Gaston County

Gaston County
Board of Commissioners
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DHHS - Public Health Division

Board Action

File #: 18-173

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

STAFF CONTACT

Chris Dobbins - Director, Health and Human Services - DHHS - Public Health Division - 704-853-5262

BUDGET IMPACT

N/A

BUDGET ORDINANCE IMPACT

N/A

BACKGROUND

North Carolina 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), was approved by the Gaston County Health and Human Services (HHS) Board in February, 2018 and 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

ATTACHMENTS

Patient Fee Schedule (Viewable Online Only or By Request)

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	Brown	Fraley	Grant	Hovis	Keigher	Philbeck	Worley	Vote
2018-121	05/22/2018	TK	BH	A	AB	A	A	A	AB	A	U

DISTRIBUTION:

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2018 Thru 12/31/2018

PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
00081	NIX CREAM RINSE SHAMPOO NDC	01/01/2010	12/31/2018	$7.35	Y
Number of Procedure Code :00081		**NIX CREAM RINSE SHAMPOO NDC 00081**		**TOTAL :** 1	
0500F	First Prenatal Vst, Provided By Our	07/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :0500F		**First Prenatal Vst, Provided By Our**		**TOTAL :** 1	
0501F	First Prenatal Vst, Provided By	07/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :0501F		**First Prenatal Vst, Provided By Another**		**TOTAL :** 1	
0503F	Postpartum Visit Date, Reporting Only	07/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :0503F		**Postpartum Visit Date, Reporting Only**		**TOTAL :** 1	
10060	I&D OF ABCESS	01/01/2010	12/31/2018	$88.00	Y
Number of Procedure Code :10060		**I&D OF ABCESS**		**TOTAL :** 1	
10061	I&D ABCESS/CARBUNCLE-	08/01/2010	12/31/2018	$152.00	Y
Number of Procedure Code :10061		**I&D ABCESS/CARBUNCLE-COMPLICAT**		**TOTAL :** 1	
11200	REMOVAL SKIN TAGS	01/01/2010	12/31/2018	$65.00	Y
Number of Procedure Code :11200		**REMOVAL SKIN TAGS**		**TOTAL :** 1	
11981	INSERTION,NON-BIODEGRADABLE	04/01/2012	12/31/2018	$112.00	Y
Number of Procedure Code :11981		**INSERTION,NON-BIODEGRADABLE DRUG**		**TOTAL :** 1	
11982	REMOVAL NON-BIODEGRADABLE	04/01/2012	12/31/2018	$129.00	Y
Number of Procedure Code :11982		**REMOVAL NON-BIODEGRADABLE DRUG**		**TOTAL :** 1	
11983	REMOVAL WITH REINSERTION NON	04/01/2012	12/31/2018	$201.00	Y
Number of Procedure Code :11983		**REMOVAL WITH REINSERTION NON**		**TOTAL :** 1	
16020	DRESS/DEBRIDE W/O ANESTH	06/01/2011	12/31/2018	$65.00	Y
Number of Procedure Code :16020		**DRESS/DEBRIDE W/O ANESTH SMALL**		**TOTAL :** 1	
17110	1-14 LESIONS REMOVAL WARTS	10/01/2009	12/31/2018	$87.00	N

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :17110	1-14 LESIONS REMOVAL WARTS			TOTAL : 1	
17111	15 OR MORE LESIONS: REMOVAL	01/01/2010	12/31/2018	$103.00	N
Number of Procedure Code :17111	15 OR MORE LESIONS: REMOVAL WA			TOTAL : 1	
17250	CHEMICAL CAUTERIZATION	01/01/2010	12/31/2018	$59.00	Y
Number of Procedure Code :17250	CHEMICAL CAUTERIZATION			TOTAL : 1	
17250GY	CHEMICAL CAUTERIZATION	01/01/2010	12/31/2018	$59.00	N
Number of Procedure Code :17250GY	CHEMICAL CAUTERIZATION			TOTAL : 1	
26010	DRAINAGE FINGER ABSCESS,	04/01/2013	12/31/2018	$197.00	Y
Number of Procedure Code :26010	DRAINAGE FINGER ABSCESS, SIMPLE			TOTAL : 1	
36415	VENIPUNCTURE	10/01/2009	12/31/2018	$3.00	Y
Number of Procedure Code :36415	VENIPUNCTURE			TOTAL : 1	
36415GY	VENIPUNCTURE	10/01/2009	12/31/2018	$3.00	N
Number of Procedure Code :36415GY	VENIPUNCTURE			TOTAL : 1	
36415MG	VENIPUNCTURE	10/01/2011	12/31/2018	$0.00	Y
Number of Procedure Code :36415MG	VENIPUNCTURE			TOTAL : 1	
36415N	VENIPUNTURE NO	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :36415N	VENIPUNTURE NO CHARGE(EXAMPLE;			TOTAL : 1	
36415NC	VENIPUNCTURE NO CHARGE	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :36415NC	VENIPUNCTURE NO CHARGE			TOTAL : 1	
41115	Excision of lingual frenum	08/01/2012	12/31/2018	$192.00	Y
Number of Procedure Code :41115	Excision of lingual frenum (frenectomy)			TOTAL : 1	
46924	DESTRUCTION LESIONS; ANAL	01/01/2010	12/31/2018	$396.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :46924		**DESTRUCTION LESIONS; ANAL**		**TOTAL :** 1	
49000	EXPLORATORY LAPAROTOMY	01/01/2010	12/31/2018	$631.00	Y
Number of Procedure Code :49000		**EXPLORATORY LAPAROTOMY**		**TOTAL :** 1	
49000GY	EXPLORATORY LAPAROTOMY	02/01/2014	12/31/2018	$631.50	N
Number of Procedure Code :49000GY		**EXPLORATORY LAPAROTOMY**		**TOTAL :** 1	
49320	LAPAROSCOPY	01/01/2010	12/31/2018	$270.00	Y
Number of Procedure Code :49320		**LAPAROSCOPY**		**TOTAL :** 1	
49320GY	LAPAROSCOPY DIAGNOSTIC	01/01/2010	12/31/2018	$270.00	N
Number of Procedure Code :49320GY		**LAPAROSCOPY DIAGNOSTIC**		**TOTAL :** 1	
51701	INSERTION OF NONINDWELLING CAT	01/01/2010	12/31/2018	$55.00	N
Number of Procedure Code :51701		**INSERTION OF NONINDWELLING CAT**		**TOTAL :** 1	
54050	CHEMICAL DESTRUCTION OF LESION	08/01/2015	12/31/2018	$109.00	N
Number of Procedure Code :54050		**CHEMICAL DESTRUCTION OF LESION S-**		**TOTAL :** 1	
54056	CRYOSURGERY	01/01/2010	12/31/2018	$113.00	N
Number of Procedure Code :54056		**CRYOSURGERY**		**TOTAL :** 1	
54065	DESTRUCT OF LESIONS(PENIS,	08/01/2015	12/31/2018	$185.00	N
Number of Procedure Code :54065		**DESTRUCT OF LESIONS(PENIS,**		**TOTAL :** 1	
56405	I & D OF VULVA ABCESS	01/01/2010	12/31/2018	$92.00	Y
Number of Procedure Code :56405		**I & D OF VULVA ABCESS**		**TOTAL :** 1	
56405GY	I & D OF VULVA ABCESS	01/01/2013	12/31/2018	$92.00	N
Number of Procedure Code :56405GY		**I & D OF VULVA ABCESS**		**TOTAL :** 1	
56420	I&D, BARTHOLIN GLAND ABSCESS	08/01/2015	12/31/2018	$106.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :56420		I&D, BARTHOLIN GLAND ABSCESS		TOTAL : 1	
56420GY	I&D BARTHOLIN ABSCESS	08/01/2015	12/31/2018	$106.00	N
Number of Procedure Code :56420GY		I&D BARTHOLIN ABSCESS		TOTAL : 1	
56501	DESTRUCT OF LESION(S) VULVA	01/01/2010	12/31/2018	$110.00	N
Number of Procedure Code :56501		DESTRUCT OF LESION(S) VULVA SIMPLE		TOTAL : 1	
56515	DESTRUCTION LESION; VULVA	01/01/2010	12/31/2018	$189.00	N
Number of Procedure Code :56515		DESTRUCTION LESION; VULVA		TOTAL : 1	
56605	BIOPSY OF ONE LESION(FEMALE)	10/01/2014	12/31/2018	$71.00	Y
Number of Procedure Code :56605		BIOPSY OF ONE LESION(FEMALE)		TOTAL : 1	
56605GY	BIOPSY OF VULVA OR PERINEUM	10/01/2014	12/31/2018	$71.00	N
Number of Procedure Code :56605GY		BIOPSY OF VULVA OR PERINEUM ONE		TOTAL : 1	
57000	COLPOTOMY WITH EXPLORATION	08/01/2015	12/31/2018	$164.00	N
Number of Procedure Code :57000		COLPOTOMY WITH EXPLORATION		TOTAL : 1	
57000GY	COLPOTOMY WITH EXPLORATION	01/01/2010	12/31/2018	$164.00	N
Number of Procedure Code :57000GY		COLPOTOMY WITH EXPLORATION		TOTAL : 1	
57022GY	INCISION & DRAINAGE VAGINAL	01/01/2010	12/31/2018	$143.00	N
Number of Procedure Code :57022GY		INCISION & DRAINAGE VAGINAL		TOTAL : 1	
57300GY	CLOSE OF RECTOVAGINAL FISTULA	01/01/2010	12/31/2018	$456.00	N
Number of Procedure Code :57300GY		CLOSE OF RECTOVAGINAL FISTULA VAG		TOTAL : 1	
57452	COLPOSCOPY W/O BIOPSY	01/01/2010	12/31/2018	$94.00	Y
Number of Procedure Code :57452		COLPOSCOPY W/O BIOPSY		TOTAL : 1	
57452GY	COLPOSCOPY W/O BIOPSY	01/01/2010	12/31/2018	$94.00	N

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :57452GY		**COLPOSCOPY W/O BIOPSY**		**TOTAL :** 1	
57454	COLPOSCOPY W/ BIOPSY	01/01/2010	12/31/2018	$133.00	Y
Number of Procedure Code :57454		**COLPOSCOPY W/ BIOPSY**		**TOTAL :** 1	
57454GY	COLPOSCOPY W/ BIOPSY	01/01/2010	12/31/2018	$133.00	N
Number of Procedure Code :57454GY		**COLPOSCOPY W/ BIOPSY**		**TOTAL :** 1	
57500	BX OF CERVIX,EXCISION OF LESION	08/01/2015	12/31/2018	$112.00	Y
Number of Procedure Code :57500		**BX OF CERVIX,EXCISION OF LESION W/**		**TOTAL :** 1	
57511	CRYOCAUTERY CERVIX	01/01/2010	12/31/2018	$124.00	N
Number of Procedure Code :57511		**CRYOCAUTERY CERVIX**		**TOTAL :** 1	
57511GY	CRYOCAUTERY CERVIX	01/01/2010	12/31/2018	$124.00	N
Number of Procedure Code :57511GY		**CRYOCAUTERY CERVIX**		**TOTAL :** 1	
57520	CONIZATION CERVIX;WITH OR W/O	08/01/2015	12/31/2018	$262.00	Y
Number of Procedure Code :57520		**CONIZATION CERVIX;WITH OR W/O**		**TOTAL :** 1	
57520GY	CONIZATION CERVIX;WITH OR W/O	08/01/2015	12/31/2018	$262.00	N
Number of Procedure Code :57520GY		**CONIZATION CERVIX;WITH OR W/O D&C,**		**TOTAL :** 1	
57522	CONIZATION OF CERVIX, WITH W/O	01/01/2010	12/31/2018	$225.00	Y
Number of Procedure Code :57522		**CONIZATION OF CERVIX, WITH W/O**		**TOTAL :** 1	
57522GY	CONIZATION OF CERVIX, WITH W/O	01/01/2010	12/31/2018	$225.00	N
Number of Procedure Code :57522GY		**CONIZATION OF CERVIX, WITH W/O**		**TOTAL :** 1	
58100	ENDOMETRIO BIOPSY	01/01/2010	12/31/2018	$94.00	Y
Number of Procedure Code :58100		**ENDOMETRIO BIOPSY**		**TOTAL :** 1	
58100GY	ENDOMETRIO BIOPSY	01/01/2010	12/31/2018	$94.00	N

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :58100GY		**ENDOMETRIO BIOPSY**		**TOTAL :** 1	
58120	DILATION & CURETTAGE	01/01/2010	12/31/2018	$213.00	Y
Number of Procedure Code :58120		**DILATION & CURETTAGE**		**TOTAL :** 1	
58120GY	DILATION & CURETTAGE	01/01/2010	12/31/2018	$213.00	N
Number of Procedure Code :58120GY		**DILATION & CURETTAGE**		**TOTAL :** 1	
58150	TOTAL ABDOMINAL	01/01/2010	12/31/2018	$853.00	Y
Number of Procedure Code :58150		**TOTAL ABDOMINAL HYSTERECTOMY**		**TOTAL :** 1	
58150GY	TOTAL ABDOMINAL	01/01/2010	12/31/2018	$853.00	N
Number of Procedure Code :58150GY		**TOTAL ABDOMINAL HYSTERECTOMY**		**TOTAL :** 1	
58180	HYSTER SUPRACERVICAL	01/01/2010	12/31/2018	$819.00	Y
Number of Procedure Code :58180		**HYSTER SUPRACERVICAL**		**TOTAL :** 1	
58180GY	SUPRACERVICAL ABDOMINAL	07/01/2012	12/31/2018	$819.00	N
Number of Procedure Code :58180GY		**SUPRACERVICAL ABDOMINAL**		**TOTAL :** 1	
58300	IUD INSERTION	07/01/2011	12/31/2018	$67.00	Y
Number of Procedure Code :58300		**IUD INSERTION**		**TOTAL :** 1	
58300GY	IUD INSERTION	01/01/2010	12/31/2018	$67.00	N
Number of Procedure Code :58300GY		**IUD INSERTION**		**TOTAL :** 1	
58301	IUD REMOVAL	01/01/2010	12/31/2018	$82.00	Y
Number of Procedure Code :58301		**IUD REMOVAL**		**TOTAL :** 1	
58301GY	IUD REMOVAL	01/01/2010	12/31/2018	$82.00	N
Number of Procedure Code :58301GY		**IUD REMOVAL**		**TOTAL :** 1	
58555	HYSTEROSCOPY, DIAGNOSTIC	01/01/2010	12/31/2018	$206.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :58555	**HYSTEROSCOPY, DIAGNOSTIC**			**TOTAL :** 1	
58555GY	DIAGNOSTIC HYSTEROSCOPY	01/01/2010	12/31/2018	$206.00	N
Number of Procedure Code :58555GY	**DIAGNOSTIC HYSTEROSCOPY**			**TOTAL :** 1	
58558	HYSTEROSCOPY SURGICAL, WITH	01/01/2010	12/31/2018	$279.00	N
Number of Procedure Code :58558	**HYSTEROSCOPY SURGICAL, WITH BX**			**TOTAL :** 1	
58558GY	HYSTEROSCOPY SURGICAL, WITH	01/01/2010	12/31/2018	$279.00	N
Number of Procedure Code :58558GY	**HYSTEROSCOPY SURGICAL, WITH BX**			**TOTAL :** 1	
58562GY	HYSTEROSCOPY; SURGICAL WITH	01/01/2010	12/31/2018	$296.00	N
Number of Procedure Code :58562GY	**HYSTEROSCOPY; SURGICAL WITH**			**TOTAL :** 1	
58600	TUBAL LIGATION BILATERAL	08/01/2015	12/31/2018	$302.00	Y
Number of Procedure Code :58600	**TUBAL LIGATION BILATERAL**			**TOTAL :** 1	
58611	TUBAL LIGATION W/C-SECTION	01/01/2010	12/31/2018	$68.00	Y
Number of Procedure Code :58611	**TUBAL LIGATION W/C-SECTION**			**TOTAL :** 1	
58661	LAP'SCOPY W/REMOVAL OF	01/01/2010	12/31/2018	$558.00	Y
Number of Procedure Code :58661	**LAP'SCOPY W/REMOVAL OF ADNEXAL**			**TOTAL :** 1	
58661GY	LAP'SCOPY W/REMOVAL OF	11/01/2013	12/31/2018	$558.00	N
Number of Procedure Code :58661GY	**LAP'SCOPY W/REMOVAL OF ADNEXAL**			**TOTAL :** 1	
58670	LAPSCOPY W/WFULGURATION	08/01/2015	12/31/2018	$304.00	Y
Number of Procedure Code :58670	**LAPSCOPY W/WFULGURATION OVIDUC**			**TOTAL :** 1	
58671	LAPAROSCOPY, BAND, CLIP OR	08/01/2015	12/31/2018	$337.00	Y
Number of Procedure Code :58671	**LAPAROSCOPY, BAND, CLIP OR FAL OPE**			**TOTAL :** 1	
58700	SALPINGECTOMY	01/01/2017	12/31/2018	$636.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :58700		SALPINGECTOMY		TOTAL : 1	
58700GY	SALPINGECTOMY,COMPLETE OR	01/01/2017	12/31/2018	$636.00	N
Number of Procedure Code :58700GY		SALPINGECTOMY,COMPLETE OR PART		TOTAL : 1	
58720GY	SALPINGO	01/01/2017	12/31/2018	$598.00	N
Number of Procedure Code :58720GY		SALPINGO		TOTAL : 1	
58925	OVARIAN	01/01/2010	12/31/2018	$629.00	Y
Number of Procedure Code :58925		OVARIAN CYSTECTOMY,UNILATERAL OR		TOTAL : 1	
58940	OOPHORECTOMY, PARTIAL OR	05/01/2011	12/31/2018	$430.00	Y
Number of Procedure Code :58940		OOPHORECTOMY, PARTIAL OR TOTAL		TOTAL : 1	
58940GY	OOPHORECTOMY, PARTIAL OR	05/01/2011	12/31/2018	$430.00	N
Number of Procedure Code :58940GY		OOPHORECTOMY, PARTIAL OR TOTAL		TOTAL : 1	
59000	AMNIOCENTESIS	04/01/2012	12/31/2018	$109.00	Y
Number of Procedure Code :59000		AMNIOCENTESIS		TOTAL : 1	
59020	FETAL CONTRACTION STRESS TEST	01/01/2010	12/31/2018	$60.00	Y
Number of Procedure Code :59020		FETAL CONTRACTION STRESS TEST		TOTAL : 1	
59025	FETAL NON-STRESS TEST	07/19/2013	12/31/2018	$40.00	Y
Number of Procedure Code :59025		FETAL NON-STRESS TEST		TOTAL : 1	
5902526	FETAL NST HOSP ONLY	08/01/2015	12/31/2018	$26.00	Y
Number of Procedure Code :5902526		FETAL NST HOSP ONLY		TOTAL : 1	
59025SD	NST SAMEDAY	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :59025SD		NST SAMEDAY		TOTAL : 1	
59120	ECTOPIC-SALP. OR S&O	01/01/2010	12/31/2018	$674.00	Y

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Number of Procedure Code :59120		ECTOPIC-SALP. OR S&O		TOTAL : 1	
59160	D&C, POSTPARTUM HEMORRHAGE	04/01/2012	12/31/2018	$182.00	Y
Number of Procedure Code :59160		D&C, POSTPARTUM HEMORRHAGE		TOTAL : 1	
59200	INSERT CERVICAL DILATOR	04/01/2012	12/31/2018	$63.00	Y
Number of Procedure Code :59200		INSERT CERVICAL DILATOR		TOTAL : 1	
59300	LACERATION REPAIR	01/01/2010	12/31/2018	$164.00	Y
Number of Procedure Code :59300		LACERATION REPAIR		TOTAL : 1	
59320	CERVICAL CERCLAGE, VAG	04/01/2012	12/31/2018	$132.00	Y
Number of Procedure Code :59320		CERVICAL CERCLAGE, VAG		TOTAL : 1	
59400	VAG. PRE & PP CARE	07/01/2016	12/31/2018	$1,550.00	Y
Number of Procedure Code :59400		VAG. PRE & PP CARE		TOTAL : 1	
59409	VAGINAL DELIVERY ONLY, NO PP	07/01/2016	12/31/2018	$688.00	Y
Number of Procedure Code :59409		VAGINAL DELIVERY ONLY, NO PP		TOTAL : 1	
5940980	VAGINAL DELIVERY ASSIST ONLY,	01/01/2017	12/31/2018	$172.00	Y
Number of Procedure Code :5940980		VAGINAL DELIVERY ASSIST ONLY, NO PI		TOTAL : 1	
59410	VAGINAL DELIVERY, INCL PP CARE	07/01/2016	12/31/2018	$798.00	Y
Number of Procedure Code :59410		VAGINAL DELIVERY, INCL PP CARE		TOTAL : 1	
59414	PLACENTA REMOVAL	04/01/2012	12/31/2018	$80.00	Y
Number of Procedure Code :59414		PLACENTA REMOVAL		TOTAL : 1	
59425	ANTEPARTUM CARE ONLY 4-6 VISTS	07/01/2016	12/31/2018	$386.00	Y
Number of Procedure Code :59425		ANTEPARTUM CARE ONLY 4-6 VISTS		TOTAL : 1	
59426	ANTEPARTUM CARE ONLY 7 OR	07/01/2016	12/31/2018	$689.00	Y

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Number of Procedure Code :59426		**ANTEPARTUM CARE ONLY 7 OR MORE**		**TOTAL :** 1	
59430	Postpartum Care only, separate	07/01/2016	12/31/2018	$124.00	Y
Number of Procedure Code :59430		**Postpartum Care only, separate**		**TOTAL :** 1	
59430P	POST PARTUM EXAM W/O B	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :59430P		**POST PARTUM EXAM W/O B CONTROL**		**TOTAL :** 1	
59510	C-SECT PRE & PP CARE	04/01/2012	12/31/2018	$1,705.00	Y
Number of Procedure Code :59510		**C-SECT PRE & PP CARE**		**TOTAL :** 1	
59514	C-SECTION DEL ONLY, NO PP	04/01/2012	12/31/2018	$791.00	Y
Number of Procedure Code :59514		**C-SECTION DEL ONLY, NO PP**		**TOTAL :** 1	
5951480	C-SECTION ASSIST, NO PP	07/01/2012	12/31/2018	$198.00	Y
Number of Procedure Code :5951480		**C-SECTION ASSIST, NO PP**		**TOTAL :** 1	
59515	C-SECTION INCL. PP CARE	04/01/2012	12/31/2018	$933.00	Y
Number of Procedure Code :59515		**C-SECTION INCL. PP CARE**		**TOTAL :** 1	
59525	HYST AFTER C-SECTION	04/01/2012	12/31/2018	$421.00	Y
Number of Procedure Code :59525		**HYST AFTER C-SECTION**		**TOTAL :** 1	
59812	INCOMPLETE ABORTION, ANY	01/01/2010	12/31/2018	$266.00	Y
Number of Procedure Code :59812		**INCOMPLETE ABORTION, ANY**		**TOTAL :** 1	
59820	MISCARRIAGE 1ST TRIMESTER	01/01/2010	12/31/2018	$314.00	Y
Number of Procedure Code :59820		**MISCARRIAGE 1ST TRIMESTER**		**TOTAL :** 1	
59821	MISCARRIAGE 2ND TRIMESTER	01/01/2010	12/31/2018	$320.00	Y
Number of Procedure Code :59821		**MISCARRIAGE 2ND TRIMESTER**		**TOTAL :** 1	
59841	D & E DIALATION AND EVACUATION	10/01/2014	12/31/2018	$322.00	Y

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Number of Procedure Code :59841		D & E DIALATION AND EVACUATION		TOTAL : 1	
59855	Induced abortion, by 1 or more	06/01/2014	12/31/2018	$354.00	Y
Number of Procedure Code :59855		Induced abortion, by 1 or more		TOTAL : 1	
59871	REMOVAL CERCLAGE SUTURE	04/01/2012	12/31/2018	$116.00	Y
Number of Procedure Code :59871		REMOVAL CERCLAGE SUTURE UNDER		TOTAL : 1	
62270	LUMBAR PUNCTURE DX	01/01/2010	12/31/2018	$129.00	Y
Number of Procedure Code :62270		LUMBAR PUNCTURE DX		TOTAL : 1	
69200	REMOVAL FOREIGN BODY, EAR	01/01/2010	12/31/2018	$97.00	Y
Number of Procedure Code :69200		REMOVAL FOREIGN BODY, EAR		TOTAL : 1	
69210	REMOVE EAR WAX IMPACT	01/01/2010	12/31/2018	$41.00	Y
Number of Procedure Code :69210		REMOVE EAR WAX IMPACT		TOTAL : 1	
71010S	CHEST X-RAY / PA	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :71010S		CHEST X-RAY / PA		TOTAL : 1	
76801	ULTRASOUND-1ST TRIMESTER	01/01/2010	12/31/2018	$116.00	N
Number of Procedure Code :76801		ULTRASOUND-1ST TRIMESTER		TOTAL : 1	
76805	ULTRASOUND-AFTER 1ST	01/01/2010	12/31/2018	$129.00	N
Number of Procedure Code :76805		ULTRASOUND-AFTER 1ST TRIMESTER		TOTAL : 1	
76811	ULTRASOUND-WITH DETAILED	01/01/2010	12/31/2018	$182.00	N
Number of Procedure Code :76811		ULTRASOUND-WITH DETAILED FETAL		TOTAL : 1	
76815	ULTRASOUND-FETAL GROWTH	01/01/2010	12/31/2018	$80.00	N
Number of Procedure Code :76815		ULTRASOUND-FETAL GROWTH		TOTAL : 1	
76815SD	ULTRASOUND SAME DAY	01/01/2010	12/31/2018	$0.00	Y

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Number of Procedure Code :76815SD		ULTRASOUND SAME DAY		TOTAL : 1	
76816	FOLLOW UP OR REPEAT 76815	01/01/2010	12/31/2018	$99.00	N
Number of Procedure Code :76816		FOLLOW UP OR REPEAT 76815		TOTAL : 1	
76817	U/S, PREGNANT UTERUS,	01/01/2010	12/31/2018	$90.00	N
Number of Procedure Code :76817		U/S, PREGNANT UTERUS, TRANSVAG		TOTAL : 1	
76818N	ULTRASOUND/BRACEWELL	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :76818N		ULTRASOUND/BRACEWELL		TOTAL : 1	
76830	ECHOGRAPHY, TRANSVAGINAL	01/01/2010	12/31/2018	$105.00	N
Number of Procedure Code :76830		ECHOGRAPHY, TRANSVAGINAL		TOTAL : 1	
76857	LIMITED/FOLLOW-UP ULTRASOUND	08/01/2015	12/31/2018	$85.00	N
Number of Procedure Code :76857		LIMITED/FOLLOW-UP ULTRASOUND		TOTAL : 1	
76857GY	LIMITED/FOLLOW-UP ULTRASOUND	08/01/2015	12/31/2018	$85.00	N
Number of Procedure Code :76857GY		LIMITED/FOLLOW-UP ULTRASOUND		TOTAL : 1	
80048T	BASIC METABOLIC PANEL	08/01/2015	12/31/2018	$5.00	Y
Number of Procedure Code :80048T		BASIC METABOLIC PANEL		TOTAL : 1	
80053T	COMPREHENSIVE METABOLIC PANEL	08/01/2015	12/31/2018	$6.00	Y
Number of Procedure Code :80053T		COMPREHENSIVE METABOLIC PANEL		TOTAL : 1	
80061GT	LIPID PANEL	08/01/2015	12/31/2018	$6.00	Y
Number of Procedure Code :80061GT		LIPID PANEL		TOTAL : 1	
80061T	LIPID PANEL	08/01/2015	12/31/2018	$6.00	Y
Number of Procedure Code :80061T		LIPID PANEL		TOTAL : 1	
80076T	HEPATIC FUNCTION PANEL	08/01/2015	12/31/2018	$5.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :80076T		HEPATIC FUNCTION PANEL		TOTAL : 1	
80076TN	HEPATIC FUNCTION PANEL	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :80076TN		HEPATIC FUNCTION PANEL		TOTAL : 1	
80100T	DRUG SCREEN, QUALITATIVE	08/01/2015	12/31/2018	$21.00	Y
Number of Procedure Code :80100T		DRUG SCREEN, QUALITATIVE		TOTAL : 1	
80101T	DRUG SCREN, QUALITATIVE; SINGLE	08/30/2015	12/31/2018	$27.00	Y
Number of Procedure Code :80101T		DRUG SCREN, QUALITATIVE; SINGLE		TOTAL : 1	
80156T	Carbamazepine; total	05/01/2015	12/31/2018	$58.00	Y
Number of Procedure Code :80156T		Carbamazepine; total		TOTAL : 1	
81001	UA, BY DIP STICK OR TAB FOR	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :81001		UA, BY DIP STICK OR TAB FOR BILIRU,		TOTAL : 1	
81001GY	UA BY DIP STICK OR TABLET FOR	08/01/2015	12/31/2018	$4.00	N
Number of Procedure Code :81001GY		UA BY DIP STICK OR TABLET FOR BILIRU		TOTAL : 1	
81001MG	UA BY DIP STICK OR TAB REAGENT	10/01/2011	12/31/2018	$0.00	Y
Number of Procedure Code :81001MG		UA BY DIP STICK OR TAB REAGENT FOR		TOTAL : 1	
81003	UA BY DIP STICK OR TABLET;	10/01/2009	12/31/2018	$3.00	Y
Number of Procedure Code :81003		UA BY DIP STICK OR TABLET;		TOTAL : 1	
81003GY	UA, BY DIP STICK OR TABLET;	10/01/2009	12/31/2018	$3.00	N
Number of Procedure Code :81003GY		UA, BY DIP STICK OR TABLET;		TOTAL : 1	
81003MG	UA BY DIP STICK OR TABLET;	10/01/2011	12/31/2018	$0.00	Y
Number of Procedure Code :81003MG		UA BY DIP STICK OR TABLET;		TOTAL : 1	
81015	MICROSCOPIC URINE EXAM INSIDE	08/01/2015	12/31/2018	$4.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :81015		MICROSCOPIC URINE EXAM INSIDE LAB		TOTAL : 1	
81015GY	URINALYSIS MICRO ONLY I/H LAB	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :81015GY		URINALYSIS MICRO ONLY I/H LAB		TOTAL : 1	
81025	UA PREG TEST; COLOR COMP	08/01/2015	12/31/2018	$9.00	Y
Number of Procedure Code :81025		UA PREG TEST; COLOR COMP METHOD,		TOTAL : 1	
81025GY	UA PREG TEST, COLOR	08/01/2015	12/31/2018	$9.00	N
Number of Procedure Code :81025GY		UA PREG TEST, COLOR COMPARISON		TOTAL : 1	
81025MG	UA PREG TEST;COLOR COMP	10/01/2011	12/31/2018	$0.00	Y
Number of Procedure Code :81025MG		UA PREG TEST;COLOR COMP		TOTAL : 1	
81025NC	UA Preg Test; Color Comp Method,	11/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :81025NC		UA Preg Test; Color Comp Method,		TOTAL : 1	
81240T	F2 (pro thrombin, coagulation	04/01/2015	12/31/2018	$110.00	Y
Number of Procedure Code :81240T		F2 (pro thrombin, coagulation factorII),		TOTAL : 1	
81241T	F5, COAGULATION FACTOR V,	04/01/2015	12/31/2018	$140.00	Y
Number of Procedure Code :81241T		F5, COAGULATION FACTOR V, GENE		TOTAL : 1	
81243T	FM R1	08/01/2015	12/31/2018	$215.00	Y
Number of Procedure Code :81243T		FM R1		TOTAL : 1	
82105TN	AFP SERUM	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :82105TN		AFP SERUM		TOTAL : 1	
82150T	AMYLASE	01/09/2017	12/31/2018	$24.00	Y
Number of Procedure Code :82150T		AMYLASE		TOTAL : 1	
82239T	Bile acids; total	11/02/2013	12/31/2018	$8.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :82239T		**Bile acids; total**		**TOTAL :** 1	
82247	BILIRUBIN TOTAL IN-HOUSE LAB	08/01/2015	12/31/2018	$16.00	Y
Number of Procedure Code :82247		**BILIRUBIN TOTAL IN-HOUSE LAB**		**TOTAL :** 1	
82247T	BILIRUBIN; TOTAL	08/01/2015	12/31/2018	$16.00	Y
Number of Procedure Code :82247T		**BILIRUBIN; TOTAL**		**TOTAL :** 1	
82270	BLOOD OCCULT,BY PEROXIDASE	01/01/2011	12/31/2018	$5.00	Y
Number of Procedure Code :82270		**BLOOD OCCULT,BY PEROXIDASE**		**TOTAL :** 1	
82270GY	BLOOD OCCULT BY PEROXIDASE	10/01/2009	12/31/2018	$5.00	N
Number of Procedure Code :82270GY		**BLOOD OCCULT BY PEROXIDASE**		**TOTAL :** 1	
82570T	CREATININE; OTHER SOURCE	08/01/2015	12/31/2018	$22.00	Y
Number of Procedure Code :82570T		**CREATININE; OTHER SOURCE**		**TOTAL :** 1	
82575T	CREATININE; CLEARANCE	08/01/2015	12/31/2018	$37.00	Y
Number of Procedure Code :82575T		**CREATININE; CLEARANCE**		**TOTAL :** 1	
82607T	CYANOCOBALAMIN VIT B-12	08/01/2015	12/31/2018	$52.00	Y
Number of Procedure Code :82607T		**CYANOCOBALAMIN VIT B-12**		**TOTAL :** 1	
82728T	FERRITIN	08/01/2015	12/31/2018	$7.00	Y
Number of Procedure Code :82728T		**FERRITIN**		**TOTAL :** 1	
82785T	Immunoglobulin E, total	08/01/2015	12/31/2018	$48.00	Y
Number of Procedure Code :82785T		**Immunoglobulin E, total**		**TOTAL :** 1	
82947	GLUCOSE; QUANTITATIVE BLOOD	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :82947		**GLUCOSE; QUANTITATIVE BLOOD INSIDI**		**TOTAL :** 1	
82947GT	GLUCOSE; QUANTITATIVE, BLOOD	08/01/2015	12/31/2018	$4.00	Y

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Number of Procedure Code :82947GT		GLUCOSE; QUANTITATIVE, BLOOD		TOTAL : 1	
82947GY	GLUCOSE; QUANTITATIVE BLOOD	08/01/2015	12/31/2018	$4.00	N
Number of Procedure Code :82947GY		GLUCOSE; QUANTITATIVE BLOOD INSIDI		TOTAL : 1	
82947T	GLUCOSE, QUANTITATIVE, BLOOD	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :82947T		GLUCOSE, QUANTITATIVE, BLOOD		TOTAL : 1	
82948	GLUCOSE BLOOD STICK TEST	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :82948		GLUCOSE BLOOD STICK TEST		TOTAL : 1	
82950	GLUCOSE: POST GLUCOSE DOSE	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :82950		GLUCOSE: POST GLUCOSE DOSE		TOTAL : 1	
82950GT	GLUCOSE; POST GLUCOSE	08/01/2015	12/31/2018	$4.00	N
Number of Procedure Code :82950GT		GLUCOSE; POST GLUCOSE		TOTAL : 1	
82950GY	GLUCOSE: POST GLUCOSE DOSE	08/01/2015	12/31/2018	$4.00	N
Number of Procedure Code :82950GY		GLUCOSE: POST GLUCOSE DOSE		TOTAL : 1	
82950T	GLUCOSE; POST GLUCOSE	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :82950T		GLUCOSE; POST GLUCOSE		TOTAL : 1	
82951	GLUCOSE 3 HR TOLERANCE TEST	08/30/2015	12/31/2018	$48.00	Y
Number of Procedure Code :82951		GLUCOSE 3 HR TOLERANCE TEST INSIDI		TOTAL : 1	
82951T	GLUCOSE; TOLERANCE TEST (GTT)	08/30/2015	12/31/2018	$48.00	Y
Number of Procedure Code :82951T		GLUCOSE; TOLERANCE TEST (GTT) 3		TOTAL : 1	
83001GT	GONADOTROPIN; FOLLICLE	08/01/2015	12/31/2018	$8.00	Y
Number of Procedure Code :83001GT		GONADOTROPIN; FOLLICLE		TOTAL : 1	
83021TN	HEMOGLOBIN FRACTIONATION AND	08/17/2015	12/31/2018	$0.00	Y

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Number of Procedure Code :83021TN		HEMOGLOBIN FRACTIONATION AND		TOTAL : 1	
83036T	HEMOGLOBIN; GLYCOSYLATED	08/01/2015	12/31/2018	$5.00	Y
Number of Procedure Code :83036T		HEMOGLOBIN; GLYCOSYLATED (A1C)		TOTAL : 1	
83525T	Insulin; total	11/01/2012	12/31/2018	$6.00	Y
Number of Procedure Code :83525T		Insulin; total		TOTAL : 1	
83540T	IRON	10/01/2009	12/31/2018	$5.00	Y
Number of Procedure Code :83540T		IRON		TOTAL : 1	
83550T	IRON BINDING CAPACITY	10/01/2009	12/31/2018	$5.00	Y
Number of Procedure Code :83550T		IRON BINDING CAPACITY		TOTAL : 1	
83615T	LACTATE DEHYDROGENASE (LD),	08/01/2015	12/31/2018	$16.00	Y
Number of Procedure Code :83615T		LACTATE DEHYDROGENASE (LD), (LDH)		TOTAL : 1	
83655t	Lead	06/20/2013	12/31/2018	$13.00	Y
Number of Procedure Code :83655t		Lead		TOTAL : 1	
83655TN	LEAD	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :83655TN		LEAD		TOTAL : 1	
83690T	LIPASE	01/09/2017	12/31/2018	$24.00	Y
Number of Procedure Code :83690T		LIPASE		TOTAL : 1	
84030	PHENYLALANINE PKU, BLOOD	04/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :84030		PHENYLALANINE PKU, BLOOD		TOTAL : 1	
84030TN	PHENYLALANINE PKU, BLOOD	04/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :84030TN		PHENYLALANINE PKU, BLOOD		TOTAL : 1	
84146GT	PROLACTIN	08/01/2015	12/31/2018	$10.00	N

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Number of Procedure Code :84146GT	PROLACTIN			TOTAL : 1	
84146T	PROLACTIN	08/01/2015	12/31/2018	$10.00	Y
Number of Procedure Code :84146T	PROLACTIN			TOTAL : 1	
84156T	URINE PROTEIN;TOTAL 24-HR	08/01/2015	12/31/2018	$9.00	Y
Number of Procedure Code :84156T	URINE PROTEIN;TOTAL 24-HR			TOTAL : 1	
84436T	THYROXINE; TOTAL	10/01/2009	12/31/2018	$3.00	Y
Number of Procedure Code :84436T	THYROXINE; TOTAL			TOTAL : 1	
84439T	THYROXINE; FREE	11/01/2012	12/31/2018	$9.00	Y
Number of Procedure Code :84439T	THYROXINE; FREE			TOTAL : 1	
84443GT	THYROID STIMULATING HORMONE	08/01/2015	12/31/2018	$6.00	Y
Number of Procedure Code :84443GT	THYROID STIMULATING HORMONE (TSH)			TOTAL : 1	
84443T	THYROID STIMULATING HORMONE	08/01/2015	12/31/2018	$6.00	Y
Number of Procedure Code :84443T	THYROID STIMULATING HORMONE (TSH)			TOTAL : 1	
84450T	URIC ACID; BLOOD	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :84450T	URIC ACID; BLOOD			TOTAL : 1	
84460T	TRANSFERASE; ALANINE AMINO	08/01/2015	12/31/2018	$16.00	Y
Number of Procedure Code :84460T	TRANSFERASE; ALANINE AMINO ALT			TOTAL : 1	
84479T	THYROID HORMONE(T3/T4)UPTAKE	10/01/2009	12/31/2018	$3.00	Y
Number of Procedure Code :84479T	THYROID HORMONE(T3/T4)UPTAKE OR			TOTAL : 1	
84550T	URIC ACID; BLOOD	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :84550T	URIC ACID; BLOOD			TOTAL : 1	
84702GT	GONADOTROPIN, CHORIONIC (HCG);	08/01/2015	12/31/2018	$11.00	Y

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Number of Procedure Code :84702GT		GONADOTROPIN, CHORIONIC (HCG);		TOTAL : 1	
84702T	GONADOTROPIN; CHORIONIC (HCG);	08/01/2015	12/31/2018	$11.00	Y
Number of Procedure Code :84702T		GONADOTROPIN; CHORIONIC (HCG);		TOTAL : 1	
85018	HEMOGLOBIN, BLOOD COUNT (HGB)	10/01/2009	12/31/2018	$4.00	Y
Number of Procedure Code :85018		HEMOGLOBIN, BLOOD COUNT (HGB)		TOTAL : 1	
85018GT	BLOOD COUNT; HEMOGLOBIN (HGB)	10/01/2009	12/31/2018	$4.00	Y
Number of Procedure Code :85018GT		BLOOD COUNT; HEMOGLOBIN (HGB)		TOTAL : 1	
85018GY	HEMOGLOBIN, BLOOD (HGB)	10/01/2009	12/31/2018	$4.00	N
Number of Procedure Code :85018GY		HEMOGLOBIN, BLOOD (HGB)		TOTAL : 1	
85018T	BLOOD COUNT; HEMOGLOBIN (HGB)	10/01/2009	12/31/2018	$4.00	Y
Number of Procedure Code :85018T		BLOOD COUNT; HEMOGLOBIN (HGB)		TOTAL : 1	
85025GT	BLOOD COUNT; COMPLETE (CBC)	08/01/2015	12/31/2018	$5.00	N
Number of Procedure Code :85025GT		BLOOD COUNT; COMPLETE (CBC)		TOTAL : 1	
85025T	BLOOD COUNT; COMPLETE (CBC)	08/01/2015	12/31/2018	$5.00	Y
Number of Procedure Code :85025T		BLOOD COUNT; COMPLETE (CBC)		TOTAL : 1	
85045T	BLOOD COUNT; RETICULOCYTE	11/01/2012	12/31/2018	$3.00	Y
Number of Procedure Code :85045T		BLOOD COUNT; RETICULOCYTE		TOTAL : 1	
85048	WBC	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :85048		WBC		TOTAL : 1	
85300T	CLOTTING INHIBITORS OR	04/01/2015	12/31/2018	$15.00	Y
Number of Procedure Code :85300T		CLOTTING INHIBITORS OR		TOTAL : 1	
85303T	CLOTTING INHIBITORS OR	04/01/2015	12/31/2018	$29.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :85303T	CLOTTING INHIBITORS OR			TOTAL : 1	
85306T	PROTEIN S-FUNCTIONAL; PROTEIN S,	02/16/2010	12/31/2018	$55.00	N
Number of Procedure Code :85306T	PROTEIN S-FUNCTIONAL; PROTEIN S,			TOTAL : 1	
85307T	ACTIVATED PROTEIN C (APC)	04/01/2015	12/31/2018	$18.00	Y
Number of Procedure Code :85307T	ACTIVATED PROTEIN C (APC)			TOTAL : 1	
85384T	FIBRINOGEN; ACTIVITY	08/01/2015	12/31/2018	$44.00	Y
Number of Procedure Code :85384T	FIBRINOGEN; ACTIVITY			TOTAL : 1	
85385T	FIBRINOGEN; ANTIGEN	08/01/2015	12/31/2018	$175.00	Y
Number of Procedure Code :85385T	FIBRINOGEN; ANTIGEN			TOTAL : 1	
85610GT	PROTHROMBIN TIME	08/01/2015	12/31/2018	$14.00	N
Number of Procedure Code :85610GT	PROTHROMBIN TIME			TOTAL : 1	
85610T	PROTHROMBIN TIME	08/01/2015	12/31/2018	$14.00	Y
Number of Procedure Code :85610T	PROTHROMBIN TIME			TOTAL : 1	
85651T	SEDIMENTATION RATE;	08/01/2015	12/31/2018	$3.00	Y
Number of Procedure Code :85651T	SEDIMENTATION RATE;			TOTAL : 1	
85652T	Sedimentation rate, erthrocyte; auto	11/01/2012	12/31/2018	$3.00	Y
Number of Procedure Code :85652T	Sedimentation rate, erthrocyte; auto			TOTAL : 1	
85730GT	THROMBOPLASTIN TIME, PARTIAL	08/01/2015	12/31/2018	$14.00	N
Number of Procedure Code :85730GT	THROMBOPLASTIN TIME, PARTIAL (PTT);			TOTAL : 1	
85730T	THROMBOPLASTIN TIME,PARTIAL	08/01/2015	12/31/2018	$14.00	Y
Number of Procedure Code :85730T	THROMBOPLASTIN TIME,PARTIAL (PTT);			TOTAL : 1	
86140T	C-reactive protein	11/01/2012	12/31/2018	$31.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :86140T	C-reactive protein			TOTAL : 1	
86147T	CARDIOLIPIN (P HOSPHOLIPID)	04/01/2015	12/31/2018	$22.00	Y
Number of Procedure Code :86147T	CARDIOLIPIN (P HOSPHOLIPID)			TOTAL : 1	
86308T	HETEROPHILE ANTIBODIES;	08/01/2015	12/31/2018	$30.00	Y
Number of Procedure Code :86308T	HETEROPHILE ANTIBODIES; SCREENING			TOTAL : 1	
86317TN	Zika IgM ELISA-specific	08/01/2017	12/31/2018	$0.00	Y
Number of Procedure Code :86317TN	Zika IgM ELISA-specific			TOTAL : 1	
86361T	T CELLS; ABSOLUTE CD4 COUNT	08/01/2015	12/31/2018	$38.00	Y
Number of Procedure Code :86361T	T CELLS; ABSOLUTE CD4 COUNT			TOTAL : 1	
86580	SKIN TEST; TUBERCULOSIS,	10/01/2013	12/31/2018	$10.00	N
Number of Procedure Code :86580	SKIN TEST; TUBERCULOSIS,			TOTAL : 1	
86580CR	PPD CONTACT READ- TRACKING	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :86580CR	PPD CONTACT READ- TRACKING ONLY			TOTAL : 1	
86580E	PPD EXEMPTION FORM - NO CHARGE	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :86580E	PPD EXEMPTION FORM - NO CHARGE			TOTAL : 1	
86580N	PPD CONTACT TRACKING ONLY	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :86580N	PPD CONTACT TRACKING ONLY			TOTAL : 1	
86580NC	TUBERCULOSIS; SKIN TEST	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :86580NC	TUBERCULOSIS; SKIN TEST			TOTAL : 1	
86580T	TB CONTACT READ TRACKING ONLY	01/01/2009	12/31/2018	$0.00	N
Number of Procedure Code :86580T	TB CONTACT READ TRACKING ONLY			TOTAL : 1	
86592	SYPHILIS, PRECIPITATION OR	08/01/2015	12/31/2018	$4.00	Y

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Number of Procedure Code :86592	**SYPHILIS, PRECIPITATION OR**			**TOTAL :** 1	
86592NC	SYPHILIS TEST; QUALITATIVE	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :86592NC	**SYPHILIS TEST; QUALITATIVE**			**TOTAL :** 1	
86592T	SYPHILIS TEST; QUALITATIVE	08/01/2015	12/31/2018	$4.00	Y
Number of Procedure Code :86592T	**SYPHILIS TEST; QUALITATIVE (VDRL,**			**TOTAL :** 1	
86592TN	SYPHILIS TEST; QUALITATIVE	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :86592TN	**SYPHILIS TEST; QUALITATIVE (VDRL,**			**TOTAL :** 1	
86593T	SYPHILIS TEST; QUANTITATIVE	08/01/2015	12/31/2018	$16.00	Y
Number of Procedure Code :86593T	**SYPHILIS TEST; QUANTITATIVE**			**TOTAL :** 1	
86593TN	SYPHILIS TEST; QUANTITATIVE	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :86593TN	**SYPHILIS TEST; QUANTITATIVE**			**TOTAL :** 1	
86644T	ANTIBODY; CYTOMEGALOVIRUS	08/01/2015	12/31/2018	$55.00	Y
Number of Procedure Code :86644T	**ANTIBODY; CYTOMEGALOVIRUS (CMV)**			**TOTAL :** 1	
86645T	ANTIBODY; CYTOMEGALOVIRUS	08/01/2015	12/31/2018	$48.00	Y
Number of Procedure Code :86645T	**ANTIBODY; CYTOMEGALOVIRUS (CMV),**			**TOTAL :** 1	
86663T	Antibody; Epstein-Barr (EB) virus,	08/01/2015	12/31/2018	$96.00	Y
Number of Procedure Code :86663T	**Antibody; Epstein-Barr (EB) virus, early**			**TOTAL :** 1	
86677T	Antibody; Helicobacter pylori	11/01/2012	12/31/2018	$58.00	Y
Number of Procedure Code :86677T	**Antibody; Helicobacter pylori**			**TOTAL :** 1	
86694GT	ANTIBODY;HERPES SIMPLEX, NON-	11/01/2011	12/31/2018	$48.00	N
Number of Procedure Code :86694GT	**ANTIBODY;HERPES SIMPLEX, NON-**			**TOTAL :** 1	
86694T	ANTIBODY;HERPES SIMPLEX, NON-	11/01/2011	12/31/2018	$48.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :86694T		**ANTIBODY;HERPES SIMPLEX, NON-**		**TOTAL :** 1	
86701TN	ANTIBODY; HIV-1	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :86701TN		**ANTIBODY; HIV-1**		**TOTAL :** 1	
86735T	ANTIBODY; MUMPS	03/07/2016	12/31/2018	$12.00	Y
Number of Procedure Code :86735T		**ANTIBODY; MUMPS**		**TOTAL :** 1	
86747T	ANTIBODY; PARVOVIRUS	08/01/2015	12/31/2018	$57.00	Y
Number of Procedure Code :86747T		**ANTIBODY; PARVOVIRUS**		**TOTAL :** 1	
86762T	ANTIBODY; RUBELLA	08/01/2015	12/31/2018	$9.00	Y
Number of Procedure Code :86762T		**ANTIBODY; RUBELLA**		**TOTAL :** 1	
86765T	ANTIBODY; RUBEOLA	03/07/2016	12/31/2018	$13.00	Y
Number of Procedure Code :86765T		**ANTIBODY; RUBEOLA**		**TOTAL :** 1	
86777T	ANTIOBODY; TOXOPLASMA	08/01/2015	12/31/2018	$18.00	Y
Number of Procedure Code :86777T		**ANTIOBODY; TOXOPLASMA**		**TOTAL :** 1	
86778T	ANTIBODY;TOXOPLASMA; IGM	08/01/2015	12/31/2018	$18.00	N
Number of Procedure Code :86778T		**ANTIBODY;TOXOPLASMA; IGM**		**TOTAL :** 1	
86787T	ANTIBODY; VARICELLA-ZOSTER	08/01/2015	12/31/2018	$14.00	Y
Number of Procedure Code :86787T		**ANTIBODY; VARICELLA-ZOSTER**		**TOTAL :** 1	
86787TN	ANTIBODY; VARICELLA-ZOSTER	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :86787TN		**ANTIBODY; VARICELLA-ZOSTER**		**TOTAL :** 1	
86790TN	IgM ELISA-non specific	08/01/2017	12/31/2018	$0.00	Y
Number of Procedure Code :86790TN		**IgM ELISA-non specific**		**TOTAL :** 1	
86803T	HEPATITIS C ANTIBODY	08/01/2015	12/31/2018	$8.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :86803T		HEPATITIS C ANTIBODY		TOTAL : 1	
86803TN	HEPATITIS C; ANTIBODY	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :86803TN		HEPATITIS C; ANTIBODY		TOTAL : 1	
86804T	HEPATITIS C ANTIBODY;	12/06/2013	12/31/2018	$43.00	Y
Number of Procedure Code :86804T		HEPATITIS C ANTIBODY; CONFIRMATOR		TOTAL : 1	
86850T	ANTIBODY SCREEN, RBC	08/01/2015	12/31/2018	$6.00	Y
Number of Procedure Code :86850T		ANTIBODY SCREEN, RBC		TOTAL : 1	
86850TN	ANTIBODY SCREEN; RBC	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :86850TN		ANTIBODY SCREEN; RBC		TOTAL : 1	
86900T	BLOOD TYPING: ABO	08/01/2015	12/31/2018	$8.00	Y
Number of Procedure Code :86900T		BLOOD TYPING: ABO		TOTAL : 1	
86901T	BLOOD TYPING; RHD	08/01/2015	12/31/2018	$8.00	N
Number of Procedure Code :86901T		BLOOD TYPING; RHD		TOTAL : 1	
87015TN	CONCENTRATION,ANY TYPE, FOR	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :87015TN		CONCENTRATION,ANY TYPE, FOR		TOTAL : 1	
87040T	CULTURE,BACTERIAL;BLOOD,AERO	08/01/2015	12/31/2018	$20.00	Y
Number of Procedure Code :87040T		CULTURE,BACTERIAL;BLOOD,AEROBI		TOTAL : 1	
87045T	STOOL CULTURE	07/01/2011	12/31/2018	$13.00	Y
Number of Procedure Code :87045T		STOOL CULTURE		TOTAL : 1	
87070NC	CULTURE BACTERIAL; ANY SOURCE	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :87070NC		CULTURE BACTERIAL; ANY SOURCE		TOTAL : 1	
87070T	CULTURE BACTERIAL;ANY SOURCE	08/01/2015	12/31/2018	$8.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :87070T		CULTURE BACTERIAL;ANY SOURCE		TOTAL : 1	
87075T	CULTURE,BACTERIAL;ANY SOURCE,	08/01/2015	12/31/2018	$8.00	Y
Number of Procedure Code :87075T		CULTURE,BACTERIAL;ANY SOURCE,		TOTAL : 1	
87081	CULTURE PRESUMPTIVE PATH,	08/01/2015	12/31/2018	$23.00	Y
Number of Procedure Code :87081		CULTURE PRESUMPTIVE PATH,		TOTAL : 1	
87081GY	CULTURE,PRESUMPTIVE, PATH	08/01/2015	12/31/2018	$23.00	N
Number of Procedure Code :87081GY		CULTURE,PRESUMPTIVE, PATH		TOTAL : 1	
87081NC	CULTURE, PRESUMPTIVE, PATHO	01/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :87081NC		CULTURE, PRESUMPTIVE, PATHO		TOTAL : 1	
87081T	CULTURE,PRESUMPTIVE,PATHOGENI	08/01/2015	12/31/2018	$23.00	Y
Number of Procedure Code :87081T		CULTURE,PRESUMPTIVE,PATHOGENIC		TOTAL : 1	
87086GT	CULTURE, BACTERIAL QUANT	08/01/2015	12/31/2018	$8.00	N
Number of Procedure Code :87086GT		CULTURE, BACTERIAL QUANT COLONY		TOTAL : 1	
87086T	CULTURE, BACTERIAL QUANT	09/01/2013	12/31/2018	$8.00	Y
Number of Procedure Code :87086T		CULTURE, BACTERIAL QUANT COLONY		TOTAL : 1	
87110GT	CULTURE, CHLAMYDIA, ANY	08/01/2015	12/31/2018	$19.00	N
Number of Procedure Code :87110GT		CULTURE, CHLAMYDIA, ANY SOURCE		TOTAL : 1	
87110T	CULTURE, CHLAMYDIA, ANY	08/01/2015	12/31/2018	$19.00	Y
Number of Procedure Code :87110T		CULTURE, CHLAMYDIA, ANY SOURCE		TOTAL : 1	
87110TN	CULTURE, CHLAMYDIA, ANY	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :87110TN		CULTURE, CHLAMYDIA, ANY SOURCE		TOTAL : 1	
87116TN	CULTURE, TUBERCLE OR OTHER	01/01/2010	12/31/2018	$0.00	Y

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Number of Procedure Code :87116TN	**CULTURE, TUBERCLE OR OTHER ACID-**			**TOTAL :** 1	
87118TN	CULTURE,MYOBACTERIAL,DEFINITIV	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :87118TN	**CULTURE,MYOBACTERIAL,DEFINITIV ID**			**TOTAL :** 1	
87177T	OVA & PARASITES,DIRECT SMEARS	08/01/2015	12/31/2018	$10.00	Y
Number of Procedure Code :87177T	**OVA & PARASITES,DIRECT SMEARS**			**TOTAL :** 1	
87205	SMEAR PRIMARY SOURCE W/INTREP	08/01/2015	12/31/2018	$6.00	Y
Number of Procedure Code :87205	**SMEAR PRIMARY SOURCE W/INTREP**			**TOTAL :** 1	
87205NC	SMEAR PRIMARY SOURCE W/INTREP	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :87205NC	**SMEAR PRIMARY SOURCE W/INTREP**			**TOTAL :** 1	
87210	SMEAR PRIMARY W/INTREP, WET	08/01/2015	12/31/2018	$5.00	Y
Number of Procedure Code :87210	**SMEAR PRIMARY W/INTREP, WET**			**TOTAL :** 1	
87210GY	SMEAR PRIMARY SOURCE	08/01/2015	12/31/2018	$5.00	N
Number of Procedure Code :87210GY	**SMEAR PRIMARY SOURCE W/INTREP;**			**TOTAL :** 1	
87210H	Wet Mount W/Interp - Hosp Only	01/01/2016	12/31/2018	$5.00	Y
Number of Procedure Code :87210H	**Wet Mount W/Interp - Hosp Only**			**TOTAL :** 1	
87210NC	SMEAR PRIMARY SOURCE W/INTREP	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :87210NC	**SMEAR PRIMARY SOURCE W/INTREP**			**TOTAL :** 1	
87255GT	VIRUS ISOLATION INC ID BY NON-	08/01/2015	12/31/2018	$34.00	N
Number of Procedure Code :87255GT	**VIRUS ISOLATION INC ID BY NON-**			**TOTAL :** 1	
87255T	VIRUS ISOLATION INC ID BY NON-	08/01/2015	12/31/2018	$34.00	Y
Number of Procedure Code :87255T	**VIRUS ISOLATION INC ID BY NON-**			**TOTAL :** 1	
87255TN	VIRUS ISOLATION INC ID BY NON-	11/01/2014	12/31/2018	$0.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :87255TN		VIRUS ISOLATION INC ID BY NON-		TOTAL : 1	
87340T	INFECT AGENT ANTIGEN DETECT	08/01/2015	12/31/2018	$7.00	Y
Number of Procedure Code :87340T		INFECT AGENT ANTIGEN DETECT ENZYM		TOTAL : 1	
87340TN	INFECT AGENT ANTIGEN DETECT	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :87340TN		INFECT AGENT ANTIGEN DETECT ENZYM		TOTAL : 1	
87425T	INFECT AGENT ANTIGEN;	08/01/2015	12/31/2018	$14.00	Y
Number of Procedure Code :87425T		INFECT AGENT ANTIGEN; ROTAVIRUS		TOTAL : 1	
87490TN	CHLAMYDIA TRACHOMATIS, DIRECT	06/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :87490TN		CHLAMYDIA TRACHOMATIS, DIRECT		TOTAL : 1	
87491GT	INFECT AGENT DETECT CHLAMYDIA	12/02/2016	12/31/2018	$12.00	N
Number of Procedure Code :87491GT		INFECT AGENT DETECT CHLAMYDIA		TOTAL : 1	
87491T	INFECT AGENT DETECT; CHLAMYDIA	12/02/2016	12/31/2018	$12.00	Y
Number of Procedure Code :87491T		INFECT AGENT DETECT; CHLAMYDIA		TOTAL : 1	
87491TN	CHLAMYDIA TRACHOMATIS PROBE	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :87491TN		CHLAMYDIA TRACHOMATIS PROBE		TOTAL : 1	
87521TN	HCV by RNA	11/01/2016	12/31/2018	$0.00	Y
Number of Procedure Code :87521TN		HCV by RNA		TOTAL : 1	
87591GT	INFECT AGENT;NEISSERIA	12/02/2016	12/31/2018	$12.00	N
Number of Procedure Code :87591GT		INFECT AGENT;NEISSERIA GONORRHOE		TOTAL : 1	
87591T	INFECT AGENT DETECT NEISSERIA	12/02/2016	12/31/2018	$12.00	Y
Number of Procedure Code :87591T		INFECT AGENT DETECT NEISSERIA		TOTAL : 1	
87591TN	INFECT AGENT DETECT NEISSERIA	01/01/2010	12/31/2018	$0.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :87591TN		**INFECT AGENT DETECT NEISSERIA**		**TOTAL :** 1	
87779T	HSV; IgG; multi-test, CPT 86695,	12/01/2014	12/31/2018	$108.00	Y
Number of Procedure Code :87779T		**HSV; IgG; multi-test, CPT 86695, 86696**		**TOTAL :** 1	
87798NC	INFECT DETECTION BY DNA or RNA;	01/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :87798NC		**INFECT DETECTION BY DNA or RNA; NOTTOTAL :** 1			
87798TN		08/01/2017	12/31/2018	$0.00	Y
Number of Procedure Code :87798TN				**TOTAL :** 1	
87804	INFECTIOUS AGENT ANTIGEN	08/01/2015	12/31/2018	$16.00	Y
Number of Procedure Code :87804		**INFECTIOUS AGENT ANTIGEN**		**TOTAL :** 1	
87880	STREPTOCOCCUS,INFECTIOUS	08/01/2015	12/31/2018	$16.00	Y
Number of Procedure Code :87880		**STREPTOCOCCUS,INFECTIOUS AGENT**		**TOTAL :** 1	
88142GT	CYTOPATH,CERVICAL OR VAG,	12/02/2016	12/31/2018	$21.00	Y
Number of Procedure Code :88142GT		**CYTOPATH,CERVICAL OR VAG,**		**TOTAL :** 1	
88142T	CYTOPATH, CERVICAL OR VAG,	12/02/2016	12/31/2018	$21.00	Y
Number of Procedure Code :88142T		**CYTOPATH, CERVICAL OR VAG,**		**TOTAL :** 1	
88305GT	LEVEL IV-SURG PATH GROSS &	01/01/2011	12/31/2018	$40.00	N
Number of Procedure Code :88305GT		**LEVEL IV-SURG PATH GROSS &**		**TOTAL :** 1	
88305TN	SURGICAL PATH O/S LAB	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :88305TN		**SURGICAL PATH O/S LAB**		**TOTAL :** 1	
88889T	CYSTIC FIBROSIS SCREENING	08/01/2015	12/31/2018	$124.00	N
Number of Procedure Code :88889T		**CYSTIC FIBROSIS SCREENING**		**TOTAL :** 1	
89060	FERN TESTING	01/01/2015	12/31/2018	$10.00	Y

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Number of Procedure Code :89060		**FERN TESTING**		**TOTAL :** 1	
89995T	GLUCOSE PANEL > LAB CPT CODES	08/30/2015	12/31/2018	$64.00	Y
Number of Procedure Code :89995T		**GLUCOSE PANEL > LAB CPT CODES**		**TOTAL :** 1	
89996T	COMBO LAB-HPV,HIIGH RISK and	12/02/2016	12/31/2018	$52.00	Y
Number of Procedure Code :89996T		**COMBO LAB-HPV,HIIGH RISK and**		**TOTAL :** 1	
89997T	Thrombophilia Panel	04/01/2015	12/31/2018	$563.00	Y
Number of Procedure Code :89997T		**Thrombophilia Panel**		**TOTAL :** 1	
89998T	Combo lab > 85613 & 85732; LAC &	04/01/2015	12/31/2018	$199.00	Y
Number of Procedure Code :89998T		**Combo lab > 85613 & 85732; LAC &**		**TOTAL :** 1	
89999T	Spinal Muscular Atrophy Carrier	11/01/2012	12/31/2018	$358.00	Y
Number of Procedure Code :89999T		**Spinal Muscular Atrophy Carrier**		**TOTAL :** 1	
90001S	ADULT HEALTH SCREENING	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :90001S		**ADULT HEALTH SCREENING**		**TOTAL :** 1	
90371	HEP B IMMUNE GLOB (HBIG),	09/01/2014	12/31/2018	$184.00	N
Number of Procedure Code :90371		**HEP B IMMUNE GLOB (HBIG),**		**TOTAL :** 1	
90460	IMM ADMIN THRU 18 YRS-WITH	06/01/2015	12/31/2018	$19.00	Y
Number of Procedure Code :90460		**IMM ADMIN THRU 18 YRS-WITH**		**TOTAL :** 1	
90461	IMM ADMIN THRU 18 YRS W/PHY OR	06/01/2015	12/31/2018	$14.00	Y
Number of Procedure Code :90461		**IMM ADMIN THRU 18 YRS W/PHY OR HC**		**TOTAL :** 1	
90465EP	IMMUNIZATION ADMIN W/PHYSICIAN	10/01/2009	12/31/2018	$19.00	N
Number of Procedure Code :90465EP		**IMMUNIZATION ADMIN W/PHYSICIAN**		**TOTAL :** 1	
90471	ADMIN OF VACCINE (21 & OLDER)	02/01/2010	12/31/2018	$19.00	Y

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Number of Procedure Code :90471		ADMIN OF VACCINE (21 & OLDER)		TOTAL : 1	
90471F	ADMIN/IMM	02/01/2010	12/31/2018	$19.00	N
Number of Procedure Code :90471F		ADMIN/IMM		TOTAL : 1	
90471NC	ADMIN OF VACCINE (21 & OLDER)	04/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :90471NC		ADMIN OF VACCINE (21 & OLDER)		TOTAL : 1	
90471S	ADMIN OF STATE SUPP VACC;	07/01/2012	12/31/2018	$13.71	Y
Number of Procedure Code :90471S		ADMIN OF STATE SUPP VACC; SINGLE		TOTAL : 1	
90472	ADM OF VACCINE (21 & 0VER)	07/01/2014	12/31/2018	$14.00	Y
Number of Procedure Code :90472		ADM OF VACCINE (21 & 0VER) (EACH		TOTAL : 1	
90472F	ADMIN/IMM EACH ADDITIONAL	07/01/2014	12/31/2018	$14.00	N
Number of Procedure Code :90472F		ADMIN/IMM EACH ADDITIONAL VACCINE		TOTAL : 1	
90472NC	ADMIN OF VACCIN (21 & OLDER)	04/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :90472NC		ADMIN OF VACCIN (21 & OLDER) (EACH		TOTAL : 1	
90472S	ADM OF VACC-STATE SUPPLIED (EA	07/01/2012	12/31/2018	$13.71	Y
Number of Procedure Code :90472S		ADM OF VACC-STATE SUPPLIED (EA		TOTAL : 1	
90473	IMMUNIZATION ADMINISTRATION;	07/01/2014	12/31/2018	$14.00	N
Number of Procedure Code :90473		IMMUNIZATION ADMINISTRATION;		TOTAL : 1	
90473S	IMMUNIZATION ADMIN-STATE SUPP	07/01/2012	12/31/2018	$13.71	Y
Number of Procedure Code :90473S		IMMUNIZATION ADMIN-STATE SUPP		TOTAL : 1	
90474	IMM ADMIN BY INTRANASAL OR	07/01/2014	12/31/2018	$14.00	N
Number of Procedure Code :90474		IMM ADMIN BY INTRANASAL OR ORAL;		TOTAL : 1	
90474S	IMM ADMIN BY INTRANASAL OR	07/11/2012	12/31/2018	$13.71	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :90474S		**IMM ADMIN BY INTRANASAL OR ORAL-**		**TOTAL :** 1	
90620	Meningococcal (grp B) vacc -	08/08/2016	12/31/2018	$175.00	N
Number of Procedure Code :90620		**Meningococcal (grp B) vacc - Bexsero**		**TOTAL :** 1	
90620P	Meningococcal (grp B) vacc -	05/01/2017	12/31/2018	$175.00	Y
Number of Procedure Code :90620P		**Meningococcal (grp B) vacc - Bexsero**		**TOTAL :** 1	
90620S	Meningococcal (grp B) vaccine -	08/08/2016	12/31/2018	$0.00	Y
Number of Procedure Code :90620S		**Meningococcal (grp B) vaccine -**		**TOTAL :** 1	
90632	HEP A VACCINE - ADULT	02/06/2017	12/31/2018	$62.00	N
Number of Procedure Code :90632		**HEP A VACCINE - ADULT**		**TOTAL :** 1	
90632P	HEP A VACCINE - ADULT	05/01/2017	12/31/2018	$62.00	Y
Number of Procedure Code :90632P		**HEP A VACCINE - ADULT**		**TOTAL :** 1	
90633	HEP A VACCINE,PEDIATRIC	02/06/2017	12/31/2018	$32.00	N
Number of Procedure Code :90633		**HEP A VACCINE,PEDIATRIC**		**TOTAL :** 1	
90633P	HEP A VACCINE, PEDIATRIC	05/01/2017	12/31/2018	$32.00	Y
Number of Procedure Code :90633P		**HEP A VACCINE, PEDIATRIC**		**TOTAL :** 1	
90633S	HEP A PED,ADULT STATE SUPP	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :90633S		**HEP A PED,ADULT STATE SUPP**		**TOTAL :** 1	
90634	HEP A VACC, PED/ADOLESCENT	09/01/2014	12/31/2018	$21.00	N
Number of Procedure Code :90634		**HEP A VACC, PED/ADOLESCENT DOSE-3**		**TOTAL :** 1	
90636	HEP A/HEP B COMBO VACINE	08/08/2016	12/31/2018	$105.00	N
Number of Procedure Code :90636		**HEP A/HEP B COMBO VACINE (TWINRIX)**		**TOTAL :** 1	
90636S	HEP A/HEP B COMBO VACINE (TWIN	05/01/2016	12/31/2018	$0.00	N

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Number of Procedure Code :90636S		HEP A/HEP B COMBO VACINE (TWIN RIX)		TOTAL : 1	
90647	HIB ADULT HIGH RISK	02/06/2017	12/31/2018	$28.00	N
Number of Procedure Code :90647		HIB ADULT HIGH RISK		TOTAL : 1	
90647S	PEDVAXHIB-STATE SUPPLIED	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :90647S		PEDVAXHIB-STATE SUPPLIED		TOTAL : 1	
90648	ACT HIB VACCINE (PRP-T) HEM	09/01/2014	12/31/2018	$28.00	N
Number of Procedure Code :90648		ACT HIB VACCINE (PRP-T) HEM		TOTAL : 1	
90648S	ACT HIB & HIBERIX; INFLUENZA	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :90648S		ACT HIB & HIBERIX; INFLUENZA TYPE B;		TOTAL : 1	
90649	GARDASIL VACCINE HPV VACCINE-	02/06/2017	12/31/2018	$169.00	Y
Number of Procedure Code :90649		GARDASIL VACCINE HPV VACCINE-3		TOTAL : 1	
90649GY	GARDISIL VACCINE	02/06/2017	12/31/2018	$169.00	N
Number of Procedure Code :90649GY		GARDISIL VACCINE		TOTAL : 1	
90649S	GARDASIL (HPV) 9 THRU 18 STATE	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :90649S		GARDASIL (HPV) 9 THRU 18 STATE		TOTAL : 1	
90651	Gardasil 9; Human Papillomavirus	02/06/2017	12/31/2018	$205.00	Y
Number of Procedure Code :90651		Gardasil 9; Human Papillomavirus		TOTAL : 1	
90651S	Gardasil 9; (9vHPV), 3 dose; State-	09/01/2016	12/31/2018	$0.00	Y
Number of Procedure Code :90651S		Gardasil 9; (9vHPV), 3 dose; State-		TOTAL : 1	
90654	INFLUENZA VIRUS, SPLIT VIRUS,	09/01/2014	12/31/2018	$17.00	N
Number of Procedure Code :90654		INFLUENZA VIRUS, SPLIT VIRUS,		TOTAL : 1	
90655	FLU VACCINE 6 MOS - 35 MOS OF	09/01/2014	12/31/2018	$15.00	N

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Number of Procedure Code :90655		**FLU VACCINE 6 MOS - 35 MOS OF AGE**		**TOTAL :** 1	
90655S	FLU - STATE SUPPLIED 6-35 MOS OF	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :90655S		**FLU - STATE SUPPLIED 6-35 MOS OF AGE**		**TOTAL :** 1	
90656	FLU VACCINE,TRIVALENT	09/01/2014	12/31/2018	$12.00	N
Number of Procedure Code :90656		**FLU VACCINE,TRIVALENT**		**TOTAL :** 1	
90656S	FLU-STATE SUPPLIED AGES 3 >	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :90656S		**FLU-STATE SUPPLIED AGES 3 >**		**TOTAL :** 1	
90657	FLU VACC 6-35 MO//F2P	10/01/2010	12/31/2018	$11.00	N
Number of Procedure Code :90657		**FLU VACC 6-35 MO//F2P PRESERVATIVE-**		**TOTAL :** 1	
90657S	FLU VACCINE 6-35 MO STATE-	10/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :90657S		**FLU VACCINE 6-35 MO STATE-SUPPLIED**		**TOTAL :** 1	
90658	FLU VACCINE	01/01/2011	12/31/2018	$11.00	N
Number of Procedure Code :90658		**FLU VACCINE**		**TOTAL :** 1	
90658S	FLU HIGH RISK 3+ YEARS N/C	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :90658S		**FLU HIGH RISK 3+ YEARS N/C**		**TOTAL :** 1	
90661	FLU VACC, TRI, PRESERVATIVE	10/01/2015	12/31/2018	$11.00	Y
Number of Procedure Code :90661		**FLU VACC, TRI, PRESERVATIVE FREE,**		**TOTAL :** 1	
90662	FLU VACCINE, ENHANCED	09/01/2016	12/31/2018	$41.00	N
Number of Procedure Code :90662		**FLU VACCINE, ENHANCED**		**TOTAL :** 1	
90663S	INFLUENZA VIRUS VACCINE,	09/01/2009	12/31/2018	$0.00	Y
Number of Procedure Code :90663S		**INFLUENZA VIRUS VACCINE, PANDEMIC;**		**TOTAL :** 1	
90669S	PREVNAR NO CHARGE STATE	01/01/2010	12/31/2018	$0.00	N

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Number of Procedure Code :90669S		**PREVNAR NO CHARGE STATE SUPPLIED**		**TOTAL :** 1	
90670	PNEUMOCOCCAL CONJUGATE	05/01/2016	12/31/2018	$191.00	N
Number of Procedure Code :90670		**PNEUMOCOCCAL CONJUGATE VACCINE**		**TOTAL :** 1	
90670S	PNEUMOCOCCAL CONJUGATE	05/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :90670S		**PNEUMOCOCCAL CONJUGATE VACCINE**		**TOTAL :** 1	
90672	FLU VACCINE, QUADRIVALENT,	10/01/2015	12/31/2018	$16.00	N
Number of Procedure Code :90672		**FLU VACCINE, QUADRIVALENT,**		**TOTAL :** 1	
90672S	FLU VACCINE, QUADRIVALENT,	09/20/2013	12/31/2018	$0.00	Y
Number of Procedure Code :90672S		**FLU VACCINE, QUADRIVALENT,**		**TOTAL :** 1	
90674	FLU VACCINE, Quad	09/01/2016	12/31/2018	$11.00	N
Number of Procedure Code :90674		**FLU VACCINE, Quad**		**TOTAL :** 1	
90674P	FLU VACCINE, Quad	05/01/2017	12/31/2018	$11.00	Y
Number of Procedure Code :90674P		**FLU VACCINE, Quad**		**TOTAL :** 1	
90675	RABIES VACCINE	02/06/2017	12/31/2018	$322.00	N
Number of Procedure Code :90675		**RABIES VACCINE**		**TOTAL :** 1	
90680	ROTAVIRUS VACCINE	02/06/2017	12/31/2018	$86.00	N
Number of Procedure Code :90680		**ROTAVIRUS VACCINE**		**TOTAL :** 1	
90680S	ROTATEQ (ROTOVIRUS ST) STATE	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :90680S		**ROTATEQ (ROTOVIRUS ST) STATE**		**TOTAL :** 1	
90685	Flu vaccine, quadrivalent,	10/01/2015	12/31/2018	$11.00	Y
Number of Procedure Code :90685		**Flu vaccine, quadrivalent, preservative**		**TOTAL :** 1	
90685S	Flu vaccine, quad, preserv free, age	09/01/2014	12/31/2018	$0.00	Y

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Number of Procedure Code :90685S		**Flu vaccine, quad, preserv free, age 6/35**		**TOTAL :** 1	
90686	FLU VACCINE, QUADRIVALENT,	10/01/2015	12/31/2018	$11.00	N
Number of Procedure Code :90686		**FLU VACCINE, QUADRIVALENT,**		**TOTAL :** 1	
90686P	FLU VACCINE, QUADRIVALENT,	05/01/2017	12/31/2018	$11.00	Y
Number of Procedure Code :90686P		**FLU VACCINE, QUADRIVALENT,**		**TOTAL :** 1	
90686S	FLU VACCINE, QUADRIVALENT,	09/20/2013	12/31/2018	$0.00	Y
Number of Procedure Code :90686S		**FLU VACCINE, QUADRIVALENT,**		**TOTAL :** 1	
90688	Flu vaccine, quadrivalent, 3 yrs &	10/01/2015	12/31/2018	$11.00	Y
Number of Procedure Code :90688		**Flu vaccine, quadrivalent, 3 yrs & older**		**TOTAL :** 1	
90688S	Flu vacc, quad, preserv free, 3 yrs &	09/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :90688S		**Flu vacc, quad, preserv free, 3 yrs &**		**TOTAL :** 1	
90696	KINRIX DTAP-IVP CHILDREN 4-6 YRS	02/06/2017	12/31/2018	$54.00	N
Number of Procedure Code :90696		**KINRIX DTAP-IVP CHILDREN 4-6 YRS OF**		**TOTAL :** 1	
90696S	KINRIX DTAP-IVP CHILDREN 4-6 YRS	01/01/2009	12/31/2018	$0.00	Y
Number of Procedure Code :90696S		**KINRIX DTAP-IVP CHILDREN 4-6 YRS OF**		**TOTAL :** 1	
90698	PENTACEL DTAP-HIB-IVP	02/06/2017	12/31/2018	$96.00	N
Number of Procedure Code :90698		**PENTACEL DTAP-HIB-IVP**		**TOTAL :** 1	
90698S	PENTACEL DTAP-HIB-IVP	01/01/2009	12/31/2018	$0.00	Y
Number of Procedure Code :90698S		**PENTACEL DTAP-HIB-IVP**		**TOTAL :** 1	
90700	DTAP-CHILDREN < 7YRS OF AGE	08/01/2015	12/31/2018	$21.00	N
Number of Procedure Code :90700		**DTAP-CHILDREN < 7YRS OF AGE**		**TOTAL :** 1	
90700S	DTAP-CHILDREN < 7 YEARS OF AGE	07/01/2011	12/31/2018	$0.00	N

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Number of Procedure Code :90700S		**DTAP-CHILDREN < 7 YEARS OF AGE**		**TOTAL :** 1	
90702	DT - STATE SUPPLIED	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :90702		**DT - STATE SUPPLIED**		**TOTAL :** 1	
90707	MMR	02/06/2017	12/31/2018	$74.00	N
Number of Procedure Code :90707		**MMR**		**TOTAL :** 1	
90707P	MMR	05/01/2017	12/31/2018	$74.00	Y
Number of Procedure Code :90707P		**MMR**		**TOTAL :** 1	
90707S	MMR - STATE SUPPLIED	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :90707S		**MMR - STATE SUPPLIED**		**TOTAL :** 1	
90710	PROQUAD (MMRV) - ages 12 MOS -	02/06/2017	12/31/2018	$195.00	N
Number of Procedure Code :90710		**PROQUAD (MMRV) - ages 12 MOS - 12**		**TOTAL :** 1	
90710S	PROQUAD (MMRV) - State-Supplied	01/01/2013	12/31/2018	$0.00	Y
Number of Procedure Code :90710S		**PROQUAD (MMRV) - State-Supplied 12**		**TOTAL :** 1	
90713	IPV	02/06/2017	12/31/2018	$33.00	N
Number of Procedure Code :90713		**IPV**		**TOTAL :** 1	
90713P	IPV	05/01/2017	12/31/2018	$33.00	Y
Number of Procedure Code :90713P		**IPV**		**TOTAL :** 1	
90713S	IPV - STATE PROVIDED	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :90713S		**IPV - STATE PROVIDED**		**TOTAL :** 1	
90714	TETNUS/DIPTH PURCHASED	02/06/2017	12/31/2018	$36.00	Y
Number of Procedure Code :90714		**TETNUS/DIPTH PURCHASED**		**TOTAL :** 1	
90714S	TETNUS/DIPTH STATE SUPPLIED	10/01/2012	12/31/2018	$0.00	N

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Number of Procedure Code :90714S		**TETNUS/DIPTH STATE SUPPLIED**		**TOTAL :** 1	
90715	TETANUS, DIPTHERIA, ACELLULAR	02/06/2017	12/31/2018	$38.00	N
Number of Procedure Code :90715		**TETANUS, DIPTHERIA, ACELLULAR**		**TOTAL :** 1	
90715B	BOOSTRIX	04/01/2015	12/31/2018	$43.00	N
Number of Procedure Code :90715B		**BOOSTRIX**		**TOTAL :** 1	
90715BP	BOOSTRIX	05/01/2017	12/31/2018	$43.00	Y
Number of Procedure Code :90715BP		**BOOSTRIX**		**TOTAL :** 1	
90715P	TETANUS, DIPTHERIA, ACELLULAR	05/01/2017	12/31/2018	$38.00	Y
Number of Procedure Code :90715P		**TETANUS, DIPTHERIA, ACELLULAR**		**TOTAL :** 1	
90715S	TETANUS, DIPTHERIA, ACELLULAR	09/09/2012	12/31/2018	$0.00	N
Number of Procedure Code :90715S		**TETANUS, DIPTHERIA, ACELLULAR**		**TOTAL :** 1	
90715SB	BOOSTRIX - State-Supplied Vaccine	01/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :90715SB		**BOOSTRIX - State-Supplied Vaccine**		**TOTAL :** 1	
90716	VARICELLA	02/06/2017	12/31/2018	$127.00	N
Number of Procedure Code :90716		**VARICELLA**		**TOTAL :** 1	
90716P	VARICELLA	05/01/2017	12/31/2018	$127.00	Y
Number of Procedure Code :90716P		**VARICELLA**		**TOTAL :** 1	
90716S	VARICELLA STATE SUPPLIED-CHILD	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :90716S		**VARICELLA STATE SUPPLIED-CHILD**		**TOTAL :** 1	
90723	PEDIARIX -DTAP/HEP B/ IPV VACCINE	08/01/2015	12/31/2018	$74.00	N
Number of Procedure Code :90723		**PEDIARIX -DTAP/HEP B/ IPV VACCINE**		**TOTAL :** 1	
90723S	PEDIARIX - DTAP/HEP B/ IPV; STATE	01/01/2010	12/31/2018	$0.00	N

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Number of Procedure Code :90723S		**PEDIARIX - DTAP/HEP B/ IPV; STATE**		**TOTAL :** 1	
90732	PNEUMOCOCCAL VACCINE	02/06/2017	12/31/2018	$85.00	N
Number of Procedure Code :90732		**PNEUMOCOCCAL VACCINE**		**TOTAL :** 1	
90732NC	PNEUMOCOCCAL, POLYVALENT	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :90732NC		**PNEUMOCOCCAL, POLYVALENT STATE**		**TOTAL :** 1	
90733	MENINGOCOCCAL	02/06/2017	12/31/2018	$135.00	N
Number of Procedure Code :90733		**MENINGOCOCCAL**		**TOTAL :** 1	
90734	MENVEO; MENACTRA;	05/01/2016	12/31/2018	$121.00	N
Number of Procedure Code :90734		**MENVEO; MENACTRA; MENINGOCOCCAL**		**TOTAL :** 1	
90734P	MENVEO; MENACTRA;	05/01/2017	12/31/2018	$121.00	Y
Number of Procedure Code :90734P		**MENVEO; MENACTRA; MENINGOCOCCAL**		**TOTAL :** 1	
90734S	MENVEO; MENACTRA;	08/15/2012	12/31/2018	$0.00	Y
Number of Procedure Code :90734S		**MENVEO; MENACTRA; MENINGOCOCCAL**		**TOTAL :** 1	
90736	ZOSTAVAX VACCINE	02/06/2017	12/31/2018	$213.00	N
Number of Procedure Code :90736		**ZOSTAVAX VACCINE**		**TOTAL :** 1	
90744	HEP B VACCINE, PEDIATRIC	02/06/2017	12/31/2018	$25.00	N
Number of Procedure Code :90744		**HEP B VACCINE, PEDIATRIC**		**TOTAL :** 1	
90744P	HEP B VACCINE, PEDIATRIC	05/01/2017	12/31/2018	$25.00	Y
Number of Procedure Code :90744P		**HEP B VACCINE, PEDIATRIC**		**TOTAL :** 1	
90744S	HEPATITIS B VACCINE PEDIATRIC	01/01/2011	12/31/2018	$0.00	Y
Number of Procedure Code :90744S		**HEPATITIS B VACCINE PEDIATRIC STATE**		**TOTAL :** 1	
90746	HEPATITIS B VACCINE (20+ YRS)	09/01/2014	12/31/2018	$57.00	N

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Number of Procedure Code :90746		**HEPATITIS B VACCINE (20+ YRS)**		**TOTAL :** 1	
90746P	HEPATITIS B VACCINE (20+ YRS)	05/01/2017	12/31/2018	$57.00	Y
Number of Procedure Code :90746P		**HEPATITIS B VACCINE (20+ YRS)**		**TOTAL :** 1	
90746S	HEP B ADULT/STATE SUPPLIED	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :90746S		**HEP B ADULT/STATE SUPPLIED**		**TOTAL :** 1	
90749	UNLISTED VACCINE/TOXOID	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :90749		**UNLISTED VACCINE/TOXOID**		**TOTAL :** 1	
96110NC	DEVELOPMENTAL SCREENING,	12/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :96110NC		**DEVELOPMENTAL SCREENING,**		**TOTAL :** 1	
96160	Admin/Intrep of Health Risk	01/01/2017	12/31/2018	$9.00	Y
Number of Procedure Code :96160		**Admin/Intrep of Health Risk Assessment**		**TOTAL :** 1	
96160N	Admin/Interp of Health Risk	01/01/2017	12/31/2018	$0.00	Y
Number of Procedure Code :96160N		**Admin/Interp of Health Risk Assessment**		**TOTAL :** 1	
96372	THERAPEUTIC,PROPHYLACTIC, OR	10/15/2012	12/31/2018	$19.00	Y
Number of Procedure Code :96372		**THERAPEUTIC,PROPHYLACTIC, OR DIAG**		**TOTAL :** 1	
96372NC	THERAPEUTIC, PROPHYLACTIC, OR	01/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :96372NC		**THERAPEUTIC, PROPHYLACTIC, OR DIAG**		**TOTAL :** 1	
97597	DEBRIDEMENT,OPEN WOUND 20 CM	09/01/2011	12/31/2018	$52.00	Y
Number of Procedure Code :97597		**DEBRIDEMENT,OPEN WOUND 20 CM OR**		**TOTAL :** 1	
97802	15 MIN NUTRITION THERAPY	10/01/2009	12/31/2018	$27.00	Y
Number of Procedure Code :97802		**15 MIN NUTRITION THERAPY**		**TOTAL :** 1	
97802NC	MED NUT THERAPY;INITIAL ASSESS	01/01/2010	12/31/2018	$0.00	N

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Number of Procedure Code :97802NC		**MED NUT THERAPY;INITIAL ASSESS**		**TOTAL :** 1	
97802NT	NUTRITION THERAPY; INITIAL	10/01/2009	12/31/2018	$27.00	N
Number of Procedure Code :97802NT		**NUTRITION THERAPY; INITIAL**		**TOTAL :** 1	
97803	15 MIN RE-ASSESS NUTRITION	10/01/2009	12/31/2018	$24.00	Y
Number of Procedure Code :97803		**15 MIN RE-ASSESS NUTRITION**		**TOTAL :** 1	
97803NC	MED NUT THERAPY;RE-ASSESS	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :97803NC		**MED NUT THERAPY;RE-ASSESS FACE TC**		**TOTAL :** 1	
97803NT	NUTRITION THERAPY; RE-	10/01/2009	12/31/2018	$24.00	N
Number of Procedure Code :97803NT		**NUTRITION THERAPY; RE-**		**TOTAL :** 1	
98588N	CANCER DETECTION	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :98588N		**CANCER DETECTION**		**TOTAL :** 1	
98597S	T.B. CONTACT / CASE	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :98597S		**T.B. CONTACT / CASE**		**TOTAL :** 1	
99024L	POST OPERATIVE FOLLOW-UP	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :99024L		**POST OPERATIVE FOLLOW-UP CARE**		**TOTAL :** 1	
99201	NEW PAT BRIEF O/V	10/01/2009	12/31/2018	$68.00	Y
Number of Procedure Code :99201		**NEW PAT BRIEF O/V**		**TOTAL :** 1	
99201GY	NEW PATIENT, LIMITED SERVICE	10/01/2009	12/31/2018	$68.00	N
Number of Procedure Code :99201GY		**NEW PATIENT, LIMITED SERVICE**		**TOTAL :** 1	
99201ST	NEW PT O/V LIMITED - Self Pay Only	01/07/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99201ST		**NEW PT O/V LIMITED - Self Pay Only**		**TOTAL :** 1	
99202	NEW PAT PROBLEM FOCUS O/V	10/01/2009	12/31/2018	$102.00	Y

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Number of Procedure Code :99202		**NEW PAT PROBLEM FOCUS O/V**		**TOTAL :** 1	
99202GY	NEW PATIENT EXPANDED VST	10/01/2009	12/31/2018	$102.00	N
Number of Procedure Code :99202GY		**NEW PATIENT EXPANDED VST**		**TOTAL :** 1	
99202MG	NEW PAT PROBLEM FOCUS O/V	06/14/2010	12/31/2018	$0.00	Y
Number of Procedure Code :99202MG		**NEW PAT PROBLEM FOCUS O/V**		**TOTAL :** 1	
99202N	NEW PT OV - PROBLEM FOCUSED,	08/01/2017	12/31/2018	$0.00	Y
Number of Procedure Code :99202N		**NEW PT OV - PROBLEM FOCUSED, NO**		**TOTAL :** 1	
99202ST	NEW PT O/V PROBLEM FOCUSED -	01/07/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99202ST		**NEW PT O/V PROBLEM FOCUSED - Selp**		**TOTAL :** 1	
99203	NEW PAT EXPANDED O/V	10/01/2009	12/31/2018	$146.00	Y
Number of Procedure Code :99203		**NEW PAT EXPANDED O/V**		**TOTAL :** 1	
99203GY	NEW PT DETAILED SERVICE	10/01/2009	12/31/2018	$146.00	N
Number of Procedure Code :99203GY		**NEW PT DETAILED SERVICE**		**TOTAL :** 1	
99203MG	NEW PAT EXPANDED O/V	06/14/2010	12/31/2018	$0.00	Y
Number of Procedure Code :99203MG		**NEW PAT EXPANDED O/V**		**TOTAL :** 1	
99203ST	NEW PT O/V EXPANDED - Self Pay	01/07/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99203ST		**NEW PT O/V EXPANDED - Self Pay Only**		**TOTAL :** 1	
99204	NEW PAT DETAILED O/V	01/01/2010	12/31/2018	$214.00	Y
Number of Procedure Code :99204		**NEW PAT DETAILED O/V**		**TOTAL :** 1	
99204GY	NEW PT COMP VST MODERATE	10/01/2009	12/31/2018	$214.00	N
Number of Procedure Code :99204GY		**NEW PT COMP VST MODERATE**		**TOTAL :** 1	
99204MG	NEW PAT DETAILED O/V	06/14/2010	12/31/2018	$0.00	Y

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Number of Procedure Code :99204MG		**NEW PAT DETAILED O/V**		**TOTAL :** 1	
99204ST	NEW PT O/V DETAILED - Selp Pay	01/07/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99204ST		**NEW PT O/V DETAILED - Selp Pay Only**		**TOTAL :** 1	
99205	NEW PAT COMP O/V	10/01/2009	12/31/2018	$269.00	Y
Number of Procedure Code :99205		**NEW PAT COMP O/V**		**TOTAL :** 1	
99205GY	NEW PATIENT COMPREHENSIVE VST	10/01/2009	12/31/2018	$269.00	N
Number of Procedure Code :99205GY		**NEW PATIENT COMPREHENSIVE VST**		**TOTAL :** 1	
99205MG	NEW PAT COMP O/V	06/14/2010	12/31/2018	$0.00	Y
Number of Procedure Code :99205MG		**NEW PAT COMP O/V**		**TOTAL :** 1	
99205ST	NEW PT O/V COMP - Self Pay Only	01/07/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99205ST		**NEW PT O/V COMP - Self Pay Only**		**TOTAL :** 1	
99211	EST PAT BRIEF O/V	10/01/2009	12/31/2018	$38.00	Y
Number of Procedure Code :99211		**EST PAT BRIEF O/V**		**TOTAL :** 1	
99211C	COUNSELING, nurse visit, no charge	01/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :99211C		**COUNSELING, nurse visit, no charge**		**TOTAL :** 1	
99211F	FOREIGN TRAVEL CONSULTATION	01/01/2010	12/31/2018	$38.00	N
Number of Procedure Code :99211F		**FOREIGN TRAVEL CONSULTATION**		**TOTAL :** 1	
99211GY	EST.PT.BRIEF VISIT	10/01/2009	12/31/2018	$38.00	N
Number of Procedure Code :99211GY		**EST.PT.BRIEF VISIT**		**TOTAL :** 1	
99211M	FOREIGN TRAVEL MINI COUNSEL	01/01/2010	12/31/2018	$12.00	N
Number of Procedure Code :99211M		**FOREIGN TRAVEL MINI COUNSEL**		**TOTAL :** 1	
99211MG	EST PAT BRIEF O/V	06/14/2010	12/31/2018	$0.00	Y

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Number of Procedure Code :99211MG		EST PAT BRIEF O/V		TOTAL : 1	
99211ST	EST PT. BRIEF VISIT - Self Pay Only	01/06/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99211ST		EST PT. BRIEF VISIT - Self Pay Only		TOTAL : 1	
99211TB	TB EST O/V BRIEF	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :99211TB		TB EST O/V BRIEF		TOTAL : 1	
99212	EST PAT PROBLEM FOCUS O/V	10/01/2009	12/31/2018	$63.00	Y
Number of Procedure Code :99212		EST PAT PROBLEM FOCUS O/V		TOTAL : 1	
99212GY	EST PATIENT LIMITED SERVICE	10/01/2009	12/31/2018	$63.00	N
Number of Procedure Code :99212GY		EST PATIENT LIMITED SERVICE		TOTAL : 1	
99212MG	EST PAT PROBLEM FOCUS O/V	01/01/2012	12/31/2018	$0.00	Y
Number of Procedure Code :99212MG		EST PAT PROBLEM FOCUS O/V		TOTAL : 1	
99212ST	EST PT PROBLEM FOCUSED - Self	01/07/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99212ST		EST PT PROBLEM FOCUSED - Self Pay		TOTAL : 1	
99213	EST PAT EXPANDED O/V	10/01/2009	12/31/2018	$87.00	Y
Number of Procedure Code :99213		EST PAT EXPANDED O/V		TOTAL : 1	
99213GY	EST.PT.EXPANDED VISIT	10/01/2009	12/31/2018	$87.00	N
Number of Procedure Code :99213GY		EST.PT.EXPANDED VISIT		TOTAL : 1	
99213MG	EST PAT EXPANDED O/V	06/14/2010	12/31/2018	$0.00	Y
Number of Procedure Code :99213MG		EST PAT EXPANDED O/V		TOTAL : 1	
99213ST	EST PT O/V EXPANDED - Self Pay	01/07/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99213ST		EST PT O/V EXPANDED - Self Pay Only		TOTAL : 1	
99213TB	TB EST O/V EXPANDED	01/01/2015	12/31/2018	$0.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :99213TB	**TB EST O/V EXPANDED**			**TOTAL :** 1	
99214	EST PAT DETAILED O/V	10/01/2009	12/31/2018	$134.00	Y
Number of Procedure Code :99214	**EST PAT DETAILED O/V**			**TOTAL :** 1	
99214GY	EST.PT.DETAILED SERVICE	10/01/2009	12/31/2018	$134.00	N
Number of Procedure Code :99214GY	**EST.PT.DETAILED SERVICE**			**TOTAL :** 1	
99214MG	EST PAT DETAILED O/V	06/14/2010	12/31/2018	$0.00	Y
Number of Procedure Code :99214MG	**EST PAT DETAILED O/V**			**TOTAL :** 1	
99214ST	EST PT O/V DETAILED - Self Pay Only	01/07/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99214ST	**EST PT O/V DETAILED - Self Pay Only**			**TOTAL :** 1	
99214TB	TB EST O/V COMP 25 MIN	03/01/2016	12/31/2018	$0.00	Y
Number of Procedure Code :99214TB	**TB EST O/V COMP 25 MIN**			**TOTAL :** 1	
99215	EST PAT COMP O/V	10/01/2009	12/31/2018	$200.00	Y
Number of Procedure Code :99215	**EST PAT COMP O/V**			**TOTAL :** 1	
99215GY	EST PT COMPREHENSIVE EXAM	10/01/2009	12/31/2018	$200.00	N
Number of Procedure Code :99215GY	**EST PT COMPREHENSIVE EXAM**			**TOTAL :** 1	
99215MG	EST PAT COMP O/V	06/14/2010	12/31/2018	$0.00	Y
Number of Procedure Code :99215MG	**EST PAT COMP O/V**			**TOTAL :** 1	
99215ST	EST PT O/V COMP - Self Pay Only	01/07/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99215ST	**EST PT O/V COMP - Self Pay Only**			**TOTAL :** 1	
99215TB	TB EST O/V COMP 40 MIN	03/01/2016	12/31/2018	$0.00	Y
Number of Procedure Code :99215TB	**TB EST O/V COMP 40 MIN**			**TOTAL :** 1	
99217	OBSERV CARE DISCHG DAY	08/01/2015	12/31/2018	$65.00	Y

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Number of Procedure Code :99217		**OBSERV CARE DISCHG DAY MANAGEM**		**TOTAL :** 1	
99217GY	OBSERV CARE DISCHARGE DAY	08/01/2015	12/31/2018	$65.00	N
Number of Procedure Code :99217GY		**OBSERV CARE DISCHARGE DAY**		**TOTAL :** 1	
99217MG	OBSERV CARE DISCHG DAY	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99217MG		**OBSERV CARE DISCHG DAY MANAGEM -**		**TOTAL :** 1	
99218	INIT OBSERV CARE PAT LOW SEVER	08/01/2015	12/31/2018	$62.00	Y
Number of Procedure Code :99218		**INIT OBSERV CARE PAT LOW SEVER**		**TOTAL :** 1	
99218GY	INIT OBSERV CARE PER DAY-LOW	08/01/2015	12/31/2018	$62.00	N
Number of Procedure Code :99218GY		**INIT OBSERV CARE PER DAY-LOW**		**TOTAL :** 1	
99218MG	INIT OBSERV CARE PAT LOW	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99218MG		**INIT OBSERV CARE PAT LOW SEVER-**		**TOTAL :** 1	
99219	INIT OBSERV CARE PAT MOD SEVER	08/01/2015	12/31/2018	$102.00	Y
Number of Procedure Code :99219		**INIT OBSERV CARE PAT MOD SEVER**		**TOTAL :** 1	
99219GY	INIT OBSERV CARE PER DAY	08/01/2015	12/31/2018	$102.00	N
Number of Procedure Code :99219GY		**INIT OBSERV CARE PER DAY MODERATE**		**TOTAL :** 1	
99219MG	INIT OBSERV CARE PAT MOD SEVER-	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99219MG		**INIT OBSERV CARE PAT MOD SEVER-**		**TOTAL :** 1	
99220	INIT OBSERV CARE PAT HIGH SEVR	08/01/2015	12/31/2018	$143.00	Y
Number of Procedure Code :99220		**INIT OBSERV CARE PAT HIGH SEVR**		**TOTAL :** 1	
99220GY	INIT OBSERV CARE PER DAY HIGH	08/01/2015	12/31/2018	$143.00	N
Number of Procedure Code :99220GY		**INIT OBSERV CARE PER DAY HIGH**		**TOTAL :** 1	
99220MG	INIT OBSERV CARE PAT HIGH SEVR-	10/01/2015	12/31/2018	$0.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :99220MG		INIT OBSERV CARE PAT HIGH SEVR-		TOTAL : 1	
99221	HOSP. ADMIT, LOW COMPLEX	08/01/2015	12/31/2018	$89.00	Y
Number of Procedure Code :99221		HOSP. ADMIT, LOW COMPLEX		TOTAL : 1	
99221MG	HOSP. ADMIT, LOW COMPLEX -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99221MG		HOSP. ADMIT, LOW COMPLEX - GLOBAL		TOTAL : 1	
99222	HOSP.ADMIT, MOD. COMPLEX	08/01/2015	12/31/2018	$121.00	Y
Number of Procedure Code :99222		HOSP.ADMIT, MOD. COMPLEX		TOTAL : 1	
99222GY	HOSP. ADMIT, MOD COMPLEX	08/01/2015	12/31/2018	$121.00	N
Number of Procedure Code :99222GY		HOSP. ADMIT, MOD COMPLEX		TOTAL : 1	
99222MG	HOSP.ADMIT, MOD. COMPLEX -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99222MG		HOSP.ADMIT, MOD. COMPLEX - GLOBAL		TOTAL : 1	
99223	HOSP. ADMIT, HIGH COMPLEX	08/01/2015	12/31/2018	$178.00	Y
Number of Procedure Code :99223		HOSP. ADMIT, HIGH COMPLEX		TOTAL : 1	
99223MG	HOSP. ADMIT, HIGH COMPLEX -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99223MG		HOSP. ADMIT, HIGH COMPLEX - GLOBAL		TOTAL : 1	
99231	HOSP.VISIT, LOW COMPLEX	08/01/2015	12/31/2018	$37.00	Y
Number of Procedure Code :99231		HOSP.VISIT, LOW COMPLEX		TOTAL : 1	
99231GY	HOSP.VISIT, LOW COMPLEX	08/01/2015	12/31/2018	$37.00	Y
Number of Procedure Code :99231GY		HOSP.VISIT, LOW COMPLEX		TOTAL : 1	
99231MG	HOSP.VISIT, LOW COMPLEX -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99231MG		HOSP.VISIT, LOW COMPLEX - GLOBAL		TOTAL : 1	
99232	HOSP.VISIT, MOD COMPLEX	08/01/2015	12/31/2018	$66.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :99232		**HOSP.VISIT, MOD COMPLEX**		**TOTAL :** 1	
99232GY	HOSP. VISIT, MOD COMPLEX	08/01/2015	12/31/2018	$66.00	N
Number of Procedure Code :99232GY		**HOSP. VISIT, MOD COMPLEX**		**TOTAL :** 1	
99232MG	HOSP.VISIT, MOD COMPLEX -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99232MG		**HOSP.VISIT, MOD COMPLEX - GLOBAL**		**TOTAL :** 1	
99233	HOSP.VISIT, HIGH COMPLEX	08/01/2015	12/31/2018	$94.00	Y
Number of Procedure Code :99233		**HOSP.VISIT, HIGH COMPLEX**		**TOTAL :** 1	
99233MG	HOSP.VISIT, HIGH COMPLEX -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99233MG		**HOSP.VISIT, HIGH COMPLEX - GLOBAL**		**TOTAL :** 1	
99234	ADMIT/DISCHARGE LOW	08/01/2015	12/31/2018	$125.00	Y
Number of Procedure Code :99234		**ADMIT/DISCHARGE LOW**		**TOTAL :** 1	
99234GY	ADMIT/DISCHARGE, LOW	08/01/2015	12/31/2018	$125.00	N
Number of Procedure Code :99234GY		**ADMIT/DISCHARGE, LOW**		**TOTAL :** 1	
99234MG	ADMIT/DISCHARGE LOW- global	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99234MG		**ADMIT/DISCHARGE LOW- global**		**TOTAL :** 1	
99235	ADMIT/DISCHARGE MOD.	08/01/2015	12/31/2018	$164.00	Y
Number of Procedure Code :99235		**ADMIT/DISCHARGE MOD.**		**TOTAL :** 1	
99235GY	ADMIT/DISCHARGE MOD	08/01/2015	12/31/2018	$164.00	N
Number of Procedure Code :99235GY		**ADMIT/DISCHARGE MOD**		**TOTAL :** 1	
99235MG	ADMIT/DISCHARGE MOD.-GLOBAL	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99235MG		**ADMIT/DISCHARGE MOD.-GLOBAL**		**TOTAL :** 1	
99236	ADMIT/DISCHARGE HIGH	08/01/2015	12/31/2018	$204.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :99236		**ADMIT/DISCHARGE HIGH**		**TOTAL :** 1	
99236MG	ADMIT/DISCHARGE HIGH-GLOBAL	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99236MG		**ADMIT/DISCHARGE HIGH-GLOBAL**		**TOTAL :** 1	
99238	DISCHARGE FROM HOSPITAL	08/01/2015	12/31/2018	$65.00	Y
Number of Procedure Code :99238		**DISCHARGE FROM HOSPITAL**		**TOTAL :** 1	
99238GY	DISCHARGE FROM HOSPITAL	08/01/2015	12/31/2018	$65.00	N
Number of Procedure Code :99238GY		**DISCHARGE FROM HOSPITAL**		**TOTAL :** 1	
99238MG	DISCHARGE FROM HOSPITAL -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99238MG		**DISCHARGE FROM HOSPITAL - GLOBAL**		**TOTAL :** 1	
99239	DISCHARGE MORE THAN 30 MIN.	08/01/2015	12/31/2018	$95.00	Y
Number of Procedure Code :99239		**DISCHARGE MORE THAN 30 MIN.**		**TOTAL :** 1	
99239GY	HOSP DISCHARGE, MORE THAN 30	08/01/2015	12/31/2018	$95.00	N
Number of Procedure Code :99239GY		**HOSP DISCHARGE, MORE THAN 30**		**TOTAL :** 1	
99239MG	DISCHARGE MORE THAN 30 MIN. -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99239MG		**DISCHARGE MORE THAN 30 MIN. -**		**TOTAL :** 1	
99251	HOSP. CONSULTATION 20 MIN.	08/01/2015	12/31/2018	$44.00	Y
Number of Procedure Code :99251		**HOSP. CONSULTATION 20 MIN.**		**TOTAL :** 1	
99251MG	HOSP. CONSULTATION 20 MIN. -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99251MG		**HOSP. CONSULTATION 20 MIN. - GLOBAL**		**TOTAL :** 1	
99252	HOSP. CONSULTATION 40 MIN	08/01/2015	12/31/2018	$67.00	Y
Number of Procedure Code :99252		**HOSP. CONSULTATION 40 MIN**		**TOTAL :** 1	
99252MG	HOSP. CONSULTATION 40 MIN -	10/01/2015	12/31/2018	$0.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :99252MG		**HOSP. CONSULTATION 40 MIN - GLOBAL**		**TOTAL :** 1	
99253	HOSP. CONSULT, LOW COMPLEX	08/01/2015	12/31/2018	$102.00	Y
Number of Procedure Code :99253		**HOSP. CONSULT, LOW COMPLEX**		**TOTAL :** 1	
99253GY	HOSP. CONSULT, LOW COMPLEX	08/01/2015	12/31/2018	$102.00	N
Number of Procedure Code :99253GY		**HOSP. CONSULT, LOW COMPLEX**		**TOTAL :** 1	
99253MG	HOSP. CONSULT, LOW COMPLEX -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99253MG		**HOSP. CONSULT, LOW COMPLEX -**		**TOTAL :** 1	
99254	HOSP.CONSULT, MOD COMPLEX	08/01/2015	12/31/2018	$148.00	Y
Number of Procedure Code :99254		**HOSP.CONSULT, MOD COMPLEX**		**TOTAL :** 1	
99254GY	HOSP CONSULT., MOD COMPLEX	08/01/2015	12/31/2018	$148.00	N
Number of Procedure Code :99254GY		**HOSP CONSULT., MOD COMPLEX**		**TOTAL :** 1	
99254MG	HOSP.CONSULT, MOD COMPLEX -	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99254MG		**HOSP.CONSULT, MOD COMPLEX -**		**TOTAL :** 1	
99282	E.R. VISIT, LOW COMPLEX	08/01/2015	12/31/2018	$35.00	Y
Number of Procedure Code :99282		**E.R. VISIT, LOW COMPLEX**		**TOTAL :** 1	
99282MG	E.R. VISIT, LOW COMPLEX-GLOBAL	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99282MG		**E.R. VISIT, LOW COMPLEX-GLOBAL**		**TOTAL :** 1	
99283	ER VISIT, LEVEL 3	08/01/2015	12/31/2018	$55.00	Y
Number of Procedure Code :99283		**ER VISIT, LEVEL 3**		**TOTAL :** 1	
99283GY	ER VISIT, LEVEL 3	08/01/2015	12/31/2018	$55.00	N
Number of Procedure Code :99283GY		**ER VISIT, LEVEL 3**		**TOTAL :** 1	
99283MG	ER VISIT, LEVEL 3 - GLOBAL	10/01/2015	12/31/2018	$0.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :99283MG	**ER VISIT, LEVEL 3 - GLOBAL**			**TOTAL :** 1	
99284	E.R.VISIT, HIGH SEVERITY	03/01/2015	12/31/2018	$103.00	Y
Number of Procedure Code :99284	**E.R.VISIT, HIGH SEVERITY**			**TOTAL :** 1	
99284GY	E.R. VISIT, HIGH SEVERITY	03/01/2015	12/31/2018	$103.00	N
Number of Procedure Code :99284GY	**E.R. VISIT, HIGH SEVERITY**			**TOTAL :** 1	
99284MG	E.R.VISIT, HIGH SEVERITY - GLOBAL	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99284MG	**E.R.VISIT, HIGH SEVERITY - GLOBAL**			**TOTAL :** 1	
99285	E.R.VISIT, HIGH COMPLEX	08/01/2015	12/31/2018	$153.00	Y
Number of Procedure Code :99285	**E.R.VISIT, HIGH COMPLEX**			**TOTAL :** 1	
99285MG	E.R.VISIT, HIGH COMPLEX - GLOBAL	10/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99285MG	**E.R.VISIT, HIGH COMPLEX - GLOBAL**			**TOTAL :** 1	
99383	NEW PT 5-11 YRS	01/01/2010	12/31/2018	$169.00	Y
Number of Procedure Code :99383	**NEW PT 5-11 YRS**			**TOTAL :** 1	
99383EP	EPSDT NEW 5-11 YRS	01/01/2010	12/31/2018	$99.00	Y
Number of Procedure Code :99383EP	**EPSDT NEW 5-11 YRS**			**TOTAL :** 1	
99384	NEW PT 12-17 YRS	01/01/2010	12/31/2018	$166.00	Y
Number of Procedure Code :99384	**NEW PT 12-17 YRS**			**TOTAL :** 1	
99384EP	EPSDT NEW 12-17 YRS	01/01/2010	12/31/2018	$99.00	Y
Number of Procedure Code :99384EP	**EPSDT NEW 12-17 YRS**			**TOTAL :** 1	
99384GY	NEW PT., 12-17 YRS	01/01/2010	12/31/2018	$186.00	Y
Number of Procedure Code :99384GY	**NEW PT., 12-17 YRS**			**TOTAL :** 1	
99385	NEW PT 18-39 YRS	10/01/2009	12/31/2018	$184.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :99385		**NEW PT 18-39 YRS**		**TOTAL :** 1	
99385EP	EPSDT NEW 18-20 YRS	01/01/2011	12/31/2018	$99.00	Y
Number of Procedure Code :99385EP		**EPSDT NEW 18-20 YRS**		**TOTAL :** 1	
99385GY	NEW PT., 18-39 YRS	10/01/2009	12/31/2018	$184.00	N
Number of Procedure Code :99385GY		**NEW PT., 18-39 YRS**		**TOTAL :** 1	
99386	NEW PT 40-64 YRS	10/01/2009	12/31/2018	$219.00	Y
Number of Procedure Code :99386		**NEW PT 40-64 YRS**		**TOTAL :** 1	
99386GY	NEW PT., 40-64 YRS	10/01/2009	12/31/2018	$219.00	Y
Number of Procedure Code :99386GY		**NEW PT., 40-64 YRS**		**TOTAL :** 1	
99393	EST PT 5-11 YRS	01/01/2017	12/31/2018	$161.00	Y
Number of Procedure Code :99393		**EST PT 5-11 YRS**		**TOTAL :** 1	
99393EP	EDSDT EST 5-11 YRS	01/01/2010	12/31/2018	$99.00	Y
Number of Procedure Code :99393EP		**EDSDT EST 5-11 YRS**		**TOTAL :** 1	
99394	EST PT 12-17 YRS	08/01/2015	12/31/2018	$161.00	Y
Number of Procedure Code :99394		**EST PT 12-17 YRS**		**TOTAL :** 1	
99394EP	EDSDT EST 12-17 YRS	01/01/2010	12/31/2018	$99.00	Y
Number of Procedure Code :99394EP		**EDSDT EST 12-17 YRS**		**TOTAL :** 1	
99395	EST PT 18-39 YRS	10/01/2009	12/31/2018	$156.00	Y
Number of Procedure Code :99395		**EST PT 18-39 YRS**		**TOTAL :** 1	
99395EP	EPSDT EST 18-20 YRS	01/01/2010	12/31/2018	$99.00	Y
Number of Procedure Code :99395EP		**EPSDT EST 18-20 YRS**		**TOTAL :** 1	
99395GY	ESP.PT., 18-39 YRS	10/01/2009	12/31/2018	$156.00	N

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Number of Procedure Code :99395GY		**ESP.PT., 18-39 YRS**		**TOTAL :** 1	
99396	EST PT 40-64 YRS	10/01/2009	12/31/2018	$174.00	Y
Number of Procedure Code :99396		**EST PT 40-64 YRS**		**TOTAL :** 1	
99396GY	EST PT., 40-64 YRS.	10/01/2009	12/31/2018	$174.00	N
Number of Procedure Code :99396GY		**EST PT., 40-64 YRS.**		**TOTAL :** 1	
99406	TOBACCO USE CESSATION	04/01/2012	12/31/2018	$13.00	Y
Number of Procedure Code :99406		**TOBACCO USE CESSATION COUNSEL 3**		**TOTAL :** 1	
99406GY	TOBACCO USE CESSATION	03/01/2014	12/31/2018	$13.00	N
Number of Procedure Code :99406GY		**TOBACCO USE CESSATION COUNSEL 3**		**TOTAL :** 1	
99406NC	TOBACCO USE CESSATION	11/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :99406NC		**TOBACCO USE CESSATION COUNSEL 3**		**TOTAL :** 1	
99407	TOBACCO USE CESSATION	04/01/2012	12/31/2018	$25.00	Y
Number of Procedure Code :99407		**TOBACCO USE CESSATION COUNSEL 10**		**TOTAL :** 1	
99407GY	TOBACCO USE CESSATION	03/01/2014	12/31/2018	$25.00	N
Number of Procedure Code :99407GY		**TOBACCO USE CESSATION COUNSEL 10**		**TOTAL :** 1	
99407NC	TOBACCO USE CESSATION	11/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :99407NC		**TOBACCO USE CESSATION COUNSEL,**		**TOTAL :** 1	
99408	ALCOHOL-SUB ABUSE COUNSELING	04/01/2012	12/31/2018	$34.00	Y
Number of Procedure Code :99408		**ALCOHOL-SUB ABUSE COUNSELING 15**		**TOTAL :** 1	
99501	P/P HOME VISIT	08/01/2015	12/31/2018	$64.00	Y
Number of Procedure Code :99501		**P/P HOME VISIT**		**TOTAL :** 1	
99501NC	P/P HOME VISIT	09/16/2015	12/31/2018	$0.00	Y

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Number of Procedure Code :99501NC		**P/P HOME VISIT**		**TOTAL :** 1	
99502	HOME VISIT NEWBORN	01/01/2010	12/31/2018	$66.00	Y
Number of Procedure Code :99502		**HOME VISIT NEWBORN**		**TOTAL :** 1	
99502NC	HOME VISIT NEWBORN	01/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :99502NC		**HOME VISIT NEWBORN**		**TOTAL :** 1	
G0008	ADMIN OF FLU VACCINE MEDICARE	01/01/2011	12/31/2018	$19.00	N
Number of Procedure Code :G0008		**ADMIN OF FLU VACCINE MEDICARE ONL**		**TOTAL :** 1	
G0009	ADMINISTER PNEUMOCOCCAL	01/01/2011	12/31/2018	$19.00	N
Number of Procedure Code :G0009		**ADMINISTER PNEUMOCOCCAL**		**TOTAL :** 1	
G0010	ADMIN HEP B VACCINE	01/01/2017	12/31/2018	$26.00	N
Number of Procedure Code :G0010		**ADMIN HEP B VACCINE**		**TOTAL :** 1	
G9012	HIV CASE MANAGEMENT	09/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :G9012		**HIV CASE MANAGEMENT**		**TOTAL :** 1	
G9142	H1N1 VACCINE-FOR MEDICARE	10/01/2009	12/31/2018	$0.00	Y
Number of Procedure Code :G9142		**H1N1 VACCINE-FOR MEDICARE**		**TOTAL :** 1	
IMCOUNS	OFFICE VISIT - IMMUNIZ DELAYED	01/01/2009	12/31/2018	$0.00	Y
Number of Procedure Code :IMCOUNS		**OFFICE VISIT - IMMUNIZ DELAYED**		**TOTAL :** 1	
INTERH	INTERPRETER AST INTERPRETER	01/01/2009	12/31/2018	$0.00	Y
Number of Procedure Code :INTERH		**INTERPRETER AST INTERPRETER**		**TOTAL :** 1	
J0558	PENICILLIN G BENZATHINE AND	08/01/2015	12/31/2018	$3.00	Y
Number of Procedure Code :J0558		**PENICILLIN G BENZATHINE AND**		**TOTAL :** 1	
J0561NC	Penicillin G Benzathine & Procaine,	01/01/2015	12/31/2018	$0.00	Y

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Number of Procedure Code :J0561NC	**Penicillin G Benzathine & Procaine,**			**TOTAL :** 1	
J0696	CEFTRIAXONE SODIUM, INJECTION,	10/01/2009	12/31/2018	$2.00	Y
Number of Procedure Code :J0696	**CEFTRIAXONE SODIUM, INJECTION, PER**			**TOTAL :** 1	
J0696GY	CEFTRIAXONE SODIUM, INJECTION,	10/01/2009	12/31/2018	$2.00	N
Number of Procedure Code :J0696GY	**CEFTRIAXONE SODIUM, INJECTION, PER**			**TOTAL :** 1	
J0702	BETAMETHASONE	10/01/2009	12/31/2018	$6.00	Y
Number of Procedure Code :J0702	**BETAMETHASONE**			**TOTAL :** 1	
J1050A	DEPO PROVERA INJECTION-per unit	01/01/2013	12/31/2018	$0.21	Y
Number of Procedure Code :J1050A	**DEPO PROVERA INJECTION-per unit**			**TOTAL :** 1	
J1050UD	DEPO PROVERA INJ-per 150 unit	05/01/2016	12/31/2018	$24.80	Y
Number of Procedure Code :J1050UD	**DEPO PROVERA INJ-per 150 unit**			**TOTAL :** 1	
J1726	17P > Makena, inj	01/01/2018	12/31/2018	$0.00	Y
Number of Procedure Code :J1726	**17P > Makena, inj hydroxprogesterone**			**TOTAL :** 1	
J2790	RHO D IMMUNE GLOBULIN HUMAN,	01/01/2010	12/31/2018	$95.00	Y
Number of Procedure Code :J2790	**RHO D IMMUNE GLOBULIN HUMAN, FULL**			**TOTAL :** 1	
J2792	RHO D IMMUNE GLOBULIN, IV	10/01/2009	12/31/2018	$17.00	Y
Number of Procedure Code :J2792	**RHO D IMMUNE GLOBULIN, IV HUMAN,**			**TOTAL :** 1	
J3490	17P HYDROXYPROGESTERONE	09/29/2017	12/31/2018	$28.00	Y
Number of Procedure Code :J3490	**17P HYDROXYPROGESTERONE**			**TOTAL :** 1	
J7297FP	IUD DEVICE - Liletta	05/01/2016	12/31/2018	$662.50	Y
Number of Procedure Code :J7297FP	**IUD DEVICE - Liletta**			**TOTAL :** 1	
J7297UD	IUD DEVICE - Liletta	05/01/2016	12/31/2018	$50.00	Y

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Number of Procedure Code :J7297UD		**IUD DEVICE - Liletta**		**TOTAL :** 1	
J7298FP	IUD DEVICE - MIRENA	05/01/2016	12/31/2018	$945.00	Y
Number of Procedure Code :J7298FP		**IUD DEVICE - MIRENA**		**TOTAL :** 1	
J7298UD	IUD DEVICE - MIRENA	05/01/2016	12/31/2018	$258.19	Y
Number of Procedure Code :J7298UD		**IUD DEVICE - MIRENA**		**TOTAL :** 1	
J7300FP	PARAGUARD IUD	05/01/2016	12/31/2018	$853.00	Y
Number of Procedure Code :J7300FP		**PARAGUARD IUD**		**TOTAL :** 1	
J7300UD	PARAGUARD IUD	05/01/2016	12/31/2018	$563.91	Y
Number of Procedure Code :J7300UD		**PARAGUARD IUD**		**TOTAL :** 1	
J7301FP	Skyla; Levonorgestrel-releasing	05/01/2016	12/31/2018	$745.00	Y
Number of Procedure Code :J7301FP		**Skyla; Levonorgestrel-releasing**		**TOTAL :** 1	
J7301UD	Skyla; Levonorgestrel-releasing	05/01/2016	12/31/2018	$462.62	Y
Number of Procedure Code :J7301UD		**Skyla; Levonorgestrel-releasing**		**TOTAL :** 1	
J7307FP	UNCLASSIFIED DRUG-NEXPLANON	03/05/2016	12/31/2018	$769.00	Y
Number of Procedure Code :J7307FP		**UNCLASSIFIED DRUG-NEXPLANON**		**TOTAL :** 1	
J7307UD	UNCLASSIFIED DRUG-NEXPLANON	05/01/2016	12/31/2018	$364.00	Y
Number of Procedure Code :J7307UD		**UNCLASSIFIED DRUG-NEXPLANON**		**TOTAL :** 1	
LU014	Printing Immunization Record For	08/17/2015	12/31/2018	$0.00	Y
Number of Procedure Code :LU014		**Printing Immunization Record For Client,**		**TOTAL :** 1	
LU100	HIV Pre-Test Counseling and Testing	08/17/2015	12/31/2018	$0.00	Y
Number of Procedure Code :LU100		**HIV Pre-Test Counseling and Testing**		**TOTAL :** 1	
LU101	HIV Post-Test Results and Counseling	08/17/2015	12/31/2018	$0.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :LU101	**HIV Post-Test Results and Counseling**			**TOTAL :** 1	
LU102	Completion of 'Record of TB	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU102	**Completion of 'Record of TB Screening' -**			**TOTAL :** 1	
LU102F	Completion of Record of TB	11/01/2015	12/31/2018	$8.00	N
Number of Procedure Code :LU102F	**Completion of Record of TB Screening**			**TOTAL :** 1	
LU114	PPD with State-Supplied Vaccine,	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU114	**PPD with State-Supplied Vaccine,**			**TOTAL :** 1	
LU117	PPD, Positive Result - Contact Report	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU117	**PPD, Positive Result - Contact Report**			**TOTAL :** 1	
LU118	PPD, Negative Result - Contact,	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU118	**PPD, Negative Result - Contact, Report**			**TOTAL :** 1	
LU119	PPD, Positive Result - Low Risk,	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU119	**PPD, Positive Result - Low Risk, Report**			**TOTAL :** 1	
LU120	PPD, Negative Result - Low Risk,	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU120	**PPD, Negative Result - Low Risk, Report**			**TOTAL :** 1	
LU121	TB Directly Observed Therapy (DOT)	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU121	**TB Directly Observed Therapy (DOT)**			**TOTAL :** 1	
LU122	TB Directly Observed Preventative	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU122	**TB Directly Observed Preventative**			**TOTAL :** 1	
LU123	PPD, Not Read - Contact, Report Only	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU123	**PPD, Not Read - Contact, Report Only**			**TOTAL :** 1	
LU124	PPD, Not Read - Low Risk, Report	11/04/2013	12/31/2018	$0.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :LU124		**PPD, Not Read - Low Risk, Report Only**		**TOTAL :** 1	
LU125	Reading PPD placed elsewhere, not a	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU125		**Reading PPD placed elsewhere, not a**		**TOTAL :** 1	
LU225	TB Initial Visit	01/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :LU225		**TB Initial Visit**		**TOTAL :** 1	
LU226	TB Subsequent Visit	01/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :LU226		**TB Subsequent Visit**		**TOTAL :** 1	
LU227	Referred for Positive PPD; report only	01/01/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU227		**Referred for Positive PPD; report only**		**TOTAL :** 1	
LU228	Population Risk TB Test	01/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :LU228		**Population Risk TB Test**		**TOTAL :** 1	
LU232	Test/Lab Results only visit (Report	01/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :LU232		**Test/Lab Results only visit (Report Only)**		**TOTAL :** 1	
LU235	ORAL CONTRACEPTIVE PILL	04/01/2011	12/31/2018	$0.00	N
Number of Procedure Code :LU235		**ORAL CONTRACEPTIVE PILL**		**TOTAL :** 1	
LU236	ORAL CONTRACEPTIVE PILL PICK-	04/01/2011	12/31/2018	$0.00	N
Number of Procedure Code :LU236		**ORAL CONTRACEPTIVE PILL PICK-UP,**		**TOTAL :** 1	
LU238	Non Billable Health Education Contact	08/17/2015	12/31/2018	$0.00	Y
Number of Procedure Code :LU238		**Non Billable Health Education Contact**		**TOTAL :** 1	
LU240	Non-billable TB LPN Contact, Report	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU240		**Non-billable TB LPN Contact, Report Only**		**TOTAL :** 1	
LU242	REPORT ONLY - STD CONTACT	05/01/2014	12/31/2018	$0.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :LU242		**REPORT ONLY - STD CONTACT**		**TOTAL :** 1	
LU243	Non-Billable Communicable Disease	01/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :LU243		**Non-Billable Communicable Disease**		**TOTAL :** 1	
LU259	NOT AT HOME VISIT	01/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :LU259		**NOT AT HOME VISIT**		**TOTAL :** 1	
LU260	Home Visit (Client at Home)	01/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :LU260		**Home Visit (Client at Home)**		**TOTAL :** 1	
LU262	PPD, Positive Result, High Risk	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU262		**PPD, Positive Result, High Risk**		**TOTAL :** 1	
LU263	PPD, Negative Result, High Risk	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU263		**PPD, Negative Result, High Risk**		**TOTAL :** 1	
LU264	PPD, Not Read, High Risk	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU264		**PPD, Not Read, High Risk**		**TOTAL :** 1	
LU265	Treatment of LBTI, Initiated, High Risk	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU265		**Treatment of LBTI, Initiated, High Risk**		**TOTAL :** 1	
LU266	Treatment of LBTI, Initiated, Low Risk	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU266		**Treatment of LBTI, Initiated, Low Risk**		**TOTAL :** 1	
LU267	Treatment of LBTI, Initiated, Contact	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU267		**Treatment of LBTI, Initiated, Contact**		**TOTAL :** 1	
LU268	Treatment of LBTI, Completed, High	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU268		**Treatment of LBTI, Completed, High Risk**		**TOTAL :** 1	
LU269	Treatment of LBTI, Completed, Low	11/04/2013	12/31/2018	$0.00	Y

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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
Number of Procedure Code :LU269	**Treatment of LBTI, Completed, Low Risk**			**TOTAL :** 1	
LU270	Treatment of LBTI, Completed, Contact	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU270	**Treatment of LBTI, Completed, Contact**			**TOTAL :** 1	
LU271	Treatment of LBTI, Incomplete, High	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU271	**Treatment of LBTI, Incomplete, High Risk**			**TOTAL :** 1	
LU272	Treatment of LBTI, Incomplete, Low	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU272	**Treatment of LBTI, Incomplete, Low Risk**			**TOTAL :** 1	
LU273	Treatment of LBTI, Incomplete,	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU273	**Treatment of LBTI, Incomplete, Contact**			**TOTAL :** 1	
LU274	PPD, Contact	11/04/2013	12/31/2018	$0.00	Y
Number of Procedure Code :LU274	**PPD, Contact**			**TOTAL :** 1	
LU282	STD Enhanced Role RN Contact,	01/01/2015	12/31/2018	$0.00	Y
Number of Procedure Code :LU282	**STD Enhanced Role RN Contact, Report**			**TOTAL :** 1	
LU402	MEDICAID CO-PAY	11/01/2010	12/31/2018	$3.00	N
Number of Procedure Code :LU402	**MEDICAID CO-PAY**			**TOTAL :** 1	
LU402GY	MEDICAID CO-PAY	11/01/2010	12/31/2018	$3.00	N
Number of Procedure Code :LU402GY	**MEDICAID CO-PAY**			**TOTAL :** 1	
MEDS	Documentation of Current Meds - m/u	08/26/2016	12/31/2018	$0.00	Y
Number of Procedure Code :MEDS	**Documentation of Current Meds - m/u**			**TOTAL :** 1	
MV	MINI VISIT	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :MV	**MINI VISIT**			**TOTAL :** 1	
PE	PROCEDURE ERROR	01/01/2010	12/31/2018	$0.00	N

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Number of Procedure Code :PE		PROCEDURE ERROR		TOTAL : 1	
Q0091	SCREENING PAP SMEAR	08/01/2015	12/31/2018	$47.00	Y
Number of Procedure Code :Q0091		SCREENING PAP SMEAR		TOTAL : 1	
Q2038	FLU VACCINE, FLUZONC VACC,	01/01/2011	12/31/2018	$11.00	N
Number of Procedure Code :Q2038		FLU VACCINE, FLUZONC VACC, AGE 3>;		TOTAL : 1	
Q2038S	FLU VACCINE STATE SUPP,	10/01/2012	12/31/2018	$0.00	N
Number of Procedure Code :Q2038S		FLU VACCINE STATE SUPP, FLUZONC		TOTAL : 1	
Q9986	17P > Makena; inj	07/01/2017	12/31/2018	$0.00	Y
Number of Procedure Code :Q9986		17P > Makena; inj hydroxyprogesterone		TOTAL : 1	
S0280	PMH COMP CARE COORDINATION	04/01/2011	12/31/2018	$50.00	N
Number of Procedure Code :S0280		PMH COMP CARE COORDINATION AND &		TOTAL : 1	
S0281	PMH COMP CARE COORDINATION	04/01/2011	12/31/2018	$150.00	N
Number of Procedure Code :S0281		PMH COMP CARE COORDINATION AND		TOTAL : 1	
S4993FP	ORAL CONTRACEPTIVES-1 UNIT = A	08/08/2016	12/31/2018	$37.00	Y
Number of Procedure Code :S4993FP		ORAL CONTRACEPTIVES-1 UNIT = A 28		TOTAL : 1	
S4993UD	ORAL CONTRACEPTIVES-1 UNIT = A	06/01/2016	12/31/2018	$3.48	Y
Number of Procedure Code :S4993UD		ORAL CONTRACEPTIVES-1 UNIT = A 28		TOTAL : 1	
S9442	CHILD BIRTH CLASS 1 HR PER UNIT	01/01/2010	12/31/2018	$10.00	Y
Number of Procedure Code :S9442		CHILD BIRTH CLASS 1 HR PER UNIT		TOTAL : 1	
SWC	SOCIAL WORK COUNSELING	01/01/2010	12/31/2018	$0.00	N
Number of Procedure Code :SWC		SOCIAL WORK COUNSELING		TOTAL : 1	
T1001	MAT SKILLED NURSE VISIT	01/01/2010	12/31/2018	$96.00	Y

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Number of Procedure Code :T1001		**MAT SKILLED NURSE VISIT**		**TOTAL :** 1	
T1001NC	MATERNITY SKILLED NURSE VIVIT,	01/01/2014	12/31/2018	$0.00	Y
Number of Procedure Code :T1001NC		**MATERNITY SKILLED NURSE VIVIT, NC**		**TOTAL :** 1	
T1002	RN VISIT PER UNI (ERRN)	06/15/2015	12/31/2018	$20.00	Y
Number of Procedure Code :T1002		**RN VISIT PER UNI (ERRN)**		**TOTAL :** 1	
T1002NC	RN VISIT P/UNIT NO CHARGE	09/16/2015	12/31/2018	$0.00	Y
Number of Procedure Code :T1002NC		**RN VISIT P/UNIT NO CHARGE**		**TOTAL :** 1	
Y2332	HIV ENCOUNTER	01/01/2010	12/31/2018	$0.00	Y
Number of Procedure Code :Y2332		**HIV ENCOUNTER**		**TOTAL :** 1	

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