

**HIGHMARK**  
West Virginia



120 5<sup>th</sup> Ave Place Suite P3103  
Pittsburgh, PA 15222

**ELECTRONIC CLAIM ATTACHMENT COVER SHEET**

Date: 3/12/2021 Number of Pages (including cover sheet) 9

Attention: Payment Integrity, Host High Dollar Review: Kelly Rizor

Fax Number: (855) 329-8191

Highmark  
120 5<sup>th</sup> Ave Place Suite P3103  
Attention Integrity/Host-High Dollar review/Kelly Rizor  
Pittsburg, PA 15222

From: Charleston Area Medical Center

Fax number: 304-388-3570

Office Contact Name: Kathy H.

Phone number: 304-388-3728

Please check one of the following:

☒ This is a first time submitted electronic claim with the PWK indicator reported

On the claim. Patient account number: \_\_\_\_\_

☐ This information is for a claim already received by Highmark WV:

Patient Name: Dana Keen

Subscriber ID: YRP 508M 863168

Service Date: 2/12/2021 - 2/18/2021 Total Charges: \$206,787.15

Provider NPI: 195 239 0239

Attachment Control Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

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## ITEMIZED BILL

PAGE 1

DATE 03/12/2021  
TIME 02:08:05 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
10982145PATIENT NAME  
KEEN, DANAMEDICAL RECORD NUMBER  
256557BEGINNING DATE OF SERVICE  
021221ENDING DATE OF SERVICE  
021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0200	ROOM/BED: INTENSIVE CARE	5518.00	021221	1	5518.00	
0200	ROOM/BED: INTENSIVE CARE	5518.00	021321	1	5518.00	
0200	ROOM/BED: INTENSIVE CARE	5518.00	021421	1	5518.00	
0214	ROOM/BED: TELEMETRY	3720.00	021521	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	021621	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	021721	1	3720.00	
0250	AMIODARONE 500 MG/D5W 25		021221	1	16.81	
0250	EPINEPHRINE 4 MG/D5W 250		021221	1	71.32	
0250	INSULIN REGULAR 100 UNIT		021221	1	31.74	
0250	NOREPINEPHRINE (LEVOPHED		021221	1	18.68	
0250	DNU DEXMEDETOMIDINE 400		021221	1	23.27	
0250	METOPROLOL TARTRATE 25 M		021221	1	1.00	
0250	MIDAZOLAM PF 1 MG/ML 2 M		021221	1	1.96	
0250	LIDOCAINE 2% PF 5 ML VIA		021221	1	6.40	
0250	ROCURONIUM 10 MG/ML 5 ML		021221	2	20.01	
0250	PROPOFOL 10 MG/ML 20 ML		021221	1	4.57	
0250	PHENYLEPHRINE 1000 MCG/1		021221	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		021221	1	1.00	
0250	ANES EPHEDRINE 50 MG/10		021221	1	12.40	
0250	PHENYLEPHRINE 1000 MCG/1		021221	1	1.00	
0250	ANES EPHEDRINE 50 MG/10		021221	1	6.20	
0250	ANES EPHEDRINE 50 MG/10		021221	1	18.60	
0250	CEFAZOLIN 1 G/10 ML SWI		021221	2	5.84	
0250	ANES EPHEDRINE 50 MG/10		021221	1	12.40	
0250	ANES EPHEDRINE 50 MG/10		021221	1	12.40	
0250	NITROGLYCERIN 4MG/D5W 20		021221	1	1.00	
0250	CEFAZOLIN 1 G/10 ML SWI		021221	1	2.92	
0250	HEPARIN 1,000 UNITS/ML 1		021221	1	7.10	
0250	PAPAVERINE 30 MG/ML 2 ML		021221	5	442.04	
0250	ALBUMIN HUMAN 5% 250 ML		021221	1	102.48	
0250	ALBUMIN HUMAN 5% 250 ML		021221	1	102.48	
0250	METHADONE 10 MG TABLET		021221	2	1.56	
0250	APREPITANT 40 MG CAPSULE		021221	1	195.59	
0250	ANES EPHEDRINE 50 MG/10		021221	1	18.60	
0250	ANES TRANEXAMIC ACID 100		021221	1	46.03	
0250	ANES TRANEXAMIC ACID 100		021221	1	46.03	
0250	PHENYLEPHRINE 1000 MCG/1		021221	1	1.00	
0250	MIDAZOLAM PF 1 MG/ML 2 M		021221	1	1.96	
0250	ROCURONIUM 10 MG/ML 5 ML		021221	1	10.01	
0250	ANES EPHEDRINE 50 MG/10		021221	1	18.60	
0001	PAGE 1 OF 8			47	28978.00	

## ITEMIZED BILL

PAGE 2

DATE 03/12/2021  
TIME 02:08:05 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
10982145PATIENT NAME  
KEEN, DANAMEDICAL RECORD NUMBER  
256557BEGINNING DATE OF SERVICE  
021221ENDING DATE OF SERVICE  
021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	NOREPINEPHRINE (LEVOPHED		021221	1	1.00	
0250	MIDAZOLAM PF 1 MG/ML 2 M		021221	1	1.96	
0250	LIDOCAINE 2% PF 5 ML VIA		021221	1	6.40	
0250	ROCURONIUM 10 MG/ML 5 ML		021221	1	10.01	
0250	AMIODARONE 500 MG/D5W 25		021221	1	12.10	
0250	MAGNESIUM SULFATE 500 MG		021221	2	6.75	
0250	HEPARIN 1,000 UNITS/ML 3		021221	1	13.62	
0250	CEFAZOLIN 1 G/10 ML SWI		021221	2	5.84	
0250	CALCIUM CHLORIDE 1G/10 M		021221	1	41.26	
0250	EPINEPHRINE 4 MG/D5W 250		021221	1	2.39	
0250	PROTAMINE 10 MG/ML 25 ML		021221	1	40.92	
0250	BUDESONIDE-FORMOTEROL 16		021221	1	528.61	
0250	ACETAMINOPHEN (OFIRMEV)		021221	1	101.13	
0250	TIOTROPIUM 2.5 MCG/INH A		021221	1	160.12	
0250	PROTAMINE 10 MG/ML 25 ML		021221	1	15.74	
0250	SODIUM BICARBONATE 8.4%		021221	1	22.54	
0250	POTASSIUM CHLORIDE IN ST		021221	1	6.95	
0250	MUPIROCIIN 2 % OINTMENT 2		021221	1	76.06	
0250	NOREPINEPHRINE (LEVOPHED		021221	1	1.00	
0250	MIDAZOLAM PF 1 MG/ML 2 M		021221	1	1.96	
0250	ANES EPHEDRINE 50 MG/10		021221	1	12.40	
0250	EPINEPHRINE 4 MG/D5W 250		021221	1	2.26	
0250	FENTANYL 50 MCG/ML 20 ML		021221	1	13.56	
0250	PANTOPRAZOLE 40 MG VIAL		021221	1	15.12	
0250	AMIODARONE 200 MG TABLET		021221	2	28.27	
0250	ASPIRIN 81 MG CHEWABLE T		021221	1	1.00	
0250	AMIODARONE 500 MG/D5W 25		021221	1	16.81	
0250	ALBUMIN HUMAN 5% 250 ML		021221	1	102.48	
0250	ALBUMIN HUMAN 5% 250 ML		021221	1	102.48	
0250	CEFAZOLIN 2 G/20 ML SWI		021221	1	5.84	
0250	SODIUM BICARBONATE 8.4%		021221	1	20.69	
0250	AMIODARONE 200 MG TABLET		021221	2	28.27	
0250	CARDIOPLEGIA-HEPARIN CEL		021221	1	16.35	
0250	CARDIOPLEGIA-HIGH K+		021221	517	27.88	
0250	CARDIOPLEGIA-LOW K+ 516.		021221	517	27.48	
0250	SODIUM BICARBONATE 8.4%		021221	1	20.69	
0250	PLASMA-LYTE A SOLUTION		021221	1	27.11	
0250	MANNITOL 25% 12.5 G/50 M		021221	1	4.67	
0250	MORPHINE 2 MG/ML 1 ML SY		021321	1	4.39	
0250	CEFAZOLIN 2 G/20 ML SWI		021321	1	5.84	
0001	PAGE 2 OF 8			1076	1539.95	

## ITEMIZED BILL

PAGE 3

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501 MORRIS ST  
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3043887530PATIENT CONTROL NUMBER  
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256557BEGINNING DATE OF SERVICE  
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021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	AMIODARONE 500 MG/D5W 25		021321	1	16.81	
0250	PANTOPRAZOLE 40 MG VIAL		021321	1	15.12	
0250	AMIODARONE 200 MG TABLET		021321	2	11.58	
0250	ASPIRIN 81 MG CHEWABLE T		021321	1	1.00	
0250	MONTELUKAST 10 MG TABLET		021321	1	10.06	
0250	MULTIVITAMIN WITH MINERA		021321	1	1.00	
0250	OXYCODONE-ACETAMINOPHEN		021321	2	4.87	
0250	ATORVASTATIN 40 MG TABLET		021321	1	1.23	
0250	OXYCODONE-ACETAMINOPHEN		021321	2	4.87	
0250	AMIODARONE 200 MG TABLET		021321	2	11.58	
0250	OXYCODONE-ACETAMINOPHEN		021321	2	4.87	
0250	METOPROLOL TARTRATE 25 M		021321	1	1.00	
0250	AMIODARONE 200 MG TABLET		021421	2	28.27	
0250	OXYCODONE-ACETAMINOPHEN		021421	2	4.87	
0250	AMIODARONE 500 MG/D5W 25		021421	1	16.81	
0250	OXYCODONE-ACETAMINOPHEN		021421	2	4.87	
0250	MUPIROCIIN 2 % OINTMENT 2		021421	1	76.06	
0250	AMIODARONE 200 MG TABLET		021421	2	11.58	
0250	ASPIRIN 81 MG CHEWABLE T		021421	1	1.00	
0250	ATORVASTATIN 40 MG TABLET		021421	1	10.27	
0250	METOPROLOL TARTRATE 25 M		021421	1	1.00	
0250	MONTELUKAST 10 MG TABLET		021421	1	10.06	
0250	MULTIVITAMIN WITH MINERA		021421	1	1.00	
0250	PANTOPRAZOLE 40 MG VIAL		021421	1	15.12	
0250	MAGNESIUM SULFATE 2 G/50		021421	1	3.07	
0250	FUROSEMIDE 10 MG/ML 4 ML		021421	1	6.17	
0250	AMIODARONE 500 MG/D5W 25		021421	1	16.81	
0250	AMIODARONE 200 MG TABLET		021421	2	11.58	
0250	FUROSEMIDE 10 MG/ML 2 ML		021421	1	8.80	
0250	ALBUMIN HUMAN 5% 250 ML		021421	1	102.48	
0250	AMIODARONE 200 MG TABLET		021521	2	28.27	
0250	CALCIUM GLUCONATE 2 G/NS		021521	1	19.21	
0250	AMIODARONE 200 MG TABLET		021521	2	11.58	
0250	ASPIRIN 81 MG CHEWABLE T		021521	1	1.00	
0250	ATORVASTATIN 40 MG TABLET		021521	1	10.27	
0250	MONTELUKAST 10 MG TABLET		021521	1	10.06	
0250	MULTIVITAMIN WITH MINERA		021521	1	1.00	
0250	PANTOPRAZOLE 40 MG VIAL		021521	1	15.12	
0250	METOPROLOL TARTRATE 25 M		021521	1	1.00	
0250	AMIODARONE 200 MG TABLET		021521	2	11.58	
0001	PAGE 3 OF 8			53	522.90	

## ITEMIZED BILL

PAGE 4

DATE 03/12/2021  
TIME 02:08:05 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
10982145PATIENT NAME  
KEEN, DANAMEDICAL RECORD NUMBER  
256557BEGINNING DATE OF SERVICE  
021221ENDING DATE OF SERVICE  
021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ACETAMINOPHEN-CODEINE 30		021521	1	1.09	
0250	METOPROLOL TARTRATE 25 M		021521	1	1.00	
0250	AMIODARONE 200 MG TABLET		021521	2	11.58	
0250	ACETAMINOPHEN-CODEINE 30		021621	1	1.09	
0250	AMIODARONE 200 MG TABLET		021621	2	11.58	
0250	ASPIRIN 81 MG CHEWABLE T		021621	1	1.00	
0250	ATORVASTATIN 40 MG TABLET		021621	1	10.27	
0250	METOPROLOL TARTRATE 25 M		021621	1	1.00	
0250	MONTELUKAST 10 MG TABLET		021621	1	10.06	
0250	MULTIVITAMIN WITH MINERA		021621	1	1.00	
0250	POTASSIUM CHLORIDE 10 ME		021621	2	1.39	
0250	AMIODARONE 200 MG TABLET		021621	2	11.58	
0250	ACETAMINOPHEN-CODEINE 30		021621	1	1.09	
0250	POTASSIUM CHLORIDE 10 ME		021621	2	1.39	
0250	FUROSEMIDE 20 MG TABLET		021621	1	1.00	
0250	POTASSIUM CHLORIDE 10 ME		021621	1	1.00	
0250	METOPROLOL TARTRATE 25 M		021621	1	1.00	
0250	ACETAMINOPHEN-CODEINE 30		021621	1	1.09	
0250	AMIODARONE 200 MG TABLET		021721	2	11.58	
0250	AMIODARONE 200 MG TABLET		021721	2	11.58	
0250	ASPIRIN 81 MG CHEWABLE T		021721	1	1.00	
0250	ATORVASTATIN 40 MG TABLET		021721	1	10.27	
0250	FUROSEMIDE 20 MG TABLET		021721	1	1.00	
0250	METOPROLOL TARTRATE 25 M		021721	1	1.00	
0250	MONTELUKAST 10 MG TABLET		021721	1	10.06	
0250	MULTIVITAMIN WITH MINERA		021721	1	1.00	
0250	POTASSIUM CHLORIDE 10 ME		021721	1	1.00	
0250	METOPROLOL TARTRATE 25 M		021721	1	1.00	
0250	ACETAMINOPHEN-CODEINE 30		021721	1	1.09	
0250	ACETAMINOPHEN-CODEINE 30		021821	1	1.09	
0250	ASPIRIN 81 MG CHEWABLE T		021821	1	1.00	
0250	ATORVASTATIN 40 MG TABLET		021821	1	10.27	
0250	FUROSEMIDE 20 MG TABLET		021821	1	1.00	
0250	METOPROLOL TARTRATE 25 M		021821	1	1.00	
0250	MONTELUKAST 10 MG TABLET		021821	1	10.06	
0250	MULTIVITAMIN WITH MINERA		021821	1	1.00	
0250	POTASSIUM CHLORIDE 10 ME		021821	1	1.00	
0250	ACETAMINOPHEN-CODEINE 30		021821	1	1.09	
0270	SET MONITORING PRESSURE		021221	1	391.00	
0272	TRAY FOLEY 16F TEMPERATU	A4315	021221	1	278.00	
0001	PAGE 4 OF 8			47	816.30	

## ITEMIZED BILL

PAGE 5

DATE 03/12/2021  
TIME 02:08:05 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
10982145PATIENT NAME  
KEEN, DANAMEDICAL RECORD NUMBER  
256557BEGINNING DATE OF SERVICE  
021221ENDING DATE OF SERVICE  
021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0272	CATH THORACIC SILICONE 2	C1729	021221	1	105.00	
0272	CATH THORACIC SILICONE 3	C1729	021221	1	105.00	
0275	WIRE PACING CARDIAC MEDT		021221	4	632.00	
0278	WIRE FLEXIBLE STERNAL #7		021221	2	252.00	
0278	HEMOSTAT ABSORBENT 4X8 I		021221	1	536.00	
0278	WASHER SUTURING CORONARY	A4648	021221	1	103.00	
0278	CATH MEDIASTINAL 9MM	C1729	021221	2	282.00	
0278	PATCH TEFLON FELT CUSTOM	C1768	021221	1	207.00	
0300	BLOOD COLLECTION VENIPUN	B6415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021221	1	24.00	
0300	BASIC METABOLIC PANEL	80048	021221	1	184.00	
0300	CKMB (CK TOTAL + CKMB)	82553	021221	1	178.00	
0300	CKMB (CK TOTAL + CKMB)	82553	021221	1	178.00	
0300	PERF COAG TIME ACTIVATED	85347	021221	9	1026.00	
0300	COLLECTION: VENOUS DRAW	B6415	021321	1	24.00	
0300	BASIC METABOLIC PANEL	80048	021321	1	184.00	
0300	COLLECTION: VENOUS DRAW	B6415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021421	1	24.00	
0300	BASIC METABOLIC PANEL	80048	021421	1	184.00	
0300	CKMB (CK TOTAL + CKMB)	82553	021421	1	178.00	
0300	BB ABO	86900	021421	1	112.00	
0300	BB RH	86901	021421	1	114.00	
0300	COLLECTION: VENOUS DRAW	B6415	021521	1	24.00	
0300	BASIC METABOLIC PANEL	80048	021521	1	184.00	
0300	COLLECTION: VENOUS DRAW	B6415	021621	1	24.00	
0300	COLLECTION: VENOUS DRAW	B6415	021621	1	24.00	
0300	BASIC METABOLIC PANEL	80048	021621	1	184.00	
0001	PAGE 5 OF 8			53	5432.00	

## ITEMIZED BILL

PAGE 6

DATE 03/12/2021  
TIME 02:08:05 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
10982145PATIENT NAME  
KEEN, DANAMEDICAL RECORD NUMBER  
256557BEGINNING DATE OF SERVICE  
021221ENDING DATE OF SERVICE  
021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	CALCIUM, IONIZED (WHOLE	82330	021221	1	162.00	
0301	CALCIUM, IONIZED (WHOLE	82330	021221	1	162.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	MAGNESIUM	83735	021221	1	90.00	
0301	MAGNESIUM	83735	021221	1	90.00	
0301	POTASSIUM	84132	021221	1	74.00	
0301	CALCIUM, IONIZED (WHOLE	82330	021321	1	162.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	MAGNESIUM	83735	021321	1	90.00	
0301	CALCIUM, IONIZED (WHOLE	82330	021421	1	162.00	
0301	CALCIUM, IONIZED (WHOLE	82330	021421	1	162.00	
0301	CALCIUM, IONIZED (WHOLE	82330	021421	1	162.00	
0301	CALCIUM, IONIZED (WHOLE	82330	021421	1	162.00	
0301	MAGNESIUM	83735	021421	1	90.00	
0301	MAGNESIUM	83735	021421	1	90.00	
0301	MAGNESIUM	83735	021421	1	90.00	
0301	MAGNESIUM	83735	021421	1	90.00	
0301	POTASSIUM	84132	021421	1	74.00	
0301	POTASSIUM	84132	021421	1	74.00	
0301	POTASSIUM	84132	021421	1	74.00	
0301	CALCIUM, IONIZED (WHOLE	82330	021521	1	162.00	
0301	MAGNESIUM	83735	021521	1	90.00	
0301	POTASSIUM	84132	021621	1	74.00	
0302	BB ABSCG	86850	021421	1	141.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	021421	1	201.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	021421	1	201.00	
0001	PAGE 6 OF 8			40	5529.00	

## ITEMIZED BILL

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DATE 03/12/2021  
TIME 02:08:05 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
10982145PATIENT NAME  
KEEN, DANAMEDICAL RECORD NUMBER  
256557BEGINNING DATE OF SERVICE  
021221ENDING DATE OF SERVICE  
021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0305	CBC WITHOUT DIFF	85027	021221	1	77.00	
0305	CBC WITHOUT DIFF	85027	021221	1	77.00	
0305	FIBRINOGEN	85384	021221	1	117.00	
0305	PERF HEPARIN ASSAY	85520	021221	8	2328.00	
0305	PERF PLATELET	85525	021221	1	83.00	
0305	PROTHROMBIN TIME WITH IN	85610	021221	1	85.00	
0305	PERF PROTHROMBIN TIME (P	85610	021221	1	85.00	
0305	ACTIVATED PARTIAL THROMB	85730	021221	1	86.00	
0305	PERF PARTIAL THROMOPLAS	85730	021221	1	86.00	
0305	CBC WITHOUT DIFF	85027	021321	1	77.00	
0305	PROTHROMBIN TIME WITH IN	85610	021321	1	85.00	
0305	ACTIVATED PARTIAL THROMB	85730	021321	1	86.00	
0305	CBC WITHOUT DIFF	85027	021421	1	77.00	
0305	CBC WITHOUT DIFF	85027	021421	1	77.00	
0305	CBC WITHOUT DIFF	85027	021421	1	77.00	
0305	CBC WITHOUT DIFF	85027	021421	1	77.00	
0305	CBC WITHOUT DIFF	85027	021521	1	77.00	
0305	CBC WITHOUT DIFF	85027	021621	1	77.00	
0320	XR CHEST 2 VIEWS	71046TC	021621	1	329.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	021221	1	287.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	021321	1	287.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	021421	1	287.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	021521	1	287.00	
0360	LEVEL 4		021221	440	147400.00	
0370	ANES GENERAL		021221	1	1958.00	
0370	ANES GENERAL		021221	29	1160.00	
0390	E0336 RBC CPD AS1 500 LR	P9016	021221	1	445.00	
0390	E0336 RBC CPD AS1 500 LR	P9016	021221	1	445.00	
0390	E7003 APH PLT ACDA PASC	P9035	021221	1	1160.00	
0390	E7002 APH PLT ACDA PASC	P9035	021221	1	1160.00	
0390	E0181 RBC CPD 500 LR	P9016	021421	1	445.00	
0390	E0336 RBC CPD AS1 500 LR	P9016	021421	1	445.00	
0391	TRANSFUS BLOOD OR BLOOD	36430	021221	1	555.00	
0391	TRANSFUS BLOOD OR BLOOD	36430	021421	1	555.00	
0410	VENTILATOR INITIAL SET-U	94002	021221	1	790.00	
0410	VENTILATOR RESTART, ONGO	94003	021321	1	716.00	
0460	MDI	94640	021421	1	99.00	
0460	MDI	94640	021621	1	99.00	
0460	MDI	94640	021721	1	99.00	
0460	MDI	94640	021821	1	99.00	
0001	PAGE 7 OF 8			514	162841.00	



## ITEMIZED BILL

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DATE 03/12/2021  
TIME 02:08:05 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
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021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0730	CV ELECTROCARDIOGRAM 12	93005	021221	1	356.00	
0730	CV ELECTROCARDIOGRAM 12	93005	021321	1	356.00	
0730	CV ELECTROCARDIOGRAM 12	93005	021421	1	356.00	
0001	PAGE 8 OF 8			3	1068.00	
0001	TOTAL			1833	206727.15	