TOTALLY KIDS REHABILITATION HOSPITALS PRICING TRANSPARANCY

NOVEMBER 2024

NOVEMBER 20)24																							
																		Phys				De-	De-	
																		HealthNetw				identified	identified	1
			Rev				Anthem			Cal Optima			Health Net			IEHP	Molina	ork	United	Kaiser		minimum	maximum	i l
Service			Code/CPT	Charge		Cigna PPO	Managed	Anthem	Blue Shield	Managed	CCS Medi-		Managed	Health Net	Health Net	Managed	Managed	Managed	Healthcare	Managed	Kaiser PPO	negotiated	negotiated	i l
Location	Service Type	Description	Code	Amount	Otv	нмо	Medi-Cal	РРО НМО	РРО НМО	Medi-Cal	Cal	Medi-Cal	Medi-Cal	РРО НМО	TriCare	Medi-Cal	Medi-Cal	Medi-Cal	РРО НМО	Medi-Cal	нмо	charge		Cash Price
INPATIENT	ROOM AND BOARD REHAB	ROOM AND BOARD REHAB	118			\$2,040.00			\$2,345.00	N/A	N/A	N/A	N/A	\$2,142.00	\$2,325.00		\$2,250.00	\$2,199.00	\$2,100.00	\$2,199.00		\$2,100.00	\$3,000.00	
INPATIENT	ROOM AND BOARD MED/SURG	ROOM AND BOARD MED/SURG	118		PER DAY	\$1,785.00	\$1,050.00		\$1,972.00	N/A	N/A	N/A	N/A	\$1,887.00	\$2,325.00		\$1,800.00	\$2,199.00	\$1,750.00	\$2,199.00	\$1,800.00	\$1,750.00	\$2,325.00	
INPATIENT		ROOM AND BOARD SUBACUTE VENT	190-85	,	PER DAY	\$1,785.00		\$1,603.00	\$1,972.00		\$1,375.00	\$1,375.00	\$1,375.00	\$1,375.00	\$1,500.00		\$1,375.00		\$1,730.00	\$2,199.00	\$1,350.00	\$1,750.00	\$2,325.00	
	ROOM AND BOARD SUBACUTE VENT						\$1,275.00			\$1,375.00						\$1,375.00		\$1,375.00						\$1,500.00
INPATIENT	ROOM AND BOARD SUBACUTE NON VEN		190-86		PER DAY	\$1,097.00	\$1,150.00			\$1,259.58	\$1,259.58	\$1,259.58	\$1,259.58	\$1,259.58	\$1,312.50			\$1,259.58	\$1,233.00	\$1,250.00	\$1,250.00	\$1,194.00	\$1,514.00	
OUTPATIENT	REHABILITATIVE SERVICES	PT EVAL (Per Visit)	424			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$375.00	\$100.00			N/A	N/A	\$172.00	\$172.00	\$375.00	\$175.00
OUTPATIENT	REHABILITATIVE SERVICES	PT TREATMENT (15 min)	420			N/A		N/A	N/A	N/A	N/A	N/A		N/A	\$50.00	\$25.00				N/A	\$43.00	\$43.00	\$50.00	
OUTPATIENT	REHABILITATIVE SERVICES	ST EVAL (Per Visit)	444		PER SESSION	N/A		N/A	N/A	N/A	N/A	N/A		N/A	\$275.00	\$100.00				N/A	\$172.00	\$172.00	\$375.00	\$175.00
OUTPATIENT	REHABILITATIVE SERVICES	ST TREATMENT (15 min)	444	\$50.00	1 UNIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$50.00	\$25.00	N/A	N/A	N/A	N/A	\$43.00	\$43.00	\$50.00	\$50.00
OUTPATIENT	REHABILITATIVE SERVICES	OT EVAL (Per Visit)	430	\$300.00	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$275.00	\$100.00	N/A	N/A	N/A	N/A	\$172.00	\$172.00	\$375.00	\$175.00
OUTPATIENT	REHABILITATIVE SERVICES	OT TREATMENT (15 min)	430	\$50.00	1 UNIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$50.00	\$25.00	N/A	N/A	N/A	N/A	\$43.00	\$43.00	\$50.00	\$50.00
OUTPATIENT	REHABILITATIVE SERVICES	Speech/hearing therapy	92507	\$127.14	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$200.00	\$100.00	N/A							
OUTPATIENT	REHABILITATIVE SERVICES	Speech/hearing therapy	92508	\$40.19	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$25.00	N/A							
OUTPATIENT	REHABILITATIVE SERVICES	Speech sound lang comprehen	92523	\$379.32	PER SESSION	N/A		N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A			N/A			N/A	N/A
OUTPATIENT	REHABILITATIVE SERVICES	Oral function therapy	92526	\$141.92		N/A		N/A	N/A	N/A	N/A	N/A			N/A	\$100.00								N/A
OUTPATIENT	REHABILITATIVE SERVICES	Therapeutic exercises	97110			N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A							N/A
OUTPATIENT	NOT OFFERED	Neuromuscular reeducation	97112			N/A		N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A							N/A
OUTPATIENT								N/A N/A	N/A	N/A	N/A N/A	N/A N/A			N/A	\$100.00								N/A
	REHABILITATIVE SERVICES	Gait training therapy	97116			N/A																		
OUTPATIENT	NOT OFFERED	Manual therapy	97140		PER SESSION	N/A		N/A	N/A	N/A	N/A	N/A			N/A	N/A								N/A
OUTPATIENT	NOT OFFERED	Group therapeutic procedures	97150		PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A							N/A
OUTPATIENT	NOT OFFERED	PT EVAL HIGH COMPLEX 45 MIN	97163		PER SESSION	N/A		N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A							N/A
OUTPATIENT	NOT OFFERED	PT RE-EVAL EST PLAN CARE	97164		PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A		,,,					N/A
OUTPATIENT	NOT OFFERED	OT EVAL HIGH COMPLEX 60 MIN	97167	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUTPATIENT	NOT OFFERED	OT RE-EVAL EST PLAN CARE	97168	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUTPATIENT	NOT OFFERED	Therapeutic activities	97530	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUTPATIENT	NOT OFFERED	Self care mngment training	97535	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUTPATIENT	NOT OFFERED	Language evaluation	X4300	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Speech-language therapy (group), each																						
OUTPATIENT	NOT OFFERED	patient	X4302	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
001171112111	HOTOTTENES	Speech-language therapy, individual, per hour			1 211 02 00 10 11	1077		1071			1071	16771	1071	1071	1071	1071	1077						-	1.071
		(following procedures X4300 or																						i l
OUTPATIENT	NOTOFFFRE		X4303	N/A	DED CECCION	NI/A	N1/A	NI/A	N/A	N/A	N/A	NI/A	NI/A	N1/A	N1/A	N/A	NI/A	NI/A	NI/A	N/A	N/A	N/A	N/A	N/A
OUTPATIENT	NOT OFFERED	X4301)	A4303	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Speech-language therapy, individual, 1/2	V.100.1											l				l						i
OUTPATIENT	NOT OFFERED	hour	X4304	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Out-of-office call (payable only for visits to the first																						i l
		patient receiving services at any given location on the																						i l
OUTPATIENT	NOT OFFERED	same day)	X4306	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Speech therapy preliminary evaluation,																						í l
OUTPATIENT	NOT OFFERED	rehabilitation, SNF, ICF	X4308	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Speech generating device (SGD) - related bundled																						
OUTPATIENT	NOT OFFERED	speech therapy services, per visit	X4310	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Single modality to one area; initial 30																						1
OUTPATIENT	NOT OFFERED	minutes	X3900	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Single modality to one area; each																						
OUTPATIENT	NOT OFFERED	additional 15 minutes	X3902	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
001171112111	NOT OTTERED	Single procedure to one area; initial 30		1071	1 211 02 00 10 11						1071	1071	1071											
OUTPATIENT	NOT OFFERED	minutes	X3904	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NI/A	N/A	N/A	N/A	N/A	N/A	NI/A	NI/A	N/A	N/A	N/A
OUTPATIENT	NOTOFFERED		A3304	IV/A	PER SESSION	IN/A	IN/ A	IV/A	N/A	N/A	IN/A	IN/A	N/A	IN/A	N/A	IV/A	IN/A	N/A	IN/A	N/A	IN/A	N/A	N/A	N/A
CUITAITIENIT	NOTOFFFEE	Single procedure to one area; each	X3906	N/A	DED OFFICION	N/A	N/A	N/A	N/A	N/A	N/A			N/A										
OUTPATIENT	NOT OFFERED	additional 15 minutes	X3906	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Treatment including a combination of any modalities																						í l
		and procedures (one or more areas); initial 30																						í l
OUTPATIENT	NOT OFFERED	minutes	X3908	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Treatment including a combination of any modalities																						
		and procedures (one or more areas); each additional																						
OUTPATIENT	NOT OFFERED	15 minutes	X3910		PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A	N/A
OUTPATIENT	NOT OFFERED	Hubbard Tank; initial 30 minutes	X3912	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Hubbard Tank; each additional 15																						
OUTPATIENT	NOT OFFERED	minutes	X3914	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Hubbard Tank or pool therapy with therapeutic																						
OUTPATIENT	NOT OFFERED	exercise: initial 30 minutes	X3916	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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			Rev				Anthem			Cal Optima			Health Net			IEHP	Molina	ork	United	Kaiser		minimum	maximum	
Service			Code/CPT	Charge		Cigna PPO	Managed	Anthem	Blue Shield	Managed	CCS Medi-		Managed	Health Net	Health Net	Managed	Managed	Managed	Healthcare	Managed	Kaiser PPO	negotiated	negotiated	
Location	Service Type	Description	Code	Amount	Qty	нмо	Medi-Cal	РРО НМО	РРО НМО	Medi-Cal	Cal	Medi-Cal	Medi-Cal	РРО НМО	TriCare	Medi-Cal	Medi-Cal	Medi-Cal	РРО НМО	Medi-Cal	нмо	charge	charge	Cash Price
		Hubbard Tank or pool therapy with therapeutic																						
		exercise: each additional 15																						
OUTPATIENT	NOT OFFERED	minutes	X3918	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
001171112111	NOT OTTENED	Any of the tests and measurements;			1 211 02 00 10 11					14//1	14771	1071	1071						1071					
OUTPATIENT	NOT OFFERED	initial 30 minutes, plus report	X3920	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUTFAILER	NOTOTTERED	Any of the tests and measurements; each additional	A3320	N/A	FER SESSION	197.6	IVA	IV/A	11//4	IV/A	N/A	IVA	IV/A	IV/A	IV/A	IV/A	197.6	IV/A	IV/A	IV/A	IV/A	11//	N/A	IV/A
CUITDATICAL	NOTOFFERED		X3922	N/A	DED CECCION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NI/A	N1/A	N/A	N/A	N/A	N/A	N/A	NI/A	N/A	N/A	N/A	N/A
OUTPATIENT	NOT OFFERED	15 minutes, plus report	A3922	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Physical Therapy Preliminary Evaluation	V0004														l	l			l		l	l
OUTPATIENT	NOT OFFERED	rehabilitation center, SNH, ICF	X3924	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Case conference and report; initial 30																						
OUTPATIENT	NOT OFFERED	minutes	X3926		PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	,,,	N/A
OUTPATIENT	NOT OFFERED	Case consultation and report	X3928	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Case conference and report; each																						
OUTPATIENT	NOT OFFERED	additional 15 minutes	X3930	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUTPATIENT	NOT OFFERED	Home or long-term care facility visit; add	X3932	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Mileage, per mile one-way beyond 10- mile radius of																						
		point of origin (office or																						
OUTPATIENT	NOT OFFERED	home)	X3934	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Evaluation – initial 30 minutes, plus				1	1																	
OUTPATIENT	NOT OFFERED	report	X4100	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUTFAILER	NOTOTTERED	Evaluation - each additional 15 minutes,	A4100	N/A	FER SESSION	197.6	IVA	IV/A	11//4	IV/A	N/A	IVA	IV/A	IV/A	IV/A	IV/A	197.6	IV/A	IV/A	IV/A	IV/A	11//	N/A	IV/A
CUITDATICAL	NOTOFFERED		X4102	NIZA	DED CECCION	AL/A	N/A	NI/A	N/A	N/A	N/A	NI/A	NI/A	N1/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NIZA	N/A	NI/A
OUTPATIENT	NOT OFFERED	plus report	X4102	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Case conference and report – initial 30																					l	l
OUTPATIENT	NOT OFFERED	minutes	X4104	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Case conference and report – each																						
OUTPATIENT	NOT OFFERED	additional 15 minutes	X4106	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Occupational therapy preliminary evaluation																					ľ	
		rehabilitation, Nursing Facility																					ľ	
OUTPATIENT	NOT OFFERED	(NF) B, NF-A	X4108	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUTPATIENT	NOT OFFERED	Treatment - initial 30 minutes	X4110	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUTPATIENT	NOT OFFERED	Treatment - each additional 15 minutes	X4112	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Home or long-term care facility visit -																						
OUTPATIENT	NOT OFFERED	add	X4114	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Mileage per mile, one way, beyond a 10- mile radius																						
		of office or usual hospital																					1	
OUTPATIENT	NOT OFFERED	base	X4116	N/A	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUTPATIENT	NOT OFFERED	Case consultation and report	X4120		PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A	N/A	N/A		N/A
N/A	NOT OFFERED	Psychotherapy, 30 min	90832		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Psychotherapy, 45 min	90834		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED		90834		N/A N/A	N/A N/A			N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A		N/A N/A	N/A N/A
		Psychotherapy, 60 min					N/A	N/A														N/A		
N/A	NOT OFFERED	Family psychotherapy, not including patie	90846		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Family psychotherapy, including patient, 5	90847		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED													N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A		Group psychotherapy	90853		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A					N/A	N/A		N/A	N/A	N/A	N/A
	NOT OFFERED	New patient office or other outpatient visi	99203	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A				
N/A	NOT OFFERED	New patient office or other outpatient visi New patient office of other outpatient visi	99203 99204	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A N/A	NOT OFFERED NOT OFFERED	New patient office or other outpatient visi New patient office of other outpatient visi New patient office of other outpatient visi	99203 99204 99205	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A	N/A
N/A N/A N/A	NOT OFFERED NOT OFFERED NOT OFFERED	New patient office or other outpatient visi New patient office of other outpatient visi New patient office of other outpatient visi Patient office consultation, typically 40 mi	99203 99204 99205 99243	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A	N/A N/A
N/A N/A N/A N/A	NOT OFFERED NOT OFFERED NOT OFFERED NOT OFFERED	New patient office or other outpatient visi New patient office of other outpatient visi New patient office of other outpatient visi	99203 99204 99205 99243 99244	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A	N/A N/A	N/A N/A N/A	N/A N/A N/A N/A	N/A N/A	N/A N/A N/A	N/A N/A N/A
N/A N/A N/A	NOT OFFERED NOT OFFERED NOT OFFERED	New patient office or other outpatient visi New patient office of other outpatient visi New patient office of other outpatient visi Patient office consultation, typically 40 mi	99203 99204 99205 99243	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A	N/A N/A
N/A N/A N/A N/A	NOT OFFERED NOT OFFERED NOT OFFERED NOT OFFERED	New patient office or other outpatient visi New patient office of other outpatient visi New patient office of other outpatient visi Patient office consultation, typically 40 mi Patient office consultation, typically 60 mi	99203 99204 99205 99243 99244	N/A N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A	N/A N/A N/A
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N/A N/A N/A N/A N/A N/A N/A N/A	NOT OFFERED	New patient office or other outpatient visi New patient office of other outpatient visi New patient office of other outpatient visi Patient office consultation, typically 40 mi Patient office consultation, typically 60 mi Initial new patient preventive medicine ev Initial new patient preventive medicine ev Basic metabolic panel Blood test, comprehensive group of blood Obstetric blood test panel	99203 99204 99205 99243 99244 99385 99386 80048 80053	N/A	N/A	N/A	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A
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N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	NOT OFFERED	New patient office or other outpatient visi New patient office of other outpatient visi New patient office of other outpatient visi Patient office consultation, typically 40 mi Patient office consultation, typically 60 mi Initial new patient preventive medicine ev Initial new patient preventive medicine ev Basic metabolic panel Blood test, comprehensive group of blood Obstetric blood test panel Blood test, lipids (cholesterol and triglycer Kidney function panel test Liver function blood test panel	99203 99204 99205 99243 99244 99385 99386 80048 80053 80053 80061 80069	N/A	N/A	N/A	N/A	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A	N/A	N/A
N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	NOT OFFERED	New patient office or other outpatient visi New patient office of other outpatient visi New patient office of other outpatient visi Patient office consultation, typically 40 mi Patient office consultation, typically 60 mi Initial new patient preventive medicine ev Initial new patient preventive medicine ev Basic metabolic panel Blood test, comprehensive group of blood Obstetric blood test panel Blood test, lipids (cholesterol and triglycer Kidney function panel test Liver function blood test panel Manual urinalysis test with examination u	99203 99204 99205 99243 99244 99385 99386 80048 80053 80055 80061 80069 80076	N/A	N/A	N/A	N/A	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A	N/A	N/A	N/A
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N/A	NOT OFFERED	New patient office or other outpatient visi New patient office of other outpatient visi New patient office of other outpatient visi Patient office consultation, typically 40 mi Patient office consultation, typically 60 mi Initial new patient preventive medicine ev Initial new patient preventive medicine ev Basic metabolic panel Blood test, comprehensive group of blood Obsteric blood test panel Blood test, lipids (cholesterol and triglycer Kidney function panel test Liver function blood test panel Manual urinalysis test with examination u Automated urinalysis test	99203 99204 99205 99243 99244 99386 80048 80053 80055 80061 80069 80076 81000	N/A	N/A	N/A	N/A	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A	N/A	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A	N/A	N/A	N/A	N/A

TOTALLY KIDS REHABILITATION HOSPITALS PRICING TRANSPARANCY

NOVEMBER 2024

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Service			Code/CPT	Charge		Cigna PPO	Managed	Anthem	Blue Shield	Managed	CCS Medi-		Managed	Health Net	Health Net	Managed	Managed	Managed	Healthcare	Managed	Kaiser PPO	negotiated	negotiated	
Location	Service Type	Description	Code	Amount	Qty	HMO	Medi-Cal	PPO HMO	PPO HMO	Medi-Cal	Cal	Medi-Cal	Medi-Cal	PPO HMO	TriCare	Medi-Cal	Medi-Cal	Medi-Cal	PPO HMO	Medi-Cal	HMO	charge	charge	Cash Price
N/A	NOT OFFERED	Complete blood count, automated	85027	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Blood test, clotting time	85610	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Coagulation assessment blood test	85730	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	CT scan, head or brain, without contrast	70450	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	MRI scan of brain before and after contras	70553	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	X-Ray, lower back, minimum four views	72110	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	MRI scan of lower spinal canal	72148	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	CT scan, pelvis, with contrast	72193	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	MRI scan of leg joint	73721	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	CT scan of abdomen and pelvis with contr	74177	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Ultrasound of abdomen	76700	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Abdominal ultrasound of pregnant uterus	76805	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Ultrasound pelvis through vagina	76830	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Mammography of one breast	77065	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Mammography of both breasts	77066	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Mammography, screening, bilateral	77067	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Cardiac valve and other major cardiothora	216	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Spinal fusion except cervical without majo	460	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Major joint replacement or reattachment	470	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Cervical spinal fusion without comorbid co	473	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Uterine and adnexa procedures for non-m	743	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Removal of 1 or more breast growth, ope	19120	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Shaving of shoulder bone using an endosc	29826	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Removal of one knee cartilage using an en	29881	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Removal of tonsils and adenoid glands pat	42820	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Diagnostic examination of esophagus, sto	43235	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Biopsy of the esophagus, stomach, and/or	43239	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Diagnostic examination of large bowel usi	45378	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Biopsy of large bowel using an endoscope	45380	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Removal of polyps or growths of large bo	45385	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	NOT OFFERED	Ultrasound examination of lower large bo	45391	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A N/A	NOT OFFERED NOT OFFERED	Removal of gallbladder using an endoscop	47562 49505	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
N/A N/A	NOT OFFERED NOT OFFERED	Repair of groin hernia patient age 5 years	49505 55700	N/A N/A	N/A N/A	N/A N/A		N/A N/A	N/A N/A	N/A N/A	N/A N/A		N/A N/A	N/A N/A		N/A N/A		N/A N/A						
N/A N/A	NOT OFFERED NOT OFFERED	Biopsy of prostate gland	55700 55866	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
		Surgical removal of prostate and surround	55866 59400	N/A N/A			N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A		N/A N/A		N/A N/A		N/A N/A			N/A N/A
N/A N/A	NOT OFFERED NOT OFFERED	Routine obstetric care for vaginal delivery	59400 59510	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A	N/A N/A
N/A N/A	NOT OFFERED NOT OFFERED	Routine obstetric care for cesarean delive	59510 59610	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
N/A N/A	NOT OFFERED NOT OFFERED	Routine obstetric care for vaginal delivery Injection of substance into spinal canal of	59610 62322	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
N/A N/A	NOT OFFERED NOT OFFERED	Injection of substance into spinal canal of Injections of anesthetic and/or steroid dru	62322	N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
N/A N/A	NOT OFFERED NOT OFFERED		66821	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
N/A N/A	NOT OFFERED NOT OFFERED	Removal of recurring cataract in lens caps	66821 66984	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
		Removal of cataract with insertion of lens	93000	N/A N/A	N/A N/A	N/A N/A		N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A		N/A N/A		N/A N/A						
N/A N/A	NOT OFFERED NOT OFFERED	Electrocardiogram, routine, with interpret	93000 93452	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
N/A N/A	NOT OFFERED NOT OFFERED	Insertion of catheter into left heart for dia Sleep study	93452 95810	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
N/A	NOI OFFEKED	steep study	95810	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A