

UTILIZATION: PROCEDURE CODE RPT

CLIENT: ABC CORPORATION
 DATES: 01/01/2001 - 06/30/2001

CPT/ADA CODES	CODE DESCRIPTION	BILLED	PAID	COUNT
00001	MEDICAL MISCELLANEOUS	1125.00	1125.00	6
11100	BIOPSY OF LESION	65.00	0.00	1
11401	REMOVAL OF SKIN LESION	162.00	47.20	1
11900	INJECTION INTO SKIN LESIONS	40.00	32.00	4
12001	REPAIR SUPERFICIAL WOUND(S)	189.00	111.33	1
17000	DESTRUCTION OF FACE LESION	65.00	0.00	1
20550	INJECTION TREATMENT	122.00	97.60	2
28234	INCISION OF FOOT TENDON	763.00	610.40	1
28292	CORRECTION OF BUNION	1524.00	1219.20	1
35301	RECHANNELING OF ARTERY	6352.00	5321.00	2
36215	PLACE CATHETER IN ARTERY	650.00	536.24	1
36216	PLACE CATHETER IN ARTERY	896.00	615.63	1
36415	COLLECTION OF VENOUS BLOOD	198.75	107.60	22
36620	ESTABLISH ACCESS TO ARTERY	238.00	209.44	1
41899	GUM SURGERY PROCEDURE	165.00	165.00	1
45330	SIGMOIDOSCOPY	214.00	0.00	1
54150	CIRCUMCISION	138.00	99.36	1
58605	DIVISION OF FALLOPIAN TUBE	1206.00	462.40	1
59400	OBSTETRICAL CARE	4612.00	2248.00	5
59414	DELIVER PLACENTA	640.00	384.00	2
64450	INJECTION FOR NERVE BLOCK	417.00	263.04	2
70300	X-RAY EXAM OF TEETH	15.00	15.00	1
70450	CAT SCAN OF HEAD OR BRAIN	398.00	259.43	2
71010	X-RAY EXAM OF CHEST	38.00	30.40	1
71020	X-RAY EXAM OF CHEST	304.00	172.71	4
71250	CAT SCAN OF CHEST	215.00	129.00	1
72020	X-RAY EXAM OF SPINE	60.00	0.00	2
72040	X-RAY EXAM OF NECK SPINE	40.00	24.66	1
72052	X-RAY EXAM OF NECK SPINE	60.00	24.00	1
72148	MAGNETIC IMAGE, LUMBAR SPINE	350.00	132.73	1
73130	X-RAY EXAM OF HAND	33.00	19.32	1
73560	X-RAY EXAM OF KNEE	25.00	0.00	1
73630	X-RAY EXAM OF FOOT	32.00	25.60	1
74000	X-RAY EXAM OF ABDOMEN	99.00	63.36	1
74400	CONTRAST X-RAY URINARY TRACT	67.00	40.20	1
74415	CONTRAST X-RAY URINARY TRACT	83.00	54.95	1
75650	ARTERY X-RAYS, HEAD & NECK	234.00	166.69	1
75671	ARTERY X-RAYS, HEAD & NECK	285.00	186.01	1
75680	ARTERY X-RAYS, NECK	285.00	186.01	1
76075	DUAL ENERGY X-RAY STUDY	129.00	88.39	1
76092	MAMMOGRAM, SCREENING	28.00	28.00	1
76120	CINEMATIC X-RAYS	150.00	120.00	1

76125	CINEMATIC X-RAYS	60.00	48.00	1
76700	ECHO EXAM OF ABDOMEN	137.00	59.60	1
76775	ECHO EXAM ABDOMEN BACK WALL	95.00	57.00	1
76805	ECHO EXAM OF PREGNANT UTERUS	803.00	259.73	4
76815	ECHO EXAM FOR FETAL GROWTH	367.00	118.80	2
76816	ECHO EXAM FOLLOWUP OR REPEAT	217.00	60.00	1
76825	ECHO EXAM OF FETAL HEART	180.00	162.00	1
76856	ECHO EXAM OF PELVIS	350.00	280.00	2
80048	BASIC METABOLIC PANEL	110.00	82.40	3
80050	GENERAL HEALTH SCREEN PANEL	179.89	20.00	1
80053	EXECUTIVE PROFILE	346.00	209.92	8
80061	LIPID PROFILE	626.00	361.20	11
80076	HEPATIC FUNCTION PANEL	47.00	37.60	1
81000	URINALYSIS WITH MICROSCOPY	168.00	105.84	13
81001	AUTO URINALYSIS W/MICRO	27.00	16.05	2
81002	ROUTINE URINE ANALYSIS	73.00	24.50	7
81003	URINALYSIS, AUTO, W/O SCOPE	19.00	0.00	4
81025	URINE PREGNANCY TEST	20.00	0.00	1
82150	ASSAY OF SERUM AMYLASE	35.00	0.00	1
82270	TEST FECES FOR BLOOD	63.00	36.60	9
82465	ASSAY SERUM CHOLESTEROL	17.00	17.00	1
82947	ASSAY BODY FLUID, GLUCOSE	7.33	0.00	1
82951	GLUCOSE TOLERANCE TEST (GTT)	62.00	23.20	1
82977	ASSAY OF GGT ENZYME	64.00	14.10	2
83690	ASSAY BLOOD LIPASE	33.00	0.00	1
84144	ASSAY PROGESTERONE	75.00	40.27	1
84153	PROSTATE SPECIFIC ANTIGEN	163.00	80.41	2
84436	RIA ASSAY, TRUE THYROXINE	70.81	0.00	2
84443	RIA ASSAY OF TS HORMONE	421.22	199.64	6
84479	ASSAY TRIIODOTHYRONINE (T-3)	59.97	0.00	2
84481	RIA ASSAY (FT-3)	77.00	0.00	1
84590	ASSAY BLOOD VITAMIN-A	75.00	7.00	1
84702	CHORIONIC GONADOTROPIN TEST	181.00	29.20	2
84703	CHORIONIC GONADOTROPIN ASSAY	33.00	0.00	1
85014	HEMATOCRIT	10.00	7.50	1
85018	HEMOGLOBIN, COLORIMETRIC	41.00	34.50	4
85024	AUTOMATED HEMOGRAM	290.00	158.50	17
85025	AUTOMATED HEMOGRAM	125.59	96.89	5
85652	SEDIMENTATION RATE/AUTOMATED	30.00	0.00	1
86308	HETEROPHILE ANTIBODIES	26.00	12.59	1
86580	TB INTRADERMAL TEST	20.00	15.61	1
86592	BLOOD SEROLOGY, QUALITATIVE	7.98	0.00	1
86701	HIV-1	16.62	0.00	1
86762	RUBELLA	26.91	0.00	1
86850	RBC ANTIBODY SCREEN	18.02	0.00	1
86900	BLOOD TYPING, ABO	5.57	0.00	1
86901	BLOOD TYPING, RH (D)	6.67	0.00	1
87087	URINE BACTERIA CULTURE	15.00	12.00	1
87210	SMEAR, STAIN & INTERPRET	15.00	9.00	1
87340	HEPATITIS B SURFACE ANTIGEN	19.31	0.00	1

87490	CHLAMYDIA TRACHOMATIS/DIR PR	56.00	15.00	1
87880	INFECT AGENT/STREPT GROUP A	110.00	88.00	2
88108	CYTOPATHOLOGY	76.00	45.60	4
88141	CYTOPATH CERV/VAG INTERPR/MD	100.00	61.00	4
88142	CYTOPATH CERV/VAG PRESERV FL	383.00	318.75	7
88160	CYTOPATH SMEARS/OTHER SOURCE	75.00	0.00	1
88164	CYTOPATHOLOGY/SMEAR/SLIDES	106.00	68.90	2
88302	SURGICAL PATHOLOGY, COMPLETE	80.00	0.00	1
88304	SURGICAL PATHOLOGY, COMPLETE	177.00	141.60	2
88305	SURGICAL PATHOLOGY, COMPLETE	405.00	324.00	3
88307	SURGICAL PATHOLOGY, COMPLETE	220.00	165.00	1
88311	DECALCIFY TISSUE	32.00	25.60	1
90080	OFFICE VISIT,COMPRESH.	65.00	41.00	1
90471	IMMUNIZATION ADMIN	81.00	60.80	8
90472	IMMUNIZATION ADMIN 2 OR MORE	200.00	172.00	19
90645	HEMOPHILUS INFLUENZA B VACC	56.00	47.30	2
90648	HEMOPHILUS INFLUENZA B VACC	60.00	48.00	2
90658	FLU VIRUS VACC; SPLIT 3 YRS<	18.00	18.00	1
90659	INFLUENZA VACCINE/WHOLE VRS	17.00	17.00	1
90669	PNEUMOCOCCAL CONJUGATE VACC	420.00	361.50	5
90700	DTAP IMMUNIZATION	157.00	134.70	5
90707	MMR VIRUS IMMUNIZATION	45.00	36.00	1
90713	POLIOMYELITIS IMMUNIZATION	109.00	96.00	5
90716	CHICKEN POX VACCINE	52.00	46.80	1
90718	TD IMMUNIZATION	50.00	9.00	2
90744	HEPATITIS B VACCINE PED/ADOL	156.00	106.30	5
90748	IMMUNIZATION HEP B & INFLU	120.00	108.00	2
90780	IV INFUSION THERAPY, 1 HOUR	114.00	0.00	2
90801	DIAGNOSTIC INTERVIEW	475.00	126.00	3
90804	IND. PSYCHOTHERAPY 20-30 MIN	70.00	56.00	1
90806	IND. PSYCHOTHERAPY/INSIGHT	733.00	561.84	6
90847	SPECIAL FAMILY THERAPY	285.00	152.00	3
92012	EYE EXAM & TREATMENT	60.00	0.00	1
92014	EYE EXAM & TREATMENT	90.00	0.00	1
92015	REFRACTION	70.00	0.00	3
92552	PURE TONE AUDIOMETRY, AIR	21.00	21.00	1
92557	COMPREHENSIVE AUDIOMETRY	74.00	46.76	1
92567	TYMPANOMETRY	25.00	20.00	1
93000	ELECTROCARDIOGRAM, COMPLETE	514.00	267.85	10
93010	ELECTROCARDIOGRAM REPORT	70.00	65.00	2
93042	RHYTHM ECG, REPORT	16.00	12.80	1
93271	ECG MONITOR/RECORD, TO 12 HR	650.00	312.00	1
93880	EXTRACRANIAL STUDY	385.00	41.83	1
94760	MEASURE BLOOD OXYGEN LEVEL	29.00	10.21	1
96117	NEUROPSYCH TESTING BATTERY	500.00	450.00	1
96530	PUMP REFILLING, MAINTENANCE	82.00	82.00	1
97012	MECHANICAL TRACTION THERAPY	50.00	0.00	2
97110	THERAPEUTIC EXERCISES 15 min	210.00	90.00	4
97122	MANUAL TRACTION THERAPY	30.00	0.00	1
97124	MASSAGE THERAPY	65.00	33.00	3

97139	PHYSICAL MEDICINE PROCEDURE	68.00	68.00	2
97140	MANUAL THERAPY TECHNIQUES	341.00	162.00	9
97530	KINETIC THERAPY	64.00	64.00	1
97781	ACUPUNCTURE W/ ELECTRIC STIM	780.00	0.00	12
98940	CHIROPRACTIC MANI TREAT SPIN	641.00	283.25	22
98941	CHIRO MANIP TREAT SPINAL 3/4	1065.00	320.00	27
99000	SPECIMEN HANDLING	5.00	4.25	1
99050	SERVICES AFTER HOURS	47.00	42.30	2
99054	SERVICES SUNDAYS/HOLIDAYS	25.00	22.50	1
99141	SEDATION W/ OR W/O ANALGESIA	150.00	150.00	1
99199	SPECIAL SERVICE OR REPORT	85.00	0.00	1
99201	OFFICE/OUTPATIENT VISIT, NEW	167.00	71.31	3
99202	OFFICE/OUTPATIENT VISIT, NEW	149.00	38.00	2
99203	OFFICE/OUTPATIENT VISIT, NEW	614.00	354.61	5
99205	OFFICE/OUTPATIENT VISIT, NEW	186.00	171.00	1
99211	OFFICE/OUTPATIENT VISIT, EST	33.00	13.76	1
99212	OFFICE/OUTPATIENT VISIT, EST	1021.00	510.15	30
99213	OFFICE/OUTPATIENT VISIT, EST	3545.00	2046.92	70
99214	OFFICE/OUTPATIENT VISIT, EST	1809.00	946.38	27
99215	OFFICE/OUTPATIENT VISIT, EST	366.00	210.80	3
99222	INITIAL HOSPITAL CARE	170.00	124.00	1
99231	SUBSEQUENT HOSPITAL CARE	190.00	171.00	1
99232	SUBSEQUENT HOSPITAL CARE	91.00	54.00	1
99238	HOSPITAL DISCHARGE DAY	265.00	188.24	3
99241	OFFICE CONSULTATION	115.00	61.44	1
99242	INITIAL OFFICE CONSULTATION	245.00	176.40	2
99243	OFFICE CONSULTATION	175.00	84.00	1
99244	OFFICE CONSULTATION	290.00	208.80	1
99283	EMERGENCY DEPT VISIT	444.00	209.01	3
99285	EMERGENCY DEPT VISIT	639.00	154.40	3
99371	PHYSICIAN PHONE CONSULTATION	10.00	0.00	1
99384	PREVENTIVE VISIT,NEW,12-17	68.00	68.00	1
99391	PREVENTIVE VISIT,EST,INFANT	420.00	369.64	10
99392	PREVENTIVE VISIT,EST,AGE 1-4	185.00	169.07	3
99393	PREVENTIVE VISIT,EST,AGE5-11	216.00	179.87	6
99395	PREVENTIVE VISIT,EST,18-39	668.00	376.78	6
99431	INITIAL CARE, NORMAL NEWBORN	276.00	198.72	2
99436	ATTEND @ DELIV/INIT STABILZN	243.00	194.40	1
A4351	INTERMITTENT URINARY CATHETE	72.90	36.16	6
A4550	SURGICAL TRAYSINGS FULL LENG	30.00	0.00	1
A4927	GLOVES, STERILE OR NON-STERI	15.90	11.93	4
ANES	ANESTHESIA	6995.00	4501.41	8
ERMI	EMER ROOM MISCELLANEOUS	5024.25	3196.15	8
G0001	ROUTINE VENEIPUNCTURE	12.00	11.10	2
G0107	COLORECTAL CANCER SCREENING	13.00	0.00	1
IHMI	IN HOSPITAL MISCELLANEOUS	41329.39	29054.97	10
J0698	INJECTION, CEFOTAXIME SODIUM	48.00	38.40	3
K0410	MALE EXT.CATH./ADHES.COAT/EA	95.90	71.93	4
L3700	ELBOW ORTHOSES, ELASTIC WITH	21.00	13.44	1
OHDL	OUTPT HOSP MISC. LABORATORY	605.00	273.60	12

OHDX	OUTPT HOSP MISC. X-RAY	6082.25	3405.67	13
OHMI	OUT-PT MISCELLANEOUS	19030.35	13015.14	13
Q0091	SCREENING PAPANICOLAOU SMEAR	32.00	0.00	1
RBCCU	ROOM AND BOARD/CCU	2655.00	2291.00	2
RBICU	ROOM & BOARD INTENSIVE CARE	1745.00	1363.00	2
RBNU	ROOM & BOARD NURSERY	1347.00	677.60	2
RBOB	ROOM AND BOARD/MATERNITY	950.00	950.00	1
RBPO	ROOM & BOARD/PRIVATE	1957.00	1660.60	3
RBSP	ROOM & BOARD SEMI-PRIVATE	1335.00	961.54	2
RX	PRESCRIPTION DRUGS/MEDICINE	13559.57	7281.57	308
TOTAL CLIENT		155518.15	100303.9	1036