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"Hospital Name": "Memorial Healthcare",

"Prices Posted And Effective": "1/1/2021 12:00:00 AM",

"Gross Charges": "This section presents the standard gross charge for items and services.",

"Discounted Cash Price": "This section presents information regarding discounted cash pricing for those patients who decide to pay without insurance coverage.",

"Inpatient De-identified Negotiated Charge": "This section presents the de-identified minimum And maximum charge For items, services, And service packages that occur In the inpatient setting.",

"Inpatient Payer Specific Charge": "This section presents the payer specific negotiated charge For items, services, And service packages that occur In the inpatient setting.",

"Outpatient De-identified Negotiated Charge": "This section presents the de-identified minimum And maximum charge For items, services, And service packages that occur In the outpatient setting.",

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"HCPCS": "J8501",

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"CDM NUMBER": 2501399,

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"REV CODE": 636,

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"CDM DESCRIPTION": "ARGATROBAN NONESRD USE 1MG",

"HCPCS": "J0883",

"REV CODE": 636,

"CHARGE": "1188",

"NDC Number": "143955901"

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"NDC Number": "24385000605"

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"CDM NUMBER": 2501411,

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"REV CODE": 636,

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"NDC Number": "59148001871"

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"REV CODE": 250,

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"NDC Number": "641600610"

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"REV CODE": 636,

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"NDC Number": "517040125"

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"REV CODE": 636,

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"NDC Number": "54004641"

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"NDC Number": "11704062001"

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"NDC Number": "33342004807"

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"REV CODE": 250,

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"NDC Number": "998101009"

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"CDM DESCRIPTION": "AZACITIDINE 1MG INJ",

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"REV CODE": 636,

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"NDC Number": "64679009601"

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"NDC Number": "68084022901"

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"NDC Number": "59762305102"

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"REV CODE": 636,

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"NDC Number": "70860010010"

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"NDC Number": "60687028201"

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"CDM NUMBER": 2501738,

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"REV CODE": 250,

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"NDC Number": "42806014932"

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"REV CODE": 250,

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"NDC Number": "70710145701"

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"CDM NUMBER": 2501771,

"CDM DESCRIPTION": "AZTREONAM 500 MG INJ",

"HCPCS": "J3490",

"REV CODE": 636,

"CHARGE": "348",

"NDC Number": "3257016"

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"REV CODE": 250,

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"NDC Number": "3256016"

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"REV CODE": 636,

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"NDC Number": "52060202"

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"REV CODE": 250,

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"NDC Number": "24385006003"

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"REV CODE": 250,

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"CDM NUMBER": 2501850,

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"REV CODE": 250,

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"NDC Number": "39822120102"

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"CDM NUMBER": 2501858,

"CDM DESCRIPTION": "BACLOFEN INJ 10MG",

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"REV CODE": 636,

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"NDC Number": "66794015701"

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"NDC Number": "52817032110"

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"CDM NUMBER": 2501860,

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"NDC Number": "70710128501"

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"CDM NUMBER": 2501861,

"CDM DESCRIPTION": "BACLOFEN 10MG INJ",

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"REV CODE": 636,

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"NDC Number": "66794015501"

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"REV CODE": 636,

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"NDC Number": "66794015101"

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"CDM NUMBER": 2501868,

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"NDC Number": "50268072815"

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{

"CDM NUMBER": 2501875,

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"REV CODE": 250,

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"NDC Number": "65179504"

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{

"CDM NUMBER": 2501876,

"CDM DESCRIPTION": "BAMLANIVIMAB 700MG",

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"REV CODE": 636,

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"NDC Number": "2791001"

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{

"CDM NUMBER": 2501877,

"CDM DESCRIPTION": "BSS PLUS",

"REV CODE": 250,

"CHARGE": "501.24",

"NDC Number": "65080050"

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{

"CDM NUMBER": 2501900,

"CDM DESCRIPTION": "BARIUM SULFATE 176GM SUSP",

"REV CODE": 255,

"CHARGE": "548.88",

"NDC Number": "32909075003"

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{

"CDM NUMBER": 2501901,

"CDM DESCRIPTION": "BARIUM SULFATE 1900ML ORAL",

"REV CODE": 255,

"CHARGE": "212.7",

"NDC Number": "32909016802"

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"CDM NUMBER": 2501902,

"CDM DESCRIPTION": "BARIUM SULFATE 230ML PASTE",

"REV CODE": 255,

"CHARGE": "302.1",

"NDC Number": "32909012522"

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"CDM NUMBER": 2501903,

"CDM DESCRIPTION": "BARIUM SULFATE 450ML ORAL",

"REV CODE": 255,

"CHARGE": "27",

"NDC Number": "32909071103"

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{

"CDM NUMBER": 2501904,

"CDM DESCRIPTION": "BARIUM SULFATE 700MG TAB",

"REV CODE": 255,

"CHARGE": "13.86",

"NDC Number": "10361077831"

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{

"CDM NUMBER": 2501906,

"CDM DESCRIPTION": "GADOTERATE MEGLUMI 10MMOL/20ML",

"HCPCS": "A9575",

"REV CODE": 255,

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"NDC Number": "67684200003"

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"CDM NUMBER": 2501953,

"CDM DESCRIPTION": "BENDAMUSTINE 1MG INJ",

"HCPCS": "J9033",

"REV CODE": 636,

"CHARGE": "4086.23",

"NDC Number": "63459039008"

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{

"CDM NUMBER": 2501963,

"CDM DESCRIPTION": "BENDAMUSTINE 1MG INJECTION",

"HCPCS": "J9033",

"REV CODE": 636,

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"NDC Number": "63459039120"

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{

"CDM NUMBER": 2501972,

"CDM DESCRIPTION": "BELIMUMAB 10MG INJ",

"HCPCS": "J0490",

"REV CODE": 636,

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"NDC Number": "49401010101"

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"CDM NUMBER": 2501992,

"CDM DESCRIPTION": "BELIMUMAB 10 MG INJ",

"HCPCS": "J0490",

"REV CODE": 636,

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"NDC Number": "49401010201"

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{

"CDM NUMBER": 2501997,

"CDM DESCRIPTION": "B O SUPPOSITORY 16.2/30MG",

"REV CODE": 250,

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"NDC Number": "574704512"

},

{

"CDM NUMBER": 2502025,

"CDM DESCRIPTION": "BENAZEPRIL 10 MG",

"REV CODE": 637,

"CHARGE": "5.64",

"NDC Number": "50268011015"

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{

"CDM NUMBER": 2502097,

"CDM DESCRIPTION": "BICITRA 30CC",

"REV CODE": 250,

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"NDC Number": "121119000"

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{

"CDM NUMBER": 2502155,

"CDM DESCRIPTION": "BENZTROPINE 1 MG TAB",

"REV CODE": 637,

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"NDC Number": "603243821"

},

{

"CDM NUMBER": 2502180,

"CDM DESCRIPTION": "BENZTROPINE MESYLATE /1MG INJ",

"HCPCS": "J0515",

"REV CODE": 636,

"CHARGE": "360",

"NDC Number": "143972905"

},

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"CDM NUMBER": 2502251,

"CDM DESCRIPTION": "ORAJEL (BENZOCAINE 10%)7GM",

"REV CODE": 637,

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"NDC Number": "0"

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{

"CDM NUMBER": 2502325,

"CDM DESCRIPTION": "BENZONATATE 100 MG CAP",

"REV CODE": 637,

"CHARGE": "15",

"NDC Number": "67877057301"

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{

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"CDM DESCRIPTION": "BETAMETHAS ACET&SOD PHOSP 3MG",

"HCPCS": "J0702",

"REV CODE": 636,

"CHARGE": "296.64",

"NDC Number": "517072001"

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"REV CODE": 250,

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"NDC Number": "51672127401"

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{

"CDM NUMBER": 2502620,

"CDM DESCRIPTION": "BETHANECHOL 25 MG TAB",

"REV CODE": 637,

"CHARGE": "16.02",

"NDC Number": "832051201"

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"CDM NUMBER": 2502641,

"CDM DESCRIPTION": "MVASI 100MG INJ",

"HCPCS": "Q5107",

"REV CODE": 636,

"CHARGE": "3725.7",

"NDC Number": "55513020601"

},

{

"CDM NUMBER": 2502642,

"CDM DESCRIPTION": "MVASI 400MG INJ",

"HCPCS": "Q5107",

"REV CODE": 636,

"CHARGE": "13548",

"NDC Number": "55513020701"

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{

"CDM NUMBER": 2502643,

"CDM DESCRIPTION": "BEVACIZUMAB 100MG INJ",

"HCPCS": "J9035",

"REV CODE": 636,

"CHARGE": "4383.17",

"NDC Number": "50242006001"

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"CDM NUMBER": 2502645,

"CDM DESCRIPTION": "BEVACIZUMAB 400MG INJ",

"HCPCS": "J9035",

"REV CODE": 636,

"CHARGE": "15938.8",

"NDC Number": "50242006101"

},

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"CDM NUMBER": 2502650,

"CDM DESCRIPTION": "PENICILLIN G BENZ 100000UN",

"HCPCS": "J0561",

"REV CODE": 636,

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"NDC Number": "60793070110"

},

{

"CDM NUMBER": 2502666,

"CDM DESCRIPTION": "BIMATOPROST .01% 2.5ML",

"REV CODE": 250,

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"NDC Number": "23320503"

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{

"CDM NUMBER": 2502700,

"CDM DESCRIPTION": "BISACODYL 10 MG SUPP",

"REV CODE": 250,

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"NDC Number": "574705012"

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"CDM NUMBER": 2502710,

"CDM DESCRIPTION": "BISACODYL 5 MG TAB",

"REV CODE": 637,

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"NDC Number": "904640761"

},

{

"CDM NUMBER": 2502760,

"CDM DESCRIPTION": "BLEOMYCIN 15 UNIT INJ",

"HCPCS": "J9040",

"REV CODE": 636,

"CHARGE": "343.2",

"NDC Number": "703315401"

},

{

"CDM NUMBER": 2502762,

"CDM DESCRIPTION": "BLEOMYCIN 15 UNIT INJ",

"HCPCS": "J9040",

"REV CODE": 636,

"CHARGE": "636.6",

"NDC Number": "703315501"

},

{

"CDM NUMBER": 2502785,

"CDM DESCRIPTION": "VELCADE 0.1 MG INJ",

"HCPCS": "J9041",

"REV CODE": 636,

"CHARGE": "8015",

"NDC Number": "63020004901"

},

{

"CDM NUMBER": 2502796,

"CDM DESCRIPTION": "ONABOTULINUMT(BOTOX) 100U INJ",

"HCPCS": "J0585",

"REV CODE": 636,

"CHARGE": "3305.5",

"NDC Number": "23114501"

},

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"CDM NUMBER": 2502806,

"CDM DESCRIPTION": "BRENTUXIMAB 1MG INJ",

"HCPCS": "J9042",

"REV CODE": 636,

"CHARGE": "41737.5",

"NDC Number": "51144005001"

},

{

"CDM NUMBER": 2502808,

"CDM DESCRIPTION": "BREXPIPRAZOLE 1MG",

"REV CODE": 252,

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"NDC Number": "59148003713"

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"CDM DESCRIPTION": "BRIMONIDINE TARTRATE 5ML DROP",

"REV CODE": 637,

"CHARGE": "78.6",

"NDC Number": "61314014305"

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{

"CDM NUMBER": 2502817,

"CDM DESCRIPTION": "BRINZOLAMIDE 5ML",

"REV CODE": 637,

"CHARGE": "1586.04",

"NDC Number": "65027510"

},

{

"CDM NUMBER": 2502870,

"CDM DESCRIPTION": "SODIUM CHLORIDE 15 ML BOTTLE",

"REV CODE": 250,

"CHARGE": "61.26",

"NDC Number": "65079515"

},

{

"CDM NUMBER": 2502875,

"CDM DESCRIPTION": "BUDESONIDE 0.25MG/2ML",

"REV CODE": 637,

"CHARGE": "56.46",

"NDC Number": "93681573"

},

{

"CDM NUMBER": 2502876,

"CDM DESCRIPTION": "BUDESONIDE NON COMP U Upto.5MG",

"REV CODE": 250,

"CHARGE": "67.02",

"NDC Number": "487970101"

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{

"CDM NUMBER": 2502877,

"CDM DESCRIPTION": "BUDESONIDE NON-COMP UP TO .5MG",

"REV CODE": 637,

"CHARGE": "138.48",

"NDC Number": "93681773"

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{

"CDM NUMBER": 2502884,

"CDM DESCRIPTION": "BUMETANIDE 0.5MG TAB",

"REV CODE": 250,

"CHARGE": "14.4",

"NDC Number": "42799011901"

},

{

"CDM NUMBER": 2502885,

"CDM DESCRIPTION": "BUMETANIDE 0.25 MG INJ",

"HCPCS": "J3490",

"REV CODE": 636,

"CHARGE": "19.86",

"NDC Number": "409141210"

},

{

"CDM NUMBER": 2502886,

"CDM DESCRIPTION": "BUMETANIDE 2MG TAB",

"REV CODE": 250,

"CHARGE": "17.64",

"NDC Number": "42799012101"

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"CDM NUMBER": 2502890,

"CDM DESCRIPTION": "BUMETANIDE 1 MG TAB",

"REV CODE": 637,

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"NDC Number": "42799012001"

},

{

"CDM NUMBER": 2502900,

"CDM DESCRIPTION": "BUMETANIDE 0.25 MG INJ",

"HCPCS": "J3490",

"REV CODE": 636,

"CHARGE": "16.5",

"NDC Number": "641600810"

},

{

"CDM NUMBER": 2502940,

"CDM DESCRIPTION": "BUPIVACAINE 1 ML",

"HCPCS": "J3490",

"REV CODE": 636,

"CHARGE": "19.2",

"NDC Number": "55150016830"

},

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"CDM NUMBER": 2502941,

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"NDC Number": "409115901"

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"REV CODE": 636,

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"NDC Number": "76075010201"

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"REV CODE": 636,

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"NDC Number": "65002315"

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"REV CODE": 636,

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"NDC Number": "264310511"

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"CDM NUMBER": 2503706,

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"NDC Number": "57237009960"

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"REV CODE": 636,

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"NDC Number": "44567024525"

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"REV CODE": 636,

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"NDC Number": "264314511"

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"HCPCS": "J0713",

"REV CODE": 636,

"CHARGE": "72",

"NDC Number": "44567023610"

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"HCPCS": "J0713",

"REV CODE": 636,

"CHARGE": "93.66",

"NDC Number": "264314311"

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"CDM DESCRIPTION": "CEFTRIAXONE SOD 1000MG INJ",

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"REV CODE": 636,

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"NDC Number": "781320895"

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"CDM NUMBER": 2503751,

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"REV CODE": 636,

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"NDC Number": "781320995"

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"REV CODE": 636,

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"NDC Number": "264315311"

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"CDM NUMBER": 2503753,

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"CDM NUMBER": 2503820,

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"CDM NUMBER": 2503850,

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"NDC Number": "50474070062"

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"NDC Number": "904625549"

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"REV CODE": 636,

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"REV CODE": 636,

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"NDC Number": "66733095823"

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"REV CODE": 637,

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"REV CODE": 637,

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"NDC Number": "51079037520"

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"CDM NUMBER": 2504090,

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"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "51079014120"

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{

"CDM NUMBER": 2504110,

"CDM DESCRIPTION": "CHLORPROMAZINE HCL 25 MG TAB",

"HCPCS": "Q0161",

"REV CODE": 636,

"CHARGE": "66.48",

"NDC Number": "832030101"

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{

"CDM NUMBER": 2504200,

"CDM DESCRIPTION": "CHLORHEXIDINE GLUCONATE 0.12%",

"REV CODE": 637,

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"NDC Number": "116200116"

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{

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"CDM DESCRIPTION": "CHLORHEXIDINE GLUCONATE 0.12%",

"REV CODE": 250,

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"NDC Number": "116200115"

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"CDM NUMBER": 2504250,

"CDM DESCRIPTION": "CHLORPROMAZINE HCL TO 50MG",

"HCPCS": "J3230",

"REV CODE": 636,

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"NDC Number": "641139835"

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"CDM NUMBER": 2504280,

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"NDC Number": "904630521"

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"REV CODE": 250,

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"NDC Number": "20555003300"

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"CDM NUMBER": 2504382,

"CDM DESCRIPTION": "VITAMIN D3 2000 IU SGC",

"REV CODE": 250,

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"NDC Number": "69618000901"

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"NDC Number": "185094098"

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"CDM NUMBER": 2504425,

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"REV CODE": 250,

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"NDC Number": "8065183710"

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"NDC Number": "45802040049"

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"CDM DESCRIPTION": "CILOSTAZOL 50MG TAB",

"REV CODE": 637,

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"NDC Number": "60505252101"

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{

"CDM NUMBER": 2504505,

"CDM DESCRIPTION": "CILOSTAZOL 100MG",

"REV CODE": 637,

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"NDC Number": "93206406"

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{

"CDM NUMBER": 2504541,

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"NDC Number": "55513007330"

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"CDM NUMBER": 2504555,

"CDM DESCRIPTION": "CIPROFLOXACIN IV 200MG",

"HCPCS": "J0744",

"REV CODE": 636,

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"NDC Number": "409477702"

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"NDC Number": "65853110"

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"CDM DESCRIPTION": "CIPROFLOXACIN 250MG TAB",

"REV CODE": 637,

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"NDC Number": "55111012601"

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"CDM DESCRIPTION": "CIPROFLOXACIN 500 MG TAB",

"REV CODE": 637,

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"NDC Number": "16571041210"

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"CDM DESCRIPTION": "CIPROFLOXACIN 0.3% OPH SOL",

"REV CODE": 250,

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"NDC Number": "61314065625"

},

{

"CDM NUMBER": 2504564,

"CDM DESCRIPTION": "CIPROFLOXACIN HCL 3.5 GM OINT",

"REV CODE": 637,

"CHARGE": "1202.7",

"NDC Number": "78084101"

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{

"CDM NUMBER": 2504566,

"CDM DESCRIPTION": "CIPRODEX OTIC 0.3%",

"REV CODE": 637,

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"NDC Number": "78079975"

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{

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"REV CODE": 250,

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"NDC Number": "409110301"

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{

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"REV CODE": 250,

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"NDC Number": "71288071411"

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{

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"CDM DESCRIPTION": "CISATRACURIUM 10MG ING",

"REV CODE": 250,

"CHARGE": "94.08",

"NDC Number": "74437805"

},

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"CDM NUMBER": 2504580,

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"HCPCS": "J9060",

"REV CODE": 636,

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"NDC Number": "703574811"

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"CDM NUMBER": 2504590,

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"HCPCS": "J9060",

"REV CODE": 636,

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"CDM NUMBER": 2504595,

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"REV CODE": 637,

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"CDM NUMBER": 2504640,

"CDM DESCRIPTION": "CLINDAMYCIN 150 MG CAP",

"REV CODE": 637,

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"NDC Number": "68084024301"

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{

"CDM NUMBER": 2504656,

"CDM DESCRIPTION": "CLINDAMYCIN 75MG/5ML",

"REV CODE": 637,

"CHARGE": "230.88",

"NDC Number": "65862059601"

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"CDM NUMBER": 2504661,

"CDM DESCRIPTION": "CLINDAMYCIN 150 MG INJ",

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"REV CODE": 636,

"CHARGE": "89.04",

"NDC Number": "781328909"

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"CDM DESCRIPTION": "CLINDAMYCIN 150 MG INJ",

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"REV CODE": 636,

"CHARGE": "108.72",

"NDC Number": "781329009"

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"CDM NUMBER": 2504700,

"CDM DESCRIPTION": "CLINDAMYCIN 300MG INJ",

"HCPCS": "S0077",

"REV CODE": 636,

"CHARGE": "25.32",

"NDC Number": "9090218"

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"CDM NUMBER": 2504750,

"CDM DESCRIPTION": "CLOBETASOL PROPIONATE 15GM CR",

"REV CODE": 250,

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"NDC Number": "472040015"

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"CDM NUMBER": 2504807,

"CDM DESCRIPTION": "CLONIDINE HCL 1MG INJ",

"HCPCS": "J0735",

"REV CODE": 636,

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"NDC Number": "39822200001"

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"CDM NUMBER": 2504808,

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"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "16729013600"

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"CDM NUMBER": 2504809,

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"REV CODE": 637,

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"NDC Number": "51079088220"

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"REV CODE": 250,

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"NDC Number": "51862045304"

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"CDM NUMBER": 2504811,

"CDM DESCRIPTION": "CLONAZEPAM 0.5 MG ODT",

"REV CODE": 637,

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"NDC Number": "49884030802"

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"REV CODE": 637,

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"NDC Number": "68001023700"

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"NDC Number": "51862045404"

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"REV CODE": 250,

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"NDC Number": "51862045504"

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"CDM DESCRIPTION": "MICONAZOLE 2% POWDER",

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"CDM NUMBER": 2504970,

"CDM DESCRIPTION": "CLOTRIMAZOLE CREAM",

"REV CODE": 250,

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"NDC Number": "51672200202"

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"CDM NUMBER": 2505060,

"CDM DESCRIPTION": "CLOZAPINE 100 MG TAB",

"REV CODE": 637,

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"NDC Number": "16729014201"

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"CDM NUMBER": 2505138,

"CDM DESCRIPTION": "CODEINE/APAP/CAFFEIN/BUTALB",

"REV CODE": 637,

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"NDC Number": "51991007301"

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"CDM DESCRIPTION": "COLCHICINE 0.6 MG TAB",

"REV CODE": 637,

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"CDM NUMBER": 2505245,

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"REV CODE": 250,

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"CDM DESCRIPTION": "CORDARONE 200 MG TAB",

"REV CODE": 637,

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"CDM NUMBER": 2505365,

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"REV CODE": 250,

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"NDC Number": "61314064175"

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"CDM DESCRIPTION": "COSYNTROPIN 0.25 MG VIAL",

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"REV CODE": 636,

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"NDC Number": "548590000"

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"CDM NUMBER": 2505400,

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"REV CODE": 250,

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"NDC Number": "703951403"

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"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "60687053101"

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{

"CDM NUMBER": 2505521,

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"REV CODE": 637,

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"NDC Number": "50268085415"

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{

"CDM NUMBER": 2505522,

"CDM DESCRIPTION": "VITAMIN B12 1000MCG TAB",

"REV CODE": 250,

"CHARGE": "5",

"NDC Number": "77333093810"

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{

"CDM NUMBER": 2505565,

"CDM DESCRIPTION": "CYCLOPENTOLATE 1% EYE DROPS",

"REV CODE": 250,

"CHARGE": "268.56",

"NDC Number": "65039605"

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"CDM NUMBER": 2505566,

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"REV CODE": 250,

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"NDC Number": "65039702"

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"CDM NUMBER": 2505589,

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"REV CODE": 636,

"CHARGE": "2266.17",

"NDC Number": "781323394"

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"REV CODE": 636,

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"NDC Number": "781325594"

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"NDC Number": "43547040010"

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"HCPCS": "J9100",

"REV CODE": 636,

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"NDC Number": "61703030538"

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"CDM NUMBER": 2505727,

"CDM DESCRIPTION": "CYTARABINE HCL 100MG INJ",

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"REV CODE": 636,

"CHARGE": "125.4",

"NDC Number": "63323012020"

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"CDM DESCRIPTION": "DALBAVANCIN 5MG INJ",

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"REV CODE": 636,

"CHARGE": "8140.8",

"NDC Number": "57970010001"

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"CDM NUMBER": 2505735,

"CDM DESCRIPTION": "DABIGATRAN 75MG CAP(PRADAXA)",

"REV CODE": 250,

"CHARGE": "47.7",

"NDC Number": "597035556"

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{

"CDM NUMBER": 2505736,

"CDM DESCRIPTION": "DABIGATRAN 150MG CAP(PRADAXA)",

"REV CODE": 250,

"CHARGE": "47.7",

"NDC Number": "597036082"

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{

"CDM NUMBER": 2505744,

"CDM DESCRIPTION": "DARBEPOETIN ALFA NONESRD 1 MCG",

"HCPCS": "J0881",

"REV CODE": 636,

"CHARGE": "1161",

"NDC Number": "55513000204"

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{

"CDM NUMBER": 2505745,

"CDM DESCRIPTION": "DECITABINE 50MG INJ",

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"REV CODE": 636,

"CHARGE": "9752.7",

"NDC Number": "16729022405"

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{

"CDM NUMBER": 2505746,

"CDM DESCRIPTION": "DACRIOSE 150 U BOTTLE",

"REV CODE": 250,

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"NDC Number": "65053001"

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"CDM NUMBER": 2505749,

"CDM DESCRIPTION": "DEXTROSE 10% SOLN",

"REV CODE": 250,

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"NDC Number": "338002303"

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"CDM NUMBER": 2505750,

"CDM DESCRIPTION": "DEXTROSE 10% IN WATER 1000 ML",

"REV CODE": 250,

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"NDC Number": "338002304"

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"CDM NUMBER": 2505751,

"CDM DESCRIPTION": "DARBEPOETIN ALFA NON-ESRD 1MCG",

"HCPCS": "J0881",

"REV CODE": 636,

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"NDC Number": "55513011101"

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"CDM NUMBER": 2505753,

"CDM DESCRIPTION": "DEFEROXAMINE 500MG INJECTION",

"HCPCS": "J0895",

"REV CODE": 636,

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"NDC Number": "78046791"

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"REV CODE": 636,

"CHARGE": "7740",

"NDC Number": "55513000601"

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"REV CODE": 636,

"CHARGE": "19350",

"NDC Number": "55513003201"

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"CDM NUMBER": 2505762,

"CDM DESCRIPTION": "DENOSUMAB 60 MG INJ",

"HCPCS": "J0897",

"REV CODE": 636,

"CHARGE": "6771.2",

"NDC Number": "55513071001"

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{

"CDM NUMBER": 2505763,

"CDM DESCRIPTION": "DENOSUMAB 120 MG INJ",

"HCPCS": "J0897",

"REV CODE": 636,

"CHARGE": "12455.2",

"NDC Number": "55513073001"

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{

"CDM NUMBER": 2505766,

"CDM DESCRIPTION": "DARBEPOETIN ALFA NONESRD 1MCG",

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"REV CODE": 636,

"CHARGE": "2554.2",

"NDC Number": "55513000404"

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"CDM NUMBER": 2505768,

"CDM DESCRIPTION": "DARBEPOETIN ALFA NONESRD 1MCG",

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"REV CODE": 636,

"CHARGE": "4257",

"NDC Number": "55513000504"

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{

"CDM NUMBER": 2505772,

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"HCPCS": "J0881",

"REV CODE": 636,

"CHARGE": "1702.8",

"NDC Number": "55513000304"

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"CDM NUMBER": 2505773,

"CDM DESCRIPTION": "DAPTOMYCIN 1MG INJ",

"HCPCS": "J0878",

"REV CODE": 636,

"CHARGE": "2450.2",

"NDC Number": "67919001101"

},

{

"CDM NUMBER": 2505774,

"CDM DESCRIPTION": "DEXAMETHA OPTH INSERT .4MG",

"HCPCS": "J1096",

"REV CODE": 636,

"CHARGE": "3052.5",

"NDC Number": "70382020401"

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{

"CDM NUMBER": 2505775,

"CDM DESCRIPTION": "DEXTROSE 5% SOLN",

"REV CODE": 258,

"CHARGE": "15",

"NDC Number": "338001741"

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"CDM NUMBER": 2505776,

"CDM DESCRIPTION": "DEXTROSE 5% SOLN",

"REV CODE": 258,

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"NDC Number": "338001748"

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"CDM NUMBER": 2505778,

"CDM DESCRIPTION": "5% DEXTROSE/WATER (500ML=1U)",

"HCPCS": "J7060",

"REV CODE": 258,

"CHARGE": "30",

"NDC Number": "264751010"

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"CDM NUMBER": 2505780,

"CDM DESCRIPTION": "5% DEXTROSE/WATER (500ML=1U)",

"HCPCS": "J7060",

"REV CODE": 258,

"CHARGE": "17.1",

"NDC Number": "264751020"

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"CDM NUMBER": 2505790,

"CDM DESCRIPTION": "DEXTROSE 5% IN LAC RINGERS",

"HCPCS": "J7121",

"REV CODE": 258,

"CHARGE": "60",

"NDC Number": "338012504"

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{

"CDM NUMBER": 2505797,

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"REV CODE": 250,

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"NDC Number": "409793619"

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{

"CDM NUMBER": 2505798,

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"REV CODE": 250,

"CHARGE": "18.66",

"NDC Number": "409664802"

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{

"CDM NUMBER": 2505799,

"CDM DESCRIPTION": "POTASSIUM CHL PER 2 MEQ INJ",

"HCPCS": "J3480",

"REV CODE": 636,

"CHARGE": "60",

"NDC Number": "409790409"

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{

"CDM NUMBER": 2505800,

"CDM DESCRIPTION": "DEXTROSE/SODIUM CHLORIDE",

"REV CODE": 258,

"CHARGE": "60",

"NDC Number": "338007704"

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"CDM NUMBER": 2505815,

"CDM DESCRIPTION": "DEXTROSE 5% SALINE 0.2% 500ML",

"REV CODE": 258,

"CHARGE": "30",

"NDC Number": "338007703"

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"CDM NUMBER": 2505824,

"CDM DESCRIPTION": "DEXTROSE/SODIUM CHL",

"REV CODE": 258,

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"NDC Number": "338008103"

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"CDM NUMBER": 2505840,

"CDM DESCRIPTION": "DEXTROSE/SODIUM CHLORIDE",

"REV CODE": 258,

"CHARGE": "60",

"NDC Number": "338008504"

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"CDM NUMBER": 2505845,

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"REV CODE": 258,

"CHARGE": "30",

"NDC Number": "338008503"

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"CDM NUMBER": 2505850,

"CDM DESCRIPTION": "DEXTROSE/NOR SALINE 5% 500M=1U",

"REV CODE": 258,

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"NDC Number": "338008904"

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"CDM NUMBER": 2505865,

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"REV CODE": 636,

"CHARGE": "60",

"NDC Number": "338067104"

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"CDM NUMBER": 2505866,

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"REV CODE": 636,

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"NDC Number": "338080304"

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"CDM NUMBER": 2505867,

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"REV CODE": 636,

"CHARGE": "60",

"NDC Number": "338080704"

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{

"CDM NUMBER": 2505870,

"CDM DESCRIPTION": "INFUSION D-5-W 1000CC",

"HCPCS": "J7060",

"REV CODE": 258,

"CHARGE": "60",

"NDC Number": "338001704"

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{

"CDM NUMBER": 2505873,

"CDM DESCRIPTION": "DEXTROSE 5% IN WATER",

"HCPCS": "J7060",

"REV CODE": 258,

"CHARGE": "21.78",

"NDC Number": "338001702"

},

{

"CDM NUMBER": 2505874,

"CDM DESCRIPTION": "5% DEXTROSE/WATER(500ML=1U)",

"HCPCS": "J7060",

"REV CODE": 258,

"CHARGE": "30",

"NDC Number": "338001703"

},

{

"CDM NUMBER": 2505890,

"CDM DESCRIPTION": "GNRC DACARBAZINE 100MG INJ",

"HCPCS": "J9130",

"REV CODE": 636,

"CHARGE": "72",

"NDC Number": "63323012820"

},

{

"CDM NUMBER": 2505926,

"CDM DESCRIPTION": "RYANODEX SOD 250MG INJ",

"REV CODE": 252,

"CHARGE": "16779.2",

"NDC Number": "42367054032"

},

{

"CDM NUMBER": 2505930,

"CDM DESCRIPTION": "DANTROLENE 25 MG CAP",

"REV CODE": 637,

"CHARGE": "11.64",

"NDC Number": "68084030021"

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{

"CDM NUMBER": 2505931,

"CDM DESCRIPTION": "DARATUMUMAB 10MG INJ",

"HCPCS": "J9145",

"REV CODE": 636,

"CHARGE": "3202.93",

"NDC Number": "57894050205"

},

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"CDM NUMBER": 2505933,

"CDM DESCRIPTION": "DARATUMUMAB 10MG INJ",

"HCPCS": "J9145",

"REV CODE": 636,

"CHARGE": "11647",

"NDC Number": "57894050220"

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"CDM NUMBER": 2505951,

"CDM DESCRIPTION": "DAUNORUBICIN 10MG INJ",

"HCPCS": "J9150",

"REV CODE": 636,

"CHARGE": "804.84",

"NDC Number": "143955110"

},

{

"CDM NUMBER": 2505955,

"CDM DESCRIPTION": "HALOPERIDOL DECAN 100 MG INJ",

"HCPCS": "J1631",

"REV CODE": 636,

"CHARGE": "308.88",

"NDC Number": "63323047101"

},

{

"CDM NUMBER": 2505992,

"CDM DESCRIPTION": "DIVALPROEX SODIUM 125 MG",

"REV CODE": 637,

"CHARGE": "10.68",

"NDC Number": "74621213"

},

{

"CDM NUMBER": 2505996,

"CDM DESCRIPTION": "DEFEROXAMINE 500MG INJ",

"HCPCS": "J0895",

"REV CODE": 636,

"CHARGE": "223.2",

"NDC Number": "47781062407"

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{

"CDM NUMBER": 2506021,

"CDM DESCRIPTION": "DESFLURANE 240 ML INH",

"REV CODE": 250,

"CHARGE": "961.32",

"NDC Number": "10019064134"

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{

"CDM NUMBER": 2506030,

"CDM DESCRIPTION": "DESMOPRESSIN ACETATE/1MCG INJ",

"HCPCS": "J2597",

"REV CODE": 636,

"CHARGE": "486.84",

"NDC Number": "55566220000"

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{

"CDM NUMBER": 2506035,

"CDM DESCRIPTION": "DESMOPRESSIN 0.1MG",

"REV CODE": 637,

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"NDC Number": "591246401"

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{

"CDM NUMBER": 2506130,

"CDM DESCRIPTION": "DEXAMETHASONE ORAL 0.25MG",

"HCPCS": "J8540",

"REV CODE": 636,

"CHARGE": "6.42",

"NDC Number": "54317644"

},

{

"CDM NUMBER": 2506140,

"CDM DESCRIPTION": "DEXAMETHASONE ORAL 0.25MG",

"HCPCS": "J8540",

"REV CODE": 636,

"CHARGE": "5",

"NDC Number": "54817925"

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{

"CDM NUMBER": 2506270,

"CDM DESCRIPTION": "ORAL DEXAMETHASONE 0.25 MG",

"HCPCS": "J8540",

"REV CODE": 636,

"CHARGE": "7.2",

"NDC Number": "54817525"

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"CDM NUMBER": 2506271,

"CDM DESCRIPTION": "DEXAMETH SOD TO 1MG INJ",

"HCPCS": "J1100",

"REV CODE": 636,

"CHARGE": "203.7",

"NDC Number": "63323016530"

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"CDM NUMBER": 2506280,

"CDM DESCRIPTION": "DEXAMETH SOD TO 4MG INJ",

"HCPCS": "J1100",

"REV CODE": 636,

"CHARGE": "5.82",

"NDC Number": "641614525"

},

{

"CDM NUMBER": 2506285,

"CDM DESCRIPTION": "DEXAMETH SOD TO 10MG INJ",

"HCPCS": "J1100",

"REV CODE": 636,

"CHARGE": "37.74",

"NDC Number": "70069002125"

},

{

"CDM NUMBER": 2506290,

"CDM DESCRIPTION": "DEXAMETHASONE 5 ML BOTTLE",

"REV CODE": 250,

"CHARGE": "302.4",

"NDC Number": "24208072002"

},

{

"CDM NUMBER": 2506294,

"CDM DESCRIPTION": "DEXRAZOXANE HCL PER 250MG INJ",

"HCPCS": "J1190",

"REV CODE": 636,

"CHARGE": "2633.4",

"NDC Number": "47781057807"

},

{

"CDM NUMBER": 2506301,

"CDM DESCRIPTION": "DEXMEDETOMIDE 200MCG",

"REV CODE": 250,

"CHARGE": "336",

"NDC Number": "16729023930"

},

{

"CDM NUMBER": 2506302,

"CDM DESCRIPTION": "DEXMEDETOMIDINE HCL",

"REV CODE": 250,

"CHARGE": "206.4",

"NDC Number": "143952610"

},

{

"CDM NUMBER": 2506303,

"CDM DESCRIPTION": "DEXMEDETOMIDINE HCL 400MCG",

"REV CODE": 250,

"CHARGE": "384",

"NDC Number": "143952510"

},

{

"CDM NUMBER": 2506355,

"CDM DESCRIPTION": "DEXTROSE 25% 10ML",

"REV CODE": 250,

"CHARGE": "57.6",

"NDC Number": "409177510"

},

{

"CDM NUMBER": 2506370,

"CDM DESCRIPTION": "DEXTROSE 50 ML SYRINGE",

"REV CODE": 250,

"CHARGE": "55.2",

"NDC Number": "409751716"

},

{

"CDM NUMBER": 2506405,

"CDM DESCRIPTION": "DEFLEX W/2.5% DEXTROSE 2L",

"REV CODE": 250,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2506406,

"CDM DESCRIPTION": "DELFLEX/FRESENIUS",

"REV CODE": 250,

"CHARGE": "#N/A",

"NDC Number": ""

},

{

"CDM NUMBER": 2506450,

"CDM DESCRIPTION": "DIAZEPAM TO 5MG INJ",

"HCPCS": "J3360",

"REV CODE": 636,

"CHARGE": "177.24",

"NDC Number": "69339013632"

},

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"CDM NUMBER": 2506451,

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"REV CODE": 636,

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"NDC Number": "904592161"

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"NDC Number": "50633012011"

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"CDM NUMBER": 2506820,

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"NDC Number": "17478093705"

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"CDM NUMBER": 2506826,

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"NDC Number": ""

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"REV CODE": 636,

"CHARGE": "81.9",

"NDC Number": "17478093725"

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"NDC Number": "69374099715"

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"REV CODE": 636,

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"NDC Number": "67457017750"

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"CDM NUMBER": 2506906,

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"REV CODE": 636,

"CHARGE": "275.34",

"NDC Number": "49281040010"

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"NDC Number": "121048900"

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"REV CODE": 250,

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"NDC Number": "45802035803"

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"NDC Number": "904530661"

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"REV CODE": 636,

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"NDC Number": "641037625"

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"REV CODE": 637,

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"NDC Number": "68084077601"

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"NDC Number": "68084031301"

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"NDC Number": "68084031001"

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"NDC Number": "68084078261"

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"NDC Number": "68084041501"

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"CDM DESCRIPTION": "DOBUTREX INJ PER 250 MG",

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"REV CODE": 636,

"CHARGE": "123.6",

"NDC Number": "338107302"

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"REV CODE": 636,

"CHARGE": "1815",

"NDC Number": "67457053208"

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"HCPCS": "J9171",

"REV CODE": 636,

"CHARGE": "3630",

"NDC Number": "67457053316"

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"CDM NUMBER": 2507277,

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"NDC Number": "904647761"

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"REV CODE": 636,

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"NDC Number": "338100702"

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"NDC Number": "50383023310"

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"CDM NUMBER": 2507300,

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"REV CODE": 250,

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"NDC Number": "641601806"

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"CDM NUMBER": 2507304,

"CDM DESCRIPTION": "DORZOLAMIDE HYDROCHLORIDE 1 DR",

"REV CODE": 637,

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"REV CODE": 637,

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"NDC Number": "68084083625"

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"CDM NUMBER": 2507306,

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"NDC Number": "904552461"

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"NDC Number": "51079043720"

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"CDM NUMBER": 2507340,

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"NDC Number": "51079043820"

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"CDM NUMBER": 2507354,

"CDM DESCRIPTION": "DOXORUBICIN HCL LIPOS 10MG",

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"REV CODE": 636,

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"NDC Number": "43598028335"

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"REV CODE": 636,

"CHARGE": "145.98",

"NDC Number": "69303220"

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"CDM NUMBER": 2507380,

"CDM DESCRIPTION": "DOXYCYCLINE 100 MG INJ",

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"REV CODE": 636,

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"NDC Number": "68382091010"

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"CDM NUMBER": 2507385,

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"CDM NUMBER": 2507429,

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"NDC Number": "24414260"

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"NDC Number": "68084067521"

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"NDC Number": "68084068301"

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"NDC Number": "904645461"

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"REV CODE": 250,

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"CDM NUMBER": 2507441,

"CDM DESCRIPTION": "DURVALUMAB 10MG INJ",

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"REV CODE": 636,

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"NDC Number": "310450012"

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"CDM NUMBER": 2507443,

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"REV CODE": 636,

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"NDC Number": "310461150"

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"CDM NUMBER": 2507550,

"CDM DESCRIPTION": "ECULIZUMAB 300MG INJ",

"HCPCS": "J1300",

"REV CODE": 636,

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"NDC Number": "25682000101"

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"CDM NUMBER": 2507553,

"CDM DESCRIPTION": "EDARAVONE 1MG INJ",

"HCPCS": "J1301",

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"NDC Number": "70510217101"

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"CDM NUMBER": 2507562,

"CDM DESCRIPTION": "TPN ELECTROLYTES",

"REV CODE": 250,

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"NDC Number": "409577901"

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"CDM NUMBER": 2507563,

"CDM DESCRIPTION": "ELOTUZUMAB 1MG INJ",

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"REV CODE": 636,

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"NDC Number": "3229111"

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"CDM NUMBER": 2507564,

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"REV CODE": 636,

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"NDC Number": "3452211"

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"REV CODE": 250,

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"NDC Number": "168035756"

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"REV CODE": 250,

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"NDC Number": "143978710"

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{

"CDM NUMBER": 2507590,

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"REV CODE": 637,

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"NDC Number": "904561061"

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"CDM NUMBER": 2507599,

"CDM DESCRIPTION": "ETESEVIMAB 700 MG INJ",

"HCPCS": "J3490",

"REV CODE": 636,

"CHARGE": "5",

"NDC Number": "2795001"

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"CDM NUMBER": 2507665,

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"REV CODE": 636,

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"CDM NUMBER": 2507666,

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"REV CODE": 636,

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"NDC Number": "548560500"

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"CDM NUMBER": 2507667,

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"REV CODE": 636,

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"NDC Number": "548560600"

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"NDC Number": "955101601"

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"REV CODE": 636,

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"NDC Number": "63323053784"

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{

"CDM NUMBER": 2507739,

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"REV CODE": 637,

"CHARGE": "78",

"NDC Number": "71266902505"

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{

"CDM NUMBER": 2507740,

"CDM DESCRIPTION": "EPHEDRINE SULFATE 50 MG/ML AMP",

"REV CODE": 250,

"CHARGE": "354.66",

"NDC Number": "781326995"

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{

"CDM NUMBER": 2507765,

"CDM DESCRIPTION": "ADRENALIN EPI 0.3MG INJ",

"HCPCS": "J0171",

"REV CODE": 636,

"CHARGE": "900",

"NDC Number": "49502010202"

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"CDM NUMBER": 2507772,

"CDM DESCRIPTION": "ADRENALIN EPINEPHRINE .1MG INJ",

"HCPCS": "J0171",

"REV CODE": 636,

"CHARGE": "1400.4",

"NDC Number": "42023016801"

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"CDM NUMBER": 2507775,

"CDM DESCRIPTION": "ADRENALIN EPI 0.15MG INJ",

"HCPCS": "J0171",

"REV CODE": 636,

"CHARGE": "1482.06",

"NDC Number": "115169549"

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{

"CDM NUMBER": 2507820,

"CDM DESCRIPTION": "EPINEPHRINE HCL 30 ML BOTTLE",

"REV CODE": 250,

"CHARGE": "1378.14",

"NDC Number": "42023010301"

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"CDM NUMBER": 2507823,

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"HCPCS": "J0171",

"REV CODE": 636,

"CHARGE": "105",

"NDC Number": "54288010310"

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{

"CDM NUMBER": 2507870,

"CDM DESCRIPTION": "EPINEPHRINE HCL 30 ML VIAL",

"REV CODE": 250,

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"NDC Number": "487590199"

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"REV CODE": 636,

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"NDC Number": "76329331601"

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"CDM DESCRIPTION": "EPOETIN ALFA NONESRD 1000 UNIT",

"HCPCS": "J0885",

"REV CODE": 636,

"CHARGE": "2939.75",

"NDC Number": "59676032004"

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"CDM DESCRIPTION": "EPOETIN ALFA NONESRD 1000 UNIT",

"HCPCS": "J0885",

"REV CODE": 636,

"CHARGE": "5345",

"NDC Number": "59676034001"

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{

"CDM NUMBER": 2507905,

"CDM DESCRIPTION": "EPTINEZUMAB(VYEPTI) 100MG",

"HCPCS": "J3032",

"REV CODE": 636,

"CHARGE": "7661.9",

"NDC Number": "67386013051"

},

{

"CDM NUMBER": 2507906,

"CDM DESCRIPTION": "EPOETIN ALFA NON ESRD 1000 INJ",

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"REV CODE": 636,

"CHARGE": "641.4",

"NDC Number": "59676030401"

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"CDM NUMBER": 2507915,

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"HCPCS": "Q5106",

"REV CODE": 636,

"CHARGE": "3126.97",

"NDC Number": "69130904"

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"CDM DESCRIPTION": "ERGOCALCIFEROL 50000 IU SGL",

"REV CODE": 637,

"CHARGE": "11.52",

"NDC Number": "60687050001"

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"CDM NUMBER": 2507931,

"CDM DESCRIPTION": "ERTAPENEM SODIUM 1 GM VIAL",

"HCPCS": "J1335",

"REV CODE": 636,

"CHARGE": "771.96",

"NDC Number": "6384371"

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"REV CODE": 637,

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"NDC Number": "24338012203"

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{

"CDM NUMBER": 2508101,

"CDM DESCRIPTION": "ERYTHROMYCIN OINT",

"REV CODE": 637,

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"NDC Number": "17478007031"

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"CDM DESCRIPTION": "ESCITALOPRAM OXALATE 10MG TAB",

"REV CODE": 637,

"CHARGE": "25.92",

"NDC Number": "68084061701"

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{

"CDM NUMBER": 2508116,

"CDM DESCRIPTION": "ESCITALOPRAM OXALATE 5MG/5ML",

"REV CODE": 637,

"CHARGE": "#N/A",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "ESCITALOPRAM 20MG TAB",

"REV CODE": 637,

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"NDC Number": "16729017001"

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{

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"CDM DESCRIPTION": "ESMOLOL 100 MG/10 ML VIAL",

"REV CODE": 250,

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"NDC Number": "67457018210"

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{

"CDM NUMBER": 2508161,

"CDM DESCRIPTION": "ESMOLOL 2500MG/250ML BAG",

"REV CODE": 250,

"CHARGE": "860.4",

"NDC Number": "44567081110"

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"CDM NUMBER": 2508185,

"CDM DESCRIPTION": "ESTROGENS CONJUGATED 42.5 TUBE",

"REV CODE": 250,

"CHARGE": "1921.26",

"NDC Number": "46087221"

},

{

"CDM NUMBER": 2508198,

"CDM DESCRIPTION": "ESTRADIOL 1 MG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "51862033301"

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"CDM NUMBER": 2508260,

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"REV CODE": 636,

"CHARGE": "1799.71",

"NDC Number": "46074905"

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"CDM NUMBER": 2508317,

"CDM DESCRIPTION": "ETHAMBUTOL 400MG TAB",

"REV CODE": 637,

"CHARGE": "9.78",

"NDC Number": "68084028001"

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"CDM NUMBER": 2508318,

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"NDC Number": "68180028001"

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"NDC Number": ""

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"REV CODE": 250,

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"REV CODE": 636,

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"NDC Number": "60505700902"

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"REV CODE": 636,

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"NDC Number": "61314031801"

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"REV CODE": 636,

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"NDC Number": "69029110"

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"CDM NUMBER": 2508611,

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"REV CODE": 250,

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"NDC Number": "68084029901"

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"CDM NUMBER": 2508635,

"CDM DESCRIPTION": "FLONASE NASAL SPRAY",

"REV CODE": 250,

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"NDC Number": "60505082901"

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"CDM NUMBER": 2508663,

"CDM DESCRIPTION": "FLOURIDINE 500MG INJ",

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"REV CODE": 636,

"CHARGE": "714",

"NDC Number": "143927001"

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"CDM NUMBER": 2508670,

"CDM DESCRIPTION": "DIFLUCAN INJ 200 MG",

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"REV CODE": 636,

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"NDC Number": "338604648"

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"REV CODE": 637,

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"CDM NUMBER": 2508677,

"CDM DESCRIPTION": "FLUCONAZOLE 100 MG TAB",

"REV CODE": 637,

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"CDM NUMBER": 2508678,

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"NDC Number": "63323042405"

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"CDM DESCRIPTION": "FLUOROURACIL 500MG INJ",

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"REV CODE": 636,

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"NDC Number": "63323011761"

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"REV CODE": 636,

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"NDC Number": "16729027668"

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"REV CODE": 636,

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"NDC Number": "16729027611"

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"NDC Number": "17238090030"

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"NDC Number": "63323028110"

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"CDM NUMBER": 2509080,

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"REV CODE": 250,

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"NDC Number": "63323027205"

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"CDM NUMBER": 2509090,

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"REV CODE": 637,

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"NDC Number": "527179001"

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"CDM NUMBER": 2509093,

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"REV CODE": 637,

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"NDC Number": ""

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"CDM NUMBER": 2509099,

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"REV CODE": 252,

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"NDC Number": "173085914"

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"NDC Number": "60758088005"

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"NDC Number": "173072020"

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"NDC Number": "173071920"

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"NDC Number": "173071820"

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"NDC Number": "62559015901"

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"CDM NUMBER": 2509203,

"CDM DESCRIPTION": "FOSFOMYCIN 3GM ORAL PKT",

"REV CODE": 250,

"CHARGE": "602.4",

"NDC Number": "70700026894"

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"CDM NUMBER": 2509204,

"CDM DESCRIPTION": "FOSPHENYTOIN PE 50MG INJ",

"HCPCS": "Q2009",

"REV CODE": 636,

"CHARGE": "345.6",

"NDC Number": "67457051701"

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"CDM NUMBER": 2509206,

"CDM DESCRIPTION": "ATRIXTRA 0.5 MG INJ",

"HCPCS": "J1652",

"REV CODE": 636,

"CHARGE": "712.92",

"NDC Number": "781346512"

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"CDM NUMBER": 2509207,

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"REV CODE": 636,

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"NDC Number": "781347612"

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"REV CODE": 637,

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"NDC Number": "63323018410"

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"REV CODE": 636,

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"NDC Number": "55111067810"

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"CDM NUMBER": 2509213,

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"REV CODE": 250,

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"NDC Number": "64980034001"

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"CDM NUMBER": 2509214,

"CDM DESCRIPTION": "FOSPHENYTOIN PE 50MG INJ",

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"REV CODE": 636,

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"NDC Number": "63323040302"

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"CDM NUMBER": 2509215,

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"NDC Number": "43547038609"

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"REV CODE": 636,

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"NDC Number": "70710147801"

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"REV CODE": 636,

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"REV CODE": 637,

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"CDM NUMBER": 2509256,

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"REV CODE": 637,

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"NDC Number": "904578561"

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"CDM NUMBER": 2509258,

"CDM DESCRIPTION": "FLUOXETINE LIQUID",

"REV CODE": 637,

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"NDC Number": ""

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"CDM NUMBER": 2509260,

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{

"CDM NUMBER": 2509261,

"CDM DESCRIPTION": "FULVESTRANT 25MG INJ",

"HCPCS": "J9395",

"REV CODE": 636,

"CHARGE": "5332.42",

"NDC Number": "25021046274"

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"CDM NUMBER": 2509268,

"CDM DESCRIPTION": "FUROSEMIDE 80 MG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "51079052720"

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"CDM DESCRIPTION": "LASIX TO 20 MG INJ",

"HCPCS": "J1940",

"REV CODE": 636,

"CHARGE": "13.2",

"NDC Number": "36000028225"

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"CDM NUMBER": 2509290,

"CDM DESCRIPTION": "FUROSEMIDE 10 MG/ML SOLUTION",

"REV CODE": 637,

"CHARGE": "#N/A",

"NDC Number": ""

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"CDM NUMBER": 2509292,

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"REV CODE": 250,

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"NDC Number": "17856060002"

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"CDM NUMBER": 2509293,

"CDM DESCRIPTION": "GABAPENTIN 400MG CAP",

"REV CODE": 637,

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"NDC Number": "67877022401"

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"REV CODE": 637,

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"NDC Number": "904666661"

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"REV CODE": 637,

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"NDC Number": "65162010110"

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"REV CODE": 637,

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"NDC Number": "60687051811"

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"REV CODE": 637,

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"NDC Number": "60687022401"

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{

"CDM NUMBER": 2509350,

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"REV CODE": 250,

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"NDC Number": "45802004635"

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"CDM NUMBER": 2509355,

"CDM DESCRIPTION": "GEMCITABINE 200MG INJECTION",

"HCPCS": "J9201",

"REV CODE": 636,

"CHARGE": "53.82",

"NDC Number": "409018301"

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"CDM NUMBER": 2509358,

"CDM DESCRIPTION": "GEMCITABINE HCL 200MG INJ",

"HCPCS": "J9201",

"REV CODE": 636,

"CHARGE": "269.1",

"NDC Number": "409018101"

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"CDM DESCRIPTION": "GENTAMICIN 3.5 GM TUBE OINT",

"REV CODE": 250,

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"NDC Number": "17478028435"

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"CDM NUMBER": 2509379,

"CDM DESCRIPTION": "GENTAMICIN UP TO 80MG INJ",

"HCPCS": "J1580",

"REV CODE": 636,

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"NDC Number": "63323017302"

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"CDM NUMBER": 2509380,

"CDM DESCRIPTION": "GENTAMICIN UP TO 80MG INJ",

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"REV CODE": 636,

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"NDC Number": "63323001002"

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"CDM NUMBER": 2509400,

"CDM DESCRIPTION": "GENTAMICIN 5 ML BOTTLE DROPS",

"REV CODE": 250,

"CHARGE": "24.42",

"NDC Number": "60758018805"

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"CDM NUMBER": 2509435,

"CDM DESCRIPTION": "GENTAMICIN UP TO 80MG INJ",

"HCPCS": "J1580",

"REV CODE": 636,

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"NDC Number": "338050348"

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"CDM NUMBER": 2509438,

"CDM DESCRIPTION": "GLIMEPIRIDE 2GM (AMARYL)",

"REV CODE": 637,

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"NDC Number": "51079042520"

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"REV CODE": 250,

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"NDC Number": "68001017700"

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"CDM DESCRIPTION": "GALANTAMINE HYDROBROM 4MG TAB",

"REV CODE": 637,

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"NDC Number": "68084072921"

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"CDM NUMBER": 2509450,

"CDM DESCRIPTION": "GLIPIZIDE 5 MG TAB",

"REV CODE": 637,

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"NDC Number": "51079081020"

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"CDM NUMBER": 2509452,

"CDM DESCRIPTION": "GLIPIZIDE XL 5 MG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "68084011101"

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"CDM NUMBER": 2509453,

"CDM DESCRIPTION": "GLIPIZIDE (GLUCOTROL)XL 2.5MG",

"REV CODE": 637,

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"NDC Number": "68084029521"

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{

"CDM NUMBER": 2509458,

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"REV CODE": 637,

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"NDC Number": "93834301"

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{

"CDM NUMBER": 2509460,

"CDM DESCRIPTION": "GLUCAGON HCL PER 1 MG INJ",

"HCPCS": "J1610",

"REV CODE": 636,

"CHARGE": "1029.6",

"NDC Number": "597026010"

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"CDM NUMBER": 2509475,

"CDM DESCRIPTION": "GLUCOSE TABLETS",

"REV CODE": 637,

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"NDC Number": "904671015"

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"CDM DESCRIPTION": "GLUCOSE GEL",

"REV CODE": 637,

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"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "93834401"

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{

"CDM NUMBER": 2509509,

"CDM DESCRIPTION": "GLYCOPYRROLATE .2 MG INJ",

"HCPCS": "J3490",

"REV CODE": 636,

"CHARGE": "138",

"NDC Number": "517460225"

},

{

"CDM NUMBER": 2509540,

"CDM DESCRIPTION": "GLYCERIN 1 SUPPOSITORY",

"REV CODE": 250,

"CHARGE": "5",

"NDC Number": "46122022163"

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{

"CDM NUMBER": 2509571,

"CDM DESCRIPTION": "GLYCOPYRROLATE 1 MG TAB",

"REV CODE": 637,

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"CDM DESCRIPTION": "GOLIMUMAB FOR IV USE 50MG",

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"REV CODE": 636,

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"CDM NUMBER": 2509645,

"CDM DESCRIPTION": "GOSERELIN ACET IMPLANT/3.6MG",

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"REV CODE": 636,

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"REV CODE": 636,

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"REV CODE": 636,

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"NDC Number": "641040012"

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"REV CODE": 636,

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"NDC Number": "409272002"

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"REV CODE": 636,

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"NDC Number": "64253033335"

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"CDM NUMBER": 2510106,

"CDM DESCRIPTION": "HEP LOCK FLUSH/10UNIT INJ",

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"REV CODE": 636,

"CHARGE": "5",

"NDC Number": "8290306414"

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"NDC Number": "63323052277"

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"REV CODE": 636,

"CHARGE": "429.48",

"NDC Number": "6409602"

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"REV CODE": 636,

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"NDC Number": "58160082152"

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"REV CODE": 636,

"CHARGE": "5",

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"REV CODE": 636,

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"NDC Number": "264196510"

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"NDC Number": "8065183055"

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"NDC Number": "89130202001"

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"NDC Number": "89130311101"

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"REV CODE": 636,

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"REV CODE": 636,

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"NDC Number": "9082501"

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"NDC Number": "24208063110"

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"REV CODE": 637,

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"CDM NUMBER": 2510600,

"CDM DESCRIPTION": "HYDRALAZINE HCL TO 20MG INJ",

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"REV CODE": 636,

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"NDC Number": "63323061401"

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"CDM DESCRIPTION": "HYDROCORT SUCC TO 100MG INJ",

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"REV CODE": 636,

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"NDC Number": "9001305"

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"NDC Number": "68084084701"

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"REV CODE": 637,

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"CDM NUMBER": 2510698,

"CDM DESCRIPTION": "HYDROMORPHONE UP TO 4MG INJ",

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"REV CODE": 636,

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"NDC Number": "409128331"

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"REV CODE": 636,

"CHARGE": "24.9",

"NDC Number": "76045000906"

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"NDC Number": ""

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"CDM NUMBER": 2510727,

"CDM DESCRIPTION": "HYDROCODONE BITART/APAP 5",

"REV CODE": 637,

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"NDC Number": "50268040115"

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"CDM NUMBER": 2510728,

"CDM DESCRIPTION": "HYDROCODONE BITART/APAP 7.5",

"REV CODE": 637,

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"NDC Number": "406012462"

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"NDC Number": "66689002350"

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"CDM NUMBER": 2510769,

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"REV CODE": 636,

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"NDC Number": "517560225"

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"CDM NUMBER": 2510960,

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"CDM NUMBER": 2511090,

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"REV CODE": 637,

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"NDC Number": "51525011301"

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"CDM NUMBER": 2511142,

"CDM DESCRIPTION": "HYOSCYAMINE 0.375 MG CAP",

"REV CODE": 637,

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"NDC Number": "51525011501"

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"CDM NUMBER": 2511144,

"CDM DESCRIPTION": "TERAZOSIN 1 MG TAB",

"REV CODE": 637,

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"NDC Number": "59746038306"

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"NDC Number": "59746038406"

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"CDM DESCRIPTION": "VITAMINS PRENATAL 1 TAB",

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"NDC Number": "904531360"

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"CDM NUMBER": 2511185,

"CDM DESCRIPTION": "IBUPROFEN 200MG TAB",

"REV CODE": 637,

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"NDC Number": "904791461"

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"CDM NUMBER": 2511187,

"CDM DESCRIPTION": "IBUPROFEN GTTS 40MG/ML 15ML",

"REV CODE": 637,

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"NDC Number": ""

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"CDM NUMBER": 2511190,

"CDM DESCRIPTION": "IBUPROFEN 400 MG TAB",

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"NDC Number": "60687044601"

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"CDM NUMBER": 2511196,

"CDM DESCRIPTION": "IBUPROFEN 600 MG TAB",

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"NDC Number": "60687045701"

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"CDM NUMBER": 2511199,

"CDM DESCRIPTION": "IBUPROFEN 100MG/5ML SUSP",

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"NDC Number": "68094049461"

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"CDM DESCRIPTION": "MYXREDLIN PREMIX",

"REV CODE": 250,

"CHARGE": "210",

"NDC Number": "338012612"

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"CDM NUMBER": 2511221,

"CDM DESCRIPTION": "PRAXBIND 2.5GM INJ",

"HCPCS": "J3590",

"REV CODE": 636,

"CHARGE": "10698.15",

"NDC Number": "597019705"

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"CDM NUMBER": 2511222,

"CDM DESCRIPTION": "IDARUBICIN HCL 5MG INJ",

"HCPCS": "J9211",

"REV CODE": 636,

"CHARGE": "494.1",

"NDC Number": "703415411"

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"CDM NUMBER": 2511224,

"CDM DESCRIPTION": "IFOSFAMIDE 1 GRAM INJ",

"HCPCS": "J9208",

"REV CODE": 636,

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"NDC Number": "10019092602"

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"CDM NUMBER": 2511225,

"CDM DESCRIPTION": "IFOSFAMIDE 1 GRAM",

"HCPCS": "J9208",

"REV CODE": 636,

"CHARGE": "348.3",

"NDC Number": "63323014210"

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"CDM NUMBER": 2511226,

"CDM DESCRIPTION": "IVIG PRIVIGEN 500MG INJ",

"HCPCS": "J1459",

"REV CODE": 636,

"CHARGE": "4186.88",

"NDC Number": "44206043605"

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"REV CODE": 636,

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"NDC Number": "44206043710"

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"CDM NUMBER": 2511228,

"CDM DESCRIPTION": "IVIG PRIVIGEN 500MG INJ",

"HCPCS": "J1459",

"REV CODE": 636,

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"NDC Number": "44206043820"

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"HCPCS": "J1459",

"REV CODE": 636,

"CHARGE": "27405",

"NDC Number": "44206043940"

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"CDM NUMBER": 2511230,

"CDM DESCRIPTION": "IMDEVIMAB 1332 MG/11.1 ML'",

"REV CODE": 250,

"CHARGE": "5",

"NDC Number": "61755002501"

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{

"CDM NUMBER": 2511231,

"CDM DESCRIPTION": "IMDEVIMAB 300 MG/2.5 ML",

"REV CODE": 250,

"CHARGE": "5",

"NDC Number": "61755002701"

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{

"CDM NUMBER": 2511234,

"CDM DESCRIPTION": "FLEBOGAMMA IMMUNE GLOB 500MG",

"HCPCS": "J1572",

"REV CODE": 636,

"CHARGE": "5493.4",

"NDC Number": "61953000404"

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"CDM NUMBER": 2511237,

"CDM DESCRIPTION": "IMMUNE GLOBULIN NONLYO 500 INJ",

"HCPCS": "J1561",

"REV CODE": 636,

"CHARGE": "6506",

"NDC Number": "13533080071"

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"CDM NUMBER": 2511238,

"CDM DESCRIPTION": "IMMUNE GLOBULIN NONLYO 500 INJ",

"HCPCS": "J1561",

"REV CODE": 636,

"CHARGE": "3578.3",

"NDC Number": "13533080020"

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"CDM NUMBER": 2511239,

"CDM DESCRIPTION": "IMMUNE GLOBULIN NONLYO 500 INJ",

"HCPCS": "J1561",

"REV CODE": 636,

"CHARGE": "13012",

"NDC Number": "13533080024"

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{

"CDM NUMBER": 2511242,

"CDM DESCRIPTION": "GAMMAGARD LIQUID 500MG INJ",

"HCPCS": "J1569",

"REV CODE": 636,

"CHARGE": "3985.3",

"NDC Number": "944270004"

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"CDM DESCRIPTION": "GAMMAGARD LIQUID 500MG INJ",

"HCPCS": "J1569",

"REV CODE": 636,

"CHARGE": "7246",

"NDC Number": "944270005"

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{

"CDM NUMBER": 2511247,

"CDM DESCRIPTION": "IMMUNE GLOBULIN LIQU 500MG",

"HCPCS": "J1569",

"REV CODE": 636,

"CHARGE": "21738",

"NDC Number": "944270007"

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{

"CDM NUMBER": 2511248,

"CDM DESCRIPTION": "GAMMAGARD LIQUID 500 INJ",

"HCPCS": "J1569",

"REV CODE": 636,

"CHARGE": "14492",

"NDC Number": "944270006"

},

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"CDM NUMBER": 2511251,

"CDM DESCRIPTION": "IMMUNE GLOBULIN NON-LYPH INJ",

"HCPCS": "J1561",

"REV CODE": 636,

"CHARGE": "23421.6",

"NDC Number": "13533080040"

},

{

"CDM NUMBER": 2511255,

"CDM DESCRIPTION": "INDAPAMIDE 2.5 MG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "228257111"

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"CDM NUMBER": 2511261,

"CDM DESCRIPTION": "IVIG NON-LYOPH 500MG INJ",

"HCPCS": "J1599",

"REV CODE": 636,

"CHARGE": "#N/A",

"NDC Number": ""

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"REV CODE": 636,

"CHARGE": "#N/A",

"NDC Number": ""

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"CDM NUMBER": 2511263,

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"REV CODE": 636,

"CHARGE": "#N/A",

"NDC Number": ""

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"CDM NUMBER": 2511270,

"CDM DESCRIPTION": "IMIPRAMINE HCL 25 MG TAB",

"REV CODE": 637,

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"NDC Number": "69315013401"

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"CDM NUMBER": 2511295,

"CDM DESCRIPTION": "IMITREX 6 MG INJ",

"HCPCS": "J3030",

"REV CODE": 636,

"CHARGE": "510",

"NDC Number": "55150017301"

},

{

"CDM NUMBER": 2511351,

"CDM DESCRIPTION": "INDOCYANINE GREEN 25MG KIT",

"REV CODE": 252,

"CHARGE": "726.96",

"NDC Number": "70100042402"

},

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"CDM DESCRIPTION": "INDOMETHACIN 25 MG CAP",

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"CDM DESCRIPTION": "INFLIXIMAB(INFLECTRA)100MG INJ",

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"NDC Number": "69080901"

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"REV CODE": 636,

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"NDC Number": "57894003001"

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"CDM NUMBER": 2511436,

"CDM DESCRIPTION": "INFLUENZA VIRUS VAC IIV4 0.5ML",

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"REV CODE": 636,

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"NDC Number": "49281042088"

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"CDM NUMBER": 2511451,

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"REV CODE": 636,

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"NDC Number": "25021082761"

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"CDM DESCRIPTION": "INSULIN PER 5 UNITS INJ",

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"REV CODE": 637,

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"NDC Number": "2821517"

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"CDM NUMBER": 2511464,

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"REV CODE": 637,

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"CDM NUMBER": 2511465,

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"REV CODE": 637,

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"NDC Number": "88221905"

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"REV CODE": 637,

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"NDC Number": "2880359"

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"CDM NUMBER": 2511472,

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"REV CODE": 637,

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"NDC Number": "2882427"

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"REV CODE": 636,

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"NDC Number": "85435001"

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"REV CODE": 250,

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"REV CODE": 250,

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"NDC Number": "63323082004"

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"REV CODE": 255,

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"NDC Number": "270141125"

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"NDC Number": "270141215"

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"REV CODE": 255,

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"NDC Number": "270131630"

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"REV CODE": 255,

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"NDC Number": "270131635"

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"REV CODE": 636,

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"NDC Number": "270516415"

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"NDC Number": "50419032005"

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"REV CODE": 255,

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"NDC Number": "270141030"

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"REV CODE": 637,

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"NDC Number": "573266012"

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"REV CODE": 636,

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"NDC Number": "3232711"

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"CDM NUMBER": 2511823,

"CDM DESCRIPTION": "IPILIMUMAB(YERVOY) 200MG INJ",

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"REV CODE": 636,

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"NDC Number": "597008717"

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"REV CODE": 250,

"CHARGE": "7.92",

"NDC Number": "487980101"

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"REV CODE": 250,

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"NDC Number": "54004544"

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"CDM NUMBER": 2511837,

"CDM DESCRIPTION": "IRINOTECAN 20MG INJ",

"HCPCS": "J9206",

"REV CODE": 636,

"CHARGE": "96",

"NDC Number": "63323019352"

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"REV CODE": 250,

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"CDM DESCRIPTION": "IRON DEXTRAN 50 MG INJ",

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"REV CODE": 636,

"CHARGE": "184.02",

"NDC Number": "23608210"

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"CDM NUMBER": 2511841,

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"REV CODE": 636,

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"NDC Number": "15054004301"

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"HCPCS": "J1756",

"REV CODE": 636,

"CHARGE": "330",

"NDC Number": "517234010"

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"NDC Number": "555006602"

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"NDC Number": "143176901"

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"NDC Number": "67457022005"

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"NDC Number": "245531901"

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"REV CODE": 250,

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"NDC Number": "70092111944"

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"CDM DESCRIPTION": "KETAMINE HCI 10 MG/ML VIAL",

"REV CODE": 250,

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"NDC Number": "42023011310"

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{

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"CDM DESCRIPTION": "KETAMINE HCI 50 MG/ML VIAL",

"REV CODE": 250,

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"NDC Number": "67457000110"

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"CDM NUMBER": 2512235,

"CDM DESCRIPTION": "KETOCONAZOLE 2%",

"REV CODE": 250,

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"NDC Number": "45802046564"

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"REV CODE": 636,

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"NDC Number": "72611072225"

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"REV CODE": 250,

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"NDC Number": "168009915"

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"CDM NUMBER": 2512279,

"CDM DESCRIPTION": "KETOROLAC 10MG TAB",

"REV CODE": 637,

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"NDC Number": "93031401"

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"CDM NUMBER": 2512280,

"CDM DESCRIPTION": "TORADOL PER 60MG INJ",

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"REV CODE": 636,

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"NDC Number": "409379601"

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"CDM NUMBER": 2512282,

"CDM DESCRIPTION": "KETOROLAC TROMETHAMPINE EYE DR",

"REV CODE": 250,

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"NDC Number": "17478020919"

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"CDM NUMBER": 2512400,

"CDM DESCRIPTION": "LABETALOL 100 MG TAB",

"REV CODE": 637,

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"NDC Number": "68001038100"

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"CDM NUMBER": 2512409,

"CDM DESCRIPTION": "LABETALOL HCL 20MG/4ML SYRINGE",

"REV CODE": 250,

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"NDC Number": "409233934"

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"REV CODE": 250,

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"NDC Number": "409226720"

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"CDM DESCRIPTION": "LACOSAMIDE 200MG INJ",

"HCPCS": "C9254",

"REV CODE": 636,

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"NDC Number": "131181067"

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"CDM NUMBER": 2512421,

"CDM DESCRIPTION": "LACOSAMIDE 200MG TAB",

"REV CODE": 252,

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"NDC Number": "131248060"

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"CDM NUMBER": 2512422,

"CDM DESCRIPTION": "LACOSAMIDE 50MG TAB",

"REV CODE": 252,

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"NDC Number": "131247760"

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"CDM NUMBER": 2512448,

"CDM DESCRIPTION": "RINGERS LACTATE INF TO 1000CC",

"HCPCS": "J7120",

"REV CODE": 636,

"CHARGE": "30",

"NDC Number": "338011703"

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"CDM NUMBER": 2512450,

"CDM DESCRIPTION": "RINGERS LACTATE INF TO 1000CC",

"HCPCS": "J7120",

"REV CODE": 258,

"CHARGE": "60",

"NDC Number": "338011704"

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{

"CDM NUMBER": 2512470,

"CDM DESCRIPTION": "LACTOBACILLUS ACIDOPHILUS 1 BO",

"REV CODE": 637,

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"NDC Number": "64980014612"

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{

"CDM NUMBER": 2512471,

"CDM DESCRIPTION": "CULTURELLE CAPSULE",

"REV CODE": 252,

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"NDC Number": "49100040007"

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"CDM NUMBER": 2512500,

"CDM DESCRIPTION": "LACTULOSE 20 GM/30 ML UDC LIQ",

"REV CODE": 637,

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"NDC Number": "50383077931"

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"CDM NUMBER": 2512545,

"CDM DESCRIPTION": "LAMOTRIGINE 25 MG TAB",

"REV CODE": 250,

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"NDC Number": "68084031801"

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{

"CDM NUMBER": 2512546,

"CDM DESCRIPTION": "LAMOTRIGINE 100MG TAB",

"REV CODE": 637,

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"NDC Number": "68084031901"

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"CDM NUMBER": 2512556,

"CDM DESCRIPTION": "LANREOTIDE 1MG INJ",

"HCPCS": "J1930",

"REV CODE": 636,

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"NDC Number": "15054112004"

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{

"CDM NUMBER": 2512557,

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"REV CODE": 250,

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"NDC Number": "44677010202"

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{

"CDM NUMBER": 2512563,

"CDM DESCRIPTION": "LANSOPRAZOLE 15MG",

"REV CODE": 637,

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"NDC Number": "378698188"

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"CDM NUMBER": 2512564,

"CDM DESCRIPTION": "LANSOPRAZOLE 30MG CAPSULE",

"REV CODE": 250,

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"NDC Number": "55111039905"

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{

"CDM NUMBER": 2512572,

"CDM DESCRIPTION": "LATANOPROST 2.5 ML BOTTLE",

"REV CODE": 637,

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"NDC Number": "59762033302"

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{

"CDM NUMBER": 2512575,

"CDM DESCRIPTION": "LEUPROLIDE ACETATE 22.5MG",

"HCPCS": "J9217",

"REV CODE": 636,

"CHARGE": "23860.53",

"NDC Number": "74334603"

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"CDM NUMBER": 2512579,

"CDM DESCRIPTION": "LEUPROLIDE ACETATE 45MG",

"HCPCS": "J9217",

"REV CODE": 636,

"CHARGE": "47721.83",

"NDC Number": "74347303"

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"CDM NUMBER": 2512581,

"CDM DESCRIPTION": "LUPRON DEPOT PER 3.75MG INJ",

"HCPCS": "J1950",

"REV CODE": 636,

"CHARGE": "7415.95",

"NDC Number": "74364103"

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"CDM NUMBER": 2512588,

"CDM DESCRIPTION": "LETGEL",

"REV CODE": 250,

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"NDC Number": "5446060701"

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"CDM NUMBER": 2512592,

"CDM DESCRIPTION": "LETROZOLE (FEMARA) 2.5 MG TAB",

"REV CODE": 637,

"CHARGE": "108.78",

"NDC Number": "93762056"

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{

"CDM NUMBER": 2512593,

"CDM DESCRIPTION": "LEVAQUIN 250 MG TAB",

"REV CODE": 637,

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"NDC Number": "31722072150"

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"CDM NUMBER": 2512594,

"CDM DESCRIPTION": "LEUCOVORIN CALCIUM 100MG INJ",

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"REV CODE": 636,

"CHARGE": "120",

"NDC Number": "703514001"

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"CDM NUMBER": 2512597,

"CDM DESCRIPTION": "LEUCOVORIN CALCIUM /50MG INJ",

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"REV CODE": 636,

"CHARGE": "467.7",

"NDC Number": "63323071050"

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"CDM NUMBER": 2512598,

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"REV CODE": 636,

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"NDC Number": "143955501"

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"CDM NUMBER": 2512599,

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"REV CODE": 636,

"CHARGE": "600",

"NDC Number": "25021082850"

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"CDM NUMBER": 2512610,

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"REV CODE": 636,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2512616,

"CDM DESCRIPTION": "LEUPROLIDE ACETATE 45MG",

"HCPCS": "J9217",

"REV CODE": 636,

"CHARGE": "13550.65",

"NDC Number": "62935045345"

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{

"CDM NUMBER": 2512630,

"CDM DESCRIPTION": "LEFLUNOMIDE 10 TABS",

"REV CODE": 250,

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"NDC Number": "23155004303"

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{

"CDM NUMBER": 2512645,

"CDM DESCRIPTION": "LEVETRACETAM 500 MG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "63739041110"

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{

"CDM NUMBER": 2512646,

"CDM DESCRIPTION": "LEVETIRACETAM 10 MG INJ",

"HCPCS": "J1953",

"REV CODE": 636,

"CHARGE": "23.1",

"NDC Number": "409188602"

},

{

"CDM NUMBER": 2512648,

"CDM DESCRIPTION": "LEVETIRACETAM ORAL SOLUTION",

"REV CODE": 250,

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"NDC Number": "60687024977"

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"CDM NUMBER": 2512655,

"CDM DESCRIPTION": "LEUPROLIDE 7.5 MG INJ",

"HCPCS": "J9217",

"REV CODE": 636,

"CHARGE": "8837.25",

"NDC Number": "74364203"

},

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"CDM NUMBER": 2512660,

"CDM DESCRIPTION": "LEVARTERENOL BITARTRATE 4 ML",

"REV CODE": 250,

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"NDC Number": "409337504"

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{

"CDM NUMBER": 2512664,

"CDM DESCRIPTION": "LEVALBUTEROL NON-COMP 1.25MG",

"REV CODE": 250,

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"NDC Number": "76204090001"

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{

"CDM NUMBER": 2512665,

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"REV CODE": 250,

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"NDC Number": "76204080001"

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{

"CDM NUMBER": 2512667,

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"REV CODE": 637,

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"NDC Number": "63402051001"

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"CDM NUMBER": 2512671,

"CDM DESCRIPTION": "LEVOBUNOLOL HCL EYE DROPS 0.5%",

"REV CODE": 250,

"CHARGE": "15.48",

"NDC Number": "24208050505"

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"CDM NUMBER": 2512674,

"CDM DESCRIPTION": "LEVONORGESTREL 1.5 MG TAB",

"REV CODE": 637,

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"NDC Number": "68180085211"

},

{

"CDM NUMBER": 2512676,

"CDM DESCRIPTION": "NOREPINEPHRINE DRIP 503B COMP",

"HCPCS": "J7999",

"REV CODE": 636,

"CHARGE": "133.2",

"NDC Number": "69374031625"

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"CDM NUMBER": 2512682,

"CDM DESCRIPTION": "LEVOFLOXACIN 500MG PO UD",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "904635261"

},

{

"CDM NUMBER": 2512684,

"CDM DESCRIPTION": "LEVOFLOXACIN 250MG INJ",

"HCPCS": "J1956",

"REV CODE": 636,

"CHARGE": "37.26",

"NDC Number": "36000004724"

},

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"CDM NUMBER": 2512685,

"CDM DESCRIPTION": "LEVOFLOXACIN 250 MG INJ",

"HCPCS": "J1956",

"REV CODE": 636,

"CHARGE": "51.84",

"NDC Number": "44567043524"

},

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"CDM NUMBER": 2512686,

"CDM DESCRIPTION": "LEVOFLOXACIN 250MG INJ",

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"REV CODE": 636,

"CHARGE": "37.44",

"NDC Number": "143972024"

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"CDM NUMBER": 2512687,

"CDM DESCRIPTION": "LEVOFLOXACIN 750MG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "904635361"

},

{

"CDM NUMBER": 2512688,

"CDM DESCRIPTION": "LOVENOX 10 MG INJ",

"HCPCS": "J1650",

"REV CODE": 636,

"CHARGE": "92.52",

"NDC Number": "71288041087"

},

{

"CDM NUMBER": 2512690,

"CDM DESCRIPTION": "LEVOTHYROXINE SODIUM 50MCG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "51079044020"

},

{

"CDM NUMBER": 2512691,

"CDM DESCRIPTION": "LEVOTHYROXINE SOD 88MCG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "42292003820"

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{

"CDM NUMBER": 2512692,

"CDM DESCRIPTION": "LEVOTHYROXINE SOD 175MCG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "69238183901"

},

{

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"REV CODE": 636,

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"REV CODE": 637,

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"NDC Number": "591024101"

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"REV CODE": 636,

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"NDC Number": "641604425"

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"NDC Number": "63402030430"

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"NDC Number": "63402030830"

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"CDM DESCRIPTION": "AMITIZA 8MCG CAP(LUBIPROSTONE)",

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"CDM NUMBER": 2513364,

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"REV CODE": 637,

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"NDC Number": "44567041024"

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"REV CODE": 636,

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"NDC Number": "409672924"

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"REV CODE": 636,

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"NDC Number": "409672903"

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"REV CODE": 636,

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"NDC Number": "51754100004"

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"CDM NUMBER": 2513510,

"CDM DESCRIPTION": "MANNITOL INJ 25% IN 50 ML",

"HCPCS": "J2150",

"REV CODE": 636,

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"NDC Number": "409403101"

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"CDM NUMBER": 2513525,

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"NDC Number": "25021012120"

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"HCPCS": "J0692",

"REV CODE": 636,

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"NDC Number": "44567024110"

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"CDM DESCRIPTION": "MAXITROL SUSP 5 ML BOTTLE",

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"NDC Number": "61314063006"

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"CDM NUMBER": 2513540,

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"REV CODE": 250,

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"NDC Number": "61314063136"

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"CDM NUMBER": 2513590,

"CDM DESCRIPTION": "MECLIZINE 25 MG TAB",

"REV CODE": 637,

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"NDC Number": "68084049101"

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"REV CODE": 637,

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"NDC Number": "50268052215"

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"NDC Number": "59762005501"

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"CDM NUMBER": 2513636,

"CDM DESCRIPTION": "MEDROXYPROGESTERONE ACE 1MG",

"HCPCS": "J1050",

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"NDC Number": "548540025"

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"REV CODE": 250,

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"NDC Number": "66689002050"

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"CDM NUMBER": 2513670,

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"CDM NUMBER": 2513695,

"CDM DESCRIPTION": "MELATONIN 3MG TAB",

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"NDC Number": "68094011061"

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"NDC Number": "50268052515"

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"REV CODE": 637,

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"NDC Number": "60687018457"

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"CDM DESCRIPTION": "COVID 19 VAC PFZ 30MCG/0.3ML",

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"REV CODE": 636,

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"NDC Number": "59267100001"

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"CDM NUMBER": 2513708,

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"REV CODE": 636,

"CHARGE": "0",

"NDC Number": "80777027310"

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"CDM NUMBER": 2513709,

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"REV CODE": 636,

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"NDC Number": "59676058005"

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"NDC Number": "799000102"

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"CDM NUMBER": 2513744,

"CDM DESCRIPTION": "METHOL/ZINC OXIDE 3.5 GM PACK",

"REV CODE": 637,

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"NDC Number": "799000105"

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"NDC Number": "59316020510"

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"CDM NUMBER": 2513770,

"CDM DESCRIPTION": "DEMEROL HCL INJ PER 100 MG",

"HCPCS": "J2175",

"REV CODE": 636,

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"NDC Number": "641605225"

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"HCPCS": "J2185",

"REV CODE": 636,

"CHARGE": "312",

"NDC Number": "55150020830"

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"NDC Number": "68382043528"

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"REV CODE": 636,

"CHARGE": "120",

"NDC Number": "25021020110"

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"CDM DESCRIPTION": "METFORMIN HCL 500 MG TAB",

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"CDM DESCRIPTION": "METFORMIN",

"REV CODE": 637,

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"NDC Number": "60687015501"

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"CDM DESCRIPTION": "METFORMIN 850MG (GLUCOPHAGE)",

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"NDC Number": "904669061"

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"NDC Number": "60687016201"

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"REV CODE": 636,

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"NDC Number": "64281010006"

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"REV CODE": 637,

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"NDC Number": "60687021401"

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"CDM NUMBER": 2513960,

"CDM DESCRIPTION": "METHERGINE INJ TO 0.2 MG",

"HCPCS": "J2210",

"REV CODE": 636,

"CHARGE": "142.26",

"NDC Number": "51991014417"

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"REV CODE": 637,

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"NDC Number": "27437005056"

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"REV CODE": 636,

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"NDC Number": "517037405"

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"CDM DESCRIPTION": "METHYLPREDNIS TO 125MG INJ",

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"REV CODE": 636,

"CHARGE": "58.44",

"NDC Number": "9004722"

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"REV CODE": 636,

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"NDC Number": "65649055102"

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"CHARGE": "263.88",

"NDC Number": "9069801"

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"NDC Number": "51079067005"

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"NDC Number": "406114201"

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"CDM DESCRIPTION": "METHYLPHENIDATE 10 MG TAB",

"REV CODE": 637,

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"NDC Number": ""

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"CDM DESCRIPTION": "METHYLPREDNISOLONE ORAL/4MG",

"HCPCS": "J7509",

"REV CODE": 637,

"CHARGE": "8.58",

"NDC Number": "603459321"

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"REV CODE": 636,

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"REV CODE": 636,

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"REV CODE": 636,

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"REV CODE": 250,

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"NDC Number": "409177805"

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"CDM NUMBER": 2514570,

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"REV CODE": 636,

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"REV CODE": 636,

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"NDC Number": "16729010811"

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"REV CODE": 636,

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"NDC Number": "16729011638"

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"REV CODE": 636,

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"NDC Number": "6468100"

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"NDC Number": "45802025735"

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"REV CODE": 636,

"CHARGE": "72",

"NDC Number": "76329191101"

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"REV CODE": 636,

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"NDC Number": "641612725"

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"NDC Number": "68094004558"

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"REV CODE": 636,

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"NDC Number": "641602010"

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"REV CODE": 636,

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"NDC Number": "409189001"

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"REV CODE": 250,

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"NDC Number": "60505058204"

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"CDM NUMBER": 2515180,

"CDM DESCRIPTION": "MULTIVITAMIN (MVI-12) 10 ML",

"REV CODE": 637,

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"NDC Number": "54643564901"

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"CDM NUMBER": 2515300,

"CDM DESCRIPTION": "MUPIROCIN 15 GM TUBE OINT",

"REV CODE": 250,

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"NDC Number": "45802011222"

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"CDM NUMBER": 2515304,

"CDM DESCRIPTION": "MYCOPHENOLATE MOF ORAL 250MG",

"HCPCS": "J7517",

"REV CODE": 636,

"CHARGE": "5",

"NDC Number": "60687049401"

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"CDM NUMBER": 2515306,

"CDM DESCRIPTION": "MYCOPHENOLATE MOF ORAL 250MG",

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"REV CODE": 636,

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"NDC Number": "64380072506"

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{

"CDM NUMBER": 2515317,

"CDM DESCRIPTION": "NEOSYNEPHRINE OPHTH 10% GTTS",

"REV CODE": 250,

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"NDC Number": "17478020605"

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{

"CDM NUMBER": 2515319,

"CDM DESCRIPTION": "FILGRASTIM EXCL BIOS 1MCG INJ",

"HCPCS": "J1442",

"REV CODE": 636,

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"NDC Number": "55513054610"

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"REV CODE": 637,

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"CDM NUMBER": 2515322,

"CDM DESCRIPTION": "NEOSYNEPHRINE SPRAY",

"REV CODE": 250,

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"NDC Number": "46122014903"

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"CDM NUMBER": 2515327,

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"REV CODE": 637,

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"NDC Number": "68084029121"

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{

"CDM NUMBER": 2515361,

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"REV CODE": 250,

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"NDC Number": "121176130"

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"CDM NUMBER": 2515380,

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"NDC Number": "24385011878"

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"NDC Number": "591367001"

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"CDM DESCRIPTION": "NAFCILLIN 1GM INJ",

"REV CODE": 250,

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"NDC Number": "55150012215"

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"CDM NUMBER": 2515450,

"CDM DESCRIPTION": "NAFCILLIN 2 GM VIAL",

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"REV CODE": 636,

"CHARGE": "169.68",

"NDC Number": "55150012315"

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"CDM NUMBER": 2515500,

"CDM DESCRIPTION": "NALBUPHINE HCL PER 10MG INJ",

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"REV CODE": 636,

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"NDC Number": "409146501"

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"CDM NUMBER": 2515560,

"CDM DESCRIPTION": "NARCAN PER 1 MG INJ",

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"REV CODE": 636,

"CHARGE": "60",

"NDC Number": "641613225"

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"REV CODE": 636,

"CHARGE": "198",

"NDC Number": "76329336901"

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"CDM NUMBER": 2515675,

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"NDC Number": "60687049101"

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"CDM NUMBER": 2515683,

"CDM DESCRIPTION": "NATALIZUMAB(TYSABRI) 300MG INJ",

"HCPCS": "J2323",

"REV CODE": 636,

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"NDC Number": "64406000801"

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"CDM NUMBER": 2515760,

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"NDC Number": "39822031005"

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"CDM NUMBER": 2515781,

"CDM DESCRIPTION": "NEOSTIGMINE METHYL 10MG",

"HCPCS": "J2710",

"REV CODE": 636,

"CHARGE": "120",

"NDC Number": "641614910"

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"CDM NUMBER": 2515782,

"CDM DESCRIPTION": "PROSTIGMIN TO 0.5MG INJ",

"HCPCS": "J7999",

"REV CODE": 636,

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"NDC Number": "69374090235"

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"CDM NUMBER": 2515797,

"CDM DESCRIPTION": "NEPHROCAPS 1 TAB CAP",

"REV CODE": 637,

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"NDC Number": "60258016201"

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"CDM NUMBER": 2515799,

"CDM DESCRIPTION": "MULTIVITAMIN AND IRON15 1 TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "59528445601"

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"CDM DESCRIPTION": "NEUTRAPHOS PKT",

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"NDC Number": "47335053981"

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{

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"REV CODE": 250,

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"NDC Number": "143968910"

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{

"CDM NUMBER": 2515870,

"CDM DESCRIPTION": "CARDENE IV",

"REV CODE": 250,

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"NDC Number": "10122031301"

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"CDM NUMBER": 2515872,

"CDM DESCRIPTION": "NICOTINE PATCH NON LEGEND",

"REV CODE": 637,

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"NDC Number": "536589488"

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"CHARGE": "5",

"NDC Number": "536136223"

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"CDM NUMBER": 2515910,

"CDM DESCRIPTION": "NIFEDIPINE 10 MG CAP",

"REV CODE": 637,

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"NDC Number": "43386044024"

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"CDM DESCRIPTION": "NIMODIPINE 30MG",

"REV CODE": 637,

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"NDC Number": "68084091232"

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{

"CDM NUMBER": 2515936,

"CDM DESCRIPTION": "NIFEDIPINE 60 MG TAB",

"REV CODE": 637,

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"NDC Number": "50268059815"

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{

"CDM NUMBER": 2515937,

"CDM DESCRIPTION": "NIFEDIPINE 30 MG TAB",

"REV CODE": 637,

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"NDC Number": "50268059715"

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{

"CDM NUMBER": 2515940,

"CDM DESCRIPTION": "NIPRIDE RTU DSV",

"REV CODE": 250,

"CHARGE": "270",

"NDC Number": "51754102901"

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{

"CDM NUMBER": 2515942,

"CDM DESCRIPTION": "NITRO DRIP PREMIX 250ML 25MG",

"REV CODE": 250,

"CHARGE": "112.74",

"NDC Number": "338104702"

},

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"CDM NUMBER": 2515945,

"CDM DESCRIPTION": "NITROGLYCERIN 0.4 MG PATCH",

"REV CODE": 637,

"CHARGE": "13.02",

"NDC Number": "378911293"

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{

"CDM NUMBER": 2515947,

"CDM DESCRIPTION": "NITROGLYCERIN 1GM",

"REV CODE": 250,

"CHARGE": "16.56",

"NDC Number": "281032608"

},

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"CDM NUMBER": 2515951,

"CDM DESCRIPTION": "NITROFURANTOIN MONO/MACROCRYST",

"REV CODE": 637,

"CHARGE": "22.86",

"NDC Number": "47781030301"

},

{

"CDM NUMBER": 2515980,

"CDM DESCRIPTION": "NITROFURANTOIN 50 MG CAP",

"REV CODE": 637,

"CHARGE": "26.52",

"NDC Number": "60687047201"

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"CDM DESCRIPTION": "NORTRIPTYLINE 75 MG CAP",

"REV CODE": 637,

"CHARGE": "25.32",

"NDC Number": "51672400401"

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{

"CDM NUMBER": 2516194,

"CDM DESCRIPTION": "NORTRIPTYLINE 25 MG CAP",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "50268060415"

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"CDM NUMBER": 2516196,

"CDM DESCRIPTION": "NORTRIPTYLINE 10MG",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "60687028101"

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"CDM DESCRIPTION": "NITROGLYCERIN 0.1 MG PATCH",

"REV CODE": 637,

"CHARGE": "11.16",

"NDC Number": "378910293"

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"CDM NUMBER": 2516306,

"CDM DESCRIPTION": "NITROGLYCERIN 0.2 MG PATCH",

"REV CODE": 637,

"CHARGE": "11.4",

"NDC Number": "378910493"

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{

"CDM NUMBER": 2516340,

"CDM DESCRIPTION": "NITROGLYCERIN 0.4 MG/TAB 25",

"REV CODE": 637,

"CHARGE": "6.18",

"NDC Number": "68462063945"

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"CDM NUMBER": 2516440,

"CDM DESCRIPTION": "NITROGLYCERIN 6.5 MG CAP",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "49483022210"

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"CDM NUMBER": 2516481,

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"REV CODE": 636,

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"NDC Number": "3377211"

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"NDC Number": "3377412"

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"NDC Number": "3373413"

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"NDC Number": "64406005801"

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"REV CODE": 637,

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"NDC Number": "66689003799"

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"NDC Number": "50242007001"

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"REV CODE": 636,

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"NDC Number": "23392102"

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"REV CODE": 636,

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"NDC Number": "50242015001"

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"REV CODE": 636,

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"NDC Number": "60505613005"

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"NDC Number": "24208041005"

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"CDM DESCRIPTION": "ZOFRAN INJ PER 1 MG",

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"REV CODE": 636,

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"NDC Number": "16729029805"

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"REV CODE": 250,

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"NDC Number": "68462039701"

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"REV CODE": 637,

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"NDC Number": "68084012801"

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"REV CODE": 636,

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"NDC Number": "641618210"

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"NDC Number": "60505057501"

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"NDC Number": "517095501"

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"NDC Number": "68084022101"

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"REV CODE": 250,

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"NDC Number": "68084022001"

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"REV CODE": 636,

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"NDC Number": "50242004062"

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"NDC Number": "60687012765"

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"NDC Number": "407222317"

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"HCPCS": "J2407",

"REV CODE": 636,

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"NDC Number": "70842014003"

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"REV CODE": 250,

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"NDC Number": "574030316"

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"CDM DESCRIPTION": "ORA-SWEET SF FLAVORED SYRUP",

"REV CODE": 250,

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"NDC Number": "574030216"

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"NDC Number": "33342025866"

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"REV CODE": 250,

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"NDC Number": "4082205"

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"CDM NUMBER": 2516904,

"CDM DESCRIPTION": "OSELTAMIVIR 30MG CAP",

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"NDC Number": "69238126401"

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"REV CODE": 250,

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"NDC Number": "990771503"

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"CDM DESCRIPTION": "ALTEPLASE(TPA) 100MG INJ",

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"REV CODE": 636,

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"NDC Number": "50242008527"

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"REV CODE": 637,

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"NDC Number": "68084085301"

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"CDM DESCRIPTION": "OXALIPLATIN 0.5MG INJ",

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"REV CODE": 636,

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"NDC Number": "703398501"

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"REV CODE": 636,

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"NDC Number": "703398601"

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"REV CODE": 637,

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"NDC Number": "50268062715"

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"CDM DESCRIPTION": "OXYCODONE/APAP 5/325MG 1 TAB",

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"NDC Number": "406051262"

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"NDC Number": "406052262"

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"REV CODE": 637,

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"NDC Number": "59011041020"

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"NDC Number": "59011042020"

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"CDM NUMBER": 2517080,

"CDM DESCRIPTION": "OXYMETAZOLINE HCL NASAL SPRAY",

"REV CODE": 250,

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"NDC Number": "11523116706"

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"CDM DESCRIPTION": "OXYTOCIN TO 10 UNITS INJ",

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"REV CODE": 636,

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"NDC Number": "70092106708"

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"CDM NUMBER": 2517100,

"CDM DESCRIPTION": "OXYTOCIN INJ TO 10 UNITS",

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"REV CODE": 636,

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"NDC Number": "63323001211"

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"CDM NUMBER": 2517103,

"CDM DESCRIPTION": "OXYCODONE IR 5MG TAB",

"REV CODE": 250,

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"NDC Number": "406055262"

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"CDM NUMBER": 2517111,

"CDM DESCRIPTION": "PALIPERIDONE PALMITATE 1MG INJ",

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"REV CODE": 636,

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"NDC Number": "50458056301"

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"CDM NUMBER": 2517112,

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"REV CODE": 636,

"CHARGE": "5",

"NDC Number": "50458056401"

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{

"CDM NUMBER": 2517113,

"CDM DESCRIPTION": "PALIPERIDONE 3 MG TAB",

"REV CODE": 637,

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"NDC Number": "42292002620"

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{

"CDM NUMBER": 2517114,

"CDM DESCRIPTION": "PALIPERIDONE 6MG TAB",

"REV CODE": 637,

"CHARGE": "183.18",

"NDC Number": "42292002720"

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"CDM NUMBER": 2517115,

"CDM DESCRIPTION": "PALONOSETRON HCI 25MCG INJ",

"HCPCS": "J2469",

"REV CODE": 636,

"CHARGE": "240",

"NDC Number": "63323067305"

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"CDM NUMBER": 2517123,

"CDM DESCRIPTION": "PACLITAXEL PROTEIN-BOUND 1MG",

"HCPCS": "J9264",

"REV CODE": 636,

"CHARGE": "7560.1",

"NDC Number": "68817013450"

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"CDM NUMBER": 2517126,

"CDM DESCRIPTION": "GNRC PAMIDRONATE DISODIUM/30MG",

"HCPCS": "J2430",

"REV CODE": 636,

"CHARGE": "83.28",

"NDC Number": "61703032418"

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"CDM NUMBER": 2517129,

"CDM DESCRIPTION": "PACLITAXEL 1MG INJECTION",

"HCPCS": "J9267",

"REV CODE": 636,

"CHARGE": "388.92",

"NDC Number": "61703034250"

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"CDM NUMBER": 2517145,

"CDM DESCRIPTION": "PANCRELIPASE TAB",

"REV CODE": 637,

"CHARGE": "7.2",

"NDC Number": "62541040210"

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{

"CDM NUMBER": 2517147,

"CDM DESCRIPTION": "PANTUMUMAB 10MG INJECTION",

"HCPCS": "J9303",

"REV CODE": 636,

"CHARGE": "6793.45",

"NDC Number": "55513095401"

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"CDM NUMBER": 2517149,

"CDM DESCRIPTION": "PANTOPRAZOLE SOD INJ PER VIAL",

"HCPCS": "C9113",

"REV CODE": 636,

"CHARGE": "51",

"NDC Number": "55150020210"

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"CDM NUMBER": 2517152,

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"NDC Number": "55513095601"

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"CDM NUMBER": 2517184,

"CDM DESCRIPTION": "PARICALCITOL 1MCG INJ",

"HCPCS": "J2501",

"REV CODE": 636,

"CHARGE": "36.36",

"NDC Number": "74463701"

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"CDM NUMBER": 2517186,

"CDM DESCRIPTION": "PARICALCITOL 1 MG CAP",

"REV CODE": 637,

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"NDC Number": "49483068703"

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"CDM NUMBER": 2517204,

"CDM DESCRIPTION": "PAROXETINE 20 MG TAB",

"REV CODE": 637,

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"NDC Number": "68084004501"

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{

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"CDM DESCRIPTION": "PAROXETINE 40MG TAB",

"REV CODE": 250,

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"NDC Number": "68084004701"

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"CHARGE": "5",

"NDC Number": "50268064015"

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"CDM NUMBER": 2517236,

"CDM DESCRIPTION": "UDENYCA 0.5MG INJ",

"HCPCS": "Q5111",

"REV CODE": 636,

"CHARGE": "20875",

"NDC Number": "70114010101"

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{

"CDM NUMBER": 2517237,

"CDM DESCRIPTION": "PEGFILGRASTIM 6 MG INJ",

"HCPCS": "J2505",

"REV CODE": 636,

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"NDC Number": "55513019001"

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"CDM NUMBER": 2517238,

"CDM DESCRIPTION": "PEGFILGRASTIM 6MG DEL KIT INJ",

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"REV CODE": 636,

"CHARGE": "28039.77",

"NDC Number": "55513019201"

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"CDM NUMBER": 2517239,

"CDM DESCRIPTION": "PEGFILGRASTIM 6MG INJ",

"HCPCS": "Q5108",

"REV CODE": 636,

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"NDC Number": "67457083306"

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"CDM NUMBER": 2517240,

"CDM DESCRIPTION": "PEGFILGRASTIM-APGF INJ",

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"REV CODE": 636,

"CHARGE": "19625",

"NDC Number": "69032401"

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"CDM NUMBER": 2517241,

"CDM DESCRIPTION": "PEMETREXED 10MG INJ",

"HCPCS": "J9305",

"REV CODE": 636,

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"NDC Number": "2762301"

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"CDM NUMBER": 2517243,

"CDM DESCRIPTION": "PEMBROLIZU(KEYTRUDA) 100MG INJ",

"HCPCS": "J9271",

"REV CODE": 636,

"CHARGE": "22651.56",

"NDC Number": "6302602"

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"CDM NUMBER": 2517247,

"CDM DESCRIPTION": "PEMETREXED 10MG INJ",

"HCPCS": "J9305",

"REV CODE": 636,

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"NDC Number": "2764001"

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"CDM DESCRIPTION": "PENICILLIN G POT UP TO 600000U",

"HCPCS": "J2540",

"REV CODE": 636,

"CHARGE": "76.32",

"NDC Number": "49052083"

},

{

"CDM NUMBER": 2517310,

"CDM DESCRIPTION": "PEN VK SUSP-BIOCRAFT 25OMG/5ML",

"REV CODE": 637,

"CHARGE": "43.26",

"NDC Number": "93412773"

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"CDM DESCRIPTION": "VEETIDS 250 MG UD TAB",

"REV CODE": 637,

"CHARGE": "5.1",

"NDC Number": "57237004001"

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"CDM DESCRIPTION": "PENTASA 250 MG CAP",

"REV CODE": 637,

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"NDC Number": "54092018981"

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"CDM DESCRIPTION": "PENTOXIFYLLINE 400 MG TAB",

"REV CODE": 637,

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"NDC Number": "904544861"

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"CDM DESCRIPTION": "PEPPERMINT SPIRIT",

"REV CODE": 250,

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"NDC Number": "395224391"

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"REV CODE": 250,

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"NDC Number": "63323011310"

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"REV CODE": 636,

"CHARGE": "1607.05",

"NDC Number": "11994001104"

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"CDM NUMBER": 2517566,

"CDM DESCRIPTION": "PERTUZUMAB 1MG INJ",

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"REV CODE": 636,

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"NDC Number": "50242014501"

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"CDM DESCRIPTION": "PREMETHRIN CREAM 5% 60GM TUBE",

"REV CODE": 250,

"CHARGE": "555.48",

"NDC Number": "45802026937"

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"CDM NUMBER": 2517575,

"CDM DESCRIPTION": "PERMETHRIN LOTION 1% 60ML BTL",

"REV CODE": 250,

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"NDC Number": "46122010846"

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{

"CDM NUMBER": 2517615,

"CDM DESCRIPTION": "PERPHENAZINE 4 MG ORAL",

"HCPCS": "Q0175",

"REV CODE": 636,

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"NDC Number": "68084060201"

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"CDM DESCRIPTION": "PHENYTOIN 100 MG CAP",

"REV CODE": 637,

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"NDC Number": "51079090520"

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"CDM NUMBER": 2517740,

"CDM DESCRIPTION": "PHENYLEP KETOROLAC OPTH",

"HCPCS": "J1097",

"REV CODE": 636,

"CHARGE": "2557.5",

"NDC Number": "62225060004"

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{

"CDM NUMBER": 2517749,

"CDM DESCRIPTION": "PHENYLEPHRINE 10% DROPS",

"REV CODE": 250,

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"NDC Number": "17478020605"

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"HCPCS": "J2370",

"REV CODE": 636,

"CHARGE": "22.02",

"NDC Number": "76014000425"

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"CDM NUMBER": 2517751,

"CDM DESCRIPTION": "PHENYLEPHRINE HCL",

"HCPCS": "J7999",

"REV CODE": 636,

"CHARGE": "27.6",

"NDC Number": "36737495710"

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"REV CODE": 636,

"CHARGE": "120",

"NDC Number": "641618810"

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"REV CODE": 636,

"CHARGE": "373.44",

"NDC Number": "641047725"

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"CDM NUMBER": 2517870,

"CDM DESCRIPTION": "PHENOBARBITAL 20 MG/5 ML ELIX",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "603150858"

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"CDM DESCRIPTION": "PHENOBARBITAL 32.4MG TAB",

"REV CODE": 250,

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"NDC Number": "904657561"

},

{

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"CDM DESCRIPTION": "PHENYTOIN 100 MG/ML UDC",

"REV CODE": 250,

"CHARGE": "51.84",

"NDC Number": "66689003650"

},

{

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"CDM DESCRIPTION": "PHENYTOIN 30MG (DILANTIN)",

"REV CODE": 637,

"CHARGE": "7.38",

"NDC Number": "71374066"

},

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"CDM DESCRIPTION": "REGITINE TO 5MG INJ",

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"CDM NUMBER": 2517991,

"CDM DESCRIPTION": "PHENAZOPYRIDINE 100 MG TAB",

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"NDC Number": "17478051002"

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"CDM NUMBER": 2518120,

"CDM DESCRIPTION": "VITAMIN K INJ PER 1 MG",

"HCPCS": "J3430",

"REV CODE": 636,

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"REV CODE": 636,

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"REV CODE": 250,

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"NDC Number": "61314020415"

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"REV CODE": 250,

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"REV CODE": 636,

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"NDC Number": "5197102"

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"REV CODE": 250,

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"NDC Number": "55150012150"

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"REV CODE": 250,

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"CDM DESCRIPTION": "POTASSIUM CHLORIDE 10 MEQ TAB",

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"NDC Number": "409729501"

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"REV CODE": 636,

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"NDC Number": "48818000101"

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"NDC Number": "49281075221"

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"CDM DESCRIPTION": "PRAMIPEXOLE DI-HCL 0.25 MG TAB",

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"NDC Number": "60687014501"

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"REV CODE": 636,

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"NDC Number": "71101441"

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"NDC Number": "71101341"

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"NDC Number": "50268068415"

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"CDM NUMBER": 2519710,

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"NDC Number": "713013212"

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"NDC Number": "17856060805"

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"CDM NUMBER": 2519760,

"CDM DESCRIPTION": "PROPRANOLOL 10 MG TAB",

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"NDC Number": "904655061"

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"CDM NUMBER": 2519761,

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"NDC Number": "115166201"

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"CDM NUMBER": 2519764,

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"NDC Number": "228277811"

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"CDM NUMBER": 2519765,

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"NDC Number": "527411737"

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"CDM NUMBER": 2519780,

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"REV CODE": 250,

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"NDC Number": "17478026312"

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"CDM DESCRIPTION": "PROPARACAINE",

"REV CODE": 250,

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"NDC Number": "17478026312"

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"CDM NUMBER": 2519810,

"CDM DESCRIPTION": "PROPRANOLOL HCL INJ TO 1 MG",

"HCPCS": "J1800",

"REV CODE": 636,

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"NDC Number": "143987210"

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"REV CODE": 636,

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"REV CODE": 636,

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"NDC Number": "63323026978"

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"REV CODE": 636,

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"NDC Number": ""

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"CDM NUMBER": 2519865,

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"REV CODE": 637,

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"NDC Number": "603548321"

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"CDM NUMBER": 2519868,

"CDM DESCRIPTION": "PROPRANOLOL 120 MG CAP",

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"NDC Number": "51991081901"

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{

"CDM NUMBER": 2519890,

"CDM DESCRIPTION": "PROPRANOL HCL 40MG TAB",

"REV CODE": 637,

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"NDC Number": "60687029501"

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"CDM NUMBER": 2519891,

"CDM DESCRIPTION": "KCENTRA PER 1IU",

"HCPCS": "C9132",

"REV CODE": 636,

"CHARGE": "5130",

"NDC Number": "63833038602"

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"CDM NUMBER": 2519990,

"CDM DESCRIPTION": "PROTAMINE SULFATE INJ PER 10MG",

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"REV CODE": 636,

"CHARGE": "73.74",

"NDC Number": "63323022905"

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"REV CODE": 250,

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"NDC Number": "94688008470"

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"NDC Number": "904578461"

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"NDC Number": "904633724"

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"CDM NUMBER": 2520100,

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"REV CODE": 637,

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"NDC Number": "37000002304"

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"CDM NUMBER": 2520130,

"CDM DESCRIPTION": "PYRIDOXINE HCL 100MG INJ",

"HCPCS": "J3415",

"REV CODE": 636,

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"NDC Number": "63323018001"

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"REV CODE": 250,

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"NDC Number": "68084049401"

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"CDM NUMBER": 2520170,

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"NDC Number": "50268085815"

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"CDM NUMBER": 2520215,

"CDM DESCRIPTION": "QUETIAPINE 50MG TAB (SEROQUEL)",

"REV CODE": 250,

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"NDC Number": "50268063115"

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"CDM NUMBER": 2520217,

"CDM DESCRIPTION": "QUETIAPINE 200MG TAB (SERQUEL)",

"REV CODE": 250,

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"NDC Number": "904664161"

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"CDM NUMBER": 2520219,

"CDM DESCRIPTION": "QUETAPINE FURMATE 50 MG TAB",

"REV CODE": 637,

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"NDC Number": "52817016060"

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{

"CDM NUMBER": 2520221,

"CDM DESCRIPTION": "QUETIAPINE FUMRATE 150 MG TAB",

"REV CODE": 637,

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"NDC Number": "50742063660"

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"CDM NUMBER": 2520222,

"CDM DESCRIPTION": "QUETIAPINE FUMARATE 200 MG TAB",

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"NDC Number": "16729009512"

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"NDC Number": "904664061"

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"NDC Number": "43547041109"

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"CDM DESCRIPTION": "RIG-HT FOR IM/SQ 150 UNIT",

"HCPCS": "90376",

"REV CODE": 636,

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"NDC Number": "13533031801"

},

{

"CDM NUMBER": 2520290,

"CDM DESCRIPTION": "RABIES VACCINE IM 1ML",

"HCPCS": "90675",

"REV CODE": 636,

"CHARGE": "2119.7",

"NDC Number": "49281025251"

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"REV CODE": 637,

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"NDC Number": "60687026621"

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"CDM DESCRIPTION": "RAMIPRIL 5MG UD (ALTACE)",

"REV CODE": 637,

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"NDC Number": "68001043000"

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"CDM NUMBER": 2520297,

"CDM DESCRIPTION": "RAMIPRIL 2.5MG UD",

"REV CODE": 637,

"CHARGE": "10.86",

"NDC Number": "68001042900"

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"CDM DESCRIPTION": "RAMUCIRUMAB 5MG INJ",

"HCPCS": "J9308",

"REV CODE": 636,

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"NDC Number": "2766901"

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"REV CODE": 636,

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"NDC Number": "2767801"

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"REV CODE": 637,

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"NDC Number": "61958100301"

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"CDM NUMBER": 2520319,

"CDM DESCRIPTION": "RASBURICASE .5MG INJ",

"HCPCS": "J2783",

"REV CODE": 636,

"CHARGE": "5140.63",

"NDC Number": "24515010"

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"CDM NUMBER": 2520323,

"CDM DESCRIPTION": "RASBURICASE 0.5 MG",

"HCPCS": "J2783",

"REV CODE": 636,

"CHARGE": "23366.55",

"NDC Number": "24515175"

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"CDM NUMBER": 2520328,

"CDM DESCRIPTION": "REGADENOSON 0.1MG INJ",

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"REV CODE": 636,

"CHARGE": "1457.76",

"NDC Number": "469650189"

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"CDM NUMBER": 2520329,

"CDM DESCRIPTION": "RECK-COMPOUNDED DRUG NOC",

"HCPCS": "J7999",

"REV CODE": 636,

"CHARGE": "209.7",

"NDC Number": "70092143350"

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"CDM NUMBER": 2520330,

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"REV CODE": 250,

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"NDC Number": "61958290102"

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"CDM NUMBER": 2520331,

"CDM DESCRIPTION": "RESLIZUMAB 1MG INJ",

"HCPCS": "J2786",

"REV CODE": 636,

"CHARGE": "5335",

"NDC Number": "59310061031"

},

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"CDM DESCRIPTION": "RIFAMPIN INJ",

"HCPCS": "J3490",

"REV CODE": 250,

"CHARGE": "918",

"NDC Number": "63323035120"

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"HCPCS": "J2794",

"REV CODE": 636,

"CHARGE": "5329.45",

"NDC Number": "50458030811"

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"CDM NUMBER": 2520359,

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"HCPCS": "J2794",

"REV CODE": 636,

"CHARGE": "1465.59",

"NDC Number": "50458030911"

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"REV CODE": 636,

"CHARGE": "4396.7",

"NDC Number": "50458030711"

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"CDM NUMBER": 2520362,

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"HCPCS": "J2794",

"REV CODE": 636,

"CHARGE": "2931.01",

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"CDM NUMBER": 2520364,

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"NDC Number": "50242005306"

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"NDC Number": "51991079406"

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"NDC Number": "50458058030"

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"REV CODE": 636,

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"CDM DESCRIPTION": "ROMIPLOSTIN INJ 10MCG",

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"REV CODE": 270,

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"NDC Number": "338004803"

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"NDC Number": "10019055303"

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"NDC Number": "50268063015"

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"REV CODE": 250,

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"NDC Number": "61570013140"

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"REV CODE": 250,

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"NDC Number": "60687032865"

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"NDC Number": "904589430"

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"REV CODE": 636,

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"NDC Number": "270055615"

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"CDM NUMBER": 2520801,

"CDM DESCRIPTION": "SIPULEUCEL-T AUTO CD54",

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"REV CODE": 636,

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"NDC Number": "30237890006"

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"REV CODE": 270,

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"NDC Number": "338004804"

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"NDC Number": "338004918"

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"CDM NUMBER": 2520910,

"CDM DESCRIPTION": "SODIUM ACETATE 2 MEQ",

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"REV CODE": 636,

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"NDC Number": "409729973"

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"REV CODE": 250,

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"NDC Number": "409553414"

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"CDM NUMBER": 2520930,

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"REV CODE": 270,

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"NDC Number": "409488810"

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"NDC Number": "24208027615"

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"NDC Number": "24208067004"

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"NDC Number": "46287000660"

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"CDM NUMBER": 2521030,

"CDM DESCRIPTION": "NORMAL SALINE INFUSION 250CC",

"HCPCS": "J7050",

"REV CODE": 258,

"CHARGE": "21.66",

"NDC Number": "338004902"

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"CDM NUMBER": 2521032,

"CDM DESCRIPTION": "NORMAL SALINE SOL INFUS 250CC",

"HCPCS": "J7050",

"REV CODE": 258,

"CHARGE": "15",

"NDC Number": "264780020"

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"NDC Number": "409196607"

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"NDC Number": "63323017015"

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"NDC Number": "338004303"

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"REV CODE": 258,

"CHARGE": "30",

"NDC Number": "63323062375"

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"REV CODE": 250,

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"NDC Number": "990798420"

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"CDM NUMBER": 2521125,

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"REV CODE": 250,

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"NDC Number": "264180032"

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"CDM NUMBER": 2521127,

"CDM DESCRIPTION": "HYPERTONIC SALINE SOL 1 ML",

"HCPCS": "J7131",

"REV CODE": 258,

"CHARGE": "34.98",

"NDC Number": "338005403"

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"CDM NUMBER": 2521128,

"CDM DESCRIPTION": "NRML SALINE INFUSION 1000 CC",

"HCPCS": "J7030",

"REV CODE": 258,

"CHARGE": "60",

"NDC Number": "338004904"

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"CDM DESCRIPTION": "NRML SALINE INFUSION 1000 CC",

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"REV CODE": 258,

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"NDC Number": "338004903"

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"NDC Number": "8290306553"

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"REV CODE": 250,

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"NDC Number": "338055311"

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"CDM NUMBER": 2521142,

"CDM DESCRIPTION": "SODIUM CHLORIDE 0.9%100ML BAG",

"REV CODE": 250,

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"NDC Number": "338055318"

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"CDM NUMBER": 2521150,

"CDM DESCRIPTION": "SODIUM CHLORIDE 0.9% 50 ML BAG",

"REV CODE": 258,

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"NDC Number": "338004911"

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"CDM DESCRIPTION": "POTASSIUM CHL PER 2 MEQ INJ",

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"REV CODE": 636,

"CHARGE": "60",

"NDC Number": "338069104"

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"CDM NUMBER": 2521156,

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"REV CODE": 636,

"CHARGE": "60.48",

"NDC Number": "338069504"

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"NDC Number": "63323009330"

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"REV CODE": 250,

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"NDC Number": "338004746"

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"CDM NUMBER": 2521172,

"CDM DESCRIPTION": "SODIUM CHLORIDE 3L IRRIGATION",

"REV CODE": 250,

"CHARGE": "180",

"NDC Number": "338004747"

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"CDM NUMBER": 2521180,

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"REV CODE": 250,

"CHARGE": "81",

"NDC Number": "76329335201"

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"REV CODE": 637,

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"NDC Number": "77333083110"

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"CDM NUMBER": 2521190,

"CDM DESCRIPTION": "SODIUM BICARBONATE 50 MEQ INJ",

"REV CODE": 250,

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"NDC Number": "51754500101"

},

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"REV CODE": 636,

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"NDC Number": "60267070550"

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"REV CODE": 637,

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"NDC Number": "51079010320"

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"CDM NUMBER": 2521320,

"CDM DESCRIPTION": "STERILE WATER/SALINE 500ML",

"HCPCS": "J7040",

"REV CODE": 258,

"CHARGE": "60",

"NDC Number": "338001304"

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"CDM NUMBER": 2521330,

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"REV CODE": 250,

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"NDC Number": "409488710"

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"CDM NUMBER": 2521335,

"CDM DESCRIPTION": "STERILE H20 FOR INJECT.30ML VI",

"REV CODE": 250,

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"NDC Number": "409397703"

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"CDM DESCRIPTION": "STERILE H20 1500ML IRR",

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"NDC Number": "338000405"

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"CDM NUMBER": 2521400,

"CDM DESCRIPTION": "SUCCINYLCHOLINE CHL TO 20MG",

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"REV CODE": 636,

"CHARGE": "115.08",

"NDC Number": "409662902"

},

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"CDM NUMBER": 2521406,

"CDM DESCRIPTION": "SUCCINLYCHOLINE SYRINGE",

"REV CODE": 250,

"CHARGE": "99",

"NDC Number": "71266200102"

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"CDM NUMBER": 2521420,

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"REV CODE": 637,

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"NDC Number": "93221001"

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"CDM NUMBER": 2521423,

"CDM DESCRIPTION": "SUCRALFATE 1 GM LIQU",

"REV CODE": 637,

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"NDC Number": "68094004362"

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"REV CODE": 250,

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"NDC Number": "6542302"

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"CDM NUMBER": 2521531,

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"REV CODE": 252,

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"NDC Number": "6542515"

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"CDM NUMBER": 2521545,

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"NDC Number": "591079601"

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"CDM DESCRIPTION": "SULF HEXA LIPID MICROS 5ML INJ",

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"REV CODE": 636,

"CHARGE": "870",

"NDC Number": "270709916"

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"CDM NUMBER": 2521585,

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"REV CODE": 637,

"CHARGE": "10.62",

"NDC Number": "62756052069"

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"CDM NUMBER": 2521586,

"CDM DESCRIPTION": "SUMATRIPTAN 100MG",

"REV CODE": 250,

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"NDC Number": "62756052269"

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"HCPCS": "J7325",

"REV CODE": 636,

"CHARGE": "2510.97",

"NDC Number": "58468009001"

},

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"REV CODE": 637,

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"NDC Number": "62332002531"

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"NDC Number": "17478028810"

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"REV CODE": 636,

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"NDC Number": "25208000202"

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"REV CODE": 637,

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"NDC Number": "60505025103"

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"REV CODE": 637,

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"REV CODE": 250,

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"NDC Number": "65064435"

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"REV CODE": 636,

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"NDC Number": "409357801"

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"NDC Number": "50242013501"

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"REV CODE": 636,

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"NDC Number": "50242013601"

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"NDC Number": "68084053901"

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"CDM DESCRIPTION": "TRACE ELEMENT 10 ML",

"REV CODE": 250,

"CHARGE": "#N/A",

"NDC Number": ""

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"CDM DESCRIPTION": "TRALAMENT 1 ML",

"REV CODE": 250,

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"NDC Number": "517930525"

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"REV CODE": 250,

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"NDC Number": "591372030"

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"REV CODE": 250,

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"CDM DESCRIPTION": "OGIVRI 150MG INJ",

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"NDC Number": "67457099115"

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"REV CODE": 636,

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"NDC Number": "50242013201"

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"REV CODE": 636,

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"NDC Number": "50242007701"

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"REV CODE": 636,

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"NDC Number": "55513013201"

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"CDM DESCRIPTION": "TRAZODONE 50 MG TAB",

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"NDC Number": "904686861"

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"CDM NUMBER": 2522943,

"CDM DESCRIPTION": "TRIAMCINALONE OINT 15 GM",

"REV CODE": 250,

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"NDC Number": "168000615"

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"CDM NUMBER": 2522948,

"CDM DESCRIPTION": "TRIAMTERENE/HCTZ 1 TAB",

"REV CODE": 637,

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"NDC Number": "68001038800"

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"CDM NUMBER": 2523060,

"CDM DESCRIPTION": "TRIAMTERENE HCTZ 1 CAP",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "527163201"

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"CDM NUMBER": 2523150,

"CDM DESCRIPTION": "TRIAMCINOLONE ACE NOS 40MG INJ",

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"REV CODE": 636,

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"NDC Number": "70121104905"

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"CDM NUMBER": 2523260,

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"REV CODE": 250,

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"NDC Number": "45802006435"

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"REV CODE": 637,

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"NDC Number": "168000315"

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{

"CDM NUMBER": 2523262,

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"REV CODE": 637,

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"NDC Number": "168000215"

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{

"CDM NUMBER": 2523263,

"CDM DESCRIPTION": "TRIAMCINOLONE LOTION 0.1%",

"REV CODE": 637,

"CHARGE": "104.52",

"NDC Number": "713067653"

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{

"CDM NUMBER": 2523380,

"CDM DESCRIPTION": "TRIFLUOPERAZINE 5 MG TAB",

"REV CODE": 637,

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"NDC Number": "378240501"

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{

"CDM NUMBER": 2523400,

"CDM DESCRIPTION": "TRIHEXYPHENIDYL 2 MG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "591533501"

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{

"CDM NUMBER": 2523430,

"CDM DESCRIPTION": "TRIMETHOBENZAMIDE HCL TO 200MG",

"HCPCS": "J3250",

"REV CODE": 636,

"CHARGE": "254.16",

"NDC Number": "42023011925"

},

{

"CDM NUMBER": 2523579,

"CDM DESCRIPTION": "TROPICAMIDE EYE DROPS",

"REV CODE": 250,

"CHARGE": "42.36",

"NDC Number": "17478010212"

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{

"CDM NUMBER": 2523586,

"CDM DESCRIPTION": "TRYPAN BLUE",

"REV CODE": 250,

"CHARGE": "418.8",

"NDC Number": "68803061210"

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{

"CDM NUMBER": 2523610,

"CDM DESCRIPTION": "MYDRIACYL 1% 15 ML BOTTLE",

"REV CODE": 250,

"CHARGE": "54.12",

"NDC Number": "61314035501"

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{

"CDM NUMBER": 2523816,

"CDM DESCRIPTION": "INCRUSE ELLIPTA INHALER",

"REV CODE": 252,

"CHARGE": "419.34",

"NDC Number": "173087306"

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"CDM NUMBER": 2523818,

"CDM DESCRIPTION": "URSODIOL 300MG CAP",

"REV CODE": 637,

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"NDC Number": "60687010001"

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"CDM NUMBER": 2523819,

"CDM DESCRIPTION": "USTEKINUMA IV INJ 1MG",

"HCPCS": "J3358",

"REV CODE": 636,

"CHARGE": "8794.8",

"NDC Number": "57894005427"

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"CDM NUMBER": 2523821,

"CDM DESCRIPTION": "USTEKINUMAB SUB CU 1MG INJ",

"HCPCS": "J3357",

"REV CODE": 636,

"CHARGE": "108858.69",

"NDC Number": "57894006103"

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"CDM NUMBER": 2523825,

"CDM DESCRIPTION": "VALACYCLOVIR HC1 500MG",

"REV CODE": 637,

"CHARGE": "23.82",

"NDC Number": "68084021501"

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{

"CDM NUMBER": 2523889,

"CDM DESCRIPTION": "VALPROATE SODIUM 500 MG INJ",

"REV CODE": 250,

"CHARGE": "103.74",

"NDC Number": "143978510"

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"CDM NUMBER": 2523891,

"CDM DESCRIPTION": "VALPROIC ACID ORAL SOLUTION",

"REV CODE": 250,

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"NDC Number": "121467540"

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{

"CDM NUMBER": 2523908,

"CDM DESCRIPTION": "VALSARTAN 80MG tab",

"REV CODE": 637,

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"NDC Number": "59746036190"

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{

"CDM NUMBER": 2523909,

"CDM DESCRIPTION": "VALSARTAN 160 MG CAP",

"REV CODE": 637,

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"NDC Number": "59746036290"

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"REV CODE": 637,

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"NDC Number": "121086720"

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"CDM NUMBER": 2523920,

"CDM DESCRIPTION": "VANCOMYCIN HCL 500MG INJ",

"HCPCS": "J3370",

"REV CODE": 636,

"CHARGE": "96",

"NDC Number": "70594004203"

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"REV CODE": 636,

"CHARGE": "138",

"NDC Number": "70594004302"

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"HCPCS": "J3370",

"REV CODE": 636,

"CHARGE": "168",

"NDC Number": "70594004402"

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"CDM NUMBER": 2523923,

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"HCPCS": "J3370",

"REV CODE": 636,

"CHARGE": "114",

"NDC Number": "70594005702"

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"CDM NUMBER": 2523924,

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"REV CODE": 636,

"CHARGE": "156",

"NDC Number": "70594005802"

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"REV CODE": 636,

"CHARGE": "72",

"NDC Number": "70594005603"

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"REV CODE": 636,

"CHARGE": "43.14",

"NDC Number": "72611076510"

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{

"CDM NUMBER": 2523934,

"CDM DESCRIPTION": "VARENICLINE 1 MG TAB",

"REV CODE": 637,

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"NDC Number": "69046956"

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{

"CDM NUMBER": 2523941,

"CDM DESCRIPTION": "VARICELLA VACCINE LIVE SUBQ",

"HCPCS": "90716",

"REV CODE": 636,

"CHARGE": "850.32",

"NDC Number": "6482700"

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{

"CDM NUMBER": 2523950,

"CDM DESCRIPTION": "VASOPRESSIN INJ",

"REV CODE": 250,

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"NDC Number": "42023016425"

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{

"CDM NUMBER": 2523961,

"CDM DESCRIPTION": "VEDOLIZUMAB(ENTYVIO) 300MG INJ",

"HCPCS": "J3380",

"REV CODE": 636,

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"NDC Number": "64764030020"

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"CDM NUMBER": 2523980,

"CDM DESCRIPTION": "VECURONIUM BR 10 MG INJ",

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"REV CODE": 636,

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"NDC Number": "63323078110"

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"CDM DESCRIPTION": "VENLAFAXINE HYDROCHLORIDE 75MG",

"REV CODE": 637,

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"NDC Number": "68084070901"

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{

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"CDM DESCRIPTION": "VENLAFAXINE HYDROCHL 150MG CA",

"REV CODE": 637,

"CHARGE": "27.42",

"NDC Number": "68084071301"

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{

"CDM NUMBER": 2523985,

"CDM DESCRIPTION": "VENLAFAXINE 37.5 TAB",

"REV CODE": 637,

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"NDC Number": "57237017301"

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{

"CDM NUMBER": 2523986,

"CDM DESCRIPTION": "VENLAFAXINE 50 TAB",

"REV CODE": 637,

"CHARGE": "12.66",

"NDC Number": "50268080015"

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{

"CDM NUMBER": 2523987,

"CDM DESCRIPTION": "VERAPAMIL SR 120MG CAPSULE",

"REV CODE": 250,

"CHARGE": "10.5",

"NDC Number": "591288001"

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{

"CDM NUMBER": 2523990,

"CDM DESCRIPTION": "VERAPAMIL 120 MG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "904292461"

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{

"CDM NUMBER": 2523993,

"CDM DESCRIPTION": "VERAPAMIL SR 180 MG TAB",

"REV CODE": 637,

"CHARGE": "8.64",

"NDC Number": "68462029301"

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{

"CDM NUMBER": 2523996,

"CDM DESCRIPTION": "VERAPAMIL 240 MG TAB",

"REV CODE": 637,

"CHARGE": "9.84",

"NDC Number": "68462026001"

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{

"CDM NUMBER": 2524000,

"CDM DESCRIPTION": "VERAPAMIL 5 MG/2 ML VIAL",

"REV CODE": 250,

"CHARGE": "75",

"NDC Number": "70069027125"

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{

"CDM NUMBER": 2524010,

"CDM DESCRIPTION": "VERAPAMIL 80 MG TAB",

"REV CODE": 637,

"CHARGE": "5",

"NDC Number": "904292061"

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"CDM NUMBER": 2524015,

"CDM DESCRIPTION": "VERSED LIQUID 10MG/5ML UDC",

"REV CODE": 250,

"CHARGE": "43.98",

"NDC Number": "68094076462"

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"CDM DESCRIPTION": "VIIBRYD 10MG TAB (VILAZODONE)",

"REV CODE": 250,

"CHARGE": "60",

"NDC Number": "456111030"

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"CDM DESCRIPTION": "VIIBRYD 20MG TAB (VILAZODONE)",

"REV CODE": 250,

"CHARGE": "60",

"NDC Number": "456112030"

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"CDM NUMBER": 2524043,

"CDM DESCRIPTION": "VIIBRYD 40MG TAB (VILAZODONE)",

"REV CODE": 250,

"CHARGE": "60",

"NDC Number": "456114030"

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"CDM NUMBER": 2524063,

"CDM DESCRIPTION": "VINBLASTINE SULFATE 1MG INJ",

"HCPCS": "J9360",

"REV CODE": 636,

"CHARGE": "282.96",

"NDC Number": "63323027810"

},

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"CDM NUMBER": 2524069,

"CDM DESCRIPTION": "VINCRISTINE SULF 1MG",

"HCPCS": "J9370",

"REV CODE": 636,

"CHARGE": "64.38",

"NDC Number": "61703030916"

},

{

"CDM NUMBER": 2524070,

"CDM DESCRIPTION": "VINORELBINE TARTRATE 10MG INJ",

"HCPCS": "J9390",

"REV CODE": 636,

"CHARGE": "150",

"NDC Number": "25021020401"

},

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"REV CODE": 270,

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"REV CODE": 278,

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"REV CODE": 270,

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"REV CODE": 270,

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"REV CODE": 270,

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"REV CODE": 270,

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"REV CODE": 270,

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"NDC Number": ""

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"REV CODE": 270,

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"NDC Number": ""

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{

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"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "FORCEPS COLD 000569",

"REV CODE": 270,

"CHARGE": "53.13",

"NDC Number": ""

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{

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"REV CODE": 270,

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"REV CODE": 270,

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"NDC Number": ""

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"REV CODE": 270,

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"CDM DESCRIPTION": "GUIDE WIRE .032 STRAIGHT",

"HCPCS": "C1769",

"REV CODE": 278,

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"NDC Number": ""

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"CDM NUMBER": 2703562,

"CDM DESCRIPTION": "GUIDE WIRE .035 STRAIGHT",

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"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 270,

"CHARGE": "#N/A",

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"HCPCS": "L1830",

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"HCPCS": "L1830",

"REV CODE": 274,

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"NDC Number": ""

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"CDM NUMBER": 2703670,

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"CDM NUMBER": 2703680,

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"NDC Number": ""

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"REV CODE": 270,

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"NDC Number": ""

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"REV CODE": 270,

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"CDM DESCRIPTION": "CATH INTER UTERINE PRES (IUPC)",

"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "IV 2B0063Q 5% DEX 500ML USP",

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"REV CODE": 258,

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"NDC Number": ""

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"CDM NUMBER": 2703741,

"CDM DESCRIPTION": "IV 2B0064 5% DEX INJ 1000ML US",

"HCPCS": "J7042",

"REV CODE": 258,

"CHARGE": "1.76",

"NDC Number": ""

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"CDM NUMBER": 2703742,

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"REV CODE": 250,

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"NDC Number": ""

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"CDM NUMBER": 2703743,

"CDM DESCRIPTION": "IV 2.5 DIALYSIS 3 LITERS",

"REV CODE": 250,

"CHARGE": "133.36",

"NDC Number": ""

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{

"CDM NUMBER": 2703746,

"CDM DESCRIPTION": "IV 2B1064 5% &0.9 SOD 1000ML",

"HCPCS": "J7042",

"REV CODE": 258,

"CHARGE": "1.66",

"NDC Number": ""

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"CDM NUMBER": 2703747,

"CDM DESCRIPTION": "IV 2B1074 5%&0.45 SOD 1000ML",

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"REV CODE": 258,

"CHARGE": "1.68",

"NDC Number": ""

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"CDM NUMBER": 2703751,

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"REV CODE": 258,

"CHARGE": "1.71",

"NDC Number": ""

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"CDM NUMBER": 2703752,

"CDM DESCRIPTION": "IV 2B1323 SOD CHLOR INJ",

"HCPCS": "J7040",

"REV CODE": 258,

"CHARGE": "1.58",

"NDC Number": ""

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"CDM NUMBER": 2703753,

"CDM DESCRIPTION": "IV 2B1324 0.9% NACL 1000ML",

"HCPCS": "J7030",

"REV CODE": 258,

"CHARGE": "1.58",

"NDC Number": ""

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"CDM NUMBER": 2703754,

"CDM DESCRIPTION": "IV 2B2074 5% DEX LACT RINGER",

"HCPCS": "J7120",

"REV CODE": 258,

"CHARGE": "#N/A",

"NDC Number": ""

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"CDM NUMBER": 2703755,

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"HCPCS": "J7120",

"REV CODE": 258,

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"NDC Number": ""

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"CDM NUMBER": 2703758,

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"HCPCS": "J7060",

"REV CODE": 258,

"CHARGE": "1.53",

"NDC Number": ""

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"CDM NUMBER": 2703759,

"CDM DESCRIPTION": "IV 2B0163 D5W/0.3NAL/20EMQ K",

"HCPCS": "J7060",

"REV CODE": 258,

"CHARGE": "4.42",

"NDC Number": ""

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"CDM NUMBER": 2703761,

"CDM DESCRIPTION": "IB 2B0164 10%DEX INJ USP",

"HCPCS": "J7060",

"REV CODE": 258,

"CHARGE": "3.03",

"NDC Number": ""

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{

"CDM NUMBER": 2703762,

"CDM DESCRIPTION": "IV 2B1063 55EDEX&0.0SOD CHL500",

"HCPCS": "J7042",

"REV CODE": 258,

"CHARGE": "2.27",

"NDC Number": ""

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"CDM NUMBER": 2703763,

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"HCPCS": "J7042",

"REV CODE": 258,

"CHARGE": "1.53",

"NDC Number": ""

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"CDM NUMBER": 2703764,

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"REV CODE": 258,

"CHARGE": "2.2",

"NDC Number": ""

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"CDM NUMBER": 2703765,

"CDM DESCRIPTION": "IV 2B1093 5% DEX&0.2% SOD CHL",

"HCPCS": "J7042",

"REV CODE": 258,

"CHARGE": "2.27",

"NDC Number": ""

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"CDM NUMBER": 2703766,

"CDM DESCRIPTION": "IV 2B1313 0.45% SOD CHLOR INJ",

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"REV CODE": 258,

"CHARGE": "1.47",

"NDC Number": ""

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"REV CODE": 258,

"CHARGE": "1.51",

"NDC Number": ""

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{

"CDM NUMBER": 2703769,

"CDM DESCRIPTION": "IV 2B2323 LACT RINGERS 500 ML",

"HCPCS": "J7120",

"REV CODE": 258,

"CHARGE": "1.74",

"NDC Number": ""

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"CDM NUMBER": 2703773,

"CDM DESCRIPTION": "IV 2B7116 ST H20 2000 ML",

"REV CODE": 250,

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"NDC Number": ""

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{

"CDM NUMBER": 2703774,

"CDM DESCRIPTION": "IV 2B7479 NA CL 5000 ML",

"HCPCS": "J7030",

"REV CODE": 258,

"CHARGE": "40.13",

"NDC Number": ""

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{

"CDM NUMBER": 2703781,

"CDM DESCRIPTION": "IV 2B1301 NACL 50ML",

"HCPCS": "J7050",

"REV CODE": 258,

"CHARGE": "1.42",

"NDC Number": ""

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{

"CDM NUMBER": 2703782,

"CDM DESCRIPTION": "IV D5 100ML TB0087",

"HCPCS": "J7060",

"REV CODE": 258,

"CHARGE": "1.5",

"NDC Number": ""

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{

"CDM NUMBER": 2703783,

"CDM DESCRIPTION": "IV 0.9 NACL 100ML 2B1307",

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"REV CODE": 258,

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"NDC Number": ""

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"NDC Number": ""

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"CDM DESCRIPTION": "IV LOW CALCIUM 2.5 DIANEAL",

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"CHARGE": "119.65",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "IV 1.5 DIALYSIS 2500 CC",

"REV CODE": 250,

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"NDC Number": ""

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{

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"CDM DESCRIPTION": "IV 2.5 DIALYSIS 2500 CC",

"REV CODE": 250,

"CHARGE": "106.75",

"NDC Number": ""

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{

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"REV CODE": 250,

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"NDC Number": ""

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"CDM DESCRIPTION": "DRSG MEPILEX BORDER 10x10cm",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2703825,

"CDM DESCRIPTION": "MEPITEL SILICONE DRESSING-SPD",

"REV CODE": 270,

"CHARGE": "51.01",

"NDC Number": ""

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{

"CDM NUMBER": 2703827,

"CDM DESCRIPTION": "MIC CYSTOLOGY BRUSHES 60317",

"REV CODE": 270,

"CHARGE": "80.47",

"NDC Number": ""

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{

"CDM NUMBER": 2703828,

"CDM DESCRIPTION": "MIC GASTROSTOMY FOG TUBE 0100-",

"REV CODE": 270,

"CHARGE": "131.81",

"NDC Number": ""

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{

"CDM NUMBER": 2703829,

"CDM DESCRIPTION": "MIC PEG KIT 20FR 0160-20",

"REV CODE": 270,

"CHARGE": "950",

"NDC Number": ""

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{

"CDM NUMBER": 2703832,

"CDM DESCRIPTION": "MICRO EZ 4.5 FR",

"REV CODE": 270,

"CHARGE": "236.25",

"NDC Number": ""

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{

"CDM NUMBER": 2703834,

"CDM DESCRIPTION": "MICROEZ 6FR 7CM",

"REV CODE": 270,

"CHARGE": "236.25",

"NDC Number": ""

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{

"CDM NUMBER": 2703841,

"CDM DESCRIPTION": "MANIPULATOR UTERINE VCARE",

"REV CODE": 270,

"CHARGE": "468.75",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "MANIPULATOR UTERINE VCARE LG",

"REV CODE": 270,

"CHARGE": "468.75",

"NDC Number": ""

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"CDM NUMBER": 2703865,

"CDM DESCRIPTION": "KIT 4FR INTRODUCER",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

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"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2703876,

"CDM DESCRIPTION": "COAPTITE IMPLANT M0068903000",

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"REV CODE": 278,

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"NDC Number": ""

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{

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"CDM DESCRIPTION": "NEEDLE ASPIRATION NA-411D-132",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2703881,

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"REV CODE": 270,

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"NDC Number": ""

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"CDM NUMBER": 2703884,

"CDM DESCRIPTION": "NEEDLE BX TRU-CUT DISP",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2703885,

"CDM DESCRIPTION": "GUIDE WIRE NEEDLE LOC",

"HCPCS": "C1769",

"REV CODE": 278,

"CHARGE": "3",

"NDC Number": ""

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"CDM NUMBER": 2703891,

"CDM DESCRIPTION": "NEEDLE GRIPPER SAFETY 20G 1 (H",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2703892,

"CDM DESCRIPTION": "NEEDLE GRIPPER SAFETY 20G 3/4",

"REV CODE": 270,

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"NDC Number": ""

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"REV CODE": 270,

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"NDC Number": ""

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"CDM NUMBER": 2703894,

"CDM DESCRIPTION": "NEEDLE SAFETY PAC 20 G 3/4 (P",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2703895,

"CDM DESCRIPTION": "NEEDLE SPINAL 22G x 3.5",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2703939,

"CDM DESCRIPTION": "NEEDLE JAMSHIDI 8 GA X 4",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2703997,

"CDM DESCRIPTION": "NERVE BLOCK SET 18gx2 CNB200T",

"REV CODE": 270,

"CHARGE": "199.5",

"NDC Number": ""

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{

"CDM NUMBER": 2704141,

"CDM DESCRIPTION": "PACK C-SECTION",

"REV CODE": 270,

"CHARGE": "414.94",

"NDC Number": ""

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{

"CDM NUMBER": 2704144,

"CDM DESCRIPTION": "PAD DISPERSIVE CAUTERY ADULT S",

"REV CODE": 270,

"CHARGE": "0.91",

"NDC Number": ""

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{

"CDM NUMBER": 2704146,

"CDM DESCRIPTION": "PAD ELECTRODE ADULT E7507",

"REV CODE": 270,

"CHARGE": "3.55",

"NDC Number": ""

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{

"CDM NUMBER": 2704150,

"CDM DESCRIPTION": "PAD EYE STERILE",

"HCPCS": "A6410",

"REV CODE": 623,

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"NDC Number": ""

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{

"CDM NUMBER": 2704285,

"CDM DESCRIPTION": "VALVE O2 ADAPTOR",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2704402,

"CDM DESCRIPTION": "POWERPORT 8FR W/CATH 1808000",

"HCPCS": "C1788",

"REV CODE": 278,

"CHARGE": "1560",

"NDC Number": ""

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{

"CDM NUMBER": 2704404,

"CDM DESCRIPTION": "PORT TRAY 6F POWER 21445301",

"HCPCS": "C1788",

"REV CODE": 278,

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"NDC Number": ""

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"CDM DESCRIPTION": "PYLORIC BALLOON",

"REV CODE": 270,

"CHARGE": "1246.25",

"NDC Number": ""

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{

"CDM NUMBER": 2704407,

"CDM DESCRIPTION": "PULSAVAC IRRIGATOR 00515047500",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2704410,

"CDM DESCRIPTION": "CENTRAL LINE TRIPLE W/POW PORT",

"REV CODE": 270,

"CHARGE": "726.13",

"NDC Number": ""

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{

"CDM NUMBER": 2704449,

"CDM DESCRIPTION": "PROBE COVER W/NEEDLE GUIDE",

"REV CODE": 270,

"CHARGE": "86.69",

"NDC Number": ""

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{

"CDM NUMBER": 2704456,

"CDM DESCRIPTION": "PROBE GOLD 7FR 6007",

"REV CODE": 270,

"CHARGE": "1236.25",

"NDC Number": ""

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{

"CDM NUMBER": 2704463,

"CDM DESCRIPTION": "RAPID FIRE MULTI BAND LIGATOR",

"REV CODE": 270,

"CHARGE": "1312.5",

"NDC Number": ""

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{

"CDM NUMBER": 2704478,

"CDM DESCRIPTION": "ROTH RETRIEVAL NET 00711050",

"REV CODE": 270,

"CHARGE": "587.5",

"NDC Number": ""

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{

"CDM NUMBER": 2704481,

"CDM DESCRIPTION": "ROTH RETRIEVAL NET 00715050",

"REV CODE": 270,

"CHARGE": "656.25",

"NDC Number": ""

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{

"CDM NUMBER": 2704482,

"CDM DESCRIPTION": "ROTH RETRIEVAL NET PED",

"REV CODE": 270,

"CHARGE": "656.25",

"NDC Number": ""

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{

"CDM NUMBER": 2704493,

"CDM DESCRIPTION": "SEECLEAR MAX SMOKE EVACUATION",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2704500,

"CDM DESCRIPTION": "SCALPEL #10",

"REV CODE": 270,

"CHARGE": "0.61",

"NDC Number": ""

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"CDM NUMBER": 2704510,

"CDM DESCRIPTION": "SCALPEL #11",

"REV CODE": 270,

"CHARGE": "0.61",

"NDC Number": ""

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{

"CDM NUMBER": 2704520,

"CDM DESCRIPTION": "SCALPEL #15",

"REV CODE": 270,

"CHARGE": "0.61",

"NDC Number": ""

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{

"CDM NUMBER": 2704529,

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"REV CODE": 270,

"CHARGE": "290.11",

"NDC Number": ""

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{

"CDM NUMBER": 2704530,

"CDM DESCRIPTION": "SCALPEL #20",

"REV CODE": 270,

"CHARGE": "0.69",

"NDC Number": ""

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{

"CDM NUMBER": 2704531,

"CDM DESCRIPTION": "SLEEVE EXPRESS KNEE MD 9529",

"REV CODE": 270,

"CHARGE": "68.75",

"NDC Number": ""

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{

"CDM NUMBER": 2704532,

"CDM DESCRIPTION": "SENSOR A-2000 BIS ASPECT MED",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2704543,

"CDM DESCRIPTION": "SLEEVE SCD FOOT LARGE 5898",

"REV CODE": 270,

"CHARGE": "156.83",

"NDC Number": ""

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{

"CDM NUMBER": 2704544,

"CDM DESCRIPTION": "SLEEVE SCD FOOT REGULAR 5897",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2704600,

"CDM DESCRIPTION": "KIT ROBOTIC GENERAL PROC",

"REV CODE": 270,

"CHARGE": "165.63",

"NDC Number": ""

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{

"CDM NUMBER": 2704601,

"CDM DESCRIPTION": "KIT ROBOTIC OB/GYN PROC",

"REV CODE": 270,

"CHARGE": "246.38",

"NDC Number": ""

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{

"CDM NUMBER": 2704602,

"CDM DESCRIPTION": "KIT ROBOTIC TOTAL HIP PROC",

"REV CODE": 270,

"CHARGE": "360.19",

"NDC Number": ""

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{

"CDM NUMBER": 2704603,

"CDM DESCRIPTION": "KIT ROBOTIC TOTAL KNEE PROC",

"REV CODE": 270,

"CHARGE": "538.25",

"NDC Number": ""

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{

"CDM NUMBER": 2704620,

"CDM DESCRIPTION": "SILASTIC NAIL",

"REV CODE": 270,

"CHARGE": "330",

"NDC Number": ""

},

{

"CDM NUMBER": 2704694,

"CDM DESCRIPTION": "SNARE POLYPECTOMY DSII 60415",

"REV CODE": 270,

"CHARGE": "40.05",

"NDC Number": ""

},

{

"CDM NUMBER": 2704695,

"CDM DESCRIPTION": "SNARE POLYPECTOMY ROTATOR",

"REV CODE": 270,

"CHARGE": "112.13",

"NDC Number": ""

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{

"CDM NUMBER": 2704710,

"CDM DESCRIPTION": "SOLUTION-2B7357 SORBITAL 3%",

"REV CODE": 250,

"CHARGE": "54.17",

"NDC Number": ""

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{

"CDM NUMBER": 2704720,

"CDM DESCRIPTION": "SOLUTION-STER SALINE",

"REV CODE": 270,

"CHARGE": "2.27",

"NDC Number": ""

},

{

"CDM NUMBER": 2704730,

"CDM DESCRIPTION": "SOLUTION-IV SOL STER H20 1500",

"REV CODE": 250,

"CHARGE": "#N/A",

"NDC Number": ""

},

{

"CDM NUMBER": 2704740,

"CDM DESCRIPTION": "SOLUTION-2B7126 SOD CHL 2000IR",

"REV CODE": 270,

"CHARGE": "4.98",

"NDC Number": ""

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{

"CDM NUMBER": 2704815,

"CDM DESCRIPTION": "SPLINT ANKLE BRACE REGULAR",

"HCPCS": "L4350",

"REV CODE": 274,

"CHARGE": "99.69",

"NDC Number": ""

},

{

"CDM NUMBER": 2704870,

"CDM DESCRIPTION": "SPLINT COMF FORM LG",

"HCPCS": "L3908",

"REV CODE": 274,

"CHARGE": "34.38",

"NDC Number": ""

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{

"CDM NUMBER": 2704880,

"CDM DESCRIPTION": "SPLINT COMF FORM LG",

"HCPCS": "L3908",

"REV CODE": 274,

"CHARGE": "#N/A",

"NDC Number": ""

},

{

"CDM NUMBER": 2704890,

"CDM DESCRIPTION": "SPLINT COMF FORM MED",

"HCPCS": "L3908",

"REV CODE": 274,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2704900,

"CDM DESCRIPTION": "SPLINT COMF FORM MED",

"HCPCS": "L3908",

"REV CODE": 274,

"CHARGE": "34.38",

"NDC Number": ""

},

{

"CDM NUMBER": 2704910,

"CDM DESCRIPTION": "SPLINT COMF FORM SM",

"HCPCS": "L3908",

"REV CODE": 274,

"CHARGE": "3.45",

"NDC Number": ""

},

{

"CDM NUMBER": 2704920,

"CDM DESCRIPTION": "SPLINT COMF FORM SM",

"HCPCS": "L3908",

"REV CODE": 274,

"CHARGE": "34.38",

"NDC Number": ""

},

{

"CDM NUMBER": 2704930,

"CDM DESCRIPTION": "SPLINT COMF FORM X LG",

"HCPCS": "L3908",

"REV CODE": 274,

"CHARGE": "34.38",

"NDC Number": ""

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{

"CDM NUMBER": 2704940,

"CDM DESCRIPTION": "SPLINT COMF FORM X LG",

"HCPCS": "L3908",

"REV CODE": 274,

"CHARGE": "34.38",

"NDC Number": ""

},

{

"CDM NUMBER": 2704951,

"CDM DESCRIPTION": "CATH FOLEY 12FR 5CC SILICONE",

"HCPCS": "A4344",

"REV CODE": 272,

"CHARGE": "3.13",

"NDC Number": ""

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{

"CDM NUMBER": 2705039,

"CDM DESCRIPTION": "SUTURE V-LOC",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

},

{

"CDM NUMBER": 2705100,

"CDM DESCRIPTION": "SPONGE-TONSIL STERILE",

"REV CODE": 270,

"CHARGE": "0.22",

"NDC Number": ""

},

{

"CDM NUMBER": 2705105,

"CDM DESCRIPTION": "SPONGE NEURO 0.5 X 3",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2705115,

"CDM DESCRIPTION": "STAPLER SKIN ROYAL 35 SPD",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2705118,

"CDM DESCRIPTION": "STENT 4.7 X 24 778424",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2705119,

"CDM DESCRIPTION": "STENT 4.7 X 26 778426",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

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{

"CDM NUMBER": 2705121,

"CDM DESCRIPTION": "STENT UR 6FR X 28CM 778628",

"REV CODE": 270,

"CHARGE": "#N/A",

"NDC Number": ""

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"CDM NUMBER": 2705123,

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"REV CODE": 270,

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"REV CODE": 270,

"CHARGE": "4.5",

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 270,

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"REV CODE": 278,

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"REV CODE": 278,

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"REV CODE": 278,

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"HCPCS": "C1776",

"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "BONE PIN 4MMX170MM",

"REV CODE": 270,

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"REV CODE": 270,

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"REV CODE": 270,

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"CDM DESCRIPTION": "IRRIGATION CLIP",

"REV CODE": 270,

"CHARGE": "648.94",

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"REV CODE": 278,

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"REV CODE": 270,

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"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 278,

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"CDM DESCRIPTION": "CATH HEMODIALYSIS-VASC",

"HCPCS": "C1750",

"REV CODE": 278,

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"NDC Number": ""

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"CDM NUMBER": 2717918,

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"REV CODE": 278,

"CHARGE": "1380",

"NDC Number": ""

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"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "INTERSTIM FIXATION BELT",

"REV CODE": 270,

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{

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"CDM DESCRIPTION": "INTERSTIM NON RE-CHG GEN C1767",

"HCPCS": "C1767",

"REV CODE": 278,

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"NDC Number": ""

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"CDM DESCRIPTION": "LASER FIBERGUIDE 400 DUR400DBX",

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{

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"CDM DESCRIPTION": "LASER FIBERGUIDE 600 DUR600DB",

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"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2718127,

"CDM DESCRIPTION": "GRAFT ALLOMATRIX INJ PUTTY",

"REV CODE": 278,

"CHARGE": "4140",

"NDC Number": ""

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"REV CODE": 270,

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{

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"CDM DESCRIPTION": "HARMONIC SHEARS ACE36E",

"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "GUIDE WIRE .038 STRAIGHT",

"HCPCS": "C1769",

"REV CODE": 270,

"CHARGE": "249.48",

"NDC Number": ""

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{

"CDM NUMBER": 2718801,

"CDM DESCRIPTION": "GUIDEWIRE BENTSON COATED 0.35",

"HCPCS": "C1769",

"REV CODE": 278,

"CHARGE": "139",

"NDC Number": ""

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{

"CDM NUMBER": 2718820,

"CDM DESCRIPTION": "GUIDE WIRE .032 STRAIGHT",

"HCPCS": "C1769",

"REV CODE": 278,

"CHARGE": "249.48",

"NDC Number": ""

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"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "HIP (D) FEM HEAD 28MM 01.5 GR",

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"NDC Number": ""

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{

"CDM NUMBER": 2718855,

"CDM DESCRIPTION": "HIP (D) FEM HEAD 28MM 05.0 BR",

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"NDC Number": ""

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"CDM NUMBER": 2718856,

"CDM DESCRIPTION": "HIP (D) FEM HEAD 28MM 08.5 BL",

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"NDC Number": ""

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"REV CODE": 270,

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"REV CODE": 272,

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"HCPCS": "C1892",

"REV CODE": 270,

"CHARGE": "187.5",

"NDC Number": ""

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"CDM DESCRIPTION": "INTRODUCER SUPRAPUBIC CATH16FR",

"REV CODE": 270,

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"CDM DESCRIPTION": "KNEE (Z/NEX) FEM PREC G",

"HCPCS": "C1776",

"REV CODE": 278,

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"NDC Number": ""

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"CDM NUMBER": 2719047,

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"REV CODE": 278,

"CHARGE": "7000",

"NDC Number": ""

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"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 270,

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{

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"CDM DESCRIPTION": "IOL ALCON",

"REV CODE": 276,

"CHARGE": "531.25",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "SUTURE ETHIBOND",

"REV CODE": 270,

"CHARGE": "1.25",

"NDC Number": ""

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{

"CDM NUMBER": 2719250,

"CDM DESCRIPTION": "MASK LASER SURGICAL 0.1 MICRON",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2719302,

"CDM DESCRIPTION": "SUTURE SURGIGUT 4-0",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2719308,

"CDM DESCRIPTION": "FLOSEAL HEMOSTATIC SEALANT",

"REV CODE": 270,

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"NDC Number": ""

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"CDM NUMBER": 2719314,

"CDM DESCRIPTION": "LINEAR STAPLER RELOAD XR60B",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2719315,

"CDM DESCRIPTION": "PERMCATH 19FR",

"HCPCS": "C1750",

"REV CODE": 278,

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"NDC Number": ""

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{

"CDM NUMBER": 2719319,

"CDM DESCRIPTION": "ENDOSCRUB2 SHEATH O D.19-12000",

"REV CODE": 270,

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"CDM NUMBER": 2719321,

"CDM DESCRIPTION": "ENDOSCRUB2 SHEATH 30D.19-1201",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2719323,

"CDM DESCRIPTION": "SUTURE S/O 1 PDS Z880G",

"REV CODE": 270,

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"NDC Number": ""

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"CDM NUMBER": 2719327,

"CDM DESCRIPTION": "MESH VENTRALEX HERNIA 4.3X4.3",

"HCPCS": "C1781",

"REV CODE": 278,

"CHARGE": "2641.8",

"NDC Number": ""

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{

"CDM NUMBER": 2719328,

"CDM DESCRIPTION": "MESH VENTRALEX HERNIA 6.4X 6.4",

"HCPCS": "C1781",

"REV CODE": 278,

"CHARGE": "2635.5",

"NDC Number": ""

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{

"CDM NUMBER": 2719329,

"CDM DESCRIPTION": "MESH PERFIX PLUG SMALL",

"REV CODE": 278,

"CHARGE": "1461.25",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "MESH VICRYL 12X12 VKML",

"HCPCS": "C1781",

"REV CODE": 278,

"CHARGE": "3854.77",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "MESH COMPOSIX SMALL 8CM X 12C",

"HCPCS": "C1781",

"REV CODE": 278,

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"NDC Number": ""

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"CDM NUMBER": 2719338,

"CDM DESCRIPTION": "MESH COMPOSIX LRG 13.8 X 17.8",

"REV CODE": 278,

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"NDC Number": ""

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"CDM DESCRIPTION": "ALEXIS RETRACTOR (ORTHO) C8303",

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"NDC Number": ""

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"CDM DESCRIPTION": "SUTURE 3-0 SILK C017T",

"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "NEEDLE INSUFFLATION 120 C2201",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2719356,

"CDM DESCRIPTION": "NEEDLE INSUFFLATION 150 02202",

"REV CODE": 270,

"CHARGE": "140.18",

"NDC Number": ""

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"CDM NUMBER": 2719357,

"CDM DESCRIPTION": "SPLINT INTRANASAL AIRWAY DOYLE",

"REV CODE": 270,

"CHARGE": "196.01",

"NDC Number": ""

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"CDM NUMBER": 2719358,

"CDM DESCRIPTION": "BUR CRVD SEPTO 3.2 18833121HS",

"REV CODE": 270,

"CHARGE": "1311",

"NDC Number": ""

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"CDM NUMBER": 2719361,

"CDM DESCRIPTION": "BLADE EYE SHARP ALL AROUND ST",

"REV CODE": 270,

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"NDC Number": ""

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{

"CDM NUMBER": 2719362,

"CDM DESCRIPTION": "EPIDISC TM PERF PATCH KIT",

"REV CODE": 270,

"CHARGE": "141.81",

"NDC Number": ""

},

{

"CDM NUMBER": 2719363,

"CDM DESCRIPTION": "GOWN XX-LG MICROCOOL 92056",

"REV CODE": 270,

"CHARGE": "49.55",

"NDC Number": ""

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{

"CDM NUMBER": 2719364,

"CDM DESCRIPTION": "SCREW (Z) CANN 16MM 6.5 X 30M",

"HCPCS": "C1713",

"REV CODE": 278,

"CHARGE": "1181.25",

"NDC Number": ""

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{

"CDM NUMBER": 2719366,

"CDM DESCRIPTION": "SCREW (Z) 16MM CANN 6.5 X 40M",

"HCPCS": "C1713",

"REV CODE": 278,

"CHARGE": "1125",

"NDC Number": ""

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"CDM NUMBER": 2719367,

"CDM DESCRIPTION": "SCREW (Z) 16MM CANN 6.5 X 45M",

"HCPCS": "C1713",

"REV CODE": 278,

"CHARGE": "1125",

"NDC Number": ""

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"CDM NUMBER": 2719401,

"CDM DESCRIPTION": "MESH PERFIX PLUG MED",

"REV CODE": 278,

"CHARGE": "1475",

"NDC Number": ""

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{

"CDM NUMBER": 2719402,

"CDM DESCRIPTION": "MESH PERFIX PLUG LG",

"REV CODE": 278,

"CHARGE": "1030.63",

"NDC Number": ""

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{

"CDM NUMBER": 2719403,

"CDM DESCRIPTION": "MESH PERFIX PLUG X-L",

"REV CODE": 278,

"CHARGE": "1638.6",

"NDC Number": ""

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{

"CDM NUMBER": 2719417,

"CDM DESCRIPTION": "WASHERS (Z) 6.5 CANNULATED",

"REV CODE": 278,

"CHARGE": "180",

"NDC Number": ""

},

{

"CDM NUMBER": 2719422,

"CDM DESCRIPTION": "SCREW (Z) 4.0 CAN 1/3 THD 40M",

"HCPCS": "C1713",

"REV CODE": 278,

"CHARGE": "993.13",

"NDC Number": ""

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"CDM NUMBER": 2719424,

"CDM DESCRIPTION": "SCREW (Z) 4.0 CAN 1/2 THD 42M",

"HCPCS": "C1713",

"REV CODE": 278,

"CHARGE": "993.13",

"NDC Number": ""

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"CDM NUMBER": 2719425,

"CDM DESCRIPTION": "SCREW (Z) 4.0 CAN 1/2 THD 50MM",

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"REV CODE": 278,

"CHARGE": "993.13",

"NDC Number": ""

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"CDM NUMBER": 2719428,

"CDM DESCRIPTION": "MASTISOL LIQUID ADHESIVE VIAL",

"REV CODE": 270,

"CHARGE": "1.59",

"NDC Number": ""

},

{

"CDM NUMBER": 2719429,

"CDM DESCRIPTION": "MESH VENTRALEX HERNIA 8CM",

"HCPCS": "C1781",

"REV CODE": 278,

"CHARGE": "3577",

"NDC Number": ""

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"CDM NUMBER": 2719444,

"CDM DESCRIPTION": "MESH PROCEED VEN. PATCH PVPS",

"HCPCS": "C1781",

"REV CODE": 278,

"CHARGE": "1864.32",

"NDC Number": ""

},

{

"CDM NUMBER": 2719445,

"CDM DESCRIPTION": "MESH PROCEED VEN. PATCH PVP",

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"REV CODE": 278,

"CHARGE": "2229.72",

"NDC Number": ""

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"CDM NUMBER": 2719447,

"CDM DESCRIPTION": "BUR 4.0MM OVAL",

"REV CODE": 270,

"CHARGE": "233.19",

"NDC Number": ""

},

{

"CDM NUMBER": 2719448,

"CDM DESCRIPTION": "MESH HERNIA",

"HCPCS": "C1781",

"REV CODE": 278,

"CHARGE": "1467.48",

"NDC Number": ""

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"CDM NUMBER": 2719449,

"CDM DESCRIPTION": "VOYANT MARYLAND DEVICE #018153",

"REV CODE": 270,

"CHARGE": "2100",

"NDC Number": ""

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"CDM NUMBER": 2719455,

"CDM DESCRIPTION": "TROCAR BLADED 5 X 100 CTB03",

"REV CODE": 270,

"CHARGE": "106.25",

"NDC Number": ""

},

{

"CDM NUMBER": 2719456,

"CDM DESCRIPTION": "TROCAR BLADED 12 X 100 CTB73",

"REV CODE": 270,

"CHARGE": "168.75",

"NDC Number": ""

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{

"CDM NUMBER": 2719457,

"CDM DESCRIPTION": "ENDO PACK #017471",

"REV CODE": 270,

"CHARGE": "119.63",

"NDC Number": ""

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{

"CDM NUMBER": 2719458,

"CDM DESCRIPTION": "Suture Vicryl #007805",

"REV CODE": 270,

"CHARGE": "1.64",

"NDC Number": ""

},

{

"CDM NUMBER": 2719459,

"CDM DESCRIPTION": "INTERSTIM RECHARGE GEN C1820",

"HCPCS": "C1820",

"REV CODE": 278,

"CHARGE": "#N/A",

"NDC Number": ""

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"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 278,

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"REV CODE": 278,

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"REV CODE": 278,

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"REV CODE": 278,

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"REV CODE": 270,

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"REV CODE": 270,

"CHARGE": "1116",

"NDC Number": ""

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"CDM DESCRIPTION": "PACK HEAD & NECK",

"REV CODE": 270,

"CHARGE": "73.81",

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"CHARGE": "199.13",

"NDC Number": ""

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"NDC Number": ""

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"CHARGE": "200",

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"NDC Number": ""

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"CDM DESCRIPTION": "PIN GUARDS BLUE",

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"NDC Number": ""

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"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 278,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 278,

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"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 270,

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"REV CODE": 270,

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"NDC Number": ""

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"REV CODE": 270,

"CHARGE": "465.94",

"NDC Number": ""

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"HCPCS": "C1726",

"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 270,

"CHARGE": "1151.64",

"NDC Number": ""

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"REV CODE": 270,

"CHARGE": "856.08",

"NDC Number": ""

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"REV CODE": 278,

"CHARGE": "575",

"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 279,

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{

"CDM NUMBER": 2760010,

"CDM DESCRIPTION": "MISC LENS OPTHAMOLOGY",

"REV CODE": 276,

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"CDM DESCRIPTION": "LENS ALCON SN60AT 24.5",

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"CHARGE": "#N/A",

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"REV CODE": 278,

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"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 278,

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"CDM NUMBER": 2810023,

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"CHARGE": "504",

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"CHARGE": "518",

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"CHARGE": "290",

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"CHARGE": "51",

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "106",

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"REV CODE": 361,

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "431",

"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

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"CHARGE": "400",

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"REV CODE": 361,

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"CHARGE": "395",

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"CHARGE": "446",

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"CHARGE": "546",

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"REV CODE": 361,

"CHARGE": "71",

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"HCPCS": "11732",

"REV CODE": 361,

"CHARGE": "29",

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "177",

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"HCPCS": "11981",

"REV CODE": 361,

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"CHARGE": "109",

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"CHARGE": "171",

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"CHARGE": "104",

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"REV CODE": 361,

"CHARGE": "146",

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"REV CODE": 361,

"CHARGE": "373",

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"HCPCS": "12020",

"REV CODE": 361,

"CHARGE": "351",

"NDC Number": ""

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"HCPCS": "12031",

"REV CODE": 361,

"CHARGE": "223",

"NDC Number": ""

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"HCPCS": "12032",

"REV CODE": 361,

"CHARGE": "365",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "385",

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"REV CODE": 361,

"CHARGE": "452",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "292",

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"HCPCS": "12042",

"REV CODE": 361,

"CHARGE": "373",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "400",

"NDC Number": ""

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"CDM NUMBER": 2810124,

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"REV CODE": 361,

"CHARGE": "507",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "320",

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "404",

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"REV CODE": 361,

"CHARGE": "426",

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "474",

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"REV CODE": 361,

"CHARGE": "138",

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"REV CODE": 361,

"CHARGE": "442",

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"REV CODE": 361,

"CHARGE": "498",

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"REV CODE": 361,

"CHARGE": "158",

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"REV CODE": 361,

"CHARGE": "465",

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"REV CODE": 361,

"CHARGE": "584",

"NDC Number": ""

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"CDM NUMBER": 2810137,

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"REV CODE": 361,

"CHARGE": "242",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "597",

"NDC Number": ""

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"CHARGE": "1502",

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"REV CODE": 361,

"CHARGE": "1225",

"NDC Number": ""

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"HCPCS": "14020",

"REV CODE": 361,

"CHARGE": "1068",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1346",

"NDC Number": ""

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"CDM NUMBER": 2810144,

"CDM DESCRIPTION": "SK TISSUE REARRANGEMENT-PhHOS",

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"REV CODE": 361,

"CHARGE": "1187",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1454",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1263",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1553",

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"REV CODE": 361,

"CHARGE": "1650",

"NDC Number": ""

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"HCPCS": "14302",

"REV CODE": 361,

"CHARGE": "401",

"NDC Number": ""

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"HCPCS": "15002",

"REV CODE": 361,

"CHARGE": "423",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "85",

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"CDM NUMBER": 2810152,

"CDM DESCRIPTION": "WND PREP F/N/HF/G-PhHOS",

"HCPCS": "15004",

"REV CODE": 361,

"CHARGE": "503",

"NDC Number": ""

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"CDM NUMBER": 2810153,

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"REV CODE": 361,

"CHARGE": "237",

"NDC Number": ""

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"CDM NUMBER": 2810154,

"CDM DESCRIPTION": "SK SPLT GRF TR/ARM/LEG-PhHOS",

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"REV CODE": 361,

"CHARGE": "1339",

"NDC Number": ""

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"CDM NUMBER": 2810155,

"CDM DESCRIPTION": "SK SPLT GRFT T/A/L ADDL-PhHOS",

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"REV CODE": 361,

"CHARGE": "205",

"NDC Number": ""

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"CHARGE": "1300",

"NDC Number": ""

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"CDM NUMBER": 2810158,

"CDM DESCRIPTION": "DERM AUTOGRFT TRNK/A/L-PhHOS",

"HCPCS": "15130",

"REV CODE": 361,

"CHARGE": "1055",

"NDC Number": ""

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"CHARGE": "169",

"NDC Number": ""

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"CHARGE": "1506",

"NDC Number": ""

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"CHARGE": "1613",

"NDC Number": ""

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"CHARGE": "358",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "86",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "192",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "2787",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "2264",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "368",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "993",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "2179",

"NDC Number": ""

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"CDM NUMBER": 2810170,

"CDM DESCRIPTION": "EX SK ABD ADD-ON-PhHOS",

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"REV CODE": 361,

"CHARGE": "679",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "86",

"NDC Number": ""

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"HCPCS": "15852",

"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "66",

"NDC Number": ""

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"CHARGE": "101",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "207",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "247",

"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"NDC Number": ""

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"CHARGE": "124",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "68",

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"REV CODE": 361,

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"NDC Number": ""

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"CDM NUMBER": 2810184,

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"REV CODE": 361,

"CHARGE": "133",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "168",

"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"CHARGE": "269",

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"REV CODE": 361,

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"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "90",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "547",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "409",

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"CHARGE": "639",

"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "849",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "295",

"NDC Number": ""

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"CDM NUMBER": 2810206,

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"REV CODE": 361,

"CHARGE": "765",

"NDC Number": ""

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"CDM NUMBER": 2810207,

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"REV CODE": 361,

"CHARGE": "1202",

"NDC Number": ""

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"CDM NUMBER": 2810208,

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"HCPCS": "19302",

"REV CODE": 361,

"CHARGE": "1656",

"NDC Number": ""

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"CDM NUMBER": 2810209,

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"REV CODE": 361,

"CHARGE": "1860",

"NDC Number": ""

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"CDM NUMBER": 2810211,

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"HCPCS": "19307",

"REV CODE": 361,

"CHARGE": "2207",

"NDC Number": ""

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"CDM NUMBER": 2810212,

"CDM DESCRIPTION": "SUSPENSION OF BRST-PhHOS",

"HCPCS": "19316",

"REV CODE": 361,

"CHARGE": "1433",

"NDC Number": ""

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"CDM NUMBER": 2810213,

"CDM DESCRIPTION": "REDUCTION LARGE BRST-PhHOS",

"HCPCS": "19318",

"REV CODE": 361,

"CHARGE": "2067",

"NDC Number": ""

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"CDM NUMBER": 2810214,

"CDM DESCRIPTION": "ENLARGE BRST W IMPLANT-PhHOS",

"HCPCS": "19325",

"REV CODE": 361,

"CHARGE": "1211",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "907",

"NDC Number": ""

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"CDM NUMBER": 2810216,

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"HCPCS": "19342",

"REV CODE": 361,

"CHARGE": "1731",

"NDC Number": ""

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"CDM NUMBER": 2810217,

"CDM DESCRIPTION": "BRST RECONSTRION-PhHOS",

"HCPCS": "19350",

"REV CODE": 361,

"CHARGE": "1264",

"NDC Number": ""

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"CDM NUMBER": 2810218,

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"HCPCS": "19357",

"REV CODE": 361,

"CHARGE": "2839",

"NDC Number": ""

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"CDM NUMBER": 2810219,

"CDM DESCRIPTION": "SURG OF BRST CAPSULE-PhHOS",

"HCPCS": "19370",

"REV CODE": 361,

"CHARGE": "1286",

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"CDM NUMBER": 2810220,

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"HCPCS": "19371",

"REV CODE": 361,

"CHARGE": "1472",

"NDC Number": ""

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"CDM NUMBER": 2810221,

"CDM DESCRIPTION": "REV BRST RECONSTR-PhHOS",

"HCPCS": "19380",

"REV CODE": 361,

"CHARGE": "1423",

"NDC Number": ""

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"CDM NUMBER": 2810223,

"CDM DESCRIPTION": "EXPLORE WND ABDOMEN-PhHOS",

"HCPCS": "20102",

"REV CODE": 361,

"CHARGE": "460",

"NDC Number": ""

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"CDM NUMBER": 2810224,

"CDM DESCRIPTION": "EXPLORE WND EXREMITY-PhHOS",

"HCPCS": "20103",

"REV CODE": 361,

"CHARGE": "646",

"NDC Number": ""

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"CDM NUMBER": 2810225,

"CDM DESCRIPTION": "DEEP MSCL BX-PhHOS",

"HCPCS": "20205",

"REV CODE": 361,

"CHARGE": "286",

"NDC Number": ""

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"CDM NUMBER": 2810226,

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"HCPCS": "20240",

"REV CODE": 361,

"CHARGE": "412",

"NDC Number": ""

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"CDM NUMBER": 2810227,

"CDM DESCRIPTION": "BONE BX EXISIONAL-PhHOS",

"HCPCS": "20245",

"REV CODE": 361,

"CHARGE": "1159",

"NDC Number": ""

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"CDM NUMBER": 2810228,

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"HCPCS": "20520",

"REV CODE": 361,

"CHARGE": "272",

"NDC Number": ""

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{

"CDM NUMBER": 2810229,

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"HCPCS": "20525",

"REV CODE": 361,

"CHARGE": "556",

"NDC Number": ""

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"CDM NUMBER": 2810230,

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"REV CODE": 361,

"CHARGE": "81",

"NDC Number": ""

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"CDM NUMBER": 2810231,

"CDM DESCRIPTION": "INJ TEND SHEATH/LIGAM-PhHOS",

"HCPCS": "20550",

"REV CODE": 361,

"CHARGE": "59",

"NDC Number": ""

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"CDM NUMBER": 2810232,

"CDM DESCRIPTION": "INJ TEND ORIGIN/INSERT-PhHOS",

"HCPCS": "20551",

"REV CODE": 361,

"CHARGE": "60",

"NDC Number": ""

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"CDM NUMBER": 2810233,

"CDM DESCRIPTION": "INJ TRIG POINT 1/2 MUSCL-PhHOS",

"HCPCS": "20552",

"REV CODE": 361,

"CHARGE": "70",

"NDC Number": ""

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"CDM NUMBER": 2810234,

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"HCPCS": "20553",

"REV CODE": 361,

"CHARGE": "61",

"NDC Number": ""

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{

"CDM NUMBER": 2810235,

"CDM DESCRIPTION": "DRAIN/INJECT JNT/BURSA-PhHOS",

"HCPCS": "20600",

"REV CODE": 361,

"CHARGE": "50",

"NDC Number": ""

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{

"CDM NUMBER": 2810236,

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"HCPCS": "20605",

"REV CODE": 361,

"CHARGE": "75",

"NDC Number": ""

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"CDM NUMBER": 2810237,

"CDM DESCRIPTION": "DRAIN/INJECT JNT/BURSA-PhHOS",

"HCPCS": "20610",

"REV CODE": 361,

"CHARGE": "88",

"NDC Number": ""

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"CDM NUMBER": 2810238,

"CDM DESCRIPTION": "ASP/INJ GANGLION CYST-PhHOS",

"HCPCS": "20612",

"REV CODE": 361,

"CHARGE": "76",

"NDC Number": ""

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"CDM NUMBER": 2810239,

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"HCPCS": "20670",

"REV CODE": 361,

"CHARGE": "215",

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"CDM NUMBER": 2810240,

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"HCPCS": "20680",

"REV CODE": 361,

"CHARGE": "793",

"NDC Number": ""

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"CDM NUMBER": 2810241,

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"HCPCS": "20690",

"REV CODE": 361,

"CHARGE": "1092",

"NDC Number": ""

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"CDM NUMBER": 2810242,

"CDM DESCRIPTION": "APPLY BONE FIXATION DEV-PhHOS",

"HCPCS": "20692",

"REV CODE": 361,

"CHARGE": "2071",

"NDC Number": ""

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"CDM NUMBER": 2810243,

"CDM DESCRIPTION": "REM BONE FIXATION DEV-PhHOS",

"HCPCS": "20694",

"REV CODE": 361,

"CHARGE": "629",

"NDC Number": ""

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"CDM NUMBER": 2810244,

"CDM DESCRIPTION": "REM OF BONE FOR GRFT-PhHOS",

"HCPCS": "20902",

"REV CODE": 361,

"CHARGE": "518",

"NDC Number": ""

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"CDM NUMBER": 2810245,

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"HCPCS": "20912",

"REV CODE": 361,

"CHARGE": "902",

"NDC Number": ""

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"CDM NUMBER": 2810246,

"CDM DESCRIPTION": "REM OF TEND FOR GRFT-PhHOS",

"HCPCS": "20924",

"REV CODE": 361,

"CHARGE": "934",

"NDC Number": ""

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"CDM NUMBER": 2810248,

"CDM DESCRIPTION": "ELECTRICAL BONE STIMULAT-PhHOS",

"HCPCS": "20974",

"REV CODE": 361,

"CHARGE": "93",

"NDC Number": ""

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"CDM NUMBER": 2810249,

"CDM DESCRIPTION": "EX TUMOR/FC/SC SUBQ <2CM-PhHOS",

"HCPCS": "21011",

"REV CODE": 361,

"CHARGE": "483",

"NDC Number": ""

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{

"CDM NUMBER": 2810250,

"CDM DESCRIPTION": "EX TUMOR/FC/SC SUBQ >2CM-PhHOS",

"HCPCS": "21012",

"REV CODE": 361,

"CHARGE": "620",

"NDC Number": ""

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"CDM NUMBER": 2810251,

"CDM DESCRIPTION": "EX FC TUM DEEP < 2CM-PhHOS",

"HCPCS": "21013",

"REV CODE": 361,

"CHARGE": "724",

"NDC Number": ""

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"CDM NUMBER": 2810252,

"CDM DESCRIPTION": "EX FC TUM DEEP = 2CM-PhHOS",

"HCPCS": "21014",

"REV CODE": 361,

"CHARGE": "966",

"NDC Number": ""

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"CDM NUMBER": 2810253,

"CDM DESCRIPTION": "TX OF NOSE FX-PhHOS",

"HCPCS": "21310",

"REV CODE": 361,

"CHARGE": "966",

"NDC Number": ""

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{

"CDM NUMBER": 2810254,

"CDM DESCRIPTION": "TX OF NOSE FX-PhHOS",

"HCPCS": "21315",

"REV CODE": 361,

"CHARGE": "289",

"NDC Number": ""

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{

"CDM NUMBER": 2810255,

"CDM DESCRIPTION": "TX OF NOSE FX-PhHOS",

"HCPCS": "21320",

"REV CODE": 361,

"CHARGE": "253",

"NDC Number": ""

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"CDM NUMBER": 2810256,

"CDM DESCRIPTION": "TX EYE SOCKET FX-PhHOS",

"HCPCS": "21390",

"REV CODE": 361,

"CHARGE": "1507",

"NDC Number": ""

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"CDM NUMBER": 2810257,

"CDM DESCRIPTION": "DRAIN NECK/CHEST LES-PhHOS",

"HCPCS": "21501",

"REV CODE": 361,

"CHARGE": "607",

"NDC Number": ""

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"CDM NUMBER": 2810258,

"CDM DESCRIPTION": "BX OF NECK/CHEST-PhHOS",

"HCPCS": "21550",

"REV CODE": 361,

"CHARGE": "294",

"NDC Number": ""

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"CDM DESCRIPTION": "EX LES NCK/CHEST SQ >3CM-PhHOS",

"HCPCS": "21552",

"REV CODE": 361,

"CHARGE": "828",

"NDC Number": ""

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"CDM DESCRIPTION": "EX NECK TUM DEEP = 5CM-PhHOS",

"HCPCS": "21554",

"REV CODE": 361,

"CHARGE": "1350",

"NDC Number": ""

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{

"CDM NUMBER": 2810261,

"CDM DESCRIPTION": "REM LES NCK/CHEST SQ<3CM-PhHOS",

"HCPCS": "21555",

"REV CODE": 361,

"CHARGE": "575",

"NDC Number": ""

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"CDM NUMBER": 2810262,

"CDM DESCRIPTION": "EX NECK TUM DEEP < 5CM-PhHOS",

"HCPCS": "21556",

"REV CODE": 361,

"CHARGE": "994",

"NDC Number": ""

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"CDM NUMBER": 2810263,

"CDM DESCRIPTION": "REM LESBACK OR FLANK<3CM-PhHOS",

"HCPCS": "21930",

"REV CODE": 361,

"CHARGE": "682",

"NDC Number": ""

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"CHARGE": "707",

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"CHARGE": "261",

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"CHARGE": "299",

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"CHARGE": "190",

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"CHARGE": "261",

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"CHARGE": "104",

"NDC Number": ""

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"CHARGE": "1957",

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"CHARGE": "261",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "736",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "214",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "301",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "221",

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"REV CODE": 361,

"CHARGE": "1064",

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "891",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "829",

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "321",

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"REV CODE": 361,

"CHARGE": "842",

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"REV CODE": 361,

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"CHARGE": "205",

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"REV CODE": 361,

"CHARGE": "171",

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"CHARGE": "149",

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"NDC Number": ""

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"HCPCS": "58550",

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"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "684",

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"REV CODE": 361,

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "1897",

"NDC Number": ""

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"REV CODE": 361,

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"CHARGE": "15",

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"REV CODE": 361,

"CHARGE": "69",

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"REV CODE": 361,

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"CHARGE": "41",

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"REV CODE": 361,

"CHARGE": "21",

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"REV CODE": 361,

"CHARGE": "50",

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"REV CODE": 361,

"CHARGE": "66",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "99",

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"REV CODE": 361,

"CHARGE": "140",

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"CHARGE": "199",

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"CHARGE": "267",

"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "59",

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"CHARGE": "96",

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"REV CODE": 361,

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"HCPCS": "27443",

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"CHARGE": "59",

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"REV CODE": 361,

"CHARGE": "1991",

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"CHARGE": "567",

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"CHARGE": "958",

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "2878",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1279",

"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "1162",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1444",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "377",

"NDC Number": ""

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"REV CODE": 361,

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"CHARGE": "232",

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"CHARGE": "632",

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"REV CODE": 361,

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"CHARGE": "898",

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"REV CODE": 361,

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"CHARGE": "486",

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"REV CODE": 361,

"CHARGE": "653",

"NDC Number": ""

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"HCPCS": "27086",

"REV CODE": 361,

"CHARGE": "309",

"NDC Number": ""

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"CDM NUMBER": 2811545,

"CDM DESCRIPTION": "REVISE ESOPHAGUS & STOM-PhHOSP",

"HCPCS": "43325",

"REV CODE": 361,

"CHARGE": "2535",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "780",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1070",

"NDC Number": ""

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"HCPCS": "27390",

"REV CODE": 361,

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"NDC Number": ""

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"CDM NUMBER": 2811549,

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"HCPCS": "26390",

"REV CODE": 361,

"CHARGE": "1567",

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"REV CODE": 361,

"CHARGE": "972",

"NDC Number": ""

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"HCPCS": "38120",

"REV CODE": 361,

"CHARGE": "1963",

"NDC Number": ""

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"CDM NUMBER": 2811553,

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"HCPCS": "24566",

"REV CODE": 361,

"CHARGE": "789",

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"CDM NUMBER": 2811555,

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"HCPCS": "59130",

"REV CODE": 361,

"CHARGE": "1060",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "401",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "2303",

"NDC Number": ""

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"CDM NUMBER": 2811558,

"CDM DESCRIPTION": "UTERINE E&C HYDA MOLE-PhHOSP",

"HCPCS": "59870",

"REV CODE": 361,

"CHARGE": "942",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1355",

"NDC Number": ""

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"CDM NUMBER": 2811560,

"CDM DESCRIPTION": "UNLSTD PROC MALE GEN SYS-PhHOS",

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"REV CODE": 361,

"CHARGE": "284",

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"CHARGE": "1547",

"NDC Number": ""

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"CHARGE": "1060",

"NDC Number": ""

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"CDM DESCRIPTION": "KNEE ARTHRSCPY W/LAT RLS-PhHOS",

"HCPCS": "29873",

"REV CODE": 361,

"CHARGE": "975",

"NDC Number": ""

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"CDM DESCRIPTION": "FLEX TENDON REP ZONE 2-PhHOSP",

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"REV CODE": 361,

"CHARGE": "1463",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1432",

"NDC Number": ""

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"CDM NUMBER": 2811566,

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"HCPCS": "24579",

"REV CODE": 361,

"CHARGE": "1536",

"NDC Number": ""

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{

"CDM NUMBER": 2811567,

"CDM DESCRIPTION": "GASTROTOMYW EXPLORE/REM-PhHOS",

"HCPCS": "43500",

"REV CODE": 361,

"CHARGE": "1461",

"NDC Number": ""

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"CHARGE": "972",

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"CDM NUMBER": 2817033,

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "725",

"NDC Number": ""

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"CDM NUMBER": 2817036,

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"CHARGE": "977",

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"CHARGE": "1084",

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"HCPCS": "28238",

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"CHARGE": "1229",

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"REV CODE": 361,

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"CDM NUMBER": 2817045,

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"REV CODE": 361,

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"HCPCS": "28291",

"REV CODE": 361,

"CHARGE": "1348",

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"REV CODE": 361,

"CHARGE": "1675",

"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "1052",

"NDC Number": ""

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"CDM NUMBER": 2817053,

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"HCPCS": "28310",

"REV CODE": 361,

"CHARGE": "1010",

"NDC Number": ""

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"HCPCS": "28313",

"REV CODE": 361,

"CHARGE": "968",

"NDC Number": ""

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"NDC Number": ""

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"CHARGE": "716",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1735",

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"REV CODE": 361,

"CHARGE": "1438",

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1549",

"NDC Number": ""

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"HCPCS": "28750",

"REV CODE": 361,

"CHARGE": "1471",

"NDC Number": ""

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"CHARGE": "987",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "1335",

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"CDM NUMBER": 2817065,

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"REV CODE": 361,

"CHARGE": "792",

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"REV CODE": 361,

"CHARGE": "1031",

"NDC Number": ""

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"CDM DESCRIPTION": "NRV RPR W/NRV ALGRFT 1ST-PhHOS",

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"REV CODE": 361,

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"REV CODE": 361,

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"CHARGE": "150",

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"REV CODE": 740,

"CHARGE": "112",

"NDC Number": ""

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"CHARGE": "173",

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"REV CODE": 740,

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"CHARGE": "991.25",

"NDC Number": ""

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"CHARGE": "820",

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"REV CODE": 740,

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"NDC Number": ""

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"CDM NUMBER": 2840015,

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"CDM DESCRIPTION": "DOC CUR MEDS BY PROV-MHCP",

"REV CODE": 270,

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"REV CODE": 270,

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"CHARGE": "1978",

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"MOD 1": "50",

"REV CODE": 361,

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"MOD 1": "50",

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"NDC Number": ""

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"MOD 1": "50",

"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "1978",

"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 320,

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"NDC Number": ""

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"REV CODE": 402,

"CHARGE": "1512.5",

"NDC Number": ""

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"REV CODE": 320,

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"NDC Number": ""

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"REV CODE": 320,

"CHARGE": "382",

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"REV CODE": 920,

"CHARGE": "310.25",

"NDC Number": ""

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"REV CODE": 920,

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"NDC Number": ""

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"REV CODE": 260,

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"REV CODE": 260,

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"NDC Number": ""

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"CDM DESCRIPTION": "INJECTION THER/PROPH/DIAG-PCF",

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"REV CODE": 940,

"CHARGE": "154",

"NDC Number": ""

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"REV CODE": 260,

"CHARGE": "400",

"NDC Number": ""

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"REV CODE": 331,

"CHARGE": "817",

"NDC Number": ""

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"CDM NUMBER": 2950141,

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"REV CODE": 530,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"CDM NUMBER": 2950146,

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"REV CODE": 511,

"CHARGE": "319.5",

"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"HCPCS": "99212",

"REV CODE": 511,

"CHARGE": "264.25",

"NDC Number": ""

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"CDM NUMBER": 2950149,

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"HCPCS": "99213",

"REV CODE": 511,

"CHARGE": "275.5",

"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "7840",

"NDC Number": ""

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"CDM DESCRIPTION": "SCS 2 LEAD KIT ST JUDE-PCF",

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"MOD 1": "2",

"REV CODE": 278,

"CHARGE": "2458.5",

"NDC Number": ""

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"CDM DESCRIPTION": "SCS LEAD BOSTON SC-PCF",

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"REV CODE": 278,

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"NDC Number": ""

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"CDM DESCRIPTION": "SACROILIAC JT INJ BIL-PCF",

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"MOD 1": "50",

"REV CODE": 361,

"CHARGE": "2872.25",

"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 361,

"CHARGE": "2038",

"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 361,

"CHARGE": "2038",

"NDC Number": ""

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"REV CODE": 255,

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"NDC Number": ""

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"REV CODE": 255,

"CHARGE": "11.25",

"NDC Number": ""

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"REV CODE": 511,

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"REV CODE": 270,

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"NDC Number": ""

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"CDM NUMBER": 2950168,

"CDM DESCRIPTION": "SPHENOPL GANGL BL NO INJ-PCF",

"REV CODE": 361,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2950169,

"CDM DESCRIPTION": "SCS NO CHARGE LEAD REMOVAL-PCF",

"REV CODE": 511,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2950170,

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"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "NO CHARGE ANESTH CONSULT-PCF",

"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 270,

"CHARGE": "566.25",

"NDC Number": ""

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"CDM DESCRIPTION": "NURSING NO CHARGE VISIT-PCF",

"REV CODE": 490,

"CHARGE": "0",

"NDC Number": ""

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"REV CODE": 270,

"CHARGE": "188.25",

"NDC Number": ""

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{

"CDM NUMBER": 2950175,

"CDM DESCRIPTION": "NO CHARGE SERVICE-PCF",

"REV CODE": 490,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2950176,

"CDM DESCRIPTION": "SCS 2 LEAD/CBL COMBO ST JUDE-e",

"REV CODE": 278,

"NDC Number": ""

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{

"CDM NUMBER": 2950177,

"CDM DESCRIPTION": "SCS 1 LEAD KIT ST JUDE-PCF",

"HCPCS": "C1897",

"REV CODE": 278,

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"NDC Number": ""

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"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "SCS 1 LEAD/CBL/KIT ST JUDE-e",

"REV CODE": 278,

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{

"CDM NUMBER": 2950180,

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"HCPCS": "99024",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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"CHARGE": "2097",

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"HCPCS": "G2010",

"REV CODE": 510,

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"HCPCS": "G2012",

"REV CODE": 510,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2950189,

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"HCPCS": "99443",

"REV CODE": 510,

"CHARGE": "287.5",

"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"CDM NUMBER": 2950193,

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"CDM NUMBER": 2950194,

"CDM DESCRIPTION": "PHONE E/M LEV 5 NEW-PCF",

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"REV CODE": 511,

"CHARGE": "319.5",

"NDC Number": ""

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"CDM NUMBER": 2950195,

"CDM DESCRIPTION": "PHONE E/M LEV 1 EST-PCF",

"HCPCS": "99211",

"REV CODE": 511,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"CDM DESCRIPTION": "PHONE NO CHG-PCF",

"REV CODE": 510,

"CHARGE": "0",

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{

"CDM NUMBER": 2950201,

"CDM DESCRIPTION": "SCS 1 LEAD/CBL/KIT BOST SC-e",

"REV CODE": 278,

"NDC Number": ""

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{

"CDM NUMBER": 2950202,

"CDM DESCRIPTION": "SCS 2 LEAD/CBL/KIT BOST SC-e",

"REV CODE": 278,

"NDC Number": ""

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{

"CDM NUMBER": 2950203,

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"REV CODE": 361,

"CHARGE": "1496.25",

"NDC Number": ""

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{

"CDM NUMBER": 2950207,

"CDM DESCRIPTION": "FLUORO GUIDE&LOCAL GEN-PCF",

"REV CODE": 997,

"CHARGE": "382",

"NDC Number": ""

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{

"CDM NUMBER": 2950208,

"CDM DESCRIPTION": "LOW OSM 300-399MG/ML GEN-PCF",

"REV CODE": 255,

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"NDC Number": ""

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{

"CDM NUMBER": 2950209,

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"REV CODE": 255,

"CHARGE": "11.25",

"NDC Number": ""

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"REV CODE": 511,

"CHARGE": "264.25",

"NDC Number": ""

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"REV CODE": 511,

"CHARGE": "275.5",

"NDC Number": ""

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"CDM NUMBER": 2951204,

"CDM DESCRIPTION": "VIRTUAL LEV 4 NEW-PCF",

"HCPCS": "99204",

"REV CODE": 511,

"CHARGE": "287.5",

"NDC Number": ""

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"HCPCS": "99205",

"REV CODE": 511,

"CHARGE": "319.5",

"NDC Number": ""

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{

"CDM NUMBER": 2951206,

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"HCPCS": "99211",

"REV CODE": 511,

"CHARGE": "250.75",

"NDC Number": ""

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"CDM NUMBER": 2951207,

"CDM DESCRIPTION": "VIRTUAL LEV 2 EST-PCF",

"HCPCS": "99212",

"REV CODE": 511,

"CHARGE": "264.25",

"NDC Number": ""

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"CDM NUMBER": 2951208,

"CDM DESCRIPTION": "VIRTUAL LEV 3 EST-PCF",

"HCPCS": "99213",

"REV CODE": 511,

"CHARGE": "275.5",

"NDC Number": ""

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"CDM NUMBER": 2951209,

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"HCPCS": "99214",

"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"CDM NUMBER": 2951212,

"CDM DESCRIPTION": "SP VIRTUAL/PHONE LEV 2 NEW-PCF",

"REV CODE": 510,

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"NDC Number": ""

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"CDM NUMBER": 2951213,

"CDM DESCRIPTION": "SP VIRTUAL/PHONE LEV 3 NEW-PCF",

"REV CODE": 510,

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"CDM NUMBER": 2951214,

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"REV CODE": 510,

"CHARGE": "0",

"NDC Number": ""

},

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"CDM NUMBER": 2951215,

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"REV CODE": 510,

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"NDC Number": ""

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"CDM NUMBER": 2951216,

"CDM DESCRIPTION": "SP VIRTUAL/PHONE LEV 1 EST-PCF",

"REV CODE": 510,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2951217,

"CDM DESCRIPTION": "SP VIRTUAL/PHONE LEV 2 EST-PCF",

"REV CODE": 510,

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"NDC Number": ""

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"CDM NUMBER": 2951218,

"CDM DESCRIPTION": "SP VIRTUAL/PHONE LEV 3 EST-PCF",

"REV CODE": 510,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2951219,

"CDM DESCRIPTION": "SP VIRTUAL/PHONE LEV 4 EST-PCF",

"REV CODE": 510,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 2951220,

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"REV CODE": 510,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 2951221,

"CDM DESCRIPTION": "VIRTUAL NO CHG-PCF",

"REV CODE": 510,

"CHARGE": "0",

"NDC Number": ""

},

{

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"REV CODE": 361,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 361,

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"MOD 1": "50",

"REV CODE": 361,

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"REV CODE": 361,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 320,

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"NDC Number": ""

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"NDC Number": ""

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"CHARGE": "1371.5",

"NDC Number": ""

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"REV CODE": 920,

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"NDC Number": ""

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"REV CODE": 260,

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"NDC Number": ""

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"CHARGE": "139.5",

"NDC Number": ""

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"REV CODE": 331,

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 270,

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"NDC Number": ""

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"CDM NUMBER": 2960176,

"CDM DESCRIPTION": "DOC CUR MEDS BY PROV-PCP",

"HCPCS": "G8427",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2960177,

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"HCPCS": "S0220",

"REV CODE": 270,

"CHARGE": "26",

"NDC Number": ""

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"CDM DESCRIPTION": "PAIN DOC POS AND PLAN-PCP",

"HCPCS": "G8730",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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"CDM DESCRIPTION": "SCR DEP NEG NO PLAN REQD-PCP",

"HCPCS": "G8510",

"REV CODE": 270,

"CHARGE": "0",

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"CDM NUMBER": 2960180,

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"HCPCS": "99024",

"REV CODE": 270,

"CHARGE": "0",

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"HCPCS": "1036F",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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"CDM DESCRIPTION": "DEST W NEROL GENICULAR NRV-PCP",

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"REV CODE": 361,

"CHARGE": "1997",

"NDC Number": ""

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"CDM DESCRIPTION": "REMOVE EVAL OF IMAGE-PCP",

"REV CODE": 510,

"CHARGE": "23",

"NDC Number": ""

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"CDM NUMBER": 2960186,

"CDM DESCRIPTION": "BRIEF VIRTUAL CHECK-IN-PCP",

"REV CODE": 510,

"CHARGE": "27",

"NDC Number": ""

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"CDM NUMBER": 2960187,

"CDM DESCRIPTION": "PHONE E/M 5-10M-PCP",

"REV CODE": 510,

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"NDC Number": ""

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"CDM DESCRIPTION": "PHONE E/M LEV 5 NEW-PCP",

"REV CODE": 511,

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"CDM NUMBER": 2960195,

"CDM DESCRIPTION": "PHONE E/M LEV 1 EST-PCP",

"REV CODE": 511,

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"REV CODE": 511,

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"REV CODE": 511,

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"NDC Number": ""

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"HCPCS": "64454",

"REV CODE": 361,

"CHARGE": "1425",

"NDC Number": ""

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"CDM NUMBER": 2960204,

"CDM DESCRIPTION": "SCRN TOBAC USE COUNSELED-PCP",

"HCPCS": "4004F",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 2960205,

"CDM DESCRIPTION": "SMOKE/TOB COUNSEL 3-10M-PCP",

"HCPCS": "99406",

"REV CODE": 270,

"CHARGE": "17",

"NDC Number": ""

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"REV CODE": 511,

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"CDM DESCRIPTION": "VIRTUAL LEV 1 EST-PCP",

"REV CODE": 511,

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"NDC Number": ""

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"CDM NUMBER": 2961212,

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"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"REV CODE": 511,

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"NDC Number": ""

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"CDM NUMBER": 2961218,

"CDM DESCRIPTION": "SP VIRTUAL/PHONE LEV 3 EST-PCP",

"REV CODE": 511,

"CHARGE": "249.75",

"NDC Number": ""

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"CDM NUMBER": 2961219,

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"REV CODE": 511,

"CHARGE": "260.5",

"NDC Number": ""

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"CDM NUMBER": 2961220,

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"REV CODE": 511,

"CHARGE": "289.75",

"NDC Number": ""

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{

"CDM NUMBER": 2961222,

"CDM DESCRIPTION": "NB SACR JNT W/GUIDE-PCP",

"HCPCS": "64451",

"REV CODE": 361,

"CHARGE": "384",

"NDC Number": ""

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{

"CDM NUMBER": 2961223,

"CDM DESCRIPTION": "PT INELIG MED CHECK-PCP",

"HCPCS": "G8430",

"REV CODE": 519,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 2961224,

"CDM DESCRIPTION": "TOBACCO SCREEN NOT PERFRMD-PCP",

"HCPCS": "4004F",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 2961225,

"CDM DESCRIPTION": "CALC BMI ABV NORM PARAMET-PCP",

"HCPCS": "G8417",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2961226,

"CDM DESCRIPTION": "CALC BMI BELOW NORM PARAMT-PCP",

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"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2961227,

"CDM DESCRIPTION": "BMI NOT DOC PT NO ELIG-PCP",

"HCPCS": "G8422",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2961228,

"CDM DESCRIPTION": "BMI DOC OUTSIDE OF NORM-PCP",

"HCPCS": "G8938",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2961229,

"CDM DESCRIPTION": "NO FALLS LAST 12 MONTHS-PCP",

"HCPCS": "1101F",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2961230,

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"HCPCS": "1100F",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 2961231,

"CDM DESCRIPTION": "CLIN DEPR SCRN POSITIVE-PCP",

"HCPCS": "G8431",

"REV CODE": 519,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 2961232,

"CDM DESCRIPTION": "DOC PT DX DEP/BP F/U NT RQ-PCP",

"HCPCS": "G9717",

"REV CODE": 519,

"CHARGE": "0",

"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 510,

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"CDM NUMBER": 2990012,

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"MOD 1": "GT",

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"MOD 1": "GT",

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"MOD 1": "GT",

"REV CODE": 510,

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"REV CODE": 510,

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"MOD 1": "GT",

"REV CODE": 510,

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"REV CODE": 510,

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"MOD 1": "GT",

"REV CODE": 510,

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"REV CODE": 988,

"CHARGE": "1205.5",

"NDC Number": ""

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"CDM DESCRIPTION": "VIRAL STUDIES-MDCH NO CHARGE",

"REV CODE": 300,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 3000102,

"CDM DESCRIPTION": "5-HIAA",

"HCPCS": "83497",

"REV CODE": 300,

"CHARGE": "54",

"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "35.5",

"NDC Number": ""

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"CDM NUMBER": 3000136,

"CDM DESCRIPTION": "11-DEOXYCORTISOL",

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"REV CODE": 300,

"CHARGE": "109.5",

"NDC Number": ""

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"NDC Number": ""

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"CDM DESCRIPTION": "HYDROXYPROGESTERONE 17-D",

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"REV CODE": 300,

"CHARGE": "104.75",

"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "104.75",

"NDC Number": ""

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"REV CODE": 301,

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"NDC Number": ""

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"REV CODE": 301,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "218",

"NDC Number": ""

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"CDM NUMBER": 3000200,

"CDM DESCRIPTION": "DRUG TST PRSMV DIR OPT OBS",

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"REV CODE": 300,

"CHARGE": "163.25",

"NDC Number": ""

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"CDM NUMBER": 3000205,

"CDM DESCRIPTION": "SIROLIMUSWHOLE",

"HCPCS": "80195",

"REV CODE": 300,

"CHARGE": "32",

"NDC Number": ""

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"CDM DESCRIPTION": "RIA NONANTIBODY",

"HCPCS": "83519",

"REV CODE": 300,

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"NDC Number": ""

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{

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"CDM DESCRIPTION": "RIA NONANTIBODY X 5",

"HCPCS": "83519",

"REV CODE": 300,

"CHARGE": "318.75",

"NDC Number": ""

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{

"CDM NUMBER": 3000227,

"CDM DESCRIPTION": "RIA NONANTIBODY X 3",

"HCPCS": "83519",

"REV CODE": 300,

"CHARGE": "192.25",

"NDC Number": ""

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{

"CDM NUMBER": 3000229,

"CDM DESCRIPTION": "MYASTHENIA GRAVIS 2 TEST PAN-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3000244,

"CDM DESCRIPTION": "ACETYLCHOLINESTERASE RBC",

"HCPCS": "82482",

"REV CODE": 301,

"CHARGE": "28.25",

"NDC Number": ""

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{

"CDM NUMBER": 3000245,

"CDM DESCRIPTION": "SMEAR FLUORESCENT OR AFB STAIN",

"HCPCS": "87206",

"REV CODE": 306,

"CHARGE": "23.5",

"NDC Number": ""

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{

"CDM NUMBER": 3000248,

"CDM DESCRIPTION": "CULTURE AFB-MDPH client",

"REV CODE": 300,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 3000263,

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"HCPCS": "82017",

"REV CODE": 300,

"CHARGE": "222.25",

"NDC Number": ""

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{

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"HCPCS": "86603",

"REV CODE": 300,

"CHARGE": "57.75",

"NDC Number": ""

},

{

"CDM NUMBER": 3000266,

"CDM DESCRIPTION": "CODEINE AND METABOLITE BLOOD",

"HCPCS": "80361",

"REV CODE": 301,

"CHARGE": "69",

"NDC Number": ""

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"CDM DESCRIPTION": "CLOTTING FUNCT ACTIVITY",

"HCPCS": "85397",

"REV CODE": 300,

"CHARGE": "79.5",

"NDC Number": ""

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{

"CDM NUMBER": 3000281,

"CDM DESCRIPTION": "ADRENOCORTICOTROPIC HORMONE",

"HCPCS": "82024",

"REV CODE": 300,

"CHARGE": "180.75",

"NDC Number": ""

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"CDM NUMBER": 3000282,

"CDM DESCRIPTION": "ACTH SERIES X8",

"HCPCS": "82024",

"REV CODE": 300,

"CHARGE": "1441.75",

"NDC Number": ""

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"CDM NUMBER": 3000286,

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"HCPCS": "82105",

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"CDM DESCRIPTION": "AFP TETRA-e",

"REV CODE": 300,

"NDC Number": ""

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"CDM DESCRIPTION": "FLUORESCENT AB TITER X 9",

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"CDM DESCRIPTION": "HIV-1 AG HIV-2 AB",

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"REV CODE": 300,

"CHARGE": "130",

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"REV CODE": 300,

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"REV CODE": 300,

"CHARGE": "54.5",

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"REV CODE": 300,

"NDC Number": ""

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"NDC Number": ""

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"CDM DESCRIPTION": "ANTITRYPSIN PROFILE-e",

"REV CODE": 300,

"NDC Number": ""

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"CDM NUMBER": 3000538,

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"REV CODE": 300,

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"REV CODE": 300,

"NDC Number": ""

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"HCPCS": "86039",

"REV CODE": 302,

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"CHARGE": "219",

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"HCPCS": "86225",

"REV CODE": 302,

"CHARGE": "115.5",

"NDC Number": ""

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"HCPCS": "86226",

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"CHARGE": "271.75",

"NDC Number": ""

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"REV CODE": 301,

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"REV CODE": 300,

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"REV CODE": 300,

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"REV CODE": 300,

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"HCPCS": "81170",

"REV CODE": 310,

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"NDC Number": ""

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"REV CODE": 310,

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"NDC Number": ""

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"HCPCS": "81298",

"REV CODE": 310,

"CHARGE": "909",

"NDC Number": ""

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"CDM NUMBER": 3001075,

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"REV CODE": 310,

"CHARGE": "337.5",

"NDC Number": ""

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"CHARGE": "422.25",

"NDC Number": ""

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"NDC Number": ""

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"CDM NUMBER": 3001078,

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"HCPCS": "81315",

"REV CODE": 310,

"CHARGE": "403.25",

"NDC Number": ""

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"CDM NUMBER": 3001083,

"CDM DESCRIPTION": "PTEN GENE FULL SEQUENCE",

"HCPCS": "81321",

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"CHARGE": "855.5",

"NDC Number": ""

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"REV CODE": 310,

"CHARGE": "425",

"NDC Number": ""

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"CDM DESCRIPTION": "MOPATH PROCEDURE LEVEL 4",

"HCPCS": "81403",

"REV CODE": 310,

"CHARGE": "262.5",

"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"CDM NUMBER": 3001093,

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"REV CODE": 310,

"CHARGE": "181",

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"HCPCS": "85301",

"REV CODE": 300,

"CHARGE": "300",

"NDC Number": ""

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"CDM NUMBER": 3001105,

"CDM DESCRIPTION": "ANTIBODY ELUTION RBC",

"HCPCS": "86860",

"REV CODE": 300,

"CHARGE": "181",

"NDC Number": ""

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{

"CDM NUMBER": 3001110,

"CDM DESCRIPTION": "ANTIBODY SCREEN",

"HCPCS": "86850",

"REV CODE": 300,

"CHARGE": "192.75",

"NDC Number": ""

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{

"CDM NUMBER": 3001112,

"CDM DESCRIPTION": "ANITBODY TITER",

"HCPCS": "86886",

"REV CODE": 300,

"CHARGE": "159.75",

"NDC Number": ""

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"HCPCS": "86905",

"REV CODE": 300,

"CHARGE": "272.5",

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"NDC Number": ""

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"CDM NUMBER": 3001135,

"CDM DESCRIPTION": "ARTHRITIS PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3001138,

"CDM DESCRIPTION": "PRETREAT SERUM;ARC ABSORPTION",

"HCPCS": "86978",

"REV CODE": 300,

"CHARGE": "99.75",

"NDC Number": ""

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"HCPCS": "86906",

"REV CODE": 300,

"CHARGE": "132",

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"REV CODE": 300,

"CHARGE": "120.5",

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"HCPCS": "86606",

"REV CODE": 300,

"CHARGE": "79.25",

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"CHARGE": "111",

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"HCPCS": "85300",

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"CDM NUMBER": 3001169,

"CDM DESCRIPTION": "LUPUS ANTICOAGULANT COMP PAN-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3001172,

"CDM DESCRIPTION": "APOLIPOPROTEIN X 2",

"HCPCS": "82172",

"REV CODE": 300,

"CHARGE": "221.25",

"NDC Number": ""

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"CDM DESCRIPTION": "RITUXIMAB PROFILE-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3001180,

"CDM DESCRIPTION": "ANTINUCLEAR AB",

"HCPCS": "86038",

"REV CODE": 302,

"CHARGE": "179.75",

"NDC Number": ""

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{

"CDM NUMBER": 3001202,

"CDM DESCRIPTION": "PHILADELPHIA PROFILE-e",

"REV CODE": 301,

"NDC Number": ""

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{

"CDM NUMBER": 3001206,

"CDM DESCRIPTION": "BCR/ABL MAJOR BREAKPOINT",

"HCPCS": "81206",

"REV CODE": 310,

"CHARGE": "400.25",

"NDC Number": ""

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"CDM NUMBER": 3001207,

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"HCPCS": "81207",

"REV CODE": 310,

"CHARGE": "354",

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"HCPCS": "87798",

"REV CODE": 300,

"CHARGE": "101",

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"CDM NUMBER": 3001209,

"CDM DESCRIPTION": "BCR ABL CML/ALL-e",

"REV CODE": 301,

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"HCPCS": "81210",

"REV CODE": 310,

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"REV CODE": 300,

"CHARGE": "26",

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"CDM DESCRIPTION": "ANTIPHOSPHOLIPID SYNDROME-e",

"REV CODE": 300,

"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"CDM NUMBER": 3001255,

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"REV CODE": 300,

"CHARGE": "209.5",

"NDC Number": ""

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"CDM NUMBER": 3001288,

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"HCPCS": "87185",

"REV CODE": 300,

"CHARGE": "85.25",

"NDC Number": ""

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"CDM NUMBER": 3001304,

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"REV CODE": 300,

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"NDC Number": ""

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{

"CDM NUMBER": 3001305,

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"HCPCS": "82239",

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"NDC Number": ""

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"NDC Number": ""

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{

"CDM NUMBER": 3001316,

"CDM DESCRIPTION": "BETA 2 GPI AB X 2",

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"NDC Number": ""

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{

"CDM NUMBER": 3001317,

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"HCPCS": "86146",

"REV CODE": 300,

"CHARGE": "98",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "BETA-HYDROXYBUTYRATE",

"HCPCS": "82010",

"REV CODE": 300,

"CHARGE": "77.25",

"NDC Number": ""

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"CDM NUMBER": 3001320,

"CDM DESCRIPTION": "BILIRUBIN PROFILE-e",

"REV CODE": 300,

"NDC Number": ""

},

{

"CDM NUMBER": 3001373,

"CDM DESCRIPTION": "HLA I TYPING 1 LOCUS LR",

"HCPCS": "81373",

"REV CODE": 300,

"CHARGE": "326.5",

"NDC Number": ""

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{

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"REV CODE": 300,

"CHARGE": "481.25",

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"REV CODE": 310,

"CHARGE": "4183.5",

"NDC Number": ""

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{

"CDM NUMBER": 3001410,

"CDM DESCRIPTION": "BLAST/COCI/CRY/HISTO AB-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3001424,

"CDM DESCRIPTION": "BIOTINIDASE",

"HCPCS": "82261",

"REV CODE": 300,

"CHARGE": "77.75",

"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "40.25",

"NDC Number": ""

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"REV CODE": 310,

"CHARGE": "317",

"NDC Number": ""

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{

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"HCPCS": "86612",

"REV CODE": 300,

"CHARGE": "60.75",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "BLEEDING TIME",

"HCPCS": "85002",

"REV CODE": 300,

"CHARGE": "48.75",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "BLOOD GASES WO2 SATURATION",

"HCPCS": "82805",

"REV CODE": 300,

"CHARGE": "256.75",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "BLOOD GASES W/O2 X2",

"HCPCS": "82803",

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"REV CODE": 300,

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"NDC Number": ""

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"HCPCS": "86615",

"REV CODE": 300,

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"NDC Number": ""

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"CDM NUMBER": 3001479,

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"REV CODE": 300,

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"NDC Number": ""

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"CDM DESCRIPTION": "IA QUANT CA 15-3",

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"REV CODE": 300,

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"NDC Number": ""

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"CHARGE": "14.5",

"NDC Number": ""

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"CDM NUMBER": 3001640,

"CDM DESCRIPTION": "COMPLEMENT FCN ACTIVITY EA",

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"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"HCPCS": "86301",

"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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{

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"CDM DESCRIPTION": "DRUG SCR QUANT CAFFEINE",

"HCPCS": "80155",

"REV CODE": 300,

"CHARGE": "98.75",

"NDC Number": ""

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{

"CDM NUMBER": 3001736,

"CDM DESCRIPTION": "CAH PROFILE-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3001741,

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"HCPCS": "82308",

"REV CODE": 301,

"CHARGE": "361.75",

"NDC Number": ""

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"HCPCS": "82310",

"REV CODE": 300,

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"NDC Number": ""

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"CDM NUMBER": 3001781,

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"REV CODE": 300,

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"REV CODE": 301,

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"NDC Number": ""

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"CDM NUMBER": 3001803,

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"REV CODE": 300,

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"NDC Number": ""

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"HCPCS": "82360",

"REV CODE": 300,

"CHARGE": "357.75",

"NDC Number": ""

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"HCPCS": "86628",

"REV CODE": 300,

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"NDC Number": ""

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"CDM NUMBER": 3001820,

"CDM DESCRIPTION": "CARBAMAZEPINE (TEGRETOL)",

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"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "255.5",

"NDC Number": ""

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"CDM NUMBER": 3001840,

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"REV CODE": 300,

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"CDM DESCRIPTION": "CARDIAC ENZYMES-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3001871,

"CDM DESCRIPTION": "CARDIOLIPIN AB IG CLASS",

"HCPCS": "86147",

"REV CODE": 300,

"CHARGE": "78.25",

"NDC Number": ""

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"HCPCS": "82379",

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"CDM NUMBER": 3001887,

"CDM DESCRIPTION": "CATECHOLAMINES",

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"REV CODE": 300,

"CHARGE": "86.5",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "CATECHOLOMINES FREERANDOM-e",

"REV CODE": 301,

"NDC Number": ""

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{

"CDM NUMBER": 3001911,

"CDM DESCRIPTION": "CD4/CD8-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3001920,

"CDM DESCRIPTION": "CEA",

"HCPCS": "82378",

"REV CODE": 301,

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"NDC Number": ""

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{

"CDM NUMBER": 3001926,

"CDM DESCRIPTION": "CELIAC DISEASE AB-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3001996,

"CDM DESCRIPTION": "CHLAMYDIA IGM AB",

"HCPCS": "86632",

"REV CODE": 300,

"CHARGE": "58.5",

"NDC Number": ""

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"HCPCS": "86631",

"REV CODE": 300,

"CHARGE": "112",

"NDC Number": ""

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{

"CDM NUMBER": 3001999,

"CDM DESCRIPTION": "CHLAMYDIA PNEU IgG/A/M-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002019,

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"HCPCS": "89051",

"REV CODE": 300,

"CHARGE": "112.5",

"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "156.75",

"NDC Number": ""

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"HCPCS": "86162",

"REV CODE": 300,

"CHARGE": "311.5",

"NDC Number": ""

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{

"CDM NUMBER": 3002081,

"CDM DESCRIPTION": "BASIC METABOLIC PANEL",

"HCPCS": "80048",

"REV CODE": 300,

"CHARGE": "230",

"NDC Number": ""

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{

"CDM NUMBER": 3002082,

"CDM DESCRIPTION": "ALDOSTERONE/RENIN-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002088,

"CDM DESCRIPTION": "CHLAMYDIA IGM AB X 3",

"HCPCS": "86632",

"REV CODE": 300,

"CHARGE": "174.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002089,

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"CHARGE": "167.5",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "CHLAMYDIA AB PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002095,

"CDM DESCRIPTION": "CHLAMYDIA TRACHOMATIS CULT-e",

"REV CODE": 300,

"NDC Number": ""

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{

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"CDM DESCRIPTION": "CHLAMYDIA AB PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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"CDM NUMBER": 3002110,

"CDM DESCRIPTION": "CHLAMYDIA P AMPLIF NA PROBE",

"HCPCS": "87486",

"REV CODE": 300,

"CHARGE": "100.25",

"NDC Number": ""

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"CDM NUMBER": 3002121,

"CDM DESCRIPTION": "CHLAMYDIA T AMPLIF NA PROBE",

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"REV CODE": 300,

"CHARGE": "164.25",

"NDC Number": ""

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{

"CDM NUMBER": 3002124,

"CDM DESCRIPTION": "PAP IG LABCORP-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002125,

"CDM DESCRIPTION": "CRYPTOSPORIDIUM/ISO SMEAR-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002145,

"CDM DESCRIPTION": "COLUMN CHROMATO/MASS SPECT",

"HCPCS": "82542",

"REV CODE": 300,

"CHARGE": "74.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002175,

"CDM DESCRIPTION": "HEAVY METAL PROFILE UA-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002176,

"CDM DESCRIPTION": "KIDNEY STONE SATURATION 24HR-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002180,

"CDM DESCRIPTION": "CHLORIDE BLOOD",

"HCPCS": "82435",

"REV CODE": 300,

"CHARGE": "49.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002220,

"CDM DESCRIPTION": "CHLORIDE URINE",

"HCPCS": "82436",

"REV CODE": 301,

"CHARGE": "76.5",

"NDC Number": ""

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{

"CDM NUMBER": 3002221,

"CDM DESCRIPTION": "CHLORIDE STOOL",

"HCPCS": "82438",

"REV CODE": 300,

"CHARGE": "38.5",

"NDC Number": ""

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{

"CDM NUMBER": 3002280,

"CDM DESCRIPTION": "CHOLESTEROL",

"HCPCS": "82465",

"REV CODE": 300,

"CHARGE": "90.75",

"NDC Number": ""

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{

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"HCPCS": "86316",

"REV CODE": 300,

"CHARGE": "150.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002390,

"CDM DESCRIPTION": "CHROMIUM",

"HCPCS": "82495",

"REV CODE": 301,

"CHARGE": "209.25",

"NDC Number": ""

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{

"CDM NUMBER": 3002391,

"CDM DESCRIPTION": "CHROMIUM & COBALT-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002398,

"CDM DESCRIPTION": "CHROMOSOME ANALYSIS-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002401,

"CDM DESCRIPTION": "CHROM ANALY ADDL X2",

"HCPCS": "88280",

"REV CODE": 311,

"CHARGE": "136.5",

"NDC Number": ""

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{

"CDM NUMBER": 3002403,

"CDM DESCRIPTION": "CHROMOSONE ANALYSIS 5 CELL",

"HCPCS": "88261",

"REV CODE": 311,

"CHARGE": "463",

"NDC Number": ""

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{

"CDM NUMBER": 3002404,

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"HCPCS": "88262",

"REV CODE": 311,

"CHARGE": "307",

"NDC Number": ""

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{

"CDM NUMBER": 3002407,

"CDM DESCRIPTION": "CHROM ANALYSIS CT20-25",

"HCPCS": "88264",

"REV CODE": 311,

"CHARGE": "330.25",

"NDC Number": ""

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{

"CDM NUMBER": 3002411,

"CDM DESCRIPTION": "CHRONIC LEUKEMIA PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002417,

"CDM DESCRIPTION": "CHROMOSOME ANALYSIS",

"HCPCS": "88280",

"REV CODE": 311,

"CHARGE": "68.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002419,

"CDM DESCRIPTION": "FLUORESCENT AB X 9",

"HCPCS": "86255",

"REV CODE": 300,

"CHARGE": "714.5",

"NDC Number": ""

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{

"CDM NUMBER": 3002422,

"CDM DESCRIPTION": "ENCEPHALITIS PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002423,

"CDM DESCRIPTION": "FXN GENE KNOWN FAMIL VARIANT",

"HCPCS": "81289",

"REV CODE": 310,

"CHARGE": "474",

"NDC Number": ""

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{

"CDM NUMBER": 3002424,

"CDM DESCRIPTION": "PMS2 GENE FULL SEQ ANALYSIS",

"HCPCS": "81317",

"REV CODE": 310,

"CHARGE": "1709",

"NDC Number": ""

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{

"CDM NUMBER": 3002425,

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"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002443,

"CDM DESCRIPTION": "CITRATE",

"HCPCS": "82507",

"REV CODE": 300,

"CHARGE": "130",

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"CDM NUMBER": 3002449,

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"HCPCS": "82553",

"REV CODE": 300,

"CHARGE": "179.75",

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{

"CDM NUMBER": 3002451,

"CDM DESCRIPTION": "URINALYS WO MICRO",

"HCPCS": "81002",

"REV CODE": 307,

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{

"CDM NUMBER": 3002461,

"CDM DESCRIPTION": "CLOZAPINE",

"HCPCS": "80159",

"REV CODE": 300,

"CHARGE": "54.25",

"NDC Number": ""

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{

"CDM NUMBER": 3002464,

"CDM DESCRIPTION": "CLOSTRIDIUM AG IA",

"HCPCS": "87324",

"REV CODE": 306,

"CHARGE": "29.5",

"NDC Number": ""

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{

"CDM NUMBER": 3002482,

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"HCPCS": "86644",

"REV CODE": 300,

"CHARGE": "56.25",

"NDC Number": ""

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{

"CDM NUMBER": 3002483,

"CDM DESCRIPTION": "CYTOMEGALOVIRUS AB IGM",

"HCPCS": "86645",

"REV CODE": 300,

"CHARGE": "54.5",

"NDC Number": ""

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{

"CDM NUMBER": 3002484,

"CDM DESCRIPTION": "CMV IGG&IBMCSF-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002491,

"CDM DESCRIPTION": "CMV PCR",

"HCPCS": "87496",

"REV CODE": 300,

"CHARGE": "82.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002492,

"CDM DESCRIPTION": "CYTOMEGALOVIRUS QUANT",

"HCPCS": "87497",

"REV CODE": 300,

"CHARGE": "492.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002521,

"CDM DESCRIPTION": "COAGULATION FACTOR II",

"HCPCS": "85210",

"REV CODE": 300,

"CHARGE": "134.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002570,

"CDM DESCRIPTION": "VMA ACID RANDON UA-e",

"REV CODE": 300,

"NDC Number": ""

},

{

"CDM NUMBER": 3002581,

"CDM DESCRIPTION": "COAGULATION FACTOR VII",

"HCPCS": "85230",

"REV CODE": 300,

"CHARGE": "116.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002584,

"CDM DESCRIPTION": "IODINE SERUM",

"HCPCS": "83789",

"REV CODE": 300,

"CHARGE": "96",

"NDC Number": ""

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{

"CDM NUMBER": 3002601,

"CDM DESCRIPTION": "COAG FACTOR VIII ACTIVITY",

"HCPCS": "85240",

"REV CODE": 300,

"CHARGE": "160.5",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "CLOTTING FACTOR X",

"HCPCS": "85260",

"REV CODE": 300,

"CHARGE": "121.25",

"NDC Number": ""

},

{

"CDM NUMBER": 3002620,

"CDM DESCRIPTION": "COAGULATION FACTOR XII",

"HCPCS": "85280",

"REV CODE": 300,

"CHARGE": "68.25",

"NDC Number": ""

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{

"CDM NUMBER": 3002621,

"CDM DESCRIPTION": "COAGULATION PROFILE-e",

"REV CODE": 300,

"NDC Number": ""

},

{

"CDM NUMBER": 3002632,

"CDM DESCRIPTION": "COCCIDIOIDES AB",

"HCPCS": "86635",

"REV CODE": 300,

"CHARGE": "55.25",

"NDC Number": ""

},

{

"CDM NUMBER": 3002639,

"CDM DESCRIPTION": "COLLECTION FEE ACCESS DEV",

"HCPCS": "36591",

"REV CODE": 761,

"CHARGE": "188.25",

"NDC Number": ""

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{

"CDM NUMBER": 3002640,

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"HCPCS": "86157",

"REV CODE": 300,

"CHARGE": "212.5",

"NDC Number": ""

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{

"CDM NUMBER": 3002642,

"CDM DESCRIPTION": "COLLAGEN CROSS LINKS",

"HCPCS": "82523",

"REV CODE": 300,

"CHARGE": "87.75",

"NDC Number": ""

},

{

"CDM NUMBER": 3002644,

"CDM DESCRIPTION": "DRAWING FEE PATERNITY TESTING",

"REV CODE": 300,

"CHARGE": "98",

"NDC Number": ""

},

{

"CDM NUMBER": 3002645,

"CDM DESCRIPTION": "COMPLEMENT AG EA X 2",

"HCPCS": "86160",

"REV CODE": 300,

"CHARGE": "350.25",

"NDC Number": ""

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{

"CDM NUMBER": 3002648,

"CDM DESCRIPTION": "PROMETHEUS THIOPURINE-e",

"REV CODE": 300,

"NDC Number": ""

},

{

"CDM NUMBER": 3002660,

"CDM DESCRIPTION": "COMPLEMENT AG EA",

"HCPCS": "86160",

"REV CODE": 300,

"CHARGE": "175.25",

"NDC Number": ""

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{

"CDM NUMBER": 3002711,

"CDM DESCRIPTION": "COMPREHENSIVE METABOLIC PANEL",

"HCPCS": "80053",

"REV CODE": 300,

"CHARGE": "295.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002714,

"CDM DESCRIPTION": "CONSULTATION PATH SEND OUT",

"HCPCS": "88323",

"REV CODE": 310,

"CHARGE": "317",

"NDC Number": ""

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{

"CDM NUMBER": 3002717,

"CDM DESCRIPTION": "CONCENTRATION FOR INFECT AGENT",

"HCPCS": "87015",

"REV CODE": 306,

"CHARGE": "70",

"NDC Number": ""

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{

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"HCPCS": "85025",

"REV CODE": 305,

"CHARGE": "108",

"NDC Number": ""

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{

"CDM NUMBER": 3002721,

"CDM DESCRIPTION": "CBC WITH MANUAL DIFF-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3002733,

"CDM DESCRIPTION": "DRUG TEST DEF 1-7 CLASSES",

"HCPCS": "G0480",

"REV CODE": 300,

"CHARGE": "163.25",

"NDC Number": ""

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{

"CDM NUMBER": 3002734,

"CDM DESCRIPTION": "DRUG TEST DEF 22 CLASSES",

"HCPCS": "G0483",

"REV CODE": 300,

"CHARGE": "311.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002744,

"CDM DESCRIPTION": "COPPER",

"HCPCS": "82525",

"REV CODE": 300,

"CHARGE": "58.75",

"NDC Number": ""

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{

"CDM NUMBER": 3002747,

"CDM DESCRIPTION": "CORTISOL",

"HCPCS": "82533",

"REV CODE": 300,

"CHARGE": "77",

"NDC Number": ""

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{

"CDM NUMBER": 3002750,

"CDM DESCRIPTION": "CORTICOSTERONE",

"HCPCS": "82528",

"REV CODE": 301,

"CHARGE": "107",

"NDC Number": ""

},

{

"CDM NUMBER": 3002755,

"CDM DESCRIPTION": "CORTISOL URINARY FREE",

"HCPCS": "82530",

"REV CODE": 300,

"CHARGE": "219",

"NDC Number": ""

},

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"REV CODE": 306,

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"REV CODE": 300,

"NDC Number": ""

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"HCPCS": "86200",

"REV CODE": 302,

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"REV CODE": 302,

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"NDC Number": ""

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"REV CODE": 300,

"NDC Number": ""

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"REV CODE": 300,

"NDC Number": ""

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"CDM DESCRIPTION": "ENCEPHALOPATHY AUTOIMMUNE-e",

"REV CODE": 300,

"NDC Number": ""

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"REV CODE": 300,

"NDC Number": ""

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{

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"HCPCS": "80305",

"REV CODE": 300,

"CHARGE": "59.25",

"NDC Number": ""

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"REV CODE": 302,

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"HCPCS": "86235",

"REV CODE": 302,

"CHARGE": "66",

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"HCPCS": "81255",

"REV CODE": 310,

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"NDC Number": ""

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"CDM DESCRIPTION": "FISH NO CULTURE-e",

"REV CODE": 300,

"NDC Number": ""

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"CDM DESCRIPTION": "ESTRADIOLFREE-e",

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"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "174",

"NDC Number": ""

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"REV CODE": 300,

"NDC Number": ""

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{

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"REV CODE": 300,

"NDC Number": ""

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"REV CODE": 300,

"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 311,

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"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 301,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 301,

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"CDM DESCRIPTION": "GIARDIA & CONCENTRATION-e",

"REV CODE": 300,

"NDC Number": ""

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"CDM NUMBER": 3004556,

"CDM DESCRIPTION": "GLOBULIN-e",

"REV CODE": 300,

"NDC Number": ""

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"REV CODE": 301,

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"REV CODE": 301,

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"REV CODE": 300,

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"NDC Number": ""

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"CDM DESCRIPTION": "GLUCOSE TOLERANCE 2 HR-e",

"REV CODE": 300,

"NDC Number": ""

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"CDM NUMBER": 3004600,

"CDM DESCRIPTION": "3 HR GLUCOSE TOLERANCE-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3004602,

"CDM DESCRIPTION": "GLUCOSE TOLERANCE-3 SPECIMEN",

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"REV CODE": 300,

"CHARGE": "198.5",

"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"CDM DESCRIPTION": "3 HR GLUCOSE TOLERANCE GEST-e",

"REV CODE": 300,

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{

"CDM NUMBER": 3004620,

"CDM DESCRIPTION": "4 HR GLUCOSE TOLERANCE-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3004621,

"CDM DESCRIPTION": "GLUCOSE TOLERANCE ADDL X 3",

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"REV CODE": 300,

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"CDM NUMBER": 3004640,

"CDM DESCRIPTION": "5 HR GLUCOSE TOLERANCE-e",

"REV CODE": 300,

"NDC Number": ""

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"CHARGE": "420.5",

"NDC Number": ""

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"CDM DESCRIPTION": "GLUCOSE FLUID NOT BLOOD",

"HCPCS": "82945",

"REV CODE": 300,

"CHARGE": "68.25",

"NDC Number": ""

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"CDM NUMBER": 3004800,

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"REV CODE": 300,

"CHARGE": "49.5",

"NDC Number": ""

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"HCPCS": "82955",

"REV CODE": 300,

"CHARGE": "176",

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"CDM NUMBER": 3004881,

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"CHARGE": "81",

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{

"CDM NUMBER": 3004920,

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"REV CODE": 301,

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"NDC Number": ""

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"HCPCS": "87205",

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"CHARGE": "57.75",

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"CDM NUMBER": 3004967,

"CDM DESCRIPTION": "HERPES 6 AMPLIF NA PROBE",

"HCPCS": "87532",

"REV CODE": 300,

"CHARGE": "100.25",

"NDC Number": ""

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"CDM NUMBER": 3004974,

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"HCPCS": "86684",

"REV CODE": 300,

"CHARGE": "79.75",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "MORPHOMETRIC ANALYSIS /SPECIM",

"HCPCS": "88377",

"REV CODE": 310,

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"CDM NUMBER": 3005005,

"CDM DESCRIPTION": "INFECT AGENT DET-C DIFFICILE",

"HCPCS": "87493",

"REV CODE": 300,

"CHARGE": "101",

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{

"CDM NUMBER": 3005006,

"CDM DESCRIPTION": "MORPHOMETRIC ANALYSIS/MANUAL",

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"CHARGE": "272.5",

"NDC Number": ""

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"NDC Number": ""

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{

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"CDM DESCRIPTION": "HCV FIBROSURE-e",

"REV CODE": 300,

"NDC Number": ""

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{

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"REV CODE": 300,

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{

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"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3005062,

"CDM DESCRIPTION": "HELICOBACTER PYLORI X 3",

"HCPCS": "86677",

"REV CODE": 300,

"CHARGE": "234",

"NDC Number": ""

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{

"CDM NUMBER": 3005067,

"CDM DESCRIPTION": "HEAVY METAL PROFILE-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3005069,

"CDM DESCRIPTION": "HELICOBACTER PYLORI",

"HCPCS": "86677",

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"CHARGE": "78.25",

"NDC Number": ""

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{

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"CHARGE": "97.75",

"NDC Number": ""

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"REV CODE": 300,

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{

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"CDM DESCRIPTION": "HEPARIN ANTI-XA ASSAY",

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"HCPCS": "86704",

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{

"CDM NUMBER": 3005147,

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"HCPCS": "86706",

"REV CODE": 300,

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"NDC Number": ""

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{

"CDM NUMBER": 3005148,

"CDM DESCRIPTION": "HEPATITIS B CORE IgM",

"HCPCS": "86705",

"REV CODE": 300,

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"NDC Number": ""

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{

"CDM NUMBER": 3005152,

"CDM DESCRIPTION": "HBV CORE AB IGG/IGM-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3005153,

"CDM DESCRIPTION": "OVARIAN MALIGNANCY RISK",

"HCPCS": "81500",

"REV CODE": 300,

"CHARGE": "509",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "HEPATITIS B SCREEN-MH-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3005173,

"CDM DESCRIPTION": "HEPATITIS B VIRUS",

"HCPCS": "87516",

"REV CODE": 300,

"CHARGE": "92",

"NDC Number": ""

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"CDM DESCRIPTION": "HIV 1 AB",

"HCPCS": "86701",

"REV CODE": 302,

"CHARGE": "34",

"NDC Number": ""

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{

"CDM NUMBER": 3005175,

"CDM DESCRIPTION": "HIV CONFIRMATION 1 & 2-e",

"REV CODE": 302,

"NDC Number": ""

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{

"CDM NUMBER": 3005197,

"CDM DESCRIPTION": "HERPES SIMPLEX VIR I IGG",

"HCPCS": "86695",

"REV CODE": 300,

"CHARGE": "76.5",

"NDC Number": ""

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{

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"HCPCS": "86696",

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"CHARGE": "170.5",

"NDC Number": ""

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"CDM NUMBER": 3005199,

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"HCPCS": "86694",

"REV CODE": 300,

"CHARGE": "68.25",

"NDC Number": ""

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"HCPCS": "87529",

"REV CODE": 300,

"CHARGE": "100.75",

"NDC Number": ""

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{

"CDM NUMBER": 3005219,

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"HCPCS": "87517",

"REV CODE": 300,

"CHARGE": "314",

"NDC Number": ""

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"CDM NUMBER": 3005220,

"CDM DESCRIPTION": "HEPATITIS Be ANTIGEN/AB-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3005221,

"CDM DESCRIPTION": "HEPATITIS B ANTIBODY",

"HCPCS": "86707",

"REV CODE": 300,

"CHARGE": "88.25",

"NDC Number": ""

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"HCPCS": "87350",

"REV CODE": 300,

"CHARGE": "51.5",

"NDC Number": ""

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"CDM DESCRIPTION": "HEPATITIS B SURFACE AG",

"HCPCS": "87340",

"REV CODE": 300,

"CHARGE": "159.25",

"NDC Number": ""

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"CDM DESCRIPTION": "HEPATITIS A AB TOTAL",

"HCPCS": "86708",

"REV CODE": 300,

"CHARGE": "193",

"NDC Number": ""

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"REV CODE": 300,

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"REV CODE": 300,

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"CDM DESCRIPTION": "HCV GENOSURE-e",

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"CDM DESCRIPTION": "INSULINFREE AND TOTAL-e",

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"CDM DESCRIPTION": "COLLAGEN BINDING ASSAY-e",

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"REV CODE": 300,

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"MOD 1": "QW",

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"REV CODE": 300,

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"REV CODE": 301,

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"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "9.75",

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"NDC Number": ""

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"NDC Number": ""

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"HCPCS": "86617",

"REV CODE": 300,

"CHARGE": "178.25",

"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "90.75",

"NDC Number": ""

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{

"CDM NUMBER": 3005944,

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"REV CODE": 300,

"CHARGE": "181",

"NDC Number": ""

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"CHARGE": "119.25",

"NDC Number": ""

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"NDC Number": ""

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"CHARGE": "289.75",

"NDC Number": ""

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"CHARGE": "92",

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"REV CODE": 300,

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"REV CODE": 300,

"CHARGE": "88.25",

"NDC Number": ""

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"CDM NUMBER": 3006217,

"CDM DESCRIPTION": "FISH CHARCKOT-e",

"REV CODE": 300,

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"CDM NUMBER": 3006231,

"CDM DESCRIPTION": "FOLATE RBC-e",

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"CDM DESCRIPTION": "MEASLES/MUMPS/RUBELLA IMMUNE-e",

"REV CODE": 300,

"NDC Number": ""

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"CDM NUMBER": 3006247,

"CDM DESCRIPTION": "MUMPS AB X 2",

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"REV CODE": 300,

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"CHARGE": "228.25",

"NDC Number": ""

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"HCPCS": "82271",

"REV CODE": 300,

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"HCPCS": "80055",

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"REV CODE": 306,

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"REV CODE": 306,

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"CDM DESCRIPTION": "NMR LIPO PROFILE-e",

"REV CODE": 300,

"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "96.75",

"NDC Number": ""

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"HCPCS": "83935",

"REV CODE": 301,

"CHARGE": "86",

"NDC Number": ""

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"CDM NUMBER": 3006382,

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"REV CODE": 300,

"CHARGE": "86",

"NDC Number": ""

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"REV CODE": 300,

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"CHARGE": "66",

"NDC Number": ""

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"REV CODE": 305,

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"CDM NUMBER": 3006435,

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"REV CODE": 300,

"NDC Number": ""

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"CDM NUMBER": 3006446,

"CDM DESCRIPTION": "PARVOVIRUS B19 AB X 2",

"HCPCS": "86747",

"REV CODE": 300,

"CHARGE": "260",

"NDC Number": ""

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"CDM DESCRIPTION": "H PYLORI BREATH TEST-e",

"REV CODE": 300,

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"CDM NUMBER": 3006481,

"CDM DESCRIPTION": "COVID 19 PCR HIGH TECH-DURAND",

"HCPCS": "U0004",

"REV CODE": 300,

"CHARGE": "125.25",

"NDC Number": ""

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"NDC Number": ""

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"CHARGE": "123.25",

"NDC Number": ""

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"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3006498,

"CDM DESCRIPTION": "COVID 19 RESULTS W/I 2D-DGROUP",

"HCPCS": "U0005",

"REV CODE": 300,

"CHARGE": "61",

"NDC Number": ""

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"CDM NUMBER": 3006499,

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"HCPCS": "U0004",

"REV CODE": 300,

"CHARGE": "125.25",

"NDC Number": ""

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"CDM NUMBER": 3006500,

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"REV CODE": 300,

"CHARGE": "123.25",

"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "123.25",

"NDC Number": ""

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"NDC Number": ""

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"CHARGE": "576.25",

"NDC Number": ""

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"CDM NUMBER": 3006504,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "210",

"NDC Number": ""

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"CDM NUMBER": 3006508,

"CDM DESCRIPTION": "RESP VIRUS 12-25 TARGETS",

"HCPCS": "87633",

"REV CODE": 306,

"CHARGE": "525.5",

"NDC Number": ""

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"HCPCS": "87483",

"REV CODE": 306,

"CHARGE": "525.5",

"NDC Number": ""

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"REV CODE": 300,

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"CHARGE": "279.75",

"NDC Number": ""

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"CDM NUMBER": 3006512,

"CDM DESCRIPTION": "VITAMIN NOS",

"HCPCS": "84591",

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"HCPCS": "U0004",

"REV CODE": 300,

"CHARGE": "125.25",

"NDC Number": ""

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"CDM NUMBER": 3006514,

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"HCPCS": "87591",

"REV CODE": 300,

"CHARGE": "164.25",

"NDC Number": ""

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"REV CODE": 306,

"CHARGE": "2310.75",

"NDC Number": ""

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{

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"HCPCS": "U0004",

"REV CODE": 300,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 3006517,

"CDM DESCRIPTION": "CIRCULATING TUMOR CELLS",

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"REV CODE": 302,

"CHARGE": "1017.25",

"NDC Number": ""

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{

"CDM NUMBER": 3006518,

"CDM DESCRIPTION": "MYCOPLASMA PNEUMONIAE",

"HCPCS": "87581",

"REV CODE": 300,

"CHARGE": "85.75",

"NDC Number": ""

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"REV CODE": 300,

"NDC Number": ""

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"NDC Number": ""

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"CDM DESCRIPTION": "PROTEIN S PROFILE-e",

"REV CODE": 300,

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"MOD 1": "QW",

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"CHARGE": "70.75",

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"REV CODE": 300,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "68",

"NDC Number": ""

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"CDM DESCRIPTION": "COXIELLA BRUNETII AB X 4",

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"REV CODE": 300,

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"REV CODE": 302,

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"REV CODE": 302,

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 302,

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"REV CODE": 305,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 300,

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"REV CODE": 300,

"CHARGE": "224.5",

"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 305,

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"HCPCS": "84255",

"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "82.25",

"NDC Number": ""

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"REV CODE": 300,

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"CDM NUMBER": 3007426,

"CDM DESCRIPTION": "LEGIONELLA PNEUMOPHILA AG UR",

"HCPCS": "87899",

"REV CODE": 306,

"CHARGE": "219",

"NDC Number": ""

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"CDM NUMBER": 3007427,

"CDM DESCRIPTION": "AGENT NOS ASSAY W/OPTICX2 (59)",

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"MOD 1": "59",

"REV CODE": 306,

"CHARGE": "219",

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"HCPCS": "87899",

"REV CODE": 306,

"CHARGE": "109.5",

"NDC Number": ""

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"HCPCS": "84295",

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"CDM NUMBER": 3007491,

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"REV CODE": 300,

"NDC Number": ""

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"CDM NUMBER": 3007500,

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"REV CODE": 300,

"CHARGE": "44.25",

"NDC Number": ""

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"MOD 1": "QW",

"REV CODE": 306,

"CHARGE": "336",

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"REV CODE": 300,

"CHARGE": "15",

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"CDM DESCRIPTION": "SOLUBLE TRANSFERRIN RECEP",

"HCPCS": "84238",

"REV CODE": 300,

"CHARGE": "252.75",

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"HCPCS": "89321",

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"HCPCS": "86653",

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"HCPCS": "89055",

"REV CODE": 300,

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"HCPCS": "87625",

"REV CODE": 306,

"CHARGE": "94.5",

"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 306,

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"NDC Number": ""

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"HCPCS": "86063",

"REV CODE": 300,

"CHARGE": "56.25",

"NDC Number": ""

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"HCPCS": "G0481",

"REV CODE": 300,

"CHARGE": "163.25",

"NDC Number": ""

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"CDM NUMBER": 3007795,

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"REV CODE": 300,

"CHARGE": "219.75",

"NDC Number": ""

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"HCPCS": "86359",

"REV CODE": 300,

"CHARGE": "176.5",

"NDC Number": ""

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"CDM NUMBER": 3007800,

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"REV CODE": 301,

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"MOD 1": "QW",

"REV CODE": 306,

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"HCPCS": "84403",

"REV CODE": 301,

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"NDC Number": ""

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"CDM NUMBER": 3007821,

"CDM DESCRIPTION": "TESTOSTERONE BIO PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3007823,

"CDM DESCRIPTION": "TESTOSTERONE BIOAVAIL",

"HCPCS": "84402",

"REV CODE": 300,

"CHARGE": "119.75",

"NDC Number": ""

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{

"CDM NUMBER": 3007841,

"CDM DESCRIPTION": "TESTOSTERONE FREE/TOTAL-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3007847,

"CDM DESCRIPTION": "TETANUS TOXOID IGG AB",

"HCPCS": "86774",

"REV CODE": 300,

"CHARGE": "71.75",

"NDC Number": ""

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"CDM NUMBER": 3007860,

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"HCPCS": "80198",

"REV CODE": 301,

"CHARGE": "120.5",

"NDC Number": ""

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"HCPCS": "85670",

"REV CODE": 300,

"CHARGE": "103.5",

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{

"CDM NUMBER": 3007942,

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"HCPCS": "85705",

"REV CODE": 305,

"CHARGE": "34",

"NDC Number": ""

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{

"CDM NUMBER": 3007961,

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"HCPCS": "86800",

"REV CODE": 300,

"CHARGE": "91",

"NDC Number": ""

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{

"CDM NUMBER": 3007964,

"CDM DESCRIPTION": "THYROGLOBULIN QN PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3007965,

"CDM DESCRIPTION": "THYROGLOBULIN",

"HCPCS": "84432",

"REV CODE": 300,

"CHARGE": "70",

"NDC Number": ""

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"CDM NUMBER": 3007993,

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"HCPCS": "86376",

"REV CODE": 300,

"CHARGE": "83.75",

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{

"CDM NUMBER": 3007999,

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"HCPCS": "84445",

"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 301,

"CHARGE": "225",

"NDC Number": ""

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{

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"REV CODE": 300,

"CHARGE": "170",

"NDC Number": ""

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{

"CDM NUMBER": 3008011,

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"HCPCS": "88230",

"REV CODE": 311,

"CHARGE": "286.5",

"NDC Number": ""

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{

"CDM NUMBER": 3008013,

"CDM DESCRIPTION": "THYROXINE BINDING GLOBULIN",

"HCPCS": "84442",

"REV CODE": 300,

"CHARGE": "210.5",

"NDC Number": ""

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{

"CDM NUMBER": 3008016,

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"HCPCS": "88237",

"REV CODE": 311,

"CHARGE": "311.25",

"NDC Number": ""

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{

"CDM NUMBER": 3008017,

"CDM DESCRIPTION": "LUPUS PROFILE-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3008018,

"CDM DESCRIPTION": "FISH MICRODELETION-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3008019,

"CDM DESCRIPTION": "CHROM ANALY;AF/CV 15 CELLS",

"HCPCS": "88267",

"REV CODE": 311,

"CHARGE": "608",

"NDC Number": ""

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"CDM NUMBER": 3008061,

"CDM DESCRIPTION": "TOBRAMYCIN",

"HCPCS": "80200",

"REV CODE": 300,

"CHARGE": "130",

"NDC Number": ""

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{

"CDM NUMBER": 3008079,

"CDM DESCRIPTION": "TISSUE PROCESSING",

"HCPCS": "87176",

"REV CODE": 300,

"CHARGE": "78.5",

"NDC Number": ""

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{

"CDM NUMBER": 3008086,

"CDM DESCRIPTION": "TOPIRAMATE",

"HCPCS": "80201",

"REV CODE": 300,

"CHARGE": "111",

"NDC Number": ""

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"CDM NUMBER": 3008100,

"CDM DESCRIPTION": "TOTAL PROTEIN BLOOD",

"HCPCS": "84155",

"REV CODE": 300,

"CHARGE": "64.5",

"NDC Number": ""

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{

"CDM NUMBER": 3008260,

"CDM DESCRIPTION": "TOTAL T3",

"HCPCS": "84480",

"REV CODE": 301,

"CHARGE": "141.75",

"NDC Number": ""

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{

"CDM NUMBER": 3008282,

"CDM DESCRIPTION": "TOXOPLASMA AB IGG",

"HCPCS": "86777",

"REV CODE": 300,

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"NDC Number": ""

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"HCPCS": "86778",

"REV CODE": 300,

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{

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"HCPCS": "84466",

"REV CODE": 300,

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"NDC Number": ""

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{

"CDM NUMBER": 3008312,

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"HCPCS": "P9604",

"REV CODE": 300,

"CHARGE": "24.5",

"NDC Number": ""

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"HCPCS": "86784",

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"CHARGE": "75",

"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "108.75",

"NDC Number": ""

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{

"CDM NUMBER": 3008364,

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"HCPCS": "88364",

"REV CODE": 310,

"CHARGE": "157",

"NDC Number": ""

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"CDM NUMBER": 3008365,

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"HCPCS": "88365",

"REV CODE": 310,

"CHARGE": "349.75",

"NDC Number": ""

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"CDM DESCRIPTION": "TROPONIN",

"HCPCS": "84484",

"REV CODE": 300,

"CHARGE": "175.75",

"NDC Number": ""

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{

"CDM NUMBER": 3008474,

"CDM DESCRIPTION": "TYPE & SCREEN PRENATAL-e",

"REV CODE": 300,

"NDC Number": ""

},

{

"CDM NUMBER": 3008478,

"CDM DESCRIPTION": "T3 REVERSE",

"HCPCS": "84482",

"REV CODE": 300,

"CHARGE": "150.75",

"NDC Number": ""

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{

"CDM NUMBER": 3008480,

"CDM DESCRIPTION": "UREA NITROGEN URINE",

"HCPCS": "84540",

"REV CODE": 300,

"CHARGE": "54.75",

"NDC Number": ""

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{

"CDM NUMBER": 3008491,

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"HCPCS": "87109",

"REV CODE": 300,

"CHARGE": "70.25",

"NDC Number": ""

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{

"CDM NUMBER": 3008500,

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"HCPCS": "84550",

"REV CODE": 300,

"CHARGE": "66",

"NDC Number": ""

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{

"CDM NUMBER": 3008641,

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"HCPCS": "84560",

"REV CODE": 300,

"CHARGE": "23",

"NDC Number": ""

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{

"CDM NUMBER": 3008650,

"CDM DESCRIPTION": "URINALYS AUTOM WO MICRO",

"HCPCS": "81003",

"REV CODE": 307,

"CHARGE": "42",

"NDC Number": ""

},

{

"CDM NUMBER": 3008660,

"CDM DESCRIPTION": "URINALYSIS/COMPLETE",

"HCPCS": "81001",

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"CHARGE": "80.25",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "URINE?? ELECTR-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3008664,

"CDM DESCRIPTION": "URINE PROTEIN",

"HCPCS": "84166",

"REV CODE": 301,

"CHARGE": "78.25",

"NDC Number": ""

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{

"CDM NUMBER": 3008665,

"CDM DESCRIPTION": "CSF PROTEIN ELECTROPHORESIS-e",

"REV CODE": 301,

"NDC Number": ""

},

{

"CDM NUMBER": 3008679,

"CDM DESCRIPTION": "PROTEIN TOTAL URINE",

"HCPCS": "84156",

"REV CODE": 301,

"CHARGE": "64.5",

"NDC Number": ""

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{

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"HCPCS": "80164",

"REV CODE": 300,

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"NDC Number": ""

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{

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"REV CODE": 300,

"CHARGE": "204.5",

"NDC Number": ""

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{

"CDM NUMBER": 3008760,

"CDM DESCRIPTION": "VANCOMYCIN",

"HCPCS": "80202",

"REV CODE": 301,

"CHARGE": "170.5",

"NDC Number": ""

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{

"CDM NUMBER": 3008780,

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"HCPCS": "84585",

"REV CODE": 301,

"CHARGE": "40.75",

"NDC Number": ""

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{

"CDM NUMBER": 3008804,

"CDM DESCRIPTION": "VARICELLA-ZOSTER AB",

"HCPCS": "86787",

"REV CODE": 300,

"CHARGE": "216.75",

"NDC Number": ""

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{

"CDM NUMBER": 3008807,

"CDM DESCRIPTION": "PH VENOUS",

"HCPCS": "82800",

"REV CODE": 300,

"CHARGE": "159",

"NDC Number": ""

},

{

"CDM NUMBER": 3008819,

"CDM DESCRIPTION": "VASOACTIVE INTESTINAL POLY",

"HCPCS": "84586",

"REV CODE": 300,

"CHARGE": "157.5",

"NDC Number": ""

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{

"CDM NUMBER": 3008841,

"CDM DESCRIPTION": "VITAMIN D 1 25 DIHYDROXY",

"HCPCS": "82652",

"REV CODE": 300,

"CHARGE": "491.25",

"NDC Number": ""

},

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"REV CODE": 300,

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"REV CODE": 300,

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"NDC Number": ""

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"CDM DESCRIPTION": "WEST NILE VIRUS AB CSF-e",

"REV CODE": 300,

"NDC Number": ""

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"CDM NUMBER": 3008904,

"CDM DESCRIPTION": "WEST NILE VIRUS SERUM-e",

"REV CODE": 300,

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"CDM NUMBER": 3008905,

"CDM DESCRIPTION": "WESTERN EQUINE ENCEPHALITI AB",

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"REV CODE": 300,

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"NDC Number": ""

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"CDM DESCRIPTION": "PROFILE FISH-e",

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"CDM DESCRIPTION": "CLL PROFILE FISH-e",

"REV CODE": 300,

"NDC Number": ""

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"REV CODE": 300,

"NDC Number": ""

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"REV CODE": 300,

"NDC Number": ""

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"REV CODE": 300,

"NDC Number": ""

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"CDM DESCRIPTION": "MDS PROFILE FISH-e",

"REV CODE": 300,

"NDC Number": ""

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"REV CODE": 310,

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"REV CODE": 311,

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"REV CODE": 311,

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"NDC Number": ""

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"REV CODE": 311,

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"NDC Number": ""

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"REV CODE": 311,

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"NDC Number": ""

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"REV CODE": 311,

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"NDC Number": ""

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"REV CODE": 311,

"CHARGE": "88.25",

"NDC Number": ""

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"CDM DESCRIPTION": "MOLECULAR CYTO 100-300CELLS X5",

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"CHARGE": "855.5",

"NDC Number": ""

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{

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"NDC Number": ""

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"HCPCS": "86593",

"REV CODE": 300,

"CHARGE": "0",

"NDC Number": ""

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"CDM DESCRIPTION": "DIRECT IMMUNOFLUO PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3009120,

"CDM DESCRIPTION": "NEUTRALIZATION VIRAL",

"HCPCS": "86382",

"REV CODE": 300,

"CHARGE": "43.25",

"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "80.25",

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"REV CODE": 300,

"CHARGE": "1001.75",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "STREP GR B ANTIGEN",

"HCPCS": "87802",

"REV CODE": 300,

"CHARGE": "109.5",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "BACTERIAL ANTIGEN PANEL-e",

"REV CODE": 300,

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{

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"CDM DESCRIPTION": "HGB FRAC PROFILE-e",

"REV CODE": 300,

"NDC Number": ""

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{

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"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "58.25",

"NDC Number": ""

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"HCPCS": "86671",

"REV CODE": 300,

"CHARGE": "116",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "INFLAM BOWEL DIS PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3009239,

"CDM DESCRIPTION": "ALLERGEN SPECIFIC IGE EACH",

"HCPCS": "86008",

"REV CODE": 300,

"CHARGE": "46",

"NDC Number": ""

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"HCPCS": "85041",

"REV CODE": 300,

"CHARGE": "23.75",

"NDC Number": ""

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{

"CDM NUMBER": 3009244,

"CDM DESCRIPTION": "G-6-PD AND RBC PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3009249,

"CDM DESCRIPTION": "IMMUNOASSAY NONAB X 8",

"HCPCS": "83516",

"REV CODE": 300,

"CHARGE": "592.5",

"NDC Number": ""

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"HCPCS": "83516",

"REV CODE": 300,

"CHARGE": "74.5",

"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "447",

"NDC Number": ""

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{

"CDM NUMBER": 3009252,

"CDM DESCRIPTION": "ANDROSTANEDIOL GLUCURONIDE",

"HCPCS": "82154",

"REV CODE": 300,

"CHARGE": "67",

"NDC Number": ""

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"CDM NUMBER": 3009258,

"CDM DESCRIPTION": "ROCKY MTN FEV IGG",

"HCPCS": "86757",

"REV CODE": 300,

"CHARGE": "53.25",

"NDC Number": ""

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{

"CDM NUMBER": 3009262,

"CDM DESCRIPTION": "TREPONEMA PALLIDUM",

"HCPCS": "86780",

"REV CODE": 300,

"CHARGE": "45.75",

"NDC Number": ""

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{

"CDM NUMBER": 3009266,

"CDM DESCRIPTION": "LIPOPROTEIN BLOOD IN PROFILE",

"HCPCS": "83701",

"REV CODE": 300,

"CHARGE": "263.25",

"NDC Number": ""

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"CDM NUMBER": 3009270,

"CDM DESCRIPTION": "FIBRINOGEN EVAL PROFILE-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3009272,

"CDM DESCRIPTION": "PHENOTYPE PREDICTION",

"HCPCS": "87900",

"REV CODE": 300,

"CHARGE": "370.5",

"NDC Number": ""

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"HCPCS": "85292",

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"NDC Number": ""

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"CDM NUMBER": 3009275,

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"HCPCS": "85293",

"REV CODE": 300,

"CHARGE": "54.25",

"NDC Number": ""

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"HCPCS": "86628",

"REV CODE": 300,

"CHARGE": "526",

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"CDM DESCRIPTION": "CANDIDA ANTIGEN AB PANEL-e",

"REV CODE": 300,

"NDC Number": ""

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{

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"CDM DESCRIPTION": "CANDIDA ANTIGEN & AB-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3009279,

"CDM DESCRIPTION": "CYSTATIN C",

"HCPCS": "82610",

"REV CODE": 300,

"CHARGE": "32.5",

"NDC Number": ""

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{

"CDM NUMBER": 3009283,

"CDM DESCRIPTION": "CHROMOSOMELEUK/LYMPH-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3009287,

"CDM DESCRIPTION": "ALPHA FETOPROTEIN L3",

"HCPCS": "82107",

"REV CODE": 301,

"CHARGE": "165",

"NDC Number": ""

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"CDM DESCRIPTION": "CHYLOMICRON SCREEN BODY FLUID",

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"CHARGE": "117.25",

"NDC Number": ""

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"HCPCS": "81217",

"REV CODE": 310,

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"CDM DESCRIPTION": "HBA1/HBA2 GENE ALPHA-THALASSEM",

"HCPCS": "81257",

"REV CODE": 310,

"CHARGE": "355",

"NDC Number": ""

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"REV CODE": 300,

"CHARGE": "32.75",

"NDC Number": ""

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{

"CDM NUMBER": 3009550,

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"HCPCS": "82306",

"REV CODE": 300,

"CHARGE": "81",

"NDC Number": ""

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{

"CDM NUMBER": 3009720,

"CDM DESCRIPTION": "CBC W AUTO DIFF & W MAN DIFF-e",

"REV CODE": 305,

"NDC Number": ""

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{

"CDM NUMBER": 3009726,

"CDM DESCRIPTION": "DRUG SCR 10 PANEL/URINE",

"HCPCS": "80307",

"REV CODE": 300,

"CHARGE": "748.25",

"NDC Number": ""

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{

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"HCPCS": "83993",

"REV CODE": 300,

"CHARGE": "54",

"NDC Number": ""

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"REV CODE": 310,

"CHARGE": "214.5",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "CBC-INC IN PANEL NO CHARGE",

"REV CODE": 305,

"CHARGE": "0",

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{

"CDM NUMBER": 3009801,

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"HCPCS": "84376",

"REV CODE": 300,

"CHARGE": "24",

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"REV CODE": 300,

"CHARGE": "163.25",

"NDC Number": ""

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"HCPCS": "81401",

"REV CODE": 300,

"CHARGE": "318",

"NDC Number": ""

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"CDM NUMBER": 3009804,

"CDM DESCRIPTION": "MOTPATH PROC LVL4 SENDOUT",

"HCPCS": "81403",

"REV CODE": 310,

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"NDC Number": ""

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"NDC Number": ""

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{

"CDM NUMBER": 3009806,

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"HCPCS": "81405",

"REV CODE": 300,

"CHARGE": "158.25",

"NDC Number": ""

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"CDM NUMBER": 3009807,

"CDM DESCRIPTION": "MOLEUCULAR PATH LVL 7 SEND OUT",

"HCPCS": "81406",

"REV CODE": 310,

"CHARGE": "158.25",

"NDC Number": ""

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{

"CDM NUMBER": 3009808,

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"HCPCS": "81407",

"REV CODE": 310,

"CHARGE": "216.5",

"NDC Number": ""

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{

"CDM NUMBER": 3009809,

"CDM DESCRIPTION": "MOLECULAR PATH UNL SEND OUT",

"HCPCS": "81479",

"REV CODE": 300,

"CHARGE": "216.5",

"NDC Number": ""

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{

"CDM NUMBER": 3009810,

"CDM DESCRIPTION": "MODY EXP GEN PANEL SENDOUT-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3009811,

"CDM DESCRIPTION": "COBAS HPV RECTAL-SENDOUT",

"HCPCS": "87624",

"REV CODE": 306,

"CHARGE": "38.75",

"NDC Number": ""

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{

"CDM NUMBER": 3009812,

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"HCPCS": "G0480",

"REV CODE": 300,

"CHARGE": "6",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "PLATELET TRANS STUDY-SENDOUT-e",

"REV CODE": 300,

"NDC Number": ""

},

{

"CDM NUMBER": 3009814,

"CDM DESCRIPTION": "FIBRIN OR COAG SCREEN-SENDOUT",

"HCPCS": "85390",

"REV CODE": 300,

"CHARGE": "150",

"NDC Number": ""

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{

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"HCPCS": "88348",

"REV CODE": 310,

"CHARGE": "1100",

"NDC Number": ""

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"HCPCS": "81335",

"REV CODE": 310,

"CHARGE": "479",

"NDC Number": ""

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{

"CDM NUMBER": 3081420,

"CDM DESCRIPTION": "INFORMASEQ FETAL CHROM ANEUPL",

"HCPCS": "81420",

"REV CODE": 300,

"CHARGE": "1193.5",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "T CELLS ABSOLUTE CD4 COUNT",

"HCPCS": "86361",

"REV CODE": 302,

"CHARGE": "91",

"NDC Number": ""

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{

"CDM NUMBER": 3087481,

"CDM DESCRIPTION": "CANDIDA NA AMPLIFIED PROBE",

"HCPCS": "87481",

"REV CODE": 306,

"CHARGE": "119.25",

"NDC Number": ""

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{

"CDM NUMBER": 3088344,

"CDM DESCRIPTION": "IMMUNO HISTO AB",

"HCPCS": "88344",

"REV CODE": 310,

"CHARGE": "317",

"NDC Number": ""

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{

"CDM NUMBER": 3099005,

"CDM DESCRIPTION": "CARDIAC ENZYMES PANEL (C)",

"REV CODE": 300,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 3099052,

"CDM DESCRIPTION": "OBSTETRIC PANEL MCR-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3099053,

"CDM DESCRIPTION": "MEDICARE OB PANEL (C)",

"REV CODE": 300,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 3099100,

"CDM DESCRIPTION": "PENDING SEND OUT LAB",

"REV CODE": 300,

"CHARGE": "0",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "INSITU HYBRIDIZATION AUTO",

"HCPCS": "88367",

"REV CODE": 310,

"CHARGE": "290.5",

"NDC Number": ""

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{

"CDM NUMBER": 3100102,

"CDM DESCRIPTION": "CYTP URINE 3-5 PROBES EA SPEC",

"HCPCS": "88121",

"REV CODE": 310,

"CHARGE": "639.5",

"NDC Number": ""

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{

"CDM NUMBER": 3100103,

"CDM DESCRIPTION": "ONCOLOGY BREAST MRNA",

"HCPCS": "81519",

"REV CODE": 310,

"CHARGE": "5026.25",

"NDC Number": ""

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{

"CDM NUMBER": 3100300,

"CDM DESCRIPTION": "BONE FOR DECAL",

"HCPCS": "88311",

"REV CODE": 310,

"CHARGE": "157.25",

"NDC Number": ""

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{

"CDM NUMBER": 3100356,

"CDM DESCRIPTION": "BIOPSY PROSTATE 10-20 SPECIMEN",

"HCPCS": "G0416",

"REV CODE": 310,

"CHARGE": "807.75",

"NDC Number": ""

},

{

"CDM NUMBER": 3100362,

"CDM DESCRIPTION": "BONE MARROW SMEAR INTER",

"HCPCS": "85097",

"REV CODE": 310,

"CHARGE": "672",

"NDC Number": ""

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{

"CDM NUMBER": 3100380,

"CDM DESCRIPTION": "BONE MARROW BX",

"HCPCS": "38221",

"REV CODE": 361,

"CHARGE": "1828.75",

"NDC Number": ""

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{

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"NDC Number": ""

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"HCPCS": "88172",

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 300,

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"CHARGE": "147.75",

"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 310,

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"NDC Number": ""

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"NDC Number": ""

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"MOD 1": "XS",

"REV CODE": 310,

"CHARGE": "402",

"NDC Number": ""

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"HCPCS": "88307",

"REV CODE": 310,

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"NDC Number": ""

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"CDM DESCRIPTION": "O.R. CONSULTATION",

"HCPCS": "88329",

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"CHARGE": "237.75",

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"CDM DESCRIPTION": "EGFR GENE COM VARIANTS",

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"HCPCS": "84999",

"REV CODE": 300,

"CHARGE": "65",

"NDC Number": ""

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"CDM DESCRIPTION": "OUTSIDE PATH CONSULTATION-MISC",

"REV CODE": 310,

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"HCPCS": "88368",

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"CHARGE": "332.25",

"NDC Number": ""

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"HCPCS": "88321",

"REV CODE": 310,

"CHARGE": "154.5",

"NDC Number": ""

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"HCPCS": "88321",

"REV CODE": 310,

"CHARGE": "154.5",

"NDC Number": ""

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"HCPCS": "88312",

"REV CODE": 310,

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"CDM NUMBER": 3101420,

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"HCPCS": "88313",

"REV CODE": 310,

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"CDM NUMBER": 3101421,

"CDM DESCRIPTION": "SPINOCEREBELLAR ATAX SENDOUT-e",

"REV CODE": 310,

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"CDM NUMBER": 3101422,

"CDM DESCRIPTION": "ATN1 GENE DETC ABNOR-SENDOUT",

"HCPCS": "81177",

"REV CODE": 310,

"CHARGE": "81.36",

"NDC Number": ""

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"CDM NUMBER": 3101423,

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"REV CODE": 310,

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"NDC Number": ""

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"REV CODE": 310,

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"NDC Number": ""

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"REV CODE": 310,

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"NDC Number": ""

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"REV CODE": 310,

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"NDC Number": ""

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"REV CODE": 310,

"CHARGE": "81.36",

"NDC Number": ""

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"CDM NUMBER": 3101431,

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"HCPCS": "81344",

"REV CODE": 310,

"CHARGE": "81.36",

"NDC Number": ""

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"HCPCS": "81479",

"REV CODE": 310,

"CHARGE": "81.4",

"NDC Number": ""

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"CDM NUMBER": 3200001,

"CDM DESCRIPTION": "RADIOLOGY CONSULT NO CHARGE",

"REV CODE": 320,

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"NDC Number": ""

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"CDM NUMBER": 3200002,

"CDM DESCRIPTION": "RADIOLOGY HALF MRI NO CHG",

"REV CODE": 320,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 3200003,

"CDM DESCRIPTION": "ULTRASOUND BX CONSULT NO CHG",

"REV CODE": 361,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 3200004,

"CDM DESCRIPTION": "RADIOLOGY PRESENT/NO PROC NC",

"REV CODE": 320,

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"NDC Number": ""

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"CDM NUMBER": 3200005,

"CDM DESCRIPTION": "RADIOLOGY CALL BACK/NO CHG",

"REV CODE": 320,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 3200010,

"CDM DESCRIPTION": "ABDOMEN 1 VIEW",

"HCPCS": "74018",

"REV CODE": 320,

"CHARGE": "361.75",

"NDC Number": ""

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"CDM NUMBER": 3200040,

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"HCPCS": "74019",

"REV CODE": 320,

"CHARGE": "556.5",

"NDC Number": ""

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"CDM NUMBER": 3200060,

"CDM DESCRIPTION": "ABDOMEN 3 OR MORE VIEW",

"HCPCS": "74021",

"REV CODE": 320,

"CHARGE": "556.5",

"NDC Number": ""

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"CDM NUMBER": 3200095,

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"HCPCS": "74022",

"REV CODE": 320,

"CHARGE": "684.75",

"NDC Number": ""

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"CDM NUMBER": 3200100,

"CDM DESCRIPTION": "ACROMIOCLAVICULAR JOINTS",

"HCPCS": "73050",

"REV CODE": 320,

"CHARGE": "770.75",

"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "435.25",

"NDC Number": ""

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"HCPCS": "73600",

"MOD 1": "RT",

"REV CODE": 320,

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"NDC Number": ""

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"CDM NUMBER": 3200150,

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"HCPCS": "73610",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "564",

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"MOD 1": "RT",

"REV CODE": 320,

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"CDM NUMBER": 3200210,

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"MOD 1": "LT",

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"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 322,

"CHARGE": "1031",

"NDC Number": ""

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"CDM NUMBER": 3200240,

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"HCPCS": "73525",

"MOD 1": "LT",

"REV CODE": 322,

"CHARGE": "1419.25",

"NDC Number": ""

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"CDM NUMBER": 3200250,

"CDM DESCRIPTION": "ARTHROGRAM-HIP RT",

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"MOD 1": "RT",

"REV CODE": 322,

"CHARGE": "1419.25",

"NDC Number": ""

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"MOD 1": "LT",

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"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 322,

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"MOD 1": "LT",

"REV CODE": 322,

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"MOD 1": "LT",

"REV CODE": 322,

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"NDC Number": ""

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"REV CODE": 323,

"NDC Number": ""

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"CDM DESCRIPTION": "ARTHROGRAM-SHOULDER RT",

"HCPCS": "73040",

"MOD 1": "RT",

"REV CODE": 322,

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"NDC Number": ""

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"CDM NUMBER": 3200331,

"CDM DESCRIPTION": "ARTHROGRAM-SHOULDER RT-e",

"REV CODE": 323,

"NDC Number": ""

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{

"CDM NUMBER": 3200350,

"CDM DESCRIPTION": "ARTHROGRAM-WRIST LT",

"HCPCS": "73115",

"MOD 1": "LT",

"REV CODE": 322,

"CHARGE": "1287.25",

"NDC Number": ""

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"CDM NUMBER": 3200360,

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"REV CODE": 322,

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"CDM NUMBER": 3200371,

"CDM DESCRIPTION": "BARIUM ENEMA W KUB",

"HCPCS": "74270",

"REV CODE": 320,

"CHARGE": "1107.5",

"NDC Number": ""

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"CDM NUMBER": 3200380,

"CDM DESCRIPTION": "BARIUM ENEMA AIR CONT W KUB",

"HCPCS": "74280",

"REV CODE": 320,

"CHARGE": "1768",

"NDC Number": ""

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"CDM NUMBER": 3200400,

"CDM DESCRIPTION": "BONE AGE STUDIES",

"HCPCS": "77072",

"REV CODE": 320,

"CHARGE": "714.75",

"NDC Number": ""

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"CDM DESCRIPTION": "SHUNT SERIES-e",

"REV CODE": 320,

"NDC Number": ""

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"CDM NUMBER": 3200410,

"CDM DESCRIPTION": "BONE LENGTH STUDY",

"HCPCS": "77073",

"REV CODE": 320,

"CHARGE": "714.75",

"NDC Number": ""

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{

"CDM NUMBER": 3200412,

"CDM DESCRIPTION": "BONE SURVEY INFANT",

"HCPCS": "77076",

"REV CODE": 320,

"CHARGE": "1300.25",

"NDC Number": ""

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"NDC Number": ""

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"CDM DESCRIPTION": "ESOPHOGRAM INCL CHST XRAY",

"HCPCS": "74220",

"REV CODE": 320,

"CHARGE": "641.75",

"NDC Number": ""

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"CDM NUMBER": 3200500,

"CDM DESCRIPTION": "CHOLECYSTOGRAM - GB",

"HCPCS": "74290",

"REV CODE": 320,

"CHARGE": "628.5",

"NDC Number": ""

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{

"CDM NUMBER": 3200510,

"CDM DESCRIPTION": "CHOLANGIOGRAM - OPERATIVE",

"HCPCS": "74300",

"REV CODE": 320,

"CHARGE": "1227.75",

"NDC Number": ""

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"CDM NUMBER": 3200520,

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"HCPCS": "47531",

"REV CODE": 320,

"CHARGE": "4232.75",

"NDC Number": ""

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{

"CDM NUMBER": 3200560,

"CDM DESCRIPTION": "CLAVICLE LT",

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"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "721.75",

"NDC Number": ""

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{

"CDM NUMBER": 3200570,

"CDM DESCRIPTION": "CLAVICLE RT",

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"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "721.75",

"NDC Number": ""

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"CDM NUMBER": 3200577,

"CDM DESCRIPTION": "CHANGE TUBE/CATH NEPHRO PR-e",

"REV CODE": 323,

"NDC Number": ""

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{

"CDM NUMBER": 3200578,

"CDM DESCRIPTION": "JTUBE PLACEM W/ FLUORO-e",

"REV CODE": 361,

"NDC Number": ""

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{

"CDM NUMBER": 3200579,

"CDM DESCRIPTION": "REPOSITION GASTROSTOMY TUBE",

"HCPCS": "43761",

"REV CODE": 361,

"CHARGE": "554",

"NDC Number": ""

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{

"CDM NUMBER": 3200600,

"CDM DESCRIPTION": "SPINE CERVICAL OBL",

"HCPCS": "72050",

"REV CODE": 320,

"CHARGE": "790.5",

"NDC Number": ""

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{

"CDM NUMBER": 3200610,

"CDM DESCRIPTION": "NECK SPINE 2 OR 3 VIEWS",

"HCPCS": "72040",

"REV CODE": 320,

"CHARGE": "651.75",

"NDC Number": ""

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{

"CDM NUMBER": 3200630,

"CDM DESCRIPTION": "NECK/SPINE 6 OR MORE VIEWS",

"HCPCS": "72052",

"REV CODE": 320,

"CHARGE": "923.75",

"NDC Number": ""

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{

"CDM NUMBER": 3200645,

"CDM DESCRIPTION": "CHEST 2 VIEW",

"HCPCS": "71046",

"REV CODE": 320,

"CHARGE": "452.25",

"NDC Number": ""

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{

"CDM NUMBER": 3200648,

"CDM DESCRIPTION": "SPINE 2 OR 3 VIEW",

"HCPCS": "72082",

"REV CODE": 320,

"CHARGE": "981.75",

"NDC Number": ""

},

{

"CDM NUMBER": 3200660,

"CDM DESCRIPTION": "CHEST 1 VIEW",

"HCPCS": "71045",

"REV CODE": 324,

"CHARGE": "374.5",

"NDC Number": ""

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{

"CDM NUMBER": 3200680,

"CDM DESCRIPTION": "CHEST 3 VIEWS",

"HCPCS": "71047",

"REV CODE": 324,

"CHARGE": "626",

"NDC Number": ""

},

{

"CDM NUMBER": 3200710,

"CDM DESCRIPTION": "CHEST 4 OR MORE VIEWS",

"HCPCS": "71048",

"REV CODE": 324,

"CHARGE": "655.75",

"NDC Number": ""

},

{

"CDM NUMBER": 3200725,

"CDM DESCRIPTION": "CHOLANGIOGRAMD SET FILMS",

"HCPCS": "74301",

"REV CODE": 320,

"CHARGE": "677.75",

"NDC Number": ""

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"CDM NUMBER": 3200729,

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"REV CODE": 320,

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"CDM NUMBER": 3200730,

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"HCPCS": "74430",

"REV CODE": 320,

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"HCPCS": "72072",

"REV CODE": 320,

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"NDC Number": ""

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"CDM NUMBER": 3200806,

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"MOD 1": "LT",

"REV CODE": 320,

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"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 320,

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"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "492.25",

"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 320,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 320,

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"HCPCS": "74330",

"REV CODE": 329,

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"NDC Number": ""

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"CDM DESCRIPTION": "EXTREMITY UPPER INFANT RT",

"HCPCS": "73092",

"MOD 1": "RT",

"REV CODE": 320,

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"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 320,

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"MOD 1": "LT",

"REV CODE": 320,

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"REV CODE": 320,

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"REV CODE": 320,

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"NDC Number": ""

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"HCPCS": "70150",

"REV CODE": 320,

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"NDC Number": ""

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"HCPCS": "70140",

"REV CODE": 320,

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"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "678",

"NDC Number": ""

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"HCPCS": "73552",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "678",

"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "678",

"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 320,

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"NDC Number": ""

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"REV CODE": 320,

"NDC Number": ""

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"HCPCS": "76080",

"REV CODE": 320,

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"NDC Number": ""

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"REV CODE": 320,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 3201069,

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"CHARGE": "382",

"NDC Number": ""

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"CDM NUMBER": 3201070,

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"HCPCS": "76000",

"REV CODE": 320,

"CHARGE": "536.5",

"NDC Number": ""

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"HCPCS": "77003",

"REV CODE": 320,

"CHARGE": "382",

"NDC Number": ""

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"CDM NUMBER": 3201076,

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"HCPCS": "77001",

"REV CODE": 320,

"CHARGE": "1186",

"NDC Number": ""

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{

"CDM NUMBER": 3201091,

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"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "551.25",

"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "551.25",

"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 320,

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"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 320,

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"MOD 1": "LT",

"REV CODE": 320,

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"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 320,

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"NDC Number": ""

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"CDM DESCRIPTION": "FOOT W OS CALCIS (HEEL) LT",

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"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "673.75",

"NDC Number": ""

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"CDM NUMBER": 3201148,

"CDM DESCRIPTION": "FOOT W OS CALCIS (HEEL) RT",

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"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "673.75",

"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "435.25",

"NDC Number": ""

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"CDM NUMBER": 3201152,

"CDM DESCRIPTION": "FOOT DIGITS LT",

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"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "435.25",

"NDC Number": ""

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"HCPCS": "73120",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "411.5",

"NDC Number": ""

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"HCPCS": "73120",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "411.5",

"NDC Number": ""

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"CDM NUMBER": 3201260,

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"HCPCS": "73130",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "568.75",

"NDC Number": ""

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"CDM NUMBER": 3201261,

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"HCPCS": "73130",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "568.75",

"NDC Number": ""

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{

"CDM NUMBER": 3201281,

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"HCPCS": "73140",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "493",

"NDC Number": ""

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"CDM NUMBER": 3201282,

"CDM DESCRIPTION": "HAND-DIGITS LT",

"HCPCS": "73140",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "493",

"NDC Number": ""

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"CDM NUMBER": 3201290,

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"HCPCS": "73521",

"REV CODE": 320,

"CHARGE": "678",

"NDC Number": ""

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{

"CDM NUMBER": 3201302,

"CDM DESCRIPTION": "HIP UNI 4/> VIEW LT",

"HCPCS": "73503",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "479",

"NDC Number": ""

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"CDM NUMBER": 3201303,

"CDM DESCRIPTION": "HIP UNI 4/> VIEW RT",

"HCPCS": "73503",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "479",

"NDC Number": ""

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"CDM NUMBER": 3201304,

"CDM DESCRIPTION": "HIP UNI 2-3 VIEW LT",

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"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "479",

"NDC Number": ""

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"CDM NUMBER": 3201305,

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"HCPCS": "73502",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "479",

"NDC Number": ""

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"CDM NUMBER": 3201306,

"CDM DESCRIPTION": "HIP UNI 1 VIEW LT",

"HCPCS": "73501",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "479",

"NDC Number": ""

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"CDM NUMBER": 3201307,

"CDM DESCRIPTION": "HIP UNI 1 VIEW RT",

"HCPCS": "73501",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "479",

"NDC Number": ""

},

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"CDM NUMBER": 3201308,

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"HCPCS": "73522",

"REV CODE": 320,

"CHARGE": "523.75",

"NDC Number": ""

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{

"CDM NUMBER": 3201371,

"CDM DESCRIPTION": "HUMERUS LT",

"HCPCS": "73060",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "551.25",

"NDC Number": ""

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"CDM NUMBER": 3201372,

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"HCPCS": "73060",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "551.25",

"NDC Number": ""

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"CDM DESCRIPTION": "HYSTEROSALPINGOGRAM PROFILE-e",

"REV CODE": 320,

"NDC Number": ""

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{

"CDM NUMBER": 3201390,

"CDM DESCRIPTION": "HYSTEROSALPINGOGRAM",

"HCPCS": "74740",

"REV CODE": 329,

"CHARGE": "1660",

"NDC Number": ""

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{

"CDM NUMBER": 3201440,

"CDM DESCRIPTION": "IV PYELOGRAM W OR WO TOMO",

"HCPCS": "74400",

"REV CODE": 320,

"CHARGE": "1541",

"NDC Number": ""

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{

"CDM NUMBER": 3201465,

"CDM DESCRIPTION": "KIDDEGRAM FOR FOREIGN BODY",

"HCPCS": "76010",

"REV CODE": 320,

"CHARGE": "370",

"NDC Number": ""

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{

"CDM NUMBER": 3201469,

"CDM DESCRIPTION": "KNEES BILAT STANDING AP ONLY",

"HCPCS": "73565",

"REV CODE": 320,

"CHARGE": "363.25",

"NDC Number": ""

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{

"CDM NUMBER": 3201470,

"CDM DESCRIPTION": "KNEE 3 VIEW-LT",

"HCPCS": "73562",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "460.25",

"NDC Number": ""

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{

"CDM NUMBER": 3201471,

"CDM DESCRIPTION": "KNEE 3 VIEW-RT",

"HCPCS": "73562",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "460.25",

"NDC Number": ""

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"CDM NUMBER": 3201481,

"CDM DESCRIPTION": "KNEE FULL SERIES RT",

"HCPCS": "73564",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "758.25",

"NDC Number": ""

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"CDM NUMBER": 3201482,

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"HCPCS": "73564",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "758.25",

"NDC Number": ""

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{

"CDM NUMBER": 3201491,

"CDM DESCRIPTION": "KNEE-LIMITED VIEWS LT",

"HCPCS": "73560",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "460.25",

"NDC Number": ""

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"CDM NUMBER": 3201492,

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"HCPCS": "73560",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "460.25",

"NDC Number": ""

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"CDM NUMBER": 3201611,

"CDM DESCRIPTION": "LOWER LEG 2 VIEW LT",

"HCPCS": "73590",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "564",

"NDC Number": ""

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{

"CDM NUMBER": 3201612,

"CDM DESCRIPTION": "LOWER LEG 2 VIEW RT",

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"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "564",

"NDC Number": ""

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"CDM NUMBER": 3201630,

"CDM DESCRIPTION": "LOWER SPINE 2 OR 3 VIEW",

"HCPCS": "72100",

"REV CODE": 320,

"CHARGE": "556",

"NDC Number": ""

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{

"CDM NUMBER": 3201641,

"CDM DESCRIPTION": "LOWER SPINE BENDING 2/3V",

"HCPCS": "72120",

"REV CODE": 320,

"CHARGE": "1074",

"NDC Number": ""

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{

"CDM NUMBER": 3201650,

"CDM DESCRIPTION": "LOWER SPINE 6 OR MORE VIEW",

"HCPCS": "72114",

"REV CODE": 320,

"CHARGE": "1288.5",

"NDC Number": ""

},

{

"CDM NUMBER": 3201660,

"CDM DESCRIPTION": "LOWER SPINE 4 OR MORE VIEW",

"HCPCS": "72110",

"REV CODE": 320,

"CHARGE": "796.25",

"NDC Number": ""

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{

"CDM NUMBER": 3201750,

"CDM DESCRIPTION": "MANDIBLE COMPLETE",

"HCPCS": "70110",

"REV CODE": 320,

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"NDC Number": ""

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"HCPCS": "70100",

"REV CODE": 320,

"CHARGE": "316",

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"CDM DESCRIPTION": "MASTOIDS",

"HCPCS": "70130",

"REV CODE": 320,

"CHARGE": "726.5",

"NDC Number": ""

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"CDM DESCRIPTION": "MYELOGRAM CERVICAL",

"HCPCS": "72240",

"REV CODE": 320,

"CHARGE": "5236.25",

"NDC Number": ""

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"CDM NUMBER": 3201822,

"CDM DESCRIPTION": "MYELOGRAM LUMBAR PROFILE-e",

"REV CODE": 320,

"NDC Number": ""

},

{

"CDM NUMBER": 3201830,

"CDM DESCRIPTION": "MYELOGRAM-LUMBAR",

"HCPCS": "72265",

"REV CODE": 320,

"CHARGE": "4653.75",

"NDC Number": ""

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{

"CDM NUMBER": 3201840,

"CDM DESCRIPTION": "MYELOGRAM THORACIC",

"HCPCS": "72255",

"REV CODE": 320,

"CHARGE": "3846.25",

"NDC Number": ""

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{

"CDM NUMBER": 3201845,

"CDM DESCRIPTION": "MYLEOGRAM TOTAL",

"HCPCS": "72270",

"REV CODE": 320,

"CHARGE": "6024",

"NDC Number": ""

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{

"CDM NUMBER": 3201870,

"CDM DESCRIPTION": "NEPHROSTOGRAM/LOOPOGRAM",

"HCPCS": "74425",

"REV CODE": 329,

"CHARGE": "794.75",

"NDC Number": ""

},

{

"CDM NUMBER": 3201880,

"CDM DESCRIPTION": "NECK SOFT TISSUE",

"HCPCS": "70360",

"REV CODE": 320,

"CHARGE": "476.25",

"NDC Number": ""

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{

"CDM NUMBER": 3201890,

"CDM DESCRIPTION": "NASAL BONES",

"HCPCS": "70160",

"REV CODE": 320,

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"NDC Number": ""

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"REV CODE": 320,

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"NDC Number": ""

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"CDM DESCRIPTION": "ORBITS",

"HCPCS": "70200",

"REV CODE": 320,

"CHARGE": "707.5",

"NDC Number": ""

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{

"CDM NUMBER": 3202040,

"CDM DESCRIPTION": "PANALYPSE (PANOREX)",

"HCPCS": "70355",

"REV CODE": 320,

"CHARGE": "468.5",

"NDC Number": ""

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{

"CDM NUMBER": 3202090,

"CDM DESCRIPTION": "PELVIS 1 OR 2 VIEW",

"HCPCS": "72170",

"REV CODE": 320,

"CHARGE": "551.25",

"NDC Number": ""

},

{

"CDM NUMBER": 3202091,

"CDM DESCRIPTION": "PELVIS 3 VIEW",

"HCPCS": "72190",

"REV CODE": 320,

"CHARGE": "551.25",

"NDC Number": ""

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{

"CDM NUMBER": 3202100,

"CDM DESCRIPTION": "PELVIMETRY",

"HCPCS": "74710",

"REV CODE": 320,

"CHARGE": "661",

"NDC Number": ""

},

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"CDM NUMBER": 3202140,

"CDM DESCRIPTION": "RIBS/CHEST BIL 4 VIEW",

"HCPCS": "71111",

"REV CODE": 320,

"CHARGE": "1316.5",

"NDC Number": ""

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{

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"HCPCS": "71110",

"REV CODE": 320,

"CHARGE": "681.25",

"NDC Number": ""

},

{

"CDM NUMBER": 3202147,

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"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "448.5",

"NDC Number": ""

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{

"CDM NUMBER": 3202148,

"CDM DESCRIPTION": "RIBS UNI 2 VIEW RT",

"HCPCS": "71100",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "448.5",

"NDC Number": ""

},

{

"CDM NUMBER": 3202149,

"CDM DESCRIPTION": "RETROGRADE URETHRAGRAM",

"HCPCS": "74450",

"REV CODE": 320,

"CHARGE": "1343.5",

"NDC Number": ""

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{

"CDM NUMBER": 3202150,

"CDM DESCRIPTION": "RETROGRADE CYSTO/PYELO IN OR",

"HCPCS": "74420",

"REV CODE": 320,

"CHARGE": "1612.25",

"NDC Number": ""

},

{

"CDM NUMBER": 3202151,

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"HCPCS": "71101",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "753.5",

"NDC Number": ""

},

{

"CDM NUMBER": 3202152,

"CDM DESCRIPTION": "RIBS/CHEST UNI 3 RT",

"HCPCS": "71101",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "753.5",

"NDC Number": ""

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{

"CDM NUMBER": 3202210,

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"HCPCS": "72220",

"REV CODE": 320,

"CHARGE": "627.75",

"NDC Number": ""

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{

"CDM NUMBER": 3202220,

"CDM DESCRIPTION": "SACROILIAC JOINT",

"HCPCS": "72202",

"REV CODE": 320,

"CHARGE": "534.75",

"NDC Number": ""

},

{

"CDM NUMBER": 3202240,

"CDM DESCRIPTION": "SMALL BOWEL SERIES W KUB",

"HCPCS": "74250",

"REV CODE": 320,

"CHARGE": "718.5",

"NDC Number": ""

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{

"CDM NUMBER": 3202280,

"CDM DESCRIPTION": "SCAPULA RT",

"HCPCS": "73010",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "723.5",

"NDC Number": ""

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{

"CDM NUMBER": 3202281,

"CDM DESCRIPTION": "SCAPULA LT",

"HCPCS": "73010",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "723.5",

"NDC Number": ""

},

{

"CDM NUMBER": 3202290,

"CDM DESCRIPTION": "STERNOCLAVICULAR JOINTS",

"HCPCS": "71130",

"REV CODE": 329,

"CHARGE": "227",

"NDC Number": ""

},

{

"CDM NUMBER": 3202310,

"CDM DESCRIPTION": "SPINE 4 OR 5 VIEW",

"HCPCS": "72083",

"REV CODE": 320,

"CHARGE": "1555.75",

"NDC Number": ""

},

{

"CDM NUMBER": 3202391,

"CDM DESCRIPTION": "SHOULDER LT",

"HCPCS": "73030",

"MOD 1": "LT",

"REV CODE": 320,

"CHARGE": "603.25",

"NDC Number": ""

},

{

"CDM NUMBER": 3202392,

"CDM DESCRIPTION": "SHOULDER RT",

"HCPCS": "73030",

"MOD 1": "RT",

"REV CODE": 320,

"CHARGE": "603.25",

"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 341,

"CHARGE": "737",

"NDC Number": ""

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"NDC Number": ""

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"CHARGE": "214.5",

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"REV CODE": 340,

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"NDC Number": ""

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"REV CODE": 352,

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"NDC Number": ""

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"REV CODE": 352,

"CHARGE": "396.25",

"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 350,

"CHARGE": "2499.75",

"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 350,

"CHARGE": "2499.75",

"NDC Number": ""

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"REV CODE": 352,

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"NDC Number": ""

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"REV CODE": 352,

"CHARGE": "5752.25",

"NDC Number": ""

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"REV CODE": 359,

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"CDM DESCRIPTION": "CT CHEST W CONTR/ ABD W/WO-e",

"REV CODE": 359,

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"REV CODE": 359,

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"REV CODE": 359,

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"REV CODE": 359,

"NDC Number": ""

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"CDM DESCRIPTION": "CT CHEST/ABD/PELVIS W/O CONT-e",

"REV CODE": 352,

"NDC Number": ""

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"REV CODE": 350,

"CHARGE": "3199.75",

"NDC Number": ""

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"NDC Number": ""

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"CDM DESCRIPTION": "CT C-SPINE &T-SPINE W CONT-e",

"REV CODE": 359,

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"HCPCS": "72125",

"REV CODE": 350,

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"REV CODE": 359,

"NDC Number": ""

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"CDM DESCRIPTION": "CT BRAIN PERFUSION STUDY-e",

"REV CODE": 351,

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"REV CODE": 352,

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"NDC Number": ""

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"CDM DESCRIPTION": "CT HEAD/FAC BONES W/O C AX O-e",

"REV CODE": 359,

"NDC Number": ""

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"CDM NUMBER": 3500265,

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"NDC Number": ""

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"MOD 1": "LT",

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"NDC Number": ""

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"REV CODE": 350,

"CHARGE": "2809.25",

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"CDM NUMBER": 3500370,

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"CDM NUMBER": 3500380,

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"NDC Number": ""

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"CDM NUMBER": 3500386,

"CDM DESCRIPTION": "CT ORB/EAR/SEL/FOS W/WO CONT",

"HCPCS": "70482",

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"CDM NUMBER": 3500394,

"CDM DESCRIPTION": "CT ORB/EAR/SEL/FOS W CONT",

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"CDM NUMBER": 3500399,

"CDM DESCRIPTION": "CT FOR THERAPY GUIDE",

"HCPCS": "77014",

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"CDM NUMBER": 3500400,

"CDM DESCRIPTION": "CT SOFT TISSUE NECK W/WO CONTR",

"HCPCS": "70492",

"REV CODE": 350,

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"CDM NUMBER": 3500410,

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"HCPCS": "70491",

"REV CODE": 350,

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"CDM NUMBER": 3500420,

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"CDM DESCRIPTION": "CT T-SPINE L-SPINE W CONT-e",

"REV CODE": 359,

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"CDM NUMBER": 3500570,

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"REV CODE": 350,

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"CDM DESCRIPTION": "CT T-SPINEL-SPINE W/O CONT-e",

"REV CODE": 359,

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"CDM DESCRIPTION": "CT UPPER EXTR W/WO CONT LT",

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"MOD 1": "LT",

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"NDC Number": ""

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"REV CODE": 350,

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"MOD 1": "RT",

"REV CODE": 350,

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"MOD 1": "LT",

"REV CODE": 350,

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"MOD 1": "RT",

"REV CODE": 350,

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"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 350,

"CHARGE": "2499.75",

"NDC Number": ""

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"CDM NUMBER": 3500620,

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"MOD 1": "RT",

"REV CODE": 350,

"CHARGE": "2675.25",

"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 350,

"CHARGE": "2675.25",

"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 350,

"CHARGE": "2548.25",

"NDC Number": ""

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"REV CODE": 352,

"NDC Number": ""

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"REV CODE": 352,

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"REV CODE": 352,

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"REV CODE": 352,

"NDC Number": ""

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"CDM DESCRIPTION": "CT MAKO PELV/KN RT WO CONT-e",

"REV CODE": 352,

"NDC Number": ""

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"CDM NUMBER": 3500724,

"CDM DESCRIPTION": "CT MAKO H/K/A LT WO CONT X3",

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"MOD 1": "LT",

"REV CODE": 350,

"CHARGE": "7643.75",

"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 350,

"CHARGE": "7643.75",

"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 350,

"CHARGE": "2548.25",

"NDC Number": ""

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 359,

"NDC Number": ""

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"REV CODE": 359,

"NDC Number": ""

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"REV CODE": 359,

"NDC Number": ""

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"REV CODE": 359,

"NDC Number": ""

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"REV CODE": 359,

"NDC Number": ""

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"CDM DESCRIPTION": "CT GUIDED NDL BX RENAL PR RT-e",

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"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

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"REV CODE": 320,

"CHARGE": "816.75",

"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "816.75",

"NDC Number": ""

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"CDM NUMBER": 3610210,

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"NDC Number": ""

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"CDM NUMBER": 3610220,

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

"CHARGE": "522",

"NDC Number": ""

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"HCPCS": "51702",

"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"NDC Number": ""

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"REV CODE": 361,

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"REV CODE": 361,

"CHARGE": "315",

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"REV CODE": 361,

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"NDC Number": ""

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"CHARGE": "5301.75",

"NDC Number": ""

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{

"CDM NUMBER": 3610465,

"CDM DESCRIPTION": "PERCUTANEOUS CHOLECYSTOSTOMY",

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"REV CODE": 361,

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"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 361,

"CHARGE": "1728.25",

"NDC Number": ""

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"HCPCS": "19082",

"REV CODE": 361,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 361,

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"MOD 1": "RT",

"REV CODE": 361,

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"MOD 1": "RT",

"REV CODE": 361,

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"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 361,

"CHARGE": "1729.25",

"NDC Number": ""

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"HCPCS": "19084",

"REV CODE": 361,

"CHARGE": "120.25",

"NDC Number": ""

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"CDM NUMBER": 3610825,

"CDM DESCRIPTION": "BREAST DEVICE PLACEMENT ADD",

"HCPCS": "19286",

"REV CODE": 361,

"CHARGE": "86.75",

"NDC Number": ""

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{

"CDM NUMBER": 3610826,

"CDM DESCRIPTION": "MAMM NEEDLE PLACEMENT RT",

"HCPCS": "19281",

"MOD 1": "RT",

"REV CODE": 361,

"CHARGE": "797.5",

"NDC Number": ""

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{

"CDM NUMBER": 3610827,

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"HCPCS": "19281",

"MOD 1": "LT",

"REV CODE": 361,

"CHARGE": "797.5",

"NDC Number": ""

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"CDM NUMBER": 3610828,

"CDM DESCRIPTION": "MAMM NEEDLE PLACEMENT ADD",

"HCPCS": "19282",

"REV CODE": 361,

"CHARGE": "86.75",

"NDC Number": ""

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"CDM NUMBER": 3610830,

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"MOD 1": "RT",

"REV CODE": 361,

"CHARGE": "1508.75",

"NDC Number": ""

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"CDM NUMBER": 3610831,

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"MOD 1": "LT",

"REV CODE": 361,

"CHARGE": "1508.75",

"NDC Number": ""

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"CDM NUMBER": 3610832,

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"HCPCS": "19086",

"REV CODE": 361,

"CHARGE": "128.5",

"NDC Number": ""

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{

"CDM NUMBER": 3610833,

"CDM DESCRIPTION": "MRI NEEDLE PLACEMENT RT",

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"MOD 1": "RT",

"REV CODE": 361,

"CHARGE": "731.25",

"NDC Number": ""

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{

"CDM NUMBER": 3610834,

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"HCPCS": "19287",

"MOD 1": "LT",

"REV CODE": 361,

"CHARGE": "731.25",

"NDC Number": ""

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"CDM NUMBER": 3610835,

"CDM DESCRIPTION": "MRI NEEDLE PLACEMENT ADD",

"HCPCS": "19288",

"REV CODE": 361,

"CHARGE": "75.5",

"NDC Number": ""

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{

"CDM NUMBER": 3611000,

"CDM DESCRIPTION": "MAMM NEEDLE PLACEMENT RT-e",

"REV CODE": 361,

"NDC Number": ""

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{

"CDM NUMBER": 3611001,

"CDM DESCRIPTION": "MAMM NEEDLE PLACEMENT LT-e",

"REV CODE": 361,

"NDC Number": ""

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"CDM NUMBER": 3611002,

"CDM DESCRIPTION": "MAMM NEEDLE PLACEMENT ADD-e",

"REV CODE": 361,

"NDC Number": ""

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"CDM NUMBER": 3618505,

"CDM DESCRIPTION": "BIOPSY LYMPH NODES PERC",

"HCPCS": "38505",

"REV CODE": 361,

"CHARGE": "1727.75",

"NDC Number": ""

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{

"CDM NUMBER": 3618900,

"CDM DESCRIPTION": "INTRAOPERATIVE MAPPING",

"HCPCS": "38900",

"REV CODE": 361,

"CHARGE": "517",

"NDC Number": ""

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{

"CDM NUMBER": 3619083,

"CDM DESCRIPTION": "PARACENTESIS-RAD",

"HCPCS": "49083",

"REV CODE": 361,

"CHARGE": "766",

"NDC Number": ""

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{

"CDM NUMBER": 3620206,

"CDM DESCRIPTION": "PERCUTANEOUS MUSCLE BX",

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"REV CODE": 361,

"CHARGE": "1728.25",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "REMOVAL FOREIGN BODY",

"HCPCS": "27372",

"REV CODE": 361,

"CHARGE": "2783.25",

"NDC Number": ""

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{

"CDM NUMBER": 3632557,

"CDM DESCRIPTION": "INSERT CATH W/IMAGE",

"HCPCS": "32557",

"REV CODE": 361,

"CHARGE": "1012.25",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "REPLACE PICC CATH",

"HCPCS": "36584",

"REV CODE": 361,

"CHARGE": "1756.75",

"NDC Number": ""

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{

"CDM NUMBER": 3651720,

"CDM DESCRIPTION": "BLADDER INSTIL ANTICARCIN",

"HCPCS": "51720",

"REV CODE": 361,

"CHARGE": "433.75",

"NDC Number": ""

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"CDM DESCRIPTION": "WOUND CARE NEG PRESS >50CM",

"HCPCS": "97606",

"REV CODE": 761,

"CHARGE": "433",

"NDC Number": ""

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{

"CDM NUMBER": 3700100,

"CDM DESCRIPTION": "MODERATE SEDATION 15M ENDO",

"REV CODE": 750,

"CHARGE": "210",

"NDC Number": ""

},

{

"CDM NUMBER": 3700101,

"CDM DESCRIPTION": "ANES ENDO MAC 0-30MINS",

"REV CODE": 750,

"CHARGE": "368",

"NDC Number": ""

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{

"CDM NUMBER": 3700102,

"CDM DESCRIPTION": "ANES ENDO MAC ADDL 15M",

"REV CODE": 750,

"CHARGE": "182",

"NDC Number": ""

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{

"CDM NUMBER": 3700200,

"CDM DESCRIPTION": "ANES SUPPLIES OB 0-30MIN",

"REV CODE": 370,

"CHARGE": "241.5",

"NDC Number": ""

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{

"CDM NUMBER": 3700201,

"CDM DESCRIPTION": "ANES SUPPLIES 0-30 MINS",

"REV CODE": 370,

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"NDC Number": ""

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"REV CODE": 370,

"CHARGE": "124.75",

"NDC Number": ""

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{

"CDM NUMBER": 3700230,

"CDM DESCRIPTION": "ANES SUPPLIES OB 31-60 MIN",

"REV CODE": 370,

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"NDC Number": ""

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{

"CDM NUMBER": 3700240,

"CDM DESCRIPTION": "ANES SUPPLIES OB 61-90 MIN",

"REV CODE": 370,

"CHARGE": "272.5",

"NDC Number": ""

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{

"CDM NUMBER": 3700250,

"CDM DESCRIPTION": "ANES SUPPLIES OB 91-120 MIN",

"REV CODE": 370,

"CHARGE": "285.75",

"NDC Number": ""

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{

"CDM NUMBER": 3700260,

"CDM DESCRIPTION": "ANES SUPPLIES OB 121 & >MIN",

"REV CODE": 370,

"CHARGE": "359.25",

"NDC Number": ""

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{

"CDM NUMBER": 3700270,

"CDM DESCRIPTION": "ANES OB GENERAL 0-30MINS",

"REV CODE": 370,

"CHARGE": "535.5",

"NDC Number": ""

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{

"CDM NUMBER": 3700271,

"CDM DESCRIPTION": "ANES OB GENERAL ADDL 15MINS",

"REV CODE": 370,

"CHARGE": "267.75",

"NDC Number": ""

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{

"CDM NUMBER": 3700272,

"CDM DESCRIPTION": "ANES OB SPINAL/EPIDURAL OCC",

"REV CODE": 370,

"CHARGE": "472.5",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "ANES OB REGIONAL BLOCK OCC",

"REV CODE": 370,

"CHARGE": "367.5",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "ANES OB GAS PER 30 MINS",

"REV CODE": 250,

"CHARGE": "78.75",

"NDC Number": ""

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{

"CDM NUMBER": 3700275,

"CDM DESCRIPTION": "ANES OB MAC 0-30MINS",

"REV CODE": 370,

"CHARGE": "368",

"NDC Number": ""

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{

"CDM NUMBER": 3700276,

"CDM DESCRIPTION": "ANES OB MAC ADDL 15 MINS",

"REV CODE": 370,

"CHARGE": "184",

"NDC Number": ""

},

{

"CDM NUMBER": 3700300,

"CDM DESCRIPTION": "ANES GENERAL 0-30 MINS",

"REV CODE": 370,

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"NDC Number": ""

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"CDM DESCRIPTION": "ANES GENERAL EA ADDL 15M",

"REV CODE": 370,

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"NDC Number": ""

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{

"CDM NUMBER": 3700302,

"CDM DESCRIPTION": "ANES MAC 0-30 MINS",

"REV CODE": 370,

"CHARGE": "368",

"NDC Number": ""

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"CDM NUMBER": 3700303,

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"REV CODE": 370,

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"NDC Number": ""

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{

"CDM NUMBER": 3700304,

"CDM DESCRIPTION": "ANES SPINAL/EPIDURAL PER OCC",

"REV CODE": 370,

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"NDC Number": ""

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"REV CODE": 370,

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"NDC Number": ""

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{

"CDM NUMBER": 3700306,

"CDM DESCRIPTION": "MODERATE SEDATION 15M SURG",

"REV CODE": 360,

"CHARGE": "210",

"NDC Number": ""

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{

"CDM NUMBER": 3700307,

"CDM DESCRIPTION": "LOCAL NURSE MONITORING SUR",

"REV CODE": 360,

"CHARGE": "157.5",

"NDC Number": ""

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{

"CDM NUMBER": 3700308,

"CDM DESCRIPTION": "ANESTHESIA GAS PER 30 MINS",

"REV CODE": 250,

"CHARGE": "78.75",

"NDC Number": ""

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{

"CDM NUMBER": 3700511,

"CDM DESCRIPTION": "SPINAL/EPIDURAL ANES",

"REV CODE": 370,

"CHARGE": "220",

"NDC Number": ""

},

{

"CDM NUMBER": 3700600,

"CDM DESCRIPTION": "ANESTHESIA FOR MRI",

"HCPCS": "1922",

"REV CODE": 370,

"CHARGE": "260.5",

"NDC Number": ""

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{

"CDM NUMBER": 3800041,

"CDM DESCRIPTION": "CRYOPRECIPITATE POOL 5 UNITS",

"HCPCS": "P9012",

"REV CODE": 387,

"CHARGE": "1432",

"NDC Number": ""

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{

"CDM NUMBER": 3800080,

"CDM DESCRIPTION": "FRESH FROZEN PLASMA THAW-PAN-e",

"REV CODE": 305,

"NDC Number": ""

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{

"CDM NUMBER": 3800081,

"CDM DESCRIPTION": "FRESH FROZEN PLASMA PRODUCT",

"HCPCS": "P9017",

"REV CODE": 390,

"CHARGE": "266.25",

"NDC Number": ""

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{

"CDM NUMBER": 3800082,

"CDM DESCRIPTION": "FRESH FROZEN PLASMA THAWING",

"HCPCS": "86927",

"REV CODE": 305,

"CHARGE": "272.5",

"NDC Number": ""

},

{

"CDM NUMBER": 3900085,

"CDM DESCRIPTION": "PLATELETS PHERESIS LEUK REDU E",

"HCPCS": "P9035",

"REV CODE": 390,

"CHARGE": "1717.75",

"NDC Number": ""

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"CDM NUMBER": 3900087,

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"REV CODE": 390,

"CHARGE": "1565",

"NDC Number": ""

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{

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"CHARGE": "1300.75",

"NDC Number": ""

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{

"CDM NUMBER": 3900091,

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"REV CODE": 390,

"CHARGE": "1431",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "TYPE AND SCREEN-e",

"REV CODE": 300,

"NDC Number": ""

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{

"CDM NUMBER": 3900351,

"CDM DESCRIPTION": "TYPE AND SCREEN W/IN OB PANEL",

"REV CODE": 300,

"CHARGE": "0",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "BLOOD TRANSFUSION-PCU",

"HCPCS": "36430",

"REV CODE": 391,

"CHARGE": "1971.5",

"NDC Number": ""

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{

"CDM NUMBER": 3910127,

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"HCPCS": "36430",

"REV CODE": 391,

"CHARGE": "1971.5",

"NDC Number": ""

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"CDM NUMBER": 3910128,

"CDM DESCRIPTION": "BLOOD TRANSFUSION-AC",

"HCPCS": "36430",

"REV CODE": 391,

"CHARGE": "1971.5",

"NDC Number": ""

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{

"CDM NUMBER": 3910129,

"CDM DESCRIPTION": "BLOOD TRANSFUSION-2N",

"HCPCS": "36430",

"REV CODE": 391,

"CHARGE": "1971.5",

"NDC Number": ""

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"HCPCS": "36430",

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"NDC Number": ""

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"REV CODE": 391,

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"NDC Number": ""

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"REV CODE": 320,

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"REV CODE": 402,

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"REV CODE": 402,

"CHARGE": "1385.25",

"NDC Number": ""

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"CDM DESCRIPTION": "DUCTOGRAM MAMM MULTIDUCT PRO-e",

"REV CODE": 401,

"NDC Number": ""

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"CDM NUMBER": 4000039,

"CDM DESCRIPTION": "US ABDOMEN/RENAL-e",

"REV CODE": 402,

"NDC Number": ""

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"CDM NUMBER": 4000040,

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"REV CODE": 402,

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"NDC Number": ""

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"REV CODE": 402,

"CHARGE": "1383.75",

"NDC Number": ""

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"REV CODE": 320,

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"NDC Number": ""

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"REV CODE": 401,

"NDC Number": ""

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"REV CODE": 402,

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"MOD 1": "RT",

"REV CODE": 361,

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"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 361,

"CHARGE": "715.5",

"NDC Number": ""

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"REV CODE": 402,

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"NDC Number": ""

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"HCPCS": "76819",

"REV CODE": 402,

"CHARGE": "1835.25",

"NDC Number": ""

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"CDM NUMBER": 4000072,

"CDM DESCRIPTION": "US BIOPHYS WO NONST & TV-e",

"REV CODE": 402,

"NDC Number": ""

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{

"CDM NUMBER": 4000073,

"CDM DESCRIPTION": "DOPPLER UMBILICAL ARTERY",

"HCPCS": "76820",

"REV CODE": 402,

"CHARGE": "1835.25",

"NDC Number": ""

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{

"CDM NUMBER": 4000086,

"CDM DESCRIPTION": "ULTRASOUND GUIDE FOR NEEDLE BX",

"HCPCS": "76942",

"REV CODE": 402,

"CHARGE": "1512.5",

"NDC Number": ""

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"CDM NUMBER": 4000089,

"CDM DESCRIPTION": "ULTRASOUND GUIDANCE INTRAOPERT",

"HCPCS": "76998",

"REV CODE": 402,

"CHARGE": "473",

"NDC Number": ""

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{

"CDM NUMBER": 4000091,

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"HCPCS": "76857",

"REV CODE": 402,

"CHARGE": "1429.75",

"NDC Number": ""

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"CDM NUMBER": 4000092,

"CDM DESCRIPTION": "ULTRASOUND DUP SC EXT VEIN UNI",

"HCPCS": "93971",

"REV CODE": 921,

"CHARGE": "831.25",

"NDC Number": ""

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"CDM NUMBER": 4000093,

"CDM DESCRIPTION": "ULTRASOUND DOPPLER CAROTID BIL",

"HCPCS": "93880",

"REV CODE": 921,

"CHARGE": "1215",

"NDC Number": ""

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"CDM NUMBER": 4000094,

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"HCPCS": "93882",

"REV CODE": 921,

"CHARGE": "759.75",

"NDC Number": ""

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"CDM NUMBER": 4000095,

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"REV CODE": 921,

"CHARGE": "1054.25",

"NDC Number": ""

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"CDM NUMBER": 4000101,

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"MOD 1": "50",

"REV CODE": 402,

"CHARGE": "2173",

"NDC Number": ""

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{

"CDM NUMBER": 4000102,

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"MOD 1": "LT",

"REV CODE": 402,

"CHARGE": "1086",

"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 402,

"CHARGE": "1086",

"NDC Number": ""

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"MOD 1": "50",

"REV CODE": 402,

"CHARGE": "2089",

"NDC Number": ""

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"MOD 1": "LT",

"REV CODE": 402,

"CHARGE": "1044.25",

"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 402,

"CHARGE": "1044.25",

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"CDM NUMBER": 4000122,

"CDM DESCRIPTION": "DUPLEX ARTERIAL FLOW; COMPL",

"HCPCS": "93975",

"REV CODE": 921,

"CHARGE": "801.5",

"NDC Number": ""

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"REV CODE": 921,

"CHARGE": "533.75",

"NDC Number": ""

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"CDM NUMBER": 4000124,

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"REV CODE": 921,

"CHARGE": "615.25",

"NDC Number": ""

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"CDM NUMBER": 4000125,

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"REV CODE": 921,

"CHARGE": "682.5",

"NDC Number": ""

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{

"CDM NUMBER": 4000126,

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"REV CODE": 921,

"CHARGE": "554",

"NDC Number": ""

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{

"CDM NUMBER": 4000127,

"CDM DESCRIPTION": "ULTRASOUND DUP SCAN LWR EXT BI",

"HCPCS": "93925",

"REV CODE": 921,

"CHARGE": "1158.5",

"NDC Number": ""

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{

"CDM NUMBER": 4000128,

"CDM DESCRIPTION": "ULTRASOUND DUP SCAN UP EXT BIL",

"HCPCS": "93930",

"REV CODE": 921,

"CHARGE": "890.5",

"NDC Number": ""

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{

"CDM NUMBER": 4000129,

"CDM DESCRIPTION": "ULTRASOUND ARTERIAL AORTA",

"HCPCS": "93978",

"REV CODE": 921,

"CHARGE": "801.5",

"NDC Number": ""

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{

"CDM NUMBER": 4000130,

"CDM DESCRIPTION": "ULTRASOUND CHEST",

"HCPCS": "76604",

"REV CODE": 402,

"CHARGE": "1382.75",

"NDC Number": ""

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"CDM NUMBER": 4000205,

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"HCPCS": "76506",

"REV CODE": 402,

"CHARGE": "1497.5",

"NDC Number": ""

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{

"CDM NUMBER": 4000210,

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"HCPCS": "76882",

"REV CODE": 402,

"CHARGE": "1231.5",

"NDC Number": ""

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"CDM NUMBER": 4000211,

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"HCPCS": "76881",

"REV CODE": 402,

"CHARGE": "1243.5",

"NDC Number": ""

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{

"CDM NUMBER": 4000251,

"CDM DESCRIPTION": "ULTRASOUND GUIDANCE-VASC ACCES",

"HCPCS": "76937",

"REV CODE": 402,

"CHARGE": "1213.5",

"NDC Number": ""

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"HCPCS": "76886",

"REV CODE": 402,

"CHARGE": "534.75",

"NDC Number": ""

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"CDM NUMBER": 4000280,

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"HCPCS": "76815",

"REV CODE": 402,

"CHARGE": "1410.75",

"NDC Number": ""

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{

"CDM NUMBER": 4000281,

"CDM DESCRIPTION": "ULTRASOUND OB FOLLOW UP/FETUS",

"HCPCS": "76816",

"REV CODE": 402,

"CHARGE": "1410.75",

"NDC Number": ""

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"CDM NUMBER": 4000288,

"CDM DESCRIPTION": "US EARLY OB WITH TV-e",

"REV CODE": 402,

"NDC Number": ""

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{

"CDM NUMBER": 4000292,

"CDM DESCRIPTION": "ULTRASOUND OB COMP < 14 WE",

"HCPCS": "76801",

"REV CODE": 402,

"CHARGE": "1662.5",

"NDC Number": ""

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"CDM NUMBER": 4000293,

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"HCPCS": "76802",

"REV CODE": 402,

"CHARGE": "222.5",

"NDC Number": ""

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"HCPCS": "76805",

"REV CODE": 402,

"CHARGE": "1828.5",

"NDC Number": ""

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"CDM NUMBER": 4000297,

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"HCPCS": "76810",

"REV CODE": 402,

"CHARGE": "329.25",

"NDC Number": ""

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"HCPCS": "76856",

"REV CODE": 402,

"CHARGE": "1727.75",

"NDC Number": ""

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{

"CDM NUMBER": 4000350,

"CDM DESCRIPTION": "ULTRASOUND RETROPERITONEAL",

"HCPCS": "76770",

"REV CODE": 402,

"CHARGE": "1383.75",

"NDC Number": ""

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{

"CDM NUMBER": 4000402,

"CDM DESCRIPTION": "ULTRASOUND SPINAL CANAL INFANT",

"HCPCS": "76800",

"REV CODE": 402,

"CHARGE": "1214.25",

"NDC Number": ""

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"CDM NUMBER": 4000410,

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"HCPCS": "76870",

"REV CODE": 402,

"CHARGE": "2115.5",

"NDC Number": ""

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{

"CDM NUMBER": 4000430,

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"HCPCS": "76536",

"REV CODE": 402,

"CHARGE": "1733.5",

"NDC Number": ""

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{

"CDM NUMBER": 4000450,

"CDM DESCRIPTION": "ULTRASOUND TRANSRECTAL/PROSTA",

"HCPCS": "76872",

"REV CODE": 402,

"CHARGE": "1583.75",

"NDC Number": ""

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{

"CDM NUMBER": 4000470,

"CDM DESCRIPTION": "ULTRASOUND NON-OB TRANSVAGINAL",

"HCPCS": "76830",

"REV CODE": 402,

"CHARGE": "1248",

"NDC Number": ""

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"CDM NUMBER": 4000471,

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"HCPCS": "76817",

"REV CODE": 402,

"CHARGE": "1188.75",

"NDC Number": ""

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"HCPCS": "77063",

"REV CODE": 403,

"CHARGE": "65.25",

"NDC Number": ""

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"CDM NUMBER": 4010003,

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"HCPCS": "77063",

"MOD 1": "52",

"REV CODE": 403,

"CHARGE": "65.25",

"NDC Number": ""

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"CDM NUMBER": 4010005,

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"REV CODE": 403,

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"CDM NUMBER": 4010010,

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"MOD 1": "LT",

"REV CODE": 401,

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"REV CODE": 401,

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"CDM DESCRIPTION": "MAMM POST-PROCEDURE NO CHG",

"REV CODE": 401,

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"NDC Number": ""

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"CDM NUMBER": 4010020,

"CDM DESCRIPTION": "MAMM DIAG RT CALL BACK",

"REV CODE": 401,

"CHARGE": "0",

"NDC Number": ""

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"REV CODE": 401,

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"NDC Number": ""

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"MOD 1": "52",

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"NDC Number": ""

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"HCPCS": "G0279",

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"MOD 2": "GG",

"REV CODE": 401,

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"NDC Number": ""

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"CHARGE": "654.25",

"NDC Number": ""

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{

"CDM NUMBER": 4010043,

"CDM DESCRIPTION": "MAMM UNI DIAG LT W GG",

"HCPCS": "77065",

"MOD 1": "LT",

"MOD 2": "GG",

"REV CODE": 401,

"CHARGE": "573.25",

"NDC Number": ""

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"CDM NUMBER": 4010044,

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"NDC Number": ""

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"CDM NUMBER": 4010045,

"CDM DESCRIPTION": "MAMM BIL SCR W BIL DIAG-e",

"REV CODE": 403,

"NDC Number": ""

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{

"CDM NUMBER": 4010046,

"CDM DESCRIPTION": "MAMM BIL SCR W LT DIAG-e",

"REV CODE": 401,

"NDC Number": ""

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"CDM NUMBER": 4010047,

"CDM DESCRIPTION": "MAMM BIL SCR W RT DIAG-e",

"REV CODE": 401,

"NDC Number": ""

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"CDM NUMBER": 4010057,

"CDM DESCRIPTION": "TOMO UNI DIAG RT W GG",

"HCPCS": "77065",

"MOD 1": "RT",

"MOD 2": "GG",

"REV CODE": 401,

"CHARGE": "573.25",

"NDC Number": ""

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"REV CODE": 403,

"NDC Number": ""

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"REV CODE": 403,

"NDC Number": ""

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"CDM NUMBER": 4010072,

"CDM DESCRIPTION": "MAMM BIL SCR/RT DIAG 3D-e",

"REV CODE": 403,

"NDC Number": ""

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"CDM NUMBER": 4010081,

"CDM DESCRIPTION": "MAMM UNI DIAG LT 3D-e",

"REV CODE": 401,

"NDC Number": ""

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"CDM NUMBER": 4010083,

"CDM DESCRIPTION": "MAMM UNI DIAG RT 3D-e",

"REV CODE": 401,

"NDC Number": ""

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{

"CDM NUMBER": 4010085,

"CDM DESCRIPTION": "MAMM BIL DIAG 3D-e",

"REV CODE": 401,

"NDC Number": ""

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{

"CDM NUMBER": 4010091,

"CDM DESCRIPTION": "MAMM BIL SCREEN 3D-e",

"REV CODE": 403,

"NDC Number": ""

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{

"CDM NUMBER": 4010093,

"CDM DESCRIPTION": "MAMM UNI SCREEN 3D-e",

"REV CODE": 403,

"NDC Number": ""

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"CDM NUMBER": 4010095,

"CDM DESCRIPTION": "MAMM UNI SCREEN RT 3D-e",

"REV CODE": 403,

"NDC Number": ""

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{

"CDM NUMBER": 4040100,

"CDM DESCRIPTION": "PET IMAGE-BRAIN IMAGING",

"HCPCS": "78608",

"REV CODE": 404,

"CHARGE": "7526.75",

"NDC Number": ""

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{

"CDM NUMBER": 4040110,

"CDM DESCRIPTION": "PET HEART MUSCLE IMAGE",

"HCPCS": "78459",

"REV CODE": 404,

"CHARGE": "6169.25",

"NDC Number": ""

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{

"CDM NUMBER": 4040115,

"CDM DESCRIPTION": "PET IMAGE-HEART IMAGE MULTIPLE",

"HCPCS": "78492",

"REV CODE": 404,

"CHARGE": "4812.25",

"NDC Number": ""

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{

"CDM NUMBER": 4040116,

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"REV CODE": 404,

"CHARGE": "4812.25",

"NDC Number": ""

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{

"CDM NUMBER": 4040126,

"CDM DESCRIPTION": "PET/CT IMAGING SKULL-THIGH",

"HCPCS": "78815",

"REV CODE": 404,

"CHARGE": "7648.25",

"NDC Number": ""

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{

"CDM NUMBER": 4040127,

"CDM DESCRIPTION": "PET/CT IMAGING FULL BODY",

"HCPCS": "78816",

"REV CODE": 404,

"CHARGE": "7920.75",

"NDC Number": ""

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{

"CDM NUMBER": 4100015,

"CDM DESCRIPTION": "LEVEL 1 VISIT EST-CARDIO",

"HCPCS": "99211",

"REV CODE": 510,

"CHARGE": "250.75",

"NDC Number": ""

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{

"CDM NUMBER": 4100250,

"CDM DESCRIPTION": "AEROCHAMBER INHALER",

"REV CODE": 250,

"CHARGE": "54.5",

"NDC Number": ""

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{

"CDM NUMBER": 4100350,

"CDM DESCRIPTION": "COLLECTION SPUTUM SPECIMEN",

"HCPCS": "89220",

"REV CODE": 306,

"CHARGE": "181",

"NDC Number": ""

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{

"CDM NUMBER": 4100400,

"CDM DESCRIPTION": "BACTERIA FILTER",

"REV CODE": 270,

"CHARGE": "41.25",

"NDC Number": ""

},

{

"CDM NUMBER": 4100410,

"CDM DESCRIPTION": "OXYGEN CANNULA OR MASK",

"REV CODE": 270,

"CHARGE": "0",

"NDC Number": ""

},

{

"CDM NUMBER": 4100415,

"CDM DESCRIPTION": "BIPAP INITIAL & MANAGEMENT",

"HCPCS": "94660",

"REV CODE": 410,

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"NDC Number": ""

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"CDM DESCRIPTION": "CARDIAC MONITOR",

"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "CONT POSTIVE AIRWAY PRESSURE",

"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "CONTINUOUS AEROSOL SET UP",

"REV CODE": 270,

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"CDM DESCRIPTION": "AEROSOL MASK",

"REV CODE": 270,

"CHARGE": "203",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "CONTINUOUS PULSE OX-EQUIP",

"HCPCS": "94762",

"REV CODE": 460,

"CHARGE": "596",

"NDC Number": ""

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"REV CODE": 410,

"CHARGE": "217",

"NDC Number": ""

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"CDM NUMBER": 4100490,

"CDM DESCRIPTION": "EXERCISE OXIMETERY",

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"REV CODE": 460,

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"NDC Number": ""

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"CDM NUMBER": 4100493,

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"REV CODE": 460,

"CHARGE": "0",

"NDC Number": ""

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"REV CODE": 270,

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"NDC Number": ""

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"HCPCS": "94799",

"REV CODE": 460,

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"NDC Number": ""

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"REV CODE": 270,

"CHARGE": "98",

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"REV CODE": 410,

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"NDC Number": ""

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"CDM DESCRIPTION": "OXYGEN-NASAL AND MASK SET UP",

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"NDC Number": ""

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"CDM DESCRIPTION": "REBREATHER MASKS",

"REV CODE": 270,

"CHARGE": "170.25",

"NDC Number": ""

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"CDM DESCRIPTION": "NASAL CANNULA",

"REV CODE": 270,

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"NDC Number": ""

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"REV CODE": 270,

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"NDC Number": ""

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"REV CODE": 270,

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"REV CODE": 270,

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"REV CODE": 410,

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"NDC Number": ""

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{

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"CDM DESCRIPTION": "SMOKING CESSATION TEACHING",

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"CDM DESCRIPTION": "STAND BY PER 1/2 HOUR NO CH",

"REV CODE": 270,

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"NDC Number": ""

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"CDM NUMBER": 4100720,

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"REV CODE": 270,

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"NDC Number": ""

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"CDM DESCRIPTION": "VENTILATOR CIRCUIT",

"REV CODE": 270,

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"NDC Number": ""

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"REV CODE": 270,

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"REV CODE": 410,

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"NDC Number": ""

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"CDM DESCRIPTION": "VENTILATOR PER SUBSEQUENT DAY",

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"REV CODE": 410,

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"NDC Number": ""

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"REV CODE": 410,

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 410,

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"NDC Number": ""

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"REV CODE": 410,

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"NDC Number": ""

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"REV CODE": 410,

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"NDC Number": ""

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"REV CODE": 410,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 4101242,

"CDM DESCRIPTION": "INTUBATION ASSIST-NO CHARGE",

"REV CODE": 410,

"CHARGE": "0",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "INVENTORY/STOCKING EA 5 MIN-NC",

"REV CODE": 410,

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"NDC Number": ""

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"NDC Number": ""

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"CDM DESCRIPTION": "TANK GAS EXCHANGE-NO CHARGE",

"REV CODE": 410,

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"NDC Number": ""

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"CDM NUMBER": 4101270,

"CDM DESCRIPTION": "VENTILATOR ADJUSTMENT/CHECK NC",

"REV CODE": 410,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 4101271,

"CDM DESCRIPTION": "VENTILATOR CIRCUIT CHANGE-NC",

"REV CODE": 410,

"CHARGE": "0",

"NDC Number": ""

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"HCPCS": "94799",

"REV CODE": 460,

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"NDC Number": ""

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"HCPCS": "95012",

"REV CODE": 460,

"CHARGE": "86.5",

"NDC Number": ""

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"CDM NUMBER": 4200032,

"CDM DESCRIPTION": "EVAL PT LOW COMPLEX",

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"MOD 1": "GP",

"REV CODE": 424,

"CHARGE": "520.25",

"NDC Number": ""

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"CDM NUMBER": 4200033,

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"HCPCS": "97162",

"MOD 1": "GP",

"REV CODE": 424,

"CHARGE": "520.25",

"NDC Number": ""

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{

"CDM NUMBER": 4200034,

"CDM DESCRIPTION": "EVAL PT HIGH COMPLEX",

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"MOD 1": "GP",

"REV CODE": 424,

"CHARGE": "520.25",

"NDC Number": ""

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"CDM NUMBER": 4200036,

"CDM DESCRIPTION": "REEVALUATION",

"HCPCS": "97164",

"MOD 1": "GP",

"REV CODE": 424,

"CHARGE": "247.25",

"NDC Number": ""

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"CDM NUMBER": 4200091,

"CDM DESCRIPTION": "ELECTRICAL STIM UNATT",

"HCPCS": "97014",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "184.25",

"NDC Number": ""

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"HCPCS": "95992",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "235.25",

"NDC Number": ""

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"CDM NUMBER": 4200100,

"CDM DESCRIPTION": "GAIT/STAIRS TRAINING EA 15MIN",

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"MOD 1": "GP",

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"CHARGE": "154.5",

"NDC Number": ""

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"CDM NUMBER": 4200251,

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"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "140",

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"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "191",

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"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "179.25",

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"CDM NUMBER": 4200313,

"CDM DESCRIPTION": "NEUROMUSCULA REED EA 15MIN",

"HCPCS": "97112",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "247.25",

"NDC Number": ""

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{

"CDM NUMBER": 4200317,

"CDM DESCRIPTION": "ORTHOTICS FAB/FIT/TR EA 15MIN",

"HCPCS": "97760",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "167.5",

"NDC Number": ""

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"CDM NUMBER": 4200330,

"CDM DESCRIPTION": "PHONOPHORESIS EA 15MIN",

"HCPCS": "97035",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "195",

"NDC Number": ""

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"CDM NUMBER": 4200340,

"CDM DESCRIPTION": "PROSTHETIC TRAINING EA 15MIN",

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"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "167.25",

"NDC Number": ""

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"CDM NUMBER": 4200364,

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"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "189",

"NDC Number": ""

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{

"CDM NUMBER": 4200365,

"CDM DESCRIPTION": "THERAPEUTIC CONSULT EA 15MIN",

"REV CODE": 421,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 4200366,

"CDM DESCRIPTION": "THERAPEUTIC ASSIST EA 15MIN",

"REV CODE": 421,

"CHARGE": "0",

"NDC Number": ""

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{

"CDM NUMBER": 4200369,

"CDM DESCRIPTION": "THERAPEUTIC EX/PROC EA 15MIN",

"HCPCS": "97110",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "199.5",

"NDC Number": ""

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"CDM NUMBER": 4200371,

"CDM DESCRIPTION": "TRACTION MECHANICAL",

"HCPCS": "97012",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "206.5",

"NDC Number": ""

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"CDM NUMBER": 4200390,

"CDM DESCRIPTION": "ULTRASOUND/E-STIM EA 15MIN",

"HCPCS": "97035",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "195",

"NDC Number": ""

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"CDM NUMBER": 4200485,

"CDM DESCRIPTION": "WHEELCHAIR TRAINING EA 15MIN",

"HCPCS": "97542",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "154.5",

"NDC Number": ""

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"CDM NUMBER": 4200492,

"CDM DESCRIPTION": "WOUND CARE W/MECH DEBR",

"HCPCS": "97602",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "227",

"NDC Number": ""

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"CDM NUMBER": 4200493,

"CDM DESCRIPTION": "WOUND CARE W/S DEBR < 20CM",

"HCPCS": "97597",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "323.25",

"NDC Number": ""

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{

"CDM NUMBER": 4200494,

"CDM DESCRIPTION": "WOUND CARE W/S DEBR > 20CM",

"HCPCS": "97598",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "202.75",

"NDC Number": ""

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{

"CDM NUMBER": 4200912,

"CDM DESCRIPTION": "BIOFEED TRAINING 1ST 15MIN",

"HCPCS": "90912",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "106",

"NDC Number": ""

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"CDM NUMBER": 4200913,

"CDM DESCRIPTION": "BIOFEED TRAINING EA ADDL 15M",

"HCPCS": "90913",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "43.75",

"NDC Number": ""

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"CDM NUMBER": 4202989,

"CDM DESCRIPTION": "ACTIVITY OF DAILY LIV EA 15MIN",

"HCPCS": "97535",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "197.75",

"NDC Number": ""

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"CDM NUMBER": 4202991,

"CDM DESCRIPTION": "AQUATIC/POOL THERAPY EA 15MIN",

"HCPCS": "97113",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "216.25",

"NDC Number": ""

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"CDM NUMBER": 4203009,

"CDM DESCRIPTION": "ANODYNE THERAPY(INFRARED)",

"HCPCS": "97026",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "33",

"NDC Number": ""

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{

"CDM NUMBER": 4203083,

"CDM DESCRIPTION": "FLUIDOTHERAPY",

"HCPCS": "97022",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "196.5",

"NDC Number": ""

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{

"CDM NUMBER": 4203105,

"CDM DESCRIPTION": "GOLF EVALUATION",

"REV CODE": 424,

"CHARGE": "159.5",

"NDC Number": ""

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{

"CDM NUMBER": 4203130,

"CDM DESCRIPTION": "IONTOPHRESIS EA 15MIN",

"HCPCS": "97033",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "206.5",

"NDC Number": ""

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{

"CDM NUMBER": 4203180,

"CDM DESCRIPTION": "REINTEGRATION TRAINING EA 15M",

"HCPCS": "97537",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "175.75",

"NDC Number": ""

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{

"CDM NUMBER": 4203223,

"CDM DESCRIPTION": "PRE EMPLOYMENT LIFT TEST",

"REV CODE": 420,

"CHARGE": "124",

"NDC Number": ""

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{

"CDM NUMBER": 4203224,

"CDM DESCRIPTION": "PRE EMPLOYMENT SCREEN DETAILED",

"REV CODE": 420,

"CHARGE": "249.75",

"NDC Number": ""

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{

"CDM NUMBER": 4203227,

"CDM DESCRIPTION": "PRE EMPLOYMENT SCREEN G L RR",

"REV CODE": 420,

"CHARGE": "116.25",

"NDC Number": ""

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{

"CDM NUMBER": 4203275,

"CDM DESCRIPTION": "WORK HARDENING FIRST 2HR",

"HCPCS": "97545",

"MOD 1": "GP",

"REV CODE": 420,

"CHARGE": "208",

"NDC Number": ""

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{

"CDM NUMBER": 4203400,

"CDM DESCRIPTION": "ATHLETIC TRAINING BASIC",

"REV CODE": 420,

"CHARGE": "13302",

"NDC Number": ""

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{

"CDM NUMBER": 4203401,

"CDM DESCRIPTION": "ATC STRENGTH & CONDIT COACHING",

"REV CODE": 420,

"CHARGE": "11609.25",

"NDC Number": ""

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{

"CDM NUMBER": 4203410,

"CDM DESCRIPTION": "ATHLETIC TRAINING TOURN COVE",

"REV CODE": 420,

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"NDC Number": ""

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{

"CDM NUMBER": 4203411,

"CDM DESCRIPTION": "ATHLETIC TRAINER COVERAGE 1 HR",

"REV CODE": 420,

"CHARGE": "42.5",

"NDC Number": ""

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{

"CDM NUMBER": 4203510,

"CDM DESCRIPTION": "CONTRAST BATHS EA 15MIN",

"HCPCS": "97034",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "113.25",

"NDC Number": ""

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{

"CDM NUMBER": 4203530,

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"HCPCS": "97010",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "120.5",

"NDC Number": ""

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{

"CDM NUMBER": 4203540,

"CDM DESCRIPTION": "ELECTRICAL STIM ATT EA 15MIN",

"HCPCS": "97032",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "226.25",

"NDC Number": ""

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{

"CDM NUMBER": 4203580,

"CDM DESCRIPTION": "PARAFFIN BATH",

"HCPCS": "97018",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "183.75",

"NDC Number": ""

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{

"CDM NUMBER": 4203600,

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"HCPCS": "97022",

"MOD 1": "GP",

"REV CODE": 421,

"CHARGE": "196.5",

"NDC Number": ""

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{

"CDM NUMBER": 4203615,

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"HCPCS": "97546",

"MOD 1": "GP",

"REV CODE": 420,

"CHARGE": "71",

"NDC Number": ""

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{

"CDM NUMBER": 4203712,

"CDM DESCRIPTION": "PHY THERAPY TRAINING/MONIT-HH",

"REV CODE": 421,

"CHARGE": "3.5",

"NDC Number": ""

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{

"CDM NUMBER": 4300033,

"CDM DESCRIPTION": "SENSORY INTEGRATION EA 15MIN",

"HCPCS": "97533",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "42",

"NDC Number": ""

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{

"CDM NUMBER": 4300201,

"CDM DESCRIPTION": "ACTIVITY OF DAILY LIV EA 15MIN",

"HCPCS": "97535",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "197.75",

"NDC Number": ""

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{

"CDM NUMBER": 4300211,

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"HCPCS": "97113",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "216.25",

"NDC Number": ""

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{

"CDM NUMBER": 4300401,

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"HCPCS": "97129",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "32.75",

"NDC Number": ""

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{

"CDM NUMBER": 4300402,

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"HCPCS": "97130",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "31.25",

"NDC Number": ""

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{

"CDM NUMBER": 4300405,

"CDM DESCRIPTION": "CONTRAST BATHS EA 15MIN",

"HCPCS": "97034",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "113.25",

"NDC Number": ""

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{

"CDM NUMBER": 4300526,

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "226.25",

"NDC Number": ""

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{

"CDM NUMBER": 4300527,

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"HCPCS": "G0283",

"REV CODE": 431,

"CHARGE": "184.25",

"NDC Number": ""

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{

"CDM NUMBER": 4300532,

"CDM DESCRIPTION": "FLUIDOTHERAPY",

"HCPCS": "97022",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "196.5",

"NDC Number": ""

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"HCPCS": "97165",

"MOD 1": "GO",

"REV CODE": 434,

"CHARGE": "520.25",

"NDC Number": ""

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{

"CDM NUMBER": 4300547,

"CDM DESCRIPTION": "EVAL OT MODERATE COMPLEX",

"HCPCS": "97166",

"MOD 1": "GO",

"REV CODE": 434,

"CHARGE": "520.25",

"NDC Number": ""

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{

"CDM NUMBER": 4300548,

"CDM DESCRIPTION": "EVAL OT HIGH COMPLEX",

"HCPCS": "97167",

"MOD 1": "GO",

"REV CODE": 434,

"CHARGE": "520.25",

"NDC Number": ""

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{

"CDM NUMBER": 4300551,

"CDM DESCRIPTION": "THERAPEUTIC ACTIVITY EA 15MIN",

"HCPCS": "97530",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "189",

"NDC Number": ""

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{

"CDM NUMBER": 4300555,

"CDM DESCRIPTION": "GROUP THERAPEUTIC EXER",

"HCPCS": "97150",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "140",

"NDC Number": ""

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{

"CDM NUMBER": 4300601,

"CDM DESCRIPTION": "HOT/COLD PACKS",

"HCPCS": "97010",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "120.5",

"NDC Number": ""

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{

"CDM NUMBER": 4300610,

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"HCPCS": "97033",

"MOD 1": "GO",

"REV CODE": 431,

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"MOD 1": "GO",

"REV CODE": 431,

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"CDM DESCRIPTION": "MASSAGE EA 15MIN",

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"MOD 1": "GO",

"REV CODE": 431,

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"NDC Number": ""

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"CDM NUMBER": 4300660,

"CDM DESCRIPTION": "NEUROMUSCULAR REED EA 15MIN",

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"MOD 1": "GO",

"REV CODE": 431,

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"NDC Number": ""

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"MOD 1": "GO",

"REV CODE": 431,

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"NDC Number": ""

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"CDM DESCRIPTION": "PRE EMPLOYMENT SCREEN",

"REV CODE": 430,

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"CDM NUMBER": 4300710,

"CDM DESCRIPTION": "PHONOPHORESIS EA 15MIN",

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"MOD 1": "GO",

"REV CODE": 431,

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"CDM NUMBER": 4300716,

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"MOD 1": "GO",

"REV CODE": 434,

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"CDM NUMBER": 4300751,

"CDM DESCRIPTION": "ORTHOTICS FAB/IT/TRA EA 15MIN",

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"MOD 1": "GO",

"REV CODE": 431,

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"HCPCS": "97761",

"MOD 1": "GO",

"REV CODE": 431,

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"NDC Number": ""

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"REV CODE": 431,

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"CDM NUMBER": 4300901,

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "195",

"NDC Number": ""

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "199.5",

"NDC Number": ""

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"REV CODE": 431,

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"NDC Number": ""

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "154.5",

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"CDM NUMBER": 4301050,

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "196.5",

"NDC Number": ""

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"CDM NUMBER": 4301065,

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"MOD 1": "GO",

"REV CODE": 430,

"CHARGE": "71",

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "175.75",

"NDC Number": ""

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"MOD 1": "GO",

"REV CODE": 431,

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"NDC Number": ""

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"CDM NUMBER": 4301069,

"CDM DESCRIPTION": "WOUND CARE W/S DEBR > 20CM",

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"MOD 1": "GO",

"REV CODE": 431,

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"NDC Number": ""

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"CDM NUMBER": 4301073,

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"MOD 1": "GO",

"REV CODE": 431,

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"REV CODE": 270,

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"NDC Number": ""

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"CDM NUMBER": 4305441,

"CDM DESCRIPTION": "FUNCTIONAL CAPACITY EA 15MIN",

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "68.75",

"NDC Number": ""

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"CDM NUMBER": 4305954,

"CDM DESCRIPTION": "WORK HARDENING FIRST 2HR",

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"MOD 1": "GO",

"REV CODE": 430,

"CHARGE": "208",

"NDC Number": ""

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"CDM NUMBER": 4308016,

"CDM DESCRIPTION": "EVAL OT LOW COMPLEX-LC",

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"MOD 1": "GO",

"REV CODE": 434,

"CHARGE": "520.25",

"NDC Number": ""

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"CDM NUMBER": 4308017,

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"MOD 1": "GO",

"REV CODE": 434,

"CHARGE": "520.25",

"NDC Number": ""

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"CDM NUMBER": 4308018,

"CDM DESCRIPTION": "EVAL OT HIGH COMPLEX-LC",

"HCPCS": "97167",

"MOD 1": "GO",

"REV CODE": 434,

"CHARGE": "520.25",

"NDC Number": ""

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"CDM NUMBER": 4308020,

"CDM DESCRIPTION": "MANUAL THERAPY EA 15M OT-LC",

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "191",

"NDC Number": ""

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"CDM NUMBER": 4308030,

"CDM DESCRIPTION": "ORTHOTICS FAB/FT/TR 15M OT-LC",

"HCPCS": "97760",

"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "167.5",

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"CDM DESCRIPTION": "REEVALUATION OT-LC",

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"MOD 1": "GO",

"REV CODE": 434,

"CHARGE": "247.25",

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"CDM NUMBER": 4308050,

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"MOD 1": "GO",

"REV CODE": 431,

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"NDC Number": ""

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"CDM NUMBER": 4308055,

"CDM DESCRIPTION": "THERAPEUTIC EX EA 15MIN OT-LC",

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "199.5",

"NDC Number": ""

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"CDM NUMBER": 4308060,

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"REV CODE": 431,

"CHARGE": "0",

"NDC Number": ""

},

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"CDM NUMBER": 4308075,

"CDM DESCRIPTION": "WOUND CARE W/S DEB<20CM OT-LC",

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "323.25",

"NDC Number": ""

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"CDM NUMBER": 4308076,

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"MOD 1": "GO",

"REV CODE": 431,

"CHARGE": "202.75",

"NDC Number": ""

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"REV CODE": 441,

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"NDC Number": ""

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"CDM NUMBER": 4400113,

"CDM DESCRIPTION": "SPEECH SHIA REG EDUC EA 30MIN",

"REV CODE": 441,

"CHARGE": "47.25",

"NDC Number": ""

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"CDM NUMBER": 4400120,

"CDM DESCRIPTION": "SPEECH VIDEO STROBOSCOPY EVAL",

"HCPCS": "31579",

"REV CODE": 441,

"CHARGE": "536.75",

"NDC Number": ""

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"REV CODE": 442,

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"NDC Number": ""

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"CDM NUMBER": 4408302,

"CDM DESCRIPTION": "SPEECH LANGUAGE TREATMENT",

"HCPCS": "92507",

"MOD 1": "GN",

"REV CODE": 441,

"CHARGE": "492.5",

"NDC Number": ""

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"CDM NUMBER": 4408303,

"CDM DESCRIPTION": "SPEECH LANGUAGE TREAT GRP",

"HCPCS": "92508",

"MOD 1": "GN",

"REV CODE": 443,

"CHARGE": "125",

"NDC Number": ""

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"CDM NUMBER": 4408305,

"CDM DESCRIPTION": "SPEECH TX SWALLOWING DYSF",

"HCPCS": "92526",

"MOD 1": "GN",

"REV CODE": 441,

"CHARGE": "492.5",

"NDC Number": ""

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"CDM NUMBER": 4408306,

"CDM DESCRIPTION": "SPEECH SWALLOW ST W/VIDEOFL",

"HCPCS": "70371",

"REV CODE": 320,

"CHARGE": "295.75",

"NDC Number": ""

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"CDM NUMBER": 4408308,

"CDM DESCRIPTION": "SPEECH EVAL OF APHASIA/HOUR",

"HCPCS": "96105",

"MOD 1": "GN",

"REV CODE": 444,

"CHARGE": "563.75",

"NDC Number": ""

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"REV CODE": 441,

"CHARGE": "0",

"NDC Number": ""

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"CDM NUMBER": 4408311,

"CDM DESCRIPTION": "SPEECH VIDEOFLOR SWAL ASSEM",

"HCPCS": "92611",

"MOD 1": "GN",

"REV CODE": 444,

"CHARGE": "464.75",

"NDC Number": ""

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"CDM NUMBER": 4408312,

"CDM DESCRIPTION": "SPEECH SWALLOW ASSESSMENT",

"HCPCS": "92610",

"MOD 1": "GN",

"REV CODE": 444,

"CHARGE": "464.75",

"NDC Number": ""

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"CDM NUMBER": 4408315,

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"MOD 1": "GN",

"REV CODE": 444,

"CHARGE": "464.75",

"NDC Number": ""

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"CDM NUMBER": 4408316,

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"MOD 1": "GN",

"REV CODE": 444,

"CHARGE": "464.75",

"NDC Number": ""

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"CDM NUMBER": 4408317,

"CDM DESCRIPTION": "SPEECH SOUND /LANG EVAL",

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"REV CODE": 444,

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"NDC Number": ""

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"CDM NUMBER": 4408318,

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"REV CODE": 444,

"CHARGE": "464.75",

"NDC Number": ""

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"MOD 1": "GN",

"REV CODE": 441,

"CHARGE": "32.75",

"NDC Number": ""

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"CDM NUMBER": 4408322,

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"HCPCS": "97130",

"MOD 1": "GN",

"REV CODE": 441,

"CHARGE": "31.25",

"NDC Number": ""

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"CDM NUMBER": 4500010,

"CDM DESCRIPTION": "ER ADMIN HEPATITIS B VACC",

"HCPCS": "G0010",

"REV CODE": 450,

"CHARGE": "90.25",

"NDC Number": ""

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{

"CDM NUMBER": 4500011,

"CDM DESCRIPTION": "COVID PFIZER 0.3ML 1ST ADM-ER",

"HCPCS": "0001A",

"REV CODE": 450,

"CHARGE": "36.75",

"NDC Number": ""

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{

"CDM NUMBER": 4500012,

"CDM DESCRIPTION": "COVID PFIZER 0.3ML 2ND ADM-ER",

"HCPCS": "0002A",

"REV CODE": 450,

"CHARGE": "60",

"NDC Number": ""

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{

"CDM NUMBER": 4500013,

"CDM DESCRIPTION": "COVID MODERNA 0.5ML 1ST ADM-ER",

"HCPCS": "0011A",

"REV CODE": 450,

"CHARGE": "36.75",

"NDC Number": ""

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{

"CDM NUMBER": 4500014,

"CDM DESCRIPTION": "COVID MODERNA 0.5ML 2ND ADM-ER",

"HCPCS": "0012A",

"REV CODE": 450,

"CHARGE": "60",

"NDC Number": ""

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{

"CDM NUMBER": 4500177,

"CDM DESCRIPTION": "EXTERNAL PACEMAKER",

"REV CODE": 270,

"CHARGE": "164",

"NDC Number": ""

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{

"CDM NUMBER": 4500239,

"CDM DESCRIPTION": "BAMLANIVIMAB-XXXX INFUSION",

"HCPCS": "M0239",

"REV CODE": 450,

"CHARGE": "733",

"NDC Number": ""

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"CDM NUMBER": 4500300,

"CDM DESCRIPTION": "MINOR NURSING PROC-AC",

"REV CODE": 490,

"CHARGE": "439.75",

"NDC Number": ""

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{

"CDM NUMBER": 4501019,

"CDM DESCRIPTION": "INJ THER/PROPH/DIAG SC/IM-3S",

"HCPCS": "96372",

"REV CODE": 940,

"CHARGE": "154",

"NDC Number": ""

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{

"CDM NUMBER": 4501020,

"CDM DESCRIPTION": "INJ THER/PROPH/DIAG SC/IM-AC",

"HCPCS": "96372",

"REV CODE": 940,

"CHARGE": "154",

"NDC Number": ""

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"CDM NUMBER": 4501021,

"CDM DESCRIPTION": "INJ THER/PROPH/DIAG SC/IM-4S",

"HCPCS": "96372",

"REV CODE": 940,

"CHARGE": "154",

"NDC Number": ""

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"CDM NUMBER": 4501022,

"CDM DESCRIPTION": "INJ THER/PROPH/DIAG SC/IM-4W",

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"REV CODE": 940,

"CHARGE": "154",

"NDC Number": ""

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"CDM NUMBER": 4501024,

"CDM DESCRIPTION": "INJ THER/PROPH/DIAG SC/IM-2N",

"HCPCS": "96372",

"REV CODE": 940,

"CHARGE": "154",

"NDC Number": ""

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"CDM NUMBER": 4501025,

"CDM DESCRIPTION": "INJ THER/PROPH/DIAG SC/IM-INF",

"HCPCS": "96372",

"REV CODE": 940,

"CHARGE": "154",

"NDC Number": ""

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{

"CDM NUMBER": 4501039,

"CDM DESCRIPTION": "INJ THER/PROPH/DIAG SC/IM-ICU",

"HCPCS": "96372",

"REV CODE": 940,

"CHARGE": "154",

"NDC Number": ""

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"CDM NUMBER": 4501041,

"CDM DESCRIPTION": "INJ THER/PROPH/DIAG SC/IM-PCU",

"HCPCS": "96372",

"REV CODE": 940,

"CHARGE": "154",

"NDC Number": ""

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"CDM NUMBER": 4509104,

"CDM DESCRIPTION": "ER APPLIC LONG ARM SPLINT",

"HCPCS": "29105",

"REV CODE": 450,

"CHARGE": "657",

"NDC Number": ""

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{

"CDM NUMBER": 4509124,

"CDM DESCRIPTION": "ER APPLIC SHORT ARM SPLINT",

"HCPCS": "29125",

"REV CODE": 450,

"CHARGE": "616.25",

"NDC Number": ""

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{

"CDM NUMBER": 4509505,

"CDM DESCRIPTION": "ER APPLIC LONG LEG SPLINT",

"HCPCS": "29505",

"REV CODE": 450,

"CHARGE": "764.25",

"NDC Number": ""

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{

"CDM NUMBER": 4509515,

"CDM DESCRIPTION": "ER APPLIC SHORT LEG SPLINT",

"HCPCS": "29515",

"REV CODE": 450,

"CHARGE": "637",

"NDC Number": ""

},

{

"CDM NUMBER": 4509612,

"CDM DESCRIPTION": "ER CATH FOR COLLECTION OF SPEC",

"HCPCS": "P9612",

"REV CODE": 300,

"CHARGE": "41.25",

"NDC Number": ""

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{

"CDM NUMBER": 4510021,

"CDM DESCRIPTION": "ER FNA W/O IMAGE",

"HCPCS": "10021",

"REV CODE": 450,

"CHARGE": "466.5",

"NDC Number": ""

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{

"CDM NUMBER": 4510060,

"CDM DESCRIPTION": "ER I&D ABSCESS SIMPLE/SINGLE",

"HCPCS": "10060",

"REV CODE": 450,

"CHARGE": "1099",

"NDC Number": ""

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{

"CDM NUMBER": 4510061,

"CDM DESCRIPTION": "ER DRAINAGE OF SKIN ABSCESS",

"HCPCS": "10061",

"REV CODE": 450,

"CHARGE": "1154",

"NDC Number": ""

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{

"CDM NUMBER": 4510080,

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"HCPCS": "10080",

"REV CODE": 450,

"CHARGE": "1712.25",

"NDC Number": ""

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{

"CDM NUMBER": 4510120,

"CDM DESCRIPTION": "ER FB REMOVAL SUB-Q SIMPLE",

"HCPCS": "10120",

"REV CODE": 450,

"CHARGE": "395.75",

"NDC Number": ""

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{

"CDM NUMBER": 4510140,

"CDM DESCRIPTION": "ER I&D HEMATOMA SIMPLE",

"HCPCS": "10140",

"REV CODE": 450,

"CHARGE": "3234.75",

"NDC Number": ""

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{

"CDM NUMBER": 4510160,

"CDM DESCRIPTION": "ER PUNCTURE ASPIRATION ABSCESS",

"HCPCS": "10160",

"REV CODE": 450,

"CHARGE": "433",

"NDC Number": ""

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{

"CDM NUMBER": 4510180,

"CDM DESCRIPTION": "ER I&D COMPLEX POST WND INFEC",

"HCPCS": "10180",

"REV CODE": 450,

"CHARGE": "3177.75",

"NDC Number": ""

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{

"CDM NUMBER": 4511200,

"CDM DESCRIPTION": "ER REMOVAL OF SKIN TAGS",

"HCPCS": "11200",

"REV CODE": 450,

"CHARGE": "227",

"NDC Number": ""

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{

"CDM NUMBER": 4511442,

"CDM DESCRIPTION": "ER EXC LESION FACE 1.1-2CM",

"HCPCS": "11442",

"REV CODE": 450,

"CHARGE": "1466.25",

"NDC Number": ""

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{

"CDM NUMBER": 4511730,

"CDM DESCRIPTION": "ER AVUL NAIL PLATE SIMPLE",

"HCPCS": "11730",

"REV CODE": 450,

"CHARGE": "251.5",

"NDC Number": ""

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{

"CDM NUMBER": 4511740,

"CDM DESCRIPTION": "ER EVACUATION OF SUBUNGUAL HEM",

"HCPCS": "11740",

"REV CODE": 450,

"CHARGE": "298.75",

"NDC Number": ""

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{

"CDM NUMBER": 4511750,

"CDM DESCRIPTION": "ER NAIL BED EXC PART/COMPLETE",

"HCPCS": "11750",

"REV CODE": 450,

"CHARGE": "923.25",

"NDC Number": ""

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{

"CDM NUMBER": 4511760,

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"HCPCS": "11760",

"REV CODE": 450,

"CHARGE": "1238.75",

"NDC Number": ""

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{

"CDM NUMBER": 4511765,

"CDM DESCRIPTION": "ER WEDGE EXC NAIL FOLD",

"HCPCS": "11765",

"REV CODE": 450,

"CHARGE": "433",

"NDC Number": ""

},

{

"CDM NUMBER": 4511982,

"CDM DESCRIPTION": "ER REMOVE DRUG IMPLANT",

"HCPCS": "11982",

"REV CODE": 450,

"CHARGE": "390.25",

"NDC Number": ""

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{

"CDM NUMBER": 4512001,

"CDM DESCRIPTION": "ER WOUND REPAIR SIM 2.5/LESS",

"HCPCS": "12001",

"REV CODE": 450,

"CHARGE": "637",

"NDC Number": ""

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"CDM NUMBER": 4512002,

"CDM DESCRIPTION": "ER SIMPLE REPAIR 2.6 TO 7.5 CM",

"HCPCS": "12002",

"REV CODE": 450,

"CHARGE": "688.25",

"NDC Number": ""

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{

"CDM NUMBER": 4512004,

"CDM DESCRIPTION": "ER WOUND REPAIR 7.6-12.5CM",

"HCPCS": "12004",

"REV CODE": 450,

"CHARGE": "702.5",

"NDC Number": ""

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{

"CDM NUMBER": 4512005,

"CDM DESCRIPTION": "ER WOUND REPAIR 12.6-20.0CM",

"HCPCS": "12005",

"REV CODE": 450,

"CHARGE": "737.25",

"NDC Number": ""

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{

"CDM NUMBER": 4512006,

"CDM DESCRIPTION": "ER WOUND REPAIR 20.1 - 30 CM",

"HCPCS": "12006",

"REV CODE": 450,

"CHARGE": "774.25",

"NDC Number": ""

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{

"CDM NUMBER": 4512011,

"CDM DESCRIPTION": "ER WOUND REPAIR 2.5CM/LESS",

"HCPCS": "12011",

"REV CODE": 450,

"CHARGE": "637",

"NDC Number": ""

},

{

"CDM NUMBER": 4512013,

"CDM DESCRIPTION": "ER SIMPL REPR FACE/ETC 2.6CM",

"HCPCS": "12013",

"REV CODE": 450,

"CHARGE": "669",

"NDC Number": ""

},

{

"CDM NUMBER": 4512014,

"CDM DESCRIPTION": "ER SIMPL REPR FACE/ETC 5.17.5",

"HCPCS": "12014",

"REV CODE": 450,

"CHARGE": "702.5",

"NDC Number": ""

},

{

"CDM NUMBER": 4512015,

"CDM DESCRIPTION": "ER WOUND REPAIR 7.6-12.5CM",

"HCPCS": "12015",

"REV CODE": 450,

"CHARGE": "737.25",

"NDC Number": ""

},

{

"CDM NUMBER": 4512016,

"CDM DESCRIPTION": "ER SIMPL REPR FACE/ 12.6-20 CM",

"HCPCS": "12016",

"REV CODE": 450,

"CHARGE": "774.25",

"NDC Number": ""

},

{

"CDM NUMBER": 4512020,

"CDM DESCRIPTION": "ER TRTMENT WOUND FACE CLOSURE",

"HCPCS": "12020",

"REV CODE": 450,

"CHARGE": "726.5",

"NDC Number": ""

},

{

"CDM NUMBER": 4512031,

"CDM DESCRIPTION": "ER WOUND REP INTERMED 2.5/LESS",

"HCPCS": "12031",

"REV CODE": 450,

"CHARGE": "414.75",

"NDC Number": ""

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"CDM NUMBER": 4512032,

"CDM DESCRIPTION": "ER WOUND REP INTERM 2.6-7.5CM",

"HCPCS": "12032",

"REV CODE": 450,

"CHARGE": "853.75",

"NDC Number": ""

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{

"CDM NUMBER": 4512034,

"CDM DESCRIPTION": "ER REPAIR 7.6 cm to 12.5 cm",

"HCPCS": "12034",

"REV CODE": 450,

"CHARGE": "896.5",

"NDC Number": ""

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"CDM NUMBER": 4512035,

"CDM DESCRIPTION": "ER REPAIR 12.6 CM TO 20.0 CM",

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"REV CODE": 450,

"CHARGE": "941",

"NDC Number": ""

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"CDM NUMBER": 4512041,

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"HCPCS": "12041",

"REV CODE": 450,

"CHARGE": "1581",

"NDC Number": ""

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{

"CDM NUMBER": 4512042,

"CDM DESCRIPTION": "ER WOUND REP INTER 2.6-7.5CM",

"HCPCS": "12042",

"REV CODE": 450,

"CHARGE": "1915.75",

"NDC Number": ""

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"CDM NUMBER": 4512044,

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"HCPCS": "12044",

"REV CODE": 450,

"CHARGE": "670.75",

"NDC Number": ""

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"CDM NUMBER": 4512051,

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"HCPCS": "12051",

"REV CODE": 450,

"CHARGE": "460",

"NDC Number": ""

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"CDM NUMBER": 4512052,

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"HCPCS": "12052",

"REV CODE": 450,

"CHARGE": "461.25",

"NDC Number": ""

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{

"CDM NUMBER": 4512054,

"CDM DESCRIPTION": "ER LYR CLOSE FACE 7.6-12.5CM",

"HCPCS": "12054",

"REV CODE": 450,

"CHARGE": "2937.75",

"NDC Number": ""

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"CDM NUMBER": 4513120,

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"HCPCS": "13120",

"REV CODE": 450,

"CHARGE": "1172.25",

"NDC Number": ""

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"CDM NUMBER": 4513121,

"CDM DESCRIPTION": "ER REPAIR OF WOUND OR LESION",

"HCPCS": "13121",

"REV CODE": 450,

"CHARGE": "2703",

"NDC Number": ""

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"CDM NUMBER": 4513122,

"CDM DESCRIPTION": "ER REPAIR WOUND/LESION ADD-ON",

"HCPCS": "13122",

"REV CODE": 450,

"CHARGE": "1318.5",

"NDC Number": ""

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"CDM NUMBER": 4513131,

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"HCPCS": "13131",

"REV CODE": 450,

"CHARGE": "1038",

"NDC Number": ""

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"CDM NUMBER": 4513132,

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"HCPCS": "13132",

"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4513133,

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"HCPCS": "13133",

"REV CODE": 450,

"CHARGE": "1372",

"NDC Number": ""

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"CDM NUMBER": 4513151,

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"HCPCS": "13151",

"REV CODE": 450,

"CHARGE": "1700",

"NDC Number": ""

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"HCPCS": "13152",

"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4513153,

"CDM DESCRIPTION": "ER REPAIR WOUND/LESION ADD-ON",

"HCPCS": "13153",

"REV CODE": 450,

"CHARGE": "1411.25",

"NDC Number": ""

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{

"CDM NUMBER": 4516000,

"CDM DESCRIPTION": "ER INIT TREATMENT 1st DEG BUR",

"HCPCS": "16000",

"REV CODE": 450,

"CHARGE": "227",

"NDC Number": ""

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"CDM NUMBER": 4516020,

"CDM DESCRIPTION": "ER DEBRIDEMENT SMALL W/O ANEST",

"HCPCS": "16020",

"REV CODE": 450,

"CHARGE": "626.5",

"NDC Number": ""

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{

"CDM NUMBER": 4516025,

"CDM DESCRIPTION": "ER DEBRIDEMENT MED.W/O ANESTHE",

"HCPCS": "16025",

"REV CODE": 450,

"CHARGE": "658.75",

"NDC Number": ""

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"CDM NUMBER": 4517250,

"CDM DESCRIPTION": "ER CHEMICAL CAUTERY TISSUE",

"HCPCS": "17250",

"REV CODE": 450,

"CHARGE": "268.5",

"NDC Number": ""

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{

"CDM NUMBER": 4517999,

"CDM DESCRIPTION": "ER SKIN TISSUE PROCEDURE",

"HCPCS": "17999",

"REV CODE": 450,

"CHARGE": "3690.25",

"NDC Number": ""

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{

"CDM NUMBER": 4519020,

"CDM DESCRIPTION": "ER I&D OF BREAST OR MASTOTOMY",

"HCPCS": "19020",

"REV CODE": 450,

"CHARGE": "2638.75",

"NDC Number": ""

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{

"CDM NUMBER": 4520103,

"CDM DESCRIPTION": "ER PENETRATING WOUND EXTREMITY",

"HCPCS": "20103",

"REV CODE": 450,

"CHARGE": "3344.25",

"NDC Number": ""

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{

"CDM NUMBER": 4520520,

"CDM DESCRIPTION": "ER REMOVAL OF FOREIGN BODY",

"HCPCS": "20520",

"REV CODE": 450,

"CHARGE": "1537.5",

"NDC Number": ""

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{

"CDM NUMBER": 4520551,

"CDM DESCRIPTION": "ER INJECT TENDON ORIGIN/INSER",

"HCPCS": "20551",

"REV CODE": 450,

"CHARGE": "715.5",

"NDC Number": ""

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{

"CDM NUMBER": 4520552,

"CDM DESCRIPTION": "ER REPAIR FOREARM TENDON/MUSCL",

"HCPCS": "20552",

"REV CODE": 450,

"CHARGE": "715.5",

"NDC Number": ""

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{

"CDM NUMBER": 4520553,

"CDM DESCRIPTION": "ER INJ TRIGGER PNT 3 MUSCL",

"HCPCS": "20553",

"REV CODE": 450,

"CHARGE": "715.5",

"NDC Number": ""

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{

"CDM NUMBER": 4520605,

"CDM DESCRIPTION": "ER INTERMED JOINTBURSA OR CYS",

"HCPCS": "20605",

"REV CODE": 450,

"CHARGE": "715.5",

"NDC Number": ""

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{

"CDM NUMBER": 4520610,

"CDM DESCRIPTION": "ER ARTHRO MAJOR JOINT",

"HCPCS": "20610",

"REV CODE": 450,

"CHARGE": "715.5",

"NDC Number": ""

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{

"CDM NUMBER": 4520611,

"CDM DESCRIPTION": "ER DRAIN/INJ MAJOR JOINT W/US",

"HCPCS": "20611",

"REV CODE": 450,

"CHARGE": "715.5",

"NDC Number": ""

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{

"CDM NUMBER": 4520670,

"CDM DESCRIPTION": "ER REMOVAL SUPPORT IMPLANT",

"HCPCS": "20670",

"REV CODE": 450,

"CHARGE": "1885.5",

"NDC Number": ""

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{

"CDM NUMBER": 4521480,

"CDM DESCRIPTION": "ER CLOSE TEMPOROMANDIBULAR",

"HCPCS": "21480",

"REV CODE": 450,

"CHARGE": "1887.75",

"NDC Number": ""

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{

"CDM NUMBER": 4523515,

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"HCPCS": "23515",

"REV CODE": 450,

"CHARGE": "7840",

"NDC Number": ""

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"CDM NUMBER": 4523575,

"CDM DESCRIPTION": "ER CLOSED SCAPULAR W/ MANIPUL",

"HCPCS": "23575",

"REV CODE": 450,

"CHARGE": "3648.5",

"NDC Number": ""

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{

"CDM NUMBER": 4523650,

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"HCPCS": "23650",

"REV CODE": 450,

"CHARGE": "694",

"NDC Number": ""

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{

"CDM NUMBER": 4523655,

"CDM DESCRIPTION": "ER SHOULDER MANIPU. W/ANESTHES",

"HCPCS": "23655",

"REV CODE": 450,

"CHARGE": "3162.25",

"NDC Number": ""

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{

"CDM NUMBER": 4523665,

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"REV CODE": 450,

"CHARGE": "2184.5",

"NDC Number": ""

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{

"CDM NUMBER": 4523675,

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"HCPCS": "23675",

"REV CODE": 450,

"CHARGE": "3380",

"NDC Number": ""

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{

"CDM NUMBER": 4523931,

"CDM DESCRIPTION": "ER I&D OF ARM BURSA",

"HCPCS": "23931",

"REV CODE": 450,

"CHARGE": "2355.75",

"NDC Number": ""

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{

"CDM NUMBER": 4524505,

"CDM DESCRIPTION": "ER CL TX HUM FX W/MANIPULATION",

"HCPCS": "24505",

"REV CODE": 450,

"CHARGE": "1800.5",

"NDC Number": ""

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"CDM NUMBER": 4524565,

"CDM DESCRIPTION": "ER TRMT HUM EPICON FRAC W/MAN",

"HCPCS": "24565",

"REV CODE": 450,

"CHARGE": "3440",

"NDC Number": ""

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"CDM NUMBER": 4524577,

"CDM DESCRIPTION": "ER TREAT HUMERUS FRACTURE",

"HCPCS": "24577",

"REV CODE": 450,

"CHARGE": "1800.5",

"NDC Number": ""

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{

"CDM NUMBER": 4524600,

"CDM DESCRIPTION": "ER ELBOW DISLOCATE W/O ANESTH",

"HCPCS": "24600",

"REV CODE": 450,

"CHARGE": "361.25",

"NDC Number": ""

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{

"CDM NUMBER": 4524605,

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"HCPCS": "24605",

"REV CODE": 450,

"CHARGE": "3374.5",

"NDC Number": ""

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{

"CDM NUMBER": 4524640,

"CDM DESCRIPTION": "ER RADIAL HEAD SUBLUX CHILD",

"HCPCS": "24640",

"REV CODE": 450,

"CHARGE": "979.5",

"NDC Number": ""

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{

"CDM NUMBER": 4524655,

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"HCPCS": "24655",

"REV CODE": 450,

"CHARGE": "2295.75",

"NDC Number": ""

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{

"CDM NUMBER": 4524999,

"CDM DESCRIPTION": "ER UPPER ARM/ELBOW SURGERY",

"HCPCS": "24999",

"REV CODE": 450,

"CHARGE": "278",

"NDC Number": ""

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{

"CDM NUMBER": 4525505,

"CDM DESCRIPTION": "ER TREAT FRACTURE OF RADIUS",

"HCPCS": "25505",

"REV CODE": 450,

"CHARGE": "3077.25",

"NDC Number": ""

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"CDM NUMBER": 4525565,

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"HCPCS": "25565",

"REV CODE": 450,

"CHARGE": "1653.25",

"NDC Number": ""

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{

"CDM NUMBER": 4525575,

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"HCPCS": "25575",

"REV CODE": 450,

"CHARGE": "8473.5",

"NDC Number": ""

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{

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"HCPCS": "25605",

"REV CODE": 450,

"CHARGE": "2049.75",

"NDC Number": ""

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"CDM NUMBER": 4526010,

"CDM DESCRIPTION": "ER DRAINAGE OF FINGER ABSCESS",

"HCPCS": "26010",

"REV CODE": 450,

"CHARGE": "742.75",

"NDC Number": ""

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{

"CDM NUMBER": 4526011,

"CDM DESCRIPTION": "ER DRAINAGE OF FINGER ABSCESS",

"HCPCS": "26011",

"REV CODE": 450,

"CHARGE": "1882.25",

"NDC Number": ""

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{

"CDM NUMBER": 4526080,

"CDM DESCRIPTION": "ER EXPL/REM FOREIGN BODY JOINT",

"HCPCS": "26080",

"REV CODE": 450,

"CHARGE": "1952.25",

"NDC Number": ""

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{

"CDM NUMBER": 4526350,

"CDM DESCRIPTION": "ER REPAIR FINGER/HAND TENDON",

"HCPCS": "26350",

"REV CODE": 450,

"CHARGE": "5899.75",

"NDC Number": ""

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{

"CDM NUMBER": 4526410,

"CDM DESCRIPTION": "ER REPAIR TENDON HAND W/O GRAF",

"HCPCS": "26410",

"REV CODE": 450,

"CHARGE": "3582.75",

"NDC Number": ""

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{

"CDM NUMBER": 4526418,

"CDM DESCRIPTION": "ER REPAIR TENDON FINTER W/GRAF",

"HCPCS": "26418",

"REV CODE": 450,

"CHARGE": "3569.25",

"NDC Number": ""

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{

"CDM NUMBER": 4526605,

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"HCPCS": "26605",

"REV CODE": 450,

"CHARGE": "1937",

"NDC Number": ""

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{

"CDM NUMBER": 4526641,

"CDM DESCRIPTION": "ER TX DISLOC THUMB W MANIP",

"HCPCS": "26641",

"REV CODE": 450,

"CHARGE": "581.25",

"NDC Number": ""

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{

"CDM NUMBER": 4526645,

"CDM DESCRIPTION": "ER TREAT THUMB FRACTURE",

"HCPCS": "26645",

"REV CODE": 450,

"CHARGE": "1800.5",

"NDC Number": ""

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{

"CDM NUMBER": 4526670,

"CDM DESCRIPTION": "ER TREAT HAND DISLOCATION",

"HCPCS": "26670",

"REV CODE": 450,

"CHARGE": "1982",

"NDC Number": ""

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{

"CDM NUMBER": 4526700,

"CDM DESCRIPTION": "ER TREAT KNUCKLE DISLOCATION",

"HCPCS": "26700",

"REV CODE": 450,

"CHARGE": "2132",

"NDC Number": ""

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{

"CDM NUMBER": 4526725,

"CDM DESCRIPTION": "ER CLOSED TREAT PHALANGEAL W/M",

"HCPCS": "26725",

"REV CODE": 450,

"CHARGE": "2110.25",

"NDC Number": ""

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{

"CDM NUMBER": 4526742,

"CDM DESCRIPTION": "ER TREAT FINGER FRACTURE EACH",

"HCPCS": "26742",

"REV CODE": 450,

"CHARGE": "2905",

"NDC Number": ""

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{

"CDM NUMBER": 4526755,

"CDM DESCRIPTION": "ER CL TX PHAL FX",

"HCPCS": "26755",

"REV CODE": 450,

"CHARGE": "508.75",

"NDC Number": ""

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{

"CDM NUMBER": 4526770,

"CDM DESCRIPTION": "ER INTERPHALANGEAL JOINT DISLO",

"HCPCS": "26770",

"REV CODE": 450,

"CHARGE": "2083.25",

"NDC Number": ""

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{

"CDM NUMBER": 4526775,

"CDM DESCRIPTION": "ER TREAT FINGER DISLOCATION",

"HCPCS": "26775",

"REV CODE": 450,

"CHARGE": "2534",

"NDC Number": ""

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{

"CDM NUMBER": 4526989,

"CDM DESCRIPTION": "ER HAND/FINGER SURGERY",

"HCPCS": "26989",

"REV CODE": 450,

"CHARGE": "1565.25",

"NDC Number": ""

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{

"CDM NUMBER": 4527265,

"CDM DESCRIPTION": "ER TREAT HIP DISLOCATION",

"HCPCS": "27265",

"REV CODE": 450,

"CHARGE": "351.5",

"NDC Number": ""

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"CDM NUMBER": 4527266,

"CDM DESCRIPTION": "ER TREAT HIP DISLOCATION",

"HCPCS": "27266",

"REV CODE": 450,

"CHARGE": "1985.25",

"NDC Number": ""

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{

"CDM NUMBER": 4527301,

"CDM DESCRIPTION": "ER I&D DEEP THIGH/KNEE",

"HCPCS": "27301",

"REV CODE": 450,

"CHARGE": "2669.25",

"NDC Number": ""

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{

"CDM NUMBER": 4527310,

"CDM DESCRIPTION": "ER EXPLORE KNEE W/DRAIN/REM FB",

"HCPCS": "27310",

"REV CODE": 450,

"CHARGE": "3699",

"NDC Number": ""

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{

"CDM NUMBER": 4527532,

"CDM DESCRIPTION": "ER CLOSED TX TIBIAL FX",

"HCPCS": "27532",

"REV CODE": 450,

"CHARGE": "3605.25",

"NDC Number": ""

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{

"CDM NUMBER": 4527550,

"CDM DESCRIPTION": "ER TREAT KNEE DISLOCATION",

"HCPCS": "27550",

"REV CODE": 450,

"CHARGE": "351.5",

"NDC Number": ""

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{

"CDM NUMBER": 4527552,

"CDM DESCRIPTION": "ER TREAT KNEE DISLOCATION",

"HCPCS": "27552",

"REV CODE": 450,

"CHARGE": "3238.75",

"NDC Number": ""

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{

"CDM NUMBER": 4527560,

"CDM DESCRIPTION": "ER TREAT KNEECAP DISLOCATION",

"HCPCS": "27560",

"REV CODE": 450,

"CHARGE": "256.5",

"NDC Number": ""

},

{

"CDM NUMBER": 4527562,

"CDM DESCRIPTION": "ER PATELER DISLOCATON W/ANESTH",

"HCPCS": "27562",

"REV CODE": 450,

"CHARGE": "1985.25",

"NDC Number": ""

},

{

"CDM NUMBER": 4527658,

"CDM DESCRIPTION": "ER REPAIR LEG FLEXOR TENDON",

"HCPCS": "27658",

"REV CODE": 450,

"CHARGE": "3605.25",

"NDC Number": ""

},

{

"CDM NUMBER": 4527752,

"CDM DESCRIPTION": "ER TIBIAL SHAFT FX W/MANIPULA",

"HCPCS": "27752",

"REV CODE": 450,

"CHARGE": "3680.25",

"NDC Number": ""

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{

"CDM NUMBER": 4527762,

"CDM DESCRIPTION": "ER TREATMENT OF ANKLE FRACTURE",

"HCPCS": "27762",

"REV CODE": 450,

"CHARGE": "3090.5",

"NDC Number": ""

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{

"CDM NUMBER": 4527781,

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"HCPCS": "27781",

"REV CODE": 450,

"CHARGE": "2715",

"NDC Number": ""

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"CDM NUMBER": 4527788,

"CDM DESCRIPTION": "ER TREATMENT OF ANKLE FRACTURE",

"HCPCS": "27788",

"REV CODE": 450,

"CHARGE": "2662.75",

"NDC Number": ""

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"CDM NUMBER": 4527808,

"CDM DESCRIPTION": "ER TX ANKLE FX W/O MANIPULATIO",

"HCPCS": "27808",

"REV CODE": 450,

"CHARGE": "839.25",

"NDC Number": ""

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{

"CDM NUMBER": 4527810,

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"HCPCS": "27810",

"REV CODE": 450,

"CHARGE": "3761.25",

"NDC Number": ""

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{

"CDM NUMBER": 4527818,

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"REV CODE": 450,

"CHARGE": "3912.5",

"NDC Number": ""

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"CDM NUMBER": 4527825,

"CDM DESCRIPTION": "ER TIBIA W/SKELETAL TRACTION",

"HCPCS": "27825",

"REV CODE": 450,

"CHARGE": "4262.5",

"NDC Number": ""

},

{

"CDM NUMBER": 4527830,

"CDM DESCRIPTION": "ER TREAT LOWER LEG DISLOCATION",

"HCPCS": "27830",

"REV CODE": 450,

"CHARGE": "2821.75",

"NDC Number": ""

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{

"CDM NUMBER": 4527840,

"CDM DESCRIPTION": "ER TREAT ANKLE DISLOCATION",

"HCPCS": "27840",

"REV CODE": 450,

"CHARGE": "974.5",

"NDC Number": ""

},

{

"CDM NUMBER": 4527899,

"CDM DESCRIPTION": "ER LEG/ANKLE PROCEDURE",

"HCPCS": "27899",

"REV CODE": 450,

"CHARGE": "578.75",

"NDC Number": ""

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{

"CDM NUMBER": 4528190,

"CDM DESCRIPTION": "ER FB REMOVAL FOOT SIMPLE",

"HCPCS": "28190",

"REV CODE": 450,

"CHARGE": "1725",

"NDC Number": ""

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{

"CDM NUMBER": 4528192,

"CDM DESCRIPTION": "ER REMOVE OF FOREIGN BODY DEEP",

"HCPCS": "28192",

"REV CODE": 450,

"CHARGE": "2321.75",

"NDC Number": ""

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{

"CDM NUMBER": 4528495,

"CDM DESCRIPTION": "ER TREAT BIG TOE FRACTURE",

"HCPCS": "28495",

"REV CODE": 450,

"CHARGE": "896.5",

"NDC Number": ""

},

{

"CDM NUMBER": 4528515,

"CDM DESCRIPTION": "ER TREATMENT OF TOE FRACTUR",

"HCPCS": "28515",

"REV CODE": 450,

"CHARGE": "907",

"NDC Number": ""

},

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"CDM NUMBER": 4528540,

"CDM DESCRIPTION": "ER TREAT FOOT DISLOCATION",

"HCPCS": "28540",

"REV CODE": 450,

"CHARGE": "248.75",

"NDC Number": ""

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{

"CDM NUMBER": 4528600,

"CDM DESCRIPTION": "ER TREAT FOOT DISLOCATION",

"HCPCS": "28600",

"REV CODE": 450,

"CHARGE": "1382.75",

"NDC Number": ""

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{

"CDM NUMBER": 4528630,

"CDM DESCRIPTION": "ER JOINT DISLOCATION W/O ANES",

"HCPCS": "28630",

"REV CODE": 450,

"CHARGE": "1114.75",

"NDC Number": ""

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{

"CDM NUMBER": 4528660,

"CDM DESCRIPTION": "ER TREAT TOE DISLOCATION",

"HCPCS": "28660",

"REV CODE": 450,

"CHARGE": "1114.75",

"NDC Number": ""

},

{

"CDM NUMBER": 4529130,

"CDM DESCRIPTION": "ER APPLICATION FINGER SPLINT",

"HCPCS": "29130",

"REV CODE": 450,

"CHARGE": "374.75",

"NDC Number": ""

},

{

"CDM NUMBER": 4529240,

"CDM DESCRIPTION": "ER STRAPPING OF SHOULDER",

"HCPCS": "29240",

"REV CODE": 450,

"CHARGE": "500",

"NDC Number": ""

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{

"CDM NUMBER": 4529260,

"CDM DESCRIPTION": "ER STRAPPING OF ELBOW OR WRIST",

"HCPCS": "29260",

"REV CODE": 450,

"CHARGE": "236",

"NDC Number": ""

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{

"CDM NUMBER": 4529280,

"CDM DESCRIPTION": "ER STRAPPING OF HAND OR FINGER",

"HCPCS": "29280",

"REV CODE": 450,

"CHARGE": "236",

"NDC Number": ""

},

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"CDM NUMBER": 4529345,

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"HCPCS": "29345",

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"NDC Number": ""

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"CDM NUMBER": 4529405,

"CDM DESCRIPTION": "ER APPLICATION CYLINDER CAST",

"HCPCS": "29405",

"REV CODE": 450,

"CHARGE": "368.25",

"NDC Number": ""

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"HCPCS": "29700",

"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "229",

"NDC Number": ""

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"CDM NUMBER": 4530117,

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"REV CODE": 450,

"CHARGE": "3214",

"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4530905,

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "1193.75",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "1974",

"NDC Number": ""

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"HCPCS": "33210",

"REV CODE": 450,

"CHARGE": "10737.5",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "4840.5",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "2909.5",

"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4536425,

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"HCPCS": "36425",

"REV CODE": 450,

"CHARGE": "390.25",

"NDC Number": ""

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"CDM NUMBER": 4536430,

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"HCPCS": "36430",

"REV CODE": 450,

"CHARGE": "1971.5",

"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"CDM DESCRIPTION": "ER INSERT PICC CATH <5YRS",

"HCPCS": "36568",

"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4536569,

"CDM DESCRIPTION": "ER INSERT TUNNELED CV CATH",

"HCPCS": "36569",

"REV CODE": 450,

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"NDC Number": ""

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"HCPCS": "36573",

"REV CODE": 402,

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"NDC Number": ""

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"HCPCS": "36584",

"REV CODE": 450,

"CHARGE": "1756.75",

"NDC Number": ""

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"CHARGE": "726",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "277.25",

"NDC Number": ""

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"HCPCS": "36680",

"REV CODE": 450,

"CHARGE": "3356",

"NDC Number": ""

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"HCPCS": "37799",

"REV CODE": 450,

"CHARGE": "2123.25",

"NDC Number": ""

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{

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"REV CODE": 450,

"CHARGE": "1183.75",

"NDC Number": ""

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"HCPCS": "40800",

"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "1498.25",

"NDC Number": ""

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"HCPCS": "41252",

"REV CODE": 450,

"CHARGE": "1210.75",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "382.75",

"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "487.5",

"NDC Number": ""

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"HCPCS": "42299",

"REV CODE": 450,

"CHARGE": "262.5",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "1362.75",

"NDC Number": ""

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"CDM NUMBER": 4542809,

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"HCPCS": "42809",

"REV CODE": 450,

"CHARGE": "354.25",

"NDC Number": ""

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"CDM NUMBER": 4542960,

"CDM DESCRIPTION": "ER CONTROL THROAT BLEEDING",

"HCPCS": "42960",

"REV CODE": 450,

"CHARGE": "1229",

"NDC Number": ""

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"CDM NUMBER": 4542999,

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"HCPCS": "42999",

"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"HCPCS": "43753",

"REV CODE": 450,

"CHARGE": "845.25",

"NDC Number": ""

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{

"CDM NUMBER": 4543999,

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"HCPCS": "43999",

"REV CODE": 450,

"CHARGE": "1160.75",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "939.5",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "3690.25",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "2386.75",

"NDC Number": ""

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"HCPCS": "45915",

"REV CODE": 450,

"CHARGE": "2213.25",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "1993.75",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "3270",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "1581",

"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "988",

"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "766",

"NDC Number": ""

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{

"CDM NUMBER": 4549450,

"CDM DESCRIPTION": "ER REPLACE G/C TUBE PERC",

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"REV CODE": 450,

"CHARGE": "1035.25",

"NDC Number": ""

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"HCPCS": "51700",

"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4551701,

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"REV CODE": 450,

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"NDC Number": ""

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"CDM DESCRIPTION": "ER INSERT BLADDER CATH-FOLEY",

"HCPCS": "51702",

"REV CODE": 450,

"CHARGE": "522",

"NDC Number": ""

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"CDM DESCRIPTION": "ER CHARGE CYSTOSTOMY TUBE SIMP",

"HCPCS": "51705",

"REV CODE": 450,

"CHARGE": "432.5",

"NDC Number": ""

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"CDM NUMBER": 4553600,

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

"CHARGE": "2784.75",

"NDC Number": ""

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"HCPCS": "54001",

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"CHARGE": "3240",

"NDC Number": ""

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"CDM NUMBER": 4554220,

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"NDC Number": ""

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"CDM NUMBER": 4555100,

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"REV CODE": 450,

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"NDC Number": ""

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{

"CDM NUMBER": 4556405,

"CDM DESCRIPTION": "ER INSISION & DRAIN VULVA OR",

"HCPCS": "56405",

"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"REV CODE": 450,

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"HCPCS": "57180",

"REV CODE": 450,

"CHARGE": "291.5",

"NDC Number": ""

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"HCPCS": "57200",

"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4557210,

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"REV CODE": 450,

"CHARGE": "4290",

"NDC Number": ""

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"CDM NUMBER": 4557510,

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"REV CODE": 450,

"CHARGE": "3030",

"NDC Number": ""

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"CDM NUMBER": 4557800,

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"REV CODE": 450,

"CHARGE": "3046.75",

"NDC Number": ""

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{

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"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4562270,

"CDM DESCRIPTION": "ER SPINAL PUNCTURELUMBAR",

"HCPCS": "62270",

"REV CODE": 450,

"CHARGE": "1615.25",

"NDC Number": ""

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"CDM NUMBER": 4562272,

"CDM DESCRIPTION": "ER DRAIN CEREBRO SPINAL FLUID",

"HCPCS": "62272",

"REV CODE": 450,

"CHARGE": "1570.5",

"NDC Number": ""

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"CDM NUMBER": 4562273,

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"REV CODE": 450,

"CHARGE": "1570.5",

"NDC Number": ""

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{

"CDM NUMBER": 4564400,

"CDM DESCRIPTION": "ER INJECTION FOR NERVE BLOCK",

"HCPCS": "64400",

"REV CODE": 450,

"CHARGE": "715.5",

"NDC Number": ""

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"CDM NUMBER": 4564405,

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"HCPCS": "64405",

"REV CODE": 450,

"CHARGE": "715.5",

"NDC Number": ""

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{

"CDM NUMBER": 4564450,

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"HCPCS": "64450",

"REV CODE": 450,

"CHARGE": "1570.5",

"NDC Number": ""

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"CDM NUMBER": 4565205,

"CDM DESCRIPTION": "ER EYE FB REMOVAL EXTERNAL",

"HCPCS": "65205",

"REV CODE": 450,

"CHARGE": "145",

"NDC Number": ""

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{

"CDM NUMBER": 4565210,

"CDM DESCRIPTION": "ER REMOVE FOR BODY CONJUN EMBE",

"HCPCS": "65210",

"REV CODE": 450,

"CHARGE": "390.25",

"NDC Number": ""

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{

"CDM NUMBER": 4565220,

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"HCPCS": "65220",

"REV CODE": 450,

"CHARGE": "434.5",

"NDC Number": ""

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"CDM NUMBER": 4565222,

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"HCPCS": "65222",

"REV CODE": 450,

"CHARGE": "580.5",

"NDC Number": ""

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{

"CDM NUMBER": 4565235,

"CDM DESCRIPTION": "ER FOREIGN BODY INTRACULAR",

"HCPCS": "65235",

"REV CODE": 450,

"CHARGE": "4055.75",

"NDC Number": ""

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"CDM NUMBER": 4565275,

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"REV CODE": 450,

"CHARGE": "4103",

"NDC Number": ""

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"CDM NUMBER": 4566999,

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"REV CODE": 450,

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"NDC Number": ""

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{

"CDM NUMBER": 4567700,

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"REV CODE": 450,

"CHARGE": "623.5",

"NDC Number": ""

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{

"CDM NUMBER": 4567938,

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"HCPCS": "67938",

"REV CODE": 450,

"CHARGE": "468.75",

"NDC Number": ""

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{

"CDM NUMBER": 4569000,

"CDM DESCRIPTION": "ER DRAIN EXTERNAL EAR ABSCESS",

"HCPCS": "69000",

"REV CODE": 450,

"CHARGE": "797.5",

"NDC Number": ""

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{

"CDM NUMBER": 4569020,

"CDM DESCRIPTION": "ER DRAIN OUTER EAR CANAL LESIO",

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"REV CODE": 450,

"CHARGE": "797.5",

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"CDM NUMBER": 4569200,

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"REV CODE": 450,

"CHARGE": "995",

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{

"CDM NUMBER": 4569209,

"CDM DESCRIPTION": "ER REMOVE IMPACTED EAR WAX",

"HCPCS": "69209",

"REV CODE": 450,

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"NDC Number": ""

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{

"CDM NUMBER": 4569210,

"CDM DESCRIPTION": "ER EAR WAX REMOVAL IMPACTED",

"HCPCS": "69210",

"REV CODE": 450,

"CHARGE": "236",

"NDC Number": ""

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"CDM NUMBER": 4569399,

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"HCPCS": "69399",

"REV CODE": 450,

"CHARGE": "3123",

"NDC Number": ""

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{

"CDM NUMBER": 4576512,

"CDM DESCRIPTION": "ER OCULAR US",

"HCPCS": "76512",

"REV CODE": 402,

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"NDC Number": ""

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{

"CDM NUMBER": 4576536,

"CDM DESCRIPTION": "ER HEAD & NECK US",

"HCPCS": "76536",

"REV CODE": 402,

"CHARGE": "1733.5",

"NDC Number": ""

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{

"CDM NUMBER": 4576604,

"CDM DESCRIPTION": "ER FAST CHEST US",

"HCPCS": "76604",

"REV CODE": 402,

"CHARGE": "1382.75",

"NDC Number": ""

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{

"CDM NUMBER": 4576642,

"CDM DESCRIPTION": "ER BREAST ULTRASOUND-RT",

"HCPCS": "76642",

"MOD 1": "RT",

"REV CODE": 402,

"CHARGE": "1086",

"NDC Number": ""

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{

"CDM NUMBER": 4576643,

"CDM DESCRIPTION": "ER BREAST ULTRASOUND-LT",

"HCPCS": "76642",

"MOD 1": "LT",

"REV CODE": 402,

"CHARGE": "1086",

"NDC Number": ""

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{

"CDM NUMBER": 4576705,

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"HCPCS": "76705",

"REV CODE": 402,

"CHARGE": "1385.25",

"NDC Number": ""

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"CDM NUMBER": 4576775,

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"REV CODE": 402,

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"NDC Number": ""

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"CDM NUMBER": 4576857,

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"NDC Number": ""

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"MOD 1": "RT",

"REV CODE": 402,

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"MOD 1": "LT",

"REV CODE": 402,

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"NDC Number": ""

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"REV CODE": 402,

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"NDC Number": ""

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"REV CODE": 300,

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"NDC Number": ""

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"CDM NUMBER": 4590000,

"CDM DESCRIPTION": "ER NO CHARGE",

"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4590005,

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"MOD 1": "50",

"REV CODE": 450,

"CHARGE": "1430.5",

"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4590472,

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"REV CODE": 450,

"CHARGE": "60.25",

"NDC Number": ""

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"CDM DESCRIPTION": "ER DIPHTHERIA & TENTANUS TOXOI",

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"REV CODE": 450,

"CHARGE": "158.75",

"NDC Number": ""

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"CDM NUMBER": 4592511,

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"REV CODE": 450,

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"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4592953,

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"NDC Number": ""

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"CDM NUMBER": 4594760,

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"REV CODE": 450,

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"REV CODE": 450,

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"NDC Number": ""

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"CDM DESCRIPTION": "ER IV THERAPY CONCURRENT",

"HCPCS": "96368",

"REV CODE": 450,

"CHARGE": "248.75",

"NDC Number": ""

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"HCPCS": "96372",

"REV CODE": 450,

"CHARGE": "154",

"NDC Number": ""

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"CDM DESCRIPTION": "ER DIAG INJ IV PUSH INIT",

"HCPCS": "96374",

"REV CODE": 450,

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"NDC Number": ""

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"CDM DESCRIPTION": "ER DIAG INJ IV PUSH ADDL DRUG",

"HCPCS": "96375",

"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4596376,

"CDM DESCRIPTION": "ER DIAG INJ IV PUSH ADDL DRUG",

"HCPCS": "96376",

"REV CODE": 450,

"CHARGE": "259.25",

"NDC Number": ""

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"HCPCS": "96523",

"REV CODE": 940,

"CHARGE": "461",

"NDC Number": ""

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"CDM DESCRIPTION": "ER DEBRIDEMENT 20CM OR LESS",

"HCPCS": "97597",

"REV CODE": 450,

"CHARGE": "323.25",

"NDC Number": ""

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"HCPCS": "97602",

"REV CODE": 450,

"CHARGE": "227",

"NDC Number": ""

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{

"CDM NUMBER": 4598925,

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"HCPCS": "98925",

"REV CODE": 450,

"CHARGE": "60.75",

"NDC Number": ""

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"CDM NUMBER": 4599151,

"CDM DESCRIPTION": "ER MODERATE SEDATION <5",

"HCPCS": "99151",

"REV CODE": 450,

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"NDC Number": ""

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"HCPCS": "99152",

"REV CODE": 450,

"CHARGE": "228.5",

"NDC Number": ""

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"HCPCS": "99156",

"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4599281,

"CDM DESCRIPTION": "EMERGENCY ROOM TREATMENT 1",

"HCPCS": "99281",

"REV CODE": 450,

"CHARGE": "344.5",

"NDC Number": ""

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"CDM NUMBER": 4599282,

"CDM DESCRIPTION": "EMERGENCY ROOM TREATMENT 2",

"HCPCS": "99282",

"REV CODE": 450,

"CHARGE": "614.25",

"NDC Number": ""

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"CDM DESCRIPTION": "EMERGENCY ROOM TREATMENT 3",

"HCPCS": "99283",

"REV CODE": 450,

"CHARGE": "1117.5",

"NDC Number": ""

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"CDM NUMBER": 4599284,

"CDM DESCRIPTION": "EMERGENCY ROOM TREATMENT 4",

"HCPCS": "99284",

"REV CODE": 450,

"CHARGE": "1780.25",

"NDC Number": ""

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{

"CDM NUMBER": 4599285,

"CDM DESCRIPTION": "EMERGENCY ROOM TREATMENT 5",

"HCPCS": "99285",

"REV CODE": 450,

"CHARGE": "2683.5",

"NDC Number": ""

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"CDM NUMBER": 4599291,

"CDM DESCRIPTION": "EMER CRITICAL CAREEVAL & MANA",

"HCPCS": "99291",

"REV CODE": 450,

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"NDC Number": ""

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"HCPCS": "99292",

"REV CODE": 450,

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"NDC Number": ""

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"CDM NUMBER": 4600050,

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"HCPCS": "94070",

"REV CODE": 460,

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"NDC Number": ""

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"HCPCS": "94010",

"REV CODE": 460,

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"CDM NUMBER": 4600080,

"CDM DESCRIPTION": "BRONCHOSPASM PRE/POST-SPIROMET",

"HCPCS": "94060",

"REV CODE": 460,

"CHARGE": "592",

"NDC Number": ""

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"CDM NUMBER": 4600091,

"CDM DESCRIPTION": "VITAL CAPACITY-PEAK",

"HCPCS": "94150",

"REV CODE": 460,

"CHARGE": "265.5",

"NDC Number": ""

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{

"CDM NUMBER": 4600130,

"CDM DESCRIPTION": "GAS EXCHANGE REST",

"HCPCS": "94690",

"REV CODE": 460,

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"NDC Number": ""

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"CDM NUMBER": 4600140,

"CDM DESCRIPTION": "GAS EXCHANGE REST/EXERCISE",

"HCPCS": "94680",

"REV CODE": 460,

"CHARGE": "686.75",

"NDC Number": ""

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"CDM NUMBER": 4600170,

"CDM DESCRIPTION": "RESPONSE TO HYPOXIA",

"HCPCS": "94450",

"REV CODE": 460,

"CHARGE": "348.75",

"NDC Number": ""

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{

"CDM NUMBER": 4600237,

"CDM DESCRIPTION": "PUL REH 1 ON 1/15min NON COPD",

"HCPCS": "G0237",

"REV CODE": 410,

"CHARGE": "130.25",

"NDC Number": ""

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{

"CDM NUMBER": 4600238,

"CDM DESCRIPTION": "PUL REH/STRESS TEST 6 MIN WALK",

"HCPCS": "94618",

"REV CODE": 460,

"CHARGE": "218",

"NDC Number": ""

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{

"CDM NUMBER": 4600239,

"CDM DESCRIPTION": "PUL REH GROUP SESSION NON COPD",

"HCPCS": "G0239",

"REV CODE": 410,

"CHARGE": "141.25",

"NDC Number": ""

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{

"CDM NUMBER": 4600424,

"CDM DESCRIPTION": "PUL REH GROUP SESSION COPD",

"HCPCS": "G0424",

"REV CODE": 948,

"CHARGE": "126.5",

"NDC Number": ""

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{

"CDM NUMBER": 4694642,

"CDM DESCRIPTION": "PENTAMIDINE TREATMENT",

"HCPCS": "94642",

"REV CODE": 460,

"CHARGE": "534.5",

"NDC Number": ""

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{

"CDM NUMBER": 4694669,

"CDM DESCRIPTION": "VEST-MECHANIC CHEST WALL OSCIL",

"HCPCS": "94669",

"REV CODE": 410,

"CHARGE": "504",

"NDC Number": ""

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"CDM NUMBER": 4694726,

"CDM DESCRIPTION": "PLETHYSMOGRAPHY-VOLUME/RESISTA",

"HCPCS": "94726",

"REV CODE": 460,

"CHARGE": "729.5",

"NDC Number": ""

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{

"CDM NUMBER": 4694727,

"CDM DESCRIPTION": "GAS DILUT/WASHOUT FOR VOLUMES",

"HCPCS": "94727",

"REV CODE": 460,

"CHARGE": "808.5",

"NDC Number": ""

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{

"CDM NUMBER": 4694728,

"CDM DESCRIPTION": "OSCILLOMETRY AIRWAY RESISTANCE",

"HCPCS": "94728",

"REV CODE": 460,

"CHARGE": "353.5",

"NDC Number": ""

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{

"CDM NUMBER": 4694729,

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"REV CODE": 460,

"CHARGE": "552.75",

"NDC Number": ""

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{

"CDM NUMBER": 4800011,

"CDM DESCRIPTION": "CARDIOVERSION EXTERNAL",

"HCPCS": "92960",

"REV CODE": 480,

"CHARGE": "3789.75",

"NDC Number": ""

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{

"CDM NUMBER": 4800015,

"CDM DESCRIPTION": "ECHO 2D LIMITED",

"HCPCS": "93308",

"REV CODE": 480,

"CHARGE": "642.75",

"NDC Number": ""

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{

"CDM NUMBER": 4800020,

"CDM DESCRIPTION": "ECHO CF DOPPLER MAPPING ADD ON",

"HCPCS": "93325",

"REV CODE": 480,

"CHARGE": "735.5",

"NDC Number": ""

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{

"CDM NUMBER": 4800103,

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"HCPCS": "93017",

"REV CODE": 482,

"CHARGE": "1342.75",

"NDC Number": ""

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{

"CDM NUMBER": 4800200,

"CDM DESCRIPTION": "PW/CW DOPPLER ADD ON CODE",

"HCPCS": "93320",

"REV CODE": 480,

"CHARGE": "801.25",

"NDC Number": ""

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{

"CDM NUMBER": 4800205,

"CDM DESCRIPTION": "ECHO 2D CF DOPP COMPLETE",

"HCPCS": "93306",

"REV CODE": 480,

"CHARGE": "2773",

"NDC Number": ""

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{

"CDM NUMBER": 4800211,

"CDM DESCRIPTION": "STRESS ECHOCARDIOGRAM COMPLETE",

"HCPCS": "93351",

"REV CODE": 480,

"CHARGE": "1011.25",

"NDC Number": ""

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{

"CDM NUMBER": 4800219,

"CDM DESCRIPTION": "TRANSESOPHAGEAL ECHO CONGENIT",

"HCPCS": "93315",

"REV CODE": 480,

"CHARGE": "1077.75",

"NDC Number": ""

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{

"CDM NUMBER": 4800220,

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"REV CODE": 480,

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"NDC Number": ""

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"CDM NUMBER": 4800221,

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"REV CODE": 480,

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"NDC Number": ""

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{

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"CDM DESCRIPTION": "INTERROGATION DEVICE EVAL",

"HCPCS": "93288",

"REV CODE": 480,

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"NDC Number": ""

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{

"CDM NUMBER": 4900004,

"CDM DESCRIPTION": "HEMORROIDECTOMY",

"REV CODE": 750,

"CHARGE": "2770.25",

"NDC Number": ""

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{

"CDM NUMBER": 4900011,

"CDM DESCRIPTION": "BRONCHOSCOPY W/ BIOPSY",

"REV CODE": 361,

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"NDC Number": ""

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{

"CDM NUMBER": 4900050,

"CDM DESCRIPTION": "BRONCHOSCOPY",

"REV CODE": 361,

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{

"CDM NUMBER": 4900051,

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"REV CODE": 361,

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"NDC Number": ""

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{

"CDM NUMBER": 4900052,

"CDM DESCRIPTION": "EBUS-BRONCH W/ ENDOBRONCH US",

"REV CODE": 361,

"CHARGE": "7072.5",

"NDC Number": ""

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{

"CDM NUMBER": 4900060,

"CDM DESCRIPTION": "BRUSHINGS-BRONCH",

"REV CODE": 361,

"CHARGE": "1678.25",

"NDC Number": ""

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{

"CDM NUMBER": 4900070,

"CDM DESCRIPTION": "CAPNOGRAPHY EQUIP-SDC",

"REV CODE": 270,

"CHARGE": "188.25",

"NDC Number": ""

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{

"CDM NUMBER": 4900080,

"CDM DESCRIPTION": "COLONOSCOPY W POLYPECTOMY",

"REV CODE": 750,

"CHARGE": "5115.75",

"NDC Number": ""

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{

"CDM NUMBER": 4900090,

"CDM DESCRIPTION": "COLONOSCOPY W EGD",

"REV CODE": 750,

"CHARGE": "5913",

"NDC Number": ""

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{

"CDM NUMBER": 4900091,

"CDM DESCRIPTION": "COLONOSCOPY SCREEN/DIAG",

"REV CODE": 750,

"CHARGE": "3944.5",

"NDC Number": ""

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{

"CDM NUMBER": 4900100,

"CDM DESCRIPTION": "COLONOSCOPY REMOVAL FB",

"REV CODE": 750,

"CHARGE": "2048",

"NDC Number": ""

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{

"CDM NUMBER": 4900111,

"CDM DESCRIPTION": "COLONOSCOPY DIL W BALLOON",

"REV CODE": 750,

"CHARGE": "2048",

"NDC Number": ""

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{

"CDM NUMBER": 4900120,

"CDM DESCRIPTION": "COLONOSCOPY W BIOPSY",

"REV CODE": 750,

"CHARGE": "5115.75",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "COLONOSCOPY SUBMUCOUS INJ",

"REV CODE": 750,

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"NDC Number": ""

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{

"CDM NUMBER": 4900122,

"CDM DESCRIPTION": "COLONOSCOPY W COLONIC STENT",

"REV CODE": 750,

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"NDC Number": ""

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{

"CDM NUMBER": 4900151,

"CDM DESCRIPTION": "EGD W BIOPSY",

"REV CODE": 750,

"CHARGE": "3337.5",

"NDC Number": ""

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{

"CDM NUMBER": 4900155,

"CDM DESCRIPTION": "EGD W DILATORS",

"REV CODE": 750,

"CHARGE": "2705.5",

"NDC Number": ""

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{

"CDM NUMBER": 4900156,

"CDM DESCRIPTION": "EGD W BANDING",

"REV CODE": 750,

"CHARGE": "2705.5",

"NDC Number": ""

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{

"CDM NUMBER": 4900160,

"CDM DESCRIPTION": "EGD DILATATION W BALLON",

"REV CODE": 750,

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"NDC Number": ""

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{

"CDM NUMBER": 4900170,

"CDM DESCRIPTION": "EGD W FEEDING TUBE",

"REV CODE": 750,

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"NDC Number": ""

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{

"CDM NUMBER": 4900180,

"CDM DESCRIPTION": "EGD",

"REV CODE": 750,

"CHARGE": "1968.75",

"NDC Number": ""

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{

"CDM NUMBER": 4900181,

"CDM DESCRIPTION": "EGD W STENT PLACEMENT",

"REV CODE": 750,

"CHARGE": "5826",

"NDC Number": ""

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{

"CDM NUMBER": 4900220,

"CDM DESCRIPTION": "EGD REMOVAL FB",

"REV CODE": 750,

"CHARGE": "2705.5",

"NDC Number": ""

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{

"CDM NUMBER": 4900230,

"CDM DESCRIPTION": "EGD W BLEED CONTROL",

"REV CODE": 750,

"CHARGE": "2705.5",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "EGD W POLYPECTOMY",

"REV CODE": 750,

"CHARGE": "3337.5",

"NDC Number": ""

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{

"CDM NUMBER": 4900420,

"CDM DESCRIPTION": "ESOPHAGUS-PH PROLONGED",

"REV CODE": 750,

"CHARGE": "1796.25",

"NDC Number": ""

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{

"CDM NUMBER": 4900430,

"CDM DESCRIPTION": "ESOPHAGUS-PH",

"REV CODE": 750,

"CHARGE": "1294.5",

"NDC Number": ""

},

{

"CDM NUMBER": 4900436,

"CDM DESCRIPTION": "ESOPHAGOGASTRO-JEJUNOSCOPY",

"REV CODE": 750,

"CHARGE": "2367.25",

"NDC Number": ""

},

{

"CDM NUMBER": 4900437,

"CDM DESCRIPTION": "ESOPHAGOGASTRO-JEJUNOSCO W DIL",

"REV CODE": 750,

"CHARGE": "2367.25",

"NDC Number": ""

},

{

"CDM NUMBER": 4900441,

"CDM DESCRIPTION": "MINOR NURSING PROC-MAB",

"REV CODE": 490,

"CHARGE": "439.75",

"NDC Number": ""

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{

"CDM NUMBER": 4900470,

"CDM DESCRIPTION": "SIGMOID FLEX W FB REMOVAL",

"REV CODE": 750,

"CHARGE": "1514.5",

"NDC Number": ""

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{

"CDM NUMBER": 4900480,

"CDM DESCRIPTION": "SIGMOID FLEX",

"REV CODE": 750,

"CHARGE": "1370",

"NDC Number": ""

},

{

"CDM NUMBER": 4900483,

"CDM DESCRIPTION": "SIGMOID FLEX W BIOPSY",

"REV CODE": 750,

"CHARGE": "2074.25",

"NDC Number": ""

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{

"CDM NUMBER": 4900484,

"CDM DESCRIPTION": "SIGMOID FLEX W POLYPECTOMY",

"REV CODE": 750,

"CHARGE": "2074.25",

"NDC Number": ""

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{

"CDM NUMBER": 4900490,

"CDM DESCRIPTION": "SIGMOID FLEX W DILATATION",

"REV CODE": 750,

"CHARGE": "1514.5",

"NDC Number": ""

},

{

"CDM NUMBER": 4900520,

"CDM DESCRIPTION": "SP-BILITRAC RETRIEVAL BOOLON",

"REV CODE": 270,

"CHARGE": "743.5",

"NDC Number": ""

},

{

"CDM NUMBER": 4900623,

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"REV CODE": 612,

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"NDC Number": ""

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{

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"REV CODE": 612,

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"NDC Number": ""

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"HCPCS": "72148",

"REV CODE": 612,

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"NDC Number": ""

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{

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"MOD 1": "RT",

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"CHARGE": "1261.5",

"NDC Number": ""

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"NDC Number": ""

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{

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"NDC Number": ""

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"HCPCS": "72147",

"REV CODE": 612,

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"NDC Number": ""

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"REV CODE": 612,

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"REV CODE": 710,

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"REV CODE": 300,

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"REV CODE": 723,

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"CDM NUMBER": 7230011,

"CDM DESCRIPTION": "CIRCUMCISON PROC AND SET-e",

"REV CODE": 723,

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"CDM NUMBER": 7251702,

"CDM DESCRIPTION": "INSERT BLADD CATH FOLEY OB/3N",

"HCPCS": "51702",

"REV CODE": 361,

"CHARGE": "522",

"NDC Number": ""

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"CDM NUMBER": 7259020,

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"HCPCS": "59020",

"REV CODE": 920,

"CHARGE": "1063.75",

"NDC Number": ""

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"REV CODE": 769,

"CHARGE": "851.75",

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"REV CODE": 361,

"CHARGE": "667.25",

"NDC Number": ""

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"REV CODE": 771,

"CHARGE": "147.5",

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"CHARGE": "566.25",

"NDC Number": ""

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"HCPCS": "96366",

"REV CODE": 260,

"CHARGE": "316",

"NDC Number": ""

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"REV CODE": 260,

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"REV CODE": 260,

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"HCPCS": "96372",

"REV CODE": 940,

"CHARGE": "154",

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 331,

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"REV CODE": 729,

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"NDC Number": ""

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"REV CODE": 729,

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"REV CODE": 729,

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"NDC Number": ""

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"REV CODE": 761,

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"CDM NUMBER": 7300010,

"CDM DESCRIPTION": "ECHO 2D W/O DOPPLER (BL&WHITE)",

"HCPCS": "93307",

"REV CODE": 480,

"CHARGE": "1240.5",

"NDC Number": ""

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{

"CDM NUMBER": 7300011,

"CDM DESCRIPTION": "MYOCARDIAL STRAIN IMAGING",

"HCPCS": "93356",

"REV CODE": 483,

"CHARGE": "817.25",

"NDC Number": ""

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"CDM NUMBER": 7300012,

"CDM DESCRIPTION": "3D RENDER NOT REQU POSTPROCESS",

"HCPCS": "76376",

"REV CODE": 400,

"CHARGE": "64.5",

"NDC Number": ""

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"CDM NUMBER": 7300020,

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"HCPCS": "93005",

"REV CODE": 730,

"CHARGE": "242",

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"CDM NUMBER": 7300040,

"CDM DESCRIPTION": "HOLTER MONITOR HOOK UP",

"HCPCS": "93225",

"REV CODE": 731,

"CHARGE": "947.5",

"NDC Number": ""

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"CDM NUMBER": 7300041,

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"REV CODE": 731,

"CHARGE": "264.25",

"NDC Number": ""

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"CDM NUMBER": 7300042,

"CDM DESCRIPTION": "EKG >48HRS TO 7 DAYS REC",

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"REV CODE": 731,

"CHARGE": "80",

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"CDM NUMBER": 7300043,

"CDM DESCRIPTION": "EKG >7DAYS TO 15 DAYS REC",

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"REV CODE": 731,

"CHARGE": "131.25",

"NDC Number": ""

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"CDM NUMBER": 7300050,

"CDM DESCRIPTION": "HOLTER SCAN-MHC",

"HCPCS": "93226",

"REV CODE": 731,

"CHARGE": "928.75",

"NDC Number": ""

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{

"CDM NUMBER": 7300072,

"CDM DESCRIPTION": "EVENT MONITOR 30 DAY ECG",

"HCPCS": "93270",

"REV CODE": 731,

"CHARGE": "848.25",

"NDC Number": ""

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{

"CDM NUMBER": 7400010,

"CDM DESCRIPTION": "EEG ASLEEP AND AWAKE",

"HCPCS": "95819",

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"NDC Number": ""

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{

"CDM NUMBER": 7400011,

"CDM DESCRIPTION": "EEG AWAKE AND DROWSY",

"HCPCS": "95816",

"REV CODE": 740,

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"CDM NUMBER": 7400014,

"CDM DESCRIPTION": "EEG COMA OR SLEEP ONLY",

"HCPCS": "95822",

"REV CODE": 740,

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{

"CDM NUMBER": 7400020,

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"HCPCS": "95700",

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{

"CDM NUMBER": 7400021,

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"REV CODE": 740,

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"NDC Number": ""

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"CDM NUMBER": 7400022,

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"REV CODE": 740,

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"CDM NUMBER": 7400023,

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{

"CDM NUMBER": 7400024,

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"HCPCS": "95957",

"REV CODE": 740,

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{

"CDM NUMBER": 7400398,

"CDM DESCRIPTION": "HOME SLEEP TEST-MMA BILLING",

"HCPCS": "95806",

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"HCPCS": "95806",

"REV CODE": 740,

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"CDM DESCRIPTION": "EEG EXT MONITORING; 41-60MIN",

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"REV CODE": 740,

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"CDM NUMBER": 7400813,

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"NDC Number": ""

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"CDM NUMBER": 7402010,

"CDM DESCRIPTION": "SLEEP STUDY",

"HCPCS": "95810",

"REV CODE": 740,

"CHARGE": "6721",

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{

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"HCPCS": "95811",

"REV CODE": 740,

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{

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"REV CODE": 740,

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"NDC Number": ""

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{

"CDM NUMBER": 7500100,

"CDM DESCRIPTION": "ENDO PRE-OP PER OCC SDS",

"REV CODE": 750,

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{

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"CDM DESCRIPTION": "ENDO LEVEL II 0-30M SDS",

"REV CODE": 750,

"CHARGE": "4032",

"NDC Number": ""

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"CDM DESCRIPTION": "ENDO LEVEL II ADDL 15M SDS",

"REV CODE": 750,

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"NDC Number": ""

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"CDM NUMBER": 7500103,

"CDM DESCRIPTION": "ENDOSCOPY SET UP SDS",

"REV CODE": 750,

"CHARGE": "300",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "ENDO PRE-OP PER OCC",

"REV CODE": 750,

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"REV CODE": 750,

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"CDM NUMBER": 7500113,

"CDM DESCRIPTION": "ENDOSCOPY SET UP MAB",

"REV CODE": 750,

"CHARGE": "300",

"NDC Number": ""

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"CDM NUMBER": 7500125,

"CDM DESCRIPTION": "ENTEROSCOPY",

"REV CODE": 750,

"CHARGE": "2367.25",

"NDC Number": ""

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"CDM NUMBER": 7500130,

"CDM DESCRIPTION": "ILESOSCOPY",

"REV CODE": 750,

"CHARGE": "1199",

"NDC Number": ""

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"CDM DESCRIPTION": "PEG TUBE REPLACEMENT BY ENDOSC",

"REV CODE": 750,

"CHARGE": "2178.75",

"NDC Number": ""

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{

"CDM NUMBER": 7500201,

"CDM DESCRIPTION": "PEG TUBE CHANGE",

"REV CODE": 750,

"CHARGE": "1123.25",

"NDC Number": ""

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{

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"CDM DESCRIPTION": "PEG TUBE INSERT",

"REV CODE": 750,

"CHARGE": "2177.5",

"NDC Number": ""

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{

"CDM NUMBER": 7500210,

"CDM DESCRIPTION": "PEG TUBE REMOVAL BY GASTROSCOP",

"REV CODE": 750,

"CHARGE": "1721.75",

"NDC Number": ""

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"CDM DESCRIPTION": "PEG TUBE REM BY INCIS-IP ONLY",

"REV CODE": 361,

"CHARGE": "5967",

"NDC Number": ""

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"CDM NUMBER": 7501124,

"CDM DESCRIPTION": "REMOVAL TUNNELED CV CATH",

"HCPCS": "36590",

"REV CODE": 490,

"CHARGE": "2337",

"NDC Number": ""

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"CDM NUMBER": 7501127,

"CDM DESCRIPTION": "BRAVO PH CAPSULE TEST",

"HCPCS": "91035",

"REV CODE": 750,

"CHARGE": "2047",

"NDC Number": ""

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"CDM NUMBER": 7501134,

"CDM DESCRIPTION": "PATENCY (AGILE) CAPSULE",

"HCPCS": "91299",

"REV CODE": 750,

"CHARGE": "623",

"NDC Number": ""

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"CDM NUMBER": 7508220,

"CDM DESCRIPTION": "BONE MARROW ASPIRATION",

"HCPCS": "38220",

"REV CODE": 361,

"CHARGE": "1828.75",

"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"NDC Number": ""

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"MOD 1": "GT",

"REV CODE": 942,

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"REV CODE": 771,

"CHARGE": "36.75",

"NDC Number": ""

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"REV CODE": 771,

"CHARGE": "36.75",

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"NDC Number": ""

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"NDC Number": ""

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"REV CODE": 771,

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"CDM NUMBER": 9427802,

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"HCPCS": "97802",

"REV CODE": 942,

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"NDC Number": ""

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"CDM NUMBER": 9427803,

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"HCPCS": "97803",

"REV CODE": 942,

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"HCPCS": "97804",

"REV CODE": 942,

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"NDC Number": ""

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"REV CODE": 942,

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"CDM NUMBER": 9486580,

"CDM DESCRIPTION": "TB SKIN TEST",

"HCPCS": "86580",

"REV CODE": 300,

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"NDC Number": ""

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"CDM NUMBER": 9486581,

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"HCPCS": "86580",

"REV CODE": 300,

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"NDC Number": ""

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"REV CODE": 771,

"CHARGE": "148.5",

"NDC Number": ""

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"CDM NUMBER": 9490662,

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"REV CODE": 771,

"CHARGE": "164",

"NDC Number": ""

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"CDM NUMBER": 9490663,

"CDM DESCRIPTION": "FLU SHOTS/VACC&ADMIN",

"REV CODE": 771,

"CHARGE": "26.25",

"NDC Number": ""

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"CDM NUMBER": 9496416,

"CDM DESCRIPTION": "CHEMO PROLONG INFUSEw/PUMP",

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"REV CODE": 335,

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"NDC Number": ""

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"HCPCS": "96521",

"REV CODE": 940,

"CHARGE": "705",

"NDC Number": ""

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"HCPCS": "99195",

"REV CODE": 940,

"CHARGE": "516.75",

"NDC Number": ""

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"CDM NUMBER": 98100010,

"CDM DESCRIPTION": "ER PHYSICIAN FEE",

"REV CODE": 1001,

"CHARGE": "400",

"NDC Number": ""

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"Discounted Cash Pricing Policy": [

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"Policy Line": "The purpose of this policy is to provide a discount to patients who are treated at Memorial Healthcare without insurance. The discount given will be 20% of the total charges.\n\n1.\tWhen the final bill is produced the 20% discount will be noted on the statement and an adjustment will be done to credit the 20% discount on the patient's account.\n\n2.\tWhen calls are placed to patients that do not have insurance the Hospital Representative will inform the patient of the 20% discount.\n\n3.\tIf a patient cannot pay in full within 60 days, their account will be referred to CarePayment for an extended payment plan.\n\n4.\tDiscount will not be given to patients who have Medical Insurance. This includes deductibles, co-pays and co-insurance amounts, as well as denied/non-covered services.\n\n5.\tExceptions to# 4 will only be made with approval from the Director of Revenue Cycle and will only be made for patients that receive limited insurance benefits based upon income."

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"Inpatient De-identified Minimum Negotiated Charge": [

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"MS-DRG": "004",

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"De-Identified Minimum Negotiated Charge": 64141.0

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"MS-DRG": "056",

"Description": "Degenerative Nervous System Disorders With Mcc",

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"MS-DRG": "057",

"Description": "Degenerative Nervous System Disorders Without Mcc",

"De-Identified Minimum Negotiated Charge": 5124.0

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"MS-DRG": "059",

"Description": "Multiple Sclerosis And Cerebellar Ataxia With Cc",

"De-Identified Minimum Negotiated Charge": 7908.0

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"MS-DRG": "060",

"Description": "Multiple Sclerosis And Cerebellar Ataxia Without Cc/Mcc",

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"De-Identified Minimum Negotiated Charge": 9085.0

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"MS-DRG": "065",

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"De-Identified Minimum Negotiated Charge": 4885.0

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"MS-DRG": "066",

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"MS-DRG": "069",

"Description": "Transient Ischemia Without Thrombolytic",

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"MS-DRG": "070",

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"MS-DRG": "086",

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"De-Identified Minimum Negotiated Charge": 5405.0

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"MS-DRG": "089",

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"MS-DRG": "093",

"Description": "Other Disorders Of Nervous System Without Cc/Mcc",

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"MS-DRG": "100",

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"MS-DRG": "101",

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"MS-DRG": "102",

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"MS-DRG": "103",

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"MS-DRG": "153",

"Description": "Otitis Media And Uri Without Mcc",

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"MS-DRG": "154",

"Description": "Other Ear, Nose, Mouth And Throat Diagnoses With Mcc",

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"MS-DRG": "189",

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"De-Identified Minimum Negotiated Charge": 4750.0

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"MS-DRG": "193",

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"MS-DRG": "195",

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"MS-DRG": "196",

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"Description": "Pneumothorax Without Cc/Mcc",

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"MS-DRG": "202",

"Description": "Bronchitis And Asthma With Cc/Mcc",

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"MS-DRG": "206",

"Description": "Other Respiratory System Diagnoses Without Mcc",

"De-Identified Minimum Negotiated Charge": 9300.0

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"MS-DRG": "207",

"Description": "Respiratory System Diagnosis With Ventilator Support >96 Hours",

"De-Identified Minimum Negotiated Charge": 27239.0

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"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"De-Identified Minimum Negotiated Charge": 2285.0

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"MS-DRG": "240",

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"MS-DRG": "253",

"Description": "Other Vascular Procedures With Cc",

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"MS-DRG": "264",

"Description": "Other Circulatory System O.R. Procedures",

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"MS-DRG": "270",

"Description": "Other Major Cardiovascular Procedures With Mcc",

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"MS-DRG": "280",

"Description": "Acute Myocardial Infarction, Discharged Alive With Mcc",

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"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

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"Description": "Hypertension Without Mcc",

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"MS-DRG": "306",

"Description": "Cardiac Congenital And Valvular Disorders With Mcc",

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"MS-DRG": "308",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Mcc",

"De-Identified Minimum Negotiated Charge": 5995.0

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{

"MS-DRG": "309",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Cc",

"De-Identified Minimum Negotiated Charge": 3062.0

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{

"MS-DRG": "310",

"Description": "Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 3881.0

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"MS-DRG": "312",

"Description": "Syncope And Collapse",

"De-Identified Minimum Negotiated Charge": 5270.0

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"MS-DRG": "313",

"Description": "Chest Pain",

"De-Identified Minimum Negotiated Charge": 4237.0

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{

"MS-DRG": "314",

"Description": "Other Circulatory System Diagnoses With Mcc",

"De-Identified Minimum Negotiated Charge": 6566.0

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"MS-DRG": "315",

"Description": "Other Circulatory System Diagnoses With Cc",

"De-Identified Minimum Negotiated Charge": 3392.0

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"MS-DRG": "326",

"Description": "Stomach, Esophageal And Duodenal Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 5093.0

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{

"MS-DRG": "327",

"Description": "Stomach, Esophageal And Duodenal Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 14761.0

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"MS-DRG": "328",

"Description": "Stomach, Esophageal And Duodenal Procedures Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 7605.0

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"MS-DRG": "329",

"Description": "Major Small And Large Bowel Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 11234.0

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"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 10546.0

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{

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 8140.0

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"MS-DRG": "335",

"Description": "Peritoneal Adhesiolysis With Mcc",

"De-Identified Minimum Negotiated Charge": 24480.0

},

{

"MS-DRG": "336",

"Description": "Peritoneal Adhesiolysis With Cc",

"De-Identified Minimum Negotiated Charge": 24706.0

},

{

"MS-DRG": "337",

"Description": "Peritoneal Adhesiolysis Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 8952.0

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{

"MS-DRG": "338",

"Description": "Appendectomy With Complicated Principal Diagnosis With Mcc",

"De-Identified Minimum Negotiated Charge": 31592.0

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{

"MS-DRG": "339",

"Description": "Appendectomy With Complicated Principal Diagnosis With Cc",

"De-Identified Minimum Negotiated Charge": 11592.0

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"MS-DRG": "340",

"Description": "Appendectomy With Complicated Principal Diagnosis Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 4559.0

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"MS-DRG": "342",

"Description": "Appendectomy Without Complicated Principal Diagnosis With Cc",

"De-Identified Minimum Negotiated Charge": 16426.0

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"MS-DRG": "343",

"Description": "Appendectomy Without Complicated Principal Diagnosis Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 6217.0

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"MS-DRG": "344",

"Description": "Minor Small And Large Bowel Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 19409.0

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{

"MS-DRG": "345",

"Description": "Minor Small And Large Bowel Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 5849.0

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{

"MS-DRG": "346",

"Description": "Minor Small And Large Bowel Procedures Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 6874.0

},

{

"MS-DRG": "348",

"Description": "Anal And Stomal Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 14501.0

},

{

"MS-DRG": "351",

"Description": "Inguinal And Femoral Hernia Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 9420.0

},

{

"MS-DRG": "353",

"Description": "Hernia Procedures Except Inguinal And Femoral With Mcc",

"De-Identified Minimum Negotiated Charge": 19221.0

},

{

"MS-DRG": "354",

"Description": "Hernia Procedures Except Inguinal And Femoral With Cc",

"De-Identified Minimum Negotiated Charge": 8103.0

},

{

"MS-DRG": "355",

"Description": "Hernia Procedures Except Inguinal And Femoral Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 14178.0

},

{

"MS-DRG": "357",

"Description": "Other Digestive System O.R. Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 28067.0

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{

"MS-DRG": "368",

"Description": "Major Esophageal Disorders With Mcc",

"De-Identified Minimum Negotiated Charge": 5924.0

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{

"MS-DRG": "371",

"Description": "Major Gastrointestinal Disorders And Peritoneal Infections With Mcc",

"De-Identified Minimum Negotiated Charge": 11311.0

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{

"MS-DRG": "372",

"Description": "Major Gastrointestinal Disorders And Peritoneal Infections With Cc",

"De-Identified Minimum Negotiated Charge": 4788.0

},

{

"MS-DRG": "374",

"Description": "Digestive Malignancy With Mcc",

"De-Identified Minimum Negotiated Charge": 8009.0

},

{

"MS-DRG": "375",

"Description": "Digestive Malignancy With Cc",

"De-Identified Minimum Negotiated Charge": 7869.0

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"MS-DRG": "377",

"Description": "Gastrointestinal Hemorrhage With Mcc",

"De-Identified Minimum Negotiated Charge": 9421.0

},

{

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"De-Identified Minimum Negotiated Charge": 4877.0

},

{

"MS-DRG": "379",

"Description": "Gastrointestinal Hemorrhage Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 4344.0

},

{

"MS-DRG": "381",

"Description": "Complicated Peptic Ulcer With Cc",

"De-Identified Minimum Negotiated Charge": 7466.0

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{

"MS-DRG": "382",

"Description": "Complicated Peptic Ulcer Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 4319.0

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{

"MS-DRG": "384",

"Description": "Uncomplicated Peptic Ulcer Without Mcc",

"De-Identified Minimum Negotiated Charge": 4793.0

},

{

"MS-DRG": "385",

"Description": "Inflammatory Bowel Disease With Mcc",

"De-Identified Minimum Negotiated Charge": 14331.0

},

{

"MS-DRG": "386",

"Description": "Inflammatory Bowel Disease With Cc",

"De-Identified Minimum Negotiated Charge": 4860.0

},

{

"MS-DRG": "387",

"Description": "Inflammatory Bowel Disease Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 3551.0

},

{

"MS-DRG": "388",

"Description": "Gastrointestinal Obstruction With Mcc",

"De-Identified Minimum Negotiated Charge": 9838.0

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{

"MS-DRG": "389",

"Description": "Gastrointestinal Obstruction With Cc",

"De-Identified Minimum Negotiated Charge": 3136.0

},

{

"MS-DRG": "390",

"Description": "Gastrointestinal Obstruction Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 3136.0

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{

"MS-DRG": "391",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders With Mcc",

"De-Identified Minimum Negotiated Charge": 8107.0

},

{

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"De-Identified Minimum Negotiated Charge": 3298.0

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{

"MS-DRG": "393",

"Description": "Other Digestive System Diagnoses With Mcc",

"De-Identified Minimum Negotiated Charge": 6581.0

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{

"MS-DRG": "394",

"Description": "Other Digestive System Diagnoses With Cc",

"De-Identified Minimum Negotiated Charge": 4398.0

},

{

"MS-DRG": "395",

"Description": "Other Digestive System Diagnoses Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 2697.0

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"MS-DRG": "411",

"Description": "Cholecystectomy With C.D.E. With Mcc",

"De-Identified Minimum Negotiated Charge": 9617.0

},

{

"MS-DRG": "416",

"Description": "Cholecystectomy Except By Laparoscope Without C.D.E. Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 8920.0

},

{

"MS-DRG": "417",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. With Mcc",

"De-Identified Minimum Negotiated Charge": 8187.0

},

{

"MS-DRG": "418",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. With Cc",

"De-Identified Minimum Negotiated Charge": 6018.0

},

{

"MS-DRG": "419",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 14151.0

},

{

"MS-DRG": "424",

"Description": "Other Hepatobiliary Or Pancreas O.R. Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 14662.0

},

{

"MS-DRG": "432",

"Description": "Cirrhosis And Alcoholic Hepatitis With Mcc",

"De-Identified Minimum Negotiated Charge": 21654.0

},

{

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"De-Identified Minimum Negotiated Charge": 3533.0

},

{

"MS-DRG": "435",

"Description": "Malignancy Of Hepatobiliary System Or Pancreas With Mcc",

"De-Identified Minimum Negotiated Charge": 4065.0

},

{

"MS-DRG": "436",

"Description": "Malignancy Of Hepatobiliary System Or Pancreas With Cc",

"De-Identified Minimum Negotiated Charge": 6501.0

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{

"MS-DRG": "438",

"Description": "Disorders Of Pancreas Except Malignancy With Mcc",

"De-Identified Minimum Negotiated Charge": 2495.0

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{

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"De-Identified Minimum Negotiated Charge": 3127.0

},

{

"MS-DRG": "440",

"Description": "Disorders Of Pancreas Except Malignancy Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 3127.0

},

{

"MS-DRG": "441",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis With Mcc",

"De-Identified Minimum Negotiated Charge": 1966.0

},

{

"MS-DRG": "442",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis With Cc",

"De-Identified Minimum Negotiated Charge": 5580.0

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{

"MS-DRG": "443",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 3098.0

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{

"MS-DRG": "444",

"Description": "Disorders Of The Biliary Tract With Mcc",

"De-Identified Minimum Negotiated Charge": 11420.0

},

{

"MS-DRG": "445",

"Description": "Disorders Of The Biliary Tract With Cc",

"De-Identified Minimum Negotiated Charge": 11574.0

},

{

"MS-DRG": "463",

"Description": "Wound Debridement And Skin Graft Except Hand For Musculoskeletal And Connective Tissue Disorders Wit",

"De-Identified Minimum Negotiated Charge": 34036.0

},

{

"MS-DRG": "464",

"Description": "Wound Debridement And Skin Graft Except Hand For Musculoskeletal And Connective Tissue Disorders Wit",

"De-Identified Minimum Negotiated Charge": 18354.0

},

{

"MS-DRG": "466",

"Description": "Revision Of Hip Or Knee Replacement With Mcc",

"De-Identified Minimum Negotiated Charge": 27431.0

},

{

"MS-DRG": "467",

"Description": "Revision Of Hip Or Knee Replacement With Cc",

"De-Identified Minimum Negotiated Charge": 21683.0

},

{

"MS-DRG": "468",

"Description": "Revision Of Hip Or Knee Replacement Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 9116.0

},

{

"MS-DRG": "469",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity With Mcc Or Total Ankle Repl",

"De-Identified Minimum Negotiated Charge": 5850.0

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{

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"De-Identified Minimum Negotiated Charge": 1500.0

},

{

"MS-DRG": "475",

"Description": "Amputation For Musculoskeletal System And Connective Tissue Disorders With Cc",

"De-Identified Minimum Negotiated Charge": 14973.0

},

{

"MS-DRG": "480",

"Description": "Hip And Femur Procedures Except Major Joint With Mcc",

"De-Identified Minimum Negotiated Charge": 11546.0

},

{

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"De-Identified Minimum Negotiated Charge": 9216.0

},

{

"MS-DRG": "482",

"Description": "Hip And Femur Procedures Except Major Joint Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 10150.0

},

{

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"De-Identified Minimum Negotiated Charge": 1500.0

},

{

"MS-DRG": "487",

"Description": "Knee Procedures With Principal Diagnosis Of Infection Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 7652.0

},

{

"MS-DRG": "492",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur With Mcc",

"De-Identified Minimum Negotiated Charge": 8490.0

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{

"MS-DRG": "493",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur With Cc",

"De-Identified Minimum Negotiated Charge": 7259.0

},

{

"MS-DRG": "494",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 7652.0

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{

"MS-DRG": "501",

"Description": "Soft Tissue Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 19744.0

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{

"MS-DRG": "513",

"Description": "Hand Or Wrist Procedures, Except Major Thumb Or Joint Procedures With Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 9421.0

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{

"MS-DRG": "516",

"Description": "Other Musculoskeletal System And Connective Tissue O.R. Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 13715.0

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"MS-DRG": "521",

"Description": "Hip Replacement With Principal Diagnosis Of Hip Fracture With Mcc",

"De-Identified Minimum Negotiated Charge": 14927.0

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"MS-DRG": "522",

"Description": "Hip Replacement With Principal Diagnosis Of Hip Fracture Without Mcc",

"De-Identified Minimum Negotiated Charge": 14767.0

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{

"MS-DRG": "534",

"Description": "Fractures Of Femur Without Mcc",

"De-Identified Minimum Negotiated Charge": 6323.0

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{

"MS-DRG": "535",

"Description": "Fractures Of Hip And Pelvis With Mcc",

"De-Identified Minimum Negotiated Charge": 8619.0

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{

"MS-DRG": "536",

"Description": "Fractures Of Hip And Pelvis Without Mcc",

"De-Identified Minimum Negotiated Charge": 3584.0

},

{

"MS-DRG": "542",

"Description": "Pathological Fractures And Musculoskeletal And Connective Tissue Malignancy With Mcc",

"De-Identified Minimum Negotiated Charge": 11949.0

},

{

"MS-DRG": "551",

"Description": "Medical Back Problems With Mcc",

"De-Identified Minimum Negotiated Charge": 6370.0

},

{

"MS-DRG": "552",

"Description": "Medical Back Problems Without Mcc",

"De-Identified Minimum Negotiated Charge": 6127.0

},

{

"MS-DRG": "556",

"Description": "Signs And Symptoms Of Musculoskeletal System And Connective Tissue Without Mcc",

"De-Identified Minimum Negotiated Charge": 5361.0

},

{

"MS-DRG": "558",

"Description": "Tendonitis, Myositis And Bursitis Without Mcc",

"De-Identified Minimum Negotiated Charge": 4528.0

},

{

"MS-DRG": "560",

"Description": "Aftercare, Musculoskeletal System And Connective Tissue With Cc",

"De-Identified Minimum Negotiated Charge": 4769.0

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{

"MS-DRG": "561",

"Description": "Aftercare, Musculoskeletal System And Connective Tissue Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 4979.0

},

{

"MS-DRG": "563",

"Description": "Fracture, Sprain, Strain And Dislocation Except Femur, Hip, Pelvis And Thigh Without Mcc",

"De-Identified Minimum Negotiated Charge": 4265.0

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"MS-DRG": "566",

"Description": "Other Musculoskeletal System And Connective Tissue Diagnoses Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 4300.0

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"MS-DRG": "571",

"Description": "Skin Debridement With Cc",

"De-Identified Minimum Negotiated Charge": 10384.0

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{

"MS-DRG": "572",

"Description": "Skin Debridement Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 8140.0

},

{

"MS-DRG": "579",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 9921.0

},

{

"MS-DRG": "580",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 6477.0

},

{

"MS-DRG": "584",

"Description": "Breast Biopsy, Local Excision And Other Breast Procedures With Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 3990.0

},

{

"MS-DRG": "585",

"Description": "Breast Biopsy, Local Excision And Other Breast Procedures Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 21154.0

},

{

"MS-DRG": "600",

"Description": "Non-Malignant Breast Disorders With Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 5693.0

},

{

"MS-DRG": "602",

"Description": "Cellulitis With Mcc",

"De-Identified Minimum Negotiated Charge": 4717.0

},

{

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"De-Identified Minimum Negotiated Charge": 1001.0

},

{

"MS-DRG": "605",

"Description": "Trauma To The Skin, Subcutaneous Tissue And Breast Without Mcc",

"De-Identified Minimum Negotiated Charge": 5062.0

},

{

"MS-DRG": "617",

"Description": "Amputation Of Lower Limb For Endocrine, Nutritional And Metabolic Disorders With Cc",

"De-Identified Minimum Negotiated Charge": 12434.0

},

{

"MS-DRG": "626",

"Description": "Thyroid, Parathyroid And Thyroglossal Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 14384.0

},

{

"MS-DRG": "627",

"Description": "Thyroid, Parathyroid And Thyroglossal Procedures Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 6055.0

},

{

"MS-DRG": "629",

"Description": "Other Endocrine, Nutritional And Metabolic O.R. Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 10126.0

},

{

"MS-DRG": "637",

"Description": "Diabetes With Mcc",

"De-Identified Minimum Negotiated Charge": 2779.0

},

{

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"De-Identified Minimum Negotiated Charge": 1500.0

},

{

"MS-DRG": "639",

"Description": "Diabetes Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 1608.0

},

{

"MS-DRG": "640",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes With Mcc",

"De-Identified Minimum Negotiated Charge": 8053.0

},

{

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"De-Identified Minimum Negotiated Charge": 2849.0

},

{

"MS-DRG": "642",

"Description": "Inborn And Other Disorders Of Metabolism",

"De-Identified Minimum Negotiated Charge": 12388.0

},

{

"MS-DRG": "643",

"Description": "Endocrine Disorders With Mcc",

"De-Identified Minimum Negotiated Charge": 10465.0

},

{

"MS-DRG": "644",

"Description": "Endocrine Disorders With Cc",

"De-Identified Minimum Negotiated Charge": 6733.0

},

{

"MS-DRG": "645",

"Description": "Endocrine Disorders Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 5192.0

},

{

"MS-DRG": "659",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Mcc",

"De-Identified Minimum Negotiated Charge": 4850.0

},

{

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"De-Identified Minimum Negotiated Charge": 4416.0

},

{

"MS-DRG": "661",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 2994.0

},

{

"MS-DRG": "662",

"Description": "Minor Bladder Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 20482.0

},

{

"MS-DRG": "665",

"Description": "Prostatectomy With Mcc",

"De-Identified Minimum Negotiated Charge": 19231.0

},

{

"MS-DRG": "669",

"Description": "Transurethral Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 10561.0

},

{

"MS-DRG": "670",

"Description": "Transurethral Procedures Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 6434.0

},

{

"MS-DRG": "673",

"Description": "Other Kidney And Urinary Tract Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 6139.0

},

{

"MS-DRG": "674",

"Description": "Other Kidney And Urinary Tract Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 15898.0

},

{

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"De-Identified Minimum Negotiated Charge": 6139.0

},

{

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"De-Identified Minimum Negotiated Charge": 3970.0

},

{

"MS-DRG": "684",

"Description": "Renal Failure Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 4158.0

},

{

"MS-DRG": "689",

"Description": "Kidney And Urinary Tract Infections With Mcc",

"De-Identified Minimum Negotiated Charge": 4835.0

},

{

"MS-DRG": "690",

"Description": "Kidney And Urinary Tract Infections Without Mcc",

"De-Identified Minimum Negotiated Charge": 3569.0

},

{

"MS-DRG": "694",

"Description": "Urinary Stones Without Mcc",

"De-Identified Minimum Negotiated Charge": 4402.0

},

{

"MS-DRG": "698",

"Description": "Other Kidney And Urinary Tract Diagnoses With Mcc",

"De-Identified Minimum Negotiated Charge": 11088.0

},

{

"MS-DRG": "699",

"Description": "Other Kidney And Urinary Tract Diagnoses With Cc",

"De-Identified Minimum Negotiated Charge": 6899.0

},

{

"MS-DRG": "714",

"Description": "Transurethral Prostatectomy Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 6041.0

},

{

"MS-DRG": "725",

"Description": "Benign Prostatic Hypertrophy With Mcc",

"De-Identified Minimum Negotiated Charge": 5296.0

},

{

"MS-DRG": "728",

"Description": "Inflammation Of The Male Reproductive System Without Mcc",

"De-Identified Minimum Negotiated Charge": 3252.0

},

{

"MS-DRG": "742",

"Description": "Uterine And Adnexa Procedures For Non-Malignancy With Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 6437.0

},

{

"MS-DRG": "743",

"Description": "Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 13561.0

},

{

"MS-DRG": "768",

"Description": "Vaginal Delivery With O.R. Procedures Except Sterilization And/Or D&C",

"De-Identified Minimum Negotiated Charge": 3000.0

},

{

"MS-DRG": "769",

"Description": "Postpartum And Post Abortion Diagnoses With O.R. Procedures",

"De-Identified Minimum Negotiated Charge": 3100.0

},

{

"MS-DRG": "776",

"Description": "Postpartum And Post Abortion Diagnoses Without O.R. Procedures",

"De-Identified Minimum Negotiated Charge": 1954.0

},

{

"MS-DRG": "783",

"Description": "Cesarean Section With Sterilization With Mcc",

"De-Identified Minimum Negotiated Charge": 3733.0

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"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"De-Identified Minimum Negotiated Charge": 2953.0

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{

"MS-DRG": "785",

"Description": "Cesarean Section With Sterilization Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 2607.0

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"MS-DRG": "786",

"Description": "Cesarean Section Without Sterilization With Mcc",

"De-Identified Minimum Negotiated Charge": 5162.0

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"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"De-Identified Minimum Negotiated Charge": 3764.0

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"MS-DRG": "788",

"Description": "Cesarean Section Without Sterilization Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 3764.0

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"MS-DRG": "789",

"Description": "Neonates, Died Or Transferred To Another Acute Care Facility",

"De-Identified Minimum Negotiated Charge": 1139.0

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"MS-DRG": "791",

"Description": "Prematurity With Major Problems",

"De-Identified Minimum Negotiated Charge": 6998.0

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{

"MS-DRG": "792",

"Description": "Prematurity Without Major Problems",

"De-Identified Minimum Negotiated Charge": 1012.0

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"MS-DRG": "793",

"Description": "Full Term Neonate With Major Problems",

"De-Identified Minimum Negotiated Charge": 1812.0

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{

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"De-Identified Minimum Negotiated Charge": 1133.0

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"MS-DRG": "795",

"Description": "Normal Newborn",

"De-Identified Minimum Negotiated Charge": 1043.0

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{

"MS-DRG": "797",

"Description": "Vaginal Delivery With Sterilization And/Or D&C With Cc",

"De-Identified Minimum Negotiated Charge": 2906.0

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"MS-DRG": "798",

"Description": "Vaginal Delivery With Sterilization And/Or D&C Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 3425.0

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"MS-DRG": "799",

"Description": "Splenectomy With Mcc",

"De-Identified Minimum Negotiated Charge": 10526.0

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"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"De-Identified Minimum Negotiated Charge": 1500.0

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"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"De-Identified Minimum Negotiated Charge": 2405.0

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{

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 1500.0

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{

"MS-DRG": "808",

"Description": "Major Hematological And Immunological Diagnoses Except Sickle Cell Crisis And Coagulation Disorders ",

"De-Identified Minimum Negotiated Charge": 1131.0

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{

"MS-DRG": "809",

"Description": "Major Hematological And Immunological Diagnoses Except Sickle Cell Crisis And Coagulation Disorders ",

"De-Identified Minimum Negotiated Charge": 3149.0

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{

"MS-DRG": "811",

"Description": "Red Blood Cell Disorders With Mcc",

"De-Identified Minimum Negotiated Charge": 6146.0

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{

"MS-DRG": "812",

"Description": "Red Blood Cell Disorders Without Mcc",

"De-Identified Minimum Negotiated Charge": 5864.0

},

{

"MS-DRG": "813",

"Description": "Coagulation Disorders",

"De-Identified Minimum Negotiated Charge": 10661.0

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"MS-DRG": "823",

"Description": "Lymphoma And Non-Acute Leukemia With Other Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 26751.0

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{

"MS-DRG": "827",

"Description": "Myeloproliferative Disorders Or Poorly Differentiated Neoplasms With Major O.R. Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 26789.0

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"MS-DRG": "831",

"Description": "Other Antepartum Diagnoses Without O.R. Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 5818.0

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{

"MS-DRG": "832",

"Description": "Other Antepartum Diagnoses Without O.R. Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 2658.0

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{

"MS-DRG": "834",

"Description": "Acute Leukemia Without Major O.R. Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 22803.0

},

{

"MS-DRG": "835",

"Description": "Acute Leukemia Without Major O.R. Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 6562.0

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{

"MS-DRG": "846",

"Description": "Chemotherapy Without Acute Leukemia As Secondary Diagnosis With Mcc",

"De-Identified Minimum Negotiated Charge": 22694.0

},

{

"MS-DRG": "847",

"Description": "Chemotherapy Without Acute Leukemia As Secondary Diagnosis With Cc",

"De-Identified Minimum Negotiated Charge": 11185.0

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{

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 1022.0

},

{

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 3658.0

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"MS-DRG": "856",

"Description": "Postoperative Or Post-Traumatic Infections With O.R. Procedures With Mcc",

"De-Identified Minimum Negotiated Charge": 46986.0

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{

"MS-DRG": "857",

"Description": "Postoperative Or Post-Traumatic Infections With O.R. Procedures With Cc",

"De-Identified Minimum Negotiated Charge": 20047.0

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"MS-DRG": "862",

"Description": "Postoperative And Post-Traumatic Infections With Mcc",

"De-Identified Minimum Negotiated Charge": 19022.0

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{

"MS-DRG": "863",

"Description": "Postoperative And Post-Traumatic Infections Without Mcc",

"De-Identified Minimum Negotiated Charge": 9104.0

},

{

"MS-DRG": "864",

"Description": "Fever And Inflammatory Conditions",

"De-Identified Minimum Negotiated Charge": 6224.0

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{

"MS-DRG": "870",

"Description": "Septicemia Or Severe Sepsis With Mv >96 Hours",

"De-Identified Minimum Negotiated Charge": 26132.0

},

{

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"De-Identified Minimum Negotiated Charge": 1608.0

},

{

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"De-Identified Minimum Negotiated Charge": 3206.0

},

{

"MS-DRG": "881",

"Description": "Depressive Neuroses",

"De-Identified Minimum Negotiated Charge": 1906.0

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{

"MS-DRG": "882",

"Description": "Neuroses Except Depressive",

"De-Identified Minimum Negotiated Charge": 1880.0

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{

"MS-DRG": "885",

"Description": "Psychoses",

"De-Identified Minimum Negotiated Charge": 1030.0

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{

"MS-DRG": "894",

"Description": "Alcohol, Drug Abuse Or Dependence, Left Ama",

"De-Identified Minimum Negotiated Charge": 1908.0

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{

"MS-DRG": "896",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy With Mcc",

"De-Identified Minimum Negotiated Charge": 4783.0

},

{

"MS-DRG": "897",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy Without Mcc",

"De-Identified Minimum Negotiated Charge": 1275.0

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{

"MS-DRG": "907",

"Description": "Other O.R. Procedures For Injuries With Mcc",

"De-Identified Minimum Negotiated Charge": 10369.0

},

{

"MS-DRG": "908",

"Description": "Other O.R. Procedures For Injuries With Cc",

"De-Identified Minimum Negotiated Charge": 8221.0

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{

"MS-DRG": "917",

"Description": "Poisoning And Toxic Effects Of Drugs With Mcc",

"De-Identified Minimum Negotiated Charge": 1344.0

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{

"MS-DRG": "918",

"Description": "Poisoning And Toxic Effects Of Drugs Without Mcc",

"De-Identified Minimum Negotiated Charge": 1307.0

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{

"MS-DRG": "919",

"Description": "Complications Of Treatment With Mcc",

"De-Identified Minimum Negotiated Charge": 12025.0

},

{

"MS-DRG": "920",

"Description": "Complications Of Treatment With Cc",

"De-Identified Minimum Negotiated Charge": 5264.0

},

{

"MS-DRG": "922",

"Description": "Other Injury, Poisoning And Toxic Effect Diagnoses With Mcc",

"De-Identified Minimum Negotiated Charge": 10961.0

},

{

"MS-DRG": "947",

"Description": "Signs And Symptoms With Mcc",

"De-Identified Minimum Negotiated Charge": 6093.0

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"MS-DRG": "948",

"Description": "Signs And Symptoms Without Mcc",

"De-Identified Minimum Negotiated Charge": 9405.0

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"MS-DRG": "949",

"Description": "Aftercare With Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 28043.0

},

{

"MS-DRG": "950",

"Description": "Aftercare Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 9834.0

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{

"MS-DRG": "956",

"Description": "Limb Reattachment, Hip And Femur Procedures For Multiple Significant Trauma",

"De-Identified Minimum Negotiated Charge": 25315.0

},

{

"MS-DRG": "963",

"Description": "Other Multiple Significant Trauma With Mcc",

"De-Identified Minimum Negotiated Charge": 18359.0

},

{

"MS-DRG": "965",

"Description": "Other Multiple Significant Trauma Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 3915.0

},

{

"MS-DRG": "981",

"Description": "Extensive O.R. Procedures Unrelated To Principal Diagnosis With Mcc",

"De-Identified Minimum Negotiated Charge": 8328.0

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{

"MS-DRG": "982",

"Description": "Extensive O.R. Procedures Unrelated To Principal Diagnosis With Cc",

"De-Identified Minimum Negotiated Charge": 12846.0

},

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"MS-DRG": "987",

"Description": "Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis With Mcc",

"De-Identified Minimum Negotiated Charge": 12846.0

},

{

"MS-DRG": "988",

"Description": "Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis With Cc",

"De-Identified Minimum Negotiated Charge": 11577.0

},

{

"MS-DRG": "989",

"Description": "Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis Without Cc/Mcc",

"De-Identified Minimum Negotiated Charge": 7135.0

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"Inpatient De-identified Maximum Negotiated Charge": [

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"MS-DRG": "004",

"Description": "Tracheostomy With Mv >96 Hours Or Principal Diagnosis Except Face, Mouth And Neck Without Major O.R.",

"De-Identified Maximum Negotiated Charge": 93547.0

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{

"MS-DRG": "056",

"Description": "Degenerative Nervous System Disorders With Mcc",

"De-Identified Maximum Negotiated Charge": 14286.0

},

{

"MS-DRG": "057",

"Description": "Degenerative Nervous System Disorders Without Mcc",

"De-Identified Maximum Negotiated Charge": 7874.0

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"MS-DRG": "059",

"Description": "Multiple Sclerosis And Cerebellar Ataxia With Cc",

"De-Identified Maximum Negotiated Charge": 7908.0

},

{

"MS-DRG": "060",

"Description": "Multiple Sclerosis And Cerebellar Ataxia Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 9978.0

},

{

"MS-DRG": "064",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Mcc",

"De-Identified Maximum Negotiated Charge": 28497.0

},

{

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"De-Identified Maximum Negotiated Charge": 15669.0

},

{

"MS-DRG": "066",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 12386.0

},

{

"MS-DRG": "069",

"Description": "Transient Ischemia Without Thrombolytic",

"De-Identified Maximum Negotiated Charge": 3869.0

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{

"MS-DRG": "070",

"Description": "Nonspecific Cerebrovascular Disorders With Mcc",

"De-Identified Maximum Negotiated Charge": 7426.0

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"MS-DRG": "075",

"Description": "Viral Meningitis With Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 6703.0

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{

"MS-DRG": "086",

"Description": "Traumatic Stupor And Coma <1 Hour With Cc",

"De-Identified Maximum Negotiated Charge": 5405.0

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{

"MS-DRG": "089",

"Description": "Concussion With Cc",

"De-Identified Maximum Negotiated Charge": 10831.0

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{

"MS-DRG": "092",

"Description": "Other Disorders Of Nervous System With Cc",

"De-Identified Maximum Negotiated Charge": 6864.0

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{

"MS-DRG": "093",

"Description": "Other Disorders Of Nervous System Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 4470.0

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"MS-DRG": "100",

"Description": "Seizures With Mcc",

"De-Identified Maximum Negotiated Charge": 17095.0

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{

"MS-DRG": "101",

"Description": "Seizures Without Mcc",

"De-Identified Maximum Negotiated Charge": 8020.0

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{

"MS-DRG": "102",

"Description": "Headaches With Mcc",

"De-Identified Maximum Negotiated Charge": 10137.0

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{

"MS-DRG": "103",

"Description": "Headaches Without Mcc",

"De-Identified Maximum Negotiated Charge": 14554.0

},

{

"MS-DRG": "153",

"Description": "Otitis Media And Uri Without Mcc",

"De-Identified Maximum Negotiated Charge": 4818.0

},

{

"MS-DRG": "154",

"Description": "Other Ear, Nose, Mouth And Throat Diagnoses With Mcc",

"De-Identified Maximum Negotiated Charge": 10663.0

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"MS-DRG": "158",

"Description": "Dental And Oral Diseases With Cc",

"De-Identified Maximum Negotiated Charge": 5728.0

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"MS-DRG": "166",

"Description": "Other Respiratory System O.R. Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 23627.0

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"MS-DRG": "175",

"Description": "Pulmonary Embolism With Mcc Or Acute Cor Pulmonale",

"De-Identified Maximum Negotiated Charge": 19270.0

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{

"MS-DRG": "176",

"Description": "Pulmonary Embolism Without Mcc",

"De-Identified Maximum Negotiated Charge": 6320.0

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{

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"De-Identified Maximum Negotiated Charge": 24892.0

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"MS-DRG": "178",

"Description": "Respiratory Infections And Inflammations With Cc",

"De-Identified Maximum Negotiated Charge": 10130.0

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{

"MS-DRG": "179",

"Description": "Respiratory Infections And Inflammations Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 8015.0

},

{

"MS-DRG": "180",

"Description": "Respiratory Neoplasms With Mcc",

"De-Identified Maximum Negotiated Charge": 20376.0

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{

"MS-DRG": "183",

"Description": "Major Chest Trauma With Mcc",

"De-Identified Maximum Negotiated Charge": 9937.0

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{

"MS-DRG": "184",

"Description": "Major Chest Trauma With Cc",

"De-Identified Maximum Negotiated Charge": 7331.0

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"MS-DRG": "186",

"Description": "Pleural Effusion With Mcc",

"De-Identified Maximum Negotiated Charge": 20566.0

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{

"MS-DRG": "187",

"Description": "Pleural Effusion With Cc",

"De-Identified Maximum Negotiated Charge": 7284.0

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"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"De-Identified Maximum Negotiated Charge": 15711.0

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{

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"De-Identified Maximum Negotiated Charge": 14837.0

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{

"MS-DRG": "191",

"Description": "Chronic Obstructive Pulmonary Disease With Cc",

"De-Identified Maximum Negotiated Charge": 11296.0

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{

"MS-DRG": "192",

"Description": "Chronic Obstructive Pulmonary Disease Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 4479.0

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{

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"De-Identified Maximum Negotiated Charge": 14679.0

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{

"MS-DRG": "194",

"Description": "Simple Pneumonia And Pleurisy With Cc",

"De-Identified Maximum Negotiated Charge": 77106.0

},

{

"MS-DRG": "195",

"Description": "Simple Pneumonia And Pleurisy Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 7327.0

},

{

"MS-DRG": "196",

"Description": "Interstitial Lung Disease With Mcc",

"De-Identified Maximum Negotiated Charge": 22750.0

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{

"MS-DRG": "199",

"Description": "Pneumothorax With Mcc",

"De-Identified Maximum Negotiated Charge": 16196.0

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"MS-DRG": "200",

"Description": "Pneumothorax With Cc",

"De-Identified Maximum Negotiated Charge": 11806.0

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{

"MS-DRG": "201",

"Description": "Pneumothorax Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 3375.0

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{

"MS-DRG": "202",

"Description": "Bronchitis And Asthma With Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 8294.0

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{

"MS-DRG": "203",

"Description": "Bronchitis And Asthma Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 1608.0

},

{

"MS-DRG": "206",

"Description": "Other Respiratory System Diagnoses Without Mcc",

"De-Identified Maximum Negotiated Charge": 9300.0

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{

"MS-DRG": "207",

"Description": "Respiratory System Diagnosis With Ventilator Support >96 Hours",

"De-Identified Maximum Negotiated Charge": 66443.0

},

{

"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"De-Identified Maximum Negotiated Charge": 31533.0

},

{

"MS-DRG": "240",

"Description": "Amputation For Circulatory System Disorders Except Upper Limb And Toe With Cc",

"De-Identified Maximum Negotiated Charge": 18792.0

},

{

"MS-DRG": "253",

"Description": "Other Vascular Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 12225.0

},

{

"MS-DRG": "264",

"Description": "Other Circulatory System O.R. Procedures",

"De-Identified Maximum Negotiated Charge": 4584.0

},

{

"MS-DRG": "270",

"Description": "Other Major Cardiovascular Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 26931.0

},

{

"MS-DRG": "280",

"Description": "Acute Myocardial Infarction, Discharged Alive With Mcc",

"De-Identified Maximum Negotiated Charge": 12241.0

},

{

"MS-DRG": "289",

"Description": "Acute And Subacute Endocarditis With Cc",

"De-Identified Maximum Negotiated Charge": 19795.0

},

{

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"De-Identified Maximum Negotiated Charge": 17828.0

},

{

"MS-DRG": "292",

"Description": "Heart Failure And Shock With Cc",

"De-Identified Maximum Negotiated Charge": 5725.0

},

{

"MS-DRG": "299",

"Description": "Peripheral Vascular Disorders With Mcc",

"De-Identified Maximum Negotiated Charge": 13828.0

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{

"MS-DRG": "300",

"Description": "Peripheral Vascular Disorders With Cc",

"De-Identified Maximum Negotiated Charge": 9905.0

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"MS-DRG": "304",

"Description": "Hypertension With Mcc",

"De-Identified Maximum Negotiated Charge": 14699.0

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{

"MS-DRG": "305",

"Description": "Hypertension Without Mcc",

"De-Identified Maximum Negotiated Charge": 7690.0

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{

"MS-DRG": "306",

"Description": "Cardiac Congenital And Valvular Disorders With Mcc",

"De-Identified Maximum Negotiated Charge": 9346.0

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{

"MS-DRG": "308",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Mcc",

"De-Identified Maximum Negotiated Charge": 13468.0

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{

"MS-DRG": "309",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Cc",

"De-Identified Maximum Negotiated Charge": 5403.0

},

{

"MS-DRG": "310",

"Description": "Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 10118.0

},

{

"MS-DRG": "312",

"Description": "Syncope And Collapse",

"De-Identified Maximum Negotiated Charge": 5993.0

},

{

"MS-DRG": "313",

"Description": "Chest Pain",

"De-Identified Maximum Negotiated Charge": 4237.0

},

{

"MS-DRG": "314",

"Description": "Other Circulatory System Diagnoses With Mcc",

"De-Identified Maximum Negotiated Charge": 6566.0

},

{

"MS-DRG": "315",

"Description": "Other Circulatory System Diagnoses With Cc",

"De-Identified Maximum Negotiated Charge": 9897.0

},

{

"MS-DRG": "326",

"Description": "Stomach, Esophageal And Duodenal Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 33264.0

},

{

"MS-DRG": "327",

"Description": "Stomach, Esophageal And Duodenal Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 19051.0

},

{

"MS-DRG": "328",

"Description": "Stomach, Esophageal And Duodenal Procedures Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 7605.0

},

{

"MS-DRG": "329",

"Description": "Major Small And Large Bowel Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 56211.0

},

{

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 33657.0

},

{

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 20351.0

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{

"MS-DRG": "335",

"Description": "Peritoneal Adhesiolysis With Mcc",

"De-Identified Maximum Negotiated Charge": 50331.0

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{

"MS-DRG": "336",

"Description": "Peritoneal Adhesiolysis With Cc",

"De-Identified Maximum Negotiated Charge": 24706.0

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{

"MS-DRG": "337",

"Description": "Peritoneal Adhesiolysis Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 20559.0

},

{

"MS-DRG": "338",

"Description": "Appendectomy With Complicated Principal Diagnosis With Mcc",

"De-Identified Maximum Negotiated Charge": 31592.0

},

{

"MS-DRG": "339",

"Description": "Appendectomy With Complicated Principal Diagnosis With Cc",

"De-Identified Maximum Negotiated Charge": 20958.0

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"MS-DRG": "340",

"Description": "Appendectomy With Complicated Principal Diagnosis Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 16054.0

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{

"MS-DRG": "342",

"Description": "Appendectomy Without Complicated Principal Diagnosis With Cc",

"De-Identified Maximum Negotiated Charge": 16426.0

},

{

"MS-DRG": "343",

"Description": "Appendectomy Without Complicated Principal Diagnosis Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 11521.0

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{

"MS-DRG": "344",

"Description": "Minor Small And Large Bowel Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 19409.0

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{

"MS-DRG": "345",

"Description": "Minor Small And Large Bowel Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 5849.0

},

{

"MS-DRG": "346",

"Description": "Minor Small And Large Bowel Procedures Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 6874.0

},

{

"MS-DRG": "348",

"Description": "Anal And Stomal Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 14501.0

},

{

"MS-DRG": "351",

"Description": "Inguinal And Femoral Hernia Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 9420.0

},

{

"MS-DRG": "353",

"Description": "Hernia Procedures Except Inguinal And Femoral With Mcc",

"De-Identified Maximum Negotiated Charge": 19221.0

},

{

"MS-DRG": "354",

"Description": "Hernia Procedures Except Inguinal And Femoral With Cc",

"De-Identified Maximum Negotiated Charge": 13480.0

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{

"MS-DRG": "355",

"Description": "Hernia Procedures Except Inguinal And Femoral Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 14178.0

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{

"MS-DRG": "357",

"Description": "Other Digestive System O.R. Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 28067.0

},

{

"MS-DRG": "368",

"Description": "Major Esophageal Disorders With Mcc",

"De-Identified Maximum Negotiated Charge": 13310.0

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{

"MS-DRG": "371",

"Description": "Major Gastrointestinal Disorders And Peritoneal Infections With Mcc",

"De-Identified Maximum Negotiated Charge": 11311.0

},

{

"MS-DRG": "372",

"Description": "Major Gastrointestinal Disorders And Peritoneal Infections With Cc",

"De-Identified Maximum Negotiated Charge": 12975.0

},

{

"MS-DRG": "374",

"Description": "Digestive Malignancy With Mcc",

"De-Identified Maximum Negotiated Charge": 8009.0

},

{

"MS-DRG": "375",

"Description": "Digestive Malignancy With Cc",

"De-Identified Maximum Negotiated Charge": 8427.0

},

{

"MS-DRG": "377",

"Description": "Gastrointestinal Hemorrhage With Mcc",

"De-Identified Maximum Negotiated Charge": 11823.0

},

{

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"De-Identified Maximum Negotiated Charge": 12899.0

},

{

"MS-DRG": "379",

"Description": "Gastrointestinal Hemorrhage Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 4430.0

},

{

"MS-DRG": "381",

"Description": "Complicated Peptic Ulcer With Cc",

"De-Identified Maximum Negotiated Charge": 13666.0

},

{

"MS-DRG": "382",

"Description": "Complicated Peptic Ulcer Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 4319.0

},

{

"MS-DRG": "384",

"Description": "Uncomplicated Peptic Ulcer Without Mcc",

"De-Identified Maximum Negotiated Charge": 4793.0

},

{

"MS-DRG": "385",

"Description": "Inflammatory Bowel Disease With Mcc",

"De-Identified Maximum Negotiated Charge": 14331.0

},

{

"MS-DRG": "386",

"Description": "Inflammatory Bowel Disease With Cc",

"De-Identified Maximum Negotiated Charge": 19837.0

},

{

"MS-DRG": "387",

"Description": "Inflammatory Bowel Disease Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 3551.0

},

{

"MS-DRG": "388",

"Description": "Gastrointestinal Obstruction With Mcc",

"De-Identified Maximum Negotiated Charge": 9838.0

},

{

"MS-DRG": "389",

"Description": "Gastrointestinal Obstruction With Cc",

"De-Identified Maximum Negotiated Charge": 10292.0

},

{

"MS-DRG": "390",

"Description": "Gastrointestinal Obstruction Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 11076.0

},

{

"MS-DRG": "391",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders With Mcc",

"De-Identified Maximum Negotiated Charge": 13858.0

},

{

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"De-Identified Maximum Negotiated Charge": 10746.0

},

{

"MS-DRG": "393",

"Description": "Other Digestive System Diagnoses With Mcc",

"De-Identified Maximum Negotiated Charge": 14056.0

},

{

"MS-DRG": "394",

"Description": "Other Digestive System Diagnoses With Cc",

"De-Identified Maximum Negotiated Charge": 11507.0

},

{

"MS-DRG": "395",

"Description": "Other Digestive System Diagnoses Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 2697.0

},

{

"MS-DRG": "411",

"Description": "Cholecystectomy With C.D.E. With Mcc",

"De-Identified Maximum Negotiated Charge": 9617.0

},

{

"MS-DRG": "416",

"Description": "Cholecystectomy Except By Laparoscope Without C.D.E. Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 8920.0

},

{

"MS-DRG": "417",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. With Mcc",

"De-Identified Maximum Negotiated Charge": 8187.0

},

{

"MS-DRG": "418",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. With Cc",

"De-Identified Maximum Negotiated Charge": 18540.0

},

{

"MS-DRG": "419",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 14303.0

},

{

"MS-DRG": "424",

"Description": "Other Hepatobiliary Or Pancreas O.R. Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 14662.0

},

{

"MS-DRG": "432",

"Description": "Cirrhosis And Alcoholic Hepatitis With Mcc",

"De-Identified Maximum Negotiated Charge": 21654.0

},

{

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"De-Identified Maximum Negotiated Charge": 11749.0

},

{

"MS-DRG": "435",

"Description": "Malignancy Of Hepatobiliary System Or Pancreas With Mcc",

"De-Identified Maximum Negotiated Charge": 12055.0

},

{

"MS-DRG": "436",

"Description": "Malignancy Of Hepatobiliary System Or Pancreas With Cc",

"De-Identified Maximum Negotiated Charge": 6501.0

},

{

"MS-DRG": "438",

"Description": "Disorders Of Pancreas Except Malignancy With Mcc",

"De-Identified Maximum Negotiated Charge": 22052.0

},

{

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"De-Identified Maximum Negotiated Charge": 14302.0

},

{

"MS-DRG": "440",

"Description": "Disorders Of Pancreas Except Malignancy Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 8350.0

},

{

"MS-DRG": "441",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis With Mcc",

"De-Identified Maximum Negotiated Charge": 9000.0

},

{

"MS-DRG": "442",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis With Cc",

"De-Identified Maximum Negotiated Charge": 6708.0

},

{

"MS-DRG": "443",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 3098.0

},

{

"MS-DRG": "444",

"Description": "Disorders Of The Biliary Tract With Mcc",

"De-Identified Maximum Negotiated Charge": 11420.0

},

{

"MS-DRG": "445",

"Description": "Disorders Of The Biliary Tract With Cc",

"De-Identified Maximum Negotiated Charge": 11574.0

},

{

"MS-DRG": "463",

"Description": "Wound Debridement And Skin Graft Except Hand For Musculoskeletal And Connective Tissue Disorders Wit",

"De-Identified Maximum Negotiated Charge": 34036.0

},

{

"MS-DRG": "464",

"Description": "Wound Debridement And Skin Graft Except Hand For Musculoskeletal And Connective Tissue Disorders Wit",

"De-Identified Maximum Negotiated Charge": 37230.0

},

{

"MS-DRG": "466",

"Description": "Revision Of Hip Or Knee Replacement With Mcc",

"De-Identified Maximum Negotiated Charge": 27431.0

},

{

"MS-DRG": "467",

"Description": "Revision Of Hip Or Knee Replacement With Cc",

"De-Identified Maximum Negotiated Charge": 40915.0

},

{

"MS-DRG": "468",

"Description": "Revision Of Hip Or Knee Replacement Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 27153.0

},

{

"MS-DRG": "469",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity With Mcc Or Total Ankle Repl",

"De-Identified Maximum Negotiated Charge": 35101.0

},

{

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"De-Identified Maximum Negotiated Charge": 35204.0

},

{

"MS-DRG": "475",

"Description": "Amputation For Musculoskeletal System And Connective Tissue Disorders With Cc",

"De-Identified Maximum Negotiated Charge": 14973.0

},

{

"MS-DRG": "480",

"Description": "Hip And Femur Procedures Except Major Joint With Mcc",

"De-Identified Maximum Negotiated Charge": 20334.0

},

{

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"De-Identified Maximum Negotiated Charge": 16065.0

},

{

"MS-DRG": "482",

"Description": "Hip And Femur Procedures Except Major Joint Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 17517.0

},

{

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"De-Identified Maximum Negotiated Charge": 39126.0

},

{

"MS-DRG": "487",

"Description": "Knee Procedures With Principal Diagnosis Of Infection Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 7652.0

},

{

"MS-DRG": "492",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur With Mcc",

"De-Identified Maximum Negotiated Charge": 22402.0

},

{

"MS-DRG": "493",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur With Cc",

"De-Identified Maximum Negotiated Charge": 15845.0

},

{

"MS-DRG": "494",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 16122.0

},

{

"MS-DRG": "501",

"Description": "Soft Tissue Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 19744.0

},

{

"MS-DRG": "513",

"Description": "Hand Or Wrist Procedures, Except Major Thumb Or Joint Procedures With Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 9421.0

},

{

"MS-DRG": "516",

"Description": "Other Musculoskeletal System And Connective Tissue O.R. Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 13715.0

},

{

"MS-DRG": "521",

"Description": "Hip Replacement With Principal Diagnosis Of Hip Fracture With Mcc",

"De-Identified Maximum Negotiated Charge": 20733.0

},

{

"MS-DRG": "522",

"Description": "Hip Replacement With Principal Diagnosis Of Hip Fracture Without Mcc",

"De-Identified Maximum Negotiated Charge": 14943.0

},

{

"MS-DRG": "534",

"Description": "Fractures Of Femur Without Mcc",

"De-Identified Maximum Negotiated Charge": 6323.0

},

{

"MS-DRG": "535",

"Description": "Fractures Of Hip And Pelvis With Mcc",

"De-Identified Maximum Negotiated Charge": 8619.0

},

{

"MS-DRG": "536",

"Description": "Fractures Of Hip And Pelvis Without Mcc",

"De-Identified Maximum Negotiated Charge": 5149.0

},

{

"MS-DRG": "542",

"Description": "Pathological Fractures And Musculoskeletal And Connective Tissue Malignancy With Mcc",

"De-Identified Maximum Negotiated Charge": 11949.0

},

{

"MS-DRG": "551",

"Description": "Medical Back Problems With Mcc",

"De-Identified Maximum Negotiated Charge": 6370.0

},

{

"MS-DRG": "552",

"Description": "Medical Back Problems Without Mcc",

"De-Identified Maximum Negotiated Charge": 6127.0

},

{

"MS-DRG": "556",

"Description": "Signs And Symptoms Of Musculoskeletal System And Connective Tissue Without Mcc",

"De-Identified Maximum Negotiated Charge": 5361.0

},

{

"MS-DRG": "558",

"Description": "Tendonitis, Myositis And Bursitis Without Mcc",

"De-Identified Maximum Negotiated Charge": 4528.0

},

{

"MS-DRG": "560",

"Description": "Aftercare, Musculoskeletal System And Connective Tissue With Cc",

"De-Identified Maximum Negotiated Charge": 4769.0

},

{

"MS-DRG": "561",

"Description": "Aftercare, Musculoskeletal System And Connective Tissue Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 4979.0

},

{

"MS-DRG": "563",

"Description": "Fracture, Sprain, Strain And Dislocation Except Femur, Hip, Pelvis And Thigh Without Mcc",

"De-Identified Maximum Negotiated Charge": 6215.0

},

{

"MS-DRG": "566",

"Description": "Other Musculoskeletal System And Connective Tissue Diagnoses Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 4300.0

},

{

"MS-DRG": "571",

"Description": "Skin Debridement With Cc",

"De-Identified Maximum Negotiated Charge": 10384.0

},

{

"MS-DRG": "572",

"Description": "Skin Debridement Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 11967.0

},

{

"MS-DRG": "579",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 9921.0

},

{

"MS-DRG": "580",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 20614.0

},

{

"MS-DRG": "584",

"Description": "Breast Biopsy, Local Excision And Other Breast Procedures With Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 3990.0

},

{

"MS-DRG": "585",

"Description": "Breast Biopsy, Local Excision And Other Breast Procedures Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 21154.0

},

{

"MS-DRG": "600",

"Description": "Non-Malignant Breast Disorders With Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 5693.0

},

{

"MS-DRG": "602",

"Description": "Cellulitis With Mcc",

"De-Identified Maximum Negotiated Charge": 14784.0

},

{

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"De-Identified Maximum Negotiated Charge": 7445.0

},

{

"MS-DRG": "605",

"Description": "Trauma To The Skin, Subcutaneous Tissue And Breast Without Mcc",

"De-Identified Maximum Negotiated Charge": 5780.0

},

{

"MS-DRG": "617",

"Description": "Amputation Of Lower Limb For Endocrine, Nutritional And Metabolic Disorders With Cc",

"De-Identified Maximum Negotiated Charge": 13832.0

},

{

"MS-DRG": "626",

"Description": "Thyroid, Parathyroid And Thyroglossal Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 14384.0

},

{

"MS-DRG": "627",

"Description": "Thyroid, Parathyroid And Thyroglossal Procedures Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 11622.0

},

{

"MS-DRG": "629",

"Description": "Other Endocrine, Nutritional And Metabolic O.R. Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 23186.0

},

{

"MS-DRG": "637",

"Description": "Diabetes With Mcc",

"De-Identified Maximum Negotiated Charge": 17316.0

},

{

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"De-Identified Maximum Negotiated Charge": 10891.0

},

{

"MS-DRG": "639",

"Description": "Diabetes Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 6206.0

},

{

"MS-DRG": "640",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes With Mcc",

"De-Identified Maximum Negotiated Charge": 12933.0

},

{

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"De-Identified Maximum Negotiated Charge": 6926.0

},

{

"MS-DRG": "642",

"Description": "Inborn And Other Disorders Of Metabolism",

"De-Identified Maximum Negotiated Charge": 12388.0

},

{

"MS-DRG": "643",

"Description": "Endocrine Disorders With Mcc",

"De-Identified Maximum Negotiated Charge": 11462.0

},

{

"MS-DRG": "644",

"Description": "Endocrine Disorders With Cc",

"De-Identified Maximum Negotiated Charge": 12078.0

},

{

"MS-DRG": "645",

"Description": "Endocrine Disorders Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 5192.0

},

{

"MS-DRG": "659",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Mcc",

"De-Identified Maximum Negotiated Charge": 8927.0

},

{

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"De-Identified Maximum Negotiated Charge": 18448.0

},

{

"MS-DRG": "661",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 11475.0

},

{

"MS-DRG": "662",

"Description": "Minor Bladder Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 20482.0

},

{

"MS-DRG": "665",

"Description": "Prostatectomy With Mcc",

"De-Identified Maximum Negotiated Charge": 19231.0

},

{

"MS-DRG": "669",

"Description": "Transurethral Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 10561.0

},

{

"MS-DRG": "670",

"Description": "Transurethral Procedures Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 10749.0

},

{

"MS-DRG": "673",

"Description": "Other Kidney And Urinary Tract Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 12558.0

},

{

"MS-DRG": "674",

"Description": "Other Kidney And Urinary Tract Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 15898.0

},

{

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"De-Identified Maximum Negotiated Charge": 15541.0

},

{

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"De-Identified Maximum Negotiated Charge": 11247.0

},

{

"MS-DRG": "684",

"Description": "Renal Failure Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 4158.0

},

{

"MS-DRG": "689",

"Description": "Kidney And Urinary Tract Infections With Mcc",

"De-Identified Maximum Negotiated Charge": 7807.0

},

{

"MS-DRG": "690",

"Description": "Kidney And Urinary Tract Infections Without Mcc",

"De-Identified Maximum Negotiated Charge": 14146.0

},

{

"MS-DRG": "694",

"Description": "Urinary Stones Without Mcc",

"De-Identified Maximum Negotiated Charge": 8064.0

},

{

"MS-DRG": "698",

"Description": "Other Kidney And Urinary Tract Diagnoses With Mcc",

"De-Identified Maximum Negotiated Charge": 11088.0

},

{

"MS-DRG": "699",

"Description": "Other Kidney And Urinary Tract Diagnoses With Cc",

"De-Identified Maximum Negotiated Charge": 8778.0

},

{

"MS-DRG": "714",

"Description": "Transurethral Prostatectomy Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 6041.0

},

{

"MS-DRG": "725",

"Description": "Benign Prostatic Hypertrophy With Mcc",

"De-Identified Maximum Negotiated Charge": 5296.0

},

{

"MS-DRG": "728",

"Description": "Inflammation Of The Male Reproductive System Without Mcc",

"De-Identified Maximum Negotiated Charge": 3632.0

},

{

"MS-DRG": "742",

"Description": "Uterine And Adnexa Procedures For Non-Malignancy With Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 17803.0

},

{

"MS-DRG": "743",

"Description": "Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 13706.0

},

{

"MS-DRG": "768",

"Description": "Vaginal Delivery With O.R. Procedures Except Sterilization And/Or D&C",

"De-Identified Maximum Negotiated Charge": 13623.0

},

{

"MS-DRG": "769",

"Description": "Postpartum And Post Abortion Diagnoses With O.R. Procedures",

"De-Identified Maximum Negotiated Charge": 17134.0

},

{

"MS-DRG": "776",

"Description": "Postpartum And Post Abortion Diagnoses Without O.R. Procedures",

"De-Identified Maximum Negotiated Charge": 6373.0

},

{

"MS-DRG": "783",

"Description": "Cesarean Section With Sterilization With Mcc",

"De-Identified Maximum Negotiated Charge": 10359.0

},

{

"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"De-Identified Maximum Negotiated Charge": 10511.0

},

{

"MS-DRG": "785",

"Description": "Cesarean Section With Sterilization Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 2780.0

},

{

"MS-DRG": "786",

"Description": "Cesarean Section Without Sterilization With Mcc",

"De-Identified Maximum Negotiated Charge": 10663.0

},

{

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"De-Identified Maximum Negotiated Charge": 13613.0

},

{

"MS-DRG": "788",

"Description": "Cesarean Section Without Sterilization Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 8694.0

},

{

"MS-DRG": "789",

"Description": "Neonates, Died Or Transferred To Another Acute Care Facility",

"De-Identified Maximum Negotiated Charge": 3413.0

},

{

"MS-DRG": "791",

"Description": "Prematurity With Major Problems",

"De-Identified Maximum Negotiated Charge": 6998.0

},

{

"MS-DRG": "792",

"Description": "Prematurity Without Major Problems",

"De-Identified Maximum Negotiated Charge": 5763.0

},

{

"MS-DRG": "793",

"Description": "Full Term Neonate With Major Problems",

"De-Identified Maximum Negotiated Charge": 5438.0

},

{

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"De-Identified Maximum Negotiated Charge": 9134.0

},

{

"MS-DRG": "795",

"Description": "Normal Newborn",

"De-Identified Maximum Negotiated Charge": 4725.0

},

{

"MS-DRG": "797",

"Description": "Vaginal Delivery With Sterilization And/Or D&C With Cc",

"De-Identified Maximum Negotiated Charge": 5816.0

},

{

"MS-DRG": "798",

"Description": "Vaginal Delivery With Sterilization And/Or D&C Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 10220.0

},

{

"MS-DRG": "799",

"Description": "Splenectomy With Mcc",

"De-Identified Maximum Negotiated Charge": 34508.0

},

{

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"De-Identified Maximum Negotiated Charge": 6348.0

},

{

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"De-Identified Maximum Negotiated Charge": 12590.0

},

{

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 8408.0

},

{

"MS-DRG": "808",

"Description": "Major Hematological And Immunological Diagnoses Except Sickle Cell Crisis And Coagulation Disorders ",

"De-Identified Maximum Negotiated Charge": 14767.0

},

{

"MS-DRG": "809",

"Description": "Major Hematological And Immunological Diagnoses Except Sickle Cell Crisis And Coagulation Disorders ",

"De-Identified Maximum Negotiated Charge": 8538.0

},

{

"MS-DRG": "811",

"Description": "Red Blood Cell Disorders With Mcc",

"De-Identified Maximum Negotiated Charge": 9571.0

},

{

"MS-DRG": "812",

"Description": "Red Blood Cell Disorders Without Mcc",

"De-Identified Maximum Negotiated Charge": 8584.0

},

{

"MS-DRG": "813",

"Description": "Coagulation Disorders",

"De-Identified Maximum Negotiated Charge": 10661.0

},

{

"MS-DRG": "823",

"Description": "Lymphoma And Non-Acute Leukemia With Other Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 26751.0

},

{

"MS-DRG": "827",

"Description": "Myeloproliferative Disorders Or Poorly Differentiated Neoplasms With Major O.R. Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 26789.0

},

{

"MS-DRG": "831",

"Description": "Other Antepartum Diagnoses Without O.R. Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 5818.0

},

{

"MS-DRG": "832",

"Description": "Other Antepartum Diagnoses Without O.R. Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 7402.0

},

{

"MS-DRG": "834",

"Description": "Acute Leukemia Without Major O.R. Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 22803.0

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{

"MS-DRG": "835",

"Description": "Acute Leukemia Without Major O.R. Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 6562.0

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{

"MS-DRG": "846",

"Description": "Chemotherapy Without Acute Leukemia As Secondary Diagnosis With Mcc",

"De-Identified Maximum Negotiated Charge": 22694.0

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{

"MS-DRG": "847",

"Description": "Chemotherapy Without Acute Leukemia As Secondary Diagnosis With Cc",

"De-Identified Maximum Negotiated Charge": 11185.0

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{

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 56113.0

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{

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 24874.0

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{

"MS-DRG": "856",

"Description": "Postoperative Or Post-Traumatic Infections With O.R. Procedures With Mcc",

"De-Identified Maximum Negotiated Charge": 46986.0

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"MS-DRG": "857",

"Description": "Postoperative Or Post-Traumatic Infections With O.R. Procedures With Cc",

"De-Identified Maximum Negotiated Charge": 20047.0

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{

"MS-DRG": "862",

"Description": "Postoperative And Post-Traumatic Infections With Mcc",

"De-Identified Maximum Negotiated Charge": 19022.0

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{

"MS-DRG": "863",

"Description": "Postoperative And Post-Traumatic Infections Without Mcc",

"De-Identified Maximum Negotiated Charge": 9104.0

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{

"MS-DRG": "864",

"Description": "Fever And Inflammatory Conditions",

"De-Identified Maximum Negotiated Charge": 6224.0

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{

"MS-DRG": "870",

"Description": "Septicemia Or Severe Sepsis With Mv >96 Hours",

"De-Identified Maximum Negotiated Charge": 83743.0

},

{

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"De-Identified Maximum Negotiated Charge": 46412.0

},

{

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"De-Identified Maximum Negotiated Charge": 35426.0

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{

"MS-DRG": "881",

"Description": "Depressive Neuroses",

"De-Identified Maximum Negotiated Charge": 1906.0

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{

"MS-DRG": "882",

"Description": "Neuroses Except Depressive",

"De-Identified Maximum Negotiated Charge": 4244.0

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{

"MS-DRG": "885",

"Description": "Psychoses",

"De-Identified Maximum Negotiated Charge": 13387.0

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{

"MS-DRG": "894",

"Description": "Alcohol, Drug Abuse Or Dependence, Left Ama",

"De-Identified Maximum Negotiated Charge": 2781.0

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{

"MS-DRG": "896",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy With Mcc",

"De-Identified Maximum Negotiated Charge": 28948.0

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{

"MS-DRG": "897",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy Without Mcc",

"De-Identified Maximum Negotiated Charge": 41917.0

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{

"MS-DRG": "907",

"Description": "Other O.R. Procedures For Injuries With Mcc",

"De-Identified Maximum Negotiated Charge": 32965.0

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{

"MS-DRG": "908",

"Description": "Other O.R. Procedures For Injuries With Cc",

"De-Identified Maximum Negotiated Charge": 21891.0

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{

"MS-DRG": "917",

"Description": "Poisoning And Toxic Effects Of Drugs With Mcc",

"De-Identified Maximum Negotiated Charge": 15480.0

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{

"MS-DRG": "918",

"Description": "Poisoning And Toxic Effects Of Drugs Without Mcc",

"De-Identified Maximum Negotiated Charge": 6319.0

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{

"MS-DRG": "919",

"Description": "Complications Of Treatment With Mcc",

"De-Identified Maximum Negotiated Charge": 12025.0

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{

"MS-DRG": "920",

"Description": "Complications Of Treatment With Cc",

"De-Identified Maximum Negotiated Charge": 11486.0

},

{

"MS-DRG": "922",

"Description": "Other Injury, Poisoning And Toxic Effect Diagnoses With Mcc",

"De-Identified Maximum Negotiated Charge": 10961.0

},

{

"MS-DRG": "947",

"Description": "Signs And Symptoms With Mcc",

"De-Identified Maximum Negotiated Charge": 7790.0

},

{

"MS-DRG": "948",

"Description": "Signs And Symptoms Without Mcc",

"De-Identified Maximum Negotiated Charge": 9405.0

},

{

"MS-DRG": "949",

"Description": "Aftercare With Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 28043.0

},

{

"MS-DRG": "950",

"Description": "Aftercare Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 9834.0

},

{

"MS-DRG": "956",

"Description": "Limb Reattachment, Hip And Femur Procedures For Multiple Significant Trauma",

"De-Identified Maximum Negotiated Charge": 25315.0

},

{

"MS-DRG": "963",

"Description": "Other Multiple Significant Trauma With Mcc",

"De-Identified Maximum Negotiated Charge": 18359.0

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{

"MS-DRG": "965",

"Description": "Other Multiple Significant Trauma Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 3915.0

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{

"MS-DRG": "981",

"Description": "Extensive O.R. Procedures Unrelated To Principal Diagnosis With Mcc",

"De-Identified Maximum Negotiated Charge": 19928.0

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{

"MS-DRG": "982",

"Description": "Extensive O.R. Procedures Unrelated To Principal Diagnosis With Cc",

"De-Identified Maximum Negotiated Charge": 12846.0

},

{

"MS-DRG": "987",

"Description": "Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis With Mcc",

"De-Identified Maximum Negotiated Charge": 18091.0

},

{

"MS-DRG": "988",

"Description": "Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis With Cc",

"De-Identified Maximum Negotiated Charge": 11577.0

},

{

"MS-DRG": "989",

"Description": "Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis Without Cc/Mcc",

"De-Identified Maximum Negotiated Charge": 7135.0

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"Inpatient Payer Specific Charge 1": [

{

"Payer": "MCR BCBS",

"MS-DRG": "004",

"Description": "Tracheostomy With Mv >96 Hours Or Principal Diagnosis Except Face, Mouth And Neck Without Major O.R.",

"Payer Specific Negotiated Charge": 64141.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 7142.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "066",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5022.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "070",

"Description": "Nonspecific Cerebrovascular Disorders With Mcc",

"Payer Specific Negotiated Charge": 7426.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "101",

"Description": "Seizures Without Mcc",

"Payer Specific Negotiated Charge": 5908.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "153",

"Description": "Otitis Media And Uri Without Mcc",

"Payer Specific Negotiated Charge": 4818.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "166",

"Description": "Other Respiratory System O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 23627.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "176",

"Description": "Pulmonary Embolism Without Mcc",

"Payer Specific Negotiated Charge": 6320.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 14888.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "178",

"Description": "Respiratory Infections And Inflammations With Cc",

"Payer Specific Negotiated Charge": 9076.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "183",

"Description": "Major Chest Trauma With Mcc",

"Payer Specific Negotiated Charge": 9937.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "186",

"Description": "Pleural Effusion With Mcc",

"Payer Specific Negotiated Charge": 1218.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 7912.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 7677.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "191",

"Description": "Chronic Obstructive Pulmonary Disease With Cc",

"Payer Specific Negotiated Charge": 6254.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 8641.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "194",

"Description": "Simple Pneumonia And Pleurisy With Cc",

"Payer Specific Negotiated Charge": 10793.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "196",

"Description": "Interstitial Lung Disease With Mcc",

"Payer Specific Negotiated Charge": 10787.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "200",

"Description": "Pneumothorax With Cc",

"Payer Specific Negotiated Charge": 7365.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "207",

"Description": "Respiratory System Diagnosis With Ventilator Support >96 Hours",

"Payer Specific Negotiated Charge": 45262.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"Payer Specific Negotiated Charge": 31533.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "280",

"Description": "Acute Myocardial Infarction, Discharged Alive With Mcc",

"Payer Specific Negotiated Charge": 10860.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 8892.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "292",

"Description": "Heart Failure And Shock With Cc",

"Payer Specific Negotiated Charge": 5130.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "299",

"Description": "Peripheral Vascular Disorders With Mcc",

"Payer Specific Negotiated Charge": 9399.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "305",

"Description": "Hypertension Without Mcc",

"Payer Specific Negotiated Charge": 4979.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "308",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Mcc",

"Payer Specific Negotiated Charge": 5995.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "309",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Cc",

"Payer Specific Negotiated Charge": 5403.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "310",

"Description": "Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4147.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "312",

"Description": "Syncope And Collapse",

"Payer Specific Negotiated Charge": 5993.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "313",

"Description": "Chest Pain",

"Payer Specific Negotiated Charge": 4237.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "327",

"Description": "Stomach, Esophageal And Duodenal Procedures With Cc",

"Payer Specific Negotiated Charge": 19051.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "329",

"Description": "Major Small And Large Bowel Procedures With Mcc",

"Payer Specific Negotiated Charge": 31276.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 16105.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 11738.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "339",

"Description": "Appendectomy With Complicated Principal Diagnosis With Cc",

"Payer Specific Negotiated Charge": 11592.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "340",

"Description": "Appendectomy With Complicated Principal Diagnosis Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4559.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "368",

"Description": "Major Esophageal Disorders With Mcc",

"Payer Specific Negotiated Charge": 13310.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "371",

"Description": "Major Gastrointestinal Disorders And Peritoneal Infections With Mcc",

"Payer Specific Negotiated Charge": 11311.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "372",

"Description": "Major Gastrointestinal Disorders And Peritoneal Infections With Cc",

"Payer Specific Negotiated Charge": 6764.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "374",

"Description": "Digestive Malignancy With Mcc",

"Payer Specific Negotiated Charge": 8009.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "375",

"Description": "Digestive Malignancy With Cc",

"Payer Specific Negotiated Charge": 8427.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "377",

"Description": "Gastrointestinal Hemorrhage With Mcc",

"Payer Specific Negotiated Charge": 11823.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 6615.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "379",

"Description": "Gastrointestinal Hemorrhage Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4344.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "388",

"Description": "Gastrointestinal Obstruction With Mcc",

"Payer Specific Negotiated Charge": 9838.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "389",

"Description": "Gastrointestinal Obstruction With Cc",

"Payer Specific Negotiated Charge": 5669.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "390",

"Description": "Gastrointestinal Obstruction Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3931.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "391",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders With Mcc",

"Payer Specific Negotiated Charge": 8107.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 5473.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "394",

"Description": "Other Digestive System Diagnoses With Cc",

"Payer Specific Negotiated Charge": 6641.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "395",

"Description": "Other Digestive System Diagnoses Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2697.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "418",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. With Cc",

"Payer Specific Negotiated Charge": 6018.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 6895.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "442",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 5893.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "464",

"Description": "Wound Debridement And Skin Graft Except Hand For Musculoskeletal And Connective Tissue Disorders Wit",

"Payer Specific Negotiated Charge": 18354.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "466",

"Description": "Revision Of Hip Or Knee Replacement With Mcc",

"Payer Specific Negotiated Charge": 27431.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "467",

"Description": "Revision Of Hip Or Knee Replacement With Cc",

"Payer Specific Negotiated Charge": 21683.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "468",

"Description": "Revision Of Hip Or Knee Replacement Without Cc/Mcc",

"Payer Specific Negotiated Charge": 17910.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "469",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity With Mcc Or Total Ankle Repl",

"Payer Specific Negotiated Charge": 14576.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 12861.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "475",

"Description": "Amputation For Musculoskeletal System And Connective Tissue Disorders With Cc",

"Payer Specific Negotiated Charge": 14973.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "480",

"Description": "Hip And Femur Procedures Except Major Joint With Mcc",

"Payer Specific Negotiated Charge": 11546.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"Payer Specific Negotiated Charge": 13366.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "482",

"Description": "Hip And Femur Procedures Except Major Joint Without Cc/Mcc",

"Payer Specific Negotiated Charge": 10694.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 15565.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "493",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur With Cc",

"Payer Specific Negotiated Charge": 14984.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "521",

"Description": "Hip Replacement With Principal Diagnosis Of Hip Fracture With Mcc",

"Payer Specific Negotiated Charge": 20733.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "522",

"Description": "Hip Replacement With Principal Diagnosis Of Hip Fracture Without Mcc",

"Payer Specific Negotiated Charge": 14943.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "536",

"Description": "Fractures Of Hip And Pelvis Without Mcc",

"Payer Specific Negotiated Charge": 5054.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "556",

"Description": "Signs And Symptoms Of Musculoskeletal System And Connective Tissue Without Mcc",

"Payer Specific Negotiated Charge": 5361.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "560",

"Description": "Aftercare, Musculoskeletal System And Connective Tissue With Cc",

"Payer Specific Negotiated Charge": 4769.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "563",

"Description": "Fracture, Sprain, Strain And Dislocation Except Femur, Hip, Pelvis And Thigh Without Mcc",

"Payer Specific Negotiated Charge": 6215.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "571",

"Description": "Skin Debridement With Cc",

"Payer Specific Negotiated Charge": 10384.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "602",

"Description": "Cellulitis With Mcc",

"Payer Specific Negotiated Charge": 9246.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"Payer Specific Negotiated Charge": 1001.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "605",

"Description": "Trauma To The Skin, Subcutaneous Tissue And Breast Without Mcc",

"Payer Specific Negotiated Charge": 5780.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "617",

"Description": "Amputation Of Lower Limb For Endocrine, Nutritional And Metabolic Disorders With Cc",

"Payer Specific Negotiated Charge": 13389.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "629",

"Description": "Other Endocrine, Nutritional And Metabolic O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 15556.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "637",

"Description": "Diabetes With Mcc",

"Payer Specific Negotiated Charge": 11238.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 5949.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "640",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes With Mcc",

"Payer Specific Negotiated Charge": 8056.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 5138.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "643",

"Description": "Endocrine Disorders With Mcc",

"Payer Specific Negotiated Charge": 10465.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "644",

"Description": "Endocrine Disorders With Cc",

"Payer Specific Negotiated Charge": 6733.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "662",

"Description": "Minor Bladder Procedures With Mcc",

"Payer Specific Negotiated Charge": 20482.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "669",

"Description": "Transurethral Procedures With Cc",

"Payer Specific Negotiated Charge": 10561.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "670",

"Description": "Transurethral Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 6434.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "674",

"Description": "Other Kidney And Urinary Tract Procedures With Cc",

"Payer Specific Negotiated Charge": 15898.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 9543.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 6035.0

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{

"Payer": "MCR BCBS",

"MS-DRG": "684",

"Description": "Renal Failure Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4158.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "689",

"Description": "Kidney And Urinary Tract Infections With Mcc",

"Payer Specific Negotiated Charge": 7314.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "690",

"Description": "Kidney And Urinary Tract Infections Without Mcc",

"Payer Specific Negotiated Charge": 5211.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "698",

"Description": "Other Kidney And Urinary Tract Diagnoses With Mcc",

"Payer Specific Negotiated Charge": 11088.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "714",

"Description": "Transurethral Prostatectomy Without Cc/Mcc",

"Payer Specific Negotiated Charge": 6041.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "809",

"Description": "Major Hematological And Immunological Diagnoses Except Sickle Cell Crisis And Coagulation Disorders ",

"Payer Specific Negotiated Charge": 8127.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "811",

"Description": "Red Blood Cell Disorders With Mcc",

"Payer Specific Negotiated Charge": 9543.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "812",

"Description": "Red Blood Cell Disorders Without Mcc",

"Payer Specific Negotiated Charge": 5867.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "813",

"Description": "Coagulation Disorders",

"Payer Specific Negotiated Charge": 10661.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "823",

"Description": "Lymphoma And Non-Acute Leukemia With Other Procedures With Mcc",

"Payer Specific Negotiated Charge": 26751.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 13584.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 11299.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "856",

"Description": "Postoperative Or Post-Traumatic Infections With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 46986.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "864",

"Description": "Fever And Inflammatory Conditions",

"Payer Specific Negotiated Charge": 6224.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "870",

"Description": "Septicemia Or Severe Sepsis With Mv >96 Hours",

"Payer Specific Negotiated Charge": 38077.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 12208.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 6941.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 7923.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "947",

"Description": "Signs And Symptoms With Mcc",

"Payer Specific Negotiated Charge": 7790.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "949",

"Description": "Aftercare With Cc/Mcc",

"Payer Specific Negotiated Charge": 28043.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "950",

"Description": "Aftercare Without Cc/Mcc",

"Payer Specific Negotiated Charge": 9834.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "963",

"Description": "Other Multiple Significant Trauma With Mcc",

"Payer Specific Negotiated Charge": 18359.0

},

{

"Payer": "MCR BCBS",

"MS-DRG": "989",

"Description": "Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis Without Cc/Mcc",

"Payer Specific Negotiated Charge": 7135.0

}

],

"Inpatient Payer Specific Charge 2": [

{

"Payer": "MCR HUM",

"MS-DRG": "004",

"Description": "Tracheostomy With Mv >96 Hours Or Principal Diagnosis Except Face, Mouth And Neck Without Major O.R.",

"Payer Specific Negotiated Charge": 93547.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "056",

"Description": "Degenerative Nervous System Disorders With Mcc",

"Payer Specific Negotiated Charge": 14286.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "092",

"Description": "Other Disorders Of Nervous System With Cc",

"Payer Specific Negotiated Charge": 6864.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "175",

"Description": "Pulmonary Embolism With Mcc Or Acute Cor Pulmonale",

"Payer Specific Negotiated Charge": 9524.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 14828.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "178",

"Description": "Respiratory Infections And Inflammations With Cc",

"Payer Specific Negotiated Charge": 9845.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "180",

"Description": "Respiratory Neoplasms With Mcc",

"Payer Specific Negotiated Charge": 9806.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 8155.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 7498.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 7696.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "194",

"Description": "Simple Pneumonia And Pleurisy With Cc",

"Payer Specific Negotiated Charge": 5019.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "199",

"Description": "Pneumothorax With Mcc",

"Payer Specific Negotiated Charge": 9788.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "200",

"Description": "Pneumothorax With Cc",

"Payer Specific Negotiated Charge": 5923.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "207",

"Description": "Respiratory System Diagnosis With Ventilator Support >96 Hours",

"Payer Specific Negotiated Charge": 66443.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"Payer Specific Negotiated Charge": 20260.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 8891.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "308",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Mcc",

"Payer Specific Negotiated Charge": 8110.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "312",

"Description": "Syncope And Collapse",

"Payer Specific Negotiated Charge": 5270.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "327",

"Description": "Stomach, Esophageal And Duodenal Procedures With Cc",

"Payer Specific Negotiated Charge": 14761.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "353",

"Description": "Hernia Procedures Except Inguinal And Femoral With Mcc",

"Payer Specific Negotiated Charge": 19221.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 6322.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "416",

"Description": "Cholecystectomy Except By Laparoscope Without C.D.E. Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8920.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "424",

"Description": "Other Hepatobiliary Or Pancreas O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 14662.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "438",

"Description": "Disorders Of Pancreas Except Malignancy With Mcc",

"Payer Specific Negotiated Charge": 10584.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 4977.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 11919.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "480",

"Description": "Hip And Femur Procedures Except Major Joint With Mcc",

"Payer Specific Negotiated Charge": 17247.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"Payer Specific Negotiated Charge": 12226.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 14429.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "492",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur With Mcc",

"Payer Specific Negotiated Charge": 22402.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "580",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Cc",

"Payer Specific Negotiated Charge": 10567.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 4522.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 5036.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "644",

"Description": "Endocrine Disorders With Cc",

"Payer Specific Negotiated Charge": 6870.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "645",

"Description": "Endocrine Disorders Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5192.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "661",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc",

"Payer Specific Negotiated Charge": 7128.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 10183.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "811",

"Description": "Red Blood Cell Disorders With Mcc",

"Payer Specific Negotiated Charge": 9505.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 24704.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "870",

"Description": "Septicemia Or Severe Sepsis With Mv >96 Hours",

"Payer Specific Negotiated Charge": 40466.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 12008.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 5231.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 6116.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "918",

"Description": "Poisoning And Toxic Effects Of Drugs Without Mcc",

"Payer Specific Negotiated Charge": 4534.0

},

{

"Payer": "MCR HUM",

"MS-DRG": "987",

"Description": "Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis With Mcc",

"Payer Specific Negotiated Charge": 18091.0

}

],

"Inpatient Payer Specific Charge 3": [

{

"Payer": "MCR PRI",

"MS-DRG": "056",

"Description": "Degenerative Nervous System Disorders With Mcc",

"Payer Specific Negotiated Charge": 4552.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "057",

"Description": "Degenerative Nervous System Disorders Without Mcc",

"Payer Specific Negotiated Charge": 7874.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "066",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5121.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "101",

"Description": "Seizures Without Mcc",

"Payer Specific Negotiated Charge": 5832.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 14374.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "184",

"Description": "Major Chest Trauma With Cc",

"Payer Specific Negotiated Charge": 6804.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 8959.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 8756.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "309",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Cc",

"Payer Specific Negotiated Charge": 5072.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "329",

"Description": "Major Small And Large Bowel Procedures With Mcc",

"Payer Specific Negotiated Charge": 13045.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 9541.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 6612.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "389",

"Description": "Gastrointestinal Obstruction With Cc",

"Payer Specific Negotiated Charge": 5669.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 7258.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "442",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 6617.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 12443.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"Payer Specific Negotiated Charge": 13383.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 15565.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "536",

"Description": "Fractures Of Hip And Pelvis Without Mcc",

"Payer Specific Negotiated Charge": 5149.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "558",

"Description": "Tendonitis, Myositis And Bursitis Without Mcc",

"Payer Specific Negotiated Charge": 4528.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "602",

"Description": "Cellulitis With Mcc",

"Payer Specific Negotiated Charge": 4717.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"Payer Specific Negotiated Charge": 2090.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"Payer Specific Negotiated Charge": 9369.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "665",

"Description": "Prostatectomy With Mcc",

"Payer Specific Negotiated Charge": 19231.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 5945.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "690",

"Description": "Kidney And Urinary Tract Infections Without Mcc",

"Payer Specific Negotiated Charge": 5357.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "811",

"Description": "Red Blood Cell Disorders With Mcc",

"Payer Specific Negotiated Charge": 8684.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 33189.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 12213.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 6878.0

},

{

"Payer": "MCR PRI",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 8066.0

}

],

"Inpatient Payer Specific Charge 4": [

{

"Payer": "MCD MCL",

"MS-DRG": "057",

"Description": "Degenerative Nervous System Disorders Without Mcc",

"Payer Specific Negotiated Charge": 5124.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 8718.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "093",

"Description": "Other Disorders Of Nervous System Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4470.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "100",

"Description": "Seizures With Mcc",

"Payer Specific Negotiated Charge": 4111.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "103",

"Description": "Headaches Without Mcc",

"Payer Specific Negotiated Charge": 3242.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "175",

"Description": "Pulmonary Embolism With Mcc Or Acute Cor Pulmonale",

"Payer Specific Negotiated Charge": 4704.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 9417.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 3374.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "192",

"Description": "Chronic Obstructive Pulmonary Disease Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4479.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 7702.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "201",

"Description": "Pneumothorax Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3375.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"Payer Specific Negotiated Charge": 4592.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "270",

"Description": "Other Major Cardiovascular Procedures With Mcc",

"Payer Specific Negotiated Charge": 26931.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 5811.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "300",

"Description": "Peripheral Vascular Disorders With Cc",

"Payer Specific Negotiated Charge": 4584.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "315",

"Description": "Other Circulatory System Diagnoses With Cc",

"Payer Specific Negotiated Charge": 3392.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "326",

"Description": "Stomach, Esophageal And Duodenal Procedures With Mcc",

"Payer Specific Negotiated Charge": 5093.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8140.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "343",

"Description": "Appendectomy Without Complicated Principal Diagnosis Without Cc/Mcc",

"Payer Specific Negotiated Charge": 6217.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "345",

"Description": "Minor Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 5849.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "368",

"Description": "Major Esophageal Disorders With Mcc",

"Payer Specific Negotiated Charge": 5924.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "382",

"Description": "Complicated Peptic Ulcer Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4319.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "384",

"Description": "Uncomplicated Peptic Ulcer Without Mcc",

"Payer Specific Negotiated Charge": 4793.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "386",

"Description": "Inflammatory Bowel Disease With Cc",

"Payer Specific Negotiated Charge": 4860.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "389",

"Description": "Gastrointestinal Obstruction With Cc",

"Payer Specific Negotiated Charge": 3571.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 4068.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 5712.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "438",

"Description": "Disorders Of Pancreas Except Malignancy With Mcc",

"Payer Specific Negotiated Charge": 6009.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 4085.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 10147.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"Payer Specific Negotiated Charge": 11882.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "494",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur Without Cc/Mcc",

"Payer Specific Negotiated Charge": 7652.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "600",

"Description": "Non-Malignant Breast Disorders With Cc/Mcc",

"Payer Specific Negotiated Charge": 5693.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"Payer Specific Negotiated Charge": 5649.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "637",

"Description": "Diabetes With Mcc",

"Payer Specific Negotiated Charge": 3542.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 3521.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "639",

"Description": "Diabetes Without Cc/Mcc",

"Payer Specific Negotiated Charge": 1608.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 2849.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "659",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Mcc",

"Payer Specific Negotiated Charge": 4850.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"Payer Specific Negotiated Charge": 5037.0

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{

"Payer": "MCD MCL",

"MS-DRG": "661",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2994.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 9430.0

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{

"Payer": "MCD MCL",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 5051.0

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{

"Payer": "MCD MCL",

"MS-DRG": "728",

"Description": "Inflammation Of The Male Reproductive System Without Mcc",

"Payer Specific Negotiated Charge": 3632.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "742",

"Description": "Uterine And Adnexa Procedures For Non-Malignancy With Cc/Mcc",

"Payer Specific Negotiated Charge": 6437.0

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{

"Payer": "MCD MCL",

"MS-DRG": "768",

"Description": "Vaginal Delivery With O.R. Procedures Except Sterilization And/Or D&C",

"Payer Specific Negotiated Charge": 3000.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "776",

"Description": "Postpartum And Post Abortion Diagnoses Without O.R. Procedures",

"Payer Specific Negotiated Charge": 1954.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"Payer Specific Negotiated Charge": 2953.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "785",

"Description": "Cesarean Section With Sterilization Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2780.0

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{

"Payer": "MCD MCL",

"MS-DRG": "786",

"Description": "Cesarean Section Without Sterilization With Mcc",

"Payer Specific Negotiated Charge": 5750.0

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{

"Payer": "MCD MCL",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 4435.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "788",

"Description": "Cesarean Section Without Sterilization Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4097.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "789",

"Description": "Neonates, Died Or Transferred To Another Acute Care Facility",

"Payer Specific Negotiated Charge": 1139.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "792",

"Description": "Prematurity Without Major Problems",

"Payer Specific Negotiated Charge": 1214.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "793",

"Description": "Full Term Neonate With Major Problems",

"Payer Specific Negotiated Charge": 3526.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 1309.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1043.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "797",

"Description": "Vaginal Delivery With Sterilization And/Or D&C With Cc",

"Payer Specific Negotiated Charge": 3544.0

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{

"Payer": "MCD MCL",

"MS-DRG": "798",

"Description": "Vaginal Delivery With Sterilization And/Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3485.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"Payer Specific Negotiated Charge": 2406.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2406.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2406.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "811",

"Description": "Red Blood Cell Disorders With Mcc",

"Payer Specific Negotiated Charge": 6146.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 25401.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 4556.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "870",

"Description": "Septicemia Or Severe Sepsis With Mv >96 Hours",

"Payer Specific Negotiated Charge": 26132.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 9339.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "894",

"Description": "Alcohol, Drug Abuse Or Dependence, Left Ama",

"Payer Specific Negotiated Charge": 1908.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "917",

"Description": "Poisoning And Toxic Effects Of Drugs With Mcc",

"Payer Specific Negotiated Charge": 5990.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "918",

"Description": "Poisoning And Toxic Effects Of Drugs Without Mcc",

"Payer Specific Negotiated Charge": 3451.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "965",

"Description": "Other Multiple Significant Trauma Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3915.0

},

{

"Payer": "MCD MCL",

"MS-DRG": "982",

"Description": "Extensive O.R. Procedures Unrelated To Principal Diagnosis With Cc",

"Payer Specific Negotiated Charge": 12846.0

}

],

"Inpatient Payer Specific Charge 5": [

{

"Payer": "MCR BCN",

"MS-DRG": "059",

"Description": "Multiple Sclerosis And Cerebellar Ataxia With Cc",

"Payer Specific Negotiated Charge": 7908.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 6730.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "086",

"Description": "Traumatic Stupor And Coma <1 Hour With Cc",

"Payer Specific Negotiated Charge": 5405.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "154",

"Description": "Other Ear, Nose, Mouth And Throat Diagnoses With Mcc",

"Payer Specific Negotiated Charge": 10663.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "158",

"Description": "Dental And Oral Diseases With Cc",

"Payer Specific Negotiated Charge": 5728.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "175",

"Description": "Pulmonary Embolism With Mcc Or Acute Cor Pulmonale",

"Payer Specific Negotiated Charge": 10658.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "176",

"Description": "Pulmonary Embolism Without Mcc",

"Payer Specific Negotiated Charge": 6320.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 14931.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "178",

"Description": "Respiratory Infections And Inflammations With Cc",

"Payer Specific Negotiated Charge": 9884.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "183",

"Description": "Major Chest Trauma With Mcc",

"Payer Specific Negotiated Charge": 9747.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "184",

"Description": "Major Chest Trauma With Cc",

"Payer Specific Negotiated Charge": 7331.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 7837.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 8740.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "194",

"Description": "Simple Pneumonia And Pleurisy With Cc",

"Payer Specific Negotiated Charge": 5928.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "196",

"Description": "Interstitial Lung Disease With Mcc",

"Payer Specific Negotiated Charge": 11909.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "200",

"Description": "Pneumothorax With Cc",

"Payer Specific Negotiated Charge": 7214.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "207",

"Description": "Respiratory System Diagnosis With Ventilator Support >96 Hours",

"Payer Specific Negotiated Charge": 45392.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"Payer Specific Negotiated Charge": 17282.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "240",

"Description": "Amputation For Circulatory System Disorders Except Upper Limb And Toe With Cc",

"Payer Specific Negotiated Charge": 18792.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "280",

"Description": "Acute Myocardial Infarction, Discharged Alive With Mcc",

"Payer Specific Negotiated Charge": 5702.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 8528.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "292",

"Description": "Heart Failure And Shock With Cc",

"Payer Specific Negotiated Charge": 5725.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "308",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Mcc",

"Payer Specific Negotiated Charge": 8071.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "309",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Cc",

"Payer Specific Negotiated Charge": 5375.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "310",

"Description": "Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3881.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "312",

"Description": "Syncope And Collapse",

"Payer Specific Negotiated Charge": 5519.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "326",

"Description": "Stomach, Esophageal And Duodenal Procedures With Mcc",

"Payer Specific Negotiated Charge": 33264.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 12458.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 11080.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "357",

"Description": "Other Digestive System O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 28067.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "377",

"Description": "Gastrointestinal Hemorrhage With Mcc",

"Payer Specific Negotiated Charge": 11599.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 7025.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "381",

"Description": "Complicated Peptic Ulcer With Cc",

"Payer Specific Negotiated Charge": 7466.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 5625.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 12864.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "480",

"Description": "Hip And Femur Procedures Except Major Joint With Mcc",

"Payer Specific Negotiated Charge": 20334.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"Payer Specific Negotiated Charge": 13275.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "482",

"Description": "Hip And Femur Procedures Except Major Joint Without Cc/Mcc",

"Payer Specific Negotiated Charge": 10594.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 16249.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "521",

"Description": "Hip Replacement With Principal Diagnosis Of Hip Fracture With Mcc",

"Payer Specific Negotiated Charge": 14927.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "542",

"Description": "Pathological Fractures And Musculoskeletal And Connective Tissue Malignancy With Mcc",

"Payer Specific Negotiated Charge": 11949.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "563",

"Description": "Fracture, Sprain, Strain And Dislocation Except Femur, Hip, Pelvis And Thigh Without Mcc",

"Payer Specific Negotiated Charge": 5645.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "640",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes With Mcc",

"Payer Specific Negotiated Charge": 8056.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 5036.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 7744.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "690",

"Description": "Kidney And Urinary Tract Infections Without Mcc",

"Payer Specific Negotiated Charge": 5695.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "699",

"Description": "Other Kidney And Urinary Tract Diagnoses With Cc",

"Payer Specific Negotiated Charge": 6899.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "799",

"Description": "Splenectomy With Mcc",

"Payer Specific Negotiated Charge": 34508.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3740.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 33189.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 10165.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "870",

"Description": "Septicemia Or Severe Sepsis With Mv >96 Hours",

"Payer Specific Negotiated Charge": 47116.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 12784.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 3206.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4000.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "908",

"Description": "Other O.R. Procedures For Injuries With Cc",

"Payer Specific Negotiated Charge": 13462.0

},

{

"Payer": "MCR BCN",

"MS-DRG": "947",

"Description": "Signs And Symptoms With Mcc",

"Payer Specific Negotiated Charge": 6093.0

}

],

"Inpatient Payer Specific Charge 6": [

{

"Payer": "BCBS",

"MS-DRG": "060",

"Description": "Multiple Sclerosis And Cerebellar Ataxia Without Cc/Mcc",

"Payer Specific Negotiated Charge": 9978.0

},

{

"Payer": "BCBS",

"MS-DRG": "064",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Mcc",

"Payer Specific Negotiated Charge": 28497.0

},

{

"Payer": "BCBS",

"MS-DRG": "089",

"Description": "Concussion With Cc",

"Payer Specific Negotiated Charge": 10831.0

},

{

"Payer": "BCBS",

"MS-DRG": "103",

"Description": "Headaches Without Mcc",

"Payer Specific Negotiated Charge": 14554.0

},

{

"Payer": "BCBS",

"MS-DRG": "175",

"Description": "Pulmonary Embolism With Mcc Or Acute Cor Pulmonale",

"Payer Specific Negotiated Charge": 19270.0

},

{

"Payer": "BCBS",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 21396.0

},

{

"Payer": "BCBS",

"MS-DRG": "180",

"Description": "Respiratory Neoplasms With Mcc",

"Payer Specific Negotiated Charge": 20376.0

},

{

"Payer": "BCBS",

"MS-DRG": "186",

"Description": "Pleural Effusion With Mcc",

"Payer Specific Negotiated Charge": 20566.0

},

{

"Payer": "BCBS",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 15711.0

},

{

"Payer": "BCBS",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 12356.0

},

{

"Payer": "BCBS",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 14679.0

},

{

"Payer": "BCBS",

"MS-DRG": "194",

"Description": "Simple Pneumonia And Pleurisy With Cc",

"Payer Specific Negotiated Charge": 9674.0

},

{

"Payer": "BCBS",

"MS-DRG": "196",

"Description": "Interstitial Lung Disease With Mcc",

"Payer Specific Negotiated Charge": 22338.0

},

{

"Payer": "BCBS",

"MS-DRG": "199",

"Description": "Pneumothorax With Mcc",

"Payer Specific Negotiated Charge": 16196.0

},

{

"Payer": "BCBS",

"MS-DRG": "206",

"Description": "Other Respiratory System Diagnoses Without Mcc",

"Payer Specific Negotiated Charge": 9300.0

},

{

"Payer": "BCBS",

"MS-DRG": "289",

"Description": "Acute And Subacute Endocarditis With Cc",

"Payer Specific Negotiated Charge": 19795.0

},

{

"Payer": "BCBS",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 17331.0

},

{

"Payer": "BCBS",

"MS-DRG": "299",

"Description": "Peripheral Vascular Disorders With Mcc",

"Payer Specific Negotiated Charge": 13828.0

},

{

"Payer": "BCBS",

"MS-DRG": "308",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Mcc",

"Payer Specific Negotiated Charge": 13468.0

},

{

"Payer": "BCBS",

"MS-DRG": "309",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Cc",

"Payer Specific Negotiated Charge": 3062.0

},

{

"Payer": "BCBS",

"MS-DRG": "310",

"Description": "Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc",

"Payer Specific Negotiated Charge": 6683.0

},

{

"Payer": "BCBS",

"MS-DRG": "315",

"Description": "Other Circulatory System Diagnoses With Cc",

"Payer Specific Negotiated Charge": 9897.0

},

{

"Payer": "BCBS",

"MS-DRG": "329",

"Description": "Major Small And Large Bowel Procedures With Mcc",

"Payer Specific Negotiated Charge": 49692.0

},

{

"Payer": "BCBS",

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 26178.0

},

{

"Payer": "BCBS",

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 20057.0

},

{

"Payer": "BCBS",

"MS-DRG": "338",

"Description": "Appendectomy With Complicated Principal Diagnosis With Mcc",

"Payer Specific Negotiated Charge": 31592.0

},

{

"Payer": "BCBS",

"MS-DRG": "339",

"Description": "Appendectomy With Complicated Principal Diagnosis With Cc",

"Payer Specific Negotiated Charge": 20958.0

},

{

"Payer": "BCBS",

"MS-DRG": "340",

"Description": "Appendectomy With Complicated Principal Diagnosis Without Cc/Mcc",

"Payer Specific Negotiated Charge": 16054.0

},

{

"Payer": "BCBS",

"MS-DRG": "343",

"Description": "Appendectomy Without Complicated Principal Diagnosis Without Cc/Mcc",

"Payer Specific Negotiated Charge": 11521.0

},

{

"Payer": "BCBS",

"MS-DRG": "348",

"Description": "Anal And Stomal Procedures With Cc",

"Payer Specific Negotiated Charge": 14501.0

},

{

"Payer": "BCBS",

"MS-DRG": "355",

"Description": "Hernia Procedures Except Inguinal And Femoral Without Cc/Mcc",

"Payer Specific Negotiated Charge": 14178.0

},

{

"Payer": "BCBS",

"MS-DRG": "372",

"Description": "Major Gastrointestinal Disorders And Peritoneal Infections With Cc",

"Payer Specific Negotiated Charge": 12975.0

},

{

"Payer": "BCBS",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 11837.0

},

{

"Payer": "BCBS",

"MS-DRG": "381",

"Description": "Complicated Peptic Ulcer With Cc",

"Payer Specific Negotiated Charge": 13666.0

},

{

"Payer": "BCBS",

"MS-DRG": "385",

"Description": "Inflammatory Bowel Disease With Mcc",

"Payer Specific Negotiated Charge": 14331.0

},

{

"Payer": "BCBS",

"MS-DRG": "386",

"Description": "Inflammatory Bowel Disease With Cc",

"Payer Specific Negotiated Charge": 10750.0

},

{

"Payer": "BCBS",

"MS-DRG": "389",

"Description": "Gastrointestinal Obstruction With Cc",

"Payer Specific Negotiated Charge": 10292.0

},

{

"Payer": "BCBS",

"MS-DRG": "390",

"Description": "Gastrointestinal Obstruction Without Cc/Mcc",

"Payer Specific Negotiated Charge": 7239.0

},

{

"Payer": "BCBS",

"MS-DRG": "391",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders With Mcc",

"Payer Specific Negotiated Charge": 13858.0

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{

"Payer": "BCBS",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 8248.0

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{

"Payer": "BCBS",

"MS-DRG": "394",

"Description": "Other Digestive System Diagnoses With Cc",

"Payer Specific Negotiated Charge": 11507.0

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{

"Payer": "BCBS",

"MS-DRG": "419",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. Without Cc/Mcc",

"Payer Specific Negotiated Charge": 14303.0

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{

"Payer": "BCBS",

"MS-DRG": "432",

"Description": "Cirrhosis And Alcoholic Hepatitis With Mcc",

"Payer Specific Negotiated Charge": 21654.0

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{

"Payer": "BCBS",

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 11687.0

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{

"Payer": "BCBS",

"MS-DRG": "438",

"Description": "Disorders Of Pancreas Except Malignancy With Mcc",

"Payer Specific Negotiated Charge": 22052.0

},

{

"Payer": "BCBS",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 12540.0

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{

"Payer": "BCBS",

"MS-DRG": "445",

"Description": "Disorders Of The Biliary Tract With Cc",

"Payer Specific Negotiated Charge": 11574.0

},

{

"Payer": "BCBS",

"MS-DRG": "467",

"Description": "Revision Of Hip Or Knee Replacement With Cc",

"Payer Specific Negotiated Charge": 32770.0

},

{

"Payer": "BCBS",

"MS-DRG": "468",

"Description": "Revision Of Hip Or Knee Replacement Without Cc/Mcc",

"Payer Specific Negotiated Charge": 27153.0

},

{

"Payer": "BCBS",

"MS-DRG": "469",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity With Mcc Or Total Ankle Repl",

"Payer Specific Negotiated Charge": 35101.0

},

{

"Payer": "BCBS",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 23510.0

},

{

"Payer": "BCBS",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 24444.0

},

{

"Payer": "BCBS",

"MS-DRG": "494",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur Without Cc/Mcc",

"Payer Specific Negotiated Charge": 16122.0

},

{

"Payer": "BCBS",

"MS-DRG": "501",

"Description": "Soft Tissue Procedures With Cc",

"Payer Specific Negotiated Charge": 19744.0

},

{

"Payer": "BCBS",

"MS-DRG": "580",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Cc",

"Payer Specific Negotiated Charge": 19016.0

},

{

"Payer": "BCBS",

"MS-DRG": "585",

"Description": "Breast Biopsy, Local Excision And Other Breast Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 21154.0

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{

"Payer": "BCBS",

"MS-DRG": "602",

"Description": "Cellulitis With Mcc",

"Payer Specific Negotiated Charge": 10097.0

},

{

"Payer": "BCBS",

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"Payer Specific Negotiated Charge": 7445.0

},

{

"Payer": "BCBS",

"MS-DRG": "629",

"Description": "Other Endocrine, Nutritional And Metabolic O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 23186.0

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{

"Payer": "BCBS",

"MS-DRG": "637",

"Description": "Diabetes With Mcc",

"Payer Specific Negotiated Charge": 17316.0

},

{

"Payer": "BCBS",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 8326.0

},

{

"Payer": "BCBS",

"MS-DRG": "639",

"Description": "Diabetes Without Cc/Mcc",

"Payer Specific Negotiated Charge": 6140.0

},

{

"Payer": "BCBS",

"MS-DRG": "640",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes With Mcc",

"Payer Specific Negotiated Charge": 12213.0

},

{

"Payer": "BCBS",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 6926.0

},

{

"Payer": "BCBS",

"MS-DRG": "642",

"Description": "Inborn And Other Disorders Of Metabolism",

"Payer Specific Negotiated Charge": 12388.0

},

{

"Payer": "BCBS",

"MS-DRG": "644",

"Description": "Endocrine Disorders With Cc",

"Payer Specific Negotiated Charge": 12078.0

},

{

"Payer": "BCBS",

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"Payer Specific Negotiated Charge": 12648.0

},

{

"Payer": "BCBS",

"MS-DRG": "670",

"Description": "Transurethral Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 10749.0

},

{

"Payer": "BCBS",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 11452.0

},

{

"Payer": "BCBS",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 9841.0

},

{

"Payer": "BCBS",

"MS-DRG": "690",

"Description": "Kidney And Urinary Tract Infections Without Mcc",

"Payer Specific Negotiated Charge": 6796.0

},

{

"Payer": "BCBS",

"MS-DRG": "694",

"Description": "Urinary Stones Without Mcc",

"Payer Specific Negotiated Charge": 8064.0

},

{

"Payer": "BCBS",

"MS-DRG": "742",

"Description": "Uterine And Adnexa Procedures For Non-Malignancy With Cc/Mcc",

"Payer Specific Negotiated Charge": 17803.0

},

{

"Payer": "BCBS",

"MS-DRG": "743",

"Description": "Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc",

"Payer Specific Negotiated Charge": 13706.0

},

{

"Payer": "BCBS",

"MS-DRG": "776",

"Description": "Postpartum And Post Abortion Diagnoses Without O.R. Procedures",

"Payer Specific Negotiated Charge": 6373.0

},

{

"Payer": "BCBS",

"MS-DRG": "783",

"Description": "Cesarean Section With Sterilization With Mcc",

"Payer Specific Negotiated Charge": 10359.0

},

{

"Payer": "BCBS",

"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"Payer Specific Negotiated Charge": 10511.0

},

{

"Payer": "BCBS",

"MS-DRG": "786",

"Description": "Cesarean Section Without Sterilization With Mcc",

"Payer Specific Negotiated Charge": 10663.0

},

{

"Payer": "BCBS",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 10359.0

},

{

"Payer": "BCBS",

"MS-DRG": "788",

"Description": "Cesarean Section Without Sterilization Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8602.0

},

{

"Payer": "BCBS",

"MS-DRG": "789",

"Description": "Neonates, Died Or Transferred To Another Acute Care Facility",

"Payer Specific Negotiated Charge": 3351.0

},

{

"Payer": "BCBS",

"MS-DRG": "791",

"Description": "Prematurity With Major Problems",

"Payer Specific Negotiated Charge": 6998.0

},

{

"Payer": "BCBS",

"MS-DRG": "793",

"Description": "Full Term Neonate With Major Problems",

"Payer Specific Negotiated Charge": 5274.0

},

{

"Payer": "BCBS",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 2574.0

},

{

"Payer": "BCBS",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1737.0

},

{

"Payer": "BCBS",

"MS-DRG": "798",

"Description": "Vaginal Delivery With Sterilization And/Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 10220.0

},

{

"Payer": "BCBS",

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"Payer Specific Negotiated Charge": 6233.0

},

{

"Payer": "BCBS",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 6152.0

},

{

"Payer": "BCBS",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5640.0

},

{

"Payer": "BCBS",

"MS-DRG": "808",

"Description": "Major Hematological And Immunological Diagnoses Except Sickle Cell Crisis And Coagulation Disorders ",

"Payer Specific Negotiated Charge": 9331.0

},

{

"Payer": "BCBS",

"MS-DRG": "809",

"Description": "Major Hematological And Immunological Diagnoses Except Sickle Cell Crisis And Coagulation Disorders ",

"Payer Specific Negotiated Charge": 3149.0

},

{

"Payer": "BCBS",

"MS-DRG": "812",

"Description": "Red Blood Cell Disorders Without Mcc",

"Payer Specific Negotiated Charge": 8584.0

},

{

"Payer": "BCBS",

"MS-DRG": "827",

"Description": "Myeloproliferative Disorders Or Poorly Differentiated Neoplasms With Major O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 26789.0

},

{

"Payer": "BCBS",

"MS-DRG": "832",

"Description": "Other Antepartum Diagnoses Without O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 6225.0

},

{

"Payer": "BCBS",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 20488.0

},

{

"Payer": "BCBS",

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 24874.0

},

{

"Payer": "BCBS",

"MS-DRG": "863",

"Description": "Postoperative And Post-Traumatic Infections Without Mcc",

"Payer Specific Negotiated Charge": 9104.0

},

{

"Payer": "BCBS",

"MS-DRG": "870",

"Description": "Septicemia Or Severe Sepsis With Mv >96 Hours",

"Payer Specific Negotiated Charge": 83743.0

},

{

"Payer": "BCBS",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 14368.0

},

{

"Payer": "BCBS",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 11450.0

},

{

"Payer": "BCBS",

"MS-DRG": "881",

"Description": "Depressive Neuroses",

"Payer Specific Negotiated Charge": 1906.0

},

{

"Payer": "BCBS",

"MS-DRG": "882",

"Description": "Neuroses Except Depressive",

"Payer Specific Negotiated Charge": 2382.0

},

{

"Payer": "BCBS",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4732.0

},

{

"Payer": "BCBS",

"MS-DRG": "894",

"Description": "Alcohol, Drug Abuse Or Dependence, Left Ama",

"Payer Specific Negotiated Charge": 2206.0

},

{

"Payer": "BCBS",

"MS-DRG": "897",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy Without Mcc",

"Payer Specific Negotiated Charge": 7758.0

},

{

"Payer": "BCBS",

"MS-DRG": "907",

"Description": "Other O.R. Procedures For Injuries With Mcc",

"Payer Specific Negotiated Charge": 10369.0

},

{

"Payer": "BCBS",

"MS-DRG": "908",

"Description": "Other O.R. Procedures For Injuries With Cc",

"Payer Specific Negotiated Charge": 21891.0

},

{

"Payer": "BCBS",

"MS-DRG": "917",

"Description": "Poisoning And Toxic Effects Of Drugs With Mcc",

"Payer Specific Negotiated Charge": 13006.0

},

{

"Payer": "BCBS",

"MS-DRG": "918",

"Description": "Poisoning And Toxic Effects Of Drugs Without Mcc",

"Payer Specific Negotiated Charge": 6319.0

},

{

"Payer": "BCBS",

"MS-DRG": "919",

"Description": "Complications Of Treatment With Mcc",

"Payer Specific Negotiated Charge": 12025.0

}

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"Inpatient Payer Specific Charge 7": [

{

"Payer": "MCR HAPH",

"MS-DRG": "064",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Mcc",

"Payer Specific Negotiated Charge": 9085.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 7157.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "069",

"Description": "Transient Ischemia Without Thrombolytic",

"Payer Specific Negotiated Charge": 2300.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "101",

"Description": "Seizures Without Mcc",

"Payer Specific Negotiated Charge": 5944.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "176",

"Description": "Pulmonary Embolism Without Mcc",

"Payer Specific Negotiated Charge": 5620.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 14828.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "178",

"Description": "Respiratory Infections And Inflammations With Cc",

"Payer Specific Negotiated Charge": 8159.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "180",

"Description": "Respiratory Neoplasms With Mcc",

"Payer Specific Negotiated Charge": 10501.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "183",

"Description": "Major Chest Trauma With Mcc",

"Payer Specific Negotiated Charge": 6671.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "187",

"Description": "Pleural Effusion With Cc",

"Payer Specific Negotiated Charge": 7284.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 7461.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 8813.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "200",

"Description": "Pneumothorax With Cc",

"Payer Specific Negotiated Charge": 7298.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "207",

"Description": "Respiratory System Diagnosis With Ventilator Support >96 Hours",

"Payer Specific Negotiated Charge": 36880.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"Payer Specific Negotiated Charge": 17282.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "253",

"Description": "Other Vascular Procedures With Cc",

"Payer Specific Negotiated Charge": 12225.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 8717.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "308",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Mcc",

"Payer Specific Negotiated Charge": 7457.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "310",

"Description": "Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4147.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "329",

"Description": "Major Small And Large Bowel Procedures With Mcc",

"Payer Specific Negotiated Charge": 39974.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "335",

"Description": "Peritoneal Adhesiolysis With Mcc",

"Payer Specific Negotiated Charge": 24480.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "344",

"Description": "Minor Small And Large Bowel Procedures With Mcc",

"Payer Specific Negotiated Charge": 19409.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "351",

"Description": "Inguinal And Femoral Hernia Procedures With Cc",

"Payer Specific Negotiated Charge": 9420.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "377",

"Description": "Gastrointestinal Hemorrhage With Mcc",

"Payer Specific Negotiated Charge": 9421.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "389",

"Description": "Gastrointestinal Obstruction With Cc",

"Payer Specific Negotiated Charge": 5453.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "390",

"Description": "Gastrointestinal Obstruction Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4009.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 5511.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "394",

"Description": "Other Digestive System Diagnoses With Cc",

"Payer Specific Negotiated Charge": 6619.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 6040.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "441",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis With Mcc",

"Payer Specific Negotiated Charge": 9000.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 12737.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "480",

"Description": "Hip And Femur Procedures Except Major Joint With Mcc",

"Payer Specific Negotiated Charge": 18881.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"Payer Specific Negotiated Charge": 12884.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 16250.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "493",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur With Cc",

"Payer Specific Negotiated Charge": 15845.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "522",

"Description": "Hip Replacement With Principal Diagnosis Of Hip Fracture Without Mcc",

"Payer Specific Negotiated Charge": 14767.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "535",

"Description": "Fractures Of Hip And Pelvis With Mcc",

"Payer Specific Negotiated Charge": 8619.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "561",

"Description": "Aftercare, Musculoskeletal System And Connective Tissue Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4979.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "563",

"Description": "Fracture, Sprain, Strain And Dislocation Except Femur, Hip, Pelvis And Thigh Without Mcc",

"Payer Specific Negotiated Charge": 5760.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "640",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes With Mcc",

"Payer Specific Negotiated Charge": 8053.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 5139.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 10154.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "689",

"Description": "Kidney And Urinary Tract Infections With Mcc",

"Payer Specific Negotiated Charge": 7807.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "698",

"Description": "Other Kidney And Urinary Tract Diagnoses With Mcc",

"Payer Specific Negotiated Charge": 11088.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "808",

"Description": "Major Hematological And Immunological Diagnoses Except Sickle Cell Crisis And Coagulation Disorders ",

"Payer Specific Negotiated Charge": 14767.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "811",

"Description": "Red Blood Cell Disorders With Mcc",

"Payer Specific Negotiated Charge": 9571.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "812",

"Description": "Red Blood Cell Disorders Without Mcc",

"Payer Specific Negotiated Charge": 5864.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "834",

"Description": "Acute Leukemia Without Major O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 22803.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 30249.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 12213.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 7192.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 7903.0

},

{

"Payer": "MCR HAPH",

"MS-DRG": "897",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy Without Mcc",

"Payer Specific Negotiated Charge": 5552.0

}

],

"Inpatient Payer Specific Charge 8": [

{

"Payer": "ASRCO",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 13680.0

},

{

"Payer": "ASRCO",

"MS-DRG": "637",

"Description": "Diabetes With Mcc",

"Payer Specific Negotiated Charge": 15082.0

},

{

"Payer": "ASRCO",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3896.0

}

],

"Inpatient Payer Specific Charge 9": [

{

"Payer": "BCN",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 15669.0

},

{

"Payer": "BCN",

"MS-DRG": "100",

"Description": "Seizures With Mcc",

"Payer Specific Negotiated Charge": 17095.0

},

{

"Payer": "BCN",

"MS-DRG": "101",

"Description": "Seizures Without Mcc",

"Payer Specific Negotiated Charge": 8020.0

},

{

"Payer": "BCN",

"MS-DRG": "175",

"Description": "Pulmonary Embolism With Mcc Or Acute Cor Pulmonale",

"Payer Specific Negotiated Charge": 19270.0

},

{

"Payer": "BCN",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 22024.0

},

{

"Payer": "BCN",

"MS-DRG": "180",

"Description": "Respiratory Neoplasms With Mcc",

"Payer Specific Negotiated Charge": 20376.0

},

{

"Payer": "BCN",

"MS-DRG": "191",

"Description": "Chronic Obstructive Pulmonary Disease With Cc",

"Payer Specific Negotiated Charge": 11296.0

},

{

"Payer": "BCN",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 14601.0

},

{

"Payer": "BCN",

"MS-DRG": "194",

"Description": "Simple Pneumonia And Pleurisy With Cc",

"Payer Specific Negotiated Charge": 9674.0

},

{

"Payer": "BCN",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 17828.0

},

{

"Payer": "BCN",

"MS-DRG": "299",

"Description": "Peripheral Vascular Disorders With Mcc",

"Payer Specific Negotiated Charge": 8264.0

},

{

"Payer": "BCN",

"MS-DRG": "300",

"Description": "Peripheral Vascular Disorders With Cc",

"Payer Specific Negotiated Charge": 9905.0

},

{

"Payer": "BCN",

"MS-DRG": "305",

"Description": "Hypertension Without Mcc",

"Payer Specific Negotiated Charge": 7690.0

},

{

"Payer": "BCN",

"MS-DRG": "308",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Mcc",

"Payer Specific Negotiated Charge": 6395.0

},

{

"Payer": "BCN",

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 25901.0

},

{

"Payer": "BCN",

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 20272.0

},

{

"Payer": "BCN",

"MS-DRG": "336",

"Description": "Peritoneal Adhesiolysis With Cc",

"Payer Specific Negotiated Charge": 24706.0

},

{

"Payer": "BCN",

"MS-DRG": "340",

"Description": "Appendectomy With Complicated Principal Diagnosis Without Cc/Mcc",

"Payer Specific Negotiated Charge": 10793.0

},

{

"Payer": "BCN",

"MS-DRG": "342",

"Description": "Appendectomy Without Complicated Principal Diagnosis With Cc",

"Payer Specific Negotiated Charge": 16426.0

},

{

"Payer": "BCN",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 11585.0

},

{

"Payer": "BCN",

"MS-DRG": "389",

"Description": "Gastrointestinal Obstruction With Cc",

"Payer Specific Negotiated Charge": 10183.0

},

{

"Payer": "BCN",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 8490.0

},

{

"Payer": "BCN",

"MS-DRG": "394",

"Description": "Other Digestive System Diagnoses With Cc",

"Payer Specific Negotiated Charge": 11299.0

},

{

"Payer": "BCN",

"MS-DRG": "418",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. With Cc",

"Payer Specific Negotiated Charge": 18540.0

},

{

"Payer": "BCN",

"MS-DRG": "419",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. Without Cc/Mcc",

"Payer Specific Negotiated Charge": 14151.0

},

{

"Payer": "BCN",

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 11749.0

},

{

"Payer": "BCN",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 12540.0

},

{

"Payer": "BCN",

"MS-DRG": "464",

"Description": "Wound Debridement And Skin Graft Except Hand For Musculoskeletal And Connective Tissue Disorders Wit",

"Payer Specific Negotiated Charge": 37230.0

},

{

"Payer": "BCN",

"MS-DRG": "469",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity With Mcc Or Total Ankle Repl",

"Payer Specific Negotiated Charge": 5850.0

},

{

"Payer": "BCN",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 23510.0

},

{

"Payer": "BCN",

"MS-DRG": "482",

"Description": "Hip And Femur Procedures Except Major Joint Without Cc/Mcc",

"Payer Specific Negotiated Charge": 17517.0

},

{

"Payer": "BCN",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 24444.0

},

{

"Payer": "BCN",

"MS-DRG": "580",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Cc",

"Payer Specific Negotiated Charge": 17217.0

},

{

"Payer": "BCN",

"MS-DRG": "602",

"Description": "Cellulitis With Mcc",

"Payer Specific Negotiated Charge": 14784.0

},

{

"Payer": "BCN",

"MS-DRG": "626",

"Description": "Thyroid, Parathyroid And Thyroglossal Procedures With Cc",

"Payer Specific Negotiated Charge": 14384.0

},

{

"Payer": "BCN",

"MS-DRG": "627",

"Description": "Thyroid, Parathyroid And Thyroglossal Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 11622.0

},

{

"Payer": "BCN",

"MS-DRG": "639",

"Description": "Diabetes Without Cc/Mcc",

"Payer Specific Negotiated Charge": 6206.0

},

{

"Payer": "BCN",

"MS-DRG": "640",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes With Mcc",

"Payer Specific Negotiated Charge": 12933.0

},

{

"Payer": "BCN",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 4581.0

},

{

"Payer": "BCN",

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"Payer Specific Negotiated Charge": 10006.0

},

{

"Payer": "BCN",

"MS-DRG": "661",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc",

"Payer Specific Negotiated Charge": 11475.0

},

{

"Payer": "BCN",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 15541.0

},

{

"Payer": "BCN",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 10062.0

},

{

"Payer": "BCN",

"MS-DRG": "690",

"Description": "Kidney And Urinary Tract Infections Without Mcc",

"Payer Specific Negotiated Charge": 7269.0

},

{

"Payer": "BCN",

"MS-DRG": "743",

"Description": "Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc",

"Payer Specific Negotiated Charge": 13561.0

},

{

"Payer": "BCN",

"MS-DRG": "769",

"Description": "Postpartum And Post Abortion Diagnoses With O.R. Procedures",

"Payer Specific Negotiated Charge": 17134.0

},

{

"Payer": "BCN",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 10414.0

},

{

"Payer": "BCN",

"MS-DRG": "788",

"Description": "Cesarean Section Without Sterilization Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8694.0

},

{

"Payer": "BCN",

"MS-DRG": "789",

"Description": "Neonates, Died Or Transferred To Another Acute Care Facility",

"Payer Specific Negotiated Charge": 3316.0

},

{

"Payer": "BCN",

"MS-DRG": "792",

"Description": "Prematurity Without Major Problems",

"Payer Specific Negotiated Charge": 5763.0

},

{

"Payer": "BCN",

"MS-DRG": "793",

"Description": "Full Term Neonate With Major Problems",

"Payer Specific Negotiated Charge": 5274.0

},

{

"Payer": "BCN",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 2563.0

},

{

"Payer": "BCN",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1737.0

},

{

"Payer": "BCN",

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"Payer Specific Negotiated Charge": 5189.0

},

{

"Payer": "BCN",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 6218.0

},

{

"Payer": "BCN",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5640.0

},

{

"Payer": "BCN",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 56113.0

},

{

"Payer": "BCN",

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 24874.0

},

{

"Payer": "BCN",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 21800.0

},

{

"Payer": "BCN",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3162.0

},

{

"Payer": "BCN",

"MS-DRG": "897",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy Without Mcc",

"Payer Specific Negotiated Charge": 1275.0

},

{

"Payer": "BCN",

"MS-DRG": "917",

"Description": "Poisoning And Toxic Effects Of Drugs With Mcc",

"Payer Specific Negotiated Charge": 15480.0

},

{

"Payer": "BCN",

"MS-DRG": "948",

"Description": "Signs And Symptoms Without Mcc",

"Payer Specific Negotiated Charge": 9405.0

}

],

"Inpatient Payer Specific Charge 10": [

{

"Payer": "MCD HMP",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 6108.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 6924.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "183",

"Description": "Major Chest Trauma With Mcc",

"Payer Specific Negotiated Charge": 4770.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 5146.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "199",

"Description": "Pneumothorax With Mcc",

"Payer Specific Negotiated Charge": 8694.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "207",

"Description": "Respiratory System Diagnosis With Ventilator Support >96 Hours",

"Payer Specific Negotiated Charge": 27239.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 5854.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "329",

"Description": "Major Small And Large Bowel Procedures With Mcc",

"Payer Specific Negotiated Charge": 11234.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "354",

"Description": "Hernia Procedures Except Inguinal And Femoral With Cc",

"Payer Specific Negotiated Charge": 8103.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "393",

"Description": "Other Digestive System Diagnoses With Mcc",

"Payer Specific Negotiated Charge": 6581.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 5395.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 5875.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "566",

"Description": "Other Musculoskeletal System And Connective Tissue Diagnoses Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4300.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "605",

"Description": "Trauma To The Skin, Subcutaneous Tissue And Breast Without Mcc",

"Payer Specific Negotiated Charge": 5062.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "637",

"Description": "Diabetes With Mcc",

"Payer Specific Negotiated Charge": 2779.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 3500.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 3779.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "661",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2994.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "673",

"Description": "Other Kidney And Urinary Tract Procedures With Mcc",

"Payer Specific Negotiated Charge": 12558.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 3970.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "793",

"Description": "Full Term Neonate With Major Problems",

"Payer Specific Negotiated Charge": 5032.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "799",

"Description": "Splenectomy With Mcc",

"Payer Specific Negotiated Charge": 10526.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "870",

"Description": "Septicemia Or Severe Sepsis With Mv >96 Hours",

"Payer Specific Negotiated Charge": 42787.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "894",

"Description": "Alcohol, Drug Abuse Or Dependence, Left Ama",

"Payer Specific Negotiated Charge": 2781.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "896",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy With Mcc",

"Payer Specific Negotiated Charge": 4783.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "897",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy Without Mcc",

"Payer Specific Negotiated Charge": 3721.0

},

{

"Payer": "MCD HMP",

"MS-DRG": "918",

"Description": "Poisoning And Toxic Effects Of Drugs Without Mcc",

"Payer Specific Negotiated Charge": 2575.0

}

],

"Inpatient Payer Specific Charge 11": [

{

"Payer": "MCD MER",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 8465.0

},

{

"Payer": "MCD MER",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 7180.0

},

{

"Payer": "MCD MER",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 5882.0

},

{

"Payer": "MCD MER",

"MS-DRG": "202",

"Description": "Bronchitis And Asthma With Cc/Mcc",

"Payer Specific Negotiated Charge": 2536.0

},

{

"Payer": "MCD MER",

"MS-DRG": "300",

"Description": "Peripheral Vascular Disorders With Cc",

"Payer Specific Negotiated Charge": 5590.0

},

{

"Payer": "MCD MER",

"MS-DRG": "329",

"Description": "Major Small And Large Bowel Procedures With Mcc",

"Payer Specific Negotiated Charge": 12395.0

},

{

"Payer": "MCD MER",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 4877.0

},

{

"Payer": "MCD MER",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 3298.0

},

{

"Payer": "MCD MER",

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 3533.0

},

{

"Payer": "MCD MER",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 3127.0

},

{

"Payer": "MCD MER",

"MS-DRG": "441",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis With Mcc",

"Payer Specific Negotiated Charge": 1966.0

},

{

"Payer": "MCD MER",

"MS-DRG": "442",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 6708.0

},

{

"Payer": "MCD MER",

"MS-DRG": "443",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3098.0

},

{

"Payer": "MCD MER",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 10065.0

},

{

"Payer": "MCD MER",

"MS-DRG": "494",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur Without Cc/Mcc",

"Payer Specific Negotiated Charge": 7652.0

},

{

"Payer": "MCD MER",

"MS-DRG": "639",

"Description": "Diabetes Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3500.0

},

{

"Payer": "MCD MER",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 6139.0

},

{

"Payer": "MCD MER",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 3970.0

},

{

"Payer": "MCD MER",

"MS-DRG": "689",

"Description": "Kidney And Urinary Tract Infections With Mcc",

"Payer Specific Negotiated Charge": 4835.0

},

{

"Payer": "MCD MER",

"MS-DRG": "728",

"Description": "Inflammation Of The Male Reproductive System Without Mcc",

"Payer Specific Negotiated Charge": 3252.0

},

{

"Payer": "MCD MER",

"MS-DRG": "769",

"Description": "Postpartum And Post Abortion Diagnoses With O.R. Procedures",

"Payer Specific Negotiated Charge": 3100.0

},

{

"Payer": "MCD MER",

"MS-DRG": "776",

"Description": "Postpartum And Post Abortion Diagnoses Without O.R. Procedures",

"Payer Specific Negotiated Charge": 3419.0

},

{

"Payer": "MCD MER",

"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"Payer Specific Negotiated Charge": 2953.0

},

{

"Payer": "MCD MER",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 4673.0

},

{

"Payer": "MCD MER",

"MS-DRG": "788",

"Description": "Cesarean Section Without Sterilization Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4435.0

},

{

"Payer": "MCD MER",

"MS-DRG": "792",

"Description": "Prematurity Without Major Problems",

"Payer Specific Negotiated Charge": 1384.0

},

{

"Payer": "MCD MER",

"MS-DRG": "793",

"Description": "Full Term Neonate With Major Problems",

"Payer Specific Negotiated Charge": 1812.0

},

{

"Payer": "MCD MER",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 1384.0

},

{

"Payer": "MCD MER",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1043.0

},

{

"Payer": "MCD MER",

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"Payer Specific Negotiated Charge": 3035.0

},

{

"Payer": "MCD MER",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2406.0

},

{

"Payer": "MCD MER",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2311.0

},

{

"Payer": "MCD MER",

"MS-DRG": "808",

"Description": "Major Hematological And Immunological Diagnoses Except Sickle Cell Crisis And Coagulation Disorders ",

"Payer Specific Negotiated Charge": 1131.0

},

{

"Payer": "MCD MER",

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 6360.0

},

{

"Payer": "MCD MER",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 6577.0

},

{

"Payer": "MCD MER",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 4556.0

},

{

"Payer": "MCD MER",

"MS-DRG": "896",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy With Mcc",

"Payer Specific Negotiated Charge": 11035.0

}

],

"Inpatient Payer Specific Charge 12": [

{

"Payer": "MCD MOLHM",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 6010.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "280",

"Description": "Acute Myocardial Infarction, Discharged Alive With Mcc",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 12055.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "390",

"Description": "Gastrointestinal Obstruction Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3141.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 4039.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "417",

"Description": "Laparoscopic Cholecystectomy Without C.D.E. With Mcc",

"Payer Specific Negotiated Charge": 8187.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "435",

"Description": "Malignancy Of Hepatobiliary System Or Pancreas With Mcc",

"Payer Specific Negotiated Charge": 6571.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "534",

"Description": "Fractures Of Femur Without Mcc",

"Payer Specific Negotiated Charge": 6323.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "579",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Mcc",

"Payer Specific Negotiated Charge": 9921.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"Payer Specific Negotiated Charge": 3934.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "637",

"Description": "Diabetes With Mcc",

"Payer Specific Negotiated Charge": 3542.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "673",

"Description": "Other Kidney And Urinary Tract Procedures With Mcc",

"Payer Specific Negotiated Charge": 6139.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 6139.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"Payer Specific Negotiated Charge": 3126.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 4097.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 1319.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2487.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "835",

"Description": "Acute Leukemia Without Major O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 6562.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 6969.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 4270.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "917",

"Description": "Poisoning And Toxic Effects Of Drugs With Mcc",

"Payer Specific Negotiated Charge": 1344.0

},

{

"Payer": "MCD MOLHM",

"MS-DRG": "981",

"Description": "Extensive O.R. Procedures Unrelated To Principal Diagnosis With Mcc",

"Payer Specific Negotiated Charge": 13758.0

}

],

"Inpatient Payer Specific Charge 13": [

{

"Payer": "MCD UNIHM",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 6205.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "175",

"Description": "Pulmonary Embolism With Mcc Or Acute Cor Pulmonale",

"Payer Specific Negotiated Charge": 6584.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "299",

"Description": "Peripheral Vascular Disorders With Mcc",

"Payer Specific Negotiated Charge": 6053.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 10546.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8309.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "438",

"Description": "Disorders Of Pancreas Except Malignancy With Mcc",

"Payer Specific Negotiated Charge": 6009.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 7525.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 3779.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "768",

"Description": "Vaginal Delivery With O.R. Procedures Except Sterilization And/Or D&C",

"Payer Specific Negotiated Charge": 3153.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1092.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "797",

"Description": "Vaginal Delivery With Sterilization And/Or D&C With Cc",

"Payer Specific Negotiated Charge": 2906.0

},

{

"Payer": "MCD UNIHM",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2568.0

}

],

"Inpatient Payer Specific Charge 14": [

{

"Payer": "MCR AET",

"MS-DRG": "065",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction With Cc Or Tpa In 24 Hours",

"Payer Specific Negotiated Charge": 4885.0

},

{

"Payer": "MCR AET",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 14858.0

},

{

"Payer": "MCR AET",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 8663.0

},

{

"Payer": "MCR AET",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 8682.0

},

{

"Payer": "MCR AET",

"MS-DRG": "304",

"Description": "Hypertension With Mcc",

"Payer Specific Negotiated Charge": 7704.0

},

{

"Payer": "MCR AET",

"MS-DRG": "379",

"Description": "Gastrointestinal Hemorrhage Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4430.0

},

{

"Payer": "MCR AET",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 12607.0

}

],

"Inpatient Payer Specific Charge 15": [

{

"Payer": "BC MHC",

"MS-DRG": "066",

"Description": "Intracranial Hemorrhage Or Cerebral Infarction Without Cc/Mcc",

"Payer Specific Negotiated Charge": 12386.0

},

{

"Payer": "BC MHC",

"MS-DRG": "100",

"Description": "Seizures With Mcc",

"Payer Specific Negotiated Charge": 16785.0

},

{

"Payer": "BC MHC",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 22024.0

},

{

"Payer": "BC MHC",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 12225.0

},

{

"Payer": "BC MHC",

"MS-DRG": "200",

"Description": "Pneumothorax With Cc",

"Payer Specific Negotiated Charge": 11806.0

},

{

"Payer": "BC MHC",

"MS-DRG": "202",

"Description": "Bronchitis And Asthma With Cc/Mcc",

"Payer Specific Negotiated Charge": 8294.0

},

{

"Payer": "BC MHC",

"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"Payer Specific Negotiated Charge": 28919.0

},

{

"Payer": "BC MHC",

"MS-DRG": "299",

"Description": "Peripheral Vascular Disorders With Mcc",

"Payer Specific Negotiated Charge": 13628.0

},

{

"Payer": "BC MHC",

"MS-DRG": "304",

"Description": "Hypertension With Mcc",

"Payer Specific Negotiated Charge": 14699.0

},

{

"Payer": "BC MHC",

"MS-DRG": "329",

"Description": "Major Small And Large Bowel Procedures With Mcc",

"Payer Specific Negotiated Charge": 56211.0

},

{

"Payer": "BC MHC",

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 26420.0

},

{

"Payer": "BC MHC",

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 20351.0

},

{

"Payer": "BC MHC",

"MS-DRG": "335",

"Description": "Peritoneal Adhesiolysis With Mcc",

"Payer Specific Negotiated Charge": 50331.0

},

{

"Payer": "BC MHC",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 8248.0

},

{

"Payer": "BC MHC",

"MS-DRG": "440",

"Description": "Disorders Of Pancreas Except Malignancy Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8350.0

},

{

"Payer": "BC MHC",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 23762.0

},

{

"Payer": "BC MHC",

"MS-DRG": "572",

"Description": "Skin Debridement Without Cc/Mcc",

"Payer Specific Negotiated Charge": 11967.0

},

{

"Payer": "BC MHC",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 8326.0

},

{

"Payer": "BC MHC",

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"Payer Specific Negotiated Charge": 12514.0

},

{

"Payer": "BC MHC",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 11247.0

},

{

"Payer": "BC MHC",

"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"Payer Specific Negotiated Charge": 10414.0

},

{

"Payer": "BC MHC",

"MS-DRG": "786",

"Description": "Cesarean Section Without Sterilization With Mcc",

"Payer Specific Negotiated Charge": 10663.0

},

{

"Payer": "BC MHC",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 10470.0

},

{

"Payer": "BC MHC",

"MS-DRG": "789",

"Description": "Neonates, Died Or Transferred To Another Acute Care Facility",

"Payer Specific Negotiated Charge": 3413.0

},

{

"Payer": "BC MHC",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 2601.0

},

{

"Payer": "BC MHC",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1737.0

},

{

"Payer": "BC MHC",

"MS-DRG": "798",

"Description": "Vaginal Delivery With Sterilization And/Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 10035.0

},

{

"Payer": "BC MHC",

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"Payer Specific Negotiated Charge": 6348.0

},

{

"Payer": "BC MHC",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 6152.0

},

{

"Payer": "BC MHC",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5640.0

},

{

"Payer": "BC MHC",

"MS-DRG": "832",

"Description": "Other Antepartum Diagnoses Without O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 7402.0

},

{

"Payer": "BC MHC",

"MS-DRG": "857",

"Description": "Postoperative Or Post-Traumatic Infections With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 20047.0

},

{

"Payer": "BC MHC",

"MS-DRG": "862",

"Description": "Postoperative And Post-Traumatic Infections With Mcc",

"Payer Specific Negotiated Charge": 19022.0

},

{

"Payer": "BC MHC",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 22440.0

},

{

"Payer": "BC MHC",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 11743.0

}

],

"Inpatient Payer Specific Charge 16": [

{

"Payer": "MCD MCLHM",

"MS-DRG": "069",

"Description": "Transient Ischemia Without Thrombolytic",

"Payer Specific Negotiated Charge": 3869.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "100",

"Description": "Seizures With Mcc",

"Payer Specific Negotiated Charge": 1608.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "180",

"Description": "Respiratory Neoplasms With Mcc",

"Payer Specific Negotiated Charge": 8023.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "186",

"Description": "Pleural Effusion With Mcc",

"Payer Specific Negotiated Charge": 6468.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 4840.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 3374.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 7810.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "200",

"Description": "Pneumothorax With Cc",

"Payer Specific Negotiated Charge": 4871.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "201",

"Description": "Pneumothorax Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3357.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "203",

"Description": "Bronchitis And Asthma Without Cc/Mcc",

"Payer Specific Negotiated Charge": 1608.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"Payer Specific Negotiated Charge": 6914.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "308",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Mcc",

"Payer Specific Negotiated Charge": 9031.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "309",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Cc",

"Payer Specific Negotiated Charge": 4017.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "314",

"Description": "Other Circulatory System Diagnoses With Mcc",

"Payer Specific Negotiated Charge": 6566.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "328",

"Description": "Stomach, Esophageal And Duodenal Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 7605.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "337",

"Description": "Peritoneal Adhesiolysis Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8952.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "346",

"Description": "Minor Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 6874.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "354",

"Description": "Hernia Procedures Except Inguinal And Femoral With Cc",

"Payer Specific Negotiated Charge": 10216.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "368",

"Description": "Major Esophageal Disorders With Mcc",

"Payer Specific Negotiated Charge": 5924.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 5679.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "387",

"Description": "Inflammatory Bowel Disease Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3551.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "389",

"Description": "Gastrointestinal Obstruction With Cc",

"Payer Specific Negotiated Charge": 3136.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "390",

"Description": "Gastrointestinal Obstruction Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3136.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 4132.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 3686.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 4138.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "442",

"Description": "Disorders Of Liver Except Malignancy, Cirrhosis Or Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 5580.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "463",

"Description": "Wound Debridement And Skin Graft Except Hand For Musculoskeletal And Connective Tissue Disorders Wit",

"Payer Specific Negotiated Charge": 34036.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 9381.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 9732.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "487",

"Description": "Knee Procedures With Principal Diagnosis Of Infection Without Cc/Mcc",

"Payer Specific Negotiated Charge": 7652.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "572",

"Description": "Skin Debridement Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8140.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "580",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Cc",

"Payer Specific Negotiated Charge": 9921.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"Payer Specific Negotiated Charge": 3192.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "629",

"Description": "Other Endocrine, Nutritional And Metabolic O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 10126.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "637",

"Description": "Diabetes With Mcc",

"Payer Specific Negotiated Charge": 3542.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 3521.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "639",

"Description": "Diabetes Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3500.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"Payer Specific Negotiated Charge": 4416.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 6190.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 5055.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "725",

"Description": "Benign Prostatic Hypertrophy With Mcc",

"Payer Specific Negotiated Charge": 5296.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "742",

"Description": "Uterine And Adnexa Procedures For Non-Malignancy With Cc/Mcc",

"Payer Specific Negotiated Charge": 6437.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"Payer Specific Negotiated Charge": 3126.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 4100.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "788",

"Description": "Cesarean Section Without Sterilization Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3764.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 1565.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1043.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"Payer Specific Negotiated Charge": 3240.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2568.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2406.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 3658.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 6616.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 4556.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "907",

"Description": "Other O.R. Procedures For Injuries With Mcc",

"Payer Specific Negotiated Charge": 32965.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "908",

"Description": "Other O.R. Procedures For Injuries With Cc",

"Payer Specific Negotiated Charge": 8221.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "917",

"Description": "Poisoning And Toxic Effects Of Drugs With Mcc",

"Payer Specific Negotiated Charge": 6946.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "918",

"Description": "Poisoning And Toxic Effects Of Drugs Without Mcc",

"Payer Specific Negotiated Charge": 3129.0

},

{

"Payer": "MCD MCLHM",

"MS-DRG": "987",

"Description": "Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis With Mcc",

"Payer Specific Negotiated Charge": 12846.0

}

],

"Inpatient Payer Specific Charge 17": [

{

"Payer": "MCD BC",

"MS-DRG": "075",

"Description": "Viral Meningitis With Cc/Mcc",

"Payer Specific Negotiated Charge": 6703.0

},

{

"Payer": "MCD BC",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 4840.0

},

{

"Payer": "MCD BC",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 5820.0

},

{

"Payer": "MCD BC",

"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"Payer Specific Negotiated Charge": 4518.0

},

{

"Payer": "MCD BC",

"MS-DRG": "372",

"Description": "Major Gastrointestinal Disorders And Peritoneal Infections With Cc",

"Payer Specific Negotiated Charge": 4788.0

},

{

"Payer": "MCD BC",

"MS-DRG": "436",

"Description": "Malignancy Of Hepatobiliary System Or Pancreas With Cc",

"Payer Specific Negotiated Charge": 6501.0

},

{

"Payer": "MCD BC",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 4190.0

},

{

"Payer": "MCD BC",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 8527.0

},

{

"Payer": "MCD BC",

"MS-DRG": "551",

"Description": "Medical Back Problems With Mcc",

"Payer Specific Negotiated Charge": 6370.0

},

{

"Payer": "MCD BC",

"MS-DRG": "627",

"Description": "Thyroid, Parathyroid And Thyroglossal Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 6055.0

},

{

"Payer": "MCD BC",

"MS-DRG": "637",

"Description": "Diabetes With Mcc",

"Payer Specific Negotiated Charge": 3542.0

},

{

"Payer": "MCD BC",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 3719.0

},

{

"Payer": "MCD BC",

"MS-DRG": "776",

"Description": "Postpartum And Post Abortion Diagnoses Without O.R. Procedures",

"Payer Specific Negotiated Charge": 3419.0

},

{

"Payer": "MCD BC",

"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"Payer Specific Negotiated Charge": 2953.0

},

{

"Payer": "MCD BC",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 4097.0

},

{

"Payer": "MCD BC",

"MS-DRG": "788",

"Description": "Cesarean Section Without Sterilization Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4097.0

},

{

"Payer": "MCD BC",

"MS-DRG": "789",

"Description": "Neonates, Died Or Transferred To Another Acute Care Facility",

"Payer Specific Negotiated Charge": 1139.0

},

{

"Payer": "MCD BC",

"MS-DRG": "792",

"Description": "Prematurity Without Major Problems",

"Payer Specific Negotiated Charge": 1012.0

},

{

"Payer": "MCD BC",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 1384.0

},

{

"Payer": "MCD BC",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1043.0

},

{

"Payer": "MCD BC",

"MS-DRG": "797",

"Description": "Vaginal Delivery With Sterilization And/Or D&C With Cc",

"Payer Specific Negotiated Charge": 2906.0

},

{

"Payer": "MCD BC",

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"Payer Specific Negotiated Charge": 3240.0

},

{

"Payer": "MCD BC",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2568.0

},

{

"Payer": "MCD BC",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2309.0

},

{

"Payer": "MCD BC",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 1022.0

},

{

"Payer": "MCD BC",

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 8883.0

},

{

"Payer": "MCD BC",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 6616.0

},

{

"Payer": "MCD BC",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 4556.0

},

{

"Payer": "MCD BC",

"MS-DRG": "917",

"Description": "Poisoning And Toxic Effects Of Drugs With Mcc",

"Payer Specific Negotiated Charge": 10026.0

},

{

"Payer": "MCD BC",

"MS-DRG": "918",

"Description": "Poisoning And Toxic Effects Of Drugs Without Mcc",

"Payer Specific Negotiated Charge": 1307.0

}

],

"Inpatient Payer Specific Charge 18": [

{

"Payer": "AA OTHAA",

"MS-DRG": "089",

"Description": "Concussion With Cc",

"Payer Specific Negotiated Charge": 7211.0

},

{

"Payer": "AA OTHAA",

"MS-DRG": "493",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur With Cc",

"Payer Specific Negotiated Charge": 7259.0

}

],

"Inpatient Payer Specific Charge 19": [

{

"Payer": "MCR RR",

"MS-DRG": "092",

"Description": "Other Disorders Of Nervous System With Cc",

"Payer Specific Negotiated Charge": 6472.0

},

{

"Payer": "MCR RR",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 21187.0

},

{

"Payer": "MCR RR",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 9128.0

},

{

"Payer": "MCR RR",

"MS-DRG": "195",

"Description": "Simple Pneumonia And Pleurisy Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4662.0

},

{

"Payer": "MCR RR",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 9328.0

},

{

"Payer": "MCR RR",

"MS-DRG": "309",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Cc",

"Payer Specific Negotiated Charge": 5063.0

},

{

"Payer": "MCR RR",

"MS-DRG": "337",

"Description": "Peritoneal Adhesiolysis Without Cc/Mcc",

"Payer Specific Negotiated Charge": 11259.0

},

{

"Payer": "MCR RR",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 6612.0

},

{

"Payer": "MCR RR",

"MS-DRG": "552",

"Description": "Medical Back Problems Without Mcc",

"Payer Specific Negotiated Charge": 6127.0

},

{

"Payer": "MCR RR",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 5137.0

},

{

"Payer": "MCR RR",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 12819.0

},

{

"Payer": "MCR RR",

"MS-DRG": "956",

"Description": "Limb Reattachment, Hip And Femur Procedures For Multiple Significant Trauma",

"Payer Specific Negotiated Charge": 25315.0

}

],

"Inpatient Payer Specific Charge 20": [

{

"Payer": "CORES/COF",

"MS-DRG": "102",

"Description": "Headaches With Mcc",

"Payer Specific Negotiated Charge": 10137.0

},

{

"Payer": "CORES/COF",

"MS-DRG": "776",

"Description": "Postpartum And Post Abortion Diagnoses Without O.R. Procedures",

"Payer Specific Negotiated Charge": 6034.0

},

{

"Payer": "CORES/COF",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5328.0

}

],

"Inpatient Payer Specific Charge 21": [

{

"Payer": "MCLHEPL",

"MS-DRG": "175",

"Description": "Pulmonary Embolism With Mcc Or Acute Cor Pulmonale",

"Payer Specific Negotiated Charge": 7838.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 18704.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "280",

"Description": "Acute Myocardial Infarction, Discharged Alive With Mcc",

"Payer Specific Negotiated Charge": 12241.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "310",

"Description": "Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc",

"Payer Specific Negotiated Charge": 10118.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "337",

"Description": "Peritoneal Adhesiolysis Without Cc/Mcc",

"Payer Specific Negotiated Charge": 20559.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "339",

"Description": "Appendectomy With Complicated Principal Diagnosis With Cc",

"Payer Specific Negotiated Charge": 19275.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "390",

"Description": "Gastrointestinal Obstruction Without Cc/Mcc",

"Payer Specific Negotiated Charge": 9439.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 35204.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 39126.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 10891.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"Payer Specific Negotiated Charge": 11202.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 11925.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 2890.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1983.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 7671.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5137.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 6874.0

},

{

"Payer": "MCLHEPL",

"MS-DRG": "981",

"Description": "Extensive O.R. Procedures Unrelated To Principal Diagnosis With Mcc",

"Payer Specific Negotiated Charge": 19928.0

}

],

"Inpatient Payer Specific Charge 22": [

{

"Payer": "PHPMM",

"MS-DRG": "175",

"Description": "Pulmonary Embolism With Mcc Or Acute Cor Pulmonale",

"Payer Specific Negotiated Charge": 11707.0

},

{

"Payer": "PHPMM",

"MS-DRG": "179",

"Description": "Respiratory Infections And Inflammations Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8015.0

},

{

"Payer": "PHPMM",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 8872.0

},

{

"Payer": "PHPMM",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 14837.0

},

{

"Payer": "PHPMM",

"MS-DRG": "194",

"Description": "Simple Pneumonia And Pleurisy With Cc",

"Payer Specific Negotiated Charge": 11657.0

},

{

"Payer": "PHPMM",

"MS-DRG": "195",

"Description": "Simple Pneumonia And Pleurisy Without Cc/Mcc",

"Payer Specific Negotiated Charge": 7327.0

},

{

"Payer": "PHPMM",

"MS-DRG": "300",

"Description": "Peripheral Vascular Disorders With Cc",

"Payer Specific Negotiated Charge": 8061.0

},

{

"Payer": "PHPMM",

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 33657.0

},

{

"Payer": "PHPMM",

"MS-DRG": "354",

"Description": "Hernia Procedures Except Inguinal And Femoral With Cc",

"Payer Specific Negotiated Charge": 13480.0

},

{

"Payer": "PHPMM",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 12899.0

},

{

"Payer": "PHPMM",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 10746.0

},

{

"Payer": "PHPMM",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 25410.0

},

{

"Payer": "PHPMM",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 17875.0

},

{

"Payer": "PHPMM",

"MS-DRG": "580",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Cc",

"Payer Specific Negotiated Charge": 20614.0

},

{

"Payer": "PHPMM",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 13613.0

},

{

"Payer": "PHPMM",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 3336.0

},

{

"Payer": "PHPMM",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 10284.0

},

{

"Payer": "PHPMM",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8408.0

},

{

"Payer": "PHPMM",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 7253.0

}

],

"Inpatient Payer Specific Charge 23": [

{

"Payer": "HAP HMO",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 19137.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "194",

"Description": "Simple Pneumonia And Pleurisy With Cc",

"Payer Specific Negotiated Charge": 13867.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "372",

"Description": "Major Gastrointestinal Disorders And Peritoneal Infections With Cc",

"Payer Specific Negotiated Charge": 6038.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "390",

"Description": "Gastrointestinal Obstruction Without Cc/Mcc",

"Payer Specific Negotiated Charge": 11076.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "433",

"Description": "Cirrhosis And Alcoholic Hepatitis With Cc",

"Payer Specific Negotiated Charge": 10556.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "467",

"Description": "Revision Of Hip Or Knee Replacement With Cc",

"Payer Specific Negotiated Charge": 40574.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 12607.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 5243.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 9880.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "788",

"Description": "Cesarean Section Without Sterilization Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8672.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 2449.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5781.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 28130.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 5150.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "897",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy Without Mcc",

"Payer Specific Negotiated Charge": 41917.0

},

{

"Payer": "HAP HMO",

"MS-DRG": "920",

"Description": "Complications Of Treatment With Cc",

"Payer Specific Negotiated Charge": 11486.0

}

],

"Inpatient Payer Specific Charge 24": [

{

"Payer": "MCD MERHM",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 13947.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 3040.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "264",

"Description": "Other Circulatory System O.R. Procedures",

"Payer Specific Negotiated Charge": 4584.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 8276.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 3615.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "411",

"Description": "Cholecystectomy With C.D.E. With Mcc",

"Payer Specific Negotiated Charge": 9617.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "438",

"Description": "Disorders Of Pancreas Except Malignancy With Mcc",

"Payer Specific Negotiated Charge": 2495.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 4980.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "440",

"Description": "Disorders Of Pancreas Except Malignancy Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3127.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 9116.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"Payer Specific Negotiated Charge": 9216.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 3500.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 3959.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "659",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Mcc",

"Payer Specific Negotiated Charge": 8927.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "673",

"Description": "Other Kidney And Urinary Tract Procedures With Mcc",

"Payer Specific Negotiated Charge": 6257.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "783",

"Description": "Cesarean Section With Sterilization With Mcc",

"Payer Specific Negotiated Charge": 3733.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 3764.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "793",

"Description": "Full Term Neonate With Major Problems",

"Payer Specific Negotiated Charge": 5438.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 1214.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1043.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2406.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2217.0

},

{

"Payer": "MCD MERHM",

"MS-DRG": "831",

"Description": "Other Antepartum Diagnoses Without O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 5818.0

}

],

"Inpatient Payer Specific Charge 25": [

{

"Payer": "MCD MOL",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 11984.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "191",

"Description": "Chronic Obstructive Pulmonary Disease With Cc",

"Payer Specific Negotiated Charge": 1608.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 5854.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "306",

"Description": "Cardiac Congenital And Valvular Disorders With Mcc",

"Payer Specific Negotiated Charge": 9346.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 3341.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "394",

"Description": "Other Digestive System Diagnoses With Cc",

"Payer Specific Negotiated Charge": 4398.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "435",

"Description": "Malignancy Of Hepatobiliary System Or Pancreas With Mcc",

"Payer Specific Negotiated Charge": 4065.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "580",

"Description": "Other Skin, Subcutaneous Tissue And Breast Procedures With Cc",

"Payer Specific Negotiated Charge": 6477.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"Payer Specific Negotiated Charge": 3934.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 3500.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "776",

"Description": "Postpartum And Post Abortion Diagnoses Without O.R. Procedures",

"Payer Specific Negotiated Charge": 3419.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"Payer Specific Negotiated Charge": 3039.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 4266.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "789",

"Description": "Neonates, Died Or Transferred To Another Acute Care Facility",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 1384.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1043.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "798",

"Description": "Vaginal Delivery With Sterilization And/Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3425.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2406.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 1953.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 1608.0

},

{

"Payer": "MCD MOL",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 4436.0

}

],

"Inpatient Payer Specific Charge 26": [

{

"Payer": "MCR PHP",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 13799.0

},

{

"Payer": "MCR PHP",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 8534.0

},

{

"Payer": "MCR PHP",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 9101.0

},

{

"Payer": "MCR PHP",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 7025.0

},

{

"Payer": "MCR PHP",

"MS-DRG": "643",

"Description": "Endocrine Disorders With Mcc",

"Payer Specific Negotiated Charge": 11462.0

},

{

"Payer": "MCR PHP",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 8064.0

},

{

"Payer": "MCR PHP",

"MS-DRG": "922",

"Description": "Other Injury, Poisoning And Toxic Effect Diagnoses With Mcc",

"Payer Specific Negotiated Charge": 10961.0

},

{

"Payer": "MCR PHP",

"MS-DRG": "988",

"Description": "Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis With Cc",

"Payer Specific Negotiated Charge": 11577.0

}

],

"Inpatient Payer Specific Charge 27": [

{

"Payer": "PHP ACA",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 16424.0

},

{

"Payer": "PHP ACA",

"MS-DRG": "768",

"Description": "Vaginal Delivery With O.R. Procedures Except Sterilization And/Or D&C",

"Payer Specific Negotiated Charge": 13623.0

},

{

"Payer": "PHP ACA",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 4725.0

},

{

"Payer": "PHP ACA",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 10352.0

},

{

"Payer": "PHP ACA",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 8527.0

},

{

"Payer": "PHP ACA",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 5762.0

}

],

"Inpatient Payer Specific Charge 28": [

{

"Payer": "PHPMM-TPA",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 24892.0

},

{

"Payer": "PHPMM-TPA",

"MS-DRG": "392",

"Description": "Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc",

"Payer Specific Negotiated Charge": 10673.0

},

{

"Payer": "PHPMM-TPA",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 12590.0

},

{

"Payer": "PHPMM-TPA",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 8642.0

}

],

"Inpatient Payer Specific Charge 29": [

{

"Payer": "PRIOR",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 12548.0

},

{

"Payer": "PRIOR",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 13385.0

},

{

"Payer": "PRIOR",

"MS-DRG": "617",

"Description": "Amputation Of Lower Limb For Endocrine, Nutritional And Metabolic Disorders With Cc",

"Payer Specific Negotiated Charge": 13832.0

},

{

"Payer": "PRIOR",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 9997.0

},

{

"Payer": "PRIOR",

"MS-DRG": "788",

"Description": "Cesarean Section Without Sterilization Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5525.0

},

{

"Payer": "PRIOR",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 1133.0

},

{

"Payer": "PRIOR",

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"Payer Specific Negotiated Charge": 3462.0

},

{

"Payer": "PRIOR",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2992.0

},

{

"Payer": "PRIOR",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2078.0

},

{

"Payer": "PRIOR",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 12691.0

},

{

"Payer": "PRIOR",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 2400.0

}

],

"Inpatient Payer Specific Charge 30": [

{

"Payer": "SP COVID",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 12667.0

}

],

"Inpatient Payer Specific Charge 31": [

{

"Payer": "VA CCN",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 13859.0

},

{

"Payer": "VA CCN",

"MS-DRG": "186",

"Description": "Pleural Effusion With Mcc",

"Payer Specific Negotiated Charge": 10667.0

},

{

"Payer": "VA CCN",

"MS-DRG": "378",

"Description": "Gastrointestinal Hemorrhage With Cc",

"Payer Specific Negotiated Charge": 6613.0

},

{

"Payer": "VA CCN",

"MS-DRG": "435",

"Description": "Malignancy Of Hepatobiliary System Or Pancreas With Mcc",

"Payer Specific Negotiated Charge": 12055.0

},

{

"Payer": "VA CCN",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 5137.0

},

{

"Payer": "VA CCN",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 31955.0

},

{

"Payer": "VA CCN",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 12819.0

},

{

"Payer": "VA CCN",

"MS-DRG": "882",

"Description": "Neuroses Except Depressive",

"Payer Specific Negotiated Charge": 3636.0

},

{

"Payer": "VA CCN",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 5211.0

},

{

"Payer": "VA CCN",

"MS-DRG": "897",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy Without Mcc",

"Payer Specific Negotiated Charge": 5552.0

}

],

"Inpatient Payer Specific Charge 32": [

{

"Payer": "WC",

"MS-DRG": "177",

"Description": "Respiratory Infections And Inflammations With Mcc",

"Payer Specific Negotiated Charge": 15685.0

},

{

"Payer": "WC",

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"Payer Specific Negotiated Charge": 16065.0

},

{

"Payer": "WC",

"MS-DRG": "482",

"Description": "Hip And Femur Procedures Except Major Joint Without Cc/Mcc",

"Payer Specific Negotiated Charge": 10150.0

},

{

"Payer": "WC",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 19582.0

},

{

"Payer": "WC",

"MS-DRG": "513",

"Description": "Hand Or Wrist Procedures, Except Major Thumb Or Joint Procedures With Cc/Mcc",

"Payer Specific Negotiated Charge": 9421.0

},

{

"Payer": "WC",

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"Payer Specific Negotiated Charge": 4639.0

},

{

"Payer": "WC",

"MS-DRG": "920",

"Description": "Complications Of Treatment With Cc",

"Payer Specific Negotiated Charge": 5264.0

}

],

"Inpatient Payer Specific Charge 33": [

{

"Payer": "MERHE",

"MS-DRG": "178",

"Description": "Respiratory Infections And Inflammations With Cc",

"Payer Specific Negotiated Charge": 10130.0

}

],

"Inpatient Payer Specific Charge 34": [

{

"Payer": "MCR HAPP",

"MS-DRG": "179",

"Description": "Respiratory Infections And Inflammations Without Cc/Mcc",

"Payer Specific Negotiated Charge": 7264.0

},

{

"Payer": "MCR HAPP",

"MS-DRG": "375",

"Description": "Digestive Malignancy With Cc",

"Payer Specific Negotiated Charge": 7869.0

},

{

"Payer": "MCR HAPP",

"MS-DRG": "536",

"Description": "Fractures Of Hip And Pelvis Without Mcc",

"Payer Specific Negotiated Charge": 3584.0

},

{

"Payer": "MCR HAPP",

"MS-DRG": "870",

"Description": "Septicemia Or Severe Sepsis With Mv >96 Hours",

"Payer Specific Negotiated Charge": 43625.0

},

{

"Payer": "MCR HAPP",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 12172.0

},

{

"Payer": "MCR HAPP",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 8060.0

}

],

"Inpatient Payer Specific Charge 35": [

{

"Payer": "MCR MOL",

"MS-DRG": "180",

"Description": "Respiratory Neoplasms With Mcc",

"Payer Specific Negotiated Charge": 17019.0

},

{

"Payer": "MCR MOL",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 7075.0

},

{

"Payer": "MCR MOL",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 2196.0

},

{

"Payer": "MCR MOL",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 7693.0

},

{

"Payer": "MCR MOL",

"MS-DRG": "300",

"Description": "Peripheral Vascular Disorders With Cc",

"Payer Specific Negotiated Charge": 5459.0

},

{

"Payer": "MCR MOL",

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 15777.0

},

{

"Payer": "MCR MOL",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 14766.0

},

{

"Payer": "MCR MOL",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 9738.0

},

{

"Payer": "MCR MOL",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 6656.0

}

],

"Inpatient Payer Specific Charge 36": [

{

"Payer": "MCD BCHMP",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 4750.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 5146.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 4883.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "208",

"Description": "Respiratory System Diagnosis With Ventilator Support <=96 Hours",

"Payer Specific Negotiated Charge": 2285.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "331",

"Description": "Major Small And Large Bowel Procedures Without Cc/Mcc",

"Payer Specific Negotiated Charge": 10546.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "468",

"Description": "Revision Of Hip Or Knee Replacement Without Cc/Mcc",

"Payer Specific Negotiated Charge": 9116.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 9116.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 9732.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "492",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur With Mcc",

"Payer Specific Negotiated Charge": 8490.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "516",

"Description": "Other Musculoskeletal System And Connective Tissue O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 13715.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "584",

"Description": "Breast Biopsy, Local Excision And Other Breast Procedures With Cc/Mcc",

"Payer Specific Negotiated Charge": 3990.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"Payer Specific Negotiated Charge": 4416.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "683",

"Description": "Renal Failure With Cc",

"Payer Specific Negotiated Charge": 6190.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "690",

"Description": "Kidney And Urinary Tract Infections Without Mcc",

"Payer Specific Negotiated Charge": 3569.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 4435.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1043.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2568.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2406.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 6616.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 4227.0

},

{

"Payer": "MCD BCHMP",

"MS-DRG": "981",

"Description": "Extensive O.R. Procedures Unrelated To Principal Diagnosis With Mcc",

"Payer Specific Negotiated Charge": 8328.0

}

],

"Inpatient Payer Specific Charge 37": [

{

"Payer": "TRI WEST",

"MS-DRG": "189",

"Description": "Pulmonary Edema And Respiratory Failure",

"Payer Specific Negotiated Charge": 8066.0

},

{

"Payer": "TRI WEST",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 8817.0

},

{

"Payer": "TRI WEST",

"MS-DRG": "309",

"Description": "Cardiac Arrhythmia And Conduction Disorders With Cc",

"Payer Specific Negotiated Charge": 5137.0

},

{

"Payer": "TRI WEST",

"MS-DRG": "483",

"Description": "Major Joint Or Limb Reattachment Procedures Of Upper Extremities",

"Payer Specific Negotiated Charge": 15558.0

},

{

"Payer": "TRI WEST",

"MS-DRG": "641",

"Description": "Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc",

"Payer Specific Negotiated Charge": 5139.0

},

{

"Payer": "TRI WEST",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 9134.0

},

{

"Payer": "TRI WEST",

"MS-DRG": "797",

"Description": "Vaginal Delivery With Sterilization And/Or D&C With Cc",

"Payer Specific Negotiated Charge": 5816.0

},

{

"Payer": "TRI WEST",

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 14093.0

},

{

"Payer": "TRI WEST",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 8064.0

}

],

"Inpatient Payer Specific Charge 38": [

{

"Payer": "OTH.MISC1",

"MS-DRG": "190",

"Description": "Chronic Obstructive Pulmonary Disease With Mcc",

"Payer Specific Negotiated Charge": 6836.0

},

{

"Payer": "OTH.MISC1",

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"Payer Specific Negotiated Charge": 7170.0

},

{

"Payer": "OTH.MISC1",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1970.0

},

{

"Payer": "OTH.MISC1",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 5124.0

},

{

"Payer": "OTH.MISC1",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5449.0

},

{

"Payer": "OTH.MISC1",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 13387.0

}

],

"Inpatient Payer Specific Charge 39": [

{

"Payer": "MCD UHC",

"MS-DRG": "193",

"Description": "Simple Pneumonia And Pleurisy With Mcc",

"Payer Specific Negotiated Charge": 5820.0

},

{

"Payer": "MCD UHC",

"MS-DRG": "202",

"Description": "Bronchitis And Asthma With Cc/Mcc",

"Payer Specific Negotiated Charge": 4779.0

},

{

"Payer": "MCD UHC",

"MS-DRG": "440",

"Description": "Disorders Of Pancreas Except Malignancy Without Cc/Mcc",

"Payer Specific Negotiated Charge": 4190.0

},

{

"Payer": "MCD UHC",

"MS-DRG": "639",

"Description": "Diabetes Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3500.0

},

{

"Payer": "MCD UHC",

"MS-DRG": "785",

"Description": "Cesarean Section With Sterilization Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2607.0

},

{

"Payer": "MCD UHC",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 3764.0

},

{

"Payer": "MCD UHC",

"MS-DRG": "792",

"Description": "Prematurity Without Major Problems",

"Payer Specific Negotiated Charge": 1428.0

},

{

"Payer": "MCD UHC",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 1198.0

},

{

"Payer": "MCD UHC",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1043.0

},

{

"Payer": "MCD UHC",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2406.0

},

{

"Payer": "MCD UHC",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2309.0

}

],

"Inpatient Payer Specific Charge 40": [

{

"Payer": "CIGNA",

"MS-DRG": "194",

"Description": "Simple Pneumonia And Pleurisy With Cc",

"Payer Specific Negotiated Charge": 77106.0

},

{

"Payer": "CIGNA",

"MS-DRG": "386",

"Description": "Inflammatory Bowel Disease With Cc",

"Payer Specific Negotiated Charge": 19837.0

},

{

"Payer": "CIGNA",

"MS-DRG": "467",

"Description": "Revision Of Hip Or Knee Replacement With Cc",

"Payer Specific Negotiated Charge": 40915.0

},

{

"Payer": "CIGNA",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 24271.0

},

{

"Payer": "CIGNA",

"MS-DRG": "481",

"Description": "Hip And Femur Procedures Except Major Joint With Cc",

"Payer Specific Negotiated Charge": 14249.0

},

{

"Payer": "CIGNA",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 5980.0

},

{

"Payer": "CIGNA",

"MS-DRG": "690",

"Description": "Kidney And Urinary Tract Infections Without Mcc",

"Payer Specific Negotiated Charge": 14146.0

},

{

"Payer": "CIGNA",

"MS-DRG": "784",

"Description": "Cesarean Section With Sterilization With Cc",

"Payer Specific Negotiated Charge": 7161.0

},

{

"Payer": "CIGNA",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 2564.0

},

{

"Payer": "CIGNA",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 1030.0

}

],

"Inpatient Payer Specific Charge 41": [

{

"Payer": "MCD SD",

"MS-DRG": "195",

"Description": "Simple Pneumonia And Pleurisy Without Cc/Mcc",

"Payer Specific Negotiated Charge": 3049.0

},

{

"Payer": "MCD SD",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 6577.0

}

],

"Inpatient Payer Specific Charge 42": [

{

"Payer": "BC FED",

"MS-DRG": "196",

"Description": "Interstitial Lung Disease With Mcc",

"Payer Specific Negotiated Charge": 22750.0

},

{

"Payer": "BC FED",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 23855.0

},

{

"Payer": "BC FED",

"MS-DRG": "792",

"Description": "Prematurity Without Major Problems",

"Payer Specific Negotiated Charge": 5763.0

},

{

"Payer": "BC FED",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1737.0

},

{

"Payer": "BC FED",

"MS-DRG": "805",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Mcc",

"Payer Specific Negotiated Charge": 6233.0

},

{

"Payer": "BC FED",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 6152.0

},

{

"Payer": "BC FED",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 5640.0

},

{

"Payer": "BC FED",

"MS-DRG": "854",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 24610.0

},

{

"Payer": "BC FED",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3803.0

}

],

"Inpatient Payer Specific Charge 43": [

{

"Payer": "UNIMEOH",

"MS-DRG": "291",

"Description": "Heart Failure And Shock With Mcc",

"Payer Specific Negotiated Charge": 11439.0

},

{

"Payer": "UNIMEOH",

"MS-DRG": "393",

"Description": "Other Digestive System Diagnoses With Mcc",

"Payer Specific Negotiated Charge": 14056.0

},

{

"Payer": "UNIMEOH",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 16634.0

}

],

"Inpatient Payer Specific Charge 44": [

{

"Payer": "MCR OTHER",

"MS-DRG": "300",

"Description": "Peripheral Vascular Disorders With Cc",

"Payer Specific Negotiated Charge": 7349.0

}

],

"Inpatient Payer Specific Charge 45": [

{

"Payer": "TRI EAST",

"MS-DRG": "300",

"Description": "Peripheral Vascular Disorders With Cc",

"Payer Specific Negotiated Charge": 4258.0

},

{

"Payer": "TRI EAST",

"MS-DRG": "786",

"Description": "Cesarean Section Without Sterilization With Mcc",

"Payer Specific Negotiated Charge": 7292.0

},

{

"Payer": "TRI EAST",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 5964.0

},

{

"Payer": "TRI EAST",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 2080.0

},

{

"Payer": "TRI EAST",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2405.0

},

{

"Payer": "TRI EAST",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 2196.0

}

],

"Inpatient Payer Specific Charge 46": [

{

"Payer": "ALLHE",

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 23360.0

},

{

"Payer": "ALLHE",

"MS-DRG": "694",

"Description": "Urinary Stones Without Mcc",

"Payer Specific Negotiated Charge": 6396.0

},

{

"Payer": "ALLHE",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4286.0

}

],

"Inpatient Payer Specific Charge 47": [

{

"Payer": "UHC",

"MS-DRG": "330",

"Description": "Major Small And Large Bowel Procedures With Cc",

"Payer Specific Negotiated Charge": 22229.0

},

{

"Payer": "UHC",

"MS-DRG": "603",

"Description": "Cellulitis Without Mcc",

"Payer Specific Negotiated Charge": 7181.0

},

{

"Payer": "UHC",

"MS-DRG": "644",

"Description": "Endocrine Disorders With Cc",

"Payer Specific Negotiated Charge": 8892.0

},

{

"Payer": "UHC",

"MS-DRG": "699",

"Description": "Other Kidney And Urinary Tract Diagnoses With Cc",

"Payer Specific Negotiated Charge": 8778.0

},

{

"Payer": "UHC",

"MS-DRG": "768",

"Description": "Vaginal Delivery With O.R. Procedures Except Sterilization And/Or D&C",

"Payer Specific Negotiated Charge": 7787.0

},

{

"Payer": "UHC",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1470.0

},

{

"Payer": "UHC",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 6028.0

},

{

"Payer": "UHC",

"MS-DRG": "846",

"Description": "Chemotherapy Without Acute Leukemia As Secondary Diagnosis With Mcc",

"Payer Specific Negotiated Charge": 22694.0

},

{

"Payer": "UHC",

"MS-DRG": "847",

"Description": "Chemotherapy Without Acute Leukemia As Secondary Diagnosis With Cc",

"Payer Specific Negotiated Charge": 11185.0

},

{

"Payer": "UHC",

"MS-DRG": "853",

"Description": "Infectious And Parasitic Diseases With O.R. Procedures With Mcc",

"Payer Specific Negotiated Charge": 43338.0

},

{

"Payer": "UHC",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 5310.0

}

],

"Inpatient Payer Specific Charge 48": [

{

"Payer": "AET PREF",

"MS-DRG": "439",

"Description": "Disorders Of Pancreas Except Malignancy With Cc",

"Payer Specific Negotiated Charge": 14302.0

},

{

"Payer": "AET PREF",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 5847.0

},

{

"Payer": "AET PREF",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 6046.0

},

{

"Payer": "AET PREF",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3180.0

}

],

"Inpatient Payer Specific Charge 49": [

{

"Payer": "MCR WELL",

"MS-DRG": "444",

"Description": "Disorders Of The Biliary Tract With Mcc",

"Payer Specific Negotiated Charge": 11420.0

},

{

"Payer": "MCR WELL",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 6597.0

}

],

"Inpatient Payer Specific Charge 50": [

{

"Payer": "MCR A",

"MS-DRG": "470",

"Description": "Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc",

"Payer Specific Negotiated Charge": 12050.0

},

{

"Payer": "MCR A",

"MS-DRG": "494",

"Description": "Lower Extremity And Humerus Procedures Except Hip, Foot And Femur Without Cc/Mcc",

"Payer Specific Negotiated Charge": 10160.0

},

{

"Payer": "MCR A",

"MS-DRG": "563",

"Description": "Fracture, Sprain, Strain And Dislocation Except Femur, Hip, Pelvis And Thigh Without Mcc",

"Payer Specific Negotiated Charge": 4265.0

},

{

"Payer": "MCR A",

"MS-DRG": "617",

"Description": "Amputation Of Lower Limb For Endocrine, Nutritional And Metabolic Disorders With Cc",

"Payer Specific Negotiated Charge": 12434.0

},

{

"Payer": "MCR A",

"MS-DRG": "682",

"Description": "Renal Failure With Mcc",

"Payer Specific Negotiated Charge": 9734.0

},

{

"Payer": "MCR A",

"MS-DRG": "809",

"Description": "Major Hematological And Immunological Diagnoses Except Sickle Cell Crisis And Coagulation Disorders ",

"Payer Specific Negotiated Charge": 8538.0

},

{

"Payer": "MCR A",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 21245.0

}

],

"Inpatient Payer Specific Charge 51": [

{

"Payer": "MCD MIDHM",

"MS-DRG": "638",

"Description": "Diabetes With Cc",

"Payer Specific Negotiated Charge": 1688.0

},

{

"Payer": "MCD MIDHM",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2424.0

},

{

"Payer": "MCD MIDHM",

"MS-DRG": "897",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy Without Mcc",

"Payer Specific Negotiated Charge": 3907.0

}

],

"Inpatient Payer Specific Charge 52": [

{

"Payer": "CORSO",

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"Payer Specific Negotiated Charge": 12076.0

},

{

"Payer": "CORSO",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 4983.0

},

{

"Payer": "CORSO",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 5957.0

}

],

"Inpatient Payer Specific Charge 53": [

{

"Payer": "FA115",

"MS-DRG": "660",

"Description": "Kidney And Ureter Procedures For Non-Neoplasm With Cc",

"Payer Specific Negotiated Charge": 18448.0

}

],

"Inpatient Payer Specific Charge 54": [

{

"Payer": "MCD PRI",

"MS-DRG": "694",

"Description": "Urinary Stones Without Mcc",

"Payer Specific Negotiated Charge": 4402.0

},

{

"Payer": "MCD PRI",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1043.0

},

{

"Payer": "MCD PRI",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2406.0

}

],

"Inpatient Payer Specific Charge 55": [

{

"Payer": "MCD MIDW",

"MS-DRG": "786",

"Description": "Cesarean Section Without Sterilization With Mcc",

"Payer Specific Negotiated Charge": 5162.0

},

{

"Payer": "MCD MIDW",

"MS-DRG": "789",

"Description": "Neonates, Died Or Transferred To Another Acute Care Facility",

"Payer Specific Negotiated Charge": 1196.0

},

{

"Payer": "MCD MIDW",

"MS-DRG": "792",

"Description": "Prematurity Without Major Problems",

"Payer Specific Negotiated Charge": 1063.0

},

{

"Payer": "MCD MIDW",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 1258.0

},

{

"Payer": "MCD MIDW",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 1096.0

},

{

"Payer": "MCD MIDW",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 2527.0

},

{

"Payer": "MCD MIDW",

"MS-DRG": "807",

"Description": "Vaginal Delivery Without Sterilization Or D&C Without Cc/Mcc",

"Payer Specific Negotiated Charge": 2697.0

},

{

"Payer": "MCD MIDW",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 46412.0

},

{

"Payer": "MCD MIDW",

"MS-DRG": "918",

"Description": "Poisoning And Toxic Effects Of Drugs Without Mcc",

"Payer Specific Negotiated Charge": 3272.0

}

],

"Inpatient Payer Specific Charge 56": [

{

"Payer": "AET",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 11089.0

},

{

"Payer": "AET",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 6218.0

},

{

"Payer": "AET",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 5730.0

},

{

"Payer": "AET",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 6741.0

},

{

"Payer": "AET",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 5855.0

}

],

"Inpatient Payer Specific Charge 57": [

{

"Payer": "GEHA",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 8782.0

}

],

"Inpatient Payer Specific Charge 58": [

{

"Payer": "HAP",

"MS-DRG": "787",

"Description": "Cesarean Section Without Sterilization With Cc",

"Payer Specific Negotiated Charge": 11343.0

},

{

"Payer": "HAP",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 2841.0

},

{

"Payer": "HAP",

"MS-DRG": "872",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc",

"Payer Specific Negotiated Charge": 35426.0

},

{

"Payer": "HAP",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3393.0

}

],

"Inpatient Payer Specific Charge 59": [

{

"Payer": "TRUMA/COF",

"MS-DRG": "794",

"Description": "Neonate With Other Significant Problems",

"Payer Specific Negotiated Charge": 5790.0

}

],

"Inpatient Payer Specific Charge 60": [

{

"Payer": "MCLHE",

"MS-DRG": "795",

"Description": "Normal Newborn",

"Payer Specific Negotiated Charge": 3709.0

},

{

"Payer": "MCLHE",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 9071.0

},

{

"Payer": "MCLHE",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 9739.0

}

],

"Inpatient Payer Specific Charge 61": [

{

"Payer": "KEYBE/COF",

"MS-DRG": "806",

"Description": "Vaginal Delivery Without Sterilization Or D&C With Cc",

"Payer Specific Negotiated Charge": 4810.0

},

{

"Payer": "KEYBE/COF",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 15890.0

},

{

"Payer": "KEYBE/COF",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 6008.0

}

],

"Inpatient Payer Specific Charge 62": [

{

"Payer": "CMH BAY",

"MS-DRG": "832",

"Description": "Other Antepartum Diagnoses Without O.R. Procedures With Cc",

"Payer Specific Negotiated Charge": 2658.0

},

{

"Payer": "CMH BAY",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4430.0

}

],

"Inpatient Payer Specific Charge 63": [

{

"Payer": "EMPBEN LO",

"MS-DRG": "871",

"Description": "Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc",

"Payer Specific Negotiated Charge": 17099.0

}

],

"Inpatient Payer Specific Charge 64": [

{

"Payer": "CMH ING",

"MS-DRG": "882",

"Description": "Neuroses Except Depressive",

"Payer Specific Negotiated Charge": 3956.0

},

{

"Payer": "CMH ING",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4945.0

}

],

"Inpatient Payer Specific Charge 65": [

{

"Payer": "CMH KAL",

"MS-DRG": "882",

"Description": "Neuroses Except Depressive",

"Payer Specific Negotiated Charge": 4244.0

}

],

"Inpatient Payer Specific Charge 66": [

{

"Payer": "CMH SAG",

"MS-DRG": "882",

"Description": "Neuroses Except Depressive",

"Payer Specific Negotiated Charge": 1880.0

},

{

"Payer": "CMH SAG",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4700.0

}

],

"Inpatient Payer Specific Charge 67": [

{

"Payer": "CMH SHIA",

"MS-DRG": "882",

"Description": "Neuroses Except Depressive",

"Payer Specific Negotiated Charge": 3760.0

},

{

"Payer": "CMH SHIA",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4700.0

}

],

"Inpatient Payer Specific Charge 68": [

{

"Payer": "AA STATE",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 10457.0

}

],

"Inpatient Payer Specific Charge 69": [

{

"Payer": "BEACON",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 5310.0

}

],

"Inpatient Payer Specific Charge 70": [

{

"Payer": "CMH GEN",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3540.0

}

],

"Inpatient Payer Specific Charge 71": [

{

"Payer": "CMH GRAT",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 6180.0

}

],

"Inpatient Payer Specific Charge 72": [

{

"Payer": "CMH HUR",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 1030.0

}

],

"Inpatient Payer Specific Charge 73": [

{

"Payer": "CMH ION",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4015.0

}

],

"Inpatient Payer Specific Charge 74": [

{

"Payer": "CMH ISA",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 2060.0

}

],

"Inpatient Payer Specific Charge 75": [

{

"Payer": "CMH JACK",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3665.0

}

],

"Inpatient Payer Specific Charge 76": [

{

"Payer": "CMH LAP",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 2580.0

}

],

"Inpatient Payer Specific Charge 77": [

{

"Payer": "CMH LIV",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 5000.0

}

],

"Inpatient Payer Specific Charge 78": [

{

"Payer": "CMH MONT",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3090.0

}

],

"Inpatient Payer Specific Charge 79": [

{

"Payer": "CMH MUS",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3090.0

}

],

"Inpatient Payer Specific Charge 80": [

{

"Payer": "CMH NORL",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4244.0

}

],

"Inpatient Payer Specific Charge 81": [

{

"Payer": "CMH OTHER",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 6366.0

}

],

"Inpatient Payer Specific Charge 82": [

{

"Payer": "CMH OTTAW",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3183.0

}

],

"Inpatient Payer Specific Charge 83": [

{

"Payer": "CMH SAN",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4500.0

}

],

"Inpatient Payer Specific Charge 84": [

{

"Payer": "CMH STCLA",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 5150.0

}

],

"Inpatient Payer Specific Charge 85": [

{

"Payer": "CMH TUS",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 5964.0

}

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"Inpatient Payer Specific Charge 86": [

{

"Payer": "CMH WAS",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 4000.0

}

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"Inpatient Payer Specific Charge 87": [

{

"Payer": "MCR MER",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 6462.0

}

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"Inpatient Payer Specific Charge 88": [

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"Payer": "MCR UHC",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 7240.0

}

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"Inpatient Payer Specific Charge 89": [

{

"Payer": "OTH.OK",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 3487.0

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"Inpatient Payer Specific Charge 90": [

{

"Payer": "VA SAGINA",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 1188.0

}

],

"Inpatient Payer Specific Charge 91": [

{

"Payer": "VALGM",

"MS-DRG": "885",

"Description": "Psychoses",

"Payer Specific Negotiated Charge": 11062.0

}

],

"Inpatient Payer Specific Charge 92": [

{

"Payer": "HAP/CIGNA",

"MS-DRG": "896",

"Description": "Alcohol, Drug Abuse Or Dependence Without Rehabilitation Therapy With Mcc",

"Payer Specific Negotiated Charge": 28948.0

}

],

"Outpatient De-identified Minimum Negotiated Charge": [

{

"APC": "0875",

"Description": "Euflexxa inj per dose",

"De-Identified Minimum Negotiated Charge": 39.0

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{

"APC": "0877",

"Description": "Orthovisc inj per dose",

"De-Identified Minimum Negotiated Charge": 324.0

},

{

"APC": "0902",

"Description": "Injection,onabotulinumtoxinA",

"De-Identified Minimum Negotiated Charge": 960.0

},

{

"APC": "0965",

"Description": "Albumin (human), 25%, 50ml",

"De-Identified Minimum Negotiated Charge": 4807.0

},

{

"APC": "1232",

"Description": "Mitomycin injection",

"De-Identified Minimum Negotiated Charge": 1640.0

},

{

"APC": "1417",

"Description": "Gel-one",

"De-Identified Minimum Negotiated Charge": 86.0

},

{

"APC": "1433",

"Description": "Calcitonin salmon injection",

"De-Identified Minimum Negotiated Charge": 22466.0

},

{

"APC": "1446",

"Description": "Visualization adjunct",

"De-Identified Minimum Negotiated Charge": 856.0

},

{

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"De-Identified Minimum Negotiated Charge": 15.0

},

{

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"De-Identified Minimum Negotiated Charge": 25.0

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{

"APC": "1747",

"Description": "Monovisc inj per dose",

"De-Identified Minimum Negotiated Charge": 73.0

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{

"APC": "1832",

"Description": "Dimethyl sulfoxide 50% 50 ml",

"De-Identified Minimum Negotiated Charge": 22.0

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{

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"De-Identified Minimum Negotiated Charge": 31.0

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{

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"De-Identified Minimum Negotiated Charge": 13.0

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{

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"De-Identified Minimum Negotiated Charge": 46.0

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{

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"De-Identified Minimum Negotiated Charge": 112.0

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{

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"De-Identified Minimum Negotiated Charge": 1.0

},

{

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"De-Identified Minimum Negotiated Charge": 500.0

},

{

"APC": "5041",

"Description": "Critical Care",

"De-Identified Minimum Negotiated Charge": 124.0

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{

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"De-Identified Minimum Negotiated Charge": 21.0

},

{

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"De-Identified Minimum Negotiated Charge": 15.0

},

{

"APC": "5053",

"Description": "Level 3 Skin Procedures",

"De-Identified Minimum Negotiated Charge": 115.0

},

{

"APC": "5054",

"Description": "Level 4 Skin Procedures",

"De-Identified Minimum Negotiated Charge": 49.0

},

{

"APC": "5055",

"Description": "Level 5 Skin Procedures",

"De-Identified Minimum Negotiated Charge": 138.0

},

{

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"De-Identified Minimum Negotiated Charge": 112.0

},

{

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"De-Identified Minimum Negotiated Charge": 89.0

},

{

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"De-Identified Minimum Negotiated Charge": 103.0

},

{

"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"De-Identified Minimum Negotiated Charge": 154.0

},

{

"APC": "5092",

"Description": "Level 2 Breast/Lymphatic Surgery and Related Procedures",

"De-Identified Minimum Negotiated Charge": 906.0

},

{

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"De-Identified Minimum Negotiated Charge": 16.0

},

{

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"De-Identified Minimum Negotiated Charge": 79.0

},

{

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"De-Identified Minimum Negotiated Charge": 160.0

},

{

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"De-Identified Minimum Negotiated Charge": 72.0

},

{

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"De-Identified Minimum Negotiated Charge": 158.0

},

{

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"De-Identified Minimum Negotiated Charge": 123.0

},

{

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"De-Identified Minimum Negotiated Charge": 109.0

},

{

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"De-Identified Minimum Negotiated Charge": 66.0

},

{

"APC": "5152",

"Description": "Level 2 Airway Endoscopy",

"De-Identified Minimum Negotiated Charge": 175.0

},

{

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"De-Identified Minimum Negotiated Charge": 75.0

},

{

"APC": "5154",

"Description": "Level 4 Airway Endoscopy",

"De-Identified Minimum Negotiated Charge": 195.0

},

{

"APC": "5155",

"Description": "Level 5 Airway Endoscopy",

"De-Identified Minimum Negotiated Charge": 205.0

},

{

"APC": "5161",

"Description": "Level 1 ENT Procedures",

"De-Identified Minimum Negotiated Charge": 96.0

},

{

"APC": "5162",

"Description": "Level 2 ENT Procedures",

"De-Identified Minimum Negotiated Charge": 15.0

},

{

"APC": "5163",

"Description": "Level 3 ENT Procedures",

"De-Identified Minimum Negotiated Charge": 89.0

},

{

"APC": "5164",

"Description": "Level 4 ENT Procedures",

"De-Identified Minimum Negotiated Charge": 76.0

},

{

"APC": "5165",

"Description": "Level 5 ENT Procedures",

"De-Identified Minimum Negotiated Charge": 164.0

},

{

"APC": "5181",

"Description": "Level 1 Vascular Procedures",

"De-Identified Minimum Negotiated Charge": 106.0

},

{

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"De-Identified Minimum Negotiated Charge": 51.0

},

{

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"De-Identified Minimum Negotiated Charge": 49.0

},

{

"APC": "5241",

"Description": "Level 1 Blood Product Exchange and Related Services",

"De-Identified Minimum Negotiated Charge": 499.0

},

{

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"De-Identified Minimum Negotiated Charge": 78.0

},

{

"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"De-Identified Minimum Negotiated Charge": 88.0

},

{

"APC": "5303",

"Description": "Level 3 Upper GI Procedures",

"De-Identified Minimum Negotiated Charge": 1054.0

},

{

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"De-Identified Minimum Negotiated Charge": 78.0

},

{

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"De-Identified Minimum Negotiated Charge": 115.0

},

{

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"De-Identified Minimum Negotiated Charge": 82.0

},

{

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"De-Identified Minimum Negotiated Charge": 274.0

},

{

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"De-Identified Minimum Negotiated Charge": 194.0

},

{

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"De-Identified Minimum Negotiated Charge": 281.0

},

{

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"De-Identified Minimum Negotiated Charge": 53.0

},

{

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"De-Identified Minimum Negotiated Charge": 46.0

},

{

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"De-Identified Minimum Negotiated Charge": 56.0

},

{

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"De-Identified Minimum Negotiated Charge": 88.0

},

{

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"De-Identified Minimum Negotiated Charge": 224.0

},

{

"APC": "5377",

"Description": "Level 7 Urology and Related Services",

"De-Identified Minimum Negotiated Charge": 486.0

},

{

"APC": "5401",

"Description": "Dialysis",

"De-Identified Minimum Negotiated Charge": 5593.0

},

{

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"De-Identified Minimum Negotiated Charge": 17.0

},

{

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"De-Identified Minimum Negotiated Charge": 69.0

},

{

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"De-Identified Minimum Negotiated Charge": 34.0

},

{

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"De-Identified Minimum Negotiated Charge": 88.0

},

{

"APC": "5415",

"Description": "Level 5 Gynecologic Procedures",

"De-Identified Minimum Negotiated Charge": 143.0

},

{

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"De-Identified Minimum Negotiated Charge": 216.0

},

{

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"De-Identified Minimum Negotiated Charge": 55.0

},

{

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"De-Identified Minimum Negotiated Charge": 57.0

},

{

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"De-Identified Minimum Negotiated Charge": 94.0

},

{

"APC": "5461",

"Description": "Level 1 Neurostimulator and Related Procedures",

"De-Identified Minimum Negotiated Charge": 141.0

},

{

"APC": "5462",

"Description": "Level 2 Neurostimulator and Related Procedures",

"De-Identified Minimum Negotiated Charge": 261.0

},

{

"APC": "5463",

"Description": "Level 3 Neurostimulator and Related Procedures",

"De-Identified Minimum Negotiated Charge": 426.0

},

{

"APC": "5464",

"Description": "Level 4 Neurostimulator and Related Procedures",

"De-Identified Minimum Negotiated Charge": 426.0

},

{

"APC": "5481",

"Description": "Laser Eye Procedures",

"De-Identified Minimum Negotiated Charge": 259.0

},

{

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"De-Identified Minimum Negotiated Charge": 105.0

},

{

"APC": "5492",

"Description": "Level 2 Intraocular Procedures",

"De-Identified Minimum Negotiated Charge": 515.0

},

{

"APC": "5501",

"Description": "Level 1 Extraocular, Repair, and Plastic Eye Procedures",

"De-Identified Minimum Negotiated Charge": 154.0

},

{

"APC": "5502",

"Description": "Level 2 Extraocular, Repair, and Plastic Eye Procedures",

"De-Identified Minimum Negotiated Charge": 92.0

},

{

"APC": "5503",

"Description": "Level 3 Extraocular, Repair, and Plastic Eye Procedures",

"De-Identified Minimum Negotiated Charge": 670.0

},

{

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"De-Identified Minimum Negotiated Charge": 5.0

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{

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"De-Identified Minimum Negotiated Charge": 24.0

},

{

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"De-Identified Minimum Negotiated Charge": 90.0

},

{

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"De-Identified Minimum Negotiated Charge": 259.0

},

{

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"De-Identified Minimum Negotiated Charge": 98.0

},

{

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"De-Identified Minimum Negotiated Charge": 233.0

},

{

"APC": "5573",

"Description": "Level 3 Imaging with Contrast",

"De-Identified Minimum Negotiated Charge": 645.0

},

{

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"De-Identified Minimum Negotiated Charge": 192.0

},

{

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"De-Identified Minimum Negotiated Charge": 246.0

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{

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"De-Identified Minimum Negotiated Charge": 640.0

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{

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"De-Identified Minimum Negotiated Charge": 350.0

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{

"APC": "5661",

"Description": "Therapeutic Nuclear Medicine",

"De-Identified Minimum Negotiated Charge": 94.0

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{

"APC": "5671",

"Description": "Level 1 Pathology",

"De-Identified Minimum Negotiated Charge": 47.0

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{

"APC": "5672",

"Description": "Level 2 Pathology",

"De-Identified Minimum Negotiated Charge": 65.0

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{

"APC": "5673",

"Description": "Level 3 Pathology",

"De-Identified Minimum Negotiated Charge": 2.0

},

{

"APC": "5674",

"Description": "Level 4 Pathology",

"De-Identified Minimum Negotiated Charge": 3123.0

},

{

"APC": "5691",

"Description": "Level 1 Drug Administration",

"De-Identified Minimum Negotiated Charge": 7.0

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{

"APC": "5692",

"Description": "Level 2 Drug Administration",

"De-Identified Minimum Negotiated Charge": 14.0

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{

"APC": "5693",

"Description": "Level 3 Drug Administration",

"De-Identified Minimum Negotiated Charge": 100.0

},

{

"APC": "5694",

"Description": "Level 4 Drug Administration",

"De-Identified Minimum Negotiated Charge": 170.0

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{

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"De-Identified Minimum Negotiated Charge": 25.0

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{

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"De-Identified Minimum Negotiated Charge": 6.0

},

{

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"De-Identified Minimum Negotiated Charge": 187.0

},

{

"APC": "5724",

"Description": "Level 4 Diagnostic Tests and Related Services",

"De-Identified Minimum Negotiated Charge": 13.0

},

{

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"De-Identified Minimum Negotiated Charge": 12.0

},

{

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"De-Identified Minimum Negotiated Charge": 6.0

},

{

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"De-Identified Minimum Negotiated Charge": 10.0

},

{

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"De-Identified Minimum Negotiated Charge": 7.0

},

{

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"De-Identified Minimum Negotiated Charge": 34.0

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{

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"De-Identified Minimum Negotiated Charge": 19.0

},

{

"APC": "5742",

"Description": "Level 2 Electronic Analysis of Devices",

"De-Identified Minimum Negotiated Charge": 55.0

},

{

"APC": "5743",

"Description": "Level 3 Electronic Analysis of Devices",

"De-Identified Minimum Negotiated Charge": 220.0

},

{

"APC": "5781",

"Description": "Resuscitation and Cardioversion",

"De-Identified Minimum Negotiated Charge": 144.0

},

{

"APC": "5791",

"Description": "Pulmonary Treatment",

"De-Identified Minimum Negotiated Charge": 13.0

},

{

"APC": "5801",

"Description": "Ventilation Initiation and Management",

"De-Identified Minimum Negotiated Charge": 66.0

},

{

"APC": "5811",

"Description": "Manipulation Therapy",

"De-Identified Minimum Negotiated Charge": 80.0

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{

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"De-Identified Minimum Negotiated Charge": 48.0

},

{

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"De-Identified Minimum Negotiated Charge": 15.0

},

{

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"De-Identified Minimum Negotiated Charge": 30.0

},

{

"APC": "7048",

"Description": "Alteplase recombinant",

"De-Identified Minimum Negotiated Charge": 2657.0

},

{

"APC": "9042",

"Description": "Glucagon hydrochloride",

"De-Identified Minimum Negotiated Charge": 586.0

},

{

"APC": "9134",

"Description": "Rabies ig, heat treated",

"De-Identified Minimum Negotiated Charge": 520.0

},

{

"APC": "9139",

"Description": "Rabies vaccine, im",

"De-Identified Minimum Negotiated Charge": 166.0

},

{

"APC": "9173",

"Description": "Injection, fulphila",

"De-Identified Minimum Negotiated Charge": 2363.0

},

{

"APC": "9195",

"Description": "Injection, udenyca 0.5 mg",

"De-Identified Minimum Negotiated Charge": 3700.0

},

{

"APC": "9217",

"Description": "Leuprolide acetate suspnsion",

"De-Identified Minimum Negotiated Charge": 62.0

},

{

"APC": "9278",

"Description": "Incobotulinumtoxin A",

"De-Identified Minimum Negotiated Charge": 400.0

},

{

"APC": "9300",

"Description": "Omalizumab injection",

"De-Identified Minimum Negotiated Charge": 1037.0

},

{

"APC": "9308",

"Description": "Dexametha opth insert 0.1 mg",

"De-Identified Minimum Negotiated Charge": 4337.0

},

{

"APC": "9324",

"Description": "Phenylep ketorolac opth soln",

"De-Identified Minimum Negotiated Charge": 1245.0

},

{

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"De-Identified Minimum Negotiated Charge": 15.0

},

{

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"De-Identified Minimum Negotiated Charge": 25.0

},

{

"APC": "9466",

"Description": "Inj., benralizumab, 1 mg",

"De-Identified Minimum Negotiated Charge": 5317.0

},

{

"APC": "9489",

"Description": "Inj, nusinersen, 0.1mg",

"De-Identified Minimum Negotiated Charge": 103898.0

},

{

"APC": "9512",

"Description": "RBC leukocytes reduced",

"De-Identified Minimum Negotiated Charge": 1016.0

},

{

"APC": "9530",

"Description": "Plate pheres leukoredu irrad",

"De-Identified Minimum Negotiated Charge": 1086.0

},

{

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"De-Identified Minimum Negotiated Charge": 2.0

},

{

"APC": "N801",

"Description": "Therapy Services",

"De-Identified Minimum Negotiated Charge": 89.0

},

{

"APC": "N804",

"Description": "Mammography Services",

"De-Identified Minimum Negotiated Charge": 61.0

},

{

"APC": "N809",

"Description": "Other Medicine",

"De-Identified Minimum Negotiated Charge": 14.0

},

{

"APC": "N811",

"Description": "Observation, Other",

"De-Identified Minimum Negotiated Charge": 60.0

},

{

"APC": "N812",

"Description": "Observation, Non-OPPS",

"De-Identified Minimum Negotiated Charge": 41.0

},

{

"APC": "N900",

"Description": "Non-covered Services",

"De-Identified Minimum Negotiated Charge": 15.0

},

{

"APC": "N902",

"Description": "Packaged Services",

"De-Identified Minimum Negotiated Charge": 20.0

},

{

"APC": "N903",

"Description": "Influenza Vaccines & Pneumococcal Pneumonia Vaccines",

"De-Identified Minimum Negotiated Charge": 15.0

},

{

"APC": "N905",

"Description": "Not Recognized by OPPS",

"De-Identified Minimum Negotiated Charge": 10.0

},

{

"APC": "N907",

"Description": "Not Billable to FI",

"De-Identified Minimum Negotiated Charge": 14.0

}

],

"Outpatient De-identified Maximum Negotiated Charge": [

{

"APC": "0875",

"Description": "Euflexxa inj per dose",

"De-Identified Maximum Negotiated Charge": 1324.0

},

{

"APC": "0877",

"Description": "Orthovisc inj per dose",

"De-Identified Maximum Negotiated Charge": 499.0

},

{

"APC": "0902",

"Description": "Injection,onabotulinumtoxinA",

"De-Identified Maximum Negotiated Charge": 7477.0

},

{

"APC": "0965",

"Description": "Albumin (human), 25%, 50ml",

"De-Identified Maximum Negotiated Charge": 4807.0

},

{

"APC": "1232",

"Description": "Mitomycin injection",

"De-Identified Maximum Negotiated Charge": 10406.0

},

{

"APC": "1417",

"Description": "Gel-one",

"De-Identified Maximum Negotiated Charge": 2177.0

},

{

"APC": "1433",

"Description": "Calcitonin salmon injection",

"De-Identified Maximum Negotiated Charge": 22466.0

},

{

"APC": "1446",

"Description": "Visualization adjunct",

"De-Identified Maximum Negotiated Charge": 856.0

},

{

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"De-Identified Maximum Negotiated Charge": 37.0

},

{

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"De-Identified Maximum Negotiated Charge": 60.0

},

{

"APC": "1747",

"Description": "Monovisc inj per dose",

"De-Identified Maximum Negotiated Charge": 1563.0

},

{

"APC": "1832",

"Description": "Dimethyl sulfoxide 50% 50 ml",

"De-Identified Maximum Negotiated Charge": 1732.0

},

{

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"De-Identified Maximum Negotiated Charge": 474.0

},

{

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"De-Identified Maximum Negotiated Charge": 179.0

},

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"APC": "5022",

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"APC": "N902",

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"Description": "Other Medicine",

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"Payer Specific Negotiated Charge": 29.0

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"Payer": "HAP HMO",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 281.0

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"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 27.0

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"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 82.0

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{

"Payer": "HAP HMO",

"APC": "N812",

"Description": "Observation, Non-OPPS",

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"APC": "N900",

"Description": "Non-covered Services",

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{

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"APC": "5022",

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"Payer Specific Negotiated Charge": 78.0

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"APC": "5023",

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"APC": "5024",

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"APC": "5025",

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"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 75.0

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{

"Payer": "MCD MCL",

"APC": "5053",

"Description": "Level 3 Skin Procedures",

"Payer Specific Negotiated Charge": 141.0

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"Payer": "MCD MCL",

"APC": "5054",

"Description": "Level 4 Skin Procedures",

"Payer Specific Negotiated Charge": 368.0

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"Payer": "MCD MCL",

"APC": "5071",

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"Payer Specific Negotiated Charge": 307.0

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"APC": "5072",

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"Payer": "MCD MCL",

"APC": "5073",

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"Payer Specific Negotiated Charge": 240.0

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"APC": "5091",

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"Payer Specific Negotiated Charge": 248.0

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"Payer Specific Negotiated Charge": 67.0

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"APC": "5102",

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"APC": "5153",

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"APC": "5155",

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"APC": "5163",

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{

"Payer": "MCD MCL",

"APC": "5164",

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"APC": "5165",

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"APC": "5181",

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"APC": "5183",

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"APC": "5443",

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"APC": "5501",

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"Payer": "MCD MCL",

"APC": "5735",

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"Payer Specific Negotiated Charge": 60.0

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"APC": "5741",

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"Payer Specific Negotiated Charge": 22.0

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{

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"Payer Specific Negotiated Charge": 144.0

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"APC": "5791",

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{

"Payer": "MCD MCL",

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"APC": "5822",

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"APC": "5823",

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{

"Payer": "MCD MCL",

"APC": "9134",

"Description": "Rabies ig, heat treated",

"Payer Specific Negotiated Charge": 1375.0

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{

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"APC": "9139",

"Description": "Rabies vaccine, im",

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"APC": "9300",

"Description": "Omalizumab injection",

"Payer Specific Negotiated Charge": 1037.0

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{

"Payer": "MCD MCL",

"APC": "9397",

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"Payer Specific Negotiated Charge": 16.0

},

{

"Payer": "MCD MCL",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 38.0

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"APC": "9512",

"Description": "RBC leukocytes reduced",

"Payer Specific Negotiated Charge": 3133.0

},

{

"Payer": "MCD MCL",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 2.0

},

{

"Payer": "MCD MCL",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "MCD MCL",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 103.0

},

{

"Payer": "MCD MCL",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 41.0

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{

"Payer": "MCD MCL",

"APC": "N900",

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"Payer Specific Negotiated Charge": 66.0

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"Payer": "MCD MCL",

"APC": "N902",

"Description": "Packaged Services",

"Payer Specific Negotiated Charge": 85.0

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{

"Payer": "MCD MCL",

"APC": "N903",

"Description": "Influenza Vaccines & Pneumococcal Pneumonia Vaccines",

"Payer Specific Negotiated Charge": 15.0

},

{

"Payer": "MCD MCL",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 58.0

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"Outpatient Payer Specific Charge 6": [

{

"Payer": "MCD MER",

"APC": "0875",

"Description": "Euflexxa inj per dose",

"Payer Specific Negotiated Charge": 293.0

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{

"Payer": "MCD MER",

"APC": "1832",

"Description": "Dimethyl sulfoxide 50% 50 ml",

"Payer Specific Negotiated Charge": 22.0

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{

"Payer": "MCD MER",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 54.0

},

{

"Payer": "MCD MER",

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"Payer Specific Negotiated Charge": 25.0

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{

"Payer": "MCD MER",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 74.0

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{

"Payer": "MCD MER",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 136.0

},

{

"Payer": "MCD MER",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 243.0

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{

"Payer": "MCD MER",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 536.0

},

{

"Payer": "MCD MER",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 595.0

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{

"Payer": "MCD MER",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 83.0

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{

"Payer": "MCD MER",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 96.0

},

{

"Payer": "MCD MER",

"APC": "5054",

"Description": "Level 4 Skin Procedures",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "MCD MER",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 328.0

},

{

"Payer": "MCD MER",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 694.0

},

{

"Payer": "MCD MER",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 146.0

},

{

"Payer": "MCD MER",

"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 222.0

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{

"Payer": "MCD MER",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "MCD MER",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 84.0

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{

"Payer": "MCD MER",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 172.0

},

{

"Payer": "MCD MER",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 393.0

},

{

"Payer": "MCD MER",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 319.0

},

{

"Payer": "MCD MER",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 573.0

},

{

"Payer": "MCD MER",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 776.0

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{

"Payer": "MCD MER",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 109.0

},

{

"Payer": "MCD MER",

"APC": "5162",

"Description": "Level 2 ENT Procedures",

"Payer Specific Negotiated Charge": 16.0

},

{

"Payer": "MCD MER",

"APC": "5163",

"Description": "Level 3 ENT Procedures",

"Payer Specific Negotiated Charge": 133.0

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{

"Payer": "MCD MER",

"APC": "5165",

"Description": "Level 5 ENT Procedures",

"Payer Specific Negotiated Charge": 164.0

},

{

"Payer": "MCD MER",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 878.0

},

{

"Payer": "MCD MER",

"APC": "5241",

"Description": "Level 1 Blood Product Exchange and Related Services",

"Payer Specific Negotiated Charge": 601.0

},

{

"Payer": "MCD MER",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "MCD MER",

"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"Payer Specific Negotiated Charge": 96.0

},

{

"Payer": "MCD MER",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 107.0

},

{

"Payer": "MCD MER",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "MCD MER",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 271.0

},

{

"Payer": "MCD MER",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 275.0

},

{

"Payer": "MCD MER",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 380.0

},

{

"Payer": "MCD MER",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 543.0

},

{

"Payer": "MCD MER",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 189.0

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{

"Payer": "MCD MER",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 52.0

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{

"Payer": "MCD MER",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "MCD MER",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 326.0

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{

"Payer": "MCD MER",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 231.0

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{

"Payer": "MCD MER",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 17.0

},

{

"Payer": "MCD MER",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 102.0

},

{

"Payer": "MCD MER",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 790.0

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{

"Payer": "MCD MER",

"APC": "5415",

"Description": "Level 5 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 143.0

},

{

"Payer": "MCD MER",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 275.0

},

{

"Payer": "MCD MER",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 81.0

},

{

"Payer": "MCD MER",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 84.0

},

{

"Payer": "MCD MER",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 140.0

},

{

"Payer": "MCD MER",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 43.0

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{

"Payer": "MCD MER",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "MCD MER",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 137.0

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{

"Payer": "MCD MER",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 287.0

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{

"Payer": "MCD MER",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 111.0

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{

"Payer": "MCD MER",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 435.0

},

{

"Payer": "MCD MER",

"APC": "5573",

"Description": "Level 3 Imaging with Contrast",

"Payer Specific Negotiated Charge": 646.0

},

{

"Payer": "MCD MER",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 225.0

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{

"Payer": "MCD MER",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 254.0

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{

"Payer": "MCD MER",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 684.0

},

{

"Payer": "MCD MER",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 751.0

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{

"Payer": "MCD MER",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 523.0

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{

"Payer": "MCD MER",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 229.0

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{

"Payer": "MCD MER",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 2722.0

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{

"Payer": "MCD MER",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 28.0

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{

"Payer": "MCD MER",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 42.0

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{

"Payer": "MCD MER",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 157.0

},

{

"Payer": "MCD MER",

"APC": "5694",

"Description": "Level 4 Drug Administration",

"Payer Specific Negotiated Charge": 170.0

},

{

"Payer": "MCD MER",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "MCD MER",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 128.0

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{

"Payer": "MCD MER",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 238.0

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{

"Payer": "MCD MER",

"APC": "5731",

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"Payer Specific Negotiated Charge": 1984.0

},

{

"Payer": "MCD MER",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 59.0

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{

"Payer": "MCD MER",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 30.0

},

{

"Payer": "MCD MER",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 59.0

},

{

"Payer": "MCD MER",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 44.0

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{

"Payer": "MCD MER",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 20.0

},

{

"Payer": "MCD MER",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 428.0

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{

"Payer": "MCD MER",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 48.0

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{

"Payer": "MCD MER",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "MCD MER",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 75.0

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{

"Payer": "MCD MER",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 16.0

},

{

"Payer": "MCD MER",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "MCD MER",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 1027.0

},

{

"Payer": "MCD MER",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 62.0

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{

"Payer": "MCD MER",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "MCD MER",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 41.0

},

{

"Payer": "MCD MER",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "MCD MER",

"APC": "N902",

"Description": "Packaged Services",

"Payer Specific Negotiated Charge": 99.0

},

{

"Payer": "MCD MER",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 58.0

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],

"Outpatient Payer Specific Charge 7": [

{

"Payer": "MCD MERHM",

"APC": "0875",

"Description": "Euflexxa inj per dose",

"Payer Specific Negotiated Charge": 238.0

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{

"Payer": "MCD MERHM",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 42.0

},

{

"Payer": "MCD MERHM",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "MCD MERHM",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 136.0

},

{

"Payer": "MCD MERHM",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 269.0

},

{

"Payer": "MCD MERHM",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1109.0

},

{

"Payer": "MCD MERHM",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 131.0

},

{

"Payer": "MCD MERHM",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 58.0

},

{

"Payer": "MCD MERHM",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "MCD MERHM",

"APC": "5053",

"Description": "Level 3 Skin Procedures",

"Payer Specific Negotiated Charge": 388.0

},

{

"Payer": "MCD MERHM",

"APC": "5054",

"Description": "Level 4 Skin Procedures",

"Payer Specific Negotiated Charge": 49.0

},

{

"Payer": "MCD MERHM",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 508.0

},

{

"Payer": "MCD MERHM",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 690.0

},

{

"Payer": "MCD MERHM",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 280.0

},

{

"Payer": "MCD MERHM",

"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 236.0

},

{

"Payer": "MCD MERHM",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 16.0

},

{

"Payer": "MCD MERHM",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "MCD MERHM",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 160.0

},

{

"Payer": "MCD MERHM",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 224.0

},

{

"Payer": "MCD MERHM",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 309.0

},

{

"Payer": "MCD MERHM",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 416.0

},

{

"Payer": "MCD MERHM",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 761.0

},

{

"Payer": "MCD MERHM",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 86.0

},

{

"Payer": "MCD MERHM",

"APC": "5152",

"Description": "Level 2 Airway Endoscopy",

"Payer Specific Negotiated Charge": 175.0

},

{

"Payer": "MCD MERHM",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 134.0

},

{

"Payer": "MCD MERHM",

"APC": "5155",

"Description": "Level 5 Airway Endoscopy",

"Payer Specific Negotiated Charge": 426.0

},

{

"Payer": "MCD MERHM",

"APC": "5162",

"Description": "Level 2 ENT Procedures",

"Payer Specific Negotiated Charge": 172.0

},

{

"Payer": "MCD MERHM",

"APC": "5163",

"Description": "Level 3 ENT Procedures",

"Payer Specific Negotiated Charge": 134.0

},

{

"Payer": "MCD MERHM",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 71.0

},

{

"Payer": "MCD MERHM",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 49.0

},

{

"Payer": "MCD MERHM",

"APC": "5241",

"Description": "Level 1 Blood Product Exchange and Related Services",

"Payer Specific Negotiated Charge": 809.0

},

{

"Payer": "MCD MERHM",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "MCD MERHM",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 107.0

},

{

"Payer": "MCD MERHM",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 146.0

},

{

"Payer": "MCD MERHM",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 254.0

},

{

"Payer": "MCD MERHM",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 279.0

},

{

"Payer": "MCD MERHM",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 384.0

},

{

"Payer": "MCD MERHM",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 514.0

},

{

"Payer": "MCD MERHM",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 247.0

},

{

"Payer": "MCD MERHM",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 46.0

},

{

"Payer": "MCD MERHM",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 81.0

},

{

"Payer": "MCD MERHM",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 146.0

},

{

"Payer": "MCD MERHM",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 237.0

},

{

"Payer": "MCD MERHM",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "MCD MERHM",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 71.0

},

{

"Payer": "MCD MERHM",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 71.0

},

{

"Payer": "MCD MERHM",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 787.0

},

{

"Payer": "MCD MERHM",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 255.0

},

{

"Payer": "MCD MERHM",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 75.0

},

{

"Payer": "MCD MERHM",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "MCD MERHM",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 300.0

},

{

"Payer": "MCD MERHM",

"APC": "5501",

"Description": "Level 1 Extraocular, Repair, and Plastic Eye Procedures",

"Payer Specific Negotiated Charge": 226.0

},

{

"Payer": "MCD MERHM",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "MCD MERHM",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "MCD MERHM",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 137.0

},

{

"Payer": "MCD MERHM",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

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"APC": "5571",

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"APC": "5572",

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"APC": "5591",

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"Payer Specific Negotiated Charge": 224.0

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{

"Payer": "MCD MERHM",

"APC": "5592",

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"Payer": "MCD MERHM",

"APC": "5593",

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{

"Payer": "MCD MERHM",

"APC": "5594",

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"APC": "5671",

"Description": "Level 1 Pathology",

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"Payer": "MCD MERHM",

"APC": "5672",

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"Payer": "MCD MERHM",

"APC": "5673",

"Description": "Level 3 Pathology",

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"Payer": "MCD MERHM",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 20.0

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"Payer": "MCD MERHM",

"APC": "5692",

"Description": "Level 2 Drug Administration",

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"Payer": "MCD MERHM",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 157.0

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"Payer": "MCD MERHM",

"APC": "5694",

"Description": "Level 4 Drug Administration",

"Payer Specific Negotiated Charge": 330.0

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{

"Payer": "MCD MERHM",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 25.0

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{

"Payer": "MCD MERHM",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 127.0

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"Payer": "MCD MERHM",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 253.0

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"Payer": "MCD MERHM",

"APC": "5724",

"Description": "Level 4 Diagnostic Tests and Related Services",

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"APC": "5731",

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"APC": "5732",

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"Payer Specific Negotiated Charge": 64.0

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"APC": "5733",

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"Payer": "MCD MERHM",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 59.0

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{

"Payer": "MCD MERHM",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 60.0

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{

"Payer": "MCD MERHM",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 22.0

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"Payer": "MCD MERHM",

"APC": "5781",

"Description": "Resuscitation and Cardioversion",

"Payer Specific Negotiated Charge": 270.0

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{

"Payer": "MCD MERHM",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 852.0

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{

"Payer": "MCD MERHM",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 84.0

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{

"Payer": "MCD MERHM",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 78.0

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{

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"APC": "9134",

"Description": "Rabies ig, heat treated",

"Payer Specific Negotiated Charge": 520.0

},

{

"Payer": "MCD MERHM",

"APC": "9139",

"Description": "Rabies vaccine, im",

"Payer Specific Negotiated Charge": 166.0

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{

"Payer": "MCD MERHM",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 16.0

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{

"Payer": "MCD MERHM",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

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"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 960.0

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{

"Payer": "MCD MERHM",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 62.0

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{

"Payer": "MCD MERHM",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 76.0

},

{

"Payer": "MCD MERHM",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 41.0

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{

"Payer": "MCD MERHM",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 64.0

},

{

"Payer": "MCD MERHM",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 58.0

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"Outpatient Payer Specific Charge 8": [

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"APC": "0875",

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"Payer Specific Negotiated Charge": 277.0

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"Payer": "MCD MOL",

"APC": "0902",

"Description": "Injection,onabotulinumtoxinA",

"Payer Specific Negotiated Charge": 960.0

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{

"Payer": "MCD MOL",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 44.0

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{

"Payer": "MCD MOL",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 69.0

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{

"Payer": "MCD MOL",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 138.0

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{

"Payer": "MCD MOL",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 233.0

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{

"Payer": "MCD MOL",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1373.0

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{

"Payer": "MCD MOL",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 125.0

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{

"Payer": "MCD MOL",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 72.0

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{

"Payer": "MCD MOL",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 111.0

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{

"Payer": "MCD MOL",

"APC": "5054",

"Description": "Level 4 Skin Procedures",

"Payer Specific Negotiated Charge": 133.0

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{

"Payer": "MCD MOL",

"APC": "5055",

"Description": "Level 5 Skin Procedures",

"Payer Specific Negotiated Charge": 138.0

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{

"Payer": "MCD MOL",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 307.0

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{

"Payer": "MCD MOL",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 399.0

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{

"Payer": "MCD MOL",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 106.0

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"Payer": "MCD MOL",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 24.0

},

{

"Payer": "MCD MOL",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 82.0

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{

"Payer": "MCD MOL",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 185.0

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{

"Payer": "MCD MOL",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 336.0

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{

"Payer": "MCD MOL",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 319.0

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{

"Payer": "MCD MOL",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 515.0

},

{

"Payer": "MCD MOL",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 635.0

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{

"Payer": "MCD MOL",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 120.0

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{

"Payer": "MCD MOL",

"APC": "5163",

"Description": "Level 3 ENT Procedures",

"Payer Specific Negotiated Charge": 89.0

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{

"Payer": "MCD MOL",

"APC": "5165",

"Description": "Level 5 ENT Procedures",

"Payer Specific Negotiated Charge": 164.0

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{

"Payer": "MCD MOL",

"APC": "5181",

"Description": "Level 1 Vascular Procedures",

"Payer Specific Negotiated Charge": 231.0

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{

"Payer": "MCD MOL",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 849.0

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{

"Payer": "MCD MOL",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 220.0

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{

"Payer": "MCD MOL",

"APC": "5241",

"Description": "Level 1 Blood Product Exchange and Related Services",

"Payer Specific Negotiated Charge": 542.0

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{

"Payer": "MCD MOL",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 79.0

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{

"Payer": "MCD MOL",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 83.0

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{

"Payer": "MCD MOL",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 146.0

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{

"Payer": "MCD MOL",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 275.0

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{

"Payer": "MCD MOL",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 424.0

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{

"Payer": "MCD MOL",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 380.0

},

{

"Payer": "MCD MOL",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 514.0

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{

"Payer": "MCD MOL",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 247.0

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{

"Payer": "MCD MOL",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 173.0

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{

"Payer": "MCD MOL",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 56.0

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{

"Payer": "MCD MOL",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 325.0

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{

"Payer": "MCD MOL",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 17.0

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{

"Payer": "MCD MOL",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 78.0

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{

"Payer": "MCD MOL",

"APC": "5413",

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"Payer Specific Negotiated Charge": 95.0

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{

"Payer": "MCD MOL",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 790.0

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{

"Payer": "MCD MOL",

"APC": "5415",

"Description": "Level 5 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 420.0

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{

"Payer": "MCD MOL",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 245.0

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{

"Payer": "MCD MOL",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 92.0

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{

"Payer": "MCD MOL",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 67.0

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{

"Payer": "MCD MOL",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 398.0

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{

"Payer": "MCD MOL",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"Payer Specific Negotiated Charge": 306.0

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{

"Payer": "MCD MOL",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 43.0

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{

"Payer": "MCD MOL",

"APC": "5522",

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"Payer Specific Negotiated Charge": 56.0

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{

"Payer": "MCD MOL",

"APC": "5523",

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"Payer Specific Negotiated Charge": 137.0

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{

"Payer": "MCD MOL",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 287.0

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{

"Payer": "MCD MOL",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 106.0

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{

"Payer": "MCD MOL",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 458.0

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{

"Payer": "MCD MOL",

"APC": "5573",

"Description": "Level 3 Imaging with Contrast",

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{

"Payer": "MCD MOL",

"APC": "5591",

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"Payer Specific Negotiated Charge": 192.0

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{

"Payer": "MCD MOL",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 246.0

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{

"Payer": "MCD MOL",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 640.0

},

{

"Payer": "MCD MOL",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 776.0

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{

"Payer": "MCD MOL",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 613.0

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{

"Payer": "MCD MOL",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 202.0

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{

"Payer": "MCD MOL",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 176.0

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{

"Payer": "MCD MOL",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 75.0

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{

"Payer": "MCD MOL",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 54.0

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{

"Payer": "MCD MOL",

"APC": "5693",

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"Payer Specific Negotiated Charge": 201.0

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{

"Payer": "MCD MOL",

"APC": "5721",

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"Payer Specific Negotiated Charge": 58.0

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{

"Payer": "MCD MOL",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 123.0

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{

"Payer": "MCD MOL",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 238.0

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{

"Payer": "MCD MOL",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 74.0

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{

"Payer": "MCD MOL",

"APC": "5732",

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"Payer Specific Negotiated Charge": 68.0

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{

"Payer": "MCD MOL",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 30.0

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{

"Payer": "MCD MOL",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 67.0

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{

"Payer": "MCD MOL",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 64.0

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{

"Payer": "MCD MOL",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 19.0

},

{

"Payer": "MCD MOL",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 61.0

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{

"Payer": "MCD MOL",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 60.0

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{

"Payer": "MCD MOL",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 19.0

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{

"Payer": "MCD MOL",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 78.0

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"Payer": "MCD MOL",

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"Description": "Phenylep ketorolac opth soln",

"Payer Specific Negotiated Charge": 1245.0

},

{

"Payer": "MCD MOL",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 16.0

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{

"Payer": "MCD MOL",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 38.0

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"Payer": "MCD MOL",

"APC": "9530",

"Description": "Plate pheres leukoredu irrad",

"Payer Specific Negotiated Charge": 1283.0

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{

"Payer": "MCD MOL",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 16.0

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{

"Payer": "MCD MOL",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "MCD MOL",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 126.0

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{

"Payer": "MCD MOL",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 76.0

},

{

"Payer": "MCD MOL",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 41.0

},

{

"Payer": "MCD MOL",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "MCD MOL",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 58.0

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"Outpatient Payer Specific Charge 9": [

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"Payer": "MCD MOLHM",

"APC": "0875",

"Description": "Euflexxa inj per dose",

"Payer Specific Negotiated Charge": 277.0

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{

"Payer": "MCD MOLHM",

"APC": "1832",

"Description": "Dimethyl sulfoxide 50% 50 ml",

"Payer Specific Negotiated Charge": 1098.0

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{

"Payer": "MCD MOLHM",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 42.0

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{

"Payer": "MCD MOLHM",

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"Payer Specific Negotiated Charge": 13.0

},

{

"Payer": "MCD MOLHM",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "MCD MOLHM",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 138.0

},

{

"Payer": "MCD MOLHM",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 273.0

},

{

"Payer": "MCD MOLHM",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "MCD MOLHM",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 124.0

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{

"Payer": "MCD MOLHM",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 61.0

},

{

"Payer": "MCD MOLHM",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 158.0

},

{

"Payer": "MCD MOLHM",

"APC": "5054",

"Description": "Level 4 Skin Procedures",

"Payer Specific Negotiated Charge": 202.0

},

{

"Payer": "MCD MOLHM",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 230.0

},

{

"Payer": "MCD MOLHM",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 690.0

},

{

"Payer": "MCD MOLHM",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 208.0

},

{

"Payer": "MCD MOLHM",

"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 248.0

},

{

"Payer": "MCD MOLHM",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 82.0

},

{

"Payer": "MCD MOLHM",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 178.0

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"APC": "N905",

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"APC": "5054",

"Description": "Level 4 Skin Procedures",

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"APC": "5073",

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"APC": "5462",

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"APC": "5572",

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"APC": "N809",

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"APC": "N811",

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"APC": "5041",

"Description": "Critical Care",

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{

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"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 133.0

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"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 114.0

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"APC": "5311",

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"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 242.0

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{

"Payer": "MCR WELL",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 53.0

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{

"Payer": "MCR WELL",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 146.0

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{

"Payer": "MCR WELL",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 280.0

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{

"Payer": "MCR WELL",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 73.0

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{

"Payer": "MCR WELL",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 102.0

},

{

"Payer": "MCR WELL",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 167.0

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{

"Payer": "MCR WELL",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 77.0

},

{

"Payer": "MCR WELL",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 157.0

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{

"Payer": "MCR WELL",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 626.0

},

{

"Payer": "MCR WELL",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 30.0

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{

"Payer": "MCR WELL",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 31.0

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{

"Payer": "MCR WELL",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

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{

"Payer": "MCR WELL",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 1711.0

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{

"Payer": "MCR WELL",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 130.0

},

{

"Payer": "MCR WELL",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 23.0

},

{

"Payer": "MCR WELL",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 111.0

},

{

"Payer": "MCR WELL",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 147.0

},

{

"Payer": "MCR WELL",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 58.0

},

{

"Payer": "MCR WELL",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 51.0

},

{

"Payer": "MCR WELL",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 42.0

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"Outpatient Payer Specific Charge 13": [

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"APC": "0875",

"Description": "Euflexxa inj per dose",

"Payer Specific Negotiated Charge": 419.0

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{

"Payer": "PHPMM-TPA",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 33.0

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{

"Payer": "PHPMM-TPA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 74.0

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{

"Payer": "PHPMM-TPA",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 976.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 1794.0

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{

"Payer": "PHPMM-TPA",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 2691.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 8339.0

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{

"Payer": "PHPMM-TPA",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 119.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 141.0

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{

"Payer": "PHPMM-TPA",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 549.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 880.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1337.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 199.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 263.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 368.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 1283.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 176.0

},

{

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"APC": "5521",

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"Payer Specific Negotiated Charge": 392.0

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{

"Payer": "PHPMM-TPA",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 673.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 3010.0

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{

"Payer": "PHPMM-TPA",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 873.0

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{

"Payer": "PHPMM-TPA",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 2817.0

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{

"Payer": "PHPMM-TPA",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 2337.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 77.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 1342.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 75.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 291.0

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{

"Payer": "PHPMM-TPA",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 184.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 148.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 369.0

},

{

"Payer": "PHPMM-TPA",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 82.0

},

{

"Payer": "PHPMM-TPA",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 31.0

},

{

"Payer": "PHPMM-TPA",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 51.0

},

{

"Payer": "PHPMM-TPA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 252.0

},

{

"Payer": "PHPMM-TPA",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 582.0

},

{

"Payer": "PHPMM-TPA",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 96.0

},

{

"Payer": "PHPMM-TPA",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 195.0

},

{

"Payer": "PHPMM-TPA",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "PHPMM-TPA",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 141.0

},

{

"Payer": "PHPMM-TPA",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 81.0

},

{

"Payer": "PHPMM-TPA",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 17.0

}

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"Outpatient Payer Specific Charge 14": [

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"Payer": "CORES/COF",

"APC": "0877",

"Description": "Orthovisc inj per dose",

"Payer Specific Negotiated Charge": 324.0

},

{

"Payer": "CORES/COF",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "CORES/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 85.0

},

{

"Payer": "CORES/COF",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 964.0

},

{

"Payer": "CORES/COF",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 2599.0

},

{

"Payer": "CORES/COF",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 7345.0

},

{

"Payer": "CORES/COF",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 4075.0

},

{

"Payer": "CORES/COF",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 130.0

},

{

"Payer": "CORES/COF",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 233.0

},

{

"Payer": "CORES/COF",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 753.0

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{

"Payer": "CORES/COF",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 404.0

},

{

"Payer": "CORES/COF",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 579.0

},

{

"Payer": "CORES/COF",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 210.0

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{

"Payer": "CORES/COF",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 1469.0

},

{

"Payer": "CORES/COF",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 245.0

},

{

"Payer": "CORES/COF",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 1557.0

},

{

"Payer": "CORES/COF",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 723.0

},

{

"Payer": "CORES/COF",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 352.0

},

{

"Payer": "CORES/COF",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 146.0

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{

"Payer": "CORES/COF",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 407.0

},

{

"Payer": "CORES/COF",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 952.0

},

{

"Payer": "CORES/COF",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2556.0

},

{

"Payer": "CORES/COF",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 5307.0

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{

"Payer": "CORES/COF",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 829.0

},

{

"Payer": "CORES/COF",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 177.0

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{

"Payer": "CORES/COF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 146.0

},

{

"Payer": "CORES/COF",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 238.0

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{

"Payer": "CORES/COF",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "CORES/COF",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 146.0

},

{

"Payer": "CORES/COF",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 499.0

},

{

"Payer": "CORES/COF",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 426.0

},

{

"Payer": "CORES/COF",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 583.0

},

{

"Payer": "CORES/COF",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 102.0

},

{

"Payer": "CORES/COF",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "CORES/COF",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "CORES/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 348.0

},

{

"Payer": "CORES/COF",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 495.0

},

{

"Payer": "CORES/COF",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "CORES/COF",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 234.0

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{

"Payer": "CORES/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 158.0

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{

"Payer": "CORES/COF",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 115.0

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],

"Outpatient Payer Specific Charge 15": [

{

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"APC": "0877",

"Description": "Orthovisc inj per dose",

"Payer Specific Negotiated Charge": 342.0

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{

"Payer": "NGSAM",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 55.0

},

{

"Payer": "NGSAM",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 265.0

},

{

"Payer": "NGSAM",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 92.0

},

{

"Payer": "NGSAM",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 118.0

},

{

"Payer": "NGSAM",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 781.0

},

{

"Payer": "NGSAM",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 42.0

},

{

"Payer": "NGSAM",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 143.0

}

],

"Outpatient Payer Specific Charge 16": [

{

"Payer": "TRUMA",

"APC": "0877",

"Description": "Orthovisc inj per dose",

"Payer Specific Negotiated Charge": 499.0

},

{

"Payer": "TRUMA",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 27.0

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{

"Payer": "TRUMA",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 28.0

},

{

"Payer": "TRUMA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "TRUMA",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 1061.0

},

{

"Payer": "TRUMA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 1422.0

},

{

"Payer": "TRUMA",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 2904.0

},

{

"Payer": "TRUMA",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 85.0

},

{

"Payer": "TRUMA",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 526.0

},

{

"Payer": "TRUMA",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1394.0

},

{

"Payer": "TRUMA",

"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"Payer Specific Negotiated Charge": 575.0

},

{

"Payer": "TRUMA",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 339.0

},

{

"Payer": "TRUMA",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 678.0

},

{

"Payer": "TRUMA",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 520.0

},

{

"Payer": "TRUMA",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 1755.0

},

{

"Payer": "TRUMA",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 474.0

},

{

"Payer": "TRUMA",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 956.0

},

{

"Payer": "TRUMA",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 244.0

},

{

"Payer": "TRUMA",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 246.0

},

{

"Payer": "TRUMA",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1132.0

},

{

"Payer": "TRUMA",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1536.0

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{

"Payer": "TRUMA",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 6452.0

},

{

"Payer": "TRUMA",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 4852.0

},

{

"Payer": "TRUMA",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 5002.0

},

{

"Payer": "TRUMA",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 309.0

},

{

"Payer": "TRUMA",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "TRUMA",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "TRUMA",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 186.0

},

{

"Payer": "TRUMA",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 87.0

},

{

"Payer": "TRUMA",

"APC": "9042",

"Description": "Glucagon hydrochloride",

"Payer Specific Negotiated Charge": 4529.0

},

{

"Payer": "TRUMA",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "TRUMA",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "TRUMA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 337.0

},

{

"Payer": "TRUMA",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 495.0

},

{

"Payer": "TRUMA",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "TRUMA",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 160.0

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{

"Payer": "TRUMA",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 127.0

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],

"Outpatient Payer Specific Charge 17": [

{

"Payer": "AET",

"APC": "0902",

"Description": "Injection,onabotulinumtoxinA",

"Payer Specific Negotiated Charge": 7477.0

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{

"Payer": "AET",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 37.0

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{

"Payer": "AET",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 25.0

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{

"Payer": "AET",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 103.0

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{

"Payer": "AET",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 1212.0

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{

"Payer": "AET",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 767.0

},

{

"Payer": "AET",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 2347.0

},

{

"Payer": "AET",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 17078.0

},

{

"Payer": "AET",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 6985.0

},

{

"Payer": "AET",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 95.0

},

{

"Payer": "AET",

"APC": "5054",

"Description": "Level 4 Skin Procedures",

"Payer Specific Negotiated Charge": 734.0

},

{

"Payer": "AET",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 152.0

},

{

"Payer": "AET",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 2077.0

},

{

"Payer": "AET",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 993.0

},

{

"Payer": "AET",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 985.0

},

{

"Payer": "AET",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1922.0

},

{

"Payer": "AET",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 7395.0

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{

"Payer": "AET",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 255.0

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{

"Payer": "AET",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 259.0

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{

"Payer": "AET",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 370.0

},

{

"Payer": "AET",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 879.0

},

{

"Payer": "AET",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 1216.0

},

{

"Payer": "AET",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 296.0

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{

"Payer": "AET",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 44.0

},

{

"Payer": "AET",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 153.0

},

{

"Payer": "AET",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 105.0

},

{

"Payer": "AET",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 699.0

},

{

"Payer": "AET",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 500.0

},

{

"Payer": "AET",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 272.0

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{

"Payer": "AET",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 681.0

},

{

"Payer": "AET",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 405.0

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{

"Payer": "AET",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 340.0

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{

"Payer": "AET",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 860.0

},

{

"Payer": "AET",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2194.0

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{

"Payer": "AET",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1168.0

},

{

"Payer": "AET",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 2408.0

},

{

"Payer": "AET",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 4100.0

},

{

"Payer": "AET",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1600.0

},

{

"Payer": "AET",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 2244.0

},

{

"Payer": "AET",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 6763.0

},

{

"Payer": "AET",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 4852.0

},

{

"Payer": "AET",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 2040.0

},

{

"Payer": "AET",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 334.0

},

{

"Payer": "AET",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 18225.0

},

{

"Payer": "AET",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 13.0

},

{

"Payer": "AET",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 189.0

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{

"Payer": "AET",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "AET",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 532.0

},

{

"Payer": "AET",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 471.0

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{

"Payer": "AET",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 156.0

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{

"Payer": "AET",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 148.0

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{

"Payer": "AET",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 272.0

},

{

"Payer": "AET",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 602.0

},

{

"Payer": "AET",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 156.0

},

{

"Payer": "AET",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 523.0

},

{

"Payer": "AET",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 583.0

},

{

"Payer": "AET",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 151.0

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{

"Payer": "AET",

"APC": "9217",

"Description": "Leuprolide acetate suspnsion",

"Payer Specific Negotiated Charge": 141.0

},

{

"Payer": "AET",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "AET",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "AET",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 177.0

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{

"Payer": "AET",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 444.0

},

{

"Payer": "AET",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 42.0

},

{

"Payer": "AET",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 208.0

},

{

"Payer": "AET",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "AET",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 136.0

},

{

"Payer": "AET",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 131.0

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],

"Outpatient Payer Specific Charge 18": [

{

"Payer": "MCD MCLHM",

"APC": "0902",

"Description": "Injection,onabotulinumtoxinA",

"Payer Specific Negotiated Charge": 981.0

},

{

"Payer": "MCD MCLHM",

"APC": "1417",

"Description": "Gel-one",

"Payer Specific Negotiated Charge": 1057.0

},

{

"Payer": "MCD MCLHM",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 16.0

},

{

"Payer": "MCD MCLHM",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "MCD MCLHM",

"APC": "1832",

"Description": "Dimethyl sulfoxide 50% 50 ml",

"Payer Specific Negotiated Charge": 960.0

},

{

"Payer": "MCD MCLHM",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "MCD MCLHM",

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"Payer Specific Negotiated Charge": 13.0

},

{

"Payer": "MCD MCLHM",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "MCD MCLHM",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 138.0

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{

"Payer": "MCD MCLHM",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 265.0

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{

"Payer": "MCD MCLHM",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 844.0

},

{

"Payer": "MCD MCLHM",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 238.0

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{

"Payer": "MCD MCLHM",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 38.0

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{

"Payer": "MCD MCLHM",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 111.0

},

{

"Payer": "MCD MCLHM",

"APC": "5053",

"Description": "Level 3 Skin Procedures",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "MCD MCLHM",

"APC": "5054",

"Description": "Level 4 Skin Procedures",

"Payer Specific Negotiated Charge": 489.0

},

{

"Payer": "MCD MCLHM",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 349.0

},

{

"Payer": "MCD MCLHM",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 738.0

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{

"Payer": "MCD MCLHM",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 240.0

},

{

"Payer": "MCD MCLHM",

"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 378.0

},

{

"Payer": "MCD MCLHM",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 61.0

},

{

"Payer": "MCD MCLHM",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 120.0

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{

"Payer": "MCD MCLHM",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 160.0

},

{

"Payer": "MCD MCLHM",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 350.0

},

{

"Payer": "MCD MCLHM",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 321.0

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{

"Payer": "MCD MCLHM",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 522.0

},

{

"Payer": "MCD MCLHM",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 718.0

},

{

"Payer": "MCD MCLHM",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 112.0

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{

"Payer": "MCD MCLHM",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 75.0

},

{

"Payer": "MCD MCLHM",

"APC": "5154",

"Description": "Level 4 Airway Endoscopy",

"Payer Specific Negotiated Charge": 1580.0

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{

"Payer": "MCD MCLHM",

"APC": "5161",

"Description": "Level 1 ENT Procedures",

"Payer Specific Negotiated Charge": 96.0

},

{

"Payer": "MCD MCLHM",

"APC": "5162",

"Description": "Level 2 ENT Procedures",

"Payer Specific Negotiated Charge": 102.0

},

{

"Payer": "MCD MCLHM",

"APC": "5164",

"Description": "Level 4 ENT Procedures",

"Payer Specific Negotiated Charge": 143.0

},

{

"Payer": "MCD MCLHM",

"APC": "5181",

"Description": "Level 1 Vascular Procedures",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "MCD MCLHM",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 109.0

},

{

"Payer": "MCD MCLHM",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 193.0

},

{

"Payer": "MCD MCLHM",

"APC": "5241",

"Description": "Level 1 Blood Product Exchange and Related Services",

"Payer Specific Negotiated Charge": 633.0

},

{

"Payer": "MCD MCLHM",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "MCD MCLHM",

"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"Payer Specific Negotiated Charge": 88.0

},

{

"Payer": "MCD MCLHM",

"APC": "5303",

"Description": "Level 3 Upper GI Procedures",

"Payer Specific Negotiated Charge": 1054.0

},

{

"Payer": "MCD MCLHM",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "MCD MCLHM",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "MCD MCLHM",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 279.0

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{

"Payer": "MCD MCLHM",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 279.0

},

{

"Payer": "MCD MCLHM",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 380.0

},

{

"Payer": "MCD MCLHM",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 527.0

},

{

"Payer": "MCD MCLHM",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 80.0

},

{

"Payer": "MCD MCLHM",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 163.0

},

{

"Payer": "MCD MCLHM",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 129.0

},

{

"Payer": "MCD MCLHM",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 247.0

},

{

"Payer": "MCD MCLHM",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 224.0

},

{

"Payer": "MCD MCLHM",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 31.0

},

{

"Payer": "MCD MCLHM",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 75.0

},

{

"Payer": "MCD MCLHM",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "MCD MCLHM",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 764.0

},

{

"Payer": "MCD MCLHM",

"APC": "5415",

"Description": "Level 5 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 346.0

},

{

"Payer": "MCD MCLHM",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 245.0

},

{

"Payer": "MCD MCLHM",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 99.0

},

{

"Payer": "MCD MCLHM",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 213.0

},

{

"Payer": "MCD MCLHM",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 212.0

},

{

"Payer": "MCD MCLHM",

"APC": "5461",

"Description": "Level 1 Neurostimulator and Related Procedures",

"Payer Specific Negotiated Charge": 154.0

},

{

"Payer": "MCD MCLHM",

"APC": "5462",

"Description": "Level 2 Neurostimulator and Related Procedures",

"Payer Specific Negotiated Charge": 261.0

},

{

"Payer": "MCD MCLHM",

"APC": "5464",

"Description": "Level 4 Neurostimulator and Related Procedures",

"Payer Specific Negotiated Charge": 426.0

},

{

"Payer": "MCD MCLHM",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"Payer Specific Negotiated Charge": 306.0

},

{

"Payer": "MCD MCLHM",

"APC": "5492",

"Description": "Level 2 Intraocular Procedures",

"Payer Specific Negotiated Charge": 679.0

},

{

"Payer": "MCD MCLHM",

"APC": "5502",

"Description": "Level 2 Extraocular, Repair, and Plastic Eye Procedures",

"Payer Specific Negotiated Charge": 344.0

},

{

"Payer": "MCD MCLHM",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "MCD MCLHM",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "MCD MCLHM",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 137.0

},

{

"Payer": "MCD MCLHM",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 287.0

},

{

"Payer": "MCD MCLHM",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "MCD MCLHM",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 435.0

},

{

"Payer": "MCD MCLHM",

"APC": "5573",

"Description": "Level 3 Imaging with Contrast",

"Payer Specific Negotiated Charge": 645.0

},

{

"Payer": "MCD MCLHM",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 198.0

},

{

"Payer": "MCD MCLHM",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 288.0

},

{

"Payer": "MCD MCLHM",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 777.0

},

{

"Payer": "MCD MCLHM",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 828.0

},

{

"Payer": "MCD MCLHM",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 617.0

},

{

"Payer": "MCD MCLHM",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 834.0

},

{

"Payer": "MCD MCLHM",

"APC": "5673",

"Description": "Level 3 Pathology",

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"APC": "5691",

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"Payer Specific Negotiated Charge": 1530.0

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"APC": "9139",

"Description": "Rabies vaccine, im",

"Payer Specific Negotiated Charge": 166.0

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"APC": "9173",

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"Payer Specific Negotiated Charge": 2363.0

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"APC": "9217",

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"Payer Specific Negotiated Charge": 62.0

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"APC": "9300",

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"Payer Specific Negotiated Charge": 1037.0

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"APC": "9397",

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"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

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"Payer": "MCD MCLHM",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 66.0

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"Payer": "MCD MCLHM",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 88.0

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{

"Payer": "MCD MCLHM",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 41.0

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"Payer": "MCD MCLHM",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 61.0

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"Payer": "MCD MCLHM",

"APC": "N905",

"Description": "Not Recognized by OPPS",

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{

"Payer": "MCD MCLHM",

"APC": "N907",

"Description": "Not Billable to FI",

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"Payer Specific Negotiated Charge": 2187.0

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"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 67.0

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"APC": "5021",

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"APC": "5022",

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"APC": "5023",

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"APC": "5024",

"Description": "Level 4 Type A ED Visits",

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"APC": "5025",

"Description": "Level 5 Type A ED Visits",

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"APC": "5051",

"Description": "Level 1 Skin Procedures",

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"Payer": "MCR BCN",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 50.0

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{

"Payer": "MCR BCN",

"APC": "5053",

"Description": "Level 3 Skin Procedures",

"Payer Specific Negotiated Charge": 148.0

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"Payer": "MCR BCN",

"APC": "5054",

"Description": "Level 4 Skin Procedures",

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"APC": "5071",

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"Payer Specific Negotiated Charge": 590.0

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{

"Payer": "MCR BCN",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 1329.0

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{

"Payer": "MCR BCN",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 269.0

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"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 713.0

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"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

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{

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"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

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"APC": "5111",

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"APC": "5112",

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{

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"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

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"APC": "5151",

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"APC": "5153",

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"Payer": "MCR BCN",

"APC": "5154",

"Description": "Level 4 Airway Endoscopy",

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"APC": "5161",

"Description": "Level 1 ENT Procedures",

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"APC": "5162",

"Description": "Level 2 ENT Procedures",

"Payer Specific Negotiated Charge": 386.0

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{

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"APC": "5163",

"Description": "Level 3 ENT Procedures",

"Payer Specific Negotiated Charge": 151.0

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"Payer": "MCR BCN",

"APC": "5164",

"Description": "Level 4 ENT Procedures",

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"APC": "5181",

"Description": "Level 1 Vascular Procedures",

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"Payer": "MCR BCN",

"APC": "5182",

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{

"Payer": "MCR BCN",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

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"APC": "5241",

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"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

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"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"Payer Specific Negotiated Charge": 197.0

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"APC": "5311",

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"APC": "5312",

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"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

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"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

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"APC": "5362",

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"APC": "5372",

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"APC": "5373",

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"APC": "5375",

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"APC": "5414",

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"APC": "5415",

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"APC": "5441",

"Description": "Level 1 Nerve Injections",

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"APC": "5442",

"Description": "Level 2 Nerve Injections",

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"APC": "5462",

"Description": "Level 2 Neurostimulator and Related Procedures",

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{

"Payer": "MCR BCN",

"APC": "5464",

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"APC": "5481",

"Description": "Laser Eye Procedures",

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"APC": "5491",

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"APC": "5501",

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"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

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"APC": "5522",

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"APC": "5571",

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"APC": "5573",

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"APC": "5591",

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"APC": "5592",

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{

"Payer": "MCR BCN",

"APC": "5594",

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{

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{

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"Payer Specific Negotiated Charge": 49.0

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"Description": "Level 2 Drug Administration",

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"APC": "5722",

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"APC": "5723",

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"APC": "5735",

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"Payer": "MCR BCN",

"APC": "5741",

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"APC": "5781",

"Description": "Resuscitation and Cardioversion",

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{

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"APC": "5791",

"Description": "Pulmonary Treatment",

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{

"Payer": "MCR BCN",

"APC": "5801",

"Description": "Ventilation Initiation and Management",

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{

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"APC": "5811",

"Description": "Manipulation Therapy",

"Payer Specific Negotiated Charge": 103.0

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{

"Payer": "MCR BCN",

"APC": "5821",

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{

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"APC": "5822",

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{

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"APC": "5823",

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"APC": "7048",

"Description": "Alteplase recombinant",

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{

"Payer": "MCR BCN",

"APC": "9042",

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"APC": "9195",

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"Payer Specific Negotiated Charge": 3700.0

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"APC": "9217",

"Description": "Leuprolide acetate suspnsion",

"Payer Specific Negotiated Charge": 1067.0

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{

"Payer": "MCR BCN",

"APC": "9308",

"Description": "Dexametha opth insert 0.1 mg",

"Payer Specific Negotiated Charge": 4373.0

},

{

"Payer": "MCR BCN",

"APC": "9324",

"Description": "Phenylep ketorolac opth soln",

"Payer Specific Negotiated Charge": 4113.0

},

{

"Payer": "MCR BCN",

"APC": "9530",

"Description": "Plate pheres leukoredu irrad",

"Payer Specific Negotiated Charge": 1930.0

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{

"Payer": "MCR BCN",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 780.0

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{

"Payer": "MCR BCN",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 115.0

},

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"Payer": "MCR BCN",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 112.0

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{

"Payer": "MCR BCN",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 135.0

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{

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"APC": "N812",

"Description": "Observation, Non-OPPS",

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"APC": "N900",

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"APC": "N902",

"Description": "Packaged Services",

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"APC": "N905",

"Description": "Not Recognized by OPPS",

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{

"Payer": "MCR BCN",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 91.0

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"Outpatient Payer Specific Charge 20": [

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"APC": "0902",

"Description": "Injection,onabotulinumtoxinA",

"Payer Specific Negotiated Charge": 1389.0

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{

"Payer": "MCR HUM",

"APC": "1232",

"Description": "Mitomycin injection",

"Payer Specific Negotiated Charge": 1688.0

},

{

"Payer": "MCR HUM",

"APC": "1747",

"Description": "Monovisc inj per dose",

"Payer Specific Negotiated Charge": 948.0

},

{

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{

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{

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"APC": "5443",

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{

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"Description": "Level 1 Minor Procedures",

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{

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"APC": "5732",

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"Payer Specific Negotiated Charge": 127.0

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{

"Payer": "UHC",

"APC": "5733",

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{

"Payer": "UHC",

"APC": "5734",

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"Payer Specific Negotiated Charge": 335.0

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{

"Payer": "UHC",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

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{

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"APC": "5741",

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"Payer Specific Negotiated Charge": 533.0

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{

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"APC": "5791",

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"Payer Specific Negotiated Charge": 13.0

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{

"Payer": "UHC",

"APC": "5821",

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"Payer Specific Negotiated Charge": 194.0

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{

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"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 90.0

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"APC": "9300",

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"Payer Specific Negotiated Charge": 2250.0

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"APC": "9397",

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"Payer Specific Negotiated Charge": 24.0

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"APC": "N800",

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"Payer Specific Negotiated Charge": 6.0

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"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 452.0

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{

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"APC": "N809",

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"Payer Specific Negotiated Charge": 43.0

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{

"Payer": "UHC",

"APC": "N811",

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"Payer Specific Negotiated Charge": 78.0

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{

"Payer": "UHC",

"APC": "N812",

"Description": "Observation, Non-OPPS",

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{

"Payer": "UHC",

"APC": "N900",

"Description": "Non-covered Services",

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{

"Payer": "UHC",

"APC": "N905",

"Description": "Not Recognized by OPPS",

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{

"Payer": "UHC",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 89.0

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"Outpatient Payer Specific Charge 22": [

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"APC": "1492",

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"Payer Specific Negotiated Charge": 21.0

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{

"Payer": "MCLHE",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 33.0

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{

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"APC": "5012",

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"Payer Specific Negotiated Charge": 83.0

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{

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"Payer Specific Negotiated Charge": 557.0

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{

"Payer": "MCLHE",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

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{

"Payer": "MCLHE",

"APC": "5024",

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"Payer Specific Negotiated Charge": 1907.0

},

{

"Payer": "MCLHE",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 3843.0

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{

"Payer": "MCLHE",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 95.0

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{

"Payer": "MCLHE",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 64.0

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{

"Payer": "MCLHE",

"APC": "5071",

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"Payer Specific Negotiated Charge": 184.0

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{

"Payer": "MCLHE",

"APC": "5072",

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{

"Payer": "MCLHE",

"APC": "5073",

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{

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"APC": "5111",

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{

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"APC": "5112",

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{

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"APC": "5113",

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{

"Payer": "MCLHE",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1120.0

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{

"Payer": "MCLHE",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1166.0

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{

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"APC": "5151",

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"Payer Specific Negotiated Charge": 185.0

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{

"Payer": "MCLHE",

"APC": "5165",

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{

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"APC": "5181",

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"Payer Specific Negotiated Charge": 303.0

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{

"Payer": "MCLHE",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 392.0

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{

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"APC": "5301",

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"Payer Specific Negotiated Charge": 277.0

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{

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"APC": "5311",

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"Payer Specific Negotiated Charge": 350.0

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{

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"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 420.0

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{

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"APC": "5361",

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"Payer Specific Negotiated Charge": 438.0

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{

"Payer": "MCLHE",

"APC": "5373",

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"Payer Specific Negotiated Charge": 292.0

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{

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"APC": "5374",

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"Payer Specific Negotiated Charge": 494.0

},

{

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"APC": "5375",

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{

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{

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{

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"APC": "5414",

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{

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"APC": "5431",

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{

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"APC": "5441",

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"APC": "5442",

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"APC": "5491",

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{

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{

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"APC": "5522",

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"Payer Specific Negotiated Charge": 467.0

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{

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"APC": "5523",

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{

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"APC": "5524",

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"APC": "5571",

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{

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"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

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},

{

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"APC": "5591",

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"Payer Specific Negotiated Charge": 2583.0

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{

"Payer": "MCLHE",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

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{

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"APC": "5671",

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{

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"APC": "5673",

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"Payer Specific Negotiated Charge": 337.0

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{

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"APC": "5691",

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"Payer Specific Negotiated Charge": 122.0

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{

"Payer": "MCLHE",

"APC": "5692",

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"Payer Specific Negotiated Charge": 154.0

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{

"Payer": "MCLHE",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 756.0

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{

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"Payer Specific Negotiated Charge": 102.0

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{

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"APC": "5722",

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{

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"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 527.0

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"APC": "5731",

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{

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"APC": "5732",

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{

"Payer": "MCLHE",

"APC": "5733",

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"Payer Specific Negotiated Charge": 121.0

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{

"Payer": "MCLHE",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 59.0

},

{

"Payer": "MCLHE",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 139.0

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{

"Payer": "MCLHE",

"APC": "5821",

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"Payer Specific Negotiated Charge": 562.0

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{

"Payer": "MCLHE",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 126.0

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{

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"APC": "9397",

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"Payer Specific Negotiated Charge": 22.0

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{

"Payer": "MCLHE",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

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{

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"APC": "9466",

"Description": "Inj., benralizumab, 1 mg",

"Payer Specific Negotiated Charge": 5383.0

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{

"Payer": "MCLHE",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 15.0

},

{

"Payer": "MCLHE",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 413.0

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{

"Payer": "MCLHE",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 39.0

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{

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"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 126.0

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{

"Payer": "MCLHE",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 81.0

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{

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"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 108.0

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{

"Payer": "MCLHE",

"APC": "N905",

"Description": "Not Recognized by OPPS",

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{

"Payer": "MCLHE",

"APC": "N907",

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"Payer Specific Negotiated Charge": 151.0

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"Outpatient Payer Specific Charge 23": [

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"APC": "1417",

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"Payer Specific Negotiated Charge": 1193.0

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{

"Payer": "GEHA",

"APC": "1492",

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"Payer Specific Negotiated Charge": 16.0

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{

"Payer": "GEHA",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 27.0

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{

"Payer": "GEHA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

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{

"Payer": "GEHA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 1295.0

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{

"Payer": "GEHA",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 2171.0

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{

"Payer": "GEHA",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 4673.0

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{

"Payer": "GEHA",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 515.0

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{

"Payer": "GEHA",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 177.0

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{

"Payer": "GEHA",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 55.0

},

{

"Payer": "GEHA",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 112.0

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{

"Payer": "GEHA",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 192.0

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{

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"APC": "5521",

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{

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"APC": "5522",

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{

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"APC": "5523",

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"Payer Specific Negotiated Charge": 3100.0

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{

"Payer": "GEHA",

"APC": "5524",

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"Payer Specific Negotiated Charge": 624.0

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{

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"APC": "5671",

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{

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{

"Payer": "GEHA",

"APC": "5693",

"Description": "Level 3 Drug Administration",

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{

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"APC": "5721",

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{

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"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 766.0

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{

"Payer": "GEHA",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 161.0

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{

"Payer": "GEHA",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 194.0

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{

"Payer": "GEHA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 302.0

},

{

"Payer": "GEHA",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 444.0

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{

"Payer": "GEHA",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 48.0

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{

"Payer": "GEHA",

"APC": "N900",

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"Payer Specific Negotiated Charge": 153.0

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{

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"APC": "N905",

"Description": "Not Recognized by OPPS",

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"Outpatient Payer Specific Charge 24": [

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"Payer Specific Negotiated Charge": 141.0

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{

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"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 16.0

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{

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"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 44.0

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{

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"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 78.0

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{

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"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 138.0

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{

"Payer": "MCD BCHMP",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 281.0

},

{

"Payer": "MCD BCHMP",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1302.0

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{

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"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 581.0

},

{

"Payer": "MCD BCHMP",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 52.0

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{

"Payer": "MCD BCHMP",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 108.0

},

{

"Payer": "MCD BCHMP",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 371.0

},

{

"Payer": "MCD BCHMP",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 209.0

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{

"Payer": "MCD BCHMP",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 252.0

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{

"Payer": "MCD BCHMP",

"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 154.0

},

{

"Payer": "MCD BCHMP",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 67.0

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{

"Payer": "MCD BCHMP",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 86.0

},

{

"Payer": "MCD BCHMP",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 160.0

},

{

"Payer": "MCD BCHMP",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 181.0

},

{

"Payer": "MCD BCHMP",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 451.0

},

{

"Payer": "MCD BCHMP",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 612.0

},

{

"Payer": "MCD BCHMP",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 386.0

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{

"Payer": "MCD BCHMP",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 86.0

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{

"Payer": "MCD BCHMP",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 79.0

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{

"Payer": "MCD BCHMP",

"APC": "5162",

"Description": "Level 2 ENT Procedures",

"Payer Specific Negotiated Charge": 15.0

},

{

"Payer": "MCD BCHMP",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 497.0

},

{

"Payer": "MCD BCHMP",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 174.0

},

{

"Payer": "MCD BCHMP",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 111.0

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{

"Payer": "MCD BCHMP",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 175.0

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{

"Payer": "MCD BCHMP",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 82.0

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{

"Payer": "MCD BCHMP",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 415.0

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{

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{

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{

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{

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{

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{

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{

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{

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{

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{

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{

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{

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"APC": "5442",

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{

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"Payer": "AET PREF",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1140.0

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{

"Payer": "AET PREF",

"APC": "5572",

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{

"Payer": "AET PREF",

"APC": "5573",

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{

"Payer": "AET PREF",

"APC": "5593",

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{

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"APC": "5671",

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{

"Payer": "AET PREF",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 397.0

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{

"Payer": "AET PREF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 153.0

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{

"Payer": "AET PREF",

"APC": "5721",

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"Payer Specific Negotiated Charge": 259.0

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{

"Payer": "AET PREF",

"APC": "5722",

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"Payer Specific Negotiated Charge": 452.0

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{

"Payer": "AET PREF",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 611.0

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{

"Payer": "AET PREF",

"APC": "5731",

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"Payer Specific Negotiated Charge": 159.0

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{

"Payer": "AET PREF",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 157.0

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{

"Payer": "AET PREF",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 1014.0

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{

"Payer": "AET PREF",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 1243.0

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{

"Payer": "AET PREF",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 583.0

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{

"Payer": "AET PREF",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 151.0

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"Payer": "AET PREF",

"APC": "9042",

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"Payer Specific Negotiated Charge": 3176.0

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{

"Payer": "AET PREF",

"APC": "9217",

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"Payer Specific Negotiated Charge": 1371.0

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{

"Payer": "AET PREF",

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{

"Payer": "AET PREF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 178.0

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{

"Payer": "AET PREF",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 444.0

},

{

"Payer": "AET PREF",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 42.0

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{

"Payer": "AET PREF",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 270.0

},

{

"Payer": "AET PREF",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 90.0

},

{

"Payer": "AET PREF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 136.0

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{

"Payer": "AET PREF",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 106.0

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{

"Payer": "AET PREF",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 28.0

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"Outpatient Payer Specific Charge 27": [

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{

"Payer": "ALLHE",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 25.0

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{

"Payer": "ALLHE",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 94.0

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{

"Payer": "ALLHE",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 588.0

},

{

"Payer": "ALLHE",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1402.0

},

{

"Payer": "ALLHE",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 195.0

},

{

"Payer": "ALLHE",

"APC": "5054",

"Description": "Level 4 Skin Procedures",

"Payer Specific Negotiated Charge": 733.0

},

{

"Payer": "ALLHE",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 645.0

},

{

"Payer": "ALLHE",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 255.0

},

{

"Payer": "ALLHE",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 320.0

},

{

"Payer": "ALLHE",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 369.0

},

{

"Payer": "ALLHE",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 497.0

},

{

"Payer": "ALLHE",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 846.0

},

{

"Payer": "ALLHE",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 339.0

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{

"Payer": "ALLHE",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 117.0

},

{

"Payer": "ALLHE",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 122.0

},

{

"Payer": "ALLHE",

"APC": "5415",

"Description": "Level 5 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 368.0

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{

"Payer": "ALLHE",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 494.0

},

{

"Payer": "ALLHE",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 231.0

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{

"Payer": "ALLHE",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 196.0

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{

"Payer": "ALLHE",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 305.0

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{

"Payer": "ALLHE",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1507.0

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{

"Payer": "ALLHE",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1083.0

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{

"Payer": "ALLHE",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 2539.0

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{

"Payer": "ALLHE",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 2389.0

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{

"Payer": "ALLHE",

"APC": "5671",

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"Payer Specific Negotiated Charge": 2416.0

},

{

"Payer": "ALLHE",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 111.0

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{

"Payer": "ALLHE",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 11.0

},

{

"Payer": "ALLHE",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 73.0

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{

"Payer": "ALLHE",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 45.0

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{

"Payer": "ALLHE",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 66.0

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{

"Payer": "ALLHE",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 506.0

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{

"Payer": "ALLHE",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 96.0

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{

"Payer": "ALLHE",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 125.0

},

{

"Payer": "ALLHE",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 97.0

},

{

"Payer": "ALLHE",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 128.0

},

{

"Payer": "ALLHE",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 16.0

},

{

"Payer": "ALLHE",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "ALLHE",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "ALLHE",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 305.0

},

{

"Payer": "ALLHE",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 29.0

},

{

"Payer": "ALLHE",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 122.0

},

{

"Payer": "ALLHE",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 62.0

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"Outpatient Payer Specific Charge 28": [

{

"Payer": "AMER POS",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 21.0

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{

"Payer": "AMER POS",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 137.0

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{

"Payer": "AMER POS",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 354.0

},

{

"Payer": "AMER POS",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 520.0

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{

"Payer": "AMER POS",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 521.0

},

{

"Payer": "AMER POS",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 125.0

},

{

"Payer": "AMER POS",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "AMER POS",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 58.0

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"Outpatient Payer Specific Charge 29": [

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"Payer": "ASR/COF",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 16.0

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{

"Payer": "ASR/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 121.0

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{

"Payer": "ASR/COF",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 926.0

},

{

"Payer": "ASR/COF",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 175.0

},

{

"Payer": "ASR/COF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 115.0

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{

"Payer": "ASR/COF",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 91.0

},

{

"Payer": "ASR/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "ASR/COF",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 320.0

},

{

"Payer": "ASR/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 114.0

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],

"Outpatient Payer Specific Charge 30": [

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"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 16.0

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"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 102.0

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{

"Payer": "ASRCO",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 79.0

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{

"Payer": "ASRCO",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 998.0

},

{

"Payer": "ASRCO",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1038.0

},

{

"Payer": "ASRCO",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 11342.0

},

{

"Payer": "ASRCO",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 314.0

},

{

"Payer": "ASRCO",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 123.0

},

{

"Payer": "ASRCO",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 87.0

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{

"Payer": "ASRCO",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 250.0

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{

"Payer": "ASRCO",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 152.0

},

{

"Payer": "ASRCO",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 176.0

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{

"Payer": "ASRCO",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 376.0

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{

"Payer": "ASRCO",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 931.0

},

{

"Payer": "ASRCO",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 816.0

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{

"Payer": "ASRCO",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 320.0

},

{

"Payer": "ASRCO",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 378.0

},

{

"Payer": "ASRCO",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 473.0

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{

"Payer": "ASRCO",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 877.0

},

{

"Payer": "ASRCO",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 935.0

},

{

"Payer": "ASRCO",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 403.0

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{

"Payer": "ASRCO",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 115.0

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{

"Payer": "ASRCO",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 631.0

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{

"Payer": "ASRCO",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 126.0

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{

"Payer": "ASRCO",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"Payer Specific Negotiated Charge": 610.0

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{

"Payer": "ASRCO",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 195.0

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{

"Payer": "ASRCO",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 661.0

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{

"Payer": "ASRCO",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 6441.0

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{

"Payer": "ASRCO",

"APC": "5524",

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"Payer Specific Negotiated Charge": 2069.0

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{

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"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3038.0

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{

"Payer": "ASRCO",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1505.0

},

{

"Payer": "ASRCO",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 146.0

},

{

"Payer": "ASRCO",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 110.0

},

{

"Payer": "ASRCO",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 157.0

},

{

"Payer": "ASRCO",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 150.0

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{

"Payer": "ASRCO",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "ASRCO",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 140.0

},

{

"Payer": "ASRCO",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 104.0

},

{

"Payer": "ASRCO",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 122.0

},

{

"Payer": "ASRCO",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 98.0

},

{

"Payer": "ASRCO",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 57.0

},

{

"Payer": "ASRCO",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 16.0

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{

"Payer": "ASRCO",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "ASRCO",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "ASRCO",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 305.0

},

{

"Payer": "ASRCO",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 29.0

},

{

"Payer": "ASRCO",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 180.0

},

{

"Payer": "ASRCO",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 82.0

},

{

"Payer": "ASRCO",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 126.0

},

{

"Payer": "ASRCO",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 118.0

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],

"Outpatient Payer Specific Charge 31": [

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"Payer": "BC FED",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "BC FED",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "BC FED",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 99.0

},

{

"Payer": "BC FED",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 496.0

},

{

"Payer": "BC FED",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 790.0

},

{

"Payer": "BC FED",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 2784.0

},

{

"Payer": "BC FED",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 10104.0

},

{

"Payer": "BC FED",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 192.0

},

{

"Payer": "BC FED",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 237.0

},

{

"Payer": "BC FED",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 845.0

},

{

"Payer": "BC FED",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 479.0

},

{

"Payer": "BC FED",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

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{

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"APC": "5823",

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{

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"APC": "N804",

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"APC": "N809",

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{

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"APC": "5735",

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{

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{

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{

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{

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"Description": "Mammography Services",

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{

"Payer": "BC MHC",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 151.0

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{

"Payer": "BC MHC",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 102.0

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{

"Payer": "BC MHC",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 128.0

},

{

"Payer": "BC MHC",

"APC": "N902",

"Description": "Packaged Services",

"Payer Specific Negotiated Charge": 72.0

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{

"Payer": "BC MHC",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 93.0

},

{

"Payer": "BC MHC",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 161.0

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],

"Outpatient Payer Specific Charge 33": [

{

"Payer": "BC OTHER",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 37.0

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{

"Payer": "BC OTHER",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 95.0

},

{

"Payer": "BC OTHER",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 100.0

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{

"Payer": "BC OTHER",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 246.0

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{

"Payer": "BC OTHER",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 185.0

},

{

"Payer": "BC OTHER",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "BC OTHER",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 116.0

},

{

"Payer": "BC OTHER",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 147.0

},

{

"Payer": "BC OTHER",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "BC OTHER",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 61.0

},

{

"Payer": "BC OTHER",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 236.0

},

{

"Payer": "BC OTHER",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "BC OTHER",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 110.0

},

{

"Payer": "BC OTHER",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 65.0

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],

"Outpatient Payer Specific Charge 34": [

{

"Payer": "CHAMPVA",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 16.0

},

{

"Payer": "CHAMPVA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 94.0

},

{

"Payer": "CHAMPVA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 777.0

},

{

"Payer": "CHAMPVA",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1719.0

},

{

"Payer": "CHAMPVA",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 241.0

},

{

"Payer": "CHAMPVA",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 59.0

},

{

"Payer": "CHAMPVA",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 26.0

},

{

"Payer": "CHAMPVA",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "CHAMPVA",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 169.0

},

{

"Payer": "CHAMPVA",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 358.0

},

{

"Payer": "CHAMPVA",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 621.0

},

{

"Payer": "CHAMPVA",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 208.0

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{

"Payer": "CHAMPVA",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 80.0

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{

"Payer": "CHAMPVA",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "CHAMPVA",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 148.0

},

{

"Payer": "CHAMPVA",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "CHAMPVA",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 31.0

},

{

"Payer": "CHAMPVA",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 87.0

},

{

"Payer": "CHAMPVA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "CHAMPVA",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 122.0

},

{

"Payer": "CHAMPVA",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 88.0

}

],

"Outpatient Payer Specific Charge 35": [

{

"Payer": "CIGNA",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 21.0

},

{

"Payer": "CIGNA",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "CIGNA",

"APC": "1747",

"Description": "Monovisc inj per dose",

"Payer Specific Negotiated Charge": 1563.0

},

{

"Payer": "CIGNA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 93.0

},

{

"Payer": "CIGNA",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 427.0

},

{

"Payer": "CIGNA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 667.0

},

{

"Payer": "CIGNA",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1476.0

},

{

"Payer": "CIGNA",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 7159.0

},

{

"Payer": "CIGNA",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 1639.0

},

{

"Payer": "CIGNA",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 52.0

},

{

"Payer": "CIGNA",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 1036.0

},

{

"Payer": "CIGNA",

"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 1178.0

},

{

"Payer": "CIGNA",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 331.0

},

{

"Payer": "CIGNA",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 881.0

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{

"Payer": "CIGNA",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 750.0

},

{

"Payer": "CIGNA",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1458.0

},

{

"Payer": "CIGNA",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1756.0

},

{

"Payer": "CIGNA",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 290.0

},

{

"Payer": "CIGNA",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 275.0

},

{

"Payer": "CIGNA",

"APC": "5164",

"Description": "Level 4 ENT Procedures",

"Payer Specific Negotiated Charge": 192.0

},

{

"Payer": "CIGNA",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 237.0

},

{

"Payer": "CIGNA",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 304.0

},

{

"Payer": "CIGNA",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 363.0

},

{

"Payer": "CIGNA",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 823.0

},

{

"Payer": "CIGNA",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 784.0

},

{

"Payer": "CIGNA",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 434.0

},

{

"Payer": "CIGNA",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 522.0

},

{

"Payer": "CIGNA",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 455.0

},

{

"Payer": "CIGNA",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 127.0

},

{

"Payer": "CIGNA",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 790.0

},

{

"Payer": "CIGNA",

"APC": "5415",

"Description": "Level 5 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 1113.0

},

{

"Payer": "CIGNA",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 494.0

},

{

"Payer": "CIGNA",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 226.0

},

{

"Payer": "CIGNA",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 827.0

},

{

"Payer": "CIGNA",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 1601.0

},

{

"Payer": "CIGNA",

"APC": "5462",

"Description": "Level 2 Neurostimulator and Related Procedures",

"Payer Specific Negotiated Charge": 560.0

},

{

"Payer": "CIGNA",

"APC": "5463",

"Description": "Level 3 Neurostimulator and Related Procedures",

"Payer Specific Negotiated Charge": 597.0

},

{

"Payer": "CIGNA",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 238.0

},

{

"Payer": "CIGNA",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 668.0

},

{

"Payer": "CIGNA",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1731.0

},

{

"Payer": "CIGNA",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1453.0

},

{

"Payer": "CIGNA",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 1653.0

},

{

"Payer": "CIGNA",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 2963.0

},

{

"Payer": "CIGNA",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1206.0

},

{

"Payer": "CIGNA",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 3931.0

},

{

"Payer": "CIGNA",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 5323.0

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{

"Payer": "CIGNA",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 3660.0

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{

"Payer": "CIGNA",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 2546.0

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{

"Payer": "CIGNA",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 195.0

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{

"Payer": "CIGNA",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 7189.0

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{

"Payer": "CIGNA",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 13.0

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{

"Payer": "CIGNA",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 204.0

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{

"Payer": "CIGNA",

"APC": "5721",

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"Payer Specific Negotiated Charge": 172.0

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{

"Payer": "CIGNA",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 534.0

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{

"Payer": "CIGNA",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 714.0

},

{

"Payer": "CIGNA",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "CIGNA",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 167.0

},

{

"Payer": "CIGNA",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 186.0

},

{

"Payer": "CIGNA",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 265.0

},

{

"Payer": "CIGNA",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 142.0

},

{

"Payer": "CIGNA",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 62.0

},

{

"Payer": "CIGNA",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 21.0

},

{

"Payer": "CIGNA",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "CIGNA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "CIGNA",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 335.0

},

{

"Payer": "CIGNA",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "CIGNA",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 154.0

},

{

"Payer": "CIGNA",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 82.0

},

{

"Payer": "CIGNA",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 158.0

},

{

"Payer": "CIGNA",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 91.0

},

{

"Payer": "CIGNA",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 185.0

}

],

"Outpatient Payer Specific Charge 36": [

{

"Payer": "CLAIM CHO",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 17.0

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{

"Payer": "CLAIM CHO",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 92.0

},

{

"Payer": "CLAIM CHO",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 243.0

},

{

"Payer": "CLAIM CHO",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 320.0

},

{

"Payer": "CLAIM CHO",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 572.0

},

{

"Payer": "CLAIM CHO",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 327.0

},

{

"Payer": "CLAIM CHO",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1485.0

},

{

"Payer": "CLAIM CHO",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1469.0

},

{

"Payer": "CLAIM CHO",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1994.0

},

{

"Payer": "CLAIM CHO",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 2610.0

},

{

"Payer": "CLAIM CHO",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 2626.0

},

{

"Payer": "CLAIM CHO",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 2345.0

},

{

"Payer": "CLAIM CHO",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 237.0

},

{

"Payer": "CLAIM CHO",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 123.0

},

{

"Payer": "CLAIM CHO",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 164.0

},

{

"Payer": "CLAIM CHO",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "CLAIM CHO",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 224.0

},

{

"Payer": "CLAIM CHO",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 396.0

},

{

"Payer": "CLAIM CHO",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "CLAIM CHO",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 186.0

},

{

"Payer": "CLAIM CHO",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 127.0

}

],

"Outpatient Payer Specific Charge 37": [

{

"Payer": "COFIN ADV",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 17.0

},

{

"Payer": "COFIN ADV",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 28.0

},

{

"Payer": "COFIN ADV",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "COFIN ADV",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 64.0

},

{

"Payer": "COFIN ADV",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 123.0

},

{

"Payer": "COFIN ADV",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 91.0

}

],

"Outpatient Payer Specific Charge 38": [

{

"Payer": "CORSO",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "CORSO",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 88.0

},

{

"Payer": "CORSO",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 2190.0

},

{

"Payer": "CORSO",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 954.0

},

{

"Payer": "CORSO",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 320.0

},

{

"Payer": "CORSO",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 404.0

},

{

"Payer": "CORSO",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 313.0

},

{

"Payer": "CORSO",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 162.0

},

{

"Payer": "CORSO",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 472.0

},

{

"Payer": "CORSO",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 1146.0

},

{

"Payer": "CORSO",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 475.0

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{

"Payer": "CORSO",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 530.0

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{

"Payer": "CORSO",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 249.0

},

{

"Payer": "CORSO",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 536.0

},

{

"Payer": "CORSO",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 3454.0

},

{

"Payer": "CORSO",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 4473.0

},

{

"Payer": "CORSO",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 2501.0

},

{

"Payer": "CORSO",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 276.0

},

{

"Payer": "CORSO",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "CORSO",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 1750.0

},

{

"Payer": "CORSO",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 241.0

},

{

"Payer": "CORSO",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "CORSO",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "CORSO",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 347.0

},

{

"Payer": "CORSO",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 87.0

},

{

"Payer": "CORSO",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "CORSO",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 372.0

},

{

"Payer": "CORSO",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 495.0

},

{

"Payer": "CORSO",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "CORSO",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 154.0

},

{

"Payer": "CORSO",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 88.0

}

],

"Outpatient Payer Specific Charge 39": [

{

"Payer": "EMPBEN LO",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 21.0

},

{

"Payer": "EMPBEN LO",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "EMPBEN LO",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 111.0

},

{

"Payer": "EMPBEN LO",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 423.0

},

{

"Payer": "EMPBEN LO",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1041.0

},

{

"Payer": "EMPBEN LO",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 3550.0

},

{

"Payer": "EMPBEN LO",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 311.0

},

{

"Payer": "EMPBEN LO",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 757.0

},

{

"Payer": "EMPBEN LO",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 196.0

},

{

"Payer": "EMPBEN LO",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 332.0

},

{

"Payer": "EMPBEN LO",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 1273.0

},

{

"Payer": "EMPBEN LO",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 916.0

},

{

"Payer": "EMPBEN LO",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 553.0

},

{

"Payer": "EMPBEN LO",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 1510.0

},

{

"Payer": "EMPBEN LO",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 596.0

},

{

"Payer": "EMPBEN LO",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 263.0

},

{

"Payer": "EMPBEN LO",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 975.0

},

{

"Payer": "EMPBEN LO",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 108.0

},

{

"Payer": "EMPBEN LO",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 152.0

},

{

"Payer": "EMPBEN LO",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 526.0

},

{

"Payer": "EMPBEN LO",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 718.0

},

{

"Payer": "EMPBEN LO",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 247.0

},

{

"Payer": "EMPBEN LO",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 838.0

},

{

"Payer": "EMPBEN LO",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 2435.0

},

{

"Payer": "EMPBEN LO",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 1065.0

},

{

"Payer": "EMPBEN LO",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 52.0

},

{

"Payer": "EMPBEN LO",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "EMPBEN LO",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 183.0

},

{

"Payer": "EMPBEN LO",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 358.0

},

{

"Payer": "EMPBEN LO",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 620.0

},

{

"Payer": "EMPBEN LO",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 174.0

},

{

"Payer": "EMPBEN LO",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 182.0

},

{

"Payer": "EMPBEN LO",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 1903.0

},

{

"Payer": "EMPBEN LO",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 149.0

},

{

"Payer": "EMPBEN LO",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "EMPBEN LO",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "EMPBEN LO",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 54.0

},

{

"Payer": "EMPBEN LO",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "EMPBEN LO",

"APC": "N801",

"Description": "Therapy Services",

"Payer Specific Negotiated Charge": 177.0

},

{

"Payer": "EMPBEN LO",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 160.0

},

{

"Payer": "EMPBEN LO",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "EMPBEN LO",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 258.0

},

{

"Payer": "EMPBEN LO",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 146.0

},

{

"Payer": "EMPBEN LO",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 71.0

}

],

"Outpatient Payer Specific Charge 40": [

{

"Payer": "HAP/CIGNA",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 21.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 93.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 1371.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 434.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1458.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 13524.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 432.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 135.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 127.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 238.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 2078.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 803.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 329.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 175.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 343.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 588.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 730.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 455.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 165.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 1240.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 787.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5481",

"Description": "Laser Eye Procedures",

"Payer Specific Negotiated Charge": 645.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 324.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 121.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1939.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 1381.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3695.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 67.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 382.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 209.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 101.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 375.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 154.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 7977.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 422.0

},

{

"Payer": "HAP/CIGNA",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 664.0

},

{

"Payer": "HAP/CIGNA",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "HAP/CIGNA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "HAP/CIGNA",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 335.0

},

{

"Payer": "HAP/CIGNA",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "HAP/CIGNA",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 210.0

},

{

"Payer": "HAP/CIGNA",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 82.0

},

{

"Payer": "HAP/CIGNA",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 149.0

},

{

"Payer": "HAP/CIGNA",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 97.0

}

],

"Outpatient Payer Specific Charge 41": [

{

"Payer": "HEAAL",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 16.0

},

{

"Payer": "HEAAL",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 83.0

},

{

"Payer": "HEAAL",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1664.0

},

{

"Payer": "HEAAL",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "HEAAL",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 329.0

},

{

"Payer": "HEAAL",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 790.0

},

{

"Payer": "HEAAL",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 168.0

},

{

"Payer": "HEAAL",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "HEAAL",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "HEAAL",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 12.0

},

{

"Payer": "HEAAL",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 138.0

},

{

"Payer": "HEAAL",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 383.0

},

{

"Payer": "HEAAL",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "HEAAL",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 3.0

},

{

"Payer": "HEAAL",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 26.0

},

{

"Payer": "HEAAL",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 114.0

},

{

"Payer": "HEAAL",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 599.0

}

],

"Outpatient Payer Specific Charge 42": [

{

"Payer": "HUMHE",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 17.0

},

{

"Payer": "HUMHE",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "HUMHE",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "HUMHE",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 5602.0

},

{

"Payer": "HUMHE",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 187.0

},

{

"Payer": "HUMHE",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 47.0

},

{

"Payer": "HUMHE",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "HUMHE",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "HUMHE",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 158.0

},

{

"Payer": "HUMHE",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "HUMHE",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "HUMHE",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 94.0

}

],

"Outpatient Payer Specific Charge 43": [

{

"Payer": "HUMME",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "HUMME",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 90.0

},

{

"Payer": "HUMME",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 166.0

},

{

"Payer": "HUMME",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "HUMME",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 2047.0

},

{

"Payer": "HUMME",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 108.0

},

{

"Payer": "HUMME",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 4889.0

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{

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"APC": "5571",

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"Payer Specific Negotiated Charge": 3199.0

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{

"Payer": "HUMME",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 286.0

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{

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"APC": "5721",

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"Payer Specific Negotiated Charge": 84.0

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{

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"APC": "5722",

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{

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"APC": "5731",

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"Payer Specific Negotiated Charge": 123.0

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{

"Payer": "HUMME",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 161.0

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{

"Payer": "HUMME",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 37.0

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{

"Payer": "HUMME",

"APC": "9398",

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"Payer Specific Negotiated Charge": 40.0

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"Payer": "HUMME",

"APC": "N800",

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"Payer Specific Negotiated Charge": 84.0

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{

"Payer": "HUMME",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 315.0

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{

"Payer": "HUMME",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 26.0

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{

"Payer": "HUMME",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 158.0

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{

"Payer": "HUMME",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 89.0

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"Outpatient Payer Specific Charge 44": [

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"APC": "1492",

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"Payer Specific Negotiated Charge": 16.0

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"Payer": "MCD BC",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 27.0

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{

"Payer": "MCD BC",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 46.0

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{

"Payer": "MCD BC",

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"Payer Specific Negotiated Charge": 37.0

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{

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"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 78.0

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{

"Payer": "MCD BC",

"APC": "5023",

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"Payer Specific Negotiated Charge": 138.0

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{

"Payer": "MCD BC",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 250.0

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{

"Payer": "MCD BC",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 573.0

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{

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"APC": "5041",

"Description": "Critical Care",

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{

"Payer": "MCD BC",

"APC": "5051",

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{

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"APC": "5052",

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"Payer Specific Negotiated Charge": 15.0

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{

"Payer": "MCD BC",

"APC": "5071",

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"Payer Specific Negotiated Charge": 738.0

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{

"Payer": "MCD BC",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 153.0

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"APC": "5101",

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"Payer Specific Negotiated Charge": 67.0

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{

"Payer": "MCD BC",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 81.0

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{

"Payer": "MCD BC",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 178.0

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{

"Payer": "MCD BC",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 278.0

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{

"Payer": "MCD BC",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 403.0

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{

"Payer": "MCD BC",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 432.0

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{

"Payer": "MCD BC",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 815.0

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{

"Payer": "MCD BC",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 76.0

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{

"Payer": "MCD BC",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 173.0

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{

"Payer": "MCD BC",

"APC": "5154",

"Description": "Level 4 Airway Endoscopy",

"Payer Specific Negotiated Charge": 253.0

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{

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"APC": "5162",

"Description": "Level 2 ENT Procedures",

"Payer Specific Negotiated Charge": 77.0

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{

"Payer": "MCD BC",

"APC": "5163",

"Description": "Level 3 ENT Procedures",

"Payer Specific Negotiated Charge": 140.0

},

{

"Payer": "MCD BC",

"APC": "5164",

"Description": "Level 4 ENT Procedures",

"Payer Specific Negotiated Charge": 134.0

},

{

"Payer": "MCD BC",

"APC": "5165",

"Description": "Level 5 ENT Procedures",

"Payer Specific Negotiated Charge": 172.0

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"APC": "5181",

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{

"Payer": "MCD BC",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 203.0

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{

"Payer": "MCD BC",

"APC": "5241",

"Description": "Level 1 Blood Product Exchange and Related Services",

"Payer Specific Negotiated Charge": 499.0

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{

"Payer": "MCD BC",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 83.0

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{

"Payer": "MCD BC",

"APC": "5311",

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"Payer Specific Negotiated Charge": 111.0

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{

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"APC": "5312",

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"APC": "5361",

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"Payer Specific Negotiated Charge": 399.0

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{

"Payer": "MCD BC",

"APC": "5362",

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"Payer Specific Negotiated Charge": 859.0

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"APC": "5371",

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{

"Payer": "MCD BC",

"APC": "5372",

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{

"Payer": "MCD BC",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 59.0

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{

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"APC": "5374",

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"Payer": "MCD BC",

"APC": "5375",

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"Payer Specific Negotiated Charge": 243.0

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{

"Payer": "MCD BC",

"APC": "5377",

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"Payer Specific Negotiated Charge": 486.0

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{

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"APC": "5411",

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"Payer Specific Negotiated Charge": 17.0

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"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 76.0

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{

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"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 112.0

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{

"Payer": "MCD BC",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 830.0

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{

"Payer": "MCD BC",

"APC": "5415",

"Description": "Level 5 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 149.0

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{

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"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 256.0

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{

"Payer": "MCD BC",

"APC": "5441",

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"Payer Specific Negotiated Charge": 79.0

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{

"Payer": "MCD BC",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 215.0

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{

"Payer": "MCD BC",

"APC": "5443",

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"Payer Specific Negotiated Charge": 94.0

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{

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"APC": "5481",

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"Payer Specific Negotiated Charge": 335.0

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{

"Payer": "MCD BC",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

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{

"Payer": "MCD BC",

"APC": "5492",

"Description": "Level 2 Intraocular Procedures",

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"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 56.0

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"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 137.0

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{

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"APC": "5524",

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"APC": "5571",

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"Payer Specific Negotiated Charge": 106.0

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{

"Payer": "MCD BC",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

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{

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"APC": "5591",

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"Payer Specific Negotiated Charge": 211.0

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{

"Payer": "MCD BC",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 290.0

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{

"Payer": "MCD BC",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

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{

"Payer": "MCD BC",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

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{

"Payer": "MCD BC",

"APC": "5671",

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"Payer Specific Negotiated Charge": 540.0

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{

"Payer": "MCD BC",

"APC": "5672",

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"Payer Specific Negotiated Charge": 89.0

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{

"Payer": "MCD BC",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 1585.0

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{

"Payer": "MCD BC",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 79.0

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{

"Payer": "MCD BC",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 57.0

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{

"Payer": "MCD BC",

"APC": "5693",

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"Payer Specific Negotiated Charge": 176.0

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{

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"APC": "5721",

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{

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"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 105.0

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{

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"APC": "5723",

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{

"Payer": "MCD BC",

"APC": "5731",

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"Payer Specific Negotiated Charge": 14.0

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{

"Payer": "MCD BC",

"APC": "5732",

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"Payer Specific Negotiated Charge": 62.0

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"APC": "5733",

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{

"Payer": "MCD BC",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 34.0

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{

"Payer": "MCD BC",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 64.0

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{

"Payer": "MCD BC",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 22.0

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{

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"APC": "5781",

"Description": "Resuscitation and Cardioversion",

"Payer Specific Negotiated Charge": 580.0

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{

"Payer": "MCD BC",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 71.0

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{

"Payer": "MCD BC",

"APC": "5821",

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"Payer Specific Negotiated Charge": 19.0

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{

"Payer": "MCD BC",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 82.0

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{

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"Payer Specific Negotiated Charge": 26.0

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{

"Payer": "MCD BC",

"APC": "9398",

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"APC": "9512",

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"Payer Specific Negotiated Charge": 2615.0

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{

"Payer": "MCD BC",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 2.0

},

{

"Payer": "MCD BC",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 66.0

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{

"Payer": "MCD BC",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 16.0

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{

"Payer": "MCD BC",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 109.0

},

{

"Payer": "MCD BC",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 43.0

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{

"Payer": "MCD BC",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 56.0

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{

"Payer": "MCD BC",

"APC": "N902",

"Description": "Packaged Services",

"Payer Specific Negotiated Charge": 20.0

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{

"Payer": "MCD BC",

"APC": "N905",

"Description": "Not Recognized by OPPS",

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"Outpatient Payer Specific Charge 45": [

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"APC": "5012",

"Description": "Clinic Visits and Related Services",

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"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 69.0

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{

"Payer": "MCD HMP",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 138.0

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{

"Payer": "MCD HMP",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 267.0

},

{

"Payer": "MCD HMP",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1363.0

},

{

"Payer": "MCD HMP",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 124.0

},

{

"Payer": "MCD HMP",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 57.0

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{

"Payer": "MCD HMP",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 103.0

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{

"Payer": "MCD HMP",

"APC": "5053",

"Description": "Level 3 Skin Procedures",

"Payer Specific Negotiated Charge": 228.0

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{

"Payer": "MCD HMP",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 448.0

},

{

"Payer": "MCD HMP",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 410.0

},

{

"Payer": "MCD HMP",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "MCD HMP",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 114.0

},

{

"Payer": "MCD HMP",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 170.0

},

{

"Payer": "MCD HMP",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 729.0

},

{

"Payer": "MCD HMP",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 328.0

},

{

"Payer": "MCD HMP",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 276.0

},

{

"Payer": "MCD HMP",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 208.0

},

{

"Payer": "MCD HMP",

"APC": "5164",

"Description": "Level 4 ENT Procedures",

"Payer Specific Negotiated Charge": 76.0

},

{

"Payer": "MCD HMP",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "MCD HMP",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 193.0

},

{

"Payer": "MCD HMP",

"APC": "5241",

"Description": "Level 1 Blood Product Exchange and Related Services",

"Payer Specific Negotiated Charge": 550.0

},

{

"Payer": "MCD HMP",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 464.0

},

{

"Payer": "MCD HMP",

"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"Payer Specific Negotiated Charge": 93.0

},

{

"Payer": "MCD HMP",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "MCD HMP",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 156.0

},

{

"Payer": "MCD HMP",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 275.0

},

{

"Payer": "MCD HMP",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 438.0

},

{

"Payer": "MCD HMP",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 380.0

},

{

"Payer": "MCD HMP",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 514.0

},

{

"Payer": "MCD HMP",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 126.0

},

{

"Payer": "MCD HMP",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 160.0

},

{

"Payer": "MCD HMP",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 231.0

},

{

"Payer": "MCD HMP",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 41.0

},

{

"Payer": "MCD HMP",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "MCD HMP",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 864.0

},

{

"Payer": "MCD HMP",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 245.0

},

{

"Payer": "MCD HMP",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 77.0

},

{

"Payer": "MCD HMP",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 67.0

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{

"Payer": "MCD HMP",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 43.0

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{

"Payer": "MCD HMP",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 60.0

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{

"Payer": "MCD HMP",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 137.0

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{

"Payer": "MCD HMP",

"APC": "5524",

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"Payer Specific Negotiated Charge": 287.0

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{

"Payer": "MCD HMP",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 162.0

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{

"Payer": "MCD HMP",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 466.0

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{

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"Payer Specific Negotiated Charge": 254.0

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{

"Payer": "MCD HMP",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 733.0

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{

"Payer": "MCD HMP",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 829.0

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{

"Payer": "MCD HMP",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 613.0

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{

"Payer": "MCD HMP",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 77.0

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{

"Payer": "MCD HMP",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 3487.0

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{

"Payer": "MCD HMP",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 69.0

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{

"Payer": "MCD HMP",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 37.0

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{

"Payer": "MCD HMP",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 306.0

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{

"Payer": "MCD HMP",

"APC": "5721",

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"Payer Specific Negotiated Charge": 48.0

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{

"Payer": "MCD HMP",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 127.0

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{

"Payer": "MCD HMP",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 225.0

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{

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"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 74.0

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{

"Payer": "MCD HMP",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 69.0

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"Payer": "MCD HMP",

"APC": "5733",

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"Payer Specific Negotiated Charge": 33.0

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"Payer": "MCD HMP",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 64.0

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{

"Payer": "MCD HMP",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 61.0

},

{

"Payer": "MCD HMP",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 20.0

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{

"Payer": "MCD HMP",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 1496.0

},

{

"Payer": "MCD HMP",

"APC": "5821",

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"Payer Specific Negotiated Charge": 75.0

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{

"Payer": "MCD HMP",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 69.0

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{

"Payer": "MCD HMP",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 58.0

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{

"Payer": "MCD HMP",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "MCD HMP",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 62.0

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{

"Payer": "MCD HMP",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 76.0

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{

"Payer": "MCD HMP",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 41.0

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{

"Payer": "MCD HMP",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 69.0

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{

"Payer": "MCD HMP",

"APC": "N905",

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"Payer Specific Negotiated Charge": 58.0

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"Outpatient Payer Specific Charge 46": [

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"APC": "1493",

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"APC": "5012",

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"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 595.0

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{

"Payer": "MCLHEPL",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 803.0

},

{

"Payer": "MCLHEPL",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1557.0

},

{

"Payer": "MCLHEPL",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 3357.0

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{

"Payer": "MCLHEPL",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 2776.0

},

{

"Payer": "MCLHEPL",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 95.0

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{

"Payer": "MCLHEPL",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "MCLHEPL",

"APC": "5054",

"Description": "Level 4 Skin Procedures",

"Payer Specific Negotiated Charge": 618.0

},

{

"Payer": "MCLHEPL",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 698.0

},

{

"Payer": "MCLHEPL",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 822.0

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{

"Payer": "MCLHEPL",

"APC": "5092",

"Description": "Level 2 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 1322.0

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{

"Payer": "MCLHEPL",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 45.0

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{

"Payer": "MCLHEPL",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 139.0

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{

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"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 367.0

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{

"Payer": "MCLHEPL",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 840.0

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{

"Payer": "MCLHEPL",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 917.0

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{

"Payer": "MCLHEPL",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 908.0

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{

"Payer": "MCLHEPL",

"APC": "5164",

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"Payer Specific Negotiated Charge": 221.0

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{

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"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 392.0

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{

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"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 277.0

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{

"Payer": "MCLHEPL",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 350.0

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{

"Payer": "MCLHEPL",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 500.0

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{

"Payer": "MCLHEPL",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 531.0

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{

"Payer": "MCLHEPL",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 662.0

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{

"Payer": "MCLHEPL",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 1099.0

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{

"Payer": "MCLHEPL",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 139.0

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{

"Payer": "MCLHEPL",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 245.0

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{

"Payer": "MCLHEPL",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 278.0

},

{

"Payer": "MCLHEPL",

"APC": "5374",

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"Payer Specific Negotiated Charge": 615.0

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"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 327.0

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"APC": "5377",

"Description": "Level 7 Urology and Related Services",

"Payer Specific Negotiated Charge": 933.0

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{

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"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 35.0

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{

"Payer": "MCLHEPL",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 100.0

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{

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"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 241.0

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{

"Payer": "MCLHEPL",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 886.0

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{

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"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 442.0

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{

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"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 212.0

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{

"Payer": "MCLHEPL",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 921.0

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{

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"APC": "5443",

"Description": "Level 3 Nerve Injections",

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"APC": "5481",

"Description": "Laser Eye Procedures",

"Payer Specific Negotiated Charge": 397.0

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{

"Payer": "MCLHEPL",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"Payer Specific Negotiated Charge": 485.0

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{

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"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 227.0

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{

"Payer": "MCLHEPL",

"APC": "5522",

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"Payer Specific Negotiated Charge": 658.0

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{

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"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1692.0

},

{

"Payer": "MCLHEPL",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1319.0

},

{

"Payer": "MCLHEPL",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 1748.0

},

{

"Payer": "MCLHEPL",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3048.0

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{

"Payer": "MCLHEPL",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1730.0

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{

"Payer": "MCLHEPL",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 5214.0

},

{

"Payer": "MCLHEPL",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 3741.0

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{

"Payer": "MCLHEPL",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 3091.0

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{

"Payer": "MCLHEPL",

"APC": "5674",

"Description": "Level 4 Pathology",

"Payer Specific Negotiated Charge": 23267.0

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{

"Payer": "MCLHEPL",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 20.0

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{

"Payer": "MCLHEPL",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 160.0

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{

"Payer": "MCLHEPL",

"APC": "5721",

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"Payer Specific Negotiated Charge": 112.0

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{

"Payer": "MCLHEPL",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 321.0

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{

"Payer": "MCLHEPL",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 451.0

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{

"Payer": "MCLHEPL",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 15.0

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{

"Payer": "MCLHEPL",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 117.0

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{

"Payer": "MCLHEPL",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 127.0

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{

"Payer": "MCLHEPL",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 151.0

},

{

"Payer": "MCLHEPL",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 164.0

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{

"Payer": "MCLHEPL",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 404.0

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{

"Payer": "MCLHEPL",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 401.0

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{

"Payer": "MCLHEPL",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 43.0

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{

"Payer": "MCLHEPL",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 86.0

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{

"Payer": "MCLHEPL",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 18.0

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{

"Payer": "MCLHEPL",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 30.0

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{

"Payer": "MCLHEPL",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 12.0

},

{

"Payer": "MCLHEPL",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 342.0

},

{

"Payer": "MCLHEPL",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 32.0

},

{

"Payer": "MCLHEPL",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 102.0

},

{

"Payer": "MCLHEPL",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 81.0

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{

"Payer": "MCLHEPL",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 108.0

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{

"Payer": "MCLHEPL",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 65.0

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{

"Payer": "MCLHEPL",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 31.0

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"Outpatient Payer Specific Charge 47": [

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"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 15.0

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{

"Payer": "MCR PHP",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 25.0

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{

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"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 79.0

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{

"Payer": "MCR PHP",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 235.0

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{

"Payer": "MCR PHP",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 555.0

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{

"Payer": "MCR PHP",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 4064.0

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{

"Payer": "MCR PHP",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 338.0

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{

"Payer": "MCR PHP",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 88.0

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{

"Payer": "MCR PHP",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 590.0

},

{

"Payer": "MCR PHP",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 151.0

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{

"Payer": "MCR PHP",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 24.0

},

{

"Payer": "MCR PHP",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 310.0

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{

"Payer": "MCR PHP",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 285.0

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{

"Payer": "MCR PHP",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 419.0

},

{

"Payer": "MCR PHP",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 794.0

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{

"Payer": "MCR PHP",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 204.0

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{

"Payer": "MCR PHP",

"APC": "5162",

"Description": "Level 2 ENT Procedures",

"Payer Specific Negotiated Charge": 283.0

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{

"Payer": "MCR PHP",

"APC": "5181",

"Description": "Level 1 Vascular Procedures",

"Payer Specific Negotiated Charge": 402.0

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{

"Payer": "MCR PHP",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 342.0

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{

"Payer": "MCR PHP",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 194.0

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{

"Payer": "MCR PHP",

"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"Payer Specific Negotiated Charge": 197.0

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{

"Payer": "MCR PHP",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 183.0

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{

"Payer": "MCR PHP",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 199.0

},

{

"Payer": "MCR PHP",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 358.0

},

{

"Payer": "MCR PHP",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 430.0

},

{

"Payer": "MCR PHP",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 310.0

},

{

"Payer": "MCR PHP",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 172.0

},

{

"Payer": "MCR PHP",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 562.0

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{

"Payer": "MCR PHP",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 107.0

},

{

"Payer": "MCR PHP",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 365.0

},

{

"Payer": "MCR PHP",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 449.0

},

{

"Payer": "MCR PHP",

"APC": "5462",

"Description": "Level 2 Neurostimulator and Related Procedures",

"Payer Specific Negotiated Charge": 434.0

},

{

"Payer": "MCR PHP",

"APC": "5481",

"Description": "Laser Eye Procedures",

"Payer Specific Negotiated Charge": 398.0

},

{

"Payer": "MCR PHP",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"Payer Specific Negotiated Charge": 311.0

},

{

"Payer": "MCR PHP",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 77.0

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{

"Payer": "MCR PHP",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 108.0

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{

"Payer": "MCR PHP",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 226.0

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{

"Payer": "MCR PHP",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 466.0

},

{

"Payer": "MCR PHP",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 176.0

},

{

"Payer": "MCR PHP",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 586.0

},

{

"Payer": "MCR PHP",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 356.0

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{

"Payer": "MCR PHP",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1397.0

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{

"Payer": "MCR PHP",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 990.0

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{

"Payer": "MCR PHP",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 274.0

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{

"Payer": "MCR PHP",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 49.0

},

{

"Payer": "MCR PHP",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 52.0

},

{

"Payer": "MCR PHP",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "MCR PHP",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 199.0

},

{

"Payer": "MCR PHP",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

},

{

"Payer": "MCR PHP",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 99.0

},

{

"Payer": "MCR PHP",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "MCR PHP",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "MCR PHP",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 263.0

},

{

"Payer": "MCR PHP",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "MCR PHP",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 110.0

},

{

"Payer": "MCR PHP",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 36.0

},

{

"Payer": "MCR PHP",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 32.0

},

{

"Payer": "MCR PHP",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 45.0

},

{

"Payer": "MCR PHP",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "MCR PHP",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 112.0

},

{

"Payer": "MCR PHP",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 135.0

},

{

"Payer": "MCR PHP",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 70.0

},

{

"Payer": "MCR PHP",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "MCR PHP",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 89.0

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],

"Outpatient Payer Specific Charge 48": [

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"Payer": "MCR RR",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 15.0

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{

"Payer": "MCR RR",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 25.0

},

{

"Payer": "MCR RR",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 76.0

},

{

"Payer": "MCR RR",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 133.0

},

{

"Payer": "MCR RR",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 293.0

},

{

"Payer": "MCR RR",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 583.0

},

{

"Payer": "MCR RR",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1055.0

},

{

"Payer": "MCR RR",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 222.0

},

{

"Payer": "MCR RR",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 76.0

},

{

"Payer": "MCR RR",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 1318.0

},

{

"Payer": "MCR RR",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 104.0

},

{

"Payer": "MCR RR",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 298.0

},

{

"Payer": "MCR RR",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 3392.0

},

{

"Payer": "MCR RR",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 149.0

},

{

"Payer": "MCR RR",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 249.0

},

{

"Payer": "MCR RR",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 222.0

},

{

"Payer": "MCR RR",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 269.0

},

{

"Payer": "MCR RR",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 198.0

},

{

"Payer": "MCR RR",

"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"Payer Specific Negotiated Charge": 148.0

},

{

"Payer": "MCR RR",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 185.0

},

{

"Payer": "MCR RR",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 271.0

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{

"Payer": "MCR RR",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 671.0

},

{

"Payer": "MCR RR",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 306.0

},

{

"Payer": "MCR RR",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 941.0

},

{

"Payer": "MCR RR",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 159.0

},

{

"Payer": "MCR RR",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "MCR RR",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 195.0

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{

"Payer": "MCR RR",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 111.0

},

{

"Payer": "MCR RR",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 127.0

},

{

"Payer": "MCR RR",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 478.0

},

{

"Payer": "MCR RR",

"APC": "5481",

"Description": "Laser Eye Procedures",

"Payer Specific Negotiated Charge": 427.0

},

{

"Payer": "MCR RR",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"Payer Specific Negotiated Charge": 542.0

},

{

"Payer": "MCR RR",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "MCR RR",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 108.0

},

{

"Payer": "MCR RR",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 226.0

},

{

"Payer": "MCR RR",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 466.0

},

{

"Payer": "MCR RR",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 176.0

},

{

"Payer": "MCR RR",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 370.0

},

{

"Payer": "MCR RR",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 457.0

},

{

"Payer": "MCR RR",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1738.0

},

{

"Payer": "MCR RR",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1397.0

},

{

"Payer": "MCR RR",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 761.0

},

{

"Payer": "MCR RR",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 50.0

},

{

"Payer": "MCR RR",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 59.0

},

{

"Payer": "MCR RR",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 135.0

},

{

"Payer": "MCR RR",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 254.0

},

{

"Payer": "MCR RR",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 326.0

},

{

"Payer": "MCR RR",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 122.0

},

{

"Payer": "MCR RR",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "MCR RR",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "MCR RR",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 2939.0

},

{

"Payer": "MCR RR",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 149.0

},

{

"Payer": "MCR RR",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 39.0

},

{

"Payer": "MCR RR",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 44.0

},

{

"Payer": "MCR RR",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "MCR RR",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 113.0

},

{

"Payer": "MCR RR",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 140.0

},

{

"Payer": "MCR RR",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "MCR RR",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 47.0

},

{

"Payer": "MCR RR",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 83.0

},

{

"Payer": "MCR RR",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 45.0

}

],

"Outpatient Payer Specific Charge 49": [

{

"Payer": "MERHE",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 16.0

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{

"Payer": "MERHE",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "MERHE",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 91.0

},

{

"Payer": "MERHE",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 1550.0

},

{

"Payer": "MERHE",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 4245.0

},

{

"Payer": "MERHE",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 1338.0

},

{

"Payer": "MERHE",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 162.0

},

{

"Payer": "MERHE",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "MERHE",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 377.0

},

{

"Payer": "MERHE",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 1722.0

},

{

"Payer": "MERHE",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 45.0

},

{

"Payer": "MERHE",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "MERHE",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 285.0

},

{

"Payer": "MERHE",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 755.0

},

{

"Payer": "MERHE",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 204.0

},

{

"Payer": "MERHE",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 302.0

},

{

"Payer": "MERHE",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 868.0

},

{

"Payer": "MERHE",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 750.0

},

{

"Payer": "MERHE",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 2380.0

},

{

"Payer": "MERHE",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 2922.0

},

{

"Payer": "MERHE",

"APC": "5573",

"Description": "Level 3 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3562.0

},

{

"Payer": "MERHE",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 2055.0

},

{

"Payer": "MERHE",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 1162.0

},

{

"Payer": "MERHE",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 189.0

},

{

"Payer": "MERHE",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 236.0

},

{

"Payer": "MERHE",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 517.0

},

{

"Payer": "MERHE",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 614.0

},

{

"Payer": "MERHE",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 520.0

},

{

"Payer": "MERHE",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 138.0

},

{

"Payer": "MERHE",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 167.0

},

{

"Payer": "MERHE",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 10.0

},

{

"Payer": "MERHE",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 1983.0

},

{

"Payer": "MERHE",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "MERHE",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "MERHE",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 264.0

},

{

"Payer": "MERHE",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 424.0

},

{

"Payer": "MERHE",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 42.0

},

{

"Payer": "MERHE",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 157.0

},

{

"Payer": "MERHE",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 133.0

}

],

"Outpatient Payer Specific Charge 50": [

{

"Payer": "NALC",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 21.0

},

{

"Payer": "NALC",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "NALC",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 119.0

},

{

"Payer": "NALC",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 140.0

},

{

"Payer": "NALC",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 5154.0

},

{

"Payer": "NALC",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 136.0

},

{

"Payer": "NALC",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "NALC",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 119.0

},

{

"Payer": "NALC",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "NALC",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "NALC",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 335.0

},

{

"Payer": "NALC",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 31.0

},

{

"Payer": "NALC",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 131.0

},

{

"Payer": "NALC",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 97.0

}

],

"Outpatient Payer Specific Charge 51": [

{

"Payer": "OTH.MISC1",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 20.0

},

{

"Payer": "OTH.MISC1",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 93.0

},

{

"Payer": "OTH.MISC1",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 860.0

},

{

"Payer": "OTH.MISC1",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 791.0

},

{

"Payer": "OTH.MISC1",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1769.0

},

{

"Payer": "OTH.MISC1",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 8301.0

},

{

"Payer": "OTH.MISC1",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 98.0

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{

"Payer": "OTH.MISC1",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 176.0

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{

"Payer": "OTH.MISC1",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 1629.0

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{

"Payer": "OTH.MISC1",

"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 420.0

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{

"Payer": "OTH.MISC1",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 343.0

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{

"Payer": "OTH.MISC1",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 742.0

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{

"Payer": "OTH.MISC1",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 945.0

},

{

"Payer": "OTH.MISC1",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 123.0

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{

"Payer": "OTH.MISC1",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 270.0

},

{

"Payer": "OTH.MISC1",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 261.0

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{

"Payer": "OTH.MISC1",

"APC": "5163",

"Description": "Level 3 ENT Procedures",

"Payer Specific Negotiated Charge": 304.0

},

{

"Payer": "OTH.MISC1",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 329.0

},

{

"Payer": "OTH.MISC1",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 1380.0

},

{

"Payer": "OTH.MISC1",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 264.0

},

{

"Payer": "OTH.MISC1",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 478.0

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{

"Payer": "OTH.MISC1",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 620.0

},

{

"Payer": "OTH.MISC1",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 1249.0

},

{

"Payer": "OTH.MISC1",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 313.0

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{

"Payer": "OTH.MISC1",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 197.0

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{

"Payer": "OTH.MISC1",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 93.0

},

{

"Payer": "OTH.MISC1",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 163.0

},

{

"Payer": "OTH.MISC1",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 884.0

},

{

"Payer": "OTH.MISC1",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 486.0

},

{

"Payer": "OTH.MISC1",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 193.0

},

{

"Payer": "OTH.MISC1",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 161.0

},

{

"Payer": "OTH.MISC1",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 123.0

},

{

"Payer": "OTH.MISC1",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 165.0

},

{

"Payer": "OTH.MISC1",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1616.0

},

{

"Payer": "OTH.MISC1",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1906.0

},

{

"Payer": "OTH.MISC1",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 626.0

},

{

"Payer": "OTH.MISC1",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 4267.0

},

{

"Payer": "OTH.MISC1",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 2214.0

},

{

"Payer": "OTH.MISC1",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 350.0

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{

"Payer": "OTH.MISC1",

"APC": "5671",

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"Payer Specific Negotiated Charge": 276.0

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{

"Payer": "OTH.MISC1",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 7008.0

},

{

"Payer": "OTH.MISC1",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 8827.0

},

{

"Payer": "OTH.MISC1",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 141.0

},

{

"Payer": "OTH.MISC1",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 183.0

},

{

"Payer": "OTH.MISC1",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 341.0

},

{

"Payer": "OTH.MISC1",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 129.0

},

{

"Payer": "OTH.MISC1",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 168.0

},

{

"Payer": "OTH.MISC1",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

},

{

"Payer": "OTH.MISC1",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 133.0

},

{

"Payer": "OTH.MISC1",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 6912.0

},

{

"Payer": "OTH.MISC1",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 938.0

},

{

"Payer": "OTH.MISC1",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 614.0

},

{

"Payer": "OTH.MISC1",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 145.0

},

{

"Payer": "OTH.MISC1",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 110.0

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{

"Payer": "OTH.MISC1",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "OTH.MISC1",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "OTH.MISC1",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 312.0

},

{

"Payer": "OTH.MISC1",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "OTH.MISC1",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 81.0

},

{

"Payer": "OTH.MISC1",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 80.0

},

{

"Payer": "OTH.MISC1",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 151.0

},

{

"Payer": "OTH.MISC1",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 101.0

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],

"Outpatient Payer Specific Charge 52": [

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"Payer": "OTH.MISC2",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 37.0

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{

"Payer": "OTH.MISC2",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 113.0

},

{

"Payer": "OTH.MISC2",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 5094.0

},

{

"Payer": "OTH.MISC2",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 4267.0

},

{

"Payer": "OTH.MISC2",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 3859.0

},

{

"Payer": "OTH.MISC2",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 159.0

},

{

"Payer": "OTH.MISC2",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "OTH.MISC2",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 511.0

},

{

"Payer": "OTH.MISC2",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 31.0

}

],

"Outpatient Payer Specific Charge 53": [

{

"Payer": "PHP ACA",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 17.0

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{

"Payer": "PHP ACA",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 54.0

},

{

"Payer": "PHP ACA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 76.0

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{

"Payer": "PHP ACA",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 298.0

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{

"Payer": "PHP ACA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 348.0

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{

"Payer": "PHP ACA",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 580.0

},

{

"Payer": "PHP ACA",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1888.0

},

{

"Payer": "PHP ACA",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 129.0

},

{

"Payer": "PHP ACA",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 3171.0

},

{

"Payer": "PHP ACA",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 368.0

},

{

"Payer": "PHP ACA",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 265.0

},

{

"Payer": "PHP ACA",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 268.0

},

{

"Payer": "PHP ACA",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 362.0

},

{

"Payer": "PHP ACA",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 552.0

},

{

"Payer": "PHP ACA",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 55.0

},

{

"Payer": "PHP ACA",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 211.0

},

{

"Payer": "PHP ACA",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 603.0

},

{

"Payer": "PHP ACA",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 165.0

},

{

"Payer": "PHP ACA",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 415.0

},

{

"Payer": "PHP ACA",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 284.0

},

{

"Payer": "PHP ACA",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 86.0

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{

"Payer": "PHP ACA",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 122.0

},

{

"Payer": "PHP ACA",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 248.0

},

{

"Payer": "PHP ACA",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1085.0

},

{

"Payer": "PHP ACA",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 194.0

},

{

"Payer": "PHP ACA",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 412.0

},

{

"Payer": "PHP ACA",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 111.0

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{

"Payer": "PHP ACA",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 238.0

},

{

"Payer": "PHP ACA",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 13.0

},

{

"Payer": "PHP ACA",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 203.0

},

{

"Payer": "PHP ACA",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 97.0

},

{

"Payer": "PHP ACA",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 347.0

},

{

"Payer": "PHP ACA",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 670.0

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{

"Payer": "PHP ACA",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 136.0

},

{

"Payer": "PHP ACA",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 148.0

},

{

"Payer": "PHP ACA",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 187.0

},

{

"Payer": "PHP ACA",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 255.0

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{

"Payer": "PHP ACA",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 31.0

},

{

"Payer": "PHP ACA",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 159.0

},

{

"Payer": "PHP ACA",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 101.0

},

{

"Payer": "PHP ACA",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 17.0

},

{

"Payer": "PHP ACA",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "PHP ACA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 73.0

},

{

"Payer": "PHP ACA",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 126.0

},

{

"Payer": "PHP ACA",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 189.0

},

{

"Payer": "PHP ACA",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 141.0

},

{

"Payer": "PHP ACA",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 104.0

}

],

"Outpatient Payer Specific Charge 54": [

{

"Payer": "PHPMM",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "PHPMM",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 54.0

},

{

"Payer": "PHPMM",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 93.0

},

{

"Payer": "PHPMM",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 292.0

},

{

"Payer": "PHPMM",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 508.0

},

{

"Payer": "PHPMM",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1018.0

},

{

"Payer": "PHPMM",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 2771.0

},

{

"Payer": "PHPMM",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 2538.0

},

{

"Payer": "PHPMM",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 128.0

},

{

"Payer": "PHPMM",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 183.0

},

{

"Payer": "PHPMM",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 198.0

},

{

"Payer": "PHPMM",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 1461.0

},

{

"Payer": "PHPMM",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 571.0

},

{

"Payer": "PHPMM",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 82.0

},

{

"Payer": "PHPMM",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 367.0

},

{

"Payer": "PHPMM",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 497.0

},

{

"Payer": "PHPMM",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 435.0

},

{

"Payer": "PHPMM",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 758.0

},

{

"Payer": "PHPMM",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 930.0

},

{

"Payer": "PHPMM",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 333.0

},

{

"Payer": "PHPMM",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 265.0

},

{

"Payer": "PHPMM",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 288.0

},

{

"Payer": "PHPMM",

"APC": "5163",

"Description": "Level 3 ENT Procedures",

"Payer Specific Negotiated Charge": 228.0

},

{

"Payer": "PHPMM",

"APC": "5164",

"Description": "Level 4 ENT Procedures",

"Payer Specific Negotiated Charge": 346.0

},

{

"Payer": "PHPMM",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 483.0

},

{

"Payer": "PHPMM",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 196.0

},

{

"Payer": "PHPMM",

"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"Payer Specific Negotiated Charge": 421.0

},

{

"Payer": "PHPMM",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 263.0

},

{

"Payer": "PHPMM",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 362.0

},

{

"Payer": "PHPMM",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 664.0

},

{

"Payer": "PHPMM",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 551.0

},

{

"Payer": "PHPMM",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 926.0

},

{

"Payer": "PHPMM",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 1254.0

},

{

"Payer": "PHPMM",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 253.0

},

{

"Payer": "PHPMM",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 459.0

},

{

"Payer": "PHPMM",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 796.0

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{

"Payer": "PHPMM",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 552.0

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{

"Payer": "PHPMM",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 77.0

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{

"Payer": "PHPMM",

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"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 165.0

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{

"Payer": "PHPMM",

"APC": "5413",

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"Payer Specific Negotiated Charge": 153.0

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{

"Payer": "PHPMM",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 322.0

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{

"Payer": "PHPMM",

"APC": "5415",

"Description": "Level 5 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 866.0

},

{

"Payer": "PHPMM",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 1220.0

},

{

"Payer": "PHPMM",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 244.0

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{

"Payer": "PHPMM",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 570.0

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{

"Payer": "PHPMM",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 179.0

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{

"Payer": "PHPMM",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 246.0

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{

"Payer": "PHPMM",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 523.0

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{

"Payer": "PHPMM",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1081.0

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{

"Payer": "PHPMM",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 409.0

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{

"Payer": "PHPMM",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 857.0

},

{

"Payer": "PHPMM",

"APC": "5573",

"Description": "Level 3 Imaging with Contrast",

"Payer Specific Negotiated Charge": 2386.0

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{

"Payer": "PHPMM",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 806.0

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{

"Payer": "PHPMM",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 497.0

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{

"Payer": "PHPMM",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 2829.0

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{

"Payer": "PHPMM",

"APC": "5594",

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"Payer Specific Negotiated Charge": 3241.0

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{

"Payer": "PHPMM",

"APC": "5671",

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"Payer Specific Negotiated Charge": 1765.0

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{

"Payer": "PHPMM",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 322.0

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{

"Payer": "PHPMM",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 636.0

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{

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"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 14.0

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{

"Payer": "PHPMM",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 177.0

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{

"Payer": "PHPMM",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 700.0

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{

"Payer": "PHPMM",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

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{

"Payer": "PHPMM",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 394.0

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{

"Payer": "PHPMM",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 585.0

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{

"Payer": "PHPMM",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 284.0

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{

"Payer": "PHPMM",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 148.0

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{

"Payer": "PHPMM",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 103.0

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{

"Payer": "PHPMM",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 249.0

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{

"Payer": "PHPMM",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 196.0

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{

"Payer": "PHPMM",

"APC": "5791",

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"Payer Specific Negotiated Charge": 3137.0

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{

"Payer": "PHPMM",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 639.0

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{

"Payer": "PHPMM",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 51.0

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{

"Payer": "PHPMM",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 101.0

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{

"Payer": "PHPMM",

"APC": "9042",

"Description": "Glucagon hydrochloride",

"Payer Specific Negotiated Charge": 3836.0

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{

"Payer": "PHPMM",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "PHPMM",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 57.0

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"Payer": "PHPMM",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 113.0

},

{

"Payer": "PHPMM",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 266.0

},

{

"Payer": "PHPMM",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "PHPMM",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 105.0

},

{

"Payer": "PHPMM",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 65.0

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{

"Payer": "PHPMM",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 141.0

},

{

"Payer": "PHPMM",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 72.0

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{

"Payer": "PHPMM",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 14.0

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"Outpatient Payer Specific Charge 55": [

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"Payer": "SP COVID",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 15.0

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{

"Payer": "SP COVID",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 25.0

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{

"Payer": "SP COVID",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 106.0

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{

"Payer": "SP COVID",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 318.0

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{

"Payer": "SP COVID",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 647.0

},

{

"Payer": "SP COVID",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 671.0

},

{

"Payer": "SP COVID",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 1017.0

},

{

"Payer": "SP COVID",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

},

{

"Payer": "SP COVID",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 39.0

},

{

"Payer": "SP COVID",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "SP COVID",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 79.0

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"Outpatient Payer Specific Charge 56": [

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"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 15.0

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{

"Payer": "TRI EAST",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 85.0

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{

"Payer": "TRI EAST",

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"Payer Specific Negotiated Charge": 67.0

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{

"Payer": "TRI EAST",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 126.0

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{

"Payer": "TRI EAST",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 230.0

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{

"Payer": "TRI EAST",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 458.0

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{

"Payer": "TRI EAST",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 966.0

},

{

"Payer": "TRI EAST",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 2138.0

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{

"Payer": "TRI EAST",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 54.0

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{

"Payer": "TRI EAST",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 254.0

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{

"Payer": "TRI EAST",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 767.0

},

{

"Payer": "TRI EAST",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 1329.0

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{

"Payer": "TRI EAST",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 274.0

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{

"Payer": "TRI EAST",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 257.0

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{

"Payer": "TRI EAST",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 480.0

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{

"Payer": "TRI EAST",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 701.0

},

{

"Payer": "TRI EAST",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1053.0

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{

"Payer": "TRI EAST",

"APC": "5162",

"Description": "Level 2 ENT Procedures",

"Payer Specific Negotiated Charge": 428.0

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{

"Payer": "TRI EAST",

"APC": "5165",

"Description": "Level 5 ENT Procedures",

"Payer Specific Negotiated Charge": 259.0

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{

"Payer": "TRI EAST",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 124.0

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{

"Payer": "TRI EAST",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 164.0

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{

"Payer": "TRI EAST",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 236.0

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{

"Payer": "TRI EAST",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 629.0

},

{

"Payer": "TRI EAST",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 886.0

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{

"Payer": "TRI EAST",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 74.0

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{

"Payer": "TRI EAST",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 174.0

},

{

"Payer": "TRI EAST",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 353.0

},

{

"Payer": "TRI EAST",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 33.0

},

{

"Payer": "TRI EAST",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 162.0

},

{

"Payer": "TRI EAST",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 869.0

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{

"Payer": "TRI EAST",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 384.0

},

{

"Payer": "TRI EAST",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "TRI EAST",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 137.0

},

{

"Payer": "TRI EAST",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 501.0

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{

"Payer": "TRI EAST",

"APC": "5462",

"Description": "Level 2 Neurostimulator and Related Procedures",

"Payer Specific Negotiated Charge": 406.0

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{

"Payer": "TRI EAST",

"APC": "5464",

"Description": "Level 4 Neurostimulator and Related Procedures",

"Payer Specific Negotiated Charge": 661.0

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{

"Payer": "TRI EAST",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 77.0

},

{

"Payer": "TRI EAST",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 108.0

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{

"Payer": "TRI EAST",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 226.0

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{

"Payer": "TRI EAST",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 848.0

},

{

"Payer": "TRI EAST",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 482.0

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{

"Payer": "TRI EAST",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 989.0

},

{

"Payer": "TRI EAST",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 139.0

},

{

"Payer": "TRI EAST",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 8229.0

},

{

"Payer": "TRI EAST",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 37.0

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{

"Payer": "TRI EAST",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 112.0

},

{

"Payer": "TRI EAST",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 350.0

},

{

"Payer": "TRI EAST",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 80.0

},

{

"Payer": "TRI EAST",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 245.0

},

{

"Payer": "TRI EAST",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 113.0

},

{

"Payer": "TRI EAST",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 83.0

},

{

"Payer": "TRI EAST",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 617.0

},

{

"Payer": "TRI EAST",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 2516.0

},

{

"Payer": "TRI EAST",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "TRI EAST",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 91.0

},

{

"Payer": "TRI EAST",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 39.0

},

{

"Payer": "TRI EAST",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 39.0

},

{

"Payer": "TRI EAST",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "TRI EAST",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 134.0

},

{

"Payer": "TRI EAST",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 122.0

},

{

"Payer": "TRI EAST",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "TRI EAST",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 74.0

},

{

"Payer": "TRI EAST",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 72.0

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"Outpatient Payer Specific Charge 57": [

{

"Payer": "TRI PRIM",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 15.0

},

{

"Payer": "TRI PRIM",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 112.0

},

{

"Payer": "TRI PRIM",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 379.0

},

{

"Payer": "TRI PRIM",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 98.0

},

{

"Payer": "TRI PRIM",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 164.0

},

{

"Payer": "TRI PRIM",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 242.0

},

{

"Payer": "TRI PRIM",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 108.0

},

{

"Payer": "TRI PRIM",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 368.0

},

{

"Payer": "TRI PRIM",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "TRI PRIM",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "TRI PRIM",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 142.0

},

{

"Payer": "TRI PRIM",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 113.0

},

{

"Payer": "TRI PRIM",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "TRI PRIM",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 88.0

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"Outpatient Payer Specific Charge 58": [

{

"Payer": "TRUMA/COF",

"APC": "1492",

"Description": "New Technology - Level 1B ($11-$20)",

"Payer Specific Negotiated Charge": 17.0

},

{

"Payer": "TRUMA/COF",

"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "TRUMA/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "TRUMA/COF",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 651.0

},

{

"Payer": "TRUMA/COF",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 6097.0

},

{

"Payer": "TRUMA/COF",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 4708.0

},

{

"Payer": "TRUMA/COF",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 7765.0

},

{

"Payer": "TRUMA/COF",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 14287.0

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{

"Payer": "TRUMA/COF",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 209.0

},

{

"Payer": "TRUMA/COF",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 951.0

},

{

"Payer": "TRUMA/COF",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1145.0

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{

"Payer": "TRUMA/COF",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1225.0

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{

"Payer": "TRUMA/COF",

"APC": "5151",

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"Payer Specific Negotiated Charge": 289.0

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{

"Payer": "TRUMA/COF",

"APC": "5301",

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"APC": "5302",

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"Payer Specific Negotiated Charge": 321.0

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"Payer": "TRUMA/COF",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 275.0

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{

"Payer": "TRUMA/COF",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 678.0

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{

"Payer": "TRUMA/COF",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 1022.0

},

{

"Payer": "TRUMA/COF",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 390.0

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{

"Payer": "TRUMA/COF",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 1120.0

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"Payer": "TRUMA/COF",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 291.0

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{

"Payer": "TRUMA/COF",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 150.0

},

{

"Payer": "TRUMA/COF",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 491.0

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"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 400.0

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{

"Payer": "TRUMA/COF",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 2038.0

},

{

"Payer": "TRUMA/COF",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 418.0

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"Payer": "TRUMA/COF",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 560.0

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{

"Payer": "TRUMA/COF",

"APC": "5522",

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"Payer Specific Negotiated Charge": 1192.0

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"APC": "5523",

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"Payer Specific Negotiated Charge": 4246.0

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{

"Payer": "TRUMA/COF",

"APC": "5572",

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"Payer Specific Negotiated Charge": 4315.0

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{

"Payer": "TRUMA/COF",

"APC": "5592",

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"Payer Specific Negotiated Charge": 2501.0

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"APC": "5671",

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"Payer": "TRUMA/COF",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 14089.0

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{

"Payer": "TRUMA/COF",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 680.0

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{

"Payer": "TRUMA/COF",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 177.0

},

{

"Payer": "TRUMA/COF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 243.0

},

{

"Payer": "TRUMA/COF",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 181.0

},

{

"Payer": "TRUMA/COF",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 577.0

},

{

"Payer": "TRUMA/COF",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "TRUMA/COF",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 179.0

},

{

"Payer": "TRUMA/COF",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 461.0

},

{

"Payer": "TRUMA/COF",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 2652.0

},

{

"Payer": "TRUMA/COF",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 102.0

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{

"Payer": "TRUMA/COF",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 37.0

},

{

"Payer": "TRUMA/COF",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "TRUMA/COF",

"APC": "N800",

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},

{

"Payer": "TRUMA/COF",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 495.0

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{

"Payer": "TRUMA/COF",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

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{

"Payer": "TRUMA/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 158.0

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{

"Payer": "TRUMA/COF",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 63.0

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"Outpatient Payer Specific Charge 59": [

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"Payer Specific Negotiated Charge": 24.0

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"Payer": "UNIMEOH",

"APC": "1493",

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{

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"APC": "5012",

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"Payer Specific Negotiated Charge": 93.0

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{

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"APC": "5023",

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"Payer Specific Negotiated Charge": 1217.0

},

{

"Payer": "UNIMEOH",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 7134.0

},

{

"Payer": "UNIMEOH",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 19138.0

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{

"Payer": "UNIMEOH",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 4526.0

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{

"Payer": "UNIMEOH",

"APC": "5051",

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"Payer Specific Negotiated Charge": 85.0

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{

"Payer": "UNIMEOH",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 546.0

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{

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"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1928.0

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{

"Payer": "UNIMEOH",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 452.0

},

{

"Payer": "UNIMEOH",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 320.0

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{

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"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 594.0

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{

"Payer": "UNIMEOH",

"APC": "5361",

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"Payer Specific Negotiated Charge": 649.0

},

{

"Payer": "UNIMEOH",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 598.0

},

{

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"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 133.0

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{

"Payer": "UNIMEOH",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 196.0

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{

"Payer": "UNIMEOH",

"APC": "5443",

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"Payer Specific Negotiated Charge": 904.0

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"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 356.0

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{

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"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 870.0

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{

"Payer": "UNIMEOH",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

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{

"Payer": "UNIMEOH",

"APC": "5524",

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{

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"APC": "5571",

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"Payer Specific Negotiated Charge": 557.0

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{

"Payer": "UNIMEOH",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 503.0

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{

"Payer": "UNIMEOH",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 781.0

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{

"Payer": "UNIMEOH",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 22.0

},

{

"Payer": "UNIMEOH",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 155.0

},

{

"Payer": "UNIMEOH",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "UNIMEOH",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 253.0

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{

"Payer": "UNIMEOH",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 178.0

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{

"Payer": "UNIMEOH",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 126.0

},

{

"Payer": "UNIMEOH",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 156.0

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{

"Payer": "UNIMEOH",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 58.0

},

{

"Payer": "UNIMEOH",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 24.0

},

{

"Payer": "UNIMEOH",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "UNIMEOH",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 90.0

},

{

"Payer": "UNIMEOH",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 452.0

},

{

"Payer": "UNIMEOH",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "UNIMEOH",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 78.0

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{

"Payer": "UNIMEOH",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 61.0

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{

"Payer": "UNIMEOH",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 121.0

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{

"Payer": "UNIMEOH",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 85.0

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"Outpatient Payer Specific Charge 60": [

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"APC": "1493",

"Description": "New Technology - Level 1C ($21-$30)",

"Payer Specific Negotiated Charge": 25.0

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{

"Payer": "VA CCN",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 99.0

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{

"Payer": "VA CCN",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 124.0

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{

"Payer": "VA CCN",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 316.0

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{

"Payer": "VA CCN",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 467.0

},

{

"Payer": "VA CCN",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 2279.0

},

{

"Payer": "VA CCN",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 222.0

},

{

"Payer": "VA CCN",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 117.0

},

{

"Payer": "VA CCN",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 447.0

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{

"Payer": "VA CCN",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 513.0

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{

"Payer": "VA CCN",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 777.0

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{

"Payer": "VA CCN",

"APC": "5181",

"Description": "Level 1 Vascular Procedures",

"Payer Specific Negotiated Charge": 110.0

},

{

"Payer": "VA CCN",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 331.0

},

{

"Payer": "VA CCN",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 130.0

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{

"Payer": "VA CCN",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 188.0

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{

"Payer": "VA CCN",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 250.0

},

{

"Payer": "VA CCN",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 477.0

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{

"Payer": "VA CCN",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 430.0

},

{

"Payer": "VA CCN",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 164.0

},

{

"Payer": "VA CCN",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 291.0

},

{

"Payer": "VA CCN",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 452.0

},

{

"Payer": "VA CCN",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 399.0

},

{

"Payer": "VA CCN",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 1004.0

},

{

"Payer": "VA CCN",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 165.0

},

{

"Payer": "VA CCN",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "VA CCN",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 487.0

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{

"Payer": "VA CCN",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "VA CCN",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "VA CCN",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 452.0

},

{

"Payer": "VA CCN",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 468.0

},

{

"Payer": "VA CCN",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 225.0

},

{

"Payer": "VA CCN",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 476.0

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{

"Payer": "VA CCN",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1697.0

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{

"Payer": "VA CCN",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1436.0

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{

"Payer": "VA CCN",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 1164.0

},

{

"Payer": "VA CCN",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 283.0

},

{

"Payer": "VA CCN",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 53.0

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{

"Payer": "VA CCN",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 223.0

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{

"Payer": "VA CCN",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 414.0

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{

"Payer": "VA CCN",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

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{

"Payer": "VA CCN",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 1745.0

},

{

"Payer": "VA CCN",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 109.0

},

{

"Payer": "VA CCN",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 155.0

},

{

"Payer": "VA CCN",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 73.0

},

{

"Payer": "VA CCN",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 111.0

},

{

"Payer": "VA CCN",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 143.0

},

{

"Payer": "VA CCN",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "VA CCN",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 75.0

},

{

"Payer": "VA CCN",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 101.0

}

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"Outpatient Payer Specific Charge 61": [

{

"Payer": "AA AAAMI",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 81.0

},

{

"Payer": "AA AAAMI",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1182.0

},

{

"Payer": "AA AAAMI",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "AA AAAMI",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 1702.0

},

{

"Payer": "AA AAAMI",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 1887.0

},

{

"Payer": "AA AAAMI",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 2853.0

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{

"Payer": "AA AAAMI",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2953.0

},

{

"Payer": "AA AAAMI",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3857.0

},

{

"Payer": "AA AAAMI",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

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{

"Payer": "AA AAAMI",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

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},

{

"Payer": "AA AAAMI",

"APC": "N905",

"Description": "Not Recognized by OPPS",

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"Outpatient Payer Specific Charge 62": [

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"Payer": "AA ALLST",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 87.0

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{

"Payer": "AA ALLST",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 4581.0

},

{

"Payer": "AA ALLST",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 685.0

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{

"Payer": "AA ALLST",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 3138.0

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{

"Payer": "AA ALLST",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 3667.0

}

],

"Outpatient Payer Specific Charge 63": [

{

"Payer": "AA AUTO",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 81.0

},

{

"Payer": "AA AUTO",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 1967.0

},

{

"Payer": "AA AUTO",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 2598.0

},

{

"Payer": "AA AUTO",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 501.0

},

{

"Payer": "AA AUTO",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 48.0

},

{

"Payer": "AA AUTO",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 200.0

},

{

"Payer": "AA AUTO",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 267.0

},

{

"Payer": "AA AUTO",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 155.0

},

{

"Payer": "AA AUTO",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 758.0

},

{

"Payer": "AA AUTO",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 183.0

},

{

"Payer": "AA AUTO",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 521.0

},

{

"Payer": "AA AUTO",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1045.0

},

{

"Payer": "AA AUTO",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 1094.0

},

{

"Payer": "AA AUTO",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3857.0

},

{

"Payer": "AA AUTO",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 489.0

}

],

"Outpatient Payer Specific Charge 64": [

{

"Payer": "AA ESUR",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 118.0

}

],

"Outpatient Payer Specific Charge 65": [

{

"Payer": "AA FAR",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 117.0

},

{

"Payer": "AA FAR",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 951.0

},

{

"Payer": "AA FAR",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "AA FAR",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 25.0

}

],

"Outpatient Payer Specific Charge 66": [

{

"Payer": "AA FARM",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 177.0

}

],

"Outpatient Payer Specific Charge 67": [

{

"Payer": "AA FRAMU",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 69.0

},

{

"Payer": "AA FRAMU",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 259.0

}

],

"Outpatient Payer Specific Charge 68": [

{

"Payer": "AA GEIAU",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 116.0

},

{

"Payer": "AA GEIAU",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 448.0

}

],

"Outpatient Payer Specific Charge 69": [

{

"Payer": "AA GRANGE",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 99.0

},

{

"Payer": "AA GRANGE",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1192.0

}

],

"Outpatient Payer Specific Charge 70": [

{

"Payer": "AA HAS",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "AA HAS",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 1702.0

},

{

"Payer": "AA HAS",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 68.0

}

],

"Outpatient Payer Specific Charge 71": [

{

"Payer": "AA LIBMU",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 118.0

},

{

"Payer": "AA LIBMU",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 5009.0

},

{

"Payer": "AA LIBMU",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 753.0

},

{

"Payer": "AA LIBMU",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2886.0

},

{

"Payer": "AA LIBMU",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 7599.0

},

{

"Payer": "AA LIBMU",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "AA LIBMU",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 30.0

}

],

"Outpatient Payer Specific Charge 72": [

{

"Payer": "AA MICHMI",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 99.0

},

{

"Payer": "AA MICHMI",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 1642.0

}

],

"Outpatient Payer Specific Charge 73": [

{

"Payer": "AA OTHAA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 104.0

},

{

"Payer": "AA OTHAA",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 46.0

},

{

"Payer": "AA OTHAA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 1583.0

},

{

"Payer": "AA OTHAA",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 5269.0

},

{

"Payer": "AA OTHAA",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 22404.0

},

{

"Payer": "AA OTHAA",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 13304.0

},

{

"Payer": "AA OTHAA",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 93.0

},

{

"Payer": "AA OTHAA",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 128.0

},

{

"Payer": "AA OTHAA",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 537.0

},

{

"Payer": "AA OTHAA",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 478.0

},

{

"Payer": "AA OTHAA",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 34.0

},

{

"Payer": "AA OTHAA",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 624.0

},

{

"Payer": "AA OTHAA",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 446.0

},

{

"Payer": "AA OTHAA",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 2074.0

},

{

"Payer": "AA OTHAA",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 39.0

},

{

"Payer": "AA OTHAA",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 698.0

},

{

"Payer": "AA OTHAA",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2943.0

},

{

"Payer": "AA OTHAA",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 4027.0

},

{

"Payer": "AA OTHAA",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 288.0

},

{

"Payer": "AA OTHAA",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 511.0

},

{

"Payer": "AA OTHAA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 522.0

},

{

"Payer": "AA OTHAA",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 133.0

},

{

"Payer": "AA OTHAA",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 80.0

},

{

"Payer": "AA OTHAA",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 49.0

},

{

"Payer": "AA OTHAA",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 45.0

}

],

"Outpatient Payer Specific Charge 74": [

{

"Payer": "AA PIOST",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 86.0

},

{

"Payer": "AA PIOST",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 865.0

},

{

"Payer": "AA PIOST",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 654.0

},

{

"Payer": "AA PIOST",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 1868.0

},

{

"Payer": "AA PIOST",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1800.0

},

{

"Payer": "AA PIOST",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2556.0

},

{

"Payer": "AA PIOST",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 352.0

},

{

"Payer": "AA PIOST",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 13157.0

},

{

"Payer": "AA PIOST",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 110.0

}

],

"Outpatient Payer Specific Charge 75": [

{

"Payer": "AA PROG",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 105.0

},

{

"Payer": "AA PROG",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 3296.0

},

{

"Payer": "AA PROG",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 2745.0

},

{

"Payer": "AA PROG",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 7302.0

},

{

"Payer": "AA PROG",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 13781.0

},

{

"Payer": "AA PROG",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1000.0

},

{

"Payer": "AA PROG",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 271.0

},

{

"Payer": "AA PROG",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 2307.0

},

{

"Payer": "AA PROG",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "AA PROG",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 753.0

},

{

"Payer": "AA PROG",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2684.0

},

{

"Payer": "AA PROG",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 5765.0

},

{

"Payer": "AA PROG",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 5948.0

},

{

"Payer": "AA PROG",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "AA PROG",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 325.0

},

{

"Payer": "AA PROG",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 476.0

},

{

"Payer": "AA PROG",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 353.0

},

{

"Payer": "AA PROG",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 11.0

}

],

"Outpatient Payer Specific Charge 76": [

{

"Payer": "AA PROMI",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "AA PROMI",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 3380.0

},

{

"Payer": "AA PROMI",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 34.0

},

{

"Payer": "AA PROMI",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 571.0

},

{

"Payer": "AA PROMI",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 218.0

},

{

"Payer": "AA PROMI",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3323.0

}

],

"Outpatient Payer Specific Charge 77": [

{

"Payer": "AA SAFE",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 99.0

},

{

"Payer": "AA SAFE",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 306.0

},

{

"Payer": "AA SAFE",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1440.0

}

],

"Outpatient Payer Specific Charge 78": [

{

"Payer": "AA STATE",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 116.0

},

{

"Payer": "AA STATE",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 422.0

},

{

"Payer": "AA STATE",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 2065.0

},

{

"Payer": "AA STATE",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 8487.0

},

{

"Payer": "AA STATE",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 24781.0

},

{

"Payer": "AA STATE",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 124.0

},

{

"Payer": "AA STATE",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 560.0

},

{

"Payer": "AA STATE",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 859.0

},

{

"Payer": "AA STATE",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 833.0

},

{

"Payer": "AA STATE",

"APC": "5164",

"Description": "Level 4 ENT Procedures",

"Payer Specific Negotiated Charge": 76.0

},

{

"Payer": "AA STATE",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 174.0

},

{

"Payer": "AA STATE",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 734.0

},

{

"Payer": "AA STATE",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 1570.0

},

{

"Payer": "AA STATE",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 311.0

},

{

"Payer": "AA STATE",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1043.0

},

{

"Payer": "AA STATE",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2570.0

},

{

"Payer": "AA STATE",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3792.0

},

{

"Payer": "AA STATE",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 2432.0

},

{

"Payer": "AA STATE",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 6188.0

},

{

"Payer": "AA STATE",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 122.0

},

{

"Payer": "AA STATE",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 420.0

},

{

"Payer": "AA STATE",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 372.0

},

{

"Payer": "AA STATE",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 187.0

},

{

"Payer": "AA STATE",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 80.0

}

],

"Outpatient Payer Specific Charge 79": [

{

"Payer": "AA TITAN",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 179.0

},

{

"Payer": "AA TITAN",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 431.0

},

{

"Payer": "AA TITAN",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 308.0

}

],

"Outpatient Payer Specific Charge 80": [

{

"Payer": "ADMCO",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 84.0

},

{

"Payer": "ADMCO",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 443.0

},

{

"Payer": "ADMCO",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 1147.0

},

{

"Payer": "ADMCO",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 102.0

},

{

"Payer": "ADMCO",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 59.0

},

{

"Payer": "ADMCO",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 145.0

},

{

"Payer": "ADMCO",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 453.0

},

{

"Payer": "ADMCO",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 4889.0

},

{

"Payer": "ADMCO",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3072.0

},

{

"Payer": "ADMCO",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 276.0

},

{

"Payer": "ADMCO",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 142.0

},

{

"Payer": "ADMCO",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "ADMCO",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 129.0

},

{

"Payer": "ADMCO",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 519.0

},

{

"Payer": "ADMCO",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "ADMCO",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 120.0

}

],

"Outpatient Payer Specific Charge 81": [

{

"Payer": "ALLI/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 116.0

},

{

"Payer": "ALLI/COF",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 702.0

},

{

"Payer": "ALLI/COF",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 353.0

},

{

"Payer": "ALLI/COF",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 203.0

},

{

"Payer": "ALLI/COF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 318.0

},

{

"Payer": "ALLI/COF",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 459.0

},

{

"Payer": "ALLI/COF",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 160.0

},

{

"Payer": "ALLI/COF",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 52.0

},

{

"Payer": "ALLI/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 52.0

},

{

"Payer": "ALLI/COF",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 231.0

},

{

"Payer": "ALLI/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 143.0

}

],

"Outpatient Payer Specific Charge 82": [

{

"Payer": "BC OUT",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 108.0

},

{

"Payer": "BC OUT",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 339.0

},

{

"Payer": "BC OUT",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 63.0

},

{

"Payer": "BC OUT",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 167.0

},

{

"Payer": "BC OUT",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "BC OUT",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 136.0

},

{

"Payer": "BC OUT",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 33.0

}

],

"Outpatient Payer Specific Charge 83": [

{

"Payer": "BEACON",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 45.0

},

{

"Payer": "BEACON",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 30.0

}

],

"Outpatient Payer Specific Charge 84": [

{

"Payer": "CHRCA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 128.0

},

{

"Payer": "CHRCA",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 274.0

},

{

"Payer": "CHRCA",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 4784.0

},

{

"Payer": "CHRCA",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 9210.0

},

{

"Payer": "CHRCA",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 13665.0

},

{

"Payer": "CHRCA",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 165.0

},

{

"Payer": "CHRCA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 518.0

}

],

"Outpatient Payer Specific Charge 85": [

{

"Payer": "CIG/SIS",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 87.0

},

{

"Payer": "CIG/SIS",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 1161.0

},

{

"Payer": "CIG/SIS",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 158.0

},

{

"Payer": "CIG/SIS",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 194.0

},

{

"Payer": "CIG/SIS",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 1037.0

},

{

"Payer": "CIG/SIS",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 233.0

},

{

"Payer": "CIG/SIS",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 44.0

},

{

"Payer": "CIG/SIS",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 240.0

},

{

"Payer": "CIG/SIS",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 486.0

},

{

"Payer": "CIG/SIS",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 279.0

},

{

"Payer": "CIG/SIS",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 711.0

},

{

"Payer": "CIG/SIS",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1655.0

},

{

"Payer": "CIG/SIS",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2164.0

},

{

"Payer": "CIG/SIS",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 4239.0

},

{

"Payer": "CIG/SIS",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3345.0

},

{

"Payer": "CIG/SIS",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 4380.0

},

{

"Payer": "CIG/SIS",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 135.0

},

{

"Payer": "CIG/SIS",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 195.0

},

{

"Payer": "CIG/SIS",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 129.0

},

{

"Payer": "CIG/SIS",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 456.0

},

{

"Payer": "CIG/SIS",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 125.0

},

{

"Payer": "CIG/SIS",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "CIG/SIS",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 158.0

},

{

"Payer": "CIG/SIS",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "CIG/SIS",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 21.0

},

{

"Payer": "CIG/SIS",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "CIG/SIS",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 69.0

},

{

"Payer": "CIG/SIS",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 335.0

},

{

"Payer": "CIG/SIS",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "CIG/SIS",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 158.0

},

{

"Payer": "CIG/SIS",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 32.0

}

],

"Outpatient Payer Specific Charge 86": [

{

"Payer": "COFIN",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 98.0

},

{

"Payer": "COFIN",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1480.0

},

{

"Payer": "COFIN",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "COFIN",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 4854.0

},

{

"Payer": "COFIN",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 401.0

},

{

"Payer": "COFIN",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 1173.0

},

{

"Payer": "COFIN",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 402.0

},

{

"Payer": "COFIN",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1199.0

},

{

"Payer": "COFIN",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 3454.0

},

{

"Payer": "COFIN",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2641.0

},

{

"Payer": "COFIN",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3390.0

},

{

"Payer": "COFIN",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 249.0

},

{

"Payer": "COFIN",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 123.0

},

{

"Payer": "COFIN",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 174.0

},

{

"Payer": "COFIN",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 172.0

},

{

"Payer": "COFIN",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 279.0

},

{

"Payer": "COFIN",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 297.0

},

{

"Payer": "COFIN",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 81.0

},

{

"Payer": "COFIN",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "COFIN",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 174.0

}

],

"Outpatient Payer Specific Charge 87": [

{

"Payer": "CONHEIL",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 70.0

},

{

"Payer": "CONHEIL",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 100.0

}

],

"Outpatient Payer Specific Charge 88": [

{

"Payer": "GOLRU",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 70.0

},

{

"Payer": "GOLRU",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 64.0

},

{

"Payer": "GOLRU",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 467.0

},

{

"Payer": "GOLRU",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 373.0

},

{

"Payer": "GOLRU",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 490.0

},

{

"Payer": "GOLRU",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 3724.0

},

{

"Payer": "GOLRU",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1743.0

},

{

"Payer": "GOLRU",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 954.0

},

{

"Payer": "GOLRU",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 1039.0

},

{

"Payer": "GOLRU",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 348.0

},

{

"Payer": "GOLRU",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "GOLRU",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 148.0

},

{

"Payer": "GOLRU",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 20.0

},

{

"Payer": "GOLRU",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 584.0

},

{

"Payer": "GOLRU",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 84.0

},

{

"Payer": "GOLRU",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "GOLRU",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 92.0

},

{

"Payer": "GOLRU",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 150.0

}

],

"Outpatient Payer Specific Charge 89": [

{

"Payer": "GOLRUIN",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 93.0

},

{

"Payer": "GOLRUIN",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1899.0

},

{

"Payer": "GOLRUIN",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 454.0

},

{

"Payer": "GOLRUIN",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 32.0

},

{

"Payer": "GOLRUIN",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 422.0

},

{

"Payer": "GOLRUIN",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 125.0

},

{

"Payer": "GOLRUIN",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 226.0

},

{

"Payer": "GOLRUIN",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 153.0

},

{

"Payer": "GOLRUIN",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 127.0

},

{

"Payer": "GOLRUIN",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 121.0

},

{

"Payer": "GOLRUIN",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 452.0

},

{

"Payer": "GOLRUIN",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "GOLRUIN",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "GOLRUIN",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 15.0

}

],

"Outpatient Payer Specific Charge 90": [

{

"Payer": "GOLRUUT",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 74.0

},

{

"Payer": "GOLRUUT",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 673.0

},

{

"Payer": "GOLRUUT",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 483.0

},

{

"Payer": "GOLRUUT",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 725.0

},

{

"Payer": "GOLRUUT",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 940.0

},

{

"Payer": "GOLRUUT",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "GOLRUUT",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 161.0

},

{

"Payer": "GOLRUUT",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 203.0

},

{

"Payer": "GOLRUUT",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 468.0

},

{

"Payer": "GOLRUUT",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 153.0

},

{

"Payer": "GOLRUUT",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 560.0

},

{

"Payer": "GOLRUUT",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 81.0

},

{

"Payer": "GOLRUUT",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 471.0

},

{

"Payer": "GOLRUUT",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "GOLRUUT",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 121.0

},

{

"Payer": "GOLRUUT",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 10.0

}

],

"Outpatient Payer Specific Charge 91": [

{

"Payer": "GREWEMO",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 233.0

},

{

"Payer": "GREWEMO",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 701.0

}

],

"Outpatient Payer Specific Charge 92": [

{

"Payer": "GRORE/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 85.0

},

{

"Payer": "GRORE/COF",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 840.0

},

{

"Payer": "GRORE/COF",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1677.0

},

{

"Payer": "GRORE/COF",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 495.0

},

{

"Payer": "GRORE/COF",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 88.0

},

{

"Payer": "GRORE/COF",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 391.0

},

{

"Payer": "GRORE/COF",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 952.0

},

{

"Payer": "GRORE/COF",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 3063.0

},

{

"Payer": "GRORE/COF",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 2495.0

},

{

"Payer": "GRORE/COF",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 5067.0

},

{

"Payer": "GRORE/COF",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 542.0

},

{

"Payer": "GRORE/COF",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 586.0

},

{

"Payer": "GRORE/COF",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 440.0

},

{

"Payer": "GRORE/COF",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 913.0

},

{

"Payer": "GRORE/COF",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 1297.0

},

{

"Payer": "GRORE/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 221.0

},

{

"Payer": "GRORE/COF",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "GRORE/COF",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 202.0

},

{

"Payer": "GRORE/COF",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 119.0

},

{

"Payer": "GRORE/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 163.0

},

{

"Payer": "GRORE/COF",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 50.0

}

],

"Outpatient Payer Specific Charge 93": [

{

"Payer": "HAP OUT",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 102.0

}

],

"Outpatient Payer Specific Charge 94": [

{

"Payer": "HEALT",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 102.0

},

{

"Payer": "HEALT",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 172.0

},

{

"Payer": "HEALT",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 13.0

},

{

"Payer": "HEALT",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 29.0

}

],

"Outpatient Payer Specific Charge 95": [

{

"Payer": "HUMKY",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 85.0

},

{

"Payer": "HUMKY",

"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"Payer Specific Negotiated Charge": 556.0

},

{

"Payer": "HUMKY",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 92.0

},

{

"Payer": "HUMKY",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 249.0

},

{

"Payer": "HUMKY",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1077.0

},

{

"Payer": "HUMKY",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 3659.0

},

{

"Payer": "HUMKY",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 136.0

},

{

"Payer": "HUMKY",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 98.0

},

{

"Payer": "HUMKY",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 88.0

},

{

"Payer": "HUMKY",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 377.0

},

{

"Payer": "HUMKY",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 123.0

},

{

"Payer": "HUMKY",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 194.0

},

{

"Payer": "HUMKY",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 826.0

},

{

"Payer": "HUMKY",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "HUMKY",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 158.0

}

],

"Outpatient Payer Specific Charge 96": [

{

"Payer": "JFP",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 85.0

},

{

"Payer": "JFP",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 973.0

},

{

"Payer": "JFP",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 2232.0

},

{

"Payer": "JFP",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 360.0

},

{

"Payer": "JFP",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 606.0

},

{

"Payer": "JFP",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 346.0

},

{

"Payer": "JFP",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 556.0

},

{

"Payer": "JFP",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3099.0

},

{

"Payer": "JFP",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 329.0

},

{

"Payer": "JFP",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 244.0

},

{

"Payer": "JFP",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 867.0

},

{

"Payer": "JFP",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "JFP",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 41.0

},

{

"Payer": "JFP",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 351.0

},

{

"Payer": "JFP",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 495.0

},

{

"Payer": "JFP",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "JFP",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 177.0

},

{

"Payer": "JFP",

"APC": "N907",

"Description": "Not Billable to FI",

"Payer Specific Negotiated Charge": 99.0

}

],

"Outpatient Payer Specific Charge 97": [

{

"Payer": "KEYBE/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 85.0

},

{

"Payer": "KEYBE/COF",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 2230.0

},

{

"Payer": "KEYBE/COF",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 3070.0

},

{

"Payer": "KEYBE/COF",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 24003.0

},

{

"Payer": "KEYBE/COF",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 279.0

},

{

"Payer": "KEYBE/COF",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 431.0

},

{

"Payer": "KEYBE/COF",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1586.0

},

{

"Payer": "KEYBE/COF",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 320.0

},

{

"Payer": "KEYBE/COF",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 241.0

},

{

"Payer": "KEYBE/COF",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 1216.0

},

{

"Payer": "KEYBE/COF",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 68.0

},

{

"Payer": "KEYBE/COF",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 531.0

},

{

"Payer": "KEYBE/COF",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 275.0

},

{

"Payer": "KEYBE/COF",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1186.0

},

{

"Payer": "KEYBE/COF",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "KEYBE/COF",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 2422.0

},

{

"Payer": "KEYBE/COF",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 7007.0

},

{

"Payer": "KEYBE/COF",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 3037.0

},

{

"Payer": "KEYBE/COF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 153.0

},

{

"Payer": "KEYBE/COF",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 30.0

},

{

"Payer": "KEYBE/COF",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 694.0

},

{

"Payer": "KEYBE/COF",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 152.0

},

{

"Payer": "KEYBE/COF",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 563.0

},

{

"Payer": "KEYBE/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 287.0

},

{

"Payer": "KEYBE/COF",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 507.0

},

{

"Payer": "KEYBE/COF",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 47.0

},

{

"Payer": "KEYBE/COF",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 201.0

},

{

"Payer": "KEYBE/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 186.0

},

{

"Payer": "KEYBE/COF",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 106.0

}

],

"Outpatient Payer Specific Charge 98": [

{

"Payer": "LOOCO",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "LOOCO",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 830.0

},

{

"Payer": "LOOCO",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "LOOCO",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "LOOCO",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 47.0

},

{

"Payer": "LOOCO",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 91.0

},

{

"Payer": "LOOCO",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 439.0

}

],

"Outpatient Payer Specific Charge 99": [

{

"Payer": "MAG",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 125.0

}

],

"Outpatient Payer Specific Charge 100": [

{

"Payer": "MCD MIDHM",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 46.0

},

{

"Payer": "MCD MIDHM",

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"Payer Specific Negotiated Charge": 39.0

},

{

"Payer": "MCD MIDHM",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 82.0

},

{

"Payer": "MCD MIDHM",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 145.0

},

{

"Payer": "MCD MIDHM",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 245.0

},

{

"Payer": "MCD MIDHM",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 554.0

},

{

"Payer": "MCD MIDHM",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 733.0

},

{

"Payer": "MCD MIDHM",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 31.0

},

{

"Payer": "MCD MIDHM",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 141.0

},

{

"Payer": "MCD MIDHM",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "MCD MIDHM",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 16.0

},

{

"Payer": "MCD MIDHM",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 103.0

},

{

"Payer": "MCD MIDHM",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 201.0

},

{

"Payer": "MCD MIDHM",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 344.0

},

{

"Payer": "MCD MIDHM",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 614.0

},

{

"Payer": "MCD MIDHM",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "MCD MIDHM",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 83.0

},

{

"Payer": "MCD MIDHM",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 111.0

},

{

"Payer": "MCD MIDHM",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 162.0

},

{

"Payer": "MCD MIDHM",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 406.0

},

{

"Payer": "MCD MIDHM",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 539.0

},

{

"Payer": "MCD MIDHM",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 17.0

},

{

"Payer": "MCD MIDHM",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 830.0

},

{

"Payer": "MCD MIDHM",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 216.0

},

{

"Payer": "MCD MIDHM",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 75.0

},

{

"Payer": "MCD MIDHM",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 82.0

},

{

"Payer": "MCD MIDHM",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 203.0

},

{

"Payer": "MCD MIDHM",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 5.0

},

{

"Payer": "MCD MIDHM",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 63.0

},

{

"Payer": "MCD MIDHM",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 146.0

},

{

"Payer": "MCD MIDHM",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 287.0

},

{

"Payer": "MCD MIDHM",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 103.0

},

{

"Payer": "MCD MIDHM",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 446.0

},

{

"Payer": "MCD MIDHM",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 222.0

},

{

"Payer": "MCD MIDHM",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 306.0

},

{

"Payer": "MCD MIDHM",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 430.0

},

{

"Payer": "MCD MIDHM",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 3748.0

},

{

"Payer": "MCD MIDHM",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 10.0

},

{

"Payer": "MCD MIDHM",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 49.0

},

{

"Payer": "MCD MIDHM",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "MCD MIDHM",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "MCD MIDHM",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 138.0

},

{

"Payer": "MCD MIDHM",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 325.0

},

{

"Payer": "MCD MIDHM",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "MCD MIDHM",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "MCD MIDHM",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 31.0

},

{

"Payer": "MCD MIDHM",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 64.0

},

{

"Payer": "MCD MIDHM",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 76.0

},

{

"Payer": "MCD MIDHM",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 82.0

},

{

"Payer": "MCD MIDHM",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 28.0

},

{

"Payer": "MCD MIDHM",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 29.0

},

{

"Payer": "MCD MIDHM",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 70.0

},

{

"Payer": "MCD MIDHM",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 17.0

},

{

"Payer": "MCD MIDHM",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 80.0

},

{

"Payer": "MCD MIDHM",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "MCD MIDHM",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 64.0

},

{

"Payer": "MCD MIDHM",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 63.0

}

],

"Outpatient Payer Specific Charge 101": [

{

"Payer": "MCD MIDW",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 45.0

},

{

"Payer": "MCD MIDW",

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"Payer Specific Negotiated Charge": 39.0

},

{

"Payer": "MCD MIDW",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 70.0

},

{

"Payer": "MCD MIDW",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 143.0

},

{

"Payer": "MCD MIDW",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 270.0

},

{

"Payer": "MCD MIDW",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 2340.0

},

{

"Payer": "MCD MIDW",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 131.0

},

{

"Payer": "MCD MIDW",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 54.0

},

{

"Payer": "MCD MIDW",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 268.0

},

{

"Payer": "MCD MIDW",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 183.0

},

{

"Payer": "MCD MIDW",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 119.0

},

{

"Payer": "MCD MIDW",

"APC": "5164",

"Description": "Level 4 ENT Procedures",

"Payer Specific Negotiated Charge": 396.0

},

{

"Payer": "MCD MIDW",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 51.0

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{

"Payer": "MCD MIDW",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 78.0

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{

"Payer": "MCD MIDW",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 203.0

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{

"Payer": "MCD MIDW",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 436.0

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{

"Payer": "MCD MIDW",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 539.0

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{

"Payer": "MCD MIDW",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 58.0

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{

"Payer": "MCD MIDW",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 17.0

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{

"Payer": "MCD MIDW",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 71.0

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{

"Payer": "MCD MIDW",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 90.0

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{

"Payer": "MCD MIDW",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 830.0

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{

"Payer": "MCD MIDW",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 257.0

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{

"Payer": "MCD MIDW",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 135.0

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{

"Payer": "MCD MIDW",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 231.0

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{

"Payer": "MCD MIDW",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 293.0

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{

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"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 44.0

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"Payer": "MCD MIDW",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 26.0

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{

"Payer": "MCD MIDW",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 512.0

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{

"Payer": "MCD MIDW",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 208.0

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{

"Payer": "MCD MIDW",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 238.0

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{

"Payer": "MCD MIDW",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 776.0

},

{

"Payer": "MCD MIDW",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 474.0

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{

"Payer": "MCD MIDW",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 80.0

},

{

"Payer": "MCD MIDW",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 61.0

},

{

"Payer": "MCD MIDW",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 77.0

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{

"Payer": "MCD MIDW",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 75.0

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{

"Payer": "MCD MIDW",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "MCD MIDW",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "MCD MIDW",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 30.0

},

{

"Payer": "MCD MIDW",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 71.0

},

{

"Payer": "MCD MIDW",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 59.0

},

{

"Payer": "MCD MIDW",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 68.0

},

{

"Payer": "MCD MIDW",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 17.0

},

{

"Payer": "MCD MIDW",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 28.0

},

{

"Payer": "MCD MIDW",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 24.0

},

{

"Payer": "MCD MIDW",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 61.0

},

{

"Payer": "MCD MIDW",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 58.0

},

{

"Payer": "MCD MIDW",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 61.0

}

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"Outpatient Payer Specific Charge 102": [

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"Payer": "MCD OTH",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 54.0

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{

"Payer": "MCD OTH",

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "MCD OTH",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "MCD OTH",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 237.0

},

{

"Payer": "MCD OTH",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "MCD OTH",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 7.0

}

],

"Outpatient Payer Specific Charge 103": [

{

"Payer": "MCD PRI",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 58.0

},

{

"Payer": "MCD PRI",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1.0

},

{

"Payer": "MCD PRI",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 203.0

},

{

"Payer": "MCD PRI",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 17.0

},

{

"Payer": "MCD PRI",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 790.0

},

{

"Payer": "MCD PRI",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 24.0

},

{

"Payer": "MCD PRI",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "MCD PRI",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 83.0

},

{

"Payer": "MCD PRI",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 46.0

},

{

"Payer": "MCD PRI",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 41.0

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"Outpatient Payer Specific Charge 104": [

{

"Payer": "MCD PRIHM",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 52.0

},

{

"Payer": "MCD PRIHM",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 158.0

},

{

"Payer": "MCD PRIHM",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 216.0

},

{

"Payer": "MCD PRIHM",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "MCD PRIHM",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "MCD PRIHM",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 94.0

},

{

"Payer": "MCD PRIHM",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 98.0

},

{

"Payer": "MCD PRIHM",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 485.0

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{

"Payer": "MCD PRIHM",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 25.0

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{

"Payer": "MCD PRIHM",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 124.0

},

{

"Payer": "MCD PRIHM",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 228.0

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{

"Payer": "MCD PRIHM",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

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{

"Payer": "MCD PRIHM",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 83.0

},

{

"Payer": "MCD PRIHM",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 62.0

},

{

"Payer": "MCD PRIHM",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 46.0

}

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"Outpatient Payer Specific Charge 105": [

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"Payer": "MCD SD",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 57.0

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{

"Payer": "MCD SD",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 112.0

},

{

"Payer": "MCD SD",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 2965.0

},

{

"Payer": "MCD SD",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 500.0

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{

"Payer": "MCD SD",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 796.0

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{

"Payer": "MCD SD",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 672.0

},

{

"Payer": "MCD SD",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 837.0

},

{

"Payer": "MCD SD",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 67.0

},

{

"Payer": "MCD SD",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 820.0

},

{

"Payer": "MCD SD",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 550.0

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{

"Payer": "MCD SD",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 415.0

},

{

"Payer": "MCD SD",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 494.0

},

{

"Payer": "MCD SD",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 196.0

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{

"Payer": "MCD SD",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 75.0

},

{

"Payer": "MCD SD",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 61.0

},

{

"Payer": "MCD SD",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 14.0

},

{

"Payer": "MCD SD",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 175.0

},

{

"Payer": "MCD SD",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 49.0

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"Outpatient Payer Specific Charge 106": [

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"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 42.0

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"Payer": "MCD UHC",

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"Payer Specific Negotiated Charge": 37.0

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{

"Payer": "MCD UHC",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 78.0

},

{

"Payer": "MCD UHC",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 136.0

},

{

"Payer": "MCD UHC",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 236.0

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{

"Payer": "MCD UHC",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1985.0

},

{

"Payer": "MCD UHC",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 242.0

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{

"Payer": "MCD UHC",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 38.0

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{

"Payer": "MCD UHC",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 61.0

},

{

"Payer": "MCD UHC",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 370.0

},

{

"Payer": "MCD UHC",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 509.0

},

{

"Payer": "MCD UHC",

"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 264.0

},

{

"Payer": "MCD UHC",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 91.0

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{

"Payer": "MCD UHC",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 167.0

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{

"Payer": "MCD UHC",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 321.0

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{

"Payer": "MCD UHC",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 403.0

},

{

"Payer": "MCD UHC",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 750.0

},

{

"Payer": "MCD UHC",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "MCD UHC",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 234.0

},

{

"Payer": "MCD UHC",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 170.0

},

{

"Payer": "MCD UHC",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 344.0

},

{

"Payer": "MCD UHC",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 380.0

},

{

"Payer": "MCD UHC",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 105.0

},

{

"Payer": "MCD UHC",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "MCD UHC",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 88.0

},

{

"Payer": "MCD UHC",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 17.0

},

{

"Payer": "MCD UHC",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 69.0

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{

"Payer": "MCD UHC",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 108.0

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{

"Payer": "MCD UHC",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 790.0

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{

"Payer": "MCD UHC",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 245.0

},

{

"Payer": "MCD UHC",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 203.0

},

{

"Payer": "MCD UHC",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 125.0

},

{

"Payer": "MCD UHC",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 403.0

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{

"Payer": "MCD UHC",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"Payer Specific Negotiated Charge": 245.0

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{

"Payer": "MCD UHC",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 48.0

},

{

"Payer": "MCD UHC",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "MCD UHC",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 142.0

},

{

"Payer": "MCD UHC",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 287.0

},

{

"Payer": "MCD UHC",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 111.0

},

{

"Payer": "MCD UHC",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 290.0

},

{

"Payer": "MCD UHC",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 198.0

},

{

"Payer": "MCD UHC",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 288.0

},

{

"Payer": "MCD UHC",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1064.0

},

{

"Payer": "MCD UHC",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 1419.0

},

{

"Payer": "MCD UHC",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 83.0

},

{

"Payer": "MCD UHC",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "MCD UHC",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 184.0

},

{

"Payer": "MCD UHC",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "MCD UHC",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 6.0

},

{

"Payer": "MCD UHC",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 238.0

},

{

"Payer": "MCD UHC",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 15.0

},

{

"Payer": "MCD UHC",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 69.0

},

{

"Payer": "MCD UHC",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 23.0

},

{

"Payer": "MCD UHC",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 61.0

},

{

"Payer": "MCD UHC",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 1092.0

},

{

"Payer": "MCD UHC",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 75.0

},

{

"Payer": "MCD UHC",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 44.0

},

{

"Payer": "MCD UHC",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "MCD UHC",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 38.0

},

{

"Payer": "MCD UHC",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 2.0

},

{

"Payer": "MCD UHC",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 62.0

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{

"Payer": "MCD UHC",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 90.0

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{

"Payer": "MCD UHC",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 41.0

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{

"Payer": "MCD UHC",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 61.0

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{

"Payer": "MCD UHC",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 60.0

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"Outpatient Payer Specific Charge 107": [

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"Payer": "MCD UNIHM",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 42.0

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"Payer": "MCD UNIHM",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 69.0

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{

"Payer": "MCD UNIHM",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 136.0

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{

"Payer": "MCD UNIHM",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 250.0

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{

"Payer": "MCD UNIHM",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 519.0

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{

"Payer": "MCD UNIHM",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 442.0

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{

"Payer": "MCD UNIHM",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 43.0

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{

"Payer": "MCD UNIHM",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 172.0

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{

"Payer": "MCD UNIHM",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 485.0

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{

"Payer": "MCD UNIHM",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 214.0

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{

"Payer": "MCD UNIHM",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 127.0

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{

"Payer": "MCD UNIHM",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 182.0

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{

"Payer": "MCD UNIHM",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 72.0

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{

"Payer": "MCD UNIHM",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 309.0

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{

"Payer": "MCD UNIHM",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 345.0

},

{

"Payer": "MCD UNIHM",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 109.0

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{

"Payer": "MCD UNIHM",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

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{

"Payer": "MCD UNIHM",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 98.0

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{

"Payer": "MCD UNIHM",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 146.0

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{

"Payer": "MCD UNIHM",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 389.0

},

{

"Payer": "MCD UNIHM",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 46.0

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{

"Payer": "MCD UNIHM",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 56.0

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"Payer": "MCD UNIHM",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 17.0

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{

"Payer": "MCD UNIHM",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 89.0

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{

"Payer": "MCD UNIHM",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 115.0

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{

"Payer": "MCD UNIHM",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 790.0

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{

"Payer": "MCD UNIHM",

"APC": "5415",

"Description": "Level 5 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 420.0

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{

"Payer": "MCD UNIHM",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 85.0

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{

"Payer": "MCD UNIHM",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 71.0

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{

"Payer": "MCD UNIHM",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 166.0

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{

"Payer": "MCD UNIHM",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"Payer Specific Negotiated Charge": 245.0

},

{

"Payer": "MCD UNIHM",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 43.0

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{

"Payer": "MCD UNIHM",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 60.0

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{

"Payer": "MCD UNIHM",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 137.0

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{

"Payer": "MCD UNIHM",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 294.0

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{

"Payer": "MCD UNIHM",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "MCD UNIHM",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 395.0

},

{

"Payer": "MCD UNIHM",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 224.0

},

{

"Payer": "MCD UNIHM",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 263.0

},

{

"Payer": "MCD UNIHM",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 731.0

},

{

"Payer": "MCD UNIHM",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 829.0

},

{

"Payer": "MCD UNIHM",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 579.0

},

{

"Payer": "MCD UNIHM",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 2.0

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{

"Payer": "MCD UNIHM",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 76.0

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{

"Payer": "MCD UNIHM",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 37.0

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{

"Payer": "MCD UNIHM",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 195.0

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{

"Payer": "MCD UNIHM",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 25.0

},

{

"Payer": "MCD UNIHM",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 136.0

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{

"Payer": "MCD UNIHM",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 187.0

},

{

"Payer": "MCD UNIHM",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 15.0

},

{

"Payer": "MCD UNIHM",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 69.0

},

{

"Payer": "MCD UNIHM",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 854.0

},

{

"Payer": "MCD UNIHM",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 59.0

},

{

"Payer": "MCD UNIHM",

"APC": "5735",

"Description": "Level 5 Minor Procedures",

"Payer Specific Negotiated Charge": 67.0

},

{

"Payer": "MCD UNIHM",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 22.0

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{

"Payer": "MCD UNIHM",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 770.0

},

{

"Payer": "MCD UNIHM",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 86.0

},

{

"Payer": "MCD UNIHM",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 2.0

},

{

"Payer": "MCD UNIHM",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "MCD UNIHM",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 14.0

},

{

"Payer": "MCD UNIHM",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 103.0

},

{

"Payer": "MCD UNIHM",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 41.0

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{

"Payer": "MCD UNIHM",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 61.0

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{

"Payer": "MCD UNIHM",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 58.0

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"Outpatient Payer Specific Charge 108": [

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"Payer": "MCD UP",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 47.0

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{

"Payer": "MCD UP",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "MCD UP",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 189.0

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],

"Outpatient Payer Specific Charge 109": [

{

"Payer": "MCR A",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 68.0

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{

"Payer": "MCR A",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 119.0

},

{

"Payer": "MCR A",

"APC": "9489",

"Description": "Inj, nusinersen, 0.1mg",

"Payer Specific Negotiated Charge": 132432.0

},

{

"Payer": "MCR A",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 64.0

},

{

"Payer": "MCR A",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 57.0

},

{

"Payer": "MCR A",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 104.0

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"Outpatient Payer Specific Charge 110": [

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"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 79.0

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{

"Payer": "MCR AET",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 240.0

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{

"Payer": "MCR AET",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 458.0

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{

"Payer": "MCR AET",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 2185.0

},

{

"Payer": "MCR AET",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 1140.0

},

{

"Payer": "MCR AET",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "MCR AET",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 1329.0

},

{

"Payer": "MCR AET",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 688.0

},

{

"Payer": "MCR AET",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 265.0

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{

"Payer": "MCR AET",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 535.0

},

{

"Payer": "MCR AET",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 395.0

},

{

"Payer": "MCR AET",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1275.0

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{

"Payer": "MCR AET",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 204.0

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{

"Payer": "MCR AET",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 187.0

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{

"Payer": "MCR AET",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 331.0

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{

"Payer": "MCR AET",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 138.0

},

{

"Payer": "MCR AET",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 183.0

},

{

"Payer": "MCR AET",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 234.0

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{

"Payer": "MCR AET",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 713.0

},

{

"Payer": "MCR AET",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 81.0

},

{

"Payer": "MCR AET",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 162.0

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{

"Payer": "MCR AET",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "MCR AET",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 125.0

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{

"Payer": "MCR AET",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 130.0

},

{

"Payer": "MCR AET",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 201.0

},

{

"Payer": "MCR AET",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 182.0

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{

"Payer": "MCR AET",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 77.0

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{

"Payer": "MCR AET",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 108.0

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{

"Payer": "MCR AET",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 225.0

},

{

"Payer": "MCR AET",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 469.0

},

{

"Payer": "MCR AET",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 322.0

},

{

"Payer": "MCR AET",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 370.0

},

{

"Payer": "MCR AET",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 356.0

},

{

"Payer": "MCR AET",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 774.0

},

{

"Payer": "MCR AET",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 139.0

},

{

"Payer": "MCR AET",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 49.0

},

{

"Payer": "MCR AET",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 80.0

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{

"Payer": "MCR AET",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 84.0

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{

"Payer": "MCR AET",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 279.0

},

{

"Payer": "MCR AET",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 311.0

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{

"Payer": "MCR AET",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

},

{

"Payer": "MCR AET",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 92.0

},

{

"Payer": "MCR AET",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "MCR AET",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "MCR AET",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 126.0

},

{

"Payer": "MCR AET",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "MCR AET",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "MCR AET",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 112.0

},

{

"Payer": "MCR AET",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 121.0

},

{

"Payer": "MCR AET",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 164.0

},

{

"Payer": "MCR AET",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 70.0

},

{

"Payer": "MCR AET",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "MCR AET",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 88.0

}

],

"Outpatient Payer Specific Charge 111": [

{

"Payer": "MCR HAPP",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 77.0

},

{

"Payer": "MCR HAPP",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 83.0

},

{

"Payer": "MCR HAPP",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 316.0

},

{

"Payer": "MCR HAPP",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 442.0

},

{

"Payer": "MCR HAPP",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 2198.0

},

{

"Payer": "MCR HAPP",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 222.0

},

{

"Payer": "MCR HAPP",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "MCR HAPP",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 473.0

},

{

"Payer": "MCR HAPP",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 831.0

},

{

"Payer": "MCR HAPP",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 796.0

},

{

"Payer": "MCR HAPP",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 444.0

},

{

"Payer": "MCR HAPP",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 140.0

},

{

"Payer": "MCR HAPP",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 94.0

},

{

"Payer": "MCR HAPP",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 231.0

},

{

"Payer": "MCR HAPP",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 658.0

},

{

"Payer": "MCR HAPP",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 2132.0

},

{

"Payer": "MCR HAPP",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 120.0

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"Payer": "MCR HAPP",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 140.0

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{

"Payer": "MCR HAPP",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 126.0

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{

"Payer": "MCR HAPP",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 294.0

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{

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"APC": "5521",

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{

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"APC": "5523",

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"APC": "5524",

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"Payer Specific Negotiated Charge": 633.0

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{

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"APC": "5571",

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"Payer Specific Negotiated Charge": 176.0

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"APC": "5572",

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{

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"APC": "5592",

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{

"Payer": "MCR HAPP",

"APC": "5593",

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{

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"APC": "5671",

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"Payer Specific Negotiated Charge": 48.0

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{

"Payer": "MCR HAPP",

"APC": "5673",

"Description": "Level 3 Pathology",

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{

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"APC": "5691",

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"APC": "5721",

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"Payer Specific Negotiated Charge": 44.0

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{

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"APC": "5722",

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"Payer Specific Negotiated Charge": 35.0

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{

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"APC": "5731",

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"Payer Specific Negotiated Charge": 122.0

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"APC": "5733",

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{

"Payer": "MCR HAPP",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 73.0

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{

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"APC": "5822",

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"Payer Specific Negotiated Charge": 46.0

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{

"Payer": "MCR HAPP",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 126.0

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"APC": "9042",

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},

{

"Payer": "MCR HAPP",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 49.0

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"Payer": "MCR HAPP",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 113.0

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{

"Payer": "MCR HAPP",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 126.0

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{

"Payer": "MCR HAPP",

"APC": "N811",

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"Payer Specific Negotiated Charge": 118.0

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{

"Payer": "MCR HAPP",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 72.0

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{

"Payer": "MCR HAPP",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 41.0

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{

"Payer": "MCR HAPP",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 51.0

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"Description": "Clinic Visits and Related Services",

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{

"Payer": "MCR MER",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 215.0

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{

"Payer": "MCR MER",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 55.0

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{

"Payer": "MCR MER",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 19.0

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"Outpatient Payer Specific Charge 113": [

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"APC": "5012",

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"APC": "5022",

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"Payer Specific Negotiated Charge": 99.0

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{

"Payer": "MCR MOL",

"APC": "5023",

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"Payer Specific Negotiated Charge": 232.0

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{

"Payer": "MCR MOL",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 452.0

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{

"Payer": "MCR MOL",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 3375.0

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"Payer": "MCR MOL",

"APC": "5041",

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"Payer Specific Negotiated Charge": 216.0

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{

"Payer": "MCR MOL",

"APC": "5051",

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{

"Payer": "MCR MOL",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 145.0

},

{

"Payer": "MCR MOL",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 463.0

},

{

"Payer": "MCR MOL",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 80.0

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{

"Payer": "MCR MOL",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 512.0

},

{

"Payer": "MCR MOL",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 794.0

},

{

"Payer": "MCR MOL",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 263.0

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{

"Payer": "MCR MOL",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 494.0

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{

"Payer": "MCR MOL",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 926.0

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{

"Payer": "MCR MOL",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 188.0

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{

"Payer": "MCR MOL",

"APC": "5312",

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"Payer Specific Negotiated Charge": 158.0

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"Payer": "MCR MOL",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 387.0

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{

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"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 309.0

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{

"Payer": "MCR MOL",

"APC": "5414",

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"Payer Specific Negotiated Charge": 207.0

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{

"Payer": "MCR MOL",

"APC": "5431",

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"Payer Specific Negotiated Charge": 792.0

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"Payer": "MCR MOL",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 74.0

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{

"Payer": "MCR MOL",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 277.0

},

{

"Payer": "MCR MOL",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 360.0

},

{

"Payer": "MCR MOL",

"APC": "5462",

"Description": "Level 2 Neurostimulator and Related Procedures",

"Payer Specific Negotiated Charge": 410.0

},

{

"Payer": "MCR MOL",

"APC": "5481",

"Description": "Laser Eye Procedures",

"Payer Specific Negotiated Charge": 390.0

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{

"Payer": "MCR MOL",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"Payer Specific Negotiated Charge": 105.0

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{

"Payer": "MCR MOL",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 62.0

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{

"Payer": "MCR MOL",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 96.0

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{

"Payer": "MCR MOL",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 180.0

},

{

"Payer": "MCR MOL",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 466.0

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{

"Payer": "MCR MOL",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 224.0

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{

"Payer": "MCR MOL",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 730.0

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{

"Payer": "MCR MOL",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 985.0

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{

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"APC": "5671",

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"Payer Specific Negotiated Charge": 956.0

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{

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"APC": "5691",

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"Payer Specific Negotiated Charge": 45.0

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"Payer": "MCR MOL",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 23.0

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{

"Payer": "MCR MOL",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 265.0

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{

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"APC": "5721",

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"Payer Specific Negotiated Charge": 130.0

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{

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"APC": "5722",

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"APC": "5723",

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"Payer Specific Negotiated Charge": 303.0

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{

"Payer": "MCR MOL",

"APC": "5724",

"Description": "Level 4 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 165.0

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"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

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"APC": "5732",

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"Payer Specific Negotiated Charge": 95.0

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"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 43.0

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"Payer": "MCR MOL",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 84.0

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"APC": "5791",

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"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 46.0

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{

"Payer": "MCR MOL",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 126.0

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"Payer Specific Negotiated Charge": 4118.0

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{

"Payer": "MCR MOL",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 26.0

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{

"Payer": "MCR MOL",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 112.0

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{

"Payer": "MCR MOL",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 112.0

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{

"Payer": "MCR MOL",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 108.0

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{

"Payer": "MCR MOL",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 58.0

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{

"Payer": "MCR MOL",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 41.0

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{

"Payer": "MCR MOL",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 72.0

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"Outpatient Payer Specific Charge 114": [

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"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 80.0

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{

"Payer": "MCR OTHER",

"APC": "5572",

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"Payer Specific Negotiated Charge": 711.0

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{

"Payer": "MCR OTHER",

"APC": "5722",

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"Payer Specific Negotiated Charge": 58.0

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{

"Payer": "MCR OTHER",

"APC": "N800",

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"Payer Specific Negotiated Charge": 56.0

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{

"Payer": "MCR OTHER",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 102.0

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"Outpatient Payer Specific Charge 115": [

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"APC": "5012",

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{

"Payer": "MCR PRI",

"APC": "5022",

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"Payer Specific Negotiated Charge": 125.0

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{

"Payer": "MCR PRI",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 224.0

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{

"Payer": "MCR PRI",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 519.0

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{

"Payer": "MCR PRI",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1229.0

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{

"Payer": "MCR PRI",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 222.0

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{

"Payer": "MCR PRI",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 76.0

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{

"Payer": "MCR PRI",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 142.0

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{

"Payer": "MCR PRI",

"APC": "5053",

"Description": "Level 3 Skin Procedures",

"Payer Specific Negotiated Charge": 167.0

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{

"Payer": "MCR PRI",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 584.0

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{

"Payer": "MCR PRI",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 423.0

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{

"Payer": "MCR PRI",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 193.0

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{

"Payer": "MCR PRI",

"APC": "5091",

"Description": "Level 1 Breast/Lymphatic Surgery and Related Procedures",

"Payer Specific Negotiated Charge": 657.0

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{

"Payer": "MCR PRI",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 36.0

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{

"Payer": "MCR PRI",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 298.0

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{

"Payer": "MCR PRI",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 616.0

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{

"Payer": "MCR PRI",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 766.0

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"Payer": "MCR PRI",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 707.0

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{

"Payer": "MCR PRI",

"APC": "5115",

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},

{

"Payer": "MCR PRI",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 119.0

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{

"Payer": "MCR PRI",

"APC": "5153",

"Description": "Level 3 Airway Endoscopy",

"Payer Specific Negotiated Charge": 134.0

},

{

"Payer": "MCR PRI",

"APC": "5154",

"Description": "Level 4 Airway Endoscopy",

"Payer Specific Negotiated Charge": 2274.0

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{

"Payer": "MCR PRI",

"APC": "5161",

"Description": "Level 1 ENT Procedures",

"Payer Specific Negotiated Charge": 240.0

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{

"Payer": "MCR PRI",

"APC": "5163",

"Description": "Level 3 ENT Procedures",

"Payer Specific Negotiated Charge": 152.0

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{

"Payer": "MCR PRI",

"APC": "5181",

"Description": "Level 1 Vascular Procedures",

"Payer Specific Negotiated Charge": 563.0

},

{

"Payer": "MCR PRI",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 1752.0

},

{

"Payer": "MCR PRI",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 342.0

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{

"Payer": "MCR PRI",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 140.0

},

{

"Payer": "MCR PRI",

"APC": "5302",

"Description": "Level 2 Upper GI Procedures",

"Payer Specific Negotiated Charge": 219.0

},

{

"Payer": "MCR PRI",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 183.0

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{

"Payer": "MCR PRI",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 203.0

},

{

"Payer": "MCR PRI",

"APC": "5313",

"Description": "Level 3 Lower GI Procedures",

"Payer Specific Negotiated Charge": 134.0

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{

"Payer": "MCR PRI",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 521.0

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{

"Payer": "MCR PRI",

"APC": "5361",

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"Payer Specific Negotiated Charge": 430.0

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{

"Payer": "MCR PRI",

"APC": "5362",

"Description": "Level 2 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 909.0

},

{

"Payer": "MCR PRI",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 55.0

},

{

"Payer": "MCR PRI",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 82.0

},

{

"Payer": "MCR PRI",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 172.0

},

{

"Payer": "MCR PRI",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 461.0

},

{

"Payer": "MCR PRI",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 423.0

},

{

"Payer": "MCR PRI",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 114.0

},

{

"Payer": "MCR PRI",

"APC": "5413",

"Description": "Level 3 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 74.0

},

{

"Payer": "MCR PRI",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 235.0

},

{

"Payer": "MCR PRI",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 344.0

},

{

"Payer": "MCR PRI",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 125.0

},

{

"Payer": "MCR PRI",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 126.0

},

{

"Payer": "MCR PRI",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 277.0

},

{

"Payer": "MCR PRI",

"APC": "5462",

"Description": "Level 2 Neurostimulator and Related Procedures",

"Payer Specific Negotiated Charge": 3308.0

},

{

"Payer": "MCR PRI",

"APC": "5481",

"Description": "Laser Eye Procedures",

"Payer Specific Negotiated Charge": 291.0

},

{

"Payer": "MCR PRI",

"APC": "5491",

"Description": "Level 1 Intraocular Procedures",

"Payer Specific Negotiated Charge": 534.0

},

{

"Payer": "MCR PRI",

"APC": "5492",

"Description": "Level 2 Intraocular Procedures",

"Payer Specific Negotiated Charge": 1156.0

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{

"Payer": "MCR PRI",

"APC": "5501",

"Description": "Level 1 Extraocular, Repair, and Plastic Eye Procedures",

"Payer Specific Negotiated Charge": 374.0

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{

"Payer": "MCR PRI",

"APC": "5503",

"Description": "Level 3 Extraocular, Repair, and Plastic Eye Procedures",

"Payer Specific Negotiated Charge": 670.0

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{

"Payer": "MCR PRI",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 76.0

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{

"Payer": "MCR PRI",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 108.0

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{

"Payer": "MCR PRI",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 226.0

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{

"Payer": "MCR PRI",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 466.0

},

{

"Payer": "MCR PRI",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 176.0

},

{

"Payer": "MCR PRI",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 370.0

},

{

"Payer": "MCR PRI",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 425.0

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{

"Payer": "MCR PRI",

"APC": "5592",

"Description": "Level 2 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1123.0

},

{

"Payer": "MCR PRI",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1738.0

},

{

"Payer": "MCR PRI",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1257.0

},

{

"Payer": "MCR PRI",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 48.0

},

{

"Payer": "MCR PRI",

"APC": "5672",

"Description": "Level 2 Pathology",

"Payer Specific Negotiated Charge": 139.0

},

{

"Payer": "MCR PRI",

"APC": "5673",

"Description": "Level 3 Pathology",

"Payer Specific Negotiated Charge": 4720.0

},

{

"Payer": "MCR PRI",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 49.0

},

{

"Payer": "MCR PRI",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 48.0

},

{

"Payer": "MCR PRI",

"APC": "5693",

"Description": "Level 3 Drug Administration",

"Payer Specific Negotiated Charge": 487.0

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{

"Payer": "MCR PRI",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 44.0

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{

"Payer": "MCR PRI",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 245.0

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{

"Payer": "MCR PRI",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 376.0

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{

"Payer": "MCR PRI",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

},

{

"Payer": "MCR PRI",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 112.0

},

{

"Payer": "MCR PRI",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "MCR PRI",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 106.0

},

{

"Payer": "MCR PRI",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 36.0

},

{

"Payer": "MCR PRI",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 864.0

},

{

"Payer": "MCR PRI",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 150.0

},

{

"Payer": "MCR PRI",

"APC": "5822",

"Description": "Level 2 Health and Behavior Services",

"Payer Specific Negotiated Charge": 46.0

},

{

"Payer": "MCR PRI",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 124.0

},

{

"Payer": "MCR PRI",

"APC": "9134",

"Description": "Rabies ig, heat treated",

"Payer Specific Negotiated Charge": 3246.0

},

{

"Payer": "MCR PRI",

"APC": "9139",

"Description": "Rabies vaccine, im",

"Payer Specific Negotiated Charge": 353.0

},

{

"Payer": "MCR PRI",

"APC": "9324",

"Description": "Phenylep ketorolac opth soln",

"Payer Specific Negotiated Charge": 2360.0

},

{

"Payer": "MCR PRI",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 46.0

},

{

"Payer": "MCR PRI",

"APC": "N801",

"Description": "Therapy Services",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "MCR PRI",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "MCR PRI",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 118.0

},

{

"Payer": "MCR PRI",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 104.0

},

{

"Payer": "MCR PRI",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 70.0

},

{

"Payer": "MCR PRI",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 48.0

},

{

"Payer": "MCR PRI",

"APC": "N902",

"Description": "Packaged Services",

"Payer Specific Negotiated Charge": 995.0

},

{

"Payer": "MCR PRI",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 79.0

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"Outpatient Payer Specific Charge 116": [

{

"Payer": "MCR UHC",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 74.0

},

{

"Payer": "MCR UHC",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 344.0

},

{

"Payer": "MCR UHC",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 432.0

},

{

"Payer": "MCR UHC",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 2829.0

},

{

"Payer": "MCR UHC",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 3305.0

},

{

"Payer": "MCR UHC",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 1329.0

},

{

"Payer": "MCR UHC",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 191.0

},

{

"Payer": "MCR UHC",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 130.0

},

{

"Payer": "MCR UHC",

"APC": "5183",

"Description": "Level 3 Vascular Procedures",

"Payer Specific Negotiated Charge": 342.0

},

{

"Payer": "MCR UHC",

"APC": "5311",

"Description": "Level 1 Lower GI Procedures",

"Payer Specific Negotiated Charge": 166.0

},

{

"Payer": "MCR UHC",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 203.0

},

{

"Payer": "MCR UHC",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "MCR UHC",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 921.0

},

{

"Payer": "MCR UHC",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 439.0

},

{

"Payer": "MCR UHC",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 399.0

},

{

"Payer": "MCR UHC",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 777.0

},

{

"Payer": "MCR UHC",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 95.0

},

{

"Payer": "MCR UHC",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 101.0

},

{

"Payer": "MCR UHC",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 192.0

},

{

"Payer": "MCR UHC",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 77.0

},

{

"Payer": "MCR UHC",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 108.0

},

{

"Payer": "MCR UHC",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 289.0

},

{

"Payer": "MCR UHC",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 647.0

},

{

"Payer": "MCR UHC",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1697.0

},

{

"Payer": "MCR UHC",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1397.0

},

{

"Payer": "MCR UHC",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 48.0

},

{

"Payer": "MCR UHC",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 49.0

},

{

"Payer": "MCR UHC",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 45.0

},

{

"Payer": "MCR UHC",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "MCR UHC",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 148.0

},

{

"Payer": "MCR UHC",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 231.0

},

{

"Payer": "MCR UHC",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

},

{

"Payer": "MCR UHC",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 10.0

},

{

"Payer": "MCR UHC",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 42.0

},

{

"Payer": "MCR UHC",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 57.0

},

{

"Payer": "MCR UHC",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 111.0

},

{

"Payer": "MCR UHC",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 112.0

},

{

"Payer": "MCR UHC",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "MCR UHC",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 70.0

},

{

"Payer": "MCR UHC",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 51.0

},

{

"Payer": "MCR UHC",

"APC": "N902",

"Description": "Packaged Services",

"Payer Specific Negotiated Charge": 28.0

},

{

"Payer": "MCR UHC",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 57.0

}

],

"Outpatient Payer Specific Charge 117": [

{

"Payer": "MEDMU",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 150.0

},

{

"Payer": "MEDMU",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 13.0

},

{

"Payer": "MEDMU",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 157.0

},

{

"Payer": "MEDMU",

"APC": "5741",

"Description": "Level 1 Electronic Analysis of Devices",

"Payer Specific Negotiated Charge": 542.0

},

{

"Payer": "MEDMU",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 339.0

},

{

"Payer": "MEDMU",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 455.0

},

{

"Payer": "MEDMU",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 145.0

}

],

"Outpatient Payer Specific Charge 118": [

{

"Payer": "MERI/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 132.0

},

{

"Payer": "MERI/COF",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 1083.0

},

{

"Payer": "MERI/COF",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1905.0

},

{

"Payer": "MERI/COF",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 98.0

},

{

"Payer": "MERI/COF",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 77.0

},

{

"Payer": "MERI/COF",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 190.0

},

{

"Payer": "MERI/COF",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 8475.0

},

{

"Payer": "MERI/COF",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 207.0

},

{

"Payer": "MERI/COF",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 158.0

},

{

"Payer": "MERI/COF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 209.0

},

{

"Payer": "MERI/COF",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 118.0

},

{

"Payer": "MERI/COF",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 194.0

},

{

"Payer": "MERI/COF",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 2263.0

},

{

"Payer": "MERI/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 182.0

},

{

"Payer": "MERI/COF",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 42.0

},

{

"Payer": "MERI/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 127.0

}

],

"Outpatient Payer Specific Charge 119": [

{

"Payer": "MI BC",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 58.0

},

{

"Payer": "MI BC",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 64.0

},

{

"Payer": "MI BC",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 246.0

},

{

"Payer": "MI BC",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 198.0

},

{

"Payer": "MI BC",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 45.0

},

{

"Payer": "MI BC",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 14.0

},

{

"Payer": "MI BC",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "MI BC",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 62.0

},

{

"Payer": "MI BC",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 2.0

},

{

"Payer": "MI BC",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 64.0

}

],

"Outpatient Payer Specific Charge 120": [

{

"Payer": "MI MCD",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "MI MCD",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 112.0

},

{

"Payer": "MI MCD",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 287.0

},

{

"Payer": "MI MCD",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 2613.0

},

{

"Payer": "MI MCD",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 202.0

},

{

"Payer": "MI MCD",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 346.0

},

{

"Payer": "MI MCD",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 27.0

},

{

"Payer": "MI MCD",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 175.0

},

{

"Payer": "MI MCD",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 42.0

},

{

"Payer": "MI MCD",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "MI MCD",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "MI MCD",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 22.0

},

{

"Payer": "MI MCD",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 53.0

}

],

"Outpatient Payer Specific Charge 121": [

{

"Payer": "MI MCLA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 42.0

},

{

"Payer": "MI MCLA",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 67.0

},

{

"Payer": "MI MCLA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 169.0

},

{

"Payer": "MI MCLA",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 236.0

},

{

"Payer": "MI MCLA",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "MI MCLA",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 7.0

},

{

"Payer": "MI MCLA",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 39.0

},

{

"Payer": "MI MCLA",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "MI MCLA",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 14.0

},

{

"Payer": "MI MCLA",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 101.0

},

{

"Payer": "MI MCLA",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 63.0

},

{

"Payer": "MI MCLA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 2.0

},

{

"Payer": "MI MCLA",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 101.0

}

],

"Outpatient Payer Specific Charge 122": [

{

"Payer": "MI MER",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 42.0

},

{

"Payer": "MI MER",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "MI MER",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 204.0

},

{

"Payer": "MI MER",

"APC": "5165",

"Description": "Level 5 ENT Procedures",

"Payer Specific Negotiated Charge": 164.0

},

{

"Payer": "MI MER",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 79.0

},

{

"Payer": "MI MER",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 68.0

},

{

"Payer": "MI MER",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 2611.0

},

{

"Payer": "MI MER",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "MI MER",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "MI MER",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 56.0

}

],

"Outpatient Payer Specific Charge 123": [

{

"Payer": "MI MOLINA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 31.0

},

{

"Payer": "MI MOLINA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 177.0

},

{

"Payer": "MI MOLINA",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 68.0

},

{

"Payer": "MI MOLINA",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 142.0

},

{

"Payer": "MI MOLINA",

"APC": "5691",

"Description": "Level 1 Drug Administration",

"Payer Specific Negotiated Charge": 14.0

},

{

"Payer": "MI MOLINA",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "MI MOLINA",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 74.0

},

{

"Payer": "MI MOLINA",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 58.0

},

{

"Payer": "MI MOLINA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 6.0

},

{

"Payer": "MI MOLINA",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "MI MOLINA",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 82.0

}

],

"Outpatient Payer Specific Charge 124": [

{

"Payer": "MUL",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 57.0

},

{

"Payer": "MUL",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 29.0

},

{

"Payer": "MUL",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 73.0

},

{

"Payer": "MUL",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 188.0

},

{

"Payer": "MUL",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 52.0

}

],

"Outpatient Payer Specific Charge 125": [

{

"Payer": "MVP",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 474.0

},

{

"Payer": "MVP",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 48.0

}

],

"Outpatient Payer Specific Charge 126": [

{

"Payer": "OTH.OK",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 105.0

},

{

"Payer": "OTH.OK",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 895.0

},

{

"Payer": "OTH.OK",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 519.0

},

{

"Payer": "OTH.OK",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 19070.0

},

{

"Payer": "OTH.OK",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 889.0

},

{

"Payer": "OTH.OK",

"APC": "5374",

"Description": "Level 4 Urology and Related Services",

"Payer Specific Negotiated Charge": 899.0

},

{

"Payer": "OTH.OK",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 315.0

},

{

"Payer": "OTH.OK",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2046.0

},

{

"Payer": "OTH.OK",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 4317.0

},

{

"Payer": "OTH.OK",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 312.0

},

{

"Payer": "OTH.OK",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 1672.0

},

{

"Payer": "OTH.OK",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 362.0

},

{

"Payer": "OTH.OK",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 494.0

},

{

"Payer": "OTH.OK",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 182.0

},

{

"Payer": "OTH.OK",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 118.0

},

{

"Payer": "OTH.OK",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "OTH.OK",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 98.0

},

{

"Payer": "OTH.OK",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 655.0

},

{

"Payer": "OTH.OK",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "OTH.OK",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 96.0

},

{

"Payer": "OTH.OK",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 69.0

},

{

"Payer": "OTH.OK",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 138.0

}

],

"Outpatient Payer Specific Charge 127": [

{

"Payer": "PAI",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 117.0

},

{

"Payer": "PAI",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 414.0

}

],

"Outpatient Payer Specific Charge 128": [

{

"Payer": "PHCS",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 76.0

},

{

"Payer": "PHCS",

"APC": "5071",

"Description": "Level 1 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 112.0

},

{

"Payer": "PHCS",

"APC": "5372",

"Description": "Level 2 Urology and Related Services",

"Payer Specific Negotiated Charge": 195.0

},

{

"Payer": "PHCS",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 1167.0

},

{

"Payer": "PHCS",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 338.0

},

{

"Payer": "PHCS",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 310.0

},

{

"Payer": "PHCS",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 611.0

},

{

"Payer": "PHCS",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 546.0

},

{

"Payer": "PHCS",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 100.0

}

],

"Outpatient Payer Specific Charge 129": [

{

"Payer": "PHPMM OTH",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 74.0

},

{

"Payer": "PHPMM OTH",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 639.0

},

{

"Payer": "PHPMM OTH",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 286.0

},

{

"Payer": "PHPMM OTH",

"APC": "9397",

"Description": "Covid-19 Vaccine Administration Dose 1 of 2",

"Payer Specific Negotiated Charge": 31.0

},

{

"Payer": "PHPMM OTH",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 51.0

},

{

"Payer": "PHPMM OTH",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "PHPMM OTH",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 266.0

},

{

"Payer": "PHPMM OTH",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 141.0

}

],

"Outpatient Payer Specific Charge 130": [

{

"Payer": "PRAIR",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 116.0

},

{

"Payer": "PRAIR",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 2332.0

},

{

"Payer": "PRAIR",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1581.0

},

{

"Payer": "PRAIR",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 14511.0

},

{

"Payer": "PRAIR",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "PRAIR",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 256.0

},

{

"Payer": "PRAIR",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 597.0

},

{

"Payer": "PRAIR",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 514.0

},

{

"Payer": "PRAIR",

"APC": "5412",

"Description": "Level 2 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 109.0

},

{

"Payer": "PRAIR",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 795.0

},

{

"Payer": "PRAIR",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 183.0

},

{

"Payer": "PRAIR",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 763.0

},

{

"Payer": "PRAIR",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 52.0

},

{

"Payer": "PRAIR",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1015.0

},

{

"Payer": "PRAIR",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 26788.0

},

{

"Payer": "PRAIR",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2002.0

},

{

"Payer": "PRAIR",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 3497.0

},

{

"Payer": "PRAIR",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 6724.0

},

{

"Payer": "PRAIR",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 3548.0

},

{

"Payer": "PRAIR",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 199.0

},

{

"Payer": "PRAIR",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 45.0

},

{

"Payer": "PRAIR",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 640.0

},

{

"Payer": "PRAIR",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "PRAIR",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 155.0

},

{

"Payer": "PRAIR",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 1313.0

},

{

"Payer": "PRAIR",

"APC": "5821",

"Description": "Level 1 Health and Behavior Services",

"Payer Specific Negotiated Charge": 637.0

},

{

"Payer": "PRAIR",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "PRAIR",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 164.0

},

{

"Payer": "PRAIR",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 495.0

},

{

"Payer": "PRAIR",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "PRAIR",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 182.0

},

{

"Payer": "PRAIR",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 110.0

},

{

"Payer": "PRAIR",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 128.0

},

{

"Payer": "PRAIR",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 83.0

}

],

"Outpatient Payer Specific Charge 131": [

{

"Payer": "PREFO/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 145.0

},

{

"Payer": "PREFO/COF",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1103.0

},

{

"Payer": "PREFO/COF",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 521.0

},

{

"Payer": "PREFO/COF",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2556.0

},

{

"Payer": "PREFO/COF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 497.0

},

{

"Payer": "PREFO/COF",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "PREFO/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 365.0

},

{

"Payer": "PREFO/COF",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 495.0

},

{

"Payer": "PREFO/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 134.0

}

],

"Outpatient Payer Specific Charge 132": [

{

"Payer": "PRIO/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 85.0

},

{

"Payer": "PRIO/COF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 495.0

},

{

"Payer": "PRIO/COF",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 103.0

},

{

"Payer": "PRIO/COF",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 1080.0

},

{

"Payer": "PRIO/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 97.0

},

{

"Payer": "PRIO/COF",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

}

],

"Outpatient Payer Specific Charge 133": [

{

"Payer": "SEC",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 118.0

}

],

"Outpatient Payer Specific Charge 134": [

{

"Payer": "SILVER",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 96.0

}

],

"Outpatient Payer Specific Charge 135": [

{

"Payer": "SISC/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 85.0

},

{

"Payer": "SISC/COF",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 5991.0

},

{

"Payer": "SISC/COF",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 2436.0

},

{

"Payer": "SISC/COF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 514.0

},

{

"Payer": "SISC/COF",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 207.0

},

{

"Payer": "SISC/COF",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 184.0

},

{

"Payer": "SISC/COF",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 931.0

},

{

"Payer": "SISC/COF",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "SISC/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 100.0

},

{

"Payer": "SISC/COF",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "SISC/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 159.0

}

],

"Outpatient Payer Specific Charge 136": [

{

"Payer": "TRI WEST",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "TRI WEST",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 4102.0

},

{

"Payer": "TRI WEST",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 486.0

},

{

"Payer": "TRI WEST",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 2149.0

},

{

"Payer": "TRI WEST",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 190.0

},

{

"Payer": "TRI WEST",

"APC": "5182",

"Description": "Level 2 Vascular Procedures",

"Payer Specific Negotiated Charge": 1579.0

},

{

"Payer": "TRI WEST",

"APC": "5241",

"Description": "Level 1 Blood Product Exchange and Related Services",

"Payer Specific Negotiated Charge": 1179.0

},

{

"Payer": "TRI WEST",

"APC": "5301",

"Description": "Level 1 Upper GI Procedures",

"Payer Specific Negotiated Charge": 140.0

},

{

"Payer": "TRI WEST",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 203.0

},

{

"Payer": "TRI WEST",

"APC": "5371",

"Description": "Level 1 Urology and Related Services",

"Payer Specific Negotiated Charge": 93.0

},

{

"Payer": "TRI WEST",

"APC": "5373",

"Description": "Level 3 Urology and Related Services",

"Payer Specific Negotiated Charge": 243.0

},

{

"Payer": "TRI WEST",

"APC": "5375",

"Description": "Level 5 Urology and Related Services",

"Payer Specific Negotiated Charge": 411.0

},

{

"Payer": "TRI WEST",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 30.0

},

{

"Payer": "TRI WEST",

"APC": "5414",

"Description": "Level 4 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 832.0

},

{

"Payer": "TRI WEST",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 989.0

},

{

"Payer": "TRI WEST",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 168.0

},

{

"Payer": "TRI WEST",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 605.0

},

{

"Payer": "TRI WEST",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 294.0

},

{

"Payer": "TRI WEST",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 77.0

},

{

"Payer": "TRI WEST",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 66.0

},

{

"Payer": "TRI WEST",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 226.0

},

{

"Payer": "TRI WEST",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 466.0

},

{

"Payer": "TRI WEST",

"APC": "5571",

"Description": "Level 1 Imaging with Contrast",

"Payer Specific Negotiated Charge": 176.0

},

{

"Payer": "TRI WEST",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 370.0

},

{

"Payer": "TRI WEST",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1231.0

},

{

"Payer": "TRI WEST",

"APC": "5594",

"Description": "Level 4 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1397.0

},

{

"Payer": "TRI WEST",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 48.0

},

{

"Payer": "TRI WEST",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 47.0

},

{

"Payer": "TRI WEST",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "TRI WEST",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 35.0

},

{

"Payer": "TRI WEST",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 53.0

},

{

"Payer": "TRI WEST",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 126.0

},

{

"Payer": "TRI WEST",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 54.0

},

{

"Payer": "TRI WEST",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 115.0

},

{

"Payer": "TRI WEST",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 65.0

},

{

"Payer": "TRI WEST",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 133.0

},

{

"Payer": "TRI WEST",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 49.0

},

{

"Payer": "TRI WEST",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 72.0

}

],

"Outpatient Payer Specific Charge 137": [

{

"Payer": "UMR/COF",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 95.0

},

{

"Payer": "UMR/COF",

"APC": "5312",

"Description": "Level 2 Lower GI Procedures",

"Payer Specific Negotiated Charge": 678.0

},

{

"Payer": "UMR/COF",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1442.0

},

{

"Payer": "UMR/COF",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 4391.0

},

{

"Payer": "UMR/COF",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 364.0

},

{

"Payer": "UMR/COF",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 564.0

},

{

"Payer": "UMR/COF",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 163.0

},

{

"Payer": "UMR/COF",

"APC": "5732",

"Description": "Level 2 Minor Procedures",

"Payer Specific Negotiated Charge": 164.0

},

{

"Payer": "UMR/COF",

"APC": "9398",

"Description": "Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "UMR/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 163.0

},

{

"Payer": "UMR/COF",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 495.0

},

{

"Payer": "UMR/COF",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "UMR/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 186.0

}

],

"Outpatient Payer Specific Charge 138": [

{

"Payer": "UNI UHC",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 59.0

},

{

"Payer": "UNI UHC",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 1893.0

},

{

"Payer": "UNI UHC",

"APC": "5411",

"Description": "Level 1 Gynecologic Procedures",

"Payer Specific Negotiated Charge": 40.0

},

{

"Payer": "UNI UHC",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 295.0

},

{

"Payer": "UNI UHC",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "UNI UHC",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 5633.0

},

{

"Payer": "UNI UHC",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 169.0

},

{

"Payer": "UNI UHC",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 7.0

},

{

"Payer": "UNI UHC",

"APC": "9042",

"Description": "Glucagon hydrochloride",

"Payer Specific Negotiated Charge": 1500.0

},

{

"Payer": "UNI UHC",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 6.0

},

{

"Payer": "UNI UHC",

"APC": "N809",

"Description": "Other Medicine",

"Payer Specific Negotiated Charge": 43.0

},

{

"Payer": "UNI UHC",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 68.0

}

],

"Outpatient Payer Specific Charge 139": [

{

"Payer": "USAA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 129.0

}

],

"Outpatient Payer Specific Charge 140": [

{

"Payer": "VA ANNARB",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 36.0

},

{

"Payer": "VA ANNARB",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 185.0

},

{

"Payer": "VA ANNARB",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 412.0

},

{

"Payer": "VA ANNARB",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 960.0

},

{

"Payer": "VA ANNARB",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 800.0

},

{

"Payer": "VA ANNARB",

"APC": "5671",

"Description": "Level 1 Pathology",

"Payer Specific Negotiated Charge": 48.0

},

{

"Payer": "VA ANNARB",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 119.0

}

],

"Outpatient Payer Specific Charge 141": [

{

"Payer": "VA SAGINA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 36.0

},

{

"Payer": "VA SAGINA",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 216.0

},

{

"Payer": "VA SAGINA",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 350.0

},

{

"Payer": "VA SAGINA",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 976.0

},

{

"Payer": "VA SAGINA",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 471.0

},

{

"Payer": "VA SAGINA",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 539.0

},

{

"Payer": "VA SAGINA",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 585.0

},

{

"Payer": "VA SAGINA",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 356.0

},

{

"Payer": "VA SAGINA",

"APC": "5593",

"Description": "Level 3 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 1215.0

},

{

"Payer": "VA SAGINA",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 119.0

},

{

"Payer": "VA SAGINA",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 184.0

},

{

"Payer": "VA SAGINA",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 61.0

},

{

"Payer": "VA SAGINA",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 39.0

}

],

"Outpatient Payer Specific Charge 142": [

{

"Payer": "WC",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 88.0

},

{

"Payer": "WC",

"APC": "5021",

"Description": "Level 1 Type A ED Visits",

"Payer Specific Negotiated Charge": 89.0

},

{

"Payer": "WC",

"APC": "5022",

"Description": "Level 2 Type A ED Visits",

"Payer Specific Negotiated Charge": 291.0

},

{

"Payer": "WC",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 455.0

},

{

"Payer": "WC",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 789.0

},

{

"Payer": "WC",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1775.0

},

{

"Payer": "WC",

"APC": "5041",

"Description": "Critical Care",

"Payer Specific Negotiated Charge": 4910.0

},

{

"Payer": "WC",

"APC": "5051",

"Description": "Level 1 Skin Procedures",

"Payer Specific Negotiated Charge": 71.0

},

{

"Payer": "WC",

"APC": "5052",

"Description": "Level 2 Skin Procedures",

"Payer Specific Negotiated Charge": 188.0

},

{

"Payer": "WC",

"APC": "5053",

"Description": "Level 3 Skin Procedures",

"Payer Specific Negotiated Charge": 611.0

},

{

"Payer": "WC",

"APC": "5072",

"Description": "Level 2 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 249.0

},

{

"Payer": "WC",

"APC": "5073",

"Description": "Level 3 Excision/ Biopsy/ Incision and Drainage",

"Payer Specific Negotiated Charge": 589.0

},

{

"Payer": "WC",

"APC": "5101",

"Description": "Level 1 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 70.0

},

{

"Payer": "WC",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 163.0

},

{

"Payer": "WC",

"APC": "5111",

"Description": "Level 1 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 458.0

},

{

"Payer": "WC",

"APC": "5112",

"Description": "Level 2 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 951.0

},

{

"Payer": "WC",

"APC": "5113",

"Description": "Level 3 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 753.0

},

{

"Payer": "WC",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 1080.0

},

{

"Payer": "WC",

"APC": "5115",

"Description": "Level 5 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 689.0

},

{

"Payer": "WC",

"APC": "5151",

"Description": "Level 1 Airway Endoscopy",

"Payer Specific Negotiated Charge": 222.0

},

{

"Payer": "WC",

"APC": "5341",

"Description": "Abdominal/Peritoneal/Biliary and Related Procedures",

"Payer Specific Negotiated Charge": 738.0

},

{

"Payer": "WC",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 904.0

},

{

"Payer": "WC",

"APC": "5431",

"Description": "Level 1 Nerve Procedures",

"Payer Specific Negotiated Charge": 535.0

},

{

"Payer": "WC",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 175.0

},

{

"Payer": "WC",

"APC": "5442",

"Description": "Level 2 Nerve Injections",

"Payer Specific Negotiated Charge": 713.0

},

{

"Payer": "WC",

"APC": "5443",

"Description": "Level 3 Nerve Injections",

"Payer Specific Negotiated Charge": 550.0

},

{

"Payer": "WC",

"APC": "5502",

"Description": "Level 2 Extraocular, Repair, and Plastic Eye Procedures",

"Payer Specific Negotiated Charge": 908.0

},

{

"Payer": "WC",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "WC",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 207.0

},

{

"Payer": "WC",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 922.0

},

{

"Payer": "WC",

"APC": "5572",

"Description": "Level 2 Imaging with Contrast",

"Payer Specific Negotiated Charge": 1587.0

},

{

"Payer": "WC",

"APC": "5573",

"Description": "Level 3 Imaging with Contrast",

"Payer Specific Negotiated Charge": 1959.0

},

{

"Payer": "WC",

"APC": "5591",

"Description": "Level 1 Nuclear Medicine and Related Services",

"Payer Specific Negotiated Charge": 964.0

},

{

"Payer": "WC",

"APC": "5692",

"Description": "Level 2 Drug Administration",

"Payer Specific Negotiated Charge": 72.0

},

{

"Payer": "WC",

"APC": "5721",

"Description": "Level 1 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 60.0

},

{

"Payer": "WC",

"APC": "5722",

"Description": "Level 2 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 454.0

},

{

"Payer": "WC",

"APC": "5723",

"Description": "Level 3 Diagnostic Tests and Related Services",

"Payer Specific Negotiated Charge": 428.0

},

{

"Payer": "WC",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 59.0

},

{

"Payer": "WC",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 4828.0

},

{

"Payer": "WC",

"APC": "5734",

"Description": "Level 4 Minor Procedures",

"Payer Specific Negotiated Charge": 120.0

},

{

"Payer": "WC",

"APC": "5791",

"Description": "Pulmonary Treatment",

"Payer Specific Negotiated Charge": 4310.0

},

{

"Payer": "WC",

"APC": "5823",

"Description": "Level 3 Health and Behavior Services",

"Payer Specific Negotiated Charge": 133.0

},

{

"Payer": "WC",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 170.0

},

{

"Payer": "WC",

"APC": "N811",

"Description": "Observation, Other",

"Payer Specific Negotiated Charge": 139.0

},

{

"Payer": "WC",

"APC": "N812",

"Description": "Observation, Non-OPPS",

"Payer Specific Negotiated Charge": 68.0

},

{

"Payer": "WC",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 15.0

},

{

"Payer": "WC",

"APC": "N905",

"Description": "Not Recognized by OPPS",

"Payer Specific Negotiated Charge": 83.0

}

],

"Outpatient Payer Specific Charge 143": [

{

"Payer": "WC MHC",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 88.0

},

{

"Payer": "WC MHC",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 134.0

},

{

"Payer": "WC MHC",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 10.0

},

{

"Payer": "WC MHC",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 201.0

},

{

"Payer": "WC MHC",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 90.0

},

{

"Payer": "WC MHC",

"APC": "5733",

"Description": "Level 3 Minor Procedures",

"Payer Specific Negotiated Charge": 437.0

},

{

"Payer": "WC MHC",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 119.0

}

],

"Outpatient Payer Specific Charge 144": [

{

"Payer": "WEBTPA",

"APC": "5012",

"Description": "Clinic Visits and Related Services",

"Payer Specific Negotiated Charge": 56.0

},

{

"Payer": "WEBTPA",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 311.0

}

],

"Outpatient Payer Specific Charge 145": [

{

"Payer": "CORREC",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 1369.0

},

{

"Payer": "CORREC",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 6677.0

},

{

"Payer": "CORREC",

"APC": "5102",

"Description": "Level 2 Strapping and Cast Application",

"Payer Specific Negotiated Charge": 467.0

},

{

"Payer": "CORREC",

"APC": "5114",

"Description": "Level 4 Musculoskeletal Procedures",

"Payer Specific Negotiated Charge": 931.0

},

{

"Payer": "CORREC",

"APC": "5441",

"Description": "Level 1 Nerve Injections",

"Payer Specific Negotiated Charge": 1428.0

},

{

"Payer": "CORREC",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 19465.0

}

],

"Outpatient Payer Specific Charge 146": [

{

"Payer": "VA BATTLE",

"APC": "5023",

"Description": "Level 3 Type A ED Visits",

"Payer Specific Negotiated Charge": 226.0

},

{

"Payer": "VA BATTLE",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 1065.0

}

],

"Outpatient Payer Specific Charge 147": [

{

"Payer": "FA115",

"APC": "5024",

"Description": "Level 4 Type A ED Visits",

"Payer Specific Negotiated Charge": 726.0

},

{

"Payer": "FA115",

"APC": "5025",

"Description": "Level 5 Type A ED Visits",

"Payer Specific Negotiated Charge": 44892.0

},

{

"Payer": "FA115",

"APC": "5361",

"Description": "Level 1 Laparoscopy and Related Services",

"Payer Specific Negotiated Charge": 1296.0

},

{

"Payer": "FA115",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 103.0

},

{

"Payer": "FA115",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 462.0

},

{

"Payer": "FA115",

"APC": "5524",

"Description": "Level 4 Imaging without Contrast",

"Payer Specific Negotiated Charge": 536.0

},

{

"Payer": "FA115",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 23372.0

},

{

"Payer": "FA115",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 83.0

}

],

"Outpatient Payer Specific Charge 148": [

{

"Payer": "BCCCPMHA",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 173.0

},

{

"Payer": "BCCCPMHA",

"APC": "N804",

"Description": "Mammography Services",

"Payer Specific Negotiated Charge": 122.0

}

],

"Outpatient Payer Specific Charge 149": [

{

"Payer": "HDI B",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 30.0

}

],

"Outpatient Payer Specific Charge 150": [

{

"Payer": "STAIL01",

"APC": "5521",

"Description": "Level 1 Imaging without Contrast",

"Payer Specific Negotiated Charge": 560.0

},

{

"Payer": "STAIL01",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 1051.0

}

],

"Outpatient Payer Specific Charge 151": [

{

"Payer": "AUTGA/COF",

"APC": "5522",

"Description": "Level 2 Imaging without Contrast",

"Payer Specific Negotiated Charge": 292.0

},

{

"Payer": "AUTGA/COF",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 148.0

},

{

"Payer": "AUTGA/COF",

"APC": "N800",

"Description": "Clinical Diagnostic Lab Services",

"Payer Specific Negotiated Charge": 24.0

},

{

"Payer": "AUTGA/COF",

"APC": "N900",

"Description": "Non-covered Services",

"Payer Specific Negotiated Charge": 206.0

}

],

"Outpatient Payer Specific Charge 152": [

{

"Payer": "AA CITIZE",

"APC": "5523",

"Description": "Level 3 Imaging without Contrast",

"Payer Specific Negotiated Charge": 2689.0

}

],

"Outpatient Payer Specific Charge 153": [

{

"Payer": "FIRST HEAL",

"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 156.0

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"APC": "N800",

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"Payer Specific Negotiated Charge": 577.0

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"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 96.0

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"APC": "5731",

"Description": "Level 1 Minor Procedures",

"Payer Specific Negotiated Charge": 124.0

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"Payer Specific Negotiated Charge": 118.0

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"Outpatient Payer Specific Charge 156": [

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"Payer": "UNIBEUT",

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"Description": "Level 3 Health and Behavior Services",

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"Outpatient Payer Specific Charge 161": [

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"APC": "N900",

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"Payer Specific Negotiated Charge": 700.0

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