

Report Date: **January 4, 2022**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WCB LOCATION (Unit Price) [IP/OP]	CC WCB LOCATION (Base Price) [IP/OP]
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.94		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.47		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.87		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.37		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.15		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.83		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.00		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0372		\$45.01		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94760		\$47.15		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0008		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0009		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$178.34	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$143.51	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.71	\$330.23	\$95.71	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$124.02	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$96.86	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.17	\$264.73	\$76.17	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$1,739.47	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.96	\$563.00	\$541.96	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$717.66	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$220.73	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$297.74	\$0.00

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HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WCB LOCATION (Unit Price) [IP/OP]	CC WCB LOCATION (Base Price) [IP/OP]
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.95		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.48		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.88		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.38		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.16		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.84		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.01		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0372		\$45.02		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94761		\$47.16		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0010		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0011		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$671.12	\$0.00

Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$718.85	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.72	\$330.24	\$766.58	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$814.31	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$862.04	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.18	\$264.74	\$909.76	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$957.49	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.97	\$563.01	\$1,005.22	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$1,052.95	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$1,100.68	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$1,148.41	\$0.00

Report Date: **January 4, 2024**

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Chargemaster for CMS Pricing Transparency - Procedures

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HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (INPAT)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.96		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.49		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.89		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.39		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.17		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.85		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.02		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0374		\$45.03		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94762		\$47.17		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0012		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0013		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$1,196.14	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$1,243.87	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.73	\$330.25	\$1,291.60	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$1,339.33	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$1,387.06	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.19	\$264.75	\$1,434.79	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$1,482.52	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.98	\$563.02	\$1,530.25	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$1,577.97	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$1,625.70	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$1,673.43	\$0.00

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HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (INPAT)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.97		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.50		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.90		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.40		

Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.18			
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.86			
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.03			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0375		\$45.04			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94763		\$47.18			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0014		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0015		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$1,721.16	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$1,768.89	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.74	\$330.26	\$1,816.62	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$1,864.35	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$1,912.08	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.20	\$264.76	\$1,959.81	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$2,007.54	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.99	\$563.03	\$2,055.27	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$2,103.00	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$2,150.73	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$2,198.46	\$0.00	

Report Date: **January 4, 2026**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

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HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (In/Out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.98		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.51		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.91		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.41		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.19		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.87		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.04		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0376		\$45.05		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94764		\$47.19		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0016		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0017		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$2,246.18	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$2,293.91	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.75	\$330.27	\$2,341.64	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$2,389.37	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$2,437.10	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.21	\$264.77	\$2,484.83	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$2,532.56	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.100	\$563.04	\$2,580.29	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$2,628.02	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$2,675.75	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$2,723.48	\$0.00

Report Date: **January 4, 2027**

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HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (List Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.99		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.52		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.92		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.42		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.20		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.88		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.05		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0377		\$45.06		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94765		\$47.20		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0018		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0019		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$2,771.21	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$2,818.94	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.76	\$330.28	\$2,866.66	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$2,914.39	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$2,962.12	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.22	\$264.78	\$3,009.85	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$3,057.58	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.101	\$563.05	\$3,105.31	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$3,153.04	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$3,200.77	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$3,248.50	\$0.00

Report Date: **January 4, 2028**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

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HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (List Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.100		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.53		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.93		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.43		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.21		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.89		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.06		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0378		\$45.07		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94766		\$47.21		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0020		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0021		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$3,296.23	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$3,343.96	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.77	\$330.29	\$3,391.69	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$3,439.42	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$3,487.15	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.23	\$264.79	\$3,534.87	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$3,582.60	\$0.00

Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.102	\$563.06	\$3,630.33	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$3,678.06	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$3,725.79	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$3,773.52	\$0.00

Report Date: **January 4, 2029**

Hospital Name: **Columbia Basin Hospital**

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Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.101		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.54		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.94		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.44		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.22		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.90		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.07		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0379		\$45.08		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94767		\$47.22		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0022		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0023		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$3,821.25	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$3,868.98	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLEX LTD UN	93931	\$95.78	\$330.30	\$3,916.71	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$3,964.44	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$4,012.17	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.24	\$264.80	\$4,059.90	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$4,107.63	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.103	\$563.07	\$4,155.36	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$4,203.08	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$4,250.81	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$4,298.54	\$0.00

Report Date: **January 4, 2030**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.102		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.55		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.95		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.45		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.23		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.91		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.08		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0380		\$45.09		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94768		\$47.23		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0024		\$45.01		

Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0025		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$4,346.27	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$4,394.00	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.79	\$330.31	\$4,441.73	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$4,489.46	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$4,537.19	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.25	\$264.81	\$4,584.92	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$4,632.65	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.104	\$563.08	\$4,680.38	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$4,728.11	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$4,775.84	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$4,823.57	\$0.00	

Report Date: **January 4, 2031**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.103		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.56		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.96		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.46		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.24		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.92		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.09		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0381		\$45.10		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94769		\$47.24		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0026		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0027		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$4,871.29	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$4,919.02	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.80	\$330.32	\$4,966.75	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$5,014.48	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$5,062.21	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.26	\$264.82	\$5,109.94	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$5,157.67	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.105	\$563.09	\$5,205.40	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$5,253.13	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$5,300.86	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$5,348.59	\$0.00

Report Date: **January 4, 2032**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.104		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.57		

Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.97			
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.47			
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.25			
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.93			
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.10			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0382		\$45.11			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94770		\$47.25			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0028		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0029		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$5,396.32		\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$5,444.05		\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.81	\$330.33	\$5,491.77		\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$5,539.50		\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$5,587.23		\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.27	\$264.83	\$5,634.96		\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$5,682.69		\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.106	\$563.10	\$5,730.42		\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$5,778.15		\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$5,825.88		\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$5,873.61		\$0.00

Report Date: **January 4, 2033**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (INPAT)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.105		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.58		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.98		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.48		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.26		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.94		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.11		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0382		\$45.12		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94771		\$47.26		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0030		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0031		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$5,921.34	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$5,969.07	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.82	\$330.34	\$6,016.80	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$6,064.53	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$6,112.26	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.28	\$264.84	\$6,159.98	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$6,207.71	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.107	\$563.11	\$6,255.44	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$6,303.17	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$6,350.90	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$6,398.63	\$0.00

Report Date: **January 4, 2034**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.106		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.59		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.99		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.49		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.27		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.95		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.12		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0384		\$45.13		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94772		\$47.27		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0032		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0033		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$6,446.36	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$6,494.09	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.83	\$330.35	\$6,541.82	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$6,589.55	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$6,637.28	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.29	\$264.85	\$6,685.01	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$6,732.74	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.108	\$563.12	\$6,780.47	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$6,828.19	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$6,875.92	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$6,923.65	\$0.00

Report Date: **January 4, 2035**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.107		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.60		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.100		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.50		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.28		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.96		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.13		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0385		\$45.14		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94773		\$47.28		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0034		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0035		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$6,971.38	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$7,019.11	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.84	\$330.36	\$7,066.84	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$7,114.57	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$7,162.30	\$0.00

Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.30	\$264.86	\$7,210.03	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$7,257.76	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.109	\$563.13	\$7,305.49	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$7,353.22	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$7,400.95	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$7,448.68	\$0.00

Report Date: **January 4, 2036**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.108		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.61		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.101		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.51		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.29		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.97		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.14		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0386		\$45.15		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94774		\$47.29		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0036		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0037		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$7,496.40	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$7,544.13	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.85	\$330.37	\$7,591.86	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$7,639.59	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$7,687.32	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.31	\$264.87	\$7,735.05	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$7,782.78	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.110	\$563.14	\$7,830.51	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$7,878.24	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$7,925.97	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$7,973.70	\$0.00

Report Date: **January 4, 2037**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.109		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.62		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.102		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.52		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.30		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.98		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.15		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0387		\$45.16		

Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94775		\$47.30			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0038		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0039		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$8,021.43	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$8,069.16	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.86	\$330.38	\$8,116.88	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$8,164.61	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$8,212.34	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.32	\$264.88	\$8,260.07	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$8,307.80	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.111	\$563.15	\$8,355.53	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$8,403.26	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$8,450.99	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$8,498.72	\$0.00	

Report Date: **January 4, 2038**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (UNIT/PTIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IP/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.110		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.63		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.103		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.53		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.31		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.99		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.16		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0388		\$45.17		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94776		\$47.31		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0040		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0041		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$8,546.45	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$8,594.18	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.87	\$330.39	\$8,641.91	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$8,689.64	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$8,737.37	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.33	\$264.89	\$8,785.09	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$8,832.82	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.112	\$563.16	\$8,880.55	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$8,928.28	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$8,976.01	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$9,023.74	\$0.00

Report Date: **January 4, 2039**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (UNIT/PTIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IP/OP)	CC W/LB LOCATION (Base Price)
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Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.111		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.64		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.104		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.54		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.32		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.100		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.17		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0389		\$45.18		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94777		\$47.32		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0042		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0043		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$9,071.47	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$9,119.20	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.88	\$330.40	\$9,166.93	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$9,214.66	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$9,262.39	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.34	\$264.90	\$9,310.12	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$9,357.85	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.113	\$563.17	\$9,405.58	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$9,453.30	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$9,501.03	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$9,548.76	\$0.00

Report Date: **January 4, 2040**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IN/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.112		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.65		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.105		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.55		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.33		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.101		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.18		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0390		\$45.19		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94778		\$47.33		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0044		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0045		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$9,596.49	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$9,644.22	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.89	\$330.41	\$9,691.95	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$9,739.68	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$9,787.41	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.35	\$264.91	\$9,835.14	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$9,882.87	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.114	\$563.18	\$9,930.60	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$9,978.33	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$10,026.06	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$10,073.79	\$0.00

Report Date: January 4, 2041

Hospital Name: Columbia Basin Hospital

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (INPAT)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.113		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.66		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.106		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.56		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.34		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.102		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.19		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0391		\$45.20		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94779		\$47.34		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0046		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0047		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$10,121.51	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$10,169.24	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.90	\$330.42	\$10,216.97	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$10,264.70	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$10,312.43	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.36	\$264.92	\$10,360.16	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$10,407.89	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.115	\$563.19	\$10,455.62	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$10,503.35	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$10,551.08	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$10,598.81	\$0.00

Report Date: January 4, 2042

Hospital Name: Columbia Basin Hospital

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (INPAT)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.114		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.67		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.107		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.57		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.35		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.103		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.20		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0392		\$45.21		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94780		\$47.35		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0048		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0049		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$10,646.54	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$10,694.27	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.91	\$330.43	\$10,741.99	\$0.00

Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$10,789.72	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$10,837.45	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.37	\$264.93	\$10,885.18	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$10,932.91	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.116	\$563.20	\$10,980.64	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$11,028.37	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$11,076.10	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$11,123.83	\$0.00

Report Date: **January 4, 2043**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.115		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.68		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.108		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.58		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.36		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.104		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.21		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0393		\$45.22		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94781		\$47.36		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0050		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0051		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$11,171.56	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$11,219.29	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.92	\$330.44	\$11,267.02	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$11,314.75	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$11,362.48	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.38	\$264.94	\$11,410.20	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$11,457.93	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.117	\$563.21	\$11,505.66	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$11,553.39	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$11,601.12	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$11,648.85	\$0.00

Report Date: **January 4, 2044**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.116		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.69		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.109		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.59		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.37		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.105		

Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.22			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0394		\$45.23			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94782		\$47.37			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0052		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0053		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$11,696.58	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$11,744.31	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.93	\$330.45	\$11,792.04	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$11,839.77	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$11,887.50	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.39	\$264.95	\$11,935.23	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$11,982.96	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.118	\$563.22	\$12,030.69	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$12,078.41	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$12,126.14	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$12,173.87	\$0.00	

Report Date: **January 4, 2045**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/B LOCATION (Unit Price) (IP/OP)	CC W/B LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.117		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.70		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.110		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.60		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.38		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.106		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.23		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0395		\$45.24		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94783		\$47.38		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0054		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0055		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$12,221.60	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$12,269.33	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.94	\$330.46	\$12,317.06	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$12,364.79	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$12,412.52	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.40	\$264.96	\$12,460.25	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$12,507.98	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.119	\$563.23	\$12,555.71	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$12,603.44	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$12,651.17	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$12,698.90	\$0.00

Report Date: **January 4, 2046**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IP/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.118		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.71		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.111		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.61		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.39		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.107		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.24		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0396		\$45.25		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94784		\$47.39		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0056		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0057		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$12,746.62	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$12,794.35	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.95	\$330.47	\$12,842.08	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$12,889.81	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$12,937.54	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.41	\$264.97	\$12,985.27	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$13,033.00	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.120	\$563.24	\$13,080.73	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$13,128.46	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$13,176.19	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$13,223.92	\$0.00

Report Date: **January 4, 2017**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IP/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.119		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.72		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.112		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.62		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.40		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.108		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.25		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0397		\$45.26		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94785		\$47.40		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0058		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0059		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$13,271.65	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$13,319.38	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.96	\$330.48	\$13,367.10	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$13,414.83	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$13,462.56	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.42	\$264.98	\$13,510.29	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$13,558.02	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.121	\$563.25	\$13,605.75	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$13,653.48	\$0.00

Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$13,701.21	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$13,748.94	\$0.00

Report Date: **January 4, 2048**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IP/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.120		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.73		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.113		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.63		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.41		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.109		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.26		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0398		\$45.27		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94786		\$47.41		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0060		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0061		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$13,796.67	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$13,844.40	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.97	\$330.49	\$13,892.13	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$13,939.86	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$13,987.59	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.43	\$264.99	\$14,035.31	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$14,083.04	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.122	\$563.26	\$14,130.77	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$14,178.50	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$14,226.23	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$14,273.96	\$0.00

Report Date: **January 4, 2049**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IP/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.121		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.74		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.114		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.64		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.42		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.110		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.27		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0399		\$45.28		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94787		\$47.42		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0062		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0063		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$14,321.69	\$0.00

Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$14,369.42	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.98	\$330.50	\$14,417.15	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$14,464.88	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$14,512.61	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.44	\$264.100	\$14,560.34	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$14,608.07	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.123	\$563.27	\$14,655.80	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$14,703.52	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$14,751.25	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$14,798.98	\$0.00

Report Date: **January 4, 2050**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.122		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.75		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.115		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.65		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.43		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.111		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.28		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0400		\$45.29		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94788		\$47.43		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0064		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0065		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$14,846.71	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$14,894.44	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.99	\$330.51	\$14,942.17	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$14,989.90	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$15,037.63	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.45	\$264.101	\$15,085.36	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$15,133.09	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.124	\$563.28	\$15,180.82	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$15,228.55	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$15,276.28	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$15,324.01	\$0.00

Report Date: **January 4, 2051**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.123		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.76		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.116		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.66		

Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.44			
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.112			
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.29			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0401		\$45.30			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94789		\$47.44			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0066		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0067		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$15,371.73	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$15,419.46	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.100	\$330.52	\$15,467.19	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$15,514.92	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$15,562.65	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.46	\$264.102	\$15,610.38	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$15,658.11	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.125	\$563.29	\$15,705.84	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$15,753.57	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$15,801.30	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$15,849.03	\$0.00	

Report Date: **January 4, 2052**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.124		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.77		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.117		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.67		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.45		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.113		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.30		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0402		\$45.31		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94790		\$47.45		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0068		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0069		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$15,896.76	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$15,944.49	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.101	\$330.53	\$15,992.21	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$16,039.94	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$16,087.67	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.47	\$264.103	\$16,135.40	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$16,183.13	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.126	\$563.30	\$16,230.86	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$16,278.59	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$16,326.32	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$16,374.05	\$0.00

Report Date: **January 4, 2053**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.
Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.125		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.78		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.118		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.68		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.46		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.114		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.31		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0403		\$45.32		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94791		\$47.46		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0070		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0071		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$16,421.78	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$16,469.51	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.102	\$330.54	\$16,517.24	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$16,564.97	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$16,612.70	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.48	\$264.104	\$16,660.42	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$16,708.15	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.127	\$563.31	\$16,755.88	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$16,803.61	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$16,851.34	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$16,899.07	\$0.00

Report Date: **January 4, 2054**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.126		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.79		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.119		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.69		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.47		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.115		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.32		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0404		\$45.33		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94792		\$47.47		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0072		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0073		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$16,946.80	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$16,994.53	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.103	\$330.55	\$17,042.26	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$17,089.99	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$17,137.72	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.49	\$264.105	\$17,185.45	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$17,233.18	\$0.00

Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.128	\$563.32	\$17,280.91	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$17,328.63	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$17,376.36	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$17,424.09	\$0.00

Report Date: **January 4, 2055**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IP/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.127		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.80		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.120		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.70		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.48		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.116		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.33		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0405		\$45.34		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94793		\$47.48		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0074		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0075		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$17,471.82	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$17,519.55	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLEX LTD UN	93931	\$95.104	\$330.56	\$17,567.28	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$17,615.01	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$17,662.74	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.50	\$264.106	\$17,710.47	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$17,758.20	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.129	\$563.33	\$17,805.93	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$17,853.66	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$17,901.39	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$17,949.12	\$0.00

Report Date: **January 4, 2056**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IP/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.128		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.81		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.121		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.71		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.49		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.117		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.34		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0406		\$45.35		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94794		\$47.49		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0076		\$45.01		

Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0077		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$17,996.84	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$18,044.57	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.105	\$330.57	\$18,092.30	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$18,140.03	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$18,187.76	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.51	\$264.107	\$18,235.49	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$18,283.22	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.130	\$563.34	\$18,330.95	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$18,378.68	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$18,426.41	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$18,474.14	\$0.00	

Report Date: **January 4, 2017**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (UNIT PRICE)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.129		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.82		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.122		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.72		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.50		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.118		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.35		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0407		\$45.36		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94795		\$47.50		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0078		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0079		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$18,521.87	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$18,569.60	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.106	\$330.58	\$18,617.32	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$18,665.05	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$18,712.78	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.52	\$264.108	\$18,760.51	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$18,808.24	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.131	\$563.35	\$18,855.97	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$18,903.70	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$18,951.43	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$18,999.16	\$0.00

Report Date: **January 4, 2018**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (UNIT PRICE)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.130		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.83		

Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.123			
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.73			
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.51			
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.119			
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.36			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0408		\$45.37			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94796		\$47.51			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0080		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0081		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$19,046.89	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$19,094.62	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.107	\$330.59	\$19,142.35	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$19,190.08	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$19,237.81	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.53	\$264.109	\$19,285.53	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$19,333.26	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.132	\$563.36	\$19,380.99	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$19,428.72	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$19,476.45	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$19,524.18	\$0.00	

Report Date: **January 4, 2059**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (INPAT)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.131		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.84		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.124		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.74		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.52		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.120		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.37		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0409		\$45.38		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94797		\$47.52		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0082		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0083		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$19,571.91	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$19,619.64	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.108	\$330.60	\$19,667.37	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$19,715.10	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$19,762.83	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.54	\$264.110	\$19,810.56	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$19,858.29	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.133	\$563.37	\$19,906.02	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$19,953.74	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$20,001.47	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$20,049.20	\$0.00

Report Date: **January 4, 2060**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (In/Out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.132		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.85		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.125		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.75		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.53		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.121		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.38		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0410		\$45.39		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94798		\$47.53		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0084		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0085		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$20,096.93	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$20,144.66	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.109	\$330.61	\$20,192.39	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$20,240.12	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$20,287.85	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.55	\$264.111	\$20,335.58	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$20,383.31	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.134	\$563.38	\$20,431.04	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$20,478.77	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$20,526.50	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$20,574.23	\$0.00

Report Date: **January 4, 2061**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (In/Out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.133		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.86		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.126		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.76		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.54		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.122		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.39		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0411		\$45.40		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94799		\$47.54		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0086		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0087		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$20,621.95	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$20,669.68	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.110	\$330.62	\$20,717.41	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$20,765.14	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$20,812.87	\$0.00

Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.56	\$264.112	\$20,860.60	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$20,908.33	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.135	\$563.39	\$20,956.06	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$21,003.79	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$21,051.52	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$21,099.25	\$0.00

Report Date: **January 4, 2062**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.134		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.87		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.127		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.77		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.55		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.123		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.40		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0412		\$45.41		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94800		\$47.55		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0088		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0089		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$21,146.98	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$21,194.71	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.111	\$330.63	\$21,242.43	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$21,290.16	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$21,337.89	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.57	\$264.113	\$21,385.62	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$21,433.35	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.136	\$563.40	\$21,481.08	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$21,528.81	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$21,576.54	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$21,624.27	\$0.00

Report Date: **January 4, 2063**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.135		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.88		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.128		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.78		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.56		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.124		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.41		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0413		\$45.42		

Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94801		\$47.56			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0090		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0091		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$21,672.00	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$21,719.73	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.112	\$330.64	\$21,767.46	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$21,815.19	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$21,862.92	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.58	\$264.114	\$21,910.64	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$21,958.37	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.137	\$563.41	\$22,006.10	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$22,053.83	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$22,101.56	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$22,149.29	\$0.00	

Report Date: **January 4, 2064**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (PATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.136		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.89		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.129		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.79		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.57		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.125		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.42		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0414		\$45.43		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94802		\$47.57		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0092		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0093		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$22,197.02	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$22,244.75	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.113	\$330.65	\$22,292.48	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$22,340.21	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$22,387.94	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.59	\$264.115	\$22,435.67	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$22,483.40	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.138	\$563.42	\$22,531.13	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$22,578.85	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$22,626.58	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$22,674.31	\$0.00

Report Date: **January 4, 2065**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (PATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
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Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.137		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.90		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.130		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.80		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.58		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.126		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.43		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0415		\$45.44		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94803		\$47.58		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0094		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0095		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$22,722.04	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$22,769.77	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.114	\$330.66	\$22,817.50	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$22,865.23	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$22,912.96	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.60	\$264.116	\$22,960.69	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$23,008.42	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.139	\$563.43	\$23,056.15	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$23,103.88	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$23,151.61	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$23,199.34	\$0.00

Report Date: **January 4, 2066**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IN/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.138		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.91		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.131		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.81		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.59		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.127		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.44		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0416		\$45.45		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94804		\$47.59		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0096		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0097		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$23,247.06	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$23,294.79	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.115	\$330.67	\$23,342.52	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$23,390.25	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$23,437.98	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.61	\$264.117	\$23,485.71	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$23,533.44	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.140	\$563.44	\$23,581.17	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$23,628.90	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$23,676.63	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$23,724.36	\$0.00

Report Date: January 4, 2017

Hospital Name: Columbia Basin Hospital

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/BL LOCATION (Unit Price) (INPAT)	CC W/BL LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.139		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.92		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.132		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.82		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.60		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.128		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.45		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0417		\$45.46		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94805		\$47.60		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0098		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0099		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$23,772.09	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$23,819.82	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.116	\$330.68	\$23,867.54	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$23,915.27	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$23,963.00	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.62	\$264.118	\$24,010.73	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$24,058.46	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.141	\$563.45	\$24,106.19	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$24,153.92	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$24,201.65	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$24,249.38	\$0.00

Report Date: January 4, 2018

Hospital Name: Columbia Basin Hospital

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/BL LOCATION (Unit Price) (INPAT)	CC W/BL LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.140		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.93		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.133		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.83		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.61		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.129		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.46		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0418		\$45.47		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94806		\$47.61		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0100		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0101		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$24,297.11	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$24,344.84	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.117	\$330.69	\$24,392.57	\$0.00

Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$24,440.30	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$24,488.03	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.63	\$264.119	\$24,535.75	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$24,583.48	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.142	\$563.46	\$24,631.21	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$24,678.94	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$24,726.67	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$24,774.40	\$0.00

Report Date: **January 4, 2069**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.141		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.94		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.134		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.84		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.62		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.130		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.47		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0419		\$45.48		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94807		\$47.62		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0102		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0103		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$24,822.13	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$24,869.86	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.118	\$330.70	\$24,917.59	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$24,965.32	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$25,013.05	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.64	\$264.120	\$25,060.78	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$25,108.51	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.143	\$563.47	\$25,156.24	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$25,203.96	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$25,251.69	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$25,299.42	\$0.00

Report Date: **January 4, 2070**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.142		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.95		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.135		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.85		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.63		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.131		

Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.48			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0420		\$45.49			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94808		\$47.63			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0104		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0105		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$25,347.15	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$25,394.88	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.119	\$330.71	\$25,442.61	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$25,490.34	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$25,538.07	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.65	\$264.121	\$25,585.80	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$25,633.53	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.144	\$563.48	\$25,681.26	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$25,728.99	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$25,776.72	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$25,824.45	\$0.00	

Report Date: **January 4, 2071**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/B LOCATION (Unit Price) (IP/OP)	CC W/B LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.143		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.96		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.136		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.86		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.64		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.132		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.49		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0421		\$45.50		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94809		\$47.64		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0106		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0107		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$25,872.17	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$25,919.90	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.120	\$330.72	\$25,967.63	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$26,015.36	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$26,063.09	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.66	\$264.122	\$26,110.82	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$26,158.55	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.145	\$563.49	\$26,206.28	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$26,254.01	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$26,301.74	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$26,349.47	\$0.00

Report Date: **January 4, 2072**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (UNIT PATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WLB LOCATION (Unit Price) (IP/OP)	CC WLB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.144		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.97		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.137		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.87		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.65		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.133		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.50		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0422		\$45.51		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94810		\$47.65		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0108		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0109		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$26,397.20	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$26,444.93	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.121	\$330.73	\$26,492.65	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$26,540.38	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$26,588.11	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.67	\$264.123	\$26,635.84	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$26,683.57	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.146	\$563.50	\$26,731.30	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$26,779.03	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$26,826.76	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$26,874.49	\$0.00

Report Date: **January 4, 2073**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (UNIT PATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WLB LOCATION (Unit Price) (IP/OP)	CC WLB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.145		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.98		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.138		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.88		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.66		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.134		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.51		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0423		\$45.52		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94811		\$47.66		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0110		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0111		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$26,922.22	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$26,969.95	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.122	\$330.74	\$27,017.68	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$27,065.41	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$27,113.14	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.68	\$264.124	\$27,160.86	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$27,208.59	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.147	\$563.51	\$27,256.32	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$27,304.05	\$0.00

Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$27,351.78	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$27,399.51	\$0.00

Report Date: **January 4, 2074**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IN/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.146		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.99		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.139		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.89		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.67		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.135		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.52		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0424		\$45.53		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94812		\$47.67		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0112		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0113		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$27,447.24	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$27,494.97	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.123	\$330.75	\$27,542.70	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$27,590.43	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$27,638.16	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.69	\$264.125	\$27,685.89	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$27,733.62	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.148	\$563.52	\$27,781.35	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$27,829.07	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$27,876.80	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$27,924.53	\$0.00

Report Date: **January 4, 2075**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IN/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.147		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.100		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.140		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.90		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.68		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.136		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.53		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0425		\$45.54		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94813		\$47.68		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0114		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0115		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$27,972.26	\$0.00

Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$28,019.99	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.124	\$330.76	\$28,067.72	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$28,115.45	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$28,163.18	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.70	\$264.126	\$28,210.91	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$28,258.64	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.149	\$563.53	\$28,306.37	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$28,354.10	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$28,401.83	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$28,449.56	\$0.00

Report Date: **January 4, 2076**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (INPAT)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.148		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.101		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.141		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.91		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.69		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.137		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.54		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0426		\$45.55		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94814		\$47.69		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0116		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0117		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$28,497.28	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$28,545.01	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.125	\$330.77	\$28,592.74	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$28,640.47	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$28,688.20	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.71	\$264.127	\$28,735.93	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$28,783.66	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.150	\$563.54	\$28,831.39	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$28,879.12	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$28,926.85	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$28,974.58	\$0.00

Report Date: **January 4, 2077**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (INPAT)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.149		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.102		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.142		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.92		

Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.70			
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.138			
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.55			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0427		\$45.56			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94815		\$47.70			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0118		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0119		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$29,022.31	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$29,070.04	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.126	\$330.78	\$29,117.76	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$29,165.49	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$29,213.22	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.72	\$264.128	\$29,260.95	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$29,308.68	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.151	\$563.55	\$29,356.41	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$29,404.14	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$29,451.87	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$29,499.60	\$0.00	

Report Date: **January 4, 2078**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (In/Out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.150		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.103		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.143		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.93		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.71		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.139		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.56		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0428		\$45.57		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94816		\$47.71		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0120		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0121		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$29,547.33	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$29,595.06	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.127	\$330.79	\$29,642.79	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$29,690.52	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$29,738.25	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.73	\$264.129	\$29,785.97	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$29,833.70	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.152	\$563.56	\$29,881.43	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$29,929.16	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$29,976.89	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$30,024.62	\$0.00

Report Date: **January 4, 2079**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.
Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.151		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.104		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.144		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.94		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.72		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.140		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.57		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0429		\$45.58		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94817		\$47.72		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0122		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0123		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$30,072.35	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$30,120.08	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.128	\$330.80	\$30,167.81	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$30,215.54	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$30,263.27	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.74	\$264.130	\$30,311.00	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$30,358.73	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.153	\$563.57	\$30,406.46	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$30,454.18	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$30,501.91	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$30,549.64	\$0.00

Report Date: **January 4, 2080**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.152		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.105		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.145		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.95		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.73		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.141		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.58		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0430		\$45.59		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94818		\$47.73		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0124		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0125		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$30,597.37	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$30,645.10	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.129	\$330.81	\$30,692.83	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$30,740.56	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$30,788.29	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.75	\$264.131	\$30,836.02	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$30,883.75	\$0.00

Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.154	\$563.58	\$30,931.48	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$30,979.21	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$31,026.94	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$31,074.67	\$0.00

Report Date: **January 4, 2081**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (UNIT PATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.153		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.106		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.146		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.96		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.74		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.142		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.59		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0431		\$45.60		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94819		\$47.74		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0126		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0127		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$31,122.39	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$31,170.12	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLEX LTD UN	93931	\$95.130	\$330.82	\$31,217.85	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$31,265.58	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$31,313.31	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.76	\$264.132	\$31,361.04	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$31,408.77	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.155	\$563.59	\$31,456.50	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$31,504.23	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$31,551.96	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$31,599.69	\$0.00

Report Date: **January 4, 2082**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (UNIT PATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.154		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.107		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.147		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.97		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.75		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.143		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.60		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0432		\$45.61		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94820		\$47.75		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0128		\$45.01		

Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0129		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$31,647.42	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$31,695.15	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.131	\$330.83	\$31,742.87	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$31,790.60	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$31,838.33	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.77	\$264.133	\$31,886.06	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$31,933.79	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.156	\$563.60	\$31,981.52	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$32,029.25	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$32,076.98	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$32,124.71	\$0.00	

Report Date: **January 4, 2083**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (List Price) (N/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.155		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.108		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.148		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.98		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.76		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.144		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.61		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0433		\$45.62		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94821		\$47.76		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0130		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0131		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$32,172.44	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$32,220.17	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.132	\$330.84	\$32,267.90	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$32,315.63	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$32,363.36	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.78	\$264.134	\$32,411.08	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$32,458.81	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.157	\$563.61	\$32,506.54	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$32,554.27	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$32,602.00	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$32,649.73	\$0.00

Report Date: **January 4, 2084**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (List Price) (N/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.156		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.109		

Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.149			
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.99			
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.77			
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.145			
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.62			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0434		\$45.63			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94822		\$47.77			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0132		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0133		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$32,697.46		\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$32,745.19		\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.133	\$330.85	\$32,792.92		\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$32,840.65		\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$32,888.38		\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.79	\$264.135	\$32,936.11		\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$32,983.84		\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.158	\$563.62	\$33,031.57		\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$33,079.29		\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$33,127.02		\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$33,174.75		\$0.00

Report Date: **January 4, 2085**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (INPAT)	CC WEB LOCATION (Unit Price) (OUTPAT)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.157		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.110		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.150		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.100		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.78		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.146		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.63		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0435		\$45.64		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94823		\$47.78		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0134		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0135		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$33,222.48	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$33,270.21	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.134	\$330.86	\$33,317.94	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$33,365.67	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$33,413.40	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.80	\$264.136	\$33,461.13	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$33,508.86	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.159	\$563.63	\$33,556.59	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$33,604.32	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$33,652.05	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$33,699.78	\$0.00

Report Date: **January 4, 2086**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (In/Out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.158		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.111		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.151		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.101		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.79		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.147		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.64		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0436		\$45.65		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94824		\$47.79		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0136		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0137		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$33,747.50	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$33,795.23	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.135	\$330.87	\$33,842.96	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$33,890.69	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$33,938.42	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.81	\$264.137	\$33,986.15	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$34,033.88	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.160	\$563.64	\$34,081.61	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$34,129.34	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$34,177.07	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$34,224.80	\$0.00

Report Date: **January 4, 2087**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (In/Out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.159		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.112		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.152		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.102		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.80		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.148		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.65		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0437		\$45.66		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94825		\$47.80		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0138		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0139		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$34,272.53	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$34,320.26	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.136	\$330.88	\$34,367.98	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$34,415.71	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$34,463.44	\$0.00

Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.82	\$264.138	\$34,511.17	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$34,558.90	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.161	\$563.65	\$34,606.63	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$34,654.36	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$34,702.09	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$34,749.82	\$0.00

Report Date: **January 4, 2088**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CF1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.160		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.113		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.153		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.103		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.81		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.149		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.66		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0438		\$45.67		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94826		\$47.81		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0140		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0141		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$34,797.55	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$34,845.28	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.137	\$330.89	\$34,893.01	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$34,940.74	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$34,988.47	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.83	\$264.139	\$35,036.19	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$35,083.92	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.162	\$563.66	\$35,131.65	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$35,179.38	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$35,227.11	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$35,274.84	\$0.00

Report Date: **January 4, 2089**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CF1/RPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.161		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.114		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.154		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.104		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.82		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.150		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.67		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0439		\$45.68		

Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94827		\$47.82			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0142		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0143		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$35,322.57	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$35,370.30	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.138	\$330.90	\$35,418.03	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$35,465.76	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$35,513.49	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.84	\$264.140	\$35,561.22	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$35,608.95	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.163	\$563.67	\$35,656.68	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$35,704.40	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$35,752.13	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$35,799.86	\$0.00	

Report Date: **January 4, 2090**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (PATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.162		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.115		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.155		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.105		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.83		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.151		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.68		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0440		\$45.69		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94828		\$47.83		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0144		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0145		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$35,847.59	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$35,895.32	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.139	\$330.91	\$35,943.05	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$35,990.78	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$36,038.51	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.85	\$264.141	\$36,086.24	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$36,133.97	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.164	\$563.68	\$36,181.70	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$36,229.43	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$36,277.16	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$36,324.89	\$0.00

Report Date: **January 4, 2091**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (PATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
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Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.163		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.116		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.156		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.106		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.84		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.152		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.69		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0441		\$45.70		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94829		\$47.84		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0146		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0147		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$36,372.61	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$36,420.34	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.140	\$330.92	\$36,468.07	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$36,515.80	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$36,563.53	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.86	\$264.142	\$36,611.26	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$36,658.99	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.165	\$563.69	\$36,706.72	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$36,754.45	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$36,802.18	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$36,849.91	\$0.00

Report Date: **January 4, 2092**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IN/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.164		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.117		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.157		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.107		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.85		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.153		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.70		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0442		\$45.71		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94830		\$47.85		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0148		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0149		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$36,897.64	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$36,945.37	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.141	\$330.93	\$36,993.09	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$37,040.82	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$37,088.55	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.87	\$264.143	\$37,136.28	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$37,184.01	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.166	\$563.70	\$37,231.74	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$37,279.47	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$37,327.20	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$37,374.93	\$0.00

Report Date: **January 4, 2093**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.165		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.118		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.158		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.108		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.86		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.154		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.71		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0443		\$45.72		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94831		\$47.86		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0150		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0151		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$37,422.66	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$37,470.39	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.142	\$330.94	\$37,518.12	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$37,565.85	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$37,613.58	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.88	\$264.144	\$37,661.30	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$37,709.03	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.167	\$563.71	\$37,756.76	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$37,804.49	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$37,852.22	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$37,899.95	\$0.00

Report Date: **January 4, 2094**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.166		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.119		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.159		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.109		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.87		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.155		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.72		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0444		\$45.73		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94832		\$47.87		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0152		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0153		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$37,947.68	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$37,995.41	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.143	\$330.95	\$38,043.14	\$0.00

Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$38,090.87	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$38,138.60	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.89	\$264.145	\$38,186.33	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$38,234.06	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.168	\$563.72	\$38,281.79	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$38,329.51	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$38,377.24	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$38,424.97	\$0.00

Report Date: **January 4, 2095**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.167		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.120		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.160		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.110		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.88		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.156		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.73		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0445		\$45.74		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94833		\$47.88		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0154		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0155		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$38,472.70	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$38,520.43	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.144	\$330.96	\$38,568.16	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$38,615.89	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$38,663.62	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.90	\$264.146	\$38,711.35	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$38,759.08	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.169	\$563.73	\$38,806.81	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$38,854.54	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$38,902.27	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$38,950.00	\$0.00

Report Date: **January 4, 2096**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.168		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.121		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.161		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.111		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.89		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.157		

Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.74			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0446		\$45.75			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94834		\$47.89			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0156		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0157		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$38,997.72	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$39,045.45	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.145	\$330.97	\$39,093.18	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$39,140.91	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$39,188.64	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.91	\$264.147	\$39,236.37	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$39,284.10	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.170	\$563.74	\$39,331.83	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$39,379.56	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$39,427.29	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$39,475.02	\$0.00	

Report Date: **January 4, 2019**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/B LOCATION (Unit Price) (IP/OP)	CC W/B LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.169		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.122		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.162		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.112		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.90		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.158		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.75		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0447		\$45.76		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94835		\$47.90		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0158		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0159		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$39,522.75	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$39,570.48	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.146	\$330.98	\$39,618.20	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$39,665.93	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$39,713.66	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.92	\$264.148	\$39,761.39	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$39,809.12	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.171	\$563.75	\$39,856.85	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$39,904.58	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$39,952.31	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$40,000.04	\$0.00

Report Date: **January 4, 2018**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (UNIT PATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WLB LOCATION (Unit Price) (IP/OP)	CC WLB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES, PELV/HIP, SUPERFICL	27040		\$492.170		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT, DYNAMIC	29131		\$276.123		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.163		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.113		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN, INTRANASAL/ORAL, 1 VAC/TOX	90473		\$32.91		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.159		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.76		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0448		\$45.77		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR; SINGLE	94836		\$47.91		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0160		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0161		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$40,047.77	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$40,095.50	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.147	\$330.99	\$40,143.23	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$40,190.96	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$40,238.69	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.93	\$264.149	\$40,286.41	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$40,334.14	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.172	\$563.76	\$40,381.87	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$40,429.60	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$40,477.33	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$40,525.06	\$0.00

Report Date: **January 4, 2099**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (UNIT PATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WLB LOCATION (Unit Price) (IP/OP)	CC WLB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES, PELV/HIP, SUPERFICL	27040		\$492.171		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT, DYNAMIC	29131		\$276.124		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.164		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.114		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN, INTRANASAL/ORAL, 1 VAC/TOX	90473		\$32.92		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.160		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.77		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0449		\$45.78		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR; SINGLE	94837		\$47.92		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0162		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0163		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$40,572.79	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$40,620.52	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.148	\$330.100	\$40,668.25	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$40,715.98	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$40,763.71	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.94	\$264.150	\$40,811.44	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$40,859.17	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.173	\$563.77	\$40,906.90	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$40,954.62	\$0.00

Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$41,002.35	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$41,050.08	\$0.00

Report Date: **January 4, 2100**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IN/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.172		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.125		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.165		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.115		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.93		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.161		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.78		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0450		\$45.79		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94838		\$47.93		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0164		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0165		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$41,097.81	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$41,145.54	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.149	\$330.101	\$41,193.27	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$41,241.00	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$41,288.73	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.95	\$264.151	\$41,336.46	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$41,384.19	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.174	\$563.78	\$41,431.92	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$41,479.65	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$41,527.38	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$41,575.11	\$0.00

Report Date: **January 4, 2101**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC W/LB LOCATION (Unit Price) (IN/OP)	CC W/LB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.173		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.126		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.166		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.116		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.94		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.162		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.79		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0451		\$45.80		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94839		\$47.94		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0166		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0167		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$41,622.83	\$0.00

Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$41,670.56	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.150	\$330.102	\$41,718.29	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$41,766.02	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$41,813.75	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.96	\$264.152	\$41,861.48	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$41,909.21	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.175	\$563.79	\$41,956.94	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$42,004.67	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$42,052.40	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$42,100.13	\$0.00

Report Date: **January 4, 2102**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (In/Out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.174		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.127		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.167		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.117		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.95		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.163		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.80		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0452		\$45.81		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94840		\$47.95		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0168		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0169		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$42,147.86	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$42,195.59	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.151	\$330.103	\$42,243.31	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$42,291.04	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$42,338.77	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.97	\$264.153	\$42,386.50	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$42,434.23	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.176	\$563.80	\$42,481.96	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$42,529.69	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$42,577.42	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$42,625.15	\$0.00

Report Date: **January 4, 2103**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (In/Out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.175		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.128		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.168		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.118		

Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.96			
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.164			
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.81			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0453		\$45.82			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94841		\$47.96			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0170		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0171		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$42,672.88	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$42,720.61	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.152	\$330.104	\$42,768.34	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$42,816.07	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$42,863.80	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.98	\$264.154	\$42,911.52	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$42,959.25	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.177	\$563.81	\$43,006.98	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$43,054.71	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$43,102.44	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$43,150.17	\$0.00	

Report Date: **January 4, 2104**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CP1/RCPS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (In/Out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.176		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.129		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.169		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.119		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.97		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.165		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.82		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0454		\$45.83		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94842		\$47.97		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0172		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0173		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$43,197.90	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$43,245.63	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.153	\$330.105	\$43,293.36	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$43,341.09	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$43,388.82	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.99	\$264.155	\$43,436.55	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$43,484.28	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.178	\$563.82	\$43,532.01	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$43,579.73	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$43,627.46	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$43,675.19	\$0.00

Report Date: **January 4, 2105**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.
Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (List Price) (in/out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.177		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.130		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.170		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.120		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.98		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.166		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.83		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0455		\$45.84		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94843		\$47.98		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0174		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0175		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$43,722.92	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$43,770.65	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.154	\$330.106	\$43,818.38	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$43,866.11	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$43,913.84	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.100	\$264.156	\$43,961.57	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$44,009.30	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.179	\$563.83	\$44,057.03	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$44,104.76	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$44,152.49	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$44,200.22	\$0.00

Report Date: **January 4, 2106**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CFI/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (List Price) (in/out)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.178		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.131		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.171		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.121		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.99		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.167		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.84		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0456		\$45.85		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94844		\$47.99		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0176		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0177		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$44,247.94	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$44,295.67	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.155	\$330.107	\$44,343.40	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$44,391.13	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$44,438.86	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.101	\$264.157	\$44,486.59	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$44,534.32	\$0.00

Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.180	\$563.84	\$44,582.05	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$44,629.78	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$44,677.51	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$44,725.24	\$0.00

Report Date: **January 4, 2107**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.179		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.132		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.172		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.122		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.100		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.168		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.85		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0457		\$45.86		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94845		\$47.100		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0178		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0179		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$44,772.97	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$44,820.70	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLEX LTD UN	93931	\$95.156	\$330.108	\$44,868.42	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$44,916.15	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$44,963.88	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.102	\$264.158	\$45,011.61	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$45,059.34	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.181	\$563.85	\$45,107.07	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$45,154.80	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$45,202.53	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$45,250.26	\$0.00

Report Date: **January 4, 2108**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/RCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IP/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.180		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.133		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.173		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.123		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.101		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.169		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.86		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0458		\$45.87		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94846		\$47.101		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0180		\$45.01		

Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0181		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$45,297.99	\$0.00	
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$45,345.72	\$0.00	
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.157	\$330.109	\$45,393.45	\$0.00	
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$45,441.18	\$0.00	
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$45,488.91	\$0.00	
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.103	\$264.159	\$45,536.63	\$0.00	
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$45,584.36	\$0.00	
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.182	\$563.86	\$45,632.09	\$0.00	
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$45,679.82	\$0.00	
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$45,727.55	\$0.00	
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$45,775.28	\$0.00	

Report Date: **January 4, 2109**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.181		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.134		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.174		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.124		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.102		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.170		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.87		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0459		\$45.88		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94847		\$47.102		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0182		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0183		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$45,823.01	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$45,870.74	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.158	\$330.110	\$45,918.47	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$45,966.20	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$46,013.93	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.104	\$264.160	\$46,061.66	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$46,109.39	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.183	\$563.87	\$46,157.12	\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$46,204.84	\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$46,252.57	\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$46,300.30	\$0.00

Report Date: **January 4, 2110**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.182		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.135		

Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.175			
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.125			
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.103			
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.171			
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.88			
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0460		\$45.89			
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94848		\$47.103			
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0184		\$45.01			
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0185		\$45.01			
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$46,348.03		\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$46,395.76		\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.159	\$330.111	\$46,443.49		\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$46,491.22		\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$46,538.95		\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.105	\$264.161	\$46,586.68		\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$46,634.41		\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.184	\$563.88	\$46,682.14		\$0.00
Px00030017049	HC BCR-ABL1 GENE MAJOR BP	81206	\$717.66	\$717.66	\$46,729.87		\$0.00
Px00045001310	HC ED TRAUMA RESPONSE W/O CC FULL CDM		\$220.73	\$220.73	\$46,777.60		\$0.00
Px00072010080	HC FETAL MONITORING DURING LABOR W/REPORT	59050	\$297.74	\$297.74	\$46,825.33		\$0.00

Report Date: **January 4, 2111**

Hospital Name: **Columbia Basin Hospital**

Chargemaster for CMS Pricing Transparency - Procedures

Hospital Charges (Chargemaster Rates) include hospital services, pharmaceuticals, and supply items necessary to treat patients. These items are represented on 3 tabs.

Supply prices may vary based on manufacturer's cost to hospital.

Drug prices may vary based on dosage, supplier's availability, and cost to hospital.

HOSPITAL SYSTEM CHARGE CODE	CHARGE DESCRIPTION	CPT/HCPCS CODE	AVERAGE UNIT PRICE (INPATIENT)	AVERAGE UNIT PRICE (OUTPATIENT)	CC WEB LOCATION (Unit Price) (IN/OP)	CC WEB LOCATION (Base Price)
Px00097510627	HC PR 27040 BX SOFT TISSUES,PELV/HIP,SUPERFICL	27040		\$492.183		
Px00097510647	HC PR 29131 APPLY FINGER SPLINT,DYNAMIC	29131		\$276.136		
Px00097510650	HC PR 41110 EXCIS TONGUE LESN	41110		\$491.176		
Px00097510667	HC PR 64455 INJECT PLANTAR COMMON DIGITAL NERVE	64455		\$484.126		
Px00096910639	HC PR 90473 IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	90473		\$32.104		
Px00096910642	HC PR 99340 DOMICIL/REST-HOME CARE SUPERVISION, =>30 MIN	99340		\$236.172		
Px00096910643	HC PR 99456 DISABILITY EXAM/OTHER DR	99456		\$419.89		
Px00096910650	HC PR G0372 MD SERVICE REQUIRED FOR PMD	G0461		\$45.90		
Px00097510678	HC PR 94760 NONINVASV OXYGEN SATUR;SINGLE	94849		\$47.104		
Px00096910343	HC PR G0008 MEDICARE ADMIN INFLUENZA VIRUS VAC	G0186		\$45.01		
Px00096910344	HC PR G0009 MEDICARE ADMIN PNEUMOCOCCAL VACCINE	G0187		\$45.01		
Px00097210031	HC PR 93925 LE ARTERIAL DUPLEX BILAT	93925	\$178.34	\$178.34	\$46,873.05	\$0.00
Px00097210036	HC PR 93930 UE ARTERIAL DUPLEX BILAT	93930	\$143.51	\$143.51	\$46,920.78	\$0.00
Px00097210037	HC PR 93931 UE ARTERIAL DUPLX LTD UN	93931	\$95.160	\$330.112	\$46,968.51	\$0.00
Px00097210038	HC PR 93882 CAROTID DUPLEX LTD UNI	93882	\$124.02	\$124.02	\$47,016.24	\$0.00
Px00097210042	HC PR 93990 DIALYSIS ACCESS EVAL	93990	\$96.86	\$96.86	\$47,063.97	\$0.00
Px00097210043	HC PR 93922 ABI BILAT LTD W DOPP	93922	\$76.106	\$264.162	\$47,111.70	\$0.00
Px00098110930	HC PR 32555 THORACENTESIS/ASPIR W IMG GD	32555	\$1,739.47	\$1,739.47	\$47,159.43	\$0.00
Px00098110931	HC PR 32554 THORACENTESIS/ASPIR W/O IMG GD	32554	\$541.185	\$563.89	\$47,207.16	\$0.00