# CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2020 Thru 12/31/2020

| PROCEDURE CODE | PROCEDURE NAME | EFFECTIVE DATE | END EFFECTIVE DATE | STANDARD FEE | DISCOUNT FLAG |
|---|---|---|---|---|---|
| 00081 | NIX CREAM RINSE SHAMPOO NDC | 01/01/2010 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :0503F** | **Postpartum Visit Date, Reporting Only** | | | **TOTAL :** | 1 |
| 10060 | I&D OF ABCESS | 01/01/2010 | 12/31/2020 | $88.00 | Y |
| **Number of Procedure Code :10060** | **I&D OF ABCESS** | | | **TOTAL :** | 1 |
| 10061 | I&D ABCESS/CARBUNCLE- | 08/01/2010 | 12/31/2020 | $152.00 | Y |
| **Number of Procedure Code :10061** | **I&D ABCESS/CARBUNCLE-COMPLICAT** | | | **TOTAL :** | 1 |
| 11981 | INSERTION,NON-BIODEGRADABLE | 04/01/2012 | 12/31/2020 | $112.00 | Y |
| **Number of Procedure Code :11981** | **INSERTION,NON-BIODEGRADABLE DRUG** | | | **TOTAL :** | 1 |
| 11982 | REMOVAL NON-BIODEGRADABLE | 04/01/2012 | 12/31/2020 | $129.00 | Y |
| **Number of Procedure Code :11982** | **REMOVAL NON-BIODEGRADABLE DRUG** | | | **TOTAL :** | 1 |
| 11983 | REMOVAL WITH REINSERTION NON | 04/01/2012 | 12/31/2020 | $201.00 | Y |
| **Number of Procedure Code :11983** | **REMOVAL WITH REINSERTION NON** | | | **TOTAL :** | 1 |
| 16020 | DRESS/DEBRIDE W/O ANESTH | 06/01/2011 | 12/31/2020 | $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 | 12/31/2020 | $87.00 | N |
| **Number of Procedure Code :17110** | **1-14 LESIONS REMOVAL WARTS** | | | **TOTAL :** | 1 |
| 17111 | 15 OR MORE LESIONS: REMOVAL | 01/01/2010 | 12/31/2020 | $103.00 | N |

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| **Number of Procedure Code :17111** | | **15 OR MORE LESIONS: REMOVAL WA** | | **TOTAL :** 1 | |
| 17250 | CHEMICAL CAUTERIZATION | 01/01/2010 | 12/31/2020 | $59.00 | Y |
| **Number of Procedure Code :17250** | | **CHEMICAL CAUTERIZATION** | | **TOTAL :** 1 | |
| 17250GY | CHEMICAL CAUTERIZATION | 01/01/2010 | 12/31/2020 | $59.00 | N |
| **Number of Procedure Code :17250GY** | | **CHEMICAL CAUTERIZATION** | | **TOTAL :** 1 | |
| 36415 | VENIPUNCTURE | 10/01/2009 | 12/31/2020 | $3.00 | Y |
| **Number of Procedure Code :36415** | | **VENIPUNCTURE** | | **TOTAL :** 1 | |
| 36415GY | VENIPUNCTURE | 10/01/2009 | 12/31/2020 | $3.00 | N |
| **Number of Procedure Code :36415GY** | | **VENIPUNCTURE** | | **TOTAL :** 1 | |
| 36415MG | VENIPUNCTURE | 10/01/2011 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :36415MG** | | **VENIPUNCTURE** | | **TOTAL :** 1 | |
| 36415N | VENIPUNTURE NO | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :36415N** | | **VENIPUNTURE NO CHARGE(EXAMPLE;** | | **TOTAL :** 1 | |
| 36415NC | VENIPUNCTURE NO CHARGE | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :36415NC** | | **VENIPUNCTURE NO CHARGE** | | **TOTAL :** 1 | |
| 46924 | DESTRUCTION LESIONS; ANAL | 01/01/2010 | 12/31/2020 | $396.00 | Y |
| **Number of Procedure Code :46924** | | **DESTRUCTION LESIONS; ANAL** | | **TOTAL :** 1 | |
| 49000GY | EXPLORATORY LAPAROTOMY | 12/01/2018 | 12/31/2020 | $631.00 | N |
| **Number of Procedure Code :49000GY** | | **EXPLORATORY LAPAROTOMY** | | **TOTAL :** 1 | |
| 49320GY | LAPAROSCOPY DIAGNOSTIC | 01/01/2010 | 12/31/2020 | $270.00 | N |
| **Number of Procedure Code :49320GY** | | **LAPAROSCOPY DIAGNOSTIC** | | **TOTAL :** 1 | |
| 51701 | INSERTION OF NONINDWELLING CAT | 01/01/2010 | 12/31/2020 | $55.00 | N |

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| PROCEDURE CODE | PROCEDURE NAME | EFFECTIVE DATE | END EFFECTIVE DATE | STANDARD FEE | DISCOUNT FLAG |
|---|---|---|---|---|---|
| **Number of Procedure Code :51701** | | **INSERTION OF NONINDWELLING CAT** | | **TOTAL :** 1 | |
| 54050 | CHEMICAL DESTRUCTION OF LESION | 08/01/2015 | 12/31/2020 | $109.00 | N |
| **Number of Procedure Code :54050** | | **CHEMICAL DESTRUCTION OF LESION S-** | | **TOTAL :** 1 | |
| 54056 | CRYOSURGERY | 01/02/2019 | 12/31/2020 | $113.00 | N |
| **Number of Procedure Code :54056** | | **CRYOSURGERY** | | **TOTAL :** 1 | |
| 54065 | DESTRUCT OF LESIONS(PENIS, | 08/01/2015 | 12/31/2020 | $185.00 | N |
| **Number of Procedure Code :54065** | | **DESTRUCT OF LESIONS(PENIS,** | | **TOTAL :** 1 | |
| 56405GY | I & D OF VULVA ABCESS | 01/01/2013 | 12/31/2020 | $92.00 | N |
| **Number of Procedure Code :56405GY** | | **I & D OF VULVA ABCESS** | | **TOTAL :** 1 | |
| 56420GY | I&D BARTHOLIN ABSCESS | 08/01/2015 | 12/31/2020 | $106.00 | N |
| **Number of Procedure Code :56420GY** | | **I&D BARTHOLIN ABSCESS** | | **TOTAL :** 1 | |
| 56501 | DESTRUCT OF LESION(S) VULVA | 01/01/2010 | 12/31/2020 | $110.00 | N |
| **Number of Procedure Code :56501** | | **DESTRUCT OF LESION(S) VULVA SIMPLE** | | **TOTAL :** 1 | |
| 56515 | DESTRUCTION LESION; VULVA | 01/01/2010 | 12/31/2020 | $189.00 | N |
| **Number of Procedure Code :56515** | | **DESTRUCTION LESION; VULVA** | | **TOTAL :** 1 | |
| 56605 | BIOPSY OF ONE LESION(FEMALE) | 10/01/2014 | 12/31/2020 | $71.00 | Y |
| **Number of Procedure Code :56605** | | **BIOPSY OF ONE LESION(FEMALE)** | | **TOTAL :** 1 | |
| 56605GY | BIOPSY OF VULVA OR PERINEUM | 10/01/2014 | 12/31/2020 | $71.00 | N |
| **Number of Procedure Code :56605GY** | | **BIOPSY OF VULVA OR PERINEUM ONE** | | **TOTAL :** 1 | |
| 57000 | COLPOTOMY WITH EXPLORATION | 08/01/2015 | 12/31/2020 | $164.00 | N |
| **Number of Procedure Code :57000** | | **COLPOTOMY WITH EXPLORATION** | | **TOTAL :** 1 | |
| 57000GY | COLPOTOMY WITH EXPLORATION | 01/01/2010 | 12/31/2020 | $164.00 | N |

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|---|---|---|---|---|---|
| **Number of Procedure Code :57000GY** | | **COLPOTOMY WITH EXPLORATION** | | **TOTAL :** 1 | |
| 57022 | INCISION & DRAINAGE VAGINAL | 12/01/2018 | 12/31/2020 | $143.00 | Y |
| **Number of Procedure Code :57022** | | **INCISION & DRAINAGE VAGINAL** | | **TOTAL :** 1 | |
| 57022GY | INCISION & DRAINAGE VAGINAL | 01/01/2010 | 12/31/2020 | $143.00 | N |
| **Number of Procedure Code :57022GY** | | **INCISION & DRAINAGE VAGINAL** | | **TOTAL :** 1 | |
| 57300GY | CLOSE OF RECTOVAGINAL FISTULA | 01/01/2010 | 12/31/2020 | $456.00 | N |
| **Number of Procedure Code :57300GY** | | **CLOSE OF RECTOVAGINAL FISTULA VAG** | | **TOTAL :** 1 | |
| 57452 | COLPOSCOPY W/O BIOPSY | 01/01/2010 | 12/31/2020 | $94.00 | Y |
| **Number of Procedure Code :57452** | | **COLPOSCOPY W/O BIOPSY** | | **TOTAL :** 1 | |
| 57452GY | COLPOSCOPY W/O BIOPSY | 01/01/2010 | 12/31/2020 | $94.00 | N |
| **Number of Procedure Code :57452GY** | | **COLPOSCOPY W/O BIOPSY** | | **TOTAL :** 1 | |
| 57454 | COLPOSCOPY W/ BIOPSY | 01/01/2010 | 12/31/2020 | $133.00 | Y |
| **Number of Procedure Code :57454** | | **COLPOSCOPY W/ BIOPSY** | | **TOTAL :** 1 | |
| 57454GY | COLPOSCOPY W/ BIOPSY | 01/01/2010 | 12/31/2020 | $133.00 | N |
| **Number of Procedure Code :57454GY** | | **COLPOSCOPY W/ BIOPSY** | | **TOTAL :** 1 | |
| 57500 | BX OF CERVIX,EXCISION OF LESION | 08/01/2015 | 12/31/2020 | $112.00 | Y |
| **Number of Procedure Code :57500** | | **BX OF CERVIX,EXCISION OF LESION W/** | | **TOTAL :** 1 | |
| 57511 | CRYOCAUTERY CERVIX | 01/01/2010 | 12/31/2020 | $124.00 | N |
| **Number of Procedure Code :57511** | | **CRYOCAUTERY CERVIX** | | **TOTAL :** 1 | |
| 57511GY | CRYOCAUTERY CERVIX | 01/01/2010 | 12/31/2020 | $124.00 | N |
| **Number of Procedure Code :57511GY** | | **CRYOCAUTERY CERVIX** | | **TOTAL :** 1 | |
| 57520 | CONIZATION CERVIX;WITH OR W/O | 08/01/2015 | 12/31/2020 | $262.00 | Y |

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| PROCEDURE CODE | PROCEDURE NAME | EFFECTIVE DATE | END EFFECTIVE DATE | STANDARD FEE | DISCOUNT FLAG |
|---|---|---|---|---|---|
| **Number of Procedure Code :57520** | | **CONIZATION CERVIX;WITH OR W/O** | | **TOTAL :** 1 | |
| 57520GY | CONIZATION CERVIX;WITH OR W/O | 08/01/2015 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $225.00 | N |
| **Number of Procedure Code :57522GY** | | **CONIZATION OF CERVIX, WITH W/O** | | **TOTAL :** 1 | |
| 58100GY | ENDOMETRIO BIOPSY | 01/01/2010 | 12/31/2020 | $94.00 | N |
| **Number of Procedure Code :58100GY** | | **ENDOMETRIO BIOPSY** | | **TOTAL :** 1 | |
| 58120GY | DILATION & CURETTAGE | 01/01/2010 | 12/31/2020 | $213.00 | N |
| **Number of Procedure Code :58120GY** | | **DILATION & CURETTAGE** | | **TOTAL :** 1 | |
| 58150GY | TOTAL ABDOMINAL | 01/01/2010 | 12/31/2020 | $853.00 | N |
| **Number of Procedure Code :58150GY** | | **TOTAL ABDOMINAL HYSTERECTOMY** | | **TOTAL :** 1 | |
| 58180GY | SUPRACERVICAL ABDOMINAL | 07/01/2012 | 12/31/2020 | $819.00 | N |
| **Number of Procedure Code :58180GY** | | **SUPRACERVICAL ABDOMINAL** | | **TOTAL :** 1 | |
| 58300 | IUD INSERTION | 07/01/2011 | 12/31/2020 | $67.00 | Y |
| **Number of Procedure Code :58300** | | **IUD INSERTION** | | **TOTAL :** 1 | |
| 58300GY | IUD INSERTION | 01/01/2010 | 12/31/2020 | $67.00 | N |
| **Number of Procedure Code :58300GY** | | **IUD INSERTION** | | **TOTAL :** 1 | |
| 58301 | IUD REMOVAL | 01/01/2010 | 12/31/2020 | $82.00 | Y |
| **Number of Procedure Code :58301** | | **IUD REMOVAL** | | **TOTAL :** 1 | |
| 58301GY | IUD REMOVAL | 01/01/2010 | 12/31/2020 | $82.00 | N |

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|---|---|---|---|---|---|
| **Number of Procedure Code :58301GY** | | **IUD REMOVAL** | | **TOTAL :** 1 | |
| 58555GY | DIAGNOSTIC HYSTEROSCOPY | 01/01/2010 | 12/31/2020 | $206.00 | N |
| **Number of Procedure Code :58555GY** | | **DIAGNOSTIC HYSTEROSCOPY** | | **TOTAL :** 1 | |
| 58558GY | HYSTEROSCOPY SURGICAL, WITH | 01/01/2010 | 12/31/2020 | $279.00 | N |
| **Number of Procedure Code :58558GY** | | **HYSTEROSCOPY SURGICAL, WITH BX** | | **TOTAL :** 1 | |
| 58562GY | HYSTEROSCOPY; SURGICAL WITH | 01/01/2010 | 12/31/2020 | $296.00 | N |
| **Number of Procedure Code :58562GY** | | **HYSTEROSCOPY; SURGICAL WITH** | | **TOTAL :** 1 | |
| 58661GY | LAP'SCOPY W/REMOVAL OF | 11/01/2013 | 12/31/2020 | $558.00 | N |
| **Number of Procedure Code :58661GY** | | **LAP'SCOPY W/REMOVAL OF ADNEXAL** | | **TOTAL :** 1 | |
| 58700GY | SALPINGECTOMY,COMPLETE OR | 01/01/2017 | 12/31/2020 | $636.00 | N |
| **Number of Procedure Code :58700GY** | | **SALPINGECTOMY,COMPLETE OR PART** | | **TOTAL :** 1 | |
| 58720GY | SALPINGO | 01/01/2017 | 12/31/2020 | $598.00 | N |
| **Number of Procedure Code :58720GY** | | **SALPINGO** | | **TOTAL :** 1 | |
| 58940GY | OOPHORECTOMY, PARTIAL OR | 05/01/2011 | 12/31/2020 | $430.00 | N |
| **Number of Procedure Code :58940GY** | | **OOPHORECTOMY, PARTIAL OR TOTAL** | | **TOTAL :** 1 | |
| 59025 | FETAL NON-STRESS TEST | 07/19/2013 | 12/31/2020 | $40.00 | Y |
| **Number of Procedure Code :59025** | | **FETAL NON-STRESS TEST** | | **TOTAL :** 1 | |
| 5902526 | FETAL NST HOSP ONLY | 08/01/2015 | 12/31/2020 | $26.00 | Y |
| **Number of Procedure Code :5902526** | | **FETAL NST HOSP ONLY** | | **TOTAL :** 1 | |
| 59425 | ANTEPARTUM CARE ONLY 4-6 VISTS | 07/01/2016 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $124.00 | Y |
| **Number of Procedure Code :59430** | | **Postpartum Care only, separate** | | **TOTAL :** 1 | |
| 59430P | POST PARTUM EXAM W/O B | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :59430P** | | **POST PARTUM EXAM W/O B CONTROL** | | **TOTAL :** 1 | |
| 59820 | MISCARRIAGE 1ST TRIMESTER | 01/01/2010 | 12/31/2020 | $314.00 | Y |
| **Number of Procedure Code :59820** | | **MISCARRIAGE 1ST TRIMESTER** | | **TOTAL :** 1 | |
| 59821 | MISCARRIAGE 2ND TRIMESTER | 01/01/2010 | 12/31/2020 | $320.00 | Y |
| **Number of Procedure Code :59821** | | **MISCARRIAGE 2ND TRIMESTER** | | **TOTAL :** 1 | |
| 59855 | Induced abortion, by 1 or more | 06/01/2014 | 12/31/2020 | $354.00 | Y |
| **Number of Procedure Code :59855** | | **Induced abortion, by 1 or more** | | **TOTAL :** 1 | |
| 71010S | CHEST X-RAY / PA | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :71010S** | | **CHEST X-RAY / PA** | | **TOTAL :** 1 | |
| 76801 | ULTRASOUND-1ST TRIMESTER | 01/01/2010 | 12/31/2020 | $116.00 | N |
| **Number of Procedure Code :76801** | | **ULTRASOUND-1ST TRIMESTER** | | **TOTAL :** 1 | |
| 76805 | ULTRASOUND-AFTER 1ST | 01/01/2010 | 12/31/2020 | $129.00 | N |
| **Number of Procedure Code :76805** | | **ULTRASOUND-AFTER 1ST TRIMESTER** | | **TOTAL :** 1 | |
| 76811 | ULTRASOUND-WITH DETAILED | 01/01/2010 | 12/31/2020 | $182.00 | N |
| **Number of Procedure Code :76811** | | **ULTRASOUND-WITH DETAILED FETAL** | | **TOTAL :** 1 | |
| 76815 | ULTRASOUND-FETAL GROWTH | 01/01/2010 | 12/31/2020 | $80.00 | N |
| **Number of Procedure Code :76815** | | **ULTRASOUND-FETAL GROWTH** | | **TOTAL :** 1 | |
| 76815SD | ULTRASOUND SAME DAY | 01/01/2010 | 12/31/2020 | $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 | 12/31/2020 | $99.00 | | N |
| **Number of Procedure Code :76816** | | **FOLLOW UP OR REPEAT 76815** | | **TOTAL :** | 1 | |
| 76817 | U/S, PREGNANT UTERUS, | 01/01/2010 | 12/31/2020 | $90.00 | | N |
| **Number of Procedure Code :76817** | | **U/S, PREGNANT UTERUS, TRANSVAG** | | **TOTAL :** | 1 | |
| 76818 | FETAL-BIO PROFILE WITH NON- | 09/01/2018 | 12/31/2020 | $107.00 | | Y |
| **Number of Procedure Code :76818** | | **FETAL-BIO PROFILE WITH NON-STRESS** | | **TOTAL :** | 1 | |
| 76818N | ULTRASOUND/BRACEWELL | 01/01/2010 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :76818N** | | **ULTRASOUND/BRACEWELL** | | **TOTAL :** | 1 | |
| 76819 | Fetal biophysical profile; without non- | 02/01/2018 | 12/31/2020 | $83.00 | | Y |
| **Number of Procedure Code :76819** | | **Fetal biophysical profile; without non-** | | **TOTAL :** | 1 | |
| 76830 | ECHOGRAPHY, TRANSVAGINAL | 01/01/2010 | 12/31/2020 | $105.00 | | N |
| **Number of Procedure Code :76830** | | **ECHOGRAPHY, TRANSVAGINAL** | | **TOTAL :** | 1 | |
| 76857 | LIMITED/FOLLOW-UP ULTRASOUND | 08/01/2015 | 12/31/2020 | $85.00 | | N |
| **Number of Procedure Code :76857** | | **LIMITED/FOLLOW-UP ULTRASOUND** | | **TOTAL :** | 1 | |
| 76857GY | LIMITED/FOLLOW-UP ULTRASOUND | 08/01/2015 | 12/31/2020 | $85.00 | | N |
| **Number of Procedure Code :76857GY** | | **LIMITED/FOLLOW-UP ULTRASOUND** | | **TOTAL :** | 1 | |
| 80048T | BASIC METABOLIC PANEL | 08/01/2015 | 12/31/2020 | $5.00 | | Y |
| **Number of Procedure Code :80048T** | | **BASIC METABOLIC PANEL** | | **TOTAL :** | 1 | |
| 80048TN | BASIC METABOLIC PANEL | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :80048TN** | | **BASIC METABOLIC PANEL** | | **TOTAL :** | 1 | |
| 80053T | COMPREHENSIVE METABOLIC PANEL | 08/01/2015 | 12/31/2020 | $6.00 | | Y |

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| **Number of Procedure Code :80053T** | | **COMPREHENSIVE METABOLIC PANEL** | | **TOTAL :** 1 | |
| 80053TN | COMPREHENSIVE METABOLIC PANEL | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :80053TN** | | **COMPREHENSIVE METABOLIC PANEL** | | **TOTAL :** 1 | |
| 80061GT | LIPID PANEL | 08/01/2015 | 12/31/2020 | $6.00 | Y |
| **Number of Procedure Code :80061GT** | | **LIPID PANEL** | | **TOTAL :** 1 | |
| 80061T | LIPID PANEL | 08/01/2015 | 12/31/2020 | $6.00 | Y |
| **Number of Procedure Code :80061T** | | **LIPID PANEL** | | **TOTAL :** 1 | |
| 80061TN | LIPID PANEL | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :80061TN** | | **LIPID PANEL** | | **TOTAL :** 1 | |
| 80076T | HEPATIC FUNCTION PANEL | 08/01/2015 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :80076T** | | **HEPATIC FUNCTION PANEL** | | **TOTAL :** 1 | |
| 80076TN | HEPATIC FUNCTION PANEL | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :80076TN** | | **HEPATIC FUNCTION PANEL** | | **TOTAL :** 1 | |
| 80100T | DRUG SCREEN, QUALITATIVE | 08/01/2015 | 12/31/2020 | $21.00 | Y |
| **Number of Procedure Code :80100T** | | **DRUG SCREEN, QUALITATIVE** | | **TOTAL :** 1 | |
| 80101T | DRUG SCREN, QUALITATIVE; SINGLE | 08/30/2015 | 12/31/2020 | $27.00 | Y |
| **Number of Procedure Code :80101T** | | **DRUG SCREN, QUALITATIVE; SINGLE** | | **TOTAL :** 1 | |
| 80101TN | DRUG SCREEN, AUALITATIVE; | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :80101TN** | | **DRUG SCREEN, AUALITATIVE; SINGLE** | | **TOTAL :** 1 | |
| 80156T | Carbamazepine; total | 05/01/2015 | 12/31/2020 | $58.00 | Y |
| **Number of Procedure Code :80156T** | | **Carbamazepine; total** | | **TOTAL :** 1 | |
| 81001 | UA, BY DIP STICK OR TAB FOR | 08/01/2015 | 12/31/2020 | $4.00 | Y |

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| **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 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :81003MG** | **UA BY DIP STICK OR TABLET;** | | | **TOTAL :** 1 | |
| 81015 | MICROSCOPIC URINE EXAM INSIDE | 08/01/2015 | 12/31/2020 | $4.00 | Y |
| **Number of Procedure Code :81015** | **MICROSCOPIC URINE EXAM INSIDE LAB** | | | **TOTAL :** 1 | |
| 81015GY | URINALYSIS MICRO ONLY I/H LAB | 08/01/2015 | 12/31/2020 | $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 | 12/31/2020 | $9.00 | Y |
| **Number of Procedure Code :81025** | **UA PREG TEST; COLOR COMP METHOD,** | | | **TOTAL :** 1 | |
| 81025GY | UA PREG TEST, COLOR | 08/01/2015 | 12/31/2020 | $9.00 | N |
| **Number of Procedure Code :81025GY** | **UA PREG TEST, COLOR COMPARISON** | | | **TOTAL :** 1 | |
| 81025MG | UA PREG TEST;COLOR COMP | 10/01/2011 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |

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|---|---|---|---|---|---|---|
| **Number of Procedure Code :81025NC** | | **UA Preg Test; Color Comp Method,** | | **TOTAL :** | 1 | |
| 81240T | F2 (pro thrombin, coagulation | 04/01/2015 | 12/31/2020 | $110.00 | | Y |
| **Number of Procedure Code :81240T** | | **F2 (pro thrombin, coagulation factorII),** | | **TOTAL :** | 1 | |
| 81241T | F5, COAGULATION FACTOR V, | 04/01/2015 | 12/31/2020 | $140.00 | | Y |
| **Number of Procedure Code :81241T** | | **F5, COAGULATION FACTOR V, GENE** | | **TOTAL :** | 1 | |
| 81243T | FM R1 | 08/01/2015 | 12/31/2020 | $215.00 | | Y |
| **Number of Procedure Code :81243T** | | **FM R1** | | **TOTAL :** | 1 | |
| 82105TN | AFP SERUM | 01/01/2010 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :82105TN** | | **AFP SERUM** | | **TOTAL :** | 1 | |
| 82150T | AMYLASE | 01/09/2017 | 12/31/2020 | $24.00 | | Y |
| **Number of Procedure Code :82150T** | | **AMYLASE** | | **TOTAL :** | 1 | |
| 82239T | Bile acids; total | 11/02/2013 | 12/31/2020 | $8.00 | | Y |
| **Number of Procedure Code :82239T** | | **Bile acids; total** | | **TOTAL :** | 1 | |
| 82239TN | Bile acids; total | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :82239TN** | | **Bile acids; total** | | **TOTAL :** | 1 | |
| 82247 | BILIRUBIN TOTAL IN-HOUSE LAB | 08/01/2015 | 12/31/2020 | $16.00 | | Y |
| **Number of Procedure Code :82247** | | **BILIRUBIN TOTAL IN-HOUSE LAB** | | **TOTAL :** | 1 | |
| 82247T | BILIRUBIN; TOTAL | 08/01/2015 | 12/31/2020 | $16.00 | | Y |
| **Number of Procedure Code :82247T** | | **BILIRUBIN; TOTAL** | | **TOTAL :** | 1 | |
| 82270 | BLOOD OCCULT,BY PEROXIDASE | 01/01/2011 | 12/31/2020 | $5.00 | | Y |
| **Number of Procedure Code :82270** | | **BLOOD OCCULT,BY PEROXIDASE** | | **TOTAL :** | 1 | |
| 82270GY | BLOOD OCCULT BY PEROXIDASE | 10/01/2009 | 12/31/2020 | $5.00 | | N |

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| **Number of Procedure Code :82270GY** | | **BLOOD OCCULT BY PEROXIDASE** | | **TOTAL :** 1 | |
| 82565TN | CREATININE; BLOOD | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :82565TN** | | **CREATININE; BLOOD** | | **TOTAL :** 1 | |
| 82570T | CREATININE; OTHER SOURCE | 08/01/2015 | 12/31/2020 | $22.00 | Y |
| **Number of Procedure Code :82570T** | | **CREATININE; OTHER SOURCE** | | **TOTAL :** 1 | |
| 82575T | CREATININE; CLEARANCE | 08/01/2015 | 12/31/2020 | $37.00 | Y |
| **Number of Procedure Code :82575T** | | **CREATININE; CLEARANCE** | | **TOTAL :** 1 | |
| 82575TN | CREATININE; CLEARANCE | 04/01/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :82575TN** | | **CREATININE; CLEARANCE** | | **TOTAL :** 1 | |
| 82607T | CYANOCOBALAMIN VIT B-12 | 08/01/2015 | 12/31/2020 | $52.00 | Y |
| **Number of Procedure Code :82607T** | | **CYANOCOBALAMIN VIT B-12** | | **TOTAL :** 1 | |
| 82728T | FERRITIN | 08/01/2015 | 12/31/2020 | $7.00 | Y |
| **Number of Procedure Code :82728T** | | **FERRITIN** | | **TOTAL :** 1 | |
| 82728TN | FERRITIN | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :82728TN** | | **FERRITIN** | | **TOTAL :** 1 | |
| 82785T | Immunoglobulin E, total | 08/01/2015 | 12/31/2020 | $48.00 | Y |
| **Number of Procedure Code :82785T** | | ***Immunoglobulin E, total*** | | ***TOTAL :*** 1 | |
| 82947 | GLUCOSE; QUANTITATIVE BLOOD | 10/01/2018 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :82947** | | **GLUCOSE; QUANTITATIVE BLOOD INSIDI** | | **TOTAL :** 1 | |
| 82947GT | GLUCOSE; QUANTITATIVE, BLOOD | 10/01/2018 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :82947GT** | | **GLUCOSE; QUANTITATIVE, BLOOD** | | **TOTAL :** 1 | |
| 82947GY | GLUCOSE; QUANTITATIVE BLOOD | 10/01/2018 | 12/31/2020 | $5.00 | N |

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|---|---|---|---|---|---|
| **Number of Procedure Code :82947GY** | **GLUCOSE; QUANTITATIVE BLOOD INSIDI** | | | **TOTAL :** 1 | |
| 82947T | GLUCOSE, QUANTITATIVE, BLOOD | 10/01/2018 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :82947T** | **GLUCOSE, QUANTITATIVE, BLOOD** | | | **TOTAL :** 1 | |
| 82948 | GLUCOSE BLOOD STICK TEST | 08/01/2015 | 12/31/2020 | $4.00 | Y |
| **Number of Procedure Code :82948** | **GLUCOSE BLOOD STICK TEST** | | | **TOTAL :** 1 | |
| 82950 | GLUCOSE: POST GLUCOSE DOSE | 10/01/2018 | 12/31/2020 | $7.00 | Y |
| **Number of Procedure Code :82950** | **GLUCOSE: POST GLUCOSE DOSE** | | | **TOTAL :** 1 | |
| 82950GT | GLUCOSE; POST GLUCOSE | 10/01/2018 | 12/31/2020 | $7.00 | N |
| **Number of Procedure Code :82950GT** | **GLUCOSE; POST GLUCOSE** | | | **TOTAL :** 1 | |
| 82950GY | GLUCOSE: POST GLUCOSE DOSE | 10/01/2018 | 12/31/2020 | $7.00 | N |
| **Number of Procedure Code :82950GY** | **GLUCOSE: POST GLUCOSE DOSE** | | | **TOTAL :** 1 | |
| 82950T | GLUCOSE; POST GLUCOSE | 10/01/2018 | 12/31/2020 | $7.00 | Y |
| **Number of Procedure Code :82950T** | **GLUCOSE; POST GLUCOSE** | | | **TOTAL :** 1 | |
| 82951 | GLUCOSE 3 HR TOLERANCE TEST | 08/30/2015 | 12/31/2020 | $48.00 | Y |
| **Number of Procedure Code :82951** | **GLUCOSE 3 HR TOLERANCE TEST INSIDI** | | | **TOTAL :** 1 | |
| 82951T | GLUCOSE; TOLERANCE TEST (GTT) | 08/30/2015 | 12/31/2020 | $48.00 | Y |
| **Number of Procedure Code :82951T** | **GLUCOSE; TOLERANCE TEST (GTT) 3** | | | **TOTAL :** 1 | |
| 83001GT | GONADOTROPIN; FOLLICLE | 08/01/2015 | 12/31/2020 | $8.00 | Y |
| **Number of Procedure Code :83001GT** | **GONADOTROPIN; FOLLICLE** | | | **TOTAL :** 1 | |
| 83021TN | HEMOGLOBIN FRACTIONATION AND | 08/17/2015 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :83021TN** | **HEMOGLOBIN FRACTIONATION AND** | | | **TOTAL :** 1 | |
| 83036T | HEMOGLOBIN; GLYCOSYLATED | 08/01/2015 | 12/31/2020 | $5.00 | Y |

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| **Number of Procedure Code :83036T** | | **HEMOGLOBIN; GLYCOSYLATED (A1C)** | | **TOTAL :** 1 | |
| 83036TN | HEMOGLOBIN; GLYCOSYLATED | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :83036TN** | | **HEMOGLOBIN; GLYCOSYLATED (A1C)** | | **TOTAL :** 1 | |
| 83525T | Insulin; total | 11/01/2012 | 12/31/2020 | $6.00 | Y |
| **Number of Procedure Code :83525T** | | **Insulin; total** | | **TOTAL :** 1 | |
| 83540T | IRON | 10/01/2009 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :83540T** | | **IRON** | | **TOTAL :** 1 | |
| 83540TN | IRON | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :83540TN** | | **IRON** | | **TOTAL :** 1 | |
| 83550T | IRON BINDING CAPACITY | 10/01/2009 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :83550T** | | **IRON BINDING CAPACITY** | | **TOTAL :** 1 | |
| 83550TN | IRON BINDING CAPACITY | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :83550TN** | | **IRON BINDING CAPACITY** | | **TOTAL :** 1 | |
| 83615T | LACTATE DEHYDROGENASE (LD), | 08/01/2015 | 12/31/2020 | $16.00 | Y |
| **Number of Procedure Code :83615T** | | **LACTATE DEHYDROGENASE (LD), (LDH)** | | **TOTAL :** 1 | |
| 83655t | Lead | 02/11/2019 | 12/31/2020 | $14.00 | Y |
| **Number of Procedure Code :83655t** | | **Lead** | | **TOTAL :** 1 | |
| 83655TN | LEAD | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :83655TN** | | **LEAD** | | **TOTAL :** 1 | |
| 83690T | LIPASE | 01/09/2017 | 12/31/2020 | $24.00 | Y |
| **Number of Procedure Code :83690T** | | **LIPASE** | | **TOTAL :** 1 | |
| 83690TN | LIPASE | 04/24/2019 | 12/31/2020 | $0.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :83690TN** | | **LIPASE** | | **TOTAL :** 1 | |
| 83735T | MAGNESIUM | 04/01/2019 | 12/31/2020 | $17.00 | Y |
| **Number of Procedure Code :83735T** | | **MAGNESIUM** | | **TOTAL :** 1 | |
| 84030 | PHENYLALANINE PKU, BLOOD | 04/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :84030** | | **PHENYLALANINE PKU, BLOOD** | | **TOTAL :** 1 | |
| 84030TN | PHENYLALANINE PKU, BLOOD | 04/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :84030TN** | | **PHENYLALANINE PKU, BLOOD** | | **TOTAL :** 1 | |
| 84146GT | PROLACTIN | 08/01/2015 | 12/31/2020 | $10.00 | N |
| **Number of Procedure Code :84146GT** | | **PROLACTIN** | | **TOTAL :** 1 | |
| 84146T | PROLACTIN | 08/01/2015 | 12/31/2020 | $10.00 | Y |
| **Number of Procedure Code :84146T** | | **PROLACTIN** | | **TOTAL :** 1 | |
| 84156T | URINE PROTEIN;TOTAL 24-HR | 08/01/2015 | 12/31/2020 | $9.00 | Y |
| **Number of Procedure Code :84156T** | | **URINE PROTEIN;TOTAL 24-HR** | | **TOTAL :** 1 | |
| 84436T | THYROXINE; TOTAL | 10/01/2009 | 12/31/2020 | $3.00 | Y |
| **Number of Procedure Code :84436T** | | **THYROXINE; TOTAL** | | **TOTAL :** 1 | |
| 84436TN | THYROXINE; TOTAL | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :84436TN** | | **THYROXINE; TOTAL** | | **TOTAL :** 1 | |
| 84439T | THYROXINE; FREE | 11/01/2012 | 12/31/2020 | $9.00 | Y |
| **Number of Procedure Code :84439T** | | **THYROXINE; FREE** | | **TOTAL :** 1 | |
| 84439TN | THYROXINE; FREE | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :84439TN** | | **THYROXINE; FREE** | | **TOTAL :** 1 | |
| 84443GT | THYROID STIMULATING HORMONE | 08/01/2015 | 12/31/2020 | $6.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :84443GT** | **THYROID STIMULATING HORMONE (TSH)** | | **TOTAL :** | 1 | |
| 84443T | THYROID STIMULATING HORMONE | 08/01/2015 | 12/31/2020 | $6.00 | Y |
| **Number of Procedure Code :84443T** | **THYROID STIMULATING HORMONE (TSH)** | | **TOTAL :** | 1 | |
| 84443TN | THYROID STIMULATING HORMONE | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :84443TN** | **THYROID STIMULATING HORMONE (TSH)** | | **TOTAL :** | 1 | |
| 84450T | URIC ACID; BLOOD | 08/01/2015 | 12/31/2020 | $4.00 | Y |
| **Number of Procedure Code :84450T** | **URIC ACID; BLOOD** | | **TOTAL :** | 1 | |
| 84450TN | URIC ACID; BLOOD | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :84450TN** | **URIC ACID; BLOOD** | | **TOTAL :** | 1 | |
| 84460T | TRANSFERASE; ALANINE AMINO | 08/01/2015 | 12/31/2020 | $16.00 | Y |
| **Number of Procedure Code :84460T** | **TRANSFERASE; ALANINE AMINO ALT** | | **TOTAL :** | 1 | |
| 84460TN | TRANSFERASE; ALANINE AMINO | 04/29/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :84460TN** | **TRANSFERASE; ALANINE AMINO ALT** | | **TOTAL :** | 1 | |
| 84479T | THYROID HORMONE(T3/T4)UPTAKE | 10/01/2009 | 12/31/2020 | $3.00 | Y |
| **Number of Procedure Code :84479T** | **THYROID HORMONE(T3/T4)UPTAKE OR** | | **TOTAL :** | 1 | |
| 84550T | URIC ACID; BLOOD | 08/01/2015 | 12/31/2020 | $4.00 | Y |
| **Number of Procedure Code :84550T** | **URIC ACID; BLOOD** | | **TOTAL :** | 1 | |
| 84702GT | GONADOTROPIN, CHORIONIC (HCG); | 08/01/2015 | 12/31/2020 | $11.00 | Y |
| **Number of Procedure Code :84702GT** | **GONADOTROPIN, CHORIONIC (HCG);** | | **TOTAL :** | 1 | |
| 84702T | GONADOTROPIN; CHORIONIC (HCG); | 08/01/2015 | 12/31/2020 | $11.00 | Y |
| **Number of Procedure Code :84702T** | **GONADOTROPIN; CHORIONIC (HCG);** | | **TOTAL :** | 1 | |
| 84702TN | GONADOTROPIN; CHORIONIC (HCG); | 04/24/2019 | 12/31/2020 | $0.00 | Y |

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| **Number of Procedure Code :84702TN** | | **GONADOTROPIN; CHORIONIC (HCG);** | | **TOTAL :** 1 | |
| 85018 | HEMOGLOBIN, BLOOD COUNT (HGB) | 10/01/2009 | 12/31/2020 | $4.00 | Y |
| **Number of Procedure Code :85018** | | **HEMOGLOBIN, BLOOD COUNT (HGB)** | | **TOTAL :** 1 | |
| 85018GT | BLOOD COUNT; HEMOGLOBIN (HGB) | 10/01/2009 | 12/31/2020 | $4.00 | Y |
| **Number of Procedure Code :85018GT** | | **BLOOD COUNT; HEMOGLOBIN (HGB)** | | **TOTAL :** 1 | |
| 85018GY | HEMOGLOBIN, BLOOD (HGB) | 10/01/2009 | 12/31/2020 | $4.00 | N |
| **Number of Procedure Code :85018GY** | | **HEMOGLOBIN, BLOOD (HGB)** | | **TOTAL :** 1 | |
| 85018T | BLOOD COUNT; HEMOGLOBIN (HGB) | 10/01/2009 | 12/31/2020 | $4.00 | Y |
| **Number of Procedure Code :85018T** | | **BLOOD COUNT; HEMOGLOBIN (HGB)** | | **TOTAL :** 1 | |
| 85025GT | BLOOD COUNT; COMPLETE (CBC) | 08/01/2015 | 12/31/2020 | $5.00 | N |
| **Number of Procedure Code :85025GT** | | **BLOOD COUNT; COMPLETE (CBC)** | | **TOTAL :** 1 | |
| 85025T | BLOOD COUNT; COMPLETE (CBC) | 08/01/2015 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :85025T** | | **BLOOD COUNT; COMPLETE (CBC)** | | **TOTAL :** 1 | |
| 85025TN | BLOOD COUNT; COMPLETE (CBC) | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :85025TN** | | **BLOOD COUNT; COMPLETE (CBC)** | | **TOTAL :** 1 | |
| 85045T | BLOOD COUNT; RETICULOCYTE | 11/01/2012 | 12/31/2020 | $3.00 | Y |
| **Number of Procedure Code :85045T** | | **BLOOD COUNT; RETICULOCYTE** | | **TOTAL :** 1 | |
| 85045TN | BLOOD COUNT; RETICULOCYTE | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :85045TN** | | **BLOOD COUNT; RETICULOCYTE** | | **TOTAL :** 1 | |
| 85048 | WBC | 08/01/2015 | 12/31/2020 | $4.00 | Y |
| **Number of Procedure Code :85048** | | **WBC** | | **TOTAL :** 1 | |
| 85300T | CLOTTING INHIBITORS OR | 04/01/2015 | 12/31/2020 | $15.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :85300T** | | **CLOTTING INHIBITORS OR** | | **TOTAL :** 1 | |
| 85303T | CLOTTING INHIBITORS OR | 04/01/2015 | 12/31/2020 | $29.00 | Y |
| **Number of Procedure Code :85303T** | | **CLOTTING INHIBITORS OR** | | **TOTAL :** 1 | |
| 85306T | PROTEIN S-FUNCTIONAL; PROTEIN S, | 02/16/2010 | 12/31/2020 | $55.00 | N |
| **Number of Procedure Code :85306T** | | **PROTEIN S-FUNCTIONAL; PROTEIN S,** | | **TOTAL :** 1 | |
| 85307T | ACTIVATED PROTEIN C (APC) | 04/01/2015 | 12/31/2020 | $18.00 | Y |
| **Number of Procedure Code :85307T** | | **ACTIVATED PROTEIN C (APC)** | | **TOTAL :** 1 | |
| 85384T | FIBRINOGEN; ACTIVITY | 08/01/2015 | 12/31/2020 | $44.00 | Y |
| **Number of Procedure Code :85384T** | | **FIBRINOGEN; ACTIVITY** | | **TOTAL :** 1 | |
| 85385T | FIBRINOGEN; ANTIGEN | 08/01/2015 | 12/31/2020 | $175.00 | Y |
| **Number of Procedure Code :85385T** | | **FIBRINOGEN; ANTIGEN** | | **TOTAL :** 1 | |
| 85385TN | FIBRINOGEN; ANTIGEN | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :85385TN** | | **FIBRINOGEN; ANTIGEN** | | **TOTAL :** 1 | |
| 85610GT | PROTHROMBIN TIME | 08/01/2015 | 12/31/2020 | $14.00 | N |
| **Number of Procedure Code :85610GT** | | **PROTHROMBIN TIME** | | **TOTAL :** 1 | |
| 85610T | PROTHROMBIN TIME | 08/01/2015 | 12/31/2020 | $14.00 | Y |
| **Number of Procedure Code :85610T** | | **PROTHROMBIN TIME** | | **TOTAL :** 1 | |
| 85610TN | PROTHROMBIN TIME | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :85610TN** | | **PROTHROMBIN TIME** | | **TOTAL :** 1 | |
| 85651T | SEDIMENTATION RATE; | 08/01/2015 | 12/31/2020 | $3.00 | Y |
| **Number of Procedure Code :85651T** | | **SEDIMENTATION RATE;** | | **TOTAL :** 1 | |
| 85652T | Sedimentation rate, erthrocyte; auto | 11/01/2012 | 12/31/2020 | $3.00 | Y |

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| **Number of Procedure Code :85652T** | | **Sedimentation rate, erthrocyte; auto** | | **TOTAL :** | 1 | |
| 85730GT | THROMBOPLASTIN TIME, PARTIAL | 08/01/2015 | 12/31/2020 | $14.00 | | N |
| **Number of Procedure Code :85730GT** | | **THROMBOPLASTIN TIME, PARTIAL (PTT);** | | **TOTAL :** | 1 | |
| 85730T | THROMBOPLASTIN TIME,PARTIAL | 08/01/2015 | 12/31/2020 | $14.00 | | Y |
| **Number of Procedure Code :85730T** | | **THROMBOPLASTIN TIME,PARTIAL (PTT);** | | **TOTAL :** | 1 | |
| 85730TN | THROMBOPLASTIN TIME,PARTIAL | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :85730TN** | | **THROMBOPLASTIN TIME,PARTIAL (PTT);** | | **TOTAL :** | 1 | |
| 86140T | C-reactive protein | 11/01/2012 | 12/31/2020 | $31.00 | | Y |
| **Number of Procedure Code :86140T** | | **C-reactive protein** | | **TOTAL :** | 1 | |
| 86147T | CARDIOLIPIN (P HOSPHOLIPID) | 04/01/2015 | 12/31/2020 | $22.00 | | Y |
| **Number of Procedure Code :86147T** | | **CARDIOLIPIN (P HOSPHOLIPID)** | | **TOTAL :** | 1 | |
| 86308T | HETEROPHILE ANTIBODIES; | 08/01/2015 | 12/31/2020 | $30.00 | | Y |
| **Number of Procedure Code :86308T** | | **HETEROPHILE ANTIBODIES; SCREENING** | | **TOTAL :** | 1 | |
| 86317TN | Zika IgM ELISA-specific | 08/01/2017 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :86317TN** | | **Zika IgM ELISA-specific** | | **TOTAL :** | 1 | |
| 86361T | T CELLS; ABSOLUTE CD4 COUNT | 08/01/2015 | 12/31/2020 | $38.00 | | Y |
| **Number of Procedure Code :86361T** | | **T CELLS; ABSOLUTE CD4 COUNT** | | **TOTAL :** | 1 | |
| 86580 | SKIN TEST; TUBERCULOSIS, | 11/11/2019 | 12/31/2020 | $20.00 | | N |
| **Number of Procedure Code :86580** | | **SKIN TEST; TUBERCULOSIS,** | | **TOTAL :** | 1 | |
| 86580CR | PPD CONTACT READ- TRACKING | 01/01/2010 | 12/31/2020 | $0.00 | | N |
| **Number of Procedure Code :86580CR** | | **PPD CONTACT READ- TRACKING ONLY** | | **TOTAL :** | 1 | |
| 86580E | PPD EXEMPTION FORM - NO CHARGE | 01/01/2010 | 12/31/2020 | $0.00 | | N |

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| **Number of Procedure Code :86580E** | | **PPD EXEMPTION FORM - NO CHARGE** | | **TOTAL :** 1 | |
| 86580N | PPD CONTACT TRACKING ONLY | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :86580N** | | **PPD CONTACT TRACKING ONLY** | | **TOTAL :** 1 | |
| 86580NC | TUBERCULOSIS; SKIN TEST | 01/01/2010 | 12/31/2020 | $0.00 | N |
| ***Number of Procedure Code :86580NC*** | | ***TUBERCULOSIS; SKIN TEST*** | | **TOTAL :** 1 | |
| 86580T | TB CONTACT READ TRACKING ONLY | 01/01/2009 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :86580T** | | **TB CONTACT READ TRACKING ONLY** | | **TOTAL :** 1 | |
| 86592 | SYPHILIS, PRECIPITATION OR | 02/11/2019 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :86592** | | **SYPHILIS, PRECIPITATION OR** | | **TOTAL :** 1 | |
| 86592NC | SYPHILIS TEST; QUALITATIVE | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :86592NC** | | **SYPHILIS TEST; QUALITATIVE** | | **TOTAL :** 1 | |
| 86592T | SYPHILIS TEST; QUALITATIVE | 02/11/2019 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :86592T** | | **SYPHILIS TEST; QUALITATIVE (VDRL,** | | **TOTAL :** 1 | |
| 86592TN | SYPHILIS TEST; QUALITATIVE | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :86592TN** | | **SYPHILIS TEST; QUALITATIVE (VDRL,** | | **TOTAL :** 1 | |
| 86593T | SYPHILIS TEST; QUANTITATIVE | 08/01/2015 | 12/31/2020 | $16.00 | Y |
| **Number of Procedure Code :86593T** | | **SYPHILIS TEST; QUANTITATIVE** | | **TOTAL :** 1 | |
| 86593TN | SYPHILIS TEST; QUANTITATIVE | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :86593TN** | | **SYPHILIS TEST; QUANTITATIVE** | | **TOTAL :** 1 | |
| 86644T | ANTIBODY; CYTOMEGALOVIRUS | 08/01/2015 | 12/31/2020 | $55.00 | Y |
| **Number of Procedure Code :86644T** | | **ANTIBODY; CYTOMEGALOVIRUS (CMV)** | | **TOTAL :** 1 | |
| 86644TN | ANTIBODY; CYTOMEGALOVIRUS | 04/24/2019 | 12/31/2020 | $0.00 | Y |

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| **Number of Procedure Code :86644TN** | | **ANTIBODY; CYTOMEGALOVIRUS (CMV)** | | **TOTAL :** | 1 | |
| 86645T | ANTIBODY; CYTOMEGALOVIRUS | 08/01/2015 | 12/31/2020 | $48.00 | | Y |
| **Number of Procedure Code :86645T** | | **ANTIBODY; CYTOMEGALOVIRUS (CMV),** | | **TOTAL :** | 1 | |
| 86645TN | ANTIBODY; CYTOMEGALOVIRUS | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| ***Number of Procedure Code :86645TN*** | | ***ANTIBODY; CYTOMEGALOVIRUS (CMV0,*** | | **TOTAL :** | 1 | |
| 86663T | Antibody; Epstein-Barr (EB) virus, | 08/01/2015 | 12/31/2020 | $96.00 | | Y |
| **Number of Procedure Code :86663T** | | **Antibody; Epstein-Barr (EB) virus, early** | | **TOTAL :** | 1 | |
| 86677T | Antibody; Helicobacter pylori | 11/01/2012 | 12/31/2020 | $58.00 | | Y |
| **Number of Procedure Code :86677T** | | **Antibody; Helicobacter pylori** | | **TOTAL :** | 1 | |
| 86694GT | ANTIBODY;HERPES SIMPLEX, NON- | 11/01/2011 | 12/31/2020 | $48.00 | | N |
| **Number of Procedure Code :86694GT** | | **ANTIBODY;HERPES SIMPLEX, NON-** | | **TOTAL :** | 1 | |
| *86694T* | *ANTIBODY;HERPES SIMPLEX, NON-* | *11/01/2011* | 12/31/2020 | $48.00 | | Y |
| **Number of Procedure Code :86694T** | | **ANTIBODY;HERPES SIMPLEX, NON-** | | **TOTAL :** | 1 | |
| 86701NC | HIV RAPID | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :86701NC** | | **HIV RAPID** | | **TOTAL :** | 1 | |
| 86701TN | ANTIBODY; HIV-1 | 01/01/2010 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :86701TN** | | **ANTIBODY; HIV-1** | | **TOTAL :** | 1 | |
| 86735T | ANTIBODY; MUMPS | 03/07/2016 | 12/31/2020 | $12.00 | | Y |
| **Number of Procedure Code :86735T** | | **ANTIBODY; MUMPS** | | **TOTAL :** | 1 | |
| 86735TN | ANTIBODY; MUMPS | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :86735TN** | | **ANTIBODY; MUMPS** | | **TOTAL :** | 1 | |
| 86747T | ANTIBODY; PARVOVIRUS | 02/11/2019 | 12/31/2020 | $60.00 | | Y |

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| **Number of Procedure Code :86747T** | | **ANTIBODY; PARVOVIRUS** | | **TOTAL :** 1 | |
| 86762T | ANTIBODY; RUBELLA | 02/11/2019 | 12/31/2020 | $10.00 | Y |
| **Number of Procedure Code :86762T** | | **ANTIBODY; RUBELLA** | | **TOTAL :** 1 | |
| 86762TN | RUBELLA TITER | 03/31/1993 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :86762TN** | | **RUBELLA TITER** | | **TOTAL :** 1 | |
| 86765T | ANTIBODY; RUBEOLA | 03/07/2016 | 12/31/2020 | $13.00 | Y |
| **Number of Procedure Code :86765T** | | **ANTIBODY; RUBEOLA** | | **TOTAL :** 1 | |
| 86765TN | ANTIBODY; RUBEOLA | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :86765TN** | | **ANTIBODY; RUBEOLA** | | **TOTAL :** 1 | |
| 86777T | ANTIOBODY; TOXOPLASMA | 08/01/2015 | 12/31/2020 | $18.00 | Y |
| **Number of Procedure Code :86777T** | | **ANTIOBODY; TOXOPLASMA** | | **TOTAL :** 1 | |
| 86777TN | ANTIOBODY; TOXOPLASMA | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :86777TN** | | **ANTIOBODY; TOXOPLASMA** | | **TOTAL :** 1 | |
| 86778T | ANTIBODY;TOXOPLASMA; IGM | 08/01/2015 | 12/31/2020 | $18.00 | N |
| **Number of Procedure Code :86778T** | | **ANTIBODY;TOXOPLASMA; IGM** | | **TOTAL :** 1 | |
| 86787T | ANTIBODY; VARICELLA-ZOSTER | 08/01/2015 | 12/31/2020 | $14.00 | Y |
| **Number of Procedure Code :86787T** | | **ANTIBODY; VARICELLA-ZOSTER** | | **TOTAL :** 1 | |
| 86787TN | ANTIBODY; VARICELLA-ZOSTER | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :86787TN** | | **ANTIBODY; VARICELLA-ZOSTER** | | **TOTAL :** 1 | |
| 86790TN | IgM ELISA-non specific | 08/01/2017 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :86790TN** | | **IgM ELISA-non specific** | | **TOTAL :** 1 | |
| 86803T | HEPATITIS C ANTIBODY | 02/11/2019 | 12/31/2020 | $4.00 | Y |

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| **Number of Procedure Code :86803T** | **HEPATITIS C ANTIBODY** | | | **TOTAL :** 1 | |
| 86803TN | HEPATITIS C; ANTIBODY | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :86803TN** | **HEPATITIS C; ANTIBODY** | | | **TOTAL :** 1 | |
| 86804T | HEPATITIS C ANTIBODY; | 12/06/2013 | 12/31/2020 | $43.00 | Y |
| **Number of Procedure Code :86804T** | **HEPATITIS C ANTIBODY; CONFIRMATOR** | | | **TOTAL :** 1 | |
| 86850T | ANTIBODY SCREEN, RBC | 08/01/2015 | 12/31/2020 | $6.00 | Y |
| **Number of Procedure Code :86850T** | **ANTIBODY SCREEN, RBC** | | | **TOTAL :** 1 | |
| 86850TN | ANTIBODY SCREEN; RBC | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :86850TN** | **ANTIBODY SCREEN; RBC** | | | **TOTAL :** 1 | |
| 86900T | BLOOD TYPING: ABO | 02/11/2019 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :86900T** | **BLOOD TYPING: ABO** | | | **TOTAL :** 1 | |
| 86900TN | BLOOD TYPING; ABO | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :86900TN** | **BLOOD TYPING; ABO** | | | **TOTAL :** 1 | |
| 86901T | BLOOD TYPING; RHD | 02/11/2019 | 12/31/2020 | $5.00 | N |
| **Number of Procedure Code :86901T** | **BLOOD TYPING; RHD** | | | **TOTAL :** 1 | |
| 86901TN | BLOOD TYPING; RHD | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :86901TN** | **BLOOD TYPING; RHD** | | | **TOTAL :** 1 | |
| 87015TN | CONCENTRATION,ANY TYPE, FOR | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87015TN** | **CONCENTRATION,ANY TYPE, FOR** | | | **TOTAL :** 1 | |
| 87040T | CULTURE,BACTERIAL;BLOOD,AERO | 08/01/2015 | 12/31/2020 | $20.00 | Y |
| **Number of Procedure Code :87040T** | **CULTURE,BACTERIAL;BLOOD,AEROBI** | | | **TOTAL :** 1 | |
| 87045T | STOOL CULTURE | 07/01/2011 | 12/31/2020 | $13.00 | Y |

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| **Number of Procedure Code :87045T** | **STOOL CULTURE** | | | **TOTAL :** 1 | |
| 87070NC | CULTURE BACTERIAL; ANY SOURCE | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87070NC** | **CULTURE BACTERIAL; ANY SOURCE** | | | **TOTAL :** 1 | |
| 87070T | CULTURE BACTERIAL;ANY SOURCE | 08/01/2015 | 12/31/2020 | $8.00 | Y |
| **Number of Procedure Code :87070T** | **CULTURE BACTERIAL;ANY SOURCE** | | | **TOTAL :** 1 | |
| 87075T | CULTURE,BACTERIAL;ANY SOURCE, | 08/01/2015 | 12/31/2020 | $8.00 | Y |
| **Number of Procedure Code :87075T** | **CULTURE,BACTERIAL;ANY SOURCE,** | | | **TOTAL :** 1 | |
| 87081 | CULTURE PRESUMPTIVE PATH, | 08/01/2015 | 12/31/2020 | $23.00 | Y |
| **Number of Procedure Code :87081** | **CULTURE PRESUMPTIVE PATH,** | | | **TOTAL :** 1 | |
| 87081GY | CULTURE,PRESUMPTIVE, PATH | 08/01/2015 | 12/31/2020 | $23.00 | N |
| **Number of Procedure Code :87081GY** | **CULTURE,PRESUMPTIVE, PATH** | | | **TOTAL :** 1 | |
| 87081NC | CULTURE, PRESUMPTIVE, PATHO | 01/01/2015 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87081NC** | **CULTURE, PRESUMPTIVE, PATHO** | | | **TOTAL :** 1 | |
| 87081T | CULTURE,PRESUMPTIVE,PATHOGENI | 08/01/2015 | 12/31/2020 | $23.00 | Y |
| **Number of Procedure Code :87081T** | **CULTURE,PRESUMPTIVE,PATHOGENIC** | | | **TOTAL :** 1 | |
| 87081TN | CULTURE, PRESUMPTIVE, | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87081TN** | **CULTURE, PRESUMPTIVE, PATHOGENIC** | | | **TOTAL :** 1 | |
| 87086GT | CULTURE, BACTERIAL QUANT | 02/11/2019 | 12/31/2020 | $9.00 | N |
| **Number of Procedure Code :87086GT** | **CULTURE, BACTERIAL QUANT COLONY** | | | **TOTAL :** 1 | |
| 87086T | CULTURE, BACTERIAL QUANT | 02/11/2019 | 12/31/2020 | $9.00 | Y |
| **Number of Procedure Code :87086T** | **CULTURE, BACTERIAL QUANT COLONY** | | | **TOTAL :** 1 | |
| 87086TN | CULTURE, BACTERIAL QUANT | 04/24/2019 | 12/31/2020 | $0.00 | Y |

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| **Number of Procedure Code :87086TN** | | **CULTURE, BACTERIAL QUANT COLONY** | | **TOTAL :** 1 | |
| 87110GT | CULTURE, CHLAMYDIA, ANY | 08/01/2015 | 12/31/2020 | $19.00 | N |
| **Number of Procedure Code :87110GT** | | **CULTURE, CHLAMYDIA, ANY SOURCE** | | **TOTAL :** 1 | |
| 87110T | CULTURE, CHLAMYDIA, ANY | 08/01/2015 | 12/31/2020 | $19.00 | Y |
| **Number of Procedure Code :87110T** | | **CULTURE, CHLAMYDIA, ANY SOURCE** | | **TOTAL :** 1 | |
| 87110TN | CULTURE, CHLAMYDIA, ANY | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87110TN** | | **CULTURE, CHLAMYDIA, ANY SOURCE** | | **TOTAL :** 1 | |
| 87116TN | CULTURE, TUBERCLE OR OTHER | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87116TN** | | **CULTURE, TUBERCLE OR OTHER ACID-** | | **TOTAL :** 1 | |
| 87118TN | CULTURE,MYOBACTERIAL,DEFINITIV | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87118TN** | | **CULTURE,MYOBACTERIAL,DEFINITIV ID** | | **TOTAL :** 1 | |
| 87177T | OVA & PARASITES,DIRECT SMEARS | 08/01/2015 | 12/31/2020 | $10.00 | Y |
| **Number of Procedure Code :87177T** | | **OVA & PARASITES,DIRECT SMEARS** | | **TOTAL :** 1 | |
| 87205 | SMEAR PRIMARY SOURCE W/INTREP | 08/01/2015 | 12/31/2020 | $6.00 | Y |
| **Number of Procedure Code :87205** | | **SMEAR PRIMARY SOURCE W/INTREP** | | **TOTAL :** 1 | |
| 87205NC | SMEAR PRIMARY SOURCE W/INTREP | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87205NC** | | **SMEAR PRIMARY SOURCE W/INTREP** | | **TOTAL :** 1 | |
| 87206TN | AFB SMEAR | 04/24/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87206TN** | | **AFB SMEAR** | | **TOTAL :** 1 | |
| 87210 | SMEAR PRIMARY W/INTREP, WET | 04/01/2018 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :87210** | | **SMEAR PRIMARY W/INTREP, WET** | | **TOTAL :** 1 | |
| 87210GY | SMEAR PRIMARY SOURCE | 04/01/2018 | 12/31/2020 | $5.00 | N |

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| **Number of Procedure Code :87210GY** | | **SMEAR PRIMARY SOURCE W/INTREP;** | | **TOTAL :** 1 | |
| 87210H | Wet Mount W/Interp - Hosp Only | 01/01/2016 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :87210H** | | **Wet Mount W/Interp - Hosp Only** | | **TOTAL :** 1 | |
| 87210NC | SMEAR PRIMARY SOURCE W/INTREP | 04/01/2018 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87210NC** | | **SMEAR PRIMARY SOURCE W/INTREP** | | **TOTAL :** 1 | |
| 87210ST | WET MOUNT | 04/01/2018 | 12/31/2020 | $10.00 | Y |
| **Number of Procedure Code :87210ST** | | **WET MOUNT** | | **TOTAL :** 1 | |
| 87255GT | VIRUS ISOLATION INC ID BY NON- | 02/11/2019 | 12/31/2020 | $35.00 | N |
| **Number of Procedure Code :87255GT** | | **VIRUS ISOLATION INC ID BY NON-** | | **TOTAL :** 1 | |
| 87255T | VIRUS ISOLATION INC ID BY NON- | 02/11/2019 | 12/31/2020 | $35.00 | Y |
| **Number of Procedure Code :87255T** | | **VIRUS ISOLATION INC ID BY NON-** | | **TOTAL :** 1 | |
| 87255TN | VIRUS ISOLATION INC ID BY NON- | 11/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87255TN** | | **VIRUS ISOLATION INC ID BY NON-** | | **TOTAL :** 1 | |
| 87340T | INFECT AGENT ANTIGEN DETECT | 02/11/2019 | 12/31/2020 | $8.00 | Y |
| **Number of Procedure Code :87340T** | | **INFECT AGENT ANTIGEN DETECT ENZYM** | | **TOTAL :** 1 | |
| 87340TN | INFECT AGENT ANTIGEN DETECT | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87340TN** | | **INFECT AGENT ANTIGEN DETECT ENZYM** | | **TOTAL :** 1 | |
| 87425T | INFECT AGENT ANTIGEN; | 08/01/2015 | 12/31/2020 | $14.00 | Y |
| **Number of Procedure Code :87425T** | | **INFECT AGENT ANTIGEN; ROTAVIRUS** | | **TOTAL :** 1 | |
| 87490TN | CHLAMYDIA TRACHOMATIS, DIRECT | 06/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87490TN** | | **CHLAMYDIA TRACHOMATIS, DIRECT** | | **TOTAL :** 1 | |
| 87491GT | INFECT AGENT DETECT CHLAMYDIA | 12/02/2016 | 12/31/2020 | $12.00 | N |

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| **Number of Procedure Code :87491GT** | | **INFECT AGENT DETECT CHLAMYDIA** | | **TOTAL :** 1 | |
| 87491T | INFECT AGENT DETECT; CHLAMYDIA | 12/02/2016 | 12/31/2020 | $12.00 | Y |
| **Number of Procedure Code :87491T** | | **INFECT AGENT DETECT; CHLAMYDIA** | | **TOTAL :** 1 | |
| 87491TN | CHLAMYDIA TRACHOMATIS PROBE | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :87491TN** | | **CHLAMYDIA TRACHOMATIS PROBE** | | **TOTAL :** 1 | |
| *87517T* | *Infect agent detection by nucleic acid* | *01/07/2019* | 12/31/2020 | $149.00 | Y |
| **Number of Procedure Code :87517T** | | **Infect agent detection by nucleic acid** | | **TOTAL :** 1 | |
| 87517TN | Infect agent detection by nucleic acid | 01/07/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87517TN** | | **Infect agent detection by nucleic acid** | | **TOTAL :** 1 | |
| 87521TN | HCV by RNA | 11/01/2016 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87521TN** | | **HCV by RNA** | | **TOTAL :** 1 | |
| 87591GT | INFECT AGENT;NEISSERIA | 12/02/2016 | 12/31/2020 | $12.00 | N |
| **Number of Procedure Code :87591GT** | | **INFECT AGENT;NEISSERIA GONORRHOE** | | **TOTAL :** 1 | |
| 87591T | INFECT AGENT DETECT NEISSERIA | 12/02/2016 | 12/31/2020 | $12.00 | Y |
| **Number of Procedure Code :87591T** | | **INFECT AGENT DETECT NEISSERIA** | | **TOTAL :** 1 | |
| 87591TN | INFECT AGENT DETECT NEISSERIA | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87591TN** | | **INFECT AGENT DETECT NEISSERIA** | | **TOTAL :** 1 | |
| 87624T | Infecti agent detection by nucIleic | 01/01/2019 | 12/31/2020 | $32.00 | Y |
| **Number of Procedure Code :87624T** | | ***Infecti agent detection by nucIleic acid*** | | **TOTAL :** 1 | |
| 87624TN | Infecti agent detection by nucIleic | 04/01/2019 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :87624TN** | | **Infecti agent detection by nucIleic acid** | | **TOTAL :** 1 | |
| 87625T | Infectious agent detection by nucIleic | 01/07/2019 | 12/31/2020 | $76.00 | Y |

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| **Number of Procedure Code :87625T** | | **Infectious agent detection by nucIleic** | | **TOTAL :** | 1 | |
| 87625TN | Infectious agent detection by nucIleic | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :87625TN** | | **Infectious agent detection by nucIleic** | | **TOTAL :** | 1 | |
| 87779T | HSV; IgG; multi-test, CPT 86695, | 12/01/2014 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :87798NC** | | **INFECT DETECTION BY DNA or RNA; NOT** | | **TOTAL :** | 1 | |
| 87798TN | | 08/01/2017 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :87798TN** | | | | **TOTAL :** | 1 | |
| 87804 | INFECTIOUS AGENT ANTIGEN | 08/01/2015 | 12/31/2020 | $16.00 | | Y |
| **Number of Procedure Code :87804** | | **INFECTIOUS AGENT ANTIGEN** | | **TOTAL :** | 1 | |
| 88142GT | CYTOPATH,CERVICAL OR VAG, | 02/11/2019 | 12/31/2020 | $22.00 | | Y |
| **Number of Procedure Code :88142GT** | | **CYTOPATH,CERVICAL OR VAG,** | | **TOTAL :** | 1 | |
| 88142T | CYTOPATH, CERVICAL OR VAG, | 02/11/2019 | 12/31/2020 | $22.00 | | Y |
| **Number of Procedure Code :88142T** | | **CYTOPATH, CERVICAL OR VAG,** | | **TOTAL :** | 1 | |
| 88142TN | CYTOPATH,CERVICAL OR VAG, | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :88142TN** | | **CYTOPATH,CERVICAL OR VAG,** | | **TOTAL :** | 1 | |
| 88305GT | LEVEL IV-SURG PATH GROSS & | 10/01/2018 | 12/31/2020 | $45.00 | | N |
| **Number of Procedure Code :88305GT** | | **LEVEL IV-SURG PATH GROSS &** | | **TOTAL :** | 1 | |
| 88305TN | SURGICAL PATH O/S LAB | 01/01/2010 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :88305TN** | | **SURGICAL PATH O/S LAB** | | **TOTAL :** | 1 | |
| 88889T | CYSTIC FIBROSIS SCREENING | 02/11/2019 | 12/31/2020 | $132.00 | | N |
| 88889T | CYSTIC FIBROSIS SCREENING | 04/24/2019 | 12/31/2020 | $0.00 | | Y |

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|---|---|---|---|---|---|---|
| **Number of Procedure Code :88889T** | | **CYSTIC FIBROSIS SCREENING** | | **TOTAL :** | 2 | |
| 88889TN | CYSTIC FIBROSIS SCREENING | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :88889TN** | | **CYSTIC FIBROSIS SCREENING** | | **TOTAL :** | 1 | |
| 89060 | FERN TESTING | 01/01/2015 | 12/31/2020 | $10.00 | | Y |
| **Number of Procedure Code :89060** | | **FERN TESTING** | | **TOTAL :** | 1 | |
| 89992TN | URINE CREAT 24 HR; Multi Lab Panel, | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :89992TN** | | **URINE CREAT 24 HR; Multi Lab Panel,** | | **TOTAL :** | 1 | |
| 89993TN | Anemia Profile, multi-lab panel; lab | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :89993TN** | | **Anemia Profile, multi-lab panel; lab** | | **TOTAL :** | 1 | |
| 89994T | Multi-lab 82570; 84156 > Creatinine; | 02/01/2018 | 12/31/2020 | $42.00 | | Y |
| **Number of Procedure Code :89994T** | | **Multi-lab 82570; 84156 > Creatinine;** | | **TOTAL :** | 1 | |
| 89994TN | Multi-lab 82570; 84156 > Creatinine; | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :89994TN** | | **Multi-lab 82570; 84156 > Creatinine;** | | **TOTAL :** | 1 | |
| 89995T | GLUCOSE PANEL > LAB CPT CODES | 08/30/2015 | 12/31/2020 | $64.00 | | Y |
| **Number of Procedure Code :89995T** | | **GLUCOSE PANEL > LAB CPT CODES** | | **TOTAL :** | 1 | |
| 89996GT | Combo Lab - HPV, High Risk and | 02/11/2019 | 12/31/2020 | $53.00 | | N |
| **Number of Procedure Code :89996GT** | | **Combo Lab - HPV, High Risk and** | | **TOTAL :** | 1 | |
| 89996T | COMBO LAB-HPV,HIGH RISK and | 02/11/2019 | 12/31/2020 | $53.00 | | Y |
| **Number of Procedure Code :89996T** | | **COMBO LAB-HPV,HIGH RISK and** | | **TOTAL :** | 1 | |
| 89996TN | COMBO LAB-HPV,HIGH RISK and | 04/24/2019 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :89996TN** | | **COMBO LAB-HPV,HIGH RISK and** | | **TOTAL :** | 1 | |
| 89997T | Thrombophilia Panel | 04/01/2015 | 12/31/2020 | $563.00 | | Y |

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| **Number of Procedure Code :89997T** | | **Thrombophilia Panel** | | **TOTAL :** | 1 | |
| 89998T | Combo lab > 85613 & 85732; LAC & | 04/01/2015 | 12/31/2020 | $199.00 | | Y |
| **Number of Procedure Code :89998T** | | **Combo lab > 85613 & 85732; LAC &** | | **TOTAL :** | 1 | |
| 89999T | Spinal Muscular Atrophy Carrier | 11/01/2012 | 12/31/2020 | $358.00 | | Y |
| **Number of Procedure Code :89999T** | | **Spinal Muscular Atrophy Carrier** | | **TOTAL :** | 1 | |
| 90001S | ADULT HEALTH SCREENING | 01/01/2010 | 12/31/2020 | $0.00 | | N |
| **Number of Procedure Code :90001S** | | **ADULT HEALTH SCREENING** | | **TOTAL :** | 1 | |
| 90371 | HEP B IMMUNE GLOB (HBIG), | 09/01/2014 | 12/31/2020 | $184.00 | | N |
| **Number of Procedure Code :90371** | | **HEP B IMMUNE GLOB (HBIG),** | | **TOTAL :** | 1 | |
| 90460 | IMM ADMIN THRU 18 YRS-WITH | 02/11/2019 | 12/31/2020 | $23.00 | | 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 | 12/31/2020 | $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 | 12/31/2020 | $19.00 | | N |
| **Number of Procedure Code :90465EP** | | **IMMUNIZATION ADMIN W/PHYSICIAN** | | **TOTAL :** | 1 | |
| 90471 | ADMIN OF VACCINE (21 & OLDER) | 02/01/2010 | 12/31/2020 | $19.00 | | Y |
| **Number of Procedure Code :90471** | | **ADMIN OF VACCINE (21 & OLDER)** | | **TOTAL :** | 1 | |
| 90471F | ADMIN/IMM | 02/01/2010 | 12/31/2020 | $19.00 | | N |
| **Number of Procedure Code :90471F** | | **ADMIN/IMM** | | **TOTAL :** | 1 | |
| 90471NC | ADMIN OF VACCINE (21 & OLDER) | 04/01/2015 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :90471NC** | | **ADMIN OF VACCINE (21 & OLDER)** | | **TOTAL :** | 1 | |
| 90471S | ADMIN OF STATE SUPP VACC; | 07/01/2012 | 12/31/2020 | $13.71 | | Y |

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| **Number of Procedure Code :90471S** | | **ADMIN OF STATE SUPP VACC; SINGLE** | | **TOTAL :** 1 | |
| 90472 | ADM OF VACCINE (21 & 0VER) | 02/11/2019 | 12/31/2020 | $15.00 | Y |
| **Number of Procedure Code :90472** | | **ADM OF VACCINE (21 & 0VER) (EACH** | | **TOTAL :** 1 | |
| 90472F | ADMIN/IMM EACH ADDITIONAL | 02/11/2019 | 12/31/2020 | $15.00 | N |
| **Number of Procedure Code :90472F** | | **ADMIN/IMM EACH ADDITIONAL VACCINE** | | **TOTAL :** 1 | |
| 90472NC | ADMIN OF VACCIN (21 & OLDER) | 04/01/2015 | 12/31/2020 | $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 | 12/31/2020 | $13.71 | Y |
| **Number of Procedure Code :90472S** | | **ADM OF VACC-STATE SUPPLIED (EA** | | **TOTAL :** 1 | |
| 90473 | IMMUNIZATION ADMINISTRATION; | 02/11/2019 | 12/31/2020 | $15.00 | N |
| **Number of Procedure Code :90473** | | **IMMUNIZATION ADMINISTRATION;** | | **TOTAL :** 1 | |
| 90473S | IMMUNIZATION ADMIN-STATE SUPP | 07/01/2012 | 12/31/2020 | $13.71 | Y |
| **Number of Procedure Code :90473S** | | **IMMUNIZATION ADMIN-STATE SUPP** | | **TOTAL :** 1 | |
| 90474 | IMM ADMIN BY INTRANASAL OR | 02/11/2019 | 12/31/2020 | $15.00 | N |
| **Number of Procedure Code :90474** | | **IMM ADMIN BY INTRANASAL OR ORAL;** | | **TOTAL :** 1 | |
| 90474S | IMM ADMIN BY INTRANASAL OR | 07/11/2012 | 12/31/2020 | $13.71 | Y |
| **Number of Procedure Code :90474S** | | **IMM ADMIN BY INTRANASAL OR ORAL-** | | **TOTAL :** 1 | |
| 90620 | Meningococcal (grp B) vacc - | 03/01/2020 | 12/31/2020 | $179.00 | N |
| **Number of Procedure Code :90620** | | **Meningococcal (grp B) vacc - Bexsero** | | **TOTAL :** 1 | |
| 90620P | Meningococcal (grp B) vacc - | 03/01/2020 | 12/31/2020 | $179.00 | Y |
| **Number of Procedure Code :90620P** | | **Meningococcal (grp B) vacc - Bexsero** | | **TOTAL :** 1 | |
| 90620S | Meningococcal (grp B) vaccine - | 08/08/2016 | 12/31/2020 | $0.00 | Y |

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| **Number of Procedure Code :90620S** | | **Meningococcal (grp B) vaccine -** | | **TOTAL :** | 1 | |
| 90632 | HEP A VACCINE - ADULT | 03/01/2020 | 12/31/2020 | $73.00 | | N |
| **Number of Procedure Code :90632** | | **HEP A VACCINE - ADULT** | | **TOTAL :** | 1 | |
| 90632P | HEP A VACCINE - ADULT | 03/01/2020 | 12/31/2020 | $73.00 | | Y |
| **Number of Procedure Code :90632P** | | **HEP A VACCINE - ADULT** | | **TOTAL :** | 1 | |
| 90632S | HEPATITIS A VACCINE, ADULT, | 06/01/2018 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :90632S** | | **HEPATITIS A VACCINE, ADULT, State-** | | **TOTAL :** | 1 | |
| 90633 | HEP A VACCINE,PEDIATRIC | 03/01/2020 | 12/31/2020 | $34.00 | | N |
| **Number of Procedure Code :90633** | | **HEP A VACCINE,PEDIATRIC** | | **TOTAL :** | 1 | |
| 90633P | HEP A VACCINE, PEDIATRIC | 03/01/2020 | 12/31/2020 | $34.00 | | Y |
| **Number of Procedure Code :90633P** | | **HEP A VACCINE, PEDIATRIC** | | **TOTAL :** | 1 | |
| 90633S | HEP A PED,ADULT STATE SUPP | 01/01/2010 | 12/31/2020 | $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 | 12/31/2020 | $21.00 | | N |
| **Number of Procedure Code :90634** | | **HEP A VACC, PED/ADOLESCENT DOSE-3** | | **TOTAL :** | 1 | |
| 90636 | HEP A/HEP B COMBO VACINE | 02/11/2019 | 12/31/2020 | $111.00 | | 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 | 12/31/2020 | $0.00 | | N |
| **Number of Procedure Code :90636S** | | **HEP A/HEP B COMBO VACINE (TWIN RIX)** | | **TOTAL :** | 1 | |
| 90647 | HIB ADULT HIGH RISK | 03/01/2020 | 12/31/2020 | $73.00 | | N |
| **Number of Procedure Code :90647** | | **HIB ADULT HIGH RISK** | | **TOTAL :** | 1 | |
| 90647S | PEDVAXHIB-STATE SUPPLIED | 01/01/2010 | 12/31/2020 | $0.00 | | N |

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| **Number of Procedure Code :90647S** | | **PEDVAXHIB-STATE SUPPLIED** | | **TOTAL :** 1 | |
| 90648 | ACT HIB VACCINE (PRP-T) HEM | 09/01/2014 | 12/31/2020 | $28.00 | N |
| **Number of Procedure Code :90648** | | **ACT HIB VACCINE (PRP-T) HEM** | | **TOTAL :** 1 | |
| 90648S | ACT HIB & HIBERIX; INFLUENZA | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :90648S** | | **ACT HIB & HIBERIX; INFLUENZA TYPE B;** | | **TOTAL :** 1 | |
| 90649 | GARDASIL VACCINE HPV VACCINE- | 02/06/2017 | 12/31/2020 | $169.00 | Y |
| **Number of Procedure Code :90649** | | **GARDASIL VACCINE HPV VACCINE-3** | | **TOTAL :** 1 | |
| 90649GY | GARDISIL VACCINE | 02/06/2017 | 12/31/2020 | $169.00 | N |
| **Number of Procedure Code :90649GY** | | **GARDISIL VACCINE** | | **TOTAL :** 1 | |
| 90649S | GARDASIL (HPV) 9 THRU 18 STATE | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90649S** | | **GARDASIL (HPV) 9 THRU 18 STATE** | | **TOTAL :** 1 | |
| 90651 | Gardasil 9; Human Papillomavirus | 03/01/2020 | 12/31/2020 | $225.00 | Y |
| **Number of Procedure Code :90651** | | **Gardasil 9; Human Papillomavirus** | | **TOTAL :** 1 | |
| 90651S | Gardasil 9; (9vHPV), 3 dose; State- | 09/01/2016 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90651S** | | **Gardasil 9; (9vHPV), 3 dose; State-** | | **TOTAL :** 1 | |
| 90654 | INFLUENZA VIRUS, SPLIT VIRUS, | 09/01/2014 | 12/31/2020 | $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 | 12/31/2020 | $15.00 | N |
| **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 | 12/31/2020 | $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 | 12/31/2020 | $12.00 | N |

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| **Number of Procedure Code :90656** | | **FLU VACCINE,TRIVALENT** | | **TOTAL :** 1 | |
| 90656S | FLU-STATE SUPPLIED AGES 3 > | 01/01/2010 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90657S** | | **FLU VACCINE 6-35 MO STATE-SUPPLIED** | | **TOTAL :** 1 | |
| 90658 | FLU VACCINE | 01/01/2011 | 12/31/2020 | $11.00 | N |
| **Number of Procedure Code :90658** | | **FLU VACCINE** | | **TOTAL :** 1 | |
| 90658S | FLU HIGH RISK 3+ YEARS N/C | 01/01/2010 | 12/31/2020 | $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 | 12/31/2020 | $11.00 | Y |
| **Number of Procedure Code :90661** | | **FLU VACC, TRI, PRESERVATIVE FREE,** | | **TOTAL :** 1 | |
| 90662 | FLU VACCINE, ENHANCED | 09/01/2019 | 12/31/2020 | $50.00 | N |
| **Number of Procedure Code :90662** | | **FLU VACCINE, ENHANCED** | | **TOTAL :** 1 | |
| 90663S | INFLUENZA VIRUS VACCINE, | 09/01/2009 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90663S** | | **INFLUENZA VIRUS VACCINE, PANDEMIC;** | | **TOTAL :** 1 | |
| 90669S | PREVNAR NO CHARGE STATE | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :90669S** | | **PREVNAR NO CHARGE STATE SUPPLIED** | | **TOTAL :** 1 | |
| 90670 | PNEUMOCOCCAL CONJUGATE | 03/01/2020 | 12/31/2020 | $197.00 | N |
| **Number of Procedure Code :90670** | | **PNEUMOCOCCAL CONJUGATE VACCINE** | | **TOTAL :** 1 | |
| 90670S | PNEUMOCOCCAL CONJUGATE | 05/01/2010 | 12/31/2020 | $0.00 | Y |

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| **Number of Procedure Code :90670S** | **PNEUMOCOCCAL CONJUGATE VACCINE** | | | **TOTAL :** 1 | |
| 90672 | FLU VACCINE, QUADRIVALENT, | 10/01/2015 | 12/31/2020 | $16.00 | N |
| **Number of Procedure Code :90672** | **FLU VACCINE, QUADRIVALENT,** | | | **TOTAL :** 1 | |
| 90672S | FLU VACCINE, QUADRIVALENT, | 09/20/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90672S** | **FLU VACCINE, QUADRIVALENT,** | | | **TOTAL :** 1 | |
| 90674 | FLU VACCINE, Quad | 09/01/2016 | 12/31/2020 | $11.00 | N |
| **Number of Procedure Code :90674** | **FLU VACCINE, Quad** | | | **TOTAL :** 1 | |
| 90674P | FLU VACCINE, Quad | 05/01/2017 | 12/31/2020 | $11.00 | Y |
| **Number of Procedure Code :90674P** | **FLU VACCINE, Quad** | | | **TOTAL :** 1 | |
| 90675 | RABIES VACCINE | 03/01/2020 | 12/31/2020 | $315.00 | N |
| **Number of Procedure Code :90675** | **RABIES VACCINE** | | | **TOTAL :** 1 | |
| 90680 | ROTAVIRUS VACCINE | 02/11/2019 | 12/31/2020 | $91.00 | N |
| **Number of Procedure Code :90680** | **ROTAVIRUS VACCINE** | | | **TOTAL :** 1 | |
| 90680S | ROTATEQ (ROTOVIRUS ST) STATE | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :90680S** | **ROTATEQ (ROTOVIRUS ST) STATE** | | | **TOTAL :** 1 | |
| 90685 | Flu vaccine, quadrivalent, | 10/01/2015 | 12/31/2020 | $11.00 | Y |
| **Number of Procedure Code :90685** | **Flu vaccine, quadrivalent, preservative** | | | **TOTAL :** 1 | |
| 90685S | Flu vaccine, quad, preserv free, age | 09/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90685S** | **Flu vaccine, quad, preserv free, age 6/35** | | | **TOTAL :** 1 | |
| 90686 | FLU VACCINE, QUADRIVALENT, | 10/01/2015 | 12/31/2020 | $11.00 | N |
| **Number of Procedure Code :90686** | **FLU VACCINE, QUADRIVALENT,** | | | **TOTAL :** 1 | |
| 90686P | FLU VACCINE, QUADRIVALENT, | 05/01/2017 | 12/31/2020 | $11.00 | Y |

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| **Number of Procedure Code :90686P** | | **FLU VACCINE, QUADRIVALENT,** | | **TOTAL :** 1 | |
| 90686S | FLU VACCINE, QUADRIVALENT, | 09/20/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90686S** | | **FLU VACCINE, QUADRIVALENT,** | | **TOTAL :** 1 | |
| 90688 | Flu vaccine, quadrivalent, 3 yrs & | 09/01/2018 | 12/31/2020 | $11.00 | N |
| **Number of Procedure Code :90688** | | **Flu vaccine, quadrivalent, 3 yrs & older** | | **TOTAL :** 1 | |
| 90688P | Flu vaccine, quadrivalent, 3 yrs & | 09/01/2018 | 12/31/2020 | $11.00 | Y |
| **Number of Procedure Code :90688P** | | **Flu vaccine, quadrivalent, 3 yrs & older** | | **TOTAL :** 1 | |
| 90688S | Flu vacc, quad, preserv free, 3 yrs & | 09/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90688S** | | **Flu vacc, quad, preserv free, 3 yrs &** | | **TOTAL :** 1 | |
| 90696 | KINRIX DTAP-IPV; CHILDREN 4-6 YRS | 02/06/2017 | 12/31/2020 | $54.00 | N |
| **Number of Procedure Code :90696** | | **KINRIX DTAP-IPV; CHILDREN 4-6 YRS OF** | | **TOTAL :** 1 | |
| 90696S | KINRIX DTAP-IPV; CHILDREN 4-6 YRS | 01/01/2009 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90696S** | | **KINRIX DTAP-IPV; CHILDREN 4-6 YRS OF** | | **TOTAL :** 1 | |
| 90698 | PENTACEL DTAP-HIB-IVP | 03/01/2020 | 12/31/2020 | $94.00 | N |
| **Number of Procedure Code :90698** | | **PENTACEL DTAP-HIB-IVP** | | **TOTAL :** 1 | |
| 90698S | PENTACEL DTAP-HIB-IVP | 01/01/2009 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90698S** | | **PENTACEL DTAP-HIB-IVP** | | **TOTAL :** 1 | |
| 90700 | DTAP-CHILDREN < 7YRS OF AGE; | 03/01/2020 | 12/31/2020 | $23.00 | N |
| **Number of Procedure Code :90700** | | **DTAP-CHILDREN < 7YRS OF AGE;** | | **TOTAL :** 1 | |
| 90700S | DTAP-CHILDREN < 7 YEARS OF AGE | 07/01/2011 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :90700S** | | **DTAP-CHILDREN < 7 YEARS OF AGE** | | **TOTAL :** 1 | |
| 90702 | Diphtheria and tetanus (DT) vac; for | 05/04/2018 | 12/31/2020 | $63.00 | N |

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| PROCEDURE CODE | PROCEDURE NAME | EFFECTIVE DATE | END EFFECTIVE DATE | STANDARD FEE | | DISCOUNT FLAG |
|---|---|---|---|---|---|---|
| **Number of Procedure Code :90702** | | **Diphtheria and tetanus (DT) vac; for age** | | **TOTAL :** | 1 | |
| 90702S | Diphtheria & tetanus (DT) for younger | 05/04/2018 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :90702S** | | **Diphtheria & tetanus (DT) for younger** | | **TOTAL :** | 1 | |
| 90707 | MMR | 03/01/2020 | 12/31/2020 | $81.00 | | N |
| **Number of Procedure Code :90707** | | **MMR** | | **TOTAL :** | 1 | |
| 90707P | MMR | 05/01/2017 | 12/31/2020 | $74.00 | | Y |
| **Number of Procedure Code :90707P** | | **MMR** | | **TOTAL :** | 1 | |
| 90707S | MMR - STATE SUPPLIED | 01/01/2010 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :90707S** | | **MMR - STATE SUPPLIED** | | **TOTAL :** | 1 | |
| 90710 | PROQUAD (MMRV) - ages 12 MOS - | 03/01/2020 | 12/31/2020 | $218.00 | | N |
| **Number of Procedure Code :90710** | | **PROQUAD (MMRV) - ages 12 MOS - 12** | | **TOTAL :** | 1 | |
| 90710S | PROQUAD (MMRV) - State-Supplied | 01/01/2013 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :90710S** | | **PROQUAD (MMRV) - State-Supplied 12** | | **TOTAL :** | 1 | |
| 90713 | IPV | 03/01/2020 | 12/31/2020 | $32.00 | | N |
| **Number of Procedure Code :90713** | | **IPV** | | **TOTAL :** | 1 | |
| 90713P | IPV | 03/01/2020 | 12/31/2020 | $32.00 | | Y |
| **Number of Procedure Code :90713P** | | **IPV** | | **TOTAL :** | 1 | |
| 90713S | IPV - STATE PROVIDED | 01/01/2010 | 12/31/2020 | $0.00 | | N |
| **Number of Procedure Code :90713S** | | **IPV - STATE PROVIDED** | | **TOTAL :** | 1 | |
| 90714 | TETNUS/DIPTH PURCHASED | 03/01/2020 | 12/31/2020 | $35.00 | | Y |
| **Number of Procedure Code :90714** | | **TETNUS/DIPTH PURCHASED** | | **TOTAL :** | 1 | |
| 90714S | TETNUS/DIPTH STATE SUPPLIED | 10/01/2012 | 12/31/2020 | $0.00 | | N |

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|---|---|---|---|---|---|
| **Number of Procedure Code :90714S** | | **TETNUS/DIPTH STATE SUPPLIED** | | **TOTAL :** 1 | |
| 90715 | TETANUS, DIPTHERIA, ACELLULAR | 03/01/2020 | 12/31/2020 | $38.00 | N |
| **Number of Procedure Code :90715** | | **TETANUS, DIPTHERIA, ACELLULAR** | | **TOTAL :** 1 | |
| 90715B | BOOSTRIX | 03/01/2020 | 12/31/2020 | $42.00 | N |
| **Number of Procedure Code :90715B** | | **BOOSTRIX** | | **TOTAL :** 1 | |
| 90715BP | BOOSTRIX | 03/01/2020 | 12/31/2020 | $42.00 | Y |
| **Number of Procedure Code :90715BP** | | **BOOSTRIX** | | **TOTAL :** 1 | |
| 90715P | TETANUS, DIPTHERIA, ACELLULAR | 05/01/2017 | 12/31/2020 | $38.00 | Y |
| **Number of Procedure Code :90715P** | | **TETANUS, DIPTHERIA, ACELLULAR** | | **TOTAL :** 1 | |
| 90715S | TETANUS, DIPTHERIA, ACELLULAR | 09/09/2012 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :90715S** | | **TETANUS, DIPTHERIA, ACELLULAR** | | **TOTAL :** 1 | |
| 90715SB | BOOSTRIX - State-Supplied Vaccine | 01/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90715SB** | | **BOOSTRIX - State-Supplied Vaccine** | | **TOTAL :** 1 | |
| 90716 | VARICELLA | 03/01/2020 | 12/31/2020 | $131.00 | N |
| **Number of Procedure Code :90716** | | **VARICELLA** | | **TOTAL :** 1 | |
| 90716P | VARICELLA | 03/01/2020 | 12/31/2020 | $131.00 | Y |
| **Number of Procedure Code :90716P** | | **VARICELLA** | | **TOTAL :** 1 | |
| 90716S | VARICELLA STATE SUPPLIED-CHILD | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :90716S** | | **VARICELLA STATE SUPPLIED-CHILD** | | **TOTAL :** 1 | |
| 90723 | PEDIARIX -DTAP/HEP B/ IPV VACCINE | 03/01/2020 | 12/31/2020 | $80.00 | N |
| **Number of Procedure Code :90723** | | **PEDIARIX -DTAP/HEP B/ IPV VACCINE** | | **TOTAL :** 1 | |
| 90723S | PEDIARIX - DTAP/HEP B/ IPV; STATE | 01/01/2010 | 12/31/2020 | $0.00 | N |

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|---|---|---|---|---|---|
| **Number of Procedure Code :90723S** | | **PEDIARIX - DTAP/HEP B/ IPV; STATE** | | **TOTAL :** 1 | |
| 90732 | PNEUMOCOCCAL VACCINE | 03/01/2020 | 12/31/2020 | $102.00 | N |
| **Number of Procedure Code :90732** | | **PNEUMOCOCCAL VACCINE** | | **TOTAL :** 1 | |
| 90732NC | PNEUMOCOCCAL, POLYVALENT | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :90732NC** | | **PNEUMOCOCCAL, POLYVALENT STATE** | | **TOTAL :** 1 | |
| 90733 | MENINGOCOCCAL | 02/06/2017 | 12/31/2020 | $135.00 | N |
| **Number of Procedure Code :90733** | | **MENINGOCOCCAL** | | **TOTAL :** 1 | |
| 90734 | MENVEO; MENACTRA; | 03/01/2020 | 12/31/2020 | $167.00 | N |
| **Number of Procedure Code :90734** | | **MENVEO; MENACTRA; MENINGOCOCCAL** | | **TOTAL :** 1 | |
| 90734P | MENVEO; MENACTRA; | 03/01/2020 | 12/31/2020 | $167.00 | Y |
| **Number of Procedure Code :90734P** | | **MENVEO; MENACTRA; MENINGOCOCCAL** | | **TOTAL :** 1 | |
| 90734S | MENVEO; MENACTRA; | 08/15/2012 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90734S** | | **MENVEO; MENACTRA; MENINGOCOCCAL** | | **TOTAL :** 1 | |
| 90739 | Hepatitis B vaccince; Heplisav-B; | 02/11/2019 | 12/31/2020 | $91.00 | N |
| **Number of Procedure Code :90739** | | **Hepatitis B vaccince; Heplisav-B; adult** | | **TOTAL :** 1 | |
| 90744 | HEP B VACCINE, PEDIATRIC | 02/06/2017 | 12/31/2020 | $25.00 | N |
| **Number of Procedure Code :90744** | | **HEP B VACCINE, PEDIATRIC** | | **TOTAL :** 1 | |
| 90744P | HEP B VACCINE, PEDIATRIC | 05/01/2017 | 12/31/2020 | $25.00 | Y |
| **Number of Procedure Code :90744P** | | **HEP B VACCINE, PEDIATRIC** | | **TOTAL :** 1 | |
| 90744S | HEPATITIS B VACCINE PEDIATRIC | 01/01/2011 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90744S** | | **HEPATITIS B VACCINE PEDIATRIC STATE** | | **TOTAL :** 1 | |
| 90746 | HEPATITIS B VACCINE (20+ YRS) | 02/11/2019 | 12/31/2020 | $63.00 | N |

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|---|---|---|---|---|---|
| **Number of Procedure Code :90746** | | **HEPATITIS B VACCINE (20+ YRS)** | | **TOTAL :** 1 | |
| 90746P | HEPATITIS B VACCINE (20+ YRS) | 02/11/2019 | 12/31/2020 | $63.00 | Y |
| **Number of Procedure Code :90746P** | | **HEPATITIS B VACCINE (20+ YRS)** | | **TOTAL :** 1 | |
| 90746S | HEP B ADULT/STATE SUPPLIED | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90746S** | | **HEP B ADULT/STATE SUPPLIED** | | **TOTAL :** 1 | |
| 90749 | UNLISTED VACCINE/TOXOID | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :90749** | | **UNLISTED VACCINE/TOXOID** | | **TOTAL :** 1 | |
| 90750 | Zoster (shingles) vaccine; HZV | 04/01/2020 | 12/31/2020 | $155.00 | N |
| **Number of Procedure Code :90750** | | **Zoster (shingles) vaccine; HZV** | | **TOTAL :** 1 | |
| 90756 | FLU VACCINE, Quad (egg free) | 09/01/2019 | 12/31/2020 | $11.00 | N |
| **Number of Procedure Code :90756** | | **FLU VACCINE, Quad (egg free)** | | **TOTAL :** 1 | |
| 90756P | FLU VACCINE, Quad (egg free) | 09/01/2019 | 12/31/2020 | $11.00 | Y |
| **Number of Procedure Code :90756P** | | **FLU VACCINE, Quad (egg free)** | | **TOTAL :** 1 | |
| 96110NC | DEVELOPMENTAL SCREENING, | 12/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :96110NC** | | **DEVELOPMENTAL SCREENING,** | | **TOTAL :** 1 | |
| 96127 | Brief emotional/behav assessment | 02/01/2018 | 12/31/2020 | $5.00 | Y |
| **Number of Procedure Code :96127** | | **Brief emotional/behav assessment with** | | **TOTAL :** 1 | |
| 96160 | Admin/Intrep of Health Risk | 02/11/2019 | 12/31/2020 | $4.00 | Y |
| **Number of Procedure Code :96160** | | **Admin/Intrep of Health Risk Assessment** | | **TOTAL :** 1 | |
| 96160N | Admin/Interp of Health Risk | 01/01/2017 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :96160N** | | **Admin/Interp of Health Risk Assessment** | | **TOTAL :** 1 | |
| 96372 | THERAPEUTIC,PROPHYLACTIC, OR | 10/15/2012 | 12/31/2020 | $19.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :96372** | | **THERAPEUTIC,PROPHYLACTIC, OR DIAG** | | **TOTAL :** 1 | |
| 96372NC | THERAPEUTIC, PROPHYLACTIC, OR | 01/01/2015 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :96372NC** | | **THERAPEUTIC, PROPHYLACTIC, OR DIAG** | | **TOTAL :** 1 | |
| 97597 | DEBRIDEMENT,OPEN WOUND 20 CM | 09/01/2011 | 12/31/2020 | $52.00 | Y |
| **Number of Procedure Code :97597** | | **DEBRIDEMENT,OPEN WOUND 20 CM OR** | | **TOTAL :** 1 | |
| 97802 | 15 MIN NUTRITION THERAPY | 10/01/2009 | 12/31/2020 | $27.00 | Y |
| **Number of Procedure Code :97802** | | **15 MIN NUTRITION THERAPY** | | **TOTAL :** 1 | |
| 97802NC | MED NUT THERAPY;INITIAL ASSESS | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :97802NC** | | **MED NUT THERAPY;INITIAL ASSESS** | | **TOTAL :** 1 | |
| 97802NT | NUTRITION THERAPY; INITIAL | 10/01/2009 | 12/31/2020 | $27.00 | N |
| **Number of Procedure Code :97802NT** | | **NUTRITION THERAPY; INITIAL** | | **TOTAL :** 1 | |
| 97803 | 15 MIN RE-ASSESS NUTRITION | 10/01/2009 | 12/31/2020 | $24.00 | Y |
| **Number of Procedure Code :97803** | | **15 MIN RE-ASSESS NUTRITION** | | **TOTAL :** 1 | |
| 97803NC | MED NUT THERAPY;RE-ASSESS | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :97803NC** | | **MED NUT THERAPY;RE-ASSESS FACE TC** | | **TOTAL :** 1 | |
| 97803NT | NUTRITION THERAPY; RE- | 10/01/2009 | 12/31/2020 | $24.00 | N |
| **Number of Procedure Code :97803NT** | | **NUTRITION THERAPY; RE-** | | **TOTAL :** 1 | |
| 98588N | CANCER DETECTION | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :98588N** | | **CANCER DETECTION** | | **TOTAL :** 1 | |
| 98597S | T.B. CONTACT / CASE | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :98597S** | | **T.B. CONTACT / CASE** | | **TOTAL :** 1 | |
| 99024L | POST OPERATIVE FOLLOW-UP | 01/01/2010 | 12/31/2020 | $0.00 | N |

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|---|---|---|---|---|---|
| **Number of Procedure Code :99024L** | | **POST OPERATIVE FOLLOW-UP CARE** | | **TOTAL :** 1 | |
| 99201 | NEW PAT BRIEF O/V | 10/01/2009 | 12/31/2020 | $68.00 | Y |
| **Number of Procedure Code :99201** | | **NEW PAT BRIEF O/V** | | **TOTAL :** 1 | |
| 99201GY | NEW PATIENT, LIMITED SERVICE | 10/01/2009 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $102.00 | Y |
| **Number of Procedure Code :99202** | | **NEW PAT PROBLEM FOCUS O/V** | | **TOTAL :** 1 | |
| 99202GY | NEW PATIENT EXPANDED VST | 10/01/2009 | 12/31/2020 | $102.00 | N |
| **Number of Procedure Code :99202GY** | | **NEW PATIENT EXPANDED VST** | | **TOTAL :** 1 | |
| 99202MG | NEW PAT PROBLEM FOCUS O/V | 06/14/2010 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $146.00 | Y |
| **Number of Procedure Code :99203** | | **NEW PAT EXPANDED O/V** | | **TOTAL :** 1 | |
| 99203GY | NEW PT DETAILED SERVICE | 10/01/2009 | 12/31/2020 | $146.00 | N |
| **Number of Procedure Code :99203GY** | | **NEW PT DETAILED SERVICE** | | **TOTAL :** 1 | |
| 99203MG | NEW PAT EXPANDED O/V | 06/14/2010 | 12/31/2020 | $0.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :99203MG** | | **NEW PAT EXPANDED O/V** | | **TOTAL :** 1 | |
| 99203ST | NEW PT O/V EXPANDED - Self Pay | 01/07/2015 | 12/31/2020 | $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 | 12/31/2020 | $214.00 | Y |
| **Number of Procedure Code :99204** | | **NEW PAT DETAILED O/V** | | **TOTAL :** 1 | |
| 99204GY | NEW PT COMP VST MODERATE | 10/01/2009 | 12/31/2020 | $214.00 | N |
| **Number of Procedure Code :99204GY** | | **NEW PT COMP VST MODERATE** | | **TOTAL :** 1 | |
| 99204MG | NEW PAT DETAILED O/V | 06/14/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99204MG** | | **NEW PAT DETAILED O/V** | | **TOTAL :** 1 | |
| 99204ST | NEW PT O/V DETAILED - Selp Pay | 01/07/2015 | 12/31/2020 | $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 | 12/31/2020 | $269.00 | Y |
| **Number of Procedure Code :99205** | | **NEW PAT COMP O/V** | | **TOTAL :** 1 | |
| 99205GY | NEW PATIENT COMPREHENSIVE VST | 10/01/2009 | 12/31/2020 | $269.00 | N |
| **Number of Procedure Code :99205GY** | | **NEW PATIENT COMPREHENSIVE VST** | | **TOTAL :** 1 | |
| 99205MG | NEW PAT COMP O/V | 06/14/2010 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $38.00 | Y |
| **Number of Procedure Code :99211** | | **EST PAT BRIEF O/V** | | **TOTAL :** 1 | |
| 99211C | COUNSELING, nurse visit, no charge | 01/01/2014 | 12/31/2020 | $0.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :99211C** | | **COUNSELING, nurse visit, no charge** | | **TOTAL :** 1 | |
| 99211F | FOREIGN TRAVEL CONSULTATION | 01/01/2010 | 12/31/2020 | $38.00 | N |
| **Number of Procedure Code :99211F** | | **FOREIGN TRAVEL CONSULTATION** | | **TOTAL :** 1 | |
| 99211GY | EST.PT.BRIEF VISIT | 10/01/2009 | 12/31/2020 | $38.00 | N |
| **Number of Procedure Code :99211GY** | | **EST.PT.BRIEF VISIT** | | **TOTAL :** 1 | |
| 99211M | FOREIGN TRAVEL MINI COUNSEL | 01/01/2010 | 12/31/2020 | $12.00 | N |
| **Number of Procedure Code :99211M** | | **FOREIGN TRAVEL MINI COUNSEL** | | **TOTAL :** 1 | |
| 99211MG | EST PAT BRIEF O/V | 06/14/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99211MG** | | **EST PAT BRIEF O/V** | | **TOTAL :** 1 | |
| 99211NC | Nurse Visit - No Charge | 01/01/2018 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99211NC** | | **Nurse Visit - No Charge** | | **TOTAL :** 1 | |
| 99211ST | EST PT. BRIEF VISIT - Self Pay Only | 01/06/2015 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $63.00 | Y |
| **Number of Procedure Code :99212** | | **EST PAT PROBLEM FOCUS O/V** | | **TOTAL :** 1 | |
| 99212GY | EST PATIENT LIMITED SERVICE | 10/01/2009 | 12/31/2020 | $63.00 | N |
| **Number of Procedure Code :99212GY** | | **EST PATIENT LIMITED SERVICE** | | **TOTAL :** 1 | |
| 99212MG | EST PAT PROBLEM FOCUS O/V | 01/01/2012 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99212MG** | | **EST PAT PROBLEM FOCUS O/V** | | **TOTAL :** 1 | |
| 99212NC | Est Patient, Problem Focus Office Vst | 01/01/2018 | 12/31/2020 | $0.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :99212NC** | | **Est Patient, Problem Focus Office Vst -** | | **TOTAL :** 1 | |
| 99212ST | EST PT PROBLEM FOCUSED - Self | 01/07/2015 | 12/31/2020 | $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 | 12/31/2020 | $87.00 | Y |
| **Number of Procedure Code :99213** | | **EST PAT EXPANDED O/V** | | **TOTAL :** 1 | |
| 99213GY | EST.PT.EXPANDED VISIT | 10/01/2009 | 12/31/2020 | $87.00 | N |
| **Number of Procedure Code :99213GY** | | **EST.PT.EXPANDED VISIT** | | **TOTAL :** 1 | |
| 99213MG | EST PAT EXPANDED O/V | 06/14/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99213MG** | | **EST PAT EXPANDED O/V** | | **TOTAL :** 1 | |
| 99213NC | EST PAT EXPANDED O/V - no charge | 05/01/2018 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99213NC** | | **EST PAT EXPANDED O/V - no charge** | | **TOTAL :** 1 | |
| 99213ST | EST PT O/V EXPANDED - Self Pay | 01/07/2015 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99213TB** | | **TB EST O/V EXPANDED** | | **TOTAL :** 1 | |
| 99214 | EST PAT DETAILED O/V | 10/01/2009 | 12/31/2020 | $134.00 | Y |
| **Number of Procedure Code :99214** | | **EST PAT DETAILED O/V** | | **TOTAL :** 1 | |
| 99214GY | EST.PT.DETAILED SERVICE | 10/01/2009 | 12/31/2020 | $134.00 | N |
| **Number of Procedure Code :99214GY** | | **EST.PT.DETAILED SERVICE** | | **TOTAL :** 1 | |
| 99214MG | EST PAT DETAILED O/V | 06/14/2010 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |

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| PROCEDURE CODE | PROCEDURE NAME | EFFECTIVE DATE | END EFFECTIVE DATE | STANDARD FEE | DISCOUNT FLAG |
|---|---|---|---|---|---|
| **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 | 12/31/2020 | $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 | 12/31/2020 | $200.00 | Y |
| **Number of Procedure Code :99215** | | **EST PAT COMP O/V** | | **TOTAL :** 1 | |
| 99215GY | EST PT COMPREHENSIVE EXAM | 10/01/2009 | 12/31/2020 | $200.00 | N |
| **Number of Procedure Code :99215GY** | | **EST PT COMPREHENSIVE EXAM** | | **TOTAL :** 1 | |
| 99215MG | EST PAT COMP O/V | 06/14/2010 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99215TB** | | **TB EST O/V COMP 40 MIN** | | **TOTAL :** 1 | |
| 99252MG | HOSP. CONSULTATION 40 MIN - | 10/01/2015 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99252MG** | | **HOSP. CONSULTATION 40 MIN - GLOBAL** | | **TOTAL :** 1 | |
| 99383 | NEW PT 5-11 YRS | 01/01/2010 | 12/31/2020 | $169.00 | Y |
| **Number of Procedure Code :99383** | | **NEW PT 5-11 YRS** | | **TOTAL :** 1 | |
| 99383EP | EPSDT NEW 5-11 YRS | 01/01/2010 | 12/31/2020 | $99.00 | Y |
| **Number of Procedure Code :99383EP** | | **EPSDT NEW 5-11 YRS** | | **TOTAL :** 1 | |
| 99384 | NEW PT 12-17 YRS | 01/01/2010 | 12/31/2020 | $186.00 | Y |
| **Number of Procedure Code :99384** | | **NEW PT 12-17 YRS** | | **TOTAL :** 1 | |
| 99384EP | EPSDT NEW 12-17 YRS | 01/01/2010 | 12/31/2020 | $99.00 | Y |

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| PROCEDURE CODE | PROCEDURE NAME | EFFECTIVE DATE | END EFFECTIVE DATE | STANDARD FEE | DISCOUNT FLAG |
|---|---|---|---|---|---|
| **Number of Procedure Code :99384EP** | | **EPSDT NEW 12-17 YRS** | | **TOTAL :** 1 | |
| 99384GY | NEW PT., 12-17 YRS | 01/01/2010 | 12/31/2020 | $186.00 | Y |
| **Number of Procedure Code :99384GY** | | **NEW PT., 12-17 YRS** | | **TOTAL :** 1 | |
| 99385 | NEW PT 18-39 YRS | 10/01/2009 | 12/31/2020 | $184.00 | Y |
| **Number of Procedure Code :99385** | | **NEW PT 18-39 YRS** | | **TOTAL :** 1 | |
| 99385EP | EPSDT NEW 18-20 YRS | 01/01/2011 | 12/31/2020 | $99.00 | Y |
| **Number of Procedure Code :99385EP** | | **EPSDT NEW 18-20 YRS** | | **TOTAL :** 1 | |
| 99385GY | NEW PT., 18-39 YRS | 10/01/2009 | 12/31/2020 | $184.00 | N |
| **Number of Procedure Code :99385GY** | | **NEW PT., 18-39 YRS** | | **TOTAL :** 1 | |
| 99386 | NEW PT 40-64 YRS | 10/01/2009 | 12/31/2020 | $219.00 | Y |
| **Number of Procedure Code :99386** | | **NEW PT 40-64 YRS** | | **TOTAL :** 1 | |
| 99386GY | NEW PT., 40-64 YRS | 10/01/2009 | 12/31/2020 | $219.00 | Y |
| **Number of Procedure Code :99386GY** | | **NEW PT., 40-64 YRS** | | **TOTAL :** 1 | |
| 99393 | EST PT 5-11 YRS | 01/01/2017 | 12/31/2020 | $161.00 | Y |
| **Number of Procedure Code :99393** | | **EST PT 5-11 YRS** | | **TOTAL :** 1 | |
| 99393EP | EDSDT EST 5-11 YRS | 01/01/2010 | 12/31/2020 | $99.00 | Y |
| **Number of Procedure Code :99393EP** | | **EDSDT EST 5-11 YRS** | | **TOTAL :** 1 | |
| 99394 | EST PT 12-17 YRS | 08/01/2015 | 12/31/2020 | $161.00 | Y |
| **Number of Procedure Code :99394** | | **EST PT 12-17 YRS** | | **TOTAL :** 1 | |
| 99394EP | EDSDT EST 12-17 YRS | 01/01/2010 | 12/31/2020 | $99.00 | Y |
| **Number of Procedure Code :99394EP** | | **EDSDT EST 12-17 YRS** | | **TOTAL :** 1 | |
| 99395 | EST PT 18-39 YRS | 10/01/2009 | 12/31/2020 | $156.00 | Y |

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| PROCEDURE CODE | PROCEDURE NAME | EFFECTIVE DATE | END EFFECTIVE DATE | STANDARD FEE | DISCOUNT FLAG |
|---|---|---|---|---|---|
| **Number of Procedure Code :99395** | | **EST PT 18-39 YRS** | | **TOTAL :** 1 | |
| 99395EP | EPSDT EST 18-20 YRS | 01/01/2010 | 12/31/2020 | $99.00 | Y |
| **Number of Procedure Code :99395EP** | | **EPSDT EST 18-20 YRS** | | **TOTAL :** 1 | |
| 99395GY | ESP.PT., 18-39 YRS | 10/01/2009 | 12/31/2020 | $156.00 | N |
| **Number of Procedure Code :99395GY** | | **ESP.PT., 18-39 YRS** | | **TOTAL :** 1 | |
| 99396 | EST PT 40-64 YRS | 10/01/2009 | 12/31/2020 | $174.00 | Y |
| **Number of Procedure Code :99396** | | **EST PT 40-64 YRS** | | **TOTAL :** 1 | |
| 99396GY | EST PT., 40-64 YRS. | 10/01/2009 | 12/31/2020 | $174.00 | N |
| **Number of Procedure Code :99396GY** | | **EST PT., 40-64 YRS.** | | **TOTAL :** 1 | |
| 99406 | TOBACCO USE CESSATION | 04/01/2012 | 12/31/2020 | $13.00 | Y |
| **Number of Procedure Code :99406** | | **TOBACCO USE CESSATION COUNSEL 3** | | **TOTAL :** 1 | |
| 99406GY | TOBACCO USE CESSATION | 03/01/2014 | 12/31/2020 | $13.00 | N |
| **Number of Procedure Code :99406GY** | | **TOBACCO USE CESSATION COUNSEL 3** | | **TOTAL :** 1 | |
| 99406NC | TOBACCO USE CESSATION | 11/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99406NC** | | **TOBACCO USE CESSATION COUNSEL 3** | | **TOTAL :** 1 | |
| 99407 | TOBACCO USE CESSATION | 04/01/2012 | 12/31/2020 | $25.00 | Y |
| **Number of Procedure Code :99407** | | **TOBACCO USE CESSATION COUNSEL 10** | | **TOTAL :** 1 | |
| 99407GY | TOBACCO USE CESSATION | 03/01/2014 | 12/31/2020 | $25.00 | N |
| **Number of Procedure Code :99407GY** | | **TOBACCO USE CESSATION COUNSEL 10** | | **TOTAL :** 1 | |
| 99407NC | TOBACCO USE CESSATION | 11/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99407NC** | | **TOBACCO USE CESSATION COUNSEL,** | | **TOTAL :** 1 | |
| 99408 | ALCOHOL-SUB ABUSE COUNSELING | 04/01/2012 | 12/31/2020 | $34.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :99408** | | **ALCOHOL-SUB ABUSE COUNSELING 15** | | **TOTAL :** 1 | |
| 99499 | Unlisted Evaluation and Management | 03/01/2018 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99499** | | **Unlisted Evaluation and Management** | | **TOTAL :** 1 | |
| 99501 | P/P HOME VISIT | 08/01/2015 | 12/31/2020 | $64.00 | Y |
| **Number of Procedure Code :99501** | | **P/P HOME VISIT** | | **TOTAL :** 1 | |
| 99501NC | P/P HOME VISIT | 09/16/2015 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99501NC** | | **P/P HOME VISIT** | | **TOTAL :** 1 | |
| 99502 | HOME VISIT NEWBORN | 01/01/2010 | 12/31/2020 | $66.00 | Y |
| **Number of Procedure Code :99502** | | **HOME VISIT NEWBORN** | | **TOTAL :** 1 | |
| 99502NC | HOME VISIT NEWBORN | 01/01/2015 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :99502NC** | | **HOME VISIT NEWBORN** | | **TOTAL :** 1 | |
| G0008 | ADMIN OF FLU VACCINE MEDICARE | 01/01/2011 | 12/31/2020 | $19.00 | N |
| **Number of Procedure Code :G0008** | | **ADMIN OF FLU VACCINE MEDICARE ONL** | | **TOTAL :** 1 | |
| G0009 | ADMINISTER PNEUMOCOCCAL | 01/01/2011 | 12/31/2020 | $19.00 | N |
| **Number of Procedure Code :G0009** | | **ADMINISTER PNEUMOCOCCAL** | | **TOTAL :** 1 | |
| G0010 | ADMIN HEP B VACCINE | 01/01/2017 | 12/31/2020 | $26.00 | N |
| **Number of Procedure Code :G0010** | | **ADMIN HEP B VACCINE** | | **TOTAL :** 1 | |
| G9012 | HIV CASE MANAGEMENT | 09/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :G9012** | | **HIV CASE MANAGEMENT** | | **TOTAL :** 1 | |
| G9142 | H1N1 VACCINE-FOR MEDICARE | 10/01/2009 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :G9142** | | **H1N1 VACCINE-FOR MEDICARE** | | **TOTAL :** 1 | |
| IMCOUNS | OFFICE VISIT - IMMUNIZ DELAYED | 01/01/2009 | 12/31/2020 | $0.00 | Y |

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| PROCEDURE CODE | PROCEDURE NAME | EFFECTIVE DATE | END EFFECTIVE DATE | STANDARD FEE | | DISCOUNT FLAG |
|---|---|---|---|---|---|---|
| **Number of Procedure Code :IMCOUNS** | | **OFFICE VISIT - IMMUNIZ DELAYED** | | **TOTAL :** | 1 | |
| INTERH | INTERPRETER AST INTERPRETER | 01/01/2009 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :INTERH** | | **INTERPRETER AST INTERPRETER** | | **TOTAL :** | 1 | |
| J0558 | PENICILLIN G BENZATHINE AND | 08/01/2015 | 12/31/2020 | $3.00 | | Y |
| **Number of Procedure Code :J0558** | | **PENICILLIN G BENZATHINE AND** | | **TOTAL :** | 1 | |
| J0561NC | Pencillin G Benzathine & Procaine, | 01/01/2015 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :J0561NC** | | **Pencillin G Benzathine & Procaine,** | | **TOTAL :** | 1 | |
| J0696 | CEFTRIAXONE SODIUM, INJECTION, | 10/01/2009 | 12/31/2020 | $2.00 | | Y |
| **Number of Procedure Code :J0696** | | **CEFTRIAXONE SODIUM, INJECTION, PER** | | **TOTAL :** | 1 | |
| J0696GY | CEFTRIAXONE SODIUM, INJECTION, | 10/01/2009 | 12/31/2020 | $2.00 | | N |
| **Number of Procedure Code :J0696GY** | | **CEFTRIAXONE SODIUM, INJECTION, PER** | | **TOTAL :** | 1 | |
| J0702 | BETAMETHASONE | 10/01/2009 | 12/31/2020 | $6.00 | | Y |
| **Number of Procedure Code :J0702** | | **BETAMETHASONE** | | **TOTAL :** | 1 | |
| J1050A | DEPO PROVERA INJECTION-per unit | 02/01/2018 | 12/31/2020 | $0.21 | | Y |
| **Number of Procedure Code :J1050A** | | **DEPO PROVERA INJECTION-per unit** | | **TOTAL :** | 1 | |
| J1050UD | DEPO PROVERA INJ-per 150 unit | 03/01/2020 | 12/31/2020 | $0.16 | | Y |
| **Number of Procedure Code :J1050UD** | | **DEPO PROVERA INJ-per 150 unit** | | **TOTAL :** | 1 | |
| J1726 | 17P > Makena, inj | 01/01/2018 | 12/31/2020 | $0.00 | | Y |
| **Number of Procedure Code :J1726** | | **17P > Makena, inj hydroxprogesterone** | | **TOTAL :** | 1 | |
| J2790 | RHO D IMMUNE GLOBULIN HUMAN, | 01/01/2010 | 12/31/2020 | $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 | 12/31/2020 | $17.00 | | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :J2792** | | **RHO D IMMUNE GLOBULIN, IV HUMAN,** | | **TOTAL :** 1 | |
| J3490 | 17P HYDROXYPROGESTERONE | 09/29/2017 | 12/31/2020 | $28.00 | Y |
| **Number of Procedure Code :J3490** | | **17P HYDROXYPROGESTERONE** | | **TOTAL :** 1 | |
| J3490NC | 17P HYDROXYPROGESTERONE | 01/01/2015 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :J3490NC** | | **17P HYDROXYPROGESTERONE** | | **TOTAL :** 1 | |
| J7297FP | IUD DEVICE - Liletta | 05/01/2016 | 12/31/2020 | $662.50 | Y |
| **Number of Procedure Code :J7297FP** | | **IUD DEVICE - Liletta** | | **TOTAL :** 1 | |
| J7297UD | IUD DEVICE - Liletta | 05/01/2016 | 12/31/2020 | $50.00 | Y |
| **Number of Procedure Code :J7297UD** | | **IUD DEVICE - Liletta** | | **TOTAL :** 1 | |
| J7298FP | IUD DEVICE - MIRENA | 05/01/2016 | 12/31/2020 | $945.00 | Y |
| **Number of Procedure Code :J7298FP** | | **IUD DEVICE - MIRENA** | | **TOTAL :** 1 | |
| J7298UD | IUD DEVICE - MIRENA | 03/01/2020 | 12/31/2020 | $315.57 | Y |
| **Number of Procedure Code :J7298UD** | | **IUD DEVICE - MIRENA** | | **TOTAL :** 1 | |
| J7300FP | PARAGUARD IUD | 05/01/2016 | 12/31/2020 | $853.00 | Y |
| **Number of Procedure Code :J7300FP** | | **PARAGUARD IUD** | | **TOTAL :** 1 | |
| J7300UD | PARAGUARD IUD | 03/01/2020 | 12/31/2020 | $246.25 | Y |
| **Number of Procedure Code :J7300UD** | | **PARAGUARD IUD** | | **TOTAL :** 1 | |
| J7301FP | Skyla; Levonorgestrel-releasing | 05/01/2016 | 12/31/2020 | $745.00 | Y |
| **Number of Procedure Code :J7301FP** | | **Skyla; Levonorgestrel-releasing** | | **TOTAL :** 1 | |
| J7301UD | Skyla; Levonorgestrel-releasing | 02/11/2019 | 12/31/2020 | $421.52 | Y |
| **Number of Procedure Code :J7301UD** | | **Skyla; Levonorgestrel-releasing** | | **TOTAL :** 1 | |
| J7307FP | UNCLASSIFIED DRUG-NEXPLANON | 03/05/2016 | 12/31/2020 | $769.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :J7307FP** | | **UNCLASSIFIED DRUG-NEXPLANON** | | **TOTAL :** 1 | |
| J7307UD | UNCLASSIFIED DRUG-NEXPLANON | 02/01/2018 | 12/31/2020 | $399.00 | Y |
| **Number of Procedure Code :J7307UD** | | **UNCLASSIFIED DRUG-NEXPLANON** | | **TOTAL :** 1 | |
| LU014 | Printing Immunization Record For | 08/17/2015 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU101** | | **HIV Post-Test Results and Counseling** | | **TOTAL :** 1 | |
| LU102 | Completion of 'Record of TB | 11/04/2013 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU114** | | **PPD with State-Supplied Vaccine,** | | **TOTAL :** 1 | |
| LU117 | PPD, Positive Result - Contact Report | 11/04/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU117** | | **PPD, Positive Result - Contact Report** | | **TOTAL :** 1 | |
| LU118 | PPD, Negative Result - Contact, | 11/04/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU118** | | **PPD, Negative Result - Contact, Report** | | **TOTAL :** 1 | |
| LU119 | PPD, Positive Result - Low Risk, | 11/04/2013 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :LU120** | | **PPD, Negative Result - Low Risk, Report** | | **TOTAL :** 1 | |
| LU121 | TB Directly Observed Therapy (DOT) | 11/04/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU121** | | **TB Directly Observed Therapy (DOT)** | | **TOTAL :** 1 | |
| LU122 | TB Directly Observed Preventative | 11/04/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU122** | | **TB Directly Observed Preventative** | | **TOTAL :** 1 | |
| LU123 | PPD, Not Read - Contact, Report Only | 11/04/2013 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU124** | | **PPD, Not Read - Low Risk, Report Only** | | **TOTAL :** 1 | |
| LU125 | Reading PPD placed elsewhere, not a | 11/04/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU125** | | **Reading PPD placed elsewhere, not a** | | **TOTAL :** 1 | |
| LU225 | TB Initial Visit | 01/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU225** | | **TB Initial Visit** | | **TOTAL :** 1 | |
| LU226 | TB Subsequent Visit | 01/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU226** | | **TB Subsequent Visit** | | **TOTAL :** 1 | |
| LU227 | Referred for Positive PPD; report only | 01/01/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU227** | | **Referred for Positive PPD; report only** | | **TOTAL :** 1 | |
| LU228 | Population Risk TB Test | 01/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU228** | | **Population Risk TB Test** | | **TOTAL :** 1 | |
| LU232 | Test/Lab Results only visit (Report | 01/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU232** | | **Test/Lab Results only visit (Report Only)** | | **TOTAL :** 1 | |
| LU235 | ORAL CONTRACEPTIVE PILL | 04/01/2011 | 12/31/2020 | $0.00 | N |

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|---|---|---|---|---|---|
| **Number of Procedure Code :LU235** | | **ORAL CONTRACEPTIVE PILL** | | **TOTAL :** 1 | |
| LU236 | ORAL CONTRACEPTIVE PILL PICK- | 04/01/2011 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :LU236** | | **ORAL CONTRACEPTIVE PILL PICK-UP,** | | **TOTAL :** 1 | |
| LU238 | Non Billable Health Education Contact | 08/17/2015 | 12/31/2020 | $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 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU242** | | **REPORT ONLY - STD CONTACT** | | **TOTAL :** 1 | |
| LU243 | Non-Billable Communicable Disease | 01/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU243** | | **Non-Billable Communicable Disease** | | **TOTAL :** 1 | |
| LU259 | NOT AT HOME VISIT | 01/01/2015 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU259** | | **NOT AT HOME VISIT** | | **TOTAL :** 1 | |
| LU260 | Home Visit (Client at Home) | 01/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU260** | | **Home Visit (Client at Home)** | | **TOTAL :** 1 | |
| LU262 | PPD, Positive Result, High Risk | 11/04/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU262** | | **PPD, Positive Result, High Risk** | | **TOTAL :** 1 | |
| LU263 | PPD, Negative Result, High Risk | 11/04/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU263** | | **PPD, Negative Result, High Risk** | | **TOTAL :** 1 | |
| LU264 | PPD, Not Read, High Risk | 11/04/2013 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |

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|---|---|---|---|---|---|
| **Number of Procedure Code :LU265** | **Treatment of LBTI, Initiated, High Risk** | | | **TOTAL :** 1 | |
| LU266 | Treatment of LBTI, Initiated, Low Risk | 11/04/2013 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU267** | **Treatment of LBTI, Initiated, Contact** | | | **TOTAL :** 1 | |
| LU268 | Treatment of LBTI, Completed, High | 11/04/2013 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU269** | **Treatment of LBTI, Completed, Low Risk** | | | **TOTAL :** 1 | |
| LU270 | Treatment of LBTI, Completed, Contact | 11/04/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU270** | **Treatment of LBTI, Completed, Contact** | | | **TOTAL :** 1 | |
| LU271 | Treatment of LBTI, Incomplete, High | 11/04/2013 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU272** | **Treatment of LBTI, Incomplete, Low Risk** | | | **TOTAL :** 1 | |
| LU273 | Treatment of LBTI, Incomplete, | 11/04/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU273** | **Treatment of LBTI, Incomplete, Contact** | | | **TOTAL :** 1 | |
| LU274 | PPD, Contact | 11/04/2013 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU274** | **PPD, Contact** | | | **TOTAL :** 1 | |
| LU282 | STD Enhanced Role RN Contact, | 01/01/2015 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :LU282** | **STD Enhanced Role RN Contact, Report** | | | **TOTAL :** 1 | |
| LU402 | MEDICAID CO-PAY | 11/01/2010 | 12/31/2020 | $3.00 | N |

# CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2020 Thru 12/31/2020

| PROCEDURE CODE | PROCEDURE NAME | EFFECTIVE DATE | END EFFECTIVE DATE | STANDARD FEE | DISCOUNT FLAG |
|---|---|---|---|---|---|
| **Number of Procedure Code :LU402** | | **MEDICAID CO-PAY** | | **TOTAL :** 1 | |
| LU402GY | MEDICAID CO-PAY | 11/01/2010 | 12/31/2020 | $3.00 | N |
| **Number of Procedure Code :LU402GY** | | **MEDICAID CO-PAY** | | **TOTAL :** 1 | |
| MEDS | Documentation of Current Meds - m/u | 08/26/2016 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :MEDS** | | **Documentation of Current Meds - m/u** | | **TOTAL :** 1 | |
| MV | MINI VISIT | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :MV** | | **MINI VISIT** | | **TOTAL :** 1 | |
| PE | PROCEDURE ERROR | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :PE** | | **PROCEDURE ERROR** | | **TOTAL :** 1 | |
| Q0091 | SCREENING PAP SMEAR | 08/01/2015 | 12/31/2020 | $47.00 | Y |
| **Number of Procedure Code :Q0091** | | **SCREENING PAP SMEAR** | | **TOTAL :** 1 | |
| Q2038 | FLU VACCINE, FLUZONC VACC, | 01/01/2011 | 12/31/2020 | $11.00 | N |
| **Number of Procedure Code :Q2038** | | **FLU VACCINE, FLUZONC VACC, AGE 3>;** | | **TOTAL :** 1 | |
| Q2038S | FLU VACCINE STATE SUPP, | 10/01/2012 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :Q2038S** | | **FLU VACCINE STATE SUPP, FLUZONC** | | **TOTAL :** 1 | |
| Q9986 | 17P > Makena; inj | 07/01/2017 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :Q9986** | | **17P > Makena; inj hydroxyprogesterone** | | **TOTAL :** 1 | |
| S0280 | PMH COMP CARE COORDINATION | 04/01/2011 | 12/31/2020 | $50.00 | N |
| **Number of Procedure Code :S0280** | | **PMH COMP CARE COORDINATION AND &** | | **TOTAL :** 1 | |
| S0281 | PMH COMP CARE COORDINATION | 04/01/2011 | 12/31/2020 | $150.00 | N |
| **Number of Procedure Code :S0281** | | **PMH COMP CARE COORDINATION AND** | | **TOTAL :** 1 | |
| S4993FP | ORAL CONTRACEPTIVES-1 UNIT = A | 08/08/2016 | 12/31/2020 | $37.00 | Y |

# CHARGE MAINTENANCE LISTING REPORT

Effective From 12/31/2020 Thru 12/31/2020

| PROCEDURE CODE | PROCEDURE NAME | EFFECTIVE DATE | END EFFECTIVE DATE | STANDARD FEE | DISCOUNT FLAG |
|---|---|---|---|---|---|
| **Number of Procedure Code :S4993FP** | | **ORAL CONTRACEPTIVES-1 UNIT = A 28** | | **TOTAL :** 1 | |
| S4993UD | ORAL CONTRACEPTIVES-1 UNIT = A | 06/01/2016 | 12/31/2020 | $3.48 | Y |
| **Number of Procedure Code :S4993UD** | | **ORAL CONTRACEPTIVES-1 UNIT = A 28** | | **TOTAL :** 1 | |
| S5001B | Plan B, Emergency Contraception | 03/01/2018 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :S5001B** | | **Plan B, Emergency Contraception** | | **TOTAL :** 1 | |
| S9442 | CHILD BIRTH CLASS 1 HR PER UNIT | 01/01/2010 | 12/31/2020 | $10.00 | Y |
| **Number of Procedure Code :S9442** | | **CHILD BIRTH CLASS 1 HR PER UNIT** | | **TOTAL :** 1 | |
| SWC | SOCIAL WORK COUNSELING | 01/01/2010 | 12/31/2020 | $0.00 | N |
| **Number of Procedure Code :SWC** | | **SOCIAL WORK COUNSELING** | | **TOTAL :** 1 | |
| T1001 | MAT SKILLED NURSE VISIT | 01/01/2010 | 12/31/2020 | $96.00 | Y |
| **Number of Procedure Code :T1001** | | **MAT SKILLED NURSE VISIT** | | **TOTAL :** 1 | |
| T1001NC | MATERNITY SKILLED NURSE VIVIT, | 01/01/2014 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :T1001NC** | | **MATERNITY SKILLED NURSE VIVIT, NC** | | **TOTAL :** 1 | |
| T1002 | RN VISIT PER UNI (ERRN) | 06/15/2015 | 12/31/2020 | $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 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :T1002NC** | | **RN VISIT P/UNIT NO CHARGE** | | **TOTAL :** 1 | |
| Y2332 | HIV ENCOUNTER | 01/01/2010 | 12/31/2020 | $0.00 | Y |
| **Number of Procedure Code :Y2332** | | **HIV ENCOUNTER** | | **TOTAL :** 1 | |

**Grand TOTAL :** 627