

Children's Mercy

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The information provided below is a list of standard charges associated with select Shoppable Services provided by Children's Mercy, including professional services, at our hospital-based locations. Shoppable services are those that can be scheduled in advance and the list includes, where applicable, customary ancillary services associated with the shoppable service. Our hospital-based locations include: Children's Mercy Adele Hall Campus, Children's Mercy Blue Valley, Children's Mercy Broadway, Children's Mercy College Boulevard, Children's Mercy East, Children's Mercy Hospital Kansas, Children's Mercy Northland and The Don Chisholm Center. Hospital charges listed are averages and are based on the cost of providing patient care, including both direct and indirect costs. Direct costs include things like staff, supplies and equipment whereas indirect costs include items like building expenses, utilities, and other administrative services that support the business of the hospital as these services cannot be separately charged. If comparing Children's Mercy's shoppable services to other hospitals, it is important to recognize Children's Mercy employs most of our physicians and advanced practice providers. Thus, our shoppable service prices include professional fees in most instances whereas professional fees may be billed separately at other institutions. Standard charges are estimates and subject to change. Prices may vary and depend on additional factors such as location of service(s), health and acuity of the patient and by unknown or unforeseen circumstances that would change the type, length and intensity of care at the time of pricing estimation. Pharmacy-related prices may vary with changes in dose, volume or product selected due to tiered charge structure. Weighted average is calculated from charges posted during prior 12 months. Current pricing may be different due to changes in average wholesale price or other variables. Lab-related prices may vary with changes in the performing laboratory, number of tests, complexity and other variables. Additionally, labs and specimens sent to outside vendors for processing may have other associated, variable costs. Prices are based on weighted average calculated from charges posted during prior 12 months. To confirm individual payment responsibilities and remaining deductible balances or for questions regarding your specific insurance coverage, contact your insurance company directly. If you have additional questions or to contact our financial teams, please visit our website: <https://www.childrensmercy.org/your-visit/billing-and-insurance/contact-us/>.

Shoppable Service Category	Shoppable Service Charge Description	Service Classification	Revenue Code	DRG/CPT/HCPCS Code	Number of HCPCS Units	NDC Code	Gross Charge	Self Pay Price
Chemotherapy Administration:								
	CHEMOTHERAPY, SUBCUTANEOUS OR INTRAMUSCULAR					96401		
	CHEMO SQ/IM	CHEMOTHERAPY ADMIN	331	96401			\$415.00	\$199.20
	CHEMOTHERAPY, IV PUSH 15 MIN OR LESS					96409		
	CHEMO IV PUSH 15 MIN OR LESS	CHEMOTHERAPY ADMIN	331	96409			\$567.00	\$272.16
	CHEMOTHERAPY, IV PUSH ADDL DRUG					96411		
	CHEMO IV PUSH ADDL DRUG	CHEMOTHERAPY ADMIN	331	96411			\$306.00	\$146.88
	CHEMOTHERAPY, INFUSION 16-90 MIN					96413		
	CHEMOTHERAPY INF 16-90 MIN	CHEMOTHERAPY ADMIN	335	96413			\$736.00	\$353.28
	CHEMOTHERAPY, INFUSION FOR EACH ADDL HR UP TO 8					96415		
	CHEMOTHERAPY INF FOR EACH ADDL HR UP TO 8	CHEMOTHERAPY ADMIN	335	96415			\$160.00	\$76.80
	CHEMOTHERAPY, INFUSION MORE THAN 8 HRS					96416		
	CHEMO MORE THAN 8 HRS	CHEMOTHERAPY ADMIN	335	96416			\$741.00	\$355.68
	CHEMOTHERAPY, INFUSION EACH ADDITIONAL SEQUENTIAL INFUSION 31+ TO HOUR					96417		
	CHEMO EA ADDL SEQ INF 31+ TO HOUR	CHEMOTHERAPY ADMIN	335	96417			\$356.00	\$170.88
	CHEMOTHERAPY, INTRATHECAL W/ LP					96450		
	CHEMO INTRATHECAL W/ LP BMT	CHEMOTHERAPY ADMIN	331	96450			\$421.00	\$202.08
	CHEMOTHERAPY, INJECTION VIA SQ RESERVOIR					96542		
	CHEMO INJ VIA SQ RESERVOIR FAC BMT	CHEMOTHERAPY ADMIN	331	96542			\$222.00	\$106.56
Evaluation & Management Services:								
	PSYCHOTHERAPY, 30 MIN.					90832		
	PSYTX PT&/FAMILY 30 MINUTES	PRO FEE	960	90832			\$169.00	\$81.00
	PSYCHOTHERAPY, 45 MIN.					90834		
	PSYTX PT&/FAMILY 45 MINUTES	PRO FEE	960	90834			\$220.00	\$106.00
	PSYCHOTHERAPY, 60 MIN.					90837		
	PSYTX PT&/FAMILY 60 MINUTES	PRO FEE	960	90837			\$324.00	\$156.00
	FAMILY PSYCHOTHERAPY, NOT INCLUDING PATIENT 50 MIN.					90846		
	EATING DISORDER FAMILY THER WO PT 50 MIN	BEHAVIORAL HEALTH	915	90846			\$512.00	\$245.76
	FAMILY THERAPY WO PT 50 MIN PROF	PRO FEE	960	90846			\$261.00	\$125.00
	FAMILY PSYCHOTHERAPY, INCLUDING PATIENT 50 MIN.					90847		
	FAMILY THERAPY W PT	PRO FEE	960	90847			\$277.00	\$133.00
	GROUP PSYCHOTHERAPY					90853		
	EATING DISORDER GROUP THER NOT MULTI FAMILY EAT	BEHAVIORAL HEALTH	915	90853			\$211.00	\$101.28
	NEW PATIENT OUTPATIENT VISIT (LEVEL 2)					99202		
	OFFICE/OUTPATIENT VISIT NEW LVL 2 PROF	PRO FEE	960	99202			\$169.00	\$81.00

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	NEW PATIENT OUTPATIENT VISIT (LEVEL 3)							
	OFFICE/OUTPATIENT VISIT NEW LVL 3 PROF	PRO FEE	960	99203			\$240.00	\$115.00
	NEW PATIENT OUTPATIENT VISIT (LEVEL 4)							
	OFFICE/OUTPATIENT VISIT NEW LVL 4 PROF	PRO FEE	960	99204			\$366.00	\$176.00
	NEW PATIENT OUTPATIENT VISIT (LEVEL 5)							
	OFFICE/OUTPATIENT VISIT NEW LVL 5 PROF	PRO FEE	960	99205			\$460.00	\$221.00
	ESTABLISHED PATIENT OUTPATIENT VISIT (LEVEL 1)							
	OFFICE/OUTPT VISIT EST LVL 1	PRO FEE	960	99211			\$50.00	\$24.00
	ESTABLISHED PATIENT OUTPATIENT VISIT (LEVEL 2)							
	OFFICE/OUTPT VISIT EST LVL 2	PRO FEE	960	99212			\$100.00	\$48.00
	ESTABLISHED PATIENT OUTPATIENT VISIT (LEVEL 3)							
	OFFICE/OUTPT VISIT EST LVL 3	PRO FEE	960	99213			\$165.00	\$79.00
	ESTABLISHED PATIENT OUTPATIENT VISIT (LEVEL 4)							
	OFFICE/OUTPT VISIT EST LVL 4	PRO FEE	960	99214			\$241.00	\$116.00
	ESTABLISHED PATIENT OUTPATIENT VISIT (LEVEL 5)							
	OFFICE/OUTPT VISIT EST LVL 5	PRO FEE	960	99215			\$323.00	\$155.00
	PATIENT OFFICE CONSULTATION (LEVEL 1)							
	OFFICE CONSULTATION LVL 1 PROF	PRO FEE	960	99241			\$118.00	\$57.00
	PATIENT OFFICE CONSULTATION (LEVEL 2)							
	OFFICE CONSULTATION LVL 2 PROF	PRO FEE	960	99242			\$222.00	\$107.00
	PATIENT OFFICE CONSULTATION (LEVEL 3)							
	OFFICE CONSULTATION LVL 3 PROF	PRO FEE	960	99243			\$304.00	\$146.00
	PATIENT OFFICE CONSULTATION (LEVEL 4)							
	OFFICE CONSULTATION LVL 4 PROF	PRO FEE	960	99244			\$454.00	\$218.00
	PATIENT OFFICE CONSULTATION (LEVEL 5)							
	OFFICE CONSULTATION LVL 5 PROF	PRO FEE	960	99245			\$554.00	\$266.00
	NEW PATIENT PREVENTIVE MEDICINE EVALUATION (UNDER 1 YEAR)							
	INIT PM E/M NEW PAT INF UNDER 1 YR	PRO FEE	960	99381			\$275.00	\$132.00
	NEW PATIENT PREVENTIVE MEDICINE EVALUATION (1-4 YEARS)							
	INIT PM E/M NEW PAT 1-4 YRS	PRO FEE	960	99382			\$287.00	\$138.00
	NEW PATIENT PREVENTIVE MEDICINE EVALUATION (5-11 YEARS)							
	PREV VISIT NEW AGE 5-11	PRO FEE	960	99383			\$299.00	\$144.00
	NEW PATIENT PREVENTIVE MEDICINE EVALUATION (12-17 YEARS)							
	PREV VISIT NEW AGE 12-17	PRO FEE	960	99384			\$337.00	\$162.00

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	NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)							
	PREV VISIT NEW AGE 18-39	PRO FEE	960	99385			\$326.00	\$156.00
	NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)							
	*** SERVICE NOT OFFERED BY THE HOSPITAL ***							
	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION (UNDER 1 YEAR)							
	PER PM REEVAL EST PAT INF UNDER 1 YR	PRO FEE	960	99391			\$247.00	\$119.00
	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION (1-4 YEARS)							
	PREV VISIT EST AGE 1-4	PRO FEE	960	99392			\$264.00	\$127.00
	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION (5-11 YEARS)							
	PREV VISIT EST AGE 5-11	PRO FEE	960	99393			\$263.00	\$126.00
	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION (12-17 YEARS)							
	PREV VISIT EST AGE 12-17	PRO FEE	960	99394			\$288.00	\$138.00
	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)							
	PREV VISIT EST AGE 18-39	PRO FEE	960	99395			\$295.00	\$142.00
	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)							
	*** SERVICE NOT OFFERED BY THE HOSPITAL ***							
Laboratory & Pathology Services:								
	AEROBIC IDENTIFICATION- MALTDI TOF							
	AEROBIC ID MALTDI TOF	LABORATORY	306	87077			\$81.00	\$38.88
	ALBUMIN SERUM							
	ALBUMIN SERUM CMH	LABORATORY	301	82040			\$47.00	\$22.56
	AMYLASE							
	AMYLASE MAIN	LABORATORY	301	82150			\$61.00	\$29.28
	ANTIBODY SCREEN							
	ANTIBODY SCREEN	LABORATORY	302	86885			\$139.00	\$66.72
	AUTOMATED URINALYSIS TEST							
	URINALYSIS WITHOUT MICRO	LABORATORY	307	81003			\$30.00	\$14.40
	AUTOM URINALYSIS WO MICRO	PRO FEE	960	81003			\$27.00	\$13.00
	BASIC METABOLIC PANEL							
	BASIC METABOLIC PANEL MAIN	LABORATORY	301	80048			\$80.00	\$38.40
	BLOOD GAS (PH P02 PC02)							
	BLOOD GAS (PH P02 PC02)	LABORATORY	301	82803			\$185.00	\$88.80
	BLOOD GASES WITH O2 SAT							
	BLOOD GASES WITH O2 SAT CMH	LABORATORY	301	82805			\$473.00	\$227.04

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	BLOOD TEST, CLOTTING TIME							
	PROTIME	LABORATORY	305	85610			\$38.00	\$18.24
	BLOOD TEST, THYROID STIMULATING HORMONE							
	TSH (THYROID STIMUL HORMONE) MAIN	LABORATORY	301	84443			\$159.00	\$76.32
	BLOOD TYPE-ABO							
	BLOOD TYPE-ABO	LABORATORY	300	86900			\$159.00	\$76.32
	BLOOD TYPE-RH							
	BLOOD TYPE-RH	LABORATORY	302	86901			\$135.00	\$64.80
	C REACTIVE PROTEIN							
	C REACTIVE PROTEIN MAIN	LABORATORY	302	86140			\$49.00	\$23.52
	CHLAMYDIA TRACHOMATIS							
	CHLAMYDIA TRACHOMATIS PCR	LABORATORY	306	87491			\$313.00	\$150.24
	CHLORIDE BLOOD							
	CHLORIDE BLOOD CMH	LABORATORY	301	82435			\$44.00	\$21.12
	COAGULATION ASSESSMENT BLOOD TEST							
	PTT PARTIAL THROMBOPLAST TIME	LABORATORY	305	85730			\$57.00	\$27.36
	COMPLETE BLOOD COUNT, AUTOMATED							
	CBC HEMA	LABORATORY	305	85027			\$61.00	\$29.28
	COMPLETE BLOOD COUNT, WITH DIFFERENTIAL, AUTOMATED							
	CBC W/AUTO DIF HEMA CMH	LABORATORY	305	85025			\$74.00	\$35.52
	COMPREHENSIVE METABOLIC PANEL							
	COMP METABOLIC PANEL CMH	LABORATORY	301	80053			\$100.00	\$48.00
	CPK (CREATINE PHOSPHOKINASE)							
	CPK (CREATINE PHOSPHOKINASE) MAIN	LABORATORY	301	82550			\$62.00	\$29.76
	CREATININE URINE							
	CREATININE URINE CHEM MAIN	LABORATORY	301	82570			\$49.00	\$23.52
	CROSSMATCH ELECTRONIC							
	CROSSMATCH ELECTRONIC	LABORATORY	302	86923			\$696.00	\$334.08
	CULTURE REFLEX THROAT							
	CULTURE REFLEX THROAT	LABORATORY	306	87081			\$67.00	\$32.16
	CULTURE/BACTERIAL BLOOD							
	CULTURE/BACT BLOOD	LABORATORY	306	87040			\$104.00	\$49.92
	CULTURE/BACTERIAL URINE							
	CULTURE/BACT URINE	LABORATORY	306	87086			\$81.00	\$38.88

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	EPSTEIN BARR VIRUS								
		EPSTEIN BARR VIRUS PCR	LABORATORY	306	87799			\$382.00	\$183.36
	FERRITIN SERUM								
		FERRITIN SERUM MAIN	LABORATORY	301	82728			\$129.00	\$61.92
	FLU PCR FIRST 2								
		FLU PCR FIRST 2	LABORATORY	306	87502			\$264.00	\$126.72
	FREE THYROXINE								
		FREE T4 MAIN	LABORATORY	301	84439			\$85.00	\$40.80
	GAMMA GLUTAMYL TRANSFERASE								
		GGT MAIN	LABORATORY	301	82977			\$68.00	\$32.64
	HEMOGLOBIN A1C								
		HEMOGLOBIN A1C CMH	LABORATORY	301	83036			\$92.00	\$44.16
	IGA TOTAL IMMUNOGLOBULIN.1								
		IGA TOTAL IMMUNOGLOBULIN.1	LABORATORY	301	82784			\$88.00	\$42.24
	IONIZED CALCIUM								
		IONIZED CALCIUM MAIN	LABORATORY	301	82330			\$130.00	\$62.40
	IRON SERUM								
		IRON SERUM MAIN	LABORATORY	301	83540			\$61.00	\$29.28
	KIDNEY FUNTION PANEL								
		RENAL PROFILE	LABORATORY	301	80069			\$82.00	\$39.36
	LACTATE DEHYDROGENASE								
		LDH LACTIC DEHYDROGENASE MAIN	LABORATORY	301	83615			\$57.00	\$27.36
	LACTIC ACID								
		LACTIC ACID MAIN	LABORATORY	301	83605			\$104.00	\$49.92
	LEAD LEVEL								
		LEAD LEVEL	LABORATORY	301	83655			\$122.00	\$58.56
	LIPASE								
		LIPASE MAIN	LABORATORY	301	83690			\$65.00	\$31.20
	LIPID PROFILE								
		LIPID PROFILE MAIN	LABORATORY	301	80061			\$127.00	\$60.96
	LIVER FUNCTION PANEL								
		HEPATIC FUNCTION PANEL	LABORATORY	301	80076			\$77.00	\$36.96
	MAGNESIUM MAIN								
		MAGNESIUM MAIN	LABORATORY	301	83735			\$63.00	\$30.24
	MANUAL DIFFERENTIAL								
		MANUAL DIFFERENTIAL	LABORATORY	305	85007			\$34.00	\$16.32
	MANUAL URINALYSIS TEST WITH MICROSCOPE								
		URINALYSIS WITH MICROSCOPIC CMH	LABORATORY	307	81001			\$30.00	\$14.40
		AUTOM URINE DIP W MICRO	PRO FEE	960	81001			\$36.00	\$17.00

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		OBSTETRIC BLOOD TEST PANEL				80055			
		*** SERVICE NOT OFFERED BY THE HOSPITAL ***				80055			
		PHOSPHOROUS INORGANIC				84100			
		PHOSPHOROUS INORGANIC MAIN	LABORATORY	301	84100			\$45.00	\$21.60
		PROSTATE SPECIFIC ANTIGEN				84153			
		PROSTATE SPECIFIC ANTIGEN	LABORATORY	301	84153			\$215.00	\$103.20
		PROTEIN URINE TOTAL				84156			
		PROTEIN URINE TOTAL MAIN	LABORATORY	301	84156			\$35.00	\$16.80
		RESP VIRUS				87631			
		RESP VIRUS PCR 3-5	LABORATORY	306	87631			\$294.00	\$141.12
		RETICULOCYTE COUNT				85046			
		RETICULOCYTE COUNT HEMA	LABORATORY	305	85046			\$53.00	\$25.44
		RVP PANEL B PERTUSSIS				87798			
		RVP PANEL B PERTUSSIS PCR	LABORATORY	306	87798			\$313.00	\$150.24
		RVP PANEL C PNEUMONIAE				87486			
		RVP PANEL C PNEUMONIAE PCR	LABORATORY	306	87486			\$313.00	\$150.24
		RVP PANEL M PNEUMONIAE				87581			
		RVP PANEL M PNEUMONIAE PCR	LABORATORY	306	87581			\$313.00	\$150.24
		SEDIMENTATION RATE AUTOMATED				85652			
		SEDIMENTATION RATE AUTOMATED	LABORATORY	305	85652			\$26.00	\$12.48
		STREP RAPID ASSAY				87430			
		STREP RAPID ASSAY CMH	LABORATORY	306	87430			\$151.00	\$72.48
		TISSUE TRANSGLUTAMINASE IGA				83516			
		TISSUE TRANSGLUTAMINASE IGA	LABORATORY	301	83516			\$116.00	\$55.68
		TRIGLYCERIDES				84478			
		TRIGLYCERIDES MAIN	LABORATORY	301	84478			\$54.00	\$25.92
		UCG URINE (PREGNANCY TEST)				81025			
		UCG URINE	LABORATORY	307	81025			\$73.00	\$35.04
		URIC ACID				84550			
		URIC ACID MAIN	LABORATORY	301	84550			\$43.00	\$20.64
		URINALYSIS W/O MICROSCOPIC				81003			
		URINALYSIS W/O MICROSCOPIC	LABORATORY	307	81003			\$21.00	\$10.08
		VITAMIN D (25 HYDROXY D3)				82306			
		VITAMIN D (25 HYDROXY D3)	LABORATORY	301	82306			\$264.00	\$126.72
		WHOLE BLOOD POTASIUUM				84132			
		WHOLE BLOOD POTASIUUM	LABORATORY	301	84132			\$44.00	\$21.12
Pharmaceuticals:									
		ALBUTEROL 0.083% INHALATION SOLUTION 3 ML				J7613			
		ALBUTEROL 0.083% INHALATION SOLUTION 3 ML	PHARMACY	250	J7613		2.5 00487-9501-01	\$22.03	\$10.57

Children's Mercy

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	ALBUTEROL HFA 90 MCG/PUFF INHALER 8 GM			J3535				
	ALBUTEROL HFA 90 MCG/PUFF INHALER 8 GM	PHARMACY	250	J3535	1	00173-0682-24	\$69.85	\$33.53
	AMPICILLIN 20 MG/ML IN NS INJE			J0290				
	AMPICILLIN 20 MG/ML IN NS INJE	PHARMACY	250	J0290	0.04	00781-3409-95	\$2.25	\$1.08
	CALCIUM CARB 1250 MG/5ML (100 MG/ML ELEM CALCIUM) SUSPENSION							
	CALCIUM CARB 1250 MG/5ML (100 MG/ML ELEM CALCIUM) SUSPENSION	PHARMACY	250			00054-3117-63	\$8.18	\$3.93
	CEFAZOLIN 100MG/ML INJE IN NS (STANDARD)			J0690				
	CEFAZOLIN 100MG/ML INJE IN NS (STANDARD)	PHARMACY	250	J0690	0.2	00143-9983-03	\$1.67	\$0.80
	CEFEPIME 40 MG/ML INJE IN D5W (STANDARD)			J0692				
	CEFEPIME 40 MG/ML INJE IN D5W (STANDARD)	PHARMACY	250	J0692	0.08	60505-6147-04	\$6.43	\$3.09
	CHLORHEXIDINE GLUCONATE 0.12% MOUTHWASH 15 ML CUP			J8499				
	CHLORHEXIDINE GLUCONATE 0.12% MOUTHWASH 15 ML CUP	PHARMACY	250	J8499	1	68094-0028-61	\$34.36	\$16.49
	CHLOROTHIAZIDE 250 MG/5 ML SUSPENSION			J8499				
	CHLOROTHIAZIDE 250 MG/5 ML SUSPENSION	PHARMACY	250	J8499	1	65649-0311-12	\$12.07	\$5.79
	CHOLECALCIFEROL 400 INTL UNITS/ML (1 ML SYRINGE)							
	CHOLECALCIFEROL 400 INTL UNITS/ML (1 ML SYRINGE)	PHARMACY	250			50383-0917-50	\$14.12	\$6.78
	CLONIDINE 0.02 MG/ML LIQUID			J8499				
	CLONIDINE 0.02 MG/ML LIQUID	PHARMACY	250	J8499	1	00228-2128-10	\$10.79	\$5.18
	DEXMEDETOMIDINE 4 MCG/ML			J3490				
	OR - DEXMEDETOMIDINE 4 MCG/ML	PHARMACY	250	J3490	1	00409-1638-02A	\$40.81	\$19.59
	DEXTROSE 5% - NS 1000 ML			J7042				
	DEXTROSE 5% - NS 1000 ML	PHARMACY	250	J7042	2	00338-0089-04	\$92.22	\$44.27
	DEXTROSE 5% - NS WITH KCL 20 MEQ/LITER 1000 ML			J3490				
	DEXTROSE 5% - NS WITH KCL 20 MEQ/LITER 1000 ML	PHARMACY	250	J3490	1	00338-0803-04	\$124.64	\$59.83
	DEXTROSE 5% IN WATER 250 ML			J7070				
	DEXTROSE 5% IN WATER 250 ML	PHARMACY	250	J7070	0.25	00338-0017-02	\$83.83	\$40.24
	DIPHENHYDRAMINE 50 MG/ML INJE (1 ML VIAL)			J1200				
	DIPHENHYDRAMINE 50 MG/ML INJE (1 ML VIAL)	PHARMACY	250	J1200	1	00641-0376-25	\$35.61	\$17.09
	DIPHENHYDRAMINE 50 MG/ML INJE (1 ML VIAL)			J1200				
	DIPHENHYDRAMINE 50 MG/ML INJE (1 ML VIAL)	PHARMACY	250	J1200	1	63323-0664-01	\$50.75	\$24.36
	DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS ADSORBED / HEPATITIS B / INACTIVATED POLIO			90723				
	DTAP/IPV/HEP B 0.5 ML	PHARMACY	250	90723	1	58160-0811-52A	\$168.73	\$80.99
	DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS ADSORBED / INACTIVATED POLIOVIRUS VACCINI			90696				
	DTAP/IPV 0.5ML	PHARMACY	636	90696	1	58160-0812-11A	\$120.08	\$57.64
	DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE, ADSORBED 0.5 ML			90700				
	DTAP 0.5 ML (PEDIATRIC) (INFANRIX)	PHARMACY	636	90700	1	58160-0810-11A	\$70.13	\$33.66
	FENTANYL *50* MCG/ML INJE (2 ML VIAL) *RXSTATION*			J3010				
	FENTANYL *50* MCG/ML INJE (2 ML VIAL) *RXSTATION*	PHARMACY	250	J3010	1	00409-9094-22	\$35.67	\$17.12

Children's Mercy

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	FENTANYL 50 MCG/ML (2 ML VIAL)			J3010				
	OR - FENTANYL 50 MCG/ML (2 ML VIAL)	PHARMACY	250	J3010	1	00409-9094-22A	\$11.94	\$5.73
	FERROUS SULFATE 75 MG/1 ML (15MG/ML ELEM IRON) LIQUID							
	FERROUS SULFATE 75 MG/1 ML (15MG/ML ELEM IRON) LIQUID	PHARMACY	250			50383-0627-50	\$12.46	\$5.98
	FUROSEMIDE 10 MG/1 ML ORAL SYRINGE			J8499				
	FUROSEMIDE 10 MG/1 ML ORAL SYRINGE	PHARMACY	250	J8499	1	00054-3294-50B	\$16.08	\$7.72
	FUROSEMIDE 10 MG/ML INJE* (4 ML VIAL)			J1940				
	FUROSEMIDE 10 MG/ML INJE* (4 ML VIAL)	PHARMACY	250	J1940	2	00409-6102-04	\$51.74	\$24.84
	GABAPENTIN 250 MG/5 ML LIQUID			J8499				
	GABAPENTIN 250 MG/5 ML LIQUID	PHARMACY	250	J8499	1	59762-5025-01	\$7.42	\$3.56
	HAEMOPHILUS B CONJUGATE VACCINE 0.5 ML			90647				
	HIB 0.5 ML (PEDVAXHIB)	PHARMACY	636	90647	1	00006-4897-00A	\$73.54	\$35.30
	HEP A PEDIATRIC 720 UNITS/0.5 ML			90633				
	HEP A PEDIATRIC 720 UNITS/0.5 ML	PHARMACY	636	90633	1	58160-0825-11A	\$84.04	\$40.34
	HEP A PEDIATRIC 720 UNITS/0.5 ML			90633				
	HEP A PEDIATRIC 720 UNITS/0.5 ML	PHARMACY	636	90633	1	58160-0825-52A	\$78.95	\$37.90
	HUMAN PAPILLOMAVIRUS 9-VALENT VACCINE, RECOMBINANT, PRESERVATIVE FREE 0.5 ML			90651				
	HPV 0.5 ML 9-VALENT	PHARMACY	250	90651	1	00006-4119-03A	\$426.78	\$204.85
	HUMAN PAPILLOMAVIRUS 9-VALENT VACCINE, RECOMBINANT, PRESERVATIVE FREE 0.5 ML			90651				
	HPV 0.5 ML 9-VALENT	PHARMACY	250	90651	1	00006-4121-02A	\$439.96	\$211.18
	INFLUENZA FLULAVAL QUAD 0.5 ML			90686				
	INFLUENZA FLULAVAL QUAD 0.5 ML	PHARMACY	636	90686	1	19515-0906-52A	\$56.64	\$27.19
	INFLUENZA FLUCELVAX QUAD 0.5 ML			90674				
	INFLUENZA FLUCELVAX QUAD 0.5ML	PHARMACY	636	90674	1	70461-0319-03A	\$64.43	\$30.93
	KETOROLAC 15 MG/ML INJE (1 ML VIAL)			J1885				
	KETOROLAC 15 MG/ML INJE (1 ML VIAL)	PHARMACY	250	J1885	1	63323-0161-01	\$53.11	\$25.49
	LEVETIRACETAM 100 MG/ML LIQUID			J8499				
	LEVETIRACETAM 100 MG/ML LIQUID	PHARMACY	250	J8499	1	51991-0651-16	\$9.70	\$4.66
	LORAZEPAM 1 MG/0.5 ML ORAL SYRINGE			J8499				
	LORAZEPAM 1 MG/0.5 ML ORAL SYRINGE	PHARMACY	250	J8499	1	00054-3532-44A	\$20.02	\$9.61
	MEASLES, MUMPS, AND RUBELLA AND VARICELLA VIRUS VACCINE 0.5 ML			90710				
	MMRV 0.5 ML	PHARMACY	636	90710	1	00006-4171-00A	\$388.64	\$186.55
	MEASLES, MUMPS, AND RUBELLA VACCINE, PRESERVATIVE FREE 0.5 ML			90707				
	MMR 0.5 ML	PHARMACY	636	90707	1	00006-4681-00B	\$165.85	\$79.61
	MULTIVITAMIN W/IRON LIQUID 1ML SYRINGE(POLY VI SOL W/IRON)							
	MULTIVITAMIN W/IRON LIQUID 1ML SYRINGE(POLY VI SOL W/IRON)	PHARMACY	257			00087-0405-01	\$17.22	\$8.27
	OMEPRAZOLE 2 MG/ML SUSP (FIRST COMPOUNDING KIT)			J8499				
	OMEPRAZOLE 2 MG/ML SUSP (FIRST COMPOUNDING KIT)	PHARMACY	250	J8499	1	65628-0070-10	\$6.04	\$2.90
	ONDANSETRON 2 MG/ML INJE (2ML VIAL)			J2405				
	ONDANSETRON 2 MG/ML INJE (2ML VIAL)	PHARMACY	250	J2405	4	00641-6078-25	\$29.22	\$14.03

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	OXYCODONE 5 MG / 5 ML LIQUID				J8499				
		OXYCODONE 5 MG / 5 ML LIQUID	PHARMACY	250	J8499	1	64950-0354-55	\$70.63	\$33.90
	PNEUMOCOCCAL CONJUGATE (PCV13)								
		PNEUMOCOCCAL CONJUGATE (PCV13)	PHARMACY	636	90670	1	00005-1971-02A	\$363.82	\$174.63
	POTASSIUM CHLORIDE 20 MEQ/15 ML ORAL LIQUID (10%)				J8499				
		POTASSIUM CHLORIDE 20 MEQ/15 ML ORAL LIQUID (10%)	PHARMACY	250	J8499	1	00603-1542-58	\$11.08	\$5.32
	PROPOFOL 10 MG/ML (20 ML VIAL)				J2704				
		OR - PROPOFOL 10 MG/ML (20 ML VIAL)	PHARMACY	250	J2704	1	63323-0269-29A	\$35.11	\$16.85
	ROTAVIRUS VACCINE 1 ML (ROTARIX)								
		ROTA 1 ML (ROTARIX)	PHARMACY	250	90681	1	58160-0854-52A	\$245.78	\$117.97
	SILDENAFIL 10 MG/ML SUSPENSION				S0090				
		SILDENAFIL 10 MG/ML SUSPENSION	PHARMACY	250	S0090	0.4	00069-0336-21	\$445.72	\$213.95
	SILDENAFIL 10 MG/ML SUSPENSION				S0090				
		SILDENAFIL 10 MG/ML SUSPENSION	PHARMACY	250	S0090	0.4	70954-0168-10	\$361.94	\$173.73
	SODIUM CHLORIDE 0.9% 1000 ML				J7030				
		SODIUM CHLORIDE 0.9% 1000 ML	PHARMACY	250	J7030	1	00338-0049-04	\$90.23	\$43.31
	SODIUM CHLORIDE 0.9% 250 ML				J7050				
		SODIUM CHLORIDE 0.9% 250 ML	PHARMACY	250	J7050	1	00338-0049-02	\$82.49	\$39.60
	SODIUM CHLORIDE 3% INHALATION 4 ML				J7699				
		SODIUM CHLORIDE 3% INHALATION 4 ML	PHARMACY	250	J7699	1	00487-9003-60	\$18.98	\$9.11
	SODIUM CHLORIDE 4 MEQ/ML ORAL LIQUID				J8499				
		SODIUM CHLORIDE 4 MEQ/ML ORAL LIQUID	PHARMACY	250	J8499	1	63323-0088-61A	\$9.51	\$4.56
	TETANUS TOXOID, REDUCED DIPHTEHRIA TOXOID AND ACELLULAR PERTUSSIS VACCINE, ADSORBED, PRESERVAT								
		TDAP 0.5 ML (BOOSTRIX)	PHARMACY	636	90715	1	58160-0842-11A	\$173.95	\$83.50
	VANCOMYCIN 5 MG/ML INJE IN D5W (STANDARD)				J3370				
		VANCOMYCIN 5 MG/ML INJE IN D5W (STANDARD)	PHARMACY	250	J3370	0.01	00338-3552-48	\$1.73	\$0.83
	VARICELLA 0.5 ML								
		VARICELLA 0.5 ML	PHARMACY	636	90716	1	00006-4827-00A	\$268.66	\$128.96
Radiology Services:									
	CT SCAN, ABDOMEN AND PELVIS, WITH AND WITHOUT CONTRAST								
		CT ABD AND PELVIS W/WO CONTRAST FAC	CT SCAN	350	74178			\$8,070.00	\$3,873.60
		CT ABD AND PELVIS W/WO CONTRAST PRO X3	PRO FEE	960	74178			\$255.00	\$122.00
	CT SCAN, ABDOMEN AND PELVIS, WITH CONTRAST								
		CT ABD AND PELVIS W CONTRAST FAC	CT SCAN	350	74177			\$7,070.00	\$3,393.60
		CT ABD AND PELVIS W CONTRAST PRO X7	PRO FEE	960	74177			\$230.00	\$110.00
	CT SCAN, ABDOMEN AND PELVIS, WITHOUT CONTRAST								
		CT ABD AND PELVIS WO CONTRAST FAC	CT SCAN	350	74176			\$3,504.00	\$1,681.92
		CT ABD AND PELVIS WO CONTRAST PRO X3	PRO FEE	960	74176			\$219.00	\$105.00

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	CT SCAN, HEAD OR BRAIN, WITH AND WITHOUT CONTRAST							
	CT HEAD OR BRAIN W/WO CONTRAST FAC	CT SCAN	350	70470			\$3,960.00	\$1,900.80
	CT HEAD OR BRAIN W/WO CONTRAST PRO X1	PRO FEE	960	70470			\$160.00	\$77.00
	CT SCAN, HEAD OR BRAIN, WITH CONTRAST							
	CT HEAD OR BRAIN W CONTRAST FAC	CT SCAN	350	70460			\$3,302.00	\$1,584.96
	CT HEAD OR BRAIN W CONTRAST PRO X1	PRO FEE	960	70460			\$142.00	\$68.00
	CT SCAN, HEAD OR BRAIN, WITHOUT CONTRAST							
	CT HEAD OR BRAIN WO CONTRAST FAC	CT SCAN	350	70450			\$2,265.00	\$1,087.20
	CT HEAD OR BRAIN WO CONTRAST PRO X2	PRO FEE	960	70450			\$107.00	\$51.00
	CT SCAN, PELVIS, WITH AND WITHOUT CONTRAST							
	CT PELVIS W/WO CONTRAST FAC	CT SCAN	350	72194			\$6,361.00	\$3,053.28
	CT PELVIS W/WO CONTRAST PRO X1	PRO FEE	960	72194			\$153.00	\$73.00
	CT SCAN, PELVIS, WITH CONTRAST							
	CT PELVIS W CONTRAST FAC	CT SCAN	350	72193			\$5,452.00	\$2,616.96
	CT PELVIS W CONTRAST PRO X1	PRO FEE	960	72193			\$146.00	\$70.00
	CT SCAN, PELVIS, WITHOUT CONTRAST							
	CT PELVIS WO CONTRAST FAC	CT SCAN	350	72192			\$2,824.00	\$1,355.52
	CT PELVIS WO CONTRAST PRO X1	PRO FEE	960	72192			\$137.00	\$66.00
	ECHOCARDIOGRAM, DOPPLER COLOR FLOW VELOCITY MAPPING							
	DOPPLER ECHO COLOR FLOW VEL MA	CARDIOLOGY	480	93325			\$1,282.00	\$615.36
	DOPPLER ECHO COLOR FLOW VEL MA	PRO FEE	960	93325			\$67.00	\$32.00
	ECHOCARDIOGRAM, DOPPLER EXAM COMPLETE							
	DOPPLER EXAM COMPLETE	CARDIOLOGY	480	93320			\$965.00	\$463.20
	DOPPLER EXAM COMPLETE	PRO FEE	960	93320			\$134.00	\$64.00
	ECHOCARDIOGRAM, DOPPLER EXAM FOLLOW UP							
	DOPPLER EXAM FOLLOW UP	CARDIOLOGY	480	93321			\$829.00	\$397.92
	DOPPLER EXAM FOLLOW UP	PRO FEE	960	93321			\$68.00	\$33.00
	MAMMOGRAPHY, 1 BREAST							
	*** SERVICE NOT OFFERED BY THE HOSPITAL ***							
	MAMMOGRAPHY, 2 BREASTS							
	*** SERVICE NOT OFFERED BY THE HOSPITAL ***							
	MAMMOGRAPHY, SCREENING, BILATERAL							
	*** SERVICE NOT OFFERED BY THE HOSPITAL ***							
	MRI SCAN, BRAIN, WITH AND WITHOUT CONTRAST							
	MRI BRAIN W/WO CONTRAST FAC	MAGNETIC RESONANCE	611	70553			\$2,385.00	\$1,144.80
	MRI BRAIN W/WO CONTRAST PRO X1	PRO FEE	960	70553			\$293.00	\$141.00
	MRI SCAN, BRAIN, WITH CONTRAST							
	MRI BRAIN W CONTRAST FAC	MAGNETIC RESONANCE	611	70552			\$2,092.00	\$1,004.16
	MRI BRAIN W CONTRAST PRO X1	PRO FEE	960	70552			\$224.00	\$108.00

Children's Mercy

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	MRI SCAN, BRAIN, WITHOUT CONTRAST							
	MRI BRAIN WO CONTRAST FAC	MAGNETIC RESONANCE	611	70551			\$1,416.00	\$679.68
	MRI BRAIN WO CONTRAST PROG X1	PRO FEE	960	70551			\$186.00	\$89.00
	MRI SCAN, JOINT IN LEG, WITH AND WITHOUT CONTRAST							
	MRI JOINT LOWER EXTREMITY W/WO CONTRAST FAC	MAGNETIC RESONANCE	614	73723			\$5,747.00	\$2,758.56
	MRI JOINT LOWER EXTREMITY W/WO CONTRAST PRO X1	PRO FEE	960	73723			\$269.00	\$129.00
	MRI SCAN, JOINT IN LEG, WITH CONTRAST							
	MRI JOINT LOWER EXTREMITY W CONTRAST FAC	MAGNETIC RESONANCE	614	73722			\$4,757.00	\$2,283.36
	MRI JOINT LOWER EXTREMITY W CONTRAST PRO X1	PRO FEE	960	73722			\$204.00	\$98.00
	MRI SCAN, JOINT IN LEG, WITHOUT CONTRAST							
	MRI JOINT LOWER EXTREMITY WO CONTRAST FAC	MAGNETIC RESONANCE	614	73721			\$2,686.00	\$1,289.28
	MRI JOINT LOWER EXTREMITY WO CONTRAST PRO X1	PRO FEE	960	73721			\$171.00	\$82.00
	MRI SCAN, LOWER SPINAL CANAL, WITH AND WITHOUT CONTRAST							
	MRI SPINE LUMBAR W/WO CONTRAST FAC	MAGNETIC RESONANCE	612	72158			\$4,204.00	\$2,017.92
	MRI SPINE LUMBAR W/WO CONTRAST PRO X1	PRO FEE	960	72158			\$292.00	\$140.00
	MRI SCAN, LOWER SPINAL CANAL, WITH CONTRAST							
	MRI SPINE LUMBAR W CONTRAST FAC	MAGNETIC RESONANCE	612	72149			\$3,691.00	\$1,771.68
	MRI SPINE LUMBAR W CONTRAST PRO X1	PRO FEE	960	72149			\$225.00	\$108.00
	MRI SCAN, LOWER SPINAL CANAL, WITHOUT CONTRAST							
	MRI SPINE LUMBAR WO CONTRAST FAC	MAGNETIC RESONANCE	612	72148			\$2,383.00	\$1,143.84
	MRI SPINE LUMBAR WO CONTRAST PRO X1	PRO FEE	960	72148			\$187.00	\$90.00
	ULTRASOUND, ABDOMEN; COMPLETE							
	US ABDOMEN;COMPLETE FAC	ULTRASOUND	402	76700			\$1,490.00	\$715.20
	US ABDOMEN;COMPLETE PRO X1	PRO FEE	960	76700			\$101.00	\$48.00
	ULTRASOUND, ABDOMEN; LIMITED							
	US ABDOMEN; LIMITED FAC	ULTRASOUND	402	76705			\$1,127.00	\$540.96
	US ABDOMEN; LIMITED PRO	PRO FEE	960	76705			\$74.00	\$36.00
	ULTRASOUND, PELVIS, TRANSVAGINAL							
	TRANSVAGINAL US NON OB FAC	ULTRASOUND	402	76830			\$1,597.00	\$766.56
	TRANSVAGINAL US NON OB PRO X1	PRO FEE	960	76830			\$87.00	\$42.00
	ULTRASOUND, RETROPERITONEAL; COMPLETE							
	US RETROPERITONEAL; COMPLETE FAC	ULTRASOUND	402	76770			\$1,389.00	\$666.72
	US RETROPERITONEAL; COMPLETE PRO X1	PRO FEE	960	76770			\$92.00	\$44.00
	ULTRASOUND, SINGLE FETUS, EQUAL OR GREATER THAN 14 WEEKS							
	US OB GREATER THAN= 14 WEEKS SNGL FETUS FAC; FIM	ULTRASOUND	402	76805			\$1,656.00	\$794.88
	US OB GREATER THAN= 14 WEEKS SNGL FETUS; FIM	PRO FEE	960	76805			\$126.00	\$60.00
	ULTRASOUND, SINGLE FETUS, LESS THAN 14 WEEKS							
	US OB LESS THAN14 WEEKS SINGLE FETUS FAC; FIM	ULTRASOUND	402	76801			\$1,329.00	\$637.92
	US OB LESS THAN14 WEEKS SINGLE FETUS FIM	PRO FEE	960	76801			\$125.00	\$60.00

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	X-RAY, ABDOMEN 1 VIEW					74018		
	XR EXAM ABDOMEN 1 VIEW FAC	RADIOLOGY-DIAGNOSTIC	320	74018			\$361.00	\$173.28
	XR EXAM ABDOMEN 1 VIEW PROF X1	PRO FEE	960	74018			\$23.00	\$11.00
	X-RAY, ABDOMEN 2 VIEWS					74019		
	XR EXAM ABDOMEN 2 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	74019			\$435.00	\$208.80
	XR EXAM ABDOMEN 2 VIEWS PROF X1	PRO FEE	960	74019			\$29.00	\$14.00
	X-RAY, ABDOMEN 3+ VIEWS					74021		
	XR EXAM ABDOMEN 3+ VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	74021			\$502.00	\$240.96
	XR EXAM ABDOMEN 3+ VIEWS PROF	PRO FEE	960	74021			\$34.00	\$16.00
	X-RAY, ANKLE COMPLETE; MIN 3 VIEWS					73610		
	XR ANKLE COMPLETE; MIN 3 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	73610			\$461.00	\$221.28
	XR ANKLE COMPLETE; MIN 3 VIEWS PRO X1	PRO FEE	960	73610			\$22.00	\$11.00
	X-RAY, BONE AGE STUDIES					77072		
	XR BONE AGE STUDIES FAC	RADIOLOGY-DIAGNOSTIC	320	77072			\$276.00	\$132.48
	XR BONE AGE STUDIES PRO X1	PRO FEE	960	77072			\$24.00	\$12.00
	X-RAY, CHEST 1 VIEW					71045		
	XR EXAM CHEST 1 VIEW FAC	RADIOLOGY-DIAGNOSTIC	320	71045			\$269.00	\$129.12
	XR EXAM CHEST 1 VIEW PROF X1	PRO FEE	960	71045			\$23.00	\$11.00
	X-RAY, CHEST 2 VIEWS					71046		
	XR EXAM CHEST 2 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	71046			\$390.00	\$187.20
	XR EXAM CHEST 2 VIEWS PROF X1	PRO FEE	960	71046			\$27.00	\$13.00
	X-RAY, CHEST 4+ VIEWS					71048		
	XR EXAM CHEST 4+ VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	71048			\$508.00	\$243.84
	XR EXAM CHEST 4+ VIEWS PROF	PRO FEE	960	71048			\$40.00	\$19.00
	X-RAY ELBOW 2 VIEWS					73070		
	XR ELBOW 2 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	73070			\$365.00	\$175.20
	XR ELBOW 2 VIEWS PRO	PRO FEE	960	73070			\$20.00	\$10.00
	X-RAY, FINGER MIN 2 VIEWS					73140		
	XR FINGER; MIN 2 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	73140			\$506.00	\$242.88
	XR FINGER; MIN 2 VIEWS PRO X1	PRO FEE	960	73140			\$18.00	\$9.00
	X-RAY, FOOT; MIN 3 VIEWS					73630		
	XR FOOT; MIN 3 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	73630			\$428.00	\$205.44
	XR FOOT; MIN 3 VIEWS PRO X1	PRO FEE	960	73630			\$21.00	\$10.00
	X-RAY, FOREARM 2 VIEWS					73090		
	XR FOREARM 2 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	73090			\$361.00	\$173.28
	XR FOREARM 2 VIEWS PRO X1	PRO FEE	960	73090			\$21.00	\$10.00
	X-RAY, LOWER BACK, 2-3 VIEWS					72100		
	XR SPINE LUMBOSACRAL; 2-3 VWS FAC	RADIOLOGY-DIAGNOSTIC	320	72100			\$477.00	\$228.96
	XR SPINE LUMBOSACRAL; 2-3 VWS PRO X1	PRO FEE	960	72100			\$28.00	\$13.00

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	X-RAY, LOWER BACK, BENDING							
	XR SPINE LUMBOSAC BENDING FAC	RADIOLOGY-DIAGNOSTIC	320	72120			\$562.00	\$269.76
	XR SPINE LUMBOSAC BENDING PRO X1	PRO FEE	960	72120			\$28.00	\$13.00
	X-RAY, LOWER BACK, MINIMUM 4 VIEWS							
	XR LUMBOSACRAL; MIN 4 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	72110			\$652.00	\$312.96
	XR LUMBOSACRAL; MIN 4 VIEWS PRO X1	PRO FEE	960	72110			\$40.00	\$19.00
	X-RAY, LOWER BACK, MINIMUM 6 VIEWS							
	XR LUMBOSACRAL MIN 6 VIEWS	RADIOLOGY-DIAGNOSTIC	320	72114			\$824.00	\$395.52
	XR LUMBOSACRAL MIN 6 VIEWS PRO	PRO FEE	960	72114			\$45.00	\$22.00
	X-RAY, PELVIS 1-2 VIEWS							
	XR PELVIS 1-2 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	72170			\$421.00	\$202.08
	XR PELVIS 1-2 VIEWS PRO X1	PRO FEE	960	72170			\$22.00	\$11.00
	X-RAY, SPINE 2 OR 3 VIEWS							
	XR EXAM ENTIRE SPINE 2 OR 3 VIEWS	RADIOLOGY-DIAGNOSTIC	320	72082			\$921.00	\$442.08
	XR EXAM ENTIRE SPINE 2 OR 3 VIEWS	PRO FEE	960	72082			\$41.00	\$20.00
	X-RAY EXAM ENTIRE SPINE MIN 6 VIEWS							
	X-RAY EXAM ENTIRE SPINE MIN 6 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	72084			\$1,301.00	\$624.48
	X-RAY EXAM ENTIRE SPINE MIN 6 VIEWS P	PRO FEE	960	72084			\$53.00	\$25.00
	X-RAY, TIBIA/FIBULA, 2 VIEWS							
	XR TIBIA/FIBULA, 2 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	73590			\$403.00	\$193.44
	XR TIBIA/FIBULA, 2 VIEWS PRO X1	PRO FEE	960	73590			\$21.00	\$10.00
	X-RAY, WRIST 2 VIEWS							
	XR WRIST; 2 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	73100			\$444.00	\$213.12
	XR WRIST; 2 VIEWS PRO X1	PRO FEE	960	73100			\$21.00	\$10.00
	X-RAY, WRIST MIN 3 VIEWS							
	XR WRIST; MIN 3 VIEWS FAC	RADIOLOGY-DIAGNOSTIC	320	73110			\$529.00	\$253.92
	XR WRIST; MIN 3 VIEWS PRO X1	PRO FEE	960	73110			\$22.00	\$11.00

Rehabilitation:

	AUDIOLOGY, EVAL COMP/AIR/BONE/SRT/SDT							
	AUD EVAL COMP/AIR/BONE/SRT/SDT	AUDIOLOGY	471	92557			\$153.00	\$73.44
	AUDIOLOGY, EVAL SRT/SDT ONLY							
	AUDIO EVAL SRT/SDT ONLY	AUDIOLOGY	471	92556			\$176.00	\$84.48
	AUDIOLOGY, EVAL/AIR THRESHOLD ONLY							
	AUDIO EVAL/AIR THRESHOLD ONLY	AUDIOLOGY	471	92552			\$147.00	\$70.56
	AUDIOLOGY, EVAL/SRT ONLY							
	AUDIO EVAL/SRT ONLY	AUDIOLOGY	471	92555			\$111.00	\$53.28
	AUDIOLOGY, EVOKED AUDITORY TEST QUAL							
	EVOKED AUDITORY TEST QUAL	AUDIOLOGY	471	92558			\$41.00	\$19.68

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	AUDIOLOGY, HEARING AID EXAM BOTH EARS							
	HEARING AID EXAM BOTH EARS	AUDIOLOGY	471	92591			\$62.00	\$29.76
	AUDIOLOGY, HEARING AID EXAM ONE EAR							
	HEARING AID EXAM ONE EAR	AUDIOLOGY	471	92590			\$62.00	\$29.76
	AUDIOLOGY, OTOACOUSTIC EMISSION LMTD							
	OTOACOUSTIC EMISSION LMTD	AUDIOLOGY	471	92587			\$102.00	\$48.96
	AUDIOLOGY, PLAY CONDITIONING CP							
	PLAY CONDITIONING CP	AUDIOLOGY	471	92582			\$331.00	\$158.88
	AUDIOLOGY, VRA/SOUND FIELD/UNIT							
	VRA/SOUND FIELD/UNIT	AUDIOLOGY	471	92579			\$179.00	\$85.92
	AUDIOMETRY TYMPANOGRAM							
	AUDIOMETRY TYMPANOGRAM	AUDIOLOGY	471	92567			\$51.00	\$24.48
	OCCUPATIONAL THERAPY, THERAPEUTIC EXERCISE							
	OT THERAPEUTIC EXERCISES	OCCUPATIONAL THERAPY	430	97110			\$113.00	\$54.24
	OCCUPATIONAL THERAPY, FEEDING THERAPY							
	OT FEEDING THERAPY	OCCUPATIONAL THERAPY	430	92526			\$319.00	\$153.12
	OCCUPATIONAL THERAPY, NONSELECTIVE DEBRIDEMENT							
	OT NONSELECTIVE DEBRIDEMENT	OCCUPATIONAL THERAPY	430	97602			\$320.00	\$153.60
	OCCUPATIONAL THERAPY, ORTHOTICS FIT/TRAIN 15 MIN							
	OT ORTHOTICS FIT/TRAIN 15 MIN	OCCUPATIONAL THERAPY	430	97760			\$177.00	\$84.96
	OCCUPATIONAL THERAPY, PHYSICAL PERF TEST 15 MIN							
	OT PHYSICAL PERF TEST 15 MIN	OCCUPATIONAL THERAPY	430	97750			\$132.00	\$63.36
	OCCUPATIONAL THERAPY, PROSTHETIC TRAIN 15 MIN							
	OT PROSTHETIC TRAIN 15 MIN	OCCUPATIONAL THERAPY	430	97761			\$152.00	\$72.96
	OCCUPATIONAL THERAPY, SELECTIVE DEBRIDEMENT							
	OT SELECTIVE DEBRIDEMENT	OCCUPATIONAL THERAPY	430	97597			\$228.00	\$109.44
	OCCUPATIONAL THERAPY, THERAPEUTIC ACTIVITIES 15 MIN							
	OT THERAPEUTIC ACTIVITIES 15 MIN	OCCUPATIONAL THERAPY	430	97530			\$147.00	\$70.56
	OCCUPATIONAL THERAPY, WHEELCHAIR TRAINING 15 MIN							
	OT WHEELCHAIR TRAINING 15 MIN	OCCUPATIONAL THERAPY	430	97542			\$123.00	\$59.04
	PHYSICAL THERAPY, THERAPEUTIC EXERCISE							
	PT THERAPEUTIC EXERCISES	PHYSICAL THERAPY	420	97110			\$113.00	\$54.24
	PHYSICAL THERAPY, EVAL, LOW COMP							
	PHYSICAL THERAPY EVAL, LOW COMP	PHYSICAL THERAPY	424	97161			\$312.00	\$149.76
	PHYSICAL THERAPY, BALANCE KINES/PROP RE-EDUC PER 15 MIN							
	PT BALANCE KINES/PROP RE-EDUC PER 15 MIN	PHYSICAL THERAPY	420	97112			\$129.00	\$61.92
	PHYSICAL THERAPY, ORTHOTICS FIT/TRAIN 15 MIN							
	PT ORTHOTICS FIT/TRAIN 15 MIN	PHYSICAL THERAPY	420	97760			\$177.00	\$84.96
	PHYSICAL THERAPY, PHYSICAL PERF TEST 15 MIN							
	PT PHYSICAL PERF TEST 15 MIN	PHYSICAL THERAPY	420	97750			\$132.00	\$63.36

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	PHYSICAL THERAPY, PROSTHETIC TRAIN 15 MIN PT PROSTHETIC TRAIN 15 MIN	PHYSICAL THERAPY	420	97761			\$152.00	\$72.96
	PHYSICAL THERAPY, SELECTIVE DEBRIDEMENT PT SELECTIVE DEBRIDEMENT	PHYSICAL THERAPY	420	97597			\$228.00	\$109.44
	PHYSICAL THERAPY, THERAPEUTIC ACTIVITIES 15 MIN PT THERAPEUTIC ACTIVITIES 15 MIN	PHYSICAL THERAPY	420	97530			\$147.00	\$70.56
	PHYSICAL THERAPY, WHEELCHAIR TRAINING 15 MIN PT WHEELCHAIR TRAINING 15 MIN	PHYSICAL THERAPY	420	97542			\$123.00	\$59.04
	SPEECH THERAPY, EVALUATION COMPLETE SPEECH EVALUATION COMPLETE	SPEECH THERAPY	444	92523			\$910.00	\$436.80
	SPEECH THERAPY, INDIVIDUAL TREATMENT SPEECH THERAPY - INDIV	SPEECH THERAPY	441	92507			\$366.00	\$175.68
Telehealth:	PSYCHOTHERAPY COMPLEX INTERACTIVE TELEMED PSYTX COMPLEX INTERACTIVE TELEMED	PRO FEE	961	90785			\$36.00	\$17.00
	PSYCHIATRIC DIAGNOSTIC EVALUATION TELEMED PSYCH DIAGNOSTIC EVALUATION TELEMED	PRO FEE	961	90791			\$406.00	\$195.00
	PSYCHIATRIC DIAG EVAL W/MED SRVCS TELEMED PSYCH DIAG EVAL W/MED SRVCS TELEMED	PRO FEE	961	90792			\$374.00	\$180.00
	PSYCHOTHERAPY W/PT 30 MINUTES TELEMED PSYTX W/PT 30 MINUTES TELEMED	PRO FEE	961	90832			\$169.00	\$81.00
	PSYCHOTHERAPY W/PT W/E&M 30 MIN TELEMED PSYTX W/PT W/E&M 30 MIN TELEMED	PRO FEE	961	90833			\$169.00	\$81.00
	PSYCHOTHERAPY W/PT 45 MINUTES TELEMED PSYTX W/PT 45 MINUTES TELEMED	PRO FEE	961	90834			\$220.00	\$106.00
	PSYCHOTHERAPY W/PT W/E&M 45 MIN TELEMED PSYTX W/PT W/E&M 45 MIN TELEMED	PRO FEE	961	90836			\$213.00	\$102.00
	PSYCHOTHERAPY W/PT 60 MINUTES TELEMED PSYTX W/PT 60 MINUTES TELEMED	PRO FEE	961	90837			\$324.00	\$156.00
	PSYCHOTHERAPY W/PT W/E&M 60 MIN TELEMED PSYTX W/PT W/E&M 60 MIN TELEMED	PRO FEE	961	90838			\$297.00	\$143.00
	FAMILY THERAPY WO PT 50 MIN TELEMED FAMILY THERAPY WO PT 50 MIN TELEMED	PRO FEE	961	90846			\$261.00	\$125.00
	FAMILY THERAPY W PT 50 MIN TELEMED FAMILY THERAPY W PT 50 MIN TELEMED	PRO FEE	961	90847			\$277.00	\$133.00
	OFFICE/OUTPT VISIT NEW LVL 2 TELEMED OFFICE/OUTPT VISIT NEW LVL 2 TELEMED	PRO FEE	960	99202			\$169.00	\$81.00

Children's Mercy

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Shoppable Service Category	Shoppable Service Charge Description	Service Classification	Revenue Code	DRG/CPT/HCPCS Code	Number of HCPCS Units	NDC Code	Gross Charge	Self Pay Price
	OFFICE/OUTPT VISIT NEW LVL 3 TELEMED			99203				
	OFFICE/OUTPT VISIT NEW LVL 3 TELEMED	PRO FEE	960	99203			\$240.00	\$115.00
	OFFICE/OUTPT VISIT NEW LVL 4 TELEMED			99204				
	OFFICE/OUTPT VISIT NEW LVL 4 TELEMED	PRO FEE	960	99204			\$366.00	\$176.00
	OFFICE/OUTPT VISIT NEW LVL 5 TELEMED			99205				
	OFFICE/OUTPT VISIT NEW LVL 5 TELEMED	PRO FEE	960	99205			\$460.00	\$221.00
	OFFICE/OUTPT VISIT EST LVL 1 TELEMED			99211				
	OFFICE/OUTPT VISIT EST LVL 1 TELEMED	PRO FEE	960	99211			\$50.00	\$24.00
	OFFICE/OUTPT VISIT EST LVL 2 TELEMED			99212				
	OFFICE/OUTPT VISIT EST LVL 2 TELEMED	PRO FEE	960	99212			\$100.00	\$48.00
	OFFICE/OUTPT VISIT EST LVL 3 TELEMED			99213				
	OFFICE/OUTPT VISIT EST LVL 3 TELEMED	PRO FEE	960	99213			\$165.00	\$79.00
	OFFICE/OUTPT VISIT EST LVL 4 TELEMED			99214				
	OFFICE/OUTPT VISIT EST LVL 4 TELEMED	PRO FEE	960	99214			\$241.00	\$116.00
	OFFICE/OUTPT VISIT EST LVL 5 TELEMED			99215				
	OFFICE/OUTPT VISIT EST LVL 5 TELEMED	PRO FEE	960	99215			\$323.00	\$155.00
	SUBSEQUENT HOSPITAL CARE LVL 1 TELEMED			99231				
	SUBSEQUENT HOSPITAL CARE LVL 1 TELEMED	PRO FEE	960	99231			\$98.00	\$47.00
	SUBSEQUENT HOSPITAL CARE LVL 2 TELEMED			99232				
	SUBSEQUENT HOSPITAL CARE LVL 2 TELEMED	PRO FEE	960	99232			\$180.00	\$86.00
	SUBSEQUENT HOSPITAL CARE LVL 3 TELEMED			99233				
	SUBSEQUENT HOSPITAL CARE LVL 3 TELEMED	PRO FEE	960	99233			\$259.00	\$124.00
	OFFICE CONSULTATION LVL 1 TELEMED			99241				
	OFFICE CONSULTATION LVL 1 TELEMED	PRO FEE	960	99241			\$118.00	\$57.00
	OFFICE CONSULTATION LVL 2 TELEMED			99242				
	OFFICE CONSULTATION LVL 2 TELEMED	PRO FEE	960	99242			\$222.00	\$107.00
	OFFICE CONSULTATION LVL 3 TELEMED			99243				
	OFFICE CONSULTATION LVL 3 TELEMED	PRO FEE	960	99243			\$304.00	\$146.00
	OFFICE CONSULTATION LVL 4 TELEMED			99244				
	OFFICE CONSULTATION LVL 4 TELEMED	PRO FEE	960	99244			\$454.00	\$218.00
	OFFICE CONSULTATION LVL 5 TELEMED			99245				
	OFFICE CONSULTATION LVL 5 TELEMED	PRO FEE	960	99245			\$554.00	\$266.00
	INPATIENT CONSULTATION LVL 1 TELEMED			99251				
	INPATIENT CONSULTATION LVL 1 TELEMED	PRO FEE	960	99251			\$121.00	\$58.00
	INPATIENT CONSULTATION LVL 2 TELEMED			99252				
	INPATIENT CONSULTATION LVL 2 TELEMED	PRO FEE	960	99252			\$186.00	\$89.00
	INPATIENT CONSULTATION LVL 3 TELEMED			99253				
	INPATIENT CONSULTATION LVL 3 TELEMED	PRO FEE	960	99253			\$286.00	\$137.00
	INPATIENT CONSULTATION LVL 4 TELEMED			99254				
	INPATIENT CONSULTATION LVL 4 TELEMED	PRO FEE	960	99254			\$415.00	\$199.00

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	INPATIENT CONSULTATION LVL 5 TELEMED							
	INPATIENT CONSULTATION LVL 5 TELEMED	PRO FEE	960	99255			\$500.00	\$240.00
	PROLONGED SERVICE OFFICE; 1ST HR TELEMED							
	PROLONGED SERVICE OFFICE; 1ST HR TELEMED	PRO FEE	960	99354			\$323.00	\$155.00
	PROLONGED SERVICE OFFICE; EA ADD'L 30 MIN TELEMED							
	PROLONGED SERVICE OFFICE; EA ADD'L 30 MIN TELEMED	PRO FEE	960	99355			\$245.00	\$118.00
	TRANS CARE MGMT 14 DAY DISCH TELEMED							
	TRANS CARE MGMT 14 DAY DISCH TELEMED	PRO FEE	960	99495			\$438.00	\$210.00
	TRANS CARE MGMT 7 DAY DISCH TELEMED							
	TRANS CARE MGMT 7 DAY DISCH TELEMED	PRO FEE	960	99496			\$618.00	\$297.00
Urgent Care:								
	URGENT CARE LEVEL 1							
	LEVEL 1 UCC	URGENT CARE	456	99211			\$48.00	\$23.04
	OFFICE/OUTPT VISIT EST LVL 1	PRO FEE	960	99211			\$50.00	\$24.00
	URGENT CARE LEVEL 2							
	LEVEL 2 UCC	URGENT CARE	456	99212			\$132.00	\$63.36
	OFFICE/OUTPT VISIT EST LVL 2	PRO FEE	960	99212			\$100.00	\$48.00
	URGENT CARE LEVEL 3							
	LEVEL 3 UCC	URGENT CARE	456	99213			\$265.00	\$127.20
	OFFICE/OUTPT VISIT EST LVL 3	PRO FEE	960	99213			\$165.00	\$79.00
	URGENT CARE LEVEL 4							
	LEVEL 4 UCC	URGENT CARE	456	99214			\$407.00	\$195.36
	OFFICE/OUTPT VISIT EST LVL 4	PRO FEE	960	99214			\$241.00	\$116.00
	URGENT CARE LEVEL 5							
	LEVEL 5 UCC	URGENT CARE	456	99215			\$575.00	\$276.00
	OFFICE/OUTPT VISIT EST LVL 5	PRO FEE	960	99215			\$323.00	\$155.00
Vaccine Administration:								
	VACCINE ADMINISTRATION SUBCUTANEOUS OR INTRAMUSCULAR 1ST VACCINE							
	IMMUN ADMIN SQ/IM 1ST VACCIN PCC	VACCINE ADMIN	771	90471			\$20.26	\$9.72
	VACCINE ADMINISTRATION SUBCUTANEOUS OR INTRAMUSCULAR; EA ADD'L							
	IMMUN ADMIN SQ/IM; EA ADD'L TX RM PCC	VACCINE ADMIN	771	90472			\$20.26	\$9.72
	VACCINE ADMINISTRATION; ORAL OR INTRANASAL 1ST VACCINE							
	IMMUN ADMIN; ORAL OR IN 1ST TX RM PCC	VACCINE ADMIN	771	90473			\$20.26	\$9.72
	VACCINE ADMINISTRATION; ORAL OR INTRANASAL; EA ADD'L							
	IMMUN ADMIN; ORAL/IN EA ADD'L TX RM PCC	VACCINE ADMIN	771	90474			\$20.26	\$9.72

Children's Mercy

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	AFTER CATARACT LASER SURGERY			66821			
		PRO FEE	960		1	\$826.00	\$396.48
		TYPICAL SERVICE PACKAGE TOTAL				\$826.00	\$396.48
	BIOPSY OF PROSTATE			5570			
		*** SERVICE NOT PERFORMED REGULARLY ***					
	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W			216			
		ROOM	123		17	\$102,884.00	\$49,384.32
		ROOM-ICU	203		12	\$173,220.00	\$83,145.60
		PHARMACY	250		4646	\$47,103.39	\$22,609.63
		SUPPLIES	278		4	\$30,616.00	\$14,695.68
		LABORATORY	307		310	\$56,036.00	\$26,897.28
		LAB-PATHOLOGY	310		2	\$3,853.00	\$1,849.44
		RADIOLOGY-DIAGNOSTIC	320		23	\$9,280.00	\$4,454.40
		OPERATING ROOM	360		576	\$285,120.00	\$136,857.60
		ANESTHESIA	370		718	\$12,924.00	\$6,203.52
		BLOOD	390		11	\$9,766.00	\$4,687.68
		ULTRASOUND	402		3	\$3,566.00	\$1,711.68
		RESPIRATORY	410		6	\$19,037.00	\$9,137.76

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		PHYSICAL THERAPY	424		10	\$1,601.00	\$768.48
		OCCUPATIONAL THERAPY	430		8	\$2,501.00	\$1,200.48
		PULMONARY FUNCTION	460		6	\$510.00	\$244.80
		AUDIOLOGY	471		1	\$427.00	\$204.96
		CARDIOLOGY	481		201	\$79,074.00	\$37,955.52
		MAGNETIC RESONANCE	611		1	\$1,416.00	\$679.68
		PHARMACY	636		381	\$10,073.57	\$4,835.31
		RECOVERY ROOM	710		36	\$828.00	\$397.44
		ELECTROCARDIOGRAM	730		3	\$2,073.00	\$995.04
		TREATMENT ROOM	761		1	\$1,368.00	\$656.64
		OTHER DIAGNOSTIC	920		1	\$2,946.00	\$1,414.08
		PRO FEE	960		1052	\$32,686.40	\$15,689.46
		TYPICAL SERVICE PACKAGE TOTAL				\$893,237.54	\$428,754.01

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	CERVICAL SPINAL FUSION W/O CC/MCC			473			
		ROOM	123		1	\$6,052.00	\$2,904.96
		PHARMACY	250		271	\$35,731.97	\$17,151.34
		RADIOLOGY-DIAGNOSTIC	320		1	\$289.00	\$138.72
		OPERATING ROOM	360		186	\$84,444.00	\$40,533.12
		ANESTHESIA	370		165	\$2,970.00	\$1,425.60
		RECOVERY ROOM	710		75	\$2,175.00	\$1,044.00
		PRO FEE	960		2	\$6,676.00	\$3,204.48
		TYPICAL SERVICE PACKAGE TOTAL				\$138,337.97	\$66,402.22
	CESAREAN DELIVERY			59510			
		*** SERVICE NOT OFFERED BY THE HOSPITAL ***					
	COLONOSCOPY AND BIOPSY			45380			
		GASTRO-INTESTINAL	750		1	\$1,921.00	\$922.08
		LAB-PATHOLOGY	310		9	\$3,051.00	\$1,464.48
		PHARMACY	636		33	\$1,364.16	\$654.80
		PRO FEE	960		71	\$2,932.60	\$1,407.65
		TYPICAL SERVICE PACKAGE TOTAL				\$9,268.76	\$4,449.01
	COLONOSCOPY W/ENDOSCOPE US			45391			
		*** SERVICE NOT OFFERED BY THE HOSPITAL ***					

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	COLONOSCOPY W/LESION REMOVAL			45385			
		GASTRO-INTESTINAL	750		1	\$2,436.00	\$1,169.28
		LAB-PATHOLOGY	310		7	\$2,373.00	\$1,139.04
		PHARMACY	636		36	\$1,606.04	\$770.90
		PRO FEE	960		105	\$3,257.20	\$1,563.46
		TYPICAL SERVICE PACKAGE TOTAL				\$9,672.24	\$4,642.68
	DIAGNOSTIC COLONOSCOPY			45378			
		PHARMACY	250		1	\$3.49	\$1.68
		LABORATORY	305		1	\$74.00	\$35.52
		RADIOLOGY-DIAGNOSTIC	320		1	\$361.00	\$173.28
		OPERATING ROOM	360		87	\$13,833.00	\$6,639.84
		PHARMACY	636		131	\$4,883.51	\$2,344.08
		RECOVERY ROOM	710		78	\$1,794.00	\$861.12
		PRO FEE	960		184	\$2,760.40	\$1,324.99
		TYPICAL SERVICE PACKAGE TOTAL				\$23,709.40	\$11,380.51

Children's Mercy

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Shoppable Service Category	Shoppable Service	Service Classification	Revenue Code	DRG/CPT/HCPCS Code	Typical Service Package Units	Typical Service Package Gross Charge	Self Pay Price	
	EGD BIOPSY SINGLE/MULTIPLE			43239				
		GASTRO-INTESTINAL	750		1	\$1,323.00	\$635.04	
		LAB-PATHOLOGY	310		5	\$1,695.00	\$813.60	
		PHARMACY	636		28	\$1,182.91	\$567.80	
		PRO FEE	960		35	\$1,618.60	\$776.93	
		TYPICAL SERVICE PACKAGE TOTAL					\$5,819.51	\$2,793.37
	EGD DIAGNOSTIC BRUSH WASH			43235				
		OPERATING ROOM	360		32	\$5,088.00	\$2,442.24	
		ANESTHESIA	370		19	\$342.00	\$164.16	
		RECOVERY ROOM	710		52	\$976.00	\$468.48	
		PHARMACY	636		23	\$1,015.81	\$487.57	
		PRO FEE	960		49	\$1,434.20	\$688.42	
		TYPICAL SERVICE PACKAGE TOTAL					\$8,856.01	\$4,250.87
	ELECTROCARDIOGRAM, COMPLETE, WITH INTERPRETATION AND REPC			93000				
		ELECTROCARDIOGRAM	730		1	\$691.00	\$331.68	
		PRO FEE	960		1	\$23.00	\$11.00	
		TYPICAL SERVICE PACKAGE TOTAL					\$714.00	\$342.68

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	INJ FORAMEN EPIDURAL L/S			64483			
		CT SCAN	350		1	\$2,291.00	\$1,099.68
		PHARMACY	636		4	\$374.58	\$179.80
		PRO FEE	960		1	\$795.00	\$381.60
		TYPICAL SERVICE PACKAGE TOTAL				\$3,460.58	\$1,661.08
	INSERTION OF CATHETER INTO LEFT HEART FOR DIAGNOSIS			93452			
		*** SERVICE NOT PERFORMED REGULARLY ***					
	KNEE ARTHROSCOPY/SURGERY			29881			
		OPERATING ROOM	360		124	\$40,052.00	\$19,224.96
		ANESTHESIA	370		99	\$1,782.00	\$855.36
		RECOVERY ROOM	710		116	\$2,446.00	\$1,174.08
		SUPPLIES	278		1	\$1,000.00	\$480.00
		PHARMACY	636		46	\$2,102.27	\$1,009.08
		PRO FEE	960		159	\$5,914.00	\$2,838.72
		TYPICAL SERVICE PACKAGE TOTAL				\$53,296.27	\$25,582.20
	LAPARO RADICAL PROSTATECTOMY			55866			
		*** SERVICE NOT OFFERED BY THE HOSPITAL ***					

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LAPAROSCOPIC CHOLECYSTECTOMY				47562			
		OPERATING ROOM	360		96	\$23,808.00	\$11,427.84
		ANESTHESIA	370		86	\$1,548.00	\$743.04
		RECOVERY ROOM	710		78	\$2,664.00	\$1,278.72
		PHARMACY	250		3	\$1.71	\$0.82
		LAB-PATHOLOGY	310		1	\$339.00	\$162.72
		PHARMACY	636		54	\$2,777.11	\$1,333.01
		PRO FEE	960		109	\$2,861.20	\$1,373.38
		TYPICAL SERVICE PACKAGE TOTAL				\$33,999.02	\$16,319.53
MAJOR HIP/KNEE JOINT REPLACEMENT W/O MCC				470			
*** SERVICE NOT OFFERED BY THE HOSPITAL ***							
NJX INTERLAMINAR LMBR/SAC				62322			
		OPERATING ROOM	360		109	\$10,682.00	\$5,127.36
		ANESTHESIA	370		102	\$1,836.00	\$881.28
		RECOVERY ROOM	710		79	\$1,300.00	\$624.00
		PHARMACY	636		5	\$292.03	\$140.17
		PRO FEE	960		158	\$1,561.40	\$749.47
		TYPICAL SERVICE PACKAGE TOTAL				\$15,671.43	\$7,522.28

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	OBSTETRICAL CARE			59400			
		*** SERVICE NOT OFFERED BY THE HOSPITAL ***					
	PRP I/HERN INIT REDUC >5 YR			49505			
		OPERATING ROOM	360		73	\$7,154.00	\$3,433.92
		ANESTHESIA	370		63	\$1,134.00	\$544.32
		RECOVERY ROOM	710		55	\$781.00	\$374.88
		PHARMACY	636		17	\$711.98	\$341.74
		PRO FEE	960		97	\$3,385.00	\$1,624.80
		TYPICAL SERVICE PACKAGE TOTAL				\$13,165.98	\$6,319.66
	REMOVAL OF BREAST LESION			19120			
		OPERATING ROOM	360		70	\$11,130.00	\$5,342.40
		ANESTHESIA	370		59	\$1,062.00	\$509.76
		RECOVERY ROOM	710		123	\$2,257.00	\$1,083.36
		LAB-PATHOLOGY	310		1	\$339.00	\$162.72
		PHARMACY	636		33	\$1,458.40	\$700.03
		PRO FEE	960		119	\$2,128.20	\$1,021.54
		TYPICAL SERVICE PACKAGE TOTAL				\$18,163.40	\$8,718.43

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	REMOVE TONSILS AND ADENOIDS			42820			
		OPERATING ROOM	360		49	\$7,791.00	\$3,739.68
		ANESTHESIA	370		40	\$720.00	\$345.60
		RECOVERY ROOM	710		55	\$2,425.00	\$1,164.00
		PHARMACY	636		29	\$817.43	\$392.36
		PRO FEE	960		66	\$1,486.00	\$713.28
		TYPICAL SERVICE PACKAGE TOTAL				\$13,239.43	\$6,354.92
	SHOULDER ARTHROSCOPY/SURGERY			29826			
		*** SERVICE NOT PERFORMED REGULARLY ***					
	SLEEP STUDY, 4 OR MORE ADD'L PARAMETERS OF SLEEP, ATTENDED E			95810			
		ELECTROENCEPHALOGRAM	740		1	\$8,936.00	\$4,289.28
		PRO FEE	960		1	\$434.00	\$208.00
		TYPICAL SERVICE PACKAGE TOTAL				\$9,370.00	\$4,497.28
	SLEEP STUDY, 4 OR MORE ADD'L PARAMETERS OF SLEEP, WITH CPAP/I			97110			
		ELECTROENCEPHALOGRAM	740		1	\$9,999.00	\$4,799.52
		PRO FEE	960		1	\$467.00	\$224.00
		TYPICAL SERVICE PACKAGE TOTAL				\$10,466.00	\$5,023.52

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	SPINAL FUSION EXCEPT CERVICAL W/O MCC			460			
		ROOM	123		2	\$12,104.00	\$5,809.92
		PHARMACY	250		464	\$31,517.28	\$15,128.28
		SUPPLIES	272		1	\$1,334.00	\$640.32
		LABORATORY	305		5	\$574.00	\$275.52
		RADIOLOGY-DIAGNOSTIC	320		2	\$1,398.00	\$671.04
		CT SCAN	350		1	\$3,761.00	\$1,805.28
		OPERATING ROOM	360		277	\$125,758.00	\$60,363.84
		ANESTHESIA	370		213	\$3,834.00	\$1,840.32
		PHYSICAL THERAPY	424		4	\$753.00	\$361.44
		PHARMACY	636		32	\$1,149.12	\$551.58
		RECOVERY ROOM	710		84	\$2,436.00	\$1,169.28
		OTHER DIAGNOSTIC	922		7	\$3,547.00	\$1,702.56
		PRO FEE	960		282	\$13,586.20	\$6,521.38
		TYPICAL SERVICE PACKAGE TOTAL				\$209,116.63	\$100,375.98

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	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC			743			
		ROOM	123		1	\$6,052.00	\$2,904.96
		PHARMACY	250		341	\$19,476.97	\$9,348.95
		LABORATORY	307		1	\$73.00	\$35.04
		LAB-PATHOLOGY	310		1	\$339.00	\$162.72
		OPERATING ROOM	360		214	\$69,122.00	\$33,178.56
		ANESTHESIA	370		200	\$3,600.00	\$1,728.00
		ULTRASOUND	402		1	\$1,374.00	\$659.52
		RECOVERY ROOM	710		67	\$1,943.00	\$932.64
		PRO FEE	960		314	\$4,035.80	\$1,937.18
		TYPICAL SERVICE PACKAGE TOTAL				\$106,015.77	\$50,887.57
	VBAC DELIVERY			59610			
		*** SERVICE NOT OFFERED BY THE HOSPITAL ***					
	XCAPSL CTRC RMVL W/O ECP			66984			
		*** SERVICE NOT PERFORMED REGULARLY ***					