Srvcs	$ 23,569	Charges have been	$ 21,592.86	$ 20,594	$ 21,052
Service Item	Outpatient	Remove W Ins Drug Implant	11983	510	SFM Family Medicine	$ 463.50	$ 270.00	$ 371.25	$ 270.00	$ 421.29
Service Package	Inpatient and Outpatient	Remove&Replace Pm Gen Sgl	33227	360	MC Cath Lab Srvcs	$ 19,105	Charges have been	$ 13,894.71	$ 8,855	$ 12,219
Service Package	Inpatient and Outpatient	Remv&Repl Cvd Gen Dual Ld	33263	360	MC Cath Lab Srvcs	$ 45,426	Charges have been	$ 33,961.00	$ 26,317	$ 27,448
Service Package	Inpatient and Outpatient	Remv&Repl Cvd Gen Mult Ld	33264	360	MC Cath Lab Srvcs	$ 64,565	Charges have been	$ 47,749.96	$ 36,085	$ 37,406
Service Package	Inpatient and Outpatient	Remv&Replc Cvd Gen Sgl Ld	33262	360	MC Cath Lab Srvcs	$ 45,426	Charges have been	$ 33,986.00	$ 26,317	$ 27,551
Service Package	Inpatient and Outpatient	Remv&Replc Pm Gen Dual Ld	33228	360	MC Cath Lab Srvcs	$ 25,630	Charges have been	$ 17,413.81	$ 11,130	$ 11,879
Service Package	Inpatient and Outpatient	Remv&Replc Pm Gen Mult Ld	33229	360	MC Cath Lab Srvcs	$ 45,783	Charges have been	$ 31,127.20	$ 19,964	$ 21,220
Service Item	Outpatient	Renal Biopsy;Perc	50200	361	IC Ultrasound	$ 3,348.40	$ 1,950.52	$ 2,428.64	$ 789.04	$ 2,990.80
Service Item	Inpatient and Outpatient	Renal Biopsy;Perc	50200	361	MC Ultrasound	$ 3,348	$ 1,951	$ 2,428.64	$ 789	$ 2,991
Service Item	Inpatient and Outpatient	Renal Function Panel	80069	300	MC General Lab	$ 222	$ 39	$ 128.31	$ 35	$ 202
Service Item	Inpatient and Outpatient	Renal Scan W/ Captopril	78708	340	MC Nuclear Medicine	$ 1,599	$ 570	$ 1,155.07	$ 541	$ 1,428
Service Item	Inpatient and Outpatient	Renal Scan With Lasix	78708	340	MC Nuclear Medicine	$ 1,599	$ 570	$ 1,155.07	$ 541	$ 1,428
Service Package	Inpatient and Outpatient	Repair Ld Pm-Defb Dual	33220	361	MC Cath Lab Srvcs	$ 7,460	Charges have been	$ 5,878.76	$ 3,458	$ 6,624
Service Package	Inpatient and Outpatient	Repair Venous Cath	36575	361	MC Cath Lab Srvcs	$ 1,576	Charges have been	$ 1,298.24	$ 731	$ 1,629
Service Package	Inpatient and Outpatient	Replace Cath Only of VAD	36578	361	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,015.36	$ 3,211	$ 4,335
Service Package	Inpatient and Outpatient	Replace Cystostomy Tube, Complicated	51710	360	MC Cath Lab Srvcs	$ 1,391	Charges have been	$ 1,030.58	$ 645	$ 966
Service Package	Inpatient and Outpatient	Replace Duod/Jej Tube Prc	49451	360	MC Cath Lab Srvcs	$ 1,965	Charges have been	$ 1,909.15	$ 911	$ 3,220
Service Package	Inpatient and Outpatient	Replace G/C Tube Perc	49450	360	MC Cath Lab Srvcs	$ 1,965	Charges have been	$ 1,909.15	$ 911	$ 3,220
Service Package	Inpatient and Outpatient	Replace G-J Tube Perc	49452	360	MC Cath Lab Srvcs	$ 1,965	Charges have been	$ 1,909.15	$ 911	$ 3,220
Service Package	Inpatient and Outpatient	Replace Non Tunneled Cath	36580	361	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,793.02	$ 1,860	$ 1,902
Service Package	Inpatient and Outpatient	Replace Tunneled Cath	36581	361	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,038.86	$ 3,211	$ 4,431
Service Package	Inpatient and Outpatient	Replace Tunneled W/Port	36582	361	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,038.86	$ 3,211	$ 4,431
Service Package	Inpatient and Outpatient	Repos Prev Implt Subq Dfb	33273	360	MC Cath Lab Srvcs	$ 7,460	Charges have been	$ 5,425.65	$ 3,458	$ 4,771
Service Package	Inpatient and Outpatient	Reposition Central Venous	36597	361	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,965.79	$ 1,890	$ 2,608
Service Package	Inpatient and Outpatient	Reposition Gi Tube	43761	361	MC Cath Lab Srvcs	$ 587	Charges have been	$ 559.86	$ 272	$ 918
Service Package	Inpatient and Outpatient	Reposition Gi Tube S & I	75984	320	MC Cath Lab Srvcs	$ 1,022	Charges have been	$ 936.30	$ 893	$ 913
Service Package	Inpatient and Outpatient	Reposition Ip Cath Rsi	76496	320	MC Cath Lab Srvcs	$ 200	Charges have been	$ 181.88	$ 92	$ 278
Service Package	Inpatient and Outpatient	Reposition Ip Catheter	49999	360	MC Cath Lab Srvcs	$ 1,965	Charges have been	$ 2,125.21	$ 911	$ 4,103
Service Package	Inpatient	Repositn Vad Diff Session	33993	360	MC Cardiac Surgery	$ 20,795.97	$ 12,114.16	$ 11,845.41	$ 4,186.02	$ 18,575.04
Service Package	Inpatient and Outpatient	Repositn Vad Diff Session	33993	360	MC Cath Lab Srvcs	$ 20,796	Charges have been	$ 19,052.54	$ 18,171	$ 18,575
Service Package	Inpatient and Outpatient	Reservoir	A4649	272	MC Central Supply	$ 6,430	Charges have been	$ 4,565.66	$ 5,729	$ 5,857
Service Item	Outpatient	Resp Fcn Therapy/15 Min	G0238	410	OP Cardiac Rehab	$ 76.00	$ 75.00	$ 58.02	$ 26.64	$ 75.00
Service Item	Outpatient	Resp Fcn Therapy/15 Min	G0238	410	OP Pulmonary Rehab	$ 76.00	$ 180.00	$ 101.97	$ 26.64	$ 317.00
Service Item	Outpatient	Resp Fcn Therapy/15 Min	G0238	410	OP Therapy Akers	$ 76.00	$ 180.00	$ 58.02	$ 26.64	$ 180.00
Service Item	Outpatient	Resp Fcn Therapy/15 Min	G0238	410	OP Therapy Dinuba	$ 76.00	$ 180.00	$ 58.02	$ 26.64	$ 180.00
Service Item	Outpatient	Resp Fcn Therapy/15 Min	G0238	410	OP Therapy Exeter	$ 76.00	$ 180.00	$ 58.02	$ 26.64	$ 180.00
Service Item	Outpatient	Resp Fcn Therapy/15 Min	G0238	410	OP Therapy Lovers Ln	$ 76.00	$ 180.00	$ 58.02	$ 26.64	$ 180.00
Service Item	Outpatient	Resp Func/Strength Group	G0239	410	OP Cardiac Rehab	$ 61.00	$ 75.00	$ 48.31	$ 36.60	$ 75.00
Service Item	Outpatient	Resp Func/Strength Group	G0239	410	OP Pulmonary Rehab	$ 61.00	$ 180.00	$ 94.56	$ 36.60	$ 317.00
Service Item	Outpatient	Resp Func/Strength Group	G0239	410	OP Therapy Akers	$ 61.00	$ 180.00	$ 48.31	$ 36.60	$ 180.00
Service Item	Outpatient	Resp Func/Strength Group	G0239	410	OP Therapy Dinuba	$ 61.00	$ 180.00	$ 48.31	$ 36.60	$ 180.00
Service Item	Outpatient	Resp Func/Strength Group	G0239	410	OP Therapy Exeter	$ 61.00	$ 180.00	$ 48.31	$ 36.60	$ 180.00
Service Item	Outpatient	Resp Func/Strength Group	G0239	410	OP Therapy Lovers Ln	$ 61.00	$ 180.00	$ 48.31	$ 36.60	$ 180.00
Service Item	Outpatient	Resp Ms Therapy/15 Min	G0237	410	OP Cardiac Rehab	$ 111.75	$ 75.00	$ 84.06	$ 26.64	$ 102.81
Service Item	Outpatient	Resp Ms Therapy/15 Min	G0237	410	OP Pulmonary Rehab	$ 111.75	$ 180.00	$ 122.53	$ 26.64	$ 317.00

Service Item	Outpatient	Resp Ms Therapy/15 Min	G0237	410	OP Therapy Akers	$ 111.75	$ 180.00	$ 84.06	$ 26.64	$ 180.00
Service Item	Outpatient	Resp Ms Therapy/15 Min	G0237	410	OP Therapy Dinuba	$ 111.75	$ 180.00	$ 84.06	$ 26.64	$ 180.00
Service Item	Outpatient	Resp Ms Therapy/15 Min	G0237	410	OP Therapy Exeter	$ 111.75	$ 180.00	$ 84.06	$ 26.64	$ 180.00
Service Item	Outpatient	Resp Ms Therapy/15 Min	G0237	410	OP Therapy Lovers Ln	$ 111.75	$ 180.00	$ 84.06	$ 26.64	$ 180.00
Service Item	Outpatient	Resp Virus 12-25 Targets	87633	306	Reference Lab TC	$ 112.27	$ 1,501.47	$ 1,429.67	$ 95.43	$ 4,097.14
Service Item	Outpatient	Respirator Mot Mgmt Simul	77293	333	HR Radiation Onc	$ 1,680.89	$ 1,262.31	$ 1,728.72	$ 979.16	$ 4,973.33
Service Item	Outpatient	Respirator Mot Mgmt Simul	77293	333	VR Radiation Onc	$ 1,680.89	$ 1,262.31	$ 1,728.72	$ 979.16	$ 4,973.33
Service Item	Inpatient and Outpatient	Respiratory Virus 12-25 Targets BF	87633	306	MC General Lab	$ 546	$ 1,501	$ 1,584.97	$ 473	$ 4,097
Service Item	Inpatient and Outpatient	Respiratory Virus 3-5 Targets BF	87631	306	MC General Lab	$ 546	$ 462	$ 681.14	$ 462	$ 1,261
Service Item	Inpatient and Outpatient	Respiratory Virus 6-11 Targets BF	87632	306	MC General Lab	$ 286	$ 769	$ 814.56	$ 248	$ 2,098
Service Item	Inpatient and Outpatient	Respiratory Virus Ag	87299	306	MC Reference Lab	$ 6	$ 40	$ 20.78	$ 4	$ 128
Service Package	Inpatient	Ret Cam Rop Exam	92134	761	MC NI NICU	$ 141.78	Charges have been	$ 111.42	$ 63.74	$ 126.64
Service Item	Inpatient and Outpatient	Reticulocyte Auto	85045	305	MC General Lab	$ 47	$ 18	$ 34.01	$ 16	$ 43
Service Item	Outpatient	Retinal Imaging	92250	510	CD Chronic Disease	$ 260.62	$ 151.82	$ 170.42	$ 19.79	$ 232.79
Service Package	Inpatient and Outpatient	Retrieval Intravas Fb	37197	361	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,038.86	$ 3,211	$ 4,431
Service Item	Outpatient	Retro Peritoneal Absc Dra	49406	361	IC CAT Scan	$ 3,431.50	$ 1,131.29	$ 1,807.56	$ 1,068.39	$ 1,734.65
Service Item	Inpatient and Outpatient	Retro Peritoneal Absc Dra	49406	361	MC CAT Scanner	$ 3,432	$ 1,131	$ 1,807.56	$ 1,068	$ 1,735
Service Item	Outpatient	Retrograde Pyelogram	74420	320	IC Radiology	$ 1,172.77	$ 293.37	$ 768.63	$ 263.06	$ 1,047.52
Service Item	Inpatient and Outpatient	Retrograde Pyelogram	74420	320	MC Diag Radiology	$ 1,173	$ 293	$ 1,346.86	$ 263	$ 6,522
Service Item	Outpatient	Retrograde Pyelogram	74420	320	NC Diag Imaging	$ 1,172.77	$ 293.37	$ 1,346.86	$ 263.06	$ 6,522.36
Service Item	Outpatient	Retrograde Pyelogram	74420	320	SC Diag Imaging	$ 1,172.77	$ 293.37	$ 1,346.86	$ 263.06	$ 6,522.36
Service Item	Outpatient	Revefenacin 175 mcg/3 mL	J7677	636	CD Infusion Clinic	$ 191.60	$ 114.96	$ 155.16	$ 114.96	$ 176.27
Service Item	Inpatient and Outpatient	Revefenacin 175 mcg/3 mL	J7677	636	MC Pharmacy	$ 192	$ 115	$ 156.81	$ 96	$ 192
Service Item	Outpatient	Revefenacin 175 mcg/3 mL	J7677	636	NC Urgent Care	$ 191.60	$ 114.96	$ 145.73	$ 95.80	$ 191.60
Service Item	Outpatient	Revefenacin 175 mcg/3 mL	J7677	636	SC Urgent Care	$ 191.60	$ 114.96	$ 146.21	$ 95.80	$ 191.60
Service Package	Inpatient and Outpatient	Revision Tibial Sleeve	C1776	278	MC Central Supply	$ 10,464	Charges have been	$ 7,543.05	$ 9,325	$ 9,532
Service Item	Inpatient and Outpatient	Rheumatoid Factor Body Fluid-ARUP	86431	305	MC Reference Lab	$ 6	$ 25	$ 26.38	$ 5	$ 56
Service Item	Inpatient and Outpatient	Rheumatoid Factor Ra Quan	86431	302	MC General Lab	$ 65	$ 25	$ 47.42	$ 22	$ 59
Service Item	Inpatient and Outpatient	Rheumatoid Factor,Ra,Scrn	86430	300	MC General Lab	$ 88	$ 25	$ 58.02	$ 22	$ 81
Service Item	Inpatient and Outpatient	RHo (D) immune globulin 300 mcg/2 mL Inj	J2791	636	MC General Lab	$ 848	$ 509	$ 583.74	$ 10	$ 780
Service Item	Inpatient and Outpatient	RHo (D) immune globulin 300 mcg/2 mL Inj	J2791	636	MC Pharmacy	$ 848	$ 509	$ 583.74	$ 10	$ 780
Service Item	Outpatient	RHo (D) immune globulin 300 mcg/2 mL Inj	J2791	636	NC Urgent Care	$ 847.50	$ 508.50	$ 513.78	$ 4.83	$ 779.70
Service Item	Outpatient	RHo (D) immune globulin 300 mcg/2 mL Inj	J2791	636	SC Urgent Care	$ 847.50	$ 508.50	$ 515.90	$ 4.83	$ 779.70
Service Item	Inpatient and Outpatient	Rhogam Wkup Antept Given	85461	300	MC General Lab	$ 117	$ 68	$ 78.58	$ 28	$ 107
Service Item	Outpatient	Rhophylac 300 Mcg Syr	J2791	636	SFM Family Medicine	$ 328.98	$ 197.39	$ 313.95	$ 10.41	$ 550.88
Service Package	Inpatient and Outpatient	Rhythm ECG 1-3 Lead; Tracing Only	93041	730	MC Emergency	$ 189	Charges have been	$ 142.88	$ 64	$ 168
Service Item	Inpatient and Outpatient	Ribonucleic Protein (ENA) IgG Ab-ARUP	86235	305	MC Reference Lab	$ 15	$ 68	$ 33.57	$ 9	$ 176
Service Item	Inpatient and Outpatient	Ribosomal P Protein IgG Ab-ARUP	83516	300	MC Reference Lab	$ 10	$ 104	$ 43.46	$ 9	$ 113
Service Item	Outpatient	Ribs Bil Pa Chest Min4Vws	71111	320	IC Radiology	$ 675.03	$ 114.15	$ 385.87	$ 102.35	$ 602.94
Service Item	Inpatient and Outpatient	Ribs Bil Pa Chest Min4Vws	71111	320	MC Diag Radiology	$ 675	$ 114	$ 506.85	$ 102	$ 1,636
Service Item	Outpatient	Ribs Bil Pa Chest Min4Vws	71111	320	NC Diag Imaging	$ 675.03	$ 114.15	$ 506.85	$ 102.35	$ 1,635.83
Service Item	Outpatient	Ribs Bil Pa Chest Min4Vws	71111	320	SC Diag Imaging	$ 675.03	$ 114.15	$ 506.85	$ 102.35	$ 1,635.83
Service Item	Outpatient	Ribs Bilateral 3 Views	71110	320	IC Radiology	$ 425.35	$ 100.71	$ 255.41	$ 90.30	$ 379.92
Service Item	Inpatient and Outpatient	Ribs Bilateral 3 Views	71110	320	MC Diag Radiology	$ 425	$ 101	$ 392.16	$ 90	$ 1,636
Service Item	Outpatient	Ribs Bilateral 3 Views	71110	320	NC Diag Imaging	$ 425.35	$ 100.71	$ 392.16	$ 90.30	$ 1,635.83
Service Item	Outpatient	Ribs Bilateral 3 Views	71110	320	SC Diag Imaging	$ 425.35	$ 100.71	$ 392.16	$ 90.30	$ 1,635.83
Service Item	Outpatient	Ribs Unil 2Vws	71100	320	IC Radiology	$ 290.67	$ 73.08	$ 177.01	$ 65.53	$ 259.62
Service Item	Inpatient and Outpatient	Ribs Unil 2Vws	71100	320	MC Diag Radiology	$ 291	$ 73	$ 247.45	$ 66	$ 888
Service Item	Outpatient	Ribs Unil 2Vws	71100	320	NC Diag Imaging	$ 290.67	$ 73.08	$ 247.45	$ 65.53	$ 887.81
Service Item	Outpatient	Ribs Unil 2Vws	71100	320	SC Diag Imaging	$ 290.67	$ 73.08	$ 247.45	$ 65.53	$ 887.81
Service Item	Outpatient	Ribs Unil Pa Chest Min3Vw	71101	320	IC Radiology	$ 375.62	$ 85.83	$ 227.37	$ 76.96	$ 335.51
Service Item	Inpatient and Outpatient	Ribs Unil Pa Chest Min3Vw	71101	320	MC Diag Radiology	$ 376	$ 86	$ 367.25	$ 77	$ 1,636
Service Item	Outpatient	Ribs Unil Pa Chest Min3Vw	71101	320	NC Diag Imaging	$ 375.62	$ 85.83	$ 367.25	$ 76.96	$ 1,635.83
Service Item	Outpatient	Ribs Unil Pa Chest Min3Vw	71101	320	SC Diag Imaging	$ 375.62	$ 85.83	$ 367.25	$ 76.96	$ 1,635.83
Service Item	Outpatient	rifAMPin (PED) 3 mg/mL Inj	J3490	636	CD Infusion Clinic	$ 853.75	$ 512.25	$ 499.42	$ 23.14	$ 785.45
Service Item	Inpatient and Outpatient	rifAMPin (PED) 3 mg/mL Inj	J3490	636	MC Pharmacy	$ 854	$ 512	$ 499.42	$ 23	$ 785
Service Item	Outpatient	rifAMPin (PED) 3 mg/mL Inj	J3490	636	NC Urgent Care	$ 853.75	$ 512.25	$ 497.29	$ 23.14	$ 785.45
Service Item	Outpatient	rifAMPin (PED) 3 mg/mL Inj	J3490	636	SC Urgent Care	$ 853.75	$ 512.25	$ 499.42	$ 23.14	$ 785.45
Service Item	Outpatient	rifAMPin 10 mg/mL oral susp 1 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	rifAMPin 10 mg/mL oral susp 1 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	rifAMPin 10 mg/mL oral susp 1 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	rifAMPin 10 mg/mL oral susp 1 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	rifAMPin 600 mg Inj	J3490	636	CD Infusion Clinic	$ 978.25	$ 586.95	$ 570.99	$ 23.14	$ 899.99
Service Item	Inpatient and Outpatient	rifAMPin 600 mg Inj	J3490	636	MC Pharmacy	$ 978	$ 587	$ 570.99	$ 23	$ 900
Service Item	Outpatient	rifAMPin 600 mg Inj	J3490	636	NC Urgent Care	$ 978.25	$ 586.95	$ 568.54	$ 23.14	$ 899.99
Service Item	Outpatient	rifAMPin 600 mg Inj	J3490	636	SC Urgent Care	$ 978.25	$ 586.95	$ 570.99	$ 23.14	$ 899.99
Service Package	Inpatient and Outpatient	Right Heart Cath	93451	481	MC Cath Lab Srvcs	$ 12,875	Charges have been	$ 9,496.19	$ 3,302	$ 11,500
Service Package	Inpatient and Outpatient	Ring Heart		278	MC Central Supply	$ 7,483	Charges have been	#N/A	$ 6,668	$ 6,816
Service Item	Inpatient and Outpatient	Risperidone and Metabolite S/P-ARUP	80342	300	MC Reference Lab	$ 15	$ 68	$ 12.54	$ 9	$ 68
Service Item	Outpatient	riTUXimab 10 mg/mL Inj 10 mL	J9312	636	CD Infusion Clinic	$ 3,197.85	$ 1,918.71	$ 1,796.39	$ 92.56	$ 2,942.02
Service Item	Inpatient and Outpatient	riTUXimab 10 mg/mL Inj 10 mL	J9312	636	MC Pharmacy	$ 3,198	$ 1,919	$ 1,796.39	$ 93	$ 2,942
Service Item	Outpatient	riTUXimab 10 mg/mL Inj 10 mL	J9312	636	NC Urgent Care	$ 3,197.85	$ 1,918.71	$ 1,607.98	$ 92.56	$ 2,942.02
Service Item	Outpatient	riTUXimab 10 mg/mL Inj 10 mL	J9312	636	SC Urgent Care	$ 3,197.85	$ 1,918.71	$ 1,615.97	$ 92.56	$ 2,942.02
Service Item	Outpatient	riTUXimab 10 mg/mL Inj 50 mL	J9312	636	CD Infusion Clinic	$ 15,989.00	$ 9,593.40	$ 7,162.28	$ 92.56	$ 14,709.88
Service Item	Inpatient and Outpatient	riTUXimab 10 mg/mL Inj 50 mL	J9312	636	MC Pharmacy	$ 15,989	$ 9,593	$ 6,214.39	$ 93	$ 14,710
Service Item	Outpatient	riTUXimab 10 mg/mL Inj 50 mL	J9312	636	NC Urgent Care	$ 15,989.00	$ 9,593.40	$ 6,174.42	$ 92.56	$ 14,709.88
Service Item	Outpatient	riTUXimab 10 mg/mL Inj 50 mL	J9312	636	SC Urgent Care	$ 15,989.00	$ 9,593.40	$ 6,214.39	$ 92.56	$ 14,709.88
Service Package	Inpatient and Outpatient	Rmvl Of Subq Defibrilator	33272	360	MC Cath Lab Srvcs	$ 7,460	Charges have been	$ 5,541.21	$ 3,458	$ 5,244
Service Package	Inpatient and Outpatient	Rmvl& Replc Pulse Gen 1Ld	33262	360	MC Cath Lab Srvcs	$ 45,426	Charges have been	$ 33,986.00	$ 26,317	$ 27,551
Service Item	Outpatient	Rnl/Peri Rnl Absc Drain	49405	361	IC CAT Scan	$ 3,431.50	$ 978.20	$ 1,683.26	$ 978.20	$ 1,590.43
Service Item	Outpatient	Rnl/Peri Rnl Absc Drain	49405	361	IC Ultrasound	$ 3,431.50	$ 978.20	$ 1,683.26	$ 978.20	$ 1,590.43
Service Item	Inpatient and Outpatient	Rnl/Peri Rnl Absc Drain	49405	361	MC CAT Scanner	$ 3,432	$ 978	$ 1,683.26	$ 978	$ 1,590
Service Item	Inpatient and Outpatient	Rnl/Peri Rnl Absc Drain	49405	361	MC Ultrasound	$ 3,432	$ 978	$ 1,683.26	$ 978	$ 1,590
Service Item	Outpatient	Rocephin 1 Gm Addv	J0696	636	CD Infusion Clinic	$ 62.96	$ 37.78	$ 27.39	$ 1.26	$ 57.92
Service Item	Inpatient and Outpatient	Rocephin 1 Gm Addv	J0696	636	MC Pharmacy	$ 63	$ 38	$ 27.39	$ 1	$ 58
Service Item	Outpatient	Rocephin 1 Gm Addv	J0696	636	NC Urgent Care	$ 62.96	$ 37.78	$ 27.23	$ 1.26	$ 57.92
Service Item	Outpatient	Rocephin 1 Gm Addv	J0696	636	SC Urgent Care	$ 62.96	$ 37.78	$ 27.39	$ 1.26	$ 57.92
Service Item	Outpatient	Rocephin 1 Gm Addv	J0696	636	VD Visalia Dialysis	$ 62.96	$ 37.78	$ 27.39	$ 1.26	$ 57.92
Service Item	Outpatient	rocuronium 10 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 34.30	$ 20.58	$ 28.39	$ 20.58	$ 31.56
Service Item	Inpatient and Outpatient	rocuronium 10 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 34	$ 21	$ 28.39	$ 21	$ 32
Service Item	Outpatient	rocuronium 10 mg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 34.30	$ 20.58	$ 28.30	$ 20.58	$ 31.56
Service Item	Outpatient	rocuronium 10 mg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 34.30	$ 20.58	$ 28.39	$ 20.58	$ 31.56
Service Item	Outpatient	rocuronium 10 mg/mL Inj 5 mL	J3490	636	SFM Family Medicine	$ 34.30	$ 20.58	$ 28.30	$ 20.58	$ 31.56
Service Package	Inpatient and Outpatient	Rod Polarus Porximal	C1889	278	MC Central Supply	$ 4,409	Charges have been	$ 6,296.49	$ 3,929	$ 4,016
Service Package	Inpatient and Outpatient	Rod Rush	C1889	278	MC Central Supply	$ 284	Charges have been	$ 3,500.68	$ 253	$ 259
Service Package	Inpatient and Outpatient	Rod Spine (A)	C1889	278	MC Central Supply	$ 1,027	Charges have been	$ 4,003.94	$ 915	$ 935
Service Package	Inpatient and Outpatient	Rod Spine (B)	C1889	278	MC Central Supply	$ 1,784	Charges have been	$ 4,517.24	$ 1,590	$ 1,625
Service Package	Inpatient and Outpatient	Rod Spine (C)	C1889	278	MC Central Supply	$ 3,557	Charges have been	$ 5,719.07	$ 3,170	$ 3,240
Service Package	Inpatient and Outpatient	Rod Spine (D)	C1889	278	MC Central Supply	$ 4,941	Charges have been	$ 6,657.18	$ 4,403	$ 4,501
Service Item	Outpatient	romiPLOStim 250 mcg Inj	J2796	636	CD Infusion Clinic	$ 6,380.20	$ 3,828.12	$ 3,175.53	$ 51.04	$ 5,869.78
Service Item	Inpatient and Outpatient	romiPLOStim 250 mcg Inj	J2796	636	MC Pharmacy	$ 6,380	$ 3,878	$ 3,175.53	$ 51	$ 5,870
Service Item	Outpatient	romiPLOStim 250 mcg Inj	J2796	636	NC Urgent Care	$ 6,380.20	$ 3,878.30	$ 3,159.58	$ 51.04	$ 5,869.78
Service Item	Outpatient	romiPLOStim 250 mcg Inj	J2796	636	SC Urgent Care	$ 6,380.20	$ 3,878.30	$ 3,175.53	$ 51.04	$ 5,869.78
Service Item	Outpatient	romiPLOStim 500 mcg Inj	J2796	636	CD Infusion Clinic	$ 10,206.30	$ 6,123.78	$ 4,551.01	$ 51.04	$ 9,389.80
Service Item	Inpatient and Outpatient	romiPLOStim 500 mcg Inj	J2796	636	MC Pharmacy	$ 10,206	$ 6,174	$ 4,551.01	$ 51	$ 9,390
Service Item	Outpatient	romiPLOStim 500 mcg Inj	J2796	636	NC Urgent Care	$ 10,206.30	$ 6,173.96	$ 4,525.50	$ 51.04	$ 9,389.80
Service Item	Outpatient	romiPLOStim 500 mcg Inj	J2796	636	SC Urgent Care	$ 10,206.30	$ 6,173.96	$ 4,551.01	$ 51.04	$ 9,389.80
Service Package	Inpatient	Room Rate - Hospice GIP		120	MC 3S Oncology	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00
Service Item	Inpatient	Room Rate - Hospice GIP		120	SN SNF South Campus	$ 1,924.57	$ 1,160.00	#N/A	$ 1,160.00	$ 1,969.00
Service Package	Inpatient	Room Rate - Intensive Care		200	MC 1E ED Overflow	$ 5,494.78	$ 6,176.00	#N/A	$ 960.23	$ 6,176.00
Service Package	Inpatient	Room Rate - Intensive Care		200	MC CV CVICU	$ 5,494.78	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00
Service Package	Inpatient and Outpatient	Room Rate - Intensive Care		200	MC IC Intnsv Care	$ 5,495	$ 6,176	#N/A	$ 3,624	$ 6,176
Service Package	Inpatient	Room Rate - Intensive Care Trauma		208	MC 1E ED Overflow	$ 7,141.53	$ 6,176.00	#N/A	$ 960.23	$ 6,378.84
Service Package	Inpatient	Room Rate - Intensive Care Trauma		208	MC CV CVICU	$ 7,141.53	$ 6,176.00	#N/A	$ 3,624.00	$ 6,378.84
Service Package	Inpatient and Outpatient	Room Rate - Intensive Care Trauma		208	MC IC Intnsv Care	$ 7,142	$ 6,176	#N/A	$ 3,624	$ 6,379
Service Package	Inpatient	Room Rate - Intermediate Critical Care		206	MC 15 ICCU	$ 4,738.06	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00
Service Package	Inpatient	Room Rate - Intermediate Critical Care		206	MC 1E ED Overflow	$ 4,738.06	$ 6,176.00	#N/A	$ 960.23	$ 6,176.00
Service Package	Inpatient	Room Rate - Intermediate Critical Care		206	MC 2S Med Surg	$ 4,738.06	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00

Service Package	Inpatient	Room Rate - Intermediate Critical Care		206	MC 3N Surgical	$ 4,738.06	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient	Room Rate - Intermediate Critical Care		206	MC 3W ICCU	$ 4,738.06	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient	Room Rate - Intermediate Critical Care		206	MC BP Broderick Pav	$ 4,738.06	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient	Room Rate - Intermediate Critical Care		206	MC CV CVICU	$ 4,738.06	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient	Room Rate - Intermediate Critical Care		206	MC CV Med Surg	$ 4,738.06	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient and Outpatient	Room Rate - Intermediate Critical Care		206	MC IC Intnsv Care	$ 4,738	$ 6,176	#N/A	$ 3,624	$ 6,176	
Service Package	Inpatient and Outpatient	Room Rate - Intermediate Critical Care		206	MC IO ISS Test	$ 4,738	$ 6,176	#N/A	$ 3,624	$ 6,176	
Service Package	Inpatient	Room Rate - Intermediate Critical Care		206	MC PE Pediatrics	$ 4,738.06	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 14 Telemetry	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 15 ICCU	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 1E ED Overflow	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 2E Labor & Dlvry	$ 1,924.57	$ 3,632.00	#N/A	$ 1,681.66	$ 3,632.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 2N Cardiac Srvc	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 2S Med Surg	$ 1,924.57	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 3N Surgical	$ 1,924.57	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 3S Oncology	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 3W ICCU	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 4N Med Renal	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC 4S Ortho Surgery	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC BP Broderick Pav	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC CV CVICU	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC CV Med Surg	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC EB Ebola	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient and Outpatient	Room Rate - Med Surg		120	MC IC Intnsv Care	$ 1,925	$ 6,176	#N/A	$ 1,682	$ 6,176	
Service Package	Inpatient and Outpatient	Room Rate - Med Surg		120	MC IO ISS Test	$ 1,925	$ 6,176	#N/A	$ 1,682	$ 6,176	
Service Package	Inpatient	Room Rate - Med Surg		120	MC MA Obstetrics	$ 1,924.57	$ 5,500.00	#N/A	$ 1,681.66	$ 5,500.00	
Service Package	Inpatient	Room Rate - Med Surg		120	MC PE Pediatrics	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient and Outpatient	Room Rate - Med Surg		120	MC RO Med Surg	$ 1,925	$ 6,176	#N/A	$ 1,682	$ 6,176	
Service Package	Inpatient	Room Rate - Nursery Newborn Level I		170	MC BA Nursery	$ 1,358.54	$ 1,375.00	#N/A	$ 1,136.00	$ 3,486.14	
Service Package	Inpatient	Room Rate - Nursery Newborn Level I		170	MC NB Newborn Care	$ 1,358.54	$ 1,375.00	#N/A	$ 989.02	$ 1,375.00	
Service Package	Inpatient	Room Rate - Nursery Newborn Level I		170	MC NC Special Care	$ 1,358.54	$ 1,375.00	#N/A	$ 1,136.00	$ 3,486.14	
Service Package	Inpatient	Room Rate - Nursery Newborn Level I		170	MC NI NICU	$ 1,358.54	$ 1,375.00	#N/A	$ 1,136.00	$ 3,486.14	
Service Package	Inpatient	Room Rate - Nursery Newborn Level I		170	MC NO Newborn Care	$ 1,358.54	$ 1,375.00	#N/A	$ 989.02	$ 1,375.00	
Service Package	Inpatient	Room Rate - Nursery Newborn Level I		170	MC PE Pediatrics	$ 1,358.54	$ 6,176.00	#N/A	$ 1,187.07	$ 6,176.00	
Service Package	Inpatient	Room Rate - Nursery Newborn Level II		172	MC NC Special Care	$ 2,862.37	$ 2,500.00	#N/A	$ 1,136.00	$ 3,486.14	
Service Package	Inpatient	Room Rate - Nursery Newborn Level II		172	MC NI NICU	$ 2,862.37	$ 2,500.00	#N/A	$ 1,136.00	$ 3,486.14	
Service Package	Inpatient	Room Rate - Nursery Newborn Level II		172	MC PE Pediatrics	$ 2,862.37	$ 6,176.00	#N/A	$ 2,501.10	$ 6,176.00	
Service Package	Inpatient	Room Rate - Nursery Newborn Level III		173	MC NC Special Care	$ 4,866.75	$ 4,350.00	#N/A	$ 1,136.00	$ 4,350.00	
Service Package	Inpatient	Room Rate - Nursery Newborn Level III		173	MC NI NICU	$ 4,866.75	$ 4,350.00	#N/A	$ 1,136.00	$ 4,350.00	
Service Package	Inpatient	Room Rate - Nursery Newborn Level IV		174	MC NC Special Care	$ 5,477.54	$ 4,560.00	#N/A	$ 1,136.00	$ 4,892.56	
Service Package	Inpatient	Room Rate - Nursery Newborn Level IV		174	MC NI NICU	$ 5,477.54	$ 4,560.00	#N/A	$ 1,136.00	$ 4,892.56	
Service Package	Inpatient	Room Rate - Obstetrics		122	MC 2E Labor & Dlvry	$ 1,949.43	$ 3,632.00	#N/A	$ 1,703.39	$ 3,632.00	
Service Package	Inpatient	Room Rate - Obstetrics		122	MC 2S Med Surg	$ 1,949.43	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient	Room Rate - Obstetrics		122	MC MA Obstetrics	$ 1,949.43	$ 5,500.00	#N/A	$ 1,703.39	$ 5,500.00	
Service Package	Inpatient	Room Rate - Obstetrics		122	MC PE Pediatrics	$ 1,949.43	$ 6,176.00	#N/A	$ 1,703.39	$ 6,176.00	
Service Package	Inpatient	Room Rate - Pediatrics		123	MC 1E ED Overflow	$ 1,964.45	$ 6,176.00	#N/A	$ 960.23	$ 6,176.00	
Service Package	Inpatient	Room Rate - Pediatrics		123	MC MA Obstetrics	$ 1,964.45	$ 6,176.00	#N/A	$ 1,716.51	$ 6,176.00	
Service Package	Inpatient	Room Rate - Pediatrics		123	MC PE Pediatrics	$ 1,964.45	$ 6,176.00	#N/A	$ 1,716.51	$ 6,176.00	
Service Package	Inpatient	Room Rate - Psych Semi Private		124	MH AP Acute Psych	$ 2,153.49	$ 1,254.46	#N/A	$ 1,254.46	$ 1,923.51	
Service Package	Inpatient	Room Rate - Psych Semi Private		124	MH PW Acute Psych	$ 2,153.49	$ 1,254.46	#N/A	$ 1,254.46	$ 1,923.51	
Service Item	Inpatient	Room Rate - Rehabilitation Semi Private		128	RH RH Acute Rehab	$ 2,384.06	$ 1,388.77	#N/A	$ 1,388.77	$ 2,646.00	
Service Item	Inpatient	Room Rate - SNF Semi Private		193	SN SNF South Campus	$ 856.70	$ 1,160.00	#N/A	$ 748.58	$ 1,969.00	
Service Item	Inpatient	Room Rate - SNF Semi Private		193	SN SNF West Campus	$ 856.70	$ 1,160.00	#N/A	$ 748.58	$ 1,969.00	
Service Item	Inpatient	Room Rate - Sub Acute Non-Ventilator		194	SA KS SubAcute	$ 1,874.58	$ 1,160.00	#N/A	$ 1,160.00	$ 1,969.00	
Service Item	Inpatient	Room Rate - Sub Acute Ventilator		194	SA KS SubAcute	$ 2,644.68	$ 1,160.00	#N/A	$ 1,160.00	$ 2,362.24	
Service Package	Inpatient	Room Rate - Waiting for SNF Placement Level 1		169	MC 14 Telemetry	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for SNF Placement Level 1		169	MC 15 ICCU	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for SNF Placement Level 1		169	MC 2N Cardiac Srvc	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for SNF Placement Level 1		169	MC 3N Surgical	$ 1,924.57	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for SNF Placement Level 1		169	MC 3S Oncology	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for SNF Placement Level 1		169	MC 3W ICCU	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for SNF Placement Level 1		169	MC 4N Med Renal	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for SNF Placement Level 1		169	MC 4S Ortho Surgery	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for SNF Placement Level 1		169	MC PE Pediatrics	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for Subacute Adult Level 2		199	MC 14 Telemetry	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for Subacute Adult Level 2		199	MC 15 ICCU	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for Subacute Adult Level 2		199	MC 2N Cardiac Srvc	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for Subacute Adult Level 2		199	MC 3N Surgical	$ 1,924.57	$ 6,176.00	#N/A	$ 3,624.00	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for Subacute Adult Level 2		199	MC 3S Oncology	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for Subacute Adult Level 2		199	MC 3W ICCU	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for Subacute Adult Level 2		199	MC 4N Med Renal	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for Subacute Adult Level 2		199	MC 4S Ortho Surgery	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Package	Inpatient	Room Rate - Waiting for Subacute Adult Level 2		199	MC PE Pediatrics	$ 1,924.57	$ 6,176.00	#N/A	$ 1,681.66	$ 6,176.00	
Service Item	Outpatient	ropivacaine 0.2% Inj 20 mL	J2795	636	CD Infusion Clinic	$ 75.35	$ 45.21	$ 71.58	$ 0.06	$ 123.80	
Service Item	Inpatient and Outpatient	ropivacaine 0.2% Inj 20 mL	J2795	636	MC Pharmacy	$ 75	$ 45	$ 71.58	$ 0	$ 124	
Service Item	Outpatient	ropivacaine 0.2% Inj 20 mL	J2795	636	NC Urgent Care	$ 75.35	$ 45.21	$ 65.33	$ 0.06	$ 123.80	
Service Item	Outpatient	ropivacaine 0.2% Inj 20 mL	J2795	636	SC Urgent Care	$ 75.35	$ 45.21	$ 65.51	$ 0.06	$ 123.80	
Service Item	Outpatient	ropivacaine 0.2% PCEA 60 mL	J2795	636	CD Infusion Clinic	$ 128.75	$ 77.25	$ 95.08	$ 0.06	$ 123.80	
Service Item	Inpatient and Outpatient	ropivacaine 0.2% PCEA 60 mL	J2795	636	MC Pharmacy	$ 129	$ 77	$ 95.08	$ 0	$ 124	
Service Item	Outpatient	ropivacaine 0.2% PCEA 60 mL	J2795	636	NC Urgent Care	$ 128.75	$ 77.48	$ 84.39	$ 0.06	$ 123.80	
Service Item	Outpatient	ropivacaine 0.2% PCEA 60 mL	J2795	636	SC Urgent Care	$ 128.75	$ 77.48	$ 84.71	$ 0.06	$ 123.80	
Service Item	Outpatient	ropivacaine 0.5% Inj 20 mL	J2795	636	CD Infusion Clinic	$ 80.80	$ 48.48	$ 73.98	$ 0.06	$ 123.80	
Service Item	Inpatient and Outpatient	ropivacaine 0.5% Inj 20 mL	J2795	636	MC Pharmacy	$ 81	$ 49	$ 73.98	$ 0	$ 124	
Service Item	Outpatient	ropivacaine 0.5% Inj 20 mL	J2795	636	NC Urgent Care	$ 80.80	$ 48.71	$ 67.27	$ 0.06	$ 123.80	
Service Item	Outpatient	ropivacaine 0.5% Inj 20 mL	J2795	636	SC Urgent Care	$ 80.80	$ 48.71	$ 67.47	$ 0.06	$ 123.80	
Service Item	Outpatient	ropivacaine 0.5% Inj 30 mL	J2795	636	CD Infusion Clinic	$ 157.50	$ 94.50	$ 107.74	$ 0.06	$ 144.90	
Service Item	Inpatient and Outpatient	ropivacaine 0.5% Inj 30 mL	J2795	636	MC Pharmacy	$ 158	$ 95	$ 107.74	$ 0	$ 145	
Service Item	Outpatient	ropivacaine 0.5% Inj 30 mL	J2795	636	NC Urgent Care	$ 157.50	$ 94.50	$ 94.65	$ 0.06	$ 144.90	
Service Item	Outpatient	ropivacaine 0.5% Inj 30 mL	J2795	636	SC Urgent Care	$ 157.50	$ 94.50	$ 95.05	$ 0.06	$ 144.90	
Service Item	Outpatient	rotavirus vaccine pentavalent Susp 2 mL	90680	636	CD Infusion Clinic	$ 423.95	$ 254.37	$ 284.22	$ 77.44	$ 390.03	
Service Item	Inpatient and Outpatient	rotavirus vaccine pentavalent Susp 2 mL	90680	636	MC Pharmacy	$ 424	$ 331	$ 284.22	$ 77	$ 390	
Service Item	Outpatient	rotavirus vaccine pentavalent Susp 2 mL	90680	636	NC Urgent Care	$ 423.95	$ 330.50	$ 283.16	$ 77.44	$ 390.03	
Service Item	Outpatient	rotavirus vaccine pentavalent Susp 2 mL	90680	636	SC Urgent Care	$ 423.95	$ 330.50	$ 284.22	$ 77.44	$ 390.03	
Service Item	Outpatient	rotavirus vaccine pentavalent Susp 2 mL	90680	636	SFM Family Medicine	$ 423.95	$ 330.50	$ 283.16	$ 77.44	$ 390.03	
Service Item	Inpatient and Outpatient	Rotovirus Ag Qual	87425	306	MC General Lab	$ 97	$ 40	$ 77.32	$ 36	$ 118	
Service Item	Outpatient	Routine Venipuncture	36415	300	CD Chronic Disease	$ 33.88	$ 19.73	$ 22.29	$ 8.18	$ 30.26	
Service Item	Outpatient	Routine Venipuncture	36415	300	CD Infusion Clinic	$ 33.88	$ 9.90	$ 22.38	$ 8.18	$ 30.26	
Service Package	Inpatient and Outpatient	Routine Venipuncture	36415	300	MC Emergency	$ 34	$ 10	$ 22.38	$ 8	$ 30	
Service Item	Inpatient and Outpatient	Routine Venipuncture	36415	300	MC General Lab	$ 34	$ 10	$ 22.38	$ 8	$ 30	
Service Package	Inpatient	Routine Venipuncture	36415	300	MC PE Pediatrics	$ 33.88	Charges have been	$ 31.04	$ 29.60	$ 30.26	
Service Item	Outpatient	Routine Venipuncture	36415	300	NC Urgent Care	$ 33.88	$ 9.90	$ 22.29	$ 8.18	$ 30.26	
Service Item	Outpatient	Routine Venipuncture	36415	300	SC Urgent Care	$ 33.88	$ 9.90	$ 22.38	$ 8.18	$ 30.26	
Service Item	Outpatient	Routine Venipuncture	36415	300	SFM Family Medicine	$ 33.88	$ 9.90	$ 22.29	$ 8.18	$ 30.26	
Service Item	Inpatient and Outpatient	Rpr Qual	86592	302	MC General Lab	$ 58	$ 19	$ 40.02	$ 17	$ 53	
Service Item	Inpatient and Outpatient	Rpr Titer(Qual)	86593	302	MC General Lab	$ 25	$ 20	$ 25.02	$ 18	$ 43	
Service Package	Inpatient	Rsv Collection	99211	761	MC PE Pediatrics	$ 199.70	Charges have been	$ 182.96	$ 174.49	$ 178.37	
Service Item	Inpatient and Outpatient	Rsv Dfa60301	87280	306	MC Reference Lab	$ 11	$ 40	$ 22.79	$ 6	$ 118	
Service Item	Outpatient	Rsv Poc	87807	300	NC Urgent Care	$ 81.44	$ 40.56	$ 70.07	$ 36.37	$ 117.85	
Service Item	Outpatient	Rsv Poc	87807	300	SC Urgent Care	$ 81.44	$ 40.56	$ 70.27	$ 36.37	$ 117.85	
Service Package	Inpatient and Outpatient	Rt Ventricular Record	93603	481	MC Cath Lab Srvcs	$ 2,469	Charges have been	$ 1,887.96	$ 1,144	$ 1,957	
Service Item	Inpatient and Outpatient	Rubella	86762	302	MC General Lab	$ 138	$ 64	$ 108.08	$ 57	$ 142	
Service Item	Inpatient and Outpatient	Rubella Ab Igg50771 (3)	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147	
Service Item	Inpatient and Outpatient	Rubella Ab Igm50551 (2)	86762	301	MC Reference Lab	$ 16	$ 64	$ 64.21	$ 14	$ 142	
Service Item	Inpatient and Outpatient	Rubella IgG Antibody-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147	
Service Item	Inpatient and Outpatient	Rubella IgM Antibody-ARUP	86762	301	MC Reference Lab	$ 16	$ 64	$ 64.21	$ 14	$ 142	
Service Item	Inpatient and Outpatient	Rubeola antibody-ARUP	86765	301	MC Reference Lab	$ 14	$ 57	$ 27.72	$ 9	$ 127	
Service Item	Inpatient and Outpatient	Russell viper venom diluted-ARUP	85613	305	MC Reference Lab	$ 11	$ 43	$ 20.60	$ 6	$ 94	
Service Package	Inpatient and Outpatient	Rvsc Opn/Prq Tib/Pero Stn	37234	361	MC Cath Lab Srvcs	$ 6,006	Charges have been	$ 5,502.15	$ 5,248	$ 5,364	

Service Item	Outpatient	Sacroiliac Joints <3Vws	72200	320	IC Radiology	$ 332.74	$ 66.54	$ 200.02	$ 59.66	$ 297.21
Service Item	Inpatient and Outpatient	Sacroiliac Joints <3Vws	72200	320	MC Diag Radiology	$ 333	$ 67	$ 342.60	$ 60	$ 1,636
Service Item	Outpatient	Sacroiliac Joints <3Vws	72200	320	NC Diag Imaging	$ 332.74	$ 66.54	$ 342.60	$ 59.66	$ 1,635.83
Service Item	Outpatient	Sacroiliac Joints <3Vws	72200	320	SC Diag Imaging	$ 332.74	$ 66.54	$ 342.60	$ 59.66	$ 1,635.83
Service Item	Outpatient	Sacroiliac Jts 3 Vws Min	72202	320	IC Radiology	$ 357.32	$ 78.93	$ 216.62	$ 70.77	$ 319.16
Service Item	Inpatient and Outpatient	Sacroiliac Jts 3 Vws Min	72202	320	MC Diag Radiology	$ 357	$ 79	$ 357.66	$ 71	$ 1,636
Service Item	Outpatient	Sacroiliac Jts 3 Vws Min	72202	320	NC Diag Imaging	$ 357.32	$ 78.93	$ 357.66	$ 70.77	$ 1,635.83
Service Item	Outpatient	Sacroiliac Jts 3 Vws Min	72202	320	SC Diag Imaging	$ 357.32	$ 78.93	$ 357.66	$ 70.77	$ 1,635.83
Service Item	Inpatient and Outpatient	Salicylate Blood Quant	80329	301	MC General Lab	$ 116	$ 88	$ 105.38	$ 0	$ 124
Service Item	Outpatient	Salivary Duct	70390	320	IC Radiology	$ 688.42	$ 226.59	$ 450.10	$ 203.18	$ 614.90
Service Item	Inpatient and Outpatient	Salivary Duct	70390	320	MC Diag Radiology	$ 688	$ 227	$ 738.67	$ 203	$ 3,320
Service Item	Outpatient	Salivary Duct	70390	320	NC Diag Imaging	$ 688.42	$ 226.59	$ 738.67	$ 203.18	$ 3,320.14
Service Item	Outpatient	Salivary Duct	70390	320	SC Diag Imaging	$ 688.42	$ 226.59	$ 738.67	$ 203.18	$ 3,320.14
Service Item	Outpatient	Salivary Gland	70380	320	IC Radiology	$ 160.91	$ 85.05	$ 119.57	$ 76.26	$ 151.06
Service Item	Inpatient and Outpatient	Salivary Gland	70380	320	MC Diag Radiology	$ 161	$ 85	$ 198.20	$ 76	$ 888
Service Item	Outpatient	Salivary Gland	70380	320	NC Diag Imaging	$ 160.91	$ 85.05	$ 198.20	$ 76.26	$ 887.81
Service Item	Outpatient	Salivary Gland	70380	320	SC Diag Imaging	$ 160.91	$ 85.05	$ 198.20	$ 76.26	$ 887.81
Service Item	Inpatient and Outpatient	Salmonella Lat Aggl:Enric	86403	300	MC General Lab	$ 92	$ 44	$ 73.77	$ 40	$ 100
Service Item	Inpatient and Outpatient	Saphenous Vein Mapping	93971	921	DC Non Invasive Card	$ 928	$ 475	$ 736.74	$ 130	$ 1,636
Service Item	Inpatient and Outpatient	Saphenous Vein Mapping	93971	921	MC NonInv CardioSrv	$ 928	Charges have been	$ 657.43	$ 130	$ 829
Service Item	Outpatient	Saphenous Vein Mapping	93971	921	OS Non Invasive Card	$ 928.00	$ 540.58	$ 736.74	$ 129.87	$ 1,635.83
Service Item	Outpatient	SARS-CoV-2 (COVID-19) mRNA BNT-162b2 vacc	91300	636	CD Chronic Disease	$ 0.01	$ 0.01	$ 12.69	$ 0.01	$ 114.17
Service Item	Outpatient	SARS-CoV-2 (COVID-19) mRNA BNT-162b2 vacc	91300	636	CD Infusion Clinic	$ 0.01	$ 0.01	$ 12.69	$ 0.01	$ 114.17
Service Item	Inpatient and Outpatient	SARS-CoV-2 (COVID-19) mRNA BNT-162b2 vacc	91300	636	MC Pharmacy	$ 0	$ 0	$ 12.69	$ 0	$ 114
Service Item	Outpatient	SARS-CoV-2 (COVID-19) mRNA BNT-162b2 vacc	91300	636	NC Urgent Care	$ 0.01	$ 0.01	$ 12.69	$ 0.01	$ 114.17
Service Item	Outpatient	SARS-CoV-2 (COVID-19) mRNA BNT-162b2 vacc	91300	636	SC Urgent Care	$ 0.01	$ 0.01	$ 12.69	$ 0.01	$ 114.17
Service Item	Outpatient	SARS-CoV-2 (COVID-19) mRNA BNT-162b2 vacc	91300	636	SFM Family Medicine	$ 0.01	$ 0.01	$ 12.69	$ 0.01	$ 114.17
Service Item	Outpatient	SARS-CoV-2 (COVID-19) mRNA-1273 vaccine (M	91301	636	CD Chronic Disease	$ 0.01	$ 0.01	$ 12.69	$ 0.01	$ 114.17
Service Item	Outpatient	SARS-CoV-2 (COVID-19) mRNA-1273 vaccine (M	91301	636	CD Infusion Clinic	$ 0.01	$ 0.01	$ 2,778.49	$ 0.01	$ 25,006.39
Service Item	Inpatient and Outpatient	SARS-CoV-2 (COVID-19) mRNA-1273 vaccine (M	91301	636	MC Pharmacy	$ 0	$ 0	$ 16.76	$ 0	$ 151
Service Item	Outpatient	SARS-CoV-2 (COVID-19) mRNA-1273 vaccine (M	91301	636	NC Urgent Care	$ 0.01	$ 0.01	$ 16.76	$ 0.01	$ 150.74
Service Item	Outpatient	SARS-CoV-2 (COVID-19) mRNA-1273 vaccine (M	91301	636	SC Urgent Care	$ 0.01	$ 0.01	$ 18.26	$ 0.01	$ 164.27
Service Item	Outpatient	SARS-CoV-2 (COVID-19) mRNA-1273 vaccine (M	91301	636	SFM Family Medicine	$ 0.01	$ 0.01	$ 18.26	$ 0.01	$ 164.27
Service Item	Outpatient	Scapular Blade	73010	320	IC Radiology	$ 307.05	$ 66.54	$ 187.33	$ 59.66	$ 274.26
Service Item	Inpatient and Outpatient	Scapular Blade	73010	320	MC Diag Radiology	$ 307	$ 67	$ 331.54	$ 60	$ 1,636
Service Item	Outpatient	Scapular Blade	73010	320	NC Diag Imaging	$ 307.05	$ 66.54	$ 331.54	$ 59.66	$ 1,635.83
Service Item	Outpatient	Scapular Blade	73010	320	SC Diag Imaging	$ 307.05	$ 66.54	$ 331.54	$ 59.66	$ 1,635.83
Service Package	Inpatient and Outpatient	Sclera Tutoplast		278	MC Central Supply	$ 1,001	Charges have been	#N/A	$ 892	$ 912
Service Item	Inpatient and Outpatient	Scleroderma (Scl-70) (ENA) IgG Ab-ARUP	86235	305	MC Reference Lab	$ 16	$ 68	$ 34.09	$ 9	$ 176
Service Package	Inpatient and Outpatient	Sclerotherapy of a Fluid Collection	49185	361	MC Cath Lab Srvcs	$ 1,525	Charges have been	$ 1,186.24	$ 707	$ 1,291
Service Item	Outpatient	Screen Pure Tone Air Only	92551	471	SFM Family Medicine	$ 100.26	$ 58.40	$ 78.59	$ 58.40	$ 89.55
Service Package	Inpatient and Outpatient	Screw 4.0 40Mm 406.040 Ti	C1713	278	MC Central Supply	$ 76	Charges have been	$ 1,443.53	$ 68	$ 70
Service Package	Inpatient and Outpatient	Screw 4.0 40Mm 407.040 Ti	C1713	278	MC Central Supply	$ 76	Charges have been	$ 1,443.53	$ 68	$ 70
Service Package	Inpatient and Outpatient	Screw 4.0 Ti 406.024 Synt	C1713	278	MC Central Supply	$ 76	Charges have been	$ 1,443.53	$ 68	$ 70
Service Package	Inpatient and Outpatient	Screw Acetabular Compnt (A)	C1776	278	MC Central Supply	$ 368	Charges have been	$ 699.88	$ 328	$ 335
Service Package	Inpatient and Outpatient	Screw Acetabular Compnt (B)	C1776	278	MC Central Supply	$ 908	Charges have been	$ 1,066.34	$ 810	$ 827
Service Package	Inpatient and Outpatient	Screw Acetabular Compnt (C)	C1776	278	MC Central Supply	$ 3,426	Charges have been	$ 2,772.33	$ 3,052	$ 3,120
Service Package	Inpatient and Outpatient	Screw Acutrak	C1713	278	MC Central Supply	$ 1,449	Charges have been	$ 2,373.97	$ 1,291	$ 1,320
Service Package	Inpatient and Outpatient	Screw Bio-Interf	C1713	278	MC Central Supply	$ 1,409	Charges have been	$ 2,346.44	$ 1,255	$ 1,283
Service Package	Inpatient and Outpatient	Screw Bone (A)	C1713	278	MC Central Supply	$ 364	Charges have been	$ 1,638.57	$ 324	$ 332
Service Package	Inpatient and Outpatient	Screw Bone (B)	C1713	278	MC Central Supply	$ 728	Charges have been	$ 1,885.35	$ 649	$ 663
Service Package	Inpatient and Outpatient	Screw Bone (C)	C1713	278	MC Central Supply	$ 1,092	Charges have been	$ 2,132.13	$ 973	$ 995
Service Package	Inpatient and Outpatient	Screw Bone (D)	C1713	278	MC Central Supply	$ 1,821	Charges have been	$ 2,625.69	$ 1,622	$ 1,658
Service Package	Inpatient and Outpatient	Screw Bone (E)	C1713	278	MC Central Supply	$ 3,623	Charges have been	$ 3,847.25	$ 3,228	$ 3,300
Service Package	Inpatient and Outpatient	Screw Bone (F)	C1713	278	MC Central Supply	$ 4,656	Charges have been	$ 4,547.75	$ 4,149	$ 4,241
Service Package	Inpatient and Outpatient	Screw Bone (G)	C1713	278	MC Central Supply	$ 19,765	Charges have been	$ 14,788.25	$ 17,613	$ 18,004
Service Package	Inpatient and Outpatient	Screw Bone Cannulated	C1713	278	MC Central Supply	$ 1,665	Charges have been	$ 2,520.16	$ 1,484	$ 1,516
Service Package	Inpatient and Outpatient	Screw Bone Cannulated (A)	C1713	278	MC Central Supply	$ 546	Charges have been	$ 1,761.96	$ 487	$ 497
Service Package	Inpatient and Outpatient	Screw Bone Cannulated (B)	C1713	278	MC Central Supply	$ 718	Charges have been	$ 1,878.09	$ 639	$ 654
Service Package	Inpatient and Outpatient	Screw Bone Cannulated (C)	C1713	278	MC Central Supply	$ 1,089	Charges have been	$ 2,129.66	$ 970	$ 992
Service Package	Inpatient and Outpatient	Screw Bone Cannulated (D)	C1713	278	MC Central Supply	$ 1,748	Charges have been	$ 2,576.33	$ 1,557	$ 1,592
Service Package	Inpatient and Outpatient	Screw Bone Cannulated (E)	C1713	278	MC Central Supply	$ 3,121	Charges have been	$ 3,507.05	$ 2,781	$ 2,843
Service Package	Inpatient and Outpatient	Screw Can Interf (A)	C1713	278	MC Central Supply	$ 346	Charges have been	$ 1,626.23	$ 308	$ 315
Service Package	Inpatient and Outpatient	Screw Can Interf (B)	C1713	278	MC Central Supply	$ 1,365	Charges have been	$ 2,317.22	$ 1,217	$ 1,244
Service Package	Inpatient and Outpatient	Screw Can Interf (C)	C1713	278	MC Central Supply	$ 1,795	Charges have been	$ 2,608.42	$ 1,600	$ 1,635
Service Package	Inpatient and Outpatient	Screw Cancellous (A)	C1713	278	MC Central Supply	$ 413	Charges have been	$ 1,671.88	$ 368	$ 376
Service Package	Inpatient and Outpatient	Screw Cancellous (B)	C1713	278	MC Central Supply	$ 1,821	Charges have been	$ 2,625.69	$ 1,622	$ 1,658
Service Package	Inpatient and Outpatient	Screw Cancellous (C)	C1713	278	MC Central Supply	$ 3,205	Charges have been	$ 3,564.16	$ 2,856	$ 2,920
Service Package	Inpatient and Outpatient	Screw Cap	C1713	278	MC Central Supply	$ 900	Charges have been	$ 2,001.65	$ 802	$ 820
Service Package	Inpatient and Outpatient	Screw Compression (A)	C1713	278	MC Central Supply	$ 703	Charges have been	$ 1,868.08	$ 626	$ 640
Service Package	Inpatient and Outpatient	Screw Compression (B)	C1713	278	MC Central Supply	$ 1,817	Charges have been	$ 2,623.10	$ 1,619	$ 1,655
Service Package	Inpatient and Outpatient	Screw Compression (C)	C1713	278	MC Central Supply	$ 3,586	Charges have been	$ 3,822.58	$ 3,196	$ 3,267
Service Package	Inpatient and Outpatient	Screw Compression (D)	C1713	278	MC Central Supply	$ 4,681	Charges have been	$ 4,564.68	$ 4,172	$ 4,264
Service Package	Inpatient and Outpatient	Screw Cortical (A)	C1713	278	MC Central Supply	$ 910	Charges have been	$ 2,008.74	$ 811	$ 829
Service Package	Inpatient and Outpatient	Screw Cortical (B)	C1713	278	MC Central Supply	$ 3,722	Charges have been	$ 3,914.42	$ 3,317	$ 3,390
Service Package	Inpatient and Outpatient	Screw Dental	C1713	278	MC Central Supply	$ 1,418	Charges have been	$ 2,352.79	$ 1,263	$ 1,292
Service Package	Inpatient and Outpatient	Screw Facial	C1713	278	MC Central Supply	$ 368	Charges have been	$ 1,641.04	$ 328	$ 335
Service Package	Inpatient and Outpatient	Screw Fixed Angle (A)	C1713	278	MC Central Supply	$ 3,186	Charges have been	$ 3,551.12	$ 2,839	$ 2,902
Service Package	Inpatient and Outpatient	Screw Fixed Angle (B)	C1713	278	MC Central Supply	$ 601	Charges have been	$ 1,798.98	$ 535	$ 547
Service Package	Inpatient and Outpatient	Screw Fusion Canltd	C1713	278	MC Central Supply	$ 8,809	Charges have been	$ 7,362.56	$ 7,850	$ 8,024
Service Package	Inpatient and Outpatient	Screw Fusion Canltd Sl	C1713	278	MC Central Supply	$ 9,299	Charges have been	$ 7,694.28	$ 8,286	$ 8,470
Service Package	Inpatient and Outpatient	Screw Headless (A)	C1713	278	MC Central Supply	$ 1,529	Charges have been	$ 2,428.26	$ 1,363	$ 1,393
Service Package	Inpatient and Outpatient	Screw Headless (B)	C1713	278	MC Central Supply	$ 2,531	Charges have been	$ 3,106.91	$ 2,255	$ 2,305
Service Package	Inpatient and Outpatient	Screw Herb Can	C1713	278	MC Central Supply	$ 2,140	Charges have been	$ 2,842.27	$ 1,907	$ 1,949
Service Package	Inpatient and Outpatient	Screw Lag (A)	C1713	278	MC Central Supply	$ 1,522	Charges have been	$ 2,423.33	$ 1,356	$ 1,386
Service Package	Inpatient and Outpatient	Screw Lag (B)	C1713	278	MC Central Supply	$ 3,045	Charges have been	$ 3,455.76	$ 2,714	$ 2,774
Service Package	Inpatient and Outpatient	Screw Locking (A)	C1713	278	MC Central Supply	$ 364	Charges have been	$ 1,638.57	$ 324	$ 332
Service Package	Inpatient and Outpatient	Screw Locking (B)	C1713	278	MC Central Supply	$ 728	Charges have been	$ 1,885.35	$ 649	$ 663
Service Package	Inpatient and Outpatient	Screw Locking (C)	C1713	278	MC Central Supply	$ 1,089	Charges have been	$ 2,129.66	$ 970	$ 992
Service Package	Inpatient and Outpatient	Screw Locking (D)	C1713	278	MC Central Supply	$ 2,027	Charges have been	$ 2,765.37	$ 1,806	$ 1,846
Service Package	Inpatient and Outpatient	Screw Locking (E)	C1713	278	MC Central Supply	$ 6,845	Charges have been	$ 6,031.25	$ 6,100	$ 6,235
Service Package	Inpatient and Outpatient	Screw Pedical (A)	C1713	278	MC Central Supply	$ 3,503	Charges have been	$ 3,765.81	$ 3,121	$ 3,191
Service Package	Inpatient and Outpatient	Screw Pedical (B)	C1713	278	MC Central Supply	$ 4,052	Charges have been	$ 4,138.45	$ 3,611	$ 3,691
Service Package	Inpatient and Outpatient	Screw Pedical (C)	C1713	278	MC Central Supply	$ 6,466	Charges have been	$ 5,774.43	$ 5,762	$ 5,890
Service Package	Inpatient and Outpatient	Screw Periarticular	C1713	278	MC Central Supply	$ 177	Charges have been	$ 1,511.62	$ 158	$ 161
Service Package	Inpatient and Outpatient	Screw Pk/4 Closure	C1713	278	MC Central Supply	$ 200	Charges have been	$ 1,527.59	$ 179	$ 183
Service Package	Inpatient and Outpatient	Screw Recon	C1713	278	MC Central Supply	$ 957	Charges have been	$ 2,040.48	$ 853	$ 872
Service Package	Inpatient and Outpatient	Screw Schanz	C1713	278	MC Central Supply	$ 1,329	Charges have been	$ 2,292.54	$ 1,184	$ 1,211
Service Package	Inpatient and Outpatient	Screw Self-Tap Cort	C1713	278	MC Central Supply	$ 93	Charges have been	$ 1,454.79	$ 83	$ 85
Service Package	Inpatient and Outpatient	Screw Spine	C1713	278	MC Central Supply	$ 1,338	Charges have been	$ 2,298.82	$ 1,193	$ 1,219
Service Package	Inpatient and Outpatient	Screw Spine (A)	C1713	278	MC Central Supply	$ 532	Charges have been	$ 1,752.09	$ 474	$ 484
Service Package	Inpatient and Outpatient	Screw Spine (B)	C1713	278	MC Central Supply	$ 1,027	Charges have been	$ 2,087.71	$ 915	$ 935
Service Package	Inpatient and Outpatient	Screw Spine (C)	C1713	278	MC Central Supply	$ 2,027	Charges have been	$ 2,765.37	$ 1,806	$ 1,846
Service Package	Inpatient and Outpatient	Screw Spine (D)	C1713	278	MC Central Supply	$ 3,503	Charges have been	$ 3,765.81	$ 3,121	$ 3,191
Service Package	Inpatient and Outpatient	Screw Spine (E)	C1713	278	MC Central Supply	$ 4,625	Charges have been	$ 4,526.60	$ 4,121	$ 4,213
Service Package	Inpatient and Outpatient	Screw Spine (F)	C1713	278	MC Central Supply	$ 5,178	Charges have been	$ 4,901.36	$ 4,614	$ 4,717
Service Package	Inpatient and Outpatient	Screw Spine (G)	C1713	278	MC Central Supply	$ 5,806	Charges have been	$ 5,327.05	$ 5,174	$ 5,289
Service Package	Inpatient and Outpatient	Screw Ti 10Mm 404.810 Sy	C1713	278	MC Central Supply	$ 105	Charges have been	$ 1,462.96	$ 94	$ 96
Service Package	Inpatient and Outpatient	Screw Ti 12Mm 404.812 Sy	C1713	278	MC Central Supply	$ 90	Charges have been	$ 1,452.94	$ 80	$ 82
Service Package	Inpatient and Outpatient	Screw Ti 14Mm 404.814 Sy	C1713	278	MC Central Supply	$ 90	Charges have been	$ 1,452.94	$ 80	$ 82
Service Package	Inpatient and Outpatient	Screw Ti 16Mm 404.816 Sy	C1713	278	MC Central Supply	$ 90	Charges have been	$ 1,452.94	$ 80	$ 82
Service Package	Inpatient and Outpatient	Screw Ti 18Mm 404.818 Sy	C1713	278	MC Central Supply	$ 93	Charges have been	$ 1,454.81	$ 83	$ 85
Service Package	Inpatient and Outpatient	Screw Ti 20Mm 404.820 Sy	C1713	278	MC Central Supply	$ 93	Charges have been	$ 1,454.81	$ 83	$ 85
Service Package	Inpatient and Outpatient	Screw Ti 22Mm 404.822 Sy	C1713	278	MC Central Supply	$ 93	Charges have been	$ 1,454.81	$ 83	$ 85
Service Package	Inpatient and Outpatient	Screw Ti 24Mm 404.824 Sy	C1713	278	MC Central Supply	$ 88	Charges have been	$ 1,451.76	$ 79	$ 81
Service Package	Inpatient and Outpatient	Screw Ti 26Mm 404.826 Sy	C1713	278	MC Central Supply	$ 93	Charges have been	$ 1,454.81	$ 83	$ 85
Service Package	Inpatient and Outpatient	Screw Ti 28Mm 404.828 Sy	C1713	278	MC Central Supply	$ 93	Charges have been	$ 1,454.81	$ 83	$ 85
Service Package	Inpatient and Outpatient	Screw Ti 30Mm 404.830 Sy	C1713	278	MC Central Supply	$ 93	Charges have been	$ 1,454.81	$ 83	$ 85

Service Package	Inpatient and Outpatient	Screw Ti 32Mm 404.832 Sy	C1713	278	MC Central Supply	$ 105	Charges have been	$ 1,462.96	$ 94	$ 96
Service Package	Inpatient and Outpatient	Screw Ti 36Mm 404.836 Sy	C1713	278	MC Central Supply	$ 105	Charges have been	$ 1,462.96	$ 94	$ 96
Service Package	Inpatient and Outpatient	Screw Ti 40Mm 404.840 Sy	C1713	278	MC Central Supply	$ 105	Charges have been	$ 1,462.96	$ 94	$ 96
Service Package	Inpatient and Outpatient	Screw Ti 50Mm 404.850 Sy	C1713	278	MC Central Supply	$ 90	Charges have been	$ 1,452.98	$ 80	$ 82
Service Package	Inpatient and Outpatient	Screw Variable Angle	C1713	278	MC Central Supply	$ 3,309	Charges have been	$ 3,634.23	$ 2,948	$ 3,014
Service Package	Inpatient and Outpatient	Screws Infast	C1713	278	MC Central Supply	$ 1,899	Charges have been	$ 2,678.68	$ 1,692	$ 1,730
Service Item	Inpatient and Outpatient	SDV Lidocaine 1%/EPINEPHrine 1:100,000 Inj 50	J3490	636	MC Pharmacy	$ 24	$ 15	$ 22.58	$ 15	$ 28
Service Item	Outpatient	Secondary Closure Surgical Wound/Dehiscence,	13160	761	OP Wound Center	$ 3,713.15	$ 2,227.89	$ 2,710.76	$ 1,429.00	$ 3,416.10
Service Item	Outpatient	secretin synthetic human 16 mcg Inj	J2850	636	CD Infusion Clinic	$ 1,511.25	$ 906.75	$ 761.34	$ 24.95	$ 1,390.35
Service Item	Inpatient and Outpatient	secretin synthetic human 16 mcg Inj	J2850	636	MC Pharmacy	$ 1,511	$ 931	$ 761.34	$ 25	$ 1,390
Service Item	Outpatient	secretin synthetic human 16 mcg Inj	J2850	636	NC Urgent Care	$ 1,511.25	$ 931.28	$ 757.56	$ 24.95	$ 1,390.35
Service Item	Outpatient	secretin synthetic human 16 mcg Inj	J2850	636	SC Urgent Care	$ 1,511.25	$ 931.28	$ 761.34	$ 24.95	$ 1,390.35
Service Item	Inpatient and Outpatient	Sed Rate Esr	85651	305	MC General Lab	$ 55	$ 16	$ 36.06	$ 14	$ 50
Service Item	Outpatient	selenium 40 mcg/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 28.25	$ 16.95	$ 24.91	$ 16.95	$ 27.98
Service Item	Inpatient and Outpatient	selenium 40 mcg/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 28	$ 17	$ 24.91	$ 17	$ 28
Service Item	Outpatient	selenium 40 mcg/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 28.25	$ 16.95	$ 24.84	$ 16.95	$ 27.98
Service Item	Outpatient	selenium 40 mcg/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 28.25	$ 16.95	$ 24.91	$ 16.95	$ 27.98
Service Item	Outpatient	Selenium 60 mcg/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 1,913.95	$ 1,148.37	$ 1,108.85	$ 23.14	$ 1,760.83
Service Item	Inpatient and Outpatient	Selenium 60 mcg/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 1,914	$ 1,148	$ 1,108.85	$ 23	$ 1,761
Service Item	Outpatient	Selenium 60 mcg/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 1,913.95	$ 1,148.37	$ 1,104.06	$ 23.14	$ 1,760.83
Service Item	Outpatient	Selenium 60 mcg/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 1,913.95	$ 1,148.37	$ 1,108.85	$ 23.14	$ 1,760.83
Service Item	Inpatient and Outpatient	Selenium Level-ARUP	84255	300	MC Reference Lab	$ 28	$ 114	$ 54.63	$ 17	$ 251
Service Item	Inpatient and Outpatient	Self Care 15 Min	97535	430	MC OT Services	$ 134	Charges have been	$ 104.52	$ 44	$ 123
Service Item	Outpatient	Self Care 15 Min	97535	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Self Care 15 Min	97535	430	OP Therapy Akers	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Self Care 15 Min	97535	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Self Care 15 Min	97535	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Self Care 15 Min	97535	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Self Care 15 Min	97535	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.52	$ 43.96	$ 123.28
Service Item	Inpatient	Self Care 15 Min	97535	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 43.96	$ 135.01
Service Item	Inpatient	Self Care 15 Min	97535	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Self Care 15 Min	97535	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Self Care 15 Min	97535	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Self Care 15 Min - PTA/OTA Services	97535	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Self Care 15 Min - PTA/OTA Services	97535	430	OP Therapy Akers	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Self Care 15 Min - PTA/OTA Services	97535	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Self Care 15 Min - PTA/OTA Services	97535	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Self Care 15 Min - PTA/OTA Services	97535	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 154.94	$ 100.50	$ 317.00
Service Item	Outpatient	Self Care 15 Min - PTA/OTA Services	97535	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 104.52	$ 43.96	$ 123.28
Service Item	Inpatient	Self Care 15 Min - PTA/OTA Services	97535	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 43.96	$ 135.01
Service Item	Inpatient	Self Care 15 Min - PTA/OTA Services	97535	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Self Care 15 Min - PTA/OTA Services	97535	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Self Care 15 Min - PTA/OTA Services	97535	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Self-Mgmt Educ&Train 1Pt	98960	942	CD Chronic Disease	$ 27.59	$ 16.07	$ 20.99	$ 13.40	$ 24.65
Service Item	Outpatient	Self-Mgmt Educ&Train 1Pt	98960	942	CD Diabetic Clinic	$ 27.59	$ 16.07	$ 20.99	$ 13.40	$ 24.65
Service Item	Inpatient and Outpatient	Semen Analysis Complete	89320	300	MC General Lab	$ 203	$ 67	$ 131.45	$ 50	$ 185
Service Item	Inpatient and Outpatient	Semen Sperm Screen	89310	300	MC General Lab	$ 86	$ 38	$ 66.04	$ 34	$ 85
Service Item	Outpatient	Sensipar 30Mg OP Dialysis	J0604	636	CD Infusion Clinic	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Inpatient and Outpatient	Sensipar 30Mg OP Dialysis	J0604	636	MC Pharmacy	$ 1	$ 1	$ 0.99	$ 1	$ 2
Service Item	Outpatient	Sensipar 30Mg OP Dialysis	J0604	636	NC Urgent Care	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Outpatient	Sensipar 30Mg OP Dialysis	J0604	636	SC Urgent Care	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Outpatient	Sensipar 30Mg OP Dialysis	J0604	636	VD CAPD CCPD	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Outpatient	Sensipar 30Mg OP Dialysis	J0604	636	VD Visalia Dialysis	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Outpatient	Sensipar 60Mg OP Dialysis	J0604	636	CD Infusion Clinic	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Inpatient and Outpatient	Sensipar 60Mg OP Dialysis	J0604	636	MC Pharmacy	$ 1	$ 1	$ 0.99	$ 1	$ 2
Service Item	Outpatient	Sensipar 60Mg OP Dialysis	J0604	636	NC Urgent Care	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Outpatient	Sensipar 60Mg OP Dialysis	J0604	636	SC Urgent Care	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Outpatient	Sensipar 60Mg OP Dialysis	J0604	636	VD Visalia Dialysis	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Outpatient	Sensipar 90Mg OP Dialysis	J0604	636	CD Infusion Clinic	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Inpatient and Outpatient	Sensipar 90Mg OP Dialysis	J0604	636	MC Pharmacy	$ 1	$ 1	$ 0.99	$ 1	$ 2
Service Item	Outpatient	Sensipar 90Mg OP Dialysis	J0604	636	NC Urgent Care	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Outpatient	Sensipar 90Mg OP Dialysis	J0604	636	SC Urgent Care	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Outpatient	Sensipar 90Mg OP Dialysis	J0604	636	VD CAPD CCPD	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Outpatient	Sensipar 90Mg OP Dialysis	J0604	636	VD Visalia Dialysis	$ 0.97	$ 0.58	$ 0.99	$ 0.58	$ 2.16
Service Item	Inpatient and Outpatient	Sensitivity Antibioticmic	87186	306	MC General Lab	$ 120	$ 39	$ 81.70	$ 35	$ 109
Service Item	Inpatient and Outpatient	Sensitivity Beta Lactamas	87185	306	MC General Lab	$ 24	$ 13	$ 22.74	$ 12	$ 47
Service Item	Inpatient and Outpatient	Sensitivity E.Test Mic	87181	306	MC General Lab	$ 24	$ 10	$ 22.49	$ 9	$ 47
Service Item	Inpatient and Outpatient	Sensitivity Kirby Bauer	87184	306	MC General Lab	$ 67	$ 31	$ 52.00	$ 28	$ 68
Service Item	Outpatient	Sensorcaine 0.5% Pf Vial	J3490	636	IC Radiology	$ 39.80	$ 23.88	$ 31.82	$ 23.88	$ 36.62
Service Item	Inpatient and Outpatient	Sensorcaine 0.5% Pf Vial	J3490	636	MC Diag Radiology	$ 40	$ 24	$ 31.55	$ 23	$ 37
Service Item	Outpatient	Sensorcaine 0.5% Pf Vial	J3490	636	NC Diag Imaging	$ 39.80	$ 23.88	$ 31.55	$ 23.14	$ 36.62
Service Item	Outpatient	Sensorcaine 0.5% Pf Vial	J3490	636	SC Diag Imaging	$ 39.80	$ 23.88	$ 31.55	$ 23.14	$ 36.62
Service Item	Inpatient and Outpatient	Sensory Integration 15 Mi	97533	430	MC OT Services	$ 134	Charges have been	$ 103.07	$ 32	$ 123
Service Item	Outpatient	Sensory Integration 15 Mi	97533	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Sensory Integration 15 Mi	97533	430	OP Therapy Akers	$ 134.00	Charges have been	$ 152.50	$ 100.50	$ 317.00
Service Item	Outpatient	Sensory Integration 15 Mi	97533	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 152.50	$ 100.50	$ 317.00
Service Item	Outpatient	Sensory Integration 15 Mi	97533	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 152.50	$ 100.50	$ 317.00
Service Item	Outpatient	Sensory Integration 15 Mi	97533	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 152.50	$ 100.50	$ 317.00
Service Item	Outpatient	Sensory Integration 15 Mi	97533	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.07	$ 32.31	$ 123.28
Service Item	Inpatient	Sensory Integration 15 Mi	97533	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 32.31	$ 123.28
Service Item	Inpatient	Sensory Integration 15 Mi	97533	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Sensory Integration 15 Mi	97533	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Sensory Integration 15 Mi	97533	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Sensory Integration 15 Mi - PTA/OTA Services	97533	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Sensory Integration 15 Mi - PTA/OTA Services	97533	430	OP Therapy Akers	$ 134.00	Charges have been	$ 152.50	$ 100.50	$ 317.00
Service Item	Outpatient	Sensory Integration 15 Mi - PTA/OTA Services	97533	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 152.50	$ 100.50	$ 317.00
Service Item	Outpatient	Sensory Integration 15 Mi - PTA/OTA Services	97533	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 152.50	$ 100.50	$ 317.00
Service Item	Outpatient	Sensory Integration 15 Mi - PTA/OTA Services	97533	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 152.50	$ 100.50	$ 317.00
Service Item	Outpatient	Sensory Integration 15 Mi - PTA/OTA Services	97533	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.07	$ 32.31	$ 123.28
Service Item	Inpatient	Sensory Integration 15 Mi - PTA/OTA Services	97533	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 32.31	$ 123.28
Service Item	Inpatient	Sensory Integration 15 Mi - PTA/OTA Services	97533	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Sensory Integration 15 Mi - PTA/OTA Services	97533	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Sensory Integration 15 Mi - PTA/OTA Services	97533	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Package	Inpatient and Outpatient	Septal Defect Implant System, Intracardiac	C1817	278	MC Central Supply	$ 25,933	Charges have been	$ 20,775.25	$ 23,108	$ 23,622
Service Item	Inpatient and Outpatient	Serine Protease 3 IgG-ARUP	83516	300	MC Reference Lab	$ 10	$ 104	$ 43.46	$ 9	$ 113
Service Item	Inpatient and Outpatient	Serotonin Level-ARUP	84260	300	MC Reference Lab	$ 34	$ 138	$ 66.29	$ 20	$ 305
Service Package	Inpatient and Outpatient	Set - Cath Multi Lumen	C1751	272	MC Central Supply	$ 237	Charges have been	$ 420.54	$ 211	$ 216
Service Package	Inpatient and Outpatient	Set Hemo Cath 20Cm	C1750	278	MC Central Supply	$ 262	Charges have been	$ 722.94	$ 234	$ 239
Service Package	Inpatient and Outpatient	Set Hemo Cath 24Cm	C1750	278	MC Central Supply	$ 360	Charges have been	$ 789.57	$ 321	$ 328
Service Package	Inpatient	Sevoflurane Per 1/2 Hour		370	MC Anesthesiology	$ 193.14	Charges have been	#N/A	$ 168.76	$ 172.51
Service Item	Inpatient and Outpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	MC OT Services	$ 2,612	$ 1,567	$ 2,163.42	$ 1,567	$ 2,403
Service Item	Outpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	OP Hand Center	$ 2,611.50	$ 1,566.90	$ 2,163.42	$ 1,566.90	$ 2,402.58
Service Item	Outpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	OP Therapy Akers	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	OP Therapy Dinuba	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	OP Therapy Exeter	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	OP Therapy Lovers Ln	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	OP Therapy Neuro	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Inpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	RH OT Services	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	SA OT Services	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	SN TC Ortho OT	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient	Sewhfo Airplan W Jnts Cf Including Fitting	L3978	274	SN TS OT Services	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient and Outpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	MC OT Services	$ 2,212	$ 1,327	$ 1,832.47	$ 1,327	$ 2,035
Service Item	Outpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	OP Hand Center	$ 2,212.00	$ 1,327.20	$ 1,832.47	$ 1,327.20	$ 2,035.04
Service Item	Outpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	OP Therapy Akers	$ 2,212.00	$ 1,327.20	$ 1,781.82	$ 1,327.20	$ 2,035.04
Service Item	Outpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	OP Therapy Dinuba	$ 2,212.00	$ 1,327.20	$ 1,781.82	$ 1,327.20	$ 2,035.04
Service Item	Outpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	OP Therapy Exeter	$ 2,212.00	$ 1,327.20	$ 1,781.82	$ 1,327.20	$ 2,035.04
Service Item	Outpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	OP Therapy Lovers Ln	$ 2,212.00	$ 1,327.20	$ 1,781.82	$ 1,327.20	$ 2,035.04
Service Item	Outpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	OP Therapy Neuro	$ 2,212.00	$ 1,327.20	$ 1,781.82	$ 1,327.20	$ 2,035.04

Service Item	Inpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	RH OT Services	$ 2,212.00	Charges have been	$ 2,057.16	$ 1,990.80	$ 2,035.04
Service Item	Inpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	SA OT Services	$ 2,212.00	Charges have been	$ 2,057.16	$ 1,990.80	$ 2,035.04
Service Item	Inpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	SN TC Ortho OT	$ 2,212.00	Charges have been	$ 2,057.16	$ 1,990.80	$ 2,035.04
Service Item	Inpatient	Sewhfo Aplan Wo Jnts Cf Including Fitting	L3976	274	SN TS OT Services	$ 2,212.00	Charges have been	$ 2,057.16	$ 1,990.80	$ 2,035.04
Service Item	Inpatient and Outpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	MC OT Services	$ 2,479	$ 1,487	$ 2,053.65	$ 1,487	$ 2,281
Service Item	Outpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	OP Hand Center	$ 2,479.00	$ 1,487.40	$ 2,053.65	$ 1,487.40	$ 2,280.68
Service Item	Outpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	OP Therapy Akers	$ 2,479.00	$ 1,487.40	$ 1,979.64	$ 1,429.00	$ 2,280.68
Service Item	Outpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	OP Therapy Dinuba	$ 2,479.00	$ 1,487.40	$ 1,979.64	$ 1,429.00	$ 2,280.68
Service Item	Outpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	OP Therapy Exeter	$ 2,479.00	$ 1,487.40	$ 1,979.64	$ 1,429.00	$ 2,280.68
Service Item	Outpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	OP Therapy Lovers Ln	$ 2,479.00	$ 1,487.40	$ 1,979.64	$ 1,429.00	$ 2,280.68
Service Item	Outpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	OP Therapy Neuro	$ 2,479.00	$ 1,487.40	$ 1,979.64	$ 1,429.00	$ 2,280.68
Service Item	Inpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	RH OT Services	$ 2,479.00	Charges have been	$ 2,305.47	$ 2,231.10	$ 2,280.68
Service Item	Inpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	SA OT Services	$ 2,479.00	Charges have been	$ 2,305.47	$ 2,231.10	$ 2,280.68
Service Item	Inpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	SN TC Ortho OT	$ 2,479.00	Charges have been	$ 2,305.47	$ 2,231.10	$ 2,280.68
Service Item	Inpatient	Sewhfo Cap Des W Jnts Cf Including Fitting	L3977	274	SN TS OT Services	$ 2,479.00	Charges have been	$ 2,305.47	$ 2,231.10	$ 2,280.68
Service Item	Inpatient and Outpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	MC OT Services	$ 1,297	$ 778	$ 1,074.67	$ 778	$ 1,193
Service Item	Outpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	OP Hand Center	$ 1,297.25	$ 778.35	$ 1,074.67	$ 778.35	$ 1,193.47
Service Item	Outpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	OP Therapy Akers	$ 1,297.25	$ 778.35	$ 1,074.67	$ 778.35	$ 1,193.47
Service Item	Outpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	OP Therapy Dinuba	$ 1,297.25	$ 778.35	$ 1,074.67	$ 778.35	$ 1,193.47
Service Item	Outpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	OP Therapy Exeter	$ 1,297.25	$ 778.35	$ 1,074.67	$ 778.35	$ 1,193.47
Service Item	Outpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	OP Therapy Lovers Ln	$ 1,297.25	$ 778.35	$ 1,074.67	$ 778.35	$ 1,193.47
Service Item	Outpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	OP Therapy Neuro	$ 1,297.25	$ 778.35	$ 1,074.67	$ 778.35	$ 1,193.47
Service Item	Inpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	RH OT Services	$ 1,297.25	Charges have been	$ 1,206.44	$ 1,167.53	$ 1,193.47
Service Item	Inpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	SA OT Services	$ 1,297.25	Charges have been	$ 1,206.44	$ 1,167.53	$ 1,193.47
Service Item	Inpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	SN TC Ortho OT	$ 1,297.25	Charges have been	$ 1,206.44	$ 1,167.53	$ 1,193.47
Service Item	Inpatient	Sewho Abd Erbs Pf Including Fitting	L3962	274	SN TS OT Services	$ 1,297.25	Charges have been	$ 1,206.44	$ 1,167.53	$ 1,193.47
Service Item	Inpatient and Outpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	MC OT Services	$ 1,330	$ 798	$ 1,101.38	$ 798	$ 1,223
Service Item	Outpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	OP Hand Center	$ 1,329.50	$ 797.70	$ 1,101.38	$ 797.70	$ 1,223.14
Service Item	Outpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	OP Therapy Akers	$ 1,329.50	$ 797.70	$ 1,101.38	$ 797.70	$ 1,223.14
Service Item	Outpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	OP Therapy Dinuba	$ 1,329.50	$ 797.70	$ 1,101.38	$ 797.70	$ 1,223.14
Service Item	Outpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	OP Therapy Exeter	$ 1,329.50	$ 797.70	$ 1,101.38	$ 797.70	$ 1,223.14
Service Item	Outpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	OP Therapy Lovers Ln	$ 1,329.50	$ 797.70	$ 1,101.38	$ 797.70	$ 1,223.14
Service Item	Outpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	OP Therapy Neuro	$ 1,329.50	$ 797.70	$ 1,101.38	$ 797.70	$ 1,223.14
Service Item	Inpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	RH OT Services	$ 1,329.50	Charges have been	$ 1,236.44	$ 1,196.55	$ 1,223.14
Service Item	Inpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	SA OT Services	$ 1,329.50	Charges have been	$ 1,236.44	$ 1,196.55	$ 1,223.14
Service Item	Inpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	SN TC Ortho OT	$ 1,329.50	Charges have been	$ 1,236.44	$ 1,196.55	$ 1,223.14
Service Item	Inpatient	Sewho Airplane Des Pf Including Fitting	L3960	274	SN TS OT Services	$ 1,329.50	Charges have been	$ 1,236.44	$ 1,196.55	$ 1,223.14
Service Item	Inpatient and Outpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	MC OT Services	$ 2,612	$ 1,567	$ 2,163.42	$ 1,567	$ 2,403
Service Item	Outpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	OP Hand Center	$ 2,611.50	$ 1,566.90	$ 2,163.42	$ 1,566.90	$ 2,402.58
Service Item	Outpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	OP Therapy Akers	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	OP Therapy Dinuba	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	OP Therapy Exeter	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	OP Therapy Lovers Ln	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	OP Therapy Neuro	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Inpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	RH OT Services	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	SA OT Services	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	SN TC Ortho OT	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient	Sewho Aplane W/Jnts Cf Including Fitting	L3973	274	SN TS OT Services	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient and Outpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	MC OT Services	$ 2,479	$ 1,487	$ 2,053.65	$ 1,487	$ 2,281
Service Item	Outpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	OP Hand Center	$ 2,479.00	$ 1,487.40	$ 2,053.65	$ 1,487.40	$ 2,280.68
Service Item	Outpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	OP Therapy Akers	$ 2,479.00	$ 1,487.40	$ 1,979.64	$ 1,429.00	$ 2,280.68
Service Item	Outpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	OP Therapy Dinuba	$ 2,479.00	$ 1,487.40	$ 1,979.64	$ 1,429.00	$ 2,280.68
Service Item	Outpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	OP Therapy Exeter	$ 2,479.00	$ 1,487.40	$ 1,979.64	$ 1,429.00	$ 2,280.68
Service Item	Outpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	OP Therapy Lovers Ln	$ 2,479.00	$ 1,487.40	$ 1,979.64	$ 1,429.00	$ 2,280.68
Service Item	Outpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	OP Therapy Neuro	$ 2,479.00	$ 1,487.40	$ 1,979.64	$ 1,429.00	$ 2,280.68
Service Item	Inpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	RH OT Services	$ 2,479.00	Charges have been	$ 2,305.47	$ 2,231.10	$ 2,280.68
Service Item	Inpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	SA OT Services	$ 2,479.00	Charges have been	$ 2,305.47	$ 2,231.10	$ 2,280.68
Service Item	Inpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	SN TC Ortho OT	$ 2,479.00	Charges have been	$ 2,305.47	$ 2,231.10	$ 2,280.68
Service Item	Inpatient	Sewho Cap Des W/Jnts Cf Including Fitting	L3971	274	SN TS OT Services	$ 2,479.00	Charges have been	$ 2,305.47	$ 2,231.10	$ 2,280.68
Service Item	Inpatient and Outpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	MC OT Services	$ 2,212	$ 1,327	$ 1,832.26	$ 1,327	$ 2,035
Service Item	Outpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	OP Hand Center	$ 2,211.75	$ 1,327.05	$ 1,832.26	$ 1,327.05	$ 2,034.81
Service Item	Outpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	OP Therapy Akers	$ 2,211.75	$ 1,327.05	$ 1,781.63	$ 1,327.05	$ 2,034.81
Service Item	Outpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	OP Therapy Dinuba	$ 2,211.75	$ 1,327.05	$ 1,781.63	$ 1,327.05	$ 2,034.81
Service Item	Outpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	OP Therapy Exeter	$ 2,211.75	$ 1,327.05	$ 1,781.63	$ 1,327.05	$ 2,034.81
Service Item	Outpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	OP Therapy Lovers Ln	$ 2,211.75	$ 1,327.05	$ 1,781.63	$ 1,327.05	$ 2,034.81
Service Item	Outpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	OP Therapy Neuro	$ 2,211.75	$ 1,327.05	$ 1,781.63	$ 1,327.05	$ 2,034.81
Service Item	Inpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	RH OT Services	$ 2,211.75	Charges have been	$ 2,056.93	$ 1,990.58	$ 2,034.81
Service Item	Inpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	SA OT Services	$ 2,211.75	Charges have been	$ 2,056.93	$ 1,990.58	$ 2,034.81
Service Item	Inpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	SN TC Ortho OT	$ 2,211.75	Charges have been	$ 2,056.93	$ 1,990.58	$ 2,034.81
Service Item	Inpatient	Sewho Cap Dsign Wo Jnts C Including Fitting	L3961	274	SN TS OT Services	$ 2,211.75	Charges have been	$ 2,056.93	$ 1,990.58	$ 2,034.81
Service Item	Inpatient and Outpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	MC OT Services	$ 2,612	$ 1,567	$ 2,163.42	$ 1,567	$ 2,403
Service Item	Outpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	OP Hand Center	$ 2,611.50	$ 1,566.90	$ 2,163.42	$ 1,566.90	$ 2,402.58
Service Item	Outpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	OP Therapy Akers	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	OP Therapy Dinuba	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	OP Therapy Exeter	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	OP Therapy Lovers Ln	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Outpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	OP Therapy Neuro	$ 2,611.50	$ 1,566.90	$ 2,077.81	$ 1,429.00	$ 2,402.58
Service Item	Inpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	RH OT Services	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	SA OT Services	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	SN TC Ortho OT	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient	Sewho Plane Wo Jnts Cf Including Fitting	L3967	274	SN TS OT Services	$ 2,611.50	Charges have been	$ 2,428.70	$ 2,350.35	$ 2,402.58
Service Item	Inpatient and Outpatient	Sex Hormone Binding Globulin-ARUP	84270	300	MC Reference Lab	$ 19	$ 97	$ 43.15	$ 11	$ 214
Service Item	Outpatient	Sft Tiss Bx Back/Flank	21920	510	SFM Family Medicine	$ 2,398.81	$ 1,397.36	$ 1,862.38	$ 1,397.36	$ 2,142.62
Service Item	Inpatient and Outpatient	Sgot (Ast)	84450	301	MC General Lab	$ 72	$ 23	$ 48.95	$ 21	$ 65
Service Item	Inpatient and Outpatient	Sgpt (Alt)	84460	301	MC General Lab	$ 70	$ 23	$ 48.69	$ 21	$ 64
Service Item	Outpatient	Shave F/E/N/L 0.6-1.0Cm	11311	510	SFM Family Medicine	$ 299.41	$ 174.41	$ 232.85	$ 174.41	$ 267.43
Service Item	Outpatient	Shave Les F/E/N/L 0.5Cm/<	11310	510	SFM Family Medicine	$ 299.41	$ 174.41	$ 232.85	$ 174.41	$ 267.43
Service Item	Outpatient	Shave Les T/A/L 0.5Cm/<	11300	510	SFM Family Medicine	$ 285.20	$ 166.13	$ 222.76	$ 166.13	$ 254.74
Service Item	Outpatient	Shave Les T/A/L 0.6-1.0Cm	11301	510	SFM Family Medicine	$ 285.20	$ 166.13	$ 222.76	$ 166.13	$ 254.74
Service Item	Outpatient	Shave Les T/A/L 1.1-2.0Cm	11302	510	SFM Family Medicine	$ 285.20	$ 166.13	$ 222.76	$ 166.13	$ 254.74
Service Item	Outpatient	Shave S,N,H <0.5CM	11305	510	SFM Family Medicine	$ 285.20	$ 166.13	$ 222.76	$ 166.13	$ 254.74
Service Item	Outpatient	Shave S/N/H/F/G >2.0Cm	11308	510	SFM Family Medicine	$ 412.00	$ 240.00	$ 329.57	$ 240.00	$ 370.22
Service Item	Outpatient	Shave S/N/H/F/G 0.6-1.0Cm	11306	510	SFM Family Medicine	$ 285.20	$ 166.13	$ 222.76	$ 166.13	$ 254.74
Service Package	Inpatient and Outpatient	Shell Ant Hip	C1776	278	MC Central Supply	$ 4,889	Charges have been	$ 3,764.53	$ 4,357	$ 4,454
Service Package	Inpatient and Outpatient	Shell Hip Acetabular (A)	C1776	278	MC Central Supply	$ 3,459	Charges have been	$ 2,795.04	$ 3,082	$ 3,151
Service Package	Inpatient and Outpatient	Shell Hip Acetabular (B)	C1776	278	MC Central Supply	$ 4,681	Charges have been	$ 3,623.51	$ 4,172	$ 4,264
Service Package	Inpatient and Outpatient	Shell Hip Acetabular (C)	C1776	278	MC Central Supply	$ 7,921	Charges have been	$ 5,819.24	$ 7,058	$ 7,215
Service Package	Inpatient and Outpatient	Shell Hip Acetabular (D)	C1776	278	MC Central Supply	$ 9,015	Charges have been	$ 6,560.44	$ 8,033	$ 8,211
Service Item	Outpatient	Shoulder 1 View	73020	320	IC Radiology	$ 247.51	$ 60.36	$ 150.53	$ 54.12	$ 221.08
Service Item	Inpatient and Outpatient	Shoulder 1 View	73020	320	MC Diag Radiology	$ 248	$ 60	$ 223.69	$ 54	$ 888
Service Item	Outpatient	Shoulder 1 View	73020	320	NC Diag Imaging	$ 247.51	$ 60.36	$ 223.69	$ 54.12	$ 887.81
Service Item	Outpatient	Shoulder 1 View	73020	320	SC Diag Imaging	$ 247.51	$ 60.36	$ 223.69	$ 54.12	$ 887.81
Service Item	Outpatient	Shoulder 2 Views	73030	320	IC Radiology	$ 350.77	$ 72.72	$ 206.32	$ 65.21	$ 313.31
Service Item	Inpatient and Outpatient	Shoulder 2 Views	73030	320	MC Diag Radiology	$ 351	$ 73	$ 272.96	$ 65	$ 888
Service Item	Outpatient	Shoulder 2 Views	73030	320	NC Diag Imaging	$ 350.77	$ 72.72	$ 272.96	$ 65.21	$ 887.81
Service Item	Outpatient	Shoulder 2 Views	73030	320	SC Diag Imaging	$ 350.77	$ 72.72	$ 272.96	$ 65.21	$ 887.81
Service Item	Outpatient	Shoulder Arthrogram	73040	322	IC Radiology	$ 1,066.78	$ 266.61	$ 660.43	$ 239.06	$ 952.85
Service Item	Inpatient and Outpatient	Shoulder Arthrogram	73040	322	MC Diag Radiology	$ 1,067	$ 267	$ 1,245.34	$ 239	$ 6,522
Service Item	Outpatient	Shoulder Arthrogram	73040	322	NC Diag Imaging	$ 1,066.78	$ 266.61	$ 1,245.34	$ 239.06	$ 6,522.36
Service Item	Outpatient	Shoulder Arthrogram	73040	322	SC Diag Imaging	$ 1,066.78	$ 266.61	$ 1,245.34	$ 239.06	$ 6,522.36
Service Item	Outpatient	Shoulders Ac Joints	73050	320	IC Radiology	$ 321.54	$ 85.44	$ 197.39	$ 76.61	$ 287.20
Service Item	Inpatient and Outpatient	Shoulders Ac Joints	73050	320	MC Diag Radiology	$ 322	$ 85	$ 265.88	$ 77	$ 888
Service Item	Outpatient	Shoulders Ac Joints	73050	320	NC Diag Imaging	$ 321.54	$ 85.44	$ 265.88	$ 76.61	$ 887.81
Service Item	Outpatient	Shoulders Ac Joints	73050	320	SC Diag Imaging	$ 321.54	$ 85.44	$ 265.88	$ 76.61	$ 887.81
Service Item	Inpatient and Outpatient	Shunt Evaluation	78645	340	MC Nuclear Medicine	$ 1,915	$ 434	$ 1,349.13	$ 416	$ 1,710
Service Package	Inpatient and Outpatient	Shunt Pleural Effusion De		278	MC Central Supply	$ 3,636	Charges have been	#N/A	$ 3,240	$ 3,312
Service Item	Outpatient	Shuntogram For Nv Shunt	75809	320	IC Radiology	$ 238.22	$ 100.11	$ 186.08	$ 89.77	$ 368.72
Service Item	Inpatient and Outpatient	Shuntogram For Nv Shunt	75809	320	MC Diag Radiology	$ 238	$ 100	$ 334.63	$ 90	$ 1,636

Service Item	Outpatient	Shuntogram For Nv Shunt	75809	320	NC Diag Imaging	$ 238.22	$ 100.11	$ 334.63	$ 89.77	$ 1,635.83
Service Item	Outpatient	Shuntogram For Nv Shunt	75809	320	SC Diag Imaging	$ 238.22	$ 100.11	$ 334.63	$ 89.77	$ 1,635.83
Service Package	Inpatient and Outpatient	Si Endo Il W Bleed Cntrl	44378	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Si Endo W/ Bleed Cntrl	44366	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Sidekick Coretrack Steripack		278	MC Central Supply	$ 7,674	Charges have been	#N/A	$ 6,838	$ 6,990
Service Package	Inpatient and Outpatient	Sig W/ Balloon Dilation	45340	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Sigmoid W/ Rem By Hbf/Bpc	45333	750	MC Endo Services	$ 2,700	Charges have been	$ 2,057.28	$ 885	$ 2,484
Service Package	Inpatient and Outpatient	Sigmoid W/ Rem By Snare	45338	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Sigmoid w/Resection	45349	750	MC Endo Services	$ 3,600	Charges have been	$ 3,127.05	$ 2,716	$ 3,312
Service Package	Inpatient and Outpatient	Sigmoid W/Us Guide Bx	45342	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Sigmoidosc W Bleed Cntrl	45334	750	MC Endo Services	$ 2,700	Charges have been	$ 2,126.90	$ 1,164	$ 2,484
Service Package	Inpatient and Outpatient	Sigmoidosco Flex W/Decomp	45337	750	MC Endo Services	$ 2,700	Charges have been	$ 2,057.28	$ 885	$ 2,484
Service Package	Inpatient and Outpatient	Sigmoidoscop W/Submuc Inj	45335	750	MC Endo Services	$ 2,700	Charges have been	$ 2,057.28	$ 885	$ 2,484
Service Package	Inpatient and Outpatient	Sigmoidoscopy Dx	45330	750	MC Endo Services	$ 2,700	Charges have been	$ 2,057.28	$ 885	$ 2,484
Service Package	Inpatient and Outpatient	Sigmoidoscopy W/ Bx	45331	750	MC Endo Services	$ 2,700	Charges have been	$ 2,057.28	$ 885	$ 2,484
Service Package	Inpatient and Outpatient	Sigmoidoscopy W/Us	45341	750	MC Endo Services	$ 2,700	Charges have been	$ 2,057.28	$ 885	$ 2,484
Service Item	Inpatient and Outpatient	Signal Recognition Particle (SRP) Ab-ARUP	83516	300	MC Reference Lab	$ 75	$ 104	$ 66.73	$ 39	$ 113
Service Package	Inpatient and Outpatient	Sil Strip Styl 41 Prod#S2	A4649	272	MC Central Supply	$ 371	Charges have been	$ 459.59	$ 331	$ 338
Service Package	Inpatient and Outpatient	Silicone Pip Implant	L8641	278	MC Central Supply	$ 4,361	Charges have been	$ 4,035.53	$ 3,886	$ 3,973
Service Item	Outpatient	siltuximab 100 mg Inj	J2860	636	CD Infusion Clinic	$ 3,820.75	$ 2,292.45	$ 1,933.13	$ 92.85	$ 3,515.09
Service Item	Inpatient and Outpatient	siltuximab 100 mg Inj	J2860	636	MC Pharmacy	$ 3,821	$ 2,392	$ 1,933.13	$ 93	$ 3,515
Service Item	Outpatient	siltuximab 100 mg Inj	J2860	636	NC Urgent Care	$ 3,820.75	$ 2,391.75	$ 1,923.58	$ 92.85	$ 3,515.09
Service Item	Outpatient	siltuximab 100 mg Inj	J2860	636	SC Urgent Care	$ 3,820.75	$ 2,391.75	$ 1,933.13	$ 92.85	$ 3,515.09
Service Item	Outpatient	siltuximab 400 mg Inj	J2860	636	CD Infusion Clinic	$ 15,282.95	$ 9,169.77	$ 6,053.79	$ 92.85	$ 14,060.31
Service Item	Inpatient and Outpatient	siltuximab 400 mg Inj	J2860	636	MC Pharmacy	$ 15,283	$ 9,269	$ 6,053.79	$ 93	$ 14,060
Service Item	Outpatient	siltuximab 400 mg Inj	J2860	636	NC Urgent Care	$ 15,282.95	$ 9,269.07	$ 6,015.58	$ 92.85	$ 14,060.31
Service Item	Outpatient	siltuximab 400 mg Inj	J2860	636	SC Urgent Care	$ 15,282.95	$ 9,269.07	$ 6,053.79	$ 92.85	$ 14,060.31
Service Item	Outpatient	Simp Wnd Repair F/E/N/L/M 12.6-20.0Cm	12016	516	NC Urgent Care	$ 388.20	$ 226.13	$ 292.87	$ 188.45	$ 370.22
Service Item	Outpatient	Simp Wnd Repair F/E/N/L/M 12.6-20.0Cm	12016	516	SC Urgent Care	$ 388.20	$ 226.13	$ 293.81	$ 188.45	$ 370.22
Service Item	Outpatient	Simp Wnd Repair F/E/N/L/M 20.1-30.0 Cm	12017	516	NC Urgent Care	$ 405.13	$ 236.00	$ 299.62	$ 196.67	$ 370.22
Service Item	Outpatient	Simp Wnd Repair F/E/N/L/M 20.1-30.0 Cm	12017	516	SC Urgent Care	$ 405.13	$ 236.00	$ 300.60	$ 196.67	$ 370.22
Service Item	Outpatient	Simp Wnd Repair F/E/N/L/M 5.1-7.5 Cm	12014	516	NC Urgent Care	$ 354.32	$ 206.40	$ 248.03	$ 158.62	$ 316.48
Service Item	Outpatient	Simp Wnd Repair F/E/N/L/M 5.1-7.5 Cm	12014	516	SC Urgent Care	$ 354.32	$ 206.40	$ 248.89	$ 158.62	$ 316.48
Service Item	Outpatient	Simp Wnd Repair F/E/N/L/M 7.6-12.5 Cm	12015	516	NC Urgent Care	$ 371.25	$ 216.26	$ 262.18	$ 180.22	$ 331.60
Service Item	Outpatient	Simp Wnd Repair F/E/N/L/M 7.6-12.5 Cm	12015	516	SC Urgent Care	$ 371.25	$ 216.26	$ 263.08	$ 180.22	$ 331.60
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T 12.6-20.0Cm	12005	516	NC Urgent Care	$ 388.20	$ 226.13	$ 287.15	$ 179.37	$ 370.22
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T 12.6-20.0Cm	12005	516	SC Urgent Care	$ 388.20	$ 226.13	$ 288.09	$ 179.37	$ 370.22
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T 2.6-7.5 Cm	12002	516	NC Urgent Care	$ 337.38	$ 196.53	$ 234.32	$ 122.84	$ 301.35
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T 2.6-7.5 Cm	12002	516	SC Urgent Care	$ 337.38	$ 196.53	$ 235.14	$ 122.84	$ 301.35
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T 20.1-30.0 Cm	12006	516	NC Urgent Care	$ 405.13	$ 236.00	$ 301.54	$ 196.67	$ 370.22
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T 20.1-30.0 Cm	12006	516	SC Urgent Care	$ 405.13	$ 236.00	$ 302.52	$ 196.67	$ 370.22
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T 7.6-12.5 Cm	12004	516	NC Urgent Care	$ 371.25	$ 216.26	$ 256.75	$ 144.56	$ 331.60
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T 7.6-12.5 Cm	12004	516	SC Urgent Care	$ 371.25	$ 216.26	$ 257.66	$ 144.56	$ 331.60
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T To 2.5 Cm	12001	516	NC Urgent Care	$ 320.44	$ 186.67	$ 223.49	$ 115.80	$ 286.22
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T To 2.5 Cm	12001	516	SC Urgent Care	$ 320.44	$ 186.67	$ 224.27	$ 115.80	$ 286.22
Service Item	Outpatient	Simp Wnd Repair S/N/A/G/T To 2.5 Cm	12001	516	SFM Family Medicine	$ 320.44	$ 186.67	$ 247.79	$ 186.67	$ 286.22
Service Item	Outpatient	Simple Rad Sim	77280	333	HR Radiation Onc	$ 782.67	$ 385.68	$ 683.51	$ 146.68	$ 1,791.48
Service Item	Inpatient and Outpatient	Simple Rad Sim	77280	333	MC Radiation Thrpy	$ 783	$ 386	$ 691.88	$ 147	$ 1,791
Service Item	Outpatient	Simple Rad Sim	77280	333	VR Radiation Onc	$ 782.67	$ 385.68	$ 683.51	$ 146.68	$ 1,791.48
Service Item	Outpatient	sincalide 5 mcg Inj	J2805	636	CD Infusion Clinic	$ 465.55	$ 279.33	$ 313.40	$ 63.33	$ 428.31
Service Item	Inpatient and Outpatient	sincalide 5 mcg Inj	J2805	636	MC Pharmacy	$ 466	$ 279	$ 313.40	$ 63	$ 428
Service Item	Outpatient	sincalide 5 mcg Inj	J2805	636	NC Urgent Care	$ 465.55	$ 279.33	$ 312.24	$ 63.33	$ 428.31
Service Item	Outpatient	sincalide 5 mcg Inj	J2805	636	SC Urgent Care	$ 465.55	$ 279.33	$ 313.40	$ 63.33	$ 428.31
Service Item	Outpatient	Sinus Paranasal <3Vws	70210	320	IC Radiology	$ 254.33	$ 78.90	$ 160.51	$ 70.75	$ 227.17
Service Item	Inpatient and Outpatient	Sinus Paranasal <3Vws	70210	320	MC Diag Radiology	$ 254	$ 79	$ 233.24	$ 71	$ 888
Service Item	Outpatient	Sinus Paranasal <3Vws	70210	320	NC Diag Imaging	$ 254.33	$ 78.90	$ 233.24	$ 70.75	$ 887.81
Service Item	Outpatient	Sinus Paranasal <3Vws	70210	320	SC Diag Imaging	$ 254.33	$ 78.90	$ 233.24	$ 70.75	$ 887.81
Service Item	Outpatient	Sinus Tract Study	76080	320	IC Radiology	$ 1,203.95	$ 133.86	$ 502.73	$ 120.03	$ 558.01
Service Item	Inpatient and Outpatient	Sinus Tract Study	76080	320	MC Diag Radiology	$ 1,204	$ 134	$ 797.23	$ 120	$ 3,320
Service Item	Outpatient	Sinus Tract Study	76080	320	NC Diag Imaging	$ 1,203.95	$ 133.86	$ 797.23	$ 120.03	$ 3,320.14
Service Item	Outpatient	Sinus Tract Study	76080	320	SC Diag Imaging	$ 1,203.95	$ 133.86	$ 797.23	$ 120.03	$ 3,320.14
Service Package	Inpatient and Outpatient	Sinus Tract Therapeutic	20500	361	MC Cath Lab Srvcs	$ 3,373	Charges have been	$ 2,510.74	$ 1,563	$ 2,392
Service Item	Outpatient	Sinuses 3 Views Min	70220	320	IC Radiology	$ 347.21	$ 100.35	$ 212.55	$ 89.98	$ 310.13
Service Item	Inpatient and Outpatient	Sinuses 3 Views Min	70220	320	MC Diag Radiology	$ 347	$ 100	$ 279.42	$ 90	$ 888
Service Item	Outpatient	Sinuses 3 Views Min	70220	320	NC Diag Imaging	$ 347.21	$ 100.35	$ 279.42	$ 89.98	$ 887.81
Service Item	Outpatient	Sinuses 3 Views Min	70220	320	SC Diag Imaging	$ 347.21	$ 100.35	$ 279.42	$ 89.98	$ 887.81
Service Item	Outpatient	sirolimus 1 mg Tab	J7520	636	CD Infusion Clinic	$ 79.30	$ 47.58	$ 56.29	$ 14.31	$ 72.96
Service Item	Inpatient and Outpatient	sirolimus 1 mg Tab	J7520	636	MC Pharmacy	$ 79	$ 48	$ 56.29	$ 14	$ 73
Service Item	Outpatient	sirolimus 1 mg Tab	J7520	636	NC Urgent Care	$ 79.30	$ 47.58	$ 50.42	$ 7.23	$ 72.96
Service Item	Outpatient	sirolimus 1 mg Tab	J7520	636	SC Urgent Care	$ 79.30	$ 47.58	$ 50.62	$ 7.23	$ 72.96
Service Item	Inpatient and Outpatient	Sirolimus by HPLC-MS/MS-ARUP	80195	300	MC Reference Lab	$ 12	$ 60	$ 27.37	$ 7	$ 135
Service Item	Outpatient	Skin Biopsy - Incisional, Ea Addl	11107	761	OP Wound Center	$ 180.85	$ 105.35	$ 146.41	$ 105.35	$ 175.58
Service Item	Outpatient	Skin Biopsy - Incisional, Ea Addl	11107	761	SFM Family Medicine	$ 180.85	$ 105.35	$ 145.97	$ 105.35	$ 175.58
Service Item	Outpatient	Skin Biopsy - Incisional, Single	11106	761	OP Wound Center	$ 412.00	$ 240.00	$ 330.57	$ 240.00	$ 370.22
Service Item	Outpatient	Skin Biopsy - Incisional, Single	11106	761	SFM Family Medicine	$ 412.00	$ 240.00	$ 329.57	$ 240.00	$ 370.22
Service Item	Outpatient	Skin Biopsy - Punch - Ea Addl	11105	516	NC Urgent Care	$ 180.85	$ 105.35	$ 131.69	$ 59.68	$ 161.53
Service Item	Outpatient	Skin Biopsy - Punch - Ea Addl	11105	516	OP Wound Center	$ 180.85	$ 105.35	$ 146.41	$ 105.35	$ 175.58
Service Item	Outpatient	Skin Biopsy - Punch - Ea Addl	11105	516	SC Urgent Care	$ 180.85	$ 105.35	$ 132.13	$ 59.68	$ 161.53
Service Item	Outpatient	Skin Biopsy - Punch - Ea Addl	11105	516	SFM Family Medicine	$ 180.85	$ 105.35	$ 145.97	$ 105.35	$ 161.53
Service Item	Outpatient	Skin Biopsy - Punch, Single	11104	516	NC Urgent Care	$ 299.41	$ 174.41	$ 211.52	$ 121.95	$ 267.43
Service Item	Outpatient	Skin Biopsy - Punch, Single	11104	516	OP Wound Center	$ 299.41	$ 174.41	$ 233.58	$ 174.41	$ 267.43
Service Item	Outpatient	Skin Biopsy - Punch, Single	11104	516	SC Urgent Care	$ 299.41	$ 174.41	$ 212.25	$ 121.95	$ 267.43
Service Item	Outpatient	Skin Biopsy - Punch, Single	11104	516	SFM Family Medicine	$ 299.41	$ 174.41	$ 232.85	$ 174.41	$ 267.43
Service Item	Outpatient	Skin Biopsy - Shave, Scoop, Sauce - Ea Addl	11103	761	OP Wound Center	$ 180.85	$ 105.35	$ 146.41	$ 105.35	$ 175.58
Service Item	Outpatient	Skin Biopsy - Shave, Scoop, Sauce - Ea Addl	11103	761	SFM Family Medicine	$ 180.85	$ 105.35	$ 145.97	$ 105.35	$ 175.58
Service Item	Outpatient	Skin Biopsy - Shave, Scoop, Sauce - Single	11102	761	OP Wound Center	$ 299.41	$ 174.41	$ 233.58	$ 174.41	$ 267.43
Service Item	Outpatient	Skin Biopsy - Shave, Scoop, Sauce - Single	11102	761	SFM Family Medicine	$ 299.41	$ 174.41	$ 232.85	$ 174.41	$ 267.43
Service Item	Inpatient and Outpatient	Skin Graft F/N/Hf/G Addl	15276	761	MC OT Services	$ 205	$ 123	$ 169.62	$ 123	$ 188
Service Package	Inpatient and Outpatient	Skin Graft F/N/Hf/G Addl	15276	761	MC PT Services	$ 205	Charges have been	$ 190.42	$ 184	$ 188
Service Item	Inpatient	Skin Graft F/N/Hf/G Addl	15276	761	RH OT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Skin Graft F/N/Hf/G Addl	15276	761	RH PT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Skin Graft F/N/Hf/G Addl	15276	761	SA PT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Skin Graft F/N/Hf/G Addl	15276	761	SN TC Ortho OT	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Skin Graft F/N/Hf/G Addl	15276	761	SN TC Ortho PT	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Skin Graft F/N/Hf/G Addl	15276	761	SN TS OT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient	Skin Graft F/N/Hf/G Addl	15276	761	SN TS PT Services	$ 204.75	Charges have been	$ 190.42	$ 184.28	$ 188.37
Service Item	Inpatient and Outpatient	Skin Sub Graft F/Nk/Hf/G	15275	761	MC OT Services	$ 1,900	$ 1,400	$ 1,572.03	$ 1,140	$ 1,880
Service Package	Inpatient and Outpatient	Skin Sub Graft F/Nk/Hf/G	15275	761	MC PT Services	$ 1,900	Charges have been	$ 1,762.07	$ 1,710	$ 1,880
Service Item	Inpatient	Skin Sub Graft F/Nk/Hf/G	15275	761	RH OT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Skin Sub Graft F/Nk/Hf/G	15275	761	RH PT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Skin Sub Graft F/Nk/Hf/G	15275	761	SA PT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Skin Sub Graft F/Nk/Hf/G	15275	761	SN TC Ortho OT	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Skin Sub Graft F/Nk/Hf/G	15275	761	SN TC Ortho PT	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Skin Sub Graft F/Nk/Hf/G	15275	761	SN TS OT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Inpatient	Skin Sub Graft F/Nk/Hf/G	15275	761	SN TS PT Services	$ 1,900.00	Charges have been	$ 1,762.07	$ 1,710.00	$ 1,880.27
Service Item	Outpatient	Skin Tag Removal 1-15	11200	516	NC Urgent Care	$ 231.75	$ 135.00	$ 165.38	$ 65.16	$ 207.00
Service Item	Outpatient	Skin Tag Removal 1-15	11200	516	SC Urgent Care	$ 231.75	$ 135.00	$ 165.94	$ 65.16	$ 207.00
Service Item	Outpatient	Skin Tag Removal 1-15	11200	516	SFM Family Medicine	$ 231.75	$ 135.00	$ 184.81	$ 135.00	$ 207.00
Service Item	Outpatient	Skin Tag Removal--Addl 10	11201	516	NC Urgent Care	$ 165.55	$ 96.44	$ 104.24	$ 14.59	$ 147.87
Service Item	Outpatient	Skin Tag Removal--Addl 10	11201	516	SC Urgent Care	$ 165.55	$ 96.44	$ 104.65	$ 14.59	$ 147.87
Service Item	Outpatient	Skin Tag Removal--Addl 10	11201	516	SFM Family Medicine	$ 165.55	$ 96.44	$ 121.32	$ 96.44	$ 147.87
Service Package	Inpatient and Outpatient	Skin Tags Remvl		450	MC Emergency	$ 152	Charges have been	#N/A	$ 133	$ 136
Service Item	Outpatient	Skin Test Tuberculosis Ppd	86580	302	CD Chronic Disease	$ 68.58	$ 40.74	$ 49.02	$ 26.64	$ 65.91
Service Item	Inpatient and Outpatient	Skin Test Tuberculosis Ppd	86580	302	MC General Lab	$ 69	$ 32	$ 49.19	$ 27	$ 66
Service Item	Outpatient	Skin Test Tuberculosis Ppd	86580	302	SFM Family Medicine	$ 68.58	$ 31.71	$ 49.02	$ 26.64	$ 65.91
Service Item	Outpatient	Skn Sub F/N/H/G Ch Add	15278	761	OP Wound Center	$ 558.30	$ 334.98	$ 462.51	$ 334.98	$ 558.30
Service Item	Outpatient	Skn Sub F/N/Hf/G 25	15275	761	OP Wound Center	$ 1,900.00	$ 1,400.00	$ 1,548.68	$ 1,140.00	$ 1,880.27
Service Item	Outpatient	Skn Sub F/N/Hf/G Add	15276	761	OP Wound Center	$ 204.75	$ 122.85	$ 169.62	$ 122.85	$ 204.75

Service Item	Outpatient	Skn Sub F/N/Hf/G Ch25	15277	761	OP Wound Center	$ 1,900.00	$ 1,140.00	$ 1,548.68	$ 1,140.00	$ 1,880.27
Service Item	Outpatient	Skull < 4 Views	70250	320	IC Radiology	$ 254.33	$ 79.26	$ 165.63	$ 71.07	$ 227.17
Service Item	Inpatient and Outpatient	Skull < 4 Views	70250	320	MC Diag Radiology	$ 254	$ 79	$ 313.16	$ 71	$ 1,636
Service Item	Outpatient	Skull < 4 Views	70250	320	NC Diag Imaging	$ 254.33	$ 79.26	$ 313.16	$ 71.07	$ 1,635.83
Service Item	Outpatient	Skull < 4 Views	70250	320	SC Diag Imaging	$ 254.33	$ 79.26	$ 313.16	$ 71.07	$ 1,635.83
Service Item	Outpatient	Skull 4 Views	70260	320	IC Radiology	$ 601.27	$ 114.51	$ 346.28	$ 102.68	$ 537.06
Service Item	Inpatient and Outpatient	Skull 4 Views	70260	320	MC Diag Radiology	$ 601	$ 115	$ 471.92	$ 103	$ 1,636
Service Item	Outpatient	Skull 4 Views	70260	320	NC Diag Imaging	$ 601.27	$ 114.51	$ 471.92	$ 102.68	$ 1,635.83
Service Item	Outpatient	Skull 4 Views	70260	320	SC Diag Imaging	$ 601.27	$ 114.51	$ 471.92	$ 102.68	$ 1,635.83
Service Item	Inpatient and Outpatient	Skull Base Thigh Nopr Int	78815	404	DC PET CT	$ 4,880	$ 3,189	$ 3,835.69	$ 1,672	$ 4,738
Service Item	Outpatient	Skull Base Thigh Nopr Int	78815	404	IC PET Scan	$ 4,880.12	$ 3,189.00	$ 3,835.69	$ 1,672.11	$ 4,737.98
Service Item	Inpatient and Outpatient	Skull Base Thigh Nopr Sub	78815	404	DC PET CT	$ 4,880	$ 3,189	$ 3,835.69	$ 1,672	$ 4,738
Service Item	Outpatient	Skull Base Thigh Nopr Sub	78815	404	IC PET Scan	$ 4,880.12	$ 3,189.00	$ 3,835.69	$ 1,672.11	$ 4,737.98
Service Package	Inpatient and Outpatient	Sleeve Metaphyseal Knee	C1776	278	MC Central Supply	$ 8,363	Charges have been	$ 6,118.64	$ 7,452	$ 7,618
Service Package	Inpatient and Outpatient	Sleeve Tibial Revision	C1776	278	MC Central Supply	$ 2,194	Charges have been	$ 1,937.85	$ 1,955	$ 1,999
Service Package	Inpatient and Outpatient	Sleeve Univ Femoral Knee	C1776	278	MC Central Supply	$ 8,129	Charges have been	$ 5,960.24	$ 7,244	$ 7,405
Service Package	Inpatient and Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	MC ST Services	$ 477	Charges have been	$ 443.15	$ 429	$ 438
Service Package	Inpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	MH ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	OP Therapy Akers	$ 476.50	$ 120.00	$ 366.49	$ 120.00	$ 438.38
Service Item	Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	OP Therapy Dinuba	$ 476.50	$ 120.00	$ 366.49	$ 120.00	$ 438.38
Service Item	Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	OP Therapy Exeter	$ 476.50	$ 120.00	$ 366.49	$ 120.00	$ 438.38
Service Item	Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	OP Therapy Lovers Ln	$ 476.50	$ 120.00	$ 366.49	$ 120.00	$ 438.38
Service Item	Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	OP Therapy Neuro	$ 476.50	$ 120.00	$ 391.54	$ 120.00	$ 438.38
Service Item	Inpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	RH ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Inpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	SA ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Inpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	SN TC Ortho ST	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Inpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92612	440	SN TS ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Package	Inpatient and Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	MC ST Services	$ 477	Charges have been	$ 443.15	$ 429	$ 438
Service Package	Inpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	MH ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	OP Therapy Akers	$ 476.50	$ 120.00	$ 366.49	$ 120.00	$ 438.38
Service Item	Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	OP Therapy Dinuba	$ 476.50	$ 120.00	$ 366.49	$ 120.00	$ 438.38
Service Item	Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	OP Therapy Exeter	$ 476.50	$ 120.00	$ 366.49	$ 120.00	$ 438.38
Service Item	Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	OP Therapy Lovers Ln	$ 476.50	$ 120.00	$ 366.49	$ 120.00	$ 438.38
Service Item	Outpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	OP Therapy Neuro	$ 476.50	$ 120.00	$ 399.28	$ 120.00	$ 438.38
Service Item	Inpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	RH ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Inpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	SA ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Inpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	SN TC Ortho ST	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Inpatient	SLP Fiberoptic Endoscopic Evaluation of Swallow	92616	440	SN TS ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Outpatient	Sm Bowel Ser Flms W/Wo Fl	74250	320	IC Radiology	$ 695.80	$ 166.14	$ 436.84	$ 148.97	$ 621.49
Service Item	Inpatient and Outpatient	Sm Bowel Ser Flms W/Wo Fl	74250	320	MC Diag Radiology	$ 696	$ 166	$ 556.51	$ 149	$ 1,636
Service Item	Outpatient	Sm Bowel Ser Flms W/Wo Fl	74250	320	NC Diag Imaging	$ 695.80	$ 166.14	$ 556.51	$ 148.97	$ 1,635.83
Service Item	Outpatient	Sm Bowel Ser Flms W/Wo Fl	74250	320	SC Diag Imaging	$ 695.80	$ 166.14	$ 556.51	$ 148.97	$ 1,635.83
Service Package	Inpatient and Outpatient	Sm Int Endo W Ileum W Bx	44377	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Small Intestine Endo Dx	44360	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Small Intestine Endo W/Bx	44361	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Item	Outpatient	Smear Acid Fast	87206	306	Reference Lab TC	$ 8.24	$ 23.94	$ 24.32	$ 7.00	$ 52.92
Service Item	Inpatient and Outpatient	Smear For Eosinophil	89190	300	MC General Lab	$ 70	$ 21	$ 46.89	$ 19	$ 64
Service Item	Inpatient and Outpatient	Smear Gram Stain	87205	306	MC General Lab	$ 59	$ 19	$ 40.26	$ 17	$ 54
Service Item	Inpatient and Outpatient	Smear Malaria Thick	87015	306	MC General Lab	$ 50	$ 30	$ 43.50	$ 27	$ 66
Service Item	Inpatient and Outpatient	Smear Malaria Thin	87207	306	MC General Lab	$ 89	$ 27	$ 59.35	$ 24	$ 81
Service Item	Inpatient and Outpatient	Smear Pinworm	87172	306	MC General Lab	$ 33	$ 19	$ 28.39	$ 17	$ 42
Service Item	Inpatient and Outpatient	Smear Wet Mnt Koh Skin Na	87220	306	MC General Lab	$ 89	$ 19	$ 54.21	$ 17	$ 82
Service Item	Inpatient and Outpatient	Smear Wet Mount Koh	87210	306	MC General Lab	$ 71	$ 19	$ 44.03	$ 17	$ 64
Service Item	Outpatient	Smear Wet Mount Koh	87210	306	SFM Family Medicine	$ 70.72	$ 19.02	$ 43.86	$ 17.05	$ 64.42
Service Item	Inpatient and Outpatient	Smear Wet Mount Saline	87210	306	MC General Lab	$ 71	$ 19	$ 44.03	$ 17	$ 64
Service Item	Inpatient and Outpatient	Smith (ENA) IgG Antibody-ARUP	86235	305	MC Reference Lab	$ 15	$ 68	$ 33.57	$ 9	$ 176
Service Item	Inpatient and Outpatient	Smooth Muscle Ab, IgG Titer-ARUP	86256	300	MC Reference Lab	$ 10	$ 54	$ 23.93	$ 6	$ 118
Service Item	Inpatient and Outpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	MC OT Services	$ 1,186	$ 712	$ 982.71	$ 712	$ 1,091
Service Item	Outpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	OP Hand Center	$ 1,186.25	$ 711.75	$ 982.71	$ 711.75	$ 1,091.35
Service Item	Outpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	OP Therapy Akers	$ 1,186.25	$ 711.75	$ 982.71	$ 711.75	$ 1,091.35
Service Item	Outpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	OP Therapy Dinuba	$ 1,186.25	$ 711.75	$ 982.71	$ 711.75	$ 1,091.35
Service Item	Outpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	OP Therapy Exeter	$ 1,186.25	$ 711.75	$ 982.71	$ 711.75	$ 1,091.35
Service Item	Outpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	OP Therapy Lovers Ln	$ 1,186.25	$ 711.75	$ 982.71	$ 711.75	$ 1,091.35
Service Item	Outpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	OP Therapy Neuro	$ 1,186.25	$ 711.75	$ 982.71	$ 711.75	$ 1,091.35
Service Item	Inpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	RH OT Services	$ 1,186.25	Charges have been	$ 1,103.21	$ 1,067.63	$ 1,091.35
Service Item	Inpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	SA OT Services	$ 1,186.25	Charges have been	$ 1,103.21	$ 1,067.63	$ 1,091.35
Service Item	Inpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	SN TC Ortho OT	$ 1,186.25	Charges have been	$ 1,103.21	$ 1,067.63	$ 1,091.35
Service Item	Inpatient	So Cap Design Wo Jnts Cf Including Fitting	L3671	274	SN TS OT Services	$ 1,186.25	Charges have been	$ 1,103.21	$ 1,067.63	$ 1,091.35
Service Item	Inpatient and Outpatient	So Pf Fig 8 Restr	L3650	274	MC OT Services	$ 107	$ 70	$ 88.85	$ 64	$ 99
Service Item	Outpatient	So Pf Fig 8 Restr	L3650	274	OP Hand Center	$ 107.25	$ 64.35	$ 88.85	$ 64.35	$ 98.67
Service Item	Outpatient	So Pf Fig 8 Restr	L3650	274	OP Therapy Akers	$ 107.25	$ 64.35	$ 88.85	$ 64.35	$ 98.67
Service Item	Outpatient	So Pf Fig 8 Restr	L3650	274	OP Therapy Dinuba	$ 107.25	$ 64.35	$ 88.85	$ 64.35	$ 98.67
Service Item	Outpatient	So Pf Fig 8 Restr	L3650	274	OP Therapy Exeter	$ 107.25	$ 64.35	$ 88.85	$ 64.35	$ 98.67
Service Item	Outpatient	So Pf Fig 8 Restr	L3650	274	OP Therapy Lovers Ln	$ 107.25	$ 64.35	$ 88.85	$ 64.35	$ 98.67
Service Item	Outpatient	So Pf Fig 8 Restr	L3650	274	OP Therapy Neuro	$ 107.25	$ 64.35	$ 88.85	$ 64.35	$ 98.67
Service Item	Inpatient	So Pf Fig 8 Restr	L3650	274	RH OT Services	$ 107.25	Charges have been	$ 99.74	$ 96.53	$ 98.67
Service Item	Inpatient	So Pf Fig 8 Restr	L3650	274	SA OT Services	$ 107.25	Charges have been	$ 99.74	$ 96.53	$ 98.67
Service Item	Inpatient	So Pf Fig 8 Restr	L3650	274	SN TC Ortho OT	$ 107.25	Charges have been	$ 99.74	$ 96.53	$ 98.67
Service Item	Inpatient	So Pf Fig 8 Restr	L3650	274	SN TS OT Services	$ 107.25	Charges have been	$ 99.74	$ 96.53	$ 98.67
Service Item	Outpatient	Sod Chloride 0.9% 10Ml	J3490	636	IC Radiology	$ 19.53	$ 11.72	$ 18.85	$ 11.72	$ 27.98
Service Item	Inpatient and Outpatient	Sod Chloride 0.9% 10Ml	J3490	636	MC Diag Radiology	$ 20	$ 12	$ 19.90	$ 12	$ 28
Service Item	Outpatient	Sod Chloride 0.9% 10Ml	J3490	636	NC Diag Imaging	$ 19.53	$ 11.72	$ 19.90	$ 11.72	$ 27.98
Service Item	Outpatient	Sod Chloride 0.9% 10Ml	J3490	636	SC Diag Imaging	$ 19.53	$ 11.72	$ 19.90	$ 11.72	$ 27.98
Service Item	Outpatient	sod chondroitin-hyaluronate 40 mg-30 mg/mL 0	J3490	636	CD Infusion Clinic	$ 702.65	$ 421.59	$ 412.57	$ 23.14	$ 646.44
Service Item	Inpatient and Outpatient	sod chondroitin-hyaluronate 40 mg-30 mg/mL 0	J3490	636	MC Pharmacy	$ 703	$ 422	$ 412.57	$ 23	$ 646
Service Item	Outpatient	sod chondroitin-hyaluronate 40 mg-30 mg/mL 0	J3490	636	NC Urgent Care	$ 702.65	$ 421.59	$ 410.81	$ 23.14	$ 646.44
Service Item	Outpatient	sod chondroitin-hyaluronate 40 mg-30 mg/mL 0	J3490	636	SC Urgent Care	$ 702.65	$ 421.59	$ 412.57	$ 23.14	$ 646.44
Service Item	Outpatient	sod nitrite-sod thiosulf 30 mg-250 mg/mL Inj 1 n	J3490	636	CD Infusion Clinic	$ 37.30	$ 22.38	$ 30.11	$ 22.38	$ 34.32
Service Item	Inpatient and Outpatient	sod nitrite-sod thiosulf 30 mg-250 mg/mL Inj 1 n	J3490	636	MC Pharmacy	$ 37	$ 22	$ 30.11	$ 22	$ 34
Service Item	Outpatient	sod nitrite-sod thiosulf 30 mg-250 mg/mL Inj 1 n	J3490	636	NC Urgent Care	$ 37.30	$ 22.38	$ 30.02	$ 22.38	$ 34.32
Service Item	Outpatient	sod nitrite-sod thiosulf 30 mg-250 mg/mL Inj 1 n	J3490	636	SC Urgent Care	$ 37.30	$ 22.38	$ 30.11	$ 22.38	$ 34.32
Service Package	Inpatient	Sodium (Cvc)	84295	301	MC Cardiovascular	$ 72.59	$ 21.36	$ 48.18	$ 19.15	$ 66.12
Service Item	Outpatient	sodium ACETate 2 mEq/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	sodium ACETate 2 mEq/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	sodium ACETate 2 mEq/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	sodium ACETate 2 mEq/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	sodium ACETate 2 mEq/mL Inj 20 mL	J3490	636	CD Infusion Clinic	$ 12.95	$ 7.77	$ 16.12	$ 7.77	$ 27.98
Service Item	Inpatient and Outpatient	sodium ACETate 2 mEq/mL Inj 20 mL	J3490	636	MC Pharmacy	$ 13	$ 8	$ 16.12	$ 8	$ 28
Service Item	Outpatient	sodium ACETate 2 mEq/mL Inj 20 mL	J3490	636	NC Urgent Care	$ 12.95	$ 7.77	$ 16.08	$ 7.77	$ 27.98
Service Item	Outpatient	sodium ACETate 2 mEq/mL Inj 20 mL	J3490	636	SC Urgent Care	$ 12.95	$ 7.77	$ 16.12	$ 7.77	$ 27.98
Service Item	Outpatient	sodium ACETate 4 mEq/mL Inj 100 mL	J3490	636	CD Infusion Clinic	$ 49.20	$ 29.52	$ 36.95	$ 23.14	$ 45.26
Service Item	Inpatient and Outpatient	sodium ACETate 4 mEq/mL Inj 100 mL	J3490	636	MC Pharmacy	$ 49	$ 30	$ 36.95	$ 23	$ 45
Service Item	Outpatient	sodium ACETate 4 mEq/mL Inj 100 mL	J3490	636	NC Urgent Care	$ 49.20	$ 29.52	$ 36.83	$ 23.14	$ 45.26
Service Item	Outpatient	sodium ACETate 4 mEq/mL Inj 100 mL	J3490	636	SC Urgent Care	$ 49.20	$ 29.52	$ 36.95	$ 23.14	$ 45.26
Service Package	Inpatient	Sodium Alert Panel	84295	301	MC Cardiac Surgery	$ 72.59	$ 43.12	$ 48.18	$ 19.15	$ 66.12
Service Package	Inpatient	Sodium Alert Panel	84295	301	MC Cardiovascular	$ 72.59	$ 21.36	$ 48.18	$ 19.15	$ 66.12
Service Item	Inpatient and Outpatient	Sodium Alert Panel	84295	301	MC General Lab	$ 73	$ 21	$ 48.18	$ 19	$ 66
Service Package	Inpatient and Outpatient	Sodium Alert Panel	84295	301	MC IC Intnsv Care	$ 73	Charges have been	$ 67.17	$ 65	$ 66
Service Package	Inpatient	Sodium Alert Panel	84295	301	MC NI NICU	$ 72.59	Charges have been	$ 67.17	$ 64.68	$ 66.12
Service Package	Inpatient and Outpatient	Sodium Alert Panel	84295	301	MC Surgical Srvcs	$ 73	Charges have been	$ 67.17	$ 65	$ 66
Service Item	Outpatient	sodium bicarbonate 2.1% (PED) 0.25 mEq/mL	J3490	636	CD Infusion Clinic	$ 50.30	$ 30.18	$ 37.59	$ 23.14	$ 46.28
Service Item	Inpatient and Outpatient	sodium bicarbonate 2.1% (PED) 0.25 mEq/mL	J3490	636	MC Pharmacy	$ 50	$ 30	$ 37.59	$ 23	$ 46
Service Item	Outpatient	sodium bicarbonate 2.1% (PED) 0.25 mEq/mL	J3490	636	NC Urgent Care	$ 50.30	$ 30.18	$ 37.46	$ 23.14	$ 46.28
Service Item	Outpatient	sodium bicarbonate 2.1% (PED) 0.25 mEq/mL	J3490	636	SC Urgent Care	$ 50.30	$ 30.18	$ 37.59	$ 23.14	$ 46.28
Service Item	Outpatient	sodium bicarbonate 4.2% Inj Syrg 10 mL	J3490	636	CD Infusion Clinic	$ 57.85	$ 34.71	$ 41.93	$ 23.14	$ 53.22
Service Item	Inpatient and Outpatient	sodium bicarbonate 4.2% Inj Syrg 10 mL	J3490	636	MC Pharmacy	$ 58	$ 35	$ 41.93	$ 23	$ 53
Service Item	Outpatient	sodium bicarbonate 4.2% Inj Syrg 10 mL	J3490	636	NC Urgent Care	$ 57.85	$ 34.71	$ 41.78	$ 23.14	$ 53.22
Service Item	Outpatient	sodium bicarbonate 4.2% Inj Syrg 10 mL	J3490	636	SC Urgent Care	$ 57.85	$ 34.71	$ 41.93	$ 23.14	$ 53.22

Service Item	Outpatient	sodium bicarbonate 8.4% 50 mL Syringe	J3490	636	CD Infusion Clinic	$ 58.95	$ 35.37	$ 42.56	$ 23.14	$ 54.23
Service Item	Inpatient and Outpatient	sodium bicarbonate 8.4% 50 mL Syringe	J3490	636	MC Pharmacy	$ 59	$ 35	$ 42.56	$ 23	$ 54
Service Item	Outpatient	sodium bicarbonate 8.4% 50 mL Syringe	J3490	636	NC Urgent Care	$ 58.95	$ 35.37	$ 42.41	$ 23.14	$ 54.23
Service Item	Outpatient	sodium bicarbonate 8.4% 50 mL Syringe	J3490	636	SC Urgent Care	$ 58.95	$ 35.37	$ 42.56	$ 23.14	$ 54.23
Service Item	Outpatient	sodium bicarbonate 8.4% 50 mL Vial	J3490	636	CD Infusion Clinic	$ 51.90	$ 31.14	$ 38.51	$ 23.14	$ 47.75
Service Item	Inpatient and Outpatient	sodium bicarbonate 8.4% 50 mL Vial	J3490	636	MC Pharmacy	$ 52	$ 31	$ 38.51	$ 23	$ 48
Service Item	Outpatient	sodium bicarbonate 8.4% 50 mL Vial	J3490	636	NC Urgent Care	$ 51.90	$ 31.14	$ 38.38	$ 23.14	$ 47.75
Service Item	Outpatient	sodium bicarbonate 8.4% 50 mL Vial	J3490	636	SC Urgent Care	$ 51.90	$ 31.14	$ 38.51	$ 23.14	$ 47.75
Service Item	Outpatient	sodium bicarbonate 8.4% 50 mL Vial	J3490	636	SFM Family Medicine	$ 51.90	$ 31.14	$ 38.38	$ 23.14	$ 47.75
Service Item	Outpatient	sodium bicarbonate 8.4% Inj 10 mL	J3490	636	CD Infusion Clinic	$ 74.55	$ 44.73	$ 51.52	$ 23.14	$ 68.59
Service Item	Inpatient and Outpatient	sodium bicarbonate 8.4% Inj 10 mL	J3490	636	MC Pharmacy	$ 75	$ 45	$ 51.52	$ 23	$ 69
Service Item	Outpatient	sodium bicarbonate 8.4% Inj 10 mL	J3490	636	NC Urgent Care	$ 74.55	$ 44.73	$ 51.34	$ 23.14	$ 68.59
Service Item	Outpatient	sodium bicarbonate 8.4% Inj 10 mL	J3490	636	SC Urgent Care	$ 74.55	$ 44.73	$ 51.52	$ 23.14	$ 68.59
Service Item	Inpatient and Outpatient	Sodium Blood	84295	301	MC General Lab	$ 73	$ 21	$ 48.18	$ 19	$ 66
Service Item	Outpatient	Sodium Chloride 0.45% with KCl 20 mEq/L 1000	J3480	636	CD Infusion Clinic	$ 39.65	$ 23.79	$ 18.31	$ 0.26	$ 36.48
Service Item	Inpatient and Outpatient	Sodium Chloride 0.45% with KCl 20 mEq/L 1000	J3480	636	MC Pharmacy	$ 40	$ 24	$ 18.31	$ 0	$ 36
Service Item	Outpatient	Sodium Chloride 0.45% with KCl 20 mEq/L 1000	J3480	636	NC Urgent Care	$ 39.65	$ 23.79	$ 18.21	$ 0.26	$ 36.48
Service Item	Outpatient	Sodium Chloride 0.45% with KCl 20 mEq/L 1000	J3480	636	SC Urgent Care	$ 39.65	$ 23.79	$ 18.31	$ 0.26	$ 36.48
Service Item	Outpatient	sodium chloride 0.9% Inj 10 mL vial	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	sodium chloride 0.9% Inj 10 mL vial	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	sodium chloride 0.9% Inj 10 mL vial	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	sodium chloride 0.9% Inj 10 mL vial	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	sodium chloride 0.9% Inj 10 mL vial	J3490	636	VD Visalia Dialysis	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	Sodium Chloride 0.9% Inj 50 mL vial	J7030	636	CD Infusion Clinic	$ 13.80	$ 8.28	$ 9.87	$ 1.67	$ 12.70
Service Item	Inpatient and Outpatient	Sodium Chloride 0.9% Inj 50 mL vial	J7030	636	MC Pharmacy	$ 14	$ 8	$ 9.87	$ 2	$ 13
Service Item	Outpatient	Sodium Chloride 0.9% Inj 50 mL vial	J7030	636	NC Urgent Care	$ 13.80	$ 8.28	$ 9.84	$ 1.67	$ 12.70
Service Item	Outpatient	Sodium Chloride 0.9% Inj 50 mL vial	J7030	636	SC Urgent Care	$ 13.80	$ 8.28	$ 9.87	$ 1.67	$ 12.70
Service Item	Outpatient	Sodium Chloride 0.9% with KCl 20 mEq 1,000 ml	J3480	636	CD Infusion Clinic	$ 51.25	$ 30.75	$ 22.48	$ 0.26	$ 47.15
Service Item	Inpatient and Outpatient	Sodium Chloride 0.9% with KCl 20 mEq 1,000 ml	J3480	636	MC Pharmacy	$ 51	$ 31	$ 22.48	$ 0	$ 47
Service Item	Outpatient	Sodium Chloride 0.9% with KCl 20 mEq 1,000 ml	J3480	636	NC Urgent Care	$ 51.25	$ 30.75	$ 22.35	$ 0.26	$ 47.15
Service Item	Outpatient	Sodium Chloride 0.9% with KCl 20 mEq 1,000 ml	J3480	636	SC Urgent Care	$ 51.25	$ 30.75	$ 22.48	$ 0.26	$ 47.15
Service Item	Outpatient	Sodium Chloride 0.9% with KCl 40 mEq 1,000 ml	J3480	636	CD Infusion Clinic	$ 57.80	$ 34.68	$ 24.84	$ 0.26	$ 53.18
Service Item	Inpatient and Outpatient	Sodium Chloride 0.9% with KCl 40 mEq 1,000 ml	J3480	636	MC Pharmacy	$ 58	$ 35	$ 24.84	$ 0	$ 53
Service Item	Outpatient	Sodium Chloride 0.9% with KCl 40 mEq 1,000 ml	J3480	636	NC Urgent Care	$ 57.80	$ 34.68	$ 24.69	$ 0.26	$ 53.18
Service Item	Outpatient	Sodium Chloride 0.9% with KCl 40 mEq 1,000 ml	J3480	636	SC Urgent Care	$ 57.80	$ 34.68	$ 24.84	$ 0.26	$ 53.18
Service Item	Outpatient	sodium chloride 10% Inh Soln 15 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	sodium chloride 10% Inh Soln 15 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	sodium chloride 10% Inh Soln 15 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	sodium chloride 10% Inh Soln 15 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	sodium chloride 23.4% (PED) Oral Liquid	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	sodium chloride 23.4% (PED) Oral Liquid	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	sodium chloride 23.4% (PED) Oral Liquid	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	sodium chloride 23.4% (PED) Oral Liquid	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	Sodium Citrate 4% (HD) 4 g/100 mL Soln	J3490	636	CD Infusion Clinic	$ 36.00	$ 21.60	$ 29.37	$ 21.60	$ 33.12
Service Item	Inpatient and Outpatient	Sodium Citrate 4% (HD) 4 g/100 mL Soln	J3490	636	MC Pharmacy	$ 36	$ 22	$ 29.37	$ 22	$ 33
Service Item	Outpatient	Sodium Citrate 4% (HD) 4 g/100 mL Soln	J3490	636	NC Urgent Care	$ 36.00	$ 21.60	$ 29.28	$ 21.60	$ 33.12
Service Item	Outpatient	Sodium Citrate 4% (HD) 4 g/100 mL Soln	J3490	636	SC Urgent Care	$ 36.00	$ 21.60	$ 29.37	$ 21.60	$ 33.12
Service Item	Inpatient and Outpatient	Sodium Misc Body Fluid	84300	301	MC General Lab	$ 86	$ 22	$ 54.47	$ 19	$ 78
Service Item	Outpatient	sodium PHOSphate 3 mmol/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 68.90	$ 41.34	$ 48.28	$ 23.14	$ 63.39
Service Item	Inpatient and Outpatient	sodium PHOSphate 3 mmol/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 69	$ 41	$ 48.28	$ 23	$ 63
Service Item	Outpatient	sodium PHOSphate 3 mmol/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 68.90	$ 41.34	$ 48.11	$ 23.14	$ 63.39
Service Item	Outpatient	sodium PHOSphate 3 mmol/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 68.90	$ 41.34	$ 48.28	$ 23.14	$ 63.39
Service Item	Outpatient	sodium PHOSphate 3 mmol/mL Inj 15 mL	J3490	636	CD Infusion Clinic	$ 169.00	$ 101.40	$ 105.82	$ 23.14	$ 155.48
Service Item	Inpatient and Outpatient	sodium PHOSphate 3 mmol/mL Inj 15 mL	J3490	636	MC Pharmacy	$ 169	$ 101	$ 105.82	$ 23	$ 155
Service Item	Outpatient	sodium PHOSphate 3 mmol/mL Inj 15 mL	J3490	636	NC Urgent Care	$ 169.00	$ 101.40	$ 105.39	$ 23.14	$ 155.48
Service Item	Outpatient	sodium PHOSphate 3 mmol/mL Inj 15 mL	J3490	636	SC Urgent Care	$ 169.00	$ 101.40	$ 105.82	$ 23.14	$ 155.48
Service Item	Outpatient	sodium PHOSphate 4 mEq/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	sodium PHOSphate 4 mEq/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	sodium PHOSphate 4 mEq/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	sodium PHOSphate 4 mEq/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	sodium PHOSphate 4 mEq/mL Inj 15 mL	J3490	636	CD Infusion Clinic	$ 140.85	$ 84.51	$ 89.64	$ 23.14	$ 129.58
Service Item	Inpatient and Outpatient	sodium PHOSphate 4 mEq/mL Inj 15 mL	J3490	636	MC Pharmacy	$ 141	$ 85	$ 89.64	$ 23	$ 130
Service Item	Outpatient	sodium PHOSphate 4 mEq/mL Inj 15 mL	J3490	636	NC Urgent Care	$ 140.85	$ 84.51	$ 89.28	$ 23.14	$ 129.58
Service Item	Outpatient	sodium PHOSphate 4 mEq/mL Inj 15 mL	J3490	636	SC Urgent Care	$ 140.85	$ 84.51	$ 89.64	$ 23.14	$ 129.58
Service Item	Outpatient	sodium PHOSphate PED 0.05 mmol/mL	J3490	636	CD Infusion Clinic	$ 68.90	$ 41.34	$ 48.28	$ 23.14	$ 63.39
Service Item	Inpatient and Outpatient	sodium PHOSphate PED 0.05 mmol/mL	J3490	636	MC Pharmacy	$ 69	$ 41	$ 48.28	$ 23	$ 63
Service Item	Outpatient	sodium PHOSphate PED 0.05 mmol/mL	J3490	636	NC Urgent Care	$ 68.90	$ 41.34	$ 48.11	$ 23.14	$ 63.39
Service Item	Outpatient	sodium PHOSphate PED 0.05 mmol/mL	J3490	636	SC Urgent Care	$ 68.90	$ 41.34	$ 48.28	$ 23.14	$ 63.39
Service Item	Outpatient	sodium polystyrene sulf 15 g powder	J3490	636	CD Infusion Clinic	$ 73.55	$ 44.13	$ 50.95	$ 23.14	$ 67.67
Service Item	Inpatient and Outpatient	sodium polystyrene sulf 15 g powder	J3490	636	MC Pharmacy	$ 74	$ 44	$ 50.95	$ 23	$ 68
Service Item	Outpatient	sodium polystyrene sulf 15 g powder	J3490	636	NC Urgent Care	$ 73.55	$ 44.13	$ 50.77	$ 23.14	$ 67.67
Service Item	Outpatient	sodium polystyrene sulf 15 g powder	J3490	636	SC Urgent Care	$ 73.55	$ 44.13	$ 50.95	$ 23.14	$ 67.67
Service Item	Inpatient and Outpatient	Sodium Stool-ARUP	84302	300	MC Reference Lab	$ 5	$ 22	$ 10.49	$ 3	$ 48
Service Item	Outpatient	sodium tetradecyl sulfate 3% Inj 1 mL	J3490	636	CD Infusion Clinic	$ 435.95	$ 261.57	$ 259.26	$ 23.14	$ 401.07
Service Item	Inpatient and Outpatient	sodium tetradecyl sulfate 3% Inj 1 mL	J3490	636	MC Pharmacy	$ 436	$ 262	$ 259.26	$ 23	$ 401
Service Item	Outpatient	sodium tetradecyl sulfate 3% Inj 1 mL	J3490	636	NC Urgent Care	$ 435.95	$ 261.57	$ 258.18	$ 23.14	$ 401.07
Service Item	Outpatient	sodium tetradecyl sulfate 3% Inj 1 mL	J3490	636	SC Urgent Care	$ 435.95	$ 261.57	$ 259.26	$ 23.14	$ 401.07
Service Item	Outpatient	sodium thiosulfate 25% Inj 50 mL	J3490	636	CD Infusion Clinic	$ 452.00	$ 271.20	$ 268.49	$ 23.14	$ 415.84
Service Item	Inpatient and Outpatient	sodium thiosulfate 25% Inj 50 mL	J3490	636	MC Pharmacy	$ 452	$ 271	$ 268.49	$ 23	$ 416
Service Item	Outpatient	sodium thiosulfate 25% Inj 50 mL	J3490	636	NC Urgent Care	$ 452.00	$ 271.20	$ 267.36	$ 23.14	$ 415.84
Service Item	Outpatient	sodium thiosulfate 25% Inj 50 mL	J3490	636	SC Urgent Care	$ 452.00	$ 271.20	$ 268.49	$ 23.14	$ 415.84
Service Item	Inpatient and Outpatient	Sodium Urine	84300	301	MC General Lab	$ 86	$ 22	$ 54.47	$ 19	$ 78
Service Item	Outpatient	Soft Tissue BX FA/Wrist, Superficial	25065	510	SFM Family Medicine	$ 2,778.26	$ 1,618.40	$ 2,131.82	$ 1,590.43	$ 2,481.55
Service Item	Inpatient and Outpatient	Soft Tissue Mob 15 Min	97140	430	MC OT Services	$ 134	Charges have been	$ 103.36	$ 35	$ 123
Service Item	Outpatient	Soft Tissue Mob 15 Min	97140	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Soft Tissue Mob 15 Min	97140	430	OP Therapy Akers	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Soft Tissue Mob 15 Min	97140	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Soft Tissue Mob 15 Min	97140	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Soft Tissue Mob 15 Min	97140	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Soft Tissue Mob 15 Min	97140	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.36	$ 34.64	$ 123.28
Service Item	Inpatient	Soft Tissue Mob 15 Min	97140	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 34.64	$ 123.28
Service Item	Inpatient	Soft Tissue Mob 15 Min	97140	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Soft Tissue Mob 15 Min	97140	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Soft Tissue Mob 15 Min	97140	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Soft Tissue Mob 15 Min - PTA/OTA Services	97140	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Soft Tissue Mob 15 Min - PTA/OTA Services	97140	430	OP Therapy Akers	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Soft Tissue Mob 15 Min - PTA/OTA Services	97140	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Soft Tissue Mob 15 Min - PTA/OTA Services	97140	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Soft Tissue Mob 15 Min - PTA/OTA Services	97140	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 152.70	$ 100.50	$ 317.00
Service Item	Outpatient	Soft Tissue Mob 15 Min - PTA/OTA Services	97140	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.36	$ 34.64	$ 123.28
Service Item	Inpatient	Soft Tissue Mob 15 Min - PTA/OTA Services	97140	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 34.64	$ 123.28
Service Item	Inpatient	Soft Tissue Mob 15 Min - PTA/OTA Services	97140	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Soft Tissue Mob 15 Min - PTA/OTA Services	97140	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Soft Tissue Mob 15 Min - PTA/OTA Services	97140	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient and Outpatient	Soluble Liver Antigen IgG Antibody-ARUP	83516	300	MC Reference Lab	$ 11	$ 104	$ 43.54	$ 9	$ 113
Service Item	Inpatient and Outpatient	Soluble Transferrin Receptor-ARUP	84238	300	MC Reference Lab	$ 40	$ 158	$ 78.65	$ 24	$ 359
Service Package	Inpatient	Sonogram	76815	402	MC 2E Labor & Dlvry	$ 487.63	Charges have been	$ 360.86	$ 129.87	$ 435.56
Service Package	Inpatient and Outpatient	Sonogram	76815	402	MC Labor Triage	$ 488	Charges have been	$ 360.86	$ 130	$ 436
Service Package	Inpatient and Outpatient	Sonogram	76815	402	MC Lbr & Dlvy Rev	$ 488	Charges have been	$ 360.86	$ 130	$ 436
Service Package	Inpatient and Outpatient	Sp Fluoro >1 Hr	76000	320	MC Cath Lab Srvcs	$ 796	Charges have been	$ 603.35	$ 270	$ 711
Service Package	Inpatient and Outpatient	Sp Fluro < Or To 1 Hr	76000	320	MC Cath Lab Srvcs	$ 796	Charges have been	$ 603.35	$ 270	$ 711
Service Package	Inpatient and Outpatient	Spacer Cement Femoral	C1713	278	MC Central Supply	$ 10,454	Charges have been	$ 8,476.88	$ 9,315	$ 9,522
Service Package	Inpatient and Outpatient	Spacer Cement Hip	C1713	278	MC Central Supply	$ 8,309	Charges have been	$ 7,023.41	$ 7,404	$ 7,569
Service Package	Inpatient and Outpatient	Spacer Cement Tibial	C1713	278	MC Central Supply	$ 5,580	Charges have been	$ 5,173.93	$ 4,973	$ 5,083
Service Package	Inpatient and Outpatient	Spacer Knee Interposition	C1776	278	MC Central Supply	$ 10,744	Charges have been	$ 7,732.94	$ 9,574	$ 9,787
Service Package	Inpatient and Outpatient	Spacer Vertibral (A)	C1889	278	MC Central Supply	$ 3,381	Charges have been	$ 5,599.40	$ 3,013	$ 3,079
Service Package	Inpatient and Outpatient	Spacer Vertibral (B)	C1889	278	MC Central Supply	$ 5,110	Charges have been	$ 6,771.76	$ 4,554	$ 4,655
Service Package	Inpatient and Outpatient	Spacer Vertibral (C)	C1889	278	MC Central Supply	$ 8,434	Charges have been	$ 9,024.51	$ 7,516	$ 7,683

Service Package	Inpatient and Outpatient	Spacer Vertibral (D)	C1889	278	MC Central Supply	$ 22,491	Charges have been	$ 18,551.99	$ 20,042	$ 20,487
Service Package	Inpatient and Outpatient	Spacer Vertibral (E)	C1889	278	MC Central Supply	$ 27,412	Charges have been	$ 21,887.44	$ 24,427	$ 24,970
Service Package	Inpatient and Outpatient	Spacer Vertibral (F)	C1889	278	MC Central Supply	$ 15,190	Charges have been	$ 13,603.65	$ 13,536	$ 13,837
Service Package	Inpatient and Outpatient	Spacer Vertibral Body (C)	C1889	278	MC Central Supply	$ 23,890	Charges have been	$ 19,499.89	$ 21,288	$ 21,761
Service Package	Inpatient and Outpatient	Spacer Vertibral Body E	C1889	278	MC Central Supply	$ 9,462	Charges have been	$ 9,721.14	$ 8,432	$ 8,619
Service Item	Outpatient	Spce Teletx Port Pl Part	77321	333	HR Radiation Onc	$ 991.65	$ 586.38	$ 1,116.82	$ 388.35	$ 4,617.55
Service Item	Inpatient and Outpatient	Spce Teletx Port Pl Part	77321	333	MC Radiation Thrpy	$ 992	$ 586	$ 1,072.86	$ 287	$ 4,618
Service Item	Outpatient	Spce Teletx Port Pl Part	77321	333	VR Radiation Onc	$ 991.65	$ 586.38	$ 1,116.82	$ 388.35	$ 4,617.55
Service Package	Inpatient and Outpatient	Sp-Dyspha/Videofl	92611	440	MC ST Services	$ 477	Charges have been	$ 443.15	$ 429	$ 438
Service Package	Inpatient	Sp-Dyspha/Videofl	92611	440	MH ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Outpatient	Sp-Dyspha/Videofl	92611	440	OP Rehab Therapies	$ 476.50	$ 120.00	$ 399.91	$ 120.00	$ 438.38
Service Item	Outpatient	Sp-Dyspha/Videofl	92611	440	OP Therapy Akers	$ 476.50	$ 120.00	$ 366.29	$ 120.00	$ 438.38
Service Item	Outpatient	Sp-Dyspha/Videofl	92611	440	OP Therapy Exeter	$ 476.50	$ 120.00	$ 366.29	$ 120.00	$ 438.38
Service Item	Outpatient	Sp-Dyspha/Videofl	92611	440	OP Therapy Neuro	$ 476.50	$ 120.00	$ 399.91	$ 120.00	$ 438.38
Service Item	Inpatient	Sp-Dyspha/Videofl	92611	440	RH ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Inpatient	Sp-Dyspha/Videofl	92611	440	SA ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Inpatient	Sp-Dyspha/Videofl	92611	440	SN TC Ortho ST	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Inpatient	Sp-Dyspha/Videofl	92611	440	SN TS ST Services	$ 476.50	Charges have been	$ 443.15	$ 428.85	$ 438.38
Service Item	Outpatient	Spec Dosimetry Specify	77331	333	HR Radiation Onc	$ 365.25	$ 65.79	$ 408.70	$ 59.95	$ 1,791.48
Service Item	Inpatient and Outpatient	Spec Dosimetry Specify	77331	333	MC Radiation Thrpy	$ 365	$ 66	$ 375.11	$ 60	$ 1,791
Service Item	Outpatient	Spec Dosimetry Specify	77331	333	VR Radiation Onc	$ 365.25	$ 65.79	$ 408.70	$ 59.95	$ 1,791.48
Service Item	Outpatient	Special Med Rad Phys Cons	77370	333	HR Radiation Onc	$ 590.08	$ 403.53	$ 573.59	$ 146.68	$ 1,791.48
Service Item	Inpatient and Outpatient	Special Med Rad Phys Cons	77370	333	MC Radiation Thrpy	$ 590	$ 404	$ 591.95	$ 147	$ 1,791
Service Item	Outpatient	Special Med Rad Phys Cons	77370	333	VR Radiation Onc	$ 590.08	$ 403.53	$ 573.59	$ 146.68	$ 1,791.48
Service Item	Outpatient	Special Reports	99080	516	NC Urgent Care	$ 110.64	$ 64.45	$ 82.29	$ 53.71	$ 98.83
Service Item	Outpatient	Special Reports	99080	516	SC Urgent Care	$ 110.64	$ 64.45	$ 82.56	$ 53.71	$ 98.83
Service Item	Inpatient and Outpatient	Special Stain Group I	88312	310	MC Pathology	$ 57	$ 13	$ 144.21	$ 12	$ 568
Service Item	Inpatient and Outpatient	Special Stains Group Ii	88313	310	MC Pathology	$ 39	$ 13	$ 117.75	$ 12	$ 473
Service Item	Outpatient	Special Treatment Proc.	77470	333	HR Radiation Onc	$ 1,475.19	$ 1,237.53	$ 1,787.96	$ 624.34	$ 7,464.77
Service Item	Inpatient and Outpatient	Special Treatment Proc.	77470	333	MC Radiation Thrpy	$ 1,475	$ 1,238	$ 1,765.65	$ 467	$ 7,465
Service Item	Outpatient	Special Treatment Proc.	77470	333	VR Radiation Onc	$ 1,475.19	$ 1,237.53	$ 1,787.96	$ 624.34	$ 7,464.77
Service Item	Inpatient and Outpatient	Specific Gravity Misc	84315	301	MC General Lab	$ 33	$ 11	$ 23.03	$ 10	$ 30
Service Package	Inpatient and Outpatient	Speech Sound Lang Compr	92523	444	MC ST Services	$ 304	Charges have been	$ 282.26	$ 273	$ 279
Service Package	Inpatient	Speech Sound Lang Compr	92523	444	MH ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Outpatient	Speech Sound Lang Compr	92523	444	OP Hand Center	$ 303.50	$ 120.00	$ 251.43	$ 120.00	$ 279.22
Service Item	Outpatient	Speech Sound Lang Compr	92523	444	OP Therapy Akers	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Speech Sound Lang Compr	92523	444	OP Therapy Dinuba	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Speech Sound Lang Compr	92523	444	OP Therapy Exeter	$ 303.50	$ 120.00	$ 261.64	$ 120.00	$ 317.00
Service Item	Outpatient	Speech Sound Lang Compr	92523	444	OP Therapy Lovers Ln	$ 303.50	$ 120.00	$ 263.57	$ 120.00	$ 303.50
Service Item	Outpatient	Speech Sound Lang Compr	92523	444	OP Therapy Neuro	$ 303.50	$ 120.00	$ 251.43	$ 120.00	$ 279.22
Service Item	Inpatient	Speech Sound Lang Compr	92523	444	RH ST Services	$ 303.50	Charges have been	$ 282.26	$ 182.10	$ 895.44
Service Item	Inpatient	Speech Sound Lang Compr	92523	444	SA ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Speech Sound Lang Compr	92523	444	SN TC Ortho ST	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Item	Inpatient	Speech Sound Lang Compr	92523	444	SN TS ST Services	$ 303.50	Charges have been	$ 282.26	$ 273.15	$ 279.22
Service Package	Inpatient and Outpatient	Sphere Orbital		278	MC Central Supply	$ 2,724	Charges have been	#N/A	$ 2,427	$ 2,481
Service Package	Inpatient and Outpatient	Sphincter Ams Pump		278	MC Central Supply	$ 9,641	Charges have been	#N/A	$ 8,591	$ 8,782
Service Package	Inpatient and Outpatient	Sphincter Occlusive Cuff	C1815	278	MC Central Supply	$ 15,561	Charges have been	$ 12,307.42	$ 13,866	$ 14,174
Service Package	Inpatient and Outpatient	Sphincter Pres Balloon	C1815	278	MC Central Supply	$ 7,114	Charges have been	$ 6,582.65	$ 6,339	$ 6,480
Service Package	Inpatient and Outpatient	Spinal Fluid Tap Remvl	62270	450	MC Emergency	$ 865	Charges have been	$ 763.71	$ 724	$ 773
Service Item	Outpatient	Spine 1 View Cervical	72020	320	IC Radiology	$ 292.31	$ 54.18	$ 171.40	$ 48.58	$ 261.10
Service Item	Inpatient and Outpatient	Spine 1 View Cervical	72020	320	MC Diag Radiology	$ 292	$ 54	$ 241.73	$ 49	$ 888
Service Item	Outpatient	Spine 1 View Cervical	72020	320	NC Diag Imaging	$ 292.31	$ 54.18	$ 241.73	$ 48.58	$ 887.81
Service Item	Outpatient	Spine 1 View Cervical	72020	320	SC Diag Imaging	$ 292.31	$ 54.18	$ 241.73	$ 48.58	$ 887.81
Service Item	Outpatient	Spine 1 View Lumbar	72020	320	IC Radiology	$ 292.31	$ 54.18	$ 171.40	$ 48.58	$ 261.10
Service Item	Inpatient and Outpatient	Spine 1 View Lumbar	72020	320	MC Diag Radiology	$ 292	$ 54	$ 241.73	$ 49	$ 888
Service Item	Outpatient	Spine 1 View Lumbar	72020	320	NC Diag Imaging	$ 292.31	$ 54.18	$ 241.73	$ 48.58	$ 887.81
Service Item	Outpatient	Spine 1 View Lumbar	72020	320	SC Diag Imaging	$ 292.31	$ 54.18	$ 241.73	$ 48.58	$ 887.81
Service Item	Outpatient	Spine 1 View Thoracic	72020	320	IC Radiology	$ 292.31	$ 54.18	$ 171.40	$ 48.58	$ 261.10
Service Item	Inpatient and Outpatient	Spine 1 View Thoracic	72020	320	MC Diag Radiology	$ 292	$ 54	$ 241.73	$ 49	$ 888
Service Item	Outpatient	Spine 1 View Thoracic	72020	320	NC Diag Imaging	$ 292.31	$ 54.18	$ 241.73	$ 48.58	$ 887.81
Service Item	Outpatient	Spine 1 View Thoracic	72020	320	SC Diag Imaging	$ 292.31	$ 54.18	$ 241.73	$ 48.58	$ 887.81
Service Package	Inpatient and Outpatient	Spine Cap (A)	C1889	278	MC Central Supply	$ 1,664	Charges have been	$ 4,435.81	$ 1,483	$ 1,516
Service Package	Inpatient and Outpatient	Spine Cap (B)	C1889	278	MC Central Supply	$ 5,420	Charges have been	$ 6,981.49	$ 4,830	$ 4,937
Service Item	Outpatient	Spine Cerv 4 Vw And Flx/E	72052	320	IC Radiology	$ 788.67	$ 144.33	$ 453.39	$ 129.42	$ 704.44
Service Item	Inpatient and Outpatient	Spine Cerv 4 Vw And Flx/E	72052	320	MC Diag Radiology	$ 789	$ 144	$ 567.20	$ 129	$ 1,636
Service Item	Outpatient	Spine Cerv 4 Vw And Flx/E	72052	320	NC Diag Imaging	$ 788.67	$ 144.33	$ 567.20	$ 129.42	$ 1,635.83
Service Item	Outpatient	Spine Cerv 4 Vw And Flx/E	72052	320	SC Diag Imaging	$ 788.67	$ 144.33	$ 567.20	$ 129.42	$ 1,635.83
Service Item	Outpatient	Spine Cervical 2 Or 3 Vw	72040	320	IC Radiology	$ 433.27	$ 76.74	$ 250.97	$ 68.81	$ 387.00
Service Item	Inpatient and Outpatient	Spine Cervical 2 Or 3 Vw	72040	320	MC Diag Radiology	$ 433	$ 77	$ 312.40	$ 69	$ 888
Service Item	Outpatient	Spine Cervical 2 Or 3 Vw	72040	320	NC Diag Imaging	$ 433.27	$ 76.74	$ 312.40	$ 68.81	$ 887.81
Service Item	Outpatient	Spine Cervical 2 Or 3 Vw	72040	320	SC Diag Imaging	$ 433.27	$ 76.74	$ 312.40	$ 68.81	$ 887.81
Service Item	Outpatient	Spine Cervical 4 Views	72050	320	IC Radiology	$ 727.76	$ 114.51	$ 411.94	$ 102.68	$ 650.04
Service Item	Inpatient and Outpatient	Spine Cervical 4 Views	72050	320	MC Diag Radiology	$ 728	$ 115	$ 529.59	$ 103	$ 1,636
Service Item	Outpatient	Spine Cervical 4 Views	72050	320	NC Diag Imaging	$ 727.76	$ 114.51	$ 529.59	$ 102.68	$ 1,635.83
Service Item	Outpatient	Spine Cervical 4 Views	72050	320	SC Diag Imaging	$ 727.76	$ 114.51	$ 529.59	$ 102.68	$ 1,635.83
Service Item	Outpatient	Spine Entire Ap & Lat	72082	320	IC Radiology	$ 557.84	$ 245.73	$ 346.77	$ 129.87	$ 498.26
Service Item	Inpatient and Outpatient	Spine Entire Ap & Lat	72082	320	MC Diag Radiology	$ 558	$ 246	$ 475.15	$ 130	$ 1,636
Service Item	Outpatient	Spine Entire Ap & Lat	72082	320	NC Diag Imaging	$ 557.84	$ 245.73	$ 475.15	$ 129.87	$ 1,635.83
Service Item	Outpatient	Spine Entire Ap & Lat	72082	320	SC Diag Imaging	$ 557.84	$ 245.73	$ 475.15	$ 129.87	$ 1,635.83
Service Item	Outpatient	Spine Lumb 2-3 Views Bending	72120	320	IC Radiology	$ 459.49	$ 113.79	$ 280.76	$ 102.03	$ 410.42
Service Item	Inpatient and Outpatient	Spine Lumb 2-3 Views Bending	72120	320	MC Diag Radiology	$ 459	$ 114	$ 415.35	$ 102	$ 1,636
Service Item	Outpatient	Spine Lumb 2-3 Views Bending	72120	320	NC Diag Imaging	$ 459.49	$ 113.79	$ 415.35	$ 102.03	$ 1,635.83
Service Item	Outpatient	Spine Lumb 2-3 Views Bending	72120	320	SC Diag Imaging	$ 459.49	$ 113.79	$ 415.35	$ 102.03	$ 1,635.83
Service Item	Outpatient	Spine Lumbo Comp W/Bend	72114	320	IC Radiology	$ 704.27	$ 150.87	$ 416.38	$ 129.87	$ 629.06
Service Item	Inpatient and Outpatient	Spine Lumbo Comp W/Bend	72114	320	MC Diag Radiology	$ 704	$ 151	$ 535.52	$ 130	$ 1,636
Service Item	Outpatient	Spine Lumbo Comp W/Bend	72114	320	NC Diag Imaging	$ 704.27	$ 150.87	$ 535.52	$ 129.87	$ 1,635.83
Service Item	Outpatient	Spine Lumbo Comp W/Bend	72114	320	SC Diag Imaging	$ 704.27	$ 150.87	$ 535.52	$ 129.87	$ 1,635.83
Service Item	Outpatient	Spine Lumbosacral 2 Or 3	72100	320	IC Radiology	$ 472.34	$ 85.44	$ 276.44	$ 76.61	$ 421.89
Service Item	Inpatient and Outpatient	Spine Lumbosacral 2 Or 3	72100	320	MC Diag Radiology	$ 472	$ 85	$ 410.21	$ 77	$ 1,636
Service Item	Outpatient	Spine Lumbosacral 2 Or 3	72100	320	NC Diag Imaging	$ 472.34	$ 85.44	$ 410.21	$ 76.61	$ 1,635.83
Service Item	Outpatient	Spine Lumbosacral 2 Or 3	72100	320	SC Diag Imaging	$ 472.34	$ 85.44	$ 410.21	$ 76.61	$ 1,635.83
Service Item	Outpatient	Spine Lumbosacral Min 4 V	72110	320	IC Radiology	$ 806.43	$ 116.70	$ 452.56	$ 104.64	$ 720.30
Service Item	Inpatient and Outpatient	Spine Lumbosacral Min 4 V	72110	320	MC Diag Radiology	$ 806	$ 117	$ 565.25	$ 105	$ 1,636
Service Item	Outpatient	Spine Lumbosacral Min 4 V	72110	320	NC Diag Imaging	$ 806.43	$ 116.70	$ 565.25	$ 104.64	$ 1,635.83
Service Item	Outpatient	Spine Lumbosacral Min 4 V	72110	320	SC Diag Imaging	$ 806.43	$ 116.70	$ 565.25	$ 104.64	$ 1,635.83
Service Item	Outpatient	Spine Scoliosis Study	72081	320	IC Radiology	$ 494.73	$ 134.46	$ 285.53	$ 82.43	$ 441.89
Service Item	Inpatient and Outpatient	Spine Scoliosis Study	72081	320	MC Diag Radiology	$ 495	$ 134	$ 343.09	$ 82	$ 888
Service Item	Outpatient	Spine Scoliosis Study	72081	320	NC Diag Imaging	$ 494.73	$ 134.46	$ 343.09	$ 82.43	$ 887.81
Service Item	Outpatient	Spine Scoliosis Study	72081	320	SC Diag Imaging	$ 494.73	$ 134.46	$ 343.09	$ 82.43	$ 887.81
Service Item	Outpatient	Spine Thoracic 2 Views	72070	320	IC Radiology	$ 440.37	$ 82.89	$ 257.15	$ 74.32	$ 393.34
Service Item	Inpatient and Outpatient	Spine Thoracic 2 Views	72070	320	MC Diag Radiology	$ 440	$ 83	$ 392.95	$ 74	$ 1,636
Service Item	Outpatient	Spine Thoracic 2 Views	72070	320	NC Diag Imaging	$ 440.37	$ 82.89	$ 392.95	$ 74.32	$ 1,635.83
Service Item	Outpatient	Spine Thoracic 2 Views	72070	320	SC Diag Imaging	$ 440.37	$ 82.89	$ 392.95	$ 74.32	$ 1,635.83
Service Item	Outpatient	Spine Thoracic 3 Views	72072	320	IC Radiology	$ 474.24	$ 94.20	$ 278.05	$ 84.47	$ 423.60
Service Item	Inpatient and Outpatient	Spine Thoracic 3 Views	72072	320	MC Diag Radiology	$ 474	$ 94	$ 411.70	$ 84	$ 1,636
Service Item	Outpatient	Spine Thoracic 3 Views	72072	320	NC Diag Imaging	$ 474.24	$ 94.20	$ 411.70	$ 84.47	$ 1,635.83
Service Item	Outpatient	Spine Thoracic 3 Views	72072	320	SC Diag Imaging	$ 474.24	$ 94.20	$ 411.70	$ 84.47	$ 1,635.83
Service Item	Outpatient	Spine Thoracic 4 Vw Min	72074	320	IC Radiology	$ 473.71	$ 116.34	$ 285.21	$ 104.32	$ 423.12
Service Item	Inpatient and Outpatient	Spine Thoracic 4 Vw Min	72074	320	MC Diag Radiology	$ 474	$ 116	$ 418.90	$ 104	$ 1,636
Service Item	Outpatient	Spine Thoracic 4 Vw Min	72074	320	NC Diag Imaging	$ 473.71	$ 116.34	$ 418.90	$ 104.32	$ 1,635.83
Service Item	Outpatient	Spine Thoracic 4 Vw Min	72074	320	SC Diag Imaging	$ 473.71	$ 116.34	$ 418.90	$ 104.32	$ 1,635.83
Service Item	Outpatient	Spine Thoracolumbar 2 Vws	72080	320	IC Radiology	$ 496.91	$ 85.44	$ 282.80	$ 76.61	$ 443.84
Service Item	Inpatient and Outpatient	Spine Thoracolumbar 2 Vws	72080	320	MC Diag Radiology	$ 497	$ 85	$ 340.23	$ 77	$ 888
Service Item	Outpatient	Spine Thoracolumbar 2 Vws	72080	320	NC Diag Imaging	$ 496.91	$ 85.44	$ 340.23	$ 76.61	$ 887.81
Service Item	Outpatient	Spine Thoracolumbar 2 Vws	72080	320	SC Diag Imaging	$ 496.91	$ 85.44	$ 340.23	$ 76.61	$ 887.81
Service Item	Outpatient	Spine Thoracolumbar Stand	72084	320	IC Radiology	$ 343.11	$ 320.19	$ 258.61	$ 129.87	$ 320.19
Service Item	Inpatient and Outpatient	Spine Thoracolumbar Stand	72084	320	MC Diag Radiology	$ 343	$ 320	$ 400.54	$ 130	$ 1,636
Service Item	Outpatient	Spine Thoracolumbar Stand	72084	320	NC Diag Imaging	$ 343.11	$ 320.19	$ 400.54	$ 129.87	$ 1,635.83

Service Item	Outpatient	Spine Thoracolumbar Stand	72084	320	SC Diag Imaging	$ 343.11	$ 320.19	$ 400.54	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Spirometry Simple	94010	460	MC Pulmonary Func	$ 360	$ 70	$ 226.49	$ 59	$ 321
Service Item	Inpatient and Outpatient	Spirometry Simple W/Meds	94060	460	MC Pulmonary Func	$ 564	$ 155	$ 366.57	$ 124	$ 504
Service Package	Inpatient and Outpatient	Spontaneous Abortion Tx/C		450	MC Emergency	$ 1,591	Charges have been	#N/A	$ 1,390	$ 1,421
Service Item	Outpatient	Sport Physical		516	NC Urgent Care	$ 25.75	$ 15.00	#N/A	$ 12.50	$ 23.00
Service Item	Outpatient	Sport Physical		516	SC Urgent Care	$ 25.75	$ 15.00	#N/A	$ 12.50	$ 23.00
Service Item	Outpatient	Sputum Demo Eval	94664	410	NC Urgent Care	$ 221.82	$ 86.64	$ 148.68	$ 13.98	$ 213.15
Service Item	Outpatient	Sputum Demo Eval	94664	410	SC Urgent Care	$ 221.82	$ 86.64	$ 149.22	$ 13.98	$ 213.15
Service Item	Inpatient and Outpatient	SRA, Unfractionated Heparin-ARUP	86022	300	MC Reference Lab	$ 20	$ 69	$ 80.28	$ 18	$ 181
Service Item	Inpatient and Outpatient	Ssa (La)(Ena)Ab Igg50692	86235	305	MC Reference Lab	$ 16	$ 68	$ 34.09	$ 9	$ 176
Service Item	Inpatient and Outpatient	Ssa (Ro) (Ena)Abigg50691	86235	305	MC Reference Lab	$ 16	$ 68	$ 34.09	$ 9	$ 176
Service Item	Inpatient and Outpatient	Ssa Ro (Ena) Ab Igg50691	86235	305	MC Reference Lab	$ 16	$ 68	$ 34.09	$ 9	$ 176
Service Item	Inpatient and Outpatient	SSB (La) (ENA) IgG Antibody-ARUP	86235	305	MC Reference Lab	$ 15	$ 68	$ 33.57	$ 9	$ 176
Service Item	Inpatient and Outpatient	Ssep-Lower Ext	95926	920	MC EEG	$ 794	Charges have been	$ 607.95	$ 293	$ 709
Service Package	Inpatient and Outpatient	Ssep-Lower Ext	95926	920	MC Surgical Srvcs	$ 794	Charges have been	$ 607.95	$ 293	$ 709
Service Item	Outpatient	Ssep-Lower Ext	95926	920	OS EEG	$ 793.87	$ 162.24	$ 548.50	$ 111.08	$ 709.09
Service Package	Inpatient and Outpatient	Ssep-Upper and Lower Extremities	95938	920	MC Surgical Srvcs	$ 1,588	Charges have been	$ 1,209.93	$ 563	$ 1,418
Service Item	Inpatient and Outpatient	Ssep-Upper Extremity	95925	920	MC EEG	$ 794	Charges have been	$ 607.95	$ 293	$ 709
Service Package	Inpatient and Outpatient	Ssep-Upper Extremity	95925	920	MC Surgical Srvcs	$ 794	Charges have been	$ 607.95	$ 293	$ 709
Service Item	Outpatient	Ssep-Upper Extremity	95925	920	OS EEG	$ 793.87	$ 234.90	$ 548.50	$ 111.08	$ 709.09
Service Package	Inpatient and Outpatient	Stab Phlebectomy of Vericose Veins, 1 Extemity	37766	360	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,368.78	$ 3,211	$ 5,780
Service Item	Inpatient and Outpatient	Stand Test-Phy Perf 15 Mi	97750	430	MC OT Services	$ 134	$ 80	$ 105.01	$ 40	$ 123
Service Item	Outpatient	Stand Test-Phy Perf 15 Mi	97750	430	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Stand Test-Phy Perf 15 Mi	97750	430	OP Therapy Akers	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Stand Test-Phy Perf 15 Mi	97750	430	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Stand Test-Phy Perf 15 Mi	97750	430	OP Therapy Exeter	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Stand Test-Phy Perf 15 Mi	97750	430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 140.37	$ 80.40	$ 317.00
Service Item	Outpatient	Stand Test-Phy Perf 15 Mi	97750	430	OP Therapy Neuro	$ 134.00	$ 120.00	$ 105.01	$ 40.14	$ 123.28
Service Item	Inpatient	Stand Test-Phy Perf 15 Mi	97750	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Stand Test-Phy Perf 15 Mi	97750	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Stand Test-Phy Perf 15 Mi	97750	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Stand Test-Phy Perf 15 Mi	97750	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient and Outpatient	Staph A Dna Amp Probe	87640	306	MC General Lab	$ 277	$ 153	$ 235.96	$ 137	$ 345
Service Package	Inpatient and Outpatient	Staple Bone (A)	C1713	278	MC Central Supply	$ 4,666	Charges have been	$ 4,554.10	$ 4,158	$ 4,250
Service Package	Inpatient and Outpatient	Staple Bone (B)	C1713	278	MC Central Supply	$ 4,811	Charges have been	$ 4,652.81	$ 4,287	$ 4,383
Service Package	Inpatient and Outpatient	Staple Bone (C)	C1713	278	MC Central Supply	$ 6,114	Charges have been	$ 5,535.83	$ 5,448	$ 5,569
Service Package	Inpatient and Outpatient	Staple Spiked Ligament	C1713	278	MC Central Supply	$ 1,092	Charges have been	$ 2,131.83	$ 973	$ 995
Service Item	Inpatient and Outpatient	STAT Draw Fee		309	MC General Lab	$ 52	$ 30	#N/A	$ 30	$ 46
Service Package	Inpatient and Outpatient	Stellate Block	64510	361	MC Surgical Center	$ 2,030	Charges have been	$ 1,383.94	$ 900	$ 941
Service Package	Inpatient and Outpatient	Stem Extension (A)	C1776	278	MC Central Supply	$ 1,092	Charges have been	$ 1,190.97	$ 973	$ 995
Service Package	Inpatient and Outpatient	Stem Extension (B)	C1776	278	MC Central Supply	$ 4,224	Charges have been	$ 3,313.28	$ 3,764	$ 3,847
Service Package	Inpatient and Outpatient	Stem Femoral (A)	C1776	278	MC Central Supply	$ 3,532	Charges have been	$ 2,844.39	$ 3,147	$ 3,217
Service Package	Inpatient and Outpatient	Stem Femoral (B)	C1776	278	MC Central Supply	$ 4,369	Charges have been	$ 3,411.99	$ 3,893	$ 3,980
Service Package	Inpatient and Outpatient	Stem Femoral (C)	C1776	278	MC Central Supply	$ 5,006	Charges have been	$ 3,843.86	$ 4,461	$ 4,560
Service Package	Inpatient and Outpatient	Stem Femoral (D)	C1776	278	MC Central Supply	$ 7,840	Charges have been	$ 5,764.13	$ 6,986	$ 7,141
Service Package	Inpatient and Outpatient	Stem Femoral (E)	C1776	278	MC Central Supply	$ 17,052	Charges have been	$ 12,007.88	$ 15,195	$ 15,532
Service Package	Inpatient and Outpatient	Stem Femoral Calcar Rev C	C1776	278	MC Central Supply	$ 20,323	Charges have been	$ 14,224.88	$ 18,109	$ 18,512
Service Package	Inpatient and Outpatient	Stem Femoral W/Collar	C1776	278	MC Central Supply	$ 21,823	Charges have been	$ 15,241.91	$ 19,447	$ 19,879
Service Package	Inpatient and Outpatient	Stem Humeral Modular (A)	C1776	278	MC Central Supply	$ 3,371	Charges have been	$ 2,735.10	$ 3,003	$ 3,070
Service Package	Inpatient and Outpatient	Stem Humeral Modular (B)	C1776	278	MC Central Supply	$ 6,718	Charges have been	$ 5,003.99	$ 5,986	$ 6,119
Service Package	Inpatient and Outpatient	Stem Humeral Modular (C)	C1776	278	MC Central Supply	$ 13,304	Charges have been	$ 9,467.76	$ 11,855	$ 12,119
Service Package	Inpatient and Outpatient	Stem Radial	C1776	278	MC Central Supply	$ 7,617	Charges have been	$ 5,613.36	$ 6,788	$ 6,938
Service Package	Inpatient and Outpatient	Stem Shoulder Humeral	C1776	278	MC Central Supply	$ 8,556	Charges have been	$ 6,249.96	$ 7,625	$ 7,794
Service Package	Inpatient and Outpatient	Stem Shoulder Humeral (B)	C1776	278	MC Central Supply	$ 4,361	Charges have been	$ 3,406.61	$ 3,886	$ 3,973
Service Package	Inpatient and Outpatient	Stem Ulnar	C1776	278	MC Central Supply	$ 12,712	Charges have been	$ 9,066.78	$ 11,328	$ 11,580
Service Package	Inpatient and Outpatient	Stent Plmt Ctr Dialysis	36908	320	MC Cath Lab Srvcs	$ 12,909	Charges have been	$ 11,826.72	$ 11,280	$ 11,530
Service Package	Inpatient and Outpatient	Stent Uncoated/Pta	C1876	278	MC Central Supply	$ 7,611	Charges have been	$ 5,879.48	$ 6,782	$ 6,933
Service Package	Inpatient and Outpatient	Stent Ureteral (A)	C2625	278	MC Central Supply	$ 717	Charges have been	$ 663.02	$ 639	$ 653
Service Package	Inpatient and Outpatient	Stent Ureteral (B)	C2625	278	MC Central Supply	$ 3,210	Charges have been	$ 2,353.23	$ 2,861	$ 2,924
Service Package	Inpatient and Outpatient	Stent Urinary Diversion	C2617	278	MC Central Supply	$ 708	Charges have been	$ 753.98	$ 631	$ 645
Service Item	Outpatient	Stereoscop X-Ray Guidance	77387	333	HR Radiation Onc	$ 509.49	$ 218.55	$ 431.10	$ 218.55	$ 532.95
Service Item	Inpatient and Outpatient	Stereoscop X-Ray Guidance	77387	333	MC Radiation Thrpy	$ 509	$ 219	$ 401.52	$ 184	$ 533
Service Item	Outpatient	Stereoscop X-Ray Guidance	77387	333	VR Radiation Onc	$ 509.49	$ 218.55	$ 431.10	$ 218.55	$ 532.95
Service Item	Inpatient and Outpatient	Stereotactic Body Rad Therapy SBRT, Per Fractic	77373	333	MC Radiation Thrpy	$ 4,485	$ 5,265	$ 6,383.38	$ 2,049	$ 23,971
Service Item	Outpatient	Stereotactic Body Rad Therapy SBRT, Per Fractic	77373	333	VR Radiation Onc	$ 4,484.96	$ 5,264.94	$ 5,667.82	$ 2,049.10	$ 23,970.56
Service Item	Inpatient and Outpatient	Stereotactic Radiosurgery SRS, Cranial, 1 Sessior	77372	333	MC Radiation Thrpy	$ 19,683	$ 2,822	$ 21,432.44	$ 2,684	$ 108,128
Service Item	Outpatient	Stereotactic Radiosurgery SRS, Cranial, 1 Sessior	77372	333	VR Radiation Onc	$ 19,683.30	$ 2,822.07	$ 22,172.19	$ 2,683.70	$ 108,127.57
Service Item	Outpatient	sterile water diluent (Flolan) 50 mL	J3490	636	CD Infusion Clinic	$ 75.60	$ 45.36	$ 52.13	$ 23.14	$ 69.55
Service Item	Inpatient and Outpatient	sterile water diluent (Flolan) 50 mL	J3490	636	MC Pharmacy	$ 76	$ 45	$ 52.13	$ 23	$ 70
Service Item	Outpatient	sterile water diluent (Flolan) 50 mL	J3490	636	NC Urgent Care	$ 75.60	$ 45.36	$ 51.94	$ 23.14	$ 69.55
Service Item	Outpatient	sterile water diluent (Flolan) 50 mL	J3490	636	SC Urgent Care	$ 75.60	$ 45.36	$ 52.13	$ 23.14	$ 69.55
Service Item	Outpatient	sterile water IV bag 1,000 mL	J3490	636	CD Infusion Clinic	$ 46.85	$ 28.11	$ 35.60	$ 23.14	$ 43.10
Service Item	Inpatient and Outpatient	sterile water IV bag 1,000 mL	J3490	636	MC Pharmacy	$ 47	$ 28	$ 35.60	$ 23	$ 43
Service Item	Outpatient	sterile water IV bag 1,000 mL	J3490	636	NC Urgent Care	$ 46.85	$ 28.11	$ 35.49	$ 23.14	$ 43.10
Service Item	Outpatient	sterile water IV bag 1,000 mL	J3490	636	SC Urgent Care	$ 46.85	$ 28.11	$ 35.60	$ 23.14	$ 43.10
Service Item	Outpatient	sterile water IV bag 100 mL	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	sterile water IV bag 100 mL	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	sterile water IV bag 100 mL	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	sterile water IV bag 100 mL	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Outpatient	Sternoclavicular Jts 3 Vw	71130	320	IC Radiology	$ 373.71	$ 89.07	$ 223.61	$ 79.87	$ 333.80
Service Item	Inpatient and Outpatient	Sternoclavicular Jts 3 Vw	71130	320	MC Diag Radiology	$ 374	$ 89	$ 288.81	$ 80	$ 888
Service Item	Outpatient	Sternoclavicular Jts 3 Vw	71130	320	NC Diag Imaging	$ 373.71	$ 89.07	$ 288.81	$ 79.87	$ 887.81
Service Item	Outpatient	Sternoclavicular Jts 3 Vw	71130	320	SC Diag Imaging	$ 373.71	$ 89.07	$ 288.81	$ 79.87	$ 887.81
Service Item	Outpatient	Sternum 2 Views	71120	320	IC Radiology	$ 404.04	$ 82.89	$ 235.14	$ 74.32	$ 360.89
Service Item	Inpatient and Outpatient	Sternum 2 Views	71120	320	MC Diag Radiology	$ 404	$ 83	$ 298.42	$ 74	$ 888
Service Item	Outpatient	Sternum 2 Views	71120	320	NC Diag Imaging	$ 404.04	$ 82.89	$ 298.42	$ 74.32	$ 887.81
Service Item	Outpatient	Sternum 2 Views	71120	320	SC Diag Imaging	$ 404.04	$ 82.89	$ 298.42	$ 74.32	$ 887.81
Service Package	Inpatient and Outpatient	Stim & Pacing S/P Iv Drug	93623	481	MC Cath Lab Srvcs	$ 3,511	Charges have been	$ 3,217.10	$ 3,068	$ 3,136
Service Package	Inpatient and Outpatient	Stimulator Neuro Medtronic	C1820	278	MC Central Supply	$ 35,674	Charges have been	$ 33,008.78	$ 31,788	$ 32,495
Service Package	Inpatient and Outpatient	Stimulator Neuro Synergy	C1820	278	MC Central Supply	$ 47,366	Charges have been	$ 40,933.60	$ 42,207	$ 43,145
Service Item	Outpatient	Strapping Ankle Or Foot	29540	516	NC Urgent Care	$ 166.37	$ 96.91	$ 118.95	$ 39.43	$ 154.96
Service Item	Outpatient	Strapping Ankle Or Foot	29540	516	SC Urgent Care	$ 166.37	$ 96.91	$ 119.35	$ 39.43	$ 154.96
Service Item	Outpatient	Strapping Knee	29530	516	NC Urgent Care	$ 146.98	$ 85.62	$ 105.42	$ 48.79	$ 131.28
Service Item	Outpatient	Strapping Knee	29530	516	SC Urgent Care	$ 146.98	$ 85.62	$ 105.78	$ 48.79	$ 131.28
Service Item	Outpatient	Strapping Of Toes	29550	516	NC Urgent Care	$ 146.98	$ 85.62	$ 98.16	$ 38.74	$ 131.28
Service Item	Outpatient	Strapping Of Toes	29550	516	SC Urgent Care	$ 146.98	$ 85.62	$ 98.52	$ 38.74	$ 131.28
Service Item	Outpatient	Strapping; Elbow Or Wrist	29260	420	NC Urgent Care	$ 144.75	$ 86.85	$ 97.06	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist	29260	420	OP Hand Center	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist	29260	420	OP Therapy Akers	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist	29260	420	OP Therapy Dinuba	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist	29260	420	OP Therapy Exeter	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist	29260	420	OP Therapy Lovers Ln	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist	29260	420	OP Therapy Neuro	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist	29260	420	SC Urgent Care	$ 144.75	$ 86.85	$ 97.43	$ 38.74	$ 133.17
Service Item	Inpatient and Outpatient	Strapping; Elbow Or Wrist Ot	29260	430	MC OT Services	$ 145	$ 87	$ 109.31	$ 39	$ 133
Service Item	Outpatient	Strapping; Elbow Or Wrist Ot	29260	430	OP Hand Center	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist Ot	29260	430	OP Therapy Akers	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist Ot	29260	430	OP Therapy Dinuba	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist Ot	29260	430	OP Therapy Exeter	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist Ot	29260	430	OP Therapy Lovers Ln	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Elbow Or Wrist Ot	29260	430	OP Therapy Neuro	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Inpatient	Strapping; Elbow Or Wrist Ot	29260	430	RH OT Services	$ 144.75	Charges have been	$ 108.12	$ 38.74	$ 133.17
Service Item	Inpatient	Strapping; Elbow Or Wrist Ot	29260	430	SA OT Services	$ 144.75	Charges have been	$ 108.12	$ 38.74	$ 133.17
Service Item	Inpatient	Strapping; Elbow Or Wrist Ot	29260	430	SN TC Ortho OT	$ 144.75	Charges have been	$ 108.12	$ 38.74	$ 133.17
Service Item	Inpatient	Strapping; Elbow Or Wrist Ot	29260	430	SN TS OT Services	$ 144.75	Charges have been	$ 108.12	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger	29280	420	NC Urgent Care	$ 144.75	$ 86.85	$ 96.94	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger	29280	420	OP Hand Center	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger	29280	420	OP Therapy Akers	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17

Service Item	Outpatient	Strapping; Hand Or Finger	29280	420	OP Therapy Dinuba	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger	29280	420	OP Therapy Exeter	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger	29280	420	OP Therapy Lovers Ln	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger	29280	420	OP Therapy Neuro	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger	29280	420	SC Urgent Care	$ 144.75	$ 86.85	$ 97.30	$ 38.74	$ 133.17
Service Item	Inpatient and Outpatient	Strapping; Hand Or Finger Ot	29280	430	MC OT Services	$ 145	$ 87	$ 109.31	$ 39	$ 133
Service Item	Outpatient	Strapping; Hand Or Finger Ot	29280	430	OP Hand Center	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger Ot	29280	430	OP Therapy Akers	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger Ot	29280	430	OP Therapy Dinuba	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger Ot	29280	430	OP Therapy Exeter	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger Ot	29280	430	OP Therapy Lovers Ln	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Hand Or Finger Ot	29280	430	OP Therapy Neuro	$ 144.75	$ 120.00	$ 109.31	$ 38.74	$ 133.17
Service Item	Inpatient	Strapping; Hand Or Finger Ot	29280	430	RH OT Services	$ 144.75	Charges have been	$ 108.12	$ 38.74	$ 133.17
Service Item	Inpatient	Strapping; Hand Or Finger Ot	29280	430	SA OT Services	$ 144.75	Charges have been	$ 108.12	$ 38.74	$ 133.17
Service Item	Inpatient	Strapping; Hand Or Finger Ot	29280	430	SN TC Ortho OT	$ 144.75	Charges have been	$ 108.12	$ 38.74	$ 133.17
Service Item	Inpatient	Strapping; Hand Or Finger Ot	29280	430	SN TS OT Services	$ 144.75	Charges have been	$ 108.12	$ 38.74	$ 133.17
Service Item	Outpatient	Strapping; Shoulder	29240	516	NC Urgent Care	$ 158.17	$ 92.14	$ 112.71	$ 54.71	$ 141.28
Service Item	Outpatient	Strapping; Shoulder	29240	516	SC Urgent Care	$ 158.17	$ 92.14	$ 113.09	$ 54.71	$ 141.28
Service Item	Outpatient	Strep A Ag Eia	87430	306	CD Chronic Disease	$ 26.51	$ 40.05	$ 32.67	$ 7.32	$ 133.91
Service Item	Outpatient	Strep A Ag Eia	87430	306	SFM Family Medicine	$ 26.51	$ 40.05	$ 35.07	$ 15.75	$ 133.91
Service Item	Inpatient and Outpatient	Streptococcus pneumoniae Ag Urine-ARUP	87899	306	MC Reference Lab	$ 5	$ 40	$ 40.97	$ 4	$ 128
Service Item	Outpatient	streptozocin 1 g Inj	J9320	636	CD Infusion Clinic	$ 1,948.75	$ 1,169.25	$ 1,110.58	$ 131.01	$ 1,792.85
Service Item	Inpatient and Outpatient	streptozocin 1 g Inj	J9320	636	MC Pharmacy	$ 1,949	$ 1,298	$ 1,110.58	$ 131	$ 1,793
Service Item	Outpatient	streptozocin 1 g Inj	J9320	636	NC Urgent Care	$ 1,948.75	$ 1,298.03	$ 1,105.71	$ 131.01	$ 1,792.85
Service Item	Outpatient	streptozocin 1 g Inj	J9320	636	SC Urgent Care	$ 1,948.75	$ 1,298.03	$ 1,110.58	$ 131.01	$ 1,792.85
Service Item	Outpatient	Stress Echocardiogram	93350	483	CD Chronic Disease	$ 1,197.90	$ 296.34	$ 722.59	$ 112.81	$ 1,069.97
Service Item	Inpatient and Outpatient	Stress Echocardiogram	93350	483	DC Non Invasive Card	$ 1,198	$ 296	$ 844.15	$ 217	$ 1,070
Service Item	Inpatient and Outpatient	Stress Echocardiogram	93350	483	MC NonInv CardioSrv	$ 1,198	Charges have been	$ 946.22	$ 558	$ 1,070
Service Item	Outpatient	Stress Echocardiogram	93350	483	OS Non Invasive Card	$ 1,197.90	$ 296.34	$ 844.15	$ 217.17	$ 1,069.97
Service Item	Outpatient	Stress Echocardiogram	93350	483	SQ Seq Cardiology	$ 1,197.90	$ 296.34	$ 722.59	$ 112.81	$ 1,069.97
Service Item	Inpatient and Outpatient	Stress Echocardiogram with Image Enhancemen	C8928	483	DC Non Invasive Card	$ 2,076	$ 877	$ 1,558.18	$ 789	$ 1,854
Service Item	Inpatient and Outpatient	Stress Echocardiogram with Image Enhancemen	C8928	483	MC NonInv CardioSrv	$ 2,076	Charges have been	$ 1,595.41	$ 789	$ 1,854
Service Item	Outpatient	Stress Echocardiogram with Image Enhancemen	C8928	483	OS Non Invasive Card	$ 2,076.18	$ 876.54	$ 1,558.18	$ 788.87	$ 1,854.45
Service Item	Outpatient	Stress Echocardiogram with Image Enhancemen	C8928	483	SQ Seq Cardiology	$ 2,076.18	$ 876.54	$ 1,496.04	$ 788.87	$ 2,178.82
Service Item	Outpatient	Stress TTE Complete Tech	93351	483	CD Chronic Disease	$ 1,197.90	$ 970.44	$ 761.50	$ 137.54	$ 1,069.97
Service Item	Outpatient	Stress TTE Complete Tech	93351	483	SQ Seq Cardiology	$ 1,197.90	$ 970.44	$ 761.50	$ 137.54	$ 1,069.97
Service Item	Inpatient and Outpatient	Striated Muscle IgG Ab Reflex-ARUP	86255	305	MC Reference Lab	$ 12	$ 54	$ 25.06	$ 7	$ 118
Service Item	Outpatient	Strontium 89	A9600	344	VR Radiation Onc	$ 9,743.80	$ 6,588.71	$ 6,456.17	$ 994.85	$ 11,579.46
Service Item	Outpatient	Subdiaphram Abscess Drain	49406	361	IC CAT Scan	$ 3,431.50	$ 1,131.29	$ 1,807.56	$ 1,068.39	$ 1,734.65
Service Item	Outpatient	Subdiaphram Abscess Drain	49406	361	IC Ultrasound	$ 3,431.50	$ 1,131.29	$ 1,807.56	$ 1,068.39	$ 1,734.65
Service Item	Inpatient and Outpatient	Subdiaphram Abscess Drain	49406	361	MC CAT Scanner	$ 3,432	$ 1,131	$ 1,807.56	$ 1,068	$ 1,735
Service Item	Inpatient and Outpatient	Subdiaphram Abscess Drain	49406	361	MC Ultrasound	$ 3,432	$ 1,131	$ 1,807.56	$ 1,068	$ 1,735
Service Package	Inpatient	Subsq 1/2 Hr-Major Emerg		360	MC Cardiac Surgery	$ 4,546.56	Charges have been	#N/A	$ 3,972.73	$ 4,061.01
Service Package	Inpatient and Outpatient	Subsq 1/2 Hr-Major Emerg		360	MC Lbr & Dlvy Rev	$ 4,547	Charges have been	#N/A	$ 3,973	$ 4,061
Service Package	Inpatient and Outpatient	Subsq 1/2 Hr-Major Emerg		360	MC Surgical Srvcs	$ 4,547	Charges have been	#N/A	$ 3,973	$ 4,061
Service Package	Inpatient	Subsq 1/2 Hr-Minor Emerg		360	MC 2E Labor & Dlvry	$ 2,008.16	Charges have been	#N/A	$ 1,754.70	$ 1,793.70
Service Package	Inpatient and Outpatient	Subsq 1/2 Hr-Minor Emerg		360	MC Lbr & Dlvy Rev	$ 2,008	Charges have been	#N/A	$ 1,755	$ 1,794
Service Package	Inpatient and Outpatient	Subsq 1/2 Hr-Minor Emerg		360	MC Surgical Srvcs	$ 2,008	Charges have been	#N/A	$ 1,755	$ 1,794
Service Item	Outpatient	succinylcholine 20 mg/mL Inj 10 mL	J0330	636	CD Infusion Clinic	$ 107.05	$ 64.23	$ 64.44	$ 2.04	$ 98.49
Service Item	Inpatient and Outpatient	succinylcholine 20 mg/mL Inj 10 mL	J0330	636	MC Pharmacy	$ 107	$ 64	$ 64.44	$ 2	$ 98
Service Item	Outpatient	succinylcholine 20 mg/mL Inj 10 mL	J0330	636	NC Urgent Care	$ 107.05	$ 64.23	$ 64.17	$ 2.04	$ 98.49
Service Item	Outpatient	succinylcholine 20 mg/mL Inj 10 mL	J0330	636	SC Urgent Care	$ 107.05	$ 64.23	$ 64.44	$ 2.04	$ 98.49
Service Item	Outpatient	Succinylcholine 20 mg/mL Inj Syringe 10 mL	J3490	636	CD Infusion Clinic	$ 205.85	$ 123.51	$ 127.00	$ 23.14	$ 189.38
Service Item	Inpatient and Outpatient	Succinylcholine 20 mg/mL Inj Syringe 10 mL	J3490	636	MC Pharmacy	$ 206	$ 124	$ 127.00	$ 23	$ 189
Service Item	Outpatient	Succinylcholine 20 mg/mL Inj Syringe 10 mL	J3490	636	NC Urgent Care	$ 205.85	$ 123.51	$ 126.48	$ 23.14	$ 189.38
Service Item	Outpatient	Succinylcholine 20 mg/mL Inj Syringe 10 mL	J3490	636	SC Urgent Care	$ 205.85	$ 123.51	$ 127.00	$ 23.14	$ 189.38
Service Item	Outpatient	succinylcholine 20 mg/mL Inj Syringe 5 mL	J0330	636	CD Infusion Clinic	$ 68.85	$ 41.31	$ 50.71	$ 2.04	$ 72.69
Service Item	Inpatient and Outpatient	succinylcholine 20 mg/mL Inj Syringe 5 mL	J0330	636	MC Pharmacy	$ 69	$ 45	$ 50.71	$ 2	$ 73
Service Item	Outpatient	succinylcholine 20 mg/mL Inj Syringe 5 mL	J0330	636	NC Urgent Care	$ 68.85	$ 44.84	$ 50.53	$ 2.04	$ 72.69
Service Item	Outpatient	succinylcholine 20 mg/mL Inj Syringe 5 mL	J0330	636	SC Urgent Care	$ 68.85	$ 44.84	$ 50.71	$ 2.04	$ 72.69
Service Item	Outpatient	SUFentanil 50 mcg/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 30.40	$ 18.24	$ 26.15	$ 18.24	$ 27.98
Service Item	Inpatient and Outpatient	SUFentanil 50 mcg/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 30	$ 18	$ 26.15	$ 18	$ 28
Service Item	Outpatient	SUFentanil 50 mcg/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 30.40	$ 18.24	$ 26.07	$ 18.24	$ 27.98
Service Item	Outpatient	SUFentanil 50 mcg/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 30.40	$ 18.24	$ 26.15	$ 18.24	$ 27.98
Service Item	Outpatient	SUFentanil 50 mcg/mL Inj 2 mL	J3490	636	CD Infusion Clinic	$ 51.40	$ 30.84	$ 38.22	$ 23.14	$ 47.29
Service Item	Inpatient and Outpatient	SUFentanil 50 mcg/mL Inj 2 mL	J3490	636	MC Pharmacy	$ 51	$ 31	$ 38.22	$ 23	$ 47
Service Item	Outpatient	SUFentanil 50 mcg/mL Inj 2 mL	J3490	636	NC Urgent Care	$ 51.40	$ 30.84	$ 38.09	$ 23.14	$ 47.29
Service Item	Outpatient	SUFentanil 50 mcg/mL Inj 2 mL	J3490	636	SC Urgent Care	$ 51.40	$ 30.84	$ 38.22	$ 23.14	$ 47.29
Service Item	Outpatient	SUFentanil 50 mcg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 89.30	$ 53.58	$ 60.00	$ 23.14	$ 82.16
Service Item	Inpatient and Outpatient	SUFentanil 50 mcg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 89	$ 54	$ 60.00	$ 23	$ 82
Service Item	Outpatient	SUFentanil 50 mcg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 89.30	$ 53.58	$ 59.78	$ 23.14	$ 82.16
Service Item	Outpatient	SUFentanil 50 mcg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 89.30	$ 53.58	$ 60.00	$ 23.14	$ 82.16
Service Item	Outpatient	sugammadex 100 mg/mL Inj 2 mL	J3490	636	CD Infusion Clinic	$ 481.95	$ 289.17	$ 285.71	$ 23.14	$ 443.39
Service Item	Inpatient and Outpatient	sugammadex 100 mg/mL Inj 2 mL	J3490	636	MC Pharmacy	$ 482	$ 289	$ 285.71	$ 23	$ 443
Service Item	Outpatient	sugammadex 100 mg/mL Inj 2 mL	J3490	636	NC Urgent Care	$ 481.95	$ 289.17	$ 284.50	$ 23.14	$ 443.39
Service Item	Outpatient	sugammadex 100 mg/mL Inj 2 mL	J3490	636	SC Urgent Care	$ 481.95	$ 289.17	$ 285.71	$ 23.14	$ 443.39
Service Item	Outpatient	sugammadex 100 mg/mL Inj 2 mL	J3490	636	SFM Family Medicine	$ 481.95	$ 289.17	$ 284.50	$ 23.14	$ 443.39
Service Item	Outpatient	sugammadex 100 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 771.90	$ 463.14	$ 452.38	$ 23.14	$ 710.15
Service Item	Inpatient and Outpatient	sugammadex 100 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 772	$ 463	$ 452.38	$ 23	$ 710
Service Item	Outpatient	sugammadex 100 mg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 771.90	$ 463.14	$ 450.45	$ 23.14	$ 710.15
Service Item	Outpatient	sugammadex 100 mg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 771.90	$ 463.14	$ 452.38	$ 23.14	$ 710.15
Service Item	Outpatient	sulfamethoxazole-TRIMETHOPRIM PED 1 mg/m	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	sulfamethoxazole-TRIMETHOPRIM PED 1 mg/m	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28
Service Item	Outpatient	sulfamethoxazole-TRIMETHOPRIM PED 1 mg/m	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98
Service Item	Outpatient	sulfamethoxazole-TRIMETHOPRIM PED 1 mg/m	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98
Service Item	Inpatient and Outpatient	Sulfate Urine-ARUP	84392	300	MC Reference Lab	$ 5	$ 21	$ 10.16	$ 3	$ 47
Service Item	Outpatient	SUMAtriptan 6 mg/0.5 mL Inj 0.5 mL	J3030	636	CD Infusion Clinic	$ 133.95	$ 80.37	$ 107.11	$ 28.99	$ 183.04
Service Item	Inpatient and Outpatient	SUMAtriptan 6 mg/0.5 mL Inj 0.5 mL	J3030	636	MC Pharmacy	$ 134	$ 80	$ 107.11	$ 29	$ 183
Service Item	Outpatient	SUMAtriptan 6 mg/0.5 mL Inj 0.5 mL	J3030	636	NC Urgent Care	$ 133.95	$ 80.37	$ 106.78	$ 28.99	$ 183.04
Service Item	Outpatient	SUMAtriptan 6 mg/0.5 mL Inj 0.5 mL	J3030	636	SC Urgent Care	$ 133.95	$ 80.37	$ 107.11	$ 28.99	$ 183.04
Service Item	Outpatient	SUMAtriptan 6 mg/0.5 mL Inj 0.5 mL	J3030	636	SFM Family Medicine	$ 133.95	$ 80.37	$ 106.78	$ 28.99	$ 183.04
Service Item	Outpatient	Supervision Handling Radi	77790	333	VR Radiation Onc	$ 288.76	$ 65.79	$ 220.20	$ 59.95	$ 257.92
Service Package	Inpatient	Suprane Per 1/2 Hour		370	MC Anesthesiology	$ 142.87	Charges have been	#N/A	$ 124.84	$ 127.61
Service Item	Outpatient	Surface Application Radio	77789	333	VR Radiation Onc	$ 612.48	$ 49.47	$ 548.18	$ 49.47	$ 1,782.62
Service Package	Inpatient and Outpatient	Surface Articular (A)	C1776	278	MC Central Supply	$ 3,570	Charges have been	$ 2,870.31	$ 3,181	$ 3,252
Service Package	Inpatient and Outpatient	Surface Articular (B)	C1776	278	MC Central Supply	$ 4,369	Charges have been	$ 3,411.99	$ 3,893	$ 3,980
Service Package	Inpatient and Outpatient	Surface Articular (C)	C1776	278	MC Central Supply	$ 5,015	Charges have been	$ 3,849.85	$ 4,469	$ 4,568
Service Package	Inpatient and Outpatient	Surface Articular (D)	C1776	278	MC Central Supply	$ 8,255	Charges have been	$ 6,045.82	$ 7,356	$ 7,520
Service Package	Inpatient and Outpatient	Surface Articular (E)	C1776	278	MC Central Supply	$ 1,061	Charges have been	$ 1,169.40	$ 945	$ 966
Service Package	Inpatient and Outpatient	Surgery Robot Addl 1/2 Hr		360	MC Robotic Surgery	$ 4,570	$ 2,662	#N/A	$ 2,662	$ 9,125
Service Package	Inpatient and Outpatient	Surgery Robot Per 1 Hr		360	MC Robotic Surgery	$ 18,850	$ 10,980	#N/A	$ 4,186	$ 16,836
Service Package	Inpatient and Outpatient	Surgery Robot Subsq 1/2Hr		360	MC Robotic Surgery	$ 4,570	$ 2,662	#N/A	$ 2,662	$ 9,125
Service Package	Inpatient	Surgery Set Up-Cancelled		360	MC Cardiac Surgery	$ 548.27	Charges have been	#N/A	$ 479.07	$ 489.72
Service Package	Inpatient	Surgery Set Up-Cancelled		360	MC Cardiovascular	$ 548.27	$ 319.38	#N/A	$ 319.38	$ 489.72
Service Package	Inpatient and Outpatient	Surgery Set Up-Cancelled		360	MC Surgical Srvcs	$ 548	Charges have been	#N/A	$ 479	$ 490
Service Item	Outpatient	Swallow Function By Video	74230	320	IC Radiology	$ 662.74	$ 166.50	$ 411.61	$ 149.30	$ 591.96
Service Item	Inpatient and Outpatient	Swallow Function By Video	74230	320	MC Diag Radiology	$ 663	$ 167	$ 533.37	$ 149	$ 1,636
Service Item	Outpatient	Swallow Function By Video	74230	320	NC Diag Imaging	$ 662.74	$ 166.50	$ 533.37	$ 149.30	$ 1,635.83
Service Item	Outpatient	Swallow Function By Video	74230	320	SC Diag Imaging	$ 662.74	$ 166.50	$ 533.37	$ 149.30	$ 1,635.83
Service Item	Inpatient and Outpatient	Synovial Fld Mucin Clot	83872	301	MC General Lab	$ 23	$ 26	$ 28.97	$ 20	$ 58
Service Item	Inpatient and Outpatient	Synovial Fluid Crystal Id	89060	300	MC General Lab	$ 75	$ 32	$ 56.59	$ 29	$ 70
Service Package	Inpatient and Outpatient	Syringe With Or W/O Ndl E	A4657	270	MC Central Supply	$ 13	Charges have been	$ 12.15	$ 12	$ 12
Service Item	Outpatient	Syringe With Or W/O Ndl E	A4657	270	SFM Family Medicine	$ 13.13	$ 7.80	$ 10.76	$ 7.80	$ 11.96
Service Item	Outpatient	Syringe With Or W/O Ndl E	A4657	270	VD Visalia Dialysis	$ 13.13	$ 7.80	$ 10.79	$ 7.80	$ 11.96
Service Package	Inpatient and Outpatient	System Perm Birth Control	A4264	278	MC Central Supply	$ 4,361	Charges have been	$ 4,565.62	$ 3,886	$ 3,973
Service Item	Inpatient and Outpatient	T cell absolute count/ratio-ARUP	86360	305	MC Reference Lab	$ 47	$ 176	$ 98.20	$ 28	$ 462
Service Item	Inpatient and Outpatient	T cells total count-ARUP	86359	305	MC Reference Lab	$ 47	$ 168	$ 84.17	$ 28	$ 371
Service Item	Inpatient and Outpatient	T3 Free Triiodthronine	84481	301	MC General Lab	$ 209	$ 76	$ 148.37	$ 68	$ 190

Service Item	Inpatient and Outpatient	T3 reverse-ARUP	84482	300	MC Reference Lab	$ 17	$ 74	$ 33.88	$ 10	$ 155
Service Item	Inpatient and Outpatient	T3 Triiodothyroxine Total	84480	301	MC General Lab	$ 177	$ 63	$ 125.04	$ 57	$ 161
Service Item	Inpatient and Outpatient	T3 Uptake	84479	301	MC General Lab	$ 87	$ 29	$ 60.10	$ 26	$ 80
Service Item	Inpatient and Outpatient	tacrolimus (PED) 1 mg/mL Susp	J7507	636	MC Pharmacy	$ 14	$ 13	$ 11.89	$ 1	$ 17
Service Item	Outpatient	tacrolimus 1 mg Cap	J7507	636	CD Infusion Clinic	$ 25.20	$ 15.12	$ 15.88	$ 1.18	$ 23.18
Service Item	Inpatient and Outpatient	tacrolimus 1 mg Cap	J7507	636	MC Pharmacy	$ 25	$ 15	$ 15.88	$ 1	$ 23
Service Item	Outpatient	tacrolimus 1 mg Cap	J7507	636	NC Urgent Care	$ 25.20	$ 15.12	$ 15.82	$ 1.18	$ 23.18
Service Item	Outpatient	tacrolimus 1 mg Cap	J7507	636	SC Urgent Care	$ 25.20	$ 15.12	$ 15.88	$ 1.18	$ 23.18
Service Item	Outpatient	tacrolimus 5 mg Cap	J7507	636	CD Infusion Clinic	$ 103.70	$ 62.22	$ 44.10	$ 1.18	$ 95.40
Service Item	Inpatient and Outpatient	tacrolimus 5 mg Cap	J7507	636	MC Pharmacy	$ 104	$ 62	$ 44.10	$ 1	$ 95
Service Item	Outpatient	tacrolimus 5 mg Cap	J7507	636	NC Urgent Care	$ 103.70	$ 62.22	$ 43.84	$ 1.18	$ 95.40
Service Item	Outpatient	tacrolimus 5 mg Cap	J7507	636	SC Urgent Care	$ 103.70	$ 62.22	$ 44.10	$ 1.18	$ 95.40
Service Item	Inpatient and Outpatient	Tacrolimus by HPLC-MS/MS-ARUP	80197	301	MC Reference Lab	$ 12	$ 66	$ 27.65	$ 7	$ 135
Service Item	Outpatient	Tailbone 2 Views Sac/Coc	72220	320	IC Radiology	$ 447.74	$ 72.72	$ 254.20	$ 65.21	$ 399.92
Service Item	Inpatient and Outpatient	Tailbone 2 Views Sac/Coc	72220	320	MC Diag Radiology	$ 448	$ 73	$ 314.72	$ 65	$ 888
Service Item	Outpatient	Tailbone 2 Views Sac/Coc	72220	320	NC Diag Imaging	$ 447.74	$ 72.72	$ 314.72	$ 65.21	$ 887.81
Service Item	Outpatient	Tailbone 2 Views Sac/Coc	72220	320	SC Diag Imaging	$ 447.74	$ 72.72	$ 314.72	$ 65.21	$ 887.81
Service Package	Inpatient and Outpatient	Tape Tension Free Vaginal	C1771	278	MC Central Supply	$ 4,702	Charges have been	$ 4,351.13	$ 4,190	$ 4,283
Service Package	Inpatient and Outpatient	TAVR CardioPulmonary Bypass w/ Central Art&\	33369	360	MC Cath Lab Srvcs	$ 30,845	Charges have been	$ 28,258.82	$ 26,952	$ 27,551
Service Package	Inpatient and Outpatient	TAVR CardioPulmonary Bypass w/ Perc Periph A	33367	360	MC Cath Lab Srvcs	$ 30,845	Charges have been	$ 28,258.82	$ 26,952	$ 27,551
Service Package	Inpatient and Outpatient	TAVR CardioPulmonary Bypass w/Open Periphe	33368	360	MC Cath Lab Srvcs	$ 30,845	Charges have been	$ 28,258.82	$ 26,952	$ 27,551
Service Package	Inpatient and Outpatient	TAVR Open Axillary Artery Approach	33363	360	MC Cath Lab Srvcs	$ 56,549	Charges have been	$ 51,807.88	$ 49,411	$ 50,509
Service Package	Inpatient and Outpatient	TAVR Open Femoral Artery Approach	33362	360	MC Cath Lab Srvcs	$ 56,549	Charges have been	$ 51,807.88	$ 49,411	$ 50,509
Service Package	Inpatient and Outpatient	TAVR Open Iliac Artery Approach	33364	360	MC Cath Lab Srvcs	$ 56,549	Charges have been	$ 51,807.88	$ 49,411	$ 50,509
Service Package	Inpatient and Outpatient	TAVR Percutaneous Femoral Artery Approach	33361	360	MC Cath Lab Srvcs	$ 56,549	Charges have been	$ 51,807.88	$ 49,411	$ 50,509
Service Package	Inpatient and Outpatient	TAVR Prosthetic Valve Implant		278	MC Central Supply	$ 81,542	Charges have been	#N/A	$ 72,661	$ 74,276
Service Package	Inpatient and Outpatient	TAVR Transaortic Approach	33365	360	MC Cath Lab Srvcs	$ 56,549	Charges have been	$ 51,807.88	$ 49,411	$ 50,509
Service Package	Inpatient and Outpatient	TAVR Transapical Exposure	33366	360	MC Cath Lab Srvcs	$ 56,549	Charges have been	$ 51,807.88	$ 49,411	$ 50,509
Service Item	Outpatient	Tee for Monitoring Tech	93318	480	SQ Seq Cardiology	$ 1,853.81	$ 1,017.00	$ 1,091.29	$ 161.77	$ 1,655.83
Service Item	Inpatient and Outpatient	TEE with Image Enhancement	C8925	483	DC Non Invasive Card	$ 2,076	$ 1,209	$ 1,558.18	$ 789	$ 1,854
Service Item	Inpatient and Outpatient	TEE with Image Enhancement	C8925	483	MC NonInv CardioSrv	$ 2,076	Charges have been	$ 1,595.41	$ 789	$ 1,854
Service Item	Outpatient	TEE with Image Enhancement	C8925	483	OS Non Invasive Card	$ 2,076.18	$ 1,209.43	$ 1,558.18	$ 788.87	$ 1,854.45
Service Item	Outpatient	Teeth Partial	70310	320	IC Radiology	$ 610.56	$ 54.18	$ 352.53	$ 48.58	$ 545.36
Service Item	Inpatient and Outpatient	Teeth Partial	70310	320	MC Diag Radiology	$ 611	$ 54	$ 646.01	$ 49	$ 3,320
Service Item	Outpatient	Teeth Partial	70310	320	NC Diag Imaging	$ 610.56	$ 54.18	$ 646.01	$ 48.58	$ 3,320.14
Service Item	Outpatient	Teeth Partial	70310	320	SC Diag Imaging	$ 610.56	$ 54.18	$ 646.01	$ 48.58	$ 3,320.14
Service Item	Outpatient	Telehealth Technical Facility Charge	Q3014	510	CD Chronic Disease	$ 238.49	$ 138.92	$ 135.22	$ 27.16	$ 213.02
Service Item	Outpatient	Telehealth Technical Facility Charge	Q3014	510	HR Radiation Onc	$ 238.49	$ 138.92	$ 179.12	$ 138.92	$ 213.02
Service Item	Outpatient	Telehealth Technical Facility Charge	Q3014	510	NC Urgent Care	$ 238.49	$ 138.92	$ 147.94	$ 27.16	$ 213.02
Service Item	Outpatient	Telehealth Technical Facility Charge	Q3014	510	NS Neuro Sciences	$ 238.49	$ 138.92	$ 135.22	$ 27.16	$ 213.02
Service Item	Outpatient	Telehealth Technical Facility Charge	Q3014	510	OP Wound Center	$ 238.49	$ 138.92	$ 177.99	$ 138.92	$ 213.02
Service Item	Outpatient	Telehealth Technical Facility Charge	Q3014	510	SC Urgent Care	$ 238.49	$ 138.92	$ 148.52	$ 27.16	$ 213.02
Service Item	Outpatient	Telehealth Technical Facility Charge	Q3014	510	SFM Family Medicine	$ 238.49	$ 138.92	$ 177.41	$ 138.92	$ 213.02
Service Item	Outpatient	Telehealth Technical Facility Charge	Q3014	510	SQ Seq Cardiology	$ 238.49	$ 138.92	$ 135.22	$ 27.16	$ 213.02
Service Item	Outpatient	Telehealth Technical Facility Charge	Q3014	510	VR Radiation Onc	$ 238.49	$ 138.92	$ 179.12	$ 138.92	$ 213.02
Service Item	Outpatient	Teletx Isod Plan Complex	77307	333	HR Radiation Onc	$ 1,225.49	$ 610.56	$ 1,245.16	$ 388.35	$ 4,617.55
Service Item	Inpatient and Outpatient	Teletx Isod Plan Complex	77307	333	MC Radiation Thrpy	$ 1,225	$ 611	$ 1,203.02	$ 388	$ 4,618
Service Item	Outpatient	Teletx Isod Plan Complex	77307	333	VR Radiation Onc	$ 1,225.49	$ 610.56	$ 1,245.16	$ 388.35	$ 4,617.55
Service Item	Outpatient	Teletx Isodose Plan Simp	77306	333	HR Radiation Onc	$ 406.77	$ 333.33	$ 757.09	$ 236.95	$ 4,617.55
Service Item	Inpatient and Outpatient	Teletx Isodose Plan Simp	77306	333	MC Radiation Thrpy	$ 407	$ 333	$ 769.89	$ 239	$ 4,618
Service Item	Outpatient	Teletx Isodose Plan Simp	77306	333	VR Radiation Onc	$ 406.77	$ 333.33	$ 757.09	$ 236.95	$ 4,617.55
Service Item	Outpatient	temozolomide 100 mg Inj	J9328	636	CD Infusion Clinic	$ 3,637.65	$ 2,182.59	$ 1,795.71	$ 5.57	$ 3,346.64
Service Item	Inpatient and Outpatient	temozolomide 100 mg Inj	J9328	636	MC Pharmacy	$ 3,638	$ 2,188	$ 1,795.71	$ 6	$ 3,347
Service Item	Outpatient	temozolomide 100 mg Inj	J9328	636	NC Urgent Care	$ 3,637.65	$ 2,188.07	$ 1,786.62	$ 5.57	$ 3,346.64
Service Item	Outpatient	temozolomide 100 mg Inj	J9328	636	SC Urgent Care	$ 3,637.65	$ 2,188.07	$ 1,795.71	$ 5.57	$ 3,346.64
Service Item	Outpatient	temsirolimus 25 mg/mL Inj 1 mL	J9330	636	CD Infusion Clinic	$ 6,352.75	$ 3,811.65	$ 3,158.92	$ 44.99	$ 5,844.53
Service Item	Inpatient and Outpatient	temsirolimus 25 mg/mL Inj 1 mL	J9330	636	MC Pharmacy	$ 6,353	$ 3,867	$ 3,158.92	$ 45	$ 5,845
Service Item	Outpatient	temsirolimus 25 mg/mL Inj 1 mL	J9330	636	NC Urgent Care	$ 6,352.75	$ 3,867.23	$ 3,143.04	$ 44.99	$ 5,844.53
Service Item	Outpatient	temsirolimus 25 mg/mL Inj 1 mL	J9330	636	SC Urgent Care	$ 6,352.75	$ 3,867.23	$ 3,158.92	$ 44.99	$ 5,844.53
Service Package	Inpatient and Outpatient	Tendon Spacer	C1713	278	MC Central Supply	$ 4,884	Charges have been	$ 4,702.17	$ 4,352	$ 4,449
Service Item	Outpatient	tenecteplase 50 mg IV Inj	J3101	636	CD Infusion Clinic	$ 26,445.30	$ 15,867.18	$ 13,074.76	$ 58.98	$ 24,329.68
Service Item	Inpatient and Outpatient	tenecteplase 50 mg IV Inj	J3101	636	MC Pharmacy	$ 26,445	$ 15,867	$ 13,074.76	$ 59	$ 24,330
Service Item	Outpatient	tenecteplase 50 mg IV Inj	J3101	636	NC Urgent Care	$ 26,445.30	$ 15,867.18	$ 13,008.64	$ 58.98	$ 24,329.68
Service Item	Outpatient	tenecteplase 50 mg IV Inj	J3101	636	SC Urgent Care	$ 26,445.30	$ 15,867.18	$ 13,074.76	$ 58.98	$ 24,329.68
Service Item	Outpatient	Tenotomy Open Flexor, Single	28232	761	OP Wound Center	$ 3,141.50	$ 2,100.00	$ 2,313.40	$ 1,429.00	$ 2,890.18
Service Item	Outpatient	terbutaline 1 mg/mL Inj 1 mL	J3105	636	CD Infusion Clinic	$ 100.40	$ 60.24	$ 61.15	$ 3.84	$ 92.37
Service Item	Inpatient and Outpatient	terbutaline 1 mg/mL Inj 1 mL	J3105	636	MC Pharmacy	$ 100	$ 60	$ 61.15	$ 4	$ 92
Service Item	Outpatient	terbutaline 1 mg/mL Inj 1 mL	J3105	636	NC Urgent Care	$ 100.40	$ 60.24	$ 60.90	$ 3.84	$ 92.37
Service Item	Outpatient	terbutaline 1 mg/mL Inj 1 mL	J3105	636	SC Urgent Care	$ 100.40	$ 60.24	$ 61.15	$ 3.84	$ 92.37
Service Item	Inpatient and Outpatient	Test And Measures	97750	420	MC OT Services	$ 142	$ 85	$ 110.35	$ 40	$ 131
Service Package	Inpatient and Outpatient	Test And Measures	97750	420	MC PT Services	$ 142	Charges have been	$ 130.17	$ 128	$ 131
Service Item	Inpatient	Test And Measures	97750	420	RH OT Services	$ 142.16	Charges have been	$ 130.17	$ 127.94	$ 130.79
Service Item	Inpatient	Test And Measures	97750	420	RH PT Services	$ 142.16	Charges have been	$ 130.17	$ 127.94	$ 130.79
Service Item	Inpatient	Test And Measures	97750	420	SA PT Services	$ 142.16	Charges have been	$ 130.17	$ 127.94	$ 130.79
Service Item	Inpatient	Test And Measures	97750	420	SN TC Ortho OT	$ 142.16	Charges have been	$ 130.17	$ 127.94	$ 130.79
Service Item	Inpatient	Test And Measures	97750	420	SN TC Ortho PT	$ 142.16	Charges have been	$ 130.17	$ 127.94	$ 130.79
Service Item	Inpatient	Test And Measures	97750	420	SN TS OT Services	$ 142.16	Charges have been	$ 130.17	$ 127.94	$ 130.79
Service Item	Inpatient	Test And Measures	97750	420	SN TS PT Services	$ 142.16	Charges have been	$ 130.17	$ 127.94	$ 130.79
Service Package	Inpatient and Outpatient	Test Intraop Neurophys Or	95940	920	MC Surgical Srvcs	$ 390	Charges have been	$ 288.58	$ 341	$ 348
Service Item	Inpatient and Outpatient	Testicular Scan	78761	340	MC Nuclear Medicine	$ 1,768	$ 405	$ 1,238.18	$ 388	$ 1,579
Service Package	Inpatient and Outpatient	Testing Neuromuscular Jnt	95937	920	MC Surgical Srvcs	$ 211	Charges have been	$ 181.92	$ 160	$ 188
Service Item	Inpatient and Outpatient	Testosterone 70130	84403	300	MC Reference Lab	$ 29	$ 115	$ 95.00	$ 25	$ 254
Service Item	Outpatient	testosterone cypionate 200 mg/mL IM Inj	J1071	636	CD Infusion Clinic	$ 133.15	$ 79.89	$ 79.09	$ 0.04	$ 122.50
Service Item	Inpatient and Outpatient	testosterone cypionate 200 mg/mL IM Inj	J1071	636	MC Pharmacy	$ 133	$ 80	$ 79.09	$ 0	$ 122
Service Item	Outpatient	testosterone cypionate 200 mg/mL IM Inj	J1071	636	NC Urgent Care	$ 133.15	$ 79.97	$ 78.76	$ 0.04	$ 122.50
Service Item	Outpatient	testosterone cypionate 200 mg/mL IM Inj	J1071	636	SC Urgent Care	$ 133.15	$ 79.97	$ 79.09	$ 0.04	$ 122.50
Service Item	Outpatient	testosterone cypionate 200 mg/mL IM Inj	J1071	636	SFM Family Medicine	$ 133.15	$ 79.97	$ 78.76	$ 0.04	$ 122.50
Service Item	Inpatient and Outpatient	Testosterone Free by LC-MS/MS-ARUP	84402	300	MC Reference Lab	$ 23	$ 116	$ 51.07	$ 14	$ 250
Service Item	Inpatient and Outpatient	Testosterone Total	84403	301	MC General Lab	$ 40	$ 115	$ 98.76	$ 34	$ 254
Service Item	Inpatient and Outpatient	Tetanus IgG Antibody-ARUP	86317	300	MC Reference Lab	$ 17	$ 67	$ 30.60	$ 10	$ 147
Service Item	Outpatient	tetanus immune globulin 250 units IM Inj	J1670	636	CD Infusion Clinic	$ 2,107.10	$ 1,264.26	$ 1,244.89	$ 117.73	$ 1,938.53
Service Item	Inpatient and Outpatient	tetanus immune globulin 250 units IM Inj	J1670	636	MC Pharmacy	$ 2,107	$ 1,264	$ 1,244.89	$ 118	$ 1,939
Service Item	Outpatient	tetanus immune globulin 250 units IM Inj	J1670	636	NC Urgent Care	$ 2,107.10	$ 1,264.26	$ 1,239.62	$ 117.73	$ 1,938.53
Service Item	Outpatient	tetanus immune globulin 250 units IM Inj	J1670	636	SC Urgent Care	$ 2,107.10	$ 1,264.26	$ 1,244.89	$ 117.73	$ 1,938.53
Service Item	Outpatient	tetanus toxoid-diphtheria (Td) adult 5 units-2 un	90714	636	CD Infusion Clinic	$ 178.70	$ 107.22	$ 127.36	$ 23.50	$ 164.40
Service Item	Inpatient and Outpatient	tetanus toxoid-diphtheria (Td) adult 5 units-2 un	90714	636	MC Pharmacy	$ 179	$ 130	$ 127.36	$ 24	$ 164
Service Item	Outpatient	tetanus toxoid-diphtheria (Td) adult 5 units-2 un	90714	636	NC Urgent Care	$ 178.70	$ 130.32	$ 126.91	$ 23.50	$ 164.40
Service Item	Outpatient	tetanus toxoid-diphtheria (Td) adult 5 units-2 un	90714	636	SC Urgent Care	$ 178.70	$ 130.32	$ 127.36	$ 23.50	$ 164.40
Service Item	Outpatient	tetanus toxoid-diphtheria (Td) adult 5 units-2 un	90714	636	SFM Family Medicine	$ 178.70	$ 130.32	$ 126.91	$ 23.50	$ 164.40
Service Item	Outpatient	tetracaine 1% (10 mg/mL) Inj 2 mL	J3490	636	CD Infusion Clinic	$ 191.30	$ 114.78	$ 118.64	$ 23.14	$ 176.00
Service Item	Inpatient and Outpatient	tetracaine 1% (10 mg/mL) Inj 2 mL	J3490	636	MC Pharmacy	$ 191	$ 115	$ 118.64	$ 23	$ 176
Service Item	Outpatient	tetracaine 1% (10 mg/mL) Inj 2 mL	J3490	636	NC Urgent Care	$ 191.30	$ 114.78	$ 118.16	$ 23.14	$ 176.00
Service Item	Outpatient	tetracaine 1% (10 mg/mL) Inj 2 mL	J3490	636	SC Urgent Care	$ 191.30	$ 114.78	$ 118.64	$ 23.14	$ 176.00
Service Package	Inpatient and Outpatient	TEVAR Graft Distal Component	C1874	278	MC Central Supply	$ 42,767	Charges have been	$ 30,983.30	$ 38,109	$ 38,956
Service Package	Inpatient and Outpatient	TEVAR Graft Distal Extension	C1874	278	MC Central Supply	$ 26,212	Charges have been	$ 19,762.90	$ 23,357	$ 23,876
Service Package	Inpatient and Outpatient	TEVAR Graft Proximal Component	C1874	278	MC Central Supply	$ 42,767	Charges have been	$ 30,983.30	$ 38,109	$ 38,956
Service Package	Inpatient and Outpatient	TEVAR Graft Proximal Tapered Compenent	C1874	278	MC Central Supply	$ 42,767	Charges have been	$ 30,983.30	$ 38,109	$ 38,956
Service Item	Inpatient and Outpatient	Thallium Blood-ARUP	83018	300	MC Reference Lab	$ 22	$ 83	$ 45.95	$ 13	$ 216
Service Item	Inpatient and Outpatient	Theophylline Aminophyllin	80198	301	MC General Lab	$ 214	$ 63	$ 142.08	$ 57	$ 195
Service Item	Outpatient	Ther/Diag Concurrent Inf	96368	260	CD Infusion Clinic	$ 522.88	$ 304.59	$ 380.25	$ 42.97	$ 467.04
Service Package	Inpatient	Ther/Diag Concurrent Inf	96368	260	MC 2N Cardiac Srvc	$ 522.88	Charges have been	$ 479.04	$ 456.89	$ 467.04
Service Package	Inpatient	Ther/Diag Concurrent Inf	96368	260	MC 2S Med Surg	$ 522.88	Charges have been	$ 479.04	$ 456.89	$ 467.04
Service Package	Inpatient	Ther/Diag Concurrent Inf	96368	260	MC 3N Surgical	$ 522.88	Charges have been	$ 479.04	$ 456.89	$ 467.04
Service Package	Inpatient	Ther/Diag Concurrent Inf	96368	260	MC 3S Oncology	$ 522.88	Charges have been	$ 479.04	$ 456.89	$ 467.04
Service Package	Inpatient	Ther/Diag Concurrent Inf	96368	260	MC 4N Med Renal	$ 522.88	Charges have been	$ 479.04	$ 456.89	$ 467.04
Service Package	Inpatient	Ther/Diag Concurrent Inf	96368	260	MC 4S Ortho Surgery	$ 522.88	Charges have been	$ 479.04	$ 456.89	$ 467.04
Service Package	Inpatient	Ther/Diag Concurrent Inf	96368	260	MC BP Broderick Pav	$ 522.88	Charges have been	$ 479.04	$ 456.89	$ 467.04
Service Package	Inpatient and Outpatient	Ther/Diag Concurrent Inf	96368	260	MC Emergency	$ 523	Charges have been	$ 479.04	$ 457	$ 467

Service Package	Inpatient and Outpatient	Therap Pheresis Plasma	36516	360	MC Surgical Srvcs	$ 9,546	$ 3,302	$ 6,661.85	$ 3,302	$ 9,125
Service Package	Inpatient and Outpatient	Therapeutic Dev Sp Tx 15	92609	440	MC ST Services	$ 208	Charges have been	$ 193.44	$ 187	$ 191
Service Package	Inpatient	Therapeutic Dev Sp Tx 15	92609	440	MH ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Outpatient	Therapeutic Dev Sp Tx 15	92609	440	OP Hand Center	$ 208.00	$ 120.00	$ 172.31	$ 120.00	$ 191.36
Service Item	Outpatient	Therapeutic Dev Sp Tx 15	92609	440	OP Therapy Akers	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 15	92609	440	OP Therapy Dinuba	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 15	92609	440	OP Therapy Exeter	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 15	92609	440	OP Therapy Lovers Ln	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 15	92609	440	OP Therapy Neuro	$ 208.00	$ 120.00	$ 175.76	$ 120.00	$ 191.36
Service Item	Inpatient	Therapeutic Dev Sp Tx 15	92609	440	RH ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Therapeutic Dev Sp Tx 15	92609	440	SA ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Therapeutic Dev Sp Tx 15	92609	440	SN TC Ortho ST	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Therapeutic Dev Sp Tx 15	92609	440	SN TS ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Package	Inpatient and Outpatient	Therapeutic Dev Sp Tx 30	92609	440	MC ST Services	$ 208	Charges have been	$ 193.44	$ 187	$ 191
Service Package	Inpatient	Therapeutic Dev Sp Tx 30	92609	440	MH ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Outpatient	Therapeutic Dev Sp Tx 30	92609	440	OP Hand Center	$ 208.00	$ 120.00	$ 172.31	$ 120.00	$ 191.36
Service Item	Outpatient	Therapeutic Dev Sp Tx 30	92609	440	OP Therapy Akers	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 30	92609	440	OP Therapy Dinuba	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 30	92609	440	OP Therapy Exeter	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 30	92609	440	OP Therapy Lovers Ln	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 30	92609	440	OP Therapy Neuro	$ 208.00	$ 120.00	$ 175.76	$ 120.00	$ 191.36
Service Item	Inpatient	Therapeutic Dev Sp Tx 30	92609	440	RH ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Therapeutic Dev Sp Tx 30	92609	440	SA ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Therapeutic Dev Sp Tx 30	92609	440	SN TC Ortho ST	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Inpatient	Therapeutic Dev Sp Tx 30	92609	440	SN TS ST Services	$ 208.00	Charges have been	$ 193.44	$ 187.20	$ 191.36
Service Item	Outpatient	Therapeutic Dev Sp Tx 45	92609	440	OP Hand Center	$ 208.00	$ 120.00	$ 172.31	$ 120.00	$ 191.36
Service Item	Outpatient	Therapeutic Dev Sp Tx 45	92609	440	OP Therapy Akers	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 45	92609	440	OP Therapy Dinuba	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 45	92609	440	OP Therapy Exeter	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 45	92609	440	OP Therapy Lovers Ln	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 45	92609	440	OP Therapy Neuro	$ 208.00	$ 120.00	$ 175.76	$ 120.00	$ 191.36
Service Item	Outpatient	Therapeutic Dev Sp Tx 60	92609	440	OP Hand Center	$ 208.00	$ 120.00	$ 172.31	$ 120.00	$ 191.36
Service Item	Outpatient	Therapeutic Dev Sp Tx 60	92609	440	OP Therapy Akers	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 60	92609	440	OP Therapy Dinuba	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 60	92609	440	OP Therapy Exeter	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 60	92609	440	OP Therapy Lovers Ln	$ 208.00	$ 120.00	$ 185.22	$ 120.00	$ 266.00
Service Item	Outpatient	Therapeutic Dev Sp Tx 60	92609	440	OP Therapy Neuro	$ 208.00	$ 120.00	$ 175.76	$ 120.00	$ 191.36
Service Package	Inpatient and Outpatient	Therapeutic Exercise 15 M	97110	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Therapeutic Exercise 15 M	97110	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Exercise 15 M	97110	420	OP Therapy Akers	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Therapeutic Exercise 15 M	97110	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Therapeutic Exercise 15 M	97110	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Therapeutic Exercise 15 M	97110	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Therapeutic Exercise 15 M	97110	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.90	$ 38.97	$ 123.28
Service Item	Inpatient	Therapeutic Exercise 15 M	97110	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 38.97	$ 123.28
Service Item	Inpatient	Therapeutic Exercise 15 M	97110	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Exercise 15 M	97110	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Exercise 15 M	97110	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Therapeutic Exercise 15 M - PTA/OTA Services	97110	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Exercise 15 M - PTA/OTA Services	97110	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 144.65	$ 100.50	$ 317.00
Service Item	Outpatient	Therapeutic Exercise 15 M - PTA/OTA Services	97110	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 144.65	$ 100.50	$ 317.00
Service Item	Outpatient	Therapeutic Exercise 15 M - PTA/OTA Services	97110	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 144.65	$ 100.50	$ 317.00
Service Item	Outpatient	Therapeutic Exercise 15 M - PTA/OTA Services	97110	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 144.65	$ 100.50	$ 317.00
Service Item	Outpatient	Therapeutic Exercise 15 M - PTA/OTA Services	97110	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 104.90	$ 38.97	$ 123.28
Service Item	Inpatient	Therapeutic Exercise 15 M - PTA/OTA Services	97110	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 38.97	$ 123.28
Service Item	Inpatient	Therapeutic Exercise 15 M - PTA/OTA Services	97110	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Exercise 15 M - PTA/OTA Services	97110	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Exercise 15 M - PTA/OTA Services	97110	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Therapeutic Exercise 30 Min Ot		430	OP Hand Center	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Therapeutic Exercise 30 Min Ot		430	OP Therapy Akers	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Therapeutic Exercise 30 Min Ot		430	OP Therapy Dinuba	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Therapeutic Exercise 30 Min Ot		430	OP Therapy Exeter	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Therapeutic Exercise 30 Min Ot		430	OP Therapy Lovers Ln	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Therapeutic Exercise 30 Min Ot		430	OP Therapy Neuro	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Inpatient and Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	430	MC OT Services	$ 134	Charges have been	$ 111.54	$ 80	$ 123
Service Item	Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	430	OP Therapy Akers	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function 1s	97129	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function 1s	97129	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function 1s	97129	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function 1s	97129	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Package	Inpatient and Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	MC ST Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Package	Inpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	MH ST Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	OP Therapy Akers	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	OP Therapy Exeter	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	OP Therapy Neuro	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	RH ST Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	SA ST Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	SN TC Ortho ST	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function 1s	97129	440	SN TS ST Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient and Outpatient	Therapeutic Interventions Cognitive Function EA	97130	430	MC OT Services	$ 134	$ 80	$ 111.01	$ 80	$ 123
Service Item	Outpatient	Therapeutic Interventions Cognitive Function EA	97130	430	OP Therapy Akers	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function EA	97130	430	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function EA	97130	430	OP Therapy Exeter	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function EA	97130	430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function EA	97130	430	OP Therapy Neuro	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function EA	97130	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function EA	97130	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function EA	97130	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function EA	97130	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Package	Inpatient and Outpatient	Therapeutic Interventions Cognitive Function EA	97130	440	MC ST Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Package	Inpatient	Therapeutic Interventions Cognitive Function EA	97130	440	MH ST Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function EA	97130	440	OP Therapy Akers	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function EA	97130	440	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function EA	97130	440	OP Therapy Exeter	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function EA	97130	440	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Therapeutic Interventions Cognitive Function EA	97130	440	OP Therapy Neuro	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function EA	97130	440	RH ST Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function EA	97130	440	SA ST Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function EA	97130	440	SN TC Ortho ST	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Therapeutic Interventions Cognitive Function EA	97130	440	SN TS ST Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Package	Inpatient and Outpatient	Therapeutic Exercise 30 Min Pt		420	MC PT Services	$ 268	Charges have been	#N/A	$ 241	$ 247
Service Item	Outpatient	Therapeutic Exercise 30 Min Pt		420	OP Hand Center	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Therapeutic Exercise 30 Min Pt		420	OP Therapy Akers	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Therapeutic Exercise 30 Min Pt		420	OP Therapy Dinuba	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Therapeutic Exercise 30 Min Pt		420	OP Therapy Exeter	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Therapeutic Exercise 30 Min Pt		420	OP Therapy Lovers Ln	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Outpatient	Therapeutic Exercise 30 Min Pt		420	OP Therapy Neuro	$ 268.00	$ 120.00	#N/A	$ 120.00	$ 246.56
Service Item	Inpatient and Outpatient	Theraputic Ex 15 Min	97110	430	MC OT Services	$ 134	Charges have been	$ 103.90	$ 39	$ 123
Service Item	Outpatient	Theraputic Ex 15 Min	97110	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Theraputic Ex 15 Min	97110	430	OP Therapy Akers	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Theraputic Ex 15 Min	97110	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Theraputic Ex 15 Min	97110	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00

Service Item	Outpatient	Theraputic Ex 15 Min	97110	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Theraputic Ex 15 Min	97110	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.90	$ 38.97	$ 123.28
Service Item	Inpatient	Theraputic Ex 15 Min	97110	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 38.97	$ 123.28
Service Item	Inpatient	Theraputic Ex 15 Min	97110	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Theraputic Ex 15 Min	97110	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Theraputic Ex 15 Min	97110	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Theraputic Ex 15 Min - PTA/OTA Services	97110	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Theraputic Ex 15 Min - PTA/OTA Services	97110	430	OP Therapy Akers	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Theraputic Ex 15 Min - PTA/OTA Services	97110	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Theraputic Ex 15 Min - PTA/OTA Services	97110	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Theraputic Ex 15 Min - PTA/OTA Services	97110	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 153.60	$ 100.50	$ 317.00
Service Item	Outpatient	Theraputic Ex 15 Min - PTA/OTA Services	97110	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.90	$ 38.97	$ 123.28
Service Item	Inpatient	Theraputic Ex 15 Min - PTA/OTA Services	97110	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 38.97	$ 123.28
Service Item	Inpatient	Theraputic Ex 15 Min - PTA/OTA Services	97110	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Theraputic Ex 15 Min - PTA/OTA Services	97110	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Theraputic Ex 15 Min - PTA/OTA Services	97110	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	thiamine 100 mg/mL Inj 2 mL	J3411	636	CD Infusion Clinic	$ 57.85	$ 34.71	$ 35.39	$ 0.99	$ 53.22
Service Item	Inpatient and Outpatient	thiamine 100 mg/mL Inj 2 mL	J3411	636	MC Pharmacy	$ 58	$ 35	$ 35.39	$ 1	$ 53
Service Item	Outpatient	thiamine 100 mg/mL Inj 2 mL	J3411	636	NC Urgent Care	$ 57.85	$ 34.71	$ 35.25	$ 0.99	$ 53.22
Service Item	Outpatient	thiamine 100 mg/mL Inj 2 mL	J3411	636	SC Urgent Care	$ 57.85	$ 34.71	$ 35.39	$ 0.99	$ 53.22
Service Item	Inpatient and Outpatient	Thiopurine Drug Metabolites-ARUP	80299	300	MC Reference Lab	$ 130	$ 65	$ 97.69	$ 57	$ 148
Service Item	Outpatient	thiotepa 15 mg Inj	J9340	636	CD Infusion Clinic	$ 2,606.10	$ 1,563.66	$ 1,632.82	$ 120.86	$ 2,397.61
Service Item	Inpatient and Outpatient	thiotepa 15 mg Inj	J9340	636	MC Pharmacy	$ 2,606	$ 1,682	$ 1,632.82	$ 121	$ 2,398
Service Item	Outpatient	thiotepa 15 mg Inj	J9340	636	NC Urgent Care	$ 2,606.10	$ 1,682.46	$ 1,626.30	$ 120.86	$ 2,397.61
Service Item	Outpatient	thiotepa 15 mg Inj	J9340	636	SC Urgent Care	$ 2,606.10	$ 1,682.46	$ 1,632.82	$ 120.86	$ 2,397.61
Service Package	Inpatient and Outpatient	Thora W/Wo H20 Seal	32551	361	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,965.79	$ 1,890	$ 2,608
Service Package	Inpatient and Outpatient	Thoracentesis		450	MC Emergency	$ 2,440	Charges have been	#N/A	$ 2,132	$ 2,179
Service Package	Inpatient and Outpatient	Thoracentesis		450	MC Endo Services	$ 2,440	Charges have been	#N/A	$ 2,132	$ 2,179
Service Item	Outpatient	Thoracentesis For Aspir	32555	361	IC CAT Scan	$ 1,576.28	$ 737.11	$ 1,015.65	$ 581.35	$ 1,130.24
Service Item	Outpatient	Thoracentesis For Aspir	32555	361	IC Ultrasound	$ 1,576.28	$ 737.11	$ 1,015.65	$ 581.35	$ 1,130.24
Service Item	Inpatient and Outpatient	Thoracentesis For Aspir	32555	361	MC CAT Scanner	$ 1,576	$ 737	$ 1,015.65	$ 581	$ 1,130
Service Package	Inpatient and Outpatient	Thoracentesis For Aspir	32555	361	MC Cath Lab Srvcs	$ 1,576	Charges have been	$ 1,176.27	$ 731	$ 1,130
Service Item	Inpatient and Outpatient	Thoracentesis For Aspir	32555	361	MC Ultrasound	$ 1,576	$ 737	$ 1,015.65	$ 581	$ 1,130
Service Item	Outpatient	Thoracentesis Pnc Pleurl Ca	32555	361	IC Ultrasound	$ 1,576.28	$ 737.11	$ 1,015.65	$ 581.35	$ 1,130.24
Service Item	Inpatient and Outpatient	Thoracentesis Pnc Pleurl Ca	32555	361	MC Ultrasound	$ 1,576	$ 737	$ 1,015.65	$ 581	$ 1,130
Service Item	Outpatient	Thoracentesis Tube Insrt	32555	361	IC CAT Scan	$ 1,576.28	$ 737.11	$ 1,015.65	$ 581.35	$ 1,130.24
Service Item	Inpatient and Outpatient	Thoracentesis Tube Insrt	32555	361	MC CAT Scanner	$ 1,576	$ 737	$ 1,015.65	$ 581	$ 1,130
Service Item	Outpatient	Thoracic Myelogram	72255	320	IC Radiology	$ 1,538.02	$ 549.60	$ 985.46	$ 454.74	$ 1,373.76
Service Item	Inpatient and Outpatient	Thoracic Myelogram	72255	320	MC Diag Radiology	$ 1,538	$ 550	$ 1,862.93	$ 455	$ 9,745
Service Item	Outpatient	Thoracic Myelogram	72255	320	NC Diag Imaging	$ 1,538.02	$ 549.60	$ 1,862.93	$ 454.74	$ 9,745.33
Service Item	Outpatient	Thoracic Myelogram	72255	320	SC Diag Imaging	$ 1,538.02	$ 549.60	$ 1,862.93	$ 454.74	$ 9,745.33
Service Item	Outpatient	Thorancentesis/Tube Insr	32555	361	IC Radiology	$ 1,576.28	$ 737.11	$ 1,003.37	$ 581.35	$ 1,130.24
Service Item	Inpatient and Outpatient	Thorancentesis/Tube Insr	32555	361	MC Diag Radiology	$ 1,576	$ 737	$ 1,015.65	$ 581	$ 1,130
Service Item	Outpatient	Thorancentesis/Tube Insr	32555	361	NC Diag Imaging	$ 1,576.28	$ 737.11	$ 1,015.65	$ 581.35	$ 1,130.24
Service Item	Outpatient	Thorancentesis/Tube Insr	32555	361	SC Diag Imaging	$ 1,576.28	$ 737.11	$ 1,015.65	$ 581.35	$ 1,130.24
Service Package	Inpatient and Outpatient	Thrombect/Embolectmy Cath	C1757	272	MC Central Supply	$ 2,223	Charges have been	$ 1,581.12	$ 1,981	$ 2,025
Service Item	Outpatient	thrombin bovine topical 20,000 units powder	J3490	636	CD Infusion Clinic	$ 1,579.40	$ 947.64	$ 916.54	$ 23.14	$ 1,453.05
Service Item	Inpatient and Outpatient	thrombin bovine topical 20,000 units powder	J3490	636	MC Pharmacy	$ 1,579	$ 948	$ 916.54	$ 23	$ 1,453
Service Item	Outpatient	thrombin bovine topical 20,000 units powder	J3490	636	NC Urgent Care	$ 1,579.40	$ 947.64	$ 912.59	$ 23.14	$ 1,453.05
Service Item	Outpatient	thrombin bovine topical 20,000 units powder	J3490	636	SC Urgent Care	$ 1,579.40	$ 947.64	$ 916.54	$ 23.14	$ 1,453.05
Service Item	Inpatient and Outpatient	Thromboplastin Time Part	85730	305	MC General Lab	$ 103	$ 27	$ 65.74	$ 24	$ 94
Service Item	Inpatient and Outpatient	Thromboplastin time partial-ARUP	85730	305	MC Reference Lab	$ 7	$ 27	$ 31.33	$ 6	$ 59
Service Item	Inpatient and Outpatient	Thyroglobulin Ab 50105 (1)	86800	301	MC Reference Lab	$ 15	$ 71	$ 32.64	$ 9	$ 156
Service Item	Inpatient and Outpatient	Thyroglobulin Ab50105	86800	301	MC Reference Lab	$ 15	$ 71	$ 32.64	$ 9	$ 156
Service Item	Inpatient and Outpatient	Thyroglobulin antibody-ARUP	86800	301	MC Reference Lab	$ 14	$ 71	$ 31.98	$ 8	$ 156
Service Item	Inpatient and Outpatient	Thyroglobulin by LC-MS/MS-ARUP	84432	300	MC Reference Lab	$ 18	$ 73	$ 34.56	$ 11	$ 158
Service Item	Inpatient and Outpatient	Thyroglobulin Reflex-ARUP	86800	300	MC Reference Lab	$ 15	$ 71	$ 32.48	$ 9	$ 156
Service Item	Inpatient and Outpatient	Thyroid Imag W/Uptake Single or Multiple	78014	340	MC Nuclear Medicine	$ 1,630	$ 829	$ 1,184.05	$ 427	$ 1,456
Service Item	Inpatient and Outpatient	Thyroid Met Whole Body	78018	340	MC Nuclear Medicine	$ 2,063	$ 603	$ 1,469.99	$ 547	$ 1,842
Service Item	Inpatient and Outpatient	Thyroid Peroxidase (TPO) Antibody-ARUP	86376	305	MC Reference Lab	$ 13	$ 65	$ 29.18	$ 8	$ 143
Service Item	Inpatient and Outpatient	Thyroid Scan Imaging Only	78013	340	MC Nuclear Medicine	$ 1,245	$ 569	$ 923.44	$ 427	$ 1,112
Service Item	Outpatient	Thyroid Stim Hormone	84443	301	Reference Lab CA HS	$ 16.25	$ 74.88	$ 76.28	$ 13.81	$ 165.27
Service Item	Inpatient and Outpatient	Thyroid Stim Hormone Tsh	84443	301	MC General Lab	$ 182	$ 75	$ 135.46	$ 67	$ 165
Service Item	Inpatient and Outpatient	Thyroid Stimulating Hormone Receptor Ab-ARU	83520	301	MC Reference Lab	$ 10	$ 58	$ 26.12	$ 6	$ 138
Service Item	Inpatient and Outpatient	Thyroid Stimulating Immunoglobulin-ARUP	84445	300	MC Reference Lab	$ 50	$ 179	$ 105.84	$ 30	$ 500
Service Item	Inpatient and Outpatient	Thyroid Stimulating Immunoglobulins-ARUP	84445	300	MC Reference Lab	$ 55	$ 179	$ 108.81	$ 33	$ 500
Service Item	Outpatient	thyrotropin alfa 1.1 mg IM Inj	J3240	636	CD Infusion Clinic	$ 5,427.35	$ 3,256.41	$ 3,386.51	$ 585.22	$ 4,993.16
Service Item	Inpatient and Outpatient	thyrotropin alfa 1.1 mg IM Inj	J3240	636	MC Pharmacy	$ 5,427	$ 3,256	$ 3,386.51	$ 585	$ 4,993
Service Item	Outpatient	thyrotropin alfa 1.1 mg IM Inj	J3240	636	NC Urgent Care	$ 5,427.35	$ 3,256.41	$ 3,372.94	$ 585.22	$ 4,993.16
Service Item	Outpatient	thyrotropin alfa 1.1 mg IM Inj	J3240	636	SC Urgent Care	$ 5,427.35	$ 3,256.41	$ 3,386.51	$ 585.22	$ 4,993.16
Service Item	Inpatient and Outpatient	Thyroxine Binding Globulin-ARUP	84442	300	MC Reference Lab	$ 16	$ 62	$ 31.63	$ 10	$ 145
Service Item	Inpatient and Outpatient	Thyroxine Free (Ft4)	84439	301	MC General Lab	$ 137	$ 40	$ 90.93	$ 36	$ 125
Service Item	Inpatient and Outpatient	Thyroxine T4 Ria	84436	301	MC General Lab	$ 81	$ 31	$ 58.54	$ 27	$ 74
Service Package	Inpatient and Outpatient	Tib/Per Revasc Add-On	37232	361	MC Cath Lab Srvcs	$ 6,006	Charges have been	$ 5,502.15	$ 5,248	$ 5,364
Service Package	Inpatient and Outpatient	Tib/Per Revasc Stnt&Ather	37235	361	MC Cath Lab Srvcs	$ 6,006	Charges have been	$ 5,502.15	$ 5,248	$ 5,364
Service Package	Inpatient and Outpatient	Tib/Per Revasc W/Ather	37229	361	MC Cath Lab Srvcs	$ 39,850	Charges have been	$ 27,097.57	$ 17,394	$ 18,470
Service Package	Inpatient and Outpatient	Tib/Per Revasc W/Stent	37230	361	MC Cath Lab Srvcs	$ 39,850	Charges have been	$ 27,097.57	$ 17,394	$ 18,470
Service Package	Inpatient and Outpatient	Tib/Per Revasc W/Tla	37228	361	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 16,961.05	$ 11,280	$ 11,530
Service Package	Inpatient and Outpatient	Tib/Per Revsc Stent&Ather	37231	361	MC Cath Lab Srvcs	$ 39,850	Charges have been	$ 27,097.57	$ 17,394	$ 18,470
Service Item	Outpatient	Tibia-Fibula 2 Views	73590	320	IC Radiology	$ 349.95	$ 66.54	$ 203.76	$ 59.66	$ 312.58
Service Item	Inpatient and Outpatient	Tibia-Fibula 2 Views	73590	320	MC Diag Radiology	$ 350	$ 67	$ 270.46	$ 60	$ 888
Service Item	Outpatient	Tibia-Fibula 2 Views	73590	320	NC Diag Imaging	$ 349.95	$ 66.54	$ 270.46	$ 59.66	$ 887.81
Service Item	Outpatient	Tibia-Fibula 2 Views	73590	320	SC Diag Imaging	$ 349.95	$ 66.54	$ 270.46	$ 59.66	$ 887.81
Service Package	Inpatient and Outpatient	Tibper Rvsc W/Athr Add-On	37233	361	MC Cath Lab Srvcs	$ 11,244	Charges have been	$ 10,301.01	$ 9,825	$ 10,043
Service Item	Outpatient	tigecycline 50 mg Inj	J3243	636	CD Infusion Clinic	$ 772.95	$ 463.77	$ 381.71	$ 1.14	$ 711.11
Service Item	Inpatient and Outpatient	tigecycline 50 mg Inj	J3243	636	MC Pharmacy	$ 773	$ 465	$ 381.71	$ 1	$ 711
Service Item	Outpatient	tigecycline 50 mg Inj	J3243	636	NC Urgent Care	$ 772.95	$ 464.90	$ 379.78	$ 1.14	$ 711.11
Service Item	Outpatient	tigecycline 50 mg Inj	J3243	636	SC Urgent Care	$ 772.95	$ 464.90	$ 381.71	$ 1.14	$ 711.11
Service Item	Inpatient and Outpatient	Tiiodothyronine T3 Uptake	84479	301	MC General Lab	$ 87	$ 29	$ 60.10	$ 26	$ 80
Service Item	Inpatient and Outpatient	Tilt Table Evaluation	93660	480	DC Non Invasive Card	$ 945	$ 550	$ 680.87	$ 199	$ 844
Service Item	Inpatient and Outpatient	Tilt Table Evaluation	93660	480	MC NonInv CardioSrv	$ 945	Charges have been	$ 777.03	$ 563	$ 844
Service Item	Outpatient	Tilt Table Evaluation	93660	480	OS Non Invasive Card	$ 944.93	$ 550.45	$ 680.87	$ 198.66	$ 844.02
Service Package	Inpatient and Outpatient	Tips Placement	37182	360	MC Cath Lab Srvcs	$ 11,424	Charges have been	$ 10,466.19	$ 9,982	$ 10,204
Service Package	Inpatient and Outpatient	Tips Revision	37183	361	MC Cath Lab Srvcs	$ 12,385	Charges have been	$ 9,526.23	$ 5,740	$ 10,043
Service Item	Outpatient	tirofiban 12,500 mcg/250 mL Premix	J3246	636	CD Infusion Clinic	$ 2,268.05	$ 1,360.83	$ 1,121.94	$ 0.99	$ 2,086.61
Service Item	Inpatient and Outpatient	tirofiban 12,500 mcg/250 mL Premix	J3246	636	MC Pharmacy	$ 2,268	$ 1,361	$ 1,121.94	$ 1	$ 2,087
Service Item	Outpatient	tirofiban 12,500 mcg/250 mL Premix	J3246	636	NC Urgent Care	$ 2,268.05	$ 1,360.83	$ 1,116.27	$ 0.99	$ 2,086.61
Service Item	Outpatient	tirofiban 12,500 mcg/250 mL Premix	J3246	636	SC Urgent Care	$ 2,268.05	$ 1,360.83	$ 1,121.94	$ 0.99	$ 2,086.61
Service Package	Inpatient and Outpatient	Tissue Amnion Matrix		278	MC Central Supply	$ 9,045	Charges have been	#N/A	$ 8,060	$ 8,239
Service Package	Inpatient and Outpatient	Tissue Amniotic Placental		278	MC Central Supply	$ 5,562	Charges have been	#N/A	$ 4,956	$ 5,066
Service Package	Inpatient and Outpatient	Tissue Burn Matrix 5X5	Q4103	278	MC Central Supply	$ 2,538	Charges have been	$ 2,271.93	$ 2,261	$ 2,312
Service Package	Inpatient and Outpatient	Tissue Burn Matrix 7X10	Q4103	278	MC Central Supply	$ 2,230	Charges have been	$ 2,062.99	$ 1,987	$ 2,031
Service Package	Inpatient and Outpatient	Tissue Decell Dermis 2X2	Q4122	636	MC Central Supply	$ 1,383	Charges have been	$ 1,285.84	$ 1,244	$ 1,272
Service Package	Inpatient and Outpatient	Tissue Decell Dermis 4X4	Q4122	636	MC Central Supply	$ 4,378	Charges have been	$ 3,322.92	$ 3,940	$ 4,028
Service Package	Inpatient and Outpatient	Tissue Decell Dermis 5X9	Q4122	636	MC Central Supply	$ 8,641	Charges have been	$ 6,221.74	$ 7,777	$ 7,950
Service Item	Inpatient and Outpatient	Tissue In Situ Hybrid	88365	310	MC Pathology	$ 166	$ 43	$ 277.72	$ 39	$ 1,092
Service Package	Inpatient and Outpatient	Tissue Ovitex 10X12Cm	C1781	278	MC Central Supply	$ 4,909	Charges have been	$ 3,975.46	$ 4,374	$ 4,471
Service Package	Inpatient and Outpatient	Tissue Ovitex 10X20Cm	C1781	278	MC Central Supply	$ 7,690	Charges have been	$ 5,860.71	$ 6,853	$ 7,005
Service Package	Inpatient and Outpatient	Tissue Ovitex 16X20Cm	C1781	278	MC Central Supply	$ 12,304	Charges have been	$ 8,988.00	$ 10,964	$ 11,208
Service Package	Inpatient and Outpatient	Tissue Ovitex 20X20Cm	C1781	278	MC Central Supply	$ 15,380	Charges have been	$ 11,072.87	$ 13,705	$ 14,010
Service Package	Inpatient and Outpatient	Tissue Ovitex 25X30Cm	C1781	278	MC Central Supply	$ 22,430	Charges have been	$ 15,850.69	$ 19,987	$ 20,431
Service Package	Inpatient and Outpatient	Tissue Ovitex 25X40Cm	C1781	278	MC Central Supply	$ 28,838	Charges have been	$ 20,194.16	$ 25,697	$ 26,268
Service Package	Inpatient and Outpatient	Tissue Ovitex Perm Lpr 12X18	C1781	278	MC Central Supply	$ 6,525	Charges have been	$ 5,070.84	$ 5,814	$ 5,943
Service Package	Inpatient and Outpatient	Tissue Ovitex Resorbable 10X12	C1781	278	MC Central Supply	$ 4,909	Charges have been	$ 3,975.46	$ 4,374	$ 4,471
Service Package	Inpatient and Outpatient	Tissue Ovitex Resorbable 16X20	C1781	278	MC Central Supply	$ 12,304	Charges have been	$ 8,988.00	$ 10,964	$ 11,208
Service Package	Inpatient and Outpatient	Tissue Ovitex Resorbable 18X22	C1781	278	MC Central Supply	$ 15,226	Charges have been	$ 10,968.30	$ 13,568	$ 13,869
Service Item	Inpatient and Outpatient	Tissue Trans IgA Ab with Reflex-ARUP	83516	300	MC Reference Lab	$ 9	$ 104	$ 42.86	$ 8	$ 113
Service Item	Inpatient and Outpatient	Tissue Transglutaminase IgA Ab-ARUP	83516	300	MC Reference Lab	$ 9	$ 104	$ 42.86	$ 8	$ 113

Service Item	Outpatient	Tmj Bilateral	70330	320	IC Radiology	$ 423.98	$ 106.53	$ 256.44	$ 92.48	$ 378.70
Service Item	Inpatient and Outpatient	Tmj Bilateral	70330	320	MC Diag Radiology	$ 424	$ 107	$ 318.46	$ 92	$ 888
Service Item	Outpatient	Tmj Bilateral	70330	320	NC Diag Imaging	$ 423.98	$ 106.53	$ 318.46	$ 92.48	$ 887.81
Service Item	Outpatient	Tmj Bilateral	70330	320	SC Diag Imaging	$ 423.98	$ 106.53	$ 318.46	$ 92.48	$ 887.81
Service Item	Outpatient	Tmj Unilateral	70328	320	IC Radiology	$ 380.27	$ 62.88	$ 219.40	$ 56.38	$ 339.65
Service Item	Inpatient and Outpatient	Tmj Unilateral	70328	320	MC Diag Radiology	$ 380	$ 63	$ 284.19	$ 56	$ 888
Service Item	Outpatient	Tmj Unilateral	70328	320	NC Diag Imaging	$ 380.27	$ 62.88	$ 284.19	$ 56.38	$ 887.81
Service Item	Outpatient	Tmj Unilateral	70328	320	SC Diag Imaging	$ 380.27	$ 62.88	$ 284.19	$ 56.38	$ 887.81
Service Item	Inpatient and Outpatient	Tobramycin (Peak)	80200	300	MC General Lab	$ 224	$ 72	$ 152.77	$ 64	$ 204
Service Item	Inpatient and Outpatient	Tobramycin (Trough)	80200	301	MC General Lab	$ 224	$ 72	$ 152.77	$ 64	$ 204
Service Item	Outpatient	TOBRAmycin 1.2 g Inj	J3260	636	CD Infusion Clinic	$ 976.50	$ 585.90	$ 356.18	$ 4.10	$ 898.38
Service Item	Inpatient and Outpatient	TOBRAmycin 1.2 g Inj	J3260	636	MC Pharmacy	$ 977	$ 586	$ 356.18	$ 4	$ 898
Service Item	Outpatient	TOBRAmycin 1.2 g Inj	J3260	636	NC Urgent Care	$ 976.50	$ 585.90	$ 353.74	$ 4.10	$ 898.38
Service Item	Outpatient	TOBRAmycin 1.2 g Inj	J3260	636	SC Urgent Care	$ 976.50	$ 585.90	$ 356.18	$ 4.10	$ 898.38
Service Item	Outpatient	TOBRAmycin 40 mg/mL Inj 1 mL	J3260	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 9.48	$ 4.10	$ 11.13
Service Item	Inpatient and Outpatient	TOBRAmycin 40 mg/mL Inj 1 mL	J3260	636	MC Pharmacy	$ 12	$ 15	$ 9.48	$ 4	$ 15
Service Item	Outpatient	TOBRAmycin 40 mg/mL Inj 1 mL	J3260	636	NC Urgent Care	$ 12.10	$ 15.06	$ 9.45	$ 4.10	$ 15.06
Service Item	Outpatient	TOBRAmycin 40 mg/mL Inj 1 mL	J3260	636	SC Urgent Care	$ 12.10	$ 15.06	$ 9.48	$ 4.10	$ 15.06
Service Item	Outpatient	TOBRAmycin 40 mg/mL Inj 2 mL	J3260	636	CD Infusion Clinic	$ 14.30	$ 8.58	$ 10.27	$ 4.10	$ 13.16
Service Item	Inpatient and Outpatient	TOBRAmycin 40 mg/mL Inj 2 mL	J3260	636	MC Pharmacy	$ 14	$ 9	$ 10.27	$ 4	$ 13
Service Item	Outpatient	TOBRAmycin 40 mg/mL Inj 2 mL	J3260	636	NC Urgent Care	$ 14.30	$ 8.58	$ 10.24	$ 4.10	$ 13.16
Service Item	Outpatient	TOBRAmycin 40 mg/mL Inj 2 mL	J3260	636	SC Urgent Care	$ 14.30	$ 8.58	$ 10.27	$ 4.10	$ 13.16
Service Item	Outpatient	TOBRAmycin 40 mg/mL Inj 2 mL	J3260	636	VD Visalia Dialysis	$ 14.30	$ 8.58	$ 10.27	$ 4.10	$ 13.16
Service Item	Outpatient	TOBRAmycin 60 mg/mL Inh Soln 5 mL	J7682	250	CD Infusion Clinic	$ 608.85	$ 365.31	$ 381.79	$ 52.95	$ 560.14
Service Item	Inpatient and Outpatient	TOBRAmycin 60 mg/mL Inh Soln 5 mL	J7682	250	MC Pharmacy	$ 609	$ 365	$ 381.79	$ 53	$ 560
Service Item	Outpatient	TOBRAmycin 60 mg/mL Inh Soln 5 mL	J7682	250	NC Urgent Care	$ 608.85	$ 365.31	$ 380.26	$ 52.95	$ 560.14
Service Item	Outpatient	TOBRAmycin 60 mg/mL Inh Soln 5 mL	J7682	250	SC Urgent Care	$ 608.85	$ 365.31	$ 381.79	$ 52.95	$ 560.14
Service Item	Outpatient	TOBRAmycin Eye Wash 133.2 mg/10 mL	J3260	636	CD Infusion Clinic	$ 107.45	$ 64.47	$ 43.76	$ 4.10	$ 98.85
Service Item	Inpatient and Outpatient	TOBRAmycin Eye Wash 133.2 mg/10 mL	J3260	636	MC Pharmacy	$ 107	$ 64	$ 43.76	$ 4	$ 99
Service Item	Outpatient	TOBRAmycin Eye Wash 133.2 mg/10 mL	J3260	636	NC Urgent Care	$ 107.45	$ 64.47	$ 43.49	$ 4.10	$ 98.85
Service Item	Outpatient	TOBRAmycin Eye Wash 133.2 mg/10 mL	J3260	636	SC Urgent Care	$ 107.45	$ 64.47	$ 43.76	$ 4.10	$ 98.85
Service Item	Outpatient	TOBRAmycin/NS IV (PED) 10 mg/mL	J3260	636	CD Infusion Clinic	$ 14.30	$ 8.58	$ 10.27	$ 4.10	$ 13.16
Service Item	Inpatient and Outpatient	TOBRAmycin/NS IV (PED) 10 mg/mL	J3260	636	MC Pharmacy	$ 14	$ 9	$ 10.27	$ 4	$ 13
Service Item	Outpatient	TOBRAmycin/NS IV (PED) 10 mg/mL	J3260	636	NC Urgent Care	$ 14.30	$ 8.58	$ 10.24	$ 4.10	$ 13.16
Service Item	Outpatient	TOBRAmycin/NS IV (PED) 10 mg/mL	J3260	636	SC Urgent Care	$ 14.30	$ 8.58	$ 10.27	$ 4.10	$ 13.16
Service Item	Outpatient	tocilizumab 200 mg/10 mL Inj	J3262	636	CD Infusion Clinic	$ 4,572.25	$ 2,743.35	$ 2,253.77	$ 3.89	$ 4,206.47
Service Item	Inpatient and Outpatient	tocilizumab 200 mg/10 mL Inj	J3262	636	MC Pharmacy	$ 4,572	$ 2,747	$ 2,253.77	$ 4	$ 4,206
Service Item	Outpatient	tocilizumab 200 mg/10 mL Inj	J3262	636	NC Urgent Care	$ 4,572.25	$ 2,747.18	$ 2,242.34	$ 3.89	$ 4,206.47
Service Item	Outpatient	tocilizumab 200 mg/10 mL Inj	J3262	636	SC Urgent Care	$ 4,572.25	$ 2,747.18	$ 2,253.77	$ 3.89	$ 4,206.47
Service Item	Outpatient	Toe(S) 2 Views	73660	320	IC Radiology	$ 252.97	$ 53.79	$ 155.31	$ 48.23	$ 225.95
Service Item	Inpatient and Outpatient	Toe(S) 2 Views	73660	320	MC Diag Radiology	$ 253	$ 54	$ 228.13	$ 48	$ 888
Service Item	Outpatient	Toe(S) 2 Views	73660	320	NC Diag Imaging	$ 252.97	$ 53.79	$ 228.13	$ 48.23	$ 887.81
Service Item	Outpatient	Toe(S) 2 Views	73660	320	SC Diag Imaging	$ 252.97	$ 53.79	$ 228.13	$ 48.23	$ 887.81
Service Item	Inpatient and Outpatient	Topiramate Level-ARUP	80201	300	MC Reference Lab	$ 13	$ 66	$ 25.52	$ 8	$ 117
Service Item	Outpatient	topotecan 4 mg Inj	J9351	636	CD Infusion Clinic	$ 1,311.30	$ 786.78	$ 781.05	$ 2.30	$ 1,206.40
Service Item	Inpatient and Outpatient	topotecan 4 mg Inj	J9351	636	MC Pharmacy	$ 1,311	$ 787	$ 781.05	$ 2	$ 1,206
Service Item	Outpatient	topotecan 4 mg Inj	J9351	636	NC Urgent Care	$ 1,311.30	$ 786.78	$ 777.77	$ 2.30	$ 1,206.40
Service Item	Outpatient	topotecan 4 mg Inj	J9351	636	SC Urgent Care	$ 1,311.30	$ 786.78	$ 781.05	$ 2.30	$ 1,206.40
Service Item	Inpatient and Outpatient	Total Insulin70092	83525	300	MC Reference Lab	$ 13	$ 51	$ 23.39	$ 8	$ 112
Service Item	Inpatient and Outpatient	Total Protein, Body Fluid-ARUP	84157	300	MC Reference Lab	$ 3	$ 16	$ 19.58	$ 3	$ 36
Service Item	Inpatient and Outpatient	Total Protein50565 (1)	84156	300	MC Reference Lab	$ 4	$ 16	$ 21.23	$ 4	$ 36
Service Item	Inpatient and Outpatient	Toxoplasma antibody igm-ARUP	86778	301	MC Reference Lab	$ 15	$ 66	$ 29.07	$ 9	$ 142
Service Item	Inpatient and Outpatient	Toxoplasma antibody-ARUP	86777	301	MC Reference Lab	$ 15	$ 64	$ 30.59	$ 9	$ 142
Service Item	Inpatient and Outpatient	Toxoplasma gondii by PCR-ARUP	87798	300	MC Reference Lab	$ 39	$ 151	$ 137.98	$ 34	$ 345
Service Item	Inpatient and Outpatient	Toxoplasma gondii IgG Antibody-ARUP	86317	305	MC Reference Lab	$ 17	$ 67	$ 30.70	$ 10	$ 147
Service Item	Inpatient and Outpatient	Toxoplasma gondii IgM Antibody-ARUP	86778	301	MC Reference Lab	$ 16	$ 66	$ 29.15	$ 9	$ 142
Service Item	Outpatient	trabectedin 1 mg Pow	J9352	636	CD Infusion Clinic	$ 11,559.95	$ 6,935.97	$ 5,843.15	$ 292.26	$ 10,635.15
Service Item	Inpatient and Outpatient	trabectedin 1 mg Pow	J9352	636	MC Pharmacy	$ 11,560	$ 7,228	$ 5,843.15	$ 292	$ 10,635
Service Item	Outpatient	trabectedin 1 mg Pow	J9352	636	NC Urgent Care	$ 11,559.95	$ 7,227.59	$ 5,814.25	$ 292.26	$ 10,635.15
Service Item	Outpatient	trabectedin 1 mg Pow	J9352	636	SC Urgent Care	$ 11,559.95	$ 7,227.59	$ 5,843.15	$ 292.26	$ 10,635.15
Service Item	Outpatient	trace elements 10 mcg-1 mg-0.5 mg-5 mg/mL IV	J3490	636	CD Infusion Clinic	$ 68.40	$ 41.04	$ 47.99	$ 23.14	$ 62.93
Service Item	Inpatient and Outpatient	trace elements 10 mcg-1 mg-0.5 mg-5 mg/mL IV	J3490	636	MC Pharmacy	$ 68	$ 41	$ 47.99	$ 23	$ 63
Service Item	Outpatient	trace elements 10 mcg-1 mg-0.5 mg-5 mg/mL IV	J3490	636	NC Urgent Care	$ 68.40	$ 41.04	$ 47.82	$ 23.14	$ 62.93
Service Item	Outpatient	trace elements 10 mcg-1 mg-0.5 mg-5 mg/mL IV	J3490	636	SC Urgent Care	$ 68.40	$ 41.04	$ 47.99	$ 23.14	$ 62.93
Service Item	Outpatient	trace elements-4 (PEDS) Inj 1 mL	J3490	636	CD Infusion Clinic	$ 49.45	$ 29.67	$ 37.10	$ 23.14	$ 45.49
Service Item	Inpatient and Outpatient	trace elements-4 (PEDS) Inj 1 mL	J3490	636	MC Pharmacy	$ 49	$ 30	$ 37.10	$ 23	$ 45
Service Item	Outpatient	trace elements-4 (PEDS) Inj 1 mL	J3490	636	NC Urgent Care	$ 49.45	$ 29.67	$ 36.97	$ 23.14	$ 45.49
Service Item	Outpatient	trace elements-4 (PEDS) Inj 1 mL	J3490	636	SC Urgent Care	$ 49.45	$ 29.67	$ 37.10	$ 23.14	$ 45.49
Service Package	Inpatient and Outpatient	Tracheobronch Estab Inc	31615	750	MC Endo Services	$ 2,369	Charges have been	$ 1,738.87	$ 512	$ 2,179
Service Package	Inpatient and Outpatient	Tracheostomy		450	MC Emergency	$ 270	Charges have been	#N/A	$ 236	$ 241
Service Item	Outpatient	Tranexamic acid 10 mg/mL premix 100 mL	J3490	636	CD Infusion Clinic	$ 1,171.80	$ 703.08	$ 682.25	$ 23.14	$ 1,078.06
Service Item	Inpatient and Outpatient	Tranexamic acid 10 mg/mL premix 100 mL	J3490	636	MC Pharmacy	$ 1,172	$ 703	$ 682.25	$ 23	$ 1,078
Service Item	Outpatient	Tranexamic acid 10 mg/mL premix 100 mL	J3490	636	NC Urgent Care	$ 1,171.80	$ 703.08	$ 679.32	$ 23.14	$ 1,078.06
Service Item	Outpatient	Tranexamic acid 10 mg/mL premix 100 mL	J3490	636	SC Urgent Care	$ 1,171.80	$ 703.08	$ 682.25	$ 23.14	$ 1,078.06
Service Item	Outpatient	tranexamic acid 100 mg/mL Inj 10 mL	J3490	636	CD Infusion Clinic	$ 290.65	$ 174.39	$ 175.74	$ 23.14	$ 267.40
Service Item	Inpatient and Outpatient	tranexamic acid 100 mg/mL Inj 10 mL	J3490	636	MC Pharmacy	$ 291	$ 174	$ 175.74	$ 23	$ 267
Service Item	Outpatient	tranexamic acid 100 mg/mL Inj 10 mL	J3490	636	NC Urgent Care	$ 290.65	$ 174.39	$ 175.02	$ 23.14	$ 267.40
Service Item	Outpatient	tranexamic acid 100 mg/mL Inj 10 mL	J3490	636	SC Urgent Care	$ 290.65	$ 174.39	$ 175.74	$ 23.14	$ 267.40
Service Item	Outpatient	Trans Care 14 Day Disch	99495	510	CD Chronic Disease	$ 221.82	$ 129.22	$ 160.53	$ 107.68	$ 198.13
Service Item	Outpatient	Trans Care 14 Day Disch	99495	510	SFM Family Medicine	$ 221.82	$ 129.22	$ 170.94	$ 129.22	$ 198.13
Service Item	Outpatient	Trans Care 7 Day Disch	99496	510	CD Chronic Disease	$ 221.82	$ 129.22	$ 168.26	$ 107.68	$ 266.98
Service Item	Outpatient	Trans Care 7 Day Disch	99496	510	SFM Family Medicine	$ 221.82	$ 129.22	$ 170.94	$ 129.22	$ 198.13
Service Package	Inpatient and Outpatient	Transcath Closure Of Asd	93580	361	MC Cath Lab Srvcs	$ 31,880	Charges have been	$ 23,471.23	$ 17,394	$ 18,470
Service Package	Inpatient and Outpatient	Transcath Embolize Artery	37242	360	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 16,961.05	$ 11,280	$ 11,530
Service Package	Inpatient and Outpatient	Transcath Embolize Bleed	37244	360	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 16,961.05	$ 11,280	$ 11,530
Service Package	Inpatient and Outpatient	Transcath Embolize S&I	75894	320	MC Cath Lab Srvcs	$ 1,994	Charges have been	$ 1,827.04	$ 1,743	$ 1,781
Service Package	Inpatient and Outpatient	Transcath Embolize Venous	37241	360	MC Cath Lab Srvcs	$ 24,771	Charges have been	$ 16,961.05	$ 11,280	$ 11,530
Service Package	Inpatient and Outpatient	Transcatheter Biopsy	75970	320	MC Cath Lab Srvcs	$ 2,218	Charges have been	$ 2,032.27	$ 1,938	$ 1,981
Service Package	Inpatient and Outpatient	Transcatheter Bx	37200	361	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,356.98	$ 5,326	$ 7,349
Service Item	Inpatient and Outpatient	Transesphogeal Echo	93312	480	DC Non Invasive Card	$ 1,854	$ 543	$ 1,288.80	$ 466	$ 1,656
Service Item	Inpatient and Outpatient	Transesphogeal Echo	93312	480	MC NonInv CardioSrv	$ 1,854	Charges have been	$ 1,387.95	$ 558	$ 1,656
Service Item	Outpatient	Transesphogeal Echo	93312	480	OS Non Invasive Card	$ 1,853.81	$ 543.15	$ 1,288.80	$ 465.98	$ 1,655.83
Service Item	Outpatient	Transesphogeal Echo	93312	480	SQ Seq Cardiology	$ 1,853.81	$ 543.15	$ 1,099.50	$ 162.67	$ 1,655.83
Service Item	Inpatient and Outpatient	Transferase (ast) (sgot)-ARUP	84450	300	MC Reference Lab	$ 6	$ 23	$ 25.32	$ 5	$ 51
Service Item	Inpatient and Outpatient	Transferrin	84466	301	MC General Lab	$ 135	$ 59	$ 101.70	$ 53	$ 125
Service Item	Inpatient and Outpatient	Transforming Growth Factor beta-ARUP	83520	300	MC Reference Lab	$ 14	$ 58	$ 28.47	$ 9	$ 138
Service Item	Inpatient and Outpatient	Transfusion React Standrd	86078	305	MC General Lab	$ 188	$ 142	$ 196.55	$ 56	$ 427
Service Item	Outpatient	trastuzumab 150 mg Inj	J9355	636	CD Infusion Clinic	$ 5,361.75	$ 3,217.05	$ 4,338.39	$ 58.90	$ 12,079.21
Service Item	Inpatient and Outpatient	trastuzumab 150 mg Inj	J9355	636	MC Pharmacy	$ 5,362	$ 3,275	$ 4,338.39	$ 59	$ 12,079
Service Item	Outpatient	trastuzumab 150 mg Inj	J9355	636	NC Urgent Care	$ 5,361.75	$ 3,274.95	$ 4,324.98	$ 58.90	$ 12,079.21
Service Item	Outpatient	trastuzumab 150 mg Inj	J9355	636	SC Urgent Care	$ 5,361.75	$ 3,274.95	$ 4,338.39	$ 58.90	$ 12,079.21
Service Item	Outpatient	trastuzumab 440 mg Inj	J9355	636	CD Infusion Clinic	$ 17,789.70	$ 10,673.82	$ 8,806.23	$ 58.90	$ 16,366.52
Service Item	Inpatient and Outpatient	trastuzumab 440 mg Inj	J9355	636	MC Pharmacy	$ 17,790	$ 10,674	$ 8,806.23	$ 59	$ 16,367
Service Item	Outpatient	trastuzumab 440 mg Inj	J9355	636	NC Urgent Care	$ 17,789.70	$ 10,673.82	$ 8,761.76	$ 58.90	$ 16,366.52
Service Item	Outpatient	trastuzumab 440 mg Inj	J9355	636	SC Urgent Care	$ 17,789.70	$ 10,673.82	$ 8,806.23	$ 58.90	$ 16,366.52
Service Package	Inpatient and Outpatient	Trauma Act No Pre Le 7 Ev	99291	450	MC Emergency	$ 5,303	$ 3,089	$ 29,160.34	$ 772	$ 59,927
Service Package	Inpatient and Outpatient	Trauma Act No Pre Le 8 Li	99291	450	MC Emergency	$ 5,303	$ 3,089	$ 29,160.34	$ 772	$ 59,927
Service Package	Inpatient and Outpatient	Trauma Act No Pre Le 9 Fu	99291	450	MC Emergency	$ 5,303	$ 3,089	$ 29,160.34	$ 772	$ 59,927
Service Package	Inpatient and Outpatient	Trauma Act Pre Notif Eval	G0390	683	MC Emergency	$ 3,660	$ 2,132	$ 28,743.71	$ 1,033	$ 59,927
Service Package	Inpatient and Outpatient	Trauma Act Pre Notif Full	G0390	683	MC Emergency	$ 10,338	$ 6,022	$ 30,542.60	$ 1,033	$ 59,927
Service Package	Inpatient and Outpatient	Trauma Act Pre Notif Limi	G0390	683	MC Emergency	$ 6,389	$ 3,722	$ 29,478.72	$ 1,033	$ 59,927
Service Package	Inpatient and Outpatient	Tray Hemo Cath 20Cm	C1750	272	MC Central Supply	$ 2,203	Charges have been	$ 2,038.28	$ 1,963	$ 2,007
Service Package	Inpatient	Treatment of Bladder Lesion	51720	360	MC 2N Cardiac Srvc	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Treatment of Bladder Lesion	51720	360	MC 2S Med Surg	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Treatment of Bladder Lesion	51720	360	MC 3N Surgical	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Treatment of Bladder Lesion	51720	360	MC 3S Oncology	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Treatment of Bladder Lesion	51720	360	MC 4N Med Renal	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Treatment of Bladder Lesion	51720	360	MC 4S Ortho Surgery	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97

Service Package	Inpatient	Treatment of Bladder Lesion	51720	360	MC BP Broderick Pav	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Package	Inpatient	Treatment of Bladder Lesion	51720	360	MC PE Pediatrics	$ 567.58	Charges have been	$ 450.28	$ 272.18	$ 506.97
Service Item	Outpatient	Treatment Port Film	77417	333	HR Radiation Onc	$ 439.00	$ 73.80	$ 332.87	$ 72.11	$ 392.11
Service Item	Inpatient and Outpatient	Treatment Port Film	77417	333	MC Radiation Thrpy	$ 439	$ 74	$ 287.94	$ 71	$ 392
Service Item	Outpatient	Treatment Port Film	77417	333	VR Radiation Onc	$ 439.00	$ 73.80	$ 332.87	$ 72.11	$ 392.11
Service Item	Outpatient	Treatment/Proc Ea Adl 1/2		761	CD Infusion Clinic	$ 74.58	$ 43.45	#N/A	$ 43.45	$ 66.62
Service Package	Inpatient	Treatment/Proc Room	99211	761	MC 4N Med Renal	$ 446.93	Charges have been	$ 349.45	$ 390.52	$ 399.20
Service Package	Inpatient	Treatment/Proc Room	99211	761	MC Acute Dialysis	$ 446.93	Charges have been	$ 349.45	$ 390.52	$ 399.20
Service Item	Outpatient	Treatment/Proc Room 0-2 H	99211	761	CD Chronic Disease	$ 224.28	$ 10.00	$ 151.30	$ 10.00	$ 200.33
Service Item	Outpatient	Treatment/Proc Room 0-2 H	99211	761	CD Infusion Clinic	$ 224.28	$ 130.65	$ 175.14	$ 130.65	$ 200.33
Service Package	Inpatient	Treatment/Proc Room 0-2 H	99211	761	MC PE Pediatrics	$ 224.28	Charges have been	$ 199.51	$ 195.98	$ 200.33
Service Item	Inpatient and Outpatient	Treponema pallidum Ab by TP-PA-ARUP	86780	301	MC Reference Lab	$ 11	$ 79	$ 26.42	$ 7	$ 130
Service Item	Inpatient and Outpatient	Treponema pallidum-ARUP	86780	301	MC Reference Lab	$ 32	$ 79	$ 38.05	$ 19	$ 130
Service Package	Inpatient and Outpatient	Trial Lead Kit	C1778	278	MC Central Supply	$ 2,913	Charges have been	$ 4,125.46	$ 2,596	$ 2,653
Service Package	Inpatient and Outpatient	Trial Lead Spin Cord Stim	C1897	278	MC Central Supply	$ 2,913	Charges have been	$ 2,695.24	$ 2,596	$ 2,653
Service Item	Outpatient	triamcinolone acetonide 40 mg/mL Inj 1 mL	J3301	636	CD Infusion Clinic	$ 47.45	$ 28.47	$ 33.68	$ 2.05	$ 43.65
Service Item	Inpatient and Outpatient	triamcinolone acetonide 40 mg/mL Inj 1 mL	J3301	636	MC Pharmacy	$ 47	$ 28	$ 33.68	$ 2	$ 44
Service Item	Outpatient	triamcinolone acetonide 40 mg/mL Inj 1 mL	J3301	636	NC Urgent Care	$ 47.45	$ 28.47	$ 29.90	$ 1.70	$ 43.65
Service Item	Outpatient	triamcinolone acetonide 40 mg/mL Inj 1 mL	J3301	636	SC Urgent Care	$ 47.45	$ 28.47	$ 30.02	$ 1.70	$ 43.65
Service Item	Outpatient	triamcinolone acetonide 40 mg/mL Inj 1 mL	J3301	636	SFM Family Medicine	$ 47.45	$ 28.47	$ 33.56	$ 2.05	$ 43.65
Service Item	Outpatient	triamcinolone acetonide 40 mg/mL Inj 5 mL	J3301	636	CD Infusion Clinic	$ 220.15	$ 132.09	$ 109.69	$ 2.05	$ 202.54
Service Item	Inpatient and Outpatient	triamcinolone acetonide 40 mg/mL Inj 5 mL	J3301	636	MC Pharmacy	$ 220	$ 144	$ 109.69	$ 2	$ 203
Service Item	Outpatient	triamcinolone acetonide 40 mg/mL Inj 5 mL	J3301	636	NC Urgent Care	$ 220.15	$ 144.17	$ 91.56	$ 1.70	$ 202.54
Service Item	Outpatient	triamcinolone acetonide 40 mg/mL Inj 5 mL	J3301	636	SC Urgent Care	$ 220.15	$ 144.17	$ 92.11	$ 1.70	$ 202.54
Service Item	Outpatient	triamcinolone acetonide 40 mg/mL Inj 5 mL	J3301	636	SFM Family Medicine	$ 220.15	$ 144.17	$ 109.14	$ 2.05	$ 202.54
Service Item	Inpatient and Outpatient	Trichomonas Vag	87661	306	MC General Lab	$ 91	$ 96	$ 149.47	$ 79	$ 345
Service Item	Inpatient and Outpatient	Trichomonas Vaginalis	87661	306	MC General Lab	$ 91	$ 96	$ 149.47	$ 79	$ 345
Service Item	Inpatient and Outpatient	Tricyclic Antidepressant Detection-ARUP	80307	300	MC Reference Lab	$ 15	$ 280	$ 214.70	$ 13	$ 572
Service Item	Inpatient and Outpatient	Tricyclic Antidepressants, Quant, Urine-ARUP	80337	300	MC Reference Lab	$ 141	$ 94	$ 117.04	$ 85	$ 130
Service Item	Outpatient	Trigger Point Injection	20550	516	NC Urgent Care	$ 334.75	$ 195.00	$ 236.90	$ 63.48	$ 303.31
Service Item	Outpatient	Trigger Point Injection	20550	516	SC Urgent Care	$ 334.75	$ 195.00	$ 237.71	$ 63.48	$ 303.31
Service Item	Outpatient	Trigger Point Injection	20550	516	SFM Family Medicine	$ 334.75	$ 195.00	$ 268.03	$ 195.00	$ 303.31
Service Item	Inpatient and Outpatient	Triglycerides Blood	84478	301	MC General Lab	$ 67	$ 26	$ 48.54	$ 23	$ 61
Service Item	Inpatient and Outpatient	Triglycerides Body Fluid-ARUP	84478	300	MC Reference Lab	$ 6	$ 26	$ 26.87	$ 6	$ 56
Service Item	Inpatient and Outpatient	Triiodothyronine, Reverse by TMS-ARUP	84482	300	MC Reference Lab	$ 17	$ 74	$ 33.73	$ 10	$ 155
Service Item	Outpatient	Trim Nail(s)	11719	510	SFM Family Medicine	$ 137.92	$ 80.34	$ 104.31	$ 63.74	$ 123.19
Service Item	Outpatient	Trim Skin Lesion	11055	510	NC Urgent Care	$ 231.75	$ 135.00	$ 162.62	$ 37.59	$ 207.00
Service Item	Outpatient	Trim Skin Lesion	11055	510	SC Urgent Care	$ 231.75	$ 135.00	$ 163.18	$ 37.59	$ 207.00
Service Item	Outpatient	Trim Skin Lesion	11055	510	SFM Family Medicine	$ 231.75	$ 135.00	$ 184.81	$ 135.00	$ 207.00
Service Item	Outpatient	trimethobenzamide 300 mg Cap	Q0173	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 8.34	$ 0.70	$ 11.13
Service Item	Inpatient and Outpatient	trimethobenzamide 300 mg Cap	Q0173	636	MC Pharmacy	$ 12	$ 7	$ 8.34	$ 1	$ 11
Service Item	Outpatient	trimethobenzamide 300 mg Cap	Q0173	636	NC Urgent Care	$ 12.10	$ 7.26	$ 7.42	$ 0.70	$ 11.13
Service Item	Outpatient	trimethobenzamide 300 mg Cap	Q0173	636	SC Urgent Care	$ 12.10	$ 7.26	$ 7.45	$ 0.70	$ 11.13
Service Item	Outpatient	TRIMETHOPRIM 16 mg/sulfamethox 80 mg per	J3490	636	CD Infusion Clinic	$ 62.25	$ 37.35	$ 44.45	$ 23.14	$ 57.27
Service Item	Inpatient and Outpatient	TRIMETHOPRIM 16 mg/sulfamethox 80 mg per	J3490	636	MC Pharmacy	$ 62	$ 37	$ 44.45	$ 23	$ 57
Service Item	Outpatient	TRIMETHOPRIM 16 mg/sulfamethox 80 mg per	J3490	636	NC Urgent Care	$ 62.25	$ 37.35	$ 44.30	$ 23.14	$ 57.27
Service Item	Outpatient	TRIMETHOPRIM 16 mg/sulfamethox 80 mg per	J3490	636	SC Urgent Care	$ 62.25	$ 37.35	$ 44.45	$ 23.14	$ 57.27
Service Item	Inpatient and Outpatient	Troponin	84484	301	MC General Lab	$ 154	$ 85	$ 104.81	$ 41	$ 140
Service Item	Inpatient and Outpatient	Trypanosoma cruzi IgM Ab-ARUP	86753	300	MC Reference Lab	$ 14	$ 55	$ 26.68	$ 8	$ 122
Service Item	Inpatient and Outpatient	Trypanosoma cruzi IgG Ab-ARUP	86753	300	MC Reference Lab	$ 14	$ 55	$ 26.68	$ 8	$ 122
Service Item	Inpatient and Outpatient	Tryptase-ARUP	83520	300	MC Reference Lab	$ 10	$ 58	$ 26.12	$ 6	$ 138
Service Item	Inpatient and Outpatient	Tsh Receptor Ab 70144	83519	300	MC Reference Lab	$ 15	$ 60	$ 29.98	$ 9	$ 147
Service Package	Inpatient and Outpatient	T-Tube Cholangiogram	47531	320	MC Cath Lab Srvcs	$ 7,773	Charges have been	$ 5,286.70	$ 3,397	$ 3,603
Service Package	Inpatient and Outpatient	Tube Neurotube		278	MC Central Supply	$ 4,980	Charges have been	#N/A	$ 4,438	$ 4,536
Service Item	Outpatient	tuberculin PPD 5 units/0.1 mL	J3490	636	CD Infusion Clinic	$ 45.95	$ 27.57	$ 35.09	$ 23.14	$ 42.27
Service Item	Inpatient and Outpatient	tuberculin PPD 5 units/0.1 mL	J3490	636	MC Pharmacy	$ 46	$ 28	$ 35.09	$ 23	$ 42
Service Item	Outpatient	tuberculin PPD 5 units/0.1 mL	J3490	636	NC Urgent Care	$ 45.95	$ 27.57	$ 34.97	$ 23.14	$ 42.27
Service Item	Outpatient	tuberculin PPD 5 units/0.1 mL	J3490	636	SC Urgent Care	$ 45.95	$ 27.57	$ 35.09	$ 23.14	$ 42.27
Service Item	Outpatient	tuberculin PPD 5 units/0.1 mL	J3490	636	SFM Family Medicine	$ 45.95	$ 27.57	$ 34.97	$ 23.14	$ 42.27
Service Package	Inpatient and Outpatient	Tubing Implantable Repair		278	MC Central Supply	$ 721	Charges have been	#N/A	$ 643	$ 657
Service Item	Inpatient and Outpatient	Tumor Ihc Quantitative	88361	310	MC Pathology	$ 328	$ 295	$ 342.91	$ 146	$ 785
Service Item	Inpatient and Outpatient	Tumor Loc Wb Spect 2+Days	78803	341	MC Nuclear Medicine	$ 2,286	$ 757	$ 1,722.81	$ 757	$ 2,042
Service Item	Inpatient and Outpatient	Tumor Loc W-Body 2+Days	78804	340	MC Nuclear Medicine	$ 3,106	$ 553	$ 2,231.63	$ 525	$ 2,774
Service Item	Inpatient and Outpatient	Tumor Necrosis Factor - alpha-ARUP	83520	300	MC Reference Lab	$ 14	$ 58	$ 28.47	$ 9	$ 138
Service Package	Inpatient and Outpatient	Tunneled 2 Cath W/Port	36566	361	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 7,762.27	$ 4,811	$ 5,326
Service Package	Inpatient and Outpatient	Tunneled Cath Placement	36558	361	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,858.95	$ 3,211	$ 3,696
Service Package	Inpatient	Tunneled Cath Removal	36589	361	MC Cardiovascular	$ 1,576.28	$ 951.79	$ 1,226.73	$ 730.57	$ 1,459.41
Service Package	Inpatient and Outpatient	Tunneled Cath Removal	36589	361	MC Cath Lab Srvcs	$ 1,576	Charges have been	$ 1,256.77	$ 731	$ 1,459
Service Package	Inpatient and Outpatient	Tunneled Cath Removal	36589	361	MC Surgical Center	$ 1,576	Charges have been	$ 1,256.77	$ 731	$ 1,459
Service Item	Outpatient	Tunneled Cath Removal	36589	361	SFM Family Medicine	$ 1,576.28	$ 951.79	$ 1,222.77	$ 730.57	$ 1,459.41
Service Package	Inpatient and Outpatient	Tunneled Cath W/Port	36561	361	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 5,157.80	$ 3,211	$ 4,918
Service Item	Outpatient	Tx Clavicular Fx W/ Manip	23505	516	NC Urgent Care	$ 1,809.83	$ 1,054.27	$ 1,276.64	$ 371.04	$ 1,616.55
Service Item	Outpatient	Tx Clavicular Fx W/ Manip	23505	516	SC Urgent Care	$ 1,809.83	$ 1,054.27	$ 1,281.04	$ 371.04	$ 1,616.55
Service Item	Outpatient	Tx Devices Design Complex	77334	333	HR Radiation Onc	$ 712.18	$ 414.06	$ 947.32	$ 388.35	$ 4,617.55
Service Item	Inpatient and Outpatient	Tx Devices Design Complex	77334	333	MC Radiation Thrpy	$ 712	$ 414	$ 938.44	$ 388	$ 4,618
Service Item	Outpatient	Tx Devices Design Complex	77334	333	VR Radiation Onc	$ 712.18	$ 414.06	$ 947.32	$ 388.35	$ 4,617.55
Service Item	Outpatient	Tx Devices Design Interm	77333	333	HR Radiation Onc	$ 611.66	$ 243.57	$ 566.70	$ 146.68	$ 1,791.48
Service Item	Inpatient and Outpatient	Tx Devices Design Interm	77333	333	MC Radiation Thrpy	$ 612	$ 244	$ 517.68	$ 84	$ 1,791
Service Item	Outpatient	Tx Devices Design Interm	77333	333	VR Radiation Onc	$ 611.66	$ 243.57	$ 566.70	$ 146.68	$ 1,791.48
Service Item	Outpatient	Tx Devices Design Simple	77332	333	HR Radiation Onc	$ 543.37	$ 171.24	$ 520.90	$ 146.68	$ 1,791.48
Service Item	Inpatient and Outpatient	Tx Devices Design Simple	77332	333	MC Radiation Thrpy	$ 543	$ 171	$ 489.80	$ 147	$ 1,791
Service Item	Outpatient	Tx Devices Design Simple	77332	333	VR Radiation Onc	$ 543.37	$ 171.24	$ 520.90	$ 146.68	$ 1,791.48
Service Item	Outpatient	Tx Distal Finger Fx W Man	26755	516	NC Urgent Care	$ 435.45	$ 253.66	$ 318.63	$ 211.39	$ 388.95
Service Item	Outpatient	Tx Distal Finger Fx W Man	26755	516	SC Urgent Care	$ 435.45	$ 253.66	$ 319.68	$ 211.39	$ 388.95
Service Item	Outpatient	Tx Distal Radial Fx	25600	516	NC Urgent Care	$ 331.65	$ 193.19	$ 253.96	$ 161.00	$ 306.11
Service Item	Outpatient	Tx Distal Radial Fx	25600	516	SC Urgent Care	$ 331.65	$ 193.19	$ 254.77	$ 161.00	$ 306.11
Service Item	Outpatient	Tx Finger Dislocation	26700	516	NC Urgent Care	$ 422.61	$ 246.18	$ 311.33	$ 205.15	$ 377.48
Service Item	Outpatient	Tx Finger Dislocation	26700	516	SC Urgent Care	$ 422.61	$ 246.18	$ 312.36	$ 205.15	$ 377.48
Service Item	Outpatient	Tx Finger Fx W Manip	26725	516	NC Urgent Care	$ 429.44	$ 250.16	$ 317.76	$ 208.47	$ 383.58
Service Item	Outpatient	Tx Finger Fx W Manip	26725	516	SC Urgent Care	$ 429.44	$ 250.16	$ 318.80	$ 208.47	$ 383.58
Service Item	Outpatient	Tx Ip Dislocation-Foot	28660	516	NC Urgent Care	$ 622.32	$ 362.51	$ 407.50	$ 102.97	$ 555.85
Service Item	Outpatient	Tx Ip Dislocation-Foot	28660	516	SC Urgent Care	$ 622.32	$ 362.51	$ 409.01	$ 102.97	$ 555.85
Service Item	Outpatient	Tx Ip Dislocation-Hand	26770	516	NC Urgent Care	$ 420.43	$ 244.91	$ 305.10	$ 204.09	$ 375.53
Service Item	Outpatient	Tx Ip Dislocation-Hand	26770	516	SC Urgent Care	$ 420.43	$ 244.91	$ 306.12	$ 204.09	$ 375.53
Service Item	Outpatient	Tx Mcp Dislocation W Anes	26705	516	NC Urgent Care	$ 1,648.00	$ 960.00	$ 1,185.99	$ 432.49	$ 1,570.49
Service Item	Outpatient	Tx Mcp Dislocation W Anes	26705	516	SC Urgent Care	$ 1,648.00	$ 960.00	$ 1,189.99	$ 432.49	$ 1,570.49
Service Item	Outpatient	Tx Metacarpal Fx W Manip	26605	516	NC Urgent Care	$ 406.77	$ 236.95	$ 302.00	$ 197.46	$ 363.33
Service Item	Outpatient	Tx Metacarpal Fx W Manip	26605	516	SC Urgent Care	$ 406.77	$ 236.95	$ 302.99	$ 197.46	$ 363.33
Service Item	Outpatient	Tx Shoulder Dislocation	23650	516	NC Urgent Care	$ 983.18	$ 572.72	$ 645.00	$ 249.86	$ 878.18
Service Item	Outpatient	Tx Shoulder Dislocation	23650	516	SC Urgent Care	$ 983.18	$ 572.72	$ 647.38	$ 249.86	$ 878.18
Service Item	Outpatient	Tx Toe Fx	28505	516	NC Urgent Care	$ 3,296.00	$ 1,920.00	$ 2,350.89	$ 623.13	$ 3,171.88
Service Item	Outpatient	Tx Toe Fx	28505	516	SC Urgent Care	$ 3,296.00	$ 1,920.00	$ 2,358.89	$ 623.13	$ 3,171.88
Service Package	Inpatient and Outpatient	Ugi Diagnostic Brush/Wash	43235	750	MC Endo Services	$ 3,600	Charges have been	$ 2,675.66	$ 911	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W Submucos Inj	43236	750	MC Endo Services	$ 3,600	Charges have been	$ 2,675.66	$ 911	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Balloon Esoph	43249	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Band Ligation	43244	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Biopsy	43239	750	MC Endo Services	$ 3,600	Charges have been	$ 2,675.66	$ 911	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Control Of Bleed	43255	761	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Dilation For Obst	43245	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Endoscopic Us	43259	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Inj For Varices	43243	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Place Gastrost Tb	43246	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Rem Of For Body	43247	750	MC Endo Services	$ 3,600	Charges have been	$ 2,675.66	$ 911	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Rem T/P/Les	43250	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Stent	43266	750	MC Endo Services	$ 8,309	Charges have been	$ 7,035.23	$ 5,540	$ 7,645
Service Package	Inpatient and Outpatient	Ugi W/ T/P/Les By Snare	43251	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Package	Inpatient and Outpatient	Ugi W/ Usg Fna Or Bx	43242	750	MC Endo Services	$ 3,600	Charges have been	$ 2,899.14	$ 1,805	$ 3,312
Service Item	Outpatient	Ugi W/Air Cont W/Kub	74246	320	IC Radiology	$ 745.79	$ 210.84	$ 465.13	$ 189.05	$ 666.14

Service Item	Inpatient and Outpatient	Ugi W/Air Cont W/Kub	74246	320	MC Diag Radiology	$ 746	$ 211	$ 779.28	$ 189	$ 3,612
Service Item	Outpatient	Ugi W/Air Cont W/Kub	74246	320	NC Diag Imaging	$ 745.79	$ 210.84	$ 779.28	$ 189.05	$ 3,612.11
Service Item	Outpatient	Ugi W/Air Cont W/Kub	74246	320	SC Diag Imaging	$ 745.79	$ 210.84	$ 779.28	$ 189.05	$ 3,612.11
Service Item	Outpatient	Ugi W/Air Cont W/O Kub	74246	320	IC Radiology	$ 665.47	$ 210.84	$ 431.61	$ 189.05	$ 594.40
Service Item	Inpatient and Outpatient	Ugi W/Air Cont W/O Kub	74246	320	MC Diag Radiology	$ 665	$ 211	$ 750.82	$ 189	$ 3,612
Service Item	Outpatient	Ugi W/Air Cont W/O Kub	74246	320	NC Diag Imaging	$ 665.47	$ 210.84	$ 750.82	$ 189.05	$ 3,612.11
Service Item	Outpatient	Ugi W/Air Cont W/O Kub	74246	320	SC Diag Imaging	$ 665.47	$ 210.84	$ 750.82	$ 189.05	$ 3,612.11
Service Item	Inpatient and Outpatient	UGT1A1 Genotyping-ARUP	83520	300	MC Reference Lab	$ 234	$ 58	$ 155.61	$ 54	$ 215
Service Item	Outpatient	Ultrasnd Vol Study Prost	76873	402	VR Radiation Onc	$ 568.50	$ 266.79	$ 527.52	$ 129.87	$ 1,635.83
Service Item	Outpatient	Ultrasonic Guidance	76965	333	VR Radiation Onc	$ 777.21	$ 710.13	$ 644.13	$ 452.74	$ 710.13
Service Item	Outpatient	Ultrasound 15 Min Ot	97035	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Ultrasound 15 Min Ot	97035	430	OP Therapy Akers	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Ot	97035	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Ot	97035	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Ot	97035	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Ot	97035	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 100.59	$ 12.49	$ 123.28
Service Item	Outpatient	Ultrasound 15 Min Ot - PTA/OTA Services	97035	430	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Ultrasound 15 Min Ot - PTA/OTA Services	97035	430	OP Therapy Akers	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Ot - PTA/OTA Services	97035	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Ot - PTA/OTA Services	97035	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Ot - PTA/OTA Services	97035	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Ot - PTA/OTA Services	97035	430	OP Therapy Neuro	$ 134.00	Charges have been	$ 100.59	$ 12.49	$ 123.28
Service Package	Inpatient and Outpatient	Ultrasound 15 Min Pt	97035	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Ultrasound 15 Min Pt	97035	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Ultrasound 15 Min Pt	97035	420	OP Therapy Akers	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Pt	97035	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Pt	97035	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Pt	97035	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Pt	97035	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 100.59	$ 12.49	$ 123.28
Service Item	Outpatient	Ultrasound 15 Min Pt - PTA/OTA Services	97035	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Ultrasound 15 Min Pt - PTA/OTA Services	97035	420	OP Therapy Akers	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Pt - PTA/OTA Services	97035	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Pt - PTA/OTA Services	97035	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Pt - PTA/OTA Services	97035	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 144.31	$ 48.94	$ 317.00
Service Item	Outpatient	Ultrasound 15 Min Pt - PTA/OTA Services	97035	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 100.59	$ 12.49	$ 123.28
Service Item	Inpatient and Outpatient	Ultrasound Aaa Screening	76706	402	DC Non Invasive Card	$ 304	$ 332	$ 390.00	$ 130	$ 1,636
Service Item	Outpatient	Ultrasound Aaa Screening	76706	402	IC Ultrasound	$ 303.78	$ 332.43	$ 390.00	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Ultrasound Aaa Screening	76706	402	MC Ultrasound	$ 304	$ 332	$ 390.00	$ 130	$ 1,636
Service Item	Outpatient	Ultrasound Ob 1St Trmstr	76801	402	IC Ultrasound	$ 793.59	$ 139.89	$ 596.93	$ 125.43	$ 1,635.83
Service Item	Inpatient and Outpatient	Ultrasound Ob 1St Trmstr	76801	402	MC Ultrasound	$ 794	$ 140	$ 596.93	$ 125	$ 1,636
Service Item	Outpatient	Ultrasound Ob 1St Trmstr	76801	402	SFM Family Medicine	$ 793.59	$ 139.89	$ 595.01	$ 125.43	$ 1,635.83
Service Item	Outpatient	Ultrasound Ob Limited	76815	402	IC Ultrasound	$ 487.63	$ 173.40	$ 449.23	$ 129.87	$ 1,635.83
Service Package	Inpatient and Outpatient	Ultrasound Ob Limited	76815	402	MC Emergency	$ 488	Charges have been	$ 360.86	$ 130	$ 436
Service Item	Inpatient and Outpatient	Ultrasound Ob Limited	76815	402	MC Ultrasound	$ 488	$ 173	$ 449.23	$ 130	$ 1,636
Service Item	Outpatient	Ultrasound Ob Limited	76815	402	SFM Family Medicine	$ 487.63	$ 173.40	$ 448.05	$ 129.87	$ 1,635.83
Service Package	Inpatient	Umbil Cath Nb For Dx/Tx	36660	761	MC NB Newborn Care	$ 411.68	Charges have been	$ 377.17	$ 359.72	$ 367.71
Service Package	Inpatient	Umbil Cath Nb For Dx/Tx	36660	761	MC NI NICU	$ 411.68	Charges have been	$ 377.17	$ 359.72	$ 367.71
Service Item	Outpatient	Unna Boot Strapping	29580	761	OP Wound Center	$ 175.05	$ 105.03	$ 143.01	$ 105.03	$ 161.05
Service Item	Outpatient	Unna Boot Strapping Bilateral	29580	761	OP Wound Center	$ 318.27	$ 190.96	$ 247.33	$ 154.96	$ 292.81
Service Item	Outpatient	Up Gi W/Air Cont&Sm Bowel	74246	320	IC Radiology	$ 1,155.82	$ 210.84	$ 636.30	$ 189.05	$ 1,032.39
Service Item	Inpatient and Outpatient	Up Gi W/Air Cont&Sm Bowel	74246	320	MC Diag Radiology	$ 1,156	$ 211	$ 924.57	$ 189	$ 3,612
Service Item	Outpatient	Up Gi W/Air Cont&Sm Bowel	74246	320	NC Diag Imaging	$ 1,155.82	$ 210.84	$ 924.57	$ 189.05	$ 3,612.11
Service Item	Outpatient	Up Gi W/Air Cont&Sm Bowel	74246	320	SC Diag Imaging	$ 1,155.82	$ 210.84	$ 924.57	$ 189.05	$ 3,612.11
Service Package	Inpatient and Outpatient	Upper Gi Endoscopy W Guid	43248	750	MC Endo Services	$ 3,600	Charges have been	$ 2,675.66	$ 911	$ 3,312
Service Item	Outpatient	Upper Gi Tract Sml Bowel	74248	320	IC Radiology	$ 1,103.66	$ 642.91	$ 810.25	$ 138.37	$ 985.79
Service Item	Inpatient and Outpatient	Upper Gi Tract Sml Bowel	74248	320	MC Diag Radiology	$ 1,104	$ 643	$ 820.96	$ 138	$ 986
Service Item	Outpatient	Upper Gi Tract Sml Bowel	74248	320	NC Diag Imaging	$ 1,103.66	$ 642.91	$ 820.96	$ 138.37	$ 985.79
Service Item	Outpatient	Upper Gi Tract Sml Bowel	74248	320	SC Diag Imaging	$ 1,103.66	$ 642.91	$ 820.96	$ 138.37	$ 985.79
Service Item	Outpatient	Upper Gi Tract W/Kub	74240	320	IC Radiology	$ 732.40	$ 186.87	$ 450.63	$ 167.56	$ 654.18
Service Item	Inpatient and Outpatient	Upper Gi Tract W/Kub	74240	320	MC Diag Radiology	$ 732	$ 187	$ 765.62	$ 168	$ 3,612
Service Item	Outpatient	Upper Gi Tract W/Kub	74240	320	NC Diag Imaging	$ 732.40	$ 186.87	$ 765.62	$ 167.56	$ 3,612.11
Service Item	Outpatient	Upper Gi Tract W/Kub	74240	320	SC Diag Imaging	$ 732.40	$ 186.87	$ 765.62	$ 167.56	$ 3,612.11
Service Item	Outpatient	Upper Gi Tract W/O Kub	74240	320	IC Radiology	$ 665.47	$ 186.87	$ 422.69	$ 167.56	$ 594.40
Service Item	Inpatient and Outpatient	Upper Gi Tract W/O Kub	74240	320	MC Diag Radiology	$ 665	$ 187	$ 741.90	$ 168	$ 3,612
Service Item	Outpatient	Upper Gi Tract W/O Kub	74240	320	NC Diag Imaging	$ 665.47	$ 186.87	$ 741.90	$ 167.56	$ 3,612.11
Service Item	Outpatient	Upper Gi Tract W/O Kub	74240	320	SC Diag Imaging	$ 665.47	$ 186.87	$ 741.90	$ 167.56	$ 3,612.11
Service Item	Outpatient	Upr/Lxtr Art Stdy 2Lvls	93922	920	OP Wound Center	$ 323.57	$ 201.15	$ 372.54	$ 126.33	$ 1,501.22
Service Item	Outpatient	Upr/Lxtr Art Stdy 3+ Lvls Tech	93923	921	SQ Seq Cardiology	$ 332.74	$ 379.59	$ 397.35	$ 20.39	$ 1,948.28
Service Item	Inpatient and Outpatient	Urea Nitrogen Bun Blood	84520	301	MC General Lab	$ 60	$ 18	$ 39.62	$ 16	$ 54
Service Item	Inpatient and Outpatient	Urea Nitrogen Misc Fluid	84540	301	MC General Lab	$ 108	$ 21	$ 64.02	$ 19	$ 98
Service Item	Inpatient and Outpatient	Urea Nitrogen Urine	84540	301	MC General Lab	$ 108	$ 21	$ 64.02	$ 19	$ 98
Service Item	Inpatient and Outpatient	Urea Nitrogen Urine-ARUP	81350	300	MC Reference Lab	$ 5	$ 171	$ 190.28	$ 3	$ 1,863
Service Item	Inpatient and Outpatient	Ureaplasma spp and M hominis Culture-ARUP	87109	306	MC Reference Lab	$ 17	$ 69	$ 32.93	$ 10	$ 151
Service Package	Inpatient and Outpatient	Ureteral Dilatation	53899	360	MC Cath Lab Srvcs	$ 587	Charges have been	$ 914.70	$ 272	$ 2,369
Service Item	Outpatient	Urethrocystography Retro	74450	320	IC Radiology	$ 875.00	$ 185.25	$ 580.65	$ 166.11	$ 873.22
Service Item	Inpatient and Outpatient	Urethrocystography Retro	74450	320	MC Diag Radiology	$ 875	$ 185	$ 857.44	$ 166	$ 3,320
Service Item	Outpatient	Urethrocystography Retro	74450	320	NC Diag Imaging	$ 875.00	$ 185.25	$ 857.44	$ 166.11	$ 3,320.14
Service Item	Outpatient	Urethrocystography Retro	74450	320	SC Diag Imaging	$ 875.00	$ 185.25	$ 857.44	$ 166.11	$ 3,320.14
Service Item	Inpatient and Outpatient	Uric Acid Blood Chemical	84550	301	MC General Lab	$ 64	$ 20	$ 43.25	$ 18	$ 58
Service Item	Inpatient and Outpatient	Uric Acid Body Fluid-ARUP	84540	300	MC Reference Lab	$ 5	$ 21	$ 27.35	$ 5	$ 47
Service Item	Inpatient and Outpatient	Uric Acid Urine Chemical	84560	301	MC General Lab	$ 81	$ 21	$ 51.90	$ 19	$ 74
Service Item	Inpatient and Outpatient	Urinalysis Complete	81001	307	MC General Lab	$ 66	$ 14	$ 39.83	$ 12	$ 60
Service Item	Inpatient and Outpatient	Urinalysis Dip Stick - Automated	81003	300	MC General Lab	$ 35	$ 10	$ 22.92	$ 9	$ 32
Service Item	Outpatient	Urine - Dipstick - Automated	81003	300	CD Chronic Disease	$ 37.77	$ 22.44	$ 23.88	$ 8.98	$ 34.41
Service Item	Outpatient	Urine - Dipstick - Automated	81003	300	CD Diabetic Clinic	$ 37.77	$ 22.44	$ 23.88	$ 8.98	$ 34.41
Service Package	Inpatient and Outpatient	Urine - Dipstick - Automated	81003	300	MC Emergency	$ 38	$ 10	$ 23.97	$ 9	$ 34
Service Package	Inpatient and Outpatient	Urine - Dipstick - Automated	81003	300	MC Labor Triage	$ 38	Charges have been	$ 34.22	$ 34	$ 34
Service Package	Inpatient and Outpatient	Urine - Dipstick - Automated	81003	300	MC Lbr & Dlvy Rev	$ 38	Charges have been	$ 34.22	$ 34	$ 34
Service Item	Outpatient	Urine - Dipstick - Automated	81003	300	NC Urgent Care	$ 37.77	$ 10.02	$ 23.88	$ 8.98	$ 34.41
Service Item	Outpatient	Urine - Dipstick - Automated	81003	300	SC Urgent Care	$ 37.77	$ 10.02	$ 23.97	$ 8.98	$ 34.41
Service Item	Outpatient	Urine - Dipstick - Automated	81003	300	SFM Family Medicine	$ 37.77	$ 10.02	$ 23.88	$ 8.98	$ 34.41
Service Item	Outpatient	Urine Drug Screen 10-AHT	80307	300	Reference Lab MKing	$ 55.00	$ 280.44	$ 228.86	$ 46.75	$ 571.97
Service Item	Inpatient and Outpatient	Urine Ife Interp50688 (1)	86335	305	MC Reference Lab	$ 33	$ 62	$ 63.68	$ 20	$ 289
Service Item	Outpatient	Urine Pregnancy (Hcg)	81025	300	CD Chronic Disease	$ 111.17	$ 66.04	$ 63.40	$ 20.39	$ 101.26
Service Item	Outpatient	Urine Pregnancy (Hcg)	81025	300	CD Diabetic Clinic	$ 111.17	$ 66.04	$ 63.40	$ 20.39	$ 101.26
Service Package	Inpatient and Outpatient	Urine Pregnancy (Hcg)	81025	300	MC Emergency	$ 111	$ 23	$ 63.68	$ 20	$ 101
Service Item	Inpatient and Outpatient	Urine Pregnancy (Hcg)	81025	300	MC General Lab	$ 111	$ 23	$ 63.68	$ 20	$ 101
Service Item	Outpatient	Urine Pregnancy (Hcg)	81025	300	NC Urgent Care	$ 111.17	$ 22.74	$ 63.40	$ 20.39	$ 101.26
Service Item	Outpatient	Urine Pregnancy (Hcg)	81025	300	SC Urgent Care	$ 111.17	$ 22.74	$ 63.68	$ 20.39	$ 101.26
Service Item	Outpatient	Urine Pregnancy (Hcg)	81025	300	SFM Family Medicine	$ 111.17	$ 22.74	$ 63.40	$ 20.39	$ 101.26
Service Item	Outpatient	Us Abdomen Complete	76700	402	IC Ultrasound	$ 1,187.25	$ 251.94	$ 782.11	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Abdomen Complete	76700	402	MC Ultrasound	$ 1,187	$ 252	$ 782.11	$ 130	$ 1,636
Service Item	Outpatient	Us Abdomen Limited	76705	402	IC Ultrasound	$ 985.92	$ 181.41	$ 673.47	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Abdomen Limited	76705	402	MC Ultrasound	$ 986	$ 181	$ 673.47	$ 130	$ 1,636
Service Item	Outpatient	Us Guid Breast Nedl Bx	19100	361	IC Ultrasound	$ 1,898.62	$ 1,105.99	$ 1,432.08	$ 308.56	$ 1,695.85
Service Item	Inpatient and Outpatient	Us Guid Breast Nedl Bx	19100	361	MC Ultrasound	$ 1,899	$ 1,106	$ 1,432.08	$ 309	$ 1,696
Service Item	Inpatient and Outpatient	US Guidance Cryoablation	76940	402	MC Ultrasound	$ 828	$ 216	$ 630.24	$ 201	$ 739
Service Package	Inpatient and Outpatient	Us Guide Vascular Access	76937	402	MC Cath Lab Srvcs	$ 378	Charges have been	$ 346.38	$ 330	$ 338
Service Package	Inpatient and Outpatient	US Guided Compression Repair Art Pseudoaneur	76936	402	MC Cath Lab Srvcs	$ 633	Charges have been	$ 519.97	$ 293	$ 649
Service Item	Inpatient and Outpatient	US Guided Compression Repair Art Pseudoaneur	76936	402	MC Ultrasound	$ 633	$ 458	$ 856.52	$ 293	$ 3,556
Service Package	Inpatient	Us Guided Needle Placemen	76942	402	MC Cardiovascular	$ 827.75	$ 193.95	$ 626.52	$ 173.91	$ 815.87
Service Item	Outpatient	US Guided Needle Placement	76942	402	IC Ultrasound	$ 827.75	$ 193.95	$ 626.52	$ 173.91	$ 815.87
Service Item	Inpatient and Outpatient	US Guided Needle Placement	76942	402	MC Ultrasound	$ 828	$ 194	$ 626.52	$ 174	$ 816
Service Package	Inpatient and Outpatient	Us Guided Needle Placmnt	76942	402	MC Cath Lab Srvcs	$ 828	Charges have been	$ 758.36	$ 723	$ 739
Service Item	Outpatient	Us Hysterosonogram	76831	402	IC Ultrasound	$ 748.79	$ 194.76	$ 762.29	$ 174.63	$ 3,320.14
Service Item	Inpatient and Outpatient	Us Hysterosonogram	76831	402	MC Ultrasound	$ 749	$ 195	$ 762.29	$ 175	$ 3,320
Service Item	Outpatient	Us Infant Hips Dynamic	76885	402	IC Ultrasound	$ 514.13	$ 194.79	$ 386.42	$ 92.48	$ 887.81
Service Item	Inpatient and Outpatient	Us Infant Hips Dynamic	76885	402	MC Ultrasound	$ 514	$ 195	$ 386.42	$ 92	$ 888

Service Item	Outpatient	Us Infant Hips Static Ltd	76886	402	IC Ultrasound	$ 514.13	$ 181.05	$ 383.80	$ 92.48	$ 887.81
Service Item	Inpatient and Outpatient	Us Infant Hips Static Ltd	76886	402	MC Ultrasound	$ 514	$ 181	$ 383.80	$ 92	$ 888
Service Item	Outpatient	Us Ob 1St Tri Mlti Ges	76802	402	IC Ultrasound	$ 510.30	$ 98.82	$ 343.10	$ 88.61	$ 455.80
Service Item	Inpatient and Outpatient	Us Ob 1St Tri Mlti Ges	76802	402	MC Ultrasound	$ 510	$ 99	$ 343.10	$ 89	$ 456
Service Item	Outpatient	Us Ob Followup Per Fetus	76816	402	IC Ultrasound	$ 460.32	$ 122.49	$ 430.14	$ 109.83	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Ob Followup Per Fetus	76816	402	MC Ultrasound	$ 460	$ 122	$ 430.14	$ 110	$ 1,636
Service Item	Outpatient	Us Ob Multiple Gestation	76810	402	IC Ultrasound	$ 757.81	$ 346.08	$ 525.04	$ 141.91	$ 676.88
Service Item	Inpatient and Outpatient	Us Ob Multiple Gestation	76810	402	MC Ultrasound	$ 758	$ 346	$ 525.04	$ 142	$ 677
Service Item	Outpatient	Us Pelvis Non Ob	76856	402	IC Ultrasound	$ 922.82	$ 195.57	$ 655.20	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Pelvis Non Ob	76856	402	MC Ultrasound	$ 923	$ 196	$ 655.20	$ 130	$ 1,636
Service Item	Outpatient	Us Pelvis Non Ob Lmtd Fu	76857	402	IC Ultrasound	$ 443.65	$ 134.49	$ 429.28	$ 120.59	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Pelvis Non Ob Lmtd Fu	76857	402	MC Ultrasound	$ 444	$ 134	$ 429.28	$ 121	$ 1,636
Service Item	Outpatient	Us Preg Uterus Complete	76805	402	IC Ultrasound	$ 793.59	$ 261.36	$ 614.91	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Preg Uterus Complete	76805	402	MC Ultrasound	$ 794	$ 261	$ 614.91	$ 130	$ 1,636
Service Item	Outpatient	Us Preg Uterus Trans Vag	76817	402	IC Ultrasound	$ 754.79	$ 199.62	$ 568.53	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Preg Uterus Trans Vag	76817	402	MC Ultrasound	$ 755	$ 200	$ 568.53	$ 130	$ 1,636
Service Item	Outpatient	US Retroperitoneal Limited	76775	402	IC Ultrasound	$ 579.42	$ 181.38	$ 500.78	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	US Retroperitoneal Limited	76775	402	MC Ultrasound	$ 579	$ 181	$ 500.78	$ 130	$ 1,636
Service Item	Inpatient and Outpatient	Us Retroperitoneum Comp	76770	402	DC Non Invasive Card	$ 903	$ 252	$ 659.52	$ 130	$ 1,636
Service Item	Outpatient	Us Retroperitoneum Comp	76770	402	IC Ultrasound	$ 902.59	$ 251.94	$ 659.52	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Retroperitoneum Comp	76770	402	MC Ultrasound	$ 903	$ 252	$ 659.52	$ 130	$ 1,636
Service Item	Outpatient	Us Retroperitoneum Comp	76770	402	SQ Seq Cardiology	$ 902.59	$ 251.94	$ 657.33	$ 129.87	$ 1,635.83
Service Item	Outpatient	Us Spinal Canal/Contents	76800	402	IC Ultrasound	$ 381.64	$ 183.60	$ 413.78	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Spinal Canal/Contents	76800	402	MC Ultrasound	$ 382	$ 184	$ 413.78	$ 130	$ 1,636
Service Item	Outpatient	Us Thyroid	76536	402	IC Ultrasound	$ 858.61	$ 181.41	$ 625.06	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Thyroid	76536	402	MC Ultrasound	$ 859	$ 181	$ 625.06	$ 130	$ 1,636
Service Item	Outpatient	US Transvaginal Non-OB	76830	402	IC Ultrasound	$ 748.79	$ 195.57	$ 580.42	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	US Transvaginal Non-OB	76830	402	MC Ultrasound	$ 749	$ 196	$ 580.42	$ 130	$ 1,636
Service Item	Outpatient	Us Xtr Non-Vasc Complete	76881	402	IC Ultrasound	$ 652.36	$ 314.91	$ 555.96	$ 129.87	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Xtr Non-Vasc Complete	76881	402	MC Ultrasound	$ 652	$ 315	$ 555.96	$ 130	$ 1,636
Service Item	Outpatient	Us Xtr Non-Vasc Lmtd	76882	402	IC Ultrasound	$ 514.13	$ 36.78	$ 409.47	$ 30.50	$ 1,635.83
Service Item	Inpatient and Outpatient	Us Xtr Non-Vasc Lmtd	76882	402	MC Ultrasound	$ 514	$ 37	$ 409.47	$ 31	$ 1,636
Service Item	Outpatient	ustekinumab 45 mg/0.5 mL Inj	J3357	636	CD Infusion Clinic	$ 35,786.80	$ 21,472.08	$ 17,713.40	$ 127.96	$ 32,923.86
Service Item	Inpatient and Outpatient	ustekinumab 45 mg/0.5 mL Inj	J3357	636	MC Pharmacy	$ 35,787	$ 21,598	$ 17,713.40	$ 128	$ 32,924
Service Item	Outpatient	ustekinumab 45 mg/0.5 mL Inj	J3357	636	NC Urgent Care	$ 35,786.80	$ 21,597.86	$ 17,623.94	$ 127.96	$ 32,923.86
Service Item	Outpatient	ustekinumab 45 mg/0.5 mL Inj	J3357	636	SC Urgent Care	$ 35,786.80	$ 21,597.86	$ 17,713.40	$ 127.96	$ 32,923.86
Service Item	Outpatient	ustekinumab 5 mg/mL Inj	J3358	636	CD Infusion Clinic	$ 7,008.00	$ 4,204.80	$ 3,457.22	$ 12.03	$ 6,447.36
Service Item	Inpatient and Outpatient	ustekinumab 5 mg/mL Inj	J3358	636	MC Pharmacy	$ 7,008	$ 4,205	$ 3,457.22	$ 12	$ 6,447
Service Item	Outpatient	ustekinumab 5 mg/mL Inj	J3358	636	NC Urgent Care	$ 7,008.00	$ 4,204.80	$ 3,439.70	$ 12.03	$ 6,447.36
Service Item	Outpatient	ustekinumab 5 mg/mL Inj	J3358	636	SC Urgent Care	$ 7,008.00	$ 4,204.80	$ 3,457.22	$ 12.03	$ 6,447.36
Service Item	Outpatient	ustekinumab 90 mg/mL Inj 1 mL	J3357	636	CD Infusion Clinic	$ 71,573.55	$ 42,944.13	$ 30,578.74	$ 127.96	$ 65,847.67
Service Item	Inpatient and Outpatient	ustekinumab 90 mg/mL Inj 1 mL	J3357	636	MC Pharmacy	$ 71,574	$ 43,070	$ 30,578.74	$ 128	$ 65,848
Service Item	Outpatient	ustekinumab 90 mg/mL Inj 1 mL	J3357	636	NC Urgent Care	$ 71,573.55	$ 43,069.91	$ 30,399.81	$ 127.96	$ 65,847.67
Service Item	Outpatient	ustekinumab 90 mg/mL Inj 1 mL	J3357	636	SC Urgent Care	$ 71,573.55	$ 43,069.91	$ 30,578.74	$ 127.96	$ 65,847.67
Service Package	Inpatient and Outpatient	Uvivsl Tib/Fem Canal Ext	C1776	278	MC Central Supply	$ 4,993	Charges have been	$ 3,835.04	$ 4,450	$ 4,548
Service Package	Inpatient and Outpatient	V Cath Plac 1St Order	36011	361	MC Cath Lab Srvcs	$ 914	Charges have been	$ 837.19	$ 798	$ 816
Service Package	Inpatient and Outpatient	V Cath Plac 2Nd Or More	36012	361	MC Cath Lab Srvcs	$ 954	Charges have been	$ 874.22	$ 834	$ 852
Service Package	Inpatient and Outpatient	Vaginal Bleedign Tx Non O		450	MC Emergency	$ 279	Charges have been	#N/A	$ 244	$ 250
Service Item	Outpatient	valproate sodium 100 mg/mL Inj 5 mL	J3490	636	CD Infusion Clinic	$ 45.45	$ 27.27	$ 34.80	$ 23.14	$ 41.81
Service Item	Inpatient and Outpatient	valproate sodium 100 mg/mL Inj 5 mL	J3490	636	MC Pharmacy	$ 45	$ 27	$ 34.80	$ 23	$ 42
Service Item	Outpatient	valproate sodium 100 mg/mL Inj 5 mL	J3490	636	NC Urgent Care	$ 45.45	$ 27.27	$ 34.68	$ 23.14	$ 41.81
Service Item	Outpatient	valproate sodium 100 mg/mL Inj 5 mL	J3490	636	SC Urgent Care	$ 45.45	$ 27.27	$ 34.80	$ 23.14	$ 41.81
Service Item	Inpatient and Outpatient	Valproic Acid	80164	300	MC General Lab	$ 216	$ 60	$ 140.82	$ 54	$ 196
Service Item	Outpatient	valproic acid PED Inj 1 mg/mL	J3490	636	CD Infusion Clinic	$ 45.45	$ 27.27	$ 34.80	$ 23.14	$ 41.81
Service Item	Inpatient and Outpatient	valproic acid PED Inj 1 mg/mL	J3490	636	MC Pharmacy	$ 45	$ 27	$ 34.80	$ 23	$ 42
Service Item	Outpatient	valproic acid PED Inj 1 mg/mL	J3490	636	NC Urgent Care	$ 45.45	$ 27.27	$ 34.68	$ 23.14	$ 41.81
Service Item	Outpatient	valproic acid PED Inj 1 mg/mL	J3490	636	SC Urgent Care	$ 45.45	$ 27.27	$ 34.80	$ 23.14	$ 41.81
Service Item	Outpatient	valrubicin 40 mg/mL Soln 5 mL	J9357	636	CD Infusion Clinic	$ 4,171.70	$ 2,503.02	$ 2,629.52	$ 543.87	$ 3,837.96
Service Item	Inpatient and Outpatient	valrubicin 40 mg/mL Soln 5 mL	J9357	636	MC Pharmacy	$ 4,172	$ 3,038	$ 2,629.52	$ 544	$ 3,838
Service Item	Outpatient	valrubicin 40 mg/mL Soln 5 mL	J9357	636	NC Urgent Care	$ 4,171.70	$ 3,037.62	$ 2,619.09	$ 543.87	$ 3,837.96
Service Item	Outpatient	valrubicin 40 mg/mL Soln 5 mL	J9357	636	SC Urgent Care	$ 4,171.70	$ 3,037.62	$ 2,629.52	$ 543.87	$ 3,837.96
Service Package	Inpatient and Outpatient	Valve Aortic		278	MC Central Supply	$ 13,311	Charges have been	#N/A	$ 11,862	$ 12,125
Service Package	Inpatient and Outpatient	Valve Aortic (B)		278	MC Central Supply	$ 21,391	Charges have been	#N/A	$ 19,061	$ 19,485
Service Package	Inpatient and Outpatient	Valve Aortic Conduit Grft		278	MC Central Supply	$ 18,311	Charges have been	#N/A	$ 16,317	$ 16,679
Service Package	Inpatient and Outpatient	Valve Aortic Mosaic		278	MC Central Supply	$ 13,813	Charges have been	#N/A	$ 12,308	$ 12,582
Service Package	Inpatient and Outpatient	Valve Glaucoma	L8612	278	MC Central Supply	$ 3,208	Charges have been	$ 2,968.14	$ 2,858	$ 2,922
Service Package	Inpatient and Outpatient	Valve Mitral (A)		278	MC Central Supply	$ 12,187	Charges have been	#N/A	$ 10,860	$ 11,101
Service Package	Inpatient and Outpatient	Valve Mitral (B)		278	MC Central Supply	$ 14,424	Charges have been	#N/A	$ 12,853	$ 13,138
Service Package	Inpatient and Outpatient	Valve Mitral (C)		278	MC Central Supply	$ 18,311	Charges have been	#N/A	$ 16,317	$ 16,679
Service Package	Inpatient and Outpatient	Valve Mitral Band/Ring		278	MC Central Supply	$ 5,134	Charges have been	#N/A	$ 4,575	$ 4,676
Service Package	Inpatient and Outpatient	Valve Shunt (A)		278	MC Central Supply	$ 4,197	Charges have been	#N/A	$ 3,740	$ 3,823
Service Package	Inpatient and Outpatient	Valve Shunt (B)		278	MC Central Supply	$ 11,689	Charges have been	#N/A	$ 10,416	$ 10,648
Service Item	Outpatient	Vanco Hep Lk2.5Mg/Ml2500U	J3370	636	CD Infusion Clinic	$ 202.66	$ 121.60	$ 98.27	$ 5.84	$ 186.45
Service Item	Inpatient and Outpatient	Vanco Hep Lk2.5Mg/Ml2500U	J3370	636	MC Pharmacy	$ 203	$ 122	$ 98.27	$ 6	$ 186
Service Item	Outpatient	Vanco Hep Lk2.5Mg/Ml2500U	J3370	636	NC Urgent Care	$ 202.66	$ 121.60	$ 97.76	$ 5.84	$ 186.45
Service Item	Outpatient	Vanco Hep Lk2.5Mg/Ml2500U	J3370	636	SC Urgent Care	$ 202.66	$ 121.60	$ 98.27	$ 5.84	$ 186.45
Service Item	Outpatient	Vanco Hep Lk2.5Mg/Ml2500U	J3370	636	VD Visalia Dialysis	$ 202.66	$ 121.60	$ 98.27	$ 5.84	$ 186.45
Service Item	Outpatient	vancomycin 1 Gm inj	J3370	636	CD Infusion Clinic	$ 89.55	$ 53.73	$ 57.61	$ 5.84	$ 82.39
Service Item	Inpatient and Outpatient	vancomycin 1 Gm inj	J3370	636	MC Pharmacy	$ 90	$ 72	$ 57.61	$ 6	$ 82
Service Item	Outpatient	vancomycin 1 Gm inj	J3370	636	NC Urgent Care	$ 89.55	$ 71.58	$ 57.38	$ 5.84	$ 82.39
Service Item	Outpatient	vancomycin 1 Gm inj	J3370	636	SC Urgent Care	$ 89.55	$ 71.58	$ 57.61	$ 5.84	$ 82.39
Service Item	Outpatient	vancomycin 1 Gm inj	J3370	636	VD Visalia Dialysis	$ 89.55	$ 53.73	$ 57.61	$ 5.84	$ 82.39
Service Item	Outpatient	vancomycin 1,000 mg/D5W 200 mL Premix	J3370	636	CD Infusion Clinic	$ 167.40	$ 100.44	$ 85.59	$ 5.84	$ 154.01
Service Item	Inpatient and Outpatient	vancomycin 1,000 mg/D5W 200 mL Premix	J3370	636	MC Pharmacy	$ 167	$ 118	$ 85.59	$ 6	$ 154
Service Item	Outpatient	vancomycin 1,000 mg/D5W 200 mL Premix	J3370	636	NC Urgent Care	$ 167.40	$ 118.29	$ 85.17	$ 5.84	$ 154.01
Service Item	Outpatient	vancomycin 1,000 mg/D5W 200 mL Premix	J3370	636	SC Urgent Care	$ 167.40	$ 118.29	$ 85.59	$ 5.84	$ 154.01
Service Item	Outpatient	vancomycin 500 mg Inj	J3370	636	CD Infusion Clinic	$ 47.50	$ 28.50	$ 42.49	$ 5.84	$ 65.15
Service Item	Inpatient and Outpatient	vancomycin 500 mg Inj	J3370	636	MC Pharmacy	$ 48	$ 46	$ 42.49	$ 6	$ 65
Service Item	Outpatient	vancomycin 500 mg Inj	J3370	636	NC Urgent Care	$ 47.50	$ 46.35	$ 42.37	$ 5.84	$ 65.15
Service Item	Outpatient	vancomycin 500 mg Inj	J3370	636	SC Urgent Care	$ 47.50	$ 46.35	$ 42.49	$ 5.84	$ 65.15
Service Item	Outpatient	vancomycin 500 mg/D5W 100 mL Premix	J3370	636	CD Infusion Clinic	$ 95.95	$ 57.57	$ 59.91	$ 5.84	$ 88.27
Service Item	Inpatient and Outpatient	vancomycin 500 mg/D5W 100 mL Premix	J3370	636	MC Pharmacy	$ 96	$ 58	$ 59.91	$ 6	$ 88
Service Item	Outpatient	vancomycin 500 mg/D5W 100 mL Premix	J3370	636	NC Urgent Care	$ 95.95	$ 57.57	$ 59.67	$ 5.84	$ 88.27
Service Item	Outpatient	vancomycin 500 mg/D5W 100 mL Premix	J3370	636	SC Urgent Care	$ 95.95	$ 57.57	$ 59.91	$ 5.84	$ 88.27
Service Item	Outpatient	Vancomycin 500 mg/NS 100 mL ENEMA	J3370	636	CD Infusion Clinic	$ 47.50	$ 28.50	$ 42.49	$ 5.84	$ 65.15
Service Item	Inpatient and Outpatient	Vancomycin 500 mg/NS 100 mL ENEMA	J3370	636	MC Pharmacy	$ 48	$ 46	$ 42.49	$ 6	$ 65
Service Item	Outpatient	Vancomycin 500 mg/NS 100 mL ENEMA	J3370	636	NC Urgent Care	$ 47.50	$ 46.35	$ 42.37	$ 5.84	$ 65.15
Service Item	Outpatient	Vancomycin 500 mg/NS 100 mL ENEMA	J3370	636	SC Urgent Care	$ 47.50	$ 46.35	$ 42.49	$ 5.84	$ 65.15
Service Item	Outpatient	Vancomycin 6.25 mg/Heparin 6250 Units Syring	J3370	636	CD Infusion Clinic	$ 39.55	$ 23.73	$ 39.63	$ 5.84	$ 65.15
Service Item	Inpatient and Outpatient	Vancomycin 6.25 mg/Heparin 6250 Units Syring	J3370	636	MC Pharmacy	$ 40	$ 42	$ 39.63	$ 6	$ 65
Service Item	Outpatient	Vancomycin 6.25 mg/Heparin 6250 Units Syring	J3370	636	NC Urgent Care	$ 39.55	$ 41.58	$ 39.53	$ 5.84	$ 65.15
Service Item	Outpatient	Vancomycin 6.25 mg/Heparin 6250 Units Syring	J3370	636	SC Urgent Care	$ 39.55	$ 41.58	$ 39.63	$ 5.84	$ 65.15
Service Item	Outpatient	vancomycin 750 mg/D5W 150 mL Premix	J3370	636	CD Infusion Clinic	$ 67.40	$ 40.44	$ 49.64	$ 5.84	$ 65.15
Service Item	Inpatient and Outpatient	vancomycin 750 mg/D5W 150 mL Premix	J3370	636	MC Pharmacy	$ 67	$ 58	$ 49.64	$ 6	$ 65
Service Item	Outpatient	vancomycin 750 mg/D5W 150 mL Premix	J3370	636	NC Urgent Care	$ 67.40	$ 58.29	$ 49.47	$ 5.84	$ 65.15
Service Item	Outpatient	vancomycin 750 mg/D5W 150 mL Premix	J3370	636	SC Urgent Care	$ 67.40	$ 58.29	$ 49.64	$ 5.84	$ 65.15
Service Item	Outpatient	Vancomycin 750Mg Vial Op	J3370	636	CD Infusion Clinic	$ 52.60	$ 31.56	$ 44.32	$ 5.84	$ 65.15
Service Item	Inpatient and Outpatient	Vancomycin 750Mg Vial Op	J3370	636	MC Pharmacy	$ 53	$ 49	$ 44.32	$ 6	$ 65
Service Item	Outpatient	Vancomycin 750Mg Vial Op	J3370	636	NC Urgent Care	$ 52.60	$ 49.41	$ 44.19	$ 5.84	$ 65.15
Service Item	Outpatient	Vancomycin 750Mg Vial Op	J3370	636	SC Urgent Care	$ 52.60	$ 49.41	$ 44.32	$ 5.84	$ 65.15
Service Item	Outpatient	Vancomycin 750Mg Vial Op	J3370	636	VD Visalia Dialysis	$ 52.60	$ 31.56	$ 44.32	$ 5.84	$ 65.15
Service Item	Inpatient and Outpatient	Vancomycin Peak	80202	300	MC General Lab	$ 205	$ 60	$ 136.05	$ 54	$ 187
Service Item	Outpatient	vancomycin per 500 mg from 5 Gm vial	J3370	636	CD Infusion Clinic	$ 48.50	$ 29.10	$ 42.85	$ 5.84	$ 65.15
Service Item	Inpatient and Outpatient	vancomycin per 500 mg from 5 Gm vial	J3370	636	MC Pharmacy	$ 49	$ 47	$ 42.85	$ 6	$ 65
Service Item	Outpatient	vancomycin per 500 mg from 5 Gm vial	J3370	636	NC Urgent Care	$ 48.50	$ 46.95	$ 42.73	$ 5.84	$ 65.15
Service Item	Outpatient	vancomycin per 500 mg from 5 Gm vial	J3370	636	SC Urgent Care	$ 48.50	$ 46.95	$ 42.85	$ 5.84	$ 65.15
Service Item	Inpatient and Outpatient	Vancomycin Random	80202	300	MC General Lab	$ 205	$ 60	$ 136.05	$ 54	$ 187
Service Item	Inpatient and Outpatient	Vancomycin Trough	80202	300	MC General Lab	$ 205	$ 60	$ 136.05	$ 54	$ 187

Service Item	Outpatient	vancomycin/D5W IV (PED) 5 mg/mL	J3370	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 29.76	$ 5.84	$ 65.15
Service Item	Inpatient and Outpatient	vancomycin/D5W IV (PED) 5 mg/mL	J3370	636	MC Pharmacy	$ 12	$ 7	$ 29.76	$ 6	$ 65
Service Item	Outpatient	vancomycin/D5W IV (PED) 5 mg/mL	J3370	636	NC Urgent Care	$ 12.10	$ 7.26	$ 29.73	$ 5.84	$ 65.15
Service Item	Outpatient	vancomycin/D5W IV (PED) 5 mg/mL	J3370	636	SC Urgent Care	$ 12.10	$ 7.26	$ 29.76	$ 5.84	$ 65.15
Service Item	Inpatient and Outpatient	Vanillylmandelic Acid (VMA) Urine-ARUP	84585	300	MC Reference Lab	$ 17	$ 69	$ 33.15	$ 10	$ 152
Service Item	Outpatient	varicella virus vaccine 0.5 mL	90716	636	CD Infusion Clinic	$ 313.20	$ 187.92	$ 231.04	$ 74.55	$ 288.14
Service Item	Inpatient and Outpatient	varicella virus vaccine 0.5 mL	90716	636	MC Pharmacy	$ 313	$ 188	$ 231.04	$ 75	$ 288
Service Item	Outpatient	varicella virus vaccine 0.5 mL	90716	636	NC Urgent Care	$ 313.20	$ 187.92	$ 230.25	$ 74.55	$ 288.14
Service Item	Outpatient	varicella virus vaccine 0.5 mL	90716	636	SC Urgent Care	$ 313.20	$ 187.92	$ 231.04	$ 74.55	$ 288.14
Service Item	Outpatient	varicella virus vaccine 0.5 mL	90716	636	SFM Family Medicine	$ 313.20	$ 187.92	$ 230.25	$ 74.55	$ 288.14
Service Item	Outpatient	varicella zoster immune globulin 125 intl units/1	90396	636	CD Infusion Clinic	$ 6,288.25	$ 3,772.95	$ 3,701.03	$ 140.39	$ 5,785.19
Service Item	Inpatient and Outpatient	varicella zoster immune globulin 125 intl units/1	90396	636	MC Pharmacy	$ 6,288	$ 3,911	$ 3,701.03	$ 140	$ 5,785
Service Item	Outpatient	varicella zoster immune globulin 125 intl units/1	90396	636	NC Urgent Care	$ 6,288.25	$ 3,910.95	$ 3,685.31	$ 140.39	$ 5,785.19
Service Item	Outpatient	varicella zoster immune globulin 125 intl units/1	90396	636	SC Urgent Care	$ 6,288.25	$ 3,910.95	$ 3,701.03	$ 140.39	$ 5,785.19
Service Item	Inpatient and Outpatient	Varicella Zoster Virus IgG Ab CSF-ARUP	86787	301	MC Reference Lab	$ 11	$ 57	$ 25.77	$ 7	$ 127
Service Item	Inpatient and Outpatient	Varicella Zoster Virus IgG Ab-ARUP	86787	301	MC Reference Lab	$ 11	$ 57	$ 25.77	$ 7	$ 127
Service Item	Inpatient and Outpatient	Varicella Zoster Virus IgM Ab CSF-ARUP	86787	301	MC Reference Lab	$ 11	$ 57	$ 25.77	$ 7	$ 127
Service Item	Inpatient and Outpatient	Varicella Zoster Virus IgM Ab-ARUP	86787	301	MC Reference Lab	$ 11	$ 57	$ 25.77	$ 7	$ 127
Service Item	Inpatient and Outpatient	Varicella-Zoster Virus by PCR-ARUP	84560	300	MC Reference Lab	$ 39	$ 21	$ 36.82	$ 19	$ 47
Service Item	Inpatient and Outpatient	Vasoactive Intestinal Polypeptide-ARUP	84586	300	MC Reference Lab	$ 18	$ 52	$ 52.23	$ 11	$ 347
Service Item	Outpatient	Vasopneumatic Device-One Ot	97016	430	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Vasopneumatic Device-One Ot	97016	430	OP Therapy Akers	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Ot	97016	430	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Ot	97016	430	OP Therapy Exeter	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Ot	97016	430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Ot	97016	430	OP Therapy Neuro	$ 134.00	$ 120.00	$ 103.88	$ 28.81	$ 123.28
Service Item	Outpatient	Vasopneumatic Device-One Ot - PTA/OTA Servic	97016	430	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Vasopneumatic Device-One Ot - PTA/OTA Servic	97016	430	OP Therapy Akers	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Ot - PTA/OTA Servic	97016	430	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Ot - PTA/OTA Servic	97016	430	OP Therapy Exeter	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Ot - PTA/OTA Servic	97016	430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Ot - PTA/OTA Servic	97016	430	OP Therapy Neuro	$ 134.00	$ 120.00	$ 103.88	$ 28.81	$ 123.28
Service Package	Inpatient and Outpatient	Vasopneumatic Device-One Pt	97016	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Vasopneumatic Device-One Pt	97016	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Vasopneumatic Device-One Pt	97016	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 115.93	$ 72.68	$ 182.00
Service Item	Outpatient	Vasopneumatic Device-One Pt	97016	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 115.93	$ 72.68	$ 182.00
Service Item	Outpatient	Vasopneumatic Device-One Pt	97016	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 115.93	$ 72.68	$ 182.00
Service Item	Outpatient	Vasopneumatic Device-One Pt	97016	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 115.93	$ 72.68	$ 182.00
Service Item	Outpatient	Vasopneumatic Device-One Pt	97016	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 103.88	$ 28.81	$ 123.28
Service Item	Outpatient	Vasopneumatic Device-One Pt - PTA/OTA Servic	97016	420	OP Hand Center	$ 134.00	$ 120.00	$ 111.01	$ 80.40	$ 123.28
Service Item	Outpatient	Vasopneumatic Device-One Pt - PTA/OTA Servic	97016	420	OP Therapy Akers	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Pt - PTA/OTA Servic	97016	420	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Pt - PTA/OTA Servic	97016	420	OP Therapy Exeter	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Pt - PTA/OTA Servic	97016	420	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 139.59	$ 72.68	$ 317.00
Service Item	Outpatient	Vasopneumatic Device-One Pt - PTA/OTA Servic	97016	420	OP Therapy Neuro	$ 134.00	$ 120.00	$ 103.88	$ 28.81	$ 123.28
Service Item	Outpatient	vasopressin 20 units/mL Inj 1 mL	J3490	636	CD Infusion Clinic	$ 702.50	$ 421.50	$ 412.48	$ 23.14	$ 646.30
Service Item	Inpatient and Outpatient	vasopressin 20 units/mL Inj 1 mL	J3490	636	MC Pharmacy	$ 703	$ 422	$ 412.48	$ 23	$ 646
Service Item	Outpatient	vasopressin 20 units/mL Inj 1 mL	J3490	636	NC Urgent Care	$ 702.50	$ 421.50	$ 410.73	$ 23.14	$ 646.30
Service Item	Outpatient	vasopressin 20 units/mL Inj 1 mL	J3490	636	SC Urgent Care	$ 702.50	$ 421.50	$ 412.48	$ 23.14	$ 646.30
Service Item	Outpatient	vasopressin 20 units/mL inj 10mL	J3490	636	CD Infusion Clinic	$ 933.25	$ 559.95	$ 545.12	$ 23.14	$ 858.59
Service Item	Inpatient and Outpatient	vasopressin 20 units/mL inj 10mL	J3490	636	MC Pharmacy	$ 933	$ 560	$ 545.12	$ 23	$ 859
Service Item	Outpatient	vasopressin 20 units/mL inj 10mL	J3490	636	NC Urgent Care	$ 933.25	$ 559.95	$ 542.79	$ 23.14	$ 858.59
Service Item	Outpatient	vasopressin 20 units/mL inj 10mL	J3490	636	SC Urgent Care	$ 933.25	$ 559.95	$ 545.12	$ 23.14	$ 858.59
Service Item	Inpatient and Outpatient	VDRL with Reflex to Titer CSF-ARUP	86592	305	MC Reference Lab	$ 4	$ 19	$ 20.50	$ 3	$ 42
Service Item	Outpatient	vedolizumab 300 mg Inj	J3380	636	CD Infusion Clinic	$ 18,292.95	$ 10,975.77	$ 9,017.16	$ 18.92	$ 16,829.51
Service Item	Inpatient and Outpatient	vedolizumab 300 mg Inj	J3380	636	MC Pharmacy	$ 18,293	$ 10,994	$ 9,017.16	$ 19	$ 16,830
Service Item	Outpatient	vedolizumab 300 mg Inj	J3380	636	NC Urgent Care	$ 18,292.95	$ 10,994.37	$ 8,971.42	$ 18.92	$ 16,829.51
Service Item	Outpatient	vedolizumab 300 mg Inj	J3380	636	SC Urgent Care	$ 18,292.95	$ 10,994.37	$ 9,017.16	$ 18.92	$ 16,829.51
Service Item	Outpatient	velaglucerase alfa 400 units Inj	J3385	636	CD Infusion Clinic	$ 5,913.00	$ 3,547.80	$ 3,089.81	$ 346.15	$ 5,439.96
Service Item	Inpatient and Outpatient	velaglucerase alfa 400 units Inj	J3385	636	MC Pharmacy	$ 5,913	$ 3,938	$ 3,089.81	$ 346	$ 5,440
Service Item	Outpatient	velaglucerase alfa 400 units Inj	J3385	636	NC Urgent Care	$ 5,913.00	$ 3,938.33	$ 3,075.02	$ 346.15	$ 5,439.96
Service Item	Outpatient	velaglucerase alfa 400 units Inj	J3385	636	SC Urgent Care	$ 5,913.00	$ 3,938.33	$ 3,089.81	$ 346.15	$ 5,439.96
Service Package	Inpatient	Ven Blood Gas Panel - Carboxy	82803	301	MC Cardiac Surgery	$ 261.18	$ 155.15	$ 181.48	$ 77.31	$ 237.90
Service Package	Inpatient	Ven Blood Gas Panel - Carboxy	82803	301	MC Cardiovascular	$ 261.18	$ 86.22	$ 181.48	$ 77.31	$ 237.90
Service Package	Inpatient and Outpatient	Ven Blood Gas Panel - Carboxy	82803	301	MC IC Intnsv Care	$ 261	Charges have been	$ 241.67	$ 233	$ 238
Service Package	Inpatient	Ven Blood Gas Panel - Carboxy	82803	301	MC NI NICU	$ 261.18	Charges have been	$ 241.67	$ 232.73	$ 237.90
Service Package	Inpatient and Outpatient	Ven Blood Gas Panel - Carboxy	82803	301	MC Surgical Srvcs	$ 261	Charges have been	$ 241.67	$ 233	$ 238
Service Package	Inpatient and Outpatient	Veno Adrenal Bilat	75842	320	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,356.98	$ 5,326	$ 7,349
Service Package	Inpatient and Outpatient	Veno Sample Ea Organ	75893	320	MC Cath Lab Srvcs	$ 11,490	Charges have been	$ 8,356.98	$ 5,326	$ 7,349
Service Package	Inpatient and Outpatient	Veno Sel Organ Blood Samp	36500	360	MC Cath Lab Srvcs	$ 324	Charges have been	$ 297.08	$ 283	$ 290
Service Package	Inpatient and Outpatient	Veno Sinus/Jugular	75860	320	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220
Service Package	Inpatient and Outpatient	Veno-Caval Superior W/Ser	75827	320	MC Cath Lab Srvcs	$ 1,576	Charges have been	$ 1,136.05	$ 731	$ 966
Service Item	Outpatient	Venofer 100 Mg Inj	J1756	636	CD Infusion Clinic	$ 4.82	$ 2.89	$ 66.87	$ 0.44	$ 189.44
Service Item	Inpatient and Outpatient	Venofer 100 Mg Inj	J1756	636	MC Pharmacy	$ 5	$ 3	$ 66.87	$ 0	$ 189
Service Item	Outpatient	Venofer 100 Mg Inj	J1756	636	NC Urgent Care	$ 4.82	$ 2.89	$ 66.86	$ 0.44	$ 189.44
Service Item	Outpatient	Venofer 100 Mg Inj	J1756	636	SC Urgent Care	$ 4.82	$ 2.89	$ 66.87	$ 0.44	$ 189.44
Service Item	Outpatient	Venofer 100 Mg Inj	J1756	636	VD CAPD CCPD	$ 4.82	$ 2.89	$ 66.87	$ 0.44	$ 189.44
Service Item	Outpatient	Venofer 100 Mg Inj	J1756	636	VD Visalia Dialysis	$ 4.82	$ 2.89	$ 66.87	$ 0.44	$ 189.44
Service Package	Inpatient and Outpatient	Venogram Bilat Arm/Leg	75822	320	MC Cath Lab Srvcs	$ 4,078	Charges have been	$ 2,965.79	$ 1,890	$ 2,608
Service Package	Inpatient and Outpatient	Venogram Uni Arm/Leg	75820	320	MC Cath Lab Srvcs	$ 1,576	Charges have been	$ 1,136.05	$ 731	$ 966
Service Package	Inpatient and Outpatient	Venography Caval Inferior	75825	320	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,775.58	$ 3,211	$ 3,355
Service Package	Inpatient and Outpatient	Veno-Renal Unilat Select	75831	320	MC Cath Lab Srvcs	$ 6,928	Charges have been	$ 4,742.52	$ 3,150	$ 3,220
Service Package	Inpatient	Venous Blood Gas Panel	82803	301	MC Cardiac Surgery	$ 261.18	$ 155.15	$ 181.48	$ 77.31	$ 237.90
Service Package	Inpatient	Venous Blood Gas Panel	82803	301	MC Cardiovascular	$ 261.18	$ 86.22	$ 181.48	$ 77.31	$ 237.90
Service Item	Inpatient and Outpatient	Venous Blood Gas Panel	82803	301	MC General Lab	$ 261	$ 86	$ 181.48	$ 77	$ 238
Service Package	Inpatient and Outpatient	Venous Blood Gas Panel	82803	301	MC IC Intnsv Care	$ 261	Charges have been	$ 241.67	$ 233	$ 238
Service Package	Inpatient	Venous Blood Gas Panel	82803	301	MC NI NICU	$ 261.18	Charges have been	$ 241.67	$ 232.73	$ 237.90
Service Package	Inpatient and Outpatient	Venous Blood Gas Panel	82803	301	MC Surgical Srvcs	$ 261	Charges have been	$ 241.67	$ 233	$ 238
Service Item	Inpatient and Outpatient	Venous Duplex/Reflux-Bil	93970	921	DC Non Invasive Card	$ 1,069	$ 608	$ 1,012.07	$ 270	$ 3,320
Service Item	Inpatient and Outpatient	Venous Duplex/Reflux-Bil	93970	921	MC NonInv CardioSrv	$ 1,069	Charges have been	$ 787.21	$ 270	$ 955
Service Item	Outpatient	Venous Duplex/Reflux-Bil	93970	921	OS Non Invasive Card	$ 1,068.69	$ 622.54	$ 1,012.07	$ 270.02	$ 3,320.14
Service Item	Inpatient and Outpatient	Venous Duplex/Reflux-Uni	93971	921	DC Non Invasive Card	$ 928	$ 475	$ 736.74	$ 130	$ 1,636
Service Item	Inpatient and Outpatient	Venous Duplex/Reflux-Uni	93971	921	MC NonInv CardioSrv	$ 928	Charges have been	$ 657.43	$ 130	$ 829
Service Item	Outpatient	Venous Duplex/Reflux-Uni	93971	921	OS Non Invasive Card	$ 928.00	$ 540.58	$ 736.74	$ 129.87	$ 1,635.83
Service Package	Inpatient and Outpatient	Vent Mgmt Acute Init	94002	412	MC RT Services	$ 2,919	Charges have been	$ 2,100.51	$ 538	$ 2,607
Service Package	Inpatient and Outpatient	Vent Mgmt Acute Subseq	94003	412	MC RT Services	$ 2,432	Charges have been	$ 1,772.11	$ 538	$ 2,172
Service Package	Inpatient and Outpatient	Vent Mgnt Snf Init Day	94004	412	MC RT Services	$ 1,752	Charges have been	$ 1,605.54	$ 1,531	$ 1,565
Service Package	Inpatient and Outpatient	Vent Mgnt Snf Sub Day	94004	412	MC RT Services	$ 1,752	Charges have been	$ 1,605.54	$ 1,531	$ 1,565
Service Item	Outpatient	verapamil 2.5 mg/mL IV Soln 2 mL	J3490	636	CD Infusion Clinic	$ 166.25	$ 99.75	$ 104.24	$ 23.14	$ 152.95
Service Item	Inpatient and Outpatient	verapamil 2.5 mg/mL IV Soln 2 mL	J3490	636	MC Pharmacy	$ 166	$ 100	$ 104.24	$ 23	$ 153
Service Item	Outpatient	verapamil 2.5 mg/mL IV Soln 2 mL	J3490	636	NC Urgent Care	$ 166.25	$ 99.75	$ 103.82	$ 23.14	$ 152.95
Service Item	Outpatient	verapamil 2.5 mg/mL IV Soln 2 mL	J3490	636	SC Urgent Care	$ 166.25	$ 99.75	$ 104.24	$ 23.14	$ 152.95
Service Package	Inpatient and Outpatient	Vert Plast Certhor One Bo	22510	361	MC Cath Lab Srvcs	$ 6,844	Charges have been	$ 5,199.75	$ 3,172	$ 5,287
Service Package	Inpatient and Outpatient	Vert Plast Lumbar One Bo	22511	361	MC Cath Lab Srvcs	$ 6,844	Charges have been	$ 5,199.75	$ 3,172	$ 5,287
Service Package	Inpatient and Outpatient	Vert Plasty Each Add'L	22512	361	MC Cath Lab Srvcs	$ 5,117	Charges have been	$ 4,688.23	$ 4,471	$ 4,571
Service Package	Inpatient and Outpatient	Vertebral Body Replacemen	C1889	278	MC Central Supply	$ 16,129	Charges have been	$ 14,239.73	$ 14,372	$ 14,692
Service Item	Inpatient and Outpatient	Very Long/Branched-Chain Fatty Acids-ARUP	87798	300	MC Reference Lab	$ 20	$ 151	$ 131.21	$ 17	$ 345
Service Item	Outpatient	vinBLAStine 1 mg/mL Inj 10 mL	J9360	636	CD Infusion Clinic	$ 240.35	$ 144.21	$ 143.98	$ 4.39	$ 221.12
Service Item	Inpatient and Outpatient	vinBLAStine 1 mg/mL Inj 10 mL	J9360	636	MC Pharmacy	$ 240	$ 149	$ 143.98	$ 4	$ 221
Service Item	Outpatient	vinBLAStine 1 mg/mL Inj 10 mL	J9360	636	NC Urgent Care	$ 240.35	$ 148.86	$ 143.38	$ 4.39	$ 221.12
Service Item	Outpatient	vinBLAStine 1 mg/mL Inj 10 mL	J9360	636	SC Urgent Care	$ 240.35	$ 148.86	$ 143.98	$ 4.39	$ 221.12
Service Item	Outpatient	vinCRIStine 1 mg/mL Inj 1 mL	J9370	636	CD Infusion Clinic	$ 39.25	$ 23.55	$ 28.70	$ 5.62	$ 39.37
Service Item	Inpatient and Outpatient	vinCRIStine 1 mg/mL Inj 1 mL	J9370	636	MC Pharmacy	$ 39	$ 62	$ 28.70	$ 6	$ 62
Service Item	Outpatient	vinCRIStine 1 mg/mL Inj 1 mL	J9370	636	NC Urgent Care	$ 39.25	$ 62.25	$ 28.61	$ 5.62	$ 62.25
Service Item	Outpatient	vinCRIStine 1 mg/mL Inj 1 mL	J9370	636	SC Urgent Care	$ 39.25	$ 62.25	$ 28.70	$ 5.62	$ 62.25
Service Item	Outpatient	vinorelbine 10 mg/mL Inj 1 mL	J9390	636	CD Chronic Disease	$ 139.50	$ 83.70	$ 97.51	$ 19.76	$ 128.34
Service Item	Outpatient	vinorelbine 10 mg/mL Inj 1 mL	J9390	636	CD Infusion Clinic	$ 139.50	$ 83.70	$ 97.85	$ 19.76	$ 128.34
Service Item	Inpatient and Outpatient	vinorelbine 10 mg/mL Inj 1 mL	J9390	636	MC Pharmacy	$ 140	$ 84	$ 97.85	$ 20	$ 128

Service Item	Outpatient	vinorelbine 10 mg/mL Inj 1 mL	J9390	636	NC Urgent Care	$ 139.50	$ 83.70	$ 97.51	$ 19.76	$ 128.34
Service Item	Outpatient	vinorelbine 10 mg/mL Inj 1 mL	J9390	636	SC Urgent Care	$ 139.50	$ 83.70	$ 97.85	$ 19.76	$ 128.34
Service Item	Inpatient and Outpatient	Viral Culture, Non-Respiratory-ARUP	87252	306	MC Reference Lab	$ 21	$ 116	$ 52.79	$ 13	$ 256
Service Item	Inpatient and Outpatient	Viral Culture, Respiratory-ARUP	87252	306	MC Reference Lab	$ 21	$ 116	$ 52.79	$ 13	$ 256
Service Item	Inpatient and Outpatient	Virus antibody nos-ARUP	86790	301	MC Reference Lab	$ 14	$ 57	$ 27.75	$ 9	$ 127
Service Item	Outpatient	Vis Acuity Screen - Bilat	99173	510	SFM Family Medicine	$ 38.52	$ 22.44	$ 31.09	$ 22.44	$ 34.41
Service Package	Inpatient and Outpatient	Visc & Infraren Abd 1 Prosth	34833	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Package	Inpatient and Outpatient	Visc & Infraren Abd 2 Prosth	34834	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Package	Inpatient and Outpatient	Visc & Infraren Abd 3 Prosth	34845	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Package	Inpatient and Outpatient	Visc & Infraren Abd 4+ Prost	34846	360	MC Cath Lab Srvcs	$ 7,767	Charges have been	$ 7,116.20	$ 6,787	$ 6,938
Service Item	Inpatient and Outpatient	Viscosity Serum-ARUP	82726	300	MC Reference Lab	$ 13	$ 80	$ 34.06	$ 8	$ 178
Service Package	Inpatient and Outpatient	Visipaque 320 150Ml	Q9967	636	MC Central Supply	$ 2,145	Charges have been	$ 1,459.25	$ 1,931	$ 1,974
Service Package	Inpatient and Outpatient	Visipaque 320 50Ml	Q9967	636	MC Central Supply	$ 858	Charges have been	$ 584.10	$ 773	$ 790
Service Item	Inpatient and Outpatient	Visual Evoked Potential T	95930	920	MC EEG	$ 815	Charges have been	$ 589.05	$ 160	$ 728
Service Item	Outpatient	Visual Evoked Potential T	95930	920	OS EEG	$ 815.17	$ 69.75	$ 552.73	$ 69.75	$ 728.12
Service Item	Outpatient	Visual Field Exam	92081	516	NC Urgent Care	$ 138.77	$ 80.84	$ 92.50	$ 16.15	$ 123.95
Service Item	Outpatient	Visual Field Exam	92081	516	SC Urgent Care	$ 138.77	$ 80.84	$ 92.83	$ 16.15	$ 123.95
Service Item	Inpatient and Outpatient	Vital Capacity Total Sep	94150	460	MC Pulmonary Func	$ 244	$ 15	$ 157.57	$ 12	$ 218
Service Item	Inpatient and Outpatient	Vitamin A (Retinol)-ARUP	84590	300	MC Reference Lab	$ 13	$ 52	$ 25.07	$ 8	$ 114
Service Item	Outpatient	vitamin A 50,000 units/mL Inj	J3490	636	CD Infusion Clinic	$ 253.10	$ 151.86	$ 154.16	$ 23.14	$ 232.85
Service Item	Inpatient and Outpatient	vitamin A 50,000 units/mL Inj	J3490	636	MC Pharmacy	$ 253	$ 152	$ 154.16	$ 23	$ 233
Service Item	Outpatient	vitamin A 50,000 units/mL Inj	J3490	636	NC Urgent Care	$ 253.10	$ 151.86	$ 153.53	$ 23.14	$ 232.85
Service Item	Outpatient	vitamin A 50,000 units/mL Inj	J3490	636	SC Urgent Care	$ 253.10	$ 151.86	$ 154.16	$ 23.14	$ 232.85
Service Item	Inpatient and Outpatient	Vitamin B1 (Thiamine) Plasma-ARUP	84425	300	MC Reference Lab	$ 19	$ 80	$ 42.67	$ 11	$ 209
Service Item	Inpatient and Outpatient	Vitamin B1 (Thiamine) Whole Blood-ARUP	84425	300	MC Reference Lab	$ 19	$ 80	$ 42.67	$ 11	$ 209
Service Item	Inpatient and Outpatient	Vitamin B12	82607	301	MC General Lab	$ 179	$ 67	$ 128.94	$ 60	$ 163
Service Item	Inpatient and Outpatient	Vitamin B12 Binding Capacity-ARUP	82608	300	MC Reference Lab	$ 16	$ 64	$ 30.81	$ 10	$ 141
Service Item	Inpatient and Outpatient	Vitamin B2 (Riboflavin)-ARUP	84252	300	MC Reference Lab	$ 22	$ 77	$ 43.30	$ 13	$ 199
Service Item	Inpatient and Outpatient	Vitamin B6 (Pyridoxal 5-Phosphate)-ARUP	84207	300	MC Reference Lab	$ 31	$ 106	$ 60.12	$ 18	$ 276
Service Item	Inpatient and Outpatient	Vitamin B7 (Biotin)-ARUP	84591	300	MC Reference Lab	$ 105	$ 52	$ 87.20	$ 48	$ 136
Service Item	Inpatient and Outpatient	Vitamin D 25 Hydroxy	82306	301	MC General Lab	$ 129	$ 132	$ 151.59	$ 112	$ 291
Service Item	Inpatient and Outpatient	Vitamin D, 1,25-Dihydroxy-ARUP	82652	300	MC Reference Lab	$ 33	$ 133	$ 73.89	$ 20	$ 378
Service Item	Inpatient and Outpatient	Vitamin E-ARUP	84446	300	MC Reference Lab	$ 16	$ 63	$ 30.72	$ 10	$ 139
Service Item	Inpatient and Outpatient	Vitamin K1-ARUP	84597	300	MC Reference Lab	$ 15	$ 59	$ 29.35	$ 9	$ 135
Service Item	Outpatient	Voiding Urethrocystograph	74455	320	IC Radiology	$ 866.81	$ 201.18	$ 528.81	$ 180.39	$ 774.24
Service Item	Inpatient and Outpatient	Voiding Urethrocystograph	74455	320	MC Diag Radiology	$ 867	$ 201	$ 806.12	$ 180	$ 3,320
Service Item	Outpatient	Voiding Urethrocystograph	74455	320	NC Diag Imaging	$ 866.81	$ 201.18	$ 806.12	$ 180.39	$ 3,320.14
Service Item	Outpatient	Voiding Urethrocystograph	74455	320	SC Diag Imaging	$ 866.81	$ 201.18	$ 806.12	$ 180.39	$ 3,320.14
Service Item	Inpatient and Outpatient	Voltage-Gated Calcium Channel (VGCC) Ab-ARU	83519	300	MC Reference Lab	$ 15	$ 60	$ 29.80	$ 9	$ 147
Service Item	Inpatient and Outpatient	Voltage-Gated Potassium Channel (VGKC)Ab-AR	83519	300	MC Reference Lab	$ 15	$ 60	$ 29.80	$ 9	$ 147
Service Item	Inpatient and Outpatient	Volume Measure For Collec	81050	307	MC General Lab	$ 35	$ 11	$ 25.10	$ 10	$ 32
Service Item	Inpatient and Outpatient	von Hippel-Lindau (VHL) 81403-ARUP	81403	300	MC Reference Lab	$ 100	$ 681	$ 222.54	$ 60	$ 1,475
Service Item	Inpatient and Outpatient	von Hippel-Lindau (VHL) 81404-ARUP	81404	300	MC Reference Lab	$ 100	$ 818	$ 293.91	$ 60	$ 2,188
Service Item	Inpatient and Outpatient	Von Willebrand Factor Activity (RCF)-ARUP	85245	305	MC Reference Lab	$ 25	$ 102	$ 49.09	$ 15	$ 226
Service Item	Inpatient and Outpatient	Von Willebrand Factor Antigen-ARUP	85246	305	MC Reference Lab	$ 25	$ 102	$ 49.09	$ 15	$ 226
Service Item	Inpatient and Outpatient	von Willebrand Factor Multimers-ARUP	85247	300	MC Reference Lab	$ 25	$ 102	$ 49.09	$ 15	$ 226
Service Item	Outpatient	voriconazole 200 mg/20 mL Inj	J3465	636	CD Infusion Clinic	$ 832.50	$ 499.50	$ 494.81	$ 4.48	$ 765.90
Service Item	Inpatient and Outpatient	voriconazole 200 mg/20 mL Inj	J3465	636	MC Pharmacy	$ 833	$ 500	$ 494.81	$ 4	$ 766
Service Item	Outpatient	voriconazole 200 mg/20 mL Inj	J3465	636	NC Urgent Care	$ 832.50	$ 499.50	$ 492.73	$ 4.48	$ 765.90
Service Item	Outpatient	voriconazole 200 mg/20 mL Inj	J3465	636	SC Urgent Care	$ 832.50	$ 499.50	$ 494.81	$ 4.48	$ 765.90
Service Item	Inpatient and Outpatient	Voriconazole, Quantitation by LC-MS/MS-ARUP	80299	300	MC Reference Lab	$ 13	$ 65	$ 29.87	$ 8	$ 148
Service Package	Inpatient and Outpatient	Wall Stent 10Mm - 68Mm	C1874	278	MC Central Supply	$ 8,069	Charges have been	$ 7,466.22	$ 7,190	$ 7,350
Service Item	Outpatient	Wart Destruction 1-14	17110	516	NC Urgent Care	$ 231.75	$ 135.00	$ 168.05	$ 91.89	$ 207.00
Service Item	Outpatient	Wart Destruction 1-14	17110	516	SC Urgent Care	$ 231.75	$ 135.00	$ 168.61	$ 91.89	$ 207.00
Service Item	Outpatient	Wart Destruction 1-14	17110	516	SFM Family Medicine	$ 231.75	$ 135.00	$ 184.81	$ 135.00	$ 207.00
Service Package	Inpatient and Outpatient	Washer 7.0Mm Stainless	C1713	278	MC Central Supply	$ 54	Charges have been	$ 1,428.64	$ 48	$ 50
Service Package	Inpatient and Outpatient	Washer Suture Canc Screw	C1713	278	MC Central Supply	$ 1,165	Charges have been	$ 2,181.21	$ 1,038	$ 1,061
Service Item	Inpatient and Outpatient	Wbc Scan Limited	78830	340	MC Nuclear Medicine	$ 1,874	$ 1,092	$ 1,509.55	$ 1,092	$ 1,674
Service Item	Outpatient	Wedge Exc Nail Fold	11765	516	NC Urgent Care	$ 412.00	$ 240.00	$ 293.73	$ 102.86	$ 370.22
Service Item	Outpatient	Wedge Exc Nail Fold	11765	516	SC Urgent Care	$ 412.00	$ 240.00	$ 294.73	$ 102.86	$ 370.22
Service Item	Outpatient	Wedge Exc Nail Fold	11765	516	SFM Family Medicine	$ 412.00	$ 240.00	$ 329.57	$ 240.00	$ 370.22
Service Item	Inpatient and Outpatient	West nile virus ab igm-ARUP	86788	302	MC Reference Lab	$ 19	$ 73	$ 36.38	$ 11	$ 166
Service Item	Inpatient and Outpatient	West Nile Virus Antibody Panel-ARUP	86789	300	MC Reference Lab	$ 16	$ 63	$ 31.08	$ 10	$ 142
Service Item	Inpatient and Outpatient	West nile virus antibody-ARUP	86789	302	MC Reference Lab	$ 16	$ 63	$ 31.08	$ 10	$ 142
Service Item	Outpatient	Wet Mounts W/Prep Vag Cerv/Skn Spec	Q0111	510	SFM Family Medicine	$ 72.12	$ 19.08	$ 61.18	$ 17.82	$ 116.62
Service Item	Inpatient and Outpatient	Wheelchair Mgt 15 Min Ot	97542	430	MC OT Services	$ 134	Charges have been	$ 103.36	$ 35	$ 123
Service Item	Outpatient	Wheelchair Mgt 15 Min Ot	97542	430	OP Therapy Akers	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Ot	97542	430	OP Therapy Dinuba	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Ot	97542	430	OP Therapy Exeter	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Ot	97542	430	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Inpatient	Wheelchair Mgt 15 Min Ot	97542	430	RH OT Services	$ 134.00	Charges have been included in the inpatient service package or MSDRG table or could be included in an outpatient service package to simplify payment information to the consumer	$ 124.62	$ 34.64	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Ot	97542	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Ot	97542	430	SN TC Ortho OT	$ 134.00	Charges have been included in the inpatient service package or MSDRG table or could be included in an outpatient service package to simplify payment information to the consumer	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Ot	97542	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Wheelchair Mgt 15 Min Ot - PTA/OTA Services	97542	430	OP Therapy Akers	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Ot - PTA/OTA Services	97542	430	OP Therapy Dinuba	$ 134.00	$ 120.00	$ 144.21	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Ot - PTA/OTA Services	97542	430	OP Therapy Exeter	$ 134.00	$ 120.00	$ 144.21	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Ot - PTA/OTA Services	97542	430	OP Therapy Lovers Ln	$ 134.00	$ 120.00	$ 144.21	$ 100.50	$ 317.00
Service Item	Inpatient	Wheelchair Mgt 15 Min Ot - PTA/OTA Services	97542	430	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 34.64	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Ot - PTA/OTA Services	97542	430	SA OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Ot - PTA/OTA Services	97542	430	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Ot - PTA/OTA Services	97542	430	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient and Outpatient	Wheelchair Mgt 15 Min Pt	97542	420	MC OT Services	$ 134	Charges have been	$ 103.36	$ 35	$ 123
Service Package	Inpatient and Outpatient	Wheelchair Mgt 15 Min Pt	97542	420	MC PT Services	$ 134	Charges have been	$ 124.62	$ 121	$ 123
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt	97542	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt	97542	420	OP Therapy Akers	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt	97542	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt	97542	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt	97542	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt	97542	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.36	$ 34.64	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt	97542	420	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 34.64	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt	97542	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 34.64	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt	97542	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt	97542	420	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt	97542	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt	97542	420	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28

Service Item	Inpatient	Wheelchair Mgt 15 Min Pt	97542	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	OP Hand Center	$ 134.00	Charges have been	$ 111.54	$ 80.40	$ 123.28
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	OP Therapy Akers	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	OP Therapy Dinuba	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	OP Therapy Exeter	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	OP Therapy Lovers Ln	$ 134.00	Charges have been	$ 153.05	$ 100.50	$ 317.00
Service Item	Outpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	OP Therapy Neuro	$ 134.00	Charges have been	$ 103.36	$ 34.64	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	RH OT Services	$ 134.00	Charges have been	$ 124.62	$ 34.64	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	RH PT Services	$ 134.00	Charges have been	$ 124.62	$ 34.64	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	SA PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	SN TC Ortho OT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	SN TC Ortho PT	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	SN TS OT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Inpatient	Wheelchair Mgt 15 Min Pt - PTA/OTA Services	97542	420	SN TS PT Services	$ 134.00	Charges have been	$ 124.62	$ 120.60	$ 123.28
Service Item	Outpatient	Whfo Cf Long Opps Including Fitting	L3808	274	OP Hand Center	$ 565.50	$ 339.30	$ 448.10	$ 339.30	$ 520.26
Service Item	Outpatient	Whfo Cf Long Opps Including Fitting	L3808	274	OP Therapy Akers	$ 565.50	$ 339.30	$ 448.10	$ 339.30	$ 520.26
Service Item	Outpatient	Whfo Cf Long Opps Including Fitting	L3808	274	OP Therapy Dinuba	$ 565.50	$ 339.30	$ 448.10	$ 339.30	$ 520.26
Service Item	Outpatient	Whfo Cf Long Opps Including Fitting	L3808	274	OP Therapy Exeter	$ 565.50	$ 339.30	$ 448.10	$ 339.30	$ 520.26
Service Item	Outpatient	Whfo Cf Long Opps Including Fitting	L3808	274	OP Therapy Lovers Ln	$ 565.50	$ 339.30	$ 448.10	$ 339.30	$ 520.26
Service Item	Outpatient	Whfo Cf Long Opps Including Fitting	L3808	274	OP Therapy Neuro	$ 565.50	$ 339.30	$ 448.10	$ 339.30	$ 520.26
Service Item	Outpatient	Whfo Cf Short Opps Including Fitting	L3808	274	OP Hand Center	$ 361.75	$ 217.05	$ 299.68	$ 217.05	$ 332.81
Service Item	Outpatient	Whfo Cf Short Opps Including Fitting	L3808	274	OP Therapy Akers	$ 361.75	$ 217.05	$ 299.68	$ 217.05	$ 332.81
Service Item	Outpatient	Whfo Cf Short Opps Including Fitting	L3808	274	OP Therapy Dinuba	$ 361.75	$ 217.05	$ 299.68	$ 217.05	$ 332.81
Service Item	Outpatient	Whfo Cf Short Opps Including Fitting	L3808	274	OP Therapy Exeter	$ 361.75	$ 217.05	$ 299.68	$ 217.05	$ 332.81
Service Item	Outpatient	Whfo Cf Short Opps Including Fitting	L3808	274	OP Therapy Lovers Ln	$ 361.75	$ 217.05	$ 299.68	$ 217.05	$ 332.81
Service Item	Outpatient	Whfo Cf Short Opps Including Fitting	L3808	274	OP Therapy Neuro	$ 361.75	$ 217.05	$ 299.68	$ 217.05	$ 332.81
Service Item	Inpatient and Outpatient	Whfo Comp Elastic Pf	L3929	274	MC OT Services	$ 157	$ 94	$ 128.33	$ 94	$ 144
Service Item	Outpatient	Whfo Comp Elastic Pf	L3929	274	OP Hand Center	$ 156.75	$ 94.05	$ 128.33	$ 94.05	$ 144.21
Service Item	Outpatient	Whfo Comp Elastic Pf	L3929	274	OP Therapy Akers	$ 156.75	$ 94.05	$ 128.33	$ 94.05	$ 144.21
Service Item	Outpatient	Whfo Comp Elastic Pf	L3929	274	OP Therapy Dinuba	$ 156.75	$ 94.05	$ 128.33	$ 94.05	$ 144.21
Service Item	Outpatient	Whfo Comp Elastic Pf	L3929	274	OP Therapy Exeter	$ 156.75	$ 94.05	$ 128.33	$ 94.05	$ 144.21
Service Item	Outpatient	Whfo Comp Elastic Pf	L3929	274	OP Therapy Lovers Ln	$ 156.75	$ 94.05	$ 128.33	$ 94.05	$ 144.21
Service Item	Outpatient	Whfo Comp Elastic Pf	L3929	274	OP Therapy Neuro	$ 156.75	$ 94.05	$ 128.33	$ 94.05	$ 144.21
Service Item	Inpatient	Whfo Comp Elastic Pf	L3929	274	RH OT Services	$ 156.75	Charges have been	$ 141.97	$ 141.08	$ 144.21
Service Item	Inpatient	Whfo Comp Elastic Pf	L3929	274	SA OT Services	$ 156.75	Charges have been	$ 141.97	$ 141.08	$ 144.21
Service Item	Inpatient	Whfo Comp Elastic Pf	L3929	274	SN TC Ortho OT	$ 156.75	Charges have been	$ 141.97	$ 141.08	$ 144.21
Service Item	Inpatient	Whfo Comp Elastic Pf	L3929	274	SN TS OT Services	$ 156.75	Charges have been	$ 141.97	$ 141.08	$ 144.21
Service Item	Outpatient	Whfo Dor Wr W Or At Pf Including Fitting	L3931	274	OP Hand Center	$ 158.75	$ 95.25	$ 181.69	$ 95.25	$ 146.05
Service Item	Outpatient	Whfo Dor Wr W Or At Pf Including Fitting	L3931	274	OP Therapy Akers	$ 158.75	$ 95.25	$ 181.69	$ 95.25	$ 146.05
Service Item	Outpatient	Whfo Dor Wr W Or At Pf Including Fitting	L3931	274	OP Therapy Dinuba	$ 158.75	$ 95.25	$ 181.69	$ 95.25	$ 146.05
Service Item	Outpatient	Whfo Dor Wr W Or At Pf Including Fitting	L3931	274	OP Therapy Exeter	$ 158.75	$ 95.25	$ 181.69	$ 95.25	$ 146.05
Service Item	Outpatient	Whfo Dor Wr W Or At Pf Including Fitting	L3931	274	OP Therapy Lovers Ln	$ 158.75	$ 95.25	$ 181.69	$ 95.25	$ 146.05
Service Item	Outpatient	Whfo Dor Wr W Or At Pf Including Fitting	L3931	274	OP Therapy Neuro	$ 158.75	$ 95.25	$ 181.69	$ 95.25	$ 146.05
Service Item	Inpatient and Outpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	MC OT Services	$ 160	$ 96	$ 182.78	$ 96	$ 147
Service Item	Outpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	OP Hand Center	$ 160.25	$ 96.15	$ 182.78	$ 96.15	$ 147.43
Service Item	Outpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	OP Therapy Akers	$ 160.25	$ 96.15	$ 182.78	$ 96.15	$ 147.43
Service Item	Outpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	OP Therapy Dinuba	$ 160.25	$ 96.15	$ 182.78	$ 96.15	$ 147.43
Service Item	Outpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	OP Therapy Exeter	$ 160.25	$ 96.15	$ 182.78	$ 96.15	$ 147.43
Service Item	Outpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	OP Therapy Lovers Ln	$ 160.25	$ 96.15	$ 182.78	$ 96.15	$ 147.43
Service Item	Outpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	OP Therapy Neuro	$ 160.25	$ 96.15	$ 182.78	$ 96.15	$ 147.43
Service Item	Inpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	RH OT Services	$ 160.25	Charges have been	$ 274.10	$ 144.23	$ 147.43
Service Item	Inpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	SA OT Services	$ 160.25	Charges have been	$ 274.10	$ 144.23	$ 147.43
Service Item	Inpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	SN TC Ortho OT	$ 160.25	Charges have been	$ 274.10	$ 144.23	$ 147.43
Service Item	Inpatient	Whfo Dorsal Wrist Pf Including Fitting	L3931	274	SN TS OT Services	$ 160.25	Charges have been	$ 274.10	$ 144.23	$ 147.43
Service Item	Inpatient and Outpatient	Whfo Ext Power Elec Cf	L3904	274	MC OT Services	$ 5,295	$ 3,177	$ 4,386.48	$ 3,177	$ 4,871
Service Item	Outpatient	Whfo Ext Power Elec Cf	L3904	274	OP Hand Center	$ 5,295.00	$ 3,177.00	$ 4,386.48	$ 3,177.00	$ 4,871.40
Service Item	Outpatient	Whfo Ext Power Elec Cf	L3904	274	OP Therapy Akers	$ 5,295.00	$ 3,177.00	$ 4,066.07	$ 1,429.00	$ 4,871.40
Service Item	Outpatient	Whfo Ext Power Elec Cf	L3904	274	OP Therapy Dinuba	$ 5,295.00	$ 3,177.00	$ 4,066.07	$ 1,429.00	$ 4,871.40
Service Item	Outpatient	Whfo Ext Power Elec Cf	L3904	274	OP Therapy Exeter	$ 5,295.00	$ 3,177.00	$ 4,066.07	$ 1,429.00	$ 4,871.40
Service Item	Outpatient	Whfo Ext Power Elec Cf	L3904	274	OP Therapy Lovers Ln	$ 5,295.00	$ 3,177.00	$ 4,066.07	$ 1,429.00	$ 4,871.40
Service Item	Outpatient	Whfo Ext Power Elec Cf	L3904	274	OP Therapy Neuro	$ 5,295.00	$ 3,177.00	$ 4,066.07	$ 1,429.00	$ 4,871.40
Service Item	Inpatient	Whfo Ext Power Elec Cf	L3904	274	RH OT Services	$ 5,295.00	Charges have been	$ 4,924.35	$ 4,765.50	$ 4,871.40
Service Item	Inpatient	Whfo Ext Power Elec Cf	L3904	274	SA OT Services	$ 5,295.00	Charges have been	$ 4,924.35	$ 4,765.50	$ 4,871.40
Service Item	Inpatient	Whfo Ext Power Elec Cf	L3904	274	SN TC Ortho OT	$ 5,295.00	Charges have been	$ 4,924.35	$ 4,765.50	$ 4,871.40
Service Item	Inpatient	Whfo Ext Power Elec Cf	L3904	274	SN TS OT Services	$ 5,295.00	Charges have been	$ 4,924.35	$ 4,765.50	$ 4,871.40
Service Item	Inpatient and Outpatient	Whfo F Ext W Cl Spr Pf	L3929	274	MC OT Services	$ 105	$ 63	$ 90.45	$ 63	$ 96
Service Item	Outpatient	Whfo F Ext W Cl Spr Pf	L3929	274	OP Hand Center	$ 104.75	$ 62.85	$ 90.45	$ 62.85	$ 96.37
Service Item	Outpatient	Whfo F Ext W Cl Spr Pf	L3929	274	OP Therapy Akers	$ 104.75	$ 62.85	$ 90.45	$ 62.85	$ 96.37
Service Item	Outpatient	Whfo F Ext W Cl Spr Pf	L3929	274	OP Therapy Dinuba	$ 104.75	$ 62.85	$ 90.45	$ 62.85	$ 96.37
Service Item	Outpatient	Whfo F Ext W Cl Spr Pf	L3929	274	OP Therapy Exeter	$ 104.75	$ 62.85	$ 90.45	$ 62.85	$ 96.37
Service Item	Outpatient	Whfo F Ext W Cl Spr Pf	L3929	274	OP Therapy Lovers Ln	$ 104.75	$ 62.85	$ 90.45	$ 62.85	$ 96.37
Service Item	Outpatient	Whfo F Ext W Cl Spr Pf	L3929	274	OP Therapy Neuro	$ 104.75	$ 62.85	$ 90.45	$ 62.85	$ 96.37
Service Item	Inpatient	Whfo F Ext W Cl Spr Pf	L3929	274	RH OT Services	$ 104.75	Charges have been	$ 106.61	$ 94.28	$ 96.37
Service Item	Inpatient	Whfo F Ext W Cl Spr Pf	L3929	274	SA OT Services	$ 104.75	Charges have been	$ 106.61	$ 94.28	$ 96.37
Service Item	Inpatient	Whfo F Ext W Cl Spr Pf	L3929	274	SN TC Ortho OT	$ 104.75	Charges have been	$ 106.61	$ 94.28	$ 96.37
Service Item	Inpatient	Whfo F Ext W Cl Spr Pf	L3929	274	SN TS OT Services	$ 104.75	Charges have been	$ 106.61	$ 94.28	$ 96.37
Service Item	Inpatient and Outpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	MC OT Services	$ 99	$ 59	$ 137.80	$ 59	$ 91
Service Item	Outpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	OP Hand Center	$ 98.50	$ 59.10	$ 137.80	$ 59.10	$ 90.62
Service Item	Outpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	OP Therapy Akers	$ 98.50	$ 59.10	$ 137.80	$ 59.10	$ 90.62
Service Item	Outpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	OP Therapy Dinuba	$ 98.50	$ 59.10	$ 137.80	$ 59.10	$ 90.62
Service Item	Outpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	OP Therapy Exeter	$ 98.50	$ 59.10	$ 137.80	$ 59.10	$ 90.62
Service Item	Outpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	OP Therapy Lovers Ln	$ 98.50	$ 59.10	$ 137.80	$ 59.10	$ 90.62
Service Item	Outpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	OP Therapy Neuro	$ 98.50	$ 59.10	$ 137.80	$ 59.10	$ 90.62
Service Item	Inpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	RH OT Services	$ 98.50	Charges have been	$ 232.11	$ 88.65	$ 90.62
Service Item	Inpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	SA OT Services	$ 98.50	Charges have been	$ 232.11	$ 88.65	$ 90.62
Service Item	Inpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	SN TC Ortho OT	$ 98.50	Charges have been	$ 232.11	$ 88.65	$ 90.62
Service Item	Inpatient	Whfo F Ext W Wr Sup Pf Including Fitting	L3931	274	SN TS OT Services	$ 98.50	Charges have been	$ 232.11	$ 88.65	$ 90.62
Service Item	Inpatient and Outpatient	Whfo Flex Hinge Cbl Cf	L3901	274	MC OT Services	$ 2,645	$ 1,587	$ 2,190.76	$ 1,587	$ 2,433
Service Item	Outpatient	Whfo Flex Hinge Cbl Cf	L3901	274	OP Hand Center	$ 2,644.50	$ 1,586.70	$ 2,190.76	$ 1,586.70	$ 2,432.94
Service Item	Outpatient	Whfo Flex Hinge Cbl Cf	L3901	274	OP Therapy Akers	$ 2,644.50	$ 1,586.70	$ 2,102.26	$ 1,429.00	$ 2,432.94
Service Item	Outpatient	Whfo Flex Hinge Cbl Cf	L3901	274	OP Therapy Dinuba	$ 2,644.50	$ 1,586.70	$ 2,102.26	$ 1,429.00	$ 2,432.94
Service Item	Outpatient	Whfo Flex Hinge Cbl Cf	L3901	274	OP Therapy Exeter	$ 2,644.50	$ 1,586.70	$ 2,102.26	$ 1,429.00	$ 2,432.94
Service Item	Outpatient	Whfo Flex Hinge Cbl Cf	L3901	274	OP Therapy Lovers Ln	$ 2,644.50	$ 1,586.70	$ 2,102.26	$ 1,429.00	$ 2,432.94
Service Item	Outpatient	Whfo Flex Hinge Cbl Cf	L3901	274	OP Therapy Neuro	$ 2,644.50	$ 1,586.70	$ 2,102.26	$ 1,429.00	$ 2,432.94
Service Item	Inpatient	Whfo Flex Hinge Cbl Cf	L3901	274	RH OT Services	$ 2,644.50	Charges have been	$ 2,459.39	$ 2,380.05	$ 2,432.94
Service Item	Inpatient	Whfo Flex Hinge Cbl Cf	L3901	274	SA OT Services	$ 2,644.50	Charges have been	$ 2,459.39	$ 2,380.05	$ 2,432.94
Service Item	Inpatient	Whfo Flex Hinge Cbl Cf	L3901	274	SN TC Ortho OT	$ 2,644.50	Charges have been	$ 2,459.39	$ 2,380.05	$ 2,432.94
Service Item	Inpatient	Whfo Flex Hinge Cbl Cf	L3901	274	SN TS OT Services	$ 2,644.50	Charges have been	$ 2,459.39	$ 2,380.05	$ 2,432.94
Service Item	Inpatient and Outpatient	Whfo Knuc Bend W Or Pf	L3929	274	MC OT Services	$ 177	$ 106	$ 143.08	$ 106	$ 163
Service Item	Outpatient	Whfo Knuc Bend W Or Pf	L3929	274	OP Hand Center	$ 177.00	$ 106.20	$ 143.08	$ 106.20	$ 162.84
Service Item	Outpatient	Whfo Knuc Bend W Or Pf	L3929	274	OP Therapy Akers	$ 177.00	$ 106.20	$ 143.08	$ 106.20	$ 162.84
Service Item	Outpatient	Whfo Knuc Bend W Or Pf	L3929	274	OP Therapy Dinuba	$ 177.00	$ 106.20	$ 143.08	$ 106.20	$ 162.84
Service Item	Outpatient	Whfo Knuc Bend W Or Pf	L3929	274	OP Therapy Exeter	$ 177.00	$ 106.20	$ 143.08	$ 106.20	$ 162.84
Service Item	Outpatient	Whfo Knuc Bend W Or Pf	L3929	274	OP Therapy Lovers Ln	$ 177.00	$ 106.20	$ 143.08	$ 106.20	$ 162.84
Service Item	Outpatient	Whfo Knuc Bend W Or Pf	L3929	274	OP Therapy Neuro	$ 177.00	$ 106.20	$ 143.08	$ 106.20	$ 162.84
Service Item	Inpatient	Whfo Knuc Bend W Or Pf	L3929	274	RH OT Services	$ 177.00	Charges have been	$ 155.74	$ 159.30	$ 162.84
Service Item	Inpatient	Whfo Knuc Bend W Or Pf	L3929	274	SA OT Services	$ 177.00	Charges have been	$ 155.74	$ 159.30	$ 162.84
Service Item	Inpatient	Whfo Knuc Bend W Or Pf	L3929	274	SN TC Ortho OT	$ 177.00	Charges have been	$ 155.74	$ 159.30	$ 162.84
Service Item	Inpatient	Whfo Knuc Bend W Or Pf	L3929	274	SN TS OT Services	$ 177.00	Charges have been	$ 155.74	$ 159.30	$ 162.84
Service Item	Inpatient and Outpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	MC OT Services	$ 177	$ 106	$ 142.90	$ 106	$ 163
Service Item	Outpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	OP Hand Center	$ 176.75	$ 106.05	$ 142.90	$ 106.05	$ 162.61
Service Item	Outpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	OP Therapy Akers	$ 176.75	$ 106.05	$ 142.90	$ 106.05	$ 162.61
Service Item	Outpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	OP Therapy Dinuba	$ 176.75	$ 106.05	$ 142.90	$ 106.05	$ 162.61
Service Item	Outpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	OP Therapy Exeter	$ 176.75	$ 106.05	$ 142.90	$ 106.05	$ 162.61
Service Item	Outpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	OP Therapy Lovers Ln	$ 176.75	$ 106.05	$ 142.90	$ 106.05	$ 162.61
Service Item	Outpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	OP Therapy Neuro	$ 176.75	$ 106.05	$ 142.90	$ 106.05	$ 162.61
Service Item	Inpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	RH OT Services	$ 176.75	Charges have been	$ 155.57	$ 159.08	$ 162.61
Service Item	Inpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	SA OT Services	$ 176.75	Charges have been	$ 155.57	$ 159.08	$ 162.61

Service Item	Inpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	SN TC Ortho OT	$ 176.75	Charges have been	$ 155.57	$ 159.08	$ 162.61
Service Item	Inpatient	Whfo Knuck Bend 2 Seg Pf	L3929	274	SN TS OT Services	$ 176.75	Charges have been	$ 155.57	$ 159.08	$ 162.61
Service Item	Outpatient	Whfo Knuckle Bend Pf	L3929	274	OP Hand Center	$ 141.50	$ 84.90	$ 117.22	$ 84.90	$ 130.18
Service Item	Outpatient	Whfo Knuckle Bend Pf	L3929	274	OP Therapy Akers	$ 141.50	$ 84.90	$ 117.22	$ 84.90	$ 130.18
Service Item	Outpatient	Whfo Knuckle Bend Pf	L3929	274	OP Therapy Dinuba	$ 141.50	$ 84.90	$ 117.22	$ 84.90	$ 130.18
Service Item	Outpatient	Whfo Knuckle Bend Pf	L3929	274	OP Therapy Exeter	$ 141.50	$ 84.90	$ 117.22	$ 84.90	$ 130.18
Service Item	Outpatient	Whfo Knuckle Bend Pf	L3929	274	OP Therapy Lovers Ln	$ 141.50	$ 84.90	$ 117.22	$ 84.90	$ 130.18
Service Item	Outpatient	Whfo Knuckle Bend Pf	L3929	274	OP Therapy Neuro	$ 141.50	$ 84.90	$ 117.22	$ 84.90	$ 130.18
Service Item	Inpatient and Outpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	MC OT Services	$ 271	$ 163	$ 263.45	$ 163	$ 249
Service Item	Outpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	OP Hand Center	$ 271.00	$ 162.60	$ 263.45	$ 162.60	$ 249.32
Service Item	Outpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	OP Therapy Akers	$ 271.00	$ 162.60	$ 263.45	$ 162.60	$ 249.32
Service Item	Outpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	OP Therapy Dinuba	$ 271.00	$ 162.60	$ 263.45	$ 162.60	$ 249.32
Service Item	Outpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	OP Therapy Exeter	$ 271.00	$ 162.60	$ 263.45	$ 162.60	$ 249.32
Service Item	Outpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	OP Therapy Lovers Ln	$ 271.00	$ 162.60	$ 263.45	$ 162.60	$ 249.32
Service Item	Outpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	OP Therapy Neuro	$ 271.00	$ 162.60	$ 263.45	$ 162.60	$ 249.32
Service Item	Inpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	RH OT Services	$ 271.00	Charges have been	$ 349.41	$ 243.90	$ 249.32
Service Item	Inpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	SA OT Services	$ 271.00	Charges have been	$ 349.41	$ 243.90	$ 249.32
Service Item	Inpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	SN TC Ortho OT	$ 271.00	Charges have been	$ 349.41	$ 243.90	$ 249.32
Service Item	Inpatient	Whfo Oppen W Kn Bend Pf Including Fitting	L3931	274	SN TS OT Services	$ 271.00	Charges have been	$ 349.41	$ 243.90	$ 249.32
Service Item	Inpatient and Outpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	MC OT Services	$ 269	$ 161	$ 261.81	$ 161	$ 247
Service Item	Outpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	OP Hand Center	$ 268.75	$ 161.25	$ 261.81	$ 161.25	$ 247.25
Service Item	Outpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	OP Therapy Akers	$ 268.75	$ 161.25	$ 261.81	$ 161.25	$ 247.25
Service Item	Outpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	OP Therapy Dinuba	$ 268.75	$ 161.25	$ 261.81	$ 161.25	$ 247.25
Service Item	Outpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	OP Therapy Exeter	$ 268.75	$ 161.25	$ 261.81	$ 161.25	$ 247.25
Service Item	Outpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	OP Therapy Lovers Ln	$ 268.75	$ 161.25	$ 261.81	$ 161.25	$ 247.25
Service Item	Outpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	OP Therapy Neuro	$ 268.75	$ 161.25	$ 261.81	$ 161.25	$ 247.25
Service Item	Inpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	RH OT Services	$ 268.75	Charges have been	$ 347.88	$ 241.88	$ 247.25
Service Item	Inpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	SA OT Services	$ 268.75	Charges have been	$ 347.88	$ 241.88	$ 247.25
Service Item	Inpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	SN TC Ortho OT	$ 268.75	Charges have been	$ 347.88	$ 241.88	$ 247.25
Service Item	Inpatient	Whfo Oppen W Rev Kn 2 Pf Including Fitting	L3931	274	SN TS OT Services	$ 268.75	Charges have been	$ 347.88	$ 241.88	$ 247.25
Service Item	Inpatient and Outpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	MC OT Services	$ 180	$ 108	$ 196.80	$ 108	$ 165
Service Item	Outpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	OP Hand Center	$ 179.50	$ 107.70	$ 196.80	$ 107.70	$ 165.14
Service Item	Outpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	OP Therapy Akers	$ 179.50	$ 107.70	$ 196.80	$ 107.70	$ 165.14
Service Item	Outpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	OP Therapy Dinuba	$ 179.50	$ 107.70	$ 196.80	$ 107.70	$ 165.14
Service Item	Outpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	OP Therapy Exeter	$ 179.50	$ 107.70	$ 196.80	$ 107.70	$ 165.14
Service Item	Outpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	OP Therapy Lovers Ln	$ 179.50	$ 107.70	$ 196.80	$ 107.70	$ 165.14
Service Item	Outpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	OP Therapy Neuro	$ 179.50	$ 107.70	$ 196.80	$ 107.70	$ 165.14
Service Item	Inpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	RH OT Services	$ 179.50	Charges have been	$ 287.19	$ 161.55	$ 165.14
Service Item	Inpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	SA OT Services	$ 179.50	Charges have been	$ 287.19	$ 161.55	$ 165.14
Service Item	Inpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	SN TC Ortho OT	$ 179.50	Charges have been	$ 287.19	$ 161.55	$ 165.14
Service Item	Inpatient	Whfo Oppenheimer Pf Including Fitting	L3931	274	SN TS OT Services	$ 179.50	Charges have been	$ 287.19	$ 161.55	$ 165.14
Service Item	Inpatient and Outpatient	Whfo Palmer Pf Including Fitting	L3931	274	MC OT Services	$ 145	$ 87	$ 171.49	$ 87	$ 133
Service Item	Outpatient	Whfo Palmer Pf Including Fitting	L3931	274	OP Hand Center	$ 144.75	$ 86.85	$ 171.49	$ 86.85	$ 133.17
Service Item	Outpatient	Whfo Palmer Pf Including Fitting	L3931	274	OP Therapy Akers	$ 144.75	$ 86.85	$ 171.49	$ 86.85	$ 133.17
Service Item	Outpatient	Whfo Palmer Pf Including Fitting	L3931	274	OP Therapy Dinuba	$ 144.75	$ 86.85	$ 171.49	$ 86.85	$ 133.17
Service Item	Outpatient	Whfo Palmer Pf Including Fitting	L3931	274	OP Therapy Exeter	$ 144.75	$ 86.85	$ 171.49	$ 86.85	$ 133.17
Service Item	Outpatient	Whfo Palmer Pf Including Fitting	L3931	274	OP Therapy Lovers Ln	$ 144.75	$ 86.85	$ 171.49	$ 86.85	$ 133.17
Service Item	Outpatient	Whfo Palmer Pf Including Fitting	L3931	274	OP Therapy Neuro	$ 144.75	$ 86.85	$ 171.49	$ 86.85	$ 133.17
Service Item	Inpatient	Whfo Palmer Pf Including Fitting	L3931	274	RH OT Services	$ 144.75	Charges have been	$ 263.56	$ 130.28	$ 133.17
Service Item	Inpatient	Whfo Palmer Pf Including Fitting	L3931	274	SA OT Services	$ 144.75	Charges have been	$ 263.56	$ 130.28	$ 133.17
Service Item	Inpatient	Whfo Palmer Pf Including Fitting	L3931	274	SN TC Ortho OT	$ 144.75	Charges have been	$ 263.56	$ 130.28	$ 133.17
Service Item	Inpatient	Whfo Palmer Pf Including Fitting	L3931	274	SN TS OT Services	$ 144.75	Charges have been	$ 263.56	$ 130.28	$ 133.17
Service Item	Outpatient	Whfo Pf Flx Gl W Elas Ctr	L3912	274	OP Hand Center	$ 171.50	$ 102.90	$ 142.07	$ 102.90	$ 157.78
Service Item	Outpatient	Whfo Pf Flx Gl W Elas Ctr	L3912	274	OP Therapy Akers	$ 171.50	$ 102.90	$ 142.07	$ 102.90	$ 157.78
Service Item	Outpatient	Whfo Pf Flx Gl W Elas Ctr	L3912	274	OP Therapy Dinuba	$ 171.50	$ 102.90	$ 142.07	$ 102.90	$ 157.78
Service Item	Outpatient	Whfo Pf Flx Gl W Elas Ctr	L3912	274	OP Therapy Exeter	$ 171.50	$ 102.90	$ 142.07	$ 102.90	$ 157.78
Service Item	Outpatient	Whfo Pf Flx Gl W Elas Ctr	L3912	274	OP Therapy Lovers Ln	$ 171.50	$ 102.90	$ 142.07	$ 102.90	$ 157.78
Service Item	Outpatient	Whfo Pf Flx Gl W Elas Ctr	L3912	274	OP Therapy Neuro	$ 171.50	$ 102.90	$ 142.07	$ 102.90	$ 157.78
Service Item	Inpatient and Outpatient	Whfo Pf Swanson Including Fitting	L3931	274	MC OT Services	$ 661	$ 396	$ 547.17	$ 396	$ 608
Service Item	Outpatient	Whfo Pf Swanson Including Fitting	L3931	274	OP Hand Center	$ 660.50	$ 396.30	$ 547.17	$ 396.30	$ 607.66
Service Item	Outpatient	Whfo Pf Swanson Including Fitting	L3931	274	OP Therapy Akers	$ 660.50	$ 396.30	$ 547.17	$ 396.30	$ 607.66
Service Item	Outpatient	Whfo Pf Swanson Including Fitting	L3931	274	OP Therapy Dinuba	$ 660.50	$ 396.30	$ 547.17	$ 396.30	$ 607.66
Service Item	Outpatient	Whfo Pf Swanson Including Fitting	L3931	274	OP Therapy Exeter	$ 660.50	$ 396.30	$ 547.17	$ 396.30	$ 607.66
Service Item	Outpatient	Whfo Pf Swanson Including Fitting	L3931	274	OP Therapy Lovers Ln	$ 660.50	$ 396.30	$ 547.17	$ 396.30	$ 607.66
Service Item	Outpatient	Whfo Pf Swanson Including Fitting	L3931	274	OP Therapy Neuro	$ 660.50	$ 396.30	$ 547.17	$ 396.30	$ 607.66
Service Item	Outpatient	Whfo Pf Wr Cup Non Mld	L3908	274	OP Hand Center	$ 108.25	$ 64.95	$ 89.68	$ 64.95	$ 99.59
Service Item	Outpatient	Whfo Pf Wr Cup Non Mld	L3908	274	OP Therapy Akers	$ 108.25	$ 64.95	$ 89.68	$ 64.95	$ 99.59
Service Item	Outpatient	Whfo Pf Wr Cup Non Mld	L3908	274	OP Therapy Dinuba	$ 108.25	$ 64.95	$ 89.68	$ 64.95	$ 99.59
Service Item	Outpatient	Whfo Pf Wr Cup Non Mld	L3908	274	OP Therapy Exeter	$ 108.25	$ 64.95	$ 89.68	$ 64.95	$ 99.59
Service Item	Outpatient	Whfo Pf Wr Cup Non Mld	L3908	274	OP Therapy Lovers Ln	$ 108.25	$ 64.95	$ 89.68	$ 64.95	$ 99.59
Service Item	Outpatient	Whfo Pf Wr Cup Non Mld	L3908	274	OP Therapy Neuro	$ 108.25	$ 64.95	$ 89.68	$ 64.95	$ 99.59
Service Item	Outpatient	Whfo Pf Wr Cup Non Mld	L3908	274	SFM Family Medicine	$ 108.25	$ 64.95	$ 89.41	$ 64.95	$ 99.59
Service Item	Inpatient and Outpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	MC OT Services	$ 178	$ 107	$ 143.44	$ 107	$ 163
Service Item	Outpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	OP Hand Center	$ 177.50	$ 106.50	$ 143.44	$ 106.50	$ 163.30
Service Item	Outpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	OP Therapy Akers	$ 177.50	$ 106.50	$ 143.44	$ 106.50	$ 163.30
Service Item	Outpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	OP Therapy Dinuba	$ 177.50	$ 106.50	$ 143.44	$ 106.50	$ 163.30
Service Item	Outpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	OP Therapy Exeter	$ 177.50	$ 106.50	$ 143.44	$ 106.50	$ 163.30
Service Item	Outpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	OP Therapy Lovers Ln	$ 177.50	$ 106.50	$ 143.44	$ 106.50	$ 163.30
Service Item	Outpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	OP Therapy Neuro	$ 177.50	$ 106.50	$ 143.44	$ 106.50	$ 163.30
Service Item	Inpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	RH OT Services	$ 177.50	Charges have been	$ 156.08	$ 159.75	$ 163.30
Service Item	Inpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	SA OT Services	$ 177.50	Charges have been	$ 156.08	$ 159.75	$ 163.30
Service Item	Inpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	SN TC Ortho OT	$ 177.50	Charges have been	$ 156.08	$ 159.75	$ 163.30
Service Item	Inpatient	Whfo Rev Kn Bend W Or Pf	L3929	274	SN TS OT Services	$ 177.50	Charges have been	$ 156.08	$ 159.75	$ 163.30
Service Item	Inpatient and Outpatient	Whfo Rev Knuckle Bend Pf	L3929	274	MC OT Services	$ 135	$ 81	$ 112.12	$ 81	$ 124
Service Item	Outpatient	Whfo Rev Knuckle Bend Pf	L3929	274	OP Hand Center	$ 134.50	$ 80.70	$ 112.12	$ 80.70	$ 123.74
Service Item	Outpatient	Whfo Rev Knuckle Bend Pf	L3929	274	OP Therapy Akers	$ 134.50	$ 80.70	$ 112.12	$ 80.70	$ 123.74
Service Item	Outpatient	Whfo Rev Knuckle Bend Pf	L3929	274	OP Therapy Dinuba	$ 134.50	$ 80.70	$ 112.12	$ 80.70	$ 123.74
Service Item	Outpatient	Whfo Rev Knuckle Bend Pf	L3929	274	OP Therapy Exeter	$ 134.50	$ 80.70	$ 112.12	$ 80.70	$ 123.74
Service Item	Outpatient	Whfo Rev Knuckle Bend Pf	L3929	274	OP Therapy Lovers Ln	$ 134.50	$ 80.70	$ 112.12	$ 80.70	$ 123.74
Service Item	Outpatient	Whfo Rev Knuckle Bend Pf	L3929	274	OP Therapy Neuro	$ 134.50	$ 80.70	$ 112.12	$ 80.70	$ 123.74
Service Item	Inpatient	Whfo Rev Knuckle Bend Pf	L3929	274	RH OT Services	$ 134.50	Charges have been	$ 126.84	$ 121.05	$ 123.74
Service Item	Inpatient	Whfo Rev Knuckle Bend Pf	L3929	274	SA OT Services	$ 134.50	Charges have been	$ 126.84	$ 121.05	$ 123.74
Service Item	Inpatient	Whfo Rev Knuckle Bend Pf	L3929	274	SN TC Ortho OT	$ 134.50	Charges have been	$ 126.84	$ 121.05	$ 123.74
Service Item	Inpatient	Whfo Rev Knuckle Bend Pf	L3929	274	SN TS OT Services	$ 134.50	Charges have been	$ 126.84	$ 121.05	$ 123.74
Service Item	Inpatient and Outpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	MC OT Services	$ 372	$ 223	$ 306.97	$ 223	$ 342
Service Item	Outpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	OP Hand Center	$ 371.75	$ 223.05	$ 306.97	$ 223.05	$ 342.01
Service Item	Outpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	OP Therapy Akers	$ 371.75	$ 223.05	$ 306.97	$ 223.05	$ 342.01
Service Item	Outpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	OP Therapy Dinuba	$ 371.75	$ 223.05	$ 306.97	$ 223.05	$ 342.01
Service Item	Outpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	OP Therapy Exeter	$ 371.75	$ 223.05	$ 306.97	$ 223.05	$ 342.01
Service Item	Outpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	OP Therapy Lovers Ln	$ 371.75	$ 223.05	$ 306.97	$ 223.05	$ 342.01
Service Item	Outpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	OP Therapy Neuro	$ 371.75	$ 223.05	$ 306.97	$ 223.05	$ 342.01
Service Item	Inpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	RH OT Services	$ 371.75	Charges have been	$ 343.23	$ 334.58	$ 342.01
Service Item	Inpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	SA OT Services	$ 371.75	Charges have been	$ 343.23	$ 334.58	$ 342.01
Service Item	Inpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	SN TC Ortho OT	$ 371.75	Charges have been	$ 343.23	$ 334.58	$ 342.01
Service Item	Inpatient	Whfo Rigid W/O Jnts Cf Including Fitting	L3808	274	SN TS OT Services	$ 371.75	Charges have been	$ 343.23	$ 334.58	$ 342.01
Service Item	Inpatient and Outpatient	Whfo Safe Pin Modpf	L3925	274	MC OT Services	$ 87	$ 52	$ 70.80	$ 52	$ 80
Service Item	Outpatient	Whfo Safe Pin Modpf	L3925	274	OP Hand Center	$ 87.25	$ 52.35	$ 70.80	$ 52.35	$ 80.27
Service Item	Outpatient	Whfo Safe Pin Modpf	L3925	274	OP Therapy Akers	$ 87.25	$ 52.35	$ 70.80	$ 52.35	$ 80.27
Service Item	Outpatient	Whfo Safe Pin Modpf	L3925	274	OP Therapy Dinuba	$ 87.25	$ 52.35	$ 70.80	$ 52.35	$ 80.27
Service Item	Outpatient	Whfo Safe Pin Modpf	L3925	274	OP Therapy Exeter	$ 87.25	$ 52.35	$ 70.80	$ 52.35	$ 80.27
Service Item	Outpatient	Whfo Safe Pin Modpf	L3925	274	OP Therapy Lovers Ln	$ 87.25	$ 52.35	$ 70.80	$ 52.35	$ 80.27
Service Item	Outpatient	Whfo Safe Pin Modpf	L3925	274	OP Therapy Neuro	$ 87.25	$ 52.35	$ 70.80	$ 52.35	$ 80.27
Service Item	Inpatient	Whfo Safe Pin Modpf	L3925	274	RH OT Services	$ 87.25	Charges have been	$ 77.46	$ 78.53	$ 80.27
Service Item	Inpatient	Whfo Safe Pin Modpf	L3925	274	SA OT Services	$ 87.25	Charges have been	$ 77.46	$ 78.53	$ 80.27
Service Item	Inpatient	Whfo Safe Pin Modpf	L3925	274	SN TC Ortho OT	$ 87.25	Charges have been	$ 77.46	$ 78.53	$ 80.27
Service Item	Inpatient	Whfo Safe Pin Modpf	L3925	274	SN TS OT Services	$ 87.25	Charges have been	$ 77.46	$ 78.53	$ 80.27
Service Item	Inpatient and Outpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	MC OT Services	$ 73	$ 44	$ 60.06	$ 44	$ 67
Service Item	Outpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	OP Hand Center	$ 72.50	$ 43.50	$ 60.06	$ 43.50	$ 66.70

Service Item	Outpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	OP Therapy Akers	$ 72.50	$ 43.50	$ 60.06	$ 43.50	$ 66.70
Service Item	Outpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	OP Therapy Dinuba	$ 72.50	$ 43.50	$ 60.06	$ 43.50	$ 66.70
Service Item	Outpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	OP Therapy Exeter	$ 72.50	$ 43.50	$ 60.06	$ 43.50	$ 66.70
Service Item	Outpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	OP Therapy Lovers Ln	$ 72.50	$ 43.50	$ 60.06	$ 43.50	$ 66.70
Service Item	Outpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	OP Therapy Neuro	$ 72.50	$ 43.50	$ 60.06	$ 43.50	$ 66.70
Service Item	Inpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	RH OT Services	$ 72.50	Charges have been	$ 67.43	$ 65.25	$ 66.70
Service Item	Inpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	SA OT Services	$ 72.50	Charges have been	$ 67.43	$ 65.25	$ 66.70
Service Item	Inpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	SN TC Ortho OT	$ 72.50	Charges have been	$ 67.43	$ 65.25	$ 66.70
Service Item	Inpatient	Whfo Safe Pin Spr Wire Pf	L3925	274	SN TS OT Services	$ 72.50	Charges have been	$ 67.43	$ 65.25	$ 66.70
Service Item	Inpatient and Outpatient	Whfo Spreading Hand Pf	L3923	274	MC OT Services	$ 150	$ 90	$ 114.41	$ 90	$ 138
Service Item	Outpatient	Whfo Spreading Hand Pf	L3923	274	OP Hand Center	$ 150.00	$ 90.00	$ 114.41	$ 90.00	$ 138.00
Service Item	Outpatient	Whfo Spreading Hand Pf	L3923	274	OP Therapy Akers	$ 150.00	$ 90.00	$ 114.41	$ 90.00	$ 138.00
Service Item	Outpatient	Whfo Spreading Hand Pf	L3923	274	OP Therapy Dinuba	$ 150.00	$ 90.00	$ 114.41	$ 90.00	$ 138.00
Service Item	Outpatient	Whfo Spreading Hand Pf	L3923	274	OP Therapy Exeter	$ 150.00	$ 90.00	$ 114.41	$ 90.00	$ 138.00
Service Item	Outpatient	Whfo Spreading Hand Pf	L3923	274	OP Therapy Lovers Ln	$ 150.00	$ 90.00	$ 114.41	$ 90.00	$ 138.00
Service Item	Outpatient	Whfo Spreading Hand Pf	L3923	274	OP Therapy Neuro	$ 150.00	$ 90.00	$ 114.41	$ 90.00	$ 138.00
Service Item	Inpatient	Whfo Spreading Hand Pf	L3923	274	RH OT Services	$ 150.00	Charges have been	$ 114.88	$ 135.00	$ 138.00
Service Item	Inpatient	Whfo Spreading Hand Pf	L3923	274	SA OT Services	$ 150.00	Charges have been	$ 114.88	$ 135.00	$ 138.00
Service Item	Inpatient	Whfo Spreading Hand Pf	L3923	274	SN TC Ortho OT	$ 150.00	Charges have been	$ 114.88	$ 135.00	$ 138.00
Service Item	Inpatient	Whfo Spreading Hand Pf	L3923	274	SN TS OT Services	$ 150.00	Charges have been	$ 114.88	$ 135.00	$ 138.00
Service Item	Inpatient and Outpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	MC OT Services	$ 146	$ 88	$ 172.40	$ 88	$ 134
Service Item	Outpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	OP Hand Center	$ 146.00	$ 87.60	$ 172.40	$ 87.60	$ 134.32
Service Item	Outpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	OP Therapy Akers	$ 146.00	$ 87.60	$ 172.40	$ 87.60	$ 134.32
Service Item	Outpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	OP Therapy Dinuba	$ 146.00	$ 87.60	$ 172.40	$ 87.60	$ 134.32
Service Item	Outpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	OP Therapy Exeter	$ 146.00	$ 87.60	$ 172.40	$ 87.60	$ 134.32
Service Item	Outpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	OP Therapy Lovers Ln	$ 146.00	$ 87.60	$ 172.40	$ 87.60	$ 134.32
Service Item	Outpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	OP Therapy Neuro	$ 146.00	$ 87.60	$ 172.40	$ 87.60	$ 134.32
Service Item	Inpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	RH OT Services	$ 146.00	Charges have been	$ 264.41	$ 131.40	$ 134.32
Service Item	Inpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	SA OT Services	$ 146.00	Charges have been	$ 264.41	$ 131.40	$ 134.32
Service Item	Inpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	SN TC Ortho OT	$ 146.00	Charges have been	$ 264.41	$ 131.40	$ 134.32
Service Item	Inpatient	Whfo Thomas Susp Pf Including Fitting	L3931	274	SN TS OT Services	$ 146.00	Charges have been	$ 264.41	$ 131.40	$ 134.32
Service Item	Outpatient	Whfo W/Joint(S) Cf Including Fitting	L3806	274	OP Hand Center	$ 598.25	$ 358.95	$ 495.60	$ 358.95	$ 550.39
Service Item	Outpatient	Whfo W/Joint(S) Cf Including Fitting	L3806	274	OP Therapy Akers	$ 598.25	$ 358.95	$ 495.60	$ 358.95	$ 550.39
Service Item	Outpatient	Whfo W/Joint(S) Cf Including Fitting	L3806	274	OP Therapy Dinuba	$ 598.25	$ 358.95	$ 495.60	$ 358.95	$ 550.39
Service Item	Outpatient	Whfo W/Joint(S) Cf Including Fitting	L3806	274	OP Therapy Exeter	$ 598.25	$ 358.95	$ 495.60	$ 358.95	$ 550.39
Service Item	Outpatient	Whfo W/Joint(S) Cf Including Fitting	L3806	274	OP Therapy Lovers Ln	$ 598.25	$ 358.95	$ 495.60	$ 358.95	$ 550.39
Service Item	Outpatient	Whfo W/Joint(S) Cf Including Fitting	L3806	274	OP Therapy Neuro	$ 598.25	$ 358.95	$ 495.60	$ 358.95	$ 550.39
Service Item	Inpatient and Outpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	MC OT Services	$ 212	$ 127	$ 220.66	$ 127	$ 195
Service Item	Outpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	OP Hand Center	$ 212.25	$ 127.35	$ 220.66	$ 127.35	$ 195.27
Service Item	Outpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	OP Therapy Akers	$ 212.25	$ 127.35	$ 220.66	$ 127.35	$ 195.27
Service Item	Outpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	OP Therapy Dinuba	$ 212.25	$ 127.35	$ 220.66	$ 127.35	$ 195.27
Service Item	Outpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	OP Therapy Exeter	$ 212.25	$ 127.35	$ 220.66	$ 127.35	$ 195.27
Service Item	Outpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	OP Therapy Lovers Ln	$ 212.25	$ 127.35	$ 220.66	$ 127.35	$ 195.27
Service Item	Outpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	OP Therapy Neuro	$ 212.25	$ 127.35	$ 220.66	$ 127.35	$ 195.27
Service Item	Inpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	RH OT Services	$ 212.25	Charges have been	$ 309.46	$ 191.03	$ 195.27
Service Item	Inpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	SA OT Services	$ 212.25	Charges have been	$ 309.46	$ 191.03	$ 195.27
Service Item	Inpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	SN TC Ortho OT	$ 212.25	Charges have been	$ 309.46	$ 191.03	$ 195.27
Service Item	Inpatient	Whfo Wr Exts W Or Including Fitting	L3931	274	SN TS OT Services	$ 212.25	Charges have been	$ 309.46	$ 191.03	$ 195.27
Service Item	Inpatient and Outpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	MC OT Services	$ 918	$ 551	$ 705.05	$ 551	$ 845
Service Item	Outpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	OP Hand Center	$ 918.25	$ 550.95	$ 705.05	$ 550.95	$ 844.79
Service Item	Outpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	OP Therapy Akers	$ 918.25	$ 550.95	$ 705.05	$ 550.95	$ 844.79
Service Item	Outpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	OP Therapy Dinuba	$ 918.25	$ 550.95	$ 705.05	$ 550.95	$ 844.79
Service Item	Outpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	OP Therapy Exeter	$ 918.25	$ 550.95	$ 705.05	$ 550.95	$ 844.79
Service Item	Outpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	OP Therapy Lovers Ln	$ 918.25	$ 550.95	$ 705.05	$ 550.95	$ 844.79
Service Item	Outpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	OP Therapy Neuro	$ 918.25	$ 550.95	$ 705.05	$ 550.95	$ 844.79
Service Item	Inpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	RH OT Services	$ 918.25	Charges have been	$ 714.85	$ 826.43	$ 844.79
Service Item	Inpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	SA OT Services	$ 918.25	Charges have been	$ 714.85	$ 826.43	$ 844.79
Service Item	Inpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	SN TC Ortho OT	$ 918.25	Charges have been	$ 714.85	$ 826.43	$ 844.79
Service Item	Inpatient	Whfo Wr Gaun W Th Sp Cf Including Fitting	L3808	274	SN TS OT Services	$ 918.25	Charges have been	$ 714.85	$ 826.43	$ 844.79
Service Item	Outpatient	Who W Nontor Jnts Cf Including Fitting	L3905	274	OP Hand Center	$ 1,305.50	$ 783.30	$ 1,081.50	$ 783.30	$ 1,201.06
Service Item	Outpatient	Who W Nontor Jnts Cf Including Fitting	L3905	274	OP Therapy Akers	$ 1,305.50	$ 783.30	$ 1,081.50	$ 783.30	$ 1,201.06
Service Item	Outpatient	Who W Nontor Jnts Cf Including Fitting	L3905	274	OP Therapy Dinuba	$ 1,305.50	$ 783.30	$ 1,081.50	$ 783.30	$ 1,201.06
Service Item	Outpatient	Who W Nontor Jnts Cf Including Fitting	L3905	274	OP Therapy Exeter	$ 1,305.50	$ 783.30	$ 1,081.50	$ 783.30	$ 1,201.06
Service Item	Outpatient	Who W Nontor Jnts Cf Including Fitting	L3905	274	OP Therapy Lovers Ln	$ 1,305.50	$ 783.30	$ 1,081.50	$ 783.30	$ 1,201.06
Service Item	Outpatient	Who W Nontor Jnts Cf Including Fitting	L3905	274	OP Therapy Neuro	$ 1,305.50	$ 783.30	$ 1,081.50	$ 783.30	$ 1,201.06
Service Item	Inpatient and Outpatient	Who W Nontor Jnts Pf	L3915	274	MC OT Services	$ 700	$ 420	$ 579.48	$ 420	$ 644
Service Item	Outpatient	Who W Nontor Jnts Pf	L3915	274	OP Hand Center	$ 699.50	$ 419.70	$ 579.48	$ 419.70	$ 643.54
Service Item	Outpatient	Who W Nontor Jnts Pf	L3915	274	OP Therapy Akers	$ 699.50	$ 419.70	$ 579.48	$ 419.70	$ 643.54
Service Item	Outpatient	Who W Nontor Jnts Pf	L3915	274	OP Therapy Dinuba	$ 699.50	$ 419.70	$ 579.48	$ 419.70	$ 643.54
Service Item	Outpatient	Who W Nontor Jnts Pf	L3915	274	OP Therapy Exeter	$ 699.50	$ 419.70	$ 579.48	$ 419.70	$ 643.54
Service Item	Outpatient	Who W Nontor Jnts Pf	L3915	274	OP Therapy Lovers Ln	$ 699.50	$ 419.70	$ 579.48	$ 419.70	$ 643.54
Service Item	Outpatient	Who W Nontor Jnts Pf	L3915	274	OP Therapy Neuro	$ 699.50	$ 419.70	$ 579.48	$ 419.70	$ 643.54
Service Item	Inpatient	Who W Nontor Jnts Pf	L3915	274	RH OT Services	$ 699.50	Charges have been	$ 650.54	$ 629.55	$ 643.54
Service Item	Inpatient	Who W Nontor Jnts Pf	L3915	274	SA OT Services	$ 699.50	Charges have been	$ 650.54	$ 629.55	$ 643.54
Service Item	Inpatient	Who W Nontor Jnts Pf	L3915	274	SN TC Ortho OT	$ 699.50	Charges have been	$ 650.54	$ 629.55	$ 643.54
Service Item	Inpatient	Who W Nontor Jnts Pf	L3915	274	SN TS OT Services	$ 699.50	Charges have been	$ 650.54	$ 629.55	$ 643.54
Service Item	Inpatient and Outpatient	Who W/O Joints Cf Including Fitting	L3906	274	MC OT Services	$ 715	$ 429	$ 591.91	$ 429	$ 657
Service Item	Outpatient	Who W/O Joints Cf Including Fitting	L3906	274	OP Hand Center	$ 714.50	$ 428.70	$ 591.91	$ 428.70	$ 657.34
Service Item	Outpatient	Who W/O Joints Cf Including Fitting	L3906	274	OP Therapy Akers	$ 714.50	$ 428.70	$ 591.91	$ 428.70	$ 657.34
Service Item	Outpatient	Who W/O Joints Cf Including Fitting	L3906	274	OP Therapy Dinuba	$ 714.50	$ 428.70	$ 591.91	$ 428.70	$ 657.34
Service Item	Outpatient	Who W/O Joints Cf Including Fitting	L3906	274	OP Therapy Exeter	$ 714.50	$ 428.70	$ 591.91	$ 428.70	$ 657.34
Service Item	Outpatient	Who W/O Joints Cf Including Fitting	L3906	274	OP Therapy Lovers Ln	$ 714.50	$ 428.70	$ 591.91	$ 428.70	$ 657.34
Service Item	Outpatient	Who W/O Joints Cf Including Fitting	L3906	274	OP Therapy Neuro	$ 714.50	$ 428.70	$ 591.91	$ 428.70	$ 657.34
Service Item	Inpatient	Who W/O Joints Cf Including Fitting	L3906	274	RH OT Services	$ 714.50	Charges have been	$ 664.49	$ 643.05	$ 657.34
Service Item	Inpatient	Whole Blood For Transfusion	P9010	390	MC Blood Bank	$ 822.73	$ 479.26	$ 571.43	$ 127.20	$ 734.87
Service Item	Inpatient and Outpatient	Whole Body Nopr Initial	78816	404	DC PET CT	$ 5,213	$ 3,795	$ 4,118.01	$ 1,672	$ 5,061
Service Item	Outpatient	Whole Body Nopr Initial	78816	404	IC PET Scan	$ 5,212.86	$ 3,795.00	$ 4,118.01	$ 1,672.11	$ 5,061.03
Service Item	Inpatient and Outpatient	Whole Body Nopr Subseq	78816	404	DC PET CT	$ 5,213	$ 3,795	$ 4,118.01	$ 1,672	$ 5,061
Service Item	Outpatient	Whole Body Nopr Subseq	78816	404	IC PET Scan	$ 5,212.86	$ 3,795.00	$ 4,118.01	$ 1,672.11	$ 5,061.03
Service Package	Inpatient and Outpatient	Wire Control Cath	C1887	272	MC Central Supply	$ 3,480	Charges have been	$ 2,538.09	$ 3,101	$ 3,170
Service Package	Inpatient and Outpatient	Wire Guide Duoflex .025	C1769	272	MC Central Supply	$ 728	Charges have been	$ 677.23	$ 649	$ 663
Service Item	Outpatient	Wnd Prep F/N/H/G 1% Ba	15004	761	OP Wound Center	$ 907.07	$ 544.24	$ 718.32	$ 544.24	$ 834.50
Service Item	Outpatient	Wnd Prep F/N/H/G Add1% Ba	15005	761	OP Wound Center	$ 907.07	$ 544.24	$ 751.43	$ 544.24	$ 907.07
Service Package	Inpatient and Outpatient	Work Cond Add 1 Hr	97546	420	MC PT Services	$ 310	Charges have been	$ 287.84	$ 279	$ 285
Service Item	Outpatient	Work Cond Add 1 Hr	97546	420	OP Hand Center	$ 309.50	Charges have been	$ 257.63	$ 120.00	$ 284.74
Service Item	Outpatient	Work Cond Add 1 Hr	97546	420	OP Therapy Akers	$ 309.50	Charges have been	$ 260.48	$ 120.00	$ 284.74
Service Item	Outpatient	Work Cond Add 1 Hr	97546	420	OP Therapy Dinuba	$ 309.50	Charges have been	$ 260.48	$ 120.00	$ 284.74
Service Item	Outpatient	Work Cond Add 1 Hr	97546	420	OP Therapy Exeter	$ 309.50	Charges have been	$ 260.48	$ 120.00	$ 284.74
Service Item	Outpatient	Work Cond Add 1 Hr	97546	420	OP Therapy Lovers Ln	$ 309.50	Charges have been	$ 260.48	$ 120.00	$ 284.74
Service Item	Outpatient	Work Cond Add 1 Hr	97546	420	OP Therapy Neuro	$ 309.50	Charges have been	$ 257.63	$ 120.00	$ 284.74
Service Item	Inpatient	Work Cond Add 1 Hr	97546	420	RH PT Services	$ 309.50	Charges have been	$ 287.84	$ 185.70	$ 284.74
Service Item	Inpatient	Work Cond Add 1 Hr	97546	420	SA PT Services	$ 309.50	Charges have been	$ 287.84	$ 278.55	$ 284.74
Service Item	Inpatient	Work Cond Add 1 Hr	97546	420	SN TC Ortho PT	$ 309.50	Charges have been	$ 287.84	$ 278.55	$ 284.74
Service Item	Inpatient	Work Cond Add 1 Hr	97546	420	SN TS PT Services	$ 309.50	Charges have been	$ 287.84	$ 278.55	$ 284.74
Service Item	Inpatient and Outpatient	Work Hard/Conditioning 1	97546	430	MC OT Services	$ 310	Charges have been	$ 257.63	$ 186	$ 285
Service Item	Outpatient	Work Hard/Conditioning 1	97546	430	OP Hand Center	$ 309.50	Charges have been	$ 257.63	$ 120.00	$ 284.74
Service Item	Outpatient	Work Hard/Conditioning 1	97546	430	OP Therapy Akers	$ 309.50	Charges have been	$ 260.48	$ 120.00	$ 284.74
Service Item	Outpatient	Work Hard/Conditioning 1	97546	430	OP Therapy Dinuba	$ 309.50	Charges have been	$ 260.48	$ 120.00	$ 284.74
Service Item	Outpatient	Work Hard/Conditioning 1	97546	430	OP Therapy Exeter	$ 309.50	Charges have been	$ 260.48	$ 120.00	$ 284.74
Service Item	Outpatient	Work Hard/Conditioning 1	97546	430	OP Therapy Lovers Ln	$ 309.50	Charges have been	$ 260.48	$ 120.00	$ 284.74
Service Item	Outpatient	Work Hard/Conditioning 1	97546	430	OP Therapy Neuro	$ 309.50	$ 120.00	$ 256.40	$ 120.00	$ 284.74
Service Item	Inpatient	Work Hard/Conditioning 1	97546	430	RH OT Services	$ 309.50	Charges have been	$ 287.84	$ 185.70	$ 284.74
Service Item	Inpatient	Work Hard/Conditioning 1	97546	430	SA OT Services	$ 309.50	Charges have been	$ 287.84	$ 278.55	$ 284.74
Service Item	Inpatient	Work Hard/Conditioning 1	97546	430	SN TC Ortho OT	$ 309.50	Charges have been	$ 287.84	$ 278.55	$ 284.74
Service Item	Inpatient	Work Hard/Conditioning 1	97546	430	SN TS OT Services	$ 309.50	Charges have been	$ 287.84	$ 278.55	$ 284.74
Service Item	Outpatient	Work Hard/Conditioning 2 Ot	97545	430	OP Hand Center	$ 471.00	Charges have been	$ 392.06	$ 120.00	$ 433.32
Service Item	Outpatient	Work Hard/Conditioning 2 Ot	97545	430	OP Therapy Akers	$ 471.00	Charges have been	$ 415.61	$ 120.00	$ 471.00
Service Item	Outpatient	Work Hard/Conditioning 2 Ot	97545	430	OP Therapy Dinuba	$ 471.00	Charges have been	$ 415.61	$ 120.00	$ 471.00

Service Item	Outpatient	Work Hard/Conditioning 2 Ot	97545	430	OP Therapy Exeter	$ 471.00	Charges have been	$ 415.61	$ 120.00	$ 471.00	
Service Item	Outpatient	Work Hard/Conditioning 2 Ot	97545	430	OP Therapy Lovers Ln	$ 471.00	Charges have been	$ 415.61	$ 120.00	$ 471.00	
Service Item	Outpatient	Work Hard/Conditioning 2 Ot	97545	430	OP Therapy Neuro	$ 471.00	Charges have been	$ 392.06	$ 120.00	$ 433.32	
Service Package	Inpatient and Outpatient	Work Hard/Conditioning 2 Pt	97545	420	MC PT Services	$ 471	Charges have been	$ 438.03	$ 424	$ 433	
Service Item	Outpatient	Work Hard/Conditioning 2 Pt	97545	420	OP Hand Center	$ 471.00	Charges have been	$ 392.06	$ 120.00	$ 433.32	
Service Item	Outpatient	Work Hard/Conditioning 2 Pt	97545	420	OP Therapy Akers	$ 471.00	Charges have been	$ 415.61	$ 120.00	$ 471.00	
Service Item	Outpatient	Work Hard/Conditioning 2 Pt	97545	420	OP Therapy Dinuba	$ 471.00	Charges have been	$ 415.61	$ 120.00	$ 471.00	
Service Item	Outpatient	Work Hard/Conditioning 2 Pt	97545	420	OP Therapy Exeter	$ 471.00	Charges have been	$ 415.61	$ 120.00	$ 471.00	
Service Item	Outpatient	Work Hard/Conditioning 2 Pt	97545	420	OP Therapy Lovers Ln	$ 471.00	Charges have been	$ 415.61	$ 120.00	$ 471.00	
Service Item	Outpatient	Work Hard/Conditioning 2 Pt	97545	420	OP Therapy Neuro	$ 471.00	Charges have been	$ 392.06	$ 120.00	$ 433.32	
Service Item	Inpatient	Work Hard/Conditioning 2 Pt	97545	420	RH PT Services	$ 471.00	Charges have been	$ 438.03	$ 282.60	$ 522.43	
Service Item	Inpatient	Work Hard/Conditioning 2 Pt	97545	420	SA PT Services	$ 471.00	Charges have been	$ 438.03	$ 423.90	$ 433.32	
Service Item	Inpatient	Work Hard/Conditioning 2 Pt	97545	420	SN TC Ortho PT	$ 471.00	Charges have been	$ 438.03	$ 423.90	$ 433.32	
Service Item	Inpatient	Work Hard/Conditioning 2 Pt	97545	420	SN TS PT Services	$ 471.00	Charges have been	$ 438.03	$ 423.90	$ 433.32	
Service Item	Outpatient	Wound Repair 12.6-20.0Cm	12035	516	NC Urgent Care	$ 560.03	$ 326.23	$ 400.45	$ 271.86	$ 500.22	
Service Item	Outpatient	Wound Repair 12.6-20.0Cm	12035	516	OP Wound Center	$ 560.03	$ 326.23	$ 436.05	$ 326.23	$ 500.22	
Service Item	Outpatient	Wound Repair 12.6-20.0Cm	12035	516	SC Urgent Care	$ 560.03	$ 326.23	$ 401.81	$ 271.86	$ 500.22	
Service Item	Outpatient	Wound Repair 2.6-5.0 Cm	12013	516	NC Urgent Care	$ 337.38	$ 196.53	$ 235.57	$ 135.29	$ 301.35	
Service Item	Outpatient	Wound Repair 2.6-5.0 Cm	12013	516	SC Urgent Care	$ 337.38	$ 196.53	$ 236.38	$ 135.29	$ 301.35	
Service Item	Outpatient	Wound Repair 2.6-5.0 Cm	12013	516	SFM Family Medicine	$ 337.38	$ 196.53	$ 259.81	$ 196.53	$ 301.35	
Service Item	Outpatient	Wound Repair 2.6-5.0 M	12052	516	NC Urgent Care	$ 415.79	$ 242.21	$ 309.39	$ 201.84	$ 371.39	
Service Item	Outpatient	Wound Repair 2.6-5.0 M	12052	516	OP Wound Center	$ 415.79	$ 242.21	$ 333.27	$ 242.21	$ 371.39	
Service Item	Outpatient	Wound Repair 2.6-5.0 M	12052	516	SC Urgent Care	$ 415.79	$ 242.21	$ 310.40	$ 201.84	$ 371.39	
Service Item	Outpatient	Wound Repair To 2.5Cm	12011	516	NC Urgent Care	$ 320.44	$ 186.67	$ 224.21	$ 122.99	$ 286.22	
Service Item	Outpatient	Wound Repair To 2.5Cm	12011	516	SC Urgent Care	$ 320.44	$ 186.67	$ 224.98	$ 122.99	$ 286.22	
Service Item	Outpatient	Wound Repair To 2.5Cm	12011	516	SFM Family Medicine	$ 320.44	$ 186.67	$ 247.79	$ 186.67	$ 286.22	
Service Item	Inpatient and Outpatient	Wound Vac <= 50Sq Cm	97605	430	MC OT Services	$ 225	$ 135	$ 168.90	$ 16	$ 207	
Service Package	Inpatient and Outpatient	Wound Vac <= 50Sq Cm	97605	430	MC PT Services	$ 225	Charges have been	$ 203.62	$ 202	$ 207	
Service Item	Inpatient	Wound Vac <= 50Sq Cm	97605	430	RH OT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm	97605	430	RH PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm	97605	430	SA PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm	97605	430	SN TC Ortho OT	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm	97605	430	SN TC Ortho PT	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm	97605	430	SN TS OT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm	97605	430	SN TS PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm - PTA/OTA Services	97605	430	RH OT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm - PTA/OTA Services	97605	430	RH PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm - PTA/OTA Services	97605	430	SA PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm - PTA/OTA Services	97605	430	SN TC Ortho OT	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm - PTA/OTA Services	97605	430	SN TC Ortho PT	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm - PTA/OTA Services	97605	430	SN TS OT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Inpatient	Wound Vac <= 50Sq Cm - PTA/OTA Services	97605	430	SN TS PT Services	$ 225.00	Charges have been	$ 203.62	$ 202.46	$ 207.00	
Service Item	Outpatient	Wound Vac <=50Sq Cm	97605	761	OP Wound Center	$ 225.00	$ 135.00	$ 168.90	$ 15.66	$ 207.00	
Service Package	Inpatient and Outpatient	Wound Vac >50Sq Cm	97606	420	MC PT Services	$ 400	Charges have been	$ 364.56	$ 360	$ 370	
Service Item	Outpatient	Wound Vac >50Sq Cm	97606	420	OP Hand Center	$ 400.00	$ 240.00	$ 328.39	$ 240.00	$ 370.22	
Service Item	Outpatient	Wound Vac >50Sq Cm	97606	420	OP Rehab Therapies	$ 400.00	$ 240.00	$ 300.28	$ 17.66	$ 370.22	
Service Item	Outpatient	Wound Vac >50Sq Cm	97606	420	OP Therapy Akers	$ 400.00	$ 240.00	$ 322.51	$ 240.00	$ 370.22	
Service Item	Outpatient	Wound Vac >50Sq Cm	97606	420	OP Therapy Exeter	$ 400.00	$ 240.00	$ 322.51	$ 240.00	$ 370.22	
Service Item	Outpatient	Wound Vac >50Sq Cm	97606	420	OP Therapy Lovers Ln	$ 400.00	$ 240.00	$ 322.51	$ 240.00	$ 370.22	
Service Item	Outpatient	Wound Vac >50Sq Cm	97606	420	OP Wound Center	$ 400.00	$ 240.00	$ 300.28	$ 17.66	$ 370.22	
Service Item	Outpatient	Wrist 2 Views	73100	320	IC Radiology	$ 307.33	$ 62.88	$ 183.39	$ 56.38	$ 274.51	
Service Item	Inpatient and Outpatient	Wrist 2 Views	73100	320	MC Diag Radiology	$ 307	$ 63	$ 252.78	$ 56	$ 888	
Service Item	Outpatient	Wrist 2 Views	73100	320	NC Diag Imaging	$ 307.33	$ 62.88	$ 252.78	$ 56.38	$ 887.81	
Service Item	Outpatient	Wrist 2 Views	73100	320	SC Diag Imaging	$ 307.33	$ 62.88	$ 252.78	$ 56.38	$ 887.81	
Service Item	Outpatient	Wrist 3 Views	73110	320	IC Radiology	$ 440.64	$ 67.62	$ 252.98	$ 60.63	$ 393.59	
Service Item	Inpatient and Outpatient	Wrist 3 Views	73110	320	MC Diag Radiology	$ 441	$ 68	$ 313.95	$ 61	$ 888	
Service Item	Outpatient	Wrist 3 Views	73110	320	NC Diag Imaging	$ 440.64	$ 67.62	$ 313.95	$ 60.63	$ 887.81	
Service Item	Outpatient	Wrist 3 Views	73110	320	SC Diag Imaging	$ 440.64	$ 67.62	$ 313.95	$ 60.63	$ 887.81	
Service Item	Outpatient	Wrist Arthrogram	73115	322	IC Radiology	$ 665.47	$ 200.22	$ 450.44	$ 179.53	$ 594.40	
Service Item	Inpatient and Outpatient	Wrist Arthrogram	73115	322	MC Diag Radiology	$ 665	$ 200	$ 769.65	$ 180	$ 3,612	
Service Item	Outpatient	Wrist Arthrogram	73115	322	NC Diag Imaging	$ 665.47	$ 200.22	$ 769.65	$ 179.53	$ 3,612.11	
Service Item	Outpatient	Wrist Arthrogram	73115	322	SC Diag Imaging	$ 665.47	$ 200.22	$ 769.65	$ 179.53	$ 3,612.11	
Service Item	Inpatient and Outpatient	X-Match Per Unit Ahg	86922	302	MC General Lab	$ 173	$ 160	$ 155.42	$ 33	$ 315	
Service Item	Inpatient and Outpatient	X-Match Per Unit I/S	86920	300	MC General Lab	$ 196	$ 160	$ 163.34	$ 61	$ 295	
Service Item	Inpatient and Outpatient	XOFIGO - Radium ra-223 dichloride, per microcu	A9606	344	MC Nuclear Medicine	$ 663	$ 369	$ 453.79	$ 134	$ 592	
Service Package	Inpatient and Outpatient	Xray Endovas Thor Ao Repr	75956	320	MC Cath Lab Srvcs	$ 3,605	Charges have been	$ 3,302.44	$ 3,150	$ 3,220	
Service Package	Inpatient and Outpatient	Xray Endovasc Thor Ao	75957	320	MC Cath Lab Srvcs	$ 3,605	Charges have been	$ 3,302.44	$ 3,150	$ 3,220	
Service Item	Outpatient	X-Ray Exam Hip Uni 2-3 Vi	73502	320	IC Radiology	$ 351.58	$ 159.42	$ 220.75	$ 92.48	$ 314.03	
Service Item	Inpatient and Outpatient	X-Ray Exam Hip Uni 2-3 Vi	73502	320	MC Diag Radiology	$ 352	$ 159	$ 287.35	$ 92	$ 888	
Service Item	Outpatient	X-Ray Exam Hip Uni 2-3 Vi	73502	320	NC Diag Imaging	$ 351.58	$ 159.42	$ 287.35	$ 92.48	$ 887.81	
Service Item	Outpatient	X-Ray Exam Hip Uni 2-3 Vi	73502	320	SC Diag Imaging	$ 351.58	$ 159.42	$ 287.35	$ 92.48	$ 887.81	
Service Package	Inpatient and Outpatient	Xray Plc Dist Ext Thor Ao	75959	320	MC Cath Lab Srvcs	$ 3,605	Charges have been	$ 3,302.44	$ 3,150	$ 3,220	
Service Package	Inpatient and Outpatient	Xray Plc Prox Ext Thor Ao	75958	320	MC Cath Lab Srvcs	$ 3,605	Charges have been included in the inpatient service package or MSDRG table or could be included in an outpatient service package to simplify payment information to the consumer	$ 3,302.44	$ 3,150	$ 3,220	
Service Item	Inpatient and Outpatient	Yersinia antibody-ARUP	86793	301	MC Reference Lab	$ 15	$ 59	$ 28.37	$ 9	$ 130	
Service Item	Outpatient	Yttrium-90 Zevalin	A9543	344	VR Radiation Onc	$ 64,890.00	$ 61,776.91	$ 45,552.46	$ 4,055.00	$ 63,000.00	
Service Package	Inpatient and Outpatient	Zebra Exchange Guidewire	C1769	272	MC Central Supply	$ 742	Charges have been included in the inpatient service package or MSDRG table or could be included in an outpatient service package to simplify payment information to the consumer	$ 686.60	$ 661	$ 676	
Service Item	Outpatient	Zerbaxa 1 g-0.5 g Pow-Inj	J0695	636	CD Infusion Clinic	$ 509.90	$ 305.94	$ 253.96	$ 4.88	$ 469.11	
Service Item	Inpatient and Outpatient	Zerbaxa 1 g-0.5 g Pow-Inj	J0695	636	MC Pharmacy	$ 510	$ 311	$ 253.96	$ 5	$ 469	
Service Item	Outpatient	Zerbaxa 1 g-0.5 g Pow-Inj	J0695	636	NC Urgent Care	$ 509.90	$ 310.74	$ 252.68	$ 4.88	$ 469.11	
Service Item	Outpatient	Zerbaxa 1 g-0.5 g Pow-Inj	J0695	636	SC Urgent Care	$ 509.90	$ 310.74	$ 253.96	$ 4.88	$ 469.11	
Service Item	Outpatient	zidovudine 10 mg/mL Inj 20 mL	J3485	636	CD Infusion Clinic	$ 162.90	$ 97.74	$ 97.07	$ 1.14	$ 149.87	
Service Item	Inpatient and Outpatient	zidovudine 10 mg/mL Inj 20 mL	J3485	636	MC Pharmacy	$ 163	$ 98	$ 97.07	$ 1	$ 150	
Service Item	Outpatient	zidovudine 10 mg/mL Inj 20 mL	J3485	636	NC Urgent Care	$ 162.90	$ 97.74	$ 96.66	$ 1.14	$ 149.87	
Service Item	Outpatient	zidovudine 10 mg/mL Inj 20 mL	J3485	636	SC Urgent Care	$ 162.90	$ 97.74	$ 97.07	$ 1.14	$ 149.87	
Service Item	Outpatient	zinc (as chloride) 100 mcg/0.1 mL Inj	J3490	636	CD Infusion Clinic	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98	
Service Item	Inpatient and Outpatient	zinc (as chloride) 100 mcg/0.1 mL Inj	J3490	636	MC Pharmacy	$ 12	$ 7	$ 15.63	$ 7	$ 28	
Service Item	Outpatient	zinc (as chloride) 100 mcg/0.1 mL Inj	J3490	636	NC Urgent Care	$ 12.10	$ 7.26	$ 15.60	$ 7.26	$ 27.98	
Service Item	Outpatient	zinc (as chloride) 100 mcg/0.1 mL Inj	J3490	636	SC Urgent Care	$ 12.10	$ 7.26	$ 15.63	$ 7.26	$ 27.98	
Service Item	Inpatient and Outpatient	Zinc Level-ARUP	84630	300	MC Reference Lab	$ 10	$ 51	$ 22.88	$ 6	$ 112	
Service Item	Inpatient and Outpatient	Zinc Timed Urine-ARUP	84630	300	MC Reference Lab	$ 13	$ 51	$ 24.26	$ 8	$ 112	
Service Item	Inpatient and Outpatient	Zinc Transporter 8 Antibody-ARUP	86341	300	MC Reference Lab	$ 18	$ 69	$ 38.74	$ 11	$ 195	
Service Item	Outpatient	ziprasidone 20 mg IM Inj	J3486	636	CD Infusion Clinic	$ 211.45	$ 126.87	$ 134.61	$ 21.52	$ 194.53	
Service Item	Inpatient and Outpatient	ziprasidone 20 mg IM Inj	J3486	636	MC Pharmacy	$ 211	$ 127	$ 134.61	$ 22	$ 195	
Service Item	Outpatient	ziprasidone 20 mg IM Inj	J3486	636	NC Urgent Care	$ 211.45	$ 126.87	$ 134.08	$ 21.52	$ 194.53	
Service Item	Outpatient	ziprasidone 20 mg IM Inj	J3486	636	SC Urgent Care	$ 211.45	$ 126.87	$ 134.61	$ 21.52	$ 194.53	

Service Item	Outpatient	Zofran 4Mg/2Ml	J2405	636	CD Infusion Clinic	$ 2.60	$ 1.56	$ 4.46	$ 0.16	$ 8.22
Service Item	Inpatient and Outpatient	Zofran 4Mg/2Ml	J2405	636	MC Pharmacy	$ 3	$ 8	$ 4.46	$ 0	$ 8
Service Item	Outpatient	Zofran 4Mg/2Ml	J2405	636	NC Urgent Care	$ 2.60	$ 8.09	$ 4.45	$ 0.16	$ 8.22
Service Item	Outpatient	Zofran 4Mg/2Ml	J2405	636	SC Urgent Care	$ 2.60	$ 8.09	$ 4.46	$ 0.16	$ 8.22
Service Item	Outpatient	Zofran 4Mg/2Ml	J2405	636	VD Visalia Dialysis	$ 2.60	$ 1.56	$ 4.46	$ 0.16	$ 8.22
Service Item	Outpatient	zoledronic acid 4 mg/5 mL Inj 5 mL	J3489	636	CD Infusion Clinic	$ 222.70	$ 133.62	$ 155.74	$ 10.78	$ 204.88
Service Item	Inpatient and Outpatient	zoledronic acid 4 mg/5 mL Inj 5 mL	J3489	636	MC Pharmacy	$ 223	$ 134	$ 155.74	$ 11	$ 205
Service Item	Outpatient	zoledronic acid 4 mg/5 mL Inj 5 mL	J3489	636	NC Urgent Care	$ 222.70	$ 133.62	$ 155.19	$ 10.78	$ 204.88
Service Item	Outpatient	zoledronic acid 4 mg/5 mL Inj 5 mL	J3489	636	SC Urgent Care	$ 222.70	$ 133.62	$ 155.74	$ 10.78	$ 204.88
Service Item	Outpatient	zoledronic acid 5 mg/100 mL Premix	J3489	636	CD Infusion Clinic	$ 1,604.00	$ 962.40	$ 652.32	$ 10.78	$ 1,475.68
Service Item	Inpatient and Outpatient	zoledronic acid 5 mg/100 mL Premix	J3489	636	MC Pharmacy	$ 1,604	$ 1,160	$ 652.32	$ 11	$ 1,476
Service Item	Outpatient	zoledronic acid 5 mg/100 mL Premix	J3489	636	NC Urgent Care	$ 1,604.00	$ 1,160.33	$ 648.31	$ 10.78	$ 1,475.68
Service Item	Outpatient	zoledronic acid 5 mg/100 mL Premix	J3489	636	SC Urgent Care	$ 1,604.00	$ 1,160.33	$ 652.32	$ 10.78	$ 1,475.68
Service Item	Inpatient and Outpatient	Zonisamide Quantitative-ARUP	80299	300	MC Reference Lab	$ 14	$ 65	$ 30.93	$ 9	$ 148
Service Item	Outpatient	zoster vaccine live Inj 0.65 mL	90736	636	CD Infusion Clinic	$ 657.50	$ 394.50	$ 471.85	$ 198.07	$ 604.90
Service Item	Inpatient and Outpatient	zoster vaccine live Inj 0.65 mL	90736	636	MC Pharmacy	$ 658	$ 395	$ 471.85	$ 198	$ 605
Service Item	Outpatient	zoster vaccine live Inj 0.65 mL	90736	636	NC Urgent Care	$ 657.50	$ 394.50	$ 470.21	$ 198.07	$ 604.90
Service Item	Outpatient	zoster vaccine live Inj 0.65 mL	90736	636	SC Urgent Care	$ 657.50	$ 394.50	$ 471.85	$ 198.07	$ 604.90

Service Description	Services	SvcProvider	Gross charge	Cash price	Private Insurance	Minimum Rate	Maximum Rate
HH100110	Wd-Dress, Xcell 3.5 X 3.5	Home Health	$ 70.42	$ 42.25	$ 38.44	$ 42.25	$ 64.79
HH1009	Wd-Dress, Nugauze Iodoform 1''	Home Health	$ 18.55	$ 11.13	$ 14.88	$ 11.13	$ 17.07
HH1010	Wd-Dress, Nugauze Iodofrm 1/2'	Home Health	$ 15.89	$ 9.53	$ 13.15	$ 9.53	$ 14.62
HH1011	Wd-Dress, Nugauze Iodofm 1/4''	Home Health	$ 14.56	$ 8.74	$ 12.58	$ 8.74	$ 13.40
HH1013	Wd-Dress, Nugauze Plain 1/2''	Home Health	$ 14.56	$ 8.74	$ 12.46	$ 8.74	$ 13.40
HH1014	Wd-Dress, Nugauze Plain 1/4''	Home Health	$ 14.28	$ 8.57	$ 12.67	$ 8.57	$ 13.14
HH1015	Wd-Dress, Nugauze Plain 1''	Home Health	$ 15.05	$ 9.03	$ 14.48	$ 9.03	$ 13.85
HH102	Wd-Straps Montgomery	Home Health	$ 18.48	$ 11.09	$ 8.35	$ 11.09	$ 17.00
HH105	Wd-Dress, Abd 5X9	Home Health	$ 0.84	$ 0.50	$ 0.97	$ 0.50	$ 0.77
HH106	Wd-Dress, Abd 8X10	Home Health	$ 1.40	$ 0.84	$ 1.36	$ 0.84	$ 1.29
HH1104	Perineal Cleaning Bottle	Home Health	$ 1.75	$ 1.05	$ 1.66	$ 1.05	$ 1.61
HH1106	Wd-Hydrogen Peroxide 8 Oz	Home Health	$ 2.10	$ 1.26	$ 9.50	$ 1.26	$ 1.93
HH1112	Gu-Cath Kit Suction 14 Fr	Home Health	$ 19.88	$ 11.93	$ 9.13	$ 11.93	$ 18.29
HH112	Wd-Dress, Adaptic 3X3	Home Health	$ 1.26	$ 0.76	$ 2.30	$ 0.76	$ 1.16
HH113	Wd-Dress, Adaptic 3X8	Home Health	$ 4.06	$ 2.44	$ 5.38	$ 2.44	$ 3.74
HH1207	Gi-Tube Salem Sump 18Fr	Home Health	$ 8.40	$ 5.04	$ 12.40	$ 5.04	$ 7.73
HH123456	8 Dic Disposable Inner Cannula	Home Health	$ 20.30	$ 12.18	$ 8.80	$ 12.18	$ 18.68
HH1246	Iv-Bandaid Sheer Strip 3/4''	Home Health	$ 0.07	$ 0.04	$ 29.36	$ 0.04	$ 0.06
HH125	Stay Fixx - Cath Fastener	Home Health	$ 67.90	$ 40.74	$ 32.11	$ 40.74	$ 62.47
HH1255	Gi-Connector Sims	Home Health	$ 6.44	$ 3.86	$ 14.27	$ 3.86	$ 5.92
HH1258	Wd-Staple Remover	Home Health	$ 26.60	$ 15.96	$ 11.88	$ 15.96	$ 24.47
HH1268	Wd-Gauze Soft-Wick Drain 4X4	Home Health	$ 0.91	$ 0.55	$ 0.76	$ 0.55	$ 0.84
HH1274	Wd-Specimen Container 4 Oz.	Home Health	$ 0.84	$ 0.50	$ 23.04	$ 0.50	$ 0.77
HH130	Wd-Tape 3M Medipore 4'' Cloth	Home Health	$ 52.50	$ 31.50	$ 25.55	$ 31.50	$ 48.30
HH1311	Ostomy Drain Pouch 1 1/2''	Home Health	$ 6.65	$ 3.99	$ 6.92	$ 3.99	$ 6.12
HH1313	Ostomy Drain Pouch 1 3/4''	Home Health	$ 9.38	$ 5.63	$ 8.10	$ 5.63	$ 8.63
HH1315	Ostomy Drain Pouch 2 3/4''	Home Health	$ 9.38	$ 5.63	$ 8.01	$ 5.63	$ 8.63
HH1316	Ostomy Drain Pouch 4''	Home Health	$ 9.17	$ 5.50	$ 15.18	$ 5.50	$ 8.44
HH1317	Ostomy Irr Sleeve 1 3/4''	Home Health	$ 25.97	$ 15.58	$ 19.57	$ 15.58	$ 23.89
HH1318	Ostomy Irr Sleeve 2 3/4''	Home Health	$ 19.32	$ 11.59	$ 19.02	$ 11.59	$ 17.77
HH1321	Ostomy Appliance Belt	Home Health	$ 24.71	$ 14.83	$ 26.01	$ 14.83	$ 22.73
HH1322	Ostomy Stomahesive Paste	Home Health	$ 35.49	$ 21.29	$ 24.40	$ 21.29	$ 32.65
HH1325	Ostomy Wafer 1 1/2''	Home Health	$ 21.00	$ 12.60	$ 18.20	$ 12.60	$ 19.32
HH1327	Ostomy Wafer 1 1/2''	Home Health	$ 21.14	$ 12.68	$ 19.57	$ 12.68	$ 19.45
HH1330	Ostomy Wafer 4''	Home Health	$ 24.15	$ 14.49	$ 20.90	$ 14.49	$ 22.22
HH1331	Ostomy Stomahesive Powder	Home Health	$ 24.22	$ 14.53	$ 13.25	$ 14.53	$ 22.28
HH1335	Ostomy Duo-Lock Closure	Home Health	$ 6.44	$ 3.86	$ 10.31	$ 3.86	$ 5.92
HH1337	Ostomy Uro Pouch 1 1/2''	Home Health	$ 17.43	$ 10.46	$ 12.73	$ 10.46	$ 16.04
HH1339	Ostomy Uro Pouch 1 3/4''	Home Health	$ 12.04	$ 7.22	$ 9.43	$ 7.22	$ 11.08
HH13400	Wd-Wound Scissors	Home Health	$ 9.80	$ 5.88	$ 7.05	$ 5.88	$ 9.02
HH1372	Wd-Steri Strips	Home Health	$ 6.51	$ 3.91	$ 5.90	$ 3.91	$ 5.99
HH14036	Iv-Start Kit W/Statlock	Home Health	$ 7.14	$ 4.28	$ 11.70	$ 4.28	$ 6.57
HH15802	Ostomy Wafer 1 3/4'' Convex	Home Health	$ 19.95	$ 11.97	$ 9.37	$ 11.97	$ 18.35
HH164	Barrier Sterile Field	Home Health	$ 1.75	$ 1.05	$ 4.81	$ 1.05	$ 1.61
HH167	Ostomy Drain Pouch 2 1/4''	Home Health	$ 9.38	$ 5.63	$ 8.95	$ 5.63	$ 8.63
HH168	Ostomy Wafer 2 1/4''	Home Health	$ 11.34	$ 6.80	$ 10.98	$ 6.80	$ 10.43
HH1713	Wd-Suture Remover Kit	Home Health	$ 14.07	$ 8.44	$ 6.83	$ 8.44	$ 12.94
HH1747	Wd-Tegaderm 2 3/8'' X 2 3/4''	Home Health	$ 1.75	$ 1.05	$ 1.00	$ 1.05	$ 1.61
HH1749	Wd-Dress, Telfa Surg 3X4	Home Health	$ 0.56	$ 0.34	$ 0.51	$ 0.34	$ 0.52
HH1750	Wd-Dress, Telfa Surg 8X3	Home Health	$ 0.63	$ 0.38	$ 7.02	$ 0.38	$ 0.58
HH1756	Iv-Stopcock 3 Way	Home Health	$ 15.61	$ 9.37	$ 10.52	$ 9.37	$ 14.36
HH1774	Wd-Cover Sponge 4X3 Sterile	Home Health	$ 8.75	$ 5.25	$ 27.97	$ 5.25	$ 8.05
HH1839	Wd-Tray Trach Care	Home Health	$ 56.00	$ 33.60	$ 24.98	$ 33.60	$ 51.52
HH1869	Urinal Gold	Home Health	$ 1.82	$ 1.09	$ 12.64	$ 1.09	$ 1.67
HH1871	Gu-Cath Urinary Drainage Bag	Home Health	$ 27.44	$ 16.46	$ 19.81	$ 16.46	$ 25.24
HH1885	Gu-Cath External Urinary Lrg	Home Health	$ 18.41	$ 11.05	$ 12.79	$ 11.05	$ 16.94
HH1886	Gu-Cath External Urinary Med	Home Health	$ 11.20	$ 6.72	$ 5.90	$ 6.72	$ 10.30
HH1896	Wd-Dress, Vaseline Gauze 3X9	Home Health	$ 2.45	$ 1.47	$ 3.21	$ 1.47	$ 2.25
HH1978	Wd-Tegaderm 4X4 3/4''	Home Health	$ 4.97	$ 2.98	$ 6.38	$ 2.98	$ 4.57
HH1979	Wd-Tegaderm 6X8	Home Health	$ 9.80	$ 5.88	$ 5.59	$ 5.88	$ 9.02
HH1985	Wd-Dress, Xeroform Petrolatum	Home Health	$ 3.15	$ 1.89	$ 2.87	$ 1.89	$ 2.90
HH1986	Gi-Christmas Tree Adaptor	Home Health	$ 3.50	$ 2.10	$ 41.07	$ 2.10	$ 3.22
HH200110	Wd-Dress, Xcell Rope	Home Health	$ 91.56	$ 54.94	$ 62.05	$ 54.94	$ 84.24
HH20719	Gu-Cath Tray, Foley 14Fr/5Cc	Home Health	$ 52.08	$ 31.25	$ 52.53	$ 31.25	$ 47.91
HH2081	Gu-Cath Foley Coude 18Fr/05Cc	Home Health	$ 69.51	$ 41.71	$ 45.03	$ 41.71	$ 63.95
HH21532	Wd-Dermal Wound Cleaner 8 Oz.	Home Health	$ 34.72	$ 20.83	$ 17.36	$ 20.83	$ 31.94
HH22	Wd-Betadine Solution 4 Oz	Home Health	$ 5.46	$ 3.28	$ 36.53	$ 3.28	$ 5.02
HH2201	Iv-Groshong Repair Kit	Home Health	$ 79.10	$ 47.46	$ 34.62	$ 47.46	$ 72.77
HH2218	Wd-Dress, Xspan Tubular Sz #4	Home Health	$ 1.05	$ 0.63	$ 17.66	$ 0.63	$ 0.97
HH22201	Rosidal K 8Cm	Home Health	$ 39.83	$ 23.90	$ 37.38	$ 23.90	$ 36.64
HH22202	Rosidal K 10Cm	Home Health	$ 46.69	$ 28.01	$ 43.94	$ 28.01	$ 42.95
HH22203	Rosidal K 12Cm	Home Health	$ 55.02	$ 33.01	$ 32.08	$ 33.01	$ 50.62
HH2221	Wd-Dress, Xspan Tubular Sz #8	Home Health	$ 19.25	$ 11.55	$ 10.10	$ 11.55	$ 17.71
HH2223	Wd-Blunt 19Ga Needle	Home Health	$ 4.13	$ 2.48	$ 19.17	$ 2.48	$ 3.80
HH2485	Iv-Huber 19Ga X 3/4''	Home Health	$ 40.25	$ 24.15	$ 34.78	$ 24.15	$ 37.03
HH2486	Iv-Huber 19Ga X 1'' W/Tubing	Home Health	$ 40.25	$ 24.15	$ 17.63	$ 24.15	$ 37.03
HH2537	Syringe 0.5Cc Insulin	Home Health	$ 0.56	$ 0.34	$ 105.78	$ 0.34	$ 0.52
HH2544	Dme-Heel Elbow Protectors	Home Health	$ 244.30	$ 146.58	$ 114.00	$ 146.58	$ 224.76

HH2546	Gi-Enteral Lopez Valve	Home Health	$ 19.60	$ 11.76	$ 8.74	$ 11.76	$ 18.03
HH2547	Syringe 1.0Cc Insulin	Home Health	$ 0.63	$ 0.38	$ 5.78	$ 0.38	$ 0.58
HH2554	Gu-Cath Secure	Home Health	$ 12.74	$ 7.64	$ 8.89	$ 7.64	$ 11.72
HH2658	Gu-Cath Robinson 14Fr Sterile	Home Health	$ 7.84	$ 4.70	$ 5.50	$ 4.70	$ 7.21
HH2661	Gu-Cath Robinson 08Fr Sterile	Home Health	$ 4.90	$ 2.94	$ 23.53	$ 2.94	$ 4.51
HH26734	Wd-Promogran 4.34	Home Health	$ 49.56	$ 29.74	$ 25.64	$ 29.74	$ 45.60
HH27	Gu-Leg Bag Extension Tube	Home Health	$ 9.80	$ 5.88	$ 16.15	$ 5.88	$ 9.02
HH271	Gu-Cath Foley Latex 16Fr/30Cc	Home Health	$ 27.58	$ 16.55	$ 41.79	$ 16.55	$ 25.37
HH272	Gu-Cath Foley Coude 16Fr/05Cc	Home Health	$ 69.16	$ 41.50	$ 49.93	$ 41.50	$ 63.63
HH27355	Medihoney Gel 0.5 Oz	Home Health	$ 46.41	$ 27.85	$ 31.96	$ 27.85	$ 42.70
HH274	Gu-Cath Foley Latex 18Fr/30Cc	Home Health	$ 27.58	$ 16.55	$ 23.83	$ 16.55	$ 25.37
HH275	Gu-Cath Foley Latex 20Fr/30Cc	Home Health	$ 27.58	$ 16.55	$ 75.03	$ 16.55	$ 25.37
HH2750	Ostomy Premier Pouch 2''	Home Health	$ 146.09	$ 87.65	$ 136.05	$ 87.65	$ 134.40
HH2751	Ostomy Premier Pouch 1 1/2''	Home Health	$ 168.84	$ 101.30	$ 77.60	$ 101.30	$ 155.33
HH2752	Ostomy Premier Pouch 2 1/2''	Home Health	$ 10.78	$ 6.47	$ 10.22	$ 6.47	$ 9.92
HH2755	Ostomy Uro Pouch 2 3/4''	Home Health	$ 12.88	$ 7.73	$ 32.02	$ 7.73	$ 11.85
HH2764	Gu-Cath Foley Silcon 22Fr/30Cc	Home Health	$ 61.25	$ 36.75	$ 52.92	$ 36.75	$ 56.35
HH2765	Gu-Cath Foley Silcon 24Fr/30Cc	Home Health	$ 61.25	$ 36.75	$ 29.54	$ 36.75	$ 56.35
HH2779	Iv-Start Kit	Home Health	$ 7.14	$ 4.28	$ 15.00	$ 4.28	$ 6.57
HH281	Gu-Cath Foley Latex 22Fr/30Cc	Home Health	$ 27.58	$ 16.55	$ 31.75	$ 16.55	$ 25.37
HH282000	Wd-Mepilex Border Sacrum 7X7	Home Health	$ 45.92	$ 27.55	$ 31.75	$ 27.55	$ 42.25
HH283	Gu-Cath Foley Latex 22Fr/05Cc	Home Health	$ 27.58	$ 16.55	$ 23.83	$ 16.55	$ 25.37
HH284	Gu-Cath Foley Latex 24Fr/30Cc	Home Health	$ 27.58	$ 16.55	$ 19.47	$ 16.55	$ 25.37
HH284190	Wd-Mepilex Lite 4X4	Home Health	$ 17.50	$ 10.50	$ 19.47	$ 10.50	$ 16.10
HH286	Gu-Cath Foley Latex 24Fr/05Cc	Home Health	$ 27.58	$ 16.55	$ 24.55	$ 16.55	$ 25.37
HH287	Gu-Cath Foley Latex 28Fr/30Cc	Home Health	$ 29.26	$ 17.56	$ 29.88	$ 17.56	$ 26.92
HH2896	Gait Belt	Home Health	$ 39.90	$ 23.94	$ 27.16	$ 23.94	$ 36.71
HH2919	Tube Suction Attachment Device	Home Health	$ 22.96	$ 13.78	$ 12.40	$ 13.78	$ 21.12
HH2920	Ostomy Wafer 1 3/4''	Home Health	$ 5.74	$ 3.44	$ 7.44	$ 3.44	$ 5.28
HH2921	Ostomy Wafer 2 3/4'' Flex	Home Health	$ 11.48	$ 6.89	$ 31.42	$ 6.89	$ 10.56
HH2926	Gu-Cath Foley Silcon 20Fr/30Cc	Home Health	$ 61.25	$ 36.75	$ 48.96	$ 36.75	$ 56.35
HH295	Gu-Cath Tray, Foley 16Fr/5Cc	Home Health	$ 52.08	$ 31.25	$ 31.33	$ 31.25	$ 47.91
HH295300	Mepilex Border 4X4	Home Health	$ 20.44	$ 12.26	$ 31.33	$ 12.26	$ 18.80
HH296	Gu-Cath Tray, Foley 18Fr/05Cc	Home Health	$ 52.08	$ 31.25	$ 29.67	$ 31.25	$ 47.91
HH298	Gu-Cath Tray, Urethral 14/15Fr	Home Health	$ 16.59	$ 9.95	$ 14.06	$ 9.95	$ 15.26
HH3011	U-Bag (Newborn)	Home Health	$ 15.96	$ 9.58	$ 25.31	$ 9.58	$ 14.68
HH303	Gu-Cath Foley Silcon 14Fr/05Cc	Home Health	$ 42.63	$ 25.58	$ 21.89	$ 25.58	$ 39.22
HH3044	Wd-Dress, Stratasorb 4X4	Home Health	$ 8.05	$ 4.83	$ 21.74	$ 4.83	$ 7.41
HH305	Gu-Cath Foley Silcon 16Fr/05Cc	Home Health	$ 42.28	$ 25.37	$ 36.68	$ 25.37	$ 38.90
HH306	Gu-Cath Foley Silcon 18Fr/05Cc	Home Health	$ 42.63	$ 25.58	$ 31.51	$ 25.58	$ 39.22
HH3067	Wd-Dress, Vigilon 4X4	Home Health	$ 30.31	$ 18.19	$ 28.46	$ 18.19	$ 27.89
HH307	Gu-Cath Foley Silcon 20Fr/05Cc	Home Health	$ 35.56	$ 21.34	$ 18.20	$ 21.34	$ 32.72
HH3072	Brief Sanitary Strech	Home Health	$ 6.58	$ 3.95	$ 3.36	$ 3.95	$ 6.05
HH3088	Gu-Cath Plug/Protector	Home Health	$ 1.19	$ 0.71	$ 18.96	$ 0.71	$ 1.09
HH309	Gu-Cath Foley Silcon 24Fr/05Cc	Home Health	$ 42.70	$ 25.62	$ 30.24	$ 25.62	$ 39.28
HH31022	Medihoney Calc Alignate - 2X2	Home Health	$ 27.30	$ 16.38	$ 23.19	$ 16.38	$ 25.12
HH31024	Medihoney Hcs 4.3 X 4.3	Home Health	$ 26.39	$ 15.83	$ 38.25	$ 15.83	$ 24.28
HH31045	Medihoney Calc Alignate - 4X5	Home Health	$ 62.16	$ 37.30	$ 26.97	$ 37.30	$ 57.19
HH3111	Wd-Betadine Swabs 3/Pk	Home Health	$ 0.28	$ 0.17	$ 0.12	$ 0.17	$ 0.26
HH3116	Iv-Alcohol Swabstick 3/Pk	Home Health	$ -	$ -	$ 4.84	$ -	$ -
HH3134	Gu-Cath Urinary External Sm	Home Health	$ 11.20	$ 6.72	$ 7.02	$ 6.72	$ 10.30
HH3182	Tubing Clamps	Home Health	$ 5.04	$ 3.02	$ 19.57	$ 3.02	$ 4.64
HH3242	Iv-Huber 22Ga X 3/4'' W/Tubing	Home Health	$ 40.25	$ 24.15	$ 17.39	$ 24.15	$ 37.03
HH3462	Kit Urine Collection	Home Health	$ -	$ -	$ -	$ -	$ -
HH353	Underpad 30X30 Sgl-Chux	Home Health	$ -	$ -	$ 10.07	$ -	$ -
HH365	Wd-Dress, Coban 3''	Home Health	$ 23.31	$ 13.99	$ 88.03	$ 13.99	$ 21.45
HH3723	Dme-Cushion Waffle Foot	Home Health	$ 180.46	$ 108.28	$ 95.95	$ 108.28	$ 166.02
HH3816	Gu-Cath Foley Silcon 22Fr/05Cc	Home Health	$ 41.65	$ 24.99	$ 28.12	$ 24.99	$ 38.32
HH3818	Wd-Hydrocoloid, Tegasrb Sacral	Home Health	$ 23.45	$ 14.07	$ 33.48	$ 14.07	$ 21.57
HH3876	Wd-3M No Sting Barrier Spray	Home Health	$ 54.04	$ 32.42	$ 48.90	$ 32.42	$ 49.72
HH3888	Gu-Cath Foley Silcon 18Fr/30Cc	Home Health	$ 59.15	$ 35.49	$ 65.59	$ 35.49	$ 54.42
HH400110	Wd-Dress, Xcell Anti 3.5 X 3.5	Home Health	$ 92.68	$ 55.61	$ 81.77	$ 55.61	$ 85.27
HH400410	Wd-Dress, Xcell Anti Rope	Home Health	$ 96.60	$ 57.96	$ 78.02	$ 57.96	$ 88.87
HH403771	Wd- Aquacel Ag	Home Health	$ 84.00	$ 50.40	$ 36.41	$ 50.40	$ 77.28
HH421	Wd-Cotton Q-Tips 2 Per Pkg	Home Health	$ 0.28	$ 0.17	$ 5.56	$ 0.17	$ 0.26
HH4312	Benzoin Cmpd	Home Health	$ 12.60	$ 7.56	$ 43.15	$ 7.56	$ 11.59
HH43413	Wd-Dress, Silvasorb	Home Health	$ 87.29	$ 52.37	$ 48.11	$ 52.37	$ 80.31
HH437	Gu-Cath Foley Latex 18Fr/05Cc	Home Health	$ 24.08	$ 14.45	$ 29.97	$ 14.45	$ 22.15
HH4414	Hydrofera Blue	Home Health	$ 45.29	$ 27.17	$ 23.13	$ 27.17	$ 41.67
HH442	Wd-Dress, D-Unit	Home Health	$ 8.26	$ 4.96	$ 7.20	$ 4.96	$ 7.60
HH4595	Wd-Tegagel 1 Oz.	Home Health	$ 8.40	$ 5.04	$ 15.91	$ 5.04	$ 7.73
HH4597	Wd-Dress, Aquacel 4X4	Home Health	$ 28.42	$ 17.05	$ 50.02	$ 17.05	$ 26.15
HH4598	Wd-Alginate, Maxorb 12'' Rope	Home Health	$ 87.36	$ 52.42	$ 47.78	$ 52.42	$ 80.37
HH4609	Wd-Hydrocellular Allevyn 4X4	Home Health	$ 23.24	$ 13.94	$ 28.67	$ 13.94	$ 21.38
HH4648	Wd-Alginate, Maxorb Hg 4X4	Home Health	$ 43.12	$ 25.87	$ 25.89	$ 25.87	$ 39.67
HH4663	Wd-Hydrocoloid, Tegasrb Sq	Home Health	$ 16.80	$ 10.08	$ 7.71	$ 10.08	$ 15.46
HH4687	Needle Cartridge 18X1 1/2	Home Health	$ 1.05	$ 0.63	$ 0.91	$ 0.63	$ 0.97
HH4688	Needle Cartridge 19X1	Home Health	$ 1.05	$ 0.63	$ 0.91	$ 0.63	$ 0.97
HH4690	Needle Cartridge 20X1	Home Health	$ 1.05	$ 0.63	$ 0.91	$ 0.63	$ 0.97
HH4692	Needle Cartridge 21X1	Home Health	$ 1.05	$ 0.63	$ 0.91	$ 0.63	$ 0.97
HH4693	Needle Cartridge 22X 1 1/2	Home Health	$ 1.05	$ 0.63	$ 0.91	$ 0.63	$ 0.97

HH4694	Needle Cartridge 22X1	Home Health	$ 1.05	$ 0.63	$ 0.91	$ 0.63	$ 0.97
HH4695	Needle Cartridge 25X5/8	Home Health	$ 1.05	$ 0.63	$ 2.78	$ 0.63	$ 0.97
HH4703	Iv-Cath Intracan 24 Ga	Home Health	$ 5.39	$ 3.23	$ 7.29	$ 3.23	$ 4.96
HH4705	Iv-Cath Intracan 20 Ga	Home Health	$ 11.48	$ 6.89	$ 9.92	$ 6.89	$ 10.56
HH4706	Iv-Cath Intracan 22 Ga	Home Health	$ 11.48	$ 6.89	$ 12.40	$ 6.89	$ 10.56
HH482	Gu-Leg Bag, Med W/Straps	Home Health	$ 17.22	$ 10.33	$ 17.75	$ 10.33	$ 15.84
HH4873	Wd-Eakin Cohesive Seal	Home Health	$ 23.87	$ 14.32	$ 12.55	$ 14.32	$ 21.96
HH4907	Wd-Normal Saline 500Cc	Home Health	$ 5.18	$ 3.11	$ 3.30	$ 3.11	$ 4.77
HH4915	Inzo Cream Barrier 8Ml	Home Health	$ 2.45	$ 1.47	$ 1.94	$ 1.47	$ 2.25
HH493	Gu-Cath Self Cath Female 14Fr	Home Health	$ 2.03	$ 1.22	$ 1.48	$ 1.22	$ 1.87
HH4959	Chloraprep Onestep	Home Health	$ 1.40	$ 0.84	$ 11.49	$ 0.84	$ 1.29
HH4961	Ostomy Strips, Apapt Barrier	Home Health	$ 25.20	$ 15.12	$ 19.75	$ 15.12	$ 23.18
HH4962	Ostomy Ring, Adapt 20Mm	Home Health	$ 20.51	$ 12.31	$ 17.72	$ 12.31	$ 18.87
HH4963	Ostomy Ring, Adapt 30Mm	Home Health	$ 20.51	$ 12.31	$ 17.72	$ 12.31	$ 18.87
HH4964	Ostomy Ring, Adapt 40Mm	Home Health	$ 20.51	$ 12.31	$ 17.72	$ 12.31	$ 18.87
HH4965	Ostomy Ring, Adapt 50Mm	Home Health	$ 20.51	$ 12.31	$ 19.75	$ 12.31	$ 18.87
HH4966	Ostomy Ring, Adapt Convex 20M	Home Health	$ 25.20	$ 15.12	$ 21.77	$ 15.12	$ 23.18
HH4967	Ostomy Ring, Adapt Convex 30 M	Home Health	$ 25.20	$ 15.12	$ 21.77	$ 15.12	$ 23.18
HH4968	Ostomy Ring, Adapt Convex 40 M	Home Health	$ 25.20	$ 15.12	$ 62.78	$ 15.12	$ 23.18
HH4970	Ostomy Mini Drain Pouch 2 1/2'	Home Health	$ 120.12	$ 72.07	$ 90.51	$ 72.07	$ 110.51
HH4973	Ostomy Wafer Flextend 1 1/4''	Home Health	$ 89.39	$ 53.63	$ 279.33	$ 53.63	$ 82.24
HH4992301	Aspira 1L Drainage Bag	Home Health	$ 557.20	$ 334.32	$ 255.20	$ 334.32	$ 512.62
HH506488	Wd-Restore 4X5	Home Health	$ 33.53	$ 20.12	$ 189.88	$ 20.12	$ 30.85
HH507500	Pleurx Drainage Kit 500Cc	Home Health	$ 406.00	$ 243.60	$ 347.76	$ 243.60	$ 373.52
HH507510	Pleurex Drainage Kit 1000Cc	Home Health	$ 399.00	$ 239.40	$ 174.00	$ 239.40	$ 367.08
HH510	Wd-Ace Bandage Elas 4''	Home Health	$ 3.78	$ 2.27	$ 3.14	$ 2.27	$ 3.48
HH51024	Putty Container	Home Health	$ 3.50	$ 2.10	$ 3.99	$ 2.10	$ 3.22
HH511	Wd-Ace Bandage Elas 6''	Home Health	$ 5.74	$ 3.44	$ 10.55	$ 3.44	$ 5.28
HH5189	Wd-Amerigel	Home Health	$ 18.69	$ 11.21	$ 78.38	$ 11.21	$ 17.19
HH52330	Theraputty, Soft Turquoise	Home Health	$ 162.75	$ 97.65	$ 74.96	$ 97.65	$ 149.73
HH52348	Mastisol Liqadhisive 2/3Ml Via	Home Health	$ 10.78	$ 6.47	$ 30.00	$ 6.47	$ 9.92
HH529972	Restore Hydrogel Sponge 4X4	Home Health	$ 58.66	$ 35.20	$ 84.85	$ 35.20	$ 53.97
HH546	Ostomy Irrigation Set W/Cone	Home Health	$ 137.76	$ 82.66	$ 64.96	$ 82.66	$ 126.74
HH547	Gi-Enema Bucket Set	Home Health	$ 12.60	$ 7.56	$ 59.36	$ 7.56	$ 11.59
HH54738	Gi-Kangaroo G-Tube 24Fr/30Cc	Home Health	$ 124.81	$ 74.89	$ 57.34	$ 74.89	$ 114.83
HH548	Gi-Enema Oil-Retention	Home Health	$ 7.91	$ 4.75	$ 3.57	$ 4.75	$ 7.28
HH549	Gi-Castile Enema Soap	Home Health	$ 0.35	$ 0.21	$ 6.23	$ 0.21	$ 0.32
HH574	Iv-Cath Extension Tubing Set	Home Health	$ 14.07	$ 8.44	$ 7.71	$ 8.44	$ 12.94
HH589	Gi-Tube Enteral Feeding 8Frx16	Home Health	$ 3.78	$ 2.27	$ 7.32	$ 2.27	$ 3.48
HH592	Gu-Cath Female-Spec Collection	Home Health	$ 13.16	$ 7.90	$ 6.50	$ 7.90	$ 12.11
HH607	Wd-Dress, Kerlix Single 2585	Home Health	$ 1.89	$ 1.13	$ 3.45	$ 1.13	$ 1.74
HH623	Bedpan Fracture	Home Health	$ 6.09	$ 3.65	$ 5.41	$ 3.65	$ 5.60
HH631	Wd-Gauze Sponge 2X2 Unsterile	Home Health	$ 6.44	$ 3.86	$ 5.05	$ 3.86	$ 5.92
HH632	Wd-Gauze Sponge 2X2 Sterile	Home Health	$ 5.25	$ 3.15	$ 9.34	$ 3.15	$ 4.83
HH633	Wd-Gauze Sponge 4X4 Unsterile	Home Health	$ 16.38	$ 9.83	$ 8.16	$ 9.83	$ 15.07
HH635	Wd-Gauze Spong Tub 4X4 Sterile	Home Health	$ 2.52	$ 1.51	$ 17.33	$ 1.51	$ 2.32
HH65	Wd-Dress, Unna Boot	Home Health	$ 37.59	$ 22.55	$ 19.87	$ 22.55	$ 34.58
HH662	Cup I & O 240Cc	Home Health	$ 8.40	$ 5.04	$ 8.77	$ 5.04	$ 7.73
HH663	Cup I & O 1000Cc	Home Health	$ 11.90	$ 7.14	$ 31.15	$ 7.14	$ 10.95
HH66801307	Wd - Allevyn Life Sacrum 8 1/2	Home Health	$ 60.20	$ 36.12	$ 83.31	$ 36.12	$ 55.38
HH695252	Mrsa Kit - Disposable	Home Health	$ 132.65	$ 79.59	$ 64.20	$ 79.59	$ 122.04
HH7	Gu-Cath Pak, Universal Tray	Home Health	$ 15.96	$ 9.58	$ 36.56	$ 9.58	$ 14.68
HH7081	Wd-Bandage Compres-Profore	Home Health	$ 68.67	$ 41.20	$ 30.72	$ 41.20	$ 63.18
HH716801	Theraband Yellow	Home Health	$ 2.45	$ 1.47	$ 2.21	$ 1.47	$ 2.25
HH716802	Theraband Red	Home Health	$ 2.66	$ 1.60	$ 2.42	$ 1.60	$ 2.45
HH716803	Theraband Green	Home Health	$ 2.94	$ 1.76	$ 2.60	$ 1.76	$ 2.70
HH716804	Theraband Blue	Home Health	$ 3.08	$ 1.85	$ 13.55	$ 1.85	$ 2.83
HH7217	Wd-Tender Wet 1.6'' Rnd Active	Home Health	$ 28.28	$ 16.97	$ 25.28	$ 16.97	$ 26.02
HH7218	Wd-Tender Wet 2.2'' Rnd Active	Home Health	$ 30.24	$ 18.14	$ 27.61	$ 18.14	$ 27.82
HH7219	Wd-Tender Wet 3X3'' Sq Active	Home Health	$ 33.67	$ 20.20	$ 34.23	$ 20.20	$ 30.98
HH7220	Wd-Tender Wet 4X4'' Sq Active	Home Health	$ 45.57	$ 27.34	$ 29.97	$ 27.34	$ 41.92
HH7221	Wd-Tender Wet 1.6'' Rnd Cavity	Home Health	$ 23.80	$ 14.28	$ 21.23	$ 14.28	$ 21.90
HH7222	Wd-Tender Wet 2.2'' Rnd Cavity	Home Health	$ 25.34	$ 15.20	$ 11.91	$ 15.20	$ 23.31
HH727	Syringe 2 Oz Catheter Tip	Home Health	$ 2.24	$ 1.34	$ 5.47	$ 1.34	$ 2.06
HH729	Gu-Irrigation Tray	Home Health	$ 10.43	$ 6.26	$ 48.32	$ 6.26	$ 9.60
HH775207	Kinesio Tape, 2'' X 5.5 Yd	Home Health	$ 101.43	$ 60.86	$ 51.53	$ 60.86	$ 93.32
HH7805	Ostomy Ring, Adapt (Flat) 48Mm	Home Health	$ 17.85	$ 10.71	$ 11.22	$ 10.71	$ 16.42
HH815	Gu-Sterile Water F/Irrig 1500C	Home Health	$ 8.12	$ 4.87	$ 5.32	$ 4.87	$ 7.47
HH8207	Wd-Dress, Coversite 6X6	Home Health	$ 4.20	$ 2.52	$ 3.11	$ 2.52	$ 3.86
HH8208	Wd-Dress, Coversite 4X4	Home Health	$ 3.01	$ 1.81	$ 1.42	$ 1.81	$ 2.77
HH827	Gi-K Y Lubafax-Sm Packet	Home Health	$ 0.28	$ 0.17	$ 1.33	$ 0.17	$ 0.26
HH833	Wd-Dress, Kerlix Roll 2 1/2''	Home Health	$ 2.80	$ 1.68	$ 3.14	$ 1.68	$ 2.58
HH834	Wd-Dress, Kerlix Rolls 4 1/2''	Home Health	$ 4.48	$ 2.69	$ 19.57	$ 2.69	$ 4.12
HH8622	Puracol Plus	Home Health	$ 40.81	$ 24.49	$ 28.12	$ 24.49	$ 37.55
HH8624	Ostomy Wafer 1'' Convex	Home Health	$ 24.29	$ 14.57	$ 28.37	$ 14.57	$ 22.35
HH86466	Xtra Sorb Hcs 6X6	Home Health	$ 41.37	$ 24.82	$ 64.44	$ 24.82	$ 38.06
HH88330	Ostomy, 1 Piece 1 3/16 ''	Home Health	$ 107.80	$ 64.68	$ 100.46	$ 64.68	$ 99.18
HH89	Gi-Kangaroo G-Tube 20Fr/30Cc	Home Health	$ 124.74	$ 74.84	$ 69.31	$ 74.84	$ 114.76
HH9	Gi-Peg Flexiflo Y Connector	Home Health	$ 35.70	$ 21.42	$ 63.81	$ 21.42	$ 32.84
HH90	Gi-Kangaroo G-Tube 18Fr/30Cc	Home Health	$ 112.00	$ 67.20	$ 102.27	$ 67.20	$ 103.04
HH91	Gi-Kangaroo G-Tube 22Fr/30Cc	Home Health	$ 124.74	$ 74.84	$ 104.33	$ 74.84	$ 114.76

HH9210	Arglaes Powder	Home Health	$ 116.76	$ 70.06	$ 51.38	$ 70.06	$ 107.42
HH930	Tape Micropore 1'' Paper	Home Health	$ 2.17	$ 1.30	$ 16.06	$ 1.30	$ 2.00
HH93005	Marathon 0.5G	Home Health	$ 35.00	$ 21.00	$ 16.96	$ 21.00	$ 32.20
HH932	Tape Micropore 2'' Paper	Home Health	$ 4.27	$ 2.56	$ 28.94	$ 2.56	$ 3.93
HH9445	Wd-Maxorb Extra Ag	Home Health	$ 62.72	$ 37.63	$ 27.19	$ 37.63	$ 57.70
HH948	Iv-Needle Bd 21Ga X 1 1/2'	Home Health	$ 0.21	$ 0.13	$ 0.67	$ 0.13	$ 0.19
HH959	Syringe 10Cc	Home Health	$ 1.33	$ 0.80	$ 1.15	$ 0.80	$ 1.22
HH960	Syringe 20Cc	Home Health	$ 1.33	$ 0.80	$ 22.23	$ 0.80	$ 1.22
HH9604	Wd-Optifoam Ag Adhesive	Home Health	$ 50.12	$ 30.07	$ 22.20	$ 30.07	$ 46.11
HH962	Syringe 3Cc 23Ga X 1''	Home Health	$ 1.26	$ 0.76	$ 0.97	$ 0.76	$ 1.16
HH964	Syringe 3Cc 22Ga X 1 1/2'	Home Health	$ 0.98	$ 0.59	$ 0.91	$ 0.59	$ 0.90
HH965	Syringe 25Ga X 5/8''	Home Health	$ 1.12	$ 0.67	$ 1.15	$ 0.67	$ 1.03
HH966	Syringe 30Cc	Home Health	$ 1.54	$ 0.92	$ 0.85	$ 0.92	$ 1.42
HH967	Syringe 5Cc	Home Health	$ 0.42	$ 0.25	$ 1.00	$ 0.25	$ 0.39
HH974	Syringe Tb 1Cc	Home Health	$ 1.89	$ 1.13	$ 12.04	$ 1.13	$ 1.74
HH9826	Wd-Tape 3M Medipore 2'' Cloth	Home Health	$ 25.97	$ 15.58	$ 12.22	$ 15.58	$ 23.89
HH995	Iv-Butterfly 23Ga	Home Health	$ 2.31	$ 1.39	$ 78.82	$ 1.39	$ 2.13
HHHomeHealthAide	Home Health Aide	Home Health	$ 134.00	$ 80.40	$ 187.84	$ 80.40	$ 123.28
HHMedSocWorker	Medical Social Worker	Home Health	$ 342.00	$ 205.20	$ 236.05	$ 205.20	$ 314.64
HHOccupationalTherapy	Occupational Therapy	Home Health	$ 256.00	$ 153.60	$ 217.91	$ 153.60	$ 235.52
HHPhysicalTherapy	Physical Therapy	Home Health	$ 256.00	$ 153.60	$ 217.91	$ 153.60	$ 235.52
HHSkilledNurse	Skilled Nurse Visit	Home Health	$ 256.00	$ 153.60	$ 217.91	$ 153.60	$ 235.52
HHSpeechTherapy	Speech Therapy	Home Health	$ 256.00	$ 153.60	$ 217.91	$ 153.60	$ 235.52

Service Description	Services	2020 CPT/HCPCS Primary Code	Gross charge	Cash price	Private Insurance	Minimum Rate	Maximum Rate
KDHIP001	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/ flushing syringe, administration set tubing, dressings, tape	B4034	$ 5.98	$ 3.59	$ 4.93	$ 3.59	$ 22.05
KDHIP002	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/ flushing syringe, administration set tubing, dressings, tape	B4035	$ 10.14	$ 6.08	$ 8.50	$ 6.08	$ 22.05
KDHIP003	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/ flushing syringe, administration set tubing, dressings, tape	B4036	$ 8.16	$ 4.90	$ 6.69	$ 4.90	$ 22.05
KDHIP004	Nasogastric tubing with stylet [Medicare limit = 3 per 3 mos]	B4081	$ 31.46	$ 18.88	$ 24.87	$ 18.88	$ 22.05
KDHIP005	Nasogastric tubing without stylet [Medicare limit = 1 per 3 mos]2	B4082	$ 22.18	$ 13.31	$ 17.62	$ 13.31	$ 22.05
KDHIP006	Stomach tube - levine type [Medicare limit = 3 per 3 mos]	B4083	$ 3.24	$ 1.94	$ 2.58	$ 1.94	$ 22.05
KDHIP007	Gastrostomy/ jejunostomy tube, standard, any material, any type, each [Medicare limit = 1 per 3 mos	B4087	$ 58.78	$ 35.27	$ 47.60	$ 35.27	$ 22.05
KDHIP008	Gastrostomy/ jejunostomy tube, low profile, any material, any type, each [Medicare limit = 1 per 3 mos]	B4088	$ 66.52	$ 39.91	$ 53.86	$ 39.91	$ 22.05
KDHIP009	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4150	$ 0.74	$ 0.44	$ 0.60	$ 0.44	$ 0.74
KDHIP010	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4152	$ 0.60	$ 0.36	$ 0.49	$ 0.36	$ 0.60
KDHIP011	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4153	$ 2.48	$ 1.49	$ 1.98	$ 1.49	$ 2.48

KDHIP012	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	B4154	$ 1.30	$ 0.78	$ 1.06	$ 0.78	$ 1.30
KDHIP013	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	B4155	$ 1.44	$ 0.86	$ 1.13	$ 0.86	$ 1.44
KDHIP014	Parenteral nutrition solution, per 10 grams lipids	B4185	$ 26.86	$ 16.12	$ 19.16	$ 3.79	$ 26.86
KDHIP015	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	B4189	$ 425.06	$ 255.04	$ 344.19	$ 255.04	$ 425.06
KDHIP016	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	B4193	$ 549.22	$ 329.53	$ 444.73	$ 329.53	$ 549.22
KDHIP017	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	B4197	$ 668.68	$ 401.21	$ 541.46	$ 401.21	$ 668.68
KDHIP018	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	B4199	$ 764.06	$ 458.44	$ 618.70	$ 458.44	$ 764.06
KDHIP019	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	B4216	$ 18.46	$ 11.08	$ 14.95	$ 11.08	$ 18.46
KDHIP020	Parenteral nutrition supply kit; premix, per day	B4220	$ 19.14	$ 11.48	$ 15.50	$ 11.48	$ 19.14
KDHIP021	Parenteral nutrition supply kit; home mix, per day	B4222	$ 23.62	$ 14.17	$ 19.13	$ 14.17	$ 23.62
KDHIP022	Parenteral nutrition administration kit, per day	B4224	$ 59.78	$ 35.87	$ 48.41	$ 35.87	$ 59.78

KDHIP023	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	B5000	$ 28.44	$ 17.06	$ 23.03	$ 17.06	$ 28.44
KDHIP024	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	B5100	$ 11.10	$ 6.66	$ 8.99	$ 6.66	$ 11.10
KDHIP025	Enteral nutrition infusion pump, any type Purchase New	B9002	$ 1,215.92	$ 729.55	$ 886.79	$ 104.37	$ 1,215.92
KDHIP026	Enteral nutrition infusion pump, any type Monthly rental	B9002	$ 121.60	$ 72.96	$ 99.12	$ 72.96	$ 121.60
KDHIP027	Enteral nutrition infusion pump, any type Purchase used	B9002	$ 911.94	$ 547.16	$ 667.99	$ 104.37	$ 911.94
KDHIP028	Parenteral nutrition infusion pump, portable Purchase New	B9004	$ 6,033.50	$ 3,620.10	$ 4,885.63	$ 3,620.10	$ 6,033.50
KDHIP029	Parenteral nutrition infusion pump, portable Monthly Rental	B9004	$ 955.12	$ 573.07	$ 773.41	$ 573.07	$ 955.12
KDHIP030	Parenteral nutrition infusion pump, portable Purchase Used	B9004	$ 4,525.10	$ 2,715.06	$ 3,664.20	$ 2,715.06	$ 4,525.10
KDHIP031	Parenteral nutrition infusion pump, stationary Purchase New	B9006	$ 6,033.50	$ 3,620.10	$ 4,885.63	$ 3,620.10	$ 6,033.50
KDHIP032	Parenteral nutrition infusion pump, stationary Monthly Rental	B9006	$ 955.12	$ 573.07	$ 773.41	$ 573.07	$ 955.12
KDHIP033	Parenteral nutrition infusion pump, stationary Purchase used	B9006	$ 4,525.10	$ 2,715.06	$ 3,664.20	$ 2,715.06	$ 4,525.10
KDHIP034	IV Pole, New purchase	E0776	$ 102.06	$ 61.24	$ 75.12	$ 14.92	$ 102.06
KDHIP035	IV Pole, Monthly rental	E0776	$ 10.20	$ 6.12	$ 9.00	$ 6.12	$ 14.92
KDHIP036	IV Pole, Used Purchase	E0776	$ 76.54	$ 45.92	$ 56.75	$ 14.92	$ 76.54
KDHIP037	Injection, Ampicillin sodium, 500mg inj	J0290	$ 1.96	$ 1.18	$ 1.64	$ 0.98	$ 2.65
KDHIP038	Injection, Ampicillin Sodium/.sulbactam sodium, per 1.5gram inj	J0295	$ 5.15	$ 3.09	$ 4.14	$ 2.58	$ 5.18
KDHIP039	Caspofungin acetate, 5mg inj	J0637	$ 14.06	$ 8.44	$ 10.88	$ 7.03	$ 14.06
KDHIP040	Cefazolin sodium, 500mg inj	J0690	$ 1.63	$ 0.98	$ 1.33	$ 0.82	$ 1.84
KDHIP041	Cefepime hydrochloride, 500mg inj	J0692	$ 3.56	$ 2.13	$ 2.77	$ 1.78	$ 3.56
KDHIP042	Ceftrixone sodium, per250mg inj	J0696	$ 0.75	$ 0.45	$ 0.71	$ 0.60	$ 1.58
KDHIP043	Cefuroxime sodium, per 750mg inj	J0697	$ 4.44	$ 2.67	$ 3.41	$ 2.22	$ 4.44
KDHIP044	Cefotazime sodium, per gram inj	J0698	$ 4.66	$ 2.80	$ 3.50	$ 2.33	$ 4.66
KDHIP045	Ceftazidime, per 500mg inj	J0713	$ 4.06	$ 2.43	$ 3.06	$ 2.03	$ 4.06
KDHIP046	Ciprofloxacin, 200mg inj	J0744	$ 2.32	$ 1.39	$ 1.86	$ 1.16	$ 2.32
KDHIP047	Daptomycin, 1mg Inj	J0878	$ 0.59	$ 0.35	$ 0.46	$ 0.29	$ 0.59
KDHIP048	Hydromorphone, up to 4mg inj	J1170	$ 6.20	$ 3.72	$ 4.62	$ 3.10	$ 6.20
KDHIP049	Diphenhydramine, up to 50mg inj	J1200	$ 1.80	$ 1.08	$ 1.44	$ 0.90	$ 1.80
KDHIP050	Ertapenem sodium, 500mg inj	J1335	$ 77.40	$ 46.44	$ 60.37	$ 38.70	$ 77.40
KDHIP051	Immune Globulin Liq. 500mg inj. (Privigen)	J1459	$ 81.69	$ 49.01	$ 64.06	$ 40.84	$ 81.69
KDHIP052	Immune Globulin Liq. 500mg inj. (Gamunex/Gamnex-C)	J1561	$ 80.69	$ 48.42	$ 62.16	$ 40.35	$ 80.69
KDHIP053	Immune Globulin Liq. 500mg inj. (powder not otherwise specifed)	J1566	$ 126.36	$ 75.82	$ 93.31	$ 63.19	$ 126.36

KDHIP054	Immune Globulin Liq. 500mg inj. (Gammagard Liq)	J1569	$ 79.84	$ 47.91	$ 62.61	$ 39.92	$ 79.84
KDHIP055	Immune Globulin Liq. 500mg inj. (Flebogamma)	J1572	$ 71.55	$ 42.93	$ 54.70	$ 35.77	$ 71.55
KDHIP056	Immune Globulin 500mg (Liq. Not otherwise specified)	J1599	$ 101.64	$ 60.98	$ 79.93	$ 60.98	$ 101.64
KDHIP057	Depo-Testosterone vial 1mg	J1071	$ 0.06	$ 0.04	$ 0.05	$ 0.03	$ 0.07
KDHIP058	Methylprednisolone Acetate, 20mg inj	J1020	$ 7.22	$ 4.33	$ 5.44	$ 3.61	$ 7.22
KDHIP059	Hydroxyprgesterone inj. 10mg	J1726	$ 58.40	$ 35.04	$ 44.12	$ 35.04	$ 58.40
KDHIP060	Heparin Sodium, per 10 units	J1642	$ 0.65	$ 0.39	$ 0.48	$ 0.32	$ 0.65
KDHIP061	Enoxaparin sodium, 10mg inj.	J1650	$ 1.34	$ 0.81	$ 1.15	$ 0.67	$ 2.03
KDHIP062	Fondaparinux sodium, 0.5mg inj.	J1652	$ 3.03	$ 1.82	$ 2.64	$ 1.52	$ 5.07
KDHIP063	Solu-Cortef up to 100mg inj.	J1720	$ 26.10	$ 15.66	$ 19.45	$ 13.05	$ 26.10
KDHIP064	Meropenem 100mg, inj	J2185	$ 1.59	$ 0.96	$ 1.34	$ 0.80	$ 2.15
KDHIP065	Micafungin 1mg, inj	J2248	$ 2.11	$ 1.27	$ 1.68	$ 1.06	$ 2.11
KDHIP066	Morphine sulfate, up to 10mg inj	J2270	$ 4.06	$ 2.43	$ 3.09	$ 2.03	$ 4.06
KDHIP067	Ondansetron 1mg, inj	J2405	$ 0.18	$ 0.11	$ 0.15	$ 0.09	$ 0.18
KDHIP068	Zosyn 1.125grams inj.	J2543	$ 3.70	$ 2.22	$ 2.94	$ 1.85	$ 3.70
KDHIP069	Promethazine up to 50mg inj	J2550	$ 4.12	$ 2.47	$ 3.22	$ 2.06	$ 4.12
KDHIP070	Metoclopramide up to 10mg, inj	J2765	$ 2.40	$ 1.44	$ 1.91	$ 1.20	$ 2.40
KDHIP071	Solu Medrol up to 125mg, inj.	J2930	$ 12.63	$ 7.58	$ 9.57	$ 6.32	$ 12.63
KDHIP072	Vancomycin 500mg, inj.	J3370	$ 6.77	$ 4.06	$ 5.42	$ 3.39	$ 6.77
KDHIP073	Normal Saline soln. 1 liter	J7030	$ 5.17	$ 3.10	$ 4.07	$ 2.59	$ 5.17
KDHIP074	Lactated Ringers up to 1000ml	J7120	$ 4.72	$ 2.83	$ 4.19	$ 2.36	$ 8.67
KDHIP075	Nafcillin 2gm, inj	S0032	$ 43.40	$ 26.04	$ 32.96	$ 26.04	$ 43.40
KDHIP076	Metronidiazole 500mg, injj	S0030	$ 1.46	$ 0.87	$ 1.20	$ 0.87	$ 1.67