

# Hospital Price Transparency Frequently Asked Questions (FAQs)

This document is designed as a resource for Hospital Price Transparency frequently asked questions (FAQs).

**All FAQs presented in this document are current as of June 27, 2023.**

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## General Provisions

### **Where can I find the regulations that govern hospital price transparency and the final rules that implemented those regulations?**

The regulations are found at 45 C.F.R. Part 180. CMS finalized hospital price transparency requirements under section 2718(e) of the Public Health Service Act, as well as a regulatory scheme under section 2718(b)(3) that enables CMS to enforce those requirements, in the Calendar Year 2020 Hospital Outpatient PPS Policy Changes and Payment Rates and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates, Price Transparency Requirements for Hospitals to Make Standard Charges Public Final Rule (CMS-1717-F2) (Hospital Price Transparency Final Rule). The Hospital Price Transparency Final Rule was published in the Federal Register on November 27, 2019 (84 FR 65524) and is available at <https://www.federalregister.gov/documents/2019/11/27/2019-24931/medicare-and-medicaid-programs-cy-2020-hospital-outpatient-pps-policy-changes-and-payment-rates-and>

CMS amended some of the hospital price transparency requirements in the Calendar Year 2022 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model Final Rule with comment period (CMS-1753-FC) (2022 Updates to Requirements for Hospitals to Make Public a List of Their Standard Charges), which was published in the Federal Register on November 16, 2021 (86 FR 63458, 63941) and is available at <https://www.federalregister.gov/documents/2021/11/16/2021-24011/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment#h-628>

### **What are hospitals required to do under the hospital price transparency regulations? When do hospitals have to comply with these requirements?**

As of January 1, 2021, each hospital operating in the United States was required to provide clear, accessible pricing information about the items and services they provide in two ways:

1. Comprehensive machine-readable file with all items and services.
2. Display of shoppable services in a consumer-friendly format.

### **What amendments did CMS finalize for the hospital price transparency regulations in the CY 2022 OP/ASC final rule?**

CMS finalized the following amendments to the hospital price transparency regulation, which are effective January 1, 2022.

- Increase in Civil Monetary Penalties (CMP): CMS set a maximum CMP of \$300/day that

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applies to smaller hospitals with a bed count of 30 or fewer, a maximum CMP of \$10/bed/day for hospitals with a bed count of 31 up to and including 550 beds, and a maximum CMP of \$5,500/day for hospitals with greater than 550 beds. Under this approach, for a full calendar year of noncompliance, the minimum total penalty amount would be \$109,500 per hospital, and the maximum total penalty amount would be \$2,007,500 per hospital. This approach to scaling the CMP amount retains the current penalty amount for small hospitals, increases the penalty amount for larger hospitals, and affirms the Administration's commitment to enforcement and public access to pricing information.

- **Deeming State Forensic Hospitals as Having Met Requirements:** CMS amended the regulations to deem state forensic hospitals that provide treatment exclusively to individuals who are in the custody of penal authorities as being in compliance with the requirements.
- **Prohibiting Additional Specific Barriers to Access to the Machine-Readable File:** CMS updated the regulation's prohibition of certain activities that present barriers to access to the machine-readable file, specifically requiring that the machine-readable file be accessible to automated searches and direct downloads.

Refer to [86 FR 63941](#).

## **What is the purpose of the Hospital Price Transparency regulation?**

The Hospital Price Transparency Final Rule sets forth the requirements for complying with the law (PHS Act section 2718(e)) that requires hospitals to make public their standard charges. The public release of hospital standard charge information is important to ensuring transparency in health care prices for consumers, while working to address some of the barriers that limit price transparency. We note that while the rules we finalized are a required floor, they do not preclude hospitals from undertaking additional transparency efforts beyond making public their standard charges.

## **How does Hospital Price Transparency support value-based care?**

We believe hospital standard charge information will be useful to the public, including consumers who need to obtain items and services from a hospital, consumers who wish to view hospital prices prior to selecting a hospital, clinicians who use the data at the point of care when making referrals, and other members of the public who may develop consumer-friendly price transparency tools or perform analyses and make policy to drive value-based care. Because the drive towards value depends on access to both quality and cost information, we believe that disclosure of hospital standard charges fully aligns with and supports our drive toward value care as one half of the value proposition. Disclosure of hospital standard charge information will therefore complement quality information so that consumers can make high value decisions about their care (84 FR 65538-65539).

## **Will CMS ensure alignment between the Hospital Price Transparency final rule, the Transparency in Coverage (TIC) Final Rules, and the No Surprises Act?**

As the federal government undertakes to implement these new laws and regulations over the

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next several years, we will continue to monitor and align the Hospital Price Transparency regulations, as necessary (86 FR 63942).

## **Will hospitals be able to apply for a hardship waiver or exception to meeting the Hospital Price Transparency requirements?**

No. The Hospital Price Transparency Final Rule contains no provisions that address waivers or hardship exemptions.

## Definitions

### **How is hospital defined under the Hospital Price Transparency Final Rule? Does the rule apply to Critical Access Hospitals (CAHs), other small or rural hospitals, state owned/operated institutions, Rural Emergency Hospitals (REHs), and non-acute hospitals such as inpatient psychiatric hospitals and inpatient rehabilitation facilities (IRFs)?**

Under 45 CFR [§ 180.20](#), hospital means an institution, in any State in which State or applicable local law provides for the licensing of hospitals, which is licensed as a hospital pursuant to such law or is approved, by the agency of such State or locality responsible for licensing hospitals, as meeting the standards established for such licensing. For purposes of this definition, a State includes each of the several States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. All hospital location(s) operating under the same hospital license (or approval), such as a hospital's outpatient department located at an off-campus location (from the main hospital location) operating under the hospital's license, are subject to the requirements in this rule. This definition includes all Medicare-enrolled institutions that are licensed as hospitals (or approved as meeting licensing requirements) as well as any non-Medicare enrolled institutions that are licensed as a hospital (or approved as meeting licensing requirements). Given this definition, this rule applies to every institution that meets the definition of 'hospital' established by the Hospital Price Transparency Final Rule including institutions such as critical access hospitals, specialty hospitals, and state owned or operated facilities other than those deemed compliant.

Federally owned or operated hospitals (for example, hospitals operated by an Indian Health Program, the U.S. Department of Veterans Affairs, or the U.S. Department of Defense) that do not treat the general public, except for emergency services, and whose rates are not subject to negotiation, are deemed to be in compliance with the requirements for making public standard charges because their charges for hospital provided services are publicized to their patients in advance (for example, through the *Federal Register*). In addition, beginning January 1, 2022, state forensic hospitals that provide treatment exclusively to individuals who are in the custody of penal authorities are deemed to be in compliance with 45 CFR Part 180 because such hospitals are wholly funded through state general funds and treat patients who are not

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responsible for the cost of their care in such hospitals (86 FR 63941).

## **Does the Hospital Price Transparency Final Rule apply to hospitals in the State of Maryland that are subject to global payments set by the Maryland Health Services Cost Review Commission?**

Yes. If your institution meets the definition of ‘hospital’ as defined by the Hospital Price Transparency Final Rule, then your institution must comply. However, some required data elements for display may not be applicable to your hospital. For example, under the Hospital Price Transparency Rule, your hospital is obligated to make public the payer-specific negotiated charges as applicable for each item and service your hospital provides. The term “payer-specific negotiated charge” is defined as the charge that the hospital has negotiated with a third-party payer for an item or service. The term “third party payer” means an entity that is, by statute, contract, or agreement, legally responsible for payment of a claim for a healthcare item or service. If your hospital has not negotiated a charge with a third-party payer for an item or service your hospital provides, then your hospital would not have a “payer-specific negotiated charge” to display for that item or service.

## **What standard charges must hospitals make public?**

A standard charge means the regular rate established by the hospital for an item or service provided to a specific group of paying patients. For purposes of complying with the Hospital Price Transparency Final Rule, this includes five types of standard charges:

1. The gross charge (the charge for an individual item or service that is reflected on a hospital’s chargemaster, absent any discounts).
2. The discounted cash price (the charge that applies to an individual who pays cash, or cash equivalent, for a hospital item or service).
3. The payer-specific negotiated charge (the charge that a hospital has negotiated with a third-party payer for an item or service).
4. The de-identified minimum negotiated charge (the lowest charge that a hospital has negotiated with all third-party payers for an item or service).
5. The de-identified maximum negotiated charge (the highest charge that a hospital has negotiated with all third-party payers for an item or service).

Please refer to 45 CFR [§180.20](#).

## **What hospital “items and services” are included by the Hospital Price Transparency Final Rule? What is a “service package”?**

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For purposes of complying with the hospital price transparency requirements, items and services are all items and services, including individual items and services and service packages, that could be provided by a hospital to a patient in connection with an inpatient admission or an outpatient department visit for which a hospital has established a standard charge. Examples include supplies and procedures, room and board, and use of the facility and other items (generally described as facility fees), services of employed physicians and non-physician practitioners (generally reflected as professional charges), and any other item or service for which a hospital has established a standard charge. Please refer to 45 CFR [§180.20](#).

A service package is an aggregation of individual items and services into a single service for which the hospital has a single standard charge. “Service packages” may have charges established on, for example, the basis of a common procedure or patient characteristic, or may have an established per diem rate that includes all individual items and services furnished during an inpatient stay. Please refer to 45 CFR [§180.20](#).

## **The definition of “items and services” includes services of employed physicians and non-physician practitioners. How does CMS define “employment”?**

Given the variation and complexity in employment models and possible contracting relationships that may exist between hospitals and physicians, we believe it is important to preserve flexibility for hospitals to identify employed physicians or non-physician practitioners under their organizational structure, and, for this reason, we declined to codify a definition of “employment” in the Hospital Price Transparency Final Rule. Refer to 84 FR [65535](#). One resource that hospitals could consider reviewing for purposes of determining whether or not a physician or non-physician practitioner is employed by the hospital is: <https://www.irs.gov/newsroom/understanding-employee-vs-contractor-designation>.

## **Do these requirements apply to non-employed physicians and other practitioners who provide and bill for the same services at the hospital?**

No. Services provided by physicians and non-physician practitioners who are not employed by the hospital are practitioners that are practicing independently, establish their own charges for services, and receive the payment for their services. Such services, therefore, are not services “provided by the hospital.”

## **Do these requirements apply to the services of employed practitioners whose charges are not found in the hospital chargemaster?**

Yes. The Hospital Price Transparency Final Rule does not limit the requirements to only hospital standard charges that are found within the hospital chargemaster, including standard charges for items and services provided by practitioners employed by the hospital. The requirements apply to such charges that may be located elsewhere within the hospital accounting and billing

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system, or, in the case of payer-specific negotiated charges, in contracts and rate sheets that are specific to a particular third-party payer. Please refer to 84 FR [65535](#).

## **Do the standard charges for services performed by physicians and/or non-physician practitioners outside the scope of their employment by the hospital need to be included in the hospital's display of standard charges?**

No, the Hospital Price Transparency Final Rule requires hospitals to post their standard charges for the items and services they provide. Items and services include, but are not limited to, the services of employed physicians and non-physician practitioners (generally reflected as professional charges). They do not include the services that physicians and non-physician practitioners perform outside the scope of their employment by the hospital.

## Public Disclosure Requirements

### **Can hospitals choose between displaying standard charges in a machine-readable format and displaying standard charges for shoppable services in a consumer-friendly format?**

No. Hospitals must make public both of the following: (1) A machine-readable file containing a list of all standard charges for all items and services as provided in 45 CFR §180.50 and (2) a consumer-friendly list of standard charges for a limited set of shoppable services as provided in 45 CFR §180.60. Please note that CMS will deem a hospital as having met the second of these two requirements if the hospital maintains an internet-based price estimator tool that meets the requirements provided in 45 CFR [§180.60\(a\)\(2\)](#).

### **Our hospital does not provide a discounted cash price for items and services. How should we reflect this in the display of standard charge information in our machine-readable file?**

Some hospitals may not have determined a discounted cash price for self-pay consumers for the items and services it provides. In this case, the hospital may post the gross charge as reflected in the hospital chargemaster. Please refer to 84 FR [65553](#).

### **Some of the hospital items or services we offer do not have an associated HCPCS or CPT code. Are we required to list such services? If so, what should be indicated next to the item or service?**

Yes. The Hospital Price Transparency Final Rule requires hospitals to disclose the standard charges for each item or service it provides, therefore, all hospital items and services for which the hospital has established a standard charge must be listed regardless of whether all the required corresponding data elements are available. Corresponding common billing and

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accounting codes must be included, as applicable. Please refer to [Table 1](#) (84 FR [65558](#)) for an example of a display of gross charges which includes this scenario. When an item or service does not have a corresponding standard charge or diagnosis code associated with an item or service, we strongly recommend your hospital use a single indicator to communicate to the public that there is no corresponding code. When using a CMS template, follow the instructions provided in the data dictionary. Please refer to [Table 1](#) (84 FR [65558](#)) for an example of a display of gross charges which includes this scenario.

## **Is there a limitation on the number of third-party payers for which we have to make negotiated charges public? For example, does this requirement apply to contracts with our top payers only?**

No. Hospitals are required to list their standard charges, as applicable, including all payer-specific standard charges, for all items and services with respect to all third-party payers. Please refer to 84 FR [65567](#).

## **What is a “base rate” for a service package?**

The base rate is the payer-specific charge the hospital has negotiated for a service package. Base rates for service packages are typically not found in the hospital chargemaster but can be found in other parts of the hospital’s billing and accounting systems, or in what are known as ‘rate sheets’ found in hospital in-network contracts with their third-party payers. The base rate is **not** the final payment or reimbursement rate for the service package received by the hospital for individual patients.

## **My hospital has established a gross charge for an individual item or service (as found in our chargemaster) but it has not established a payer-specific negotiated charge for that same item or service. In this case, does the hospital price transparency rule require our hospital to establish a payer-specific negotiated charge for that item or service?**

The Hospital Price Transparency regulations require hospitals to make public a list of the standard charges the hospital has established for the items and services it provides and to make these data elements available in a single machine-readable file *as applicable*. We recognize that a hospital may have established one type of standard charge (for example a gross charge) for a particular item or service without having established other types of standard charges (for example, a payer-specific negotiated charge with a particular payer/plan) for the same item or service. When an item or service does not have a corresponding standard charge associated with an item or service, we strongly recommend your hospital use a single indicator to communicate to the public that there is no corresponding standard charge. When using a CMS template, follow the instructions provided in the data dictionary.



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## **How should my hospital display a payer-specific negotiated charge when no standardized dollar amount applies to all the members of a payer/plan, for example, when the contract with the payer/plan specifies that the reimbursement for members covered under the plan will be determined as a standardized algorithm?**

It is possible that a hospital may have established a payer-specific negotiated charge that cannot be displayed as a standardized dollar amount. In these situations, the hospital may indicate the standardized algorithm as its payer-specific negotiated charge in the machine-readable file. Note that estimates and averages do not meet the definition of a ‘payer-specific negotiated charge,’ and, therefore, cannot be displayed by themselves as payer-specific negotiated charges, however, the hospital may choose to include such information (for example, an average reimbursement amount for a procedure that is derived from historical claims data) in addition to the payer-specific negotiated charge for the procedure. Examples can be found in Appendix 1.

## **My hospital has not established or negotiated a standard charge for an item or service. How should I display the lack of standard charge in the machine-readable file? Should I leave it blank?**

The rule at 45 CFR. 180.50 requires that hospitals make public several data elements, including all five types of standard charges, as applicable, in the machine-readable file. We believe the “as applicable” reference is reasonable and necessary, given differences across hospitals that are subject to the regulations. We encourage hospitals to consider taking steps beyond the display requirements of the Hospital Price Transparency regulations to improve the public’s understanding of the data the hospital has posted in its machine-readable file, and, in particular, to clarify why there may appear to be data missing from the machine-readable file. For example, using a single indicator throughout the file could clarify the displayed information for some formats, avoid consumer confusion and complaints, and could help avoid raising compliance concerns during a CMS comprehensive review.

## **How should my hospital display charges for service packages that vary based on severity of illness?**

Base rates for service packages are sometimes adjusted by a multiplier to address severity of illness (SOI) or adjustments for other factors. For example, a joint replacement may have a payer-specific negotiated base rate at \$2,000 with multipliers for various SOIs: intermediate complexity at \$3,000 ( $\$2,000 \times 1.5$ ); high complexity at \$4,000 ( $\$2,000 \times 2$ ); or very high complexity at \$5,000 ( $\$2,000 \times 2.5$ ). The Hospital Price Transparency Final Rule does not limit hospitals from displaying additional clarifying information for patients, for example, providing a base rate for each severity level within a DRG or other clarifying information to patients related to how a service package base rate may change depending on severity of illness (SOI). Please

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refer to 84 FR [65547](#) and [65551](#).

## **In the machine-readable file, can my hospital post an average charge based on historical claims as the payer-specific negotiated charge for an item or service?**

No. As we explained in the CY 2020 Hospital Price Transparency final rule, average charges based on prior years are not acceptable because an ‘average charge’ is not one of the types of standard charges finalized in the rule (84 FR 65571)

## **If a hospital has not provided a service in the previous 12 months, is it required to post the standard charge for that service?**

Yes. CMS finalized the proposal to define hospital “items and services” to mean all items and services, including individual items and services and service packages, that could be provided by a hospital to a patient in connection with an inpatient admission or an outpatient department visit for which the hospital has established a standard charge. In other words, hospitals must post the standard charge (as applicable) for each item/service for which the hospital has established a standard charge. Refer to 45 CFR [§180.20](#).

## **Should Medicaid plan rates be considered part of the de-identified minimum charge and payer-specific charge if a state is a fully managed care Medicaid state?**

Hospitals are required to make public the payer-specific negotiated charges that they have negotiated with third party payers, including charges negotiated by third party payer managed care plans such as Medicare Advantage plans, Medicaid MCOs, and other Medicaid managed care plans. Therefore, a state’s Medicaid managed care contracts may fall within this description, if such managed care contracts include rates negotiated with the hospital. Please refer to 84 FR [65551](#) where we finalized our definition of “third party payer” as an entity that, by statute, contract, or agreement, is legally responsible for payment of a claim for a healthcare item or service.

## **In cases where the hospital has negotiated a payer-specific negotiated charge based on the Medicare or Medicaid FFS rate, can the hospital simply indicate that the price of the hospital item/service is set to the Medicare or Medicaid rate instead of reporting a specific dollar value?**

No. The payer-specific negotiated charge is defined for purposes of the Hospital Price Transparency Final Rule as the charge that a hospital has negotiated with a third-party payer for an item or service, including a service package, and the hospital should list that standard charge. For example, if your hospital has negotiated a payer-specific negotiated charge for a service package that equals 200% of the Medicare FFS reimbursement rate for MS-DRG 123, then your hospital should determine the Medicare reimbursement rate for DRG 123, multiply it

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by 2, and indicate the resulting amount as its payer-specific negotiated charge for that service package.

## **We believe displaying payer-specific negotiated rates publicly would violate the confidentiality clause of the hospital’s contract with our third-party payers. Has CMS addressed this issue?**

Even if a contract between a hospital and a payer contained a provision prohibiting the public disclosure of its terms, it is our understanding that such contracts typically include exceptions where a particular disclosure is required by Federal law. Refer to 84 FR [65544](#).

## **Can you give examples of how to determine the de-identified minimum and maximum negotiated charges for an item or service?**

Once your hospital has listed each item and service it provides, along with the corresponding payer-specific negotiated charges the hospital has established for each one, you must identify the minimum and maximum amount. The following illustrations provide simple examples of how a hospital can determine the de-identified minimum and maximum negotiated charges for each item or service across all their payers. Each example assumes one plan per payer.

Example 1: A hospital negotiates the following payer-specific charges with three payers for an individual item or service, for example, an imaging test identified by billing code ‘12345’.

Item/service description	Billing Code	Payer 1 negotiated charge	Payer 2 negotiated charge	Payer 3 negotiated charge	De-identified minimum negotiated charge	De-identified maximum negotiated Charge
Imaging test	12345	\$125	\$300	\$550	\$125	\$550

Example 2: A hospital negotiates the following payer-specific charges with three payers for two different service packages. The hospital has negotiated a payer-specific charge with Payer 1 for a procedure based on an APR-DRG. With Payers 2 and 3, the hospital has negotiated a payer-specific charge based on the number of days the patient spends in the hospital, that is, a *per diem* charge.

Item/service description	Billing Code	Payer 1 negotiated charge	Payer 2 negotiated charge	Payer 3 negotiated charge	De-identified minimum negotiated charge	De-identified maximum negotiated charge
Procedure	999	\$1250	N/A	N/A	\$1250	\$1250
Per diem	xxx	N/A	\$500	\$450	\$450	\$500

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**What are the similarities and differences of the requirements for the two ways that each hospital must make public a list of the hospital's standard charges for items and services it provides?<sup>1</sup>**

	<b>Comprehensive Machine-readable File</b>	<b>Consumer-friendly display of Shoppable Services<sup>2</sup></b>
General requirement	Single comprehensive machine-readable file containing a list of standard charges, as applicable, for all items and services.	Some standard charge information, as applicable, for at least 300 shoppable services including 70 CMS-specified services presented in a consumer-friendly manner. <sup>3</sup>  The primary shoppable service must be grouped with any ancillary services the hospital customarily provides as part of or in conjunction with the primary service.
Standard Charges	<ul style="list-style-type: none"> <li>•Gross charge</li> <li>•Discounted cash price</li> <li>•Payer-specific negotiated charges</li> <li>•De-identified minimum negotiated charge</li> <li>•De-identified maximum negotiated charge</li> </ul>	<ul style="list-style-type: none"> <li>•Discounted cash price (or gross charge, where the hospital has not established a discounted cash price)</li> <li>•Payer-specific negotiated charges</li> <li>•De-identified minimum negotiated charge</li> <li>•De-identified maximum negotiated charge</li> </ul>
Description of item or service and billing codes	A description of each item or service along with, as applicable, any code used by the hospital for purposes of accounting or billing for the item or service.	A <u>plain-language</u> description of each shoppable service along with, as applicable, any primary code used by the hospital for purposes of accounting or billing for the shoppable service.

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	<b>Comprehensive Machine-readable File</b>	<b>Consumer-friendly display of Shoppable Services<sup>2</sup></b>
Service not offered by hospital	No requirement. CMS recommends using an indicator when one or more of the services are not offered by the hospital (for example, N/A).	Use an indicator when one or more of the CMS-specified shoppable services are not offered by the hospital (for example, N/A).
Format	A single digital file that is machine-readable	No requirement
Naming Convention	Must adhere to the CMS naming convention: <ein>_<hospital-name>_standard charges. [json   xml   csv]	No requirement
Location of information	Displayed prominently on a publicly-available website and in a prominent manner that clearly identifies the hospital location with which the information is associated.	Displayed prominently on a publicly-available website and in a prominent manner that clearly identifies the hospital location with which the information is associated.
Access to information	Must be free of charge and may not require a log-in, password, and/or the submission of any personal identifying information (PII) in order to access. In addition, the information must be accessible to automated searches and direct downloads.	Must be free of charge and may not require a log-in or password, other barriers, and/or the submission of any personal identifying information (PII).
Search Capability	Digitally searchable	Searchable by service description, billing code, and payer
Updates	Annually – with date of last update clearly indicated	Annually – with date of last update clearly indicated

<sup>1</sup> A complete overview of requirements can be found at [Subpart B-Public Disclosure Requirements](#).

<sup>2</sup> A hospital is deemed by CMS to meet the requirements of this section if the hospital maintains an Internet-based price estimator tool which meets the following requirements:

- Provides estimates for as many of the 70 CMS-specified shoppable services that are provided by the hospital, and as many additional hospital-selected shoppable services as is necessary for a combined total of at least 300 shoppable services.
- Allows healthcare consumers to, at the time they use the tool, obtain an estimate of the amount they will be obligated to pay the hospital for the shoppable service.
- Is prominently displayed on the hospital's website and accessible to the public without charge and without having to register or establish a user account or password.

<sup>3</sup> If a hospital does not provide 300 shoppable services, the hospital must make public its standard charges for as many shoppable services as it provides.

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## Machine-Readable File

### **What is a ‘machine-readable’ file format?**

A machine-readable file format is a digital representation of data or information in a file that can be imported or read into a computer system for further processing. Examples of this format include, but are not limited to, .XML, .JSON, and .CSV formats. Refer to 45 CFR [§ 180.20](#).

### **What updates did CMS make to the accessibility requirements of the machine-readable file in the CY 2022 OPPTS/ASC final rule?**

As of January 1, 2022, CMS requires that the machine-readable file must be accessible to automated searches and direct downloads through a link posted on a publicly available website (45 CFR [§180.50 \(d\)\(3\)\(iv\)](#)). Specific examples of barriers to automated searches and direct downloads that CMS identified include, but are not limited to, lack of a link for downloading a single machine-readable file, using “blocking codes” or CAPTCHA, and requiring the user to agreement to terms and conditions or submit other information prior to access. Refer to 86 FR [63952](#).

### **How can my hospital ensure that its machine-readable file is “prominently displayed”?**

The Hospital Price Transparency final rule states “displayed prominently” means “the value and purpose of the web page and its content is clearly communicated, there is no reliance on breadcrumbs to help with navigation, and that the link to the standard charge file is visually distinguished on the web page.” Additionally, “easily accessible” means “the standard charge data are presented in a single machine-readable file that is searchable and that the standard charges file posted on a website can be accessed with the fewest number of clicks” (84 FR [65561](#)). We recommend that hospitals do the following to ensure the machine-readable file is prominently displayed:

- Review and use, as applicable, the HHS Web Standards and Usability Guidelines (available at: <https://webstandards.hhs.gov/>), which are research-based and are intended to provide best practices over a broad range of web design and digital communications issues.
- Post a link to the machine-readable file on a website where the value and purpose of the web page and its content is clearly communicated, for example, a dedicated price transparency webpage or a webpage devoted to patient billing or financing healthcare services.
- While “breadcrumbs” (e.g., secondary navigation aids) can be useful for navigating a website, they should not be relied upon in order for consumers to find the link to the machine-readable file. Instead, facilitate user navigation by including searchable terms on the webpage such as “price transparency,” “standard charges,” or “machine-readable file.”

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Ensure that the link to the machine-readable file is visually distinguished on the web page, and that its purpose is to open the single machine-readable file for a particular hospital location. Refer to [45 CFR § 180.50\(d\)\(2\)](#)

## **What naming convention should hospitals use when making public the machine-readable file? How can I find the EIN and associated hospital legal name?**

Hospitals must use the following CMS naming convention as specified in the regulations at 45 CFR [180.50\(d\)\(5\)](#) for the machine-readable file: <ein>\_<hospital-name>\_standardcharges.[json|xml|csv] in which the EIN is the Employer Identification Number of the hospital, followed by the hospital name, followed by “standardcharges” followed by the hospital’s chosen file format (84 FR 65562). It is important that you follow the rule’s naming convention. Specifically, hospitals must use the following schema:

- Write out “standardcharges” as a single word, without capitalization.
- Finish by using the .json, .xml, or .csv as applicable to the file format you have chosen.
- Separate the EIN, hospital name, and “standardcharges” by using an underscore: 12345678\_example-hospital-name\_standardcharges.csv

In addition, hospitals may do the following:

- Exclude dashes from the EIN (use “12345678”, not “12-345678”)
- Use the legal name of the hospital without capitalization and include dashes between words (use “example-hospital-name”, not “Example Hospital Name”)

Hospital EINs and legal names can be found using lookups hosted by the IRS (<https://apps.irs.gov/app/eos/>) and SEC (<https://www.sec.gov/edgar/search/>)

**We have multiple facilities and locations, each with its own list of standard charges, functioning under the same EIN and legal name. CMS regulations require that “Each hospital location operating under a single hospital license (or approval) that has a different set of standard charges than the other location(s) operating under the same hospital license (or approval) must separately make public the standard charges applicable to that location.” In this case, what naming convention should we use for these machine-readable files?**

Hospitals must use the CMS naming convention as specified in the regulations at 45 CFR [180.50\(d\)\(5\)](#) but may also add “-<NPI>” following the EIN (where “#” is the National Provider Identifier that corresponds to the hospital location). NPIs and hospital names can be found using this lookup: <https://npiregistry.cms.hhs.gov/>. For example, “Example Hospital Name” with EIN of 12345678 has two locations with NPIs of “1011121314” and “1516171819”, each with its own set of standard charges. This hospital could name its two csv-formatted machine-readable files as “12345678-1011121314\_example-hospital-name\_standardcharges.csv” and “12345678-1516171819\_example-hospital-name\_standardcharges.csv”, respectively.



# Hospital Price Transparency Frequently Asked Questions (FAQs)

**In the machine-readable file, are hospitals required only to display the payer-specific negotiated charges for each item/service that is found in the hospital chargemaster, even when the hospital has negotiated rates with some payers based on ‘service packages’?**

The machine-readable file posted online by the hospital should include not only the items and services listed in the chargemaster but also list any service packages for which the hospital may have established a standard charge. For example, some payer-specific negotiated rates are for ‘service packages’ (for example, per diem or based on a procedure). Such ‘service packages’ are not typically found in the hospital chargemaster which is a list of itemized items and services, but a hospital is still required to display the payer-specific negotiated charge (and all other standard charges applicable) for which the hospital has established a standard charge regardless of whether it appears in the chargemaster. Please refer to 84 CFR [65534](#) for further discussion.

## Consumer-friendly Display of Shoppable Services

**What is a shoppable service? Are medications considered shoppable services?**

A shoppable service means a service that can be scheduled by a healthcare consumer in advance. Procedures such as joint replacements and services such as physical therapy are examples of shoppable services. Hospital administration of a medication could be considered a shoppable service if it can be scheduled in advance. Examples of administration of a medication that could be considered a shoppable service are the administration of flu shots or medication infusions for chronic conditions. The definition of ‘shoppable service’ can be found at 45 CFR [§180.20](#).

**What if a hospital does not provide one or more of the 70 CMS-specified shoppable services or provides less than 300 shoppable services in total? How can requirements of this regulation be met?**

If a hospital does not provide one or more of the 70 CMS-specified shoppable services, the hospital must select additional shoppable services such that the total number of shoppable services is at least 300. If a hospital does not provide 300 shoppable services, the hospital must list as many shoppable services as they provide. The hospital must clearly indicate any CMS-specified shoppable service that it does not provide. The hospital may use “N/A” for the corresponding charge or use another appropriate indicator to communicate to the public that the shoppable service is not provided by the hospital. Refer to 84 FR [65569](#) and [65574](#) for further discussion.



# Hospital Price Transparency Frequently Asked Questions (FAQs)

## **What is an ‘ancillary item and service’?**

Ancillary services, defined at 45 CFR [§180.20](#), are any item or service a hospital customarily provides as part of, or in conjunction with, a shoppable primary service and may include laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including post-anesthesia and postoperative recovery rooms), therapy services (physical, speech, occupational), hospital fees, room and board charges, and charges for employed professional services. Ancillary services may also include other special items and services for which charges are customarily made in addition to a routine service charge. For example, an outpatient procedure may include many services that are provided by the hospital, for example, local and/or global anesthesia, services of employed professionals, supplies, facility and/or ancillary facility fees, imaging services, lab services and pre- and post-op follow up. To the extent that a hospital customarily provides (and bills for) such ancillary services as a part of, or in conjunction with, the primary service, the hospital should group the ancillary service charges along with the other standard charges that are displayed for the shoppable service. For further discussion of ancillary services refer to 84 FR [65564](#).

## **How should a hospital display charges for a shoppable service in a consumer-friendly manner when the hospital offers it as a service package or when the hospital already includes all ancillary services as part of the service package charge?**

To the extent that a hospital includes in its public display a shoppable service that it commonly provides as a service package, the hospital must display the charge the hospital has established for the service package as a whole. In other words, if the hospital has established a standard charge for a service package, the hospital must display that standard charge as opposed to displaying a manufactured charge for each of the individual items and services that make up the service package. For example, when displaying the charge for a shoppable service identified by a DRG, the hospital would display the payer-specific negotiated charge (the “base rate”) negotiated with a third-party payer for the DRG. To be consumer friendly, the hospital may elect to communicate the individual items and services included in the standard charge for the service package, but this is not required under the Hospital Price Transparency Final Rule.

However, should a hospital customarily provide any items or services beyond those already included in a service package, the rule does require hospitals to list any such additional ancillary services the hospital customarily provides with the shoppable service. In other words, the hospital must provide a description of the ancillary service along with its standard charge(s) and other required data elements, as applicable.

## **What does CMS consider to be a plain-language description for purposes of the consumer-friendly display?**

# Hospital Price Transparency Frequently Asked Questions (FAQs)

The regulations at 45 CFR § 180.60(b)(1) require hospitals to include a plain-language description for each of the 70 CMS-specified and 230 hospital-selected shoppable services in its consumer-friendly display. We invite hospitals to review the Federal plain language guidelines that can be found here: <https://plainlanguage.gov/guidelines/>. Refer to 84 FR [65573](#).

Examples that we would consider plain-language descriptions:

- Direct Admission to the Hospital from Observation Status
- CT of the Head or Brain with Contrast
- MRI of Orbit, Face, or Neck with and without Contrast

Examples that we would *not* consider plain-language descriptions:

- OBSRV ASMT DIRECT ADMIT1
- CT HEAD/BRAIN W/CON 42
- MRI ORB/FACE/NK W/WO CON 43

## **Can a price estimator tool be used to meet the requirement to display shoppable services in a consumer-friendly format? If yes, what requirements must the price estimator tool meet?**

Yes. In the Hospital Price Transparency Final Rule, we stated that we had been persuaded by commenters' suggestions that hospitals offering online price estimator tools that provide real-time individualized out-of-pocket cost estimates should receive consideration. For further discussion on the requirements of a price estimator tool, please see 45 CFR [§180.60\(a\)\(2\)](#).

Although we recognize that some hospital price estimator tools may not display consumer-friendly standard charge information in the precise ways we are requiring under the rule, they do appear to accomplish the goal and intent of ensuring such information is available in a consumer-friendly manner by allowing individuals to directly determine their specific out-of-pocket costs in advance of committing to a hospital service. We emphasize, however, that hospitals must still publish their standard charges for the items and services they provide in a comprehensive machine-readable file (refer to 45 CFR [§180.50](#)). In other words, offering a price estimator tool can satisfy the requirement to post shoppable service information in a consumer-friendly format but does not satisfy the requirement to display hospital standard charges in a comprehensive machine-readable file.

Further, if a hospital chooses to exercise this option, the hospital Internet-based price estimator tool must meet the following criteria to be deemed in compliance:

- Provide estimates for as many of the 70 CMS-specified shoppable services that are provided by the hospital, and as many additional hospital-selected shoppable services as

# Hospital Price Transparency Frequently Asked Questions (FAQs)

is necessary for a combined total of at least 300 shoppable services.

- Allow healthcare consumers to, at the time they use the tool, obtain an estimate of the amount they will be obligated to pay the hospital for the shoppable service.
- Is prominently displayed on the hospital's website and accessible to the public without charge and without having to register or establish a user account or password.

Refer to 84 FR [65577](#) for further discussion on this topic.

## **If a hospital chooses to use a price estimator tool as an alternative to meeting the requirements for making public the standard charges for shoppable services in a consumer-friendly manner, may hospitals collect patient insurance information or other PII in order to generate a real-time out-of-pocket estimate for the patient?**

Yes. In the Hospital Price Transparency Final Rule, we specifically did not include a requirement that no PII be collected because we recognize that insurance information may be necessary to provide patients with real-time personalized OOP price estimates. In order to ensure there is flexibility for the data elements, format, location, and accessibility of a price estimator tool that would be considered to meet the requirements of 45 CFR 180.60, we established minimum data and functionality requirements at 45 CFR §180.60(a)(2). Refer to 84 FR [65578](#) for further discussion on this topic and to 45 CFR §[180.60\(a\)\(2\)](#) for the requirements.

## **For the price estimator tool, would a display of an estimated range across all commercial payers for each of the 300 shoppable services meet the requirements?**

No. As clarified in the CY 2022 OPPS/ASC final rule, if a hospital chooses to offer a price estimator tool in lieu of displaying standard charges in a consumer-friendly manner, the hospital must ensure (among the other requirements at 45 CFR 180.60(a)(2)) that the tool allows healthcare consumers to, at the time they use the tool, obtain an estimate of the amount that the hospital anticipates the individual would be obligated to pay. This means that the estimated amount is a personalized estimate of "the amount" the individual would be obligated to pay and is therefore represented as a single out-of-pocket dollar amount that takes into account the individual's insurance status (see 86 FR 63954). We note, however, that Hospital Price Transparency final rule is not prescriptive regarding the method by which a hospital's price estimator tool estimates the individual's single out-of-pocket dollar amount, and nothing in the rule prevents a hospital from developing an accurate and reliable cost estimate using prior claims information or from providing additional information that may be useful to the end-user, such as the range of out-of-pocket costs for the population to which the individual belongs.

# Hospital Price Transparency Frequently Asked Questions (FAQs)

## **Does CMS have an example of disclaimer language that a hospital could use on its price estimator tool?**

No. Each hospital is unique and serves a unique patient population. We encourage, but do not require, hospitals to provide disclaimers as applicable and appropriate in their price estimator tools, including disclaimers acknowledging the limitation of the presented standard charge information and advising the user to consult, as applicable, with his or her health insurer to confirm individual payment responsibilities and remaining deductible balances. Similarly, we encourage, but do not require, that hospital standard charge information include the following:

- Notification of the availability of financial aid, multiple procedure discounts, payment plans, and assistance in enrolling for Medicaid or a state program.
- An indicator for the quality of care in the healthcare setting.
- Making the standard charge information available in languages other than English, such as Spanish and other languages that would meet the needs of the communities and populations the hospital serves.

We discussed the flexibility to provide disclaimers in hospital price estimator tools at 84 FR [65578-65579](#).

## **Can CMS provide a list of internet-based price estimator tool vendors?**

No, we do not have an available list of vendors who provide price estimator tool application software.

## **Can hospitals provide additional consumer-friendly resources?**

Yes. Hospitals are encouraged to embrace a patient-centered approach to care in all forms, including providing consumer-friendly resources related to cost of care that will empower patients with pricing information to help them make healthcare decisions that work best for them.

## **Do contracts with non-payer companies, i.e., local employers for drug screening, need to be included in the list of payer-specific negotiated rates?**

The term “payer-specific negotiated charge” is defined as the charge that the hospital has negotiated with a third-party payer for an item or service. The term “third party payer” is defined as an entity that is, by statute, contract, or agreement, legally responsible for payment of a claim for a healthcare item or service. Therefore, if a local company meets the definition of “third party payer” and your hospital has negotiated a payer-specific negotiated charge for an item or service with that company, then you must list the payer-specific negotiated charge for the item or service, along with the other required data elements, as applicable. These definitions can be found at 45 CFR [§180.20](#).

# Hospital Price Transparency Frequently Asked Questions (FAQs)

## Monitoring and Penalties for Noncompliance

### **What happens if a hospital does not comply?**

CMS has the authority to monitor hospital compliance with section 2718(e) of the Public Health Service Act, by evaluating complaints made by individuals or entities to CMS, reviewing individuals' or entities' analysis of noncompliance, and auditing hospitals' websites. Should CMS conclude a hospital is noncompliant with one or more of the requirements to make public standard charges, CMS may provide a warning notice to the hospital, request a corrective action plan (CAP) from the hospital if its noncompliance constitutes a material violation of one or more requirements, and may assess on a hospital a civil monetary penalty, and publicize the penalty on a CMS website, should the hospital fail to respond to CMS' request to submit, or comply with the requirements, of a CAP. Please refer to amended 45 CFR § 180.90 for adjusted penalty amounts under [Subpart C- Monitoring and Penalties for Noncompliance](#).

### **Is CMS enforcing the Hospital Price Transparency rules?**

Yes. CMS expects hospitals to comply with these legal requirements and is actively enforcing these rules to ensure people know what a hospital charges for items and services. The public is invited to [submit a complaint](#) to CMS if it appears that a hospital has not posted information online.

### **What is CMS' process for enforcing the Hospital Price Transparency rules?**

The enforcement process is established in the Hospital Price Transparency regulations and occurs in a phased manner. The process typically involves a comprehensive compliance review in response to CMS audit or a complaint received through the Hospital Price Transparency website. If CMS concludes a hospital is noncompliant with one or more of the requirements to make public standard charges, CMS may take any of the following actions, which generally, but not necessarily, will occur in the following order:

- Provide a written warning notice to the hospital of the specific violation(s)
- Request a Corrective Action Plan (CAP) if noncompliance constitutes a material violation of one or more requirements
- Impose a civil monetary penalty

In accordance with 45 CFR 180.80(c), if CMS issues a request for a hospital to submit a CAP, it must be submitted by the date specified in the request and must specify the process the hospital will take to address the deficiency(ies) identified by CMS and the timeframe by which the hospital will complete the corrective action. A CAP is subject to CMS review and approval. For reference, CMS has developed a [CAP Response Sample](#) as an optional format for submitting a CAP. Should a hospital that CMS has identified as noncompliant fail to respond to CMS' request to submit a CAP or comply with CAP requirements, CMS may impose a CMP in accordance with 180.90(a). Once CMS issues a CMP, CMS will post the notice of imposition of a CMP on a CMS website (45 CFR 180.90(e)).

# Hospital Price Transparency Frequently Asked Questions (FAQs)

## How does CMS assess compliance?

During a comprehensive compliance review, CMS assesses whether the hospital's disclosure of standard charges meet the requirements specified at 45 CFR Part 180. Specifically, CMS assesses whether the hospital has displayed standard charges in a machine-readable file in accordance with the criteria established at 45 CFR §[180.50](#) and shoppable services in a consumer-friendly manner in accordance with the criteria established at 45 CFR §[180.60](#).

## What is CMS doing to educate hospitals and assist them with compliance?

CMS has, to date, engaged in a number of education and outreach activities to help prepare hospitals for compliance:

- held several National Open Door Forums to review the requirements of the Hospital Price Transparency final rule;
- established a dedicated [hospital price transparency website at https://www.cms.gov/hospital-price-transparency](https://www.cms.gov/hospital-price-transparency); and
- established an inquiry email box ([PriceTransparencyHospitalCharges@cms.hhs.gov](mailto:PriceTransparencyHospitalCharges@cms.hhs.gov)) and ([HPTCompliance@cms.hhs.gov](mailto:HPTCompliance@cms.hhs.gov)).

Transcripts of National Open-Door Forums can be found here: <https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/PodcastAndTranscripts>. The hospital price transparency website includes the following resources to assist hospitals in meeting compliance:

- A link to the Hospital Price Transparency final rule in the Federal Register (<https://www.govinfo.gov/content/pkg/FR-2019-11-27/pdf/2019-24931.pdf>).
- A link to the CY 2022 OPPI/ASC final rule (<https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf>)
- August 11, 2021 Hospital Price Transparency Stakeholder Webinar Presentation (PDF): <https://www.cms.gov/files/document/august-11-2021-hospital-price-transparency-odf-slide-presentation.pdf>
- An extensive FAQ document that is continually updated to provide guidance and address common inquiries (<https://www.cms.gov/files/document/hospital-price-transparency-frequently-asked-questions.pdf>);
- Two step-by-step documents designed to assist hospitals in implementing each of the two main requirements: *8 Steps to a Machine-Readable File* (<https://www.cms.gov/files/document/steps-machine-readable-file.pdf>) and *10 Steps to a Consumer-Friendly Display* (<https://www.cms.gov/files/document/steps-making-public-standard-charges-shoppable-services.pdf>); and
- A Quick Reference Checklist to assist hospital review of the Hospital Price Transparency regulatory requirements (<https://www.cms.gov/files/document/hospital-price-transparency-final-rule-quick-reference-checklists.pdf>).

# Hospital Price Transparency Frequently Asked Questions (FAQs)

## **I received a warning notice from CMS. How do I contact CMS with questions about the deficiencies outlined in the notice?**

The CEO/President of the hospital or their authorized representative may contact CMS via email at: [HPTCompliance@cms.hhs.gov](mailto:HPTCompliance@cms.hhs.gov). When contacting CMS for technical assistance regarding the Hospital Price Transparency warning letter you received, please submit detailed questions in writing. CMS cannot offer anything that could be construed as legal advice and recommend that individuals consult with hospital counsel and/or compliance officials.

## **How do I authorize a representative to talk to CMS about my hospital's warning notice?**

As a policy matter, CMS will only discuss the hospital's compliance status with the recipient of the warning notice (specifically, the addressee of the warning notice) or the authorized representative. The CEO/President of the hospital may appoint a designee if he/she will not be the official representative communicating with CMS regarding the Hospital Price Transparency program. To appoint a representative the CEO:

- Should notify CMS by emailing [HPTCompliance@cms.hhs.gov](mailto:HPTCompliance@cms.hhs.gov) from the CEO's corporate e-mail of the intent to appoint someone other than the CEO as the official representative of the organization for Hospital Price Transparency.
- Should include in the email the designee's name, title, e-mail, and phone number to ensure any confidential information will be shared only with the hospital's official representative.
- Should send the email to [HPTCompliance@cms.hhs.gov](mailto:HPTCompliance@cms.hhs.gov).

## **Do I need to notify CMS when my hospital has corrected any deficiencies identified in the warning notice?**

If your hospital receives a warning notice, CMS will indicate the date by which the hospital must take action to correct the deficiency or deficiencies identified by CMS. CMS will review the hospital website after the close of the indicated period to determine if the deficiencies have been remedied or if further compliance actions are warranted.

## **My hospital is part of a larger hospital system. If one of the hospitals in the system received a warning notice from CMS outlining deficiencies, does this mean that all other hospitals in my system are compliant?**

No. A warning notice or request for corrective action sets forth CMS's determination of non-compliance with respect to the specific hospital receiving the letter. Nothing in the warning letter sent to a hospital in a system of hospitals implies a determination of non-compliance for other hospitals in the system. The warning notice, however, may serve as a helpful compliance indicator for other hospitals within a hospital system that have followed similar (or identical) reporting methods. Refer to [Subpart C- Monitoring and Penalties for Noncompliance](#).



# Hospital Price Transparency Frequently Asked Questions (FAQs)

## **How will CMS calculate the Civil Monetary Penalty (CMP), beginning January 1, 2022, and with respect to that timeframe forward? What is the CMP calculation?**

The maximum daily CMP amount for hospitals with 30 or fewer beds is \$300, even if the hospital is in violation of multiple discrete requirements. The maximum daily CMP amount for hospitals with at least 31 and up to 550 beds is the number of beds times \$10. For hospitals with greater than 550 beds, the maximum daily CMP amount is \$5,500, even if the hospital is in violation of multiple discrete requirements. Refer CFR 180.90(c)(2).

Ex. A noncompliant hospital with a bed count of 200 would be assessed a maximum daily CMP of \$2,000/day ( $\$10 \times 200/\text{day}$ ) or \$730,000/year.

<b>Number of Beds</b>	<b>Maximum Penalty Applied Per Day</b>	<b>Total Maximum Penalty Amount for full Calendar Year of Noncompliance</b>
30 or fewer	\$300 per hospital	\$109,500 per hospital
31 up to 550	\$310 - \$5,500 per hospital (number of beds times \$10)	\$113,150 - \$2,007,500 per hospital
>550	\$5,500 per hospital	\$2,007,500 per hospital

*Note: In subsequent years, amounts will be adjusted according to 45 CFR 180.90(c)(3).*

## **Why is a scaling factor being used?**

A scaling factor is being used to address a trend towards a high rate of hospital noncompliance identified by CMS through sampling and reviews to date, and the reported initial high rate of hospital noncompliance with 45 CFR part 180. Several factors informed our decision to use a scaling factor to determine the CMP, including: the ability to penalize based on a sliding scale method that relates to the hospital's characteristics, such as using the hospital's number of beds as a proxy for the size of the patient population;; the use of scaling factors in other Federal programs to determine CMP amounts; and the availability of a reliable source of data that can be used to establish a CMP amount across most hospitals. We believe a scaling factor approach strikes an appropriate balance and provides for the assessment of a CMP that is commensurate with the level of severity of the potential violation. Refer to 86 FR [63948](#).

## **What is the source of data used to determine bed count for scaling the CMP and where is that information located?**

The scaling factor for the CMP amount uses hospital cost report data. This data is routinely submitted by Medicare-enrolled hospitals, is certified by a hospital official, and is reviewed by a Medicare Administrative Contractor (MAC) to determine acceptability and is submitted annually. The cost report contains provider information such as facility characteristics and financial statement



# Hospital Price Transparency Frequently Asked Questions (FAQs)

data. CMS maintains the cost report data in the Healthcare Provider Cost Reporting Information System (HCRIS). Further, the chief financial officer or administrator of the provider certifies the content of the submitted cost report is true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions.<sup>1</sup> The website is available here: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports>. Refer to 86 FR [63944](#)

## **How will CMS determine the bed count for a hospital that is not a Medicare-enrolled hospital?**

If the bed count information cannot be determined using Medicare hospital cost report data, CMS will specify the conditions for CMS' receipt of documentation from the hospital to determine its number of beds, and if the hospital does not provide CMS with such documentation (in the prescribed form and manner, and by the specified deadline), CMS will impose a CMP on the hospital at the highest, maximum daily dollar amount (\$5,500 per day). Refer to 45 CFR [§180.90\(c\)\(2\)\(ii\)\(D\)\(2\)](#).

## **Where will the public list of non-compliant hospitals that are assessed a CMP be located?**

The public list of non-compliant hospitals that are assessed a CMP will be located on the CMS Price Transparency website: <https://www.cms.gov/hospital-price-transparency>.

## Appeals of Civil Monetary Penalties

### **Can a hospital appeal a civil monetary penalty related to hospital price transparency?**

Yes. A hospital upon which CMS has imposed a penalty may request a hearing before an Administrative Law Judge (ALJ) in accordance with [45 CFR part 180, subpart D](#). In deciding whether the amount of a civil monetary penalty is reasonable, the ALJ may only consider evidence of record related to the following: hospital's posting(s) of standard charges, if available; material the hospital timely previously submitted to CMS (including with respect to corrective actions and corrective action plans), and material CMS used to monitor and assess the hospital's compliance.

### **How long does a hospital have to request a hearing?**

A hospital must request a hearing within 30 calendar days after the date of issuance of the notice of imposition of a civil monetary penalty. The "date of issuance" is no more than five (5)

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<sup>1</sup> 42 CFR 413.24(f)(4)(iv). See also, Form CMS-2552-10. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021935>, Chapter 40-(T16)-- Hospital & Hospital Health Care (Form CMS-2552-10) (ZIP), file "R16P240f.pdf", Part II – Certification.

# Hospital Price Transparency Frequently Asked Questions (FAQs)

days after the filing date postmarked by the U.S. Postal Service, or deposited with a carrier for commercial delivery, unless there is a showing that the document was received earlier. Please refer to 45 CFR §[150.401](#), [150.405\(a\)](#).

## **Can a hospital request an extension of time for filing a request for a hearing?**

A request for an extension of time must be made promptly by written motion. The ALJ may extend the time for filing a request for hearing only if the ALJ finds that the hospital was prevented by events or circumstances beyond its control from filing its request within 30 calendar days after the date of issuance of the notice of imposition of a civil monetary penalty. Please refer to 45 CFR [§ 150.405\(b\)](#).

## **What happens if a hospital does not request a hearing within the required timeframe?**

If a hospital does not request a hearing within 30 calendar days of the issuance of the notice of imposition of a CMP, CMS may impose the CMP indicated in such notice and may impose additional penalties pursuant to continuing violations according to 45 CFR 180.90(f) without right of appeal. 45 CFR §[180.110\(b\)](#) provides that the hospital has no right to appeal a penalty for which it has not requested a hearing in accordance with 45 CFR §150.405, unless the hospital can show good cause, as determined at §150.405(b), for failing to timely exercise its right to a hearing.

## **In the CY 2022 OPPS/ASC final rule, CMS indicated a belief that it was necessary to increase the penalty amount as a result of an internal analysis in early 2021. What were the findings from the CMS analysis?**

Beginning January 1, 2021, CMS initiated audits of the websites of hospitals subject to the hospital price transparency rule and determined that the noncompliance rate with one or more of the requirements was approximately 75%. As a result, we proposed and finalized an increase to the penalty for noncompliance, beginning January 1, 2022.

## **What were the most frequent “deficiencies” seen by CMS during a comprehensive compliance review in 2021?**

- Of hospitals that received warning notices in CY 2021, approximately 70% had deficiencies associated with the machine-readable file, while just under 30% were cited for deficiencies in both the machine-readable file and the consumer-friendly display. Very few hospitals were cited for deficiencies related only to the consumer-friendly display. Of hospitals found to be noncompliant with the machine-readable file display, the most common deficiencies included:
- Failure to make public a single machine-readable file.
- Missing one or more of the five types of standard charges.
- Including all five types of standard charges but failing to clearly associate the payer-specific

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negotiated charges with the name of the third-party payer and plan.

Of hospitals found to be noncompliant with the consumer-friendly display, the most common deficiencies included:

- Failure to make available a consumer-friendly list of standard charges for shoppable services or to offer a price estimator tool
- Failure to include all corresponding data elements (such as the required types of standard charges, ancillary services, and relevant billing codes).

# Hospital Price Transparency Frequently Asked Questions (FAQs)

## Appendix 1: Machine-Readable File Display Recommendations

**Example 1:** For Payer A/Plan 1, the hospital has established a payer-specific negotiated charge for a procedure that is based on a percent discount off the total gross charges generated during a patient’s stay, and the total gross charges generated during a patient’s stay will vary from patient to patient.

Display recommendation: In this case, for Payer A/Plan 1, the hospital could provide a description of the procedure and indicate a payer-specific negotiated charge of “50% off total gross charges”.

**Example 2:** For Payer A/Plan 1, the hospital has established a payer-specific negotiated charge for a procedure that includes both a standardized dollar amount (such as a base rate of \$5,000) and an amount that is variable (such as a 50% percent discount off the gross charge for the implanted device chosen by the surgeon).

Display recommendation: The preferred approach is to display each standard charge as a standardized dollar amount. For example:

Description	Code	Gross Charge	Payer A/Plan 1
[procedure]	[code]	N/A	\$5,000
[implantable device 1]	[code]	\$1,500	\$750
[implantable device 2]	[code]	\$2,000	\$1,000

In some cases, the standardized dollar amount for an implantable device may not be available, for example, when the device is purchased on an as-needed basis and the cost of the device is dependent on the prevailing market rate at the time of purchase. In this example, for Payer A/Plan 1, the hospital could provide a description of the procedure and indicate a payer-specific negotiated charge of the base rate (\$5,000) and a separate charge of “50% off the gross charge” for the implantable device.

Description	Code	Gross Charge	Payer A, Plan 1
[procedure]	[code]	N/A	\$5,000
[implantable device 1]	[code]	Market price	50% off gross charge

In other cases, the same implantable device may be used in different procedures, and the payer-specific negotiated charge for the device varies for each procedure. For example, the payer-specific negotiated charge for the implantable device is 50% of the gross charge when used for procedure X and the payer-specific negotiated charge for the same implantable device is 60% of the gross charge when used for procedure Y. The preferred approach would be to describe the procedure and provide the standardized dollar amount as the base rate (\$5,000) and ensure that the description of each implantable device reflects its use in each procedure along with their associated standardized dollar amount (discounted rate) as

# Hospital Price Transparency Frequently Asked Questions (FAQs)

follows:

Description	Code	Gross Charge	Payer A, Plan 1
[procedure X]	[code]	N/A	\$5,000
[procedure Y]	[code]	N/A	\$5,000
[implantable device 1 when used for procedure X]	[code]	\$1,500	\$750
[implantable device 1 when used for procedure Y]	[code]	\$1,500	\$600

As an alternative, for Payer A/Plan 1, the hospital could provide a description of procedure X and indicate a payer-specific negotiated charge as the base rate (\$5000) + the established percent discount off the gross charge for the implantable device as follows:

Description	Code	Gross Charge	Payer A, Plan 1
[procedure X]	[code]	N/A	\$5,000 + 50% off the gross charge of the implantable device
[procedure Y]	[code]	N/A	\$5,000 + 60% off the gross charge of the implantable device
[implantable device 1]	[code]	\$1,500	

**Example 3:** For Payer A/Plan 1, the hospital has established a payer-specific negotiated charge for all medications of 50% off the gross charge when administered in one setting (such as the emergency department identified by revenue center code 0450) and 60% of the gross charge when administered in another setting (such as the general medical inpatient ward, identified by revenue center code 0150).

Display recommendation: As noted above, we recommend that hospitals display the payer-specific negotiated charge for each medication in each setting as a standardized dollar amount by listing each one separately.

The preferred approach is for hospitals to display the payer-specific negotiated charges for each medication as a standardized dollar amount like this:

Description	Quantity	Code 1	Code 2	Gross Charge	Payer A, Plan 1
[medication 1]	[X]	[NDC 1]		\$3.00	N/A
[medication 1]	[X]	[NDC 1]	Rev code 0450	\$3.00	\$1.50
[medication 1]	[X]	[NDC 1]	Rev code 0150	\$3.00	\$1.20
[medication 2]	[X]	[NDC 2]		\$4.00	N/A
[medication 2]	[X]	[NDC 2]	Rev code 0450	\$4.00	\$2.00
[medication 2]	[X]	[NDC 2]	Rev code 0150	\$4.00	\$1.60
[medication 3]	[X]	[NDC 2]		\$5.00	N/A

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[medication 3]	[X]	[NDC 2]	Rev code 0450	\$5.00	\$2.50
[medication 3]	[X]	[NDC 2]	Rev code 0150	\$5.00	\$2.00

However, we recognize that doing so could exponentially increase the data in the file which may present a challenge for some hospitals and a barrier to consumer access. Therefore, the hospital could also display payer-specific negotiated charge established by the hospital as a standardized algorithm if the standardized algorithm (e.g., 50% off gross charges) and the description of the item/service (e.g. all medications provided in the emergency department) is sufficient for the public to determine what the payer-specific negotiated charge would be and under what conditions:

Description	Quantity	Code 1	Code 2	Gross Charge	Payer A, Plan 1
[medication 1]	[X]	[NDC]		\$3.00	N/A
[medication 2]	[X]	[NDC]		\$4.00	N/A
[medication 3]	[X]	[NDC]		\$5.00	N/A
All medications provided in the emergency department	[X]	[NDC]	Rev code 0450	N/A	50% of gross charges
All medications provided in the general medical ward	[X]	[NDC]	Rev code 0150	N/A	60% of gross charges

**Example 5:** In this example, the hospital has established gross charges for all itemized items/services. With Payer A/Plan 1, the hospital has established a payer-specific negotiated charge for Procedure X of “60% off the total gross charges” and for Procedure Y of “75% off the total gross charges.” The hospital has also established a gross charge of “50% of gross charges” when the same items and services are not provided in the context of any procedure that is otherwise specified in the contract. In this case, the display recommendation is as follows:

Item/service	Code	Gross Charge	Payer A/Plan 1
Room & board (each day)		\$500	\$250
OR time (each 15 min)		\$100	\$50
Procedure X	[code]	N/A	60% of total gross charges
Procedure Y	[code]	N/A	75% of total gross charges

**Example 6:** The hospital has established a payer-specific negotiated charge for a procedure as an algorithm that includes two standardized dollar amounts, specifically, the base rate (\$5000) multiplied by an adjustment factor (for example, the hospital’s case mix of 3.4).

Display recommendation: In this case, the hospital could display a standardized dollar amount as the payer-specific negotiated charge by multiplying the procedure’s base rate by the case mix adjustment factor and display the resulting payer-specific negotiated charge.

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG				
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L DEPT	E BK V	UB ID	UB COD	CODE	CLS	CODE	ITM	INA	FLAG
ACTIVITY	0	Activity	.00	3	0	0	0					N	
ACT01	0	Oob to Chair as Tolerated	.00	3	0	0	0					Y	
ACT02	0	Oob to Wheelchair as Tolerated	.00	3	0	0	0					Y	
ACT03	0	Oob to Gerichair as Tolerated	.00	3	0	0	0					Y	
ACT04	0	Complete Bedrest	.00	3	0	0	0					Y	Y
ACT05	0	Bathroom Privileges	.00	3	0	0	0					Y	
ACT06	0	Patient allowed to Shower	.00	3	0	0	0					Y	
ACT07	0	1:1 Observation	.00	3	0	0	0					Y	N
ACT08	0	Discharge Patient	.00	3	0	0	0					Y	N
ACT09	0	Ambulate as tolerated	.00	3	0	0	0					Y	N
ADMIT	0	Admit Pt to Specialty Hospital	.00	3	0	0	0					N	
ADV01	0	Supportive and Comfort Care	.00	3	0	0	0					N	
ADV02	0	Limited Resuscitation	.00	3	0	0	0					N	
ADV03	0	Dnr - Do Not Resuscitate	.00	3	0	0	0					N	
ADV04	0	Code Status- Basic	.00	3	0	0	0					N	Y
ADV05	0	Withdrawal of Life Support	.00	3	0	0	0					N	
ADV06	0	Code Status- Other	.00	3	0	0	0					N	Y
AEROSOL	0	Aerosol Delivery	.00	3	0	0	0					N	
AGBDDEBT	0	Agency to Bad Debt	.00	6710	1	0	0					N	
ALLERGYO	0	Allergy Order- Other	.00	3	0	0	0					Y	
ALW-CENS	0	Contractual Allowance Census	.00	6710	1	0	0					N	
ALW-CHAR	0	Charity Allowance Procedure	.00	6730	1	0	0					N	
ALW-COIN	0	Coinsurance Allowance Procedur	.00	5000	1	0	0					N	
ALW-CONT	0	Contractual Allowance	.00	6710	1	0	0					N	
ALW-DECL	0	Decline Write Off Allowance	.00	6720	1	0	0					N	
ALW-DPNA	0	Dpna Write Off Allowance	.00	5000	1	0	0					N	
ALW-LATE	0	Late Charge Write Off	.00	6725	1	0	0					N	
ALW-MODL	0	Modality Rule Allowance	.00	6710	1	0	0					N	
ALW-MPPR	0	Mppr Allowance Procedure	.00	5000	1	0	0					N	
ALW-MVER	0	Missing Verification Allowance	.00	6710	1	0	0					N	
ALW-OVER	0	Over Verification Allowance	.00	6710	1	0	0					N	
ALW-PLIA	0	Prl Rug Allowance Procedure	.00	5000	1	0	0					N	
ALW-REDC	0	Percent Reimbursement Allownce	.00	6710	1	0	0					N	
ALW-SBWO	0	Small Balance Write Off	.00	6725	1	0	0					N	
ALW-TRAG	0	A/R to Agency Transfer	.00	6740	1	0	0					N	
ALW-VBPA	0	Snf Vbp Adjustment Allowance	.00	6710	1	0	0					N	
AMBUL	0	Ambulate	.00	3	0	0	0					N	
AMBULATE	0	Activity	.00	3	0	0	0					N	
ARBDDEBT	0	Ar to Bad Debt	.00	6710	1	0	0					N	
ARBDPRTB	0	Ar Bad Debt Part B	.00	6740	1	0	0					N	
ARMCBDBT	0	Ar Medicare to Bad Debt	.00	6710	1	0	0					N	
ARMPRE	0	Arm Precautions	.00	3	0	0	0					N	
BALFWD	0	Balance Forward	.00	315	0	09999	0					N	
BARSETUP	0	Bariatric Equipment	.00	3	0	0	0					N	
BATHROOM	0	Bathroom Privileges	.00	3	0	0	0					N	
BED001	0	Low Air Loss Mattress	.00	3	0	0	0					N	
BED002	0	Air Fluidized Bed	.00	3	0	0	0					N	
BED003	0	Bariatric Bed	.00	3	0	0	0					N	
BED004	0	Hi-Low Bed	.00	3	0	0	0					N	
BED005	0	Vital Go Bed	.00	3	0	0	0					N	
BED006	0	Specialty Surface- Other	.00	3	0	0	0					N	

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
BLADSCAN 0 Bladder Scan	.00		3	0	0	0				N
BRADY 0 Bradycardia	.00		3	0	0	0				N
BTSNACK 0 Bedtime snack	.00		3	0	0	0				N
CANDIDA 0 Candida auris Pcr	.00		3	0	0	0				N
CAPTRACH 0 Cap Trach Tube	.00		3	0	0	0				N
CAPTRIAL 0 Capping Trial	.00		3	0	0	0				N
CARDOTHR 0 Cardiology Order-Other	.00		3	0	0	0				N
CARD001 0 Tee	.00		3	0	0	0				N
CARD002 0 Echo 2 D	.00		3	0	0	0				N
CARD003 0 Cardioversion	.00		3	0	0	0				N
CARD004 0 External Pacemaker	.00		3	0	0	0				N
CATAPRES 0 Catapres Patch Placement	.00		3	0	0	0				N
CATHCHG 0 Urinary Catheter Change	.00		3	0	0	0				N
CBI 0 Continuous Bladder Irrigation	.00	3	0	0	0	0				N
CERVCOLL 0 Cervical Collar	.00		3	0	0	0				N
CHEST 0 Chest Physiotherapy	.00		3	0	0	0				N
CMG-ALW 0 Cmg Allowance	.00	6710	1	0	0	0				N
CODE 0 Code Status	.00		3	0	0	0				N
COMMODE 0 Commode	.00		3	0	0	0				N
COMPLBR 0 Complete Bedrest	.00		3	0	0	0				N
CONSENT 0 Consent to Photograph-Obtain	.00		3	0	0	0				N
CONSU001 0 Audiology Consult	.00		3	0	0	0				N
CONSU002 0 Cardiology Consult	.00		3	0	0	0				N
CONSU003 0 Dental Consult	.00		3	0	0	0				N
CONSU004 0 Podiatry Consult	.00		3	0	0	0				N
CONSU005 0 Psychiatry Consult	.00		3	0	0	0				N
CONSU006 0 Dermatolgy Consult	.00		3	0	0	0				N
CONSU007 0 Optometry Consult	.00		3	0	0	0				N
CONSU008 0 Nutritional Consult	.00		3	0	0	0				N
CONSU009 0 Orthopedic Consult	.00		3	0	0	0				N
CONSU010 0 Pulmonology Consult	.00		3	0	0	0				N
CONSU011 0 Consult- Other	.00		3	0	0	0				N
CONSU012 0 Hospice Consult	.00		3	0	0	0				N
CONSU013 0 Hematology Consult	.00		3	0	0	0				N
CONSU014 0 Endocrinology Consult	.00		3	0	0	0				N
CONSU016 0 Family Practice Consult	.00		3	0	0	0				N
CONSU017 0 Gastroenterology Consult	.00		3	0	0	0				N
CONSU018 0 General Surgery Consult	.00		3	0	0	0				N
CONSU019 0 Internal Medicine Consult	.00		3	0	0	0				N
CONSU020 0 Neurology Consult	.00		3	0	0	0				N
CONSU021 0 Oncology Consult	.00		3	0	0	0				N
CONSU022 0 Ophthalmology Consult	.00		3	0	0	0				N
CONSU023 0 Plastic Surgery Consult	.00		3	0	0	0				N
CONSU024 0 Urology Consult	.00		3	0	0	0				N
CONSU030 0 Interventional Radiology	.00		3	0	0	0				N
CONSU15 0 Nephrology Consult	.00		3	0	0	0				N
CONSU25 0 Infectious Disease Consult	.00		3	0	0	0				N
CONSU29 0 Physiarty Consult	.00		3	0	0	0				N
CONSU31 0 Wound Consult	.00		3	0	0	0				N
CONSU32 0 Ent Consult	.00		3	0	0	0				N
COUGH 0 Cougholator	.00		3	0	0	0				N



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PRC CODE	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	FLAG
TKT DESCRIPTION				V	ID	CODE				
COVCEP 0 Covid-19 Cep (rapid)	.00	3	0	0	0					N
COVID 0 Covid-19 Influenza /Fluab/Rsv	.00	3	0	0	0					N
COVIDMMC 0 Covid-19 Pcr Mmc	.00		3	0	0			0		N
CPAPBPAP 0 Cpap / Bipap	.00		3	0	0			0		N
CPBPSUB 0 Cpap / Bipap Subsequent	.00		3	0	0			0		N
CTOTH 0 Ct Other	.00		3	0	0			0		N
CTSTWVO 0 Ct Soft Tissue Neck W W/O Cont	.00		3	0	0			0		N
DIALYSIS 0 Hemodialysis Order Frequency	.00	3	0	0	0					N
DIALYZ 0 Dialyze patient in chair	.00	3	0	0	0					N
DIET 0 Diet Order	.00		3	0	0			0		N
DIETARY 0 Dietary Consult	.00		3	0	0			0		N
DIETOTH 0 Dietary Order-Other	.00		3	0	0			0		N
DIL 0 Dilantin Hold Order	.00		3	0	0			0		Y
DLDGWK 0 Driveline Dsg Change Weekly	.00		3	0	0			0		N
DLDRCH 0 Driveline Dsg Change Daily	.00		3	0	0			0		N
DNRVENT 0 Do Not Return to Vent	.00		3	0	0			0		Y
DRESS01 0 Port Change - Used for Fluids	.00		3	0	0			0		N
DRESS02 0 Picc Dressing Change	.00		3	0	0			0		N
DRESS03 0 G-Tube Dressing	.00		3	0	0			0		N
DRESS03E 0 G-Tube Dressing Care	.00		3	0	0			0		N
DRESS04 0 J-Tube Dressing Care	.00		3	0	0			0		N
DRESS04E 0 J-Tube Dressing Care	.00		3	0	0			0		N
DRESS05 0 Other Specialty Equipment	.00		3	0	0			0		N
DRESS06 0 Discontinue Urinary Catheter	.00	3	0	0	0			0		N
DRESS07 0 Picc Line Flush	.00		3	0	0			0		N
DRESS08 0 Triple Lumen Catheter	.00		3	0	0			0		N
DRESS09 0 Groshong Catheter Flush	.00		3	0	0			0		N
DRESS10 0 Groshong Dressing Change	.00		3	0	0			0		N
DRESS11 0 Groshong Flush Post Blood Draw	.00		3	0	0			0		N
DRESS12 0 Port a Cath Care & Flush	.00		3	0	0			0		N
DRESS13 0 Compression Device	.00		3	0	0			0		N
DRESS14 0 G-J Tube Dressing Care	.00		3	0	0			0		N
DRESS14E 0 G-J Tube Dressing Care	.00		3	0	0			0		N
DRESS16 0 Monitor and Document Output	.00		3	0	0			0		N
DRESS20 0 Morphine Volume Check	.00		3	0	0			0		N
DRESS21 0 Morphine Wasted	.00		3	0	0			0		N
DRESS22 0 Port Change/Not used w/Fluids	.00		3	0	0			0		N
DRESS23 0 Picc Line Care	.00		3	0	0			0		N
DRESS24 0 Triple Lumen Catheter Care	.00		3	0	0			0		N
DRESS25 0 Groshong Catheter Care & Flush	.00		3	0	0			0		N
DRESS26 0 Groshong Flush Post Blood Draw	.00		3	0	0			0		N
DRESS27 0 Midline Care & Flush	.00		3	0	0			0		N
DRG-ALW 0 Drg Allowance	.00	6710	1	0	0			0		N
DRG-DSH 0 Drg Dsh Allowance	.00	6710	1	0	0			0		N
DRG-FED 0 Drg Federal Capital Allowance	.00	6710	1	0	0			0		N
DRG-HRR 0 Drg Hrr Allowance	.00	6710	1	0	0			0		N
DRG-IME 0 Drg Ime Allowance	.00	6710	1	0	0			0		N
DRG-OUT 0 Drg Outlier Allowance	.00	6710	1	0	0			0		N
DRG-VBP 0 Drg Vbp Allowance	.00	6710	1	0	0			0		N
D5BICARB 0 Dextrose/Sod Bicarb	.00	6345	0	0	630			0		N
EKG001 0 Ekg	.00		3	0	0			0		N

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PRC CODE	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	FLAG
EKG002	0	.00	3	0	0	0				N
EKG003	0	.00	3	0	0	0				N
EKG004	0	.00	3	0	0	0				N
EKG005	0	.00	3	0	0	0				N
EMG	0	.00	3	0	0	0				N
ENEMA	0	.00	3	0	0	0				N
ENTER01	0	.00	3	0	0	0				N
ERA-COUP	0	.00	2	0	0	0				N
ERA-DENP	0	.00	2	0	0	0				N
ERA-DENY	0	.00	2	0	0	0				N
ERA-REG	0	.00	2	0	0	0				N
ERA-UNAP	0	.00	2	0	0	0				N
ERRORDER	0	.00	3	0	0	0				N
FEEDTUBE	0	.00	3	0	0	0				N
FENTANYL	0	.00	3	0	0	0				N
FFP	0	.00	3	0	0	0				N
FIST	0	.00	3	0	0	0				N
FLUID	0	.00	3	0	0	0				N
FLUSHES	0	.00	3	0	0	0				N
FLU1	0	.00	3	0	0	0				N
FLU2	0	.00	3	0	0	0				N
FLU3	0	.00	3	0	0	0				N
FLU4	0	.00	3	0	0	0				N
FLU5	0	.00	3	0	0	0				N
FSBS	0	.00	3	0	0	0				N
FULLCODE	0	.00	3	0	0	0				N
G/J TUBE	0	.00	3	0	0	0				N
GELCUSH	0	.00	3	0	0	0				N
GELPILLW	0	.00	3	0	0	0				N
GRINSERT	0	.00	3	0	0	0				N
HD	0	.00	3	0	0	0				N
HD ACCES	0	.00	3	0	0	0				N
HDCATH	0	.00	3	0	0	0				N
HDPLC	0	.00	3	0	0	0				N
HEPBCORE	0	.00	3	0	0	0				N
HOMEDIS	0	.00	3	0	0	0				N
HOMEDISR	0	.00	3	0	0	0				N
HYPERTH	0	.00	3	0	0	0				N
H2OFLUSH	0	.00	3	0	0	0				N
ICE	0	.00	3	0	0	0				N
IMS-0112	1	124.54	6320	0	0	270				N
IMS-0113	1	199.28	6320	0	0	270				N
IMS-0114	1	316.00	6320	0	0	270				N
IMS-0117	1	8.72	6320	0	0	270				N
IMS-0118	1	5.98	6320	0	0	270				N
IMS-0119	1	8.52	6320	0	0	270				N
IMS-0120	1	23.80	6320	0	0	270				N
IMS-0121	1	17.51	6320	0	0	270				N
IMS-0122	1	6.10	6320	0	0	270				N
IMS-0123	1	796.00	6320	0	0	270				N
IMS-0124	1	31.80	6320	0	0	270				N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
IMS-0125 1 Trocar Catheter Kit	104.08	6320	0	0	270				N	
IMS-0126 1 Thoracentesis Kit	222.08	6320	0	0	270				N	
IMS-0127 1 Stomahesive	34.04	6320	0	0	270				N	
IMS-0128 1 Hip Abduction	228.32	6320	0	0	270				N	
IMS-0129 1 Surgical Gown	7.16	6320	0	0	270				N	
IMS-0130 1 Drape Towel	1.96	6320	0	0	270				N	
IMS-0131 1 Iv Sol Lactated Ringer 2b2324	6.60	6320	0	0	270				N	
IMS-0132 1 Blood/Fluid Warming	34.40	6320	0	0	270				N	
IMS-0133 1 Iv Sol .9nacl 2b7127 3lt	23.52	6320	0	0	270				N	
IMS-0134 1 Surgical Skin Marker	3.80	6320	0	0	270				N	
IMS-0135 1 Sharp Dermal Tip Electrode	9.00	6320	0	0	270				N	
IMS-0136 1 Handpiece Sheath	1.64	6320	0	0	270				N	
IMS-0137 1 Bio Freeze	1.56	6320	0	0	270				N	
IMS-0138 10 Ultrasound Gel	8.76	6320	0	0	270				N	
IMS-0139 10 Funnel Connector	8.00	6320	0	0	270				N	
INC-0044 1 Cup 8oz Foam	.06	6320	0	0	270				N	
INSULIN 0 Insulin Drip Protocol	.00		3	0	0				N	
INSULIN2 0 Initiate Insulin Drip	.00		3	0	0				N	
INSULIN3 0 Insulin Drip - Algorithm A	.00		3	0	0				N	
INSULIN4 0 Insulin Drip - Algorithm B	.00		3	0	0				N	
INSULIN5 0 Change to Algorithm B	.00		3	0	0				N	
INSULIN6 0 Blood Glucose <50 mg/dl	.00		3	0	0				N	
INSULIN7 0 Discontinue Insulin Drip	.00		3	0	0				N	
INSULIN8 0 Restart Insulin Drip	.00		3	0	0				N	
INSULIN9 0 Administer 8 oz Juice	.00		3	0	0				N	
INSULI10 0 Restart Insulin Drip	.00		3	0	0				N	
INTUBATE 0 Intubate Patient	.00		3	0	0				N	
IPT-0020 1 Mug W/Lid	76.00	6320	0	0	270				N	
IPT-0022 1 Functional Splint	248.80	6320	0	0	270				N	
IRGJEX 0 Ir Flouro Perc G-J Exchange	.00		3	0	0				N	
IRJT 0 Ir Flouro Perc J-Tube Placment	.00		3	0	0				N	
IRNPHEX 0 Ir Nephro Perc Cath Exchange	.00		3	0	0				N	
IRNPHG 0 Ir Nephrostogram	.00		3	0	0				N	
IRNPHP 0 Ir Nephro Perc Cath Placement	.00		3	0	0				N	
IRPEG 0 Ir Flouro Guided Peg Exchange	.00		3	0	0				N	
IRPEGP 0 Ir Flouro Guided Peg Placement	.00		3	0	0				N	
IRPEGPG 0 Ir Flouro Perc G To Gj Conver	.00		3	0	0				N	
IRS-0094 1 Oxiflo Air Entrainer	74.00	6320	0	0	270				N	
IRS-0097 1 Ascope 3 Slim 3.8	590.00	6320	0	0	270				N	
IRS-0098 1 Ascope 3 Regular 5.0	590.00	6320	0	0	270				N	
IRS-0099 1 Breathing Bactura Fliter	6.88	6320	0	0	270				N	
IRS-0100 1 Disposable Blades Ghmac2, 3, 4	16.00	6320	0	0	270				N	
IRS-0101 1 Disposable Blades Ghmil2, 3, 4	16.00	6320	0	0	270				N	
IRS-0102 1 Disposable Handles Gdhld1std	24.00	6320	0	0	270				N	
IRS-0103 1 Bite Block	7.56	6320	0	0	270				N	
IRS-0104 1 Vent Kits	64.00	6320	0	0	270				N	
IRS-0105 1 Trach Kits	74.00	6320	0	0	270				N	
IRS-0106 1 Peep-Keep	5.64	6320	0	0	270				N	
IRS-0107 1 Ag Cuffill	72.00	6320	0	0	270				N	
IRS-0108 1 Broncho Sampler	40.00	6320	0	0	270				N	
IRS-0109 1 Breathing Circuit P#260128	173.16	6320	0	0	270				N	

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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CLS	CODE	ITM	INA	FLAG
IRSPC	0	Ir Spc Insert W Asp Of Bladder	.00	3	0	0	0	0						N	N
IRTHBL	0	Ir Thoracentesis Bilateral	.00	3	0	0	0	0						N	N
ISO0001	0	Contact Isolation	.00	3	0	0	0	0						N	N
ISO0002	0	Airborne Isolation	.00	3	0	0	0	0						N	N
ISO0003	0	Droplet Isolation	.00	3	0	0	0	0						N	N
ISO0004	0	Neutropenic Isolation	.00	3	0	0	0	0						N	N
ISO0005	0	Contact/Droplet Isolation	.00	3	0	0	0	0						N	N
ISO0006	0	Airborne/Contact Isolation	.00	3	0	0	0	0						N	N
ISO0007	0	Enteric Isolation	.00	3	0	0	0	0						N	N
ISO0008	0	Standard Precautions	.00	3	0	0	0	0						N	N
ISS-0092	1	Needle Bd Eclipse 25g	.54	6320	0	0	270	0			N			N	N
IWS-0051	1	Allevyn Dressing 4x4	4.70	6320	0	0	270	0			N			N	N
IWS-0052	1	Allevyn Dessing 5x5	6.00	6320	0	0	270	0			N			N	N
IWS-0053	1	Allevyn Dressing 6x6	7.05	6320	0	0	270	0			N			N	N
IWS-0054	1	Allevyn Dressing 2x2	2.91	6320	0	0	270	0			N			N	N
IWS-0055	1	Allevyn Dressing 8x8	13.43	6320	0	0	270	0			N			N	N
IWS-0056	1	Allevyn Dressing 10x10	18.07	6320	0	0	270	0			N			N	N
IWS-0057	1	Allevyn Dressing Sacrum	21.58	6320	0	0	270	0			N			N	N
IWS-0058	1	Tissue Forceps 5 (12.7cm)	22.20	6320	0	0	270	0			N			N	N
IWS-0059	1	5mm Dermal Curette	5.50	6320	0	0	270	0			N			N	N
IWS-0060	1	Sterile Iris Scissors	6.48	6320	0	0	270	0			N			N	N
JPDRAINM	0	Jp Drain Maintenance	.00	3	0	0	0	0						N	N
LABOTH	0	Lab-Other	.00	3	0	0	0	0						N	N
LABOTHR	0	Lab Order-Other	.00	3	0	0	0	0						N	N
LBMAG	0	Magnesium Serum	.00	3	0	0	0	0						N	N
LB10535	0	Digoxin Level	.00	3	0	0	0	0						N	N
LB107011	0	Ova & Parasite Examination	.00	3	0	0	0	0						N	N
LB10900	0	Hepatitis B Surface Antibody	.00	3	0	0	0	0						N	N
LB11253	0	Tacrolimus Level	.00	3	0	0	0	0						N	N
LB11579	0	(tsh) Thyroid Stim Hormone	.00	3	0	0	0	0						N	N
LB12183	0	Cholesterol, Body Fluid	.00	3	0	0	0	0						N	N
LB13169	0	Immunoelectrophoresis	.00	3	0	0	0	0						N	N
LB13316	0	Vre Culture	.00	3	0	0	0	0						N	N
LB13317	0	Mrsa Screen Culture	.00	3	0	0	0	0						N	N
LB134403	0	Immunofixation Ur	.00	3	0	0	0	0						N	N
LB13950	0	Hepatitis A Antibody (igm)	.00	3	0	0	0	0						N	N
LB13951	0	Hep A Ab,total	.00	3	0	0	0	0						N	N
LB13953	0	Hepatitis Be Antibody	.00	3	0	0	0	0						N	N
LB13954	0	Hepatitis Be Antigen	.00	3	0	0	0	0						N	N
LB13969	0	Ckmb	.00	3	0	0	0	0						N	N
LB14196	0	Reticulocyte Count	.00	3	0	0	0	0						N	N
LB14563	0	Occult Blood (x1), Stool	.00	3	0	0	0	0						N	N
LB14637	0	Calcium, 24 Hour, Urine	.00	3	0	0	0	0						N	N
LB14805	0	Lactate Dehydrogenase (ldh)	.00	3	0	0	0	0						N	N
LB14978	0	Cyclosporine Level	.00	3	0	0	0	0						N	N
LB14979	0	Partial Thrombopl Time (ptt)	.00	3	0	0	0	0						N	N
LB15143	0	Amino Acid Screen Urine	.00	3	0	0	0	0						N	N
LB15179	0	D-Dimer, Quantitative, Plasma	.00	3	0	0	0	0						N	N
LB16362	0	Ammonia Level	.00	3	0	0	0	0						N	N
LB17426	0	Alanine Aminotransferase (alt)	.00	3	0	0	0	0						N	N
LB1747	0	Albumin Level, Body Fluid	.00	3	0	0	0	0						N	N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
LB17474	0	Porphobilinogen	.00	3	0	0	0	0						N	
LB1751	0	Albumin Level	.00	3	0	0	0	0						N	
LB1760	0	Antidiuretic Hormone Level	.00	3	0	0	0	0						N	
LB1763	0	Aldosterone	.00	3	0	0	0	0						N	
LB177139	0	Topiramate (topamax) Level	.00	3	0	0	0	0						N	
LB17856	0	Hemoglobin A1c	.00	3	0	0	0	0						N	
LB178624	0	Calcium Level Urine	.00	3	0	0	0	0						N	
LB1798	0	Amylase	.00	3	0	0	0	0						N	
LB1825	0	Alpha-1-Antitrypsin	.00	3	0	0	0	0						N	
LB1848	0	Dihydrotestosterone (dht) Lvl	.00	3	0	0	0	0						N	
LB191130	0	Ige	.00	3	0	0	0	0						N	
LB19124	0	Magnesium Level Urine	.00	3	0	0	0	0						N	
LB1968	0	Bilirubin, Direct	.00	3	0	0	0	0						N	
LB1975	0	Bilirubin Total	.00	3	0	0	0	0						N	
LB1988	0	C Reactive Protein (crp)	.00	3	0	0	0	0						N	
LB1992	0	Calcitonin Level	.00	3	0	0	0	0						N	
LB20396	0	Cea	.00	3	0	0	0	0						N	
LB20568	0	Prolactin Level	.00	3	0	0	0	0						N	
LB20644	0	Ceruloplasmin	.00	3	0	0	0	0						N	
LB2132	0	Vitamin B12	.00	3	0	0	0	0						N	
LB2143	0	Cortisol, Am, Serum	.00	3	0	0	0	0						N	
LB21527	0	24 Hour Sodium Level Urine	.00	3	0	0	0	0						N	
LB2157	0	Creatine Kinase	.00	3	0	0	0	0						N	
LB2160	0	Creatinine Level	.00	3	0	0	0	0						N	
LB2161	0	Creatinine, Random, Urine	.00	3	0	0	0	0						N	
LB2162	0	24 Hour Creatinine Urine	.00	3	0	0	0	0						N	
LB2191	0	Dehydroepiandrosterone Sulfate	.00	3	0	0	0	0						N	
LB2276	0	Ferritin	.00	3	0	0	0	0						N	
LB2283	0	Folate, Rbc	.00	3	0	0	0	0						N	
LB2284	0	Folate Level	.00	3	0	0	0	0						N	
LB23242	0	Gammaglutamyl Transferase(ggt)	.00	3	0	0	0	0						N	
LB2345	0	Glucose Level	.00	3	0	0	0	0						N	
LB23572	0	G6pd Quant	.00	3	0	0	0	0						N	
LB241083	0	Ca 19-9	.00	3	0	0	0	0						N	
LB24321	0	(bmp) Basic Metabolic Panel	.00	3	0	0	0	0						N	
LB24323	0	Cmp	.00	3	0	0	0	0						N	
LB24325	0	Hepatic Function Panel	.00	3	0	0	0	0						N	
LB24336	0	Abg, (blood Gas, Arterial)	.00	3	0	0	0	0						N	
LB24346	0	Parathyroid Hormone (pth)	.00	3	0	0	0	0						N	
LB243519	0	Serum Protein Electrophoresis	.00	3	0	0	0	0						N	
LB24360	0	Hemoglobin and Hematocrit	.00	3	0	0	0	0						N	
LB24363	0	Hepatitis Panel	.00	3	0	0	0	0						N	
LB2498	0	Iron Level	.00	3	0	0	0	0						N	
LB2500	0	Iron Binding Capacity	.00	3	0	0	0	0						N	
LB2519	0	Lactic Acid	.00	3	0	0	0	0						N	
LB2571	0	Triglyceride	.00	3	0	0	0	0						N	
LB26746	0	Magnesium, Rbc	.00	3	0	0	0	0						N	
LB2695	0	Osmolality, Urine	.00	3	0	0	0	0						N	
LB2777	0	Phosphorus	.00	3	0	0	0	0						N	
LB2778	0	Phosphorus, Random, Urine	.00	3	0	0	0	0						N	
LB2823	0	Potassium Level	.00	3	0	0	0	0						N	

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
LB2828 0 Potassium, Urine	.00	3	0	0	0					N
LB2829 0 Potassium, 24 Hour Urine	.00	3	0	0	0					N
LB2857 0 Prostate-Spec Antigen (psa)	.00	3	0	0	0					N
LB2881 0 Protein Body Fluid	.00	3	0	0	0					N
LB2885 0 Protein Total	.00	3	0	0	0					N
LB28886 0 Protein, Random Urine	.00	3	0	0	0					N
LB2889 0 24 Hour, Protein Urine	.00	3	0	0	0					N
LB2955 0 Sodium w/o Creat, Rand Urine	.00	3	0	0	0					N
LB2986 0 Testosterone Total	.00	3	0	0	0					N
LB2999 0 Vitamin B1 (thiamine)	.00	3	0	0	0					N
LB3024 0 T4 Free	.00	3	0	0	0					N
LB3026 0 Thyroxine (t4)	.00	3	0	0	0					N
LB30341 0 Sedimentation Rate (esr)	.00	3	0	0	0					N
LB3040 0 Lipase	.00	3	0	0	0					N
LB30471 0 Keppra Level	.00	3	0	0	0					N
LB3051 0 T3 Free	.00	3	0	0	0					N
LB3054 0 Triiodothyronine (t3) Total	.00	3	0	0	0					N
LB3084 0 Uric Acid	.00	3	0	0	0					N
LB30934 0 Bnp	.00	3	0	0	0					N
LB3094 0 Blood Urea Nitrogen (bun)	.00	3	0	0	0					N
LB3097 0 24 Hour Urea Nitrogen Urine	.00	3	0	0	0					N
LB31091 0 Gentamicin Level, Peak	.00	3	0	0	0					N
LB31157 0 Carboxyhemoglobin	.00	3	0	0	0					N
LB31204 0 Hepatitis B Core Antibody Igm	.00	3	0	0	0					N
LB32014 0 Eosinophil Urine	.00	3	0	0	0					N
LB3255 0 Fibrinogen	.00	3	0	0	0					N
LB33191 0 Amikacin Level, Peak	.00	3	0	0	0					N
LB33217 0 Amikacin Level, Trough, Serum	.00	3	0	0	0					N
LB33467 0 Prealbumin	.00	3	0	0	0					N
LB339598 0 Procalcitonin (pct)	.00	3	0	0	0					N
LB3432 0 Carbamazepine Level	.00	3	0	0	0					N
LB344747 0 Type and Crossmatch	.00	3	0	0	0					N
LB34528 0 Pt/Inr	.00	3	0	0	0					N
LB345405 0 Fosphenytoin	.00	3	0	0	0					N
LB34543 0 Bilirubin Total + Direct	.00	3	0	0	0					N
LB345504 0 Immunoglobulin Quantitative	.00	3	0	0	0					N
LB34945 0 Herpesvirus-6,igg&igm Abs	.00	3	0	0	0					N
LB352799 0 Anca	.00	3	0	0	0					N
LB35492 0 Mrsa screen Pcr	.00	3	0	0	0					N
LB35676 0 Chloride Urine	.00	3	0	0	0					N
LB3665 0 Gentamicin Level, Trough	.00	3	0	0	0					N
LB3948 0 Phenobarbital Level	.00	3	0	0	0					N
LB3968 0 Phenytoin (dilantin) Level	.00	3	0	0	0					N
LB4049 0 Theophylline Level	.00	3	0	0	0					N
LB4086 0 Valproic Acid Level	.00	3	0	0	0					N
LB4092 0 Vancomycin Level, Trough	.00	3	0	0	0					N
LB43134 0 Vitamin D 1, 25-Dihydroxy	.00	3	0	0	0					N
LB4485 0 C3 Complement	.00	3	0	0	0					N
LB4498 0 C4 Complement	.00	3	0	0	0					N
LB4532 0 Complement Total (ch50)	.00	3	0	0	0					N
LB4542 0 Haptoglobin	.00	3	0	0	0					N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	COD	CODE	CLS	CODE	ITM
LB47288	0	Cbc (no diff)	.00	3	0	0	0				N
LB487108	0	Eosinophil Count, Whole Blood	.00	3	0	0	0				N
LB49563	0	Troponin-I	.00	3	0	0	0				N
LB495903	0	Vitamin D 25 Hydroxy Level	.00	3	0	0	0				N
LB50023	0	Hep C Rna Pcr Quantitative	.00	3	0	0	0				N
LB50190	0	Iron Level and Tibc	.00	3	0	0	0				N
LB50554	0	Ua, Complete w/reflex urine cx	.00	3	0	0	0				N
LB50564	0	Urinalysis	.00	3	0	0	0				N
LB50901	0	Porphyryns,frac Qn Rnd Ur	.00	3	0	0	0				N
LB509570	0	Cbc w/Manual Diff	.00	3	0	0	0				N
LB51007	0	Coombs, Direct (dat)	.00	3	0	0	0				N
LB5124	0	Cmv Antibodies, Igg	.00	3	0	0	0				N
LB5196	0	Hepatitis B Surface Antigen	.00	3	0	0	0				N
LB52472	0	Mitochondrial Antibody (ama)	.00	3	0	0	0				N
LB53587	0	Smooth Muscle Antibody (sma)	.00	3	0	0	0				N
LB53776	0	Hepatitis A Total Antibody	.00	3	0	0	0				N
LB54067	0	Clostridium Diff Pcr (c Diff)	.00	3	0	0	0				N
LB54234	0	Cell Count w/ Diff Body Fluid	.00	3	0	0	0				N
LB543	0	Afb Culture	.00	3	0	0	0				N
LB56317	0	Copper Level	.00	3	0	0	0				N
LB57021	0	Cbc w/Auto Diff	.00	3	0	0	0				N
LB57698	0	Lipid Panel	.00	3	0	0	0				N
LB57770	0	Toxoplasma Antibody Igg & Igm	.00	3	0	0	0				N
LB58446	0	Clearance Urine For	.00	3	0	0	0				N
LB58736	0	24 Hour Magnesium Level Urine	.00	3	0	0	0				N
LB58952	0	Testosterone Free & Total	.00	3	0	0	0				N
LB592972	0	Lacosamide (vimpat) Level	.00	3	0	0	0				N
LB600	0	Blood Culture	.00	3	0	0	0				N
LB6002	0	Heparin Pf4 Abs(hit)	.00	3	0	0	0				N
LB6221	0	Sputum Culture	.00	3	0	0	0				N
LB6304	0	Urine C&s	.00	3	0	0	0				N
LB64626G	0	Wound Culture	.00	3	0	0	0				N
LB653	0	Urine Gram Stain	.00	3	0	0	0				N
LB6768	0	Alkaline Phosphatase	.00	3	0	0	0				N
LB69484	0	Lamotrigine (lamictal) Level	.00	3	0	0	0				N
LB777	0	Platelet count	.00	3	0	0	0				N
LB80614	0	Antinuclear Ab (ana) Screen	.00	3	0	0	0				N
LB97386	0	Gabapentin (neurontin) Level	.00	3	0	0	0				N
LB9812	0	Cortisol	.00	3	0	0	0				N
LEVOPHED	0	Levophed Drip Protocol	.00	3	0	0	0				N
LFTS	0	Liver Function Tests	.00	3	0	0	0				N
LIDODERM	0	Lidoderm Patch Placement	.00	3	0	0	0				N
LOOPAGRA	0	Loopagrm(xr Abd1vw w/tube inj)	.00	3	0	0	0				N
MED001	0	Discontinue Picc Line	.00	3	0	0	0				N
MED002	0	Discontinue Central Line	.00	3	0	0	0				N
MED003	0	Discontinue Urinary Catheter	.00	3	0	0	0				N
MED004	0	Discontinue Cardiac Monitor	.00	3	0	0	0				N
MES	0	Cta Chest With Contrast	.00	3	0	0	0				N
MLINSERT	0	Midline Insertion	.00	3	0	0	0				N
MORPH01	0	Controlled li Drip	.00	3	0	0	0				Y
MORPH02	0	Controlled li Drip	.00	3	0	0	0				Y

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
MORPH03 0 Controlled li Drip	.00	3	0	0	0	0				Y
MOUHCAR 0 Mouth Care	.00	.00	3	0	0	0				N
MOUHCAR2 0 Mouth Care with Chlorhexidine	.00	3	0	0	0	0				N
MRIBRCN 0 Mri Brain With Contrast	.00	3	0	0	0	0				N
MRIOTHER 0 Mri Other	.00	3	0	0	0	0				N
MRSA 0 Mrsa- Standing Orders	.00	3	0	0	0	0				N
MRSARETX 0 Mrsa Positive- Retreatment	.00	3	0	0	0	0				N
MRSA1 0 Mrsa Positive- Standing Orders	.00	3	0	0	0	0				N
MRSA10 0 Mrsa Negative	.00	3	0	0	0	0				N
MRSA11 0 Mrsa Positive	.00	3	0	0	0	0				N
MRSA12 0 Notify Physician	.00	3	0	0	0	0				N
MRSA13 0 Contact Precautions	.00	3	0	0	0	0				N
MRSA14 0 Contact Pharmacy	.00	3	0	0	0	0				N
MRSA17 0 Chlorhexidine Bath	.00	3	0	0	0	0				N
MRSA18 0 Document	.00	3	0	0	0	0				N
MRSA19 0 Maintain Precautions	.00	3	0	0	0	0				N
MRSA2 0 Obtain Swab	.00	3	0	0	0	0				N
MRSA21 0 Negative- D/C Precautions	.00	3	0	0	0	0				N
MRSA22 0 Positive- Maintain Precautions	.00	3	0	0	0	0				N
MRSA3 0 Moisten Swab	.00	3	0	0	0	0				N
MRSA4 0 Insert Swab	.00	3	0	0	0	0				N
MRSA5 0 Insert Swab #2	.00	3	0	0	0	0				N
MRSA6 0 Return/Label Swab	.00	3	0	0	0	0				N
MRSA7 0 Enter Order	.00	3	0	0	0	0				N
MRSA8 0 Send to Lab	.00	3	0	0	0	0				N
MRSA9 0 Review Lab	.00	3	0	0	0	0				N
MUTIPOD 0 Multipodus boots	.00	3	0	0	0	0				N
NGT 0 Ng Tube Insertion	.00	3	0	0	0	0				N
NITRO 0 Nitro Patch Placement	.00	3	0	0	0	0				N
NMEDOTHR 0 Nuclear Med Other	.00	3	0	0	0	0				N
NPO 0 Npo	.00	3	0	0	0	0				N
NURSOTHE 0 Nursing Order- Other	.00	3	0	0	0	0				N
OBTC 0 Out of Bed to Commode	.00	3	0	0	0	0				N
OOBC 0 Out of Bed	.00	3	0	0	0	0				N
ORALSUPP 0 Supplements	.00	3	0	0	0	0				N
OTHER 0 Ct/Mri/Ultra Other	.00	3	0	0	0	0				N
OTHOLD 0 Ot-X-Hold	.00	3	0	0	0	0				N
OTOTH 0 Ot Order - Other	.00	3	0	0	0	0				N
OT0001 0 Ot - Evaluation	.00	3	0	0	0	0				N
OT0005 0 Ot - Functional Training	.00	3	0	0	0	0				N
OT0006 0 Ot - Range of Motion Passive	.00	3	0	0	0	0				N
OT0007 0 Ot - Range of Motion	.00	3	0	0	0	0				N
OT0008 0 Ot - Therapeutic Exercise	.00	3	0	0	0	0				N
OT0009 0 Ot - Joint Mobilization	.00	3	0	0	0	0				N
OT0010 0 Ot - Energy Conservation	.00	3	0	0	0	0				N
OT0011 0 Ot - Splinting	.00	3	0	0	0	0				N
OT0012 0 Ot - Positioning	.00	3	0	0	0	0				N
OT0013 0 Ot - Modalities	.00	3	0	0	0	0				N
OT0014 0 Ot-Pt/family education & train	.00	3	0	0	0	0				N
OT0015 0 Ot-Pre/Post Prosthetic train	.00	3	0	0	0	0				N
OXYGEN 0 Oxygen Therapy	.00	3	0	0	0	0				N



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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
PASSYM 0 Passy Muir Speaking Valve	.00	3	0	0	0					N
PASSYMTR 0 Inline Passy Muir Valve Trial	.00	3	0	0	0					N
PERMACAT 0 Permacath	.00	3	0	0	0					N
PICINSER 0 Picc Line Insertion	.00	3	0	0	0					N
PMT-AGCY 0 Agency Payment	.00	2	0	0	0					N
PMT-COUP 0 Payment Recoupment Procedure	.00	2	0	0	0					N
PMT-CPAY 0 Co-Payment Procedure	.00	2	0	0	0					N
PMT-REG 0 Regular Payment Procedure	.00	2	0	0	0					N
PMT-REVR 0 Reverse Payments	.00	2	0	0	0					N
PMT-TRNF 0 Regular Payment Transfer	.00	2	0	0	0					N
PMT-UCOI 0 Unapplied Coinsurance Payment	.00	2	0	0	0					N
PMT-UCOR 0 Unapplied Payment Correction	.00	2	0	0	0					N
PMT-UNAP 0 Unapplied Payment Procedure	.00	2	0	0	0					N
PMT-UTRC 0 Unapplied Transfer-Coins Pymt	.00	2	0	0	0					N
PMT-UTRF 0 Unapplied Payment Transfer	.00	2	0	0	0					N
PNEU1 0 Pneumovax Year Round	.00	3	0	0	0					N
PNEU2 0 Pneumovax Vaccine Eligible	.00	3	0	0	0					Y
PNEU3 0 Pneumovax Vaccine Eligibility	.00	3	0	0	0					N
PORTINS 0 Port a Cath Insertion	.00	3	0	0	0					N
PRBC 0 Packed Red Blood Cells (prbc)	.00	3	0	0	0					N
PREOTHER 0 Precautions - Other	.00	3	0	0	0					N
PRE0001 0 Aspiration Precautions	.00	3	0	0	0					N
PRE0002 0 Seizure Precautions	.00	3	0	0	0					N
PRE0003 0 Hob Elevated	.00	3	0	0	0					N
PRE0004 0 Fall Precautions	.00	3	0	0	0					N
PRE0005 0 Bleeding Precautions	.00	3	0	0	0					N
PROC001 0 Dialysis	.00	3	0	0	0					N
PROPOFOL 0 Propofol Drip Record	.00	3	0	0	0					Y
PTOR 0 Patient to Or	.00	3	0	0	0					N
PTOTHER 0 Pt Order- Other	.00	3	0	0	0					N
PTOTHOLD 0 Pt-X-Hold	.00	3	0	0	0					N
PTOWNMED 0 Patient Own Medication	.00	3	0	0	0					N
PT0001 0 Pt - Evaluation	.00	3	0	0	0					N
PT0002 0 Pt - Functional Training	.00	3	0	0	0					N
PT0003 0 Pt - Gait Training	.00	3	0	0	0					N
PT0004 0 Pt - Balance Training	.00	3	0	0	0					N
PT0005 0 Pt - Therapeutic Exercise	.00	3	0	0	0					N
PT0006 0 Pt - Range of Motion	.00	3	0	0	0					N
PT0007 0 Pt - Joint Mobilization	.00	3	0	0	0					N
PT0008 0 Pt - Modalities	.00	3	0	0	0					N
PT0009 0 Pt-Passive/Active/Assisted Rom	.00	3	0	0	0					N
PT0010 0 Pt-Pt/family education & train	.00	3	0	0	0					N
PT0011 0 Pt-Pre/Post Prosthetic train	.00	3	0	0	0					N
PT0012 0 Pt - Advanced Ambulation	.00	3	0	0	0					N
PT0013 0 Pt - Continuous Passive Motion	.00	3	0	0	0					N
PT0014 0 Pt - Positioning	.00	3	0	0	0					N
RADOTH 0 Radiology Order-Other	.00	3	0	0	0					N
RAP RESP 0 Early Rapid Response Orders	.00	3	0	0	0					N
REF-REG 0 Refund Payment	.00	2	0	0	0					N
RESP001 0 Wean per Protocol	.00	3	0	0	0					N
RESP002 0 Respiratory Order-Other	.00	3	0	0	0					N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L DEPT	E BK V	UB ID	UB COD	CLS	CODE	ITM
RESP003	0	Pulse Oximetry	.00	3	0	0	0			N
RESP004	0	Abg	.00	3	0	0	0			N
RESP005	0	Ventilator Settings- Initial	.00	3	0	0	0			N
RESP006	0	Extubate Patient	.00	3	0	0	0			N
RESP007	0	Decannulate Patient	.00	3	0	0	0			N
RESP008	0	Insert Trach Tube	.00	3	0	0	0			N
RESP009	0	Pleur-Evac Chest Drainage	.00	3	0	0	0			N
RESTRNT	0	Restraint - Behavioral Health	.00	3	0	0	0			Y
RESTRTFS	0	Restraint 2 Hour Assessment	.00	3	0	0	0			N
ROOMOVER	0	Room And Board (override)	.00	5005	1	0	0		SP	N
SALINE	0	Saline Lock Care & Flush	.00	3	0	0	0			N
SALINSER	0	Saline Lock Insertion	.00	3	0	0	0			N
SCD	0	Sequential Compression Devices	.00	3	0	0	0			N
SELFTEST	0	System Controller Self-Test	.00	3	0	0	0			N
SENSORY	0	St - Sensory Stimulation	.00	3	0	0	0			N
SHOWER	0	Shower Patient	.00	3	0	0	0			N
SKULL	0	Xr Skull 1-3 Views	.00	3	0	0	0			N
SPECEQO	0	Specialty Equipment-Other	.00	3	0	0	0			N
SPEECHRX	0	Speech Therapy Orders	.00	3	0	0	0			N
STCON	0	Ct Soft Tissue Neck W Contrast	.00	3	0	0	0			N
STFEES	0	Fiberoptic Eval/Swallow (fees)	.00	3	0	0	0			N
STOTHER	0	St Order - Other	.00	3	0	0	0			N
ST0001	0	St Dysphagia Eval/Treat	.00	3	0	0	0			N
ST0002	0	St Oromotor/Sensory Stimulatio	.00	3	0	0	0			N
ST0003	0	St - Communication Eval & Trea	.00	3	0	0	0			N
ST0004	0	St-Cog Linguistic Eval & Treat	.00	3	0	0	0			N
SUPP001	0	1 oz Prosource Powder	.00	3	0	0	0			N
SUPP002	0	Liquid Prosource 1 oz	.00	3	0	0	0			N
SUPP003	0	4 oz Healthshake - Regular	.00	3	0	0	0			N
SUPP004	0	4 oz Healthshake - Diet	.00	3	0	0	0			N
SUPP005	0	Ensure Plus	.00	3	0	0	0			N
SUPP006	0	8 oz Suplena	.00	3	0	0	0			N
SUPP007	0	8 oz Nepro	.00	3	0	0	0			N
SUPP008	0	8 oz Glucerna	.00	3	0	0	0			N
SUPP009	0	8 oz Resource Breeze	.00	3	0	0	0			N
SUPP010	0	Carnation Instant Breakfast	.00	3	0	0	0			N
SUSPENSE	0	In Patient Suspende Acc	.00	1200	1	0	0			N
TC TRIAL	0	Trach Collar Trial	.00	3	0	0	0			N
TESTSMRB	0	Test Semiprivate R&b	325.00	6100	0	0	120			N
TLCINSER	0	Triplelumen Catheter Insertion	.00	3	0	0	0			N
TPN	0	Tpn	.00	3	0	0	0			N
TRACHC	0	Change Trach Tube	.00	3	0	0	0			N
TRACHD	0	Downsize Trach Tube	.00	3	0	0	0			N
TRANS	0	Transfuse One Unit	.00	3	0	0	0			N
TRANSCOP	0	Transderm-Scop Patch Placement	.00	3	0	0	0			N
TRANS001	0	Transport with Vent. Support	.00	3	0	0	0			Y
TRANS002	0	Transport Non-Vent. Support	.00	3	0	0	0			Y
TRANS003	0	Transport - Special Care	.00	3	0	0	0			Y
TRANS004	0	Okay to Release Body	.00	3	0	0	0			N
TRANS005	0	Cleared for Surgery	.00	3	0	0	0			N
TRANS006	0	Discharge Order	.00	3	0	0	0			N

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TRANS007	0	Transfer to Another Facility	.00	3 0 0	0	0					N
TRANS008	0	Transport w/Nurse and Monitor	.00	3 3 0	0	0	0				N
TRANS009	0	Transport with Cardiac Monitor	.00	3 3 0	0	0	0				N
TRANS010	0	Transport W/O Cardiac Monitor	.00	3 3 0	0	0	0				N
TRANS2	0	Transfuse Two Units	.00	3 3 0	0	0	0				N
TRAPEZE	0	Trapeze	.00	3 3 0	0	0	0				N
TREAT 13	0	Chest Tube to Water Seal	.00	3 3 0	0	0	0				N
TREAT01	0	Median Nerve Stimulation	.00	3 3 0	0	0	0				N
TREAT02	0	Dry Sterile Dressing	.00	3 3 0	0	0	0				N
TREAT03	0	Wound Care	.00	3 3 0	0	0	0				N
TREAT04	0	Vacuum Assisted Closure	.00	3 3 0	0	0	0				N
TREAT05	0	Neg. Pressure Wound Therapy	.00	3 3 0	0	0	0				N
TREAT06	0	Turn and Reposition	.00	3 3 0	0	0	0				N
TREAT07	0	Offload Heels	.00	3 3 0	0	0	0				N
TREAT11	0	Chest Tube Flush	.00	3 3 0	0	0	0				N
TREAT12	0	Chest Tube Suction	.00	3 3 0	0	0	0				N
TREAT13	0	Patch Placement	.00	3 3 0	0	0	0				N
TREAT14	0	Specialty Bed or Surface	.00	3 3 0	0	0	0				N
TREAT15	0	Hypothermia Blanket	.00	3 3 0	0	0	0				N
TREAT16	0	Rectal Tube	.00	3 3 0	0	0	0				N
TREAT18	0	Urinary Catheter	.00	3 3 0	0	0	0				N
TUBFLUSH	0	Enteral Flush	.00	3 3 0	0	0	0				N
TYPE	0	Type and Crossmatch	.00	3 3 0	0	0	0				N
UAPRE	0	Urine Cath Spec Cx w/Ua Prescr	.00	3 3 0	0	0	0				N
URINECS	0	Lb6304	.00	3 3 0	0	0	0				N
UROGR	0	Ct Urogram W And W/O Contrast	.00	3 3 0	0	0	0				N
USDVTU	0	Us Dvt Upper Extremity	.00	3 3 0	0	0	0				N
USLLE	0	Us Dvt Lower Extremity	.00	3 3 0	0	0	0				N
USOTHER	0	Us Other	.00	3 3 0	0	0	0				N
VACCEDU	0	Cdc Vaccine Information Sheets	.00	3 3 0	0	0	0				N
VACCREQ	0	Influenza/Pneumovax Req	.00	3 3 0	0	0	0				N
VADCONT	0	Vad Alarm Monitoring	.00	3 3 0	0	0	0				N
VAPO	0	Vapotherm/Optiflow	.00	3 3 0	0	0	0				N
VENT	0	Ventilator Settings	.00	3 3 0	0	0	0				N
VENTSUB	0	Ventilator Settings-Subsequent	.00	3 3 0	0	0	0				N
VEST	0	Vest - Airway Clearance	.00	3 3 0	0	0	0				N
VS	0	Vital Signs	.00	3 3 0	0	0	0				N
VS-ACLS	0	Acls Protocol	.00	3 3 0	0	0	0				N
VS-HEART	0	Cardiac Monitoring	.00	3 3 0	0	0	0				N
VS-I&O	0	Intake and Output	.00	3 3 0	0	0	0				N
VS-PIC	0	Photograph	.00	3 3 0	0	0	0				N
VS-PULOX	0	Pulse Oximetry	.00	3 3 0	0	0	0				N
VS-SITE	0	Procedure Site	.00	3 3 0	0	0	0				N
VS-WEIGH	0	Weigh Patient	.00	3 3 0	0	0	0				N
VSWEIGHD	0	Weigh Patient - Pre/Post Hd	.00	3 3 0	0	0	0				N
VTACH	0	V Tach Protocol	.00	3 3 0	0	0	0				N
WARMSOAK	0	Warm Soaks	.00	3 3 0	0	0	0				N
XRCHNG	0	Xr Chest 1 View For Nggt/Ogt	.00	3 3 0	0	0	0				N
XRCHPO	0	Xr Chest 1 View Post-Procedure	.00	3 3 0	0	0	0				N
XRCSFL	0	Xr Cervical Spine Flex Extend	.00	3 3 0	0	0	0				N
XRFM2	0	Xr Femur 2+ Views	.00	3 3 0	0	0	0				N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	CLS	CODE	ITM	
XRLS1	0	Xr Lumbar Spine 1 View	.00	3	0	0				N
ZEROCHRG	0	Ltach Balance (do not use)	.00	6100	0	0	206	0		N
0T0002	0	Ot - Visual Perceptual Motor	.00	3	0	0		0		N
0T0003	0	Ot-Cognitive Eval & Remediatio	.00	3	0	0		0		N
0T0004	0	Ot - Adl Training	.00	3	0	0		0		N
0310	0	Path Lab - General	.00	6350	0	0	310	0		N
0312	0	Path Lab - Histology	.00	6350	0	0	312	0		N
0370	0	Anesthesiology	.00	6312	0	0	370	0		N
1000001	0	Int Icu Room Charge	7600.00	6100	0	0	206	0		N
1000002	0	Daily Charge - Semi P	7500.00	6100	0	0	129	0		N
100003	0	Hospital Leave - Overflow Bed	.00	6100	0	0	129	0		N
100004	0	Pre-Admit Hold Bed	.00	6100	0	0	129	0		N
120	0	R&b Semi M/S	.00	6100	0	0	120	0		N
129	0	R&b - Semi - Other	.00	6100	0	0	129	0		N
180	0	Loa - General	.00	6100	0	0	180	0		N
200	0	R&b Icu	.00	6100	0	0	200	0		N
2000001	0	Level-iii Hosp Admit (70 Min)	250.00	6200	0	0	987	0	99223	N
2000002	0	Level-I Subseqtcare (15 Min)	95.00	6200	0	0	987	0	99231	N
2000003	0	Level-ii Subseqt Care (25 Min)	125.00	6200	0	0	987	0	99232	N
2000004	0	Level-iii Subseqt Care(35 Min)	150.00	6200	0	0	987	0	99233	N
2000005	0	Hospital Discharge >30min	175.00	6200	0	0	987	0	99239	N
2000006	0	Hospital Discharge <30min	150.00	6200	0	0	987	0	99238	N
2000007	0	Cardiopulmonary Resuscitation	741.00	6200	0	0	987	0	92950	N
2000008	0	Change Gastrostomy Tube	1242.00	6200	0	0	987	0	43760	N
2000009	0	Rplc G/Cec/Oth Tb Under Fluoro	1183.00	6200	0	0	987	0	49450	N
2000010	0	Debr Skn/Subq Tiss 1st 20sqcm	1221.00	6200	0	0	987	0	11042	N
2000011	0	Debr Skn/Subq Tis Add 20 Sqcm	562.00	6200	0	0	987	0	11045	N
2000012	0	Debr Muscle/Fascia 1st 20sqcm	1818.00	6200	0	0	987	0	11043	N
2000013	0	Debr Musc/Fasci Ea Add 20sqcm	562.00	6200	0	0	987	0	11046	N
2000014	0	Debride Bone 1st 20 Sq Cm	2345.00	6200	0	0	987	0	11044	N
2000015	0	Debride Bone Ea Add 20 Sq Cm	11047.00	6200	0	0	987	0	11047	N
2000016	0	Ins Tunld Cvad W/Port >5yrs	5313.00	6200	0	0	987	0	36561	N
2000017	0	Ins Tunld Cvad W/Pump >5yrs	5775.00	6200	0	0	987	0	36563	N
2000018	0	Ins Picc Device W/O Port >5yrs	2507.00	6200	0	0	987	0	36569	N
2000019	0	Gastric Intubation And Aspirat	578.00	6200	0	0	987	0	43753	N
2000020	0	Prolonged Service, First Hour	300.00	6200	0	0	987	0	99356	N
2000021	0	Prolonged Svc Each Add'l 30min	150.00	6200	0	0	987	0	99357	N
2000022	0	Intubation	779.00	6200	0	0	987	0	31500	N
2000023	0	Ins Cva Device W/Port Non Tunn	3454.00	6200	0	0	987	0	36571	N
2000024	0	Psych Consult 20 Min	175.00	6200	0	0	987	0	99251	N
2000025	0	Psych Consult 40 Min	350.00	6200	0	0	987	0	99252	N
2000026	0	Psych Consult 55 Min	481.25	6200	0	0	987	0	99253	N
201	0	R&b Icu - Surgical	.00	6100	0	0	201	0		N
206	0	R&b Icu-Intermediate	.00	6100	0	0	206	0		N
240	0	Anc - Inclusive	.00	6100	0	0	240	0		N
250	0	pharmacy - general	.00	6340	0	0	250	0		N
251	0	Pharmacy - Generic	.00	6340	0	0	251	0		N
252	0	Pharmacy - Non Generic	.00	6340	0	0	252	0		N
255	0	Pharmacy - Radiology	.00	6340	0	0	255	0		N
257	0	Pharmacy - Non Script	.00	6340	0	0	257	0		N
258	0	Pharmacy - Iv	.00	6345	0	0	258	0		N

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260	0	Iv Therapy - General	.00	6350	0	0	260	0	N	Y
269	0	Iv Therapy - Other	.00	6345	0	0	269	0	N	Y
270	0	M/S Supp General	.00	6320	0	0	270	0	N	Y
271	0	M/S Supp - Non-Sterile	.00	6320	0	0	271	0	N	Y
272	0	M/S Suppl - Sterile	.00	6320	0	0	272	0	N	Y
274	0	M/S Supp - Prosthetic	.00	6320	0	0	274	0	N	Y
278	0	M/S Supply - Implants	.00	6320	0	0	278	0	N	Y
279	0	M/S Supply - Other	.00	6320	0	0	279	0	N	Y
280	0	Oncology	.00	6365	0	0	280	0	N	Y
290	0	Dme - General	.00	6330	0	0	290	0	N	Y
291	0	Dme - Rental	.00	6330	0	0	291	0	N	Y
300	0	Lab - General	.00	6350	0	0	300	0	N	Y
301	0	Lab - Chemistry	.00	6350	0	0	301	0	N	Y
302	0	Lab - Immunology	.00	6350	0	0	302	0	N	Y
305	0	Lab - Hemtology	.00	6350	0	0	305	0	N	Y
306	0	Lb - Bcteriology	.00	6350	0	0	306	0	N	Y
307	0	Lab - Urology	.00	6350	0	0	307	0	N	Y
309	0	Lab - Other	.00	6350	0	0	309	0	N	Y
310	0	Path Lab - General	.00	6350	0	0	310	0	N	Y
3100001	0	Sds- Up To 1st 30 Min	3822.00	6310	0	0	490	0	N	N
3100002	0	Sds- Subsequent Min	21.00	6310	0	0	490	0	N	N
3100003	0	Endo Rm Up To 1st Hr	3682.00	6310	0	0	750	0	N	N
3100004	0	Endo Recovery Up To 1st Hr	710.00	6310	0	0	710	0	N	N
3100005	0	Clip Resolution Bos Sci	404.00	6310	0	0	278	0	N	N
3100006	0	Brush Bronch Cytology	30.00	6310	0	0	272	0	N	N
3100008	0	Hc Mod Sedation (non-Anesthesi	710.00	6310	0	0	370	0	N	N
311	0	Path Lab - Cytology	.00	6350	0	0	311	0	N	Y
3110001	0	Ir Tunn Cath Removal Intraperi	4319.00	6311	0	0	361	49422	N	N
3110002	0	Multi Lumen Cvc Kit	850.00	6311	0	0	360	0	N	N
3110003	0	Pacu Recovery Up To 1st 30 Min	710.00	6311	0	0	710	0	N	N
3110004	0	Pacu Recovery Subsequent Min	15.00	6311	0	0	710	0	N	N
3110005	0	Picc Tray	130.00	6311	0	0	272	C1751	N	N
3110006	0	Morpheus Picc/Nitinol All Szs	150.00	6311	0	0	278	C1788	N	N
3110007	0	36569 Insert Picc >5	2507.00	6311	0	0	361	36569	N	N
3110008	0	Fluoro Guide Vad Plcmt/Rmvl	783.00	6311	0	0	320	77001	N	N
3110009	0	Er Level 5 (mod 25)	2531.00	6311	0	0	311	99285	N	N
3110010	0	Incision/Rem Fb Subx Cplx	2894.00	6311	0	0	360	10121	N	N
3110011	0	Ins Cath Cv Non-Tunl >5yrs	2451.00	6311	0	0	361	36556	N	N
3110012	0	Egd W/Place G-Tube	1242.00	6311	0	0	361	43246	N	N
3110013	0	Triple Lumen Catheter	212.00	6311	0	0	272	C1725	N	N
3110014	0	Conscious Sed S/Md >5yr 1st 30	1249.00	6311	0	0	370	99144	N	N
3110015	0	Perm A Cath Tray	210.00	6311	0	0	278	C1750	N	N
3110016	0	Catheter Flexima Apd	181.00	6311	0	0	272	C1729	N	N
3110017	0	Set Drain Absc Thalquick Allsz	258.00	6311	0	0	272	C1729	N	N
3110018	0	Filter Vena Cava Kit Denali	2250.00	6311	0	0	278	C1880	N	N
3110019	0	Xr Angioplasty Venous	5384.00	6311	0	0	320	75978	N	N
3110020	0	Xr Change Tube/Drainage Cath	1402.00	6311	0	0	320	75984	N	N
3110021	0	Ins Cath Cv Tunl W/O Port >5yr	3092.00	6311	0	0	361	36558	N	N
3110022	0	Repl Cath Cv Tnl W/O Port	3019.00	6311	0	0	361	36581	N	N
3110023	0	Remove Cath Cv Tunl W/O Port	2489.00	6311	0	0	361	36589	N	N
3110024	0	Xr Venacavagram Svc	4062.00	6311	0	0	320	75827	N	N

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CHG	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3110025 0 Chg Tube Nephro/Pyelo	1348.00	6311	0	0	361	0	50398	N		N
3110026 0 Xr Introduction Long Gi Tube	467.00	6311	0	0	320	0	74340	N		N
3110027 0 Intro Tube Gi Long	1052.00	6311	0	0	361	0	44500	N		N
3110028 0 Angiopl Trnlm Venous Perc	2881.00	6311	0	0	361	0	35476	N		N
3110029 0 Pleural Drain Perc W/ Img Lt	1480.00	6311	0	0	360	0	32557	N		N
3110030 0 Rplc Gastro-Jejun Tb Fluoro	1304.00	6311	0	0	360	0	49452	N		N
3110031 0 Cuff Ashsplit All Sz	520.00	6311	0	0	278	0	C1750	N		N
3110032 0 Ins Endovas Vena Cava Filtr	5691.00	6311	0	0	361	0	37191	N		N
3110033 0 Dvc Torque Olcott G13811	32.00	6311	0	0	272	0		N		N
3110034 0 Thsf-35-180-Aus-Bh Amplatz	57.00	6311	0	0	272	0		N		N
3110035 0 Basic Tray	63.00	6311	0	0	272	0		N	N	N
3110036 0 Tube Feeding Gastro Mic 16fr	83.00	6311	0	0	272	0		N		N
3110037 0 Endotracheal Tube	128.00	6311	0	0	272	0		N		N
3110038 0 Suction Cannister	129.00	6311	0	0	272	0		N		N
3110039 0 Trach Tube Shiley	129.00	6311	0	0	278	0		N		N
3110040 0 Scd Boots Reg	22.00	6311	0	0	270	0		N	N	N
3110041 0 Suction Surgical	66.00	6311	0	0	272	0		N		N
3110042 0 Tube:salem Sump	20.00	6311	0	0	272	0		N	N	N
3110043 0 Iv:restrict Flow Set	40.00	6311	0	0	272	0		N		N
3110044 0 Suture Minor Procedure	50.00	6311	0	0	272	0		N		N
3110045 0 Dressing Minor	45.00	6311	0	0	272	0		N	N	N
3110046 0 Anesthesia	56.00	6311	0	0	370	0		N	N	N
3110047 0 Suction Catheter	45.00	6311	0	0	272	0		N		N
3110048 0 Packing Vaseline	45.00	6311	0	0	272	0		N		N
3110050 0 Us Thoracentesis Prep	165.00	6311	0	0	270	0		N		N
3110051 0 5 Fr Micropunct-Ndl	58.00	6311	0	0	272	0		N		N
3110052 0 Cath Schon XI 15cm	189.00	6311	0	0	272	0		N	N	N
3110053 0 Triple Lumen Tray	139.00	6311	0	0	272	0		N		N
3110054 0 Us Thoracentesis W/Tube Prep	523.00	6311	0	0	270	0		N		N
3110055 0 Needle Biopsy Trocar	23.00	6311	0	0	272	0		N		N
3110056 0 Ct Drainage Prep	410.00	6311	0	0	270	0		N		N
3110057 0 Filter Tray	200.00	6311	0	0	272	0		N		N
3110058 0 Tsf-35-145-Bh-Bentson	35.00	6311	0	0	272	0		N		N
3110059 0 Chest Tube Tray	231.00	6311	0	0	272	0		N	N	N
3110060 0 Drain Chest Sys Sng Pleur-Evac	67.00	6311	0	0	272	0		N		N
3110061 0 Device Inflation Encore	420.00	6311	0	0	272	0		N		N
3110062 0 Cath Atlas All Sz	1250.00	6311	0	0	272	0	C1725	N		N
3110063 0 Perc Nephrostomy Tray	268.00	6311	0	0	272	0		N		N
3110064 0 Cath Multi-Purpose Apd Loop	181.00	6311	0	0	272	0		N		N
3110065 0 Peel Away Sheath W/O Wire Gd	88.00	6311	0	0	272	0		N	N	N
3110066 0 Thscf-35-145-1.5 Bh Rosen	35.00	6311	0	0	272	0		N		N
3110067 0 Tunneler Ash Split Cath Iii	50.00	6311	0	0	272	0		N	N	N
3110068 0 Naso-Gastric/Jejunal 8fr 36in	23.00	6311	0	0	272	0		N		N
3110069 0 Ultra Sel 0.018in 80cm Nitinol	130.00	6311	0	0	272	0		N		N
3110070 0 Introducer Accustick Ii Kit	179.00	6311	0	0	272	0		N		N
3110071 0 Abscess Drainage Tray	158.00	6311	0	0	272	0		N	N	N
3110072 0 Dressing Major	158.00	6311	0	0	272	0		N		N
3110073 0 Packing Plain	45.00	6311	0	0	272	0		N		N
3110074 0 Pulsavac Irrigation Tips	72.00	6311	0	0	272	0		N		N
3110075 0 Adaptic	57.00	6311	0	0	272	0		N		N
3110076 0 Needle	23.00	6311	0	0	272	0		N		N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM		
3110077	0	Inj Pyelogram	617.00	6311	0	0	360	0	50394	N	N
3110078	0	Chiba Needle 22g 8in	37.00	6311	0	0	272	0		N	N
3110079	0	Rplc Duoden/Jejun Tb Fluoro	1304.00	6311	0	0	360	0	49451	N	N
3110080	0	Introducer Sheath Peelaway 18f	97.00	6311	0	0	272	0	C1894	N	N
3110081	0	Bottle Drainage Asept 1000ml	36.00	6311	0	0	272	0		N	N
3110082	0	Pmg-18sp 60 Cope Nt Mandril	69.00	6311	0	0	272	0		N	N
3110083	0	G-Tube 20fr	61.00	6311	0	0	272	0		N	N
3110084	0	Thoracentesis W/Tube Tray	244.00	6311	0	0	272	0		N	N
3110085	0	Inj Air/Contr Peritoneal Cav	879.00	6311	0	0	360	0	49400	N	N
3110086	0	Or Minor Procedure	1800.00	6311	0	0	361	0		N	N
3110087	0	Uro:t.U.R. Y Set	158.00	6311	0	0	272	0		N	N
3110088	0	Tagaderm/Op-Site Dressin	57.00	6311	0	0	272	0		N	N
3110089	0	Forcep Biopsy Bos Sci	120.00	6311	0	0	272	0		N	N
3110090	0	Peg Kit Gastrotomy	380.00	6311	0	0	272	0		N	N
3110091	0	Port A Cath Tray	221.00	6311	0	0	272	0		N	N
3110092	0	Remove Tunld Cvad W/Pump/Port	2405.00	6311	0	0	360	0	36590	N	N
3110093	0	5 Fr Stiff Micropunct Kit-Ndl	91.00	6311	0	0	272	0		N	N
3110094	0	Ins Tunld Cvad W/Port >5yrs	5313.00	6311	0	0	360	0	36561	N	N
3110095	0	Inj Contrast Absc/Cyst	667.00	6311	0	0	360	0	49424	N	N
3110096	0	Gw Nitinol 5fr 10cm Cook	104.00	6311	0	0	272	0	C1769	N	N
3110097	0	Lumbar Puncture Diagnostic	1409.00	6311	0	0	360	0	62270	N	N
3110098	0	Exchg Cath Absc/Cyst Drain	2085.00	6311	0	0	360	0	49423	N	N
3110099	0	Suprapubic Tube Tray	289.00	6311	0	0	272	0	C2627	N	N
3110100	0	Chg Tube Cystostomy Smp	577.00	6311	0	0	360	0	51705	N	N
3110101	0	Iv:extension Set	39.00	6311	0	0	272	0		N	N
3110102	0	Abd Paracentesis W/ Imaging	2694.00	6311	0	0	360	0	49083	N	N
3110103	0	Lead, Pacesetter, Atrial	1250.00	6311	0	0	275	0	C1898	N	N
3110104	0	Pacemaker Accent Sr Rf Pm1210	9590.00	6311	0	0	275	0	C1786	N	N
3110105	0	Rmvl Ndwelg Tun Pleural Cath	2960.00	6311	0	0	360	0	32552	N	N
3110106	0	Vas: Glidewire Angles .035	100.00	6311	0	0	272	0		N	N
3110107	0	Vas:guidewire .035 X 180 Cm	25.00	6311	0	0	272	0		N	N
3110108	0	Introducer Pacesetter	171.00	6311	0	0	272	0		N	N
3110109	0	Posey Wrist Restraints	161.00	6311	0	0	272	0		N	N
3110110	0	Drp:c-Arm 1013	45.00	6311	0	0	272	0		N	N
3110111	0	Stapler Multifire Premium 35w	40.00	6311	0	0	272	0		N	N
3110112	0	Cook Dilator	14.00	6311	0	0	272	0		N	N
3110113	0	Uro:cutting Loop Electro	540.00	6311	0	0	272	0		N	N
3110114	0	Uro: Ball Electrode	540.00	6311	0	0	272	0		N	N
3110115	0	Uro:cystoscopy Set	32.00	6311	0	0	272	0		N	N
3110116	0	Uro:drainage Bag & Hose	66.00	6311	0	0	272	0		N	N
3110117	0	Irrigation Water 3000cc	148.00	6311	0	0	272	0		N	N
3110118	0	Cath Conquest All Sz	578.00	6311	0	0	272	0	C1725	N	N
3110119	0	Dvc Inflation Presto Bard	50.00	6311	0	0	272	0		N	N
3110120	0	Place Cath Ab/Pel/Lw 1st Order	2104.00	6311	0	0	360	0	36245	N	N
3110121	0	Glidecath B	95.00	6311	0	0	272	0	C1887	N	N
3110122	0	Cath Renegade Stc	790.00	6311	0	0	272	0	C1887	N	N
3110123	0	Xr Angio Visceral W/W/O Flush	4335.00	6311	0	0	323	0	75726	N	N
3110124	0	Embol/Occl Art/Ven Hem/Lymph	17685.00	6311	0	0	360	0	37244	N	N
3110125	0	Xr Angio Ea Add Vessel	2747.00	6311	0	0	323	0	75774	N	N
3110126	0	Place Cath Ab/Pel/Lw 2nd Order	3011.00	6311	0	0	360	0	36246	N	N
3110127	0	Tsfb-35-180-Bh-Bentson	43.00	6311	0	0	272	0		N	N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3110128	0	Cath Mikaelsson	27.00	6311	0	0	272	0		N
3110129	0	Coil Emboliz M0013120211v Bs	145.00	6311	0	0	278	0		N
3110130	0	Coil Emboliz M0013822031/* Bs	179.00	6311	0	0	278	0		N
3110131	0	Meridian Hospital Visit	20616.00	6311	0	0	360	0		N
3110132	0	Intro Cath Vena Cava Sup/Inf	1027.00	6311	0	0	360	0	36010	N
3110133	0	Pacemaker Accent Dr Rf Pm2210	10790.00	6311	0	0	275	0	C1785	N
3110134	0	Bipolar Cord	92.00	6311	0	0	272	0		N
3110135	0	Bipolar Forceps Disp/Bay	128.00	6311	0	0	272	0		N
3110136	0	Defibrillator Pad Adlt	34.00	6311	0	0	272	0		N
3110137	0	Nasal Cannula	23.00	6311	0	0	272	0		N
3110138	0	Pacm: Ela Cables Disp	99.00	6311	0	0	272	0		N
3110139	0	Steri Strips	36.00	6311	0	0	272	0		N
3110140	0	Bx Muscle Needle Perc	2592.00	6311	0	0	360	0	20206	N
3110141	0	Asp Fine Ndl W/Imaging Guide	1233.00	6311	0	0	360	0	10022	N
3110142	0	Us Liver Biopsy Prep	226.00	6311	0	0	270	0		N
3110143	0	Ace Bandage	49.00	6311	0	0	272	0		N
3110144	0	Bair Hug Uper Body Quilt	99.00	6311	0	0	272	0		N
3110145	0	Gigli Saw	233.00	6311	0	0	272	0		N
3110146	0	Suture Major Procedure	129.00	6311	0	0	272	0		N
3110147	0	Telfa	23.00	6311	0	0	272	0		N
3110148	0	Adh Barrier Seprafilm	538.00	6311	0	0	278	0	C1765	N
3110149	0	Suture Kit Suture Button	25.00	6311	0	0	272	0		N
3110150	0	Ez Clion Needle Electrode	32.00	6311	0	0	272	0		N
3110151	0	Sure Fit Colostomy Bag	158.00	6311	0	0	272	0		N
3110152	0	Aut Sut:multifire Reload	496.00	6311	0	0	272	0		N
3110153	0	Connecting Tube 12'	20.00	6311	0	0	272	0		N
3110154	0	Transcth PI Intrv Stnt 1stvein	18293.00	6311	0	0	360	0	37238	N
3110155	0	Ins Tunneled Iper Catheter	4050.00	6311	0	0	360	0	49418	N
3110156	0	Cath Kit Pleurx Peritoneal	1100.00	6311	0	0	272	0	C1729	N
3110157	0	Pleurx Patient Starter Kit	546.00	6311	0	0	272	0		N
3110158	0	Repl Cath Cv Non-Tnl W/O Port	2056.00	6311	0	0	360	0	36580	N
3110159	0	Catheter Suction Ballard	37.00	6311	0	0	272	0		N
3110160	0	Tube Connecting Ctube Drainage	21.00	6311	0	0	272	0		N
3110161	0	Remove Bil Drn Cath Perc Fluor	1971.00	6311	0	0	360	0	47537	N
3110162	0	Or Subsequent Min	24.00	6311	0	0	360	0		N
3110163	0	Imp:ebi Bone Stimulator	9791.00	6311	0	0	278	0		N
3110164	0	Surgical Procedure	357.00	6311	0	0	360	0		N
3110165	0	Tube Feeding G-Tube 22f	56.00	6311	0	0	272	0		N
3110166	0	Dialator	25.00	6311	0	0	272	0		N
3110167	0	Dermabond High Adh Skin Closur	34.00	6311	0	0	272	0		N
3110168	0	Thscf-35-180-1.5 Bh Rosen	43.00	6311	0	0	272	0		N
3110169	0	Cath Foley Council 5cc 18f	30.00	6311	0	0	272	0		N
3110170	0	Glidecath A Angiodynamics	27.00	6311	0	0	272	0		N
3110171	0	Inj Cholangiogr Perc New Acces	4959.00	6311	0	0	361	0	47532	N
3110172	0	Chiba Needle 22g 6in	33.00	6311	0	0	272	0		N
3110173	0	Repl Gastro Tube W/Rvsn Wo Img	798.00	6311	0	0	361	0	43763	N
3110174	0	Intro Ndl/Cath Dialys W/Tba	12949.00	6311	0	0	361	0	36902	N
3110175	0	Place Cath Ab/Pel/Lw Ea Addl	3467.00	6311	0	0	361	0	36247	N
3110176	0	Embol/Occl Art/Ven Hem/Lymph	1044.00	6311	0	0	361	0	36248	N
3110177	0	Asp Bladder Ins Cath Suprapub	5241.00	6311	0	0	361	0	51102	N
3110178	0	Chg Tube Cystostomy Cplx	2659.00	6311	0	0	361	0	51710	N



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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3110179 0 Catheter Nephrostomy Skater L3	61.00	6311	0	0	272	0	C1729	N		N
3110180 0 Guidewire Vascular 80cm Standa	28.15	6311	0	0	272	0	C1769	N		N
3110181 0 Guidewire Angiographic 75cm 7c	21.37	6311	0	0	272	0	C1769	N		N
3110183 0 Catheter Angiographic 40cm 5fr	15.00	6311	0	0	272	0	C1887	N		N
3110184 0 Guidewire Urological Amplatz S	30.00	6311	0	0	272	0	C1769	N		N
311036 0 Tube Feeding Gastro Mic 16fr	83.00	6311	0	0	272	0		N		Y
311043 0 Do Not Use	.01	6311	0	0	272	0		N	N	Y
311049 0 Electrocautery Pencil	87.00	6311	0	0	272	0		N		N
311081 0 Bottle Drainage Asept 1000ml	36.00	6311	0	0	272	0		N		Y
312 0 Path Lab - Histology	.00	6350	0	0	312	0		N		Y
319 0 Path Lab - Other	.00	6350	0	0	319	0		N		Y
320 0 Raiology - Diagnostic	.00	6361	0	0	320	0		N		Y
3200001 0 Oxygen Per Hour	32.15	6320	0	0	270	0		N		N
3200002 0 Patrol Ent Pump Set W/Pin	8.35	6320	0	0	270	0		N		N
3200003 0 Primary Iv Set 60gtt/MI	12.56	6320	0	0	270	0		N		N
3200004 0 Dressing Adaptic 3x8	16.45	6320	0	0	270	0		N		N
3200005 0 Dressing Wound Vac/Med	202.91	6320	0	0	270	0		N		N
3200006 0 Tray, Cath Foley 14fr	56.78	6320	0	0	270	0		N		N
3200007 0 Connector, Y	16.70	6320	0	0	270	0		N		N
3200008 0 Bag, Feed Complete	9.00	6320	0	0	270	0		N		N
3200009 0 Bag, Drainage Urinary	21.71	6320	0	0	270	0		N		N
3200010 0 Tape Micropore 2"	5.00	6320	0	0	270	0		N		N
3200011 0 Set Solution Duo Vent 76"	8.35	6320	0	0	270	0		N		N
3200012 0 Sponge All Purp 4x4 Strl	30.00	6320	0	0	270	0		N		N
3200013 0 Texas Cath Med	7.50	6320	0	0	270	0		N	N	N
3200014 0 Tray Foley Cath 16fr	66.24	6320	0	0	270	0		N		N
3200015 0 Texas Cath Lg	7.50	6320	0	0	270	0		N	N	N
3200016 0 Ostomy Wafer Nat 57mm 2	11.18	6320	0	0	270	0		N	N	N
3200017 0 Ostomy Pouch 57mm 2 1/4	4.50	6320	0	0	270	0		N	N	N
3200018 0 Underpad Breathable	6.68	6320	0	0	270	0		N		N
3200019 0 Tegaserb Oval Dress Sm	20.20	6320	0	0	270	0		N		N
3200020 0 Ora Swab Premoistened	4.50	6320	0	0	270	0		N		N
3200021 0 No Sting Spray .5oz	42.50	6320	0	0	270	0		N		N
3200022 0 Toomey Sys 60cc Cath Tip	1.81	6320	0	0	270	0		N		N
3200023 0 Syringe, Irrigation	10.02	6320	0	0	270	0		N		N
3200024 0 Eakin Wound Seal Sm	10.00	6320	0	0	270	0		N	N	N
3200025 0 Versa Dressing 5.5x5.5	36.83	6320	0	0	270	0		N		N
3200026 0 Duoderm Signal 3x3	33.40	6320	0	0	270	0		N	N	N
3200027 0 Saf-Clens Af Dermal Wn S	45.09	6320	0	0	270	0		N	N	N
3200028 0 Versa Dressing 3.5x3.5	51.61	6320	0	0	270	0		N		N
3200029 0 Aleo Vesta 2n1 Antifun2oz	33.40	6320	0	0	270	0		N		N
32000297 0 Cath Central Venouslumen	85.00	6320	0	0	270	0		N		N
3200030 0 Protector Heel/Ankle	17.50	6320	0	0	270	0		N		N
3200031 0 Debridement Kit	80.00	6320	0	0	270	0		N	N	N
3200032 0 Set, Suture Removal	20.88	6320	0	0	270	0		N		N
3200033 0 Tray, Irrigation	32.57	6320	0	0	270	0		N		N
3200034 0 Fecal Bag	35.91	6320	0	0	270	0		N	N	N
3200035 0 Cath Roberts Uterine Art	40.08	6320	0	0	270	0		N		N
3200036 0 Injection Site	12.53	6320	0	0	270	0		N		N
3200037 0 Electrode, Quick-Combo	232.97	6320	0	0	270	0		N		N
3200038 0 Tray, Wound Closure	25.05	6320	0	0	270	0		N		N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	COD	CODE	CLS	CODE	ITM
3200039	0	Sterile Water 1000ml Bot	13.36	6320	0	0	270	0	N		N
3200040	0	Scalpel #10	10.02	6320	0	0	272	0	N	N	N
3200041	0	Ng Securement Device	10.00	6320	0	0	272	0	N	N	N
3200042	0	Lopez Valve	14.13	6320	0	0	272	0	N	N	N
3200043	0	Flexi Seal Fecal Bag	33.40	6320	0	0	270	0	N	N	N
3200044	0	Drngng Sq Tegisorb 5.5x5.5	56.78	6320	0	0	270	0	N	N	N
3200045	0	Flexi-Seal Kit	1377.75	6320	0	0	270	0	N	N	N
3200046	0	Sterile Saline Cups 0.9%	1.86	6320	0	0	270	0	N	N	N
3200047	0	Cath Leg Straps	20.20	6320	0	0	270	0	N	N	N
3200048	0	Solution Set 3 Port 109"	10.39	6320	0	0	270	0	N	N	N
3200049	0	Daily Iv Solution Chng	40.08	6320	0	0	240	0	N	N	N
3200050	0	3m Tegaderm Drsg Heel	43.42	6320	0	0	270	0	N	N	N
3200051	0	I O Ban Dressing	30.35	6320	0	0	270	0	N	N	N
3200052	0	Hot Pack	2.56	6320	0	0	270	0	N	N	N
3200053	0	Cold Pack	2.46	6320	0	0	270	0	N	N	N
3200054	0	Stoma Paste	30.06	6320	0	0	270	0	N	N	N
3200055	0	G- Tube Tray	194.00	6320	0	0	270	0	N	N	N
3200056	0	Diapers X-Large	6.02	6320	0	0	270	0	N	N	N
3200057	0	Shampoo Caps	15.03	6320	0	0	270	0	N	N	N
3200058	0	Medi Honey Tube & Applic	71.50	6320	0	0	270	0	N	N	N
3200059	0	Medi Honey 2x2 Dressingea	23.50	6320	0	0	270	0	N	N	N
3200060	0	Dressing Mepilex Ag 4x8	111.00	6320	0	0	270	0	N	N	N
3200061	0	Dressing Mepilex Ag 4x4	95.00	6320	0	0	270	0	N	N	N
3200062	0	Dressing Mepilex Ag 8x8	323.00	6320	0	0	270	0	N	N	N
3200063	0	Dressing Mepilex Ag 6x6	209.00	6320	0	0	270	0	N	N	N
3200064	0	Dressing Border 10x10	23.00	6320	0	0	270	0	N	N	N
3200065	0	Dressing Border 7.5x7.5	33.00	6320	0	0	270	0	N	N	N
3200066	0	Dressing Mepilex Border S	78.00	6320	0	0	270	0	N	N	N
3200067	0	Hi-Flo 3 Way	3.43	6320	0	0	270	0	N	N	N
3200068	0	Adapter Iv Cannula	68.47	6320	0	0	270	0	N	N	N
3200069	0	Dressing, Prisma	150.00	6320	0	0	270	0	N	N	N
3200070	0	Gastrostomy Feed Tube 20f	582.42	6320	0	0	270	0	N	N	N
3200071	0	Heel Wedge Healing Shoe	145.29	6320	0	0	270	0	N	N	N
3200072	0	Freedom Splint	145.50	6320	0	0	270	0	N	N	N
3200073	0	Drsg Prisma Matrix Sm 4"	66.80	6320	0	0	270	0	N	N	N
3200074	0	Drsg Prisma Matrix Lg 19"	171.25	6320	0	0	270	0	N	N	N
3200075	0	Yankauer	43.42	6320	0	0	270	0	N	N	N
3200076	0	Cath Secure Statlock	20.00	6320	0	0	270	0	N	N	N
3200077	0	Head Support Sling	167.00	6320	0	0	270	0	N	N	N
3200078	0	Mist Kit	250.00	6320	0	0	270	0	N	N	N
3200079	0	Puer Evac Adult Dry	150.00	6320	0	0	270	0	N	N	N
3200080	0	Foley Cath 18fr	62.50	6320	0	0	270	0	N	N	N
3200081	0	Foley Cath #16fr	62.50	6320	0	0	270	0	N	N	N
3200082	0	Abdominal Binder	52.50	6320	0	0	270	0	N	N	N
3200083	0	Vacutainer W/Luer Adapt	7.50	6320	0	0	270	0	N	N	N
3200084	0	Angiocath Insyte 22gx1	7.50	6320	0	0	270	0	N	N	N
3200085	0	Angiocath Insyte 20gx1	10.00	6320	0	0	270	0	N	N	N
3200086	0	Extention Set Interlink	17.50	6320	0	0	270	0	N	N	N
3200087	0	Iv Catheter	12.50	6320	0	0	270	0	N	N	N
3200088	0	Hyperal Filter Clearlink	17.50	6320	0	0	270	0	N	N	N
3200089	0	Chloraprep Applicator	10.00	6320	0	0	270	0	N	N	N

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PRC CODE	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	FLAG
TKT DESCRIPTION			V	ID	COD	CODE				
3200090	0	Blood Administration Set	17.50	6320	0	0	270	0	N	N
3200091	0	J-Loop Conn Clearlink	15.00	6320	0	0	270	0	N	N
3200092	0	Set Clearlink Vented	17.50	6320	0	0	270	0	N	N
3200093	0	Tubing Iv Primary	17.50	6320	0	0	270	0	N	N
3200094	0	Tubing Iv Secondary	7.50	6320	0	0	270	0	N	N
3200095	0	Bacteria Plus Anaerobic	40.00	6320	0	0	270	0	N	N
3200096	0	Bacteria Plus Aerobic	40.00	6320	0	0	270	0	N	N
3200097	0	Bag Fecal Collection	27.50	6320	0	0	270	0	N	N
3200098	0	Ostomy Pouch Drain 70mm	12.50	6320	0	0	270	0	N	N
3200099	0	Ostomy Wafer 70mm	12.50	6320	0	0	270	0	N	N
3200100	0	Iv Sol D5 45 2b1073q 500m	7.50	6320	0	0	270	0	N	N
3200101	0	Iv Sol D5 9 2b1063 500ml	7.50	6320	0	0	270	0	N	N
3200102	0	Iv Sol D5 H2O 2b0087 100m	7.50	6320	0	0	270	0	N	N
3200103	0	Iv Sol .9nacl 2b1323 500m	7.50	6320	0	0	270	0	N	N
3200104	0	Iv Sol.45nacl 2b131q 500m	7.50	6320	0	0	270	0	N	N
3200105	0	Iv Sol.9nacl 2b1322q 250m	7.50	6320	0	0	270	0	N	N
3200106	0	Iv Sol D5 H2O 2b0086 50ml	7.50	6320	0	0	270	0	N	N
3200107	0	Iv Sol.9nacl 2b1306 50ml	4.50	6320	0	0	270	0	N	N
3200108	0	Iv Sol.9nacl 2b1307 100ml	4.50	6320	0	0	270	0	N	N
3200109	0	Iv Sol.45nacl 2b1314 II	7.50	6320	0	0	270	0	N	N
3200110	0	Iv Sol 5.9nacl 2b1064	7.50	6320	0	0	270	0	N	N
3200111	0	Iv Sol D10 H2O 2b0164 1l	7.50	6320	0	0	270	0	N	N
3200112	0	Iv Sol D5 45nacl 2b1074	4.50	6320	0	0	270	0	N	N
3200113	0	Iv Sol.9nacl 2b1324 1l	4.50	6320	0	0	270	0	N	N
3200114	0	Iv Sol D5.45nacl W20k 2b1	7.50	6320	0	0	270	0	N	N
3200115	0	Straight Cath Tray Urethr	17.50	6320	0	0	270	0	N	N
3200116	0	Iv Sol D5 H2O 2b0063 500m	7.50	6320	0	0	270	0	N	N
3200117	0	Iv Sol D5/W 2b0062 1000ml	7.50	6320	0	0	270	0	N	N
3200118	0	Mitts	70.00	6320	0	0	270	0	N	N
3200119	0	Bedpan Adult Disp	.00	6320	0	0	270	0	N	N
3200120	0	Kit Sterile Urine	5.00	6320	0	0	270	0	N	N
3200121	0	T Piece W/Drain Bag	4.10	6320	0	0	270	0	N	N
3200122	0	Adapter, Y Port	37.00	6320	0	0	270	0	N	N
3200123	0	Cath Kumpe Ngo Dynam	27.00	6320	0	0	270	0	N	N
3200124	0	Antiembolism Stocking	34.00	6320	0	0	270	0	N	N
3200125	0	Aquacel Ag W/Hyfib D 4x4	105.00	6320	0	0	270	0	N	N
3200126	0	Aquacel Ag Rope	114.00	6320	0	0	270	0	N	N
3200127	0	Repair Cream	19.00	6320	0	0	270	0	N	N
3200128	0	Z Float Boot	275.00	6320	0	0	270	0	N	N
3200129	0	Gw Stiff Angled All Sz	518.00	6320	0	0	270	0	N	N
3200130	0	Z Float Positioner	195.00	6320	0	0	270	0	N	N
3200131	0	Thumb Orthosis Brace	249.00	6320	0	0	270	0	N	N
3200132	0	Versa Dressing 8x7	41.00	6320	0	0	270	0	N	N
3200133	0	Versa Dressing 10x8	68.00	6320	0	0	270	0	N	N
3200134	0	Sys Oral Qcare Clean & Su	45.00	6320	0	0	270	0	N	N
3200135	0	Half Drape Sht	8.00	6320	0	0	270	0	N	N
3200136	0	Collection Unit Drainage	329.00	6320	0	0	270	0	N	N
3200137	0	Foam Belt/Vitalgo Bed	375.00	6320	0	0	270	0	N	N
3200138	0	Surgical Aquacel Dressing	143.00	6320	0	0	270	0	N	N
3200139	0	Ostomy Water 4.5m	7.00	6320	0	0	270	0	N	N
3200140	0	Ostomy Wafer 4.5m	9.00	6320	0	0	270	0	N	N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	UB	UB	CLS	CODE	ITM
3200141	0	Gauze Hydrogel 4x4 Pkg	10.00	6320	0	0	270	0		N	
3200142	0	Ch.12% Kit Suction Toothb	26.00	6320	0	0	270	0		N	
3200143	0	Epump Safty Screw Spike S	30.00	6320	0	0	270	0		N	
3200144	0	Pump Set Kangaroo 1000ml	46.00	6320	0	0	270	0		N	
3200145	0	Epump 1000ml Safty Spike	46.00	6320	0	0	270	0		N	
3200146	0	Pump 1000 MI Feed & Flush	57.00	6320	0	0	270	0		N	
3200147	0	Kit Indroducer Mic G-18fr	378.00	6320	0	0	270	0	C1894	N	
3200148	0	G-Tube 18fr	61.00	6320	0	0	270	0		N	
3200149	0	Pleurx Line Set Lock	195.00	6320	0	0	270	0		N	
3200150	0	Pleurx Value Cap	55.00	6320	0	0	270	0		N	
3200151	0	Cath Kit Stright	24.00	6320	0	0	270	0		N	
3200152	0	Cuff Bp Reg	25.00	6320	0	0	270	0		N	
3200153	0	Mepital Dressing 3x4	26.25	6320	0	0	270	0		N	
3200154	0	Mepital Dressing 2x3	39.00	6320	0	0	270	0		N	
3200155	0	Theraplus Ta Orthosis	315.00	6320	0	0	270	0		N	
3200156	0	Chlorhexidine Gluconate	.02	6320	0	0	270	0		N	
3200157	0	Extension Set Hospira Dia	35.00	6320	0	0	270	0		N	
3200158	0	Picc Pluss	25.00	6320	0	0	270	0		N	
3200159	0	Max Plus Connetor	10.00	6320	0	0	270	0		N	
3200160	0	Sterile Nss Flush	3.40	6320	0	0	270	0		N	
3200161	0	Picc Power Dual Lumen	425.00	6320	0	0	278	0	C1751	N	
3200162	0	Gastrografin Per MI	1.00	6320	0	0	270	0	Q9966	N	
3200163	0	Minimed Infision Low Sorb	51.00	6320	0	0	270	0		N	
3200164	0	Oxygen Transducer	30.00	6320	0	0	270	0		N	
3200165	0	Cook G10168 Thsf-3580-Aus	44.00	6320	0	0	270	0		N	
3200166	0	Trochar Dtn Ndl15cm	24.00	6320	0	0	272	0		N	
3200167	0	Dignicare Tubes	2675.00	6320	0	0	270	0		N	
3200168	0	Dignicare Bags	350.00	6320	0	0	270	0		N	
3200169	0	Electrode Ekg 12	27.50	6320	0	0	270	0		N	
3200170	0	Restraint	27.50	6320	0	0	270	0		N	
3200171	0	Emesis Basin	7.50	6320	0	0	270	0		N	
3200172	0	Shoroud Morgue Bag	35.00	6320	0	0	270	0		N	
3200173	0	Cavilon Spray Skin	10.00	6320	0	0	270	0		N	
3200174	0	Stethoscope	.00	6320	0	0	270	0		Y	
3200175	0	Dentura Cup W/Lid	.00	6320	0	0	270	0		Y	
3200176	0	Staple Remover Skin	17.50	6320	0	0	270	0		N	
3200177	0	Slipper Brown Lg	7.50	6320	0	0	270	0		N	
3200178	0	Oraswab Mouthcare Kit	32.50	6320	0	0	270	0		N	
3200179	0	Pitcher Water W/Lid	.00	6320	0	0	270	0		Y	
3200180	0	Dressing Telfa	7.50	6320	0	0	270	0		N	
3200181	0	Abd Pas Sterile	7.50	6320	0	0	270	0		N	
3200182	0	Gauze Topper 4x3	7.50	6320	0	0	270	0		N	
3200183	0	Tissues	.00	6320	0	0	270	0		Y	
3200184	0	Sponge Drainage	7.50	6320	0	0	270	0		N	
3200185	0	Sponge Kerlix	7.50	6320	0	0	270	0		N	
3200186	0	Kling Wrap Bndg	20.00	6320	0	0	270	0		N	
3200187	0	Basin Wash 6qt	7.50	6320	0	0	270	0		N	
3200188	0	Cvp Dressing Tray	22.50	6320	0	0	270	0		N	
3200189	0	Bedpan Fracture Dispo	7.50	6320	0	0	270	0		N	
3200190	0	Speci Hat	7.50	6320	0	0	270	0		N	
3200191	0	Iv Prep Kit	10.00	6320	0	0	270	0		N	

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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L DEPT	E BK V	UB ID	UB COD	CLS	CODE	ITM	INA	FLAG
3200192	0	Ace Bandage	18.00	6320	0	0	270	0		N		N
3200193	0	Urinal Male Dispo	7.50	6320	0	0	270	0	N			N
3200194	0	Dressing Tegaderm 2x3	7.50	6320	0	0	270	0	N			N
3200195	0	Dressing Tegaderm 4x4	7.50	6320	0	0	270	0	N			N
3200196	0	Tegaform Dressing	25.00	6320	0	0	270	0	N			N
3200197	0	Dressing Duoderm 5x5	30.00	6320	0	0	270	0	N			N
3200198	0	Tegasorb Oval	32.50	6320	0	0	270	0	N			N
3200199	0	Dressing Duoderm 4x4	12.50	6320	0	0	270	0	N			N
3200200	0	Enema Bag W/Soap	12.50	6320	0	0	270	0		N		N
3200201	0	Container Specimen	7.50	6320	0	0	270	0	N			N
3200202	0	Texas Catheter	7.50	6320	0	0	270	0	N			N
3200203	0	Electrode Adult Red	37.50	6320	0	0	270	0	N			N
3200204	0	Barrier Cream Skin	27.50	6320	0	0	270	0	N			N
3200205	0	Cleanser Spray Wound	37.50	6320	0	0	270	0	N			N
3200206	0	Uricult	37.50	6320	0	0	270	0	N			N
3200207	0	Gauze Vaseline 3x9	7.50	6320	0	0	270	0	N			N
3200208	0	Biopatch Dressing	32.50	6320	0	0	270	0	N			N
3200209	0	Seracult Slide	7.50	6320	0	0	270	0	N			N
3200210	0	Thermometer Oral	.00	6320	0	0	270	0		Y		N
3200211	0	Shiley Trach Dct	300.00	6320	0	0	270	0	N			N
3200212	0	Shiley Trach Dfen	241.60	6320	0	0	270	0	N			N
3200213	0	Shiley Trach Cfs	233.20	6320	0	0	270	0	N			N
3200214	0	Shiley Trach Dcfn	233.20	6320	0	0	270	0	N			N
3200215	0	Shiley Xlt Proximal	400.00	6320	0	0	270	0	N			N
3200216	0	Shiley Xlt Distal	33.35	6320	0	0	270	0	N			N
3200217	0	Shiley Inner Cac Dic-Fen	21.25	6320	0	0	270	0	N			N
3200218	0	Shiley Inner Can Dic	16.05	6320	0	0	270	0	N			N
3200219	0	Shiley Xlt Inner Can	33.35	6320	0	0	270	0	N			N
3200220	0	Shiley Disp Decan Plug	220.40	6320	0	0	270	0	N			N
3200221	0	Shiley 15mm Cap	13.00	6320	0	0	270	0		N		N
3200222	0	Shiley Speaking Valve	450.00	6320	0	0	270	0	N			N
3200223	0	Portex Trach Dic Cuff	360.00	6320	0	0	270	0	N			N
3200224	0	Portex Dic Fen Cuff	306.50	6320	0	0	270	0	N			N
3200225	0	Portex Inner Can Dic	375.00	6320	0	0	270	0	N			N
3200226	0	Bivona Airecuf Xlt	945.00	6320	0	0	270	0	N			N
3200227	0	Bivona Tts Cuffed	60.00	6320	0	0	270	0	N			N
3200228	0	Bivona Fome-Cuf	660.00	6320	0	0	270	0	N			N
3200229	0	Oxizensors-Finger	74.50	6320	0	0	270	0	N			N
3200230	0	Respironics Bipap Circuit	60.00	6320	0	0	270	0	N			N
3200231	0	Bipap Full Face W/Head-S	28.10	6320	0	0	270	0	N			N
3200232	0	Bipap Full Face W/Head-M	67.50	6320	0	0	270	0	N			N
3200233	0	Bipap Nasal-S	61.00	6320	0	0	270	0	N			N
3200234	0	Bipap Nasal W/Head-L	61.00	6320	0	0	270	0	N			N
3200235	0	Bipap Face Nv-S	62.50	6320	0	0	270	0	N			N
3200236	0	Bipap Face Vented-M	60.00	6320	0	0	270	0	N			N
3200237	0	Oxygen Connectors	74.55	6320	0	0	270	0	N			N
3200238	0	Vent Circuit Heated	91.15	6320	0	0	270	0	N			N
3200239	0	Vent Circuit Non-Heated	449.50	6320	0	0	270	0	N			N
3200240	0	Vent Circuit-Transport	24.50	6320	0	0	270	0	N			N
3200241	0	Omni/Airlife Flextube	3.90	6320	0	0	270	0	N			N
3200242	0	Hme W/Flex Connector	36.55	6320	0	0	270	0		N		N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	COD	CODE	CLS	CODE	ITM
3200243	0	Oxygen Stem With Plug	3.25	6320	0	0	270			N	
3200244	0	Blue Adaptor-S	4.05	6320	0	0	270			N	
3200245	0	Blue Adaptor-L	1.00	6320	0	0	270			N	
3200246	0	Corr. Tube Adaptor	1.00	6320	0	0	270			N	
3200247	0	Valved Tee Adaptor	12.05	6320	0	0	270			N	
3200248	0	Baffled Tee Adaptor	.85	6320	0	0	270			N	
3200249	0	Bacteria Filter Amerivac	4.90	6320	0	0	270			N	
3200250	0	Airlife Water Trap	7.40	6320	0	0	270			N	
3200251	0	Stylet Intubation	12.70	6320	0	0	270			N	
3200252	0	Nebulizer Adaptor Cap	17.15	6320	0	0	270			N	
3200253	0	Dressing Foam 3x3	18.00	6320	0	0	270			N	
3200254	0	Optifoam Dressings	13.90	6320	0	0	270			N	
3200255	0	Ballard-Et Tube W/Direct	49.90	6320	0	0	270			N	
3200256	0	Passymuir-Purple	316.25	6320	0	0	270			N	
3200257	0	Passymuir-Blue	316.25	6320	0	0	270			N	
3200258	0	Aquapak H2O W/Neb	37.45	6320	0	0	270			N	
3200259	0	Aquapak Sterile H2O	37.45	6320	0	0	270			N	
3200260	0	Concha H2O Sterile	31.60	6320	0	0	270			N	
3200261	0	Bacterial Filter For 7200	67.50	6320	0	0	270			N	
3200262	0	Flow Sensors	90.00	6320	0	0	270			N	
3200263	0	Abg Kit	6.40	6320	0	0	270			N	
3200264	0	Ballard Trach Tube	49.90	6320	0	0	270			N	
3200265	0	Ambu Bag Adult	43.05	6320	0	0	270			N	
3200266	0	Suction Catheter 14fr	2.45	6320	0	0	270			N	
3200267	0	Trach Tube Holder	16.30	6320	0	0	270			N	
3200268	0	Incentive Spirometer	12.10	6320	0	0	270			N	
3200269	0	Kit Trach Care	3.40	6320	0	0	270			N	
3200270	0	Mask Aerosol Adult	4.65	6320	0	0	270			N	
3200271	0	Nonrebreather Mask	4.25	6320	0	0	270			N	
3200272	0	Mask Trach Adult	3.60	6320	0	0	270			N	
3200273	0	Mask Venti	10.80	6320	0	0	270			N	
3200274	0	Nasal Cannula Adult	1.50	6320	0	0	270			N	
3200275	0	Nebulizer High Flow	6.00	6320	0	0	270			N	
3200276	0	Sol Saline 15ml	.75	6320	0	0	270			N	
3200277	0	Specimen Trap Sputum	6.15	6320	0	0	270			N	
3200278	0	Suction Cannister Liner	5.85	6320	0	0	270			N	
3200279	0	Suction Yankauer	27.00	6320	0	0	272			N	
3200280	0	Tubing 10 Feet	3.00	6320	0	0	270			N	
3200281	0	Endotracheal Tube	7.90	6320	0	0	270			N	
3200282	0	Endotracheal Tube Holder	150.00	6320	0	0	270			N	
3200283	0	Bubble Humidifier	6.55	6320	0	0	270			N	
3200284	0	Ez-Cap Co2 Detector	47.35	6320	0	0	270			N	
3200285	0	Nasal Optiflow	110.00	6320	0	0	270			N	
3200286	0	Vent Circuit Optiflow	117.00	6320	0	0	270			N	
3200287	0	Circuit Wo/Peep	61.00	6320	0	0	270			N	
3200288	0	Anti-Disconnect Devise	20.00	6320	0	0	270			N	
3200289	0	Bipbp Face Vented-S	62.50	6320	0	0	270			N	
3200290	0	Bipbp Face W/Headperf-L	76.50	6320	0	0	270			N	
3200291	0	Concha H2o W/Columns	125.00	6320	0	0	270			N	
3200292	0	Ear Protector	17.80	6320	0	0	270			N	
3200293	0	Hme Edithtrach	7.00	6320	0	0	270			N	

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3200294	0	Mdi Spacer	20.00	6320	0	0	270		0						
3200295	0	Oral Airway Bagged	6.75	6320	0	0	270		0						
3200296	0	Shiley Trach Dcfs	233.20	6320	0	0	270		0						
3200297	0	Specialty Care System	13.25	6320	0	0	270		0						
3200298	0	Therapeutic Bathing	25.75	6320	0	0	270		0						
3200299	0	4oz Foam Cleanser	32.50	6320	0	0	270		0						
3200300	0	Picc 5fr Single Lumen	405.00	6320	0	0	278		0	C1751					
3200301	0	Pressure Bag 500ml	52.50	6320	0	0	270		0						
3200302	0	Salem Sump 18-16fr	25.00	6320	0	0	270		0						
3200303	0	Tube Salem Sump 18fr	45.09	6320	0	0	270		0						
3200304	0	Immobilizer Arm	690.00	6320	0	0	274		0						
3200305	0	Fistula & Wound Pouches	43.50	6320	0	0	270		0						
3200306	0	Irr Sol.9 250ml Bottle	4.50	6320	0	0	270		0						
3200307	0	Steri Strip 1/4 X 4	7.50	6320	0	0	272		0						
3200308	0	Sponge Guaze 2x2 8ply	5.43	6320	0	0	270		0						
3200309	0	Tubing U Connect	2.06	6320	0	0	270		0						
3200310	0	250 Ml Sterile Water	5.00	6320	0	0	270		0						
3200311	0	Bandage Unna Boot	51.35	6320	0	0	270		0						
3200312	0	Endotrach Tube Fastener	90.35	6320	0	0	270		0						
3200313	0	Cath Bernstein	27.00	6320	0	0	272		0						
3200314	0	Angio Tray	141.00	6320	0	0	272		0						
3200315	0	Sft Pmr Rest Hand Splint/Sm Rt	393.75	6320	0	0	270		0						
3200316	0	Sft Pmr Rest Hand Splint/Md Rt	393.75	6320	0	0	270		0						
3200317	0	Sft Pmr Rest Hand Splint/Lg Rt	393.75	6320	0	0	270		0						
3200318	0	Large Palm Pillow	678.75	6320	0	0	270		0						
3200319	0	Palm Protector Splint/Left	250.00	6320	0	0	270		0						
3200320	0	Palm Protector Splint/Right	250.00	6320	0	0	270		0						
3200321	0	Roylan Palm Protecior/Right	146.25	6320	0	0	270		0						
3200322	0	Roylan Palm Protecior/Left	146.25	6320	0	0	270		0						
3200323	0	Plastic Stacking Cones/ Large	201.75	6320	0	0	270		0						
3200324	0	Easy Grip Peg Board	110.00	6320	0	0	270		0						
3200325	0	5 Step Sequencing Cards	233.75	6320	0	0	270		0						
3200326	0	Wbkb Cognitive Skills	583.75	6320	0	0	270		0						
3200327	0	Green Weighted Dysphagia Cup	113.75	6320	0	0	270		0						
3200328	0	Stress Ball	4.60	6320	0	0	270		0						
3200329	0	Mesh Mini Stress Ball	2.71	6320	0	0	270		0						
3200330	0	ascope 3 slim 3.8 mm Od	1475.00	6320	0	0	270		0						
3200331	0	ascope 3 regular 5.0 mm Od	1475.00	6320	0	0	270		0						
3200332	0	ascope 3 Large 5.8 mm Od	1700.00	6320	0	0	270		0						
3200333	0	Cath:horizon Porta Cath	578.00	6320	0	0	278		0						
3200334	0	Vas:dip Arteriotomy Tip	45.00	6320	0	0	272		0						
3200335	0	Vas:vessel Loops	23.00	6320	0	0	272		0						
3200336	0	Drn:penrose	23.00	6320	0	0	272		0						
3200337	0	Vas:dip Soft Suction Tip	106.00	6320	0	0	272		0						
3200338	0	Suture Maj Vascular Proc	240.00	6320	0	0	272		0						
3200339	0	Anes:Ima Mask Disposable	70.00	6320	0	0	272		0						
3200340	0	Orthoglass Splint 3 & 4	82.00	6320	0	0	272		0						
3200341	0	Dsg Surg Aquacel Ag 9cm	80.00	6320	0	0	272		0						
3200342	0	Sheet Wadding/Soft Roll	20.00	6320	0	0	272		0						
3200343	0	Drp:steri #1040	32.00	6320	0	0	272		0						
3200344	0	Suction Frazier	87.00	6320	0	0	272		0						

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	UB	UB	CLS	CODE	ITM
3200345	0	Snaremaster Bx/Polyp Olymp	37.00	6320	0	0	272	0		N	
3200346	0	Snare Vasc Loop 12mm-20mm	650.00	6320	0	0	272	0		N	N
3200347	0	Snare Vasc Loop 18mm-30mm	650.00	6320	0	0	272	0		N	N
3200348	0	Dilator Sheath Mic-Key 22fr	184.00	6320	0	0	272	0		N	N
3200349	0	Gelatin Surgifoam Powder	133.00	6320	0	0	272	0		N	N
3200350	0	Vit:merocel Drain Pouch	27.00	6320	0	0	272	0		N	N
3200351	0	Tube Feeding Jejunal 45cm 22fr	429.00	6320	0	0	272	0		N	N
3200352	0	Cath Slx Hemo Lumen 14f 30cm	160.00	6320	0	0	272	0	C1752	N	N
3200353	0	Tube Smart Capnoline Plus	21.00	6320	0	0	272	0		N	N
32200290	0	Specialty Care System	13.25	6320	0	0	270	0		N	N
32200291	0	Therapeutic Bathing	25.75	6320	0	0	270	0		N	N
32200292	0	4oz Foam Cleanser	32.50	6320	0	0	270	0		N	N
3300001	0	Rent Tube Feeding Pump	.00	6330	0	0	946	0		N	N
3300002	0	Wound Vac	.00	6330	0	0	946	0		N	N
3300003	0	Rent,cliniron Rite-Hite	.00	6330	0	0	946	0	Y	Y	N
3300004	0	Rent Scd Controller	.00	6330	0	0	946	0	Y	Y	N
3300005	0	Bariatric Stretcher Chair	.00	6330	0	0	946	0	Y	Y	N
3300006	0	Baxter Colleague Chnl Pump	.00	6330	0	0	946	0	Y	Y	N
3300007	0	Bedside Monitor	.00	6330	0	0	270	0	Y	Y	N
3300008	0	Trapeze Ghs	.00	6330	0	0	946	0	Y	Y	N
3300009	0	Rent, Mist Therapy System	.00	6330	0	0	946	0	Y	Y	N
3300010	0	Hypothermia Machine	.00	6330	0	0	290	0	Y	Y	N
3300011	0	Uhs Air Transfer Mattress	.00	6330	0	0	291	0	Y	Y	N
3300012	0	H&r Low Airloss 42"wbari	.00	6330	0	0	946	0	Y	Y	N
3300013	0	Geri Cushion	.00	6330	0	0	291	0	Y	Y	N
3300014	0	H&r Alt Pressure W/Lal Re	.00	6330	0	0	946	0	Y	Y	N
3300015	0	H&r Matrix Plus Hi/Lo Bed	.00	6330	0	0	946	0	Y	Y	N
3300016	0	H&r Bari Frame Only 42"	.00	6330	0	0	946	0	Y	Y	N
3300017	0	H&r Low Airloss 48"w/Bari	.00	6330	0	0	946	0	Y	Y	N
3300018	0	Bariatric Commode	.00	6330	0	0	946	0	Y	Y	N
3300019	0	H&r Airloss Standard	.00	6330	0	0	946	0	Y	Y	N
3300020	0	H&r Frame Only42"w/Scale	.00	6330	0	0	946	0	Y	Y	N
3300021	0	Bariatric Geri Chair	.00	6330	0	0	946	0	Y	Y	N
3300022	0	Total Care Bari Bed Hill-	.00	6330	0	0	946	0	Y	Y	N
3300023	0	H&r Airloss 42"	.00	6330	0	0	946	0	Y	Y	N
3300024	0	84"hi/Lo W/84" Reduce Max	.00	6330	0	0	947	0	Y	Y	N
3300025	0	Bariatric Walker	.00	6330	0	0	946	0	Y	Y	N
3300026	0	Matrix Bedframe 42"	.00	6330	0	0	946	0	Y	Y	N
3300027	0	84" Matrix Hi-Lo Frame Only	.00	6330	0	0	946	0	Y	Y	N
3300028	0	84" Relief Low Air Loss Matt	.00	6330	0	0	946	0	Y	Y	N
3300029	0	H&r Air Fluidized Bed	.00	6330	0	0	946	0	Y	Y	N
340	0	Nuclear Medicine	.00	6365	0	0	340	0		N	N
3400001	0	Bupivacaine 0.5% Inj 50ml	40.00	6340	0	0	250	0		N	N
3400002	0	Gentamicin 80mg/2ml Vial	14.00	6340	0	0	636	0	J1580	N	N
3400003	0	Heparin Inj 1000 Units (5	18.00	6340	0	0	636	0	J1644	N	N
3400004	0	Lidocaine 1% Inj 30ml	9.00	6340	0	0	250	0		N	N
34000046	0	Aranesp *1ml*	510.60	6340	0	0	250	0		N	N
3400005	0	Propofol 200 Mg/20 ML Iv	42.00	6340	0	0	250	0		N	N
3400006	0	ropinirole	2.51	6340	0	0	250	0		N	N
3400007	0	Sodium Bicarbonate	.07	6340	0	0	250	0		N	N
3400008	0	Sod Chloride 0.9% Iv 100	36.00	6340	0	0	250	0		N	N



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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3400009	0	Sod Chloride 0.9% Iv 1000	40.00	6340	0	0	250	0		J7030	N			N	
3400010	0	Tacrolimus 1 Mg Cap	4.46	6340	0	0	636	0		J7507	N			N	
3400011	0	Thrombin 5000 Units T	260.00	6340	0	0	250	0			N			N	
3400012	0	Omnipaque Oral 350per 1ml	1.00	6340	0	0	250	0			N			N	
34000123	0	Furosemide	.28	6340	0	0	636	0			N			N	
3400013	0	Influenza Pf Vacc Inj 3yr+	25.00	6340	0	0	636	0	90656	N				N	
34000135	0	Potassium Chloride	.60	6340	0	0	250	0			N			N	
3400014	0	Terazosin Hcl 5mg Cap	1.45	6340	0	0	250	0			N			N	
34000149	0	0.45% Sodium Chloride	.01	6340	0	0	250	0			N			N	
3400015	0	Atenolol 25mg Tabs Ud^	5.01	6340	0	0	250	0			N			N	
3400016	0	Calcium W/Vit D 500mg Ta	.10	6340	0	0	250	0			N			N	
3400017	0	Cephalexin 250mg Cap	.20	6340	0	0	250	0			N			N	
3400018	0	Diazepam 5mg Tabs	2.00	6340	0	0	250	0			N			N	
3400019	0	Haloperidol 1mg Tab Ud^	.49	6340	0	0	250	0			N			N	
3400020	0	Haloperidol 5mg Tabs^	.97	6340	0	0	250	0			N			N	
3400021	0	Mupirocin Ointment	.51	6340	0	0	250	0			N			N	
34000214	0	Gentamicin Sulfate	.67	6340	0	0	250	0			N			N	
3400022	0	Niferex 150 Caps	.28	6340	0	0	250	0			N			N	
3400023	0	Nystatin Ointment	.88	6340	0	0	250	0			N			N	
3400024	0	Simethicone Chew Tabs 80	.09	6340	0	0	250	0			N			N	
3400025	0	Oral Contrast	13.00	6340	0	0	255	0			N			N	
3400026	0	Aspirin	1.46	6340	0	0	250	0			N			N	
3400027	0	Azathioprine	1.44	6340	0	0	250	0			N			N	
3400028	0	Cyproheptadine 4 Mg Table	31.73	6340	0	0	250	0			N			N	
3400029	0	Ibuprofen	.07	6340	0	0	250	0			N			N	
34000291	0	Lamotrigine	4.75	6340	0	0	250	0			N			N	
3400030	0	Lidocaine 1% 5ml Sdv	23.38	6340	0	0	250	0			N			N	
3400031	0	Losartan 25mg Tab	33.40	6340	0	0	250	0			N			N	
3400032	0	Montelukast Tab 10mg	5.51	6340	0	0	250	0			N			N	
3400033	0	Citalopram Hydrobromide	2.69	6340	0	0	250	0			N			N	
3400034	0	Heparin/100u/MI 5ml Flush	5.00	6340	0	0	636	0	J1642	N				N	
3400035	0	Pneumococcal Vaccine Polyvale	67.00	6340	0	0	250	0	90732	N				N	
3400036	0	Ceftazidime	19.97	6340	0	0	250	0	J0713	N				N	
3400037	0	Pamidronate 30mg Inj.	48.00	6340	0	0	250	0	J2430	N				N	
3400038	0	Cymbalta	8.72	6340	0	0	250	0			N			N	
3400039	0	Injector Supplies	44.00	6340	0	0	270	0			N			N	
34000392	0	Atropine Sulfate	.48	6340	0	0	250	0			N			N	
3400040	0	Triamcinolone Acet.1% Crm	.28	6340	0	0	250	0			N			N	
3400041	0	Catapres-Tts 2	99.72	6340	0	0	250	0			N			N	
34000410	0	Clotrimazole/Betamethasone Cre	1.42	6340	0	0	250	0			N			N	
3400042	0	Iodosorb Gel 1.4 Oz (40gm	3.43	6340	0	0	250	0			N			N	
34000422	0	Dextrose 5%/0.9% Sodium Chlori	4.79	6340	0	0	250	0			N			N	
3400043	0	Visipaque 320 Per MI	2.00	6340	0	0	254	0	Q9967	N				N	
3400044	0	Omni 350 Per MI	3.00	6340	0	0	250	0	Q9967	N				N	
3400045	0	Ugi Lqd Ez Pqe Brium Slft Susp	14.00	6340	0	0	250	0	Q9967	N				N	
3400046	0	Ugi Contrastez Hd Barium Sulfa	9.00	6340	0	0	250	0	Q9967	N				N	
3400047	0	Nadolol 20mg Tabs	3.39	6340	0	0	250	0			N			N	
3400048	0	Pentasa	2.58	6340	0	0	250	0			N			N	
3400049	0	Acephen	.71	6340	0	0	250	0			N			N	
34000490	0	Ondansetron Hcl - Ud	24.78	6340	0	0	250	0			N			N	
3400050	0	Acetaminophen	.06	6340	0	0	250	0			N			N	

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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3400051	0	Tylenol	.03	6340	0	0	250		0					N	N
3400052	0	acetazolamide	2.88	6340	0	0	250		0					N	N
3400053	0	Acetylcysteine	2.49	6340	0	0	250		0					N	N
3400054	0	Acetylcysteine	3.74	6340	0	0	250		0					N	N
34000549	0	Ergocalciferol (vitamin D2)	1.46	6340	0	0	250		0	N				N	N
3400055	0	Acidophilus/Pectin, Citrus	.04	6340	0	0	250		0	N				N	N
34000550	0	Bupirone Hcl	1.35	6340	0	0	250		0					N	N
3400056	0	Sani-Supp	.43	6340	0	0	250		0					N	N
3400057	0	Advair Diskus	6.20	6340	0	0	250		0					N	N
3400058	0	Advair Diskus	8.15	6340	0	0	250		0					N	N
3400059	0	Albumin-Zlb%	2.38	6340	0	0	250		0					N	N
3400060	0	Albumin-Zlb *100ml*	237.60	6340	0	0	250		0					N	N
3400061	0	Albuterol Sulfate	.80	6340	0	0	250		0	N				N	N
34000610	0	Hydrocortisone Cream	.12	6340	0	0	250		0					N	N
34000619	0	Neutra-Phos	.49	6340	0	0	250		0					N	N
3400062	0	Aloe Vesta%	28.80	6340	0	0	250		0					N	N
3400063	0	Aloe Vesta 2-In-1 Af	.11	6340	0	0	250		0	N				N	N
3400064	0	Alphagan P	28.37	6340	0	0	250		0					N	N
3400065	0	Alprazolam	.76	6340	0	0	250		0					N	N
3400066	0	Alprazolam	.65	6340	0	0	250		0					N	N
3400067	0	Amiodarone Hcl200mg Tab	3.29	6340	0	0	250		0					N	N
34000676	0	Keppra *brand*	56.04	6340	0	0	250		0					N	N
3400068	0	amlodipine	2.37	6340	0	0	250		0					N	N
3400069	0	amlodipine	1.73	6340	0	0	250		0					N	N
3400070	0	Ammonium Lactate Lotion	.08	6340	0	0	250		0					N	N
3400071	0	Ampicillin/Sulbactam	4.67	6340	0	0	250		0	N				N	N
3400072	0	Ampicillin/Sulbactam	9.25	6340	0	0	250		0	N				N	N
3400073	0	Apilisol	68.40	6340	0	0	250		0					N	N
34000732	0	Lidocaine Hcl	1.20	6340	0	0	250		0					N	N
3400074	0	Aranespmcg/0.5 MI	851.04	6340	0	0	250		0					N	N
3400075	0	Artificial Tears%	.29	6340	0	0	250		0	N				N	N
3400076	0	Aspirin	.02	6340	0	0	250		0					N	N
3400077	0	Aspirin	.05	6340	0	0	250		0					N	N
3400078	0	Aspirin	.02	6340	0	0	250		0					N	N
3400079	0	Avelox	33.25	6340	0	0	250		0					N	N
34000793	0	Ringers Solution,lactated	.35	6340	0	0	250		0	N				N	N
3400080	0	Bacitracin	.23	6340	0	0	250		0					N	N
3400081	0	Bactroban Nasal	17.81	6340	0	0	250		0					N	N
34000818	0	Elixophyllin	.22	6340	0	0	250		0					N	N
3400082	0	Bisacodyl 5mg Tab	.02	6340	0	0	250		0					N	N
34000828	0	Ampicillin Sodium	2.95	6340	0	0	250		0					N	N
3400083	0	Bisacodylmg	.22	6340	0	0	250		0					N	N
3400084	0	Bumetanide	2.02	6340	0	0	250		0					N	N
3400085	0	Bumetanide 1mg/4ml vial	2.52	6340	0	0	250		0					N	N
3400086	0	bupropion Hcl	1.06	6340	0	0	250		0					N	N
3400087	0	bupirone Hcl	2.02	6340	0	0	250		0					N	N
34000878	0	Zosyn	16.32	6340	0	0	250		0					N	N
3400088	0	C-Magic Mouth Wash *5ml Syring	33.00	6340	0	0	250		0					N	N
3400089	0	C-Vanco Oral Sol *ud Syringe*	10.15	6340	0	0	250		0	N				N	N
34000898	0	Fluocinonide Ointment	4.72	6340	0	0	250		0	N				N	N
3400090	0	Calcium Gluconate	.65	6340	0	0	250		0					N	N

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CHG	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3400091 0 Calmoseptine 113gm	.07	6340	0	0	250					N
3400092 0 carbamazepine	3.63	6340	0	0	250					N
34000928 0 Labetalol Hcl	8.11	6340	0	0	250					N
3400093 0 Carbidopa-Levodopa 25mg/1	.60	6340	0	0	250					N
3400094 0 Carvedilol	2.13	6340	0	0	250					N
34000940 0 Serevent Diskus	7.10	6340	0	0	250					N
3400095 0 Carvedilol	2.13	6340	0	0	250					N
3400096 0 Bicalutamide	18.56	6340	0	0	250					N
3400097 0 Cathflo Activase	150.97	6340	0	0	250					N
3400098 0 Cefazolin Sodiumgram	1.91	6340	0	0	250					N
34000981 0 Aranesp	1702.08	6340	0	0	250					N
34000988 0 Pantoprazole Sodium	.37	6340	0	0	250					N
3400099 0 Cefepime	20.33	6340	0	0	250					N
3400100 0 Cefepime Hclgram	40.36	6340	0	0	250					N
34001000 0 Epinephrine	.72	6340	0	0	250					N
34001001 0 Rebif	1086.74	6340	0	0	250					N
34001002 0 Abreva	8.42	6340	0	0	250					N
34001003 0 Acetic Acid	.03	6340	0	0	250					N
34001004 0 Aloe Vesta 2-In-1 Af	.06	6340	0	0	250					N
34001005 0 Ammens Medicated	.01	6340	0	0	250					N
34001006 0 Ammonium Lactate Cream	.14	6340	0	0	250					N
34001007 0 Bactroban *30gm*	6.14	6340	0	0	250					N
34001008 0 Benzoin/Aloe Vera/Storax/Tolu	.12	6340	0	0	250					N
34001009 0 Questran Paste	54.35	6340	0	0	250					N
3400101 0 Ceftazidime	10.46	6340	0	0	250					N
34001010 0 Parab/Cet Alc/Stryl Alc/Pg/Sls	.02	6340	0	0	250					N
34001011 0 Ciclopirox Olamine	1.88	6340	0	0	250					N
34001012 0 Venlafaxine Hcl	1.94	6340	0	0	250					N
34001013 0 Dakin's- Full Strength%	.02	6340	0	0	250					N
34001014 0 Desonide .05% Crm 60gm	4.01	6340	0	0	250					N
34001015 0 Benadryl *cream*	.15	6340	0	0	250					N
34001016 0 Ofloxacin	26.10	6340	0	0	250					N
34001017 0 Magnesium Sulfate	.01	6340	0	0	250					N
34001018 0 Ethyl Chloride	.36	6340	0	0	250					N
34001019 0 Exactacain	1.41	6340	0	0	250					N
3400102 0 Ceftriaxone	46.00	6340	0	0	250					N
34001020 0 Fluocinolone Acetonide Ointmen	2.25	6340	0	0	250					N
34001021 0 Hydrogen Peroxide	3.00	6340	0	0	250					N
34001022 0 Karaya Gum	.18	6340	0	0	250					N
34001023 0 Lidocaine/Prilocaine 2.5%-2.5%	1.70	6340	0	0	250					N
34001024 0 Miconazole Nitrate	.25	6340	0	0	250					N
34001025 0 Monistat 1 *cream*	18.02	6340	0	0	250					N
34001026 0 Monistat 7 2% Crm 45gm	.21	6340	0	0	250					N
34001027 0 Neomycin-Polymyxin Bmg-Un	15.94	6340	0	0	250					N
34001028 0 Nitro-Bid	1.29	6340	0	0	250					N
34001029 0 Nystatin And Triam Cream	5.32	6340	0	0	250					N
3400103 0 Cepacol	.18	6340	0	0	250					N
34001030 0 Polysporin	.31	6340	0	0	250					N
34001031 0 Preparation H	35.00	6340	0	0	250					N
34001032 0 Proctosol-Hc *28gm*	3.08	6340	0	0	250					N
34001033 0 Regranex	64.88	6340	0	0	250					N

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
34001034	0	Scalacort	3.28	6340	0	0	250	0			N			N	
34001035	0	Silver Nitrate Applicator	.71	6340	0	0	250	0		N				N	
34001036	0	Surgilube	.17	6340	0	0	250	0			N			N	
34001037	0	Terbinafine 1% Top Crm	.40	6340	0	0	250	0			N			N	
34001038	0	Triamcinolone Ac	.30	6340	0	0	250	0			N			N	
34001039	0	Triple Antibioticmg-Unit-	.28	6340	0	0	250	0		N				N	
34001040	0	Chlorhexidine Gluconate	.02	6340	0	0	250	0			N			N	
34001040	0	Tucks	.16	6340	0	0	250	0	0			N		N	
34001041	0	Tucks Take-Alongs	.22	6340	0	0	250	0	0			N		N	
34001042	0	Vaseline Jelly Pkt 5gm	.06	6340	0	0	250	0	0			N		N	
34001043	0	Vits A & D/White Pet/Lanolin	.05	6340	0	0	250	0	0		N			N	
34001044	0	Xenaderm *60g*	1.11	6340	0	0	250	0	0			N		N	
34001045	0	Exelon 4.6mg/24 Hr Patch	18.02	6340	0	0	250	0	0			N		N	
34001046	0	Nicotine 14mg/24hr Ptch	2.13	6340	0	0	250	0	0			N		N	
34001047	0	Nicotine Patch 7mg	2.13	6340	0	0	250	0	0			N		N	
34001048	0	Miconazole Nitrate	.93	6340	0	0	250	0	0			N		N	
34001049	0	Humalog	26.72	6340	0	0	250	0	0			N		N	
34001050	0	Tears Renewed15ml Opth	25.00	6340	0	0	250	0	0			N		N	
34001050	0	Humalog Pen	34.42	6340	0	0	250	0	0			N		N	
34001051	0	Novolin 70-30	14.45	6340	0	0	250	0	0			N		N	
34001052	0	Novolog Pen	34.53	6340	0	0	250	0	0			N		N	
34001053	0	Gentamicin In Nacl, Iso-Osm	5.36	6340	0	0	250	0	0			N		N	
34001054	0	Amikacin Sulfate	19.61	6340	0	0	250	0	0			N		N	
34001055	0	Amikacin Sulf 2ml 500mg/	9.80	6340	0	0	250	0	0			N		N	
34001056	0	Ampicillin 2mg Vial	7.08	6340	0	0	250	0	0			N		N	
34001057	0	Azithromycin 10ml V1500mg	8.92	6340	0	0	250	0	0			N		N	
34001058	0	Cefotetan Disodium	46.16	6340	0	0	250	0	0			N		N	
34001059	0	Cefotetan Disodium	23.08	6340	0	0	250	0	0			N		N	
34001060	0	Cipro I.V.Mg/200 MI	3.54	6340	0	0	250	0	0			N		N	
34001060	0	Cefoxitin Sod 1gm Vail	7.20	6340	0	0	250	0	0			N		N	
34001061	0	Eraxis	216.00	6340	0	0	250	0	0			N		N	
34001062	0	Gentamicin In Nacl, Iso-Osm	4.92	6340	0	0	250	0	0			N		N	
34001063	0	Nafcillin	14.60	6340	0	0	250	0	0			N		N	
34001064	0	Oxacillin Sodium 1gm	14.60	6340	0	0	250	0	0			N		N	
34001065	0	Teflaro	192.28	6340	0	0	250	0	0			N		N	
34001066	0	Ofloxacin .3% 5ml	4.19	6340	0	0	250	0	0			N		N	
34001067	0	Tobramycin-Dex Opth Drop	26.17	6340	0	0	250	0	0			N		N	
34001068	0	Zymar *5ml*	17.42	6340	0	0	250	0	0			N		N	
34001069	0	Valcyte	106.08	6340	0	0	250	0	0			N		N	
34001070	0	Ciprofloxacin 250mg Tab	5.10	6340	0	0	250	0	0			N		N	
34001070	0	Amoxicillin 250mg Cap	.25	6340	0	0	250	0	0			N		N	
34001071	0	Azithromycin 250mg Tab	7.78	6340	0	0	250	0	0			N		N	
34001072	0	Cefpodoxime Proxetil	8.46	6340	0	0	250	0	0			N		N	
34001073	0	Cefuroxiime 250mg Tab	4.39	6340	0	0	250	0	0			N		N	
34001074	0	Ciloxan	60.09	6340	0	0	250	0	0			N		N	
34001075	0	Clindamycin 150mg Cap	.63	6340	0	0	250	0	0			N		N	
34001076	0	Demeclocycline Hcl	10.63	6340	0	0	250	0	0			N		N	
34001077	0	Vibramycin	28.99	6340	0	0	250	0	0			N		N	
34001078	0	Epivir	.55	6340	0	0	250	0	0			N		N	
34001079	0	Lamivudine	14.32	6340	0	0	250	0	0			N		N	
34001080	0	Ciprofloxacin Hcl *ud*mg	5.46	6340	0	0	250	0	0		N			N	

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
34001080 0 Erythromycin Base	13.93	6340	0	0	250					N
34001081 0 Famciclovir	6.32	6340	0	0	250					N
34001082 0 Famciclovir	12.69	6340	0	0	250					N
34001083 0 Fluconazole	14.01	6340	0	0	250					N
34001084 0 Itraconazole	8.91	6340	0	0	250					N
34001085 0 Sustiva	11.24	6340	0	0	250					N
34001086 0 Sustiva	33.73	6340	0	0	250					N
34001087 0 Truvada	54.87	6340	0	0	250					N
34001088 0 Valacyclovir Hcl	3.97	6340	0	0	250					N
34001089 0 Viramune	14.35	6340	0	0	250					N
3400109 0 Ciprofloxacin Hcl	9.46	6340	0	0	250					N
34001090 0 Ziagen	11.17	6340	0	0	250					N
34001091 0 Zyvox *oral Sol*	6.80	6340	0	0	250					N
34001092 0 Ciprodex	28.08	6340	0	0	250					N
34001093 0 Denavir 1% 2gm	162.83	6340	0	0	250					N
34001094 0 Morphine Sulfate	2.26	6340	0	0	250					N
34001095 0 Hydromorphone Vial (do Not Use	2.12	6340	0	0	250					N
34001096 0 Ketorolac Tromethamine	2.06	6340	0	0	636					N
34001097 0 Acetaminophen With Codeine	.36	6340	0	0	250					N
34001098 0 Carisoprodol350mg Tab	.71	6340	0	0	250					N
34001099 0 celebrex	9.26	6340	0	0	250					N
3400110 0 Cleocin Phosphate In D5wm	20.93	6340	0	0	250					N
34001100 0 celebrex	10.09	6340	0	0	250					N
34001101 0 Hydrocodone/Acetaminophen	2.14	6340	0	0	250					N
34001102 0 Hydrocodone/Acetaminophen	2.76	6340	0	0	250					N
34001103 0 Hydrocodone/Acetaminophen	.33	6340	0	0	250					N
34001104 0 Lyrica	6.31	6340	0	0	250					N
34001105 0 Lyrica 50mg Caps	6.94	6340	0	0	250					N
34001106 0 Meloxicam 15mg	4.79	6340	0	0	250					N
34001107 0 Morphine Oral Solution	.08	6340	0	0	250					N
34001108 0 Morphine Sulfate - Immed Relea	.27	6340	0	0	250					N
34001109 0 Morphine Sulfate - Extended Re	5.32	6340	0	0	250					N
3400111 0 Clonazepam	.80	6340	0	0	250					N
34001110 0 Morphine Sulfate - Extended Re	1.68	6340	0	0	250					N
34001111 0 Morphine Sulfate *2mg/1ml Oral	.40	6340	0	0	250					N
34001112 0 Oxycodone Hcl - Immediate Rele	3.59	6340	0	0	250					N
34001113 0 Oxycodone Hcl	7.29	6340	0	0	250					N
34001114 0 Oxycodone Hcl/Acetaminophen	3.57	6340	0	0	250					N
34001115 0 Paregoric	.66	6340	0	0	250					N
34001116 0 Skelaxin 800mg Tab	7.77	6340	0	0	250					N
34001117 0 Bengay Vanishing Scent	.07	6340	0	0	250					N
34001118 0 Capsaicin .025% Cream	.28	6340	0	0	250					N
34001119 0 Voltaren	.54	6340	0	0	250					N
3400112 0 Clonidine 0.1 Mg Tab	.22	6340	0	0	250					N
34001120 0 Dextrose 10 % In Water	6.30	6340	0	0	250					N
34001121 0 Dextrose 10% In Water	6.30	6340	0	0	250					N
34001122 0 Dextrose 5 % In Water	5.96	6340	0	0	250					N
34001123 0 Multivitamin w/minerals	.01	6340	0	0	250					N
34001124 0 Dextrose 5%/0.3% Sodium Chlori	6.30	6340	0	0	250					N
34001125 0 Dextrose 5 % In Water	3.91	6340	0	0	250					N
34001126 0 Sodium Chloridemeq/MI	.18	6340	0	0	250					N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
34001127 0 0.9 % Sodium Chloride	1.76	6340	0	0	250					N
34001128 0 0.45% Sodium Chloride	6.30	6340	0	0	250					N
34001129 0 Sodium Chloride 3%	6.54	6340	0	0	250					N
3400113 0 Clotrimazole 1 % Cream	.29	6340	0	0	250					N
34001130 0 0.9% Sodium Chloride	4.58	6340	0	0	250					N
34001131 0 Sod Chl 9% 200ml	10.00	6340	0	0	250				0	N
34001132 0 0.9 % Sodium Chloride	3.95	6340	0	0	250					N
34001133 0 0.9 % Sodium Chloride	5.96	6340	0	0	250					N
34001134 0 Versed *premix*	58.00	6340	0	0	250					N
34001135 0 Dobutamine 1000mg/250ml D5w	19.80	6340	0	0	250					N
34001136 0 Dopamine 400mg/250ml D5w	14.62	6340	0	0	250				0	N
34001137 0 Dopamine 800mg/500ml D5w	23.72	6340	0	0	250					N
34001138 0 Heparin Sodium/0.45% Nacl	8.41	6340	0	0	250					N
34001139 0 Lidocaine Hcl/D5w	.03	6340	0	0	250					N
3400114 0 Combivent *14.7gm*	17.66	6340	0	0	250					N
34001140 0 M.V.I. Adult *10ml*	.91	6340	0	0	250				0	N
34001141 0 Neostigmine Meth 10ml Mdv	1.71	6340	0	0	250					N
34001142 0 Azactam 500mg/50ml *premix*	195.00	6340	0	0	250					N
34001143 0 Cipro I.V.Mg/100 MI	2.87	6340	0	0	250					N
34001144 0 Cleocin-D5w	25.57	6340	0	0	250					N
34001145 0 Cleocin-D5w	13.67	6340	0	0	250				0	N
34001146 0 Colymycin *premix*	285.00	6340	0	0	250					N
34001147 0 Fluconazole/D5w	16.03	6340	0	0	250					N
34001148 0 Fluconazole/Ns	56.85	6340	0	0	250					N
34001149 0 Gentamicin 60 Mg/150ml	5.75	6340	0	0	250					N
3400115 0 Cymbalta	8.72	6340	0	0	250				0	N
34001150 0 Tobramycin Sulfate *100mg Prem	25.00	6340	0	0	250					N
34001151 0 Vancomycin 1.5gm *premix*	136.00	6340	0	0	636					N
34001152 0 Vancomycin 750mg In D5w *premi	37.00	6340	0	0	250					N
34001153 0 Morphine Sulfate	1.19	6340	0	0	636					N
34001154 0 Advair Hfa	40.75	6340	0	0	250					N
34001155 0 Fluzone *2013-2014*	28.18	6340	0	0	250					N
34001156 0 Prochlorperazine Edisylate	5.52	6340	0	0	250				0	N
34001157 0 Benztropine Mesylate (cogentin	395.00	6340	0	0	250				0	N
34001158 0 Digifab	3052.80	6340	0	0	636					N
34001159 0 Fosphenytoin Sodium	4.65	6340	0	0	636					N
3400116 0 Dakins Half Strn.25%480ml	.02	6340	0	0	250					N
34001160 0 Procainamide Hcl	17.00	6340	0	0	250					N
34001161 0 Bacitracin-Polymyxin	1.34	6340	0	0	250					N
34001162 0 Dextroamphetamine Sulfate	6.87	6340	0	0	250					N
34001163 0 Doxepin Hcl 10 Mg Capsule	17.00	6340	0	0	250					N
34001164 0 Fluvoxamine Tab 100mg	23.00	6340	0	0	250					N
34001165 0 Citric Acid/Sodium Citrate	.07	6340	0	0	250				0	N
34001166 0 Diltiazem Hcl	2.88	6340	0	0	250					N
34001167 0 Klor-Con 10	.65	6340	0	0	250					N
34001168 0 Mestinon	2.50	6340	0	0	250					N
34001169 0 Propranolol 40 Mg Tab	25.00	6340	0	0	250					N
3400117 0 Dakin's- 1/4 Strength%	.02	6340	0	0	250					N
34001170 0 Renal Caps	.67	6340	0	0	250					N
34001171 0 Vitamin A 10k (10,000u)	.02	6340	0	0	250					N
34001172 0 Relistor	217.99	6340	0	0	250					N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
34001173 0 A & D Barrier	.30	6340	0	0	250					N
34001174 0 0.9 % Sodium Chloride	4.31	6340	0	0	250					N
34001175 0 Vimpat *iv*	90.76	6340	0	0	250					N
34001176 0 Vimpat	13.24	6340	0	0	250					N
34001177 0 Doxepin Hcl	1.65	6340	0	0	250					N
34001178 0 Fluvoxamine Maleate	2.63	6340	0	0	250					N
34001179 0 Propranolol Hcl	.41	6340	0	0	250					N
3400118 0 Earwax Treatment	.17	6340	0	0	250					N
34001180 0 Polycin Ophthalmic Ointment	7.46	6340	0	0	250					N
34001181 0 Levofloxacin	8.40	6340	0	0	250					N
34001182 0 Calcidol	1.66	6340	0	0	250	J1956				N
34001183 0 Eliquis	6.30	6340	0	0	250					N
34001184 0 K-Phos Original	.56	6340	0	0	250					N
34001185 0 Ocuвите	.08	6340	0	0	250					N
34001186 0 Triamterene-Hctz	.45	6340	0	0	250					N
34001187 0 Alteplase 1mg In (50x)	117.00	6340	0	0	636	J2997				N
34001188 0 Sod Chloride 0.9% Iv 50 MI	34.00	6340	0	0	250					N
34001189 0 Ibuprofen 600 Mg Tab	3.00	6340	0	0	250					N
3400119 0 Dexamethasone Sod Phosphate	2.64	6340	0	0	250					N
34001190 0 Midazolam Inj 1mg (2x)	15.00	6340	0	0	636	J2250				N
34001191 0 Cefazolin Inj 500mg (2x)	17.00	6340	0	0	636	J0690				N
34001192 0 Ceftriaxone Ivpb 250mg (4x)	30.00	6340	0	0	636	J0696				N
34001193 0 Diphenhydramine 50mg/MI Inj	21.00	6340	0	0	636	J1200				N
34001194 0 Fentanyl Inj 0.1mg (1x)	2.00	6340	0	0	636	J3010				N
34001195 0 Lactated Ringer Iv Sol 1000ml	34.00	6340	0	0	636	J7120				N
34001196 0 Morphine 2 Mg/1 MI Inj	27.00	6340	0	0	636	J2270				N
34001197 0 Succinylcholine Inj 20mg(10x)	27.00	6340	0	0	636	J0330				N
34001198 0 Fentanyl 100mcg/2ml (anes)	4.00	6340	0	0	636	J3010				N
34001199 0 Propofol 10mg Inj (20x)	.74	6340	0	0	636	J2704				N
3400120 0 Dextrose 5 % In Water	6.30	6340	0	0	250					N
34001200 0 Lidocaine 1% Inj 10ml	32.00	6340	0	0	250					N
34001201 0 Rocuronium 100 Mg/10 MI Iv Sol	61.00	6340	0	0	250					N
34001202 0 Lido 1%-Epi 1:100,000 Inj 20ml	14.00	6340	0	0	250					N
34001203 0 Sod Bicarbonate 8.4% Iv 500ml	26.00	6340	0	0	250					N
34001204 0 Omega-3 Fatty Acids	.08	6340	0	0	250					N
34001205 0 Levofloxacin Iv 250mg (2x)	42.00	6340	0	0	636	J1956				N
34001206 0 Clindamycin 300mg Ivpb Inj 2x	27.00	6340	0	0	636	S0077				N
34001207 0 Pantoprazole 40 Mg Iv Inj	25.00	6340	0	0	636	S0164				N
34001208 0 Pipercil/Tazoba Inf 1.125g-3x	26.00	6340	0	0	636	J7030				N
34001209 0 Ketamine 500 Mg/10ml Inj Sol	27.00	6340	0	0	250					N
3400121 0 Dextrose 5%/0.45% Sodium Chlor	5.03	6340	0	0	250					N
34001210 0 Glycopyrrolat 0.2mg/MI 2ml Inj	64.00	6340	0	0	250					N
34001211 0 Ephedrine 50 Mg/1 MI Inject	27.00	6340	0	0	250					N
34001212 0 Phenylephrine 10 Mg/1 MI Inj	30.00	6340	0	0	636	J2370				N
34001213 0 Lidocaine 1% Pf Sol 5 MI Inj	7.00	6340	0	0	250					N
34001214 0 Labetalol 20 Mg/4ml Iv Sol	14.00	6340	0	0	250					N
34001215 0 Bacitracin 50000 Units Inj	27.00	6340	0	0	340					N
34001216 0 Lidocaine 0.5% Pf Inj 50ml	6.00	6340	0	0	250					N
34001217 0 Etomidate 20 Mg/10 MI Inject	30.00	6340	0	0	250					N
34001218 0 Lidocaine 2% Viscous 20 MI	11.00	6340	0	0	250					N
34001219 0 Sod Bicarbonate 8.4% Vial 50ml	20.00	6340	0	0	250					N

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CHG	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3400122 0 Dextrose 5% Ns + Kcl 40 meq	8.39	6340	0	0	250	0			N	
34001220 0 Hydromorphone 0.5mg Inj	6.00	6340	0	0	636	0	J1170	N		N
34001221 0 Neostigmine Inj 0.5mg (20x)	12.00	6340	0	0	636	0	J2710	N		N
34001222 0 Lidocaine 2% Mpf Inj 5ml	7.00	6340	0	0	250	0		N		N
34001223 0 Propofol 10mg Inj (100x)	.72	6340	0	0	636	0	J2704	N		N
34001224 0 Lidocaine 2% Mpf 2ml Inj	8.00	6340	0	0	250	0		N		N
34001225 0 Lidocaine 2% Inj 50 MI	11.00	6340	0	0	250	0		N		N
34001226 0 Drug Recovery Process	.01	6340	0	0	250	0		N		N
34001227 0 Glucagen 1mg Inj	240.00	6340	0	0	636	0	J1610	N		N
34001228 0 Ondansetron Inj 1mg (4x)	2.00	6340	0	0	636	0	J2405	N		N
34001229 0 Tobramycin Upto 80mg Inj(15x)	34.00	6340	0	0	636	0	J3260	N		N
3400123 0 Dicyclomine Hcl *ud*mg	.27	6340	0	0	250	0		N		N
34001230 0 Bupiv Lipo 1.3% Inj 1mg(266x)	3.00	6340	0	0	636	0	C9290	N		N
34001231 0 Insulin Human Reg Vial 5u(60x)	1.00	6340	0	0	636	0	J1815	N		N
34001232 0 Enoxaparin Inj 10mg (4x)	27.00	6340	0	0	636	0	J1650	N		N
34001233 0 Phytonadione Inj 1mg (10x)	34.00	6340	0	0	636	0	J3430	N		N
34001234 0 Sod Chloride 0.9% Iv 250 MI	6.00	6340	0	0	258	0		N		N
34001235 0 Cefepime Premix 500mg 50ml(2x)	24.00	6340	0	0	636	0	J0692	N		N
34001236 0 Ceftaz-Aviba 0.5-0.125g Inj(4x	143.00	6340	0	0	636	0	J0714	N		N
34001237 0 Norepinephr 4mg/Ns 250ml Premx	42.00	6340	0	0	250	0		N		N
34001238 0 Vanco 500mg Premix (2x)	21.00	6340	0	0	636	0	J3370	N		N
34001239 0 Atropine 0.01 Mg Inj 1ml (40x)	.10	6340	0	0	636	0	J0461	N		N
3400124 0 Digoxin	6.60	6340	0	0	250	0		N		N
34001240 0 Sterile Water 20 MI Inj Sol	10.00	6340	0	0	250	0		N		N
34001241 0 Furosemide Inj 20mg (2x)	27.00	6340	0	0	636	0	J1940	N		N
34001242 0 Lido-Epi 1-2000002%inj Pf20ml	26.00	6340	0	0	250	0		N		N
34001243 0 Bupivacaine 0.5% Inj 30mlsdv	40.00	6340	0	0	250	0		N		N
34001244 0 Lido 1% Epi 1:200000 Inj 30ml	28.00	6340	0	0	250	0		N		N
34001245 0 Lidocaine 1% Pf Inj 2ml	5.00	6340	0	0	250	0		N		N
34001246 0 Sugammadex 200mg/2ml Inj	189.00	6340	0	0	250	0		N		N
34001247 0 Fentanyl (pf) 50 Mcg/MI Soluti	.70	6340	0	0	250	0		N		N
3400125 0 Digoxin (lanoxin)	2.30	6340	0	0	250	0		N		N
3400126 0 Digoxin	1.90	6340	0	0	250	0		N		N
3400127 0 Digoxin	.86	6340	0	0	250	0		N		N
34001279 0 Olanzapine	14.27	6340	0	0	250	0		N		N
3400128 0 Diltiazem Hcl	1.50	6340	0	0	250	0		N		N
3400129 0 Diltiazem Hcl	1.57	6340	0	0	250	0		N		N
34001296 0 Donepezil Hcl	7.79	6340	0	0	250	0		N		N
3400130 0 Diltiazem Vial for drip (do No	.28	6340	0	0	250	0		N		N
3400131 0 Diltiazem Hcl	1.00	6340	0	0	250	0		N		N
3400132 0 Diltiazem Hcl	.86	6340	0	0	250	0		N		N
3400133 0 Diltiazem Vial For Bolus	.52	6340	0	0	250	0		N		N
3400134 0 Diovanmg	6.66	6340	0	0	250	0		N		N
3400135 0 diphenhydramine Hcl	.08	6340	0	0	250	0		N		N
34001351 0 Ciprofloxacin Hcl	8.26	6340	0	0	250	0		N		N
34001354 0 Dorzolamide Hcl/Timolol Maleat	122.60	6340	0	0	250	0		N		N
3400136 0 Diphenhydramine Hcl	3.30	6340	0	0	250	0		N		N
3400137 0 Dobutamine 500mg/250ml D5w	15.02	6340	0	0	250	0		N		N
3400138 0 Docusate capsule	.17	6340	0	0	250	0		N		N
3400139 0 Docusate Sodium	.70	6340	0	0	250	0		N		N
34001396 0 Quetiapine Fumarate	4.00	6340	0	0	250	0		N		N



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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3400140	0	Ear Wax Drops	.17	6340	0	0	250		0						N
3400141	0	Enalapril Maleatmg	1.94	6340	0	0	250		0		N			N	N
3400142	0	Enalapril Maleate *ud*mg	1.85	6340	0	0	250		0		N			N	N
3400143	0	Fleet Enema	.01	6340	0	0	250		0			N		N	N
3400144	0	Famotidinmg/2 MI	1.08	6340	0	0	250		0		N			N	N
3400145	0	Famotidine 20mg Tab	1.74	6340	0	0	250		0		N			N	N
34001453	0	Naproxen	.78	6340	0	0	250		0			N		N	N
3400146	0	Fentanyl	14.43	6340	0	0	250		0			N		N	N
3400147	0	Fentanyl	26.38	6340	0	0	250		0			N		N	N
34001475	0	Onfi	21.97	6340	0	0	250		0			N		N	N
34001478	0	Econazole Nitrate	7.25	6340	0	0	250		0		N			N	N
3400148	0	Ferrous Sulfate	.03	6340	0	0	250		0		N			N	N
3400149	0	Finasteride	3.13	6340	0	0	250		0		N			N	N
3400150	0	Florastor	.93	6340	0	0	250		0		N			N	N
3400151	0	Flovent Hfa *12g*	19.28	6340	0	0	250		0		N			N	N
34001515	0	Procainamide Hcl	27.29	6340	0	0	250		0		N			N	N
3400152	0	Fluconazole	14.32	6340	0	0	250		0		N			N	N
34001529	0	Bupropion Hcl	1.69	6340	0	0	250		0		N			N	N
3400153	0	Fluconazole	8.75	6340	0	0	250		0		N			N	N
3400154	0	Fluconazole/D5w	14.51	6340	0	0	250		0		N			N	N
3400155	0	Folic Acidmg	.08	6340	0	0	250		0		N			N	N
34001553	0	Abilify	33.41	6340	0	0	250		0		N			N	N
34001554	0	Uloric	12.09	6340	0	0	250		0		N			N	N
34001555	0	diphenhydramine elixir	1.83	6340	0	0	250		0		N			N	N
34001556	0	Levemir	29.82	6340	0	0	250		0		N			N	N
34001559	0	Triple Paste	.11	6340	0	0	257		0		N			N	N
3400156	0	Fosrenolmg	11.22	6340	0	0	250		0		N			N	N
34001563	0	Diazepam	.13	6340	0	0	250		0			N		N	N
34001564	0	Benazepril Hcl	1.05	6340	0	0	250		0		N			N	N
34001565	0	Uceris	58.69	6340	0	0	250		0		N			N	N
3400157	0	Furosemide 100mg/ml Ansy	59.00	6340	0	0	250		0		N			N	N
34001570	0	Ethambutol	1.56	6340	0	0	250		0		N			N	N
34001571	0	Delzicol	3.30	6340	0	0	250		0		N			N	N
34001573	0	Amoxicillin	.49	6340	0	0	250		0		N			N	N
34001578	0	Armour Thyroid *ud*	.68	6340	0	0	250		0		N			N	N
34001579	0	Cefazolin Sodium	1.68	6340	0	0	250		0		N			N	N
3400158	0	Furosemide	2.19	6340	0	0	250		0		N			N	N
34001580	0	Zolof	1.07	6340	0	0	250		0		N			N	N
34001581	0	3 In 1 Ointment	.91	6340	0	0	250		0		N			N	N
34001582	0	Acyclovir	.94	6340	0	0	250		0		N			N	N
34001583	0	Fenofibrate	1.06	6340	0	0	250		0		N			N	N
34001584	0	Ammonium Lactate	.14	6340	0	0	250		0		N			N	N
34001585	0	Ponaris Nasal Emollient	.52	6340	0	0	250		0		N			N	N
34001586	0	Xeloda	47.38	6340	0	0	250		0		N			N	N
34001587	0	Sotalol Hcl	3.42	6340	0	0	250		0		N			N	N
34001588	0	Microfibrillar Collagen	210.60	6340	0	0	250		0		N			N	N
34001589	0	Phenobarbital	1.19	6340	0	0	250		0		N			N	N
3400159	0	Furosemide	1.88	6340	0	0	250		0		N			N	N
34001590	0	Phenol/Sodium Phenolate	.01	6340	0	0	250		0		N			N	N
34001591	0	Dantrolene Sodium	1.73	6340	0	0	250		0		N			N	N
34001592	0	Combivent Respimat	103.48	6340	0	0	250		0		N			N	N

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PRC	CHG	TKT	DESCRIPTION	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
				AMOUNT	DEPT	E	BK	UB					
34001593	0		Neo/Polymyx B Sulf/Dexameth	3.97	6340	0	0	250			N	N	
34001594	0		Zinacef	13.80	6340	0	0	250			N	N	
34001595	0		Xopenex	9.82	6340	0	0	250			N	N	
34001596	0		Tears Naturale - li	9.54	6340	0	0	257			N	N	
34001597	0		Ganciclovir Sodium	97.27	6340	0	0	250			N	N	
34001598	0		Klor-Con-Ef	1.25	6340	0	0	250			N	N	
34001599	0		Verapamil Hcl Er	1.07	6340	0	0	250			N	N	
34001600	0		Furosemide	1.78	6340	0	0	250			N	N	
34001601	0		Sulfasalazine	.24	6340	0	0	250			N	N	
34001604	0		Metformin Er	1.34	6340	0	0	250			N	N	
34001605	0		Levobunolol Hcl	24.18	6340	0	0	250			N	N	
34001606	0		Trifluridine	178.28	6340	0	0	250			N	N	
34001607	0		Cabergoline	36.66	6340	0	0	250			N	N	
34001608	0		acetazolamide Er	4.89	6340	0	0	250			N	N	
34001609	0		Chlorhexidine Gluconate	.50	6340	0	0	250			N	N	
34001610	0		Furosemide	.17	6340	0	0	250			N	N	
34001610	0		Clinimix 4.25/5	37.80	6340	0	0	250			N	N	
34001611	0		Gentian Violet	.05	6340	0	0	257			N	N	
34001613	0		Morphine Sulfate	12.77	6340	0	0	636			N	N	
34001614	0		K-Phos No.2	.92	6340	0	0	250			N	N	
34001615	0		Cetirizine Hcl	.39	6340	0	0	257			N	N	
34001616	0		Ketamine	.99	6340	0	0	250			N	N	
34001617	0		Modafinil	33.33	6340	0	0	250			N	N	
34001618	0		Sodium Chloride	12.11	6340	0	0	257			N	N	
34001619	0		Rivastigmine	18.02	6340	0	0	250			N	N	
34001620	0		Furosemide *ud*mg	.88	6340	0	0	250			N	N	
34001621	0		Levocarnitine	.29	6340	0	0	257			N	N	
34001622	0		Carbidopa/Levodopa - Ud	.93	6340	0	0	250			N	N	
34001623	0		Sol Carb	.02	6340	0	0	257			N	N	
34001624	0		Aralast Np	.61	6340	0	0	250			N	N	
34001625	0		Fluorometholone	17.05	6340	0	0	250			N	N	
34001626	0		Hydroxyurea	1.47	6340	0	0	250			N	N	
34001627	0		Promethazine Hcl	1.03	6340	0	0	250			N	N	
34001628	0		Lidocaine-Hydrocortisone 3%-1%	181.38	6340	0	0	250			N	N	
34001629	0		Clozapine	.50	6340	0	0	250			N	N	
34001630	0		Gabapentin	2.42	6340	0	0	250			N	N	
34001630	0		Fosfomycin Tromethamine	72.61	6340	0	0	250			N	N	
34001631	0		Nitroglycerin 0.1mg/hr Patch	2.56	6340	0	0	250			N	N	
34001632	0		Bicillin L-A	386.96	6340	0	0	250			N	N	
34001634	0		Disopyramide Phosphate	2.86	6340	0	0	250			N	N	
34001635	0		Medroxyprogesterone Acetate	.31	6340	0	0	250			N	N	
34001640	0		Gabapentin *ud*mg	.58	6340	0	0	250			N	N	
34001640	0		Enoxaparin Sodium	121.97	6340	0	0	250			N	N	
34001641	0		Solu-Medrol	34.09	6340	0	0	250			N	N	
34001642	0		Fluzone *2014-2015*	14.09	6340	0	0	250			N	N	
34001643	0		Guaifenesin/Dextromethorphan	.53	6340	0	0	257			N	N	
34001644	0		Liothyronine Sodium	.81	6340	0	0	250			N	N	
34001645	0		Preparation H	.58	6340	0	0	257			N	N	
34001646	0		Pancrease	.86	6340	0	0	250			N	N	
34001647	0		Bethanechol Chloride	1.78	6340	0	0	250			N	N	
34001649	0		Calcium Glubionate	.04	6340	0	0	250			N	N	

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3400165	0	Gentamicin In Nacl, Iso-Osm	5.36	6340	0	0	250	0			N			N	
34001650	0	Fiber-Lax	.12	6340	0	0	257	0			N	N		N	
34001651	0	Creon	1.53	6340	0	0	250	0			N	N		N	
34001652	0	Coenzyme Q10 (ubidecarenone)	1.78	6340	0	0	257	0			N			N	
34001653	0	Ipratropium Bromide	6.38	6340	0	0	250	0			N			N	
34001654	0	Zonisamide	2.19	6340	0	0	250	0			N	N		N	
34001657	0	Diclofenac Sodium 0.1% Opth d	14.61	6340	0	0	250	0			N			N	
34001658	0	Phenazopyridine Hcl - Ud	.51	6340	0	0	250	0			N			N	
34001659	0	Insta-Char	7.62	6340	0	0	250	0			N			N	
3400166	0	Gentamicin Sulf In Ns/50m	4.38	6340	0	0	250	0			N			N	
34001660	0	Naphazoline Hcl/Pheniramine	.66	6340	0	0	257	0			N			N	
34001662	0	Clinimix 4.25/10	40.09	6340	0	0	250	0			N			N	
34001664	0	Selsun Blue	.02	6340	0	0	257	0			N			N	
34001665	0	Depacon	31.75	6340	0	0	250	0			N	N		N	
34001666	0	Trileptal	5.41	6340	0	0	250	0			N			N	
34001667	0	Keppra *generic*	3.57	6340	0	0	250	0			N			N	
34001668	0	Silver/Hydrocolloid Dressing	40.97	6340	0	0	250	0		N				N	
34001669	0	Desmopressin Acetate	7.62	6340	0	0	250	0			N			N	
3400167	0	Gentamicin Sul.3%drop5ml	8.57	6340	0	0	250	0			N			N	
34001670	0	Amitriptyline Hcl	.32	6340	0	0	250	0			N			N	
34001671	0	Dantrolene Sodium	1.07	6340	0	0	250	0			N	N		N	
34001672	0	Rifabutin	17.49	6340	0	0	250	0			N	N		N	
34001674	0	Depakote Sprinkle	2.16	6340	0	0	250	0			N			N	
34001675	0	Pioglitazone Hcl	7.01	6340	0	0	250	0			N			N	
34001676	0	Chlorothiazide Sodium	238.80	6340	0	0	250	0			N			N	
34001677	0	C-Gentamicin/Nystatin/Mupiroci	.88	6340	0	0	250	0		N				N	
34001678	0	Aliskiren Hemifumarate	5.47	6340	0	0	250	0			N			N	
34001679	0	Granulex	.17	6340	0	0	250	0			N	N		N	
3400168	0	Haloperidol Lactatmg/MI	7.19	6340	0	0	250	0			N			N	
34001680	0	Gentamicin Sulfate	3.29	6340	0	0	250	0			N			N	
34001682	0	cyclosporine, Modified	1.38	6340	0	0	250	0			N			N	
34001683	0	Morphine Vial (do Not Use)	.82	6340	0	0	250	0			N			N	
34001685	0	Venelex Ointment	.63	6340	0	0	250	0			N			N	
34001686	0	Clinimix E 4.25/5 (aa/D5w/Lyte	45.12	6340	0	0	250	0		N				N	
34001687	0	Pseudoephedrine Hcl	.10	6340	0	0	250	0			N			N	
34001688	0	Vancocin	34.82	6340	0	0	250	0			N	N		N	
3400169	0	Hectorol	7.50	6340	0	0	250	0			N			N	
34001690	0	Propylthiouracil	.90	6340	0	0	250	0			N			N	
34001691	0	Opium Tincture	6.27	6340	0	0	250	0			N			N	
34001692	0	Viokace	3.21	6340	0	0	250	0			N			N	
34001693	0	Eligard	493.20	6340	0	0	250	0			N			N	
34001694	0	Vivonex Rtf	7.09	6340	0	0	250	0			N			N	
34001695	0	Calcitriol	11.93	6340	0	0	250	0			N			N	
34001696	0	Clinimix E 4.25/10	49.85	6340	0	0	250	0			N			N	
34001699	0	Folic Acid	4.10	6340	0	0	250	0			N			N	
3400170	0	Heparin Sodium	4.99	6340	0	0	250	0			N			N	
34001700	0	Loteprednol Etabonate	45.30	6340	0	0	250	0			N			N	
34001701	0	Zerbaxa	120.61	6340	0	0	250	0			N			N	
34001704	0	Nifedical XI	1.36	6340	0	0	250	0			N			N	
34001705	0	Fluzone	23.86	6340	0	0	250	0			N			N	
34001706	0	Butalb/Acetaminophen/Caffeine	2.94	6340	0	0	250	0		N				N	

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CHG	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
34001708 0 Estradiol	22.10	6340	0	0	250			N		N
34001709 0 3-in-1 Ointment	50.00	6340	0	0	257			N		N
3400171 0 Heparin Sodium	.87	6340	0	0	250			N		N
34001713 0 Guaifenesin	.41	6340	0	0	257			N		N
34001715 0 Atovaquone	6.56	6340	0	0	250			N		N
34001716 0 Methyphenidate Er	16.46	6340	0	0	250			N		N
34001718 0 Povidone-Iodine	.01	6340	0	0	257			N		N
3400172 0 Heparin Sodium	1.91	6340	0	0	250			N		N
34001722 0 Lubrifresh Pm	1.85	6340	0	0	257			N		N
34001723 0 Menthol	.86	6340	0	0	257			N		N
34001724 0 Biaxin	5.37	6340	0	0	250			N		N
34001725 0 Epogen	182.34	6340	0	0	250			N		N
34001727 0 Clarithromycin	6.02	6340	0	0	250			N		N
34001729 0 Pilocarpine Hcl	2.88	6340	0	0	250			N		N
3400173 0 Hydrocerin 120gm Crm	.04	6340	0	0	250			N		N
34001730 0 Hydroxychloroquine Sulfate	4.09	6340	0	0	250			N		N
34001731 0 Milrinone Lactate	.81	6340	0	0	250			N		N
34001732 0 Preparation H	.31	6340	0	0	257			N		N
34001733 0 Butrans	84.03	6340	0	0	250			N		N
34001734 0 Flecainide Acetate	2.56	6340	0	0	250			N		N
34001735 0 Tradjenta	17.45	6340	0	0	250			N		N
34001736 0 Skelaxin	6.48	6340	0	0	250			N		N
34001737 0 Rapaflo	7.57	6340	0	0	250			N		N
34001738 0 Ketorolac Tromethamine	1.04	6340	0	0	250			N		N
3400174 0 Hydrochlorothiazide	.08	6340	0	0	250			N		N
34001740 0 Vancomycin Oral Solution	5.00	6340	0	0	250			N		N
34001741 0 Tpn 1 liter (1000ml)	35.00	6340	0	0	250			N		N
34001742 0 Levetiracetam oral solution	1.34	6340	0	0	250			N		N
34001743 0 Phenobarbital	.21	6340	0	0	250			N		N
34001744 0 Lidocaine Hcl 2% 10ml vial	.53	6340	0	0	250			N		N
3400175 0 Hydrocortisone cream	.11	6340	0	0	250			N		N
34001751 0 Morphine Pca 30mg/30ml Ns	.99	6340	0	0	250			N		N
34001752 0 Dilaudid Pca	1.76	6340	0	0	250			N		N
34001753 0 Levophed Premixed Bag	1.76	6340	0	0	250			N		N
34001754 0 Morphine Pca 60mg/60ml Ns	.99	6340	0	0	250			N		N
34001755 0 Dilaudid Pca	.99	6340	0	0	250			N		N
34001756 0 Morphine Iv Drip 30mg/30ml Ns	.99	6340	0	0	250			N		N
34001757 0 Morphine Iv Drip 50mg/50ml Ns	.99	6340	0	0	250			N		N
34001758 0 Morphine Iv Drip 100mg/100ml N	.99	6340	0	0	250			N		N
34001759 0 Dilaudid Iv Drip	.99	6340	0	0	250			N		N
3400176 0 Hydromorphone Hcl	3.07	6340	0	0	250			N		N
34001760 0 Dilaudid Iv Drip	.99	6340	0	0	250			N		N
34001761 0 Cardizem Premixed Drip	.29	6340	0	0	250			N		N
34001762 0 Cordarone Premixed Bag	.23	6340	0	0	250			N		N
34001763 0 Ativan Drip	.99	6340	0	0	250			N		N
34001764 0 Colistin (for inhalation)	33.60	6340	0	0	250			N		N
34001765 0 Polymyxin B for injection	13.50	6340	0	0	250			N		N
34001766 0 Morphine	.99	6340	0	0	250			N		N
34001767 0 Acetazolamide Sodium	49.80	6340	0	0	250			N		N
34001768 0 Macular Vitamin	.42	6340	0	0	257			N		N
34001769 0 Rapaflo	7.57	6340	0	0	250			N		N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3400177 0 Hydromorphone Hcl	3.29	6340	0	0	250			N		N
34001770 0 Tamoxifen Citrate	3.79	6340	0	0	250			N		N
34001771 0 Xylocaine With Epinephrine	.36	6340	0	0	250			N		N
34001772 0 Santyl (1)	34.00	6340	0	0	250			N		N
34001773 0 Eucerin	.01	6340	0	0	250			N		N
34001774 0 Sodium Chloride for Inhalation	.50	6340	0	0	250			N		N
34001775 0 Potassium Chloride	3.47	6340	0	0	250			N		N
34001776 0 Veltassa	35.70	6340	0	0	250			N		N
34001777 0 Vits A & D/White Pet/Lanolin	.05	6340	0	0	250			N		N
34001778 0 Ultimate Flora	.00	6340	0	0	250			N		N
34001779 0 Aminocaproic Acid	.31	6340	0	0	250			N		N
3400178 0 Hydromorphone Hcl	.48	6340	0	0	250			N		N
34001780 0 Aminocaproic acid 5gm/250ml Ns	.26	6340	0	0	250			N		N
34001781 0 Effient	7.66	6340	0	0	250			N		N
34001782 0 Silvadene (400 gm tub)	.13	6340	0	0	250			N		N
34001783 0 Lactulose Enema	.07	6340	0	0	250			N		N
34001784 0 Teflaro	192.28	6340	0	0	250			N		N
34001785 0 Propranolol oral solution	.12	6340	0	0	250			N		N
34001786 0 Lisinopril	3.20	6340	0	0	250			N		N
34001787 0 Clobetasol Propionate	10.36	6340	0	0	250			N		N
34001788 0 Nuedexta	10.98	6340	0	0	250			N		N
34001789 0 Clobetasol Propionate Cream	4.54	6340	0	0	250			N		N
3400179 0 Ibuprofen	1.45	6340	0	0	250			N		N
34001790 0 Ondansetron Odt	22.29	6340	0	0	250			N		N
34001791 0 Terbutaline Sulfate	21.59	6340	0	0	250			N		N
34001792 0 Adempas	109.18	6340	0	0	250			N		N
34001793 0 Letairis	294.76	6340	0	0	250			N		N
34001794 0 Tyvaso	585.00	6340	0	0	250			N		N
34001795 0 Calcium Alginate Dressing	17.82	6340	0	0	250			N		N
34001796 0 Fentanyl Citrate vial (do Not	13.20	6340	0	0	250			N		N
34001797 0 Fentanyl Iv Drip 1000mcg/100ml	3.00	6340	0	0	250			N		N
34001798 0 Clozapine	3.43	6340	0	0	250			N		N
34001799 0 Lidocaine 2% for inhalation	.32	6340	0	0	250			N		N
3400180 0 Ipratropium Bromide	.53	6340	0	0	250			N		N
34001800 0 Neupro	24.87	6340	0	0	250			N		N
34001801 0 Entresto	7.50	6340	0	0	250			N		N
34001802 0 Furosemide	2.46	6340	0	0	250			N		N
34001803 0 Clinimix E 4.25/5 (aa/D5w/Lyte	67.98	6340	0	0	250			N		N
34001804 0 Morphine	3.09	6340	0	0	250			N		N
34001805 0 Ofev	160.00	6340	0	0	250			N		N
34001806 0 Ofev	160.00	6340	0	0	250			N		N
34001807 0 Mycophenolate Mofetil	6.88	6340	0	0	250			N		N
34001808 0 Cellcept	8.83	6340	0	0	250			N		N
34001809 0 Tobramycin **for injection**	10.15	6340	0	0	250			N		N
3400181 0 Ipratropium/Albuterol Sulfate	.74	6340	0	0	250			N		N
34001810 0 Promethazine w/ Codeine 5ml sy	.01	6340	0	0	250			N		N
34001811 0 Povidone-Iodine 10% Nasal swab	.24	6340	0	0	250			N		N
34001812 0 Vancomycin 500mg/100ml Ns Enem	7.80	6340	0	0	250			N		N
34001813 0 Tpn 2 liters (2000ml)	77.00	6340	0	0	250			N		N
34001814 0 Renacidin	.32	6340	0	0	250			N		N
34001815 0 Versed	3.00	6340	0	0	250			N		N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
34001816	0	Neosynephrine Premixed Bag	5.00	6340	0	0	250		0		N			N	
34001817	0	ropinirole	6.00	6340	0	0	250		0		N			N	
34001818	0	Fluconazole In Nacl,iso-Osm	11.05	6340	0	0	250		0	N				N	
34001819	0	Lasix 100mg/100ml Ns drip	3.50	6340	0	0	250		0		N			N	
3400182	0	Januvia 50mg Tab	13.22	6340	0	0	250		0		N			N	
34001820	0	Timolol Maleate	3.00	6340	0	0	250		0		N			N	
34001821	0	Fentanyl Citrate	2.54	6340	0	0	250		0		N			N	
34001822	0	Oxycodone Er	4.98	6340	0	0	250		0		N			N	
34001823	0	Velphoro	13.81	6340	0	0	250		0		N			N	
34001824	0	Nix Shampoo	.16	6340	0	0	250		0		N			N	
34001825	0	Clinimix 4.25/5	65.34	6340	0	0	250		0	N				N	
34001826	0	Acetylcysteine 10%	1.07	6340	0	0	250		0		N			N	
34001827	0	Acetylcysteine 20%	1.27	6340	0	0	250		0		N			N	
34001828	0	Acetylcysteine 20%	1.64	6340	0	0	250		0		N			N	
34001829	0	Tikosyn	10.41	6340	0	0	250		0		N			N	
3400183	0	Ketoconazole Shampoo	.23	6340	0	0	250		0		N			N	
34001830	0	Venclexta	103.25	6340	0	0	250		0		N			N	
34001831	0	Pantothenic Acid	.13	6340	0	0	250		0		N			N	
34001832	0	Amitiza	3.46	6340	0	0	250		0		N			N	
34001833	0	Nplate	1984.80	6340	0	0	250		0		N			N	
34001834	0	Tracleer	164.40	6340	0	0	250		0		N			N	
34001835	0	Adcirca	50.04	6340	0	0	250		0		N			N	
34001836	0	Dextrose Gel	.11	6340	0	0	257		0		N			N	
34001837	0	Dextrose chew tab	.12	6340	0	0	250		0		N			N	
34001838	0	Santyl (2)	64.00	6340	0	0	250		0		N			N	
34001839	0	Santyl (3)	102.00	6340	0	0	250		0		N			N	
3400184	0	Ketoconazole Cream	1.74	6340	0	0	250		0		N			N	
34001840	0	Santyl (4)	136.00	6340	0	0	250		0		N			N	
34001841	0	Santyl (5)	170.00	6340	0	0	250		0		N			N	
34001842	0	Ther-Biotic	.48	6340	0	0	257		0		N			N	
34001843	0	Fentanyl Iv Drip 2500mcg/250ml	10.00	6340	0	0	250		0	N				N	
34001844	0	Treatment Dakin's 0.125%	.03	6340	0	0	250		0		Y			Y	
34001845	0	Treatment kit Avitene	.03	6340	0	0	250		0		Y			Y	
34001846	0	Treatment kit 3 in 1 ointment	.03	6340	0	0	250		0	Y				Y	
34001847	0	Treatment kit Venelex	.00	6340	0	0	250		0		Y			Y	
34001848	0	Treatment kit woundres	.00	6340	0	0	250		0		Y			Y	
34001849	0	Treatment kit Calmoseptine	.00	6340	0	0	250		0		Y			Y	
3400185	0	Lactulose *ud*igram/15 MI	.03	6340	0	0	250		0		N			N	
34001850	0	Treatment kit Novolog	.00	6340	0	0	250		0		Y			Y	
34001851	0	Treatment kit Novolin R	.00	6340	0	0	250		0		Y			Y	
34001852	0	Treatment kit Lantus	.00	6340	0	0	250		0		Y			Y	
34001853	0	Treatment kit Levemir	.00	6340	0	0	250		0		Y			Y	
34001854	0	Treatment kit Novolin N	.00	6340	0	0	250		0		Y			Y	
34001855	0	Treatment kit Proair inhaler	.00	6340	0	0	250		0	Y				Y	
34001856	0	Treatment kit Atrovent inhaler	.00	6340	0	0	250		0	Y				Y	
34001857	0	Tpn 3 liters (3000ml)	195.00	6340	0	0	250		0		N			N	
34001858	0	Midazolam 100mg/100ml Ns	6.00	6340	0	0	250		0		N			N	
34001859	0	Norvir	10.29	6340	0	0	250		0		N			N	
3400186	0	Lamotrigine	4.16	6340	0	0	250		0		N			N	
34001860	0	Prezista	70.59	6340	0	0	250		0		N			N	
34001861	0	Mycophenolate Sodium Dr	10.00	6340	0	0	250		0		N			N	

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	UB	UB	CLS	CODE	ITM
34001862	0	Moxeza	67.88	6340	0	0	250	0		N	
34001863	0	Zeasorb *71g*	.05	6340	0	0	250	0		N	N
34001864	0	Pulmozyme	112.61	6340	0	0	250	0		N	N
34001865	0	Emtriva	.89	6340	0	0	250	0		N	N
34001866	0	Furosemide 250mg/250ml Ns	5.00	6340	0	0	250	0		N	N
34001867	0	Viread	45.61	6340	0	0	250	0		N	N
34001868	0	Brimonidine Tartrate	6.53	6340	0	0	250	0	N		N
34001869	0	Torsemide	3.04	6340	0	0	250	0		N	N
3400187	0	Lantus	34.03	6340	0	0	250	0		N	N
34001870	0	Copaxone	583.20	6340	0	0	250	0		N	N
34001871	0	Parcopa	4.23	6340	0	0	250	0		N	N
34001873	0	Acticoat 3	23.77	6340	0	0	250	0		N	N
34001874	0	Nortriptyline	1.00	6340	0	0	250	0	N		N
34001875	0	Mupirocin Nasal Mrsa Nares Kit	8.00	6340	0	0	250	0	N		N
34001876	0	Avycaz	300.00	6340	0	0	250	0		N	N
34001877	0	Senna S	.18	6340	0	0	257	0		N	N
34001878	0	Aspercreme	2.00	6340	0	0	250	0		N	N
34001879	0	Fluocinonide	45.00	6340	0	0	250	0		N	N
3400188	0	Levofloxacin/D5w	8.40	6340	0	0	250	0		N	N
34001880	0	Primaquine Phosphate	1.33	6340	0	0	250	0		N	N
34001881	0	Tudorza Pressair	100.00	6340	0	0	250	0		N	N
34001882	0	Ubidecarenone	.50	6340	0	0	257	0		N	N
34001883	0	Acetaminophen 5 ml cup	.00	6340	0	0	257	0		N	N
34001884	0	Morphine Sulfate	2.26	6340	0	0	250	0		N	N
34001885	0	Xylocaine	.06	6340	0	0	250	0		N	N
34001886	0	Paliperidone	.00	6340	0	0	250	0		N	N
34001887	0	Nexium	.00	6340	0	0	250	0		N	N
34001888	0	Treatment Kit Tpn Filter	.00	6340	0	0	250	0	N		N
34001889	0	Aminophylline	13.64	6340	0	0	250	0		N	N
3400189	0	Levofloxacin	13.20	6340	0	0	250	0		N	N
34001890	0	Aminophylline 500mg/500ml Ns	5.00	6340	0	0	250	0		N	N
34001891	0	Dexmedetomidine 200mcg/50ml Ns	25.00	6340	0	0	250	0		N	N
34001892	0	Carnitor	1.22	6340	0	0	250	0		N	N
34001893	0	Quinapril	.00	6340	0	0	250	0		N	N
34001894	0	Phenobarbital Sodium	.00	6340	0	0	250	0		N	N
34001895	0	Neupro	24.87	6340	0	0	250	0		N	N
34001896	0	Xiidra	.00	6340	0	0	250	0		N	N
34001897	0	Rasagiline Mesylate	27.78	6340	0	0	250	0	N		N
34001898	0	Error Do Not Use	2.81	6340	0	0	250	0		N	N
34001899	0	Protamine Sulfate	14.05	6340	0	0	250	0		N	N
3400190	0	Levofloxacin	13.20	6340	0	0	250	0		N	N
34001900	0	Amoxicillin	.52	6340	0	0	250	0		N	N
34001901	0	Galantamine Hbr	3.05	6340	0	0	250	0		N	N
34001902	0	Hydrocortisone	1.65	6340	0	0	250	0		N	N
34001903	0	Mesalamine delayed release	11.23	6340	0	0	250	0	N		N
34001904	0	Glyxambi	20.94	6340	0	0	250	0		N	N
34001905	0	Theophylline Anhydrous	1.36	6340	0	0	250	0	N		N
34001906	0	Labetalol Oral Suspension 40mg	25.00	6340	0	0	250	0	N		N
34001907	0	Hydrocortisone	.34	6340	0	0	250	0		N	N
34001908	0	Ursodiol	4.75	6340	0	0	250	0		N	N
34001909	0	Morphine Sulfate	3.16	6340	0	0	250	0		N	N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	CLS	CODE	ITM	
3400191	0	Levaquin *ud*mg	9.98	6340	0	0 250				N
34001910	0	Digoxin Immune Fab	600.00	6340	0	0 250				N
34001911	0	Stalevo	8.75	6340	0	0 250				N
34001912	0	Divalproex Sodium Er	4.07	6340	0	0 250				N
34001913	0	Ofirmev	56.84	6340	0	0 250				N
34001914	0	Omeprazole	4.15	6340	0	0 250				N
34001915	0	Norepinephrine 16mg/250ml Ns	113.03	6340	0	0 250				N
34001916	0	Hydrophilic Ointment	2.00	6340	0	0 257				N
34001917	0	Uloric	12.82	6340	0	0 250				N
34001918	0	Minocycline	185.30	6340	0	0 250				N
34001919	0	Vasopressin 100 units/250ml Ns	10.39	6340	0	0 250				N
3400192	0	Levophed	4.54	6340	0	0 250				N
34001920	0	Fluphenazine Hcl	13.08	6340	0	0 250				N
34001921	0	Oseltamivir Phosphate	15.46	6340	0	0 250				N
34001922	0	Keppra 1000mg/100ml premixed I	21.00	6340	0	0 250				N
34001923	0	Lidocaine/Epi 1.5% 10ml syr	1.17	6340	0	0 250				N
34001924	0	Tracleer	217.62	6340	0	0 250				N
34001925	0	Disopyramide Phosphate	.42	6340	0	0 250				N
34001926	0	Domperidone	90.00	6340	0	0 250				N
34001927	0	Domperidone	27.00	6340	0	0 250				N
34001928	0	Bosentan	217.62	6340	0	0 250				N
34001929	0	Genvoya	117.83	6340	0	0 250				N
3400193	0	Levothyroxine Sodium	.50	6340	0	0 250				N
34001930	0	Oseltamivir Phosphate	12.39	6340	0	0 250				N
34001931	0	Levothyroxine Sodium	253.39	6340	0	0 250				N
34001932	0	Dilaudid	3.96	6340	0	0 250				N
34001933	0	Ketorolac Tromethamine	21.00	6340	0	0 250				N
34001934	0	Sodium chloride w/Aloe	.39	6340	0	0 250				N
34001935	0	Norethindrone Acetate	2.65	6340	0	0 250				N
34001936	0	Labetalol Hcl	.68	6340	0	0 250				N
34001937	0	Glatiramer Acetate	1063.38	6340	0	0 250				N
34001938	0	Rotigotine	9.24	6340	0	0 250				N
34001939	0	Bupropion Hcl Er	4.77	6340	0	0 250				N
3400194	0	Levothyroxine Sodium	.48	6340	0	0 250				N
34001940	0	Alfuzosin Hcl Er	.42	6340	0	0 250				N
34001941	0	Gabapentin	1.33	6340	0	0 250				N
34001942	0	D-Mannose	4.95	6340	0	0 257				N
34001943	0	Maxi Uti	4.95	6340	0	0 257				N
34001944	0	Nerverenew Neuropathy Support	.00	6340	0	0 257				N
34001945	0	Epinastine Hcl	21.39	6340	0	0 250				N
34001946	0	Thiamine Hcl	.02	6340	0	0 250				N
34001947	0	Sulfacetamide/Prednisolone Sp	3.75	6340	0	0 250				N
34001948	0	Atomoxetine Hcl	16.69	6340	0	0 250				N
34001949	0	Ocuvite	.28	6340	0	0 250				N
3400195	0	Levothyroxine Sodium	.72	6340	0	0 250				N
34001950	0	Levalbuterol Hcl	6.70	6340	0	0 250				N
34001951	0	Premarin Vaginal Cream	14.23	6340	0	0 250				N
34001952	0	Cefpodoxime	8.46	6340	0	0 250				N
34001953	0	Fentanyl	59.31	6340	0	0 250				N
34001954	0	Lidocaine Viscous 2%	.00	6340	0	0 250				N
34001955	0	Methylcobalamin	716.00	6340	0	0 250				N



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AcuteCare Health System  
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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG					
PRC	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	V	ID	COD	CODE	CLS	CODE	ITM		
34001956	0	Acetyl L-Carnitine	1.17	6340	0	0	257	0		N				N
34001957	0	Nicotinamide/Pterostilbene	.00	6340	0	0	257	0		N				N
34001958	0	Vimpat	3.53	6340	0	0	250	0			N			N
34001959	0	Medroxyprogesterone Acetate	.49	6340	0	0	250	0			N			N
3400196	0	Levothyroxine Sodium	.61	6340	0	0	250	0			N			N
34001960	0	Clobetasol Prop 0.05% Lotion	836.67	6340	0	0	250	0			N			N
34001961	0	Methadone Clinic Oral Solution	.14	6340	0	0	250	0			N			Y
34001962	0	Phenytoin Sodium	.44	6340	0	0	250	0				N		N
34001963	0	Fenofibrate	.79	6340	0	0	250	0				N		N
34001964	0	Methadone Oral Conc Solution	.10	6340	0	0	250	0				N		Y
34001965	0	Methadone Oral Syringe	.50	6340	0	0	250	0				N		N
34001966	0	Octreotide 1250 mcg/250ml Ns D	.00	6340	0	0	250	0				N		N
34001967	0	Phenylephrine	.04	6340	0	0	257	0				N		N
34001968	0	Cefadroxil	3.72	6340	0	0	250	0				N		N
34001969	0	bupirone Hcl	.77	6340	0	0	250	0				N		N
3400197	0	Levothyroxine Sodium	.65	6340	0	0	250	0				N		N
34001970	0	Ketamine 200mg/100ml Ns Iv Dri	10.00	6340	0	0	250	0				N		N
34001971	0	Naloxegol Oxalate	13.80	6340	0	0	250	0				N		N
34001972	0	Thyroid Compounded T4/T3 cap	.14	6340	0	0	250	0				N		N
34001973	0	Ther-Biotic Complete Probiotic	.00	6340	0	0	257	0		N				N
34001974	0	Cardene	.00	6340	0	0	250	0				N		N
34001975	0	Brinzolamide/Brimonidine Tart	22.60	6340	0	0	250	0		N				N
34001976	0	Gentamicin Sulfate	16.45	6340	0	0	250	0			N			N
34001977	0	Preparation H	.30	6340	0	0	250	0				N		N
34001978	0	Heparin Flush 1000 Units/10ml	.72	6340	0	0	250	0			N			N
34001979	0	Opium/Belladonna Alkaloids	1.17	6340	0	0	250	0			N			N
3400198	0	Levothyroxine Sodium	.74	6340	0	0	250	0				N		N
34001980	0	Venlafaxine Hcl Er	4.16	6340	0	0	250	0				N		N
34001981	0	Ascorbic Acid (vitamin C)	.10	6340	0	0	250	0				N		N
34001982	0	Rozerem	15.56	6340	0	0	250	0				N		N
34001983	0	hydralazine Hcl	.15	6340	0	0	250	0				N		N
34001984	0	levetiracetam 500mg/100ml Prem	30.00	6340	0	0	250	0				N		N
34001985	0	levetiracetam 1500mg/100ml Pre	37.50	6340	0	0	250	0				N		N
34001986	0	Milrinone 40mg/200ml D5w Pre-m	37.90	6340	0	0	250	0				N		N
34001987	0	Lacosamide Iv Drip 100mg/100ml	3.78	6340	0	0	250	0				N		N
34001988	0	Minoxidil	1.69	6340	0	0	250	0				N		N
34001989	0	Proprantheline Bromide	3.00	6340	0	0	250	0				N		N
3400199	0	Levothyroxine Sodium	.60	6340	0	0	250	0				N		N
34001990	0	Lidocaine Hcl 1% *20 ml vial*	.00	6340	0	0	250	0				N		N
34001991	0	Pirfenidone	41.26	6340	0	0	250	0				N		N
34001992	0	Doxepin Hcl Cream	16.05	6340	0	0	250	0				N		N
34001993	0	Succinylcholine Chloride	2.40	6340	0	0	250	0		N				N
34001994	0	Tafinlar	104.27	6340	0	0	250	0				N		N
34001995	0	Mekinist	452.85	6340	0	0	250	0				N		N
34001996	0	Alendronate Sodium	20.49	6340	0	0	250	0				N		N
34001997	0	Oxandrolone	6.69	6340	0	0	250	0				N		N
34001998	0	Niacin Er	1.92	6340	0	0	250	0				N		N
34001999	0	Macitentan	386.12	6340	0	0	250	0				N		N
3400200	0	Lexapro 20mg Tab	4.51	6340	0	0	250	0				N		N
34002000	0	Honey	.39	6340	0	0	250	0				N		N
34002001	0	Abiraterone (zytiga)	108.87	6340	0	0	250	0		N				N

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
34002002	0	Leuprolide Acetate	1859.52	6340	0	0	250	0			N			N	
34002003	0	levocarnitine	7.95	6340	0	0	250	0			N			N	
34002004	0	Naltrexone 4.5 mg/ml oral Liqu	3.43	6340	0	0	250	0			Y			N	
34002005	0	Mexiletine 10mg/ml Oral Susp	25.00	6340	0	0	250	0			N			N	
34002006	0	Carvedilol 1.67mg/ML Oral Susp	25.00	6340	0	0	250	0			N			N	
34002007	0	Micafungin Sodium	112.20	6340	0	0	250	0			N			N	
34002008	0	Darbepoetin Alfa In Polysorbat	1857.60	6340	0	0	250	0			N			N	
34002009	0	Lidocaine Hcl	.56	6340	0	0	250	0			N			N	
3400201	0	Lexapromg	4.32	6340	0	0	250	0						N	
34002010	0	Dietary Supplement	.41	6340	0	0	257	0			Y			N	
34002011	0	Rifabutin	17.49	6340	0	0	250	0			N			N	
34002012	0	Olmesartan Medoxomil	5.65	6340	0	0	250	0			N			N	
34002013	0	Gammagard S-D Immune Globulin	1358.28	6340	0	0	250	0			N			N	
34002014	0	Isoniazid	.31	6340	0	0	250	0			N			N	
34002015	0	Pyrazinamide	2.86	6340	0	0	250	0			N			N	
34002016	0	clobazam	.83	6340	0	0	250	0			N			N	
34002017	0	Dietary Supplement	.10	6340	0	0	257	0			N			N	
34002018	0	Propylene Glycol	.85	6340	0	0	257	0			N			N	
34002019	0	clonazepam	1.18	6340	0	0	250	0			N			N	
3400202	0	Lexapro 5mg Tab	4.14	6340	0	0	250	0			N			N	
34002020	0	Colostrum	.07	6340	0	0	250	0			N			N	
34002021	0	Sodium Bicarbonate for feeding	.22	6340	0	0	250	0			N			N	
34002022	0	Emtricitab/Rilpiviri/Tenof Ala	112.49	6340	0	0	250	0			N			N	
34002023	0	Netarsudil Mesylate	326.48	6340	0	0	250	0			N			N	
34002024	0	Dabigatran	8.65	6340	0	0	250	0			N			N	
34002025	0	Tube Clog-Buster Kit	.00	6340	0	0	250	0			N			N	
34002026	0	Adrenalin 16mg/250ml	.00	6340	0	0	250	0			N			N	
34002027	0	Buprenorphine	245.89	6340	0	0	250	0			N			N	
34002028	0	Meropenem/Vaborbactam	213.84	6340	0	0	250	0			N			N	
34002029	0	valganciclovir Hcl	14.59	6340	0	0	250	0			N			N	
3400203	0	Lidocaine Hcl	5.11	6340	0	0	250	0			N			N	
34002030	0	Dexmedetomidine 400mcg/100ml N	55.00	6340	0	0	250	0			N			N	
34002031	0	Famotidine 10mg tablet	.33	6340	0	0	257	0			N			N	
34002032	0	Fentanyl 50mcg/ml 50ml vial	2.50	6340	0	0	250	0			N			N	
34002033	0	Tocilizumab (actemra)	2766.96	6340	0	0	250	0			N			N	
34002034	0	Propofol	.50	6340	0	0	250	0			N			N	
34002035	0	Multivitamin	.04	6340	0	0	250	0			N			N	
34002036	0	Tranylcypromine Sulfate	3.61	6340	0	0	250	0			N			N	
34002037	0	Tranylcypromine Sulfate	8.83	6340	0	0	250	0			N			N	
34002038	0	Triamcinolone 0.1% cream	.07	6340	0	0	250	0			N			N	
34002039	0	Minocycline Hcl	3.40	6340	0	0	250	0			N			N	
3400204	0	Lidocaine Viscous	.13	6340	0	0	250	0			N			N	
34002040	0	Banatrol Plus	.93	6340	0	0	257	0			N			N	
34002041	0	Hemostatic Gauze 4"x4" (wound	.00	6340	0	0	257	0			N			N	
34002042	0	Hemostatic Gauze 8x12 (wound C	.00	6340	0	0	257	0			N			N	
34002043	0	Tetrabenazine	151.18	6340	0	0	250	0			N			N	
34002044	0	Quetiapine	6.57	6340	0	0	250	0			N			N	
34002045	0	Dextromethorphan 30mg/5ml Os	.07	6340	0	0	257	0			N			N	
34002046	0	Apixaban	9.42	6340	0	0	250	0			N			N	
34002047	0	Amiodarone 360mg/200ml D5w	55.37	6340	0	0	250	0			N			N	
34002048	0	Desvenlafaxine Succinate	16.51	6340	0	0	250	0			N			N	

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG					
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	V	ID	COD	CODE	CLS	CODE	ITM		
34002049	0	Desvenlafaxine Succinate	13.76	6340	0	0	250				N			N
3400205	0	Lipitor *ud*	8.01	6340	0	0	250				N			N
34002050	0	Fluorouracil 5% cream	1.80	6340	0	0	250				N			N
34002051	0	Entecavir	5.49	6340	0	0	250				N			N
34002052	0	Megestrol Acetate	1.71	6340	0	0	250				N			N
34002053	0	Denosumab	1534.55	6340	0	0	250				N			N
34002054	0	Interferon Beta-1a	8477.11	6340	0	0	250				N			N
34002055	0	Esmolol Hcl	143.40	6340	0	0	250				N			N
34002056	0	Ipratropium/Albuterol Sulfate	106.61	6340	0	0	250				N			N
34002057	0	D10-0.45% Ns	6.30	6340	0	0	250				N			N
34002058	0	Furosemide 500mg/250ml Ns drip	.48	6340	0	0	250				N			N
34002059	0	Tafamidis	750.00	6340	0	0	250				N			N
3400206	0	Lipitor	11.43	6340	0	0	250				N			N
34002060	0	Fexofenadine Hcl	.16	6340	0	0	250				N			N
34002061	0	Fexofenadine/Pseudoephedrine	.82	6340	0	0	250				N			N
34002062	0	Rasagiline	33.30	6340	0	0	250				N			N
34002063	0	Loperamide oral solution	2.91	6340	0	0	257				N			N
34002064	0	Isavuconazonium	111.08	6340	0	0	250				N			N
34002065	0	sirolimus	31.58	6340	0	0	250				N			N
34002066	0	Pitavastatin Calcium	12.42	6340	0	0	250				N			N
34002067	0	Ivermectin	4.97	6340	0	0	250				N			N
34002068	0	Avycaz	358.81	6340	0	0	250				N			N
34002069	0	Cannabidiol (cbd)	.00	6340	0	0	250				N			N
3400207	0	Lisinopril	.64	6340	0	0	250				N			N
34002070	0	levophed 16mg/250ml Ns (nephro	55.00	6340	0	0	250				N			N
34002071	0	nadolol	5.38	6340	0	0	250				N			N
34002072	0	Candesartan Cilexetil	11.92	6340	0	0	250				N			N
34002073	0	Remdesivir	624.00	6340	0	0	250				N			N
34002074	0	Remdesivir	520.00	6340	0	0	250				N			N
34002075	0	Pimavanserin	145.52	6340	0	0	250				N			N
34002076	0	Linaclotide	17.80	6340	0	0	250				N			N
34002077	0	liothyronine Sodium	2.30	6340	0	0	250				N			N
34002078	0	Melatonin oral syringe	.11	6340	0	0	257				N			N
34002079	0	Ubidecarenone	.22	6340	0	0	250				N			N
3400208	0	Lisinopril10mg Tab	.94	6340	0	0	250				N			N
34002080	0	Ubidecarenone	.20	6340	0	0	257				N			N
34002081	0	Lacosamide	11.95	6340	0	0	250				N			N
34002082	0	Cyclosporine, Modified	11.78	6340	0	0	250				N			N
34002083	0	Potassium Chloride	10.20	6340	0	0	250				N			N
34002084	0	Lubiprostone	6.68	6340	0	0	250				N			N
34002085	0	Tacrolimus granules for oral s	9.31	6340	0	0	250				N			N
34002086	0	carbamazepine 200mg tablet	1.07	6340	0	0	250				N			N
34002087	0	methadone Hcl	.10	6340	0	0	250				N			N
34002088	0	Exemestane	44.28	6340	0	0	250				N			N
34002089	0	Pirfenidone	135.27	6340	0	0	250				N			N
3400209	0	Loperamide *ud*mg	.87	6340	0	0	250				N			N
34002090	0	Gammaked	2094.48	6340	0	0	250				N			N
34002091	0	Cod Liver Oil	.11	6340	0	0	257				N			N
34002092	0	guanfacine	.00	6340	0	0	250				N			N
34002093	0	Glycopyrrolate	9.48	6340	0	0	250				N			N
34002094	0	Hemostatic Gauze 2"x2"(wound C	.00	6340	0	0	257				N			N

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 JTERNAY

CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
34002095	0	penicillin V Potassium	1.19	6340	0	0	250		0		N			N	
34002096	0	Bromocriptine Mesylate	4.46	6340	0	0	250		0		N			N	
34002097	0	Morphine Iv Drip 500mg/500ml N	.75	6340	0	0	250		0		N			N	
34002098	0	methadone Hcl	23.34	6340	0	0	636		0		N	N		N	
34002099	0	Methadone 20mg/2ml Iv Syringe	21.00	6340	0	0	250		0		N			N	
3400210	0	Lorazepam	3.05	6340	0	0	250		0		N	N		N	
34002100	0	Methadone 10mg/1ml Iv syringe	21.00	6340	0	0	250		0		N			N	
34002101	0	Vasopressin 100 Units/100ml Ns	.00	6340	0	0	250		0		N			N	
34002102	0	Sacubitril/Valsartan	9.71	6340	0	0	250		0		N			N	
34002103	0	Encorafenib	84.51	6340	0	0	250		0		N			N	
34002104	0	Binimetinib	82.92	6340	0	0	250		0		N			N	
34002105	0	Guar Gum	.49	6340	0	0	257		0		N			N	
34002106	0	Carboxymethyl/Gly/Poly80/Pf	.51	6340	0	0	257		0		N			N	
34002107	0	Cod Liver Oil	.03	6340	0	0	257		0		N	N		N	
34002108	0	Vancomycin 1 Gram/250ml Ns (ca	.00	6340	0	0	250		0		N			N	
34002109	0	Vfend 50 Mg	1.77	6340	0	0	250		0		N	N		N	
3400211	0	Lorazepam	.91	6340	0	0	250		0		N	N		N	
34002110	0	Jardiance - Ud	21.94	6340	0	0	250		0		N			N	
34002111	0	Glycerin/Lidocaine (tucks)	.00	6340	0	0	257		0		N			N	
34002112	0	Calcium Gluconate 1gm/100ml	.00	6340	0	0	250		0		N			N	
34002113	0	Nurtec Odt	133.88	6340	0	0	250		0		N	N		N	
34002114	0	vancomycin Hcl 1.5 Gm/500 Ns	.00	6340	0	0	250		0		N			N	
34002115	0	Vancomycin 1.25gm/250 MI Premi	.00	6340	0	0	250		0		N			N	
34002116	0	Lactaid	.11	6340	0	0	257		0		N	N		N	
34002117	0	Aptiom	42.53	6340	0	0	250		0		N	N		N	
34002118	0	Tegretol 200 Mg Tab Brand**	3.04	6340	0	0	250		0		N	N		N	
34002119	0	chlorpromazine Hcl 30mg/ml liq	5.04	6340	0	0	250		0		N			N	
3400212	0	Lorazepam 0.5mg Tab	.70	6340	0	0	250		0		N	N		N	
34002120	0	atomoxetine Hcl 40 mg	17.18	6340	0	0	250		0		N	N		N	
34002121	0	Rytary 23.75-95 mg caps	4.20	6340	0	0	250		0		N	N		N	
34002122	0	fluphenazine Hcl 5mg tabs	9.20	6340	0	0	250		0		N			N	
34002123	0	Wellbutrin XI 150 Mg	68.45	6340	0	0	250		0		N			N	
34002124	0	Dexlansoprazole 60 Mg Cap	12.34	6340	0	0	250		0		N			N	
34002125	0	Pyridostigmine Bromide	.00	6340	0	0	250		0		N			N	
34002126	0	Rivastigmine Tartrate 4.5mg ca	4.03	6340	0	0	250		0		N			N	
34002127	0	Lurasidone Hcl 80mg	53.86	6340	0	0	250		0		N			N	
34002128	0	propylthiouracil 50mg	3.36	6340	0	0	250		0		N			N	
34002129	0	Dolutegravir Sodium	76.67	6340	0	0	250		0		N			N	
3400213	0	Lorazepam 2mg Tab	1.32	6340	0	0	250		0		N	N		N	
34002130	0	Dextrose 10 % and 0.2 % Nacl 2	.01	6340	0	0	250		0		N			N	
34002131	0	Dextrose 10 % In Water 250ml	6.07	6340	0	0	250		0		N			N	
34002132	0	Mineral Oil/Petrolatum,white o	2.79	6340	0	0	257		0		N			N	
34002133	0	Ubidecarenone 50mg	.43	6340	0	0	257		0		N	N		N	
34002134	0	chlordiazepoxide Hcl 10mg	21.08	6340	0	0	250		0		N			N	
34002135	0	Fetroja 1 Gm	227.70	6340	0	0	250		0		N	N		N	
34002136	0	vitamin c w rose hips 500 mg	.04	6340	0	0	257		0		N			N	
34002137	0	Zinc dietary supp	.13	6340	0	0	257		0		N			N	
34002138	0	Lutein/Zeaxanthin capsules	.10	6340	0	0	257		0		N			N	
34002139	0	Nettle Leaf Dietary supplement	.86	6340	0	0	257		0		N			N	
3400214	0	Lyrica 25 Mg Cap	6.31	6340	0	0	250		0		N	N		N	
34002140	0	Vitamin B-12 Liquid	.21	6340	0	0	257		0		N			N	

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
34002141	0	rosuvastatin Calcium 40 mg	11.06	6340	0	0	250		0		N			N	
34002142	0	levothyroxine Sodium - 200 mcg	1.72	6340	0	0	250		0		N			N	
34002143	0	Lactobacillus Acidophilus/Pect	.03	6340	0	0	257		0	N				N	
34002144	0	Demeclocycline Hcl150 mg	6.64	6340	0	0	250		0		N			N	
34002145	0	Desmopressin Acetate 0.1mg tab	3.02	6340	0	0	250		0		N			N	
34002146	0	Droxidopa 100 Mg Caps	42.91	6340	0	0	250		0		N			N	
34002147	0	Sulfamethoxazole/Trimethoprim	1.73	6340	0	0	250		0	N				N	
34002148	0	cefazolin	7.31	6340	0	0	250		0		N			N	
34002149	0	Mexiletine Hcl 200 mg	3.03	6340	0	0	250		0		N			N	
3400215	0	Mag-Al*30ml* Maalox	1.89	6340	0	0	250		0		N			N	
34002150	0	Rytary 36.25mg/145mg	4.62	6340	0	0	250		0		N			N	
34002151	0	Hepsera	65.21	6340	0	0	250		0		N			N	
34002152	0	Midazolam 100mg /100ml ns pf p	35.99	6340	0	0	250		0		N			N	
34002153	0	Carboxymethylcellulose Sodium	.30	6340	0	0	257		0		N			N	
34002154	0	Insulin Glargine-Yfgn (lantus)	11.84	6340	0	0	250		0	N				N	
34002155	0	Vancomycin 1gm /200ml Premix	19.20	6340	0	0	250		0		N			N	
34002156	0	amiodarone vial for iv	15.60	6340	0	0	250		0		N			N	
34002157	0	Sodium Bicarbonate 4.2%	24.77	6340	0	0	250		0		N			N	
34002158	0	Refresh Celluvisc - Ud	.39	6340	0	0	257		0		N			N	
34002159	0	Fentanyl ivpb 50mcg/100ml Ns	.00	6340	0	0	250		0		N			N	
3400216	0	Magnesium Sulfate	.83	6340	0	0	250		0		N			N	
34002160	0	Theophylline Anhydrous 300 mg	4.30	6340	0	0	250		0		N			N	
34002161	0	Lubiprostone	9.63	6340	0	0	250		0		N			N	
34002162	0	Suboxone	6.01	6340	0	0	250		0		N			N	
34002163	0	Stalevo 200	9.18	6340	0	0	250		0		N			N	
34002164	0	Carbidopa/Levodopa 25/100 Odt	1.38	6340	0	0	250		0		N			N	
34002165	0	lithium carbonate - 300mg caps	.21	6340	0	0	250		0		N			N	
34002166	0	Triamcinolone Dental Paste	16.61	6340	0	0	250		0		N			N	
34002167	0	Pregabalin 100 Mg Caps	11.89	6340	0	0	250		0		N			N	
34002168	0	Quetiapine Fumarate 300mg	27.18	6340	0	0	250		0		N			N	
34002169	0	Zinc Oxide	21.44	6340	0	0	257		0		N			N	
3400217	0	Magnesium Sulfate/D5w	8.88	6340	0	0	250		0		N			N	
34002170	0	Mineral Oil/Petrolatum,opth oi	3.19	6340	0	0	257		0	N				N	
34002171	0	Ivabradine Hcl 7.5mg	10.72	6340	0	0	250		0		N			N	
34002172	0	Testosterone Cypionate	25.20	6340	0	0	636		0		N			N	
34002173	0	simvastatin 20mg	10.15	6340	0	0	250		0		N			N	
34002174	0	Brimonidine Tartrate	16.38	6340	0	0	257		0		N			N	
34002175	0	guaifenesin	.07	6340	0	0	257		0		N			N	
34002176	0	guaifenesin	.35	6340	0	0	257		0		N			N	
34002177	0	Dofetilide 500 mcg	13.17	6340	0	0	250		0		N			N	
34002178	0	Trihexyphenidyl Hcl 2mg	.18	6340	0	0	250		0		N			N	
34002179	0	Levocarnitine oral liquid	.39	6340	0	0	250		0	N				N	
3400218	0	Megestrol Acetatemg/10 MI	.60	6340	0	0	250		0		N			N	
34002180	0	methocarbamol	.20	6340	0	0	250		0		N			N	
34002181	0	Darbepoetin Alfa In Polysorbat	371.52	6340	0	0	250		0	N				N	
34002182	0	Trihexyphenidyl Hcl 5 mg	1.10	6340	0	0	250		0		N			N	
34002183	0	Tropium Chloride 20 mg tab	.95	6340	0	0	250		0		N			N	
34002184	0	Abiraterone Acetate 500mg Tab	195.51	6340	0	0	250		0		N			N	
34002185	0	Lidocaine 5% oint	8.47	6340	0	0	250		0		N			N	
34002186	0	Sodium Zirconium Cyclosilicate	30.64	6340	0	0	250		0	N				N	
34002187	0	Glucosamine Sulfate	.16	6340	0	0	257		0		N			N	

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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	V	ID	COD	CODE	CLS	CODE	ITM		
34002188	0	Synthroid Brand Name	1.80	6340	0	0	250		0		N			N
34002189	0	Synthroid Brand Name	1.80	6340	0	0	250		0		N			N
3400219	0	Metformin 500mg Tab	.70	6340	0	0	250		0		N			N
34002190	0	Co Q-10	.14	6340	0	0	257		0		N			N
34002191	0	Sacubitril/Valsartan 49-51	13.36	6340	0	0	250		0		N			N
34002192	0	Dapagliflozin Propanediol 10mg	22.61	6340	0	0	250		0		N			N
34002193	0	Leflunomide 20 Mg	59.78	6340	0	0	250		0		N			N
34002194	0	Leuprolide Acetate 22.5mg	7008.31	6340	0	0	250		0		N			N
34002195	0	Mercaptopurine 50mg	8.18	6340	0	0	250		0		N			N
34002196	0	Sodium Zirconium Cyclosilicate	30.64	6340	0	0	250		0		N			N
34002197	0	cefadroxil 500mg	3.60	6340	0	0	250		0		N			N
34002198	0	Dapagliflozin Propanediol	22.61	6340	0	0	250		0		N			N
34002199	0	Latanoprostene Bunod eye drops	115.62	6340	0	0	250		0		N			N
3400220	0	Methylprednisolone Ss 40m	5.62	6340	0	0	250		0		N			N
34002200	0	Posaconazole 300mg iv	636.54	6340	0	0	250		0		N			N
34002201	0	Binimetinib 15 mg	81.80	6340	0	0	250		0		N			N
34002202	0	Encorafenib 75mg	83.37	6340	0	0	250		0		N			N
34002203	0	capoten 100 mg	2.97	6340	0	0	250		0		N			N
34002204	0	Doxazosin Mesylate 8 Mg	7.61	6340	0	0	250		0		N			N
34002205	0	mycophenolate mofetil 500mg ta	21.59	6340	0	0	250		0		N			N
34002206	0	chlorpromazine Hcl 100mg	14.89	6340	0	0	250		0		N			N
34002207	0	Lipase/Protease/Amylase	6.87	6340	0	0	250		0		N			N
34002208	0	Vancomycin/Water 1.5 g	27.60	6340	0	0	250		0		N			N
34002209	0	Fluoxetine Hcl Os	.98	6340	0	0	250		0		N			N
3400221	0	Methylprednisolone Sod Succ	10.75	6340	0	0	250		0		N			N
34002210	0	Amiodarone 150mg/100ml D5w	41.63	6340	0	0	250		0		N			N
34002211	0	Netarsudil Mesylat/Latanoprost	158.45	6340	0	0	250		0		N			N
34002212	0	Rufinamide 400 mg	31.68	6340	0	0	250		0		N			N
34002213	0	Olanzapine zydis	.00	6340	0	0	250		0		N			N
34002214	0	Butalb/Acetaminophen/Caffeine	8.44	6340	0	0	250		0		N			N
34002215	0	Benzocaine/Menthol/Zinc Chlor	.00	6340	0	0	257		0		N			N
34002216	0	Vancomycin 1.25g premix	.00	6340	0	0	250		0		N			N
34002217	0	Vasopressin In Dextrose 5 % pr	133.16	6340	0	0	250		0		N			N
34002218	0	Lidocaine 1%/Epinephrine/Pf-Wo	.47	6340	0	0	250		0		N			N
34002219	0	Lidocaine 1% - Wound Care	.10	6340	0	0	250		0		N			N
3400222	0	Metoclopramide Hclmg	.40	6340	0	0	250		0		N			N
3400223	0	Metoclopramide Hcl	.07	6340	0	0	250		0		N			N
3400224	0	Metoclopramide Hcl *ud*mg	.29	6340	0	0	250		0		N			N
3400225	0	Metolazone	2.57	6340	0	0	250		0		N			N
3400226	0	Metoprolol Tartrate	.24	6340	0	0	250		0		N			N
3400227	0	Metoprolol Tartrate	2.40	6340	0	0	250		0		N			N
3400228	0	Metoprolol 25mg Tab	.24	6340	0	0	250		0		N			N
3400229	0	Metoprolol 50mg Tab	.57	6340	0	0	250		0		N			N
3400230	0	Metronidazole	2.75	6340	0	0	250		0		N			N
3400231	0	Metronidazole *ud*mg	.83	6340	0	0	250		0		N			N
3400232	0	Miconazole Nitrate	.24	6340	0	0	250		0		N			N
3400233	0	Midodrine Hcl *ud*mg	2.71	6340	0	0	250		0		N			N
3400234	0	Magnesium Hydroxide	2.34	6340	0	0	250		0		N			N
3400235	0	Mineral Oil Enema 135ml	.01	6340	0	0	250		0		N			N
3400236	0	Morphine Sulfate	2.26	6340	0	0	250		0		N			N
3400237	0	Morphine Sulfate/D5w/Pf	10.44	6340	0	0	250		0		N			N

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3400238	0	Multivitamin (mvi) Tablet	.02	6340	0	0	250				N			N	
3400239	0	Nafcillin	28.32	6340	0	0	250		0		N	N		N	
3400240	0	Nasonex *17g*	15.24	6340	0	0	250		0		N	N		N	
3400241	0	Nitro-Bid Oint2% Pkts	2.51	6340	0	0	250		0		N	N		N	
3400242	0	Nitroglycerin 0.2mg/Hr Pa	1.90	6340	0	0	250		0		N	N		N	
3400243	0	Nitroglycerin Patch 0.6mg/Hr	2.40	6340	0	0	250		0		N	N		N	
3400244	0	Nitrostat	.61	6340	0	0	250		0		N	N		N	
3400245	0	Norepinephrine Bitartrate	.96	6340	0	0	250		0		N	N		N	
3400246	0	Novolin N	14.45	6340	0	0	250		0			N		N	
3400247	0	novolin R	16.52	6340	0	0	250		0			N		N	
3400248	0	novolog	34.72	6340	0	0	250		0			N		N	
3400249	0	Novolog Mix 70-30	27.81	6340	0	0	250		0			N		N	
3400250	0	Nystatin Cream	.88	6340	0	0	250		0			N		N	
3400251	0	Nystatin	.33	6340	0	0	250		0			N		N	
3400252	0	Nystop Powder *30g*	1.79	6340	0	0	250		0			N		N	
3400253	0	Ondansetron Hcl/Pf	2.10	6340	0	0	250		0			N		N	
3400254	0	Ondansetron Hcl *ud*mg	148.68	6340	0	0	250		0			N		N	
3400255	0	Oxcarbazepine	1.53	6340	0	0	250		0			N		N	
3400256	0	Oxycodone Hcl/Acetaminophen	1.04	6340	0	0	250		0			N		N	
3400257	0	Phenazopyridine Hcl	2.05	6340	0	0	250		0			N		N	
3400258	0	Robinul	.39	6340	0	0	250		0			N	N	N	
3400259	0	Phenylephrine vial	3.13	6340	0	0	250		0			N	N	N	
3400260	0	Phenytoin	1.73	6340	0	0	250		0			N	N	N	
3400261	0	Phenytoin Sodium	1.51	6340	0	0	250		0			N	N	N	
3400262	0	Phoslomg	.84	6340	0	0	250		0			N	N	N	
3400263	0	Plavixmg	7.73	6340	0	0	250		0			N	N	N	
3400264	0	Pneumovax 23 *0.5ml*	86.86	6340	0	0	250		0			N	N	N	
3400265	0	Potassium Chloride	3.22	6340	0	0	250		0			N	N	N	
3400266	0	Potassium Chloride	.29	6340	0	0	250		0			N	N	N	
3400267	0	Potassium Chloridemeq	.68	6340	0	0	250		0			N	N	N	
3400268	0	Prandinmg	6.83	6340	0	0	250		0			N	N	N	
3400269	0	Prednisone 10mg Tab	.23	6340	0	0	250		0			N	N	N	
3400270	0	prednisone	1.35	6340	0	0	250		0			N	N	N	
3400271	0	Primaxinmg	20.82	6340	0	0	250		0			N	N	N	
3400272	0	Primaxinmg	39.18	6340	0	0	250		0			N	N	N	
3400273	0	Procrit	267.72	6340	0	0	250		0			N	N	N	
3400274	0	Procrit 20,000u/MI Vial	535.44	6340	0	0	250		0		N			N	
3400275	0	Procrit	1070.88	6340	0	0	250		0			N		N	
3400276	0	Propofol	.34	6340	0	0	250		0			N		N	
3400277	0	Propranolol Hcl 60mg Cap	.41	6340	0	0	250		0			N		N	
3400278	0	Protonix	18.08	6340	0	0	250		0			N		N	
3400279	0	Protonix Iv	6.09	6340	0	0	250		0			N		N	
3400280	0	Modafinil	22.07	6340	0	0	250		0			N		N	
3400281	0	Ramipril 2.5mg Tab	1.81	6340	0	0	250		0			N		N	
3400282	0	Renagelmg	7.01	6340	0	0	250		0			N		N	
3400283	0	Risperidonemg	3.89	6340	0	0	250		0			N		N	
3400284	0	Risperidonemg	4.56	6340	0	0	250		0			N		N	
3400285	0	Saline Mist65%45ml	.09	6340	0	0	250		0			N		N	
3400286	0	Senokot	.08	6340	0	0	250		0			N	N	N	
3400287	0	Quetiapine Fumarate	.35	6340	0	0	250		0			N		N	
3400288	0	Seroquelmg	27.09	6340	0	0	250		0			N		N	

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CHG	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3400289 0 Sertraline 25mg Tab	2.85	6340	0	0	250	0		N		N
3400290 0 Simvastatinmg	4.92	6340	0	0	250	0		N		N
3400291 0 Simvastatin *ud*mg	2.79	6340	0	0	250	0		N		N
3400292 0 Sodium Bicarbonate Vial	.26	6340	0	0	250	0		N		N
3400293 0 Sodium Chloridegram	.10	6340	0	0	250	0		N		N
3400294 0 Sodium Phosphate Mb-Db	.33	6340	0	0	250	0		N		N
3400295 0 Sodium Polystyrene Sulfon	11.25	6340	0	0	250	0		N		N
3400296 0 Solu-Cortefmg/2 ML	9.40	6340	0	0	250	0		N		N
3400297 0 Sotalolmg	2.42	6340	0	0	250	0		N		N
3400298 0 Spironolactone 25mg Tab	.46	6340	0	0	250	0		N		N
3400299 0 Sucralfate	.86	6340	0	0	250	0		N		N
3400300 0 Sulfamethoxazole-Trimetho	1.46	6340	0	0	250	0		N		N
3400301 0 Temazepam *ud*15mgcap	.71	6340	0	0	250	0		N		N
3400302 0 Theophylline Anhydrous	.70	6340	0	0	250	0		N		N
3400303 0 Silver Sulfadiazine cream	.30	6340	0	0	250	0		N		N
3400304 0 Timolol Maleate	2.80	6340	0	0	250	0		N		N
3400305 0 Tobramycin Sulfate	.88	6340	0	0	250	0		N		N
3400306 0 Torsemide 10mg Tab	.70	6340	0	0	250	0		N		N
3400307 0 tramadol Hcl	.80	6340	0	0	250	0		N		N
3400308 0 Transderm-Scop	25.56	6340	0	0	250	0		N		N
3400309 0 Trazodone Hcl *ud*mg	.44	6340	0	0	250	0		N		N
3400310 0 Tygacil	187.80	6340	0	0	250	0		N		N
3400311 0 Tygacil *100mg Premix*	750.00	6340	0	0	250	0		N		Y
3400312 0 Vancomycin	8.40	6340	0	0	636	0	J3370	N		N
3400313 0 Vancomycin	19.08	6340	0	0	636	0	J3370	N		N
3400314 0 Venofer *5ml*	60.00	6340	0	0	250	0		N		N
3400315 0 Thiamine Hcl	.04	6340	0	0	250	0		N		N
3400316 0 Ascorbic Acid	.05	6340	0	0	250	0		N		N
3400317 0 Cholecalciferol (vitamin D3)	.06	6340	0	0	250	0	N		N	N
3400318 0 Vitamin E *ud*unit	.51	6340	0	0	250	0		N		N
3400319 0 Phytonadione	37.69	6340	0	0	250	0		N		N
3400320 0 Warfarin Sodium	.66	6340	0	0	250	0		N		N
3400321 0 Warfarin Sodium	.63	6340	0	0	250	0		N		N
3400322 0 Warfarin Sodium	1.02	6340	0	0	250	0		N		N
3400323 0 Warfarin Sodium	.95	6340	0	0	250	0		N		N
3400324 0 Warfarin Sodium	.66	6340	0	0	250	0		N		N
3400325 0 Warfarin Sodium	.61	6340	0	0	250	0		N		N
3400326 0 Warfarin Sodium	.64	6340	0	0	250	0		N		N
3400327 0 Warfarin Sodium	.67	6340	0	0	250	0		N		N
3400328 0 Xalatan%	38.00	6340	0	0	250	0		N		N
3400329 0 Xopenex	3.27	6340	0	0	250	0		N		N
3400330 0 Xopenex	3.27	6340	0	0	250	0		N		N
3400331 0 Zemplarmcg/ML	7.27	6340	0	0	250	0		N		N
3400332 0 Zetia *ud*mg	9.46	6340	0	0	250	0		N		N
3400333 0 Zinc Sulfate	.03	6340	0	0	250	0		N		N
3400334 0 Zolpidem Tartrate	3.66	6340	0	0	250	0		N		N
3400335 0 Piperacillin/Tazobactam	11.45	6340	0	0	250	0		N		N
3400336 0 Zyvox *ud*mg	204.08	6340	0	0	250	0		N		N
3400337 0 Ferrous Sulfate	3.13	6340	0	0	250	0		N		N
3400338 0 Merrem	80.54	6340	0	0	250	0		N		N
3400339 0 Nitrofurantoin Macrocryst	3.21	6340	0	0	250	0		N		N



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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG							
PRC	CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3400340	0	Zyvox *300ml*	187.44	6340	0	0	250		0			N			N	
3400341	0	Restoril 7.5mg	15.74	6340	0	0	250		0			N			N	
3400342	0	Colcrys *ud*	7.19	6340	0	0	250		0			N			N	
3400343	0	Lidoderm 5% Patch	11.43	6340	0	0	250		0			N			N	
3400344	0	Mirtazapine 15mg	2.72	6340	0	0	250		0			N			N	
3400345	0	Tpn	750.00	6340	0	0	250		0	0		N			N	
3400346	0	Theophylline80mg/15	12.52	6340	0	0	250		0	0		N			N	
3400347	0	Phos-Nak	.52	6340	0	0	250		0	0		N			N	
3400348	0	Aranesp 60 mcg	557.28	6340	0	0	250		0	0		N			N	
3400349	0	Dronabin 2,5mg	5.89	6340	0	0	250		0	0		N			N	
3400350	0	Refresh	.33	6340	0	0	250		0	0		N			N	
3400351	0	Timolol Maleate	3.25	6340	0	0	250		0	0		N			N	
3400352	0	Sarna *222ml*	.04	6340	0	0	250		0	0		N			N	
3400353	0	Santyl *30gm*	7.80	6340	0	0	250		0	0		N			N	
3400354	0	Levothyroxine Sodium	.56	6340	0	0	250		0	0		N			N	
3400355	0	Hydralazine Hcl 50mg Tabs	.56	6340	0	0	250		0	0		N			N	
3400356	0	Tums 500mg	.02	6340	0	0	250		0	0		N		N		
3400357	0	Oxycontin	3.23	6340	0	0	250		0	0		N			N	
3400358	0	Oxycodone Hcl - Immediate Rele	.54	6340	0	0	250		0	0		N			N	
3400359	0	Peg 3350/Na Sulf,bicarb,c/Kcl	82.00	6340	0	0	250		0	0	N				N	
3400360	0	Catapres-Tts 1	59.23	6340	0	0	250		0	0		N			N	
3400361	0	Metamucil *packets*	.41	6340	0	0	250		0	0		N			N	
3400362	0	Methadone Hcl10mg Tab	.44	6340	0	0	250		0	0		N			N	
3400363	0	Vancomycin 1.25gm *premix*	132.00	6340	0	0	636		0	0	J3370	N			Y	
3400364	0	Budesonide	4.71	6340	0	0	250		0	0		N			N	
3400365	0	Baclofen 10mg Tab	.56	6340	0	0	250		0	0		N			N	
3400366	0	Citalopram Hydrobromide	2.58	6340	0	0	250		0	0		N			N	
3400367	0	Sodium Chloride.9%250mlba	12.00	6340	0	0	250		0	0		N			N	
3400368	0	Erythrocine Lactobionate	62.38	6340	0	0	250		0	0	N				N	
3400369	0	Enoxaparin Sodium	81.18	6340	0	0	250		0	0		N			N	
3400370	0	Avodart	6.72	6340	0	0	250		0	0		N			N	
3400371	0	Tricor 48 Mg Tab	2.95	6340	0	0	250		0	0		N			N	
3400372	0	Sod Chl 100ml W/Vail Mate	15.50	6340	0	0	250		0	0		N			N	
3400373	0	Mouthkote	.05	6340	0	0	270		0	0		N			N	
3400374	0	Prevacid	13.35	6340	0	0	250		0	0		N			N	
3400375	0	Valacyclovir Hcl	7.22	6340	0	0	250		0	0		N			N	
3400376	0	Sodium Bicarbonate	.23	6340	0	0	250		0	0		N			N	
3400377	0	Restasis	7.77	6340	0	0	250		0	0		N			N	
3400378	0	Betamethasone Dipropionate	2.35	6340	0	0	250		0	0		N			N	
3400379	0	Glimepiride	1.08	6340	0	0	250		0	0		N			N	
3400380	0	Procrit *8,000 Units/0.4 MI*	630.25	6340	0	0	250		0	0	N				N	
3400381	0	Lidocaine Hcl	.25	6340	0	0	250		0	0		N			N	
3400382	0	Renvela	16.81	6340	0	0	250		0	0		N			N	
3400383	0	Codeine Sulfate	.62	6340	0	0	250		0	0		N			N	
3400384	0	Tobrex .3% Opt Oint 3.5gm	60.09	6340	0	0	250		0	0		N			N	
3400385	0	Hydrocodone/Acetaminophen	.54	6340	0	0	250		0	0		N			N	
3400386	0	Ursodiol	7.35	6340	0	0	250		0	0		N			N	
3400387	0	Acetylcysteine	.38	6340	0	0	250		0	0		N			N	
3400388	0	Milrinone 20mg/100ml D5w Premi	18.95	6340	0	0	250		0	0		N			N	
3400389	0	Carb-Levo 25-250mg Tab	1.61	6340	0	0	250		0	0		N			N	
3400390	0	Chloral Hydrate	.13	6340	0	0	250		0	0		N			N	

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3400391 0 Bisoprolol 5mg Tab	1.22	6340	0	0	250					N
3400392 0 Fentanyl Citrate	18.80	6340	0	0	250					N
3400393 0 Vfend	4.42	6340	0	0	250					N
3400394 0 Cilostazol 100mg Tab	1.82	6340	0	0	250					N
3400395 0 Enoxaparin Sodium	81.28	6340	0	0	250					N
3400396 0 Tamsulosin Hcl .4mg Cap	4.21	6340	0	0	250					N
3400397 0 Acyclovir	2.55	6340	0	0	250					N
3400398 0 Enoxaparin Sodium	81.18	6340	0	0	250					N
3400399 0 Premarin	4.76	6340	0	0	250					N
3400400 0 Torsemide	.84	6340	0	0	250					N
3400401 0 Anastrozole 1mg Tab	13.48	6340	0	0	250					N
3400402 0 Difucid 200mg Tab	198.46	6340	0	0	250					N
3400403 0 Enoxaparin Sodium	81.29	6340	0	0	250					N
3400404 0 Donepezil Hcl	7.79	6340	0	0	250					N
3400405 0 Effient	12.94	6340	0	0	250					N
3400406 0 Mexiletine Hcl 150mg Cap	8.26	6340	0	0	250					N
3400407 0 Morphine Sulfate	12.79	6340	0	0	250					N
3400408 0 Midodrine Hcl	4.84	6340	0	0	250					N
3400409 0 Hydrocortisone	.70	6340	0	0	250					N
3400410 0 Prednisone 20mg Tab	.28	6340	0	0	250					N
3400411 0 Simvastatin 20mg Tab	1.00	6340	0	0	250					N
3400412 0 Carvedilol	2.13	6340	0	0	250					N
3400413 0 Dorzolamide-Timolol2-0.5%	540.00	6340	0	0	250					N
3400414 0 Pilocarpine Hcl	7.05	6340	0	0	250					N
3400415 0 Lisinopril 5mg Tab	.91	6340	0	0	250					N
3400416 0 Desmopressin Acetate	56.18	6340	0	0	250					N
3400417 0 Exelon 1.5mg Cap	3.71	6340	0	0	250					N
3400418 0 Cyanocobalamin (vitamin B-12)	.06	6340	0	0	250					N
3400419 0 Symbicort	28.22	6340	0	0	250					N
3400420 0 Ancef *premix*	5.00	6340	0	0	250					N
3400421 0 Enoxaparin Sodium	121.96	6340	0	0	250					N
3400422 0 Ropinirole 1 Mg Tab	2.95	6340	0	0	250					N
3400423 0 Tobramycin *** for inhalation*	2.03	6340	0	0	250					N
3400424 0 Bumetanide 1mg Tab	.41	6340	0	0	250					N
3400425 0 Vimpat	17.29	6340	0	0	250					N
3400426 0 Detrol 4mg Cap	11.14	6340	0	0	250					N
3400427 0 Levetiracetam	3.51	6340	0	0	250					N
3400428 0 Ammonium Lactate	.13	6340	0	0	250					N
3400429 0 Xifaxan 550mg Tab	33.62	6340	0	0	250					N
3400430 0 Quetiapine 25mg Tab	4.50	6340	0	0	250					N
3400431 0 Biotene	.01	6340	0	0	250					N
3400432 0 Chlorthalidone	1.32	6340	0	0	250					N
3400433 0 Bethanechol Chl10mg Tab	2.00	6340	0	0	250					N
3400434 0 Cortisporin 3.5gm Oint	18.59	6340	0	0	250					N
3400435 0 Bystolic 5mg Tab	3.78	6340	0	0	250					N
3400436 0 Nifedipine	2.30	6340	0	0	250					N
3400437 0 Levothyroxine Sodium	126.70	6340	0	0	250					N
3400438 0 Infuvite	1.06	6340	0	0	250					N
3400439 0 Vfend 200mg Iv 10ml Pwvl	179.03	6340	0	0	250					N
3400440 0 Amikacin *premix*	44.00	6340	0	0	250					N
3400441 0 Pedia-Lax	.18	6340	0	0	250					N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3400442 0 Oxycontin	18.00	6340	0	0	250	0		N		N
3400443 0 Fentanyl Citrate	34.57	6340	0	0	250	0		N		N
3400444 0 Cancidas *premix*	900.00	6340	0	0	250	0		N		N
3400445 0 Oxycontin	14.61	6340	0	0	250	0		N		N
3400446 0 Fentanyl Citrate	55.44	6340	0	0	250	0		N		N
3400447 0 Zantac	.39	6340	0	0	250	0		N		N
3400448 0 Eucerin	.06	6340	0	0	250	0		N		N
3400449 0 Xarelto	13.33	6340	0	0	250	0		N		N
3400450 0 Furosemide	.15	6340	0	0	250	0		N		N
3400451 0 Latuda 40mg Tab	33.55	6340	0	0	250	0		N		N
3400452 0 Morphine Sulfate *sublingual u	.84	6340	0	0	250	0	N			N
3400453 0 Dextroamphetamine Sulfate	2.90	6340	0	0	250	0		N		N
3400454 0 Vicodin	1.98	6340	0	0	250	0		N		N
3400455 0 Estrace	6.78	6340	0	0	250	0		N		N
3400456 0 Acetylcysteine	.43	6340	0	0	250	0		N		N
3400457 0 Dilaudid *pca 500*	825.00	6340	0	0	250	0		N		N
3400458 0 Divalproex Sodium	1.12	6340	0	0	250	0		N		N
3400459 0 Taclonex	16.00	6340	0	0	250	0		N		N
3400460 0 Betamethasone Valerate	1.20	6340	0	0	250	0		N		N
3400461 0 Erythromycin Oint3.5gm Op	5.33	6340	0	0	250	0		N		N
3400462 0 Soriatane	53.82	6340	0	0	250	0		N		N
3400463 0 Advair Hfa	30.98	6340	0	0	250	0		N		N
3400464 0 Pulmicort Flexhaler	166.34	6340	0	0	250	0	N			N
3400465 0 Omeprazole	3.90	6340	0	0	250	0		N		N
3400466 0 Abilify	35.68	6340	0	0	250	0		N		N
3400467 0 Carteolol Hcl	4.26	6340	0	0	250	0		N		N
3400468 0 Dextroamphetamine/Amphetamine	7.05	6340	0	0	250	0		N		N
3400469 0 Vesicare 10mg	9.72	6340	0	0	250	0		N		N
3400470 0 Pravastatin Sod 40mg Tab	4.77	6340	0	0	250	0		N		N
3400471 0 cyclosporine, Modified	5.99	6340	0	0	250	0	N			N
3400472 0 Fexofenadine Hcl	1.40	6340	0	0	250	0		N		N
3400473 0 Ssd	.30	6340	0	0	250	0		N		N
3400474 0 Phenobarbital Sodium	49.83	6340	0	0	250	0		N		N
3400475 0 Dilaudid *ud*	1.00	6340	0	0	250	0		N		N
3400476 0 Atrovent Hfa	24.18	6340	0	0	250	0		N		N
3400477 0 Durezol	36.61	6340	0	0	250	0		N		N
3400478 0 Proair Hfa	7.93	6340	0	0	250	0		N		N
3400479 0 Mirtazapine	2.60	6340	0	0	250	0		N		N
3400480 0 Dilaudid *pca 30ml*	51.00	6340	0	0	250	0		N		N
3400481 0 Benicar	5.82	6340	0	0	250	0		N		N
3400482 0 Xarelto 15mg Tab	13.33	6340	0	0	250	0		N		N
3400483 0 Clinimix 4.25/25	35.23	6340	0	0	250	0		N		N
3400484 0 Oxybutynin Chlor 5mg Tab	3.28	6340	0	0	250	0		N		N
3400485 0 Daliresp 500mcg Tab	10.32	6340	0	0	250	0		N		N
3400486 0 Clinimix 4.25/10	66.42	6340	0	0	250	0		N		N
3400487 0 Onfi	4.43	6340	0	0	250	0		N		N
3400488 0 Liposyn	.07	6340	0	0	250	0		N		N
3400489 0 Losartan	1.68	6340	0	0	250	0		N		N
3400490 0 Cerefolin	4.57	6340	0	0	250	0		N		N
3400491 0 Woundra Collagen Tube	.22	6340	0	0	250	0		N		N
3400492 0 Pradaxa	7.42	6340	0	0	250	0		N		N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3400493 0 Clonidine Hcl .3mg Tab	.48	6340	0	0	250	0		N		N
3400494 0 Quetiapine Fumarate	6.86	6340	0	0	250	0		N		N
3400495 0 Dexamethasone	1.20	6340	0	0	250	0		N		N
3400496 0 Selegiline Hcl 5mg Cap	2.30	6340	0	0	250	0		N		N
3400497 0 Cyproheptadine 4mg Tab	1.07	6340	0	0	250	0		N		N
3400498 0 carbamazepine	4.55	6340	0	0	250	0		N		N
3400499 0 Nicotine Polacrilex	.60	6340	0	0	250	0		N		N
3400500 0 Desmopressin Acetate	49.25	6340	0	0	250	0		N		N
34005000 0 Magic Mouthwash -5ml	15.00	6340	0	0	250	0		N		N
34005001 0 Magic Mouthwash #2	15.00	6340	0	0	257	0		N		N
34005002 0 novolin R Insulin Drip	.01	6340	0	0	250	0		N		N
3400501 0 Dexamethasone	.42	6340	0	0	250	0		N		N
3400502 0 Midazolam Pf 1mg Inj	2.00	6340	0	0	250	0	J2250	N		N
3400503 0 Fentanyl 100mcg/2ml Inj	4.00	6340	0	0	250	0	J3010	N		N
3400504 0 Benzotropine Mesylate Inj	72.00	6340	0	0	250	0		N		N
3400505 0 Fluoxetine Hcl	2.52	6340	0	0	250	0		N		N
3400506 0 Enoxaparin Sodium	81.28	6340	0	0	250	0		N		N
3400507 0 Azopt 1%	30.00	6340	0	0	250	0		N		N
3400508 0 Combigan 2-0.5%	29.33	6340	0	0	250	0		N		N
3400509 0 Polyethylene Glycol 3350	1.53	6340	0	0	250	0		N		N
3400510 0 Hydralazine Hcl20mg/ML	14.40	6340	0	0	250	0		N		N
3400511 0 Pradaxa	7.42	6340	0	0	250	0		N		N
3400512 0 Methadone Hcl	.32	6340	0	0	250	0		N		N
3400513 0 Benadryl	.02	6340	0	0	250	0		N		N
3400514 0 Monistat 3 200mg-2%supp	9.68	6340	0	0	250	0		N		N
3400515 0 Proventil Hfa *6.7g*	11.60	6340	0	0	250	0		N		N
3400516 0 Guaifenesin	.64	6340	0	0	250	0		N		N
3400517 0 Omniscan-Inj. Gadolinium/ML	7.00	6340	0	0	343	0	A9579	N		N
3400518 0 Vasolex *60gm*	.91	6340	0	0	250	0		N		N
3400519 0 Abilify *5mg/5ml Syringe*	85.00	6340	0	0	250	0		N		N
3400520 0 Tobramycin 0.3%oph Sol5m	2.94	6340	0	0	250	0		N		N
3400521 0 Morphine Sulfate *10mg/5ml Ora	2.00	6340	0	0	250	0		N		N
3400522 0 Morphine Sulfate *5mg/2.5ml Or	1.00	6340	0	0	250	0		N		N
3400523 0 Novolin R Insulin Drip *1u/ML*	25.00	6340	0	0	250	0		N		N
3400524 0 Dexamethasone Sod 2mg Tab	.79	6340	0	0	250	0		N		N
3400525 0 Ceftriaxone	90.39	6340	0	0	250	0		N		N
3400526 0 Levetiracetam	7.04	6340	0	0	250	0		N		N
3400527 0 Benzonatate 100mg Caps	.34	6340	0	0	250	0		N		N
3400528 0 Dorzolamide Hcl 2% Opth	6.68	6340	0	0	250	0		N		N
3400529 0 Prednisolone Acetate 15ml	10.56	6340	0	0	250	0		N		N
3400530 0 Vancomycin Hcl	57.77	6340	0	0	250	0		N		N
3400531 0 Revatio 20mb Tab	36.46	6340	0	0	250	0		N		N
3400532 0 Preparation H Supp	.28	6340	0	0	250	0		N		N
3400533 0 Olanzapine Odt	14.27	6340	0	0	250	0		N		N
3400534 0 Doxazosin Mesylate	1.10	6340	0	0	250	0		N		N
3400535 0 Aranesp 40 Mcg/4 MI	340.44	6340	0	0	250	0		N		N
3400536 0 Fluzone 45mcg/.5ml	75.00	6340	0	0	250	0		N		N
3400537 0 Neomycin-Polym-Gramic	6.19	6340	0	0	250	0		N		N
3400538 0 Sensipar	32.27	6340	0	0	250	0		N		N
3400539 0 Verapamil Hcl	.62	6340	0	0	250	0		N		N
3400540 0 Cefazolin *premix*	14.00	6340	0	0	250	0		N		N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3400541 0 Fentanyl	20.30	6340	0	0	250	0		N		N
3400542 0 Symbicort	32.32	6340	0	0	250	0		N		N
3400543 0 Diltiazem Hcl	1.45	6340	0	0	250	0		N		N
3400544 0 Guaifenesin/Dextromethorphan	.65	6340	0	0	250	0		N		N
3400545 0 Verapamil Hcl	1.44	6340	0	0	250	0		N		N
3400546 0 Sulfamethoxazole/Trimethoprim	.20	6340	0	0	250	0		N		N
3400547 0 Eryped 200mg/5ml 100ml	4.14	6340	0	0	250	0		N		N
3400548 0 Dextrose 5% 0.45% Ns + Kcl 40m	9.08	6340	0	0	250	0		N		N
3400549 0 Cyclobenzaprine Hcl5mgtab	1.68	6340	0	0	250	0		N		N
3400550 0 Abilify	35.68	6340	0	0	250	0		N		N
3400551 0 Asacol	2.18	6340	0	0	250	0		N		N
3400552 0 Nicotine Patch 21mg/24 Hr	2.13	6340	0	0	250	0		N		N
3400553 0 Dextrose 5%/Lactated Ringers	5.63	6340	0	0	250	0		N		N
3400554 0 Calmoseptine	.14	6340	0	0	250	0		N		N
3400555 0 Ak-Poly-Bac500-10000 U/Gm	128.50	6340	0	0	250	0		N		N
3400556 0 Octreotide Acetate 50mcg/	6.07	6340	0	0	250	0		N		N
3400557 0 Tricor 145 Mg Tab	8.86	6340	0	0	250	0		N		N
3400558 0 Hydromorphone Hcl	2.50	6340	0	0	250	0		N		N
3400559 0 Heparin Sodium/D5w	10.24	6340	0	0	250	0		N		N
3400560 0 Afeditab Cr	1.26	6340	0	0	250	0		N		N
3400561 0 Rifampin 300mg Cap	2.01	6340	0	0	250	0		N		N
3400562 0 Niferex 150 Plus	1.27	6340	0	0	250	0		N		N
3400563 0 Fluconazole/Ns	16.80	6340	0	0	250	0		N		N
3400564 0 Pantoprazole Sodium40mg T	21.00	6340	0	0	250	0		N		N
3400565 0 Budesonide	5.54	6340	0	0	250	0		N		N
3400566 0 Amox Tr-Potassium Clav875	5.05	6340	0	0	250	0		N		N
3400567 0 Procrit **12,000 Units/ 0.6ml*	1089.00	6340	0	0	250	0		N		N
3400568 0 Cholecalciferol (vitamin D3)	.03	6340	0	0	250	0		N		N
3400569 0 Toprol XL	2.16	6340	0	0	250	0		N		N
3400570 0 Calagestic 1-8% Lotion	.02	6340	0	0	250	0		N		N
3400571 0 Tacrolimus Anhydrous .5mg	2.23	6340	0	0	250	0		N		N
3400572 0 Mycophenolate Mofetil250m	.94	6340	0	0	250	0		N		N
3400573 0 Artificial Tear Onit	1.06	6340	0	0	250	0		N		N
3400574 0 Avelox	55.75	6340	0	0	250	0		N		N
3400575 0 Venlafaxine Hcl	2.06	6340	0	0	250	0		N		N
3400576 0 Merrem	40.27	6340	0	0	250	0		N		N
3400577 0 Fentanyl	61.69	6340	0	0	250	0		N		N
3400578 0 Amitriptyline Hcl	.64	6340	0	0	250	0		N		N
3400579 0 Oxycodone Hcl	3.51	6340	0	0	250	0		N		N
3400580 0 Sulfamethoxazole/Trimethoprim	5.58	6340	0	0	250	0		N		N
3400581 0 Acyclovir	26.59	6340	0	0	250	0		N		N
3400582 0 Calcitriol.25mcg Caps	1.28	6340	0	0	250	0		N		N
3400583 0 Gentak Opth Onit .3%	5.62	6340	0	0	250	0		N		N
3400584 0 Cholestyramine	3.37	6340	0	0	250	0		N		N
3400585 0 Aquaphor 50gm Oint	.08	6340	0	0	250	0		N		N
3400586 0 Pyridoxine Hcl	.02	6340	0	0	250	0		N		N
3400587 0 Juven Pkt	12.10	6340	0	0	250	0		N		N
3400588 0 Heparin 10u/ML 3ml Syprin	4.00	6340	0	0	250	0		N		N
3400589 0 Hydrogen Peroxide 118ml B	3.50	6340	0	0	250	0		N		N
3400590 0 Silver Nitrate Sticks Pkt	16.50	6340	0	0	250	0		N		N
3400591 0 Vial-Mate Adapter	12.25	6340	0	0	250	0		N		N

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CHG	PRC	TKT	DESCRIPTION	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
				AMOUNT	DEPT	E	BK	UB					
0	3400592	0	Avitene Flour 1gm Pkt	865.00	6340	0	0	250	0		N	N	
0	3400593	0	Fluticasone 50 Mcg/16mg I	5.27	6340	0	0	250	0		N	N	
0	3400594	0	Lovaza 1mg Cap	2.91	6340	0	0	250	0		N	N	
0	3400595	0	Tussionex 10mg/5ml Liq	.67	6340	0	0	250	0		N	N	
0	3400596	0	Clotrimazole 1% Vaginal Cram 4	.18	6340	0	0	250	0		N	N	
0	3400597	0	Dextrose 5 % In Water	4.73	6340	0	0	250	0		N	N	
0	3400598	0	Dextrose 5% Ns + Kcl 20meq	9.07	6340	0	0	250	0		N	N	
0	3400599	0	0.9% Sodium Chloride + Kcl 40m	10.22	6340	0	0	250	0		N	N	
0	3400600	0	0.45% Ns + Kcl 20meq	6.73	6340	0	0	250	0		N	N	
0	3400601	0	Dextrose 5% water + Kcl 20meq	3.02	6340	0	0	250	0		N	N	
0	3400602	0	0.9% Sodium Chloride + Kcl 20m	9.07	6340	0	0	250	0		N	N	
0	3400603	0	Dextrose 5%-1/2ns+kcl 20meq	2.52	6340	0	0	250	0		N	N	
0	3400604	0	Fortical	27.81	6340	0	0	250	0		N	N	
0	3400605	0	Piperacillin/Tazobactam	17.18	6340	0	0	250	0	N	N	N	
0	3400606	0	Hydrocodone/Apap 5/500mg	3.00	6340	0	0	250	0		N	N	
0	3400607	0	Doribax 500mg Vial	50.09	6340	0	0	250	0		N	N	
0	3400608	0	Diovan 40mg Tab	5.18	6340	0	0	250	0		N	N	
0	3400609	0	Levetiracetam	.60	6340	0	0	250	0		N	N	
0	3400610	0	Pravastatin 10mg Tab	2.89	6340	0	0	250	0		N	N	
0	3400611	0	Humulin N Pen	69.12	6340	0	0	250	0		N	N	
0	3400612	0	Lantus Solostar Pen	66.17	6340	0	0	250	0		N	N	
0	3400613	0	Levemir Pen	26.65	6340	0	0	250	0		N	N	
0	3400614	0	Prosourc	.60	6340	0	0	250	0		N	N	
0	3400615	0	Spiriva Handihaler	12.63	6340	0	0	250	0	N	N	N	
0	3400616	0	Midazolam Hcl/Pf	1.94	6340	0	0	250	0		N	N	
0	3400617	0	Invanz 500mg *premix*	347.00	6340	0	0	250	0		N	N	
0	3400618	0	Catapres-Tts 3	161.15	6340	0	0	250	0		N	N	
0	3400619	0	Acetaminophen	.08	6340	0	0	250	0		N	N	
0	3400620	0	Levaquin 250mg Tab*u*	8.71	6340	0	0	250	0		N	N	
0	3400621	0	Clonazepam	.91	6340	0	0	250	0		N	N	
0	3400622	0	Potassium Chloride	.36	6340	0	0	250	0		N	N	
0	3400623	0	Loratadine 10mg Tabs	.86	6340	0	0	250	0		N	N	
0	3400624	0	Isosorbide Mono Er 30mg	.52	6340	0	0	250	0		N	N	
0	3400625	0	Toprol XI 25mg Tabs	1.43	6340	0	0	250	0		N	N	
0	3400626	0	Metoclopramide Hcl	.67	6340	0	0	250	0		N	N	
0	3400627	0	Aricept	18.42	6340	0	0	250	0		N	N	
0	3400628	0	Mag-Oxide 400mg Tabs	.09	6340	0	0	250	0		N	N	
0	3400629	0	Namenda 10mg Tab Ud	6.78	6340	0	0	250	0		N	N	
0	3400630	0	Enalapril 2.5 Mg Tab	1.46	6340	0	0	250	0		N	N	
0	3400631	0	Aspirin Ec	.05	6340	0	0	250	0		N	N	
0	3400632	0	Diphenoxylate Hcl/Atropine	.70	6340	0	0	250	0	N	N	N	
0	3400633	0	Isosorbide Dinitrate 10m	1.08	6340	0	0	250	0	N	N	N	
0	3400634	0	Metolazone 2.5mg Tabs	2.27	6340	0	0	250	0		N	N	
0	3400635	0	Mucinex	.49	6340	0	0	250	0		N	N	
0	3400636	0	Nephro-Vite Tablets	.17	6340	0	0	250	0		N	N	
0	3400637	0	Prednisone	.25	6340	0	0	250	0		N	N	
0	3400638	0	Terazosin Hcl 1mg Caps	1.61	6340	0	0	250	0		N	N	
0	3400639	0	Nitroglycerin 0.4mg/hr Patch	2.17	6340	0	0	250	0	N	N	N	
0	3400640	0	Glipizide 5mg Tablet	.37	6340	0	0	250	0		N	N	
0	3400641	0	Simethicone	.24	6340	0	0	250	0		N	N	
0	3400642	0	Vancomycin	11.63	6340	0	0	636	0	J3370	N	N	

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC	CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	V	ID	COD	CODE	CLS	CODE	ITM		
3400643	0		Amoxicillin/Pot Clavulana	3.78	6340	0	0	250		0	N			N	
3400644	0		Hydralazine 10mg Tabs	.41	6340	0	0	250		0		N			N
3400645	0		Nephrocaps 1mg	5.86	6340	0	0	250		0		N			N
3400646	0		Xifaxan 200mg Tab	17.64	6340	0	0	250		0		N			N
3400647	0		Procrit *15,000 Units/0.75ml*	1354.00	6340	0	0	250		0	N			N	
3400648	0		Magnesium Citrate	1.99	6340	0	0	250		0		N			N
3400649	0		acetazolamide	43.80	6340	0	0	636		0	J1120	N			N
3400650	0		Candidas 50mg Vial 1ea	405.25	6340	0	0	250		0		N			N
3400651	0		Colistin	33.60	6340	0	0	250		0		N			N
3400652	0		Aranesp 150 mcg	1393.20	6340	0	0	250		0		N			N
3400653	0		Azactam	34.80	6340	0	0	250		0		N			N
3400654	0		Cubicin *premix*	2272.00	6340	0	0	250		0		N			N
3400655	0		Potassium Chloride40meq/1	3.00	6340	0	0	250		0		N			N
3400656	0		Paroxetine Hcl	2.73	6340	0	0	250		0		N			N
3400657	0		Ampicillin Sodium 2gm	9.53	6340	0	0	250		0		N			N
3400658	0		Doxycycline Hyclate	2.76	6340	0	0	250		0		N			N
3400659	0		Cubicin	534.59	6340	0	0	250		0		N			N
3400660	0		Zosyn 4.5gn VI	136.00	6340	0	0	250		0		N			N
3400661	0		Oxacillin Sodium	28.32	6340	0	0	250		0		N			N
3400662	0		Hydroxyzine Hcl 25 Mg Tab	.39	6340	0	0	250		0		N			N
3400663	0		Fluoxetine Hcl 20mg Cap	2.67	6340	0	0	250		0		N			N
3400664	0		Labetalol 100mg Tab	2.28	6340	0	0	250		0		N			N
3400665	0		Allopurinol 100mg Tab	.38	6340	0	0	250		0		N			N
3400666	0		Amantadine Hcl	3.30	6340	0	0	250		0		N			N
3400667	0		Metformin Hcl850mg Tab	1.20	6340	0	0	250		0		N			N
3400668	0		Hydromorphone Drip *premix*	46.00	6340	0	0	250		0		N			N
3400669	0		Gabapentin	1.60	6340	0	0	250		0		N			N
3400670	0		Renvela	16.81	6340	0	0	250		0		N			N
3400671	0		Enalaprilat 2.5mg Tab	5.00	6340	0	0	250		0		N			N
3400672	0		Levetiracetam 500mg/5ml	39.86	6340	0	0	250		0		N			N
3400673	0		Hydromorphone Hcl/Pf	3.22	6340	0	0	250		0		N			N
3400674	0		Guaofenesin Syr 5ml	.60	6340	0	0	250		0		N			N
3400675	0		Losartan Potassium	2.33	6340	0	0	250		0		N			N
3400676	0		Venlafaxine 75mg Tab	2.18	6340	0	0	250		0		N			N
3400677	0		Valproic Acid 10ml Cup	1.48	6340	0	0	250		0		N			N
3400678	0		Pilocarpine Eye Drp1%15ml	6.57	6340	0	0	250		0		N			N
3400679	0		Mephyton	70.51	6340	0	0	250		0		N			N
3400680	0		Aztreonam 2gm Vial	80.34	6340	0	0	250		0		N			N
3400681	0		Valproic Acid Syp 250mg/5	.75	6340	0	0	250		0		N			N
3400682	0		Boudreauxs Butt Past	.07	6340	0	0	250		0		N			N
3400683	0		Invanz 1gm	103.65	6340	0	0	250		0		N			N
3400684	0		Brimonidine Tartrate .15%	22.88	6340	0	0	250		0		N			N
3400685	0		Lacri-Lube S.O.P.	2.90	6340	0	0	250		0		N			N
3400686	0		Potassium Phosphate	.33	6340	0	0	250		0		N			N
3400687	0		Miacalcin	1192.42	6340	0	0	250		0		N			N
3400688	0		Cyanocobalamin 1000 Mcg T	1.00	6340	0	0	250		0		N			N
3400689	0		Crestor 10mg Tab	8.64	6340	0	0	250		0		N			N
3400690	0		Bengay	.06	6340	0	0	250		0		N			N
3400691	0		Cymbalta	7.78	6340	0	0	250		0		N			N
3400692	0		Travatan Z .004% Drop	60.56	6340	0	0	250		0		N			N
3400693	0		Folbic	.91	6340	0	0	250		0		N			N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3400694	0	Advair Diskus	4.99	6340	0	0	250		0		N			N	
3400695	0	Brovana	13.66	6340	0	0	250		0		N			N	
3400696	0	Flovent Hfa *10.6gm*	16.30	6340	0	0	250		0		N			N	
3400697	0	Flovent Hfa *12g*	29.94	6340	0	0	250		0		N			N	
3400698	0	Flunisolide	2.75	6340	0	0	250		0		N			N	
3400699	0	Nebupent	154.06	6340	0	0	250		0		N			N	
3400700	0	Raphon	1.25	6340	0	0	250		0		N			N	
3400701	0	Serevent Diskus	5.61	6340	0	0	250		0		N			N	
3400702	0	Sodium Chloride for Inhalation	.06	6340	0	0	250		0	N				N	
3400703	0	Lidocaine Hcl	3.06	6340	0	0	250		0		N			N	
3400704	0	Lidocaine Hcl/Pf	.27	6340	0	0	250		0		N			N	
3400705	0	Lidocaine Hcl	.10	6340	0	0	250		0		N			N	
3400706	0	chlorpromazine Hcl	23.04	6340	0	0	250		0		N			N	
3400707	0	Fluphenazine Decanoate 25	37.19	6340	0	0	250		0		N			N	
3400708	0	Geodon 20mg Cap	36.14	6340	0	0	250		0		N			N	
3400709	0	Haloperidol Decanoate	31.07	6340	0	0	250		0		N			N	
3400710	0	Invega Sustenna	1607.62	6340	0	0	250		0		N			N	
3400711	0	Zyprexa 10mg Vial	46.87	6340	0	0	250		0		N			N	
3400712	0	Recombivax Hbmcg/MI	70.01	6340	0	0	250		0		N			N	
3400713	0	Vasopressinunit/MI20u	44.40	6340	0	0	250		0		N			N	
3400714	0	Diazepam 10mg/2ml Carp	9.45	6340	0	0	250		0		N			N	
3400715	0	Divalproex Sodium	2.13	6340	0	0	250		0		N			N	
3400716	0	Lorazepam Vial (do Not Use)	1.11	6340	0	0	250		0		N			N	
3400717	0	Lorazepam for Iv Drip	.81	6340	0	0	250		0		N			N	
3400718	0	Midazolam Hcl	1.39	6340	0	0	250		0		N			N	
3400719	0	Nortriptyline Hcl25mg Cap	.88	6340	0	0	250		0		N			N	
3400720	0	Valproate Sod 500mg/5ml V	4.32	6340	0	0	250		0		N			N	
3400721	0	Adenosine	9.60	6340	0	0	250		0		N			N	
3400722	0	Adenosine	7.80	6340	0	0	250		0		N			N	
3400723	0	Albumin Human	.33	6340	0	0	250		0		N			N	
3400724	0	Amiodarone vial (do Not Use)	.95	6340	0	0	250		0		N			N	
3400725	0	Amiodarone vial for bolus	.80	6340	0	0	250		0		N			N	
3400726	0	Aranesp 300mcg/.6ml	2553.12	6340	0	0	250		0		N			N	
3400727	0	Aranesp25mcg.42ml	212.76	6340	0	0	250		0		N			N	
3400728	0	Aranesp25mcg.42ml	753.35	6340	0	0	250		0		N			N	
3400729	0	Argatroban 250mg/250ml Ns	1576.20	6340	0	0	250		0		N			N	
3400730	0	Atropine Sulfate	4.38	6340	0	0	250		0		N			N	
3400731	0	Bumetanide 10ml vial	.60	6340	0	0	250		0		N			N	
3400732	0	Calcium Chloride	1.08	6340	0	0	250		0		N			N	
3400733	0	Carimune Nf Nanofilteredg	1212.00	6340	0	0	250		0		N			N	
3400734	0	Cortrosyn	127.90	6340	0	0	250		0		N			N	
3400735	0	Dantrium	106.37	6340	0	0	250		0		N			N	
3400736	0	Deferoxamine Mesylate	15.54	6340	0	0	250		0		N			N	
3400737	0	Dextrose 50 % In Water	9.83	6340	0	0	250		0		N			N	
3400738	0	Digifab	727.91	6340	0	0	250		0		N			N	
3400739	0	Enalaprilat Dihydrate	3.00	6340	0	0	250		0	N				N	
3400740	0	Flumazenilmg/MI	1.56	6340	0	0	250		0		N			N	
3400741	0	Fosphenytoin Sodium	3.67	6340	0	0	250		0		N			N	
3400742	0	Furosemide	28.03	6340	0	0	250		0		N			N	
3400743	0	Furosemide 20mg vial	3.71	6340	0	0	250		0		N			N	
3400744	0	Furosemide 40mg vial	3.73	6340	0	0	250		0		N			N	



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CHG	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
PRC CODE	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
TKT DESCRIPTION				V	ID	CODE				
3400745	0	258.54	6340	0	0	250				N
3400746	0	16.15	6340	0	0	250				N
3400747	0	17.44	6340	0	0	250				N
3400748	0	1.10	6340	0	0	250				N
3400749	0	.74	6340	0	0	250				N
3400750	0	5.31	6340	0	0	250				N
3400751	0	8.89	6340	0	0	250				N
3400752	0	.04	6340	0	0	250				N
3400753	0	224.40	6340	0	0	250				N
3400754	0	19.00	6340	0	0	250				N
3400755	0	367.15	6340	0	0	250				N
3400756	0	619.74	6340	0	0	636				N
3400757	0	8.60	6340	0	0	250				N
3400758	0	180.00	6340	0	0	250				N
3400759	0	.23	6340	0	0	250				N
3400760	0	12.00	6340	0	0	250				N
3400761	0	107.09	6340	0	0	250				N
3400762	0	410.00	6340	0	0	250				N
3400763	0	1950.00	6340	0	0	636				N
3400764	0	2471.00	6340	0	0	250				N
3400765	0	2773.00	6340	0	0	250				N
3400766	0	594.00	6340	0	0	250				N
3400767	0	556.00	6340	0	0	250				N
3400768	0	1944.00	6340	0	0	250				N
3400769	0	462.00	6340	0	0	250				N
3400770	0	462.00	6340	0	0	250				N
3400771	0	267.00	6340	0	0	250				N
3400772	0	.02	6340	0	0	250				N
3400773	0	.14	6340	0	0	250				N
3400774	0	.12	6340	0	0	250				N
3400775	0	5520.73	6340	0	0	250				N
3400776	0	2.14	6340	0	0	250				N
3400777	0	17.39	6340	0	0	250				N
3400778	0	4.81	6340	0	0	250				N
3400779	0	30.40	6340	0	0	250				N
3400780	0	.06	6340	0	0	250				N
3400781	0	5.97	6340	0	0	250				N
3400782	0	12.88	6340	0	0	250				N
3400783	0	15.88	6340	0	0	250				N
3400784	0	3.51	6340	0	0	250				N
3400785	0	32.04	6340	0	0	250				N
3400786	0	3.58	6340	0	0	250				N
3400787	0	7.39	6340	0	0	250				N
3400788	0	26.61	6340	0	0	250				N
3400789	0	3.36	6340	0	0	250				N
3400790	0	19.81	6340	0	0	250				N
3400791	0	32.72	6340	0	0	250				N
3400792	0	120.44	6340	0	0	250				N
3400793	0	6.75	6340	0	0	250				N
3400794	0	4.22	6340	0	0	250				N
3400795	0	.54	6340	0	0	250				N

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG							
PRC	CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3400796	0		Lumigan .03% 2.5ml Drop	65.52	6340	0	0	250		0		N			N	
3400797	0		Neom-Bac-Poly3.5mg Eyeont	15.79	6340	0	0	250		0		N			N	
3400798	0		Neomycin/Poly/Hc	18.86	6340	0	0	250		0		N			N	
3400799	0		Nevanac	90.00	6340	0	0	250		0		N		N	N	
3400800	0		Refresh Optive	.72	6340	0	0	250		0		N			N	
3400801	0		Patanol 0.1% Drops	57.00	6340	0	0	250		0		N			N	
3400802	0		Polytrim 10ml Bottle	1.34	6340	0	0	250		0		N			N	
3400803	0		Prednicarbate	1.58	6340	0	0	250		0		N			N	
3400804	0		Sulfacetamide Sodium	4.07	6340	0	0	250		0		N			N	
3400805	0		Tobradex 0.3/0 1%oph Oin	67.15	6340	0	0	280		0		N			N	
3400806	0		Travatan%	41.62	6340	0	0	250		0		N		N	N	
3400807	0		Tropicamide .5% Opth	1.78	6340	0	0	250		0		N			N	
3400808	0		Eplerenone 25mg Tab	4.10	6340	0	0	250		0		N			N	
3400809	0		Ketoconazolemg	3.16	6340	0	0	250		0		N			N	
3400810	0		Abilify	35.68	6340	0	0	250		0		N			N	
3400811	0		Aricept	18.42	6340	0	0	250		0		N			N	
3400812	0		Benzotropine 1mg Tablet	.19	6340	0	0	250		0		N			N	
3400813	0		bupropion Hcl	.79	6340	0	0	250		0		N			N	
3400814	0		bupropion Hcl	1.81	6340	0	0	250		0		N			N	
3400815	0		chlordiazepoxide Hcl	.39	6340	0	0	250		0		N			N	
3400816	0		chlorpromazine Hcl	13.83	6340	0	0	250		0		N			N	
3400817	0		Chlorpromazine Hcl	9.56	6340	0	0	250		0		N			N	
3400818	0		Desipramine Hcl	1.35	6340	0	0	250		0		N			N	
3400819	0		Doxepin Hcl 25mg Cap	.65	6340	0	0	250		0		N		N	N	
3400820	0		Venlafaxine Hcl Er	4.08	6340	0	0	250		0		N			N	
3400821	0		Fluvoxamine Maleate 50mg	2.57	6340	0	0	250		0		N			N	
3400822	0		Galantamine Hbr	4.22	6340	0	0	250		0		N			N	
3400823	0		Ziprasidone Hcl 20mg Cap	16.09	6340	0	0	250		0		N			N	
3400824	0		Haloperidol	.35	6340	0	0	250		0		N			N	
3400825	0		Imipramine Hcl	.72	6340	0	0	250		0		N			N	
3400826	0		Keppra	1.60	6340	0	0	250		0		N		N	N	
3400827	0		Lexapro *2.5ml Syringe*	1.78	6340	0	0	250		0		N			N	
3400828	0		Lithium Citrate	1.44	6340	0	0	250		0		N			N	
3400829	0		Lithium Carbonate 150mg	.19	6340	0	0	250		0		N			N	
3400830	0		Methylphenidate 5mg Tabl	.74	6340	0	0	250		0		N			N	
3400831	0		Gabapentin	.32	6340	0	0	250		0		N			N	
3400832	0		Oxcarbazepine	2.75	6340	0	0	250		0		N			N	
3400833	0		Paxil	1.19	6340	0	0	250		0		N			N	
3400834	0		Phenobarbitalmg	.53	6340	0	0	250		0		N			N	
3400835	0		Phenobarbital	.19	6340	0	0	250		0		N			N	
3400836	0		Phenytoin	.20	6340	0	0	250		0		N		N	N	
3400837	0		Phenytoin Sodium Extended	.68	6340	0	0	250		0		N			N	
3400838	0		Sertraline Hcl	1.12	6340	0	0	250		0		N			N	
3400839	0		Sertraline 100mg Tab	2.85	6340	0	0	250		0		N			N	
3400840	0		Temazepam	.83	6340	0	0	250		0		N		N	N	
3400841	0		trazodone Hcl	.78	6340	0	0	250		0		N			N	
3400842	0		Valproate Sodium	.11	6340	0	0	250		0		N			N	
3400843	0		Acarbose	1.03	6340	0	0	250		0		N		N	N	
3400844	0		Acetylcysteine 10% 100 Mg	27.00	6340	0	0	250		0		N			N	
3400845	0		Acetylcysteine 20% 200 Mg	33.00	6340	0	0	250		0		N			N	
3400846	0		Pioglitazone Hcl	11.61	6340	0	0	250		0		N			N	

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CHG	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3400847 0 Acyclovir	3.67	6340	0	0	250			N		N
3400848 0 Aggrenox	7.69	6340	0	0	250			N		N
3400849 0 Alpha Lipoic Acid	.24	6340	0	0	250			N		N
3400850 0 Alternagel	.02	6340	0	0	250			N		N
3400851 0 Al Hydroxide30ml325mg/5ml	.01	6340	0	0	250			N		N
3400852 0 amiloride	1.28	6340	0	0	250			N		N
3400853 0 Armour Thyroid 90mg Tab	.68	6340	0	0	250			N		N
3400854 0 Atenolol	.80	6340	0	0	250			N		N
3400855 0 Avapro 150mg Tab	5.64	6340	0	0	250			N		N
3400856 0 Balsalazide Disodium	1.60	6340	0	0	250			N		N
3400857 0 Banatrol	.92	6340	0	0	250			N		N
3400858 0 Bidil	3.52	6340	0	0	250			N		N
3400859 0 Brilinta *ud*	5.71	6340	0	0	250			N		N
3400860 0 Bromocriptine Mesylate	3.75	6340	0	0	250			N		N
3400861 0 Ergocalciferol (vitamin D2)	3.44	6340	0	0	250			N		N
3400862 0 Calcium Antacid 750mg *ud*	.04	6340	0	0	250			N		N
3400863 0 Calcium Citrace 950mg	.06	6340	0	0	250			N		N
3400864 0 Captopril	1.56	6340	0	0	250			N		N
3400865 0 Captopril	1.67	6340	0	0	250			N		N
3400866 0 carbamazepine	.64	6340	0	0	250			N		N
3400867 0 Sinemet 10-100mg Tab	1.15	6340	0	0	250			N		N
3400868 0 C-Beclo methasone 4ml Oral Syri	3.00	6340	0	0	250			N		N
3400869 0 Cellcept	109.06	6340	0	0	250			N		N
3400870 0 Chlorothiazides 500mg Tab	1.24	6340	0	0	250			N		N
3400871 0 clonidine Hcl	.32	6340	0	0	250			N		N
3400872 0 Clotrimazole	1.61	6340	0	0	250			N		N
3400873 0 Neomycin Os	10.00	6340	0	0	250			N		N
3400874 0 Ubidecarenone	.70	6340	0	0	250			N		N
3400875 0 Comtan 200mg Tab	6.69	6340	0	0	250			N		N
3400876 0 Coreg Cr	8.78	6340	0	0	250			N		N
3400877 0 Coreg Cr	8.78	6340	0	0	250			N		N
3400878 0 Cranberry Fruit	.06	6340	0	0	250			N		N
3400879 0 Creon	3.00	6340	0	0	250			N		N
3400880 0 Creon	5.89	6340	0	0	250			N		N
3400881 0 Dantrolene Sodium	2.17	6340	0	0	250			N		N
3400882 0 Dapsone	1.06	6340	0	0	250			N		N
3400883 0 Dapsone 100mg Tab	1.30	6340	0	0	250			N		N
3400884 0 Tolterodine Tartrate	3.31	6340	0	0	250			N		N
3400885 0 Folbee Plus	.71	6340	0	0	250			N		N
3400886 0 Diltiazem Hcl	2.68	6340	0	0	250			N		N
3400887 0 Diltiazem Hcl	.80	6340	0	0	250			N		N
3400888 0 Diovan	6.19	6340	0	0	250			N		N
3400889 0 Dipyrindamole 25mg Tab	.39	6340	0	0	250			N		N
3400890 0 Colace	.03	6340	0	0	250			N		N
3400891 0 Edarbi	6.51	6340	0	0	250			N		N
3400892 0 Edecrin 25mg Tab	26.91	6340	0	0	250			N		N
3400893 0 Enablex 7.5mg Tab	11.18	6340	0	0	250			N		N
3400894 0 Entocort Ec	27.62	6340	0	0	250			N		N
3400895 0 Evista	7.92	6340	0	0	250			N		N
3400896 0 Femara	28.08	6340	0	0	250			N		N
3400897 0 Feratab 60mg Elemental Iron	.05	6340	0	0	250			N		N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3400898 0 Ferrous Sulfate	.01	6340	0	0	250	0		N		N
3400899 0 Fluodrocortisone 1mg Tabs	.75	6340	0	0	250	0		N		N
3400900 0 Furosemide	.51	6340	0	0	250	0		N		N
3400901 0 Furosemide	.45	6340	0	0	250	0		N		N
3400902 0 Furosemide	.15	6340	0	0	250	0		N		N
3400903 0 Warfarin 7.5mg Tab	5.61	6340	0	0	250	0		N		N
3400904 0 Gemfibrozil 600 Mg Tab	1.09	6340	0	0	250	0		N		N
3400905 0 Glipizide Xl 5mg Tab	.41	6340	0	0	250	0		N		N
3400906 0 Glyburide	.53	6340	0	0	250	0		N		N
3400907 0 Golytely *4000ml*	.01	6340	0	0	250	0		N		N
3400908 0 Guaifenesin	.01	6340	0	0	250	0		N		N
3400909 0 Hydroxyzine Hcl 10mg Tab	.28	6340	0	0	250	0		N		N
3400910 0 Hyfiber	.26	6340	0	0	250	0		N		N
3400911 0 Hyoscyamine Sulfate	.56	6340	0	0	250	0		N		N
3400912 0 Indomethacin	.38	6340	0	0	250	0		N		N
3400913 0 Isosorbide Dinitrate 40mg	2.38	6340	0	0	250	0	N			N
3400914 0 Isosorbide Monontrate 10m	.51	6340	0	0	250	0	N			N
3400915 0 Januvia	13.22	6340	0	0	250	0		N		N
3400916 0 Lipitor *ud*	11.43	6340	0	0	250	0		N		N
3400917 0 Lunesta	14.90	6340	0	0	250	0		N		N
3400918 0 Mag-Al Plus *30ml* Mylanta	2.78	6340	0	0	250	0		N		N
3400919 0 Meclizine Hcl 25 Mg Table	.87	6340	0	0	250	0		N		N
3400920 0 Melatonin 3mg Tab	.07	6340	0	0	250	0		N		N
3400921 0 Mepron	34.76	6340	0	0	250	0		N		N
3400922 0 Methenamine Hippurate 1gm	2.09	6340	0	0	250	0		N		N
3400923 0 Methimazole 5mg Tab	.44	6340	0	0	250	0		N		N
3400924 0 Duleek- Dp	2.29	6340	0	0	250	0		N		N
3400925 0 Methylprednisolone 4mg T	1.43	6340	0	0	250	0		N		N
3400926 0 Methylprednisolone16mgtab	3.11	6340	0	0	250	0	N			N
3400927 0 Metoclopramide Hcl	.04	6340	0	0	250	0		N		N
3400928 0 Mirapex .25mg Tab	6.63	6340	0	0	250	0		N		N
3400929 0 Misoprostol	.82	6340	0	0	250	0		N		N
3400930 0 Multaq 400mg Tab	9.40	6340	0	0	250	0		N		N
3400931 0 Nadolol	3.97	6340	0	0	250	0		N		N
3400932 0 Nateglinide 60mg Tab	1.95	6340	0	0	250	0		N		N
3400933 0 Neoral	9.29	6340	0	0	250	0		N		N
3400934 0 Niacin 250 Mg Tab	.03	6340	0	0	250	0		N		N
3400935 0 Niacin	.16	6340	0	0	250	0		N		N
3400936 0 Nicardipine 20mg Cap	2.23	6340	0	0	250	0		N		N
3400937 0 Nimodipine 30mg	18.41	6340	0	0	250	0		N		N
3400938 0 Nitrofurantoin Macro 50mg	1.99	6340	0	0	250	0	N			N
3400939 0 Nuedexta	13.18	6340	0	0	250	0		N		N
3400940 0 Nullo	.14	6340	0	0	250	0		N		N
3400941 0 Ondansetron Hcl	4.80	6340	0	0	250	0		N		N
3400942 0 Oxybutynin 10 Mg Sr Tab	3.29	6340	0	0	250	0		N		N
3400943 0 Miralax Pwd 17gr	.50	6340	0	0	250	0		N		N
3400944 0 Calcium Carbonate/Vitamin D3	.08	6340	0	0	250	0	N			N
3400945 0 Oyster Shell Cal 500mg Ta	.10	6340	0	0	250	0		N		N
3400946 0 Pantoprazole Sodium	.43	6340	0	0	250	0		N		N
3400947 0 Pepcid	3.93	6340	0	0	250	0		N		N
3400948 0 Phospha 250 Neutral	.51	6340	0	0	250	0		N		N

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3400949	0	Pepto-Bismol	.12	6340	0	0	250		0		N			N	
3400950	0	Polycose	.02	6340	0	0	250		0		N			N	
3400951	0	Potassium Chloride	4.03	6340	0	0	250		0		N			N	
3400952	0	Prandinmg	6.83	6340	0	0	250		0		N			N	
3400953	0	Prednisolone Liq 15mg/5ml	.39	6340	0	0	250		0		N			N	
3400954	0	Prednisone 1mg Tab	.28	6340	0	0	250		0		N			N	
3400955	0	prednisone	.27	6340	0	0	250		0		N			N	
3400956	0	Primidone 50mg Tab	.50	6340	0	0	250		0		N			N	
3400957	0	Primidone 250mg Tab	.95	6340	0	0	250		0		N			N	
3400958	0	Procardia	2.10	6340	0	0	250		0		N			N	
3400959	0	Prochlorperazine Maleate5	.61	6340	0	0	250		0		N			N	
3400960	0	Promethazine Hcl 12.5mg	.49	6340	0	0	250		0		N			N	
3400961	0	Promethazine Hcl/Codeine	.08	6340	0	0	250		0		N			N	
3400962	0	Propafenone 225mg Hcl	2.33	6340	0	0	250		0		N			N	
3400963	0	Propafenone 150mg Tab	1.64	6340	0	0	250		0		N			N	
3400964	0	Pyridostigmine Bromide 60	1.28	6340	0	0	250		0		N			N	
3400965	0	Ramipril Cap 1.25 Mg	1.53	6340	0	0	250		0		N			N	
3400966	0	Ramipril	2.37	6340	0	0	250		0		N			N	
3400967	0	Ranexa 500mg Tab	5.53	6340	0	0	250		0		N			N	
3400968	0	Rapamune	13.06	6340	0	0	250		0		N			N	
3400969	0	Rilutek	41.52	6340	0	0	250		0		N			N	
3400970	0	Robinul	7.72	6340	0	0	250		0		N			N	
3400971	0	Senokot	.08	6340	0	0	250		0		N			N	
3400972	0	Citric Acid/Sodium Citrate	.07	6340	0	0	250		0		N			N	
3400973	0	Terazosin Hcl	1.61	6340	0	0	250		0		N			N	
3400974	0	Theophylline Anhydrous	.57	6340	0	0	250		0		N			N	
3400975	0	Tizanidine Hcl 4mg Tabs	2.55	6340	0	0	250		0		N			N	
3400976	0	Topamaxmg	.50	6340	0	0	250		0		N			N	
3400977	0	Topiramate 25mg Tab	2.55	6340	0	0	250		0		N			N	
3400978	0	Verapamil Hcl 120mg Tab	.75	6340	0	0	250		0		N			N	
3400979	0	Verapamil 80mg Tabs Ud	.57	6340	0	0	250		0		N			N	
3400980	0	Cyanocobalamin (vitamin B-12)	.02	6340	0	0	250		0		N			N	
3400981	0	Pyridoxine Hcl	.05	6340	0	0	250		0		N			N	
3400982	0	Ascorbic Acid	.04	6340	0	0	250		0		N			N	
3400983	0	Vitamin D3 5000u Tab	.38	6340	0	0	250		0		N			N	
3400984	0	Vitamin E	.08	6340	0	0	250		0		N			N	
3400985	0	Welchol 625mg Bottle	3.13	6340	0	0	250		0		N			N	
3400986	0	Zemplar	15.61	6340	0	0	250		0		N			N	
3400987	0	Zolpidem Tartrate	4.62	6340	0	0	250		0		N			N	
3400988	0	Antipyrine/Benzocaine/Glycerin	.86	6340	0	0	250		0		N			N	
3400989	0	Canasa 1,000mg Rectal Sup	32.62	6340	0	0	250		0		N			N	
3400990	0	Compro 25mg Supp	12.58	6340	0	0	250		0		N			N	
3400991	0	Hydrocortisone Supp	14.43	6340	0	0	250		0		N			N	
3400992	0	Colocort	12.65	6340	0	0	250		0		N			N	
3400993	0	Octreotide Ace 100mcg/ML	11.93	6340	0	0	250		0		N			N	
3400994	0	Arixtra	196.31	6340	0	0	250		0		N			N	
3400995	0	Arixtra	261.75	6340	0	0	250		0		N			N	
3400996	0	Arixtra 5mg/.4ml.Syrn	392.62	6340	0	0	250		0		N			N	
3400997	0	Betaseron	457.56	6340	0	0	250		0		N			N	
3400998	0	Enbrel	980.40	6340	0	0	250		0		N			N	
3400999	0	Epinephrine pf	4.38	6340	0	0	250		0		N			N	

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
34010860	0	Acyclovir Sodium	2.10	6340	0	0	250		0		N			N	
34010900	0	Lidocaine Hcl	.10	6340	0	0	250		0		N			N	
3401201	0	Swish and Swallow	.46	6340	0	0	250		0		N			N	
3401202	0	Nystatin	.18	6340	0	0	250		0		N			N	
3401203	0	Magnesium Hydroxide	.00	6340	0	0	257		0		N			N	
3401560	0	Potassium Bicarbonate/Cit Ac	1.25	6340	0	0	250		0	N				N	
3404000	0	Magic Mouthwash	2.97	6340	0	0	250		0		N			Y	
341	0	Nuclear Med - Diagnostic	.00	6365	0	0	341		0		N			N	
343	0	Nuclear Med - Diagnostic	.00	6365	0	0	343		0		N			N	
344	0	Nuclear Med	.00	6365	0	0	349		0		N			N	
3450001	0	Sod Chloride .45% 1000ml	47.00	6345	0	0	250		0		N			N	
3450002	0	Amantadine Hcl	.26	6345	0	0	250		0		N			N	
3450003	0	Chloraseptic *177ml*	.03	6345	0	0	250		0		N			N	
3450004	0	Mineral Oil 133ml	.02	6345	0	0	250		0		N			N	
3450005	0	Arixtra *0.5ml*	133.47	6345	0	0	250		0		N			N	
3450006	0	Zometa 4mg/5ml Sd 1vl	708.00	6345	0	0	250		0		N			N	
3450007	0	Candidas 70 Mg	421.06	6345	0	0	250		0		N			N	
3450008	0	Locm 300-349mg/MI Iodine	.97	6345	0	0	250		0		N			N	
3450009	0	Propofol 100 Mg/10 MI Vial	25.00	6345	0	0	250		0		N			N	
3450010	0	Mag Sulf Inj 10mg	.02	6345	0	0	250		0	J3475	N			N	
3450011	0	Cyanocobalamin (vitamin B-12)	8.74	6345	0	0	250		0		N			N	
3450012	0	Sodium Ferric Gluconat/Sucrose	38.16	6345	0	0	250		0		N			N	
3450013	0	Flebogamma 5% *200ml*	4.84	6345	0	0	250		0		N			N	
3450014	0	Levaquin Iv 750mg MI Bag	.32	6345	0	0	250		0		N			N	
3450015	0	Fluocinonide 0.05% Oint	4.72	6345	0	0	250		0		N			N	
3450016	0	Fluocinonide Cream	3.04	6345	0	0	250		0		N			N	
3450017	0	Neomycin/Polymyxin B Sulf/Hc	10.07	6345	0	0	250		0		N			N	
3450018	0	Labetalol Hcl	.14	6345	0	0	250		0		N			N	
3450019	0	Magonate	.03	6345	0	0	250		0		N			N	
3450020	0	Compazine 5mg/MI 10ml	21.00	6345	0	0	250		0		N			N	
3450021	0	Definity Contrast Per 1 MI	126.00	6345	0	0	255		0	Q9957	N			N	
350	0	Ct Scan	.00	6363	0	0	350		0		N			Y	
3500001	0	Arterial Blood Gases	140.00	6350	0	0	301		0	82803	N			N	
3500002	0	Venipuncture Collection	30.00	6350	0	0	301		0	36415	N			N	
3500003	0	Cbc With Manual Diff	86.75	6350	0	0	305		0	85025	N			N	
3500004	0	Prealbumin	60.00	6350	0	0	301		0	84134	N			N	
3500005	0	Complete Metabolic Panel (cmp)	376.00	6350	0	0	301		0	80053	N			N	
3500006	0	Crossmatch Immed Spin	94.00	6350	0	0	309		0	86920	N			N	
3500007	0	Urinalysis	13.00	6350	0	0	301		0	81001	N			N	
3500008	0	Troponin I	155.00	6350	0	0	301		0	84484	N			N	
3500009	0	Sputum Culture	251.00	6350	0	0	301		0	87070	N			N	
3500010	0	24hr Urine-Total Protein	72.00	6350	0	0	301		0	84156	N			N	
3500011	0	Vitamin B-12	123.00	6350	0	0	301		0	82607	N			N	
3500012	0	Urine C&S	230.00	6350	0	0	306		0	87086	N			N	
3500013	0	Fructose (semen)	140.00	6350	0	0	301		0	82757	N			N	
3500014	0	Myotonic Dystrophy Dna-5 Of 6	37.00	6350	0	0	301		0	83896	N			N	
3500015	0	Mic Sensitivity	134.00	6350	0	0	301		0	87186	N			N	
3500016	0	D-Dimer Quantitative	316.00	6350	0	0	305		0	85379	N			N	
3500017	0	Urinalysis Microscopic	87.00	6350	0	0	307		0	81002	N			N	
3500018	0	Vitamin D-125	274.00	6350	0	0	301		0	82652	N			N	
3500019	0	Iron Binding Capacity	94.00	6350	0	0	301		0	83550	N			N	

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PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3500020	0	Dilantin Free	157.00	6350	0	0	301	0	80186	N				N	
3500021	0	Protein, Body Fluid	72.00	6350	0	0	301	0	84155	N				N	
3500022	0	Gammaglobulin/ Igg	132.00	6350	0	0	301	0	82784	N				N	
3500023	0	Hepatitis C	235.00	6350	0	0	302	0	86803	N				N	
3500024	0	Hepatic Function Panel (lfts)	131.00	6350	0	0	301	0	80076	N				N	
3500025	0	Pt Prothrombin	68.00	6350	0	0	301	0	85610	N				N	
3500026	0	T3 Free-Ref Lab	460.00	6350	0	0	301	0	84481	N				N	
3500027	0	Fibrinogen	183.00	6350	0	0	301	0	85384	N				N	
3500028	0	Vancomycin-Peak	201.00	6350	0	0	301	0	80202	N				N	
3500029	0	Ldh	110.00	6350	0	0	301	0	83615	N				N	
3500030	0	Acid Fast Culture	59.00	6350	0	0	301	0	87116	N				N	
3500031	0	Theophylline Level	174.00	6350	0	0	301	0	80198	N				N	
3500032	0	Special Stain Grp A/Micr	229.00	6350	0	0	301	0	88312	N				N	
3500033	0	Depakene-Valproic Ac	198.00	6350	0	0	301	0	80164	N				N	
3500034	0	Rh Blood Typing	46.00	6350	0	0	301	0	86901	N				N	
3500035	0	Amikacin Random	120.00	6350	0	0	301	0	80150	N				N	
3500036	0	Antibody Screen	236.00	6350	0	0	301	0	86870	N				N	
3500037	0	Brain Natriuretic Peptid(bnp)	389.00	6350	0	0	301	0	83880	N				N	
3500038	0	Blood Culture One Set	32.00	6350	0	0	306	0	87072	N				N	
3500039	0	Hematocrit	44.00	6350	0	0	301	0	85014	N				N	
3500040	0	Afb Smear	89.00	6350	0	0	301	0	87206	N				N	
3500041	0	Fungus Id	127.00	6350	0	0	306	0	87106	N				N	
3500042	0	Blood Gas	235.00	6350	0	0	301	0	82803	N				N	
3500043	0	Gross & Micro Lev 4	501.00	6350	0	0	312	0	88305	N				N	
3500044	0	Crys Analysis Joint Fluid	140.00	6350	0	0	309	0	89060	N				N	
3500045	0	Hepatitis A Ab Igm	133.00	6350	0	0	302	0	86709	N				N	
3500046	0	Tppa	101.00	6350	0	0	302	0	86781	N				N	
3500047	0	Cpk Mb Mass	130.00	6350	0	0	301	0	82553	N				N	
3500048	0	Trans-Antibody Id#2	236.00	6350	0	0	302	0	86870	N				N	
3500049	0	Coombs-Indirect	77.00	6350	0	0	301	0	86885	N				N	
3500050	0	Coombs-Direct	74.00	6350	0	0	301	0	86880	N				N	
3500051	0	Thyroid Stim Hormone	257.00	6350	0	0	301	0	84443	N				N	
3500052	0	C Diff Antigen/Toxin	174.00	6350	0	0	301	0	87324	N				N	
3500053	0	Anti-Platelet Ab	145.00	6350	0	0	302	0	86022	N				N	
3500054	0	Complement C-4	149.00	6350	0	0	301	0	86329	N				N	
3500055	0	Complement Total Ch50	191.00	6350	0	0	301	0	86162	N				N	
3500056	0	Cortisol Am/Pm	155.00	6350	0	0	301	0	82533	N				N	
3500057	0	Ferritin	146.00	6350	0	0	301	0	82728	N				N	
3500058	0	Folate Rbc	136.00	6350	0	0	301	0	82747	N				N	
3500059	0	Folate Serum	142.00	6350	0	0	301	0	82746	N				N	
3500060	0	Hemoglobin Electrophores	53.00	6350	0	0	301	0	83020	N				N	
3500061	0	Hepatitis B Surf Ag	111.00	6350	0	0	301	0	87340	N				N	
3500062	0	Iron Serum	65.00	6350	0	0	301	0	83540	N				N	
3500063	0	Lactic Acid	138.00	6350	0	0	301	0	83605	N				N	
3500064	0	Osmolality Blood	84.00	6350	0	0	301	0	83930	N				N	
3500065	0	Prolactin	297.00	6350	0	0	301	0	84146	N				N	
3500066	0	Protein Electrophor Serum	146.00	6350	0	0	301	0	84165	N				N	
3500067	0	T4 Thyroxine	148.00	6350	0	0	301	0	84439	N				N	
3500068	0	Hemoglobin A1c	173.00	6350	0	0	301	0	83036	N				N	
3500069	0	Carboxyhemoglobin	94.00	6350	0	0	301	0	82375	N				N	
3500070	0	Cell Count & Diff Body Fluid	179.00	6350	0	0	309	0	89051	N				N	

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PRC	CHG	TKT	DESCRIPTION	STD		G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
				AMOUNT	DEPT									
3500071	0		Differential Manual	87.00	6350	0	0	305	0	85007	N		N	
3500072	0		Fibrin Split Prod Semiqt	89.00	6350	0	0	301	0	85362	N		N	
3500073	0		Cbc Auto W/O Diff	51.00	6350	0	0	301	0	85027	N		N	
3500074	0		Cbc & Platelets	62.00	6350	0	0	301	0	85025	N		N	
3500075	0		Protime Cont/Sec%	100.75	6350	0	0	301	0	85610	N		N	
3500076	0		Reticulocyte Count	107.00	6350	0	0	305	0	85044	N		N	
3500077	0		Ptt (heparin Treated)	120.00	6350	0	0	301	0	85730	N		N	
3500078	0		Hemoglobin (hgb)	33.00	6350	0	0	301	0	85018	N		N	
3500079	0		Culture Aerobic	251.00	6350	0	0	301	0	87070	N		N	
3500080	0		Culture Anaerobic	136.00	6350	0	0	301	0	87075	N		N	
3500081	0		Culture Blood	141.00	6350	0	0	301	0	87040	N		N	
3500082	0		Culture Stl/Gc	90.00	6350	0	0	301	0	87081	N		N	
3500083	0		Occult Blood Stool	63.00	6350	0	0	301	0	82270	N		N	
3500084	0		Urine Gram Stain	124.00	6350	0	0	301	0	87205	N		N	
3500085	0		Albumin Serum	60.00	6350	0	0	301	0	82040	N		N	
3500086	0		Ammonia	144.00	6350	0	0	301	0	82140	N		N	
3500087	0		Amylase Serum	160.00	6350	0	0	301	0	82150	N		N	
3500088	0		Bilirubin Direct	70.00	6350	0	0	301	0	82248	N		N	
3500089	0		Bilirubin Total-Serum	51.00	6350	0	0	301	0	82247	N		N	
3500090	0		Porphyrins Plasma	89.00	6350	0	0	301	0	84311	N		N	
3500091	0		Cyp21 Gentic (5 Of 5)	196.00	6350	0	0	301	0	83898	N		N	
3500092	0		Herpes Virus Type 6, Igm, Igg	188.00	6350	0	0	302	0	86790	N		N	
3500093	0		Calcium Blood	66.00	6350	0	0	301	0	82310	N		N	
3500094	0		Calcium Ionized	152.00	6350	0	0	301	0	82330	N		N	
3500095	0		Carbamazepine Tegretol	270.00	6350	0	0	301	0	80156	N		N	
3500096	0		Chloride Urine	32.00	6350	0	0	301	0	82436	N		N	
3500097	0		Ck-Mb	193.00	6350	0	0	301	0	82552	N		N	
3500098	0		Creatinine Clearance	96.00	6350	0	0	301	0	82575	N		N	
3500099	0		Creatinine Serum	68.00	6350	0	0	301	0	82565	N		N	
3500100	0		24hr Urine-Creatinine	63.00	6350	0	0	301	0	82570	N		N	
3500101	0		Gamma Glutamyl Transpept	71.00	6350	0	0	301	0	82977	N		N	
3500102	0		Haptoglobin Qual	74.00	6350	0	0	301	0	83010	N		N	
3500103	0		Hepatitis A Ab Total	125.00	6350	0	0	301	0	86708	N		N	
3500104	0		Lipase	166.00	6350	0	0	301	0	83690	N		N	
3500105	0		Magnesium Serum	90.00	6350	0	0	301	0	83735	N		N	
3500106	0		Alkaline Phosphatase (alp)	179.00	6350	0	0	301	0	84075	N		N	
3500107	0		Phosphorus Serum	97.00	6350	0	0	301	0	84100	N		N	
3500108	0		Profile I, Lipid	189.00	6350	0	0	301	0	80061	N		N	
3500109	0		24hr Urine- Sodium	48.00	6350	0	0	301	0	84300	N		N	
3500110	0		Uric Acid Serum	108.00	6350	0	0	301	0	84550	N		N	
3500111	0		Digoxin Level	141.00	6350	0	0	301	0	80162	N		N	
3500112	0		Basic Metabolic Panel (bmp)	332.00	6350	0	0	301	0	80048	N		N	
3500113	0		Potassium Urine	62.00	6350	0	0	301	0	84133	N		N	
3500114	0		Complement; Antigen Ea Cm	149.00	6350	0	0	302	0	86160	N		N	
3500115	0		Single Donor Platelet	1454.00	6350	0	0	380	0	P9035	N		N	
3500116	0		Immuno Fixation Elt	213.00	6350	0	0	302	0	86335	N		N	
3500117	0		Cyp21 Gentic Screen (3 Of 5)	77.00	6350	0	0	301	0	83894	N		N	
3500118	0		Vitamin D 25- Hyrdoxy	328.00	6350	0	0	301	0	82306	N		N	
3500119	0		Gross & Micro Level Iii	358.00	6350	0	0	301	0	88304	N		N	
3500120	0		Fungi Other Source	156.00	6350	0	0	306	0	87102	N		N	
3500121	0		Gpt Transferase Alanine	119.00	6350	0	0	301	0	84460	N		N	



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CHG	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG	
PRC CODE	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM		
TKT DESCRIPTION				V	ID	CODE					
3500122	0	Hepatitis B Surf Ab	158.00	6350	0	0	302	0	86706	N	N
3500123	0	Afb With Isolation	168.00	6350	0	0	301	0	87116	N	N
3500124	0	Screen For Vre	90.00	6350	0	0	306	0	87081	N	N
3500125	0	Urinalysis W/Microscopic	123.00	6350	0	0	307	0	81001	N	N
3500126	0	Influenza A Virus	75.00	6350	0	0	306	0	87276	N	N
3500127	0	Eosinophilis Urine	124.00	6350	0	0	306	0	87205	N	N
3500128	0	Quantitation Of Drug	259.00	6350	0	0	301	0	80299	N	N
3500129	0	Toxoplasma Igm	110.00	6350	0	0	302	0	86778	N	N
3500130	0	Thrombogene Factr V Dna 5 Of 5	135.00	6350	0	0	301	0	83912	N	N
3500131	0	Immunoassay Ria	436.00	6350	0	0	301	0	83519	N	N
3500132	0	Group Abo Typing	84.00	6350	0	0	309	0	86900	N	N
3500133	0	Hiv 1 Ab	76.00	6350	0	0	302	0	86701	N	N
3500134	0	Triglyceride	102.00	6350	0	0	301	0	84478	N	N
3500135	0	Influenza Ab Type A & B	95.00	6350	0	0	302	0	86710	N	N
3500136	0	Rh Phenotype	79.00	6350	0	0	302	0	86906	N	N
3500137	0	Glucose Qt Bl	80.00	6350	0	0	301	0	82947	N	N
3500138	0	24hr Urine-Calcium	99.00	6350	0	0	301	0	82340	N	N
3500139	0	C-Reactive Protein	150.00	6350	0	0	302	0	86140	N	N
3500140	0	Pth Intact W/Calcium	265.00	6350	0	0	301	0	83970	N	N
3500141	0	Psa Total	141.00	6350	0	0	301	0	84152	N	N
3500142	0	Tsh 3rd Generation	152.00	6350	0	0	301	0	84443	N	N
3500143	0	24hr Urine-Urea Nitrogen	35.00	6350	0	0	301	0	84540	N	N
3500144	0	Anti Diuretic Hormone	219.00	6350	0	0	301	0	84588	N	N
3500145	0	Antigen Screen Ea (unit S	216.00	6350	0	0	309	0	86902	N	N
3500146	0	Hepatitis B Core Ab By Ei	104.00	6350	0	0	302	0	86704	N	N
3500147	0	Glucose, Glucometer	47.00	6350	0	0	301	0	82962	N	N
3500148	0	Tacrolimus (prograf)	342.00	6350	0	0	301	0	80197	N	N
3500149	0	Hepatitis B Core Ab Igm	75.00	6350	0	0	302	0	86705	N	N
3500150	0	Mrsa Probe	257.00	6350	0	0	301	0	87641	N	N
3500151	0	Antigen Typing Ea Patient	253.00	6350	0	0	309	0	86905	N	N
3500152	0	Cardio Crp	210.00	6350	0	0	301	0	86141	N	N
3500153	0	Hepatitis C Rna Quant	392.00	6350	0	0	300	0	87522	N	N
3500154	0	Vitamin B1	142.00	6350	0	0	300	0	84425	N	N
3500155	0	Amp Probe Clostridium	320.00	6350	0	0	301	0	87493	N	N
3500156	0	Platelet Bound Ab	99.00	6350	0	0	302	0	86023	N	N
3500157	0	Free Plasma Hemoglobin	74.00	6350	0	0	301	0	83051	N	N
3500158	0	Ptt Corrected	157.00	6350	0	0	305	0	85732	N	N
3500159	0	Porphyrins Fractionated U	117.00	6350	0	0	301	0	84120	N	N
3500160	0	Porphobilinogen Urine	35.00	6350	0	0	301	0	84106	N	N
3500161	0	Galactose-1phos Transferase Qn	170.00	6350	0	0	301	0	82775	N	N
3500162	0	Coclear Antigen	137.00	6350	0	0	301	0	84182	N	N
3500163	0	Level 4 Cell Block	295.00	6350	0	0	312	0	88305	N	N
3500164	0	Magnesium Assay	88.00	6350	0	0	301	0	83735	N	N
3500165	0	Phosphorous	49.00	6350	0	0	301	0	84100	N	N
3500166	0	Venipuncture	40.00	6350	0	0	300	0	36415	N	N
3500167	0	Cbc/Diff/Plt	62.00	6350	0	0	305	0	85025	N	N
3500168	0	Platelet Count	69.00	6350	0	0	305	0	85032	N	N
3500169	0	Tuberculosis Test	349.00	6350	0	0	302	0	86480	N	N
3500170	0	Albumin Fluid	89.00	6350	0	0	301	0	82042	N	N
3500171	0	Glucose Fluid	69.00	6350	0	0	301	0	82945	N	N
3500172	0	Osmolality Urine	64.00	6350	0	0	301	0	83935	N	N

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG					
PRC	TKT	DESCRIPTION	AMOUNT	G/L	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3500173	0	Cmv Antibody Igg	239.00	6350	0	0	302	0	86644	N			N	
3500174	0	Hepatitis Panel	346.00	6350	0	0	301	0	80074	N			N	
3500175	0	T4	88.00	6350	0	0	301	0	84436	N			N	
3500176	0	Hiv Rapid Assay	293.00	6350	0	0	302	0	86703	N			N	
3500177	0	Immunoelectrophoresis Serum	203.00	6350	0	0	302	0	86320	N			N	
3500178	0	Fta-Ab	158.00	6350	0	0	302	0					N	
3500179	0	Viral Encephalitis Panel 1 Of4	253.00	6350	0	0	306	0	87497	N			N	
3500180	0	Calcitonin Assay	263.00	6350	0	0	301	0	82308	N			N	
3500181	0	Gentamicin Level	164.00	6350	0	0	301	0	80170	N			N	
3500182	0	Nephelometry Each Analyte	178.00	6350	0	0	301	0	83883	N			N	
3500183	0	Methymalonic Ac/Homocyst	131.00	6350	0	0	301	0	83921	N			N	
3500184	0	Keppra Level	250.00	6350	0	0	301	0	80177	N			N	
3500185	0	Leukocyte Ab	598.00	6350	0	0	301	0	86021	N			N	
3500186	0	Antineutrophil Cytoplasmic Ab	444.00	6350	0	0	302	0	86021	N			N	
3500187	0	Infectious Agent Organism	157.00	6350	0	0	306	0	87449	N			N	
3500188	0	Abo Type	58.00	6350	0	0	302	0	86900	N			N	
3500189	0	Cbc Auto W/Auto Diff	130.00	6350	0	0	305	0	85025	N			N	
3500190	0	Prothrombin Time	86.00	6350	0	0	305	0	85610	N			N	
3500191	0	Ptt	97.00	6350	0	0	305	0	85730	N			N	
3500192	0	Cbc Auto W/O Diff	108.00	6350	0	0	305	0	85027	N			N	
3500193	0	Blood Film Exam	87.00	6350	0	0	305	0	85008	N			N	
3500194	0	C Difficile Toxin Scr By Pcr	320.00	6350	0	0	306	0	87493	N			N	
3500195	0	Blood Culture Isolator	284.00	6350	0	0	306	0	87040	N			N	
3500196	0	Mrsa Screen (pcr)	217.00	6350	0	0	306	0	87798	N			N	
3500197	0	Sedimentation Rate	101.00	6350	0	0	305	0	85651	N			N	
3500198	0	Ua W/O Micro	108.00	6350	0	0	307	0	81003	N			N	
3500199	0	Glucose-Blood	39.00	6350	0	0	301	0	82947	N			N	
3500200	0	Iron Assay	136.00	6350	0	0	301	0	83540	N			N	
3500201	0	Panel Neg Breakpoint Combo 44	192.00	6350	0	0	306	0	87186	N			N	
3500202	0	Panel Pos Combo 34	192.00	6350	0	0	306	0	87186	N			N	
3500203	0	Aerobic Bact Id	149.00	6350	0	0	306	0	87077	N			N	
3500204	0	T4 Free	170.00	6350	0	0	301	0	84439	N			N	
3500205	0	Ck Total	112.00	6350	0	0	301	0	82550	N			N	
3500206	0	Id Of Urine Culture	146.00	6350	0	0	306	0	87088	N			N	
3500207	0	Anaerobic Bact Id	137.00	6350	0	0	306	0	87076	N			N	
3500208	0	Mold	125.00	6350	0	0	306	0	87107	N			N	
3500209	0	Enzyme Detection	25.00	6350	0	0	306	0	87185	N			N	
3500210	0	Vre Culture	182.00	6350	0	0	306	0	87081	N			N	
3500211	0	Mrsa Culture Screen	182.00	6350	0	0	306	0	87081	N			N	
3500212	0	Complement C4	224.00	6350	0	0	302	0	86160	N			N	
3500213	0	Hepatitis Panel	650.00	6350	0	0	301	0	80074	N			N	
3500214	0	Neutrophil Antibody	444.00	6350	0	0	302	0	86021	N			N	
3500215	0	Parathyroid Hormone -S	450.00	6350	0	0	301	0	83970	N			N	
3500216	0	Phosphorus - Urine Random	86.00	6350	0	0	301	0	84105	N			N	
3500217	0	Amino Acid Screen Urine	244.00	6350	0	0	301	0	82128	N			N	
3500218	0	Carbapenemase Panel	98.00	6350	0	0	306	0	87184	N			N	
3500219	0	Strep A Latex	57.00	6350	0	0	306	0	87147	N			N	
3500220	0	Strep B Latex	57.00	6350	0	0	306	0	87147	N			N	
3500221	0	Strep C Latex	57.00	6350	0	0	306	0	87147	N			N	
3500222	0	Strep F Latex	57.00	6350	0	0	306	0	87147	N			N	
3500223	0	Strep G Latex	57.00	6350	0	0	306	0	87147	N			N	

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CHG	STG	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG	
PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	COD	CODE	CLS	CODE	ITM
3500224	0	Ra Test Quant	147.00	6350	0	0	302	0	86431	N	N
3500225	0	Albumin-Serum	43.00	6350	0	0	301	0	82040	N	N
3500226	0	Lactic Acid-Plasma	140.00	6350	0	0	301	0	83605	N	N
3500227	0	Protein Total-Serum	135.00	6350	0	0	301	0	84155	N	N
3500228	0	Got (ast)	68.00	6350	0	0	301	0	84450	N	N
3500229	0	Sodium Urine Random	58.00	6350	0	0	301	0	84300	N	N
3500230	0	Potassium Plasma	44.00	6350	0	0	301	0	84132	N	N
3500231	0	Pbp2 Latex Antigen Agglutinati	57.00	6350	0	0	306	0	87147	N	N
3500232	0	Kb Sensitivity	98.00	6350	0	0	306	0	87184	N	N
3500233	0	K/L Serum	168.00	6350	0	0	301	0	83883	N	N
3500234	0	Anti-Nuclear Antibody Screen	227.00	6350	0	0	302	0	86038	N	N
3500235	0	Complement C3	224.00	6350	0	0	302	0	86160	N	N
3500236	0	Lyme Antibody	200.00	6350	0	0	302	0	86618	N	N
3500237	0	Occult Bld-Other Sources	19.00	6350	0	0	301	0	82272	N	N
3500238	0	Aldosterone	450.00	6350	0	0	301	0	82088	N	N
3500239	0	Renin	289.00	6350	0	0	301	0	84244	N	N
3500240	0	Magnesium Urine Random	114.00	6350	0	0	301	0	83735	N	N
3500241	0	Calcium Ionized Direct Meas	161.00	6350	0	0	301	0	82330	N	N
3500242	0	Cortisol Assay	231.00	6350	0	0	301	0	82533	N	N
3500243	0	Ige Total	270.00	6350	0	0	301	0	82785	N	N
3500244	0	Heparin-Pf4 Antibodies (hit)	598.00	6350	0	0	301	0	83520	N	N
3500245	0	Hepatitis B Dna	392.00	6350	0	0	306	0	87516	N	N
3500246	0	Hav Total	161.00	6350	0	0	302	0	86708	N	N
3500247	0	Mitochondrial Antibody	244.00	6350	0	0	302	0	86255	N	N
3500248	0	Microsomal Antibodies	232.00	6350	0	0	302	0	86376	N	N
3500249	0	Susceptibility Study	56.00	6350	0	0	306	0	87181	N	N
3500250	0	Testosterone Total	328.00	6350	0	0	301	0	84403	N	N
3500251	0	Testosterone Free	292.00	6350	0	0	301	0	84402	N	N
3500252	0	Dhea Sulfate	288.00	6350	0	0	301	0	82627	N	N
3500253	0	Dihydro Testosterone (dht)	291.00	6350	0	0	301	0	82651	N	N
3500254	0	Influenza A	140.00	6350	0	0	306	0	87400	N	N
3500255	0	Hepatitis Be Ag	93.00	6350	0	0	306	0	87350	N	N
3500256	0	Lipid Panel	277.00	6350	0	0	301	0	80061	N	N
3500257	0	Aspergillus Galactomannan Ag	115.00	6350	0	0	306	0	87305	N	N
3500258	0	Nose & Throat Culture	254.00	6350	0	0	306	0	87070	N	N
3500259	0	Bill Antigen Screened-1	173.00	6350	0	0	302	0	86902	N	N
3500260	0	Cholesterol B F	102.00	6350	0	0	301	0	82465	N	N
3500261	0	Phenytoin-Serum	134.00	6350	0	0	301	0	80185	N	N
3500262	0	Protein Total Body Fluid	90.00	6350	0	0	301	0	84157	N	N
3500263	0	Afb Culture	205.00	6350	0	0	306	0	87116	N	N
3500264	0	Body Fluid Cytology	270.00	6350	0	0	311	0	88104	N	N
3500265	0	Concentration (any Type)	88.00	6350	0	0	306	0	87015	N	N
3500266	0	Pregnancy Test-Urine	198.00	6350	0	0	307	0	81025	N	N
3500267	0	Immunohisto/Cytochem Per Spec	316.00	6350	0	0	312	0	88342	N	N
3500268	0	Vancomycin Trough	192.00	6350	0	0	350	0	80202	N	N
3500269	0	Ph Body Fluid Except Blood	62.00	6350	0	0	301	0	83986	N	N
3500270	0	Surg Path-Gross & Micr Lvl Iii	382.00	6350	0	0	310	0	88304	N	N
3500271	0	Coombs, Direct	93.00	6350	0	0	390	0	86880	N	N
3500272	0	Coombs, Indirect	93.00	6350	0	0	390	0	86880	N	N
3500273	0	Bun	46.00	6350	0	0	301	0	84520	N	N
3500274	0	Homogenization	63.00	6350	0	0	306	0	87176	N	N

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3500275	0	Pt/Inr	86.00	6350	0	0	305	0	0	85610	N			N	
3500276	0	Anti Streptolysin Titer	112.00	6350	0	0	302	0	0	86060	N			N	
3500277	0	Psa Total	222.00	6350	0	0	301	0	0	84153	N			N	
3500278	0	Bence Jones Protein Urine	278.00	6350	0	0	302	0	0	86325	N			N	
3500279	0	Acid Fast Bacilli Id	105.00	6350	0	0	306	0	0	87118	N			N	
3500280	0	Acid Fast Bacilli Sensiti	56.00	6350	0	0	306	0	0	87190	N			N	
3500281	0	Ceruloplasm	169.00	6350	0	0	301	0	0	82390	N			N	
3500282	0	Carbon Dioxide Content S	72.00	6350	0	0	301	0	0	82374	N			N	
3500283	0	Resp Path Panel By Pcr 1	669.00	6350	0	0	306	0	0	87633	N			N	
3500284	0	Resp Path Panel By Pcr 3	419.00	6350	0	0	306	0	0	87486	N			N	
3500285	0	Resp Path Panel By Pcr 4	403.00	6350	0	0	306	0	0	87581	N			N	
3500286	0	Cea	294.00	6350	0	0	301	0	0	82378	N			N	
3500287	0	Phenobarbital	189.00	6350	0	0	301	0	0	80184	N			N	
3500288	0	Rast Test Sgl Allergen	84.00	6350	0	0	302	0	0	86003	N			N	
3500289	0	D-Dimer/Fsp	317.00	6350	0	0	305	0	0	85378	N			N	
3500290	0	Surg Path Gross Only	161.00	6350	0	0	310	0	0	88300	N			N	
3500291	0	Urine Microscopic	77.00	6350	0	0	307	0	0	81015	N			N	
3500292	0	T Spot Tb Test	354.00	6350	0	0	302	0	0	86481	N			N	
3500293	0	Cyclosporin Level	238.00	6350	0	0	301	0	0	80158	N			N	
3500294	0	Occult Blood Feces	52.00	6350	0	0	301	0	0	82274	N			N	
3500295	0	Aerobic Quantative	132.00	6350	0	0	306	0	0	87071	N			N	
3500296	0	Methemoglobin Quant	101.00	6350	0	0	301	0	0	83050	N			N	
3500297	0	Malaria Smear	61.00	6350	0	0	306	0	0	87207	N			N	
3500298	0	Alpha 1 Antitrypsin	223.00	6350	0	0	301	0	0	82103	N			N	
3500299	0	Vdrl/Rpr Serum	79.00	6350	0	0	302	0	0	86592	N			N	
3500300	0	Serology Nos	1.00	6350	0	0	302	0	0	86849	N			N	
3500301	0	Ristocetin Cofactor Activity	423.00	6350	0	0	305	0	0	85245	N			N	
3500302	0	Cmv (igg & Igm)	132.00	6350	0	0	302	0	0	86645	N			N	
3500303	0	Ebv Vca (igg&igm) Igg Portion	234.00	6350	0	0	302	0	0	86665	N			N	
3500304	0	Varicella Zoster Dna Ultra Css	464.00	6350	0	0	306	0	0	87799	N			N	
3500305	0	Herpes Simplex Virus Dna Detect	326.00	6350	0	0	306	0	0	87529	N			N	
3500306	0	Hsv Csf Ab	96.00	6350	0	0	302	0	0	86317	N			N	
3500307	0	Special Stain Group Ii	272.00	6350	0	0	312	0	0	88313	N			N	
3500308	0	Neuron Specific Enolase	230.00	6350	0	0	302	0	0	86316	N			N	
3500309	0	Ca 19 9	360.00	6350	0	0	302	0	0	86301	N			N	
3500311	0	Special Stain Group I	315.00	6350	0	0	312	0	0	88312	N			N	
3500312	0	Cytomegalovirus Dna Detectr	320.00	6350	0	0	306	0	0	87496	N			N	
3500313	0	Ebv Panel	225.00	6350	0	0	302	0	0	86664	N			N	
3500314	0	A 1 Antitrypsin Phenotype	150.00	6350	0	0	301	0	0	82104	N			N	
3500315	0	Ana Reflex To Profile	189.00	6350	0	0	302	0	0	86039	N			N	
3500316	0	Thin Prep Non Gyn	266.00	6350	0	0	311	0	0	88112	N			N	
3500317	0	Body Fluid Cytology Filter	112.00	6350	0	0	311	0	0	88106	N			N	
3500318	0	Aspergillus Antibody	117.00	6350	0	0	302	0	0	86606	N			N	
3500319	0	Fungitell	300.00	6350	0	0	301	0	0	83516	N			N	
3500320	0	Renal Function Panel	216.00	6350	0	0	301	0	0	80069	N			N	
3500321	0	Eval Of Fna Interp And Report	514.00	6350	0	0	311	0	0	88173	N			N	
3500322	0	Parvovirus Ab	209.00	6350	0	0	302	0	0	86747	N			N	
3500323	0	Chloride Body Fluid	50.00	6350	0	0	301	0	0	82438	N			N	
3500324	0	Hcv Viral Load	642.00	6350	0	0	306	0	0	87522	N			N	
3500325	0	Osmolality Stool Liquid	108.00	6350	0	0	301	0	0	84999	N			N	
3500326	0	Ova & Parasites Feces	261.00	6350	0	0	306	0	0	87177	N			N	

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CHG	STG	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG				
PRC	CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	COD	CODE	CLS	CODE	ITM		
3500327	0		Trichrome Stain	212.00	6350	0	0	306	0	87209	N		N	
3500328	0		Wbc Stool	156.00	6350	0	0	309	0	89055	N		N	N
3500329	0		Stool Addl Patho	189.00	6350	0	0	306	0	87046	N		N	N
3500330	0		Salmonella Shigella Cultu	204.00	6350	0	0	306	0	87045	N		N	N
3500331	0		E Coli Shiga Toxin Screen	227.00	6350	0	0	306	0	87427	N		N	N
3500333	0		Fat Fecal Quantative	301.00	6350	0	0	301	0	82710	N		N	N
3500334	0		Sodium Stool Liquid	42.00	6350	0	0	301	0	84302	N		N	N
3500335	0		Potassium Stool Liquid	49.00	6350	0	0	301	0	84999	N		N	N
3500336	0		Lactoferrin Stool	145.00	6350	0	0	301	0	83630	N		N	N
3500337	0		Mmc Gn80	271.00	6350	0	0	301	0	82542	N		N	N
3500338	0		Cns Dna Amp Probe Type 12-25	217.00	6350	0	0	306	0	87483	N		N	N
3500339	0		Igg Subclass 4	163.00	6350	0	0	301	0	82787	N		N	N
3500340	0		Ena Ab To Ss A	285.00	6350	0	0	302	0	86235	N		N	N
3500341	0		Ena Ab To Ss B	285.00	6350	0	0	302	0	86235	N		N	N
3500342	0		Copper Serum	143.00	6350	0	0	301	0	82525	N		N	N
3500343	0		Toprimate Assay	140.00	6350	0	0	301	0	80201	N		N	N
3500344	0		Lamotrigine	115.00	6350	0	0	301	0	80175	N		N	N
3500345	0		Procalcitonin Assay	209.00	6350	0	0	301	0	84145	N		N	N
3500346	0		Beta Hydroxybutyrate	152.00	6350	0	0	301	0	82010	N		N	N
3500347	0		Hcg Quantative	277.00	6350	0	0	301	0	84702	N		N	N
3500348	0		Afp Tumor Marker	308.00	6350	0	0	301	0	82105	N		N	N
3500349	0		Sodium Serum	42.00	6350	0	0	301	0	84295	N		N	N
3500350	0		Gabapentin Assay	220.00	6350	0	0	220	0	80171	N		N	N
3500351	0		Hepatitis Be Ab	115.00	6350	0	0	302	0	86707	N		N	N
3500352	0		Thrombin Time	123.00	6350	0	0	305	0	85670	N		N	N
3500353	0		C Trach N Gonor Rna Tma Test 1	241.00	6350	0	0	306	0	87491	N		N	N
3500354	0		C Trach N Gonor Rna Tma Test 2	229.00	6350	0	0	306	0	87591	N		N	N
3500355	0		Lower Respiratory Culture	280.00	6350	0	0	306	0	87070	N		N	N
3500356	0		Aerobic Bact Id	164.00	6350	0	0	306	0	87077	N		N	N
3500357	0		Culture Oth Source Aerobic	280.00	6350	0	0	306	0	87070	N		N	N
3500358	0		Surg Path Gross & Micro Lvl V	882.00	6350	0	0	310	0	88307	N		N	N
3500359	0		Decalcification Procedure	139.00	6350	0	0	312	0	88311	N		N	N
3500360	0		Alk Phos Isoenzymes	125.00	6350	0	0	301	0	84080	N		N	N
3500361	0		Anti Dna Antibody Ds	242.00	6350	0	0	302	0	86225	N		N	N
3500362	0		Hiv Ag/Ab 4th Gen Screen	394.00	6350	0	0	302	0	87389	N		N	N
3500363	0		T3	245.00	6350	0	0	301	0	84480	N		N	N
3500364	0		Hiv Viral Load	1157.00	6350	0	0	306	0	87536	N		N	N
3500365	0		Oxcarbamazepine (trileptal)	174.00	6350	0	0	301	0	80183	N		N	N
3500366	0		Ca125	510.00	6350	0	0	302	0	86304	N		N	N
3500367	0		Dna Id Direct Probe	182.00	6350	0	0	306	0	87150	N		N	N
3500368	0		Hcg Qualative Serum	73.00	6350	0	0	350	0	84703	N		N	N
3500369	0		Flow Cytometry	265.00	6350	0	0	311	0	88185	N		N	N
3500370	0		Flow Cytometry Cd2	265.00	6350	0	0	311	0	88184	N		N	N
3500371	0		Insulin Serum	223.00	6350	0	0	301	0	83525	N		N	N
3500372	0		C Peptide	225.00	6350	0	0	301	0	84681	N		N	N
3500373	0		Drug Test Prsmv Chem Anlyzr	204.00	6350	0	0	301	0	80307	N		N	N
3500374	0		T Cells Absolute Cd4 & Cd8	435.00	6350	0	0	302	0	86360	N		N	N
3500375	0		T Cells Total Count	405.00	6350	0	0	302	0	86359	N		N	N
3500376	0		Cryptococcal Antigen	74.00	6350	0	0	306	0	87327	N		N	N
3500377	0		Immune Status Panel Mmr (mmr)	251.00	6350	0	0	302	0	86615	N		N	N
3500378	0		Lyme Western Blot	499.00	6350	0	0	302	0	86617	N		N	N

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3500379	0	Carnitine Total And Free	242.00	6350	0	0	301	0	82379	N				N	
3500380	0	Imunohist Pr Spec Add Sngl Stn	256.00	6350	0	0	310	0	88341	N				N	
3500382	0	Rapid Grp A Streptococcus	142.00	6350	0	0	306	0	87430	N				N	
3500383	0	Metanephrines Tot Urine	482.00	6350	0	0	301	0	83835	N				N	
3500384	0	Covid-19 Lab Test Non-Cdc	358.00	6350	0	0	300	0	87635	N				N	
3500385	0	Covid-19 Rt Pcr	251.00	6350	0	0	302	0	87635	N				N	
3500386	0	Sars-Cov-2 Covid-19 Antibody	110.00	6350	0	0	302	0	86769	N				N	
3500387	0	Id By Dna Probe Direct	312.00	6350	0	0	306	0	87149	N				N	
3500388	0	Id By Dna Probe Direct Add	312.00	6350	0	0	306	0	87149	N				N	
3500389	0	Id By Dna Probe Resist Mark	312.00	6350	0	0	306	0	87149	N				N	
3500390	0	Sars Cov-2 Flu Rsv Covid-19	360.00	6350	0	0	390	0	0241U	N				N	
3500391	0	Sarscov2 And Inf A&b High Thrp	561.00	6350	0	0	306	0	87636	N				N	
3500392	0	Blood Fungus Culture	101.00	6350	0	0	306	0	87103	N				N	
3500393	0	Herpesvirus 6 Igg	228.00	6350	0	0	302	0	86694	N				N	
3500394	0	Covid-19 Add On < 2 Days	25.00	6350	0	0	306	0	U0005	N				N	
3500395	0	Siromilus Assay	290.00	6350	0	0	350	0	80195	N				N	
3500396	0	Gross & Micro Level Ii	202.00	6350	0	0	310	0	88302	N				N	
3500397	0	Voriconazole	167.00	6350	0	0	301	0	80285	N				N	
3500398	0	Mmc Gn80	216.00	6350	0	0	301	0	87186	N				N	
3500399	0	Mmc Gp75	216.00	6350	0	0	301	0	87186	N				N	
3500400	0	Mmc Xn06	216.00	6350	0	0	301	0	87186	N				N	
3500401	0	Plat Pheresis Leuk Reduced Ea	1588.00	6350	0	0	390	0	P9035	N				N	
3500402	0	Pathogen Test For Platelets	57.00	6350	0	0	305	0	P9100	N				N	
3500403	0	Lithium S	113.00	6350	0	0	301	0	80178	N				N	
3500404	0	Covid 19 Pcr High Thr	302.00	6350	0	0	302	0	U0003	N				N	
3500405	0	Covid Influenza Pcr High Thr	251.00	6350	0	0	302	0	87636	N				N	
3500406	0	Myoglobin Serum	71.00	6350	0	0	301	0	83874	N				N	
3500407	0	Reticulated Platelet Assay	144.00	6350	0	0	305	0	85055	N				N	
3500408	0	Herpes Simplex Virus 2 Ab	118.00	6350	0	0	302	0	86696	N				N	
3500409	0	Herpes Simplex Virus 1 Ab	167.00	6350	0	0	302	0	86695	N				N	
3500410	0	Herpes Simplex Type 1 Igm Abs	167.00	6350	0	0	302	0	86695	N				N	
3500411	0	Reticulocyte Count Automated	44.00	6350	0	0	305	0	85045	N				N	
3500412	0	Transferrin	109.00	6350	0	0	301	0	84466	N				N	
3500413	0	Fungus Skin Hair Nail	104.00	6350	0	0	306	0	87101	N				N	
3500414	0	Angiotensin Converting Enzyme	110.00	6350	0	0	301	0	82164	N				N	
3500415	0	Blood Gases W/O2 Saturation	95.00	6350	0	0	301	0	82810	N				N	
3500416	0	Hc Assay Of Acth - Acth	508.00	6350	0	0	301	0	82024	N				N	
3500418	0	Collct Bld Centr/Perph Cath	809.00	6350	0	0	300	0	36592	N				N	
3500420	0	Immunofixation Electrophoresis	146.00	6350	0	0	302	0	86334	N				N	
3500421	0	Rbc Sed Rate, Auto - Sedimenta	77.00	6350	0	0	305	0	85652	N				N	
3500422	0	Susceptibility Study Antimicro	101.00	6350	0	0	306	0	87187	N				N	
3500424	0	Receptor Assay Endocrine Oth/T	539.00	6350	0	0	301	0	84235	N				N	
3500425	0	Sars Cov-2 Flu Covid-19	539.00	6350	0	0	300	0	0240U	N				N	
3500426	0	Hc Nfct Ds Vir Resp Rna 4 Trgt	2299.00	6350	0	0	300	0	0225U	N				N	
3500427	0	Assay Of Blood Chloride - Chlo	31.00	6350	0	0	301	0	82435	N				N	
350310	0	Tobramycin Assay	143.00	6350	0	0	301	0	80200	N				N	
351	0	Ct Scan - Head	.00	6363	0	0	351	0						N	Y
3510001	0	Transfuse Platelets	310.00	6351	0	0	390	0	P9019	N				N	
3510002	0	Plasma Processing-Thaw	95.00	6351	0	0	300	0	86927	N				N	
3510003	0	Leuko Reduced	602.00	6351	0	0	390	0	P9016	N				N	
3510004	0	Fresh Frozen Plasma	451.00	6351	0	0	390	0	P9059	N				N	

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PRC CODE	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
TKT DESCRIPTION				V	ID	CODE				
3510005	0	86.00	6351	0	0	390	0	86860	N	N
3510006	0	573.00	6351	0	0	390	0	P9021	N	N
3510007	0	174.00	6351	0	0	390	0	P9017	N	N
3510008	0	1305.00	6351	0	0	391	0	36430	N	N
3510009	0	127.00	6351	0	0	390	0	86850	N	N
3510010	0	179.00	6351	0	0	302	0	86920	N	N
3510011	0	403.00	6351	0	0	390	0	P9016	N	N
3510012	0	567.00	6351	0	0	390	0	P9016	N	N
3510013	0	228.00	6351	0	0	302	0	86922	N	N
3510014	0	194.00	6351	0	0	390	0	86870	N	N
3510015	0	1557.00	6351	0	0	390	0	P9031	N	N
3510016	0	567.00	6351	0	0	390	0	P9016	N	N
3510017	0	97.00	6351	0	0	390	0	86921	N	N
3510018	0	194.00	6351	0	0	302	0	86870	N	N
3510019	0	93.00	6351	0	0	302	0	86880	N	N
3510020	0	174.00	6351	0	0	390	0	P9017	N	N
3510021	0	376.00	6351	0	0	302	0	86945	N	N
3510022	0	152.00	6351	0	0	302	0	86927	N	N
3510023	0	567.00	6351	0	0	390	0	P9016	N	N
3510024	0	66.00	6351	0	0	302	0	86901	N	N
3510025	0	589.00	6351	0	0	390	0	P9040	N	N
3510026	0	3542.00	6351	0	0	390	0	P9073	N	N
3510027	0	301.00	6351	0	0	390	0	86923	N	N
352	0	.00	6100	0	0	352	0		N	Y
360	0	.00	6311	0	0	360	0		N	Y
3600001	0	1671.00	6360	0	0	921	0	93970	N	N
3600002	0	343.00	6360	0	0	730	0	93005	N	N
3600003	0	986.00	6360	0	0	740	0	95819	N	N
3600004	0	1006.00	6360	0	0	480	0	93320	N	N
3600005	0	1237.00	6360	0	0	922	0	95909	N	N
3600006	0	605.00	6360	0	0	922	0	95886	N	N
3600007	0	1996.00	6360	0	0	922	0	95911	N	N
3600008	0	1484.00	6360	0	0	922	0	95910	N	N
361	0	.00	6311	0	0	361	0		N	Y
3610001	0	491.00	6361	0	0	320	0	73510	N	N
3610002	0	359.00	6361	0	0	320	0	71010	N	N
3610003	0	278.00	6361	0	0	320	0	74000	N	N
3610004	0	315.00	6361	0	0	320	0	73020	N	N
3610005	0	456.00	6361	0	0	320	0	73080	N	N
3610006	0	423.00	6361	0	0	320	0	73090	N	N
3610007	0	173.00	6361	0	0	320	0	73500	N	N
3610008	0	426.00	6361	0	0	320	0	73560	N	N
3610009	0	327.00	6361	0	0	320	0	73600	N	N
3610010	0	472.00	6361	0	0	320	0	74000	N	N
3610011	0	816.00	6361	0	0	320	0	74230	N	N
3610012	0	416.00	6361	0	0	320	0	92611	N	N
3610013	0	359.00	6361	0	0	320	0	71010	N	N
3610014	0	831.00	6361	0	0	320	0	74220	N	N
3610015	0	131.00	6361	0	0	320	0	73600	N	N
3610016	0	416.00	6361	0	0	320	0	73060	N	N
3610017	0	370.00	6361	0	0	320	0	74000	N	N

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PRC	CHG	TKT	DESCRIPTION	STD	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG
				AMOUNT	DEPT	E	BK	UB					
3610018	0		Hand	454.00	6361	0	0	320		73130	N		N
3610019	0		Femur 2 Vws	460.00	6361	0	0	320		73552	N		N
3610020	0		Us Retroperitoneum	1544.00	6361	0	0	402		76770	N		N
3610021	0		Ct Chest With Contrast	2897.00	6361	0	0	350		71260	N		N
3610022	0		Ct Head W W/O Contrast	3430.00	6361	0	0	351		70470	N		N
3610023	0		Ct Head Without Contrast	2278.00	6361	0	0	351		70450	N		N
3610024	0		Ct St Neck W/Con	2771.00	6361	0	0	352		70491	N		N
3610025	0		Cta Chest W/ And W/O Contrast	2957.00	6361	0	0	352		71275	N		N
3610026	0		Peritoneogram Interp	824.00	6361	0	0	320		74190	N		N
3610027	0		Upper Gi W/ Kub	991.00	6361	0	0	320		74241	N		N
3610028	0		Gastrostomy Tube Perc Plcmt	2165.00	6361	0	0	320		49440	N		N
3610029	0		Xr Foot 2 Views	448.00	6361	0	0	320		73620	N		N
3610030	0		Ct Guide Needle Placement	2015.00	6361	0	0	350		77012	N		N
3610031	0		Xr Tibia Fibula 2 Views	445.00	6361	0	0	320		73590	N		N
3610032	0		Xr Foot 3+ Views	680.00	6361	0	0	320		73630	N		N
3610033	0		Speech Evaluation	453.00	6361	0	0	320		70371	N		N
3610034	0		Xr Soft Tissue Neck 1 View	424.00	6361	0	0	320		70360	N		N
3610035	0		Lipid Profile	286.00	6361	0	0	301		80061	N		N
3610036	0		Xr Sternoclavicular Joints 3+	524.00	6361	0	0	320		71130	N	N	
3610037	0		Ipv Initial	95.00	6361	0	0	412		94640	N		N
3610038	0		Iodium Scan	2504.00	6361	0	0	341		78806	N		N
3610039	0		Abd, Sngl Ant/Post Vw	496.00	6361	0	0	320		74000	N		N
3610040	0		Xr Chest 1 View	377.00	6361	0	0	324		71010	N		N
3610041	0		Ceretek Wbc Per Dose	2141.00	6361	0	0	343		A9521	N		N
3610042	0		G-J Tube Tray	179.00	6361	0	0	272			N		N
3610043	0		Thsf-35-145-Aus-Bh-Amplatz	54.00	6361	0	0	272			N		N
3610044	0		Perc CnvrT Gtube 2 Gastoj Flur	2435.00	6361	0	0	272		49446	N	N	
3610045	0		G-J Tube 18fr X 45	410.00	6361	0	0	272			N		N
3610046	0		Ugi/Sm Bowel	1529.00	6361	0	0	320		74245	N		N
3610047	0		Gastrografen Per MI	1.00	6361	0	0	255		Q9966	N		N
3610048	0		Wrist 2vws Rt	419.00	6361	0	0	320		73100	N		N
3610049	0		G-Tube Tray	194.00	6361	0	0	272			N		N
3610050	0		Xr Wrist 3+ Views	517.00	6361	0	0	320		73110	N		N
3610051	0		Visipaque 320 Per MI	2.00	6361	0	0	255		Q9967	N		N
3610052	0		Us Abdomen Limited	1124.00	6361	0	0	402		76705	N		N
3610054	0		Injector Supplies & Oral Contr	57.00	6361	0	0	272			N	N	
3610055	0		Ct Soft Tissue Neck W/O Con	2245.00	6361	0	0	351		70490	N		N
3610056	0		Xr Thoracic Spine 3 Vws	347.00	6361	0	0	320		72072	N		N
3610057	0		Xr Lumbar Spine 4+ Views Comp	807.00	6361	0	0	320		72110	N		N
3610058	0		Xr Sacrum Coccyx 2+ Views Comp	525.00	6361	0	0	320		72220	N		N
3610059	0		Humerus Min 2vws Bilat	655.00	6361	0	0	320		73060	N		N
3610060	0		Hips 2vws W/Ap Pel Bilat	830.00	6361	0	0	320		73520	N		N
3610061	0		Forearm 2vws Bilat	667.00	6361	0	0	320		73090	N		N
3610062	0		Lyse Chest Fibrin Subq Day	1537.00	6361	0	0	360			N		N
3610063	0		74250 Sb W/Multi Serial Films	935.00	6361	0	0	320		74250	N	N	
3610064	0		Tc99m Bone Dose Up To 30 Ml Ud	76.00	6361	0	0	343		A9503	N		N
3610065	0		78315 Whole Body Bone 3 Phase	2521.00	6361	0	0	341		78315	N		N
3610066	0		Xr Cervical Spine Ap/Lateral	479.00	6361	0	0	320		72040	N	N	
3610067	0		Nm Brain Perf W/Flow 1-3 Views	1170.00	6361	0	0	341		78610	N		N
3610068	0		Xr Humerus 2+ Views	437.00	6361	0	0	320		73060	N		N
3610069	0		Xr Wrist 2 Views	401.00	6361	0	0	320		73100	N		N



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CHG	STG	G/L	R	CH	ACU	FIN	CPT	NCH	INA	FLAG				
PRC	CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	COD	CODE	CLS	CODE	ITM		
3610070	0	Xr Pelvis Routine 1 Or 2 Views	422.00	6361	0	0	320	0	72170	N			N	
3610071	0	Ls Spine 2/3 Vws	617.00	6361	0	0	320	0	72100	N			N	
3610072	0	Xr Hand 3+ Views	457.00	6361	0	0	320	0	73130	N			N	
3610073	0	Wrist Cmpl >3vws Lt	517.00	6361	0	0	320	0	73100	N			Y	
3610074	0	Us Pelvic Doppler Limited	315.00	6361	0	0	402	0	76857	N			N	
3610075	0	Mri Brain Without Contrast	4095.00	6361	0	0	611	0	70551	N			N	
3610076	0	Xr Shoulder 2+ Views	520.00	6361	0	0	320	0	73030	N			N	
3610077	0	Ct Lower Ext W/O Contrast B/L	3348.00	6361	0	0	352	0	73700	N			N	
3610078	0	Xr Chest 2 Views Ap/Lat	425.00	6361	0	0	324	0	71020	N			N	
3610079	0	Femur 2 Vws Rt	471.00	6361	0	0	320	0	73552	N			N	
3610080	0	76000 Phy Fluoro Up To 1 Hour	709.00	6361	0	0	320	0	76000	N			N	
3610081	0	Tc-99m Maa Upto 10mci Triad Ud	180.00	6361	0	0	343	0	A9540	N			N	
3610082	0	Nm Lung Perfusion Only	1738.00	6361	0	0	341	0	78580	N			N	
3610083	0	Ga-67 Gallium Citrate Per Mci	73.00	6361	0	0	343	0	A9556	N			N	
3610084	0	Pet Scan	2296.00	6361	0	0	341	0	78801	N			N	
3610085	0	Fluid Collection Drainage	3670.00	6361	0	0	361	0	49406	N			N	
3610086	0	Inj Tract Sinogram	113.00	6361	0	0	361	0	20501	N			N	
3610087	0	Xr Absc Sinus/Fistula	974.00	6361	0	0	320	0	76080	N			N	
3610088	0	Xr Intro Cath Renal Rt	1323.00	6361	0	0	320	0	74475	N			N	
3610089	0	Xr Urogram Antegrade	1366.00	6361	0	0	320	0	74425	N			N	
3610090	0	Ins Cath Drain Renal Pelvis	2208.00	6361	0	0	361	0	50392	N			N	
3610091	0	Asp/Inj Cyst Renal Perc	2039.00	6361	0	0	361	0	50390	N			N	
3610092	0	Xr Elbow 2v Rt	357.00	6361	0	0	320	0	73070	N			N	
3610093	0	Asp Bladder Trocar/Intracath	694.00	6361	0	0	360	0	51101	N			N	
3610094	0	Cta Aorta W/Runoff W/Wo Contst	2761.00	6361	0	0	352	0	75635	N			N	
3610095	0	Gastrografin 350-399 Per Ml	1.00	6361	0	0	255	0	Q9963	N			N	
3610096	0	Us Thyroid Biopsy Prep	98.00	6361	0	0	270	0		N			N	
3610097	0	Drain Cath Visceral Perc Img	3670.00	6361	0	0	361	0	49405	N			N	
3610098	0	Xr Ankle 3+v Lt	494.00	6361	0	0	320	0	73610	N			N	
3610099	0	Rplc G/Cec/Oth Tb Under Fluoro	1183.00	6361	0	0	360	0	49450	N			N	
3610100	0	Xr Fluoro Needle Localization	963.00	6361	0	0	320	0	77003	N			N	
3610101	0	Ct Pelvis W/ Contrast	3180.00	6361	0	0	352	0	72193	N			N	
3610102	0	Asp Bladder Needle	875.00	6361	0	0	360	0	51100	N			N	
3610103	0	Inj Cystogram	2236.00	6361	0	0	361	0	51600	N			N	
3610104	0	Xr Cystogram 3+v	741.00	6361	0	0	320	0	74430	N			N	
3610105	0	Tc99 + Pyro (muga)	36.00	6361	0	0	343	0	A9560	N			N	
3610106	0	Insert Of Pleural Cath	8342.00	6361	0	0	360	0	32550	N			N	
3610107	0	Insert Duoden/Jejun Tbe Fluoro	4123.00	6361	0	0	360	0	49441	N			N	
3610108	0	Xr Femur 1v Rt	504.00	6361	0	0	320	0	73551	N			N	
3610109	0	Xr Hip Uni W/Pelvis 2-3v Lt	494.00	6361	0	0	320	0	73502	N			N	
3610110	0	Xr T-Spine 2v	662.00	6361	0	0	320	0	72070	N			N	
3610111	0	Intro Ndl/Cath Av Shunt 1st Ac	1246.00	6361	0	0	360	0	36147	N			N	
3610112	0	Intro Ndl/Cath Av Shunt Addl	398.00	6361	0	0	360	0	36148	N			N	
3610113	0	Thrombect Avf W/Graft Perc	5518.00	6361	0	0	360	0	36870	N			N	
3610114	0	Place Cath Thor/Brac 1st Order	2688.00	6361	0	0	360	0	36215	N			N	
3610115	0	Xr Angio Extremity Uni Lt	4732.00	6361	0	0	323	0	75710	N			N	
3610116	0	Cath Balloon Dilatation Flow	131.00	6361	0	0	272	0	C2628	N			N	
3610117	0	Dialysis Tray	284.00	6361	0	0	272	0		N			N	
3610118	0	Indium In111 Oxine Per 0.5 Mci	813.00	6361	0	0	343	0	A9547	N			N	
3610119	0	Tc-99m Sulf Colloid Upto 20mci	110.00	6361	0	0	343	0	A9541	N			N	
3610120	0	Nm Gastric Emptying Img Study	2417.00	6361	0	0	341	0	78264	N			N	

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	UB	UB	CLS	CODE	ITM
3610121	0	Exchng Drain Cath Bil Perc	2387.00	6361	0	0	360	0	47536	N	
3610122	0	Xr Orbits Cmpl 4+v	857.00	6361	0	0	320	0	70200	N	N
3610123	0	Mri Abdomen W/O Con	4093.00	6361	0	0	610	0	74181	N	N
3610124	0	Ct L-Spine W/O Contrast	2360.00	6361	0	0	352	0	72131	N	N
3610126	0	Xr Hip Uni W/Pelvis 1v Rt	427.00	6361	0	0	320	0	73501	N	N
3610127	0	Isovue-370 500ml Per 1ml	.20	6361	0	0	255	0	Q9967	N	N
3610128	0	Xr Abdomen 3v	490.00	6361	0	0	320	0	74020	N	N
3610129	0	Xr Hips Bilat W/Pelvis 2v	720.00	6361	0	0	320	0	73521	N	N
3610130	0	Tc99m Gall Bladder To 15ml Ud	95.00	6361	0	0	343	0	A9510	N	N
3610131	0	Nm Hepatobil Sys W/Gb If Pres	2401.00	6361	0	0	341	0	78226	N	N
3610132	0	Inj Nephro/Ureter Exist Acc Lt	679.00	6361	0	0	360	0	50431	N	N
3610133	0	Cholecystost Perc Cmpl Px	2847.00	6361	0	0	360	0	47490	N	N
3610134	0	Inj Contr W/Fluoro Eval Cv Dev	899.00	6361	0	0	360	0	36598	N	N
3610135	0	Exchng Cath Neph Perc Lt	1483.00	6361	0	0	360	0	50435	N	N
3610136	0	Xr Skull Ltd <4v	827.00	6361	0	0	320	0	70250	N	N
3610137	0	71035 Chest Spec Vws/Lat Decub	737.00	6361	0	0	324	0	71035	N	N
3610138	0	Inj Cntr W/Fluor Eval G/D/J Tb	856.00	6361	0	0	360	0	49465	N	N
3610139	0	Place Tube Naso/Orogastric	908.00	6361	0	0	360	0	43752	N	N
3610140	0	Drain Cath Peri/Retro Perc Img	4037.00	6361	0	0	360	0	49406	N	N
3610141	0	Angiopl Trnlm Same Vein Inntl	10046.00	6361	0	0	360	0	37248	N	N
3610142	0	Xr Chest 1 View	444.00	6361	0	0	320	0	71045	N	N
3610143	0	Xr Abdomen 1 View	546.00	6361	0	0	320	0	74018	N	N
3610144	0	Xr Chest 2 Views	555.00	6361	0	0	324	0	71046	N	N
3610145	0	Xr Colon Enema W/ Or W/O Kub	1006.00	6361	0	0	320	0	74270	N	N
3610146	0	Thromb Dialys W/Tba	12088.00	6361	0	0	360	0	36905	N	N
3610147	0	Nm Kidney W&w/O Pharm Interven	2688.00	6361	0	0	341	0	78709	N	N
3610148	0	Tc99m Mag-3 Mertiatile Per Ud	427.00	6361	0	0	343	0	A9562	N	N
3610149	0	Barium Sulf Vari 230 Ml Puddin	20.00	6361	0	0	255	0		N	N
3610150	0	Barium Sulf Vari 240ml Nectar	26.00	6361	0	0	255	0		N	N
3610151	0	Barium Sulf Var 250 Thn Honey	24.00	6361	0	0	255	0		N	N
3610152	0	Barium Sulf Vari 148g Thin Liq	10.00	6361	0	0	255	0		N	N
3610153	0	Xr Abdomen 2 Views	466.00	6361	0	0	320	0	74019	N	N
3610154	0	Xr C-Spine 4 Or 5 Views	1101.00	6361	0	0	320	0	72050	N	N
3610155	0	Xr Knee 3v Rt	626.00	6361	0	0	320	0	73562	N	N
3610156	0	Doppler Arterial Extremy Cmpl	1282.00	6361	0	0	921	0	93923	N	N
3610157	0	Xr Abdomen 3+ Views	543.00	6361	0	0	320	0	74021	N	N
3610158	0	Ct L-Spine W/ Contrast	2223.00	6361	0	0	352	0	72132	N	N
3610159	0	Xr Hip Uni W/Pelvis 4+v Lt	491.00	6361	0	0	320	0	73503	N	N
3610160	0	Xr Ribs 2v Uni Lt	415.00	6361	0	0	320	0	71100	N	N
3610161	0	Inj Cholangiogr Perc Exist Acc	2985.00	6361	0	0	360	0	47531	N	N
3610162	0	Ct C-Spine W/ Contrast	3987.00	6361	0	0	352	0	72126	N	N
3610163	0	Ct T-Spine W/ Contrast	1935.00	6361	0	0	352	0	72129	N	N
3610164	0	Insert Picc W/ Guidance >5yrs	3086.00	6361	0	0	361	0	36573	N	N
3610165	0	Mra Head W/O Con	2763.00	6361	0	0	615	0	70544	N	N
3610166	0	Xr Finger(s) 2+v Lt	314.00	6361	0	0	320	0	73140	N	N
3610167	0	Repl Gastro Tube Perc W/O Img	401.00	6361	0	0	361	0	43762	N	N
3610168	0	Exchng Cath Neph Perc Rt	1858.00	6361	0	0	361	0	50435	N	N
3610169	0	Cystografin 30% 100ml Per 1ml	.11	6361	0	0	255	0	Q9958	N	N
3610170	0	Xr Clavicle Cmpl Lt	497.00	6361	0	0	320	0	73000	N	N
3610171	0	Ct Pelvis W&w/O Contrast	2620.00	6361	0	0	352	0	72194	N	N
3610172	0	Omnipaque Oral 12mg/MI 500 MI	.30	6361	0	0	255	0		N	N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	COD	CODE	CLS	CODE	ITM
3610173	0	Ct Upr Ext W/O Contrast Lt	1526.00	6361	0	0	352	0	73200	N	N
3610174	0	Us Retroperitoneal Ltd	645.00	6361	0	0	402	0	76775	N	N
3610175	0	Inj Venogram Extremity	800.00	6361	0	0	361	0	36005	N	N
3610176	0	Xr Venogram Extremity Uni Rt	2100.00	6361	0	0	320	0	75820	N	N
3610177	0	Duplex Extracranial Bilat	2270.00	6361	0	0	921	0	93880	N	N
3610178	0	Xr Scapula Cmpl Lt	446.00	6361	0	0	320	0	73010	N	N
3610179	0	Xr Hand Ltd 2v Rt	400.00	6361	0	0	320	0	73120	N	N
3610180	0	Xr Fluoro Needle Placement	553.00	6361	0	0	320	0	77002	N	N
3620001	0	Duplex Extrem Vein Ltd	1251.00	6362	0	0	402	0	93971	N	N
3620002	0	Echo 2-D F/U Limited	1170.00	6362	0	0	402	0	93308	N	N
3620003	0	Us Abdomen Complete	1245.00	6362	0	0	402	0	76700	N	N
3620004	0	Echo 2d W/Special Cmpl	2371.00	6362	0	0	402	0	93306	N	N
3620005	0	Dup Ext Vein Lt	1251.00	6362	0	0	921	0	93971	N	N
3620006	0	Echo With Contrast	4146.00	6362	0	0	480	0	C8929	N	N
3620007	0	Us Guided For Vasc Access	690.00	6362	0	0	402	0	76937	N	N
3620008	0	Transesophageal Echo	2612.00	6362	0	0	480	0	93312	N	N
3620009	0	Echo Color Flow Adult/Peds	719.00	6362	0	0	480	0	93325	N	N
3620010	0	Thoracentes Ndl/Cath W/Img Lt	1480.00	6362	0	0	360	0	32555	N	N
3620011	0	Thoracentes Ndl/Cath W/Img Rt	1480.00	6362	0	0	360	0	32555	N	N
3620012	0	Pleural Drain Perc W/ Img Bi	2220.00	6362	0	0	360	0	32557	N	N
3620013	0	Us Scrotum	887.00	6362	0	0	402	0	76870	N	N
3620014	0	Drn Cath Fluid Soft Tissue Img	824.00	6362	0	0	360	0	10030	N	N
3620015	0	Us Guidance Of Needle Placemt	1411.00	6362	0	0	402	0	76942	N	N
3620016	0	Duplex Art Upr Ext Uni/Ltd Rt	683.00	6362	0	0	921	0	93931	N	N
3620017	0	Us Pelvis Cmpl Non-Ob	1035.00	6362	0	0	402	0	76856	N	N
3620018	0	Us Chest	725.00	6362	0	0	402	0	76604	N	N
3620019	0	Us Extremity Non Vascular Ltd	610.00	6362	0	0	402	0	76882	N	N
3620020	0	Us Soft Tissue Head/Neck	935.00	6362	0	0	402	0	76536	N	N
3620021	0	Duplex Art Lwr Ext Uni/Ltd Lt	953.00	6362	0	0	921	0	93926	N	N
3620022	0	Duplex Abd/Pel/Retro Ltd	1304.00	6362	0	0	921	0	93976	N	N
3620023	0	Duplex Arterial Lwr Ext Bilat	1543.00	6362	0	0	921	0	93925	N	N
3620024	0	Thoracentes Ndl/Cath W/Img Bi	2006.00	6362	0	0	361	0	32555	N	N
3620025	0	Pleural Drain Perc W/ Img Rt	2259.00	6362	0	0	361	0	32557	N	N
3620026	0	Echo 2d M-Mode Ltd W/ Contrast	681.00	6362	0	0	480	0	93308	N	N
3630001	0	Ct Head With Contrast	2401.00	6363	0	0	350	0	70460	N	N
3630002	0	Ct Chest Without Contrast	2177.00	6363	0	0	350	0	71250	N	N
3630003	0	Ct Lower Extremity W Contrast	3082.00	6363	0	0	350	0	73701	N	N
3630004	0	Nm Gastrointestinal Bleeding	1638.00	6363	0	0	350	0	78278	N	N
3630005	0	Ct Lower Extremity Wo Contrast	2250.00	6363	0	0	352	0	73700	N	N
3630006	0	Ct Cervical Spine W/O Contrast	2888.00	6363	0	0	350	0	72125	N	N
3630007	0	Ct Abdomen Pelvis W Contrast	2905.00	6363	0	0	350	0	74177	N	N
3630008	0	Ct Abdomen Pelvis W/O Contrast	3445.00	6363	0	0	350	0	74176	N	N
3630009	0	Cta Abd Pelvis W/O Contrast	4053.00	6363	0	0	350	0	74174	N	N
3630011	0	Ct Maxillofacial W/O Con	2751.00	6363	0	0	351	0	70486	N	N
3630012	0	Ct Abd/Pelvis W&w/Out Contrast	5100.00	6363	0	0	350	0		N	N
3630013	0	Ct Abdomen Without Contrast	2317.00	6363	0	0	352	0	74150	N	N
3630014	0	Asp Absc/Hema/Cyst/Bulla	564.00	6363	0	0	361	0	10160	N	N
3630015	0	Ct T-Spine W/O Contrast	2440.00	6363	0	0	352	0	72128	N	N
3630016	0	Ct Pelvis W/O Contrast	2747.00	6363	0	0	352	0	72192	N	N
3630017	0	Rad Guide Perc Drain W/Cath Pl	1490.00	6363	0	0	350	0	75989	N	N
3630018	0	Ct Lwr Ext W/ Contrast Bi	4623.00	6363	0	0	352	0	73701	N	N

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PRC CODE	TKT	DESCRIPTION	AMOUNT	DEPT	V	ID	UB	UB	CLS	CODE	ITM
3630019	0	Ct Neck W&w/O Contrast	3628.00	6363	0	0	351	0	70492	N	N
3630020	0	Ct Max/Facial W/ Contrast	3626.00	6363	0	0	351	0	70487	N	N
3630021	0	Ct Orbit/Sel/Fos/Ear W/O Con	1387.00	6363	0	0	351	0	70480	N	N
3630022	0	Cta Head W&w/O Contrast	2943.00	6363	0	0	351	0	70496	N	N
3630023	0	Cta Neck W&w/O Contrast	2156.00	6363	0	0	351	0	70498	N	N
3630024	0	Cta Up Ext W&w/O Contrast Lt	2726.00	6363	0	0	352	0	73206	N	N
363010	0	Ct Abdomen With Contrast	3451.00	6363	0	0	352	0	74160	N	N
3670001	0	Mri Lumb Spine W/And W/O Cont	4823.00	6367	0	0	610	0	72156	N	N
3670002	0	Mri Brain W/ And W/O Contrast	3181.00	6367	0	0	610	0	70553	N	N
3670003	0	Mri Jt Up Ext W/O Cntr	4526.00	6367	0	0	610	0	73221	N	N
3670004	0	Mri Jt Up Ext W/Cntr Bi	3576.00	6367	0	0	610	0	73222	N	N
3670005	0	Mri Thoracic Spine W/ W/O Cont	4323.00	6367	0	0	610	0	72157	N	N
3670006	0	Mri T-Spine W/O Con	3752.00	6367	0	0	612	0	72146	N	N
3670007	0	Mri L-Spine W/O Con	3843.00	6367	0	0	612	0	72148	N	N
3670008	0	Mri L-Spine W&w/O Con	6349.00	6367	0	0	612	0	72158	N	N
3670009	0	Mri Breast Bilat W&w/O Con	5064.00	6367	0	0	610	0	77059	N	N
3670010	0	Mri C-Spine W/O Con	4090.00	6367	0	0	612	0	72141	N	N
3670011	0	Mri Lwr Ext W/O Con Rt	2726.00	6367	0	0	610	0	73718	N	N
370	0	Anesthesia	.00	6312	0	0	370	0		N	Y
3700001	0	Respiratory Assessment	.00	6370	0	0	412	0		N	N
3700002	0	Chest Physiotherapy-Initial	193.00	6370	0	0	412	0	94667	N	N
3700003	0	Continuous Nebulizatn 1st Hour	310.00	6370	0	0	410	0	94644	N	N
3700004	0	Vapotherm/Optiflow Initial	118.00	6370	0	0	412	0	94640	N	N
3700005	0	Aerosol Delivery- Initial	118.00	6370	0	0	410	0	94640	N	N
3700006	0	Aerosol Delivery- Subsequent	200.00	6370	0	0	410	0	94640	N	N
3700007	0	Vapotherm/Optiflow Subsequent	200.00	6370	0	0	412	0	94640	N	N
3700008	0	Ventilator Settings-Subsequent	1250.00	6370	0	0	412	0	94003	N	N
3700009	0	Sputum Collection	120.00	6370	0	0	412	0	89220	N	N
3700010	0	Respiratory Care - 15 minutes	120.00	6370	0	0	412	0		N	N
3700011	0	Ventilator Settings-Initial	1450.00	6370	0	0	412	0	94002	N	N
3700012	0	Chest Physiotherapy-Subsequent	193.00	6370	0	0	410	0	94668	N	N
3700013	0	Bipap Checks	54.38	6370	0	0	410	0		N	N
3700014	0	Oxygen Pt/System Check	29.52	6370	0	0	410	0		N	Y
3700015	0	Oxygen Daily	78.75	6370	0	0	271	0		N	Y
3700016	0	Pulse Ox Monitoring	135.00	6370	0	0	412	0	94760	N	Y
3700017	0	Hfn Adult Set Up	32.25	6370	0	0	412	0		N	Y
3700018	0	Hfn Adult Treatment	200.00	6370	0	0	412	0	94664	N	N
3700019	0	Nico Daily	50.00	6370	0	0	410	0		N	Y
3700020	0	Arterial Puncture	250.00	6370	0	0	410	0	36600	N	N
3700021	0	Cpap / Bipap Subsequent	194.00	6370	0	0	412	0	94660	N	N
3700022	0	Cac-Code Response	741.00	6370	0	0	410	0	92950	N	N
3700023	0	Cpap / Bipap Initial	194.00	6370	0	0	412	0	94660	N	N
3700024	0	Abg W/Measured Sat	663.00	6370	0	0	300	0	82805	N	N
3700025	0	Stat Transp Internal (per Min)	.00	6370	0	0	412	0		Y	N
3700026	0	Stat Assessment/Evaluation	.00	6370	0	0	412	0		Y	N
3700027	0	Pulse Oximetry Single	220.00	6370	0	0	460	0	94760	N	N
3700028	0	Cont Neb Tx, Ea Addl Hour	295.00	6370	0	0	412	0	94645	N	N
3700029	0	Insert Emergency Airway	779.00	6370	0	0	410	0	31500	N	N
3700030	0	Pulse Oximetry Overnight	350.00	6370	0	0	460	0	94762	N	N
3700031	0	Metered Dose Treatment	137.00	6370	0	0	412	0	94640	N	N
3700032	0	Transport Vent	.00	6370	0	0	419	0			N

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PRC CODE TKT DESCRIPTION	AMOUNT	DEPT	E	BK	UB	UB	CLS	CODE	ITM	
3700033 0 Weaning Parameters	156.00	6370	0	0	460	0	94150	N		N
3700034 0 Co2 Expired Gas Determination	190.00	6370	0	0	460	0	94770	N		N
3700035 0 Asp Cath Nasotracheal	324.00	6370	0	0	410	0	31720	N		N
371 0 Anesthesia - Radiology	.00	6312	0	0	371	0		N		Y
380 0 Blood	.00	6351	0	0	380	0		N		Y
3800001 0 Pt - Init Eval (97001)	304.00	6380	0	0	420	0		N		Y
3800002 0 Pt - Gait Training Ea 15	250.00	6380	0	0	420	0	97116	N		N
3800003 0 Pt - Ther Exercise 15m	275.00	6380	0	0	420	0	97530	N		N
3800004 0 Neuro Re-Ed Fun Mob-15 Mi	200.00	6380	0	0	421	0	97112	N		N
3800005 0 Orthotic Fitting/Train15	90.00	6380	0	0	420	0	97760	N		N
3800006 0 Patient/Fam Train 1/4 Hr	63.00	6380	0	0	420	0	97535	N		N
3800007 0 Pt- Re-Eval 15 Min (97002)	63.00	6380	0	0	424	0		N		Y
3800008 0 Pt Eval Low Complex 20 Min	337.00	6380	0	0	424	0	97161	N		N
3800009 0 Pt Eval Mod Complex 30 Min	449.00	6380	0	0	424	0	97162	N		N
3800010 0 Pt Eval High Complex 45 Min	561.00	6380	0	0	424	0	97163	N		N
3800011 0 Pt Re-Eval Est Plan Care	233.00	6380	0	0	424	0	97164	N		N
3810001 0 Ot - Adl Training 15 Ea	200.00	6381	0	0	430	0	97535	N		N
3810002 0 Ot - Cognitive Ther 15min	200.00	6381	0	0	430	0	97532	N		N
3810003 0 Ot Eval (97003)	494.00	6381	0	0	430	0		N		Y
3810004 0 Ot- Neuro Re-Ed 15 Min	200.00	6381	0	0	430	0	97112	N		N
3810005 0 Ot - Re-Eval (97004)	117.00	6381	0	0	430	0		N		Y
3810006 0 Ot - Ther Activity 15 Min	200.00	6381	0	0	434	0	97530	N		N
3810007 0 Ot - Ther Exercise Ea 15	250.00	6381	0	0	430	0	97110	N		N
3810008 0 Orthotic Fitting/ 15 Min	225.00	6381	0	0	430	0	97760	N		N
3810009 0 Ot Eval Low Complex 20 Min	243.00	6381	0	0	434	0	97165	N		N
3810010 0 Ot Eval Mod Complex 30 Min	324.00	6381	0	0	434	0	97166	N		N
3810011 0 Ot Eval High Complex 45 Min	405.00	6381	0	0	434	0	97167	N		N
3810012 0 Ot Re-Eval Est Plan Care	172.00	6381	0	0	434	0	97168	N		N
3810013 0 Ot Manual Ther Tech,1+regions,	285.00	6381	0	0	430	0	97140	N		N
3820001 0 Speech Therapy	200.00	6382	0	0	440	0	92507	N		N
3820002 0 Swallowing Evaluation Eva	386.00	6382	0	0	440	0	92610	N		N
3820003 0 Speech Evaluation	304.00	6382	0	0	444	0	92506	N		N
3820004 0 Family Inservice/Consult	63.00	6382	0	0	442	0		N		N
3820005 0 Swallowing -G8996-Initial-Ck	.00	6382	0	0	440	0	G8996	Y		N
3820006 0 Swallowing - 2	.00	6382	0	0	440	0	G8998	Y		N
3820007 0 Swallowing - 3	.00	6382	0	0	440	0	G8996	Y		N
3820008 0 Swallowing - G8998 - Goal-Cj	.00	6382	0	0	440	0	G8998	Y		N
3820009 0 Dysphagia Tx	416.00	6382	0	0	440	0	92526	N		N
3820010 0 Swallow-G8997-Goal&interval-Cj	.00	6382	0	0	440	0	G8997	Y		N
3820011 0 Swallowing-G8996-Initial-Cn	.00	6382	0	0	440	0	G8996	Y		N
3820012 0 Swallow-G8997-Goal&interval-Cn	.00	6382	0	0	440	0	G8997	Y		N
3820013 0 Swallowing-G8998-Goal-Cn	.00	6382	0	0	440	0	G8998	Y		N
3820014 0 Swallowing - G8996-Initial-Cm	.00	6382	0	0	440	0	G8996	Y		N
3820015 0 Swallow-G8997-Goal&interval-Ci	.00	6382	0	0	440	0	G8997	Y		N
3820016 0 Swallowing - G8996-Initial-Ch	.00	6382	0	0	440	0	G8996	Y		N
3820017 0 Swallow-G8997-Goal&interval-Ch	.00	6382	0	0	440	0	G8997	Y		N
3820018 0 Swallowing - G8998 - Goal-Ch	.00	6382	0	0	440	0	G8998	Y		N
3820019 0 Swallowing - G8996-Initial-Ci	.01	6382	0	0	440	0	G8996	N		N
3820020 0 Swallow-G8997-Goal&interval-Ci	.01	6382	0	0	440	0	G8997	N		N
3820021 0 Swallowing - G8998 - Goal-Ci	.01	6382	0	0	440	0	G8998	N		N
3820022 0 Swallowing - G8996-Initial-Cj	.01	6382	0	0	440	0	G8996	N		N

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CHG	STG	R	CH	ACU	FIN	CPT	NCH	INA	FLAG						
PRC CODE	TKT	DESCRIPTION	AMOUNT	G/L	DEPT	E	BK	UB	UB	FIN	CPT	NCH	ITM	INA	FLAG
3820023	0	Swallow-G8997-Goal&interval-Cm	.01	6382	0	0	440	0	G8997	N				N	
3820024	0	Swallowing - G8998 - Goal-Cm	.01	6382	0	0	440	0	G8998	N				N	
3820025	0	Swallow-G8997-Goal&interval-Ck	.01	6382	0	0	440	0	G8997	N				N	
3820026	0	Swallowing - G8998 - Goal-Ck	.01	6382	0	0	440	0	G8998	N				N	
3820027	0	Oral Speech Device Eval& Treat	220.00	6382	0	0	444	0	92597	N				N	
3820028	0	Oral Speech Device Treatment	225.00	6382	0	0	440	0	92507	N				N	
3820029	0	Flex Fiberoptic Endoscop(fees)	750.00	6382	0	0	440	0	92612	N				N	
390	0	Blood Processing	.00	6351	0	0	390	0		N				Y	
3900001	0	Hemodialysis Acute/Inpat	2475.00	6390	0	0	801	0	90935	N				N	
3900002	0	Esr(sedrate) Manual	75.00	6390	0	0	305	0	85651	N				N	
3900003	0	Hemodialysis Proc Ip>1eva	2050.00	6390	0	0	801	0	90937	N				N	
3900004	0	Hemodialysis Ip>1eval Bed	2050.00	6390	0	0	801	0	90937	N				N	
3900005	0	Esr Hemodialysis Tx Ip	1063.00	6390	0	0	801	0	G0257	N				N	
391	0	Blood Administration	.00	6351	0	0	391	0		N				Y	
400	0	Imaging Service	.00	6361	0	0	400	0		N				Y	
4000001	0	Psych Diag Eval W/ Med Service	1005.00	6400	0	0	900	0	90792	N				N	
40013173	0	Methylmalonic Ac/Homocyst	131.00	6350	0	0	301	0	83921	N				Y	
402	0	Ultrasound	.00	6362	0	0	402	0		N				Y	
410	0	Resp/Ther - General	.00	6370	0	0	410	0		N				Y	
4100001	0	Razor, Prep Twin Edge	.00	6410	0	0	990	0		Y				N	
4100002	0	Shampoo W/Body Wash	.00	6410	0	0	998	0		Y				N	
4100003	0	Toothpaste	.00	6410	0	0	990	0		Y				N	
4100004	0	Shave Cream Unscented	.00	6410	0	0	990	0		Y				N	
4100005	0	Deodorant	.00	6410	0	0	990	0		Y				N	
4100006	0	Lotion Hand And Body	.00	6410	0	0	990	0		Y				N	
4100007	0	Toothbrush	.00	6410	0	0	990	0		Y				N	
41136055	0	Do Not Use	.01	6311	0	0	360	0		N				Y	
412	0	Resp/Ther - Inhalation Svc	.00	6370	0	0	412	0		N				Y	
4150001	0	Nutrit Consult Initial 15	105.00	6415	0	0	942	0	97802	N				N	
420	0	Phys/Ther - General	.00	6380	0	0	420	0		N				Y	
421	0	Phys/Ther - Visit	.00	6380	0	0	421	0		N				Y	
424	0	Phys/Ther - Eval	.00	6380	0	0	424	0		N				Y	
430	0	Occu/Ther General	.00	6381	0	0	430	0		N				Y	
43001181	0	Ear Wax Drops	7.30	6340	0	0	250	0		N				Y	
43001182	0	Thermazene%	14.10	6340	0	0	250	0		N				Y	
43001183	0	Sodium Citrate/Citric Aci	2.16	6340	0	0	250	0		N				Y	
431	0	Occ/Ther - Visit	.00	6381	0	0	431	0		N				Y	
434	0	Occu/Ther - Group	.00	6381	0	0	434	0		N				Y	
440	0	Speech/Lang - General	.00	6382	0	0	440	0		N				Y	
441	0	Speech/Lang - Visit	.00	6382	0	0	441	0		N				Y	
442	0	Speech/Lang - Hour	.00	6382	0	0	442	0		N				Y	
444	0	Speech/Lang - Eval	.00	6382	0	0	444	0		N				Y	
450	0	E/R General	.00	6311	0	0	450	0		N				Y	
460	0	Pulmonary Function	.00	6361	0	0	460	0		N				Y	
480	0	Cardiology	.00	6350	0	0	480	0		N				Y	
483	0	Echocardiology	.00	6360	0	0	483	0		N				Y	
510	0	Clinic - General	.00	6200	0	0	510	0		N				Y	
610	0	Mri	.00	6367	0	0	610	0		N				Y	
610173	0	error	675.00	6361	0	0	402	0		N				Y	
619	0	Mri - Other	.00	6367	0	0	619	0		N				Y	
623	0	Med/Surg Supp Dressing	.00	6320	0	0	623	0		N				Y	

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PRC CODE	CHG TKT	DESCRIPTION	STD AMOUNT	G/L DEPT	R E V	CH BK V	ACU ID	UB COD	UB CODE	FIN CODE	CPT CLS	NCH CODE	ITM	INA FLAG	
														INA	FLAG
6310045	0	Perc Cnvt Gtube 2 Gastroj Flu	2435.00	6361 0	0	360	0				N			Y	
636	0	Drugs - Detail Coding	.00	6340 0	0	636	0				N			Y	
647	0	Iv -Ther - Trn - Periph	.00	6345 0	0	647	0				N			Y	
710	0	Recovery Room	.00	6313 0	0	710	0					N			Y
72CALCT	0	Calorie Count	.00		3	0	0								N
730	0	Ekg/Ecg	.00	6360 0	0	730	0					N			Y
739	0	Ekg/Ecg	.00	6360 0	0	739	0					N			Y
740	0	Eeg	.00	6360 0	0	740	0					N			Y
750	0	Gastro-Intestinal	.00	6361 0	0	750	0				N			Y	
761	0	Treatment Room	.00	6310 0	0	761	0					N			Y
769	0	Trmt/Obsvr Room	.00	6100 0	0	769	0					N			Y
801	0	I/P Hemodialysis	.00	6390 0	0	801	0					N		Y	
84001203	0	Sod Bicarbonate 8.4% Iv 500ml	26.00	6340 0	0	250	0					N		Y	
8500423	0	Electrolyte Panel	118.00	6350 0	0	301	0		80051			N			
910092	0	Remove Tunld Cvad W/Pump/Port	2405.00	6311 0	0	360	0		36590			N		Y	
920	0	Other Diag Svcs	.00	6311 0	0	920	0					N		Y	
921	0	Peripheral Vasc. Lab	.00	6350 0	0	921	0					N		Y	
922	0	Emg	.00	6360 0	0	922	0						N		Y
942	0	Education/Training	.00	6415 0	0	942	0					N		Y	
946	0	Complex Med Equip - Route	.00	6330 0	0	946	0					N			Y
947	0	Compex Med Equip - Anc	.00	6330 0	0	947	0					N			Y
980	0	Professional Fees	.00	6200 0	0	982	0					N		Y	
985	0	Prof Fee Ekg	.00	6200 0	0	985	0					N		Y	
987	0	Pro Fee Hosp Visit	.00	6200 0	0	987	0					N		Y	
990	0	Patient Convenience	.00	6410 0	0	990	0					N		Y	
998	0	Beauty/Barber Shop	.00	6410 0	0	998	0					N		Y	
999	0	Other Patient Items	.00	6410 0	0	999	0					N		Y	