

## Managing Type 2 Diabetes

Routine maintenance of a well-controlled condition.

### Sample care costs

Benefit category	Diabetes
Inpatient Hospital Care (Facility)	-
Other Facility Services	-
Emergency Department (Facility)	-
Ambulance	-
Professional Services: Primary Care	\$791
Professional Services: Emergency Department	-
Professional Services: Specialist	\$273
Professional Services: Obstetric Care (Bundled)	-
Professional Services: Procedures & Other	-
Professional Services: Physical Therapy	-
Diagnostic Services: Radiology	-
Diagnostic Services: Laboratory	\$134
Prescription Drugs: Generic	\$676
Prescription Drugs: Branded	\$3,582
Over-the-counter Drugs	\$55
Preventive Services & Vaccines	\$150
Durable Medical Equipment	-
Medical Supplies	\$1,728
Over-the-counter Medical Supplies	-
Other Items & Services	-
Total (unrounded)	\$7,389

### Assumptions

The following are assumptions that all group health plans and health insurance issuers must use for this scenario.

#### Standard Assumptions

These assumptions are standard across all scenarios.

- Costs do not include premiums.
- Condition was not excluded as a pre-existing condition.
- There are no other medical expenses for any member covered under the plan or policy.
- All care is in-network and considered first tier (or the tier associated with the lowest level of cost sharing), for those products that incorporate tiered provider networks.
- No out-of-network charges or any other variation in Sample Care Costs.
- All services occur in same policy period.
- All prior authorizations were obtained.

- All services were deemed medically necessary.
- All costs (allowed amount, sample care costs, member costs) greater than \$100 are rounded to the nearest hundred.
- All costs (allowed amount, sample care costs, member costs) less than \$100 are rounded to the nearest ten.
- All medications are covered as generic equivalents if available.
- If the plan has a wellness program that varies the deductibles, co-payments, co-insurance, or coverage for any of the services listed in a treatment scenario, the plan must complete the calculations for that treatment scenario assuming that the patient is participating in the wellness program. networks.

**Note:** Services on this tab are listed individually for classification and pricing purposes to facilitate the population of the "Sample care costs" section. HHS specifies the Category in order to roll up costs into that category in the "Sample care costs" section so that those costs are uniform across all group health plans and health insurance issuers. However, some plans or issuers may classify an item or service under another category. The plan or issuer should apply its cost sharing and benefit features for each plan or policy in order to complete the "You pay" section, but must leave as is the "Sample care costs" section. Examples of cost sharing and benefit features include, but are not limited to:

- Payment of services based on the location such as inpatient, outpatient, or office; and
- Payment of items as prescription drugs vs. medical equipment.

**Explanation of Scenario:**

- **Total** – the sum of allowed amounts for the listed items and services, which is cross-referenced in the "Label and Assumptions" tab, where it is rounded.
- **Date of Service** – includes the day and month of service so plans and issuers understand the order in which items or services are rendered.
- **ICD-9 Diagnosis Code** – includes the ICD-9 code for each item or service.
- **ICD-10 Diagnosis Code** – includes the ICD-10 code for each item or service.
- **CPT, HCPCS or Other Billing Code** – includes medical codes for each item or service. Over-the-counter medications are listed as OTC.
- **Provider Type** – includes one of the types listed on the "Provider Types" tab to classify each item or service by provider.
- **Category** – includes one of the categories listed on the "Categories" tab to classify each item or service so it rolls up into the same category in the "Label and Assumptions" tab.
- **Description** – includes the short form descriptor for a CPT code, or an appropriate descriptor for a non-CPT billing code.
- **Allowed Amount** – includes an estimated national average allowed amount for each item or service, which plans or issuers must use to calculate cost sharing.

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Date	Diagnosis Code (ICD-9)	Diagnosis Code (ICD-10)	CPT®, HCPCS, or Other Billing Code	Provider Type	Benefit Category	Description	Allowed amount
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$10.38
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885014201	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancing Device	\$16.12
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885044801	Pharmacy Retail	Medical Supplies	OneTouch Ultra 2 Blood Glucose Meter Kit	\$56.90
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$125.26
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885041601	Pharmacy Retail	Medical Supplies	OneTouch Ultra Control Solution (2 vials/box)	\$5.07
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$4.27
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	2803101	Pharmacy Retail	Prescription Drugs: Generic	Glucagon Emergency Kit	\$246.17
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92

Date	Diagnosis Code (ICD-9)	Diagnosis Code (ICD-10)	CPT®, HCPCS, or Other Billing Code	Provider Type	Benefit Category	Description	Allowed amount
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	60505257909	Pharmacy Retail	Prescription Drugs: Generic	Atorvastatin 20 MG tablet 90 CT	\$25.88
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	82947	Primary	Diagnostic Services: Laboratory	Assay Glucose Blood Quant	\$5.73
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	82570	Primary	Diagnostic Services: Laboratory	Assay of Urine Creatinine	\$5.79
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	80053	Primary	Diagnostic Services: Laboratory	Comprehen Metabolic Panel	\$14.53
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	83036	Primary	Diagnostic Services: Laboratory	Glycosylated Hemoglobin Test	\$10.85
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	80061	Primary	Diagnostic Services: Laboratory	Lipid panel	\$14.42
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	82043	Primary	Diagnostic Services: Laboratory	Microalbumin Quantitative	\$6.32
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	80069	Primary	Diagnostic Services: Laboratory	Renal Function Panel	\$11.63
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	36415	Primary	Diagnostic Services: Laboratory	Routine Venipuncture	\$4.17
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	81003	Primary	Diagnostic Services: Laboratory	Urinalysis Auto W/O Scope	\$3.09
03-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	99214	Primary	Professional Services: Primary Care	Office/Outpatient Visit Est	\$107.87
04-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	98960	Diabetes Educator	Professional Services: Primary Care	Self-mgmt educ & train 1 pt	\$99.90
04-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	97803	Dietician	Professional Services: Primary Care	Med Nutrition Indiv Subseq	\$80.00
06-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	99204	Podiatry	Professional Services: Specialist	Office/Outpatient Visit New	\$165.00
07-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	92014	Ophthalmology	Professional Services: Specialist	Ophthalmological services: medical examination & evaluation, with initiation or continuation of diagnostic and treatment program, comprehensive, established patient, 1 or more visits	\$108.24
31-Jan	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
02-Feb	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
02-Feb	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
02-Feb	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
02-Feb	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
22-Feb	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$10.38
22-Feb	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$125.26
28-Feb	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
04-Mar	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
04-Mar	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
04-Mar	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
04-Mar	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
28-Mar	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$4.27
28-Mar	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
28-Mar	250.00, V58.66, V58.67	E119.00, Z7982, Z794	99214	Primary	Professional Services: Primary Care	Office/Outpatient Visit Est	\$107.87
03-Apr	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
03-Apr	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
03-Apr	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
03-Apr	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
03-Apr	250.00, V58.66, V58.67	E119.00, Z7982, Z794	60505257909	Pharmacy Retail	Prescription Drugs: Generic	Atorvastatin 20 MG tablet 90 CT	\$25.88
03-Apr	250.00, V58.66, V58.67	E119.00, Z7982, Z794	83036	Primary	Diagnostic Services: Laboratory	Glycosylated Hemoglobin Test	\$10.85

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13-Apr	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$10.38
13-Apr	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$125.26
25-Apr	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
03-May	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
03-May	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
03-May	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
03-May	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
23-May	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$10.38
23-May	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
02-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
02-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
02-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$10.38
02-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$125.26
02-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
02-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
20-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$4.27
20-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
27-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	82947	Primary	Diagnostic Services: Laboratory	Assay Glucose Blood Quant	\$5.73
27-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	83036	Primary	Diagnostic Services: Laboratory	Glycosylated Hemoglobin Test	\$10.85
27-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	80069	Primary	Diagnostic Services: Laboratory	Renal Function Panel	\$11.63
27-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	36415	Primary	Diagnostic Services: Laboratory	Routine Venipuncture	\$4.17
27-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	81003	Primary	Diagnostic Services: Laboratory	Urinalysis Auto W/O Scope	\$3.09
27-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	99214	Primary	Professional Services: Primary Care	Office/Outpatient Visit Est	\$107.87
28-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	98960	Diabetes Educator	Professional Services: Primary Care	Self-mgmt educ & train 1 pt	\$99.90
28-Jun	250.00, V58.66, V58.67	E119.00, Z7982, Z794	97803	Dietician	Professional Services: Primary Care	Med Nutrition Indiv Subseq	\$80.00
02-Jul	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
02-Jul	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
02-Jul	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885041601	Pharmacy Retail	Medical Supplies	OneTouch Ultra Control Solution (2 vials/box)	\$5.07
02-Jul	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
02-Jul	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
02-Jul	250.00, V58.66, V58.67	E119.00, Z7982, Z794	60505257909	Pharmacy Retail	Prescription Drugs: Generic	Atorvastatin 20 MG tablet 90 CT	\$25.88
18-Jul	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
22-Jul	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$125.26
01-Aug	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
01-Aug	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66

Date	Diagnosis Code (ICD-9)	Diagnosis Code (ICD-10)	CPT®, HCPCS, or Other Billing Code	Provider Type	Benefit Category	Description	Allowed amount
01-Aug	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
01-Aug	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
15-Aug	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
16-Aug	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$125.26
31-Aug	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
31-Aug	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
31-Aug	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
31-Aug	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
10-Sep	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$10.38
10-Sep	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$125.26
12-Sep	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$4.27
12-Sep	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
26-Sep	250.00, V58.66, V58.67	E119.00, Z7982, Z794	99214	Primary	Professional Services: Primary Care	Office/Outpatient Visit Est	\$107.87
30-Sep	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
30-Sep	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
30-Sep	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
30-Sep	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
03-Oct	V03.82	Z23	90472	Primary	Preventive Services & Vaccines	Immunization admin each add	\$14.98
03-Oct	V03.82	Z23	90471	Primary	Preventive Services & Vaccines	Immunization Admin	\$23.00
03-Oct	V03.82	Z23	90669	Primary	Preventive Services & Vaccines	Pneumococcal vacc 7 val im	\$97.86
03-Oct	V04.81	Z23	90656	Primary	Preventive Services & Vaccines	Flu Vaccine No Preserv 3 & >	\$14.27
03-Oct	250.00, V58.66, V58.67	E119.00, Z7982, Z794	60505257909	Pharmacy Retail	Prescription Drugs: Generic	Atorvastatin 20 MG tablet 90 CT	\$25.88
03-Oct	250.00, V58.66, V58.67	E119.00, Z7982, Z794	83036	Primary	Diagnostic Services: Laboratory	Glycosylated Hemoglobin Test	\$10.85
10-Oct	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
30-Oct	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
30-Oct	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
30-Oct	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$10.38
30-Oct	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
30-Oct	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
07-Nov	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
29-Nov	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
29-Nov	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
29-Nov	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
29-Nov	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92
05-Dec	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Aspirin 81mg (OTC - bottle 100) [usage = 1 QD; #30 pills per month]	\$4.27

Date	Diagnosis Code (ICD-9)	Diagnosis Code (ICD-10)	CPT®, HCPCS, or Other Billing Code	Provider Type	Benefit Category	Description	Allowed amount
05-Dec	250.00, V58.66, V58.67	E119.00, Z7982, Z794	88222033	Pharmacy Retail	Prescription Drugs: Branded	Insulin glargine 100 unit/ml injectable solution (Rx - 10ml vial) [20 units QD; expires 28 days after first use]	\$275.51
19-Dec	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885039310	Pharmacy Retail	Medical Supplies	OneTouch Delica Lancets (100 per box) [usage = 60 lancets per month]	\$10.38
19-Dec	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885024510	Pharmacy Retail	Medical Supplies	OneTouch Ultra Blue Test Strips (Rx - box of 100) [usage = 2 strips/day; 60 per month]	\$125.26
29-Dec	250.00, V58.66, V58.67	E119.00, Z7982, Z794	OTC	Pharmacy Retail	Over-the-counter Drugs	Alcohol swabs (OTC - box of 100) [usage = 3 wipes/day; 90 wipes/month]	\$2.61
29-Dec	250.00, V58.66, V58.67	E119.00, Z7982, Z794	8290328279	Pharmacy Retail	Medical Supplies	BD Ultrafine Insulin Syringes / 30G/ 0.5cc [usage = 30 syringes per month]	\$42.66
29-Dec	250.00, V58.66, V58.67	E119.00, Z7982, Z794	53885041601	Pharmacy Retail	Medical Supplies	OneTouch Ultra Control Solution (2 vials/box)	\$5.07
29-Dec	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93104901	Pharmacy Retail	Prescription Drugs: Generic	METFORMIN HCL 850 MG TABLET	\$9.19
29-Dec	250.00, V58.66, V58.67	E119.00, Z7982, Z794	93743801	Pharmacy Retail	Prescription Drugs: Generic	Ramipril 10mg (Rx) [1 QD; #30 pills/month]	\$15.92

**Having a Baby (Normal Delivery)****Sample care costs**

Benefit category	Maternity
Inpatient Hospital Care (Facility)	\$8,959
Other Facility Services	-
Emergency Department (Facility)	-
Ambulance	-
Professional Services: Primary Care	\$198
Professional Services: Emergency Department	-
Professional Services: Specialist	-
Professional Services: Obstetric Care (Bundled)	\$2,394
Professional Services: Procedures & Other	-
Professional Services: Physical Therapy	-
Diagnostic Services: Radiology	\$164
Diagnostic Services: Laboratory	\$882
Prescription Drugs: Generic	\$36
Prescription Drugs: Branded	-
Over-the-counter Drugs	\$60
Preventive Services & Vaccines	\$37
Durable Medical Equipment	-
Medical Supplies	-
Over-the-counter Medical Supplies	-
Other Items & Services	-
Total (unrounded)	\$12,731

**Assumptions**

The following are assumptions that all group health plans and health insurance issuers must use for this scenario.

**Standard Assumptions**

These assumptions are standard across all scenarios.

- Costs do not include premiums.
- Condition was not excluded as a pre-existing condition.
- There are no other medical expenses for any member covered under the plan or policy.
- All care is in-network and considered first tier (or the tier associated with the lowest level of cost sharing), for those products that incorporate tiered provider networks.
- No out-of-network charges or any other variation in Sample Care Costs.
- All services occur in same policy period.
- All prior authorizations were obtained.
- All services were deemed medically necessary.
- All costs (allowed amount, sample care costs, member costs) greater than \$100 are rounded to the nearest hundred.

- All costs (allowed amount, sample care costs, member costs) less than \$100 are rounded to the nearest ten.
- All medications are covered as generic equivalents if available.
- If the plan has a wellness program that varies the deductibles, co-payments, co-insurance, or coverage for any of the services listed in a treatment scenario, the plan must complete the calculations for that treatment scenario assuming that the patient is participating in the wellness program. networks.

**Note:** Services on this tab are listed individually for classification and pricing purposes to facilitate the population of the "Sample care costs" section. HHS specifies the Category in order to roll up costs into that category in the "Sample care costs" section so that those costs are uniform across all group health plans and health insurance issuers. However, some plans or issuers may classify an item or service under another category. The plan or issuer should apply its cost sharing and benefit features for each plan or policy in order to complete the "You pay" section, but must leave as is the "Sample care costs" section. Examples of cost sharing and benefit features include, but are not limited to:

- Payment of services based on the location such as inpatient, outpatient, or office; and
- Payment of items as prescription drugs vs. medical equipment.

**Explanation of Scenario:**

- **Total** – the sum of allowed amounts for the listed items and services, which is cross-referenced in the "Label and Assumptions" tab, where it is rounded.
- **Date of Service** – includes the day and month of service so plans and issuers understand the order in which items or services are rendered.
- **ICD-9 Diagnosis Code** – includes the ICD-9 code for each item or service.
- **ICD-10 Diagnosis Code** – includes the ICD-10 code for each item or service.
- **CPT, HCPCS or Other Billing Code** – includes medical codes for each item or service. Over-the-counter medications are listed as OTC.
- **Provider Type** – includes one of the types listed on the "Provider Types" tab to classify each item or service by provider.
- **Category** – includes one of the categories listed on the "Categories" tab to classify each item or service so it rolls up into the same category in the "Label and Assumptions" tab.
- **Description** – includes the short form descriptor for a CPT code, or an appropriate descriptor for a non-CPT billing code.
- **Allowed Amount** – includes an estimated national average allowed amount for each item or service, which plans or issuers must use to calculate cost sharing.

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Date	Diagnosis Code (ICD-9)	Diagnosis Code (ICD-10)	CPT®, HCPCS, or Other Billing Code	Provider Type	Benefit Category	Description	Allowed amount
07-Jan			OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$12.21
01-Apr	V22.0	Z3400	80055	OBGYN	Diagnostic Services: Laboratory	Obstetric Panel	\$42.75
01-Apr	V22.0	Z3400	87801	OBGYN	Diagnostic Services: Laboratory	Detect agnt mult dna ampli	\$94.00
01-Apr	V22.0	Z3400	88164	OBGYN	Diagnostic Services: Laboratory	Cytopath TBS C/V Manual	\$12.64
01-Apr	V22.0	Z3400	86701	OBGYN	Diagnostic Services: Laboratory	HIV-1	\$15.48
01-Apr	V22.0	Z3400	36415	OBGYN	Diagnostic Services: Laboratory	Routine Venipuncture	\$4.17
01-Apr	V72.42	Z3201	81025	OBGYN	Diagnostic Services: Laboratory	Urine Pregnancy Test	\$9.06
01-Apr	650, V27.0, Proc: 73.59	O80, Z370	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Obstetrical Care	\$2,394.18
07-Apr	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
07-Apr			OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$12.21
27-May	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-

Date	Diagnosis Code (ICD-9)	Diagnosis Code (ICD-10)	CPT®, HCPCS, or Other Billing Code	Provider Type	Benefit Category	Description	Allowed amount
24-Jun	V22.0	Z3400	82105	OBGYN	Diagnostic Services: Laboratory	Alpha-fetoprotein serum	\$17.53
24-Jun	V22.0	Z3400	82677	OBGYN	Diagnostic Services: Laboratory	Assay of estriol	\$23.82
24-Jun	V22.0	Z3400	84702	OBGYN	Diagnostic Services: Laboratory	Chorionic gonadotropin test	\$16.40
24-Jun	V22.0	Z3400	86336	OBGYN	Diagnostic Services: Laboratory	Inhibin A	\$17.43
24-Jun	V22.0	Z3400	81220	OBGYN	Diagnostic Services: Laboratory	CFTR gene analysis, common variants	\$561.73
24-Jun	V22.0	Z3400	36415	OBGYN	Diagnostic Services: Laboratory	Routine Venipuncture	\$4.17
24-Jun	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
06-Jul			OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$12.21
22-Jul	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
22-Jul	V22.0	Z3400	76805	Radiology	Diagnostic Services: Radiology	OB US >= 14 WKS SNGL FETUS	\$163.99
19-Aug	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
16-Sep	V22.0	Z3400	82947	OBGYN	Diagnostic Services: Laboratory	Assay Glucose Blood Quant	\$5.73
16-Sep	V22.0	Z3400	85025	OBGYN	Diagnostic Services: Laboratory	Complete cbc w/auto diff wbc	\$11.14
16-Sep	V22.0	Z3400	82950	OBGYN	Diagnostic Services: Laboratory	Glucose Test	\$5.14
16-Sep	V22.0	Z3400	36415	OBGYN	Diagnostic Services: Laboratory	Routine Venipuncture	\$4.17
16-Sep	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
30-Sep	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
04-Oct			OTC	Pharmacy Retail	Over-the-counter Drugs	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]	\$12.21
14-Oct	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
20-Oct			S9442	Alternative Provider	Preventive Services & Vaccines	Birthing class	-
27-Oct			S9442	Alternative Provider	Preventive Services & Vaccines	Birthing class	-
28-Oct	V22.0	Z3400	87653	OBGYN	Diagnostic Services: Laboratory	Strep B DNA Amp Probe	\$36.78
28-Oct	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
28-Oct	V04.81	Z23	90471	OBGYN	Preventive Services & Vaccines	Immunization Admin	\$23.00
28-Oct	V04.81	Z23	90656	OBGYN	Preventive Services & Vaccines	Flu Vaccine N0 Preserv 3 & >	\$14.27
01-Nov			S9442	Alternative Provider	Preventive Services & Vaccines	Birthing class	-
08-Nov			S9442	Alternative Provider	Preventive Services & Vaccines	Birthing class	-
11-Nov	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
18-Nov	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-

Date	Diagnosis Code (ICD-9)	Diagnosis Code (ICD-10)	CPT®, HCPCS, or Other Billing Code	Provider Type	Benefit Category	Description	Allowed amount
25-Nov	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
02-Dec	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
09-Dec				Inpatient Facility	Inpatient Hospital Care (Facility)	Inpatient Maternity Bundle (Bundled line items 4, 5, 34)	\$8,959.38
09-Dec	V22.0	Z3400	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
09-Dec	650, V27.0	O80, Z370	S9443	Inpatient Facility	Preventive Services & Vaccines	Lactation class	-
10-Dec			99460	Inpatient Professional	Professional Services: Primary Care	Initial hospital or birthing center care, per day, for E/M of normal newborn infant	\$99.00
11-Dec			99460	Inpatient Professional	Professional Services: Primary Care	Initial hospital or birthing center care, per day, for E/M of normal newborn infant	\$99.00
11-Dec			OTC	Pharmacy Retail	Over-the-counter Drugs	Docusate sodium (OTC) [1 pill QD]	\$11.20
11-Dec			591346601	Pharmacy Retail	Prescription Drugs: Generic	Ibuprofen 800mg (Rx) [1 pill Q8H PRN; 60 pills]	\$11.69
11-Dec			378710401	Pharmacy Retail	Prescription Drugs: Generic	Oxycodone/APAP 5mg/325mg (Rx) [1 pill Q6H PRN; 15 pills]	\$6.45
23-Dec	V24.2	Z392	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-
11-Dec	V24.2	Z392	591346601	Pharmacy Retail	Prescription Drugs: Generic	Ibuprofen 800mg (Rx) [1 pill Q8H PRN; 60 pills]	\$11.69
11-Dec	V24.2	Z392	378710401	Pharmacy Retail	Prescription Drugs: Generic	Oxycodone/APAP 5mg/325mg (Rx) [1 pill Q6H PRN; 15 pills]	\$6.45
23-Dec	V24.2	Z392	59400	OBGYN	Professional Services: Obstetric Care (Bundled)	Office/Outpatient Visit Est	-

**Fracture of the fifth metatarsal****Sample care costs**

Benefit category	Foot Fracture
Inpatient Hospital Care (Facility)	-
Other Facility Services	\$37
Emergency Department (Facility)	-
Ambulance	\$1,271
Professional Services: Primary Care	-
Professional Services: Emergency Department	\$557
Professional Services: Specialist	\$293
Professional Services: Obstetric Care (Bundled)	-
Professional Services: Procedures & Other	-
Professional Services: Physical Therapy	\$216
Diagnostic Services: Radiology	\$30
Diagnostic Services: Laboratory	-
Prescription Drugs: Generic	-
Prescription Drugs: Branded	-
Over-the-counter Drugs	-
Preventive Services & Vaccines	-
Durable Medical Equipment	\$37
Medical Supplies	-
Over-the-counter Medical Supplies	-
Other Items & Services	-
Total (unrounded)	\$2,442

**Assumptions**

The following are assumptions that all group health plans and health insurance issuers must use for this scenario.

**Standard Assumptions**

These assumptions are standard across all scenarios.

- Costs do not include premiums.
- Condition was not excluded as a pre-existing condition.
- There are no other medical expenses for any member covered under the plan or policy.
- All care is in-network and considered first tier (or the tier associated with the lowest level of cost sharing), for those products that incorporate tiered provider networks.
- No out-of-network charges or any other variation in Sample Care Costs.
- All services occur in same policy period.
- All prior authorizations were obtained.
- All services were deemed medically necessary.

- All costs (allowed amount, sample care costs, member costs) greater than \$100 are rounded to the nearest hundred.
- All costs (allowed amount, sample care costs, member costs) less than \$100 are rounded to the nearest ten.
- All medications are covered as generic equivalents if available.
- If the plan has a wellness program that varies the deductibles, co-payments, co-insurance, or coverage for any of the services listed in a treatment scenario, the plan must complete the calculations for that treatment scenario assuming that the patient is participating in the wellness program. networks.

**Note:** Services on this tab are listed individually for classification and pricing purposes to facilitate the population of the "Sample care costs" section. HHS specifies the Category in order to roll up costs into that category in the "Sample care costs" section so that those costs are uniform across all group health plans and health insurance issuers. However, some plans or issuers may classify an item or service under another category. The plan or issuer should apply its cost sharing and benefit features for each plan or policy in order to complete the "You pay" section, but must leave as is the "Sample care costs" section. Examples of cost sharing and benefit features include, but are not limited to:

- Payment of services based on the location such as inpatient, outpatient, or office; and
- Payment of items as prescription drugs vs. medical equipment.

**Explanation of Scenario:**

- **Total** – the sum of allowed amounts for the listed items and services, which is cross-referenced in the "Label and Assumptions" tab, where it is rounded.
- **Date of Service** – includes the day and month of service so plans and issuers understand the order in which items or services are rendered.
- **ICD-9 Diagnosis Code** – includes the ICD-9 code for each item or service.
- **ICD-10 Diagnosis Code** – includes the ICD-10 code for each item or service.
- **CPT, HCPCS or Other Billing Code** – includes medical codes for each item or service. Over-the-counter medications are listed as OTC.
- **Provider Type** – includes one of the types listed on the "Provider Types" tab to classify each item or service by provider.
- **Category** – includes one of the categories listed on the "Categories" tab to classify each item or service so it rolls up into the same category in the "Label and Assumptions" tab.
- **Description** – includes the short form descriptor for a CPT code, or an appropriate descriptor for a non-CPT billing code.
- **Allowed Amount** – includes an estimated national average allowed amount for each item or service, which plans or issuers must use to calculate cost sharing.

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Date	Diagnosis Code (ICD-9)	Diagnosis Code (ICD-10)	CPT®, HCPCS, or Other Billing Code	Provider Type	Benefit Category	Description	Allowed amount
02-Jun	959.7	S99929A	A0425	Ambulance (land)	Ambulance	Ground mileage, per statute mile	\$75.95
02-Jun	959.7	S99929A	A0429	Ambulance (land)	Ambulance	Ambulance service, basic life support, emergency transport (bls-emergency)	\$516.60
02-Jun	825.25	S92353A	99284	Outpatient Hospital	Professional Services: Emergency Department	Emergency department visit for evaluation and management of patient, which req 3 key components. Usually, presenting problem(s) are high severity, & require urgent physician evaluation but do not pose	\$271.37
02-Jun	825.25	S92353A	73630	Outpatient Hospital	Professional Services: Emergency Department	Radiologic examination, foot; complete, minimum of 3 views	\$33.92
02-Jun	825.25	S92353A	28470	Outpatient Hospital	Professional Services: Emergency Department	Closed treatment of metatarsal fracture; without manipulation, each	\$252.12
02-Jun	825.25	S92353A	L4387	Outpatient Hospital	Other Facility Services	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$162.00

02-Jun	V54.16		E0114	Pharmacy Retail	Durable Medical Equipment	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	\$36.61
16-Jun	825.25	S92353A	99203	Outpatient Hospital	Professional Services: Specialist	Office or other outpatient visit for the evaluation and management of a new patient, which requires at least 3 key components. Physicians typically spend 30 minutes face-to-face with the patient.	\$109.78
16-Jun	825.25	S92353A	29405	Outpatient Hospital	Professional Services: Specialist	Application of short leg cast (below knee to toes);	\$110.59
16-Jun	825.25	S92353A	Q4038	Outpatient Hospital	Other Facility Services	Cast supplies, short leg cast, adult (11 years +), fiberglass	\$37.14
28-Jul	825.25	S92353A	73600	Primary	Diagnostic Services: Radiology	Radiologic examination, foot; 2 views	\$30.20
28-Jul	825.25	S92353A	99213	Primary	Professional Services: Specialist	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components. Physicians typically spend 15 minutes face-to-face with the	\$73.00
04-Aug	825.25	S92353A	97001	Physical Therapy	Professional Services: Physical Therapy	Physical therapy evaluation	\$75.00
04-Aug	825.25	S92353A	97110	Physical Therapy	Professional Services: Physical Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$46.92
11-Aug	825.25	S92353A	97110	Physical Therapy	Professional Services: Physical Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$46.92
18-Aug	825.25	S92353A	97110	Physical Therapy	Professional Services: Physical Therapy	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$46.92