Department	Code	Description	OP CASH
HEMODIALYSIS CENTER	P01131	BODY COMPOSITION MONITORING (BCM)	**500**
HEMODIALYSIS CENTER	P01325	CERTIFICATE OF AVAILMENT	**100**
HEMODIALYSIS CENTER	P00993	DIALYSIS CLINIC FEE	**675**
HEMODIALYSIS CENTER	P00612	DIALYSIS SERVICE FEE	**500**
HEMODIALYSIS CENTER	P01000	DIALYSIS TREATMENT CHARGES	**1423.05**
HEMODIALYSIS CENTER	P00992	DIALYSIS TREATMENT SUPPLIES	**825.73**
HEMODIALYSIS CENTER	P00975	DIALYZER CLEANING FEE	**225**
HEMODIALYSIS CENTER	P00620	DRESSING	**400**
HEMODIALYSIS CENTER	P00622	GASTRIC LAVAGE	**225**
HEMODIALYSIS CENTER	P01257	HEMOPERFUSION	**1075**
HEMODIALYSIS CENTER	P00623	INTUBATION	**2423**
HEMODIALYSIS CENTER	P00624	IV INSERTION	**180**
HEMODIALYSIS CENTER	P00625	NASOGASTRIC TUBE INSERTION	**271**
HEMODIALYSIS CENTER	P01202	NEBULIZATION FEE	**110**
HEMODIALYSIS CENTER	P01243	ON CALL	**1500**

HEMODIALYSIS CENTER	P00749	OXYGEN USE 1L PER MINUTE	**0.26**
HEMODIALYSIS CENTER	P00997	PF - DIALYSIS	**500**
HEMODIALYSIS CENTER	P01242	REGULAR INSULIN PER UNIT	**25**
HEMODIALYSIS CENTER	P00629	RESUSCITATION FEE	**375**
HEMODIALYSIS CENTER	P00632	SKIN PREP	**150**
HEMODIALYSIS CENTER	P00633	SUCTIONING	**350**
HEMODIALYSIS CENTER	P01318	SURCHARGE	**625**
HEMODIALYSIS CENTER	P00634	URINARY CATHETERIZATION	**350**
HEMODIALYSIS CENTER	P00641	USE OF DEFIBRILLATOR	**2500**
HEMODIALYSIS CENTER	P00637	USE OF DIALYSIS MACHINE (FIRST 4 HOURS)	**680**
HEMODIALYSIS CENTER	P00638	USE OF DIALYSIS MACHINE (HOURLY EXCESS)	**156**
HEMODIALYSIS CENTER	P00639	USE OF DIALYSIS PRIVATE ROOM (FIRST 4 HOURS)	**1500**
HEMODIALYSIS CENTER	P00640	USE OF DIALYSIS PRIVATE ROOM (HOURLY EXCESS)	**400**
HEMODIALYSIS CENTER	P00642	USE OF DROPLIGHT	**90**
HEMODIALYSIS CENTER	P00647	USE OF PULSE OXIMETER (SPOT CHECKING)	**130**