



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4450800	CHRONIC PAIN TX ROOM/HR	761	62322	1808.00
4450838	SPINAL	272		191.00
4450842	EPIDURAL	272		166.00
4450844	TUBE ET 2.0-6.5	272		54.00
4451000	ANESTHESIA 1ST HOUR	370		724.00
4451001	ANESTHESIA 15 MIN	370		181.00
4451002	ANESTHESIA PROFEE	964		120.00
4451003	ANES TECHNICAL FEE 1ST 15MIN	370	99152	120.00
4451004	ANES TECHNICAL FEE ADD'I 15 MINS	370	99153	120.00
4451005	MODERATE SEDATION <5 YEARS INITIAL	370	99151	120.00
4451006	MODERATE SEDATION ADD'I 15 MINS	370	99153	120.00
4540001	ANTIBODY ID PANEL, PEG	390	86870	75.00
4540005	FRESH FROZEN PLASMA THAW	390	86927	55.00
4540006	CHEM/DRUG TRMT REAGENT CE	300	86970	100.00
4540007	DIFF ADSORPTION OF SERUM	300	86978	70.00
4540008	ELUTION	300	86860	70.00
4540009	PHENOTYPE x7	300		182.00
4540010	APHERESIS FRSH FRZN PLAZM THAW	390	86927	125.00
4540012	ANTIBODY TITER	390	86886	150.00
4540381	PC1	381	P9021	285.00
4540386	CRYOPRECIPITATE AHF POOLED (5 UNITE	387		375.00
4545656	PLATELETPHERESIS	384		570.00
4546870	ANTIBODY ID PANEL, LISS	390	86870	75.00
4546881	DAT ANTIBODY, IGG	390	86880	12.00
4546882	DAT,POLYSPECIFIC	390	86880	12.00
4546904	ANTIGEN NEG SCREEN	390	86904	100.00
4546905	PHENOTYPE	390	86905	26.00
4546906	RH PHENOTYPE	390	86906	84.00
4549681	DAT ANTIBODY, COMPLEMENT	390	86880	12.00
4549685	PC2	381	P9021	285.00
4549686	PC3	381	P9021	285.00
4549687	PC4	381	P9021	285.00
4549710	PLATELETPHERESIS X2	384		570.00
4549711	PLATELETPHERESIS	384		570.00
4549718	ABO TYPING	390	86900	20.00
4549719	RH TYPING	390	86901	22.00
4549720	FETAL MATERNAL BLEED	305	85460	150.00
5380010	IRRIGATION SOLUTION 3000ML	272		38.00
5380018	PLATE 3.5MM LCP R 8H 112M	278	C1713	1608.00
5380022	BRACE SHOULDER XXL	274	L3650	38.00
5380032	PLATE 3.5MM LCP R 10H 140M	278	C1713	1668.00
5380042	SUTURE PROLENE 3-0 PS-2 18 BLU	272		22.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380043	PLATE T 3.5MM LCP 4H 7SRA	278	C1713	1536.00
5380047	PLATE 1/3 TUB W/C 5H 61MM	278	C1713	326.00
5380048	SUTURE ETHIBOND 2-0 12X44"	272		167.00
5380056	DRAPE HAND TIBURON 18	270		35.00
5380062	BOWL STERILE 16 OZ DISP	272		5.00
5380070	BOVIE CLEANER	270		5.00
5380089	SCISSORS STERILE S/B DISP	272		7.00
5380090	TUBING FLOSTEADY ARTHROSC	272		189.00
5380092	BLADE AGGRES PLUS 4MM	272		145.00
5380093	RESECTOR 3.5MM FORMULA	272		145.00
5380108	PLATE T 4.5MM LCP 4H 83MM	278	C1713	1786.00
5380113	TRAY CVP DRESS W/CHLORA	272		13.00
5380122	DRESSING PO LY ALLEVYN 4X4	272		16.00
5380125	ENDO BABCOCK 10MM	272		452.00
5380127	PUMP ON Q PAIN	270		320.00
5380133	TUBE T 14 FR	272		64.00
5380136	PNEUMOTHROAX SET	272		294.00
5380138	TUBING CURLIN BAG SPIKE	272		55.00
5380140	PROBE 3.5MM 90-S ARTHRO	272		744.00
5380144	PACK BASIC	272		23.00
5380147	STEINMANN PIN 9x1.9MM	278	C1713	155.00
5380148	PROCTECTOR HEEL/ELBOW LG	270		22.00
5380149	PILLOW ABDUCTOR MED	271		72.00
5380150	SPLINT,ALUMINUM FINGER	270		18.00
5380158	STEINMANN PIN 9x2.0MM	278	C1713	155.00
5380159	ABD SURGIPAD 5X9	272		5.00
5380160	STEINMANN PIN 9x2.4MM	278	C1713	105.00
5380161	BETADINE SWABSTICK 3-PK	272		5.00
5380163	HOFFMAN CLAMP	270		5.00
5380164	PLATE 3.5MM LCP 6H 85MM	278	C1713	1134.00
5380165	STEINMANN PIN 9x2.8MM	278	C1713	138.00
5380166	STEINMANN PIN 9x3.2MM	278	C1713	101.00
5380167	SHROUD KIT ADULT	270		20.00
5380168	NEEDLE ROUND BODY 14D	272		24.00
5380169	PLATE 3.5 LCP 6H PH 3S	278	C1713	4482.00
5380178	HERNIA KIT P&P MED	278	C1781	508.00
5380179	LIGACLIP S/S MED	272		17.00
5380180	LIGACLIP S/S LARGE	278		53.00
5380181	SUTURE PDS 11 27" VIOLET	272		21.00
5380182	STAPLER DST 25MM/3.5MM	272		1465.00
5380183	STAPLER DST 28MM/4.8MM	272		1546.00
5380184	LOADING UNIT GIA 60 3.8MM	272		325.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380190	HERNIA KIT P&P LARGE	278	C1781	495.00
5380191	TUBE ET 7.0 MURPHY	272		12.00
5380192	TUBE ET 7.5 MURPHY	272		12.00
5380193	TUBE ET 8.0 MURPHY	272		12.00
5380194	CANNULA LARIAT NO FLARE	272		5.00
5380196	AIRWAY ORAL 80MM SZ3	272		6.00
5380197	AIRWAY ORAL 90MM SZ9	272		5.00
5380198	AIRWAY ORAL 100MM SZ4	272		5.00
5380199	TUBE FLEXIFLO 14FR	270		30.00
5380203	PROBE 3.5 MM HOOK	272		264.00
5380204	ENDO SUTURE 5.16MMX38CM	270		922.00
5380208	STEINMANN PIN 9x3.6MM	278	C1713	77.00
5380211	EAR DRESSING KIT GLASSCOC	272		43.00
5380216	STEINMANN PIN 9x4.0MM	278	C1713	121.00
5380217	STEINMANN PIN 9x4.8MM	278	C1713	79.00
5380218	PICC 4FR FULL TRAY W/MI	270		244.00
5380219	STOCKINETTE 6" X 30"	272		20.00
5380220	STOCKINETTE 8" X 72"	272		50.00
5380221	SUTURE VCRYL 3-0 18" 45CM	272		24.00
5380226	MESH SURGICAL POLYPROPYLENE 12"	278	C1781	953.00
5380227	CUFF BP DISP	272		22.00
5380231	CATH COUDE 14 FR	272		26.00
5380234	SENSOR SP02 INFANT	270		50.00
5380237	CATH LATEX FREE KIT,W/O	270		15.00
5380240	BRACE SHOULDER	274	L3650	26.00
5380242	K-WIRE 1.25MMX150MM	278	C1713	58.00
5380243	SUTURE ETHILON 5-0 P-3	272		18.00
5380244	SUTURE ETHILON 4-0 PC-5	272		20.00
5380245	BRACE SHOULDER MED	274	L3650	26.00
5380246	BRACE SHOULDER SM	274	L3650	31.00
5380247	BRACE SHOULDER XLRG	274	L3650	30.00
5380248	ANCHOR 55MMBR HEALIX ADV	278	C1713	892.00
5380249	CATH COUDE 8FR	272		5.00
5380251	PERTRACH KIT PED 3.0MM	270		352.00
5380252	PERTRACH KIT PED 3.5MM	272		364.00
5380253	DERMABOND	272		68.00
5380254	KIT SUCT CATH/GLV 10FR	272		5.00
5380255	PERTRACH KIT PED 4.0MM	272		364.00
5380256	FLUFFS (2)	272		7.00
5380257	CATH FOLEY 10FR 2-WY 3CC	272		28.00
5380258	PERTRACH KIT ADLT 5.6MM	272		276.00
5380259	CATH FOLEY 18FR 2WY 30CC	272		37.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380260	CATH FOLEY 20FR 3WY 30CC	272		35.00
5380261	SUTURE TICRON 2 KV-30	272		87.00
5380263	CATH FOLEY 22FR 3WY 30CC	272		39.00
5380264	CATH FOLEY 24FR 3WY 30CC	272		49.00
5380265	SUT ETHIBOND XTRA SZ 1	272		16.00
5380267	SUT ETHIBOND EXEL 2 LR	272		21.00
5380268	NEEDLE SAFETY HUBER 1"	272		19.00
5380269	CATH / THORACIC 32FR CURVED	272		34.00
5380270	CATH / THORACIC 36FR CURVED	272		34.00
5380271	MASK ANESTH ADULT SM	270		8.00
5380273	CATH / THORACIC 36FR	272		29.00
5380274	CATH / THORACIC 10FR	272		86.00
5380275	CATH / THORACIC 12FR	272		86.00
5380277	COLLAR EXTRI INFANT	274	L0172	49.00
5380278	COLLAR EXTRI LOW	274	L0172	43.00
5380279	COLLAR EXTRI PEDIATRIC	274	L0172	43.00
5380280	COLLAR EXTRI REG	274	L0172	43.00
5380281	COLLAR EXTRI SHRT	274	L0172	32.00
5380282	COLLAR EXTRI TALL	274	L0172	51.00
5380284	TUBE CONNECT GRAD 5X1	272		5.00
5380302	TRAY- PARACENTESIS	272		101.00
5380304	ANASCOPE W/OBTURATOR	272		18.00
5380306	CUFF VENAFLOW DVT	272		47.00
5380309	RESTRAINT-LIMB QUICK REL	271		20.00
5380314	SUTURE MAXON 0 GS-25	272		68.00
5380315	BURR 4.0MM FORM BARREL	272		150.00
5380316	THERMAL FLEXIBLE SIDE EFF	272		696.00
5380317	SUTURE ETHILON 6-0 PC-1	272		22.00
5380318	FILTER DISP HMEF750	272		9.00
5380321	STETHSCP 18FR ES/ 400S	272		15.00
5380326	SUT ETHIBOND EXCEL30IN	272		16.00
5380332	ROVICULATOR 45-2.5	272		708.00
5380333	STAPLER GIA 12MM UNIVERS	272		470.00
5380334	TUBE SET INSUFFLATOR	272		58.00
5380341	SENSOR SP02 ADLT	270		11.00
5380342	SENSOR SP02 PEDS	270		39.00
5380343	SUT ETHILON 2-0 30"	272		23.00
5380344	SUT ETHILON 3-0 PS-1 18"	272		21.00
5380350	PLATE-DCP 3.5MM 7H	278	C1713	492.00
5380351	PLATE-LCP 3.5MM 10H	278	C1713	1154.00
5380352	PLATE-DCP 3.5MM 8H	278	C1713	512.00
5380353	PLATE-LCP 3.5MM 14H	278	C1713	1782.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380362	PLATE T 3.5MM LCP 4H 4SRA	278	C1713	1028.00
5380364	PLATE-T-OBL 3H5S	278	C1713	726.00
5380368	PLATE-CLOVER THIN 4H	278	C1713	982.00
5380369	MASK ANES ADULT LG	272		9.00
5380371	PLATE-LCPT RA 3H5H 3.5MM	278	C1713	1130.00
5380376	SPONGE HEMOSTAT 2X14	272		245.00
5380377	SPONGE HEMOSTAT 2X3	272		226.00
5380381	SCREW-CTX ST 2.7MM 6MM	278	C1713	135.00
5380385	EXPRESSEW III	272		438.00
5380386	VERSALOK	272		1100.00
5380387	TROCAR BLUNTPORT PLUS	272		234.00
5380388	GRYPHON ANCHOR W/ OC	272		930.00
5380389	HEALIX 5.5 BR	272		992.00
5380392	BLADE ANG AGG PLUS 4MM	272		139.00
5380394	SUPER CUFF 44'X4" SP	272		102.00
5380395	SUTURE SILK 0 CT-1 30" BL	272		6.00
5380396	AIRWAY 32F NASO PHAR	272		59.00
5380397	AIRWAY 34F NASO PHAR	272		59.00
5380398	C-ARM DRAPE STANDARD	272		37.00
5380400	CAST LONG ARM	271		110.74
5380402	CAST PLASTER ARM	271		99.98
5380403	CAST SHRT ARM	270		99.98
5380404	SUT VCRYL 5-0 P-3 CTD	272		27.00
5380405	DRY BURN PAD 24X36	272		38.70
5380406	CAST LONG LEG	271		141.51
5380407	STERI DRAPE 1000 17X11	272		7.00
5380408	CAST PLASTER LEG	271		113.56
5380409	DRY BURN PAD 18X24	272		27.36
5380410	K-WIRE 1.1MMX152MM	278	C1713	53.00
5380411	CAST SHRT LEG	271		121.51
5380412	SMART CAPNOLINE 02/C02	271		21.00
5380413	SUTURE PROLENE 6/0 24"	272		182.00
5380415	EYE PROTECT OPTI GARD	271		28.00
5380418	CLIP HEMO PLUS MEDIUM	272		92.00
5380419	CLIP HEMO T1 LARGE	272		75.00
5380420	DRAPE LAPAROTOMY ADOL	272		20.00
5380421	DISTRATOR ANKL SYSTM	271		130.00
5380422	K-WIRE 1.6MMX229MM S5	278	C1713	42.00
5380423	K-WIRE .9MMX229MM THD	278	C1713	83.00
5380427	K-WIRE 1.6MMX229MM THD	278	C1713	95.00
5380428	KIT EXP ON-Q PAIN BUST	271		200.00
5380429	V MULLER VASC LOOP MIN Y	272		29.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380431	K-WIRE .9MMX152MM	278	C1713	53.00
5380432	WRAP BREAST AUGMT	270		34.00
5380433	SUTURE ETHIBOND OS-4	272		15.00
5380436	BINDER ABD 10" XL	271		40.00
5380437	BINDER ABD 12" XL	271		32.00
5380438	NERVE LOCATOR/STIM	272		124.00
5380439	AIRWAY PVC NASAL 14F	272		10.00
5380440	AIRWAY PVC NASAL 18F	272		10.00
5380441	AIRWAY PVC NASAL 20F	272		9.00
5380442	AIRWAY PVC NASAL 22F	272		9.00
5380443	AIRWAY PVC NASAL 24F	272		9.00
5380444	SPLINT POST- CHILD HIP	270		127.00
5380445	NEEDLE 22GX5 GM W/INTRO	272		46.00
5380446	EZ-IO STABILIZER	272		63.00
5380447	U/S TRANSDUCR COVER KIT	272		25.00
5380448	DEFIB PADS COMPLT	271		213.00
5380449	DEFIBRILLATOR PADS PEDI	271		166.00
5380451	PLATE-BROAD LCP 4.5MM 7H	278	C1713	1308.00
5380453	ANGLED AGGRESS PLUS 4MM	272		142.00
5380454	SUT VCYLPLS 27 CT2	272		11.00
5380455	EXTEN SET MALE LUER LOK	272		5.00
5380457	DEFOGGER ENDOMATE	272		13.00
5380459	SENSOR SP02 DISP PEDS	270		46.00
5380460	TRAY LACERATION	272		45.00
5380461	K-WIRE 1.1MMX229MM	278	C1713	53.00
5380464	K-WIRE 1.6MMX229MM	278	C1713	53.00
5380465	K-WIRE 1.6MMX152MM	278	C1713	53.00
5380466	K-WIRE .9MMX229MM	278	C1713	53.00
5380467	K-WIRE 1.1MMX229MM THD	278	C1713	95.00
5380468	SLOTTED WHISKER 4MM	272		188.00
5380469	INTRANASL MUCOSAL ATOMIZ	272		24.00
5380470	SNARE OVAL SW	270		44.00
5380474	FORCEP ENDO JAW HT DIS	272		68.00
5380475	CYTOLOGY BRUSH DISP	272		59.00
5380476	LAP WIRE L HOOK TIP 4CM	272		155.00
5380477	BLUNT TIP TROCAR 10MM	272		396.00
5380480	BLUNT TIP TROCAR 12MM	272		476.00
5380483	IVCATH 22GA AUTOGUARD	272		9.00
5380484	LEGISURE LAPARSCOPIC	272		1239.00
5380485	ENDO MULT CLIP APP 5MM	272		298.00
5380486	DISSECTOR BLUNT TIP 5MM	272		146.00
5380488	SUTURE ETHIB 1 OS-4 75CM	272		16.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380489	SUTURE ETHIB 0 OS-4 75CM	272		17.00
5380490	TRAY EPIDURAL CONT DOSE	272		64.00
5380491	LEGISURE OPN INSTR STGHT	272		1360.00
5380492	DRAPE,BILATERAL LIMB	272		32.00
5380496	SUTURE GUT 3-0 PL SH 27L	272		19.00
5380497	PLATE1/3 TUBL CPW/C8HL93	278	C1713	662.00
5380498	SUT COATED VCRL 0 27IN	272		11.00
5380500	LEGISURE OPN INSTR CURVE	272		860.00
5380501	PHLBTOMY BAG	270		40.00
5380504	DRAIN JACKSON PRT 19FR	272	C1729	35.00
5380505	STRL LAPAROSCOPIC TUBING	272		27.00
5380508	ASSY STRYKE FLOW 2 W/TIP	270		154.00
5380510	APPLIER MULT CLIP 93/8 MD	272		170.00
5380511	INSTRUMENT DRAPE 16X20	272		19.00
5380512	SUTURE SILK 18" 2-0 BLK	272		36.00
5380514	SUTURE SILK 18" 0 BLK	272		36.00
5380515	SUT VICRYL PLUS 18"2-0 UN	272		68.00
5380517	SUT VICRYL PLUS 18" 0 UND	272		54.00
5380518	SUT VICRYL PLUS 18"3-0 UN	272		61.00
5380522	CATH IV 20GA 1" AUTOGUARD	272		9.00
5380523	EXTREMITY DRAPE W/ARM BD	272		67.00
5380524	SHOULDER DRAPE W/POUCH	272		69.00
5380525	LAPAROSCOPIC ABDOMINAL DR	272		51.00
5380526	MASK ANES TODDLER SZ 3	270		8.00
5380529	BREATH CHT ANES PED	270		24.00
5380534	PLATE-TUB 1/3 COLL 8H	278	C1713	662.00
5380541	BLANKET-WARMING FULL	271		26.00
5380542	DRAIN SPONGE	272		5.00
5380543	KATZ EXTRACTOR	272		143.00
5380552	MESH POLYPROPYL 3X6IN	278	C1781	647.00
5380560	PLATE LCP T RA 4H6H 3.5MM	278	C1713	1230.00
5380563	SUT 2-0 ARTH FIBERWIRE	272		66.00
5380565	SUT 4-0 ARTH FIBERWIRE	272		66.00
5380566	SUT 3-0 ARTH FIBERWIRE	272		66.00
5380567	CURETTE UTERINE UVAC 9MM	272		24.00
5380568	SHOE ROCKER CAST BOOT SM	271		26.00
5380569	SUT #2 ARTH FIBERWIRE	272		66.00
5380570	CATH / THORACIC 20FR	272		96.00
5380571	DRILL BIT 25MM QUICK CPL QUICK COU	270		270.00
5380576	CATH / THORACIC 8FR	272		93.00
5380577	CATH / THORACIC 24FR	272		87.00
5380578	SUTURE #5 ARTH FIBERWIRE	272		120.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380579	FLOWER BASKET W/PIN HNDL	272		477.00
5380582	NEEDLE 22GX35MM STIM ULTR	272		41.00
5380583	NEEDLE 22GX50MM STIM ULTR	272		41.00
5380584	NEEDLE 22GX80MM STIM ULTR	272		44.00
5380585	NEEDLE 22GX100MM STIM ULT	272		45.00
5380586	SHOE CAST MEDIUM	270		26.00
5380588	AIRWAY-ORD 60MM SZ6	270		5.00
5380591	COLOSTOMY KIT .75IN	272		63.00
5380593	COLOSTOMY KIT 2.75IN	270		68.00
5380594	COLOSTOMY,DURODERM PASTE	270		21.00
5380595	COLOSTOMY 2.75 FLANGE	270		9.00
5380597	COLOSTOMY BAG	270		5.00
5380607	LMA SPREM STRL DISP SZ3	272		137.00
5380611	LMA SPREM STRL DISP SZ4	272		137.00
5380613	LMA SPREM STRL DISP SZ5	272		137.00
5380614	GRASPER ENDO 5MM	272		147.00
5380616	PLATE-LCP REC 3.5MM 6H	278	C1713	1470.00
5380619	CATH,ANGIO 14GAX3.25	272		62.00
5380621	SLING,VOGUE ARM SMALL	271		20.00
5380622	SLING,VOGUE ARM MED	271		20.00
5380623	SLING,VOGUE ARM LARGE	271		20.00
5380626	PLATE-TUB LCP 1/3 COLL 6H	278	C1713	534.00
5380627	SHOE CAST LARGE	271		26.00
5380629	STYLET, INTUBATION SATIRE	272		17.00
5380637	SUTURE VCRYL 3-0 27"UD	272		8.00
5380638	SUTURE VICRYL 3-0 PS-2	272		7.00
5380639	PLATE-DCP 3.5MM 10H	278	C1713	548.00
5380643	SHOE POST-OP MENS X-LG	271		31.00
5380656	OXYGEN DILUTER ADJ NON-RE	270		36.00
5380657	STOCKINETTE IMPERV MED	271		22.00
5380658	ETT INTRODUCER 15FR	272		50.00
5380661	DRESSING STRATASORB 6X6	272		15.00
5380663	CANNULA SMOOTH CLEAR	272		123.00
5380664	INTERMEDIATE TUBE SET	272		97.00
5380665	IRRIGATION PUMP SET	272		137.00
5380666	ELECTRODE REPOSITIONAL	270		5.00
5380668	SILSSTITCH ARTICULATING	272		830.00
5380669	ENDOSTCH W/SURGIDAC 2-0	272		150.00
5380670	ENDOSTCH W/POLYSORB 2-0	272		150.00
5380671	ENDOSTCH W/POLYSORB 3-0	272		144.00
5380672	RESUSCITATION BVM ADULT	272		33.00
5380674	ADHESIVE REMOVER	270		11.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380678	LMA SPREM STRL DISP SZ25	272		100.00
5380680	CANNULA ADULT NASAL	272		5.00
5380681	HBO-W-8-910 BLLN ESPHGL	272		620.00
5380682	HBD-W-10-11-12 BLLN ESPHG	272		620.00
5380683	HBD-W-12-13.5-15 BLLN ESP	272		620.00
5380685	HBD-W-15-16.5-18 BLLN ESP	272		620.00
5380686	HBD-W-18-19-20 BLLN ESPHG	272		620.00
5380687	DILATION SYRINGE	272		148.00
5380688	HEMOVAC EVACUATOR KIT	272		152.00
5380689	AIRWAY ADAPTER DRYLINE	272		18.00
5380690	SUT ETHILON XL 5 CCS	272		76.00
5380691	SUT VCRYL 1-0 CP-1	272		8.00
5380692	SUT VCRYL 2-0 CP-1	272		10.00
5380693	SUT VCRYL 3-0 CP-2	272		10.00
5380694	NEEDLE S/C ABD 037 X 3.228	272		23.00
5380695	NEEDLE S/C ABD .03 X 2	272		24.00
5380696	ENR O2 FLW MODULTR SET	272		290.00
5380697	NEEDLE 22GA X 35 7 X 90 MM	272		23.00
5380698	SFTY SCREW SPIKE SET	272		12.00
5380699	SFTY SCRW SPK IKML FLSH	272		20.00
5380700	SET Y-TYPE BLADDER IRRIGA	272		16.00
5380701	D300 3-WAY STOPCOCK	272		5.00
5380703	SET ADLT SCNDRY LUER LOCK	272		5.00
5380704	SET UNIV 15DROP PUMP W/2	272		19.00
5380705	SET UNIV 60DROP PUMP SET	272		19.00
5380706	SET EXT W/ULTRASITE Y	272		7.00
5380707	SET US1380F FILTERED EXT	272		11.00
5380708	SET Y TYPE BLOOD PUMP ULT	272		23.00
5380709	SET UNIV 60DROP NITRO PUM	272		29.00
5380710	US1385F ULTRA 1.2 MIC FIL	272		12.00
5380711	SET EXT W/ULTRASITE 6IN	272		8.00
5380715	INFUSOMAT SPACE PUMP	272		21.00
5380716	ULTRASITE ADD-ON SET	272		20.00
5380718	PRESSURE INJCTBL LUMEN	272		490.00
5380720	KUMAR CATHETER	272		105.00
5380721	CRFL/INFL CASSETTE TUBING	272		201.00
5380722	STYLETTE ADULT 14F 12.5	272		13.00
5380723	STYLETTE CHILD 10F 11.5	272		13.00
5380724	ULTRA SURG PROBE COVER	272		40.00
5380725	90-S ACCLERATOR	272		348.00
5380726	PAPARELLA TYPE VET TUBE	272		80.00
5380727	STD COLONOSCOPE NEEDLE	272		75.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380728	TUBE- H/L ORALNASAL ENDOTRACH	272		12.00
5380729	TUBE- H/L ORALNASAL ENDOTRACH 4.5	272		12.00
5380730	SUCTION COAG 10FR STERILE	272		47.00
5380731	ETCOZ MASK SET	270		40.00
5380732	CAST WECLGE STARTER SET	272		239.00
5380733	BLADE MICRO-OSCILLATOR	272		28.00
5380735	SUTURE PROLENE 4-0 PC-3 18"	272		24.00
5380737	SUT VICRYL 3-0 PC-5 19MM	272		25.00
5380738	KNEE SPRT - OPENPAT-SM	270		39.00
5380739	KNEE SPRT - OPENPAT-MED	270		39.00
5380740	KNEE SPRT - OPENPAT-LG	270		39.00
5380741	SCREW-2.0MM CTX ST 6MM	278	C1713	126.00
5380742	SCREW-2.0MM CTX ST 14MM	278	C1713	126.00
5380743	SCREW-2.0MM CTX ST 16MM	278	C1713	126.00
5380745	PLATE-T 2.MM 3 HLS	278	C1713	210.00
5380746	PLATE-T 2.0MM 2 HLS	278	C1713	222.00
5380747	PLATE-ST 2.0MM 5 HLS	278	C1713	150.00
5380748	PLATE-ST 2.0 MM 4 HLS	278	C1713	621.00
5380749	PLATE- QT W / COLL 5HLS	278	C1713	574.00
5380750	BAG DECANter- STERILE	272		5.00
5380752	ELECTRODE- CURVED TRIP	272		125.00
5380753	NEEDLE- LAPARO ASP 16 GA	272		67.00
5380758	NAS CAN 7' CO2 W / MALE	271		18.00
5380759	GIA 80 3.8 STAPLER	272		950.00
5380760	GIA 80 3.8 SULU	272		493.00
5380761	GIA 100 3.8 STAPLE	272		1167.00
5380762	GIA 100 3.8 SULU	272		611.00
5380763	PLATE-T-LCP 4.5MM 6H	278	C1713	2046.00
5380764	PLATE-T-LCP 4.5MM 8H	278	C1713	2364.00
5380765	PAD SET FLEXMATE K500	271		70.00
5380766	SUT CHROMIC G0 12X18" SG	272		124.00
5380767	SUT CHROMIC G2/0 27" CT-2	272		20.00
5380768	CUT CHROMIC G2/0 27" SH	272		20.00
5380769	SUT CHROMIC G1 12X18" TIE	272		61.00
5380770	SUT CHRONIC G1 8X18" MO-5	272		103.00
5380771	SUT CTD VICRYL PLUS 0 27"	272		11.00
5380772	SUT CTD VICRYL 0 27" VIOL	272		12.00
5380773	ALEXIS WOUND RETRACTOR SM	272		135.00
5380774	ALEXIS WOUND RETACTOR LG	272		188.00
5380776	ST GUIDE WIRE .045X6"	278	C1769	49.00
5380777	OXYGEN HOOD INFANT	272		37.00
5380778	ACUTRACK 2 BONE SCREW 20M	278	C1713	952.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380779	FLUTTER MUCUS RMVL DEVICE	271		240.00
5380781	15MM 15GA IO NEEDLE SET	272		273.00
5380782	25MM 15GA IO NEEDLE SET	272		273.00
5380783	45MM 15GA IO NEEDLE SET	272		273.00
5380784	CO2 SAMPLE LINE 2Mx7'	272		5.00
5380785	PORT-A-CATH II POWER P.A.C 6FR	272		1176.00
5380789	TUBING EXT SET MICROBORE	272		6.00
5380793	SCREW 2.0MM CORTEX 8MM	278	C1713	146.00
5380794	SCREW 2.0MM CORTEX 10MM	278	C1713	146.00
5380795	SCREW 2.0MM CORTEX 12MM	278	C1713	126.00
5380799	TUBING- FMS PUMP STERILE	272		98.00
5380800	SCREW- 2.0MM CORTX ST 20MM	278	C1713	126.00
5380801	BLADE- COURSE 9.5X.4MM	272		29.00
5380802	BLADE- OVAL BUR-MED	272		46.00
5380803	BLADE MINIATURE #64	272		21.00
5380804	BLADE MINIATURE #67	272		24.00
5380805	ALEXIS WND RETRACTOR 5-9C	272		135.00
5380806	HS SUCTION COAGULATOR	272		40.00
5380807	SUT #2 TRICON H05910	272		29.00
5380808	PACKING W/ DRAWSTRING	272		93.00
5380809	SUT CHROWIC 5-0 P-3	272		24.00
5380810	Sub-Q-Set	272		17.00
5380811	Carlin Pump Set	272		38.00
5380812	SUT SILK 3/0 18" BLK PS	272		22.00
5380813	SUT CTD VICRYL 3/0 27"	272		23.00
5380814	SUT CTD VICRYL PLUS 1 18"	272		12.00
5380815	SUT CTD VICRYK PLUS 0 27"	272		12.00
5380816	SUT CHROMIC GUT 6/0 18"	272		33.00
5380817	SUT CTD VICRYL 3/0 27" UN	272		21.00
5380818	SUT CTD VICRYL PLUS 18 I	272		22.00
5380819	SUT PDS II 0 27" VIOLET	272		21.00
5380821	ECTRA PROCEDURE KIT	272		529.00
5380822	SUPRAGLOTTIC AW KIT SZ3	270		145.00
5380823	SUPRAGLOTTIC AW KIT SZ4	270		146.00
5380824	SUPRAGLOTTIC AW KIT SZ5	270		150.00
5380825	DS SKIN STAPLER 5 STAPLES	272		19.00
5380826	CATHERY GROUND PAD INFANT	271		57.00
5380827	VISCERO RETAINER FISH MED	272		69.00
5380828	ORAL RAE TUBE 6.5	272		19.00
5380829	ORAL RAE TUBE 6.0	272		19.00
5380830	ORAL RAE TUBE 7.0	272		19.00
5380831	ORAL RAE TUBE 5.0	272		19.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380834	SPLINT DOYLE NASAL	272		155.00
5380835	SPLINT DOYLE BIVALVE SET	272		147.00
5380836	DMALDSON VENT TUBE	272		38.00
5380838	90 HOOK W/ HANDPIECE	272		290.00
5380839	ELECTRODE SIDE EFFECT	272		684.00
5380840	V MUELLER VASC LOOP W	272		25.00
5380841	V MUELLER VASC LOOP MAXI	272		22.00
5380844	PLATE 3.5MM LCP H7 CLAVIC	278	C1713	2152.00
5380845	K-WIRE .035X9 DBL E TR	278	C1713	46.38
5380848	MYRINGOTOMY L KNIFE W/H	272		44.00
5380852	CATH FOLEY 6TR 2W 3CC	272		43.00
5380853	EXTREMITY SHEET TIBURON	272		25.00
5380854	PLATE-N4.5MM LCP 7H 134MM	278	C1713	1336.00
5380855	PLATE-N45MM LCP 10H 188MM	278	C1713	1606.00
5380859	DRESSING MEDIPORE 15X28CM	271		8.00
5380860	TUBE ORAL RAC CUFF 5.5MM	272		31.00
5380861	TUBE ORAL RAC CUFF 7.5MM	272		31.00
5380862	TUBE ORAL RAC CUFF 4.0MM	272		22.00
5380863	TUBE ORAL RAC CUFF 4.5MM	272		22.00
5380864	TUBE ORAL RAC CUFF 5.0MM	272		21.00
5380865	BLADE- ROUND BUR-MED	272		46.00
5380866	BLADE- SAG CRS 9.5X25.4X4	272		29.00
5380867	BLADE- SAG FINE 9.5X41X.4MM	272		28.00
5380868	BLADE- SAGCRS 14X41X.4MM	272		28.00
5380869	BLADE- SAG CRS 19.5X41X.4MM	272		28.00
5380870	BLADE- SEG CRS 19.5X25.5X4	272		28.00
5380871	BLADE- SAG CRS 5.5X18.5X.4MM	272		34.00
5380872	BLADE- OSC FINE 10X18.5X.4MM	272		28.00
5380873	BLADE-SAW MR 38X.4MM	272		26.00
5380874	BLADE- SAW MR 35.5x.4MM	272		26.00
5380876	BLADE- MICRO SAGITTAL	272		29.00
5380877	BLADE- MICRO SAG FINE 9.5x41x.4	272		29.00
5380878	BLADE- MICRO SAG COURSE	270		29.00
5380879	BLADE- MICRO RECIP 38x.4 FLAT	272		28.00
5380880	BLADE- MICRO OSC FINE	272		29.00
5380881	BLADE- MICRO SAG FINE	270		34.00
5380882	BLADE- MICRO SAG COURSE	270		29.00
5380883	BLADE- MICRO RECIPROCATOR	270		28.00
5380884	BLADE- SM SAG SAW ST	272		150.00
5380885	BLADE- SAGITTAL	272		250.00
5380886	BLADE-SM SAG 6.9MM X 19.8	272		150.00
5380887	BLADE-SM SAG 12.74MM X21	272		150.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380888	BLADES- DERMATONE	272		214.00
5380889	FEED AND FLUSH SET	272		22.00
5380890	FILTER RAPID VAC SMOKE	272		621.00
5380891	SMOKE EVAC PENCIL HOLSTER	272		117.00
5380892	MICRO PWR RASP RECIP	272		113.00
5380894	PLATE T 3.5MM 3H3S RA	278	C1713	390.00
5380896	DRILL BIT 1.5MM	272		252.00
5380901	PLATE 2.7MM & 3.5MM BNDG 05	278	C1713	434.00
5380902	PLATE 2.7MM & 3.5MM BNDG 04	278	C1713	598.00
5380903	PLATE 3.5MM TH LOCKING HL	278	C1713	270.00
5380904	BLANKET BH 72X36 CHST ACC	271		26.00
5380905	BLANKET BH 72X24 UPPER BDY	271		35.00
5380906	BLANKET BH 60X36 LOWER BDY	271		35.00
5380907	SPECIMEN SOCK	272		7.00
5380908	SCREW-CORTX ST 1.0 MM 6MM-14MM	278	C1713	218.00
5380909	SCREW-CORTX ST 1.3 MM 6MM-18MM	278	C1713	228.00
5380910	SCREW-CORTX ST 1.5MM 6MM-24MM	278	C1713	163.00
5380911	SCREW-CORTX ST 2.0MM 6MM-40MM	278	C1713	188.00
5380912	SCREW-CORTX ST 2.4MM 6MM-13MM	278	C1713	135.00
5380913	BUTRESS PIN 1.8MM x 18MM	278	C1713	233.00
5380914	PLATE-STRAIGHT 1.3MM 6H	278	C1713	622.00
5380915	PLATE-STRAIGHT 1.3MM 12H	278	C1713	786.00
5380916	PLATE- H -RIGHT 1.3MM	278	C1713	750.00
5380917	PLATE- H -LEFT 1.3MM	278	C1713	750.00
5380918	PLATE-T-1.3MM 3H	278	C1713	720.00
5380919	PLATE-T-1.3MM 4H	278	C1713	750.00
5380920	PLATE-Y-1.3MM	278	C1713	720.00
5380921	DRILL BIT MINI QUICK CPL 0.76 MM	272		450.00
5380922	DRILL BIT MINI QUICK CPL 1.0 MM	272		226.00
5380923	DRILL BIT MINI QUICK CPL 1.3 MM	272		226.00
5380924	DRILL BIT J-LATCH 0.76 MM	272		450.00
5380925	DRILL BIT J-LATCH 1.0 MM	272		280.00
5380926	DRILL BIT J-LATCH 1.3MM	272		226.00
5380927	PLATE-STRAIGHT 1.5MM 6H	278	C1713	622.00
5380928	PLATE-STRAIGHT 1.5MM 12H	278	C1713	786.00
5380929	PLATE-H-RIGHT 1.5MM	278	C1713	750.00
5380930	PLATE-H-LEFT 1.5MM	278	C1713	750.00
5380931	PLATE-T-1.5MM 3H	278	C1713	720.00
5380932	PLATE-T-1.5MM 4H	278	C1713	750.00
5380933	PLATE-Y- 1.5MM	278	C1713	720.00
5380934	PLATE-CONDYLAR LEFT 1.5MM	278	C1713	850.00
5380935	PLATE-CONDYLAR RIGHT 1.5MM	278	C1713	850.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380936	DRILL BIT MINI QUICK CPL 1.1MM	272		220.00
5380937	DRILL BIT MINI QUICK CPL 1.5MM	272		296.00
5380938	DRILL BIT J-LATCH 1.1MM	272		226.00
5380939	DRILL BIT J-LATCH 1.5MM	272		226.00
5380940	PLATE-STRAIGHT 2.0MM 6H	278	C1713	684.00
5380941	PLATE-STRAIGHT 2.0MM 12H	278	C1713	818.00
5380942	PLATE-T-2.0MM 2H	278	C1713	750.00
5380943	PLATE-T-2.0MM 3H	278	C1713	818.00
5380944	PLATE-Y-2.0MM	278	C1713	818.00
5380945	PLATE-CONDYLAR LEFT 2.0MM	278	C1713	780.00
5380946	PLATE-CONDYLAR RIGHT 2.0MM	278	C1713	780.00
5380947	PLATE-LC-DCP 2.0MM 4H	278	C1713	634.00
5380948	PLATE-LC-DCP 2.0MM 6H	278	C1713	742.00
5380949	PLATE-LC-DCP 2.0MM 8H	278	C1713	852.00
5380950	PLATE- LCP ANK ARTHRO 6H	278	C1713	3048.00
5380951	DRILL BIT MINI QUICK CPL 2.0MM	272		226.00
5380952	PLATE- NARROW LCP 4.5MM 2H	278	C1713	956.00
5380953	DRILL BIT J-LATCH 2.0MM	272		226.00
5380954	PLATE- STRAIGHT 2.4MM 6H	278	C1713	750.00
5380955	PLATE-STRAIGHT 2.4MM 12H	278	C1713	884.00
5380956	PLATE-T-2.4MM 2H	278	C1713	780.00
5380957	PLATE-T-2.4MM 3H	278	C1713	830.00
5380958	PLATE-Y-2.4MM	278	C1713	868.00
5380959	PLATE-CONDYLAR RIGHT 2.4MM	278	C1713	828.00
5380960	PLATE-CONDYLAR LEFT 2.4MM	278	C1713	828.00
5380961	PLATE-LC-DCP 2.4MM 4H	278	C1713	878.00
5380962	PLATE-LC-DCP 2.4MM 6H	278	C1713	990.00
5380963	PLATE-LC-DCP 2.4MM 8H	278	C1713	1070.00
5380964	DRILL BIT MINIQUICK CPL 1.8MM	272		220.00
5380965	DRILL BIT MINI QUICK CPL 2.4MM	272		220.00
5380966	DRILL BIT J-LATCH 1.8MM	272		220.00
5380967	SCREW-CORTX ST 2.4MM 14MM-40MM	278	C1713	180.00
5380968	SCREW-CORTX ST 2.7MM 10MM-50MML	278	C1713	134.00
5380969	SCREW-CORTX ST 2.7MM 55MML	278	C1713	154.00
5380970	SCREW-LCK ST 3.5MM 10MM-47MM	278	C1713	458.00
5380971	SCREW-SHAFT 3.5MM 16MM-38MM	278	C1713	101.00
5380972	SCREW -CORTX ST 3.5MM 10MM-60MM	278	C1713	160.00
5380973	SCREW-CORTX ST 3.5MM T15REC 10MM-6	278	C1713	113.00
5380974	SCREW-CXL BONE FT 4.0MM 10MM-60MM	278	C1713	111.00
5380975	SCREW-CXL BONE PT 4.0MM 10MM-50MM	278	C1713	111.00
5380976	SCREW-CANN SHORT 4.0MM 10MM-72MM	278	C1713	610.00
5380977	SUT PDS II 4-0 PS 2	272		27.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5380978	SUT PDS II 4-0 PC 3	272		30.00
5380979	PLATE-LCP 3.5MM 2H	278	C1713	772.00
5380980	PLATE-LCP 3.5MM 3H	278	C1713	802.00
5380981	PLATE-LCP 3.5MM 4H	278	C1713	838.00
5380982	SCREW-CTX ST 4.5MM 14MM-72MM	278	C1713	132.00
5380983	SCREW-SHAFT 4.5MM 22MM-40MM	278	C1713	85.00
5380984	PLATE-LCP 3.5MM 7H	278	C1713	956.00
5380985	SCREW-MALL 4.5MM 25MM-80MM	278	C1713	134.00
5380986	SCREW-CXL BONE 16MM THR 6.5MM 30MM	278	C1713	144.00
5380987	PLATE-LCP 3.5MM 11H	278	C1713	1124.00
5380988	SCREW-CXL BONE 24MM THR 6.5MM 40MM	278	C1713	144.00
5380989	PLATE-LCP 3.5MM 13H	278	C1713	1368.00
5380990	SCREW-CXL BONE 32MM THR 6.5MM 45MM	278	C1713	144.00
5380991	PLATE-LCP 3.5MM 15H	278	C1713	1902.00
5380992	PLATE-LCP 3.5MM 16H	278	C1713	1996.00
5380993	PLATE-LCP 3.5MM 18H	278	C1713	2238.00
5380994	PLATE-LCP 3.5MM 20H	278	C1713	2484.00
5380995	PLATE-LCP 3.5MM 22H	278	C1713	2486.00
5380996	SCREW-CXL BONE FT 6.5MM 20MM-80MM	278	C1713	144.00
5380997	PLATE-LCP-T- RA 3HH 3.5MM 4H	278	C1713	990.00
5380998	SCREW-CXL BONE 4.0MM CORE 6.5MM 60	278	C1713	432.00
5380999	PLATE-LCP-T- RA 3HH 3.5MM 6H	278	C1713	1264.00
5381000	PLATE-LCP-T- RA 3HH 3.5MM 7H	278	C1713	1540.00
5381001	ANESTHESIA CIRCUITS	270		37.00
5381002	TRAY SPINAL ANESTHESIA	272		69.00
5381005	IRRIGATOR WINSHIELD	272		8.00
5381008	STRATASORB 4X4	271		6.00
5381018	RUBBER BANDS STERILE	272		5.00
5381022	PLATE-LCP-T- RA 3HH 3.5MM 8H	278	C1713	1846.00
5381023	PLATE-LCP-T- RA 4HH 3.5MM 3H	278	C1713	894.00
5381024	PLATE-LCP-T- RA 4HH 3.5MM 5H	278	C1713	1068.00
5381025	PLATE-LCP-T- RA 4HH 3.5MM 8H	278	C1713	1838.00
5381036	PLATE-LCP-T- OR 3HH 3.5MM 3H	278	C1713	1042.00
5381040	PLATE LCP T OR 3H4H 3.5MM	278	C1713	1088.00
5381041	PLATE-LCP T OR 3H5H 3.5MM	278	C1713	1138.00
5381042	PLATE-LCP T OR 3H6H 3.5MM	278	C1713	1218.00
5381043	PLATE-LCP T OR 3H7H 3.5MM	278	C1713	1234.00
5381044	PLATE-LCP T OR 3H8H 3.5MM	278	C1713	1340.00
5381045	PLATE-LCP T OL 3H3H 3.5MM	278	C1713	1044.00
5381046	PLATE-LCP T OL 3H4H 3.5MM	278	C1713	1092.00
5381047	PLATE-LCP T OL 3H5H 3.5MM	278	C1713	1142.00
5381048	PLATE-LCP T OL 3H6H 3.5MM	278	C1713	1222.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381049	PLATE-LCP T OL 3H7H 3.5MM	278	C1713	1236.00
5381050	PLATE-LCP T OL 3H8H 3.5MM	278	C1713	1344.00
5381051	PLATE-TUB LCP 1/3 COLL 3H	278	C1713	446.00
5381052	PLATE-TUB LCP 1/3 COLL 4H	278	C1713	512.00
5381053	PLATE-TUB LCP 1/3 COLL 5H	278	C1713	498.00
5381054	PLATE-TUB LCP 1/3 COLL 9H	278	C1713	536.00
5381055	PLATE-TUB LCP 1/3 COLL 12H	278	C1713	638.00
5381056	PLATE-LCP PROX HUM STD 3.5MM 5H	278	C1713	4624.00
5381057	PLATE-LCP PROX HUM LG 3.5MM 5H	278	C1713	4668.00
5381058	PLATE-LCP PROX HUM LG 3.5MM 6H	278	C1713	4854.00
5381059	PLATE-LCP PROX HUM LG 3.5MM 8H	278	C1713	5040.00
5381060	PLATE-LCP PROX HUM LG 3.5MM 10H	278	C1713	5230.00
5381061	PLATE-LCP PROX HUM LG 3.5MM 12H	278	C1713	5408.00
5381062	PLATE-LCP REC 3.5MM 4H	278	C1713	1300.00
5381063	SCREW-LCK ST T25S REC 4.0MM 14MM-62	278	C1713	486.00
5381064	SCREW-LCK ST T25S REC 5.0MM 14MM-90	278	C1713	496.00
5381065	PLATE-LCP REC 3.5MM 9H	278	C1713	1736.00
5381066	PLATE-LCP REC 3.5MM 11H	278	C1713	1806.00
5381067	PLATE-LCP REC 3.5MM 12H	278	C1713	1848.00
5381068	PLATE-LCP REC 3.5MM 13H	278	C1713	2000.00
5381069	PLATE-LCP REC 3.5MM 14H	278	C1713	2076.00
5381070	PLATE-LCP REC 3.5MM 16H	278	C1713	2250.00
5381071	PLATE-LCP REC 3.5MM 18H	278	C1713	2358.00
5381072	PLATE-LCP REC 3.5MM 20H	278	C1713	2860.00
5381073	PLATE-LCP REC 3.5MM 22H	278	C1713	2972.00
5381074	PLATE-LCP CRV REC 3.5MM 4H	278	C1713	2228.00
5381075	PLATE-LCP CRV REC 3.5MM 6H	278	C1713	2194.00
5381076	PLATE-LCP CRV REC 3.5MM 8H	278	C1713	2380.00
5381077	PLATE-LCP CRV REC 3.5MM 10H	278	C1713	2492.00
5381078	PLATE-LCP CRV REC 3.5MM 12H	278	C1713	2610.00
5381079	PLATE-LCP CRV REC 3.5MM 14H	278	C1713	2930.00
5381080	PLATE-LCP CRV REC 3.5MM 16H	278	C1713	3132.00
5381081	PLATE-LCP CRV REC 3.5MM 18H	278	C1713	3376.00
5381082	PLATE-LCP MP 3.5MM 6H	278	C1713	2624.00
5381083	PLATE-LCP MP 3.5MM 7H	278	C1713	2676.00
5381084	PLATE-LCP MP 3.5MM 8H	278	C1713	2714.00
5381085	PLATE-LCP MP 3.5MM 9H	278	C1713	2760.00
5381086	PLATE-LCP MP 3.5MM 10H	278	C1713	2806.00
5381087	PLATE-LCP MP 3.5MM 11H	278	C1713	2852.00
5381088	PLATE-LCP MP 3.5MM 12H	278	C1713	3682.00
5381089	PLATE-LCP MP 3.5MM 14H	278	C1713	3800.00
5381090	PLATE-LCP MP 3.5MM 16H	278	C1713	3880.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381091	PLATE-LCP MP 3.5MM 18H	278	C1713	3800.00
5381092	WASHER-7MM	272		138.00
5381093	WASHER-SPIKED 8.0MM/3.2MM	272		214.00
5381094	WASHER-SPIKED 13.5MM/4.0MM	272		360.00
5381095	SCREW-PERIP ST T25 5.0MM 8MM-12MM	278	C1713	626.00
5381097	SCREW-PERIP LCK ST T25 5.0MM STERILE	278	C1713	774.00
5381098	DRILL BIT QCPL 2.0x125MM	272		248.00
5381099	DRILL BIT QCPL 2.5x180MM GOLD	272		304.00
5381100	DRILL BIT QCPL 2.7x125MM	272		350.00
5381101	DRILL BIT QCPL 2.8x165MM	272		336.00
5381102	DRILL BIT QCPL 3.5x110MM	272		288.00
5381103	CAUTERY TEF	272		24.00
5381104	DRILL BIT QCPL 2.8x248MM	272		480.00
5381105	DRILL BIT QCPL 2.8x200MM	272		524.00
5381107	SKIN MARKER	272		5.00
5381108	TAP- FOR 3.5MM CtX SCREW	272		778.00
5381109	TAP- FOR 4.0MM CXL BONE SCREW	272		350.00
5381110	KITTNERS PEANUTS	272		26.00
5381112	SCALPEL DISP #10	272		5.00
5381113	SCALPEL DISP #11	272		5.00
5381114	SCALPEL DISP #15	272		5.00
5381115	HEEL PILLOWS, SPENCO	270		50.00
5381118	IRRIGATION NS	272		12.00
5381121	NEEDLE, TUOHY EPIDURAL	272		30.00
5381124	BENDING TEMPLATE 12H	272		171.00
5381125	PLATE- NARROW LCP 4.5MM 3H	278	C1713	968.00
5381126	BENDING TEMPLATE 7H	272		148.00
5381127	BENDING TEMPLATE 9H	272		148.00
5381128	PUSH-PULL RED DEVICE	272		742.00
5381129	DRILL BIT QUICK CPL-CANN 2.7MM 160MM	272		1346.00
5381130	TAP- CANN FOR 4.0MM CANN SCREWS	272		1378.00
5381131	THR GUIDE WIRE 1.25MM, 150MM	272		135.00
5381132	NTHR GUIDE WIRE 1.25MM, 150MM	272		128.00
5381134	CONVERTORS PLUS OPHTH PK	272		89.00
5381137	NEEDLE ENDOPATH 120MM	272		140.00
5381140	DRILL BIT J-LATCH 2.4MM	272		220.00
5381141	SCREW-CANN LONG 4.0MM 16MM-72MM	278	C1713	610.00
5381142	PLATE- NRW LCP 4.5MM 4H	278	C1713	1020.00
5381143	PLATE- NRW LCP 4.5MM 5H	278	C1713	1090.00
5381144	PLATE- NRW LCP 4.5MM 6H	278	C1713	1236.00
5381145	PLATE- NRW LCP 4.5MM 8H	278	C1713	1414.00
5381146	PLATE- NRW LCP 4.5MM 9H	278	C1713	1480.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381147	PLATE- NRW LCP 4.5MM 11H	278	C1713	1730.00
5381148	PLATE- NRW LCP 4.5MM 12H	278	C1713	1860.00
5381149	SCREW-CTX 3.5MM 10MM-60MM	278	C1713	135.00
5381150	PLATE- NRW LCP 4.5MM 14H	278	C1713	2086.00
5381151	SCREW-CTX 3.5MM 65MM-120MM	278	C1713	150.00
5381152	PLATE- NRW LCP 4.5MM 16H	278	C1713	2438.00
5381153	PLATE- NRW LCP 4.5MM 18H	278	C1713	2960.00
5381154	PLATE- NRW LCP 4.5MM 20H	278	C1713	3764.00
5381155	PLATE- NRW LCP 4.5MM 22H	278	C1713	4108.00
5381156	PLATE-BROAD LCP 4.5MM 6H	278	C1713	1232.00
5381157	PLATE-BROAD LCP 4.5MM 8H	278	C1713	1600.00
5381158	PLATE-BROAD LCP 4.5MM 9H	278	C1713	1730.00
5381159	PLATE-BROAD LCP 4.5MM 10H	278	C1713	1860.00
5381160	PLATE-BROAD LCP 4.5MM 11H	278	C1713	1980.00
5381161	PLATE-BROAD LCP 4.5MM 12H	278	C1713	2102.00
5381162	PLATE-BROAD LCP 4.5MM 14H	278	C1713	2340.00
5381163	PLATE-BROAD LCP 4.5MM 18H	278	C1713	2842.00
5381164	PLATE-BROAD LCP 4.5MM 18H	278	C1713	3460.00
5381165	PLATE-BROAD LCP 4.5MM 20H	278	C1713	3820.00
5381166	PLATE-BROAD LCP 4.5MM 22H	278	C1713	4186.00
5381167	PLATE-LCP PROX TIBIA 4.5MM 4H RT	278	C1713	4182.00
5381168	PLATE-LCP PROX TIBIA 4.5MM 4H LEFT	278	C1713	4182.00
5381169	PLATE-LCP PROX TIBIA 4.5MM 6H RIGHT	278	C1713	4234.00
5381171	PLATE-CB LCP 4.5MM 12H	278	C1713	2102.00
5381172	PLATE-CB LCP 4.5MM 13H	278	C1713	2228.00
5381173	PLATE-CB LCP 4.5MM 14H	278	C1713	2340.00
5381174	PLATE-CB LCP 4.5MM 15H	278	C1713	2598.00
5381175	PLATE-CB LCP 4.5MM 16H	278	C1713	2842.00
5381176	PLATE-CB LCP 4.5MM 17H	278	C1713	2978.00
5381177	PLATE-CB LCP 4.5MM 18H	278	C1713	3246.00
5381178	PLATE-CB LCP 4.5MM 20H	278	C1713	3834.00
5381179	PLATE-CB LCP 4.5MM 22H	278	C1713	4328.00
5381180	PLATE-CB LCP 4.5MM 24H	278	C1713	4682.00
5381181	PLATE-CB LCP 4.5MM 26H	278	C1713	5074.00
5381182	PLATE-LCP MP 4.5/3.5MM 3/5H	278	C1713	2714.00
5381183	PLATE-LCP MP 4.5/3.5MM 4/5H	278	C1713	2760.00
5381184	PLATE-LCP MP 4.5/3.5MM 5/5H	278	C1713	2806.00
5381185	PLATE-LCP MP 4.5/3.5MM 6/5H	278	C1713	2852.00
5381186	PLATE-LCP MP 4.5/3.5MM 7/5H	278	C1713	3682.00
5381187	PLATE-LCP MP 4.5/3.5MM 8/5H	278	C1713	3718.00
5381188	PLATE-LCP MP 4.5/3.5MM 9/5H	278	C1713	3800.00
5381189	PLATE-LCP MP 4.5/3.5MM 11/5H	278	C1713	3990.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381190	PLATE-LCP MP 4.5/3.5MM 13/5H	278	C1713	4064.00
5381191	PLATE-LCP MP 4.5/3.5MM 15/5H	278	C1713	4248.00
5381192	PLATE- LCP MEDPROX TIB 4.5MM 4H RT	278	C1713	4180.00
5381193	PLATE- LCP MEDPROX TIB 4.5MM 4H LT	278	C1713	4180.00
5381194	PLATE- LCP MEDPROX TIB 4.5MM 6H RT	278	C1713	4232.00
5381195	PLATE- LCP MEDPROX TIB 4.5MM 6H LT	278	C1713	5434.00
5381196	WASHER- 13MM	272		125.00
5381197	GUIDE WIRE- NT 2.0MM	272		145.00
5381198	DRILL BIT QCPL 2.0x100MM	272		234.00
5381199	DRILL BIT QCPL 3.2x145MM	272		266.00
5381203	SPLIT SHEET	272		22.00
5381204	DRILL BIT QUICK CPL 4.3MMx180MM	272		428.00
5381205	CATH URETHRAL 12FR	272		6.00
5381209	DRILL BIT QUICK CPL 4.5MMx145MM	272		286.00
5381210	TAP- FOR 4.5MM SCREW	272		356.00
5381211	TAP- FOR 6.5MM CXL BONE SCREW	272		778.00
5381212	DRAPE POLY LINED 18X26	270		5.00
5381213	BETADINE SWAB	272		5.00
5381214	BENDING TEMPLATE 12H	272		126.00
5381215	BENDING TEMPLATE 7H	272		126.00
5381216	BENDING TEMPLATE 9H	272		126.00
5381217	THREADED DRILL GUIDE 3.2MM	272		432.00
5381218	PACK TOWEL	272		11.00
5381219	CAUTERY GROUND PAD DISP	272		21.00
5381221	THREADED DRILL GUIDE 4.3MM	272		432.00
5381222	PUSH-PULL REDUC DEV FOR 4.5MM LCP F	272		784.00
5381223	BANDAGE ELASTOPLAST	272		28.00
5381224	SCREW-CORTX ST 4.5MM 76MM-145MM	278	C1713	158.00
5381226	SCREW-SHAFT 4.5MM 42MM-50MM	278	C1713	195.00
5381227	STAPLE EXTRACTOR SKIN	272		5.00
5381228	SCREW-CXL BONE 16MM THR 6.5MM 85MM	278	C1713	158.00
5381229	SCREW-CXL BONE 16MM THR 6.5MM 115M	278	C1713	195.00
5381230	SCREW-CXL BONE 24MM THR 6.5MM 90MM	278	C1713	158.00
5381231	SCREW-CXL BONE 24MM THR 6.5MM 115M	278	C1713	195.00
5381232	SCREW-CXL BONE 32MM THR 6.5MM 85MM	278	C1713	158.00
5381233	SCREW-CXL BONE 32MM THR 6.5MM 115M	278	C1713	195.00
5381235	SCREW-CXL BONE FT 6.5MM 115MM-150M	278	C1713	195.00
5381236	PLATE- LCP ANKLE ARTHRODESIS STERIL	278	C1713	3130.00
5381237	SCREW-SHAFT 3.5MM 40MM-50MM	278	C1713	101.00
5381238	SCREW-PELVIC CORTX ST 3.5MM 40MM-110MM	278	C1713	134.00
5381239	SCREW-PELVIC CORTX ST 3.5MM 130MM-110MM	278	C1713	274.00
5381240	SCREW-CORTX ST 3.5MM 65MM-110MM	278	C1713	109.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381241	SCREW-CXL BONE FT 4.0MM 65MM-100MM	278	C1713	102.00
5381242	SCREW-CXL BONE PT 4.0MM 28MM-100MM	278	C1713	102.00
5381243	SCREW-CXL BONE PT 5MM HEAD 4.0MM 1	278	C1713	103.00
5381244	PLATE-DCP 3.5MM 2H	278	C1713	400.00
5381245	PLATE-DCP 3.5MM 3H	278	C1713	410.00
5381246	PLATE-DCP 3.5MM 4H	278	C1713	424.00
5381247	PLATE-DCP 3.5MM 5H	278	C1713	454.00
5381248	PLATE-DCP 3.5MM 9H	278	C1713	544.00
5381249	PLATE-DCP 3.5MM 12H	278	C1713	636.00
5381250	PLATE-DCP 3.5MM 14H	278	C1713	1170.00
5381251	PLATE-DCP 3.5MM 16H	278	C1713	1346.00
5381252	PLATE-DCP 3.5MM 18H	278	C1713	1506.00
5381253	PLATE-DCP 3.5MM 20H	278	C1713	1660.00
5381254	PLATE-DCP 3.5MM 22H	278	C1713	1812.00
5381255	PLATE-LC-DCP 3.5MM 2H	278	C1713	374.00
5381256	PLATE-LC-DCP 3.5MM 3H	278	C1713	384.00
5381257	PLATE-LC-DCP 3.5MM 4H	278	C1713	394.00
5381258	PLATE-LC-DCP 3.5MM 5H	278	C1713	434.00
5381259	PLATE-LC-DCP 3.5MM 7H	278	C1713	460.00
5381260	PLATE-LC-DCP 3.5MM 8H	278	C1713	484.00
5381261	PLATE-LC-DCP 3.5MM 9H	278	C1713	506.00
5381262	PLATE-LC-DCP 3.5MM 10H	278	C1713	514.00
5381263	PLATE-LC-DCP 3.5MM 11H	278	C1713	558.00
5381264	PLATE-LC-DCP 3.5MM 12H	278	C1713	594.00
5381265	PLATE-LC-DCP 3.5MM 14H	278	C1713	1100.00
5381266	PLATE-LC-DCP 3.5MM 15H	278	C1713	1154.00
5381267	PLATE-LC-DCP 3.5MM 16H	278	C1713	1264.00
5381268	PLATE-LC-DCP 3.5MM 18H	278	C1713	1414.00
5381269	PLATE-LC-DCP 3.5MM 20H	278	C1713	1566.00
5381270	PLATE-CLOVERLEAF THIN 3H	278	C1713	920.00
5381271	PLATE-CLOVERLEAF THIN 5H	278	C1713	1276.00
5381272	PLATE-CLOVERLEAF THIN 6H	278	C1713	1386.00
5381273	PLATE-CLOVERLEAF THIN 7H	278	C1713	1492.00
5381274	PLATE-CLOVERLEAF THIN 8H	278	C1713	1584.00
5381275	PLATE-CLOVERLEAF THIN 10H	278	C1713	1712.00
5381276	PLATE-TUB 1/3 COLL 2H	278	C1713	276.00
5381277	PLATE-TUB 1/3 COLL 3H	278	C1713	282.00
5381278	PLATE-TUB 1/3 COLL 4H	278	C1713	202.00
5381279	PLATE-TUB 1/3 COLL 6H	278	C1713	208.00
5381280	PLATE-TUB 1/3 COLL 7H	278	C1713	638.00
5381281	PLATE-TUB 1/3 COLL 9H	278	C1713	224.00
5381282	PLATE-TUB 1/3 COLL 10H	278	C1713	224.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381283	PLATE-TUB 1/3 COLL 12H	278	C1713	234.00
5381284	PLATE-CURVED REC 3.5MM 6H	278	C1713	1264.00
5381285	PLATE-CURVED REC 3.5MM 8H	278	C1713	1370.00
5381286	PLATE-CURVED REC 3.5MM 10H	278	C1713	1442.00
5381287	PLATE-CURVED REC 3.5MM 12H	278	C1713	1502.00
5381288	PLATE-CURVED REC 3.5MM 14H	278	C1713	1087.00
5381289	PLATE-CURVED REC 3.5MM 16H	278	C1713	1792.00
5381290	PLATE-CURVED REC 3.5MM 18H	278	C1713	1932.00
5381291	PLATE-REC 3.5MM 4H	278	C1713	998.00
5381292	PLATE-REC 3.5MM 5H	278	C1713	1016.00
5381293	PLATE-REC 3.5MM 6H	278	C1713	1166.00
5381294	PLATE-REC 3.5MM 7H	278	C1713	1222.00
5381295	PLATE-REC 3.5MM 8H	278	C1713	1274.00
5381296	PLATE-REC 3.5MM 9H	278	C1713	1304.00
5381297	PLATE-REC 3.5MM 10H	278	C1713	1314.00
5381298	PLATE-REC 3.5MM 11H	278	C1713	1382.00
5381299	PLATE-REC 3.5MM 12H	278	C1713	1442.00
5381300	PLATE-REC 3.5MM 13H	278	C1713	1508.00
5381301	PLATE-REC 3.5MM 14H	278	C1713	1566.00
5381302	PLATE-REC 3.5MM 15H	278	C1713	1626.00
5381303	PLATE-REC 3.5MM 16H	278	C1713	1696.00
5381304	PLATE-REC 3.5MM 18H	278	C1713	1772.00
5381305	PLATE-REC 3.5MM 20H	278	C1713	2150.00
5381306	PLATE-REC 3.5MM 22H	278	C1713	2238.00
5381307	PLATE-CALCANEAL 60MM	278	C1713	1572.00
5381308	PLATE-CALCANEAL 70MM	278	C1713	1604.00
5381309	PLATE-Y-CALCANEAL 87MM	278	C1713	1604.00
5381310	PLATE-CLAVICAL HOOK 3.5MM 6H 15MM F	278	C1713	2118.00
5381311	PLATE-CLAVICAL HOOK 3.5MM 6H 15MM L	278	C1713	2118.00
5381312	PLATE-CLAVICAL HOOK 3.5MM 6H 18MM R	278	C1713	2118.00
5381314	PLATE-CLAVICAL HOOK 3.5MM 6H 18MM L	278	C1713	2118.00
5381315	PLATE-CLAVICAL HOOK 3.5MM 8H 15MM R	278	C1713	2272.00
5381316	PLATE-CLAVICAL HOOK 3.5MM 8H 15MM L	278	C1713	2272.00
5381317	PLATE-CLAVICAL HOOK 3.5MM 8H 18MM R	278	C1713	2272.00
5381318	PLATE-CLAVICAL HOOK 3.5MM 8H 18MM L	278	C1713	2272.00
5381319	PLATE-T-RA 3.5MM 4H4S	278	C1713	793.00
5381320	PLATE-T-RA 3.5MM 3H5S	278	C1713	446.00
5381321	PLATE-T-RA 3.5MM 4H6S	278	C1713	518.00
5381322	PLATE-T-RA 3.5MM 4H7S	278	C1713	666.00
5381323	PLATE-T-RA 3.5MM 4H8S	278	C1713	774.00
5381324	PLATE-T-RA 3.5MM 4H9S	278	C1713	836.00
5381325	PLATE-T-OBL 3H3S	278	C1713	668.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381326	PLATE-T-OBL 3H4S	278	C1713	708.00
5381333	DRILL BIT QUICK CPL 3.5MMx195MM	272		248.00
5381334	DRILL BIT JACOBS CHUCK 2.5MMx95MM G	272		220.00
5381335	DRILL BIT JACOBS CHUCK 3.5MMx95MM	272		252.00
5381336	DRILL BIT JACOBS CHUCK 3.5MMx180MM	272		248.00
5381337	TAP-FOR 3.5MM CORTX SCREW, 180MM	272		350.00
5381338	PLATE-LC-DCP 3.5MM 6H	278	C1713	444.00
5381339	LIGHT HANDLE COVER STERILE DISP	272		5.00
5381340	PLATE-LCP PROX TIBIA 4.5MM 6H LEFT	278	C1713	4234.00
5381341	SCREW-CXL BONE FT 6.5MM 85MM-110MM	278	C1713	158.00
5381342	PLATE-DCP 3.5MM 6H	278	C1713	474.00
5381344	VENTILATOR CIRCUIT PED 5	272		55.00
5381345	SUTURE-0 PAD II LOOPED CT 60"	272		26.00
5381346	APPLIER MULTI-CLIP 93/8 SMALL	272		170.00
5381347	BASIC PROCEDURE PACK	272		129.00
5381348	LAP CHOLE PACK	272		285.00
5381349	HAND PACK	272		138.00
5381350	LOWER EXTREMITY PACK	272		142.00
5381351	SHOULDER PACK	272		156.00
5381352	INTUBATION STYLET	272		10.00
5381353	TOURNIQUET CUFF 18" DISP	272		80.00
5381354	MEPILEX BDR SACRUM 9.2	272		52.00
5381355	DRILL BIT QCPL 2.7x100	272		220.00
5381356	TAP FOR 1.5MM CTX SCREW 50MM	272		469.00
5381357	TAP FOR 2.0MM CTX SCREW 54MM	272		469.00
5381358	TAP FOR 2.7MM CTX SCREW 100MM	272		350.00
5381359	SUT VICRYL 3-0 FS-1	272		25.00
5381360	AIRWAY ORAL 50MM	272		5.00
5381361	AIRWAY ORAL 70MM	272		5.00
5381362	HERNIA KIT P&P XL	278	C1781	555.00
5381363	CATH COUDE 2WY W/ BLN 14FR	272		33.00
5381364	SUT VICRYL 3X18" UNDYED TIES	272		12.00
5381365	TOURNIQUET DISP 18" SP	272		73.00
5381366	SHOE ROCKER CAST BOOT XS	271		26.00
5381367	TOURNIQUET CUFF 30" DISP SP	272		89.00
5381368	TOURNIQUET CUFF 12" DISP SP	272		943.00
5381369	TOURNIQUET CUFF DISP 8" SP	272		863.00
5381370	TOURNIQUET 24" DISP SP	272		89.00
5381371	SHOE ROCKER CAST BOOT XXS	271		26.00
5381372	SHOE DLX CAST BOOT WEATHER PROOF	271		24.00
5381373	SHOE ROCKER CAST BOOT XLG	271		26.00
5381374	DRESSING SILICONE 3X3 LIQUITRAP	272		19.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381375	DRESSING SILICONE 3X3 SA	272		9.00
5381376	DRESSING SILICONE 4X4 SA	272		21.00
5381377	DRESSING SILICONE 7X7 SA	272		37.00
5381378	GOWN BAIR PAWS STD	271		68.00
5381379	GOWN BAIR PAWS XL	271		72.00
5381380	GOWN BAIR PAWS SM	271		67.00
5381381	BOOT OSSUR WALKER MED	272		169.00
5381382	BOOT OSSUR WALKER LG	272		94.00
5381383	BOOT OSSUR WALKER XL	272		137.00
5381384	LIMB PROTECT SLEEVE 18"	272		24.00
5381385	LIMB PROTECT SLEEVE 24"	272		24.00
5381386	LIMB PROTECT SLEEVE 34"	272		24.00
5381387	LIMB PROTECT SLEEVE 44"	272		24.00
5381388	RF2 PROBES LATERAL	272		399.00
5381389	REDUC FORCEP SERR JAW 144MM	272		1462.00
5381390	SUT VCRYL 0 27 UNDYED	272		10.00
5381391	FILTER HME ADULT	272		11.00
5381392	BLADE MINIATURE # 67	272		28.00
5381393	BLADE MINIATURE #62	272		22.00
5381394	PENTAX IRRIGATION TUBING	272		65.00
5381395	BURN DRESSING 4X4 GEL	272		48.00
5381398	CATH MALE EXTERNAL 23MM	272		9.00
5381399	PENTAX WATERJET CONNECTOR	272		60.00
5381400	LOPEZ VALUE	270		8.00
5381401	SUT SILK 30" BLACK	272		8.00
5381402	COLOSTOMY POUCH	270		24.00
5381403	DRESSING OPTIFOAM 8X8	272		125.00
5381404	DRESSING RTD FOAM 2X2	272		37.00
5381406	DRESSING SILICONE 8X8	272		37.00
5381407	DRESSING SILICONE 6X6	272		23.00
5381408	DRESSING SIL BRD FOAM 4X12	272		23.00
5381409	FASTRACH SZ 5 LMA	272		344.00
5381410	FASTRACH SZ 4 LMA	272		344.00
5381411	FASTRACH SZ 3 LMA	272		344.00
5381412	AIRTRAQ SP REG SZ3	272		198.00
5381413	AIRTRAQ SP SZ2	272		198.00
5381415	CATH KITS 14FR, 16FR, 18FR LATEX FREE	272		49.00
5381416	CATH KIT 16 FR LATEX FREE	272		49.00
5381417	CATH KIT 18 FR LATEX FREE	272		51.00
5381418	DRESSING OPTICELL AG 2X2	270		23.00
5381419	HEAD POSITIONER	272		14.00
5381420	OPTIFOAM GENTLE BORDERED 6X6	272		35.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381421	ZERO G HEEL PILLOW ULTRA	270		151.00
5381422	BIOPATCH 1" 4MMH	272		43.00
5381423	NPWT WHITE FORM DRESSING STANDARI	270		66.00
5381424	NPWT BLK FOAM DRESSKIT MED	270		87.00
5381425	NPNT 300CC CANISTER W/GEL	270		141.00
5381426	EZ DILATE 18-19-20 FW	272		412.00
5381427	SILCONE WOUND LAYER 3X4	272		22.00
5381428	DRESSING CHG KIT W/MED SHIELD	272		23.00
5381430	DRESSING LODOFLEX PAD	272		67.00
5381433	SPOT ENDOSCOPIC TATTO	272		108.00
5381434	GASTRONOMY TUBE 24 FR 3PORT	272		65.00
5381435	SUT VICRYL 0 CT-1 CR-8	272		47.00
5381436	DRESSING MAXORB XRB AG SILVER 2X2	272		25.00
5381437	MESH PROGRIP RIGHT	278	C1781	753.00
5381438	DRESSING MEDIPORE SOFT 5-7 / 8X5	272		5.00
5381439	PENROSE DRAIN 1/4" LF	272		15.00
5381440	PENROSE DRAIN 1/2" LF	272		17.00
5381441	PENROSE DRAIN 1" LF	272		24.00
5381442	VALVE F/SALEM SUMP ANTI REFLUX	272		23.00
5381443	PUNCH BIOPSY DISP 4MM	272		12.00
5381444	PUNCH BIOPSY DISO 6MM	272		11.00
5381445	MASK LARYNEGEAL AIRWAY SILICONE SZ	272		335.00
5381446	PICC PROV 4FR DL MAX	272		352.00
5381447	COBAN 4" LF	272		6.00
5381448	SENSOR SP02 MASIMO ADULT	272		42.00
5381449	SENSOR SP02 MASIMO INFANT	272		46.00
5381450	SENSOR SP02 MASIMO PED	272		45.00
5381451	CATHETER EPICURAL	272		33.00
5381453	LMA PVC SZ 2.5	272		38.00
5381454	DRESSING MEDIPORE	272		15.00
5381455	DRESSING LODOFLEX 1.5 X 2 3/8	272		23.00
5381456	COBAN 4" L.F BLUE	271		9.00
5381457	CATHETER COUDE 8FR SILICONE	272		36.00
5381458	MESH PROGIP LEFT	278	C1781	753.00
5381459	CATHETER COUDE 16FR SILICONE	272		50.00
5381460	CATHETER COUDE 20FR SILICONE	272		50.00
5381461	CATH PVC ROBINSON/NELATON 10FR	272		5.00
5381462	DRESSING OPTIFOAM 4X4	270		33.00
5381463	CATH FOLEY 22FR 3WY 30CC	272		48.00
5381464	DRAIN JP ROUND 7FR	272	C1729	63.00
5381465	DRAIN JP ROUND 10 FR	272	C1729	52.00
5381466	DRAIN BLAKE 10 FR	272		210.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381467	SUT VICRYL 2-0 CT-1 TAPER	272		9.00
5381468	LIGASURE IMPACT 4418	272		230.00
5381469	LIGASURE L-HOOK	272		283.00
5381470	FILTER STRIGHT BV ADULT	272		5.00
5381471	SUT O MONCRYL CT UNDYED	272		22.00
5381472	STERILE COLLON ROLLS	270		73.00
5381473	FILER EXHALATION	272		46.00
5381474	DERMABOND MINI	272		64.00
5381475	SUT PDS 05-6	272		62.00
5381476	BLUE SILK ELECTRODE BLADE	272		24.00
5381477	BLUE SILK ELECTRODE NEEDLE	272		22.00
5381478	CONNECTOR, FLEX ANES	272		5.00
5381479	TUBE ET RAE 6.5	272		40.00
5381480	TUBE ET RAE 6.0	272		39.00
5381481	TUBE ET RAE 7.0	272		39.00
5381482	TUBE ET RAE 7.5	272		39.00
5381483	3 LTR NON-LTX BREATH BAG	272		11.00
5381484	DISPOSABLE FOOT PAD LINERS	272		87.00
5381485	PUNCH BIOPSY DISP 8MM	272		7.00
5381486	CUFF SOFT ADULT DISPOSABLE	272		25.00
5381487	PLATE- QT W/COLL 3HLS 23 MM SS	278	C1713	514.00
5381488	PLATE- QT W/COLL 4 HLS 31 MM SS	278	C1713	590.00
5381489	PLATE -QT W/COLL 6 HLS 47 MM SS	278	C1713	574.00
5381490	PLATE QT W/COLL 7 HLS 55 MM SS	278	C1713	584.00
5381491	PLATE QT W/COLL 8 HLS 63 MM SS	278	C1713	618.00
5381492	PALTE- ST 2.0 MM 3 HLS	272		1012.00
5381493	PLATE- 2.0 MM 2HLS OBLIQUES LEFT	278	C1713	534.00
5381494	PLATE- 2.0 MM 2HLS OBLIQUES RIGHT	278	C1713	534.00
5381495	SCREW - CORTX ST. 1.5MM 12MM	278	C1713	175.00
5381496	2.7 MM L-PLATE 3HLS 34 MM OBLIQUES LE	278	C1713	720.00
5381497	2.7 MM L-PLATE 3 HLS 34 MM OBLIQUE RIC	278	C1713	720.00
5381498	NEEDLE 5 FTY HUBER 20 X .75	272		19.00
5381499	NEEDLE 5 FTY HUBER 20 X 1.00	272		23.00
5381500	SENSOR SP02 ADULT DISP	270		43.00
5381501	CUFF SOFT LG ADULT DISP	270		39.00
5381502	CUFF SOFT INFANT DISP	270		22.00
5381503	CUFF SOFT CHILD DISP	270		29.00
5381504	SUT 2-0 15IN BLACK	272		12.00
5381505	SUT 3-0 NYLON DS24	272		20.00
5381506	SUT 4-0 NYLON DS18	272		20.00
5381507	SURGILAVA PLUS	272		135.00
5381508	ENDOTRACHAEL TUBE HOLDER	272		14.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381509	STERILE SHEATH	272		560.00
5381510	SHARP N-STER	272		140.00
5381511	BRITE PRO SOLO STANDERD HANDLE	272		41.00
5381512	BRITE PRO SOLO MINI HANDLE	272		41.00
5381513	MILLER LARYNGOSCOPE BLADE SIZE 1	272		21.00
5381514	MILLER LARYNGOSCOPE BLADE SIZE 2	272		21.00
5381516	MILLER LARYNGOSCOPE BLADE SIZE 3	272		21.00
5381517	MILLER LARYNGOSCOPE BLADE SIZE 4	272		21.00
5381518	MILLER LARYNGOSCOPE BLADE SIZE 0	272		21.00
5381519	MACINTOSH LARYNGOSCOPE BLADE SIZE 272	272		21.00
5381520	MACINTOSH LARYNGOSCOPE BLADE SIZE 272	272		21.00
5381521	MACINTOSH LARYNGOSCOPE BLADE SIZE 272	272		21.00
5381522	MACINTOSH LARYNGOSCOPE BLADE SIZE 272	272		21.00
5381523	MILLER LARYNGOSCOPE BLADE SIZE 00	272		21.00
5381524	ANESTHESIA CIRCUIT	272		35.00
5381525	SHOULDER IMMOBILIZER SMALL	270		64.00
5381526	SHOULDER IMMOBILIZER MEDIUM	270		67.00
5381527	SHOULDER IMMOBILIZER LARGE	270		65.00
5381528	SHOULDER IMMOBILIZER XLARGE	270		64.00
5381529	SHOULDER IMMOBILIZER 2XLARGE	270		64.00
5381530	ORAL AIRWAY KIT BERMAN	272		23.00
5381531	ENDOPATH EXCEL 12MM X 150MM	272		135.00
5381532	TRACH SPEAKING VALE	272		249.00
5381533	NASO PHARYNGEAL AIRWAY KIT	272		55.00
5381534	LMA 1.5 DISPOSABLE	272		38.00
5381535	LMA 2.0 DISPOSABLE	272		38.00
5381536	PENTAX MEDICAL DISCOCAP AIR	272		61.00
5381537	CARTER THOMASON	272		188.00
5381538	4-0 MONOCRYL P-3	272		24.00
5381539	POWER GUDE MIDLINE IV CATH	272		200.00
5381540	UNIVERSAL WRIST -O- PRENE LEFT OR RI	270		37.00
5381541	UNIVERSAL WRIST -O- PRENE LEFT OR RI	270		37.00
5381542	SPACE MAKER PRO	272		990.00
5381543	BASIC PACK SURGICAL	272		104.00
5381544	HAND PACK SURGICAL	272		141.00
5381545	LOWER EXTREMITY PACK SURGICAL	272		139.00
5381546	COMPASS UNIVERSAL PRESSURE MEASU	272		137.00
5381547	QUICK TRACH SET 2.0MM	272		502.00
5381548	QUICK TRACH SET 4.0MM	272		518.00
5381549	ONE STEP SUPRAPUBIC INTRODUCER	272		239.00
5381550	VICRYL ENDOLOOP ETHICON 18"	272		115.00
5381551	PDS II ENDOLOOP 18"	272		115.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381552	ENDO GIA STANDARD HANDLE	272		243.00
5381553	45MM CURVED TIP TRIS TAP 6	272		871.00
5381554	FASCIAL CLOSURE OPTICAL TROCAR SYS	272		250.00
5381555	12MM OPTICAL TROCAR	272		129.00
5381556	5MM OPTICAL TROCAR	272		103.00
5381557	AIR ANKLE STIRRUP	270		42.00
5381558	ET HOLDER ULTA YELLOW	270		43.00
5381559	ET HOLDER MICRO WHITE	270		43.00
5381560	ET HOLDER SMALL GREEN	270		43.00
5381561	ET HOLDER LARGE BLUE	270		43.00
5381562	PDO MONFILAMENT 3.5 METRIC 14CM	272		58.00
5381563	SUTURE 3-0 UNDYED PEVERSE CUTTING	272		53.00
5381564	.45" PIN CAPS	270		5.00
5381565	CLEARIFY VISUALIZATION SYSTEM	272		132.00
5381566	FASCIAL CLOSURE DEVICE KIT	272		283.00
5381567	25MM TRI-STAPLE EEA	272		427.00
5381568	3-0 SUTURE 27IN MONOFILAMENT	272		19.00
5381569	LITHOTOMY DRAPE W/LEGGING	272		69.00
5381570	UTILITY DRAPE SURGICAL	272		5.00
5381571	#6 LMA	272		76.00
5381572	LAP PROGRIP RT	272		1081.00
5381573	LAP PROGRIP LT	272		1081.00
5381574	INVISISHIELD C-ARM DRAPE	272		37.00
5381575	ET TUBE 3.5 MM	272		8.00
5381576	ET TUBE 5.0 MM	272		11.00
5381577	ET TUBE 6.5 MM	272		9.00
5381578	MASK TRACHEOSTOMY ADULT	272		6.00
5381579	NEEDLE EPIDURAL TUOBY 18 GX6	272		33.00
5381580	ET TUBE 2.5 MURPHY	272		8.00
5381581	ET TUBE 3.0 MURPHY	272		8.00
5381582	ET TUBE 4.0 MURPHY	272		8.00
5381583	ET TUBE 5.5 MURPHY	272		11.00
5381584	BOUGIE W/ COUDE TIP	272		39.00
5381585	2MM STERLING FULL RADIUS RESECTOR	272		131.00
5381586	2MM STERLING GATOR	272		35.00
5381587	X-RAY DETECTABLE NEURO SPONGE	272		22.00
5381588	CATCHEM POLYP TRAPS	272		93.00
5381589	LAP CHOLE PACK	272		152.00
5381590	SEROSAFUSE IMPLANT KIT	272		9956.00
5381591	MESH POLY LEFT MED 3.1 X 5.3	278	C1781	290.00
5381592	MESH POLY LEFT LG 4.1 X 6.2	278	C1781	290.00
5381593	MESH POLY RIGHT MED 3.1 X 5.3	278	C1781	290.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381594	MESH POLY RIGHT LG 4.1 X 6.2	278	C1781	300.00
5381595	SM BORE EXTENSION SET 7"	272		16.00
5381596	5MM DISSECTOR	272		147.00
5381597	RELIATCK W29 DEEP PUR	270		1339.00
5381598	NEEDLE 22GX4.75	272		50.00
5381599	MASK C02 ADULT	272		450.00
5381602	SUT,ETHIBOND EXEL 5 V-37	272		56.00
5381606	SUTURE BONEWAY	272		30.00
5381607	SUT ETHLON 5-0 PS2 BLK	272		20.00
5381615	SUTURE PROLENE 4-0 18"PS2	272		23.00
5381621	SUTURE VICRYL 0 CP-1	272		10.00
5381636	SUTURE VICRYL PLUS 1 27IN	272		11.00
5381648	SUTURE VICRYL PLUS 2-0	272		13.00
5381652	SUTURE VICRYL PLUS 27IN	272		11.00
5381656	SUTURE GUT CHROMC 0 12-18	272		61.00
5381661	SUTURE CLOSE 0GUT PL 27	272		20.00
5381668	SUTURE LIGA SILK 2-0	272		8.00
5381670	DUOFLEX SPRING WIRE GUIDE	272	C1769	36.00
5381671	SUTURE PROLENE 0 30L	272		15.00
5381674	SUTURE PROLENE 2-0	272		16.00
5381678	SUTURE PROLENE 5-0 P-3	272		41.00
5381679	MEDIPORE DRESSING 2 3/4 X 4	270		5.00
5381680	SUT PROLENE BL 30"	272		17.00
5381681	PVP-IODINE 2OZ.	270		8.00
5381682	LAPROSHIELD SMOKE FILTER SYSTEM	270		119.49
5381683	GLIDESCOPE BFLEX 5.5 BRONCHOSCOPE	272		680.00
5381684	GLIDESCOPE BFLEX 5.0 BRONCHOSCOPE	272		590.00
5381685	GLIDESCOPE BLADE DISPOSABLE SZ 2	272		130.00
5381686	GLIDESCOPE BLADE DISPOSABLE SZ 2.5	272		130.00
5381687	GLIDESCOPE BLADE DISPOSABLE SZ 3	272		120.00
5381688	GLIDESCOPE BLADE DISPOSABLE MAC SZ	272		120.00
5381689	GLIDESCOPE BLADE DISPOSABLE SZ 4	272		120.00
5381690	PUREWICK EXTERNAL CATHETER	272		81.00
5381691	GLIDESCOPE BLADE DISOSCIBLE	272		120.00
5381692	BOOT OSSUR WALKER SM	270		132.20
5381693	INFLATION DEVICE WITH/ LUER LOCK	272		99.64
5381694	BITE BLOCKS: ADULT 60 FR	272		14.80
5381695	CLIP ENDOSCOPIC RESOLUTION	272		220.00
5381696	ETT 7.0 MM	272		12.40
5381697	ETT 7.5 MM	272		12.40
5381698	ETT 8.0 MM	272		12.40
5381699	ETT 8.5 MM	272		12.40



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5381700	ETT 9.0 MM	272		12.40
5381701	ANTI-SIPHON ANES. SET 4	272		38.74
5381702	HYDROGEN PEROXIDE 4OZ	270		2.10
5381703	ISOPROPYL ALCOHOL 4OZ	270		3.15
5381704	NASOGASTRIC SECUREMENT SET	272		7.39
5381705	AIRWAY NASAL 30 FR	272		18.49
5381706	STERILE STANDARD PICC SURGICAL	272		132.21
5381707	STANDARD PICC TRAYS	272		232.49
5381708	STERILE LIMB BASIN	272		39.78
5381709	PROBE COVER W/ ULTRASOUND GEL STE	272		44.63
5381710	SYRINGE L-S LOSS OF RESISTANCE	272		38.20
5381711	FILTER PORTEX	272		13.98
5381712	DUAL CO2 CANNULA	272		22.17
5381713	ENDO GIA 45MM VASCULAR	272		320.00
5381714	1 GEL LMAS24	272		93.48
5381715	1 GEL LMAS25	272		93.48
5381716	CATHETER CHOLANGIOGRAPHY	272		217.85
5381718	ARTICULATIONS FIXATION DEVICE	272		958.00
5381719	ET TUBE 3.5M CUFFED	270		14.85
5381720	ET TUBE 4.0 CUFFED	270		23.68
5381721	ET TUBE 4.5 CUFFED	270		14.85
5381723	UNEC 1 MNOBILIZER 24	270		114.60
5381724	INCISION & DRAINAGE TRY	272		43.57
5381802	CURETTE UTERINE 8MM	272		9.00
5381816	SUTURE VICRYL 4-0 PS-2	272		38.00
5381817	STOCKINETTE 4"	271		14.00
5381818	MITEK ANCHOR	278	C1713	1012.00
5381823	IMMOBLIZR KNEE 20"	274	L1830	42.00
5381824	IMMOBLIZR KNEE 24"	274	L1830	43.00
5381832	RESERVOIR JP 100CC	270		24.00
5381833	DRAIN JP 10MM	278	C1729	24.00
5381919	SUTURE ETHILON 3-0 PS-1	272		21.00
5382003	SUTURE MERSILENE 4-0 S2	272		48.00
5382004	SUTURE VICRYL PLS 3-0 FS2	272		16.00
5382007	EAR WICKS	271		12.00
5382009	PACK LAPAROTOMY	272		54.00
5382010	PACK OB	272		48.00
5382013	SPONGE LAP 18 X 18	272		8.00
5382017	NEEDLE SPINAL 22GA X 3.5"	272		7.00
5382019	HOTLINE WARMING SET DISP	272		54.00
5382022	NEEDLE 22GX3.5GM W/INTRO	272		36.00
5382023	NEEDLE 24GX3.5GM W/INTRO	272		38.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5382040	SCREW 4.0MM CANCEL / FT 12MM	278	C1713	91.50
5382041	SHOE POST-OP MENS LARGE	271		22.00
5382046	SPLINT COLLIES A/R	271		40.00
5382047	SPLINT,COLLIES CHILD LEFT	271		39.00
5382048	SPLINT,COLLIES CHILD RGHT	271		40.00
5382051	SPLINT,COLLIES YOUTH RT	271		40.00
5382052	SPLINT FINGER 1/2X18	270		6.00
5382059	SPLINT HIP POST YOUTH	271		118.00
5382066	SHOE POST-OP WOMENS MED	271		22.00
5382067	SHOE POST-OP MENS MED	271		22.00
5382068	SHOE POST-OP WOMENS LARGE	271		22.00
5382072	SPLINT WRIST/ARM 10 LT	271		39.00
5382073	SPLINT,WRIST/FOREARM SM L	271		37.00
5382074	SPLINT WRIST/ARM 10 RT	270		39.00
5382075	SPLINT WRIST/ARM 10 UNIV	270		44.00
5382076	SPLINT,WRIST/FOREARM UNI	270		56.00
5382077	SPLINT,WRIST/FOREARM XL L	270		39.00
5382078	SPLINT WRIST/ARM 10 RT	270		38.00
5382084	SUTURE VICRYL 6-0 P-3	272		22.00
5382085	SUTURE VICRYL 6-0 S-14	272		59.00
5382086	SUTURE MONOCRYL 4-0	272		23.00
5382095	STRAP, CLAVICAL LARGE	274	L3650	46.00
5382096	STRAP, CLAVICAL MED	274	L3650	29.00
5382097	STRAP,CLAVICAL SMALL	274	L3650	46.00
5382098	STRAP,CLAVICAL X-LARGE	274	L3650	46.00
5382099	STRAP,CLAVICAL X-SMALL	274	L3650	46.00
5382101	SUTURE ETHILON 5-0 PS-2	272		20.00
5382104	SUTURE PROLENE 4-0 P-3	272		23.00
5382105	SUTURE PDS PS-2	272		26.00
5382130	TUBING PENROSE DRAIN 0.75	272		20.00
5382131	TUBING UVAC	272		24.00
5382132	CURETTE UTERINE UV 12MM	272		24.00
5382133	VEST RESTRAINT LGE	270		60.00
5382134	VEST RESTRAINT,MED	270		58.00
5382135	STAPLE APPLIER CLIP ENDO 10MM	272		209.00
5382145	ENDO SHEARS 5MM CURVED	272		150.00
5382148	SUTURE ETHILON 4-0 PC-3	272		22.00
5382151	SUTURE ETHILON 4-0 FS-1	272		10.00
5382154	SUTURE ETHILON 5-0 PC-3	272		22.00
5382155	SUTURE ETHILON 5-0 18 BLK	272		21.00
5382157	SUTURE ETHILON 6-0 P-3	272		18.00
5382159	SUTURE VICRYL 36IN 90CM	272		12.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5382166	SUTURE VICRYL 2-0 27IN	272		20.00
5382168	SUTURE VICRYL PLUS 2-0 CT UNDYED 27IN	272		11.00
5382169	SUTURE VICRYL 2-0 27IN	272		21.00
5382171	SUTURE VICRYL 3-0 27IN	272		38.00
5382172	SUTURE VICRYL 3-0 FS-1	272		15.00
5382173	SUTURE VICRYL LPUS 4-0	272		25.00
5382176	SUTURE VICRYL PLUS 3/0 27	272		11.00
5382180	SUTURE VICRYL 4-0 FS-2	272		16.00
5382181	SUTURE VICRYL PLUS 4-0 P3	272		24.00
5382198	COAGULATOR SUCT 10FR DISP	272		37.00
5382200	SURGICAL CLIPPER BLADE	272		13.00
5382203	SKIN STITCH	272		68.00
5382206	SUTURE SILKJ 2-0	272		8.00
5382207	SUTURE SILK 2-0 FS 18	272		28.00
5382209	SUTURE SILK 3-0	272		8.00
5382210	CHLORAPREP 3ML	272		5.00
5382212	STERI .25X1.5	272		5.00
5382214	SUTURE ETHIB 0 CT1 30L	272		11.00
5382218	SUTURE OB-GYN 0 GUT CT	272		18.00
5382220	SUTURE OB-GYN 0 GUT CT1	272		18.00
5382222	SHOE POST-OP WOMENS SMALL	271		22.00
5382479	SPLINT LEG METAL ADULT	270		130.00
5382549	PVP-IODINE 16OZ	270		14.00
5382565	CAST SPICA	270		132.25
5382582	SUTURE PROLENE 2-0 FS	272		16.00
5382587	SUTURE PROLENE 5-0 PC-3	272		25.00
5382595	SUTURE-PROLENE 5-0 FS-3	272		17.00
5382597	CASSETTE COVER XRAY	270		24.00
5382601	DRAIN JP FLAT HUBLESS 7MM	278	C1729	23.00
5382602	KIT SUCT CATH/GLV 18FR	272		5.00
5382609	STERI STRIPS .25X3	272		5.00
5382697	SPEARS,EYE	272		10.00
5382698	SLEEVE STERILE ARM	272		5.00
5382701	KIT,CATH SUPRAPUBIC 16CH	272		116.00
5382702	BOOT BUCKS SMALL	272		114.00
5382703	BOOT TRACTION BUCKS	270		114.00
5382704	BOOT BUCKS LARGE	272		114.00
5382705	BINDER ABD 9"W S/M	270		27.00
5382706	BINDER ABD 12" S/M	272		33.00
5382707	BINDER ABD 9" M/L	270		29.00
5382708	BINDER ABD 12" M/L	272		48.00
5382713	SUPPORTER,LRG ATH	270		36.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5382714	SUPPORTER SMALL ATH	270		36.00
5382715	PLEUR-EVAC INFANT	272		132.00
5382729	STOCKINETTE IMPERV	271		27.00
5382738	TED HOSE MED/LONG	270		26.00
5382743	RHINO ROCKET NASAL PACK	270		41.00
5382751	MUCOUS TRAP 80CC	272		11.00
5382758	TED HOSE LRG LONG	270		23.00
5382764	TROCAR DILAT TIP 10/12MM	272		143.00
5382770	EYE SHIELDS FOX	272		10.00
5382771	SUTURE ETHILON 7-0 MONO	272		24.00
5382773	SUTURE ETHILON 3-0 PS-2	272		24.00
5382782	TED HOSE MED/SHORT	270		39.00
5382786	EAR CURETTES REG	270		5.00
5382787	EAR CURETTES MICRO	270		5.00
5382999	SLING UNIV SWATHE XL	271		68.00
5383001	NEEDLE BIOP 6" CAN 14GA	272		79.00
5383002	GAUZE 4X4 ST	272		5.00
5383003	GAUZE 4X4 10S	272		5.00
5383004	GAUZE 2X2 ST	272		5.00
5383006	DRESSING KLING 2" ST	272		5.00
5383007	DRESSING KLING 4" ST	272		5.00
5383009	KERLIX ROLL	272		6.00
5383010	FLUFFS	272		7.00
5383011	TELFA 3X4	272		5.00
5383015	TELFA 8X3	272		5.00
5383017	DRESSING SORBAVIEW	272		5.00
5383018	ABD SURGIPAD 8X10	272		5.00
5383019	STERI STRIPS 1/8"	272		9.00
5383020	STERI STRIPS 1/4"	272		6.00
5383021	STERI STRIPS 1/2"	272		6.00
5383022	DRESSING 3X8	272		5.00
5383023	DRESSING NON-ADHERING 3X3	272		5.00
5383025	PLUG AND PATCH HERNIA KIT	278	C1781	477.00
5383045	RAYTEC SPONGES	272		6.00
5383046	EYE PAD	272		5.00
5383047	VASELINE GAUZE	272		5.00
5383050	DRESSING XEROFORM 5X9	272		7.00
5383053	SPANDAGE -1	270		17.00
5383054	SPANDAGE -2	270		23.00
5383055	SPANDAGE -3	270		26.00
5383056	SPANDAGE -8	270		63.00
5383057	SPANDAGE -9	270		70.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5383058	SPANDAGE -10	270		101.00
5383067	IODOFORM NUGAUZE 1-1/4"	272		9.00
5383068	IODOFORM NUGAUZE 1/2"	272		15.00
5383070	IODOFORM NUGAUZE 2"	272		24.00
5383071	NUGAUZE PLAIN 1"	272		15.00
5383072	NUGAUZE PLAIN 2"	272		21.00
5383221	INFANT FEEDNG TUBE 5FRX36	272		8.00
5383696	POUCH SPEC RETRIEV ENDO	272		150.00
5384002	SURGIWAND ("L"HOOK)	272		395.00
5384026	CATH PLUG	272		5.00
5384035	ARMBOARD SM	271		5.00
5384036	ARMBOARD LRG	271		5.00
5384118	WATER IRRIGATION	272		8.00
5384208	DRAPE IOBAN	272		24.00
5384209	COBAN	271		8.00
5384848	SPLINT ARM SHORT	271		61.52
5385001	CATH SECURE	270		8.00
5385002	ENEMA KIT	272		8.00
5385003	DRAPE,FLOUROSCAN	272		36.00
5385005	TRAY WET SKIN PREP	272		18.00
5385006	TRAY FOLEY CATH 16FR	272		24.00
5385007	TRAY IRRIGATION	272		5.00
5385009	TRAY CATH	272		9.00
5385010	TRAY FOLEY CATH 18FR	272		24.00
5385012	TRAY LUMBAR PUNCTURE AD	272		39.00
5385013	TRAY LUMBAR PUNCTURE PED	272		63.00
5385015	TRAY SUTURE REMOVAL	272		15.00
5385016	SUTURE PDS 5-0 P-3	272		24.00
5385018	SUTURE ETHILON 8-0	272		54.00
5385028	ELECTRODE INFANT	270		5.00
5385090	NUGAUZE PK STRIP 1/2"	272		13.00
5385092	NUGAUZE STRIP 1/4"	272		14.00
5385094	NUGAUZE BTL	272		17.00
5385104	STOCKINETTE BIAS 6"	271		17.00
5385445	SPLINT ARM LONG	271		87.68
5385478	VEST RESTRAINT	270		57.00
5385599	SPLINT LEG SUGAR TONG SHT	270		113.56
5385616	SUTURE ETHIB 2 V-37	272		68.00
5385861	SHOE,POST OP MEN'S SMALL	271		22.00
5386021	SLING,VOGUE ARM X-LARGE	271		20.00
5386023	CHLORAPREP 26ML APPL W/OR	272		38.00
5386028	CATH IV 16GA X 2"	272		8.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5386041	PLATE-LCP 3.5MM 12H	278	C1713	1188.00
5386049	PLATE-LCP-T- RA 3HH 3.5MM 3H	278	C1713	1144.00
5386228	CARRAWASH	270		7.00
5386229	COBAN 4" BLUE	272		6.00
5386232	KIT CATHETER INFANT I&O	272		14.00
5386233	RHINO ROCKET GEL KT 7.5CM	272		113.00
5386234	RHINO ROCKET GEL KT 4.5CM	272		111.00
5386235	RHINO ROCKET GEL KT 5.5CM	272		111.00
5386240	EXTENSION SET FILTERED	272		16.00
5386246	SUTURE MONO 3-0 PS-2 27"	272		23.00
5386248	SUTURE VICRYL 5-0 PS-2	272		24.00
5386365	INFUSION SUPPLIES	272		82.00
5386405	SPLINT COLLIES	271		40.00
5386414	PLATE-LCP REC 3.5MM 7H	278	C1713	1542.00
5386415	PLATE 1/3 TUB LCP W/C 7H	278	C1713	624.00
5386416	PLATE-LCP 3.5MM 9H	278	C1713	1204.00
5386417	PLATE 3.5MM LCP 8H 111MM	278	C1713	1236.00
5386489	SPLINT WRIST METAL	270		39.00
5386519	PACK PERI COLD	271		10.00
5387014	SPLINT WRIST	271		35.00
5387019	CAST LONG ARM FIBERGLASS	271		130.74
5387022	PLATE-LCP 3.5MM 5H	278	C1713	996.00
5387026	SPLINT, FINGER	271		8.00
5387034	SPLINT CALLES YOUTH	271		40.00
5387044	SLING UNIV SWATHE SM	271		9.00
5387045	SLING UNIV SWATHE MED	271		9.00
5387046	SLING UNIV SWATHE LRG	271		9.00
5387047	IMMOBLIZR SHLDR/ARM	274	L3650	59.00
5387049	PROTECTOR HEEL BO	271		27.00
5387050	PLATE-LCP REC 3.5MM 5H	278	C1713	1272.00
5387090	WEBRIL, STERILE 3"	272		7.00
5387091	WEBRIL, STERILE 4"	272		9.00
5387097	COLLAR CERVICAL MED	274	L0172	26.00
5387098	COLLAR CERVICAL SMALL	274	L0172	21.00
5387100	COLLAR CERVICAL LARGE	274	L0172	26.00
5387101	COLLAR CERVICAL X-LARGE	274	L0172	21.00
5387104	SPLINT POST METAL CHILD	270		102.00
5387106	SPLINT POST METAL ADULT	271		110.00
5387115	TUBE CONNECTING STRL 6'	272		5.00
5387616	EXTENDED TIP TEFLON 6"	272		24.00
5388002	TED HOSE REG LG	270		49.00
5388003	TED HOSE THIGH LG	270		14.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5388005	TED HOSE THIGH MED	271		47.00
5388007	TED HOSE THIGH SM	271		26.00
5388009	TED HOSE THIGH XLRG	271		23.00
5388027	ICE BAG DISPOSABLE	271		6.00
5388055	SITZ BATH DISP	270		41.00
5388061	EAR SYRINGE 2 OZ	272		5.00
5388063	URINE BAG PEDS	272		5.00
5388074	URINARY DRAIN LEG BAG	272		9.00
5388080	SUTURE ETHILON 2-0 PS2	272		23.00
5388089	BANDAGE STRETCH	270		32.00
5388091	SUTURE ETHILON 0 48BLK	272		15.00
5388095	SUTURE PDS II 2-0 27 GS10	272		17.00
5388096	SUTURE PDS II 0 CP2 27	272		16.00
5388098	SUTURE PDS II OS4	272		22.00
5388103	SUTURE PLAIN GUT 6-0 PC1	272		35.00
5388105	SUTURE PROLENE 3-0 18	272		17.00
5388108	SUTURE PROLENE 3-0 30	272		16.00
5388113	SUTURE SURGICAL GUT PLAIN	272		33.00
5388116	SUTURE VCRYL 2-0 CP-2 27	272		11.00
5388123	MATTRESS EGGCRATE	270		44.00
5388200	IMPLANT #01	278	L8699	500.00
5388201	IMPLANT #02	278	L8699	1000.00
5388202	IMPLANT #03	278	L8699	1500.00
5388203	IMPLANT #04	278	L8699	2000.00
5388204	IMPLANT #05	278	L8699	2500.00
5388205	IMPLANT #06	278	L8699	3000.00
5388206	IMPLANT #07	278	L8699	3500.00
5388207	IMPLANT #08	278	L8699	4000.00
5388208	IMPLANT #09	278	L8699	4500.00
5388209	IMPLANT #10	278	L8699	5000.00
5388210	IMPLANT #11	278	L8699	5500.00
5388211	IMPLANT #12	278	L8699	6000.00
5388212	IMPLANT #13	278	L8699	6500.00
5388213	IMPLANT #14	278	L8699	7000.00
5388214	IMPLANT #15	278	L8699	7500.00
5388215	IMPLANT #16	278	L8699	8000.00
5388216	IMPLANT #17	278	L8699	8500.00
5388217	IMPLANT #18	278	L8699	9000.00
5388218	IMPLANT #19	278	L8699	9500.00
5388219	IMPLANT #20	278	L8699	10000.00
5388220	72IN VENT CIRCUIT	271		25.00
5388221	AIRLIFE NEBULIZER CAP	272		22.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5388222	AIRWAY 26F NASO PHAR	272		31.00
5388223	AIRWAY 28F NASO PHAR	272		31.00
5388224	AIRWAY BERMAN MED A 90MM	271		5.00
5388225	BACTERIA FILTER FOR VENT	271		15.00
5388226	BAG RESUSCITATION INFANT	271		39.00
5388227	BAG RESUSCITATION PED	271		39.00
5388228	BIPAD DISPOSABLE CIRCUIT	271		27.00
5388230	CANNULA INNER SHILEY TTZ6	272		26.00
5388231	CATH SUCTION 14F	272		71.00
5388232	EASY CAP CO2 DETEC AD	271		37.00
5388234	ETT 2.5 MM - 6.5 MM	272		10.00
5388235	EZ PAP W/MOUTH PIECE	272		65.00
5388236	FACE MASK 4 OPIT-CHAMBER	271		51.00
5388237	HUMIDIFIER 500ML W/ADAPT	271		8.00
5388238	ABG KIT PULSET	272		15.00
5388239	MANOMETER DISP EZPAP	271		36.00
5388246	MASK VENTI O2 LOCK	271		12.00
5388247	MM10 NEB MED SYS/W FILTER	271		19.00
5388248	NASAL CANNULA INFANT	271		8.00
5388250	NEBULIZER LARGE VOLUME	271		42.00
5388252	OPTI CHANBER VALVED MDI S	271		21.00
5388253	OXIMETRY INFANT SENSOR	271		56.00
5388255	PEAK FLOW METER	271		39.00
5388256	PED OXYGEN TENT CANOPIE	271		33.00
5388257	PEDI-CAP CO2 DETEC PED	271		37.00
5388258	PERTRACH KIT	271		364.00
5388259	SDPECTROM BIPAP MASK LG	271		99.00
5388260	SPECTROM BIPAP MASK MED	271		79.00
5388261	SPIROMETER INCENTIVE	271		13.00
5388263	ETT 10 MM	272		12.00
5388265	STYLET PED	272		17.00
5388266	T PIECE W/RESIVOIR BAG	271		5.00
5388267	TRACH CLEANING KIT	272		9.00
5388269	TRACH TIES ADULT	271		5.00
5388271	TRACH TUBE BLUE LINE 6MM	272		113.00
5388272	TRACH TUBE BLUE LINE 7MM	272		113.00
5388273	TRACH TUBE BLUE LINE 8MM	272		113.00
5388274	TRACH TUBE BLUE LINE 9MM	272		113.00
5388275	TRACH TUBE SIXE 6 NO CUFF	271		186.00
5388276	TUBE 6FT CORRUGATED	271		5.00
5388277	TUBE 7FT OXYGEN	271		5.00
5388278	TUBING LARGE BORE 100'	271		42.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5389001	CATH FOLEY 14FR 5CC	272		23.00
5389002	CATH FOLEY 16FR 5CC	272		41.00
5389003	CATH FOLEY 18FR 5CC	272		31.00
5389005	CATH FOLEY 20FR 5CC	272		25.00
5389006	CATH FOLEY 20FR 30CC	272		21.00
5389008	CATH FOLEY 22FR 30CC	272		25.00
5389009	CATH FOLEY 24FR 5CC	272		39.00
5389010	CATH FOLEY 24FR 30CC	272		24.00
5389011	CATH FOLEY 28FR 5CC	272		17.00
5389013	CATH FOLEY 30FR 5CC	272		8.00
5389014	CATH FOLEY 12F 5CC 2WY	272		24.00
5389015	CATH URETHRAL 8FR	272		5.00
5389016	CATH URETHRAL 10FR	272		6.00
5389017	CATH URETHRAL 14FR	272		6.00
5389018	CATH URETHRAL 16FR	272		6.00
5389019	CATHETER MALE EXTERNAL	272		9.00
5389021	CATH SUCT 10FR	272		5.00
5389022	CATH SUCT 14FR	272		5.00
5389024	CATH SUCT 18FR	272		5.00
5389025	YANKAUER SUCTION HANDLES	272		5.00
5389026	TUBING PENROSE DRAIN 1/4"	272		24.00
5389027	TUBING PENROSE DRAIN 1/2"	272		16.00
5389028	TUBING PENROSE DRAIN 1"	272		24.00
5389029	TUBE LEVINE 12FR	272		8.00
5389030	TUBE LEVINE 14FR	272		6.00
5389031	TUBE LEVINE 16FR	272		8.00
5389032	TUBE LEVINE 18FR	272		8.00
5389033	TUBE CONNECTING STRL	272		5.00
5389035	SUCTION CATH DELEE 10FR	272		22.00
5389040	CATH FOLEY 16FR 3-WY 30CC	272		37.00
5389042	CATH / THORACIC 16FR	272		84.00
5389045	CATH / THORACIC 28FR	272		43.00
5389046	CATH / THORACIC 32FR	272		93.00
5389048	PLEUREVAC	272		79.00
5389058	TUBE FEEDING 8FR	272		23.00
5389059	TUBE FEEDING 5FR	272		6.00
5389063	URINE STRAINER	272		5.00
5389069	TUBE LEVINE 10FR	272		8.00
5389086	MASK ANESTHESIA	270		9.00
5389101	KIT CATH FEMALE IN&OUT	272		9.00
5389102	INFUS ST W/HUBER NDLE 3/4	272		18.00
5389105	SPLINT WRIST MULTISPEC CN	270		30.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5389115	MORGAN LENS	272		72.00
5389121	DRAINAGE BAG CLOSED	270		21.00
5389125	SUCT CANNISTER LRG	270		15.00
5389136	NEEDLE 22GX1.5 REGINAL BL	272		16.00
5389140	NEEDLE TIP	272		7.00
5389141	PENCIL CAUTERY	272		20.00
5389146	PACK EXTREMITY	272		62.00
5389149	LAPAROTOMY SHEET	272		24.00
5389150	MAYO STAND COVER	272		5.00
5389151	PACK PERI GYN	272		40.00
5389153	3/4 SHEET	272		9.00
5389154	THYROID SHEET	272		25.00
5389157	U-DRAPE	272		13.00
5389158	LEGGINGS	270		13.00
5389161	VAG PACKING	272		19.00
5389167	LAPAROSCOPY PACK	272		49.00
5389183	TUBING BERKELEY	272		45.00
5389188	SAFETOUCH SYSTEM	270		84.00
5389190	STAPLER SKIN DISPOSABLE	272		32.00
5389191	STAPLER, 35W APPOSE ULC	272		61.00
5389194	PACK ORTHO	272		78.00
5389196	BANDAGE ESMARK 4"	272		14.00
5389197	BANDAGE ESMARK 6"	272		12.00
5389198	TONSIL SPONGE	272		5.00
5389199	CATH SUCT 8FR PED	272		5.00
5389204	STAPLER POLY GIA DISP	272		521.00
5389214	TUBE CONNECTING STRL 10'	270		7.00
5389228	RECTAL APPLICATOR	270		5.00
5389230	SALEM SUMP 10FR	272		11.00
5389240	BAND-AID SURG 8X6	272		6.00
5389241	SYRINGE IRRIGATION	272		5.00
5389242	TRAY THORACENTESIS	272		55.00
5389246	BENZOIN SWAB	272		5.00
5389247	TRAY FOLEY CATH 14FR	272		30.00
5389252	CONNECTOR SMOOTH 5N1	270		5.00
5389255	PACK COLD INSTANT	271		5.00
5389256	PACK HOT INSTANT	271		5.00
5389260	SEPTI SOFT	271		7.00
5389263	SUCTION LINER 1500CC	272		8.00
5389270	REGULATOR SET NEEDLE FREE	272		22.00
5389287	PACK BURN	272		6.00
5389290	CAUTERY DISP	272		29.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5389296	SPLINT KNEE IMMOBLIZR 16"	274	L1830	41.00
5389300	SPLINT POST T&F KNEE YTH	271		37.00
5389301	SPLINT ANKLE BUNDLE	271		19.99
5389302	SPLINT ARM/HAND BUNDLE	271		24.61
5389303	SPLINT FINGER 3/4X18	270		9.00
5389335	TUBING NITRO	272		21.00
5389343	TUBING FLEX 12FR	272		30.00
5389348	CATH FOLEY 16FR 30CC	272		42.00
5389354	COLOSTOMY WAFER-4X4 1.25	270		10.00
5389355	COLOSTOMY WAFER-4X4 1.75	270		9.00
5389356	COLOSTOMY BAG O/E 1.25FLA	270		5.00
5389357	COLOSTOMY BAG O/E 1.75FLA	270		5.00
5389366	U-DRAPE ISO	272		32.00
5389368	SYRINGE BULB 3 OZ	272		10.00
5389369	NEEDLE 15 GA INTRA-OSS	272		148.00
5389370	NEEDLE 16GA INTRA-OSS	272		117.00
5389371	NEEDLE 18GA INTRA-OSS	272		130.00
5389373	CATH SUCT 5/6FR	272		5.00
5389378	DRESSING XEROFORM 1X8	272		5.00
5389379	CO2 SAMPLE LINE 3X10	271		11.00
5389382	TROCAR DIL TIP 5MM ENDOPH	272		104.00
5389385	OPSITE 4X5.5	272		5.00
5389394	SLING ARM PED	271		8.00
5389399	ARMBOARD INFANT	271		8.00
5389402	SUCTION CATH & GLOVE	272		5.00
5389405	PUMP BREAST MEDELA	270		98.00
5389408	STETHOSCOPE DISP	272		10.00
5389412	SALEM SUMP 12FR	272		10.00
5389413	SALEM SUMP 14FR	272		11.00
5389414	SALEM SUMP 16FR	272		16.00
5389415	SALEM SUMP 18FR	272		11.00
5389422	CATH FOLEY 8FR 2-WY 3CC	272		33.00
5389636	SUPPORTER ADULT	270		36.00
5389858	PLATE-1/3 TUB LCP W/C 10H	278	C1713	618.00
5389994	SUTURE 0 CT-2	272		20.00
5389995	SYRING/ GAUGE ASSEMBLY	272		145.50
5340001	MEDICAL NUTRITION, INDIVI	942	97802	72.00
5340002	MEDICAL NUTRITION, SUBSIQ	942	97803	72.00
5340003	MEDICAL NUTRITION, GROUP	942	97804	144.00
5340004	DIABETIC TRNG, INDV 30MIN	942	G0108	72.00
5340005	DIABETIC TRNG, GRP 30MIN	942	G0109	144.00
5340006	MED NUTRITION, INDV 30MIN	942	G0270	72.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5340007	MED NUTRITION, GRP 30MIN	942	G0271	144.00
5341000	DIETARY CONSULT FEE	942	99401	82.00
5341001	DIETARY CONSULT 1/2 HR	942	99402	41.00
5341002	DIETARY CONSULT 15MIN	942	99401	21.00
401106	TEMP, TRANSCUTANEOUS PACE	450	92953	684.00
4010099	CL TX OF TMJ DISLOCATION	450	21480	432.00
4010100	APP CAST ELBOW FINGER SHT	450	29075	610.00
4010101	APP CAST HAND&LWR FOREARM	450	29085	268.00
4010102	APP CAST SHLDR HAND LONG	450	29065	610.00
4010103	APP CYLINDER CAST THIGH	450	29365	610.00
4010104	APP FINGER SLPINT DYNAMIC	450		268.00
4010105	APP FINGER SPLINT STATIC	450	29130	268.00
4010106	APP LONG ARM SPLINT SHLDR	450	29105	268.00
4010107	APP LONG LEG CAST BRACE	450	29358	610.00
4010108	APP LONG LEG CAST THIGH	450	29345	610.00
4010109	APPLICATION OF LONG LEG CAST	450	29355	610.00
4010110	APP LONG LEG SPLINT	450	29505	268.00
4010111	APP PATELLAR TND BEARING	450	29435	610.00
4010112	APP RIGID TOTAL CNTCT LEG	450	29445	610.00
4010113	APP SHT ARM SPLINT DYNAMI	450	29126	268.00
4010114	APP SHT ARM SPLINT STATIC	450	29125	268.00
4010115	APP SHT LEG CAST BELOW KN	450	29405	610.00
4010116	APP SHT LEG CAST WALKING	450	29425	610.00
4010117	APP SHT LEG SPLINT CALF	450	29515	268.00
4010118	ARTHCNT ASP/INJ INTERM JT	450	20605	406.00
4010119	ARTHCNT ASP/INJ MJR JT/BR	450	20610	640.00
4010120	ARTHCNT ASP/INJ SML JT/BR	450	20600	290.00
4010121	AVULSION NAIL PLATE PRTL	450	11730	218.00
4010122	BLDR IRGT SMPL LVG/INSTJ	450	51700	488.00
4010123	PERQ REPLMT GTUBE NT REQ REV GSTR	450	43762	563.00
4010124	CLTX ACRMCLV DISLC W/MANI	450	23545	696.00
4010125	CLTX ACRMCLV DISLC W/O MA	450	23540	378.00
4010126	CLTX ANKLE DISCL W/O ANST	450	27840	378.00
4010127	CLTX ARTC FX JT W/O	450	26740	378.00
4010128	CLTX CARPAL SCAPHOID FX W	450	25624	696.00
4010129	CLTX CRPL SCAPHOID FX W/O	450	25622	378.00
4010130	CLTX CARPAL BONE FX W/O MAN EACH B	450	25630	378.00
4010131	CLTX CRPL B1 FX W/O MNP	450	25630	378.00
4010132	CLTX CLAVICULAR FX W/MAN	450	23505	696.00
4010133	CLTX CLAVICULAR FX W/O MA	450	23500	378.00
4010134	CLTX COCCYGEAL FX	450	27200	378.00
4010135	CLTX MTCARPLPHLNGL DISLC W/MAN W/C	450	26700	378.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4010136	CLTX DISLC THMB W/MNP J	450	26641	378.00
4010137	CLTX CRP/MTCARPL DISLC THMB MAN W/	450	26670	378.00
4010138	CLTX DSTL FIBULAR FX W/MA	450	27788	378.00
4010139	CLTX DSTL FIBULAR FX W/O	450	27786	378.00
4010140	CLTX DSTL PHLG FX W/MNPJ	450	26755	378.00
4010141	CLTX DSTL PHLG W/O MAN	450	26750	378.00
4010142	CLTX DSTL RADIAL FX W/O M	450	25600	378.00
4010143	CLTX DSTL RDL FX +- W/MNP	450	25605	696.00
4010144	CLTX METACARPAL FX W/MAN EACH BON	450	26605	378.00
4010145	CLTX FX DISLC THMB W/MNPJ	450	26645	696.00
4010146	CLTX FX GRT TOE W/MNPJ	450	28495	378.00
4010147	CLTX FX GRT TOE W/O MNPJ	450	28490	378.00
4010148	CLTX FX NOT GRT TOE W/MNP	450	28515	378.00
4010149	CLTX FX NOT GRT TOE W/O M	450	28510	378.00
4010150	CLTX METACARPAL FX W/O MAN EACH BC	450	26600	696.00
4010151	CLTX PHLNGL FX PROX/MID PX/F/T W/O M.	450	26720	378.00
4010152	CLTX GRTR HUMRL TBR FX W	450	23625	696.00
4010153	CLTX GRTR HUMRL TBRFX W/O	450	23620	378.00
4010154	CLTX IPHAL JT DISLCTN W/M	450	26770	378.00
4010155	CLTX IPHAL JT DISLC W/O A	450	28660	378.00
4010156	CLTX KNEE DISLC W/O ANES	450	27550	378.00
4010157	CLTX LUNATE DISLCTN W/MAN	450	25690	696.00
4010158	CLTX MEDIAL MALLS FX W/O	450	27760	378.00
4010159	CLTX METAR FX W/MNPJ	450	28475	378.00
4010160	CLTX METATA JT DISLC W/O	450	28630	378.00
4010161	CLTX METATAR FX W/O MANIP	450	28470	378.00
4010162	CLTX NSL FX W/O MANIP	450	21310	271.00
4010163	CLTX NSL FX W/O STBLZ	450	21315	347.00
4010164	CLTX NSL FX W/STBLZ	450	21320	579.00
4010165	CLTX NSL SEPTAL FX +- STB	450	21337	811.00
4010166	CLTX PATELLAR FX W/O MAN	450	27520	378.00
4010167	CLTX PHLNGL FX W/MNPJ EA	450	26725	378.00
4010168	CLTX PROX FIBULA FX W/MNP	450	27781	696.00
4010169	CLTX PROX FIBULA FX W/O M	450	27780	378.00
4010170	CLTX PROX HUMRL FX W/MNPJ	450	23605	696.00
4010171	CLTX PROX HUMRL FX W/O MA	450	23600	378.00
4010172	CLTX PST MALEO FX W/MNPJ	450	27768	378.00
4010173	CLTX PST MALEO FX W/O MNP	450	27767	378.00
4010174	CLTX RDCRPL DISLC 1+B1S W	450	25660	378.00
4010175	CLTX RDLNT DISLC W/MNP	450	25675	378.00
4010177	CLTX SCAP FX DISLC W/MNP	450	25680	378.00
4010178	CLTX SCAP FX W/MNP +-SKEL	450	23575	696.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4010179	CLTX SCAP FX W/O MNP	450	23570	378.00
4010180	CLTX SESAMOID FX	450	28530	378.00
4010182	CLTX SHOULDER DISLC W/MAN W/O ANES	450	23650	378.00
4010183	CLTX SHLDR DISLC W/MNP WO	450	23650	378.00
4010184	CLTX STRN FX	450	21820	378.00
4010185	CLTX STRNCVL DISLC W/MNP	450	23525	696.00
4010186	CLTX STRNCLV DISLC W/O MN	450	23520	378.00
4010187	CLTX TALOTARSAL DISLC WO	450	28570	378.00
4010188	CLTX TALUS FX W/MANIP	450	28435	378.00
4010189	CLTX TALUS FX W/O MANIP	450	28430	378.00
4010190	CLTX TARSAL DISLC TALOTARSAL W/O AN	450	28540	378.00
4010191	CLTX TARSOMET DISLC W/O A	450	28600	378.00
4010192	CLTX TIFIB JT DISLC W/O A	450	27830	378.00
4010193	CLTX TIBL FX PROX W/O MNP	450	27530	378.00
4010194	CLTX TRIMAL ANKLE FS W/MN	450	27818	696.00
4010195	CLTX TRIMAL ANKEL FX W/O	450	27816	378.00
4010196	CLTX ULNR STYLOID FX	450	25650	378.00
4010197	CNTRL NSL HMRG ANTR CMLPX	450	30903	271.00
4010198	CNTRL NSL HMRG ANTR SMPL	450	30901	271.00
4010199	CTRL NSL HEMRG PST NASAL PK & CAUT	450	30905	271.00
4010200	CTRL NSL HMRG PCKS/CAUT 1	450	30905	271.00
4010201	DEBID SUBQ TIS 20SQ CM/<	450	11042	653.00
4010202	DRNAGE FINGER ABSC COMP	450	26011	696.00
4010203	DRNAGE FINGER ASBC SMPL	450	26010	357.00
4010204	EVAC SUBUNGUAL HEMTMA	450	11740	104.00
4010205	HMRDECTOMY INTRN RBR BND	450	46221	1439.00
4010206	IV INFUS HYDRATION EACH ADDITIONAL F	450	96361	105.00
4010207	IV INFUS HYDRATION INITIAL 31 MIN-1 HO	450	96360	208.00
4010208	I&D ABSC COMP/MULTIPLE	450	10061	357.00
4010209	I&D ABSC PRITONSILLAR	450	42700	850.00
4010210	I&D ABSC SMPL/SNGL	450	10060	202.00
4010211	I&D HEMTMA SEROMA/FLUID	450	10140	1159.00
4010212	I&D PILONIDAL CYST COMP	450	10081	696.00
4010213	I&D PILONIDAL CYST SMPL	450	10080	357.00
4010214	I&R FB SIBQ TISS COMP	450	10121	927.00
4010215	I&R FB SUBQ TISS SMPL	450	10120	653.00
4010216	INC THROMBOSES HRMD XTRNL	450	46083	488.00
4010217	INSJ NON-NDWELLG BLDR CAT	450	51701	161.00
4010218	INS NON-TUNNELED CNTR VENO CATH AC	450	36555	1043.00
4010219	INSJ NON-TUN CTR CVC >5YR	450	36556	1043.00
4010220	LAVAGE MAXILLARY SINUS	450	31000	850.00
4010221	LAVAGE SPHENOID SINUS	450	31002	985.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4010223	PUNC ASPIR ABSC HEMTMA	450	10160	357.00
4010224	RMV FB INTRANSL OFFICE PR	450	30300	161.00
4010225	RMV FB MSC/TNDN SHTH SMPL	450	20520	927.00
4010226	RMV/BIVALVING FL ARM/LEG	450	29705	268.00
4010227	RPR CMLX TRNK 1.1-2.5CM	450	13100	869.00
4010228	RPR CMLX TRNK 2.6-7.5CM	450	13101	1112.00
4010229	RPR INT EXTREM 12.6-20CM	450	12035	463.00
4010230	RPR INT EXTREM 2.5CM/<	450	12031	232.00
4010231	PRP INT EXTREM 2.6-7.5CM	450	12032	232.00
4010232	RPR INT EXTREM 20.1-30MC	450	12036	696.00
4010233	RPR INT EXTREM 7.6-12.5CM	450	12034	463.00
4010234	RPR INT FACE/MUC 2.5CM/<	450	12051	115.00
4010235	RPR INT FACE/MUC 2.6-5CM	450	12052	115.00
4010236	RPR INT FAC/MUC 5.1-7.5CM	450	12053	202.00
4010237	RPR INT FACE/MUC 7.6-12.5	450	12054	318.00
4010238	RPR INT H/N/TRNK 12.6-20	450	12045	318.00
4010239	RPR INT H/N/TRNK 2.5CM/<	450	12041	232.00
4010240	RPR INT H/N/TRNK 2.6-7.5	450	12042	232.00
4010241	RPR INT H/N/TRNK 7.6-12.5	450	12044	318.00
4010242	RPR NAIL BED	450	11760	318.00
4010243	RPR SMPL FACE 12.6-20	450	12016	318.00
4010244	RPR SMPL FACE 2.5CM/<	450	12011	115.00
4010245	RPR SMPL FACE 2.6-5CM	450	12013	115.00
4010246	RPR SMPL FACE 5.1-7.5CM	450	12014	202.00
4010247	RPR SMPL FACE 7.6-12.5CM	450	12015	202.00
4010248	RPR SMPL TRNK 12.6-20CM	450	12005	202.00
4010249	RPR SMPL TRNK 2.5CM/<	450	12001	115.00
4010250	RPR SMPL TRNK 2.6-7.5CM	450	12002	115.00
4010251	RPR SMPL TRNK 20.1-30CM	450	12006	318.00
4010252	RPR SMPL TRNK 7.6-12.5CM	450	12004	202.00
4010253	SUBQ INFUSION EACH ADDITIONAL HOUR	450	96370	174.00
4010254	SUBQ INFUSION ADDL PUMP INFUSION SI	450	96371	115.00
4010255	SUBQ INFUSION INITIAL 1 HR W/PUMP SE	450	96369	347.00
4010256	SPINAL PUNC THER DRN CSF	450	62272	927.00
4010257	STRP ANKLE &/FOOT	450	29540	268.00
4010258	STRP ELBOW/WRIST	450	29260	268.00
4010259	STRP HAND/FINGER	450	29280	268.00
4010260	STRP KNEE	450	29530	268.00
4010261	STRP SHLDR	450	29240	268.00
4010262	STRP THORAX	450	29200	268.00
4010263	STRP TOES	450	29550	268.00
4010264	STRP UNNA BOOT	450	29580	268.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4010265	THER PROPH/DX NJX INTRA-ARTERIAL	450	96373	197.00
4010266	THER PROPH/DX NJX IV PSH SNGL/1ST SE	450	96374	255.00
4010267	THER PROPH/DX INJECTION SUBQ/IM	450	96372	139.00
4010268	IV INFUS THERAPY/PROPH /DX 1ST1 HR	450	96366	145.00
4010269	THER/PROPH/DIAG IV INF IN	450	96365	290.00
4010270	THORACENTESIS W/O IMG	450	32554	1330.00
4010271	THORACENTESIS W/ IMG	450	32555	1330.00
4010272	TRANSFUSION BLD/BLD COMP	391	36430	812.00
4010273	TUBE THORACOSTOMY	450	32551	1330.00
4010274	TX SUPRFCL WND DEHIS SMPL	450	12020	522.00
4010275	TX SUPRFCL WND DEHIS W/PK	450	12021	757.00
4010276	THER NJX IV PUSH EACH NEW DRUG	450	96375	128.00
4010277	UNLIS PX PHRNX ADENOISD/T	450	42999	271.00
4010278	UNLIS PX SALIVARY GLNDS/D	450	42699	271.00
4010280	UNLST PRO CASTING/STRP	450	29799	268.00
4010281	UNLST PRO FOOT/TOES	450	28899	378.00
4010282	UNLST PRO LEG/ANKLE	450	27899	378.00
4010283	UNLST PRO NECK/THORAX	450	21899	271.00
4010284	UNLST PRO NOSE	450	30999	271.00
4010285	VAG DLVR ONLY	450	59409	5214.00
4010286	VNPXNR CUTDOWN AGE 1/>	450	36425	63.00
4010287	VNPXNR CUTDOWN UNDR 1 YR	450	36420	63.00
4010288	WEDGE EXC SKIN NAIL FOLD	450	11765	218.00
4010290	RMVL IMPCT CERUMEN UNILAT REQ INSTI	450	69210	174.00
4010291	INTUBATION ENDOTRACHEAL	450	31500	544.00
4010292	LUMBAR PUNCTURE	450	62270	941.00
4010293	RMVL FB EXT EAR W/O ANES	450	69200	157.00
4010295	BLOOD PATCH	450	62273	1738.00
4010296	TX CLSD ELBOW DISLOC WO/A	450	24600	720.00
4010297	CLTX RDL HD SUBLXT NURSEMAID ELBW	450	24640	253.00
4010298	I&D PERIANAL ABSCESS SUPERFICIAL	450	46050	1841.00
4010299	REMOVAL INTRAUTERINE DEVICE IUD	450	58301	115.00
4010300	EXC B9 LESN MRGN XCP SKTG S/N/H/F/G	450	11420	128.00
4010301	REMOVAL FB,EYE,SUPERFICIA	450	65205	347.00
4010302	CL TX SHOULDER DISLC W/MAN REQ ANE	450	23655	754.00
4010303	REM FB EXT EYE CORNEAL	450	65220	725.00
4010400	CAST LONG ARM APPLICATION	450	29065	129.00
4010482	OXYGEN/HR	270		3.00
4010735	CARDIOPULMONARY RESUSCITATION	450	92950	927.00
4011001	RABIES VACCINE INTRAMUSCULAR	636	90675	60.00
4011002	RABIES VACCINE INTRADERMAL	636	90676	60.00
4011007	CARDIOVERSION ELECTIVE ARRHYTHMIA	450	92960	936.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4011008	THROMBOLYSIS, CORONARY	450	92977	243.00
4011019	ELECTROCARDIOGRAM TRACING	730	93005	359.00
4011020	NASO/ORO-GSTRIC TUBE PLMT REQ PHY	450	43752	184.00
4011026	IMMUNIZATION ADMIN	450	90471	59.00
4013014	GAUZE TUBE	272		8.00
4014670	EMERGENCY DEPT VISIT LIMITED/MINOR I	450	99281	433.00
4014671	EMERGENCY DEPT VISIT LOW/MODER SE'	450	99282	927.00
4014673	EMERGENCY DEPT VISIT MODERATE SEV	450	99283	1406.00
4014675	EMERGENCY DEPT VISIT HIGH/URGENT S	450	99284	2380.00
4014678	CRITICAL CARE ILL/INJURED PAT ADDL 30	450	99292	2163.00
4014680	CRITICAL CARE ILL/INJURED PAT INIT 30-7	450	99291	5408.00
4014684	EKG	730	93005	162.00
4014686	EMERGENCY DEPT VISIT HIGH SEV&THRT	450	99285	3461.00
4017019	CAST LONG ARM FIBER APPLI	450	29065	152.00
4090001	AUDIOLOGY SCREEN F/U	521	92588	100.00
4502962	PRECISION PC (FINGERSTICK	301	J3490	6.00
4510075	BORDETELLA PERTUSSIS/PARAPERTUSSI	300	87798	52.00
4510090	SARS-COV-2 COVID-19 AMP PRB	300	87635	252.00
4510112	SARS-COV-2 COVID-19 ANTIBODY	302	86769	78.00
4520097	HERPES SIMPLEX / VARICELLA RAPID CUL	306	87254	80.00
4520107	CORTISOL SALIVA 82530X2	301	82530	90.00
4560004	ELECTROLYTES	301	80051	63.00
4560005	VANCOMYCIN	301	80202	35.00
4560007	BMP	301	80048	145.00
4560008	PSA PANEL	301	84153	154.00
4560054	CMP	301	80053	232.00
4560058	HEPATIC FUNCTION PANEL	301	80076	181.00
4560061	LIPID PANEL	301	80061	96.00
4560069	RENAL PANEL	301	80069	86.00
4560099	SPINAL FLUID PANEL	301	89051	29.00
4560100	DRUG SCREEN	301	80306	26.00
4560162	DIGOXIN	301	80162	139.00
4560185	PHENYTOIN	301	80185	139.00
4560196	SALICYLATE	301	80179	31.00
4560198	THEOPHYLLINE	301	80198	168.00
4560742	RHOGAM VIAL	301	J2790	357.00
4561000	URINALYSIS NO MICRO AUTOMATED	301	81003	31.00
4562003	ACETAMINOPHEN QUANTITATIVE	301	80143	89.00
4562009	ACETONE QUALITATIVE	301	82009	46.00
4562010	PRENATAL PANEL 1	301	80055	152.00
4562040	ALBUMIN	301	82040	22.00
4562055	ALCOHOL QUANTITATIVE	301	82077	87.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4562150	AMYLASE	301	82150	29.00
4562247	NEONATAL BILIRUBIN TOTAL	301	82247	23.00
4562250	BILIRUBIN, TOTAL	301	82247	23.00
4562251	DIRECT BILIRUBIN	301	82248	23.00
4562270	OCCULT BLOOD STOOL SCREENING	301	82270	31.00
4562310	CALCIUM	301	82310	24.00
4562374	CARBON DIOXIDE	301	82374	18.00
4562435	CHLORIDE	301	82435	18.00
4562465	CHOLESTEROL	301	82465	19.00
4562550	CPK	301	82550	29.00
4562553	CK-MB	301	82553	105.00
4562565	CREATININE	301	82565	22.00
4562945	CSF GLUCOSE	301	82945	18.00
4562946	I HOUR PGL	301	82950	36.00
4562947	GLUCOSE	301	82947	19.00
4562951	GLUCOSE TOLERANCE 3HR	301	82951	134.00
4562952	GLUCOSE TOLERANCE, ADD. H	301	82952	18.00
4562953	GLUCOSE TOLERANCE 5HR	301	82951	167.00
4562954	2HR PP	301	82951	57.00
4562962	GLUCOSE MONITORING	301	82947	19.00
4562977	GGT	301	82977	18.00
4563615	LDH	301	83615	27.00
4563690	LIPASE	301	83690	30.00
4563718	DIRECT HDL	301	83718	81.00
4563735	MAGNESIUM	301	83735	29.00
4563874	MYOGLOBIN	301	83874	112.00
4563880	B-TYPE NATRIURETIC PEPTID	301	83880	166.00
4564030	PKU [I]	301	84030	133.00
4564075	ALKALINE PHOSPHATASE	301	84075	24.00
4564100	PHOSPHORUS	301	84100	22.00
4564132	POTASSIUM	301	84132	21.00
4564154	FREE PSA	301	84154	87.00
4564155	PROTEIN TOTAL	301	84155	19.00
4564157	CSF PROTEIN	301	84157	18.00
4564295	SODIUM	301	84295	22.00
4564439	FREE T4	301	84439	62.00
4564443	TSH	301	84443	78.00
4564450	AST	301	84450	24.00
4564460	ALT	301	84460	24.00
4564478	TRIGLYCERIDES	301	84478	26.00
4564484	Troponin T G5ST	301	84484	112.00
4564520	BUN	301	84520	19.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4564550	URIC ACID	301	84550	21.00
4564702	SERUM QUANTITATIVE HCG	301	84702	154.00
4564703	SERUM HCG URINE QUALITATIVE	301	84703	63.00
4565002	BLEEDING TIME	305	85002	48.00
4565014	HEMATOCRIT	305	85014	37.00
4565023	CBC W/ DIFF	305	85025	50.00
4565027	HEMOGRAM	305	85027	37.00
4565044	RETIC COUNT AUTOMATED	305	85045	61.00
4565316	PSA TOTAL	301	84153	87.00
4565362	QUANT D-DIMER	305	85379	63.00
4565460	FETAL BLEED SCREEN	305	85460	180.00
4565590	PLATELET COUNT	305	85049	33.00
4565610	PROTHROMBIN TIME	305	85610	54.00
4565651	SEDIMENTATION RATE AUTOMATED	305	85652	48.00
4565730	PTT	305	85730	73.00
4566069	CROSSMATCH IMMEDIATE SPIN	390	86920	142.00
4566308	MONO	302	86308	55.00
4566311	HIV 1/2 AG	302	86703	79.00
4566406	VENIPUNCTURE PEDIATRIC	300	36406	35.00
4566415	VENIPUNCTURE ADULT	300	36415	25.00
4566416	VENIPUNCTURE BLOOD CULT	300	36415	25.00
4566430	RHEUMATOID FACTOR SCREEN W/REFLE	302	86430	54.00
4566588	GROUP A STREP BY PCR	306	87651	61.00
4566756	RSV BY PCR	302	87634	115.00
4566850	ANTIBODY SCREEN	390	86850	83.00
4566880	DIRECT COOMBS	390	86880	63.00
4566886	INDIRECT COOMBS	390	86885	59.00
4566900	ABO	390	86900	55.00
4566901	RH	390	86901	83.00
4566922	CROSSMATCH X1 ANTIGLOBULIN TECHNIK	390	86922	100.00
4567040	PEDIATRIC BLOOD CULTURE	306	87040	139.00
4567041	BLOOD CULTURE 1	306	87040	139.00
4567042	BLOOD CULTURE 2	306	87040	139.00
4567045	STOOL CULTURE	306	87045	107.00
4567060	THROAT CULTURE	306	87070	100.00
4567070	BODY FLUID CULTURE	306	87070	107.00
4567071	SPUTUM CULTURE	306	87070	100.00
4567072	BODY FLUID CULTURE	306	87070	107.00
4567075	CULTURE ANAEROBIC	306	87075	100.00
4567076	MRSA SCREENING CULTURE	306	87071	107.00
4567081	GC CULT	306	87081	73.00
4567088	URINE CULTURE	306	87086	150.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4567186	SUSCEPTIBILITY BY MIG 1 [I]	306	87186	83.00
4567205	GRAM STAIN	306	87205	50.00
4567210	WBC STOOL	306	89055	37.00
4567220	KOH PREP FOR FUNGI	306	87220	50.00
4568910	HIV 1/2 AB	301	86703	52.00
4568911	PEDS BLOOD CULTURE	380	87040	139.00
4569001	HANDLING FEE [I]	990		17.00
4569051	JOINT FLUID PANEL	300	89051	67.00
4569060	CRYSTAL ID	300	89060	49.00
4569705	URINE HCG MANUAL QUANTITATIVE	301	81025	63.00
4569720	CROSSMATCH X2	390	86922	100.00
4569721	CROSSMATCH X3	390	86922	100.00
4569724	CSF CULTURE	306	87070	107.00
4569725	CULTURE AEROBIC	306	87070	107.00
4569726	EYE CULTURE	306	87070	107.00
4569727	JOINT FLD CULTURE	306	87070	107.00
4569728	WOUND CULTURE	306	87070	107.00
4569731	SUSCEPTIBILITY BY MIG 2 [I]	306	87186	83.00
4569732	SUSCEPTIBILITY BY MIG 3 [I]	306	87186	83.00
4569734	WET MOUNT ANALYSIS	306	87210	50.00
4569735	MRSA CULTURE	306	87081	48.00
4569740	BODY FLUID PANEL CELL COUNT	300	89051	67.00
4569741	DRUG SCREEN CLIENT	301	80306	60.00
4569742	UA MICRO REFLEX	301	81001	47.00
4569743	CSF PANEL PROTEIN CPT2	301	84155	29.00
4569744	CSF PANEL CULTURE CPT3	301	87070	37.00
4569745	CSF PANEL GIEMSA STAIN CPT4	301	87205	29.00
4569746	CSF PANEL GLUCOSE CPT5	301	82945	29.00
4569748	C.DIFFICILE TOXIN	306	87324	58.00
4569750	4HR GLUCOSE TOLERANCE	301	82951	57.00
4569751	4HR GTT CPT2	301	82952	52.00
4569752	4HR GTT CPT3	301	82952	52.00
4569753	DRUG SCREEN CPT2	301	80306	26.00
4569754	DRUG SCREEN CPT3	301	80306	26.00
4569755	DRUG SCREEN CPT4	301	80306	26.00
4569756	DRUG SCREEN CPT5	301	80306	26.00
4569757	DRUG SCREEN CPT6	301	80306	26.00
4569758	DRUG SCREEN CPT7	301	80306	26.00
4569759	PRO-BNP II	301	83880	156.00
4569772	DRUG SCREEN 80306	301	80306	241.00
4569773	CLIENT DRUG SCR 80101X12	301	80306	60.00
4569774	GTT 2HOUR	301	82951	69.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4569775	GTT 2HR CPT 2	301	82952	69.00
4569776	INFLUENZA A&B RNA REAL-TIME PCR	306	87502	135.00
4569777	LEGIONELLA DNA QUALITATIVE REAT-TIM	300	87541	121.00
4569778	RESP VIRUS 6-11 TARGETS	300	87632	832.00
4569779	ANTIMICROBIAL RESISTANCE GENES	300	87150	284.00
4569805	STOOL CULTURE	306	87046	34.00
4569806	HEMOGLOBIN A1C	301	83036	50.00
4569807	LACTIC ACID	301	83605	120.00
4569808	1, 25-DIHYDROXY VITAMIN D	301	82306	114.00
4569809	VENOUS PH BLOOD GAS	301	82800	54.00
4569811	GASTROINTESTINAL PANEL BIOFIRE FILM	306	87507	936.00
4569812	BLOOD CULTURE PANEL BIOFIRE FILM X2	306	87150	936.00
4569813	RESPIRATORY VIRUS PCR X19	306	87633	736.00
4569814	AMPLIFIED PROBE TECHNIQUE	306	87798	175.00
4569815	CHLAMYDOPHILA PNEUMONIAE PCR	306	87486	175.00
4569816	Mycoplasma, Pneumoniae, Amplified	306	87581	175.00
4569818	DLDL	301	83721	50.00
4569819	PROCALCITONIN	309	84145	105.00
4569820	VITAMIN B12	301	82607	85.00
4569821	FOLATE III	301	82746	85.00
4569822	CBC W/ DIFF	305	85025	56.00
4569824	AMMONIA LEVEL	301	82140	88.00
4569825	FERRITIN LEVEL	301	82728	98.00
4569826	IRON LEVEL	301	83540	38.00
4569829	SARS-COV-2 COVID-19 ANTIBODY	302	86769	78.00
4569830	SPECIMEN COLLECTION HOSPITAL COVID	300	C9803	31.00
4569831	FLU A/B & SARS PCR	301	87631	200.00
4558104	NON GYN CYTOLOGY SMEAR [I]	311	88104	46.00
4558108	CYSTO FLUIDS, CONC [I]	311	88108	33.00
4558170	FINE NEEDLE ASPIRATION	305	10021	46.00
4558172	EVAL FINE NEEDLE [I]	311	88172	38.00
4558173	FINE NEEDLE [I] INTERP/RE	311	88173	52.00
4558182	HER 2 NEU [I]	310	88182	140.00
4558300	LAB LEVEL I X 1 [I]	310	88300	18.00
4558301	LAB LEVEL I X 2 [I]	310	88300	33.00
4558302	LAB LEVEL II X 1 [I]	310	88302	23.00
4558303	LAB LEVEL II X 2 [I]	310	88302	46.00
4558304	LAB LEVEL III [I]	310	88304	37.00
4558305	LAB LEVEL IV [I]	310	88305	62.00
4558306	LAB LEVEL I X 3[I]	310	88300	51.00
4558307	LAB LEVEL V X 1 [I]	310	88307	87.00
4558308	LAB LEVEL III X 2 [I]	310	88304	114.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4558309	LAB LEVEL VI [I]	310	88309	102.00
4558310	HER-2/NEU*6* [I]	302	86316	140.00
4558311	DECALCIFICATION [I]	310	88182	5.00
4558312	GROUP I STAINS X 1 [I]	310	88312	49.00
4558313	GROUP II STAIN [I]	310	88313	45.00
4558314	PROGESTERONE RECEPTOR [I]	301	84234	46.00
4558315	L-BONE MARROW ST [I]	310	88312	84.00
4558317	LAB LEVEL III X 3 [I]	310	88304	114.00
4558319	LAB LEVEL V X 2 [I]	310	88307	175.00
4558320	LAB LEVEL V X 3 [I]	310	88307	263.00
4558321	MICROSLIDE CONSULTATION	305	88321	107.00
4558322	GROUP I STAINS X 2 [I]	310	88312	97.00
4558323	GROUP I STAINS X 3 [I]	310	88312	145.00
4558324	IMMUNOHISTOCYTOCHEM. X 2	310	88342	89.00
4558325	IMMUNOHISTOCYTOCHEMICAL [	310	88342	135.00
4558331	FROZEN SECTION [I]	310	88331	23.00
4558341	IMMUNOHISTOCHEMISTRY 3X (IHC)	301	88341	113.00
4558342	IMMUNOHISTOCYTOCHEMISTRY	310	88342	46.00
4558343	ESTROGEN RECEPTION [I]	310	88342	46.00
4558360	MORPHOMETRIC ANALYSIS [I]	310	88360	118.00
4558361	LAB LEVEL IV X 2 [I]	310	88305	126.00
4558362	LAB LEVEL IV X 3 [I]	310	88305	189.00
3170001	PATIENT ROOM SEMI-PRIVATE	121		3120.00
3170002	STRICT ISOLATION	110		3536.00
3170004	TELEMETRY ROOM	129		3848.00
3170006	PEDIATRIC ROOM	123		3120.00
3170009	PATIENT ROOM PRIVATE	111		3432.00
3170011	ISOLATION W/TELEMETRY	110		4160.00
3170106	ISOLATION ROOM PRIVATE	111		3848.00
3170200	OBSERVATION 0-24 HRS	762	G0378	130.00
4777165	OT EVALUATION LOW COMPLEXITY	434	97165	113.00
4777166	OT EVALUATION MOD COMPLEXITY	434	97166	225.00
4777167	OT EVALUATION HIGH COMPLEXITY	434	97167	338.00
4777168	OT RE-EVALUATION	434	97168	135.00
4792061	E-VISIT NON-MD EST PT 5-10M UP TO 7DA	430	98970	50.00
4792062	E-VISIT NON-MD EST PT 11-21M UP TO 7D	430	98971	90.00
4792063	E-VISIT NON-MD EST PT 21>M UP TO 7DAY	430	98972	140.00
4797010	HOT OR COLD APPL	430	97010	35.00
4797018	PARAFFIN BATH	430	97018	25.00
4797035	ULTRASOUND 15 MIN	430	97035	35.00
4797110	THER EXERCISE 15MIN	430	97110	85.00
4797112	NEURO REED 15MIN	430	97112	90.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4797129	COGNITIVE SKILLS INITIAL 15 MIN	430	97129	65.00
4797130	COGNITIVE SKILLS EACH ADD'L 15 MIN	430	97130	55.00
4797140	MANUAL THERAPY 15 MIN	430	97140	80.00
4797530	THERAPEUTIC ACT 15MIN	430	97530	90.00
4797533	SENSORY INTEG 15MIN	430	97533	75.00
4797535	SLF CRE/HME MGT 15MIN	430	97535	75.00
4797537	COMM/WORK REINT 15MIN	430	97537	90.00
4797760	ORTHO MGT/TRG 15MIN	430	97760	100.00
4797761	PROS TRG UE/LE 15MIN	430	97761	90.00
4797762	CHKOUT ORTHO/PROS 15M	430	97763	105.00
4798966	5-10 MINS OF MEDICAL DISCUSSION	430	98966	15.00
4798967	11-20 MINS OF MEDICAL DISCUSSION	430	98967	30.00
4798968	21-31 MINS OF MEDICAL DISCUSSION	430	98968	45.00
539433	ROBAXIN (METHOCARBAMOL (R	250	J3490	100.65
5390002	NS 50ML	258	A4216	81.50
5390003	NS 1000ML	636	J7030	81.50
5390004	D5W 500ML	636	J7060	81.50
5390005	D5W 1000ML	636	J7060	81.50
5390006	D5LR 1000ML	258	J7121	81.50
5390007	LR 1000ML	636	J7120	81.50
5390008	D5 1/4 NS 1000ML	258	J7799	81.50
5390009	D5 1/2 NS 1000ML	258	J7799	81.50
5390010	WATER FOR IRRIGATION 1000	258	A4217	15.25
5390011	NS IRRIGATION 1000ML	270	A4217	16.25
5390012	WATER FOR IRRIGATION 3000	270	A4217	45.00
5390013	PROVENTIL 2.5MG/0.5ML (FO	250	J7611	13.44
5390014	REMDESIVIR 200MG IN NS 250MLS	250		3120.00
5390015	REMDESIVIR 100MG IN 250ML NS	250		1560.00
5390017	ONDANSETRON 8MG TABS	637		1.00
5390018	ACTIFED 60/2.5MG (PSEUDOE	250	J3490	3.00
5390019	VORTIOXETINE 5MG TAB	637		1.00
5390020	OXYCODONE 5MG TABLET	250	J3490	7.46
5390021	PEN G BENZATHINE (BICILLI	250	J3490	192.61
5390022	DYNAPEN (DICLOXACILLIN) 2	250	J3490	7.00
5390023	DOMEBORO EAR SOLN 2% 60M	250	J3490	144.00
5390024	SHINGREX (ZOSTER VACCINE) 0.5ML	250		1.00
5390025	PRILOSEC 20MG (OMEPRAZOLE	250	J3490	29.00
5390026	ATARAX 10MG (HYDROXYZINE)	250	J3490	5.34
5390027	ELDERBERRY 1000MG CAP	637		1.00
5390028	CIPRO IV 200MG (CIPROFLOX	636	J0744	21.76
5390029	XANAX 0.25MG (ALPRAZOLAM)	250	J3490	7.46
5390030	D5LR 1000ML + PITOCIN 20	250	J3490	104.93



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390031	PREVACID 30MG (LANSOPRAZO	250	J3490	11.25
5390032	PERSANTINE (DIPYRIDAMOLE)	250	J3490	5.34
5390033	MYSOLINE (PRIMODINE) 250M	250	J3490	5.34
5390034	CARDIZEM (DILTIAZEM) 50MG	250	J3490	27.25
5390035	PRAVACHOL 40MG (PRAVASTAT	250	J3490	24.00
5390039	ZAROXOLYN 5MG (METOLAZONE	250	J3490	12.00
5390040	HUMULIN R 100 UNITS IN NO	636	J1815	62.50
5390041	ASPIRIN 81MG (CHEWABLE) T	250	J3490	5.34
5390042	DEPO-PROVERA 150MG VIAL	636	J1050	108.00
5390044	DURICEF (CEFADROXIL) 500M	250	J3490	19.50
5390045	COZAAR 50 MG (LOSARTAN) T	250	J3490	22.50
5390046	INVANZ 1GM **IM** (ERTAP	636	J1335	231.75
5390048	NITRO-BID 2% OINTMENT UD	250	J3490	14.00
5390049	PHENOBARBITAL 100MG TABLE	250	J3490	7.46
5390051	XANAX 0.5MG (ALPRAZOLAM)	250	J3490	7.46
5390052	DULCOLAX 10MG (BISACODYL)	250	J3490	5.34
5390054	METHERGINE 0.2MG TABLET (	250	J3490	8.75
5390055	RHOD(D) 1500 IU (300mcg/2mL	636	J2790	189.25
5390056	ESTRADIOL CREAM 0.01% 42.5 GMS TUBE	250		1.00
5390057	COUMADIN 4 MG (WARFARIN)	250	J3490	13.50
5390058	NIPRIDE 50MG (NITROPRUSSI	250	J3490	98.82
5390059	ZESTRIL 5MG (LISINOPRIL)	250	J3490	5.34
5390060	PULMOCARE RTH 1000ML	250	J3490	34.00
5390061	LOMOTIL 2.5MGTABLET (DIPH	250	J3490	5.34
5390062	TETRACYCLINE 250MG CAPSUL	250	J3490	5.34
5390063	SODIUM ACETATE 40MEQ/20ML	250	J3490	21.76
5390064	XOPENEX 1.25MG/0.5ML (LEV	250	J3490	18.75
5390065	MARCAINE SPINAL 2ML	250		1.00
5390066	CICLOPIROX TOP SOLN 8% 6.6ML BOTTLE	250		1.00
5390067	PREMARIN 0.625MG TABLET	250	J3490	27.00
5390068	CLEOCIN (CLINDAMYCIN) 150	250	J3490	13.32
5390069	FIBERCON 625MG (POLYCARBO	250	J3490	3.00
5390070	ERYTHROMYCIN OPHTH OINT 3	250	J3490	66.50
5390075	SODIUM PHOSPHATE 60 MEQ/4	250	J3490	87.75
5390076	NICODERM 7MG PATCH (7MG/2	258	J3490	10.75
5390079	CHLORAL HYDRATE 500MG/5ML	250	J3490	5.34
5390080	BUMEX (BUMETANIDE) 1MG TA	250	J3490	10.00
5390081	SODIUM CHLORIDE 120MEQ/30	250	J3490	21.76
5390082	ATROVENT HFA 12.9 GM METE	250	J3490	698.75
5390083	CIPROFLOXACIN OPTH SOLN [0.3 %]	250	J3490	44.25
5390085	D5NS 1000ML	258	J7042	81.50
5390087	Dorzolamide HCl Ophthalmic Solution 2 %	250	J3490	133.50



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390088	CHLORASEPTIC LOZENGE	250	J3490	14.50
5390091	THERA TAB (MULTIVITAMIN)	250	J3490	3.00
5390092	Toradol 15mg/1mL vial	636		21.76
5390094	DEMADEX (TORSEMIDE) 20MG	250	J3490	5.34
5390095	PLAQUENIL 200MG (HYDROXYC	250	J3490	11.75
5390097	ASPIRIN 325MG TABLET	250	J3490	5.34
5390098	FLONASE (FLUTICASONE) NAS	250	J3490	170.75
5390099	RESTORIL 7.5MG (TEMAZEPAM	250	J3490	108.50
5390102	PROZAC 10MG (FLUOXETINE)	250	J3490	12.25
5390104	CLARITIN 10MG (LORATADINE	250	J3490	5.34
5390112	LIDOCAINE 2% MPF 5ML (OR)	250	J3490	21.76
5390115	TOBRAMYCIN 80MG *IM* INJ	636	J3260	21.76
5390117	LR 1000/ML IV	258		38.78
5390118	NAPROSYN 250MG (NAPROXEN)	250	J3490	5.34
5390119	CHOLINE MAG TRISALICYLATE	250	J3490	5.34
5390120	BENTYL (DICYCLOMINE) 10MG	250	J3490	5.34
5390121	WYDASE (HYDASE) 150 UNITS	250	J3490	69.27
5390122	ZANTAC 300MG TAB	250		4.95
5390123	TYLENOL 325MG SUPP	250		4.95
5390126	NEUPOGEN (FILGRASTIM) 300	636	J1442	566.75
5390127	PERCOCET-5 (OXYCODONE-APA	250	J3490	7.46
5390128	TYLENOL W/CODEINE #2 TAB	250	J3490	7.46
5390130	CATAPRES (CLONIDINE) 0.2M	250	J3490	5.34
5390131	TOBRAMYCIN 350MG IVPB	250		119.35
5390132	TOBRAMYCIN 241-250MG IVPB	250		102.30
5390133	VANCOMYCIN 750MG IVPB	636		28.75
5390133	VANCOMYCIN 750MG IVPB	636		40.00
5390134	CARDIZEM (DILTIAZEM) SR 1	250	J3490	5.75
5390135	PERCODAN (OXYCODONE-ASPIR	250	J3490	7.46
5390137	CARDURA 4MG (DOXAZOCIN) T	250	J3490	19.75
5390138	D5 1/2 NS + KCL 20MEQ/L 1	258	J3490	81.50
5390139	D5 1/2 NS + KCL 10MEQ/L 1	250	J3490	81.50
5390140	DEMEROL 100MG/1ML (MEPERI	636	J2175	32.49
5390141	ZOFRAN 2MG/ML INJ	250		36.85
5390143	SELENIUM 200MCG TABLET	250	J3490	5.34
5390144	TOBRAMYCIN 161-240MG IVPB	250		85.25
5390145	D5NS + KCL 20MEQ/L 1000ML	258	J3490	81.50
5390146	VITAMIN E (TOCOPHEROL) 10	250	J3490	5.34
5390148	VITAMIN E (TOCOPHEROL) 40	250	J3490	5.34
5390149	CYTOXAN (CYCLOPHOSPHAMIDE	250	J3490	20.72
5390150	DEMEROL 75MG/1ML (MEPERID	636	J2175	32.49
5390151	LOMOTIL 5ML (DIPHENOXYLAT	250	J3490	33.68



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390152	TIMOPTIC 0.25% (TIMOLOL)	250	J3490	52.50
5390153	OXYCONTIN 10MG CR (OXYCOD	250	J3490	25.00
5390155	ASA 160MG TAB	250		3.58
5390156	SULTRIN VAGINAL (TRIPLE S	250	J3490	37.32
5390157	FLORANEX (LACTOBACILLUS A	250	J3490	5.34
5390158	GENTAMICIN 0.3% OPHTHALMI	250	J3490	65.25
5390160	DERMOPLAST SPRAY 2.75OZ	250		21.73
5390162	VOLTAREN (DICLOFENAC) 75M	250	J3490	7.25
5390165	NEUTRAPHOS PACKET	250		4.95
5390166	COMBIVENT (ALBUTEROL-IPRA	250	J3490	181.25
5390167	FLOVENT HFA 44 MCG ORAL I	250	J3490	451.25
5390169	ASPIRIN 600MG SUPPOSITORY	250	J3490	7.75
5390170	LITHIUM CARBONATE 300MG C	250	J3490	5.34
5390171	CHLOROSEPTIC SPRAY DOSE	250		3.58
5390173	XALATAN (LATANOPROST) 0.0	250	J3490	367.00
5390175	CEFACLOR 250MG/5ML/75ML	250		47.64
5390176	COUMADIN 3 MG (WARFARIN)	250	J3490	5.34
5390177	CHLORASEPTMouth/Throat Spray Liquid 1.4c	250	J3490	12.50
5390178	CARA-KLENZ (ALOE VERA-NA	250	J3490	34.63
5390179	BIAXIN (CLARITHROMYCIN) 2	250	J3490	289.00
5390180	MORPHINE SULFATE 10MG/1ML	636	J2270	32.49
5390181	MORPHINE SULFATE 15MG/1ML	636	J2270	32.49
5390182	BETADINE SOLUTION 8 OZ	250		4.40
5390183	BETOPTIC S (BETAXOLOL) 0.	250	J3490	559.00
5390184	ATROVENT NASAL (IPRATROPI	250	J3490	191.50
5390185	PYRIDIUM (PHENAZOPYRIDINE	250	J3490	5.34
5390186	TYLENOL 100MG/1ML DROPS (	250	J3490	22.00
5390187	TYLENOL 160MG/5ML SUSPENS	250	J3490	7.00
5390189	DIOCTO SYR 10MG/ML 473ML	250		6.24
5390190	IMDUR (ISOSORBIDE ER) 60	250	J3490	5.34
5390192	BETAPACE (SOTALOL) 80MG T	250	J3490	13.25
5390193	TICLID (TICLOPIDINE HCL)	250	J3490	14.00
5390194	IMITREX 50MG (SUMATRIPTAN	250	J3490	75.50
5390195	ASACOL (DELZICOL) (MESALA	250	J3490	19.50
5390196	BACITRACIN TOPICAL OINTME	250	J3490	5.34
5390197	AUGMENTIN 875MG (AMOXICIL	250	J3490	20.25
5390199	CORTISPORIN EAR SOLN 10ML	250	J3490	151.25
5390200	SULFATRIM PED (SULFAMETHO	250	J3490	11.50
5390201	FLEET ENEMA 133ML	250	J3490	6.00
5390202	PHENOBARBITAL ORAL 20MG/5	250	J3490	7.46
5390203	ZANAFLEX 4MG (TIZANIDINE)	250	J3490	9.00
5390204	LEVSIN (HYOSCYAMINE SULFA	250	J3490	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390205	OXYCODONE 15MG TABLET	250	J3490	9.00
5390206	LUGOL'S SOLUTION (STRONG	250	J3490	290.00
5390207	BICITRA (SODIUM CITRATE/C	250	J3490	11.00
5390208	ELAVIL 50MG (AMITRIPTYLIN	250	J3490	5.50
5390209	EFFEXOR 25MG (VENLAFAXINE	250	J3490	9.75
5390210	MORPHINE SULFATE 4MG/1ML	636	J2270	32.49
5390211	AMIDATE 40MG/20ML (ETOMID	636	J3490	30.75
5390212	ACULAR LS 0.4% (KETOROLAC	250	J3490	134.00
5390213	TINCTURE OF BENZOIN SPRAY	250		62.60
5390214	ANTISPASMODIC ELIXIR 4 OZ	250		5.44
5390215	SEKOKOT LIQUID DOSE	250		4.95
5390216	VITAMIN B-12 1000MCG/1ML	636	J3420	35.00
5390218	PHENYTION ORAL SUSP 8 OZ	250		79.68
5390220	FOSAMAX 10MG (ALENDRONATE	250	J3490	16.75
5390221	DOMEBORO POWDER PACKET	250	J3490	4.00
5390222	DURAGESIC 25MCG/HOUR (FEN	250	J3490	7.46
5390224	MAXIDEX OPTH SUSP 5ML BTL	250		71.40
5390225	DELESTROGEN 40MG/1ML (EST	636	J1380	558.75
5390226	D5W 50ML	258	J7060	81.50
5390227	FLEET ENEMA PEDIATRIC 66.	250	J3490	7.50
5390228	EPOGEN 10,000U/1ML VIAL	250		154.72
5390230	EPSOM SALT 120GM	250	J3490	5.34
5390231	HYSKON IRRIGATION	250		23.10
5390232	THALLIUM (THALLOUS CHLORI	250	J3490	78.00
5390234	CARDIOLITE (SESTAMIBI) VI	250	J3490	21.76
5390235	OXYBUTYNIN 5MG/5ML DOSE	250		2.50
5390236	ATARAX 25MG (HYDROXYZINE)	250	J3490	5.34
5390237	GENTAMICIN 0.1% 15GM OINT	250	J3490	18.00
5390238	TYLENOL ALLERGY SINUS (PS	250	J3490	5.34
5390239	ISOPTIN 40MG (VERAPAMIL)	250	J3490	5.34
5390240	MSTA 1ML	250	J3490	81.40
5390241	HALDOL 2MG (HALOPERIDOL)	250	J3490	5.34
5390242	ZITHROMAX 250MG (AZITHROM	250	J3490	7.50
5390243	PLETAL 100MG (CILOSTAZOL)	250	J3490	9.25
5390244	PLETAL 50MG (CILOSTAZOL)	250	J3490	9.25
5390245	LUMIGAN 0.01% OPTH SOLN	250	J3490	709.00
5390246	ISOPTO HOMATROP OPTH5%5ML	250		14.28
5390247	ISOPTO HOMATROPINE (HOMAT	250	J3490	97.17
5390248	ISOPTO HOMATROPINE (HOMAT	250	J3490	111.99
5390250	IBUPROFEN 100MG/5ML 473ML	250		60.16
5390251	INSULIN LENTE 10ML INJ	250		39.72
5390252	KLOR-CON 10 TAB	250		1.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390253	KLOR-CON 8 TAB	250		1.00
5390254	KENALOG -TRIAMCINOLONE 10 INJ 10mg/1	636	J3301	51.00
5390255	HALDOL 1MG INJ	250		19.25
5390257	MEGACE ORAL SUSP 8 OZ	250		501.80
5390259	MACROBID 100MG CAP	250		5.44
5390260	XYLOCAINE LIDOCAINE JELLY 2% 5mL	250	J3490	33.75
5390261	XYLOCAINE 2% 30ML TUBE	250		36.04
5390262	LEVAQUIN IV 250MG (LEVOFL	636	J1956	21.76
5390263	LIDOCAINE 5% OINTMENT	250	J3490	475.00
5390264	LACTULOSE 10GM/15ML 16OZ	250		28.52
5390265	MYCOLOG ExternalCream 100000-0.1UNIT/C	250	J3490	5.34
5390265	MYCOLOG ExternalCream 100000-0.1UNIT/C	250	J3490	168.00
5390266	FUROSEMIDE 10MG 60ML SOLU	250		1.00
5390267	HURRICAIN (BENZOCAINE) 2	250	J3490	122.75
5390268	MAXITROL OPHTHALMIC SUSP	250	J3490	203.50
5390269	GERI-VITE BOTTLE 473ML	250		16.24
5390270	NARCAN 0.02MG/ML 2ML INJ	250		6.32
5390271	TEARS NATURAL 15ML BOTTLE	250		25.44
5390272	DOCUSATE SOL 16OZ BOTTLE	250		7.00
5390273	PROMETHAZINE 6.25MG 4OZ	250		6.64
5390274	PROZAC (FLUOXETINE) 40MG	250	J3490	114.00
5390275	BENTYL (DICYCLOMINE) 20MG	250	J3490	5.34
5390276	DEPO-MEDROL 40MG/ML (METH	636	J1030	44.50
5390278	PAXIL 10MG (PAROXETINE) T	250	J3490	13.25
5390279	SINEMET ER 25MG/100MG (CA	250	J3490	5.34
5390280	SINEMET CR 50/200MG (CARB	250	J3490	8.75
5390281	SINEMET 10/100MG (CARBIDO	250	J3490	5.75
5390282	SINEMET 25/100MG (CARBIDO	250	J3490	5.34
5390283	SINEMET 25/250MG (CARBIDO	250	J3490	5.34
5390284	TYLENOL 120MG SUPPOSITORY	250	J3490	5.34
5390285	TYLENOL 325MG SUPPOSITORY	250	J3490	5.34
5390286	TYLENOL 650MG SUPPOSITOR	250	J3490	5.34
5390287	LEVOPHED 4MG/4ML (NOREPIN	636	J3490	36.75
5390288	PEPCID 20MG/2ML (FAMOTIDI	250	J3490	5.34
5390289	POTASSIUM ACETATE 40MEQ (	250	J3480	21.76
5390290	DIPRIVAN (PROPOFOL) INJ 200 mg / 20 mL	250	J2704	29.00
5390291	AMINOSYN II 10% 500ML	250	J3490	81.50
5390293	D50W 500ML	258	J7030	81.50
5390294	CLIMARA (ESTRADIOL) 0.05M	250	J3490	68.95
5390295	PANAFIL (PAPAIN/UREA/CHLO	250	J3490	119.83
5390296	ACCUZYME (PAPAIN/UREA) (1	250	J3490	147.30
5390297	ADALAT ER 60MG (NIFEDIPIN	250	J3490	11.50



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390299	OSCAL (CALCIUM CARB) 500M	250	J3490	5.34
5390300	CORDARONE 200MG (AMIODARO)	250	J3490	16.75
5390301	GLUCOTROL (GLIPIZIDE) 10M	250	J3490	5.34
5390302	POTASSIUM CHLORIDE TAB [20 mEq] ER	250	J3490	5.34
5390303	STRESS-600 W/ZINC (VITAMI	250	J3490	5.34
5390304	ANACIN TABLET	250	J3490	0.50
5390305	BENADRYL (DIPHENHYDRAMINE	637	J8499	5.34
5390306	PRELONE 15MG/5ML (PREDNI	637	J7510	8.00
5390308	PREVACID (LANSOPRAZOLE) 1	250	J3490	5.34
5390309	LOTRONEX (ALOSETRON) 1MG	250	J3490	140.75
5390310	PRELONE 5MG/5ML (PREDNIS	250	J7510	20.50
5390311	STROVITE FORTE TAB	250	J3490	5.34
5390312	LACRI-LUBE (AKWA TEAR) OI	250	J3490	26.00
5390314	ENSURE 237ML	637	B4150	7.50
5390315	GELFOAM 1GM	250	J3490	189.30
5390316	LESCOL (FLUVASTATIN) 40MG	250	J3490	24.50
5390317	SYNTHROID 0.088MG (88MCG)	250	J3490	5.34
5390318	POTASSIUM CHLORIDE PACKET [20 mEq]	250	J3490	37.75
5390319	HYZAAR 50-12.5MG (LOSARTA	250	J3490	24.75
5390320	ACCUPRIL 10MG (QUINAPRIL)	250	J3490	6.25
5390321	LAMICTAL 25MG (LAMOTRIGIN	250	J3490	5.34
5390322	DEXTROSE 25% 10ML IN WATE	250	J7799	35.25
5390323	DILANTIN (PHENYTOIN) 50MG	250	J3490	5.34
5390324	DIPRIVAN (PROPOFOL) 200MG	250	J3490	68.04
5390325	GLYCERIN PEDIATRIC SUPPOS	250	J3490	5.34
5390326	HYDROCORTISONE 1% 30GM OI	250	J3490	24.00
5390327	KENALOG OINTMENT 0.025% (	250	J3490	39.25
5390328	LIDEX (FLUOCINONIDE) 0.05	250	J3490	182.25
5390329	LIDOCAINE 1% W/EPINEPHRIN	250	J3490	43.25
5390332	MARCAINE W/EPI 0.5% 30ML	250	J3490	21.76
5390333	MYCOSTATIN CREAM (NYSTATI	250	J3490	78.75
5390334	PHENOBARBITAL 32.4MG TABL	250	J3490	7.46
5390335	DEMEROL (MEPERIDINE) 50MG	250	J3490	7.46
5390336	PYRIDOXINE (VIT B-6) 100M	636	J3415	64.00
5390337	TRANDATE 100MG (LABETALOL	250	J3490	11.50
5390338	MAALOX "MAG-AL" 30ML	250	J3490	16.50
5390339	ZINC GLUCONATE 50MG TABLE	250	J3490	3.00
5390340	TETANUS TOXOID ADULT 0.5M	636	J3490	113.58
5390341	TENIVAC 0.5ML VACCINE (7	250	J3490	121.00
5390342	DT (TETANUS DIPH TOXOID)	250	J3490	114.77
5390343	DELESTROGEN 20MG/1ML (EST	636	J1380	336.75
5390344	ZANTAC 150MG TAB	250		4.95



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390345	NS + KCL 20MEQ/L 1000ML	258	J3480	81.50
5390346	NS + KCL 40MEQ/L 1000ML	258	J3480	81.50
5390347	PROCARDIA XL 30MG (ADALA	250	J3490	6.75
5390348	ALDOMET (METHYLDOPATE) 25	636	J0210	100.00
5390349	ALTERNAGEL (ALUMINUM HYDR	250	J3490	5.34
5390350	AMBIEN 5MG (ZOLPIDEM) TAB	250	J3490	7.46
5390351	AMPICILLIN 125MG/5ML 100M	250	J3490	5.34
5390352	AMYL NITRATE AMPUL 0.3ML	250	J3490	13.44
5390353	ATROPINE 1MG/10ML SYRINGE	636	J0461	38.00
5390354	AVANDIA (ROSIGLITAZONE) 4	250	J3490	23.79
5390355	AVANDIA (ROSIGLITAZONE) 8	250	J3490	34.58
5390356	BEN-GAY 1.25 OZ	250	J3490	28.00
5390357	BUSPAR (BUSPIRONE) 10MG T	250	J3490	6.75
5390358	NARCAN 0.4MG/1ML (NALOXON	636	J2310	66.50
5390359	BUSPAR (BUSPIRONE) 15MG T	250	J3490	10.25
5390360	CALAMINE LOTION (TOPICAL	250	J3490	21.50
5390361	CARDIZEM (DILTIAZEM) 25MG	258	J3490	25.00
5390362	CARDIZEM (DILTIAZEM) CD 2	250	J3490	5.34
5390363	DARVOCET-N-100 (PROPOXYPH	250	J3490	7.46
5390364	CARDIZEM (DILTIAZEM) SR 6	250	J3490	16.00
5390365	CARDIZEM (DILTIAZEM) SR 9	250	J3490	18.25
5390366	CELEBREX 200MG (CELECOXIB	250	J3490	20.12
5390367	CHLORAMPHENICOL 1GM IV	636	J0720	140.25
5390368	BRETHINE (TERBUTALINE) 5M	250	J3490	26.75
5390369	NIZORAL 2% (KETOCONAZOLE)	250	J3490	84.96
5390370	CIPRO 750MG (CIPROFLOXACI	250	J3490	26.00
5390373	METHYLENE BLUE 50MG/10ML VIAL	250	A9535	60.50
5390374	MYCOSTATIN VAGINAL TABLET	250	J3490	22.26
5390375	LANOXIN 0.25MG (DIGOXIN)	250	J3490	11.50
5390376	DIPHENDRAMINE (BENADRYL) 50MG/1ML I	636	J1200	21.76
5390377	NARCAN (NALOXONE) 2MG/2ML	636	J2310	119.00
5390378	CEFOTAN (CEFOTETAN) 1GM/D	250	J3490	69.25
5390379	CEFOTAN (CEFOTETAN) 2GM/D	636	J3490	138.50
5390380	CORTISONE ACETATE 25MG TA	250	J3490	15.75
5390381	CORTISPORIN OPHTH OINT 3.	250	J3490	130.25
5390382	LASIX 20MG/2ML (FUROSEMID	636	J1940	21.76
5390383	COZAAR 25 MG (LOSARTAN) T	250	J3490	11.00
5390384	CYTOMEL (LIOTHYRONINE) 25	250	J3490	12.50
5390385	D5 1/4 NS + KCL 30MEQ/L 1	258	J3490	81.50
5390386	D5 1/4 NS + KCL 40MEQ/L 1	258	J3490	81.50
5390387	CEFTIN (CEFUROXIME) 250MG	250	J3490	20.75
5390388	D5 1/2 NS + KCL 30MEQ/L 1	258	J3490	81.50



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390389	D5 1/2 NS + KCL 40MEQ/L 1	258	J3490	81.50
5390390	D5NS + KCL 40MEQ/L 1000ML	258	J3490	81.50
5390392	DANTRIUM (DANTROLENE) 20M	250	J3490	194.50
5390393	DANTRIUM (DANTROLENE) 25M	250	J3490	5.34
5390394	DECADRON (DEXAMETHASONE)	250	J3490	63.50
5390396	DECADRON 1MG (DEXAMETHASO	250	J8540	5.34
5390397	DEPAKENE (VALPROIC ACID)	250	J3490	24.00
5390398	DEPAKOTE (DIVALPROEX) 500	250	J3490	12.50
5390399	PENICILLIN V K (PENICILLI	250	J3490	5.34
5390400	DESFERAL (DEFEROXAMINE) 500MG	636	J0895	39.75
5390401	CEPASTAT LOZENGE	250	J3490	3.00
5390402	DETROL (TOLTERODINE) 2MG	250	J3490	17.00
5390403	D10NS 1000ML	258	J3490	81.50
5390404	D20W 500ML	258	J7799	81.50
5390407	ZANTAC 50MG IVPB	250		64.08
5390408	PHENOBARBITAL 65MG/1ML	636	J2560	78.75
5390409	LIDOCAINE IN D5W 2 GM/250mL	636	J2001	23.50
5390410	HEPARIN 10,000 UNITS/1ML	250	J3490	21.76
5390411	D5W + KCL 20MEQ/L 1000ML	258	J3490	81.50
5390412	D5W + KCL 30MEQ/L 1000ML	258	J3490	81.50
5390413	TEARS RENEWED 15ML (ARTIF	250	J3490	16.50
5390414	D5W + KCL 40MEQ/L 1000ML	258	J3490	81.50
5390415	DIAMOX (ACETAZOLAMIDE) 500MG	636	J1120	149.50
5390416	DIAMOX (ACETAZOLAMIDE) 50	250	J3490	39.00
5390417	DIFLUCAN (FLUCONAZOLE) 15	250	J3490	49.00
5390418	ARTIFICIAL TEARS DOSE	250		3.58
5390420	DILANTIN 250MG(5ML) VIAL	250		21.45
5390421	DOBUTREX 250MG/20ML	636	J1250	21.76
5390422	DOPAMINE 800MG/5ML	250	J3490	32.55
5390423	VISTARIL (HYDROXYZINE) 25	636	J3410	72.75
5390424	DURAGESIC 100MCG/HOUR (FE	250	J3490	125.75
5390425	ENSURE PLUS HN RTH 1000ML	250	J3490	42.00
5390427	EPINEPHRINE 1MG/1ML VIAL	636	J0171	63.00
5390429	EPOGEN (EPOETIN ALFA) 4000unit/mL	636	J0885	159.25
5390430	FERROUS SULFATE 15MG/0.6M	250	J3490	36.00
5390431	FLUOR-I-STRIP (FLUORESCEI	250	J3490	5.34
5390432	FLOVENT HFA 110 MCG ORAL	250	J3490	451.25
5390433	FLOVENT HFA 220 MCG ORAL	250	J3490	700.75
5390434	GENTAMICIN 20MG/2ML INJ	636	J1580	25.00
5390435	GLUCERNA RTH 1500ML	250	J3490	66.00
5390436	GLUCOPHAGE 850MG (METFORM	250	J3490	7.50
5390437	HEPARIN 1,000 UNITS/1ML 1	636	J1644	21.76



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390438	HEPARIN 1,000 UNITS/ML 10	636	J1644	21.76
5390439	HEPATAMINE 8% 500ML	258	J3490	163.91
5390441	NORCURON 10MG (VECURONIUM	250	J3490	25.00
5390442	HISTOPLASMIN	250	J3490	159.37
5390443	HUMIBID-LA (GUAIFENESIN)	250	J3490	5.34
5390444	PANCURONIUM BROMIDE 2MG/1	250	J3490	21.76
5390445	TETRALAC 15CC ORAL	250		3.58
5390446	KWELL 2OZ CREAM	250		38.64
5390447	LESCOL (FULVASTATIN) 20MG	250	J3490	24.50
5390449	LIDOCAINE INJ W/ EPINEPHRINE 1% 30mL	250	J3490	21.76
5390451	LIPITOR 10MG (ATORVASTATI	250	J3490	5.34
5390452	CAPOTEN (CAPTOPRIL) 25MG	250	J3490	9.50
5390453	LOTENSIN 5MG (BENZAEPRI	250	J3490	5.34
5390454	MAALOX SUSPENSION 12OZ	250	J3490	21.79
5390455	BUPIVICAINE INJ W/EPINEPHRINE 0.25%1C	250	J3490	25.50
5390456	LIBRAX (CHLORDIAZEPOXIDE-	250	J3490	5.34
5390457	MARCAINE W/EPI 0.75% 30ML	250	J3490	37.25
5390458	NITRO PRU 50MG/500ML/D5W	250		134.20
5390459	MEVACOR 40MG (LOVASTATIN)	637	J1650	21.50
5390461	MICONAZOLE 2% OINTMENT	250	J3490	28.00
5390462	MINIPRESS (PRAZOSIN) 2MG	250	J3490	9.25
5390463	MINIPRESS (PRAZOSIN) 5MG	250	J3490	21.75
5390464	MONISTAT-7 (MICONAZOLE) V	250	J3490	244.75
5390465	DIAMOX (ACETAZOLAMIDE) 25	250	J3490	14.50
5390466	MONUROL (FOSFOMYCIN) 3GM	250	J3490	156.50
5390467	MYAMBUTOL (ETHAMBUTOL) 40	250	J3490	9.00
5390468	MYCOBUTIN (RIFABUTIN) 150	250	J3490	49.97
5390469	MYSOLINE 50MG (PRIMIDONE)	250	J3490	5.34
5390470	NITROGLYCERIN 0.1 MG/HR P	250	J3490	13.00
5390472	NITROGLYCERIN 0.6 MG/HR P	250	J3490	10.50
5390473	NITROGLYCERIN IV 50MG/5ML	250	J3490	49.21
5390474	NIZORAL (KETOCONAZOLE) 2%	250	J3490	80.25
5390475	ORABASE (BENZOCAINE 20%)	250	J3490	19.25
5390478	PEPTO-BISMOL 30ML SUSP (B	250	J3490	3.00
5390479	PHENOBARBITAL 130MG/1ML	250	J3490	146.75
5390480	PHENOBARBITAL 15MG TABLET	250	J3490	7.46
5390481	PILOCARPINE 2% 15ML OPHTH	250	J3490	19.25
5390482	PILOCARPINE 3% 15ML OPHTH	250	J3490	37.50
5390483	PILOCARPINE 6% 15ML OPHTH	250	J3490	46.25
5390485	PRANDIN (REPAGLINIDE) 0.5	250	J3490	30.25
5390486	PRAVACHOL 10MG (PRAVASTAT	250	J3490	21.50
5390487	PRAVACHOL 20MG (PRAVASTA	250	J3490	16.50



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390488	PRECOSE (ACARBOSE) 50MG T	250	J3490	6.50
5390489	PREMARIN (CONJ ESTROGEN) 25MG	636	J1410	534.25
5390490	LEVAQUIN 500MG IV	258		91.03
5390491	PREMARIN 2.5MG TABLET	250	J3490	9.00
5390492	ADALAT XL 90MG (NIFEDIPIN	250	J3490	13.00
5390493	PROSCAR 5MG (FINASTERIDE)	250	J3490	5.34
5390494	LEVAQUIN 500MG (LEVOFLOXA	250	J3490	67.50
5390495	PROSTAGLADIN VAG SUPP 20M	250	J3490	1839.12
5390496	TYLENOL 325MG TABLET (ACE	250	J3490	3.00
5390497	VOSPIRE 4MG (ALBUTEROL) E	250	J3490	11.75
5390498	PYRAZINAMIDE 500MG TABLET	250	J3490	14.50
5390499	REMERON 15MG (MIRTAZAPINE	250	J3490	14.50
5390500	FACTOR V 1 UNIT	250		1.72
5390503	SYNTHROID 0.2MG (200MCG)	250	J3490	7.50
5390504	SERZONE (NEFAZODONE) 150M	250	J3490	24.50
5390505	EFFEXOR 75MG (VENLAFAXINE	250	J3490	11.00
5390506	WELLBUTRIN SR 150MG	637	J8499	9.25
5390507	SERZONE (NEFAZODONE) 200M	250	J3490	25.00
5390508	SINGULAIR 10MG (MONTELUKA	250	J3490	5.34
5390509	SOLU-MEDROL 500MG VIAL	250		32.00
5390510	SSKI (SATURATED SOLN OF P	250	J3490	67.75
5390511	SYNALAR (FLUOCINOLONE) 0.	250	J3490	133.75
5390512	SYNALAR (FLUOCINOLONE) 0.	250	J3490	101.50
5390513	TYLENOL W/CODEINE #3 (30/	250	J3490	7.46
5390514	SYNTHROID 0.3MG (300MCG)	250	J3490	7.50
5390515	TINACTIN (TOLNAFTATE) TOP	250	J3490	9.50
5390516	TPN ELECTROLYTES (SODIUM	250	J3490	21.76
5390517	TRICHOPHYTON	250	J3490	139.32
5390518	ULTANE (SEVOFLURANE) 250M	250	J3490	245.00
5390519	VIOXX (ROFECOXIB) 25MG TA	250	J3490	15.79
5390520	VISINE (TETRAHYDROZOLINE	250	J3490	20.25
5390523	ZOSYN 3.375GM VIAL	250		48.63
5390524	DEPAKOTE 125MG (DIVALPROE	250	J3490	5.50
5390525	SCOPOLAMINE HYDROBROMIDE	250	J3490	38.25
5390526	VICODIN-ES 7.5/750MG (HYD	250	J3490	7.46
5390527	ORTHO TRI-CYCLEN TAB	250	J3490	8.58
5390528	ENSURE PUDDING	250	J3490	9.00
5390529	ROBITUSSIN (GUAIFENESIN)	250	J3490	9.65
5390530	DIOVAN 80MG (VALSARTAN) T	250	J3490	23.25
5390531	LASIX 80MG (FUROSEMIDE) T	250	J3490	5.34
5390532	ISOPTIN 120MG (VERAPAMIL)	250	J3490	5.34
5390533	ACCUPRIL 20MG (QUINAPRIL)	250	J3490	23.25



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390534	ZYRTEC 10MG (CETIRIZINE)	250	J3490	5.34
5390535	EXELON 1.5MG (RIVASTIGMIN	250	J3490	23.00
5390536	ACTOS 15MG (PIOGLITAZONE)	250	J3490	54.50
5390537	ACTOS 30MG (PIOGLITAZONE)	250	J3490	71.50
5390538	ACTOS 45MG (PIOGLITAZONE)	250	J3490	40.75
5390539	FLOMAX 0.4MG (TAMSULOSIN)	250	J3490	21.25
5390540	COMTAN (ENTACAPONE) 200MG	250	J3490	19.35
5390541	CHLOROPHYLL (CHLOROPHYLLI	250	J3490	5.34
5390542	CLEOCIN-T (CLINDAMYCIN) 1	250	J3490	40.77
5390544	PROTONIX 40MG (PANTOPRAZO	250	J3490	20.50
5390545	NEXIUM IV 40MG (ESOMEPRAZ	250	J3490	107.25
5390546	NASONEX (MOMETASONE) NASA	250	J3490	31.42
5390547	RAZADYNE 4MG (GALANTAMINE	250	J3490	25.75
5390548	INTEGRILIN 75MG/100ML	250	J3490	633.79
5390549	PHENERGAN 6.25MG/5ML (PRO	250	J3490	5.34
5390550	LIDODERM (LIDOCAINE) 5%	250	J3490	37.50
5390551	MENTAX (BUTENAFINE) 1% 15	250	J3490	169.00
5390552	COREG 6.25MG (CARVEDILOL)	250	J3490	10.75
5390553	EVISTA 60MG (RALOXIFENE)	250	J3490	29.50
5390554	CELEXA 10MG (CITALOPRAM)	250	J3490	12.25
5390556	ARAVA (LEFLUNOMIDE) 20MG	250	J3490	147.75
5390557	MEGACE 400MG/10ML (MEGEST	250	J8999	24.00
5390558	CAPOTEN (CAPTOPRIL) 50MG	250	J3490	10.25
5390559	REMERON 30MG (MIRTAZAPINE	250	J3490	14.00
5390561	HYDROCHLOROTHIAZIDE 12.5M	250	J3490	5.34
5390562	ISUPREL (ISOPROTERENOL) H	250	J3490	3222.25
5390563	DETROL LA 4MG (TOLTERODIN	250	J3490	49.75
5390564	IV FLUSH SALINE 10ML SYRI	250	J3490	21.76
5390565	VIOXX (ROFECOXIB) 12.5MG	250	J3490	15.79
5390566	CELESTONE 6MG SUSP INJ	250		45.65
5390567	URECHOLINE 5MG (BETHANECH	250	J3490	5.34
5390568	CELEXA (CITALOPRAM) 20MG	250	J3490	13.50
5390569	FOSAMAX 70MG (ALENDRONAT	250	J3490	61.50
5390570	ROXANOL ORAL 20MG/10ML (M	250	J3490	7.46
5390571	NS 3ML INHALATION THERAPY	250	A4216	13.44
5390572	PROVENTIL 2.5MG/3ML UD (A	250	J7510	13.44
5390573	ATROVENT 0.5MG/2.5ML (IPR	250	J7644	13.44
5390574	S-2 (RACEPINEPHRINE) 2.25	250	J3490	13.44
5390575	SODIUM CHLORIDE 10% 15ML	250	J3490	13.44
5390576	DECADRON RESP THERAPY 4MG	250	J3490	13.44
5390577	MUCOMYST 10% 4ML (ACETYLC	250	J3490	26.25
5390579	NORCO 10/325MG (HYDROCODO	250	J3490	7.46



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390580	CLARINEX (DESLORATIDINE)	250	J3490	22.38
5390581	ZOCOR 40MG (SIMVASTATIN)	250	J3490	22.25
5390582	MIRAPEX (PRAMIPEXOLE) 1MG	250	J3490	35.50
5390583	MIRAPEX (PRAMIPEXOLE) 0.1	250	J3490	33.75
5390584	OCUVITE (VITAMIN/MINERAL)	250	J3490	3.00
5390585	NORCO 5/325MG (HYDROCODON	250	J3490	7.46
5390586	ENOXAPARIN 100MG	250		182.95
5390587	ACTONEL 5MG (RISEDRONATE)	250	J3490	23.75
5390588	AMLACTIN (AMMONIUM LACTAT	250	J3490	42.25
5390589	AMLACTIN (AMMONIUM LACTAT	250	J3490	49.00
5390590	PROZAC (FLUOXETINE) 90MG	250	J3490	130.75
5390591	RISPERDAL 0.25MG (RISPERI	250	J3490	19.50
5390593	AVELOX (MOXIFLOXACIN) 400	250	J3490	69.67
5390595	NEURONTIN 600MG (GABAPENT	250	J3490	12.25
5390596	LEUKERAN (CHLORAMBUCIL) 2	250	J3490	22.50
5390597	Cipro HC Otic Suspension 0.2-1 %	250	J3490	568.75
5390598	LANOLIN USP 30GM	250	J3490	11.00
5390599	SKELAXIN 400MG (METAXALON	250	J3490	7.85
5390600	TOBRAMYCIN 0.3% OPHTH OIN	250	J3490	411.00
5390601	TOBRAMYCIN (TOBREX) OPHTH	250	J3490	51.00
5390602	ALPHAGAN-P 0.15% OPHTH SO	250	J3490	307.00
5390603	PhenylephrineHCl OphthalmicSolution 2.5%	250	J3490	122.00
5390604	NEO-SYNEPHRINE (PHENYLEPH	250	J3490	62.75
5390605	GLUCOPHAGE XR 500MG (METF	250	J3490	5.34
5390606	ZYVOX 600MG (LINEZOLID)	250	J3490	274.50
5390607	OXYCONTIN 20MG CR (OXYCOD	250	J3490	39.25
5390608	DITROPAN XL 5MG (OXYBUT	250	J3490	13.75
5390609	TOPROL XL 50MG (METOPROLO	250	J3490	6.25
5390610	TOPROL XL 25MG (METOPROLO	250	J3490	6.25
5390611	ALTACE 2.5MG (RAMIPRIL) C	250	J3490	9.25
5390612	ALTACE 5MG (RAMIPRIL) CAP	250	J3490	9.50
5390613	MS CONTIN SA 30MG (MORPHI	250	J3490	16.75
5390614	PROAIR HFA 8.5 GM INHALER	250	J3490	148.25
5390615	TERAZOL-3 (TERCONAZOLE) V	250	J3490	107.34
5390616	ADVAIR 250/50 MCG (FLUTIC	250	J3490	709.25
5390617	UROQID-ACID NO.2 (UTAC)	250	J3490	5.34
5390618	PERIACTIN (CYPROHEPTADINE	250	J3490	5.50
5390619	XOPENEX 0.63MG/3ML (LEVAL	250	J7614	13.44
5390620	XOPENEX 1.25MG/3ML (LEVAL	250	J7614	13.44
5390621	HYGROTON (CHLORTHALIDONE)	250	J3490	11.50
5390622	ALFENTA (ALFENTANIL) 500M	250	J3490	32.49
5390623	EFUDEX (FLUOURACIL) 5% 25	250	J3490	386.25



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390624	CROFAB [ANTIVENIN,CROTAI	636	J0840	5756.50
5390625	MS CONTIN SA 60MG (MORPHI	250	J3490	27.00
5390626	CUTIVATE CREAM 0.05% (FLU	250	J3490	103.00
5390629	AZACTAM 2GM	250	J3490	163.00
5390630	MAXITROL OPPTH OINT 3.5GM	250	J3490	53.25
5390631	CARDIZEM (DILTIAZEM) CD 1	250	J3490	5.34
5390632	LEVAQUIN 250MG (LEVOFLOXA	636	J1956	51.75
5390633	RAZADYNE 8MG (GALANTAMINE	250	J3490	25.75
5390646	OPHTHETIC 0.5% 15ML OPPTH	250	J3490	131.75
5390648	INDERAL LA 80MG (PROPRANO	250	J3490	12.00
5390649	TALWIN NX (PENTAZOCINE-NA	250	J3490	9.50
5390654	SYNTHROID 0.125MG (125MCG	250	J3490	5.34
5390664	PRIMAXIN 750MG IVPB	250		175.18
5390669	PEN GK 1MU INJ	250		32.73
5390697	TETRACYCLINE 500MG CAPSUL	258	J3490	5.34
5390711	DEXTROSE 20%W/ELECTRO IVP	258		147.68
5390712	VASOTEC 5MG (ENALAPRIL) T	250	J3490	9.50
5390713	TRIPLE DYE UD	250	J3490	5.34
5390715	PERICOLACE CAP	250		3.58
5390727	VICODIN 5/500MG (HYDROCOD	250	J3490	7.46
5390728	NEOSPORIN OPHTHALMIC SOLU	250	J3490	122.75
5390730	NEOSPORIN (NEO/BAC/POLY)	250	J3490	17.75
5390731	NEOSPORIN (NEO/BAC/POLY)	250	J3490	5.34
5390732	NEOSPORIN OPPTH OINT3.5GM	250	J3490	110.50
5390776	FLUORESCEIN OPTH SOL 5ML	250		13.20
5390777	IPECAC 30ML	250	J3490	12.49
5390789	PEDIAPROFEN 120ML BOTTLE	250		25.30
5390802	HEPARIN 5,000 UNITS/1ML	636	J1644	21.76
5390840	DIPHENHYDRAMINE (BENADRYL) 25MG CA	637	Q0163	5.34
5390853	SEPTRA DS (BACTRIM) (800/	250	J3490	5.34
5390858	GAS-X 80MG (SIMETHICONE)	250	J3490	3.00
5390859	OXYCONTIN 80MG CR (OXYCOD	250	J3490	51.50
5390866	PREMARIN 1.25MG TABLET	250	J3490	27.00
5390904	NITROGLYCERIN 0.3 MG/HR P	250	J3490	26.75
5390905	NITROGLYCERIN 0.2 MG/HR P	250	J3490	8.25
5390906	NITROGLYCERIN 0.4 MG/HR P	250	J3490	11.00
5390907	INTAL (CROMOLYN) 8.1GM IN	250	J3490	165.90
5390931	FLEXERIL 10MG (CYCLOBENZA	250	J3490	6.00
5390940	TRACRIUM (ATRACURIUM) 10M	250	J3490	30.25
5390942	CLINORIL (SULINDAC) 200MG	250	J3490	7.75
5390971	PLAVIX 75MG (CLOPIDOGREL)	250	J3490	22.00
5390981	DIGOXIN LIME S/F 0.05MG/1	250	J3490	104.37



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5390996	PROBIOTIC & ACIDOPHILUS C	250	J3490	5.25
5390999	MACRODANTIN 50MG (NITROFU	250	J3490	14.00
5391000	AURALGAN (ANTIPYRINE-BENZ	250	J3490	45.25
5391001	ALDACTONE 25MG (SPIRONOLA	250	J3490	5.34
5391002	DAYPRO (OXAPROZIN) 600MG	250	J3490	16.85
5391003	DIPROSONE 0.05% CREAM (BE	250	J3490	23.25
5391004	LOTRISONE (CLOTRIMAZOLE-B	250	J3490	130.75
5391005	DISALCID (SALSALATE) 500M	250	J3490	5.34
5391006	PHENERGAN-CODEINE120MLBTL	250		25.30
5391007	FIORICET W/CODEINE #3 CAP	250	J3490	7.50
5391008	DANAZOL 200MG CAPSULE	250	J3490	24.25
5391009	CERVIDIL (DINOPROSTONE) 1	250	J3490	390.60
5391010	HALDOL (HALOPERIDOL) 2MG/	250	J3490	45.50
5391011	ALDACTAZIDE (SPIRONOLACTO	250	J3490	5.34
5391012	REQUIP 0.25MG (ROPINIROLE	250	J3490	5.34
5391014	PREDNISOLONE SYRUP DOSE	250		4.13
5391015	PAMELOR 25MG LIQ	250		3.58
5391016	COGENTIN INJ 2MG/2ML	250		28.88
5391017	TOBRADEX OPHTH OINT 3.5G	250	J3490	411.00
5391020	KETOROLAC OPHTH SOLN [0.5 %]	250	J3490	159.50
5391021	DEBROX (CARBAMIDE PEROXID	250	J3490	24.00
5391022	DIGIFAB (DIGOXIN IMMUNE F	636	J1162	923.50
5391023	ZYLOPRIM (ALLOPURINOL) 30	250	J3490	5.34
5391024	HALDOL 5MG/ML (HALOPERIDO	636	J1630	28.75
5391025	NITROGLYCERIN 2.5MG CAPSU	250	J3490	5.34
5391026	ANTIVENIN POLYVALENT	250	J3490	1835.25
5391027	SEREVENT (SALMETEROL) INH	250	J3490	412.00
5391028	RABIES IMMUNE GLOBULIN 300IU/ML 5ML	636		6034.00
5391030	NEOMYCIN SULFATE 500MG TAB	637	J3490	8.25
5391032	CHORIONC GONADO 10000U IM	250		38.78
5391033	SENSORCAINE 0.25/30CC INJ	250		45.93
5391034	MARCAINE 0.5% 30ML (BUPIV	636	S0020	53.00
5391035	ALOMIDE (LODOXAMIDE) 0.1%	250	J3490	308.00
5391036	BETOPTIC (BETAXOLOL) 0.5%	250	J3490	132.75
5391037	PHYSOSTIGMINE 2MG/2ML INJ	250	J3490	24.50
5391038	DUONEB (IPRATROPIUM 0.5MG	250	J7620	13.44
5391039	TOBRADEX OPHTH SOLN 2.5M	250	J3490	121.50
5391040	PROVERA (MEDROXYPROGESTER	250	J3490	8.50
5391041	ALDACTONE 50MG (SPIRONOLA	250	J3490	5.34
5391042	ROCALTROL (CALCITRIOL) 0.	250	J3490	6.25
5391043	RAVAVERT (RABIES) VACCINE	636	90675	641.50
5391044	NYSTATIN ORAL SUSP DOSE	250		3.58



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5391045	VANCOMYCIN 500MG VIAL	636	J3370	38.75
5391047	LINDANE 1% 60ML	250	J3490	20.04
5391049	SPORANOX (ITRACONAZOLE) 1	250	J3490	101.50
5391050	SILVADENE CREAM EA APP	250		4.95
5391051	SILVADENE (SILVER SULFADI	250	J3490	36.50
5391052	ISONIAZID 300MG TABLET	250	J3490	6.00
5391053	VITAMIN B-6 (PYRIDOXINE)	250	J3490	5.34
5391055	PRIMAXIN 500MG	250		127.05
5391056	KAYEXALATE suspension 15GM/60ML	250	J3490	39.50
5391057	DIFLUCAN (FLUCONAZOLE) 20	250	J3490	72.63
5391059	TITRALAC 30ML ORAL	250	J3490	3.58
5391061	METHADONE 10MG TABLET	250	J3490	7.46
5391063	ZYPREXA 5MG (OLANZAPINE)	250	J3490	46.50
5391064	NEURONTIN 100MG (GABAPENT	250	J3490	5.34
5391065	TOBRAMYCIN 80MG *IVPB* /	636	J3260	21.76
5391066	SYNTHROID 0.2MG (200MCG)	250	J3490	72.00
5391068	ESTRADERM (ESTRADIOL) 0.1	250	J3490	24.71
5391069	NORVASC 5MG (AMLODIPINE)	250	J3490	8.25
5391070	SYNTHROID 0.1MG (100MCG)	250	J3490	5.34
5391071	ZOLOFT 50MG (SERTRALINE)	250	J3490	5.34
5391072	LOTRISONE CREAM 45GM	250	J3490	130.75
5391073	SLOWMAG 64MG (MAGDELAY)	250	J3490	5.34
5391075	LOTRISONE CREAM DOSE	250		9.08
5391076	TEMOVATE CREAM .05% DOSE	250		9.08
5391077	TEMOVATE (CLOBETASOL) 0.0	250	J3490	779.25
5391078	CIMETIDINE 300MG/2ML	250	J3490	21.76
5391080	LIDOCAINE 1% 20ML SYRINGE	250	J3490	37.00
5391081	ARICEPT 10MG (DONEPEZIL)	250	J3490	5.34
5391082	ROXANOL ORAL 10MG/5ML (MO	250	J3490	12.00
5391083	CLARITIN-D 24 HOUR (PSEUD	250	J3490	6.00
5391084	ATROVENT DOSE	250		4.95
5391085	DEPO-ESTRADIOL 5MG/1ML	636	J1000	189.75
5391086	ACTIGALL 300MG (URSODIOL)	250	J3490	38.50
5391087	ZOVIRAX 800MG (ACYCLOVIR)	250	J3490	18.50
5391088	PENLAC (CICLOPIROX) 8% TO	250	J3490	255.75
5391089	CETAPHIL 120ML LOTION	250	J3490	18.60
5391090	ELOCON (MOMETASONE) 0.1%	250	J3490	106.00
5391091	MULTI VITAMIN LIQUID (CER	250	J3490	3.00
5391093	COLACE (DOCUSATE SODIUM)	250	J3490	5.34
5391094	FERROUS SULFATE 220MG/5ML	250	J3490	5.34
5391095	ZESTRIL 40MG (LISINOPRIL)	250	J3490	5.34
5391096	BENEFIBER 3.5GM (FIBER) P	250	J3490	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5391098	ULTRAM 50MG (TRAMADOL) TA	250	J3490	7.46
5391100	TRACE ELECTROLYTES(MTE-4)	250	J3490	93.75
5391101	MYCOSTATIN CREAM	250	J3490	5.34
5391103	ELAVIL10MG (AMITRIPTYLINE	250	J3490	5.34
5391104	CELEXA 20MG 100TABS	250		221.00
5391105	ATENOLOL 25MG 100TABS	250		5.00
5391106	PREDNISON 10MG 100TABS	250		5.00
5391107	K-TABS 10MEQ 100TABS	250		5.00
5391108	AETONEL 35MG 12TABS	250		169.00
5391109	SYNVISC (HYLAN G-F 20) 2M	250	J3490	779.75
5391111	KLONOPIN 0.5MG (CLONAZEPA	250	J3490	5.34
5391112	MEXILETINE HCL 200MG	250	J3490	6.64
5391114	RESTORIL 15MG (TEMAZEPAM)	250	J3490	7.46
5391116	FENTANYL 100MCG/2ML INJ	636	J3010	32.49
5391117	SUBLIMAZE 5ML INJ	250		33.83
5391119	SODIUM BICARBONATE 2.5MEQ	250	J3490	36.75
5391122	FERROUS GLUCONATE 300MG T	250	J3490	5.34
5391133	GRANULEX (TRYPsin-BALSAM	250	J3490	68.00
5391134	TRANEXAMIC ACID INJ 1000MG/10ML	250		1.00
5391144	MUCOMYST 20% 30ML (ACETYL	250	J7608	75.25
5391147	COCCIDIODIN SKIN TEST 1ML	250	J3490	105.00
5391148	CANDIDA ALBICANS 1ML	250	J3490	217.77
5391174	PENICILLIN V POTASSIUM 50	250	J3490	6.00
5391178	NITROGLYCERIN 0.4MG/SL TA	250	J3490	5.34
5391179	DDAVP (DESMOPRESSIN) 4 MC	636	J2597	43.25
5391180	GEODON (ZIPRASIDONE HCL)	250	J3490	36.00
5391212	NEO-DECADRON OPHTH SOLN 5	250	J3490	51.41
5391213	MARCAINE 0.25% 30ML (BUPI	636	S0020	21.76
5391218	MARCAINE 0.75% 30ML (BUPI	636	S0020	21.76
5391221	DILAUDID 2MG (HYDROMORPHO	637	J3490	7.46
5391222	TIGAN (TRIMETHOBENZAMIDE)	636	J3250	8.18
5391223	DILTIAZEM 90MG	250	J3490	5.34
5391224	NEO-SYNEPHRINE (PHENYLEPH	250	J3490	19.00
5391225	ETHYL CHLORIDE 103.5ML SP	250	J3490	96.00
5391226	AVANDIA (ROSIGLITAZONE) 2	250	J3490	16.03
5391228	GABAPENTIN CAP [300 mg]	250	J3490	5.34
5391265	FILGRASTIM 300MCG INJ	250		276.38
5391300	DOXYCYCLINE 100MG IVPB	250		136.68
5391301	ESMOLOL DRIP 500MG IN NS 50ML	250		1.00
5391303	NARCAN DRIP 2MG IN 500 ML D5W	636		1.00
5391304	CALCIUM GLUCONATE 1000/50 ML	250		1.00
5391305	PROTONIX DRIP 80MG/100ML NS	636		1.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5391313	MARCAINE 0.5% 50ML (BUPIV	250	J3490	21.76
5391325	URECHOLINE (BETHANECHOL)	250	J3490	15.75
5391336	CEREBYX 50MG/1ML	250	J3490	85.64
5391338	FOSPHENYTOIN 50MG PE/ML 5	250	J3490	171.29
5391339	Ibuprofen Oral Tablet 400 MG	250	J3490	5.34
5391342	NEOSYNEPHRINE 10MG IV	250		30.25
5391373	ZYLOPRIM (ALLOPURINOL) 10	250	J3490	5.34
5391375	DITROPAN 5MG (OXYBUTININ	250	J3490	5.34
5391393	PROCARDIA XL 60MG (NIFED	250	J3490	11.50
5391398	THORAZINE (CHLORPROMAZINE	636	J3230	94.75
5391399	LOVENOX 150MG/1ML (ENOXAP	636	J1650	81.00
5391410	LANOXIN (DIGOXIN) 0.5MG/2	636	J1160	30.00
5391420	COCAINE HCL 4% 4ML	250	J3490	337.00
5391442	MOTRIN 600MG (IBUPROFEN)	250	J3490	13.24
5391444	TIGAN (TRIMETHOBENZAMIDE)	250	J3490	6.89
5391445	SORBSAN 4X4	270		12.10
5391446	BREVITAL (METHOHEXITAL) 5	250	J3490	170.25
5391447	SORBSAN 2X2	270		8.53
5391448	VASOCON-A OPTH 15ML	250	J3490	20.16
5391449	SORBSAN 4X8	270		49.50
5391451	CLEOCIN CLINDAMYCIN **IVPB**600mg/50r	636	S0077	63.00
5391456	D10W 1000ML	258	J7799	81.50
5391457	ZYPREXA 15 MG (OLANZAPINE	250	J3490	5.34
5391458	EXELON PATCH 4.6MG/24 HOU	250	J3490	82.50
5391459	STELAZINE 5MG (TRIFLUOPER	250	J3490	12.75
5391460	AZOPT 1% (BRINZOLAMIDE) O	250	J3490	832.75
5391461	CENTRUM SENIOR MULTIVITAM	250	J3490	3.00
5391462	TAMIFLU 75MG (OSELTAMIVIR	250	J3490	54.25
5391463	ENABLEX 7.5MG (DARIFENACI	250	J3490	24.00
5391464	REQUIP 2 MG (ROPINIROLE)	250	J3490	12.50
5391465	VITAMIN D 1000 UNITS (ERG	250	J3490	3.00
5391467	INFLUENZA VACCINE 0.5ML (	250	J3490	43.75
5391469	CALMOSEPTINE (RISAMINE) O	250	J3490	20.00
5391471	ZESTRIL 2.5 MG (LISINOPRI	250	J3490	5.34
5391473	VITAMIN D 5000 UNITS (CHO	250	J3490	3.00
5391474	FLORANEX GRANULES	250	J3490	5.34
5391475	ARGINAID PACKET 9.2GM	250	J3490	5.34
5391477	LYRICA 50MG CAPSULE (PREG	250	J3490	38.25
5391478	INFLUENZA A (H1N1) 2009	250	J3490	21.76
5391479	VASOTEC IV 1.25MG/1ML (	250	J3490	24.00
5391480	HYDROCHLOROTHIAZIDE 25MG	250	J3490	5.34
5391481	HYDROCHLOROTHIAZIDE 50MG	250	J3490	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5391482	VALIUM 2MG (DIAZEPAM) TAB	250	J3490	7.46
5391483	VALIUM 5MG (DIAZEPAM) TAB	250	J3490	7.46
5391484	VALIUM (DIAZEPAM) 10MG TA	250	J3490	7.46
5391486	GLUTOSE 37.5GM TUBE (ORAL	250	J3490	19.75
5391487	SITZMARKS	250	J3490	65.00
5391488	CLEOCIN 300MG **IVPB** (C	636	S0077	48.00
5391496	PHENERGAN 50MG/1ML (PROME	636	J2550	23.25
5391515	FOLIC ACID 5MG/1ML INJ	250	J3490	108.50
5391542	FLOXIN 400MG TAB	250		13.20
5391555	TIG (TETANUS IMMUNE GLOBULIN) 250UNI	636	J1670	954.00
5391557	FLUPHENAZINE 1MG	250	J3490	5.34
5391558	RETEVASE KIT INJ	250		4901.60
5391567	PROPYLTHIOURACIL 50MG TAB	250	J3490	5.34
5391583	TETRACAINE 0.5% OPHTH SOL	250	J3490	50.50
5391585	LOPID 600MG (GEMFIBROZIL)	250	J3490	6.00
5391600	NORVASC 10MG (AMLODIPINE)	250	J3490	12.00
5391616	VITAMIN B-1 200MG/2ML (TH	636	J3411	43.75
5391626	NIZORAL (KETOCONAZOLE) 20	250	J3490	16.00
5391631	EPHEDRINE SULFATE 50MG/1M	250	J3490	100.25
5391666	PHENERGAN 12.5MG IVPB	250	J3490	70.13
5391685	TUBOCURARE 3MG/ML 10ML VL	250		19.25
5391686	TUBOCURARINE CHLORIDE 3MG	250	J3490	21.76
5391703	TUCKS PADS (PERIANAL WIPE	250	J3490	5.34
5391717	MVI 12 INJ	250		47.30
5391771	CARDURA 2MG (DOXAZOCIN) T	250	J3490	5.34
5391772	CARDIZEM (DILTIAZEM) 30MG	250	J3490	5.34
5391776	TEQUIN (GATIFLOXACIN) 400	250	J3490	37.33
5391818	MVI-12 (MULTIVITAMINS) 10	250	J3490	42.50
5391843	ROBITUSSIN AC 5ML	250	J3490	7.46
5391847	FLAGYL 500MG/100ML NORMAL	250	J3490	21.76
5391858	REQUIP 0.5MG (ROPINIROLE)	250	J3490	12.50
5391859	REQUIP 1 MG (ROPINIROLE)	250	J3490	5.34
5391889	FLUPHENAZINE HCL 5MG	250	J3490	6.74
5391891	ISOPTIN SR 240MG (VERAPAM	250	J3490	8.25
5391915	PROCALAMINE 1000ML IV 3%	250		159.78
5391919	NEO-DECADRON OP SOL 5ML	250		35.20
5391949	PETROLATUM WHITE TOPICAL	250	J3490	13.00
5391962	ROCEPHIN (CEFTRIAZONE) 25	636	J0696	56.00
5391963	ROCEPHIN 500MG INJ	250		91.85
5391964	ROCEPHIN 1GM INJ	250		129.53
5391965	ROCEPHIN 2GM INJ	250		256.58
5391966	FENOFIBRATE 145 MG TAB	250		1.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5391974	VERSED 2MG INJ	250		33.83
5391991	LOTRIMIN CREAM DOSE	250		4.95
5391992	LOTRIMIN CREAM TUBE 45GM	250		29.15
5391998	ARTIFICIAL SALIVA BOTTLE	250		7.98
5391999	VERSED 5MG INJ	250		63.48
5392000	D5W 250ML	258	J7060	81.50
5392001	ALUPENT (METAPROTERENOL)	250	J3490	127.91
5392002	ALPHAGAN 0.2% OPHTH SOLN	250	J3490	26.25
5392003	PHENERGAN 25MG/1ML (PROME	636	J2550	21.76
5392004	NS 250ML	636	J7050	81.50
5392006	CIPRO 250MG (CIPROFLOXACI	250	J3490	5.34
5392007	RIFADIN (RIFAMPIN) 300MG	250	J3490	10.25
5392008	TYLENOL W/ CODEINE #3 (6-	250	J3490	18.40
5392009	DIMETAPP ELIX 5/10ML DOSE	250		4.95
5392010	MONSEL'S SOLUTION	250	J3490	5.34
5392011	TEGRETOL 200MG (CARBAMAZE	250	J3490	8.00
5392014	ATARAX (HYDROXYZINE) 10MG	258	J3490	5.34
5392015	D5 1/4 NS + KCL 20MEQ/L 1	258	J3490	81.50
5392016	ROBITUSSIN 5ML (100MG) (G	250	J3490	5.34
5392017	THEODUR 200MG (THEOPHYLLI	250	J3490	5.34
5392018	TRENTAL (PENTOXIFYLLINE)	250	J3490	7.50
5392020	TAGAMET (CIMETIDINE) 400M	250	J3490	16.75
5392021	INAPSINE 5MG/2ML (DROPERI	636	J1790	32.75
5392022	ISOPTIN 5MG/2ML (VERAPAMI	250	J3490	115.75
5392023	CORTISPORIN OPHTH SUSP 7.	250	J3490	255.50
5392024	DEMEROL 25MG/1ML (MEPERID	636	J2175	32.49
5392025	NITRO PASTE TUBE 30GM	250		12.10
5392026	TERBUTALINE 1MG INJ	250		18.15
5392027	BRETHINE (TERBUTALINE) 1M	636	J3105	24.00
5392028	ZESTRIL 20MG (LISINOPRIL)	250	J3490	5.34
5392029	TYLENOL 80MG MELTAWAYS TA	250	J3490	0.50
5392030	MOTRIN 800MG (IBUPROFEN) TAB	250	J3490	13.23
5392031	AUGMENTIN 250MG/5ML	250		12.10
5392032	TYLENOL 500MG CAPLET (ACE	250	J3490	3.00
5392033	DARVOCET-N-100 (PROPOXYPH	250	J3490	16.05
5392034	ACTIDOSE W/ SORBITAL 50GM	250	J3490	5.34
5392035	ZOSYN 2.25GM IVPB	250		94.21
5392036	SULFAMETH800/TRIMETH160	250		2.19
5392037	MAGNESIUM CITRATE 296ML	250	J3490	10.50
5392038	KCL 20MEG RIDER INJ	250		33.83
5392039	DEMEROL 50MG/1ML (MEPERID	636	J2175	32.49
5392041	SILVER NITRATE APPLICATOR	250	J3490	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5392042	CECLOR (CEFACLOR) 125MG/5	250	J3490	5.34
5392043	CECLOR (CEFACLOR) 250MG/5	250	J3490	5.34
5392044	LOTRIMIN (CLOTRIMAZOLE) 1	250	J3490	33.25
5392045	MICONAZOLE NITRATE 2% 45G	250	J3490	29.04
5392046	DESITIN (DIAPER RASH) OIN	250	J3490	13.25
5392047	BOOST 237ML	250	J3490	7.35
5392048	LOPRESSOR 50MG (METOPROLO	250	J3490	5.34
5392049	ESTRADERM (ESTRADIOL) 0.0	250	J3490	23.05
5392051	VITAMIN A & D 5GM UNIT DO	250	J3490	3.00
5392052	METAMUCIL 5.85GM (PSYLLIU	250	J3490	5.34
5392053	NUBAIN 10MG/1ML (NALBUPHI	636	J2300	21.76
5392054	NYSTATIN ORAL SUSP 60ML	250		49.50
5392058	SULFACETAMIDE OPH 10%15ML	250		39.88
5392059	MAXIDEX (DEXAMETHASONE) 0	250	J3490	181.00
5392062	HUMALOG 100 UNITS/1ML	250		33.48
5392063	NIMOTOP 30 MG (NIMODIPINE	250	J3490	38.50
5392067	OXYMETAZOLINE HCL 0.05% 1	258	J3490	23.00
5392070	DEXTRAN 40 IN D5W 500ML	258	J7100	95.50
5392072	CARDURA 1MG (DOXAZOCIN) T	250	J3490	19.00
5392073	CORTEF (HYDROCORTISONE) 1	250	J3490	10.25
5392074	CORTEF (HYDROCORTISONE) 5	250	J3490	6.00
5392076	COGNEX (TACRINE) 10MG TAB	250	J3490	14.58
5392077	PROMOD DOSE POWDER	250		4.95
5392078	SANDOSTATIN 100MCG/ML (OC	636	J2354	41.75
5392079	ZOMETA 4MG/100ML (ZOLEDRO	636	J3489	1660.50
5392080	SANDOSTATIN DRIP 100MCG/ML IN NS100	636		1.00
5392088	CLINIMIX 4.25% 2000ML	250	J3490	231.06
5392099	ASCENDIN 50 MG PO	250		6.33
5392100	BETADINE SOL 1 APP	250		6.05
5392110	ANTIVERT (MECLIZINE) 25MG	250	J3490	5.34
5392111	CECLOR 250MG/5ML DOSE	250		4.95
5392113	CARDIZEM (DILTIAZEM) 60MG	250	J3490	5.34
5392114	VASOTEC IV 2.5MG/2ML (E	250	J3490	21.76
5392116	DEMADEX (TORSEMIDE) 10MG/	636	J3265	21.76
5392121	AMOXICILLIN 250MG CAPSULE	250	J3490	5.34
5392148	NEORAL (CYCLOSPORINE) 100	636	J7502	36.00
5392191	ZAROXOLYN 2.5MG (METOLAZO	250	J3490	16.50
5392200	SOLU-MEDROL 125MG (METHYL	636	J2930	40.75
5392209	NIACIN 500MG TD TABLET	250	J3490	3.00
5392210	SALT TABLET (BUFFERED)	250	J3490	5.34
5392211	ERY-TAB (ERYTHROMYCIN BAS	250	J3490	5.73
5392217	POTASSIUM CHLORIDE 10MEQ	250	J3490	21.25



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5392220	BENADRYL ELIXER 25MG/10ML	250	J3490	8.95
5392221	MIDRIN (APAP-ISOMETHEPTEN	250	J3490	7.46
5392223	AZMACORT (TRIAMCINOLONE A	250	J3490	209.38
5392224	MELLARIL (THIORIDAZINE) 1	250	J3490	5.34
5392225	PHENERGAN 25MG (PROMETHAZ	250	J8498	62.00
5392226	ATENOLOL 25MG TAB	250		3.60
5392228	ATIVAN 0.25MG TAB	250		4.95
5392229	COMPAZINE (PROCHLORPERAZI	250	J3490	43.00
5392233	THEODUR 100MG (THEOPHYLLI	250	J3490	5.34
5392244	PARLODEL (BROMOCRIPTINE)	250	J3490	26.75
5392252	AQUAMEPHYTON 10MG INJ	250		26.68
5392255	FOLIC ACID 1MG TABLET	250	J3490	5.34
5392256	SULAMYD (SULFACETAMIDE) 1	250	J3490	122.00
5392257	PRONESTYL (PROCAINAMIDE)	250	J3490	5.34
5392258	MILK OF MAGNESIA (CONC) 1	250	J3490	5.34
5392259	ISOPTIN 80MG (VERAPAMIL)	250	J3490	5.34
5392323	NEO/POL/BAC OINT 15GM	250		3.25
5392330	UNASYN 1.5GM *IVPB* / NS	636	J0295	36.50
5392333	VASOTEC 2.5MG (ENALAPRIL)	250	J3490	7.50
5392340	BETADINE (POVIDONE-IODINE	250	J3490	25.60
5392361	SUDAFED (PSEUDOEPHEDRINE)	250	J3490	3.00
5392408	COLACE 100MG (DOCUSATE SO	250	J3490	5.34
5392434	TORADOL 30MG INJ	250		32.73
5392438	HEPARIN FLUSH 3 ML SYRINGE 10 units/ml	636	J1642	21.76
5392444	POTASSIUM CHLORIDE 10MEQ/	250	J3490	21.76
5392468	CELEBREX 100MG (CELECOXIB	250	J3490	22.00
5392525	FLAGYL 500MG (METRONIDAZO	250	J3490	5.34
5392555	DEMEROL 12.5MG IVP	250		21.73
5392558	RYTHMOL (PROPRAFENONE) 150	250	J3490	23.25
5392559	LOPRESSOR 5MG/5ML (METOPR	250	J3490	21.76
5392575	BUSPAR 7.5MG (BUSPIRONE)	250	J3490	8.00
5392579	ESTRATEST 1.25/2.5MG TABL	250	J3490	17.99
5392587	HYDROMET 5ML	250	J3490	5.34
5392588	ZITHROMAX 500MG *IVPB* (A	636	J0456	60.75
5392600	PROCARDIA 10MG (NIFEDIPIN	250	J3490	6.25
5392626	APRESOLINE (HYDRALAZINE) 20MG	636	J0360	55.00
5392633	FIORINAL TABLET	250	J3490	7.46
5392656	NICODERM 14 MG PATCH (14M	250	J3490	10.75
5392657	KALTOSTAT BOX/5 TOPICAL	250		168.30
5392665	ZAROXOLYN 10MG (METOLAZON	250	J3490	18.75
5392669	DULCOLAX 5MG (BISACODYL)	250	J3490	3.00
5392676	NICODERM 21MG PATCH (21MG	250	J3490	10.75



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5392696	KAOLIN-PECTIN 30ML	250	J3490	23.50
5392747	MOTRIN 200MG (IBUPROFEN)	250	J3490	5.34
5392784	FLEET PREP KIT #1	250	J3490	21.80
5392788	VISTARIL 10MG TAB	250		3.58
5392802	CHEMSTRIP 10 WITH SG (URI	250	J3490	5.34
5392828	FLAGYL 250MG (METRONIDAZO	250	J3490	5.34
5392838	NATURAL TEARS DOSE	250		3.58
5392870	PREPARATION H RECTAL OINT	250	J3490	24.00
5392878	PHENERGAN 12.5MG (PROMETH	250	J8498	62.00
5392880	HEMORRHOIDAL (RESOR-BALSA	250	J3490	5.34
5392887	QUININE SULFATE 260MG TAB	250	J3490	5.34
5392888	LANOXIN 0.125MG (DIGOXIN)	250	J3490	8.50
5392889	PANCRELIPASE (AMYLASE-LIP	250	J3490	5.34
5392901	ECOTRIN 325MG (ASPIRIN EN	250	J3490	5.34
5392917	AMPICILLIN 250MG CAPSULE	250	J3490	5.34
5392939	HEMABATE 250MCG/1ML (CARB	250	J3490	189.68
5392948	PERSANTINE (DIPYRIDAMOLE)	250	J3490	5.34
5392969	DRAMAMINE (DIMENHYDRINATE	250	J3490	5.34
5392997	GLUCAGON 1MG VIAL	636	J1610	507.75
5392998	SODIUM BICARBONATE 5MEQ/1	250	J3490	45.50
5392999	AMPICILLIN 500MG CAPSULE	250	J3490	5.34
5393000	PHOSLO 667MG (CALCIUM ACE	250	J3490	5.34
5393001	CECLOR 125MG/5ML DOSE	250		4.95
5393002	ZOVIRAX 500MG *IVPB* (ACY	636	J0133	56.00
5393004	AMINOPHYLLINE 250MG/10ML	636	J0280	21.76
5393005	CORDARONE (AMIODARONE) 150MG/3ML	636	J0282	22.00
5393006	AMPICILLIN 1GM **IVPB** I	636	J0290	33.00
5393007	AMPICILLIN 2GM **IVPB** I	636	J0290	55.75
5393008	UNASYN 3GM *IVPB* / NS 10	636	J0295	67.00
5393010	ANCEF 1GM IVPB (CEFAZOLIN	636	J0690	38.50
5393012	MAXIPIME 2GM *IVPB* (CEFE	636	J0692	87.50
5393013	MEFOXIN (CEFOXITIN) 1GM I	636	J0694	29.00
5393015	EPINEPHRINE 1MG/1ML 30ML	636	J0171	35.25
5393016	COGENTIN (BENZTROPINE) 2M	636	J0515	252.00
5393017	ROCEPHIN (CEFTRIAZONE) 50	636	J0696	80.75
5393018	ROCEPHIN 1GM **IM** (CEF	636	J0696	138.00
5393019	ROCEPHIN 2GM *IVPB* (CEFT	636	J0696	182.75
5393021	CLAFORAN 500MG (CEFOTAXIM	636	J0698	21.76
5393022	CLAFORAN 1GM **IVPB** (CE	636	J0698	21.76
5393023	CELESTONE 30MG/5ML SOLUSP	636	J0702	134.75
5393027	PRIMAXIN 250MG *IVPB* / D	636	J0743	24.00
5393028	CIPRO IV D5W 200MG/100ML	636	J0744	54.64



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5393029	CIPRO CIPROFLOXACIN **IVPB** 400mg/200	636	J0744	33.75
5393031	DEXAMETHASONE (DECADRON) INJ 4 mg/1	636	J1100	21.76
5393032	DECADRON 10MG/ML injectable solution	636	J1100	27.50
5393033	DILANTIN (PHENYTOIN) 250M	636	J1165	21.76
5393034	DOPAMINE 400MG IN D5W 250	636	J1265	51.25
5393035	INTEGRILIN (EPTIFIBATIDE) 20MG/10ML IN.	636	J1327	313.00
5393036	INTEGRILIN (EPTIFIBATIDE) 75MG/100ML S	636	J1327	979.50
5393037	LOVENOX 30MG/0.3ML (ENOXA	636	J1650	21.76
5393038	LOVENOX 40MG/0.4ML (ENOX	636	J1650	29.00
5393039	LOVENOX 60MG/0.6ML (ENOXA	636	J1650	38.00
5393040	LOVENOX 80MG/0.8ML (ENOXA	636	J1650	143.00
5393041	LOVENOX 100MG/1ML (ENOXAP	636	J1650	63.00
5393042	Quelicin Injection Solution 20MG/ML	636	J0330	69.25
5393044	INSULIN,HUMAN LISPRO INJ 100 units/1ml	636	J1815	99.00
5393046	LANTUS ,HUMAN GLARGINE INJ 100units/1r	636	J1815	102.25
5393048	INSULIN, HUMAN REGULAR INJ 100 units/1r	636	J1815	62.50
5393049	HUMULIN N 100 UNITS/ML	636	J1815	62.50
5393050	TORADOL 30MG/1ML (KETOROL	636	J1885	21.76
5393051	TORADOL 60MG/2ML (KETOROL	636	J1885	21.76
5393053	LASIX 40MG/4ML (FUROSEMID	636	J1940	21.76
5393055	LEVAQUIN IV 750MG (LEVOFL	636	J1956	35.75
5393056	LASIX 100MG/10ML (FUROSEM	636	J1940	27.75
5393057	LEVAQUIN **IVPB**500mg/100ML PREMIX	636	J1956	58.00
5393058	LIDOCAINE IV 100MG/5ML SY	636	J2001	21.76
5393059	VERSED 2MG/2ML (MIDAZOLAM	636	J2250	32.49
5393060	VERSED 5MG/5ML (MIDAZOLAM	636	J2250	32.49
5393061	SINEQUAN 50MG (DOXEPIN) C	250	J3490	6.00
5393062	CECLOR (CEFACTOR) 500MG C	250	J3490	19.47
5393065	CEFEPIME **IVPB** 2GM/50ML D5W	636		121.25
5393067	HYDROGEN PEROXIDE 3% 473M	250	J3490	5.34
5393070	NEO-SYNEPHRINE 10MG/1ML (	636	J2370	22.25
5393071	ZOFRAN 4MG/2ML (ONDANSETR	636	J2405	21.76
5393072	NS 10ML VIAL	250	A4216	21.76
5393073	NS FLUSH 5ML SYRINGE	250	J3490	21.76
5393077	VANCOMYCIN 1GM *IVPB* / D	636	J3370	28.75
5393077	VANCOMYCIN 1GM *IVPB* / D	636	J3370	67.50
5393078	VITAMIN K (PHYTONADIONE) 10MG/ML	636	J3430	116.00
5393079	MAGNESIUM SULFATE 1GM/2ML	636	J3475	21.76
5393083	Potassium Chloride IV Sol 20 MEQ/100ML	636	J3480	21.76
5393084	SOLU-MEDROL 1000MG (METHY	636	J2930	100.75
5393085	SOLU-MEDROL 500MG (METHYL	636	J2930	83.25
5393086	PREDNISONE 10MG TABLET	636	J7512	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5393088	AIRBORNE EFFERVESCENT TAB	250	J3490	5.34
5393089	APRESOLINE (HYDRALAZINE)	250	J3490	5.34
5393090	ROCEPHIN 1GM *IVPB* (CEFT	636	J0696	138.00
5393100	NEOSTIGMINE INJ [10 mg / 10 mL]	636	J2710	66.25
5393101	VITAMIN K 1MG/0.5ML INJ	250		11.43
5393102	NOREPINEPHRINE 4MG/4ML VIAL	250		36.75
5393103	MEGESTROL SUSP 400MG/10ML UD CUP	250		22.75
5393104	CEFAZOLIN 1GM/D5 50ML BAG	636		1.00
5393114	NEMBUTAL SODIUM (PENTOBAR	250	J3490	5.34
5393130	ANCEF 1GM (CEFAZOLIN) **	636	J0690	21.76
5393131	POTASSIUM PHOSPHATE INJ 15 MMOL / 5	250		1.00
5393132	POTASSIUM PHOSPHATE 30 MMOL / 10 ML	250		1.00
5393133	POTASSIUM PHOSPHATE 45 MMOL / 15 ML	250		1.00
5393147	KEFLEX (CEPHALEXIN) 500MG	250	J3490	7.00
5393171	PEPCID 20MG (FAMOTIDINE) Oral Tablet	250	J3490	12.25
5393173	AMPICILLIN/SULBACTAM 1.5GM VIAL	636		36.50
5393174	AMPICILLIN/SULBACTAM 3GM VIAL	636		38.00
5393175	AZITHROMYCIN 500MG VIAL	636		24.00
5393176	CEFAZOLIN 1GM VIAL	636		21.76
5393178	CEFTRIAZONE 1GM VIAL	636		138.00
5393179	CEFTRIAZONE 250MG VIAL	636		56.00
5393180	CEFTRIAZONE 500MG VIAL	636		80.75
5393181	CEFTRIAZONE 2GM VIAL	636		1.00
5393183	ERTAPENEM 1GM VIAL	636		231.75
5393184	VENOFER 100MG/5ML VIAL	636		120.00
5393185	LEVETIRACETAM 500MG VIAL	636		28.25
5393186	MEROPRENEM 500MG VIAL	636		61.00
5393193	VALPROATE SODIUM 500MG VIAL	250		32.25
5393194	VANCOMYCIN 1GM VIAL	636		28.75
5393200	TENSILON (EDROPHONIUM) 10	250	J3490	21.76
5393210	FLEET PHOSPHO-SODA (SOD.	250	J3490	16.24
5393217	HYTRIN 2MG (TERAZOSIN) CA	250	J3490	7.25
5393218	HYTRIN 1MG (TERAZOSIN) CA	250	J3490	8.25
5393230	VITAMIN K 10MG/1ML INJ	250		9.90
5393231	CERUMENEX (TRIETHANOLAMIN	250	J3490	86.67
5393232	BICILLIN L-A 1,200,000UNI	636	J0561	283.50
5393246	BENADRYL 2% CREAM DIPHENH	250	J3490	20.00
5393262	PERIDEX (CHLORHEXIDINE) 0	250	J3490	5.34
5393264	Pred Forte Ophthalmic Suspension 1%	250	J3490	262.00
5393273	NAPROSYN (NAPROXEN) 375MG	250	J3490	5.50
5393311	IV FLUSH HEPARIN CENTRAL 500U/5ML	636	J1642	21.76
5393321	LOTENSIN 20MG (BENZAEPRI	250	J3490	13.62



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5393324	HYTRIN 5MG (TERAZOSIN) CA	250	J3490	8.25
5393331	VITAMIN B-1 (THIAMINE) 10	250	J3490	3.00
5393332	CATAPRES (CLONIDINE) 0.1M	250	J3490	5.34
5393333	TETRACAINE OPTH SOL 15ML	250		12.10
5393334	ATIVAN 0.5MG (LORAZEPAM)	250	J3490	7.46
5393335	HALDOL 5MG (HALOPERIDOL)	250	J3490	5.34
5393336	GYNE-LOTRIMIN (CLOTRIMAZO	250	J3490	147.00
5393338	DOBUTAMINE 500MG IV DRIP	250		216.70
5393342	COMPAZINE 10MG/2ML (PROCH	636	J0780	39.00
5393356	PREMPRO (ESTRO/MEDROX) 2.	250	J3490	14.00
5393357	VITAMIN A&D OINT 60GM	250		2.68
5393361	AZACTAM 1GM	250	J3490	122.50
5393362	DILAUDID 2MG/ML (HYDROMOR	636	J1170	32.49
5393364	TAGAMET 800MG TAB	250		11.00
5393365	TETRACAINE 1% 20MG/2ML IN	250	J3490	23.00
5393366	ENGERIX-B 10MCG (0.5ML)	250	J3490	85.00
5393367	COMPAZINE (PROCHLORPERAZI	250	Q0164	5.34
5393388	EMLA (LIDOCAINE-PRILOCAIN	270	J3490	32.25
5393400	ROBINUL 1MG/5ML (GLYCOPYR	250	J3490	108.00
5393434	INSULIN REG INJ DOSE	250		17.05
5393454	PREMARIN 0.3MG TABLET	250	J3490	27.00
5393465	TOBRAMYCIN 80MG IVPB	250		66.55
5393500	LIDOCAINE 2% VISCOUS 100M	250	J3490	49.75
5393501	DECADRON 4MG/1ML VIAL INJ	250		31.35
5393525	VASOTEC 10 MG (ENALAPRIL)	250	J3490	9.75
5393533	COUMADIN 10 MG (WARFARIN)	250	J3490	19.25
5393535	INSULIN LENTE INJ DOSE	250		17.05
5393545	POLYSPORIN POWDER 10GM	250	J3490	39.83
5393555	MYCOSTATIN SUSPENSION 100	250	J3490	59.25
5393556	BENTYL (DICYCLOMINE) 20MG	636	J0500	151.50
5393590	DYAZIDE 37.5/25MG (TRIAMT	250	J3490	5.34
5393595	TORADOL 60MG INJ	250		32.73
5393606	DUODERM TRI ADH BORDER LG	250		71.50
5393611	PERI-COLACE (DOXIDAN) 30/	250	J3490	5.34
5393616	DEBROX OTIC SOL DOSE	250		4.95
5393626	PREDNISONE 10MG TAB	250		3.58
5393636	ANUMED	250	J3490	5.34
5393646	THEOPHYLLINE 80MG/15ML	250	J3490	5.34
5393663	ANUSOL-HC 25MG SUPP (HYDR	250	J3490	68.00
5393696	MYCOSTSTIN ORAL DOSE	250		2.50
5393700	AMPICILLIN 500MG INJ	636	J0290	21.76
5393706	ANCEF (CEFAZOLIN) 500MG	636	J0690	21.76



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5393727	Benzotropine Mesylate Oral Tablet 1 MG	250	J3490	5.34
5393779	AMBIEN 10MG (ZOLPIDEM) TA	250	J3490	23.25
5393828	FERROUS SULFATE 325MG TAB	250	J3490	3.00
5393838	PRONESTYL (PROCAINAMIDE)	250	J3490	5.34
5393878	PILOCARPINE 1% 15ML OPHTH	250	J3490	30.00
5393910	CA GLUCONATE 1GM INJ	250		32.73
5393950	DYAZIDE 50/25MG (TRIAMTER	250	J3490	5.34
5393994	ARICEPT 5MG (DONEPEZIL) T	250	J3490	31.25
5394001	MEFOXIN (CEFOXITIN) 1GM V	636	J0694	31.13
5394002	ARIPIPIRAZOLE TAB 5 MG	250		96.50
5394003	FLUOROURACIL CREAM 5%	250		154.00
5394004	CALENDULA CREAM	250		36.75
5394005	COLESTIPOL PACKET 5 GM	250		19.75
5394006	CYSTEX ORAL SOLUTION 1000 MG/ 5 ML	250		3.00
5394007	ESTRACE TAB 0.5 MG	250		5.34
5394008	FISH OIL CAPSULE 100 MG	250		3.00
5394009	FLORASTOR CAPSULE 250 MG	250		4.75
5394010	FRANKINCENSE TOPICAL OIL	250		3.00
5394011	GARLIC CAPSULE 1000 MG	250		3.00
5394012	GLUCOPHAGE ER TAB 500 MG	250		5.34
5394013	GLUCOPHAGE ER TAB 750 MG	250		6.00
5394014	HIPREX TAB 1 GM	250		10.50
5394015	KEPPRA ORAL SOLN 500 MG/5 ML	250		18.25
5394016	KEPPRA ORAL SOLN 100 MG/ML	250		5.34
5394017	L-LYSINE TAB 1000 MG	250		3.00
5394019	LAVENDER TOPICAL ESSENTIAL OIL	250		3.00
5394020	LEXAPRO TAB 5 MG	250		20.75
5394021	MAGNEGEL TOPICAL MAGNESIUM	250		35.00
5394022	NOZIN NASAL SANITIZER 1 applicator	250		5.34
5394023	OFLOXACIN OTIC SOLN 0.3%	250		231.50
5394024	RESTASIS OPHTH SOLN 0.05%	250		39.25
5394025	SALAGEN ORAL TABLET 5 MG	250		15.25
5394026	SAMBUCOL BLACK ELDERBERRY SYRUP	250		3.00
5394027	VANCOCIN (VANCOMYCIN HCL	250	J3490	115.50
5394028	VANCOCIN (VANCOMYCIN HCL)	250	J3490	94.00
5394029	MS CONTIN SA 15MG (MORPHI	250	J3490	7.46
5394030	RISPERDAL 1MG (RISPERIDON	250	J3490	12.00
5394031	LOTENSIN 10MG (BENAZEPRIL	250	J3490	5.34
5394040	INDERAL1MG/ML (PROPRANOL	636	J1800	38.50
5394041	SENSIPAR TAB 30 MG	637		93.00
5394042	SEROQUEL TAB 50 MG	250		5.34
5394043	THERAWORX RELIEF MAG SULFATE FOAM 250			35.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5394044	TURMERIC CAP 450 MG	250		3.00
5394045	ULTIMA ELECTROLYTE SUPPLEMENT	250		3.00
5394046	VALPROIC ACID 250 MG/5 ML	250		5.34
5394047	VALTRESX TAB 500 MG	250		29.00
5394048	VIIBRYD ORAL TAB 20 MG	250		38.25
5394049	VISBIOME PROBIOTIC	250		4.50
5394050	VITAMIN D3 TAB 2000 UNITS	250		3.00
5394051	VITAMIN D3 1000 IU/10 MLS	250		35.00
5394052	VALPROIC ACID CAPS 250 MG REGULAR R	250		5.34
5394053	VENOFER 100 MG IVPB	636		120.00
5394054	D5 1/2 NS 500 ML BAG	258		81.50
5394055	D5 1/4 NS 500 ML BAG	258		81.50
5394056	NS POTASSIUM PHOSPHATE 45 mMOL 10C	258		81.50
5394057	NS BOLUS 1000 MLS SEPSIS	258		81.50
5394058	GABA CALM 125 MG PEPPERMINT LOZENC	250		3.00
5394059	FLUOROMETHOLONE OPTH SOLN 0.1%	250		170.75
5394107	ZEMURON 100MG/10ML (ROCUR	250	J3490	21.76
5394108	AMOXICILLIN 250MG/5ML 100	250	J3490	21.75
5394109	SERZONE (NEFAZODONE) 100M	250	J3490	27.50
5394110	GLUCOTROL 5MG (GLIPIZIDE)	250	J3490	5.34
5394112	ARISTOCORT FORTE (TRIAMCI	250	J3490	28.84
5394113	FENTANYL 250MCG/5ML INJ	636	J3010	32.49
5394114	MARCAINE SPINAL (BUPIVACA	250	J3490	21.76
5394115	LIDOCAINE 4% 50ML TOPICAL	250	J3490	144.00
5394116	LIDOCAINE 4% TOPICAL DOSE	250		4.95
5394117	CAFERGOT(ERGOTAMINE TARTR	250	J3490	32.10
5394118	PITRESSIN 20 UNITS/1ML (V	250	J3490	21.76
5394123	ENTEX LA	250	J3490	7.35
5394141	SINEMET TAB	250		3.58
5394148	DECADRON 4MG (DEXAMETHASO	250	J8540	6.25
5394154	ISORDIL (ISOSORBIDE) 20MG	250	J3490	12.50
5394160	PITOCIN 10 UNITS/1ML (OXY	636	J2590	21.76
5394177	SENOKOT-S 8.6/50MG (SENN	250	J3490	3.00
5394188	EPINEPHRINE 1MG/10ML SYRI	250	J0171	22.00
5394201	LIDOCAINE 100MG/5ML SYRIN	250	J3490	36.16
5394221	DONNATAL ELIXIR (BELLADON	250	J3490	106.75
5394229	DURAGESIC 50MCG/HOUR (FEN	250	J3490	81.25
5394231	DURAGESIC 12MCG/HOUR (FEN	250	J3490	63.25
5394232	XARALTO 10MG (RIVAROXABAN	250	J3490	62.75
5394233	TUMS 750MG (CALCIUM CARBO	250	J3490	3.00
5394242	APRESOLINE (HYDRALAZINE)	250	J3490	5.34
5394243	XARALTO 20MG (RIVAROXABAN	250	J3490	62.75



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5394244	CRANBERRY 250MG CAPSULE	250	J3490	3.00
5394245	VITAMIN B-12 (CYANOCOBALA	250	J3490	3.00
5394250	DONNATAL TABLET (BELLADON	250	J3490	37.50
5394276	LIDOCAINE 1% 30ML INJ (TE	250	J3490	21.76
5394292	ERYTHROCIN (ERYTHROMYCIN)	250	J3490	5.34
5394321	CLAFORAN 1GM (CEFOTAXIME)	636	J0698	21.76
5394336	ATROPINE SULFATE 0.4MG/1M	636	J0461	35.00
5394337	EURAX (CROTAMITON) 10% 60	250	J3490	910.75
5394338	ROBAXIN 1000MG INJ	250		15.77
5394343	K-LYTE (POTASSIUM BICARBO	250	J3490	5.34
5394345	TRANSDERM-SCOP (SCOPOLAMI	258	J3490	76.75
5394373	ZOLADEX 10.8 INJ	250		2043.94
5394412	INDERAL 20MG (PROPRANOLOL	250	J3490	5.34
5394422	AZULFIDINE (SULFASALAZINE	250	J3490	5.34
5394439	COUMADIN 6 MG (WARFARIN)	250	J3490	18.00
5394444	MAXZIDE (TRIAMTERENE-HCTZ	250	J3490	5.34
5394448	CORGARD 40MG (NADOLOL) TA	250	J3490	5.34
5394466	NIACINAMIDE 100MG TAB	250		3.58
5394496	LIORISAL 10MG (BACLOFEN) T	250	J3490	5.34
5394515	NITRO-BID OINTMENT 2% 30G	250	J3490	128.00
5394545	SOLU-CORTEF 100MG (HYDROC	636	J1720	42.00
5394550	PROCAINAMIDE 2GM/D5W IV	250		114.95
5394565	COLCHICINE 0.6MG TABLET	250	J3490	26.75
5394575	GOLYTELY (ELECTROLYTE SOL	250	J3490	73.75
5394577	VENTOLIN SYRUP BOTTLE	250		12.10
5394582	KETALAR (KETAMINE) 50MG/1	250	J3490	21.76
5394585	KETAMINE 500MG/10ML INJ	250	J3490	60.83
5394597	SEPTRA (SULFATRIM) SUSP	250	J3490	24.75
5394626	ELAVIL 25MG (AMITRIPTYLIN	250	J3490	5.34
5394645	BUSPAR (BUSPIRONE) 5MG TA	250	J3490	5.34
5394646	SUDAFED (PSEUDOEPHEDRINE	250	J3490	5.34
5394666	PERIDEX ORAL RINSE 16OZ	250		4.95
5394673	MERUVAX-II (RUBELLA) VACC	250	J3490	68.50
5394682	OPTIVAR 0.05% (AZELASTINE	250	J3490	261.50
5394713	LIDOCAINE 5% 5ML INJ	250		48.40
5394747	METHOTREXATE 2.5MG TABLET	250	J3490	25.00
5394757	BACITRACIN TOPICAL OINTME	250	J3490	13.28
5394797	GRISEOFRLVIN 250MG TAB	250		1.10
5394830	TYLENOL 650MG TAB	250		3.58
5394849	DOXAPRAM HCL 20MG/1ML	250	J3490	194.76
5394878	VITAMIN C 500MG (ASCORBIC	250	J3490	3.00
5394880	VANCOMYCIN 1500 MG IVPB IN D5W 250 M 636			28.75



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5394880	VANCOMYCIN 1500 MG IVPB IN D5W 250 M	636		68.50
5394881	VANCOMYCIN 1750MG IVPB IN D5W 500 MI	636		28.75
5394882	VANCOMYCIN 2GM IVPB IN D5W 500 ML	636		28.75
5394883	DONNATAL ELIXER 5 ML UD CUP	250		36.25
5394884	CLEOCIN 300 MG/2ML IM INJ	636		21.76
5394885	ENSURE HIGH PROTEIN NUTRITIONAL SUI	250		11.75
5394886	BANANA BAG 2 THIAMINE FOLIC ACID	250		136.25
5394887	WATER FOR INJECTION 10ML	250	A4216	21.76
5394888	HYDROCORTISONE 2.5% 20GMTBE	250		11.68
5394889	BUMEX (BUMETANIDE) 2.5 MG/10 ML	636		21.76
5394900	REFRESH OPTIVE MEGA3	250		5.34
5395000	INVANZ 1GM *IVPB* IN NORM	636	J1335	225.00
5395001	VISINE-A (NAPHAZOLINE/PHE	250	J3490	19.50
5395002	Rabies Immune Globulin	250	J3490	1365.75
5395004	RABAVERT(RABIES) VACCINE	250	J3490	458.75
5395009	EFFEXOR XR 75MG (VENLAFAX	250	J3490	21.00
5395016	BELLADONNA & OPIUM RECTAL	250	J3490	100.50
5395022	VESICARE 5MG (SOLIFENACIN	250	J3490	54.00
5395026	TAGAMET (CIMETIDINE) 300M	250	J3490	10.50
5395044	THERAWORX RELIEF MAG SULFATE SPRA	250		35.00
5395050	HYDROCORTISONE 2.5% 30GM	250	J3490	38.50
5395114	BREVIBLOC (ESMOLOL) 100MG/10ML	250	J3490	35.00
5395123	HIBICLENS (CHLORHEXIDINE)	250	J3490	19.50
5395131	ALDOMET 250MG (METHYLDOPA	250	J3490	5.34
5395133	PERPHENAZIN-AMITRIPTYLIN	250	J3490	5.34
5395144	PERPHENAZIN-AMITRIPTYLIN	250	J3490	5.34
5395151	CORTISPORIN EAR SUSP 10ML	250	J3490	157.50
5395181	SLOW FE (FERROUS SULFATE)	250	J3490	5.34
5395191	LIORISAL 20MG (BACLOFEN)	250	J3490	5.50
5395228	PROTAMINE SULFATE 250MG/2	636	J2720	132.75
5395252	ZYPREXA 10MG (OLANZAPINE)	250	J3490	50.00
5395339	SULAMYD (SULFACETAMIDE) 1	250	J3490	262.00
5395353	APRESOLINE (HYDRALAZINE)	250	J3490	5.34
5395393	K-TABS 10 MEQ (POTASSIUM	250	J3490	5.34
5395441	CARDENE 20MG	250	J3490	5.34
5395446	MYDRIACYL Ophthalmic Solution 1 %	250	J3490	37.50
5395447	SOLU-CORTEF 250MG (HYDROC	250	J3490	34.50
5395448	CALCIUM GLUCONATE 1GM/10ML	636	J0610	38.50
5395449	ATROPINE OPHTHALMIC SOLUT	250	J3490	117.00
5395464	HYDROCORTISONE CRM 2.5%EC	250		3.58
5395474	ADVIL TAB	250		3.58
5395497	ARMOUR THYROID 60MG TABLE	250	J3490	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5395512	HYDREA (HYDROXYUREA) 500M	250	J3490	8.25
5395522	BENEMID (PROBENECID) 500M	250	J3490	5.34
5395523	GLUCOSAMINE SO4 500MG CAP	250		1.50
5395524	PROCAINAMIDE 1GM/D5W IV	250		76.18
5395525	ADENOCARD 6MG/2ML (ADENOSINE)	636	J0153	29.75
5395526	SOLU-MEDROL 40MG (METHYLP	636	J2920	29.00
5395528	GELFILM	250	J3490	1187.19
5395529	GELFOAM	250	J3490	37.60
5395533	ANUSOL HC CREAM (HYDROCOR	250	J3490	38.75
5395541	BRETHINE (TERBUTALINE) 2.	250	J3490	22.00
5395544	BIAXIN (CLARITHROMYCIN) 5	250	J3490	28.00
5395551	GLUCOTROL XL 5MG (GLIPIZI	250	J3490	5.34
5395552	INDERAL 60MG (PROPRANOLOL	250	J3490	13.75
5395553	KERLONE 10MG TAB	250		3.58
5395554	ELDEPRYL 5MG (SELEGILINE)	250	J3490	11.75
5395555	NS 10CC VIAL INJ	250		7.15
5395556	KWELL SHAMPOO 1% 60ML	250	J3490	92.70
5395557	AMIODORONE 200MG TAB	250		6.05
5395559	FUNGOID TINCTURE TOP	250		3.58
5395566	TERAZAL VAG SUPP	250		25.85
5395588	URISED TAB	250		3.58
5395615	GENTAMICIN 0.3% OPHTHALMI	250	J3490	106.50
5395616	TYLENOL W/CODEINE 15ML EL	250	J3490	8.75
5395620	MICRO-K 10MEQ (POTASSIUM	250	J3490	5.34
5395646	SEPTRA ORAL SUSP 20ML	250		6.05
5395667	NAVANE 2MG (THIOTHIXENE)	250	J3490	12.00
5395668	PLENDIL 10MG (FELODIPINE)	250	J3490	14.25
5395670	PERCOCET-7.5 (OXYCODONE-A	250	J3490	13.75
5395676	TRAZODONE 50MG TAB	250		1.50
5395678	VANCOMYCIN 1250MG	636		28.75
5395678	VANCOMYCIN 1250MG	636		115.50
5395680	D5 NS 500 ML	258		81.50
5395688	TENEX (GUANFACINE) 1MG TA	250	J3490	5.87
5395690	BYDUREON INJ 2 MG PEN	637		315.00
5395696	LIBRIUM(CHLORDIAZEPOXIDE)	250	J3490	78.93
5395717	KENALOG-40 (TRIAMCINOLONE	636	J3301	39.50
5395730	KCL 20MEQ TAB	250		3.58
5395737	DEXAMETHASONE 10MG/1ML IM	250		4.50
5395747	VISTARIL (HYDROXYZINE PAM	250	J3490	5.34
5395757	INSULIN 70/30 DOSE INJ	250		17.05
5395797	LIDOCAINE 2% (XYLOCAINE) JELLY 30GM	250	J3490	183.50
5395847	IBUPROFEN 200MG TAB	250		1.50



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5395858	BENEPROTEIN (PROTEIN SUPP	250	J3490	5.34
5395868	MYLANTA (MAALOX PLUS) TAB	250	J3490	5.34
5395869	MYLANTA "MAG-AL PLUS"	250	J3490	17.50
5395874	PERCOCET-10 (OXYCODONE-AP	250	J3490	17.75
5395878	AVITENE POWDER 0.5GM	250	J3490	342.00
5395887	ZOCOR 20MG (SIMVASTATIN)	250	J3490	5.34
5395898	POTASSIUM PHOSPHATE 45MMO	250	J3490	61.25
5395919	ISUPREL 1MG/5ML IV	250		54.45
5395959	ISOCAL ORAL FEEDING DOSE	250		6.05
5395969	NEUTRAPHOS CAP	250		3.58
5395979	DEEP SEA 45ML NASAL SPRAY	250	J3490	10.50
5395989	IRON DEXTRAN 2ML INJ	250		50.88
5396000	BETADINE SWAB	250		3.58
5396002	KETEK (TELITHROMYCIN) 400	250	J3490	23.99
5396003	AGGRENEX CAPSULE SA CAPSU	250	J3490	39.50
5396004	ALEVE 200MG (NAPROXEN) TA	250	J3490	3.00
5396005	ALLEGRA 180MG (FEXOFENADI	250	J3490	5.34
5396006	AMARYL (GLIMEPIRIDE) 4MG	250	J3490	6.25
5396007	AMOXICILLIN 500MG CAPSULE	250	J3490	5.34
5396008	AMOXIL 125MG/5ML SUSP	250		7.15
5396009	AMOXIL 250MG/5ML SUSP	250		7.15
5396010	ARTANE (TRIHENXYPHENIDYL H	250	J3490	5.34
5396011	ASTELIN (AZELASTINE) NASA	250	J3490	158.00
5396012	AVODART 0.5 MG (DUTASTERI	250	J3490	24.25
5396013	BENICAR 20MG (OLMESARTAN)	250	J3490	35.25
5396014	BONIVA (IBANDRONATE) 150M	250	J3490	343.75
5396015	CEFZIL (CEFPROZIL) 500MG	250	J3490	36.25
5396016	CLINORIL (SULINDAC) 150MG	250	J3490	5.34
5396017	CO-ENZYME Q-10 100MG (UBI	250	J3490	5.34
5396018	COREG 3.125MG (CARVEDILOL	250	J3490	10.75
5396019	CRESTOR 10 MG ROSUVASTATI	250	J3490	36.75
5396020	CYMBALTA 30MG (DULOXETINE	250	J3490	23.75
5396021	CYMBALTA 60MG (DULOXETINE	250	J3490	23.75
5396022	DIPROLENE 0.05% OINT (BET	250	J3490	158.50
5396023	EXELON 6MG (RIVASTIGMINE)	250	J3490	23.00
5396024	FLORANEX	250	J3490	5.34
5396025	TRINSICON (FOLTRIN) CAPSU	250	J3490	5.34
5396026	FORADIL (FORMOTEROL) 12MC	250	J3490	437.50
5396027	GINKGO BILOBA 120MG TABLE	250	J3490	5.34
5396028	NICOBID 125MG TAB	250		3.58
5396029	GLUCOSAMINE 500MG CAPSULE	250	J3490	3.00
5396030	GLUCOTROL 10MG (GLIPIZIDE	250	J3490	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5396031	GLUCOTROL XL 10MG (GLIPIZ	250	J3490	5.34
5396032	MICRONASE 2.5MG (GLYBURID	250	J3490	5.34
5396033	GRIFULVIN V (GRISEOFULVIN	250	J3490	20.93
5396034	HUMALOG 100UNITS/1ML	250		167.40
5396035	MIACALCIN (CALCITONIN) (F	250	J3490	178.00
5396036	VIBRAMYCIN 100MG *IVPB* (	250	J3490	95.00
5396037	HYDROCORTISONE 0.5% 30GM	250	J3490	16.25
5396038	LORTAB 7.5/500MG (HYDROCO	250	J3490	7.46
5396039	IMDUR 30MG (ISOSORBIDE ER	250	J3490	8.50
5396040	NIZORAL (KETOCONAZOLE) 2%	250	J3490	197.00
5396041	KLONOPIN 1MG (CLONAZEPAM)	250	J3490	5.34
5396042	LABETALOL 200MG TABLET	250	J3490	5.75
5396043	LAMISIL (TERBINAFINE) 250	250	J3490	98.00
5396044	LUNESTA (ESZOPICLONE) 2MG	250	J3490	68.00
5396045	MAVIK (TRANDOLAPRIL) 1 MG	250	J3490	12.75
5396046	ZOSTRIX (CAPSAICIN) 0.025	250	J3490	57.75
5396047	IMURAN (AZATHIOPRINE) 50M	636	J7500	27.25
5396048	NAFCILLIN SODIUM 1GM VIAL	250	J3490	51.09
5396049	Boostrix 0.5 mL (AGE 11-64)	250	J3490	147.00
5396050	GENTAMICIN 241-350MG IVPB	250		98.18
5396051	NASALIDE (FLUNISOLIDE) 0.	250	J3490	144.00
5396052	SYNERA TOPICAL PATCH	250	J3490	57.00
5396053	BIAXIN (CLARITHROMYCIN) 2	250	J3490	24.25
5396054	MYCELEX 10MG TROCHE (CLOT	250	J3490	7.25
5396055	GENTAMICIN 351MG IVPB	250		115.23
5396056	DURAGESIC 75MCG/HOUR (FEN	250	J3490	122.75
5396057	TEGRETOL (CARBAMAZEPINE)	250	J3490	5.34
5396058	DICLOXACILLIN SODIUM 500M	250	J3490	6.00
5396059	VITAMIN A & D 60GM TOPICA	250	J3490	3.00
5396060	MIDODRINE 10MG TABLET	250	J3490	24.25
5396062	TILADE 1.75MG/16.2GM	250	J3490	157.36
5396063	MELATONIN 3MG TABLET	250	J3490	3.00
5396064	MENACTRA (MENINGOCCAL) VA	250	J3490	220.00
5396065	MENEST (ESTERFIED ESTROGE	250	J3490	7.48
5396066	MEPHYTON 5MG (PHYTONADION	250	J3490	141.25
5396067	NAMENDA 10MG (MEMANTINE)	250	J3490	24.50
5396068	OMNICEF (CEFDINIR) 300MG	250	J3490	20.50
5396069	PROAMATINE 2.5MG (MIDODRI	250	J3490	8.50
5396070	REMERON 45MG (MIRTAZAPINE	250	J3490	13.00
5396071	RITALIN (METHYLPHENIDATE)	250	J3490	7.46
5396072	ROBAXIN (METHOCARBAMOL) 1	636	J2800	126.00
5396073	SPIRIVA 18MCG (TIOTROPIUM	250	J3490	60.25



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5396074	SURGILUBE (CHLORHEX GL/GL	250	J3490	15.25
5396075	AUGMENTIN 250MG (AMOXICIL	250	J3490	19.48
5396076	TUSSIONEX (HYDROCODONE/CH	250	J3490	21.00
5396077	TYLENOL PM 500/25MG TABLE	250	J3490	5.34
5396078	VIGAMOX (MOXIFLOXACIN) 0.	250	J3490	172.25
5396079	VITAMIN A 10000IU CAPSULE	250	J3490	3.00
5396080	AUGMENTIN 500MG (AMOXICIL	250	J3490	19.00
5396081	VITAMIN D 400 UNITS (CHOL	250	J3490	3.00
5396082	VOSPIRE (ALBUTEROL) ER 8M	250	J3490	22.00
5396083	VYTORIN 10-20MG (EZETIMIB	250	J3490	24.75
5396084	WELLBUTRIN XL 150MG (BUPR	250	S0106	24.00
5396085	CALCIUM W/MAGNESIUM TABLE	250	J3490	5.34
5396086	ZANTAC 150MG TAB	250	J3490	8.00
5396087	ZETIA 10MG (EZETIMIBE) TA	250	J3490	48.50
5396088	ZOFRAN 4MG ORALLY DISINTE	250	Q0162	67.00
5396089	ZOSYN 3.375GM *IVPB* / D5	636	J2543	60.25
5396090	ZOSYN 2.25GM *IVPB* / D5W	636	J2543	43.25
5396091	COREG 12.5MG (CARVEDILOL)	250	J3490	10.75
5396092	GLUCOSAMINE 1000MG TABLET	250	J3490	5.34
5396093	GLUCOSAMINE 1500MG TABLET	250	J3490	5.34
5396094	IMITREX 100MG (SUMATRIPTA	250	J3490	75.50
5396123	SINEQUAN 25MG (DOXEPIN) C	250	J3490	5.34
5396131	WIGRAINE	250	J3490	5.34
5396140	NITROGLYCERIN 50MG/D5W 25	250	J3490	69.75
5396161	COUMADIN 1 MG (WARFARIN)	250	J3490	5.34
5396162	COUMADIN 2.5 MG (WARFARIN	250	J3490	5.34
5396201	SYSTANE OPHTHALMIC SOLUTIO	250	J3490	36.75
5396204	OXcarbazepine Oral Tablet 150 MG	250	J3490	7.25
5396205	Mestinon 60mg tablet	250		8.25
5396210	FOSAMAX 70MG PLUS VIT D T	250	J3490	83.27
5396215	TIMOPTIC 0.5% (TIMOLOL) O	250	J3490	59.50
5396223	TOFRANIL (IMIPRAMINE) 10M	250	J3490	5.34
5396224	TOFRANIL (IMIPRAMINE) 50M	250	J3490	7.50
5396225	IMIPRAMINE 25MG TAB	250		3.58
5396226	IMIPRAMINE 50MG TAB	250		3.58
5396232	TOLNAFTATE 1% TOPICAL 45G	250	J3490	5.34
5396233	CO-ENZYME Q-10 200MG (UBI	250	J3490	3.00
5396243	PENTOTHAL (THIOPENTAL SOD	250	J3490	102.66
5396252	ERYTHROCIN 250MG/5ML SUSP	250	J3490	133.49
5396258	BUMEX (BUMETANIDE) 0.5MG	250	J3490	5.34
5396293	BREVIBLOC 100MG INJ	250		17.05
5396316	ERY-TAB (ERYTHROMYCIN BAS	250	J3490	6.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5396331	ZITHROMAX 200MG/5ML (AZIT	250	J3490	6.00
5396335	CATAPRES TTS-2 (CLONIDINE	250	J3490	111.75
5396337	CATAPRES TTS-3 (CLONIDINE	250	J3490	276.75
5396363	MAGNESIUM SULFATE 20GM IV	250		106.43
5396388	LIPITOR 20MG (ATORVASTATI	250	J3490	5.34
5396393	CECLOR (CEFACLOR) 250MG C	250	J3490	10.00
5396399	MORPHINE 500MG IV	250		110.28
5396400	GENASYME 30ML DROPS	250		6.88
5396423	DERMOPLAST (BENZOCAINE-ME	250	J3490	23.25
5396447	KEFLEX (CEPHALEXIN) 250MG	258	J3490	86.25
5396451	D5W 100ML	258	J7060	81.50
5396454	MEGACE (MEGESTROL) 40MG/1	250	J3490	215.92
5396458	BENTYL SYRUP DOSE	250		3.58
5396464	FELDENE (PIROXICAM) 20MG	250	J3490	13.25
5396476	ERYTHROCIN 500MG IV	636	J1364	51.58
5396494	SULFACETAMIDE-PREDNISOLON	250	J3490	65.62
5396515	SYNTHROID 0.075MG (75MCG)	250	J3490	5.34
5396524	GAVISCON (ALUM HYDROXIDE-	250	J3490	5.34
5396525	SYMMETREL (AMANTADINE) 10	250	J3490	11.00
5396527	SYNTHROID 0.025MG (25MCG)	250	J3490	5.34
5396543	ATENOLOL 50MG TAB	250		3.58
5396544	TENORMIN 25MG (ATENOLOL)	250	J3490	5.34
5396545	SYNTHROID 0.05MG (50MCG)	250	J3490	5.34
5396548	TENORMIN 100MG TAB	250		3.58
5396557	ROBITUSSIN-DM 120ML	250	J3490	24.14
5396558	LOVENOX 30MG INJ	250		65.00
5396559	RISPERDAL 0.5MG (RISPERID	250	J3490	19.75
5396565	PHENOBARBITAL SODIUM 30M	636	J2560	21.76
5396568	COUMADIN 2 MG (WARFARIN)	250	J3490	13.00
5396571	TIMENTIN 3.1GM IVPB	250		85.80
5396579	ZOSTRIX CREAM 2OZ TUBE	250		70.13
5396587	ACTIVASE (ALTEPLASE) 50MG	250	J3490	4217.83
5396588	TRIFLUOPERAZINE 2MG TABLE	250	J3490	10.00
5396609	OCUVITE VIT&MIN SUPPLEMNT	250		0.60
5396612	DEPAKOTE ER (DIVALPROEX) TAB 250 MG	250	J3490	8.00
5396621	GELFOAM (SURGIFOAM) SIZE	270	J3490	150.00
5396623	SURGICEL 2X3 TOPICAL	270		44.83
5396624	ARIMIDEX 1MG (ANASTROZOLE	250	J3490	10.50
5396628	WYCILLIN 600,000 UNITS/1M	636	J2510	119.75
5396634	SARNA LOTION APPLICATION	250		4.95
5396636	SANTYL (COLLAGENASE) 30GM	250	J3490	368.75
5396637	SODIUM BICARBONATE 50MEQ/	250	J3490	44.50



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5396638	SANTYL OINTMENT DOSE	250		17.05
5396639	NITRO 1/150 SL 25COUNT BT	250		10.18
5396651	POTASSIUM CHLORIDE IV 20M	250	J3490	21.76
5396655	EFFEXOR XR 37.5MG (VENLAF	250	J3490	5.34
5396656	ACCOLATE 20MG (ZAFIRLUKAS	250	J3490	11.50
5396657	VANTIN 100MG (CEFPODOXIME	250	J3490	20.50
5396658	VESICARE 10MG (SOLIFENACI	250	J3490	54.00
5396659	PULMICORT RESPULES 0.25MG	250	J7626	36.75
5396661	QUININE SULFATE 324MG CAP	250	J3490	26.85
5396662	ULTRACAL 240ML	250	J3490	12.50
5396663	SENOKOT 8.6MG (SENNA) TAB	250	J3490	3.00
5396664	MYCOSTATIN SUSPENSION 500	250	J3490	7.75
5396666	KEFLEX (CEPHALEXIN) 250MG	250	J3490	5.34
5396668	PREDNISONE 1MG TABLET	250	J7512	5.34
5396669	PROVENTIL (ALBUTEROL) 2MG	250	J3490	28.25
5396689	LIDOCAINE 5% IN DEXTROSE	250	J3490	38.50
5396699	MINIPRESS (PRAZOSIN) 1MG	250	J3490	5.34
5396701	REGLAN 10MG (METOCLOPRAMI	250	J3490	5.34
5396707	DUODERM PASTE TUBE	250		30.25
5396709	REGLAN 10MG/2ML (METOCLOP	636	J2765	21.76
5396797	MEDROL 4MG (METHYLPREDNIS	636	J7509	8.25
5396868	MEVACOR 20MG (LOVASTATIN)	250	J3490	12.00
5396878	MICRONASE 5MG (GLYBURIDE)	250	J3490	5.34
5396884	AMICAR (AMINOCAPROIC ACID	250	J3490	31.50
5396959	BETADINE/SALINE SOL	250		4.95
5396987	AMBIEN CR 12.5MG (ZOLPIDE	250	J3490	30.15
5396995	GLUCOPHAGE 500MG (METFORM	250	J3490	5.34
5397000	CARAFATE (SUCRALFATE) 1GM	250	J3490	5.34
5397002	XENADERM (TRYPSIN/BALSAM	250	J3490	138.96
5397005	XENADERM (VASOLEX) OINTME	250	J3490	23.00
5397027	EYE WASH 118ML	258	J3490	14.50
5397101	NS 100ML IVPB	258		38.78
5397111	MELLARIL (THIORIDAZINE) 2	250	J3490	5.34
5397113	PEPCID (FAMOTIDINE) 20MG/	250	J3490	23.25
5397115	ROBITUSSIN DM 5ML	250	J3490	5.34
5397116	ROBITUSSIN DM 10ML	250	J3490	14.00
5397131	NORPRAMIN 25MG (DESIPRAMI	250	J3490	6.00
5397132	CARDIZEM CD 120MG (DILTIA	250	J3490	5.34
5397161	MYCOLOG CREAM DOSE	250		3.58
5397165	MICRO-K (POTASSIUM CHLORI	250	J3490	5.34
5397171	HEPARIN 25,000 UNITS IN D	636	J1644	56.25
5397173	Precedex 200mch/2mL	250		133.50



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5397174	Precedex 80mcg/20mL	250		94.50
5397175	Gelfoam Sponge 12-7mm	250		36.25
5397176	Neo-Synephrine 1% Nasal Spray	250		21.50
5397177	Vancomycin 1gm **OR**	250		28.75
5397177	Vancomycin 1gm **OR**	250		67.50
5397178	RCH Boostrix	250	90715	123.00
5397179	RHC TB 5TU/0.1mL	250		27.00
5397180	RHC INFLUENZA	250		61.29
5397181	RHC INFLUENZA (HIGH DOSE)	250		114.68
5397182	BANANA BAG	250		1.00
5397183	Isovue-300 100mL	250		158.55
5397186	CARDENE 20mg/200mL	250		183.00
5397187	RCH Typhoid Vaccine	250		180.75
5397189	Tamiflu 30mg cap	250		58.75
5397190	Tamiflu 45mg capsule	250		58.75
5397191	VANCOMYCIN 1GM INJ	250		97.90
5397192	Tamiflu 6mg/1mL 60mL Susp	250		246.00
5397193	Dilaudid 0.5 mg / 0.5 mL	636	J1170	32.49
5397196	Rho(d) 250IU (50mcg)	636		132.75
5397197	Exparel 266 mg / 20 mL	636	C9290	584.25
5397198	EPINEPHRINE 1mg/ML IV DRIP	636	J0171	38.50
5397200	Labetalol **IV DRIP** 100mg in 100mL D5W	250		21.76
5397201	Cordarone **IV DRIP** 150mg in D5W 100mL	636		22.00
5397202	Versed **IV DRIP** [20mg/1000mL]	636		21.76
5397203	Clinimix-E 4.25/5 1000 mL	250		81.50
5397204	Clinimix-E 5/20 1000mL	250		142.50
5397205	Dilaudid 0.5 mg / 0.5 mL	636	J1170	32.49
5397206	Rabies Immune Globulin 10mL	250		5834.25
5397207	Bridion 200 mg / 2 mL	250		125.75
5397208	3% Sodium Chloride 500mL	636	J7131	81.50
5397209	Lidocaine Jelly 2%	250		37.25
5397211	Sodium Chloride 0.45% 250 mL	258		81.50
5397213	Geodon 20 mg vial	636	J3486	119.25
5397215	LUPRON [22.5 mg }	636		8368.00
5397216	VISBIOME	259		1.00
5397217	TISSEEL FIBRIN SEALANT 4 ML	250		150.25
5397218	PROPOFOL INJ 1000 MG/ 100 ML	636		21.76
5397219	Amiodarone **IV DRIP** 450mg in D5W 250m	636		1.00
5397226	NAFCILLIN 2GM *IVPB* / D5	250	J3490	166.46
5397272	ISORDIL 10MG (ISOSORBIDE)	250	J3490	5.50
5397282	VICODIN 6-PACK (HYDROCOD	250	J3490	7.46
5397292	COUMADIN 7.5 MG (WARFARIN	250	J3490	18.50



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5397343	DELESTROGEN 10MG/1ML	636	J1380	165.24
5397383	BETOPTIC DOSE	250		3.58
5397404	AMPICILLIN 1GM **IM**	636	J0290	28.50
5397405	AMPICILLIN 2GM INJ	250		81.13
5397414	PRENATAL VITAMIN TABLET	250	J3490	5.34
5397441	TENORMIN 50MG (ATENOLOL)	250	J3490	5.34
5397443	TYLENOL W/CODEINE #4 TAB	250	J3490	7.46
5397444	POTASSIUM CHLORIDE ORAL S	250	J3490	8.50
5397445	ISOPTIN SR 120MG (VERAPAM	250	J3490	5.50
5397446	PHOS-NAK 1.5GM PACKET	250	J3490	5.34
5397447	METHERGINE 0.2MG AMPUL (M	636	J2210	38.00
5397454	FLORINEF 0.1MG (FLUDROCOR	250	J3490	8.00
5397471	LASIX 20MG (FUROSEMIDE) T	250	J3490	5.34
5397474	HEPARIN 20,000U INJ 1ML	250		33.00
5397494	ZESTRIL 10MG (LISINOPRIL)	250	J3490	5.34
5397522	TUBERCULIN (PPD) (APLISO	636	J3490	37.50
5397555	KENALOG CREAM 0.1% (TRIAM	250	J3490	33.75
5397600	AMPICILLIN 250MG/5ML 100M	250	J3490	49.28
5397616	DESYREL (TRAZODONE) 50MG	250	J3490	5.34
5397652	MYLANTA 30ML	250	J3490	5.34
5397661	FOLATE 2MG IVP	250		29.15
5397662	LIBRIUM (CHLORDIAZEPOXIDE	250	J3490	7.46
5397663	MAGNESIUM SULFATE 8MEQ/2M	636	J3475	21.76
5397666	KENALOG IN ORABASE (TRIAM	258	J3490	161.25
5397670	FLECTOR PATCH (DICLOFENAC	250	J3490	52.25
5397676	1/2 NS 1000ML SODIUM CHLO	258	J7799	81.50
5397680	ALBUMIN 25% (12.5GM) 50ML	250	P9047	162.00
5397681	REQUIP 4 MG (ROPINIROLE)	250	J3490	13.00
5397690	MOBIC 7.5MG (MELOXICAM) T	250	J3490	15.50
5397711	CARA-KLENZ (POT SORBATE-V	250	J3490	36.20
5397712	PROTONIX IV 40MG VIAL	250	C9113	24.00
5397713	JANUVIA 100MG (SITAGLIPTI	250	J3490	63.25
5397714	RAZADYNE ER 8MG (GALANTA	250	J3490	45.00
5397715	TRAVATAN Z 0.004% (TRAVOP	250	J3490	662.00
5397716	SUPRAX 100MG/5ML (CEFIXIM	250	J3490	408.50
5397717	MOBIC 15MG (MELOXICAM) TA	250	J3490	23.50
5397718	QVAR 40MCG (BECLOMETHASON	250	J3490	323.00
5397719	TOPAMAX 25MG (TOPIRAMATE)	250	J3490	10.50
5397720	ZOSYN 4.5GM *IVPB* / D5W	636	J2543	70.25
5397721	NITROGLYCERIN 0.8 MG/HR P	250	J3490	29.00
5397722	PAMELOR 25MG (NORTRIPTYLL	250	J3490	7.50
5397723	JANUVIA 50MG (SITAGLIPTIN	250	J3490	63.25



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5397730	QVAR 80MCG (BECLOMETHASON	250	J3490	432.50
5397733	FIORICET (ACETAMINOPHEN-C	250	J3490	11.00
5397734	ACETADOTE Loading Dose 6000MG	636	J0132	388.25
5397744	VIBRAMYCIN (DOXYCYCLINE)	250	J3490	13.00
5397745	PROVERA (MEDROXYPROGESTER	250	J3490	15.25
5397755	CARRASYN (ALLANTOIN) GEL	250	J3490	24.07
5397756	MACROBID 100MG (NITROFURA	250	J3490	21.50
5397766	CARRINGTON MOISTURE BARRI	250	J3490	28.56
5397772	VISTARIL (HYDROXYZINE PAM	250	J3490	5.34
5397774	NORFLEX 100MG (ORPHENADRI	250	J3490	11.00
5397775	MOTRIN 100MG/5ML (IBUPROF	250	J3490	7.25
5397776	FLEET MINERAL OIL ENEMA 1	250	J3490	10.50
5397777	NS 100ML	258	J7050	81.50
5397778	LEVEMIR 100 UNITS/ML (INS	250	J1815	554.75
5397783	SODIUM CHLORIDE 1GM TABLE	250	J3490	5.34
5397784	VITAMIN K 1MG/0.5ML (PHYT	636	J3430	21.76
5397785	KOATE-DVI 1 UNIT (ANTIHEM	636	J7190	1.70
5397788	PAXIL 20MG (PAROXETINE) T	250	J3490	14.75
5397818	PNEUMOVAX-23 (PNEUMCOOCCA	250	J3490	180.50
5397835	QUINIDINE SULFATE 300MG T	250	J3490	5.34
5397836	QUINIDINE GLUCONATE 324MG	250	J3490	6.84
5397848	MURI-LUBE (MINERAL OIL) 1	250	J3490	22.00
5397878	CAPOTEN (CAPTOPRIL) 12.5M	250	J3490	8.50
5397885	EDECRI (ETHACRYNIC ACID)	250	J3490	23.75
5397888	NS 500ML	636	J7040	81.50
5397889	TORADOL 10MG (KETOROLAC)	250	J3490	11.00
5397890	LEXAPRO 20MG (ESCITALOPRA	250	J3490	22.75
5397919	CIPRO IV 200MG (CIPROFLOX	636	J0744	81.50
5397950	XOPENEX HFA 45MCG INHALER	250	J3490	164.00
5397991	ETODOLAC 400MG TABLET	250	J3490	7.00
5397999	DALMANE 15MG (FLURAZEPAM)	250	J3490	5.34
5398001	MYCOSTATIN POWDER 15GM (N	250	J3490	112.50
5398002	GLYCERIN ADULT SUPPOSITOR	250	J3490	5.34
5398003	DOXYCYCLINE 100MG CAP	250		8.53
5398004	AMOXICILLIN 125MG/5ML 100	250	J3490	18.00
5398005	ACETIC ACID 0.25% IRRIGAT	250	J3490	81.50
5398007	ACTIDOSE-AQUA 50GM (240ML	250	J3490	121.50
5398008	ACTIFED (TRIPROLIDINE) OR	250	J3490	3.00
5398009	ACTONEL 35MG (RISEDRONATE	250	J3490	99.50
5398010	ACULAR PF 0.5% OPHTH SOLN	250	J3490	146.19
5398011	ADVAIR 500/50 MCG (FLUTIC	250	J3490	445.25
5398012	ADVAIR 100/50 MCG (FLUTIC	250	J3490	273.25



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5398013	ALTACE 10MG (RAMIPRIL) CA	250	J3490	11.25
5398014	AMMONIA INHALANT AMPULE	250	J3490	13.44
5398015	ANUSOL OINTMENT	250	J3490	19.80
5398016	ATACAND 16MG (CANDESARTAN	250	J3490	17.75
5398017	BACITRACIN 3.5GM OPHTH OI	250	J3490	115.00
5398018	BACTROBAN 2% 15GM CREAM (	250	J3490	623.50
5398019	BAG BALM 10 OZ CAN	250	J3490	23.35
5398020	BELLERGA-S TAB	250	J3490	5.34
5398021	BEXTRA (VALDECOXIB) 10MG	250	J3490	17.57
5398022	BEXTRA (VALDECOXIB) 20MG	250	J3490	17.57
5398023	BLISTEX LIP OINTMENT	250	J3490	6.50
5398025	CAMPHO-PHENIQUE (CAMPHOR/	250	J3490	16.00
5398026	CEBOCAP (PLACEBO) #2 CAP	250	J3490	5.34
5398027	CITRUCEL (METHYLCELLULOSE	250	J3490	5.34
5398030	COPAXONE 20MG (GLATIRAMER	636	J1595	427.00
5398031	CORDARONE (AMIODARONE) 40	250	J3490	29.71
5398032	COSOPT (TIMOLOL MALEATE/D	250	J3490	253.50
5398033	COZAAR 100 MG (LOSARTAN)	250	J3490	15.50
5398034	CYTOTEC (MISOPROSTOL) 100	250	J3490	5.34
5398035	DAPTACEL VACCINE	250	J3490	109.75
5398036	DECADRON 0.5MG (DEXAMETHA	250	J8540	5.34
5398037	DIAMOX (ACETAZOLAMIDE) 12	250	J3490	11.00
5398038	DIDRONEL (ETIDRONATE) 400	250	J3490	34.75
5398039	DILAUDID 4MG/ML (HYDROMOR	636	J1170	32.49
5398040	DIMETAPP (PPA HCL/BROMPHE	250	J3490	5.34
5398041	DITROPAN XL 10MG (OXYBUT	250	J3490	16.50
5398042	DITROPAN XL 15MG (OXYBUT	250	J3490	16.00
5398043	DOBUTREX (DOBUTAMINE) 250	636	J1250	81.50
5398044	DONNATAL EXTENTAB (BELLAD	250	J3490	7.69
5398045	DOPRAM (DOXAPRAM) 20MG/ML	250	J3490	132.00
5398046	E.E.S. (ERYTHROMYCIN ETHY	250	J3490	126.00
5398047	ELAVIL150MG (AMITRIPTYLIN	250	J3490	5.80
5398048	ZOVIRAX (ACYCLOVIR) 5% 2G	250	J3490	1098.00
5398050	EXCEDRIN (PAIN RELIEVER P	250	J3490	3.00
5398051	FAMVIR (FAMCICLOVIR) 250M	250	J3490	50.00
5398052	FEOSOL 45MG CAPSULE	250	J3490	5.34
5398053	GENTAMICIN 0.1% 15GM CRE	250	J3490	18.00
5398055	GENTAMICIN 120MG/100ML NS	636	J1580	21.76
5398056	GENTAMICIN 80MG *IVPB* /	636	J1580	21.76
5398057	GLUCOPHAGE 1000MG (METFOR	250	J3490	7.00
5398058	GLUCOTROL XL 2.5MG (GLIPI	250	J3490	5.34
5398059	HALDOL 0.5MG (HALOPERIDOL	250	J3490	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5398060	ROBITUSSIN AC 10ML	250	J3490	7.46
5398061	IV HEPARIN FLUSH 100 UNIT	250	J3490	21.76
5398062	HEXTEND (HETASTARCH) 6% I	250	J3490	129.16
5398063	HYZAAR 100-25MG (LOSARTAN	250	J3490	23.25
5398064	INSULIN,LANTUS 100U/1ML	250		17.05
5398068	KENALOG (TRIAMCINOLONE) 0	250	J3490	49.00
5398069	KENALOG OINTMENT 0.1% (TR	250	J3490	18.75
5398070	KENALOG CREAM 0.025% (TRI	250	J3490	39.25
5398071	KEPPRA levETIRAcetam TAB 500mg	250	J3490	16.00
5398072	LAMICTAL 100MG (LAMOTRIGI	250	J3490	24.00
5398073	SYNTHROID 0.175MG (175MCG	250	J3490	5.34
5398074	SYNTHROID 0.112MG (122MCG	250	J3490	5.34
5398075	LEXAPRO 10MG (ESCITALOPRA	250	J3490	22.25
5398076	LIBRIUM (CHLORDIAZEPOXIDE	250	J3490	7.46
5398077	LIDOCAINE 1% 20ML VIAL I	250	J3490	21.76
5398078	LIDOCAINE 2% W/EPINEPHRIN	250	J3490	21.76
5398079	LIPITOR 40MG (ATORVASTATI	250	J3490	5.34
5398080	IMODIUM (LOPERAMIDE) 1MG/	250	J3490	5.34
5398081	LOPRESSOR 25MG (METOPROLO	250	J3490	5.34
5398082	LORTAB 10/500MG (HYDROCOD	250	J3490	7.46
5398083	M-M-R II VACCINE W/DILUEN	250	J3490	179.25
5398084	MAG-OXIDE 400MG (MAGNESIU	250	J3490	5.34
5398085	MARINOL (DRONABINOL) 2.5M	250	J3490	23.50
5398086	MASSENGILL DISP DOUCHE	250		7.38
5398087	MAXALT 10MG (RIZATRIPTAN)	250	J3490	131.75
5398088	MIOSTAT (CARBACHOL) 0.01%	250	J3490	121.25
5398089	MIRALAX 17GM (PEG 3350) P	250	J3490	5.75
5398090	MORPHINE SULFATE 15MG IR	250	J3490	7.46
5398091	MUCINEX 600MG (GUAIFENESI	250	J3490	5.34
5398092	MYCOLOG CREAM (NYSTATIN/T	250	J3490	138.90
5398093	MYCOLOG OINTMENT (NYSTATI	250	J3490	168.00
5398094	NAMENDA 5MG (MEMANTINE) T	250	J3490	24.50
5398095	NEUPOGEN (FILGRASTIM) 480	636	J1442	956.75
5398096	NEURONTIN 400MG (GABAPENT	250	J3490	8.00
5398097	NEXIUM 40MG (ESOMEPRAZOLE	250	J3490	34.25
5398098	NEURONTIN 800MG (GABAPENT	250	J3490	14.75
5398099	NOLVADEX (TAMOXIFEN) 20MG	250	J3490	5.34
5398100	MYCOSTATIN OINTMENT (NYST	250	J3490	61.25
5398101	OXANDRIN (OXANDROLONE) 2.	250	J3490	33.75
5398102	PATANOL 0.1% (OLOPATADINE	250	J3490	401.00
5398103	PAXIL-CR (PAROXETINE) 12.	250	J3490	21.25
5398104	PAXIL-CR (PAROXETINE) 25M	250	J3490	22.25



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5398105	PEDIARIX 0.5ML SYRINGE	250	J3490	21.76
5398106	PERMAX (PERGOLIDE) 1MG TA	250	J3490	8.48
5398107	PHENERGAN DM 5ML (PROMETH	250	J3490	5.34
5398108	AFRIN OXYMETAZOLINE NASAL SPRAY 0.0	250	J3490	6.50
5398110	CALTRATE (CALCIUM 600MG /	250	J3490	5.34
5398111	TIGAN (TRIMETHOBENZAMIDE)	250	J3490	5.34
5398112	CASCARA SAGRADA 450MG CAP	250	J3490	5.34
5398113	DIMETAPP DM COLD/COUGH EL	250	J3490	20.72
5398114	PYRIDIUM 100MG (PHENAZOPY	250	J3490	6.25
5398115	GAVISCON FOAMTAB	250	J3490	3.00
5398116	MIRAPEX (PRAMIPEXOLE) 0.2	250	J3490	35.50
5398117	POLYMYXIN B SULFATE VIAL	250	J3490	53.50
5398118	TYLENOL (ACETAMINOPHEN) S	250	J3490	3.00
5398119	PRECOSE (ACARBOSE) 25MG T	250	J3490	5.34
5398120	CHOLESTYRAMINE (QUESTRAN) 4GM PAC	250	J3490	17.00
5398121	PEPCID 40MG TABLET (FAMOT	250	J3490	16.50
5398122	REGITINE 5MG (PHENTOLAMIN	636	J2760	270.00
5398123	RID PEDICULICIDES (PERMET	250	J3490	20.84
5398124	RISPERDAL 2MG (RISPERIDON	250	J3490	68.75
5398125	SEREVENT (SALMETEROL) DIS	250	J3490	697.75
5398126	SEROQUEL 25MG (QUETIAPINE	250	J3490	5.34
5398127	SKELAXIN 800MG (METAXALON	250	J3490	26.50
5398128	THROMBIN-JMI 20,000 UNITS	250	J3490	535.00
5398129	SUDAFED (PSEUDOEPHEDRINE)	250	J3490	3.00
5398130	SWIM EAR (EAR DROPS)	250	J3490	21.75
5398131	THROMBIN-JMI 5,000 UNITS	250	J3490	170.88
5398132	TIAZAC (DILTIAZEM) SA 36	250	J3490	18.00
5398133	TOPAMAX 200MG (TOPIRAMATE	250	J3490	5.75
5398134	TRILEPTAL (OXCARBRAZEPINE	250	J3490	22.00
5398135	TRILEPTAL (OXCARBAZEPINE)	250	J3490	67.50
5398136	TUMS 500MG (CALCIUM CARBO	250	J3490	4.50
5398137	ULTRACET 37.5/325MG (TRAM	250	J3490	7.46
5398138	VAQTA (HEPATITIS A) VACCI	250	J3490	103.25
5398139	VAQTA (HEPATITIS A) VACCI	250	J3490	166.75
5398140	VARIVAX VACCINE (VARICELL	250	90716	232.75
5398141	CORTENEMA (HYDROCORTISONE	250	J3490	42.00
5398142	VASOTEC 20MG (ENALAPRIL)	250	J3490	9.25
5398143	VITAMIN A 25 000IU CAPSUL	250	J3490	5.34
5398144	ZANAFLEX 2MG (TIZANIDINE)	250	J3490	7.50
5398145	ZOLOFT 25MG (SERTRALINE)	250	J3490	5.34
5398146	ZYPREXA 2.5MG (OLANZAPIN	250	J3490	39.25
5398147	ZYRTEC-D (P-EPHED HCL/CE	250	J3490	17.25



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5398148	PREVNAR (PNEUMOCOCCAL) VA	250	J3490	339.00
5398149	RECOMBIVAX (HEPATITIS B V	250	J3490	86.00
5398150	AUGMENTIN 400MG/5ML (AMOX	250	J3490	105.50
5398151	POLYTRIM OPHTHALMIC SOLUT	250	J3490	182.75
5398152	LOVENOX 120MG/0.8ML (ENOX	636	J1650	65.00
5398153	VOLTAREN GEL 1 % (DICLOFE	250	J3490	10.50
5398154	PRO-STAT 101 30ML (PROTEI	250	J3490	5.34
5398155	HYTRIN 10MG (TERAZOSIN) C	250	J3490	7.25
5398156	PRILOSEC 40MG (OMEPRAZOLE	250	J3490	26.50
5398159	GEMZAR 200MG (GEMCITABINE	636	J9201	271.18
5398161	TYGACIL 50MG VIAL (TIGECY	250	J3243	281.75
5398162	ZOVIRAX 400MG (ACYCLOVIR)	637	J8499	11.00
5398163	INFLUENZA VACCINE 0.5ML (	250	J3490	52.97
5398164	MORPHINE SULFATE PCA 50MG	636	J2270	32.49
5398165	PRO-STAT 64 (SUGAR FREE)	637	J3490	6.25
5398166	OxyContin 60mg tablet	250		69.50
5398167	Zyvox 600mg/300mL Bag	636		192.00
5398168	CELEXA 40MG TABLET	250		17.46
5398170	TOPROL 100MG ER TABLET	250		8.50
5398171	SOLU-CORTEF 1000MG (HYDRO	250	J3490	76.35
5398172	Eliquis 5mg tablet	250		35.75
5398173	Vimpat 200mg tablet	250		62.75
5398174	Topamax 50mg tab	250		20.50
5398175	ROCEPHIN 500MG INJ **IVPB**	636		84.00
5398176	ROCEPHIN **IVPB**	636		56.00
5398177	Xarelto 15mg tab	250		62.75
5398180	Cardizem 125mg/125mL D5W	250		59.75
5398181	CLEOCIN CLINDAMYCIN IVPB**900mg/50ML	636	S0077	76.75
5398182	Magnesium Sulfate 1gm/100mL	636		35.75
5398183	Depacon 500mg/100mL D5W **IVPB**	250		32.25
5398184	Keppra 500mg/100mL D5W **IVPB**	636		44.25
5398185	Januvia 25mg tablet	250		63.25
5398186	Naropin 150mg/30mL vial	250		78.25
5398187	Naropin 500mg/100mL vial	250		146.00
5398188	Naropin 1gm/200mL vial	250		219.00
5398189	Prolia 60mg/mL Syringe	636		2194.50
5398190	TNKASE 50mg Kit	636		10551.50
5398191	INDERAL 10MG (PROPRANOLOL	250	J3490	5.34
5398192	Venofer 50mg IVPB	636		120.00
5398193	Advair 100/50mcg Diskus	250		570.75
5398194	Advair 250/50mcg Diskus 14 dose	250		273.25
5398195	ADvair 500/50mcg Diskus 60 dose	250		932.75



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5398196	Celexa 40mg tablet	250		17.50
5398197	Seroquel 100mg tablet	250		5.34
5398198	Acetadote 2nd dose	250		388.25
5398199	Acetadote 3rd Dose	250		388.25
5398200	Lecithin 1200mg cap	250		3.00
5398201	Alive Women's Gummy Vits	250		3.00
5398202	Fiber Choice Gummies	250		3.00
5398203	Tiger Balm Patch	250		6.50
5398204	Burt's Beeswax Lip Balm	250		10.00
5398205	Icy Hot Gel	250		23.50
5398206	Tiger Balm Rub	250		24.00
5398207	Zofran 8mg ODT	250		18.57
5398208	Symbicort Inhaler 160/4.5mcg	250		624.50
5398209	Symbicort Inhaler 80/4.5mcg	250		546.25
5398210	Salonpas Patch	250		5.34
5398211	Systane Ultra Opth Soln	250		36.75
5398212	LABETALOL 100MG/20ML INJ	250	J3490	93.75
5398221	MS CONTIN 30MG TAB	250		0.84
5398223	Aquaphor Healing Ointment	250		10.00
5398224	VIROPTIC (TRIFLURIDINE) 1	250	J3490	671.25
5398228	LUBRIDERM (SOD CHLORIDE-L	250	J3490	20.12
5398230	INFLUENZA VACCINE 0.5ML (	250	J3490	52.97
5398231	INFLUENZA VACCINE 0.5ML (	250	J3490	52.97
5398232	INFLUENZA VACCINE 0.5ML (	250	J3490	51.93
5398233	INFLUENZA VACCINE 0.5ML (	250	J3490	100.49
5398234	Dacriose Eye Wash 119mL	250		21.50
5398235	BACITRACIN 0.9GM UD PACKET	250		21.50
5398236	Diphenhydramine 50mg/1mL vial	636		1.00
5398237	Diphenhydramine Oral Solution	250		21.50
5398238	Eligard 7.5mg Inj	636	J9217	813.25
5398239	Ativan Oral Conc 2mg/mL 30mL	250		146.25
5398241	Boostrix (Dtap) Vaccine	250		1.00
5398242	Comvax Vaccine 0.5mL	250		1.00
5398243	RHC ALBUTEROL 2.5mg/3mL	637		21.50
5398244	SOMA 350MG (CARISOPRODOL)	250	J3490	5.34
5398245	ARTHRITIS PAIN RELIEVER 6	250	J3490	5.34
5398246	Pantoprazole 20mg TAB	250		5.34
5398247	Refresh Plus 0.01 ounce OPHTH Drops	250		1.00
5398252	DUODERM TOP	250		11.00
5398256	VASELINE (WHITE PETROLATU	250	J3490	13.00
5398258	NUTRITIONAL SUPPLEMENT LIQUID (GLUC	637	J3490	8.50
5398259	Decadron 4mg/1mL vial	250		21.50



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5398260	Depo-Medrol 40mg/1mL vial	250		32.00
5398261	Solu-Medrol 80mg/1mL vial	636		56.00
5398262	Depo-Provera 150mg/mL vial	250	J3490	135.00
5398263	Dermoplast Spray	250		21.50
5398264	Diphtheria and Tetanus Toxoids Pediatric	250		1.00
5398265	Pediarix Vaccine 0.5mL	250		1.00
5398266	Ipratropium-Albuterol Inh Soln 3mL	250		21.50
5398267	Engerix-B Vaccine 100mcg/0.5mL Pediatric	250		1.00
5398268	Engerix-B Injection Suspension 20 MCG/ML	250		1.00
5398269	Ephineprine 1mg/1mL SD Vial	636		45.00
5398270	Ethyl Chloride External Aerosol	250		21.50
5398271	Ful-Glo Ophthalmic Strip	250		21.50
5398272	Fluarix Vaccine 0.5mL	250		1.00
5398273	Xylocaine-MPF Injection Solution 1 %	250		21.50
5398274	Fluzone Vaccine (2014-15)	250		1.00
5398275	Fluzone Vaccine (2014-15) 0.25mL Syring	250		1.00
5398276	Gardasil Vaccine 0.5mL	250		1.00
5398277	Havrix Vaccine 720EI.U/0.5mL	250		1.00
5398278	Hydrogen Peroxide External Solution 3 %	250		21.50
5398279	Infanrix Vaccine (DTaP) 0.5mL Syringe	250		1.00
5398280	IPOL Vaccine 0.5mL	250		1.00
5398281	Kinrix Vaccine 0.5mL	250		1.00
5398283	Xylocaine w/ Epi 2% 20mL	250		21.50
5398284	Lidocaine w/ Epi 1% 20mL	250		21.50
5398285	Xylocaine-MPF 2 % 5mL	250		21.50
5398286	Lidocaine 4 % Topical Soln 50mL	250		30.00
5398287	MENACTRA VACCINE	250		1.00
5398288	M-M-R II VACCINE	250		1.00
5398289	Motrin 100mg/5mL Susp	250		21.50
5398290	Motrin 200mg tab	250		21.50
5398291	VFC FLUZONE 0.5 ML	250		1.00
5398292	ALUPENT (METAPROTERENOL)	250	J3490	95.61
5398293	SUDAFED (PSEUDOEPHEDRINE) 15MG/5M	250		3.00
5398294	OFLOXACIN OPHTH SOLN [0.3 %]	250		140.75
5398299	LASIX 40MG (FUROSEMIDE) T	636	J3490	5.34
5398300	TYLENOL #3 + CODEINE (4 PACK)	250		7.46
5398301	NORCO 10/325 (4 PACK)	253		7.46
5398302	NORCO 5/325 (4 PACK)	250		7.46
5398303	LORAZEPAM 0.5MG TAB (4 PACK)	250		22.75
5398304	TRAMADOL 50MG TAB (4 PACK)	250		7.46
5398305	PERCOCET 5/325 MG TAB (4 PACK)	250		7.46
5398306	BENZONATATE 100 MG CAP (4 PACK)	250		5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5398307	IBUPROFEN 400MG TAB (4 PACK)	250		5.34
5398308	IBUPROFEN 600MG TAB (4 PACK)	250		5.34
5398309	IBUPROFEN 800MG TAB (4 PACK)	250		5.34
5398310	ONDANSETRON 4MG ODT TAB (4 PACK)	250		67.00
5398311	AMOXICILLIN 500MG CAP (4 PACK)	250		5.34
5398312	CEPHALEXIN 500MG CAP (4 PACK)	250		5.34
5398313	BACTRIM DS TAB (4 PACK)	250		5.34
5398314	NITROFURANTOIN 100MG CAP (4 PACK)	250		1.00
5398315	INSULIN NPH INJ DOSE	250		17.05
5398316	VIBRAMYCIN 100MG CAP (4 PACK)	250		5.34
5398317	CYCLOBENZAPRINE 10MG TAB (4 PACK)	250		5.34
5398318	CLINDAMYCIN 150MG CAP (4 PACK)	250		5.34
5398319	PHENAZOPYRIDINE 95MG TAB (4 PACK)	250		5.34
5398320	AUGMENTIN 875MG TAB (4 PACK)	250		20.25
5398321	AUGMENTIN 500MG TAB (4 PACK)	250		20.25
5398322	FORANE INHALATION 100 ML	250		13.44
5398323	COGENTIN (BENZTROPINE) 0.	250	J3490	6.00
5398331	ROBAXIN (METHOCARBAMOL) 7	250	J3490	5.34
5398332	ROBAXIN (METHOCARBAMOL) 5	250	J3490	5.34
5398333	PREDNISONE 20MG TABLET	637	J7512	5.34
5398334	Influenza Vaccine 60MCG/0.5ML	636		131.00
5398335	PREDNISONE 50MG TABLET	250	J7512	5.34
5398336	Influenza Vaccine High Dose 0.7ML	636		112.50
5398338	NAPROSYN (NAPROXEN) 500MG	250	J3490	6.75
5398366	INDIGO CARMINE (INDIGOTIN	250	J3490	33.50
5398383	SURGICEL TOPICAL	250		85.80
5398414	URISPAS (FLAVOXATE) 100MG	250	J3490	7.50
5398418	HBIG PEDIATRIC 0.5ML (HEP	636	J3490	86.00
5398419	HEPTAVAX(11-19YR) INJ	250		115.50
5398420	ENGERIX-B ADULT 20MCG (1M	636	90746	125.75
5398421	THEODUR 300MG (THEOPHYLLI	250	J3490	5.34
5398422	BECONASE AQ (BECLOMETHASO	250	J3490	528.25
5398425	TPN	258		400.40
5398426	RETROVIR (ZIDOVUDINE) 100	250	J3490	15.00
5398427	INTRALIPID (FAT EMULSION)	258	J3490	69.25
5398429	LYRICA 100MG CAPSULE (PRE	250	J3490	7.46
5398430	ATROVENT NASAL (IPRATROPI	250	J3490	247.25
5398431	ALLEGRA 60MG (FENOFEXADIN	250	J3490	7.00
5398432	CARDIZEM (DILTIAZEM) CD 3	250	J3490	13.50
5398433	TERBUTALINE 2.5MG TAB	250		3.58
5398434	THYROLAR 3GR TAB	250	J3490	3.58
5398435	ESTRACE (ESTRADIOL) 1MG T	250	J3490	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5398436	PROGESTERONE IN OIL 50MG/	636	J2675	122.75
5398437	PROVENTIL (ALBUTEROL) 2MG	250	J3490	5.34
5398438	RELAFEN (NABUMETONE) 500M	250	J3490	6.50
5398439	TAGAMET (CIMETIDINE) 300M	250	J3490	9.37
5398440	AUGMENTIN 200MG/5ML (AMOX	250	J3490	73.89
5398441	WELLBUTRIN 100MG (BUPROPI	250	J3490	10.00
5398442	THYROID 2GR TAB	250		3.58
5398443	GENTAMICIN 1-80MG IVPB	250		49.50
5398445	XANAX 1 MG (ALPRAZOLAM) T	250	J3490	7.46
5398446	AVENTYL (NORTRIPTYLLINE)	250	J3490	5.34
5398447	DISALCID (SALSALATE) 750M	250	J3490	5.34
5398448	CYTOTEC (MISOPROSTOL) 200	250	J3490	6.00
5398450	IBUPROFEN SUSP DOSE	250		4.13
5398451	NEOSPORIN GU 1ML	250	J3490	428.07
5398452	CATAPRES TTS-1 (CLONIDINE	250	J3490	158.00
5398456	TYLENOL W/CODEINE ELIXIR	250	J3490	7.46
5398457	UNASYN 3GM INJ	250		85.80
5398460	TAVIST SYRUP 5ML	250		4.95
5398461	VFC FLUMIST	250		1.00
5398481	OSCAL 500MG W/ VIT D	250	J3490	5.34
5398493	FLUCONAZOLE **IVPB**200 mg / 100 mL D5	636	J1450	38.00
5398513	CIPROFLOXACIN TAB [500 mg]	250	J3490	5.34
5398524	SALIVA SUBSTITUTE (ARTIFI	250	J3490	24.10
5398553	PROZAC 20MG (FLUOXETINE)	250	J3490	12.50
5398555	CHLOR-TRIMETON (CHLORPHEN	250	J3490	3.00
5398556	UNIPHYL (THEOPHYLLINE ANH	250	J3490	7.75
5398557	VANCOMYCIN 250MG CAP	250		37.40
5398558	PRADAXA 150MG (DABIGATRAN	250	J3490	34.75
5398570	SYNTHROID 0.137MG (137MCG	250	J3490	7.50
5398575	MINERAL OIL 30ML	250	J3490	3.00
5398585	COUMADIN 5 MG (WARFARIN)	250	J3490	14.00
5398588	GLUCERNA 1 CAN	250		12.10
5398616	SYNTHROID 0.150MG (150MCG	250	J3490	5.34
5398624	STARLIX TAB 60MG	250	J3490	21.75
5398625	Promethazine 25mg/mL vial	250		21.50
5398626	Pneumovax-23 Vaccine	250		1.00
5398627	Tetracaine Ophthalmic Solution 0.5 %	250		27.00
5398628	Prevnar-13 Vaccine	250		1.00
5398629	ProQuad Vaccine	250		1.00
5398631	Rocephin 1gm vial	636		21.50
5398632	Rocephin 250mg vial	636		38.00
5398633	Rocephin 250mg vial	636		21.50



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5398634	RHC Rotarix Ortal Vaccine	250		1.00
5398636	Silvadene Cream	250		23.00
5398637	RHC Toradol 30mg/1mL vial	636		21.50
5398638	RHC Toradol 60mg/2mL vial	636		21.50
5398639	TB (Tuberculin, PPD) 5TU/0.1mL	250		1.00
5398640	Tylenol 325mg tab	250		21.50
5398641	Tylenol 500mg tab	250		21.50
5398642	Tylenol 325mg Suppository	250		21.50
5398643	Tylenol Susp 160mg/5mL	250		21.50
5398644	Vaqta Vaccine 25 unit/0.5mL	250		11.00
5398645	Varivax Vaccine	250		1.00
5398647	Water for Irrigation 1000mL	250		21.50
5398674	ROBITUSSIN AC (ER USE ONL	250	J3490	7.46
5398686	ALUMINUM HYDROXIDE GEL CO	250	J3490	18.19
5398779	WELLBUTRIN 75MG (BUPROPIO	250	J3490	5.34
5398787	ANTIVERT (MECLIZINE) 12.5	250	J3490	5.34
5398797	ZANTAC 300MG/D5W IVPB	250		141.63
5398811	AEROBID (FLUNISOLIDE) ORA	250	J3490	199.32
5398812	LITHIUM CARBONATE 600MGPO	250		3.58
5398822	ORTHO-DIENESTROL 0.01% 78	250	J3490	151.29
5398844	MYLICON (SIMETHICONE)(GAS	250	J3490	28.00
5398851	BACITRACIN 50,000 UNITS	250	J3490	46.75
5398855	NITROGLYCERIN 6.5MG CAPSU	250	J3490	5.34
5398856	LIDOCAINE OINTMENT DOSE	250		4.95
5398876	LIORESAL 5MG TAB	250		3.58
5398877	LASIX (FUROSEMIDE) 40MG/5	250	J3490	5.34
5398878	DURAMORPH (MS SULFATE) 10MG/10ML	636	J2270	32.50
5398879	COLACE LIQUID DOSE	250		4.95
5398882	LIDOCAINE 2% VISCOUS 20ML	250	J3490	5.50
5398883	SALINE FLUSH INJ 10ML	250		15.68
5398884	ORAMORPH SR (MORPHINE SUL	250	J3490	9.00
5398887	DIMETAPP ELIX BTL (4 OZ)	250		15.68
5398889	DILANTIN (PHENYTOIN) 125M	250	J3490	5.34
5398899	CYCLOPENTOLATE OPTH SOLN [1 %]	250	J3490	29.75
5398919	ATIVAN 2MG/1ML (LORAZEPAM	636	J2060	32.49
5398925	ABILIFY 10MG (ARIPIRAZOL	250	J3490	107.25
5398945	SEPTRA 800/160MG *IVPB* /	250	J3490	52.75
5398959	DIFLUCAN (FLUCONAZOLE) 10	250	J3490	72.00
5398979	PHENERGAN (PROMETHAZINE)	250	J3490	5.34
5398989	LIDOCAINE VISC 10CC ORAL	250		4.95
5399000	ZINC SULFATE 220MG CAPSUL	250	J3490	3.00
5399001	Vitamin D3 50,000 UNIT	250		5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5399018	ASA 5GR TAB	250		3.58
5399062	TIGAN 200MG/2ML (TRIMETHO	636	J3250	119.00
5399093	ERYTHROMYCIN OPHTH OINTME	250	J3490	20.85
5399111	TOFRANIL (IMIPRAMINE) 25M	250	J3490	5.34
5399113	BACTRIM 5CCS ORAL	250		6.20
5399121	IMODIUM 2MG (LOPERAMIDE)	250	J3490	5.34
5399222	ADALAT ER 30MG (NIFEDIPI	250	J3490	6.75
5399232	DONNAGEL 600MG/15ML	250	J3490	5.34
5399234	BUMEX (BUMETANIDE) 2MG TA	250	J3490	5.34
5399246	KEFLEX (CEPHALEXIN) 125M/	250	J3490	35.72
5399248	PREVALITE 4GM	250	J3490	12.91
5399262	PILOCARPINE 4% 15ML OPHTH	250	J3490	158.75
5399266	VANCOMYCIN 250MG LIQUID	250		37.40
5399267	BRETYLIUM TOSYLATE 50MG/1	250	J3490	116.13
5399272	NORPACE 100MG (DISOPYRAMI	250	J3490	14.50
5399287	LIBRIUM (CHLORDIAZEPOXIDE	250	J3490	7.46
5399292	MORPHINE SULFATE 2MG/1ML	636	J2270	32.49
5399300	OFIRMEV 1000MG/100ML	636	J0131	104.50
5399333	TENEX 2MG TAB	250		4.95
5399334	ASPIRIN 81MG (ENTERIC COA	250	J3490	5.34
5399347	SEPTRA 100ML BTL ORAL	250		29.15
5399348	SELENIUM SULFIDE 2.5% TOP	250	J3490	39.89
5399363	INDERAL 40MG (PROPRANOLOL	250	J3490	5.34
5399372	PREMARIN CREAM 42.5GM (CO	250	J3490	672.50
5399374	IMITREX 6MG/0.5ML (SUMATR	636	J3030	170.00
5399383	ZINC 50MG TAB	250		3.58
5399386	ATIVAN 1MG (LORAZEPAM) TA	250	J3490	7.46
5399422	CALCIUM CHLORIDE 10% (14M	250	J3490	32.75
5399424	MILK OF MAGNESIA 10ML (CO	250	J3490	5.34
5399425	MILK OF MAGNESIA 30ML	250	J3490	11.75
5399446	DYNAPEN (DICLOXACILLIN) 6	250	J3490	35.28
5399473	PREMARIN CREAM DOSE	250		8.53
5399482	PROVENTIL ORAL DOSE	250		3.58
5399494	DILANTIN 100MG (PHENYTOIN	250	J3490	5.34
5399515	COLACE 250MG (DOCUSATE SO	250	J3490	5.34
5399516	KALTOSTAT 2GM 1681-F1 TOP	250		21.73
5399517	KALTOSTAT 7.5X12 1682-F7	250		17.05
5399523	MIVACRON 2MG/1ML	250	J3490	21.76
5399524	ROMAZICON 0.5MG/5ML (FLUM	250	J3490	32.75
5399525	DUODERM TOPICAL	250		69.03
5399545	ERYTHROMYCIN SUSP BOTTLE	250		43.45
5399550	DEMADEX 10MG (TORSEMIDE)	250	J3490	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5399557	DUODERM CGF 1876-60	270		19.25
5399558	DUODERM 4X4 1876-10	270		19.25
5399559	DUODERM 4X4 1876-10	270		19.25
5399560	DUODERM CGF 1876-61	270		41.25
5399562	DUODERM CGF 1876-43	270		47.30
5399563	DUODERM 8X8 1876-20	270		41.25
5399564	DUODERM XTHIN CGF 1879-55	270		25.30
5399565	DUODERM XTHIN CGF 1879-57	270		54.45
5399566	KALTOSTAT 1682-F5 TOPICAL	250		15.68
5399570	DUODERM 8X8 BOX	270		187.55
5399571	KALTOSTAT LRG BOX TOPICAL	250		255.20
5399581	ALBALON (NAPHAZOLINE) 0.1	250	J3490	28.52
5399606	TRIAZOLAM 0.125MG TABLET	250	J3490	13.75
5399632	ISORDIL 5MG (ISOSORBIDE)	250	J3490	5.34
5399635	ENSURE CLEAR 200ML	250	J3490	5.50
5399636	NAFCILLIN 1GM *IVPB* / D5	250	J3490	132.59
5399637	CEPACOL (CETYLPYRIDINIUM	250	J3490	3.00
5399666	PENICILLIN VK 250MG/5ML 1	250	J3490	36.00
5399679	ISOPTIN SR 180MG (VERAPAM	250	J3490	7.25
5399680	PRONESTYL (PROCAINAMIDE	250	J3490	21.98
5399682	DIFLUCAN (FLUCONAZOLE) 40	636	J1450	281.75
5399684	THORAZINE (CHLORPROMAZINE	250	J3490	5.34
5399685	NOLVADEX 10MG (TAMOXIFEN)	250	J3490	9.50
5399686	MEGACE (MEGESTROL) 40MG T	250	J3490	215.92
5399687	ZOVIRAX (ACYCLOVIR) 5% 15	250	J3490	301.25
5399688	NEORAL (CYCLOSPORINE) 25M	636	J7515	5.34
5399690	ZOCOR 10MG (SIMVASTATIN)	250	J3490	14.25
5399691	TAMBOCOR 100MG TAB	250	J3490	4.13
5399692	PRIMAXIN I.V. 250MG	636	J0743	63.48
5399694	MORPHINE PF 10MG AMP	250		37.13
5399696	CIPRO IV 400MG (CIPROFLOX	250	J3490	91.50
5399699	ZOLOFT 100MG (SERTRALINE)	250	J3490	13.75
5399701	ENSURE CLEAR 296ML	637	J3490	5.34
5399727	HALDOL 1MG (HALOPERIDOL)	250	J3490	5.34
5399731	ZOLADEX 3.6MG INJ	250		508.20
5399737	MEXILETINE HCL 150MG	250	J3490	5.34
5399787	THYROID 3GR TAB	250		3.58
5399788	LABETALOL 20 MG/4 ML INJ	250		32.50
5399819	TESSALON PERLE 100MG CAP	250		3.58
5399829	KALTOSTAT 2GM TOPICAL	250		27.78
5399844	RESTORIL 7.5MG PO	250		4.13
5399877	DESYREL (TRAZODONE) 100MG	250	J3490	5.34



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
5399881	VITIMIN B COMPLEX INJ	250		16.39
5399885	MANNITOL 20% 100 GM/ 500M	250	J7799	68.75
5399888	LACTULOSE 20 GM/ 30 ML	250	J3490	5.34
5399898	AUGMENTIN 125MG/5ML (AMOX	250	J3490	120.96
5399899	BECONASE 42MCG/SPRAY (6.7	250	J3490	60.30
5399900	INSULIN NPH BOTTLE INJ	250		61.60
5399906	PANGESTYME CN-10 (PANCREL	250	J3490	5.34
5399907	DILAUDID HYDRomorphone INJ 1mg/1mL	636	J1170	32.49
5399908	DILAUDID 50MG/50ML PCA (F	636	J1170	39.75
5399909	LEVAQUIN 750MG (LEVOFLOXA	250	J3490	106.25
5399911	INDOCIN (INDOMETHACIN) 50	250	J3490	5.34
5399912	TRAZODONE 100MG TAB	250		3.58
5399921	VENTOLIN INHALER MDI 17GM	250		47.30
5399922	SUPRAX 400MG TAB	250		17.05
5399924	DEPO-MEDROL 80MG/ML (METH	636	J1040	66.25
5399925	GENTAMICIN 80MG/2ML **IM	636	J1580	21.76
5399931	LYRICA 75MG CAPSULE (PREG	250	J3490	38.25
5399933	INDOCIN (INDOMETHACIN) 25	250	J3490	5.34
5399942	PREMARIN 0.9MG TABLET	250	J3490	27.00
5399944	DUODERM CGF 6X6 BOX	250		187.55
5399945	POTASSIUM CHLORIDE INJ 40 mEq / 20 mL	636	J3480	25.00
5399949	SEPTRA 15ML IVPB	250		122.10
5399954	TESSALON (BENZONATATE) 10	250	J3490	5.34
5399955	AMPICILLIN 125MG INJ	636	J3490	21.76
5399958	ROMAZICON 1ML	250		19.80
5399967	PREPIDIL 0.5MG/3GM	250	J3490	516.51
5399977	INSULIN REG BTL INJ	250		61.60
5399983	MORPHINE 30MG/30MLPCA SYR	250		24.75
5399988	REGLAN 5MG (METOCLOPRAMID	250	J3490	5.34
5399991	BACTROBAN 2% 22GM OINTMEN	250	J3490	39.50
5399992	VERSED 1MG INJ	250		33.83
5399994	HYDROCORTISONE 1% 30GM CR	250	J3490	20.00
5399995	HYDROCORTISONE CRM 1%DOSE	250		4.95
5399997	AMPICILLIN 250MG INJ	636	J3490	21.76
5400314	ELIGARD 7.5 MG	636	J9217	739.80
5400315	Cardizem 125mg/125mL D5W	250		1.00
5400316	Cardizem 50mg/10mL vial	250		1.00
5400317	Zithromycin 500MG **IVPB**	250		188.98
5494879	MERREM (MEROPENEM) 1GM VIAL	636		105.00
5494880	morphine injection 2 mg/ml IM ONLY	636		32.49
J2250	VERSED 1MG	636	J2250	10.88
4772061	E-VIISIT NON-MD EST PT 5-10M UP TO 7DA	420	98970	50.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4772062	E-VISIT NON-MD EST PT 11-21M UP TO 7D	420	98971	90.00
4772063	E-VISIT NON-MD EST PT 21>M UP TO 7DAY	420	98972	140.00
4777010	HOT OR COLD APPL	420	97010	35.00
4777012	TRACTION MECHANICAL	420	97012	45.00
4777014	E-STIM UNATTENDED	420	97014	40.00
4777016	APPLY COMPRESSION TO AN EXTREMITY	420	97016	50.00
4777018	PARAFFIN BATH	420	97018	25.00
4777022	WHIRLPOOL	420	97022	55.00
4777032	E-STIM MANUAL 15MIN	420	97032	50.00
4777033	IONTOPHORESIS 15MIN	420	97033	75.00
4777034	CONTRAST BATH 15MIN	420	97034	45.00
4777035	ULTRASOUND 15MIN	420	97035	35.00
4777110	THER EXERCISE 15MIN	420	97110	85.00
4777112	NEURO RE-ED 15MIN	420	97112	90.00
4777116	GAIT TRAINING 15MIN	420	97116	75.00
4777124	MASSAGE THERAPY 15MIN	420	97124	70.00
4777140	MANUAL THERAPY 15MIN	420	97140	80.00
4777150	GROUP THERAPEUTIC EDUC	420	97150	55.00
4777161	PT EVALUATION LOW COMPLEXITY	424	97161	108.00
4777162	PT EVALUATION MOD COMPLEXITY	424	97162	215.00
4777163	PT EVALUATION HIGH COMPLEXITY	424	97163	323.00
4777164	PT RE-EVALUATION	424	97164	115.00
4777530	THERAPEUTIC ACT 15MIN	420	97530	90.00
4777535	HOME MANAGE TRNG 15MIN	420	97535	75.00
4777542	W/C ASSESS/TRNG 15MIN	420	97542	80.00
4777597	DEBRIDEMT 1ST 20SQCM <	420	97597	220.00
4777598	DEBRIDEMT EA ADDL 20SQCM	420	97598	90.00
4777602	NON-SELECT DEBRIDEMENT	420	97602	180.00
4777750	PHY PERFORM TEST 15MN	424	97750	85.00
4777760	ORTHOTIC MGT/TRNG 15MN	420	97760	100.00
4777761	PROSTH TRNG UE/LE 15MI	420	97761	90.00
4777762	CHECKOUT ORTHO/PRO 15M	420	97763	105.00
4777992	CANALITH REPOSITIONING	420	95992	90.00
4778966	5-10 MINS OF MEDICAL DISCUSSION	420	98966	15.00
4778967	11-20 MINS OF MEDICAL DISCUSSION	420	98967	30.00
4778968	21-31 MINS OF MEDICAL DISCUSSION	420	98968	45.00
4364178	CT UROGRAM	350	74178	4904.00
4630002	XR UPPER EXTREMITY INFANT	320	73092	358.00
4630003	XR LOWER EXTREMITY INFANT	320	73592	358.00
4630004	US SOFT TISSUE CHEST	402	76604	530.00
4630005	US SOFT TISSUE PELVIS	402	76857	729.00
4630006	US SOFT TISSUE HEAD NECK	402	76536	691.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4630007	US SOFT TISSUE ABDOMEN	402	76705	795.00
4630009	US PSEUDO ANEURYSIM	402	76936	1458.00
4630010	US FET BIOPH W NON STRESS	402	76818	782.00
4630011	US FETAL BIO WO NON STRESS	402	76819	782.00
4630012	US PREG UTERUS <14 WEEKS	402	76801	676.00
4630013	US OB TRANS VAGINAL	402	76817	836.00
4630110	XR MANDIBLE 4 VIEWS COMPLETE	320	70110	425.00
4630130	XR MASTOIDS 3 VIEWS	320	70130	243.00
4630140	XR FACIAL BONES LIMITED	320	70140	425.00
4630150	XR FACIAL BONES COMPLETE	320	70150	665.00
4630160	XR NASAL BONES	320	70160	411.00
4630190	XR OPTIC FORAMINA	320	70190	222.00
4630200	XR ORBITS	320	70200	450.00
4630210	XR PARANASAL SINUSES 1-2 VIEWS	320	70210	252.00
4630220	XR SINUSES/PRNASAL MIN 3V	320	70220	569.00
4630240	XR SELLA TURCICA	320	70240	173.00
4630250	XR SKULL AP & LAT	320	70250	305.00
4630260	XR SKULL COMPLETE	320	70260	610.00
4630279	MG TOMO DIAGNOSTIC BILATERAL	401	G0279	208.00
4630297	CT LDCT CHEST WITHOUT	350	71250	3089.00
4630330	XR TMJ RT	320	70328	252.00
4630340	XR TMJ LT	320	70328	252.00
4630350	XR TMJ BILATERAL	320	70330	291.00
4630360	XR NECK SOFT TISSUE	320	70360	186.00
4630440	CT BONE LENGTH STUDY	350	77073	665.00
4630450	CT HEAD WO CONTRAST	351	70450	2399.00
4630460	CT HEAD WITH CONTRAST	351	70460	2558.00
4630470	CT HEAD W/WO CONTRAST	351	70470	3287.00
4630480	CT ORBITS WO CONTRAST	351	70480	1616.00
4630481	CT ORBITS WITH CONTRAST	351	70481	1935.00
4630482	CT ORBITS WO/W CONTRAST	351	70482	2360.00
4630486	CT SINUSES WO CONTRAST	351	70486	1524.00
4630490	CT NECK WO CONTRAST	350	70490	2200.00
4630491	CT NECK WITH CONTRAST	350	70491	2719.00
4630492	CT NECK W/WO CONTRAST	350	70492	2797.00
4630600	DX DEXA BONE DENSITY	320	77080	331.00
4631045	XR CHEST AP / PA	320	71045	265.00
4631046	XR CHEST PT & LAT	320	71046	345.00
4631100	XR RIBS RT	320	71100	252.00
4631101	XR RIBS LT	320	71100	252.00
4631102	US SOFT TISSUE NECK	402	76536	691.00
4631110	XR RIBS BILATERAL	320	71110	465.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4631120	XR STERNUM	320	71120	438.00
4631130	XR STERNOCLAVICULAR JOINT	320	71130	151.00
4631250	CT CHEST WO CONTRAST	350	71250	3089.00
4631260	CT CHEST WITH CONTRAST	350	71260	3274.00
4631270	CT CHEST W/WO CONTRAST	350	71270	3697.00
4632020	XR SPINE SINGLE SPEC LEVEL	320	72020	196.00
4632040	XR SPINE CERVICAL 2 OR 3 VIEWS	320	72040	279.00
4632050	XR SPINE CERVICAL COMPLETE	320	72050	569.00
4632052	XR SPINE CERVICAL FLEX/EXT 6V+	320	72052	638.00
4632070	XR SPINE THORACIC 2 VIEWS	320	72070	517.00
4632072	XR SPINE THORACIC W SWIN VIEW	320	72072	530.00
4632080	XR SPINE T/L JUNCTION	320	72080	490.00
4632090	XR SCOLIOSIS VIEW	320	72082	450.00
4632100	XR SPINE LUMBAR 2 OR 3 VIEWS	320	72100	425.00
4632110	XR SPINE LUMBAR 5 VIEWS COMPLETE	320	72110	702.00
4632114	XR SPINE LUMBAR FLEX/EXT 6V+	320	72114	768.00
4632127	CT SPINE CERVICAL WO CONTRAST	350	72125	3036.00
4632128	CT SPINE THORACIC WO CONTRAST	350	72128	2638.00
4632129	CT SPINE THORACIC WITH CONTRAST	350	72129	3012.00
4632130	CT SPINE THORACIC WO/W CONTRAST	352	72130	3616.00
4632131	CT SPINE LUMBAR WO CONTRAST	350	72131	2678.00
4632132	CT SPINE LUMBAR WITH CONTRAST	350	72132	2730.00
4632170	XR PELVIS	320	72170	385.00
4632190	XR PELVIS 3 VIEWS	320	72190	450.00
4632191	CT BONY PELVIS FOR FRACTURE	350	72192	2703.00
4632192	CT PELVIS WO CONTRAST	350	72192	2703.00
4632193	CT PELVIS WITH CONTRAST	350	72193	3089.00
4632202	XR SI JOINTS 3 VIEWS	320	72202	411.00
4632220	XR SACRUM AND COCCYX	320	72220	477.00
4633000	XR CLAVICLE RT	320	73000	345.00
4633003	XR CLAVICLE LT	320	73000	345.00
4633010	XR SCAPULA RT	320	73010	425.00
4633015	XR SCAPULA LT	320	73010	425.00
4633020	XR SHOULDER 1 VIEW RT	320	73020	305.00
4633023	XR SHOULDER 1 VIEW LT	320	73020	305.00
4633030	XR SHOULDER 2 VIEWS RT	320	73030	411.00
4633032	XR SHOULDER 2 VIEWS LT	320	73030	411.00
4633050	XR AC JOINT RT	320	73050	450.00
4633060	XR HUMERUS RT	320	73060	358.00
4633063	XR HUMERUS LT	320	73060	358.00
4633070	XR ELBOW 2 VIEWS RT	320	73070	345.00
4633073	XR ELBOW 2 VIEWS LT	320	73070	345.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4633080	XR ELBOW 3 VIEWS RT	320	73080	411.00
4633083	XR ELBOW 3 VIEWS LT	320	73080	411.00
4633090	XR FOREARM RT	320	73090	371.00
4633093	XR FOREARM LT	320	73090	371.00
4633100	XR WRIST 2 VIEWS RT	320	73100	371.00
4633103	XR WRIST 2 VIEWS LT	320	73100	371.00
4633110	XR WRIST 3 VIEWS RT	320	73110	371.00
4633113	XR WRIST 3 VIEWS LT	320	73110	371.00
4633120	XR HAND 2 VIEWS RT	320	73120	318.00
4633123	XR HAND 2 VIEWS LT	320	73120	318.00
4633130	XR HAND 3 VIEWS RT	320	73130	385.00
4633133	XR HAND 3 VIEWS LT	320	73130	385.00
4633140	XR FINGER THUMB LT	320	73140	291.00
4633142	XR FINGER 2ND DIGIT LT	320	73140	291.00
4633144	XR FINGER 3RD DIGIT LT	320	73140	291.00
4633146	XR FINGER 4TH DIGIT LT	320	73140	291.00
4633148	XR FINGER 5TH DIGIT LT	320	73140	291.00
4633150	XR FINGER THUMB RT	320	73140	291.00
4633152	XR FINGER 2ND DIGIT RT	320	73140	291.00
4633154	XR FINGER 3RD DIGIT RT	320	73140	291.00
4633156	XR FINGER 4TH DIGIT RT	320	73140	291.00
4633158	XR FINGER 5TH DIGIT RT	320	73140	291.00
4633200	CT LT UPPER EXT WO CONTRAST	350	73200	2319.00
4633201	CT RT UPPER EXT WO CONTRAST	350	73200	2319.00
4633202	CT RT UPPER EXT WITH CONTRAST	350	73201	2711.00
4633205	CT RT UPPER EXT WO/W CONTRAST	350	73202	3314.00
4633206	CT LT UPPER EXT WITH CONTRAST	350	73201	2711.00
4633207	CT LT UPPER EXT WO/W CONTRAST	350	73202	3314.00
4633510	XR HIP 2 VIEWS LT	320	73502	358.00
4633513	XR HIP 2 VIEWS RT	320	73502	358.00
4633550	XR FEMUR LT	320	73552	438.00
4633551	US PELVIC LIMITED	402	76857	729.00
4633553	XR FEMUR RT	320	73552	438.00
4633560	XR KNEE 2 VIEWS RT	320	73560	318.00
4633562	XR KNEE 3 VIEWS RT	320	73562	517.00
4633563	XR KNEE 2 VIEW LT	320	73560	318.00
4633567	XR KNEE 3 VIEWS LT	320	73562	517.00
4633570	XR HIPS BILATERAL	320	73521	504.00
4633571	XR KNEE 4 VIEWS RT	320	73564	517.00
4633573	XR KNEE 4 VIEWS LT	320	73564	517.00
4633590	XR TIBIA/FIBULA RT	320	73590	411.00
4633593	XR TIBIA FIBULA LT	320	73590	411.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4633600	XR ANKLE 2 VIEWS RT	320	73600	331.00
4633603	XR ANKLE 2 VIEWS LT	320	73600	331.00
4633610	XR ANKLE 3 VIEWS RT	320	73610	385.00
4633613	XR ANKLE 3 VIEWS LT	320	73610	385.00
4633620	XR FOOT 2 VIEWS RT	320	73620	318.00
4633623	XR FOOT 2 VIEWS LT	320	73620	318.00
4633630	XR FOOT 3 VIEWS RT	320	73630	385.00
4633633	XR FOOT 3 VIEWS LT	320	73630	385.00
4633650	XR OS CALCIS HEEL RT	320	73650	238.00
4633653	XR OSCALSIS HEEL LT	320	73650	238.00
4633656	XR AC JOINT LT	320	73050	450.00
4633660	XR TOE GREAT TOE LT	320	73660	291.00
4633661	XR TOE 2ND DIGIT LT	320	73660	291.00
4633662	XR TOE 3RD DIGIT LT	320	73660	291.00
4633663	XR TOE 4TH DIGIT LT 3 VIEWS	320	73660	291.00
4633664	XR TOE 5TH DIGIT LT	320	73660	291.00
4633665	XR TOE GREAT TOE RT	320	73660	291.00
4633666	XR TOE 2ND DIGIT RT	320	73660	291.00
4633667	XR TOE 3RD DIGIT RT	320	73660	291.00
4633668	XR TOE 4TH DIGIT RT	320	73660	291.00
4633669	XR TOE 5TH DIGIT RT	320	73660	291.00
4633701	CT LT LOWER EXT WITH CONTRAST	350	73701	2519.00
4633702	CT RT LOWER EXT WO CONTRAST	350	73700	2161.00
4633704	CT RT LOWER EXT WITH CONTRAST	350	73701	2519.00
4633705	CT LT LOWER EXT WO CONTRAST	350	73700	2161.00
4633706	CT LT LOWER EXT WO/W CONTRAST	350	73702	3314.00
4633708	CT RT LOWER EXT WO/W CONTRAST	350	73702	3314.00
4633880	US CAROTIDS	921	93880	1007.00
4633964	US UPPER EXT VENOUS BILATERAL	921	93970	2121.00
4633965	US LOWER EXT VENOUS LT	921	93971	1060.00
4633966	US UPPER EXT VENOUS RT	921	93971	1060.00
4633967	US UPPER EXT VENOUS LT	921	93971	1060.00
4633968	US ANKLE BRACHIAL INDEX	402	93922	265.00
4633970	US LOWER EXT VENOUS RT	921	93971	1060.00
4633971	US LOWER EXT VENOUS BILATERAL	921	93970	2121.00
4633972	US LOWER EXT ARTERY BILATERAL	402	93925	2121.00
4633974	US UPPER EXT ARTERY RT	921	93931	756.00
4633975	US UPPER EXT ARTERY LT	921	93931	756.00
4633977	US LOWER EXT ARTERY LIMITED RT	921	93926	955.00
4633978	US LOWER EXT ARTERY LIMITED LT	921	93926	955.00
4633984	US BREAST COMPLETE RT	402	76641	450.00
4633985	US BREAST COMPLETE LT	402	76641	450.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4633986	US BREAST LIMITED RT	402	76642	450.00
4633987	US BREAST LIMITED LT	402	76642	450.00
4634018	XR ABDOMEN / KUB 1 VIEW	320	74018	358.00
4634019	XR ABDOMEN 2 VIEWS	320	74019	465.00
4634021	XR ABDOMEN AP/OBLIQUE/CONE VIEWS	320	74021	517.00
4634022	XR ABDOMEN 3 VIEWS ACUTE	320	74022	517.00
4634150	CT ABDOMEN WO CONTRAST	350	74150	3048.00
4634160	CT ABDOMEN WITH CONTRAST	350	74160	3486.00
4634170	CT ABDOMEN WO/W CONTRAST	350	74170	3605.00
4634178	CT UROGRAM	350	74178	4904.00
4634194	CT PELVIS WO/W CONTRAST	350	72194	3314.00
4634195	CT ABD/PELVIS WITH CONTRAST	350	74177	4640.00
4634196	CT ABD PELVIS WO CONTRAST	350	74176	3976.00
4634197	CT ABD/PELVIS WO/W CONTRAST	350	74178	4904.00
4634198	CT RENAL STONE PROTOCOL	350	74176	3976.00
4634220	XR ESOPHAGRAM	320	74220	702.00
4634240	XR UPPER GIS W/O KUB	320	74240	809.00
4634250	XR SMALL BOWEL STUDY	320	74250	756.00
4634270	XR BARIUM ENEMA	320	74270	809.00
4634280	XR BARIUM ENEMA WITH AIR	320	74280	1020.00
4634400	XR IVP	320	74400	901.00
4634455	XR CYSTOGRAM	320	74430	734.00
4634456	XR VOIDING CYSTOGRAM	320	74455	364.00
4635821	XR VENOGRAM UNLATERAL RT	320	75820	376.00
4635822	XR VENOGRAM UNLATERAL LT	320	75820	376.00
4635823	XR VENOGRAM BILATERAL	320	75822	497.00
4636062	XR BONE SURVEY COMPLETE	320	77075	665.00
4636065	XR BONE SURVEY INFANT	320	77076	376.00
4636069	MG MAMMOGRAM UNILAT LT	401	77065	416.00
4636087	MG MAMMOGRAM CONE DOWN LT	401	77065	416.00
4636088	MG MAMMOGRAM CONE DOWN RT	401	77065	416.00
4636089	MG MAMMOGRAM CONE DOWN BILAT	401	77066	434.00
4636090	MG MAMMOGRAM UNILAT RT	401	77065	416.00
4636091	MG MAMMOGRAM BILATERAL	401	77066	468.00
4636536	US THYROID	402	76536	691.00
4636605	US CHEST	402	76604	530.00
4636664	US ABDOMEN PARACENTESIS LTD	402	76705	795.00
4636700	US ABDOMEN COMPLETE	402	76700	1020.00
4636705	US ABDOMEN SINGLE ORGAN	402	76705	795.00
4636770	US KIDNEY	402	76770	888.00
4636805	US PREG UTERUS >14 WEEKS	402	76805	490.00
4636810	US REPEAT FETAL AGE	402	76816	269.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4636830	US TRANSVAGINAL	402	76830	465.00
4636856	US IUD COMPLETE	402	76856	795.00
4636870	US TESTICLE	402	76870	928.00
4636878	US EXTREMITY NON VASCULAR COMPLET	402	76881	569.00
4636879	US EXTREMITY NON VASCULAR LIMITED	402	76882	425.00
4636880	US LOWER EXT ARTERY RT	921	93926	955.00
4636883	US LOWER EXT ARTERY LT	921	93926	955.00
4636885	US FEMORAL ARTERY BILATERAL	921	93925	1193.00
4636886	US INFANT HIPS	402	76886	397.00
4636887	US INFANT HIPS W DR MANIPULATION	402	76885	580.00
4636942	US GUIDANCE FOR NEEDLE PLACEMENT	402	76942	843.00
4637004	US LIVER	402	76705	795.00
4637005	US PANCREAS	402	76705	795.00
4637006	US PELVIC NON OB COMPLETE	402	76856	795.00
4637008	US RETROPERIT COMPLETE	402	76770	888.00
4637009	US SPLEEN	402	76705	795.00
4637010	US URINARY BLADDER COMPLETE	402	76856	795.00
4637063	MG TOMO SCREENING BILATERAL	403	77063	156.00
4637064	MG TOMO SCREENING BILAT IMPLANTS	403	77063	156.00
4637067	MG MAMMOGRAM SCREENING BREAST IM	403	77067	447.00
4638888	XR SPINE THORACIC MIN 4 VIEWS	320	72074	596.00
4639000	US DOPP ECHO W COLOR FLOW	483	93306	836.00
4639200	XR FLUOROSCOPY UP TO 1 HOUR	320	76000	265.00
4639478	MAMMO SPECIMEN	401	76098	314.00
4639479	MG MAMMOGRAM SCREENING	403	77067	447.00
4639501	CT MAXILLOFACIAL WITH CONTRAST	351	70487	2253.00
4639502	CT MAXILLOFACIAL WO/W CONTRAST	351	70488	3021.00
4639503	CTA HEAD	351	70496	3472.00
4639504	CTA NECK	351	70498	3287.00
4639505	CTA CHEST PE PROTOCOL	350	71275	3711.00
4639506	CT SPINE CERVICAL WITH CONTRAST	352	72126	3181.00
4639507	CT SPINE CERVICAL WO/W CONTRAST	352	72127	3616.00
4639508	CT SPINE LUMBAR WO/W CONTRAST	350	72133	3616.00
4639509	CTA PELVIS	350	72191	4242.00
4639510	CTA AORTO BIFEMORAL	350	75635	3578.00
4639511	CTA UPPER EXTREMITY	350	73206	4242.00
4639512	CTA LOWER EXTREMITY LT	350	73706	1637.00
4639513	CTA ABDOMEN	350	74175	4108.00
4639514	CTA LOWER EXTREMITY RT	350	73706	1637.00
4639517	XR BONE AGE STUDY	320	77072	177.00
4639518	CT MAXILLOFACIAL WO CONTRAST	351	70486	1524.00
4639519	CTA THORACIC AORTA	350	71275	3711.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4639520	CTA ABDOMEN / PELVIS	350	74174	6166.00
4639521	US RENAL ARTERY/ VENOUS	402	93975	904.00
10001	OFFICE PROCEDURE SIMPLE	521		200.00
10002	OFFICE PROCEDURE MODERATE	521		300.00
10060	I & D OF ABSCESS	521	10060	200.00
11055	PARING WART/CALUS EACH	521	11055	100.00
11200	SKIN TAG REMOVAL TO 15	521	11200	155.00
11301	SHAVING,EPI DERMAL LESION 0.6 TO 1.0 C	521	11301	130.00
11420	EXCISION BENIGN < .5CM	521	11420	200.00
11421	EXCISION BENIGN .6 TO 1CM	521	11421	225.00
11720	DEBRIDE NAIL 1-5	521	11720	75.00
11721	DEBRIDE NAILS 6 OR MORE	521	11721	80.00
11730	NAIL AVULSION	521	11730	150.00
11750	NAIL REMOVAL	521	11750	200.00
11981	IMPLANT INSERTION	521	11981	150.00
11982	IMPLANT REMOVAL	521	11982	175.00
11983	IMPLANT REMOVAL&REINSERTION	521	11983	250.00
12001	SMPL SCLP,NECK,TRNK TO2.5	521	12001	180.00
12002	SMPL SCLP,NCK,TRNK 2.6CM TO 7.5CM	521	12002	215.00
12011	SIMPLE FACE LAC UP TO 2.5	521	12011	200.00
12013	SIMPL FACE LAC 2.6CM TO 7.5CM	521	12013	210.00
12031	INTRM SCLP,NCK,TRNK TO2.5	521	12031	250.00
12032	INTRM SCLP,NCK,TRNK 2.6CM TO 7.5CM	521	12032	275.00
12041	SUR NCK,HNDS,FEET TO 2.5	521	12041	250.00
12042	SRG NCK,HND,FT, 2.6CM TO 7.5CM	521	12042	300.00
12051	INTERM FACE LAC UP TO 2.5	521	12051	280.00
12052	INTERM FACE LAC 2.6CM TO 5.0CM	521	12052	300.00
16000	BURN LOCAL CARE 1ST DEGRE	521	16000	130.00
16020	BURN DRESSING SMALL LESS THEN 5%	521	16020	150.00
16025	BURN DRESSING MEDIUM LESS 5% TO 10	521	16025	190.00
17000	CRYO BENIGN LESION 1ST	521	17000	150.00
17003	CRYO BENIGN ADD 2-14	521	17003	80.00
17110	EXCISION FLAT WART UP TO 14 LESIONS	521	17110	150.00
20552	TRIGGER POINT INJECTION 1 OR 2 MUSCL	521	20552	75.00
29105	SPLINT APPLY LONG ARM	521	29105	130.00
29125	SPLINT APPLY FOREARM	521	29125	115.00
29130	SPLINT APPLY FINGER	521	29130	75.00
29505	SPLINT APPLY LONG LEG	521	29505	150.00
29515	SPLINT APPLY SHORT LEG	521	29515	125.00
57170	DIAPHRAGM FIT	521	57170	50.00
58300	IUD INSERTION	521	58300	150.00
58301	IUD REMOVAL	521	58301	175.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
65205	FOREIGN BODY REMOVAL EYE	521	65205	100.00
69210	REMOVAL OF IMPACTED CERUMEN W/INS	521	69210	90.00
86580	TB SKIN TEST	300	86580	140.00
90460	1ST IMMUNIZATION <19 YR W/CONSEL	771	90460	100.00
90461	2ND IMMUNIZATION <19 YR W/CONSEL	771	90461	20.00
90471	IMMUNIZATION ADMIN 1 VACC	771	90471	100.00
90472	2ND DOSE IMMUN ADMIN VACC	771	90472	20.00
90474	IMMUN ADMIN ORAL/NASAL	771	90474	20.00
90632	HEP A VACCINE ADULT	636	90632	120.00
90633	HEP A (0-19YRS) VACCINE	636	90633	75.00
90647	HIB INJECTION	636	90647	60.00
90649	HPV GARDASIL VACCINE	636	90649	200.00
90655	INFLUENZA 6-35 MO	636	90655	50.00
90658	INFLUENZA VACCINE	636	90658	42.00
90660	INFLUENZA INTRANASAL	636	90660	55.00
90680	ROTAVIRUS VACCINE ORAL	636	90680	145.00
90696	DTAP/IPV KINRIX VACCINE AGES 4-6	636	90696	110.00
90700	DTAP INJECTION YOUNGER THAN 7 YEAR:	636	90700	60.00
90707	MMR INJECTION	636	90707	115.00
90710	MMR/V PROQUAD	636	90710	275.00
90713	POLIOVIRUS INJECTION	636	90713	70.00
90715	TDAP VACCINE 7 YEARS OR OLDER	636	90715	80.00
90716	VARICELLA INJECTION	636	90716	170.00
90723	DTAP/HEPB/IPV PEDIARIX	636	90723	160.00
90732	PNEUMOVAX INJECTION 2 YEARS OR OLD	636	90732	150.00
90733	MENINGOCOCCAL VACCINE	636	90733	180.00
90736	ZOSTER (SHINGLES)	636	90736	200.00
90744	HEP B (0-19YRS) INJECTION	636	90744	65.00
90746	HEP B (20+YRS) INJECTION	636	90746	135.00
90748	HEP B/HIB COMVAX	636	90756	100.00
92551	4 TONE AUDIOSCREEN	521	92551	100.00
94640	NEBULIZER TREATMENT	521	94640	75.00
95115	ALLERGY INJECTION	521	95115	42.00
96372	THERAPEUTIC INJECTION SUB-Q/ IM	521	96372	60.00
99173	VISION SCREEN	521	99173	100.00
99202	NEW PATIENT OUTPT VISIT LEVEL 2	521	99202	180.00
99203	NEW PATIENT OUTPT VISIT LEVEL 3	521	99203	200.00
99204	NEW PATIENT OUTPT VISIT LEVEL 4	521	99204	220.00
99205	NEW PATIENT OUTPT VISIT LEVEL 5	521	99205	240.00
99211	EST PATIENT OUTPT VISIT LEVEL 1	521	99211	40.00
99212	EST PATIENT OUTPT VISIT LEVEL 2	521	99212	165.00
99213	EST PATIENT OUTPT VISIT LEVEL 3	521	99213	185.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
99214	EST PATIENT OUTPT VISIT LEVEL 4	521	99214	205.00
99215	EST PATIENT OUTPT VISIT LEVEL 5	521	99215	225.00
99341	HOME VISIT NEW PT LOW SEV	521	99341	200.00
99342	HOME VISIT NEW PT MOD SEV	521	99342	220.00
99343	HOME VISIT NEW PT HI SEV	521	99343	240.00
99347	HOME VISIT EST PT LOW SEV	521	99347	180.00
99348	HOME VISIT EST PT MOD SEV	521	99348	200.00
99349	HOME VISIT EST PT HI SEV	521	99349	220.00
99381	NEW PT WELL CHILD 0-1 YR	521	99381	200.00
99382	NEW PT WELL CHILD 1-4 YR	521	99382	200.00
99383	NEW PT WELL CHILD 5-11 YR	521	99383	200.00
99384	NEW PT ADOLESCENT 12-17YR	521	99384	200.00
99385	NEW PT YOUNG ADULT 18-39	521	99385	225.00
99386	NEW PT ADULT 40-64 YRS	521	99386	250.00
99387	NEW PT ADULT 65YR AND UP	521	99387	275.00
99391	ESTAB WELL CHILD 0-1 YR	521	99391	185.00
99392	ESTAB WELL CHILD 1-4 YRS	521	99392	185.00
99393	ESTAB WELL CHILD 5-11YRS	521	99393	185.00
99394	ESTAB ADOLESCENT 12-17 YR	521	99394	185.00
99395	ESTAB YOUNG ADULT 18-39YR	521	99395	210.00
99396	ESTAB ADULT 40-64 YRS	521	99396	260.00
99397	ADULT PHYSICAL 65YRS>	521	99397	260.00
99421	ONLINE E&M 5-10 MIN	521	99421	186.00
99422	ONLINE E&M 11-20 MIN	521	99422	186.00
99423	ONLINE E&M 21+ MIN	521	99423	186.00
99441	NON-FACE-FACE AUDIO 5-10 MIN	521	99441	186.00
99442	NON-FACE-FACE AUDIO 11-20 MIN	521	99442	186.00
99443	NON-FACE-FACE AUDIO 20+ MIN	521	99443	186.00
99450	BASIC LIFE/DISABLE EVAL	521	99450	185.00
99455	WORK RELATED/MED DISABLE	521	99455	225.00
4080315	SURGICAL TRAY	521	99070	130.00
4080552	HEP A (O-19) VACCINE	636	90633	75.00
4083000	TELEHEALTH ORIG SITE	521	Q3014	36.00
0001A	PFIZER 1ST DOSE	521	0001A	16.00
0002A	PFIZER 2ND DOSE	521	0002A	28.00
0011A	MODERNA 1ST DOSE	521	0011A	16.00
0012A	MODERNA 2ND DOSE	521	0012A	28.00
0031A	JANSSEN COVID-19 VACCINE	521	0031A	30.00
11976UA	IMPLANT REMOVAL SUPPLIES	521	11976	25.00
58300UA	IUD INSERTION SUPPLIES	521	58300	25.00
58301UA	IUD REMOVAL SUPPLIES	521	58301	25.00
81003QW	RHC UA DIPSTICK	300	81003	30.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
81025QW	RHC PREGNANCY URINE	300	81025	75.00
82272QW	RHC HEMOCCULT BLD	300	82272	40.00
82947QW	RHC BLOOD GLUCOSE QUANTITATIVE	300	82947	55.00
85014QW	RHC HEMATOOCRIT	300	85014	35.00
99401U6	FP INDIVIDL EDUC&COUN 15'	521	99401	20.00
99402U6	FP INDIVIDL EUC&COUN 30'	521	99402	40.00
99403U6	FP INDIVIDL EDUC&COUN 45'	521	99403	60.00
A4269	SPERM GEL/JELLY/FOAM/CRM	521	A4269	12.00
A42692	SPERMACIDAL VAGINAL FILM	521	A4269	12.50
A42693	SPERMACIDAL SPONGE	521	A4269	17.00
D2931	CROWN STAINLESS STEEL PER	521	D2931	125.00
D7285	BIOPSY ORAL TISSUE HARD	521	D7285	150.00
J1055	DEPO PROVERA INJ UNITS	521	J1050	120.00
J7300	IUD PARAGARD	636	J7300	1200.00
J7302	IUD MIRENA	636	J7298	900.00
J7307	NEXPLANON IMPLANT	636	J7307	750.00
J7613	ALBUTEROL	521	J7613	10.00
Q0090	IUD SKYLA	636	J7301	750.00
S9445	FP PT EDU-NONPHYSICIAN	521	S9445	15.00
S9446	FP GRP EDUCATION& COUNSEL	521	S9446	15.00
4080005	LIMITED RE-EVAL EST PT	521	D0170	175.00
D0120	PERIODIC ORAL EVAL EST PT	521	D0120	175.00
D0140	LIMITED ORAL EVAL - FOCUSED	521	D0140	180.00
D0145	ORAL EVAL UNDER 3 YRS	521	D0145	170.00
D0150	COMP ORAL EVAL NEW OR EST	521	D0150	200.00
D0160	COMPRHSV PERIO EVAL NEW OR EST	521	D0160	200.00
D0180	COMP PERIODONTAL EVAL	521	D0180	165.00
D0210	XRAY INTRAORAL - COMPLETE	521	D0210	100.00
D0220	XRAY INTRAORAL PERIAPICAL FIRST FILM	521	D0220	25.00
D0230	ININXRAY INTRAORAL PERIAPICAL - EA AC	521	D0230	10.00
D0240	XRAY INTRAORAL - OCCLUSAL	521	D0240	25.00
D0270	XRAY BITEWING - SINGLE	521	D0270	25.00
D0272	XRAY BITEWING - 2 FILMS	521	D0272	50.00
D0273	XRAY BITEWINGS 3 FILMS	521	D0273	55.00
D0274	XRAY BITEWING - 4 FILMS	521	D0274	65.00
D0601	CARIES RISK ASSESSMT LOW RISK	521	D0601	25.00
D0602	CARIES RISK ASSESSMT MOD RISK	521	D0602	35.00
D0603	CARIES RISK ASSESSMT HIGH RISK	521	D0603	45.00
D1110	PROPHYLAXIS - ADULT	521	D1110	200.00
D1120	PROPHYLAXIS - CHILD	521	D1120	175.00
D1208	TOPICAL APPLICTN FLUORIDE	521	D1208	50.00
D1310	NUTRITIONAL COUNSEL DENTAL DX	521	D1310	10.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
D1320	TOBACCO COUNSEL DENTAL DX	521	D1320	10.00
D1330	ORAL HYGIENE INSTRUCTION	521	D1330	25.00
D1351	SEALANT - PER TOOTH	521	D1351	50.00
D2140	AMALGAM - 1 SURFACE	521	D2140	60.00
D2150	AMALGAM - 2 SURFACES	521	D2150	70.00
D2160	AMALGAM - 3 SURFACES	521	D2160	80.00
D2161	AMALGAM - 4 OR MORE SURFACES	521	D2161	90.00
D2330	RESIN - 1 SURFACE, ANTERIOR	521	D2330	100.00
D2331	RESIN - 2 SURFACES, ANTERIOR	521	D2331	110.00
D2332	RESIN - 3 SURFACES, ANTERIOR	521	D2332	120.00
D2335	RESIN - 4+ INV. INCISAL ANGLE	521	D2335	130.00
D2390	RESIN COMPOSITE CROWN, ANT.	521	D2390	90.00
D2391	RESIN COMPOSITE - 1 SURF, POST.	521	D2391	60.00
D2392	RESIN COMPOSITE - 2 SURF, POST.	521	D2392	65.00
D2393	RESIN COMPOSITE - 3 SUR, POST.	521	D2393	75.00
D2394	RESIN COMPOSITE - 4+ SURF, POST.	521	D2394	90.00
D2910	RECEMENT INLAY	521	D2910	65.00
D2920	RECEMENT CROWN	521	D2920	70.00
D3220	PULPOTOMY	521	D3220	150.00
D4341	SCALING & RT PLANING >4 TTH/QD	521	D4341	100.00
D4342	SCALING & ROOT PLANING 1-3 TTH/QD	521	D4342	100.00
D4346	SCALING IN PRESENCE OF GENERALIZED	521	D4346	165.00
D4355	FULL MOUTH DEBRIDE TO ENABLE EVAL	521	D4355	100.00
D4940	PERIODONTAL MAINTENANCE	521	D4910	50.00
D6930	RECEMENT FIXED PARTIAL DENTURE	521	D6930	100.00
D7140	EXTRACTION ERUPTED TOOTH	521	D7140	80.00
D7210	SURGICAL REMOVAL ERUPTED TOOTH	521	D7210	160.00
D7220	IMPACTED TOOTH REMOVAL - SOFT	521	D7220	200.00
D7230	IMPACTED TOOTH REMOVAL - PART BONY	521	D7230	175.00
D7240	IMPACTED TOOTH REMOVAL - BONY	521	D7240	250.00
D7241	IMPACTED TOOTH REMOVAL - COMPLICATED	521	D7241	300.00
D7286	BIOPSY ORAL TISSUE - SOFT	521	D7286	50.00
D7510	I/D INTRAORAL SOFT TISSUE	521	D7510	100.00
D7520	I/D EXTRAORAL SOFT TISSUE	521	D7520	125.00
D9110	PALLIATIVE TX OF DENTAL PAIN	521	D9110	90.00
90785	PSYCH INTERACTIVE COMPLEX	521	90785	7.14
90791	PSYCHIATRIC EVAL NO MED	521	90791	250.00
90792	PSYCHIATRY DIAG EVAL	900	90792	250.00
90832	PSYCHOTHERAPY 30 MINUTES	900	90832	120.00
90833	PHYCHIATRY 30 MINUTES	900	90833	160.00
90834	PSYCHOTHERAPY 45 MINUTES	900	90834	180.00
90836	PSYCHIATRY 45 MINUTES	900	90836	103.10



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
90837	PSYCHOTHERAPY 60 MINUTES	900	90837	240.00
90838	PSYCHIATRY 60 MINUTES	900	90838	320.00
90839	PSYCHOTHERAPY CRISIS FIRST 60 MIN	900	90839	168.90
90840	PSYCHOTHERAPY EA 30 MIN	900	90840	74.48
90846	FAMILY THERAPY W/O PT	900	90846	126.00
90847	FAMILY THERAPY WITH PTTIME 50 MINUT	900	90847	157.50
Q3014	TELEHEALTH ORIG SITE	521	Q3014	36.00
4720486	MDI INSTRUCT	410	94664	17.00
4720492	OXYGEN DAILY	270		86.00
4720496	FLUTTER/PD&P TX INT	410	94667	81.00
4720655	VENOUS PH BLOOD GAS	300	82800	54.00
4720657	ABG	300	82803	310.00
4720665	EZ PAP TX	410	94640	93.00
4720668	NEB TX SUB	410	94640	93.00
4720669	SPUTUM INDUCEMENT	410	94640	30.00
4720676	PULSE OX, SINGLE	410	94760	113.00
4720698	INCENT SPIRO INSTRUCT	460	94150	51.00
4720699	CARBOXYHEMOGLOBIN	410	82375	78.00
4720703	ESOPHAGEAL AIRWAY	270		189.00
4720717	NEB TX CONT 1ST HR	410	94644	60.00
4720718	NEB TX CONT SUB HR	410	94645	93.00
4720719	FLUTTER/PD&P TX SUB	410	94668	60.00
4720740	ET TUBE HOLDER	272		55.00
4720743	HOLTER MONITORING SET-UP	731	93225	174.00
4720800	VENT MGMT INPAT, INIT DAY	460	94002	2306.00
4720801	VENT MGMT INPAT, SUBQ DAY	460	94003	2306.00
4720804	PULSE OX, CONT	460	94762	386.00
4724010	SPIROMETRY W/GRAPHIC RECORD	460	94010	120.00
4724060	SPIROMETRY PRE-AND POST-BRONCHOD	460	94060	198.00
4724375	RESPIRATORY FLOW VOLUME LOOP	460	94375	130.00
4724684	EKG RESP	730	93005	168.00
4724727	GAS OR WASHOUT	460	94727	136.00
4724729	DIFFUSING CAPACTIY	460	94729	175.00
4726600	ARTERIAL PUNCTURE	460	36600	63.00
4729641	CARDIO STRESS TEST TREADMILL-RESP	482	93017	1205.00
3560001	SWING BED	101		2080.00
3580001	LTC STANDARD SEMIPRIVATE	101		720.00
3580002	LTC SKILLED SEMIPRIVATE	101		1600.00
3580003	LTC STANDARD PRIVATE	101		720.00
3580004	LTC SKILLED PRIVATE	101		1700.00
3580009	LOA BED HOLD	180		700.00
4782061	E-VIISIT NON-MD EST PT 5-10M UP TO 7DA	440	G2061	50.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4782062	E-VISIT NON-MD EST PT 11-21M UP TO 7D	440	98971	90.00
4782063	E-VISIT NON-MD EST PT 21>M UP TO 7DAY	440	98972	140.00
4782507	SPEECH TX 30MIN	440	92507	190.00
4782517	SPEECH TX 45MIN	440	92507	285.00
4782521	SPEECH EVAL-FLUENCY 30MIN	444	92521	240.00
4782522	SPEECH EVAL-SOUND 30MIN	444	92522	240.00
4782523	SPEECH EVAL-REC/EXP 30MIN	444	92523	240.00
4782524	SPEECH EVAL-VOICE/RES 30M	444	92524	240.00
4782525	SWALLOW EVAL 30MIN	444	92610	240.00
4782526	SWALLOW TX 30MIN	440	92526	190.00
4782527	SPEECH TX 60MIN	440	92507	380.00
4782531	SPEECH EVAL-FLUENCY 45MIN	444	92521	360.00
4782532	SPEECH EVAL-SOUND 45MIN	444	92522	360.00
4782533	SPEECH EVAL-REC/EXP 45MIN	444	92523	360.00
4782534	SPEECH EVAL-VOICE/RES 45M	444	92524	360.00
4782535	SWALLOW EVAL 45MIN	444	92610	360.00
4782536	SWALLOW TX 45MIN	440	92526	285.00
4782541	SPEECH EVAL-FLUENCY 60MIN	444	92521	480.00
4782542	SPEECH EVAL-SOUND 60MIN	444	92522	480.00
4782543	SPEECH EVAL-REC/EXP 60MIN	444	92523	480.00
4782544	SPEECH EVAL-VOICE/RES 60M	444	92524	480.00
4782545	SWALLOW EVAL 60MIN	444	92610	480.00
4782546	SWALLOW TX 60MIN	440	92526	380.00
4788966	5-10 MINS OF MEDICAL DISCUSSION	440	98966	15.00
4788967	11-20 MINS OF MEDICAL DISCUSSION	440	98967	30.00
4788968	21-31 MINS OF MEDICAL DISCUSSION	440	98968	45.00
4420001	ABD WALL RECONSTRUCT 3.5	360		1743.00
4420002	ADJ TISSUE TRNSFR&REAR2.5	360		872.00
4420003	EGD	360		2812.00
4420004	STANDARD LENS	276		787.00
4420005	EGD COMPLEX	360		3375.00
4420006	EGD AND COLONOSCOPY COMBO	360		4867.00
4420007	CAPSULECTOMY 1.0	360		900.00
4420008	CARTILEGE GRAFT 1.0	360		900.00
4420009	CERVICOPLASTY 1.0	360		900.00
4420010	EGD AND COLONOSCOPY COMBO COMPL	360		5949.00
4420011	CHIN IMPLANT 1.5	360		843.00
4420012	DERMABRASION 1.0	360		787.00
4420013	ENCOSCOPIC FOREHEAD 2.0	360		1687.00
4420014	EYELID LESION EXCISION 1	360		478.00
4420015	EYELID RECONSTRUC UNL 1.5	360		647.00
4420016	EYELID RECONSTRUC BIL 1.5	360		843.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4420017	FOREHEAD & BROW LIFT 1.5	360		928.00
4420018	FREE SKIN GRAFT 1.5	360		843.00
4420019	FRENOPLASTY 1.0	360		563.00
4420020	HAIR TRANSPLANT 1.5	360		1238.00
4420021	IN&EXCIS OF BGN/MAL LES 1	360		619.00
4420022	INSRT/RMV/REPC TIS EXP1.5	360		815.00
4420023	INTERDENTAL FIXATION 1.5	360		815.00
4420024	LIP RECONSTRUCTON 1.0	360		619.00
4420025	LIPOSUCTION 1 AREA 1.0	360		703.00
4420026	LIPOSUCTION 2 AREAS 2.0	360		759.00
4420027	LIPOSUCTION 3 AREAS 3.0	360		900.00
4420028	LIPOSUCTION 4 AREAS 4.0	360		1012.00
4420029	MAMMOPLASTY REDUC BIL 2.5	360		872.00
4420030	MAMMOPLASTY AUGMENTAT 2.5	360		984.00
4420031	MANDIBLE FRAC/OPN REDC1.5	360		1012.00
4420032	MASTOPEXY 2.0	360		1040.00
4420033	MINI TUMMY TUCK-PRT EXC2.	360		900.00
4420034	MYOCUTANEOUS FLAPS 1.0	360		1097.00
4420035	NASAL RECST.RHINOPLAS 2.0	360		1125.00
4420036	NASAL/SEPTAL FRAC CLD 1.0	360		815.00
4420037	NASAL/SEPTAL FRAC OPN 2.0	360		928.00
4420038	OTOPLASTY 1.0	360		1040.00
4420039	PEDICLE FLAPS 1.0	360		1097.00
4420040	PERIPROSTHETIC CAPSUL 1.0	360		928.00
4420041	RECONSTRUC OF MOUTH DEF 2	360		928.00
4420042	REDUC GENIOPLASTY 2.0	360		1040.00
4420043	RHINOPLASTY 4.0	360		1125.00
4420044	RHYTIDECTOMY 5.5	360		1238.00
4420045	RHYTIDECTOMY W/BIL BIEP 5	360		1490.00
4420046	RHYTIDECTOMY W/ BROW LFT4	360		1490.00
4420047	RHY W/BRW LFT&BIL BLEP5.5	360		1715.00
4420048	SCALP REDUCTION 1.5	360		843.00
4420049	SCAR REVISION 1.5	360		956.00
4420050	SEPTEPLASTY 1.5	360		1153.00
4420051	TARSORRHAPHY 1.0	360		281.00
4420052	THIGHPLASTY 2.0	360		1097.00
4420053	TURBINATE EXCISION 1.5	360		759.00
4420054	VERMILLIONECTOMY BIL 1.0	360		619.00
4420055	VERMILLIONECTOMY UNIL 1.0	360		535.00
4420056	EACH HR AFT STATED TIME	360		394.00
4420061	PICC INSERT W/O PORT	360	36569	2027.00
4420062	PICC INSERT W/PORT	360	36571	1707.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4420104	YAG LASER TREATMENT	761	66821	742.00
4420110	OR PROCEDURE ROOM	761		241.00
4420220	OP TREATMENT ROOM	761		337.00
4420321	MINOR OR 15 MIN	361		541.00
4420339	MINOR OR 1ST HR	361		2163.00
4420437	MAJOR OR 1ST HR	360		4326.00
4420444	MAJOR OR 15 MIN	360		1082.00
4420445	RECOVERY 1ST HR	710		450.00
4420900	SURGERY 1HR	360		652.00
4420901	SURGERY 1.5 HR	360		675.00
4420902	SURGERY 2 HR	360		731.00
4420903	SURGERY 2.5 HR	360		787.00
4420904	SURGERY 3 HR	360		843.00
4420905	SURGERY 3.5 HR	360		900.00
4420906	SURGERY 4 HR	360		956.00
4420907	SURGERY 4.5 HR	360		1012.00
4420908	SURGERY 5 HR	360		1069.00
4420909	SURGERY 5.5 HR	360		1125.00
4420910	SURGERY 6 HR	360		1687.00
4421000	COLONOSCOPY FLX DX W OR W/O SPEC (	360	45378	2812.00
4421001	COLONOSCOPY - COMPLEX	360		3375.00
4421002	PHLEBOTOMY	260	99195	214.00
4421003	PROFESSIONAL FEE LEVEL 1	975		811.00
4421004	PROFESSIONAL FEE LEVEL 2	975		1622.00
4421005	PROFESSIONAL FEE LEVEL 3	975		2704.00
4421006	PROFESSIONAL FEE LEVEL 4	975		3786.00
4421010	INFUSION 1ST HR	260	96365	428.00
4421011	INFUSION EACH ADD HR	260	96366	118.00
4421012	THER/PROPH/DIAG INJ SQ/IM	260	96372	135.00
4423210	TIF PROCEDURE	360	43210	8320.00
4423235	EGD DIAGNOSTIC BRUSH WASH	975	43235	426.00
4423239	EGD BIOPSY SINGLE/MULTIPLE	975	43239	480.00
4423246	EGD PLACE GASTROSTOMY TUBE	975	43246	691.00
4423247	EGD FLEXIBLE FOREIGN BODY REMOVAL	975	43247	532.00
4423249	EGD BALLOON DILATION ESOPHAGUS <3C	975	43249	682.00
4423251	EGD REMOVE LESION SNARE	975	43251	616.00
4423260	RECOVERY 15 MIN	710		112.00
4424204	LAPAROSCOPY COLECTOMY PARTIAL W//	975	44204	5177.00
4424213	LAPS MOBILSPLENIC FLXR PFRMD W/PRT	975	44213	632.00
4424389	COLONOSCOPY STOMA W/BIOPSY SINGLE	975	44389	937.00
4424394	COLONOSCOPY W/SNARE	975	44394	782.00
4424970	LAPAROSCOPIC APPENDECTOMY PROFEI	975	44970	2024.00



HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4425331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/	975	45331	250.00
4425338	SGMDSC FLX RMVL TUM POLYP/OTH LES	975	45338	418.00
4425378	DIAGNOSTIC COLONOSCOPY PROFEE	975	45378	641.00
4425380	COLONOSCOPY W/BIOPSY SINGLE/MULTI	975	45380	698.00
4425381	COLSC FLX WITH DIRECTED SUBMUCOSA	975	45381	698.00
4425385	COLONOSCOPY W/LESION REMOVAL	975	45385	596.00
4425388	COLONOSCOPY W/ABLATION	975	45388	883.00
4426255	REMOVE INT/EXT HEM 1 GROUP	975	46255	1206.00
4426260	REMOVE IN/EX HEM GROUPS 2+	975	46260	1621.00
4426945	REMOVE BY LIGAT INT HEM GRP	975	46260	783.00
4426946	REMOVE BY LIGAT INT HEM GRPS	975	46946	778.00
4427562	LAPAROSCOPIC CHOLECYSTECTOMY PR	975	47562	2213.00
4428660	LAPAROSCOPY W/LYSIS OF ADHESIONS	975	58660	3116.00
4429000	EXPLORATION OF ABDOMEN	975	49000	2590.00
4429221	INITIAL HOSPITAL CARE/DAY 1 PROFEE	975		216.00
4429222	INITIAL HOSPITAL CARE/DAY 2 PROFEE	975		433.00
4429231	SBSQ HOSPITAL CARE/DAY 1 PROFEE	975		216.00
4429232	SBSQ HOSPITAL CARE/DAY 2 PROFEE	975		433.00
4429233	SBSQ HOSPITAL CARE/DAY 35 MINUTES	975	99233	350.00
4429238	HOSPITAL DISCHARGE DAY 1 PROFEE	975		216.00
4429239	HOSPITAL DISCHARGE DAY 2 PROFEE	975		433.00
4429252	CONSULTATION 1 PROFEE	975		216.00
4429253	CONSULTATION 2 PROFEE	975		416.00
4429320	LAPS ABD PRTM&OMENTUM DX W/WO SP	975	49320	1103.00
4429352	CHEMICAL PEEL 1.0	360		872.00
4429353	BUTTOCK LIFT 1.0	360		872.00
4429354	BRACHIOPLASTY 3.0	360		1069.00
4429355	BIEPHAROPLASTY U OR L 1.0	360		956.00
4429356	BIEPHAROPLASTY UP&LW 2.0	360		984.00
4429505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDU	975	49505	1752.00
4429507	RPR 1ST INGUN HRNA AGE 5 YRS/> INCAR	975	49507	1972.00
4429520	RPR RECRT INGUINAL HERNIA ANY AGE R	975	49520	2124.00
4429521	REREPAIR ING HERNIA BLOCKED	975	49521	2406.00
4429560	REPAIR FIRST ABDOMINAL WALL HERNIA	975	49560	2478.00
4429561	RPR 1ST INCAL/VNT HERNIA INCARCERAT	975	49561	2251.00
4429568	IMPLANT MESH OPN HERNIA RPR/DEBRID	975	49568	892.00
4429585	UMBILICAL HRNA 5 YRS/> REDUCIBLE	975	49585	1504.00
4429587	RPR UMBILICAL HERNIA AGE 5 YRS/> INC/	975	49587	1604.00
4429650	LAP ING HERNIA REPAIR INIT PROFEE	975	49650	1448.00
4429651	LAP ING HERNIA REPAIR RECUR PROFEE	975	49651	1874.00
4429800	DEBRIDEMENT DRG CHARGE <20CM	761	97597	764.00
4429801	WOUND WET/DRY	761	97602	405.00



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

HOSPITAL PRICE LIST

Charge Code	Description	Revenue Code	Procedure Code	Rate
4439570	RPR EPIGASTRIC HERNIA REDUCIBLE SP>	975	49570	1411.00