| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|-----------|-------------------|--------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| 2574009 | ER DR VISIT LEVEL III W/PROC - GF25 | 99283GF25 | \$ | 401.00 |
| 2850020 | BLEDSOE WEE WALKER BOOT S/M | L4387 | \$ | 234.50 |
| | BLEDSOE WEE WALKER BOOT LG | L4387 | \$ | 234.50 |
| | GLYCOPROTEIN ABS,IgG, IgM (LC163002)X2 | 86146 | \$ | 134.00 |
| | | 00140 | \$ | |
| | DOBUTAMINE DRIP 250MG/D5W 250ML | 10.400 | | 35.09 |
| | KCL 40MEQ/D5NS 1000ML | J3480 | \$ \$ | 43.60 |
| | cefOXITIN (MEFOXIN) PM 2 GM/50ML DO NOT | J0694 | \$ | 48.61 |
| 3974206 | PT ORTHOTIC TRAINING | 97760 | \$ | 79.00 |
| 10740534 | ARJO BATH | | \$ | 21.00 |
| 10770022 | HILL ROM OVER-LAY | | \$ \$ \$ | 38.00 |
| | ECHO TEST FROM WYO CARDIOLOGY DOCTOR | 93306 | ¢ | 166.56 |
| | V.A.C. PUMP THERAPY | 00000 | \$ | 111.00 |
| | | 00554 | | |
| | NEWBORN HEARING SCREEN | 92551 | \$ | 245.00 |
| | NEWBORN CRITICAL CARE | | \$ | 558.00 |
| | CARDIOVERSION | 92960 | \$ | 792.00 |
| 15741100 | SEMIPRIVATE INTERM | | \$ | 226.00 |
| 15741111 | ALZHEIMERS UNIT | | \$ | 218.00 |
| 15741130 | PRIVATE INTERMEDIATE | | \$ | 260.00 |
| | CARECENTER RESPITE | | \$ | 112.00 |
| | INITIAL ASSESSMENT | | \$ | 34.00 |
| | | | Φ | |
| | ADULT DAYCARE | | \$ \$ \$ \$ \$ \$ | 8.00 |
| 17746002 | | | \$ | 4.00 |
| 17746003 | BATH | | \$ | 8.00 |
| 17746004 | TRANSPORTATION | | \$ | 4.00 |
| 17746005 | HEAVY CARE | | \$ | 8.00 |
| 17746006 | ADULT DAY CARE MISC | | \$ | 84.00 |
| | HOSPICE SOCIAL SERVICES | G0155 | \$ | 166.37 |
| | SOCIAL SERVICE VISIT | G0155 | \$ | 166.37 |
| | HOSPICE RHC DAY 61 + | Q5001 | \$ | 151.41 |
| | | | | |
| | HOSPICE RESPITE CARE | Q5005 | \$ | 172.78 |
| | HOSPICE INPATIENT | Q5005 | \$ | 743.55 |
| | HOSPICE CONTINUOUS CARE | | \$ | 976.42 |
| 18741213 | HOSPICE RHC DAY 1 thru 60 | Q5001 | \$ | 192.78 |
| 18741215 | HOSPICE ROOM & BOARD | | \$ | 163.00 |
| 18741216 | HOSPICE AHCC PER DAY | Q5003 | \$ | 177.23 |
| | HOSPICE SKL NURSE WEEKLY VISITS NO REIMB | G0299 | \$ | 103.79 |
| | HOSPICE AHCC PP ROOM & BOARD | Q5003 | \$ | 142.50 |
| | HOSPICE AIDE WEEKLY VISITS NO REIMBURSEM | G0156 | \$ | 47.00 |
| | | | | |
| | HOSPICE SS WEEKLY VISITS NO REIMBURSEMEN | G0155 | \$ | 166.37 |
| | HOSPICE GENERAL INPATIENT | Q5005 | \$ | 660.00 |
| | HOSPICE SKL NURSE PRE MORTEM /15MIN NO \$ | G0299 | \$ | 25.95 |
| 18741224 | HOSPICE SKL NURSE PST MORTEM /15MIN NO \$ | G0299PM | \$ | 25.95 |
| 18741225 | HOSPICE AIDE PRE MORTEM /15 MIN NO REIMB | G0156 | \$ | 11.75 |
| 18741226 | HOSPICE AIDE PST MORTEM /15 MIN NO REIMB | G0156PM | \$ | 11.75 |
| | HOSPICE SS PRE MORTEM /15 MIN NO REIMBUR | G0155 | \$ | 41.59 |
| | HOSPICE SS PST MORTEM/15 MIN NO REIMBUR | G0155PM | \$ | 41.59 |
| | HOSPICE SKL NURSE DAILY/ 15 MIN NO REIMB | G0299 | | 25.95 |
| | | | \$ | |
| | HOSPICE MEDICAL SS DAILY/15 MIN NO REIMB | G0155 | \$ | 41.59 |
| | HOSPICE AIDE DAILY / 15MIN NO REIMBURSEM | G0156 | \$ | 11.75 |
| | HOSPICE OTHER MEDICAL SS DAILY/15MIN NO | G0155 | \$ | 41.59 |
| 18741233 | HOSPICE MEDICAL SS VISIT EOL SIA PYMT | G0155 | \$ | 2.58 |
| 18741234 | HOSPICE SKILLED RN VISIT EOL SIA PYMT | G0299 | \$ | 2.58 |
| | EXERCISE OXIMETERY/ 6 MIN WALK (PST) | 94618 | \$ \$ | 101.00 |
| | OXIMETRY | 94760 | \$ | 82.00 |
| | COMPLETE PFT PRE/POST | 94060 | \$ | 300.00 |
| | | | φ \$ | |
| 19000005 | SCREENING PFT | 94010 | Φ | 181.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|--|---------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 19550012 | CARBON MONOXIDE DIFFUSING CAPACITY | 94770 | \$ | 118.00 |
| 19550013 | LIMITED EXTREMITY ARTERIAL STUDY | 93922 | \$ | 90.00 |
| 19550014 | COMPLETE EXTREMITY ARTERIAL STUDY | 93923 | \$ | 140.00 |
| 19550040 | OVERNIGHT OXIMETRY | 94762 | \$ | 132.00 |
| | INHALATION TREATMENT MULTIPLE | 9464076 | \$ | 188.00 |
| | VENTILATION SUBSUQUENT DAY | 94003 | \$ | 314.00 |
| | VITAL CAPACITY | 94150 | \$ | 53.00 |
| | MANIPULATION CHEST WALL;INITAL DEMO/EVAL | 94667 | \$ | 62.00 |
| | UNLISTED PULMONARY SVC/PROCEDURE | 94799 | \$ | 97.00 |
| | CPT/FLUTTER | 94668 | \$ | 54.00 |
| | CPAP INITIATION & MANAGEMENT | 94660 | \$ | 244.00 |
| | MDI TRAINING/DEMO | | Ф \$ | |
| | | 94664 | | 32.00 |
| 19550080 | | 93786 | \$ | 79.00 |
| | ABPM SCAN | 93788 | \$ | 79.00 |
| | EKG HOSPITAL CHARGE | 93005 | \$ | 210.00 |
| | EXERCISE STRESS TEST | 93017 | \$ | 784.00 |
| 19550086 | | 93225 | \$ | 340.00 |
| | HOLTER SCAN | 93226 | \$ | 483.00 |
| | WELCOME TO MEDICARE EKG WALK IN & PBB | G0404 | \$ | 210.00 |
| | CARDIAC REHAB W/ECG MONITORING | 93798 | \$ | 197.00 |
| | PULMONARY REHABILITATION+ EXERCISE | G0424 | \$ | 210.00 |
| 19550091 | THERAPEUTIC RESP SERV FUNCTION INDIVIDUA | G0238 | \$ | 53.00 |
| 19550092 | THERAPEUTIC RESP SERV S/E INDIVIDUAL | G0237 | \$ | 53.00 |
| 19550093 | THERAPEUTIC RESP SERVICES SEF GROUP 1DAY | G0239 | \$ | 210.00 |
| 19550096 | CANOPY FOR CROUP TENT | | \$ | 0.01 |
| 21741110 | LABOR / DELIVERY W/O INDUCTION | | \$ | 2,107.00 |
| 21771000 | LABOR/DELIVERY W/ INDUCTION | | \$ | 2,644.00 |
| 22690121 | STERILE ACE 6 | | \$ | 12.50 |
| 22740952 | O/R FIRST 60MIN | | \$ | 3,350.00 |
| 22740953 | O/R EA ADD 30 MIN | | \$ | 1,164.00 |
| 22741120 | O/P PROCEDURE ROOM | | \$ | 663.00 |
| 22741121 | O/P PROCEDURE ADD 30 MIN | | \$ | 350.00 |
| 23000023 | RECOVERY ROOM /OTHER PROCEDURES | | \$ | 156.00 |
| 23740950 | RECOVERY ROOM 1ST HR | | \$ | 777.00 |
| 23740951 | RECOVERY ROOM EA ADD 30MIN | | \$ | 156.00 |
| 24530032 | CASTING SPLINTING 4 FIBERGLASS PER 6 | | \$ | 11.20 |
| 24540033 | SPANDAGE SIZE 5 PER FT | | \$ | 2.50 |
| 24540035 | SPANDAGE SIZE 9 PER FT | | \$ | 4.50 |
| 24610037 | IV THERAPY HYDRATION FIRST HOUR | 96360 | \$ | 350.00 |
| 24610068 | IV THERAPY HYDRATIO EACH ADDITIONAL HOU | 96361 | \$ | 95.00 |
| 24640016 | FLEX SIGMOIDOSCOPY | | \$ | 780.00 |
| 24740502 | TRAUMA TEAM ACTIVATION | | \$ | 2,367.00 |
| 24740511 | ER LEVEL I | 99281 | \$ | 156.00 |
| 24740512 | ER LEVEL II | 99282 | \$ | 234.00 |
| 24740513 | ER LEVEL III | 99283 | \$ | 413.00 |
| 24742201 | IV PUSH EACH NEW DRUG | 96375 | \$ | 92.00 |
| 24742202 | IV PUSH EACH ADDITIONAL SAME DRUG | 96376 | \$ | 92.00 |
| | IV PUSH INJECTION FIRST ONE | 96374 | \$ | 92.00 |
| | INJECTION SUBQ OR IM | 96372 | \$ | 79.00 |
| | ER LEVEL IV | 99284 | \$ | 520.00 |
| | ER LEVEL V | 99285 | \$ | 685.00 |
| | ER CRITICAL CARE 30 TO 74 MINUTES | 9929125 | \$ | 884.00 |
| | ER CRITICAL CARE EACH ADDITIONAL 30 MINU | 9929225 | \$ | 428.00 |
| | IV INFUSION OTHER THAN CHEMO 1ST HOUR | 96365 | \$ | 460.00 |
| | IV INFUSION EACH ADDITONAL HR | 96366 | \$ | 100.00 |
| | IV SEQUENTIAL INFUSION UP TO 1 HR | 96367 | \$ | 273.00 |
| | | | • | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|----------------------|----------|--------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| | IV CONCURRENT INFUSION 1X / ENCOUNTER | 96368 | \$ | 156.00 |
| 24742220 | SCHEDULED PROCEDURE LEVEL I | | \$ | 56.00 |
| 24742221 | SCHEDULED PROCEDURE LEVEL II | | \$ | 98.00 |
| 24742222 | SCHEDULED PROCEDURE LEVEL III | | \$ | 132.00 |
| 24742223 | SCHEDULED IM/SQ INJECTION FEE | 96372 | \$ | 79.00 |
| 24742224 | SCHEDULED ADMIN of TDAP>7YRS or RABIES | 90471 | \$ | 72.00 |
| | IMMUNIZATION ADMIN EACH ADDITIONAL VACCI | 90472 | \$ | 72.00 |
| | IRRIGATION OF IMPLANTED VENOUS ACCESS DE | 96523 | \$ | 39.00 |
| | BLADDER IRRIGATION SIMPLE | 51700 | \$ | 165.00 |
| | INSERTION OF NON-INDWELLING BLADDER CATH | 51701 | \$ | 137.00 |
| | REMOVE TUNNELED VENOUS CATH | 36589 | \$ | 783.00 |
| | ER LEVEL III - 25 | 9928325 | \$ | 351.00 |
| | INSERTION OF FOLEY CATH | 51702 | \$ | 186.00 |
| | UNSCHEDULE PORT COLLECTION | 36591 | Ψ \$ | 132.00 |
| | ER/OUTPATIENT ADMINISTRATION TDAP / RABI | | φ \$ | 72.00 |
| | | 90471 | | |
| | ER DR VISIT LEVEL I | 99281 | \$ | 205.00 |
| | ER DR VISIT LEVEL II | 99282 | \$ | 317.00 |
| | ER DR VISIT LEVEL III | 99283 | \$ | 471.00 |
| | ER DR VISIT LEVEL IV | 99284 | \$ | 675.00 |
| | ER DR CRITICAL CARE 30 to 74 MINUTES | 9929125 | \$ | 769.00 |
| | ER DR CRITICAL ADDITION 30 MINUTES | 9929225 | \$ | 387.00 |
| | ER DR VISIT LEVEL V | 99285 | \$ | 878.00 |
| 25745000 | I & D OF ABSCESS SIMPLE | 10060 | \$ | 135.00 |
| 25745001 | I & D OF VULVA/ PERINEAL ABSCESS | 56405 | \$ | 150.00 |
| 25745002 | CONTROL NASAL HEMORAGE SIMPLE | 30901 | \$ | 80.00 |
| 25745003 | REMOVAL FOREIGN BODY EXTREMITY | 20103 | \$ | 489.00 |
| 25745004 | REMOVAL FB EXTERNAL AUDITORY CANAL | 69200 | \$ | 66.00 |
| 25745005 | I & D UPPER ARM / ELBOW BURSA | 23931 | \$ | 223.00 |
| 25745006 | REMOVAL IMPACTED CERUMEN W/IRRIGATION UN | 69209 | \$ | 26.00 |
| 25745007 | AVULSION OF NAIL PLATE SIMPLE | 11730 | \$ | 72.00 |
| 25745008 | SPINAL PUNCTURE LUMBAR DIAGNOSTIC | 62270 | \$ | 110.00 |
| 25745009 | REMOVE TUNNLD CNTRL VENOUS CATHETER | 36589 | \$ | 194.00 |
| | LARYNGOSCOPY DIRECT DIAGNOSTIC | 31525 | \$ | 225.00 |
| | INJECTION MAJOR JOINT OR BURSA | 20610 | \$ | 65.00 |
| | INCISION AND DRAINAGE OF HEMATOMA | 10140 | \$ | 165.00 |
| | I & D OF PERIRECTAL ABSCESS | 46040 | \$ | 615.00 |
| | INSERTION NON-INDWELLING CATHERTER | 51701 | \$ | 37.00 |
| | CHANGE GASTROSTOMY TUBE W/O IMIGING | 43760 | \$ | 66.00 |
| | DEBRIDEME SUBQ TISSUE FIRST 20SQ CM OR < | 11042 | \$ | 86.00 |
| | CONTROL NASAL HEMORAGE COMPLEX | 30903 | \$ | 96.00 |
| | TUBE THORACOSTOMY | 32551 | \$ | 215.00 |
| | INSERTION OF NON TUNNELED CV CATHETER | 36556 | \$ | 134.00 |
| | ARTERIAL CATHETER | 36620 | \$ | 61.00 |
| | TRIGGER POINT INJECTION | 20552 | \$ | 54.00 |
| | REMOVAL FB INTRANASAL | 30300 | \$ | 139.00 |
| | CARDIOVERSION IN EMERGENCY | 92960 | \$ | 144.00 |
| | IUD REMOVAL IN ER | 58301 | \$ | 87.00 |
| | REMOVAL FB EXTERNAL EYE SUPERFICIAL | 65205 | \$ | 58.00 |
| | ER DR VISIT LEVEL I-GF | 99281GF | \$ | 205.00 |
| | ER DR VISIT LEVEL II - GF | 99282GF | \$ | 317.00 |
| | ER DR VISIT LEVEL III - GF | 99283GF | φ \$ | 471.00 |
| | ER DR VISIT LEVEL III - GF ER DR VISIT LEVEL IV - GF | 99284GF | φ \$ | 675.00 |
| | ER DR VISIT LEVEL IV - GF | 99285GF | φ \$ | 878.00 |
| | ER DR VISIT LEVEL V - GF ER DR CRITICAL CARE 30 - 74 MINUTES - GF | 99293GF 9929125GF | ъ \$ | 769.00 |
| | ER DR CRITICAL CARE 30 - 74 MINUTES - GF ER DR CRITICAL ADDITION 30 MINUTES - GF | | \$ \$ | 387.00 |
| | ER DR CRITICAL ADDITION 30 MINUTES - GF ER DR VISIT LEVEL I W/ PROC - GF25 | 9929225GF | | |
| 20/4000/ | EN DIN VIOLI LEVEL I W/ PROG - GF23 | 99281GF25 | \$ | 173.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|--|-----------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 25746008 | ER DR VISIT LEVEL II W/PROC - GF25 | 99282GF25 | \$ | 270.00 |
| 25746009 | ER DR VISIT LEVEL III W/PROC - GF25 | 99283GF25 | \$ | 401.00 |
| 25746010 | ER DR VISIT LEVEL IV W/PROC - GF25 | 99284GF25 | \$ | 574.00 |
| 25746011 | ER DR VISIT LEVEL V W/PROC - GF25 | 99285GF25 | \$ | 747.00 |
| | ER DR VISIT LEVEL I W/ PROCEDURE | 9928125 | \$ | 173.00 |
| | ER DR VISIT LEVEL II W/PROCEDURE | 9928225 | \$ | 270.00 |
| | ER DR VISIT LEVEL III W/PROCEDURE | 9928325 | \$ | 401.00 |
| | ER DR VISIT LEVEL IV W/PROCEDURE | 9928425 | \$ | 574.00 |
| | ER DR VISIT LEVEL V W/PROCEDURE | 9928525 | \$ | 747.00 |
| | SIMPLE LACERATION 2.5CM OR LESS | 12001 | \$ | 321.00 |
| | SIMPLE REPAIR 2.6 TO 7.5 CM | 12001 | φ \$ | 327.00 |
| | LACERATION REPAIR OF FACE 2.5 OR LESS | 12002 | φ \$ | 331.00 |
| | | | э \$ | |
| | LACERATION REPAIR 7.6 CM TO 12.5 CM | 12004 | | 103.00 |
| | LACERATION REPAIR FACE 2.6 CM TO 5.0 CM | 12013 | \$ | 81.00 |
| | REPAIR COMPLEX HANDS & FEET 2.6CM -7.5CM | 13132 | \$ | 443.00 |
| | COMPLEX REPAIR EACH ADD 5CM OR > | 13133 | \$ | 186.00 |
| | LACERATION REPR INTERMEDIAT 2.5 CM or > | 12031 | \$ | 215.00 |
| | SIMPLE LACERATION RPR OF FACE 7.6CM-12.5 | 12015 | \$ | 236.00 |
| | REPAIR COMPLEX 2.6-7.5 CM | 13121 | \$ | 369.00 |
| | REPAIR COMPLEX EACH ADD 5CM OR LESS | 13122 | \$ | 121.00 |
| | REPAIR COMPLEX SCALP, ARM, LEG 1.1 TO 2.5C | 13120 | \$ | 332.00 |
| | LACERATION REPAIR COMPLEX 2.6 TO 7.5 CM | 13101 | \$ | 350.00 |
| | LACERATION REPAIR INTERMED 2.6 - 7.5 CM | 12032 | \$ | 274.00 |
| | CLSD TRMT METACARPOPHALANGEAL DISLOCATIO | 26700 | \$ | 390.00 |
| | CLSD TRMT CLAVICULAR FX W/O MANIPULATION | 23500 | \$ | 290.00 |
| | CLSD TRMT ULNAR STYLOID FRACTURE | 25650 | \$ | 391.00 |
| | CLSD TRMT METARCAPAL FX SINGLE W/O MANIP | 26600 | \$ | 364.00 |
| | APPLICATION OF FINGER SPLINT, STATIC | 29130 | \$ | 40.00 |
| | CLSD TRMT METATARSAL FX W/O MANIPULATION | 28470 | \$ | 285.00 |
| | APPLICATION OF LONG LEG SPLINT | 29505 | \$ | 16.00 |
| | CLSD TRMT DISTAL RADIUS FX W/O MANIPULAT | 25600 | \$ | 429.00 |
| | CLSD TRMT DISTAL FIBULAR FX W/MANIPULATI | 27788 | \$ | 526.00 |
| | CLOSED TRMT INTERPHALANGEAL DISLOCATION | 26770 | \$ | 434.00 |
| | CLOSED REDUCTION ANKLE FRACTURE | 27810 | \$ | 588.00 |
| | CLSD TRMT RADIAL HEAD ELBOW CHILD | 24640 | \$ | 120.00 |
| | REDUCTION ELBOW DISLOCATION | 24600 | \$ | 462.00 |
| | LONG ARM SPLINT | 29105 | \$ | 711.00 |
| | CLSD TRMT DISTAL RADIUS FRACT W/MANIPULA | 25605 | \$ | 711.00 |
| | CLSD TRMT METARCAPAL FX SINGLE W/MAN | 26605 | \$ | 405.00 |
| | APPLICATION OF SHORT ARM CAST | 29075 | \$ | 87.00 |
| | APPLICATION OF SHORT LEG SPLINT | 29515 | \$ | 70.00 |
| | APPLICATION OF SHORT LEG CAST | 29405 | \$ | 66.00 |
| | REDUCTION OF TOE DISLOCATION | 28660 | \$ | 125.00 |
| | APPLICATION SHORT ARM STATIC SPLINT | 29125 | \$ | 48.00 |
| | REDUCTION PATELLAR DISLOCATION | 27560 | \$ | 401.00 |
| | SHOULDER DISLOCATION REDUCTION | 23650 | \$ | 453.00 |
| 25749000 | ER / OFFICE VISIT MINIMAL | 99211 | \$ | 56.00 |
| 25749001 | ER / OFFICE VISIT BRIEF | 99212 | \$ | 98.00 |
| | ER / OFFICE VISIT LIMITED | 99213 | \$ | 132.00 |
| | ER / OFFICE VISIT I&D OF ABSCESS SIMPLE | 10060 | \$ | 249.00 |
| | ER / OFFICE VISIT LACERATION RPR SIMPLE | | \$ | 376.00 |
| | ER / OFFICE VISIT LACERATION RPR INTERM | | \$ | 608.00 |
| | ER / OFFICE VST FORN BDY REMOVAL EXCISE | | \$ | 316.00 |
| | ER / OFFICE VISIT EXTENDED | 99214 | \$ | 213.00 |
| | ER / OFFICE VISIT INJ JOINT SMALL/ BURSA | 20600 | \$ | 126.00 |
| 25749009 | ER / OFFICE VISIT INJ JOINT INTERMEDIAT | 20605 | \$ | 138.00 |
| | | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|---------|----------|--------------------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | ER / OFFICE VISIT INJ JOINT/ MAJOR | 20610 | \$ | 181.00 |
| 25749011 | ER / OFFICE VISIT CONTROL NASAL HEMORRHA | 30901 | \$ | 247.00 |
| 26740507 | OBSERVATION HOUR >24 | G0378 | \$ | 62.00 |
| 26740508 | OBSERVATION HOUR 2-24 | G0378 | \$ | 49.00 |
| 26740509 | OBSERVATION HOUR 1 | G0378 | \$ | 311.00 |
| 26740512 | OBSERVATION MONITOR 1ST HOUR | G0378 | \$ | 797.00 |
| | OBSERVATION MONITOR HOUR 2-24 | G0378 | \$ | 125.00 |
| | OBSERVATION MONITOR HOURS > 24 | G0378 | \$ | 152.00 |
| | LACERATION LEVEL 11 (INTERMEDIATE) | 12031 | \$ | 132.00 |
| | PROCTOSIGMOIDOSCOPY; RIGID | 45300 | \$ | 887.00 |
| | EGD /OR TIME | 43235 | \$ | 887.00 |
| | | | | |
| | EGD W/ BIOPSY | 43239 | \$ | 1,182.00 |
| | BRONCHOSCOPY, RIGID OR FLEXIBLE | 31622 | \$ | 1,182.00 |
| | COLONOSCOPY / OR TIME | 45378 | \$ | 1,005.00 |
| | COLONOSCOPY W/BIOPSY | 45380 | \$ | 1,302.00 |
| | HEMORRHOIDECTOMY/ BANDING | 46221 | \$ | 517.00 |
| | ANOSCOPY; DIAGNOSTIC W/WO SPECIMAN | 46600 | \$ | 296.00 |
| | COLONOSCOPY; REMOVAL POLYP (SNARE TECH) | 45385 | \$ | 1,412.00 |
| 27740557 | PROCTOSIGMOIDOSCOPY W/DILATION | 45303 | \$ | 296.00 |
| 27740558 | SIGMOIDOSCOPY W/REMOVAL BIOPIES W/FORCEP | 45331 | \$ | 296.00 |
| 27740559 | FISSURECTOMY | 46200 | \$ | 517.00 |
| 27740560 | ANORECTAL EXAM, SURGICAL W/ANESTHESIA DIA | 45990 | \$ | 663.00 |
| | COLONOSCOPY SCREEN HIGH RISK MEDICARE | G0105 | \$ | 1,005.00 |
| | COLONOSCOPY SCREEN NON HIGH RISK MEDICAR | G0121 | \$ | 1,005.00 |
| | COLONOSCOPY FLEXIBLE/PROXIMAL MEDICARE | 45380 | \$ | 1,302.00 |
| | SMALL INTESTINAL POUCH ENDOSCOPY W/BIOPS | 44386 | \$ | 296.00 |
| | SIGMOIDOSCOPY DIAGNOSTIC | 45330 | \$ | 296.00 |
| | COLONOSCOPY W/ POLYPECTOMY | 45388 | \$ | 1,302.00 |
| | SIGMOIDOSCOPY W/ BIOPSY | 45331 | \$ | 296.00 |
| | EGD W/ POLYP REMOVAL | 43270 | \$ | |
| | | | | 1,182.00 296.00 |
| | PARACENTESIS | 49080 | \$ | |
| | MAC / IV BLOCK SUPPLIES | | \$ | 30.52 |
| | REGIONAL EPIDURAL SUPPLIES | | \$ | 193.00 |
| | REGIONAL SPINAL/SINGLE SUPPLIES | | \$ | 92.64 |
| | GENERAL ANESTHESIA SUPPLIES | | \$ | 164.82 |
| | BELT GAIT BLACK | | \$ | 35.72 |
| | BELT GAIT PINK | | \$ | 35.72 |
| | BELT GAIT BLUE | | \$ | 35.72 |
| | BELT GAIT ORANGE | | \$ \$ | 35.72 |
| 28500016 | BELT GAIT YELLOW | | \$ | 35.72 |
| 28500017 | BELT GAIT | | \$ | 35.72 |
| 28500018 | ANASEPT WOUND ANTISEPTIC | | \$ | 72.00 |
| 28500024 | COMPRESSION BANDAGE SYSTEM | | \$ | 49.92 |
| 28500025 | CLOVER LEAF MET PADS (SMALL) | | \$ | 11.46 |
| 28500026 | THERABAND (YELLOW) CAN-DO | | \$ | 2.00 |
| | THERABAND (RED)/CAN-DO | | \$ | 4.20 |
| | PUTTY RED 5LB | | \$ | 17.80 |
| | COMPRILAN 6CM X 5 | | \$ \$ | 13.50 |
| | CLOVER LEAF MET PADS (MED) | | \$ | 11.46 |
| | ARGLAES POWDER | | \$ | 48.00 |
| | T-3 BOOT 11 IN.BEIGE (M) | | \$ | 213.00 |
| | T-3 BOOT 11 IN.BEIGE (M) | | \$ | 213.00 |
| | T-3 BOOT 13 IN.BEIGE (L) | | \$ | 243.00 |
| | ELECTRODE 2X2 GENTLE STIM R 1.25 | | \$ | 31.80 |
| | CLOVER LEAF MET PADS (LG) | | φ \$ | 11.46 |
| | · · · · · · · · · · · · · · · · · · · | 1.4250 | \$ \$ | |
| ∠0000048 | SINGLE PULLEY /STRAP | L4350 | Ф | 49.45 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFAL | | | |
|----------|--|----------------|----------------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 28500056 | BUTTON HOOK | | \$ | 43.75 |
| 28500057 | TOILET PAPER AID | | \$ | 37.75 |
| 28500058 | EASY SLIDE SHOE HORN | | \$ | 23.25 |
| 28500059 | SOCK/STOCKING AID | | \$ | 29.25 |
| 28500060 | EDEMA GLOVE OVER WRIST RT-MED | L4350 | \$ | 23.80 |
| 28500061 | EDEMA GLOVE OVER WRIST RT-LG | L4350 | \$ | 23.80 |
| | EDEMA GLOVE FOREARM LEFT | L4350 | \$ \$ \$ \$ \$ | 23.80 |
| | EDEMA GLOVE FOREARM RIGHT | L4350 | \$ | 23.80 |
| | ULTRA SLING II MED. | | \$ | 144.34 |
| | ULTRA SLING II LG | | \$ | 144.34 |
| | EDEMA GLOVE ISOTONER OPEN SMALL | L4350 | \$ | 75.80 |
| | EDEMA GLOVE ISOTONER OPEN MEDIUM | L4350 | \$ | 75.80 |
| | EDEMA GLOVE ISOTONER OPEN LARGE | L4350 | | 75.80 |
| | ULTRA SLING II SM | 2.000 | \$ \$ | 144.34 |
| | ELECTRODE 2X2 GENTLE STIM R PLUS 4/PK | | \$ | 31.80 |
| | VELOCITY MS ANKLE BRACE (STANDARD)RIGHT | L4350 | \$ | 163.62 |
| | ANKLE BRACE STANDARD RIGHT AIRCAST | L4350 | \$ | 79.50 |
| | VELOCITY MS ANKLE BRACE (STANDARD)LEFT | L4350 | \$ | 109.58 |
| | ANKLE BRACE STANDARD LEFT | L4350 | \$ | 79.50 |
| | ANKLE BRACE SPORT STIRRUP RIGHT | L4350 L4350 | | 79.68 |
| | ANKLE BRACE SPORT STIRRUP LEFT | L4350 L4350 | \$ \$ | 79.68 |
| | ANKLE CRYO/CUFF W/COOLER | L4330 | Ф \$ | 240.00 |
| | ANKLE CUFF | | φ \$ | 135.00 |
| | ELECTRODE GENTLE STIM 2X3 PK/4 | | | |
| | KNEE CRYO/CUFF W/COOLER MEDIUM | | \$ | 35.80 |
| | | | \$ | 240.00 |
| | ELECTRODE GENTLE STIM 2X4PK/4 | 1.4250 | \$ | 35.80 |
| | VELOCITY MS ANKLE BRACE (WIDE)LEFT | L4350 | \$ | 109.58 |
| | VELOCITY MS ANKLE BRACE (WIDE)RIGHT | L4350 | \$ | 109.58 |
| | EDEMA GLOVE OVER WRIST LF-SMALL | L4350 | \$ | 23.80 |
| | EDEMA GLOVE OVER WRIST RT-SMALL | L4350 | \$ | 23.80 |
| | EDEMA GLOVE OVER WRIST LF-MED | L4350 | Þ | 23.80 |
| | EDEMA GLOVE OVER WRIST LF-LG | L4350 | \$ \$ \$ | 23.80 |
| | ASO ANKLE STABILIZER LARGE | L4350 | | 95.80 |
| | ASO ANKLE STABILIZER MEDIUM | L4350 | \$ | 95.80 |
| | ASO ANKLE STABILIZER SMALL | L4350 | \$ | 95.80 |
| | ASO ANKLE STABILIZER X-SMALL | L4350 | \$ | 95.80 |
| | KNEE SUPPORT MIRACLE)RED/BLK/BL | 1.4045 | \$ | 88.00 |
| | BRACE LEGEND ACL LEFT LARGE BLACK/BLUE | L1845 | \$ | 403.20 |
| | BRACE COVER LARGE SIZE | | \$ | 79.20 |
| | BRACE OVER SHOULDER HUMERUS FRACTURE XLG | 1.40004 | \$ | 225.00 |
| | MALLEOLOC ANKLE BRACE RIGHT SMALL | L19061 | \$ | 108.50 |
| | MALLEOLOC ANKLE BRACE SMALL LEFT | L19061 | \$ | 240.62 |
| | SPLINT HAMMER TOE UNIVERSAL FOR TWO TOES | 1.4000 | \$ | 24.00 |
| | MALLEOLOC ANKLE BRACE LARGE LEFT | L1906 | \$ | 240.62 |
| | MALLEOLOC ANKLE BRACE LARGE RIGHT | L1906 | \$ | 108.50 |
| | VISCOHEEL SOFTSPOT MEDIUM | L3485 | \$ | 140.00 |
| | VISCOSPOT HEEL CUSHION LARGE SIZE 2 | L3485 | \$ | 89.95 |
| | BRACE BAND IT TENNIS ELBOW | L3700 | \$ | 90.79 |
| | VISCOSPOT HEEL CUSHION MEDIUM SIZE 1 | L3485 | \$ | 89.95 |
| | VISCOPED S FULL LENGTH SMALL | | \$ | 116.85 |
| | VISCOPED S FULL LENGTH MEDIUM | | \$ | 116.85 |
| | VISCOPED S FULL LENGTH LARGE | | \$ | 116.85 |
| | HEELPADS 3 X5/16 FELT HAPAD | | \$ | 18.68 |
| | HEELPADS 3 X716 FELT HAPAD | | \$ | 18.68 |
| | VISCOPED S SIZE V (EXTRA LARGE | | \$ | 116.85 |
| 28500127 | SPLINT HAMMER TOE UNIVERSAL FOR ONE TOE | | \$ | 24.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | |
|---|---------|----|--------|
| IVNUM IVDESC | IVCPTCD | | PRICE1 |
| 28500128 BAND-IT FOREARM BAND | L3762 | \$ | 72.20 |
| 28500129 THERAPUTTY GREEN 2OZ | | \$ | 9.28 |
| 28500130 THERAPUTTY RED 2 OZ | | \$ | 9.28 |
| 28500131 THERA PUTTY TAN 4 OZ | | \$ | 26.52 |
| 28500132 THERA PUTTY YELLOW 4 OZ | | \$ | 26.52 |
| 28500299 SOCK AID TERRY FLEXIBLE DELUXE | | \$ | 60.00 |
| 28500300 ELECTRODE IONTROPHORESIS MED BUTTERFLY | | \$ | 294.00 |
| 28500301 HEEL PADS 2 1/2 WIDE | | \$ | 12.60 |
| 28500302 HEEL PADS HAPAD 3 WIDE | | \$ | 24.05 |
| 28500303 HEEL WEDGES HAPAD MEDIUM | | \$ | 31.50 |
| 28500304 HEEL PAD 3X5/16 | | \$ | 21.32 |
| 28500305 HEEL PAD 3 X 7/16 | | \$ | 21.32 |
| 28500306 BELT GAIT PASTEL BOUQUET | | \$ | 49.00 |
| 28500307 BELT GAIT WHITE W/RIBBON | | \$ | 40.80 |
| 28500308 HEEL PADS 2 1/2 X 3/16 | | \$ | 18.68 |
| 28500309 PUTTY SOFT RED (QUALCRAFT) | | \$ | 13.56 |
| 28500310 PUTTY MEDIUM GREEN 3 OZ | | \$ | 13.56 |
| 28500311 HEEL PAD 2 1/2 X 7/16 | | \$ | 18.68 |
| 28500312 HEEL PAD 3 X 1/2 | | \$ | 18.68 |
| 28500313 ADJUST. HEEL LIFT SMALL | | \$ | 29.45 |
| 28500314 ADJUST. HEEL LIFT MED | | \$ | 29.45 |
| 28500315 ADJUST. HEEL LIFT LG | | \$ | 29.45 |
| 28500316 HEEL WEDGE PREFAB LARGE | | \$ | 9.62 |
| 28500317 HEEL WEDGE PREFAB MEDIUM | | \$ | 9.62 |
| 28500318 HEEL PADS 3 X 3/16 | | \$ | 21.32 |
| 28500319 HEEL WEDGE PREFAB SMALL | | \$ | 9.62 |
| 28500320 PTO AIRMESH BRACE (SM LEFT) | L2999 | \$ | 150.00 |
| 28500321 PTO AIRMESH BRACE (M LEFT) | L1810 | \$ | 150.00 |
| 28500322 KNEE BRACE TOWNSEND DESIGN | L1844 | \$ | 667.50 |
| 28500323 KNEE BRACE TOWNSEND CUSTOM | L1844 | \$ | 667.50 |
| 28500324 KNEE BRACE TOWNSEND CUSTOM #2 | L1845 | \$ | 438.79 |
| 28500325 HEEL WEDGE HAPAD 5 DEGREES FELT | L3350 | \$ | 41.00 |
| 28500330 PTO AIRMESH BRACE (SM RIGHT) | L1810 | \$ | 150.00 |
| 28500331 PTO AIRMESH BRACE (M RIGHT) | L1820 | \$ | 150.00 |
| 28500340 PTO AIRMESH BRACE (LGLEFT) | L1820 | \$ | 264.00 |
| 28500341 PTO AIRMESH BRACE (LGRIGHT) | L1810 | \$ | 150.00 |
| 28500342 PTO AIRMESH BRACE (XLG-RIGHT) | L1810 | \$ | 303.00 |
| 28500343 PTO AIRMESH BRACE (XLG-LEFT) | L1815 | \$ | 150.00 |
| 28500344 DERMASAVER LEG TUBE XS | | \$ | 99.96 |
| 28500345 DERMASAVER ARM TUBE | | \$ | 71.96 |
| 28500346 KNUCKLE PROTECTOR | | \$ | 71.96 |
| 28500347 DERMASAVER LEG TUBE MED | | \$ | 99.96 |
| 28500352 PTO AIRMESH BRACE (XXLG-LEFT) | L1815 | \$ | 327.75 |
| 28500353 PTO AIRMESH BRACE (XXLG-RIGHT) | L1810 | \$ | 327.75 |
| 28500390 BECKER HYPER/ STERNAL PAD X-SMALL | L0972 | \$ | 220.50 |
| 28500391 BECKER HYPER/ STERNAL PAD SMALL | L0972 | \$ | 220.50 |
| 28500392 BECKER HYPER/ STERNAL PAD MED. | L0972 | \$ | 220.50 |
| 28500393 BECKER HYPER/ STERNAL PAD LG. | L0972 | \$ | 220.50 |
| 28500394 BECKER HYPER/ STERNAL PAD XLG. | L0972 | \$ | 220.50 |
| 28500403 BRACE OADJUSTER SMALL RIGHT | | \$ | 571.56 |
| 28500404 ORTHOSIS COMFY HAND WRIST FINGER | | \$ | 193.80 |
| 28500405 ORTHOSIS CALIFORNIA X-LARGE COMPRESSION | | \$ | 217.50 |
| 28500406 BRACE TRU-PULL RT XXL | L1820 | \$ | 142.20 |
| 28500407 SPLINT POST-OP MED RIGHT HALLOX VALGAS | | \$ | 52.00 |
| 28500409 ORTHOSIS CALIF. 10 X-LARGE COMPRESSION | | \$ | 217.50 |
| 28500410 ORTHOSIS CALIFORNIA SMALL COMPRESSION | L0466 | \$ | 217.50 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | <i>-</i> |
|----------|---|---------|----------------|----------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| | ORTHOSIS CALIFORNIA MEDIUM COMPRESSION | | \$ | 217.50 |
| | BRACE BKO MED RT WWM8-10/MN7-8 C-50 | | \$ | 70.00 |
| | BRACE BKO MED. LEFT WM8-10/MN7-8 C-50 | | \$ | 70.00 |
| | BRACE FOOT LARGE LEFT(TYPE C-50 | | \$ | 105.00 |
| | BRACE FOOT LARGE RIGHT(TYPE C_50 | | \$ | 105.00 |
| | ORTHOSIS CALIFORNIA X-SMALL COMPRESSION | | \$ \$ | 217.50 |
| | ORTHOSIS CALIFORNIA MEDIUM COMPRESSION | L0626 | | 217.50 |
| | ORTHOSIS CALIFORNIA LARGE COMPRESSION | L0626 | \$ | 217.50 |
| | ORTHOSIS CALIFORNIA SM 10 COMPRESSION | | \$ | 217.50 |
| | ORTHOSIS CALIFORNIA X-SM 10 COMPRESSION | | \$ | 217.50 |
| | ORTHOSIS CALIFORNIA 8 LG COMPRESSION | L0625 | \$ | 217.50 |
| | BRACE OADJUSTER KARR LARGE RIGHT | | \$ | 571.56 |
| | BRACE KNEE SUPPORT W/PATELLA WRAP-AROUND | | \$ | 99.80 |
| | BRACE KARE 4TITUDE RIGHT SMALL ACL SHORT | | \$ | 487.08 |
| | BRACE TRU-PULL RT LG ADV SYS | L1810 | \$ | 142.00 |
| 28500429 | BRACE TRU-PULL LFT LG ADV SYS | L1820 | \$ | 235.03 |
| 28500430 | BRACE TRU-PULL RT SM ADV SYS | | \$ | 213.30 |
| 28500431 | BRACE TRU-PULL LFT SM ADV SYS | | \$ \$ | 213.30 |
| 28500432 | BRACE KARE 4TITUDE X-SMALL RIGHT | | \$ | 484.65 |
| 28500433 | BRACE TRU-PULL LFT X-LG ADV SYS | | \$ | 234.00 |
| 28500434 | BRACE TRU-PULL RT X-LG ADV SYS | | \$ | 213.30 |
| 28500435 | BRACE TRU-PULL RT MED ADV SYS | L1800 | \$ | 142.20 |
| 28500436 | BRACE TRU-PULL LFT MED ADV SYS | L1800 | \$ | 142.20 |
| 28500438 | BLEDSOE SPORTS MAX BRACE X-LG BLACK | L1820 | \$ | 178.00 |
| 28500440 | BRACE KNEE SUPPORT W/CUTOUT SMALL | | \$ | 63.24 |
| 28500441 | BRACE KNEE SUPPORT W/CUTOUT MEDIUM | | \$ | 63.24 |
| 28500442 | BRACE KNEE SUPPORT W/CUTOUT | | \$ \$ \$ | 63.24 |
| 28500444 | BRACE UNDERSLEEVE FOR #28500445 | | \$ | 104.00 |
| 28500445 | BRACE FORTITUDE LG RT STD LNGTH BLUE | | \$ | 487.08 |
| 28500452 | BRACE PATELLA FEMORAL AIR X-LARGE | L1825 | \$ | 108.00 |
| 28500453 | BRACE SMALL LEGEND ACL LEFT | L1845 | \$ | 403.20 |
| 28500454 | BRACE XL AIR W/POPLITAL TRU-PULL SLEEVE | L1825 | \$ | 213.30 |
| 28500455 | BRACE PLAYMAKER 1/4 NEOPRENE W/POP LARGE | L1815 | \$ | 187.50 |
| 28500456 | LEGEND,RIGHT CI LARGE | L1845 | \$ | 386.67 |
| 28500457 | BRACE CASH ORTHOSIS W/STERNAL/PUBIC PAD | L0972 | \$ | 220.50 |
| 28500458 | BRACE SPORTMAX FRONT CLOSURE MEDIUM BLUE | L3700 | \$ | 178.00 |
| 28500459 | ELECTRODE BOW-TIE 4/PK FREEFORM SILVER | | \$ | 71.40 |
| 28500461 | BRACE LEGEND ACL LARGE LEFT STD BLK/BLK | L1845 | \$ | 403.20 |
| 28500462 | ANKLE CRYOCUFF | | \$ | 240.00 |
| 28500463 | CRYO CUFF COOLER ONLY | | \$ | 105.00 |
| 28500464 | DO NOT USE 10/13/17 | | \$ | 270.00 |
| 28500465 | DO NOT USE 10/13/17 | L4386 | \$ | 270.00 |
| 28500466 | DO NOT USE 10/13/17 | L4386 | \$ | 270.00 |
| 28500467 | BRACE HORSESHOE PATELLA SUPPORT MEDIUM | L1800 | \$ | 66.60 |
| 28500468 | KNEE BRACE ACL LEFT MED | L1845 | \$ | 396.65 |
| 28500469 | BRACE LEGEND PCL MEDIUM LEFT | L1845 | \$ | 403.20 |
| 28500470 | LUMBOSACRAL OTHOSIS CONTOURED MEDIUM | | \$ | 135.00 |
| 28500471 | SHOULDER PULLEY W/WEBBING RANGE MASTER | | \$ | 63.80 |
| 28500472 | HUMERAL ORTHOSIS SMALL | | \$ | 113.85 |
| | HUMERAL ORTHOSIS MED | | \$ | 110.70 |
| | HUMERAL ORTHOSIS LARGE AND EXTRA LG | | \$ | 159.00 |
| | THORACOLUMBAR ORTHOSIS BINDER MEDIUM | L0315 | \$ | 98.00 |
| | BRACE PATELLA FEMORAL SMALL | L1800 | \$ | 108.00 |
| | BRACE PATELLA FEMORAL MEDIUM | L1800 | \$ | 108.00 |
| 28500478 | BRACE PATELLA FEMORAL LARGE (AIR) BLACK | L2800 | \$ | 108.00 |
| | KNEE CRYO CUFF ONLY LARGE 11B01 | | \$ | 135.00 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | |
|---|---------|----------|--------|
| IVNUM IVDESC | IVCPTCD | | RICE1 |
| 28500480 KNEE CRYO/CUFF ONLY MEDIUM 11A01 | | \$ | 135.00 |
| 28500481 LEGEND,RIGHT,ACL,BLACK/BLUE,SIZE SMALL | L1845 | \$ | 403.20 |
| 28500482 LUMBAR ROLL 14 NAVY REGULAR | | \$ | 55.96 |
| 28500483 HEEL PAD 2.5X1/2 (3 PR/PK) 0 | | \$ | 18.68 |
| 28500484 HEEL PAD 2.5X5/16 (3 PR/PK) | | \$ | 14.00 |
| 28500485 ELBOW STRAP MEDIUM (10.5-11 | L3700 | \$ | 32.85 |
| 28500486 BRACE OADJUSTER MED. LEFT | | \$ | 571.56 |
| 28500487 BOOT BLEDSOE HIGH TOP X-SMALL | L4386 | \$ | 170.00 |
| 28500488 NIGHTSPLINT/PLANTAR FASCUTIS SMALL | L4396 | \$ | 114.00 |
| 28500489 NIGHTSPLINT/PLANTAR FASCUTIS MEDIUM | L4396 | \$ | 114.00 |
| 28500490 SHOULDER CRYO CUFF W/ COOLER | | \$ | 270.00 |
| 28500491 NIGHTSPLINT/PLANTAR FASCUTUS LARGE | L4396 | \$ | 114.00 |
| 28500492 BRACE LEGEND LEFT MEDIUM PCL | L1845 | \$ | 403.20 |
| 28500493 WEBBING STRAP/OVERHEAD SHOULDER PULLEY | | \$ | 67.96 |
| 28500494 STOCKINGS FIRM SUPPORT BELOW KNEE CLOSED | | \$ | 77.04 |
| 28500495 LUMBAR ROLL 14 FIRM GREY | | \$ | 55.96 |
| 28500496 KNEE CRYO/CUFF W/COOLER LARGE | | \$ | 240.00 |
| 28500500 VISCOSPOT HEELCUP LG SIZE 2 PR BAUERFEIN | L3485 | \$ | 90.00 |
| 28500504 WALKER PNEUMATIC MEDIUM(BOOT) | L4360 | \$ | 289.50 |
| 28500505 WALKER PNEUMATIC LARGE (BOOT) | L4360 | \$ | 289.50 |
| 28500506 BRACE ANKLE (SWED-O W/KNIT TONGUE WHI SM | L2265 | \$ | 50.00 |
| 28500508 SHOULDERS BACK, FRDM SMALL BLACK | L3650 | \$ | 100.00 |
| 28500509 BRACE QUIKLOK ADJUSTABLE BLACK | L1845 | \$ | 174.00 |
| 28500510 BRACE ACL LEFT FORCE-POINT MEDIUM | | \$ | 525.15 |
| 28500511 PUTTY SOFT YELLOW 3 OZ. | | \$ | 15.96 |
| 28500512 PUTTY MED SOFT RED 3 OZ. | | \$ | 17.80 |
| 28500513 HUMERAL FRACTURE ORTHOSIS MED | | \$ | 170.25 |
| 28500514 HUMERAL FRACTURE ORTHOSIS LG | | \$ | 170.25 |
| 28500515 HUMERAL FRACTURE ORTHOSIS XLG | | \$ | 170.25 |
| 28500516 BOOT OVATION STANDARD LG | L4387 | \$ | 125.83 |
| 28500517 BOOT OVATION STANDARD MED | L4387 | \$ | 125.83 |
| 28500518 BOOT OVATION STANDARD SMALL | L4387 | \$ | 125.83 |
| 28500538 BRACE SPORTSMAX X X-LARGE BLACK | L1832 | \$ | 178.50 |
| 28500556 BRACE ACL VERSION MEDIUM LEFT | L1845 | \$ | 499.50 |
| 28500687 SPORTS MAX KNEE BRACE LG FRONT CLOSURE | L1845 | \$ | 178.00 |
| 28500688 BLEDSOE SPORTS MAX BRACE SMALL W/STOPKIT | L1820 | \$ | 157.50 |
| 28500696 BRACE KNEE SPORTSMAX X-SMALL BLACK | | \$ | 267.00 |
| 28500697 BLEDSOE CROSSOVER/ TRITECH SMALL | L1845 | \$ | 210.00 |
| 28500698 BLEDSOE CROSSOVER FT TRITECH SMALL | L1845 | \$ | 210.00 |
| 28500699 BLEDSOE CROSSOVER TRITECH MED | L1845 | \$ | 210.00 |
| 28500700 BLEDSOE CROSSOVER FT TRITECH MED | L1845 | \$ | 210.00 |
| 28500701 BLEDSOE CROSSOVER TRITECH LG | L1845 | \$ | 210.00 |
| 28500702 BLEDSOE CROSSOVER TRITECH FT/LG | L1845 | \$ | 210.00 |
| 28500703 BLEDSOE CROSSOVER TRITECH FT X LG | L1845 | \$ | 210.00 |
| 28500704 THUMB SPICA WRIST SPLINT LEFT MED. | L0972 | \$ | 91.00 |
| 28500705 BLEDSOE CROSSOVER TRITECH LG SHORT | L1845 | \$ | 255.00 |
| 28500706 BLEDSOE CROSSOVER FT 2XL | L1845 | \$ | 210.00 |
| 28500707 BLEDSOE CROSSOVER EC 2XL | L1845 | \$ | 210.00 |
| 28500708 TS ROM XVI-AC BRACE LG | L1832 | \$ | 327.00 |
| 28500709 TS ROM XVI-AC BRACE X LG | L1832 | \$ | 327.00 |
| 28500710 TS ROM XVI-AC BRACE MED | L1832 | \$ | 327.00 |
| 28500711 TS ROM XVI-AC BRACE SM | L1832 | \$ | 327.00 |
| 28500750 PERFORMANCE SHOE DIABETIC DR. COMFORT | L1845 | \$ | 248.50 |
| 28500751 EVA MOLDABLE INSERT DIABETIC DR. COMFORT | L1845 | \$ | 60.00 |
| 28500752 PERFORMANCE SHOE DIABETIC DR. COMFORT | A5500 | \$ | 417.00 |
| 28500753 MULTI PODUS BOOT XTRA MED TO LG | L4396 | \$ | 244.13 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | | | |
|----------|---|---------|----------------|--------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| | CHARCOT CONFORM BOOT | L4360 | \$ | 391.50 |
| 28500755 | FAST CAST KIT 50 | | \$ | 363.00 |
| 28500756 | HANDS FREE CRUTCH | | \$ | 447.00 |
| 28500757 | LEAF SPRING BRACE TYPE C-90 sm left | | \$ | 129.40 |
| 28500758 | LEG LIFTER | | \$ | 65.95 |
| 28520002 | ARM SLING INFANT/CHILD SMALL | A4565 | | 22.32 |
| | ARM SLING ENVELOPE SMALL | | \$ \$ | 15.12 |
| | ARM SLING ENVELOPE MEDIUM | | \$ | 15.12 |
| | ARM SLING ENVELOPE LARGE CMFRT W/PD | A4565 | \$ | 15.12 |
| | CAST BOOT SMALL | 71.000 | \$ | 23.80 |
| | CAST BOOT MEDIUM | L3265 | \$ | 38.52 |
| | CAST BOOT LARGE | L0200 | \$ | 25.00 |
| | CLAVICLE STRAP INF | | \$ | 54.45 |
| | CLAVICLE BRACE X-SMALL HEAVY PADDED | | φ \$ | 27.56 |
| | CLAVICLE BRACE SMALL HEAVY PADDED | 1 2675 | φ \$ | 21.75 |
| | | L3675 | | |
| | CLAVICLE SPLINT SHLDR BRACE MEDIUM | L3660 | \$ | 21.70 |
| | CLAVICLE SPLINT SHLDR BRACE LG | L3650 | \$ | 45.60 |
| | CLAVICLE SPLINT XLG ADT | | \$ | 23.80 |
| | COLLAR CERV ECONO FOAM LARGE | | \$ | 28.20 |
| | COLLAR CERVICAL MEDIUM | | \$ | 28.56 |
| | COLLAR CERVICAL SMALL(11 -16) | | \$ \$ \$ | 28.20 |
| | COLLAR CERVICAL LARGE 16 | | \$ | 56.84 |
| 28520026 | COLLAR CERVICAL SM 3 (11 X16)DENSE FOAM | | \$ | 35.80 |
| 28520027 | CAST BOOT LARGE CLOSED TOE | | \$ | 20.40 |
| 28520040 | IMMOBILIZER ARM MEN'S SMALL | | \$ | 56.20 |
| 28520041 | IMMOBILIZER ARM MEN'S MEDIUM | | \$ | 56.20 |
| 28520042 | IMMOBILIZER ARM MEN'S LARGE | | \$ | 56.20 |
| 28520043 | IMMOBILIZER ARM & SHLDR-UNIV | | \$ | 57.40 |
| 28520044 | IMMOBILIZER SHOULDER PEDS 5 | | \$ | 35.76 |
| 28520045 | IMMOBILIZER KNEE 16 SMALL | L1830 | \$ | 62.49 |
| 28520046 | IMMOBILIZER KNEE SMALL 12 | | \$ | 60.60 |
| 28520047 | IMMOBILIZER KNEE 22 SMALL | | \$ | 95.32 |
| 28520048 | IMMOBILIZER KNEE SMALL 20 | | \$ | 60.00 |
| 28520049 | IMMOBILIZER KNEE 16 MED | | \$ | 54.56 |
| 28520050 | IMMOBILIZER KNEE MEDIUM 22 (24 SPLINT) | L1830 | \$ | 78.30 |
| 28520051 | BOOT HEELLIFT SUSPENSION DMS SYSTEM | | \$ | 113.64 |
| | IMMOBILIZER KNEE 22 LARGE (24 SPLINT) | L1830 | \$ | 78.30 |
| | IMMOBILIZER KNEE 22 X LARGE (24 SPLINT | L1830 | \$ | 53.15 |
| | IMMOBILIZER KNEE 20 X LARGE | L1830 | \$ | 69.50 |
| | IMMOBILIZER KNEE 19 XX LARGE | L1830 | \$ \$ | 45.75 |
| | DO NOT USE 6/6/18 | | \$ | 113.56 |
| | RIB BELT UNIVERSAL MEN'S | | \$ | 23.76 |
| | RIB BELT LADIES UNIVERSAL | | \$ | 21.36 |
| | SPLINT COLLES LARGE LEFT | S8451 | \$ | 31.84 |
| | SPLINT COLLES LARGE RIGHT | 00401 | \$ | 31.72 |
| | SPLINT COLLES MEDIUM LEFT | | \$ | 31.72 |
| | SPLINT COLLES MEDIUM RIGHT | | \$ | 31.72 |
| | SPLINT COLLES MEDION RIGHT SPLINT COLLES LEFT SMALL | | \$ | 31.72 |
| | SPLINT COLLES RIGHT SMALL | | φ \$ | 31.72 |
| | | | φ | |
| | ARM SLING ENVELOPE XLG CMFRT W/PD STRAP | | \$ | 15.96 |
| | STOCKINGS ANTI EMBOL THIGH HI SM REG | 1.0625 | \$ | 25.48 |
| | BINDER-SUPPORT L-XLG BACK/ABDOM NASAL SPLINT | L0625 | \$ | 66.84 |
| | | | \$ \$ | 11.64 |
| | COLLAR CERVICAL FOAM XLG | 1.0625 | | 16.72 |
| | BINDER-SUPPORT SMALL/MED 24-40 | L0625 | \$ | 66.84 |
| 20020093 | CAST BOOT CLOSED TOE X LARGE | | \$ | 38.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|---|---------|-----|----------|
| IVNUM | IVDESC | IVCPTCD | IVI | PRICE1 |
| 28520094 | COLLAR CERV MED/LG FOAM ECONO | | \$ | 47.00 |
| 28520096 | IMMOBILIZER KNEE 16 LG | | \$ | 54.56 |
| 28520097 | SHOULDER IMMOBILIZER MENS MED | | \$ | 48.00 |
| 28520098 | IMMOBILIZER SHOULDER MEN'S DO NOT ORDER | | \$ | 48.00 |
| | SHOULDER IMMOBILIZER MENS XLG | | \$ | 57.00 |
| | SHOULDER IMMOB MED | L3675 | \$ | 38.00 |
| | SHOULDER IMMOBILIZER WOMEN LG | L3675 | \$ | 56.72 |
| | SHOULDER IMMOB XLRGE | 20070 | \$ | 162.00 |
| | BRACE METACARPAL LG GALVESTON | | \$ | 132.69 |
| | SHOULDER IMMOBILIZER MENS XXLG | | \$ | 57.00 |
| | SUPPORTER ATHLETIC MEDIUM | | | 9.96 |
| | | | \$ | |
| | ABDOMINAL BINDER 8 SMALL (24 -30) | | \$ | 109.80 |
| | COLLAR CERVICAL FORM FIT S/L | | \$ | 16.72 |
| | ABDOMINAL BINDER 10 UNIVERSAL 28 -50 | | \$ | 67.88 |
| | WRIST BRACE LEFT SMALL FUTURO | | \$ | 58.76 |
| | WRIST BRACE LEFT LARGE | | \$ | 43.40 |
| | WRIST BRACE LEFT XLARGE | | \$ | 56.16 |
| | WRIST BRACE RIGHT SMALL | | \$ | 58.76 |
| | WRIST BRACE RIGHT XLARGE | | \$ | 38.44 |
| | UNNA BOOT 3 | | \$ | 30.56 |
| | WRIST BRACE FORMFIT 8 MED RIGHT | L3908 | \$ | 56.00 |
| 28520134 | WRIST BRACE FORMFIT 8 MED. LEFT | | \$ | 56.00 |
| 28520135 | WRIST BRACE FORMFIT 8 LARGE RIGHT | L3807 | \$ | 40.50 |
| 28520136 | WRIST BRACE FORMFIT 8 LARGE LEFT | L3807 | \$ | 40.50 |
| 28520137 | CERVICAL COLLAR FIRM FOAM SMALL | | \$ | 18.72 |
| 28520138 | WRIST BRACE FORMFIT SMALL LEFT | L3908 | \$ | 50.00 |
| 28520139 | WRIST BRACE FORMFIT SMALL RIGHT | L3999 | \$ | 56.00 |
| 28520141 | SHOE DARCO ORTHOWEDGE SMALL | | \$ | 72.00 |
| 28520142 | SHOE DARCO ORTHWEDGE MEDIUM | | \$ | 72.00 |
| 28520143 | SHOE DARCO ORTHOWEDGE LARGE | | \$ | 44.00 |
| 28520144 | SHOE DARCO ORTHOWEDGE X-LARGE | | \$ | 44.00 |
| 28520145 | BUCKS TRACTION SPLINT (18) | | \$ | 84.00 |
| 28520146 | BUCKS TRACTION SPLINT (22) | | \$ | 118.00 |
| 28520147 | TLSO SHELL RIDGID/STERNSL/LINER | L0486 | \$ | 1,716.66 |
| 28520148 | BRACE METACARPAL MED GALVESTON | | \$ | 132.69 |
| 28520149 | BRACE METACARPAL SMALL GALVESTON | | \$ | 132.69 |
| 28520150 | BRACE METACARPAL XL GALVESTON | | \$ | 132.69 |
| 28520151 | IMMOBILIZER KNEE 20 MED | L1830 | \$ | 69.50 |
| 28520152 | IMMOBILIZER KNEE 20 LG | L1830 | \$ | 69.50 |
| 28520153 | VISTA 464 TLSO | L0486 | \$ | 502.50 |
| 28520157 | SPLINT TOE ALIGNMENT DARCO | | \$ | 90.13 |
| | COLLAR LG 4.25 (16-19)PHILADELPHIA | | \$ | 55.80 |
| | COLLAR SM 2.25 (10-13)PHILADELPHIA | | \$ | 89.52 |
| | COLLAR SM 3.25 (10-13)PHILDELPHIA | | \$ | 55.80 |
| | COLLAR MED 3.25 (13-16)PHILADELPHIA | | \$ | 91.88 |
| | COLLAR MED 4.25 (13-16)PHILADELPHIA | | \$ | 89.52 |
| | COLLAR LG 5.25 (16-19)PHILADELPHIA | L0150 | \$ | 67.14 |
| | COLLAR VERTABRACE TALL | 20.00 | \$ | 65.00 |
| | COLLAR VERTEBRACE REGULAR | | \$ | 107.16 |
| | COLLAR VERTABRACE SHORT | | \$ | 97.12 |
| | COLLAR VERTABRACE X-SHORT | L0150 | \$ | 35.95 |
| | COLLAR VERTEBRACE PEDIATRIC | _0.00 | \$ | 48.60 |
| | COLLAR VERTEBRACE PEDI-SHORT | | \$ | 47.96 |
| | COLLAR LG 5.25 (16-19)PHILADELPHIA | | \$ | 55.80 |
| | HEEL PROTECTOR (PREVALON) NEW | | \$ | 156.00 |
| | PREVALON TAP SYSTEM | | \$ | 174.72 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFA | | | |
|--|---------|---------|--------|
| IVNUM IVDESC | IVCPTCD | IVP | RICE1 |
| 28520202 PREVALON TAP MICRO PADS | | \$ | 156.00 |
| 28520203 PREVALON FOOT& LEG WEDGE | | \$ | 184.55 |
| 28520204 UNIVERSAL THUMB-O-PRENE | | \$ | 43.12 |
| 28520205 COMFORTFORM WRIST/THUMB SM/RT | | \$ | 99.00 |
| 28520206 COMFORTFORM WRIST/THUMB LG/RT | | \$ | 99.00 |
| 28520207 COMFORTFORM WRIST/THUMB MD/RT | L3908 | \$ | 99.00 |
| 28520209 COMFORTFORM WRIST/THUMB SM/LT | 20000 | \$ | 99.00 |
| 28520210 COMFORTFORM WRIST/THUMB LG/LT | | \$ | 99.00 |
| 28520220 IMMOBILIZER KNEE 20 MED | L1830 | \$ | 69.50 |
| 28520221 IMMOBILIZER KNEE 20 LG | L1830 | \$ | 69.50 |
| 28520222 IMMOBILIZER KNEE 20 SM | L1830 | φ \$ | 69.50 |
| 28520223 T-POD STABILIZATION DEVICE | L1030 | φ \$ | 160.42 |
| | | | |
| 28520227 UNNA BOOT WITH ZINC COFLEX 4 | | \$ | 34.36 |
| 28520228 UNNA BOOT WITH ZINC COFLEX 3 UZB | | \$ | 28.56 |
| 28520229 UNNA BOOT WITHCALAMINE 3" | | \$ | 35.10 |
| 28520300 MTC FRACTURE BRACE XS RIGHT | L4386 | \$ | 299.85 |
| 28520301 MTC FRACTURE BRACE S/M RIGHT | L4386 | \$ | 299.85 |
| 28520302 MTC FRACTURE BRACE XS LEFT | L4386 | \$ | 299.85 |
| 28520303 MTC FRACTURE BRACE S/M LEFT | L4386 | \$ | 299.85 |
| 28520304 MTC FRACTURE BRACE L/XL RIGHT | L4386 | \$ | 299.85 |
| 28520305 MTC FRACTURE BRACE L/XL LEFT | L4386 | \$ | 299.85 |
| 28530007 CASTING PADDING SOF ROLL 6 | | \$ | 6.48 |
| 28530012 CASTING TAPE 2 (SCOTCHCAST) | | \$ | 14.28 |
| 28530013 CASTING TAPE 3 (SCOTCHCAST) | | \$ | 17.96 |
| 28530018 STOCKINET 2 SYNTHETIC (2 X 25 YDS) | | \$ | 28.75 |
| 28530019 STOCKINET 3 SYNTHETIC (3 X 25 YD) | | \$ | 36.90 |
| 28530020 STOCKINET 4 SYNTHETIC (4 X 25 YDS) | | \$ | 44.50 |
| 28530023 CASTING OCL 3 X 20 FT | | \$ | 123.20 |
| 28530024 CASTING OCL 4 X 20 FT | | \$ | 149.00 |
| 28530026 CASTING SPLINT 3 X12 SCOTCHCAST PADDED | | \$ | 18.20 |
| 28530028 CASTING SPLINT 3 X35 SCOTCHCAST PADDED | | \$ | 69.32 |
| 28530029 CASTING PADDING 6 SYNTHETIC | | \$ | 12.04 |
| 28530030 CASTING OCL 5 X 20 FT | | \$ | 178.00 |
| 28530030 CASTING OCL 5 X 20 FT 28530031 CASTING OCL 6 X 20 FT | | φ \$ | 167.10 |
| 28530031 CASTING OCL 6 X 20 F1 28530033 CASTING SPLINT 4 X15 SCOTCHCAST PADDED | | φ | |
| | | Ф | 25.44 |
| 28530035 CASTING SPLINT 4 X30 SCOTCHCAST PADDED | | \$ | 54.56 |
| 28530036 STOCKINET 6 | | \$ | 80.80 |
| 28530038 CASTING SCOTCHCAST 2 BLACK | | \$ | 14.92 |
| 28530039 CASTING SCOTCHCAST 3 BLACK | | \$ | 16.68 |
| 28530044 CASTING SCOTCHCAST 2 GREEN | | \$ | 14.92 |
| 28530045 CASTING SCOTCHCAST 2 BLUE | | \$ | 14.96 |
| 28530046 CASTING SCOTCHCAST 2 PINK | | \$ | 15.00 |
| 28530047 CASTING SCOTCHCAST 3 BLUE | | \$ | 17.64 |
| 28530048 CASTING SCOTCHCAST 3 PINK | | \$ | 14.96 |
| 28530049 CASTING SCOTCHCAST 3 GREEN | | \$ | 14.32 |
| 28530050 DELTA DRY PADDING 3 | | \$ | 32.95 |
| 28530053 CASTING SCOTCHCAST 2 PURPLE | | \$ | 14.84 |
| 28530055 FLASHCAST CAMO 3 | | \$ | 27.32 |
| 28530058 CASTING PADDING SOF ROLL 6 STERILE | | \$ | 8.12 |
| 28530059 CASTING PADDING SOF ROLL 4 STERILE | | \$ | 6.08 |
| 28530088 CASTING OCL 2 X 20 FT | | \$ | 91.20 |
| 28540007 TEGADERM ABSORBENT | | \$ | 14.52 |
| 28540008 BANDAIDS 1 | | \$ | 4.65 |
| 28540012 DUO DERM 4X4 NDC 0003-1876-60 | | \$ | 11.48 |
| 28540014 GAUZE 2X2 UNSTERILE | | \$ | 4.70 |
| 28540015 GAUZE 3X3 UNSTERILE 12 PLY(200/PK) | | \$ | 12.15 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|----------|---|---------|----------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 28540016 | GAUZE 4X4 UNSTERILE(4 PLY)(200/PK) | | \$ | 22.10 |
| 28540022 | NUGAUZE WITH IODAFOR 1/4 | | \$ | 10.80 |
| 28540023 | NUGAUZE WITH IODAFORM 1/2 | | \$ | 12.96 |
| 28540024 | NUGAUZE WITH IODAFORM 1 | | \$ | 15.76 |
| | NUGAUZE 1/4 PLAIN AMD | | \$ | 10.20 |
| | NUGAUZE 2 PLAIN | | \$ | 17.48 |
| | NUGAUZE 1 PLAIN | | \$ | 25.48 |
| | SPANDAGE SIZE 5 (10 YD)0(30 FT) | | \$ | 30.10 |
| | SPANDAGE SIZE 7 (10 YD) (30 FT) | | \$ | 38.85 |
| | SPANDAGE SIZE 9 (10 YD) (30 FT) | | Φ | 72.45 |
| | TUBE NET #1 | | \$ \$ | 31.50 |
| | | | Φ | |
| | TUBE NET #2 | | \$ | 31.50 |
| | TUBE NET #3 | | \$ | 31.50 |
| | TUBE GAUZE #5 3 5/8 | | \$ | 48.90 |
| | TUBE GAUZE #78 3 5/8 WIDE | | \$ | 59.95 |
| | ALLEVYN 4X4 DRSG | | \$ | 14.92 |
| | MEPIFORM 4 X 7 | | \$ | 58.56 |
| | DRSG HYPAFIX RETENTION SHEET | | \$ | 40.56 |
| | MEPILEX DRSG 4X4 | | \$ | 16.52 |
| | TUBIPAD LIMB BANDAGE MEDIUM | | \$ | 90.40 |
| | NUGAUZE 1/2 6 DO NOT USE | | \$ | 1.05 |
| 28540068 | MEDIHONEY WOUND&BURN DRESSING PASTE | | \$ | 54.36 |
| 28540069 | NUGAUZE 2 6 DO NOT USE | | \$ | 1.35 |
| 28540070 | NUGAUZE 1/4 PLAIN | | \$ | 11.40 |
| 28540071 | NUGAUZE 1/2 PLAIN | | \$ | 15.00 |
| | NUGAUZE WITH IODAFORM 2 | | \$ \$ | 23.76 |
| 28540080 | TIELLE PLUS DRSG 4 1/4X4 1/4 HYDROPOLYME | | | 21.72 |
| | OPTIFOAM 4X4 | | \$ | 26.70 |
| 28540083 | MEPITEL 3X4 DRSG 10/BX(TENDRA)MOLNLYCKE) | | \$ | 21.12 |
| 28540084 | SUREPREP/CAVILON BARRIER | | \$ | 40.88 |
| 28540086 | DUO DERM(EXTRA THIN 4X4)NDC 0003-1879-55 | | \$ | 8.04 |
| 28540088 | PROMOGRAN 4.1X4.1USE 28540182 | | \$ | 36.68 |
| 28540092 | MEPILEX DRSG 4X4 SOFT SIL(5/BX) | | \$ | 14.52 |
| 28540093 | MEPILEX DRSG 3X3 SELF ADH(5/BX) | | \$ | 10.16 |
| 28540094 | MEPILEX TRANSFER 6 X 8 (5/BX) | | \$ | 29.48 |
| 28540098 | MEPIFORM 2X3INCH | | \$ | 28.40 |
| 28540099 | TEGADERM ABSORBENT | | \$ | 9.12 |
| 28540100 | TEGADERM ABSORBENT 5.6x6.25 | | \$ | 25.08 |
| 28540103 | DRSG ELASTO GEL 4X4 BACTERIOSTATIC WOUND | | \$ | 13.40 |
| 28540105 | SOOTHE & COOL ZINC OXIDE CREAM 4 OZ | | \$ | 11.36 |
| 28540106 | GAUZE 4X4 STERILE 10/PKG 12PLY | | \$ | 2.29 |
| 28540118 | TEGASORB DRSG 6-3/4 X 6-3/8(COCCYX DRSG) | | \$ | 30.28 |
| | NASAL(POST)PACKING W/DRAWSTRING | | \$ | 65.60 |
| | NASAL PACKING RAPID RHINO 5.5 | | \$ | 124.60 |
| | SKINTEGRITY WOUND GEL 4 OZ TUBE | | \$ | 45.00 |
| | AQUACEL HYDROFIBER DRSG CONVATEC 4 X4 | | \$ | 15.56 |
| | BAND AIDS LATEX FREE | | \$ | 8.55 |
| | ACE WRAP(LATX FREE) COTTON ELASTIC BNDG | | \$ | 11.12 |
| | NASAL PACKING RAPID RHINO 7.5 | | \$ | 128.45 |
| | SKINTEGRITY WOUND CLEANSER | | \$ | 17.04 |
| | OPTIFOAM DRSG 6X6 NON-ADHESIVE | A6210 | \$ | 24.12 |
| | AQUACEL SILVER | · • | \$ | 43.56 |
| | TEGADERM FOAM ADHESIVE | | \$ | 20.88 |
| | TEGADERM CHG | | \$ | 42.45 |
| | MEPILEX SACRUM | | \$ | 29.72 |
| | MEPILEX FOAM AG | | \$ | 33.82 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUF | | | |
|---|---------|---------|-------|
| IVNUM IVDESC | IVCPTCD | IVP | RICE1 |
| 28540147 MEPILEX HEEL 5X8 | | \$ | 33.82 |
| 28540148 MEPILEX HEEL 7X9 | | \$ | 38.52 |
| 28540149 MEPILEX BORDER 4X10 | | \$ | 20.88 |
| 28540150 ENDOFORM | | \$ | 55.70 |
| 28540152 OPTILOCK SUPER ABSORBENT DRESSING | | \$ | 26.65 |
| 28540154 CALCIUM ALGINATE DRESSING CURASORB | | \$ | 14.88 |
| 28540155 SORBEX SUPER ABSORBENT DRESSING | | \$ | 12.73 |
| 28540156 MEDIHONEY WOUND&BURNS DRESSING 3/4 X12 | | \$ | 28.86 |
| 28540157 MEDIHONEY CALCIUM ALIGINATE 2X2 | | \$ | 28.86 |
| 28540158 MEDIHONEY CALCIUM COLLOID 2X2 | | φ \$ | 28.86 |
| 28540160 HYDROFERA BLUE FOAM DRESSING 4X4 | | | |
| | | \$ | 25.52 |
| 28540161 HYDROFERA BLUE FOAM DRESSING 2X2 | 10010 | \$ | 16.84 |
| 28540170 OPTILOCK POLYMER 4X4 | A6210 | \$ | 19.20 |
| 28540171 OPTIFOAM LIQUITRAP BORDER 3X3 | A6210 | \$ | 13.20 |
| 28540172 OPTIFOAM AG SELF ADH NO BRDR 4X4 | A6210 | \$ | 33.60 |
| 28540173 OPTIFOAM LIQUITRAP SACRUM 7X7 | A6210 | \$ | 32.00 |
| 28540174 VERSATEL ONE 4X7 | A6210 | \$ | 44.35 |
| 28540175 OPTIFOAM SELF ADH NO BORDER 4X4 | A6210 | \$ | 18.18 |
| 28540176 OPTIFOAM SA POSTOP 4X10 | A6210 | \$ | 26.00 |
| 28540177 THERAHONEY 2X2 | A6210 | \$ | 20.52 |
| 28540178 EXUDERM DRESSING 4X4 X THIN | A6210 | \$ | 10.02 |
| 28540179 UNNA BOOT W/ZINC | A6210 | \$ | 29.00 |
| 28540180 VERSATEL ONE 3X4 | | \$ | 27.48 |
| 28540181 EXUDERM DRESSING 4X4 SATIN | A6210 | \$ | 11.46 |
| 28540182 PURACOL PLUS DRESSING 2X2 | A6210 | \$ | 56.80 |
| 28540183 OPTIFOAM NON ADHESIVE 4X4 | | \$ | 19.20 |
| 28540184 DERMA GEL HYDROGEL WAFER 4X4 | | \$ | 26.34 |
| 28540185 OIL EMULSION GAUZE DRESSING 3X3 | | \$ | 1.56 |
| 28540186 OIL EMULSION GAUZE DRESSING 3X16 | | \$ | 10.92 |
| 28540187 OIL EMULSION GAUZE DRESSING 3X8 | | \$ | 3.87 |
| 28540188 THERA HONEY 0.5 OZ TUBE | | \$ | 22.50 |
| 28540189 THERA HONEY 1.5 OZ TUBE | | \$ | 51.15 |
| 28540190 MARATHON LIQUID SKIN PROTECTANT | | \$ | 28.02 |
| 28540191 OPTICELL AG + SILVER | A6210 | φ \$ | 46.00 |
| | | | |
| 28540192 OPTICELL FIBERGEL 4.25X4.25 | A6210 | \$ | 21.24 |
| 28540198 ACE WRAP 6 STERILE (CS) | | \$ | 10.43 |
| 28540240 TUBEGAUZE (SIZE 1) 5/8 (SURGITUBE) | | \$ | 21.45 |
| 28540241 TUBEGAUZE (SIZE 2) 1 SURGITUBE | | \$ | 22.10 |
| 28540250 MEPILEX DRSG 8X8 | | \$ | 42.68 |
| 28540251 TEGADERM FOAM ADHESIVE 31/2X31/2 | | \$ | 15.68 |
| 28540252 TEGADERM FOAM ADHESIVE 55/8X55/8 | | \$ | 23.76 |
| 28540255 SORBACT RIBBON GAUZE | | \$ | 31.10 |
| 28540256 SORBACT KOMPRESSE | | \$ | 15.52 |
| 28540258 MEPILEX BORDER 4X4 | | \$ | 12.00 |
| 28540266 CAVILON BARRIER CREAM 3M | | \$ | 14.20 |
| 28550011 ABG KIT | | \$ | 13.30 |
| 28550050 CO2 DETECTOR ADULT | | \$ | 69.12 |
| 28550051 CO2 DETECTOR MINI STAT PEDS | | \$ | 46.32 |
| 28550060 INSULATED NEEDLE 22GA | | \$ | 41.52 |
| 28550066 CONTROL CVC SET (ISTAT) | 94002 | \$ | 45.00 |
| 28550077 VAP/USN SET UPS | | \$ | 14.75 |
| 28550081 AEROSOL SVN NEB | | \$ | 17.70 |
| 28550083 VENTILATOR CIRCUT | | \$ | 41.25 |
| 28550084 DISP INCT SPIROMETER | | \$ | 22.10 |
| 28550086 AERSOL FACE TENT | 99070 | \$ | 11.80 |
| 28550088 LRG BORE TUBING | | \$ | 8.85 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 828 | | |
|----------|--|----------------|--------|
| IVNUM | IVDESC IVCPTC | | RICE1 |
| | 500 ML H20 HU | \$ | 16.25 |
| | T ADAPTOR | \$ | 8.90 |
| | LMA FASTRACH SIZE4 | \$ | 285.00 |
| 28550171 | LMA FASTRACH SIZE 5 | \$ | 285.00 |
| 28550208 | E T TUBE ENDOTROL W/CON 7MM | \$ | 35.60 |
| 28550209 | STYLETTE PEDS 2.0MM(25/BX) | \$ | 11.48 |
| 28550210 | STAMEY SUPRAPUBIC CATH 10 FR | \$ \$ \$ | 74.00 |
| 28550211 | SUCTION CATH 5/6FR W/CON | \$ | 14.84 |
| 28550219 | SUCTION DELEE 10U/FL MUCUS | \$ | 13.68 |
| | SUCTION INSTRU POOLE TYPE | \$ | 12.52 |
| | ENDOTRACHEAL TUBE 2.5MM | \$ | 15.85 |
| | TRACHEAL TUBE PEDS 4.0MM UNCUF | \$ | 9.07 |
| | TRACHEAL TUBE PEDS 5.0MM | \$ | 9.52 |
| | TRACHEAL TUBE 5.5MM CUFFED HI-LO | Ψ \$ | 13.02 |
| | TRACHEOSTOMY UNIT 30 FR 10MM | φ \$ | 89.52 |
| | | φ \$ | |
| | TRACHEAL TUBE NASAL RAE 7.5MM CUFFED | | 18.92 |
| | AIRWAY 32 F NASOPHARYNGEAL | \$ | 22.80 |
| | TRACHEAL TUBE NASAL RAE 6.0MM | \$ | 18.56 |
| | DO NOT USE 8/8/17 | \$ | 19.52 |
| | TRACHEAL TUBE 7.5MM CUFFED HI-LO | \$ | 6.80 |
| | TRACHEAL TUBE ORAL RAE 3.0MM UNCUFFED | \$ | 10.36 |
| | TRACHEAL RAE 4.0MM UNCUFFED | \$ \$ \$ | 17.20 |
| 28550247 | TRACHEAL TUBE 6.5 MM | | 13.02 |
| | TRACHEAL RAE 4.5MM UNCUFFED | \$ | 10.36 |
| 28550250 | HYGROBACS S FILTER | \$ | 13.84 |
| 28550256 | TRACHEAL TUBE 3.5 UNCUFFED | \$ | 9.06 |
| 28550257 | TRACHEAL TUBE RUSCH 8.0 | \$ | 115.00 |
| 28550259 | STYLET 14 FR(SATINSLIP)5.0-10.00MM | \$ | 12.48 |
| 28550266 | CATH, ENDOBRONCHO RIGHT 35 FR | \$ | 253.65 |
| 28550267 | CATH, ENDOBRONCHO RIGHT 37 FR | \$ | 245.10 |
| 28550268 | CATH, ENDOBRONCHO RIGHT 39 FR | \$ | 253.65 |
| 28550269 | MASK LARYNGEAL AIRWAY LMA UNIQUE SIZE 3 | \$ | 70.00 |
| 28550270 | MASK LARYNGEAL AIRWAY LMA UNIQUE SIZE 4 | \$ | 54.00 |
| 28550271 | MASK LARYNGEAL AIRWAY LMA UNIQUE SIZE 5 | \$ | 54.00 |
| 28550272 | MASK LARYNGEAL AIRWAY LMA UNIQUE SIZE 2 | \$ | 77.00 |
| 28550273 | CATH, ENDOBRONCHO LEFT 35 FR | \$ | 243.07 |
| | CATH, ENDOBRONCHO LEFT 37 FR | \$ | 243.70 |
| | MASK LARYNGEAL AIRWAY LMA UNIQUE 1 | \$ | 35.52 |
| | MASK LARYNGEAL AIRWAY LMA UNIQUE 2 | \$ | 35.52 |
| | CATH, ENDOBRONCHO LEFT 39 FR | \$ | 243.70 |
| | TRACHEAL TUBE INTRODUCER | \$ | 43.00 |
| | NEO-TEE/WITH MASK | \$ | 96.92 |
| | AIRWAY 22F NASOPHARYNGEAL | \$ | 36.28 |
| | AIRWAY 26F NASOPHARYNGEAL | \$ | 12.40 |
| | AIRWAY 30F NASOPHARYNGEAL | \$ | 22.80 |
| | AIRWAY 34F NASOPHARYNGEAL | \$ | 12.92 |
| | AIRWAY 20F NASOPHARYNGEAL | \$ | 22.68 |
| | AIRWAY 24F NASOPHARYNGEAL | Ψ \$ | 22.68 |
| | STYLET 6FR (SATINSLIP) | Ψ \$ | 20.20 |
| | STYLET 10 FR (SATINGLII) | Ψ \$ | 14.92 |
| | TRACHEAL TUBE 4.5 MM CUFFED | φ \$ | 7.80 |
| | TRACHEAL TUBE 5.0MM CUFFED | Φ \$ | 13.02 |
| | TRACHEAL TUBE ORAL RAE 5.5MM CUFFED | φ \$ | 37.76 |
| | TRACHEAL TUBE ORAL RAE 3.5MM CUFFED | φ \$ | 10.36 |
| | TRACHEAL TUBE ORAL RAE 4.5MM COFFED TRACHEAL TUBE ORAL RAE 3.5MM | ֆ \$ | |
| | | \$ \$ | 16.00 |
| 2000U301 | TRACHEAL TUBE ORAL RAE 5.0MM CUFFED | Φ | 19.20 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | |
|----------|---|----------------------------------|--------|
| IVNUM | IVDESC IVCPTCD | | RICE1 |
| | TRACHEAL TUBE ORAL RAE 6.0MM | \$ | 18.12 |
| 28550364 | TRACHEAL TUBE ORAL RAE 6.5MM CUFFED | \$ | 18.40 |
| 28550365 | TRACHEAL TUBE ORAL RAE 7.0MM CUFFED | \$ | 37.76 |
| 28550366 | TRACHEAL TUBE ORAL RAE 7.5MM CUFFED | \$ | 37.76 |
| 28550367 | TRACHEAL TUBE ORAL RAE 8.0MM CUFFED | \$ | 37.76 |
| 28550368 | TRACHEAL TUBE ORAL RAE 9.0MM CUFFED | \$ | 37.76 |
| 28550369 | TRACHEAL TUBE ORAL RAE 4.0MM CUFFED | \$ | 19.20 |
| 28550370 | GLIDESCOPE GVL 3 STAT lopro | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 64.00 |
| | GLIDESCOPE GVL 4 STAT lopro | \$ | 64.00 |
| | GLIDESCOPE GVL 2 STAT lopro | \$ | 64.00 |
| | GLIDESCOPE GVL 2.5 cobalt/ranger | \$ | 64.00 |
| | GLIDESCOPE GVL1 | \$ | 64.00 |
| | TRACHEAL TUBE ORAL RAE 6.0MM CUFFED | \$ | 37.76 |
| | TRACHEAL TUBE RAE 7.0MM CUFFED | \$ | 30.00 |
| | LARYNGEAL TUBE SIZE 5 KING LT-D | φ \$ | 192.50 |
| | LARYNGEAL TUBE SIZE 4 KING LT-D | φ \$ | 192.50 |
| | | φ \$ | |
| | LARYNGEAL TUBE SIZE 3 KING LT-D | э \$ | 192.50 |
| | ENDO TRACH TUBE INTRODUCER BOUGIE 15FR | ъ \$ | 41.94 |
| | C-A-T COMBAT TOURNIQUET ORANGE | | 192.50 |
| | CHILD BAD W/MASK & RELIEF VALVE | \$ | 22.08 |
| | MASK DMR INFANT WITH R VALVE | \$ | 59.05 |
| | SPECIMAN TRAP | \$ \$ | 8.85 |
| | MASK FULL FACE LARGE RT | | 187.50 |
| | MASK ADULT W/O PRESSURE VALVE | \$ | 11.50 |
| | PLEUR EVAC DISP | \$ | 187.82 |
| | TUBING CLAMPS (25/PK) | \$ \$ \$ | 83.20 |
| | CATHETER T TUBE DRAIN 18 FR | \$ | 56.44 |
| | STOMACH TUBE | \$ | 46.00 |
| | STOMACH LAVAC 28F | \$ | 30.60 |
| | SIMS CONNECTOR | \$ | 1.05 |
| | SKIN PREPS FOR OSTOMIES | \$ | 32.80 |
| | KARAYA POWDER 2.50Z | \$ | 24.19 |
| | OSTOMY FLANGE 38MM 1 1/2 4X4 FLEXIBLE | \$ \$ | 14.20 |
| | OSTOMY STOMAHESVE FLANGE 45MM | | 49.92 |
| | OSTOMY POUCH DRAIN CLAMP | \$ | 9.20 |
| | CATHETER TROCAR 16 FR | \$ | 30.36 |
| | HEIMLICH VALVE (BD) | \$ | 54.52 |
| | OSTOMY DURAHESIVE W/CONVEX-IT 1 3/4 45MM | \$ | 25.24 |
| | TUR Y TYPE SET | \$ | 48.60 |
| | EXTENSION TUBE FOR TUR | \$ | 46.12 |
| | OSTOMY STOMAHESIVE WAFER 1 1/2 38MM | \$ | 9.16 |
| | CONNECTOR 5-1 STERILE | \$ \$ \$ \$ \$ \$ | 9.36 |
| | OSTOMY,STOMAHESIVE FLANGE 45MM FLX CONVA | \$ | 15.88 |
| | OSTOMY STOMAHESIVE PASTE | \$ | 21.28 |
| | OSTOMY STOMAHESIVE POWDER | \$ | 23.16 |
| | OSTOMY DURAHESIVE FLANGE 38MM 4X4 1 1/2 | \$ | 16.44 |
| | OSTOMY SKIN BARRIER 4X4 FLEXTEND HLLISR | \$ | 19.40 |
| | OSTOMY SKIN BARRIER 8X8 FLEXTEND | \$ | 76.00 |
| | OSTOMY SKIN PREPS BARRIER WPS | \$ \$ \$ \$ \$ \$ | 23.05 |
| | OSTOMY POUCH DRAINABLE 57MM | \$ | 7.40 |
| | OSTOMY STOMAHESIVE FLANGE 57MM | \$ | 13.96 |
| | OSTOMY SKIN BARRIER 4X4 HOLLISTER | \$ | 4.80 |
| | OSTOMY ADAPT DEODERANT 40Z HOLLISTER | \$ | 38.20 |
| | OSTOMY POUCH 57MM HOLLISTER#18193 | | 4.17 |
| | OSTOMY STOMA POWDER HOLLISTER | \$ | 11.00 |
| 28560127 | OSTOMY ADAPT PASTE HOLLISTER 79300 | \$ | 15.24 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY | | | |
|----------|---|------|-------------------------|--------|
| IVNUM | | PTCD | | RICE1 |
| | OSTOMY ADAPT LUBRICATING DEODORANT | | \$ | 52.36 |
| 28560130 | OSTOMY BAG FLANGE 2 1/4 HOLLISTER 14603 | | \$ | 4.96 |
| 28560131 | OSTOMY SKIN BARRIER RING HOLLISTER7805 | | \$ | 9.15 |
| 28560134 | OSTOMY WAFER HOLLISTER 14803 | | \$ | 10.56 |
| 28560135 | OSTOMY REMOVER WIPES HOLLISTER 7760 | | \$ | 149.31 |
| 28560136 | OSTOMY BAG HOLLISTER 18363 | | \$ | 13.87 |
| 28560137 | OSTOMY KARAYA PASTE HOLLISTER 7910 | | \$ \$ \$ \$ \$ \$ | 23.56 |
| | OSTOMY STOMA CONE FOR IRRIGATR | | \$ | 35.12 |
| | CATHETER THORACIC 16FR | | \$ | 21.90 |
| | CATHETER THORACIC 20FR | | \$ | 21.90 |
| | CATHETER THORACIC 24 FR | | \$ | 21.90 |
| | CATHETER THORACIC 28 FR | | \$ | 21.90 |
| | CATHETER THORACIC 32 FR | | \$ | 21.90 |
| | CATHETER THORACIC 32 TR | | \$ | 21.90 |
| | CATHETER THORACIC 30 FR | | φ \$ | 21.90 |
| | | | Φ | |
| | ENTERAL FEEDING TUBE | | Ф | 26.40 |
| | FEEDING TUBE 8FR | | Þ | 12.96 |
| | KANGEROO PUMP SET | | \$ | 17.08 |
| | STOMACH VENTRAL 10F | | \$ | 9.60 |
| | do not use 8/15/18 | | \$ | 6.76 |
| | ARGYLE SALEM SUMP 18FR | | \$ | 6.76 |
| | FEEDING TUBE NASOGASTRIC 8FRX43L(DOBBHOF | | \$ \$ \$ \$ \$ \$ \$ \$ | 35.20 |
| | FEEDING DEVICE ENTERAL 14FR MINI BUTTON | | | 270.00 |
| | DECLOGGER 12-14FR FEEDING TUBE | | \$ | 26.24 |
| | DECLOGGER 18-24FR FEEDING TUBE | | \$ | 26.24 |
| | LOPEZ VALVE | | \$ | 10.76 |
| | STOMA IRRIGATOR | | \$ \$ \$ \$ \$ \$ | 63.92 |
| | STOMACH TUBE 36 FR | | \$ | 26.44 |
| | ARGYLE SALEM SUMP 14 FR | | \$ | 6.76 |
| | ARGYLE GASTRIC SUMP ANTI REFLUX VALVE | | \$ | 16.72 |
| | ARGYLE SALEM SUMP 16 FR | | \$ | 9.24 |
| | CATHETER TRAY FOLEY | | \$ | 30.56 |
| | CATHETER TRAY STRAIGHT | | \$ \$ | 11.36 |
| 28580007 | CATH CONT IRRIG 18FR | | | 98.72 |
| | CATH CONTINUOUS IRR. 22 FR 3 WAY 30CC | | \$ | 74.52 |
| 28580009 | CATHETER CONT. IRRIGATION 24 FR 30CC BLN | | \$ | 53.88 |
| 28580012 | CATH FOLEY 22F TRAY | | \$ | 29.45 |
| 28580013 | CATHETER FOLEY PEDS 8FR 3CC | | \$ | 27.24 |
| 28580014 | CATH SYL FOLEY 18F | | \$ | 49.30 |
| 28580015 | FOLEY ANCHOR URINARY CATH SECURE KIT | | \$ | 12.40 |
| 28580017 | CATHETER 12 FR 5CC (ALL SILICONE)CR BARD | | \$ | 29.48 |
| 28580019 | CATHETER SIL BARD 20F 5CC | | \$ | 28.44 |
| 28580020 | CATHETER BARD SIL FOL 22F | | \$ \$ \$ \$ \$ \$ \$ | 28.56 |
| 28580021 | CATHETER FOL SIL 24FR 5CC | | \$ | 19.24 |
| 28580022 | CATHETER FOLEY SIL 12FR 5CC | | \$ | 23.12 |
| 28580023 | CATHETER FOL SYL 24F 30CC | | \$ | 33.36 |
| 28580024 | CATHETER FOLEY SIL 16FR 5CC | | \$ | 30.28 |
| 28580025 | CATHETER FOL SIL 18FR 5CC | | \$ | 8.80 |
| 28580027 | CATHETER ROBINSON RED 16 FR | | \$ | 17.84 |
| 28580028 | CATHATER 18FR RED ROBINSON LATEX BARD | | \$ | 15.56 |
| 28580030 | CATHETER FOL 20FR 30CC | | \$ \$ \$ \$ \$ \$ \$ | 15.96 |
| 28580031 | CATHETER FOL COUDEE 14 FR | | \$ | 50.28 |
| 28580032 | CATHETER FOL COUDEE 16F 5CC | | \$ | 36.00 |
| 28580033 | CATHETER LEG STRAP | | \$ | 29.04 |
| 28580034 | DRAINAGE BAG | | \$ | 11.64 |
| 28580036 | URINE METER (KENDALL) | | \$ | 37.60 |
| | | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|----------|---|---------|----------------------------|--------|
| IVNUM | | IVCPTCD | | RICE1 |
| | FEMALE SELF CATHETER 14 FR | | \$ | 3.14 |
| 28580040 | CATHETER FOLEY 22 FR 5CC 100% SILICONE | | \$ | 23.00 |
| 28580042 | FOLEY CATH TRAY 16F | | \$ | 68.30 |
| 28580043 | CATHETER ROBINSON RED 12 FR LATEX FREE | | \$ | 2.20 |
| 28580046 | CATHETER FOLEY 22 FR 2 WAY 5CC TEFLON | | \$ | 28.04 |
| 28580049 | CATHETER COUDE 12 FR 5CC BALLOON | | \$ \$ \$ \$ \$ \$ \$ | 45.80 |
| 28580050 | CATH FOLEY 18F 5CC SILICONE ELASTOMER | | \$ | 11.04 |
| | LEG BAG BARD DISPOS-A-BAG | | \$ | 9.40 |
| | CATHETER FOLEY SILICONE COATED 18FR 5CC | | \$ | 18.00 |
| | CATHETER 14 FR 5CC (ALL SILICONE)CR BARD | | \$ | 15.30 |
| | URINE METER FOLEY TRAY W/16FR | | \$ | 53.64 |
| | CATHETER FOLEY W/TEMP SENSOR | | \$ | 43.00 |
| | CATHETER FOL 26FR 30CC BALLOON | | \$ | 15.32 |
| | CATHETER 18FR BARDEX LUBRICATH 30CC | | φ \$ | 39.32 |
| | EPISTAT NASAL CATHETER | | φ \$ | 213.00 |
| | | | Ф \$ | |
| | CATHETER FOLEY 18 FR 30CC BALLOON | | | 26.52 |
| | CATHETER COUDE 18FR 5CC | | \$ \$ \$ | 45.32 |
| | CATHETER RED RUBBER COUDE URETHRAL 16FR | | \$ | 4.58 |
| | CATHETER WORD BARTHOLIN | | | 123.00 |
| | CATHETER 18FR 30CC SILICONE 2WAY | | \$ | 15.12 |
| | DO NOT USE 8/8/17 | | \$ | 17.04 |
| | NEEDLE BIOPSY | | \$ | 70.72 |
| | DO NOT USE 8/8/17 | | \$ | 8.32 |
| | NEEDLE BIOPSY MENGHINI 16GAX4 | | \$ | 51.84 |
| | NEEDLE SPINAL 25 GA X 4 11/16 WHITACRE | | \$ | 46.20 |
| | TUBEX INJECTOR | | \$ \$ \$ \$ \$ | 0.20 |
| | NEEDLE TROCAR 1/2 CIRCLE 20PKS/2 | | \$ | 15.16 |
| | NEEDLE INTRAOSSEOUS DISP | | \$ | 100.00 |
| | EZIO ADULT NEEDLE | | \$ | 409.80 |
| | EZIO PED. NEEDLE | | \$ | 409.80 |
| | NEEDLE(GRIPPER)PORT-A-CATH 0.9MM(20GAX 1 | | \$ | 24.52 |
| | EZIO LG ADULT NEEDLE | | \$ | 409.80 |
| | DO NOT USE 11/17 | | \$ | 31.15 |
| | NEEDLE SET/SPINAL/EPIDURAL 17GX31/2 WEIS | | \$ | 40.32 |
| | INSYTE 16GX1.16 CATH SAF.T GRAY | | \$ | 7.52 |
| 28590089 | INSYTE 14GX1.75 CATH SAF-T ORANGE | | \$ | 7.44 |
| 28590092 | NEEDLE WHITACRE 25GAX3 1/2 | | \$ | 20.40 |
| 28590105 | NEEDLE WHITACRE 27X4 11/16 | | \$ | 20.40 |
| 28590131 | NEEDLES STIMUPLEX ULTRA 20GX4 JEFF | | \$ \$ \$ \$ | 64.15 |
| 28590146 | NEEDLE SPINAL 18GAX6 (DARNEL) | | \$ | 16.92 |
| 28590171 | NEEDLE KEITH SIZE 2 1/2 | | \$ | 22.88 |
| 28600004 | EXTENSION Y-CONNECTOR TUBE W/INJECT SITE | | \$ | 23.68 |
| 28600005 | BLOOD WARMER STANDARD FLOW CUFF | | \$ | 43.72 |
| 28600006 | INFUSOR BAG CLEAR CUFF DISP | | \$ | 75.32 |
| 28600007 | BLOOD SET Y TYPE | | \$ | 9.92 |
| 28600008 | IV SECUREMENT SET | | \$ | 15.80 |
| 28600010 | TUBING-NORMOTHERMIC ADM IV SET LVL 1 D50 | | \$ | 144.83 |
| 28600013 | CATHETER UMBILICAL ART 3 1/2 SINGLE LUME | | \$ | 69.75 |
| 28600014 | CATHETER UMBILICAL ART 5 FR | | \$ | 48.48 |
| 28600015 | CATHETER UMBILICAL ART 8FR | | \$ | 193.20 |
| 28600018 | EXTENSION SET W ULTRASITE VALVE BBRAUN | | \$ | 17.88 |
| 28600019 | MALE ADAPTER PLUG (LIFESHIELD (120/CS) | | \$ \$ \$ | 57.12 |
| 28600020 | INTRODUCER SIZE 5 | | | 79.20 |
| 28600021 | NEEDLE(GRIPPER) 20GX1-1/4 PORT-A-CATH | | \$ | 24.52 |
| 28600023 | T-CONNECTOR MACROBORE SLIPLOK | | \$ | 8.60 |
| 28600024 | INFANT OXYGEN SENSOR OXIMAX | | \$ | 50.84 |
| | | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|----------|---|---------|----------------------------|--------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| | PLEURX VALVE CAP | | \$ | 30.92 |
| | PLEURX VACUUM BOTTLE 1000ML | | \$ | 153.12 |
| | PLEURX DRAINAGE LINE SET | | \$ | 64.00 |
| | BIFUSE EXT. 2CLAVE | | \$ | 12.32 |
| | TRANSDUCER INFANT O2 OXISENSOR II | | \$ | 74.96 |
| | BLOOD Y-TYPE PLUMSET LIFESHIELD NON-VENT | | \$ \$ \$ \$ \$ \$ \$ | 73.00 |
| | PLUM PRIMARY FILTER PUMP SET | | \$ | 56.50 |
| | EVACUATED CONTAINER 500ML | | \$ | 12.56 |
| | INFANT OXYGEN SENSOR MINDRAY ER | | \$ | 66.88 |
| | EVACUATED CONTAINER 1000ML | | \$ | 12.60 |
| | OXYGEN SENSOR MINDRAY ICU ADULT | | \$ | 59.28 |
| | BURETROL SET 150 ML 60 DROPS/ML INTRLNK | | | 15.20 |
| | IV CATH INSYTE 18 GA X 1.16 | | \$ | 2.20 |
| | OXYGEN SENSOR MINDRAY ICU INFANT | | \$ | 76.00 |
| | SKIN TEMPERATURE SENSOR MINDRAY | | \$ | 19.50 |
| | VINYL CONNECTING TUBE | | \$ \$ \$ | 53.12 |
| | BLOOD/SOLUTION SET W/PRESSURE PUMP | | \$ | 12.76 |
| | INJECTOR LUER LOCK | | \$ | 16.08 |
| | CATHETER TRIPLE LUMEN 7FR | | | 103.20 |
| 28600081 | THORACENTESIS SET (X-RAY) | | \$ | 11.00 |
| 28600082 | INSYTE 22G1.00 AUTOGUARD BD381423(50/BX) | | \$ \$ \$ \$ \$ \$ \$ \$ | 7.24 |
| 28600083 | INSYTE 20GA1.16 AUTOGUARD BD381434(50/BX | | \$ | 7.24 |
| 28600084 | INSYTE 18G1.16 AUTOGUARD BD381444(50/BX | | \$ | 7.24 |
| 28600085 | INSYTE 24GX0.75(AUTOGUARD(BD381412(50/BX | | \$ | 7.00 |
| 28600086 | INSYTE 24GX0.56(AUTOGUARD(BD381412(50/BX | | \$ | 11.20 |
| 28600089 | INJECTION CAP INTERMITTENT | | \$ | 9.48 |
| 28600100 | DO NOT USE | | \$ | 76.00 |
| 28600104 | STATLOCK CATH STABILIZATION DEVICE | | \$ | 13.64 |
| 28600105 | MINI SPIKE DISPENSING PIN | | \$ | 8.72 |
| 28600106 | TRANSDUCER SYSTEM PRESSURE | | \$ | 116.00 |
| 28600110 | TRANSDUCER PRESSURE MONITORING KIT W/TRU | | \$ | 153.90 |
| 28600112 | EXTENSION SET (61 MICROBORE) | | \$ | 6.00 |
| 28600118 | EXTENSION SET NON-DEHP 0.22 MICRON | | \$ \$ | 9.81 |
| 28600119 | TRANSDUCER PRESSURE MONITORING KIT DOUBL | | \$ | 404.34 |
| 28600162 | PLUMSET IV W/ 2 CLAVE PORTS PRIMARY | | \$ | 29.76 |
| 28600164 | PRIMARY PIGGYBACK ANES SET W/BACKCHECK | | \$ | 16.20 |
| 28600172 | SOLUSET PUMP SET BURETTE 150ML | | \$ | 67.08 |
| 28600220 | PCA PUMP SET/W INJECTOR MINIBORE | | \$ | 18.36 |
| 28600223 | EXTENSION SET 1.20MIC FILTER | | \$ | 9.76 |
| 28600300 | VIAL ADAPTER 20 MM | | \$ \$ \$ \$ \$ \$ \$ | 25.86 |
| 28600301 | TEVADAPTOR SET WITH DRIP CHAMBER 43IN | | \$ | 29.75 |
| 28600302 | ADAPTER SPIKE PROXIMAL NONVENTED | | \$ | 16.18 |
| 28600304 | ADAPTER SYRINGE TEVADAPTO | | \$ | 25.20 |
| 28610002 | DO NOT USE 8/31/17 | | | 3.40 |
| 28610003 | D5W 100 ML | | \$ | 53.17 |
| 28610010 | 6% HETASTARCH IN LAC.ELECTROLYTE INJ | | \$ | 102.48 |
| 28610011 | DO NOT USE | | \$ | 3.40 |
| 28610019 | DO NOT USE 8/31/17 | | \$ | 39.62 |
| 28610029 | SODIUM CHLORIDE 3% 500 ML | | \$ | 58.00 |
| 28610035 | DO NOT USE 8/31/17 | | \$ | 8.20 |
| | EVACUATED CONTAINER 500ML(12/CS) | | \$ \$ \$ \$ \$ | 10.50 |
| 28610099 | D10W 500ML | | \$ | 55.22 |
| | D5W 250 ML(EXCEL) | | \$ | 54.95 |
| 28610105 | DO NOT USE 8/31/17 | | | 45.36 |
| | D5W 500ML | | \$ | 55.33 |
| 28610110 | D5W 1000 ML | | \$ | 55.50 |
| | | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFAL | | | |
|----------|---|---------|----------------------------|--------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| | D5 IN 1/4 STR SALINE 1000ML | | \$ | 55.50 |
| | D5/NACL 0.45% SOD CHLOR 1000ML | | \$ | 55.50 |
| | D5W & LACTATED RINGERS 1000ML | | \$ | 55.50 |
| | D5 IN 0.9% SOD CHLOR 1000ML | | \$ | 55.52 |
| 28610117 | LACTATED RINGERS 1000ML | | \$ | 55.50 |
| 28610118 | SOD CHLOR 0.9% 500ML EXCEL | J7040 | \$ | 36.80 |
| 28610121 | DO NOT USE 8/31/17 | | \$ | 43.88 |
| 28610122 | SODIUM CHLORIDE 0.9% 100ML | | \$ | 53.20 |
| 28610123 | SODIUM CHLORIDE 0.9% 250 ML | | \$ | 61.00 |
| 28610124 | SODIUM CHLOR 0.9% 500ML | | \$ \$ \$ \$ \$ \$ \$ \$ \$ | 55.22 |
| 28610125 | SODIUM CHLORIDE 0.9% 1000ML | | \$ | 58.65 |
| 28610126 | SODIUM CHLORIDE 0.45% 1000 ML | | \$ | 55.50 |
| 28610128 | DO NOT USE 8/31/17 | | \$ | 39.62 |
| | DO NOT USE 8/31/17 | | \$ | 41.90 |
| | D5/NACL 0.45% SOD CHLOR 500ML | | \$ \$ | 55.22 |
| | SODIUM CHLORIDE 0.9% 50ML | | \$ | 53.20 |
| | DO NOT USE 8/31/17 | | \$ | 44.90 |
| | SODIUM CHLORIDE 3000ML IRRIGATION | | \$ | 71.43 |
| | DO NOT USE 8/31/17 | | \$ \$ \$ \$ \$ \$ | 44.90 |
| | STERILE WATER 1000ML IRRIGATION BAXTER | | \$ | 44.34 |
| | STERILE WATER 3000 ML IRRIGATION BAXTER | | \$ | 44.34 |
| | STERILE EMPTY VIAL & INJECTOR | | \$ | 26.36 |
| | STERILE NORMAL SALINE 0.9% 250 ml bott | | \$ \$ \$ | 9.00 |
| | HEARTSTART PADS | | Ψ | 82.36 |
| | ELECTRODE ONE STEP ADULT ZOLL | | \$ | 206.55 |
| | ELECTRODE ONE STEP PEDS ZOLL | | \$ | 170.10 |
| | MAINSTREAM AIRWAY ADAPTER | | \$ | 27.72 |
| | ESOPHAGEAL STETHOSCOPE 18FR | | \$ | 9.44 |
| | SPINAL ANETHESIA TRAY | | \$ | 96.28 |
| | SPINAL TRAY ANETHESIA (DO NOT ORDER | | φ \$ | 83.68 |
| | SPINAL TRAY | | \$ | 130.23 |
| | CYSTOSCOPY SET | | φ \$ | 15.32 |
| | FETAL BLOOD SAMPLING KIT | | \$ | 50.00 |
| | FETAL MONITOR PRESSURE KIT | | φ \$ | 26.24 |
| | LUMBAR PUNCTURE SETS PEDS | | φ \$ | 49.52 |
| | LUMBAR PUNCTURE SET ADULT | | | 52.00 |
| | THORCENTESIS TRAY | | \$ \$ | 112.98 |
| | THORGENTESIS TRAY THORACENTESIS/PARACENTESIS TRAY | | φ \$ | 112.96 |
| | CULDECENTESIS CULDECENTESIS TRAT | | φ \$ | 22.10 |
| | CATH TRAY VENOUS CENTRAL TRIPLE LUMEN | | | 169.50 |
| | WILLIAMS CYSTOSCOPIC INJECTION NEEDLE | | \$ | |
| | | | \$ | 77.40 |
| | CRICOTHYROTOMY CATH SET CDTJV9060PATIL | | \$ \$ | 169.05 |
| | CRICOTHYROTOMY MELKER EMERGENCY CATH SET | | ф | 305.84 |
| | CATH TRAY VENOUS CENTRAL TRIPLE LUMEN | | \$ | 252.54 |
| | CATH TRAY VENOUS CENTRAL TRIPLE LUMEN 15 | | \$ | 448.14 |
| | PORT IMPLANTED W/GROSH CATH & INTRO KIT | | \$ | 966.15 |
| | VAGINAL EXAM | | \$ | 12.55 |
| | VASECTOMY | | \$ | 73.55 |
| | INTRAN IUP-650(CATH/INTRAUTERINE PRESSR | | \$ | 105.00 |
| | UTERINE SOUND DISPOSABLE | | \$ \$ \$ | 7.73 |
| | FLUID WARMING SET (LEVEL 1) | | ф | 50.76 |
| | MICRO EZ UNIVERSAL PTFE 4.5FR. 5CM | | \$ \$ | 190.20 |
| | TRAY EPIDURAL CONT. 17G TUOHY NEEDLE | | | 124.50 |
| | TRAY EPIDURAL SINGLE SHOT 20GX3-1/2 NDL | | \$ | 64.16 |
| | TRAY, EPIDURAL CONT-OPEN END CATH | | \$ | 119.68 |
| Z004UU41 | MICRO EZ UNIVERSAL PTFE 3.5FR. 5CM | | \$ | 190.20 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | | | |
|----------|---|---------|----------|--------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| | INDUCTION 1ST 3 HOURS | | \$ | 95.30 |
| | INTUBATION ORAL | | \$ | 14.65 |
| | TEMPORARY PERVENOUS LEAD W/ DEPTH MARKIN | | \$ | 144.00 |
| | LACERATION SET | | \$ | 42.65 |
| | CHEST DRAINAGE SINGLE COLLECTION SET | | \$ | 111.03 |
| | CHEST DRAINAGE SINGLE COLLECTION SET | | \$ | 180.93 |
| | PNEUMOTHORAX KIT (ARROW BRAND) | | \$ | 258.00 |
| | BAIR HUGGER FLUID WARMING WET | | \$ | 35.00 |
| | BONE MARROW BIOPSY TRAY | | \$ | 110.80 |
| | CATHETER KIT CENTRAL VENOUS | | \$ | 517.50 |
| | DO NOT USE 11/2/17 | | \$ | 222.75 |
| | POWERLINE CENTRAL VENOUS CATHETER 5FR | | \$ | 462.00 |
| | POWER PICC SOLO CATHETER 4FR | | \$ | 335.16 |
| | CATH PICC 4 FR SGL LUMIN GROSHONG CNTRL | | \$ | 166.73 |
| | CATH CV GROSHONG 9.5 FR DUAL LUMEN | | \$ | 224.40 |
| | POWER PORT M R I IMPLANT PORT 8FR | | \$ | 487.50 |
| | COMBITUBE (ESOPH TRACH TUBE) | | \$ | 291.00 |
| | MED CUPS CLEAR PLASTIC 30 ML | | \$ | 1.85 |
| | MED CUPS PORTION | | \$ | 3.60 |
| | SPECIMEN MEASURE | | \$ | 2.00 |
| | URINAL W/LID | | \$ | 2.10 |
| | MED CUPS SOFT PLASTIC (LAB) | | \$ | 3.65 |
| 28650026 | SHARP CONTAINERS DISP SAGE 442-8512-1 | | \$ | 9.90 |
| 28650052 | URINE STRAINER | | \$ | 4.60 |
| 28660036 | SANDOZ RT ANGLE CONNECT TUBE | | \$ | 22.48 |
| | DUO THERM PAD 18 X 24 NEW PUMP | | \$ | 54.92 |
| | ELECTRODE INFANT 3 PAK | | \$ \$ | 9.40 |
| | ELECTRODE POST-OP STERILE 1.5 X9 | | \$ | 50.00 |
| | FETAL MONITORING ELECTRODE | | \$ | 20.56 |
| | HIBICLENS 960 ML (CHLORHEXICINE GLUCONAT | | \$ | 32.60 |
| | ELECTRODE EXTERNAL PACING | | \$ | 117.48 |
| | REACHER | | \$ | 54.65 |
| | LAMP FOR LARYNGO BLADE SIZE 0 | | \$ | 4.90 |
| | SALINE WIPES STERILE (PDI# C22370) | | \$ | 6.85 |
| | SUCTION CANISTER 3000CC | | \$ | 6.80 |
| | ELECTRODE FETAL SPIRAL | | \$ | 18.08 |
| | FLASHLIGHTS PLASTIC | | \$ | 16.10 |
| | SHARPIE MARKER (BLACK) | | \$ | 1.80 |
| | SHARPS CONTAINER AND DISPOSAL | | \$ | 10.00 |
| | PROCTOSCOPE (ANOSCOPE HIRSHMAN DISP | | \$ | 10.89 |
| | HAND AID ARTERIAL WRIST SUPPORT | | \$ | 52.80 |
| | ARMBOARD, DISP ADULT 3 X17 | | \$ | 2.60 |
| | ALLKARE PROTECTIVE BARRIER WIPE 100/BX | | \$ | 32.15 |
| | LAMPS LARGE | | \$ | 2.50 |
| | CALMOSEPTINE 1/8 OZ FOIL PACKET | | \$ | 24.00 |
| | EXT.ST/MANIFOLD | | \$ | 15.72 |
| | INSUFFLATOR BULB & TUBE W/TIP | | \$ | 20.55 |
| | TUCKS 40/PKG (PURCHASING) | | \$ | 11.20 |
| | OSTOMY STOMAHESIVE WAFER 70MM | | \$ | 16.16 |
| | CALMOSEPTINE 4 OZ | | \$ | 24.00 |
| | OSTOMY WIPE PRCTCTVE BARRIER | | \$ | 69.48 |
| | LAMP SURG TONGSTEN-HALOGEN | | \$ | 74.75 |
| | OSTOMY POUCH 70MM/2 3/4 FLANGE | | \$ | 4.40 |
| | LAMP WELCH ALLYN #03000 | | \$ | 35.80 |
| | WALL POCKET | | \$ | 21.55 |
| 200002/0 | WHEELCHAIR CUSHION | | \$ | 20.55 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, | | | |
|----------|--|---|----------------------|----------|
| IVNUM | | | | PRICE1 |
| | GEO MAT 34X72X3.5 | | \$ | 63.35 |
| | PIPELLE ENDOMETRIAL | | \$ | 23.16 |
| | DONUT INFLATABLE | | \$ | 18.80 |
| | UTERINE EXPLORA CURETTE LATEX FREE | 9 | \$ | 23.00 |
| | HAND SANITIZER (PURELL) | | \$ | 3.50 |
| | SHARPS CONTAINER 5 GAL SIZE | | \$ \$ \$ \$ | 29.65 |
| | SPECULUM LAMP REPLACEMENT (08800 WA) | | \$ | 25.15 |
| | CAUTERY VASEC TEMP | Ş | \$ | 67.20 |
| | LAMP WELCH ALLYN | Ş | \$ | 25.15 |
| | CHEMO SPILL MAT | Ş | \$ | 5.06 |
| | EYE SHIELD | Ş | \$ | 11.36 |
| | SANI CLOTH GERMICIDAL GRAY | Ş | \$ | 12.95 |
| | GLOVE LINERS SMALL (12 PR/PK) | Ş | \$ | 88.20 |
| | GLOVE LINERS MEDIUM (12 PR/PK) | Ş | \$ | 88.20 |
| | GLOVE LINERS LARGE (12 PR/PK) | Ş | \$ | 68.60 |
| | SALINE WOUND WASH 7 OZ (12/CS) | Ş | \$ | 17.28 |
| | SPLINT FINGER (STAX) SIZE 6 | Ş | \$ | 5.50 |
| | B/P CUFF NEONATE SIZE 4 (MINDRAY) | 9 | \$ | 28.08 |
| 28660430 | B/P CUFF NEONATE SIZE 5 (MINDRAY) | 9 | \$ | 28.08 |
| | NUPREP ECG & EEG CREAM 4 0Z | 9 | \$ | 30.00 |
| 28660489 | VASHE WOUND THERAPY 250ML | | \$ | 54.00 |
| 28660491 | B/P CUFF NEONATE SIZE 3 (MINDRAY) | | \$ | 28.08 |
| 28660507 | BULB PROJECTOR EVW 250W 82V | | \$ | 39.65 |
| 28660509 | BULB PROJECTOR ENX | | | 42.95 |
| 28660535 | BIS EEG ELECTRODE (ASPECT MEDICAL) | | \$ | 69.00 |
| 28660536 | LAMP PROJECTOR FHS 82V 300W | | \$ | 41.45 |
| 28660549 | LAMP (AMSCO SURG SPOTLIGHT) | 9 | \$ | 72.20 |
| 28660556 | SHARPS CONTAINER SM RED | 9 | \$ | 3.93 |
| 28660569 | CORD CLAMP CLIPPER (NURSERY) | 9 | \$ | 24.00 |
| 28660756 | CLIPPER BLADES (ER) 4412A | | \$ | 37.05 |
| 28660929 | LIGHT BULB/WALLACE ZOOMSCOPE | 9 | \$ | 76.65 |
| 28661002 | B/P CUFF NEONATE SIZE 2 (MINDRAY) | 9 | \$ | 28.08 |
| | B/P CUFF NEONATE SIZE 1 (MINDRAY) LEG | Ş | \$ | 28.08 |
| 28661010 | B/P CUFF ADULT SMALL DISPOSABLE 18-26 | 9 | \$ | 21.54 |
| | B/P CUFF ADULT DISPOSABLE 26-35 | | \$ | 22.32 |
| | B/P CUFF ADULT LONG DISPOSABLE 29-38 | | \$ | 22.74 |
| 28661013 | B/P CUFF ADULT SMALL DISPOSABLE 18-26 | | \$ | 22.44 |
| | B/P CUFF ADULT DISPOSABLE 26-35 | | \$ | 22.50 |
| | B/P CUFF ADULT L DISPOSABLE 29-38 | Ş | \$ \$ | 22.98 |
| 28680009 | | | | 26.36 |
| | STANDARD EVLT KIT | Ş | \$ | 465.00 |
| 28680021 | | | \$ | 26.36 |
| | TUBING FOR STANDARD EVLT KIT | Ş | \$ \$ | 30.00 |
| | SPINAL NEEDLE 22GA. FOR TUMESCENT INJECT | | | 15.00 |
| | IOBAN 2 6651 23x33 | | \$ | 38.28 |
| | AUTOSUTURE LAP-CHOLE KIT | | | 1,028.00 |
| | LAP CHOLE PAK ENDO INSTRUMENTS | | | 1,541.00 |
| | LAP CHOLE 2 PAK(REV 5/00)800-633-5463 | | \$ | 483.24 |
| | LAP CHOLE (FLEX) PAK ETHICON | | | 1,092.15 |
| | LAP CHOLE KIT (ETHICON STANDARD) | | \$ | 783.23 |
| | LAP CHOLE PAK FROM CAMPBELL CO. HOSP | | \$ | 358.58 |
| | GLASSMAN VISCERA RETAINER FISH | | \$ | 102.00 |
| | POSITIONER ARM | | \$ | 10.58 |
| | POSITIONER ULNER NERVE PROTECTOR | | \$ | 16.36 |
| | TOREX HOT COLD PACK 10X13.5 | | \$ | 73.68 |
| 28690002 | CAUTERY TIP TEFLON TIP E-Z CLN(12/BX) | (| \$ | 19.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|----------|---|---------|----------|------------------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 28690009 | CAUTERY PENCIL DISP ER | | \$ | 14.56 |
| 28690010 | CHOLANGIOGRAM CATHETER | | \$ | 118.00 |
| 28690011 | DERMATONE (BROWN) BLADES STERIL | | \$ | 144.00 |
| 28690014 | DERMACARRIER 1 1/2 X 1 | | \$ | 76.00 |
| | KUMAR CATHETER 19G | | \$ | 137.00 |
| | JACKSON PRATT FLAT SUCT DRAIN(SU130-1309 | | \$ | 28.00 |
| | JACKSON PRATT SUC RESERV 100CC | | \$ | 60.28 |
| | FOGARTY BILITARY BLN CATH 5F | | \$ | 284.00 |
| | HARRIS UTERINE MANIPULATOR | | \$ | 184.00 |
| | JACKSON PRATT ROUND DRAIN 1/8 | | \$ | 67.96 |
| | IRRIGATOR(UNIVERSAL TRUMPET VALVE)12/CS | | \$ | 246.96 |
| | BIOPSY PUNCH SKIN -8MM | | \$ | 17.58 |
| | BIOPSY PUNCH SKIN -10MM | | φ \$ | 21.59 |
| | TEMPERATURE PROBE | | | 32.00 |
| | | C1701 | \$ | |
| | MESH MARLEX 10X14 | C1781 | \$ | 483.00 |
| | INSUFFLATOR TUBING | | \$ | 23.40 |
| | NEEDLES ANCHOR DISP MAYO | | \$ | 7.00 |
| | NEEDLES ANCHOR # 1824-5D | | \$ | 8.28 |
| | INSUFFLATOR ANTIFOG MASK | | \$ | 91.00 |
| | OPTHTHALMIC BURR 1/2 RND (000) | | \$ | 26.68 |
| | POWERLOC INJECTABLE INFUSION SET 20X1 | | \$ | 22.50 |
| | SUCTION TUBING (OLYMPUS) | | \$ | 79.68 |
| | POWERLOC INJECTABLE INFUSION SET 20X3/4 | | \$ | 22.50 |
| | POWERLOC INJECTABLE INFUSION SET 20X1.50 | | \$ | 22.50 |
| | SUCTION COAGULATOR | | \$ | 28.80 |
| | MAX COR BIOPSY 18GAX10MM INSTR BARD 5/BX | | \$ | 113.49 |
| | INFUSION SET WINGED 20 GA X 8 | | \$ | 24.12 |
| | VEIN STRIPPER DISP CODMAN | | \$ | 168.00 |
| | BIOPSY PUNCH SKIN GREEN DD-2MM | | \$ | 18.72 |
| | BIOPSY PUNCH SKIN BLUE DD-3MM | | \$ | 20.00 |
| | HEMOVOC PVC DRAIN W/TROCAR | | \$ | 58.64 |
| | HEMOVAC SNYDER EVAC | | \$ | 101.67 |
| | BIOPSY PUNCH SKIN YELLOW DD-4MM | | \$ | 17.92 |
| | BIOPSY PUNCH SKIN PINK DD-5MM | | \$ | 17.24 |
| | LAPROSCOPIC ENDO DISSECT | | \$ | 422.00 |
| | LAPORASCOPY ENDO GRASPER | | \$ | 460.00 |
| | BIOPSY PUNCH SKIN ORANGE DD-6MM | | \$ | 17.92 |
| | ENDOSCOPY GRASPING FORCEPS | | \$ | 168.54 |
| | SPONGE TONSIL 7/8 MED 5/PKDO NOT USE | | \$ | 13.24 |
| | TONSIL SNARE WIRE #9 | | \$ | 7.00 |
| | STRYKEFLOW 2 WITH TIP PKG ASSY. | | \$ | 206.50 |
| | TONSIL SPONGE MEDIUM | | \$ | 16.00 |
| | KCI DRESSING SM. (5/BX) | | \$ | 210.45 |
| | HEMOVAC 3/16 15FR 400ML | | \$ | 101.00 |
| | HEMOVAC SNYDER SURGIVAC | | \$ | 129.00 |
| | ELECTRO PAD POLYHESIVE II (ER) | | \$ | 7.00 |
| | K-WIRES | | \$ | 44.00 |
| | MASK FACE ADULT LG ANESTH | | \$ | 8.00 |
| | KCI DRESSING LG | | \$ | 191.49 |
| | CATH CHOLANGIO REDDICK RCD-50/S 4F-50CM | | \$ | 345.00 |
| | HEMOVAC 1/4 19FR DO NOT USE | | \$ | 42.00 |
| | CATHETER REDDICK CYSTIC DUCT | | \$ | 305.00 |
| | LAPAROSCOPY ENDOCUE APPLIES | | \$ | 516.00 |
| | LAPAROSCOPY ENDOCLIP APPLIER KCI CANISTER KIT W/ISOLYSER GEL | | \$ \$ | 564.00 |
| | CATHETER HEMED 9.5FR | | ֆ \$ | 114.30 268.50 |
| 20030140 | OATTILITEIN TILIVILU 3.3FR | | φ | 200.30 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|----------|---|---------|----------------------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | KCI CANNISTER (5/BX) | | \$ | 123.63 |
| | DO NOT USE | | \$ | 12.00 |
| 28690154 | KCI DRESSING X-LG (5/BX) | | \$ | 232.53 |
| 28690155 | LAPARSCOPY SURGIPORT 5MM | | \$ | 288.00 |
| 28690156 | SURGICEL 2 X 3 HEMOSTAT | | \$ | 170.79 |
| 28690158 | LAPAROSCOPIC APPLIER LIGACLIP | | \$ | 329.00 |
| 28690159 | JACKSON PRATT ROUND | | | 28.24 |
| | SURGIPRO 3-0 | | \$ \$ \$ \$ | 102.00 |
| | JACKSON PRATT ROUND FULL CHANNEL SILICON | | \$ | 28.24 |
| | CONTACT LENS REMOVER | | \$ | 7.20 |
| | POST-OP SHOE MEN SMALL | | \$ | 37.60 |
| | SHOE POST-OP MEDIUM MEN'S | | \$ | 37.60 |
| | POST-OP SHOE MEN LRG | L3260 | \$ | 36.00 |
| | SHOE POST-OP SMALL WOMEN'S | A9270 | \$ | 35.85 |
| | SHOE POST-OP MEDIUM WOMEN'S | L3260 | φ \$ | 59.00 |
| | | | | |
| | SHOE POST-OP LARGE WOMEN'S | L3260 | \$ | 37.60 |
| | LAPARSCOPY REDUCER TROCAR | | \$ \$ \$ | 65.00 |
| | CATHETER GROSHONG 9.5FR 800-545-0890 | | \$ | 456.00 |
| | LAPORASCOPY SURGI-NEEDLE 120MM | | \$ | 145.00 |
| | ENDOSCOPY POLYPECTOMY SNARE | | \$ | 100.00 |
| | CATHETER INTRAUTERINE PRESSURE | | \$ | 40.00 |
| | LAPAROSCOPY PLEATMAN SAC | | \$ | 99.80 |
| 28690175 | LAPAROSCOPY U C CLEARLY | | \$ | 19.80 |
| 28690176 | LAPROSCOPY IRRIG TUBING SET Y | | \$ \$ \$ | 100.00 |
| 28690177 | TROCAR SURGICAL BLUNT TIP | | \$ | 509.00 |
| 28690178 | CATHETER CHOLANIOGRAM BALLOON | | \$ | 354.00 |
| 28690179 | KCI EXTENSION TUBING | | \$ | 59.84 |
| 28690181 | LAPORASCOPY SURGIPORT 10MM | | \$ | 357.00 |
| 28690182 | GIGLI WIRE SAW WIRES 20 | | \$ | 51.00 |
| 28690186 | BLADES BEAVER MINI | | \$ | 55.85 |
| 28690190 | CATHETER INTRAUTERINE PRESSUR | | \$ | 164.00 |
| 28690191 | HEMOCLIPS LARGE 15 CLIPS/PK-10 PK/BX | | \$ | 17.00 |
| 28690192 | LAP SURGIPORT 5.5MM | | \$ | 69.00 |
| 28690193 | VASCULAR GRAFT | | \$ | 931.00 |
| 28690194 | VASCULAR GRAFT | | \$ | 1,323.00 |
| 28690195 | ARTHRO BLADE 3 5 FULL RADIUS | | \$ | 247.00 |
| 28690196 | AUTOSUTURE SPRING-GRIP 5MM | | \$ | 46.00 |
| 28690197 | BEAVER BLADE HANDLE | | \$ | 66.00 |
| 28690198 | MASK YOUTH ANESTH-RESP-FACE | | \$ | 8.52 |
| 28690199 | MASK INFANT ANSTH-RESP-FACE | | \$ | 8.40 |
| 28690200 | VESSEL LOOP MINI RED 2 PKG | | \$ | 7.00 |
| 28690209 | CATHETER CHOLANGIOGRAPHY | | \$ \$ \$ | 212.90 |
| 28690210 | EYE LAVAGE MORGAN MEDI-FLOW | | \$ | 56.48 |
| | GRASPER WITH RACHET | | \$ | 336.00 |
| | CATHETER GROSHONG 9.5 DUAL LUMEN 2 VITA | | \$ | 576.00 |
| | SURGIWAND II SUCTION/IRRIGATION 3/BX | | \$ | 275.79 |
| | INSUFULATOR TUBING SET | | \$ | 57.00 |
| | KENDALL RIGID SOLE FOOT COVER REGULAR | | \$ | 243.60 |
| | KENDALL RIGID SOLE FOOT COVER LARGE | | \$ | 243.60 |
| | KENDALL COMPRESSION SLEEVE THIGH SMALL | | \$ | 248.94 |
| | KENDALL COMPRESSION SLEEVE THIGH MEDIUM | | \$ | 263.49 |
| | KENDALL COMPRESSION SLEEVE THIGH LARGE | | \$ | 183.30 |
| | DERMACARRIER 3-1 | | \$ | 71.52 |
| | DERMACARRIER 1 1/2 X 1 | | \$ | 100.32 |
| | COUGH BUDDY TEDDY BEAR POST OP PILLOW | | \$ | 31.25 |
| | KCI V.A.C. DRAPE AND BLK FOAM (MINI SET) | | Ψ \$ | 80.80 |
| 20030240 | NOT V.A.O. DIVALE AND DELLI OAN (MINI OF I) | | Ψ | 50.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFF | ALO, WY 82834 | | |
|----------|--|---------------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | IVI | PRICE1 |
| 28690241 | KCI V.A.C. CANISTER ASSEMBLY (MINI SET) | | \$ | 297.18 |
| 28690242 | SCALPEL #10 PROTECTED DISP | | \$ | 0.68 |
| 28690244 | ELECTRODE, SIDE EFFECT MITEK | | \$ | 339.00 |
| 28690248 | FULL RADIUS BLADE 3.5MM DISP(6/BX) | | \$ | 178.44 |
| | ACROMIONIZER 4.0MM (6/BX) | | \$ | 178.44 |
| | ENDOPOUCH SPEC RET BAG 3 X 6 | | \$ | 197.64 |
| | MONOPTY BIOPSY INSTR 18GX16MM BARD 10/BX | | \$ | 99.00 |
| | MONOPTY BIOPSY INSTRUMENT 20G X 16CM | | \$ | 99.00 |
| | CATH KIT PLEURX PLEURAL | | \$ | 598.50 |
| | PLEURX DRAINAGE KIT FOR PLEURX CATH | | \$ | 156.00 |
| | SHEATH IRC 2100 REDFIELD | | \$ | 29.52 |
| | COUGH BUDDY MOOSE | | \$ | 31.25 |
| | MASK ANES ADULT REG | | \$ | 5.44 |
| | | | Ф \$ | |
| | MASK ANES SM ADULT | | | 8.28 |
| | HARMONIC PISTOL GRIP 36CM LONG | | | 1,247.89 |
| | HARMONIC SISSOR HANDLE 14CM LONG | | \$ | 785.54 |
| | HARMONIC SCAPEL DISSECTING HOOKS | | \$ | 288.66 |
| | HARMONIC CAP FOR SCAPEL | | \$ | 141.42 |
| | ETS ENDOSCOPIC LINEAR | | \$ | 466.80 |
| | ETS ENDOSCOPIC RELOADS | | \$ | 220.91 |
| | EYE-PROTECTOR/OPTI-GARD | | \$ | 13.44 |
| | RADIAL-ARTERY CATH. SET | | \$ | 34.52 |
| | EPIDURAL LINE PRIMARY IV PLUMSET | | \$ | 50.64 |
| | KCI DRESSING (MED) | | \$ | 132.67 |
| | ENDO GIA UNIVERSAL | | \$ | 515.79 |
| | ENDO GIA UNIV. STRAIGHT 60-3.5 SULU | | \$ | 513.66 |
| | ENDO GIA UNIV. STRAIGHT 45-3.5 SULU | | \$ | 468.93 |
| | ENDO GIA UNIV. STRAIGHT 45-2.5 SULU | | \$ | 633.91 |
| | ENDO GIA UNIV. STRAIGHT 45-2.0 SULU | | \$ | 325.58 |
| | SUCTION POLYP TRAP | | \$ | 60.00 |
| | AWS VALVE SET DISPOSABLE 3 PIECE | | \$ | 47.00 |
| | SUMP DRAIN 5/8 X 15 SILCONE | | \$ | 118.80 |
| | RETAINER FISH VISCERA MEDIUM | | \$ | 76.36 |
| | RETAINER FISH VISCERA EXTRA LARGE | | \$ | 89.96 |
| | CATHETER SUPRAPUBIC INTRODUCER | | \$ | 207.51 |
| | CATHETER CHOLEANGIOGRAM 4.5 | | \$ | 88.00 |
| | CATHETER CHOLEANGIOGRAM 6.5 | | \$ | 88.00 |
| | INTRODUCER PI-104 2.7MMX8.9CM | | \$ | 68.00 |
| | INSUFFLATION/ACCESS NEEDLE 14 GAUGE | | \$ | 90.90 |
| | ROTATOR CUFF QUICKANCHOR PLUS(GRN ETHIBO | | \$ | 379.50 |
| | UPPER EXTREMITY DRAPE | | \$ | 118.00 |
| | INTERJECT CONTRAST INJECTION NEEDLE | | \$ | 153.00 |
| | ULTRAPRO MESH 3X6 | C1781 | \$ | 453.00 |
| | CATH 22FR MALECOT/PROPORTIONATE HEAD | | \$ | 91.76 |
| 28690321 | CATH 24FR MALECOT/PROPORTIONATE HEAD | | \$ | 68.80 |
| | ENDO STITCH 10MM SUTURING | | \$ | 569.50 |
| | AUX CHANNEL ADAPTER DISPOSABLE OLYMPUS | | \$ | 28.50 |
| | SURGIDAC TRIPLE STITCH 2/0 GREEN 7 | | \$ | 159.81 |
| | DO NOT USE | | \$ | 119.37 |
| | VENTRALEX HERNIA PATCH | C1781 | | 1,045.00 |
| | ENDOSCOPIC BLADE | | | 1,042.50 |
| | LARGE THIGH GARMENT | | \$ | 257.70 |
| | ELECTRODE,VAPRS90 4MM | | \$ | 468.00 |
| | VAC GRANUFOAM KCI SM. (5/BX) | | \$ | 169.95 |
| | KCI TRAC VAC VERSAFOAM LARGE | | \$ | 169.95 |
| 28690338 | KCI TRAC VAC KIT | | \$ | 169.20 |
| | | | | |

| N /N 11 18 # | JOHNSON COUNTY HEALTHCARE CENTER, BUT | | | DD10E4 |
|--------------|--|---------|----------------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | KCI TRAC VAC VERSAFOAM SMALL | | \$ | 41.92 |
| | VAPR ANGLED SIDE EFFECT ELECTRODE (MITEK | | \$ | 430.50 |
| | 12M X100M TROCAR THREADED | | \$ | 116.00 |
| 28690346 | 11M X100M TROCAR THREADED | | \$ | 140.00 |
| 28690347 | 5M X100M TROCAR THREADED | | \$ | 105.51 |
| 28690348 | RECIPROCATOR BLADE | | \$ \$ | 90.00 |
| 28690360 | GASTROSTOMY FEEDING TUBE | | \$ | 141.75 |
| 28690361 | DRAPE PATIENT ISOLATION W/POUCH | | \$ | 191.55 |
| 28690362 | OR LEG HOLDER DISPOSABLE | | \$ | 13.60 |
| 28690363 | GASTROSTOMY FEEDING TUBE 20FR | | \$ | 180.30 |
| | ARTERIAL WRIST SUPPORT | | \$ | 32.49 |
| | HEMOVAC SNYDER 1/4 IN 19F O D | | \$ | 103.95 |
| | HEMOVAC SYNDER 3/16 15F O D | | \$ | 69.90 |
| | SYNTHETIC CAST PADDING 3 | | \$ \$ \$ \$ \$ | 4.50 |
| | SYNTHETIC 4 STERILE | | Φ | 5.80 |
| | SUTURE FIBERWIRE BRAIDED PB#2 (12/BX) | | φ \$ | 74.00 |
| | CORKSCREW FT II SUTURE ANCHOR | | φ \$ | |
| | | | | 345.00 |
| | SCORPION NEEDLE SUREFIRE | | \$ | 210.00 |
| | CANNULA, 8.25MM I.D X 7 CM STERILE | | \$ | 100.00 |
| | NEEDLE MINI RC 24MM ARTHROTEK 2/PK902963 | | \$ | 261.00 |
| | NEEDLE ENDOPATH ULTRA VERESS | | \$ \$ | 102.03 |
| | INTELJET INFLOW ONLY ARTHROS TUBE SET KT | | \$ | 158.31 |
| | CORKSCREW FT II SUTURE ANCHOR 5.5X15 | | \$ | 460.00 |
| | BLANKET BAIR HUGGER FULL BODY | | \$ | 30.00 |
| | VASECTOMY CLAMP | | \$ | 19.55 |
| | TORSO BLANKET BAIR HUGGER | | \$ \$ \$ | 42.00 |
| | TUBE SET | | | 130.00 |
| | GOFLO TUBE SET STERILE | | \$ \$ \$ \$ \$ | 30.00 |
| | TONSIL SPONGE SMALL | | \$ | 8.00 |
| | ELECTRO PAD POLYHESIVE II INFANT | | \$ | 20.86 |
| | BLADES MYRINGOTOMY | | \$ | 70.90 |
| | BLANKET BAIR HUGGER UPPER BODY | | | 34.80 |
| | CORKSCREW SUTURE ANCHOR 5.0MM | | \$ | 322.50 |
| | HEMOVAC DRAIN W/TROCAR W/O EVACUATION | | \$ | 93.44 |
| 28690494 | TURBOWHISKER BLADE 4.5MM | | \$ | 176.70 |
| | MESH PROLOOP LG ATRIUM | C1781 | \$ | 433.41 |
| 28690496 | MESH PROLOOP MED ATRIUM | C1781 | \$ | 433.41 |
| 28690497 | OPTHTHALMIC BURR BOVIE | | \$ | 43.20 |
| 28690499 | MESH PROLOOP SM ATRIUM | C1781 | \$ | 497.91 |
| 28690500 | CII PROCISE XP | | \$ | 367.00 |
| 28690501 | CII REFLEX ULTRA PTR | | \$ | 490.00 |
| 28690502 | BITE LINER | | \$ | 44.00 |
| 28690503 | EAR TUBES MYRINGOTOMY | | \$ | 135.80 |
| 28690504 | GOODE T-TUBE VENTILATION TUBE | | \$ | 102.60 |
| 28690519 | QUICKCLIP PRO 230CM | | \$ | 330.00 |
| 28690521 | HERNIA SURGIMESH WN 6X13 | | \$ | 405.00 |
| 28690522 | HERNIA PATCH SURGIMESH XB ROND 15CM | | \$ | 2,340.00 |
| 28690523 | HERNIA PATCH SURGIMESH XBskirted oval 10 | | \$ | 2,023.50 |
| 28690524 | HERNIA PATCH SURGIMESH XBskirted round 7 | | \$ | 982.50 |
| 28690525 | HERNIA SURGIMESH SHEETS T1415-8 | | \$ | 1,050.00 |
| | HERNIA SURGIMESH TINTRA C-12 | | | 2,190.00 |
| | HERNIA SURGIMESH TINTRA CK-10 | | \$ | 1,875.00 |
| | HERNIA SURGIMESH TINTRA OK-1522 | | \$ | 3,825.00 |
| 28690529 | HERNIA SURGIMESH E 1522 | | \$ | 3,525.00 |
| | HERNIA PATCH SURGIMESH XB round 10 | | \$ | 1,192.50 |
| 28690532 | HERNIA PLUG& PATCH SURGIMESH | | \$ | 532.50 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 02034 | | |
|----------|--|----------------------|--------|
| IVNUM | IVDESC IVCPTCD | | RICE1 |
| | EZ CLEAN LAP J-HOOK 13.5 | \$ | 147.54 |
| | ACE 2.75 BLADE | \$ | 111.60 |
| | EZ CLEAN ROCKER PENCIL W TIP& HOLSTER | \$ | 22.80 |
| | BOVIE PAD ADULT SINGLE MEGADYNE | \$ | 12.40 |
| | AUTOSUTURE SURGIDAC 2-0 | \$ | 207.86 |
| | AUTOSUTURE POLYSORB 2-0 | \$ | 207.86 |
| 28690542 | EXTENDED BLADE ELECTRODE 6.5 MEGADYNE | \$ | 28.02 |
| 28690543 | FIXED LEAD CABLE FOR BIPOLAR FORCEPTS | \$ \$ \$ \$ | 27.78 |
| | SAPPHIRE YELLOW MICRO 0.2 FILTER | \$ | 53.90 |
| 28690551 | SAPPHIRE YELLOW MICRO IV SET | \$ | 50.05 |
| 28690560 | PERINEAL POST PAD | \$ | 26.39 |
| 28690600 | KCI DRESSING GRANUFOAM SILVER MED | \$ | 180.09 |
| 28690601 | KCI DRESSING GRANUFOAM SILVER LG | \$ | 229.20 |
| 28690612 | ENDOSCOPIC TATT00 SPOT | \$ | 103.25 |
| 28690613 | NEEDLE INJECTION CATHETER 25G 2.5MM surg | \$ | 143.54 |
| 28690620 | ALEXIS RETRACTORS X-LG | \$ | 237.57 |
| 28691102 | ZIMMER SUPER BOWL MIXING EVAC SYSTEM | \$ | 102.81 |
| 28691242 | ZIMMER CANNULATED SCREW 70MM ** | \$ | 170.55 |
| 28691243 | ZIMMER CANNULATED SCREW 75MM** | \$ | 401.62 |
| 28691244 | ZIMMER CANNULATED SCREW 80MM X 7.0** | \$ | 645.00 |
| | ZIMMER CANNULATED SCREW 85MM** | \$ | 401.62 |
| | ZIMMER CANNULATED SCREW 90MM** | \$ | 615.00 |
| | ZIMMER CANNULATED SCREW 95MM** | \$ | 645.00 |
| | ZIMMER CANNULATED SCREW 100MM** | \$ | 615.00 |
| | ZIMMER CANNULATED SCREW 105MM** | \$ | 645.00 |
| | ZIMMER CANNULATED SCREW 110MM** | \$ | 207.00 |
| | ZIMMER GUIDE PIN 3.2 MM | \$ | 420.00 |
| | ZIMMER CANNULATED SCREW 7.0 65MM** | \$ | 159.33 |
| | STEINMANN PIN TROCAR STERILE 2MM STEEL** | \$ | 29.12 |
| | STEINMANN PIN TROCAR STERILE 2.4MM ST** | \$ | 29.12 |
| | STEINMANN PIN TROCAR STERILE 2.8MM ST** | \$ | 26.80 |
| | STEINMANN PIN TROCAR STERILE 3.2MM ST** | \$ | 36.68 |
| | STEINMANN PIN TROCAR STERILE 4.0MM ST** | \$ | 44.28 |
| | STEINMANN PIN TROCAR STERILE 4.8MM ST** | \$ | 44.28 |
| | ZIMMER DISPOSABLE CUFF 12 INCH** | \$ | 104.40 |
| | ZIMMER DISPOSABLE CUFF 18 INCH** | \$ | 133.74 |
| | ZIMMER DISPOSABLE CUFF 24 INCH** | φ \$ | 127.80 |
| | ZIMMER DISPOSABLE CUFF 18 INCH SINGLE** | φ \$ | 127.80 |
| | ZIMMER DISPOSABLE CUFF 16 INCH SINGLE ZIMMER DISPOSABLE CUFF 12 INCH DOUBLE** | φ \$ | 127.80 |
| | ZIMMER DISPOSABLE CUFF 12 INCH DOUBLE** | φ \$ | 127.80 |
| | DRILL BIT 3.2 L145 AO | φ \$ | 369.00 |
| | DRILL BIT 4.5 L145 | φ \$ | 387.00 |
| | | Ф \$ | 297.00 |
| | DRILL BIT 4.3 L262 TAP 5.0 140 | | |
| | | \$ | 327.00 |
| | TAP 4.5 145 AO FITTING | \$ | 343.50 |
| | LAG SCREW TAP | \$ | 367.50 |
| | GUIDE PIN THREADED TIP 2.8 230 | \$ | 122.50 |
| | GUIDE WIRE THREADED TIP 2.8 230 | \$ | 387.00 |
| | CORTICAL SCREW 4.5 30 | \$ | 98.00 |
| | CORTICAL SCREW 4.5 32 | \$ | 98.00 |
| | CORTICAL SCREW 4.5 34 | \$ | 98.00 |
| | CORTICAL SCREW 4.5 36 | \$ \$ \$ | 98.00 |
| | CORTICAL SCREW 4.5 38 | \$ | 98.00 |
| | CORTICAL SCREW 4.5 40 | \$ | 98.00 |
| | CORTICAL SCREW 4.5 42 | \$ | 98.00 |
| 28693019 | CORTICAL SCREW 4.5 44 | \$ | 98.00 |

| N /N 11 18 # | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|--------------|---|---------|----------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | CORTICAL SCREW 4.5 46 | | \$ | 98.00 |
| | CORTICAL SCREW 4.5 48 | | \$ | 98.00 |
| | CORTICAL SCREW 4.5 50 | | \$ | 98.00 |
| | CORTICAL SCREW 4.5 52 | | \$ \$ | 98.00 |
| 28693024 | CORTICAL SCREW 4.5 54 | | \$ | 98.00 |
| 28693025 | LOCKING INSERT 5.0 | | \$ | 232.75 |
| 28693026 | CABLE PLUG 5.0 | | \$ | 232.75 |
| 28693030 | LOCK SCREW 5.0 30 | | \$ | 430.50 |
| 28693031 | LOCK SCREW 5.0 32 | | \$ | 430.50 |
| 28693032 | LOCK SCREW 5.0 34 | | \$ | 430.50 |
| | LOCK SCREW 5.0 36 | | \$ | 430.50 |
| | LOCK SCREW 5.0 38 | | \$ | 430.50 |
| | LOCK SCREW 5.0 40 | | \$ | 430.50 |
| | LOCK SCREW 5.0 42 | | \$ | 430.50 |
| | LOCK SCREW 5.0 44 | | \$ | 430.50 |
| | LOCK SCREW 5.0 46 | | \$ | 430.50 |
| | LOCK SCREW 5.0 48 | | Ψ \$ | 430.50 |
| | | | Ф \$ | |
| | LOCK SCREW 5.0 50 | | | 430.50 |
| | LOCK SCREW 5.0 55 | | \$ | 430.50 |
| | LAG SCREW 50 | | \$ | 471.45 |
| | LAG SCREW 55 | | \$ | 471.45 |
| | LAG SCREW 60 | | \$ | 471.45 |
| | LAG SCREW 65 | | \$ | 471.45 |
| | LAG SCREW 70 | | \$ | 471.45 |
| | LAG SCREW 75 | | \$ | 471.45 |
| | LAG SCREW 80 | | \$ | 471.45 |
| | LAG SCREW 85 | | \$ | 471.45 |
| | LAG SCREW 90 | | \$ | 471.45 |
| | LAG SCREW 95 | | \$ | 471.45 |
| | LAG SCREW 100 | | \$ | 471.45 |
| | LAG SCREW 105 | | \$ | 471.45 |
| | LAG SCREW 110 | | \$ | 832.50 |
| | LAG SCREW 115 | | \$ | 471.45 |
| | LAG SCREW 120 | | \$ | 471.45 |
| | LAG SCREW 125 | | \$ | 471.45 |
| | LAG SCREW 130 | | \$ | 471.45 |
| | COMPRESSION SCREW | | \$ | 417.00 |
| | HIP PLATE 130 2 HOLE | | \$ | 730.80 |
| | HIP PLATE 130 3 HOLE | | \$ | 730.80 |
| | HIP PLATE 130 4 HOLE | | \$ | 730.80 |
| | HIP PLATE 130 5 HOLE | | \$ | 730.80 |
| | HIP PLATE 135 2 HOLE | | \$ | 730.80 |
| 28693080 | HIP PLATE 135 3 HOLE | | \$ | 730.80 |
| 28693081 | HIP PLATE 135 4 HOLE | | \$ | 730.80 |
| 28693082 | HIP PLATE 135 5 HOLE | | \$ | 730.80 |
| 28693083 | HIP PLATE 135 6 HOLE | | \$ | 730.80 |
| 28693084 | HIP PLATE 140 3 HOLE | | \$ | 730.80 |
| 28693085 | HIP PLATE 140 4 HOLE | | \$ | 730.80 |
| 28693086 | HIP PLATE 145 4 HOLE | | \$ | 730.80 |
| 28693087 | HIP PLATE SHORT 135 4 HOLE | | | 1,293.00 |
| 28693200 | K-WIRE 1.25X150 | | \$ | 32.50 |
| 28693201 | K-WIRE 1.6X150 | | \$ | 32.50 |
| | K-WIRE 2.0 | | \$ | 32.50 |
| 28693203 | TAP 4.0 | | \$ | 289.50 |
| | DRILL BIT 3.2 | | \$ | 235.50 |
| 28693205 | DRILL BIT 2.7 | | \$ | 297.00 |

| 13.7511.184 | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | | IV/D | DICE4 |
|-------------|---|---------|----------------|--------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| 28693206 | | | \$ | 355.50 |
| | DRILL BIT 2.0 | | \$ | 297.00 |
| 28693208 | | | \$ | 343.50 |
| 28693209 | | | \$ | 343.50 |
| | DRILL BIT 3.5 | | \$ | 268.50 |
| | DRILL BIT 2.5 | | \$ | 268.50 |
| 28693212 | | | \$ | 237.00 |
| | DRILL BIT 2.3 | | \$ | 237.00 |
| | CORTICAL SCREW 2.7 14 | | \$ | 98.00 |
| | CORTICAL SCREW 2.7 16 | | \$ \$ \$ | 98.00 |
| | CORTICAL SCREW 2.7 18 | | \$ | 98.00 |
| | CORTICAL SCREW 2.7 20 | | \$ | 98.00 |
| | CORTICAL SCREW 2.7 22 | | \$ | 98.00 |
| | CORTICAL SCREW 2.7 24 | | \$ | 98.00 |
| | CORTICAL SCREW 2.7 26 | | \$ | 98.00 |
| | CORTICAL SCREW 2.7 28 | | \$ | 98.00 |
| 28693228 | CORTICAL SCREW 3.5 10 | | \$ | 98.00 |
| 28693229 | CORTICAL SCREW 3.5 12 | | \$ | 98.00 |
| 28693230 | CORTICAL SCREW 3.5 14 | | \$ | 196.00 |
| 28693231 | CORTICAL SCREW 3.5 16 | | \$ | 98.00 |
| 28693232 | CORTICAL SCREW 3.5 18 | | \$ | 98.00 |
| 28693233 | CORTICAL SCREW 3.5 20 | | \$ \$ \$ | 98.00 |
| 28693234 | CORTICAL SCREW 3.5 22 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 24 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 26 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 28 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 30 | | \$ \$ \$ | 98.00 |
| | CORTICAL SCREW 3.5 32 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 34 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 36 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 38 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 40 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 42 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 44 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 46 | | \$ | 196.00 |
| | CORTICAL SCREW 3.5 48 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 50 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 55 | | \$ | 98.00 |
| | CORTICAL SCREW 3.5 60 | | ψ | 98.00 |
| | CANCELLOUS SCREW 4.0 10 FULL THREAD | | \$ \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 10 FOLL THREAD | | φ \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 12 FOLL THREAD | | φ | 98.00 |
| | | | \$ \$ \$ | |
| | CANCELLOUS SCREW 4.0 16 FULL THREAD | | Φ | 98.00 |
| | CANCELLOUS SCREW 4.0 18 FULL THREAD | | φ | 98.00 |
| | CANCELLOUS SCREW 4.0 20 FULL THREAD | | \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 22 FULL THREAD | | \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 24 FULL THREAD | | \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 26 FULL THREAD | | \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 28 FULL THREAD | | \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 30 FULL THREAD | | \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 32 FULL THREAD | | \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 34 FULL THREAD | | \$ \$ \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 36 FULL THREAD | | \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 38 FULL THREAD | | \$ | 98.00 |
| | CANCELLOUS SCREW 4.0 40 FULL THREAD | | \$ | 98.00 |
| 28693271 | CANCELLOUS SCREW 4.0 45 FULL THREAD | | \$ | 98.00 |

| | TOUNSON COON I | ПЕАL | INCARE CEN | IER, BUFFALC | | | DIOE4 |
|----------|---------------------|--------|--------------|--------------|---------|--|--------|
| IVNUM | IVDESC | | | | IVCPTCD | | RICE1 |
| | CANCELLOUS SCREW | | | | | \$ | 98.00 |
| | CANCELLOUS SCREW | | | | | \$ | 98.00 |
| | CANCELLOUS SCREW | | | | | \$ | 98.00 |
| 28693280 | CANCELLOUS SCREW | 4.0 10 | PARTIAL THRI | EAD | | \$ | 98.00 |
| 28693281 | CANCELLOUS SCREW | 4.0 12 | PARTIAL THRI | EAD | | \$ | 98.00 |
| 28693282 | CANCELLOUS SCREW | 4.0 14 | PARTIAL THRI | EAD | | \$ | 98.00 |
| 28693283 | CANCELLOUS SCREW | 4.0 16 | PARTIAL THRI | EAD | | \$ | 98.00 |
| 28693284 | CANCELLOUS SCREW | 4.0 18 | PARTIAL THRI | EAD | | \$ | 98.00 |
| | CANCELLOUS SCREW | | | | | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 98.00 |
| | CANCELLOUS SCREW | | | | | \$ | 98.00 |
| | CANCELLOUS SCREW | | | | | \$ | 98.00 |
| | CANCELLOUS SCREW | | | | | Ψ Φ | 98.00 |
| | CANCELLOUS SCREW | | | | | φ | 98.00 |
| | CANCELLOUS SCREW | | | | | φ | |
| | | | | | | Ф | 98.00 |
| | CANCELLOUS SCREW | | | | | Þ | 98.00 |
| | CANCELLOUS SCREW | | | | | \$ | 98.00 |
| | CANCELLOUS SCREW | | | | | \$ | 98.00 |
| | CANCELLOUS SCREW | | | | | \$ | 98.00 |
| | CANCELLOUS SCREW | | | | | \$ | 98.00 |
| 28693296 | CANCELLOUS SCREW | 4.0 45 | PARTIAL THRI | EAD | | \$ | 98.00 |
| 28693297 | CANCELLOUS SCREW | 4.0 50 | PARTIAL THRI | EAD | | \$ | 98.00 |
| 28693298 | CANCELLOUS SCREW | 4.0 55 | PARTIAL THRI | EAD | | \$ | 98.00 |
| 28693299 | CANCELLOUS SCREW | 4.0 60 | PARTIAL THRI | EAD | | \$ \$ \$ | 98.00 |
| 28693305 | LOCKING INSERT 4.0 | | | | | \$ | 173.95 |
| 28693306 | CABLE PLUG 4.0 LOCK | SET | | | | \$ | 173.95 |
| | LOCK SCREW 3.0 8 | | | | | \$ | 262.50 |
| | LOCK SCREW 3.0 10 | | | | | \$ | 262.50 |
| | LOCK SCREW 3.0 12 | | | | | \$ | 262.50 |
| | LOCK SCREW 3.0 14 | | | | | \$ | 262.50 |
| | LOCK SCREW 3.0 16 | | | | | \$ | 262.50 |
| | LOCK SCREW 3.0 18 | | | | | \$ | 262.50 |
| | LOCK SCREW 3.0 20 | | | | | \$ | 262.50 |
| | LOCK SCREW 3.0 22 | | | | | Ψ \$ | 262.50 |
| | LOCK SCREW 3.0 22 | | | | | φ \$ | 262.50 |
| | | | | | | | |
| | LOCK SCREW 3.0 26 | | | | | \$ | 262.50 |
| | LOCK SCREW 3.0 28 | | | | | \$ | 262.50 |
| | LOCK SCREW 3.0 30 | | | | | \$ | 262.50 |
| | LOCK SCREW 4.0 14 | | | | | \$ | 405.30 |
| | LOCK SCREW 4.0 16 | | | | | \$ | 405.30 |
| | LOCK SCREW 4.0 18 | | | | | \$ | 405.30 |
| | LOCK SCREW 4.0 20 | | | | | \$ | 405.30 |
| 28693324 | LOCK SCREW 4.0 22 | | | | | \$ | 405.30 |
| 28693325 | LOCK SCREW 4.0 24 | | | | | \$ | 405.30 |
| 28693326 | LOCK SCREW 4.0 26 | | | | | \$ | 405.30 |
| 28693327 | LOCK SCREW 4.0 28 | | | | | \$ | 405.30 |
| 28693328 | LOCK SCREW 4.0 30 | | | | | \$ | 405.30 |
| 28693329 | LOCK SCREW 4.0 32 | | | | | \$ | 405.30 |
| 28693330 | LOCK SCREW 4.0 34 | | | | | \$ | 405.30 |
| 28693331 | LOCK SCREW 4.0 36 | | | | | \$ | 405.30 |
| 28693332 | LOCK SCREW 4.0 38 | | | | | \$ | 405.30 |
| | LOCK SCREW 4.0 40 | | | | | \$ | 405.30 |
| | LOCK SCREW 4.0 42 | | | | | \$ | 405.30 |
| | LOCK SCREW 4.0 44 | | | | | \$ | 405.30 |
| | LOCK SCREW 4.0 46 | | | | | \$ | 405.30 |
| | LOCK SCREW 4.0 48 | | | | | \$ | 405.30 |
| | LOCK SCREW 4.0 50 | | | | | \$ | 405.30 |
| | | | | | | | |

| | | ALTHOARE CENTER, BUFFALO | • | | |
|----------|---------------------------|--------------------------|---------|---------|------------------|
| IVNUM | IVDESC | | IVCPTCD | | RICE1 |
| | LOCK SCREW 4.0 55 | | | \$ | 405.30 |
| | LOCK SCREW 4.0 60 | | | \$ | 405.30 |
| | LOCK SCREW 4.0 65 | | | \$ | 405.30 |
| 28693342 | LOCK SCREW 4.0 70 | | | \$ | 405.30 |
| 28693343 | LOCK SCREW 4.0 75 | | | \$ | 405.30 |
| 28693344 | LOCK SCREW 4.0 80 | | | \$ | 405.30 |
| 28693345 | LOCK SCREW 4.0 85 | | | \$ | 405.30 |
| 28693346 | LOCK SCREW 4.0 90 | | | \$ | 405.30 |
| 28693347 | LOCK SCREW 4.0 95 | | | \$ | 405.30 |
| 28693350 | WASHER ASNIS III 4.0 | | | \$ | 115.15 |
| 28693351 | CANNULATED SCREW WAS | SHER | | \$ | 117.60 |
| 28693355 | RECON PLATE 4 | | | \$ | 498.75 |
| 28693356 | RECON PLATE 5 | | | \$ | 498.75 |
| | RECON PLATE 6 | | | \$ | 498.75 |
| | RECON PLATE 7 | | | \$ | 577.50 |
| | RECON PLATE 8 | | | \$ | 577.50 |
| | RECON PLATE10 | | | \$ | 656.25 |
| | ONE THIRD TUB PLATE 2 H | IOLE | | \$ | 217.18 |
| | ONE THIRD TUB PLATE 3 H | | | \$ | 217.18 |
| | ONE THIRD TUB PLATE 4 H | | | \$ | 226.95 |
| | ONE THIRD TUB PLATE 5 H | | | \$ | 226.95 |
| | ONE THIRD TUB PLATE 6 H | | | \$ | 226.95 |
| | ONE THIRD TUB PLATE 7 H | | | \$ | 348.00 |
| | ONE THIRD TUB PLATE 8 H | | | φ \$ | 252.45 |
| | ONE THIRD TUB PLATE 10 | | | φ \$ | 252.45 |
| | LOCKING COMPR PLATE 2 | | | φ \$ | |
| | LOCKING COMPR PLATE 3 | | | Ф \$ | 367.50 367.50 |
| | | | | Ф \$ | |
| | LOCKING COMPRIBLATE 4 | | | | 367.50 |
| | LOCKING COMPRIBLATE 5 | | | \$ | 315.00 |
| | LOCKING COMPR PLATE 6 | | | \$ | 315.00 |
| | LOCKING COMPRIBLATE 7 | | | \$ | 315.00 |
| | LOCKING COMPR PLATE 8 | | | \$ | 350.00 |
| | LOCKING COMPR PLATE 1 | | | \$ | 350.00 |
| | LOCKING COMPR PLATE 1 | | | \$ | 350.00 |
| | LOCKING COMPR PLATE 1 | 2H 162 | | \$ | 350.00 |
| | RECON PLATE 4 HOLE 48 | | | \$ | 630.00 |
| | RECON PLATE 5 HOLE 60 | | | \$ | 630.00 |
| | RECON PLATE 6 HOLE 72 | | | \$ | 708.75 |
| | RECON PLATE 7 HOLE 84 | | | \$ | 708.75 |
| | RECON PLATE 8 HOLE 96 | | | \$ | 787.50 |
| | RECON PLATE 10 HOLE 12 | | | \$ | 866.25 |
| | RECON PLATE 12 HOLE 14 | | | \$ | 866.25 |
| | ONE THIRD TUB PLATE 2H | | | \$ | 428.40 |
| | ONE THIRD TUB PLATE 3H | | | \$ | 302.60 |
| | ONE THIRD TUB PLATE 4 H | | | \$ | 346.80 |
| | ONE THIRD TUB PLATE 5 H | | | \$ | 346.80 |
| | ONE THIRD TUB PLATE 6 H | | | \$ | 346.80 |
| | ONE THIRD TUB PLATE 7 H | | | \$ | 355.30 |
| | ONE THIRD TUB PLATE 8 H | | | \$ | 375.70 |
| | ONE THIRD TUB PLATE 10 | | | \$ | 375.70 |
| | ONE THIRD TUB PLATE 12 | | | \$ | 385.90 |
| | ONE THIRD TUB PLATE 14 | | | \$ | 392.70 |
| 28700023 | POLYSORB 2-0 DYED 1700 | 951 | | \$ | 207.86 |
| 28700041 | GIA 80-3.8 SINGLE USE LOA | ADING UNIT | | \$ | 499.00 |
| 28700044 | GIA 80-3.8 RELOADABLE ST | TAPLER | | \$ | 872.00 |
| 28700052 | SUTURE AUTO TA55-4 8 DI | SP UNIT | | \$ | 498.00 |

| | JUNISON COUNTY HEALTHCARE CENTER, BUFFALO, WY 02034 | | DD10E4 |
|----------|---|----------------|----------|
| IVNUM | IVDESC IVCPTCD | | PRICE1 |
| | SUTURE, AUTO TA 55-3 5 DISP UNIT | \$ | 531.00 |
| | ENDOCATCH retrieval bag | \$ | 434.78 |
| | LIGACLIP MULTIPLE CLIP APPLIER MEDIUM | \$ | 225.00 |
| | AUTOSUTURE CEEA-25 STAPLER | \$ | 1,475.52 |
| | AUTOSUTURE CEEA 28 STAPLER | \$ | 1,013.64 |
| | AUTOSUTURE/CEE A-31 PREMIUM PLUS | \$ | 1,557.78 |
| | NOVOSTITCH PLUS MENISCAL REPAIR SYSTEM | \$ | 843.75 |
| | NOVOSTITCH 2-0 CARTRIDGE | \$ | 735.75 |
| | NOVOSTITCH KNOT PUSHER SUTURE CUTTER | \$ | 279.00 |
| | BILI MASK | \$ \$ | 10.60 |
| 28710007 | BREAST PUMP | \$ | 19.72 |
| 28710014 | NIPPLE SHIELD (NEWBORN REGULAR) | \$ | 13.40 |
| | CIRCUMCISION STRAP (TECHNOL) | \$ | 17.20 |
| | TRANSPORT FILTER SPONGE | \$ | 12.56 |
| 28710024 | BREAST SHELLS(HOBBIT)MEDELA | \$ \$ | 29.84 |
| 28710026 | EVERT-IT NIPPLE ENHANCER | \$ | 47.60 |
| 28710028 | NEONATAL MANUAL PERCUSSOR | \$ | 10.72 |
| 28710029 | MEDIVICE ASPERATION HOSE COLLECTION SET | \$ | 10.72 |
| 28710030 | MEDIVICE VACUM CURETTE 10MM CURVED | \$ | 13.40 |
| 28710031 | MEDIVICE VACUM CURETTE 8MM RIDGID | \$ | 13.40 |
| | MEDIVICE VACUM CURETTE 10 MM RIDGID | \$ | 22.80 |
| | MEDIVICE VACUM CURETTE 12MM RIDGID | \$ | 22.80 |
| | MEDIVICE VACUM CURETTE 8MM CURVED | \$ \$ \$ | 22.80 |
| | MEDIVICE VACUM CURETTE 12MM CURVED | \$ | 22.80 |
| | WEESPECS PHOTOTHERAPY MASK | \$ | 10.60 |
| | MEDIVICE VACUM 8MM FLEXIBLE TIP | \$ \$ \$ \$ \$ | 13.40 |
| | MEDIVICE VACUM 10MM FLEXIBLE TIP | \$ | 13.40 |
| | MEDIVICE VACUM 12MM FLEXIBLE TIP | φ | 24.00 |
| | NIPPLE SHIELD SMALL 21MM | Ψ | 29.54 |
| | BREAST PUMP KIT | \$ | 77.60 |
| | PULMACARE | \$ | 1.65 |
| | ROSS SLD | \$ | 1.30 |
| | PACIFIER SOOTHIE | \$ | 6.76 |
| | VITAL HN | \$ | 4.60 |
| | DERMOPLAST 2oz | φ \$ | 32.12 |
| | VACUUM DELIVERY KIWI | φ \$ | 97.50 |
| | MECONIUM ASPIRATOR 40/CS | Ф \$ | |
| | ABDOMINAL TRANSDUCER STRAP | | 12.52 |
| | | \$ | 14.40 |
| | NEONATAL SPO2 ADHESIVE SENSOR 2329 | \$ | 52.00 |
| | BELLY BANDS 14X14 | \$ | 14.40 |
| | BELLY BANDS 16X14 | \$ | 14.40 |
| | BAKRI POSTPARTUM BALLOON | \$ | 486.00 |
| | CERVICAL RIPENING BALLOON 18FR | \$ | 143.50 |
| | CIRCUMCISION PLASTIBELL 1.1 | \$ | 11.14 |
| | CIRCUMCISION PLASTIBELL 1.3 | \$ | 11.14 |
| | CIRCUMCISION PLASTIBELL 1.2 | \$ | 6.60 |
| | VACUUM PUMP FOR CMI KIT | \$ | 202.50 |
| | BIOPSY FORCEP/COAGULATING DISP | \$ | 105.00 |
| | BIOPSY FORCEP/COAGULATING DISP | \$ | 151.68 |
| | BIOPSY FORCEP THERMAL OLYM/WIL/COOK ADPT | \$ | 38.06 |
| | SNARE HEXAGON 27MM CAPTIVATOR | \$ | 91.50 |
| | MR CLEAN MAGIC ERASERS | \$ | 12.95 |
| | ELECTIVE CARDIOVERSION | \$ | 594.00 |
| | W POOL BATH ARJO TUB | \$ | 35.10 |
| | FOLEY CATH INSERTION | \$ | 12.10 |
| 28740942 | BLOOD ADMINISTRATION | \$ | 24.20 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|--|---------|-----|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 28741144 | KLEEN ASEPTIC | | \$ | 7.05 |
| 28741294 | DRESSING CHARGE | | \$ | 13.95 |
| 28741295 | ENEMA DISIMPACTION | | \$ | 25.40 |
| 28741298 | CAST SHORT ARM | | \$ | 7.65 |
| 28741301 | CAST REMOVAL | | \$ | 6.40 |
| 28741369 | PUMP RENTAL/HOUR | | \$ | 16.85 |
| 28741376 | LUMBAR PUNCTURE | | \$ | 25.40 |
| 28741377 | NON STRESS TEST | | \$ | 37.85 |
| 28741382 | INJECTION ADD FEE | 99201 | \$ | 6.40 |
| 28741387 | CARDIAC MONITOR ER | | \$ | 38.10 |
| 28741388 | DINEMAPP | | \$ | 42.20 |
| 28741390 | IV HEPLOC START | | \$ | 9.55 |
| 28743692 | V.A.C. ATS THERAPY | | \$ | 75.00 |
| 28750032 | TRU CLOSE THORACIC TRAY | | \$ | 337.50 |
| 28750070 | SUPER SHEATH | | \$ | 58.50 |
| 28750074 | ARTERIAL ENTRY NEEDLES | | \$ | 23.46 |
| 28750075 | ZIPWIRE HYDROPHILIC GUIDE WIRE 180CM | | \$ | 153.00 |
| 28750076 | JABCZENSKI DUCTOGRAM CANNULA | | \$ | 50.00 |
| 28750077 | INTRODUCER NEEDLE 14X14.7 | | \$ | 67.16 |
| 28750082 | INTRODUCER NEEDLE 14X9.7 | | \$ | 67.16 |
| 28750084 | BIOPSY INTRUMENT | | \$ | 66.15 |
| 28750119 | HAWKINS III BREAST LESION LOCL | | \$ | 94.00 |
| 28750260 | ISOVUE 370 50ML | Q9967 | \$ | 27.80 |
| 28750261 | ISOVUE 370 100ML | Q9967 | \$ | 55.35 |
| 28750263 | ISOVUE-M 200 20ML | Q9966 | \$ | 64.32 |
| 28750264 | ISOVUE-M 300 15ML | Q9967 | \$ | 62.36 |
| | ISOVUE300 30ml | Q9967 | \$ | 28.74 |
| 28750266 | ISOVUE 370 200ML | Q9967 | \$ | 84.52 |
| 28750332 | GASTROGRAFIN 120ML | Q9963 | \$ | 54.75 |
| 28750449 | MONOPTY BIOPSY 18GAX 16CM ACCT | | \$ | 114.00 |
| 28750450 | MONOPTY BIOPSY 20GAX16CM ACCT | | \$ | 93.00 |
| 28750530 | CONRAY 60 50CC VIALS | | \$ | 26.07 |
| 28750545 | BIOPSY SET COOK COAXIAL QUICKCORE20G | | \$ | 177.00 |
| 28750550 | OSTEO-SITE VERTEBROPLASTY NEEDLE SET | | \$ | 138.75 |
| 28750552 | YUEH CENTESIS CATHER NEEDLE | | \$ | 186.00 |
| 28750553 | DILATOR W/AQ HYDROPHILIC COATING 8FR/20C | | \$ | 186.00 |
| 28750554 | DILATOR W/AQ HYDROPHILIC COATING 10FR 20 | | \$ | 186.00 |
| 28750555 | DILATOR W/AQ HYDROPHILIC COATING 12FR20C | | \$ | 186.00 |
| 28750556 | DILATOR W/AQ HYDROPHILIC COATING 14FR | | \$ | 186.00 |
| 28750611 | BIOPSEY SET COOK COAXIAL QUICKCORE | | \$ | 186.00 |
| 28750647 | NEEDLE 20GX5.0 BREAST LOC HOMER MAMMALOK | | \$ | 156.00 |
| 28750648 | NEEDLE 20GAX7.5 BREAST LOC HOMER MAMMALO | | \$ | 156.00 |
| 28750649 | NEEDLE 20GAX10 BREAST LOC HOMER MAMMALOK | | \$ | 156.00 |
| 28750658 | HAWKINS III BREAST LOC. NEEDLE 3CM | | \$ | 156.00 |
| 28750659 | HAWKINS III BREAST LOC. NEEDLE | | \$ | 156.00 |
| 28750660 | HAWKINS III BREAST LOC. NEEDLE 7.5CM | | \$ | 156.00 |
| 28750689 | COAXIAL INTRODUCER NEEDLE 17G X 11.8CM | | \$ | 38.60 |
| 28750690 | 127 FLEXIMA ALL PURPOSE DRAINAGE SET | | \$ | 273.60 |
| 28750691 | FLEXIMA ALL PURPOSE DRAINAGE SET 27-139 | | \$ | 273.60 |
| 28750692 | GUIDE WIRE AMPLATZ STRAIGHT TIP | | \$ | 273.60 |
| 28750693 | AMPLATZ SUPER STIF GUIDE WIRE 0.035X75 | | \$ | 94.50 |
| 28750696 | 107 FLEXIMA ALL PURPOSE DRAINAGE SET | | \$ | 228.12 |
| 28750700 | COAXIAL NEEDLE 18G X 15CM | | \$ | 135.00 |
| 28750701 | MONOPTY BIOPSY KIT 16GX10CM | | \$ | 49.33 |
| | BIOPINCE COAXIAL NEEDLE 18G X 10CM | | \$ | 132.00 |
| 28750709 | 15G X 10CM EASYCORE BIOPSY KIT 11/4/14 | | \$ | 130.53 |
| | | | | |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | |
|--|---------|---------|--------|
| IVNUM IVDESC | IVCPTCD | IVF | PRICE1 |
| 28750718 COAXIAL INTRODUCER NEEDLE 17G X 6.8CM | | \$ | 38.60 |
| 28750719 PEEL- AWAY INTRODUCER SET | | \$ | 182.40 |
| 28750750 EPIDURAL TRAY X-RAY | | \$ | 103.84 |
| 28750752 ATEC 9G HANDPIECE | | \$ | 500.00 |
| 28750753 SMARK FOR CELERO | | \$ | 236.25 |
| 28750754 ATEC INTRODUCER ULTRASOUND | | \$ | 80.00 |
| 28750755 ATEC CANISTER | | \$ | 30.00 |
| 28750756 ATEC INTRODUCER ULTRASOUND 0909-20 | | \$ | 80.00 |
| 28770000 DO NOT USE 1/25/13 | | \$ | 57.30 |
| 28770001 DO NOT USE 1/25/13 | | \$ | 15.35 |
| 28770015 DO NOT USE 1/25/13 | | φ | 28.00 |
| | | \$ | 42.20 |
| 28770017 DO NOT USE 1/25/13 | | \$ | |
| 28770023 DO NOT USE 1/25/13 | | \$ | 13.95 |
| 28770025 DO NOT USE 1/25/13 | | \$ | 14.05 |
| 28770028 DO NOT USE 1/25/13 | | \$ | 56.05 |
| 28770029 DO NOT USE 1/25/13 | | \$ | 28.00 |
| 28770032 DO NOT USE 1/25/13 | | \$ | 14.05 |
| 28826735 CD4 ABSOLUTE COUNT (LCP 4826)MONITOR | 86361 | \$ | 215.00 |
| 28827031 VON WILLEBRAND PROFILE (TEST 6830-0) | | \$ | 579.00 |
| 28926961 ELUTION (USB) | 86860 | \$ | 127.00 |
| 29820000 CBC W/AUTO DIFF | 85025 | \$ | 106.00 |
| 29820001 MONO-TEST | 86308 | \$ | 76.00 |
| 29820002 RPR (LC 006072) | 86592 | \$ | 56.00 |
| 29820004 TRIGLYCERIDE | 84478 | \$ | 96.00 |
| 29820007 ACID PHOS - MALE PAP (LC 004747) | 84066 | \$ | 239.00 |
| 29820008 17-hydroxypregnenolone (LC 140715) | 84143 | \$ | 302.00 |
| 29820009 SEX HORMONE BIND, GLB (LC 082016) | 84270 | \$ | 208.00 |
| 29820010 HEMOGRAM | 85027 | \$ | 72.00 |
| 29820011 ALK PHOS - BONE SPECIFIC (LC513002 | 84080 | \$ | 213.00 |
| 29820013 CHLORIDE | 82435 | \$ | 92.00 |
| 29820014 T-4 (LCP 001149) | 84436 | \$ | 92.00 |
| 29820016 DRUG SCREEN, BLOOD/REFLEX (LC791608) | 80307 | \$ | 582.00 |
| 29820017 ESTRADIOL (LC 004515) | 82670 | \$ | 146.00 |
| 29820020 HCT | 85014 | \$ | 43.00 |
| 29820022 AFB STAIN (183753) | 87206 | \$ | 60.00 |
| 29820023 CHOLESTEROL | 82465 | Ψ \$ | 92.00 |
| 29820024 T-3 (LC 002188) | 84480 | Ψ \$ | 115.00 |
| 29820024 1-3 (LC 002188) 29820025 FECAL FAT, QUAL (LC 001677) | | Ф \$ | |
| | 82705 | | 52.00 |
| 29820027 FTA-ABS (LC 006379) | 86780 | \$ | 126.00 |
| 29820028 THROMBIN TIME(LC PANEL) | 85670 | \$ | 66.00 |
| 29820029 C-PEPTIDE (LC 010108) | 84681 | \$ | 126.00 |
| 29820030 HGB | 85018 | \$ | 43.00 |
| 29820031 AFB CULTURE, ANY SOURCE (183753) | 87116 | \$ | 101.00 |
| 29820032 GRAM STAIN | 87205 | \$ | 53.00 |
| 29820033 CREATININE | 82565 | \$ | 92.00 |
| 29820034 TSH (LC 004259) | 84443 | \$ | 96.00 |
| 29820038 PARATHYROID HORMONE, INTACT (LC 015610) | 83970 | \$ | 134.00 |
| 29820039 5-H I A A (LC004069) | 83497 | \$ | 57.00 |
| 29820040 RBC | 85041 | \$ | 43.00 |
| 29820043 CPK | 82550 | \$ | 92.00 |
| 29820044 ELECTROLYTES PANEL | 80051 | \$ | 126.00 |
| 29820045 FSH (LC 004309) | 83001 | \$ | 128.00 |
| 29820047 FUNGUS STAIN (LC008136) | 87206 | \$ | 117.00 |
| 29820049 INSURANCE BLOOD DRAW | 99450 | \$ | 100.00 |
| 29820050 DIFF | 85007 | \$ | 40.00 |
| 29820051 CRYPTOSPORIDIUM SMEAR (LC 008755) | 87206 | \$ | 135.00 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|---------------------------------------|---------|----------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 29820052 | FRUCTOSAMINE (LC 100800) | 82985 | \$ | 132.00 |
| 29820053 | CK-MB | 82553 | \$ | 132.00 |
| 29820054 | HEPATIC FUNCTION PANEL | 80076 | \$ | 172.00 |
| 29820055 | LUTEINIZING HORMONE (LH) (LC 004283) | 83002 | \$ | 115.00 |
| | GENTAMYCIN LEVEL (LC) | 80170 | \$ | 126.00 |
| | CYCLOSPORA SMEAR (LC 183145) | 87015 | \$ | 30.00 |
| | LEGIONELLA ANTIBODY (LC164616) | 86713 | \$ | 329.00 |
| 29820060 | | 85048 | \$ | 43.00 |
| | CARBON DIOXIDE | 82374 | \$ | 90.00 |
| | GASTRIN (LC 004390) | 82941 | \$ | 240.00 |
| | PROTEIN TOTAL SERUM | 84155 | φ \$ | 92.00 |
| | | | | |
| | HISTAMINE, URINE (LC 144618) | 83088 | \$ | 513.00 |
| | DIAZEPAM (LC 007989) | 80346 | \$ | 316.00 |
| | PHENYTOIN (SHERIDAN STAT) | 80185 | \$ | 208.00 |
| | KOH PREP | 87220 | \$ | 45.00 |
| 29820073 | | 80162 | \$ | 175.00 |
| | LITHIUM (LC 007708) | 80178 | \$ | 62.00 |
| | HEMOGLOBIN A1C | 83036 | \$ | 69.00 |
| | OSMOLALITY, FECAL (LC 120071) | 84999 | \$ | 118.00 |
| | PLT COUNT | 85049 | \$ | 47.00 |
| | GENETIC SCREEN NB | 84437 | \$ | 208.00 |
| 29820082 | WET PREP | 87210 | \$ | 43.00 |
| 29820083 | CREATININE CLEARANCE (LC 003004) | 82575 | \$ | 126.00 |
| 29820084 | H. pylori, IgG, Abs (LC 162289) | 86677 | \$ | 105.00 |
| 29820085 | MAGNESIUM SERUM | 83735 | \$ | 92.00 |
| 29820086 | ROHYPNOL, URINE (LC 808417) | 80301 | \$ | 249.00 |
| 29820087 | PH, BODY FLUID (LC 011254) | 83986 | \$ | 101.00 |
| 29820088 | LYME AB, IGM WITH REFLEX(LC 160333) | 86618 | \$ | 177.00 |
| 29820089 | AMYLASE, BODY FLUID (LC 088062) | 82150 | \$ | 80.00 |
| | SECOND PKU | 84030 | \$ | 54.00 |
| 29820092 | PIN WORM EXAM | 87172 | \$ | 103.00 |
| | AMPHETAMINE SCREEN, URINE (LC 074401) | 80301 | \$ | 128.00 |
| | LD, BODY FLUID (LC 100156) | 83615 | \$ | 72.00 |
| | PROCAINAMIDE (LC 007252) | 80192 | \$ | 244.00 |
| | FERRITIN (LC 004598) | 82728 | \$ | 126.00 |
| | TETANUS ANTITOXOID IgG (LC 163691) | 86317 | \$ | 190.00 |
| | URINALYSIS | 81001 | \$ | 54.00 |
| | OVA & PARASITES, DIRECT (LCP 008623) | 87177 | \$ | 70.00 |
| | GGT (LC 001958) | 82977 | \$ | 87.00 |
| | PROTEIN ELECTRO, SERUM (LC 225920) | 84165 | \$ | 87.00 |
| | PHENOBARBITAL (LC 007823) | 80184 | \$ | 168.00 |
| | URIC ACID, 24-HR UR (LC 003418) | 84560 | \$ | 60.00 |
| | VMA, 24-HR URINE (LC 004143) | 84585 | \$ | 140.00 |
| | EBV EA, IGG (LC 096248) | 86663 | \$ | 146.00 |
| | G-6-PD,BLOOD+RBC (LC 001917) | 82955 | \$ | 118.00 |
| | OCCULT BLOOD, FECAL, 3 CARDS | 82270 | φ \$ | 49.00 |
| | CHLAM\GC,UR,(CHLAM)(LC183194) | 87491 | э \$ | 101.00 |
| | | | | 101.00 |
| | CHLAM\GC,UR,(GC)(LC 183194) | 87591 | \$ | |
| | VANCOMYCIN LEVEL (LC 405) | 80202 | \$ | 171.00 |
| | METANEPHRINES (LC 004234) | 83835 | \$ | 132.00 |
| | FUNGAL CUL (NO STAIN)(LC008482) | 87101 | \$ | 222.00 |
| | GLUCOSE 1HR (POST DOSE) | 82950 | \$ | 96.00 |
| | ACHR BINDING AB (LC 085902) | 83519 | \$ | 513.00 |
| | PRO-TIME | 85610 | \$ | 71.00 |
| | INFLUENZA A/B ABS(LC096487) | 86710 | \$ \$ | 249.00 |
| 29020132 | NASAL SMEAR EOSIN (LC 008581) | 89190 | Φ | 87.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|--|---------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 29820133 | GLUCOSE | 82947 | \$ | 72.00 |
| 29820135 | THYROXINE BINDING GLOBULIN (LC 001735) | 84442 | \$ | 175.00 |
| | TOPIRAMATE (TOPAMAX)(LC 716285) | 80201 | \$ | 260.00 |
| | ALPHA 1 ANTITRYPSIN (LC 001982) | 82103 | \$ | 115.00 |
| 29820140 | | 85730 | \$ | 80.00 |
| | THERAPEUTIC PHLEBOTO | 99195 | \$ | 118.00 |
| | GTT - NON-OB 2HR | 82951 | \$ | 192.00 |
| | ALK-PHOS-ISOENZYMES (LCP 001612) | 84080 | \$ | 207.00 |
| | TESTOSTERONE, TOTAL (LC 004226) | 84403 | \$ | 134.00 |
| | OCCULT BLOOD, FECAL, 1 CARD | 82272 | \$ | 24.00 |
| | ROCKY MT SPOTTED FEVER,IGG(LC 016592) | 86757 | φ \$ | 137.00 |
| | RETIC COUNT (LC 005280) | | φ \$ | 54.00 |
| | , | 85045 | | |
| | OVA & PARASITES, SPECIAL STAIN (LCP 0086 | 87209 | \$ | 43.00 |
| | GTT (EACH PAST 3) | 82952 | \$ | 63.00 |
| | AMMONIA BLOOD (LC 007054) | 82140 | \$ | 91.00 |
| | ZINC (LC 001800) | 84630 | \$ | 184.00 |
| | VALPROIC, DEPAKENE (LC 007260) | 80164 | \$ | 122.00 |
| | URINE MICROSCOPIC | 81015 | \$ | 46.00 |
| | POST VASECTOMY CHECK | 89321 | \$ | 45.00 |
| | URIC ACID | 84550 | \$ | 92.00 |
| 29820169 | ESTRADIOL, SENS, (LC 140244) | 82670 | \$ | 338.00 |
| | SED-RATE | 85651 | \$ | 51.00 |
| 29820171 | BORDATELLA PERTUSSIS (WY STATE) | 87265 | \$ | 52.00 |
| 29820173 | IRON (LC 001339) | 83540 | \$ | 65.00 |
| 29820174 | B-12 (LC 001503) | 82607 | \$ | 96.00 |
| 29820177 | HEP A TOTAL AB (LC 006726) | 86708 | \$ | 115.00 |
| 29820178 | HAPTOGLOBIN, QUANT (LC 001628) | 83010 | \$ | 126.00 |
| 29820180 | RHEUMATOID FACTOR (LC 006502) | 86431 | \$ | 54.00 |
| | IRON BINDING CAPACITY (LCP 001321) | 83550 | \$ | 45.00 |
| | FOLATE (PANEL W/B12) (LCP000810) | 82746 | \$ | 80.00 |
| | FIBRINOGEN ACTIVITY (LC 001610) | 85384 | \$ | 152.00 |
| | ANA SCREEN (LC 164855) | 86038 | \$ | 103.00 |
| | CALCIUM, 24-HR UR (LC 003269) | 82340 | \$ | 91.00 |
| | PROTEIN, CSF(LC 002055) | 84157 | \$ | 96.00 |
| | LIPASE (LC 001404) | 83690 | \$ | 78.00 |
| | BARB.QUAL.,URINÉ (LC 74419) | 80301 | \$ | 117.00 |
| | HSV II, IgG (LC 163147) | 86696 | \$ | 193.00 |
| | HEPATITIS B S AG (HBs AG)(LC 006510) | 87340 | \$ | 102.00 |
| | ASO TITER (LC 006031) | 86060 | \$ | 97.00 |
| | URINE BILE - JCHC | 82240 | \$ | 46.00 |
| | GLUCOSE, BODY FLUID (LC 019497) | 82945 | \$ | 88.00 |
| | LDH (LC 001115 | 83615 | \$ | 92.00 |
| | CALCITONIN (LC 004895) | 82308 | \$ | 323.00 |
| | HISTOPLASMA ABS (LC 164319) | 86698 | \$ | 247.00 |
| | BLASTOMYCES ABS (LC 164293) | 86612 | \$ | 205.00 |
| | SALICYLATES, SERUM (LC 007849) | 80299 | \$ | 274.00 |
| | COLD AGGLUT, TITER (LC 006353) | 86157 | \$ | 128.00 |
| 29820211 | · · · · · · · · · · · · · · · · · · · | 81003 | \$ | 44.00 |
| | CELL COUNT/DIFF,BF (LC215996) | 89051 | \$ | 119.00 |
| | COCCIDIODES ABS (LC 164798) | 86635 | \$ | 162.00 |
| | CALCULI EXAM (W/O PHOTO)(LC120790) | 82360 | \$ | 184.00 |
| | FACTOR II ACTIVITY (LC 086231) | 85210 | \$ | 336.00 |
| | URINALYSIS W/O MICRO | 81003 | \$ | 43.00 |
| | CA 125 (LC 002303) | 86304 | \$ | 164.00 |
| | FACTOR VII ACTIVITY (LC 800599) | 85230 | \$ | 390.00 |
| | LD ISO PAN (LDH TOTAL) (LCP 001842) | 83615 | \$ | 75.00 |
| 20020210 | | 30010 | Ψ | . 0.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | |
|----------|---|---------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVF | RICE1 |
| 29820220 | C-REACTIVE PROTEIN (LC 006627) | 86140 | \$ | 72.00 |
| 29820221 | HCG, URINE PREG. | 81025 | \$ | 54.00 |
| 29820222 | PROT. S PAN. (FUNC)(LCP 117754)(X2) | 85306 | \$ | 239.00 |
| | TEGRETOL (CARBAMAZEPINE) (LC 007419) | 80156 | \$ | 119.00 |
| | PROT. S PAN. (TOTAL)(LCP 117754) | 85305 | \$ | 285.00 |
| | ANTIBODY SCREEN | 86850 | \$ | 108.00 |
| | ANTI-DNASE B ABS (LABCORP 096289) | 86215 | \$ | 247.00 |
| | COPPER, SERUM (LC 001586) | 82525 | \$ | 122.00 |
| | COMPLEMENT C3 (LC 006452) | 86160 | \$ | 160.00 |
| 29820230 | | 86900 | φ \$ | 78.00 |
| | HCG, QUANT. (LC 004416) | 84702 | φ \$ | 146.00 |
| | | | э \$ | |
| | KETONE, QUAL (ACETEST) | 82009 | | 59.00 |
| | ALK PHOSPHOTASE | 84075 | \$ | 92.00 |
| | VON WILLEBRAND MULTIMERS(LC500148) | 85247 | \$ | 554.00 |
| | PRENATAL PANEL III W/HIV (LC 233452) | 80081 | \$ | 232.00 |
| | HEP B CORE Ab, TOTAL (LC 006718) | 86704 | \$ | 160.00 |
| | CERULOPLASMIN , (LC 001560) | 82390 | \$ | 102.00 |
| | ANTI-DNA (DS) (LC 096339) | 86225 | \$ | 126.00 |
| | PREALBUMIN (LC 016931) | 84134 | \$ | 163.00 |
| | COLONY COUNT | 87086 | \$ | 57.00 |
| 29820242 | ALBUMIN | 82040 | \$ | 92.00 |
| 29820243 | PHOSPHORUS | 84100 | \$ | 101.00 |
| 29820244 | CEA (LC 002139) | 82378 | \$ | 148.00 |
| 29820245 | FRESH FROZEN PLASMA | P9017 | \$ | 190.00 |
| 29820247 | PSA (LC 010322) | 84153 | \$ | 112.00 |
| | CYTOMEGALOVIRUS AB, IGG(LC 006494) | 86644 | \$ | 204.00 |
| | CORTISOL, TOTAL (LC 004051) | 82533 | \$ | 128.00 |
| 29820250 | · · · · · · · · · · · · · · · · · · · | 86901 | \$ | 47.00 |
| | CULTURE (ANY OTHER SOURCE) | 87070 | \$ | 102.00 |
| | AMYLASE, SERUM TOTAL | 82150 | \$ | 92.00 |
| | POTASSIUM | 84132 | \$ | 72.00 |
| | CATECHOLAMINES, TOT.UR.(LCP 286161)PANEL | 82384 | \$ | 261.00 |
| | FENTANYL (LC 764200 | 80307 | \$ | 299.00 |
| | CREATINE (LC 003475)(24HR UR) | 82540 | \$ | 97.00 |
| | MMR IMMUNITY (MUMPS LCP 058495) | 86735 | \$ | 132.00 |
| | SENSITIVITY | 87186 | φ \$ | 131.00 |
| | BILIRUBIN TOTAL | 82247 | Ψ \$ | 92.00 |
| | SODIUM | 84295 | э \$ | |
| | | | э \$ | 92.00 |
| | PROLACTIN (LC 004465) | 84146 | | 122.00 |
| | AFP TETRA (LCP 017319)(INHIBIN A) | 86336 | \$ | 100.00 |
| | DIRECT COOMBS | 86880 | \$ | 108.00 |
| | THROAT CULTURE | 87070 | \$ | 56.00 |
| | BILIRUBIN DIRECT | 82248 | \$ | 92.00 |
| | SGOT-AST | 84450 | \$ | 92.00 |
| | MMR IMMUNITY (MEASLES LCP 058495) | 86765 | \$ | 132.00 |
| | PROGESTERONE (LC 004317) | 84144 | \$ | 122.00 |
| | PORPHYRINS URINE QUANT (LC 003194) | 84120 | \$ | 200.00 |
| | PRIMIDONE/MYSOLINE (LCP 007856) | 80188 | \$ | 203.00 |
| | HIV 2, EIA (LC 163550) | 86702 | \$ | 264.00 |
| | H.pylori,igM (LC 163204) | 86677 | \$ | 185.00 |
| 29820282 | | 84520 | \$ | 88.00 |
| | SGPT-ALT | 84460 | \$ | 92.00 |
| | ALDOSTERONE, SERUM (LC 004374) | 82088 | \$ | 305.00 |
| | TESTOSTERONE,FREE (LC 144980) | 84402 | \$ | 203.00 |
| | ANGIOTENSIN CONVERTING ENZYME (LC 010116 | 82164 | \$ | 126.00 |
| 29820289 | ANTITHROMBIN III, ANTIGEN (LC 015057) | 85301 | \$ | 287.00 |
| | | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|---------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVPI | RICE1 |
| 29820292 | CALCIUM | 82310 | \$ | 92.00 |
| 29820293 | THEOPHYLLINE (LC 007336) | 80198 | \$ | 183.00 |
| 29820294 | PHENYTOIN (DILANTIN) (LC 007401) | 80185 | \$ | 108.00 |
| | SEND OUT FÈE | 99001 | \$ | 80.00 |
| | DHEA SULFATES (LC 004020) | 82627 | \$ | 153.00 |
| | HGE,IgG(LC 164763) | 86666 | \$ | 285.00 |
| | RENIN, DIRECT (ALDOST/RENIN) (LCP004354) | 84244 | \$ | 128.00 |
| | ANTI CENTROMERE B (164814) | 86235 | \$ | 183.00 |
| | ANA COMP PAN (LC 165092) | 86225 | φ \$ | 137.00 |
| | | | | |
| | ANA COMP PAN (LCP 165092)X8 | 86235 | \$ | 54.00 |
| | METANEPHRINES PLASMA (LC 121806) | 83835 | \$ | 435.00 |
| | IGA QUANT CSF (LC 100115) | 82784 | \$ | 124.00 |
| | IGG QUANT CSF (LC 012211) | 82784 | \$ | 124.00 |
| | IGM QUANT CSF (LC 100123) | 82784 | \$ | 124.00 |
| | IGG INDEX & SYN RATE, CSF(LCP 203836) | 82042 | \$ | 87.00 |
| 29820314 | IGG INDEX & SYN RATE, CSF(LCP 203836) | 82784 | \$ | 95.00 |
| 29820315 | IGG INDEX & SYN RATE, CSF(LCP 203836) | 82784 | \$ | 95.00 |
| 29820316 | OPIATE (4DRUGS)CONFIRM(LC737834) | 80363 | \$ | 90.00 |
| 29820317 | OPIATES, BLOOD QUANT (LC790621) | 83925 | \$ | 486.00 |
| | CELL COUNT, SYNOVIAL (LC PANEL 005231) | 89051 | \$ | 107.00 |
| | CRYSTALS, SYNOVIAL(LC PANEL 005231) | 89060 | \$ | 117.00 |
| | CRYPTOSPORIDIUM, CONC.(LCP 008755) | 87015 | \$ | 30.00 |
| | CYCLOSPORA, CONC. (LCP 183145) | 87206 | \$ | 135.00 |
| | GLUCOSE, CSF (LC 002048) | 82945 | \$ | 116.00 |
| | LEAD (LC 717009)(PEDS) | 83655 | φ \$ | 126.00 |
| | | | | |
| | MIXING STUDY-PTT(LCP 117199)(X3) | 85732 | \$ | 60.00 |
| | CRYPTOCOCCUS ANTIGEN,CSF (LC 160747) | 87899 | \$ | 162.00 |
| | ENTEROVIRUS RT-PCR (LC 138636) | 87498 | \$ | 604.00 |
| | TRICYCLIC SCREEN, BLOOD (LTC 007690) | 82542 | \$ | 208.00 |
| | PROINSULIN (LC 140533) | 84206 | \$ | 484.00 |
| | VWF ACTIVITY (LC 164509) | 85245 | \$ | 333.00 |
| | HELPER T-LYMPH-CD4 (LC 505008) | 86361 | \$ | 240.00 |
| | RNA, REAL TIME PCR (LC 550430) | 87536 | \$ | 642.00 |
| 29820337 | CELL count exam CSF SHERIDAN | 89051 | \$ | 259.00 |
| 29820360 | STOOL CUL (shiga tox)(LCP 008144) | 87427 | \$ | 22.00 |
| 29820361 | GROWTH HORMONE (LC 004275) | 83003 | \$ | 183.00 |
| 29820362 | DRVVT (LC 117887) | 85613 | \$ | 207.00 |
| 29820364 | RHEUM FACTOR, FLUID (LC 161463) | 86431 | \$ | 130.00 |
| | GHB - URINE(LC 738792) | 80307 | \$ | 402.00 |
| | RBC TREATMENT EGA (UBS) | 86970 | \$ | 177.00 |
| | FIBRIN MONOMER (LC 500150) | 85362 | \$ | 204.00 |
| | ANTI-SCLERODERMA 70 (LC 018705) | 86235 | \$ | 177.00 |
| | VITAMIN K1, SERUM (LC121200) | 84597 | \$ | 601.00 |
| | AMYLASE ISOENZYMES (LC 123110) | 82150 | \$ | 92.00 |
| | URINE LYTES C1 (LCP 222000) | 82436 | \$ | 27.00 |
| | URINE LYTES, K (LCP 222000) | 84133 | \$ | 27.00 |
| | · · · · · · · · · · · · · · · · · · · | | φ \$ | |
| | URINE LYTES, NA (LCP 222000) | 84300 | | 27.00 |
| | VDRL, CSF (LC 006445) | 86592 | \$ | 130.00 |
| | FERNING TEST | 87210 | \$ | 43.00 |
| | C-TELOPEPTIDE (CTX)(LC 500089) | 82523 | \$ | 261.00 |
| | ANCA (LCP 162388) | 86256 | \$ | 60.00 |
| | CREATININE (URINE) (LC 013672) | 82570 | \$ | 54.00 |
| | THYROGLOBULIN AB (LC 042100) | 86800 | \$ | 91.00 |
| | FDP (LC 115402) | 85362 | \$ | 169.00 |
| | HEMOGLOBIN F (LC 120900) | 83021 | \$ | 177.00 |
| 29820398 | HEMOGLOBIN A2 (LC 121020) | 83021 | \$ | 177.00 |
| | | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|----------------|----------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 29820402 | ANTI-CARDIOLIPIN AB(LC 161950) | 86147 | \$ | 96.00 |
| 29820404 | IMMUNOGLOBULINS IGA IGG IGM (LCP 001768) | 82784 | \$ | 68.00 |
| 29820405 | HSV I IgG (LCP 164905) | 86695 | \$ | 123.00 |
| | GLIADIN Ig/IgA (LCP 163402) | 83516 | \$ | 94.00 |
| | CORTISOL, SALIVARY (LC 500179) | 82533 | \$ | 172.00 |
| | GAD-65 AUTO ANTIBODY (LC 143008) | 86431 | \$ | 253.00 |
| | PTH RELATED PEPTIDE (LC 503380) | 82397 | \$ | 245.00 |
| | PROTEIN ELECTRO, TP (LCP225920) | 84155 | \$ | 32.00 |
| | PROGESTERONE 17-OH (LC 070085) | 83498 | φ \$ | 129.00 |
| | | | | |
| | CRYPTOSPORIDIUM DETECTION (LC 138388) | 87328 | \$ | 249.00 |
| | BORDATELLA.PERTUSSIS AB IgM(LC161752) | 86615 | \$ | 237.00 |
| | ANTIBODY TITER (UBS) | 86886 | \$ | 195.00 |
| | FREE LIGHT CHAINS SERUM (LC121137) | 83883 | \$ | 213.00 |
| | FREE LIGHT CHAINS, URINE (LC121228) | 83883 | \$ | 213.00 |
| | OXCARBAZEPINE (TRILEPTAL) (LC 716928) | 80183 | \$ | 235.00 |
| | PARVOVIRUS B19 (LC 163303) | 86747 | \$ | 63.00 |
| 29820434 | CAPILLARY DRAW FEE | 36416 | \$ | 23.00 |
| 29820438 | BORDETELLA PERTUSSIS AB IGG/M (LC 163030 | 86615 | \$ | 122.00 |
| 29820439 | PLASMA RENIN ACTIVITY (LC 002006) | 84244 | \$ | 244.00 |
| | FECAL CALPROTECTIN (LC 123255) | 83993 | \$ | 372.00 |
| | COUNT 15-20 CELLS 2 KARYOTYPES | 88262 | \$ | 214.00 |
| | CYTOGENETICS INTERP & REPORT | 88291 | \$ | 174.00 |
| | SENSITIVITY, Aer&Anaer (LC)(008680) | 87186 | \$ | 223.00 |
| | AMEBIASIS ANTIBODIES (LC 006874) | 86753 | \$ | 223.00 |
| | ANTIMULLERIAN HORMONE (LC 500183) | 83520 | Ψ \$ | 207.00 |
| | | | | |
| | LEPTIN (146712) | 83520 | \$ | 221.00 |
| | ISLET CELL AB (LC160721) | 86341 | \$ | 290.00 |
| | CA 15-3 (LC 143404) | 86300 | \$ | 223.00 |
| | ALLERGEN SPECIFIC IgE (LCP 660423) | 86003 | \$ | 60.00 |
| | QUALITATIVE MULTIALLERGEN SCN (LC 660423 | 86005 | \$ | 19.00 |
| | MYOGLOBIN URINE (LC 003079) | 83874 | \$ | 223.00 |
| | PRENATAL PANEL I W/O HIV (LC 202945) | 80055 | \$ | 232.00 |
| | INTRINSIC FACTOR BLOCKING AB (LC 010413) | 86340 | \$ | 225.00 |
| | RABIES ANTIBODY TEST | 86790 | \$ | 148.00 |
| 29820459 | VITAMIN C (LC 001479) | 82180 | \$ | 155.00 |
| 29820460 | VITAMIN B2 (LC 123220) | 84252 | \$ | 353.00 |
| 29820461 | MANGANESE (LC 724195) | 83785 | \$ | 282.00 |
| 29820462 | BIOTIN - B7 (LC 070097) | 84591 | \$ | 353.00 |
| 29820464 | QUANTIFERON-TB GOLD (LC182873) | 86480 | \$ | 223.00 |
| 29820467 | WNV IgM, CSF (LCP) | 86788 | \$ | 148.00 |
| | WNV IgG, CSF (LCP) | 86789 | \$ | 148.00 |
| | BARTONELLA AB PROFILE (LCP 163162) | 86611 | \$ | 106.00 |
| | MICROSPORIDIA SMEAR (LCP 828795) | 87015 | \$ | 128.00 |
| | MICROSPORIDIA CONC (LCP 828795) | 87207 | \$ | 28.00 |
| | TESTOSTERONE,TOT.,WOMEN/CHILD (LC070001) | 84403 | \$ | 134.00 |
| | METHYLMALONIC ACID, SERUM (LC 706961) | 83921 | \$ | 380.00 |
| | ANTIPHOSPHATIDYSERINE ABS (LC117994) | 86148 | \$ | 122.00 |
| | CELL COUNT,BODY FLUID (LC005240) | 89051 | \$ | 229.00 |
| | SOLUBLE LIVER ANTIGEN (LC007441) | 83516 | Ψ \$ | 247.00 |
| | ` ' | | φ \$ | |
| | ANTIGLOM BASEMENT MEM AB (LC 082719) | 83516 D0027 | \$ \$ | 282.00 |
| | PLATELET PHERESIS,LR,IRRAD. | P9037 | | 1,549.00 |
| | GLUC TOL TEST 3HROB(+82951) | 82951 | \$ | 192.00 |
| | CLONAZEPAM (LC 71712) | 80346 | \$ | 122.00 |
| | BRUCELLA AB,IGM (LC 164624) | 86622 | \$ | 161.00 |
| | BRUCELLA AB, IGG (LC 164608) | 86622 | \$ | 161.00 |
| 29820494 | FUNGAL ABS.,QUANT (LCP 091454) | 86606 | \$ | 202.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | |
|---|---------|-----|--------|
| IVNUM IVDESC | IVCPTCD | IVF | RICE1 |
| 29820495 5 NUCLEOTIDASE (LC 001701) | 83915 | \$ | 175.00 |
| 29820496 DEXAMETHASONE (LC 500118) | 80375 | \$ | 202.00 |
| 29820497 PROTEIN+CREA UR (PROT)(LC 003129) | 84156 | \$ | 34.00 |
| 29820498 EOSINOPHILS,URINE (LC 115055) | 87205 | \$ | 50.00 |
| 29820499 ANTIDIURETIC HORMONE (ADH)(LCP 046557) | 84588 | \$ | 402.00 |
| 29820500 NICOTINE METABOLITE, QNT, WHOLE BLOOD | 80323 | \$ | 141.00 |
| 29820501 COBALT PLASMA (LC 071506) | 83018 | \$ | 261.00 |
| 29820503 H PYLORI STOOL ANTIGEN (LC 180764) | 87338 | \$ | 236.00 |
| 29820504 FELBAMATE (LC 716530) | 80339 | \$ | 180.00 |
| 29820505 LACOSAMIDE (LC007012) | 80339 | \$ | 282.00 |
| 29820506 HUMAN EPIDIDYMIS PROTEIN 4 (LC081700) | 86305 | \$ | 422.00 |
| 29820507 PROBNP (LC143000) | 83880 | \$ | 301.00 |
| 29820508 CYSTIC FIBROSIS PROFILE DNA (LC480533) | 81220 | \$ | 563.00 |
| 29820509 FACTOR II (PROTHROMBINE),DNA (LC511162) | 81240 | \$ | 482.00 |
| 29820510 FACTOR V LEIDEN MUTATION (LC511154) | 81241 | \$ | 410.00 |
| 29820511 HEREDITARY HEMOCHROM. (LC 511345) | 81256 | \$ | 730.00 |
| 29820512 JAK2 V617F MUTATION (LC 589200) | 81270 | \$ | 647.00 |
| 29820513 MTHFR (LC 511238) | 81291 | \$ | 662.00 |
| 29820514 HLA-B27 (LC006924) | 81374 | \$ | 192.00 |
| 29820517 FECAL LACTOFERRIN (LC123016) | 83631 | \$ | 217.00 |
| 29820518 LIPOPROTEIN ASSOC PHOSPHOLIAPASE A2 | 83698 | \$ | 169.00 |
| 29820519 BILE ACIDS (LC010330) | 82239 | \$ | 130.00 |
| 29820528 GLYCOMARK (LC 500115) | 84378 | \$ | 125.00 |
| 29820530 AMITRIPTYLINE (LC 007476) | 80335 | \$ | 217.00 |
| 29820531 ANTI 68kD (LC 165750) | 84181 | \$ | 261.00 |
| 29820532 PREGNENOLONE (LC 140707) | 84140 | \$ | 235.00 |
| 29820551 ANTITHROMBIN III PANEL (FUNC)(LC 015594) | 85300 | \$ | 128.00 |
| 29820559 FSH AND LH (FSH) (LCP 028480) | 83001 | \$ | 90.00 |
| 29820584 MYCOPLASMA IGG/M (IGM) (LCP 0163758) | 86738 | \$ | 170.00 |
| 29820599 TESTOSTERONE, FREE/TOT (FREE)(LC 140103) | 84402 | \$ | 128.00 |
| 29820606 DAILY PT | 85610 | \$ | 71.00 |
| 29820607 DAILY CBC | 85025 | \$ | 106.00 |
| 29820608 DAILY HEMOGRAM | 85027 | \$ | 72.00 |
| 29820609 DAILY BMP | 80048 | \$ | 149.00 |
| 29820610 DAILY CMP | 80053 | \$ | 212.00 |
| 29820615 TB QUANTIFERON-WYSL | 86480 | \$ | 107.00 |
| 29820616 WNV IGM-WYSL | 86788 | \$ | 52.00 |
| 29820617 REVERSE T3 (LC 070104) | 84482 | \$ | 179.00 |
| 29820625 ETOH | 80307 | \$ | 274.00 |
| 29820626 LACTIC ACID, JCHC | 83605 | \$ | 138.00 |
| 29820627 ANTIBODY SCREEN (LC 006015) | 86850 | \$ | 108.00 |
| 29820629 BODY FLUID CULTURE | 87070 | \$ | 102.00 |
| 29820630 BLOOD CULTURE JCHC | 87040 | \$ | 132.00 |
| 29820631 CSF CULTURE | 87070 | \$ | 102.00 |
| 29820632 EAR CULTURE | 87070 | \$ | 102.00 |
| 29820633 EYE CULTURE | 87070 | \$ | 102.00 |
| 29820634 MRSA SCREEN | 87070 | \$ | 97.00 |
| 29820635 RESPIRATORY CULTURE | 87070 | \$ | 102.00 |
| 29820636 SINUS CULTURE | 87070 | \$ | 102.00 |
| 29820637 SPUTUM CULTURE | 87070 | \$ | 102.00 |
| 29820638 WOUND CULTURE | 87070 | \$ | 102.00 |
| 29820642 ENDOMYSIAL AB,IGA (LC 164996) | 86255 | \$ | 181.00 |
| 29820644 IDENTIFICATION (LC 008664) | 87077 | \$ | 92.00 |
| 29820650 ANTIEXTRACTABLE NUCLR (ANTISMITH)(LC6338 | 86235 | \$ | 134.00 |
| 29820651 BETA 2 GLYCOPROTEIN (IGM) (LCP163002) | 86146 | \$ | 128.00 |
| 29820652 BETA 2 GLYCOPROTEIN (IGG) (LCP163915) | 86146 | \$ | 128.00 |
| | | ~ | 0.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|----------------------------------|---------|---------|----------|
| IVNUM IVDESC | | IVCPTCD | IV | PRICE1 |
| 29820654 CORTISOL A | ACTH STIM (LCP 140761) | 82533 | \$ | 148.00 |
| 29820656 B12 FOLATE | E (B12)(LCP 000810) | 82607 | \$ | 65.00 |
| 29820657 FOLATE (LC | | 82746 | \$ | 101.00 |
| | ECTRO RAND UR (TOT))LCP 354928 | 84156 | \$ | 26.00 |
| | OCYTE DIFF PROFILE (LCP 096917) | 86360 | \$ | 192.00 |
| | DIFF PROFILE (LCP 096917) | 86355 | \$ | 249.00 |
| 29820661 METHOTRE | | 80375 | \$ | 204.00 |
| | 3 SPECIMENS (LCP 028498) | 82533 | \$ | 138.00 |
| | LASTIN INHIBITION TISS | 85705 | \$ | 87.00 |
| 29820664 CHROMIUM | | 82495 | \$ | 256.00 |
| | OXYBUTYRATE (LC 503610) | 82010 | φ \$ | 167.00 |
| | , | | Ф \$ | |
| | UTAMINASE IGG (LC 164988) | 83516 | | 225.00 |
| 29820669 ANTIBODY T | | 86886 | \$ | 195.00 |
| | ENTIFICATION & SENS (LC182261) | 87077 | \$ | 161.00 |
| 29820675 NIACIN (VITA | AMIN B3) | 84591 | \$ | 438.00 |
| 29820676 CORD RH | | 86901 | \$ | 47.00 |
| 29820677 CORD DAT | | 86880 | \$ | 108.00 |
| 29820678 CORD ABO | | 86900 | \$ | 78.00 |
| 29820679 MUSK ANTIE | , | 83516 | \$ | 2,053.00 |
| 29820680 PACKED RB | | P9040 | \$ | 754.00 |
| 29820682 THYROID PA | | 84436 | \$ | 84.00 |
| 29820683 THYROID PA | | 84479 | \$ | 91.00 |
| 29820684 ANTIPARIET | AL CELL AB (LC 006486) | 83516 | \$ | 176.00 |
| 29820686 OPIATES, SO | CREEN WHOLE BLOOD (LC791550) | 80307 | \$ | 178.00 |
| 29820689 ANTITHROM | IBIN III PAN (IMMUN)(LCP 015594) | 85301 | \$ | 365.00 |
| 29820690 FSH AND LH | I (LH)(LCP 028480) | 83002 | \$ | 90.00 |
| 29820691 IFE/PE,URIN | E (UR PE)(LCP 003467) | 84156 | \$ | 26.00 |
| 29820692 IFE/PE SERU | JM (TP) (LCP 001495) | 84155 | \$ | 30.00 |
| 29820693 TESTOSTER | RONE, FREE/TOT (TOT)(LC 140403) | 84403 | \$ | 76.00 |
| 29820700 PROD OF CO | ONCEPTION PROFILE (LC510288) | 88233 | \$ | 608.00 |
| 29820701 PROD OF CO | ONCEPT KARYOTYPE (LC510288) | 88262 | \$ | 972.00 |
| 29820702 PAROXYSM | AL NOCT. HEMOGLOB (LCP02251) | 88184 | \$ | 305.00 |
| 29820703 HUNTINGTO | N DISEASE (LC 829044) | 81401 | \$ | 1,185.00 |
| 29820704 PROGESTER | RONE LCMS (LC 500167) | 84144 | \$ | 244.00 |
| 29820706 PNH (LCP 50 | 02251) | 88185 | \$ | 365.00 |
| 29820707 PNH (LCP 50 | 02251) | 88187 | \$ | 273.00 |
| 29820708 CHROMO AN | NAL BLOOD (LCP 511035) | 88230 | \$ | 645.00 |
| 29820709 CHROMO AN | NAL BLOOD (LCP 511035) | 88262 | \$ | 465.00 |
| 29820710 VITAMIN E (I | LC 081000) | 84446 | \$ | 183.00 |
| 29820711 VITAMIN K (I | LC 121200) | 84597 | \$ | 301.00 |
| • | REATININÉ, URINE (LC 134908) | 82340 | \$ | 54.00 |
| | IN SOLUBILITY (LC 005223) | 85660 | \$ | 113.00 |
| | CCUS ANTIGEN, SERUM (LC 183025) | 87899 | \$ | 139.00 |
| 29820715 ANA WITH R | | 86038 | \$ | 103.00 |
| | EASE HLA (LCP 167082) | 81377 | \$ | 486.00 |
| | PROFILE NÙTS (LCP 671926) | 86003 | \$ | 37.00 |
| | EASE HLA (LCP 167082) | 81383 | \$ | 261.00 |
| | CROTI ABS, IgG/M (LCP 138315) | 86753 | \$ | 168.00 |
| | DRUG PROFILE (LCP 809373) | 80307 | \$ | 183.00 |
| | IMMUN RUBELLA (LCP 346817) | 86762 | \$ | 43.00 |
| | IMMUN HIV (LCP 346817) | 86703 | \$ | 24.00 |
| | IMMUN RPR (LCP 346817) | 86592 | \$ | 24.00 |
| | IMMUN HEP B S AB (LCP 346817) | 86706 | \$ | 43.00 |
| | PROFILE SHELLFISH (LCP 062695) | 86003 | \$ | 200.00 |
| | CR QNT REFLEX TO GENO (LC 55009 | 87522 | \$ | 648.00 |
| 29820729 AMPHET CO | · | 80326 | \$ | 90.00 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | |
|----------|---|---------------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | IVI | PRICE1 |
| 29820730 | 17-OH-PROGESTERONE (LC004713) | 83498 | \$ | 102.00 |
| 29820731 | VOLTAGE-GATED CA CHANNEL AB (LC 140640) | 83516 | \$ | 499.00 |
| | URINE MAGNESIUM 24 HR (LC 003400) | 83735 | \$ | 71.00 |
| | THROMBOTIC MARKER PROFILE(LCP 500547) | 83520 | \$ | 116.00 |
| | MYELOPEROXIDASE ABS (LC163840) | 83520 | \$ | 284.00 |
| | MICROALBUMIN RANDOM UR (LC 149997) | 82043 | \$ | 65.00 |
| | JC VIRUS DNA PCR (LC 139370 | 87798 | \$ | 446.00 |
| | LIVER KIDNEY MICROSOMAL (LKM) LC 163980 | 86376 | \$ | 134.00 |
| | ALBUMIN BODY FLUID (LC 315780) | 82042 | \$ | 97.00 |
| | BORDATELLA PERTUSSIS AB IGA(LC 164384) | 86615 | φ \$ | 193.00 |
| | HEP B VIRUS QUANT PCR (LC551610) | 87517 | φ \$ | 811.00 |
| | | | φ \$ | |
| | ARSENIC URINE (LCP 007492) | 82175 | | 107.00 |
| | LEAD URINE (LCP 007492) | 83655 | \$ | 102.00 |
| | MERCURY URINE (LCP 007492) | 83825 | \$ | 102.00 |
| | PROTIME (LCP 117079) | 85610 | \$ | 156.00 |
| | PNP (PLATELET NEUTRALIZ)(LCP 117079) | 85598 | \$ | 176.00 |
| | CLOSTRIDIUM DIFFICILE TOX NAA (LC 183988 | 87493 | \$ | 190.00 |
| | HNK1 (CD57) PROFILE (LCP 505026) | 86356 | \$ | 110.00 |
| | HNK1 (CD57) PROFILE (LCP 505026) | 86357 | \$ | 72.00 |
| | AChR BLOCKING AB (LC 085926) | 83519 | \$ | 323.00 |
| | PLASMODIUM SPECIES PCR (LC 139475) | 87798 | \$ | 198.00 |
| | PLASMODIUM REFLEX (LC 139475) | 87798 | \$ | 254.00 |
| 29820810 | FRANCISELLA TULARENSIS AB (LC 823262) | 86000 | \$ | 210.00 |
| 29820811 | HCV AB REFLEX CONFIRM (LC 144065) | 86803 | \$ | 110.00 |
| 29820812 | HCV AB REFLEX CONFIRM #2 (LC 144065) | 86804 | \$ | 532.00 |
| 29820813 | INFLIXIMAB AB AND CONC, SERIAL(LCP 50387 | 80299 | \$ | 290.00 |
| 29820814 | FECAL OSMOLALITY | 84999 | \$ | 61.00 |
| 29820819 | CORTISOL FREE SERUM W/CBG (LCP500440) | 82533 | \$ | 115.00 |
| 29820820 | INFLIXIMAB AB SERIAL | 82397 | \$ | 289.00 |
| 29820821 | CORTISOL FREE SERUM W/CBG (LCP500440) | 84449 | \$ | 115.00 |
| 29820822 | EBV VCA ABS, IGG (LC 096230) | 86665 | \$ | 135.00 |
| 29820823 | EBV VCA ABS, IGG (LC 096230) | 86665 | \$ | 135.00 |
| 29820824 | THIOPURINE METHYLTRANSFERASE(LC510750) | 82542 | \$ | 414.00 |
| 29820826 | ANTIPROTEINASE 3 ABS (LC 163857) | 83520 | \$ | 196.00 |
| 29820828 | HCV FIBROSURE (LC 550123) | 82172 | \$ | 61.00 |
| 29820829 | HCV FIBROSURE (LC 550123) | 82247 | \$ | 61.00 |
| 29820830 | HCV FIBROSURE (LC 550123) | 82977 | \$ | 61.00 |
| 29820831 | HCV FIBROSURE (LC 550123) | 83010 | \$ | 61.00 |
| | HCV FIBROSURE (LCP 550123) | 83883 | \$ | 61.00 |
| | HCV FIBROSURE (LC 550123) | 84460 | \$ | 61.00 |
| | SNP MICROARRAY PEDIATRIC (LC510002) | 81229 | \$ | 2,894.00 |
| | ANTI- HU (LC 808968) | 86255 | \$ | 369.00 |
| | ANTI- YO (LC 808968) | 86255 | \$ | 369.00 |
| | ANTI- RI (LC 808968) | 86255 | \$ | 369.00 |
| | ESTRONE (LC 004564) | 82679 | \$ | 236.00 |
| | THYROGLOBULIN ABS (LC006685) | 86800 | \$ | 124.00 |
| | ARTERIAL BLOOD GAS COMPLETE | 82803 | \$ | 299.00 |
| | ABG ARTERIAL PUNCTURE | 36600 | \$ | 79.00 |
| | CAPILLARY BLOOD GAS COMPLETE | 82803 | \$ | 299.00 |
| | RESPIRATORY VIRUS PANEL WYSL | 87633 | \$ | 162.00 |
| | N TELOPEPTIDE RANDOM URINE (LC 141093) | 82523 | \$ | 70.00 |
| | LIPASE-JCHC | 83690 | \$ | 105.00 |
| | LEUKOCYTE ALKALINE PHOSPHATE (LC 001966) | 85540 | \$ | 101.00 |
| | ANTICHROMATIN ABS (LCP 056499) | 86235 | \$ | 134.00 |
| | CARBOHYDRATE DEF TRANSFERRIN (LC 123211) | 82373 | \$ | 192.00 |
| | PTT LA MIX (LC PANEL 117199) | 85732 | \$ | 74.00 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | |
|---|---------|---------|----------|
| IVNUM IVDESC | IVCPTCD | IV | PRICE1 |
| 29820900 PORPHYRINS RANDOM URINE (LC 120980) | 84120 | \$ | 139.00 |
| 29820902 IMMUNOFIXATION URINE (LC 123034) | 86335 | \$ | 236.00 |
| 29820903 EBV QUALITATIVE PCR (LC138289) | 87798 | \$ | 559.00 |
| 29820904 MANUAL DIFF (FOR HEMOGRAM) | 85007 | \$ | 42.00 |
| 29820905 IMMUNOFIXATION (IGA)(LCP 001685) | 82784 | \$ | 95.00 |
| 29820906 IMMUNOFIXATION (IGG)(LCP 001685) | 82784 | \$ | 95.00 |
| 29820907 IMMUNOFIXATION (IGM)(LCP 001685) | 82784 | \$ | 95.00 |
| 29820908 MICROALBUMIN 24HR UR (LC 140050) | 82043 | \$ | 65.00 |
| 29820910 AFB ID BY DNA PROVE (LC183755) | 87149 | \$ | 210.00 |
| 29820911 ORGANISM ID BY SEQUENCE(LC 183757) | 87153 | \$ | 441.00 |
| 29820912 MYCOBACTERIUM (LC 182915) | 87186 | φ \$ | 242.00 |
| , | | Ф \$ | |
| 29820913 ABO DISCREPANCY (UBS) | 86900 | | 137.00 |
| 29820914 OXYCODONE, UR, W/CONFIRMATION (LC763896) | 80301 | \$ | 87.00 |
| 29820915 OXYCODONE REFLEX | 80365 | \$ | 160.00 |
| 29820916 HLA-A (LC 167267) | 81373 | \$ | 276.00 |
| 29820917 HLA-B (LC 167292) | 81373 | \$ | 276.00 |
| 29820918 UBS AFTER HOURS FEE | 99050 | \$ | 149.00 |
| 29820919 25HYDROXY VIT D(D2+D3)FRACTIONATED | 82306 | \$ | 394.00 |
| 29820921 BETA 2 GLYCOPROTEIN IGG (LCP 163002) | 86146 | \$ | 128.00 |
| 29820923 GASTROINTESTINAL PROFILE STOOL PCR | 87507 | \$ | 854.00 |
| 29820924 PANCREATIC ELASTASE FECAL(LC123234) | 82656 | \$ | 322.00 |
| 29820925 TOBRAMYCIN TROUGH | 80200 | \$ | 100.00 |
| 29820926 LATEX IgE (LC 602669) | 86003 | \$ | 79.00 |
| 29820927 THC CONFIRM | 80349 | \$ | 90.00 |
| 29820928 PROTEIN RANDOM UR (LC 013664) | 84156 | \$ | 66.00 |
| 29820929 VANCO SHERIDAN | 80202 | \$ | 390.00 |
| 29820931 LYNCH SYNDROME PANEL (LC 511700) | 81292 | \$ | 1,585.00 |
| 29820932 LYNCH SYNDROME PANEL (LC 511700) | 81295 | \$ | 1,510.00 |
| 29820933 LYNCH SYNDROME PANEL (LC 511700) | 81298 | \$ | 1,510.00 |
| 29820934 LYNCH SYNDROME PANEL (LC 511700) | 81317 | \$ | 1,585.00 |
| 29820935 BROAD RANGE PCR BACTERIA (UNIV OF WASH) | 87801 | \$ | 394.00 |
| 29820936 AFB CONCENTRATION | 87015 | \$ | 45.00 |
| 29820937 10 DRUG MIC PAN AFB | 87181 | \$ | 105.00 |
| 29820938 9 DRUGS 10 DRUG MIC AFB | 87186 | \$ | 289.00 |
| 29820939 GI PROFILE STOOL PCR (LC 183480) | 87507 | \$ | 887.00 |
| 29820941 PSP ABS IGG A/M (LC 816387) | 83520 | \$ | 83.00 |
| 29820942 CA-6 ABS IGG/ A/M (LC 816387) | 83520 | \$ | 83.00 |
| 29820943 SP-1 ABS IGG/ A/M (LC 816387) | 83520 | \$ | 83.00 |
| 29820944 CELIAC IGA PROFILE tTG W/ REFLEX (LCP16 | 83516 | \$ | 124.00 |
| 29820945 CELIAC IGA PROFILE IGA W/REFLEX (LCP 164 | 82784 | \$ | 118.00 |
| 29820946 CELIAC REFLEX TTG IGG (LCP 164047) | 83516 | \$ | 144.00 |
| 29820947 CELIAC REFLEX DGP IGG (LCP 164047) | 83516 | \$ | 144.00 |
| 29820949 SUSCEPTIBILITY LC (008680) (1 DRUG) | 87186 | \$ | 130.00 |
| 29820950 VASC ENDOTHELIAL GROWTH FACTOR (LC 11700 | 83520 | \$ | 395.00 |
| 29820951 MELANOCYTE STIM HORMONE (LC 010421) | 83519 | \$ | 217.00 |
| 29820952 VASOACTIVE INTEST POLYPEPTIDE (LC 010397 | 84586 | \$ | 382.00 |
| 29820953 MMP 9 (LC 500124) | 83520 | \$ | 195.00 |
| 29820954 HCV ABS MEDICARE SCREEN (LC 140659) | G0472 | \$ | 110.00 |
| 29820955 UA WITH REFLEX TO CULTURE | 81001 | \$ | 54.00 |
| 29820956 URINE CUL UA REFLEX | 87086 | \$ | 102.00 |
| 29820958 PROTEIN C DEF PAN ANTIGEN (LCP283655) | 85302 | \$ | 240.00 |
| 29820959 TRANSFORMING GROWTH FACTOR B1(LCP821342) | 83520 | \$ | 319.00 |
| 29820960 COMPLEMENT C4A (LC 004330) | 86160 | \$ | 234.00 |
| 29820961 COMPLEMENT C3A (LC 004220) | 86160 | \$ | 234.00 |
| 29820962 PSP ABS IGG A/M (LC 816387) | 83520 | \$ | 150.00 |
| 29820963 ANDROSTENEDIONE | 82157 | \$ | 210.00 |
| | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|-----------|---|--------------------|----------|--------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| 29820964 | INSULIN LIKE GROWTH FACTOR BINDING | 83520 | \$ | 120.00 |
| 29820965 | FOLLICLE STIMULATING HORMONE (FSH) PEDIA | 83001 | \$ | 119.00 |
| 29820966 | LUTEINIZING HORMONE (LH) PEDIATRIC | 83002 | \$ | 54.00 |
| 29820968 | ANAEROBIC ID | 87076 | \$ | 70.00 |
| 29820969 | ANAEROBIC SENSI | 87181 | \$ | 60.00 |
| 29820970 | ANAEROBIC CUL | 87075 | \$ | 97.00 |
| | HEPATITIS B SURFACE AB QUANT (LC 006530) | 86317 | \$ \$ | 70.00 |
| | IV BLOOD COLLECTION | 36592 | \$ | 26.00 |
| | DIHYDROTESTOSTERONE (DHT)(LC500142) | 80327 | \$ | 195.00 |
| | VENOUS BLOOD GAS | 82805 | \$ | 299.00 |
| | C DIFF TOX (JCHC) | 87324 | φ \$ | 95.00 |
| | C DIFF ANTIGEN | | φ \$ | 94.00 |
| | | 87449 | | |
| | BUPRENORPHINE | 85025 | \$ | 83.00 |
| | CYSTATIN C (LC 121251) | 82610 | \$ | 200.00 |
| | INHIBIN B | 83520 | \$ | 306.00 |
| | AMITRIPTYLINE (LC 007476) | 80335 | \$ | 165.00 |
| | ANTIHISTONE AB (LC 012518) | 86235 | \$ | 130.00 |
| | POTASSIUM RANDOM URINE | 84133 | \$ | 78.00 |
| 29820985 | BCR ABL (LC 480510) | 81170 | \$ | 961.00 |
| 29820986 | ANTIRIBOSOMAL P ABS (LC 012700) | 83516 | \$ | 136.00 |
| 29820987 | HISTOPLASMOSIS AG,UR(LC 183560) | 87385 | \$ | 157.00 |
| 29820988 | ADALIMUMAB CONC & ABS (LCP 503890) | 80299 | \$ | 275.00 |
| | ADALIMUMAB ABS (LCP 503890) | 82397 | \$ | 275.00 |
| | ADRENAL 21 HYDROXYLASE ABS (LC 500092) | 83519 | \$ | 136.00 |
| | JAK2 QUAL W/REFLEX (LCP 489420) | 81270 | \$ | 546.00 |
| | JAK2 REFLEX TEST (LCP 489420) | 81270 | \$ | 546.00 |
| | FACTOR X CHROMOGENIC (LC 117904) | 85260 | \$ | 244.00 |
| | OPIATE CONFIRM MEDTOX IMMUNO | 80307 | \$ | 68.00 |
| | OPIATE CONFIRM MEDTOX LC MS MS | 80361 | \$ | 105.00 |
| | HYMENOPTERA PROFILE (X5) | 86003 | \$ | 33.00 |
| | OPIATE CLASS CONFIRM (MEDTOX) | 80361 | φ \$ | 25.00 |
| | | | φ \$ | |
| | OXYCODONE CLASS CONFIRM (MEDTOX) | 80365 | Φ | 25.00 |
| | METHADONE CONFIRM (MEDTOX) | 80358 | \$ | 90.00 |
| | FENTANYL CONFIRM (MEDTOX) | 80354 | \$ | 24.00 |
| | TAPENTADOL CONFIRM (MEDTOX) | 80372 | \$ | 24.00 |
| | BUPRENORPHINE CONFIRM (MEDTOX) | 80348 | \$ | 90.00 |
| | OTHER OPIOIDS(5 OR MORE)(MEDTOX) | 80364 | \$ | 24.00 |
| | CYSTATIN C (LC 121251) | 82610 | \$ | 192.00 |
| | PYRUVIC ACID (LC 004788) | 84210 | \$ | 97.00 |
| | ACYLCARNITINE (LC 070228) | 82017 | \$ | 242.00 |
| | ORGANIC ACID PROF URINE (LC 716720) | 83919 | \$ | 260.00 |
| | AMINO ACIDS PLASMA (LC 700068) | 82139 | \$ | 701.00 |
| 29821009 | FREE FATTY ACIDS (LC 081893) | 82725 | \$ | 116.00 |
| 29821010 | CHROMOSOME ANAL 15-20CELLS | 88262 | \$ | 580.00 |
| 29821011 | CANDIDA ABs IgG/A/M (LCP 163135) | 86628 | \$ | 67.00 |
| 29821013 | RESPIRATORY ALLERGEN (LCP 602541)(25) | 86003 | \$ | 850.00 |
| | CLOZAPINE (LC 706440) | 80159 | \$ | 152.00 |
| | UR TOX EMPLOYEE CONFIRM | | \$ | 90.00 |
| | CONNECTIVE TISS DIS (CTD)CASCADE(LCP 165 | 86038 | \$ | 90.00 |
| | CONNECTIVE TISS DIS REFLEX 2(LCP 165590) | 83520 | \$ | 69.00 |
| | RHEUMASSURE (CTD REFLEX)(LCP 165590) | 86200 | \$ | 69.00 |
| | RHEUMASSURE (CTD REFLEX)(LCP 165590) | 86431 | \$ | 69.00 |
| | STOOL PH (LC 010991) | 83986 | \$ | 74.00 |
| | MAGNESIUM RBC (LC 080283) | 83735 | \$ | 119.00 |
| | NMR LIPOPROFILE (LIPID)(LCP 884247) | 80061 | \$ | 90.00 |
| | NMR LIPOPROFILE (LDL)(LCP 884247) | 83704 | Ψ \$ | 40.00 |
| 2002 1020 | THE CONTROL (LDL)(LOT 007271) | JU1 U 1 | Ψ | ₩.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO |), WY 82834 | | |
|----------|---|-------------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 29821027 | ANTI FACTOR XA ASSAY (LC 117101) | 85520 | \$ | 219.00 |
| 29821028 | ETHOSUXIMIDE(ZARONTIN)(LC 007443) | 80168 | \$ | 125.00 |
| | PROTEIN ELECTRO W/REFLEX IFE (LC 123100) | 84165 | \$ | 88.00 |
| | IFE (REFLEX TEST)(LC 123100) | 84155 | \$ | 334.00 |
| | GM1 PANTIBODIES TEST (LC 808589) | 83516 | \$ | 214.00 |
| | MIXING STUDY - PT (LC 117028) | 85611 | \$ | 146.00 |
| | FACTOR VIII INHIBITOR (LC 086272) | 85335 | \$ | 316.00 |
| | MIXING STUDY-PTT(LCP 117199) | 85730 | \$ | 146.00 |
| | MYCOPLASMA IGG/M (IGG) (LC 163758) | 86738 | \$ | 170.00 |
| | PTT-LA MIX/ HEX PHASE (LC PANEL) | 85732 | \$ | 155.00 |
| | DRVVT MIX (3226) 2ND REFLEX | 85613 | φ \$ | 118.00 |
| | HEXAGONAL PHASE PHOS. (LC PANEL) | 85732 | φ \$ | 71.00 |
| | , | | | |
| | TRYPSIN (LC 010355) | 83519 | \$ | 301.00 |
| | HCV, RNA, NAA, QUAL.(LC 550400) | 87521 | \$ | 397.00 |
| | HEP C GENOTYPE (LC 550475) | 87902 | \$ | 781.00 |
| | PHENYTOIN-FREE (LC 070706)(T-TOTAL) | 80186 | \$ | 194.00 |
| | L/S RATIO (L/S)(LCP 092742) | 83661 | \$ | 359.00 |
| | L/S (PG RATIO)(LCP 092742) | 84081 | \$ | 302.00 |
| | L/S RATIO (CREA)(LCP 092742) | 82570 | \$ | 183.00 |
| | PROTEIN C, FUNC. (LC 117705) | 85303 | \$ | 202.00 |
| | PROTEIN S, FUNC (LC 164525) | 85306 | \$ | 153.00 |
| | VITAMIN D 25 OH (LC 081950) | 82306 | \$ | 126.00 |
| 29826020 | TACROLIMUS (FK506)(LC 700248) | 80197 | \$ | 192.00 |
| 29826021 | VISCOSITY, SERUM (LC 004861) | 85810 | \$ | 193.00 |
| 29826022 | HSV 1/2 PCR CSF (LC 138651) | 87529 | \$ | 267.00 |
| 29826024 | MYCOPLASMA Ig M (LC 163212) | 86738 | \$ | 204.00 |
| 29826026 | PORPHOBILINOGEN, 24 HR UR. (LC 003103) | 84110 | \$ | 183.00 |
| 29826027 | ALA DELTA, 24 HR UR (LC 096354) | 82135 | \$ | 302.00 |
| 29826028 | YERSINIA, STOOL (LC 182410) | 87046 | \$ | 125.00 |
| 29826029 | PREWARM ANITBODY SCREEN | 86850 | \$ | 137.00 |
| 29826030 | FACTOR X ACTIVITY (LC 86306) | 85260 | \$ | 193.00 |
| 29826031 | RH PHENOTYPE (UBS) | 86906 | \$ | 160.00 |
| 29826032 | EXTENDED PHENOTYPE (UBS) | 86905 | \$ | 357.00 |
| 29826033 | ADSORPTION (UBS) | 86978 | \$ | 137.00 |
| 29826034 | ANTIGEN TYPING CLASS II (UBS)(e,S,C,Fy(A | 86905 | \$ | 116.00 |
| 29826035 | ANTIGEN TYPING, CLASS I (UBS) (CENKS) | 86905 | \$ | 172.00 |
| 29826036 | SIROLIMUS (RAPAMUNE)(LC 716712) | 80195 | \$ | 320.00 |
| 29826042 | ALDOSTERONE, URINE 24HR (LC 004291) | 82088 | \$ | 460.00 |
| 29826043 | HCV RNA QUANT-PCR (LC 550070) | 87522 | \$ | 397.00 |
| 29826044 | C1 ESTERASE INHIBITOR, FUNC. (120220) | 86161 | \$ | 309.00 |
| 29826045 | C1 ESTERASE INHIBITOR, SERUM (004648) | 86160 | \$ | 207.00 |
| | Q FEVER ANTIBODIES IGG (LC 016774) | 86638 | \$ | 217.00 |
| | NUCLEIC ACID PROBE, EA | 83894 | \$ | 21.00 |
| | ANTIEXTRACTABLE NUCLR (ANTI-RNP)LC-6338 | 86235 | \$ | 134.00 |
| | N-TELOPEPTIDE CROSS LINKS (LC 511097) | 82523 | \$ | 199.00 |
| | NICOTINE URINE (LC 716555) | 80323 | \$ | 132.00 |
| | ETHYLENE GLYCOL (LC 071654) | 82693 | \$ | 228.00 |
| | ACTIVAT PROTEIN C RESISTANCE (LC 117762) | 85307 | \$ | 244.00 |
| | MAGNESIUM, 24-HOUR URINE (LC 003400) | 83735 | \$ | 126.00 |
| | PHOSPHORUS, URINE(LC 003251) | 84105 | \$ | 97.00 |
| | VITAMIN A (LC 017509) | 84590 | \$ | 250.00 |
| | CULTURE, ANY SOURCE/PRES. ID | 87070 | \$ | 141.00 |
| | D-DIMER QUANT. | 85379 | \$ | 232.00 |
| | COMPLEMENT (C2)(LABCORP 161414) | 86160 | \$ | 162.00 |
| | COMPLEMENT (C5) (LABCORP 224425) | 86160 | \$ | 221.00 |
| | PSA, SCREENING (MEDICARE ONLY)(LC 010322 | G0103 | \$ | 130.00 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|---------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 29826275 | BENZO CONFIRM (LC 071308) | 80346 | \$ | 90.00 |
| 29826281 | CADMIUM, BLOOD (LC 085430) | 82300 | \$ | 285.00 |
| 29826404 | FETAL FIBRONECTIN (SHERIDAN) | 82731 | \$ | 698.00 |
| | ANTI-CCP (CITRULLINE)(LC164914) | 86200 | \$ | 175.00 |
| | CHROMAGRANIN A (LC 140848) | 86316 | \$ | 315.00 |
| | BETA 2 GLYCOPROTEIN (IgA) (LC 163915) | 86146 | \$ | 149.00 |
| | RSV (RAPID TEST) | 87807 | \$ | 208.00 |
| | PH, BODY FLUID | 85025 | φ \$ | 110.00 |
| | · · · · · · · · · · · · · · · · · · · | | φ \$ | 200.00 |
| | TOXOPLASMA IgG(LC 006478) | 86777 | | |
| | PRECISION G (glucose, POCT) | 82948 | \$ | 20.00 |
| | LEVETIRACETAM (KEPPRA)(LC 716936) | 80177 | \$ | 208.00 |
| | VARICELLA ZOSTER IgM (LC 096776) | 86787 | \$ | 128.00 |
| | ROCKY MOUNTAIN SPOTTD FEVER,IgM(LC016667 | 86757 | \$ | 146.00 |
| | CULTURE, YEAST ONLY (LC 182776) | 87101 | \$ | 194.00 |
| | HERPES SIMPLEX 6,IgG (LC 161075) | 86790 | \$ | 302.00 |
| 29826514 | T-TRANSGLUTAMINASE IGA (LC 164640) | 83516 | \$ | 225.00 |
| 29826604 | ANTISCLERODERMA-70 ABS (LC018705) | 86235 | \$ | 200.00 |
| 29826606 | ZONEGRAM (LC 007915) | 80203 | \$ | 299.00 |
| 29826608 | BENZO, SCREEN (LC 074427) | 80101 | \$ | 168.00 |
| | OSTEOCALCIN (LC 010249) | 83937 | \$ | 315.00 |
| | BORDATELLA PERTUSSIS DFA (LC 086173) | 87265 | \$ | 163.00 |
| | PHENYLALANINE (LC 700205) | 82131 | \$ | 315.00 |
| | CHLAMYDIA PNEUMONIA, PCR(LC138263) | 87486 | \$ | 726.00 |
| | INFLUENZA A/B RAPID TEST | 87804 | φ \$ | 149.00 |
| | METHADONE | 80101 | | 50.00 |
| | | | \$ | |
| | PPX CONFIRM | 80367 | \$ | 90.00 |
| | METHAMPHETAMINE | 80101 | \$ | 50.00 |
| | STREP/CONFIRMATION-RAPID | 87081 | \$ | 25.00 |
| | B-TYPE NATRIURETIC PEPTIDE | 83880 | \$ | 329.00 |
| | IGF-1(INS -LIKE GROWTH FACT)(LC010363) | 84305 | \$ | 362.00 |
| | RUBEOLA TITER, IGG (LC 096560) | 86765 | \$ | 194.00 |
| | HCG, SERUM PREG. (LC 004556) | 84703 | \$ | 80.00 |
| | HOMOVANILLIC ACID (HVA)(LC 120253)24 HR | 83150 | \$ | 193.00 |
| 29826637 | ANTI JO 1 (LC 161455) | 86235 | \$ | 244.00 |
| 29826638 | BASIC METABOLIC PANEL | 80048 | \$ | 149.00 |
| 29826639 | TOXOPLASMA, IGM AB (LC 096651) | 86778 | \$ | 139.00 |
| 29826641 | DESIPRAMINE (LC 007765) | 80335 | \$ | 221.00 |
| 29826645 | IGG INDEX & SYN RATE, CSF(LCP 203836) | 82040 | \$ | 87.00 |
| 29826646 | THYROGLOBULIN, QUANT(LCP 042846) | 84432 | \$ | 126.00 |
| | CALCIUM, IONIZED SERUM (LC 04804) | 82330 | \$ | 183.00 |
| | MERCURY (BLOOD) (LC 085324) | 83825 | \$ | 282.00 |
| | VW FACTOR ASSAY (LCP 084715)(PANEL) | 85245 | \$ | 366.00 |
| | COMPLEMENT C4 (LC 001834) | 86160 | \$ | 160.00 |
| | LIDOCAINE LEVEL (LC 007013) | 80176 | \$ | 190.00 |
| | RAPID STREP-STREP A WITH CONFIRM | 87880 | \$ | 52.00 |
| | VITAMIN B1-THIAMINE (PLASMA) (LC 121186) | 84425 | \$ | 193.00 |
| | T-3 UPTAKE (LCP 001156) | 84479 | φ \$ | 107.00 |
| | · · · · · · · · · · · · · · · · · · · | | φ \$ | |
| | IRRADIATION OF BLOOD | 86945 | | 213.00 |
| | HEP PANEL, ACUTE (AMA) (LC 322744) | 80074 | \$ | 192.00 |
| | OLIGOCLONAL BANDS, SPINAL (LC 019216) | 83916 | \$ | 274.00 |
| | RENAL FUNCTION PANEL | 80069 | \$ | 168.00 |
| | INSULIN, SERUM (LC 004333) | 83525 | \$ | 97.00 |
| | LIPOPROTEIN (A) [LP(a)] (LC 120188) | 83695 | \$ | 97.00 |
| | ARSENIC, BLOOD (LC 007245) | 82175 | \$ | 244.00 |
| | LYME ABS (LC 015271) | 86618 | \$ | 183.00 |
| 29826671 | HIV ANTIBODY (LC 083824) | 87389 | \$ | 62.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|----------|---|---------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| | ANTI-MITOCHONDRIAL AB (LC 006650) | 83516 | \$ | 184.00 |
| 29826673 | SEROTONIN, SERUM (LC 120204) | 84260 | \$ | 414.00 |
| 29826674 | DOT URINE COLLECTION | | \$ | 72.00 |
| 29826675 | COMPLEMENT TOTAL, CH50 (LC 001941) | 86162 | \$ | 221.00 |
| | LEGIONELLA ANTIGEN - URINE (LC 182246) | 87449 | \$ | 126.00 |
| | LAMOTRIGINE LEVEL (LC 716944) | 80175 | \$ | 171.00 |
| | HIV RNA PCR (LC550430) | 87536 | \$ | 526.00 |
| | LUPUS TYPE ANTICOAG.(LC 117069) | 85732 | \$ | 144.00 |
| | VITAMIN B6 (LC 004655) | 84207 | \$ | 276.00 |
| | MEXILETINE SERUM (LC 716076) | 80299 | \$ | 193.00 |
| | | | | |
| | ANTICARDIOLIPIN IGM (LC 161828) | 86147 | \$ | 160.00 |
| | COMPREHENSIVE METABOLIC PANEL | 80053 | \$ | 212.00 |
| | CORTISOL,FREE,URINE (LC 004432) | 82530 | \$ | 146.00 |
| | FACTOR VIII ACTIVITY (LC 086264) | 85240 | \$ | 355.00 |
| | CREATININE 24 HR URINE(LC 003012) | 82570 | \$ | 75.00 |
| | VIRAL CULTURE (LC 008573) | 87252 | \$ | 171.00 |
| 29826707 | CRYOGLOBULINS-REFLEX QUANT (LC 001594) | 82595 | \$ | 152.00 |
| 29826708 | COPPER, 24-HR URINE (LCP003343) | 82525 | \$ | 171.00 |
| 29826709 | DOXEPIN (SINQUAN) (LC 007609) | 80335 | \$ | 228.00 |
| | CYCLOSPORINE, WHOLE BLOOD (LC 706556) | 80158 | \$ | 264.00 |
| | CA 19-9 (LC 002261) | 86301 | \$ | 164.00 |
| | FACTOR IX ACTIVITY (LC 086298) | 85250 | \$ | 193.00 |
| | PLATELET PHERESIS, LEUKOREDUCED | P9035 | | 1,416.00 |
| | TRANSFERRIN (LC 004937) | 84466 | \$ | 113.00 |
| | FLECAINIDE (TAMBOCOR)(LC 085662) | 80299 | \$ | 239.00 |
| | | | | |
| | ANTIBODY I.D. PANEL | 86870 | \$ | 350.00 |
| | CAROTENE (BETA) (LC 001529) | 82380 | \$ | 171.00 |
| | URINE TOX SCREEN | 80305 | \$ | 175.00 |
| | PROTEIN,TOTAL,FLUID (LC 019588) | 84157 | \$ | 96.00 |
| | VITAMIN D, 1,25 DIHYDROXY (LC 081091) | 82652 | \$ | 161.00 |
| | WBC, STOOL (LC 008656) | 89055 | \$ | 56.00 |
| | ESTROGENS, TOTAL SERUM (LC 004549) | 82672 | \$ | 280.00 |
| | CYSTINE, URINE, QUANT (LC 003350) | 82131 | \$ | 184.00 |
| 29826741 | DOT URINE DRG SCREEN | 80100 | \$ | 159.00 |
| 29826742 | IG E (LC 002170) | 82785 | \$ | 66.00 |
| 29826749 | VAGINAL (GRP. B SCRN) | 87081 | \$ | 66.00 |
| 29826750 | CATECHOLAMINES, FRAC, UR (LC 004176) | 82384 | \$ | 221.00 |
| 29826751 | ANTI-CARDIOLIPIN AB(LC 161802) | 86147 | \$ | 96.00 |
| | OSMOLALITY, URINE (LC 003442) | 83935 | \$ | 126.00 |
| | VENIPUNCTURE | 36415 | \$ | 25.00 |
| 29826755 | ANTI SM ANTIBODY (LC 006643) | 83516 | \$ | 102.00 |
| | THYROID STIM. IMMUNOGLOB. (LC 140749) | 84445 | \$ | 331.00 |
| | CRYOFIBRINOGEN, QUAL (LC 080317) | 82585 | \$ | 80.00 |
| | DHEA, SERUM (LC 004100) | 82626 | \$ | 153.00 |
| | PROTEIN, 24-HR UR (LC003277) | 84156 | \$ | 63.00 |
| | LEAD (LC 007625)(ADULT) | 83655 | \$ | 56.00 |
| | , , , | | φ \$ | |
| | OSMOLALITY, SERUM (LC 002071) | 83930 | | 126.00 |
| | MALARIA, BLOOD SMEAR (LC 008185) | 87207 | \$ | 162.00 |
| | THYROTROPIN RECEPTOR AB(LC 010314) | 83520 | \$ | 204.00 |
| | HEPATITIS C ANTIBODY (LC 140659) | 86803 | \$ | 110.00 |
| | MYELIN BASIC PROTEIN, CSF (LC 123377) | 83873 | \$ | 264.00 |
| | URIC ACID, BF (LC 019505) | 84560 | \$ | 92.00 |
| | OXALATE, 24-HR UR (LC 003970) | 83945 | \$ | 170.00 |
| | SJOGREN'S ABS (ANTI-SSA & SSB)(LCP 01270 | 86235 | \$ | 116.00 |
| | PROTEIN ELECTRO, CSF(LC 002246) | 84166 | \$ | 258.00 |
| 29826782 | ANTI-DNA (SS) (LC 161422) | 86226 | \$ | 228.00 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|---------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVPI | RICE1 |
| 29826784 | THYROID PEROXIDOSE ABS (TPO)(LC 006676) | 86376 | \$ | 112.00 |
| 29826785 | PROTEIN S ANTIGEN TOTAL (LC 164517) | 85305 | \$ | 259.00 |
| 29826786 | CITRATE, 24-HR UR (LC 016865) | 82507 | \$ | 171.00 |
| 29826789 | FACTOR XI ACTIVITY (LC 086314) | 85270 | \$ | 180.00 |
| | FACTOR XII ACTIVITY (LC 086322) | 85280 | \$ | 180.00 |
| | ENZYMATIC DIGESTION | 83892 | \$ | 126.00 |
| | REDUCING SUBSTANCE,STOOL (LC 016766) | 84377 | \$ | 91.00 |
| | CMV TEST - UBS | 86644 | \$ | 125.00 |
| | CATECHOLAMINES, PL FRACT. (LC 084152) | 82384 | \$ | 359.00 |
| | PH, STOOL (LC 010991) | 83986 | \$ | 97.00 |
| | , | | | |
| | DRVVT (LC 117093) | 85613 | \$ | 75.00 |
| | IFE/PE, CSF (PE) (LC 001438) | 84166 | \$ | 164.00 |
| | IFE/PE, CSF (IFE)(LC 001438 | 86335 | \$ | 265.00 |
| | STOOL CUL (isol) (LCP 008144) | 87046 | \$ | 22.00 |
| | C-REACTIVE PROTEIN, CARDIAC (LC 120766) | 86141 | \$ | 138.00 |
| | HEPATITIS B E AG(HBe-AG)(LC 006619) | 87350 | \$ | 102.00 |
| 29826936 | PSA TOTAL (PANEL TOTAL/%FREE)480780 | 84153 | \$ | 70.00 |
| 29826939 | THYROID ABS (ANTI-THYROGLOB)(LC 006692) | 86800 | \$ | 190.00 |
| 29826940 | HEP B CORE AB, IGM (LC 016881) | 86705 | \$ | 134.00 |
| 29826941 | CA 27.29 (LC 480293, serial) | 86300 | \$ | 164.00 |
| | HEP A AB, IGM (LC 006734) | 86709 | \$ | 102.00 |
| | LIPID PROFILE | 80061 | \$ | 146.00 |
| | FREE T4 (THYROXINE) (LC 001974) | 84439 | \$ | 111.00 |
| | PLATELET ANTIBODY PAN(LC 014086) | 86022 | \$ | 967.00 |
| | ROTAVIRUS ANTIGEN (LC 006866) | 87425 | \$ | 190.00 |
| 29826953 | , | 83718 | | 56.00 |
| | | | \$ | |
| | CROSSMATCH ALIC | 86920 | \$ | 62.00 |
| | CROSSMATCH,AHG | 86922 | \$ | 159.00 |
| | ELUTION, UBS | 86860 | \$ | 148.00 |
| | LYME DISEASE WESTERN BLOT (X2) | 86617 | \$ | 260.00 |
| | URINE CULTURE | 87086 | \$ | 102.00 |
| | STOOL CUL (S/S) (LCP 008144) | 87045 | \$ | 95.00 |
| | ANAEROBIC CULTURE (LCP 008900) | 87075 | \$ | 152.00 |
| | I.D.(ANY SOURCE) | 87077 | \$ | 92.00 |
| 29826967 | URINE CUL./PRESUMPTIVE ID | 87088 | \$ | 141.00 |
| 29826971 | ACTH PLASMA (LC 369) (004440) | 82024 | \$ | 224.00 |
| 29826972 | TYLENOL SHERIDAN STAT | 80299 | \$ | 469.00 |
| 29826974 | ERYTHROPOIETIN (LC 140277) | 82668 | \$ | 167.00 |
| 29826976 | AFP, TUMOR MARKER (LC 002253) | 82105 | \$ | 131.00 |
| | HEMOGLOBIN FRAC (LC 122101) | 83021 | \$ | 192.00 |
| | VARICELLA ZOSTER ÌGG (LC 096206) | 86787 | \$ | 164.00 |
| | FECAL FAT, QUANT. (LC 001354) | 82710 | \$ | 252.00 |
| | ALDOLASE (LC 002030) | 82085 | \$ | 144.00 |
| | HERPES SIMPLEX VIR.CUL.(W/TYPE)(LC008250 | 87255 | \$ | 180.00 |
| | ANDROSTENEDIONE (LC 04705) | 82157 | \$ | 317.00 |
| | FETALSCREEN-QUALITATIVE | 85460 | \$ | 82.00 |
| | | | φ \$ | |
| | AFP TETRA (LCP 017319)(AFP) | 82105 | | 87.00 |
| | AFP TETRA (LCP 017319)(HCG) | 84702 | \$ | 160.00 |
| | IFE/PE SERUM PAN (IEP)(LCP 001495) | 86334 | \$ | 102.00 |
| | IFE/PE SERUM(ELEC FRAC/QUAN)(LCP 001495) | 84165 | \$ | 51.00 |
| | IFE/PE,24-HR URINE (PE)(LCP 003467) | 84166 | \$ | 228.00 |
| | IFE/PE,24-HR URINE,(IFE)(LCP 003467) | 86335 | \$ | 302.00 |
| | FACTOR V ACTIVITY (LC 086249) | 85220 | \$ | 193.00 |
| | HOMOCYSTINE, PLASMA/SERUM (LC 706994) | 83090 | \$ | 190.00 |
| | AFP TETRA (LCP 017319)(ESTRIOL) | 82677 | \$ | 258.00 |
| 29827022 | SODIUM, URINE (LC 013326) | 84300 | \$ | 72.00 |
| | | | | |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|--|----------------|----------|-----------------|
| | IVDESC | IVCPTCD | IVP | RICE1 |
| | RUBELLA AB IGG (LC 006197) | 86762 | \$ | 86.00 |
| | VWF ANTIGEN (LC 086280) | 85246 | \$ | 378.00 |
| | ANTIGEN SCREENING (PER UNIT) | 86903 | \$ | 74.00 |
| | RBC ANTIGEN, EACH (UBS) | 86905 | \$ | 52.00 |
| | CPK ISOENZYMES (LCP 002154) | 82552 | \$ | 185.00 |
| 29827041 | HSV I/II, IgG (LC 163014) | 86694 | \$ | 87.00 |
| | HSV I/II, IgM(LC164806) | 86694 | \$ | 76.00 |
| | GIARDIA LAMBLIA ANTIGEN (LC 182204) | 87329 | \$ | 108.00 |
| | IGG QUANT. (LC 001776) | 82784 | \$ | 96.00 |
| | IGM QUANT. (LC 001792) | 82784 | \$ \$ | 96.00 |
| | IGA QUANT, SERUM (LC 001784) | 82784 | \$ | 96.00 |
| | CELIAC PANEL, EACH IMMUNOGLOB (LC 275378 | 83516 | \$ | 117.00 |
| | GABAPENTIN (LC 716811) | 80171 | \$ | 244.00 |
| | CHLAMYDIA ANTIBODY, IGG (LC 096180) | 86631 | \$ | 232.00 |
| | VOLUME MEAS/TIMED COLLECTION | 81050 | \$ | 22.00 |
| | TOTAL & DIRECT BILIRUBIN | | \$ | 154.00 |
| | MICROALBUMIN, QUAL | 82044 | \$ | 63.00 |
| | PCP CONFIRM | 83992 | \$ | 90.00 |
| 29827068 | | 80101 | \$ | 50.00 |
| | COCAINE CONFIRM | 80353 | \$ | 90.00 |
| 29827070 | | 80101 | \$ | 50.00 |
| 29827071 | | 80101 | \$ | 50.00 |
| 29827072 | | 80101 | \$ | 50.00 |
| | BARBIT CONFIRM | 80345 | \$ | 90.00 |
| | TCA CONFIRM | 80337 | \$ | 90.00 |
| | PROTEIN C-ANTIGEN (LC 080465) | 85302 | \$ | 350.00 |
| | RBC FOLATE W/HCT (LC 266015) | 82747 | \$ | 122.00 |
| | TROPONIN | 84484 | \$ | 132.00 |
| | MYOGLOBIN | 83874 | \$ | 116.00 |
| | HEPATITIS B SURFACE ANTIBODY (LC 006395) | 86706 | \$ | 102.00 |
| | B-2 MICROGLOBULIN(LC480020 SERIAL) | 82232 | \$ | 192.00 |
| | CRYSTALS, SYN FLUID (LC 005355) | 89060 | \$ | 152.00 |
| | TZANCK SMEAR (SHERIDAN) | 87210 | \$ | 47.00 |
| | HEPATITIS B E AB (ANTI-HBe)(LC 006635) | 86707 | \$ | 102.00 |
| | IGA TESING (UBS) | 82784 D0046 | \$ | 71.00 |
| | LEUKOCYTE REDUCED PRBCs (UBS) | P9016 | \$ | 510.00 |
| | AFP MATERNAL SERUM (LC 010801) | 82105 | \$ \$ | 131.00 |
| | FREE T3 (LC 010389) | 84481 | ъ \$ | 112.00 |
| | LD iso panel, separation (LCP 001842) POTASSIUM, 24-HR UR (LC 003186) | 83625 84133 | э \$ | 148.00 76.00 |
| | CYTOMEGALOVIRUS AB IGM (LC 096727) | 86645 | э \$ | 146.00 |
| | EBV AB PAN (EBV VCA IGM) (LCP 216655) | 86665 | э \$ | 146.00 |
| | EBV AB PAN (EBV VCA IGM) (LCP 216655 | 86663 | φ \$ | 119.00 |
| | EBV AB PAN (EBV CA IGG) (LCP 216655) | 86665 | φ \$ | 138.00 |
| | EBV AB PAN (EBV NA ABS) (LCP 216655) | 86664 | φ \$ | 138.00 |
| | PROTEIN S ANTIGENIC FREE(LC 164517) | 85306 | φ \$ | 247.00 |
| | PROTHROMBIN TIME (LC 005199) | 85610 | φ \$ | 128.00 |
| | PTT (LC 5595) | 85730 | φ \$ | 139.00 |
| | ANTITHROMBIN III, ACTIVITY(LC 015040) | 85300 | \$ | 129.00 |
| | PSA FREE (PANEL) (LCP480780) | 84154 | \$ | 70.00 |
| | PROTEIN ELECTRO, URINE (LC 354928) | 84166 | \$ | 126.00 |
| | IFE/PE SERUM (IGG) (LCP 001495) | 82784 | \$ | 30.00 |
| | IFE/PE SERUM (IGA) (LCP 001495) | 82784 | \$ | 30.00 |
| | IFE/PE SERUM (IGM) (LCP 001495) | 82784 | \$ | 46.00 |
| | ALPHA-1-ANTITRYPSIN (TOTAL) (LCP 095653) | 82103 | \$ | 163.00 |
| | ALPHA-1-ANTITRYPSIN (PHENO) (LCP 095653) | 82104 | \$ | 128.00 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | | | |
|----------|---|-----------|-------------------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 29827160 | N-TELOPEPTIDE (OLEA)(LCP 511097) | 82570 | \$ | 92.00 |
| 29827162 | AMYLASE, RANDOM URINE(LC 003293) | 82150 | \$ | 107.00 |
| | RUBEOLA(MEASLES) WYSL | 86765 | | 6.00 |
| | RUBELLA WYSL | 86762 | \$ | 6.00 |
| | MUMPS WYSL | 86735 | ¢ | 6.00 |
| | VARICELLA ZOSTER WYSL | 86787 | Φ | 6.00 |
| | | | \$ \$ \$ \$ \$ \$ | |
| | HEP B SURFACE AB WYSL | 86706 | Ф | 15.00 |
| | US PREG. LIMITED | 76815 | \$ | 61.00 |
| | US PELVIC COMP(NON-OB) | 76856 | \$ | 476.00 |
| | US SOFT TISSUE HEAD/NECK | 76536 | \$ | 476.00 |
| | US AMNIOC.GUIDANCE | 76946 | \$ | 476.00 |
| | UNLISTED US | 76999 | \$ | 314.00 |
| 31750129 | US CAROTID DUP BILAT | 93880 | \$ | 604.00 |
| 31750139 | US CAROTID DUP RIGHT | 93882RT | \$ | 370.00 |
| 31750159 | US SCROTUM & CONTENT | 76870 | \$ | 476.00 |
| 31750174 | US ABDOMEN COMPLETE | 76700 | \$ | 791.00 |
| | US ABDOMEN LIMITED | 76705 | \$ | 473.00 |
| | US BREAST/AX.COMPLETE LEFT | 76641LT | \$ | 319.00 |
| | US RETROPERITONEAL COMP | 76770 | \$ | 577.00 |
| | US PREG>14 WKS | 76805 | \$ | 648.00 |
| | US EXTREMITY VENOUS BILAT | 93970 | φ \$ | 587.00 |
| | | | Φ | |
| | US EXTREMITY ARTERIAL BILATERAL | 93925 | \$ | 558.00 |
| | US PREG<14 WKS | 76801 | \$ | 370.00 |
| | US PREG TRANS V | 76817 | \$ | 370.00 |
| | US EXTREMITY VENOUS LEG RIGHT | 93971RT | \$ | 239.00 |
| | US PREG-F/U PRE PROBLEM | 76816 | \$ | 476.00 |
| | US RETROPERITONEAL LMT | 76775 | \$ | 476.00 |
| | US ECHOENCEPHALOGRAPH | 76506 | \$ | 476.00 |
| 31750504 | US BREAST/AX.LIMITED RIGHT | 76642RT | \$ | 160.00 |
| 31750535 | US EXTREMITY NONVASCULAR LIMITED RT ARM | 76882RT | \$ | 352.00 |
| 31750543 | US CHEST | 76604 | \$ | 476.00 |
| 31750561 | US NEEDLE GUIDANCE | 76942 | \$ | 641.00 |
| 31750575 | US GUIDE VASCULAR ACCESS | 76937 | \$ | 216.00 |
| | US PREG BIOPHYSICAL PROFILE | 76819 | \$ | 545.00 |
| | US BREAST ASP CYST PRO RIGHT | 19000RT | | |
| | US PELVIC TRANSVAGINAL | 76830 | \$ | 476.00 |
| | US PREG<14 ADD FETUS | 76802 | \$ | 84.00 |
| | US PREG>14 ADD FETUS | 76810 | \$ | 188.00 |
| | US BREAST ASPIRATION EA ADD CYST RIGHT | 19001RT | φ \$ | 290.00 |
| | | | | |
| | US PELVIC LIMITED NON-OB (E.G. BLADDER) | 76857 | \$ | 196.00 |
| | US SPINAL CANAL & CONTENTS | 76800 | \$ | 196.00 |
| | US SALINE INFUSION SONOHYSTEROGRAPHY | 76831 | \$ | 646.00 |
| | INJ TRIGGER POINT 1-2 MUSCLES US GUIDED | 20552 | \$ | 525.00 |
| | US EXTREMITY NONVASCULAR COM RIGHT ARM | 76881RT | \$ | 558.00 |
| | US EXTREMITY ARTERIAL RIGHT ARM | 93922RT52 | \$ | 352.00 |
| 31750993 | US EXTREMITY ARTERIAL LEFT ARM | 93922LT52 | \$ | 352.00 |
| 31750994 | US EXTREMITY NONVASCULAR COM LEFT ARM | 76881LT | \$ | 558.00 |
| 31750995 | US EXTREMITY NONVASCULAR LIMITED LEFT AR | 76882LT | \$ | 352.00 |
| 31751001 | US BREAST/AX.LIMITED LEFT | 76642LT | \$ | 160.00 |
| | US EXTREMITY VENOUS LEG LEFT | 93971LT | \$ | 239.00 |
| | US BREAST ASP CYST PRO LEFT | 19000LT | \$ | 385.00 |
| | US BREAST ASPIRATION EA ADD CYST LEFT | 19001LT | \$ | 290.00 |
| | US EXTREMITY VENOUS ARM LEFT | 93971LT | \$ | 239.00 |
| | US EXTREMITY VENOUS ARM RIGHT | 93971RT | \$ | 239.00 |
| | US EXTREMITY NONVASCULAR COM LEFT LEG | 76881LT | φ \$ | 558.00 |
| | US EXTREMITY NONVASCULAR COM LEFT LEG | 76881RT | φ \$ | 558.00 |
| 31/31129 | OO LATREMITT INONVASCULAR COM RIGHT LEG | 100011 | φ | 550.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFAL | • | | |
|----------|--|---------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 31751130 | US EXTREMITY NONVASCULAR LIMITED LFT LEG | 76882LT | \$ | 352.00 |
| 31751131 | US EXTREMITY NONVASCULAR LIMITED RGT LEG | 76882RT | \$ | 352.00 |
| 31751132 | US EXTREMITY ARTERIAL LEFT LEG | 93922LT | \$ | 352.00 |
| 31751133 | US EXTREMITY ARTERIAL RIGHT LEG | 93922RT | \$ | 352.00 |
| | US PREG >14 WKS TWINS | 76805 | \$ | 648.00 |
| | US PREG <14 WKS TWINS | 76801 | \$ | 370.00 |
| | US BREAST/AX.COMPLETE RIGHT | 76641RT | \$ | 319.00 |
| | US LOC WIRE BREAST W/US GUIDANCE LEFT | 19285LT | \$ | 914.00 |
| | US LOC WIRE BREAST W/US GUIDANCE RIGHT | 19285RT | \$ | 914.00 |
| | US AAA SCREENING | 76706 | \$ | 476.00 |
| | US WIRE LOC BREAST ADD LESION | 19286 | \$ | 143.00 |
| | US PELVIC LIMITED (FOLLICLES) | 76857 | φ \$ | 168.00 |
| | EYE FOREIGN BODY | | φ \$ | |
| | | 70030 | | 239.00 |
| | BARIUM SWALLOW - ESOPAGUS | 74220 | \$ | 339.00 |
| | MANDIBLE LESS 4V | 70100 | \$ | 251.00 |
| | CERVICAL SPINE 2V OR 3V | 72040 | \$ | 256.00 |
| | UGI W/O KUB | 74246 | \$ | 525.00 |
| | MANDIBLE MIN 4V | 70110 | \$ | 357.00 |
| | CERVICAL SPINE 4V+ | 72050 | \$ | 358.00 |
| | FEMUR 2V+ RIGHT | 73552RT | \$ | 235.00 |
| | HYSTEROSALPINGOGRAPHY | 74740 | \$ | 753.00 |
| | MASTOIDS 1-2 VIEW | 70120 | \$ | 269.00 |
| | CERVICAL SPINE W/OBL/FLEX/EXT | 72052 | \$ | 462.00 |
| | KNEE 1V OR 2V RIGHT | 73560RT | \$ | 219.00 |
| | UGI W/SM BOWEL | 74249 | \$ | 685.00 |
| | MASTOIDS 3V+ | 70130 | \$ | 371.00 |
| | THORACIC SPINE 2V | 72070 | \$ | 288.00 |
| | KNEE 3V RIGHT | 73562RT | \$ | 275.00 |
| | SMALL BOWEL | 74250 | \$ | 409.00 |
| 32750050 | FACIAL BONES LESS 3V | 70140 | \$ | 235.00 |
| 32750051 | THORACIC SPINE 3V | 72072 | \$ | 311.00 |
| 32750052 | TIBIA/FIBULA-2V RIGHT | 73590RT | \$ | 196.00 |
| 32750053 | BARIUM ENEMA W/AIR | 74280 | \$ | 643.00 |
| 32750054 | FIST-SINUS TRACT STUDY | 76080 | \$ | 541.00 |
| 32750060 | FACIAL BONE MIN 3V | 70150 | \$ | 358.00 |
| 32750061 | LUMBAR SPINE 2V OR 3V | 72100 | \$ | 288.00 |
| 32750062 | ANKLE 2V RIGHT | 73600RT | \$ | 196.00 |
| 32750070 | NASAL BONES 3V+ | 70160 | \$ | 192.00 |
| 32750071 | LUMBAR SPINE 4V+ | 72110 | \$ | 505.00 |
| 32750072 | ANKLE 3V+ RIGHT | 73610RT | \$ | 235.00 |
| 32750073 | WATER SOLUBLE ENEMA | 74283 | \$ | 658.00 |
| 32750079 | LOC.WIRE BREAST WITH MAMMO GUID. RIGHT | 19281RT | \$ | 914.00 |
| 32750081 | LUMBAR SPINE 4V+/EXT/FLEX | 72114 | \$ | 575.00 |
| 32750082 | FOOT 2V RIGHT | 73620RT | \$ | 194.00 |
| 32750087 | MAMMOGRAM SCREEN BILAT | 77067 | \$ | 169.00 |
| | PELVIS 1V OR 2V | 72170 | \$ | 211.00 |
| | FOOT 3V+ RIGHT | 73630RT | \$ | 235.00 |
| | BIOPSY LUNG RIGHT-CT GUIDANCE | 32405RT | \$ | 852.00 |
| | OPTIC FORAMINA | 70190 | \$ | 269.00 |
| | CALCANEOUS 2V+ RIGHT | 73650RT | \$ | 194.00 |
| | BIOPSY LIVER-CT GUIDED | 47000 | \$ | 903.00 |
| | FLUORO-NEEDLE PLACEMENT | 77002 | \$ | 384.00 |
| | ORBITS-4V | 70200 | \$ | 259.00 |
| | PELVIS 3V+ | 72190 | \$ | 311.00 |
| | TOES 2 V RIGHT | 73660RT | \$ | 164.00 |
| | CHOLANGIOGRAM OPERATIVE (OPR) | 74300 | \$ | 643.00 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFF | ALO, WY 82834 | | |
|---|------------------|---------|----------|
| IVNUM IVDESC | IVCPTCD | IV | PRICE1 |
| 32750119 ARTHROGRAM-SHLDR INJ PROC | 23350 | \$ | 519.00 |
| 32750120 SINUS <3V | 70210 | \$ | 235.00 |
| 32750121 SACROILIAC JOINTS MIN 3V | 72202 | \$ | 339.00 |
| 32750122 ABDOMEN 1V | 74018 | \$ | 199.00 |
| 32750123 CHOLANGIOGRAM T-TUBE | 74305 | \$ | 707.00 |
| 32750130 SINUS 3V+ | 70220 | \$ | 358.00 |
| 32750131 SACRUM/COCCYX 2V+ | 72220 | \$ | 256.00 |
| 32750140 SELLA TURCICA | 70240 | \$ | 180.00 |
| 32750141 SCOLIOSIS STUDY 1 V SPINE ENTIRE | 72081 | \$ | 160.00 |
| 32750141 3COLIOSIS STODIT I V SPINE ENTINE 32750142 ABDOMEN 2V | 74019 | φ \$ | 375.00 |
| 32750142 ABDOMEN 2V 32750150 SKULL LESS 4V | 70250 | φ \$ | 296.00 |
| | 70250 73000RT | Ф \$ | |
| 32750151 CLAVICLE RIGHT | | Ф \$ | 192.00 |
| 32750153 IVP W/O OR W/ TOMO'S | 74400 | | 632.00 |
| 32750157 CHOLANGIOGRAM PERC TRANS HEPATIC | 74320 | \$ | 1,563.00 |
| 32750160 SKULL MIN 4V | 70260 | \$ | 450.00 |
| 32750161 SCAPULA RIGHT | 73010RT | \$ | 236.00 |
| 32750162 ABDOMEN ACUTE SERIES INCLUDES PA CHEST | 74022 | \$ | 490.00 |
| 32750163 IVP W/NEPHROTOMOGRAPHY | 74415 | \$ | 857.00 |
| 32750167 INJ PROC MYELO AND/OR CT | 62284 | \$ | 373.00 |
| 32750170 TEMPOROMANDIBULAR JTS BILATERAL | 70330 | \$ | 375.00 |
| 32750171 SHOULDER 1V RIGHT | 73020RT | \$ | 168.00 |
| 32750179 PERC NEPHYR.PROCEDUR | 50392 | \$ | 525.00 |
| 32750180 NECK 2V SOFT TISSUE | 70360 | \$ | 194.00 |
| 32750181 SHOULDER 2V+ RIGHT | 73030RT | \$ | 279.00 |
| 32750182 FLUORO-IND PROCEDURE > 1 HR | 76001 | \$ | 167.00 |
| 32750183 UROGRAPHY-RETRO | 74420 | \$ | 460.00 |
| 32750190 NECK 1V SOFT TISSUE | 70360 | \$ | 109.00 |
| 32750191 ACROMIOCLAVICULAR JOINTS BILAT | 73050 | \$ | 275.00 |
| 32750192 MAMMOGRAM UNILATERAL RIGHT DIAGNOSTIC | 77065RT | \$ | 167.00 |
| 32750193 CYSTOGRAM 3V | 74430 | \$ | 494.00 |
| 32750197 BARIUM ENEMA | 74270 | \$ | 544.00 |
| 32750201 HUMERUS 2V+ RIGHT | 73060RT | \$ | 194.00 |
| 32750202 MAMMOGRAM BILATERAL DIAGNOSTIC | 77066 | \$ | 185.00 |
| 32750203 URETHROCYSTOGRAM | 74450 | \$ | 410.00 |
| 32750207 BIOPSY PLEURA-CT GUIDED | 32400 | \$ | 852.00 |
| 32750211 ELBOW 2V RIGHT | 73070RT | \$ | 168.00 |
| 32750217 INJ PROC MYELO LMTD | 62284 | \$ | 282.00 |
| 32750220 SALIVARY GLAND/CALCULUS | 70380 | \$ | 371.00 |
| 32750221 ELBOW 3V+ RIGHT | 73080RT | \$ | 235.00 |
| 32750222 BONE AGE | 77072 | \$ | 247.00 |
| 32750223 VCU | 74455 | \$ | 426.00 |
| 32750230 CHEST 1V | 71045 | \$ | 192.00 |
| 32750231 FOREARM 2V RIGHT | 73090RT | \$ | 168.00 |
| 32750232 BONE LENGTH | 77073 | \$ | 269.00 |
| 32750240 CHEST 2V | 71046 | \$ | 296.00 |
| 32750241 WRIST 2V RIGHT | 73100RT | \$ | 168.00 |
| 32750242 BONE SURVEY COMPLETE | 77075 | \$ | 857.00 |
| 32750250 CHEST WITH FLUORO | 71023 | \$ | 348.00 |
| 32750251 WRIST 3V+ RIGHT | 73110RT | \$ | 235.00 |
| 32750257 FLUORO-IN OR >1HR | 76001 | \$ | 510.00 |
| 32750258 PERC NEPHRO INJ ONLY | 7598452 | \$ | 411.00 |
| 32750260 RIBS RIGHT W/PA CHEST | 71101RT | \$ | 311.00 |
| 32750261 HAND 3V+ RIGHT | 73130RT | \$ | 194.00 |
| 32750267 PERC NEPHROSTOMY | 7447526 | \$ | 1,563.00 |
| 32750270 RIBS BILAT & PA CHEST | 71111 | \$ | 389.00 |
| 32750271 FINGERS 2V+ RIGHT | 73140RT | \$ | 165.00 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|-----------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | MYELOGRAM LUMBAR WITH INJECTION PROC | 62304 | \$ | 817.00 |
| | STERNUM 2V | 71120 | \$ | 256.00 |
| | HIP 1V RIGHT W or W/O PELVIS | 73501RT | \$ | 168.00 |
| 32750290 | STERNOCLAVICULAR JTS,3V+ | 71130 | \$ | 235.00 |
| 32750291 | HIP 2-3V RIGHT W or W/O PELVIS | 73502RT | \$ | 280.00 |
| 32750293 | ARTHROGRAM-SHLDR RIGHT | 73040RT | \$ | 619.00 |
| 32750513 | FIST-SINUS-INJ.PROCE | 20501 | \$ | 288.00 |
| 32750514 | HYSREROSALPINGOGRAM. INJ. PROC. | 58340 | \$ | 254.00 |
| | INJ PROC ELBOW ARTHROGRAPHY | 24220 | \$ | 350.00 |
| | PERC TUBE CHANGE | 75984 | \$ | 817.00 |
| | SPINE-SINGLE VIEW | 72020 | \$ | 160.00 |
| | MAMMOGRAM SCREEN UNILATERAL RIGHT | 7706752RT | \$ | 128.00 |
| | SIALOG INJ PROCEDURE | 42550 | \$ | 251.00 |
| | SIALOGRAPHY LEFT | 70390 | \$ | 548.00 |
| | ARTHROGRAM-HIP INJ PROC | 27093 | \$ | 519.00 |
| | ARTHROGRAM-HIP RIGHT | 73525RT | \$ | 619.00 |
| | PERC TRASHEP CATH INTRODUCTION | | φ \$ | 960.00 |
| | | 47510 | | |
| | PERC TRANSHEPATIC BILIARY DRAINAGE | 75980 | \$ | 1,563.00 |
| | BIOPSY BONE DEEP-CT GUIDED | 20225 | \$ | 879.00 |
| | KNEE 4V+ RIGHT | 73564RT | \$ | 318.00 |
| | RIBS UNIL 2 V RIGHT | 71100RT | \$ | 247.00 |
| | RIBS BILAT 3 V | 71110 | \$ | 334.00 |
| | KNEE RIGHT STANDING SERIES | 73564RT | \$ | 318.00 |
| | KNEE LEFT STANDING SERIES | 73564LT | \$ | 318.00 |
| | FLUORO-IND PROCEDURE < 1 HOUR | 7600052 | \$ | 76.00 |
| | FLUORO-NEEDLE PLACEMENT-SPINE | 77003 | \$ | 384.00 |
| | MAMMARY DUCTOGRAM-1 RIGHT | 77053RT | \$ | 725.00 |
| | MAMMARY DUCTOGRAM-1-INJ PROC | 19030 | \$ | 206.00 |
| | CHEST SPECIAL VIEW - E.G. DECUB, EXPIR | 71035 | \$ | 118.00 |
| | KNEES UPRIGHT AP ONLY | 73565 | \$ | 168.00 |
| | STRESS VIEWS ANY JOINT RIGHT | 77071RT | \$ | 180.00 |
| | MAMMOGAM SURGICAL SPEC | 76098 | \$ | 67.00 |
| | INJ/ASP MAJOR JT RT. | 20610RT | \$ | 519.00 |
| | INJ SI JT PROC RT W/GUIDANCE | 27096RT | | 1,363.00 |
| | PERC FLUID DRAIN VISCERAL W GUIDANCE | 49405 | | 2,427.00 |
| | MR CONT. 15CC | | \$ | 88.00 |
| | MR CONT. 20CC | | \$ | 116.00 |
| | INJ SP LUMBAR TRANSF EPID W/ GUIDANCE | 64483 | \$ | 1,363.00 |
| | INJ SP LUMBAR TRANSF EPID + LEVELS | 64484 | \$ | 526.00 |
| | FINE NEEDLE ASP W GUIDANCE | 10022 | \$ | 672.00 |
| | BIOPSY BONE SUPERFICIAL-CT GUIDED | 20220 | \$ | 817.00 |
| | BIOPSY MUSCLE - SOFT TISSUE-US GUIDED | 20206 | \$ | 817.00 |
| | THYROID CYST ASPIR./ INJ RIGHT | 60300RT | \$ | 672.00 |
| | BIOPSY BREAST RIGHT W/US GUIDENCE | 19083RT | \$ | 1,102.00 |
| | THORACENTESIS RIGHT | 32555RT | \$ | 1,289.00 |
| | HAND 2V RIGHT | 73120RT | \$ | 158.00 |
| | UPPER EXT INFANT 2V RIGHT | 73092RT | \$ | 115.00 |
| | NOSE TO RECTUM FB | 76010 | \$ | 158.00 |
| 32750713 | HIPS BILAT 2V W or W/O PELVIS | 73521 | \$ | 364.00 |
| 32750714 | LOWER EXT INFANT 2V+ RIGHT | 73592RT | \$ | 103.00 |
| 32750721 | FLUORO-IN OR <1HR | 76000 | \$ | 214.00 |
| | UGI W/KUB | 74247 | \$ | 568.00 |
| | BIOPSY BREAST +LESION W/US GUIDANCE | 19084 | \$ | 143.00 |
| | MAMMOGRAM COMPUTER ASSISTED DIAGNOSTIC | 77051 | \$ | 43.00 |
| | MAMMOGRAM SCREEN COMPUTER ASSISTED | 77052 | \$ | 27.00 |
| 32750763 | ELBOW COMPARISON RIGHT | 73070RTXS | \$ | 100.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|----------------------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 32750764 | FOREARM COMPARISON RIGHT | 73090RTXS | \$ | 82.00 |
| 32750765 | WRIST COMPARISON RIGHT | 73100RTXS | \$ | 100.00 |
| 32750771 | SHOULDER COMPARISON RIGHT | 73020RTXS | \$ | 100.00 |
| 32750772 | HUMERUS COMPARISON RIGHT | 73060RTXS | \$ | 100.00 |
| 32750773 | FINGERS COMPARISON RIGHT | 73140RTXS | \$ | 78.00 |
| 32750774 | HAND COMPARISON RIGHT | 73120RTXS | | 100.00 |
| | CHEST WITH APICAL LORODITIC | 71021 | \$ | 359.00 |
| | CHEST WITH OBLIQUES | 71022 | \$ | 359.00 |
| | TOES COMPARISON RIGHT | 73660RTXS | \$ | 78.00 |
| | FOOT COMPARISON RIGHT | 73620RTXS | - | 100.00 |
| | ANKLE COMPARISON RIGHT | 73600RTXS | - | 100.00 |
| | TIBIA/FIBULA-COMPARISON RIGHT | 73590RTXS | - | 100.00 |
| | KNEE-COMPARISON RIGHT | 73560RTXS | - | 103.00 |
| | FEMUR-COMPARISON RIGHT | 73552RTXS | - | 119.00 |
| | HIP-COMPARISON RIGHT | 73501RTXS | \$ | 100.00 |
| | INJ/ASP SMALL JT PROC RIGHT | 20600RT | \$ | 519.00 |
| | INJ/ASP INTERM JT PROC RIGHT | 20605RT | \$ | 519.00 |
| | PARACENTESIS | 49083 | \$ | 1,289.00 |
| | IVC FILTER INTRO CATH | 36010 | \$ | 177.00 |
| | IVC FILTER PROC DEPLOY | 37620 | \$ | 177.00 |
| | IVC FILTER, PERC. PLACE | 75940 | \$ | 2,947.00 |
| | PICC LINE PLACEMENT | 36569 | \$ | 771.00 |
| | INJ EPIDURAL LUMBO SACRAL W/GUIDANCE | 62323 | \$ | 1,747.00 |
| | BIOPSY SALVARY GLAND RIGHT-US GUIDED | 42400RT | \$ | 927.00 |
| | BIOPSY LYMPH NODE-US GUIDED | 38505 | \$ | 927.00 |
| | BIOPSY THYROID CORE NEEDLE RIGHT | 60100RT | \$ | 852.00 |
| | INJ EPIDURAL CERVICL/THORACIC W/GUIDANCE | 62321 | \$ | 1,747.00 |
| | EPIDUROGRAPHY | 72275 | \$ | 456.00 |
| | INJECTION PROCEDURE / CYSTOS | 51600 | \$ | 305.00 |
| | PERC DRAIN GUIDANCE - CATHETER PLACEMENT | 75989 | \$ | 1,901.00 |
| | PERC FLUID DRAIN RETRO /PERIT W GUIDANCE | 49406 | \$ | 2,427.00 |
| | THORACIC LUMBAR JUNCTION | 72080 | \$ | 288.00 |
| | LUMBAR PUNCTURE -CFS DRAINAGE | 62272 | \$ | 1,102.00 |
| | INJ SP LUMBAR FACET JT W/ GUIDANCE | 64493 | \$ | 1,363.00 |
| | BIOPSY ABD./RETROPERITONEAL-CT GUIDED | 49180 | - | 852.00 |
| | BIOPSY PANCREAS-CT GUIDED | 48102 | \$ | 810.00 |
| | INJ SP LUMBAR FACET JT 2nd LEVEL | 64494 | \$ | 525.00 |
| | INJ SP LUMBAR FACET JT 3rd + LEVELS | 64495 | \$ | 525.00 |
| | EYE FB MR SCOUT | 7003052 | \$ | 70.00 |
| | ANKLE 2V LEFT | 73600LT | \$ | 196.00 |
| | ANKLE 3V+ LEFT | 73610LT | \$ | 235.00 |
| | ANKLE COMPARISON LEFT | 73600LTXS | \$ | 100.00 |
| | CLAVICLE LEFT | 73000LTXG | \$ | 192.00 |
| | ELBOW 2V LEFT | 73070LT | \$ | 168.00 |
| | ELBOW 3V+ LEFT | 73080LT | \$ | 235.00 |
| | ELBOW 3V+ LEFT ELBOW COMPARISON LEFT | 73070LTXS | \$ | 100.00 |
| | FEMUR 2V+ LEFT | 73552LT | \$ | 235.00 |
| | FEMUR-COMPARISON LEFT | 73552LTXS | \$ | 119.00 |
| | FINGERS 2V+ LEFT | 73332LTX3 | \$ | 165.00 |
| | FINGERS COMPARISON LEFT | 73140LT 73140LTXS | \$ | 78.00 |
| | FOOT 2V LEFT | 73620LT | φ \$ | 194.00 |
| | FOOT 3V+ LEFT | 73620LT 73630LT | Ф \$ | 235.00 |
| | FOOT COMPARISON LEFT | 73620LTXS | Φ \$ | 100.00 |
| | FOREARM 2V LEFT | 73020LTAS | φ \$ | 168.00 |
| | FOREARM COMPARISON LEFT | 73090LT 73090LTXS | Φ \$ | 82.00 |
| | HAND 2V LEFT | 73090LTAS | Ф \$ | 158.00 |
| 32130923 | HAND AV LEFT | 13120L1 | φ | 150.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|----------------------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 32750924 | HAND 3V+ LEFT | 73130LT | \$ | 194.00 |
| 32750925 | HAND COMPARISON LEFT | 73120LTXS | \$ | 100.00 |
| 32750931 | HIP 1V LEFT W or W/O PELVIS | 73501LT | \$ | 168.00 |
| 32750932 | HIP 2-3V LEFT W or W/O PELVIS | 73502LT | \$ | 280.00 |
| 32750933 | HIP-COMPARISON LEFT | 73501LTXS | \$ | 100.00 |
| 32750934 | HUMERUS 2V+ LEFT | 73060LT | \$ | 194.00 |
| 32750935 | HUMERUS COMPARISON LEFT | 73060LTXS | \$ | 100.00 |
| 32750941 | KNEE 1V OR 2V LEFT | 73560LT | \$ | 219.00 |
| 32750942 | KNEE 3V LEFT | 73562LT | \$ | 275.00 |
| 32750943 | KNEE 4V+ LEFT | 73564LT | \$ | 318.00 |
| 32750944 | KNEE-COMPARISON LEFT | 73560LTXS | \$ | 103.00 |
| | RIBS UNIL 2 V LEFT | 71100LT | \$ | 247.00 |
| 32750951 | RIBS LEFT W/PA CHEST | 71101LT | \$ | 311.00 |
| | SCAPULA LEFT | 73010LT | \$ | 236.00 |
| | SHOULDER 1V LEFT | 73020LT | \$ | 168.00 |
| | SHOULDER 2V+ LEFT | 73030LT | \$ | 279.00 |
| | SHOULDER COMPARISON LEFT | 73020LTXS | \$ | 100.00 |
| | STRESS VIEWS ANY JOINT LEFT | 77071LT | \$ | 180.00 |
| | TIBIA/FIBULA-2V LEFT | 73590LT | \$ | 196.00 |
| | TIBIA/FIBULA-COMPARISON LEFT | 73590LTXS | \$ | 100.00 |
| | TOES 2 V LEFT | 73660LT | \$ | 164.00 |
| | TOES COMPARISON LEFT | 73660LTXS | \$ | 78.00 |
| | UPPER EXT INFANT 2V LEFT | 73092LT | \$ | 115.00 |
| | WRIST 2V LEFT | 73100LT | \$ | 168.00 |
| | WRIST 3V+ LEFT | 73110LT | \$ | 235.00 |
| | WRIST COMPARISON LEFT | 73110LT 73100LTXS | \$ | 100.00 |
| | ULTRASOUND EXT ARTERIAL LEFT | 93922LT52 | \$ | 352.00 |
| | US CAROTID DUP LEFT | 93922LT32 93882LT | \$ | 370.00 |
| | CALCANEOUS 2V+ LEFT | 73650LT | φ \$ | 194.00 |
| | BIOPSY LUNG LEFT-CT GUIDANCE | 32405LT | Ф \$ | 852.00 |
| | ARTHROGRAM-HIP LEFT | 73525LT | φ \$ | 619.00 |
| | ARTHROGRAM-SHLDR LEFT | | φ \$ | |
| | | 73040LT | | 619.00 |
| | BIOPSY BREAST LEFT W/US GUIDENCE | 19083LT | \$ | 1,102.00 |
| | BIOPSY THYROID CORE NEEDLE LEFT | 60100LT | \$ | 852.00 |
| | INJ SI JT PROC LT W/GUIDANCE | 27096LT | | 1,363.00 |
| | INJ/ASP INTERM JT PROC LEFT | 20605LT | \$ | 519.00 |
| | INJ/ASP MAJOR JT LT. | 20610LT | \$ | 519.00 |
| | INJ/ASP SMALL JT PROC LEFT | 20600LT | \$ | 519.00 |
| | LOC.WIRE BREAST WITH MAMMO GUID. LEFT | 19281LT | \$ | 914.00 |
| | LOWER EXT INFANT 2V+ LEFT | 73592LT | \$ | 103.00 |
| | MAMMARY DUCTOGRAM-1 LEFT | 77053LT | \$ | 725.00 |
| | MAMMOGRAM UNILATERAL LEFT DIAGNOSTIC | 77065LT | \$ | 167.00 |
| | THORACENTESIS LEFT | 32555LT | \$ | 1,289.00 |
| | THYROID CYST ASPIR./ INJ LEFT | 60300LT | \$ | 672.00 |
| | BIOPSY SALVARY GLAND LEFT-US GUIDED | 42400LT | \$ | 927.00 |
| | MAMMOGRAM SCREEN UNILATERAL LEFT | 7706752LT | \$ | 128.00 |
| | KNEE BILAT STANDING SERIES | 7356450 | \$ | 525.00 |
| | MOD SEDATION < 5YRS 1ST 30 MIN | 99148 | \$ | 119.00 |
| | MOD SEDATION > 5YRS 1ST 30 MIN | 99149 | \$ | 119.00 |
| | MOD SEDATION + 15 MIN | 99150 | \$ | 59.00 |
| | INJ SP CER/TH TRANSF EPID W/GUIDANCE | 64479 | \$ | 1,363.00 |
| | INJ SP CER/TH TRANSF + LEVELS | 64480 | \$ | 526.00 |
| | THORACOSTOMY TUBE PLACEMENT | 32551 | \$ | 1,563.00 |
| | PERC FLUID DRAIN SOFT TISSUE W/GUIDANCE | 10030 | \$ | 1,127.00 |
| | INJ DRUG SUBCU/ IM | 96372 | \$ | 282.00 |
| 32751154 | ANKLE 1 VIEW LEFT | 73600LT52 | \$ | 146.00 |

| | JUNISON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|------------------------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | ANKLE 1 VIEW RIGHT | 73600RT52 | \$ | 146.00 |
| 32751156 | ELBOW 1V LEFT | 73070LT52 | \$ | 176.00 |
| 32751157 | ELBOW 1V RIGHT | 73070RT52 | \$ | 176.00 |
| 32751158 | FEMUR 1 VIEW LEFT | 73551LT52 | \$ | 176.00 |
| 32751159 | FEMUR 1 VIEW RIGHT | 73551RT52 | \$ | 176.00 |
| 32751160 | FINGERS 1 VIEW LEFT | 73140LT52 | \$ | 124.00 |
| 32751161 | FINGERS 1 VIEW RIGHT | 73140RT52 | \$ | 124.00 |
| | FOOT 1V LEFT | 73620LT52 | \$ | 146.00 |
| | FOOT 1V RIGHT | 73620RT52 | \$ | 146.00 |
| | FOREARM 1V LEFT | 73090LT52 | \$ | 176.00 |
| | FOREARM 1V RIGHT | 73090RT52 | \$ | 176.00 |
| | HAND 1 VIEW LEFT | 73120LT52 | \$ | 117.00 |
| | HAND 1 VIEW ELFT | 73120ET32 73120RT52 | \$ | 117.00 |
| | | | | |
| | HUMERUS 1 VIEW DIGHT | 73060LT52 | \$ | 145.00 |
| | HUMERUS 1 VIEW RIGHT | 73060RT52 | \$ | 145.00 |
| | LOWER EXT INFANT 1 VIEW LEFT | 73592LT52 | \$ | 77.00 |
| | LOWER EXT INFANT 1 VIEW RIGHT | 73592RT52 | \$ | 77.00 |
| | NASAL BONES 1-2 VIEW | 7016052 | \$ | 144.00 |
| | TIBIA/FIBULA 1 VIEW LEFT | 73590LT52 | \$ | 146.00 |
| | TIBIA/FIBULA 1 VIEW RIGHT | 73590RT52 | \$ | 146.00 |
| 32751175 | TOES 1 VIEW LEFT | 73660LT52 | \$ | 123.00 |
| 32751176 | TOES 1 VIEW RIGHT | 73660RT52 | \$ | 123.00 |
| 32751177 | WRIST 1 VIEW LEFT | 73100LT52 | \$ | 127.00 |
| 32751178 | WRIST 1 VIEW RIGHT | 73100RT52 | \$ | 127.00 |
| 32751179 | CALCANEOUS 1 VIEW LEFT | 73650LT52 | \$ | 145.00 |
| 32751180 | CALCANEOUS 1 VIEW RIGHT | 73650RT52 | \$ | 145.00 |
| | UPPER EXT INFANT 1 VIEW LEFT | 73092LT52 | \$ | 88.00 |
| | UPPER EXT INFANT 1 VIEW RIGHT | 73092RT52 | \$ | 88.00 |
| | DEXA / BONE DENSITY | 77080 | \$ | 415.00 |
| | BIOPSY BREAST RIGHT W/ VACUME & GUIDANC | 19083RT | \$ | 2,116.00 |
| | BIOPSY BREAST LEFT W/ VACUME & GUIDANCE | 19083LT | \$ | 2,116.00 |
| | SCOLIOSIS STUDY 2-3 V SPINE ENTIRE | 72082 | \$ | 288.00 |
| | INJ TENDON ORIGIN INSERTION SINGLE | 20551 | \$ | 525.00 |
| | INJ TENDON SHEATH SINGLE | 20550 | φ \$ | 525.00 |
| | BONE SURVEY INFANT | | Φ \$ | |
| | | 77076 | | 649.00 |
| | BONE SURVEY LIMITED | 77074 | \$ | 541.00 |
| | FLUORO CENTRAL VENOUS ACCESS GUIDE | 77001 | \$ | 298.00 |
| | SWALLOWING FUNCTION | 74230 | \$ | 416.00 |
| | BIOPSY LIVER- US GUIDED | 47000 | \$ | 903.00 |
| | CHEST 2V W/ SPECIAL VIEW | 71020 | \$ | 287.00 |
| | FINE NEEDLE ASP W GUIDANCE THYROID | 10022 | \$ | 672.00 |
| | INJ TRIGGER POINT 1-2 MUSCLES | 20552 | \$ | 525.00 |
| | INJ INTERCOSTAL NERVE SINGLE | 64420 | \$ | 464.00 |
| | INJ INTERCOSTAL NERVE MULTIPLE | 64421 | \$ | 525.00 |
| | CHEST 3V | 71047 | \$ | 370.00 |
| | CHEST 4V+ | 71048 | \$ | 421.00 |
| | ABDOMEN 3 VIEW | 74021 | \$ | 412.00 |
| | FL IN OR | 76000 | \$ | 214.00 |
| | CT ABD AND PELVIS W/O - STONE | 74176 | \$ | 3,577.00 |
| | CT HEAD W/O | 70450 | \$ | 1,632.00 |
| | CT HIP W/O RIGHT | 73700RT | \$ | 1,901.00 |
| | CT HEAD W | 70460 | \$ | 2,047.00 |
| | CT LOWER EXTRE W RIGHT | 73701RT | \$ | 2,228.00 |
| | CT HEAD W & W/O | 70470 | \$ | 2,228.00 |
| | CT HIP W-W/O RIGHT | 73702RT | \$ | 2,308.00 |
| 33750036 | CT ORBIT/SELLA/POST-FOSSA/IAC W/O | 70480 | \$ | 1,901.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|---------|-------------|--|--|
| IVNUM IVDESC | IVCPTCD | IVPRICE1 | | |
| 33750037 CT ABDOMEN W/O | 74150 | \$ 1,901.00 | | |
| 33750046 CT ORBIT/SELLA/POST-FOSSA/IAC W | 70481 | \$ 2,228.00 | | |
| 33750047 CT ABDOMEN W | 74160 | \$ 2,228.00 | | |
| 33750056 CT ORBIT/SELLA/POST-FOSSA/IAC W & W/O | 70482 | \$ 2,451.00 | | |
| 33750057 CT ABDOMEN W & W/O | 74170 | \$ 2,451.00 | | |
| 33750066 CT MAXILLOFACE W/O | 70486 | \$ 1,901.00 | | |
| 33750076 CT MAXILLOFACE W | 70487 | \$ 2,228.00 | | |
| 33750086 CT MAXILLOFACE W & W/O | 70488 | \$ 2,308.00 | | |
| 33750096 CT NECK (ST) W/O | 70490 | \$ 1,901.00 | | |
| 33750106 CT NECK (ST) W | 70490 | \$ 2,228.00 | | |
| 33750106 CT NECK (ST) W & W/O | 70491 | \$ 2,228.00 | | |
| · · | | \$ 2,451.00 | | |
| 33750126 CT THORAX W/O | 71250 | | | |
| 33750136 CT THORAX W | 71260 | \$ 2,228.00 | | |
| 33750146 CT THORAX W & W/O | 71270 | \$ 2,451.00 | | |
| 33750156 CT C SPINE W/O | 72125 | \$ 1,901.00 | | |
| 33750166 CT C SPINE W | 72126 | \$ 2,555.00 | | |
| 33750176 CT C SPINE W & W/O | 72127 | \$ 2,341.00 | | |
| 33750186 CT T SPINE W/O | 72128 | \$ 1,901.00 | | |
| 33750196 CT T SPINE W | 72129 | \$ 2,555.00 | | |
| 33750206 CT T SPINE W-W/O | 72130 | \$ 2,778.00 | | |
| 33750216 CT L SPINE W/O | 72131 | \$ 1,901.00 | | |
| 33750218 CT GUIDE NEEDLE PLACEMENT | 77012 | \$ 1,901.00 | | |
| 33750226 CT L SPINE W | 72132 | \$ 2,555.00 | | |
| 33750236 CT L SPINE W-W/O | 72133 | \$ 2,778.00 | | |
| 33750246 CT PELVIS W/O | 72192 | \$ 1,901.00 | | |
| 33750248 CT PERC DRAIN GUIDANCE- CATH PLACEMENT | 75989 | \$ 1,587.00 | | |
| 33750256 CT PELVIS W | 72193 | \$ 2,228.00 | | |
| 33750266 CT PELVIS W & W/O | 72194 | \$ 2,451.00 | | |
| 33750276 CT SHOULDER W/O RIGHT | 73200RT | \$ 1,901.00 | | |
| 33750286 CT UPPER EXTRE W RIGHT | 73201RT | \$ 2,228.00 | | |
| 33750296 CT SHOULDER W-W/O RIGHT | 73202RT | \$ 2,451.00 | | |
| 33750525 CT LIMITED STUDY | 76380 | \$ 927.00 | | |
| 33750621 CTA UPPER EXT LIMITED | 7320652 | \$ 1,134.00 | | |
| 33750622 CTA LOWER EXT LIMITED | 7370652 | \$ 1,134.00 | | |
| 33750624 CTA ABD LIMITED | 7417552 | \$ 1,333.00 | | |
| 33750631 CTA FEM RUN OFF LIMITED | 7563552 | \$ 1,279.00 | | |
| 33750632 CTA HEAD COMPLETE | 70496 | \$ 2,451.00 | | |
| 33750633 CTA NECK COMPLETE | 70498 | \$ 2,451.00 | | |
| 33750641 CTA UPPER EXT RIGHT | 73206RT | \$ 2,451.00 | | |
| 33750642 CTA LOWER EXT COMPLETE RIGHT | 73706RT | \$ 2,451.00 | | |
| 33750643 CTA CHEST COMPLETE | 71275 | \$ 2,451.00 | | |
| 33750644 CTA PELVIS COMPLETE | 72191 | \$ 2,451.00 | | |
| 33750645 CTA AORTA & FEM RUN OFF COMPLETE | 75635 | \$ 2,451.00 | | |
| 33750652 CTA ABD COMPLETE | 74175 | \$ 2,451.00 | | |
| 33750684 CT MAXILLOFACE W/O LIMITED | 7048652 | \$ 510.00 | | |
| 33750854 CT ABD AND PELVIS W/O | 74176 | \$ 3,801.00 | | |
| 33750855 CT ABD AND PELVIS W | 74177 | \$ 4,316.00 | | |
| 33750861 CT ABD AND PELVIS W & W/O | 74178 | \$ 4,764.00 | | |
| 33750865 PARAVERTEBRAL NERVE BLOCK - LUMB/THOR | 64520 | \$ 2,301.00 | | |
| 33751004 CT LOWER EXTRE W LEFT | 73701LT | \$ 2,228.00 | | |
| 33751011 CT LOWER EXTRE W/O LEFT | 73700LT | \$ 1,901.00 | | |
| 33751012 CT UPPER EXTRE W LEFT | 73201LT | \$ 2,228.00 | | |
| 33751013 CT UPPER EXTRE W/WO LEFT | 73202LT | \$ 2,451.00 | | |
| 33751015 CT UPPER EXTRE W/O LEFT | 73200LT | \$ 1,901.00 | | |
| 33751021 CTA LOWER EXT COMPLETE LEFT | 73706LT | \$ 2,451.00 | | |
| 33751022 CTA UPPER EXT LEFT | 73206LT | \$ 2,451.00 | | |
| | | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC |), WY 82834 | | |
|----------|---|--------------------|----|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 33751082 | CT ANKLE W & W/O LEFT | 73702LT | \$ | 2,308.00 |
| 33751083 | CT ANKLE W/O LEFT | 73700LT | \$ | 1,901.00 |
| 33751084 | CT ANKLE W/O RIGHT | 73700RT | \$ | 1,901.00 |
| | CT ANKLE W & W/O RIGHT | 73702RT | \$ | 2,308.00 |
| | CT FEMUR W/O LEFT | 73702IXT | \$ | 1,901.00 |
| | | | - | |
| | CT FEMUR W/O RIGHT | 73700RT | \$ | 1,901.00 |
| | CT FEMUR W-W/O LEFT | 73702LT | \$ | 2,308.00 |
| | CT FEMUR W-W/O RIGHT | 73702RT | \$ | 2,308.00 |
| | CT FOOT W/O LEFT | 73700LT | \$ | 1,901.00 |
| | CT FOOT W/O RIGHT | 73700RT | \$ | 1,901.00 |
| 33751092 | CT FOOT W-W/O LEFT | 73702LT | | 2,308.00 |
| 33751093 | CT FOOT W-W/O RIGHT | 73702RT | \$ | 2,308.00 |
| 33751094 | CT HIP W/O LEFT | 73700LT | \$ | 1,901.00 |
| 33751095 | CT HIP W-W/O LEFT | 73702LT | \$ | 2,308.00 |
| 33751096 | CT KNEE W/O LEFT | 73700LT | \$ | 1,901.00 |
| | CT KNEE W/O RIGHT | 73700RT | \$ | 1,901.00 |
| | CT KNEE W- W/O LEFT | 73702LT | \$ | 2,308.00 |
| | CT KNEE W- W/O RIGHT | 73702RT | \$ | 2,308.00 |
| | CT TIB-FIB W/O LEFT | 73702KT 73700LT | | |
| | | | \$ | 1,901.00 |
| | CT TIB-FIB W/O RIGHT | 73700RT | \$ | 1,901.00 |
| | CT TIB-FIB W- W/O LEFT | 73702LT | | 2,308.00 |
| | CT TIB-FIB W- W/O RIGHT | 73702RT | | 2,308.00 |
| | CT ELBOW W/O LEFT | 73200LT | \$ | 1,901.00 |
| 33751105 | CT ELBOW W/O RIGHT | 73200RT | \$ | 1,901.00 |
| 33751106 | CT ELBOW W- W/O LEFT | 73202LT | \$ | 2,451.00 |
| 33751107 | CT ELBOW W- W/O RIGHT | 73202RT | \$ | 2,451.00 |
| 33751108 | CT FOREARM W/O LEFT | 73200LT | \$ | 1,901.00 |
| 33751109 | CT FOREARM W/O RIGHT | 73200RT | \$ | 1,901.00 |
| | CT FOREARM W-W/O LEFT | 73202LT | | 2,451.00 |
| | CT FOREARM W-W/O RIGHT | 73202RT | \$ | 2,451.00 |
| | CT HAND W/O LEFT | 73200LT | \$ | 1,901.00 |
| | CT HAND W/O RIGHT | 73200ET | \$ | 1,901.00 |
| | | | - | |
| | CT HAND W-W/O DIGHT | 73202LT | \$ | 2,451.00 |
| | CT HAND W-W/O RIGHT | 73202RT | \$ | 2,451.00 |
| | CT HUMERUS W/O LEFT | 73200LT | \$ | 1,901.00 |
| | CT HUMERUS W/O RIGHT | 73200RT | | 1,901.00 |
| | CT HUMERUS W-W/O LEFT | 73202LT | | 2,451.00 |
| | CT HUMERUS W-W/O RIGHT | 73202RT | | 2,451.00 |
| 33751120 | CT SHOULDER W/O LEFT | 73200LT | \$ | 1,901.00 |
| 33751121 | CT SHOULDER W-W/O LEFT | 73202LT | \$ | 2,451.00 |
| 33751122 | CT WRIST W/O LEFT | 73200LT | \$ | 1,901.00 |
| 33751123 | CT WRIST W/O RIGHT | 73200RT | \$ | 1,901.00 |
| | CT WRIST W-W/O LEFT | 73202LT | - | 2,451.00 |
| | CT WRIST W-W/O RIGHT | 73202RT | \$ | 2,451.00 |
| | CT PLEURAL DRAIN CATHETER W/ GUIDANCE RT | 32557RT | \$ | 1,402.00 |
| | CT PLEURAL DRAIN CATHETER W/ GUIDANCE LT | 32557LT | \$ | 1,402.00 |
| | CT LOWER EXTRE W/O RIGHT | | | 1,901.00 |
| | | 73700RT | \$ | |
| | CT UPPER EXTRE W/WO RIGHT | 73202RT | \$ | 2,451.00 |
| | CTA ABD AND PELVIS COMPLETE | 74174 | \$ | 4,764.00 |
| | CT UPPER EXTRE W/O RIGHT | 73200RT | \$ | 1,901.00 |
| | INJ TRIGGER POINT 1-2 MUSCLES CT GUIDED | 20552 | \$ | 525.00 |
| | G PRO FEE EYE-FOREIGN | 7003026 | \$ | 62.00 |
| | G PRO FEE BARIUM SWALLOW - ESOPHAGUS | 7422026 | \$ | 104.00 |
| | G PRO FEE CT ABD & PELVIS W/O STONE | 7417626 | \$ | 504.00 |
| 34750005 | G PRO FEE US PREG LIMITED | 7681526 | \$ | 159.00 |
| 34750006 | G PRO FEE CT HEAD BRAIN W/O | 7045026 | \$ | 222.00 |
| | | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | , WI 02034 | | |
|----------|---|------------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 34750007 | G PRO FEE CT LOWER EXTRE W/O RIGHT | 7370026RT | \$ | 253.00 |
| 34750009 | G PRO FEE MR BRAIN W/WO CON | 7055326 | \$ | 470.00 |
| | G PRO FEE MANDIBLE LESS 4V | 7010026 | \$ | 60.00 |
| | G PRO FEE CERVICAL SPINE 2V OR 3V | 7204026 | \$ | 50.00 |
| | G PRO FEE UGI W/O KUB | 7424626 | \$ | 171.00 |
| | | | | |
| | G PRO FEE CT HEAD/BRAIN W | 7046026 | \$ | 293.00 |
| | G PRO FEE CT LOWER EXTRE W RIGHT | 7370126RT | \$ | 253.00 |
| | G PRO FEE MR C.SP.W/WO.CONTRAS | 7215626 | \$ | 420.00 |
| | G PRO FEE MANDIBLE MIN 4V | 7011026 | \$ | 60.00 |
| | G PRO FEE C-SPINE 4V | 7205026 | \$ | 65.00 |
| 34750022 | G PRO FEE FEMUR 2V+ RIGHT | 7355226RT | \$ | 43.00 |
| 34750024 | G PRO FEE HYSTEROSALPINGOGRAM | 7474026 | \$ | 107.00 |
| 34750026 | G PRO FEE CT HEAD/BRAIN W-W/O | 7047026 | \$ | 330.00 |
| 34750027 | G PRO FEE CT LOWER EXTRE W-W/O RIGHT | 7370226RT | \$ | 289.00 |
| | G PRO FEE MR T.SP.W/WO.CONTRAS | 7215726 | \$ | 442.00 |
| | G PRO FEE CERVICAL SPINE W/OBL/FLEX/EXT | 7205226 | \$ | 78.00 |
| | G PRO FEE KNEE 1V OR 2V RIGHT | 7356026RT | \$ | 43.00 |
| | G PRO FEE UGI W/SM BOWEL | 7424926 | φ \$ | 210.00 |
| | | | | |
| | G PRO FEE US PELVIC COMP(NON-OB) | 7685626 | \$ | 166.00 |
| | G PRO FEE CT INNER SKULL W/O | 7048026 | \$ | 348.00 |
| | G PRO FEE CT ABDOMEN W/O | 7415026 | \$ | 344.00 |
| | G PRO FEE MR BRAIN W/O CON | 7055126 | \$ | 440.00 |
| 34750041 | G PRO FEE THORACIC SPINE 2V | 7207026 | \$ | 47.00 |
| 34750042 | G PRO FEE KNEE 3V RIGHT | 7356226RT | \$ | 50.00 |
| 34750043 | G PRO FEE SM BOWEL | 7425026 | \$ | 110.00 |
| 34750045 | G PRO FEE US SOFT TISSUE HEAD/NECK | 7653626 | \$ | 107.00 |
| 34750046 | G PRO FEE CT INNER SKULL W | 7048126 | \$ | 360.00 |
| | G PRO FEE CT ABDOMEN W | 7416026 | \$ | 332.00 |
| | G PRO FEE MR L SP W/WO CONTRAS | 7215826 | \$ | 399.00 |
| | G PRO FEE FACIAL BONES LESS 3V | 7014026 | \$ | 45.00 |
| | G PRO FEE THORACIC SPINE 3V | 7207226 | \$ | 50.00 |
| | G PRO FEE TIB/FIB-2V RIGHT | 7359026RT | φ \$ | 43.00 |
| | G PRO FEE BARIUM ENEMA W/AIR | | | |
| | | 7428026 | \$ | 188.00 |
| | G PRO FEE FIST SINUS TRACT STUD | 7608026 | \$ | 184.00 |
| | G PRO FEE CT INNER SKULL W & W/O CONTRAS | 7048226 | \$ | 371.00 |
| | G PRO FEE CT ABDOMEN W-W/O | 7417026 | \$ | 367.00 |
| 34750058 | G PRO FEE MR TEMPOMANDIBULAR JT W/O | 7033626 | \$ | 326.00 |
| 34750060 | G PRO FEE FACIAL BONES/C MIN 3V | 7015026 | \$ | 60.00 |
| 34750061 | G PRO FEE LUMBAR SPINE 2V OR 3V | 7210026 | \$ | 48.00 |
| 34750062 | G PRO FEE ANKLE 2V RIGHT | 7360026RT | \$ | 44.00 |
| 34750063 | G PRO FEE BARIUM ENEMA | 7427026 | \$ | 158.00 |
| 34750064 | G PRO FEE RENAL CYST STUDY | 7447026 | \$ | 116.00 |
| | G PRO FEE US AMNIOC.GUIDANCE | 7694626 | \$ | 125.00 |
| | G PRO FEE CT MAXILLOFACE W/O | 7048626 | \$ | 305.00 |
| | G PRO FEE MR ORBIT FACE NECK W/CON | 7054226 | \$ | 425.00 |
| | G PRO FEE NASAL BONES 3V+ | 7016026 | | 37.00 |
| | | | \$ | |
| | G PRO FEE LUMBAR SPINE 4V+ | 7211026 | \$ | 80.00 |
| | G PRO FEE ANKLE 3V+ RIGHT | 7361026RT | \$ | 44.00 |
| | G PRO FEE WATER SOLUBLE ENEMA | 7428326 | \$ | 158.00 |
| | G PRO FEE CT MAXILLOFACE W | 7048726 | \$ | 331.00 |
| | G PRO FEE MR LUMBAR SPINE W/O CONT | 7214826 | \$ | 330.00 |
| | G PRO FEE US LOC WIRE PLAC BREAST | 1928526 | \$ | 393.00 |
| 34750081 | G PRO FEE LUMBAR SPINE 4V+/EXT/FLEX | 7211426 | \$ | 83.00 |
| 34750082 | G PRO FEE FOOT 2V RIGHT | 7362026RT | \$ | 38.00 |
| 34750086 | G PRO FEE CT MAXILLOFACE W-W/O | 7048826 | \$ | 365.00 |
| 34750087 | G PRO FEE MAMMOGRAM SCREEN BILAT | 7706726 | \$ | 89.00 |
| | | | | |

| JOHNSON COUNTY HEALTHCARE CENTER, BUF | • | | |
|---|-----------|---------|----------|
| IVNUM IVDESC | IVCPTCD | IV | PRICE1 |
| 34750088 G PRO FEE MR LUMBAR SPINE W/CONT | 7214926 | \$ | 430.00 |
| 34750091 G PRO FEE PELVIS 1V OR 2V | 7217026 | \$ | 56.00 |
| 34750092 G PRO FEE FOOT 3V+ RIGHT | 7363026RT | \$ | 43.00 |
| 34750095 G PRO FEE UNLISTED US | 7699926 | \$ | 88.00 |
| 34750096 G PRO FEE CT NECK (ST) W/O | 7049026 | \$ | 343.00 |
| 34750098 G PRO FEE MR CERVICAL SPINE W/O CONT | 7214126 | \$ | 403.00 |
| 34750099 G PRO FEE BIOPSY ABD/RETROPERITONEAL | 4918026 | \$ | 386.00 |
| 34750102 G PRO FEE CALCANEOUS 2V+ RIGHT | 7365026RT | \$ | 39.00 |
| 34750103 G PRO FEE CHOLECYSTOGRAM (OCG) | 7429026 | \$ | 158.00 |
| 34750104 G PRO FEE LIVER BIOPSY-CORE | 4700026 | \$ | 675.00 |
| 34750104 G PRO FEE CT NECK (ST) W | 7049126 | \$ | 350.00 |
| 34750108 G PRO FEE MR CERVICAL SPINE W/CONT | 7214226 | \$ | 453.00 |
| 34750109 G PRO FEE FLOUR NEEDL PLACEMENT | 7700226 | \$ | 116.00 |
| | | Ф \$ | |
| 34750110 G PRO FEE ORBITS-4V | 7020026 | | 126.00 |
| 34750111 G PRO FEE PELVIS 3V+ | 7219026 | \$ | 58.00 |
| 34750112 G PRO FEE TOES 2 V+ RIGHT | 7366026RT | \$ | 34.00 |
| 34750113 G PRO FEE CHOLANGIO (OPR) | 7430026 | \$ | 106.00 |
| 34750116 G PRO FEE CT NECK (ST) W-W/O | 7049226 | \$ | 369.00 |
| 34750118 G PRO FEE MR THORACIC SPINE W/O | 7214626 | \$ | 374.00 |
| 34750119 G PRO FEE ARTHROGRAPHY-SHLDR INJ PROC | 2335026 | \$ | 372.00 |
| 34750120 G PRO FEE PARANASAL SINUS LESS 3V | 7021026 | \$ | 37.00 |
| 34750121 G PRO FEE SACROILIAC JOINTS 3V+ | 7220226 | \$ | 54.00 |
| 34750122 G PRO FEE ABDOMEN 1V | 7401826 | \$ | 64.00 |
| 34750123 G PRO FEE CHOLANGIO T-TUBE | 7430526 | \$ | 106.00 |
| 34750126 G PRO FEE CT THORAX W/O | 7125026 | \$ | 302.00 |
| 34750129 G PRO FEE US CAROTID DUP BILAT | 9388026 | \$ | 161.00 |
| 34750130 G PRO FEE PARANASAL SINUS 3V+ | 7022026 | \$ | 67.00 |
| 34750131 G PRO FEE SACRUM/COCCYX MIN 2V + | 7222026 | \$ | 47.00 |
| 34750134 G PRO FEE ADDITIONAL FILM PER RADIOLOGIS | 7649926 | \$ | 12.10 |
| 34750136 G PRO FEE CT THORAX W | 7126026 | \$ | 317.00 |
| 34750138 G PRO FEE MR CHEST W/O CONT | 7155026 | \$ | 400.00 |
| 34750139 G PRO FEE US CAROTID DUP UNIL RIGHT | 9388226RT | \$ | 132.00 |
| 34750140 G PRO FEE SELLA TURCICA | 7024026 | \$ | 56.00 |
| 34750141 G PRO FEE SCOLIOSIS STUDY | 7206926 | \$ | 59.00 |
| 34750142 G PRO FEE ABDOMEN 2V | 7401926 | \$ | 74.00 |
| 34750146 G PRO FEE CT THORAX W-W/O | 7127026 | \$ | 352.00 |
| 34750148 G PRO FEE MR ABDOMEN W/O CON | 7418126 | \$ | 406.00 |
| 34750150 G PRO FEE SKULL LESS 4V | 7025026 | \$ | 54.00 |
| 34750151 G PRO FEE CLAVICLE RIGHT | 7300026RT | \$ | 43.00 |
| 34750153 G PRO FEE IVP W/O OR W/ TOMO'S | 7440026 | \$ | 46.00 |
| 34750156 G PRO FEE CT C SPINE W/O | 7212526 | \$ | 281.00 |
| 34750157 G PRO FEE TRANS HEPATIC CHOLAN | 7432026 | \$ | 201.00 |
| 34750158 G PRO FEE MR PELVIS W/O CON | 7219526 | \$ | 377.00 |
| 34750159 G PRO FEE US SCROTUM & CONTENT | 7687026 | \$ | 151.00 |
| 34750160 G PRO FEE SKULL 4V+ | 7026026 | \$ | 77.00 |
| 34750161 G PRO FEE SCAPULA RIGHT | 7301026RT | \$ | 53.00 |
| 34750162 G PRO FEE ABDOMEN ACUTE SERIES INC CXR | 7402226 | \$ | 74.00 |
| 34750166 G PRO FEE CT C SPINE W | 7212626 | \$ | 305.00 |
| 34750167 G PRO FEE INJ MYELO AND/OR CT | 6228426 | \$ | 859.00 |
| 34750168 G PRO FEE MR UPR EXT NOT JT W/O CRTST | 7321826 | \$ | 330.00 |
| 34750170 G PRO FEE TEMPOROMANDIBULAR BILATER | 7033026 | \$ | 66.00 |
| 34750171 G PRO FEE SHOULDER 1V RIGHT | 7302026RT | \$ | 38.00 |
| 34750174 G PRO FEE US ABD COMP | 7670026 | \$ | 209.00 |
| 34750174 G PRO FEE CT C SPINE W/O- W | 7212726 | \$ | 319.00 |
| 34750178 G PRO FEE MR UPR EXT ANY JT W/O CON | 7322126 | \$ | 330.00 |
| 34750179 G PRO FEE PERC.NEPHYR.PROCEDUR | 5039226 | \$ | 1,021.00 |
| 5.1.55.116 GT NGT LET ENGLIGHT THAT NOOLDON | 3000220 | Ψ | 1,521.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFA | • | | |
|---|-----------|---------|----------|
| IVNUM IVDESC | IVCPTCD | IV | PRICE1 |
| 34750180 G PRO FEE NECK 2V SOFT TISSUE | 7036026 | \$ | 47.00 |
| 34750181 G PRO FEE SHOULDER 2V+ RIGHT | 7303026RT | \$ | 53.00 |
| 34750182 G PRO FEE FLOURO IND PROC >1 HR | 7600126 | \$ | 84.00 |
| 34750184 G PRO FEE US ABD LIMITED | 7670526 | \$ | 237.00 |
| 34750186 G PRO FEE CT T SPINE W/O | 7212826 | \$ | 280.00 |
| 34750187 G PRO FEE US BREAST / AX. LIMITED RIGHT | 7664226RT | \$ | 186.00 |
| 34750188 G PRO FEE MR LOWER EXT NOT JT W/O CON | 7371826 | \$ | 342.00 |
| 34750190 G PRO FEE NECK 1V SOFT TISSUE | 7036026 | \$ | 42.00 |
| 34750191 G PRO FEE ACROMIOCLAVICULAR JOINTS BILAT | 7305026 | \$ | 53.00 |
| 34750192 G PRO FEE MAMMO UNILATERAL RIGHT DIAGNOS | 7706526RT | \$ | 110.00 |
| 34750193 G PRO FEE CYSTO 3V | 7443026 | \$ | 86.00 |
| 34750196 G PRO FEE CT T SPINE W | 7212926 | \$ | 300.00 |
| 34750198 G PRO FEE MR LOWER EXT ANY JT W/O CON | 7372126 | Ψ \$ | 326.00 |
| | | | |
| 34750201 G PRO FEE HUMERUS 2V+ RIGHT | 7306026RT | \$ | 52.00 |
| 34750202 G PRO FEE MAMMOGRAM BILATERAL DIAGNOSTIC | 7706626 | \$ | 126.00 |
| 34750203 G PRO FEE URETHROCYSTOGRAM | 7445026 | \$ | 90.00 |
| 34750206 G PRO FEE CT T SPINE W-W/O | 7213026 | \$ | 315.00 |
| 34750207 G PRO FEE BIOPSY PLEURA PERC. NEEDLE | 3240026 | \$ | 458.00 |
| 34750211 G PRO FEE ELBOW 2V RIGHT | 7307026RT | \$ | 39.00 |
| 34750212 G PRO FEE MAMMO LOCALIZATION/BREAST | 1928126 | \$ | 890.00 |
| 34750216 G PRO FEE CT L SPINE W/O CON | 7213126 | \$ | 279.00 |
| 34750218 G PRO FEE CT GUIDE NEEDLE PLACEMENT | 7701226 | \$ | 107.00 |
| 34750221 G PRO FEE ELBOW 3V+ RIGHT | 7308026RT | \$ | 44.00 |
| 34750222 G PRO FEE BONE AGE | 7707226 | \$ | 39.00 |
| 34750223 G PRO FEE VCU | 7445526 | \$ | 93.00 |
| 34750226 G PRO FEE CT L SPINE W | 7213226 | \$ | 297.00 |
| 34750228 T PRO FEE KNEE 4V+ RIGHT | 7356426RT | \$ | 58.00 |
| 34750230 G PRO FEE CHEST 1V FRONTAL | 7104526 | \$ | 44.00 |
| 34750231 G PRO FEE FOREARM 2V RIGHT | 7309026RT | \$ | 41.00 |
| 34750232 G PRO FEE BONE LENGTH | 7707326 | \$ | 53.00 |
| 34750234 G PRO FEE US RETROPERITONEAL COMP | 7677026 | \$ | 188.00 |
| 34750236 G PRO FEE CT L SPINE W-W/O | 7213326 | \$ | 305.00 |
| 34750238 G PRO FEE PERC.ABSCESS DRAINAGE | 7598926 | \$ | 329.00 |
| 34750240 G PRO FEE CHEST 2V FRONTAL & LAT | 7104626 | \$ | 69.00 |
| 34750241 G PRO FEE WRIST 2V RIGHT | 7310026RT | \$ | 40.00 |
| 34750242 G PRO FEE BONE SURVEY COMPLETE | 7707526 | \$ | 98.00 |
| 34750246 G PRO FEE CT PELVIS W/O | 7219226 | \$ | 233.00 |
| 34750250 G PRO FEE CHEST-W/FLUORO | 7102326 | \$ | 120.00 |
| 34750251 G PRO FEE WRIST 3V + RIGHT | 7311026RT | \$ | 45.00 |
| 34750256 G PRO FEE CT PELVIS W | 7219326 | \$ | 254.00 |
| 34750257 G PRO FEE FLOURO OR > 1HR | 7600126 | \$ | 84.00 |
| 34750258 PERC.NEPHRO INJ ONLY | 7598426 | \$ | 190.00 |
| 34750260 G PRO FEE RIBS UNIL W/ PA CHEST RIGHT | 7110126RT | \$ | 77.00 |
| 34750261 G PRO FEE HAND 3V+ RIGHT | 7313026RT | \$ | 45.00 |
| 34750264 G PRO FEE US PREG>14 WKS | 7680526 | \$ | 217.00 |
| 34750266 G PRO FEE CT PELVIS W-W/O | 7219426 | \$ | 270.00 |
| 34750267 PERC NEPHROSTOMY | 7447526 | \$ | 319.00 |
| 34750268 G PRO FEE US EXTR. VENOUS BILAT | 9397026 | \$ | 168.00 |
| 34750270 G PRO FEE RIBS BILAT W/PA CXR | 7111126 | \$ | 90.00 |
| 34750271 G PRO FEE FINGERS 2V+ RIGHT | 7314026RT | \$ | 43.00 |
| 34750273 G PRO FEE MYELOGRAM L. SP. WITH INJECTIO | 6230426 | \$ | 1,094.00 |
| 34750274 G PRO FEE US PREG<14 WKS | 7680126 | \$ | 217.00 |
| 34750276 G PRO FEE CT UPPER EXTRE W/O RIGHT | 7320026RT | \$ | 258.00 |
| 34750280 G PRO FEE STERNUM 2 V+ | 7112026 | \$ | 58.00 |
| 34750281 G PRO FEE HIP 1V W OR WO PELVIS RIGHT | 7350126RT | \$ | 44.00 |
| 34750284 G PRO FEE US PREG TRANS V | 7681726 | \$ | 194.00 |
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| | ON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|--------------------|--------------------------------------|-----------|----------|----------|
| IVNUM IVDESC | | IVCPTCD | IV | PRICE1 |
| 34750286 G PRO FEE | E CT UPPER EXTRE W RIGHT | 7320126RT | \$ | 258.00 |
| 34750288 G PRO FEE | US EXT VENOUS UNILATOR LIMITED | 9397126 | \$ | 108.00 |
| 34750290 G PRO FEE | STERNOCLAVULAR JTS 3V+ | 7113026 | \$ | 128.00 |
| 34750291 G PRO FEE | E HIP 2-3V W or WO PELVIS RIGHT | 7350226RT | \$ | 67.00 |
| 34750293 G PRO FEE | E ARTHROGRAM-SHLDR RIGHT | 7304026RT | \$ | 120.00 |
| 34750294 G PRO FEE | E US PREG F/U PRE PROBLEM | 7681626 | \$ | 171.00 |
| | E CT UPPER EXTRE W-W/O RIGHT | 7320226RT | \$ | 278.00 |
| | US RETROPERITONEAL LMT | 7677526 | \$ | 168.00 |
| 34750501 G PRO FEE | E US ECHOENCEPHALOGRAP | 7650626 | \$ | 159.00 |
| 34750504 G PRO FEE | US BREAST / AX.COMPLETE RIGHT | 7664126RT | \$ | 232.00 |
| | FIST-SINUS-INJ.PROCE | 2050126 | \$ | 213.00 |
| | HYSREROSALP.INJ.PROL | 5834026 | \$ | 344.00 |
| 34750525 G PRO FEE | | 7638026 | \$ | 343.00 |
| | PERCUTANEOUS TUBE CHANGE | 7598426 | \$ | 192.00 |
| | SPINE-SINGLE VIEW | 7202026 | \$ | 35.00 |
| | E DEXA / BONE DENSITY | 7708026 | \$ | 42.00 |
| | E MAMMO SCREEN UNILATERAL RIGHT | 770672652 | \$ | 89.00 |
| | E SIALOG INJ PROCEDURE | 4255026 | \$ | 181.00 |
| | SMALL BOWEL-ENTEROCLYSIS | 7425126 | \$ | 119.00 |
| | E SIALOGRAPHY RIGHT | 7039026RT | \$ | 149.00 |
| | E ARTHROGRAPHY-HIP INJ PROC | 2709326 | \$ | 240.00 |
| | E ARTHROGRAM-HIP RIGHT | 7352526RT | \$ | 120.00 |
| | E PERC TRASHEP CATH INTRODUCTI | 4751026 | φ \$ | 1,006.00 |
| | E PERC TRANSHEPATIC BILIARY DRA | 7598026 | | 324.00 |
| | E MR ORBIT FACE NECK W/WO CTRST | 7054326 | \$ \$ | 425.00 |
| | E MRA HEAD W/O CON | 7054326 | Ф \$ | 322.00 |
| | E BIOPSY BONE DEEP | | Ф \$ | 1,154.00 |
| | | 2022526 | Ф \$ | |
| 34750574 G PRO FEE | | 7356426RT | | 58.00 |
| | E US NEEDLE GUIDANCE | 76942 | \$ | 179.00 |
| | E RIBS UNIL 2 V RIGHT | 7110026RT | \$ | 63.00 |
| 34750582 G PRO FEE | | 7111026 | \$ | 79.00 |
| | E MR ORBIT FACE NECK W/O CON | 7054026 | \$ | 428.00 |
| | E MRA HEAD W/WO CON | 7054626 | \$ | 379.00 |
| | E MRA NECK W/O CON | 7054726 | \$ | 317.00 |
| | E MRA NECK W/WO CON | 7054926 | \$ | 379.00 |
| | E MR PELVIS W/WO CON | 7219726 | \$ | 389.00 |
| | E MR LOWER EXT NOT JT W/WO CON | 7372026 | \$ | 319.00 |
| | E MR LOWER EXT ANY JT W/WO CON | 7372326 | \$ | 319.00 |
| | E MR ABDOMEN W/WO CON | 7418326 | \$ | 520.00 |
| | MR SHOULDER W/WO CONT RIGHT | 7322326RT | \$ | 335.00 |
| | US BIOPHYSICAL PROFILE | 7681926 | \$ | 214.00 |
| | FLOURO IND LIMITED UP TO 1 HR | 7600026 | \$ | 42.00 |
| | FLOURO NEEDLE PLACEMENT-SPINE | 7700326 | \$ | 125.00 |
| | E CTA HEAD COMPLETE | 7049626 | \$ | 407.00 |
| | E CTA NECK COMPLETE | 7049826 | \$ | 407.00 |
| | E CTA UPPER EXT COMPLETE RIGHT | 73206 | \$ | 376.00 |
| | E CTA LOWER EXT COMPLETE | 7370626 | \$ | 580.00 |
| | E CTA CHEST COMPLETE | 7127526 | \$ | 433.00 |
| | E CTA PELVIS COMPLETE | 7219126 | \$ | 370.00 |
| | E CTA AORTA & FEM RUN OFF COMPLE | 7563526 | \$ | 925.00 |
| | MR UPR EXT NOT JT W-W/O CONT | 7322026 | \$ | 330.00 |
| | E CTA ABD COMPLETE | 7417526 | \$ | 497.00 |
| | E MAMMARY DUCTOGRAM | 7705326LT | \$ | 124.00 |
| | E MAMMARY DECTOBGRAM-1-INJ PR | 1903026 | \$ | 267.00 |
| | E CHEST SPECIAL VIEW | 7103526 | \$ | 54.00 |
| 34750663 G PRO FEE | E KNEES UPR AP ONLY BILATERAL | 7356526 | \$ | 43.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|--------------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| 34750664 | G PRO FEE STRESS VIEWS ANY JOINT LEFT | 7707126LT | \$ | 39.00 |
| 34750665 | G PRO FEE MAMMOGRAM SURGICAL SPECIMEN | 7609826 | \$ | 63.00 |
| 34750671 | G PRO FEE INJ/ASP MAJOR JT PROC | 2061026 | \$ | 240.00 |
| 34750673 | G PRO FEE INJ SI JT PROC RIGHT | 2709626 | \$ | 519.00 |
| 34750674 | PERC ABC DRAIN LIVER PROC | 47011 | \$ | 605.00 |
| 34750675 | G PRO FEE US BREAST ASP CYST RIGHT | 1900026RT | \$ | 257.00 |
| | G PRO FEE INJ PROC L SP FACET JT | 6449326 | \$ | 185.00 |
| | G PRO FEE INJ L SP FACET JT ADDITIONAL | 6449426 | \$ | 93.00 |
| | G PRO FEE FNA LT THYROID | 10022LT26 | \$ | 386.00 |
| | G PRO FEE BIOPSY BONE SUPERFICIAL | 2022026 | \$ | 508.00 |
| | G PRO FEE BIOPSY-MUSCLE - SOFT TISSUE | 2022020 | \$ | 508.00 |
| | | | φ \$ | |
| | G PRO FEE HO BELVIO TRANS V | 6030026 | | 396.00 |
| | G PRO FEE US PELVIC TRANS V | 7683026 | \$ | 190.00 |
| | G PRO FEE US PREG<14 ADD FETUS | 7680226 | \$ | 149.00 |
| | G PRO FEE US PREG>14 ADD FETUS | 7681026 | \$ | 149.00 |
| | G PRO FEE THORACENTESIS | 3255526 | \$ | 191.00 |
| | G PRO FEE US BREAST ASP EA ADD CYST RIGH | 1900126RT | \$ | 134.00 |
| 34750704 | G PRO FEE HAND 2 VIEWS RIGHT | 7312026RT | \$ | 39.00 |
| 34750705 | G PRO FEE UPPER EXT INFT 2V+ RIGHT | 7309226RT | \$ | 41.00 |
| 34750711 | G PRO FEE NOSE TO RECTUM FB | 7601026 | \$ | 90.00 |
| 34750713 | G PRO FEE HIPS BLT 2V W/WO AP PELVIS | 7352126 | \$ | 134.00 |
| 34750714 | G PRO FEE LWR EXT INFT 2V+ RIGHT | 7359226RT | \$ | 39.00 |
| | G PRO FEE BONE SURVEY LIMITED | 7707426 | \$ | 68.00 |
| | G PRO FEE FLOURO IN OR <1hr | 7600026 | \$ | 42.00 |
| | G PRO FEE UGI W/KUB | 7424726 | \$ | 171.00 |
| | G PRO FEE US ADD LESION LOCALIZATION BRE | 1928626 | \$ | 117.00 |
| | G PRO FEE MAMMOGRAM CAD | 7705126 | \$ | 16.00 |
| | G PRO FEE MAMMOGRAM SCREEN CAD | 7705120 | \$ | 16.00 |
| | G PRO FEE US PELVIS LIMITED NON-OB | 7685726 | \$ | 95.00 |
| | G PRO FEE MR CHEST W/O & W/CONTRAST | 7155226 | | |
| | | 7 133220 | \$ | 489.00 |
| | G PRO FEE MRA CHEST | 7440500 | \$ | 438.00 |
| | G PRO FEE HIS ORINAL CANAL & CONTENTS | 7418526 | \$ | 419.00 |
| | G PRO FEE US SPINAL CANAL & CONTENTS | 7680026 | \$ | 326.00 |
| | G PRO FEE ELBOW COMPARISON RIGHT | 7307026RT | \$ | 34.00 |
| | G PRO FEE FOREARM COMPARISON RIGHT | 7309026RT | \$ | 36.00 |
| | G PRO FEE WRIST COMPARISON RIGHT | 7310026RT | \$ | 35.00 |
| | G PRO FEE SHOULDER COMPARISON RIGHT | 7302026RT | \$ | 38.00 |
| | G PRO FEE HUMERUS COMPARISON RIGHT | 7306026RT | \$ | 40.00 |
| | G PRO FEE FINGERS COMPARISON RIGHT | 7314026RT | \$ | 37.00 |
| | HAND COMPARISON | 73140 | \$ | 29.00 |
| | G PRO FEE CHEST WITH APICAL LORODITIC | 7102126 | \$ | 77.00 |
| | G PRO FEE CHEST WITH OBLIQUES | 7102226 | \$ | 89.00 |
| 34750782 | G PRO FEE TOES COMPARISON RIGHT | 7366026RT | \$ | 28.00 |
| 34750783 | G PRO FEE FOOT COMPARISON RIGHT | 7362026RT | \$ | 33.00 |
| 34750784 | G PRO FEE ANKLE COMPARISON RIGHT | 7360026RT | \$ | 39.00 |
| 34750785 | G PRO FEE TIBIA/FIBULA-COMPARISON RIGHT | 7359026RT | \$ | 38.00 |
| 34750791 | G PRO FEE KNEE COMPARISON RIGHT | 7356026RT | \$ | 43.00 |
| 34750792 | G PRO FEE FEMUR-COMPARISON RIGHT | 7355226RT | \$ | 38.00 |
| 34750793 | G PRO FEE HIP-COMPARISON RIGHT | 7350126RT | \$ | 49.00 |
| 34751190 | G PRO FEE SIALOGRAPHY LEFT | 7039026LT | \$ | 149.00 |
| 34751191 | G PRO FEE RIBS UNIL 2 V RIGHT | 7110126LT | \$ | 77.00 |
| 34751192 | G PRO FEE CLAVICLE LEFT | 7300026LT | \$ | 43.00 |
| | G PRO FEE SCAPULA LEFT | 7301026LT | \$ | 53.00 |
| | G PRO FEE SHOULDER 1V LEFT | 7302026LT | \$ | 38.00 |
| | G PRO FEE SHOULDER 2V+ LEFT | 7303026LT | \$ | 53.00 |
| | G PRO FEE ARTHROGRAM-SHLDR LEFT | 7304026LT | \$ | 120.00 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFA | LO, WY 82834 | |
|---|------------------------|-----------|
| IVNUM IVDESC | IVCPTCD | IVPRICE1 |
| 34751197 G PRO FEE HUMERUS COMPARISON LEFT | 7306026LT | \$ 40.00 |
| 34751198 G PRO FEE HUMERUS 2V+ LEFT | 7306026LT | \$ 52.00 |
| 34751199 G PRO FEE ELBOW 2V LEFT | 7307026LT | \$ 39.00 |
| 34751200 G PRO FEE ELBOW COMPARISON LEFT | 7307026LT | \$ 34.00 |
| 34751201 G PRO FEE FOREARM 2V LEFT | 7309026LT | \$ 41.00 |
| 34751202 G PRO FEE FOREARM COMPARISON LEFT | 7309026LT | \$ 36.00 |
| 34751203 G PRO FEE UPPER EXT INFT 2V+ LEFT | 7309226LT | \$ 41.00 |
| 34751204 G PRO FEE WRIST 2V LEFT | 7310026LT | \$ 40.00 |
| 34751205 G PRO FEE WRIST 3V + LEFT | 7311026LT | \$ 45.00 |
| 34751206 G PRO FEE HAND 2 VIEWS LEFT | 7311020LT 7312026LT | \$ 39.00 |
| | | |
| 34751207 G PRO FEE HAND 3V+ LEFT | 7313026LT | \$ 45.00 |
| 34751208 G PRO FEE FINGERS COMPARISON LEFT | 7314026LT | \$ 37.00 |
| 34751209 G PRO FEE CT UPPER EXTRE W/O LEFT | 7320026LT | \$ 258.00 |
| 34751210 G PRO FEE CT UPPER EXTRE W LEFT | 7320126LT | \$ 258.00 |
| 34751211 G PRO FEE CTA UPPER EXT COMPLETE LEFT | 7320626LT | \$ 376.00 |
| 34751212 G PRO FEE HIP 1V W OR WO PELVIS LEFT | 7350126LT | \$ 44.00 |
| 34751213 G PRO FEE HIP 2-3V W or WO PELVIS LEFT | 7350226LT | \$ 67.00 |
| 34751214 G PRO FEE ARTHROGRAM-HIP LEFT | 7352526LT | \$ 120.00 |
| 34751215 G PRO FEE FEMUR 2V+ LEFT | 7355226LT | \$ 43.00 |
| 34751216 G PRO FEE FEMUR-COMPARISON LEFT | 7355226LT | \$ 38.00 |
| 34751217 G PRO FEE KNEE 1V OR 2V LEFT | 7356026LT | \$ 43.00 |
| 34751218 G PRO FEE KNEE COMPARISON LEFT | 7356026LT | \$ 43.00 |
| 34751219 G PRO FEE KNEE 3V LEFT | 7356226LT | \$ 50.00 |
| 34751220 G PRO FEE KNEE 4V+ LEFT | 7356426LT | \$ 58.00 |
| 34751221 G PRO FEE TIB/FIB-2V LEFT | 7359026LT | \$ 43.00 |
| 34751222 G PRO FEE TIBIA/FIBULA-COMPARISON LE | 7359026LT | \$ 38.00 |
| 34751223 G PRO FEE LWR EXT INFT 2V+ LEFT | 7359226LT | \$ 39.00 |
| 34751224 G PRO FEE ANKLE 2V LEFT | 7360026LT | \$ 44.00 |
| 34751225 G PRO FEE ANKLE COMPARISON LEFT | 7360026LT | \$ 39.00 |
| 34751226 G PRO FEE ANKLE 3V+ LEFT | 7361026LT | \$ 44.00 |
| 34751227 G PRO FEE FOOT 2V LEFT | 7362026LT | \$ 38.00 |
| 34751228 G PRO FEE FOOT COMPARISON LEFT | 7362026LT | \$ 33.00 |
| 34751229 G PRO FEE FOOT 3V+ LEFT | 7363026LT | \$ 43.00 |
| 34751230 G PRO FEE CALCANEOUS 2V+ LEFT | 7365026LT | \$ 39.00 |
| 34751231 G PRO FEE TOES COMPARISON LEFT | 7366026LT | \$ 28.00 |
| 34751232 G PRO FEE TOES 2 V+ LEFT | 7366026LT | \$ 34.00 |
| 34751233 G PRO FEE CT LOWER EXTRE W/O LEFT | 7370026LT | \$ 253.00 |
| 34751234 G PRO FEE CT LOWER EXTRE W LEFT | 7370126LT | \$ 253.00 |
| 34751235 G PRO FEE CT LOWER EXTRE W-W/O LEFT | 7370226LT | \$ 289.00 |
| 34751236 G PRO FEE MAMMO UNILATERAL LEFT DIAGNOST | 7706526 | \$ 110.00 |
| 34751237 G PRO FEE MAMMO SCREEN UNILATERAL LEFT | 770672652 | \$ 89.00 |
| 34751238 G PRO FEE US BREAST ASP CYST LEFT | 1900026LT | \$ 257.00 |
| 34751239 G PRO FEE US BREAST ASP EA ADD CYST LEFT | 1900020LT | \$ 134.00 |
| 34751240 G PRO FEE US BREAST / AX.COMPLETE LEFT | 7664126LT | \$ 232.00 |
| 34751241 G PRO FEE US BREAST / AX. LIMITED LEFT | 7664226LT | \$ 232.00 |
| 34751241 G PRO FEE US BREAST / AX. LIMITED LEFT 34751242 G PRO FEE US CAROTID DUP UNIL LEFT | | |
| | 9388226LT | \$ 132.00 |
| 34751243 G PRO FEE EYE-FOREIGNBODY MRI SCOUT | 7003026 | \$ 46.00 |
| 34751244 G PRO FEE MASTOIDS 3V+ | 7013026 | \$ 160.00 |
| 34751245 G PRO FEE SALIVARY GLAND/ CALCULUS | 7038026 | \$ 75.00 |
| 34751247 G PRO FEE RIBS UNIL 2 V LEFT | 7110026LT | \$ 63.00 |
| 34751248 G PRO FEE RIBS UNIL W/ PA CHEST LEFT | 7110126LT | \$ 77.00 |
| 34751249 G PRO FEE THORACIC LUMBAR JUNCTION | 7208026 | \$ 51.00 |
| 34751250 G PRO FEE SHOULDER COMPARISON LEFT | 7302026LT | \$ 38.00 |
| 34751251 G PRO FEE ARTHROGRAM-SHLDR LEFT | 7304026LT | \$ 120.00 |
| 34751252 G PRO FEE FINGERS 2V+ LEFT | 7314026LT | \$ 43.00 |
| 34751253 G PRO FEE HIP-COMPARISON LEFT | 7350126LT | \$ 49.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFA | LO, WY 82834 | | |
|---|--------------|---------|--------|
| IVNUM IVDESC | IVCPTCD | IVP | RICE1 |
| 34751254 G PRO FEE FEMUR 1V RIGHT | 7355126RT | \$ | 38.00 |
| 34751255 G PRO FEE FEMUR 1V LEFT | 7355126LT | \$ | 38.00 |
| 34751256 G PRO FEE TIB/FIB-1V RIGHT | 7359026RT | \$ | 38.00 |
| 34751257 G PRO FEE TIB/FIB-1V LEFT | 7359026LT | \$ | 38.00 |
| 34751258 G PRO FEE LWR EXT INFT 1VIEW RIGHT | | | |
| | 7359226RT | \$ | 34.00 |
| 34751259 G PRO FEE LWR EXT INFT 1VIEW LEFT | 7359226LT | \$ | 34.00 |
| 34751260 G PRO FEE ANKLE 1VIEW RIGHT | 7360026RT | \$ | 39.00 |
| 34751261 G PRO FEE ANKLE 1VIEW LEFT | 7360026LT | \$ | 39.00 |
| 34751262 G PRO FEE FOOT 1VIEW RIGHT | 7362026RT | \$ | 33.00 |
| 34751263 G PRO FEE FOOT 1VIEW LEFT | 7362026LT | \$ | 33.00 |
| 34751264 G PRO FEE CALCANEOUS 1VIEW RIGHT | 7365026RT | \$ | 34.00 |
| 34751265 G PRO FEE CALCANEOUS 1VIEW LEFT | 7365026LT | \$ | 34.00 |
| 34751266 G PRO FEE TOES 1 VIEW RIGHT | 7366026RT | \$ | 28.00 |
| 34751267 G PRO FEE TOES 1 VIEW LEFT | 7366026LT | \$ | 28.00 |
| 34751268 G PRO FEE MR SHOULDER W/WO CONT LEFT | 7322326LT | \$ | 335.00 |
| 34751269 G PRO FEE MR SHOULDER W/O CONT RIGHT | 7322126RT | \$ | 330.00 |
| 34751270 G PRO FEE MR SHOULDER W/O CONT LEFT | 7322126LT | \$ | 330.00 |
| | | | |
| 34751271 G PRO FEE US EXTREMITY NONVASCULAR RT A | 7688226RT | \$ | 100.00 |
| 34751272 G PRO FEE US EXTREMITY NONVASCULAR LT A | 7688226LT | \$ | 100.00 |
| 34751273 G PRO FEE US EXTREMITY NONVASCULAR RT L | 7688226RT | \$ | 100.00 |
| 34751274 G PRO FEE US EXTREMITY NONVASCULAR LT L | 7688226LT | \$ | 100.00 |
| 34751275 G PRO FEE US EXTREMITY VENOUS RT ARM | 9397126RT | \$ | 121.00 |
| 34751276 G PRO FEE US EXTREMITY VENOUS LFT ARM | 9397126LT | \$ | 121.00 |
| 34751277 G PRO FEE US EXTREMITY VENOUS RT LEG | 9397126RT | \$ | 121.00 |
| 34751278 G PRO FEE US EXTREMITY VENOUS LFT LEG | 9397126LT | \$ | 121.00 |
| 34751279 G PRO FEE US LOC WIRE BREAST W/US GUID R | 1928526RT | \$ | 447.00 |
| 34751280 G PRO FEE US LOC WIRE BREAST W/US GUID | 1928526LT | \$ | 447.00 |
| 34751281 G PRO FEE CT UPPER EXTRE W-W/O LEFT | 7320226LT | \$ | 278.00 |
| 34751282 G PRO FEE UPPER EXT INFT 1V LEFT | 7309226LT | \$ | 35.00 |
| 34751283 G PRO FEE UPPER EXT INFT 1V RIGHT | 7309226RT | \$ | 35.00 |
| 34751284 G PRO FEE WRIST COMPARISON LEFT | 7310026LT | \$ | 35.00 |
| 34751285 G PRO FEE HAND 1 VIEW LEFT | 7312026LT | \$ | 33.00 |
| 34751286 G PRO FEE HAND 1 VIEW RIGHT | | φ \$ | 33.00 |
| | 7312026RT | | |
| 34751287 G PRO FEE FINGERS 1V LEFT | 7314026LT | \$ | 37.00 |
| 34751288 G PRO FEE FINGERS 1V RIGHT | 7314026RT | \$ | 37.00 |
| 34751289 G PRO FEE ELBOW 3V+LEFT | 7308026LT | \$ | 44.00 |
| 34751290 G PRO FEE CT ABD AND PELVIS W / O | 7417626 | \$ | 444.00 |
| 34751291 G PRO FEE CT ABD AND PELVIS W - W/O | 7417826 | \$ | 524.00 |
| 34751292 G PRO FEE CT ABD AND PELVIS WITH | 7417726 | \$ | 454.00 |
| 34751293 G PRO FEE KNEE BILAT STANDING SERIES | 735645026 | \$ | 116.00 |
| 34751296 G PRO FEE CT HIP W/O LEFT | 7370026LT | \$ | 253.00 |
| 34751297 G PRO FEE CT HIP W/O RIGHT | 7370026RT | \$ | 253.00 |
| 34751298 G PRO FEE CT KNEE W/O LEFT | 7370026LT | \$ | 253.00 |
| 34751299 G PRO FEE CT KNEE W/O RIGHT | 7370026RT | \$ | 253.00 |
| 34751300 G PRO FEE CT SHOULDER W/O LEFT | 7320026LT | \$ | 258.00 |
| 34751301 G PRO FEE CT SHOULDER W/O RIGHT | 7320026RT | \$ | 258.00 |
| 34751302 G PRO FEE CT ANKLE W/O LEFT | 7370026LT | \$ | 253.00 |
| 34751303 G PRO FEE CT ANKLE W/O RIGHT | 7370026RT | \$ | 253.00 |
| 34751304 G PRO FEE CT FOOT W/O LEFT | 7370026LT | \$ | 253.00 |
| | | | |
| 34751305 G PRO FEE CT FOOT W/O RIGHT | 7370026RT | \$ | 253.00 |
| 34751306 G PRO FEE CT HAND W/O LEFT | 7320026LT | \$ | 258.00 |
| 34751307 G PRO FEE CT HAND W/O RIGHT | 7320026RT | \$ | 258.00 |
| 34751308 G PRO FEE CT ELBOW W/O LEFT | 7320026LT | \$ | 258.00 |
| 34751309 G PRO FEE CT ELBOW W/O RIGHT | 7320026RT | \$ | 258.00 |
| 34751310 G PRO FEE CT FOREARM W/O LEFT | 7320026LT | \$ | 258.00 |
| 34751311 G PRO FEE CT FOREARM W/O RIGHT | 7320026RT | \$ | 258.00 |

| | UNIY HEALIHCARE CENTER, BUI | • | | |
|---------------------------|-----------------------------|-----------|----|----------|
| IVNUM IVDESC | | IVCPTCD | I۷ | PRICE1 |
| 34751312 G PRO FEE CT FE | MUR W/O LEFT | 7370026LT | \$ | 253.00 |
| 34751313 G PRO FEE CT FE | MUR W/O RIGHT | 7370026RT | \$ | 253.00 |
| 34751314 G PRO FEE CT HU | IMERUS W/O LEFT | 7320026LT | \$ | 258.00 |
| 34751315 G PRO FEE CT HU | IMERUS W/O RIGHT | 7320026RT | \$ | 258.00 |
| 34751316 G PRO FEE CT TIE | B-FIB W/O LEFT | 7370026LT | \$ | 253.00 |
| 34751317 G PRO FEE CT TIE | | 7370026RT | \$ | 253.00 |
| 34751318 G PRO FEE CT WI | | 7320026LT | \$ | 258.00 |
| 34751319 G PRO FEE CT WI | | 7320026RT | \$ | 258.00 |
| | TREMITY ARTERIAL ARM LEFT | 9392226LT | \$ | 80.00 |
| | TREMITY ARTERIAL ARM RIGH | 9392226RT | \$ | 80.00 |
| | TREMITY ARTERIAL LEG LEFT | 9392226LT | \$ | 80.00 |
| | TREMITY ARTERIAL LEG RIGH | 9392226RT | \$ | 80.00 |
| | P LUMBAR TRANSF EPID W/GU | | | |
| | | 6448326 | \$ | 658.00 |
| | P LUMBAR TRANSF EPID+ LEV | 6448426 | \$ | 236.00 |
| 34751326 G PRO FEE INJ EF | | 6232326 | \$ | 656.00 |
| | PIDURAL CERVICAL/ THORACI | 6232126 | \$ | 1,152.00 |
| 34751328 G PRO FEE LUMB | | 6449326 | \$ | 185.00 |
| 34751329 G PRO FEE LUMB | | 6449426 | \$ | 93.00 |
| 34751330 G PRO FEE LUMB | | 6449526 | \$ | 93.00 |
| | BY BREAST W/GUIDANCE LEFT | 1908326LT | \$ | 1,447.00 |
| | BY BREAST W/GUIDANCE RIGHT | 1908326RT | \$ | 1,447.00 |
| 34751333 G PRO FEE BIOPS | SY BREAST + LESION W/ US G | 1908426 | \$ | 979.00 |
| 34751334 G PRO FEE BIOPS | SY THYROID CORE NEEDLE LEF | 6010026LT | \$ | 266.00 |
| 34751335 G PRO FEE FNA F | RT THYROID | 10022RT26 | \$ | 386.00 |
| | SY LYMPH NODE NEEDLE SUPER | 3850526 | \$ | 849.00 |
| 34751337 G PRO FEE PERC | DRAIN GUIDANCE- CATH PLAC | 7598926 | \$ | 329.00 |
| 34751338 G PRO FEE PARA | | 4908326 | \$ | 191.00 |
| 34751339 G PRO FEE BIOPS | SY LUNG LEFT | 3240526LT | \$ | 458.00 |
| 34751340 G PRO FEE BIOPS | SY LUNG RIGHT | 3240526RT | \$ | 458.00 |
| 34751341 G PRO FEE MYEL | OGRAM C. SP. WITH INJECTIO | 6230226 | \$ | 1,094.00 |
| 34751342 G PRO FEE MYEL | OGRAM T. SP. WITH INJECTI | 6230326 | \$ | 1,094.00 |
| 34751343 G PRO FEE SCOL | IOSIS STUDY 1V SPINE ENTIR | 7208126 | \$ | 59.00 |
| 34751344 G PRO FEE SCOL | IOSIS STUDY 2-3V SPINE ENT | 7208226 | \$ | 72.00 |
| 34751345 G PRO FEE US CH | HEST | 7660426 | \$ | 172.00 |
| 34751346 G PRO FEE CT PL | EURAL DRAIN W/ GUID RT | 3255726RT | \$ | 329.00 |
| 34751347 G PRO FEE CT PL | EURAL DRAIN W/ GUID LT | 3255726LT | \$ | 329.00 |
| 34751348 G PRO FEE US A | AA SCREEN | 7670626 | \$ | 168.00 |
| 34751349 G PRO FEE MR LU | JMBAR SPINE W/O CONT LIMIT | 721482652 | \$ | 200.00 |
| 34751350 G PRO FEE INJ/AS | SP INT. JT PROC | 2060526 | \$ | 215.00 |
| 34751351 G PRO FEE INJ/AS | SP SMALL JT PROC | 2060026 | \$ | 190.00 |
| 34751352 G PRO FEE NASA | L BONES 1-2 VIEW | 7016026 | \$ | 30.00 |
| 34751353 G PRO FEE BIOPS | SY THYROID CORE NEEDLE RIG | 6010026RT | \$ | 266.00 |
| 34751354 G PRO FEE INJ TE | NDON ORIGIN INSERT SINGL | 2055126 | \$ | 192.00 |
| 34751355 G PRO FEE INJ TE | | 2055026 | \$ | 192.00 |
| 34751356 G PRO FEE BIOPS | SY SALVARY GLAND LT | 4240026LT | \$ | 339.00 |
| 34751357 G PRO FEE BIOPS | | 4240026RT | \$ | 339.00 |
| | BD AND PELVIS COMPLETE | 7417426 | \$ | 694.00 |
| | FLUID DRAIN RETRO/PERIT W | 4940626 | \$ | 1,138.00 |
| | FLUID DRAIN VISCERAL W/GU | 4940526 | \$ | 1,138.00 |
| 34751361 G PRO FEE US EX | | 9392526 | \$ | 254.00 |
| 34751362 G PRO FEE HAND | | 7312026LT | \$ | 34.00 |
| 34751363 G PRO FEE HAND | | 7312026RT | \$ | 34.00 |
| 34751364 G PRO FEE WRIS | | 7310026RT | \$ | 33.00 |
| 34751365 G PRO FEE WRIS | | 7310026LT | \$ | 33.00 |
| 34751366 G PRO FEE FORE | | 7309026RT | \$ | 33.00 |
| 34751367 G PRO FEE FORE | | 7309026LT | \$ | 33.00 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFAI | LO, WY 82834 | | |
|--|--------------|---------|----------|
| IVNUM IVDESC | IVCPTCD | IVF | PRICE1 |
| 34751368 G PRO FEE ELBOW 1 VIEW RIGHT | 7307026RT | \$ | 33.00 |
| 34751369 G PRO FEE ELBOW 1 VIEW LEFT | 7307026LT | \$ | 33.00 |
| 34751370 G PRO FEE HUMERUS 1 VIEW RIGHT | 7306026RT | \$ | 35.00 |
| 34751371 G PRO FEE HUMERUS 1 VIEW LEFT | 7306026LT | \$ | 35.00 |
| 34751372 G PRO FEE BIOPSY PANCREAS | 4810226 | \$ | 386.00 |
| 34751373 G PRO FEE INJ PROCEDURE CYSTO | 5160026 | \$ | 68.00 |
| | | Ф \$ | 600.00 |
| 34751374 G PRO FEE LUMBAR PUNCTURE-CSF DRAIN | 6227226 | | |
| 34751375 G PRO FEE INJ SI JT PROC LEFT | 2709626 | \$ | 519.00 |
| 34751376 G PRO FEE BONE SURVEY INFANT | 7707626 | \$ | 107.00 |
| 34751377 G PRO FEE US GUIDE VASCULAR ACCESS | 7693726 | \$ | 44.00 |
| 34751378 G PRO FEE MR ELBOW W-W/O LEFT | 7322326LT | \$ | 352.00 |
| 34751379 G PRO FEE MR THORACIC SPINE WITH | 7214726 | \$ | 503.00 |
| 34751380 G PRO FEE MR ELBOW W-W/O RIGHT | 7322326RT | \$ | 352.00 |
| 34751381 G PRO FEE MR WRIST W-W/O LEFT | 7322326LT | \$ | 352.00 |
| 34751382 G PRO FEE MR WRIST W-W/O RIGHT | 7322326RT | \$ | 352.00 |
| 34751383 G PRO FEE MRA ABDOMEN W/O | 7418526 | \$ | 440.00 |
| 34751384 G PRO FEE THORACOSTOMY TUBE PLACEMENT | 3255126 | \$ | 180.00 |
| 34751385 G PRO FEE PERC FLUID DRAIN SOFT TISSUE | 1003026 | \$ | 345.00 |
| 34751386 G PRO FEE MASTOIDS 1-2 VIEW | 7012026 | \$ | 75.00 |
| 34751387 G PRO FEE US PELVIC LIMITED (FOLLICLES) | 7685726 | \$ | 100.00 |
| 34751388 G PRO FEE FLUORO CENTRAL VENOUS | 7700126 | \$ | 86.00 |
| 34751389 G PRO FEE PARAVERTEBRAL NERVE BLOCK | 6452026 | \$ | 188.00 |
| 34751399 G PRO FEE SWALLOWING FUNCTION | 7423026 | \$ | 128.00 |
| | | | |
| 34751391 G PRO FEE INJ TRANFOR CERV/THOR W/ GUIDE | 6447926 | | 1,302.00 |
| 34751392 G PRO FEE INJ TRANFOR CERV/THOR + LEVELS | 6448026 | \$ | 704.00 |
| 34751393 G PRO FEE MR BRAIN WITH | 7055226 | \$ | 536.00 |
| 34751394 G PRO FEE TRIGGER POINT INJ | 2055226 | \$ | 190.00 |
| 34751395 G PRO FEE INJ INTERCOSTAL NERVE SINGLE | 6442026 | \$ | 150.00 |
| 34751396 G PRO FEE INJ INTERCOSTAL NERVE MULTIPLE | 6442126 | \$ | 190.00 |
| 34751397 G PRO FEE CHEST 3 VIEW | 7104726 | \$ | 77.00 |
| 34751398 G PRO FEE CHEST 4 VIEW | 7104826 | \$ | 93.00 |
| 34751399 G PRO FEE ABDOMEN 3 VIEW | 7402126 | \$ | 76.00 |
| 34790000 T PRO FEE ABDOMEN 1V | 7401826 | \$ | 64.00 |
| 34790001 T PRO FEE ABDOMEN 2V | 7401926 | \$ | 74.00 |
| 34790002 T PRO FEE ACROMIOCLAVICULAR JOINTS BILAT | 7305026 | \$ | 53.00 |
| 34790003 T PRO FEE ABDOMEN ACUTE SERIES INC CXR | 7402226 | \$ | 74.00 |
| 34790004 T PRO FEE ADDITIONAL FILM PER RADIOLOGIS | 7649926 | \$ | 12.10 |
| 34790005 T PRO FEE ANKLE 1VIEW LEFT | 7360026LT | \$ | 39.00 |
| 34790006 T PRO FEE ANKLE 1VIEW RIGHT | 7360026RT | \$ | 39.00 |
| 34790007 T PRO FEE ANKLE 2V LEFT | 7360026LT | \$ | 44.00 |
| 34790008 T PRO FEE ANKLE 2V RIGHT | 7360026RT | \$ | 44.00 |
| 34790009 T PRO FEE ANKLE 3V+ LEFT | 7361026LT | \$ | 44.00 |
| 34790010 T PRO FEE ANKLE 3V+ RIGHT | 7361026RT | \$ | 44.00 |
| 34790011 T PRO FEE ANKLE COMPARISON LEFT | 7360026LT | \$ | 39.00 |
| 34790012 T PRO FEE ANKLE COMPARISON RIGHT | 7360026RT | \$ | 39.00 |
| 34790013 T PRO FEE ARTHROGRAM-HIP LEFT | 7352526LT | \$ | 120.00 |
| 34790013 T FRO FEE ARTHROGRAM-HIP EEFT 34790014 T PRO FEE ARTHROGRAM-HIP RIGHT | 7352526ET | φ \$ | |
| | | | 120.00 |
| 34790015 T PRO FEE ARTHROGRAM-SHLDR LEFT | 7304026LT | \$ | 120.00 |
| 34790016 T PRO FEE ARTHROGRAM-SHLDR LEFT | 7304026LT | \$ | 120.00 |
| 34790017 T PRO FEE ARTHROGRAM-SHLDR RIGHT | 7304026RT | \$ | 120.00 |
| 34790018 T PRO FEE ARTHROGRAPHY-HIP INJ PROC | 2709326 | \$ | 240.00 |
| 34790019 T PRO FEE ARTHROGRAPHY-SHLDR INJ PROC | 2335026 | \$ | 372.00 |
| 34790020 T PRO FEE BARIUM ENEMA | 7427026 | \$ | 158.00 |
| 34790021 T PRO FEE BARIUM ENEMA W/AIR | 7428026 | \$ | 188.00 |
| 34790022 T PRO FEE BARIUM SWALLOW - ESOPHAGUS | 7422026 | \$ | 104.00 |
| 34790023 T PRO FEE BIOPSY ABD/RETROPERITONEAL | 4918026 | \$ | 386.00 |

| | JUNISON COUNTY HEALTHCARE CENTER, BUFFALC | | | |
|----------|---|-----------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | T PRO FEE BIOPSY BONE DEEP | 2022526 | \$ | 1,154.00 |
| 34790025 | T PRO FEE BIOPSY BONE SUPERFICIAL | 2022026 | \$ | 508.00 |
| 34790026 | T PRO FEE BIOPSY BREAST + LESION W/ US G | 1908426 | \$ | 979.00 |
| | T PRO FEE BIOPSY BREAST W/GUIDANCE LEFT | 1908326LT | \$ | 1,447.00 |
| | T PRO FEE BIOPSY BREAST W/GUIDANCE RIGHT | 1908326RT | \$ | 1,447.00 |
| | T PRO FEE FNA RT THYROID | 10022RT26 | \$ | 386.00 |
| | | | | |
| | T PRO FEE BIOPSY LUNG LEFT | 3240526LT | \$ | 458.00 |
| | T PRO FEE BIOPSY LUNG RIGHT | 3240526RT | \$ | 458.00 |
| | T PRO FEE BIOPSY LYMPH NODE NEEDLE SUPER | 3850526 | \$ | 849.00 |
| | T PRO FEE BIOPSY PLEURA PERC. NEEDLE | 3240026 | \$ | 458.00 |
| 34790034 | T PRO FEE BIOPSY SALVARY GLAND LT | 4240026LT | \$ | 339.00 |
| 34790035 | T PRO FEE BIOPSY SALVARY GLAND RT | 4240026RT | \$ | 339.00 |
| 34790036 | T PRO FEE BIOPSY THYROID CORE NEEDLE LEF | 6010026LT | \$ | 266.00 |
| 34790037 | T PRO FEE BIOPSY THYROID CORE NEEDLE RIG | 6010026RT | \$ | 266.00 |
| | T PRO FEE BIOPSY-MUSCLE - SOFT TISSUE | 2020626 | \$ | 508.00 |
| | T PRO FEE BONE AGE | 7707226 | \$ | 39.00 |
| | T PRO FEE BONE LENGTH | 7707326 | \$ | 53.00 |
| | T PRO FEE BONE SURVEY COMPLETE | | | |
| | | 7707526 | \$ | 98.00 |
| | T PRO FEE BONE SURVEY LIMITED | 7707426 | \$ | 68.00 |
| | T PRO FEE C-SPINE 4V | 7205026 | \$ | 65.00 |
| 34790044 | T PRO FEE CALCANEOUS 1VIEW LEFT | 7365026LT | \$ | 34.00 |
| 34790045 | T PRO FEE CALCANEOUS 1VIEW RIGHT | 7365026RT | \$ | 34.00 |
| 34790046 | T PRO FEE CALCANEOUS 2V+ LEFT | 7365026LT | \$ | 39.00 |
| 34790047 | T PRO FEE CALCANEOUS 2V+ RIGHT | 7365026RT | \$ | 39.00 |
| | T PRO FEE CERVICAL SPINE 2V OR 3V | 7204026 | \$ | 50.00 |
| | T PRO FEE CERVICAL SPINE W/OBL/FLEX/EXT | 7205226 | \$ | 78.00 |
| | T PRO FEE CHEST 2V FRONTAL & LAT | 7104626 | \$ | 69.00 |
| | T PRO FEE CHEST 1V FRONTAL | 7104526 | \$ | 44.00 |
| | T PRO FEE CHEST SPECIAL VIEW | 7104526 | | |
| | | | \$ | 54.00 |
| | T PRO FEE CHEST WITH APICAL LORODITIC | 7102126 | \$ | 77.00 |
| | T PRO FEE CHEST WITH OBLIQUES | 7102226 | \$ | 89.00 |
| | T PRO FEE CHEST-W/FLUORO | 7102326 | \$ | 120.00 |
| | T PRO FEE CHOLANGIO (OPR) | 7430026 | \$ | 106.00 |
| 34790057 | T PRO FEE CHOLANGIO T-TUBE | 7430526 | \$ | 106.00 |
| 34790058 | T PRO FEE CHOLECYSTOGRAM (OCG) | 7429026 | \$ | 158.00 |
| 34790059 | T PRO FEE CLAVICLE LEFT | 7300026LT | \$ | 43.00 |
| 34790060 | T PRO FEE CLAVICLE RIGHT | 7300026RT | \$ | 43.00 |
| 34790061 | T PRO FEE CT ABD & PELVIS W/O STONE | 7417626 | \$ | 504.00 |
| | T PRO FEE CT ABD AND PELVIS W - W/O | 7417826 | \$ | 524.00 |
| | T PRO FEE CT ABD AND PELVIS W / O | 7417626 | \$ | 444.00 |
| | T PRO FEE CT ABD AND PELVIS WITH | 7417726 | \$ | 454.00 |
| | T PRO FEE CT ABDOMEN W-W/O | 7417726 | \$ | 367.00 |
| | | | | |
| | T PRO FEE CT ABDOMEN W/O | 7415026 | \$ | 344.00 |
| | T PRO FEE CT ANKLE W/O LEFT | 7370026LT | \$ | 253.00 |
| | T PRO FEE CT ANKLE W/O RIGHT | 7370026RT | \$ | 253.00 |
| | T PRO FEE CT C SPINE W | 7212626 | \$ | 305.00 |
| 34790071 | T PRO FEE CT C SPINE W/O | 7212526 | \$ | 281.00 |
| 34790072 | T PRO FEE CT C SPINE W/O- W | 7212726 | \$ | 319.00 |
| 34790073 | T PRO FEE CT ELBOW W/O LEFT | 7320026LT | \$ | 258.00 |
| | T PRO FEE CT ELBOW W/O RIGHT | 7320026RT | \$ | 258.00 |
| | T PRO FEE HIP 2-3V W or WO PELVIS LEFT | 7350226LT | \$ | 67.00 |
| | T PRO FEE CT FEMUR W/O RIGHT | 7370026RT | \$ | 253.00 |
| | T PRO FEE CT FOOT W/O LEFT | 7370026LT | \$ | 253.00 |
| | T PRO FEE CT FOOT W/O RIGHT | 7370026ET | φ \$ | 253.00 |
| | | | | |
| | T PRO FEE CT FOREARM W/O LEFT | 7320026LT | \$ | 258.00 |
| 34/90080 | T PRO FEE CT FOREARM W/O RIGHT | 7320026RT | \$ | 258.00 |

| | JUNISON COUNTY REALTHCARE CENTER, BUFFALC | | | |
|----------|---|-----------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | | RICE1 |
| 34790081 | T PRO FEE CT GUIDE NEEDLE PLACEMENT | 7701226 | \$ | 107.00 |
| 34790082 | T PRO FEE CT HAND W/O LEFT | 7320026LT | \$ | 258.00 |
| 34790083 | T PRO FEE CT HAND W/O RIGHT | 7320026RT | \$ | 258.00 |
| | T PRO FEE CT HEAD BRAIN W/O | 7045026 | \$ | 222.00 |
| | T PRO FEE CT HEAD/BRAIN W | 7046026 | \$ | 293.00 |
| | T PRO FEE CT HEAD/BRAIN W-W/O | 7047026 | \$ | 330.00 |
| | | | | |
| | T PRO FEE CT HIP W/O LEFT | 7370026LT | \$ | 253.00 |
| | T PRO FEE CT HIP W/O RIGHT | 7370026RT | \$ | 253.00 |
| | T PRO FEE CT HUMERUS W/O LEFT | 7320026LT | \$ | 258.00 |
| | T PRO FEE CT HUMERUS W/O RIGHT | 7320026RT | \$ | 258.00 |
| 34790091 | T PRO FEE CT INNER SKULL W | 7048126 | \$ | 360.00 |
| 34790092 | T PRO FEE CT INNER SKULL W & W/O CONTRAS | 7048226 | \$ | 371.00 |
| 34790093 | T PRO FEE CT INNER SKULL W/O | 7048026 | \$ | 348.00 |
| 34790094 | T PRO FEE CT KNEE W/O LEFT | 7370026LT | \$ | 253.00 |
| | T PRO FEE CT KNEE W/O RIGHT | 7370026RT | \$ | 253.00 |
| | T PRO FEE CT L SPINE W | 7213226 | \$ | 297.00 |
| | T PRO FEE CT L SPINE W-W/O | 7213326 | \$ | 305.00 |
| | T PRO FEE CT L SPINE W/O CON | 7213326 | \$ | 279.00 |
| | T PRO FEE CT LIMITED STUDY | | | |
| | | 7638026 | \$ | 343.00 |
| | T PRO FEE CT LOWER EXTRE W LEFT | 7370126LT | \$ | 253.00 |
| | T PRO FEE CT LOWER EXTRE W RIGHT | 7370126RT | \$ | 253.00 |
| | T PRO FEE CT LOWER EXTRE W-W/O LEFT | 7370226LT | \$ | 289.00 |
| 34790103 | T PRO FEE CT LOWER EXTRE W-W/O RIGHT | 7370226RT | \$ | 289.00 |
| 34790104 | T PRO FEE CT LOWER EXTRE W/O LEFT | 7370026LT | \$ | 253.00 |
| 34790105 | T PRO FEE CT LOWER EXTRE W/O RIGHT | 7370026RT | \$ | 253.00 |
| 34790106 | T PRO FEE CT MAXILLOFACE W | 7048726 | \$ | 331.00 |
| | T PRO FEE CT MAXILLOFACE W-W/O | 7048826 | \$ | 365.00 |
| | T PRO FEE CT MAXILLOFACE W/O | 7048626 | \$ | 305.00 |
| | T PRO FEE CT NECK (ST) W | 7049126 | \$ | 350.00 |
| | T PRO FEE CT NECK (ST) W-W/O | 7049226 | \$ | 369.00 |
| | T PRO FEE CT NECK (ST) W/O | 7049220 | \$ | 343.00 |
| | T PRO FEE CT PELVIS W | 7049020 | φ \$ | 254.00 |
| | | | | |
| | T PRO FEE CT PELVIS W-W/O | 7219426 | \$ | 270.00 |
| | T PRO FEE CT PELVIS W/O | 7219226 | \$ | 233.00 |
| | T PRO FEE CT PLEURAL DRAIN W/ GUID LT | 32557LT26 | \$ | 329.00 |
| | T PRO FEE CT PLEURAL DRAIN W/ GUID RT | 32557RT26 | \$ | 329.00 |
| 34790117 | T PRO FEE CT SHOULDER W/O LEFT | 7320026LT | \$ | 258.00 |
| 34790118 | T PRO FEE CT SHOULDER W/O RIGHT | 7320026RT | \$ | 258.00 |
| 34790119 | T PRO FEE CT T SPINE W | 7212926 | \$ | 300.00 |
| 34790120 | T PRO FEE CT T SPINE W-W/O | 7213026 | \$ | 315.00 |
| 34790121 | T PRO FEE CT T SPINE W/O | 7212826 | \$ | 280.00 |
| | T PRO FEE CT THORAX W | 7126026 | \$ | 317.00 |
| | T PRO FEE CT THORAX W-W/O | 7127026 | \$ | 352.00 |
| | T PRO FEE CT THORAX W/O | 7125026 | \$ | 302.00 |
| | T PRO FEE CT TIB-FIB W/O LEFT | 7370026LT | \$ | 253.00 |
| | | | | |
| | T PRO FEE CT TIB-FIB W/O RIGHT | 7370026RT | \$ | 253.00 |
| | T PRO FEE CT UPPER EXTRE W LEFT | 7320126LT | \$ | 258.00 |
| | T PRO FEE CT UPPER EXTRE W RIGHT | 7320126RT | \$ | 258.00 |
| | T PRO FEE CT UPPER EXTRE W-W/O LEFT | 7320226LT | \$ | 278.00 |
| | T PRO FEE CT UPPER EXTRE W-W/O RIGHT | 7320226RT | \$ | 278.00 |
| | T PRO FEE CT UPPER EXTRE W/O LEFT | 7320026LT | \$ | 258.00 |
| 34790132 | T PRO FEE CT UPPER EXTRE W/O RIGHT | 7320026RT | \$ | 258.00 |
| 34790133 | T PRO FEE CT WRIST W/O LEFT | 7320026LT | \$ | 258.00 |
| 34790134 | T PRO FEE CT WRIST W/O RIGHT | 7320026RT | \$ | 258.00 |
| | T PRO FEE CTA ABD AND PELVIS COMPLETE | 7417426 | \$ | 694.00 |
| | T PRO FEE CTA ABD COMPLETE | 7417526 | \$ | 497.00 |
| | | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC |), WY 82834 | | |
|-------------|---|-------------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 34790137 | T PRO FEE CTA AORTA & FEM RUN OFF COMPLE | 7563526 | \$ | 925.00 |
| 34790138 | T PRO FEE CTA CHEST COMPLETE | 7127526 | \$ | 433.00 |
| 34790139 | T PRO FEE CTA HEAD COMPLETE | 7049626 | \$ | 407.00 |
| | T PRO FEE CTA LOWER EXT COMPLETE | 7370626 | \$ | 580.00 |
| | T PRO FEE CTA NECK COMPLETE | 7049826 | \$ | 407.00 |
| | T PRO FEE CTA PELVIS COMPLETE | 7219126 | \$ | 370.00 |
| | | | φ \$ | |
| | T PRO FEE CTA UPPER EXT COMPLETE LEFT | 7320626LT | | 376.00 |
| | T PRO FEE CTA UPPER EXT COMPLETE RIGHT | 7320626RT | \$ | 376.00 |
| | T PRO FEE CYSTO 3V | 7443026 | \$ | 86.00 |
| | T PRO FEE DEXA / BONE DENSITY | 7708026 | \$ | 42.00 |
| | T PRO FEE ELBOW 2V LEFT | 7307026LT | \$ | 39.00 |
| | T PRO FEE ELBOW 2V RIGHT | 7307026RT | \$ | 39.00 |
| 34790149 | T PRO FEE ELBOW 3V+ RIGHT | 7308026RT | \$ | 44.00 |
| 34790150 | T PRO FEE ELBOW 3V+LEFT | 7308026LT | \$ | 44.00 |
| 34790151 | T PRO FEE ELBOW COMPARISON LEFT | 7307026LT | \$ | 34.00 |
| 34790152 | T PRO FEE ELBOW COMPARISON RIGHT | 7307026RT | \$ | 34.00 |
| | T PRO FEE EYE-FOREIGN | 7003026 | \$ | 62.00 |
| | T PRO FEE EYE-FOREIGNBODY MRI SCOUT | 7003026 | \$ | 46.00 |
| | T PRO FEE FACIAL BONES LESS 3V | 7014026 | \$ | 45.00 |
| | T PRO FEE FACIAL BONES/C MIN 3V | 7015026 | \$ | 60.00 |
| | T PRO FEE FEMUR 1V LEFT | 7355126LT | Ψ \$ | 38.00 |
| | | | | |
| | T PRO FEE FEMUR 1V RIGHT | 7355126RT | \$ | 38.00 |
| | T PRO FEE FEMUR 2V+ LEFT | 7355226LT | \$ | 43.00 |
| | T PRO FEE FEMUR 2V+ RIGHT | 7355226RT | \$ | 43.00 |
| | T PRO FEE FEMUR-COMPARISON LEFT | 7355226LT | \$ | 38.00 |
| | T PRO FEE FEMUR-COMPARISON RIGHT | 7355226RT | \$ | 38.00 |
| | T PRO FEE FNA LT THYROID | 10022LT26 | \$ | 386.00 |
| 34790164 | T PRO FEE FINGERS 1V LEFT | 7314026LT | \$ | 37.00 |
| 34790165 | T PRO FEE FINGERS 1V RIGHT | 7314026RT | \$ | 37.00 |
| 34790166 | T PRO FEE FINGERS 2V+ LEFT | 7314026LT | \$ | 43.00 |
| 34790167 | T PRO FEE FINGERS 2V+ RIGHT | 7314026RT | \$ | 43.00 |
| 34790168 | T PRO FEE FINGERS COMPARISON LEFT | 7314026LT | \$ | 37.00 |
| 34790169 | T PRO FEE FINGERS COMPARISON RIGHT | 7314026RT | \$ | 37.00 |
| | T PRO FEE FIST SINUS TRACT STUD | 7608026 | \$ | 184.00 |
| | T PRO FEE FIST-SINUS-INJ.PROCE | 2050126 | \$ | 213.00 |
| | T PRO FEE FLOUR NEEDL PLACEMENT | 7700226 | \$ | 116.00 |
| | T PRO FEE FLOURO IN OR <1hr | 7600026 | \$ | 42.00 |
| | T PRO FEE FLOURO IND LIMITED UP TO 1 HR | 7600026 | \$ | 42.00 |
| | T PRO FEE FLOURO IND PROC >1 HR | 7600026 | φ \$ | 84.00 |
| | T PRO FEE FLOURO NEEDLE PLACEMENT-SPINE | | φ \$ | |
| | | 7700326 | | 125.00 |
| | T PRO FEE FLOURO OR > 1HR | 7600126 | \$ | 84.00 |
| | T PRO FEE FOOT 1VIEW LEFT | 7362026LT | \$ | 33.00 |
| | T PRO FEE FOOT 1VIEW RIGHT | 7362026RT | \$ | 33.00 |
| | T PRO FEE FOOT 2V LEFT | 7362026LT | \$ | 38.00 |
| | T PRO FEE FOOT 2V RIGHT | 7362026RT | \$ | 38.00 |
| 34790182 | T PRO FEE FOOT 3V+ LEFT | 7363026LT | \$ | 43.00 |
| 34790183 | T PRO FEE FOOT 3V+ RIGHT | 7363026RT | \$ | 43.00 |
| 34790184 | T PRO FEE FOOT COMPARISON LEFT | 7362026LT | \$ | 33.00 |
| 34790185 | T PRO FEE FOOT COMPARISON RIGHT | 7362026RT | \$ | 33.00 |
| 34790186 | T PRO FEE FOREARM 2V LEFT | 7309026LT | \$ | 41.00 |
| | T PRO FEE FOREARM 2V RIGHT | 7309026RT | \$ | 41.00 |
| | T PRO FEE FOREARM COMPARISON LEFT | 7309026LT | \$ | 36.00 |
| | T PRO FEE FOREARM COMPARISON RIGHT | 7309026RT | \$ | 36.00 |
| | T PRO FEE HAND 1 VIEW LEFT | 7312026LT | \$ | 33.00 |
| | T PRO FEE HAND 1 VIEW RIGHT | 7312026RT | \$ | 33.00 |
| | T PRO FEE HAND 2 VIEWS LEFT | 7312026LT | \$ | 39.00 |
| J41 JU 1 JZ | I I NO I LL HAND & VILVVO LEFT | 1312020L1 | Ψ | 39.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFA | | | |
|---|-----------|---------|----------|
| IVNUM IVDESC | IVCPTCD | IV | PRICE1 |
| 34790193 T PRO FEE HAND 2 VIEWS RIGHT | 7312026RT | \$ | 39.00 |
| 34790194 T PRO FEE HAND 3V+ LEFT | 7313026LT | \$ | 45.00 |
| 34790195 T PRO FEE HAND 3V+ RIGHT | 7313026RT | \$ | 45.00 |
| 34790196 T PRO FEE HIP 1V W OR WO PELVIS LEFT | 7350126LT | \$ | 44.00 |
| 34790197 T PRO FEE HIP 1V W OR WO PELVIS RIGHT | 7350126RT | \$ | 44.00 |
| 34790198 T PRO FEE HIP 2-3V W or WO PELVIS LEFT | 7350226LT | \$ | 67.00 |
| 34790199 T PRO FEE HIP 2-3V W or WO PELVIS RIGHT | 7350226RT | \$ | 67.00 |
| 34790200 T PRO FEE HIP-COMPARISON LEFT | 7350126LT | \$ | 49.00 |
| 34790201 T PRO FEE HIP-COMPARISON RIGHT | 7350126RT | \$ | 49.00 |
| 34790202 T PRO FEE HIPS BLT 2V W/WO AP PELVIS | 7352126 | \$ | 134.00 |
| 34790202 T FRO FEE HIMERUS 2V+ LEFT | 7306026LT | φ \$ | 52.00 |
| | | φ \$ | |
| 34790204 T PRO FEE HUMERUS 2V+ RIGHT | 7306026RT | | 52.00 |
| 34790205 T PRO FEE HUMERUS COMPARISON LEFT | 7306026LT | \$ | 40.00 |
| 34790206 T PRO FEE HUMERUS COMPARISON RIGHT | 7306026RT | \$ | 40.00 |
| 34790207 T PRO FEE HYSREROSALP.INJ.PROL | 5834026 | \$ | 344.00 |
| 34790208 T PRO FEE HYSTEROSALPINGOGRAM | 7474026 | \$ | 107.00 |
| 34790209 T PRO FEE INJ EPIDURAL CERVICAL/ THORACI | 6232126 | \$ | 1,152.00 |
| 34790210 T PRO FEE INJ EPIDURAL LUMBO SACRAL | 6232326 | \$ | 656.00 |
| 34790211 T PRO FEE INJ L SP FACET JT ADDITIONAL | 6449426 | \$ | 93.00 |
| 34790213 T PRO FEE INJ MYELO AND/OR CT | 6228426 | \$ | 859.00 |
| 34790214 T PRO FEE INJ PROC L SP FACET JT | 6449326 | \$ | 185.00 |
| 34790215 T PRO FEE INJ SI JT PROC RIGHT | 2709626 | \$ | 519.00 |
| 34790216 T PRO FEE INJ SP LUMBAR TRANSF EPID W/GU | 6448326 | \$ | 658.00 |
| 34790217 T PRO FEE INJ TENDON ORIGIN INSERT SINGL | 2055126 | \$ | 192.00 |
| 34790218 T PRO FEE INJ TENDON SHEATH SINGLE | 2055026 | \$ | 192.00 |
| 34790219 T PRO FEE INJ/ASP INT. JT PROC | 2060526 | \$ | 215.00 |
| 34790220 T PRO FEE INJ/ASP MAJOR JT PROC | 2061026 | \$ | 240.00 |
| 34790221 T PRO FEE INJ/ASP SMALL JT PROC | 2060026 | \$ | 190.00 |
| 34790222 T PRO FEE IVP W/O OR W/ TOMO'S | 7440026 | \$ | 46.00 |
| 34790223 T PRO FEE KNEE 1V OR 2V LEFT | 7356026LT | \$ | 43.00 |
| 34790224 T PRO FEE KNEE 1V OR 2V RIGHT | 7356026RT | \$ | 43.00 |
| 34790225 T PRO FEE KNEE 3V LEFT | 7356226LT | \$ | 50.00 |
| 34790226 T PRO FEE KNEE 3V RIGHT | 7356226RT | \$ | 50.00 |
| 34790227 T PRO FEE KNEE 4V+ LEFT | 7356426LT | \$ | 58.00 |
| 34790229 T PRO FEE KNEE BILAT STANDING SERIES | 735645026 | \$ | 116.00 |
| 34790230 T PRO FEE KNEE COMPARISON LEFT | 7356026LT | \$ | 43.00 |
| 34790231 T PRO FEE KNEE COMPARISON RIGHT | 7356026RT | \$ | 43.00 |
| 34790232 T PRO FEE KNEES UPR AP ONLY BILATERAL | 7356526 | \$ | 43.00 |
| 34790233 T PRO FEE LIVER BIOPSY-CORE | 4700026 | \$ | 675.00 |
| 34790234 T PRO FEE LUMBAR FACET JT 2nd LEVEL | 6449426 | \$ | 93.00 |
| 34790235 T PRO FEE LUMBAR FACET JT 3rd LEVEL | 6449526 | \$ | 93.00 |
| 34790236 T PRO FEE LUMBAR FACET JT W/GUIDANCE | 6449326 | \$ | 185.00 |
| 34790237 T PRO FEE LUMBAR SPINE 2V OR 3V | 7210026 | \$ | 48.00 |
| 34790238 T PRO FEE LUMBAR SPINE 4V+ | 7211026 | \$ | 80.00 |
| 34790239 T PRO FEE LUMBAR SPINE 4V+/EXT/FLEX | 7211426 | \$ | 83.00 |
| 34790240 T PRO FEE LWR EXT INFT 1VIEW LEFT | 7359226LT | \$ | 34.00 |
| 34790241 T PRO FEE LWR EXT INFT 1VIEW RIGHT | 7359226RT | \$ | 34.00 |
| 34790242 T PRO FEE LWR EXT INFT 2V+ LEFT | 7359226LT | \$ | 39.00 |
| 34790243 T PRO FEE LWR EXT INFT 2V+ RIGHT | 7359226RT | \$ | 39.00 |
| 34790244 T PRO FEE MAMMARY DECTOBGRAM-1-INJ PR | 1903026 | \$ | 267.00 |
| 34790245 T PRO FEE MAMMARY DUCTOGRAM | 7705326LT | \$ | 124.00 |
| 34790246 T PRO FEE MAMMO LOCALIZATION/BREAST | 1928126 | \$ | 890.00 |
| 34790247 T PRO FEE MAMMO SCREEN UNILATERAL LEFT | 770672652 | \$ | 89.00 |
| 34790248 T PRO FEE MAMMO SCREEN UNILATERAL RIGHT | 770672652 | \$ | 89.00 |
| 34790249 T PRO FEE MAMMOGRAM BILATERAL DIAGNOSTIC | 7706626 | \$ | 126.00 |
| 34790250 T PRO FEE MAMMOGRAM CAD | 7705126 | \$ | 16.00 |
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| | JUNISON COUNTY HEALTHCARE CENTER, BUFFALO | | | |
|------------|---|-----------|----|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 34790251 | T PRO FEE MAMMOGRAM SCREEN BILAT | 7706726 | \$ | 89.00 |
| 34790252 | T PRO FEE MAMMOGRAM SCREEN CAD | 7705226 | \$ | 16.00 |
| 34790253 | T PRO FEE MAMMOGRAM SURGICAL SPECIMEN | 7609826 | \$ | 63.00 |
| | T PRO FEE MAMMO UNILATERAL LEFT DIAGNOST | 7706526 | \$ | 110.00 |
| | T PRO FEE MAMMO UNILATERAL RIGHT DIAGNOS | 7706526RT | \$ | 110.00 |
| | T PRO FEE MANDIBLE LESS 4V | 7010026 | \$ | 60.00 |
| | | | | |
| | T PRO FEE MANDIBLE MIN 4V | 7011026 | \$ | 60.00 |
| | T PRO FEE MASTOIDS 3V+ | 7013026 | \$ | 160.00 |
| | T PRO FEE MR ABDOMEN W/O CON | 7418126 | \$ | 406.00 |
| | T PRO FEE MR ABDOMEN W/WO CON | 7418326 | \$ | 520.00 |
| 34790261 | T PRO FEE MR BRAIN W/O CON | 7055126 | \$ | 440.00 |
| 34790262 | T PRO FEE MR BRAIN W/WO CON | 7055326 | \$ | 470.00 |
| 34790263 | T PRO FEE MR C.SP.W/WO.CONTRAS | 7215626 | \$ | 420.00 |
| 34790264 | T PRO FEE MR CERVICAL SPINE W/CONT | 7214226 | \$ | 453.00 |
| 34790265 | T PRO FEE MR CERVICAL SPINE W/O CONT | 7214126 | \$ | 403.00 |
| | T PRO FEE MR CHEST W/O & W/CONTRAST | 7155226 | \$ | 489.00 |
| | T PRO FEE MR CHEST W/O CONT | 7155026 | \$ | 400.00 |
| | T PRO FEE MR L.SP.W/WO.CONTRAS | 7215826 | \$ | 399.00 |
| | | | | |
| | T PRO FEE MR LOWER EXT ANY JT W/O CON | 7372126 | \$ | 326.00 |
| | T PRO FEE MR LOWER EXT ANY JT W/WO CON | 7372326 | \$ | 319.00 |
| | T PRO FEE MR LOWER EXT NOT JT W/O CON | 7371826 | \$ | 342.00 |
| | T PRO FEE MR LOWER EXT NOT JT W/WO CON | 7372026 | \$ | 319.00 |
| 34790273 | T PRO FEE MR LUMBAR SPINE W/CONT | 7214926 | \$ | 430.00 |
| 34790274 | T PRO FEE MR LUMBAR SPINE W/O CONT | 7214826 | \$ | 330.00 |
| 34790275 | T PRO FEE MR LUMBAR SPINE W/O CONT LIMIT | 721482652 | \$ | 200.00 |
| 34790276 | T PRO FEE MR ORBIT FACE NECK W/CON | 7054226 | \$ | 425.00 |
| | T PRO FEE MR ORBIT FACE NECK W/O CON | 7054026 | \$ | 428.00 |
| | T PRO FEE MR ORBIT FACE NECK W/WO CTRST | 7054326 | \$ | 425.00 |
| | T PRO FEE MR PELVIS W/O CON | 7219526 | \$ | 377.00 |
| | T PRO FEE MR PELVIS W/WO CON | 7219726 | \$ | 389.00 |
| | T PRO FEE MR SHOULDER W/O CONT LEFT | 7322126LT | \$ | 330.00 |
| | | | | |
| | T PRO FEE MR SHOULDER W/O CONT RIGHT | 7322126RT | \$ | 330.00 |
| | T PRO FEE MR SHOULDER W/WO CONT LEFT | 7322326LT | \$ | 335.00 |
| | T PRO FEE MR SHOULDER W/WO CONT RIGHT | 7322326RT | \$ | 335.00 |
| | T PRO FEE MR T.SP.W/WO.CONTRAS | 7215726 | \$ | 442.00 |
| | T PRO FEE MR TEMPOMANDIBULAR JT W/O | 7033626 | \$ | 326.00 |
| 34790287 | T PRO FEE MR THORACIC SPINE W/O | 7214626 | \$ | 374.00 |
| 34790288 | T PRO FEE MR UPR EXT ANY JT W/O CON | 7322126 | \$ | 330.00 |
| 34790289 | T PRO FEE MR UPR EXT NOT JT W-W/O CONT | 7322026 | \$ | 330.00 |
| 34790290 | T PRO FEE MR UPR EXT NOT JT W/O CRTST | 7321826 | \$ | 330.00 |
| 34790291 | T PRO FEE MRA ABDOMEN W- OR W/O | 7418526 | \$ | 419.00 |
| | T PRO FEE MRA CHEST | | \$ | 438.00 |
| | T PRO FEE MRA HEAD W/O CON | 7054426 | \$ | 322.00 |
| | T PRO FEE MRA HEAD W/WO CON | 7054626 | \$ | 379.00 |
| | | | | |
| | T PRO FEE MRA NECK W/O CON | 7054726 | \$ | 317.00 |
| | T PRO FEE MRA NECK W/WO CON | 7054926 | \$ | 379.00 |
| | T PRO FEE MYELOGRAM C. SP. WITH INJECTIO | 6230226 | \$ | 1,094.00 |
| | T PRO FEE MYELOGRAM L. SP. WITH INJECTIO | 6230426 | \$ | 1,094.00 |
| | T PRO FEE MYELOGRAM T. SP. WITH INJECTI | 6230326 | \$ | 1,094.00 |
| 34790300 | T PRO FEE NASAL BONES 3V+ | 7016026 | \$ | 37.00 |
| 34790301 | T PRO FEE NASAL BONES 1-2 VIEW | 7016026 | \$ | 30.00 |
| 34790302 | T PRO FEE NECK 1V SOFT TISSUE | 7036026 | \$ | 42.00 |
| | T PRO FEE NECK 2V SOFT TISSUE | 7036026 | \$ | 47.00 |
| | T PRO FEE NOSE TO RECTUM FB | 7601026 | \$ | 90.00 |
| | T PRO FEE ORBITS-4V | 7020026 | \$ | 126.00 |
| | T PRO FEE PARACENTESIS | 4908326 | \$ | 191.00 |
| 3 11 00000 | | 1000020 | Ψ | .01.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUF | | | |
|--|------------------------|----------|----------|
| IVNUM IVDESC | IVCPTCD | IV | PRICE1 |
| 34790307 T PRO FEE PARANASAL SINUS LESS 3V | 7021026 | \$ | 37.00 |
| 34790308 T PRO FEE PARANASAL SINUS 3V+ | 7022026 | \$ | 67.00 |
| 34790309 T PRO FEE PELVIS 1V OR 2V | 7217026 | \$ | 56.00 |
| 34790310 T PRO FEE PELVIS 3V+ | 7219026 | \$ | 58.00 |
| 34790311 T PRO FEE PERC DRAIN GUIDANCE- CATH PLAC | 7598926 | \$ | 329.00 |
| 34790312 T PRO FEE PERC FLUID DRAIN RETRO/PERIT W | 4940626 | \$ | 1,138.00 |
| 34790313 T PRO FEE PERC FLUID DRAIN VISCERAL W/GU | 4940526 | \$ | 1,138.00 |
| 34790314 T PRO FEE PERC TRASHEP CATH INTRODUCTI | 4751026 | \$ | 1,006.00 |
| 34790315 T PRO FEE PERC. TRANSHEPATIC BILIARY DRA | 7598026 | \$ | 324.00 |
| 34790316 T PRO FEE PERC.ABSCESS DRAINAGE | 7598926 | \$ | 329.00 |
| 34790317 T PRO FEE PERC.NEPHYR.PROCEDUR | 5039226 | \$ | 1,021.00 |
| 34790318 T PRO FEE PERCUTANEOUS TUBE CHANGE | 7598426 | \$ | 192.00 |
| 34790319 T PRO FEE PERCOTANEOUS TOBE CHANGE | | φ \$ | |
| | 7447026 | | 116.00 |
| 34790320 T PRO FEE RIBS BILAT 3 V | 7111026 | \$ | 79.00 |
| 34790321 T PRO FEE RIBS BILAT W/PA CXR | 7111126 | \$ | 90.00 |
| 34790322 T PRO FEE RIBS UNIL 2 V LEFT | 7110026LT | \$ | 63.00 |
| 34790323 T PRO FEE RIBS UNIL 2 V RIGHT | 7110026RT | \$ | 63.00 |
| 34790324 T PRO FEE RIBS UNIL 2 V RIGHT | 7110126LT | \$ | 77.00 |
| 34790325 T PRO FEE RIBS UNIL W/ PA CHEST RIGHT | 7110126RT | \$ | 77.00 |
| 34790326 T PRO FEE RIBS UNIL W/ PA CHEST LEFT | 7110126LT | \$ | 77.00 |
| 34790327 T PRO FEE SACROILIAC JOINTS 3V+ | 7220226 | \$ | 54.00 |
| 34790328 T PRO FEE SACRUM/COCCYX MIN 2V + | 7222026 | \$ | 47.00 |
| 34790329 T PRO FEE SALIVARY GLAND/ CALCULUS | 7038026 | \$ | 75.00 |
| 34790330 T PRO FEE SCAPULA LEFT | 7301026LT | \$ | 53.00 |
| 34790331 T PRO FEE SCAPULA RIGHT | 7301026RT | \$ | 53.00 |
| 34790332 T PRO FEE SCOLIOSIS STUDY | 7206926 | \$ | 59.00 |
| 34790333 T PRO FEE SCOLIOSIS STUDY 1V SPINE ENTIR | 7208126 | \$ | 59.00 |
| 34790334 T PRO FEE SCOLIOSIS STUDY 2-3V SPINE ENT | 7208226 | \$ | 72.00 |
| 34790335 T PRO FEE SELLA TURCICA | 7024026 | \$ | 56.00 |
| 34790336 T PRO FEE SHOULDER 1V LEFT | 7302026LT | \$ | 38.00 |
| 34790337 T PRO FEE SHOULDER 1V RIGHT | 7302026RT | \$ | 38.00 |
| 34790338 T PRO FEE SHOULDER 2V+ LEFT | 7303026LT | \$ | 53.00 |
| 34790339 T PRO FEE SHOULDER 2V+ RIGHT | 7303026RT | \$ | 53.00 |
| 34790340 T PRO FEE SHOULDER COMPARISON LEFT | 7302026LT | \$ | 38.00 |
| 34790341 T PRO FEE SHOULDER COMPARISON RIGHT | 7302026RT | \$ | 38.00 |
| 34790342 T PRO FEE SIALOG INJ PROCEDURE | 4255026 | \$ | 181.00 |
| 34790343 T PRO FEE SIALOGRAPHY LEFT | 7039026LT | \$ | 149.00 |
| 34790345 T PRO FEE SIALOGRAPHY RIGHT | 7039026RT | \$ | 149.00 |
| 34790346 T PRO FEE SKULL 4V+ | 7026026 | \$ | 77.00 |
| 34790347 T PRO FEE SKULL LESS 4V | 7025026 | \$ | 54.00 |
| 34790348 T PRO FEE SM BOWEL | 7425026 | \$ | 110.00 |
| 34790349 T PRO FEE SMALL BOWEL-ENTEROCLYSIS | 7425126 | \$ | 119.00 |
| 34790350 T PRO FEE SPINE-SINGLE VIEW | 7202026 | \$ | 35.00 |
| 34790351 T PRO FEE STERNOCLAVULAR JTS 3V+ | 7113026 | \$ | 128.00 |
| 34790352 T PRO FEE STERNUM 2 V+ | 7112026 | \$ | 58.00 |
| 34790353 T PRO FEE STRESS VIEWS ANY JOINT LEFT | 7707126LT | \$ | 39.00 |
| 34790354 T PRO FEE TEMPOROMANDIBULAR BILATER | 7033026 | \$ | 66.00 |
| 34790355 T PRO FEE THORACENTESIS | 3255526 | \$ | 191.00 |
| 34790356 T PRO FEE THORACIC LUMBAR JUNCTION | 7208026 | \$ | 51.00 |
| 34790357 T PRO FEE THORACIC SPINE 2V | 7207026 | \$ | 47.00 |
| 34790358 T PRO FEE THORACIC SPINE 3V | 7207026 | φ \$ | 50.00 |
| 34790359 T PRO FEE THYROID ASP OR INJ | 6030026 | φ \$ | 396.00 |
| 34790360 T PRO FEE THYROID ASP OR INJ | 7359026LT | φ \$ | 38.00 |
| 34790361 T PRO FEE TIB/FIB-TV LEFT 34790361 T PRO FEE TIB/FIB-TV RIGHT | 7359026LT 7359026RT | Ф \$ | 38.00 |
| 34790362 T PRO FEE TIB/FIB-2V LEFT | 7359026RT 7359026LT | Ф \$ | 43.00 |
| 34790363 T PRO FEE TIB/FIB-2V LEFT 34790363 T PRO FEE TIB/FIB-2V RIGHT | 7359026LT 7359026RT | \$ \$ | 43.00 |
| 34130303 I FRO FEE HD/FID-ZV KIONI | 1309020R1 | Φ | 43.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|----------|---|-----------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 34790364 | T PRO FEE TIBIA/FIBULA-COMPARISON LE | 7359026LT | \$ | 38.00 |
| 34790365 | T PRO FEE TIBIA/FIBULA-COMPARISON RIGHT | 7359026RT | \$ | 38.00 |
| 34790366 | T PRO FEE TOES 1 VIEW LEFT | 7366026LT | \$ | 28.00 |
| | T PRO FEE TOES 1 VIEW RIGHT | 7366026RT | \$ | 28.00 |
| | T PRO FEE TOES 2 V+ LEFT | 7366026LT | \$ | 34.00 |
| | | | | |
| | T PRO FEE TOES 2 V+ RIGHT | 7366026RT | \$ | 34.00 |
| | T PRO FEE TOES COMPARISON LEFT | 7366026LT | \$ | 28.00 |
| | T PRO FEE TOES COMPARISON RIGHT | 7366026RT | \$ | 28.00 |
| | T PRO FEE TRANS HEPATIC CHOLAN | 7432026 | \$ | 201.00 |
| | T PRO FEE UGI W/KUB | 7424726 | \$ | 171.00 |
| 34790374 | T PRO FEE UGI W/O KUB | 7424626 | \$ | 171.00 |
| 34790375 | T PRO FEE UGI W/SM BOWEL | 7424926 | \$ | 210.00 |
| 34790376 | T PRO FEE UNLISTED US | 7699926 | \$ | 88.00 |
| 34790377 | T PRO FEE UPPER EXT INFT 1V LEFT | 7309226LT | \$ | 35.00 |
| 34790378 | T PRO FEE UPPER EXT INFT 1V RIGHT | 7309226RT | \$ | 35.00 |
| | T PRO FEE UPPER EXT INFT 2V+ LEFT | 7309226LT | \$ | 41.00 |
| | T PRO FEE UPPER EXT INFT 2V+ RIGHT | 7309226RT | \$ | 41.00 |
| | T PRO FEE URETHROCYSTOGRAM | 7445026 | \$ | 90.00 |
| | | | | |
| | T PRO FEE US LOC WIRE PLAC BREAST | 1928526 | \$ | 425.00 |
| | T PRO FEE US ABD COMP | 7670026 | \$ | 209.00 |
| | T PRO FEE US ABD LIMITED | 7670526 | \$ | 237.00 |
| | T PRO FEE US ADD LESION LOCALIZATION BRE | 1928626 | \$ | 117.00 |
| | T PRO FEE US AMNIOC.GUIDANCE | 7694626 | \$ | 125.00 |
| 34790387 | T PRO FEE US BIOPHYSICAL PROFILE | 7681926 | \$ | 214.00 |
| 34790388 | T PRO FEE US BREAST / AX. LIMITED LEFT | 7664226LT | \$ | 186.00 |
| 34790389 | T PRO FEE US BREAST / AX. LIMITED RIGHT | 7664226RT | \$ | 186.00 |
| 34790390 | T PRO FEE US BREAST / AX.COMPLETE LEFT | 7664126LT | \$ | 232.00 |
| 34790391 | T PRO FEE US BREAST / AX.COMPLETE RIGHT | 7664126RT | \$ | 232.00 |
| | T PRO FEE US BREAST ASP CYST LEFT | 1900026LT | \$ | 257.00 |
| | T PRO FEE US BREAST ASP CYST RIGHT | 1900026RT | \$ | 257.00 |
| | T PRO FEE US BREAST ASP EA ADD CYST LEFT | 1900126LT | \$ | 134.00 |
| | T PRO FEE US BREAST ASP EA ADD CYST RIGH | 1900126RT | \$ | 134.00 |
| | T PRO FEE US CAROTID DUP BILAT | 9388026 | \$ | 161.00 |
| | | 9388226LT | | |
| | T PRO FEE US CAROTID DUP UNIL LEFT | | \$ | 132.00 |
| | T PRO FEE US CAROTID DUP UNIL RIGHT | 9388226RT | \$ | 132.00 |
| | T PRO FEE US CHEST | 7660426 | \$ | 172.00 |
| | T PRO FEE US ECHOENCEPHALOGRAP | 7650626 | \$ | 159.00 |
| | T PRO FEE US EXT VENOUS UNILATOR LIMITED | 9397126 | \$ | 108.00 |
| 34790402 | T PRO FEE US EXTR. VENOUS BILAT | 9397026 | \$ | 168.00 |
| 34790403 | T PRO FEE US EXTREMITY ARTERIAL ARM LEFT | 9392226LT | \$ | 80.00 |
| 34790404 | T PRO FEE US EXTREMITY ARTERIAL ARM RIGH | 9392226RT | \$ | 80.00 |
| 34790405 | T PRO FEE US EXTREMITY ARTERIAL LEG LEFT | 9392226LT | \$ | 80.00 |
| 34790406 | T PRO FEE US EXTREMITY ARTERIAL LEG RIGH | 9392226RT | \$ | 80.00 |
| | T PRO FEE US EXTREMITY NONVASCULAR LT A | 7688226LT | \$ | 100.00 |
| | T PRO FEE US EXTREMITY NONVASCULAR LT L | 7688226LT | \$ | 100.00 |
| | T PRO FEE US EXTREMITY NONVASCULAR RT A | 7688226RT | \$ | 100.00 |
| | T PRO FEE US EXTREMITY NONVASCULAR RT L | 7688226RT | \$ | 100.00 |
| | T PRO FEE US EXTREMITY VENOUS LFT ARM | 9397126LT | Ψ \$ | 121.00 |
| | | | | |
| | T PRO FEE US EXTREMITY VENOUS LFT LEG | 9397126LT | \$ | 121.00 |
| | T PRO FEE US EXTREMITY VENOUS RT ARM | 9397126RT | \$ | 121.00 |
| | T PRO FEE US EXTREMITY VENOUS RT LEG | 9397126RT | \$ | 121.00 |
| | T PRO FEE US LOC WIRE BREAST W/US GUID | 1928526LT | \$ | 447.00 |
| | T PRO FEE US LOC WIRE BREAST W/US GUID R | 1928526RT | \$ | 447.00 |
| | T PRO FEE US NEEDLE GUIDANCE | 7694226 | \$ | 179.00 |
| | T PRO FEE US PELVIC COMP(NON-OB) | 7685626 | \$ | 166.00 |
| 34790419 | T PRO FEE US PELVIC TRANS V | 7683026 | \$ | 190.00 |
| | | | | |

| | JUNISON COUNTY HEALTHCARE CENTER, BUFFALC | | | |
|----------|---|-----------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| 34790420 | T PRO FEE US PELVIS LIMITED NON-OB | 7685726 | \$ | 95.00 |
| 34790421 | T PRO FEE US PREG LIMITED | 7681526 | \$ | 159.00 |
| 34790422 | T PRO FEE US PREG F/U PRE PROBLEM | 7681626 | \$ | 171.00 |
| | T PRO FEE US PREG TRANS V | 7681726 | \$ | 194.00 |
| | T PRO FEE US PREG<14 ADD FETUS | 7680226 | \$ | 149.00 |
| | T PRO FEE US PREG<14 WKS | 7680126 | \$ | 217.00 |
| | T PRO FEE US PREG>14 WKS | | φ \$ | |
| | | 7681026 | | 149.00 |
| | T PRO FEE US PREG>14 WKS | 7680526 | \$ | 217.00 |
| | T PRO FEE US RETROPERITONEAL COMP | 7677026 | \$ | 188.00 |
| | T PRO FEE US RETROPERITONEAL LMT | 7677526 | \$ | 168.00 |
| | T PRO FEE US AAA SCREEN | 7670626 | \$ | 168.00 |
| | T PRO FEE US SCROTUM & CONTENT | 7687026 | \$ | 151.00 |
| 34790432 | T PRO FEE US SOFT TISSUE HEAD/NECK | 7653626 | \$ | 107.00 |
| 34790433 | T PRO FEE US SPINAL CANAL & CONTENTS | 7680026 | \$ | 326.00 |
| 34790434 | T PRO FEE VCU | 7445526 | \$ | 93.00 |
| 34790435 | T PRO FEE WATER SOLUBLE ENEMA | 7428326 | \$ | 158.00 |
| | T PRO FEE WRIST 2V LEFT | 7310026LT | \$ | 40.00 |
| | T PRO FEE WRIST 2V RIGHT | 7310026RT | \$ | 40.00 |
| | T PRO FEE WRIST 3V + LEFT | 7311026LT | \$ | 45.00 |
| | T PRO FEE WRIST 3V + RIGHT | 7311026ET | \$ | 45.00 |
| | | | - | |
| | T PRO FEE WRIST COMPARISON LEFT | 7310026LT | \$ | 35.00 |
| | T PRO FEE WRIST COMPARISON RIGHT | 7310026RT | \$ | 35.00 |
| | T PRO FEE US EXT ARTERIAL LOWER BILAT | 9392526 | \$ | 254.00 |
| | T PRO FEE CT FEMUR W/O LEFT | 7370026LT | \$ | 253.00 |
| | T PRO FEE HAND COMPARISON RIGHT | 7312026RT | \$ | 34.00 |
| | T PRO FEE WRIST 1 VIEW RIGHT | 7310026RT | \$ | 33.00 |
| 34790446 | T PRO FEE WRIST 1 VIEW LEFT | 7310026LT | \$ | 33.00 |
| 34790447 | T PRO FEE FOREARM 1 VIEW RIGHT | 7309026RT | \$ | 33.00 |
| 34790448 | T PRO FEE FOREARM 1 VIEW LEFT | 7309026LT | \$ | 33.00 |
| 34790449 | T PRO FEE ELBOW 1 VIEW RIGHT | 7307026RT | \$ | 33.00 |
| 34790450 | T PRO FEE ELBOW 1 VIEW LEFT | 7307026LT | \$ | 33.00 |
| | T PRO FEE HUMERUS 1 VIEW RIGHT | 7306026RT | \$ | 35.00 |
| | T PRO FEE HUMERUS 1 VIEW LEFT | 7306026LT | \$ | 35.00 |
| | T PRO FEE BIOPSY PANCREAS | 4810226 | \$ | 386.00 |
| | T PRO FEE INJ PROCEDURE CYSTO | 5160026 | \$ | 68.00 |
| | T PRO FEE LUMBAR PUNCTURE-CSF DRAIN | 6227226 | \$ | 600.00 |
| | T PRO FEE HAND COMPARISON LEFT | 7312026LT | \$ | 34.00 |
| | | | | |
| | T PRO FEE CT ABDOMEN W | 7416026 | \$ | 332.00 |
| | T PRO FEE INJ SI JT PROC LEFT | 2709626 | \$ | 519.00 |
| | T PRO FEE BONE SURVEY INFANT | 7707626 | \$ | 107.00 |
| | T PRO FEE US GUIDE VASCULAR ACCESS | 7693726 | \$ | 44.00 |
| | T PRO FEE MR ELBOW W-W/O LEFT | 7322326LT | \$ | 352.00 |
| | T PRO FEE MR THORACIC SPINE WITH | 7214726 | \$ | 503.00 |
| 34790463 | T PRO FEE MR WRIST W-W/O LEFT | 7322326LT | \$ | 352.00 |
| 34790464 | T PRO FEE MRA ABDOMEN W/O | 7418526 | \$ | 440.00 |
| 34790465 | T PRO FEE THORACOSTOMY TUBE PLACEMENT | 3255126 | \$ | 180.00 |
| 34790466 | T PRO FEE PERC FLUID DRAIN SOFT TISSUE | 1003026 | \$ | 345.00 |
| 34790467 | T PRO FEE INJ SP LUMBAR TRANSF EPID+LEV | 6448426 | \$ | 236.00 |
| 34790468 | T PRO FEE MASTOIDS 1-2 VIEW | 7012026 | \$ | 75.00 |
| | T PRO FEE MR WRIST W-W/O RIGHT | 7322326RT | \$ | 352.00 |
| | T PRO FEE MR ELBOW W-W/O RIGHT | 7322326RT | \$ | 352.00 |
| | T PRO FEE US PELVIC LIMITED (FOLLICLES) | 7685726 | \$ | 100.00 |
| | T PRO FEE FLUORO CENTRAL VENOUS | 7700126 | \$ | 86.00 |
| | T PRO FEE PARAVERTEBRAL NERVE BLOCK | 6452026 | φ \$ | 188.00 |
| | T PRO FEE SWALLOWING FUNCTION | 7423026 | φ \$ | 128.00 |
| | | | - 1 | |
| 34/904/5 | T PRO FEE INJ TRANFOR CERV/THOR W/ GUIDE | 6447926 | \$ | 1,302.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|----------|----|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 34790476 | T PRO FEE INJ TRANFOR CERV/THOR + LEVELS | 6448026 | \$ | 704.00 |
| 34790477 | T PRO FEE MR BRAIN WITH | 7055226 | \$ | 536.00 |
| 34790478 | T PRO FEE TRIGGER POINT INJ | 2055226 | \$ | 190.00 |
| 34790479 | T PRO FEE INJ INTERCOSTAL NERVE SINGLE | 6442026 | \$ | 150.00 |
| 34790480 | T PRO FEE INJ INTERCOSTAL NERVE MULTIPLE | 6442126 | \$ | 190.00 |
| | T PRO FEE CHEST 3 VIEW | 7104726 | \$ | 77.00 |
| | T PRO FEE CHEST 4 VIEW | 7104826 | \$ | 77.00 |
| | T PRO FEE ABDOMEN 3 VIEW | 7402126 | \$ | 76.00 |
| | LEVOFLOXACIN 750MG/150ML DO NOT USE | . 102120 | \$ | 69.66 |
| | MR BRAIN W & W/O | 70553 | \$ | 2,490.00 |
| | MR CERVICAL SPINE W & W/O | 72156 | | 2,490.00 |
| | MR THORACIC SP. W/WO.CONTRAS | 72157 | - | 2,490.00 |
| | MR BRAIN W/O CON | 70551 | - | 2,490.00 |
| | | | - | |
| | MR LUMBAR SPINE W/WO CONTRAST | 72158 | | 2,490.00 |
| | MR TEMPOMANDIBULAR JT W/O | 70336 | | 2,079.00 |
| | MR ORBIT, FACE, NECK W/CON | 70542 | | 2,079.00 |
| | MR LUMBAR SPINE W/O CONT | 72148 | | 2,079.00 |
| | MR LUMBAR SPINE W/CONT | 72149 | | 2,079.00 |
| | MR CERVICAL SPINE W/O CONT | 72141 | | 2,079.00 |
| | MR CERVICAL SPINE W/CONT | 72142 | | 2,079.00 |
| | MR THORACIC SPINE W/O | 72146 | | 2,079.00 |
| | MR THORACIC SPINE W/CON | 72147 | - | 2,079.00 |
| | MR CHEST W/O CONT | 71550 | | 2,079.00 |
| | MR ABDOMEN W/O CON | 74181 | | 2,079.00 |
| 35750158 | MR PELVIS W/O CON | 72195 | \$ | 2,079.00 |
| 35750168 | MR HUMERUS W-W/O RIGHT | 73220RT | | 2,490.00 |
| 35750178 | MR SHOULDER W/O RIGHT | 73221RT | | 2,079.00 |
| 35750188 | MR FEMUR W/O RIGHT | 73718RT | | 2,079.00 |
| | MR HIP W/O RIGHT | 73721RT | | 2,079.00 |
| 35750571 | MR ORBIT FACE NECK W/WO CONTRAST | 70543 | \$ | 2,490.00 |
| 35750572 | MRA HEAD W/O CON | 70544 | \$ | 2,079.00 |
| 35750583 | MR ORBIT FACE NECK W/O CON | 70540 | \$ | 2,079.00 |
| 35750584 | MRA HEAD W/WO CON | 70546 | \$ | 2,490.00 |
| 35750585 | MRA NECK W/O CON | 70547 | \$ | 2,079.00 |
| 35750591 | MRA NECK W/WO CON | 70549 | \$ | 2,490.00 |
| 35750592 | MR PELVIS W/WO CON | 72197 | \$ | 2,490.00 |
| 35750593 | MR UPPER EXT NOT JT W/WO CON | 73220 | \$ | 1,106.00 |
| 35750594 | MR FEMUR W-W/O RIGHT | 73720RT | \$ | 2,614.00 |
| 35750595 | MR HIP W-W/O RIGHT | 73723RT | \$ | 2,490.00 |
| 35750601 | MR ABDOMEN W/WO CON | 74183 | \$ | 2,490.00 |
| 35750602 | MR UPPER EXT JOINT W-W/O RIGHT | 73223RT | \$ | 2,490.00 |
| 35750651 | MR HUMERUS W/O RIGHT | 73218RT | \$ | 2,079.00 |
| 35750753 | MR CHEST W - W/O CONTRAST | 71552 | \$ | 2,490.00 |
| 35750754 | MRA CHEST | 71555 | \$ | 2,079.00 |
| 35750755 | MRA ABDOMEN W/O | 74185 | \$ | 2,079.00 |
| 35750812 | MRA ABDOMEN W OR W/O | 74185 | \$ | 2,490.00 |
| 35750825 | MR BRAIN W/ CONTRAST | 70552 | \$ | 2,230.00 |
| 35750975 | MR LOWER EXT JOINT W/O LEFT | 73721LT | \$ | 2,079.00 |
| 35750981 | MR LOWER EXT JOINT W/WO LEFT | 73723LT | \$ | 2,490.00 |
| | MR LWR EXT NON JT W/O LEFT | 73718LT | \$ | 2,079.00 |
| | MR LOWER EXT NOT JT W/WO LEFT | 73720LT | \$ | 2,614.00 |
| | MR UPPER EXT JOINT W/O LEFT | 73221LT | \$ | 2,079.00 |
| | MR UPPER EXT JOINT W-W/O LEFT | 73223LT | | 2,490.00 |
| | MR UPPER EXT NOT JT W/O LEFT | 73218LT | | 2,079.00 |
| | MR UPPER EXT NOT JT W-W/O LEFT | 73220LT | | 2,490.00 |
| | MR ANKLE W/O LEFT | 73721LT | | 2,079.00 |
| | | | | |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | | |
|---|--------------------|----|----------|--|--|
| IVNUM IVDESC | IVCPTCD | IV | PRICE1 | | |
| 35751043 MR ANKLE W/O RIGHT | 73721RT | \$ | 2,079.00 | | |
| 35751044 MR ANKLE W-W/O LEFT | 73723LT | \$ | 2,490.00 | | |
| 35751045 MR ANKLE W-W/O RIGHT | 73723RT | \$ | 2,490.00 | | |
| 35751046 MR HIP W/O LEFT | 73721LT | | 2,079.00 | | |
| 35751047 MR HIP W-W/O LEFT | 73723LT | | 2,490.00 | | |
| 35751048 MR KNEE W/O LEFT | 73721LT | | 2,079.00 | | |
| 35751049 MR KNEE W/O RIGHT | 73721RT | | 2,079.00 | | |
| 35751050 MR KNEE W-W/O LEFT | 73723LT | | 2,490.00 | | |
| 35751051 MR KNEE W WO RIGHT | 73723RT | | 2,490.00 | | |
| 35751051 MIK KINEE W WO KIGHT 35751052 MR FEMUR W/O LEFT | 73723K1 73718LT | | 2,490.00 | | |
| 35751052 MR FEMUR W-W/O LEFT | 73710LT 73720LT | | 2,614.00 | | |
| 35751055 MR FEMOR W-W/O LEFT 35751054 MR FOOT W/O LEFT | 73720LT 73718LT | | | | |
| | | | 2,614.00 | | |
| 35751055 MR FOOT W/O RIGHT | 73718RT | | 2,614.00 | | |
| 35751056 MR FOOT W- W/O LEFT | 73720LT | | 2,614.00 | | |
| 35751057 MR FOOT W- W/O RIGHT | 73720RT | | 2,614.00 | | |
| 35751058 MR TIB-FIB W/O LEFT | 73718LT | | 2,079.00 | | |
| 35751059 MR TIB-FIB W/O RIGHT | 73718RT | | 2,079.00 | | |
| 35751060 MR TIB-FIB W- W/O LEFT | 73720LT | | 2,614.00 | | |
| 35751061 MR TIB-FIB W- W/O RIGHT | 73720RT | | 2,614.00 | | |
| 35751062 MR ELBOW W/O LEFT | 73221LT | | 2,079.00 | | |
| 35751063 MR ELBOW W/O RIGHT | 73221RT | | 2,079.00 | | |
| 35751064 MR ELBOW W-W/O LEFT | 73223LT | \$ | 2,490.00 | | |
| 35751065 MR ELBOW W-W/O RIGHT | 73223RT | \$ | 2,490.00 | | |
| 35751066 MR SHOULDER W/O LEFT | 73221LT | \$ | 2,079.00 | | |
| 35751067 MR SHOULDER W-W/O LEFT | 73223LT | \$ | 2,490.00 | | |
| 35751068 MR WRIST W/O LEFT | 73221LT | \$ | 2,079.00 | | |
| 35751069 MR WRIST W/O RIGHT | 73221RT | \$ | 2,079.00 | | |
| 35751070 MR WRIST W- W/O LEFT | 73223LT | \$ | 2,490.00 | | |
| 35751071 MR WRIST W- W/O RIGHT | 73223RT | \$ | 2,490.00 | | |
| 35751072 MR FOREARM W/O LEFT | 73218LT | \$ | 2,079.00 | | |
| 35751073 MR FOREARM W/O RIGHT | 73218RT | \$ | 2,079.00 | | |
| 35751074 MR FOREARM W-W/O LEFT | 73220LT | \$ | 2,490.00 | | |
| 35751075 MR FOREARM W-W/O RIGHT | 73220RT | \$ | 2,490.00 | | |
| 35751076 MR HAND W/O LEFT | 73218LT | \$ | 2,079.00 | | |
| 35751077 MR HAND W/O RIGHT | 73218RT | \$ | 2,079.00 | | |
| 35751078 MR HAND W-W/O LEFT | 73220LT | \$ | 2,490.00 | | |
| 35751079 MR HAND W-W/O RIGHT | 73220RT | \$ | 2,490.00 | | |
| 35751080 MR HUMERUS W/O LEFT | 73218LT | \$ | 2,079.00 | | |
| 35751081 MR HUMERUS W-W/O LEFT | 73220LT | \$ | 2,490.00 | | |
| 35751082 MR LUMBAR SPINE W/O CONT LIMITED | 7214852 | | 1,249.00 | | |
| 35751083 MR SHOULDER W / WO RIGHT | 73223RT | | 2,490.00 | | |
| 35770853 MRA NECK W/CONTRAST | 70548 | \$ | 1,978.00 | | |
| 36450148 LOCM 300-349 MGL OMNI 125 ML | Q9949 | \$ | 100.00 | | |
| 36450220 WARFARIN (COUMADIN) 2.5MG TAB | | \$ | 4.99 | | |
| 36450222 AGALSIDASE (FABRAZYME) VIAL 5MG | J0180 | \$ | 1,051.70 | | |
| 36450237 OMNIPAQUE | 55.55 | \$ | 165.00 | | |
| 36450250 NYSTATIN POWDER 30 GM | | \$ | 71.85 | | |
| 36450251 DOXEPIN (SINEquan) 25MG CAP | | \$ | 4.64 | | |
| 36450253 ZOLEDRONIC ACID (RECLAST) 5MG/100ML | J3489 | \$ | 211.18 | | |
| 36450254 GABITRIL TAB | 33.00 | \$ | 7.00 | | |
| 36450256 ADACEL INJ | | \$ | 70.22 | | |
| 36450257 CALCITONIN-SALMON MDV 400 IU/2ML | | \$ | 2,848.31 | | |
| 36450258 DAPTOMYCIN (CUBICIN) VIAL 500 MG | J0878 | \$ | 558.59 | | |
| 36450261 PREPARATION FEE IV | 333.0 | \$ | 25.00 | | |
| 36450262 TETANUS DIPHTHERIA PERTUSSI(TDAP) 0.5ML | 90715 | \$ | 70.77 | | |
| 36450264 FOLIC ACID MDV 5MG/ML | · • | \$ | 56.00 | | |
| ···- · •··· | | 7 | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|---------|----------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | NOREPINEPHRINE(LEVOPHED) VL 4MG/4ML | | \$ | 41.88 |
| | PHENTOLAMINE(REGITINE) VIAL 5MG | J2760 | \$ | 204.00 |
| | DICLOFENAC (FLECTOR) TOP PATCH 1.3% | | \$ | 9.43 |
| | POLYETHYLENE GLYCOL 17GR UD | | \$ | 4.25 |
| 36450270 | oxyCODONE CR (OxyCONTIN SR) 40 MG TAB | | \$ | 13.40 |
| 36450271 | oxyCODONE CR (OxyCONTIN SR) 30 MG TAB | | \$ | 11.69 |
| 36450273 | PHYTONADIONE (VIT K) AMP 10MG/1ML | J3430 | \$ \$ | 81.02 |
| | LOCM 100-199 mgl OMNI 20 ML | Q9965 | \$ | 45.00 |
| | LOCM 300-399 MG OMNI 125 ML | Q9967 | \$ | 100.00 |
| | SUMATRIPTAN (IMITREX) 50MG TAB | 4,000 | \$ | 5.78 |
| | TRIAMCINOLONE (KENALOG) 0.1% CRM 30GM | | \$ | 27.65 |
| | FENTANYL (DURAGESIC) PATCH 12MCG | | \$ | 37.34 |
| | oxyCODONE CR(OxyCONTIN CR) 20 MG TAB | | \$ | 11.22 |
| | FLUTICASONE/SALMETEROL 250/50 14DSE | | \$ | 200.08 |
| | FLUTICASONE/SALMETEROL 230/30 14DSE | | φ \$ | 316.76 |
| | | 12020 | | |
| | SUMATRIPTAN (IMITREX)VIAL 6MG/0.5ML | J3030 | \$ | 85.25 |
| | ACETYLCYSTEINE IV 6 GR/30ML VIAL | J0132 | \$ | 272.59 |
| | cefUROXime (CEFTIN) 250MG TAB | | \$ | 8.20 |
| | BUDESONIDE 180MCG(PULMICORT) INH | | \$ | 264.56 |
| | MORPHINE 10MG SUPPOSITORY | | \$ | 11.20 |
| | CREON 24 CAP | | \$ | 6.51 |
| 36450294 | DEXAMETH(DECADRON) 4MG/ML VIAL 30 ML | J1100 | \$ \$ | 41.50 |
| 36450295 | ALDARA CREAM 5% 0.25 GM | | | 30.08 |
| 36450296 | DICLOFENAC (VOLTAREN) GEL 1% 100GM | | \$ | 74.82 |
| 36450297 | DOXYCYCLINE(VIBRAMYCIN) VIAL 100 MG | | \$ | 46.50 |
| 36450299 | NEO SULF/POLYMYX/HC OTIC SOLN 10ML | | \$ | 120.68 |
| 36450300 | CIPROFLOXACIN 0.3% OPTH SOL 5ML | | \$ | 67.31 |
| 36450301 | AMPICILLIN/SULB (UNASYN) VIAL 3 GM | J0295 | \$ | 41.76 |
| | MORPHINE MDV 15MG/ML 20ML | J2270 | \$ | 115.89 |
| | MOXIFLOXACIN(AVELOX) PM 400MG/250ML | J2280 | \$ | 86.27 |
| | PHYTONADIONE(VIT K) ORAL 10MG/ML | | \$ | 59.05 |
| | COSYNTROPIN VIAL 0.25MG | J0834 | \$ | 151.90 |
| | TRYPSIN BALSAM PERU CASTOR 60GM | 00001 | \$ | 72.75 |
| | SYMBICORT 160 / 4.5MCG 60 | | \$ | 286.81 |
| | MEDROL RADIOLOGY (24X4MG)TAB | | \$ | 49.30 |
| | ATROPINE SULFATE SDV 0.4MG/ML VIAL | | \$ | 28.37 |
| | TRIAMCINOLONE(KENALOG) 0.5 % CREAM 15GM | | \$ | 23.30 |
| | FLUTICASONE/SALMETEROL 100/50 14DSE | | \$ | 202.08 |
| | | | φ \$ | |
| | LEVETIRACETAM(KEPPRA) INJ 500MG/5ML | | | 29.89 |
| | BELLADONNA OPIUM SUPP 30/16.2MG(NF) | 10400 | \$ | 32.31 |
| | ABATACEPT (ORENCIA) 250MG VIAL | J0129 | \$ | 1,280.50 |
| | PROTRIPTYLENE TAB | | \$ | 5.90 |
| | HETASTARCH (HEXTEND)PREMIX 6% 500 ML(NF) | | \$ | 92.04 |
| | AMOX/CLAV SUSP(AUGMENT)125/5ML 75ML | | \$ | 85.58 |
| | AMOX/CLAV SUSP(AUGMEN)250/5ML 100ML | | \$ | 119.84 |
| | INSULIN PEN / 5 UNIT | J1815 | \$ | 2.29 |
| | DO NOT USE (11/14) | | \$ | 4.25 |
| | LEFLUNOMIDE(ARAVA) 10MG TAB (NF) | | \$ | 5.80 |
| | ACETYLCYSTEINE IV / GM | J7608 | \$ | 8.18 |
| 36450329 | HYDROCODONE/ACETAMIN 10/325MG TAB | | \$ | 6.05 |
| | DESVENLAFAXINE (PRISTIQ)ER 100MG TAB(NF) | | \$ | 15.45 |
| 36450331 | cefTAROLINE (TEFLARO) VIAL 600 MG | | \$ | 238.05 |
| 36450333 | TRANEXAMIC (CYKLOKAPR) 1000 MG/10ML | | \$ | 74.40 |
| 36450334 | FORMOTEROL(FORADIL) 12MCG (60s) | | \$ | 311.55 |
| | KCL 20MEQ/D5/NACL 0.45% PREMIX 1000 ML | J3480 | \$ | 43.60 |
| 36450337 | MORPHINE CARPUJECT 4 MG/ML | J2270 | \$ | 33.98 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|---------|----------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | MOMETASONE DO NOT USE 220MCG INH 060117 | | \$ | 255.56 |
| | MORPHINE CARPUJECT 2 MG/ML | J2270 | \$ | 25.46 |
| | ACETAMINOPHEN (OFIRMEV)1000MG/100ML | J0131 | \$ | 69.02 |
| | SYMBICORT 80/4.5MCG 60 | | \$ | 200.31 |
| | SULFACETAM/PRED OPTH OINT 3.5 GM(NF) | | \$ | 82.98 |
| | TRAVOPROST Z OPHTH 0.004% SOL 2.5 ML | | \$ | 222.30 |
| | KETOROLAC 0.5% (ACULAR)OPTH SOL 5ML | | \$ | 63.50 |
| | ARTIFICIAL TEAR SOL 15ML | | \$ | 7.50 |
| | ARTIFICIAL TEAR OINTMENT (3.5 G) | | \$ | 7.50 |
| | LIRAGLUTIDE (VICTOZA) PEN 18MG/3ML | | \$ | 346.67 |
| | ACTIVATED CHARCOAL(ACTIDOSE) 50 GM | | \$ | 54.08 |
| | TOCLIZUMAB (ACTEMRA) VIAL 400 MG | | \$ | 2,366.78 |
| | DENOSUMAB (PROLIA) PFS 60 MG SYRINGE | J0897 | \$ | 1,438.00 |
| | N AZELASTINE (OPTIVAR) 0.05%OPTH SOL | | \$ | 124.07 |
| 36450354 | SOLIFENACIN (VESICARE) 5 MG TAB | | \$ | 11.91 |
| | DABIGATRAN(PRADAXA) 75 MG CAP | | \$ \$ | 11.81 |
| 36450356 | TOPIRAMATE(TOPAMAX) 50MG TAB | | | 4.25 |
| | OFLOXACIN (FLOXIN) 0.3% OTIC SOL 5ML | | \$ | 60.38 |
| 36450358 | IMIPENEM CILAS (PRIMAXIN) VL 500 MG (NF) | J0743 | \$ | 64.71 |
| 36450359 | CLOBETASOL (CLOBEX) 0.05% CRM 30GM | | \$ | 274.46 |
| 36450360 | cefPROZIL SUSP 250MG/5ML 75 ML | | \$ | 84.33 |
| 36450361 | PRENATAL VITAMIN | | \$ | 4.25 |
| 36450362 | CROTALIDAE IMM FAB (CROFAB) 1 VIAL | | \$ | 3,784.25 |
| 36450363 | METHENAMINE MANDELATE 1GM TAB | | \$ | 5.47 |
| 36450365 | BUPIVACAINE(MARCAINE) SPINAL 2ML | | \$ | 26.16 |
| 36450366 | PHENYTOIN INJ 50 MG | | \$ | 5.16 |
| 36450367 | ASACOL 400MG (DISCONTINUED) | | \$ | 6.15 |
| 36450368 | VARENICLINE (CHANTIX) 0.5MG TAB (NF) | | \$ | 7.50 |
| 36450369 | DESMOPRESSIN AMP 4 MCG/ML | | \$ | 79.48 |
| 36450370 | ARIPIPRAZOLE(ABILIFY) 5MG TAB | | \$ | 35.91 |
| 36450373 | ALENDRONATE (FOSAMAX) 70MG TAB | | \$ | 24.30 |
| 36450374 | ALLOPURINOL(ZYLOPRIM) 300MG TAB | | \$ \$ | 4.56 |
| 36450375 | AMLODIPINE(NORVASC) 5MG TAB | | \$ \$ | 6.25 |
| 36450376 | AMITRIPTYLINE (ELAVIL) 25MG TAB | | \$ | 4.40 |
| 36450377 | AMITRIPTYLINE (ELAVIL) 100MG TAB | | \$ | 5.92 |
| 36450379 | ATENOLOL (TENORMIN) 50MG TAB | | \$ | 4.25 |
| | ATORVASTATIN (LIPITOR) 20MG | | \$ | 4.25 |
| | BENAZEPRIL(LOTENSIN)20MG TAB | | \$ | 4.85 |
| | BROMOCRIPTINE (PARLODEL) 5MG CAP | | \$ | 9.52 |
| 36450383 | BUMETANIDE (BUMEX)2MG TAB | | \$ | 6.73 |
| | buPROPion SR(WELLBUTRINSR)100MG TAB | | \$ | 5.49 |
| | CARVEDILOL (COREG)25MG TAB | | \$ | 5.93 |
| | CAPTOPRIL(CAPOTEN) 100MG TAB | | \$ | 5.28 |
| | CARBI/LEVOD(SINEMET) 25MG/100MG TAB | | \$ | 4.25 |
| | CYPROHEPTADINE(PERÍACTIN) 4MG TAB (NF) | | \$ | 4.25 |
| | CITALOPRAM(CeleXA) 20MG TAB | | \$ | 6.35 |
| | DEXAMETHASONE(DECADRON) 1MG TAB | | \$ | 4.25 |
| | DIGOXIN (LANOXIN) 0.25MG TAB | | \$ | 6.10 |
| | DILTIAZEM ER(CARDIZEM)(BID) 60MG CA | | \$ | 6.97 |
| | buPROPion XL (WELLBUTRINXL)300MG TB | | \$ | 10.10 |
| | DOXAZOSIN(CARDURA) 4MG TAB | | \$ | 5.21 |
| | DULoxetine (CYMBALTA) 60MG CAP | | \$ | 11.05 |
| | ESCITALOPRAM (LEXAPRO) 20MG TAB | | \$ | 8.72 |
| | DILTIAZEM CD(CARDIZEMCD) 180MG CAP | | \$ | 5.60 |
| | CARBI/LEVO CR(SINEMET CR) 25/100MG | | \$ | 4.25 |
| | ESOMEPRAZOLÈ (NEXIUM) 40MG CAP | | \$ | 12.32 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82 | | | |
|----------|--|---|---------|--------------|
| IVNUM | IVDESC | | IVPRIC | |
| | ATENOLOL (TENORMIN)100MG TAB | | \$ | 5.05 |
| | buPROPionSR(WELLBUTRIN SR)150MG TAB | | | 5.74 |
| | FLECAINIDE (TAMBOCOR) 50MG TAB | | | 5.54 |
| | FLUoxetine (PROZAC) 20MG CAP | ; | | 6.47 |
| | DILTIAZEM CD(CARDIZEM CD) 120MG CAP | ; | | 4.25 |
| | FUROSEMIDE(LASIX) 40MG TAB | ; | - | 4.25 |
| | CARBI/LEVOD(SINEMET) 25MG/250MG TAB | ; | \$ | 5.41 |
| 36450408 | CARVEDILOL (COREG) 6.25MG TAB | ; | | 5.88 |
| 36450409 | FENOFIBRATE(TRICOR) 160MG TAB | ; | \$ | 6.18 |
| 36450410 | GABAPENTIN(NEURONTIN) 300MG CAP | ; | | 5.46 |
| 36450411 | FLUVASTATIN(LEXCOL) 40MG CAP (NF) | ; | \$ | 8.00 |
| 36450412 | DILTIAZEM CD(CARDIZEM CD) 240MG CAP | ; | \$ | 6.36 |
| 36450413 | GALANTAMINE ER (RAZADYNE) 16MG CAP(NF) | ; | | 9.90 |
| 36450414 | GLIMEPIRIDE (AMARYL) 2MG TAB | ; | | 4.45 |
| 36450415 | GLYBURIDE (DIABETA) 5MG TAB | ; | \$ | 4.62 |
| | GUAIFENESIN ER(MUCINEX) 600MG TAB | ; | \$ | 4.45 |
| | HALOPERIDOL(HALDOL) 5MG TAB | ; | \$ | 4.58 |
| | GLIPIZIDE(GLUCOTROL)10MG TAB | ; | \$ | 4.49 |
| | HydrALAZINE(APRESOLINE) 25MG TAB | : | - | 4.30 |
| | GLYCOPYRROLATE(ROBINUL) 1MG TAB | : | | 5.11 |
| | IBUPROFEN(MOTRIN) 600MG TABLET | | | 4.25 |
| | ISOSORBIDE DIN (ISORDIL)20MG TAB | : | \$ | 5.15 |
| | LAMOTRIGINE(LAMICTAL) 200MG TAB | | - | 9.46 |
| | LANSOPRAZOLE (PREVACID) 30MG CAP | | | 9.70 |
| | GEMFIBROZIL(LOPID) 600MG TAB | | \$ | 8.23 |
| | LEVOTHYROXINE(SYNTHROID) 0.05MG TAB | | Ф \$ | 5.05 |
| | LISINOPRIL (PRINIVIL) 10MG TAB | | | 5.04 |
| | LOSARTAN (COZAAR) 25MG TAB | | | 5.48 |
| | metFORMIN (GLUCOPHAGE) 1000MG TAB | | | 5.30 |
| | GUAIF/DEXTROM(MUCINEX DM) 600/30MG TAB | | | 4.25 |
| | LISINOPR HCTZ(PRINIZIDE) 20MG/12.5MG | | | 4.25 |
| | LEVOTHYROXINE(SYNTHROID) 0.075MG T | | | 5.05 |
| | METOPROLOL TART(LOPRESSOR) 50MG TAB | · | Φ Φ | 4.44 |
| | LISINOPRIL (PRINIVIL) 20MG TAB | · | - | 5.12 |
| | LEVOTHYROXINE(SYNTHROID) 0.137MG T | | | 5.09 |
| | metFORMIN XR(GLUCOPHAGE XR) 500MG | | | 4.48 |
| | MONTELUKAST (SINGULAIR)10MG TAB | | | 8.78 |
| | LEVOTHYROXINE(SYNTHROID) 0.088MG T | | | 5.09 |
| | NAPROXEN (NAPROSYN) 500MG TAB | | | 4.25 |
| | OLANZapine(ZyPREXA) 5MG TAB | | | 2.57 |
| | LEVOTHYROXINE(SYNTHROID) 0.1MG T | | | 4.25 |
| | ONDANSETRON (ZOFRAN) 8MG TAB | | | 5.25 |
| | · · · · · · · · · · · · · · · · · · · | | \$ | |
| | GUAIF/PSEUDE(MUCINEX D)600/60MG TAB | | | 4.52 4.25 |
| | NITROGLYCERIN ER(NITRO-BID) 6.5MG CAP | | | |
| | LEVOTHYROXINE(SYNTHROID) 0.112MG T | | | 5.09 |
| | METOPROLOL SUCC XL(TOPROL XL) 50MG | | | 4.85 |
| | ONDANSETRON (ZOFRAN) ODT 8MG TAB | | | 4.80 |
| | GLIMEPIRIDE (AMARYL) 4MG TAB | | | 5.03 |
| | GABAPENTIN(NEURONTIN) 400MG CAP | · | \$ | 5.40 |
| | LEVOTHYROXINE(SYNTHROID) 0.15MG T | | | 5.09 |
| | GLIPIZIDE XL(GLUCOTROL XL) 10MG TAB | ; | | 4.60 |
| | metFORMIN XR(GLUCOPHAGE XR) 750MG | ; | | 4.97 |
| | LEVOTHYROXINE(SYNTHROID) 0.125MG T | | | 5.09 |
| | NABUMETONE (RELAFEN) 750MG TAB | | | 5.43 |
| | PARoxetine (PAXIL) 20MG TAB | | - | 4.25 |
| 30450456 | ONDANSETRON (ZOFRAN) ODT 4MG TAB | ; | \$ | 4.80 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC |), WY 82834 | | |
|----------|---|-------------|----------|----------|
| IVNUM | IVDESC | IVCPTCD | I۷ | PRICE1 |
| 36450457 | DIGOXIN PED AMP 0.1 MG/ML (DISC) | J1160 | \$ | 30.91 |
| 36450458 | ENOXAPARIN (LOVENOX) SYR 30MG/0.3ML | J1650 | \$ | 27.60 |
| 36450459 | KETOROLAC (TORADOL) VIAL 60 MG/2ML | J1885 | \$ | 32.40 |
| 36450460 | ONDANSETRON (ZOFRAN) MDV 40MG/20ML | J2405 | \$ | 25.14 |
| 36450461 | PROMETHAZINE(PHENERGAN)VIAL 50MG/ML | J2550 | \$ | 27.30 |
| | SODIUM BICARB SYR 4.2% 5mEq/10 ML | | \$ | 30.64 |
| | ERTAPENEM (IM ONLY) 1 GM | J1335 | \$ | 164.50 |
| | ceFAZolin (ANCEF) PRÉMIX 2 GM/50ML | J0690 | \$ | 53.70 |
| | cefOTAXime (CLAFORAN) VIAL 2 GM | J0698 | \$ | 47.23 |
| | NAFCILLIN (ÙNIPEN) VIAL 1 GM | | \$ | 38.60 |
| | cefTAZidime (FORTAZ) VIAL 2 GM | J0713 | \$ | 44.16 |
| | ENOXAPARIN (LOVENOX) SYR 60MG/0.6ML | J1650 | \$ | 38.31 |
| | cefTRIAXone(ROCEPHIN)1GM/D5W 50ML PREMIX | J0696 | \$ | 37.92 |
| | AMPICILLIN/SULB (UNASYN) 3 GM | J0295 | \$ | 41.76 |
| | POTASSIUM PHOSPHATE VIAL 66MEQ NF | 00200 | \$ | 25.92 |
| | SODIUM CHLORIDE (CONC) VIAL 4MEQ/ML(NF) | | \$ | 26.66 |
| | CLINDAMYCIN (CLEOCIN) 600 MG/50ML PREMIX | | \$ | 39.84 |
| | PIPERACILLIN/TAZOBACTAM VIAL 4.5 GM | J2543 | \$ | 51.50 |
| | VANCOMYCIN 1 GM VIAL | J3370 | \$ | 36.72 |
| | ENOXAPARIN (LOVENOX) SYR 80MG/0.8ML | J1650 | \$ | 33.63 |
| | cefTRIAXone(ROCEPHIN) 2GM INJ IM | J0696 | φ \$ | 71.50 |
| | INFLUENZA HIGH DOSE VAC MDV 5ML | 90662 | Ф \$ | 69.28 |
| | | | ъ \$ | |
| | HYDROCORTISONE(Solu-CORTEF)VL 250MG | J1720 | | 34.20 |
| | SYNVISC ONE SYRINGE 48MG/6ML | J7325 | \$ | 801.80 |
| | EPTIFIBATIDE(INTEGRILIN)DRIP 200MG/100ML | J1327 | \$ | 1,974.00 |
| | NovoLOG 100 UNIT/ML MDV 10ML | J1815 | \$ | 79.43 |
| | PALIVIZUMAB (SYNAGIS)VIAL 100MG/1ML | | \$ | 2,831.97 |
| | CLINDAMYCIN(CLEOCIN) 900 MG/50ML PREMIX | 14045 | \$ | 42.12 |
| | INSULIN (REGULAR) 100 UNIT/ML 3ML | J1815 | \$ | 27.91 |
| | PIPERACILLIN/TAZOBACTAM VIAL 2.25GM | J2543 | \$ | 39.26 |
| | PAIN EASE MIST SPRAY | | \$ | 4.25 |
| | cefOXitin (MEFOXIN) 2 GM PREMIX | J0694 | \$ | 48.60 |
| | ENOXAPARIN (LOVENOX) SYR 100MG/1ML | J1650 | \$ | 36.04 |
| | ceFAZolin (ANCEF) PREMIX 1 GM/50ML | J0690 | \$ | 37.00 |
| | NovoLOG 100 UNIT/ML PEN 3ML | J1815 | \$ | 49.43 |
| | MAGNESIUM 20GM/NACL 0.9% 500ML | J3475 | \$ | 30.52 |
| | LEVEMIR 100 UNIT/ML MDV 10ML | J1815 | \$ | 24.75 |
| 36450498 | INSULIN ISOPHAN/REG 70/30 100UNIT/ML 3ML | J1815 | \$ | 27.91 |
| | DILTIAZEM (CARDIZEM) VIAL 25MG/5ML | | \$ | 26.61 |
| | LEVEMIR 100 UNIT/ML PEN 3ML | J1815 | \$ | 124.71 |
| 36450501 | ONDANSETRON (ZOFRAN) 4MG TAB | | \$ | 5.25 |
| 36450502 | PENTOXIFYLLINE (TRENTAL) 400MG TAB | | \$ | 4.40 |
| 36450503 | PREDNISONE 5MG TAB | | \$ | 4.25 |
| 36450504 | BACILLUS COAGULANS (PROBIOTIC) 1 BILLION | | \$ | 4.25 |
| 36450505 | QUETiapine(SEROQUEL) 50MG TAB | | \$ | 7.66 |
| 36450506 | RAMIPRIL (ALTACE) 2.5MG CAP | | \$ | 5.69 |
| 36450507 | ROPINIROLE(REQUIP) 2MG TAB | | \$ | 6.50 |
| 36450508 | SITAGLIPTIN (JANUVIA) 100MG TAB | | \$ | 15.83 |
| 36450509 | PROPRANOLOL LA(INDERAL LA)80 MG CAP | | \$ | 5.42 |
| | SULFASALAZINE 500MG TAB(NF) DC 010917 | | \$ | 4.25 |
| | SUMATRIPTAN (IMITREX) 100MG TAB | | \$ \$ | 31.75 |
| | TERAZOSIN (HYTRIN) 5MG CAP | | \$ | 5.25 |
| | TOLTERODINE LA(DETROL LA) 2MG CAP | | \$ | 11.83 |
| | VENLAFAXINE (EFFEXOR) 50MG TAB | | \$ | 5.86 |
| | WARFARIN (COUMADIN) 2MG TAB | | \$ | 4.99 |
| | ZIPRASIDONE (GEODON) 40MG CAP(NF) | | \$ | 11.78 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|----------|---|---------|----------------|-------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| | TERAZOSIN (HYTRIN) 10MG CAP | | \$ | 5.10 |
| | TraZODone (DESYREL) 100MG TAB | | \$ | 4.25 |
| | VERAPAMIL SR (CALAN SR)120MG TAB | | \$ | 4.87 |
| | WARFARIN (COUMADIN) 5MG TAB | | \$ | 4.99 |
| 36450522 | VENLAFAXINE XR(EFFEXOR XR)37.5MG C | | \$ | 7.96 |
| 36450523 | X TELMISARTAN (MICARDIS) 40MG TAB | | \$ | 9.68 |
| 36450524 | SULFASALAZINE DR 500MG TAB(NF) | | \$ | 4.25 |
| 36450525 | SIMVASTATIN (ZOCOR) 20MG TAB | | \$ | 4.25 |
| 36450526 | SERTRALINE (ZOLOFT)100MG TAB | | \$ | 5.25 |
| | QUETiapine (SEROQUEL) 100MG TAB | | \$ | 10.65 |
| 36450528 | PROPRANOLOL LA(INDERAL LA) 60 MG CA | | \$ | 5.18 |
| 36450529 | PREDNISONE 20MG TAB | | \$ | 4.25 |
| 36450530 | RISPERIDONE (RISPERDAL) 0.5MG TAB | | \$ | 7.25 |
| 36450531 | ROPINIROLE(REQUIP) 5MG TAB | | \$ \$ | 6.50 |
| 36450532 | VERAPAMIL SR (CALAN SR) 180MG TAB | | \$ | 5.00 |
| 36450533 | WARFARIN (COUMADIN) 3MG TAB | | \$ | 4.99 |
| 36450534 | TERBINAFINE(LAMISIL) 250MG TAB | | \$ | 16.86 |
| 36450535 | FOLIC ACID (FOLATE) 1MG TAB | | \$ | 4.25 |
| 36450536 | MAGNESIUM CL (SLOW-MAG) 71.5 MG TAB | | \$ | 4.25 |
| 36450537 | SLOW NIACIN (VIT B3 ER) 250MG | | \$ | 4.25 |
| 36450538 | WARFARIN (COUMADIN) 4MG TAB | | \$ | 4.99 |
| 36450539 | VENLAFAXINE XR(EFFEXOR XR)75MG CAP | | \$ | 8.47 |
| 36450540 | LUTEIN 20MG TAB | | \$ | 4.25 |
| 36450542 | WARFARIN (COUMADIN) 7.5MG TAB | | \$ | 4.99 |
| 36450543 | SIMVASTATIN (ZOCOR) 40MG TAB | | \$ | 4.25 |
| 36450544 | PREDNISONE 10MG TAB | | \$ | 4.25 |
| 36450545 | N AMITRIPTYLINE (ELAVIL) 10MG TAB | | \$ \$ \$ | 4.25 |
| 36450546 | N ATENOLOL (TENORMIN) 25MG TAB | | | 4.62 |
| 36450547 | N BACLOFEN (LIORESAL) 10MG TAB | | \$ | 4.40 |
| | N BUPROPion (WELLBUTRIN) 75MG TAB | | \$ | 4.56 |
| | N CARVEDILOL (COREG) 3.125MG TAB | | \$ | 5.94 |
| 36450550 | N AMLODIPINE (NORVASC) 2.5MG TAB | | \$ | 5.53 |
| | N CELECOXIB (CeleBREX) 100MG CAP | | \$ | 7.01 |
| | N BENAZEPRIL (LOTENSIN) 5MG TAB | | \$ | 4.85 |
| | N CLOPIDOGREL (PLAVIX) 75MG TAB | | \$ | 10.87 |
| 36450557 | N CETIRIZINE (ZyrTEC) 10MG TAB | | \$ | 4.25 |
| 36450558 | N BUMETANIDE (BUMEX) 2MG TAB | | \$ | 4.66 |
| 36450559 | N CITALOPRAM (CeleXA) 10MG TAB | | \$ | 6.12 |
| 36450560 | N CARVEDILOL (COREG) 6.25MG TAB | | \$ | 5.88 |
| 36450563 | N DOXAZOSIN (CARDURA) 1MG TAB | | \$ | 4.73 |
| 36450564 | N AMITRIPTYLINE (ELAVIL) 25MG TAB | | \$ | 4.25 |
| | N DILTIAZEM ER(CARTIA XT) 180MG CAP | | \$ | 5.25 |
| 36450567 | N ATENOLOL (TENORMIN) 50MG TAB | | \$ | 4.64 |
| 36450568 | N DOXAZOSIN (CARDURA) 2MG TAB | | \$ | 4.73 |
| | N BENAZEPRIL (LOTENSIN) 20MG TAB | | \$ | 4.85 |
| | N DOXEPIN (SINEquan) 10MG CAP | | \$ | 4.25 |
| | N CITALOPRAM (CeleXA) 40MG TAB | | \$ | 6.42 |
| | N DULoxetine (CYMBALTA) 60MG CAP | | \$ | 11.05 |
| | N AMLODIPINE (NORVASC) 5MG TAB | | \$ | 5.53 |
| | N FAMOTIDINE (PEPCID) 20MG TAB | | \$ | 5.53 |
| | N DIGOXIN (LANOXIN) 0.25MG TAB | | \$ | 5.22 |
| | N FINASTERIDE (PROSCAR) 5MG TAB | | \$ | 6.92 |
| | N DICLOFENAC POT(CATAFLAM) 50MG TAB | | \$ | 5.35 |
| | N ENALAPRIL (VASOTEC) 5MG TAB | | \$ | 4.82 |
| | N DILTIAZEM ER(CARDIZEM) 240MG CAP | | \$ | 5.23 |
| 36450584 | N DOXEPIN (SINEquan) 50MG CAP | | \$ | 4.47 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY | | |
|----------|---|----------------|-------|
| IVNUM | | | RICE1 |
| | N CARB/LEVO CR(SINEMET CR) 25/100MG TAB | \$ | 4.74 |
| | N ASA/DIPYRIDER(AGGRENOX) 25/200MG CAP | \$ | 8.66 |
| | N DICLOFENACSODDR(VOLTARENSR)50MG | \$ | 5.27 |
| 36450590 | N GLIPIZIDE (GLUCOTROL) 5MG TAB | \$ | 4.25 |
| 36450591 | N IRBESARTAN (AVAPRO) 75MG TAB | \$ | 6.72 |
| 36450594 | N LISINOPRIL (PRINIVIL) 2.5MG TAB | \$ | 4.44 |
| 36450596 | N LISINOPRIL (PRINIVIL) 5MG TAB | \$ \$ | 4.75 |
| 36450597 | N GLIPIZIDE XL(GLUCOTROL XL) 2.5MG | \$ | 4.25 |
| 36450598 | N FLUoxetine (PROZAC) 20MG CAP | \$ | 6.47 |
| | N IRBESARTÁN (AVAPRO) 150MG TAB | \$ | 6.87 |
| | N LISINOPRIL (PRINIVIL) 10MG TAB | \$ | 4.72 |
| | N FUROSEMIDE (LASIX) 20MG TAB | \$ | 4.25 |
| | N GLIPIZIDE XL(GLUCOTROL XL) 5MG | \$ | 4.25 |
| | N ISOSORBIDE MONO (IMDUR) 30MG ER TAB | \$ | 4.92 |
| | N LISIN/HCTZ(PRINZIDE) 10/12.5MG | \$ | 4.92 |
| | N HALOPERIDOL (HALDOL) 0.5MG TAB | Ψ Φ | 4.25 |
| | N LEFLUNOMIDE (ARAVA) 10MG TAB | ψ Φ | 20.22 |
| | · · | \$ \$ \$ | 4.41 |
| | N LOPERAMIDE (IMODIUM) 2MG CAP | φ | |
| | N GABAPENTIN (NEURONTIN) 600MG TAB | \$ | 6.33 |
| | N LEFLUNOMIDE (ARAVA) 20MG TAB | \$ | 20.22 |
| | N GLIMEPIRIDE (AMARYL) 1MG TAB | \$ | 4.25 |
| | N LEVETIRACETAM (KEPPRA)250MG TAB | \$ \$ | 6.68 |
| | N HYDROCHLOROTHIAZ(MICROZIDE)25MG | \$ | 4.25 |
| | N GLIMEPIRIDE (AMARYL) 2MG TAB | \$ | 4.45 |
| | N LOSARTAN/HCTZ(HYZAAR)100/25MG | \$ | 7.21 |
| | N HydrOXYzine (ATARAX) 25MG CAP | \$ \$ | 4.72 |
| | N GLIMEPIRIDE (AMARYL) 4MG TAB | \$ | 5.03 |
| | N LOSARTAN (COZAAR) 50MG TAB | \$ | 6.06 |
| | N NITROFURANTOIN (MACRODANTIN) 50MG | \$ | 6.07 |
| | N PREDNISONE 1MG TAB | \$ | 4.25 |
| | N METHENAMINE (MANDELAMINE) 1000MG | \$ | 5.47 |
| | N OLANZapine (ZyPREXA) 2.5MG TAB | \$ | 15.00 |
| | N OLANZapine (ZyPREXA) 5MG TAB | \$ \$ | 17.02 |
| | N OMEPRAZOLE (PRILOSEC) 20MG DR CAP | | 4.35 |
| | N PIOGLITAZONE (ACTOS) 30MG TAB | \$ | 12.97 |
| | N ONDANSETRON (ZOFRAN) 4MG TAB | \$ | 5.25 |
| | N RAMIPRIL (ALTACE) 5MG CAP | \$ | 5.70 |
| | N OXYBUTYNIN ER(DITROPAN XL) 5MG | \$ | 6.87 |
| | N ONDANSETRON (ZOFRAN) 8MG TAB | \$ | 5.25 |
| | N METOCLOPRAMIDE (REGLAN) 5MG TAB | \$ | 4.25 |
| | N PANTOPRAZOLE (PROTONIX) 40MG TAB | \$ | 9.07 |
| | N PARoxetine (PAXIL) 10MG TAB | \$ | 6.42 |
| | N PREDNISONE 10MG TAB | \$ | 4.25 |
| | N PARoxetine (PAXIL) 20MG TAB | \$ | 6.44 |
| | N MIRTAZAPINE(REMERON) 45MG (NF) | \$ | 6.63 |
| | N NABUMETONE (RELAFEN) 500MG TAB | \$ | 5.10 |
| | N PREDNISONE 20MG TAB | \$ | 4.25 |
| | N PRAMIPEXOLE (MIRAPEX) 0.5MG TAB | \$ | 6.75 |
| | N NAPROXEN (NAPROSYN) 500MG TAB | \$ | 5.10 |
| | N PHENAZOPYRIDINE (PYRIDIUM) 200MG | \$ | 5.62 |
| | N VALSARTAN (DIOVAN) 160MG TAB | \$ | 7.99 |
| | N ZIPRASIDONE (GEODON) 20MG CAP | \$ | 12.66 |
| | N VENLAFAXINE ER(EFFEXOR XR) 37.5MG | \$ | 7.96 |
| | N ZONISAMIDE (ZONEGRAN) 25MG CAP | \$ | 4.35 |
| | N ROPINIROLE (REQUIP) 1MG TAB | \$ | 6.31 |
| 36450691 | N VENLAFAXINE ER(EFFEXOR XR) 150MG | \$ | 8.88 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | | | |
|----------|--|---------|----------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 36450694 | N TraZODone (DESYREL) 100MG TAB | | \$ | 4.53 |
| 36450695 | N WARFARIN (COUMADIN) 1MG TAB | | \$ | 4.41 |
| 36450699 | N WARFARIN (COUMADIN) 2MG TAB | | \$ | 4.44 |
| | N WARFARIN (COUMADIN) 2.5MG TAB | | \$ | 4.46 |
| 36450706 | N TRIHEXYPHENIDYL (ARTANE) 5MG TAB | | \$ | 4.25 |
| 36450709 | N SITAGLIPTIN (JANUVIA) 50MG TAB | | \$ | 12.75 |
| 36450711 | N WARFARIN (COUMADIN) 4MG TAB | | \$ | 4.46 |
| 36450714 | N VALPROIC ACID (DEPAKENE) 250MG | | \$ | 4.59 |
| 36450715 | N WARFARIN (COUMADIN) 5MG TAB | | \$ | 4.48 |
| 36450717 | N SPIRONOLACTONE (ALDACTONE) 50MG | | \$ | 4.62 |
| 36450719 | N WARFARIN (COUMADIN) 7.5MG TAB | | \$ | 4.76 |
| | N BISACODYL (DULCOLAX) 5MG TAB | | \$ | 4.25 |
| | N IBUPROFEN (MOTRIN) 400MG TAB | | \$ | 4.25 |
| | N VITAMIN B6 (PYRIDOXINE)100MGTAB | | \$ | 4.25 |
| | N MULTI VITAMIN CHILDREN CHEWABLE | | \$ | 0.25 |
| | N ENALAPRIL (VASOTEC) 10MG TAB | | \$ | 4.87 |
| | N BUSPIRONE (BUSPAR)15MG TAB | | \$ | 5.92 |
| | N CAPTOPRIL (CAPOTEN) 100MG TAB | | \$ | 5.28 |
| | N COLESEVELAM (WELCHOL) 625MG TAB | | \$ | 5.30 |
| | N ZIPRASIDONE (GEODON) 40MG CAP(NF) | | \$ | 12.66 |
| | N IBUPROFEN (MOTRIN) 600MG TAB | | \$ | 4.25 |
| | N PYRITHION(SELSUN BLUE) 1%SHAMPOO | | \$ | 26.88 |
| | N IMIQUIMOD (ALDARA) 5% CREAM | | \$ | 36.90 |
| | ACYCLOVIR (ZOVIRAX) 400MG TAB | | \$ | 5.96 |
| | AMPICILLIN 250MG CAP (do not use) | | \$ | 4.25 |
| | AMOXICILLIN (AMOXIL) 500MG CAP | | \$ | 4.29 |
| | ACYCLOVIR (ZOVIRAX) 800MG TAB | | \$ | 7.47 |
| | AMOXI/CLAV(AUGMENTIN) 875/125MG TAB | | \$ | 8.70 |
| | ACYCLOVIR(ZOVIRAX)SUSP 200MG/5ML UD (NF) | | \$ | 4.40 |
| | AZITHROMYCIN (Z-PAK) 250MG TAB | | \$ | 11.58 |
| | AMOXICILLIN (AMOXIL) 875MG TAB | | \$ | 4.71 |
| | AZITHROMYCIN (Z-PAK) 500MG TAB (NF) | | \$ | 23.16 |
| | cefPODOXime (VANTIN) 200MG TAB | | φ \$ | 12.26 |
| | CEPHALEXIN (KEFLEX) 500MG CAP | | φ \$ | 5.18 |
| | CIPROFLOXACIN (CIPRO) 500MG TAB | | φ \$ | 8.90 |
| | CLARITHROMYCIN (BIAXIN) 500MG TAB | | | 9.82 |
| | CLINDAMYCIN (CLEOCIN) 300MG CAP | | \$ \$ | 7.52 |
| | LEVOFLOXACIN (LEVAQUIN) 500MG TAB | | φ \$ | 20.62 |
| | , | | | |
| | OSELTAMIVIR (TAMIFLU) 75MG CAP PENICILLIN VK (PEN VK) 500MG TAB | | \$ | 19.57 |
| | , | | \$ | 4.78 |
| | AMOXICILLIN SUSP 250MG/5ML 100ML | | \$ | 27.56 |
| | CEPHALEXIN (KEFLEX) SUSP 250MG/5ML 100ML | | \$ | 32.55 |
| | ERYTHROMYCIN ORL SUSP 200MG/5ML 100ML NF | | \$ | 238.64 |
| | AMOXICILLIN SUSP 400MG/5ML 100 ML | | \$ | 27.56 |
| | PEN VK ORAL SUSP 250MG/5ML 100ML | | \$ | 12.81 |
| | ACETAMINOPHEN SUSP 160MG/5ML 4OZ | | \$ | 7.49 |
| | RIVAROXABAN (XARELTO) 20MG TAB | 14045 | \$ | 20.56 |
| | INSULIN LANTUS 100 UNIT/ML PEN 3ML | J1815 | \$ | 116.15 |
| | DOXAZOSIN (CARDURA) 2MG TAB | | \$ | 4.72 |
| | LEVOFLOXACIN (LEVAQUIN) 750MG TAB | | \$ | 39.87 |
| | N LAMOTRIGINE(LAMICTAL) 25 MG TAB | | \$ | 4.25 |
| | ERYTHROMYCIN OP OINT 0.5%ADULT 3.5 GM | | \$ | 37.00 |
| | DORZOLAMIDE 2% OPTH SOL 10ML | | \$ | 84.80 |
| | NICOTINE(NICODERM) 14MG TRANS PATCH | | \$ | 6.73 |
| | NEO/POLY/DEX OPHTH OINT 3.5GM | | \$ | 63.00 |
| 30450813 | IPRATROPIUM(ATROVENT)0.06% NASAL SP | | \$ | 63.63 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, | | | |
|----------|--|--------|----------|--------|
| IVNUM | IVDESC | VCPTCD | IVP | RICE1 |
| 36450814 | DOCOSANOL(ABREVA) 10% CREAM 2GM | | \$ | 38.55 |
| 36450815 | BRIMON/TIMOLOL OPTH SOL 5ML (NF) | | \$ | 132.51 |
| | CLOBETASOL (CLOBEX) 0.05% OINT 15GM (NF) | | \$ | 84.50 |
| | HYDROCERIN MOIST SKIN CREAM 113GM | | \$ | 23.91 |
| | NICOTINE(NICODERM) 21MG TRANS PATCH | | \$ | 7.73 |
| | DIPHENHYDRAMINE(BENADRYL) 2% CR 28GM | | \$ | 7.80 |
| | GENTAMICIN 0.1% CR 15GM | | \$ | 33.59 |
| | | | | |
| | HYDROCORTISONE 2.5% OINT 20GM | | \$ | 22.96 |
| | HYDROPHOR OINTMENT 454GM | | \$ | 33.28 |
| | METRONIDAZOLE VAGINAL 0.75% GEL 70GM | | \$ | 164.71 |
| | NYSTATIN/TRIAMCINOLONE CRM 15GM | | \$ | 52.20 |
| | HYDROCORTISONE 2.5% CREAM 28GM | | \$ | 28.80 |
| | TERBINAFINE(LAMISIL) 1% CRM 30GM | | \$ | 28.80 |
| | TRIAMCINOLONE (KENALOG) 0.5% OINT 15GM | | \$ | 23.58 |
| 36450828 | VITAMIN D3(CHOLECALCIFEROL)1000IU TAB | | \$ | 4.25 |
| 36450829 | HYDROMORPHONE(DILAUDID) 4MG TAB | | \$ | 5.64 |
| 36450830 | ALPRAZOlam (XANAX) 0.5 MG TAB | | \$ | 5.82 |
| 36450831 | HYDROCODONE/ACETAMIN 7.5/325MG TAB | | \$ | 5.57 |
| 36450832 | LORazepam (ATIVAN) 1 MG TAB | | \$ | 5.83 |
| | FLUNISOLIDE NASAL SOL 0.025% 25ML | | \$ | 88.75 |
| | ALPRAZOlam ODT (XANAX) 1MG TAB | | \$ | 7.47 |
| | POLYMYXIN B/TRIMETHOPRIM OPTH SOL 10ML | | \$ | 31.44 |
| | THEOPHYLLINE ER 100MG TAB | | \$ | 4.25 |
| | ALPRAZOlam XR(XANAX XR) 1MG TAB | | \$ | 7.62 |
| | LIPASE(PANCRELIPASE) 5000 USP DR CAP | | \$ | 5.49 |
| | PREGABALIN (LYRICA) 100MG CAP | | | 12.06 |
| | HYDROMORPHONE(DILAUDID) 8MG TAB | | \$ \$ | 6.33 |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | DIAZEPAM (VALIUM) 5MG TAB | | \$ | 5.27 |
| | ZOLPIDEM(AMBIEN) 10MG TAB | | \$ | 9.57 |
| | ALPRAZOlam ODT (XANAX) 0.5MG TAB | | \$ | 6.84 |
| | OXcarbazepine (TRILEPTAL) 300MG Tab | | \$ | 6.59 |
| | LIDOCAINE JELLY 2% 5 ML | | \$ | 25.80 |
| | ALPRAZOlam ODT (XANAX) 0.25MG TAB | | \$ | 6.47 |
| | X LEVOTHYROXINE 0.15MG TAB | | \$ | 4.25 |
| | N SULFASALAZINE 500MG TAB | | \$ | 4.25 |
| | N GABAPENTIN (NEURONTIN) 800MG TAB | | \$ | 6.33 |
| | N AMLODIPINE (NORVASC) 10MG TAB | | \$ | 6.17 |
| | , | 10456 | \$ | 53.94 |
| 36450894 | LEVOFLOXACIN(LEVAQUIN) PM 750MG/150ML J | 11956 | \$ | 37.20 |
| 36450901 | N GEMFIBROZIL(LOPID) 600MG TAB | | \$ | 6.04 |
| 36450911 | N DESVENLAFAXINE(PRISTIQ) ER 50MG TAB | | \$ | 10.86 |
| 36450915 | N AMOXI CHEW(AMOXIL)250MGTAB | | \$ | 4.33 |
| 36450916 | N TOLTERODINE LA(DETROL LA) 2MG CAP | | \$ | 10.61 |
| 36450918 | N RAMIPRIL(ALTACE) 2.5MG CAP | | \$ | 5.70 |
| | N FLUOCINOLONE OIL 0.01% OTIC DROPS | | \$ | 238.50 |
| | N ESCITALOPRAM (LEXAPRO) 20MG TAB | | \$ | 8.72 |
| | TRIAMCINOLONE ACETONIDE CREAM 0.5% | | \$ | 31.94 |
| | N SIMVASTATIN (ZOCOR) 80MG TAB | | \$ | 8.72 |
| | X LEVOTHYROID(LEVOTHROID) 0.05MG TAB | | \$ | 4.25 |
| | N POTASSIUM CHL ER(K-TAB) 10MEQ | | \$ | 4.37 |
| | N IPRATROPIUM/ALBUTERIOL INHALER 14.7GM | | \$ | 260.35 |
| | TUCKS SUPPOSITORIES (TUCKS) | | \$ | 4.25 |
| | AMLODIPINE(NORVASC) 10MG TAB | | \$ | 6.25 |
| | PROMETHAZINE (PHENERGAN) SUPP 12.5MG | | φ \$ | 21.50 |
| | · · · · · · · · · · · · · · · · · · · | 2795 | φ \$ | 65.40 |
| | · · | 12250 | φ \$ | 25.03 |
| JU43U843 | INITERACULATIVI (VEITOLD) ODV SIVIG/SIVIL | 2200 | φ | 20.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|---|---------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| | KCL 40MEQ/D5/NACL 0.45% PM 1000 ML | J3480 | \$ | 43.60 |
| | ETOMIDATE (AMIDATE) SDV 2MG/ML 10ML | | \$ | 32.76 |
| 36450948 | ACETAMINOPHENDROP 80MG/0.8ML DC 10/07/16 | | \$ | 16.10 |
| 36450949 | DEX/GUAIF/PHEN 10/100/5MG/5ML ADULT | | \$ | 11.87 |
| 36450950 | KCL 20MEQ/NACL 0.9% PREMIX 1000 ML | J3480 | \$ | 43.60 |
| 36450951 | PROPOFOL(DIPRIVAN)VL 10MG/ML 100 ML | | \$ | 33.27 |
| 36450952 | GUAIFENESIN LIQUID 100MG/5ML UD | | \$ | 4.25 |
| 36450953 | DIPHENYDRAMINE ELIX 12.5MG/5ML UD | | \$ | 4.25 |
| 36450954 | MILK OF MAG 30 ML UD | | \$ | 4.25 |
| 36450955 | PROMETH/CODEINE 6.25MG/10MG/5ML UD | | \$ | 5.82 |
| 36450956 | IBUPROFEN ORAL SUSP 100MG/5ML UD | | \$ | 4.25 |
| | KCL 20MEQ/D5/NACL 0.9% (PREMIX) 1000 ML | J3480 | \$ | 43.60 |
| | NYSTATIN SUSP 100,000 UNIT/ML UD 5ML | | \$ | 6.22 |
| | FENTANYL CITRATE AMP 100 MCG/2ML | J3010 | \$ | 27.41 |
| | MEPERIDINE CARPUJECT 100 MG/ML | J2175 | \$ | 45.00 |
| | GUAIF/CODEINE 100MG/10MG/5 ML 4 OZ | 02.70 | \$ | 21.39 |
| | HYDROCODO/HOMATROPINE 5MG/1.5MG/5ML | | \$ | 6.77 |
| | SALIVA SUBSTITUTE(MOUTHKOTE) 8 OZ | | \$ | 23.32 |
| | VALPROIC ACID ORAL SOL 250MG/5ML | | \$ | 4.55 |
| | INSULIN (REG) 100 UNIT/NS 100ML DRIP | J1815 | \$ | 65.24 |
| | INSULIN (REG) 250 UNIT/NS 250 ML DRIP | J1815 | φ \$ | 130.24 |
| | SOD HYPOCHLORITE (DAKINS) 1/2% 1L | 31013 | Ψ \$ | 29.60 |
| | GUAIF/DEXTR ADULT 20MG/200MG/10ML UD | | φ \$ | 7.11 |
| | | 10606 | | |
| | cefTRIAXONE(ROCEPHIN) 2GM/50ML PREMIX | J0696 | \$ | 46.25 |
| | ESTROGEN (PREMARIN) 0.625MG TAB NF | | \$ | 6.92 |
| | N IPRATROPIUM BROMIDE (ATROVENT) INHALER | | \$ | 303.78 |
| | LAMIV/ZIDOV 150/300MG TAB (NF) | | \$ | 20.35 |
| | SYSTANE ULTRA EYE DROPS 10ML | | \$ | 28.80 |
| | oxyCODONE/APAP (ENDOCET) 10/325MG TAB | | \$ | 6.72 |
| | DONEPEZIL (ARICEPT) 5MG TAB | | \$ | 4.25 |
| | ALLOPURINOL(ZYLOPRIM) 100MG TAB | | \$ | 4.25 |
| | IPRATROPIUM/ ALBUTEROL RESPIMAT 120MDI | | \$ | 467.01 |
| | CLINDAMYCIN TOPICAL 1% SOL 60ML | | \$ | 96.35 |
| | TOBRA/DEXAMETH OPHTH 0.3%/0.1% SUSP 5ML | | \$ | 148.84 |
| | LIDOCAINE VISCOUS 2%/MYLANTA 1:2 30ML | | \$ | 32.20 |
| | GLYCOPYRROLATE (ROBINUL) 0.4MG/2ML INJ | | \$ | 56.06 |
| | GLIMEPIRIDE(AMARYL) 1MG TAB | | \$ | 4.25 |
| | acetaZOLAMIDE (DIAMOX) 500MG VIAL | J1120 | \$ | 75.75 |
| | CITALOPRAM(CeleXA) 10MG TAB | | \$ | 6.35 |
| | ESMOLOL (BREVIBLOC) VIAL 100MG/10ML | | \$ | 41.26 |
| | DEMADEX TAB | | \$ | 4.25 |
| | ZIPRASIDONE (GEODON) 20MG CAP | | \$ | 12.76 |
| 36451023 | LOSARTAN HCTZ (HYZAAR) 100/25MG TAB | | \$ | 6.25 |
| 36451026 | INFLUENZA(FLUZONE)VACCINE 0.5ML MDV 5ML | 90658 | \$ | 23.28 |
| 36451027 | LESCOL CAP | | \$ | 6.80 |
| 36451029 | ANECTINE 100MG | | \$ | 49.05 |
| 36451030 | BUPIVACAINE MPF 0.25% | | \$ | 30.04 |
| 36451031 | BUPIVACAINE EPI 0.25% | | \$ | 26.94 |
| 36451032 | TELMISARTAN (MICARDIS) 20MG TAB | | \$ | 8.31 |
| | NITROPRUSSIDE (NIPRIDÉ) VL 50MG/2ML | | \$ | 384.00 |
| | NYSTATIN SUSP 100,000 UNIT/ML 60ML | | \$ | 25.14 |
| | MESALAMINE (PENTASA) 250 MG CAP | | \$ | 5.03 |
| | ACTH ACTHAR IV 80U | | \$ | 38.25 |
| | PANTOPRAZOLE (PROTONIX) 40 MG TAB | | \$ | 9.06 |
| | MIRTAZAPINE (REMERON) 15MG TAB | | \$ | 7.19 |
| | METOPROLOL SUCC XL (TOPROL XL) 25MG | | \$ | 4.95 |
| · · | (· · · · · - / · - · · · · · · · · · · · | | * | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|----------|---|---------|-------------------|--------------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | VALPROIC ACID (DEPAKENE) 250MG CAP | | \$ | 4.93 |
| 36451046 | VALACYCLOVIR (VALTREX) 500MG TAB | | \$ | 11.03 |
| 36451047 | VITAMIN D2(ERGOCALCIFEROL) 50,000IU | | \$ | 5.49 |
| 36451048 | LOCM 300-399 MGI 50ml | Q9967 | \$ | 45.00 |
| 36451049 | PHYTONADIONE (VIT K) NEONATAL 1MG/0.5ML | J3430 | \$ | 45.60 |
| 36451050 | LOCM 300-399 MGI (VISIP) 100ml | Q9967 | \$ | 160.00 |
| 36451051 | LOCM 300-399 MGI (VISIP) 50ml | Q9967 | \$ | 80.00 |
| | HOCM 250-299 MGI (CONRAY) 50ml | Q9961 | \$ | 15.00 |
| | HOCM 0-149 MGI (CYSTO-CONRAYII) 250ml | Q9958 | \$ | 45.00 |
| | GAD.MRI CONTRAST | Q9952 | \$ | 110.00 |
| | GAD.MRI CONTRAST 20ml | Q9952 | \$ | 120.00 |
| | XYLOC MPF 1% EPI 30CC | QUUUL | \$ | 35.32 |
| | XYLOC MPF 1% PL 30CC | | \$ | 33.87 |
| | XYLOC 2% MPF 5CC | | | 26.51 |
| | | | φ | 5.56 |
| | TIZANIDINE(ZANAFLEX) 4MG TAB | | \$ \$ \$ \$ \$ \$ | |
| | OLANZapine (ZyPREXA) 2.5MG TAB | | Ф | 12.57 |
| | TOBRA/DEXAMETH OPTH 0.3%/0.1% SUSP 2.5ML | | \$ | 85.31 |
| | OFLOXACIN OPHTH 0.3% SOL 10ML | | \$ | 60.38 |
| | BENZONATATE(TESSALON) 100MG CAP | | \$ | 4.25 |
| | N METFORMIN XR(GLUCOPHAGE XR) 750MG | | \$ | 4.97 |
| | FLUCONZAOLE PM 200MG/100ML | | \$ | 34.92 |
| 36451078 | FLUCONAZOLE (DIFLUCAN) 200MG/100ML(NF) | J1450 | \$ | 34.92 |
| 36451079 | DO NOT USE 04/30/18 | | \$ | 33.40 |
| 36451081 | DARBEPOETIN(ARANESP) 60MCG/0.3ML SYR | J0881 | \$ | 556.10 |
| 36451083 | INSULIN (NPH) ISOPHANE 100UNIT/ML 3ML | J1815 | \$ | 27.91 |
| 36451099 | OXYBUTYNIN XL (DITROPAN XL) 5MG TAB | | \$ | 7.42 |
| 36451100 | MIDAZOLAM (VERSED) SDV 2MG/2ML | J2250 | \$ | 24.78 |
| | ALBUTEROL(PROAIR) HFA 90MCG INH | | \$ | 87.44 |
| | FOSPHENYTOIN (CEREBYX) 500MG PE/10 ML | | \$ | 118.96 |
| | ATORVASTATIN (LIPITOR) 10MG | | \$ | 4.30 |
| | METHYLPREDNISOLONE(Solu-MEDROL) 125MG | J2930 | \$ | 35.60 |
| | SILVER NITRATE STICK | | \$ | 4.25 |
| | NICO-400 TABS | | \$ | 4.25 |
| | ATENOLOL (TENORMIN) 25MG TAB | | \$ | 4.25 |
| | TETANUS TOXOID IM | | \$ | 32.76 |
| | ESOMEPRAZOLE (NEXIUM) 20MG CAP | | \$ | 13.26 |
| | DARBEPOETIN (ARANESP)SDV 40 MCG/ML | J0881 | \$ | 322.56 |
| | NYSTATIN/LIDOCAINE VISCOUS 1:1 120ML | | \$ | 42.64 |
| | PALIVIZUMAB(SYNAGIS)VIAL 50MG/0.5ML | | \$ | 1,511.04 |
| | THIAMINE 200MG/2ML VL | J3411 | \$ | 36.43 |
| | ONDANSETRON (ZOFRAN) VIAL 4MG/2ML | J2405 | \$ | 25.14 |
| | METHIMAZOLE (TAPAZOLE) 5MG TAB | 02.00 | \$ | 4.25 |
| | POTASSIUM BICARB EF(K-LYTE) 25 mEq | | \$ | 4.33 |
| | PROMETHAZINE DM SYR 6.25MG/15MG/5ML | | \$ | 4.25 |
| | NALOXONE (NARCAN) VIAL 0.4MG/ML | J2310 | \$ | 42.71 |
| | VENLAFAXINE (EFFEXOR) 37.5MG TAB | 32310 | \$ | 6.95 |
| | EPTIFIBATIDE (INTEGRILIN) 20MG/10ML | J1327 | Ψ \$ | 232.61 |
| | FUROSEMIDE (INTEGRIEIN) 20MG/10ME | 31321 | Ψ \$ | 4.25 |
| | ISOPROTERENOL (ISUPREL) AMP 1MG/5ML(DSC) | | | 285.95 |
| | , | | \$ | |
| | FLUTICASONE/SALMETEROL 500/50 60DSE | | \$ \$ | 590.38 |
| | POTASSIUM CHL(KLOR CON) 20MEQ TAB | | | 4.48 5.26 |
| | oxyCODONE/APAP(PERCOCET) 5/325 MG TAB | | \$ | |
| | PSYLLIUM (METAMUCIL) 1 TBSP/PKG 3.4GM | | \$ | 4.25 |
| | ACULAR OPTH SOL | | \$ | 77.96 |
| | LIDOCAINE VISCOUS 2% SOL 100ML | | \$ | 32.20 |
| 36451162 | MEMANTINE (NAMENDA) 10MG TAB | | \$ | 4.75 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|---------|-------------------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | RABEPRAZOLE DR (ACIPHEX) 20MG TAB | | \$ | 14.34 |
| | NITROGLYCERIN (NITROBID) 2% OINT 30GM | | \$ | 47.76 |
| 36451166 | PIOGLITAZONE (ACTOS) 30MG TAB | | \$ | 14.64 |
| 36451167 | VERAPAMIL(CALAN) VIAL 10MG/4ML | | \$ \$ \$ \$ \$ \$ | 58.93 |
| 36451170 | ESCITALOPRAM (LEXAPRO) 10MG TAB | | \$ | 7.35 |
| 36451171 | PSEUDOEPHEDRÎNE ORAL SOL 15MG/5ML 118ML | | \$ | 9.75 |
| | BUTORPHANOL (STADOL) VIAL 1MG/ML | | \$ | 45.15 |
| | clonazePAM(KLONOPIN) 0.5MG TAB | | \$ | 5.70 |
| | LORATADINE(CLARITIN) 10MG TAB | | \$ | 6.10 |
| | HYDROCODO/APAP 7.5MG/325MG/15 ML UD | | Ψ | 8.53 |
| | CLOPIDOGREL(PLAVIX) 75MG TAB | | \$ \$ | 11.53 |
| | METHOTREXATE(RHEUMATREX) 2.5MG TAB | J8610 | \$ | 7.85 |
| | | 30010 | | |
| | PHENAZOPYRIDINE(PYRIDIUM) 100MG TAB | | \$ | 4.25 |
| | SULFAMETHX/TRIM 200MG/40MG/5ML SUSP NF | | \$ | 8.38 |
| | AMONIA INHALANT | | \$ | 4.25 |
| | LITHIUM (ESKALITH) 300MG CAP | | \$ | 4.25 |
| | TIGAN CAP | | \$ \$ \$ \$ \$ | 4.25 |
| | SULFAM/TRIME(SEPTRA DS)800/160MG TAB | | \$ | 5.20 |
| 36451194 | SUCRALFATE (CARAFATE) SUSP 1GM/10ML | | \$ | 8.78 |
| 36451196 | AMIODARONE(CORDARONE) VL 150MG/3ML | J0282 | \$ | 25.67 |
| 36451198 | ACYCLOVIR (ZOVIRAX) 200MG CAP | | \$ | 4.92 |
| 36451199 | HALOPERIDOL(HALDOL) 1MG TAB | | | 4.25 |
| | XYLOCAINE 2% EPIN 20 | | \$ \$ \$ | 27.19 |
| | cefPODOXime (VANTIN) 100MG TAB | | \$ | 10.53 |
| | KETOCONAZOLE (NIZORAL) 2%SHAMPOO 4OZ | | \$ | 45.80 |
| | INFLIXIMAB (REMICADE) VIAL 100MG | J1745 | \$ | 1,415.73 |
| | CIMETIDINE(TAGAMET) 200MG TAB | 017-10 | \$ | 4.25 |
| | HALOPERIDOL LACTATE VIAL 5MG/ML | J1630 | \$ | 33.60 |
| | ACETYLCYSTEINE ORAL 6 GM/30ML VIAL | 31030 | \$ | 64.19 |
| | XYLO JELLY 2% TUBE | | \$ | 30.50 |
| | | 00722 | \$ | |
| | PNEUMOCOCCAL POLYSAC VAC (PNEUMOVAX 23) | 90732 | | 110.86 |
| | PHENOBARB SOD 60MG INJ | | \$ | 21.75 |
| | VITAMIN E OIL | | \$ | 17.25 |
| | PREDNISONE 1MG TAB | | \$ | 4.25 |
| | PROMETHAZINE (PHENERGAN) SUPP 25MG | | \$ | 21.50 |
| | chlorproMAZINE (THORAZINE) 25MG/ML dc'd | J3230 | \$ | 32.04 |
| | CLARITHROMYCIN (BIAXIN) 250MG TAB | | \$ | 9.82 |
| | ISOPTO HYOSCINE 0.25% OPHTH | | \$ | 53.60 |
| | NUPERCAINAL OINTMENT | | \$ | 8.90 |
| 36451247 | MONISTAT 7 SUPP | | \$ \$ \$ | 16.85 |
| 36451253 | CEFZIL SUSPENSION | | \$ | 55.00 |
| 36451254 | NITROGLYCERIN 50MG/10 ML VIAL | | \$ | 30.72 |
| 36451258 | KETAMINE VIAL 500MG/10ML | | \$ | 41.25 |
| 36451259 | METOPROLOL (LOPRESSOR) VIAL 5MG/5ML | | \$ \$ | 27.23 |
| | ZETIA 10MG | | \$ | 7.69 |
| 36451264 | PIPERACILLIN/TAZBACTAM VIAL 3.375GM | J2543 | \$ | 46.90 |
| | NIACINAMIDE (VIT B3) 500MG TAB | | \$ | 4.25 |
| | BACLOFEN(LIORESAL) 10MG TAB | | \$ | 4.25 |
| | HydrOXYzine(VISTARIL) 25MG CAP | | \$ | 4.25 |
| | RENOGRAPHIN 60 DYE IV | | \$ \$ \$ | 33.30 |
| | MORPHINE ER (MS CONTIN) 60MG TAB | | \$ | 8.26 |
| | NUPERCAINAL CREAM | | φ | 8.90 |
| | LIDOCAINE 1 GRAM | | \$ \$ | 32.30 |
| | PROPRANOLOL (INDERAL) 10 MG TAB | | \$ | 4.25 |
| | ACETAMINOPHEN/CODEINE 300/30MG TAB | | Ф \$ | 5.31 |
| | | | | |
| 30431281 | NEOMYCIN POLYMYXIN B IRRIGATION 1ML | | \$ | 37.11 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, | | | |
|----------|--|---------|----------|--------|
| IVNUM | | IVCPTCD | IVPI | RICE1 |
| | CISATRACURIUM (NIMBEX)SD 2MG/ML 5ML | | \$ | 42.81 |
| | ACETAMIN/CODEINE 120MG/12MG/5ML UD | | \$ | 4.25 |
| 36451296 | METHYLERGONOVINE(METHERGINE)0.2MG NF | | \$ | 68.70 |
| 36451306 | NEO/POLY/BACT OPTH OINT 3.5GM | | \$ | 76.95 |
| 36451308 | CEPHALEXIN (KEFLEX) 250MG CAP | | \$ | 4.49 |
| 36451309 | FOSAMAX TAB 70MG | | \$ | 24.28 |
| | | J3360 | \$ | 56.82 |
| 36451311 | carBAMazepine SR(TEGRETOL)100MG TAB | | \$ | 4.25 |
| 36451312 | CARBAMAZEPINE 200MG-NF | | \$ | 0.82 |
| 36451313 | XYLOCAINE 2% 10CCMPP | | \$ | 26.10 |
| 36451316 | MIDAZOLAM (VERSED) ORAL SYR 2MG/ML | | \$ | 13.68 |
| 36451317 | RITALIN 10MG TAB | | \$ | 5.65 |
| 36451319 | INDOMETHACIN(INDOCIN) 25MG CAP | | \$ | 4.25 |
| 36451320 | ERTAPENEM (INVANZ) 1 GM | J1335 | \$ | 179.40 |
| 36451322 | ZINC GLUCONATE 50MG TABS | | \$ | 4.25 |
| 36451325 | PRIMIDONE(MYSOLINE) 50MG TAB (NF) | | \$ | 4.25 |
| | OXYTROL PATCH | | \$ | 15.40 |
| | LEVETIRACETAM (KEPPRA) 500MG TAB | | \$ | 5.89 |
| | VECURONIUM (NOCURON)VIAL 10 MG/10ML | | \$ | 69.30 |
| | PROPARACAINE(OPTHAINE)SOL 0.5% 15ML | | \$ | 63.88 |
| | , | J1940 | \$ | 28.42 |
| | MONTELUKAST (SINGULAIR) 5MG TAB | | \$ | 10.09 |
| | | J0698 | \$ | 45.23 |
| | LANOXIN TABLET | 00000 | \$ | 5.00 |
| | ORAPRED TABLETS | | \$ | 5.50 |
| | SOLU MEDROL DRIP | | \$ | 158.05 |
| | | J2270 | \$ | 127.50 |
| | CELECOXIB(CELEBREX) 100MG CAP | 02270 | \$ | 8.93 |
| | · · · · · · · · · · · · · · · · · · · | J0694 | \$ | 37.39 |
| | · · · · · · · · · · · · · · · · · · · | J1160 | \$ | 31.80 |
| | SILVER SULFADIAZINE1% 50GM CREAM | 01100 | \$ | 32.98 |
| | DIPYRIDAMOLE(PERSANTINE) 25MG TAB | | \$ | 4.25 |
| | , | J0133 | \$ | 66.00 |
| | NORPACE CAP | 00100 | \$ | 4.25 |
| | NAFCILLIN (UNIPEN) VIAL 2 GM | | \$ | 52.32 |
| | PRAMIPEXOLE (MIRAPEX) 0.125MG TAB | | \$ | 7.04 |
| | DIPHEN/ATROP(LOMOTIL)2.5/0.025MG TAB | | \$ | 5.43 |
| | FEXOFEN/PSEUDOEP(ALLEGRA D)60/120MG | | \$ | 5.25 |
| | , | J2590 | \$ | 28.50 |
| | · · · · · · · · · · · · · · · · · · · | J2270 | φ \$ | 42.50 |
| | | J2175 | φ \$ | 135.00 |
| | HIBICLENS | 32173 | φ \$ | 6.35 |
| | | 10024 | | |
| | | J9031 | \$ \$ | 308.95 |
| | METHOCARBAMOL (ROBAXIN) 500MG TAB | | | 4.25 |
| | ETOMIDATE (AMIDATE) SDV 2MG/ML 20ML | 14756 | \$ | 36.00 |
| | , | J1756 | \$ | 84.00 |
| | PHENOBARB 32.4 MG(1/2 GR) TAB | 00000 | \$ | 4.95 |
| | , | 90632 | \$ | 100.32 |
| | , | J2704 | \$ | 26.88 |
| | , , | J1644 | \$ | 32.75 |
| | CHLORHEXIDINE GLUC 0.12% ORAL RINSE 1pt | | \$ | 18.40 |
| | TETANUS HYPER-TET IM | 10.400 | \$ | 149.00 |
| | , | J3490 | \$ | 26.80 |
| | PSEUDOEPHEDRINE(SUDAFED) 30MG TAB | | \$ | 4.25 |
| | CARBOPROST (HEMABATE)AMP 250 MCG/ML | | \$ | 321.12 |
| 36451427 | AMLODIPINE(NORVASC) 2.5MG TAB | | \$ | 6.25 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, | | | |
|----------|---|--------|----------|--------|
| IVNUM | | VCPTCD | | RICE1 |
| | DIAZEPAM(VALIUM) 2MG TAB | | \$ | 5.15 |
| | METHADONE 5 MG TAB | | \$ | 4.25 |
| | FAMOTIDINE (PEPCID) SDV 20MG/2ML | | \$ | 24.95 |
| | CANDESARTAN(ATACAND) 8MG TAB (NF) | | \$ | 6.85 |
| | MOXIFLOXACIN (AVELOX) 400MG TAB | | \$ | 34.05 |
| | MULTIVITAMINS 10ML IV | | \$ \$ | 45.11 |
| | LACTOBACILLUS HIGH POT CAP 20 BILL | | \$ | 4.25 |
| | INDIGO CARMINE | | \$ | 89.15 |
| 36451450 | DOXYCYCLINE 100MG CAP | | \$ | 9.95 |
| 36451452 | HYDROCORTISONE(Solu-CORTEF)VL 100MG | J1720 | \$ | 29.76 |
| 36451454 | ALTEPLASE (CATHFLO ACTIVASE) 2 MG | J2997 | \$ | 207.67 |
| 36451460 | HydrOXYzine(VISTARIL) VIAL 50MG/ML | J3410 | \$ | 28.12 |
| 36451462 | SULFACETAMIDE SOD 10%OPTH SOL 15 ML | | \$ | 84.96 |
| 36451465 | IRON SUCROSE(VENOFER) 500MG/NS 250ML | | \$ | 324.00 |
| | PROMETHAZINE(PHENERGAN) 25MG TAB | | \$ | 4.25 |
| | ATROPINE/DIPHENOX (LOMOTIL) LIQUID | | \$ | 6.49 |
| | HYDROCORTISONE 1% CREAM 28 GM | | \$ | 20.24 |
| | VERAPAMIL (CALAN) 80MG TAB | | \$ | 4.55 |
| | , | J3010 | \$ | 27.41 |
| | PRIMIDONE (MYSOLINE) 250MG TAB | | \$ | 4.25 |
| | · · · · · · · · · · · · · · · · · · · | J0744 | \$ | 39.90 |
| | N HYDROCODO/APAP 7.5MG/325MG/15 ML 4 OZ | 507 11 | \$ | 12.86 |
| | VALISON CREAM .1% | | \$ \$ | 18.40 |
| | PROMETHAZINE PLAIN 6.25MG/5ML 4OZ | | \$ | 11.15 |
| | BRIMONIDINE(ALPHAGAN P) OPHTH 0.1% SOL | | φ \$ | 178.09 |
| | AMPHOTERICIN | | \$ | 60.65 |
| | MICONAZOLE VAG(MONISTAT 7)2%CR 45GM | | φ \$ | 30.00 |
| | METOLAZOLE VAG(MONISTAT 7)2 %CK 43GM METOLAZONE (ZAROXOLYN) 2.5MG TAB | | | |
| | • | 12420 | \$ | 6.17 |
| | , | J3420 | \$ | 35.98 |
| | COLCHICINE 0.6MG ORAL TAB | | \$ | 11.70 |
| | LIDOCAINE 2GM/D5W 250ML DRIP PREMIX | | \$ | 48.65 |
| | ACETAMIN/CODEINE 120MG/12MG/5ML 4OZ | 10560 | \$ | 15.34 |
| | | J2560 | \$ | 43.20 |
| | SODIUM CHLORIDE 0.9% SDV 10 ML | 10000 | \$ | 24.93 |
| | | J0690 | \$ | 37.00 |
| | QUINAPRIL (ACCUPRIL) 20MG TAB | | \$ | 5.45 |
| | HYDROCODO/APAP 7.5MG/325MG/15 ML 4OZ | 10000 | \$ | 26.95 |
| | , | J2920 | \$ | 29.90 |
| | AMOXI/CLAV(AUGMENTIN)500/125MG TAB | | \$ | 7.59 |
| | NITROGLYCERIN ER(NITRO-BID) 2.5MG CAP | | \$ | 4.50 |
| | ENALAPRIL (VASOTEC) 5MG TAB | | \$ | 4.25 |
| | METOPROLOL TART(LOPRESSOR) 25MG TAB | | \$ | 4.25 |
| | | J1642 | \$ | 27.71 |
| | SILVER SULFADIAZINE1% 400 GM CRM | | \$ | 81.59 |
| | TRIAMTERENE/HCTZ (MAXZIDE) 75/50MG | | \$ | 4.95 |
| 36451529 | DIMENTIYDRINATE 50 MG | J1240 | \$ | 29.75 |
| 36451533 | MISOPROSTOL (CYTOTEC) 200MCG TAB | | \$ | 6.20 |
| 36451534 | THYROID(ARMOUR) 60MG TAB | | \$ | 4.54 |
| | PHENYLEPHRINE 1.0%(NEOSYN) NASAL SP | | \$ | 16.75 |
| 36451538 | LIDOCAINE SYRINGE 2% 100MG/5ML | | \$ | 32.06 |
| 36451539 | BAY-TET | | \$ | 130.00 |
| 36451542 | PROMETHAZINE(PHENERGAN) VIAL 25MG/ML | J2550 | \$ | 25.00 |
| 36451543 | OMEGA 3 (FISH OIL) 1000MG CAPS | | \$ | 4.25 |
| | NITROGLYCERN(NITROSTAT)0.4MG SL TAB | | \$ | 4.25 |
| | FLUMAZENIL(ROMAZICON)VIAL 0.5MG/5ML | | \$ | 44.63 |
| | METHYLPREDNISOLONE 4MG TAB(NF) | | \$ | 5.23 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFF | | | |
|----------|--|---------|----------------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 36451554 | GUAIFENESIN LIQUID 100MG/5ML 4 OZ | | \$ | 13.29 |
| 36451556 | METHYLERGONOVINE 0.2MG/ML AMPULE | J2210 | \$ | 54.87 |
| 36451557 | MANNITOL (25%) VIAL 12.5 GM/50ML | J2150 | \$ | 25.37 |
| 36451558 | PREGABALIN (LYRICA) 25MG CAP | | \$ | 12.06 |
| 36451561 | CHOLESTYRAMINE(QUESTRAN) 4GM PKT | | \$ | 8.91 |
| 36451562 | CETIRIZINE (ZyrTEC) 10MG TAB | | \$ | 4.25 |
| 36451566 | MORPHINE IR 15MG TAB | | \$ | 5.20 |
| 36451567 | ZIPRASIDONE (GEODON) VIAL 20MG/ML | J3486 | \$ | 69.48 |
| 36451571 | METOCLOPRAMIDE(REGLAN) INJ 10MG/2ML | J2765 | \$ | 25.99 |
| | LIDOCAINE TOPICAL 4% SOL 50ML | | \$ | 19.55 |
| | N ISOSORBIDE MONO 10MG TAB | | \$ | 4.25 |
| | BANANA BAG IN NACL 0.9% 1000ML | | \$ | 88.70 |
| | RABIES IM GLOB(IMOGAM)150IU/ML 10 ML | 90375 | \$ | 3,360.50 |
| | DEMECLOCYCLINE (DECLOMYCIN)150MG TAB | 000.0 | \$ | 13.22 |
| | METOCLOPRAMIDE (REGLAN) 5MG TAB | | \$ | 4.25 |
| | ESTROGENS CONJUGAT(PREMARIN) VAG CR | | \$ | 444.92 |
| | POTASSIUM CHL ORAL SOL 40mEg/30ML | | \$ | 4.25 |
| | POTASSIUM CHLORIDE 40 MEQ/20ML VIAL | J3480 | \$ | 35.00 |
| | PENCILLIN G POT VIAL 5 MILLION UNIT | J2540 | \$ | 35.89 |
| | SOD HYPOCHLORITE (DAKINS) 1/4% 1L | 32340 | φ | 29.60 |
| | ZINC OXIDE OINTMENT 30 GM | | \$ | 6.60 |
| | | | \$ | |
| | AMIODARONE (CORDORONE)200MG TAB | | \$ | 7.18 |
| | BISMUTH SUBSALICYLATE 525 MG/30ML | 14000 | \$ | 4.48 |
| | PROPRANOLOL (INDERAL) VIAL 1MG/ML | J1800 | \$ | 42.58 |
| | RANITIDINE (ZANTAC) 150MG TAB | | \$ | 5.53 |
| | LEVOTHYROXINE(SYNTHROID) 0.025MG T | | \$ | 5.02 |
| | XYLOCAINE INJ | | \$ | 24.40 |
| | TETANUS DIPTHERIA TOXOID SYRINGE | 90718 | \$ | 49.08 |
| | PHENYLEPHRINE(NEOSYNEPHRINE)10MG/ML | J2370 | \$ | 26.97 |
| | BENEFIBER TAB DELETE 11/19/13 | | \$ | 2.80 |
| | BUPIVACAINE 0.25% INJ | | \$ \$ \$ | 26.70 |
| | LOPERAMIDE (IMODIUM) 2MG CAP | | \$ | 4.25 |
| | PROMETH/CODEINE 6.25MG/10MG/5ML 4 0Z | | \$ | 18.12 |
| | NEO/POLY/GRAMICIDIN OPHTH SOL 10ML | | \$ | 81.94 |
| | DO NOT USE 4/30/18 | | \$ | 40.72 |
| | MANNITOL DRIP | | \$ | 104.75 |
| | BUTALBITAL/APAP/CAFF (FIORCET) TAB | | \$ | 4.25 |
| | RIVAROXABAN (XARELTO) 10MG TAB | | \$ | 20.56 |
| 36451631 | LISINOPR HCTZ (PRINIZIDE) 10/12.5 MG TAB | | \$ | 4.25 |
| 36451633 | OLMESARTAN (BENICAR) 5MG TAB(NF) | | \$ | 9.45 |
| 36451635 | NEO/POLY/BAC (NEOSPORIN) 1 OZ OINT | | \$ | 31.08 |
| 36451638 | KAYEXATLATE W/ SORBITAL 15GM/60ML | | \$ | 20.60 |
| 36451648 | CHLORDIAZEPOXIDE(LIBRIUM) 25MG CAP | | \$ | 5.38 |
| 36451650 | TEMAZEPAM (RESTORIL) 15MG CAP | | \$ | 5.68 |
| 36451651 | SIMETHICONE (GAS X) 80 MG CHEW TAB | | \$ | 4.25 |
| | GLUCAGON 1 MG VIAL | J1610 | \$ | 229.92 |
| | TERBUTALINEBRETHINE)5MG DO NOT USE6/1/17 | | \$ | 4.42 |
| | TOBRADEX OPHTH SOL | | \$ | 39.20 |
| | GLYCERINE SUPP ADULT 2.1GM | | \$ | 4.25 |
| | SALINE(AYR) NASAL GEL 0.5 OZ | | \$ | 11.55 |
| | DOPAMINE VIAL 400 MG/10ML | J1265 | \$ | 25.07 |
| | BETAMETHASONE(DIPROLENE)0.05% OINT 15GM | 31200 | \$ | 61.22 |
| | RAMIPRIL (ALTACE) 5MG CAP | | \$ | 5.69 |
| | ROCURONIUM (ZEMURON) MDV 50MG/5ML | | \$ | 88.67 |
| | DEXAMETHASONE (DECADRON) 4MG/ML INJ | J1100 | \$ | 30.34 |
| | DERMOPLAST | 31100 | φ \$ | 16.80 |
| 30431061 | DENIVIOREAGI | | Ф | 10.00 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, | | | |
|----------|--|---------|-------------------------------------|--------|
| IVNUM | | IVCPTCD | | RICE1 |
| | SODIUM CITRATE CITRIC ACID ORAL SOL | | \$ | 6.49 |
| 36451685 | | | \$ | 95.77 |
| | ATROPINE SYR 1 MG/10 ML | | \$ | 34.80 |
| 36451693 | MODAFINIL(PROVIGIL) 100MG TAB | | \$ | 27.02 |
| 36451694 | PEN G BENZATHINE 1,200,000 UNIT | J0561 | \$ | 138.47 |
| 36451696 | RABIES IMMU GLOB (IMOGAM) 300IU/2ML | 90375 | \$ | 928.69 |
| | ANTIPYRINE/BENZO EAR DROPS 10 MLdo not u | | | 29.95 |
| | | J3105 | \$ \$ | 45.58 |
| | SUFENTANIL (SUFENTA) AMP 50 MCG/ML | 00.00 | \$ | 31.87 |
| | CYCLOBENZAPRINE(FLEXERIL) 10MG TAB | | \$ | 4.77 |
| | METRONIDAZOLE (FLAGYL) 500MG/100 ML PM | | \$ \$ | 55.97 |
| | · · · · · · · · · · · · · · · · · · · | J1050 | \$ | 121.75 |
| | ANUSOL (PROCTOSOL) HC 2.5% CREAM | 3 1030 | φ \$ | 47.35 |
| | | | | |
| | ANUSOL HC(HYDROCORTISONE) SUPP 25MG | | \$ | 26.45 |
| | ANAPROX | | \$ | 4.25 |
| | ANTURANE 100 MG TAB | | \$ | 4.25 |
| | oxyCODONE CR (OxyCONTIN CR) 10MG TAB | | \$ | 8.26 |
| | DOXAPRAM (DOPRAM) 400MG/20ML VIAL | | \$ | 74.40 |
| | DULoxetine(CYMBALTA) 30MG CAP | | \$ | 8.97 |
| 36451717 | ELASE DO NOT USE | | \$ | 46.20 |
| 36451720 | FLUOCINONIDE(LIDEX)0.05%OINT 15GM | | \$ | 41.13 |
| 36451722 | DOMEBORO PKTS | | \$ | 4.25 |
| 36451724 | AZITHROMYCIN (ZITHROMAX) 250MG TAB | | \$ | 11.58 |
| 36451726 | SPIRONLAC HCTZ(ALDACTAZIDE) 25/25MG | | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 4.30 |
| 36451731 | DPT VACCINE | | \$ | 33.50 |
| 36451737 | SANTYL COLLAGENASE OINTMENT 30GM (NF) | | \$ | 240.92 |
| | DICYCLOMINE(BENTYL) 10MG CAP | | \$ | 4.25 |
| | FENTANYL (DURAGESIC) PATCH 75MCG | | \$ | 61.21 |
| | ASENDIN 50 MG TAB | | \$ | 4.25 |
| | DIPHENHYDRAMINE (BENADRYL)1% CRM 28GM | | \$ | 7.80 |
| | MISOPROSTOL 50mcg OB USE | | \$ | 4.25 |
| | FLUTICASONE(FLOVENT)HFA 220 MCG INH | | \$ | 473.47 |
| | NICOTINE (NICODERM) 7MG TRANS PATCH | | \$ | 6.73 |
| | AMPICILIN ORAL SUSP 125MG/5ML 100ML | | \$ | 22.58 |
| | | J0290 | \$ | 32.64 |
| | DEXTROSE INJ (50%) 25GM/50 ML | 00200 | \$ | 31.20 |
| | DESITIN OINT | | \$ | 14.10 |
| | CYANIDE ANTIDOTE PACKAGE | | φ \$ | 334.79 |
| | LACTULOSE SOL 10 GM/15ML | | \$ | 5.16 |
| | NEO/POLY/BAC/HC OPHTH OINT 3.5GM | | | 85.05 |
| | | | \$ | |
| | BRETHYLIUM DRIP | 14.4.40 | \$ | 62.80 |
| | , , , | J1442 | \$ | 341.34 |
| | | J0278 | \$ | 35.00 |
| | DEXAMETHASONE ORAL SOL 0.5MG/5ML UD | | \$ | 4.25 |
| | TRIAMTERENE/HCTZ(DYAZIDE) 37.5/25mg | | \$ | 4.25 |
| | MISOPROSTOL (CYTOTEC) 100 MCG TAB | | \$ | 4.78 |
| | | J0885 | \$ | 55.50 |
| | PHYSOSTIGMINE(ANTILIRIUM)AMP 1MG/ML | | \$ | 32.54 |
| | DICLOXACILLIN (DYNAPEN) 250MG CAP | | \$ | 5.17 |
| | , | J0360 | \$ | 42.20 |
| | HydrALAZINE(APRESOLINE) 10MG TAB | | \$ | 4.25 |
| | EES LIQUID 200MG DO NOT USE | | \$ \$ | 31.03 |
| 36451812 | VALSARTAN (DIOVAN) 80MG TAB | | \$ | 6.75 |
| 36451813 | ERYTHROMYCIN BASE (E-MYCIN) 250MG TAB NF | | \$ | 9.75 |
| 36451814 | PARoxetine (PAXIL) 10MG TAB | | \$ | 7.25 |
| 36451821 | TPN BAG 20% DEXTROSE | | \$ | 49.70 |
| | | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | | | |
|----------|---|---------|----------------------------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 36451823 | HYDROmorphone (DILAUDID)CARP 2MG/ML | J1170 | \$ | 29.47 |
| 36451824 | ANACIN TAB | | \$ | 4.25 |
| 36451825 | NITROGLYCERIN (NITRO-DUR) 0.1MG/HR PATCH | | \$ | 5.65 |
| 36451829 | AMPICILIN ORAL SUSP 250MG/5ML 100ML | | \$ | 34.08 |
| 36451830 | DOLOBID 500MG TAB | | \$ | 4.25 |
| | MORPHINE (DURAMORPH) AMP 5MG/10ML | J2274 | \$ | 61.40 |
| | BISACODYL (DULCOLAX) 5MG TAB | - | \$ | 4.25 |
| | metroNIDAZOLE (FLAGYL) 250MG TAB | | \$ | 4.38 |
| | BACITRACIN OINTMENT 28.4GM | | \$ | 5.45 |
| | ePHEDrine VIAL 50MG/ML | | \$ | 76.78 |
| | METRONIDAZOLE(METROGEL) 0.75% GEL 45GM | | \$ | 190.85 |
| | TPN BAG DEX 30% 2000 | | \$ | 662.50 |
| | | | φ \$ | 216.26 |
| | DESFLURANE (SUPRANE) 240 ML ANES | | φ | |
| | CEFTIN SUSP | | \$ | 60.00 |
| | N ISOSORBIDE MONO 20MG TAB | | Ф | 4.25 |
| | ATROVENT NEB TREATMENT | | Þ | 35.00 |
| | FERROUS SULFATE ELIXIR 220MG/5ML UD | | \$ | 4.25 |
| | ROPINIROLE(REQUIP) 1MG TAB | | \$ | 6.50 |
| | VANCOMYCIN VIAL 1 GM | J3370 | \$ | 36.72 |
| | GYNE LOTRIMIN VAG CR | | \$ | 20.80 |
| | DIAMOX 250MG TABS | | \$ \$ \$ \$ \$ \$ \$ \$ \$ | 7.35 |
| | SITAGLIPTIN (JANUVIA) 50MG TAB | | \$ | 15.15 |
| | DIGOXIN (LANOXIN) 0.125MG TAB | | \$ | 6.10 |
| | ALBUMIN | | \$ | 90.00 |
| 36451890 | CITRATE OF MAGNESIA (CITROMA) 10 OZ | | \$ | 10.39 |
| | PROCHLORPERAZINE TAB | | \$ | 4.25 |
| 36451893 | PROCHLORPERAZINE(COMPAZINE) 10MG TA | | \$ | 4.25 |
| 36451896 | A&D OINTMENT 2 OZ | | \$ \$ \$ \$ \$ | 8.65 |
| 36451900 | LAMOTRIGINE(LAMICTAL) 100MG TAB | | \$ | 8.94 |
| 36451902 | PHENYTOIN (DILANTIN) 100MG CAP | | \$ | 4.93 |
| 36451905 | FOLIC ACID (FOLATE) 400MCG TAB | | \$ | 4.25 |
| 36451906 | SIMVASTATIN (ZOCOR) 10MG TAB | | \$ | 4.25 |
| 36451907 | GENTAMICIN 80MG VIAL | J1580 | \$ | 26.47 |
| 36451910 | CARVEDILOL (COREG) 3.125MG TAB | | \$ | 5.93 |
| 36451911 | OCUVITE (OPTI VITAMIN) TAB | | \$ | 4.25 |
| | IPRATROPIUM/ALBUTERIOL INHALER 14.7 GM | | \$ | 354.76 |
| 36451917 | DONEPEZIL (ARICEPT)ODT 5MG TAB | | \$ | 9.95 |
| 36451918 | MECLIZINE (ANTIVERT) 12.5MG TAB | | \$ | 4.55 |
| 36451920 | XYLOCAINE 1.5% DEX | | \$ | 31.10 |
| | SUCRALFATE(CARAFATE) 1 GM TAB | | \$ | 4.25 |
| | HYDROCHLOROTHIAZIDE(HCTZ) 25MG TAB | | \$ | 4.25 |
| | PEN G BENZ/ PROCAINE 1,200,00 UNIT | J0558 | \$ | 115.25 |
| | DILTIAZEM(CARDIZEM) 30MG TAB | | \$ | 4.25 |
| | CLINDAMYCIN (CLEOCIN) 150MG CAP | | \$ | 4.45 |
| | TraZODone (DESYREL) 50MG TAB | | | 4.25 |
| | GABAPENTIN(NEURONTIN) 100MG CAP | | \$ \$ | 6.25 |
| | KETOCONAZOLE (NIZORAL) 2% CR 30GM | | \$ | 70.11 |
| | COLCHICINE TAB | | \$ | 9.62 |
| | DiphenhyDRAMINE(BENADRYL)INJ 50MG/ML | J1200 | \$ | 27.30 |
| | ISMO TAB | 01200 | \$ | 4.25 |
| | SPIRONOLACTONE (ALDACTONE) 25MGTAB | | \$ | 4.25 |
| | DIURIL 500MG TAB | | \$ | 3.05 |
| | OXYBUTYNIN (DITROPAN) 5MG TAB | | \$ | 4.25 |
| | DEBROX EAR WAX | | φ \$ | 15.60 |
| | ISOSORBIDE MONO (IMDUR) 30MG ER TAB | | φ \$ | 4.90 |
| | SEVOFLURANE (ULTANE) ANES 250ML | | φ \$ | 250.00 |
| 00+01800 | OLVOI LOIVAINE (OLIAINE) AINLO 2001VIL | | Ψ | 200.00 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUI | • | | |
|---|---------|----------|--------|
| IVNUM IVDESC | IVCPTCD | IVF | PRICE1 |
| 36451956 DO NOT USE 04/30/18 | | \$ | 49.12 |
| 36451958 AMOX SUSP (AMOXIL) 125MG/5ML 100ML | | \$ | 23.56 |
| 36451960 MEPERIDINE CARPUJECT 50 MG/ML | J2175 | \$ | 45.00 |
| 36451962 MEPERIDINE 50MG TAB(NF) | | \$ | 5.10 |
| 36451965 GENTAMICIN 0.3% OPTH SOL 5ML | | \$ | 41.27 |
| 36451966 TETANUS IMMUNE GLOBULIN HUM 250UNIT | J1670 | \$ | 621.64 |
| 36451967 GENTAMICIN 0.3% OPHT OINT 3.5GM | | \$ | 37.67 |
| 36451970 METHYLPRED ACET (DEPO-MEDROL) 40MG | J1030 | \$ | 36.68 |
| 36451972 N NAPROXEN (NAPROSYN) 375MG TAB | | \$ | 4.25 |
| 36451974 SULINDAC(CLINORIL) 150MG TAB | | \$ | 4.25 |
| 36451977 PHENOL (CHLORASEPTIC) 1.4% SPRAY 6 OZ | | \$ \$ | 14.12 |
| 36451979 ONDANSETRON TAB | | \$ | 5.25 |
| 36451980 DIPHENYDRAMINE ELIX 12.5MG/5ML 4 OZ | | \$ | 7.85 |
| 36451983 CALCIUM CHLORIDE SYR 1GM/10ML | | \$ | 28.50 |
| 36451984 BISACODYL (DULCOLAX) SUPP 10 MG | | \$ | 4.25 |
| 36451986 EPINEPHrine SYR(1:10,000) 1MG/10ML | J0171 | \$ | 31.20 |
| 36451989 ABSORBASE (EUCERIN) CREAM 454GM | | \$ | 31.05 |
| 36451990 CLINDAMYCIN(CLEOCIN) VIAL 900MG/6ML | | | 42.12 |
| 36451991 EPINEPHrine AMP (1:1,000) 1MG/ML | J0171 | \$ \$ | 42.50 |
| 36451993 REMIFENTANIL (ULTIVA) VIAL 1MG | •••• | \$ | 71.93 |
| 36451994 ATORVASTATIN (LIPITOR) 40MG | | \$ | 10.71 |
| 36451995 CORTISPORIN OTIC | | \$ | 22.20 |
| 36451996 COGENTIN TAB | | \$ | 4.25 |
| 36451998 TPN ADDILIVE DRUGS | | \$ | 48.55 |
| 36452013 N FLUTICASONE/SALMETEROL 500/50 60DSE | | \$ | 9.51 |
| 36452037 N CEPHALEXIN (KEFLEX) 500MG CAP | | \$ | 5.18 |
| 36452059 REFRESH PLUS EYE DROPS 50 X 0.4ML | | \$ | 20.89 |
| 36452061 FUROSEMIDE(LASIX) 80MG TAB | | \$ | 5.37 |
| 36452071 N FENTANYL (DURAGESIC) PATCH 12MCG | | \$ | 37.34 |
| 36452074 N FENTANYL (DURAGESIC) PATCH 75MCG | | \$ | 61.21 |
| 36452075 N FENTANYL (DURAGESIC) PATCH 100MCG | | \$ | 80.50 |
| 36452077 N MORPHINE CARPUJECT 2 MG/ML | J2270 | \$ | 25.46 |
| 36452078 N MORPHINE CARPUJECT 4 MG/ML | J2270 | \$ | 33.98 |
| 36452081 PROMETH/CODEINE 6.25MG/10MG/5ML 2 0Z | 02210 | \$ | 11.79 |
| 36452107 SOD FERRIC GLUC CMPLX/SUCROSE 62.5MG/5ML | J1756 | \$ | 44.41 |
| 36452113 ceFAZolin (ANCEF)/NS IVPB 0.5GM/50ML | J0690 | \$ | 37.00 |
| 36452122 PANTOPRAZOLE ORAL SUSP 40MG | 30090 | φ \$ | 11.77 |
| 36452126 MAGNESIUM SULFATE VIAL 1GM/2ML | J3475 | \$ | 28.37 |
| 36452129 OXYCODONE CR(OXYCONTIN CR) 15MG TAB | 00470 | φ \$ | 8.41 |
| 36452130 LIDOCAINE 5%/DEXTROSE 7.5% 2ML AMP | | φ \$ | 31.52 |
| 36452135 IRON DEXTRAN (INFED) 100MG/2 ML VIAL | J1750 | φ \$ | 42.50 |
| 36452138 N HYDROCODONE/ACETAMIN 7.5/325MG TAB | 31730 | Ф \$ | 5.57 |
| | | ъ \$ | |
| 36452141 N PRAMIPEXOLE (MIRAPEX) 0.125MG TAB | | | 7.04 |
| 36452145 PROMETHAZINE PLAIN 6.25MG/5ML 10ML UD | | \$ | 4.25 |
| 36452146 N BUDESONIDE 180MCG(PULMICORT) INH | | \$ | 201.74 |
| 36452147 N LORazepam (ATIVAN) 1 MG TAB | | \$ | 5.83 |
| 36452153 N OXYCODONE CR(OxyCONTIN CR) 20 MG TAB | | \$ | 9.70 |
| 36452154 N DIAZEPAM (VALIUM) 5MG TAB | | \$ | 5.27 |
| 36452163 DEXAMETHASONE(DECADRON) 4MG TAB | | \$ | 5.00 |
| 36452175 N PROMETHAZINE(PHENERGAN) 25MG TAB | | \$ | 4.25 |
| 36452177 N GUAIFENESIN LIQUID 100MG/5ML 473ML | 14400 | \$ | 13.29 |
| 36452182 DEXAMETHASONE/NS IVPB: 10MG/50ML | J1100 | \$ | 25.62 |
| 36452183 DOPAMINE PREMIX 400MG/D5W 250ML | | \$ | 39.54 |
| 36452188 N GABAPENTIN(NEURONTIN) 400MG CAP | | \$ | 5.40 |
| 36452189 N CLOTRIM/BETAMETH(LOTRISONE) CR 15G | | \$ | 48.72 |
| 36452192 N NITROGLYCERIN ER(NITRO BID) 2.5MG C | | \$ | 4.25 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | |
|---|---------|----|----------|
| IVNUM IVDESC | IVCPTCD | IV | PRICE1 |
| 36452193 N TERAZOSIN (HYTRIN) 5MG CAP | | \$ | 5.40 |
| 36452198 N ASACOL HD 800MG TAB | | \$ | 10.75 |
| 36452201 N NovoLOG 100 UNIT/ML MDV 10ML | J1815 | \$ | 7.25 |
| 36452203 N NovoLIN 70/30 INSULIN 100 UNIT/ML | J1815 | \$ | 7.25 |
| 36452204 N ACETAMIN/CODEINE 120MG/12MG/5ML 4OZ | | \$ | 15.34 |
| 36452210 N ALPRAZOlam (XANAX) 0.5 MG TAB | | \$ | 5.82 |
| 36452211 N ALPRAZolam (XANAX) 0.25MG TAB | | \$ | 5.75 |
| 36452212 N ALPRAZOlam XR(XANAX XR) 1MG TAB | | \$ | 7.62 |
| 36452213 N AMIODARONE (CORDORONE)200MG TAB | | \$ | 7.14 |
| 36452214 N ANUSOL (PROCTOSOL) HC 2.5% CREAM | | \$ | 105.33 |
| , | | | |
| 36452218 N ATROPINE 1% OPHTH DROPS 2ML | | \$ | 22.94 |
| 36452219 N ATENOLOL (TENORMIN)100MG TAB | | \$ | 5.05 |
| 36452220 N PHYTONADIONE(VIT K) 10MG/ML IM/ORAL | | \$ | 19.97 |
| 36452221 N AZITHROMYCIN ORAL SUSP 200/5ML 30ML | | \$ | 52.93 |
| 36452222 N BACITRACIN OINTMENT 28.4GM | | \$ | 5.45 |
| 36452223 N BENZONATATE(TESSALON) 100MG CAP | | \$ | 4.25 |
| 36452224 N BRIMON/TIMOLOL OPTH SOL 5ML(NF) | | \$ | 132.51 |
| 36452225 N BRIMONIDINE(ALPHAGAN P) OPHTH 0.1% SOL | | \$ | 120.07 |
| 36452227 N BACITRACIN OPTH OINT 3.5GM | | \$ | 77.85 |
| 36452229 N TRAMADol (ULTRAM) 50MG TAB | | \$ | 5.78 |
| 36452231 N STANFORDS MOUTH WASH SUSP 120ML | | \$ | 41.19 |
| 36452233 N MODAFINIL(PROVIGIL) 100MG TAB | | \$ | 27.02 |
| 36452235 N STANFORDS MOD MOUTH WASH 120ML | | \$ | 41.19 |
| 36452239 N CYANOCOBALAMIN (VIT B-12)1000MCG/ML | J3420 | \$ | 27.76 |
| 36452240 N DIAZEPAM(VALIUM) 2MG TAB | | \$ | 5.15 |
| 36452242 N ONDANSETRON (ZOFRAN) ODT 8MG TAB | | \$ | 5.25 |
| 36452244 N PREGABALIN (LYRICA) 25MG CAP | | \$ | 12.18 |
| 36452245 N PREGABALIN (LYRICA) 100MG CAP | | \$ | 8.62 |
| 36452248 N NITROGLYCERN(NITROSTAT)0.4MG SL BOT | | \$ | 27.42 |
| 36452252 ANASTROZOLE(ARIMIDEX)1MG TAB | | \$ | 4.25 |
| 36452253 ROPINIROLE(REQUIP) 3MG TAB | | \$ | 6.50 |
| 36452256 N PROMETHAZINE(PHENERGAN) VIAL 25MG/ML | J2550 | \$ | 25.00 |
| 36452260 N VERAPAMIL (CALAN) 80MG TAB | 02000 | \$ | 4.55 |
| 36452261 IRREGULARITY OTHER | | \$ | 2.43 |
| 36452267 MEROPENEM 1GM INJ | J2185 | \$ | 42.48 |
| 36452274 N ALENDRONATE (FOSAMAX) 70MG TAB | 02100 | \$ | 24.30 |
| 36452280 HYDROmorphone (ANES ONLY) AMP 1MG/ML | J1170 | \$ | 25.28 |
| 36452288 DO NOT USE 051518 | 01170 | \$ | 0.82 |
| 36452296 GOSERELIN (ZOLADEX) 10.8 MG SYR | J9202 | \$ | 1,516.29 |
| 36452301 N CAPTOPRIL(CAPOTEN) 25MG TAB | 33202 | \$ | 5.47 |
| 36452311 N DULoxetine (CYMBALTA)30MG CAP | | | 12.52 |
| | | \$ | |
| 36452314 N CHOLESTYRAMINE(QUESTRAN) 4GM PKT | | \$ | 5.40 |
| 36452315 N CARVEDILOL (COREG)25MG TAB | | \$ | 5.93 |
| 36452317 N DIPHENHYDRAMINE (BENADRYL)1% CRM 28GM | | \$ | 7.80 |
| 36452318 N DIPHENHYDRAMINE(BENADRYL) 2% CR 28GM | | \$ | 7.80 |
| 36452320 N FLUOCINONIDE(LIDEX)0.05%CR 15GM | | \$ | 33.94 |
| 36452321 N FLUOCINONIDE(LIDEX)0.05%OINT 15GM | | \$ | 41.13 |
| 36452322 N GENTAMICIN 0.1% CR 15GM | | \$ | 33.59 |
| 36452323 N GENTAMICIN 0.3% OPHT OINT 3.5GM | | \$ | 37.67 |
| 36452324 N GENTAMICIN 0.3% OPTH SOL 5ML | | \$ | 41.27 |
| 36452325 N HYDROCORTISONE 2.5% OINT 20GM | | \$ | 22.96 |
| 36452328 N KETOROLAC 0.5% (ACULAR)OPTH SOL 5ML | | \$ | 63.50 |
| 36452329 N METRONIDAZOLE(METROGEL) 0.75% GEL 45GM | | \$ | 337.38 |
| 36452330 N METRONIDAZOLE VAGINAL 0.75% GEL 70GM | | \$ | 83.90 |
| 36452331 N MICONAZOLE VAG(MONISTAT 7)2%CR 45GM | | \$ | 30.00 |
| 36452332 DO NOT USE 043018 | | \$ | 49.12 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|----------|---|---------|----------------|---------------|
| IVNUM | | IVCPTCD | | PRICE1 |
| | N NYSTATIN 100,000 UNITS CREAM 30GM | | \$ | 44.33 |
| 36452334 | N NYSTATIN/TRIAMCINOLONE CRM 15GM | | \$ | 52.20 |
| 36452335 | N MUPIROCIN(BACTOBAN) 2% OINT 22GM | | \$ | 62.85 |
| 36452341 | MELOXICAM 15 MG TABLET | | \$ | 8.05 |
| 36452344 | N SOLIFENACIN (VESICARE) 5 MG TAB | | \$ | 17.52 |
| 36452359 | IMMUNE GLOBULIN (IGIV) 40GM/400ML | J1459 | \$ | 4,212.00 |
| | , | J1568 | \$ | 81.57 |
| | CLOTRIMAZOLE(LOTRIMÍN) 1% CR 28GM | | \$ | 21.75 |
| | PREDNISOLONE ACE 1% OPHTH SUSP 5ML | | \$ | 75.32 |
| | SERTRALINE (ZOLOFT) 25MG TAB (NF) | | \$ | 4.25 |
| | · · · · · · · · · · · · · · · · · · · | J0897 | \$ | 2,611.95 |
| | N BISMUTH SUB SUSP 262MG/15 ML 120ML | 00001 | \$ | 4.25 |
| | | J1568 | \$ | 1,910.83 |
| | , | J1110 | φ \$ | |
| | , | 31110 | | 181.00 |
| | NITROGLYCERIN DRIP PREMIX 25MG/D5W 250ML | | \$ | 43.16 |
| | TELMISARTAN (MICARDIS) 40MG TAB | | \$ \$ \$ | 10.91 |
| | DEX/LID V/NYS/2MG/60ML/60ML SUSP 120ML | | \$ | 41.19 |
| | RALTEGRAVIR (ISENTRESS) 400MG TAB | | | 29.55 |
| | EMTRIC/TENOFOVIR(TRUVADA) 200/300MG TAB | | \$ | 1,832.40 |
| | ISONIAZID 300MG TABLET (NF) | | \$ | 4.25 |
| | BUPIVACAINE LIPOSOMAL 1.3% 266MG/20ML VL | | \$ | 409.49 |
| 36452419 | N LIDOCAINE(LIDODERM) 5% PATCH | | \$ | 26.53 |
| 36452422 | CHLORTHALIDONE 25 MG TAB | | \$ | 4.77 |
| 36452428 | APIXABAN (ELIQUIS) 5 MG TAB | | \$ | 12.18 |
| 36452430 | PROTRIPTYLINE (VIVACTIL) 5MG TAB (NF) | | \$ | 7.88 |
| 36452433 | FLUTICASONE VILANTEROL INH 100MCG-25MCG | | \$ | 177.66 |
| 36452434 | PNEUMOCCOCAL CONJ VAC 13 (PREVNAR13) | 90670 | \$ | 226.77 |
| 36452439 | ESTRADIOL 0.5MG ORAL TAB (NF) | | \$ | 4.35 |
| | PHENYTOIN (DILANTIN) 100MG/2 ML INJ(NF) | | \$ | 25.38 |
| | VITAMIN D3(CHOLECALCIFEROL)5000IU CAP | | \$ | 4.25 |
| | ANORO ELLÌPTA 62.5MCG-25MCG/1ACT INH NF | | \$ | 126.20 |
| | TPN 3 IN 1 SOLUTION | | \$ | 396.59 |
| | PROPRANOLOL (INDERAL) 20 MG TAB | | \$ | 4.25 |
| | POTASSIUM CHL ORAL SOL 40mEq/30ML UD | | \$ | 4.25 |
| | | J2185 | \$ | 38.40 |
| | , | J1568 | \$ | 1,910.83 |
| | MESALAMINE DR (ASACOL HD) 800MG | | \$ | 11.56 |
| | TraMADol /APAP 37.5/325 MG(NF) | | \$ | 5.52 |
| | BELLADONNA OPIUM SUPP 60/16.2MG(NF) | | \$ | 37.25 |
| | PHENAZOPYRIDINE(AZO TAB) 95 MG TAB | | \$ | 4.25 |
| | TROSPIUM (SANCTURA) 20MG TAB | | \$ | 6.63 |
| | DORZOLAM/TIMOLOL 22.3/6.8 OP SOL 10ML | | \$ | 142.60 |
| | | J2430 | \$ | 87.76 |
| | HYDROCORTISONE 20MG ORAL TAB (NF) | 02 100 | \$ | 4.89 |
| | , | J9047 | \$ | 2,929.95 |
| | , | J0290 | \$ | 40.75 |
| | VEDOLIZUMAB (ENTYVIO) IV 300MG | 00230 | \$ | 6,264.70 |
| | LIDOCAINE 2GM/D5W 500ML DRIP PREMIX | | \$ | 48.65 |
| | carBAMazepine (TEGRETOL)100MG CHEW TAB | | φ \$ | 4.45 |
| | · | 12490 | Φ | |
| | ZOLEDRONIC ACID (ZOMETA/GENERIC) 4MG/5ML NUVIGIL ORAL TABLET 150MG NF | J3489 | \$ \$ | 131.95 |
| | MISOPROSTOL 25mcg OB USE | | | 27.72 4.25 |
| | PORACTANT(CUROSURF) 80MG/ML 3ML SDV | | \$ \$ | 953.47 |
| | , | | ъ \$ | |
| | PORACTANT(CUROSURF) 80MG/ML 1.5ML AMOX/CLAV SUSP 400MG/57MG/5ML 100 ML | | \$ \$ | 483.55 |
| | | | \$ \$ | 37.56 |
| JU45Z556 | PHENYLEPHRINE/COCOA BUTTER 0.25/89%SUP | | Φ | 4.25 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|--|---|---------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 36452562 | METOPROLOL TART(LOPRESSOR) 100MG TAB | | \$ | 4.25 |
| 36452563 | OXcarbazepine (TRILEPTAL) 150 MG Tab | | \$ | 5.35 |
| | CEFTRIAXONE INJ 1GM | J0696 | \$ | 37.00 |
| 36452565 | X PANTOPRAZOLE (PROTONIX) 20MG TAB | | \$ | 9.07 |
| | PSYLLIUM (METAMUCIL) SF/PKG 5.8GM | | \$ | 4.25 |
| | N PHYTONADIONE (VIT K) AMP 10MG/1ML | J3430 | \$ | 59.05 |
| | DUTASTERIDE(AVODART) 0.5MG TAB | 00.00 | \$ | 9.91 |
| | DAPAGLIFLOZIN (FARXIGA) 5MG TAB(NF) | | \$ | 18.32 |
| | CEPHALEXIN SUSP 125MG/5ML 200ML | | \$ | 48.00 |
| | ANTIHEMOPHILIC FACTOR 1 UNIT | J7186 | Ψ \$ | 0.96 |
| | | 37 100 | | 22.33 |
| | LINEZOLID (ZYVOX) 600MG TABLET (NF) | | \$ | |
| | RISPERIDONE (RISPERDAL) 2 MG TAB | | \$ | 7.25 |
| | FLUTICASONE VILANTEROL INH 200MCG/25MCG | | \$ | 168.73 |
| | RIVAROXABAN (XARELTO) 15MG TAB | | \$ | 17.13 |
| | LEVOTHYROX(SYNTHROID) 0.175MGTAB | | \$ | 4.25 |
| | LEVETIRACETAM (KEPPRA) TAB 250MG | | \$ | 6.68 |
| | ETODOLAC (LODINE) 400MG TAB | | \$ | 4.25 |
| | SUGAMMADEX (BRIDION) 200MG/2ML SDV | | \$ | 138.00 |
| | DIGIFAB SOLUTION 40MG VIAL (NF) | J1162 | \$ | 3,651.27 |
| | TORSEMIDE 20MG ORAL TAB (NF) | | \$ | 4.62 |
| 36452664 | ARIPiprazole (ABILIFY) 30MG TAB (NF) | | \$ | 27.38 |
| 36452670 | DO NOT USE 051518 | | \$ | 3.38 |
| 36452672 | ACETAMINOPHEN INFANT 160MG/5MLDC11/14/16 | | \$ | 5.79 |
| 36452673 | APIXIBAN (ELIQUIS) 2.5MG TAB | | \$ | 12.18 |
| 36452676 | TORSEMIDE TAB 100MG (NF) | | \$ | 5.69 |
| 36452677 | RAMIPRIL ORAL CAP 1.25MG (NF) | | \$ | 5.33 |
| 36452681 | B6/FOLIC/B12(FOLBIC) 25/2.5/2 MG | | \$ | 4.25 |
| 36452688 | INCRUSE ELLIPTA INH PWD 62.5MCG 7 DAY | | \$ | 100.42 |
| 36452691 | CLINDAMYCIN/D5W 135MG/11.25 ML SYRINGE | | \$ | 27.50 |
| 36452694 | ROSUVASTATIN (CRESTOR) 10MG TAB (NF) | | \$ | 4.25 |
| 36452698 | DIGIFAB IV POWDER FOR SOLUTION 40MG (NF) | | \$ | 3,929.86 |
| 36452699 | MAGIC MOUTHWASH 120ML | | \$ | 24.79 |
| 36452726 | LEVOFLOXACIN(LEVAQUIN) PM 250MG/50 ML | J1956 | \$ | 24.20 |
| 36452742 | PRAVASTATIN (PRAVACHOL) 40MG TAB | | \$ | 7.25 |
| | N ULORIC 40MG TAB | | \$ | 11.00 |
| | N NORTRIPTYLINE (PAMELOR) 10MG CAP | | \$ | 4.53 |
| 36452782 | HEPATITIS B VAC (PEDIATRIC) 0.5 ML | 90744 | \$ | 51.70 |
| | MMR II SUBQ 0.5 ML VIAL | 90707 | \$ | 103.98 |
| | buPROPion XL (WELLBUTRINXL)150MG TB | | \$ | 9.02 |
| | MEROPENEM IV 1GM PREMIX | J2185 | \$ | 50.40 |
| | FILGRASTIM-SND (ZARXIO) 480MCG/0.8ML SYR | J1442 | \$ | 551.78 |
| | FILGRASTIM (ZARXIO) 300 MCG/0.5ML(NF) | J1442 | \$ | 575.00 |
| | ZONISAMIDE (ZONEGRAN) 25MG CAP-NF | • | \$ | 4.25 |
| | DESVENLAFAXINE(PRISTIQ) ER 50MG TAB | | \$ | 13.94 |
| | ACYCLOVIR 500MG/10ML VIAL | J0133 | \$ | 46.56 |
| | NITROGLYCERIN (NITRO-DUR) 0.2MG/HR PATCH | 00100 | \$ | 5.65 |
| | FABRAZYME IV 35MG | J0180 | \$ | 7,361.90 |
| | BENZTROPINE mesylate TAB 0.5Mg (NF) | 00100 | \$ | 4.25 |
| | URSODIOXYCHOLIC ACID(URSODIOL) 500MG TAB | | \$ | 8.55 |
| | GABAPENTIN(NEURONTIN) 600MG TAB (NF) | | \$ | 6.33 |
| | RISPERIDONE (RISPERDAL) 1 MG TAB | | \$ | 8.36 |
| | EPTIFIBATIDE(INTEGRILIN)DRIP 75MG/100ML | J1327 | \$ | 271.30 |
| | HumaLOG 100 UNIT/ML MDV 3ML | J1815 | \$ | 27.91 |
| | MYCAMINE INJ 100MG VIAL | J2248 | \$ | 248.40 |
| | N buPROPionSR(WELLBUTRIN SR)150MG TAB | 022 7 0 | Ψ \$ | 5.74 |
| | DILTIAZEM HCL CAP ER 60MG | | \$ | 6.20 |
| 00402001 | DIET II ALLINI FIGE ON II LIN OUIVIO | | Ψ | 0.20 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|---------|----------------|----------|
| IVNUM | IVDESC | IVCPTCD | | PRICE1 |
| | STIOLTO RESPIMAT INH 2.5-2.5MCG/1ACT | 100.40 | \$ | 343.47 |
| | ERAXIS 100MG VIAL | J0348 | \$ | 240.00 |
| | Benztropine Mesylate Tablet 2MG (NF | | \$ | 5.32 |
| | ARIPIPRAZOLE (ABILIFY) 15MG TAB (NF) | | \$ | 35.91 |
| | N ARIPIPRAZOLE(ABILIFY) 10MG TAB | | \$ | 16.00 |
| | Vimpat Oral Tablet 50MG | | \$ \$ | 16.00 |
| | DEXAMETHASONE(DECADRON) 2MG TAB | | \$ | 4.25 |
| | POTASSIUM CHL ORAL SOL 20mEq/15ML UD | | \$ | 19.40 |
| 36452943 | VANCOMYCIN IVPB: 2GM/500ML | J3370 | \$ | 36.72 |
| 36452957 | BENZTROPINE Mesylate 1MG TAB (NF) | | \$ | 4.25 |
| 36452958 | DEGLUDEC(TRESIBA) 100 UNIT/ML PEN 3ML NF | | \$ | 59.50 |
| 36452963 | PROCHLORPERAZINE(COMPAZINE) TAB 5MG | | \$ | 4.25 |
| 36452964 | STELARA/NS IVPB: 130 MG/26 ML | J3357 | \$ | 2,080.00 |
| 36452965 | USTEKINUMAB/NS IVPB: 520 MG/250 ML | J3357 | \$ | 2,080.00 |
| 36452969 | EDARAVONE(RADICAVA)PREMIX 60MG/200ML | C9493 | \$ | 1,411.80 |
| | N DIAZEPAM ORAL SOL 5MG/1ML 30ML(NF) | | \$ | 48.59 |
| | INSULIN GLAR(TOUJEO) 300U/ML 1.5 ML (NF) | J1815 | \$ | 165.44 |
| | RIXUBIS IV 1 IU | J7200 | \$ | 1.37 |
| | DONEPEZILTAB 10MG (NF) | | \$ | 4.25 |
| | SUMATRIPTAN (IMITREX) 25MG TAB | | \$ | 5.78 |
| | Toujeo Subcut Solution 300U/1ML (NF) | | \$ | 94.00 |
| | N QUINAPRIL (ACCUPRIL) 40MG TAB | | \$ \$ \$ | 5.02 |
| | N TRIAMCINOLONE/EUCERIN 0.0625% 0GM | | Ψ | 31.94 |
| | FAT EMULSION IV EMULSION 20% 250 ML | | \$ | 42.89 |
| | OMEPRAZOLE(PRILOSEC) 40MG DR CAP | | \$ | 4.35 |
| | DEGLUDEC (TRESIBA) 100U/1ML 3ML PEN | | | 66.86 |
| | KCL 40MEQ/D5/NACL 0.9% PM 1000 ML | J3480 | \$ \$ | 43.60 |
| | KCL 10MEQ/D5/NACL 0.45% PREMIX 1000 ML | J3480 | φ \$ | 43.60 |
| | | | φ \$ | |
| | KCL 40MEQ/NACL 0.9% (PREMIX)1000 ML | J3480 | Ф \$ | 43.60 |
| | LORazepam (ATIVAN) INJ 20MG/10ML VIAL | J2060 | | 32.14 |
| | KCL 10 MEQ/ WATER 100ML PREMIX | J3480 | \$ | 27.46 |
| | HYDROMORPHONE (DILAUDID) CARP 1MG/ 1ML | J1170 | \$ | 27.07 |
| | Trelegy Ellipta Inh100-62.5-25 28DAY(NF) | 10.400 | \$ | 320.40 |
| | POTASSIUM CHLORIDE INJECTION 20MEQ/50ML | J3480 | \$ | 27.46 |
| | MEROPENEM/NS 500MG/50ML (NF) | J2185 | \$ | 49.98 |
| | FENOBIBRATE (TRICOR) 145 MG TAB (NF) | | \$ | 5.24 |
| | AMYL-LIPASE-PROT(CREON)DR 180-360-114CAP | | \$ | 14.38 |
| | PREPARATION H OINTMENT 57 GM (NF) | | \$ | 15.38 |
| | BUPIVACAINE LIPOSOMAL 1.3% 133MG/10ML VL | | \$ | 221.00 |
| | PRAMIPEXOLE (MIRAPEX) 1MG TAB (NF) | | \$ | 7.04 |
| | Calcitriol Capsule 0.25MCG NF | | \$ | 4.25 |
| | N PRAMIPEXOLE (MIRAPEX) 1 MG TAB | | \$ | 6.25 |
| | N INCRUSE ELLIPTA INH PWD 62.5MCG 30DAY | | \$ | 406.87 |
| | ZOLEDRONIC(ZOMETA) /NS IVPB: 4MG/100ML | J3489 | \$ | 131.95 |
| 36453132 | DOPAMINE PREMIX 800MG/D5W 250ML | | \$ | 47.18 |
| 36453145 | INFLECTRA VIAL 100MG | J1745 | \$ | 697.13 |
| 36453148 | EMEND 150 MG VIAL | J1453 | \$ | 425.56 |
| 36453152 | BCG(TICE) 800 MILLION CFU/NACL 50ML SUSP | J9031 | \$ | 212.48 |
| 36453158 | DARBEPOETIN(ARANESP)100MCG/0.5ML SYR | J0881 | \$ | 952.80 |
| 36453159 | BOTOX THERA 100UNITS/VIAL | | \$ | 745.20 |
| 36453166 | busPIRone (BUSPAR) 5MG TAB | | \$ | 4.25 |
| | KCL 20MEQ/NACL 0.45% PREMIX 1000 ML | J3480 | \$ | 43.60 |
| 36453171 | RITUXIMAB 100MG VIAL | J9310 | \$ | 1,221.38 |
| 36455102 | RISPERIDONE SOLUTION 1MG/ML 30ML | | \$ | 268.60 |
| | NIFEDIPINE (PROCARDIA) 10MG CAP | | \$ | 4.25 |
| | ALPRAZolam (XANAX) 0.25MG TAB | | \$ | 5.75 |
| | • | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, | | | |
|----------|--|--------|-------------------|----------|
| IVNUM | | VCPTCD | | PRICE1 |
| | VITAMIN C (ASCORBIC ACID) 500MG TAB | | \$ | 4.25 |
| | DESYREL 50 MG | | \$ | 4.25 |
| 36455112 | POTASSIUM CHL(KLOR CON) 10MEQ TAB | | \$ | 4.25 |
| 36455113 | ROPIVACAINE(NAROPIN) 5MG/ML 30ML | J2795 | \$ \$ | 50.05 |
| 36455116 | LIDOCAINE(LIDODERM) 5% PATCH | | \$ | 26.53 |
| | PANTOPRAZOLE (PROTONIX) VIAL 40MG | | \$ | 32.50 |
| | NASAL MOIST SPRAY (DEEP SEA) 44ML | | \$ \$ \$ | 14.10 |
| | · · · · · · · · · · · · · · · · · · · | J2930 | \$ | 37.55 |
| 36455123 | , | 32000 | \$ | 4.25 |
| | RAMELTEON (ROZEREM) 8MG TAB (NF) | | \$ | 8.38 |
| | | | φ \$ | |
| | OXYCODONE IR 5 MG TAB | | Φ | 5.49 |
| | HYDROMORPHONE(DILAUDID) 2MG TAB | | \$ | 5.59 |
| | ARISTOPAN IV | | \$ | 19.50 |
| | AMITRIPTYLINE (ELAVIL) 10MG TAB | | \$ | 4.25 |
| | | 44641 | \$ | 100.00 |
| | SODIUM CHLORIDE 0.9% 10ML FLUSH | | \$ | 21.75 |
| 36455147 | NATALIZUMAB (TYSABRI) VL 300MG/15ML | J2323 | \$ | 8,034.00 |
| 36455149 | HYDROmorphone PCA 0.2 MG/ML 30ML | J1170 | \$ | 43.80 |
| 36455150 | LANSOPRAZOLE (PREVACID) 15MG CAP | | \$ | 5.25 |
| 36455153 | CLOTRIM/BETAMETH(LOTRISONE) CR 15G | | \$ | 52.20 |
| | TRIAMCINOLONE(KENALOG) 0.1%CRM 454GM | | \$ | 67.20 |
| | CEPHALEXIN (KEFLEX) SUSP 125MG/5ML 100ML | | \$ | 38.00 |
| | NORPRAMIN 50 MG | | \$ | 4.25 |
| | metFORMIN (GLUCOPHAGE) 850MG TAB | | φ | 5.27 |
| | PHENYTOIN (DILANTIN) SUSP 125MG/5ML | | Ψ | 10.20 |
| | SALMETEROL(SEREVENT) 50MCG INHALER(NF) | | \$ \$ \$ \$ \$ \$ | 248.54 |
| | , | | φ \$ | |
| | LIDOCAINE JELLY 2% 30 ML | | Φ | 34.67 |
| | DO NOT USE 04/30/18 | 10000 | \$ | 304.72 |
| | , | J0696 | \$ | 36.50 |
| | THIAMINE (VIT B1) 100 MG TAB | | \$ | 4.25 |
| | | J2790 | \$ | 171.50 |
| | | J1740 | \$ | 390.56 |
| | ATEN/CHLORTHAL (TENORETIC) 50/25MG NF | | \$ | 4.25 |
| 36455193 | ALENDRONATE (FOSAMAX) 10MG TAB | | \$ | 6.72 |
| 36455194 | X DROPERIDOL (INAPSINE) VIAL 5MG/2ML | | \$ | 28.08 |
| 36455201 | IBUPROFEN (MOTRIN) 400MG TABLET | | \$ | 4.25 |
| 36455202 | GLIPIZIDE(GLUCOTROL) 5 MG TAB | | \$ | 4.25 |
| 36455204 | ASPERCREAM (NF) 5 OZ | | \$ | 17.15 |
| | ATROVENT INHALÉR 12.9 GM | | \$ | 362.74 |
| | HALOPERIDOL(HALDOL) CONC 2MG/ML UD | | \$ | 4.25 |
| | STANFORDS MOUTH WASH SUSP 120ML | | \$ | 41.19 |
| | | J3101 | \$ | 7,109.86 |
| | metFORMIN (GLUCOPHAGE) 500MG TAB | | \$ | 4.99 |
| | HYDROCODONE/ACETAMIN 5/325MG TAB | | \$ | 5.26 |
| | FERROUS SULFATE(FEOSOL) 325MG TAB | | \$ | 4.25 |
| | CEFAZOLIN IRR 2.5 | | φ \$ | |
| | | | Φ | 54.50 |
| | CENTRAL TPN 1100 CC | | \$ | 41.10 |
| | BETAMETHASONE(DIPROLENE)0.05% CR 15GM | | \$ | 70.00 |
| | LATANOP(XALATAN)OPTH SOL 0.005% 2.5ML | 17005 | \$ | 116.52 |
| | | J7325 | \$ | 403.26 |
| | QUEtiapine (SEROQUEL) 25MG TAB | | \$ | 7.66 |
| | ALBUTEROL (PROVENTIL)SYR 2MG/5ML UD | | \$ | 4.25 |
| | SLOW FE (SLO IRON) 45MG TAB | | \$ \$ \$ | 4.25 |
| 36455257 | GOLYTELLY SOL 4800 CC | | | 33.60 |
| 36455258 | HOMATROPINE HYDROBROM 5% OPTH SOL (NF) | | \$ | 60.02 |
| 36455264 | FLUDROCORTISONE(FLORINEF) 0.1 MG TAB | | \$ | 4.25 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFA | ALO, WY 82834 | | |
|----------|--|----------------|----------------------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 36455265 | METHYLPREDNISOLONE DOSEPAK 4 MG | | \$ | 45.02 |
| 36455266 | DICYCLOMINE (BENTYL) VIAL 20 MG/2ML | J0500 | \$ | 104.57 |
| 36455272 | DYNAPEN CAP | | \$ | 4.25 |
| 36455273 | SALIVA SUBSTITUTE(MOUTHKOTE) 2 OZ | | \$ \$ \$ \$ \$ \$ | 15.86 |
| 36455274 | TRIAMCINOLONE (KENALOG) 0.1% ORABASE 5GM | | \$ | 89.10 |
| 36455275 | AVEENO BATH 16 OZ (NF) | | \$ | 20.25 |
| 36455277 | FAMCICLOVIR (FAMVIR) 250MG TAB | | \$ | 10.21 |
| 36455278 | SKELAXIN TAB | | | 6.25 |
| 36455279 | HYSCON VIAL INJ | | \$ | 52.50 |
| 36455282 | ADSORBOTEAR 15CC | | \$ \$ | 19.60 |
| 36455284 | MORPHINE DRIP 100MG/D5W 100ML | | \$ | 69.35 |
| 36455286 | ISOSORBIDE DIN (ISORDIL) 5MG TAB | | \$ | 4.25 |
| 36455287 | LORazepam (ATIVAN) CARPUJECT 2MG/ML | J2060 | \$ | 26.63 |
| 36455292 | TICARCILLIN/CLAV(TIMENTIN)ADV 3.1GM | | \$ | 40.31 |
| 36455298 | LOVASTATIN (MEVACOR) 10MG TAB | | \$ | 4.60 |
| 36455299 | ZPROVENTIL 2MG TAB | | \$ | 2.35 |
| 36455300 | VITAM B12 500MCG(CYANOCOBALAMIN)TAB | | \$ | 4.25 |
| | OXYMETAZOLINE(AFRIN) NASAL SPRAY 30ML | | \$ | 12.39 |
| | AZTREONAM (AZACTAM) VIAL 1 GM NF | | \$ | 63.54 |
| | TRIHEXYPHENIDYL (ARTANE) 2MG TAB | | \$ | 4.25 |
| | GLIPIZIDE XL(GLUCOTROL XL) 5 MG TAB | | *** | 4.25 |
| | IRBESARTAN(AVAPRO) 150MG TAB | | \$ | 6.87 |
| | TRANSDERM NITRO PATCH | | \$ | 6.90 |
| | VITAMIN E 400 IU TABS | | \$ | 4.25 |
| | ESZOPICLONE(LUNESTA) 1MG TAB (NF) | | \$ | 12.80 |
| | TIOTROPIUM (SPIRIVA) HANDIHALER 5 DOSE | | \$ | 114.51 |
| | AROMATIC AMMONIA | | \$ | 4.25 |
| | AMYL NITRATE | | \$ | 4.25 |
| | LORazepam (ATIVAN) 0.5MG TAB | | | 5.75 |
| | PEDIA CARE LIQUID | | \$ \$ | 13.20 |
| | TRANDOLAPRIL (MAVIK) 4MG TAB (NF) | | \$ | 5.00 |
| | FLUTICASONE(FLONASE)50MCG NASAL SPR | | \$ \$ | 105.26 |
| | OSELTAMIVIR (TAMIFLU) 45MG CAP | | \$ | 18.27 |
| | STERILE TALC 1 VIAL | | \$ | 160.00 |
| | POTASSIUM CHL(K-LYTE CL)20MEQ POWDER DC | | \$ | 4.25 |
| | NEPHROCAPS | | \$ | 4.25 |
| | LOCM 100-199 MGI 20ml | A4644 | \$ | 45.00 |
| | SULFAM/TRIMETHO (SEPTRA)400/80MG TAB | - | \$ | 4.47 |
| | CARBI/LEVOD(SINEMET) 10MG/100MG TAB | | \$ | 5.25 |
| | N VITAMIN B-1 TAB | | \$ | 4.25 |
| | VITAMIN B-6 (PYRIDOXINE)100 MG TAB | | \$ | 4.25 |
| | LINEZOLID ZYVOX PM 600MG/300ML (NF) | J2020 | \$ | 96.00 |
| | PEN VK ORAL SUSP 125MG/5ML 100ML | | \$ | 18.26 |
| | LEVOFLOXACIN(LEVAQUIN) PM 500MG/100 ML | J1956 | \$ | 37.20 |
| | ERYTHROMYCIN OPHTH OINT 0.5%(BABY)1GM | 0.000 | \$ | 26.70 |
| | BACITRACIN OPTH OINT 3.5GM | | \$ | 130.80 |
| | BECLOMETH DIP AQ 42MCG NASAL SPRAY NF | | \$ | 285.47 |
| | NEOSYNEPHRINE 1/8% | | \$ | 15.90 |
| | RISPERIDONE (RISPERDAL) 0.25MG TAB | | \$ | 7.25 |
| | DOCUSATE(COLACE) LIQUID 100MG/10ML UD | | \$ | 4.25 |
| | NITROFURANTOIN (MACROBID) 100MG CAP | | \$ | 7.61 |
| | RABIES VACCINE (RABAVERT) 1ML | 90675 | \$ | 428.20 |
| | DEXTROMETHORPHAN CHLD 30MG/5ML 3OZ | · - | \$ | 15.32 |
| | DEXTROMETHORPHAN ADULT 30MG/5ML 3OZ | | \$ | 15.32 |
| | HURICAINE GEL | | \$ | 31.20 |
| | DIVALPROEX (DEPAKOTE) DR 500MG TAB | | \$ | 7.00 |
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| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | | | |
|----------|---|---------|----------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| | TraMADol (ULTRAM) 50MG TAB | | \$ | 5.78 |
| | GLYBURIDE (GLYNASE) 3MG TAB | | \$ | 4.25 |
| 36455414 | LABETOLOL (NORMODYNE) 100MG TAB | | \$ | 6.08 |
| 36455416 | PEGFILGRASTIM (NEULASTA) SYR 6MG (NF) | J2505 | \$ | 7,152.00 |
| 36455422 | BUMETANIDE (BUMEX) VIAL 0.25 MG/ML | | \$ | 25.82 |
| | DEPO-ESTRADIOL VIAL 5 MG/ML | J1000 | \$ | 70.86 |
| | METHYLPRED ACET (DEPO-MEDROL) 80MG | J1040 | \$ | 42.62 |
| | HEP-LOCK 100units/ml | | \$ | 18.10 |
| | REGLAN SYRUP | | \$ | 6.35 |
| | TRIAMCINOLONE (KENALOG) MDV 40MG/ML | J3301 | \$ | 76.07 |
| 36455438 | , | JJJ0 1 | \$ | 19.60 |
| | | | \$ | 6.65 |
| | MORPHINE ER (MS CONTIN) 30MG TAB | | | |
| | NEO/POLY/BAC (NEOSPORIN)OINT PACKET | | \$ | 38.59 |
| | NACL INHALATION 0.9% 3ML | | \$ | 14.10 |
| | PROTAMINE SULF(250MG/25ML) 10MG/ML | J2720 | \$ | 51.00 |
| | SURGILUBE | | \$ | 5.30 |
| | GLYCERINE SUPP PEDIATRIC 1.2GM | | \$ | 4.25 |
| 36455454 | CARISOPRODOL(SOMA) 350MG TAB | | \$ \$ | 5.55 |
| 36455456 | PHENOBARB 130MG INJ | J2560 | \$ | 18.40 |
| 36455457 | METHYLPHENIDATE (RITALIN) 5MG TAB | | \$ | 5.65 |
| 36455459 | TESTOSTERONE (DEPO) VIAL 200 MG/ML | J1071 | \$ | 53.83 |
| | BACTERIOSTATIC WATER | | \$ | 8.05 |
| | NABUMETONE (RELAFEN) 500MG TAB | | \$ | 5.25 |
| | NICOTINIC ACID 250MG | | \$ | 4.25 |
| | WATER FOR INJ 50CC | | \$ | 4.25 |
| | TAMSULOSIN (FLOMAX) 0.4MG CAP | | \$ | 4.27 |
| | SUCCINYLCHOLINE(ANECTINE) 20MG/ML | J0330 | \$ | 57.42 |
| | TAMIFLU O/S 6mg/ml 60ml | 30330 | \$ | 180.47 |
| | ETHYL CHLORIDE 4OZ | | φ \$ | 20.70 |
| | | | | |
| | MEPIVACAINE (CARBOCAINE) PF 1% 30ML | | \$ | 29.48 |
| | MEPIVACAINE (CARBOCAINE) PF 2% 20ML | | \$ | 33.06 |
| | CETACINE SPRAY 56GM | | \$ | 6.35 |
| | BUPIVACAINE 0.5% INJ | | \$ | 26.81 |
| | XYLOCAINE 1% PLAIN 20 | | \$ | 26.61 |
| | XYLOCAINE 1% PL 30CC | | \$ | 23.25 |
| | XYLOCAINE 1% PL 50CC | | \$ | 28.52 |
| | XYLOCAINE 1% C EPI 20 | | \$ | 27.31 |
| | XYLOCAINE 2% PL 20CC | | \$ | 26.80 |
| 36455495 | XYLOCAINE 0.5% | | \$ | 26.50 |
| 36455496 | METHYLPREDNILONE(Solu-MEDROL) 1 GM | J2930 | \$ | 74.27 |
| 36455498 | FLUOCINONIDE(LIDEX)0.05%CR 15GM | | \$ | 63.55 |
| 36455502 | FLUTICASONE/SALMETEROL 100/50 60DSE | | \$ | 278.74 |
| 36455504 | SODIUM CHLORIDE 0.9% SDV 20 ML | | \$ | 4.25 |
| | PROCAINAMIDE (PRONESTYL) 1GM/10ML(DSC) | J2690 | \$ | 58.00 |
| | XYLOCAINE 4% 50CC | | \$ | 31.04 |
| | MILK OF MAG 12OZ BOTTLE | | \$ | 11.89 |
| | EYE WASH SOL B & L 4OZ | | \$ | 15.70 |
| | TYPHOID 5CC INJ | | \$ | 26.50 |
| | HYDROCORT VALERATE 0.2% CREAM 45GM | | \$ | 198.50 |
| | | 10712 | | |
| | cefTAZidime (FORTAZ) VIAL 1 GM | J0713 | \$ | 34.50 |
| | ACTIDOSE 25GM | | \$ | 19.85 |
| | LEVSIN TAB | | \$ | 4.25 |
| | SCOPOLAMINE 1.5MG TD (SCOP) PATCH | | \$ | 31.50 |
| | BUPIVACAINE/ EPI 30ML 0.5% | | \$ | 37.21 |
| | PILOCARPINE 1% OPTH SOL 15ML | | \$ | 113.00 |
| 36455548 | cefPODOXime SUSP 50MG/5ML 50ml | | \$ | 65.10 |
| | | | | |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|--|---------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 36455552 | CIPROFLOXACIN (CIPRO) 250MG TAB | | \$ | 8.39 |
| 36455553 | IPRATROPIUM(ATROVENT)0.03% NASAL SP | | \$ | 32.90 |
| 36455554 | DICLOFENAC POT(CATAFLAM) 50MG TAB | | \$ | 4.57 |
| 36455561 | NYSTATIN 100,000 UNITS CREAM 30GM | | \$ | 44.33 |
| 36455562 | AMPICILLIN/SULB (UNASYN)1.5GM VIAL | J0295 | \$ | 32.66 |
| 36455568 | FLUoxetine (PROZAC) 10MG CAP | | \$ | 6.39 |
| 36455569 | ALTEPLASE(ACTIVASE)VIAL 100MG/100ML | J2997 | \$11 | 1,067.30 |
| 36455570 | K-Y JELLY | | \$ | 5.45 |
| 36455573 | XYLOCAINE/GLU 5% | | \$ | 30.75 |
| 36455574 | DANTROLENE (REVONTO) 20MG INJ | | \$ | 121.20 |
| | TIMOLOL (TIMOPTIC) 0.5% OPTH SOL 15ML | | \$ | 66.75 |
| | FLUOTHANE 250CC ML | | \$ | 110.70 |
| 36455581 | CAPTOPRIL(CAPOTEN) 25MG TAB | | \$ | 5.47 |
| | · · · · · · · · · · · · · · · · · · · | J1442 | \$ | 607.40 |
| | MOBIC MELOXICAM TAB | | \$ | 4.25 |
| 36455587 | FEXOFENADINE (ALLEGRA) 180MG TAB | | \$ | 6.32 |
| | SOTALOL (BETAPACE) 80MG TAB | | \$ | 6.00 |
| | | J1650 | \$ | 33.53 |
| | cloNIDine(CATAPRESS) 0.1MG TAB | | \$ | 4.25 |
| | CLOTRIMAZOLE (MYCELEX) 10MG LOZENGE | | \$ | 5.41 |
| | BUMETANIDE (BUMEX) 0.5MG TAB | | \$ | 4.25 |
| | CERUMENEX DROPS 12CC | | \$ | 25.60 |
| | POLYCARBOPHIL (FIBERCON) 625 MG TAB | | \$ | 4.25 |
| | MORPHINE ORAL CONC 20 MG/ML 30ML | | \$ | 46.55 |
| | EUCERIN/TRIAC 1:1 | | \$ | 18.70 |
| | ATROPINE 1% OPHTH DROPS 5ML | | \$ | 78.38 |
| | TRIPLE DYE APPLICATOR | | \$ | 14.95 |
| | | 90715 | \$ | 33.73 |
| | AVANDIA TAB | 007.10 | \$ | 7.25 |
| | DIABETA 5MG TAB | | \$ | 4.25 |
| | PRAVASTATIN (PRAVACHOL) 20MG TAB | | \$ | 7.25 |
| | · · · · · · · · · · · · · · · · · · · | J9000 | \$ | 36.00 |
| | PENICILLIN VK (PEN VK) 250MG TAB | 00000 | \$ | 4.26 |
| | EUCERIN CREAM 10Z | | \$ | 4.65 |
| | | J1250 | \$ | 42.80 |
| | INSULIN DRIP | 01200 | \$ | 39.75 |
| | SUCRALFATE (CARAFATE) MOUTH WASH | | \$ | 27.05 |
| | SODIUM CHLORIDE INH 0.9% | | \$ | 1.00 |
| | FAMOTIDINE(PEPCID) 20 MG TAB | | \$ | 5.54 |
| | LACTOBACILLUS GRANULES(FLORANEX) 1GM | | \$ | 4.25 |
| | LISINOPRIL (PRINIVIL) 5MG TAB | | \$ | 4.25 |
| | GLUCOSE ORAL GEL 37.5 GM | | \$ | 15.70 |
| | EUCERIN 80GM | | \$ | 14.35 |
| | | J0592 | \$ | 22.90 |
| | STERILE WATER SDV 10 ML | 00092 | \$ | 4.25 |
| | TERAZOSIN (HYTRIN) 1MG CAP | | \$ | 5.10 |
| | DIULO TAB | | \$ | 5.10 |
| | AMOXICILLIN (AMOXIL) 250MG CAP | | \$ | 4.25 |
| | TPN BAG 50%D 8.4AMIN | | φ \$ | 34.55 |
| | PREDNISOLONE ACE 1% OPHTH SOL 15ML | | φ \$ | 176.40 |
| | ENALAPRILAT(VASOTEC)VIAL 2.5MG/2 ML | | φ \$ | 38.20 |
| | , | J0456 | φ \$ | 53.94 |
| | NITROGLYCERN(NITROSTAT)0.4MG SL BOT | 00-00 | φ \$ | 44.87 |
| | DICLOFENAC SOD XR(VOLTAREN)50MG TAB | | φ \$ | 4.95 |
| | TRIAMCINOLONE (KENALOG) 0.1% LOTION 60ML | | φ \$ | 108.00 |
| | GUAIFENESIN IR(MUCINEX) 400MG TAB | | φ \$ | 4.25 |
| 00 - 00090 | COM LITEOUR IN (INICOLITEN) TOURIO IND | | Ψ | 7.20 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|---------|----------|----------------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 36455696 | ISOFLURANE (FORANE) 100 ML | | \$ | 181.95 |
| 36455699 | INDAPAMIDE(LOZOL) 2.5MG TAB | | \$ | 4.25 |
| 36455702 | ZOSTRIX CREAM | | \$ | 19.55 |
| 36455704 | DOMOBORO SOLUTION | | \$ | 21.30 |
| 36455705 | MAGNESIUM OX 400MG TAB | | \$ | 4.25 |
| | MUPIROCIN(BACTOBAN) 2% OINT 22GM | | \$ | 62.85 |
| | AMINOSYN 8.5% | | \$ \$ | 42.40 |
| | buPROPion (WELLBUTRIN)75MG TAB | | \$ | 6.25 |
| | CALCITONIN-SALMON NASAL SPRAY 200IU | | \$ | 138.54 |
| | LIDOCAINE 4% (EMLA) (LMX)CR 5GM | | \$ | 26.25 |
| | NIFEDIPINE XL(NIFEDICAL XL) 30MG TAB | | \$ | 5.60 |
| | SODIUM BICARB SYR 8.4% 50mEq/50 ML | | \$ | 34.39 |
| | HEPATITIS B VAC (ADULT) 20 MCG/ML | 90746 | \$ | 86.85 |
| | DICLOFENAC SODIUM DR 75 MG TAB | 00.10 | \$ | 4.25 |
| | DESMOPRESSIN NASAL SOL 0.01% 5ML | | \$ | 270.26 |
| | LOSARTAN (COZAAR) 50 MG | | \$ | 5.81 |
| | KETOROLAC (TORADOL) VIAL 30 MG/ML | J1885 | \$ | 28.40 |
| | ECONAZOLE(SPECTAZOLE) 1% CR 15GM | 01000 | \$ | 126.75 |
| | SODIUM PHOSPHATE VIAL 60MEQ (NF) | | \$ | 25.24 |
| | PROPAFENONE (RYTHMOL) 150MG TAB | | \$ | 5.25 |
| | TOBRAMYCIN(TOBREX) OPHTH SOL 5ML | | \$ | 32.69 |
| | RANITIDINE(ZANTAC) 50MG/2ML VIAL | J2780 | \$ | 39.57 |
| | INAPSINE DRIP | 32700 | \$ | 71.95 |
| | HEPATITIS IMMU GLOB IM | | \$ | 261.95 |
| | OMEPRAZOLE(PRILOSEC) 20MG DR CAP | | \$ | 4.35 |
| | predniSONE ORAL SOL 5MG/5ML | | \$ | 5.15 |
| | NAPROXEN (NAPROSYN) 375MG TAB | | φ \$ | 4.86 |
| | RANITIDINE (ZANTAC) SYRUP 15MG/ML | | \$ | 4.25 |
| | FLUTICASONE/SALMETEROL 250/50 60DSE | | \$ | 453.68 |
| | CLOTRIMAZOLE CRM 90 GM | | \$ | 41.95 |
| | MICONAZOLE (BAZA) 2% CR 28GM | | Φ | 22.76 |
| | MORPHINE ER (MS CONTIN) 15 MG TAB | | \$ \$ | 6.85 |
| | busPIRone (BUSPAR) 10 MG TAB | | \$ | 4.25 |
| | AVITENE 10MG JAR (NF) | | \$ | 147.15 |
| | NEOSTIGMINE (1:1000) MDV 1MG/ML | J2710 | \$ | 99.95 |
| | TPN DEXTROSE 50% | 327 10 | \$ | 66.05 |
| | FLUTICASONE(FLOVENT)HFA 110 MCG INH | | \$ | 295.42 |
| | VASOPRESSIN (PITRESSIN) 20 UNIT/ML | | \$ | 190.18 |
| | LOPID 600MG TAB | | \$ | 4.25 |
| | cefUROXime (CEFTIN) 500MG TAB | | \$ | 12.74 |
| | ADENOSINE (ADENOCARD) VIAL 6MG/2ML | J0153 | φ \$ | 36.20 |
| | MAGNESIUM SULFATE VIAL 5GM/10ML | J3475 | φ \$ | 28.36 |
| | ERYTHROMYCIN (ERYHTROCIN)VIAL 500 MG(NF) | J1364 | φ \$ | 99.04 |
| | AXID CAP | 31304 | φ \$ | 5.06 |
| | FENTANYL (DURAGESIC) PATCH 50MCG | | φ \$ | 46.35 |
| | · · · · · · · · · · · · · · · · · · · | | | 5.15 |
| | DOXAZOSIN(CARDURA) 1MG TAB | | \$ | 35.14 |
| | SULFA/TRIM(SEPTRA) IV 800/160 MG/10ML NF SODIUM CHLORIDE 50CC | | \$ | |
| | NEO/POLY/HC (CORTISPORIN) CR 7.5GM | | \$ \$ | 6.35 121.89 |
| | , | | | |
| | AZITHROMYCIN ORAL SUSP 200/5ML 30ML IBUPROFEN ORAL SUSP 100MG/5ML 4OZ | | \$ \$ | 38.68 7.85 |
| | DIPYRIDAMOLE/ASA(AGGRENOX) 25/200 MG CAP | | Ф \$ | 6.32 |
| | MORPHINE DRIP 250MG/D5W 250ML | | ъ \$ | 138.72 |
| | FENTANYL (DURAGESIC) PATCH 100MCG | | | 80.50 |
| | prednisoLONE (ORAPRED) SOL 15MG/5ML | | \$ ¢ | 6.90 |
| | , , | 12704 | \$ \$ | 74.15 |
| 30433003 | PROPOFOL(DIPRIVAN)SDV 10MG/ML 50 ML | J2704 | Φ | 14.13 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|---|---------|----------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 36455866 | BRETYLIUM AMP | | \$ | 63.25 |
| 36455868 | NAPHAZOL/PHENIRAMINE OPHTH SOL 15ML | | \$ | 28.56 |
| 36455873 | NESCAINE 3% INJ | | \$ | 35.60 |
| 36455874 | EDROPHONIUM (ENLON)10MG/ML DO NOT USE | | \$ | 48.00 |
| 36455875 | TOLTERODINE(DETROL) 1MG TAB (NF) | | \$ | 8.16 |
| 36455878 | CLONIDINE TTS 1 (CATAPRESS) PATCH | | \$ | 51.16 |
| 36455879 | FLUCONAZOLE (DIFLUCAN) 100MG TAB | | \$ | 12.55 |
| | FINASTERIDE (PROSCAR) 5MG TAB | | \$ | 6.61 |
| | ZOLPIDEM (AMBIEN) 5MG TAB | | \$ | 5.95 |
| | ACT CHARCOAL(ACTIDOSE) W/SORBITOL 50GM | | \$ | 54.08 |
| | MELATONIN 3MG TAB | | \$ | 4.25 |
| | SERTRALINE (ZOLOFT) 50MG TAB | | \$ | 4.25 |
| | RIFAMPIN (RIFADIN) 300MG CAP | | \$ | 8.39 |
| | LEVOFLOXACIN (LEVAQUIN) 250MG TAB | | \$ | 20.61 |
| | KETOROLAC (TORADOL) 10 MG TAB | | \$ | 5.96 |
| | WARFARIN (COUMADIN) 1MG TAB | | \$ | 4.99 |
| | BETAMETHASONE(CELESTONE)MDV 30 MG/5ML | J0702 | \$ | 66.36 |
| | LTA II KIT | 30702 | \$ | 40.20 |
| | BENAZEPRIL(LOTENSIN)5MG TAB | | \$ | 4.85 |
| | FENTANYL (DURAGESIC) PATCH 25MCG | | \$ | 41.45 |
| | FLUOR-1-STRIP | | \$ | 6.35 |
| | DILTIAZEM (CARDIZEM)VIAL 125MG/25ML | | \$ | 35.13 |
| | KENALOG INJ /10MG CLINIC | J3301 | φ \$ | 2.75 |
| | RHOGAM CLINIC | | φ \$ | 134.50 |
| | | J2790 | | |
| | CEFTRIOXONE IV/IM 250 MG CLINIC | J0696 | \$ | 7.50 |
| | KETOROLAC INJ 15 MG CLINIC | J1885 | \$ \$ | 8.00 |
| | SYNVISC CLINIC | J7325 | | 273.69 |
| | PROMETHAZINE INJ 50 MG CLINIC | J2550 | \$ | 8.25 |
| | MEPERIDINE IN J. CLINIC | J2175 | \$ | 8.25 |
| | CELESTONE INJ/ 60 MG CLINIC | J0702 | \$ | 11.52 |
| | N20 AND O2 | 04400 | \$ | 19.75 |
| | RADICAL RESECTION LOWER LEG | 01482 | \$ | 68.04 |
| | OMNIPAQUE | | \$ | 101.45 |
| | POTASSIUM CHL(KLOR CON) 20MEQ TAB | 10004 | \$ | 4.48 |
| | GEMCITABINE 1000MG/10 ML VIAL | J9201 | | 114.00 |
| | DARATUMUMAB(DARZALEX) 400MG/20ML VIAL | J9145 | \$ | 2,637.91 |
| | DOXORUBICIN 50MG/25ML INJ | J9000 | \$ | 66.00 |
| | CARFILZOMIB (KYPROLIS) 30MG VIAL | J9047 | \$ | 1,464.98 |
| | CARFILZOMIB (KYPROLIS) 60MG VIAL | J9047 | \$ | 2,929.95 |
| | KEYTRUDA 100MG VIAL | J9271 | \$ | 6,135.22 |
| | PALONOSETRON (ALOXI) 0.25 MG/5ML VL | J2469 | \$ | 383.04 |
| | BENDAMUSTINE 100MG/4 ML | J9034 | \$ | 6,359.21 |
| | IV INFUSION OTHER THAN CHEMO 1ST HOUR | 96365 | \$ | 460.00 |
| | IV INFUSION EACH ADDITONAL HR | 96366 | \$ | 100.00 |
| | TREATMENT ROOM | | \$ | 364.00 |
| | IV SEQUENTIAL INFUSION UP TO 1 HR | 96367 | \$ | 273.00 |
| | IV CONCURRENT INFUSION 1X / ENCOUNTER | 96368 | \$ | 156.00 |
| | BLOOD TRANSFUSION 1 UNIT | 36430 | \$ | 337.00 |
| | BLOOD TRANSFUSION 2 UNITS | 36430 | \$ | 673.00 |
| | BLOOD TRANSFUSION 3 UNITS | 36430 | \$ | 1,011.00 |
| | BLOOD TRANSFUSION UNITS | 36430 | \$ | 337.00 |
| | CENTRAL LINE DRESSING CHANGE BY NURSING | 99281 | \$ | 156.00 |
| | IV PUSH EACH NEW DRUG | 96375 | \$ | 92.00 |
| | IV PUSH INJECTION FIRST ONE | 96374 | \$ | 92.00 |
| | IV PUSH EACH ADDITIONAL SAME DRUG | 96376 | \$ | 92.00 |
| 37610083 | SCHEDULED IM/SQ INJECTION FEE | 96372 | \$ | 79.00 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFA | | | |
|---|---------|---------|--------|
| IVNUM IVDESC | IVCPTCD | | PRICE1 |
| 37610084 SCHEDULED IV THRPY HYDRATION 1ST HOUR | 96360 | \$ | 350.00 |
| 37610085 SCHEDULED IV THRPY HYDRATION ADD HOUR | 96361 | \$ | 95.00 |
| 37610086 CHEMO INFUSION FIRST HOUR | 96413 | \$ | 718.00 |
| 37610087 CHEMO ADDITIONAL HOUR SAME DRUG | 96415 | \$ | 153.00 |
| 37610088 CHEMO SEQUENTIAL INFUSION DIFFERENT DRUG | 96417 | \$ | 357.00 |
| 37610089 CHEMO INJECTION SUBQ OR IM | 96401 | \$ | 75.00 |
| 37610090 CHEMO IV PUSH SINGLE OR INITAL DRUG | 96409 | \$ | 369.00 |
| 37610091 CHEMO IV PUSH ADDITIONAL / OR SAME DRUG | 96411 | \$ | 314.00 |
| 38744000 ANESTHESIA PROCEDURE | | \$ | 9.00 |
| 38744001 IV START 3 YRS OF AGE & UNDER | 36400 | \$ | 240.00 |
| 38744003 ANESTHESIA AXILLARY NERVE BLOCK | 64417 | \$ | 966.00 |
| 38744004 ANESTHESIA BRACHIAL PLEXUS BLOCK | 6441559 | \$ | 966.00 |
| 38744005 ANESTHESIA ARTERIAL LINE | 36620 | \$ | 362.00 |
| 38744006 ANESTHESIA CVP> AGE 5 | 36556 | \$ | 483.00 |
| 38744007 ANESTHESIA CVI / AGE 3 | 62311 | \$ | 966.00 |
| 38744008 ANESTHESIA PICC LINE INSERTION | | э \$ | |
| | 36569 | | 483.00 |
| 38744009 ANESTHESIA EMERGENCY INTUBATION | 31500 | \$ | 723.00 |
| 38744010 ANESTHESIA UMBILICAL CATHETERIZATION | 36660 | \$ | 604.00 |
| 38744011 ANESTHESIA EMERGENCY | 99140 | \$ | 240.00 |
| 38744012 ANESTHESIA HYPOTENSION | 99135 | \$ | 604.00 |
| 38744013 ANESTHESIA AGE (<1 OR >70) | 99100 | \$ | 122.00 |
| 38744014 ANESTHESIA NEWBORN RESUSCITATION | 99465 | \$ | 966.00 |
| 38744015 ANESTHESIA E&M CRITICAL PT 30-74 MIN | 99291 | \$ | 966.00 |
| 38744016 ANESTHESIA E&M CRITICAL PT ADD 30 MIN | 99292 | \$ | 483.00 |
| 38744017 ANESTHESIA VENT MGMT INITIAL DAY | 94002 | \$ | 966.00 |
| 38744018 ANESTHESIA VENT MGMT SUBS DAY | 94003 | \$ | 604.00 |
| 38744019 ANESTHESIA IV START >AGE 3 | 36410 | \$ | 122.00 |
| 38744020 ANESTHESIA FEMORAL NERVE BLOCK | 64447 | \$ | 805.00 |
| 38744021 ANESTHESIA OTHER PERIPHERAL NERVE BLOCK | 64450 | \$ | 604.00 |
| 38744022 ANESTHESIA ARTERIAL PUNCTURE | 36600 | \$ | 122.00 |
| 38744023 ANESTHESIA PICC LINE PLACEMENT | 36481 | \$ | 483.00 |
| 38744024 MOD SEDATION > 5YRS 1ST 30 MIN | 99149 | \$ | 122.00 |
| 38744025 MOD SEDATION + 15 MIN | 99150 | \$ | 60.00 |
| 38744026 ANESTHESIA SPIN PUNCT LUMB DIAGNOSTIC | 62270 | \$ | 548.00 |
| 38744027 ANESTHESIA EPIDURAL BLOOD PATCH | 62273 | \$ | 966.00 |
| 38744028 ANESTHESIA CENTRAL LINE PLACEMENT | 36556 | \$ | 483.00 |
| 38744029 ANESTHESIA U/S GUIDED VASCULAR ACCESS | 76937 | \$ | 122.00 |
| 38744030 ANESTHESIA CPR | 92950 | \$ | 604.00 |
| 38744031 ANESTHESIA SCIATIC NERVE BLOCK SINGLE | 64445 | \$ | 805.00 |
| 38744032 ANESTHESIA ULTRA SOUND GUIDANCE PRO FEE | 76942 | \$ | 179.00 |
| 39000021 WOUND CARE W/ DEBRIDEMENT SELECT | 97597GP | \$ | 242.00 |
| 39000022 WOUND CARE /DEBRIDEMENT ADDITIONAL | 97598GP | \$ | 69.00 |
| 39500100 KNEE SUPPORT RED | | \$ | 110.00 |
| 39500102 BUTTRESS PADS | | \$ | 27.00 |
| 39500103 RELEASE PAD/KNEE SUP | | \$ | 53.00 |
| 39500104 KNEE SUPPORT SPLIT | | \$ | 163.00 |
| 39500105 FELT PAD, HORSE SHOE | | \$ | 57.00 |
| 39500191 HAND CONTROL SET | | \$ | 59.00 |
| 39500193 FAN SPRAY | | \$ | 32.00 |
| 39540034 SPANDAGE PER FOOT | | \$ | 9.00 |
| 39540035 SPANDAGE SIZE 9 PER FT | | \$ | 21.00 |
| 39540075 NUGAUZE | | \$ | 11.70 |
| 39740001 PT EVALUATION 20 MINUTES | 97161 | \$ | 188.00 |
| 39740002 PT EVALUATION 30 MINUTES | 97162 | \$ | 188.00 |
| 39740003 PT EVALUATION 45 MINUTES | 97163 | \$ | 188.00 |
| 39740004 PT RE- EVALUATION 20 MINUTES | 97164 | \$ | 110.00 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFI | | | |
|---|---------|---------|----------|
| IVNUM IVDESC | IVCPTCD | IV | PRICE1 |
| 39740006 THERAPEUTIC EXERCISE (INCLUDE ROM) | 97110 | \$ | 79.00 |
| 39740008 BLEDSOE KNEE BRACE | L2116 | \$ | 691.00 |
| 39740009 HEEL CUP | L3485 | \$ | 36.00 |
| 39740011 AQUATIC THERAPY W/ EXERCISE | 97113 | \$ | 86.00 |
| 39740012 RANGE OF MOTION | 97110 | \$ | 53.00 |
| 39740016 PT NEUROMUSCULAR RE-EDUCATION | 97112 | \$ | 79.00 |
| 39740018 PATELLA STRAP | 37 112 | \$ | 54.00 |
| 39740010 PATELLA STRAP 39740021 VASOPNEUMATIC DEVICES | 97016 | \$ | 63.00 |
| | | φ | |
| 39740023 WOUND CARE NON SPECIFIC | 97602 | \$ | 180.00 |
| 39740025 PT ELECTRICAL STIMULATION(MANUAL) | 97032 | \$ | 95.00 |
| 39740026 PT TESTS AND MEASURE (ADL ASSESSMENT) | 97750 | \$ | 79.00 |
| 39740029 SELF CARE/HOME MAN./ADL | 97535 | \$ | 79.00 |
| 39740031 WHIRLPOOL | 97022 | \$ | 79.00 |
| 39740032 GAIT TRAINING | 97116 | \$ | 79.00 |
| 39740035 IONTOPHORESIS | 97033 | \$ | 95.00 |
| 39740041 CHO PAT KNEE STRAPL | | \$ | 50.00 |
| 39740042 WHEELCHAIR MOBILITY/ PROPULSION | 97542 | \$ | 79.00 |
| 39740045 DRESSING CHANGE | 97799 | \$ | 83.00 |
| 39740047 PT CONTRAST BATH | 97034 | \$ | 63.00 |
| 39740048 NEGATIVE PRESSURE WOUND THERAPY SMALL | 97605 | \$ | 242.00 |
| 39740049 NEGATIVE PRESS. WOUND THERAPY LRG | 97606 | \$ | 281.00 |
| 39740050 PT ULTRASOUND (W or W/O CORTISONE) | 97035 | \$ | 86.00 |
| 39740052 TRACTION, MECHANICAL | 97012 | \$ | 79.00 |
| 39740055 HEEL PAD REMOVE/SPUR | L3485 | \$ | 49.00 |
| | | φ | |
| 39740058 PT ELECTRICAL STIM (UNATTENDED)MEDICARE | G0283 | \$ | 79.00 |
| 39740059 STAX SPLINT W/STRAP | | \$ | 21.00 |
| 39740064 META BAR-PAD/PR SALE | 07440 | \$ | 23.00 |
| 39740065 MANUAL THERAPY | 97140 | \$ | 95.00 |
| 39740070 PT ELECTRICAL STIMULATION(NON ATTENDED) | 97014 | \$ | 79.00 |
| 39740076 THERAPEUTIC/FUNCTIONAL ACTIVITY | 97530 | \$ | 79.00 |
| 39740078 JOINT JACK SPLINT | | \$ | 78.00 |
| 39740079 LEG LENGTH DISC PAD | | \$ | 26.00 |
| 39740082 EXERCISE BALL GREEN | | \$ | 78.00 |
| 39740088 EXERCISE BALL RED | | \$ | 86.00 |
| 39740089 LENG MED LAT WED | L3332 | \$ | 32.00 |
| 39740090 PT PARAFFIN BATH | 97018 | \$ | 63.00 |
| 39740093 CUSTOM SPLINT OT & PT | 29125 | \$ | 110.00 |
| 39740095 PT PROSTHETIC TRAINING | 97761 | \$ | 79.00 |
| 39740097 PLANTAR FLEX WEDGE | | \$ | 21.00 |
| 39740100 PT APPLICATION OF RIDGID TCC | 29445 | \$ | 193.00 |
| 39740108 KNEE BRACE/PATL PADS | L1815 | \$ | 177.00 |
| 39740111 KNEE THRUSTER BRACE | L1885 | \$ | 1,195.00 |
| 39740112 GAIT BELT | E0700 | \$ | 26.00 |
| 39740113 TAPING (UPPER ARM,FOREARM,HAND,FINGERS) | 29584 | \$ | 63.00 |
| 39740114 UNNA BOOT PROCEDURE | 29580 | \$ | 116.00 |
| | | φ \$ | 63.00 |
| 39740115 TAPING (ANKLE/FOOT) | 29540 | | |
| 39740116 TAPING (KNEE) | 29530 | \$ | 63.00 |
| 39740117 JOHNSON COUNTY SCHOOL DIST CHRG/15 MIN | | \$ | 27.00 |
| 39740118 CPM DAILY CHRG | 005.15 | \$ | 79.00 |
| 39740119 TAPING SHOULDER | 29240 | \$ | 63.00 |
| 39740120 EPLEY/CANALITH REPOSITIONING | 95992 | \$ | 79.00 |
| 39740121 MULTI LAYER WOUND COMPRESSION SYSTEM | 29581 | \$ | 110.00 |
| 39740200 OT INITIAL EVALUATION | 97003 | \$ | 179.00 |
| 39740201 OT RE- EVALUATION | 97004 | \$ | 105.00 |
| 39740202 OT SELF CARE /ADLs/ HOME MGMT | 97535 | \$ | 79.00 |
| 39740203 OT THERAPEUTIC EXERCISE 1 OR MORE | 97110 | \$ | 79.00 |
| | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | | | |
|----------|---|---------|---------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 39740204 | OT THERAPEUTIC ACTIVITIES (ONE ON ONE) | 97530 | \$ | 79.00 |
| 39740621 | ST EVALUATION OF ORAL & PHARYNGEAL SWALL | 92610 | \$ | 246.00 |
| 39740622 | ST TREATMENT OF SPEECH LANGUAGE VOICE | 92507 | \$ | 181.00 |
| 39740623 | ST TREATMENT OF SWALLOWING DYSFUNCTION | 92526 | \$ | 108.00 |
| | ST EVALUATION OF DYSARTHRIA | 92522 | \$ | 205.00 |
| | ST EVALUATION OF SPEECH LANGUAGE | 92523 | \$ | 431.00 |
| | ST EVALUATION OF SPEECH LANGUAGE ST EVALUATION OF VOICE | 92524 | Ψ \$ | 214.00 |
| | OT NEUROMUSCULAR RE-EDUCATION | 97112 | φ \$ | 105.00 |
| | | | | |
| | OT GAIT TRAINING | 97116 | \$ | 75.00 |
| | OT MASSAGE | 97124 | \$ | 105.00 |
| | OT MANUAL THERAPY | 97140 | \$ | 90.00 |
| | OT GROUP THERAPY EXERCISE | 97150 | \$ | 75.00 |
| | OT COGNITIVE DEVELOPMENT | 97532 | \$ | 105.00 |
| | OT SENSORY INTEGRATION | 97533 | \$ | 105.00 |
| | OT COMMUNITY WORK RE-INTEGRATION | 97537 | \$ | 105.00 |
| 39740777 | OT WHEELCHAIR MOBILITY / PROPULSION | 97542 | \$ | 79.00 |
| 39740778 | OT ULTRASOUND (W or W/O CORTISONE) | 97035 | \$ | 86.00 |
| 39740779 | OT ELECTRICAL STIMULATION(MANUAL) | 97032 | \$ | 95.00 |
| 39740780 | OT ELECTRICAL STIMULATION(NON ATTENDED) | 97014 | \$ | 79.00 |
| | OT ELECTRICAL STIM (UNATTENDED)MEDICARÉ | G0283 | \$ | 79.00 |
| | OT CONTRAST BATH | 97034 | \$ | 63.00 |
| | OT PARAFFIN BATH | 97018 | \$ | 63.00 |
| | OT ORTHOTIC TRAINING | 97760 | \$ | 79.00 |
| | OT PROSTHETIC TRAINING | 97761 | \$ | 79.00 |
| | OT EVALUATION 30 MINUTES | 97165 | \$ | 188.00 |
| | OT EVALUATION 30 MINUTES OT EVALUATION 45 MINUTES | | | 188.00 |
| | | 97166 | \$ | |
| | OT EVALUATION 60 MINUTES | 97167 | \$ | 188.00 |
| | OT RE-EVALUATION 30 MINUTES | 97168 | \$ | 110.00 |
| | TAPING (ELBOW / WRIST) | 29260 | \$ | 63.00 |
| | TAPING (HAND / FINGER) | 29280 | \$ | 63.00 |
| | BURN CARE SMALL <5% TOTAL BODY | 16020 | \$ | 242.00 |
| | BURN CARE MEDIUM <10% TOTAL BODY | 16025 | \$ | 242.00 |
| | BURN CARE LARGE >10% TOTAL BODY | 16030 | \$ | 242.00 |
| | DISPOSABLE NPWT | 97607 | \$ | 375.00 |
| 40740001 | OT COGNITIVE DEVELOPMENT | 97532 | \$ | 100.00 |
| 40740002 | OT COMMUNITY WORK RE-INTEGRATION | 97537 | \$ | 100.00 |
| 40740003 | OT CONTRAST BATH | 97034 | \$ | 60.00 |
| 40740004 | OT ELECTRICAL STIM (UNATTENDED)MEDICARE | G0283 | \$ | 75.00 |
| 40740005 | OT ELECTRICAL STIMULATION(MANUAL) | 97032 | \$ | 90.00 |
| | OT ELECTRICAL STIMULATION(NON ATTENDED) | 97014 | \$ | 75.00 |
| | OT EVALUATION 30 MINUTES | 97165 | \$ | 179.00 |
| | OT EVALUATION 45 MINUTES | 97166 | \$ | 179.00 |
| | OT EVALUATION 60 MINUTES | 97167 | \$ | 179.00 |
| | OT GAIT TRAINING | 97116 | \$ | 71.00 |
| | OT GROUP THERAPY EXERCISE | 97150 | \$ | 71.00 |
| | OT INITIAL EVALUATION | 97003 | \$ | 179.00 |
| | OT MANUAL THERAPY | 97140 | φ \$ | 86.00 |
| | OT MASSAGE | | | |
| | | 97124 | \$ | 100.00 |
| | OT NEUROMUSCULAR RE-EDUCATION | 97112 | \$ | 100.00 |
| | OT ORTHOTIC TRAINING | 97760 | \$ | 75.00 |
| | OT PARAFFIN BATH | 97018 | \$ | 60.00 |
| | OT PROSTHETIC TRAINING | 97761 | \$ | 75.00 |
| | OT RE- EVALUATION | 97004 | \$ | 105.00 |
| | OT RE-EVALUATION 30 MINUTES | 97168 | \$ | 105.00 |
| | OT SELF CARE /ADLs/ HOME MGMT | 97535 | \$ | 75.00 |
| 40740022 | OT SENSORY INTEGRATION | 97533 | \$ | 100.00 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|--|-----------|----------|--------|--|
| IVNUM IVDESC | IVCPTCD | IVF | PRICE1 | |
| 40740023 OT THERAPEUTIC ACTIVITIES (ONE ON ONE) | 97530 | \$ | 75.00 | |
| 40740024 OT THERAPEUTIC EXERCISE 1 OR MORE | 97110 | \$ | 75.00 | |
| 40740025 OT ULTRASOUND (W or W/O CORTISONE) | 97035 | \$ | 82.00 | |
| 40740026 OT WHEELCHAIR MOBILITY / PROPULSION | 97542 | \$ | 75.00 | |
| 40740199 OT COGNITIVE FUNCTION INTERVENTION /VST | 97127 | \$ | 200.00 | |
| 40740200 OT COGNITIVE FUNCTION INTERVENTION 15MIN | G0515 | \$ | 75.00 | |
| 40740260 COMPREHENSIVE AUDIOMETRY EVAL | 92557 | \$ | 152.00 | |
| 40740261 PURE TONE AUDIOMETRY AIR & BONE | 92553 | \$ | 88.00 | |
| 40740262 PURE TONE AUDIOMETRY; AIR ONLY | 92552 | \$ | 62.00 | |
| 40740263 SCREENING TEST, PURE TONE, AIR ONLY | 92551 | \$ | 39.00 | |
| | | φ | | |
| 40740265 SPEECH AUDIOMETRY THRESHOLD | 92555 | \$ | 38.00 | |
| 40740266 SPEECH DISCRIM SCORE | 92556 | \$ | 39.00 | |
| 40740267 SCHOOL CONTRACT 6 MO BASIC FOLLOW UP | | \$ | 97.00 | |
| 40740269 TYMPANOMETRY (IMPEDANCE TESTING) | 92567 | \$ | 38.00 | |
| 40740272 SCHOOL CONTRACT BASIC HEARING EVAL | | \$ | 131.00 | |
| 40740273 SCHOOL CONTRACT AUDIOLOGY FOLLOW UP | | \$ | 65.00 | |
| 40740276 TONE DECAY TEST | 92563 | \$ | 61.00 | |
| 40740280 VISUAL REINFORCEMENT AUDIOMETRY (VRA) | 92579 | \$ | 139.00 | |
| 40740281 CONDITIONING PLAY AUDIOMETRY | 92582 | \$ | 153.00 | |
| 40740286 STENGER TEST, PURE TONE | 92565 | \$ | 39.00 | |
| 40740287 STENGER TEST, SPEECH | 92577 | \$ | 39.00 | |
| 40740291 H.A. EXAM/SELECTION | 92590 | \$ | 254.00 | |
| 40740292 H.A. EXAM/SELECTION | 92591 | \$ | 287.00 | |
| 40740293 HEARING AID CHECK MO | 92592 | \$ | 36.00 | |
| 40740294 HEARING AID CHECK BI | 92593 | \$ | 60.00 | |
| 40740298 SWIM PLUGS CUSTOM | 02000 | \$ | 113.00 | |
| 40740303 HG AID FITTING/COUNS | V5011 | \$ | 308.00 | |
| 40740304 EARMOLD IMPRESSION | V5275 | \$ | 71.00 | |
| 40740305 DISPENSING FEE HG AID | V5110 | \$ | 560.00 | |
| 40740308 HANDLING CHG-REPAIR | V3110 | \$ | 87.00 | |
| 40740306 TIANDLING CITG-NEPAIR 40740342 TYMPANOMETRY & REFLEX THRESHOLD MEASURE | 92550 | φ \$ | 110.00 | |
| 40740344 ACOUSTIC IMMITTANCE TESTING | 92570 | φ \$ | 123.00 | |
| 40740354 ASSESSMENT OF TINNITUS | | | | |
| | 92625 | \$ | 87.00 | |
| 42740001 DIAGNOSTIC INTERVIEW EXAMINATION | 90801 | \$ | 292.00 | |
| 42740009 OCCUPATIONA THERAPY VST MEDICARE HH ONLY | G0152 | \$ | 147.95 | |
| 42740010 RN CHRG PER VISIT ONLY PP HH PATIENTS | | \$ | 60.00 | |
| 42740011 CNA CHRG PER VISIT ONLY PP HH PATIENTS | | \$ | 25.00 | |
| 42740014 COMPREHENSIVE ASSESSMENT FOR LTC INSU | | \$ | 103.00 | |
| 42740015 ASSESSMENT FOR LTC INSU | | \$ | 103.79 | |
| 42740100 RN VISIT W/C & COMM INSU PATIENTS | 99348 | \$ | 120.00 | |
| 42740110 RN VISIT MEDICARE HH PATIENTS ONLY | G0299 | \$ | 134.42 | |
| 42740111 PHYSICAL THERAPY VST MEDICARE HH ONLY | G0151 | \$ | 146.95 | |
| 42740112 SOCIAL SERVICE VISIT MEDICARE HH PT ONLY | G0155 | \$ | 215.47 | |
| 42740113 SPEECH THERAPY VISIT MEDICARE HH PT ONL | G0153 | \$ | 159.71 | |
| 42740115 RN CATH CHANGE WORKERS COMP PATIENT ONL | 99348 | \$ | 103.79 | |
| 42740116 CNA VISIT MEDICARE HH PATIENT ONLY | G0156 | \$ | 60.87 | |
| 42740120 OCCUPATIONAL TRPY HH VA PATIENTS ONLY | G0152GO | \$ | 120.17 | |
| 42740122 RN VISIT LTC WAIVER PATIENT ONLY | S9123 | \$ | 66.61 | |
| 42740123 CASE MGMT LTC WAIVER PATIENTS ONLY | T2024 | \$ | 8.81 | |
| 42740124 CNA VISIT LTC WAIVER PATIENTS ONLY | T1019 | \$ | 7.06 | |
| 42740125 RN VISIT MEDICAID PATIENT ONLY | G0299 | \$ | 85.00 | |
| 42740126 CNA VISIT MEDICAID ONLY PATIENTS | G0156 | \$ | 35.00 | |
| 42740127 CASE MGMT ALF WAIVER PATIENTS ONLY | T2024 | \$ | 4.00 | |
| 42740142 RN/SKILLED MILEAGE REIMBURSE HH PP | | \$ | 0.54 | |
| 42740143 RN/SKILLED/CNA MILEAGE REIMBURSE HH PP | | \$ | 0.54 | |
| 42740144 PHYSICAL THERAPY W/C & COMM INSURANCE | 97110 | \$ | 31.95 | |
| | - · · · • | T | 500 | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|---|---------|----------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 42740145 | SPEECH THERAPY VISIT HH VA PATIENTS ONLY | G0153GN | \$ | 121.67 |
| 42740146 | SOCIAL SERVICES HH VA PATIENTS ONLY | G0155 | \$ | 164.08 |
| 42740147 | OCCUPATIONA THERAPY W/C & COMM INSURANCE | 97799 | \$ | 99.00 |
| 42740148 | SPEECH THERAPY W/C & COMM INSURANCE | 92507 | \$ | 123.31 |
| 42741133 | CNA VISIT W/C & COMM INSU PATIENTS ONLY | 99347 | \$ | 66.72 |
| | RN VISIT HH VA PATIENT ONLY | G0299 | \$ | 25.60 |
| | CNA VISIT HH VA PATIENTS ONLY | G0156 | \$ | 5.84 |
| | PHYSICAL THERAPY HH VA PATIENTS ONLY | G0151 | \$ | 28.00 |
| | TRAVEL FOR CNA TO VISIT VA HH PATIENT | A0160 | \$ | 0.54 |
| | TRAVEL FOR RN/SKILLED TO VISIT VA PATIEN | A0160 | \$ | 0.54 |
| | RN CHRG ADMIT & DISCHARGE PLANNING HH PP | A0100 | \$ | 20.00 |
| | INTAKE/PSYCHIATRIC DIAGNOSTIC EVAL | 90791 | \$ | 309.00 |
| | PSYCHOTHERAPY,30 MIN W/PT & /OR FAMILY | 90832 | \$ | 132.00 |
| | | | φ \$ | |
| | PSYCO TRPY 45 MIN W/PT & OR FAMILY | 90834 | Ф \$ | 204.00 |
| | FAMILY TREATMENT WITH PATIENT | 90847 | | 247.00 |
| | FAMILY TREATMENT WITHOUT PATIENT | 90846 | \$ | 205.00 |
| | HEALTH & BEHVR ASSESS(PER 15 MINS UNITS | 96150 | \$ | 146.00 |
| | PSYCO TRPY 60MIN W/PT &/OR FAMILY MEMBER | 90837 | \$ | 273.00 |
| | PSYCO TRPY FOR CRISIS, FIRST 60 MIN | 90839 | \$ | 383.00 |
| | PSYCO TRPY ADD 30 MIN FOR CRISIS | 90840 | \$ | 69.00 |
| | INTERACIVE COMPLEXITY ADD ON CODE | 90785 | \$ | 69.00 |
| | EDUC/TRNG BRIEF 1/2 HOUR | 98960 | \$ \$ | 76.00 |
| | EDUC/TRNG INTERMEDIATE | 99213 | | 112.00 |
| | EDUC/TRNG COMPREHENSIVE | 99214 | \$ | 145.00 |
| 45742183 | EDUC/TRNG GROUP EDUCATION | 99078 | \$ | 42.00 |
| | EDUC/TRNG EXTENSIVE | 99215 | \$ | 217.00 |
| | PRE DIABETES MGMT 1 HR | | \$ | 62.00 |
| | NEW PT-DIABETES SLF MGMT EXPANDED EXAM | 99202 | \$ | 113.00 |
| | NEW PT-DIABETES SLF MGMT DETAILED EXAM | 99203 | \$ | 137.00 |
| | NEW PT-DIABETES COMPREHENSIVE EXAM | 99204 | \$ | 190.00 |
| | DIABETES SELF MGT INTERMEDIATE | 99212 | \$ | 102.00 |
| | INITIAL IN-PT CONSULTATION | 99252 | \$ | 145.00 |
| | NEW PT-DIAB SLF MGMT CMPREHSV EXM HI COM | 99205 | \$ | 229.00 |
| | EST PT-DIABETES SLF MGMT BRIEF EXAM MINI | 99211 | \$ | 112.00 |
| | DIABETES SELF MGT BRIEF | 99211 | \$ | 69.00 |
| 45742195 | DIABETES SELF MGT COMPREHEN | 99213 | \$ | 131.00 |
| 45742197 | EST PT-DIABETES SLF MGMT BRIEF EXAM | 99212 | \$ | 112.00 |
| 45742198 | EST PT-DIABETES SLF MGMT EXPANDED EXAM | 99213 | \$ | 132.00 |
| 45742199 | EST PT-DIABETES SLF MGMT DETAILED EXAM | 99214 | \$ | 200.00 |
| 45742200 | EST PT-DIABETES SLF MGMT COMPREH EXAM | 99215 | \$ | 200.00 |
| 45742201 | EST PT-DIAB SLF MGMT OUTPT 30 minutes | G0108 | \$ | 59.00 |
| 45742202 | EST PT-DIAB OUTPT-GROUP 1/2 HOUR | G0109 | \$ | 76.00 |
| 45742203 | GLUCOSE MONITORING UP TO 72 HOURS | 95250 | \$ | 299.00 |
| 45742204 | PATIENT EDUCATION BRIEF EXAMINATION | 99201 | \$ | 103.00 |
| 45742213 | JW MEDICAL NUTRI THER BRIEF | 99203 | \$ | 130.00 |
| 45742214 | JW MEDICAL NUTRI THER COMPR | 99205 | \$ | 229.00 |
| 45742215 | JW MEDICAL NUTRI THER INTER | 97802 | \$ | 56.00 |
| 45742216 | JW MEDICAL NUTRITION THERAPY, UNLISTED | 99499 | \$ | 70.00 |
| 45742925 | CHRONIC PAIN SUPPORT GRP | 90857 | \$ | 40.00 |
| 65451012 | ABRAXANE 100MG VIAL | J9264 | \$ | 1,269.60 |
| 65451023 | MECHLORETHAMINE 10 MG VIAL | J9230 | \$ | 381.70 |
| 65451024 | ERBITUX 200MG/100ML | J9055 | \$ | 89.32 |
| 65451025 | ERBITUX 100 MG/50ML | J9055 | \$ | 89.32 |
| 65451029 | PREPARATION FEE CHEMO | | \$ | 45.00 |
| 65451030 | ANZEMET 100MG TAB | | \$ | 83.22 |
| 65451031 | TORISEL 25 MG | | \$ | 2,161.29 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|---------------------------------------|----------------|---------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 65451033 | IXEMPRA IV 1MG | J9207 | \$ | 115.24 |
| 65451034 | DACARBAZINE 200 MG | J9140 | \$ | 55.35 |
| 65451035 | ARANESP 1 MCG | J0881 | \$ | 6.85 |
| 65451036 | NEULASTA 6 MG | J2505 | \$ | 4,533.60 |
| 65451037 | NEUPOGEN 480 MCG | J1441 | \$ | 461.94 |
| 65451038 | NEUPOGEN 300 MCG | J1440 | \$ | 294.50 |
| 65451039 | HALAVEN 1MG | | \$ | 1,542.50 |
| 65451040 | EMEND 150 MG VIAL | J1453 | \$ | 425.56 |
| 65451100 | VERSED 1MG | J2250 | \$ | 18.00 |
| 65451103 | CYTOSAR-U | J9110 | \$ | 65.64 |
| 65451125 | IRINOTECAN 100MG VIAL | J9206 | \$ | 57.83 |
| 65451137 | ONDANSETRON 1MG INJ | J2405 | \$ | 6.75 |
| 65451170 | ETOPOSIDE IV | J9181 | \$ | 13.25 |
| 65451271 | AREDIA IV 30MG/10ML VIAL | J2430 | \$ | 67.20 |
| | ZOLEDRONIC ACID 20 MG/5 ML VIAL | J3489 | \$ | 95.96 |
| | BLEOMYCIN 15 UNIT INJ | J9040 | \$ | 114.42 |
| | RITUXIMAB 500MG VIAL | J9310 | \$ | 4,861.28 |
| | PALONOSETRON (ALOXI) 0.25 MG/5ML VL | J2469 | \$ | 500.18 |
| | HEPARIN FLUSH IV | J1642 | \$ | 21.00 |
| | EPIRUBICIN 2MG | 01012 | \$ | 8.15 |
| | CARBOPLATIN 150MG/15ML VIAL | J9045 | \$ | 43.02 |
| | DEXAMETHASONE(DECADRON) 4MG TAB | 00040 | \$ | 4.25 |
| | EMEND 125MG/80MG PER 5 MG | J8501 | \$ | 6.89 |
| | DEXAMETHASONE IV/MG | J1100 | \$ | 2.60 |
| | NAVELBINE IV | J9390 | \$ | 128.78 |
| | OXALIPLATIN 100MG/20ML VIAL | J9263 | φ \$ | 261.20 |
| | INTRON 2B | J3590 | Ф \$ | 28.50 |
| | TOPOSAR/100MG | J9181 | \$ | 248.00 |
| | ANZEMET | J9161 J1260 | Ф \$ | 15.00 |
| | CISPLATIN INJ | | φ \$ | 62.40 |
| | FLUROURACIL IV | J9060 | Ф \$ | |
| | | J9190 | | 38.25 |
| | PACLITAXEL(TAXOL) 30MG/5ML VIAL | J9265 | \$ | 27.25 |
| 65451904 | | J9208 | \$ | 150.00 |
| | BENADRYL INJ | J1200 | \$ | 25.45 |
| | HYCAMTIN IV | J9350 | | 1,971.65 |
| | CYTOXAN INJ / 100 MG | J9070 | \$ | 26.30 |
| | BEVACIZUMAB (AVASTIN) 400MG/16ML VIAL | J9035 | \$ | 4,673.81 |
| | METHOTREXATE IV | J9260 | \$ | 38.00 |
| | SALINE FLUSH IV | J2912 | \$ | 21.75 |
| | VINCRISTINE 1MG | J9370 | \$ | 31.60 |
| | VINBLASTINE IV/ 1 MG | J9360 | \$ | 7.95 |
| | VELCADE 3.5 MG VIAL | J9041 | \$ | 2,095.60 |
| | FLUDARA IV | J9185 | \$ | 485.00 |
| | MANNITOL 12.5 GMS | | \$ | 35.00 |
| | ZOFRAN TAB | | \$ | 45.00 |
| | ATIVAN INJ | J2060 | \$ | 25.50 |
| 65455366 | DEXAMETHASONE INJ | J1100 | \$ | 10.50 |
| | HERCEPTIN IV | J9355 | \$ | 70.00 |
| 65455426 | GRANISETRON IV | J1626 | \$ | 267.20 |
| 65455468 | MESNA IV / 200 MG | J9209 | \$ | 23.50 |
| 65455481 | HEPARIN 20CC IV | | \$ | 21.00 |
| 65455488 | SODIUM CHLORIDE | | \$ | 21.75 |
| 65455642 | DOXORUBICIN/10MG INJ | J9000 | \$ | 36.00 |
| 65455682 | LEUCOVORIN CALC 350MG VIAL | J0640 | \$ | 41.27 |
| | DOXIL IV 10MG | J9001 | \$ | 976.39 |
| | TAXOTERE IV / 1MG | J9171 | \$ | 35.67 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | |
|--|----------------|----------|------------------|
| IVNUM IVDESC | IVCPTCD | | PRICE1 |
| 65455767 ZANTAC IV | J2780 | \$ | 20.00 |
| 65455769 NOVANTRONE 5 MG | J9293 | \$ | 400.00 |
| 65455877 LUPRON DEPOT 7.5 MG | J9217 | \$ | 1,750.00 |
| 65740551 CHEMO ADDITIONAL HOUR SAME DRUG | 96415 | \$ | 74.00 |
| 65745290 CHEMO INFUSION FIRST HOUR | 96413 | \$ | 333.00 |
| 65745291 CHEMO SEQUENTIAL INFUSION DIFFERENT DRUG | 96417 | \$ | 225.00 |
| 65745292 CHEMO INJECTION SUBQ OR IM | 96401 | \$ | 65.00 |
| 65745293 CHEMO IV PUSH SINGLE OR INITAL SUBSTANCE | 96409 | \$ | 80.00 |
| 65745294 CHEMO IV PUSH ADDITIONAL / OR SAME SUB | 96411 | \$ | 80.00 |
| 70000014 UA DIP AUTOMATED W/O MICROSCOPY | 81003 | \$ | 9.00 |
| 70000016 HEMOCCULT BY PERO ACTIV FOR NEOPLASM SCR | 82270 | \$ | 6.00 |
| 70000018 TETANUS/DIPHTERIA TOXOIDS | 90718 | \$ | 30.00 |
| 70000020 POLIOVIRUS VACCINE, INACTIVE, IM OR SUBQ | 90713 | \$ | 37.00 |
| 70000021 MMR, LIVE, FOR SUBQ USE | 90707 | \$ | 76.00 |
| 70000022 HEMOPHILUS INFLUENZA-B 3-DOSE SCHED | 90647 | \$ | 37.00 |
| 70000023 HEP A VACCINE ADULT DOSE FOR IM USE | 90632 | \$ | 61.00 |
| 70000024 HEP B VACCINE ADULT DOSE FOR IM USE | 90746 | \$ | 61.00 |
| 70000025 TB TEST, TRANSDERMAL | 86580 | \$ | 18.00 |
| 70000026 INFLUENZA VACCINE, SPLIT VIRUS, 3+ YEARS | Q2038 | \$ | 17.68 |
| 70000027 PNEUMOVAX VACCINE POLYSACCHARI 23 VALENT | 90732 | \$ | 77.85 |
| 70000028 PNEUMOCOCCAL CONJUGATE VACCINE 7 VALENT | 90669 | \$ | 84.00 |
| 70000029 VARICELLA VACCINE, LIVE FOR SUBQ | 90716 | \$ | 154.00 |
| 70000030 ALLERGY SINGLE INJECTION | 95115 | \$ | 20.00 |
| 70000031 ALLERGY 2 OR MORE INJECTIONS | 95117 | \$ | 24.00 |
| 70000033 DEPO ESTRADIOL UP TO 55 MG | J1000 | \$ | 24.00 |
| 70000034 DEPO-PROVERA 150 MG INJ | J1050 | \$ | 106.00 |
| 70000035 DEPO TESTOSTERONE 1 mg | J1071 | \$ | 0.08 |
| 70000036 VITAMIN B 12 1000 MCG INJ | J3420 | \$ | 9.00 |
| 70000037 DEPO MEDROL 40MG INJ | J1030 | \$ | 9.00 |
| 70000038 DEPO MEDROL 80MG INJ | J1040 | \$ | 20.00 |
| 70000039 KENALOG 40 MG/ ML INJ | J3301 | \$ | 16.00 |
| 70000040 TORADOL / KETORALAC 30 OR 60MG INJ | J1885 | \$ | 16.00 |
| 70000041 SYNVISC (OLD VERSION) 1 ML INJ | J7325 | \$ | 260.00 |
| 70000042 PHENERGAN / PROMETHAZINE 50MG/ML INJ | J2550 | \$ | 8.25 |
| 70000043 DEMEROL 50 MG/ML INJ | J2175 | \$ | 9.00 |
| 70000044 BETAMETHASONE (CELESTONE) 6MG INJ | J0702 | \$ | 10.00 |
| 70000045 INCISION AND DRAINAGE ABCESS | 10060 | \$ | 132.97 |
| 70000046 THERAPEUTIC, PROPHYLACTIC/DIAG INJECTION | 96372 | \$ | 23.00 |
| 70000047 DESTRUCTION PREMALIGNANT LESION | 17000 | \$ | 31.92 |
| 70000048 INJECTION SMALL JT/BURSA | 20600 | \$ | 83.67 |
| 70000049 INJECTION INTERMED JT/BURSA 70000050 INJECTION MAJOR JT/BURSA | 20605 | \$ | 92.31 |
| | 20610 | \$ | 124.49 |
| 70000051 CONTROL HEMORRHAGE (NOSE) 70000052 PESSARY PLACEMENT | 30901 57160 | \$ | 178.22 130.47 |
| | 57160 00105 | \$ | |
| 70000054 PHLEBOTOMY, THERAPEUTIC 70000055 SHORT ARM CAST | 99195 | \$ | 49.00 126.98 |
| 70000055 SHORT ARM CAST 70000056 SHORT LEG CAST | 29075 | \$ | 120.96 |
| 70000056 SHORT LEGICAST 70000057 ESTABLISHED PATIENT-OP/OFFICE VISIT | 29705 | \$ | 43.68 |
| | 99211 | \$ | |
| 70000058 NURSE REMOV IMPACTED CEREUM WASH UNILATE 70000059 MC PROSTATE EXAM | 69209 G0102 | \$ ¢ | 30.00 11.65 |
| 70000059 MC PROSTATE EXAM 70000060 MANUAL REMOVAL IMPACTED CERUMEN UNILATER | 69210 | \$ \$ | 30.08 |
| 70000060 MANUAL REMOVAL IMPACTED CEROMEN UNITATER 70000061 MC CERVICAL SCREEN | G0101 | Ф \$ | 7.36 |
| 70000001 MC CERVICAL SCREEN 70000062 PLANTAR FASCIITIS INJECT | 20550 | Ф \$ | 88.39 |
| 70000063 TRIGGER PT INJECTION 1-2 MUSCLES | 20552 | φ \$ | 85.31 |
| 70000064 TRIGGER PT INJECTION 1-2 MOSCLES 70000064 TRIGGER PT INJECTION 3+ MUSCLES | 20553 | э \$ | 88.91 |
| 70000065 I&D PILONIDALCYST | 10080 | φ \$ | 321.46 |
| 10000000 IQD I IEONIDAEO I O I | 10000 | Ψ | JZ 1.40 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | | |
|---|-----------------------------|---------|---------|--------|
| IVNUM IVDESC | | IVCPTCD | IVF | RICE1 |
| 70000066 OSTEOPATHIC MA | ANIP TRTMNT 1-2 REGIONS | 98925 | \$ | 50.04 |
| 70000067 OSTEOPATH MAN | IIP TRTMNT, 3-4 REGIONS | 98926 | \$ | 64.56 |
| 70000068 OSTEOPATH MAN | IIP TRTMNT, 5-6 REGIONS | 98927 | \$ | 76.46 |
| 70000071 OSTEOPATH MAN | | 98929 | \$ | 95.69 |
| 70000079 OSTEOPATH MAN | | 98928 | \$ | 86.98 |
| 70000080 LARYNGOSCOPY | | 31505 | \$ | 286.76 |
| 70000081 WELCOME TO ME | | G0402 | \$ | 26.51 |
| 70000082 METHOTREXATE | .STO/ ITC | J9250 | \$ | 28.00 |
| 70000084 DESTRUCTION 15 | OP MORE LESIONS | 17004 | \$ | 184.95 |
| 70000084 DESTRUCTION 13 | | 17111 | φ \$ | 191.11 |
| 70000085 DESTRUCT 15+ BI | | 11055 | φ \$ | 87.79 |
| | | | Ф \$ | |
| 70000087 PARING OF 2-4 LE | | 11056 | | 103.28 |
| 70000088 PARING OF 4+ LE | | 11057 | \$ | 125.01 |
| 70000089 REMOVAL SKIN TA | | 11200 | \$ | 108.02 |
| | S EA ADDITIONAL 10 LESIONS | 11201 | \$ | 25.64 |
| 70000091 INJECTION MULTI | | 36471 | \$ | 626.18 |
| | IPERFIC WOUND 2.5CM OR LES | 12001 | \$ | 293.90 |
| | CALP,NECK,TRUNK 2.6-7.5CM | 12002 | \$ | 300.77 |
| | CALP,NECK,TRUNK7.6-12.5CM | 12004 | \$ | 349.64 |
| 70000095 SIMPL REPAIR FA | | 12011 | \$ | 304.71 |
| 70000096 SIMPLE REPAIR F | · | 12013 | \$ | 338.73 |
| 70000097 SIMPLE REPAIR F | | 12014 | \$ | 374.54 |
| 70000098 TRTMT OF SUPER | RF WOUND DEHISCENCE, SIMPLE | 12020 | \$ | 395.63 |
| 70000099 REPAIR INTERME | DIATE WOUND 2.5 CM OR < | 12031 | \$ | 358.01 |
| 70000100 REPAIR INTERME | DIATE 2.6 - 7.5 CM | 12032 | \$ | 453.32 |
| 70000101 REPAIR INTERME | DIATE WOUND 7.6 - 12.5 CM | 12034 | \$ | 515.13 |
| 70000102 REPAIR INTERME | DIATE WOUND 2.5 CM OR < | 12041 | \$ | 403.30 |
| 70000103 REPAIR INTERME | DIATE WOUND 2.6-7.5 CM | 12042 | \$ | 415.25 |
| 70000104 REPAIR INTERME | DIATE WOUND 2.5 CM OR < | 12051 | \$ | 415.11 |
| 70000105 REPAIR INTERME | DIATE WOUND 2.6 - 5.0 CM | 12052 | \$ | 442.97 |
| 70000106 SHAVE LESION, T | RUNK/EXT .5 CM OR LESS | 11300 | \$ | 113.67 |
| 70000107 SHAVE LESION,TF | RUNK/ EXT .6 -1.0 CM | 11301 | \$ | 151.11 |
| 70000108 SHV LESION TRUI | NK,EXT > 2.0 CM | 11303 | \$ | 213.44 |
| 70000109 SHV LESION TRUI | NK,EXT 1.1-2.0 CM | 11302 | \$ | 182.06 |
| 70000110 SHV SINGL LES, .9 | 5 OR < | 11305 | \$ | 113.73 |
| 70000111 SHV LESION .6-1.0 | O CM | 11306 | \$ | 159.71 |
| 70000112 SHV LESION 1.1-2 | .0 CM | 11307 | \$ | 182.73 |
| 70000113 SHV LESION 2.0 C | CM OR > | 11308 | \$ | 201.80 |
| 70000114 SHV LESION FACE | E,EARS .5 CM OR < | 11310 | \$ | 138.85 |
| 70000115 SHV LESION FACE | E, EAR .6-1.0 CM | 11311 | \$ | 169.27 |
| 70000116 SHV LESION FACE | E,EAR 1.1-2.0 CM | 11312 | \$ | 194.09 |
| 70000117 SHV LESION FACE | E,EAR > 2.0 CM | 11313 | \$ | 240.44 |
| 70000118 EXCISE MALIG LE | | 11600 | \$ | 280.58 |
| 70000119 EXCISE MALIG LE | | 11601 | \$ | 322.30 |
| 70000120 INJECTION SINGL | | 20551 | \$ | 85.31 |
| 70000122 INJECTION FEMO | | 64447 | \$ | 645.60 |
| 70000124 AVULSION OF NA | | 11730 | \$ | 158.00 |
| 70000125 NAIL SURGERY E | | 11732 | \$ | 81.84 |
| 70000126 EVACUATION OF | | 11740 | \$ | 64.50 |
| 70000127 EXCISION NAIL & | | 11750 | \$ | 379.34 |
| | CONJUCTIV FOREIGN BODY | 65210 | \$ | 93.93 |
| | REIGN BODY EYE EXTERNAL | 65205 | \$ | 77.88 |
| 70000130 INCISION & REMC | | 10120 | \$ | 105.84 |
| 70000131 REMOVAL OF FB | | 69200 | \$ | 225.58 |
| 70000132 FB REMOVAL NOS | | 30300 | \$ | 389.46 |
| 70000134 PUNCTURE ASPIR | | 10160 | \$ | 179.56 |
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| JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO, WY 82834 | | | |
|---|---------|----|----------|
| IVNUM IVDESC | IVCPTCD | | PRICE1 |
| 70000135 ASPIRATION GANGLION CYST | 20612 | \$ | 87.13 |
| 70000136 BX SKIN OR SUBQ TISSUE, SINGLE LESION | 11100 | \$ | 173.24 |
| 70000137 BX SKIN LESION EACH ADDITIONAL | 11101 | \$ | 48.54 |
| 70000138 EXCISION BENIGN LESION 0.5 CM OR < | 11400 | \$ | 166.70 |
| 70000139 EXCISION BENIGN LESION 0.6-1.0 CM | 11401 | \$ | 199.65 |
| 70000140 EXCISION BENIGN LESION 1.1-2.0 CM | 11402 | \$ | 224.45 |
| 70000141 EXCISION BENIGN LESIONS 2.1-3.0 CM | 11403 | \$ | 254.81 |
| 70000142 EXCISION BENIGN LESION 3.1-4.0 CM | 11404 | \$ | 294.39 |
| 70000143 EXCISION BENIGN LESION OVER 4.0 CM | 11406 | \$ | 388.13 |
| 70000144 EXCISE BENIGN LESION 0.5 CM OR LESS | 11420 | \$ | 167.34 |
| 70000145 EXCISE BENIGN LESION 0.6 - 1.0 CM | 11421 | \$ | 213.96 |
| 70000146 EXCISE BENIGN LESION 1.1 - 2.0 CM | 11422 | \$ | 233.35 |
| 70000147 EXCISE BENIGN LESION 2.1 - 3.0 CM | 11423 | \$ | 260.92 |
| 70000148 EXCISION BENIGN LESION FACE, EAR .5 OR < | 11440 | \$ | 178.01 |
| 70000149 EXCISE BENIGN LESION FACE, EARS .6-1.0 CM | 11441 | \$ | 224.11 |
| 70000150 EXCISE BENIGN LESION FACE, EARS 1.1-2.0CM | 11442 | \$ | 256.79 |
| 70000151 EXCISE BENIGN LESION FACE, EARS 2.1-3.0CM | 11443 | \$ | 301.72 |
| 70000152 DEBRIDEMENT EXTENSIVE ECZEMATOUS SKIN | 11000 | \$ | 163.59 |
| 70000153 EXCISION LESION MUCOSA W/SIMPLE REPAIR | 40812 | \$ | 726.64 |
| 70000156 I&D COMPLEX POST OP WOUND INFEC | 10180 | \$ | 324.16 |
| 70000158 ASPIRATION OF CYST OF BREAST | 19000 | \$ | 247.13 |
| 70000159 ANNUAL WELLNESS VISIT SUBSEQUENT | G0439 | \$ | 44.00 |
| 70000160 ANNUAL WELLNESS VISIT FIRST | G0438 | \$ | 52.00 |
| 70000161 PROLONGED PHY SERVICE IN OFFICE | 99354 | \$ | 249.27 |
| 70000162 PROLONGED PHY SERV IN OFFICE ADD 30 MINU | 99355 | \$ | 87.36 |
| 70000163 I&D HEMATOMA, SEROMA OR FLUID | 10140 | \$ | 393.96 |
| 70000165 INJECTION ANESTHETIC AGENT | 64455 | \$ | 82.49 |
| 70000166 V-EXCISION W/PRIMRY DIRECT LINEAR CLOSUR | 40520 | \$ | 1,673.12 |
| 70000167 LIGATION OR BX,TEMPORAL ARTERY | 37609 | \$ | 1,165.33 |
| 70000168 EXCISION, TUMOR, SOFT TISSUE OF SHOULDER | 23071 | \$ | 1,663.22 |
| 70000170 BIOPSY OF ANORECTAL WALL ,ANAL APPROACH | 45100 | \$ | 1,021.48 |
| 70000171 DESTRUCT CUTANEOUS VAS PROLIFERATIVE LES | 17106 | \$ | 999.45 |
| 70000173 BIOPSY OF TONGUE POSTERIOR 1/3 | 41105 | \$ | 581.29 |
| 70000174 EXCISION, TUMOR, SOFT TISSUE NECK | 21556 | \$ | 1,806.23 |
| 70000175 REMOV IMPACTED CERUM WASH UNILATERAL | 69209 | \$ | 30.00 |
| 70000176 ACNE SURGERY / MARSUPIALIZATION | 10040 | \$ | 156.60 |
| 70000178 EXCISE BENIGN LESION 3.1 TO 4.0 CM | 11424 | \$ | 698.63 |
| 70000180 BIOPSY OF TONGUE, ANTERIOR 2/3 | 41100 | \$ | 247.41 |
| 70000181 REMOV IMPACTED CERUM WASH BILATERAL | 6920950 | \$ | 40.00 |
| 70000182 MANUAL REMOV IMPACTED CERUMEN BILATERAL | 6921050 | \$ | 40.86 |
| 70000184 NURSE MANUAL REMV IMPAC CERUMEN UNIL W/I | 69210 | \$ | 68.00 |
| 70000185 NURSE MANUAL REMV IMPAC CERUMEN BILA W/I | 6921050 | \$ | 78.00 |
| 70000196 PROLIA | | \$ | 1,438.00 |
| 70000197 CIMZIA 400MG | J0717 | \$ | 3,503.20 |
| 70000198 ONDANSETRON 4MG ORAL | | \$ | 4.00 |
| 70000199 DEBRIDEMENT TC SUBQ TISSUE 20 CM 2 | 11042 | \$ | 335.51 |
| 70000200 EXCISION MALIGNANT LESION 1.1 - 2.0 CM | 11602 | \$ | 186.75 |
| 70000201 I&D OF ABSCESS,COMPLICATED | 10061 | \$ | 793.19 |
| 70000202 I&D OF VULVA OR PERINEAL ABSCESS | 56405 | \$ | 449.75 |
| 70000203 I&D OF OF ABSCESS, EYELID | 67700 | \$ | 923.22 |
| 70000205 BUPIVACAINE 23.5 MG/ML | | \$ | 160.00 |
| 70000206 SYNVISC (NEW VERSION) 6ML INJ | J7325 | \$ | 571.00 |
| 70000207 ZOFRAN 4MG ORAL | | \$ | 2.00 |
| 70000208 LASIX 20 MG | J1940 | \$ | 1.50 |
| 70000209 GARDASIL HPV VACCINATION | 90649GY | \$ | 223.00 |
| 70000212 KENALOG 60 MG INJ | J3301 | \$ | 24.00 |
| | | | |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|-----------|--|---------|----|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 70000213 | KENALOG 80 MG / 2CC INJ | J3301 | \$ | 32.00 |
| 70000214 | ROCEPHIN/ CEFTRIAXONE (2g) PER 250 MG IN | J0696 | \$ | 40.00 |
| 70000215 | ZOFRAN 8 MG ORAL | A9270GY | \$ | 8.00 |
| 70000216 | ZOFRAN 1 MG / ML INJ | J2405 | \$ | 4.00 |
| 70000217 | DILAUDID UP TO 4MG IM | J1170 | \$ | 8.00 |
| 70000221 | EXCISION MALIGNANT LESION 2.1 - 3.0 CM | 11603 | \$ | 223.74 |
| | EXCISION MALIGNANT LESION 3.1- 4.0 CM | 11604 | \$ | 245.74 |
| | EXCISION MALIGNANT LESION .5 CM OR < | 11620 | \$ | 286.03 |
| | EXCISION MALIGNANT LESION 0.6 - 1.0 CM | 11621 | \$ | 345.14 |
| | EXCISION MALIGNANT LESION 1.1 - 2.0 CM | 11622 | \$ | 385.62 |
| | EXCISION MALIGNANT LESION .5 CM OR < | 11640 | \$ | 300.20 |
| | EXCISION MALIGNANT LESION 0.6 - 1.0 CM | 11641 | \$ | 358.00 |
| | EXCISION MALIGNANT LESION 1.1 - 2.0 CM | 11642 | \$ | 409.44 |
| | EXCISION MALIGNANT LESION 2.1 - 3.0 CM | 11643 | \$ | 468.60 |
| | EXCISION MALIGNANT LESION 2.1 - 3.0 CM | 11623 | \$ | 744.74 |
| | EXCISION MALIGNANT LESION OVER 4 CM | 11606 | \$ | 949.19 |
| | | | | |
| | EXCISION MALG LES SCALP NECK HANDS >4CM | 11626 | \$ | 1,133.52 |
| | EXCISION MALIGNANT LESION 3.1-4.0 CM | 11624 | \$ | 875.92 |
| | EXCISION SUBMANDIBULAR GLAND | 42440 | \$ | 2,143.21 |
| | COMPLEX REPAIR SCALP ARM LEG 1.1-2.5 | 13120 | \$ | 447.61 |
| | BIOPSY VAGINAL MUCOSA SIMPLE | 57100 | \$ | 348.33 |
| | ENDOMETRIAL BX | 58100 | \$ | 179.98 |
| | CAUTERY OF CERVIX | 57510 | \$ | 187.57 |
| | COLPOSCOPY CERVIX | 57452 | \$ | 155.95 |
| | COLPOSCOPY WITH BIOPSY | 57454 | \$ | 218.07 |
| | INSERT NON-INDWELLING CATH | 51701 | \$ | 117.80 |
| | TEMPORARY INDWELLING CATHETER | 51702 | \$ | 160.40 |
| | PESSARY SUPPLY | | \$ | 121.00 |
| | DIAGNOSTIC UPPER GI ENDOSCOPY | 43235 | \$ | 984.28 |
| 70000310 | EGD W/ BX SINGLE OR MULTIPLE | 43239 | \$ | 1,183.44 |
| 70000312 | MEDICARE SCREENING | G0104 | \$ | 107.67 |
| 70000314 | D & C | 58120 | \$ | 361.05 |
| 70000315 | DILATION OF CERVICAL CANAL | 57800 | \$ | 71.46 |
| 70000316 | ADMINISTRATION OF PNEUMO VACCINE | G0009 | \$ | 19.33 |
| 70000317 | ADMINISTRATION OF FLU VACCINE | G0008 | \$ | 17.96 |
| 70000318 | VIVITROL | J2315 | \$ | 785.82 |
| 70000320 | ROCEPHIN/ CEFTRIAXONE (1g) PER 250 MG IN | J0696 | \$ | 30.00 |
| 70000322 | CLOSE TR DISTAL RADIAL FX W/O MANIP | 25600 | \$ | 595.28 |
| 70000323 | IMMUNIZATION ADMINISTRATION 1 VACCINE | 90471 | \$ | 21.72 |
| 70000324 | CLOSED TRTMNT OF DISTAL FIB FX | 27786 | \$ | 775.48 |
| 70000326 | CLOSED TREATMENT OF VERTEBRAL FRACTURE | 22305 | \$ | 244.58 |
| 70000327 | CLOSED TREAT METATARS FX W/O MANIPULATIO | 28470 | \$ | 375.93 |
| 70000328 | CLOSED TRMT BIMALLEOLAS ANKLE FRAC W/M | 27810 | \$ | 1,810.99 |
| | BIOPSY OF VULVA/PERINEUM | 56605 | \$ | 139.08 |
| | IMMUNIZ ADMIN EACH ADDITIONAL VACC | 90472 | \$ | 21.72 |
| | ADMINISTRATION OF HEPATITIS B VACCINE | G0010 | \$ | 22.00 |
| | LARYNGOSCOPY, DIRECT | 31515 | \$ | 941.39 |
| | EXCISION SACRAL PRESSURE ULCER | 15936 | \$ | 3,347.41 |
| | ANCEF 500 MG IM | J0690 | \$ | 40.00 |
| | DESTRUCTION BENIGN LESIONS UP TO 14 | 17110 | \$ | 12.28 |
| | INJECTION AMPICILLIN PER 1.5 G | J0295 | \$ | 7.00 |
| | OPEN TRMT DISTAL PHALANGEAL FRACTURE | 26765 | \$ | 2,073.75 |
| | CLOSED TRMT DISTAL PHALANGEAL FRACTURE | 26750 | \$ | 941.41 |
| | CLOSED TRMT ULNAR FRACTURE | 25650 | \$ | 1,105.64 |
| | CLSD TRMT PROXIMAL HUMERAL FX W/O MANIPU | 23600 | \$ | 640.31 |
| | CLSD TRMT PHALANGE FX W/MANIPULATION | 26725 | \$ | 1,100.07 |
| , 55555-0 | CLOS ITAMIT I IN LETATOL I A VVIVIVITALI OLATION | 20,20 | Ψ | 1,100.01 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFAL | • | | |
|----------|---|---------|----------------|----------|
| IVNUM | IVDESC | IVCPTCD | IV | PRICE1 |
| 70000347 | CLSD TRMT PHALANGE FX W/O MANIPULATION | 26720 | \$ | 889.44 |
| 70000348 | CLSD TRMT ARTICULAR FRAC,INVOL,METARCARO | 26740 | \$ | 818.38 |
| 70000349 | CLSD TRMT METACARPAL SINGLE | 26600 | \$ | 1,414.99 |
| 70000350 | CLSD TRMT GRTR HUMERAL TUBEROSITY FRAC | 23620 | \$ | 889.88 |
| 70000351 | CLSD TRMT CARPAL SCAPHOID W/O MANIPULATI | 25622 | \$ | 1,023.29 |
| 70000352 | CLSD TRMT PHALANGES NOT GREAT TOE | 28510 | \$ | 578.73 |
| | CLOSED TRMT ULNAR FRACTURE PROXIMAL | 24670 | \$ | 923.77 |
| | APPLICATION OF LONG ARM CAST | 29065 | \$ | 145.29 |
| | TRANSITIONAL CARE MGMT W/IN 14 DAYS | 99495 | \$ | 193.27 |
| | TRANSITIONAL CARE MGMT W/IN 7 DAYS | 99496 | \$ | 273.41 |
| | CARPAL TUNNEL INJECTION | 20526 | \$ | 110.49 |
| | MENINGOCOCCAL VACCINE SUB Q | 90733 | \$ | 126.00 |
| | LORAZEPAM / ATIVAN 2 MG IM | J2060 | \$ | 7.00 |
| | | | φ \$ | |
| | CLOSE FIBULA FRACTURE | 27780 | | 695.02 |
| | GENTAMICIN INJECTION 80 MG INJ | J1580 | \$ | 4.00 |
| | CLEOCIN 300MG TAB ORAL ANTIBIOTIC | A9270GY | \$ | 16.00 |
| | TOBACCO CESSATION >3 MIN UP TO 10MIN | 99406 | \$ | 24.73 |
| | TOBACCO CESSATION >10 MINUTES | 99407 | \$ | 52.10 |
| | NERVE BLOCK GREATER OCCIPITAL NERVE | 64405 | \$ | 227.83 |
| | SOLUMEDROL 125MG INJ | J2930 | \$ | 9.00 |
| | TDAP IMMUNIZATION | 90715GY | \$ | 40.00 |
| 70000424 | TD TETANUS & DIPTHERIA TOXOIDS >7YRS OLD | 90714GY | \$ | 30.00 |
| 70000425 | DIAZAPAM /VALIUM 5 MG inj | J3360 | \$ | 27.00 |
| 70000427 | INCISION OF THROMBOSED HEMORRHOID, EXT | 46083 | \$ | 271.98 |
| 70000428 | MORPHINE 10 MG INJ | J2270 | \$ | 9.00 |
| | ZOFRAN 4 MG ORAL | A9270GY | \$ | 4.00 |
| | LARYNGOSCOPY DIRECT DIAG EXCEPT NEWBORN | 31525 | \$ | 949.74 |
| 70000431 | INTRALESIONAL INJ UP TO & INCLUD 7 LESIO | 11900 | \$ | 94.41 |
| | DEBRIDEMENT NAIL(S) ANY METHOD 1-5 | 11720 | \$ | 55.38 |
| 70000434 | NERVE BLOCK OTHER PERIPHERAL NERVE | 64450 | \$ | 248.44 |
| 70000493 | REMOVAL FB CORNEAL W/O SLIT LAMP | 65220 | \$ | 277.09 |
| 70000494 | INFLUENZA VACC,QUAD,SPLIT INTRAMUSCLE 3+ | 90688 | \$ | 17.84 |
| 70000495 | INFLUENZA VACCINE QUADRIVALEN INTRANASAL | 90672 | \$ | 25.73 |
| 70000496 | PNEUMOCOCCAL CONJUGATE VACCINE 13 VALENT | 90670 | \$ | 153.96 |
| 70000497 | INFLUENZA VACC QUAD SPLIT,PRESER FREE 3+ | 90686 | \$ | 19.00 |
| 70000498 | INFLUENZA VACCINE, SPLIT VIRUS, HIGH DOSE | 90662 | \$ | 53.37 |
| 70000499 | IMITREX 6 MG INJ | J3030 | \$ | 56.00 |
| 70000500 | SOLUMEDROL 40 MG INJ | J2920 | \$ | 8.00 |
| 70000501 | TYPHOID VACCINE, IM | 90691 | \$ | 107.00 |
| 70000502 | CLOSED TRTMT DISTAL RAD FX W/MANIP | 25605 | \$ | 1,005.74 |
| 70000503 | BIOPSY OF CERVIX | 57500 | \$ | 432.86 |
| 70000504 | EXCISION EXTERNAL EAR, PARTIAL | 69110 | \$ | 1,925.33 |
| 70000505 | DESTRUCTION MALIGNANT LESION | 17280 | \$ | 215.48 |
| | DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | \$ | 3.26 |
| | ANOSCOPY | 46600 | \$ | 161.84 |
| 70000528 | INJECTION VITAMIN K PER 1 MG | J3430 | \$ | 7.00 |
| | REPAIR FINGER EXTENSOR TENDON | 26418 | \$ | 1,446.16 |
| | REMOVAL OF PORTACATH | 36590 | \$ | 1,000.63 |
| | 25 OFFICE VISIT NEW PATIENT | G046325 | \$ | 61.00 |
| | 25 OFFICE VISIT ESTABLISHED PATIENT | G046325 | \$ | 49.00 |
| | DIAGNOSTIC BONE MARROW BIOPSY/ASPIRATION | 38222 | \$ | 754.15 |
| | OFFICE VISIT NEW PATIENT | G0463 | \$ | 61.00 |
| | OFFICE VISIT ESTABLISHED PATIENT | G0463 | \$ | 49.00 |
| | PROF FEE NEW PATIENT BRIEF | 99202 | \$ \$ \$ | 56.63 |
| | PROF FEE NEW PATIENT LIMITED | 99203 | \$ | 85.79 |
| | PROF FEE NEW PATIENT INTERMEDIATE | 99204 | \$ | 144.84 |
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| JOHNSON COUNTY HEALTHCARE CEI | • | | |
|---|-------------|----------------|--------|
| IVNUM IVDESC | IVCPTCD | IVP | RICE1 |
| 71000003 PROF FEE NEW PATIENT COMPREHENSIN | /E 99205 | \$ | 189.16 |
| 71000004 PROF FEE EST PATIENT MINIMAL | 99211 | \$ | 10.32 |
| 71000005 PROF FEE EST PATIENT BRIEF | 99212 | \$ | 28.50 |
| 71000006 PROF FEE EST PATIENT LIMITED | 99213 | \$ | 57.46 |
| 71000007 PROF FEE EST PATIENT EXTENDED | 99214 | \$ | 88.00 |
| 71000008 PROF FEE EST PATIENT COMPREHENSIV | | \$ | 124.43 |
| 71000045 PROF FEE I & D ABCESS | 10060 | \$ | 111.03 |
| 71000049 PROFFEE MC INJ ONLY | 96372 | \$ | 23.22 |
| 71000040 PROFFEE MICHAGONET 71000047 PROFFEE DESTRUCT 1ST PREMALIG LES | | φ | 60.08 |
| | | \$ \$ \$ | |
| 71000048 PROF FEE ABS INJ MIN JT/BURSA | 20600 | Ф | 40.33 |
| 71000049 PROF FEE ABS INJ INTERMED JT/BURSA | 20605 | \$ | 42.69 |
| 71000050 PROF FEE ABS INJ MAJ JT/BURSA | 20610 | \$ | 52.51 |
| 71000051 PROF FEE CONTROL HEMORRHAGE (NOS | , | \$ | 63.78 |
| 71000052 PROF FEE PESSARY PLACEMENT | 57160 | \$ | 52.53 |
| 71000054 PROF FEE PHLEBOTOMY | 99195 | \$ | 136.73 |
| 71000055 PROF FEE SHORT ARM CAST | 29075 | \$ | 71.02 |
| 71000056 PROF FEE SHORT LEG CAST | 29405 | \$ | 71.02 |
| 71000059 PROF FEE PROSTATE DIGITAL RECTAL EX | XAM G0102 | \$ \$ \$ | 9.91 |
| 71000060 PROF FEE MANUAL REMOVAL IMPACTED | CERUM 69210 | \$ | 37.14 |
| 71000061 PROF FEE MC CERVICAL SCREEN | G0101 | \$ | 31.30 |
| 71000062 PROF FEE PLANTAR FASCILITIS INJECT | 20550 | \$ | 44.61 |
| 71000063 PROF FEE TRIGGER PT 1-2 MUSCLES | 20552 | \$ | 43.15 |
| 71000064 PROF FEE TRIGGER PT 3+ MUSCLES | 20553 | \$ \$ | 49.09 |
| 71000004 PROFFEE I&D PILONIDALCYST | 10080 | \$ | 118.54 |
| 71000003 PROFFEE OSTEOPATHIC MANIPULATIVE | | | 26.96 |
| | | φ | |
| 71000067 PROF FEE OSTEOPATHIC MANIPULATIVE | | ф | 40.44 |
| 71000068 PROF FEE OSTEOPATHIC MANIPULATIVE | | \$ \$ \$ | 53.54 |
| 71000071 PROF FEE OSTEOPATHIC MANIPULATIVE | | \$ | 81.31 |
| 71000079 PROF FEE OSTEOPATHIC MANIPULATIVE | | \$ | 67.02 |
| 71000080 PROF FEE LARYNGOSCOPY | 31505 | \$ | 55.24 |
| 71000081 PROF FEE WELCOME TO MEDICARE | G0402 | \$ | 142.76 |
| 71000082 PROF FEE WELCOME TO MEDICARE EKG | | \$ | 9.51 |
| 71000084 PROF FEE DESTRUCT PREMALIG LESION | | \$ | 113.05 |
| 71000085 PROF FEE DESTRUCTION 15+ WARTS | 17111 | \$ | 97.89 |
| 71000086 PROF FEE PAIRING OF WART | 11055 | \$ | 18.21 |
| 71000087 PROF FEE PAIRING OF 2-4 WARTS | 11056 | \$ | 25.72 |
| 71000088 PROF FEE PAIRING OF 4+ | 11057 | \$ | 33.99 |
| 71000089 PROF FEE REMOVAL SKIN TAGS UP TO 15 | 5 11200 | \$ | 83.98 |
| 71000090 PROF FEE REMOVAL EA ADDL 10 SKIN TA | AGS 11201 | \$ | 19.36 |
| 71000091 PROF FEE INJ MULTIPLE VEINS SAME LEG | G 36471 | \$ | 86.82 |
| 71000092 PROF FEE SIMPLE REPAIR 2.5CM OR LES | | \$ | 50.10 |
| 71000093 PROF FEE SIMPLE REPAIR 2.6 TO 7.5CM | 12002 | \$ | 66.23 |
| 71000094 PROF FEE 7.6 12.5 CM | 12004 | \$ | 82.36 |
| 71000095 PROF FEE SIMPLE REPAIR WOUND FACE | | \$ \$ | 62.29 |
| 71000096 PROF FEE 2.6 - 5.0CM | 12013 | \$ | 65.27 |
| 71000097 PROF FEE 5.1 7.5CM | 12014 | \$ | 84.15 |
| 71000097 PROFFEE TREATMENT OF SUPERFICIAL | | \$ | 214.37 |
| | | φ \$ | |
| 71000099 PROF FEE REPAIR INTERMED WOUND 2.5 | | | 174.99 |
| 71000100 PROF FEE REPAIR INTERMED WOUND 2.6 | | \$ | 222.68 |
| 71000101 PROF FEE REPAIR INTERMED WOUND7.6 | | \$ | 256.87 |
| 71000102 PROF FEE REPAIR INTERMED WOUND 2.5 | | \$ | 171.70 |
| 71000103 PROF FEE REPAIR INTERMED WOUND 2.6 | | \$ | 228.75 |
| 71000104 PROF FEE REPAIR INTERMED WOUND 2.5 | | \$ | 195.89 |
| 71000105 PROF FEE REPAIR INTERMED WOUND 2.6 | | \$ | 233.03 |
| 71000106 PROF FEE SHV LESION TRUNK,EXT .5 OR | | \$ | 40.33 |
| 71000107 PROF FEE SHV LESION TRUNK,EXT .6-1.0 | CM 11301 | \$ | 60.89 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFA | | | |
|--|---------|---------|--------|
| IVNUM IVDESC | IVCPTCD | IVF | PRICE1 |
| 71000108 PROF FEE SHV LESION TRUNK EXT > 2.0 CM | 11303 | \$ | 84.56 |
| 71000109 PROF FEE SHV LESION TRUNK,EXT 1.1-2.0 CM | 11302 | \$ | 71.94 |
| 71000110 PROF FEE SHV LESION .5 CM OR < | 11305 | \$ | 44.27 |
| 71000111 PROF FEE SHV LESION .6-1.0 CM | 11306 | \$ | 59.29 |
| 71000112 PROF FEE SHV LESION 1.1-2.0 CM | 11307 | \$ | 76.27 |
| 71000113 PROF FEE SHV LESION 2.0 CM OR > | 11308 | \$ | 84.20 |
| 71000114 PROF FEE SHV LESION FACE, EARS .5 CM OR< | 11310 | \$ | 54.15 |
| 71000114 PROF FEE SHV LESION FACE,EAR .6-1.0 CM | 11311 | \$ | 74.73 |
| 71000113 PROFFEE SHV LESION FACE,EAR 1.0-1.0 CM | 11312 | | 88.91 |
| | | \$ | |
| 71000117 PROF FEE SHV LESION FACE,EAR >2.0 CM | 11313 | \$ | 114.56 |
| 71000118 PROF FEE EXICSE MALIG LESION .5 CM OR < | 11600 | \$ | 280.58 |
| 71000119 PROF FEE EXCISE MALIG LESION .6-1.0 CM | 11601 | \$ | 169.70 |
| 71000120 PROF FEE INJECTION SINGLE TENDON | 20551 | \$ | 48.69 |
| 71000121 PROF FEE REPAIR INTERMED WOUND 12.6-20.0 | 12035 | \$ | 273.76 |
| 71000122 PROF FEE INJ FEMORAL NERVE SINGLE | 64447 | \$ | 75.40 |
| 71000124 PROF FEE NAIL SURG SING NAIL (PARTIAL) | 11730 | \$ | 63.00 |
| 71000125 PROF FEE NAIL SURGERY SECOND NAIL | 11732 | \$ | 20.16 |
| 71000126 PROF FEE EVACUATION OF SUBUNGAL HEMATOMA | 11740 | \$ | 37.50 |
| 71000127 PROF FEE EXCISION NAIL & NAIL MATRIX | 11750 | \$ | 115.66 |
| 71000128 PROF FEE REMOV FOREIGN BODY EYE EMBEDDED | 65210 | \$ | 60.07 |
| 71000129 PROF FEE REMOVE FB EYE SUPERFICIAL | 65205 | \$ | 50.12 |
| 71000130 PROF FEE I&R OF FOREIGN BODY | 10120 | \$ | 204.16 |
| 71000131 PROF FEE FB REMOVAL EAR | 69200 | \$ | 53.42 |
| 71000131 PROFFEE FB REMOVAL NOSE | 30300 | \$ | 119.54 |
| 71000132 PROFFEE HEMATOMA SIMPLE | 10160 | φ \$ | 108.44 |
| | | | |
| 71000135 PROF FEE ASPIRATION GANGLION CYST | 20612 | \$ | 47.87 |
| 71000136 PROF FEE PUNCH BIOPSY (ALWAYS PATH FEE) | 11100 | \$ | 55.76 |
| 71000137 PROF FEE EACH ADDITIONAL LESION | 11101 | \$ | 28.46 |
| 71000138 PROF FEE EXCISE BENIGN LESION .5CM OR< | 11400 | \$ | 92.30 |
| 71000139 PROF FEE EXCISE BENIGN LESION 0.6-1.0 CM | 11401 | \$ | 118.35 |
| 71000140 PROF FEE BENIGN LESION DIAMETER UP TO .5 | 11402 | \$ | 130.55 |
| 71000141 PROF FEE EXCISE BENIGN LESION 2.1-3.0 CM | 11403 | \$ | 168.19 |
| 71000142 PROF FEE EXCISE BENIGN LESION 3.1-4.0 CM | 11404 | \$ | 184.61 |
| 71000143 PROF FEE BENIGN LESIONS DIAMETER .5CM | 11406 | \$ | 280.87 |
| 71000144 PROF FEE EXCISE BENIGN LESION .5 CM OR < | 11420 | \$ | 92.66 |
| 71000145 PROF FEE EXCISE BENIGN LESION .6-1.0 CM | 11421 | \$ | 125.04 |
| 71000146 PROF FEE EXCISE BENIGN LESION 1.1-2.0CM | 11422 | \$ | 155.65 |
| 71000147 PROF FEE EXCISE BENIGN LESION 2.1-3.0 CM | 11423 | \$ | 178.08 |
| 71000148 PROF FEE BENIGN LESION FACEEAREYELIDNOSE | 11440 | \$ | 117.99 |
| 71000149 PROF FEE BENIGN LESION 0.6 - 1.0 CM | 11441 | \$ | 149.89 |
| 71000150 PROF FEE EXCISE BENIGN LESION 1.1-2.0CM | 11442 | \$ | 165.21 |
| 71000151 PROF FEE EXCISE BENIGN LESION 2.1-3.0 CM | 11443 | \$ | 202.28 |
| 71000152 PROF FEE DEBRID EXTENSIVE ECZEMATOUS | 11000 | \$ | 32.41 |
| 71000153 PROF FEE DEBRID SKIN & SUBQ TISSUE | 11042 | \$ | 70.49 |
| 71000154 PROF FEE EXCI LESION MUCOSA W/SIMPLE REP | 40812 | \$ | 226.36 |
| 71000155 PROF FEE EXCISION TUMOR, SOFT TISSUE FACE | 21011 | \$ | 260.71 |
| 71000156 PROF FEE INC/DRA COMP POST OP WOUND INFE | 10180 | Ψ \$ | 200.71 |
| | | | |
| 71000157 PROF EXC BREAST LESION ID BY PREOPERATIV | 19125 | \$ | 519.94 |
| 71000158 PROF FEE PUNCTURE ASPIRATION CYST OF BRS | 19000 | \$ | 50.87 |
| 71000159 PROF FEE ANNUAL WELLNESS VISIT SUBSEQUEN | G0439 | \$ | 131.95 |
| 71000160 PROF FEE ANNUAL WELLNESS VISIT FIRST | G0438 | \$ | 193.92 |
| 71000161 PROF FEE PROLONGED PHY SERV IN OFFICE | 99354 | \$ | 136.73 |
| 71000162 PROF FEE PROLONGED PHY SERV + 30 MIN OV | 99355 | \$ | 102.64 |
| 71000163 PROF FEE I&D HEMATOMA, SEROMA/FLUID | 10140 | \$ | 135.04 |
| 71000164 PROF FEE EXCISE MALIG LESION 3.1 TO 4.0 | 11644 | \$ | 325.07 |
| 71000165 PROF FEE INJ ANESTHETIC AGENT | 64455 | \$ | 39.51 |

| JOHNSON COUNTY HEALTHCARE CENTER, BUFFA | | | |
|---|---------|---------|--------|
| IVNUM IVDESC | IVCPTCD | IVF | PRICE1 |
| 71000166 PROF FEE V EXCIS W/PRIMARY DIRECT LINEAR | 40520 | \$ | 407.88 |
| 71000167 PROF FEE EXCIS TUMOR,SOFT TISSUE,SHOULDE | 23071 | \$ | 477.78 |
| 71000170 PROF FEE BIOPSY OF ANORECTAL WALL | 45100 | \$ | 342.68 |
| 71000171 PROF FEE DESTRUCT CUTANEOUS VAS LESION | 17106 | \$ | 315.55 |
| 71000173 PROF FEE BIOPSY OF TONGUE POSTERIOR 1/3 | 41105 | \$ | 127.71 |
| 71000174 PROF FEE EXCIS TUMOR, SOFT TISSUE, NECK | 21556 | \$ | 597.77 |
| 71000175 PROF FEE REMOV IMPACTED CERUM WASH UNILA | 69209 | \$ | 16.08 |
| 71000176 PROF FEE ACNE SURGERY | 10040 | \$ | 81.40 |
| 71000177 PROF FEE EXPLORE PENETRATING WOUND NECK | 20100 | \$ | 686.52 |
| 71000178 PROF FEE EXCISE BENIGN LESION 3.1 TO 4.0 | 11424 | \$ | 204.37 |
| 71000179 PROF FEE EXCISE TUMOR SOFT TISSUE<5CM | 21933 | \$ | 838.38 |
| 71000180 PROF FEE BIOPSY OF TONGUE, ANTERIOR 2/3 | 41100 | \$ | 122.60 |
| 71000181 PROF FEE REMOV IMPACTD CERUM WASH BILATE | 6920950 | Ψ \$ | 21.74 |
| 71000181 PROFFEE REMOVIMPACTO CERUM BILAT | 6921050 | | 37.14 |
| | | \$ | |
| 71000195 PROF FEE REPLACEMENT GASTROSTOMY TUBE | 49450 | \$ | 76.26 |
| 71000196 PROF EXC CYST/TUMOR BREAST 1+ LESIONS | 19120 | \$ | 469.02 |
| 71000197 PROF FEE CATHE PLCMNT SUPERVISION/INTER | 75989 | \$ | 137.45 |
| 71000198 PROF FEE US GUIDE VASCULAR ACCESS | 76937 | \$ | 35.58 |
| 71000199 PROF FEE NEG PRESSURE WOND TRPY LRG | 97606 | \$ | 31.75 |
| 71000200 PROF FEE EXCISE MALIG LESION 1.1-2.0 CM | 11602 | \$ | 186.75 |
| 71000201 PROF FEE I&D OF ABSCESS, COMPLICATED | 10061 | \$ | 206.81 |
| 71000202 PROF FEE I&D OF VULVA OR PERINEAL ABSCES | 56405 | \$ | 122.25 |
| 71000221 PROF FEE EXCISE MALIG LESION 2.1-3.0 CM | 11603 | \$ | 223.74 |
| 71000222 PROF FEE EXCISE MALIG LESION 3.1-4.0 CM | 11604 | \$ | 245.74 |
| 71000223 PROF FEE EXCISE MALIG LESION .5 CM OR < | 11620 | \$ | 137.97 |
| 71000224 PROF FEE EXCISE MALIG LESION .6-1.0 CM | 11621 | \$ | 170.86 |
| 71000225 PROF FEE EXCISE MALIG LESION 1.1-2.0 CM | 11622 | \$ | 195.38 |
| 71000226 PROF FEE EXCISE MALIG LESION .5 OR < | 11640 | \$ | 142.80 |
| 71000227 PROF FEE EXCISE MALIG LESION .6-1.0 CM | 11641 | \$ | 178.00 |
| 71000228 PROF FEE EXCISE MALIG LESION 1.1-2.0CM | 11642 | \$ | 209.56 |
| 71000229 PROF FEE EXCISE MALIG LESION 2.1-3.0 CM | 11643 | \$ | 262.40 |
| 71000230 PROF FEE EXCISE MALIG LESION 2.1-3.0 CM | 11623 | \$ | 242.26 |
| 71000231 PROF FEE EXCISE MALIG LESION OVER 4 CM | 11606 | \$ | 364.81 |
| 71000232 PROF FEE EXCISE MALG LES SCALP NECK >4CM | 11626 | \$ | 334.48 |
| 71000233 PROF FEE EXCISE MALIG LESION 3.1 TO 4.0 | 11624 | \$ | 274.08 |
| 71000234 PROF FEE EXCISE SUBMANDIBULAR GLAND | 42440 | \$ | 464.79 |
| 71000297 PROF FEE CMPLX RPR SCALP ARM LEG +5CM < | 13122 | \$ | 97.84 |
| 71000298 PROF FEE CMPLX RPR SCALP ARM LEG 1.1-2.5 | 13120 | \$ | 270.39 |
| 71000299 PROF FEE REPAIR INTERMED WOUND OVER 30.0 | 12037 | \$ | 373.35 |
| 71000302 PROF FEE ENDOMETRIAL BX | 58100 | \$ | 98.02 |
| 71000303 PROF FEE CRYO CERVIX | 57510 | \$ | 129.43 |
| 71000304 PROF FEE COLPOSCOPY | 57452 | \$ | 104.05 |
| 71000305 PROF FEE COLPOSCOPY WITH BIOPSY | 57454 | \$ | 151.93 |
| 71000306 PROF FEE CATH SIMPLE | 51701 | \$ | 29.20 |
| 71000307 PROF FEE FOLEY CATH | 51702 | \$ | 29.60 |
| 71000308 PROF FEE COLONOSCOPY SCREEN HIGH RISK | G0105 | \$ | 214.48 |
| 71000309 PROF FEE GASTROSCOPE (EGD) | 43235 | \$ | 142.72 |
| 71000310 PROF FEE EGD W/ BIOPSY | 43239 | \$ | 160.56 |
| 71000310 PROF FEE FLEX SIG DIAG W/OR W/O SPECIMEN | 45330 | \$ | 64.97 |
| 71000311 PROF FEE MEDICARE SCREENING | G0104 | \$ | 64.97 |
| 71000312 PROFFEE MEDICARE SCREENING 71000313 PROFFEE FLEX SIG WITH BX | 45331 | Ф \$ | 83.16 |
| 71000313 PROFFEE PLEX SIG WITH BX 71000314 PROFFEE D & C | 58120 | φ \$ | 245.95 |
| 71000314 PROFFEE D&C 71000315 PROFFEE DILATION CERVICAL CANAL | 57800 | φ \$ | 67.54 |
| 71000315 PROFFEE BIOPSY VAGINAL MUCOSA SIMPLE | 57100 | φ \$ | 75.67 |
| 71000310 PROFFEE BIOPSY VAGINAL MOCOSA SIMPLE 71000317 PROFFEE BIOPSY/ EXCISION LYMP NODE SUPE | 38500 | э \$ | 289.14 |
| 71000317 PROPIEE BIOPST/ EXCISION LYMP NODE SUPE 71000318 PROF FEE INTRAOPERATIN MAPPING LYMPH NOD | 38900 | Ф \$ | 156.31 |
| TIOUUSIO FINOI TEL INTRAOFERATIIN WAFFIING LTWIFT NOD | 30900 | φ | 130.31 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALC | • | | |
|----------|--|---------|----------|--------|
| IVNUM | IVDESC | IVCPTCD | IVP | RICE1 |
| 71000322 | PROF FEE CLOSE FRAC DISTAL END OF ULNA | 25600 | \$ | 353.72 |
| 71000324 | PROF FEE TRMT ANKLE FRACTURE DISTAL FIBU | 27786 | \$ | 324.52 |
| 71000327 | PROF FEE FRAC METATARSAL W/O MANIPULATIO | 28470 | \$ | 233.07 |
| | PROF FEE BIMALLEOLAS ANKLE FRAC W/MAN C | 27810 | \$ | 479.01 |
| | PROF FEE BIOPSY OF VULVA/PERINEUM | 56605 | \$ | 67.92 |
| | PROF FEE REMOVAL BREAST IMPLANTS | 1932850 | \$ | 564.24 |
| | PROF FEE SURG PREP/ EXCISION OPEN WOUND | 15002 | Ψ \$ | 257.69 |
| | | 15002 | э \$ | |
| | PROF FEE FULL THICK GRAFT 20 CM OR < | | | 701.37 |
| | PROF FEE PROLONGED EM NOT IN OV | 99358 | \$ | 125.25 |
| | PROF FEE DESTRUCT LESION ANUS ELECTRODES | 46910 | \$ | 153.27 |
| | PROF FEE DESTRUCT BENIGN LESION 1-14 | 17110 | \$ | 79.72 |
| | PROF FEE DESTRUCT LESION, ANUS; SURG EXCIS | 46922 | \$ | 154.59 |
| 71000340 | PROF FEE CLOSED FIBULA FRACTURE | 27780 | \$ | 316.98 |
| 71000341 | PROF FEE CLSD TRMT OF PELVIC RING,ILIUM | 27197 | \$ | 136.65 |
| 71000342 | PROF FEE OPN TRMT DISTAL PHALANGEAL FRAC | 26765 | \$ | 570.25 |
| 71000343 | PROF FEE CLSD TRMT DISTAL PHALANGEAL FX | 26750 | \$ | 209.59 |
| | PROF FEE CLSD TRMT ULNAR FRACTURE | 25650 | \$ | 340.36 |
| | PROF FEE CLSD TRMT PROXIMAL HUMERAL W/O | 23600 | \$ | 349.69 |
| | PROF FEE CLSD TRMT PHALANG FX W/MANIPULA | 26725 | \$ | 343.93 |
| | PROF FEE CLSD TRMT PHALANG FX W/O MANIPU | 26720 | \$ | 209.56 |
| | | 26740 | φ \$ | |
| | PROF FEE CLSD TRMT ARTICULAR FRACTURE | | | 245.62 |
| | PROF FEE CLSD TRMT VERTEBRAL FRACTURE | 26600 | \$ | 315.01 |
| | PROF FEE CLSD TRMT GRTR HUMERAL TUBEROSI | 23620 | \$ | 291.12 |
| | PROF FEE CLSD TRMT CARPAL SCAPHOID W/O M | 25622 | \$ | 316.71 |
| | PROF FEE CLSD TRMT PHALANGES NOT GRT TOE | 28510 | \$ | 137.27 |
| 71000353 | PROF FEE CLSD TRMT ULNAR FRACTURE PROXIM | 24670 | \$ | 298.23 |
| 71000354 | PROF FEE UNLISTED VASCULAR SURGERY | 37799 | \$ | 519.60 |
| 71000355 | PROF FEE LONG ARM CAST | 29065 | \$ | 77.71 |
| 71000360 | PROF FEE SCREENING PFT PBB | 9401026 | \$ | 9.51 |
| 71000361 | PROF FEE COMPLETE PFT PRE & POST PBB | 9406026 | \$ | 14.68 |
| 71000362 | PROF FEE AIRWAY INHALATION TRMT | 9464026 | \$ | 21.32 |
| | PROF FEE TCM SERVICES W/IN 14 DAYS | 99495 | \$ | 185.01 |
| | PROF FEE TCM SERVICES W/IN 7 DAYS | 99496 | \$ | 179.59 |
| | PROF FEE OBSV CARE/DAY PROBLEM FOCUSED | 99224 | \$ | 44.76 |
| | PROF FEE OBSV CARE/DAY EXPN PBLM FOCUSED | 99225 | \$ | 82.07 |
| | PROF FEE CARPAL TUNNEL INJECTION | 20526 | \$ | 65.51 |
| | PROF FEE DERMABOND | | | |
| | | G0168 | \$ | 32.07 |
| | PROF FEE RHYTHM STRP INTERP & REPORT | 93042 | \$ | 7.91 |
| | PROF FEE EKG INTERPR AND REPORT ONLY | 93010 | \$ \$ | 9.51 |
| | PROF FEE EX STRESS TST INTERP AND REPORT | 93018 | \$ | 16.68 |
| | PROF FEE HOLTER MONITOR INTERP | 93227 | \$ | 30.20 |
| | PROF FEE ABPM INTERP AND REPORT | 93790 | \$ | 21.06 |
| | PROF FEE PULMONARY FUNCTION | 94016 | \$ | 28.58 |
| 71000412 | PROF FEE OBSERVATION LOW ADMIT | 99218 | \$ | 112.11 |
| 71000413 | PROF FEE OBSERVATION HIGH ADMIT | 99220 | \$ | 208.84 |
| 71000414 | PROF FEE OBSERVATION DISMISS | 99217 | \$ | 82.15 |
| 71000415 | PROF FEE OSV/DISM SAME DAY LOW | 99234 | \$ | 149.28 |
| | PROF FEE OSV/DISM SAME DAY MODERATE | 99235 | \$ | 189.80 |
| | PROF FEE OSV/DISM SAME DAY HIGH | 99236 | \$ | 244.89 |
| | PROF FEE TOBACCO CESSATI >3MIN UPTO 10MI | 99406 | \$ | 16.27 |
| | PROF FEE TOBACCO CESSATION >10 MIN | 99407 | \$ | 28.90 |
| | PROF FEE EXCIS SOFT TISSUE OF NECK <3 CM | 21555 | \$ | 347.42 |
| | PROF FEE NERVE BLOCK OCCIPITAL NERVE | 64405 | φ \$ | 72.17 |
| | | | э \$ | |
| | PROF FEE LIGATION OR BX,TEMPORAL ARTERY | 37609 | | 235.67 |
| | PROF FEE EXCISION SOFT TISSUE BACK | 21930 | \$ | 415.44 |
| 71000424 | PROF FEE COLONOSCOPY SCREEN NON HIGH RSK | G0121 | \$ | 214.83 |

| | JOHNSON COUNTY HEALTHCARE CENTER, BUFFALO | • | | |
|-----------|---|---------------------|----------|----------|
| IVNUM | IVDESC | IVCPTCD | I۷ | PRICE1 |
| 71000425 | PROF FEE COLONOSCOPY W/BX & OR POLYPECTO | 45380 | \$ | 233.53 |
| 71000426 | PROF FEE CGM INTERPRETATION | 95251 | \$ | 40.45 |
| 71000427 | PROF FEE OBSERVATION MODERATE ADMIT | 99219 | \$ | 152.53 |
| | PROF FEE INSERT CENTRAL VENOUS ACCESS DV | 36561 | \$ | 386.12 |
| | PROF FEE INCISE EXTERNAL HEMORRHOID | 46083 | \$ | 122.02 |
| | | | | |
| | PROF FEE LARYNGOSCOPY DIAGNOSTIC | 31525 | \$ | 180.26 |
| | PROF FEE INJECT INTRALESIONAL UP TO 7 | 11900 | \$ | 35.59 |
| | PROF FEE DEBRIDEMENT NAIL;1 TO 5 | 11720 | \$ | 16.62 |
| | PROF FEE TRIMMING OF NAILS | 11719 | \$ \$ | 8.70 |
| | PROF FEE NERVE BLOCK OTHER PERIP NERVE | 64450 | \$ | 51.56 |
| | PROF FEE EXCIS SOFT TISSUE OF NECK > 3CM | 21552 | \$ | 507.45 |
| | PROF FEE AXILLARY LYMPHADENECTOMY COMPLE | 38745 | \$ | 996.82 |
| 71000437 | PROF FEE BIOPSY SOFT TISSUE OF NECK/THOR | 21550 | \$ | 179.30 |
| 71000438 | PROF FEE EXCISION SACRAL PRESSURE ULCER | 15936 | \$ | 1,008.59 |
| 71000439 | PROF FEE EXCISION TUMOR SOFT TISSUE 3CM> | 24071 | \$ | 462.49 |
| | PROF FEE EXCIS TUMOR BACK,FLANK 3CM OR < | 21931 | \$ | 534.46 |
| | PROF FEE REMOVAL FB CORNEAL W/O SLT LMP | 65220 | \$ | 47.91 |
| | PROF FEE REPAIR INTER WOUND 5.1 cm to 7. | 12053 | \$ | 249.11 |
| | PROF FEE BX /EXC OPEN, DEEP CERVICAL NO | 38510 | \$ | 474.94 |
| | PROF FEE COLONOSCOPY BY SNARE TECH | 45385 | \$ | 295.51 |
| | PROF FEE REPAIR INGUINAL HERNIA >5 YRS | | \$ | 591.64 |
| | | 49505 | | |
| | PROF FEE DIAGNOSTIC COLONOSCOPY | 45378 | \$ | 214.83 |
| | PROF FEE COLLE'S FRACTURE | 25605 | \$ | 578.26 |
| | PROF FEE BIOPSY OF CERVIX | 57500 | \$ | 85.14 |
| | PROF FEE EXCISION EXTERNAL EAR | 69110 | \$ | 366.67 |
| | PROF FEE DESTRUC MALIGNANT LESION | 17280 | \$ | 103.52 |
| 71000506 | PROF FEE DESTRCT PREMALIG LESION 2-14 EA | 17003 | \$ | 2.74 |
| 71000507 | PROF FEE LARYNGOSCOPY DIRECT | 31515 | \$ | 124.61 |
| 71000508 | PROF FEE LAP CHOLE W/ CHOLANGIOGRAPHY | 47563 | \$ | 812.53 |
| 71000509 | PROF FEE COLONOSCOPY REMOV POLYP ABLATIO | 45388 | \$ | 314.26 |
| 71000510 | PROF FEE EGD REMOVAL POLYP (ABLATION) | 43270 | \$ | 160.89 |
| 71000511 | PROF FEE REPAIR INGINAL HERNIA, SLIDING | 49525 | \$ | 650.80 |
| | PROF FEE LAP CHOLE W/ CHOLANGIOGRAPHY | 4756322 | \$ | 406.27 |
| | PROF FEE DIAGNOSTIC LAPAROSCOPY | 49320 | \$ | 371.60 |
| | PROF FEE REPAIR UMBIL HERNIA >5YRS | 49585 | \$ | 506.59 |
| | PROF FEE REPAIR INIT INCIS/VENT HERNIA | 49560 | \$ | 838.59 |
| | PROF FEE IMPLANT MESH /OTHER PROSTHESIS | 49568 | \$ | 315.27 |
| | PROF FEE REPAIR INITIAL FEMORAL HERNIA | 49550 | \$ | 654.55 |
| | PROF FEE REPR UMBIL HERNIA >5YRS INCARC | | φ \$ | 541.11 |
| | | 49587 | | |
| | PROF FEE SURGICAL LAPAROSCOPY | 44970 | \$ | 684.39 |
| | PROF FEE MASTECTOMY, SIMPLE, COMPLETE | 19303 | \$ | 1,086.71 |
| | PROF FEE MASTECTOMY, PARTIAL | 19301 | \$ | 738.44 |
| | PROF FEE REPAIR SPIGELIAN HERNIA | 49590 | \$ | 650.72 |
| | PROF FEE REPAIR RECURR INGUINAL HERNIA | 49520 | \$ | 718.11 |
| | MY ASST PBB REPAIR RECURR INGU HERNI | 4952080 | \$ | 359.06 |
| 71000526 | PROF FEE BX/EXCISION LYMPH NODE, DEEP | 38525 | \$ | 497.02 |
| 71000527 | PROF FEE ANOSCOPY | 46600 | \$ | 47.16 |
| 71000528 | PROF FEE RIGID PROCTOSCOPY | 45300 | \$ | 62.13 |
| 71000529 | PROF FEE CHANGE GASTROSTOMY TUBE | 43760 | \$ | 53.59 |
| 71000531 | PRO FEE AMPUTAT METATARSAL W/ TOE SINGLE | 28810 | \$ | 489.79 |
| | PRO FEE BURN CARE SM <5%TOTAL BODY | 16020 | \$ | 62.33 |
| | PRO FEE RPR INIT INCIS HRNIA INCARC/STRA | 49561 | \$ | 1,056.43 |
| | MY ASST PBB RPR INIT INCIS HRNIA INCAR/S | 4956180 | \$ | 528.22 |
| | MY ASST PBB IMPLANT MESH /OTHER PROSTHE | 4956880 | \$ | 157.64 |
| | MY ASST PBB LAP CHOLE W/CHOLANGIOGRAPH | 4756380 | \$ | 203.14 |
| | MY ASST PBB INGUINAL HERNIA RPR | 4950580 | \$ | 295.82 |
| 1 1000557 | WIT ACCULED INCOMMENDING INFO | 1 990000 | ψ | 233.02 |

| IVNUM | IVDESC | IVCPTCD | IVPRICE1 | |
|----------|--|---------|----------|--------|
| 71000538 | PRO FEE LAPAROSCOPY SURGICAL CHOLECYSTEC | 4756253 | \$ | 748.65 |
| 71000539 | MY ASST PBB LAPAROSCOPY SURGICAL CHOLEC | 4756280 | \$ | 374.33 |
| 71000540 | MY ASST MASTECTOMY SIMPLE COMPLETE | 1930380 | \$ | 543.36 |
| | PROF FEE REPAIR FINGER TENDON | 26418 | \$ | 651.84 |
| 71000902 | PROF FEE REMOVAL PORTACATH | 36590 | \$ | 217.37 |
| 71000903 | PROF FEE DR RUBY ER CONSULT LEVEL I | 99281 | \$ | 221.00 |
| 71000904 | PROF FEE DR RUBY ER CONSULT LEVEL II | 99282 | \$ | 342.00 |
| 71000905 | PROF FEE DR RUBY ER CONSULT LEVEL III | 99283 | \$ | 509.00 |
| 71000906 | PROF FEE DR RUBY ER CONSULT LEVEL IV | 99284 | \$ | 728.00 |
| 71200000 | MID LEVEL PROF FEE NEW PATIENT BRIEF | 99202GF | \$ | 56.63 |
| 71200001 | MID LEVEL PROF FEE NEW PATIENT LIMITED | 99203GF | \$ | 85.79 |
| 71200002 | MID LEVEL PROF FEE NEW PATIENT INTERMEDI | 99204GF | \$ | 144.84 |
| 71200003 | MID LEVEL PROF FEE NEW PATIENT COMP | 99205GF | \$ | 189.16 |
| 71200004 | MID LEVEL PROF FEE EST PATIENT MINIMAL | 99211GF | \$ | 10.32 |
| 71200005 | MID LEVEL PROF FEE EST PATIENT BRIEF | 99212GF | \$ | 28.50 |
| | MID LEVEL PROF FEE EST PATIENT LIMITED | 99213GF | \$ | 57.46 |
| | MID LEVEL PROF FEE EST PATIENT EXTENDED | 99214GF | \$ | 88.00 |
| 71200008 | MID LEVEL PROF FEE EST PATIENT COMPREHEN | 99215GF | \$ | 124.43 |
| 71200009 | MID LEVEL PROF FEE EKG INTERP & RPT ONLY | 93010GF | \$ | 9.51 |
| 71200300 | MID LEVEL PRO FEE I&D EYELID | 67700GF | \$ | 132.78 |
| | MID LEVEL PRO FEE I&D ABCESS | 10060GF | \$ | 111.03 |
| 71200302 | MID LEVEL PRO FEE DESTRUCT BENIGN LESION | 17110GF | \$ | 79.72 |
| | 25 PROF FEE NEW PATIENT BRIEF | 9920225 | \$ | 56.36 |
| 71300001 | 25 PROF FEE NEW PATIENT LIMITED | 9920325 | \$ | 85.79 |
| | 25 PROF FEE NEW PATIENT INTERMEDIATE | 9920425 | \$ | 144.84 |
| | 25 PROF FEE NEW PATIENT COMPREHENSIVE | 9920525 | \$ | 189.16 |
| | 25 PROF FEE EST PATIENT MINIMAL | 9921125 | \$ | 10.32 |
| | 25 PROF FEE EST PATIENT BRIEF | 9921225 | \$ | 28.50 |
| | 25 PROF FEE EST PATIENT LIMITED | 9921325 | \$ | 58.03 |
| | 25 PROF FEE EST PATIENT EXTENDED | 9921425 | \$ | 88.00 |
| | 25 PROF FEE EST PATIENT COMPREHENSIVE | 9921525 | \$ | 124.43 |
| 71800000 | PRO FEE DIAGNOSTIC BONE MARROW BIOPSY/AS | 38222 | \$ | 88.85 |