Gaston County

Gaston County
Board of Commissioners
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DHHS - Public Health Division

Board Action

File #: 20-192

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

STAFF CONTACT

Chris Dobbins - Director of Health and Human Services - DHHS (Health Division) - 704-853-5262

BUDGET IMPACT

N/A

BUDGET ORDINANCE IMPACT

N/A

BACKGROUND

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

The Gaston County Public Health Department Patient Fee Schedule (which is hereby incorporated by reference), was approved by the Gaston County Health and Human Services (HHS) Board in February, 2020 and was thereby recommended for approval by the Gaston County Board of Commissioners.

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

POLICY IMPACT

N/A

ATTACHMENTS

Patient Fee Schedule (Viewable Online Only or By Request)

DO NOT TYPE BELOW THIS LINE

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

NO.	DATE	M1	M2	CBrown	JBrown	AFraley	BHovis	TKeigher	TPhillips	RWoodey	Vote
2020-096	04/28/2020	RW	BH	A	A	A	A	A	A	A	U

DISTRIBUTION:

Laserfiche Users

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

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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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 VA**		**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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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Run Time : 9:51 AM

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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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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 nucleic	01/01/2019	12/31/2020	$32.00	Y
Number of Procedure Code :87624T		***Infecti agent detection by nucleic acid***		**TOTAL :** 1	
87624TN	Infecti agent detection by nucleic	04/01/2019	12/31/2020	$0.00	Y
Number of Procedure Code :87624TN		**Infecti agent detection by nucleic acid**		**TOTAL :** 1	
87625T	Infectious agent detection by nucleic	01/07/2019	12/31/2020	$76.00	Y

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Number of Procedure Code :87625T	**Infectious agent detection by nucllеic**			**TOTAL :** 1	
87625TN	Infectious agent detection by nucllеic	04/24/2019	12/31/2020	$0.00	Y
Number of Procedure Code :87625TN	**Infectious agent detection by nucllеic**			**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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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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE		DISCOUNT FLAG
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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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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PROCEDURE CODE	PROCEDURE NAME	EFFECTIVE DATE	END EFFECTIVE DATE	STANDARD FEE	DISCOUNT FLAG
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

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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

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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