

Gaston County

Gaston County Board of Commissioners www.gastongov.com

DHHS - Public Health Division **Board Action**

File #: 21-142

Commissioner Brown - DHHS (Health Division) - To Approve the Gaston County Public Health Department Patient Fee Schedule

STAFF CONTACT

Steve Eaton - Public Health Director - DHHS (Health Division) - 704-853-5271

BUDGET IMPACT

N/A

BUDGET ORDINANCE IMPACT

N/A

BACKGROUND

North Carolina General Statute 130A-39(g) grants authority to health departments to charge patient fees for clinical services provided. Fees shall be based upon a plan recommended by the local Health Director and must be approved annually by the local HHS Board and the appropriate county board or Boards of Commissioners. The Health Department must establish one charge per clinical/support service for all payors, including Medicaid, based on their related costs.

The Gaston County Public Health Department Patient Fee Schedule (which is hereby incorporated by reference, and on file with the Clerk to the Board), was approved by the Gaston County Health and Human Services (HHS) Board in February, 2021 and was thereby recommended for approval by the Gaston County Board of Commissioners.

Periodic adjustments of the Fee Schedule are authorized by the State in order to comply with the NC Public Health State Consolidated Agreement, subject to the approval of the Gaston County HHS Board.

POLICY IMPACT

N/A

ATTACHI	IEN 13								The state of the s
Patient Fee S	Schedule (Vie	wable	e Onli	ne Only or	By Reques	st)			
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NO.	DATE	M1	M2	CBrown	AFraley	BHovis	KJohnson	TKeigher	TPhilipeck RWerley Vote
2021-109	04/27/2021	СВ	вн	Α	Α	A	Α	Α	A

DISTRIBUTION:

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CHARGE MAINTENANCE LISTING REPORT

PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	D	ISCOUNT FLAG
0011A	MODERNA COVID-19 VACCINE	12/21/2020	12/31/2021	\$16.94		Υ
Number of Pro	ocedure Code :0011A	MODERNA COVI	D-19 VACCINE ADMIN	- TOTAL:	1	
0012A	MODERNA COVID-19 VACCINE	12/21/2020	12/31/2021	\$28.39		Υ
Number of Pro	ocedure Code :0012A	MODERNA COVI	D-19 VACCINE ADMIN	I- TOTAL:	1	
0500F	First Prenatal Vst, Provided By Our	07/01/2014	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :0500F	First Prenatal Vs	t, Provided By Our	TOTAL:	1	
0501F	First Prenatal Vst, Provided By	07/01/2014	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :0501F	First Prenatal Vs	t, Provided By Anothe	er TOTAL:	1	
0503F	Postpartum Visit Date, Reporting Only	07/01/2015	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :0503F	Postpartum Visit	Date, Reporting Only	TOTAL:	1	
11981	INSERTION,NON-BIODEGRADABLE	06/17/2020	12/31/2021	\$112.00		Υ
Number of Pro	ocedure Code :11981	INSERTION,NON	-BIODEGRADABLE D	RUCTOTAL:	1	
11982	REMOVAL NON-BIODEGRADABLE	06/17/2020	12/31/2021	\$129.00		Υ
Number of Pro	ocedure Code :11982	REMOVAL NON-	BIODEGRADABLE DF	RUG TOTAL:	1	
11983	REMOVAL WITH REINSERTION NON	06/17/2020	12/31/2021	\$201.00		Υ
Number of Pro	ocedure Code :11983	REMOVAL WITH	REINSERTION NON	TOTAL:	1	
36415	VENIPUNCTURE	06/17/2020	12/31/2021	\$3.00		Υ
Number of Pro	ocedure Code :36415	VENIPUNCTURE		TOTAL:	1	
36415MG	VENIPUNCTURE	10/01/2011	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :36415MG	VENIPUNCTURE		TOTAL:	1	
36415N	VENIPUNTURE NO	01/01/2010	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :36415N	VENIPUNTURE N	NO CHARGE(EXAMPL	E; TOTAL:	1	
36415NC	VENIPUNCTURE NO CHARGE	01/01/2010	12/31/2021	\$0.00		N

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CHARGE MAINTENANCE LISTING REPORT

PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DI	SCOUNT FLAG
Number of Pro	cedure Code :36415NC	VENIPUNCTURE	NO CHARGE	TOTAL:	1	
49000GY	EXPLORATORY LAPAROTOMY	12/01/2018	12/31/2021	\$631.00		N
Number of Pro	cedure Code :49000GY	EXPLORATORY	LAPAROTOMY	TOTAL:	1	
54056	CRYOSURGERY	06/17/2020	12/31/2021	\$113.00		N
Number of Pro	cedure Code :54056	CRYOSURGERY		TOTAL:	1	
56501	DESTRUCT OF LESION(S) VULVA	06/17/2020	12/31/2021	\$110.00		N
Number of Pro	cedure Code :56501	DESTRUCT OF L	ESION(S) VULVA SI	MPLETOTAL:	1	
56605GY	BIOPSY OF VULVA OR PERINEUM	10/01/2014	12/31/2021	\$71.00		N
Number of Pro	cedure Code :56605GY	BIOPSY OF VUL	VA OR PERINEUM C	NE TOTAL:	1	
57022	INCISION & DRAINAGE VAGINAL	12/01/2018	12/31/2021	\$143.00		Y
Number of Pro	cedure Code :57022	INCISION & DRA	INAGE VAGINAL	TOTAL:	1	
57452GY	COLPOSCOPY W/O BIOPSY	01/01/2010	12/31/2021	\$94.00		N
Number of Pro	cedure Code :57452GY	COLPOSCOPY V	V/O BIOPSY	TOTAL:	1	
57454	COLPOSCOPY W/ BIOPSY	01/01/2010	12/31/2021	\$133.00		Y
Number of Pro	cedure Code :57454	COLPOSCOPY V	V/ BIOPSY	TOTAL:	1	
57454GY	COLPOSCOPY W/ BIOPSY	01/01/2010	12/31/2021	\$133.00		N
Number of Pro	cedure Code :57454GY	COLPOSCOPY V	W/ BIOPSY	TOTAL:	1	
58100GY	ENDOMETRIO BIOPSY	01/01/2010	12/31/2021	\$94.00		N
Number of Pro	cedure Code :58100GY	ENDOMETRIO B	IOPSY	TOTAL:	1	
58120GY	DILATION & CURETTAGE	01/01/2010	12/31/2021	\$213.00		N
Number of Pro	cedure Code :58120GY	DILATION & CUP	RETTAGE	TOTAL:	1	
58150GY	TOTAL ABDOMINAL	01/01/2010	12/31/2021	\$853.00		N

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			END			
PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE		STANDARD FEE	C	SCOUNT FLAG
Number of Pro	ocedure Code :58150GY	TOTAL ABDOMII	NAL HYSTERECTOMY	TOTAL:	1	
58180GY	SUPRACERVICAL ABDOMINAL	07/01/2012	12/31/2021	\$819.00		N
Number of Pro	ocedure Code :58180GY	SUPRACERVICA	L ABDOMINAL	TOTAL:	1	
58300	IUD INSERTION	06/17/2020	12/31/2021	\$67.00		Y
Number of Pro	ocedure Code :58300	IUD INSERTION		TOTAL:	1	
58301	IUD REMOVAL	06/17/2020	12/31/2021	\$82.00		Υ
Number of Pro	ocedure Code :58301	IUD REMOVAL		TOTAL:	1	
59025	FETAL NON-STRESS TEST	06/17/2020	12/31/2021	\$40.00		Υ
Number of Pro	ocedure Code :59025	FETAL NON-STR	RESS TEST	TOTAL:	1	
5902526	FETAL NST HOSP ONLY	08/01/2015	12/31/2021	\$26.00		Υ
Number of Pro	ocedure Code :5902526	FETAL NST HOS	PONLY	TOTAL:	1	
59425	ANTEPARTUM CARE ONLY 4-6 VISTS	06/17/2020	12/31/2021	\$405.00		Υ
Number of Pro	ocedure Code :59425	ANTEPARTUM C	ARE ONLY 4-6 VISTS	TOTAL:	1	
59426	ANTEPARTUM CARE ONLY 7 OR	06/17/2020	12/31/2021	\$724.00		Υ
Number of Pro	ocedure Code :59426	ANTEPARTUM C	ARE ONLY 7 OR MORE	TOTAL:	1	
59430	Postpartum Care only, separate	06/17/2020	12/31/2021	\$130.00		Y
Number of Pro	ocedure Code :59430	Postpartum Care	e only, separate	TOTAL:	1	
59820	MISCARRIAGE 1ST TRIMESTER	01/01/2010	12/31/2021	\$314.00		Υ
Number of Pro	ocedure Code :59820	MISCARRIAGE 1	ST TRIMESTER	TOTAL:	1	
710108	CHEST X-RAY / PA	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :71010S	CHEST X-RAY / I	PA	TOTAL:	1	
76801	ULTRASOUND-1ST TRIMESTER	06/17/2020	12/31/2021	\$116.00		N

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CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2021 Thru 12/31/2021

END **PROCEDURE PROCEDURE EFFECTIVE EFFECTIVE STANDARD** DISCOUNT CODE DATE DATE FEE **FLAG** NAME Number of Procedure Code: 76801 **ULTRASOUND-1ST TRIMESTER** TOTAL: 76805 **ULTRASOUND-AFTER 1ST** 06/17/2020 12/31/2021 \$129.00 Ν Number of Procedure Code: 76805 ULTRASOUND-AFTER 1ST TRIMESTER TOTAL: 76811 **ULTRASOUND-WITH DETAILED** 06/17/2020 12/31/2021 \$182.00 Ν Number of Procedure Code: 76811 **ULTRASOUND-WITH DETAILED FETAL TOTAL:** 76812 \$178.00 Ν ULTRASOUND, REAL TIME IMAGE, 02/16/2021 12/31/2021 Number of Procedure Code: 76812 ULTRASOUND, REAL TIME IMAGE, TOTAL: 76815 **ULTRASOUND-FETAL GROWTH** 06/17/2020 12/31/2021 \$80.00 Ν Number of Procedure Code: 76815 **ULTRASOUND-FETAL GROWTH** TOTAL: 76816 **FOLLOW UP OR REPEAT 76815** 06/17/2020 12/31/2021 \$99.00 Ν **FOLLOW UP OR REPEAT 76815** Number of Procedure Code: 76816 TOTAL: 12/31/2021 U/S, PREGNANT UTERUS, 06/17/2020 \$90.00 N 76817 U/S, PREGNANT UTERUS, TRANSVAG Number of Procedure Code: 76817 TOTAL: Υ 76818 FETAL-BIO PROFILE WITH NON-06/17/2020 12/31/2021 \$107.00 Number of Procedure Code: 76818 FETAL-BIO PROFILE WITH NON-STRESS TOTAL: 06/17/2020 12/31/2021 \$83.00 Υ 76819 Fetal biophysical profile; without non-Number of Procedure Code: 76819 Fetal biophysical profile; without non-TOTAL: 76857 LIMITED/FOLLOW-UP ULTRASOUND 08/01/2015 12/31/2021 \$85.00 Ν Number of Procedure Code: 76857 LIMITED/FOLLOW-UP ULTRASOUND TOTAL: Υ 80048T BASIC METABOLIC PANEL 08/01/2015 12/31/2021 \$5.00 Number of Procedure Code: 80048T BASIC METABOLIC PANEL TOTAL: 80048TN BASIC METABOLIC PANEL 04/24/2019 12/31/2021 \$0.00 Y

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CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2021 Thru 12/31/2021

END DISCOUNT **PROCEDURE PROCEDURE EFFECTIVE EFFECTIVE STANDARD** CODE NAME DATE DATE FEE **FLAG** Number of Procedure Code: 80048TN BASIC METABOLIC PANEL TOTAL: Υ 80053T COMPREHENSIVE METABOLIC PANEL 08/01/2015 12/31/2021 \$6.00 Number of Procedure Code: 80053T COMPREHENSIVE METABOLIC PANEL 80053TN COMPREHENSIVE METABOLIC PANEL 04/24/2019 12/31/2021 \$0.00 Υ Number of Procedure Code:80053TN COMPREHENSIVE METABOLIC PANEL TOTAL: 80076T HEPATIC FUNCTION PANEL 08/01/2015 12/31/2021 \$5.00 1 Number of Procedure Code:80076T **HEPATIC FUNCTION PANEL** TOTAL: HEPATIC FUNCTION PANEL 01/01/2010 12/31/2021 \$0.00 80076TN **HEPATIC FUNCTION PANEL** Number of Procedure Code: 80076TN TOTAL: DRUG SCREN, QUALITATIVE; SINGLE \$27.00 80101T 08/30/2015 12/31/2021 Number of Procedure Code:80101T DRUG SCREN, QUALITATIVE: SINGLE TOTAL: \$0.00 80101TN DRUG SCREEN, AUALITATIVE; 04/24/2019 12/31/2021 Number of Procedure Code: 80101TN DRUG SCREEN, AUALITATIVE; SINGLE TOTAL: UA, BY DIP STICK OR TAB FOR 12/31/2021 \$4.00 Υ 81001 08/01/2015 Number of Procedure Code:81001 UA, BY DIP STICK OR TAB FOR BILIRU, TOTAL: 81001MG UA BY DIP STICK OR TAB REAGENT 10/01/2011 12/31/2021 \$0.00 Y Number of Procedure Code: 81001MG **UA BY DIP STICK OR TAB REAGENT FORTOTAL:** 81003 UA BY DIP STICK OR TABLET; 06/17/2020 12/31/2021 \$3.00 Number of Procedure Code:81003 **UA BY DIP STICK OR TABLET; TOTAL:** 81003MG UA BY DIP STICK OR TABLET: 10/01/2011 12/31/2021 \$0.00 Υ Number of Procedure Code: 81003MG **UA BY DIP STICK OR TABLET;** TOTAL: 81025 UA PREG TEST; COLOR COMP 06/17/2020 12/31/2021 \$9.00 Υ

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CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2021 Thru 12/31/2021

END DISCOUNT **PROCEDURE PROCEDURE EFFECTIVE EFFECTIVE STANDARD** CODE NAME DATE DATE FEE **FLAG** Number of Procedure Code:81025 **UA PREG TEST; COLOR COMP METHOD, TOTAL:** 81025GY UA PREG TEST, COLOR 08/01/2015 12/31/2021 \$9.00 Ν Number of Procedure Code: 81025GY **UA PREG TEST, COLOR COMPARISON** TOTAL: 81025NC UA Preg Test; Color Comp Method, 11/01/2014 12/31/2021 \$0.00 Υ Number of Procedure Code:81025NC **UA Preg Test; Color Comp Method,** TOTAL: 81240T F2 (pro thrombin, coagulation 08/01/2020 12/31/2021 \$110.00 Υ Number of Procedure Code:81240T F2 (pro thrombin, coagulation factorII), TOTAL: 08/01/2020 12/31/2021 \$0.00 Υ 81240TN F2 (PRO THROMBIN, COAGULATION Number of Procedure Code: 81240TN F2 (PRO THROMBIN, COAGULATION TOTAL: \$140.00 F5, COAGULATION FACTOR V, 08/01/2020 12/31/2021 81241T Number of Procedure Code:81241T F5. COAGULATION FACTOR V. GENE TOTAL: Υ \$0.00 81241TN F5. COAGULATION GACTOR V, 08/01/2020 12/31/2021 Number of Procedure Code: 81241TN F5. COAGULATION GACTOR V, GENE TOTAL: AFP SERUM 01/01/2010 Υ 12/31/2021 \$0.00 82105TN Number of Procedure Code: 82105TN **AFP SERUM** TOTAL: Υ 82239T Bile acids; total 11/02/2013 12/31/2021 \$8.00 Number of Procedure Code:82239T Bile acids; total TOTAL: 82239TN Bile acids; total 04/24/2019 12/31/2021 \$0.00 Υ Number of Procedure Code:82239TN Bile acids; total TOTAL: 82270 **BLOOD OCCULT, BY PEROXIDASE** 01/01/2011 12/31/2021 \$5.00 Υ **BLOOD OCCULT, BY PEROXIDASE** Number of Procedure Code: 82270 TOTAL: CREATININE; BLOOD 04/24/2019 12/31/2021 \$0.00 Υ 82565TN

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CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2021 Thru 12/31/2021

END EFFECTIVE PROCEDURE PROCEDURE EFFECTIVE STANDARD DISCOUNT CODE DATE DATE FEE **FLAG** NAME Number of Procedure Code: 82565TN **CREATININE; BLOOD** TOTAL: 82575TN CREATININE; CLEARANCE 04/01/2019 12/31/2021 \$0.00 Υ **CREATININE; CLEARANCE** Number of Procedure Code: 82575TN TOTAL: GLUCOSE; QUANTITATIVE BLOOD 06/17/2020 12/31/2021 \$5.00 Υ 82947 Number of Procedure Code: 82947 GLUCOSE; QUANTITATIVE BLOOD INSIDITOTAL: 82947T GLUCOSE, QUANTITATIVE, BLOOD 10/01/2018 12/31/2021 \$5.00 Υ Number of Procedure Code:82947T GLUCOSE, QUANTITATIVE, BLOOD TOTAL: 1 Υ 82948 GLUCOSE BLOOD STICK TEST 08/01/2015 12/31/2021 \$4.00 Number of Procedure Code: 82948 **GLUCOSE BLOOD STICK TEST** TOTAL: Υ 82950 GLUCOSE: POST GLUCOSE DOSE 06/17/2020 12/31/2021 \$7.00 **GLUCOSE: POST GLUCOSE DOSE** Number of Procedure Code: 82950 TOTAL: \$7.00 Υ 82950T GLUCOSE; POST GLUCOSE 10/01/2018 12/31/2021 Number of Procedure Code:82950T **GLUCOSE**; POST GLUCOSE TOTAL: 82951 **GLUCOSE 3 HR TOLERANCE TEST** 08/30/2015 12/31/2021 \$48.00 Υ Number of Procedure Code:82951 GLUCOSE 3 HR TOLERANCE TEST INSIDITOTAL: GLUCOSE; TOLERANCE TEST (GTT) 08/30/2015 12/31/2021 \$48.00 Υ 82951T **GLUCOSE; TOLERANCE TEST (GTT) 3** Number of Procedure Code:82951T TOTAL: \$0.00 Υ 83021TN HEMOGLOBIN FRACTIONATION AND 08/17/2015 12/31/2021 Number of Procedure Code:83021TN **HEMOGLOBIN FRACTIONATION AND** TOTAL: 83036T HEMOGLOBIN; GLYCOSYLATED 08/01/2015 12/31/2021 \$5.00 Υ Number of Procedure Code:83036T HEMOGLOBIN; GLYCOSYLATED (A1C) TOTAL: 83036TN HEMOGLOBIN; GLYCOSYLATED 04/24/2019 12/31/2021 \$0.00 Υ

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CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2021 Thru 12/31/2021

END PROCEDURE PROCEDURE EFFECTIVE EFFECTIVE STANDARD DISCOUNT DATE **FLAG** CODE NAME DATE FEE Number of Procedure Code: 83036TN HEMOGLOBIN; GLYCOSYLATED (A1C) TOTAL: \$14.00 Υ 83655t 02/11/2019 12/31/2021 Lead Number of Procedure Code:83655t TOTAL: Lead 12/31/2021 Υ 01/01/2010 LEAD \$0.00 83655TN Number of Procedure Code:83655TN **LEAD** TOTAL: 12/31/2021 Υ 83690TN LIPASE 04/24/2019 \$0.00 Number of Procedure Code: 83690TN LIPASE TOTAL: Υ 84146T **PROLACTIN** 08/01/2015 12/31/2021 \$10.00 Number of Procedure Code:84146T **PROLACTIN** TOTAL: 84436T THYROXINE; TOTAL 08/01/2020 12/31/2021 \$3.00 Υ Number of Procedure Code:84436T THYROXINE; TOTAL TOTAL: 84436TN THYROXINE; TOTAL 04/24/2019 12/31/2021 \$0.00 Υ Number of Procedure Code:84436TN TOTAL: 1 THYROXINE; TOTAL 84439T THYROXINE; FREE 11/01/2012 12/31/2021 \$9.00 Υ Number of Procedure Code:84439T THYROXINE; FREE TOTAL: 12/31/2021 \$0.00 84439TN THYROXINE: FREE 04/24/2019 Number of Procedure Code:84439TN THYROXINE; FREE TOTAL: THYROID STIMULATING HORMONE 08/01/2015 12/31/2021 \$6.00 Υ 84443T THYROID STIMULATING HORMONE (TSH)TOTAL: Number of Procedure Code:84443T 84443TN THYROID STIMULATING HORMONE 04/24/2019 12/31/2021 \$0.00 Υ Number of Procedure Code:84443TN THYROID STIMULATING HORMONE (TSH)TOTAL: URIC ACID; BLOOD 04/24/2019 12/31/2021 \$0.00 Υ 84450TN

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CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2021 Thru 12/31/2021

END DISCOUNT **PROCEDURE PROCEDURE EFFECTIVE EFFECTIVE STANDARD** CODE NAME DATE DATE FEE **FLAG** 1 Number of Procedure Code: 84450TN **URIC ACID; BLOOD** TOTAL: Υ TRANSFERASE; ALANINE AMINO 04/29/2019 12/31/2021 \$0.00 84460TN TRANSFERASE; ALANINE AMINO ALT Number of Procedure Code: 84460TN TOTAL: Υ 12/31/2021 84550T URIC ACID; BLOOD 08/01/2015 \$4.00 Number of Procedure Code:84550T **URIC ACID; BLOOD** TOTAL: 02/01/2020 12/31/2021 \$0.00 84550TN Uric Acid, outside lab Number of Procedure Code: 84550TN Uric Acid, outside lab TOTAL: GONADOTROPIN; CHORIONIC (HCG); 08/01/2015 12/31/2021 \$11.00 Υ 84702T Number of Procedure Code:84702T GONADOTROPIN; CHORIONIC (HCG); TOTAL: 84702TN GONADOTROPIN; CHORIONIC (HCG); 04/24/2019 12/31/2021 \$0.00 Number of Procedure Code: 84702TN GONADOTROPIN; CHORIONIC (HCG); TOTAL: Υ 85018 HEMOGLOBIN, BLOOD COUNT (HGB) 06/17/2020 12/31/2021 \$4.00 HEMOGLOBIN, BLOOD COUNT (HGB) Number of Procedure Code: 85018 TOTAL: 85018T BLOOD COUNT; HEMOGLOBIN (HGB) 10/01/2009 12/31/2021 \$4.00 Υ Number of Procedure Code: 85018T **BLOOD COUNT; HEMOGLOBIN (HGB)** TOTAL: 85025T BLOOD COUNT; COMPLETE (CBC) 08/01/2015 12/31/2021 \$5.00 Number of Procedure Code:85025T **BLOOD COUNT; COMPLETE (CBC) TOTAL:** BLOOD COUNT; COMPLETE (CBC) 04/24/2019 12/31/2021 \$0.00 Υ 85025TN Number of Procedure Code: 85025TN **BLOOD COUNT; COMPLETE (CBC)** TOTAL: 85300T CLOTTING INHIBITORS OR 08/01/2020 12/31/2021 \$15.00 Υ **CLOTTING INHIBITORS OR** Number of Procedure Code: 85300T TOTAL: CLOTTING INHIBITORS OR 08/01/2020 12/31/2021 \$0.00 Υ 85300TN

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CHARGE MAINTENANCE LISTING REPORT

PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DI	SCOUNT FLAG
Number of Pro-	cedure Code :85300TN	CLOTTING INHIBITORS OR		TOTAL:	1	
85303T	CLOTTING INHIBITORS OR	08/01/2020	12/31/2021	\$29.00		Y
Number of Pro	cedure Code :85303T	CLOTTING INHIE	BITORS OR	TOTAL:	1	
85303TN	CLOTTING INHIBITORS OR	08/01/2020	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :85303TN	CLOTTING INHIE	BITORS OR	TOTAL:	1	
85306T	CLOTTING INHIBITORS OR	08/01/2020	12/31/2021	\$29.00		Υ
Number of Pro	cedure Code :85306T	CLOTTING INHIE	BITORS OR	TOTAL:	1	
85306TN	CLOTTING INHIBITORS OR	08/01/2020	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :85306TN	CLOTTING INHIE	BITORS OR	TOTAL:	1	
85307T	ACTIVATED PROTEIN C (APC)	08/01/2020	12/31/2021	\$18.00		Υ
Number of Pro	cedure Code :85307T	ACTIVATED PRO	OTEIN C (APC)	TOTAL:	1	
85307TN	ACTIVATED PROTEIN C (APC)	08/01/2020	12/31/2021	\$0.00		Υ
Number of Pro-	cedure Code :85307TN	ACTIVATED PRO	OTEIN C (APC)	TOTAL:	1	
85385TN	FIBRINOGEN; ANTIGEN	08/01/2020	12/31/2021	\$0.00		Υ
Number of Pro-	cedure Code :85385TN	FIBRINOGEN; A	NTIGEN	TOTAL:	1	
85610T	PROTHROMBIN TIME	08/01/2015	12/31/2021	\$14.00		Υ
Number of Pro-	cedure Code :85610T	PROTHROMBIN	TIME	TOTAL:	1	
85610TN	PROTHROMBIN TIME	08/01/2020	12/31/2021	\$0.00		Υ
Number of Pro-	cedure Code :85610TN	PROTHROMBIN	TIME	TOTAL:	1	
85730T	THROMBOPLASTIN TIME,PARTIAL	08/01/2015	12/31/2021	\$14.00		Υ
Number of Pro-	cedure Code :85730T	THROMBOPLAS	TIN TIME,PARTIAL	(PTT); TOTAL:	1	
85730TN	THROMBOPLASTIN TIME,PARTIAL	08/01/2020	12/31/2021	\$0.00		Υ

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CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2021 Thru 12/31/2021

END DISCOUNT **PROCEDURE PROCEDURE EFFECTIVE EFFECTIVE STANDARD FLAG** CODE NAME DATE DATE FEE Number of Procedure Code: 85730TN THROMBOPLASTIN TIME, PARTIAL (PTT); TOTAL: CARDIOLIPIN (P HOSPHOLIPID) 08/01/2020 12/31/2021 \$22.00 Υ 86147T Number of Procedure Code:86147T **CARDIOLIPIN (P HOSPHOLIPID)** TOTAL: 86147TN CARDIOLIPIN (P HOSPHOLIPID) 08/01/2020 12/31/2021 \$0.00 Υ **CARDIOLIPIN (P HOSPHOLIPID)** Number of Procedure Code:86147TN **TOTAL:** 12/31/2021 \$20.00 86580 SKIN TEST; TUBERCULOSIS, 11/11/2019 Ν Number of Procedure Code: 86580 SKIN TEST; TUBERCULOSIS, TOTAL: 86580NC TUBERCULOSIS; SKIN TEST 01/01/2010 12/31/2021 \$0.00 Ν TUBERCULOSIS; SKIN TEST Number of Procedure Code: 86580NC TOTAL: SYPHILIS, PRECIPITATION OR 02/11/2019 12/31/2021 \$5.00 Υ 86592 Number of Procedure Code: 86592 SYPHILIS, PRECIPITATION OR TOTAL: 01/01/2010 \$0.00 86592NC SYPHILIS TEST; QUALITATIVE 12/31/2021 Ν Number of Procedure Code: 86592NC SYPHILIS TEST; QUALITATIVE TOTAL: Υ 86592T SYPHILIS TEST; QUALITATIVE 02/11/2019 12/31/2021 \$5.00 Number of Procedure Code:86592T SYPHILIS TEST; QUALITATIVE (VDRL, TOTAL: SYPHILIS TEST; QUALITATIVE 01/01/2010 12/31/2021 \$0.00 86592TN SYPHILIS TEST; QUALITATIVE (VDRL, Number of Procedure Code:86592TN **TOTAL:** 86644TN ANTIBODY: CYTOMEGALOVIRUS 04/24/2019 12/31/2021 \$0.00 Υ Number of Procedure Code: 86644TN ANTIBODY; CYTOMEGALOVIRUS (CMV) TOTAL: \$0.00 Υ ANTIBODY; CYTOMEGALOVIRUS 04/24/2019 12/31/2021 86645TN ANTIBODY; CYTOMEGALOVIRUS (CMV0, TOTAL: Number of Procedure Code: 86645TN 05/01/2020 12/31/2021 \$0.00 Υ 86694TN Antibody, Herpes Simplex, Non-

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	D	ISCOUNT FLAG
Number of Proc	cedure Code : 86694TN	Antibody, Herpe	s Simplex, Non-spe	cific TOTAL:	1	
86701NC	HIV RAPID	04/24/2019	12/31/2021	\$0.00		Υ
Number of Proc	cedure Code :86701NC	HIV RAPID		TOTAL:	1	
86701TN	ANTIBODY; HIV-1	01/01/2010	12/31/2021	\$0.00		Y
Number of Proc	cedure Code :86701TN	ANTIBODY; HIV-	1	TOTAL:	1	
86706TN	Hepatitis B Surface Antibody	06/01/2020	12/31/2021	\$0.00		Y
Number of Proc	cedure Code :86706TN	Hepatitis B Surfa	ice Antibody	TOTAL:	1	
86735TN	ANTIBODY; MUMPS	04/24/2019	12/31/2021	\$0.00		Υ
Number of Proc	cedure Code :86735TN	ANTIBODY; MUN	1PS	TOTAL:	1	
86762T	ANTIBODY; RUBELLA	02/11/2019	12/31/2021	\$10.00		Υ
Number of Proc	cedure Code :86762T	ANTIBODY; RUB	ELLA	TOTAL:	1	
86762TN	RUBELLA TITER	03/31/1993	12/31/2021	\$0.00		Y
Number of Proc	cedure Code :86762TN	RUBELLA TITER		TOTAL:	1	
86765TN	ANTIBODY; RUBEOLA	04/24/2019	12/31/2021	\$0.00		Y
Number of Proc	cedure Code :86765TN	ANTIBODY; RUE	EOLA	TOTAL:	1	
86777TN	ANTIOBODY; TOXOPLASMA	04/24/2019	12/31/2021	\$0.00		Υ.
Number of Proc	cedure Code :86777TN	ANTIOBODY; TO	XOPLASMA	TOTAL:	1	
86778TN	Antibody: Toxoplasma; IGM	05/01/2020	12/31/2021	\$0.00		Υ
Number of Proc	cedure Code :86778TN	Antibody: Toxop	lasma; IGM	TOTAL:	1	
86780TN	Antibody; Treponema Pallidum	06/01/2020	12/31/2021	\$0.00		Y
Number of Proc	cedure Code :86780TN	Antibody; Trepo	nema Pallidum	TOTAL:	1	
86787T	ANTIBODY; VARICELLA-ZOSTER	08/01/2015	12/31/2021	\$14.00		Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DI	SCOUNT FLAG
Number of Pro	cedure Code :86787T	ANTIBODY; VAR	ICELLA-ZOSTER	TOTAL:	1	
86787TN	ANTIBODY; VARICELLA-ZOSTER	01/01/2010	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :86787TN	ANTIBODY; VAR	ICELLA-ZOSTER	TOTAL:	1	
86803NC	HEPATITIS C; ANTIBODY- RAPID	06/01/2020	12/31/2021	\$0.00		N
Number of Pro	cedure Code :86803NC	HEPATITIS C; A	NTIBODY- RAPID	TOTAL:	1	
86803T	HEPATITIS C ANTIBODY	02/11/2019	12/31/2021	\$4.00		Υ
Number of Pro	cedure Code :86803T	HEPATITIS C AN	TIBODY	TOTAL:	1	
86803TN	HEPATITIS C; ANTIBODY	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	cedure Code :86803TN	HEPATITIS C; A	NTIBODY	TOTAL:	1	
86850T	ANTIBODY SCREEN, RBC	08/01/2015	12/31/2021	\$6.00		Y
Number of Pro	cedure Code :86850T	ANTIBODY SCRI	EEN, RBC	TOTAL:	1	
86850TN	ANTIBODY SCREEN; RBC	01/01/2010	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :86850TN	ANTIBODY SCRI	EEN; RBC	TOTAL:	1	
86900T	BLOOD TYPING: ABO	02/11/2019	12/31/2021	\$5.00		Υ
Number of Pro	cedure Code :86900T	BLOOD TYPING:	ABO	TOTAL:	1	
86900TN	BLOOD TYPING; ABO	04/24/2019	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :86900TN	BLOOD TYPING	ABO	TOTAL:	1	
86901T	BLOOD TYPING; RHD	02/11/2019	12/31/2021	\$5.00		Y
Number of Pro	cedure Code :86901T	BLOOD TYPING	RHD	TOTAL:	1	
86901TN	BLOOD TYPING; RHD	04/24/2019	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :86901TN	BLOOD TYPING	RHD	TOTAL:	1	
87015TN	CONCENTRATION, ANY TYPE, FOR	01/01/2010	12/31/2021	\$0.00		Υ

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END **PROCEDURE PROCEDURE EFFECTIVE EFFECTIVE STANDARD** DISCOUNT CODE NAME DATE DATE FEE **FLAG** CONCENTRATION, ANY TYPE, FOR Number of Procedure Code: 87015TN TOTAL: CULTURE PRESUMPTIVE PATH, Υ 87081 08/01/2015 12/31/2021 \$23.00 Number of Procedure Code: 87081 **CULTURE PRESUMPTIVE PATH.** TOTAL: 87081NC CULTURE, PRESUMPTIVE, PATHO 01/01/2015 12/31/2021 \$0.00 Υ Number of Procedure Code: 87081NC **CULTURE, PRESUMPTIVE, PATHO** TOTAL: 87081T CULTURE, PRESUMPTIVE, PATHOGENI 08/01/2015 12/31/2021 \$23.00 Υ CULTURE, PRESUMPTIVE, PATHOGENIC TOTAL: Number of Procedure Code: 87081T 87081TN CULTURE, PRESUMPTIVE, 04/24/2019 12/31/2021 \$0.00 Υ Number of Procedure Code: 87081TN **CULTURE, PRESUMPTIVE, PATHOGENIC TOTAL:** 87086T CULTURE, BACTERIAL QUANT 02/11/2019 12/31/2021 \$9.00 Υ Number of Procedure Code: 87086T CULTURE, BACTERIAL QUANT COLONY TOTAL: 87086TN CULTURE, BACTERIAL QUANT 04/24/2019 12/31/2021 \$0.00 Υ Number of Procedure Code: 87086TN CULTURE, BACTERIAL QUANT COLONY TOTAL: Υ CULTURE, CHLAMYDIA, ANY 01/01/2010 12/31/2021 87110TN \$0.00 Number of Procedure Code: 87110TN CULTURE, CHLAMYDIA, ANY SOURCE TOTAL: CULTURE, TUBERCLE OR OTHER 01/01/2010 Υ 87116TN 12/31/2021 \$0.00 Number of Procedure Code: 87116TN CULTURE, TUBERCLE OR OTHER ACID- TOTAL: 87205 SMEAR PRIMARY SOURCE W/INTREP 08/01/2015 12/31/2021 \$6.00 Y Number of Procedure Code: 87205 **SMEAR PRIMARY SOURCE W/INTREP** TOTAL: Υ 87205NC SMEAR PRIMARY SOURCE W/INTREP 01/01/2010 12/31/2021 \$0.00 Number of Procedure Code: 87205NC SMEAR PRIMARY SOURCE W/INTREP TOTAL: 87206TN AFB SMEAR 04/24/2019 12/31/2021 \$0.00

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Number of Pro	ocedure Code :87206TN	AFB SMEAR		TOTAL:	1	
87210	SMEAR PRIMARY W/INTREP, WET	06/17/2020	12/31/2021	\$5.00		Y
Number of Pro	ocedure Code :87210	SMEAR PRIMAR	Y W/INTREP, WET	TOTAL:	1	
87210GY	SMEAR PRIMARY SOURCE	04/01/2018	12/31/2021	\$5.00		N
Number of Pro	ocedure Code :87210GY	SMEAR PRIMAR	Y SOURCE W/INTREP;	TOTAL:	1	
87210H	Wet Mount W/Interp - Hosp Only	01/01/2016	12/31/2021	\$5.00		Υ .
Number of Pro	ocedure Code :87210H	Wet Mount W/Int	erp - Hosp Only	TOTAL:	1	
87210NC	SMEAR PRIMARY SOURCE W/INTREP	04/01/2018	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :87210NC	SMEAR PRIMAR	Y SOURCE W/INTREP	TOTAL:	1	
87255T	VIRUS ISOLATION INC ID BY NON-	02/11/2019	12/31/2021	\$35.00		Y
Number of Pro	ocedure Code :87255T	VIRUS ISOLATIO	N INC ID BY NON-	TOTAL:	1	
87255TN	VIRUS ISOLATION INC ID BY NON-	11/01/2014	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :87255TN	VIRUS ISOLATIO	N INC ID BY NON-	TOTAL:	1	
87340T	INFECT AGENT ANTIGEN DETECT	02/11/2019	12/31/2021	\$8.00		Y
Number of Pro	ocedure Code :87340T	INFECT AGENT	ANTIGEN DETECT ENZ	YNTOTAL:	1	
87340TN	INFECT AGENT ANTIGEN DETECT	01/01/2010	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :87340TN	INFECT AGENT	ANTIGEN DETECT ENZ	YNTOTAL:	1	
87491T	INFECT AGENT DETECT; CHLAMYDIA	12/02/2016	12/31/2021	\$12.00		Y
Number of Pro	ocedure Code :87491T	INFECT AGENT I	DETECT; CHLAMYDIA	TOTAL:	1	
87491TN	CHLAMYDIA TRACHOMATIS PROBE	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :87491TN	CHLAMYDIA TRA	ACHOMATIS PROBE	TOTAL:	1	
87521TN	HCV by RNA	11/01/2016	12/31/2021	\$0.00		Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	C	DISCOUNT FLAG
Number of Pro	cedure Code :87521TN	HCV by RNA		TOTAL:	1	
87591T	INFECT AGENT DETECT NEISSERIA	12/02/2016	12/31/2021	\$12.00		Υ
Number of Pro	cedure Code :87591T	INFECT AGENT I	DETECT NEISSERIA	TOTAL:	1	
87591TN	INFECT AGENT DETECT NEISSERIA	01/01/2010	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :87591TN	INFECT AGENT I	DETECT NEISSERIA	TOTAL:	1	
87624T	Infecti agent detection by nuclleic	01/01/2019	12/31/2021	\$32.00		Y
Number of Pro	cedure Code :87624T	Infecti agent dete	ection by nuclleic acid	TOTAL:	1	
87624TN	Infecti agent detection by nuclleic	04/01/2019	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :87624TN	Infecti agent dete	ection by nuclleic acid	TOTAL:	1	
87625T	Infectious agent detection by nuclleic	01/07/2019	12/31/2021	\$76.00		Υ
Number of Pro	cedure Code :87625T	Infectious agent	detection by nuclleic	TOTAL:	1	
87625TN	Infectious agent detection by nuclleic	04/24/2019	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :87625TN	Infectious agent	detection by nuclleic	TOTAL:	1	
88142T	CYTOPATH, CERVICAL OR VAG,	02/11/2019	12/31/2021	\$22.00		Υ
Number of Pro	cedure Code :88142T	CYTOPATH, CEF	RVICAL OR VAG,	TOTAL:	1	
88142TN	CYTOPATH,CERVICAL OR VAG,	04/24/2019	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :88142TN	CYTOPATH,CER	VICAL OR VAG,	TOTAL:	1	
88175T	CYTOPATHOLOGY,CERVICAL OR	08/01/2015	12/31/2021	\$32.00		Y
Number of Pro	cedure Code :88175T	CYTOPATHOLOG	GY,CERVICAL OR VAG	TOTAL:	1	
88175TN	CYTOPATHOLOGY, CERVICAL OR	08/01/2015	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :88175TN	CYTOPATHOLOG	GY, CERVICAL OR VAG	TOTAL:	1	
88305GT	LEVEL IV-SURG PATH GROSS &	10/01/2018	12/31/2021	\$45.00		N

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	C	ISCOUNT FLAG
Number of Pro	ocedure Code :88305GT	LEVEL IV-SURG	PATH GROSS &	TOTAL:	1	
88305TN	SURGICAL PATH O/S LAB	01/01/2010	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :88305TN	SURGICAL PATH	I O/S LAB	TOTAL:	1	
88889T 88889T	CYSTIC FIBROSIS SCREENING CYSTIC FIBROSIS SCREENING	02/11/2019 04/24/2019	12/31/2021 12/31/2021	\$132.00 \$0.00		N Y
Number of Pro	ocedure Code :88889T	CYSTIC FIBROS	IS SCREENING	TOTAL:	2	
88889TN	CYSTIC FIBROSIS SCREENING	04/24/2019	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :88889TN	CYSTIC FIBROS	IS SCREENING	TOTAL:	1	
89992TN	URINE CREAT 24 HR; Multi Lab Panel,	04/24/2019	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :89992TN	URINE CREAT 2	4 HR; Multi Lab Panel,	TOTAL:	1	
89993TN	Anemia Profile, multi-lab panel; lab	04/24/2019	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :89993TN	Anemia Profile, ı	multi-lab panel; lab	TOTAL:	1	
89994T	Multi-lab 82570; 84156 > Creatinine;	02/01/2018	12/31/2021	\$42.00		Υ
Number of Pro	ocedure Code :89994T	Multi-lab 82570;	84156 > Creatinine;	TOTAL:	1	
89994TN	Multi-lab 82570; 84156 > Creatinine;	04/24/2019	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :89994TN	Multi-lab 82570;	84156 > Creatinine;	TOTAL:	1	
89995T	GLUCOSE PANEL > LAB CPT CODES	08/30/2015	12/31/2021	\$64.00		Y
Number of Pro	ocedure Code :89995T	GLUCOSE PANE	L > LAB CPT CODES	TOTAL:	1	
89996GT	Combo Lab - HPV, High Risk and	02/11/2019	12/31/2021	\$53.00		N
Number of Pro	ocedure Code :89996GT	Combo Lab - HP	V, High Risk and	TOTAL:	1	
89996T	COMBO LAB-HPV,HIGH RISK and	02/11/2019	12/31/2021	\$53.00		Y
Number of Pro	ocedure Code :89996T	COMBO LAB-HP	V,HIGH RISK and	TOTAL:	1	
89996TN	COMBO LAB-HPV,HIGH RISK and	04/24/2019	12/31/2021	\$0.00		Υ

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END PROCEDURE PROCEDURE EFFECTIVE EFFECTIVE STANDARD DISCOUNT **FLAG** CODE NAME DATE DATE FEE Number of Procedure Code: 89996TN COMBO LAB-HPV, HIGH RISK and TOTAL: 89997T Thrombophilia Panel 08/01/2020 12/31/2021 \$563.00 Υ Number of Procedure Code:89997T Thrombophilia Panel TOTAL: 89997TN THROMBOPHILIA PANEL 08/01/2020 12/31/2021 \$0.00 Υ Number of Procedure Code:89997TN THROMBOPHILIA PANEL TOTAL: 90471 ADMIN OF VACCINE (21 & OLDER) 06/17/2020 12/31/2021 \$19.00 Υ Number of Procedure Code: 90471 **ADMIN OF VACCINE (21 & OLDER)** TOTAL: 1 06/17/2020 Ν 90471F ADMIN/IMM 12/31/2021 \$19.00 Number of Procedure Code: 90471F ADMIN/IMM TOTAL: 90471NC ADMIN OF VACCINE (21 & OLDER) 04/01/2015 12/31/2021 \$0.00 Υ **ADMIN OF VACCINE (21 & OLDER)** Number of Procedure Code: 90471NC TOTAL: Υ 90471S ADMIN OF STATE SUPP VACC; 06/17/2020 12/31/2021 \$14.40 Number of Procedure Code: 90471S ADMIN OF STATE SUPP VACC; SINGLE TOTAL: 90472 ADM OF VACCINE (21 & 0VER) 06/17/2020 12/31/2021 \$15.00 Υ ADM OF VACCINE (21 & 0VER) (EACH Number of Procedure Code: 90472 TOTAL: Ν 90472F ADMIN/IMM EACH ADDITIONAL 06/17/2020 12/31/2021 \$15.00 Number of Procedure Code: 90472F ADMIN/IMM EACH ADDITIONAL VACCINE TOTAL: ADMIN OF VACCIN (21 & OLDER) 04/01/2015 12/31/2021 \$0.00 90472NC Number of Procedure Code: 90472NC ADMIN OF VACCIN (21 & OLDER) (EACH TOTAL: Υ 90472S ADM OF VACC-STATE SUPPLIED (EA 06/17/2020 12/31/2021 \$14.40 Number of Procedure Code: 90472S ADM OF VACC-STATE SUPPLIED (EA TOTAL: IMM ADMIN BY INTRANASAL OR 06/17/2020 12/31/2021 \$15.00 Ν 90474

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Number of Pro	cedure Code :90474	IMM ADMIN BY I	NTRANASAL OR ORAL	; TOTAL:	1	
90474NC	IMM ADMIN BY INTRANASAL OR	01/01/2020	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :90474NC	IMM ADMIN BY I	NTRANASAL OR ORAL	; TOTAL:	1	
904748	IMM ADMIN BY INTRANASAL OR	06/17/2020	12/31/2021	\$14.40		Υ
Number of Pro	cedure Code :90474S	IMM ADMIN BY I	NTRANASAL OR ORAL	- TOTAL :	1	
90619	Meningococcal (grps A,C,W,Y) vacc-	01/01/2021	12/31/2021	\$116.00		N ·
Number of Pro	cedure Code :90619	Meningococcal (grps A,C,W,Y) vacc-	TOTAL:	1	
90619P	Meningococcal (grps A,C,W,Y) vacc-	01/01/2021	12/31/2021	\$116.00		Υ
Number of Pro	cedure Code :90619P	Meningococcal (grps A,C,W,Y) vacc-	TOTAL:	1	
90619S	Meningococcal (grps A,C,W,Y) vacc-	01/01/2021	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :90619S	Meningococcal (grps A,C,W,Y) vacc-	TOTAL:	1	
90620	Meningococcal (grp B) vacc -	03/01/2021	12/31/2021	\$175.00		N
Number of Pro	cedure Code :90620	Meningococcal (grp B) vacc - Bexsero	TOTAL:	1	
90620P	Meningococcal (grp B) vacc -	03/01/2021	12/31/2021	\$175.00		Υ
Number of Pro	cedure Code :90620P	Meningococcal (grp B) vacc - Bexsero	TOTAL:	1	
90620S	Meningococcal (grp B) vaccine -	08/08/2016	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :90620S	Meningococcal (grp B) vaccine -	TOTAL:	1	
90632	HEP A VACCINE - ADULT	03/01/2021	12/31/2021	\$43.00		N
Number of Pro	cedure Code :90632	HEP A VACCINE	- ADULT	TOTAL:	1	
90632P	HEP A VACCINE - ADULT	03/01/2021	12/31/2021	\$43.00		Υ
Number of Pro	cedure Code :90632P	HEP A VACCINE	- ADULT	TOTAL:	1	
90632S	HEPATITIS A VACCINE, ADULT,	06/01/2018	12/31/2021	\$0.00		Y

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Number of Pro	ocedure Code :90632S	HEPATITIS A VA	CCINE, ADULT, State	· TOTAL:	1	
90633	HEP A VACCINE, PEDIATRIC	03/01/2021	12/31/2021	\$30.00		N
Number of Pro	ocedure Code :90633	HEP A VACCINE,	PEDIATRIC	TOTAL:	1	
90633P	HEP A VACCINE, PEDIATRIC	03/01/2021	12/31/2021	\$30.00		Y
Number of Pro	ocedure Code :90633P	HEP A VACCINE,	PEDIATRIC	TOTAL:	1	
90633S	HEP A PED,ADULT STATE SUPP	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :90633S	HEP A PED,ADUI	LT STATE SUPP	TOTAL:	1	
90636	HEP A/HEP B COMBO VACINE	03/01/2021	12/31/2021	\$93.00		N ,
Number of Pro	ocedure Code :90636	HEP A/HEP B CO	MBO VACINE (TWINR	IX) TOTAL :	1	
90636S	HEP A/HEP B COMBO VACINE (TWIN	05/01/2016	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :90636S	HEP A/HEP B CO	MBO VACINE (TWIN F	RIX)TOTAL:	1	
90647	HIB ADULT HIGH RISK	03/01/2020	12/31/2021	\$73.00		N
Number of Pro	ocedure Code :90647	HIB ADULT HIGH	RISK	TOTAL:	1	
90647S	PEDVAXHIB-STATE SUPPLIED	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :90647S	PEDVAXHIB-STA	TE SUPPLIED	TOTAL:	1	
90649	GARDASIL VACCINE HPV VACCINE-	02/06/2017	12/31/2021	\$169.00		Υ
Number of Pro	ocedure Code :90649	GARDASIL VACO	CINE HPV VACCINE-3	TOTAL:	1	
90649\$	GARDASIL (HPV) 9 THRU 18 STATE	01/01/2010	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :90649S	GARDASIL (HPV)	9 THRU 18 STATE	TOTAL:	1	
90651	Gardasil 9; Human Papillomavirus	03/01/2021	12/31/2021	\$251.00		Υ
Number of Pro	ocedure Code :90651	Gardasil 9; Huma	an Papillomavirus	TOTAL:	1	
90651S	Gardasil 9; (9vHPV), 3 dose; State-	09/01/2016	12/31/2021	\$0.00		Y

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Number of Pro	ocedure Code :90651S	Gardasil 9; (9vH	PV), 3 dose; State-	TOTAL:	1	
90662	FLU VACCINE, ENHANCED	09/01/2020	12/31/2021	\$54.00		N
Number of Pro	ocedure Code :90662	FLU VACCINE, E	ENHANCED	TOTAL:	1	
90670	PNEUMOCOCCAL CONJUGATE	03/01/2021	12/31/2021	\$222.00		N
Number of Pro	ocedure Code :90670	PNEUMOCOCCA	AL CONJUGATE VACC	INETOTAL:	1	
90670S	PNEUMOCOCCAL CONJUGATE	05/01/2010	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :90670S	PNEUMOCOCCA	AL CONJUGATE VACC	INETOTAL:	1	
90674	FLU VACCINE, Quad	09/01/2016	12/31/2021	\$11.00		N
Number of Pro	ocedure Code :90674	FLU VACCINE, C	Quad	TOTAL:	1	
90675	RABIES VACCINE	03/01/2021	12/31/2021	\$332.00		N
Number of Pro	ocedure Code :90675	RABIES VACCIN	IE	TOTAL:	1	
90680	ROTAVIRUS VACCINE	02/11/2019	12/31/2021	\$91.00		N
Number of Pro	ocedure Code :90680	ROTAVIRUS VA	CCINE	TOTAL:	1	
90680\$	ROTATEQ (ROTOVIRUS ST) STATE	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :90680S	ROTATEQ (ROT	OVIRUS ST) STATE	TOTAL:	1	
90685	Flu vaccine, quadrivalent,	10/01/2015	12/31/2021	\$11.00		Y
Number of Pro	ocedure Code :90685	Flu vaccine, qua	drivalent, preservative	TOTAL:	1	
90685S	Flu vaccine, quad, preserv free, age	09/01/2014	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :90685S	Flu vaccine, qua	d, preserv free, age 6/3	35 TOTAL:	1	
90686	FLU VACCINE, QUADRIVALENT,	10/01/2015	12/31/2021	\$11.00		N
Number of Pro	ocedure Code :90686	FLU VACCINE, (QUADRIVALENT,	TOTAL:	1	
90686P	FLU VACCINE, QUADRIVALENT,	05/01/2017	12/31/2021	\$11.00		Υ

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Number of Pro	ocedure Code :90686P	FLU VACCINE, C	QUADRIVALENT,	TOTAL:	1	
90686S	FLU VACCINE, QUADRIVALENT,	09/20/2013	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :90686S	FLU VACCINE, G	QUADRIVALENT,	TOTAL:	1	
90687	FLU VACCINE, MULTIDOSE, 6 months	09/01/2020	12/31/2021	\$11.00		N
Number of Pro	ocedure Code :90687	FLU VACCINE, N	IULTIDOSE, 6 months	& TOTAL:	1	
90687P	FLU VACCINE, MULTIDOSE, 6 months	09/01/2020	12/31/2021	\$11.00		Y
Number of Pro	ocedure Code :90687P	FLU VACCINE, N	MULTIDOSE, 6 months	& TOTAL:	1	
90687S	FLU VACCINE, MULTIDOSE, 6 months	09/01/2020	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :90687S	FLU VACCINE, N	MULTIDOSE, 6 months	& TOTAL:	1	
90688	Flu vaccine, quadrivalent, 3 yrs &	09/01/2018	12/31/2021	\$11.00		N
Number of Pro	ocedure Code :90688	Flu vaccine, qua	drivalent, 3 yrs & oldei	TOTAL:	1	
90688P	Flu vaccine, quadrivalent, 3 yrs &	09/01/2018	12/31/2021	\$11.00		Y
Number of Pro	ocedure Code :90688P	Flu vaccine, qua	drivalent, 3 yrs & oldei	TOTAL:	1	
90688S	Flu vacc, quad, preserv free, 3 yrs &	09/01/2014	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :90688S	Flu vacc, quad, _l	oreserv free, 3 yrs &	TOTAL:	1	
90696	KINRIX DTAP-IPV; CHILDREN 4-6 YRS	02/06/2017	12/31/2021	\$54.00		N
Number of Pro	ocedure Code :90696	KINRIX DTAP-IP	V; CHILDREN 4-6 YRS	OF TOTAL:	1	
90696S	KINRIX DTAP-IPV; CHILDREN 4-6 YRS	01/01/2009	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :90696S	KINRIX DTAP-IP	V; CHILDREN 4-6 YRS	OFTOTAL:	1	
90698	PENTACEL DTAP-HIB-IVP	03/01/2020	12/31/2021	\$94.00		N
Number of Pro	ocedure Code :90698	PENTACEL DTA	P-HIB-IVP	TOTAL:	1	
90698S	PENTACEL DTAP-HIB-IVP	01/01/2009	12/31/2021	\$0.00		Υ

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Number of Pro	ocedure Code :90698S	PENTACEL DTA	P-HIB-IVP	TOTAL:	1	
90700	DTAP-CHILDREN < 7YRS OF AGE;	03/01/2020	12/31/2021	\$23.00		N
Number of Pro	ocedure Code :90700	DTAP-CHILDREN	I < 7YRS OF AGE;	TOTAL:	1	
90700S	DTAP-CHILDREN < 7 YEARS OF AGE	07/01/2011	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :90700S	DTAP-CHILDREN	I < 7 YEARS OF AGE	TOTAL:	1	
90702	Diphtheria and tetanus (DT) vac; for	05/04/2018	12/31/2021	\$63.00		N
Number of Pro	ocedure Code :90702	Diphtheria and to	etanus (DT) vac; for ag	e TOTAL:	1	
90702S	Diphtheria & tetanus (DT) for younger	05/04/2018	12/31/2021	\$0.00		. Y
Number of Pro	ocedure Code :90702S	Diphtheria & teta	nus (DT) for younger	TOTAL:	1	
90707	MMR	03/01/2020	12/31/2021	\$81.00		N
Number of Pro	ocedure Code :90707	MMR		TOTAL:	1	
90707P	MMR	05/01/2017	12/31/2021	\$74.00		Y
Number of Pro	ocedure Code :90707P	MMR		TOTAL:	1	
90707S	MMR - STATE SUPPLIED	01/01/2010	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :90707S	MMR - STATE SU	JPPLIED	TOTAL:	1	
90710	PROQUAD (MMRV) - ages 12 MOS -	03/01/2021	12/31/2021	\$247.00		N
Number of Pro	ocedure Code :90710	PROQUAD (MMF	(V) - ages 12 MOS - 12	TOTAL:	1	
90710S	PROQUAD (MMRV) - State-Supplied	01/01/2013	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :90710S	PROQUAD (MMF	(V) - State-Supplied 12	TOTAL:	1	
90713	IPV	03/01/2020	12/31/2021	\$32.00		N
Number of Pro	ocedure Code :90713	IPV		TOTAL:	1	
90713S	IPV - STATE PROVIDED	01/01/2010	12/31/2021	\$0.00		N

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	D	ISCOUNT FLAG
Number of Pro	cedure Code :90713S	IPV - STATE PRO	OVIDED	TOTAL:	1	
90714	TETNUS/DIPTH PURCHASED	03/01/2021	12/31/2021	\$29.00		Υ
Number of Pro	cedure Code :90714	TETNUS/DIPTH F	PURCHASED	TOTAL:	1	
90714S	TETNUS/DIPTH STATE SUPPLIED	10/01/2012	12/31/2021	\$0.00		N
Number of Pro	cedure Code :90714S	TETNUS/DIPTH S	STATE SUPPLIED	TOTAL:	1	
90715	TETANUS, DIPTHERIA, ACELLULAR	03/01/2020	12/31/2021	\$38.00		N
Number of Pro	cedure Code :90715	TETANUS, DIPTH	IERIA, ACELLULAR	TOTAL:	1	
90715B	BOOSTRIX	03/01/2021	12/31/2021	\$40.00		N
Number of Pro	cedure Code :90715B	BOOSTRIX		TOTAL:	1	
90715BP	BOOSTRIX	03/01/2021	12/31/2021	\$40.00		Y
Number of Pro	cedure Code :90715BP	BOOSTRIX		TOTAL:	1	
90715P	TETANUS, DIPTHERIA, ACELLULAR	05/01/2017	12/31/2021	\$38.00		Y
Number of Pro	cedure Code :90715P	TETANUS, DIPTH	IERIA, ACELLULAR	TOTAL:	1	
90715S	TETANUS, DIPTHERIA, ACELLULAR	09/09/2012	12/31/2021	\$0.00		N
Number of Pro	cedure Code :90715S	TETANUS, DIPTH	IERIA, ACELLULAR	TOTAL:	1	
90715SB	BOOSTRIX - State-Supplied Vaccine	01/01/2014	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :90715SB	BOOSTRIX - Stat	e-Supplied Vaccine	TOTAL:	1	
90716	VARICELLA	03/01/2021	12/31/2021	\$149.00		N
Number of Pro	cedure Code :90716	VARICELLA		TOTAL:	1	
90716P	VARICELLA	03/01/2021	12/31/2021	\$149.00		Y
Number of Pro	cedure Code :90716P	VARICELLA		TOTAL:	1	
90716S	VARICELLA STATE SUPPLIED-CHILD	01/01/2010	12/31/2021	\$0.00		N

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Number of Pro	ocedure Code :90716S	VARICELLA STA	TE SUPPLIED-CHILD	TOTAL:	1	
90723	PEDIARIX -DTAP/HEP B/ IPV VACCINE	03/01/2020	12/31/2021	\$80.00		N
Number of Pro	ocedure Code :90723	PEDIARIX -DTAF	P/HEP B/ IPV VACCINE	TOTAL:	1	
90723S	PEDIARIX - DTAP/HEP B/ IPV; STATE	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :90723S	PEDIARIX - DTA	P/HEP B/ IPV; STATE	TOTAL:	1	
90732	PNEUMOCOCCAL VACCINE	03/01/2020	12/31/2021	\$102.00		N
Number of Pro	ocedure Code :90732	PNEUMOCOCCA	AL VACCINE	TOTAL:	1	-
90732NC	PNEUMOCOCCAL, POLYVALENT	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :90732NC	PNEUMOCOCCA	AL, POLYVALENT STAT	E TOTAL:	1	
90733	MENINGOCOCCAL	02/06/2017	12/31/2021	\$135.00		N
Number of Pro	ocedure Code :90733	MENINGOCOCC	AL	TOTAL:	1	
90734	MENVEO; MENACTRA;	03/01/2021	12/31/2021	\$111.00		N
Number of Pro	ocedure Code :90734	MENVEO; MENA	CTRA; MENINGOCOCO	CAITOTAL:	1	
90734P	MENVEO; MENACTRA;	03/01/2021	12/31/2021	\$111.00		Υ
Number of Pro	ocedure Code :90734P	MENVEO; MENA	CTRA; MENINGOCOCO	CALTOTAL:	1	
90734S	MENVEO; MENACTRA;	08/15/2012	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :90734S	MENVEO; MENA	CTRA; MENINGOCOCO	CALTOTAL:	1	
90739	Hepatitis B vaccince; Heplisav-B;	02/11/2019	12/31/2021	\$91.00		N
Number of Pro	ocedure Code :90739	Hepatitis B vacc	ince; Heplisav-B; adult	TOTAL:	1	
90744	HEP B VACCINE, PEDIATRIC	03/01/2021	12/31/2021	\$18.00		N
Number of Pro	ocedure Code :90744	HEP B VACCINE	, PEDIATRIC	TOTAL:	1	
90744P	HEP B VACCINE, PEDIATRIC	03/01/2021	12/31/2021	\$18.00		Υ

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	D	ISCOUNT FLAG
Number of Pro	ocedure Code :90744P	HEP B VACCINE	, PEDIATRIC	TOTAL:	1	
90744S	HEPATITIS B VACCINE PEDIATRIC	01/01/2011	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :90744S	HEPATITIS B VA	CCINE PEDIATRIC STA	TETOTAL:	1	
90746	HEPATITIS B VACCINE (20+ YRS)	02/11/2019	12/31/2021	\$63.00		N
Number of Pro	ocedure Code :90746	HEPATITIS B VA	CCINE (20+ YRS)	TOTAL:	1	
90746S	HEP B ADULT/STATE SUPPLIED	01/01/2010	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :90746S	HEP B ADULT/S	TATE SUPPLIED	TOTAL:	1	
90750	Zoster (shingles) vaccine; HZV	04/01/2020	12/31/2021	\$155.00		N
Number of Pro	ocedure Code :90750	Zoster (shingles) vaccine; HZV	TOTAL:	1	
90756	FLU VACCINE, Quad (egg free)	09/01/2019	12/31/2021	\$11.00		N
Number of Pro	ocedure Code :90756	FLU VACCINE, C	Quad (egg free)	TOTAL:	1	
90756P	FLU VACCINE, Quad (egg free)	08/01/2020	12/31/2021	\$11.00		Y
Number of Pro	ocedure Code :90756P	FLU VACCINE, C	Quad (egg free)	TOTAL:	1	
91301	MODERNA COVID-19 VACCINE-	12/21/2020	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :91301	MODERNA COV	D-19 VACCINE-	TOTAL:	1	
96127	Brief emotional/behav assessment	06/17/2020	12/31/2021	\$5.00		Υ
Number of Pro	ocedure Code :96127	Brief emotional/	behav assessment with	TOTAL:	1	
96160	Admin/Intrep of Health Risk	06/17/2020	12/31/2021	\$4.00		Y
Number of Pro	ocedure Code :96160	Admin/Intrep of	Health Risk Assessmer	nt TOTAL:	1	
96160N	Admin/Interp of Health Risk	01/01/2017	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :96160N	Admin/Interp of	Health Risk Assessmer	nt TOTAL:	1	
96372	THERAPEUTIC, PROPHYLACTIC, OR	06/17/2020	12/31/2021	\$19.00		Υ

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Number of Pro	ocedure Code :96372	THERAPEUTIC,F	PROPHYLACTIC, OR D	IAGTOTAL :	1	
96372NC	THERAPEUTIC, PROPHYLACTIC, OR	01/01/2015	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :96372NC	THERAPEUTIC,	PROPHYLACTIC, OR D	DIACTOTAL:	1	
97802	15 MIN NUTRITION THERAPY	06/17/2020	12/31/2021	\$27.00		Y
Number of Pro	ocedure Code :97802	15 MIN NUTRITIO	ON THERAPY	TOTAL:	1	
97802NC	MED NUT THERAPY;INITIAL ASSESS	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :97802NC	MED NUT THER	APY;INITIAL ASSESS	TOTAL:	1	
97802NT	NUTRITION THERAPY; INITIAL	06/17/2020	12/31/2021	\$27.00		N
Number of Pro	ocedure Code :97802NT	NUTRITION THE	RAPY; INITIAL	TOTAL:	1	
97803	15 MIN RE-ASSESS NUTRITION	06/17/2020	12/31/2021	\$24.00		Υ
Number of Pro	ocedure Code :97803	15 MIN RE-ASSE	SS NUTRITION	TOTAL:	1	
97803NC	MED NUT THERAPY;RE-ASSESS	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :97803NC	MED NUT THER	APY;RE-ASSESS FAC	E TCTOTAL :	1	
97803NT	NUTRITION THERAPY; RE-	06/17/2020	12/31/2021	\$24.00		N
Number of Pro	ocedure Code :97803NT	NUTRITION THE	RAPY; RE-	TOTAL:	1	,
98588N	CANCER DETECTION	01/01/2010	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :98588N	CANCER DETEC	TION	TOTAL:	1	
99024L	POST OPERATIVE FOLLOW-UP	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code :99024L	POST OPERATIV	/E FOLLOW-UP CARE	TOTAL:	1	
99202	NEW PAT PROBLEM FOCUS O/V	06/17/2020	12/31/2021	\$102.00		Y
Number of Pro	ocedure Code :99202	NEW PAT PROB	LEM FOCUS O/V	TOTAL:	1	
99202MG	NEW PAT PROBLEM FOCUS O/V	06/14/2010	12/31/2021	\$0.00		Υ

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PROCEDURE PROCEDURE EFFECTIVE EFFECTIVE STANDARD DISCOUNT CODE NAME DATE DATE FEE **FLAG** Number of Procedure Code: 99202MG **NEW PAT PROBLEM FOCUS O/V** TOTAL: \$0.00 Υ NEW PT O/V PROBLEM FOCUSED -01/07/2015 12/31/2021 99202ST NEW PT O/V PROBLEM FOCUSED - Selp TOTAL: Number of Procedure Code: 99202ST Υ NEW PAT EXPANDED O/V 99203 06/17/2020 12/31/2021 \$146.00 **NEW PAT EXPANDED O/V** Number of Procedure Code: 99203 TOTAL: 99203MG NEW PAT EXPANDED O/V 06/14/2010 12/31/2021 \$0.00 Number of Procedure Code: 99203MG **NEW PAT EXPANDED O/V** TOTAL: Υ 99203ST NEW PT O/V EXPANDED - Self Pay 01/07/2015 12/31/2021 \$0.00 NEW PT O/V EXPANDED - Self Pay Only TOTAL: Number of Procedure Code: 99203ST NEW PAT DETAILED O/V 06/17/2020 12/31/2021 \$214.00 **NEW PAT DETAILED O/V** Number of Procedure Code: 99204 TOTAL: 99204MG NEW PAT DETAILED O/V 06/14/2010 12/31/2021 \$0.00 Υ Number of Procedure Code: 99204MG **NEW PAT DETAILED O/V** TOTAL: 99204ST NEW PT O/V DETAILED - Selp Pay 01/07/2015 12/31/2021 \$0.00 Υ Number of Procedure Code: 99204ST **NEW PT O/V DETAILED - Selp Pay Only** TOTAL: 99205 NEW PAT COMP O/V 06/17/2020 12/31/2021 \$269.00 **NEW PAT COMP O/V** Number of Procedure Code: 99205 TOTAL: 06/14/2010 12/31/2021 \$0.00 99205MG NEW PAT COMP O/V Number of Procedure Code: 99205MG **NEW PAT COMP O/V** TOTAL: \$38.00 Υ 99211 EST PAT BRIEF ON 12/31/2021 06/17/2020 Number of Procedure Code: 99211 **EST PAT BRIEF O/V** TOTAL: 12/31/2021 \$0.00 Υ 99211C COUNSELING, nurse visit, no charge 01/01/2014

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END DISCOUNT **PROCEDURE EFFECTIVE EFFECTIVE STANDARD PROCEDURE FLAG** CODE NAME DATE DATE FEE Number of Procedure Code: 99394 **EST PT 12-17 YRS** TOTAL: 1 \$156.00 99395 **EST PT 18-39 YRS** 06/17/2020 12/31/2021 Υ Number of Procedure Code: 99395 **EST PT 18-39 YRS** TOTAL: 99396 EST PT 40-64 YRS 06/17/2020 12/31/2021 \$174.00 Υ Number of Procedure Code: 99396 **EST PT 40-64 YRS** TOTAL: 99406 TOBACCO USE CESSATION 06/17/2020 12/31/2021 \$14.00 Υ Number of Procedure Code: 99406 TOBACCO USE CESSATION COUNSEL 3 TOTAL: 99406NC **TOBACCO USE CESSATION** 11/01/2014 12/31/2021 \$0.00 Υ TOBACCO USE CESSATION COUNSEL 3 TOTAL: Number of Procedure Code: 99406NC **TOBACCO USE CESSATION** 06/17/2020 \$27.00 99407 12/31/2021 **TOBACCO USE CESSATION COUNSEL 10TOTAL:** Number of Procedure Code: 99407 **TOBACCO USE CESSATION** \$0.00 99407NC 11/01/2014 12/31/2021 Number of Procedure Code: 99407NC TOBACCO USE CESSATION COUNSEL, TOTAL: 99441 Telehealth - Phone E/M 5-10 minutes 03/30/2020 12/31/2021 \$74.00 Telehealth - Phone E/M 5-10 minutes Number of Procedure Code: 99441 TOTAL: 99441ST Telehealth - Phone E/M 5-10 minutes 07/01/2020 12/31/2021 \$0.00 Υ Number of Procedure Code: 99441ST Telehealth - Phone E/M 5-10 minutes TOTAL: 99442 Telehealth - Phone E/M 11-20 minutes 03/30/2020 12/31/2021 \$102.00 Υ Number of Procedure Code: 99442 Telehealth - Phone E/M 11-20 minutes TOTAL: 07/01/2020 \$0.00 Υ 99442ST Telehealth - Phone E/M 11-20 minutes 12/31/2021 Number of Procedure Code: 99442ST Telehealth - Phone E/M 11-20 minutes TOTAL: Υ 99443 Telehealth - Phone E/M 21-30 minutes 03/30/2020 12/31/2021 \$158.00

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DIS	SCOUNT FLAG
Number of Pro	ocedure Code :99443	Telehealth - Pho	ne E/M 21-30 minutes	TOTAL:	1	
99443ST	Telehealth - Phone E/M 21-30 minutes	07/01/2020	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :99443ST	Telehealth - Pho	ne E/M 21-30 minutes	TOTAL:	1	
99473	Self-Measured Blood Pressure,	06/17/2020	12/31/2021	\$10.00		Y
Number of Pro	cedure Code :99473	Self-Measured B	lood Pressure, Patient	TOTAL:	1	
99474	Separate BP self measurements and	06/17/2020	12/31/2021	\$14.00		Y
Number of Pro	ocedure Code :99474	Separate BP self	measurements and	TOTAL:	1	
G0008	ADMIN OF FLU VACCINE MEDICARE	01/01/2011	12/31/2021	\$19.00		N
Number of Pro	ocedure Code :G0008	ADMIN OF FLU \	ACCINE MEDICARE C	ONLTOTAL:	1	
G0009	ADMINISTER PNEUMOCOCCAL	01/01/2011	12/31/2021	\$19.00		N
Number of Pro	ocedure Code :G0009	ADMINISTER PN	EUMOCOCCAL	TOTAL:	1	
G0010	ADMIN HEP B VACCINE	01/01/2017	12/31/2021	\$26.00		N
Number of Pro	ocedure Code :G0010	ADMIN HEP B V	ACCINE	TOTAL:	1	
G2012	Telehealth - Virtual Communication	03/30/2020	12/31/2021	\$16.00		Υ
Number of Pro	ocedure Code :G2012	Telehealth - Virtu	ual Communication	TOTAL:	1	
IMCOUNS	OFFICE VISIT - IMMUNIZ DELAYED	01/01/2009	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :IMCOUNS	OFFICE VISIT - II	MMUNIZ DELAYED	TOTAL:	1	
INTERH	INTERPRETER AST INTERPRETER	01/01/2009	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :INTERH	INTERPRETER A	AST INTERPRETER	TOTAL:	1	
J0561NC	Pencillin G Benzathine & Procaine,	01/01/2015	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :J0561NC	Pencillin G Benz	athine & Procaine,	TOTAL:	1	
J0696	CEFTRIAXONE SODIUM, INJECTION,	10/01/2009	12/31/2021	\$2.00		Υ

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DI	SCOUNT FLAG
Number of Pro	ocedure Code :J0696	CEFTRIAXONE S	ODIUM, INJECTION, PI	ERTOTAL:	1	
J0702	BETAMETHASONE	10/01/2009	12/31/2021	\$6.00		Υ
Number of Pro	ocedure Code :J0702	BETAMETHASON	IE	TOTAL:	1	
J1050A	DEPO PROVERA INJECTION-per unit	02/01/2018	12/31/2021	\$0.21		Υ
Number of Pro	ocedure Code :J1050A	DEPO PROVERA	INJECTION-per unit	TOTAL:	1	
J1050UD	DEPO PROVERA INJ-per 150 unit	08/19/2020	12/31/2021	\$0.24		Υ.
Number of Pro	ocedure Code :J1050UD	DEPO PROVERA	INJ-per 150 unit	TOTAL:	1	
J1726	17P > Makena, inj	01/01/2018	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :J1726	17P > Makena, in	j hydroxprogesterone	TOTAL:	1	
J2790	RHO D IMMUNE GLOBULIN HUMAN,	01/01/2010	12/31/2021	\$95.00		Υ
Number of Pro	ocedure Code :J2790	RHO D IMMUNE	GLOBULIN HUMAN, FU	JLLTOTAL :	1	
J3490	17P HYDROXYPROGESTERONE	09/29/2017	12/31/2021	\$28.00		Υ
Number of Pro	ocedure Code :J3490	17P HYDROXYPF	ROGESTERONE	TOTAL:	1	
J3490NC	17P HYDROXYPROGESTERONE	01/01/2015	12/31/2021	\$0.00		Υ .
Number of Pro	ocedure Code :J3490NC	17P HYDROXYPF	ROGESTERONE	TOTAL:	1	
J7297UD	IUD DEVICE - Liletta	08/07/2020	12/31/2021	\$100.00		Υ
Number of Pro	ocedure Code :J7297UD	IUD DEVICE - Lile	etta	TOTAL:	1	
J7298UD	IUD DEVICE - MIRENA	09/07/2020	12/31/2021	\$235.60		Υ
Number of Pro	ocedure Code :J7298UD	IUD DEVICE - MIF	RENA	TOTAL:	1	
J7300UD	PARAGUARD IUD	09/28/2020	12/31/2021	\$256.42		Υ
Number of Pro	ocedure Code :J7300UD	PARAGUARD IUI)	TOTAL:	1	
J7301UD	Skyla; Levonorgestrel-releasing	02/25/2021	12/31/2021	\$440.24		Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	D	ISCOUNT FLAG
Number of Pro	ocedure Code :J7301UD	Skyla; Levonorg	estrel-releasing	TOTAL:	1	
J7302UD	Plan B, Emergency Contraception	07/01/2020	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :J7302UD	Plan B, Emerger	ncy Contraception	TOTAL:	1	
J7303UD	Nuvaring; Contraceptive supply,	07/01/2020	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :J7303UD	Nuvaring; Contra	aceptive supply,	TOTAL:	1	
J7307UD	UNCLASSIFIED DRUG-NEXPLANON	02/01/2018	12/31/2021	\$399.00		Y
Number of Pro	ocedure Code :J7307UD	UNCLASSIFIED	DRUG-NEXPLANON	TOTAL:	1	
LU100	HIV Pre-Test Counseling and Testing	08/17/2015	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :LU100	HIV Pre-Test Co	unseling and Testing	TOTAL:	1	
LU101	HIV Post-Test Results and Counseling	08/17/2015	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :LU101	HIV Post-Test Re	esults and Counseling	TOTAL:	1	
LU102	Completion of 'Record of TB	11/04/2013	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :LU102	Completion of 'F	Record of TB Screening	g' - TOTAL :	1	
LU102F	Completion of Record of TB	11/01/2015	12/31/2021	\$8.00		N
Number of Pro	ocedure Code :LU102F	Completion of R	ecord of TB Screening	TOTAL:	1	
LU114	PPD with State-Supplied Vaccine,	11/04/2013	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :LU114	PPD with State-S	Supplied Vaccine,	TOTAL:	1	
LU117	PPD, Positive Result - Contact Report	11/04/2013	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :LU117	PPD, Positive Re	esult - Contact Report	TOTAL:	1	
LU118	PPD, Negative Result - Contact,	11/04/2013	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :LU118	PPD, Negative R	esult - Contact, Repor	t TOTAL:	1	
LU119	PPD, Positive Result - Low Risk,	11/04/2013	12/31/2021	\$0.00		Y

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END EFFECTIVE EFFECTIVE DISCOUNT **PROCEDURE PROCEDURE STANDARD** DATE **FLAG** CODE NAME DATE FEE Number of Procedure Code: LU119 PPD, Positive Result - Low Risk, Report TOTAL: LU120 PPD, Negative Result - Low Risk, 11/04/2013 12/31/2021 \$0.00 Υ Number of Procedure Code: LU120 PPD, Negative Result - Low Risk, Report TOTAL: LU121 TB Directly Observed Therapy (DOT) 11/04/2013 12/31/2021 \$0.00 Υ Number of Procedure Code: LU121 TB Directly Observed Therapy (DOT) TOTAL: Υ LU122 TB Directly Observed Preventative 11/04/2013 12/31/2021 \$0.00 TOTAL: Number of Procedure Code: LU122 **TB Directly Observed Preventative** LU123 PPD, Not Read - Contact, Report Only 11/04/2013 12/31/2021 \$0.00 Υ Number of Procedure Code: LU123 PPD, Not Read - Contact, Report Only TOTAL: LU124 PPD, Not Read - Low Risk, Report 11/04/2013 12/31/2021 \$0.00 1 Number of Procedure Code: LU124 PPD, Not Read - Low Risk, Report Only TOTAL: 12/31/2021 LU125 Reading PPD placed elsewhere, not a 11/04/2013 \$0.00 Number of Procedure Code: LU125 Reading PPD placed elsewhere, not a TOTAL: LU226 TB Subsequent Visit 01/01/2014 12/31/2021 \$0.00 Υ Number of Procedure Code: LU226 **TB Subsequent Visit** TOTAL: 01/01/2013 12/31/2021 Υ LU227 Referred for Positive PPD; report only \$0.00 Number of Procedure Code: LU227 Referred for Positive PPD; report only TOTAL: LU232 Test/Lab Results only visit (Report 01/01/2014 12/31/2021 \$0.00 Υ Number of Procedure Code: LU232 Test/Lab Results only visit (Report Only) TOTAL: Υ LU238 Non Billable Health Education Contact 08/17/2015 12/31/2021 \$0.00 Number of Procedure Code: LU238 Non Billable Health Education Contact TOTAL: LU240 Non-billable TB LPN Contact, Report 11/04/2013 12/31/2021 \$0.00 Υ

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			END			
PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	DATE	STANDARD FEE	DI	SCOUNT FLAG
Number of Pro	cedure Code :LU240	Non-billable TB I	∟PN Contact, Report O	nlyTOTAL :	1	
LU242	REPORT ONLY - STD CONTACT	05/01/2014	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :LU242	REPORT ONLY -	STD CONTACT	TOTAL:	1	
LU259	NOT AT HOME VISIT	01/01/2015	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :LU259	NOT AT HOME V	ISIT	TOTAL:	1	
LU260	Home Visit (Client at Home)	01/01/2014	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :LU260	Home Visit (Clie	nt at Home)	TOTAL:	1	
LU262	PPD, Positive Result, High Risk	11/04/2013	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :LU262	PPD, Positive Re	sult, High Risk	TOTAL:	1	
LU263	PPD, Negative Result, High Risk	11/04/2013	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :LU263	PPD, Negative R	esult, High Risk	TOTAL:	1	
LU264	PPD, Not Read, High Risk	11/04/2013	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :LU264	PPD, Not Read, I	ligh Risk	TOTAL:	1	
LU265	Treatment of LBTI, Initiated, High Risk	11/04/2013	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :LU265	Treatment of LB	TI, Initiated, High Risk	TOTAL:	1	
LU266	Treatment of LBTI, Initiated, Low Risk	11/04/2013	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :LU266	Treatment of LB	TI, Initiated, Low Risk	TOTAL:	1	
LU267	Treatment of LBTI, Initiated, Contact	11/04/2013	12/31/2021	\$0.00		Y
Number of Pro	cedure Code :LU267	Treatment of LB	TI, Initiated, Contact	TOTAL:	1	
LU268	Treatment of LBTI, Completed, High	11/04/2013	12/31/2021	\$0.00		Υ
Number of Pro	cedure Code :LU268	Treatment of LB	TI, Completed, High Ri	sk TOTAL :	1	
LU269	Treatment of LBTI, Completed, Low	11/04/2013	12/31/2021	\$0.00		Υ

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	D	ISCOUNT FLAG
Number of Pro	ocedure Code :LU269	Treatment of LB	TI, Completed, Low R	isk TOTAL:	1	
LU271	Treatment of LBTI, Incomplete, High	08/01/2020	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :LU271	Treatment of LB	TI, Incomplete, High F	Risk TOTAL :	1	
LU272	Treatment of LBTI, Incomplete, Low	11/04/2013	12/31/2021	\$0.00		Y
Number of Pro	ocedure Code :LU272	Treatment of LB	Ti, Incomplete, Low R	isk TOTAL:	1	
LU274	PPD, Contact	11/04/2013	12/31/2021	\$0.00		Υ.
Number of Pro	ocedure Code :LU274	PPD, Contact		TOTAL:	1	
LU282	STD Enhanced Role RN Contact,	01/01/2015	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :LU282	STD Enhanced F	Role RN Contact, Repo	ort TOTAL:	1	• •
LU402	MEDICAID CO-PAY	11/01/2010	12/31/2021	\$3.00		N
Number of Pro	ocedure Code :LU402	MEDICAID CO-P	AY	TOTAL:	1	
LU402GY	MEDICAID CO-PAY	11/01/2010	12/31/2021	\$3.00		N
Number of Pro	ocedure Code :LU402GY	MEDICAID CO-P	AY	TOTAL:	1	
MEDS	Documentation of Current Meds - m/u	08/26/2016	12/31/2021	\$0.00		Υ
Number of Pro	ocedure Code :MEDS	Documentation	of Current Meds - m/u	TOTAL:	1	
MV	MINI VISIT	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	ocedure Code : MV	MINI VISIT		TOTAL:	1	
PE	PROCEDURE ERROR	01/01/2010	12/31/2021	\$0.00		N
Number of Pro	cedure Code :PE	PROCEDURE EF	RROR	TOTAL:	1	
S0280	PMH COMP CARE COORDINATION	06/17/2020	12/31/2021	\$53.00		N
Number of Pro	ocedure Code :S0280	PMH COMP CAR	RE COORDINATION A	ND &TOTAL:	1	
S0281	PMH COMP CARE COORDINATION	06/17/2020	12/31/2021	\$158.00		N

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Number of Procedure Code :S0281		PMH COMP CAR	E COORDINATION AN	D TOTAL:	1	
S4993UD	ORAL CONTRACEPTIVES-1 UNIT = A	07/01/2020	12/31/2021	\$3.48		Υ
Number of Procedure Code :S4993UD		ORAL CONTRAC	EPTIVES-1 UNIT = A 2	8 TOTAL:	1	
S5001B	Plan B, Emergency Contraception	07/01/2020	12/31/2021	\$0.00		Y
Number of Procedure Code : S5001B		Plan B, Emergency Contraception		TOTAL:	1	
S9442	CHILD BIRTH CLASS 1 HR PER UNIT	01/01/2010	12/31/2021	\$10.00		Y
Number of Procedure Code : S9442		CHILD BIRTH CLASS 1 HR PER UNIT		TOTAL:	1	
SWC	SOCIAL WORK COUNSELING	01/01/2010	12/31/2021	\$0.00		N
Number of Procedure Code :SWC		SOCIAL WORK COUNSELING		TOTAL:	1	

Grand TOTAL:

413