

### By Provider Type and Specialty

Information below is a detailed view of services that were requested prior authorizations with approval and denial rates by specific service code or APS group. For each service identified below, the provider type and associated provider specialties are listed. A provider type is a doctor, hospital or other healthcare professional. A provider specialty is a doctor or healthcare provider who specializes in an area of practice. Molina authorization data includes APS in the service code data field. APS is a bundle of same or similar codes. We authorize services in groups for certain procedures and for hospital stays. This is done to reduce provider administrative burden to match claim exactly to single code authorizations. APS service code groups allow us to pay the claim when the claim is billed within the APS group range instead of the specific code. Please refer to [Pre-Authorization Statistic Abbreviation Guide](#) to view the descriptions of the APS abbreviations.

| Service Code                           | Service Code Description                                | APS Service Code Group Description | APPROVED  | DENIED    | Total Prior Authorizations |
|--|---|------------------------------------|-----------|-----------|----------------------------|
| <b>00170</b>                           | <b>ANESTHESIA INTRAORAL WITH BIOPSY NOS</b>             |                                    | <b>2</b>  | <b>0</b>  | <b>2</b>                   |
| <b>HOSPITAL</b>                        |   |                                    | 2         | 0         | 2                          |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |                                    | 2         | 0         | 2                          |
| <b>0037U</b>                           | <b>TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES</b>     |                                    | <b>2</b>  | <b>25</b> | <b>27</b>                  |
| <b>LABORATORY</b>                      |   |                                    | 2         | 25        | 27                         |
| CLINICAL MEDICAL LABORATORY            |   |                                    | 2         | 25        | 27                         |
| <b>0067U</b>                           | <b>ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN</b>   |                                    | <b>0</b>  | <b>2</b>  | <b>2</b>                   |
| <b>GROUP OF PROVIDERS</b>              |   |                                    | 0         | 2         | 2                          |
| <b>0087U</b>                           | <b>CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG</b> |                                    | <b>1</b>  | <b>0</b>  | <b>1</b>                   |
| <b>LABORATORY</b>                      |   |                                    | 1         | 0         | 1                          |
| CLINICAL MEDICAL LABORATORY            |   |                                    | 1         | 0         | 1                          |
| <b>0101T</b>                           | <b>EXTRACORPOREAL SHOCK WAVE MUSCSKEL SYS NOS</b>       |                                    | <b>2</b>  | <b>2</b>  | <b>4</b>                   |
| <b>PHYSICAL THERAPIST</b>              |   |                                    | 2         | 2         | 4                          |
| PHYSICAL THERAPIST                     |   |                                    | 2         | 2         | 4                          |
| <b>0124</b>                            |   |                                    | <b>38</b> | <b>1</b>  | <b>39</b>                  |
| <b>HOSPITAL</b>                        |   |                                    | 36        | 1         | 37                         |
| GENERAL ACUTE CARE HOSPITAL            |   |                                    | 1         | 0         | 1                          |
| PSYCHIATRIC HOSPITAL                   |   |                                    | 35        | 1         | 36                         |
| <b>PSYCHIATRIC HOSPITAL</b>            |   |                                    | 2         | 0         | 2                          |
| PSYCHIATRIC HOSPITAL                   |   |                                    | 2         | 0         | 2                          |
| <b>0126</b>                            |   |                                    | <b>2</b>  | <b>1</b>  | <b>3</b>                   |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |                                    | 2         | 1         | 3                          |

|   |  |  |            |           |            |
|---|--|--|------------|-----------|------------|
| PSYCHIATRIC UNIT                          |  |  | 2          | 1         | 3          |
| <b>0152U</b>                              | <b>NFCT DS MCRB CLL FR DNA UNTRGT NEXT<br/>GENRJ SEQ</b> |  | <b>1</b>   | <b>0</b>  | <b>1</b>   |
| <b>HOSPITAL</b>                           |  |  | 1          | 0         | 1          |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1          | 0         | 1          |
| <b>0170</b>                               | <b>Nursery - General</b>                                 |  | <b>3</b>   | <b>1</b>  | <b>4</b>   |
| <b>HOSPITAL</b>                           |  |  | 3          | 1         | 4          |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2          | 0         | 2          |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1          | 1         | 2          |
| <b>0171</b>                               | <b>Nursery - Newborn - Level I</b>                       |  | <b>36</b>  | <b>9</b>  | <b>45</b>  |
| <b>HOSPITAL</b>                           |  |  | 36         | 9         | 45         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 25         | 6         | 31         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 11         | 3         | 14         |
| <b>0172</b>                               | <b>Nursery - Newborn - Level II</b>                      |  | <b>87</b>  | <b>32</b> | <b>119</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>    |  |  | 1          | 0         | 1          |
| CLINIC/CENTER                             |  |  | 1          | 0         | 1          |
| <b>EMERGENCY TRANSPORTATION</b>           |  |  | 2          | 1         | 3          |
| AMBULANCE                                 |  |  | 2          | 1         | 3          |
| <b>HOSPITAL</b>                           |  |  | 84         | 31        | 115        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 63         | 10        | 73         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 21         | 21        | 42         |
| <b>0173</b>                               | <b>Nursery - Newborn - Level III</b>                     |  | <b>102</b> | <b>23</b> | <b>125</b> |
| <b>EMERGENCY TRANSPORTATION</b>           |  |  | 5          | 0         | 5          |
| AMBULANCE                                 |  |  | 5          | 0         | 5          |
| <b>HOSPITAL</b>                           |  |  | 97         | 23        | 120        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 72         | 6         | 78         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 25         | 17        | 42         |
| <b>0174</b>                               | <b>Nursery - Newborn - Level IV</b>                      |  | <b>30</b>  | <b>2</b>  | <b>32</b>  |
| <b>HOSPITAL</b>                           |  |  | 30         | 2         | 32         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 17         | 0         | 17         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 13         | 2         | 15         |
| <b>01922</b>                              | <b>ANES NON-INVASIVE IMAGING/RADIATION<br/>THERAPY</b>   |  | <b>1</b>   | <b>0</b>  | <b>1</b>   |

|   |   |  |          |           |           |
|---|---|--|----------|-----------|-----------|
| <b>HOSPITAL</b>                                   |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                       |   |  | 1        | 0         | 1         |
| <b>01939</b>                                      | <b>ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP<br/>CRV/THRC</b>   |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>CERTIFIED REGISTERED NURSE<br/>ANESTHETIST</b> |   |  | 1        | 0         | 1         |
| NURSE ANESTHETIST, CERTIFIED<br>REGISTERED        |   |  | 1        | 0         | 1         |
| <b>01991</b>                                      | <b>ANES DX/THER NRV BLK/NJX OTH/THN<br/>PRONE POS</b>         |  | <b>2</b> | <b>1</b>  | <b>3</b>  |
| <b>CERTIFIED REGISTERED NURSE<br/>ANESTHETIST</b> |   |  | 1        | 0         | 1         |
| NURSE ANESTHETIST, CERTIFIED<br>REGISTERED        |   |  | 1        | 0         | 1         |
| <b>PHYSICIAN</b>                                  |   |  | 1        | 1         | 2         |
| ANESTHESIOLOGY                                    |   |  | 1        | 1         | 2         |
| <b>01992</b>                                      | <b>ANES DX/THER NERVE BLOCK/INJECTION<br/>PRONE POS</b>       |  | <b>2</b> | <b>1</b>  | <b>3</b>  |
| <b>CERTIFIED REGISTERED NURSE<br/>ANESTHETIST</b> |   |  | 1        | 0         | 1         |
| NURSE ANESTHETIST, CERTIFIED<br>REGISTERED        |   |  | 1        | 0         | 1         |
| <b>PHYSICIAN</b>                                  |   |  | 1        | 1         | 2         |
| ANESTHESIOLOGY                                    |   |  | 1        | 1         | 2         |
| <b>0210</b>                                       |   |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                                   |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                       |   |  | 1        | 0         | 1         |
| <b>0214</b>                                       |   |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                                   |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                       |   |  | 1        | 0         | 1         |
| <b>0238T</b>                                      | <b>TRLUML PERIPHERAL ATHERECTOMY ILIAC<br/>ARTERY EA</b>      |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                                   |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                       |   |  | 1        | 0         | 1         |
| <b>0239U</b>                                      | <b>TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR<br/>DNA 311 Plus</b> |  | <b>2</b> | <b>22</b> | <b>24</b> |
| <b>LABORATORY</b>                                 |   |  | 2        | 22        | 24        |
| CLINICAL MEDICAL LABORATORY                       |   |  | 2        | 22        | 24        |
| <b>0242U</b>                                      | <b>TRGT GEN SEQ ALYS PNL SOLID ORGN NEO<br/>DNA 55-74</b>     |  | <b>2</b> | <b>24</b> | <b>26</b> |
| <b>LABORATORY</b>                                 |   |  | 2        | 19        | 21        |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| CLINICAL MEDICAL LABORATORY            |   |  | 2        | 19        | 21        |
| <b>PHYSICIAN</b>                       |   |  | 0        | 5         | 5         |
| HEMATOLOGY                             |   |  | 0        | 1         | 1         |
| INTERNAL MEDICINE                      |   |  | 0        | 1         | 1         |
| MEDICAL ONCOLOGY                       |   |  | 0        | 3         | 3         |
| <b>0275T</b>                           | <b>PERC LAMINO-/LAMINECTOMY INDIR IMAG<br/>GUIDE LUMBAR</b>       |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0         | 1         |
| <b>0326U</b>                           | <b>TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR<br/>DNA 83 Plus</b>      |  | <b>4</b> | <b>24</b> | <b>28</b> |
| <b>LABORATORY</b>                      |   |  | 4        | 21        | 25        |
| CLINICAL MEDICAL LABORATORY            |   |  | 4        | 21        | 25        |
| <b>PHYSICIAN</b>                       |   |  | 0        | 3         | 3         |
| HEMATOLOGY                             |   |  | 0        | 2         | 2         |
| MEDICAL ONCOLOGY                       |   |  | 0        | 1         | 1         |
| <b>0329U</b>                           | <b>ONC NEOPLASIA XOME and TRNS SEQ ALYS<br/>DNA and RNA TUMOR</b> |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 1         | 1         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 1         | 1         |
| <b>0334U</b>                           | <b>ONC SLD ORGN TGSA FFPE TUM TISS DNA 84/<br/>Plus GEN</b>       |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>TIN OWNER</b>                       |   |  | 0        | 1         | 1         |
| <b>0340U</b>                           | <b>ONC PAN CANCER ANALYSIS MRD FROM<br/>PLASMA</b>                |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 3         | 3         |
| <b>0397T</b>                           | <b>ERCP WITH OPTICAL ENDOMICROSCOPY ADD<br/>ON</b>                |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0         | 1         |
| <b>0404T</b>                           | <b>TRANSCERVICAL UTERINE FIBROID ABLTJ<br/>W/US GDN RF</b>        |  | <b>0</b> | <b>4</b>  | <b>4</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 0        | 4         | 4         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |   |  | 0        | 4         | 4         |
| <b>0421T</b>                           | <b>TRANSURETHRAL WATERJET ABLATION<br/>PROSTATE COMPL</b>         |  | <b>2</b> | <b>1</b>  | <b>3</b>  |
| <b>HOSPITAL</b>                        |   |  | 2        | 1         | 3         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2        | 1         | 3         |

|   |  |          |          |          |
|---|--|----------|----------|----------|
| <b>0537T</b>  | <b>CAR-T THERAPY HRVG BLD DRV T LMPHCYT<br/>PR DAY</b>       | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                 |  | 1        | 0        | 1        |
| <b>0538T</b>  | <b>CAR-T THERAPY PREPJ BLD DRV T LMPHCYT<br/>F/TRNS</b>      | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                 |  | 1        | 0        | 1        |
| <b>0539T</b>  | <b>CAR-T THERAPY RECEIPT and PREP CAR-T<br/>CELLS F/ADMN</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                 |  | 1        | 0        | 1        |
| <b>0540T</b>  | <b>CAR-T THERAPY AUTOLOGOUS CELL<br/>ADMINISTRATION</b>      | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                 |  | 1        | 0        | 1        |
| <b>0550</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>SKILLED NURSING FACILITY</b>                             |  | 1        | 0        | 1        |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X |  | 1        | 0        | 1        |
| <b>0641T</b>  | <b>NCNTC NR IFR SPECTRSC FLAP/WND IMG<br/>ACQUISJ ONLY</b>   | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                 |  | 0        | 1        | 1        |
| <b>0642T</b>  | <b>NCNTC NR IFR SPECTRSC FLAP/WND I and R<br/>ONLY</b>       | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                 |  | 0        | 1        | 1        |
| <b>0707T</b>  | <b>NJX BONE SUB MATRL INTO SUBCHONDRAL<br/>BONE DEFECT</b>   | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL                                 |  | 3        | 0        | 3        |
| <b>0905</b>   |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>   |  | 2        | 0        | 2        |
| PSYCHIATRIC HOSPITAL  |  | 2        | 0        | 2        |
| <b>0912</b>   |  | <b>8</b> | <b>0</b> | <b>8</b> |
| <b>HOSPITAL</b>   |  | 8        | 0        | 8        |
| PSYCHIATRIC HOSPITAL  |  | 8        | 0        | 8        |
| <b>10005</b>  | <b>FINE NEEDLE ASPIRATION BX W/US GDN 1ST<br/>LESION</b>     | <b>2</b> | <b>0</b> | <b>2</b> |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>HOSPITAL</b>  |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                    |   |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL   |   |  | 1         | 0        | 1         |
| <b>10006</b>   | <b>FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL</b>       |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                    |   |  | 1         | 0        | 1         |
| <b>1002</b>  |   |  | <b>14</b> | <b>0</b> | <b>14</b> |
| <b>CHEMICAL DEPENDENCY TREATMENT FACILITY (TCADA APPROVED)</b> |   |  | 7         | 0        | 7         |
| CLINIC/CENTER - REHABILITATION, SUBSTANCE USE DISORDER - 261   |   |  | 7         | 0        | 7         |
| <b>REHABILITATION CENTER</b>                                   |   |  | 7         | 0        | 7         |
| CLINIC/CENTER - REHABILITATION, SUBSTANCE USE DISORDER - 261   |   |  | 7         | 0        | 7         |
| <b>10021</b>   | <b>FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                    |   |  | 1         | 0        | 1         |
| <b>10030</b>   | <b>IMG-GUIDED FLU COLLJ DRG CATH SOFT TISS PERQ</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| SURGERY  |   |  | 1         | 0        | 1         |
| <b>11102</b>   | <b>TANGENTIAL BIOPSY SKIN SINGLE LESION</b>             |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| DERMATOLOGY  |   |  | 1         | 0        | 1         |
| <b>11104</b>   | <b>PUNCH BIOPSY SKIN SINGLE LESION</b>                  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| DERMATOLOGY  |   |  | 1         | 0        | 1         |
| <b>11106</b>   | <b>INCISIONAL BIOPSY SKIN SINGLE LESION</b>             |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| DERMATOLOGY  |   |  | 1         | 0        | 1         |
| <b>11406</b>   | <b>EXC B9 LESION MRGN XCP SK TG T/A/L GT 4.0 CM</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                    |   |  | 1         | 0        | 1         |
| <b>11970</b>   | <b>REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT</b>  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>11971</b>                           | <b>REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>11981</b>                           | <b>INSERTION DRUG DELIVERY IMPLANT</b>                      |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>                        |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2        | 0        | 2        |
| <b>PHYSICIAN</b>                       |   |  | 0        | 1        | 1        |
| ORTHOPAEDIC SURGERY                    |   |  | 0        | 1        | 1        |
| <b>11982</b>                           | <b>REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT</b>      |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2        | 0        | 2        |
| <b>12036</b>                           | <b>REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM</b>             |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>PHYSICIAN</b>                       |   |  | 0        | 1        | 1        |
| ORTHOPAEDIC SURGERY                    |   |  | 0        | 1        | 1        |
| <b>13101</b>                           | <b>REPAIR COMPLEX TRUNK 2.6-7.5 CM</b>                      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>13102</b>                           | <b>REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM OR LT</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>13160</b>                           | <b>SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>14041</b>                           | <b>ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM</b>      |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0        | 1        |
| <b>14060</b>                           | <b>ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM OR LT</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0        | 1        |

|  |   |          |          |          |
|--|---|----------|----------|----------|
| <b>14301</b>                           | <b>ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM</b>      | <b>8</b> | <b>0</b> | <b>8</b> |
| <b>HOSPITAL</b>                        |   | 8        | 0        | 8        |
| GENERAL ACUTE CARE HOSPITAL            |   | 7        | 0        | 7        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 1        | 0        | 1        |
| <b>14302</b>                           | <b>ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM</b>        | <b>6</b> | <b>0</b> | <b>6</b> |
| <b>HOSPITAL</b>                        |   | 6        | 0        | 6        |
| GENERAL ACUTE CARE HOSPITAL            |   | 6        | 0        | 6        |
| <b>15002</b>                           | <b>PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT</b>           | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>15003</b>                           | <b>PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT</b>          | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>15275</b>                           | <b>SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM</b>    | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>GROUP OF PROVIDERS</b>              |   | 1        | 0        | 1        |
| MULTI-SPECIALTY                        |   | 1        | 0        | 1        |
| <b>PODIATRIST</b>                      |   | 1        | 0        | 1        |
| PODIATRIST - FOOT SURGERY              |   | 1        | 0        | 1        |
| <b>15570</b>                           | <b>FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK</b>        | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>15733</b>                           | <b>MUSC MYOQ/FSCQ FLAP HEAD and NECK W/NAMED VASC PEDCL</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>15734</b>                           | <b>MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK</b>         | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   | 2        | 0        | 2        |
| <b>15758</b>                           | <b>FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS</b>        | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |



|   |   |           |          |           |
|---|---|-----------|----------|-----------|
| <b>15769</b>  | <b>GRAFTING OF AUTOLOGOUS SOFT TISS BY<br/>DIRECT EXC</b>     | <b>8</b>  | <b>3</b> | <b>11</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                               |   | 1         | 2        | 3         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                          |   | 1         | 2        | 3         |
| <b>HOSPITAL</b>   |   | 7         | 1        | 8         |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   | 6         | 1        | 7         |
| <b>15771</b>  | <b>GRAFTING OF AUTOLOGOUS FAT BY LIPO 50<br/>CC OR LESS</b>   | <b>17</b> | <b>2</b> | <b>19</b> |
| <b>HOSPITAL</b>   |   | 17        | 2        | 19        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   | 16        | 2        | 18        |
| <b>15772</b>  | <b>GRAFTING OF AUTOLOGOUS FAT BY LIPO EA<br/>ADDL 50 CC</b>   | <b>2</b>  | <b>2</b> | <b>4</b>  |
| <b>HOSPITAL</b>   |   | 2         | 2        | 4         |
| GENERAL ACUTE CARE HOSPITAL                                     |   | 2         | 2        | 4         |
| <b>15777</b>  | <b>IMPLNT BIO IMPLNT FOR SOFT TISSUE<br/>REINFORCEMENT</b>    | <b>7</b>  | <b>1</b> | <b>8</b>  |
| <b>HOSPITAL</b>   |   | 7         | 1        | 8         |
| GENERAL ACUTE CARE HOSPITAL                                     |   | 7         | 1        | 8         |
| <b>15822</b>  | <b>BLEPHAROPLASTY UPPER EYELID</b>                            | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>                               |   | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                          |   | 1         | 0        | 1         |
| <b>15823</b>  | <b>BLEPHAROPLASTY UPPER EYELID<br/>W/EXCESSIVE SKIN</b>       | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>                               |   | 2         | 0        | 2         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                          |   | 2         | 0        | 2         |
| <b>HOSPITAL</b>   |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   | 1         | 0        | 1         |
| <b>15830</b>  | <b>EXCISION SKIN ABD INFRAUMBILICAL<br/>PANNICULECTOMY</b>    | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>   |   | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                     |   | 2         | 0        | 2         |
| <b>15839</b>  | <b>EXCISION EXCESSIVE SKIN AND SUBQ TISSUE<br/>OTHER AREA</b> | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>   |   | 2         | 0        | 2         |

|   |  |  |           |          |           |
|---|--|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 2         | 0        | 2         |
| <b>15840</b>  | <b>GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT</b>     |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>   |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 3         | 0        | 3         |
| <b>15842</b>  | <b>GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG</b>      |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>   |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 2         | 0        | 2         |
| <b>15860</b>  | <b>IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT</b>          |  | <b>12</b> | <b>1</b> | <b>13</b> |
| <b>HOSPITAL</b>   |  |  | 12        | 1        | 13        |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 12        | 1        | 13        |
| <b>15877</b>  | <b>SUCTION ASSISTED LIPECTOMY TRUNK</b>                    |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>   |  |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 0         | 1        | 1         |
| <b>17250</b>  | <b>CHEMICAL CAUTERIZATION OF GRANULATION TISSUE</b>        |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>  |  |  | 1         | 0        | 1         |
| EMERGENCY MEDICINE  |  |  | 1         | 0        | 1         |
| <b>19083</b>  | <b>BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID</b>       |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>   |  |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL  |  |  | 1         | 0        | 1         |
| <b>19120</b>  | <b>EXC CYST/ABERRANT BREAST TISSUE OPEN 1 OR GT LESION</b> |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>   |  |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 0         | 1        | 1         |
| <b>19303</b>  | <b>MASTECTOMY SIMPLE COMPLETE</b>                          |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>HOSPITAL</b>   |  |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 6         | 0        | 6         |
| <b>19307</b>  | <b>MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>   |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 1         | 0        | 1         |
| <b>19316</b>  | <b>MASTOPEXY</b>   |  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>HOSPITAL</b>   |  |  | 5         | 1        | 6         |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |  |  | 1         | 0        | 1         |

|  |   |  |          |          |           |
|--|---|--|----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL            |   |  | 3        | 1        | 4         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0        | 1         |
| <b>19318</b>                           | <b>BREAST REDUCTION</b>                                   |  | <b>4</b> | <b>1</b> | <b>5</b>  |
| <b>HOSPITAL</b>                        |   |  | 4        | 1        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 4        | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 0        | 1        | 1         |
| <b>19328</b>                           | <b>REMOVAL INTACT BREAST IMPLANT</b>                      |  | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1         |
| <b>19342</b>                           | <b>INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY</b>      |  | <b>6</b> | <b>0</b> | <b>6</b>  |
| <b>HOSPITAL</b>                        |   |  | 6        | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 6        | 0        | 6         |
| <b>19357</b>                           | <b>TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION</b>    |  | <b>7</b> | <b>3</b> | <b>10</b> |
| <b>HOSPITAL</b>                        |   |  | 7        | 3        | 10        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 7        | 3        | 10        |
| <b>19361</b>                           | <b>BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP</b>      |  | <b>5</b> | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>                        |   |  | 5        | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 5        | 0        | 5         |
| <b>19364</b>                           | <b>BREAST RECONSTRUCTION W/FREE FLAP</b>                  |  | <b>7</b> | <b>1</b> | <b>8</b>  |
| <b>HOSPITAL</b>                        |   |  | 7        | 1        | 8         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 7        | 1        | 8         |
| <b>19370</b>                           | <b>REVISION PERI-IMPLANT CAPSULE BREAST</b>               |  | <b>4</b> | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>                        |   |  | 4        | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 4        | 0        | 4         |
| <b>19371</b>                           | <b>PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE</b>          |  | <b>7</b> | <b>0</b> | <b>7</b>  |
| <b>HOSPITAL</b>                        |   |  | 7        | 0        | 7         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 7        | 0        | 7         |
| <b>19380</b>                           | <b>REVISION OF RECONSTRUCTED BREAST</b>                   |  | <b>4</b> | <b>2</b> | <b>6</b>  |
| <b>HOSPITAL</b>                        |   |  | 4        | 2        | 6         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 4        | 2        | 6         |
| <b>20553</b>                           | <b>INJECTION SINGLE/MLT TRIGGER POINT 3 OR GT MUSCLES</b> |  | <b>2</b> | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1         |

|                                    |  |  |          |          |           |
|------------------------------------|--|--|----------|----------|-----------|
| LONG TERM CARE HOSPITAL            |  |  | 1        | 0        | 1         |
| <b>PHYSICIAN</b>                   |  |  | 1        | 0        | 1         |
| PAIN MEDICINE - PAIN MEDICINE      |  |  | 1        | 0        | 1         |
| <b>20560</b>                       | <b>NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES</b>       |  | <b>8</b> | <b>4</b> | <b>12</b> |
| <b>HOSPITAL</b>                    |  |  | 6        | 3        | 9         |
| GENERAL ACUTE CARE HOSPITAL        |  |  | 6        | 3        | 9         |
| <b>PHYSICAL THERAPIST</b>          |  |  | 1        | 0        | 1         |
| PHYSICAL THERAPIST                 |  |  | 1        | 0        | 1         |
| <b>PHYSICIAN</b>                   |  |  | 1        | 1        | 2         |
| ORTHOPAEDIC SURGERY                |  |  | 1        | 1        | 2         |
| <b>20561</b>                       | <b>NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES</b>    |  | <b>8</b> | <b>4</b> | <b>12</b> |
| <b>HOSPITAL</b>                    |  |  | 6        | 3        | 9         |
| GENERAL ACUTE CARE HOSPITAL        |  |  | 6        | 3        | 9         |
| <b>PHYSICAL THERAPIST</b>          |  |  | 1        | 0        | 1         |
| PHYSICAL THERAPIST                 |  |  | 1        | 0        | 1         |
| <b>PHYSICIAN</b>                   |  |  | 1        | 1        | 2         |
| ORTHOPAEDIC SURGERY                |  |  | 1        | 1        | 2         |
| <b>20605</b>                       | <b>ARTHROCENTESIS ASPIR and /INJ INTERM JT/BURS W/O US</b> |  | <b>0</b> | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>                   |  |  | 0        | 1        | 1         |
| ORTHOPAEDIC SURGERY                |  |  | 0        | 1        | 1         |
| <b>20610</b>                       | <b>ARTHROCENTESIS ASPIR and /INJ MAJOR JT/BURSA W/O US</b> |  | <b>2</b> | <b>4</b> | <b>6</b>  |
| <b>PHYSICIAN</b>                   |  |  | 2        | 4        | 6         |
| FAMILY MEDICINE                    |  |  | 1        | 0        | 1         |
| ORTHOPAEDIC SURGERY                |  |  | 0        | 4        | 4         |
| PHYSICAL MEDICINE & REHABILITATION |  |  | 1        | 0        | 1         |
| <b>20670</b>                       | <b>REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE</b>      |  | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                    |  |  | 1        | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL        |  |  | 1        | 0        | 1         |
| <b>20900</b>                       | <b>BONE GRAFT ANY DONOR AREA MINOR/SMALL</b>               |  | <b>3</b> | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                    |  |  | 3        | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL        |  |  | 2        | 0        | 2         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 1         | 0        | 1         |
| <b>20902</b>                           | <b>BONE GRAFT ANY DONOR AREA MAJOR/LARGE</b>               |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 1         | 0        | 1         |
| <b>20930</b>                           | <b>ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED</b>         |  | <b>19</b> | <b>0</b> | <b>19</b> |
| <b>HOSPITAL</b>                        |  |  | 19        | 0        | 19        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 14        | 0        | 14        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 4         | 0        | 4         |
| SPECIAL HOSPITAL                       |  |  | 1         | 0        | 1         |
| <b>20931</b>                           | <b>ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL</b>         |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1         | 0        | 1         |
| <b>20936</b>                           | <b>AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION</b>    |  | <b>13</b> | <b>0</b> | <b>13</b> |
| <b>HOSPITAL</b>                        |  |  | 13        | 0        | 13        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 8         | 0        | 8         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 4         | 0        | 4         |
| SPECIAL HOSPITAL                       |  |  | 1         | 0        | 1         |
| <b>20939</b>                           | <b>BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY</b>      |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>                        |  |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 4         | 0        | 4         |
| <b>20969</b>                           | <b>FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE</b>        |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1         | 0        | 1         |
| <b>20999</b>                           | <b>UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL</b>      |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1         | 0        | 1         |
| <b>21012</b>                           | <b>EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM OR GT</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |  |  | 1         | 0        | 1         |

|   |   |           |          |           |
|---|---|-----------|----------|-----------|
| <b>21014</b>                              | <b>EXC TUMOR SOFT TISS FACE and SCALP<br/>SUBFASCIAL 2 CM OR GT</b> | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   | 0         | 1        | 1         |
| LONG TERM CARE HOSPITAL                   |   | 0         | 1        | 1         |
| <b>21235</b>                              | <b>GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR</b>                          | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |   | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |   | 2         | 0        | 2         |
| <b>21600</b>                              | <b>EXCISION RIB PARTIAL</b>   | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>                           |   | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL               |   | 5         | 0        | 5         |
| <b>21620</b>                              | <b>OSTECTOMY STERNUM PARTIAL</b>                                    | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   | 1         | 0        | 1         |
| <b>21630</b>                              | <b>RADICAL RESECTION STERNUM</b>                                    | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   | 1         | 0        | 1         |
| <b>22212</b>                              | <b>OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT<br/>SGM THRC</b>           | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>                           |   | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   | 4         | 0        | 4         |
| <b>22214</b>                              | <b>OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT<br/>SGM LMBR</b>           | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>                           |   | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL               |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   | 4         | 0        | 4         |
| <b>22216</b>                              | <b>OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA<br/>VRT SGM</b>          | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>                           |   | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   | 4         | 0        | 4         |
| <b>22325</b>                              | <b>OPTX and /RDCTJ VRT FX and /DISLC PST 1<br/>VRT SGM LM</b>       | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   | 1         | 0        | 1         |
| <b>22551</b>                              | <b>ARTHRD ANT INTERBODY DECOMPRESS<br/>CERVICAL BELW C2</b>         | <b>12</b> | <b>0</b> | <b>12</b> |
| <b>HOSPITAL</b>                           |   | 12        | 0        | 12        |

|   |   |  |           |          |           |
|---|---|--|-----------|----------|-----------|
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 11        | 0        | 11        |
| <b>22552</b>  | <b>ARTHRD ANT INTERDY CERVCL BELW C2 EA<br/>ADDL NTRSPC</b> |  | <b>10</b> | <b>0</b> | <b>10</b> |
| <b>HOSPITAL</b>   |   |  | 10        | 0        | 10        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 9         | 0        | 9         |
| <b>22554</b>  | <b>ARTHRD ANT INTERBODY MIN DSC CRV<br/>BELOW C2</b>        |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>   |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 1         | 0        | 1         |
| <b>22558</b>  | <b>ARTHRD ANT INTERBODY MIN DSC LUMBAR</b>                  |  | <b>15</b> | <b>0</b> | <b>15</b> |
| <b>HOSPITAL</b>   |   |  | 15        | 0        | 15        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 15        | 0        | 15        |
| <b>22585</b>  | <b>ARTHRD ANT NTRBD MIN DSC EA ADDL<br/>INTERSPACE</b>      |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>HOSPITAL</b>   |   |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 6         | 0        | 6         |
| <b>22600</b>  | <b>ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW<br/>C2 SEGMENT</b> |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>   |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 4         | 0        | 4         |
| <b>22612</b>  | <b>ARTHRODESIS POSTERIOR/PSTLAT TQ<br/>1NTRSPC LUMBAR</b>   |  | <b>14</b> | <b>0</b> | <b>14</b> |
| <b>HOSPITAL</b>   |   |  | 14        | 0        | 14        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 14        | 0        | 14        |
| <b>22614</b>  | <b>ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA<br/>ADDL NTRSPC</b> |  | <b>11</b> | <b>0</b> | <b>11</b> |
| <b>HOSPITAL</b>   |   |  | 11        | 0        | 11        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 11        | 0        | 11        |
| <b>22630</b>  | <b>ARTHRODESIS POSTERIOR INTERBODY 1<br/>NTRSPC LUMBAR</b>  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>   |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 1         | 0        | 1         |
| <b>22633</b>  | <b>ARTHRODESIS COMBINED TQ 1NTRSPC<br/>LUMBAR</b>           |  | <b>10</b> | <b>0</b> | <b>10</b> |
| <b>HOSPITAL</b>   |   |  | 10        | 0        | 10        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 9         | 0        | 9         |

|   |  |  |          |          |          |
|---|--|--|----------|----------|----------|
| REHABILITATION UNIT                       |  |  | 1        | 0        | 1        |
| <b>22634</b>                              | <b>ARTHRODESIS CMBN TQ 1NTRSPC EACH<br/>ADDITIONAL</b>         |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>22802</b>                              | <b>ARTHRODESIS POSTERIOR SPINAL DFRM 7-12<br/>VRT SGM</b>      |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 2        | 0        | 2        |
| <b>22804</b>                              | <b>ARTHRODESIS POSTERIOR SPINAL DFRM 13<br/>Plus VRT SGM</b>   |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1        | 0        | 1        |
| SPECIAL HOSPITAL                          |  |  | 1        | 0        | 1        |
| <b>22830</b>                              | <b>EXPLORATION SPINAL FUSION</b>                               |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                           |  |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 4        | 0        | 4        |
| <b>22840</b>                              | <b>POSTERIOR NON-SEGMENTAL<br/>INSTRUMENTATION</b>             |  | <b>9</b> | <b>0</b> | <b>9</b> |
| <b>HOSPITAL</b>                           |  |  | 9        | 0        | 9        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 9        | 0        | 9        |
| <b>22842</b>                              | <b>POSTERIOR SEGMENTAL INSTRUMENTATION<br/>3-6 VRT SEG</b>     |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>HOSPITAL</b>                           |  |  | 5        | 0        | 5        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 5        | 0        | 5        |
| <b>22843</b>                              | <b>POSTERIOR SEGMENTAL INSTRUMENTATION<br/>7-12 VRT SEG</b>    |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                           |  |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 3        | 0        | 3        |
| <b>22844</b>                              | <b>POSTERIOR SEGMENTAL INSTRUMENTATION<br/>13 OR GT VRT SE</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1        | 0        | 1        |
| SPECIAL HOSPITAL                          |  |  | 1        | 0        | 1        |
| <b>22845</b>                              | <b>ANTERIOR INSTRUMENTATION 2-3<br/>VERTEBRAL SEGMENTS</b>     |  | <b>8</b> | <b>0</b> | <b>8</b> |
| <b>HOSPITAL</b>                           |  |  | 8        | 0        | 8        |



|                             |   |  |           |          |           |
|-----------------------------|---|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL |   |  | 8         | 0        | 8         |
| <b>22846</b>                | <b>ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS</b>  |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>             |   |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 3         | 0        | 3         |
| <b>22849</b>                | <b>REINSERTION SPINAL FIXATION DEVICE</b>               |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1         | 0        | 1         |
| <b>22850</b>                | <b>REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION</b>   |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>             |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2         | 0        | 2         |
| <b>22852</b>                | <b>REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION</b>      |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>             |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2         | 0        | 2         |
| <b>22853</b>                | <b>INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD</b> |  | <b>20</b> | <b>0</b> | <b>20</b> |
| <b>HOSPITAL</b>             |   |  | 20        | 0        | 20        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 20        | 0        | 20        |
| <b>22855</b>                | <b>REMOVAL ANTERIOR INSTRUMENTATION</b>                 |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1         | 0        | 1         |
| <b>22856</b>                | <b>TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL</b> |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>             |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 4         | 0        | 4         |
| <b>22899</b>                | <b>UNLISTED PROCEDURE SPINE</b>                         |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>             |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2         | 0        | 2         |
| <b>23120</b>                | <b>CLAVICULECTOMY PARTIAL</b>                           |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1         | 0        | 1         |
| <b>23170</b>                | <b>SEQUESTRECTOMY CLAVICLE</b>                          |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1         | 0        | 1         |
| <b>23405</b>                | <b>TENOTOMY SHOULDER AREA 1 TENDON</b>                  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |

|                                     |   |  |          |          |          |
|-------------------------------------|---|--|----------|----------|----------|
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>23410</b>                        | <b>OPEN REPAIR OF ROTATOR CUFF ACUTE</b>                    |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 2        | 0        | 2        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 2        | 0        | 2        |
| <b>23412</b>                        | <b>OPEN REPAIR OF ROTATOR CUFF CHRONIC</b>                  |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>23430</b>                        | <b>TENODESIS LONG TENDON BICEPS</b>                         |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 2        | 0        | 2        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 2        | 0        | 2        |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>23472</b>                        | <b>ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER</b>       |  | <b>6</b> | <b>0</b> | <b>6</b> |
| <b>HOSPITAL</b>                     |   |  | 6        | 0        | 6        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 6        | 0        | 6        |
| <b>23474</b>                        | <b>REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>23655</b>                        | <b>CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| SPECIAL HOSPITAL                    |   |  | 1        | 0        | 1        |
| <b>23700</b>                        | <b>MNPJ W/ANES SHOULDER JT APPL FIXATION APPARATUS</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>24341</b>                        | <b>REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA TDN/MUSC</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1        | 0        | 1        |

|  |   |           |          |           |
|--|---|-----------|----------|-----------|
| <b>25111</b>                           | <b>EXCISION GANGLION WRIST DORSAL/VOLAR<br/>PRIMARY</b>       | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   | 0         | 1        | 1         |
| <b>25310</b>                           | <b>TDN TRNSPLJ/TR FLXR/XTNSR F/ARM and<br/>/WRST 1 EA TDN</b> | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   | 1         | 0        | 1         |
| <b>25447</b>                           | <b>ARTHRP INTERPOS<br/>INTERCARPAL/METACARPAL JOINTS</b>      | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |   | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |   | 2         | 0        | 2         |
| <b>25609</b>                           | <b>OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3<br/>FRAG</b>      | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   | 0         | 1        | 1         |
| <b>27096</b>                           | <b>INJECT SI JOINT ARTHRGPHY and<br/>/ANES/STEROID W/IMA</b>  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>PHYSICIAN</b>                       |   | 1         | 2        | 3         |
| ANESTHESIOLOGY                         |   | 1         | 0        | 1         |
| FAMILY MEDICINE                        |   | 0         | 1        | 1         |
| PHYSICAL MEDICINE &<br>REHABILITATION  |   | 0         | 1        | 1         |
| <b>27130</b>                           | <b>ARTHRP ACETBLR/PROX FEM PROSTC<br/>AGRFT/ALGRFT</b>        | <b>27</b> | <b>3</b> | <b>30</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |   | 1         | 0        | 1         |
| <b>HOSPITAL</b>                        |   | 26        | 2        | 28        |
| GENERAL ACUTE CARE HOSPITAL            |   | 26        | 0        | 26        |
| <b>PHYSICIAN</b>                       |   | 0         | 1        | 1         |
| ORTHOPAEDIC SURGERY                    |   | 0         | 1        | 1         |
| <b>27132</b>                           | <b>CONV PREV HIP TOT HIP ARTHRP W/VO<br/>AGRFT/ALGRFT</b>     | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   | 1         | 0        | 1         |
| <b>27134</b>                           | <b>REVJ TOT HIP ARTHRP BTH W/VO<br/>AGRFT/ALGRFT</b>          | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   | 1         | 0        | 1         |

|  |   |          |          |          |
|--|---|----------|----------|----------|
| <b>27147</b>                           | <b>OSTEOTOMY ILIAC<br/>ACETABULAR/INNOMINATE HIP RDCTJ</b>    | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>27279</b>                           | <b>ARTHRODESIS SI JOINT PERCUTANEOUS/MIN<br/>INVASIVE</b>     | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>27305</b>                           | <b>FASCIOTOMY ILIOTIBIAL OPEN</b>                             | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>27334</b>                           | <b>ARTHROTOMY W/SYNOVECTOMY KNEE<br/>ANTERIOR/POSTERIOR</b>   | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   | 2        | 0        | 2        |
| <b>27335</b>                           | <b>ARTHRT W/SYNVCT KNE ANT and POST<br/>W/POP AREA</b>        | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>27356</b>                           | <b>EXCISION/CURETTAGE CYST/TUMOR FEMUR<br/>W/ALLOGRAFT</b>    | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>27407</b>                           | <b>REPAIR PRIMARY TORN LIGM and /CAPSULE<br/>KNEE CRUCIAT</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>27415</b>                           | <b>OSTEOCHONDRAL ALLOGRAFT KNEE OPEN</b>                      | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>27422</b>                           | <b>RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT<br/>and /MUSC RL</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |   | 1        | 0        | 1        |
| <b>27425</b>                           | <b>LATERAL RETINACULAR RELEASE OPEN</b>                       | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>27427</b>                           | <b>LIGAMENTOUS RECONSTRUCTION KNEE<br/>EXTRA-ARTICULAR</b>    | <b>3</b> | <b>0</b> | <b>3</b> |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>HOSPITAL</b>                        |   |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL                       |   |  | 1         | 0        | 1         |
| <b>27430</b>                           | <b>QUADRICEPSPLASTY</b>   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>27438</b>                           | <b>ARTHROPLASTY PATELLA W/PROSTHESIS</b>                        |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 0         | 1        | 1         |
| <b>27446</b>                           | <b>ARTHRP KNEE CONDYLE and PLATEAU MEDIAL/LAT CMPRT</b>         |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>27447</b>                           | <b>ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS</b> |  | <b>63</b> | <b>7</b> | <b>70</b> |
| <b>HOSPITAL</b>                        |   |  | 63        | 7        | 70        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 63        | 7        | 70        |
| <b>27486</b>                           | <b>REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT</b>           |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>HOSPITAL</b>                        |   |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 6         | 0        | 6         |
| <b>27487</b>                           | <b>REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE</b>       |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>                        |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 4         | 0        | 4         |
| <b>27570</b>                           | <b>MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA</b>         |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>27599</b>                           | <b>UNLISTED PROCEDURE FEMUR/KNEE</b>                            |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>27606</b>                           | <b>TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES</b>            |  | <b>1</b>  | <b>0</b> | <b>1</b>  |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| <b>HOSPITAL</b>                            |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                |   |  | 1        | 0        | 1        |
| <b>27630</b>                               | <b>EXCISION LESION TENDON SHEATH/CAPSULE<br/>LEG and /ANK</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                            |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                |   |  | 1        | 0        | 1        |
| <b>27680</b>                               | <b>TENOLYSIS FLXR/XTNSR TENDON LEG and<br/>/ANKLE 1 EACH</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                            |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                |   |  | 1        | 0        | 1        |
| <b>27687</b>                               | <b>GASTROCNEMIUS RECESSION</b>                                |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                            |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN  |   |  | 2        | 0        | 2        |
| <b>27691</b>                               | <b>TR/TRNSPL 1 TDN W/MUSC<br/>REDIRION/REROUTING DP</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                            |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                |   |  | 1        | 0        | 1        |
| <b>28005</b>                               | <b>INCISION BONE CORTEX FOOT</b>                              |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                            |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                |   |  | 1        | 0        | 1        |
| <b>28011</b>                               | <b>TENOTOMY PERCUTANEOUS TOE MULTIPLE<br/>TENDON</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PODIATRIST</b>                          |   |  | 1        | 0        | 1        |
| PODIATRIST - PRIMARY PODIATRIC<br>MEDICINE |   |  | 1        | 0        | 1        |
| <b>28060</b>                               | <b>FASCIECTOMY PLANTAR FASCIA PARTIAL SPX</b>                 |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                            |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL                |   |  | 2        | 0        | 2        |
| <b>28090</b>                               | <b>EXC LESION TENDON SHEATH/CAPSULE<br/>W/SYNVCT FOOT</b>     |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                            |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL                |   |  | 2        | 0        | 2        |
| <b>28110</b>                               | <b>OSTECTOMY PRTL 5TH METAR HEAD SPX</b>                      |  | <b>0</b> | <b>3</b> | <b>3</b> |
| <b>HOSPITAL</b>                            |   |  | 0        | 3        | 3        |
| GENERAL ACUTE CARE HOSPITAL                |   |  | 0        | 3        | 3        |
| <b>28112</b>                               | <b>OSTECTOMY COMPLETE OTHER METATARSAL<br/>HEAD 2/3/4</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                            |   |  | 1        | 0        | 1        |

|                                     |   |  |          |          |          |
|-------------------------------------|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>28113</b>                        | <b>OSTECTOMY COMPLETE 5TH METATARSAL HEAD</b>           |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>28118</b>                        | <b>OSTECTOMY CALCANEUS</b>                              |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>28119</b>                        | <b>OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>28120</b>                        | <b>PARTIAL EXCISION BONE TALUS/CALCANEUS</b>            |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1        | 0        | 1        |
| <b>28122</b>                        | <b>PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS</b>  |  | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>HOSPITAL</b>                     |   |  | 3        | 1        | 4        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 3        | 1        | 4        |
| <b>PODIATRIST</b>                   |   |  | 2        | 0        | 2        |
| PODIATRIST - FOOT SURGERY           |   |  | 2        | 0        | 2        |
| <b>28124</b>                        | <b>PARTICAL EXCISION BONE PHALANX TOE</b>               |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>28200</b>                        | <b>RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>28260</b>                        | <b>CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>28270</b>                        | <b>CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX</b> |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>PODIATRIST</b>                   |   |  | 1        | 0        | 1        |

|                                     |   |  |          |          |          |
|-------------------------------------|---|--|----------|----------|----------|
| PODIATRIST - FOOT & ANKLE SURGERY   |   |  | 1        | 0        | 1        |
| <b>28285</b>                        | <b>CORRECTION HAMMERTOES</b>                            |  | <b>6</b> | <b>3</b> | <b>9</b> |
| <b>HOSPITAL</b>                     |   |  | 6        | 3        | 9        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 6        | 3        | 9        |
| <b>28292</b>                        | <b>CORRJ HLX VLGS BNCTY SESMDC RESCJ PROX PHLX BASE</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>28296</b>                        | <b>CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT</b>    |  | <b>6</b> | <b>1</b> | <b>7</b> |
| <b>GROUP OF PROVIDERS</b>           |   |  | 1        | 0        | 1        |
| MULTI-SPECIALTY                     |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                     |   |  | 5        | 1        | 6        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 5        | 1        | 6        |
| <b>28297</b>                        | <b>CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS</b>    |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>28298</b>                        | <b>CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT</b>     |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>PODIATRIST</b>                   |   |  | 2        | 0        | 2        |
| PODIATRIST - FOOT & ANKLE SURGERY   |   |  | 2        | 0        | 2        |
| <b>28299</b>                        | <b>CORRJ HLX VLGS BNCTY SESMDC W/DOUBLE OSTEOTOMY</b>   |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>28300</b>                        | <b>OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>28308</b>                        | <b>OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA</b>    |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1        | 0        | 1        |



|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                        |  |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 4        | 0        | 4        |
| <b>28310</b>                           | <b>OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE</b>              |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0        | 1        |
| <b>28705</b>                           | <b>ARTHRODESIS PANTALAR</b>                                |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0        | 1        |
| <b>28725</b>                           | <b>ARTHRODESIS SUBTALAR</b>                                |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                        |  |  | 4        | 0        | 4        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 3        | 0        | 3        |
| <b>28730</b>                           | <b>ARTHRD MIDTARSL/TARSOMETATARSAL<br/>MULT/TRANSVRS</b>   |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0        | 1        |
| <b>PODIATRIST</b>                      |  |  | 1        | 0        | 1        |
| PODIATRIST - FOOT & ANKLE<br>SURGERY   |  |  | 1        | 0        | 1        |
| <b>28740</b>                           | <b>ARTHRODESIS MIDTARSOMETATARSAL<br/>SINGLE JOINT</b>     |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0        | 1        |
| <b>PODIATRIST</b>                      |  |  | 3        | 0        | 3        |
| PODIATRIST - FOOT & ANKLE<br>SURGERY   |  |  | 3        | 0        | 3        |
| <b>28750</b>                           | <b>ARTHRODESIS GREAT TOE<br/>METATARSOPHALANGEAL JOINT</b> |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 1        | 0        | 1        |

|                                     |   |  |          |          |          |
|-------------------------------------|---|--|----------|----------|----------|
| <b>HOSPITAL</b>                     |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 3        | 0        | 3        |
| <b>28755</b>                        | <b>ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT</b>        |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>28810</b>                        | <b>AMPUTATION METATARSAL W/TOE SINGLE</b>                 |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>29055</b>                        | <b>APPLICATION CAST SHOULDER SPICA</b>                    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| SPECIAL HOSPITAL                    |   |  | 1        | 0        | 1        |
| <b>29305</b>                        | <b>APPLICATION HIP SPICA CAST 1 LEG</b>                   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>29805</b>                        | <b>DIAGNOSTIC ARTHROSCOPY SHOULDER Plus - SYNOVIAL BX</b> |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                     |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 3        | 0        | 3        |
| <b>29806</b>                        | <b>SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>29807</b>                        | <b>SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION</b>   |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>29820</b>                        | <b>SURGICAL ARTHROSCOPY SHOULDER PRTL SYNOVECTOMY</b>     |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>29822</b>                        | <b>SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2</b>      |  | <b>5</b> | <b>2</b> | <b>7</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 2        | 0        | 2        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 2        | 0        | 2        |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| <b>HOSPITAL</b>                        |  |  | 3         | 2        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 3         | 2        | 5         |
| <b>29823</b>                           | <b>SURGICAL ARTHROSCOPY SHOULDER XTNSV<br/>DBRDMT 3 Plus</b> |  | <b>9</b>  | <b>0</b> | <b>9</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 2         | 0        | 2         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>                        |  |  | 7         | 0        | 7         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 7         | 0        | 7         |
| <b>29824</b>                           | <b>SURGICAL ARTHROSCOPY SHOULDER DSTL<br/>CLAVICULC</b>      |  | <b>9</b>  | <b>2</b> | <b>11</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 6         | 0        | 6         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 6         | 0        | 6         |
| <b>HOSPITAL</b>                        |  |  | 3         | 2        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 3         | 2        | 5         |
| <b>29826</b>                           | <b>SURGICAL ARTHROSCOPY SHO<br/>W/CORACOACRM LIGM RLS</b>    |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 3         | 0        | 3         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>                        |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2         | 0        | 2         |
| <b>29827</b>                           | <b>SURGICAL ARTHROSCOPY SHOULDER<br/>W/ROTATOR CUFF RPR</b>  |  | <b>27</b> | <b>0</b> | <b>27</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 4         | 0        | 4         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 4         | 0        | 4         |
| <b>HOSPITAL</b>                        |  |  | 23        | 0        | 23        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 23        | 0        | 23        |
| <b>29828</b>                           | <b>SURGICAL ARTHROSCOPY SHOULDER BICEPS<br/>TENODESIS</b>    |  | <b>12</b> | <b>0</b> | <b>12</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 3         | 0        | 3         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>                        |  |  | 9         | 0        | 9         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 9         | 0        | 9         |
| <b>29867</b>                           | <b>ARTHROSCOPY KNEE OSTEOCHONDRAL<br/>ALLOGRAFT</b>          |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>HOSPITAL</b>                        |  |  | 2         | 1        | 3         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2         | 1        | 3         |

|   |  |           |          |           |
|---|--|-----------|----------|-----------|
| <b>29870</b>                              | <b>ARTHROSCOPY KNEE DIAGNOSTIC W/WO<br/>SYNOVIAL BX SPX</b>  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |  | 2         | 0        | 2         |
| <b>29875</b>                              | <b>ARTHROSCOPY KNEE SYNOVECTOMY LIMITED<br/>SPX</b>          | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                           |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL               |  | 3         | 0        | 3         |
| <b>29876</b>                              | <b>ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GT<br/>COMPARTMENTS</b> | <b>7</b>  | <b>0</b> | <b>7</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>         |  | 3         | 0        | 3         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL    |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>                           |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL               |  | 4         | 0        | 4         |
| <b>29877</b>                              | <b>ARTHRS KNEE DEBRIDEMENT/SHAVING<br/>ARTCLR CRTLG</b>      | <b>17</b> | <b>0</b> | <b>17</b> |
| <b>AMBULATORY SURGICAL CENTER</b>         |  | 3         | 0        | 3         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL    |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>                           |  | 14        | 0        | 14        |
| GENERAL ACUTE CARE HOSPITAL               |  | 14        | 0        | 14        |
| <b>29879</b>                              | <b>ARTHRS KNEE ABRASION ARTHRP/MLT<br/>DRLG/MICROFX</b>      | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>         |  | 1         | 1        | 2         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL    |  | 1         | 1        | 2         |
| <b>HOSPITAL</b>                           |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL               |  | 4         | 0        | 4         |
| <b>29880</b>                              | <b>ARTHRS KNEE W/MENISCECTOMY MED and<br/>LAT W/SHAVING</b>  | <b>20</b> | <b>0</b> | <b>20</b> |
| <b>AMBULATORY SURGICAL CENTER</b>         |  | 3         | 0        | 3         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL    |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>                           |  | 17        | 0        | 17        |
| GENERAL ACUTE CARE HOSPITAL               |  | 16        | 0        | 16        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  | 1         | 0        | 1         |
| <b>29881</b>                              | <b>ARTHRS KNE SURG W/MENISCECTOMY<br/>MED/LAT W/SHVG</b>     | <b>41</b> | <b>2</b> | <b>43</b> |
| <b>AMBULATORY SURGICAL CENTER</b>         |  | 6         | 1        | 7         |

|  |   |  |           |          |           |
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| CLINIC/CENTER - AMBULATORY SURGICAL    |   |  | 6         | 1        | 7         |
| <b>HOSPITAL</b>                        |   |  | 35        | 1        | 36        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 34        | 1        | 35        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1         | 0        | 1         |
| <b>29882</b>                           | <b>ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL</b>     |  | <b>15</b> | <b>0</b> | <b>15</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                        |   |  | 14        | 0        | 14        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 12        | 0        | 12        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 2         | 0        | 2         |
| <b>29883</b>                           | <b>ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL and LATERAL</b> |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                        |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 4         | 0        | 4         |
| <b>29884</b>                           | <b>ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/VO MANJ SPX</b>   |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>                        |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 4         | 0        | 4         |
| <b>29887</b>                           | <b>ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>29888</b>                           | <b>ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ</b>   |  | <b>21</b> | <b>1</b> | <b>22</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 6         | 1        | 7         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   |  | 6         | 1        | 7         |
| <b>HOSPITAL</b>                        |   |  | 15        | 0        | 15        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 14        | 0        | 14        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1         | 0        | 1         |
| <b>29891</b>                           | <b>ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT</b>        |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1         | 0        | 1         |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |   |  | 1        | 0        | 1        |
| <b>29893</b>                           | <b>ENDOSCOPIC PLANTAR FASCIOTOMY</b>                        |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>29898</b>                           | <b>ARTHROSCOPY ANKLE SURGICAL<br/>DEBRIDEMENT EXTENSIVE</b> |  | <b>6</b> | <b>0</b> | <b>6</b> |
| <b>HOSPITAL</b>                        |   |  | 6        | 0        | 6        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 6        | 0        | 6        |
| <b>29914</b>                           | <b>ARTHROSCOPY HIP W/FEMOROPLASTY</b>                       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>29915</b>                           | <b>ARTHROSCOPY HIP W/ACETABULOPLASTY</b>                    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>29916</b>                           | <b>ARTHROSCOPY HIP W/LABRAL REPAIR</b>                      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>29999</b>                           | <b>UNLISTED PROCEDURE ARTHROSCOPY</b>                       |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                        |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 4        | 0        | 4        |
| <b>30125</b>                           | <b>EXC DERMOID CYST NOSE COMPLEX UNDER<br/>BONE/CRTLG</b>   |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 0        | 1        | 1        |
| LONG TERM CARE HOSPITAL                |   |  | 0        | 1        | 1        |
| <b>30130</b>                           | <b>EXCISION INFERIOR TURBINATE<br/>PARTIAL/COMPLETE</b>     |  | <b>2</b> | <b>2</b> | <b>4</b> |
| <b>HOSPITAL</b>                        |   |  | 2        | 2        | 4        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| LONG TERM CARE HOSPITAL                |   |  | 1        | 2        | 3        |
| <b>30140</b>                           | <b>SUBMUCOUS RESCJ INFERIOR TURBINATE<br/>PRTL/COMPL</b>    |  | <b>4</b> | <b>1</b> | <b>5</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1        | 0        | 1        |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| CLINIC/CENTER - AMBULATORY SURGICAL    |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                        |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>                       |   |  | 1         | 1        | 2         |
| OTOLARYNGOLOGY                         |   |  | 1         | 1        | 2         |
| <b>30400</b>                           | <b>RHINP PRIM LAT and ALAR CRTLGS and /ELVTN NASAL TI</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>                       |   |  | 1         | 0        | 1         |
| OTOLARYNGOLOGY                         |   |  | 1         | 0        | 1         |
| <b>30410</b>                           | <b>RHINP PRIM COMPLETE XTRNL PARTS</b>                    |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>30420</b>                           | <b>RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR</b>          |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>30460</b>                           | <b>RHINP DFRM W/COLUM LNTH TIP ONLY</b>                   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1         | 0        | 1         |
| <b>30465</b>                           | <b>REPAIR NASAL VESTIBULAR STENOSIS</b>                   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>30469</b>                           | <b>RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG</b>      |  | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>PHYSICIAN</b>                       |   |  | 3         | 1        | 4         |
| OTOLARYNGOLOGY                         |   |  | 3         | 1        | 4         |
| <b>30520</b>                           | <b>SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF</b>    |  | <b>28</b> | <b>4</b> | <b>32</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 5         | 0        | 5         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   |  | 5         | 0        | 5         |
| <b>HOSPITAL</b>                        |   |  | 18        | 3        | 21        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 16        | 0        | 16        |
| LONG TERM CARE HOSPITAL                |   |  | 1         | 3        | 4         |
| SPECIAL HOSPITAL                       |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                       |   |  | 5         | 1        | 6         |
| OTOLARYNGOLOGY                         |   |  | 5         | 1        | 6         |

|  |   |          |          |          |
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| <b>30802</b>                           | <b>ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 1        | 0        | 1        |
| <b>31225</b>                           | <b>MAXILLECTOMY W/O ORBITAL EXENTERATION</b>            | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>31237</b>                           | <b>NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX</b>     | <b>1</b> | <b>2</b> | <b>3</b> |
| <b>PHYSICIAN</b>                       |   | 1        | 0        | 1        |
| OTOLARYNGOLOGY                         |   | 1        | 0        | 1        |
| <b>TIN OWNER</b>                       |   | 0        | 2        | 2        |
| <b>31253</b>                           | <b>NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL</b>  | <b>9</b> | <b>0</b> | <b>9</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   | 6        | 0        | 6        |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   | 6        | 0        | 6        |
| <b>HOSPITAL</b>                        |   | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL            |   | 3        | 0        | 3        |
| <b>31257</b>                           | <b>NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY</b>        | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   | 1        | 0        | 1        |
| <b>HOSPITAL</b>                        |   | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL            |   | 3        | 0        | 3        |
| <b>31259</b>                           | <b>NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL</b> | <b>8</b> | <b>1</b> | <b>9</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   | 2        | 0        | 2        |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   | 2        | 0        | 2        |
| <b>HOSPITAL</b>                        |   | 6        | 1        | 7        |
| GENERAL ACUTE CARE HOSPITAL            |   | 6        | 0        | 6        |
| LONG TERM CARE HOSPITAL                |   | 0        | 1        | 1        |
| <b>31267</b>                           | <b>NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS</b> | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| LONG TERM CARE HOSPITAL                |   | 0        | 1        | 1        |



|                             |   |           |          |           |
|-----------------------------|---|-----------|----------|-----------|
| <b>31276</b>                | <b>NASAL/SINUS NDSC W/RMVL TISS FROM<br/>FRONTAL SINUS</b>      | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>HOSPITAL</b>             |   | 1         | 1        | 2         |
| GENERAL ACUTE CARE HOSPITAL |   | 1         | 0        | 1         |
| LONG TERM CARE HOSPITAL     |   | 0         | 1        | 1         |
| <b>31295</b>                | <b>NASAL/SINUS NDSC SURG W/DILATION<br/>MAXILLARY SINUS</b>     | <b>17</b> | <b>2</b> | <b>19</b> |
| <b>GROUP OF PROVIDERS</b>   |   | 1         | 0        | 1         |
| MULTI-SPECIALTY             |   | 1         | 0        | 1         |
| <b>PHYSICIAN</b>            |   | 16        | 2        | 18        |
| OTOLARYNGOLOGY              |   | 16        | 2        | 18        |
| <b>31296</b>                | <b>NASAL/SINUS NDSC SURG W/DILATION<br/>FRONTAL SINUS</b>       | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>PHYSICIAN</b>            |   | 2         | 0        | 2         |
| OTOLARYNGOLOGY              |   | 2         | 0        | 2         |
| <b>31297</b>                | <b>NASAL/SINUS NDSC SURG W/DILATION<br/>SPHENOID SINUS</b>      | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>PHYSICIAN</b>            |   | 3         | 0        | 3         |
| OTOLARYNGOLOGY              |   | 3         | 0        | 3         |
| <b>31298</b>                | <b>NASAL/SINUS NDSC SURG W/DILATION FRNT<br/>and SPHN SINUS</b> | <b>13</b> | <b>2</b> | <b>15</b> |
| <b>PHYSICIAN</b>            |   | 13        | 2        | 15        |
| OTOLARYNGOLOGY              |   | 13        | 2        | 15        |
| <b>31535</b>                | <b>LARYNGOSCOPY DIRECT OPERATIVE<br/>W/BIOPSY</b>               | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   | 1         | 0        | 1         |
| <b>31622</b>                | <b>BRNCHSC INCL FLUOR GDNCE DX W/CELL<br/>WASHG SPX</b>         | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   | 1         | 0        | 1         |
| <b>31623</b>                | <b>BRNCHSC BRUSHING/PROTECTED BRUSHINGS</b>                     | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   | 1         | 0        | 1         |
| <b>31624</b>                | <b>BRNCHSC W/BRNCL ALVEOLAR LAVAGE</b>                          | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   | 1         | 0        | 1         |
| <b>31625</b>                | <b>BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX<br/>1 Plus SITES</b>     | <b>1</b>  | <b>0</b> | <b>1</b>  |

|                             |   |  |          |          |          |
|-----------------------------|---|--|----------|----------|----------|
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>31628</b>                | <b>BRONCHOSCOPY W/TRANSBRONCHIAL LUNG<br/>BX 1 LOBE</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>31629</b>                | <b>BRONCHOSCOPY NEEDLE BX TRACHEA MAIN<br/>STEM and /BRON</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>31652</b>                | <b>BRNCHSC EBUS GUIDED SAMPL 1/2 NODE<br/>STATION/STRUX</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>31654</b>                | <b>BRNSCHSC TNDSC EBUS DX/TX<br/>INTERVENTION PERPH LES</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>32100</b>                | <b>THORACOTOMY WITH EXPLORATION</b>                           |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>32480</b>                | <b>RMVL LUNG OTHER THAN PNEUMONECTOMY<br/>1 LOBE LOBECT</b>   |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 1        | 2        |
| <b>32484</b>                | <b>RMVL LUNG OTHER THAN PNEUMONECT 1<br/>SEGMENTECTOMY</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>32486</b>                | <b>RMVL LUNG XCP TOT PNEUMONECTOMY<br/>SLEEVE LOBECTOMY</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>32505</b>                | <b>THORACOTOMY W/THERAPEUTIC WEDGE<br/>RESEXXN INITIAL</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>32607</b>                | <b>THORACOSCOPY W/DX BX OF LUNG<br/>INFILTRATE UNILATRL</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |

|   |   |  |          |          |          |
|---|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>32650</b>                              | <b>THORACOSCOPY W/PLEURODESIS</b>                               |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>32663</b>                              | <b>THORACOSCOPY W/LOBECTOMY SINGLE LOBE</b>                     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>32666</b>                              | <b>THORACOSCOPY W/THERA WEDGE RESEXN<br/>INITIAL UNILAT</b>     |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                           |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 3        | 0        | 3        |
| <b>32674</b>                              | <b>THORCOSCPY W/MEDIASTINL and REGIONL<br/>LYMPHDENECTOMY</b>   |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>32853</b>                              | <b>LUNG TRANSPLANT 2 W/O<br/>CARDIOPULMONARY BYPASS</b>         |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                           |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 4        | 0        | 4        |
| <b>32900</b>                              | <b>RESECTION RIBS EXTRAPLEURAL ALL STAGES</b>                   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>32999</b>                              | <b>UNLISTED PROCEDURE LUNGS AND PLEURA</b>                      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>33016</b>                              | <b>PERICARDIOCENTESIS W/IMG GUIDANCE<br/>WHEN PERFORMED</b>     |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 0        | 1        | 1        |
| <b>33208</b>                              | <b>INS NEW/RPLCMT PRM PM W/TRANSV ELTRD<br/>ATRIAL and VENT</b> |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>AMBULATORY SURGICAL CENTER</b>         |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL    |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                           |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 4        | 0        | 4        |
| <b>33212</b>                              | <b>INS PM PLS GEN W/EXIST SINGLE LEAD</b>                       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |

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|--|---|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>33216</b>                           | <b>INSJ 1 TRANSVNS ELTRD PERM<br/>PACEMAKER/IMPLTBL DFB</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>33217</b>                           | <b>INSJ 2 TRANSVNS ELTRD PERM<br/>PACEMAKER/IMPLTBL DFB</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>33225</b>                           | <b>INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS<br/>GEN</b>    |  | <b>6</b>  | <b>1</b> | <b>7</b>  |
| <b>HOSPITAL</b>                        |   |  | 6         | 1        | 7         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 6         | 1        | 7         |
| <b>33228</b>                           | <b>REMLV PERM PM PLS GEN W/REPL PLSE GEN 2<br/>LEAD SYS</b> |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2         | 0        | 2         |
| <b>33229</b>                           | <b>REMLV PERM PM PLS GEN W/REPL PLSE GEN<br/>MULT LEAD</b>  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>33249</b>                           | <b>INSJ/RPLCMT PERM DFB W/TRNSVNS LDS<br/>1/DUAL CHMBR</b>  |  | <b>14</b> | <b>2</b> | <b>16</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 3         | 0        | 3         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |   |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>                        |   |  | 11        | 2        | 13        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 11        | 2        | 13        |
| <b>33257</b>                           | <b>ATRIA ABLATE and RCNSTJ W/OTHER<br/>PROCEDURE LIMITE</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>33262</b>                           | <b>RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE<br/>GEN 1 LEAD</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>33264</b>                           | <b>RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS<br/>GEN MLT LD</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |

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| <b>33267</b>                           | <b>EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD</b>  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   | 1         | 0        | 1         |
| <b>33268</b>                           | <b>EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD</b>     | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   | 1         | 0        | 1         |
| <b>33285</b>                           | <b>INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG</b>   | <b>10</b> | <b>1</b> | <b>11</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   | 2         | 0        | 2         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   | 2         | 0        | 2         |
| <b>HOSPITAL</b>                        |   | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL            |   | 4         | 0        | 4         |
| REHABILITATION UNIT                    |   | 2         | 0        | 2         |
| <b>NURSE PRACTITIONER</b>              |   | 0         | 1        | 1         |
| NURSE PRACTITIONER - FAMILY            |   | 0         | 1        | 1         |
| <b>PHYSICIAN</b>                       |   | 2         | 0        | 2         |
| CARDIOVASCULAR DISEASE                 |   | 2         | 0        | 2         |
| <b>33286</b>                           | <b>REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR</b>      | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |   | 2         | 0        | 2         |
| REHABILITATION UNIT                    |   | 2         | 0        | 2         |
| <b>33289</b>                           | <b>TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR</b>    | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 1         | 0        | 1         |
| <b>33340</b>                           | <b>PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT</b> | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>                        |   | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL            |   | 4         | 0        | 4         |
| <b>33361</b>                           | <b>REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH</b> | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |   | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |   | 2         | 0        | 2         |
| <b>33367</b>                           | <b>REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH</b> | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   | 1         | 0        | 1         |

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|---|--|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>33405</b>                              | <b>RPLCMT PROST AORTIC VALVE OPEN XCP<br/>HOMOGRAF/STENT</b> |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                           |  |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 3        | 0        | 3        |
| <b>33415</b>                              | <b>RESECTION/INCISION SUBVALVULAR TISSUE</b>                 |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1        | 0        | 1        |
| <b>33418</b>                              | <b>TCAT MITRAL VALVE REPAIR INITIAL<br/>PROSTHESIS</b>       |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2        | 0        | 2        |
| <b>33427</b>                              | <b>VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ<br/>W/VO RING</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>33430</b>                              | <b>REPLACEMENT MITRAL VALVE<br/>W/CARDIOPULMONARY BYP</b>    |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                           |  |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 4        | 0        | 4        |
| <b>33465</b>                              | <b>REPLACEMENT TRICUSPID VALVE W/CARD<br/>BYPASS</b>         |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2        | 0        | 2        |
| <b>33468</b>                              | <b>TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN<br/>ANOMALY</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>33478</b>                              | <b>OUTFLOW TRACT AGMNTJ W/VO<br/>COMMISSUR/INFUND RESCJ</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1        | 0        | 1        |
| <b>33505</b>                              | <b>RPR ANOM CORON ART W/CONSTJ<br/>INTRAPULM ART TUNNEL</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>33508</b>                              | <b>NDSC SURG W/VIDEO-ASSISTED HARVEST<br/>VEIN CABG</b>      |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                           |  |  | 4        | 0        | 4        |

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|---|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL               |   |  | 4        | 0        | 4        |
| <b>33517</b>                              | <b>CORONARY ARTERY BYP W/VEIN and<br/>ARTERY GRAFT 1 VEIN</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>33519</b>                              | <b>CORONARY ARTERY BYP W/VEIN and<br/>ARTERY GRAFT 3 VEIN</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>33521</b>                              | <b>CORONARY ARTERY BYP W/VEIN and<br/>ARTERY GRAFT 4 VEIN</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>33533</b>                              | <b>CABG W/ARTERIAL GRAFT SINGLE ARTERIAL<br/>GRAFT</b>        |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                           |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 4        | 0        | 4        |
| <b>33608</b>                              | <b>RPR CAR ANOMAL XCP PULM ATRESIA VENTR<br/>SEPTL DFCT</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>33681</b>                              | <b>CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO<br/>PATCH</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>33920</b>                              | <b>RPR PULMONARY ATRESIA<br/>W/CONSTJ/RPLCMT CONDUIT</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>33924</b>                              | <b>LIG and TKDN SYSIC-TO-PULM ART SHUNT<br/>W/CGEN HEART</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>33926</b>                              | <b>RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ<br/>W/BYPASS</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |

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| <b>33944</b>                           | <b>BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT</b>      | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 1        | 0        | 1        |
| <b>33945</b>                           | <b>HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY</b>      | <b>4</b> | <b>1</b> | <b>5</b> |
| <b>HOSPITAL</b>                        |   | 4        | 1        | 5        |
| GENERAL ACUTE CARE HOSPITAL            |   | 3        | 1        | 4        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 1        | 0        | 1        |
| <b>33975</b>                           | <b>INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 1        | 0        | 1        |
| <b>33979</b>                           | <b>INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC</b>    | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>34705</b>                           | <b>EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT</b>            | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>35301</b>                           | <b>TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC</b> | <b>3</b> | <b>1</b> | <b>4</b> |
| <b>HOSPITAL</b>                        |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   | 2        | 0        | 2        |
| <b>PHYSICIAN</b>                       |   | 1        | 1        | 2        |
| SURGERY                                |   | 1        | 1        | 2        |
| <b>35371</b>                           | <b>TEAEC W/WO PATCH GRAFT COMMON FEMORAL</b>            | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>35390</b>                           | <b>ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO</b> | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 0        | 1        | 1        |
| <b>35500</b>                           | <b>HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX</b>  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |



|                             |   |          |          |          |
|-----------------------------|---|----------|----------|----------|
| <b>35571</b>                | <b>BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL</b>     | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>            |   | 1        | 0        | 1        |
| VASCULAR SURGERY            |   | 1        | 0        | 1        |
| <b>35666</b>                | <b>BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL</b>   | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   | 1        | 0        | 1        |
| <b>35701</b>                | <b>EXPLORATION N/FLWD SURG NECK ARTERY</b>              | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   | 1        | 0        | 1        |
| <b>35703</b>                | <b>EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY</b>   | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   | 3        | 0        | 3        |
| <b>35875</b>                | <b>THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL</b>        | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   | 1        | 0        | 1        |
| <b>36005</b>                | <b>NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH</b>          | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>PHYSICIAN</b>            |   | 0        | 1        | 1        |
| INTERNAL MEDICINE           |   | 0        | 1        | 1        |
| <b>36010</b>                | <b>INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA</b>       | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>   |   | 1        | 0        | 1        |
| MULTI-SPECIALTY             |   | 1        | 0        | 1        |
| <b>36200</b>                | <b>INTRODUCTION CATHETER AORTA</b>                      | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>GROUP OF PROVIDERS</b>   |   | 1        | 1        | 2        |
| MULTI-SPECIALTY             |   | 1        | 1        | 2        |
| <b>36221</b>                | <b>NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART</b> | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   | 0        | 1        | 1        |
| <b>36222</b>                | <b>SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART</b>  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   | 1        | 1        | 2        |
| <b>36223</b>                | <b>SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART</b> | <b>3</b> | <b>1</b> | <b>4</b> |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>HOSPITAL</b>  |   |  | 3         | 1        | 4         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 3         | 1        | 4         |
| <b>36224</b>   | <b>SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART</b> |  | <b>4</b>  | <b>1</b> | <b>5</b>  |
| <b>HOSPITAL</b>  |   |  | 4         | 1        | 5         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 4         | 1        | 5         |
| <b>36225</b>   | <b>SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY</b> |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 1        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1         | 1        | 2         |
| <b>36226</b>   | <b>SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY</b>  |  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>HOSPITAL</b>  |   |  | 5         | 1        | 6         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 5         | 1        | 6         |
| <b>36227</b>   | <b>SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC</b> |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 1        | 3         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 2         | 1        | 3         |
| <b>36228</b>   | <b>SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT</b> |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 0         | 1        | 1         |
| <b>36245</b>   | <b>SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH</b>   |  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 1         | 1        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1         | 1        | 2         |
| <b>PHYSICIAN</b>   |   |  | 3         | 0        | 3         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 3         | 0        | 3         |
| <b>36246</b>   | <b>SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH</b>    |  | <b>10</b> | <b>2</b> | <b>12</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |   |  | 4         | 2        | 6         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 4         | 2        | 6         |
| <b>PHYSICIAN</b>   |   |  | 3         | 0        | 3         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 3         | 0        | 3         |
| <b>SERVICE LOCATION</b>  |  |  | 1         | 0        | 1         |
| <b>36247</b>   | <b>SLCTV CATHJ 3RD Plus ORD SLCTV ABDL<br/>PEL/LXTR BRNCH</b>  |  | <b>12</b> | <b>3</b> | <b>15</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 2         | 1        | 3         |
| MULTI-SPECIALTY  |  |  | 2         | 1        | 3         |
| <b>HOSPITAL</b>  |  |  | 4         | 2        | 6         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 4         | 2        | 6         |
| <b>PHYSICIAN</b>   |  |  | 5         | 0        | 5         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 5         | 0        | 5         |
| <b>SERVICE LOCATION</b>  |  |  | 1         | 0        | 1         |
| <b>36248</b>   | <b>SLCTV CATHJ EA 2ND Plus ORD ABDL<br/>PEL/LXTR ART BRNCH</b> |  | <b>12</b> | <b>2</b> | <b>14</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |  |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |  |  | 4         | 2        | 6         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 4         | 2        | 6         |
| <b>PHYSICIAN</b>   |  |  | 5         | 0        | 5         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 5         | 0        | 5         |
| <b>SERVICE LOCATION</b>  |  |  | 1         | 0        | 1         |
| <b>36415</b>   | <b>COLLECTION VENOUS BLOOD VENIPUNCTURE</b>                    |  | <b>1</b>  | <b>3</b> | <b>4</b>  |
| <b>HOSPITAL</b>  |  |  | 0         | 3        | 3         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 0         | 3        | 3         |
| <b>PHYSICIAN</b>   |  |  | 1         | 0        | 1         |
| PULMONARY DISEASE  |  |  | 1         | 0        | 1         |
| <b>36430</b>   | <b>TRANSFUSION BLOOD/BLOOD COMPONENTS</b>                      |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |  |  | 2         | 0        | 2         |
| SPECIAL HOSPITAL   |  |  | 2         | 0        | 2         |
| <b>36465</b>   | <b>NJX NONCMPND SCLEROSANT SINGLE<br/>INCMPTNT VEIN</b>        |  | <b>62</b> | <b>2</b> | <b>64</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |  |  | 2         | 0        | 2         |
| <b>NURSE PRACTITIONER</b>  |  |  | 1         | 0        | 1         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| NURSE PRACTITIONER - ACUTE CARE                              |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |  |  | 59        | 2        | 61        |
| CARDIOLOGY   |  |  | 9         | 0        | 9         |
| CARDIOVASCULAR DISEASE                                       |  |  | 12        | 1        | 13        |
| FAMILY MEDICINE  |  |  | 3         | 0        | 3         |
| NEPHROLOGY   |  |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |  | 9         | 0        | 9         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |  |  | 15        | 0        | 15        |
| SURGERY  |  |  | 5         | 0        | 5         |
| THORACIC SURGERY (CARDIOTHORACIC VASCULAR SURGERY) - 208G000 |  |  | 3         | 0        | 3         |
| VASCULAR SURGERY   |  |  | 2         | 1        | 3         |
| <b>36466</b>   | <b>NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS</b> |  | <b>37</b> | <b>2</b> | <b>39</b> |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| SINGLE SPECIALTY   |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |  |  | 35        | 2        | 37        |
| CARDIOLOGY   |  |  | 1         | 0        | 1         |
| CARDIOVASCULAR DISEASE                                       |  |  | 5         | 1        | 6         |
| NEPHROLOGY   |  |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |  | 3         | 0        | 3         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |  |  | 17        | 1        | 18        |
| SURGERY  |  |  | 4         | 0        | 4         |
| VASCULAR SURGERY   |  |  | 4         | 0        | 4         |
| <b>36470</b>   | <b>INJECTION SCLEROSANT SINGLE INCMPTNT VEIN</b>       |  | <b>15</b> | <b>0</b> | <b>15</b> |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |  |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |  |  | 13        | 0        | 13        |
| CARDIOVASCULAR DISEASE                                       |  |  | 1         | 0        | 1         |
| FAMILY MEDICINE  |  |  | 4         | 0        | 4         |

|  |   |  |            |          |            |
|--|---|--|------------|----------|------------|
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 2          | 0        | 2          |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 3          | 0        | 3          |
| SURGERY  |   |  | 2          | 0        | 2          |
| VASCULAR SURGERY   |   |  | 1          | 0        | 1          |
| <b>36471</b>   | <b>INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS</b> |  | <b>58</b>  | <b>3</b> | <b>61</b>  |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 2          | 1        | 3          |
| MULTI-SPECIALTY  |   |  | 1          | 0        | 1          |
| SINGLE SPECIALTY   |   |  | 1          | 1        | 2          |
| <b>HOSPITAL</b>  |   |  | 1          | 0        | 1          |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1          | 0        | 1          |
| <b>OTHER SERVICE PROVIDER</b>                                |   |  | 1          | 0        | 1          |
| VASCULAR SURGERY   |   |  | 1          | 0        | 1          |
| <b>PHYSICIAN</b>   |   |  | 54         | 2        | 56         |
| CARDIOLOGY   |   |  | 3          | 1        | 4          |
| CARDIOVASCULAR DISEASE                                       |   |  | 5          | 0        | 5          |
| FAMILY MEDICINE  |   |  | 6          | 0        | 6          |
| INTERNAL MEDICINE  |   |  | 3          | 0        | 3          |
| NEPHROLOGY   |   |  | 2          | 0        | 2          |
| PHLEBOLOGY   |   |  | 1          | 0        | 1          |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 5          | 0        | 5          |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 14         | 1        | 15         |
| SURGERY  |   |  | 8          | 0        | 8          |
| THORACIC SURGERY (CARDIOTHORACIC VASCULAR SURGERY) - 208G000 |   |  | 4          | 0        | 4          |
| VASCULAR SURGERY   |   |  | 3          | 0        | 3          |
| <b>36475</b>   | <b>ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN</b>  |  | <b>115</b> | <b>6</b> | <b>121</b> |
| <b>HOSPITAL</b>  |   |  | 6          | 0        | 6          |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 6          | 0        | 6          |
| <b>OTHER SERVICE PROVIDER</b>                                |   |  | 1          | 0        | 1          |
| VASCULAR SURGERY   |   |  | 1          | 0        | 1          |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| <b>PHYSICIAN</b>   |  |  | 108       | 6        | 114       |
| CARDIOLOGY   |  |  | 7         | 0        | 7         |
| CARDIOVASCULAR DISEASE   |  |  | 25        | 3        | 28        |
| FAMILY MEDICINE  |  |  | 5         | 0        | 5         |
| INTERNAL MEDICINE  |  |  | 3         | 0        | 3         |
| NEPHROLOGY   |  |  | 1         | 0        | 1         |
| PHLEBOLOGY   |  |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |  |  | 9         | 0        | 9         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 22        | 1        | 23        |
| SURGERY  |  |  | 14        | 1        | 15        |
| THORACIC SURGERY<br>(CARDIOTHORACIC VASCULAR<br>SURGERY) - 208G000 |  |  | 3         | 0        | 3         |
| VASCULAR SURGERY   |  |  | 18        | 1        | 19        |
| <b>36476</b>   | <b>ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND<br/>PLUS VEINS</b> |  | <b>13</b> | <b>0</b> | <b>13</b> |
| <b>HOSPITAL</b>  |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 3         | 0        | 3         |
| <b>PHYSICIAN</b>   |  |  | 10        | 0        | 10        |
| FAMILY MEDICINE  |  |  | 2         | 0        | 2         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |  |  | 2         | 0        | 2         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 3         | 0        | 3         |
| SURGERY  |  |  | 2         | 0        | 2         |
| VASCULAR SURGERY   |  |  | 1         | 0        | 1         |
| <b>36478</b>   | <b>ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER<br/>1ST VEIN</b>    |  | <b>32</b> | <b>5</b> | <b>37</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 2         | 1        | 3         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| SINGLE SPECIALTY   |  |  | 1         | 1        | 2         |
| <b>HOSPITAL</b>  |  |  | 7         | 0        | 7         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 7         | 0        | 7         |
| <b>NURSE PRACTITIONER</b>  |  |  | 1         | 0        | 1         |
| NURSE PRACTITIONER - ACUTE CARE                                    |  |  | 1         | 0        | 1         |

|  |   |  |          |          |           |
|--|---|--|----------|----------|-----------|
| <b>PHYSICIAN</b>   |   |  | 22       | 4        | 26        |
| CARDIOLOGY   |   |  | 3        | 1        | 4         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 2        | 0        | 2         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 6        | 0        | 6         |
| SURGERY  |   |  | 3        | 1        | 4         |
| THORACIC SURGERY (CARDIOTHORACIC VASCULAR SURGERY) - 208G000 |   |  | 6        | 1        | 7         |
| VASCULAR SURGERY   |   |  | 2        | 1        | 3         |
| <b>36479</b>   | <b>ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS</b> |  | <b>4</b> | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1        | 0        | 1         |
| <b>NURSE PRACTITIONER</b>                                    |   |  | 1        | 0        | 1         |
| NURSE PRACTITIONER - ACUTE CARE                              |   |  | 1        | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 2        | 0        | 2         |
| SURGERY  |   |  | 1        | 0        | 1         |
| VASCULAR SURGERY   |   |  | 1        | 0        | 1         |
| <b>36482</b>   | <b>ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN</b>            |  | <b>3</b> | <b>7</b> | <b>10</b> |
| <b>HOSPITAL</b>  |   |  | 0        | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 0        | 1        | 1         |
| <b>PHYSICIAN</b>   |   |  | 3        | 6        | 9         |
| CARDIOLOGY   |   |  | 1        | 1        | 2         |
| CARDIOVASCULAR DISEASE                                       |   |  | 1        | 4        | 5         |
| NEPHROLOGY   |   |  | 0        | 1        | 1         |
| VASCULAR SURGERY   |   |  | 1        | 0        | 1         |
| <b>36483</b>   | <b>ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN</b>           |  | <b>0</b> | <b>2</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |   |  | 0        | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 0        | 1        | 1         |
| <b>PHYSICIAN</b>   |   |  | 0        | 1        | 1         |
| CARDIOVASCULAR DISEASE                                       |   |  | 0        | 1        | 1         |
| <b>36514</b>   | <b>THERAPEUTIC APHERESIS PLASMA PHERESIS</b>                |  | <b>7</b> | <b>0</b> | <b>7</b>  |
| <b>HOSPITAL</b>  |   |  | 7        | 0        | 7         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 7        | 0        | 7         |

|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| <b>36558</b>                           | <b>INSJ TUNNELED CVC W/O SUBQ PORT/PMP<br/>AGE 5 YR OR GT</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>              |  |  | 1        | 0        | 1        |
| MULTI-SPECIALTY                        |  |  | 1        | 0        | 1        |
| <b>36561</b>                           | <b>INSJ TUNNELED CTR VAD W/SUBQ PORT AGE<br/>5 YR OR GT</b>    |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                        |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2        | 0        | 2        |
| <b>PHYSICIAN</b>                       |  |  | 1        | 0        | 1        |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY    |  |  | 1        | 0        | 1        |
| <b>36573</b>                           | <b>INSERTION PICC W/RS and I 5 YR OR GT</b>                    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| SPECIAL HOSPITAL                       |  |  | 1        | 0        | 1        |
| <b>36589</b>                           | <b>RMVL TUN CVC W/O SUBQ PORT/PMP</b>                          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0        | 1        |
| <b>36590</b>                           | <b>RMVL TUN CTR VAD W/SUBQ PORT/PMP<br/>CTR/PRPH INSJ</b>      |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>                       |  |  | 1        | 0        | 1        |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY    |  |  | 1        | 0        | 1        |
| <b>36901</b>                           | <b>INTRO CATH DIALYSIS CIRCUIT DX ANGRPH<br/>FLUOR S AND I</b> |  | <b>6</b> | <b>0</b> | <b>6</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 6        | 0        | 6        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 6        | 0        | 6        |
| <b>36902</b>                           | <b>INTRO CATH DIALYSIS CIRCUIT W/TRLUML<br/>BALO ANGIOP</b>    |  | <b>6</b> | <b>0</b> | <b>6</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 6        | 0        | 6        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 6        | 0        | 6        |
| <b>36903</b>                           | <b>INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT<br/>IV STENT</b>    |  | <b>6</b> | <b>0</b> | <b>6</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 6        | 0        | 6        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  |  | 6        | 0        | 6        |
| <b>36904</b>                           | <b>PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX<br/>ANGRPH</b>      |  | <b>5</b> | <b>0</b> | <b>5</b> |



|                                     |   |  |           |          |           |
|-------------------------------------|---|--|-----------|----------|-----------|
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 5         | 0        | 5         |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 5         | 0        | 5         |
| <b>36905</b>                        | <b>PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP</b>      |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 5         | 0        | 5         |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 5         | 0        | 5         |
| <b>36906</b>                        | <b>PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT</b>      |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 5         | 0        | 5         |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 5         | 0        | 5         |
| <b>36907</b>                        | <b>TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S and I</b>    |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 6         | 0        | 6         |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 6         | 0        | 6         |
| <b>36908</b>                        | <b>STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR</b>       |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 6         | 0        | 6         |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 6         | 0        | 6         |
| <b>36909</b>                        | <b>DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S AND I</b> |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 6         | 0        | 6         |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 6         | 0        | 6         |
| <b>37182</b>                        | <b>INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT</b>           |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                     |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1         | 0        | 1         |
| <b>37191</b>                        | <b>INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS and I</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                     |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1         | 0        | 1         |
| <b>37215</b>                        | <b>TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ</b>           |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                     |   |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 3         | 0        | 3         |
| <b>37220</b>                        | <b>REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL</b>        |  | <b>25</b> | <b>1</b> | <b>26</b> |
| <b>GROUP OF PROVIDERS</b>           |   |  | 1         | 0        | 1         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 8         | 0        | 8         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 8         | 0        | 8         |
| <b>PHYSICIAN</b>   |   |  | 16        | 1        | 17        |
| CARDIOVASCULAR DISEASE                                       |   |  | 3         | 1        | 4         |
| INTERNAL MEDICINE  |   |  | 1         | 0        | 1         |
| NEPHROLOGY   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 3         | 0        | 3         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 2         | 0        | 2         |
| SURGERY  |   |  | 3         | 0        | 3         |
| VASCULAR SURGERY   |   |  | 3         | 0        | 3         |
| <b>37221</b>   | <b>REVSC OPN/PRQ ILIAC ART W/STNT PLMT and ANGIOPLSTY</b> |  | <b>28</b> | <b>1</b> | <b>29</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 11        | 0        | 11        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 11        | 0        | 11        |
| <b>PHYSICIAN</b>   |   |  | 16        | 1        | 17        |
| CARDIOVASCULAR DISEASE                                       |   |  | 3         | 1        | 4         |
| INTERNAL MEDICINE  |   |  | 1         | 0        | 1         |
| NEPHROLOGY   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 3         | 0        | 3         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 2         | 0        | 2         |
| SURGERY  |   |  | 3         | 0        | 3         |
| VASCULAR SURGERY   |   |  | 3         | 0        | 3         |
| <b>37222</b>   | <b>REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL</b>     |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| CARDIOVASCULAR DISEASE                                       |   |  | 1         | 0        | 1         |
| <b>37223</b>   | <b>REVSC OPN/PRQ ILIAC ART W/STNT and ANGIOP IPSILATL</b> |  | <b>3</b>  | <b>0</b> | <b>3</b>  |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| <b>HOSPITAL</b>  |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |  |  | 1         | 0        | 1         |
| CARDIOVASCULAR DISEASE   |  |  | 1         | 0        | 1         |
| <b>37224</b>   | <b>REVSC OPN/PRG FEM/POP W/ANGIOPLASTY<br/>UNI</b>     |  | <b>25</b> | <b>1</b> | <b>26</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 10        | 0        | 10        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 10        | 0        | 10        |
| <b>PHYSICIAN</b>   |  |  | 14        | 1        | 15        |
| CARDIOVASCULAR DISEASE   |  |  | 4         | 1        | 5         |
| INTERNAL MEDICINE  |  |  | 2         | 0        | 2         |
| NEPHROLOGY   |  |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |  |  | 3         | 0        | 3         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 2         | 0        | 2         |
| VASCULAR SURGERY   |  |  | 2         | 0        | 2         |
| <b>37225</b>   | <b>REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP<br/>SM VSL</b> |  | <b>26</b> | <b>1</b> | <b>27</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 9         | 0        | 9         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 9         | 0        | 9         |
| <b>PHYSICIAN</b>   |  |  | 16        | 1        | 17        |
| CARDIOVASCULAR DISEASE   |  |  | 5         | 1        | 6         |
| INTERNAL MEDICINE  |  |  | 2         | 0        | 2         |
| NEPHROLOGY   |  |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |  |  | 4         | 0        | 4         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 2         | 0        | 2         |
| VASCULAR SURGERY   |  |  | 2         | 0        | 2         |
| <b>37226</b>   | <b>REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP<br/>SM VSL</b>  |  | <b>23</b> | <b>1</b> | <b>24</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1         | 0        | 1         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 8         | 0        | 8         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 8         | 0        | 8         |
| <b>PHYSICIAN</b>   |   |  | 14        | 1        | 15        |
| CARDIOVASCULAR DISEASE                                       |   |  | 4         | 1        | 5         |
| INTERNAL MEDICINE  |   |  | 2         | 0        | 2         |
| NEPHROLOGY   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 3         | 0        | 3         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 2         | 0        | 2         |
| VASCULAR SURGERY   |   |  | 2         | 0        | 2         |
| <b>37227</b>   | <b>REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL</b> |  | <b>29</b> | <b>2</b> | <b>31</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                            |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL                          |   |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 9         | 1        | 10        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 9         | 1        | 10        |
| <b>PHYSICIAN</b>   |   |  | 18        | 1        | 19        |
| CARDIOVASCULAR DISEASE                                       |   |  | 5         | 1        | 6         |
| INTERNAL MEDICINE  |   |  | 2         | 0        | 2         |
| NEPHROLOGY   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 3         | 0        | 3         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 2         | 0        | 2         |
| SURGERY  |   |  | 3         | 0        | 3         |
| VASCULAR SURGERY   |   |  | 2         | 0        | 2         |
| <b>37228</b>   | <b>REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI</b>         |  | <b>29</b> | <b>1</b> | <b>30</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 10        | 0        | 10        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 10        | 0        | 10        |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>PHYSICIAN</b>   |   |  | 18        | 1        | 19        |
| CARDIOVASCULAR DISEASE                                       |   |  | 4         | 1        | 5         |
| INTERNAL MEDICINE  |   |  | 2         | 0        | 2         |
| NEPHROLOGY   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 3         | 0        | 3         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 2         | 0        | 2         |
| SURGERY  |   |  | 3         | 0        | 3         |
| VASCULAR SURGERY   |   |  | 3         | 0        | 3         |
| <b>37229</b>   | <b>REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL</b> |  | <b>26</b> | <b>1</b> | <b>27</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 8         | 0        | 8         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 8         | 0        | 8         |
| <b>PHYSICIAN</b>   |   |  | 17        | 1        | 18        |
| CARDIOVASCULAR DISEASE                                       |   |  | 7         | 1        | 8         |
| INTERNAL MEDICINE  |   |  | 2         | 0        | 2         |
| NEPHROLOGY   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 3         | 0        | 3         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 2         | 0        | 2         |
| VASCULAR SURGERY   |   |  | 2         | 0        | 2         |
| <b>37230</b>   | <b>REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL</b>  |  | <b>20</b> | <b>1</b> | <b>21</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 6         | 0        | 6         |
| <b>PHYSICIAN</b>   |   |  | 13        | 1        | 14        |
| CARDIOVASCULAR DISEASE                                       |   |  | 2         | 1        | 3         |
| INTERNAL MEDICINE  |   |  | 2         | 0        | 2         |
| NEPHROLOGY   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 3         | 0        | 3         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 2         | 0        | 2         |
| SURGERY  |   |  | 3         | 0        | 3         |
| <b>37231</b>   | <b>REVSC OPN/PRQ TIB/PERO<br/>W/STNT/ATHR/ANGIOP SM VSL</b> |  | <b>20</b> | <b>1</b> | <b>21</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 6         | 0        | 6         |
| <b>PHYSICIAN</b>   |   |  | 13        | 1        | 14        |
| CARDIOVASCULAR DISEASE   |   |  | 2         | 1        | 3         |
| INTERNAL MEDICINE  |   |  | 2         | 0        | 2         |
| NEPHROLOGY   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |   |  | 3         | 0        | 3         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 2         | 0        | 2         |
| SURGERY  |   |  | 3         | 0        | 3         |
| <b>37232</b>   | <b>REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY<br/>UNI EA VSL</b>  |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>PHYSICIAN</b>   |   |  | 2         | 0        | 2         |
| CARDIOVASCULAR DISEASE   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |   |  | 1         | 0        | 1         |
| <b>37233</b>   | <b>REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP<br/>UNI EA VSL</b> |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>PHYSICIAN</b>   |   |  | 2         | 0        | 2         |
| CARDIOVASCULAR DISEASE   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |   |  | 1         | 0        | 1         |
| <b>37234</b>   | <b>REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP<br/>UNI EA VSL</b>  |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>PHYSICIAN</b>   |   |  | 2         | 0        | 2         |
| CARDIOVASCULAR DISEASE   |   |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |   |  | 1         | 0        | 1         |
| <b>37235</b>   | <b>REVSC OPN/PRQ TIB/PERO<br/>W/STNT/ATHR/ANGIOP EA VSL</b> |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>PHYSICIAN</b>   |   |  | 2         | 0        | 2         |
| CARDIOVASCULAR DISEASE   |   |  | 1         | 0        | 1         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |   |  | 1         | 0        | 1         |
| <b>37238</b>   | <b>OPEN/PERQ PLACEMENT INTRAVASCULAR<br/>STENT SAME 1ST</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0        | 1         |
| <b>37241</b>   | <b>VASCULAR EMBOLIZATION OR OCCLUSION<br/>VENOUS RS AND I</b>   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0        | 1         |
| <b>37242</b>   | <b>VASCULAR EMBOLIZATION OR OCCLUSION<br/>ARTERIAL RS AND I</b> |  | <b>7</b>  | <b>2</b> | <b>9</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 4         | 2        | 6         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4         | 2        | 6         |
| <b>PHYSICIAN</b>   |   |  | 2         | 0        | 2         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 2         | 0        | 2         |
| <b>37243</b>   | <b>VASCULAR EMBOLIZE/OCCLUDE ORGAN<br/>TUMOR INFARCT</b>        |  | <b>21</b> | <b>3</b> | <b>24</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |   |  | 8         | 2        | 10        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 8         | 2        | 10        |
| <b>PHYSICIAN</b>   |   |  | 9         | 1        | 10        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 8         | 1        | 9         |
| SURGERY  |   |  | 1         | 0        | 1         |
| <b>REHABILITATION CENTER</b>                                       |   |  | 1         | 0        | 1         |
| REHABILITATION UNIT  |   |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>  |   |  | 1         | 0        | 1         |
| <b>37247</b>   | <b>TRLML BALO ANGIOP OPEN/PERQ IMG S and I<br/>EA ADDL ART</b>  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>37248</b>   | <b>TRLML BALO ANGIOP OPEN/PERQ W/IMG S<br/>and I 1ST VEIN</b>   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1         | 0        | 1         |
| <b>37252</b>   | <b>INTRAVASCULAR US NONCORONARY RS AND I INTIAL VESSEL</b>  |  | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 2         | 1        | 3         |
| CARDIOVASCULAR DISEASE                                       |   |  | 1         | 0        | 1         |
| INTERNAL MEDICINE  |   |  | 0         | 1        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 1         | 0        | 1         |
| <b>37253</b>   | <b>INTRAVASCULAR US NONCORONARY RS AND I ADDL VESSEL</b>    |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>PHYSICIAN</b>   |   |  | 2         | 1        | 3         |
| CARDIOVASCULAR DISEASE                                       |   |  | 1         | 0        | 1         |
| INTERNAL MEDICINE  |   |  | 0         | 1        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 1         | 0        | 1         |
| <b>37722</b>   | <b>LIGJ DIVJ and STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW</b> |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 0         | 1        | 1         |
| VASCULAR SURGERY   |   |  | 0         | 1        | 1         |
| <b>37765</b>   | <b>STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS</b>     |  | <b>16</b> | <b>1</b> | <b>17</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |
| SINGLE SPECIALTY   |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 6         | 1        | 7         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 6         | 1        | 7         |
| <b>PHYSICIAN</b>   |   |  | 9         | 0        | 9         |
| CARDIOVASCULAR DISEASE                                       |   |  | 3         | 0        | 3         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 1         | 0        | 1         |
| SURGERY  |   |  | 1         | 0        | 1         |
| THORACIC SURGERY (CARDIOTHORACIC VASCULAR SURGERY) - 208G000 |   |  | 2         | 0        | 2         |
| VASCULAR SURGERY   |   |  | 2         | 0        | 2         |
| <b>37766</b>   | <b>STAB PHLEBT VARICOSE VEINS 1 XTR GT 20 INCS</b>          |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>  |   |  | 4         | 0        | 4         |



|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4        | 0        | 4        |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| CARDIOVASCULAR DISEASE   |   |  | 1        | 0        | 1        |
| <b>37785</b>   | <b>LIGJ DIVJ and /EXCJ VARICOSE VEIN CLUSTER<br/>1 LEG</b>    |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 0        | 1        | 1        |
| VASCULAR SURGERY   |   |  | 0        | 1        | 1        |
| <b>37799</b>   | <b>UNLISTED PROCEDURE VASCULAR SURGERY</b>                    |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>PHYSICIAN</b>   |   |  | 2        | 0        | 2        |
| NEPHROLOGY   |   |  | 1        | 0        | 1        |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |   |  | 1        | 0        | 1        |
| <b>38204</b>   | <b>MGMT RCP HEMATOP PROGENITOR CELL<br/>DONOR AND ACQUISJ</b> |  | <b>8</b> | <b>0</b> | <b>8</b> |
| <b>HOSPITAL</b>  |   |  | 8        | 0        | 8        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 8        | 0        | 8        |
| <b>38205</b>   | <b>BLD-DRV HEMATOP PROGEN CELL HRVG<br/>TRNSPLJ ALGNC</b>     |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 3        | 0        | 3        |
| <b>38206</b>   | <b>BLD-DRV HEMATOP PROGEN CELL HRVG<br/>TRNSPLJ AUTOL</b>     |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>HOSPITAL</b>  |   |  | 5        | 0        | 5        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |   |  | 1        | 0        | 1        |
| <b>38207</b>   | <b>TRNSPL PREPJ HEMATOP PROGEN CELLS<br/>CRYOPRSRV STOR</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |   |  | 1        | 0        | 1        |
| <b>38221</b>   | <b>DIAGNOSTIC BONE MARROW BIOPSIES</b>                        |  | <b>6</b> | <b>0</b> | <b>6</b> |
| <b>HOSPITAL</b>  |   |  | 6        | 0        | 6        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 6        | 0        | 6        |
| <b>38222</b>   | <b>DIAGNOSTIC BONE MARROW BIOPSIES AND<br/>ASPIRATIONS</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1        | 0        | 1        |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| <b>38232</b>                           | <b>BONE MARROW HARVEST<br/>TRANSPLANTATION AUTOLOGOUS</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |   |  | 1        | 0        | 1        |
| <b>38240</b>                           | <b>TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS<br/>PER DONOR</b> |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>HOSPITAL</b>                        |   |  | 5        | 0        | 5        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 5        | 0        | 5        |
| <b>38241</b>                           | <b>TRNSPLJ AUTOLOGOUS HEMATOPOIETIC<br/>CELLS PER DONOR</b> |  | <b>6</b> | <b>0</b> | <b>6</b> |
| <b>HOSPITAL</b>                        |   |  | 6        | 0        | 6        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 6        | 0        | 6        |
| <b>38500</b>                           | <b>BX/EXC LYMPH NODE OPEN SUPERFICIAL</b>                   |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2        | 0        | 2        |
| <b>38505</b>                           | <b>BX/EXC LYMPH NODE NEEDLE SUPERFICIAL</b>                 |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                        |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 3        | 0        | 3        |
| SPECIAL HOSPITAL                       |   |  | 1        | 0        | 1        |
| <b>38530</b>                           | <b>BX/EXC LYMPH NODE OPEN INT MAMMARY<br/>NODE</b>          |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2        | 0        | 2        |
| <b>38562</b>                           | <b>LMTD LMPHADEC STAGING SPX PEL AND<br/>PARA-AORTIC</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>38571</b>                           | <b>LAPS SURG BILATERAL TOTAL PELVIC<br/>LMPHADECTOMY</b>    |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                        |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 3        | 0        | 3        |
| <b>38573</b>                           | <b>LAPS W/BI TOT PEL LMPHADEC and OMNTC<br/>LYMPH BX</b>    |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>REHABILITATION CENTER</b>           |   |  | 1        | 0        | 1        |
| REHABILITATION UNIT                    |   |  | 1        | 0        | 1        |
| <b>38589</b>                           | <b>UNLISTED LAPAROSCOPY PX LYMPHATIC<br/>SYSTEM</b>         |  | <b>1</b> | <b>0</b> | <b>1</b> |

|   |   |  |          |          |          |
|---|---|--|----------|----------|----------|
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>38724</b>                              | <b>CERVICAL LYMPHADEC MODIFIED RADICAL<br/>NECK DSJ</b>       |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>38747</b>                              | <b>ABDL LMPHADEC REG CELIAC GSTR PORTAL<br/>PRIPNCRTC</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>38999</b>                              | <b>UNLISTED PROCEDURE HEMIC OR LYMPHATIC<br/>SYSTEM</b>       |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>39000</b>                              | <b>MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR</b>                 |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>40720</b>                              | <b>PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT<br/>and RECL</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>41899</b>                              | <b>UNLISTED PROCEDURE DENTOALVEOLAR<br/>STRUCTURES</b>        |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 2        | 0        | 2        |
| <b>42120</b>                              | <b>RESCJ PALATE/EXTENSIVE RESCJ LESION</b>                    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>42820</b>                              | <b>TONSILLECTOMY and ADENOIDECTOMY LT<br/>AGE 12</b>          |  | <b>2</b> | <b>2</b> | <b>4</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 2        | 4        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 2        | 0        | 2        |
| LONG TERM CARE HOSPITAL                   |   |  | 0        | 2        | 2        |
| <b>42821</b>                              | <b>TONSILLECTOMY and ADENOIDECTOMY AGE<br/>12 OR GT</b>       |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |

|                                     |   |  |           |          |           |
|-------------------------------------|---|--|-----------|----------|-----------|
| LONG TERM CARE HOSPITAL             |   |  | 0         | 1        | 1         |
| <b>42826</b>                        | <b>TONSILLECTOMY PRIMARY/SECONDARY AGE 12 OR GT</b>     |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>                     |   |  | 0         | 1        | 1         |
| LONG TERM CARE HOSPITAL             |   |  | 0         | 1        | 1         |
| <b>42975</b>                        | <b>DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX</b>  |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                     |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1         | 0        | 1         |
| LONG TERM CARE HOSPITAL             |   |  | 1         | 0        | 1         |
| <b>43191</b>                        | <b>ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH</b>   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                     |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1         | 0        | 1         |
| <b>43235</b>                        | <b>ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC</b>  |  | <b>8</b>  | <b>5</b> | <b>13</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 0         | 1        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 0         | 1        | 1         |
| <b>HOSPITAL</b>                     |   |  | 8         | 4        | 12        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 8         | 4        | 12        |
| <b>43237</b>                        | <b>ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS</b> |  | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>HOSPITAL</b>                     |   |  | 3         | 1        | 4         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 3         | 1        | 4         |
| <b>43239</b>                        | <b>EGD TRANSORAL BIOPSY SINGLE/MULTIPLE</b>             |  | <b>11</b> | <b>4</b> | <b>15</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1         | 1        | 2         |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1         | 1        | 2         |
| <b>HOSPITAL</b>                     |   |  | 10        | 3        | 13        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 10        | 3        | 13        |
| <b>43242</b>                        | <b>EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY</b>  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                     |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1         | 0        | 1         |
| <b>43245</b>                        | <b>EGD DILATION GASTRIC/DUODENAL STRICTURE</b>          |  | <b>4</b>  | <b>1</b> | <b>5</b>  |

|                                     |  |  |          |          |          |
|-------------------------------------|--|--|----------|----------|----------|
| <b>HOSPITAL</b>                     |  |  | 4        | 1        | 5        |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 4        | 1        | 5        |
| <b>43249</b>                        | <b>EGD BALLOON DILATION ESOPHAGUS LT 30 MM DIAM</b>      |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |  |  | 0        | 1        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |  |  | 0        | 1        | 1        |
| <b>43251</b>                        | <b>EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH</b>   |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |  |  | 0        | 1        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |  |  | 0        | 1        | 1        |
| <b>43260</b>                        | <b>ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 1        | 0        | 1        |
| <b>43275</b>                        | <b>ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 1        | 0        | 1        |
| <b>43496</b>                        | <b>FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS</b>         |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 1        | 0        | 1        |
| <b>43497</b>                        | <b>TRANSORAL LOWER ESOPHAGEAL MYOTOMY</b>                |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 1        | 0        | 1        |
| <b>43520</b>                        | <b>PYLOROMYOTOMY CUTTING PYLORIC MUSC</b>                |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 1        | 0        | 1        |
| <b>43610</b>                        | <b>EXC LOCAL ULCER/BENIGN TUMOR STOMACH</b>              |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 1        | 0        | 1        |
| <b>43611</b>                        | <b>EXC LOCAL MALIGNANT TUMOR STOMACH</b>                 |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 1        | 0        | 1        |
| <b>43644</b>                        | <b>LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB LT 150 CM</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |  |  | 1        | 0        | 1        |

|   |   |  |          |          |          |
|---|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>43653</b>                              | <b>LAPS SURG GASTROSTOMY W/O CONSTJ<br/>GSTR TUBE SPX</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>43659</b>                              | <b>UNLISTED LAPAROSCOPY PROCEDURE<br/>STOMACH</b>             |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>43775</b>                              | <b>LAPS GSTRC RSTRICTIV PX LONGITUDINAL<br/>GASTRECTOMY</b>   |  | <b>1</b> | <b>2</b> | <b>3</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 2        | 3        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 2        | 3        |
| <b>44120</b>                              | <b>ENTRC RESCJ SMALL INTESTINE 1 RESCJ AND<br/>ANAST</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>44140</b>                              | <b>COLECTOMY PARTIAL W/ANASTOMOSIS</b>                        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>44143</b>                              | <b>COLECTOMY PRTL W/END COLOSTOMY and<br/>CLSR DSTL SGMT</b>  |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>44145</b>                              | <b>COLECTOMY PRTL W/COLOPROCTOSTOMY</b>                       |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                           |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 3        | 0        | 3        |
| <b>44146</b>                              | <b>COLECTOMY PRTL W/COLOPROCTOSTOMY<br/>and COLOSTOMY</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>44150</b>                              | <b>COLCT TOT ABDL W/O PRTECT<br/>W/ILEOST/ILEOPXTS</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>44160</b>                              | <b>COLECTOMY PRTL W/RMVL TERMINAL ILEUM<br/>and ILEOCOLOS</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |

|  |   |          |          |          |
|--|---|----------|----------|----------|
| <b>44202</b>                           | <b>LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ AND ANA</b>   | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>44204</b>                           | <b>LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS</b>        | <b>7</b> | <b>0</b> | <b>7</b> |
| <b>HOSPITAL</b>                        |   | 7        | 0        | 7        |
| GENERAL ACUTE CARE HOSPITAL            |   | 7        | 0        | 7        |
| <b>44205</b>                           | <b>LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM</b>          | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                        |   | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL            |   | 4        | 0        | 4        |
| <b>44206</b>                           | <b>LAPS COLECTOMY PRTL W/END CLST and CLSR DSTL SGM</b>   | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   | 2        | 0        | 2        |
| <b>44207</b>                           | <b>LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST</b>         | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>HOSPITAL</b>                        |   | 5        | 0        | 5        |
| GENERAL ACUTE CARE HOSPITAL            |   | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 1        | 0        | 1        |
| <b>44208</b>                           | <b>LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST</b>   | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>HOSPITAL</b>                        |   | 5        | 0        | 5        |
| GENERAL ACUTE CARE HOSPITAL            |   | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 1        | 0        | 1        |
| SPECIAL HOSPITAL                       |   | 1        | 0        | 1        |
| <b>44213</b>                           | <b>LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY</b>     | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                        |   | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL            |   | 3        | 0        | 3        |
| SPECIAL HOSPITAL                       |   | 1        | 0        | 1        |
| <b>44227</b>                           | <b>LAPS CLSR NTRSTM LG/SM INT W/RESCJ and ANASTOMOSIS</b> | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                        |   | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL            |   | 3        | 0        | 3        |
| <b>44310</b>                           | <b>ILEOSTOMY/JEJUNOSTOMY NON-TUBE</b>                     | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |

|                             |   |  |          |          |          |
|-----------------------------|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>44320</b>                | <b>COLOSTOMY/SKIN LEVEL CECOSTOMY</b>                         |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>44620</b>                | <b>CLOSURE ENTEROSTOMY LG/SMALL<br/>INTESTINE</b>             |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>             |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 4        | 0        | 4        |
| <b>44625</b>                | <b>CLSR NTRSTM LG/SM RESCJ and ANAST<br/>OTH/THN CLRCT</b>    |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 3        | 0        | 3        |
| <b>44626</b>                | <b>CLSR NTRSTM LG/SM RESCJ and<br/>COLORECTAL ANASTOMOSIS</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>44640</b>                | <b>CLOSURE INTESTINAL CUTANEOUS FISTULA</b>                   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>44955</b>                | <b>APPENDEC INDICATED PURPOSE OTH MAJOR<br/>PX NOT SPX</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>44970</b>                | <b>LAPAROSCOPIC APPENDECTOMY</b>                              |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>45172</b>                | <b>EXC RCT TUM INCL MUSCULARIS PROPRIA</b>                    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 0        | 1        |
| <b>45300</b>                | <b>PROCTOSGMDSC RGD DX W/WO COLLJ SPEC<br/>BR/WA SPX</b>      |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 3        | 0        | 3        |
| <b>45330</b>                | <b>SIGMOIDOSCOPY FLX DX W/COLLJ SPEC<br/>BR/WA IF PFRMD</b>   |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>HOSPITAL</b>             |   |  | 5        | 0        | 5        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 3        | 0        | 3        |
| SPECIAL HOSPITAL            |   |  | 2        | 0        | 2        |



|                  |   |          |          |           |
|------------------|---|----------|----------|-----------|
| <b>45331</b>     | <b>SIGMOIDOSCOPY FLX W/BIOPSY<br/>SINGLE/MULTIPLE</b>       | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1         |
| SPECIAL HOSPITAL |   | 1        | 0        | 1         |
| <b>45332</b>     | <b>SIGMOIDOSCOPY FLX W/RMVL FOREIGN<br/>BODY</b>            | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1         |
| SPECIAL HOSPITAL |   | 1        | 0        | 1         |
| <b>45333</b>     | <b>SIGMOIDOSCOPY FLX W/RMVL TUMOR BY<br/>HOT BX FORCEPS</b> | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1         |
| SPECIAL HOSPITAL |   | 1        | 0        | 1         |
| <b>45334</b>     | <b>SIGMOIDOSCOPY FLX CONTROL BLEEDING</b>                   | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1         |
| SPECIAL HOSPITAL |   | 1        | 0        | 1         |
| <b>45335</b>     | <b>SGMDSC FLX DIREC SBMCSL NJX ANY SBST</b>                 | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1         |
| SPECIAL HOSPITAL |   | 1        | 0        | 1         |
| <b>45337</b>     | <b>SGMDSC FLX W/DCMPRN W/PLMT DCMPRN<br/>TUBE</b>           | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1         |
| SPECIAL HOSPITAL |   | 1        | 0        | 1         |
| <b>45338</b>     | <b>SGMDSC FLX RMVL TUM POLYP/OTH LES<br/>SNARE TQ</b>       | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1         |
| SPECIAL HOSPITAL |   | 1        | 0        | 1         |
| <b>45340</b>     | <b>SIGMOIDOSCOPY FLX TNDSC BALO DILAT</b>                   | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1         |
| SPECIAL HOSPITAL |   | 1        | 0        | 1         |
| <b>45341</b>     | <b>SIGMOIDOSCOPY FLX NDSC US XM</b>                         | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1         |
| SPECIAL HOSPITAL |   | 1        | 0        | 1         |
| <b>45342</b>     | <b>SIGMOIDOSCOPY FLX TNDSC US GID NDL<br/>ASPIR/BX</b>      | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1         |
| SPECIAL HOSPITAL |   | 1        | 0        | 1         |
| <b>45378</b>     | <b>COLONOSCOPY FLX DX W/COLLJ SPEC WHEN<br/>PFRMD</b>       | <b>9</b> | <b>4</b> | <b>13</b> |

|                                     |  |  |           |          |           |
|-------------------------------------|--|--|-----------|----------|-----------|
| <b>AMBULATORY SURGICAL CENTER</b>   |  |  | 1         | 3        | 4         |
| CLINIC/CENTER - AMBULATORY SURGICAL |  |  | 1         | 3        | 4         |
| <b>HOSPITAL</b>                     |  |  | 6         | 1        | 7         |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 6         | 1        | 7         |
| <b>PHYSICIAN</b>                    |  |  | 2         | 0        | 2         |
| GASTROENTEROLOGY                    |  |  | 1         | 0        | 1         |
| SURGERY                             |  |  | 1         | 0        | 1         |
| <b>45380</b>                        | <b>COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE</b>            |  | <b>10</b> | <b>5</b> | <b>15</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |  |  | 0         | 3        | 3         |
| CLINIC/CENTER - AMBULATORY SURGICAL |  |  | 0         | 3        | 3         |
| <b>HOSPITAL</b>                     |  |  | 8         | 2        | 10        |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 8         | 2        | 10        |
| <b>PHYSICIAN</b>                    |  |  | 2         | 0        | 2         |
| GASTROENTEROLOGY                    |  |  | 1         | 0        | 1         |
| SURGERY                             |  |  | 1         | 0        | 1         |
| <b>45381</b>                        | <b>COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST</b> |  | <b>1</b>  | <b>3</b> | <b>4</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>   |  |  | 0         | 3        | 3         |
| CLINIC/CENTER - AMBULATORY SURGICAL |  |  | 0         | 3        | 3         |
| <b>PHYSICIAN</b>                    |  |  | 1         | 0        | 1         |
| GASTROENTEROLOGY                    |  |  | 1         | 0        | 1         |
| <b>45385</b>                        | <b>COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ</b> |  | <b>3</b>  | <b>5</b> | <b>8</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>   |  |  | 0         | 3        | 3         |
| CLINIC/CENTER - AMBULATORY SURGICAL |  |  | 0         | 3        | 3         |
| <b>HOSPITAL</b>                     |  |  | 2         | 2        | 4         |
| GENERAL ACUTE CARE HOSPITAL         |  |  | 2         | 2        | 4         |
| <b>PHYSICIAN</b>                    |  |  | 1         | 0        | 1         |
| GASTROENTEROLOGY                    |  |  | 1         | 0        | 1         |
| <b>45395</b>                        | <b>LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY</b>   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                     |  |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL                    |  |  | 1         | 0        | 1         |
| <b>45399</b>                        | <b>UNLISTED PROCEDURE COLON</b>                        |  | <b>1</b>  | <b>0</b> | <b>1</b>  |

|   |   |  |           |          |           |
|---|---|--|-----------|----------|-----------|
| <b>HOSPITAL</b>                           |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1         | 0        | 1         |
| <b>46080</b>                              | <b>SPHINCTEROTOMY ANAL DIVISION<br/>SPHINCTER SPX</b>       |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1         | 0        | 1         |
| <b>46948</b>                              | <b>INT HRHC TRANSANAL HROID DARTLZJ 2 Plus<br/>W/US GDN</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>         |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL    |   |  | 1         | 0        | 1         |
| <b>47000</b>                              | <b>BIOPSY LIVER NEEDLE PERCUTANEOUS</b>                     |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2         | 0        | 2         |
| <b>47120</b>                              | <b>HEPATECTOMY RESCJ PARTIAL LOBECTOMY</b>                  |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2         | 0        | 2         |
| <b>47125</b>                              | <b>HEPATECTOMY RESCJ TOTAL LEFT<br/>LOBECTOMY</b>           |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1         | 0        | 1         |
| <b>47135</b>                              | <b>LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON<br/>ANY AGE</b>    |  | <b>14</b> | <b>4</b> | <b>18</b> |
| <b>HOSPITAL</b>                           |   |  | 14        | 4        | 18        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 14        | 4        | 18        |
| <b>47380</b>                              | <b>ABLTJ OPN 1 OR GT LVR TUM RF</b>                         |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1         | 0        | 1         |
| <b>47562</b>                              | <b>LAPAROSCOPY SURG CHOLECYSTECTOMY</b>                     |  | <b>0</b>  | <b>3</b> | <b>3</b>  |
| <b>OUT OF STATE HOSPITAL</b>              |   |  | 0         | 3        | 3         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 0         | 3        | 3         |
| <b>47563</b>                              | <b>LAPS SURG CHOLECYSTECTOMY<br/>W/CHOLANGIOGRAPHY</b>      |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1         | 0        | 1         |
| <b>OUT OF STATE HOSPITAL</b>              |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 0         | 1        | 1         |

|  |   |          |          |          |
|--|---|----------|----------|----------|
| <b>47605</b>                           | <b>CHOLECYSTECTOMY W/CHOLANGIOGRAPHY</b>                | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   | 2        | 0        | 2        |
| <b>47715</b>                           | <b>EXCISION CHOLEDOCHAL CYST</b>                        | <b>1</b> | <b>2</b> | <b>3</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 1        | 0        | 1        |
| <b>OUT OF STATE HOSPITAL</b>           |   | 0        | 2        | 2        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 0        | 2        | 2        |
| <b>47765</b>                           | <b>ANAST INTRAHEPATC DUCTS AND GI TRACT</b>             | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>OUT OF STATE HOSPITAL</b>           |   | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   | 0        | 1        | 1        |
| <b>48105</b>                           | <b>RESECJ/DBRDMT PANCREAS NECROTIZING PANCREATITIS</b>  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>48150</b>                           | <b>PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY</b>        | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>48999</b>                           | <b>UNLISTED PROCEDURE PANCREAS</b>                      | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   | 2        | 0        | 2        |
| <b>49000</b>                           | <b>EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX</b> | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>HOSPITAL</b>                        |   | 5        | 0        | 5        |
| GENERAL ACUTE CARE HOSPITAL            |   | 5        | 0        | 5        |
| <b>49083</b>                           | <b>ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE</b>    | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 1        | 0        | 1        |
| <b>49180</b>                           | <b>BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE</b>          | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   | 0        | 1        | 1        |
| <b>49205</b>                           | <b>EXC/DESTRUCTION OPEN ABDOMINAL TUMORS GT 10.0 CM</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   | 1        | 0        | 1        |

|                             |  |  |          |          |          |
|-----------------------------|--|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL |  |  | 1        | 0        | 1        |
| <b>49329</b>                | <b>UNLISTED LAPAROSCOPY PX ABD<br/>PERTONEUM and OMENTUM</b> |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>             |  |  | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 2        | 1        | 3        |
| <b>49411</b>                | <b>INTERSTITIAL DEV PLMT RADIATION THERAPY<br/>1/MLT</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1        | 0        | 1        |
| <b>49591</b>                | <b>RPR AA HERNIA 1ST LT 3 CM REDUCIBLE</b>                   |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 0        | 1        | 1        |
| <b>49592</b>                | <b>RPR AA HERNIA 1ST LT 3 CM<br/>NCRC8/STRANGULATED</b>      |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 0        | 1        | 1        |
| <b>49593</b>                | <b>RPR AA HERNIA 1ST 3-10 CM REDUCIBLE</b>                   |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>             |  |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 3        | 0        | 3        |
| <b>49594</b>                | <b>RPR AA HERNIA 1ST 3-10 CM<br/>NCRC8/STRANGULATED</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1        | 0        | 1        |
| <b>49595</b>                | <b>RPR AA HERNIA 1ST GT 10 CM REDUCIBLE</b>                  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1        | 0        | 1        |
| <b>49596</b>                | <b>RPR AA HERNIA 1ST GT 10 CM<br/>NCRC8/STRANGULATED</b>     |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 0        | 1        | 1        |
| <b>49615</b>                | <b>RPR AA HERNIA RECR 3-10 CM REDUCIBLE</b>                  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1        | 0        | 1        |
| <b>49622</b>                | <b>RPR PARASTOMAL HRNA 1ST/RECR<br/>NCRC8/STRANGULATED</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1        | 0        | 1        |
| <b>49905</b>                | <b>OMENTAL FLAP INTRA-ABDOMINAL</b>                          |  | <b>1</b> | <b>0</b> | <b>1</b> |

|                             |   |  |           |          |           |
|-----------------------------|---|--|-----------|----------|-----------|
| <b>HOSPITAL</b>             |   |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>49999</b>                | <b>UNLISTED PROCEDURE ABDOMEN<br/>PERITONEUM AND OMENTUM</b>    |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>PHYSICIAN</b>            |   |  | 2         | 0        | 2         |
| NEPHROLOGY                  |   |  | 1         | 0        | 1         |
| PLASTIC SURGERY             |   |  | 1         | 0        | 1         |
| <b>50200</b>                | <b>RENAL BIOPSY PRQ TROCAR/NEEDLE</b>                           |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 0         | 1        | 1         |
| <b>50220</b>                | <b>NEPHRECTOMY W/PRTL URETERECTOMY<br/>W/OPEN RIB RESCJ</b>     |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>             |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2         | 0        | 2         |
| <b>50230</b>                | <b>NEPHRECTOMY W/PRTL URETERECT OPEN RIB<br/>RESCJ RAD</b>      |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>             |   |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 3         | 0        | 3         |
| <b>50360</b>                | <b>RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP<br/>NEPHRECTOMY</b>       |  | <b>22</b> | <b>2</b> | <b>24</b> |
| <b>HOSPITAL</b>             |   |  | 22        | 2        | 24        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 22        | 2        | 24        |
| <b>50432</b>                | <b>PLMT NEPHROSTOMY CATH PRQ NEW ACCESS<br/>RS AND I</b>        |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1         | 0        | 1         |
| <b>50435</b>                | <b>EXCHANGE NEPHROSTOMY CATHETER PRQ<br/>W/IMG GID RS and I</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1         | 0        | 1         |
| <b>50545</b>                | <b>LAPAROSCOPY RADICAL NEPHRECTOMY</b>                          |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>             |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 4         | 0        | 4         |
| <b>50546</b>                | <b>LAPAROSCOPY NEPHRECTOMY W/PARTIAL<br/>URETERECT</b>          |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>             |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 4         | 0        | 4         |
| <b>50590</b>                | <b>LITHOTRIPSY XTRCORP SHOCK WAVE</b>                           |  | <b>23</b> | <b>0</b> | <b>23</b> |

|                                     |   |  |          |          |          |
|-------------------------------------|---|--|----------|----------|----------|
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                     |   |  | 21       | 0        | 21       |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 21       | 0        | 21       |
| <b>PHYSICIAN</b>                    |   |  | 1        | 0        | 1        |
| UROLOGY                             |   |  | 1        | 0        | 1        |
| <b>50715</b>                        | <b>URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>50820</b>                        | <b>URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>50947</b>                        | <b>LAPS URTRONEOCSTOST W/CSTSC and URTRL STENT PLMT</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>50949</b>                        | <b>UNLISTED LAPAROSCOPY PROCEDURE URETER</b>            |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                     |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 3        | 0        | 3        |
| <b>51102</b>                        | <b>ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER</b>    |  | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>SKILLED NURSING FACILITY</b>     |   |  | 0        | 2        | 2        |
| SKILLED NURSING FACILITY            |   |  | 0        | 2        | 2        |
| <b>51590</b>                        | <b>CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>51595</b>                        | <b>CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC</b>   |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                     |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2        | 0        | 2        |
| <b>51596</b>                        | <b>CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>51715</b>                        | <b>NDSC NJX IMPLT MATRL URT and /BLDR NCK</b>           |  | <b>1</b> | <b>0</b> | <b>1</b> |

|   |  |  |          |          |          |
|---|--|--|----------|----------|----------|
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>51741</b>                              | <b>COMPLEX UROFLOMETRY</b>                                   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>                          |  |  | 1        | 0        | 1        |
| UROLOGY                                   |  |  | 1        | 0        | 1        |
| <b>51785</b>                              | <b>NDL EMG STDS EMG ANAL/URTL SPHNCTR<br/>ANY TQ</b>         |  | <b>5</b> | <b>2</b> | <b>7</b> |
| <b>GROUP OF PROVIDERS</b>                 |  |  | 2        | 1        | 3        |
| MULTI-SPECIALTY                           |  |  | 2        | 1        | 3        |
| <b>HOSPITAL</b>                           |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2        | 0        | 2        |
| <b>LABORATORY</b>                         |  |  | 1        | 1        | 2        |
| PHYSIOLOGICAL LABORATORY                  |  |  | 1        | 1        | 2        |
| <b>51798</b>                              | <b>MEAS POST-VOIDING RESIDUAL URINE and<br/>/BLADDER CAP</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>                          |  |  | 1        | 0        | 1        |
| UROLOGY                                   |  |  | 1        | 0        | 1        |
| <b>51999</b>                              | <b>UNLISTED LAPAROSCOPY PROCEDURE<br/>BLADDER</b>            |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                           |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2        | 0        | 2        |
| <b>PHYSICIAN</b>                          |  |  | 1        | 0        | 1        |
| UROLOGY                                   |  |  | 1        | 0        | 1        |
| <b>52000</b>                              | <b>CYSTOURETHROSCOPY</b>                                     |  | <b>6</b> | <b>1</b> | <b>7</b> |
| <b>HOSPITAL</b>                           |  |  | 6        | 1        | 7        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 6        | 0        | 6        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 0        | 1        | 1        |
| <b>52240</b>                              | <b>CYSTOURETHROSCOPY W/DEST and /RMVL<br/>TUMOR LARGE</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>52281</b>                              | <b>CYSTO CALIBRATION DILAT URTL<br/>STRIX/STENOSIS</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>52315</b>                              | <b>CYSTO W/COMPLEX REMOVAL STONE and<br/>STENT</b>           |  | <b>2</b> | <b>0</b> | <b>2</b> |



|                                     |   |  |           |          |           |
|-------------------------------------|---|--|-----------|----------|-----------|
| <b>PHYSICIAN</b>                    |   |  | 2         | 0        | 2         |
| UROLOGY                             |   |  | 2         | 0        | 2         |
| <b>52332</b>                        | <b>CYSTO W/INSERT URETERAL STENT</b>                  |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                     |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 2         | 0        | 2         |
| <b>52441</b>                        | <b>CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE</b>  |  | <b>10</b> | <b>0</b> | <b>10</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                     |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 4         | 0        | 4         |
| <b>PHYSICIAN</b>                    |   |  | 5         | 0        | 5         |
| UROLOGY                             |   |  | 5         | 0        | 5         |
| <b>52442</b>                        | <b>CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                     |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1         | 0        | 1         |
| <b>52649</b>                        | <b>LASER ENUCLEATION PROSTATE W/MORCELLATION</b>      |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>HOSPITAL</b>                     |   |  | 1         | 1        | 2         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1         | 1        | 2         |
| <b>53430</b>                        | <b>URETHROPLASTY RCNSTJ FEMALE URETHRA</b>            |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                     |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1         | 0        | 1         |
| <b>53850</b>                        | <b>TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH</b>    |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>                    |   |  | 0         | 1        | 1         |
| UROLOGY                             |   |  | 0         | 1        | 1         |
| <b>53854</b>                        | <b>TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY</b>     |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>PHYSICIAN</b>                    |   |  | 2         | 1        | 3         |
| UROLOGY                             |   |  | 2         | 1        | 3         |
| <b>54150</b>                        | <b>CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK</b>           |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>                    |   |  | 0         | 1        | 1         |
| UROLOGY - PEDIATRIC UROLOGY         |   |  | 0         | 1        | 1         |
| <b>54161</b>                        | <b>CIRCUMCISION AGE GT 28 DAYS</b>                    |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>           |   |  | 1         | 1        | 2         |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>54405</b>                           | <b>INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH</b>    |  | <b>1</b> | <b>5</b> | <b>6</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 5        | 6        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 5        | 6        |
| <b>54520</b>                           | <b>ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH</b>     |  | <b>4</b> | <b>1</b> | <b>5</b> |
| <b>HOSPITAL</b>                        |   |  | 4        | 1        | 5        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 3        | 0        | 3        |
| <b>54660</b>                           | <b>INSJ TESTICULAR PROSTH SEPARATE PROCEDURE</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>54690</b>                           | <b>LAPAROSCOPY SURGICAL ORCHIECTOMY</b>                 |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0        | 1        |
| <b>55175</b>                           | <b>SCROTOPLASTY SIMPLE</b>                              |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0        | 1        |
| <b>55180</b>                           | <b>SCROTOPLASTY COMPLICATED</b>                         |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>55866</b>                           | <b>LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2        | 0        | 2        |
| <b>55867</b>                           | <b>LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE</b>  |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2        | 0        | 2        |
| <b>55874</b>                           | <b>TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX</b> |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>PHYSICIAN</b>                       |   |  | 4        | 0        | 4        |
| RADIOLOGY - RADIATION ONCOLOGY         |   |  | 4        | 0        | 4        |
| <b>56441</b>                           | <b>LYSIS LABIAL ADHESIONS</b>                           |  | <b>1</b> | <b>0</b> | <b>1</b> |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1         | 0        | 1         |
| <b>57106</b>                           | <b>VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>57120</b>                           | <b>COLPOCLEISIS LE FORT TYPE</b>                    |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>57155</b>                           | <b>INSERTION UTERINE TANDEM and /VAGINAL OVOIDS</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>57156</b>                           | <b>INSERTION VAGINAL RADIATION DEVICE</b>           |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>57240</b>                           | <b>ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO</b>   |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2         | 0        | 2         |
| <b>57260</b>                           | <b>CMBND ANTERPOST COLPORRAPHY W/CYSTO</b>          |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2         | 0        | 2         |
| <b>57280</b>                           | <b>COLPOPEXY ABDOMINAL APPROACH</b>                 |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>57282</b>                           | <b>COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH</b>   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>57283</b>                           | <b>COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH</b>   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>57288</b>                           | <b>SLING OPERATION STRESS INCONTINENCE</b>          |  | <b>26</b> | <b>1</b> | <b>27</b> |
| <b>HOSPITAL</b>                        |   |  | 26        | 1        | 27        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 26        | 1        | 27        |

|   |  |           |          |           |
|---|--|-----------|----------|-----------|
| <b>57425</b>                              | <b>LAPAROSCOPY COLPOPEXY SUSPENSION<br/>VAGINAL APEX</b>       | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |  | 2         | 0        | 2         |
| <b>58120</b>                              | <b>DILATION and CURETTAGE DX and /THER<br/>NONOBSTETRIC</b>    | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  | 1         | 0        | 1         |
| <b>58140</b>                              | <b>MYOMECTOMY 1-4 MYOMAS W/250 GM OR<br/>LT ABDOMINAL APPR</b> | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                           |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL               |  | 3         | 0        | 3         |
| <b>58145</b>                              | <b>MYOMECTOMY 1-4 MYOMAS 250 GM OR LT<br/>VAGINAL APPR</b>     | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |  | 1         | 1        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |  | 1         | 1        | 2         |
| <b>58146</b>                              | <b>MYOMECTOMY 5 OR GT MYOMAS and OR<br/>GT 250 GM ABDOMINA</b> | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  | 1         | 0        | 1         |
| <b>58150</b>                              | <b>TOTAL ABDOMINAL HYSTERECT W/WO RMVL<br/>TUBE OVARY</b>      | <b>18</b> | <b>0</b> | <b>18</b> |
| <b>HOSPITAL</b>                           |  | 17        | 0        | 17        |
| GENERAL ACUTE CARE HOSPITAL               |  | 17        | 0        | 17        |
| <b>PHYSICIAN</b>                          |  | 1         | 0        | 1         |
| OBSTETRICS & GYNECOLOGY                   |  | 1         | 0        | 1         |
| <b>58210</b>                              | <b>RAD ABDL HYSTERECTOMY W/BI PELVIC<br/>LMPHADENECTOMY</b>    | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  | 1         | 0        | 1         |
| <b>58260</b>                              | <b>VAGINAL HYSTERECTOMY UTERUS 250 GM OR<br/>LT</b>            | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                           |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL               |  | 3         | 0        | 3         |
| <b>58262</b>                              | <b>VAG HYST 250 GM OR LT W/RMVL TUBE and<br/>/OVARY</b>        | <b>13</b> | <b>0</b> | <b>13</b> |
| <b>HOSPITAL</b>                           |  | 13        | 0        | 13        |
| GENERAL ACUTE CARE HOSPITAL               |  | 13        | 0        | 13        |
| <b>58275</b>                              | <b>VAGINAL HYSTERECTOMY W/TOT/PRTL<br/>VAGINECTOMY</b>         | <b>2</b>  | <b>1</b> | <b>3</b>  |

|                             |  |  |          |          |          |
|-----------------------------|--|--|----------|----------|----------|
| <b>HOSPITAL</b>             |  |  | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 2        | 1        | 3        |
| <b>58280</b>                | <b>VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1        | 0        | 1        |
| <b>58291</b>                | <b>VAG HYST GT 250 GM RMVL TUBE and /OVARY</b>             |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 2        | 0        | 2        |
| <b>58301</b>                | <b>REMOVAL INTRAUTERINE DEVICE IUD</b>                     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1        | 0        | 1        |
| <b>58345</b>                | <b>TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1        | 0        | 1        |
| <b>58350</b>                | <b>CHROMOTUBATION OVIDUCT W/MATERIALS</b>                  |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 2        | 0        | 2        |
| <b>58356</b>                | <b>ENDOMETRIAL CRYOABLATION W/US and ENDOMETRIAL CR</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>            |  |  | 1        | 0        | 1        |
| OBSTETRICS & GYNECOLOGY     |  |  | 1        | 0        | 1        |
| <b>58540</b>                | <b>HYSTEROPLASTY RPR UTERINE ANOMALY</b>                   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1        | 0        | 1        |
| <b>58541</b>                | <b>LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LT</b> |  | <b>3</b> | <b>1</b> | <b>4</b> |
| <b>HOSPITAL</b>             |  |  | 3        | 1        | 4        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 3        | 1        | 4        |
| <b>58542</b>                | <b>LAPS SUPRACRV HYSTERECT 250 GM OR LT RMVL TUBE/OVAR</b> |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>             |  |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 3        | 0        | 3        |
| <b>58544</b>                | <b>LAPS SUPRACRV HYSTEREC GT 250 G RMVL TUBE/OVARY</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 1        | 0        | 1        |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1         | 0        | 1         |
| <b>58545</b>                           | <b>LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LT</b>             |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>                        |  |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 5         | 0        | 5         |
| <b>58546</b>                           | <b>LAPS MYOMECTOMY EXC 5 OR GT MYOMAS GT 250 GRAMS</b>         |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1         | 0        | 1         |
| <b>58548</b>                           | <b>LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY</b>        |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2         | 0        | 2         |
| <b>58550</b>                           | <b>LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LT</b>           |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 1         | 0        | 1         |
| <b>58552</b>                           | <b>LAPS W/VAG HYSTERECT 250 GM/ and RMVL TUBE and /OVARIES</b> |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>HOSPITAL</b>                        |  |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 6         | 0        | 6         |
| <b>58554</b>                           | <b>LAPS VAGINAL HYSTERECT GT 250 GM RMVL TUBE and /OVAR</b>    |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2         | 0        | 2         |
| <b>58558</b>                           | <b>HYSTEROSCOPY BX ENDOMETRIUM and /POLYPC W/WO D and C</b>    |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                        |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 3         | 0        | 3         |
| <b>58560</b>                           | <b>HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM</b>              |  | <b>0</b>  | <b>2</b> | <b>2</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 0         | 2        | 2         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |  |  | 0         | 2        | 2         |
| <b>58562</b>                           | <b>HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY</b>              |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1         | 0        | 1         |
| <b>58570</b>                           | <b>LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LT</b>    |  | <b>12</b> | <b>1</b> | <b>13</b> |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| <b>HOSPITAL</b>                        |  |  | 12        | 1        | 13        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 12        | 1        | 13        |
| <b>58571</b>                           | <b>LAPS TOTAL HYSTERECT 250 GM OR LT W/RMVL TUBE/OVARY</b> |  | <b>45</b> | <b>7</b> | <b>52</b> |
| <b>HOSPITAL</b>                        |  |  | 43        | 5        | 48        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 41        | 4        | 45        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 2         | 1        | 3         |
| <b>PHYSICIAN</b>                       |  |  | 1         | 2        | 3         |
| OBSTETRICS & GYNECOLOGY                |  |  | 1         | 2        | 3         |
| <b>REHABILITATION CENTER</b>           |  |  | 1         | 0        | 1         |
| REHABILITATION UNIT                    |  |  | 1         | 0        | 1         |
| <b>58572</b>                           | <b>LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS GT 250 GM</b>     |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 3         | 0        | 3         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |  |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>                        |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 3         | 0        | 3         |
| <b>58573</b>                           | <b>LAPAROSCOPY TOT HYSTERECTOMY GT 250 G W/TUBE/OVAR</b>   |  | <b>18</b> | <b>2</b> | <b>20</b> |
| <b>HOSPITAL</b>                        |  |  | 17        | 2        | 19        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 17        | 2        | 19        |
| <b>REHABILITATION CENTER</b>           |  |  | 1         | 0        | 1         |
| REHABILITATION UNIT                    |  |  | 1         | 0        | 1         |
| <b>58660</b>                           | <b>LAPAROSCOPY W/LYSIS OF ADHESIONS</b>                    |  | <b>4</b>  | <b>3</b> | <b>7</b>  |
| <b>HOSPITAL</b>                        |  |  | 4         | 1        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 0         | 1        | 1         |
| <b>OUT OF STATE HOSPITAL</b>           |  |  | 0         | 2        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 0         | 2        | 2         |
| <b>58661</b>                           | <b>LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES</b>               |  | <b>43</b> | <b>1</b> | <b>44</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                        |  |  | 42        | 1        | 43        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 39        | 1        | 40        |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 2         | 0        | 2         |
| SPECIAL HOSPITAL                       |  |  | 1         | 0        | 1         |
| <b>58662</b>                           | <b>LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE</b>    |  | <b>31</b> | <b>6</b> | <b>37</b> |
| <b>GROUP OF PROVIDERS</b>              |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                        |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                        |  |  | 30        | 3        | 33        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 23        | 2        | 25        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 6         | 0        | 6         |
| REHABILITATION UNIT                    |  |  | 0         | 1        | 1         |
| SPECIAL HOSPITAL                       |  |  | 1         | 0        | 1         |
| <b>OUT OF STATE HOSPITAL</b>           |  |  | 0         | 2        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 0         | 2        | 2         |
| <b>TIN OWNER</b>                       |  |  | 0         | 1        | 1         |
| <b>58700</b>                           | <b>SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX</b>         |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                        |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2         | 0        | 2         |
| REHABILITATION UNIT                    |  |  | 1         | 0        | 1         |
| <b>58720</b>                           | <b>SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX</b>       |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2         | 0        | 2         |
| <b>58740</b>                           | <b>LYSIS OF ADHESIONS SALPINX/OVARY</b>                  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1         | 0        | 1         |
| <b>58925</b>                           | <b>OVARIAN CYSTECTOMY UNI/BI</b>                         |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1         | 0        | 1         |
| <b>58940</b>                           | <b>OOPHORECTOMY PARTIAL/TOTAL UNI/BI</b>                 |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                        |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 3         | 0        | 3         |
| <b>58952</b>                           | <b>RESCJ PRIM PRTL MAL W/BSO and OMNTC RAD DEBULKING</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1         | 0        | 1         |



|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| <b>58956</b>   | <b>BSO W/TOT OMENTECTOMY and<br/>HYSTERECTOMY MALIGNANC</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>58999</b>   | <b>UNLISTED PX FEMALE GENITAL SYSTEM<br/>NONOBSTETRICAL</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 2        | 0        | 2        |
| <b>59000</b>   | <b>AMNIOCENTESIS DIAGNOSIC</b>                              |  | <b>4</b> | <b>1</b> | <b>5</b> |
| <b>PHYSICIAN</b>   |   |  | 3        | 1        | 4        |
| OBSTETRICS & GYNECOLOGY  |   |  | 0        | 1        | 1        |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |   |  | 3        | 0        | 3        |
| <b>SERVICE LOCATION</b>  |   |  | 1        | 0        | 1        |
| <b>59001</b>   | <b>AMNIOCENTESIS THER AMNIOTIC FLUID<br/>RDCTJ US GUID</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |   |  | 1        | 0        | 1        |
| <b>59070</b>   | <b>TRANSABDOMINAL AMNIOINFUSION<br/>W/ULTRSND GUIDANCE</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>59410</b>   | <b>VAGINAL DELIVERY ONLY W/POSTPARTUM<br/>CARE</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| <b>59897</b>   | <b>UNLISTED FETAL INVASIVE PX<br/>W/ULTRASOUND</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>60100</b>   | <b>BIOPSY THYROID PERCUTANEOUS CORE<br/>NEEDLE</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>60220</b>   | <b>TOTAL THYROID LOBECTOMY UNI W/VO<br/>ISTHMUSECTOMY</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>60240</b>   | <b>THYROIDECTOMY TOTAL/COMPLETE</b>                         |  | <b>2</b> | <b>0</b> | <b>2</b> |

|   |   |  |          |          |          |
|---|---|--|----------|----------|----------|
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>60252</b>                              | <b>THYROIDECTOMY TOTAL/SUBTOTAL LMTD<br/>NECK DISSECT</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>60650</b>                              | <b>LAPAROSCOPY ADRENALECTOMY<br/>PRTL/COMPL TABDL</b>       |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 2        | 0        | 2        |
| <b>61210</b>                              | <b>BURR HOLE IMPLANT VENTRICULAR<br/>CATH/OTHER DEVICE</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>61304</b>                              | <b>CRANIECTOMY/CRANIOTOMY EXPL<br/>SUPRATENTORIAL</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>61450</b>                              | <b>CRNEC STPL SCTJ COMPRESSION/DCMPRN<br/>GANGLION</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>61458</b>                              | <b>CRNEC SOPL EXPL/DCMPRN CRNL NRV</b>                      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>61500</b>                              | <b>CRANIECTOMY W/EXCISION TUMOR/LESION<br/>SKULL</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>61510</b>                              | <b>CRANIEC TREPHINE BONE FLP BRAIN TUMOR<br/>SUPRTENTOR</b> |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                           |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 4        | 0        | 4        |
| <b>61512</b>                              | <b>CRNEC TREPHINE BONE FLAP MENINGIOMA<br/>SUPRATENTOR</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>61519</b>                              | <b>CRNEC EXC TUM INFRATENTOR/POST FOSSA<br/>MENINGIOMA</b>  |  | <b>2</b> | <b>0</b> | <b>2</b> |

|   |   |  |          |          |          |
|---|---|--|----------|----------|----------|
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>61521</b>                              | <b>CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM<br/>BASE SKULL</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>61548</b>                              | <b>HYPOPHYSEC/EXC PITUITARY TUM<br/>TRANSNASAL/SEPTAL</b>   |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 1        | 2        |
| <b>61559</b>                              | <b>XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS<br/>W/BONE GRAFT</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>61570</b>                              | <b>CRANIECTOMY/CRANIOTOMY EXC FOREIGN<br/>BODY BRAIN</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>61618</b>                              | <b>SECONDARY RPR DURA CSF LEAK FREE TISSUE<br/>GRAFT</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 0        | 1        |
| <b>61624</b>                              | <b>TCAT PERMANENT<br/>OCCLUSION/EMBOLIZATION PRQ CNS</b>    |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>HOSPITAL</b>                           |   |  | 5        | 0        | 5        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 5        | 0        | 5        |
| <b>61626</b>                              | <b>TCAT PERMANT OCCLUSION/EMBOLIZATION<br/>PRQ NON-CNS</b>  |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 2        | 0        | 2        |
| <b>61650</b>                              | <b>EVASC INTRACRANIAL PROLNG ADMN RX<br/>AGENT ART 1ST</b>  |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                           |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 4        | 0        | 4        |
| <b>61651</b>                              | <b>EVASC INTRACRANIAL PROLNG ADMN RX<br/>AGENT ART ADDL</b> |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                           |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 4        | 0        | 4        |
| <b>61686</b>                              | <b>INTRACRANIAL ARVEN MALFRMJ<br/>INFRATENTRL CMPL</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |

|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0        | 1        |
| <b>61781</b>                           | <b>STRCTC CPTR ASSTD PX CRANIAL INTRADURAL</b>           |  | <b>8</b> | <b>1</b> | <b>9</b> |
| <b>HOSPITAL</b>                        |  |  | 8        | 1        | 9        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 8        | 1        | 9        |
| <b>61782</b>                           | <b>STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL</b>           |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>                       |  |  | 1        | 1        | 2        |
| OTOLARYNGOLOGY                         |  |  | 1        | 1        | 2        |
| <b>61783</b>                           | <b>STEREOTACTIC COMPUTER ASSISTED PX SPINAL</b>          |  | <b>7</b> | <b>0</b> | <b>7</b> |
| <b>HOSPITAL</b>                        |  |  | 7        | 0        | 7        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 4        | 0        | 4        |
| <b>62117</b>                           | <b>RDCTJ CRANIOMEGALIC CRANIO and RECNSTJ W/WO GRAFT</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 1        | 0        | 1        |
| <b>62140</b>                           | <b>CRANIOPLASTY SKULL DEFECT LT 5 CM DIAMETER</b>        |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2        | 0        | 2        |
| <b>62141</b>                           | <b>CRANIOPLASTY SKULL DEFECT GT 5 CM DIAMETER</b>        |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2        | 0        | 2        |
| <b>62147</b>                           | <b>CRANIOPLASTY W/AUTOGRAFT GT 5 CM DIAMETER</b>         |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2        | 0        | 2        |
| <b>62160</b>                           | <b>NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0        | 1        |
| <b>62165</b>                           | <b>NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID</b>     |  | <b>2</b> | <b>0</b> | <b>2</b> |

|   |  |  |           |          |           |
|---|--|--|-----------|----------|-----------|
| <b>HOSPITAL</b>                           |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2         | 0        | 2         |
| <b>62223</b>                              | <b>CRTJ SHUNT VENTRICULO-PERITNEAL-<br/>PLEURAL TERMINUS</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>62264</b>                              | <b>PRQ LYSIS EPIDURAL ADHESIONS MULT<br/>SESSIONS 1 DAY</b>  |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>         |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL    |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                          |  |  | 1         | 0        | 1         |
| ANESTHESIOLOGY - PAIN MEDICINE            |  |  | 1         | 0        | 1         |
| <b>62270</b>                              | <b>DIAGNOSTIC LUMBAR SPINAL PUNCTURE</b>                     |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL                          |  |  | 1         | 0        | 1         |
| <b>62272</b>                              | <b>THERAPEUTIC SPINAL PUNCTURE DRAINAGE<br/>CSF</b>          |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL                          |  |  | 1         | 0        | 1         |
| <b>62320</b>                              | <b>NJX DX/THER SBST INTRLMNR CRV/THRC<br/>W/O IMG GDN</b>    |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                          |  |  | 0         | 1        | 1         |
| ORTHOPAEDIC SURGERY                       |  |  | 0         | 1        | 1         |
| <b>62321</b>                              | <b>NJX DX/THER SBST INTRLMNR CRV/THRC<br/>W/IMG GDN</b>      |  | <b>51</b> | <b>4</b> | <b>55</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>    |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY                 |  |  | 1         | 0        | 1         |
| <b>AMBULATORY SURGICAL CENTER</b>         |  |  | 3         | 0        | 3         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL    |  |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>                           |  |  | 9         | 0        | 9         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL    |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 7         | 0        | 7         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>PHYSICIAN</b>   |   |  | 38        | 4        | 42        |
| ANESTHESIOLOGY   |   |  | 1         | 1        | 2         |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 26        | 3        | 29        |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |   |  | 1         | 0        | 1         |
| PAIN MEDICINE - PAIN MEDICINE                                      |   |  | 2         | 0        | 2         |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 7         | 0        | 7         |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 1         | 0        | 1         |
| <b>62322</b>   | <b>NJX DX/THER SBST INTRLMNR LMBR/SAC<br/>W/O IMG GDN</b> |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 2         | 0        | 2         |
| <b>62323</b>   | <b>NJX DX/THER SBST INTRLMNR LMBR/SAC<br/>W/IMG GDN</b>   |  | <b>51</b> | <b>5</b> | <b>56</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |   |  | 9         | 0        | 9         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 9         | 0        | 9         |
| <b>HOSPITAL</b>  |   |  | 6         | 2        | 8         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4         | 2        | 6         |
| LONG TERM CARE HOSPITAL  |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 36        | 3        | 39        |
| ANESTHESIOLOGY   |   |  | 3         | 0        | 3         |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 16        | 3        | 19        |
| FAMILY MEDICINE  |   |  | 4         | 0        | 4         |
| ORTHOPAEDIC SURGERY  |   |  | 1         | 0        | 1         |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |   |  | 7         | 0        | 7         |
| PAIN MEDICINE - PAIN MEDICINE                                      |   |  | 1         | 0        | 1         |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 2         | 0        | 2         |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 2         | 0        | 2         |
| <b>62326</b>   | <b>NJX DX/THER SBST INTRLMNR LMBR/SAC<br/>W/O IMG GDN</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |

|   |  |  |           |          |           |
|---|--|--|-----------|----------|-----------|
| ANESTHESIOLOGY - PAIN MEDICINE            |  |  | 1         | 0        | 1         |
| <b>62362</b>                              | <b>IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS<br/>PRGRBL PUMP</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>63001</b>                              | <b>LAM W/O FACETEC FORAMOT/DSC 1/2 VRT<br/>SGM CRV</b>       |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>63005</b>                              | <b>LAMINECTOMY W/O FFD 1/2 VERT SEG<br/>LUMBAR</b>           |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>63012</b>                              | <b>LAMINECTOMY W/RMVL ABNORMAL FACETS<br/>LUMBAR</b>         |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>63030</b>                              | <b>LAMNOTMY INCL W/DCMPRSN NRV ROOT 1<br/>INTRSPC LUMBR</b>  |  | <b>9</b>  | <b>0</b> | <b>9</b>  |
| <b>HOSPITAL</b>                           |  |  | 9         | 0        | 9         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 8         | 0        | 8         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1         | 0        | 1         |
| <b>63035</b>                              | <b>LAMNOTMY W/DCMPRSN NRV EACH ADDL<br/>CRVCL/LMBR</b>       |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2         | 0        | 2         |
| <b>63042</b>                              | <b>LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC<br/>LUMBAR</b>    |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>                           |  |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 5         | 0        | 5         |
| <b>63044</b>                              | <b>LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC<br/>EA LMBR</b>    |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>63045</b>                              | <b>LAM FACETECTOMY and FORAMOTOMY 1<br/>VRT SGM CERVICAL</b> |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                           |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 3         | 0        | 3         |
| <b>63047</b>                              | <b>LAM FACETECTOMY and FORAMOTOMY 1<br/>VRT SGM LUMBAR</b>   |  | <b>25</b> | <b>0</b> | <b>25</b> |

|   |  |  |           |          |           |
|---|--|--|-----------|----------|-----------|
| <b>HOSPITAL</b>                           |  |  | 25        | 0        | 25        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 25        | 0        | 25        |
| <b>63048</b>                              | <b>LAM FACETECTOMY and FORAMOT 1 VRT SGM<br/>EA ADDL SGM</b> |  | <b>9</b>  | <b>0</b> | <b>9</b>  |
| <b>HOSPITAL</b>                           |  |  | 9         | 0        | 9         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 9         | 0        | 9         |
| <b>63052</b>                              | <b>LAM FACETEC/FORAMOT DRG ARTHRD<br/>LUMBAR 1 VRT SGM</b>   |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>                           |  |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 4         | 0        | 4         |
| REHABILITATION UNIT                       |  |  | 1         | 0        | 1         |
| <b>63053</b>                              | <b>LAM FACETEC/FORAMOT DRG ARTHRD LMBR<br/>EA ADDL SGM</b>   |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2         | 0        | 2         |
| <b>63056</b>                              | <b>TRANSPEDICULAR DCMPRN SPINAL CORD 1<br/>SEG LUMBAR</b>    |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                           |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 3         | 0        | 3         |
| <b>63057</b>                              | <b>TRANSPEDICULAR DCMPRN 1 SEG EA<br/>THORACIC/LUMBAR</b>    |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2         | 0        | 2         |
| <b>63185</b>                              | <b>LAMINECTOMY W/RHIZOTOMY 1/2<br/>SEGMENTS</b>              |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1         | 0        | 1         |
| <b>63277</b>                              | <b>LAMINECTOMY BX/EXC ISPI NEO XDRL<br/>LUMBAR</b>           |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>63280</b>                              | <b>LAM BX/EXC ISPI NEO IDRL XMED CERVICAL</b>                |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>63650</b>                              | <b>PRQ IMPLTJ NSTIM ELECTRODE ARRAY<br/>EPIDURAL</b>         |  | <b>13</b> | <b>1</b> | <b>14</b> |
| <b>AMBULATORY SURGICAL CENTER</b>         |  |  | 2         | 0        | 2         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL    |  |  | 2         | 0        | 2         |



|  |   |  |           |           |           |
|--|---|--|-----------|-----------|-----------|
| <b>HOSPITAL</b>                        |   |  | 6         | 0         | 6         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 5         | 0         | 5         |
| SPECIAL HOSPITAL                       |   |  | 1         | 0         | 1         |
| <b>PHYSICIAN</b>                       |   |  | 5         | 1         | 6         |
| ANESTHESIOLOGY - PAIN MEDICINE         |   |  | 3         | 0         | 3         |
| PAIN MEDICINE - PAIN MEDICINE          |   |  | 1         | 1         | 2         |
| PHYSICAL MEDICINE &<br>REHABILITATION  |   |  | 1         | 0         | 1         |
| <b>63662</b>                           | <b>RMVL SPINAL NSTIM ELTRD PLATE/PADDLE<br/>INCL FLUOR</b>      |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0         | 1         |
| <b>63685</b>                           | <b>INSJ/RPLCMT SPINAL NPG/RCVR POCKET<br/>CRTJ and CONNJ</b>    |  | <b>5</b>  | <b>0</b>  | <b>5</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1         | 0         | 1         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |   |  | 1         | 0         | 1         |
| <b>HOSPITAL</b>                        |   |  | 3         | 0         | 3         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2         | 0         | 2         |
| SPECIAL HOSPITAL                       |   |  | 1         | 0         | 1         |
| <b>PHYSICIAN</b>                       |   |  | 1         | 0         | 1         |
| PHYSICAL MEDICINE &<br>REHABILITATION  |   |  | 1         | 0         | 1         |
| <b>63709</b>                           | <b>RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE<br/>W/LAM</b>           |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0         | 1         |
| <b>63710</b>                           | <b>DURAL GRAFT SPINAL</b>                                       |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0         | 1         |
| <b>64450</b>                           | <b>INJECTION AA and /STRD OTHER PERIPHERAL<br/>NERVE/BRANCH</b> |  | <b>12</b> | <b>11</b> | <b>23</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1         | 0         | 1         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |   |  | 1         | 0         | 1         |
| <b>GROUP OF PROVIDERS</b>              |   |  | 2         | 1         | 3         |
| SINGLE SPECIALTY                       |   |  | 2         | 0         | 2         |
| <b>HOSPITAL</b>                        |   |  | 3         | 3         | 6         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 3         | 3         | 6         |

|  |   |  |            |           |            |
|--|---|--|------------|-----------|------------|
| <b>PHYSICIAN</b>   |   |  | 5          | 6         | 11         |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 3          | 1         | 4          |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |   |  | 1          | 0         | 1          |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 1          | 0         | 1          |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 0          | 4         | 4          |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |   |  | 0          | 1         | 1          |
| <b>PODIATRIST</b>  |   |  | 1          | 1         | 2          |
| PODIATRIST - FOOT SURGERY  |   |  | 1          | 1         | 2          |
| <b>64451</b>   | <b>INJECTION AA and /STRD NERVES NRVTG SI<br/>JOINT W/IMG</b>   |  | <b>3</b>   | <b>2</b>  | <b>5</b>   |
| <b>PHYSICIAN</b>   |   |  | 3          | 2         | 5          |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 1          | 0         | 1          |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |   |  | 1          | 0         | 1          |
| PAIN MEDICINE - PAIN MEDICINE                                      |   |  | 1          | 2         | 3          |
| <b>64454</b>   | <b>INJECTION AA and /STRD GENICULAR NRV<br/>BRANCHES W/IMG</b>  |  | <b>0</b>   | <b>5</b>  | <b>5</b>   |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |   |  | 0          | 2         | 2          |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 0          | 2         | 2          |
| <b>PHYSICIAN</b>   |   |  | 0          | 3         | 3          |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 0          | 3         | 3          |
| <b>64479</b>   | <b>NJX AA and /STRD TFRML EPI<br/>CERVICAL/THORACIC 1 LEVEL</b> |  | <b>1</b>   | <b>0</b>  | <b>1</b>   |
| <b>PHYSICIAN</b>   |   |  | 1          | 0         | 1          |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 1          | 0         | 1          |
| <b>64483</b>   | <b>NJX AA and /STRD TFRML EPI<br/>LUMBAR/SACRAL 1 LEVEL</b>     |  | <b>103</b> | <b>14</b> | <b>117</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |   |  | 16         | 1         | 17         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 16         | 1         | 17         |
| <b>GROUP OF PROVIDERS</b>  |   |  | 3          | 0         | 3          |
| MULTI-SPECIALTY  |   |  | 2          | 0         | 2          |
| <b>HOSPITAL</b>  |   |  | 20         | 5         | 25         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 3          | 1         | 4          |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL  |   |  | 17        | 2        | 19        |
| GENERAL ACUTE CARE HOSPITAL -<br>CRITICAL ACCESS - 282NC0060X      |   |  | 0         | 1        | 1         |
| LONG TERM CARE HOSPITAL  |   |  | 0         | 1        | 1         |
| <b>PHYSICIAN</b>   |   |  | 64        | 8        | 72        |
| ANESTHESIOLOGY   |   |  | 1         | 0        | 1         |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 38        | 7        | 45        |
| ORTHOPAEDIC SURGERY  |   |  | 0         | 1        | 1         |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |   |  | 6         | 0        | 6         |
| PAIN MEDICINE - PAIN MEDICINE                                      |   |  | 7         | 0        | 7         |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 8         | 0        | 8         |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 3         | 0        | 3         |
| PHYSICAL MEDICINE &<br>REHABILITATION - SPORTS MEDICINE<br>- 2081S |   |  | 1         | 0        | 1         |
| <b>64484</b>   | <b>NJX AA and /STRD TFRML EPI<br/>LUMBAR/SACRAL EA ADDL</b> |  | <b>66</b> | <b>7</b> | <b>73</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |   |  | 7         | 0        | 7         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 7         | 0        | 7         |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |   |  | 12        | 3        | 15        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 3         | 1        | 4         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 9         | 0        | 9         |
| GENERAL ACUTE CARE HOSPITAL -<br>CRITICAL ACCESS - 282NC0060X      |   |  | 0         | 1        | 1         |
| LONG TERM CARE HOSPITAL  |   |  | 0         | 1        | 1         |
| <b>PHYSICIAN</b>   |   |  | 45        | 4        | 49        |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 25        | 4        | 29        |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |   |  | 4         | 0        | 4         |
| PAIN MEDICINE - PAIN MEDICINE                                      |   |  | 6         | 0        | 6         |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 5         | 0        | 5         |

|  |   |  |           |           |           |
|--|---|--|-----------|-----------|-----------|
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 5         | 0         | 5         |
| <b>64488</b>   | <b>TAP BLOCK BILATERAL BY INJECTION(S)</b>                  |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0         | 1         |
| <b>64490</b>   | <b>NJX DX/THER AGT PVRT FACET JT CRV/THRC 1<br/>LEVEL</b>   |  | <b>43</b> | <b>16</b> | <b>59</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |   |  | 3         | 3         | 6         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 3         | 3         | 6         |
| <b>HOSPITAL</b>  |   |  | 3         | 1         | 4         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 3         | 1         | 4         |
| <b>PHYSICIAN</b>   |   |  | 37        | 12        | 49        |
| ANESTHESIOLOGY   |   |  | 2         | 0         | 2         |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 25        | 8         | 33        |
| FAMILY MEDICINE  |   |  | 2         | 2         | 4         |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |   |  | 2         | 0         | 2         |
| PAIN MEDICINE - PAIN MEDICINE                                      |   |  | 5         | 1         | 6         |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 1         | 0         | 1         |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 0         | 1         | 1         |
| <b>64491</b>   | <b>NJX DX/THER AGT PVRT FACET JT CRV/THRC<br/>2ND LEVEL</b> |  | <b>40</b> | <b>12</b> | <b>52</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |   |  | 2         | 3         | 5         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 2         | 3         | 5         |
| <b>HOSPITAL</b>  |   |  | 2         | 0         | 2         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 2         | 0         | 2         |
| <b>PHYSICIAN</b>   |   |  | 36        | 9         | 45        |
| ANESTHESIOLOGY   |   |  | 2         | 0         | 2         |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 25        | 8         | 33        |
| FAMILY MEDICINE  |   |  | 2         | 0         | 2         |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |   |  | 2         | 0         | 2         |
| PAIN MEDICINE - PAIN MEDICINE                                      |   |  | 4         | 0         | 4         |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 1         | 0         | 1         |

|  |  |  |            |           |            |
|--|--|--|------------|-----------|------------|
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |  |  | 0          | 1         | 1          |
| <b>64492</b>   | <b>NJX DX/THER AGT PVRT FACET JT CRV/THRC 3<br/>Plus LEVEL</b> |  | <b>11</b>  | <b>4</b>  | <b>15</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |  |  | 5          | 3         | 8          |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |  |  | 5          | 3         | 8          |
| <b>HOSPITAL</b>  |  |  | 2          | 0         | 2          |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 2          | 0         | 2          |
| <b>PHYSICIAN</b>   |  |  | 4          | 1         | 5          |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |  |  | 4          | 0         | 4          |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |  |  | 0          | 1         | 1          |
| <b>64493</b>   | <b>NJX DX/THER AGT PVRT FACET JT LMBR/SAC<br/>1 LEVEL</b>      |  | <b>105</b> | <b>18</b> | <b>123</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |  |  | 23         | 4         | 27         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |  |  | 23         | 4         | 27         |
| <b>GROUP OF PROVIDERS</b>  |  |  | 2          | 2         | 4          |
| CLINIC/CENTER  |  |  | 0          | 1         | 1          |
| MULTI-SPECIALTY  |  |  | 2          | 1         | 3          |
| <b>HOSPITAL</b>  |  |  | 10         | 2         | 12         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 9          | 2         | 11         |
| LONG TERM CARE HOSPITAL  |  |  | 1          | 0         | 1          |
| <b>PHYSICIAN</b>   |  |  | 70         | 10        | 80         |
| ANESTHESIOLOGY   |  |  | 2          | 1         | 3          |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |  |  | 50         | 8         | 58         |
| NEUROLOGICAL SURGERY   |  |  | 1          | 0         | 1          |
| ORTHOPAEDIC SURGERY  |  |  | 1          | 0         | 1          |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |  |  | 3          | 0         | 3          |
| PAIN MEDICINE - PAIN MEDICINE                                      |  |  | 6          | 0         | 6          |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |  |  | 4          | 0         | 4          |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |  |  | 2          | 1         | 3          |
| SURGERY  |  |  | 1          | 0         | 1          |

|  |   |            |           |            |
|--|---|------------|-----------|------------|
| <b>64494</b>   | <b>NJX DX/THER AGT PVRT FACET JT LMBR/SAC<br/>2ND LEVEL</b>     | <b>102</b> | <b>17</b> | <b>119</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |   | 21         | 4         | 25         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   | 21         | 4         | 25         |
| <b>GROUP OF PROVIDERS</b>  |   | 2          | 1         | 3          |
| CLINIC/CENTER  |   | 0          | 1         | 1          |
| MULTI-SPECIALTY  |   | 2          | 0         | 2          |
| <b>HOSPITAL</b>  |   | 9          | 2         | 11         |
| GENERAL ACUTE CARE HOSPITAL  |   | 8          | 2         | 10         |
| LONG TERM CARE HOSPITAL  |   | 1          | 0         | 1          |
| <b>PHYSICIAN</b>   |   | 70         | 10        | 80         |
| ANESTHESIOLOGY   |   | 2          | 1         | 3          |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   | 50         | 8         | 58         |
| NEUROLOGICAL SURGERY   |   | 1          | 0         | 1          |
| ORTHOPAEDIC SURGERY  |   | 1          | 0         | 1          |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |   | 3          | 0         | 3          |
| PAIN MEDICINE - PAIN MEDICINE                                      |   | 6          | 0         | 6          |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   | 4          | 0         | 4          |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   | 2          | 1         | 3          |
| SURGERY  |   | 1          | 0         | 1          |
| <b>64495</b>   | <b>NJX DX/THER AGT PVRT FACET JT LMBR/SAC<br/>3 Plus LEVEL</b>  | <b>3</b>   | <b>4</b>  | <b>7</b>   |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |   | 1          | 3         | 4          |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   | 1          | 3         | 4          |
| <b>PHYSICIAN</b>   |   | 2          | 1         | 3          |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   | 0          | 1         | 1          |
| NEUROLOGICAL SURGERY   |   | 1          | 0         | 1          |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   | 1          | 0         | 1          |
| <b>64568</b>   | <b>OPEN IMPLANTATION CRANIAL NERVE NEA<br/>and PULSE GEN</b>    | <b>1</b>   | <b>1</b>  | <b>2</b>   |
| <b>HOSPITAL</b>  |   | 1          | 1         | 2          |
| GENERAL ACUTE CARE HOSPITAL  |   | 1          | 1         | 2          |
| <b>64582</b>   | <b>OPEN IMPLTJ HPGLSL NRV NSTIM RA PG and<br/>RESPIR SENSOR</b> | <b>2</b>   | <b>0</b>  | <b>2</b>   |

|   |   |  |           |          |           |
|---|---|--|-----------|----------|-----------|
| <b>HOSPITAL</b>   |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                               |   |  | 2         | 0        | 2         |
| <b>64590</b>  | <b>INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ and CONN</b> |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>                         |   |  | 3         | 0        | 3         |
| CLINIC/CENTER - AMBULATORY SURGICAL                       |   |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>   |   |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL                               |   |  | 3         | 0        | 3         |
| <b>64595</b>  | <b>REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>   |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                               |   |  | 1         | 0        | 1         |
| <b>64624</b>  | <b>DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG</b>     |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>   |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL                               |   |  | 0         | 1        | 1         |
| <b>64625</b>  | <b>RADIOFREQUENCY ABLTJ NRV NRV TG SI JT W/IMG GDN</b>      |  | <b>6</b>  | <b>3</b> | <b>9</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>                         |   |  | 2         | 1        | 3         |
| CLINIC/CENTER - AMBULATORY SURGICAL                       |   |  | 2         | 1        | 3         |
| <b>PHYSICIAN</b>  |   |  | 4         | 2        | 6         |
| ANESTHESIOLOGY - PAIN MEDICINE                            |   |  | 1         | 2        | 3         |
| FAMILY MEDICINE - SPORTS MEDICINE                         |   |  | 1         | 0        | 1         |
| PAIN MEDICINE - INTERVENTIONAL PAIN MEDICINE - 208VP0014X |   |  | 1         | 0        | 1         |
| PAIN MEDICINE - PAIN MEDICINE                             |   |  | 1         | 0        | 1         |
| <b>64628</b>  | <b>THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC</b>        |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>   |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                               |   |  | 1         | 0        | 1         |
| <b>64633</b>  | <b>DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA</b>     |  | <b>16</b> | <b>3</b> | <b>19</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                         |   |  | 2         | 0        | 2         |
| CLINIC/CENTER - AMBULATORY SURGICAL                       |   |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>   |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                               |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>  |   |  | 13        | 3        | 16        |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| ANESTHESIOLOGY   |   |  | 1         | 0        | 1         |
| ANESTHESIOLOGY - PAIN MEDICINE                               |   |  | 8         | 3        | 11        |
| FAMILY MEDICINE  |   |  | 1         | 0        | 1         |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X |   |  | 2         | 0        | 2         |
| PAIN MEDICINE - PAIN MEDICINE                                |   |  | 1         | 0        | 1         |
| <b>64634</b>   | <b>DSTR NROLYTC AGNT PARVERTEB FCT ADDL<br/>CRVCL/THORA</b> |  | <b>16</b> | <b>3</b> | <b>19</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                            |   |  | 2         | 0        | 2         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                       |   |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 13        | 3        | 16        |
| ANESTHESIOLOGY   |   |  | 1         | 0        | 1         |
| ANESTHESIOLOGY - PAIN MEDICINE                               |   |  | 8         | 3        | 11        |
| FAMILY MEDICINE  |   |  | 1         | 0        | 1         |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X |   |  | 2         | 0        | 2         |
| PAIN MEDICINE - PAIN MEDICINE                                |   |  | 1         | 0        | 1         |
| <b>64635</b>   | <b>DSTR NROLYTC AGNT PARVERTEB FCT SNGL<br/>LMBR/SACRAL</b> |  | <b>53</b> | <b>5</b> | <b>58</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                            |   |  | 7         | 1        | 8         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                       |   |  | 7         | 1        | 8         |
| <b>HOSPITAL</b>  |   |  | 5         | 1        | 6         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 5         | 1        | 6         |
| <b>PHYSICIAN</b>   |   |  | 41        | 3        | 44        |
| ANESTHESIOLOGY   |   |  | 1         | 1        | 2         |
| ANESTHESIOLOGY - PAIN MEDICINE                               |   |  | 31        | 2        | 33        |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X |   |  | 2         | 0        | 2         |
| PAIN MEDICINE - PAIN MEDICINE                                |   |  | 4         | 0        | 4         |
| PHYSICAL MEDICINE &<br>REHABILITATION                        |   |  | 3         | 0        | 3         |
| <b>64636</b>   | <b>DSTR NROLYTC AGNT PARVERTEB FCT ADDL<br/>LMBR/SACRAL</b> |  | <b>53</b> | <b>6</b> | <b>59</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                            |   |  | 7         | 1        | 8         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                       |   |  | 7         | 1        | 8         |



|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| <b>HOSPITAL</b>  |   |  | 5        | 1        | 6        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 5        | 1        | 6        |
| <b>PHYSICIAN</b>   |   |  | 41       | 4        | 45       |
| ANESTHESIOLOGY   |   |  | 1        | 1        | 2        |
| ANESTHESIOLOGY - PAIN MEDICINE                               |   |  | 31       | 3        | 34       |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X |   |  | 2        | 0        | 2        |
| PAIN MEDICINE - PAIN MEDICINE                                |   |  | 4        | 0        | 4        |
| PHYSICAL MEDICINE &<br>REHABILITATION                        |   |  | 3        | 0        | 3        |
| <b>64640</b>   | <b>DSTRJ NEUROLYTIC AGENT OTHER<br/>PERIPHERAL NERVE</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                        |   |  | 1        | 0        | 1        |
| <b>64713</b>   | <b>NEURP MAJOR PRPH NRV OPN ARM/LEG<br/>BRACH PLEXUS</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| SPECIAL HOSPITAL   |   |  | 1        | 0        | 1        |
| <b>64716</b>   | <b>NEUROPLASTY and /TRANSPOSITION<br/>CRANIAL NERVE</b>   |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 2        | 0        | 2        |
| <b>64734</b>   | <b>TRANSECTION/AVULSION INFRAORBITAL<br/>NERVE</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1        | 0        | 1        |
| <b>64742</b>   | <b>TRANSECTION/AVULSION FACIAL NRV<br/>DIFFERENT/CMPL</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1        | 0        | 1        |
| <b>64771</b>   | <b>TRANSECTION/AVULSION OTH CRANIAL NRV<br/>XDRL</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1        | 0        | 1        |
| <b>64795</b>   | <b>BIOPSY NERVE</b>                                       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1        | 0        | 1        |
| <b>64861</b>   | <b>SUTURE BRACHIAL PLEXUS</b>                             |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |

|                                |  |  |          |          |          |
|--------------------------------|--|--|----------|----------|----------|
| SPECIAL HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>64864</b>                   | <b>SUTURE FACIAL NERVE EXTRACRANIAL</b>              |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 1        | 0        | 1        |
| <b>64868</b>                   | <b>ANASTOMOSIS FACIAL HYPOGLOSSAL</b>                |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 1        | 0        | 1        |
| <b>64874</b>                   | <b>SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                |  |  | 1        | 0        | 1        |
| SPECIAL HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>64885</b>                   | <b>NERVE GRAFT HEAD/NECK LT 4 CM</b>                 |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 1        | 0        | 1        |
| <b>64886</b>                   | <b>NERVE GRAFT HEAD/NECK GT 4 CM</b>                 |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 1        | 0        | 1        |
| <b>64905</b>                   | <b>NERVE PEDICLE TRANSFER FIRST STAGE</b>            |  | <b>6</b> | <b>0</b> | <b>6</b> |
| <b>HOSPITAL</b>                |  |  | 6        | 0        | 6        |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 6        | 0        | 6        |
| <b>64912</b>                   | <b>NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND</b>   |  | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>HOSPITAL</b>                |  |  | 5        | 1        | 6        |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 5        | 1        | 6        |
| <b>64913</b>                   | <b>NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND</b> |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>                |  |  | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 1        | 1        | 2        |
| <b>64999</b>                   | <b>UNLISTED PROCEDURE NERVOUS SYSTEM</b>             |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 2        | 0        | 2        |
| <b>PHYSICIAN</b>               |  |  | 2        | 0        | 2        |
| ANESTHESIOLOGY - PAIN MEDICINE |  |  | 2        | 0        | 2        |
| <b>66821</b>                   | <b>POST-CATARACT LASER SURGERY</b>                   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>               |  |  | 1        | 0        | 1        |
| OPHTHALMOLOGY                  |  |  | 1        | 0        | 1        |

|  |  |          |          |          |
|--|--|----------|----------|----------|
| <b>66982</b>                           | <b>XCAPSL CTRC RMVL INSJ IO LENS PROSTH<br/>CPLX WO ECP</b>    | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  | 5        | 1        | 6        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  | 5        | 1        | 6        |
| <b>66984</b>                           | <b>XCAPSL CTRC RMVL INSJ IO LENS PROSTH<br/>W/O ECP</b>        | <b>8</b> | <b>1</b> | <b>9</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  | 7        | 1        | 8        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  | 7        | 1        | 8        |
| <b>HOSPITAL</b>                        |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  | 1        | 0        | 1        |
| <b>67028</b>                           | <b>INTRAVITREAL NJX PHARMACOLOGIC AGT<br/>SPX</b>              | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>              |  | 1        | 0        | 1        |
| MULTI-SPECIALTY                        |  | 1        | 0        | 1        |
| <b>67042</b>                           | <b>VITRECTOMY PARS PLANA REMOVE INT<br/>MEMB RETINA</b>        | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                        |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL            |  | 2        | 0        | 2        |
| <b>67108</b>                           | <b>RPR RETINAL DTCHMNT W/VITRECTOMY ANY<br/>METH</b>           | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  | 1        | 0        | 1        |
| <b>67113</b>                           | <b>RPR COMPLEX RETINA DETACH VITRECT AND<br/>MEMBRANE PEEL</b> | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                        |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  | 1        | 0        | 1        |
| <b>67120</b>                           | <b>RMVL IMPLNT MATL POSTERIOR SEGMENT<br/>EXTRAOCULAR</b>      | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  | 1        | 0        | 1        |
| <b>67121</b>                           | <b>RMVL IMPLT MATRL POSTERIOR SEGMENT<br/>INTRAOCULAR</b>      | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |  | 1        | 0        | 1        |
| <b>67145</b>                           | <b>PROPH RETINAL DTCHMNT W/O DRG<br/>PHOTOCOAGULATION</b>      | <b>1</b> | <b>0</b> | <b>1</b> |

|                                     |   |  |          |          |          |
|-------------------------------------|---|--|----------|----------|----------|
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1        | 0        | 1        |
| <b>67218</b>                        | <b>DSTRJ LESION RETINA 1 OR GT SESS RADJ IMPLTJ</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>67228</b>                        | <b>TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION</b> |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1        | 1        | 2        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1        | 1        | 2        |
| <b>67875</b>                        | <b>TEMPORARY CLOSURE EYELIDS SUTURE</b>                 |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 0        | 1        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 0        | 1        | 1        |
| <b>67904</b>                        | <b>RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL</b>    |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 2        | 0        | 2        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 2        | 0        | 2        |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>                    |   |  | 1        | 0        | 1        |
| OPHTHALMOLOGY                       |   |  | 1        | 0        | 1        |
| <b>67911</b>                        | <b>CORRECTION LID RETRACTION</b>                        |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 0        | 1        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 0        | 1        | 1        |
| <b>67912</b>                        | <b>CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                     |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL         |   |  | 1        | 0        | 1        |
| <b>67950</b>                        | <b>CANTHOPLASTY</b>                                     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY SURGICAL |   |  | 1        | 0        | 1        |
| <b>67966</b>                        | <b>EXCISION AND REPAIR EYELID ONE-FOURTH LID MARGIN</b> |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>AMBULATORY SURGICAL CENTER</b>   |   |  | 0        | 1        | 1        |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| CLINIC/CENTER - AMBULATORY SURGICAL    |   |  | 0         | 1        | 1         |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>68320</b>                           | <b>CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT</b>      |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>69436</b>                           | <b>TYMPANOSTOMY GENERAL ANESTHESIA</b>                  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   |  | 1         | 0        | 1         |
| <b>69631</b>                           | <b>TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ</b> |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 0         | 1        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   |  | 0         | 1        | 1         |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>69642</b>                           | <b>TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>69930</b>                           | <b>COCHLEAR DEVICE IMPLANTATION W/VO MASTOIDECTOMY</b>  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1         | 0        | 1         |
| <b>69955</b>                           | <b>TOTAL FACIAL NERVE DECOMPRESSION and /REPAIR</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>69990</b>                           | <b>MICROSURG TQS REQ USE OPERATING MICROSCOPE</b>       |  | <b>14</b> | <b>0</b> | <b>14</b> |
| <b>HOSPITAL</b>                        |   |  | 14        | 0        | 14        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 12        | 0        | 12        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 2         | 0        | 2         |
| <b>70336</b>                           | <b>MRI TEMPOROMANDIBULAR JOINT</b>                      |  | <b>0</b>  | <b>2</b> | <b>2</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 0         | 1        | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 0         | 1        | 1         |

|  |  |  |          |           |           |
|--|--|--|----------|-----------|-----------|
| <b>HOSPITAL</b>  |  |  | 0        | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 0        | 1         | 1         |
| <b>70355</b>   | <b>ORTHOPANTOGRAM</b>                            |  | <b>1</b> | <b>2</b>  | <b>3</b>  |
| <b>HOSPITAL</b>  |  |  | 1        | 2         | 3         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 1        | 2         | 3         |
| <b>70450</b>   | <b>CT HEAD/BRAIN W/O CONTRAST MATERIAL</b>       |  | <b>6</b> | <b>32</b> | <b>38</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 3        | 10        | 13        |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 3        | 10        | 13        |
| <b>DME SUPPLIER</b>  |  |  | 0        | 1         | 1         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>  |  |  | 3        | 10        | 13        |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 3        | 10        | 13        |
| <b>LABORATORY</b>  |  |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0        | 1         | 1         |
| <b>PHYSICIAN</b>   |  |  | 0        | 6         | 6         |
| FAMILY MEDICINE  |  |  | 0        | 2         | 2         |
| INTERNAL MEDICINE  |  |  | 0        | 1         | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |  | 0        | 3         | 3         |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |  |  | 0        | 4         | 4         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0        | 4         | 4         |
| <b>70460</b>   | <b>CT HEAD/BRAIN W/CONTRAST MATERIAL</b>         |  | <b>1</b> | <b>2</b>  | <b>3</b>  |
| <b>HOSPITAL</b>  |  |  | 1        | 2         | 3         |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |  |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 0        | 2         | 2         |
| <b>70470</b>   | <b>CT HEAD/BRAIN W/O and W/CONTRAST MATERIAL</b> |  | <b>2</b> | <b>11</b> | <b>13</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 0        | 2         | 2         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0        | 2         | 2         |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>  |  |  | 2        | 6         | 8         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 2        | 6         | 8         |
| <b>LABORATORY</b>  |  |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0        | 1         | 1         |
| <b>PHYSICIAN</b>   |  |  | 0        | 1         | 1         |

|   |   |  |          |           |           |
|---|---|--|----------|-----------|-----------|
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                             |   |  | 0        | 1         | 1         |
| <b>70480</b>  | <b>CT ORBIT SELLA/POST FOSSA/EAR W/O<br/>CONTRAST MATRL</b> |  | <b>2</b> | <b>1</b>  | <b>3</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>   |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 1        | 0         | 1         |
| <b>PHYSICIAN</b>  |   |  | 1        | 0         | 1         |
| OTOLARYNGOLOGY  |   |  | 1        | 0         | 1         |
| <b>70481</b>  | <b>CT ORBIT SELLA/POST FOSSA/EAR<br/>W/CONTRAST MATRL</b>   |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>   |   |  | 1        | 0         | 1         |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 1        | 0         | 1         |
| <b>70486</b>  | <b>CT MAXILLOFACIAL W/O CONTRAST<br/>MATERIAL</b>           |  | <b>4</b> | <b>16</b> | <b>20</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 0        | 3         | 3         |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0        | 3         | 3         |
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>   |   |  | 2        | 7         | 9         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 2        | 7         | 9         |
| <b>PHYSICIAN</b>  |   |  | 1        | 5         | 6         |
| OTOLARYNGOLOGY  |   |  | 0        | 4         | 4         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                             |   |  | 1        | 1         | 2         |
| <b>PORTABLE X-RAY SUPPLIER</b>                                  |   |  | 1        | 0         | 1         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                             |   |  | 1        | 0         | 1         |
| <b>70487</b>  | <b>CT MAXILLOFACIAL W/CONTRAST MATERIAL</b>                 |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>   |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 1        | 0         | 1         |
| <b>70490</b>  | <b>CT SOFT TISSUE NECK W/O CONTRAST<br/>MATERIAL</b>        |  | <b>3</b> | <b>5</b>  | <b>8</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>   |   |  | 1        | 3         | 4         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 1        | 3         | 4         |
| <b>LABORATORY</b>   |   |  | 1        | 0         | 1         |

|  |  |  |          |          |           |
|--|--|--|----------|----------|-----------|
| CLINIC/CENTER - RADIOLOGY              |  |  | 1        | 0        | 1         |
| <b>PHYSICIAN</b>                       |  |  | 1        | 1        | 2         |
| HEMATOLOGY & ONCOLOGY                  |  |  | 1        | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |  |  | 0        | 1        | 1         |
| <b>70491</b>                           | <b>CT SOFT TISSUE NECK W/CONTRAST MATERIAL</b>         |  | <b>7</b> | <b>9</b> | <b>16</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 0        | 2        | 2         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 2        | 2         |
| <b>HOSPITAL</b>                        |  |  | 2        | 6        | 8         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2        | 6        | 8         |
| <b>PHYSICIAN</b>                       |  |  | 4        | 1        | 5         |
| HEMATOLOGY                             |  |  | 1        | 0        | 1         |
| HEMATOLOGY & ONCOLOGY                  |  |  | 1        | 1        | 2         |
| MEDICAL ONCOLOGY                       |  |  | 2        | 0        | 2         |
| <b>SERVICE LOCATION</b>                |  |  | 1        | 0        | 1         |
| <b>70492</b>                           | <b>CT SOFT TISSUE NECK W/O and W/CONTRAST MATERIAL</b> |  | <b>2</b> | <b>2</b> | <b>4</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 1        | 2        | 3         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 1        | 2        | 3         |
| <b>PHYSICIAN</b>                       |  |  | 1        | 0        | 1         |
| HEMATOLOGY & ONCOLOGY                  |  |  | 1        | 0        | 1         |
| <b>70496</b>                           | <b>CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST</b>      |  | <b>3</b> | <b>7</b> | <b>10</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 1        | 1        | 2         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 1        | 1        | 2         |
| <b>HOSPITAL</b>                        |  |  | 2        | 5        | 7         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 5        | 6         |
| GENERAL ACUTE CARE HOSPITAL - RURAL    |  |  | 1        | 0        | 1         |
| <b>LABORATORY</b>                      |  |  | 0        | 1        | 1         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1        | 1         |
| <b>70498</b>                           | <b>CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST</b>      |  | <b>1</b> | <b>7</b> | <b>8</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 0        | 2        | 2         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 2        | 2         |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 0        | 1        | 1         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1        | 1         |



|   |   |  |          |          |          |
|---|---|--|----------|----------|----------|
| <b>HOSPITAL</b>   |   |  | 1        | 3        | 4        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 1        | 3        | 4        |
| <b>PHYSICIAN</b>  |   |  | 0        | 1        | 1        |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                             |   |  | 0        | 1        | 1        |
| <b>70543</b>  | <b>MRI ORBIT FACE and NECK W/O and<br/>W/CONTRAST MATRL</b> |  | <b>3</b> | <b>5</b> | <b>8</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 0        | 4        | 4        |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0        | 4        | 4        |
| <b>HOSPITAL</b>   |   |  | 3        | 1        | 4        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |   |  | 1        | 0        | 1        |
| <b>70544</b>  | <b>MRA HEAD W/O CONTRST MATERIAL</b>                        |  | <b>2</b> | <b>6</b> | <b>8</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 1        | 3        | 4        |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 1        | 3        | 4        |
| <b>HOSPITAL</b>   |   |  | 1        | 3        | 4        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 1        | 2        | 3        |
| <b>70546</b>  | <b>MRA HEAD W/O and W/CONTRAST<br/>MATERIAL</b>             |  | <b>1</b> | <b>4</b> | <b>5</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 0        | 3        | 3        |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0        | 3        | 3        |
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 0        | 1        | 1        |
| SINGLE SPECIALTY  |   |  | 0        | 1        | 1        |
| <b>HOSPITAL</b>   |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 1        | 0        | 1        |
| <b>70547</b>  | <b>MRA NECK W/O CONTRST MATERIAL</b>                        |  | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>HOSPITAL</b>   |   |  | 0        | 2        | 2        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 0        | 1        | 1        |
| <b>70549</b>  | <b>MRA NECK W/O and W/CONTRAST MATERIAL</b>                 |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>   |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 0        | 1        | 1        |

| 70551  | MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL   |  | 6  | 25 | 31 |
|--|--|--|----|----|----|
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 3  | 8  | 11 |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 3  | 8  | 11 |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 0  | 2  | 2  |
| SINGLE SPECIALTY   |  |  | 0  | 2  | 2  |
| <b>HOSPITAL</b>  |  |  | 1  | 9  | 10 |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 1  | 8  | 9  |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 0  | 1  | 1  |
| <b>LABORATORY</b>  |  |  | 0  | 1  | 1  |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0  | 1  | 1  |
| <b>PHYSICIAN</b>   |  |  | 2  | 2  | 4  |
| INTERNAL MEDICINE  |  |  | 1  | 0  | 1  |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY                           |  |  | 0  | 1  | 1  |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |  | 1  | 1  | 2  |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |  |  | 0  | 2  | 2  |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0  | 2  | 2  |
| <b>REHABILITATION CENTER</b>                                 |  |  | 0  | 1  | 1  |
| CLINIC/CENTER - REHABILITATION                               |  |  | 0  | 1  | 1  |
| 70553  | MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL |  | 26 | 51 | 77 |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 7  | 13 | 20 |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 6  | 11 | 17 |
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |  | 1  | 2  | 3  |
| <b>DME SUPPLIER</b>  |  |  | 0  | 1  | 1  |
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |  | 0  | 1  | 1  |
| <b>HOSPITAL</b>  |  |  | 12 | 26 | 38 |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |  |  | 1  | 1  | 2  |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 10 | 24 | 34 |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 1  | 1  | 2  |
| <b>LABORATORY</b>  |  |  | 0  | 4  | 4  |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0  | 2  | 2  |
| PHYSIOLOGICAL LABORATORY                                     |  |  | 0  | 2  | 2  |

|   |   |  |           |           |           |
|---|---|--|-----------|-----------|-----------|
| <b>PHYSICIAN</b>                          |   |  | 6         | 6         | 12        |
| INTERNAL MEDICINE                         |   |  | 1         | 1         | 2         |
| MEDICAL ONCOLOGY                          |   |  | 2         | 1         | 3         |
| NEUROLOGICAL SURGERY                      |   |  | 0         | 1         | 1         |
| PEDIATRIC HEMATOLOGY-ONCOLOGY             |   |  | 0         | 1         | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY     |   |  | 1         | 0         | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY       |   |  | 2         | 2         | 4         |
| <b>PORTABLE X-RAY SUPPLIER</b>            |   |  | 1         | 1         | 2         |
| CLINIC/CENTER - RADIOLOGY                 |   |  | 0         | 1         | 1         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)       |   |  | 1         | 0         | 1         |
| <b>70554</b>                              | <b>MRI BRAIN FUNCTIONAL W/O PHYSICIAN<br/>ADMNISTRATION</b> |  | <b>0</b>  | <b>1</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 0         | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 0         | 1         | 1         |
| <b>70555</b>                              | <b>MRI BRAIN FUNCTIONAL W/PHYSICIAN<br/>ADMNISTRATION</b>   |  | <b>0</b>  | <b>1</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 0         | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 0         | 1         | 1         |
| <b>71045</b>                              | <b>RADIOLOGIC EXAM CHEST SINGLE VIEW</b>                    |  | <b>3</b>  | <b>0</b>  | <b>3</b>  |
| <b>HOSPITAL</b>                           |   |  | 3         | 0         | 3         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 3         | 0         | 3         |
| <b>71046</b>                              | <b>RADIOLOGIC EXAM CHEST 2 VIEWS</b>                        |  | <b>22</b> | <b>3</b>  | <b>25</b> |
| <b>HOSPITAL</b>                           |   |  | 22        | 3         | 25        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 22        | 3         | 25        |
| <b>71047</b>                              | <b>RADIOLOGIC EXAM CHEST 3 VIEWS</b>                        |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1         | 0         | 1         |
| <b>71250</b>                              | <b>DIAGNOSTIC COMPUTED TOMOGRAPHY<br/>THORAX W/O CNTRST</b> |  | <b>21</b> | <b>46</b> | <b>67</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>    |   |  | 2         | 11        | 13        |
| CLINIC/CENTER - RADIOLOGY                 |   |  | 2         | 10        | 12        |
| MAGNETIC RESONANCE IMAGING<br>(MRI)       |   |  | 0         | 1         | 1         |
| <b>DME SUPPLIER</b>                       |   |  | 0         | 1         | 1         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)       |   |  | 0         | 1         | 1         |

|   |   |  |           |           |           |
|---|---|--|-----------|-----------|-----------|
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 0         | 1         | 1         |
| SINGLE SPECIALTY  |   |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>   |   |  | 11        | 27        | 38        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 10        | 26        | 36        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |   |  | 0         | 1         | 1         |
| <b>PHYSICIAN</b>  |   |  | 7         | 6         | 13        |
| FAMILY MEDICINE   |   |  | 0         | 1         | 1         |
| HEMATOLOGY & ONCOLOGY   |   |  | 3         | 1         | 4         |
| INTERNAL MEDICINE   |   |  | 1         | 2         | 3         |
| PULMONARY DISEASE   |   |  | 3         | 1         | 4         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                             |   |  | 0         | 1         | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>                                  |   |  | 1         | 0         | 1         |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 1         | 0         | 1         |
| <b>71260</b>  | <b>DIAGNOSTIC COMPUTED TOMOGRAPHY<br/>THORAX W/CONTRAST</b> |  | <b>38</b> | <b>31</b> | <b>69</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 1         | 5         | 6         |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 1         | 5         | 6         |
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 1         | 2         | 3         |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0         | 1         | 1         |
| MULTI-SPECIALTY   |   |  | 1         | 0         | 1         |
| SINGLE SPECIALTY  |   |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>   |   |  | 17        | 13        | 30        |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 16        | 12        | 28        |
| PSYCHIATRIC HOSPITAL  |   |  | 0         | 1         | 1         |
| <b>PHYSICIAN</b>  |   |  | 18        | 9         | 27        |
| HEMATOLOGY  |   |  | 1         | 0         | 1         |
| HEMATOLOGY & ONCOLOGY   |   |  | 10        | 5         | 15        |
| INTERNAL MEDICINE   |   |  | 1         | 0         | 1         |
| MEDICAL ONCOLOGY  |   |  | 6         | 3         | 9         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                             |   |  | 0         | 1         | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>                                  |   |  | 0         | 1         | 1         |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| CLINIC/CENTER - RADIOLOGY              |   |  | 0        | 1         | 1         |
| <b>REHABILITATION CENTER</b>           |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - REHABILITATION         |   |  | 0        | 1         | 1         |
| <b>SERVICE LOCATION</b>                |   |  | 1        | 0         | 1         |
| <b>71270</b>                           | <b>DIAGNOSTIC COMPUTED TOMOGRAPHY<br/>THORAX C-/C Plus</b>  |  | <b>9</b> | <b>12</b> | <b>21</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 0        | 4         | 4         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 0        | 4         | 4         |
| <b>HOSPITAL</b>                        |   |  | 7        | 4         | 11        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 7        | 4         | 11        |
| <b>PHYSICIAN</b>                       |   |  | 2        | 4         | 6         |
| FAMILY MEDICINE                        |   |  | 1        | 2         | 3         |
| HEMATOLOGY & ONCOLOGY                  |   |  | 1        | 0         | 1         |
| OBSTETRICS & GYNECOLOGY                |   |  | 0        | 1         | 1         |
| RADIOLOGY - RADIATION ONCOLOGY         |   |  | 0        | 1         | 1         |
| <b>71271</b>                           | <b>COMPUTED TOMOGRAPHY THORAX LW DOSE<br/>LNG CA SCR C-</b> |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 0        | 1         | 1         |
| REHABILITATION UNIT                    |   |  | 0        | 1         | 1         |
| <b>71275</b>                           | <b>CT ANGIOGRAPHY CHEST<br/>W/CONTRAST/NONCONTRAST</b>      |  | <b>3</b> | <b>13</b> | <b>16</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 1        | 1         | 2         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 1        | 1         | 2         |
| <b>GROUP OF PROVIDERS</b>              |   |  | 0        | 2         | 2         |
| SINGLE SPECIALTY                       |   |  | 0        | 2         | 2         |
| <b>HOSPITAL</b>                        |   |  | 2        | 6         | 8         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 6         | 7         |
| <b>PHYSICIAN</b>                       |   |  | 0        | 3         | 3         |
| INTERNAL MEDICINE                      |   |  | 0        | 3         | 3         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 0        | 1         | 1         |
| <b>71550</b>                           | <b>MRI CHEST W/O CONTRAST MATERIAL</b>                      |  | <b>1</b> | <b>1</b>  | <b>2</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 1        | 0         | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 1        | 0         | 1         |
| <b>GROUP OF PROVIDERS</b>              |   |  | 0        | 1         | 1         |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| MULTI-SPECIALTY  |   |  | 0        | 1         | 1         |
| <b>71551</b>   | <b>MRI CHEST W/CONTRAST MATERIAL</b>                    |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>PORTABLE X-RAY SUPPLIER</b>                                     |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY  |   |  | 0        | 1         | 1         |
| <b>72110</b>   | <b>RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS</b>          |  | <b>1</b> | <b>2</b>  | <b>3</b>  |
| <b>HOSPITAL</b>  |   |  | 1        | 1         | 2         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 1         | 2         |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| ORTHOPAEDIC SURGERY  |   |  | 0        | 1         | 1         |
| <b>72114</b>   | <b>RADEX SPINE LUMBSACL COMPL W/BENDING VIEWS MIN 6</b> |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1        | 0         | 1         |
| ORTHOPAEDIC SURGERY -<br>ORTHOPAEDIC SURGERY OF THE<br>SPINE - 207 |   |  | 1        | 0         | 1         |
| <b>72125</b>   | <b>CT CERVICAL SPINE W/O CONTRAST MATERIAL</b>          |  | <b>0</b> | <b>10</b> | <b>10</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |   |  | 0        | 5         | 5         |
| CLINIC/CENTER - RADIOLOGY  |   |  | 0        | 5         | 5         |
| <b>GROUP OF PROVIDERS</b>  |   |  | 0        | 2         | 2         |
| SINGLE SPECIALTY   |   |  | 0        | 2         | 2         |
| <b>HOSPITAL</b>  |   |  | 0        | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 1         | 1         |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |   |  | 0        | 1         | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>                                     |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY  |   |  | 0        | 1         | 1         |
| <b>72126</b>   | <b>CT CERVICAL SPINE W/CONTRAST MATERIAL</b>            |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 0        | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 1         | 1         |
| <b>72127</b>   | <b>CT CERVICAL SPINE W/O and W/CONTRAST MATERIAL</b>    |  | <b>0</b> | <b>2</b>  | <b>2</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY  |   |  | 0        | 1         | 1         |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |   |  | 0        | 1         | 1         |

|  |  |  |          |            |            |
|--|--|--|----------|------------|------------|
| <b>72128</b>                           | <b>CT THORACIC SPINE W/O CONTRAST MATERIAL</b>       |  | <b>1</b> | <b>2</b>   | <b>3</b>   |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 0        | 1          | 1          |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1          | 1          |
| <b>HOSPITAL</b>                        |  |  | 1        | 1          | 2          |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 1          | 2          |
| <b>72129</b>                           | <b>CT THORACIC SPINE W/CONTRAST MATERIAL</b>         |  | <b>1</b> | <b>0</b>   | <b>1</b>   |
| <b>HOSPITAL</b>                        |  |  | 1        | 0          | 1          |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0          | 1          |
| <b>72130</b>                           | <b>CT THORACIC SPINE W/O and W/CONTRAST MATERIAL</b> |  | <b>0</b> | <b>1</b>   | <b>1</b>   |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 0        | 1          | 1          |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1          | 1          |
| <b>72131</b>                           | <b>CT LUMBAR SPINE W/O CONTRAST MATERIAL</b>         |  | <b>1</b> | <b>11</b>  | <b>12</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 0        | 3          | 3          |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 3          | 3          |
| <b>HOSPITAL</b>                        |  |  | 1        | 8          | 9          |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 8          | 9          |
| <b>72132</b>                           | <b>CT LUMBAR SPINE W/CONTRAST MATERIAL</b>           |  | <b>1</b> | <b>2</b>   | <b>3</b>   |
| <b>HOSPITAL</b>                        |  |  | 1        | 2          | 3          |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 2          | 3          |
| <b>72133</b>                           | <b>CT LUMBAR SPINE W/O and W/CONTRAST MATERIAL</b>   |  | <b>0</b> | <b>3</b>   | <b>3</b>   |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 0        | 2          | 2          |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 2          | 2          |
| <b>GROUP OF PROVIDERS</b>              |  |  | 0        | 1          | 1          |
| MULTI-SPECIALTY                        |  |  | 0        | 1          | 1          |
| <b>72141</b>                           | <b>MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL</b>  |  | <b>5</b> | <b>121</b> | <b>126</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 2        | 37         | 39         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 2        | 35         | 37         |
| MAGNETIC RESONANCE IMAGING (MRI)       |  |  | 0        | 2          | 2          |
| <b>DME SUPPLIER</b>                    |  |  | 0        | 3          | 3          |
| MAGNETIC RESONANCE IMAGING (MRI)       |  |  | 0        | 3          | 3          |
| <b>GROUP OF PROVIDERS</b>              |  |  | 0        | 10         | 10         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1          | 1          |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| MAGNETIC RESONANCE IMAGING (MRI)                             |   |  | 0        | 1         | 1         |
| MULTI-SPECIALTY  |   |  | 0        | 3         | 3         |
| SINGLE SPECIALTY   |   |  | 0        | 5         | 5         |
| <b>HOSPITAL</b>  |   |  | 3        | 50        | 53        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |   |  | 0        | 2         | 2         |
| CLINIC/CENTER - RADIOLOGY                                    |   |  | 0        | 3         | 3         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 3        | 44        | 47        |
| GENERAL ACUTE CARE HOSPITAL - RURAL                          |   |  | 0        | 1         | 1         |
| <b>LABORATORY</b>  |   |  | 0        | 2         | 2         |
| CLINIC/CENTER - RADIOLOGY                                    |   |  | 0        | 2         | 2         |
| <b>PHYSICIAN</b>   |   |  | 0        | 13        | 13        |
| ANESTHESIOLOGY   |   |  | 0        | 1         | 1         |
| FAMILY MEDICINE  |   |  | 0        | 1         | 1         |
| INTERNAL MEDICINE  |   |  | 0        | 1         | 1         |
| ORTHOPAEDIC SURGERY - ORTHOPAEDIC SURGERY OF THE SPINE - 207 |   |  | 0        | 1         | 1         |
| ORTHOPAEDIC SURGERY - PEDIATRIC ORTHOPAEDIC SURGERY - 207XP3 |   |  | 0        | 1         | 1         |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY                           |   |  | 0        | 4         | 4         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 0        | 4         | 4         |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |   |  | 0        | 6         | 6         |
| CLINIC/CENTER - RADIOLOGY                                    |   |  | 0        | 5         | 5         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |   |  | 0        | 1         | 1         |
| <b>72142</b>   | <b>MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL</b>   |  | <b>0</b> | <b>5</b>  | <b>5</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                                    |   |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>  |   |  | 0        | 2         | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 0        | 2         | 2         |
| <b>PHYSICIAN</b>   |   |  | 0        | 2         | 2         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |   |  | 0        | 2         | 2         |
| <b>72146</b>   | <b>MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL</b> |  | <b>2</b> | <b>31</b> | <b>33</b> |



|  |  |  |           |            |            |
|--|--|--|-----------|------------|------------|
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 1         | 11         | 12         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 1         | 10         | 11         |
| MULTI-SPECIALTY  |  |  | 0         | 1          | 1          |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 0         | 4          | 4          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |  | 0         | 1          | 1          |
| MULTI-SPECIALTY  |  |  | 0         | 1          | 1          |
| SINGLE SPECIALTY   |  |  | 0         | 2          | 2          |
| <b>HOSPITAL</b>  |  |  | 0         | 12         | 12         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 0         | 12         | 12         |
| <b>PHYSICIAN</b>   |  |  | 1         | 3          | 4          |
| FAMILY MEDICINE  |  |  | 1         | 0          | 1          |
| ORTHOPAEDIC SURGERY - ORTHOPAEDIC SURGERY OF THE SPINE - 207 |  |  | 0         | 1          | 1          |
| ORTHOPAEDIC SURGERY - PEDIATRIC ORTHOPAEDIC SURGERY - 207XP3 |  |  | 0         | 1          | 1          |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |  | 0         | 1          | 1          |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |  |  | 0         | 1          | 1          |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0         | 1          | 1          |
| <b>72147</b>   | <b>MRI SPINAL CANAL THORACIC W/CONTRAST MATRL</b>    |  | <b>1</b>  | <b>1</b>   | <b>2</b>   |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 0         | 1          | 1          |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0         | 1          | 1          |
| <b>HOSPITAL</b>  |  |  | 1         | 0          | 1          |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 1         | 0          | 1          |
| <b>72148</b>   | <b>MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL</b> |  | <b>17</b> | <b>231</b> | <b>248</b> |
| <b>AGENCY</b>  |  |  | 0         | 1          | 1          |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0         | 1          | 1          |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 6         | 83         | 89         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 5         | 78         | 83         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |  | 0         | 4          | 4          |
| MULTI-SPECIALTY  |  |  | 1         | 1          | 2          |
| <b>AMBULATORY SURGICAL CENTER</b>                            |  |  | 0         | 2          | 2          |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0         | 2          | 2          |
| <b>DME SUPPLIER</b>  |  |  | 0         | 5          | 5          |

|  |  |  |   |    |    |
|--|--|--|---|----|----|
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |  | 0 | 5  | 5  |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 0 | 18 | 18 |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0 | 1  | 1  |
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |  | 0 | 2  | 2  |
| MULTI-SPECIALTY  |  |  | 0 | 2  | 2  |
| SINGLE SPECIALTY   |  |  | 0 | 13 | 13 |
| <b>HOSPITAL</b>  |  |  | 5 | 89 | 94 |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |  |  | 1 | 7  | 8  |
| CLINIC/CENTER - AMBULATORY SURGICAL                          |  |  | 0 | 1  | 1  |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0 | 3  | 3  |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 4 | 78 | 82 |
| <b>LABORATORY</b>  |  |  | 0 | 5  | 5  |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0 | 3  | 3  |
| CLINICAL MEDICAL LABORATORY                                  |  |  | 0 | 1  | 1  |
| PHYSIOLOGICAL LABORATORY                                     |  |  | 0 | 1  | 1  |
| <b>PHYSICIAN</b>   |  |  | 5 | 18 | 23 |
| ANESTHESIOLOGY   |  |  | 0 | 2  | 2  |
| ANESTHESIOLOGY - PAIN MEDICINE                               |  |  | 0 | 1  | 1  |
| FAMILY MEDICINE  |  |  | 0 | 2  | 2  |
| INTERNAL MEDICINE  |  |  | 0 | 1  | 1  |
| NEUROLOGICAL SURGERY   |  |  | 1 | 0  | 1  |
| ORTHOPAEDIC SURGERY - PEDIATRIC ORTHOPAEDIC SURGERY - 207XP3 |  |  | 0 | 1  | 1  |
| PAIN MEDICINE - INTERVENTIONAL PAIN MEDICINE - 208VP0014X    |  |  | 0 | 1  | 1  |
| PHYSICAL MEDICINE & REHABILITATION                           |  |  | 1 | 1  | 2  |
| PHYSICAL MEDICINE & REHABILITATION - PAIN MEDICINE - 2081P29 |  |  | 1 | 0  | 1  |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY                           |  |  | 2 | 1  | 3  |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY WITH SPECIAL QUALIFICATIO |  |  | 0 | 1  | 1  |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |  | 0 | 7  | 7  |
| <b>PHYSICIAN ASSISTANT</b>                                   |  |  | 1 | 0  | 1  |

|  |  |  |          |           |           |
|--|--|--|----------|-----------|-----------|
| PHYSICIAN ASSISTANT                    |  |  | 1        | 0         | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |  |  | 0        | 9         | 9         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 4         | 4         |
| MAGNETIC RESONANCE IMAGING (MRI)       |  |  | 0        | 3         | 3         |
| PORTABLE X-RAY SUPPLIER                |  |  | 0        | 2         | 2         |
| <b>TIN OWNER</b>                       |  |  | 0        | 1         | 1         |
| <b>72149</b>                           | <b>MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL</b>     |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 0        | 3         | 3         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 3         | 3         |
| <b>72156</b>                           | <b>MRI SPINAL CANAL CERVICAL W/O and W/CONTR MATRL</b> |  | <b>6</b> | <b>22</b> | <b>28</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 2        | 8         | 10        |
| CLINIC/CENTER - RADIOLOGY              |  |  | 2        | 7         | 9         |
| MAGNETIC RESONANCE IMAGING (MRI)       |  |  | 0        | 1         | 1         |
| <b>DME SUPPLIER</b>                    |  |  | 0        | 2         | 2         |
| MAGNETIC RESONANCE IMAGING (MRI)       |  |  | 0        | 2         | 2         |
| <b>HOSPITAL</b>                        |  |  | 3        | 9         | 12        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2        | 9         | 11        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 1        | 0         | 1         |
| <b>LABORATORY</b>                      |  |  | 0        | 2         | 2         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1         | 1         |
| PHYSIOLOGICAL LABORATORY               |  |  | 0        | 1         | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |  |  | 1        | 1         | 2         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1         | 1         |
| MAGNETIC RESONANCE IMAGING (MRI)       |  |  | 1        | 0         | 1         |
| <b>72157</b>                           | <b>MRI SPINAL CANAL THORACIC W/O and W/CONTR MATRL</b> |  | <b>4</b> | <b>9</b>  | <b>13</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 1        | 4         | 5         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 1        | 4         | 5         |
| <b>HOSPITAL</b>                        |  |  | 2        | 5         | 7         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 5         | 6         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 1        | 0         | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |  |  | 1        | 0         | 1         |

|   |  |  |          |           |           |
|---|--|--|----------|-----------|-----------|
| MAGNETIC RESONANCE IMAGING (MRI)                                |  |  | 1        | 0         | 1         |
| <b>72158</b>  | <b>MRI SPINAL CANAL LUMBAR W/O and W/CONTR MATRL</b> |  | <b>6</b> | <b>26</b> | <b>32</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |  |  | 2        | 10        | 12        |
| CLINIC/CENTER - RADIOLOGY                                       |  |  | 2        | 8         | 10        |
| MAGNETIC RESONANCE IMAGING (MRI)                                |  |  | 0        | 2         | 2         |
| <b>GROUP OF PROVIDERS</b>                                       |  |  | 0        | 4         | 4         |
| SINGLE SPECIALTY  |  |  | 0        | 4         | 4         |
| <b>HOSPITAL</b>   |  |  | 3        | 9         | 12        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |  |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 2        | 9         | 11        |
| <b>LABORATORY</b>   |  |  | 0        | 2         | 2         |
| CLINIC/CENTER - RADIOLOGY                                       |  |  | 0        | 2         | 2         |
| <b>PHYSICIAN</b>  |  |  | 1        | 1         | 2         |
| MEDICAL ONCOLOGY  |  |  | 1        | 0         | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                             |  |  | 0        | 1         | 1         |
| <b>72170</b>  | <b>RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS</b>       |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>   |  |  | 1        | 0         | 1         |
| SPECIAL HOSPITAL  |  |  | 1        | 0         | 1         |
| <b>72191</b>  | <b>CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST</b>  |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>                               |  |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                                       |  |  | 0        | 1         | 1         |
| <b>PHYSICIAN</b>  |  |  | 0        | 2         | 2         |
| SURGERY   |  |  | 0        | 2         | 2         |
| <b>72192</b>  | <b>CT PELVIS W/O CONTRAST MATERIAL</b>               |  | <b>2</b> | <b>7</b>  | <b>9</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |  |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                                       |  |  | 0        | 1         | 1         |
| <b>GROUP OF PROVIDERS</b>                                       |  |  | 0        | 1         | 1         |
| SINGLE SPECIALTY  |  |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>   |  |  | 2        | 5         | 7         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 2        | 5         | 7         |
| <b>72194</b>  | <b>CT PELVIS W/O and W/CONTRAST MATERIAL</b>         |  | <b>2</b> | <b>3</b>  | <b>5</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |  |  | 0        | 1         | 1         |

|  |  |  |          |           |           |
|--|--|--|----------|-----------|-----------|
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>                        |  |  | 2        | 2         | 4         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2        | 2         | 4         |
| <b>72195</b>                           | <b>MRI PELVIS W/O CONTRAST MATERIAL</b>        |  | <b>0</b> | <b>10</b> | <b>10</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 0        | 4         | 4         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 4         | 4         |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1         | 1         |
| <b>GROUP OF PROVIDERS</b>              |  |  | 0        | 1         | 1         |
| SINGLE SPECIALTY                       |  |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>                        |  |  | 0        | 4         | 4         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 0        | 3         | 3         |
| <b>72197</b>                           | <b>MRI PELVIS W/O and W/CONTRAST MATERIAL</b>  |  | <b>9</b> | <b>17</b> | <b>26</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 2        | 4         | 6         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 2        | 4         | 6         |
| <b>GROUP OF PROVIDERS</b>              |  |  | 0        | 2         | 2         |
| MULTI-SPECIALTY                        |  |  | 0        | 1         | 1         |
| SINGLE SPECIALTY                       |  |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>                        |  |  | 4        | 7         | 11        |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 3        | 6         | 9         |
| REHABILITATION UNIT                    |  |  | 1        | 0         | 1         |
| <b>LABORATORY</b>                      |  |  | 0        | 2         | 2         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0        | 1         | 1         |
| PHYSIOLOGICAL LABORATORY               |  |  | 0        | 1         | 1         |
| <b>PHYSICIAN</b>                       |  |  | 2        | 2         | 4         |
| INTERNAL MEDICINE                      |  |  | 0        | 2         | 2         |
| MEDICAL ONCOLOGY                       |  |  | 1        | 0         | 1         |
| RADIOLOGY - RADIATION ONCOLOGY         |  |  | 1        | 0         | 1         |
| <b>PHYSICIAN ASSISTANT</b>             |  |  | 1        | 0         | 1         |
| PHYSICIAN ASSISTANT                    |  |  | 1        | 0         | 1         |
| <b>73030</b>                           | <b>RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS</b> |  | <b>1</b> | <b>1</b>  | <b>2</b>  |
| <b>PHYSICIAN</b>                       |  |  | 1        | 1         | 2         |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| ORTHOPAEDIC SURGERY                    |   |  | 1        | 1         | 2         |
| <b>73080</b>                           | <b>RADEX ELBOW COMPLETE MINIMUM 3 VIEWS</b>             |  | <b>3</b> | <b>1</b>  | <b>4</b>  |
| <b>PHYSICIAN</b>                       |   |  | 3        | 1         | 4         |
| ORTHOPAEDIC SURGERY                    |   |  | 3        | 1         | 4         |
| <b>73200</b>                           | <b>CT UPPER EXTREMITY W/O CONTRAST MATERIAL</b>         |  | <b>1</b> | <b>3</b>  | <b>4</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>                        |   |  | 0        | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 0        | 1         | 1         |
| <b>PHYSICIAN</b>                       |   |  | 1        | 1         | 2         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |   |  | 1        | 1         | 2         |
| <b>73202</b>                           | <b>CT UPPER EXTREMITY W/O and W/CONTRAST MATERIAL</b>   |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>PORTABLE X-RAY SUPPLIER</b>         |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 0        | 1         | 1         |
| <b>73218</b>                           | <b>MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL</b>  |  | <b>1</b> | <b>3</b>  | <b>4</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>                        |   |  | 1        | 1         | 2         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 1         | 2         |
| <b>PHYSICIAN</b>                       |   |  | 0        | 1         | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |   |  | 0        | 1         | 1         |
| <b>73220</b>                           | <b>MRI UPPER EXTREM OTHER THAN JT W/O and W/CONTRAS</b> |  | <b>2</b> | <b>1</b>  | <b>3</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 1        | 0         | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 1        | 0         | 1         |
| <b>HOSPITAL</b>                        |   |  | 1        | 1         | 2         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 1         | 2         |
| <b>73221</b>                           | <b>MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL</b>    |  | <b>9</b> | <b>51</b> | <b>60</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 4        | 22        | 26        |
| CLINIC/CENTER - RADIOLOGY              |   |  | 3        | 17        | 20        |
| MAGNETIC RESONANCE IMAGING (MRI)       |   |  | 1        | 5         | 6         |
| <b>GROUP OF PROVIDERS</b>              |   |  | 0        | 5         | 5         |

|   |   |  |          |          |          |
|---|---|--|----------|----------|----------|
| MAGNETIC RESONANCE IMAGING (MRI)                                |   |  | 0        | 1        | 1        |
| SINGLE SPECIALTY  |   |  | 0        | 4        | 4        |
| <b>HOSPITAL</b>   |   |  | 3        | 12       | 15       |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 3        | 9        | 12       |
| GENERAL ACUTE CARE HOSPITAL -<br>RURAL                          |   |  | 0        | 2        | 2        |
| <b>LABORATORY</b>   |   |  | 1        | 2        | 3        |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 1        | 2        | 3        |
| <b>PHYSICIAN</b>  |   |  | 1        | 4        | 5        |
| FAMILY MEDICINE   |   |  | 1        | 1        | 2        |
| GERIATRIC MEDICINE  |   |  | 0        | 1        | 1        |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                             |   |  | 0        | 2        | 2        |
| <b>PORTABLE X-RAY SUPPLIER</b>                                  |   |  | 0        | 6        | 6        |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0        | 4        | 4        |
| MAGNETIC RESONANCE IMAGING (MRI)                                |   |  | 0        | 1        | 1        |
| PORTABLE X-RAY SUPPLIER   |   |  | 0        | 1        | 1        |
| <b>73222</b>  | <b>MRI ANY JT UPPER EXTREMITY W/CONTRAST<br/>MATRL</b>      |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 1        | 1        | 2        |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 1        | 1        | 2        |
| <b>73223</b>  | <b>MRI ANY JT UPPER EXTREMITY W/O and<br/>W/CONTR MATRL</b> |  | <b>0</b> | <b>3</b> | <b>3</b> |
| <b>HOSPITAL</b>   |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 0        | 1        | 1        |
| <b>LABORATORY</b>   |   |  | 0        | 1        | 1        |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0        | 1        | 1        |
| <b>PORTABLE X-RAY SUPPLIER</b>                                  |   |  | 0        | 1        | 1        |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0        | 1        | 1        |
| <b>73521</b>  | <b>RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS</b>             |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>   |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 0        | 1        | 1        |
| <b>73552</b>  | <b>RADIOLOGIC EXAMINATION FEMUR<br/>MINIMUM 2 VIEWS</b>     |  | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>PHYSICIAN</b>  |   |  | 4        | 0        | 4        |

|   |  |  |          |           |           |
|---|--|--|----------|-----------|-----------|
| ORTHOPAEDIC SURGERY                         |  |  | 4        | 0         | 4         |
| <b>PHYSICIAN ASSISTANT</b>                  |  |  | 1        | 1         | 2         |
| PHYSICIAN ASSISTANT                         |  |  | 1        | 1         | 2         |
| <b>73560</b>                                | <b>RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS</b>           |  | <b>2</b> | <b>0</b>  | <b>2</b>  |
| <b>PHYSICIAN</b>                            |  |  | 2        | 0         | 2         |
| ORTHOPAEDIC SURGERY                         |  |  | 2        | 0         | 2         |
| <b>73590</b>                                | <b>RADIOLOGIC EXAMINATION TIBIA AND FIBULA 2 VIEWS</b> |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>PHYSICIAN</b>                            |  |  | 1        | 0         | 1         |
| ORTHOPAEDIC SURGERY                         |  |  | 1        | 0         | 1         |
| <b>73600</b>                                | <b>RADIOLOGIC EXAMINATION ANKLE 2 VIEWS</b>            |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>PHYSICIAN</b>                            |  |  | 1        | 0         | 1         |
| ORTHOPAEDIC SURGERY                         |  |  | 1        | 0         | 1         |
| <b>73630</b>                                | <b>RADEX FOOT COMPLETE MINIMUM 3 VIEWS</b>             |  | <b>1</b> | <b>1</b>  | <b>2</b>  |
| <b>PHYSICIAN</b>                            |  |  | 1        | 1         | 2         |
| ORTHOPAEDIC SURGERY                         |  |  | 1        | 0         | 1         |
| ORTHOPAEDIC SURGERY -<br>ORTHOPAEDIC TRAUMA |  |  | 0        | 1         | 1         |
| <b>73700</b>                                | <b>CT LOWER EXTREMITY W/O CONTRAST MATERIAL</b>        |  | <b>4</b> | <b>14</b> | <b>18</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>      |  |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                   |  |  | 0        | 1         | 1         |
| <b>GROUP OF PROVIDERS</b>                   |  |  | 0        | 1         | 1         |
| SINGLE SPECIALTY                            |  |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>                             |  |  | 2        | 10        | 12        |
| GENERAL ACUTE CARE HOSPITAL                 |  |  | 2        | 10        | 12        |
| <b>PODIATRIST</b>                           |  |  | 2        | 1         | 3         |
| PODIATRIST                                  |  |  | 2        | 1         | 3         |
| <b>PORTABLE X-RAY SUPPLIER</b>              |  |  | 0        | 1         | 1         |
| PORTABLE X-RAY SUPPLIER                     |  |  | 0        | 1         | 1         |
| <b>73701</b>                                | <b>CT LOWER EXTREMITY W/CONTRAST MATERIAL</b>          |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                             |  |  | 0        | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL                 |  |  | 0        | 1         | 1         |
| <b>73718</b>                                | <b>MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL</b>     |  | <b>2</b> | <b>13</b> | <b>15</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>      |  |  | 0        | 6         | 6         |



|  |   |  |           |           |           |
|--|---|--|-----------|-----------|-----------|
| CLINIC/CENTER - RADIOLOGY              |   |  | 0         | 5         | 5         |
| MAGNETIC RESONANCE IMAGING (MRI)       |   |  | 0         | 1         | 1         |
| <b>GROUP OF PROVIDERS</b>              |   |  | 0         | 2         | 2         |
| MULTI-SPECIALTY                        |   |  | 0         | 1         | 1         |
| SINGLE SPECIALTY                       |   |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>                        |   |  | 1         | 3         | 4         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 0         | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 2         | 3         |
| <b>PHYSICIAN</b>                       |   |  | 1         | 1         | 2         |
| FAMILY MEDICINE                        |   |  | 1         | 0         | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |   |  | 0         | 1         | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |   |  | 0         | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 0         | 1         | 1         |
| <b>73720</b>                           | <b>MRI LOWER EXTREM OTH/THN JT W/O and W/CONTR MATR</b> |  | <b>0</b>  | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>                      |   |  | 0         | 1         | 1         |
| PHYSIOLOGICAL LABORATORY               |   |  | 0         | 1         | 1         |
| <b>73721</b>                           | <b>MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL</b>       |  | <b>17</b> | <b>75</b> | <b>92</b> |
| <b>AGENCY</b>                          |   |  | 0         | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 0         | 1         | 1         |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 2         | 32        | 34        |
| CLINIC/CENTER - RADIOLOGY              |   |  | 1         | 31        | 32        |
| MAGNETIC RESONANCE IMAGING (MRI)       |   |  | 1         | 1         | 2         |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 0         | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 0         | 1         | 1         |
| <b>DME SUPPLIER</b>                    |   |  | 0         | 2         | 2         |
| MAGNETIC RESONANCE IMAGING (MRI)       |   |  | 0         | 2         | 2         |
| <b>GROUP OF PROVIDERS</b>              |   |  | 2         | 3         | 5         |
| MAGNETIC RESONANCE IMAGING (MRI)       |   |  | 1         | 1         | 2         |
| MULTI-SPECIALTY                        |   |  | 0         | 1         | 1         |
| SINGLE SPECIALTY                       |   |  | 1         | 1         | 2         |
| <b>HOSPITAL</b>                        |   |  | 7         | 19        | 26        |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0    |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 7        | 18       | 25       |
| <b>LABORATORY</b>  |   |  | 1        | 4        | 5        |
| CLINIC/CENTER - RADIOLOGY  |   |  | 1        | 4        | 5        |
| <b>PHYSICIAN</b>   |   |  | 3        | 6        | 9        |
| FAMILY MEDICINE  |   |  | 0        | 1        | 1        |
| GERIATRIC MEDICINE   |   |  | 0        | 1        | 1        |
| ORTHOPAEDIC SURGERY  |   |  | 1        | 0        | 1        |
| PHYSICAL MEDICINE &<br>REHABILITATION - SPORTS MEDICINE<br>- 2081S |   |  | 0        | 1        | 1        |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |   |  | 2        | 3        | 5        |
| <b>PODIATRIST</b>  |   |  | 1        | 1        | 2        |
| PODIATRIST   |   |  | 1        | 1        | 2        |
| <b>PORTABLE X-RAY SUPPLIER</b>                                     |   |  | 1        | 6        | 7        |
| CLINIC/CENTER - RADIOLOGY  |   |  | 0        | 6        | 6        |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                                |   |  | 1        | 0        | 1        |
| <b>73722</b>   | <b>MRI ANY JT LOWER EXTREM W/CONTRAST<br/>MATERIAL</b>      |  | <b>0</b> | <b>3</b> | <b>3</b> |
| <b>AGENCY</b>  |   |  | 0        | 1        | 1        |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                                |   |  | 0        | 1        | 1        |
| <b>HOSPITAL</b>  |   |  | 0        | 2        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 2        | 2        |
| <b>73723</b>   | <b>MRI ANY JT LOWER EXTREM W/O and<br/>W/CONTRAST MATRL</b> |  | <b>0</b> | <b>4</b> | <b>4</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |   |  | 0        | 1        | 1        |
| CLINIC/CENTER - RADIOLOGY  |   |  | 0        | 1        | 1        |
| <b>DME SUPPLIER</b>  |   |  | 0        | 1        | 1        |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                                |   |  | 0        | 1        | 1        |
| <b>HOSPITAL</b>  |   |  | 0        | 2        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |   |  | 0        | 1        | 1        |
| <b>74150</b>   | <b>CT ABDOMEN W/O CONTRAST MATERIAL</b>                     |  | <b>0</b> | <b>7</b> | <b>7</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |   |  | 0        | 2        | 2        |

|   |   |  |           |           |           |
|---|---|--|-----------|-----------|-----------|
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0         | 2         | 2         |
| <b>HOSPITAL</b>   |   |  | 0         | 4         | 4         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 0         | 4         | 4         |
| <b>NURSE PRACTITIONER</b>                                       |   |  | 0         | 1         | 1         |
| NURSE PRACTITIONER - FAMILY                                     |   |  | 0         | 1         | 1         |
| <b>74160</b>  | <b>CT ABDOMEN W/CONTRAST MATERIAL</b>                         |  | <b>1</b>  | <b>7</b>  | <b>8</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 0         | 2         | 2         |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0         | 2         | 2         |
| <b>DME SUPPLIER</b>   |   |  | 0         | 1         | 1         |
| PORTABLE X-RAY SUPPLIER   |   |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>   |   |  | 0         | 2         | 2         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 0         | 2         | 2         |
| <b>PHYSICIAN</b>  |   |  | 1         | 2         | 3         |
| MEDICAL ONCOLOGY  |   |  | 1         | 2         | 3         |
| <b>74170</b>  | <b>CT ABDOMEN W/O and W/CONTRAST MATERIAL</b>                 |  | <b>11</b> | <b>17</b> | <b>28</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 0         | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0         | 1         | 1         |
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 0         | 1         | 1         |
| SINGLE SPECIALTY  |   |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>   |   |  | 9         | 12        | 21        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 8         | 12        | 20        |
| <b>NURSE PRACTITIONER</b>                                       |   |  | 1         | 0         | 1         |
| NURSE PRACTITIONER - FAMILY                                     |   |  | 1         | 0         | 1         |
| <b>PHYSICIAN</b>  |   |  | 1         | 1         | 2         |
| INTERNAL MEDICINE   |   |  | 1         | 1         | 2         |
| <b>PORTABLE X-RAY SUPPLIER</b>                                  |   |  | 0         | 2         | 2         |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0         | 2         | 2         |
| <b>74174</b>  | <b>CT ANGIO ABD and PLVIS CNTRST MTRL<br/>W/WO CNTRST IMG</b> |  | <b>2</b>  | <b>5</b>  | <b>7</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 0         | 3         | 3         |
| CLINIC/CENTER - RADIOLOGY                                       |   |  | 0         | 2         | 2         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                             |   |  | 0         | 1         | 1         |
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 0         | 1         | 1         |

|  |  |  |           |           |           |
|--|--|--|-----------|-----------|-----------|
| SINGLE SPECIALTY                       |  |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>                        |  |  | 2         | 1         | 3         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2         | 1         | 3         |
| <b>74175</b>                           | <b>CT ANGIOGRAPHY ABDOMEN<br/>W/CONTRAST/NONCONTRAST</b> |  | <b>0</b>  | <b>3</b>  | <b>3</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 0         | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>                        |  |  | 0         | 2         | 2         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 0         | 2         | 2         |
| <b>74176</b>                           | <b>CT ABDOMEN and PELVIS W/O CONTRAST<br/>MATERIAL</b>   |  | <b>14</b> | <b>34</b> | <b>48</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 3         | 8         | 11        |
| CLINIC/CENTER - RADIOLOGY              |  |  | 3         | 7         | 10        |
| MAGNETIC RESONANCE IMAGING<br>(MRI)    |  |  | 0         | 1         | 1         |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 0         | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0         | 1         | 1         |
| <b>GROUP OF PROVIDERS</b>              |  |  | 0         | 3         | 3         |
| MULTI-SPECIALTY                        |  |  | 0         | 1         | 1         |
| SINGLE SPECIALTY                       |  |  | 0         | 2         | 2         |
| <b>HOSPITAL</b>                        |  |  | 9         | 19        | 28        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 9         | 19        | 28        |
| <b>LABORATORY</b>                      |  |  | 0         | 1         | 1         |
| CLINICAL MEDICAL LABORATORY            |  |  | 0         | 1         | 1         |
| <b>PHYSICIAN</b>                       |  |  | 2         | 1         | 3         |
| FAMILY MEDICINE                        |  |  | 1         | 1         | 2         |
| HEMATOLOGY & ONCOLOGY                  |  |  | 1         | 0         | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |  |  | 0         | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 0         | 1         | 1         |
| <b>74177</b>                           | <b>CT ABDOMEN and PELVIS W/CONTRAST<br/>MATERIAL</b>     |  | <b>36</b> | <b>56</b> | <b>92</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 3         | 13        | 16        |
| CLINIC/CENTER - RADIOLOGY              |  |  | 3         | 13        | 16        |
| <b>GROUP OF PROVIDERS</b>              |  |  | 0         | 3         | 3         |
| MULTI-SPECIALTY                        |  |  | 0         | 2         | 2         |
| SINGLE SPECIALTY                       |  |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>                        |  |  | 16        | 26        | 42        |

|   |  |  |           |           |           |
|---|--|--|-----------|-----------|-----------|
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0   |  |  | 1         | 0         | 1         |
| CLINIC/CENTER - RADIOLOGY   |  |  | 1         | 1         | 2         |
| GENERAL ACUTE CARE HOSPITAL                                       |  |  | 14        | 23        | 37        |
| GENERAL ACUTE CARE HOSPITAL -<br>RURAL                            |  |  | 0         | 1         | 1         |
| PSYCHIATRIC HOSPITAL  |  |  | 0         | 1         | 1         |
| <b>LABORATORY</b>   |  |  | 0         | 2         | 2         |
| CLINIC/CENTER - RADIOLOGY   |  |  | 0         | 1         | 1         |
| PHYSIOLOGICAL LABORATORY  |  |  | 0         | 1         | 1         |
| <b>PHYSICIAN</b>  |  |  | 16        | 10        | 26        |
| HEMATOLOGY & ONCOLOGY   |  |  | 9         | 5         | 14        |
| INTERNAL MEDICINE   |  |  | 0         | 1         | 1         |
| MEDICAL ONCOLOGY  |  |  | 5         | 2         | 7         |
| OBSTETRICS & GYNECOLOGY -<br>GYNECOLOGIC ONCOLOGY -<br>207VX0201X |  |  | 1         | 0         | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                               |  |  | 1         | 2         | 3         |
| <b>PORTABLE X-RAY SUPPLIER</b>                                    |  |  | 0         | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY   |  |  | 0         | 1         | 1         |
| <b>REHABILITATION CENTER</b>                                      |  |  | 0         | 1         | 1         |
| CLINIC/CENTER - REHABILITATION                                    |  |  | 0         | 1         | 1         |
| <b>SERVICE LOCATION</b>   |  |  | 1         | 0         | 1         |
| <b>74178</b>  | <b>CT ABDOMEN and PELVIS W/O CONTRST 1<br/>OR GT BODY RE</b> |  | <b>30</b> | <b>52</b> | <b>82</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                            |  |  | 6         | 20        | 26        |
| CLINIC/CENTER - RADIOLOGY   |  |  | 6         | 18        | 24        |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                               |  |  | 0         | 2         | 2         |
| <b>GROUP OF PROVIDERS</b>   |  |  | 1         | 2         | 3         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                               |  |  | 0         | 1         | 1         |
| SINGLE SPECIALTY  |  |  | 1         | 1         | 2         |
| <b>HOSPITAL</b>   |  |  | 17        | 22        | 39        |
| GENERAL ACUTE CARE HOSPITAL                                       |  |  | 17        | 22        | 39        |
| <b>LABORATORY</b>   |  |  | 1         | 2         | 3         |
| CLINIC/CENTER - RADIOLOGY   |  |  | 1         | 2         | 3         |
| <b>PHYSICIAN</b>  |  |  | 4         | 6         | 10        |

|  |  |  |           |           |           |
|--|--|--|-----------|-----------|-----------|
| FAMILY MEDICINE  |  |  | 0         | 1         | 1         |
| INTERNAL MEDICINE  |  |  | 1         | 1         | 2         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |  | 1         | 2         | 3         |
| RADIOLOGY - RADIATION ONCOLOGY                               |  |  | 0         | 1         | 1         |
| SURGERY  |  |  | 0         | 1         | 1         |
| UROLOGY  |  |  | 2         | 0         | 2         |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |  |  | 1         | 0         | 1         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 1         | 0         | 1         |
| <b>74181</b>   | <b>MRI ABDOMEN W/O CONTRAST MATERIAL</b>       |  | <b>3</b>  | <b>4</b>  | <b>7</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 0         | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>  |  |  | 3         | 3         | 6         |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |  |  | 0         | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 3         | 2         | 5         |
| <b>74182</b>   | <b>MRI ABDOMEN W/CONTRAST MATERIAL</b>         |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>  |  |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 1         | 0         | 1         |
| <b>74183</b>   | <b>MRI ABDOMEN W/O and W/CONTRAST MATERIAL</b> |  | <b>16</b> | <b>23</b> | <b>39</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 2         | 3         | 5         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 2         | 3         | 5         |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 0         | 1         | 1         |
| SINGLE SPECIALTY   |  |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>  |  |  | 11        | 15        | 26        |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 0         | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 11        | 13        | 24        |
| REHABILITATION HOSPITAL                                      |  |  | 0         | 1         | 1         |
| <b>LABORATORY</b>  |  |  | 0         | 1         | 1         |
| PHYSIOLOGICAL LABORATORY                                     |  |  | 0         | 1         | 1         |
| <b>OUT OF STATE HOSPITAL</b>                                 |  |  | 0         | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 0         | 1         | 1         |
| <b>PHYSICIAN</b>   |  |  | 3         | 2         | 5         |
| HEMATOLOGY   |  |  | 0         | 1         | 1         |
| INTERNAL MEDICINE  |  |  | 1         | 0         | 1         |

|   |  |  |          |           |           |
|---|--|--|----------|-----------|-----------|
| MEDICAL ONCOLOGY                          |  |  | 1        | 0         | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY       |  |  | 1        | 1         | 2         |
| <b>75557</b>                              | <b>CARDIAC MRI MORPHOLOGY and FUNCTION<br/>W/O CONTRAST</b>    |  | <b>3</b> | <b>2</b>  | <b>5</b>  |
| <b>HOSPITAL</b>                           |  |  | 3        | 2         | 5         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 3        | 2         | 5         |
| <b>75565</b>                              | <b>CARDIAC MRI FOR VELOCITY FLOW MAPPING</b>                   |  | <b>2</b> | <b>0</b>  | <b>2</b>  |
| <b>HOSPITAL</b>                           |  |  | 2        | 0         | 2         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 2        | 0         | 2         |
| <b>75571</b>                              | <b>CT HEART NO CONTRAST QUANT EVAL<br/>CORONRY CALCIUM</b>     |  | <b>0</b> | <b>17</b> | <b>17</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>    |  |  | 0        | 6         | 6         |
| CLINIC/CENTER - RADIOLOGY                 |  |  | 0        | 6         | 6         |
| <b>HOSPITAL</b>                           |  |  | 0        | 7         | 7         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 0        | 7         | 7         |
| <b>PHYSICIAN</b>                          |  |  | 0        | 3         | 3         |
| CARDIOVASCULAR DISEASE                    |  |  | 0        | 1         | 1         |
| FAMILY MEDICINE                           |  |  | 0        | 2         | 2         |
| <b>PORTABLE X-RAY SUPPLIER</b>            |  |  | 0        | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY                 |  |  | 0        | 1         | 1         |
| <b>75572</b>                              | <b>CT HEART CONTRAST EVAL CARDIAC<br/>STRUCTURE AND MORPH</b>  |  | <b>1</b> | <b>2</b>  | <b>3</b>  |
| <b>HOSPITAL</b>                           |  |  | 1        | 2         | 3         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 2         | 3         |
| <b>75573</b>                              | <b>CT HEART C Plus CARDIAC STRUX and MORPH<br/>CGEN HRT DS</b> |  | <b>0</b> | <b>2</b>  | <b>2</b>  |
| <b>HOSPITAL</b>                           |  |  | 0        | 2         | 2         |
| REHABILITATION UNIT                       |  |  | 0        | 2         | 2         |
| <b>75574</b>                              | <b>CTA HRT CORNRY ART/BYPASS GRFTS<br/>CONTRST 3D POST</b>     |  | <b>3</b> | <b>14</b> | <b>17</b> |
| <b>GROUP OF PROVIDERS</b>                 |  |  | 0        | 2         | 2         |
| SINGLE SPECIALTY                          |  |  | 0        | 2         | 2         |
| <b>HOSPITAL</b>                           |  |  | 3        | 10        | 13        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 3        | 10        | 13        |
| <b>PORTABLE X-RAY SUPPLIER</b>            |  |  | 0        | 2         | 2         |
| CLINIC/CENTER - RADIOLOGY                 |  |  | 0        | 2         | 2         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>75625</b>   | <b>AORTOGRAPHY ABDOMINAL SERIALOGRAPHY<br/>RS AND I</b>         |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2         | 1        | 3         |
| MULTI-SPECIALTY  |   |  | 2         | 1        | 3         |
| <b>75630</b>   | <b>AORTOGRAPHY ABDL BI ILIOFEM LOW<br/>EXTREM CATH RS AND I</b> |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0         | 1        | 1         |
| <b>75635</b>   | <b>CTA ABDL AORTA and BI ILIOFEM<br/>W/CONTRAST and POSTP</b>   |  | <b>2</b>  | <b>3</b> | <b>5</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 1        | 3         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 1        | 2         |
| REHABILITATION HOSPITAL  |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 0         | 2        | 2         |
| SURGERY  |   |  | 0         | 2        | 2         |
| <b>75710</b>   | <b>ANGIOGRAPHY EXTREMITY UNILATERAL RS<br/>AND I</b>            |  | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2         | 1        | 3         |
| MULTI-SPECIALTY  |   |  | 2         | 1        | 3         |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0        | 1         |
| <b>75716</b>   | <b>ANGIOGRAPHY EXTREMITY BILATERAL RS<br/>AND I</b>             |  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1         | 1        | 2         |
| MULTI-SPECIALTY  |   |  | 1         | 1        | 2         |
| <b>HOSPITAL</b>  |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0         | 1        | 1         |
| <b>75726</b>   | <b>ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV<br/>RS and I</b>       |  | <b>11</b> | <b>2</b> | <b>13</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |   |  | 4         | 2        | 6         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4         | 2        | 6         |
| <b>PHYSICIAN</b>   |   |  | 4         | 0        | 4         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 4         | 0        | 4         |
| <b>SERVICE LOCATION</b>  |   |  | 1         | 0        | 1         |



|  |  |           |          |           |
|--|--|-----------|----------|-----------|
| <b>75774</b>   | <b>ANGRPH SLCTV EA VSL STUDIED AFTER BASIC<br/>XM RS AND I</b> | <b>12</b> | <b>3</b> | <b>15</b> |
| <b>GROUP OF PROVIDERS</b>  |  | 3         | 1        | 4         |
| MULTI-SPECIALTY  |  | 3         | 1        | 4         |
| <b>HOSPITAL</b>  |  | 4         | 2        | 6         |
| GENERAL ACUTE CARE HOSPITAL  |  | 4         | 2        | 6         |
| <b>PHYSICIAN</b>   |  | 4         | 0        | 4         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  | 4         | 0        | 4         |
| <b>SERVICE LOCATION</b>  |  | 1         | 0        | 1         |
| <b>75820</b>   | <b>VENOGRAPHY EXTREMITY UNILATERAL RS<br/>AND I</b>            | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |  | 0         | 1        | 1         |
| INTERNAL MEDICINE  |  | 0         | 1        | 1         |
| <b>75894</b>   | <b>TRANSCATHETER EMBOLIZATION ANY METH<br/>RS AND I</b>        | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>HOSPITAL</b>  |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL  |  | 5         | 0        | 5         |
| <b>PHYSICIAN</b>   |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  | 1         | 0        | 1         |
| <b>75898</b>   | <b>ANGRPH CATH F-UP STD TCAT OTHER THAN<br/>THROMBYLSIS</b>    | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  | 1         | 0        | 1         |
| <b>76000</b>   | <b>FLUOROSCOPY UP TO 1 HOUR<br/>PHYSICIAN/QHP TIME</b>         | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |  | 1         | 0        | 1         |
| <b>76376</b>   | <b>3D RENDERING W/INTERP and POSTPROCESS<br/>SUPERVISION</b>   | <b>3</b>  | <b>2</b> | <b>5</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |  | 1         | 1        | 2         |
| CLINIC/CENTER - RADIOLOGY  |  | 1         | 1        | 2         |
| <b>HOSPITAL</b>  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |  | 2         | 0        | 2         |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| <b>PHYSICIAN</b>                       |   |  | 0        | 1         | 1         |
| CARDIOVASCULAR DISEASE                 |   |  | 0        | 1         | 1         |
| <b>76377</b>                           | <b>3D RENDERING W/INTERP and POSTPROC<br/>DIFF WORK STATION</b> |  | <b>7</b> | <b>15</b> | <b>22</b> |
| <b>HOSPITAL</b>                        |   |  | 6        | 1         | 7         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 6        | 1         | 7         |
| <b>PHYSICIAN</b>                       |   |  | 1        | 14        | 15        |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY    |   |  | 1        | 14        | 15        |
| <b>76391</b>                           | <b>MAGNETIC RESONANCE ELASTOGRAPHY</b>                          |  | <b>0</b> | <b>6</b>  | <b>6</b>  |
| <b>GROUP OF PROVIDERS</b>              |   |  | 0        | 1         | 1         |
| SINGLE SPECIALTY                       |   |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>                        |   |  | 0        | 4         | 4         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 0        | 4         | 4         |
| <b>PHYSICIAN</b>                       |   |  | 0        | 1         | 1         |
| GASTROENTEROLOGY                       |   |  | 0        | 1         | 1         |
| <b>76496</b>                           | <b>UNLISTED FLUOROSCOPIC PROCEDURE</b>                          |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0         | 1         |
| <b>76498</b>                           | <b>UNLISTED MAGNETIC RESONANCE<br/>PROCEDURE</b>                |  | <b>3</b> | <b>3</b>  | <b>6</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 1        | 0         | 1         |
| CLINIC/CENTER - RADIOLOGY              |   |  | 1        | 0         | 1         |
| <b>HOSPITAL</b>                        |   |  | 2        | 1         | 3         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2        | 1         | 3         |
| <b>PHYSICIAN</b>                       |   |  | 0        | 2         | 2         |
| MEDICAL ONCOLOGY                       |   |  | 0        | 2         | 2         |
| <b>76536</b>                           | <b>US SOFT TISSUE HEAD AND NECK REAL TIME<br/>IMGE DOCM</b>     |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0         | 1         |
| <b>76641</b>                           | <b>US BREAST UNI REAL TIME WITH IMAGE<br/>COMPLETE</b>          |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0         | 1         |
| <b>76700</b>                           | <b>US ABDOMINAL REAL TIME W/IMAGE<br/>DOCUMENTATION</b>         |  | <b>4</b> | <b>6</b>  | <b>10</b> |
| <b>HOSPITAL</b>                        |   |  | 4        | 5         | 9         |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 4        | 5        | 9        |
| <b>LABORATORY</b>  |   |  | 0        | 1        | 1        |
| CLINICAL MEDICAL LABORATORY                                  |   |  | 0        | 1        | 1        |
| <b>76705</b>   | <b>US ABDOMINAL REAL TIME W/IMAGE LIMITED</b>           |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>LABORATORY</b>  |   |  | 0        | 1        | 1        |
| CLINICAL MEDICAL LABORATORY                                  |   |  | 0        | 1        | 1        |
| <b>76770</b>   | <b>US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE</b>    |  | <b>2</b> | <b>3</b> | <b>5</b> |
| <b>HOSPITAL</b>  |   |  | 2        | 3        | 5        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 2        | 3        | 5        |
| <b>76801</b>   | <b>US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1        |
| <b>76805</b>   | <b>US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1        |
| <b>SERVICE LOCATION</b>                                      |   |  | 1        | 0        | 1        |
| <b>76811</b>   | <b>US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION</b> |  | <b>4</b> | <b>1</b> | <b>5</b> |
| <b>PHYSICIAN</b>   |   |  | 3        | 1        | 4        |
| OBSTETRICS & GYNECOLOGY                                      |   |  | 0        | 1        | 1        |
| OBSTETRICS & GYNECOLOGY - MATERNAL & FETAL MEDICINE - 207VM0 |   |  | 3        | 0        | 3        |
| <b>SERVICE LOCATION</b>                                      |   |  | 1        | 0        | 1        |
| <b>76813</b>   | <b>US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1        |
| <b>76815</b>   | <b>US PREGNANT UTERUS LIMITED 1 OR GT FETUSES</b>       |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 2        | 0        | 2        |
| OBSTETRICS & GYNECOLOGY - MATERNAL & FETAL MEDICINE - 207VM0 |   |  | 2        | 0        | 2        |
| <b>SERVICE LOCATION</b>                                      |   |  | 1        | 0        | 1        |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>76816</b>   | <b>US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS</b>  |  | <b>11</b> | <b>1</b> | <b>12</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 5         | 0        | 5         |
| MULTI-SPECIALTY  |   |  | 5         | 0        | 5         |
| <b>PHYSICIAN</b>   |   |  | 5         | 1        | 6         |
| OBSTETRICS & GYNECOLOGY  |   |  | 0         | 1        | 1         |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |   |  | 5         | 0        | 5         |
| <b>SERVICE LOCATION</b>  |   |  | 1         | 0        | 1         |
| <b>76817</b>   | <b>US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG</b>  |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 2         | 0        | 2         |
| <b>SERVICE LOCATION</b>  |   |  | 1         | 0        | 1         |
| <b>76819</b>   | <b>FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING</b> |  | <b>10</b> | <b>1</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 4         | 0        | 4         |
| MULTI-SPECIALTY  |   |  | 4         | 0        | 4         |
| <b>PHYSICIAN</b>   |   |  | 4         | 1        | 5         |
| OBSTETRICS & GYNECOLOGY  |   |  | 0         | 1        | 1         |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |   |  | 4         | 0        | 4         |
| <b>SERVICE LOCATION</b>  |   |  | 2         | 0        | 2         |
| <b>76820</b>   | <b>DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY</b>       |  | <b>10</b> | <b>1</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 3         | 0        | 3         |
| MULTI-SPECIALTY  |   |  | 3         | 0        | 3         |
| <b>PHYSICIAN</b>   |   |  | 5         | 1        | 6         |
| OBSTETRICS & GYNECOLOGY  |   |  | 0         | 1        | 1         |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |   |  | 5         | 0        | 5         |
| <b>SERVICE LOCATION</b>  |   |  | 2         | 0        | 2         |
| <b>76821</b>   | <b>DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART</b>    |  | <b>9</b>  | <b>0</b> | <b>9</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 3         | 0        | 3         |
| MULTI-SPECIALTY  |   |  | 3         | 0        | 3         |
| <b>PHYSICIAN</b>   |   |  | 4         | 0        | 4         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |  |  | 4         | 0        | 4         |
| <b>SERVICE LOCATION</b>  |  |  | 2         | 0        | 2         |
| <b>76825</b>   | <b>ECHO FETAL CARDIOVASC W/WO M-MODE<br/>RECORDING</b>       |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |  |  | 1         | 0        | 1         |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |  |  | 1         | 0        | 1         |
| <b>76830</b>   | <b>US TRANSVAGINAL</b>                                       |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY  |  |  | 1         | 0        | 1         |
| <b>76856</b>   | <b>US PELVIC NONOBSTETRIC REAL-TIME IMAGE<br/>COMPLETE</b>   |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>LABORATORY</b>  |  |  | 0         | 1        | 1         |
| CLINIC/CENTER - RADIOLOGY  |  |  | 0         | 1        | 1         |
| <b>76870</b>   | <b>US SCROTUM AND CONTENTS</b>                               |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 1         | 0        | 1         |
| <b>76937</b>   | <b>US VASC ACCESS SITS VSL PATENCY NDL<br/>ENTRY</b>         |  | <b>14</b> | <b>1</b> | <b>15</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 2         | 1        | 3         |
| MULTI-SPECIALTY  |  |  | 2         | 1        | 3         |
| <b>HOSPITAL</b>  |  |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 5         | 0        | 5         |
| <b>PHYSICIAN</b>   |  |  | 6         | 0        | 6         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |  |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 5         | 0        | 5         |
| <b>SERVICE LOCATION</b>  |  |  | 1         | 0        | 1         |
| <b>76942</b>   | <b>US GUIDANCE NEEDLE PLACEMENT IMG S<br/>AND I</b>          |  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>HOSPITAL</b>  |  |  | 5         | 1        | 6         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 5         | 1        | 6         |
| <b>76945</b>   | <b>US GUIDANCE CHORIONIC VILLUS SAMPLING<br/>IMG S AND I</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1         | 0        | 1         |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1        |
| <b>76946</b>   | <b>US GUIDANCE AMNIOCENTESIS IMG S AND I</b>                |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |   |  | 1        | 0        | 1        |
| <b>76998</b>   | <b>ULTRASONIC GUIDANCE INTRAOPERATIVE</b>                   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |   |  | 1        | 0        | 1        |
| <b>77001</b>   | <b>FLUORO CENTRAL VENOUS ACCESS DEV<br/>PLACEMENT</b>       |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| SPECIAL HOSPITAL   |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |   |  | 1        | 0        | 1        |
| <b>77002</b>   | <b>FLUOROSCOPIC GUIDANCE NEEDLE<br/>PLACEMENT ADD ON</b>    |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1        | 0        | 1        |
| <b>77003</b>   | <b>FLUOR NEEDLE/CATH SPINE/PARASPINAL<br/>DX/THER ADDON</b> |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>  |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 2        | 0        | 2        |
| <b>77011</b>   | <b>CT GUIDANCE STEREOTACTIC LOCALIZATION</b>                |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 1        | 2        |
| OTOLARYNGOLOGY   |   |  | 1        | 1        | 2        |
| <b>77012</b>   | <b>CT GUIDANCE NEEDLE PLACEMENT</b>                         |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 1        | 1        |

|  |   |  |          |          |           |
|--|---|--|----------|----------|-----------|
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1        | 0        | 1         |
| <b>77014</b>   | <b>CT GUIDANCE RADIATION THERAPY FLDS<br/>PLACEMENT</b>         |  | <b>4</b> | <b>1</b> | <b>5</b>  |
| <b>HOSPITAL</b>  |   |  | 4        | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4        | 0        | 4         |
| <b>PHYSICIAN</b>   |   |  | 0        | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY                                     |   |  | 0        | 1        | 1         |
| <b>77049</b>   | <b>MRI BREAST WITHOUT and WITH CONTRAST<br/>W/CAD BILATERAL</b> |  | <b>9</b> | <b>5</b> | <b>14</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |   |  | 1        | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY  |   |  | 1        | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2        | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1         |
| SINGLE SPECIALTY   |   |  | 1        | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 6        | 5        | 11        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 6        | 5        | 11        |
| <b>77065</b>   | <b>DIAGNOSTIC MAMMOGRAPHY COMPUTER-<br/>AIDED DETCJ UNI</b>     |  | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1         |
| <b>77066</b>   | <b>DIAGNOSTIC MAMMOGRAPHY COMPUTER-<br/>AIDED DETCJ BI</b>      |  | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1         |
| <b>77080</b>   | <b>DXA BONE DENSITY STUDY 1 OR GT SITES<br/>AXIAL SKEL</b>      |  | <b>9</b> | <b>2</b> | <b>11</b> |
| <b>HOSPITAL</b>  |   |  | 9        | 2        | 11        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 8        | 2        | 10        |
| SPECIAL HOSPITAL   |   |  | 1        | 0        | 1         |
| <b>77081</b>   | <b>DXA BONE DENSITY STUDY 1 OR GT SITES<br/>APPENDICLR SKEL</b> |  | <b>3</b> | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>  |   |  | 3        | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 3        | 0        | 3         |
| <b>77084</b>   | <b>BONE MARROW BLOOD SUPPLY</b>                                 |  | <b>5</b> | <b>2</b> | <b>7</b>  |
| <b>HOSPITAL</b>  |   |  | 5        | 2        | 7         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 5        | 2        | 7         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>77263</b>   | <b>THERAPEUTIC RADIOLOGY TX PLANNING<br/>COMPLEX</b>    |  | <b>18</b> | <b>3</b> | <b>21</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 4         | 0        | 4         |
| MULTI-SPECIALTY  |   |  | 4         | 0        | 4         |
| <b>HOSPITAL</b>  |   |  | 12        | 2        | 14        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 11        | 2        | 13        |
| SPECIAL HOSPITAL   |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 1         | 1        | 2         |
| RADIOLOGY - RADIATION ONCOLOGY                                     |   |  | 0         | 1        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>  |   |  | 1         | 0        | 1         |
| <b>77280</b>   | <b>THER RAD SIMULAJ-AIDED FIELD SETTING<br/>SIMPLE</b>  |  | <b>8</b>  | <b>3</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1         | 1        | 2         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 7         | 1        | 8         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 6         | 0        | 6         |
| SPECIAL HOSPITAL   |   |  | 1         | 1        | 2         |
| <b>PHYSICIAN</b>   |   |  | 0         | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY                                     |   |  | 0         | 1        | 1         |
| <b>77290</b>   | <b>THER RAD SIMULAJ-AIDED FIELD SETTING<br/>COMPLEX</b> |  | <b>15</b> | <b>2</b> | <b>17</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 4         | 0        | 4         |
| MULTI-SPECIALTY  |   |  | 4         | 0        | 4         |
| <b>HOSPITAL</b>  |   |  | 9         | 1        | 10        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 7         | 0        | 7         |
| SPECIAL HOSPITAL   |   |  | 2         | 1        | 3         |
| <b>PHYSICIAN</b>   |   |  | 1         | 1        | 2         |
| RADIOLOGY - RADIATION ONCOLOGY                                     |   |  | 0         | 1        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>  |   |  | 1         | 0        | 1         |
| <b>77293</b>   | <b>RESPIRATORY MOTION MANAGEMENT<br/>SIMULATION</b>     |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>  |   |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4         | 0        | 4         |



|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| SPECIAL HOSPITAL   |   |  | 1         | 0        | 1         |
| <b>77295</b>   | <b>3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS</b>     |  | <b>7</b>  | <b>1</b> | <b>8</b>  |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 6         | 1        | 7         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 6         | 1        | 7         |
| <b>77299</b>   | <b>UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING</b>  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY                           |   |  | 1         | 0        | 1         |
| <b>77300</b>   | <b>BASIC RADIATION DOSIMETRY CALCULATION</b>            |  | <b>17</b> | <b>3</b> | <b>20</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 4         | 0        | 4         |
| MULTI-SPECIALTY  |   |  | 4         | 0        | 4         |
| <b>HOSPITAL</b>  |   |  | 11        | 2        | 13        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 10        | 2        | 12        |
| SPECIAL HOSPITAL   |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 1         | 1        | 2         |
| RADIOLOGY - RADIATION ONCOLOGY                               |   |  | 0         | 1        | 1         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>                                      |   |  | 1         | 0        | 1         |
| <b>77301</b>   | <b>NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS</b>           |  | <b>7</b>  | <b>1</b> | <b>8</b>  |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 5         | 0        | 5         |
| SPECIAL HOSPITAL   |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 0         | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY                               |   |  | 0         | 1        | 1         |
| <b>77306</b>   | <b>TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1         | 0        | 1         |
| <b>77307</b>   | <b>TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY</b>       |  | <b>3</b>  | <b>0</b> | <b>3</b>  |

|                                |  |  |           |          |           |
|--------------------------------|--|--|-----------|----------|-----------|
| <b>GROUP OF PROVIDERS</b>      |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 2         | 0        | 2         |
| <b>77321</b>                   | <b>SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY</b>     |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 2         | 0        | 2         |
| <b>77332</b>                   | <b>TX DEVICES DESIGN AND CONSTRUCTION SIMPLE</b>       |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>GROUP OF PROVIDERS</b>      |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 3         | 0        | 3         |
| <b>77333</b>                   | <b>TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE</b> |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 2         | 0        | 2         |
| <b>77334</b>                   | <b>TX DEVICES DESIGN AND CONSTRUCTION COMPLEX</b>      |  | <b>10</b> | <b>2</b> | <b>12</b> |
| <b>GROUP OF PROVIDERS</b>      |  |  | 2         | 0        | 2         |
| MULTI-SPECIALTY                |  |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>                |  |  | 8         | 1        | 9         |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 7         | 1        | 8         |
| SPECIAL HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>               |  |  | 0         | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY |  |  | 0         | 1        | 1         |
| <b>77336</b>                   | <b>CONTINUING MEDICAL PHYSICS CONSLTJ PR WK</b>        |  | <b>12</b> | <b>4</b> | <b>16</b> |
| <b>GROUP OF PROVIDERS</b>      |  |  | 2         | 0        | 2         |
| MULTI-SPECIALTY                |  |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>                |  |  | 10        | 3        | 13        |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 9         | 3        | 12        |
| SPECIAL HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>               |  |  | 0         | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY |  |  | 0         | 1        | 1         |
| <b>77338</b>                   | <b>MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN</b>  |  | <b>7</b>  | <b>1</b> | <b>8</b>  |

|                                |   |  |           |          |           |
|--------------------------------|---|--|-----------|----------|-----------|
| <b>GROUP OF PROVIDERS</b>      |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                |   |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 5         | 0        | 5         |
| SPECIAL HOSPITAL               |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>               |   |  | 0         | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY |   |  | 0         | 1        | 1         |
| <b>77373</b>                   | <b>STEREOTACTIC BODY RADIATION DELIVERY</b>                         |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL               |   |  | 1         | 0        | 1         |
| <b>77385</b>                   | <b>INTENSITY MODULATED RADIATION TX DLVR<br/>SIMPLE</b>             |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>               |   |  | 0         | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY |   |  | 0         | 1        | 1         |
| <b>77386</b>                   | <b>INTENSITY MODULATED RADIATION TX DLVR<br/>COMPLEX</b>            |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>                |   |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 5         | 0        | 5         |
| <b>77387</b>                   | <b>GUIDANCE FOR LOCLZJ TARGET VOL FOR<br/>RADJ TX DLVR</b>          |  | <b>4</b>  | <b>1</b> | <b>5</b>  |
| <b>HOSPITAL</b>                |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 4         | 0        | 4         |
| <b>PHYSICIAN</b>               |   |  | 0         | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY |   |  | 0         | 1        | 1         |
| <b>77399</b>                   | <b>UNLISTD PX MED RADJ PHYSIC DOSIM and TX<br/>DEV and SPEC SVC</b> |  | <b>14</b> | <b>1</b> | <b>15</b> |
| <b>HOSPITAL</b>                |   |  | 14        | 1        | 15        |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 14        | 1        | 15        |
| <b>77412</b>                   | <b>RADIATION TREATMENT DELIVERY 1 MEV<br/>Equal to GT COMPLEX</b>   |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>GROUP OF PROVIDERS</b>      |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 1         | 0        | 1         |
| <b>77417</b>                   | <b>THERAPEUTIC RADIOLOGY PORT IMAGES(S)</b>                         |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>GROUP OF PROVIDERS</b>      |   |  | 1         | 0        | 1         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 3         | 0        | 3         |
| <b>77427</b>   | <b>RADIATION TREATMENT MANAGEMENT 5 TREATMENTS</b> |  | <b>9</b>  | <b>2</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1         | 1        | 2         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 8         | 0        | 8         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 8         | 0        | 8         |
| <b>PHYSICIAN</b>   |  |  | 0         | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY                                     |  |  | 0         | 1        | 1         |
| <b>77435</b>   | <b>STEREOTACTIC BODY RADIATION MANAGEMENT</b>      |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |  |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL   |  |  | 1         | 0        | 1         |
| <b>77470</b>   | <b>SPECIAL TREATMENT PROCEDURE</b>                 |  | <b>11</b> | <b>0</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 8         | 0        | 8         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 7         | 0        | 7         |
| SPECIAL HOSPITAL   |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |  |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>  |  |  | 1         | 0        | 1         |
| <b>77520</b>   | <b>PROTON TX DELIVERY SIMPLE W/O COMPENSATION</b>  |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>  |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |  |  | 1         | 0        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY                                     |  |  | 1         | 0        | 1         |
| <b>77522</b>   | <b>PROTON TX DELIVERY SIMPLE W/COMPENSATION</b>    |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>  |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |  |  | 1         | 0        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY                                     |  |  | 1         | 0        | 1         |

|                                |   |  |          |          |          |
|--------------------------------|---|--|----------|----------|----------|
| <b>77523</b>                   | <b>PROTON TX DELIVERY INTERMEDIATE</b>                  |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 2        | 0        | 2        |
| <b>PHYSICIAN</b>               |   |  | 1        | 0        | 1        |
| RADIOLOGY - RADIATION ONCOLOGY |   |  | 1        | 0        | 1        |
| <b>77525</b>                   | <b>PROTON TX DELIVERY COMPLEX</b>                       |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 2        | 0        | 2        |
| <b>PHYSICIAN</b>               |   |  | 1        | 0        | 1        |
| RADIOLOGY - RADIATION ONCOLOGY |   |  | 1        | 0        | 1        |
| <b>77600</b>                   | <b>HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL</b>      |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>      |   |  | 0        | 1        | 1        |
| <b>77605</b>                   | <b>HYPERTHERMIA EXTERNAL GENERATED DEEP</b>             |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>      |   |  | 0        | 1        | 1        |
| <b>77771</b>                   | <b>HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL</b>   |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 2        | 0        | 2        |
| <b>77772</b>                   | <b>HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 1        | 0        | 1        |
| <b>77790</b>                   | <b>SUPERVISION HANDLING LOADING RADIATION SOURCE</b>    |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 2        | 0        | 2        |
| <b>78099</b>                   | <b>UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 1        | 0        | 1        |
| <b>78201</b>                   | <b>LIVER IMAGING STATIC ONLY</b>                        |  | <b>6</b> | <b>2</b> | <b>8</b> |
| <b>GROUP OF PROVIDERS</b>      |   |  | 1        | 0        | 1        |
| MULTI-SPECIALTY                |   |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>                |   |  | 3        | 2        | 5        |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 3        | 2        | 5        |
| <b>PHYSICIAN</b>               |   |  | 1        | 0        | 1        |

|  |  |  |           |            |            |
|--|--|--|-----------|------------|------------|
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1         | 0          | 1          |
| <b>SERVICE LOCATION</b>  |  |  | 1         | 0          | 1          |
| <b>78264</b>   | <b>GASTRIC EMPTYING IMAGING STUDY</b>                          |  | <b>1</b>  | <b>0</b>   | <b>1</b>   |
| <b>HOSPITAL</b>  |  |  | 1         | 0          | 1          |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1         | 0          | 1          |
| <b>78306</b>   | <b>BONE and /JOINT IMAGING WHOLE BODY</b>                      |  | <b>6</b>  | <b>1</b>   | <b>7</b>   |
| <b>HOSPITAL</b>  |  |  | 5         | 0          | 5          |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 5         | 0          | 5          |
| <b>PHYSICIAN</b>   |  |  | 1         | 1          | 2          |
| HEMATOLOGY   |  |  | 0         | 1          | 1          |
| UROLOGY  |  |  | 1         | 0          | 1          |
| <b>78431</b>   | <b>MYOCDR IMG PET PRFUJ MLT STD RST AND<br/>STRS CNCRNT CT</b> |  | <b>3</b>  | <b>10</b>  | <b>13</b>  |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0         | 2          | 2          |
| MULTI-SPECIALTY  |  |  | 0         | 2          | 2          |
| <b>HOSPITAL</b>  |  |  | 1         | 3          | 4          |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1         | 3          | 4          |
| <b>LABORATORY</b>  |  |  | 2         | 0          | 2          |
| PHYSIOLOGICAL LABORATORY   |  |  | 2         | 0          | 2          |
| <b>PHYSICIAN</b>   |  |  | 0         | 5          | 5          |
| CARDIOLOGY   |  |  | 0         | 1          | 1          |
| CARDIOVASCULAR DISEASE   |  |  | 0         | 2          | 2          |
| INTERNAL MEDICINE  |  |  | 0         | 2          | 2          |
| <b>78434</b>   | <b>AQMBF PET REST AND PHARMACOLOGIC<br/>STRESS</b>             |  | <b>2</b>  | <b>0</b>   | <b>2</b>   |
| <b>HOSPITAL</b>  |  |  | 2         | 0          | 2          |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 2         | 0          | 2          |
| <b>78451</b>   | <b>MYOCARDIAL SPECT SINGLE STUDY AT REST<br/>OR STRESS</b>     |  | <b>4</b>  | <b>5</b>   | <b>9</b>   |
| <b>HOSPITAL</b>  |  |  | 4         | 4          | 8          |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 4         | 4          | 8          |
| <b>PHYSICIAN</b>   |  |  | 0         | 1          | 1          |
| CARDIOVASCULAR DISEASE   |  |  | 0         | 1          | 1          |
| <b>78452</b>   | <b>MYOCARDIAL SPECT MULTIPLE STUDIES</b>                       |  | <b>21</b> | <b>184</b> | <b>205</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |  |  | 0         | 1          | 1          |

|   |  |  |          |           |           |
|---|--|--|----------|-----------|-----------|
| CLINIC/CENTER - RADIOLOGY                                       |  |  | 0        | 1         | 1         |
| <b>GROUP OF PROVIDERS</b>                                       |  |  | 1        | 36        | 37        |
| MULTI-SPECIALTY   |  |  | 0        | 24        | 24        |
| SINGLE SPECIALTY  |  |  | 1        | 12        | 13        |
| <b>HOSPITAL</b>   |  |  | 12       | 31        | 43        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |  |  | 1        | 2         | 3         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 11       | 29        | 40        |
| <b>PHYSICIAN</b>  |  |  | 8        | 109       | 117       |
| CARDIOLOGY  |  |  | 0        | 13        | 13        |
| CARDIOVASCULAR DISEASE  |  |  | 5        | 86        | 91        |
| CLINICAL CARDIAC<br>ELECTROPHYSIOLOGY                           |  |  | 1        | 1         | 2         |
| INTERNAL MEDICINE   |  |  | 2        | 9         | 11        |
| <b>PORTABLE X-RAY SUPPLIER</b>                                  |  |  | 0        | 5         | 5         |
| CLINIC/CENTER - RADIOLOGY                                       |  |  | 0        | 1         | 1         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                             |  |  | 0        | 4         | 4         |
| <b>URGENT CARE CENTER</b>                                       |  |  | 0        | 2         | 2         |
| CLINIC/CENTER - URGENT CARE                                     |  |  | 0        | 2         | 2         |
| <b>78454</b>  | <b>MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES</b>        |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>HOSPITAL</b>   |  |  | 0        | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 0        | 1         | 1         |
| <b>78469</b>  | <b>MYOCRD INFARCT AVID PLNR TOMOG SPECT W/VO QUANTJ</b>    |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>HOSPITAL</b>   |  |  | 0        | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 0        | 1         | 1         |
| <b>78472</b>  | <b>CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS</b>    |  | <b>1</b> | <b>2</b>  | <b>3</b>  |
| <b>HOSPITAL</b>   |  |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 1        | 0         | 1         |
| <b>PHYSICIAN</b>  |  |  | 0        | 2         | 2         |
| CLINICAL CARDIAC<br>ELECTROPHYSIOLOGY                           |  |  | 0        | 2         | 2         |
| <b>78492</b>  | <b>MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST AND STRESS</b> |  | <b>0</b> | <b>12</b> | <b>12</b> |
| <b>GROUP OF PROVIDERS</b>                                       |  |  | 0        | 2         | 2         |
| MULTI-SPECIALTY   |  |  | 0        | 2         | 2         |

|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| <b>PHYSICIAN</b>   |  |  | 0        | 10       | 10       |
| CARDIOVASCULAR DISEASE   |  |  | 0        | 9        | 9        |
| INTERNAL MEDICINE  |  |  | 0        | 1        | 1        |
| <b>78597</b>   | <b>QUANT DIFFERENTIAL PULM PERFUSION<br/>W/WO IMAGING</b>            |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 2        | 0        | 2        |
| <b>78598</b>   | <b>QUANT DIFF PULM PRFUSION and VENTLAJ<br/>W/WO IMAGIN</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1        | 0        | 1        |
| <b>78608</b>   | <b>BRAIN IMAGING PET METABOLIC<br/>EVALUATION</b>                    |  | <b>0</b> | <b>6</b> | <b>6</b> |
| <b>HOSPITAL</b>  |  |  | 0        | 6        | 6        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 0        | 5        | 5        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 0        | 1        | 1        |
| <b>78708</b>   | <b>KIDNEY IMG MORPHOLOGY VASCULAR FLOW<br/>1 W/RX</b>                |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |  |  | 1        | 0        | 1        |
| <b>78725</b>   | <b>KIDNEY FUNCJ STUDY NON-IMG<br/>RADIOISOTOPIC STUDY</b>            |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 2        | 0        | 2        |
| <b>78801</b>   | <b>RP LOCLZJ TUM PLNR 2 Plus AREA 1 Plus D<br/>IMG/1 AREA IMG GT</b> |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |  |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |  |  | 2        | 0        | 2        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 2        | 0        | 2        |
| <b>78802</b>   | <b>RP LOCLZJ TUM PLNR WHOLE BODY SINGLE<br/>DAY IMAGING</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1        | 0        | 1        |
| <b>78803</b>   | <b>RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY<br/>IMG</b>              |  | <b>3</b> | <b>1</b> | <b>4</b> |
| <b>HOSPITAL</b>  |  |  | 3        | 1        | 4        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 3        | 1        | 4        |



|  |  |           |           |           |
|--|--|-----------|-----------|-----------|
| <b>78813</b>                           | <b>PET IMAGING WHOLE BODY</b>                          | <b>0</b>  | <b>1</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |  | 0         | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  | 0         | 1         | 1         |
| <b>78815</b>                           | <b>PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH</b> | <b>36</b> | <b>23</b> | <b>59</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  | 0         | 1         | 1         |
| CLINIC/CENTER - RADIOLOGY              |  | 0         | 1         | 1         |
| <b>DME SUPPLIER</b>                    |  | 1         | 1         | 2         |
| PORTABLE X-RAY SUPPLIER                |  | 1         | 1         | 2         |
| <b>GROUP OF PROVIDERS</b>              |  | 2         | 1         | 3         |
| MULTI-SPECIALTY                        |  | 2         | 1         | 3         |
| <b>HOSPITAL</b>                        |  | 16        | 11        | 27        |
| GENERAL ACUTE CARE HOSPITAL            |  | 16        | 11        | 27        |
| <b>LABORATORY</b>                      |  | 0         | 1         | 1         |
| PHYSIOLOGICAL LABORATORY               |  | 0         | 1         | 1         |
| <b>PHYSICIAN</b>                       |  | 17        | 8         | 25        |
| HEMATOLOGY                             |  | 1         | 1         | 2         |
| HEMATOLOGY & ONCOLOGY                  |  | 7         | 5         | 12        |
| INTERNAL MEDICINE                      |  | 1         | 0         | 1         |
| MEDICAL ONCOLOGY                       |  | 7         | 2         | 9         |
| RADIOLOGY - RADIATION ONCOLOGY         |  | 1         | 0         | 1         |
| <b>78816</b>                           | <b>PET IMAGING FOR CT ATTENUATION WHOLE BODY</b>       | <b>3</b>  | <b>7</b>  | <b>10</b> |
| <b>GROUP OF PROVIDERS</b>              |  | 0         | 1         | 1         |
| MULTI-SPECIALTY                        |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>                        |  | 1         | 4         | 5         |
| GENERAL ACUTE CARE HOSPITAL            |  | 1         | 4         | 5         |
| <b>PHYSICIAN</b>                       |  | 1         | 1         | 2         |
| MEDICAL ONCOLOGY                       |  | 1         | 1         | 2         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |  | 1         | 1         | 2         |
| CLINIC/CENTER - RADIOLOGY              |  | 1         | 1         | 2         |
| <b>79005</b>                           | <b>RP THERAPY ORAL ADMINISTRATION</b>                  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                        |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  | 1         | 0         | 1         |
| <b>79101</b>                           | <b>RP THERAPY INTRAVENOUS ADMINISTRATION</b>           | <b>1</b>  | <b>0</b>  | <b>1</b>  |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |   |  | 1         | 0        | 1         |
| <b>79445</b>   | <b>RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN</b>     |  | <b>8</b>  | <b>2</b> | <b>10</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |   |  | 4         | 2        | 6         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 4         | 2        | 6         |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>                                      |   |  | 1         | 0        | 1         |
| <b>80048</b>   | <b>BASIC METABOLIC PANEL CALCIUM TOTAL</b>            |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 2         | 0        | 2         |
| <b>80050</b>   | <b>GENERAL HEALTH PANEL</b>                           |  | <b>11</b> | <b>1</b> | <b>12</b> |
| <b>HOSPITAL</b>  |   |  | 11        | 1        | 12        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 3         | 1        | 4         |
| SPECIAL HOSPITAL   |   |  | 8         | 0        | 8         |
| <b>80051</b>   | <b>Electrolyte panel</b>                              |  | <b>11</b> | <b>1</b> | <b>12</b> |
| <b>HOSPITAL</b>  |   |  | 11        | 1        | 12        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 3         | 1        | 4         |
| SPECIAL HOSPITAL   |   |  | 8         | 0        | 8         |
| <b>80053</b>   | <b>COMPREHENSIVE METABOLIC PANEL</b>                  |  | <b>11</b> | <b>2</b> | <b>13</b> |
| <b>HOSPITAL</b>  |   |  | 11        | 2        | 13        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 3         | 2        | 5         |
| SPECIAL HOSPITAL   |   |  | 8         | 0        | 8         |
| <b>80061</b>   | <b>Lipid panel</b>                                    |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 1        | 3         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 2         | 1        | 3         |
| <b>80076</b>   | <b>Hepatic Function Panel</b>                         |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 2         | 0        | 2         |
| <b>80307</b>   | <b>DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE</b> |  | <b>18</b> | <b>5</b> | <b>23</b> |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| <b>GROUP OF PROVIDERS</b>  |   |  | 2        | 0        | 2        |
| MULTI-SPECIALTY  |   |  | 2        | 0        | 2        |
| <b>HOSPITAL</b>  |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4        | 0        | 4        |
| <b>PHYSICIAN</b>   |   |  | 12       | 5        | 17       |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 1        | 0        | 1        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 3        | 2        | 5        |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 8        | 3        | 11       |
| <b>80320</b>   | <b>DRUG SCREEN QUANTITATIVE ALCOHOLS</b>                    |  | <b>4</b> | <b>1</b> | <b>5</b> |
| <b>HOSPITAL</b>  |   |  | 4        | 1        | 5        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4        | 1        | 5        |
| <b>80321</b>   | <b>DRUG SCREEN QUANT ALCOHOLS<br/>BIOMARKERS 1 OR 2</b>     |  | <b>1</b> | <b>2</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 2        | 3        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 2        | 3        |
| <b>80324</b>   | <b>DRUG SCREEN QUANT AMPHETAMINES 1 OR<br/>2</b>            |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 1        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 0        | 1        | 1        |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 1        | 0        | 1        |
| <b>80335</b>   | <b>ANTIDEPRESSANTS TRICYCLIC OTHER<br/>CYCLICALS 1 OR 2</b> |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 0        | 1        | 1        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 0        | 1        | 1        |
| <b>80346</b>   | <b>DRUG SCREENING BENZODIAZEPINES 1-12</b>                  |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 0        | 1        | 1        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 0        | 1        | 1        |
| <b>80349</b>   | <b>DRUG SCREENING CANNABINOIDS NATURAL</b>                  |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 0        | 1        | 1        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 0        | 1        | 1        |
| <b>80353</b>   | <b>DRUG SCREENING COCAINE</b>                               |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>PHYSICIAN</b>   |   |  | 2        | 1        | 3        |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 1        | 1        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 1        | 0        | 1        |
| <b>80354</b>   | <b>DRUG SCREENING FENTANYL</b>                              |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>PHYSICIAN</b>   |   |  | 2        | 1        | 3        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 1        | 1        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 1        | 0        | 1        |
| <b>80362</b>   | <b>DRUG SCREENING OPIOIDS AND OPIATE<br/>ANALOGS 1 OR 2</b> |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>PHYSICIAN</b>   |   |  | 2        | 1        | 3        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 1        | 1        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 1        | 0        | 1        |
| <b>81001</b>   | <b>URNLS DIP STICK/TABLET REAGENT AUTO<br/>MICROSCOPY</b>   |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 2        | 0        | 2        |
| <b>81003</b>   | <b>URNLS DIP STICK/TABLET RGNT AUTO W/O<br/>MICROSCOPY</b>  |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| UROLOGY  |   |  | 1        | 0        | 1        |
| <b>81015</b>   | <b>URINALYSIS MICROSCOPIC ONLY</b>                          |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 2        | 0        | 2        |
| <b>81120</b>   | <b>IDH1 COMMON VARIANTS</b>                                 |  | <b>0</b> | <b>4</b> | <b>4</b> |
| <b>LABORATORY</b>  |   |  | 0        | 4        | 4        |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 4        | 4        |
| <b>81121</b>   | <b>IDH2 COMMON VARIANTS</b>                                 |  | <b>0</b> | <b>4</b> | <b>4</b> |
| <b>LABORATORY</b>  |   |  | 0        | 4        | 4        |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 4        | 4        |
| <b>81161</b>   | <b>DMD DUPLICATION/DELETION ANALYSIS</b>                    |  | <b>0</b> | <b>3</b> | <b>3</b> |
| <b>LABORATORY</b>  |   |  | 0        | 3        | 3        |

|                             |   |  |           |           |           |
|-----------------------------|---|--|-----------|-----------|-----------|
| CLINICAL MEDICAL LABORATORY |   |  | 0         | 3         | 3         |
| <b>81162</b>                | <b>BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS</b> |  | <b>32</b> | <b>24</b> | <b>56</b> |
| <b>LABORATORY</b>           |   |  | 32        | 24        | 56        |
| CLINICAL MEDICAL LABORATORY |   |  | 32        | 24        | 56        |
| <b>81163</b>                | <b>BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS</b> |  | <b>0</b>  | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>           |   |  | 0         | 3         | 3         |
| CLINICAL MEDICAL LABORATORY |   |  | 0         | 3         | 3         |
| <b>81164</b>                | <b>BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS</b>  |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>LABORATORY</b>           |   |  | 1         | 0         | 1         |
| CLINICAL MEDICAL LABORATORY |   |  | 1         | 0         | 1         |
| <b>81166</b>                | <b>BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS</b>        |  | <b>0</b>  | <b>1</b>  | <b>1</b>  |
| <b>HOSPITAL</b>             |   |  | 0         | 1         | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 0         | 1         | 1         |
| <b>81170</b>                | <b>ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS</b>        |  | <b>0</b>  | <b>2</b>  | <b>2</b>  |
| <b>LABORATORY</b>           |   |  | 0         | 2         | 2         |
| CLINICAL MEDICAL LABORATORY |   |  | 0         | 2         | 2         |
| <b>81173</b>                | <b>AR GENE ANALYSIS FULL GENE SEQUENCE</b>              |  | <b>0</b>  | <b>4</b>  | <b>4</b>  |
| <b>LABORATORY</b>           |   |  | 0         | 4         | 4         |
| CLINICAL MEDICAL LABORATORY |   |  | 0         | 4         | 4         |
| <b>81175</b>                | <b>ASXL1 GENE ANALYSIS FULL GENE SEQUENCE</b>           |  | <b>0</b>  | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>           |   |  | 0         | 1         | 1         |
| CLINICAL MEDICAL LABORATORY |   |  | 0         | 1         | 1         |
| <b>81176</b>                | <b>ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS</b>        |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>LABORATORY</b>           |   |  | 1         | 0         | 1         |
| CLINICAL MEDICAL LABORATORY |   |  | 1         | 0         | 1         |
| <b>81185</b>                | <b>CACNA1A GENE ANALYSIS FULL GENE SEQUENCE</b>         |  | <b>0</b>  | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>           |   |  | 0         | 1         | 1         |
| CLINICAL MEDICAL LABORATORY |   |  | 0         | 1         | 1         |
| <b>81191</b>                | <b>NTRK1 TRANSLOCATION ANALYSIS</b>                     |  | <b>0</b>  | <b>2</b>  | <b>2</b>  |
| <b>LABORATORY</b>           |   |  | 0         | 2         | 2         |
| CLINICAL MEDICAL LABORATORY |   |  | 0         | 2         | 2         |
| <b>81194</b>                | <b>NTRK TRANSLOCATION ANALYSIS</b>                      |  | <b>0</b>  | <b>7</b>  | <b>7</b>  |

|                             |   |  |          |           |           |
|-----------------------------|---|--|----------|-----------|-----------|
| <b>LABORATORY</b>           |   |  | 0        | 7         | 7         |
| CLINICAL MEDICAL LABORATORY |   |  | 0        | 7         | 7         |
| <b>81201</b>                | <b>APC GENE ANALYSIS FULL GENE SEQUENCE</b>             |  | <b>1</b> | <b>3</b>  | <b>4</b>  |
| <b>LABORATORY</b>           |   |  | 1        | 3         | 4         |
| CLINICAL MEDICAL LABORATORY |   |  | 1        | 3         | 4         |
| <b>81202</b>                | <b>APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS</b>        |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>           |   |  | 0        | 1         | 1         |
| CLINICAL MEDICAL LABORATORY |   |  | 0        | 1         | 1         |
| <b>81206</b>                | <b>BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE</b> |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>           |   |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY |   |  | 0        | 3         | 3         |
| <b>81207</b>                | <b>BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE</b> |  | <b>0</b> | <b>2</b>  | <b>2</b>  |
| <b>LABORATORY</b>           |   |  | 0        | 2         | 2         |
| CLINICAL MEDICAL LABORATORY |   |  | 0        | 2         | 2         |
| <b>81208</b>                | <b>BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE</b> |  | <b>0</b> | <b>2</b>  | <b>2</b>  |
| <b>LABORATORY</b>           |   |  | 0        | 2         | 2         |
| CLINICAL MEDICAL LABORATORY |   |  | 0        | 2         | 2         |
| <b>81210</b>                | <b>BRAF GENE ANALYSIS V600 VARIANT(S)</b>               |  | <b>0</b> | <b>6</b>  | <b>6</b>  |
| <b>LABORATORY</b>           |   |  | 0        | 6         | 6         |
| CLINICAL MEDICAL LABORATORY |   |  | 0        | 6         | 6         |
| <b>81212</b>                | <b>BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT</b> |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>LABORATORY</b>           |   |  | 1        | 0         | 1         |
| CLINICAL MEDICAL LABORATORY |   |  | 1        | 0         | 1         |
| <b>81217</b>                | <b>BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT</b>       |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>           |   |  | 0        | 1         | 1         |
| CLINICAL MEDICAL LABORATORY |   |  | 0        | 1         | 1         |
| <b>81219</b>                | <b>CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9</b>     |  | <b>3</b> | <b>0</b>  | <b>3</b>  |
| <b>LABORATORY</b>           |   |  | 3        | 0         | 3         |
| CLINICAL MEDICAL LABORATORY |   |  | 3        | 0         | 3         |
| <b>81220</b>                | <b>CFTR GENE ANALYSIS COMMON VARIANTS</b>               |  | <b>1</b> | <b>22</b> | <b>23</b> |
| <b>LABORATORY</b>           |   |  | 1        | 19        | 20        |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| CLINICAL MEDICAL LABORATORY                                  |   |  | 1        | 19        | 20        |
| <b>TIN OWNER</b>   |   |  | 0        | 3         | 3         |
| <b>81225</b>   | <b>CYP2C19 GENE ANALYSIS COMMON VARIANTS</b>                |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY                                  |   |  | 0        | 3         | 3         |
| <b>81226</b>   | <b>CYP2D6 GENE ANALYSIS COMMON VARIANTS</b>                 |  | <b>0</b> | <b>5</b>  | <b>5</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 5         | 5         |
| CLINICAL MEDICAL LABORATORY                                  |   |  | 0        | 5         | 5         |
| <b>81229</b>   | <b>CYTOG ALYS CHRMOML ABNOR CPY NUMBER and SNP VRNT CGH</b> |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY                                  |   |  | 0        | 3         | 3         |
| <b>81235</b>   | <b>EGFR GENE ANALYSIS COMMON VARIANTS</b>                   |  | <b>0</b> | <b>7</b>  | <b>7</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 7         | 7         |
| CLINICAL MEDICAL LABORATORY                                  |   |  | 0        | 7         | 7         |
| <b>81236</b>   | <b>EZH2 GENE ANALYSIS FULL GENE SEQUENCE</b>                |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 1         | 1         |
| CLINICAL MEDICAL LABORATORY                                  |   |  | 0        | 1         | 1         |
| <b>81243</b>   | <b>FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES</b>       |  | <b>5</b> | <b>15</b> | <b>20</b> |
| <b>LABORATORY</b>  |   |  | 3        | 15        | 18        |
| CLINICAL MEDICAL LABORATORY                                  |   |  | 3        | 15        | 18        |
| <b>PHYSICIAN</b>   |   |  | 2        | 0         | 2         |
| OBSTETRICS & GYNECOLOGY                                      |   |  | 2        | 0         | 2         |
| <b>81246</b>   | <b>FLT3 GENE ANALYS TYROSINE KINASE DOMAIN VARIANTS</b>     |  | <b>2</b> | <b>1</b>  | <b>3</b>  |
| <b>LABORATORY</b>  |   |  | 2        | 1         | 3         |
| CLINICAL MEDICAL LABORATORY                                  |   |  | 2        | 1         | 3         |
| <b>81257</b>   | <b>HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT</b>     |  | <b>0</b> | <b>6</b>  | <b>6</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 6         | 6         |
| CLINICAL MEDICAL LABORATORY                                  |   |  | 0        | 6         | 6         |
| <b>81265</b>   | <b>COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC</b>   |  | <b>7</b> | <b>1</b>  | <b>8</b>  |
| <b>DIALYSIS</b>  |   |  | 4        | 0         | 4         |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   |  | 4        | 0         | 4         |
| <b>HOSPITAL</b>  |   |  | 2        | 1         | 3         |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 2        | 1         | 3         |
| <b>LABORATORY</b>                      |   |  | 1        | 0         | 1         |
| CLINICAL MEDICAL LABORATORY            |   |  | 1        | 0         | 1         |
| <b>81266</b>                           | <b>COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN</b>    |  | <b>2</b> | <b>0</b>  | <b>2</b>  |
| <b>HOSPITAL</b>                        |   |  | 2        | 0         | 2         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 2        | 0         | 2         |
| <b>81270</b>                           | <b>JAK2 GENE ANALYSIS P.VAL617PHE VARIANT</b>           |  | <b>1</b> | <b>3</b>  | <b>4</b>  |
| <b>LABORATORY</b>                      |   |  | 1        | 3         | 4         |
| CLINICAL MEDICAL LABORATORY            |   |  | 1        | 3         | 4         |
| <b>81272</b>                           | <b>KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS</b>     |  | <b>0</b> | <b>6</b>  | <b>6</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 6         | 6         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 6         | 6         |
| <b>81275</b>                           | <b>KRAS GENE ANALYSIS VARIANTS IN EXON 2</b>            |  | <b>0</b> | <b>5</b>  | <b>5</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 5         | 5         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 5         | 5         |
| <b>81276</b>                           | <b>KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)</b>         |  | <b>0</b> | <b>4</b>  | <b>4</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 4         | 4         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 4         | 4         |
| <b>81279</b>                           | <b>JAK2 TARGETED SEQUENCE ANALYSIS</b>                  |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>LABORATORY</b>                      |   |  | 1        | 0         | 1         |
| CLINICAL MEDICAL LABORATORY            |   |  | 1        | 0         | 1         |
| <b>81291</b>                           | <b>MTHFR GENE ANALYSIS COMMON VARIANTS</b>              |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 3         | 3         |
| <b>81292</b>                           | <b>MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS</b>        |  | <b>4</b> | <b>16</b> | <b>20</b> |
| <b>LABORATORY</b>                      |   |  | 4        | 16        | 20        |
| CLINICAL MEDICAL LABORATORY            |   |  | 4        | 16        | 20        |
| <b>81293</b>                           | <b>MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS</b>       |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 3         | 3         |
| <b>81294</b>                           | <b>MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS</b> |  | <b>3</b> | <b>4</b>  | <b>7</b>  |



|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| <b>LABORATORY</b>  |   |  | 3        | 4         | 7         |
| CLINICAL MEDICAL LABORATORY  |   |  | 3        | 4         | 7         |
| <b>81295</b>   | <b>MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS</b>        |  | <b>4</b> | <b>16</b> | <b>20</b> |
| <b>LABORATORY</b>  |   |  | 4        | 16        | 20        |
| CLINICAL MEDICAL LABORATORY  |   |  | 4        | 16        | 20        |
| <b>81297</b>   | <b>MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS</b> |  | <b>3</b> | <b>4</b>  | <b>7</b>  |
| <b>LABORATORY</b>  |   |  | 3        | 4         | 7         |
| CLINICAL MEDICAL LABORATORY  |   |  | 3        | 4         | 7         |
| <b>81298</b>   | <b>MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS</b>        |  | <b>4</b> | <b>16</b> | <b>20</b> |
| <b>LABORATORY</b>  |   |  | 4        | 16        | 20        |
| CLINICAL MEDICAL LABORATORY  |   |  | 4        | 16        | 20        |
| <b>81299</b>   | <b>MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS</b>       |  | <b>0</b> | <b>2</b>  | <b>2</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 2         | 2         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 2         | 2         |
| <b>81300</b>   | <b>MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA</b>    |  | <b>3</b> | <b>3</b>  | <b>6</b>  |
| <b>LABORATORY</b>  |   |  | 3        | 3         | 6         |
| CLINICAL MEDICAL LABORATORY  |   |  | 3        | 3         | 6         |
| <b>81301</b>   | <b>MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF</b>   |  | <b>0</b> | <b>14</b> | <b>14</b> |
| <b>LABORATORY</b>  |   |  | 0        | 13        | 13        |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 13        | 13        |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| PATHOLOGY - ANATOMIC<br>PATHOLOGY & CLINICAL PATHOLOGY<br>- 207ZP0 |   |  | 0        | 1         | 1         |
| <b>81307</b>   | <b>PALB2 GENE ANALYSIS FULL GENE SEQUENCE</b>           |  | <b>2</b> | <b>10</b> | <b>12</b> |
| <b>LABORATORY</b>  |   |  | 2        | 10        | 12        |
| CLINICAL MEDICAL LABORATORY  |   |  | 2        | 10        | 12        |
| <b>81308</b>   | <b>PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT</b>       |  | <b>0</b> | <b>2</b>  | <b>2</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 2         | 2         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 2         | 2         |
| <b>81309</b>   | <b>PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS</b>  |  | <b>1</b> | <b>6</b>  | <b>7</b>  |
| <b>LABORATORY</b>  |   |  | 1        | 6         | 7         |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| CLINICAL MEDICAL LABORATORY            |   |  | 1        | 6         | 7         |
| <b>81310</b>                           | <b>NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS</b>    |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 3         | 3         |
| <b>81311</b>                           | <b>NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3</b>      |  | <b>0</b> | <b>5</b>  | <b>5</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 5         | 5         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 5         | 5         |
| <b>81314</b>                           | <b>PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS</b>      |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 3         | 3         |
| <b>81317</b>                           | <b>PMS2 GENE ANALYSIS FULL SEQUENCE</b>                 |  | <b>4</b> | <b>15</b> | <b>19</b> |
| <b>LABORATORY</b>                      |   |  | 4        | 15        | 19        |
| CLINICAL MEDICAL LABORATORY            |   |  | 4        | 15        | 19        |
| <b>81318</b>                           | <b>PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS</b>       |  | <b>0</b> | <b>2</b>  | <b>2</b>  |
| <b>LABORATORY</b>                      |   |  | 0        | 2         | 2         |
| CLINICAL MEDICAL LABORATORY            |   |  | 0        | 2         | 2         |
| <b>81319</b>                           | <b>PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS</b> |  | <b>3</b> | <b>3</b>  | <b>6</b>  |
| <b>LABORATORY</b>                      |   |  | 3        | 3         | 6         |
| CLINICAL MEDICAL LABORATORY            |   |  | 3        | 3         | 6         |
| <b>81321</b>                           | <b>PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS</b>        |  | <b>1</b> | <b>12</b> | <b>13</b> |
| <b>LABORATORY</b>                      |   |  | 1        | 12        | 13        |
| CLINICAL MEDICAL LABORATORY            |   |  | 1        | 12        | 13        |
| <b>81329</b>                           | <b>SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS</b> |  | <b>4</b> | <b>23</b> | <b>27</b> |
| <b>LABORATORY</b>                      |   |  | 4        | 20        | 24        |
| CLINICAL MEDICAL LABORATORY            |   |  | 4        | 20        | 24        |
| <b>TIN OWNER</b>                       |   |  | 0        | 3         | 3         |
| <b>81334</b>                           | <b>RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS</b>   |  | <b>2</b> | <b>0</b>  | <b>2</b>  |
| <b>HOSPITAL</b>                        |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0         | 1         |
| <b>LABORATORY</b>                      |   |  | 1        | 0         | 1         |
| CLINICAL MEDICAL LABORATORY            |   |  | 1        | 0         | 1         |

|  |  |          |          |          |
|--|--|----------|----------|----------|
| <b>81338</b>                           | <b>MPL GENE ANALYSIS COMMON VARIANTS</b>                       | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>LABORATORY</b>                      |  | 1        | 0        | 1        |
| CLINICAL MEDICAL LABORATORY            |  | 1        | 0        | 1        |
| <b>81339</b>                           | <b>MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10</b>             | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  | 1        | 0        | 1        |
| <b>81347</b>                           | <b>SF3B1 GENE ANALYSIS COMMON VARIANTS</b>                     | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>LABORATORY</b>                      |  | 1        | 0        | 1        |
| CLINICAL MEDICAL LABORATORY            |  | 1        | 0        | 1        |
| <b>81361</b>                           | <b>HBB COMMON VARIANTS</b>                                     | <b>0</b> | <b>9</b> | <b>9</b> |
| <b>LABORATORY</b>                      |  | 0        | 9        | 9        |
| CLINICAL MEDICAL LABORATORY            |  | 0        | 9        | 9        |
| <b>81370</b>                           | <b>HLA CLASS I and II LOW HLA-A -B -C - DRB1/3/4/5 and DQB</b> | <b>2</b> | <b>2</b> | <b>4</b> |
| <b>HOSPITAL</b>                        |  | 2        | 2        | 4        |
| GENERAL ACUTE CARE HOSPITAL            |  | 2        | 2        | 4        |
| <b>81372</b>                           | <b>HLA CLASS I TYPING LOW RESOLUTION COMPLETE</b>              | <b>7</b> | <b>2</b> | <b>9</b> |
| <b>HOSPITAL</b>                        |  | 7        | 2        | 9        |
| GENERAL ACUTE CARE HOSPITAL            |  | 7        | 2        | 9        |
| <b>81375</b>                           | <b>HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1</b>          | <b>1</b> | <b>2</b> | <b>3</b> |
| <b>HOSPITAL</b>                        |  | 1        | 2        | 3        |
| GENERAL ACUTE CARE HOSPITAL            |  | 1        | 2        | 3        |
| <b>81376</b>                           | <b>HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA</b>         | <b>1</b> | <b>3</b> | <b>4</b> |
| <b>HOSPITAL</b>                        |  | 1        | 2        | 3        |
| GENERAL ACUTE CARE HOSPITAL            |  | 1        | 2        | 3        |
| <b>LABORATORY</b>                      |  | 0        | 1        | 1        |
| CLINICAL MEDICAL LABORATORY            |  | 0        | 1        | 1        |
| <b>81378</b>                           | <b>HLA I AND II HIGH RESOLUTION HLA-A -B -C AND -DRB1</b>      | <b>8</b> | <b>0</b> | <b>8</b> |
| <b>HOSPITAL</b>                        |  | 8        | 0        | 8        |
| GENERAL ACUTE CARE HOSPITAL            |  | 6        | 0        | 6        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  | 2        | 0        | 2        |
| <b>81379</b>                           | <b>HLA CLASS I TYPING HIGH RESOLUTION COMPLETE</b>             | <b>1</b> | <b>0</b> | <b>1</b> |

|  |  |  |          |           |           |
|--|--|--|----------|-----------|-----------|
| <b>HOSPITAL</b>                        |  |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 1        | 0         | 1         |
| <b>81400</b>                           | <b>MOLECULAR PATHOLOGY PROCEDURE LEVEL 1</b> |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>                      |  |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY            |  |  | 0        | 3         | 3         |
| <b>81401</b>                           | <b>MOLECULAR PATHOLOGY PROCEDURE LEVEL 2</b> |  | <b>0</b> | <b>8</b>  | <b>8</b>  |
| <b>LABORATORY</b>                      |  |  | 0        | 8         | 8         |
| CLINICAL MEDICAL LABORATORY            |  |  | 0        | 8         | 8         |
| <b>81402</b>                           | <b>MOLECULAR PATHOLOGY PROCEDURE LEVEL 3</b> |  | <b>0</b> | <b>6</b>  | <b>6</b>  |
| <b>LABORATORY</b>                      |  |  | 0        | 6         | 6         |
| CLINICAL MEDICAL LABORATORY            |  |  | 0        | 6         | 6         |
| <b>81403</b>                           | <b>MOLECULAR PATHOLOGY PROCEDURE LEVEL 4</b> |  | <b>2</b> | <b>7</b>  | <b>9</b>  |
| <b>LABORATORY</b>                      |  |  | 2        | 7         | 9         |
| CLINICAL MEDICAL LABORATORY            |  |  | 2        | 7         | 9         |
| <b>81404</b>                           | <b>MOLECULAR PATHOLOGY PROCEDURE LEVEL 5</b> |  | <b>1</b> | <b>7</b>  | <b>8</b>  |
| <b>LABORATORY</b>                      |  |  | 1        | 7         | 8         |
| CLINICAL MEDICAL LABORATORY            |  |  | 1        | 7         | 8         |
| <b>81405</b>                           | <b>MOLECULAR PATHOLOGY PROCEDURE LEVEL 6</b> |  | <b>1</b> | <b>7</b>  | <b>8</b>  |
| <b>LABORATORY</b>                      |  |  | 1        | 7         | 8         |
| CLINICAL MEDICAL LABORATORY            |  |  | 1        | 7         | 8         |
| <b>81406</b>                           | <b>MOLECULAR PATHOLOGY PROCEDURE LEVEL 7</b> |  | <b>2</b> | <b>11</b> | <b>13</b> |
| <b>HOSPITAL</b>                        |  |  | 2        | 0         | 2         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 2        | 0         | 2         |
| <b>LABORATORY</b>                      |  |  | 0        | 11        | 11        |
| CLINICAL MEDICAL LABORATORY            |  |  | 0        | 11        | 11        |
| <b>81407</b>                           | <b>MOLECULAR PATHOLOGY PROCEDURE LEVEL 8</b> |  | <b>1</b> | <b>3</b>  | <b>4</b>  |
| <b>HOSPITAL</b>                        |  |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 1        | 0         | 1         |
| <b>LABORATORY</b>                      |  |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY            |  |  | 0        | 3         | 3         |
| <b>81408</b>                           | <b>MOLECULAR PATHOLOGY PROCEDURE LEVEL 9</b> |  | <b>0</b> | <b>4</b>  | <b>4</b>  |
| <b>LABORATORY</b>                      |  |  | 0        | 4         | 4         |
| CLINICAL MEDICAL LABORATORY            |  |  | 0        | 4         | 4         |

|                             |   |  |           |           |           |
|-----------------------------|---|--|-----------|-----------|-----------|
| <b>81415</b>                | <b>EXOME SEQUENCE ANALYSIS</b>                                |  | <b>2</b>  | <b>0</b>  | <b>2</b>  |
| <b>LABORATORY</b>           |   |  | 2         | 0         | 2         |
| CLINICAL MEDICAL LABORATORY |   |  | 2         | 0         | 2         |
| <b>81416</b>                | <b>EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME</b>          |  | <b>2</b>  | <b>0</b>  | <b>2</b>  |
| <b>LABORATORY</b>           |   |  | 2         | 0         | 2         |
| CLINICAL MEDICAL LABORATORY |   |  | 2         | 0         | 2         |
| <b>81418</b>                | <b>RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES</b>       |  | <b>0</b>  | <b>9</b>  | <b>9</b>  |
| <b>LABORATORY</b>           |   |  | 0         | 9         | 9         |
| CLINICAL MEDICAL LABORATORY |   |  | 0         | 9         | 9         |
| <b>81420</b>                | <b>FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS</b>        |  | <b>47</b> | <b>41</b> | <b>88</b> |
| <b>HOSPITAL</b>             |   |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1         | 0         | 1         |
| <b>LABORATORY</b>           |   |  | 45        | 37        | 82        |
| CLINICAL MEDICAL LABORATORY |   |  | 45        | 37        | 82        |
| <b>PHYSICIAN</b>            |   |  | 1         | 1         | 2         |
| OBSTETRICS & GYNECOLOGY     |   |  | 1         | 1         | 2         |
| <b>TIN OWNER</b>            |   |  | 0         | 3         | 3         |
| <b>81422</b>                | <b>FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS</b>        |  | <b>1</b>  | <b>1</b>  | <b>2</b>  |
| <b>LABORATORY</b>           |   |  | 1         | 1         | 2         |
| CLINICAL MEDICAL LABORATORY |   |  | 1         | 1         | 2         |
| <b>81439</b>                | <b>HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN</b>         |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>LABORATORY</b>           |   |  | 1         | 0         | 1         |
| CLINICAL MEDICAL LABORATORY |   |  | 1         | 0         | 1         |
| <b>81443</b>                | <b>GENETIC TESTING FOR SEVERE INHERITED CONDITIONS</b>        |  | <b>1</b>  | <b>5</b>  | <b>6</b>  |
| <b>LABORATORY</b>           |   |  | 1         | 5         | 6         |
| CLINICAL MEDICAL LABORATORY |   |  | 1         | 5         | 6         |
| <b>81450</b>                | <b>HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA and RNA ALYS</b>    |  | <b>0</b>  | <b>2</b>  | <b>2</b>  |
| <b>LABORATORY</b>           |   |  | 0         | 2         | 2         |
| CLINICAL MEDICAL LABORATORY |   |  | 0         | 2         | 2         |
| <b>81455</b>                | <b>SO/HEMATOLYMPHOID NEO/DO 51 OR GT GSAP DNA/DNA and RNA</b> |  | <b>16</b> | <b>23</b> | <b>39</b> |
| <b>HOSPITAL</b>             |   |  | 10        | 1         | 11        |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| GENERAL ACUTE CARE HOSPITAL  |   |  | 10       | 1         | 11        |
| <b>LABORATORY</b>  |   |  | 6        | 21        | 27        |
| CLINICAL MEDICAL LABORATORY  |   |  | 6        | 21        | 27        |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| PATHOLOGY - ANATOMIC<br>PATHOLOGY & CLINICAL PATHOLOGY<br>- 207ZP0 |   |  | 0        | 1         | 1         |
| <b>81456</b>   | <b>SO/HEMATOLYMPHOID NEO/DO 51 OR GT<br/>RNA ANALYSIS</b>   |  | <b>0</b> | <b>4</b>  | <b>4</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 4         | 4         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 4         | 4         |
| <b>81479</b>   | <b>UNLISTED MOLECULAR PATHOLOGY<br/>PROCEDURE</b>           |  | <b>1</b> | <b>16</b> | <b>17</b> |
| <b>LABORATORY</b>  |   |  | 1        | 15        | 16        |
| CLINICAL MEDICAL LABORATORY  |   |  | 1        | 15        | 16        |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| PATHOLOGY - ANATOMIC<br>PATHOLOGY & CLINICAL PATHOLOGY<br>- 207ZP0 |   |  | 0        | 1         | 1         |
| <b>81518</b>   | <b>ONCOLOGY BREAST MRNA GENE EXPRESSION<br/>11 GENES</b>    |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 1         | 1         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 1         | 1         |
| <b>81519</b>   | <b>ONCOLOGY BREAST MRNA GENE EXPRESSION<br/>21 GENES</b>    |  | <b>9</b> | <b>4</b>  | <b>13</b> |
| <b>LABORATORY</b>  |   |  | 9        | 4         | 13        |
| CLINICAL MEDICAL LABORATORY  |   |  | 9        | 4         | 13        |
| <b>81521</b>   | <b>ONC BREAST MRNA MICRORA GENE XPRSN<br/>PRFL 70 GENES</b> |  | <b>1</b> | <b>2</b>  | <b>3</b>  |
| <b>LABORATORY</b>  |   |  | 1        | 2         | 3         |
| CLINICAL MEDICAL LABORATORY  |   |  | 1        | 2         | 3         |
| <b>81540</b>   | <b>ONCOLOGY TUM UNKNOWN ORIGIN MRNA<br/>92 GENES</b>        |  | <b>0</b> | <b>3</b>  | <b>3</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 3         | 3         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 3         | 3         |
| <b>81542</b>   | <b>ONC PRST8 MRNA MICRORA GENE XPRSN<br/>PRFL 22 GENES</b>  |  | <b>0</b> | <b>10</b> | <b>10</b> |
| <b>LABORATORY</b>  |   |  | 0        | 10        | 10        |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 10        | 10        |
| <b>81546</b>   | <b>ONC THYR MRNA 10,196 GENES FINE NDL<br/>ASPIRATE ALG</b> |  | <b>3</b> | <b>1</b>  | <b>4</b>  |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| <b>LABORATORY</b>  |   |  | 3        | 1        | 4        |
| CLINICAL MEDICAL LABORATORY  |   |  | 3        | 1        | 4        |
| <b>81551</b>   | <b>ONC PRST8 PRMTR METHYLATION PRFL R-T<br/>PCR 3 GENES</b> |  | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>LABORATORY</b>  |   |  | 0        | 2        | 2        |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 2        | 2        |
| <b>82103</b>   | <b>ALPHA-1-ANTITRYPSIN TOTAL</b>                            |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 1        | 1        |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| PULMONARY DISEASE  |   |  | 1        | 0        | 1        |
| <b>82104</b>   | <b>ALPHA-1-ANTITRYPSIN PHENOTYPE</b>                        |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 1        | 1        |
| <b>82105</b>   | <b>ALPHA-FETOPROTEIN SERUM</b>                              |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   |  | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 2        | 1        | 3        |
| <b>82140</b>   | <b>ASSAY OF AMMONIA</b>                                     |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 1        | 1        |
| <b>82150</b>   | <b>ASSAY OF AMYLASE</b>                                     |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 1        | 1        |
| <b>82248</b>   | <b>BILIRUBIN DIRECT</b>                                     |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 1        | 1        |
| <b>82378</b>   | <b>CARCINOEMBRYONIC ANTIGEN CEA</b>                         |  | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 0        | 2        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0        | 2        | 2        |
| <b>82565</b>   | <b>CREATININE BLOOD</b>                                     |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1        | 0        | 1        |

|  |   |          |          |          |
|--|---|----------|----------|----------|
| <b>82728</b>   | <b>ASSAY OF FERRITIN</b>                                    | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL  |   | 2        | 1        | 3        |
| <b>82803</b>   | <b>BLOOD GASES ANY COMBINATION PH PCO2<br/>PO2 CO2 HCO3</b> | <b>2</b> | <b>3</b> | <b>5</b> |
| <b>HOSPITAL</b>  |   | 2        | 3        | 5        |
| GENERAL ACUTE CARE HOSPITAL  |   | 2        | 3        | 5        |
| <b>82805</b>   | <b>GASES BLOOD PH DIRECT MEAS XCPT PULSE<br/>OXIMITRY</b>   | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL  |   | 2        | 1        | 3        |
| <b>82947</b>   | <b>GLUCOSE QUANTITATIVE BLOOD XCPT<br/>REAGENT STRIP</b>    | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   | 2        | 0        | 2        |
| <b>82950</b>   | <b>GLUCOSE POST GLUCOSE DOSE</b>                            | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   | 2        | 0        | 2        |
| <b>82951</b>   | <b>GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS</b>               | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   | 2        | 0        | 2        |
| <b>82962</b>   | <b>GLUC BLD GLUC MNTR DEV CLEARED FDA<br/>SPEC HOME USE</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   | 1        | 0        | 1        |
| <b>82977</b>   | <b>ASSAY OF GLUTAMYLTRASE GAMMA</b>                         | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   | 0        | 1        | 1        |
| <b>83036</b>   | <b>HEMOGLOBIN GLYCOSYLATED A1C</b>                          | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL  |   | 2        | 1        | 3        |
| <b>83540</b>   | <b>ASSAY OF IRON</b>  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |   | 2        | 0        | 2        |
| <b>83550</b>   | <b>IRON BINDING CAPACITY</b>                                | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   | 2        | 1        | 3        |



|                             |  |  |          |          |          |
|-----------------------------|--|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL |  |  | 2        | 1        | 3        |
| <b>83615</b>                | <b>LACTATE DEHYDROGENASE LDH</b>                       |  | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>HOSPITAL</b>             |  |  | 5        | 1        | 6        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 5        | 1        | 6        |
| <b>83721</b>                | <b>LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL</b>  |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 0        | 1        | 1        |
| <b>83735</b>                | <b>ASSAY OF MAGNESIUM</b>                              |  | <b>5</b> | <b>2</b> | <b>7</b> |
| <b>HOSPITAL</b>             |  |  | 5        | 2        | 7        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 5        | 2        | 7        |
| <b>84100</b>                | <b>ASSAY OF PHOSPHORUS INORGANIC</b>                   |  | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>HOSPITAL</b>             |  |  | 5        | 1        | 6        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 5        | 1        | 6        |
| <b>84153</b>                | <b>ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL</b>        |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>             |  |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 3        | 0        | 3        |
| <b>84436</b>                | <b>ASSAY OF THYROXINE TOTAL</b>                        |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 2        | 0        | 2        |
| <b>84443</b>                | <b>ASSAY OF THYROID STIMULATING HORMONE TSH</b>        |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>             |  |  | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 2        | 1        | 3        |
| <b>84446</b>                | <b>ASSAY OF TOCOPHEROL ALPHA VITAMIN E</b>             |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 0        | 1        | 1        |
| <b>84450</b>                | <b>TRANSFERASE ASPARTATE AMINO AST SGOT</b>            |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>             |  |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 4        | 0        | 4        |
| <b>84479</b>                | <b>THYROID HORM UPTK/THYROID HORMONE BINDING RATIO</b> |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>             |  |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 3        | 0        | 3        |
| <b>84590</b>                | <b>ASSAY OF VITAMIN A</b>                              |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |  |  | 0        | 1        | 1        |

|                             |   |  |           |          |           |
|-----------------------------|---|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL |   |  | 0         | 1        | 1         |
| <b>84630</b>                | <b>ASSAY OF ZINC</b>  |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 0         | 1        | 1         |
| <b>84702</b>                | <b>GONADOTROPIN CHORIONIC QUANTITATIVE</b>                  |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>             |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2         | 0        | 2         |
| <b>85025</b>                | <b>BLOOD COUNT COMPLETE AUTO AND AUTO<br/>DIFRNTL WBC</b>   |  | <b>18</b> | <b>2</b> | <b>20</b> |
| <b>HOSPITAL</b>             |   |  | 18        | 2        | 20        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 10        | 2        | 12        |
| SPECIAL HOSPITAL            |   |  | 8         | 0        | 8         |
| <b>85027</b>                | <b>BLOOD COUNT COMPLETE AUTOMATED</b>                       |  | <b>14</b> | <b>1</b> | <b>15</b> |
| <b>HOSPITAL</b>             |   |  | 14        | 1        | 15        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 7         | 1        | 8         |
| SPECIAL HOSPITAL            |   |  | 7         | 0        | 7         |
| <b>85049</b>                | <b>BLOOD COUNT PLATELET AUTOMATED</b>                       |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>             |   |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 5         | 0        | 5         |
| <b>85060</b>                | <b>BLOOD SMEAR PERIPHERAL INTERP PHYS<br/>W/WRIT REPORT</b> |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>LABORATORY</b>           |   |  | 0         | 1        | 1         |
| CLINICAL MEDICAL LABORATORY |   |  | 0         | 1        | 1         |
| <b>85097</b>                | <b>BONE MARROW SMEAR INTERPRETATION</b>                     |  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>LABORATORY</b>           |   |  | 1         | 2        | 3         |
| CLINICAL MEDICAL LABORATORY |   |  | 1         | 2        | 3         |
| <b>85220</b>                | <b>CLOTTING FACTOR V ACG/PROACCELERIN<br/>LABILE FACTOR</b> |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 0         | 1        | 1         |
| <b>85610</b>                | <b>Prothrombin time</b>                                     |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>HOSPITAL</b>             |   |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 6         | 0        | 6         |
| <b>85730</b>                | <b>THROMBOPLASTIN TIME PARTIAL<br/>PLASMA/WHOLE BLOOD</b>   |  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>HOSPITAL</b>             |   |  | 5         | 1        | 6         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 5         | 1        | 6         |

|                             |   |          |          |          |
|-----------------------------|---|----------|----------|----------|
| <b>86301</b>                | <b>IMMUNOASSAY TUMOR ANTIGEN<br/>QUANTITATIVE CA 19-9</b>   | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   | 0        | 1        | 1        |
| <b>86317</b>                | <b>IMMUNOASSAY INFECTIOUS AGENT<br/>ANTIBODY QUAN NOS</b>   | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   | 2        | 0        | 2        |
| <b>86480</b>                | <b>TB CELL MEDIATED ANTIGN RESPNSE GAMMA<br/>INTERFERON</b> | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   | 2        | 1        | 3        |
| <b>86580</b>                | <b>SKIN TEST TUBERCULOSIS INTRADERMAL</b>                   | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   | 0        | 1        | 1        |
| <b>86593</b>                | <b>SYPHILIS TEST QUANTITATIVE</b>                           | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   | 2        | 0        | 2        |
| <b>86644</b>                | <b>ANTIBODY CYTOMEGALOVIRUS CMV</b>                         | <b>7</b> | <b>1</b> | <b>8</b> |
| <b>HOSPITAL</b>             |   | 7        | 1        | 8        |
| GENERAL ACUTE CARE HOSPITAL |   | 7        | 1        | 8        |
| <b>86645</b>                | <b>ANTIBODY CYTOMEGALOVIRUS CMV IGM</b>                     | <b>7</b> | <b>1</b> | <b>8</b> |
| <b>HOSPITAL</b>             |   | 7        | 1        | 8        |
| GENERAL ACUTE CARE HOSPITAL |   | 7        | 1        | 8        |
| <b>86664</b>                | <b>ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR<br/>AG EBNA</b>   | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   | 1        | 0        | 1        |
| <b>86665</b>                | <b>ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL<br/>CAPSID VCA</b>  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   | 1        | 1        | 2        |
| <b>86695</b>                | <b>ANTIBODY HERPES SMPLX TYPE 1</b>                         | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   | 2        | 0        | 2        |
| <b>86696</b>                | <b>ANTIBODY HERPES SMPLX TYPE 2</b>                         | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   | 2        | 0        | 2        |

|                             |   |  |          |          |          |
|-----------------------------|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL |   |  | 2        | 0        | 2        |
| <b>86701</b>                | <b>ANTIBODY HIV-1</b>                         |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2        | 0        | 2        |
| <b>86702</b>                | <b>ANTIBODY HIV-2</b>                         |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2        | 0        | 2        |
| <b>86703</b>                | <b>ANTIBODY HIV-1 AND HIV-2 SINGLE RESULT</b> |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 0        | 1        | 1        |
| <b>86704</b>                | <b>HEPATITIS B CORE ANTIBODY HBCAB TOTAL</b>  |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   |  | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2        | 1        | 3        |
| <b>86706</b>                | <b>HEPATITIS B SURF ANTIBODY HBSAB</b>        |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 0        | 1        | 1        |
| <b>86708</b>                | <b>HEPATITIS A ANTIBODY HAAB</b>              |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2        | 0        | 2        |
| <b>86709</b>                | <b>HEPATITIS ANTIBODY HAAB IGM ANTIBODY</b>   |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   |  | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2        | 1        | 3        |
| <b>86762</b>                | <b>ANTIBODY RUBELLA</b>                       |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   |  | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 1        | 1        | 2        |
| <b>86765</b>                | <b>ANTIBODY RUBEOLA</b>                       |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 0        | 1        | 1        |
| <b>86778</b>                | <b>ANTIBODY TOXOPLASMA IGM</b>                |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>HOSPITAL</b>             |   |  | 5        | 0        | 5        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 5        | 0        | 5        |
| <b>86780</b>                | <b>ANTIBODY TREPONEMA PALLIDUM</b>            |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   |  | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   |  | 2        | 1        | 3        |

|                             |   |          |          |          |
|-----------------------------|---|----------|----------|----------|
| <b>86787</b>                | <b>ANTIBODY VARICELLA-ZOSTER</b>                              | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   | 2        | 0        | 2        |
| <b>86790</b>                | <b>ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED</b>                 | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>HOSPITAL</b>             |   | 5        | 0        | 5        |
| GENERAL ACUTE CARE HOSPITAL |   | 5        | 0        | 5        |
| <b>86803</b>                | <b>HEPATITIS C ANTIBODY</b>                                   | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   | 0        | 1        | 1        |
| <b>86807</b>                | <b>SERUM SCREENING PCT REACTIVE ANTIBODY<br/>STANDRD METH</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>             |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL |   | 1        | 0        | 1        |
| <b>86812</b>                | <b>HLA TYPING A/B/C SINGLE ANTIGEN</b>                        | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   | 3        | 0        | 3        |
| <b>86813</b>                | <b>HLA TYPING A/B/C MULTIPLE ANTIGENS</b>                     | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   | 3        | 0        | 3        |
| <b>86817</b>                | <b>HLA TYPING DR/DQ MULTIPLE ANTIGENS</b>                     | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   | 3        | 0        | 3        |
| <b>86825</b>                | <b>HLA CROSSMATCH NONCYTOTOXIC 1ST<br/>SERUM/DILUTION</b>     | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   | 0        | 2        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   | 0        | 2        | 2        |
| <b>86828</b>                | <b>ANTIBODY HLA CLASS I AND CLASS II<br/>ANTIGENS QUAL</b>    | <b>1</b> | <b>2</b> | <b>3</b> |
| <b>HOSPITAL</b>             |   | 1        | 2        | 3        |
| GENERAL ACUTE CARE HOSPITAL |   | 1        | 2        | 3        |
| <b>86832</b>                | <b>ANTIBODY HLA CLASS I HIGH DEFINITION<br/>PANEL QUAL</b>    | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   | 0        | 2        | 2        |
| GENERAL ACUTE CARE HOSPITAL |   | 0        | 2        | 2        |
| <b>86833</b>                | <b>ANTIBODY HLA CLASS II HIGH DEFINITION<br/>PANEL QUAL</b>   | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>HOSPITAL</b>             |   | 0        | 2        | 2        |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL            |   |  | 0        | 2        | 2        |
| <b>86834</b>                           | <b>ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0        | 1        |
| <b>86835</b>                           | <b>ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0        | 1        |
| <b>86900</b>                           | <b>BLOOD TYPING SEROLOGIC ABO</b>                       |  | <b>1</b> | <b>4</b> | <b>5</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 4        | 5        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 4        | 5        |
| <b>86901</b>                           | <b>BLOOD TYPING SEROLOGIC RH (D)</b>                    |  | <b>2</b> | <b>3</b> | <b>5</b> |
| <b>HOSPITAL</b>                        |   |  | 2        | 3        | 5        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2        | 3        | 5        |
| <b>87040</b>                           | <b>CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES</b>    |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                        |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 4        | 0        | 4        |
| <b>87088</b>                           | <b>CULTURE BCT ISOL AND PRSMPTV ID ISOLATE EA URINE</b> |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                        |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 4        | 0        | 4        |
| <b>87340</b>                           | <b>IAAD IA HEPATITIS B SURFACE ANTIGEN</b>              |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 0        | 1        | 1        |
| <b>87341</b>                           | <b>IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION</b>    |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>                        |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 3        | 0        | 3        |
| <b>87481</b>                           | <b>IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ</b>         |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>LABORATORY</b>                      |   |  | 1        | 0        | 1        |
| CLINICAL MEDICAL LABORATORY            |   |  | 1        | 0        | 1        |
| <b>87486</b>                           | <b>IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ</b>    |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>LABORATORY</b>                      |   |  | 3        | 0        | 3        |
| CLINICAL MEDICAL LABORATORY            |   |  | 3        | 0        | 3        |

|                             |  |           |          |           |
|-----------------------------|--|-----------|----------|-----------|
| <b>87491</b>                | <b>IADNA CHLAMYDIA TRACHOMATIS<br/>AMPLIFIED PROBE TQ</b>    | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>LABORATORY</b>           |  | 2         | 0        | 2         |
| CLINICAL MEDICAL LABORATORY |  | 2         | 0        | 2         |
| <b>87497</b>                | <b>IADNA CYTOMEGALOVIRUS QUANTIFICATION</b>                  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>             |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL |  | 4         | 0        | 4         |
| <b>87522</b>                | <b>IADNA HEPATITIS C QUANT AND REVERSE<br/>TRANSCRIPTION</b> | <b>4</b>  | <b>1</b> | <b>5</b>  |
| <b>HOSPITAL</b>             |  | 4         | 1        | 5         |
| GENERAL ACUTE CARE HOSPITAL |  | 4         | 1        | 5         |
| <b>87541</b>                | <b>IADNA LEGIONELLA PNEUMOPHILA<br/>AMPLIFIED PROBE TQ</b>   | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>LABORATORY</b>           |  | 1         | 0        | 1         |
| CLINICAL MEDICAL LABORATORY |  | 1         | 0        | 1         |
| <b>87581</b>                | <b>IADNA MYCOPLSM PNEUMONIAE AMPLIFIED<br/>PROBE TQ</b>      | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>LABORATORY</b>           |  | 1         | 0        | 1         |
| CLINICAL MEDICAL LABORATORY |  | 1         | 0        | 1         |
| <b>87631</b>                | <b>IADNA RESPIRATRY PROBE AND REV TRNSCR<br/>3-5 TARGETS</b> | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>LABORATORY</b>           |  | 2         | 0        | 2         |
| CLINICAL MEDICAL LABORATORY |  | 2         | 0        | 2         |
| <b>87640</b>                | <b>IADNA S AUREUS AMPLIFIED PROBE TQ</b>                     | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>LABORATORY</b>           |  | 1         | 0        | 1         |
| CLINICAL MEDICAL LABORATORY |  | 1         | 0        | 1         |
| <b>87641</b>                | <b>IADNA S AUREUS METHICILLIN RESIST AMP<br/>PROBE TQ</b>    | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>LABORATORY</b>           |  | 1         | 0        | 1         |
| CLINICAL MEDICAL LABORATORY |  | 1         | 0        | 1         |
| <b>87651</b>                | <b>IADNA STREPTOCOCCUS GROUP A AMPLIFIED<br/>PROBE TQ</b>    | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>LABORATORY</b>           |  | 2         | 0        | 2         |
| CLINICAL MEDICAL LABORATORY |  | 2         | 0        | 2         |
| <b>87653</b>                | <b>IADNA STREPTOCOCCUS GROUP B AMPLIFIED<br/>PROBE TQ</b>    | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>LABORATORY</b>           |  | 1         | 0        | 1         |
| CLINICAL MEDICAL LABORATORY |  | 1         | 0        | 1         |
| <b>87798</b>                | <b>IADNA NOS AMPLIFIED PROBE TQ EACH<br/>ORGANISM</b>        | <b>31</b> | <b>3</b> | <b>34</b> |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| <b>LABORATORY</b>  |  |  | 30        | 3        | 33        |
| CLINICAL MEDICAL LABORATORY                                  |  |  | 30        | 3        | 33        |
| <b>PHYSICIAN</b>   |  |  | 1         | 0        | 1         |
| FAMILY MEDICINE  |  |  | 1         | 0        | 1         |
| <b>87799</b>   | <b>IADNA NOS QUANTIFICATION EACH ORGANISM</b>            |  | <b>36</b> | <b>7</b> | <b>43</b> |
| <b>DIALYSIS</b>  |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 14        | 4        | 18        |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 10        | 3        | 13        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 4         | 1        | 5         |
| <b>LABORATORY</b>  |  |  | 19        | 3        | 22        |
| CLINICAL MEDICAL LABORATORY                                  |  |  | 19        | 3        | 22        |
| <b>PHYSICIAN</b>   |  |  | 2         | 0        | 2         |
| MEDICAL ONCOLOGY   |  |  | 2         | 0        | 2         |
| <b>87902</b>   | <b>NFCT AGENT GENOTYPE ALYS NUCLEIC ACID HEP C VIRUS</b> |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 2         | 0        | 2         |
| <b>88143</b>   | <b>CYTP C/V FLU AUTO THIN MNL SCR and RESCR PHYS</b>     |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |  |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 0         | 1        | 1         |
| <b>88184</b>   | <b>FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST</b>    |  | <b>2</b>  | <b>3</b> | <b>5</b>  |
| <b>LABORATORY</b>  |  |  | 2         | 3        | 5         |
| CLINICAL MEDICAL LABORATORY                                  |  |  | 2         | 3        | 5         |
| <b>88185</b>   | <b>FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA</b>     |  | <b>2</b>  | <b>3</b> | <b>5</b>  |
| <b>LABORATORY</b>  |  |  | 2         | 3        | 5         |
| CLINICAL MEDICAL LABORATORY                                  |  |  | 2         | 3        | 5         |
| <b>88189</b>   | <b>FLOW CYTOMETRY INTERPRETATION 16 OR GT MARKERS</b>    |  | <b>2</b>  | <b>3</b> | <b>5</b>  |
| <b>LABORATORY</b>  |  |  | 2         | 3        | 5         |
| CLINICAL MEDICAL LABORATORY                                  |  |  | 2         | 3        | 5         |
| <b>88237</b>   | <b>TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS</b>    |  | <b>0</b>  | <b>2</b> | <b>2</b>  |
| <b>LABORATORY</b>  |  |  | 0         | 2        | 2         |



|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| CLINICAL MEDICAL LABORATORY  |  |  | 0        | 2        | 2        |
| <b>88262</b>   | <b>CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING</b>            |  | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>LABORATORY</b>  |  |  | 0        | 2        | 2        |
| CLINICAL MEDICAL LABORATORY  |  |  | 0        | 2        | 2        |
| <b>88280</b>   | <b>CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY</b>            |  | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>LABORATORY</b>  |  |  | 0        | 2        | 2        |
| CLINICAL MEDICAL LABORATORY  |  |  | 0        | 2        | 2        |
| <b>88291</b>   | <b>CYTOGENETICS AND MOLEC CYTOGENETICS INTERP AND REP</b>  |  | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>LABORATORY</b>  |  |  | 0        | 2        | 2        |
| CLINICAL MEDICAL LABORATORY  |  |  | 0        | 2        | 2        |
| <b>88305</b>   | <b>LEVEL IV SURG PATHOLOGY GROSS AND MICROSCOPIC EXAM</b>  |  | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>LABORATORY</b>  |  |  | 0        | 2        | 2        |
| CLINICAL MEDICAL LABORATORY  |  |  | 0        | 2        | 2        |
| <b>88311</b>   | <b>DECALCIFICATION PROCEDURE</b>                           |  | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>LABORATORY</b>  |  |  | 0        | 2        | 2        |
| CLINICAL MEDICAL LABORATORY  |  |  | 0        | 2        | 2        |
| <b>88312</b>   | <b>SPECIAL STAIN GROUP 1 MICROORGANISMS I AND R</b>        |  | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>LABORATORY</b>  |  |  | 0        | 1        | 1        |
| CLINICAL MEDICAL LABORATORY  |  |  | 0        | 1        | 1        |
| <b>PHYSICIAN</b>   |  |  | 0        | 1        | 1        |
| PATHOLOGY - ANATOMIC<br>PATHOLOGY & CLINICAL PATHOLOGY<br>- 207ZP0 |  |  | 0        | 1        | 1        |
| <b>88313</b>   | <b>SPCL STN 2 I and R EXCPT MICROORG/ENZYME/IMCYT</b>      |  | <b>0</b> | <b>4</b> | <b>4</b> |
| <b>LABORATORY</b>  |  |  | 0        | 3        | 3        |
| CLINICAL MEDICAL LABORATORY  |  |  | 0        | 3        | 3        |
| <b>PHYSICIAN</b>   |  |  | 0        | 1        | 1        |
| PATHOLOGY - ANATOMIC<br>PATHOLOGY & CLINICAL PATHOLOGY<br>- 207ZP0 |  |  | 0        | 1        | 1        |
| <b>88321</b>   | <b>CONSLTJ and REPT REFERRED SLIDES PREPARED ELSEWHERE</b> |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 1        | 2        |
| SPECIAL HOSPITAL   |  |  | 1        | 1        | 2        |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| <b>88341</b>   | <b>IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX</b>    |  | <b>2</b> | <b>4</b>  | <b>6</b>  |
| <b>LABORATORY</b>  |   |  | 2        | 3         | 5         |
| CLINICAL MEDICAL LABORATORY  |   |  | 2        | 3         | 5         |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| PATHOLOGY - ANATOMIC<br>PATHOLOGY & CLINICAL PATHOLOGY<br>- 207ZP0 |   |  | 0        | 1         | 1         |
| <b>88342</b>   | <b>IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE</b> |  | <b>1</b> | <b>5</b>  | <b>6</b>  |
| <b>LABORATORY</b>  |   |  | 1        | 4         | 5         |
| CLINICAL MEDICAL LABORATORY  |   |  | 1        | 4         | 5         |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| PATHOLOGY - ANATOMIC<br>PATHOLOGY & CLINICAL PATHOLOGY<br>- 207ZP0 |   |  | 0        | 1         | 1         |
| <b>88344</b>   | <b>IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX</b>  |  | <b>0</b> | <b>2</b>  | <b>2</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 1         | 1         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 1         | 1         |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| PATHOLOGY - ANATOMIC<br>PATHOLOGY & CLINICAL PATHOLOGY<br>- 207ZP0 |   |  | 0        | 1         | 1         |
| <b>88360</b>   | <b>M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL</b>   |  | <b>5</b> | <b>14</b> | <b>19</b> |
| <b>LABORATORY</b>  |   |  | 5        | 13        | 18        |
| CLINICAL MEDICAL LABORATORY  |   |  | 5        | 13        | 18        |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| PATHOLOGY - ANATOMIC<br>PATHOLOGY & CLINICAL PATHOLOGY<br>- 207ZP0 |   |  | 0        | 1         | 1         |
| <b>88364</b>   | <b>IN SITU HYBRIDIZATION EA ADDL PROBE STAIN</b>        |  | <b>1</b> | <b>1</b>  | <b>2</b>  |
| <b>LABORATORY</b>  |   |  | 1        | 1         | 2         |
| CLINICAL MEDICAL LABORATORY  |   |  | 1        | 1         | 2         |
| <b>88365</b>   | <b>IN SITU HYBRIDIZATION 1ST PROBE STAIN</b>            |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 1         | 1         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 1         | 1         |
| <b>88366</b>   | <b>IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN</b>   |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 1         | 1         |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 1         | 1         |
| <b>88368</b>   | <b>M/PHMTRC ALYS IN SITU HYBRIDIZATION EA<br/>PROBE MNL</b> |  | <b>0</b> | <b>2</b>  | <b>2</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 2         | 2         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 2         | 2         |
| <b>88369</b>   | <b>M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER<br/>SPEC EACH</b>  |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 1         | 1         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 1         | 1         |
| <b>88377</b>   | <b>M/PHMTRC ALYS ISH QUANT/SEMIQ MNL<br/>EACH MULTIPRB</b>  |  | <b>0</b> | <b>4</b>  | <b>4</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 4         | 4         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 4         | 4         |
| <b>88380</b>   | <b>MICRODISSECTION PREP IDENTIFIED TARGET<br/>LASER</b>     |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>LABORATORY</b>  |   |  | 0        | 1         | 1         |
| CLINICAL MEDICAL LABORATORY  |   |  | 0        | 1         | 1         |
| <b>88381</b>   | <b>MICRODISSECTION PREP IDENTIFIED TARGET<br/>MANUAL</b>    |  | <b>4</b> | <b>17</b> | <b>21</b> |
| <b>LABORATORY</b>  |   |  | 4        | 16        | 20        |
| CLINICAL MEDICAL LABORATORY  |   |  | 4        | 16        | 20        |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |
| PATHOLOGY - ANATOMIC<br>PATHOLOGY & CLINICAL PATHOLOGY<br>- 207ZP0 |   |  | 0        | 1         | 1         |
| <b>90785</b>   | <b>PSYCHOTHERAPY COMPLEX INTERACTIVE</b>                    |  | <b>1</b> | <b>1</b>  | <b>2</b>  |
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |   |  | 1        | 1         | 2         |
| COUNSELOR - PROFESSIONAL   |   |  | 1        | 1         | 2         |
| <b>90791</b>   | <b>PSYCHIATRIC DIAGNOSTIC EVALUATION</b>                    |  | <b>2</b> | <b>5</b>  | <b>7</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 0        | 1         | 1         |
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |   |  | 0        | 2         | 2         |
| COUNSELOR - PROFESSIONAL   |   |  | 0        | 2         | 2         |
| <b>PHYSICIAN</b>   |   |  | 1        | 1         | 2         |
| CLINICAL NEUROPSYCHOLOGIST -<br>CLINICAL                           |   |  | 1        | 1         | 2         |
| <b>PSYCHOLOGIST</b>  |   |  | 1        | 1         | 2         |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 1        | 0         | 1         |
| PSYCHOLOGIST - CLINICAL  |   |  | 0        | 1         | 1         |
| <b>90832</b>   | <b>PSYCHOTHERAPY W/PATIENT 30 MINUTES</b>                   |  | <b>0</b> | <b>2</b>  | <b>2</b>  |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |   |  | 0         | 1        | 1         |
| COUNSELOR - PROFESSIONAL   |   |  | 0         | 1        | 1         |
| <b>PSYCHOLOGIST</b>  |   |  | 0         | 1        | 1         |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 0         | 1        | 1         |
| <b>90834</b>   | <b>PSYCHOTHERAPY W/PATIENT 45 MINUTES</b>                 |  | <b>1</b>  | <b>3</b> | <b>4</b>  |
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |   |  | 1         | 1        | 2         |
| COUNSELOR - PROFESSIONAL   |   |  | 1         | 1        | 2         |
| <b>PSYCHOLOGIST</b>  |   |  | 0         | 2        | 2         |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 0         | 1        | 1         |
| PSYCHOLOGIST - CLINICAL  |   |  | 0         | 1        | 1         |
| <b>90837</b>   | <b>PSYCHOTHERAPY W/PATIENT 60 MINUTES</b>                 |  | <b>1</b>  | <b>6</b> | <b>7</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 0         | 2        | 2         |
| MULTI-SPECIALTY  |   |  | 0         | 1        | 1         |
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |   |  | 1         | 3        | 4         |
| COUNSELOR - PROFESSIONAL   |   |  | 1         | 3        | 4         |
| <b>PSYCHOLOGIST</b>  |   |  | 0         | 1        | 1         |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 0         | 1        | 1         |
| <b>90839</b>   | <b>PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES</b>        |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |   |  | 1         | 1        | 2         |
| COUNSELOR - PROFESSIONAL   |   |  | 1         | 1        | 2         |
| <b>90853</b>   | <b>GROUP PSYCHOTHERAPY</b>                                |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0        | 1         |
| PSYCHIATRIC HOSPITAL   |   |  | 1         | 0        | 1         |
| <b>90867</b>   | <b>REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL and M</b> |  | <b>10</b> | <b>2</b> | <b>12</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1         | 1        | 2         |
| MULTI-SPECIALTY  |   |  | 1         | 1        | 2         |
| <b>NURSE PRACTITIONER</b>  |   |  | 1         | 0        | 1         |
| CLINICAL NURSE SPECIALIST -<br>PSYCH/MENTAL HEALTH -<br>364SP0808X |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 8         | 1        | 9         |
| PSYCHIATRY & NEUROLOGY -<br>PSYCHIATRY                             |   |  | 8         | 1        | 9         |
| <b>90868</b>   | <b>THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG</b>   |  | <b>11</b> | <b>3</b> | <b>14</b> |

|  |   |  |          |          |           |
|--|---|--|----------|----------|-----------|
| <b>GROUP OF PROVIDERS</b>  |   |  | 1        | 1        | 2         |
| MULTI-SPECIALTY  |   |  | 1        | 1        | 2         |
| <b>NURSE PRACTITIONER</b>  |   |  | 1        | 0        | 1         |
| CLINICAL NURSE SPECIALIST -<br>PSYCH/MENTAL HEALTH -<br>364SP0808X |   |  | 1        | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 9        | 2        | 11        |
| PSYCHIATRY & NEUROLOGY -<br>PSYCHIATRY                             |   |  | 9        | 2        | 11        |
| <b>90869</b>   | <b>REPET TMS TX SUBSEQ MOTR THRESHLD<br/>W/DELIV and MN</b> |  | <b>9</b> | <b>2</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1        | 1        | 2         |
| MULTI-SPECIALTY  |   |  | 1        | 1        | 2         |
| <b>NURSE PRACTITIONER</b>  |   |  | 1        | 0        | 1         |
| CLINICAL NURSE SPECIALIST -<br>PSYCH/MENTAL HEALTH -<br>364SP0808X |   |  | 1        | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 7        | 1        | 8         |
| PSYCHIATRY & NEUROLOGY -<br>PSYCHIATRY                             |   |  | 7        | 1        | 8         |
| <b>90870</b>   | <b>ELECTROCONVULSIVE THERAPY</b>                            |  | <b>7</b> | <b>4</b> | <b>11</b> |
| <b>HOSPITAL</b>  |   |  | 5        | 4        | 9         |
| PSYCHIATRIC HOSPITAL   |   |  | 5        | 1        | 6         |
| PSYCHIATRIC UNIT   |   |  | 0        | 3        | 3         |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>PSYCHIATRY                             |   |  | 1        | 0        | 1         |
| <b>PSYCHIATRIC HOSPITAL</b>  |   |  | 1        | 0        | 1         |
| PSYCHIATRIC HOSPITAL   |   |  | 1        | 0        | 1         |
| <b>90901</b>   | <b>BIOFEEDBACK TRAINING ANY MODALITY</b>                    |  | <b>2</b> | <b>1</b> | <b>3</b>  |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 1        | 1        | 2         |
| ORTHOPAEDIC SURGERY  |   |  | 1        | 1        | 2         |
| <b>90912</b>   | <b>BFB TRAING W/EMG and /MANOMETRY 1ST<br/>15 MIN CNTCT</b> |  | <b>2</b> | <b>1</b> | <b>3</b>  |
| <b>HOSPITAL</b>  |   |  | 1        | 1        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 1        | 2         |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1         |

|   |   |  |          |          |           |
|---|---|--|----------|----------|-----------|
| UROLOGY   |   |  | 1        | 0        | 1         |
| <b>90913</b>  | <b>BFB TRAING W/EMG and /MANOMETRY EA<br/>ADDL 15 MIN CNTCT</b> |  | <b>2</b> | <b>1</b> | <b>3</b>  |
| <b>HOSPITAL</b>   |   |  | 1        | 1        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 1        | 1        | 2         |
| <b>PHYSICIAN</b>  |   |  | 1        | 0        | 1         |
| UROLOGY   |   |  | 1        | 0        | 1         |
| <b>90935</b>  | <b>HEMODIALYSIS PROCEDURE W/ PHYS/QHP<br/>EVALUATION</b>        |  | <b>4</b> | <b>2</b> | <b>6</b>  |
| <b>DIALYSIS</b>   |   |  | 2        | 1        | 3         |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |   |  | 2        | 1        | 3         |
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 2        | 1        | 3         |
| <b>90937</b>  | <b>HEMODIALYSIS PX REPEAT EVAL W/VO REVJ<br/>DIALYS RX</b>      |  | <b>3</b> | <b>2</b> | <b>5</b>  |
| <b>DIALYSIS</b>   |   |  | 2        | 1        | 3         |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |   |  | 2        | 1        | 3         |
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 1        | 1        | 2         |
| <b>90945</b>  | <b>DIALYSIS OTHER/THAN HEMODIALYSIS 1<br/>PHYS/QHP EVAL</b>     |  | <b>0</b> | <b>2</b> | <b>2</b>  |
| <b>DIALYSIS</b>   |   |  | 0        | 2        | 2         |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |   |  | 0        | 2        | 2         |
| <b>90947</b>  | <b>DIALYSIS OTH/THN HEMODIALY REPEAT<br/>PHYS/QHP EVALS</b>     |  | <b>0</b> | <b>1</b> | <b>1</b>  |
| <b>DIALYSIS</b>   |   |  | 0        | 1        | 1         |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |   |  | 0        | 1        | 1         |
| <b>90966</b>  | <b>ESRD SVC HOME DIALYSIS FULL MONTH 20 YR<br/>OLD</b>          |  | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>  |   |  | 1        | 0        | 1         |
| NEPHROLOGY  |   |  | 1        | 0        | 1         |
| <b>90989</b>  | <b>DIALYSIS TRAINING PATIENT COMPLETED<br/>COURSE</b>           |  | <b>0</b> | <b>1</b> | <b>1</b>  |
| <b>DIALYSIS</b>   |   |  | 0        | 1        | 1         |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |   |  | 0        | 1        | 1         |
| <b>90999</b>  | <b>UNLISTED DIALYSIS PROCEDURE<br/>INPATIENT/OUTPATIENT</b>     |  | <b>7</b> | <b>4</b> | <b>11</b> |
| <b>DIALYSIS</b>   |   |  | 5        | 3        | 8         |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |   |  | 5        | 3        | 8         |

|  |  |  |           |           |            |
|--|--|--|-----------|-----------|------------|
| <b>GROUP OF PROVIDERS</b>  |  |  | 2         | 1         | 3          |
| <b>92270</b>   | <b>ELECTRO-OCULOGRAPY W/INTERPRETATION<br/>and REPORT</b>    |  | <b>1</b>  | <b>1</b>  | <b>2</b>   |
| <b>HOSPITAL</b>  |  |  | 1         | 1         | 2          |
| SPECIAL HOSPITAL   |  |  | 1         | 1         | 2          |
| <b>92507</b>   | <b>TX SPEECH LANG VOICE COMMJ and<br/>/AUDITORY PROC IND</b> |  | <b>65</b> | <b>39</b> | <b>104</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |  |  | 4         | 2         | 6          |
| CLINIC/CENTER - DEVELOPMENTAL<br>DISABILITIES                      |  |  | 2         | 2         | 4          |
| CLINIC/CENTER - PHYSICAL THERAPY                                   |  |  | 2         | 0         | 2          |
| <b>DIALYSIS</b>  |  |  | 1         | 2         | 3          |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2    |  |  | 1         | 2         | 3          |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1         | 3         | 4          |
| MULTI-SPECIALTY  |  |  | 1         | 0         | 1          |
| <b>HOME HEALTH AGENCY</b>  |  |  | 9         | 1         | 10         |
| HOME HEALTH  |  |  | 9         | 1         | 10         |
| <b>HOSPITAL</b>  |  |  | 12        | 5         | 17         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1         | 2         | 3          |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 6         | 3         | 9          |
| REHABILITATION HOSPITAL  |  |  | 5         | 0         | 5          |
| <b>NURSE PRACTITIONER</b>  |  |  | 0         | 2         | 2          |
| NURSE PRACTITIONER - FAMILY  |  |  | 0         | 2         | 2          |
| <b>PHYSICIAN</b>   |  |  | 1         | 1         | 2          |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 1         | 1         | 2          |
| <b>REHABILITATION CENTER</b>                                       |  |  | 24        | 13        | 37         |
| CLINIC/CENTER - DEVELOPMENTAL<br>DISABILITIES                      |  |  | 4         | 1         | 5          |
| CLINIC/CENTER - REHABILITATION                                     |  |  | 17        | 9         | 26         |
| CLINIC/CENTER - REHABILITATION,<br>COMPREHENSIVE OUTPATIENT REH    |  |  | 2         | 2         | 4          |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |  |  | 1         | 1         | 2          |
| <b>SKILLED NURSING FACILITY</b>                                    |  |  | 1         | 1         | 2          |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X        |  |  | 1         | 1         | 2          |
| <b>SPEECH/HEARING THERAPIST</b>                                    |  |  | 12        | 9         | 21         |

|   |   |  |           |          |           |
|---|---|--|-----------|----------|-----------|
| SPEECH-LANGUAGE PATHOLOGIST                                     |   |  | 12        | 9        | 21        |
| <b>92508</b>  | <b>TX SPEECH LANGUAGE VOICE COMMJ<br/>AUDITRY 2 OR GT INDIV</b> |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 2         | 0        | 2         |
| CLINIC/CENTER - PHYSICAL THERAPY                                |   |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>   |   |  | 1         | 0        | 1         |
| REHABILITATION HOSPITAL   |   |  | 1         | 0        | 1         |
| <b>92517</b>  | <b>CERVICAL VEMP TESTING W/I and R</b>                          |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>AUDIOLOGIST</b>  |   |  | 0         | 1        | 1         |
| AUDIOLOGIST   |   |  | 0         | 1        | 1         |
| <b>92523</b>  | <b>EVAL SPEECH SOUND PRODUCT LANGUAGE<br/>COMPREHENSION</b>     |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>REHABILITATION CENTER</b>                                    |   |  | 1         | 1        | 2         |
| CLINIC/CENTER - REHABILITATION,<br>COMPREHENSIVE OUTPATIENT REH |   |  | 1         | 1        | 2         |
| <b>SKILLED NURSING FACILITY</b>                                 |   |  | 1         | 0        | 1         |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X     |   |  | 1         | 0        | 1         |
| <b>92526</b>  | <b>TX SWALLOWING DYSFUNCTION and /ORAL<br/>FUNCJ FEEDING</b>    |  | <b>14</b> | <b>4</b> | <b>18</b> |
| <b>DIALYSIS</b>   |   |  | 1         | 1        | 2         |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |   |  | 1         | 1        | 2         |
| <b>HOSPITAL</b>   |   |  | 11        | 1        | 12        |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |   |  | 3         | 1        | 4         |
| REHABILITATION HOSPITAL   |   |  | 6         | 0        | 6         |
| <b>REHABILITATION CENTER</b>                                    |   |  | 1         | 1        | 2         |
| CLINIC/CENTER - REHABILITATION                                  |   |  | 1         | 1        | 2         |
| <b>SKILLED NURSING FACILITY</b>                                 |   |  | 1         | 1        | 2         |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X     |   |  | 1         | 1        | 2         |
| <b>92537</b>  | <b>CALORIC VESTIBULAR TEST W/REC BI<br/>BITHERMAL</b>           |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>AUDIOLOGIST</b>  |   |  | 0         | 1        | 1         |
| AUDIOLOGIST   |   |  | 0         | 1        | 1         |
| <b>92540</b>  | <b>VSTBLR FUNCJ NYSTAG FOVL AND PERPH<br/>STIMJ OSCIL TRK</b>   |  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>AUDIOLOGIST</b>  |   |  | 0         | 1        | 1         |



|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| AUDIOLOGIST  |   |  | 0        | 1        | 1        |
| <b>HOSPITAL</b>  |   |  | 1        | 1        | 2        |
| SPECIAL HOSPITAL   |   |  | 1        | 1        | 2        |
| <b>92546</b>   | <b>SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING</b>      |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>AUDIOLOGIST</b>                                       |   |  | 0        | 1        | 1        |
| AUDIOLOGIST  |   |  | 0        | 1        | 1        |
| <b>92548</b>   | <b>CDP-SOT 6 CONDITIONS W/INTERPRETATION and REPORT</b> |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>AUDIOLOGIST</b>                                       |   |  | 0        | 1        | 1        |
| AUDIOLOGIST  |   |  | 0        | 1        | 1        |
| <b>92550</b>   | <b>TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS</b>   |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>AUDIOLOGIST</b>                                       |   |  | 0        | 1        | 1        |
| AUDIOLOGIST  |   |  | 0        | 1        | 1        |
| <b>92557</b>   | <b>COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ</b>     |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>AUDIOLOGIST</b>                                       |   |  | 0        | 1        | 1        |
| AUDIOLOGIST  |   |  | 0        | 1        | 1        |
| <b>92567</b>   | <b>Tympanometry</b>                                     |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>AUDIOLOGIST</b>                                       |   |  | 0        | 1        | 1        |
| AUDIOLOGIST  |   |  | 0        | 1        | 1        |
| <b>92587</b>   | <b>DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| REHABILITATION HOSPITAL                                  |   |  | 1        | 0        | 1        |
| <b>92610</b>   | <b>EVAL ORAL AND PHARYNGEAL SWLNG FUNCJ</b>             |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>SKILLED NURSING FACILITY</b>                          |   |  | 1        | 0        | 1        |
| NURSING FACILITY/INTERMEDIATE CARE FACILITY - 313M00000X |   |  | 1        | 0        | 1        |
| <b>92653</b>   | <b>AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT</b>    |  | <b>3</b> | <b>1</b> | <b>4</b> |
| <b>AUDIOLOGIST</b>                                       |   |  | 0        | 1        | 1        |
| AUDIOLOGIST  |   |  | 0        | 1        | 1        |
| <b>GROUP OF PROVIDERS</b>                                |   |  | 3        | 0        | 3        |
| MULTI-SPECIALTY  |   |  | 3        | 0        | 3        |
| <b>92700</b>   | <b>UNLISTED OTORHINOLARYNGOLOGICAL SERVICE/PX</b>       |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>AUDIOLOGIST</b>                                       |   |  | 1        | 1        | 2        |

|   |   |  |           |          |           |
|---|---|--|-----------|----------|-----------|
| AUDIOLOGIST                               |   |  | 1         | 1        | 2         |
| <b>92928</b>                              | <b>PRQ TRLUML CORONARY STENT W/ANGIO<br/>ONE ART/BRNCH</b>      |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1         | 0        | 1         |
| <b>92929</b>                              | <b>PRQ TRLUML CORONARY STENT W/ANGIO<br/>ADDL ART/BRNCH</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1         | 0        | 1         |
| <b>92941</b>                              | <b>PRQ TRLUML CORONRY TOT OCCLUS REVASC<br/>MI ONE VSL</b>      |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                          |   |  | 1         | 0        | 1         |
| INTERNAL MEDICINE                         |   |  | 1         | 0        | 1         |
| <b>92960</b>                              | <b>CARDIOVERSION ELECTIVE ARRHYTHMIA<br/>EXTERNAL</b>           |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1         | 0        | 1         |
| <b>92978</b>                              | <b>ENDOLUMINAL CORONARY IVUS OCT I AND R<br/>INITIAL VESSEL</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1         | 0        | 1         |
| <b>93000</b>                              | <b>ECG ROUTINE ECG W/LEAST 12 LDS W/I and R</b>                 |  | <b>13</b> | <b>4</b> | <b>17</b> |
| <b>GROUP OF PROVIDERS</b>                 |   |  | 2         | 2        | 4         |
| MULTI-SPECIALTY                           |   |  | 2         | 2        | 4         |
| <b>HOSPITAL</b>                           |   |  | 9         | 1        | 10        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 9         | 1        | 10        |
| <b>PHYSICIAN</b>                          |   |  | 1         | 1        | 2         |
| CARDIOVASCULAR DISEASE                    |   |  | 0         | 1        | 1         |
| PEDIATRIC CARDIOLOGY                      |   |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>                   |   |  | 1         | 0        | 1         |
| <b>93005</b>                              | <b>ECG ROUTINE ECG W/LEAST 12 LDS TRCG<br/>ONLY W/O I and R</b> |  | <b>19</b> | <b>0</b> | <b>19</b> |
| <b>GROUP OF PROVIDERS</b>                 |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY                           |   |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>                           |   |  | 16        | 0        | 16        |

|  |  |  |          |          |           |
|--|--|--|----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL            |  |  | 13       | 0        | 13        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 2        | 0        | 2         |
| SPECIAL HOSPITAL                       |  |  | 1        | 0        | 1         |
| <b>SERVICE LOCATION</b>                |  |  | 1        | 0        | 1         |
| <b>93010</b>                           | <b>ECG ROUTINE ECG W/LEAST 12 LDS I and R ONLY</b>       |  | <b>3</b> | <b>2</b> | <b>5</b>  |
| <b>HOSPITAL</b>                        |  |  | 3        | 2        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2        | 2        | 4         |
| SPECIAL HOSPITAL                       |  |  | 1        | 0        | 1         |
| <b>93015</b>                           | <b>CV STRS TST XERS and /OR RX CONT ECG W/SI and R</b>   |  | <b>9</b> | <b>6</b> | <b>15</b> |
| <b>GROUP OF PROVIDERS</b>              |  |  | 1        | 0        | 1         |
| MULTI-SPECIALTY                        |  |  | 1        | 0        | 1         |
| <b>HOSPITAL</b>                        |  |  | 5        | 1        | 6         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 5        | 1        | 6         |
| <b>OUT OF STATE HOSPITAL</b>           |  |  | 0        | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 0        | 1        | 1         |
| <b>PHYSICIAN</b>                       |  |  | 3        | 4        | 7         |
| CARDIOLOGY                             |  |  | 0        | 1        | 1         |
| CARDIOVASCULAR DISEASE                 |  |  | 3        | 3        | 6         |
| <b>93016</b>                           | <b>CV STRS TST XERS and /OR RX CONT ECG W/O I and R</b>  |  | <b>4</b> | <b>1</b> | <b>5</b>  |
| <b>HOSPITAL</b>                        |  |  | 4        | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 4        | 0        | 4         |
| <b>OUT OF STATE HOSPITAL</b>           |  |  | 0        | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 0        | 1        | 1         |
| <b>93017</b>                           | <b>CV STRS TST XERS and /OR RX CONT ECG TRCG ONLY</b>    |  | <b>6</b> | <b>3</b> | <b>9</b>  |
| <b>HOSPITAL</b>                        |  |  | 6        | 3        | 9         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 6        | 3        | 9         |
| <b>93018</b>                           | <b>CV STRS TST XERS and /OR RX CONT ECG I and R ONLY</b> |  | <b>4</b> | <b>1</b> | <b>5</b>  |
| <b>HOSPITAL</b>                        |  |  | 4        | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 4        | 0        | 4         |
| <b>OUT OF STATE HOSPITAL</b>           |  |  | 0        | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 0        | 1        | 1         |
| <b>93041</b>                           | <b>RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I and R</b>     |  | <b>7</b> | <b>0</b> | <b>7</b>  |

|   |  |  |           |           |           |
|---|--|--|-----------|-----------|-----------|
| <b>HOSPITAL</b>   |  |  | 7         | 0         | 7         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 7         | 0         | 7         |
| <b>93228</b>  | <b>XTRNL MOBILE CV TELEMETRY W/I and<br/>REPORT 30 DAYS</b>        |  | <b>37</b> | <b>7</b>  | <b>44</b> |
| <b>GROUP OF PROVIDERS</b>                                       |  |  | 5         | 1         | 6         |
| MULTI-SPECIALTY   |  |  | 5         | 1         | 6         |
| <b>PHYSICIAN</b>  |  |  | 31        | 6         | 37        |
| CARDIOLOGY  |  |  | 14        | 3         | 17        |
| CARDIOVASCULAR DISEASE  |  |  | 16        | 2         | 18        |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                           |  |  | 1         | 0         | 1         |
| PULMONARY DISEASE   |  |  | 0         | 1         | 1         |
| <b>TIN OWNER</b>  |  |  | 1         | 0         | 1         |
| <b>93229</b>  | <b>XTRNL MOBILE CV TELEMETRY W/TECHNICAL<br/>SUPPORT</b>           |  | <b>53</b> | <b>15</b> | <b>68</b> |
| <b>GROUP OF PROVIDERS</b>                                       |  |  | 14        | 10        | 24        |
| MULTI-SPECIALTY   |  |  | 5         | 2         | 7         |
| RADIOLOGY, MOBILE   |  |  | 9         | 8         | 17        |
| <b>LABORATORY</b>   |  |  | 2         | 1         | 3         |
| PHYSIOLOGICAL LABORATORY  |  |  | 2         | 1         | 3         |
| <b>PHYSICIAN</b>  |  |  | 37        | 4         | 41        |
| CARDIOLOGY  |  |  | 9         | 1         | 10        |
| CARDIOVASCULAR DISEASE  |  |  | 22        | 2         | 24        |
| CLINICAL CARDIAC<br>ELECTROPHYSIOLOGY                           |  |  | 1         | 1         | 2         |
| INTERNAL MEDICINE   |  |  | 3         | 0         | 3         |
| PREVENTIVE MEDICINE - PUBLIC<br>HEALTH & GENERAL PREVENTIVE MED |  |  | 1         | 0         | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                           |  |  | 1         | 0         | 1         |
| <b>93241</b>  | <b>EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS<br/>REPORT R and I</b> |  | <b>27</b> | <b>5</b>  | <b>32</b> |
| <b>GROUP OF PROVIDERS</b>                                       |  |  | 0         | 3         | 3         |
| MULTI-SPECIALTY   |  |  | 0         | 1         | 1         |
| SINGLE SPECIALTY  |  |  | 0         | 2         | 2         |
| <b>PHYSICIAN</b>  |  |  | 27        | 2         | 29        |
| CARDIOLOGY  |  |  | 3         | 0         | 3         |
| CARDIOVASCULAR DISEASE  |  |  | 17        | 0         | 17        |

|                                       |   |  |           |          |           |
|---------------------------------------|---|--|-----------|----------|-----------|
| CLINICAL CARDIAC<br>ELECTROPHYSIOLOGY |   |  | 1         | 0        | 1         |
| INTERNAL MEDICINE                     |   |  | 6         | 2        | 8         |
| <b>93242</b>                          | <b>EXTERNAL ECG REC GT 48HR LT 7D<br/>RECORDING</b>                 |  | <b>10</b> | <b>1</b> | <b>11</b> |
| <b>PHYSICIAN</b>                      |   |  | 10        | 1        | 11        |
| CARDIOLOGY                            |   |  | 1         | 0        | 1         |
| CARDIOVASCULAR DISEASE                |   |  | 7         | 1        | 8         |
| INTERNAL MEDICINE                     |   |  | 2         | 0        | 2         |
| <b>93243</b>                          | <b>EXTERNAL ECG REC GT 48HR LT 7D SCANNING<br/>ALYS W/REPORT</b>    |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                       |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                       |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL           |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                      |   |  | 2         | 0        | 2         |
| CARDIOVASCULAR DISEASE                |   |  | 2         | 0        | 2         |
| <b>93244</b>                          | <b>EXTERNAL ECG REC GT 48HR LT 7D REVIEW<br/>and INTERPRETATION</b> |  | <b>13</b> | <b>1</b> | <b>14</b> |
| <b>HOSPITAL</b>                       |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL           |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                      |   |  | 12        | 1        | 13        |
| CARDIOLOGY                            |   |  | 1         | 0        | 1         |
| CARDIOVASCULAR DISEASE                |   |  | 9         | 1        | 10        |
| INTERNAL MEDICINE                     |   |  | 2         | 0        | 2         |
| <b>93245</b>                          | <b>EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS<br/>REPORT R and I</b>   |  | <b>10</b> | <b>0</b> | <b>10</b> |
| <b>PHYSICIAN</b>                      |   |  | 10        | 0        | 10        |
| CARDIOLOGY                            |   |  | 1         | 0        | 1         |
| CARDIOVASCULAR DISEASE                |   |  | 7         | 0        | 7         |
| CLINICAL CARDIAC<br>ELECTROPHYSIOLOGY |   |  | 1         | 0        | 1         |
| INTERNAL MEDICINE                     |   |  | 1         | 0        | 1         |
| <b>93246</b>                          | <b>EXTERNAL ECG REC GT 7D LT 15D RECORDING</b>                      |  | <b>9</b>  | <b>1</b> | <b>10</b> |
| <b>GROUP OF PROVIDERS</b>             |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                       |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                      |   |  | 8         | 1        | 9         |
| CARDIOLOGY                            |   |  | 0         | 1        | 1         |

|   |  |  |           |          |           |
|---|--|--|-----------|----------|-----------|
| CARDIOVASCULAR DISEASE                    |  |  | 6         | 0        | 6         |
| CLINICAL CARDIAC<br>ELECTROPHYSIOLOGY     |  |  | 1         | 0        | 1         |
| INTERNAL MEDICINE                         |  |  | 1         | 0        | 1         |
| <b>93247</b>                              | <b>EXTERNAL ECG REC GT 7D LT 15D SCANNING<br/>ALYS W/REPORT</b>    |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>GROUP OF PROVIDERS</b>                 |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                           |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                          |  |  | 4         | 0        | 4         |
| CARDIOVASCULAR DISEASE                    |  |  | 4         | 0        | 4         |
| <b>93248</b>                              | <b>EXTERNAL ECG REC GT 7D LT 15D REVIEW and<br/>INTERPRETATION</b> |  | <b>11</b> | <b>0</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>                 |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                           |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                           |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                          |  |  | 9         | 0        | 9         |
| CARDIOVASCULAR DISEASE                    |  |  | 8         | 0        | 8         |
| INTERNAL MEDICINE                         |  |  | 1         | 0        | 1         |
| <b>93303</b>                              | <b>COMPLETE TTHRC ECHO CONGENITAL<br/>CARDIAC ANOMALY</b>          |  | <b>10</b> | <b>2</b> | <b>12</b> |
| <b>GROUP OF PROVIDERS</b>                 |  |  | 2         | 2        | 4         |
| MULTI-SPECIALTY                           |  |  | 2         | 2        | 4         |
| <b>HOSPITAL</b>                           |  |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 3         | 0        | 3         |
| <b>PHYSICIAN</b>                          |  |  | 1         | 0        | 1         |
| PEDIATRIC CARDIOLOGY                      |  |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>                   |  |  | 1         | 0        | 1         |
| <b>93304</b>                              | <b>F-UP/LIMITED TTHRC ECHO CONGENITAL CAR<br/>ANOMALY</b>          |  | <b>6</b>  | <b>1</b> | <b>7</b>  |
| <b>GROUP OF PROVIDERS</b>                 |  |  | 3         | 1        | 4         |
| MULTI-SPECIALTY                           |  |  | 3         | 1        | 4         |
| <b>HOSPITAL</b>                           |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2         | 0        | 2         |

|   |   |  |           |           |           |
|---|---|--|-----------|-----------|-----------|
| <b>SERVICE LOCATION</b>                   |   |  | 1         | 0         | 1         |
| <b>93306</b>                              | <b>ECHO TTHRC R-T 2D W/WOM-MODE COMPL<br/>SPEC and COLR D</b> |  | <b>33</b> | <b>15</b> | <b>48</b> |
| <b>GROUP OF PROVIDERS</b>                 |   |  | 2         | 3         | 5         |
| MULTI-SPECIALTY                           |   |  | 2         | 3         | 5         |
| <b>HOSPITAL</b>                           |   |  | 26        | 7         | 33        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 26        | 7         | 33        |
| <b>PHYSICIAN</b>                          |   |  | 4         | 5         | 9         |
| CARDIOLOGY                                |   |  | 1         | 1         | 2         |
| CARDIOVASCULAR DISEASE                    |   |  | 1         | 4         | 5         |
| CLINICAL CARDIAC<br>ELECTROPHYSIOLOGY     |   |  | 1         | 0         | 1         |
| INTERNAL MEDICINE                         |   |  | 1         | 0         | 1         |
| <b>SERVICE LOCATION</b>                   |   |  | 1         | 0         | 1         |
| <b>93307</b>                              | <b>ECHO TRANSTHORAC R-T 2D W/WO M-MODE<br/>REC COMP</b>       |  | <b>16</b> | <b>1</b>  | <b>17</b> |
| <b>GROUP OF PROVIDERS</b>                 |   |  | 2         | 1         | 3         |
| MULTI-SPECIALTY                           |   |  | 2         | 1         | 3         |
| <b>HOSPITAL</b>                           |   |  | 13        | 0         | 13        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 13        | 0         | 13        |
| <b>SERVICE LOCATION</b>                   |   |  | 1         | 0         | 1         |
| <b>93308</b>                              | <b>ECHO TRANSTHORC R-T 2D W/WO M-MODE<br/>REC F-UP/LMTD</b>   |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>                           |   |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1         | 0         | 1         |
| <b>93312</b>                              | <b>ECHO TRANSESOPHAG R-T 2D W/PRB IMG<br/>ACQUISJ I and R</b> |  | <b>3</b>  | <b>0</b>  | <b>3</b>  |
| <b>HOSPITAL</b>                           |   |  | 3         | 0         | 3         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 3         | 0         | 3         |
| <b>93320</b>                              | <b>DOPPLER ECHOCARD PULSE WAVE<br/>W/SPECTRAL DISPLAY</b>     |  | <b>9</b>  | <b>1</b>  | <b>10</b> |
| <b>GROUP OF PROVIDERS</b>                 |   |  | 0         | 1         | 1         |
| MULTI-SPECIALTY                           |   |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>                           |   |  | 8         | 0         | 8         |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 5         | 0         | 5         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 3         | 0         | 3         |
| <b>PHYSICIAN</b>                          |   |  | 1         | 0         | 1         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| PEDIATRIC CARDIOLOGY                   |   |  | 1         | 0        | 1         |
| <b>93321</b>                           | <b>DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD</b>     |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>              |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                        |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                        |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 2         | 0        | 2         |
| <b>93325</b>                           | <b>DOP ECHOCARD COLOR FLOW VELOCITY MAPPING</b>             |  | <b>13</b> | <b>1</b> | <b>14</b> |
| <b>GROUP OF PROVIDERS</b>              |   |  | 3         | 0        | 3         |
| MULTI-SPECIALTY                        |   |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>                        |   |  | 8         | 0        | 8         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 3         | 0        | 3         |
| <b>PHYSICIAN</b>                       |   |  | 1         | 1        | 2         |
| OBSTETRICS & GYNECOLOGY                |   |  | 0         | 1        | 1         |
| PEDIATRIC CARDIOLOGY                   |   |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>                |   |  | 1         | 0        | 1         |
| <b>93350</b>                           | <b>ECHO TTHRC R-T 2D W/VO M-MODE COMPLETE REST and ST</b>   |  | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>HOSPITAL</b>                        |   |  | 3         | 1        | 4         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 3         | 1        | 4         |
| <b>93351</b>                           | <b>ECHO TTHRC R-T 2D W/VO M-MODE REST and STRS CONT ECG</b> |  | <b>7</b>  | <b>1</b> | <b>8</b>  |
| <b>GROUP OF PROVIDERS</b>              |   |  | 0         | 1        | 1         |
| MULTI-SPECIALTY                        |   |  | 0         | 1        | 1         |
| <b>HOSPITAL</b>                        |   |  | 7         | 0        | 7         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 7         | 0        | 7         |
| <b>93355</b>                           | <b>ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN</b>      |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>93451</b>                           | <b>RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT</b>    |  | <b>12</b> | <b>2</b> | <b>14</b> |
| <b>HOSPITAL</b>                        |   |  | 12        | 2        | 14        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 12        | 2        | 14        |
| <b>93452</b>                           | <b>L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S and I</b>      |  | <b>10</b> | <b>1</b> | <b>11</b> |



|   |  |  |          |          |          |
|---|--|--|----------|----------|----------|
| <b>HOSPITAL</b>                           |  |  | 10       | 1        | 11       |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 10       | 1        | 11       |
| <b>93453</b>                              | <b>R and L HRT CATH W/NJX L VENTRICULOG<br/>IMG S and I</b>      |  | <b>7</b> | <b>2</b> | <b>9</b> |
| <b>HOSPITAL</b>                           |  |  | 7        | 2        | 9        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 7        | 2        | 9        |
| <b>93454</b>                              | <b>CATH PLACEMENT AND NJX CORONARY ART<br/>ANGIO IMG S AND I</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1        | 0        | 1        |
| <b>93456</b>                              | <b>CATH PLMT R HRT and ARTS W/NJX and<br/>ANGIO IMG S and I</b>  |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 1        | 2        |
| <b>93458</b>                              | <b>CATH PLMT L HRT and ARTS W/NJX and<br/>ANGIO IMG S and I</b>  |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                           |  |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>                          |  |  | 1        | 0        | 1        |
| CARDIOVASCULAR DISEASE                    |  |  | 1        | 0        | 1        |
| <b>93462</b>                              | <b>LEFT HEART CATH BY TRANSEPTAL PUNCTURE</b>                    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 0        | 1        |
| <b>93505</b>                              | <b>ENDOMYOCARDIAL BIOPSY</b>                                     |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                           |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1        | 0        | 1        |
| <b>93580</b>                              | <b>PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ<br/>W/IMPLT</b>         |  | <b>4</b> | <b>2</b> | <b>6</b> |
| <b>HOSPITAL</b>                           |  |  | 4        | 2        | 6        |
| GENERAL ACUTE CARE HOSPITAL               |  |  | 3        | 1        | 4        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |  |  | 1        | 1        | 2        |
| <b>93595</b>                              | <b>L HRT CATH CHD IMG CATH TRGT ZON<br/>NML/ABNL NT CNJ</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |  |  | 1        | 0        | 1        |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0        | 1        |
| <b>93596</b>                           | <b>R and L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0        | 1        |
| <b>93597</b>                           | <b>R and L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0        | 1        |
| <b>93609</b>                           | <b>INTRA-VENTRIC and /ATRIAL MAPG TACHYCARD W/CATH MA</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>93622</b>                           | <b>COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>93623</b>                           | <b>PROGRAMMED STIMJ AND PACG AFTER IV DRUG NFS</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>93653</b>                           | <b>COMPRE EP EVAL ABLTJ 3D MAPG TX SVT</b>                  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>93655</b>                           | <b>ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>93662</b>                           | <b>INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S and I</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                        |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 0        | 1        |
| <b>93702</b>                           | <b>BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT</b>       |  | <b>0</b> | <b>6</b> | <b>6</b> |
| <b>GROUP OF PROVIDERS</b>              |   |  | 0        | 4        | 4        |
| MULTI-SPECIALTY                        |   |  | 0        | 4        | 4        |
| <b>PHYSICIAN</b>                       |   |  | 0        | 2        | 2        |
| SURGICAL ONCOLOGY                      |   |  | 0        | 2        | 2        |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>93797</b>                           | <b>OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR</b>        |  | <b>3</b>  | <b>3</b> | <b>6</b>  |
| <b>HOSPITAL</b>                        |   |  | 3         | 3        | 6         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 3         | 3        | 6         |
| <b>93798</b>                           | <b>OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING</b>       |  | <b>14</b> | <b>9</b> | <b>23</b> |
| <b>HOSPITAL</b>                        |   |  | 14        | 9        | 23        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 14        | 9        | 23        |
| <b>93880</b>                           | <b>DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY</b>          |  | <b>3</b>  | <b>4</b> | <b>7</b>  |
| <b>HOSPITAL</b>                        |   |  | 3         | 4        | 7         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 3         | 4        | 7         |
| <b>93924</b>                           | <b>N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI</b>            |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>93925</b>                           | <b>DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY</b>           |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                       |   |  | 0         | 1        | 1         |
| CARDIOVASCULAR DISEASE                 |   |  | 0         | 1        | 1         |
| <b>93971</b>                           | <b>DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY</b>          |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 0         | 1        | 1         |
| <b>93975</b>                           | <b>DUP-SCAN ARTL FLO ABDL/PEL/SCROT and /RPR ORGN COM</b>   |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>                        |   |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1         | 0        | 1         |
| <b>93985</b>                           | <b>DUPLEX SCAN ARTL INFL and VEN O/F HEMO COMPL BI STD</b>  |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>PHYSICIAN</b>                       |   |  | 1         | 1        | 2         |
| SURGERY                                |   |  | 1         | 1        | 2         |
| <b>93986</b>                           | <b>DUPLEX SCAN ARTL INFL and VEN O/F HEMO COMPL UNI STD</b> |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>PHYSICIAN</b>                       |   |  | 1         | 1        | 2         |
| SURGERY                                |   |  | 1         | 1        | 2         |

|                             |   |           |          |           |
|-----------------------------|---|-----------|----------|-----------|
| <b>94010</b>                | <b>SPMTRY W/VC EXPIRATORY FLO W/VO MXML<br/>VOL VNTJ</b>          | <b>15</b> | <b>1</b> | <b>16</b> |
| <b>HOSPITAL</b>             |   | 13        | 0        | 13        |
| GENERAL ACUTE CARE HOSPITAL |   | 13        | 0        | 13        |
| <b>PHYSICIAN</b>            |   | 2         | 1        | 3         |
| CARDIOVASCULAR DISEASE      |   | 0         | 1        | 1         |
| PULMONARY DISEASE           |   | 2         | 0        | 2         |
| <b>94060</b>                | <b>BRNCDILAT RSPSE SPMTRY PRE AND POST-<br/>BRNCDILAT ADMN</b>    | <b>6</b>  | <b>5</b> | <b>11</b> |
| <b>HOSPITAL</b>             |   | 5         | 4        | 9         |
| GENERAL ACUTE CARE HOSPITAL |   | 5         | 4        | 9         |
| <b>PHYSICIAN</b>            |   | 1         | 1        | 2         |
| CARDIOVASCULAR DISEASE      |   | 0         | 1        | 1         |
| PEDIATRIC PULMONOLOGY       |   | 1         | 0        | 1         |
| <b>94200</b>                | <b>MAX BREATHING CAPACITY MAXIMAL<br/>VOLUNTARY VENTJ</b>         | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>            |   | 0         | 1        | 1         |
| CARDIOVASCULAR DISEASE      |   | 0         | 1        | 1         |
| <b>94375</b>                | <b>Respiratory flow volume loop</b>                               | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>            |   | 1         | 0        | 1         |
| PEDIATRIC PULMONOLOGY       |   | 1         | 0        | 1         |
| <b>94617</b>                | <b>XERS TST BRNCSPSM PRE and POST SPMTRY<br/>and PLS OX W/ECG</b> | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>            |   | 1         | 0        | 1         |
| PEDIATRIC PULMONOLOGY       |   | 1         | 0        | 1         |
| <b>94618</b>                | <b>PULMONARY STRESS TESTING</b>                                   | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>   |   | 1         | 0        | 1         |
| MULTI-SPECIALTY             |   | 1         | 0        | 1         |
| <b>HOSPITAL</b>             |   | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL |   | 0         | 1        | 1         |
| <b>PHYSICIAN</b>            |   | 1         | 0        | 1         |
| PULMONARY DISEASE           |   | 1         | 0        | 1         |
| <b>94621</b>                | <b>CARDIOPULMONARY EXERCISE TESTING</b>                           | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>             |   | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL |   | 2         | 0        | 2         |
| <b>94625</b>                | <b>PHYS/QHP SVCS OP PULM REHAB WO CONT<br/>OXIMTRY MNTR</b>       | <b>2</b>  | <b>0</b> | <b>2</b>  |

|   |  |  |           |          |           |
|---|--|--|-----------|----------|-----------|
| <b>HOSPITAL</b>                         |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL             |  |  | 2         | 0        | 2         |
| <b>94626</b>                            | <b>PHYS/QHP SVCS OP PULM REHAB W/CONT<br/>OXIMTRY MNTR</b>     |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>HOSPITAL</b>                         |  |  | 2         | 1        | 3         |
| GENERAL ACUTE CARE HOSPITAL             |  |  | 1         | 1        | 2         |
| REHABILITATION HOSPITAL                 |  |  | 1         | 0        | 1         |
| <b>94642</b>                            | <b>PENTAMIDINE AERSL INHALATION<br/>PNEUMOCYSTIS/PROPH</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>                        |  |  | 1         | 0        | 1         |
| INTERNAL MEDICINE                       |  |  | 1         | 0        | 1         |
| <b>94664</b>                            | <b>DEMO and /EVAL OF PT UTILIZ AERSL<br/>GEN/NEB/INHRLR/IP</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>                        |  |  | 1         | 0        | 1         |
| PEDIATRIC PULMONOLOGY                   |  |  | 1         | 0        | 1         |
| <b>94726</b>                            | <b>PLETHYSMOGRAPHY LUNG VOLUMES W/WO<br/>AIRWAY RESIST</b>     |  | <b>4</b>  | <b>4</b> | <b>8</b>  |
| <b>HOSPITAL</b>                         |  |  | 4         | 4        | 8         |
| GENERAL ACUTE CARE HOSPITAL             |  |  | 4         | 4        | 8         |
| <b>94729</b>                            | <b>CO DIFFUSING CAPACITY</b>                                   |  | <b>4</b>  | <b>5</b> | <b>9</b>  |
| <b>HOSPITAL</b>                         |  |  | 4         | 4        | 8         |
| GENERAL ACUTE CARE HOSPITAL             |  |  | 4         | 4        | 8         |
| <b>PHYSICIAN</b>                        |  |  | 0         | 1        | 1         |
| CARDIOVASCULAR DISEASE                  |  |  | 0         | 1        | 1         |
| <b>95165</b>                            | <b>PREPJ and ALLERGEN IMMUNOTHERAPY<br/>1/MLT ANTIGEN</b>      |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>PHYSICIAN</b>                        |  |  | 2         | 1        | 3         |
| OTOLARYNGOLOGY                          |  |  | 2         | 1        | 3         |
| <b>95249</b>                            | <b>CONT GLUC MONITORING PATIENT PROVIDED<br/>EQUIPMENT</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>                        |  |  | 1         | 0        | 1         |
| ENDOCRINOLOGY, DIABETES &<br>METABOLISM |  |  | 1         | 0        | 1         |
| <b>95700</b>                            | <b>EEG CONT REC W/VIDEO BY TECH MIN 8<br/>CHANNELS</b>         |  | <b>30</b> | <b>6</b> | <b>36</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>  |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - HEALTH SERVICE          |  |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>               |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                         |  |  | 1         | 0        | 1         |

|  |  |  |          |          |           |
|--|--|--|----------|----------|-----------|
| <b>HOSPITAL</b>  |  |  | 4        | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 4        | 0        | 4         |
| <b>LABORATORY</b>  |  |  | 5        | 1        | 6         |
| PHYSIOLOGICAL LABORATORY   |  |  | 5        | 1        | 6         |
| <b>PHYSICIAN</b>   |  |  | 19       | 5        | 24        |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |  |  | 13       | 5        | 18        |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 6        | 0        | 6         |
| <b>95705</b>   | <b>EEG W/O VIDEO BY TECH 2-12 HR<br/>UNMONITORED</b>       |  | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |  |  | 1        | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1        | 0        | 1         |
| <b>95706</b>   | <b>EEG W/O VIDEO BY TECH 2-12 HR<br/>INTERMITTENT MNTR</b> |  | <b>0</b> | <b>1</b> | <b>1</b>  |
| <b>LABORATORY</b>  |  |  | 0        | 1        | 1         |
| PHYSIOLOGICAL LABORATORY   |  |  | 0        | 1        | 1         |
| <b>95708</b>   | <b>EEG W/O VID BY TECH EA INCR 12-26HR<br/>UNMONITORED</b> |  | <b>6</b> | <b>1</b> | <b>7</b>  |
| <b>HOSPITAL</b>  |  |  | 2        | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 2        | 0        | 2         |
| <b>PHYSICIAN</b>   |  |  | 4        | 1        | 5         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |  |  | 2        | 1        | 3         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 2        | 0        | 2         |
| <b>95709</b>   | <b>EEG W/O VID BY TECH EA INCR 12-26 HR<br/>INTMT MNTR</b> |  | <b>3</b> | <b>1</b> | <b>4</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |  |  | 1        | 0        | 1         |
| CLINIC/CENTER - HEALTH SERVICE                                     |  |  | 1        | 0        | 1         |
| <b>LABORATORY</b>  |  |  | 2        | 1        | 3         |
| PHYSIOLOGICAL LABORATORY   |  |  | 2        | 1        | 3         |
| <b>95711</b>   | <b>VEEG BY TECH 2-12 HOURS UNMONITORED</b>                 |  | <b>4</b> | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>  |  |  | 4        | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 4        | 0        | 4         |
| <b>95712</b>   | <b>VEEG BY TECH 2-12 HR INTERMITTENT<br/>MONITORING</b>    |  | <b>9</b> | <b>1</b> | <b>10</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |  |  | 1        | 0        | 1         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| CLINIC/CENTER - HEALTH SERVICE                                     |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 4         | 0        | 4         |
| <b>LABORATORY</b>  |  |  | 4         | 1        | 5         |
| PHYSIOLOGICAL LABORATORY   |  |  | 4         | 1        | 5         |
| <b>95713</b>   | <b>VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING</b>  |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>  |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 3         | 0        | 3         |
| <b>PHYSICIAN</b>   |  |  | 2         | 0        | 2         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 2         | 0        | 2         |
| <b>95714</b>   | <b>VEEG BY TECH EA INCR 12-26 HR UNMONITORED</b>       |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>LABORATORY</b>  |  |  | 2         | 0        | 2         |
| PHYSIOLOGICAL LABORATORY   |  |  | 2         | 0        | 2         |
| <b>95715</b>   | <b>VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR</b> |  | <b>20</b> | <b>6</b> | <b>26</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - HEALTH SERVICE                                     |  |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 3         | 1        | 4         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 3         | 1        | 4         |
| <b>LABORATORY</b>  |  |  | 5         | 1        | 6         |
| PHYSIOLOGICAL LABORATORY   |  |  | 5         | 1        | 6         |
| <b>PHYSICIAN</b>   |  |  | 10        | 4        | 14        |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |  |  | 8         | 4        | 12        |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 2         | 0        | 2         |
| <b>95716</b>   | <b>VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR</b>     |  | <b>11</b> | <b>2</b> | <b>13</b> |
| <b>HOSPITAL</b>  |  |  | 6         | 1        | 7         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 1         | 1        | 2         |
| <b>LABORATORY</b>  |  |  | 1         | 0        | 1         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| PHYSIOLOGICAL LABORATORY   |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 4         | 1        | 5         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |   |  | 2         | 1        | 3         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |   |  | 2         | 0        | 2         |
| <b>95718</b>   | <b>EEG PHYS/QHP 2-12 HR WITH VEEG</b>                             |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>HOSPITAL</b>  |   |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 3         | 0        | 3         |
| <b>LABORATORY</b>  |   |  | 1         | 0        | 1         |
| PHYSIOLOGICAL LABORATORY   |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 2         | 0        | 2         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |   |  | 2         | 0        | 2         |
| <b>95719</b>   | <b>EEG PHYS/QHP EA INCR GT 12HR LT 26HR<br/>AFTER 24HR WO VID</b> |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>LABORATORY</b>  |   |  | 1         | 0        | 1         |
| PHYSIOLOGICAL LABORATORY   |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 2         | 0        | 2         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |   |  | 2         | 0        | 2         |
| <b>95720</b>   | <b>EEG PHYS/QHP EA INCR GT 12HR LT 26HR<br/>AFTER 24HR W/VEEG</b> |  | <b>21</b> | <b>6</b> | <b>27</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 4         | 1        | 5         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |   |  | 1         | 1        | 2         |
| <b>LABORATORY</b>  |   |  | 2         | 0        | 2         |
| PHYSIOLOGICAL LABORATORY   |   |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |   |  | 14        | 5        | 19        |
| NEUROCRITICAL CARE   |   |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |   |  | 9         | 5        | 14        |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |   |  | 4         | 0        | 4         |



|  |  |            |           |            |
|--|--|------------|-----------|------------|
| <b>95721</b>                                 | <b>EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60<br/>HR W/O VIDEO</b> | <b>3</b>   | <b>2</b>  | <b>5</b>   |
| <b>LABORATORY</b>                            |  | 3          | 2         | 5          |
| PHYSIOLOGICAL LABORATORY                     |  | 3          | 2         | 5          |
| <b>95722</b>                                 | <b>EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60<br/>HR W/VEEG</b>    | <b>4</b>   | <b>2</b>  | <b>6</b>   |
| <b>LABORATORY</b>                            |  | 3          | 2         | 5          |
| PHYSIOLOGICAL LABORATORY                     |  | 3          | 2         | 5          |
| <b>PHYSICIAN</b>                             |  | 1          | 0         | 1          |
| NEUROCRITICAL CARE                           |  | 1          | 0         | 1          |
| <b>95723</b>                                 | <b>EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84<br/>HR W/O VIDEO</b> | <b>2</b>   | <b>1</b>  | <b>3</b>   |
| <b>PHYSICIAN</b>                             |  | 2          | 1         | 3          |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY        |  | 2          | 1         | 3          |
| <b>95724</b>                                 | <b>EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84<br/>HR W/VEEG</b>    | <b>2</b>   | <b>0</b>  | <b>2</b>   |
| <b>LABORATORY</b>                            |  | 1          | 0         | 1          |
| PHYSIOLOGICAL LABORATORY                     |  | 1          | 0         | 1          |
| <b>PHYSICIAN</b>                             |  | 1          | 0         | 1          |
| NEUROCRITICAL CARE                           |  | 1          | 0         | 1          |
| <b>95800</b>                                 | <b>SLP STDY UNATND W/HRT RATE/O2<br/>SAT/RESP/SLP TIME</b>       | <b>0</b>   | <b>2</b>  | <b>2</b>   |
| <b>LABORATORY</b>                            |  | 0          | 2         | 2          |
| PHYSIOLOGICAL LABORATORY                     |  | 0          | 2         | 2          |
| <b>95810</b>                                 | <b>POLYSOM 6 OR GT YRS SLEEP 4 OR GT ADDL<br/>PARAM ATTND</b>    | <b>122</b> | <b>10</b> | <b>132</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>       |  | 1          | 0         | 1          |
| CLINIC/CENTER - SLEEP DISORDER<br>DIAGNOSTIC |  | 1          | 0         | 1          |
| <b>FREE STANDING ANCILLARY</b>               |  | 15         | 0         | 15         |
| CLINIC/CENTER - SLEEP DISORDER<br>DIAGNOSTIC |  | 15         | 0         | 15         |
| <b>GROUP OF PROVIDERS</b>                    |  | 10         | 3         | 13         |
| INTERNAL MEDICINE                            |  | 0          | 1         | 1          |
| MULTI-SPECIALTY                              |  | 10         | 2         | 12         |
| <b>HOSPITAL</b>                              |  | 54         | 4         | 58         |
| GENERAL ACUTE CARE HOSPITAL                  |  | 45         | 4         | 49         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN    |  | 7          | 0         | 7          |

|  |  |  |            |           |            |
|--|--|--|------------|-----------|------------|
| REHABILITATION HOSPITAL  |  |  | 2          | 0         | 2          |
| <b>PHYSICIAN</b>   |  |  | 42         | 2         | 44         |
| CARDIOVASCULAR DISEASE   |  |  | 1          | 0         | 1          |
| FAMILY MEDICINE  |  |  | 3          | 0         | 3          |
| INTERNAL MEDICINE  |  |  | 2          | 0         | 2          |
| INTERNAL MEDICINE - SLEEP<br>MEDICINE                              |  |  | 2          | 0         | 2          |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |  |  | 3          | 0         | 3          |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 3          | 1         | 4          |
| PULMONARY DISEASE  |  |  | 28         | 1         | 29         |
| <b>PHYSICIAN ASSISTANT</b>   |  |  | 0          | 1         | 1          |
| PHYSICIAN ASSISTANT  |  |  | 0          | 1         | 1          |
| <b>95811</b>   | <b>POLYSOM 6 OR GT YRS SLEEP W/CPAP 4 OR<br/>GT ADDL PARAM ATTND</b> |  | <b>122</b> | <b>14</b> | <b>136</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |  |  | 1          | 0         | 1          |
| CLINIC/CENTER - SLEEP DISORDER<br>DIAGNOSTIC                       |  |  | 1          | 0         | 1          |
| <b>FREE STANDING ANCILLARY</b>                                     |  |  | 10         | 0         | 10         |
| CLINIC/CENTER - SLEEP DISORDER<br>DIAGNOSTIC                       |  |  | 10         | 0         | 10         |
| <b>GROUP OF PROVIDERS</b>  |  |  | 16         | 7         | 23         |
| MULTI-SPECIALTY  |  |  | 16         | 6         | 22         |
| SINGLE SPECIALTY   |  |  | 0          | 1         | 1          |
| <b>HOSPITAL</b>  |  |  | 54         | 4         | 58         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 49         | 3         | 52         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 4          | 1         | 5          |
| REHABILITATION HOSPITAL  |  |  | 1          | 0         | 1          |
| <b>NURSE PRACTITIONER</b>  |  |  | 1          | 0         | 1          |
| NURSE PRACTITIONER - FAMILY  |  |  | 1          | 0         | 1          |
| <b>PHYSICIAN</b>   |  |  | 40         | 2         | 42         |
| CARDIOVASCULAR DISEASE   |  |  | 1          | 0         | 1          |
| FAMILY MEDICINE  |  |  | 2          | 1         | 3          |
| INTERNAL MEDICINE  |  |  | 1          | 0         | 1          |
| INTERNAL MEDICINE - SLEEP<br>MEDICINE                              |  |  | 2          | 0         | 2          |

|  |   |  |          |          |           |
|--|---|--|----------|----------|-----------|
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |   |  | 2        | 0        | 2         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |   |  | 1        | 0        | 1         |
| PULMONARY DISEASE  |   |  | 31       | 1        | 32        |
| <b>PHYSICIAN ASSISTANT</b>   |   |  | 0        | 1        | 1         |
| PHYSICIAN ASSISTANT  |   |  | 0        | 1        | 1         |
| <b>95812</b>   | <b>ELECTROENCEPHALOGRAM EXTEND<br/>MONITORING 41-60 MIN</b> |  | <b>2</b> | <b>0</b> | <b>2</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1        | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |   |  | 1        | 0        | 1         |
| <b>95813</b>   | <b>EEG EXTENDED MONITORING 61-119<br/>MINUTES</b>           |  | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1        | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1         |
| <b>95816</b>   | <b>ELECTROENCEPHALOGRAM W/REC AWAKE<br/>and DROWSY</b>      |  | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |   |  | 1        | 0        | 1         |
| <b>95822</b>   | <b>ELECTROENCEPHALOGRAM REC COMA/SLEEP<br/>ONLY</b>         |  | <b>4</b> | <b>0</b> | <b>4</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2        | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1         |
| SINGLE SPECIALTY   |   |  | 1        | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 2        | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 2        | 0        | 2         |
| <b>95829</b>   | <b>ELECTROCORTICOGRAM SURGERY SPX</b>                       |  | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1        | 0        | 1         |
| MULTI-SPECIALTY  |   |  | 1        | 0        | 1         |
| <b>95860</b>   | <b>NDL EMG 1 XTR W/WO RELATED PARASPINAL<br/>AREAS</b>      |  | <b>2</b> | <b>0</b> | <b>2</b>  |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2        | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 2        | 0        | 2         |
| <b>95861</b>   | <b>NDL EMG 2 XTR W/WO RELATED PARASPINAL<br/>AREAS</b>      |  | <b>9</b> | <b>2</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 5        | 1        | 6         |

|                             |  |  |           |          |           |
|-----------------------------|--|--|-----------|----------|-----------|
| MULTI-SPECIALTY             |  |  | 4         | 1        | 5         |
| SINGLE SPECIALTY            |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>             |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 3         | 0        | 3         |
| <b>LABORATORY</b>           |  |  | 0         | 1        | 1         |
| PHYSIOLOGICAL LABORATORY    |  |  | 0         | 1        | 1         |
| <b>TIN OWNER</b>            |  |  | 1         | 0        | 1         |
| <b>95865</b>                | <b>NEEDLE ELECTROMYOGRAPHY LARYNX</b>                      |  | <b>4</b>  | <b>1</b> | <b>5</b>  |
| <b>GROUP OF PROVIDERS</b>   |  |  | 2         | 0        | 2         |
| MULTI-SPECIALTY             |  |  | 1         | 0        | 1         |
| SINGLE SPECIALTY            |  |  | 1         | 0        | 1         |
| <b>LABORATORY</b>           |  |  | 1         | 1        | 2         |
| PHYSIOLOGICAL LABORATORY    |  |  | 1         | 1        | 2         |
| <b>TIN OWNER</b>            |  |  | 1         | 0        | 1         |
| <b>95867</b>                | <b>NEEDLE ELECTROMYOGRAPHY CRANIAL NRV<br/>MUSCLE UNI</b>  |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>   |  |  | 3         | 0        | 3         |
| MULTI-SPECIALTY             |  |  | 3         | 0        | 3         |
| <b>95868</b>                | <b>NEEDLE ELECTROMYOGRAPHY CRANIAL NRV<br/>MUSCLE BI</b>   |  | <b>9</b>  | <b>1</b> | <b>10</b> |
| <b>GROUP OF PROVIDERS</b>   |  |  | 6         | 0        | 6         |
| MULTI-SPECIALTY             |  |  | 5         | 0        | 5         |
| SINGLE SPECIALTY            |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>             |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 2         | 0        | 2         |
| <b>LABORATORY</b>           |  |  | 0         | 1        | 1         |
| PHYSIOLOGICAL LABORATORY    |  |  | 0         | 1        | 1         |
| <b>TIN OWNER</b>            |  |  | 1         | 0        | 1         |
| <b>95870</b>                | <b>NEEDLE EMG LMTD STD MUSC 1 XTR/NON-<br/>LIMB UNI/BI</b> |  | <b>10</b> | <b>3</b> | <b>13</b> |
| <b>GROUP OF PROVIDERS</b>   |  |  | 6         | 1        | 7         |
| MULTI-SPECIALTY             |  |  | 5         | 1        | 6         |
| SINGLE SPECIALTY            |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>             |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 2         | 0        | 2         |
| <b>LABORATORY</b>           |  |  | 1         | 2        | 3         |

|                                       |   |  |          |          |           |
|---------------------------------------|---|--|----------|----------|-----------|
| PHYSIOLOGICAL LABORATORY              |   |  | 1        | 2        | 3         |
| <b>TIN OWNER</b>                      |   |  | 1        | 0        | 1         |
| <b>95885</b>                          | <b>NEEDLE EMG EA EXTREMITY W/PARASPINL<br/>AREA LIMITED</b> |  | <b>2</b> | <b>0</b> | <b>2</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 2        | 0        | 2         |
| MULTI-SPECIALTY                       |   |  | 2        | 0        | 2         |
| <b>95886</b>                          | <b>NEEDLE EMG EA EXTREMTY W/PARASPINL<br/>AREA COMPLETE</b> |  | <b>9</b> | <b>2</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>             |   |  | 5        | 1        | 6         |
| MULTI-SPECIALTY                       |   |  | 5        | 1        | 6         |
| <b>HOSPITAL</b>                       |   |  | 2        | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL           |   |  | 2        | 0        | 2         |
| <b>LABORATORY</b>                     |   |  | 1        | 1        | 2         |
| PHYSIOLOGICAL LABORATORY              |   |  | 1        | 1        | 2         |
| <b>PHYSICIAN</b>                      |   |  | 1        | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY |   |  | 1        | 0        | 1         |
| <b>95887</b>                          | <b>NEEDLE EMG NONEXTREMTY MSCLES<br/>W/NERVE CONDUCTION</b> |  | <b>4</b> | <b>0</b> | <b>4</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 2        | 0        | 2         |
| MULTI-SPECIALTY                       |   |  | 2        | 0        | 2         |
| <b>LABORATORY</b>                     |   |  | 2        | 0        | 2         |
| PHYSIOLOGICAL LABORATORY              |   |  | 2        | 0        | 2         |
| <b>95907</b>                          | <b>NERVE CONDUCTION STUDIES 1-2 STUDIES</b>                 |  | <b>4</b> | <b>0</b> | <b>4</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 3        | 0        | 3         |
| MULTI-SPECIALTY                       |   |  | 3        | 0        | 3         |
| <b>LABORATORY</b>                     |   |  | 1        | 0        | 1         |
| PHYSIOLOGICAL LABORATORY              |   |  | 1        | 0        | 1         |
| <b>95908</b>                          | <b>NERVE CONDUCTION STUDIES 3-4 STUDIES</b>                 |  | <b>3</b> | <b>0</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 3        | 0        | 3         |
| MULTI-SPECIALTY                       |   |  | 3        | 0        | 3         |
| <b>95909</b>                          | <b>NERVE CONDUCTION STUDIES 5-6 STUDIES</b>                 |  | <b>7</b> | <b>2</b> | <b>9</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 4        | 1        | 5         |
| MULTI-SPECIALTY                       |   |  | 4        | 1        | 5         |
| <b>HOSPITAL</b>                       |   |  | 2        | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL           |   |  | 2        | 0        | 2         |
| <b>LABORATORY</b>                     |   |  | 1        | 1        | 2         |

|                                       |   |  |           |          |           |
|---------------------------------------|---|--|-----------|----------|-----------|
| PHYSIOLOGICAL LABORATORY              |   |  | 1         | 1        | 2         |
| <b>95910</b>                          | <b>NERVE CONDUCTION STUDIES 7-8 STUDIES</b>                   |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY                       |   |  | 2         | 0        | 2         |
| <b>95911</b>                          | <b>NERVE CONDUCTION STUDIES 9-10 STUDIES</b>                  |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY                       |   |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>                      |   |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY |   |  | 1         | 0        | 1         |
| <b>95912</b>                          | <b>NERVE CONDUCTION STUDIES 11-12 STUDIES</b>                 |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>                      |   |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY |   |  | 1         | 0        | 1         |
| <b>95927</b>                          | <b>SHORT-LATENCY SOMATOSENS EP STD<br/>TRNK/HEAD</b>          |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 5         | 0        | 5         |
| MULTI-SPECIALTY                       |   |  | 5         | 0        | 5         |
| <b>95937</b>                          | <b>NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1<br/>METH</b>         |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 3         | 0        | 3         |
| MULTI-SPECIALTY                       |   |  | 3         | 0        | 3         |
| <b>95938</b>                          | <b>SHORT-LATENCY SOMATOSENS EP STD UPR<br/>AND LOW LIMB</b>   |  | <b>13</b> | <b>0</b> | <b>13</b> |
| <b>GROUP OF PROVIDERS</b>             |   |  | 10        | 0        | 10        |
| MULTI-SPECIALTY                       |   |  | 9         | 0        | 9         |
| SINGLE SPECIALTY                      |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                       |   |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL           |   |  | 3         | 0        | 3         |
| <b>95939</b>                          | <b>CTR MOTR EP STD TRANSCRNL MOTR STIM<br/>UPR AND LOW LI</b> |  | <b>10</b> | <b>0</b> | <b>10</b> |
| <b>GROUP OF PROVIDERS</b>             |   |  | 7         | 0        | 7         |
| MULTI-SPECIALTY                       |   |  | 6         | 0        | 6         |
| SINGLE SPECIALTY                      |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                       |   |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL           |   |  | 3         | 0        | 3         |
| <b>95940</b>                          | <b>IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15<br/>MINUTES</b>     |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>GROUP OF PROVIDERS</b>             |   |  | 3         | 0        | 3         |

|                                    |   |  |           |          |           |
|------------------------------------|---|--|-----------|----------|-----------|
| MULTI-SPECIALTY                    |   |  | 2         | 0        | 2         |
| SINGLE SPECIALTY                   |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                    |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL        |   |  | 2         | 0        | 2         |
| <b>95941</b>                       | <b>IONM REMOTE/NEARBY OR GT 1 PATIENT IN OR PER HOUR</b>    |  | <b>10</b> | <b>3</b> | <b>13</b> |
| <b>GROUP OF PROVIDERS</b>          |   |  | 5         | 1        | 6         |
| MULTI-SPECIALTY                    |   |  | 5         | 1        | 6         |
| <b>HOSPITAL</b>                    |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL        |   |  | 2         | 0        | 2         |
| <b>LABORATORY</b>                  |   |  | 2         | 2        | 4         |
| PHYSIOLOGICAL LABORATORY           |   |  | 2         | 2        | 4         |
| <b>TIN OWNER</b>                   |   |  | 1         | 0        | 1         |
| <b>95955</b>                       | <b>EEG NONINTRACRANIAL SURGERY</b>                          |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>          |   |  | 1         | 1        | 2         |
| MULTI-SPECIALTY                    |   |  | 1         | 1        | 2         |
| <b>HOSPITAL</b>                    |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL        |   |  | 1         | 0        | 1         |
| <b>95957</b>                       | <b>DIGITAL ANALYSIS ELECTROENCEPHALOGRAM</b>                |  | <b>7</b>  | <b>1</b> | <b>8</b>  |
| <b>GROUP OF PROVIDERS</b>          |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY                    |   |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>                   |   |  | 5         | 1        | 6         |
| INTERNAL MEDICINE                  |   |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY |   |  | 4         | 1        | 5         |
| <b>95961</b>                       | <b>FUNCJAL CORT and SUBCORT MAPG PHYS/QHP ATTND INIT HR</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>GROUP OF PROVIDERS</b>          |   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                    |   |  | 1         | 0        | 1         |
| <b>95992</b>                       | <b>CANALITH REPOSITIONING PROCEDURE</b>                     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>                   |   |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY |   |  | 1         | 0        | 1         |
| <b>95999</b>                       | <b>UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX</b>            |  | <b>12</b> | <b>3</b> | <b>15</b> |
| <b>GROUP OF PROVIDERS</b>          |   |  | 5         | 1        | 6         |
| MULTI-SPECIALTY                    |   |  | 4         | 1        | 5         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| SINGLE SPECIALTY   |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 4         | 0        | 4         |
| <b>LABORATORY</b>  |  |  | 2         | 2        | 4         |
| PHYSIOLOGICAL LABORATORY   |  |  | 2         | 2        | 4         |
| <b>TIN OWNER</b>   |  |  | 1         | 0        | 1         |
| <b>96040</b>   | <b>MEDICAL GENETICS COUNSELING EACH 30 MINUTES</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |  |  | 1         | 0        | 1         |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |  |  | 1         | 0        | 1         |
| <b>96112</b>   | <b>DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR</b>       |  | <b>4</b>  | <b>1</b> | <b>5</b>  |
| <b>PHYSICIAN</b>   |  |  | 2         | 0        | 2         |
| NEONATAL-PERINATAL MEDICINE  |  |  | 1         | 0        | 1         |
| PEDIATRICS - DEVELOPMENTAL –<br>BEHAVIORAL PEDIATRICS - 2080P00    |  |  | 1         | 0        | 1         |
| <b>PSYCHOLOGIST</b>  |  |  | 2         | 1        | 3         |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 2         | 1        | 3         |
| <b>96113</b>   | <b>DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN</b> |  | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>PHYSICIAN</b>   |  |  | 1         | 0        | 1         |
| PEDIATRICS - DEVELOPMENTAL –<br>BEHAVIORAL PEDIATRICS - 2080P00    |  |  | 1         | 0        | 1         |
| <b>PSYCHOLOGIST</b>  |  |  | 2         | 1        | 3         |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 2         | 1        | 3         |
| <b>96116</b>   | <b>NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR</b>     |  | <b>12</b> | <b>2</b> | <b>14</b> |
| <b>HOSPITAL</b>  |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 3         | 0        | 3         |
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |  |  | 2         | 0        | 2         |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |  |  | 4         | 1        | 5         |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 3         | 0        | 3         |
| CLINICAL NEUROPSYCHOLOGIST -<br>CLINICAL                           |  |  | 0         | 1        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>CLINICAL NEUROPHYSIOLOGY -<br>2084N060 |  |  | 1         | 0        | 1         |



|  |   |  |           |           |           |
|--|---|--|-----------|-----------|-----------|
| <b>PSYCHOLOGIST</b>  |   |  | 3         | 1         | 4         |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 1         | 0         | 1         |
| PSYCHOLOGIST   |   |  | 1         | 0         | 1         |
| PSYCHOLOGIST - CLINICAL  |   |  | 1         | 1         | 2         |
| <b>96121</b>   | <b>NEUROBEHAVIORAL STATUS XM PHYS/QHP<br/>EA ADDL HOUR</b>  |  | <b>6</b>  | <b>4</b>  | <b>10</b> |
| <b>HOSPITAL</b>  |   |  | 1         | 1         | 2         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0         | 1         |
| REHABILITATION HOSPITAL  |   |  | 0         | 1         | 1         |
| <b>PHYSICIAN</b>   |   |  | 3         | 1         | 4         |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 2         | 0         | 2         |
| CLINICAL NEUROPSYCHOLOGIST -<br>CLINICAL                           |   |  | 0         | 1         | 1         |
| PSYCHIATRY & NEUROLOGY -<br>CLINICAL NEUROPHYSIOLOGY -<br>2084N060 |   |  | 1         | 0         | 1         |
| <b>PSYCHOLOGIST</b>  |   |  | 2         | 2         | 4         |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 1         | 0         | 1         |
| PSYCHOLOGIST   |   |  | 1         | 0         | 1         |
| PSYCHOLOGIST - CLINICAL  |   |  | 0         | 2         | 2         |
| <b>96130</b>   | <b>PSYCHOLOGICAL TST EVAL SVC PHYS/QHP<br/>FIRST HOUR</b>   |  | <b>29</b> | <b>2</b>  | <b>31</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2         | 0         | 2         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 1         | 0         | 1         |
| SINGLE SPECIALTY   |   |  | 1         | 0         | 1         |
| <b>PSYCHOLOGIST</b>  |   |  | 27        | 2         | 29        |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 4         | 1         | 5         |
| PSYCHOLOGIST   |   |  | 7         | 1         | 8         |
| PSYCHOLOGIST - CLINICAL  |   |  | 16        | 0         | 16        |
| <b>96131</b>   | <b>PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA<br/>ADDL HOUR</b> |  | <b>29</b> | <b>13</b> | <b>42</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2         | 2         | 4         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 1         | 1         | 2         |
| SINGLE SPECIALTY   |   |  | 1         | 1         | 2         |
| <b>PSYCHOLOGIST</b>  |   |  | 27        | 11        | 38        |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 4         | 1         | 5         |
| PSYCHOLOGIST   |   |  | 7         | 6         | 13        |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| PSYCHOLOGIST - CLINICAL  |  |  | 16        | 4        | 20        |
| <b>96132</b>   | <b>NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP<br/>1ST HOUR</b>   |  | <b>39</b> | <b>1</b> | <b>40</b> |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |  |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>  |  |  | 3         | 0        | 3         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY  |  |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |  |  | 4         | 1        | 5         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 3         | 0        | 3         |
| REHABILITATION HOSPITAL  |  |  | 1         | 1        | 2         |
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |  |  | 2         | 0        | 2         |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |  |  | 20        | 0        | 20        |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |  |  | 1         | 0        | 1         |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 6         | 0        | 6         |
| CLINICAL NEUROPSYCHOLOGIST -<br>CLINICAL                           |  |  | 1         | 0        | 1         |
| INTERNAL MEDICINE  |  |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>CLINICAL NEUROPHYSIOLOGY -<br>2084N060 |  |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |  |  | 5         | 0        | 5         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 1         | 0        | 1         |
| PSYCHOLOGIST   |  |  | 4         | 0        | 4         |
| <b>PSYCHOLOGIST</b>  |  |  | 9         | 0        | 9         |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 1         | 0        | 1         |
| PSYCHOLOGIST   |  |  | 6         | 0        | 6         |
| PSYCHOLOGIST - CLINICAL  |  |  | 2         | 0        | 2         |
| <b>96133</b>   | <b>NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP<br/>EA ADDL HR</b> |  | <b>33</b> | <b>7</b> | <b>40</b> |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |  |  | 2         | 1        | 3         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |  |  | 2         | 1        | 3         |
| <b>GROUP OF PROVIDERS</b>  |  |  | 2         | 1        | 3         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |  |  | 1         | 1        | 2         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 5         | 1        | 6         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 4         | 0        | 4         |
| REHABILITATION HOSPITAL  |  |  | 1         | 1        | 2         |
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |  |  | 2         | 0        | 2         |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |  |  | 13        | 0        | 13        |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 6         | 0        | 6         |
| CLINICAL NEUROPSYCHOLOGIST -<br>CLINICAL                           |  |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>CLINICAL NEUROPHYSIOLOGY -<br>2084N060 |  |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 1         | 0        | 1         |
| PSYCHOLOGIST   |  |  | 4         | 0        | 4         |
| <b>PSYCHOLOGIST</b>  |  |  | 9         | 4        | 13        |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 1         | 0        | 1         |
| PSYCHOLOGIST   |  |  | 6         | 3        | 9         |
| PSYCHOLOGIST - CLINICAL  |  |  | 2         | 1        | 3         |
| <b>96136</b>   | <b>PSYL/NRPSYCL TST PHYS/QHP 2 Plus TST 1ST<br/>30 MIN</b> |  | <b>53</b> | <b>2</b> | <b>55</b> |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |  |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>  |  |  | 4         | 0        | 4         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |  |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| SINGLE SPECIALTY   |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 4         | 1        | 5         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 3         | 0        | 3         |
| REHABILITATION HOSPITAL  |  |  | 1         | 1        | 2         |
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |  |  | 2         | 0        | 2         |
| CLINICAL NEUROPSYCHOLOGIST   |  |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |  |  | 11        | 0        | 11        |

|  |   |  |           |           |           |
|--|---|--|-----------|-----------|-----------|
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 5         | 0         | 5         |
| CLINICAL NEUROPSYCHOLOGIST -<br>CLINICAL                           |   |  | 1         | 0         | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |   |  | 1         | 0         | 1         |
| PSYCHOLOGIST   |   |  | 4         | 0         | 4         |
| <b>PSYCHOLOGIST</b>  |   |  | 31        | 1         | 32        |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 4         | 1         | 5         |
| PSYCHOLOGIST   |   |  | 12        | 0         | 12        |
| PSYCHOLOGIST - CLINICAL  |   |  | 15        | 0         | 15        |
| <b>96137</b>   | <b>PSYCL/NRPSYCL TST PHYS/QHP 2 Plus TST EA<br/>ADDL 30 MIN</b> |  | <b>55</b> | <b>14</b> | <b>69</b> |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |   |  | 2         | 1         | 3         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 2         | 1         | 3         |
| <b>GROUP OF PROVIDERS</b>  |   |  | 4         | 3         | 7         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 2         | 2         | 4         |
| MULTI-SPECIALTY  |   |  | 1         | 0         | 1         |
| SINGLE SPECIALTY   |   |  | 1         | 1         | 2         |
| <b>HOSPITAL</b>  |   |  | 5         | 1         | 6         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4         | 0         | 4         |
| REHABILITATION HOSPITAL  |   |  | 1         | 1         | 2         |
| <b>LICENSED PROFESSIONAL COUNSELOR</b>                             |   |  | 2         | 0         | 2         |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 2         | 0         | 2         |
| <b>PHYSICIAN</b>   |   |  | 11        | 0         | 11        |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 5         | 0         | 5         |
| CLINICAL NEUROPSYCHOLOGIST -<br>CLINICAL                           |   |  | 1         | 0         | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |   |  | 1         | 0         | 1         |
| PSYCHOLOGIST   |   |  | 4         | 0         | 4         |
| <b>PSYCHOLOGIST</b>  |   |  | 31        | 9         | 40        |
| CLINICAL NEUROPSYCHOLOGIST   |   |  | 4         | 1         | 5         |
| PSYCHOLOGIST   |   |  | 12        | 6         | 18        |
| PSYCHOLOGIST - CLINICAL  |   |  | 15        | 2         | 17        |

| 96138  | PSYCL/NRPSYCL TST TECH 2 Plus TST 1ST 30 MIN     |  | 18 | 2 | 20 |
|--|--|--|----|---|----|
| GROUP OF PROVIDERS   |  |  | 1  | 0 | 1  |
| MULTI-SPECIALTY  |  |  | 1  | 0 | 1  |
| HOSPITAL   |  |  | 0  | 1 | 1  |
| REHABILITATION HOSPITAL                                      |  |  | 0  | 1 | 1  |
| PHYSICIAN  |  |  | 12 | 0 | 12 |
| ANESTHESIOLOGY - PAIN MEDICINE                               |  |  | 1  | 0 | 1  |
| CLINICAL NEUROPSYCHOLOGIST                                   |  |  | 3  | 0 | 3  |
| CLINICAL NEUROPSYCHOLOGIST - CLINICAL                        |  |  | 1  | 0 | 1  |
| INTERNAL MEDICINE  |  |  | 1  | 0 | 1  |
| PSYCHIATRY & NEUROLOGY - CLINICAL NEUROPHYSIOLOGY - 2084N060 |  |  | 1  | 0 | 1  |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY                           |  |  | 5  | 0 | 5  |
| PSYCHOLOGIST   |  |  | 5  | 1 | 6  |
| CLINICAL NEUROPSYCHOLOGIST                                   |  |  | 2  | 1 | 3  |
| PSYCHOLOGIST - CLINICAL                                      |  |  | 3  | 0 | 3  |
| 96139  | PSYCL/NRPSYCL TST TECH 2 Plus TST EA ADDL 30 MIN |  | 14 | 2 | 16 |
| GROUP OF PROVIDERS   |  |  | 1  | 0 | 1  |
| MULTI-SPECIALTY  |  |  | 1  | 0 | 1  |
| HOSPITAL   |  |  | 0  | 1 | 1  |
| REHABILITATION HOSPITAL                                      |  |  | 0  | 1 | 1  |
| PHYSICIAN  |  |  | 7  | 0 | 7  |
| CLINICAL NEUROPSYCHOLOGIST                                   |  |  | 4  | 0 | 4  |
| CLINICAL NEUROPSYCHOLOGIST - CLINICAL                        |  |  | 1  | 0 | 1  |
| INTERNAL MEDICINE  |  |  | 1  | 0 | 1  |
| PSYCHIATRY & NEUROLOGY - CLINICAL NEUROPHYSIOLOGY - 2084N060 |  |  | 1  | 0 | 1  |
| PSYCHOLOGIST   |  |  | 6  | 1 | 7  |
| CLINICAL NEUROPSYCHOLOGIST                                   |  |  | 2  | 1 | 3  |
| PSYCHOLOGIST - CLINICAL                                      |  |  | 4  | 0 | 4  |
| 96146  | PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT      |  | 1  | 0 | 1  |
| PHYSICIAN  |  |  | 1  | 0 | 1  |

|                             |  |  |           |          |           |
|-----------------------------|--|--|-----------|----------|-----------|
| CLINICAL NEUROPSYCHOLOGIST  |  |  | 1         | 0        | 1         |
| <b>96360</b>                | <b>IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR</b>     |  | <b>11</b> | <b>0</b> | <b>11</b> |
| <b>HOSPITAL</b>             |  |  | 11        | 0        | 11        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 11        | 0        | 11        |
| <b>96361</b>                | <b>IV INFUSION HYDRATION EACH ADDITIONAL HOUR</b>      |  | <b>11</b> | <b>0</b> | <b>11</b> |
| <b>HOSPITAL</b>             |  |  | 11        | 0        | 11        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 11        | 0        | 11        |
| <b>96365</b>                | <b>IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR</b> |  | <b>10</b> | <b>0</b> | <b>10</b> |
| <b>HOSPITAL</b>             |  |  | 10        | 0        | 10        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 10        | 0        | 10        |
| <b>96366</b>                | <b>IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR</b>      |  | <b>7</b>  | <b>0</b> | <b>7</b>  |
| <b>HOSPITAL</b>             |  |  | 7         | 0        | 7         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 7         | 0        | 7         |
| <b>96374</b>                | <b>THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG</b>  |  | <b>4</b>  | <b>1</b> | <b>5</b>  |
| <b>HOSPITAL</b>             |  |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 4         | 0        | 4         |
| <b>PHYSICIAN</b>            |  |  | 0         | 1        | 1         |
| CARDIOVASCULAR DISEASE      |  |  | 0         | 1        | 1         |
| <b>96375</b>                | <b>THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG</b>     |  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>HOSPITAL</b>             |  |  | 1         | 1        | 2         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1         | 1        | 2         |
| <b>PHYSICIAN</b>            |  |  | 0         | 1        | 1         |
| CARDIOVASCULAR DISEASE      |  |  | 0         | 1        | 1         |
| <b>96376</b>                | <b>THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1         | 0        | 1         |
| <b>96401</b>                | <b>CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO</b>      |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |  |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL            |  |  | 1         | 0        | 1         |
| <b>96409</b>                | <b>CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG</b>         |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |  |  | 1         | 0        | 1         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0        | 1         |
| <b>96411</b>   | <b>CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG</b>           |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0        | 1         |
| <b>96413</b>   | <b>CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG</b> |  | <b>15</b> | <b>5</b> | <b>20</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 0         | 4        | 4         |
| SINGLE SPECIALTY   |   |  | 0         | 4        | 4         |
| <b>HOSPITAL</b>  |   |  | 15        | 1        | 16        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 15        | 1        | 16        |
| <b>96415</b>   | <b>CHEMOTHERAPY ADMN IV INFUSION TQ EA HR</b>         |  | <b>19</b> | <b>4</b> | <b>23</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 0         | 3        | 3         |
| SINGLE SPECIALTY   |   |  | 0         | 3        | 3         |
| <b>HOSPITAL</b>  |   |  | 17        | 1        | 18        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 17        | 1        | 18        |
| <b>PHYSICIAN</b>   |   |  | 2         | 0        | 2         |
| FAMILY MEDICINE  |   |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0        | 1         |
| <b>96417</b>   | <b>CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR</b>     |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 2         | 0        | 2         |
| <b>96450</b>   | <b>CHEMOTX ADMN CNS REQ SPINAL PUNCTURE</b>           |  | <b>7</b>  | <b>0</b> | <b>7</b>  |
| <b>HOSPITAL</b>  |   |  | 7         | 0        | 7         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 7         | 0        | 7         |
| <b>96900</b>   | <b>ACTINOTHERAPY ULTRAVIOLET LIGHT</b>                |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 0         | 1        | 1         |
| DERMATOLOGY  |   |  | 0         | 1        | 1         |
| <b>96910</b>   | <b>PHOTOCHEMOTX TAR and UVB/PETROLATUM/UVB</b>        |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>PHYSICIAN</b>   |   |  | 2         | 1        | 3         |
| DERMATOLOGY  |   |  | 2         | 1        | 3         |
| <b>96912</b>   | <b>PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA</b>    |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 0         | 1        | 1         |

|                                  |  |  |           |          |           |
|----------------------------------|--|--|-----------|----------|-----------|
| DERMATOLOGY                      |  |  | 0         | 1        | 1         |
| <b>96920</b>                     | <b>EXCIMER LASER TX PSORIASIS TOT AREA LT<br/>250 SQ CM</b>  |  | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>GROUP OF PROVIDERS</b>        |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                  |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                 |  |  | 2         | 1        | 3         |
| DERMATOLOGY                      |  |  | 2         | 1        | 3         |
| <b>96921</b>                     | <b>EXCIMER LASER TX PSORIASIS 250-500 SQ CM</b>              |  | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>GROUP OF PROVIDERS</b>        |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                  |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                 |  |  | 2         | 1        | 3         |
| DERMATOLOGY                      |  |  | 2         | 1        | 3         |
| <b>96922</b>                     | <b>EXCIMER LASER TX PSORIASIS GT 500 SQ CM</b>               |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>        |  |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                  |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                 |  |  | 2         | 0        | 2         |
| DERMATOLOGY                      |  |  | 2         | 0        | 2         |
| <b>97010</b>                     | <b>APPLICATION MODALITY 1 OR GT AREAS<br/>HOT/COLD PACKS</b> |  | <b>12</b> | <b>3</b> | <b>15</b> |
| <b>GROUP OF PROVIDERS</b>        |  |  | 1         | 2        | 3         |
| MULTI-SPECIALTY                  |  |  | 1         | 2        | 3         |
| <b>HOSPITAL</b>                  |  |  | 5         | 1        | 6         |
| GENERAL ACUTE CARE HOSPITAL      |  |  | 5         | 1        | 6         |
| <b>PHYSICAL THERAPIST</b>        |  |  | 3         | 0        | 3         |
| PHYSICAL THERAPIST               |  |  | 3         | 0        | 3         |
| <b>PHYSICIAN</b>                 |  |  | 1         | 0        | 1         |
| ORTHOPAEDIC SURGERY              |  |  | 1         | 0        | 1         |
| <b>REHABILITATION CENTER</b>     |  |  | 2         | 0        | 2         |
| CLINIC/CENTER - PHYSICAL THERAPY |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - REHABILITATION   |  |  | 1         | 0        | 1         |
| <b>97012</b>                     | <b>APPL MODALITY 1 OR GT AREAS TRACTION<br/>MECHANICAL</b>   |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>GROUP OF PROVIDERS</b>        |  |  | 0         | 1        | 1         |
| <b>PHYSICAL THERAPIST</b>        |  |  | 1         | 0        | 1         |
| PHYSICAL THERAPIST               |  |  | 1         | 0        | 1         |
| <b>97014</b>                     | <b>APPL MODALITY 1 OR GT AREAS ELEC STIMJ<br/>UNATTENDED</b> |  | <b>19</b> | <b>3</b> | <b>22</b> |



|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>GROUP OF PROVIDERS</b>                                |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 1         | 0        | 1         |
| SINGLE SPECIALTY   |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                              |   |  | 1         | 0        | 1         |
| <b>NURSE PRACTITIONER</b>                                |   |  | 0         | 1        | 1         |
| NURSE PRACTITIONER                                       |   |  | 0         | 1        | 1         |
| <b>PHYSICAL THERAPIST</b>                                |   |  | 14        | 2        | 16        |
| PHYSICAL THERAPIST                                       |   |  | 14        | 2        | 16        |
| <b>REHABILITATION CENTER</b>                             |   |  | 2         | 0        | 2         |
| CLINIC/CENTER - REHABILITATION                           |   |  | 2         | 0        | 2         |
| <b>97016</b>   | <b>APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES</b>  |  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>NURSE PRACTITIONER</b>                                |   |  | 0         | 1        | 1         |
| NURSE PRACTITIONER                                       |   |  | 0         | 1        | 1         |
| <b>PHYSICAL THERAPIST</b>                                |   |  | 5         | 0        | 5         |
| PHYSICAL THERAPIST                                       |   |  | 5         | 0        | 5         |
| <b>97018</b>   | <b>APPL MODALITY 1 OR GT AREAS PARAFFIN BATH</b>          |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICAL THERAPIST</b>                                |   |  | 1         | 0        | 1         |
| PHYSICAL THERAPIST                                       |   |  | 1         | 0        | 1         |
| <b>97032</b>   | <b>APPL MODALITY 1 Plus AREAS ESTIM EA 15 MIN</b>         |  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                              |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                   |   |  | 1         | 0        | 1         |
| <b>PHYSICAL THERAPIST</b>                                |   |  | 2         | 0        | 2         |
| PHYSICAL THERAPIST                                       |   |  | 2         | 0        | 2         |
| <b>SKILLED NURSING FACILITY</b>                          |   |  | 1         | 1        | 2         |
| NURSING FACILITY/INTERMEDIATE CARE FACILITY - 313M00000X |   |  | 1         | 1        | 2         |
| <b>97033</b>   | <b>APPL MODALITY 1 Plus AREAS IONTOPHORESIS EA 15 MIN</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                              |   |  | 1         | 0        | 1         |
| <b>97035</b>   | <b>APPL MODALITY 1 Plus AREAS ULTRASOUND EA 15 MIN</b>    |  | <b>12</b> | <b>2</b> | <b>14</b> |

|   |   |  |            |            |            |
|---|---|--|------------|------------|------------|
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 2          | 0          | 2          |
| MULTI-SPECIALTY   |   |  | 1          | 0          | 1          |
| SINGLE SPECIALTY  |   |  | 1          | 0          | 1          |
| <b>HOSPITAL</b>   |   |  | 1          | 0          | 1          |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 1          | 0          | 1          |
| <b>NURSE PRACTITIONER</b>                                       |   |  | 0          | 1          | 1          |
| NURSE PRACTITIONER  |   |  | 0          | 1          | 1          |
| <b>PHYSICAL THERAPIST</b>                                       |   |  | 9          | 1          | 10         |
| PHYSICAL THERAPIST  |   |  | 9          | 1          | 10         |
| <b>97039</b>  | <b>UNLISTED MODALITY SPEC TYPE and TIME<br/>CONSTANT ATTN</b> |  | <b>3</b>   | <b>4</b>   | <b>7</b>   |
| <b>PHYSICAL THERAPIST</b>                                       |   |  | 3          | 4          | 7          |
| PHYSICAL THERAPIST  |   |  | 3          | 4          | 7          |
| <b>97110</b>  | <b>THERAPEUTIC PX 1 OR GT AREAS EACH 15<br/>MIN EXERCISES</b> |  | <b>449</b> | <b>189</b> | <b>638</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 3          | 0          | 3          |
| CLINIC/CENTER - PHYSICAL THERAPY                                |   |  | 3          | 0          | 3          |
| <b>CHIROPRACTOR</b>   |   |  | 10         | 5          | 15         |
| CHIROPRACTOR  |   |  | 10         | 5          | 15         |
| <b>FREE STANDING ANCILLARY</b>                                  |   |  | 4          | 0          | 4          |
| CLINIC/CENTER - PHYSICAL THERAPY                                |   |  | 4          | 0          | 4          |
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 14         | 12         | 26         |
| CLINIC/CENTER   |   |  | 1          | 0          | 1          |
| MULTI-SPECIALTY   |   |  | 8          | 5          | 13         |
| SINGLE SPECIALTY  |   |  | 5          | 6          | 11         |
| <b>HOME HEALTH AGENCY</b>                                       |   |  | 21         | 10         | 31         |
| HOME HEALTH   |   |  | 21         | 10         | 31         |
| <b>HOSPITAL</b>   |   |  | 124        | 48         | 172        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 2          | 0          | 2          |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 73         | 30         | 103        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |   |  | 31         | 10         | 41         |
| REHABILITATION HOSPITAL   |   |  | 16         | 7          | 23         |
| SPECIAL HOSPITAL  |   |  | 1          | 0          | 1          |
| <b>NURSE PRACTITIONER</b>                                       |   |  | 0          | 1          | 1          |
| NURSE PRACTITIONER  |   |  | 0          | 1          | 1          |

|  |  |  |            |            |            |
|--|--|--|------------|------------|------------|
| <b>OCCUPATIONAL THERAPIST</b>                                      |  |  | 5          | 1          | 6          |
| OCCUPATIONAL THERAPIST   |  |  | 5          | 1          | 6          |
| <b>PHYSICAL THERAPIST</b>  |  |  | 200        | 80         | 280        |
| PHYSICAL THERAPIST   |  |  | 198        | 80         | 278        |
| PHYSICAL THERAPIST - ORTHOPEDIC                                    |  |  | 2          | 0          | 2          |
| <b>PHYSICIAN</b>   |  |  | 21         | 12         | 33         |
| FAMILY MEDICINE  |  |  | 2          | 2          | 4          |
| ORTHOPAEDIC SURGERY  |  |  | 5          | 2          | 7          |
| ORTHOPAEDIC SURGERY - SPORTS<br>MEDICINE                           |  |  | 1          | 0          | 1          |
| OTOLARYNGOLOGY   |  |  | 1          | 1          | 2          |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |  |  | 1          | 1          | 2          |
| PEDIATRICS   |  |  | 2          | 2          | 4          |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |  |  | 1          | 0          | 1          |
| PHYSICAL THERAPIST   |  |  | 5          | 3          | 8          |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |  |  | 1          | 0          | 1          |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 1          | 0          | 1          |
| SURGERY  |  |  | 1          | 1          | 2          |
| <b>PODIATRIST</b>  |  |  | 0          | 1          | 1          |
| PODIATRIST - FOOT & ANKLE<br>SURGERY                               |  |  | 0          | 1          | 1          |
| <b>REHABILITATION CENTER</b>                                       |  |  | 45         | 18         | 63         |
| CLINIC/CENTER - DEVELOPMENTAL<br>DISABILITIES                      |  |  | 2          | 0          | 2          |
| CLINIC/CENTER - PHYSICAL THERAPY                                   |  |  | 20         | 7          | 27         |
| CLINIC/CENTER - REHABILITATION                                     |  |  | 11         | 5          | 16         |
| CLINIC/CENTER - REHABILITATION,<br>COMPREHENSIVE OUTPATIENT REH    |  |  | 11         | 5          | 16         |
| REHABILITATION HOSPITAL  |  |  | 1          | 1          | 2          |
| <b>SKILLED NURSING FACILITY</b>                                    |  |  | 2          | 1          | 3          |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X        |  |  | 2          | 1          | 3          |
| <b>97112</b>   | <b>THER PX 1 OR GT AREAS EACH 15 MIN<br/>NEUROMUSC REEDUCA</b> |  | <b>368</b> | <b>154</b> | <b>522</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |  |  | 1          | 0          | 1          |
| CLINIC/CENTER - PHYSICAL THERAPY                                   |  |  | 1          | 0          | 1          |

|  |  |  |     |    |     |
|--|--|--|-----|----|-----|
| <b>FREE STANDING ANCILLARY</b>                                     |  |  | 4   | 0  | 4   |
| CLINIC/CENTER - PHYSICAL THERAPY                                   |  |  | 4   | 0  | 4   |
| <b>GROUP OF PROVIDERS</b>  |  |  | 15  | 8  | 23  |
| CLINIC/CENTER  |  |  | 2   | 0  | 2   |
| MULTI-SPECIALTY  |  |  | 8   | 5  | 13  |
| SINGLE SPECIALTY   |  |  | 5   | 3  | 8   |
| <b>HOME HEALTH AGENCY</b>  |  |  | 5   | 0  | 5   |
| HOME HEALTH  |  |  | 5   | 0  | 5   |
| <b>HOSPITAL</b>  |  |  | 111 | 51 | 162 |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0    |  |  | 2   | 0  | 2   |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 58  | 31 | 89  |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 32  | 10 | 42  |
| REHABILITATION HOSPITAL  |  |  | 17  | 9  | 26  |
| SPECIAL HOSPITAL   |  |  | 1   | 0  | 1   |
| <b>NURSE PRACTITIONER</b>  |  |  | 0   | 1  | 1   |
| NURSE PRACTITIONER   |  |  | 0   | 1  | 1   |
| <b>OCCUPATIONAL THERAPIST</b>                                      |  |  | 6   | 1  | 7   |
| OCCUPATIONAL THERAPIST   |  |  | 6   | 1  | 7   |
| <b>PHYSICAL THERAPIST</b>  |  |  | 167 | 65 | 232 |
| PHYSICAL THERAPIST   |  |  | 165 | 65 | 230 |
| PHYSICAL THERAPIST - ORTHOPEDIC                                    |  |  | 2   | 0  | 2   |
| <b>PHYSICIAN</b>   |  |  | 18  | 11 | 29  |
| ORTHOPAEDIC SURGERY  |  |  | 5   | 2  | 7   |
| ORTHOPAEDIC SURGERY - SPORTS<br>MEDICINE                           |  |  | 1   | 0  | 1   |
| OTOLARYNGOLOGY   |  |  | 1   | 1  | 2   |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |  |  | 1   | 1  | 2   |
| PEDIATRICS   |  |  | 2   | 2  | 4   |
| PHYSICAL THERAPIST   |  |  | 5   | 4  | 9   |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |  |  | 1   | 0  | 1   |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 1   | 0  | 1   |
| SURGERY  |  |  | 1   | 1  | 2   |

|  |  |  |            |           |            |
|--|--|--|------------|-----------|------------|
| <b>REHABILITATION CENTER</b>                                 |  |  | 39         | 15        | 54         |
| CLINIC/CENTER - DEVELOPMENTAL DISABILITIES                   |  |  | 2          | 0         | 2          |
| CLINIC/CENTER - PHYSICAL THERAPY                             |  |  | 18         | 5         | 23         |
| CLINIC/CENTER - REHABILITATION                               |  |  | 11         | 5         | 16         |
| CLINIC/CENTER - REHABILITATION, COMPREHENSIVE OUTPATIENT REH |  |  | 7          | 4         | 11         |
| REHABILITATION HOSPITAL                                      |  |  | 1          | 1         | 2          |
| <b>SKILLED NURSING FACILITY</b>                              |  |  | 2          | 2         | 4          |
| NURSING FACILITY/INTERMEDIATE CARE FACILITY - 313M00000X     |  |  | 2          | 2         | 4          |
| <b>97113</b>   | <b>THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS</b> |  | <b>10</b>  | <b>29</b> | <b>39</b>  |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 2          | 0         | 2          |
| MULTI-SPECIALTY  |  |  | 1          | 0         | 1          |
| SINGLE SPECIALTY   |  |  | 1          | 0         | 1          |
| <b>HOSPITAL</b>  |  |  | 3          | 18        | 21         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 1          | 11        | 12         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 2          | 5         | 7          |
| REHABILITATION HOSPITAL                                      |  |  | 0          | 2         | 2          |
| <b>PHYSICAL THERAPIST</b>                                    |  |  | 4          | 9         | 13         |
| PHYSICAL THERAPIST   |  |  | 4          | 9         | 13         |
| <b>PHYSICIAN</b>   |  |  | 0          | 1         | 1          |
| PAIN MEDICINE - INTERVENTIONAL PAIN MEDICINE - 208VP0014X    |  |  | 0          | 1         | 1          |
| <b>REHABILITATION CENTER</b>                                 |  |  | 1          | 1         | 2          |
| CLINIC/CENTER - REHABILITATION                               |  |  | 1          | 1         | 2          |
| <b>97116</b>   | <b>THER PX 1 OR GT AREAS EA 15 MIN GAIT TRAING W/STAIR</b> |  | <b>201</b> | <b>75</b> | <b>276</b> |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 7          | 1         | 8          |
| MULTI-SPECIALTY  |  |  | 4          | 0         | 4          |
| SINGLE SPECIALTY   |  |  | 3          | 1         | 4          |
| <b>HOME HEALTH AGENCY</b>                                    |  |  | 2          | 0         | 2          |
| HOME HEALTH  |  |  | 2          | 0         | 2          |
| <b>HOSPITAL</b>  |  |  | 71         | 31        | 102        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |  |  | 2          | 0         | 2          |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 39         | 19        | 58         |

|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 19       | 4        | 23       |
| REHABILITATION HOSPITAL                                      |  |  | 10       | 7        | 17       |
| <b>NURSE PRACTITIONER</b>                                    |  |  | 0        | 1        | 1        |
| NURSE PRACTITIONER   |  |  | 0        | 1        | 1        |
| <b>OCCUPATIONAL THERAPIST</b>                                |  |  | 2        | 1        | 3        |
| OCCUPATIONAL THERAPIST                                       |  |  | 2        | 1        | 3        |
| <b>PHYSICAL THERAPIST</b>                                    |  |  | 95       | 30       | 125      |
| PHYSICAL THERAPIST   |  |  | 95       | 30       | 125      |
| <b>PHYSICIAN</b>   |  |  | 7        | 4        | 11       |
| ORTHOPAEDIC SURGERY  |  |  | 1        | 1        | 2        |
| PEDIATRICS   |  |  | 1        | 1        | 2        |
| PHYSICAL THERAPIST   |  |  | 4        | 2        | 6        |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY                           |  |  | 1        | 0        | 1        |
| <b>REHABILITATION CENTER</b>                                 |  |  | 15       | 6        | 21       |
| CLINIC/CENTER - DEVELOPMENTAL DISABILITIES                   |  |  | 1        | 0        | 1        |
| CLINIC/CENTER - PHYSICAL THERAPY                             |  |  | 5        | 2        | 7        |
| CLINIC/CENTER - REHABILITATION                               |  |  | 8        | 3        | 11       |
| REHABILITATION HOSPITAL                                      |  |  | 1        | 1        | 2        |
| <b>SERVICE LOCATION</b>                                      |  |  | 1        | 0        | 1        |
| <b>SKILLED NURSING FACILITY</b>                              |  |  | 1        | 1        | 2        |
| NURSING FACILITY/INTERMEDIATE CARE FACILITY - 313M00000X     |  |  | 1        | 1        | 2        |
| <b>97129</b>   | <b>THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES</b>     |  | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>HOSPITAL</b>  |  |  | 5        | 1        | 6        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 2        | 1        | 3        |
| REHABILITATION HOSPITAL                                      |  |  | 2        | 0        | 2        |
| <b>97130</b>   | <b>THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES</b> |  | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>HOSPITAL</b>  |  |  | 5        | 1        | 6        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 2        | 1        | 3        |
| REHABILITATION HOSPITAL                                      |  |  | 2        | 0        | 2        |

| 97140   | MANUAL THERAPY TQS 1 OR GT REGIONS<br>EACH 15 MINUTES |  | 372 | 154 | 526 |
|---|---|--|-----|-----|-----|
| <b>CHIROPRACTOR</b>   |   |  | 6   | 3   | 9   |
| CHIROPRACTOR  |   |  | 6   | 3   | 9   |
| <b>FREE STANDING ANCILLARY</b>                                  |   |  | 4   | 0   | 4   |
| CLINIC/CENTER - PHYSICAL THERAPY                                |   |  | 4   | 0   | 4   |
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 14  | 10  | 24  |
| CLINIC/CENTER   |   |  | 2   | 0   | 2   |
| MULTI-SPECIALTY   |   |  | 7   | 4   | 11  |
| SINGLE SPECIALTY  |   |  | 5   | 6   | 11  |
| <b>HOSPITAL</b>   |   |  | 120 | 43  | 163 |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 3   | 0   | 3   |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 82  | 32  | 114 |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |   |  | 21  | 5   | 26  |
| REHABILITATION HOSPITAL   |   |  | 12  | 5   | 17  |
| SPECIAL HOSPITAL  |   |  | 1   | 0   | 1   |
| <b>NURSE PRACTITIONER</b>                                       |   |  | 0   | 1   | 1   |
| NURSE PRACTITIONER  |   |  | 0   | 1   | 1   |
| <b>OCCUPATIONAL THERAPIST</b>                                   |   |  | 4   | 1   | 5   |
| OCCUPATIONAL THERAPIST  |   |  | 4   | 1   | 5   |
| <b>PHYSICAL THERAPIST</b>                                       |   |  | 165 | 66  | 231 |
| PHYSICAL THERAPIST  |   |  | 164 | 66  | 230 |
| PHYSICAL THERAPIST - ORTHOPEDIC                                 |   |  | 1   | 0   | 1   |
| <b>PHYSICIAN</b>  |   |  | 16  | 10  | 26  |
| FAMILY MEDICINE   |   |  | 2   | 2   | 4   |
| ORTHOPAEDIC SURGERY   |   |  | 5   | 2   | 7   |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X    |   |  | 1   | 1   | 2   |
| PEDIATRICS  |   |  | 1   | 1   | 2   |
| PHYSICAL MEDICINE &<br>REHABILITATION                           |   |  | 1   | 0   | 1   |
| PHYSICAL THERAPIST  |   |  | 5   | 3   | 8   |
| SURGERY   |   |  | 1   | 1   | 2   |
| <b>PODIATRIST</b>   |   |  | 0   | 1   | 1   |
| PODIATRIST - FOOT & ANKLE<br>SURGERY                            |   |  | 0   | 1   | 1   |

|  |   |  |           |           |           |
|--|---|--|-----------|-----------|-----------|
| <b>REHABILITATION CENTER</b>   |   |  | 39        | 16        | 55        |
| CLINIC/CENTER - DEVELOPMENTAL DISABILITIES                                       |   |  | 2         | 0         | 2         |
| CLINIC/CENTER - PHYSICAL THERAPY   |   |  | 20        | 6         | 26        |
| CLINIC/CENTER - REHABILITATION   |   |  | 13        | 6         | 19        |
| CLINIC/CENTER - REHABILITATION, COMPREHENSIVE OUTPATIENT REHABILITATION HOSPITAL |   |  | 3         | 3         | 6         |
|  |   |  | 1         | 1         | 2         |
| <b>SERVICE LOCATION</b>  |   |  | 1         | 0         | 1         |
| <b>SKILLED NURSING FACILITY</b>  |   |  | 3         | 3         | 6         |
| NURSING FACILITY/INTERMEDIATE CARE FACILITY - 313M00000X                         |   |  | 3         | 3         | 6         |
| <b>97150</b>   | <b>THERAPEUTIC PROCEDURES GROUP 2 OR GT INDIVIDUALS</b> |  | <b>42</b> | <b>14</b> | <b>56</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 1         | 0         | 1         |
| MULTI-SPECIALTY  |   |  | 1         | 0         | 1         |
| <b>HOSPITAL</b>  |   |  | 37        | 11        | 48        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0                     |   |  | 3         | 0         | 3         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 22        | 5         | 27        |
| REHABILITATION HOSPITAL  |   |  | 12        | 6         | 18        |
| <b>OCCUPATIONAL THERAPIST</b>  |   |  | 1         | 0         | 1         |
| OCCUPATIONAL THERAPIST   |   |  | 1         | 0         | 1         |
| <b>PHYSICAL THERAPIST</b>  |   |  | 0         | 1         | 1         |
| PHYSICAL THERAPIST   |   |  | 0         | 1         | 1         |
| <b>REHABILITATION CENTER</b>   |   |  | 2         | 1         | 3         |
| CLINIC/CENTER - PHYSICAL THERAPY   |   |  | 2         | 1         | 3         |
| <b>SKILLED NURSING FACILITY</b>  |   |  | 1         | 1         | 2         |
| NURSING FACILITY/INTERMEDIATE CARE FACILITY - 313M00000X                         |   |  | 1         | 1         | 2         |
| <b>97151</b>   | <b>BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN</b>     |  | <b>21</b> | <b>1</b>  | <b>22</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 11        | 1         | 12        |
| SINGLE SPECIALTY   |   |  | 11        | 1         | 12        |
| <b>OTHER SERVICE PROVIDER</b>  |   |  | 10        | 0         | 10        |
| BEHAVIORAL ANALYST   |   |  | 10        | 0         | 10        |
| <b>97153</b>   | <b>ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN</b>  |  | <b>16</b> | <b>1</b>  | <b>17</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 8         | 1         | 9         |



|                                |   |  |           |          |           |
|--------------------------------|---|--|-----------|----------|-----------|
| SINGLE SPECIALTY               |   |  | 8         | 1        | 9         |
| <b>OTHER SERVICE PROVIDER</b>  |   |  | 8         | 0        | 8         |
| BEHAVIORAL ANALYST             |   |  | 8         | 0        | 8         |
| <b>97154</b>                   | <b>GROUP ADAPTIVE BHV TX BY PROTOCOL<br/>TECH EA 15 MIN</b> |  | <b>14</b> | <b>1</b> | <b>15</b> |
| <b>GROUP OF PROVIDERS</b>      |   |  | 7         | 1        | 8         |
| SINGLE SPECIALTY               |   |  | 7         | 1        | 8         |
| <b>OTHER SERVICE PROVIDER</b>  |   |  | 7         | 0        | 7         |
| BEHAVIORAL ANALYST             |   |  | 7         | 0        | 7         |
| <b>97155</b>                   | <b>ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP<br/>EA 15 MIN</b>  |  | <b>16</b> | <b>1</b> | <b>17</b> |
| <b>GROUP OF PROVIDERS</b>      |   |  | 8         | 1        | 9         |
| SINGLE SPECIALTY               |   |  | 8         | 1        | 9         |
| <b>OTHER SERVICE PROVIDER</b>  |   |  | 8         | 0        | 8         |
| BEHAVIORAL ANALYST             |   |  | 8         | 0        | 8         |
| <b>97156</b>                   | <b>FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15<br/>MIN</b>       |  | <b>16</b> | <b>1</b> | <b>17</b> |
| <b>GROUP OF PROVIDERS</b>      |   |  | 8         | 1        | 9         |
| SINGLE SPECIALTY               |   |  | 8         | 1        | 9         |
| <b>OTHER SERVICE PROVIDER</b>  |   |  | 8         | 0        | 8         |
| BEHAVIORAL ANALYST             |   |  | 8         | 0        | 8         |
| <b>97161</b>                   | <b>PHYSICAL THERAPY EVALUATION LOW<br/>COMPLEX 20 MINS</b>  |  | <b>5</b>  | <b>6</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>      |   |  | 0         | 4        | 4         |
| MULTI-SPECIALTY                |   |  | 0         | 2        | 2         |
| SINGLE SPECIALTY               |   |  | 0         | 2        | 2         |
| <b>HOSPITAL</b>                |   |  | 3         | 1        | 4         |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 3         | 1        | 4         |
| <b>PHYSICAL THERAPIST</b>      |   |  | 1         | 0        | 1         |
| PHYSICAL THERAPIST             |   |  | 1         | 0        | 1         |
| <b>REHABILITATION CENTER</b>   |   |  | 1         | 1        | 2         |
| CLINIC/CENTER - REHABILITATION |   |  | 1         | 1        | 2         |
| <b>97162</b>                   | <b>PHYSICAL THERAPY EVALUATION MOD<br/>COMPLEX 30 MINS</b>  |  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>HOSPITAL</b>                |   |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL    |   |  | 4         | 0        | 4         |
| <b>NURSE PRACTITIONER</b>      |   |  | 0         | 1        | 1         |

|   |   |  |           |          |           |
|---|---|--|-----------|----------|-----------|
| NURSE PRACTITIONER  |   |  | 0         | 1        | 1         |
| <b>PHYSICAL THERAPIST</b>                                   |   |  | 1         | 0        | 1         |
| PHYSICAL THERAPIST  |   |  | 1         | 0        | 1         |
| <b>97163</b>  | <b>PHYSICAL THERAPY EVALUATION HIGH<br/>COMPLEX 45 MINS</b> |  | <b>6</b>  | <b>2</b> | <b>8</b>  |
| <b>GROUP OF PROVIDERS</b>                                   |   |  | 0         | 2        | 2         |
| MULTI-SPECIALTY   |   |  | 0         | 2        | 2         |
| <b>HOSPITAL</b>   |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                 |   |  | 1         | 0        | 1         |
| <b>PHYSICAL THERAPIST</b>                                   |   |  | 4         | 0        | 4         |
| PHYSICAL THERAPIST  |   |  | 4         | 0        | 4         |
| <b>SKILLED NURSING FACILITY</b>                             |   |  | 1         | 0        | 1         |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X |   |  | 1         | 0        | 1         |
| <b>97164</b>  | <b>PHYSICAL THERAPY RE-EVAL EST PLAN CARE<br/>20 MINS</b>   |  | <b>44</b> | <b>5</b> | <b>49</b> |
| <b>HOME HEALTH AGENCY</b>                                   |   |  | 1         | 0        | 1         |
| HOME HEALTH   |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>   |   |  | 27        | 4        | 31        |
| GENERAL ACUTE CARE HOSPITAL                                 |   |  | 19        | 3        | 22        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                   |   |  | 7         | 0        | 7         |
| <b>PHYSICAL THERAPIST</b>                                   |   |  | 12        | 1        | 13        |
| PHYSICAL THERAPIST  |   |  | 12        | 1        | 13        |
| <b>PHYSICIAN</b>  |   |  | 1         | 0        | 1         |
| PHYSICAL THERAPIST  |   |  | 1         | 0        | 1         |
| <b>REHABILITATION CENTER</b>                                |   |  | 3         | 0        | 3         |
| CLINIC/CENTER - REHABILITATION                              |   |  | 2         | 0        | 2         |
| REHABILITATION HOSPITAL                                     |   |  | 1         | 0        | 1         |
| <b>97166</b>  | <b>OCCUPATIONAL THERAPY EVAL MOD<br/>COMPLEX 45 MINS</b>    |  | <b>2</b>  | <b>3</b> | <b>5</b>  |
| <b>HOME HEALTH AGENCY</b>                                   |   |  | 2         | 3        | 5         |
| HOME HEALTH   |   |  | 2         | 3        | 5         |
| <b>97167</b>  | <b>OCCUPATIONAL THERAPY EVAL HIGH<br/>COMPLEX 60 MINS</b>   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>SKILLED NURSING FACILITY</b>                             |   |  | 1         | 0        | 1         |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X |   |  | 1         | 0        | 1         |

| 97168   | OCCUPATIONAL THER RE-EVAL EST PLAN<br>CARE 30 MINS  |  | 2   | 3   | 5   |
|---|---|--|-----|-----|-----|
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 0   | 1   | 1   |
| MULTI-SPECIALTY   |   |  | 0   | 1   | 1   |
| <b>HOSPITAL</b>   |   |  | 2   | 1   | 3   |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 1   | 1   | 2   |
| SPECIAL HOSPITAL  |   |  | 1   | 0   | 1   |
| <b>PHYSICIAN</b>  |   |  | 0   | 1   | 1   |
| PEDIATRICS  |   |  | 0   | 1   | 1   |
| 97530   | THERAPEUT ACTIVITY DIRECT PT CONTACT<br>EACH 15 MIN |  | 366 | 144 | 510 |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |   |  | 2   | 0   | 2   |
| CLINIC/CENTER - PHYSICAL THERAPY                                |   |  | 2   | 0   | 2   |
| <b>CHIROPRACTOR</b>   |   |  | 1   | 0   | 1   |
| CHIROPRACTOR  |   |  | 1   | 0   | 1   |
| <b>FREE STANDING ANCILLARY</b>                                  |   |  | 4   | 0   | 4   |
| CLINIC/CENTER - PHYSICAL THERAPY                                |   |  | 4   | 0   | 4   |
| <b>GROUP OF PROVIDERS</b>                                       |   |  | 15  | 7   | 22  |
| CLINIC/CENTER   |   |  | 2   | 0   | 2   |
| MULTI-SPECIALTY   |   |  | 9   | 6   | 15  |
| SINGLE SPECIALTY  |   |  | 4   | 1   | 5   |
| <b>HOME HEALTH AGENCY</b>                                       |   |  | 4   | 1   | 5   |
| HOME HEALTH   |   |  | 4   | 1   | 5   |
| <b>HOSPITAL</b>   |   |  | 124 | 48  | 172 |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |   |  | 2   | 0   | 2   |
| GENERAL ACUTE CARE HOSPITAL                                     |   |  | 71  | 28  | 99  |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |   |  | 32  | 10  | 42  |
| REHABILITATION HOSPITAL   |   |  | 17  | 9   | 26  |
| SPECIAL HOSPITAL  |   |  | 1   | 0   | 1   |
| <b>OCCUPATIONAL THERAPIST</b>                                   |   |  | 6   | 1   | 7   |
| OCCUPATIONAL THERAPIST  |   |  | 6   | 1   | 7   |
| <b>PHYSICAL THERAPIST</b>                                       |   |  | 156 | 63  | 219 |
| PHYSICAL THERAPIST  |   |  | 155 | 63  | 218 |
| PHYSICAL THERAPIST - ORTHOPEDIC                                 |   |  | 1   | 0   | 1   |
| <b>PHYSICIAN</b>  |   |  | 9   | 6   | 15  |

|  |   |  |            |           |            |
|--|---|--|------------|-----------|------------|
| ORTHOPAEDIC SURGERY  |   |  | 4          | 3         | 7          |
| ORTHOPAEDIC SURGERY - SPORTS<br>MEDICINE                           |   |  | 1          | 0         | 1          |
| OTOLARYNGOLOGY   |   |  | 1          | 1         | 2          |
| PEDIATRICS   |   |  | 2          | 2         | 4          |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |   |  | 1          | 0         | 1          |
| <b>REHABILITATION CENTER</b>                                       |   |  | 41         | 15        | 56         |
| CLINIC/CENTER - DEVELOPMENTAL<br>DISABILITIES                      |   |  | 4          | 0         | 4          |
| CLINIC/CENTER - PHYSICAL THERAPY                                   |   |  | 12         | 4         | 16         |
| CLINIC/CENTER - REHABILITATION                                     |   |  | 15         | 5         | 20         |
| CLINIC/CENTER - REHABILITATION,<br>COMPREHENSIVE OUTPATIENT REH    |   |  | 10         | 6         | 16         |
| <b>SERVICE LOCATION</b>  |   |  | 1          | 0         | 1          |
| <b>SKILLED NURSING FACILITY</b>                                    |   |  | 3          | 3         | 6          |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X        |   |  | 3          | 3         | 6          |
| <b>97533</b>   | <b>SENSORY INTEGRATIVE TECHNIQUES EACH 15<br/>MINUTES</b> |  | <b>2</b>   | <b>0</b>  | <b>2</b>   |
| <b>HOSPITAL</b>  |   |  | 2          | 0         | 2          |
| REHABILITATION HOSPITAL  |   |  | 2          | 0         | 2          |
| <b>97535</b>   | <b>SELF-CARE/HOME MGMT TRAINING EACH 15<br/>MINUTES</b>   |  | <b>101</b> | <b>44</b> | <b>145</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 6          | 2         | 8          |
| MULTI-SPECIALTY  |   |  | 4          | 1         | 5          |
| SINGLE SPECIALTY   |   |  | 2          | 1         | 3          |
| <b>HOME HEALTH AGENCY</b>  |   |  | 3          | 0         | 3          |
| HOME HEALTH  |   |  | 3          | 0         | 3          |
| <b>HOSPITAL</b>  |   |  | 45         | 21        | 66         |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0    |   |  | 2          | 0         | 2          |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 21         | 10        | 31         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |   |  | 13         | 6         | 19         |
| REHABILITATION HOSPITAL  |   |  | 9          | 5         | 14         |
| <b>OCCUPATIONAL THERAPIST</b>                                      |   |  | 2          | 0         | 2          |
| OCCUPATIONAL THERAPIST   |   |  | 2          | 0         | 2          |
| <b>PHYSICAL THERAPIST</b>  |   |  | 31         | 12        | 43         |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| PHYSICAL THERAPIST   |   |  | 31       | 12       | 43       |
| <b>PHYSICIAN</b>   |   |  | 5        | 4        | 9        |
| FAMILY MEDICINE  |   |  | 2        | 2        | 4        |
| PEDIATRICS   |   |  | 2        | 2        | 4        |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |   |  | 1        | 0        | 1        |
| <b>REHABILITATION CENTER</b>                                       |   |  | 9        | 5        | 14       |
| CLINIC/CENTER - PHYSICAL THERAPY                                   |   |  | 5        | 2        | 7        |
| CLINIC/CENTER - REHABILITATION,<br>COMPREHENSIVE OUTPATIENT REH    |   |  | 4        | 3        | 7        |
| <b>97537</b>   | <b>COMMUNITY/WORK REINTEGRATION TRAINING<br/>EA 15 MIN</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| REHABILITATION HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>97542</b>   | <b>WHEELCHAIR MGMT EA 15 MIN</b>                                    |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |   |  | 1        | 0        | 1        |
| <b>SKILLED NURSING FACILITY</b>                                    |   |  | 1        | 1        | 2        |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X        |   |  | 1        | 1        | 2        |
| <b>97597</b>   | <b>DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM<br/>OR LT</b>              |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 0        | 1        | 1        |
| HOSPITALIST  |   |  | 0        | 1        | 1        |
| <b>97605</b>   | <b>NEGATIVE PRESSURE WOUND THERAPY DME<br/>LT or equal to 50 SQ</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| SURGERY  |   |  | 1        | 0        | 1        |
| <b>97607</b>   | <b>NEG PRESSURE WOUND THERAPY NON DME<br/>LT or equal to 50 SQ</b>  |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 3        | 0        | 3        |
| <b>97610</b>   | <b>LOW FREQUENCY NON-THERMAL<br/>ULTRASOUND PER DAY</b>             |  | <b>0</b> | <b>1</b> | <b>1</b> |

| GROUP OF PROVIDERS  |  |  | 0         | 1         | 1         |
|---|--|--|-----------|-----------|-----------|
| <b>97750</b>  | <b>PHYSICAL PERFORMANCE TEST/MEAS<br/>W/REPT EA 15 MIN</b>     |  | <b>65</b> | <b>23</b> | <b>88</b> |
| <b>AGENCY</b>   |  |  | 1         | 1         | 2         |
| HOME HEALTH   |  |  | 1         | 1         | 2         |
| <b>HOSPITAL</b>   |  |  | 55        | 17        | 72        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |  |  | 2         | 0         | 2         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 16        | 4         | 20        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |  |  | 32        | 10        | 42        |
| REHABILITATION HOSPITAL   |  |  | 3         | 2         | 5         |
| SPECIAL HOSPITAL  |  |  | 1         | 0         | 1         |
| <b>PHYSICAL THERAPIST</b>                                       |  |  | 3         | 1         | 4         |
| PHYSICAL THERAPIST  |  |  | 3         | 1         | 4         |
| <b>PHYSICIAN</b>  |  |  | 5         | 4         | 9         |
| FAMILY MEDICINE   |  |  | 1         | 1         | 2         |
| OTOLARYNGOLOGY  |  |  | 1         | 1         | 2         |
| PEDIATRICS  |  |  | 2         | 2         | 4         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                           |  |  | 1         | 0         | 1         |
| <b>REHABILITATION CENTER</b>                                    |  |  | 1         | 0         | 1         |
| CLINIC/CENTER - REHABILITATION,<br>COMPREHENSIVE OUTPATIENT REH |  |  | 1         | 0         | 1         |
| <b>97760</b>  | <b>ORTHOTICS MGMT AND TRAING INITIAL<br/>ENCTR EA 15 MINS</b>  |  | <b>2</b>  | <b>1</b>  | <b>3</b>  |
| <b>HOSPITAL</b>   |  |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |  |  | 1         | 0         | 1         |
| <b>REHABILITATION CENTER</b>                                    |  |  | 1         | 1         | 2         |
| CLINIC/CENTER - REHABILITATION                                  |  |  | 1         | 1         | 2         |
| <b>97763</b>  | <b>ORTHOTICS/PROSTH MGMT and /TRAING<br/>SBSQ ENCTR 15 MIN</b> |  | <b>5</b>  | <b>2</b>  | <b>7</b>  |
| <b>HOSPITAL</b>   |  |  | 4         | 1         | 5         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |  |  | 1         | 0         | 1         |
| REHABILITATION HOSPITAL   |  |  | 2         | 1         | 3         |
| <b>REHABILITATION CENTER</b>                                    |  |  | 1         | 1         | 2         |
| CLINIC/CENTER - REHABILITATION                                  |  |  | 1         | 1         | 2         |

|                                |  |  |          |          |          |
|--------------------------------|--|--|----------|----------|----------|
| <b>97799</b>                   | <b>UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX</b>         |  | <b>3</b> | <b>1</b> | <b>4</b> |
| <b>REHABILITATION CENTER</b>   |  |  | 3        | 1        | 4        |
| CLINIC/CENTER - REHABILITATION |  |  | 3        | 1        | 4        |
| <b>98940</b>                   | <b>CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS</b>     |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>      |  |  | 0        | 1        | 1        |
| <b>98941</b>                   | <b>CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS</b>     |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>      |  |  | 0        | 1        | 1        |
| <b>98942</b>                   | <b>CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS</b>       |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>CHIROPRACTOR</b>            |  |  | 0        | 1        | 1        |
| CHIROPRACTOR                   |  |  | 0        | 1        | 1        |
| <b>98943</b>                   | <b>CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1 OR GT REGION</b> |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>CHIROPRACTOR</b>            |  |  | 0        | 1        | 1        |
| CHIROPRACTOR                   |  |  | 0        | 1        | 1        |
| <b>98975</b>                   | <b>REMOTE THERAPEUTIC MNTR 1ST SETUP and PT EDUCAJ EQP</b> |  | <b>4</b> | <b>3</b> | <b>7</b> |
| <b>PHYSICIAN</b>               |  |  | 4        | 3        | 7        |
| ANESTHESIOLOGY - PAIN MEDICINE |  |  | 4        | 3        | 7        |
| <b>98977</b>                   | <b>REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D</b>    |  | <b>4</b> | <b>3</b> | <b>7</b> |
| <b>PHYSICIAN</b>               |  |  | 4        | 3        | 7        |
| ANESTHESIOLOGY - PAIN MEDICINE |  |  | 4        | 3        | 7        |
| <b>98980</b>                   | <b>REMOTE THER MNTR TX MGMT PHYS/QHP 1ST 20 MIN</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>               |  |  | 1        | 0        | 1        |
| ANESTHESIOLOGY - PAIN MEDICINE |  |  | 1        | 0        | 1        |
| <b>98981</b>                   | <b>REMOTE THER MNTR TX MGMT PHYS/QHP EA ADDL 20 MIN</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>               |  |  | 1        | 0        | 1        |
| ANESTHESIOLOGY - PAIN MEDICINE |  |  | 1        | 0        | 1        |
| <b>99024</b>                   | <b>POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX</b>       |  | <b>3</b> | <b>1</b> | <b>4</b> |
| <b>PHYSICIAN</b>               |  |  | 2        | 0        | 2        |
| ORTHOPAEDIC SURGERY            |  |  | 2        | 0        | 2        |
| <b>PHYSICIAN ASSISTANT</b>     |  |  | 1        | 1        | 2        |
| PHYSICIAN ASSISTANT            |  |  | 1        | 1        | 2        |

|  |  |           |          |           |
|--|--|-----------|----------|-----------|
| <b>99071</b>   | <b>EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST</b>        | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DIALYSIS</b>  |  | 1         | 0        | 1         |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |  | 1         | 0        | 1         |
| <b>99152</b>   | <b>MOD SED SAME PHYS/QHP INITIAL 15 MINS 5 OR GT YRS</b>   | <b>12</b> | <b>1</b> | <b>13</b> |
| <b>GROUP OF PROVIDERS</b>                                    |  | 3         | 1        | 4         |
| MULTI-SPECIALTY  |  | 3         | 1        | 4         |
| <b>HOSPITAL</b>  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL                                  |  | 3         | 0        | 3         |
| <b>PHYSICIAN</b>   |  | 5         | 0        | 5         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |  | 5         | 0        | 5         |
| <b>SERVICE LOCATION</b>                                      |  | 1         | 0        | 1         |
| <b>99153</b>   | <b>MOD SED SAME PHYS/QHP EACH ADDL 15 MINS</b>             | <b>11</b> | <b>1</b> | <b>12</b> |
| <b>GROUP OF PROVIDERS</b>                                    |  | 3         | 1        | 4         |
| MULTI-SPECIALTY  |  | 3         | 1        | 4         |
| <b>HOSPITAL</b>  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |  | 5         | 0        | 5         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |  | 5         | 0        | 5         |
| <b>SERVICE LOCATION</b>                                      |  | 1         | 0        | 1         |
| <b>99183</b>   | <b>PHYS/QHP ATTN and SUPVJ HYPRBARIC OXYGEN TX/SESSION</b> | <b>14</b> | <b>1</b> | <b>15</b> |
| <b>HOSPITAL</b>  |  | 12        | 1        | 13        |
| GENERAL ACUTE CARE HOSPITAL                                  |  | 12        | 1        | 13        |
| <b>PHYSICIAN</b>   |  | 2         | 0        | 2         |
| EMERGENCY MEDICINE   |  | 1         | 0        | 1         |
| FAMILY MEDICINE  |  | 1         | 0        | 1         |
| <b>99202</b>   | <b>OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES</b>             | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>                                    |  | 0         | 1        | 1         |
| <b>HOSPITAL</b>  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |  | 1         | 0        | 1         |



|  |  |  |           |           |           |
|--|--|--|-----------|-----------|-----------|
| OTOLARYNGOLOGY - PEDIATRIC<br>OTOLARYNGOLOGY                       |  |  | 1         | 0         | 1         |
| <b>99203</b>   | <b>OFFICE/OUTPATIENT NEW LOW MDM 30<br/>MINUTES</b>      |  | <b>4</b>  | <b>10</b> | <b>14</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0         | 1         | 1         |
| <b>HOSPITAL</b>  |  |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1         | 0         | 1         |
| <b>NURSE PRACTITIONER</b>  |  |  | 0         | 1         | 1         |
| NURSE PRACTITIONER - FAMILY  |  |  | 0         | 1         | 1         |
| <b>PHYSICIAN</b>   |  |  | 3         | 8         | 11        |
| NEUROLOGICAL SURGERY   |  |  | 0         | 1         | 1         |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |  |  | 1         | 0         | 1         |
| ORTHOPAEDIC SURGERY  |  |  | 0         | 2         | 2         |
| ORTHOPAEDIC SURGERY -<br>ORTHOPAEDIC TRAUMA                        |  |  | 0         | 1         | 1         |
| OTOLARYNGOLOGY   |  |  | 0         | 1         | 1         |
| PLASTIC SURGERY  |  |  | 1         | 0         | 1         |
| SURGERY  |  |  | 1         | 2         | 3         |
| UROLOGY - PEDIATRIC UROLOGY  |  |  | 0         | 1         | 1         |
| <b>99204</b>   | <b>OFFICE/OUTPATIENT NEW MODERATE MDM<br/>45 MINUTES</b> |  | <b>15</b> | <b>10</b> | <b>25</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1         | 2         | 3         |
| <b>HOSPITAL</b>  |  |  | 4         | 1         | 5         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 1         | 0         | 1         |
| SPECIAL HOSPITAL   |  |  | 2         | 1         | 3         |
| <b>NURSE PRACTITIONER</b>  |  |  | 1         | 0         | 1         |
| NURSE PRACTITIONER   |  |  | 1         | 0         | 1         |
| <b>PHYSICIAN</b>   |  |  | 9         | 7         | 16        |
| DERMATOLOGY  |  |  | 1         | 0         | 1         |
| GASTROENTEROLOGY   |  |  | 1         | 0         | 1         |
| HOSPITALIST  |  |  | 1         | 0         | 1         |
| INFECTIOUS DISEASE   |  |  | 0         | 1         | 1         |
| ORTHOPAEDIC SURGERY  |  |  | 1         | 2         | 3         |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |  |  | 2         | 0         | 2         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |  | 2         | 0        | 2         |
| SURGERY  |  |  | 1         | 3        | 4         |
| UROLOGY  |  |  | 0         | 1        | 1         |
| <b>99205</b>   | <b>OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES</b>     |  | <b>21</b> | <b>9</b> | <b>30</b> |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 5         | 1        | 6         |
| MULTI-SPECIALTY  |  |  | 5         | 0        | 5         |
| <b>HOSPITAL</b>  |  |  | 10        | 4        | 14        |
| AMBULANCE - LAND TRANSPORT                                   |  |  | 1         | 1        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 2         | 1        | 3         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 4         | 0        | 4         |
| SPECIAL HOSPITAL   |  |  | 3         | 2        | 5         |
| <b>NO PROVIDER TYPE</b>                                      |  |  | 0         | 1        | 1         |
| <b>PHYSICIAN</b>   |  |  | 5         | 3        | 8         |
| HEPATOLOGY   |  |  | 0         | 1        | 1         |
| OBSTETRICS & GYNECOLOGY                                      |  |  | 0         | 1        | 1         |
| OBSTETRICS & GYNECOLOGY - MATERNAL & FETAL MEDICINE - 207VM0 |  |  | 1         | 0        | 1         |
| OPHTHALMOLOGY  |  |  | 1         | 0        | 1         |
| ORTHOPAEDIC SURGERY  |  |  | 1         | 0        | 1         |
| ORTHOPAEDIC SURGERY - ORTHOPAEDIC SURGERY OF THE SPINE - 207 |  |  | 1         | 0        | 1         |
| PEDIATRIC GASTROENTEROLOGY                                   |  |  | 0         | 1        | 1         |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |  |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>                                      |  |  | 1         | 0        | 1         |
| <b>99211</b>   | <b>OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP</b> |  | <b>3</b>  | <b>3</b> | <b>6</b>  |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 0         | 1        | 1         |
| <b>HOSPITAL</b>  |  |  | 3         | 2        | 5         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 3         | 2        | 5         |
| <b>99212</b>   | <b>OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN</b>   |  | <b>6</b>  | <b>5</b> | <b>11</b> |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 1         | 1        | 2         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |

|  |   |  |           |           |           |
|--|---|--|-----------|-----------|-----------|
| <b>HOSPITAL</b>  |   |  | 4         | 1         | 5         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4         | 1         | 5         |
| <b>PHYSICIAN</b>   |   |  | 1         | 3         | 4         |
| CARDIOVASCULAR DISEASE   |   |  | 0         | 1         | 1         |
| INTERNAL MEDICINE  |   |  | 0         | 1         | 1         |
| ORTHOPAEDIC SURGERY - HAND SURGERY                                 |   |  | 1         | 0         | 1         |
| SURGERY  |   |  | 0         | 1         | 1         |
| <b>99213</b>   | <b>OFFICE/OUTPATIENT ESTABLISHED LOW MDM<br/>20 MIN</b> |  | <b>23</b> | <b>13</b> | <b>36</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2         | 2         | 4         |
| MULTI-SPECIALTY  |   |  | 1         | 0         | 1         |
| <b>HOSPITAL</b>  |   |  | 9         | 3         | 12        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 6         | 1         | 7         |
| SPECIAL HOSPITAL   |   |  | 3         | 2         | 5         |
| <b>PHYSICIAN</b>   |   |  | 12        | 7         | 19        |
| HOSPITALIST  |   |  | 0         | 1         | 1         |
| INTERNAL MEDICINE  |   |  | 0         | 1         | 1         |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |   |  | 1         | 0         | 1         |
| ORTHOPAEDIC SURGERY  |   |  | 4         | 1         | 5         |
| ORTHOPAEDIC SURGERY - HAND<br>SURGERY                              |   |  | 1         | 0         | 1         |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 2         | 1         | 3         |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 2         | 2         | 4         |
| PLASTIC SURGERY  |   |  | 1         | 0         | 1         |
| SURGERY  |   |  | 1         | 1         | 2         |
| <b>PHYSICIAN ASSISTANT</b>   |   |  | 0         | 1         | 1         |
| PHYSICIAN ASSISTANT  |   |  | 0         | 1         | 1         |
| <b>99214</b>   | <b>OFFICE/OUTPATIENT ESTABLISHED MOD MDM<br/>30 MIN</b> |  | <b>41</b> | <b>22</b> | <b>63</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 3         | 4         | 7         |
| MULTI-SPECIALTY  |   |  | 2         | 1         | 3         |
| <b>HOSPITAL</b>  |   |  | 18        | 3         | 21        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 6         | 2         | 8         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL   |  |  | 11        | 1        | 12        |
| <b>NURSE PRACTITIONER</b>                                    |  |  | 1         | 0        | 1         |
| NURSE PRACTITIONER   |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |  |  | 19        | 14       | 33        |
| CARDIOLOGY   |  |  | 1         | 0        | 1         |
| CARDIOVASCULAR DISEASE                                       |  |  | 2         | 1        | 3         |
| CLINICAL CARDIAC ELECTROPHYSIOLOGY                           |  |  | 1         | 0        | 1         |
| ENDOCRINOLOGY, DIABETES & METABOLISM                         |  |  | 0         | 1        | 1         |
| FAMILY MEDICINE  |  |  | 0         | 1        | 1         |
| GASTROENTEROLOGY   |  |  | 1         | 0        | 1         |
| HOSPITALIST  |  |  | 1         | 0        | 1         |
| INTERNAL MEDICINE  |  |  | 0         | 1        | 1         |
| MEDICAL ONCOLOGY   |  |  | 1         | 0        | 1         |
| ORTHOPAEDIC SURGERY  |  |  | 1         | 1        | 2         |
| ORTHOPAEDIC SURGERY - ORTHOPAEDIC SURGERY OF THE SPINE - 207 |  |  | 1         | 0        | 1         |
| PEDIATRICS   |  |  | 0         | 1        | 1         |
| PHYSICAL MEDICINE & REHABILITATION                           |  |  | 3         | 2        | 5         |
| PHYSICAL MEDICINE & REHABILITATION - PAIN MEDICINE - 2081P29 |  |  | 3         | 4        | 7         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |  | 2         | 0        | 2         |
| SURGERY  |  |  | 1         | 2        | 3         |
| THORACIC SURGERY (CARDIOTHORACIC VASCULAR SURGERY) - 208G000 |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN ASSISTANT</b>                                   |  |  | 0         | 1        | 1         |
| PHYSICIAN ASSISTANT  |  |  | 0         | 1        | 1         |
| <b>99215</b>   | <b>OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN</b> |  | <b>36</b> | <b>8</b> | <b>44</b> |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 11        | 1        | 12        |
| MULTI-SPECIALTY  |  |  | 11        | 1        | 12        |
| <b>HOSPITAL</b>  |  |  | 15        | 4        | 19        |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 7         | 2        | 9         |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |   |  | 4        | 0        | 4        |
| SPECIAL HOSPITAL   |   |  | 4        | 2        | 6        |
| <b>NUTRITIONIST</b>  |   |  | 1        | 0        | 1        |
| PEDIATRIC ENDOCRINOLOGY                                      |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 6        | 3        | 9        |
| CARDIOVASCULAR DISEASE                                       |   |  | 0        | 1        | 1        |
| HEPATOLOGY   |   |  | 1        | 1        | 2        |
| OBSTETRICS & GYNECOLOGY - MATERNAL & FETAL MEDICINE - 207VM0 |   |  | 2        | 0        | 2        |
| PEDIATRIC GASTROENTEROLOGY                                   |   |  | 2        | 0        | 2        |
| PEDIATRIC PULMONOLOGY  |   |  | 1        | 0        | 1        |
| PLASTIC SURGERY  |   |  | 0        | 1        | 1        |
| <b>SERVICE LOCATION</b>                                      |   |  | 2        | 0        | 2        |
| <b>TIN OWNER</b>   |   |  | 1        | 0        | 1        |
| <b>99220</b>   | <b>INITIAL OBSERVATION CARE/DAY 70 MINUTES</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1        | 0        | 1        |
| <b>99221</b>   | <b>1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES</b>   |  | <b>3</b> | <b>2</b> | <b>5</b> |
| <b>HOSPITAL</b>  |   |  | 3        | 2        | 5        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 3        | 1        | 4        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |   |  | 0        | 1        | 1        |
| <b>99222</b>   | <b>1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES</b> |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   |  | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |   |  | 1        | 1        | 2        |
| <b>99223</b>   | <b>1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES</b>     |  | <b>6</b> | <b>1</b> | <b>7</b> |
| <b>HOSPICE</b>   |   |  | 2        | 0        | 2        |
| HOSPICE, INPATIENT   |   |  | 2        | 0        | 2        |
| <b>HOSPITAL</b>  |   |  | 4        | 1        | 5        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |   |  | 2        | 1        | 3        |

|  |  |           |           |           |
|--|--|-----------|-----------|-----------|
| <b>99231</b>   | <b>SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM<br/>25 MINUTES</b> | <b>3</b>  | <b>0</b>  | <b>3</b>  |
| <b>HOSPITAL</b>  |  | 3         | 0         | 3         |
| PSYCHIATRIC HOSPITAL   |  | 3         | 0         | 3         |
| <b>99233</b>   | <b>SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50<br/>MINUTES</b>   | <b>3</b>  | <b>1</b>  | <b>4</b>  |
| <b>HOSPICE</b>   |  | 1         | 0         | 1         |
| HOSPICE, INPATIENT   |  | 1         | 0         | 1         |
| <b>HOSPITAL</b>  |  | 2         | 1         | 3         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  | 1         | 1         | 2         |
| REHABILITATION HOSPITAL  |  | 1         | 0         | 1         |
| <b>99238</b>   | <b>HOSPITAL IP/OBS DISCHARGE DAY MGMT 30<br/>MIN OR LT</b> | <b>1</b>  | <b>1</b>  | <b>2</b>  |
| <b>HOSPITAL</b>  |  | 1         | 1         | 2         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  | 1         | 1         | 2         |
| <b>99239</b>   | <b>HOSPITAL IP/OBS DISCHARGE DAY MGMT GT<br/>30 MIN</b>    | <b>1</b>  | <b>1</b>  | <b>2</b>  |
| <b>HOSPITAL</b>  |  | 1         | 1         | 2         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  | 1         | 1         | 2         |
| <b>99242</b>   | <b>OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20<br/>MINUTES</b>  | <b>2</b>  | <b>0</b>  | <b>2</b>  |
| <b>PHYSICIAN</b>   |  | 2         | 0         | 2         |
| CARDIOVASCULAR DISEASE   |  | 1         | 0         | 1         |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |  | 1         | 0         | 1         |
| <b>99243</b>   | <b>OFFICE/OP CONSLTJ NEW/EST PT LOW MDM<br/>30 MINUTES</b> | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>  |  | 1         | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL  |  | 1         | 0         | 1         |
| <b>99244</b>   | <b>OFFICE/OP CONSLTJ NEW/EST PT MOD MDM<br/>40 MINUTES</b> | <b>17</b> | <b>15</b> | <b>32</b> |
| <b>GROUP OF PROVIDERS</b>  |  | 3         | 2         | 5         |
| MULTI-SPECIALTY  |  | 0         | 1         | 1         |
| SINGLE SPECIALTY   |  | 2         | 0         | 2         |
| <b>HOSPITAL</b>  |  | 7         | 2         | 9         |
| GENERAL ACUTE CARE HOSPITAL  |  | 1         | 2         | 3         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  | 1         | 0         | 1         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| SPECIAL HOSPITAL   |   |  | 5         | 0        | 5         |
| <b>PHYSICIAN</b>   |   |  | 7         | 11       | 18        |
| ALLERGY & IMMUNOLOGY   |   |  | 0         | 1        | 1         |
| CARDIOVASCULAR DISEASE   |   |  | 0         | 1        | 1         |
| CRITICAL CARE MEDICINE   |   |  | 1         | 0        | 1         |
| FAMILY MEDICINE  |   |  | 0         | 1        | 1         |
| OTOLARYNGOLOGY   |   |  | 2         | 0        | 2         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |   |  | 0         | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY                                     |   |  | 1         | 0        | 1         |
| RHEUMATOLOGY   |   |  | 0         | 1        | 1         |
| SURGERY  |   |  | 1         | 4        | 5         |
| THORACIC SURGERY<br>(CARDIOTHORACIC VASCULAR<br>SURGERY) - 208G000 |   |  | 0         | 1        | 1         |
| UROLOGY  |   |  | 2         | 1        | 3         |
| <b>99245</b>   | <b>OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM<br/>55 MINUTES</b>   |  | <b>13</b> | <b>9</b> | <b>22</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 0         | 1        | 1         |
| <b>HOSPITAL</b>  |   |  | 10        | 8        | 18        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 7         | 7        | 14        |
| SPECIAL HOSPITAL   |   |  | 3         | 1        | 4         |
| <b>PHYSICIAN</b>   |   |  | 3         | 0        | 3         |
| GASTROENTEROLOGY   |   |  | 1         | 0        | 1         |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |   |  | 1         | 0        | 1         |
| UROLOGY  |   |  | 1         | 0        | 1         |
| <b>99251</b>   | <b>INITIAL INPATIENT CONSULT NEW/ESTAB PT<br/>20 MIN</b>      |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0        | 1         |
| <b>99308</b>   | <b>SBSQ NURSING FACILITY CARE LOW MDM 20<br/>MINUTES</b>      |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>SKILLED NURSING FACILITY</b>                                    |   |  | 2         | 0        | 2         |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X        |   |  | 2         | 0        | 2         |
| <b>99315</b>   | <b>NURSING FACILITY DSCHRG MGMT 30 MIN OR<br/>LT TOT TIME</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>SKILLED NURSING FACILITY</b>                                    |   |  | 1         | 0        | 1         |

|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| NURSING FACILITY/INTERMEDIATE CARE FACILITY - 313M00000X |  |  | 1        | 0        | 1        |
| <b>99345</b>   | <b>HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES</b>      |  | <b>1</b> | <b>2</b> | <b>3</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                   |  |  | 0        | 2        | 2        |
| CLINIC/CENTER  |  |  | 0        | 2        | 2        |
| <b>HOSPICE</b>   |  |  | 1        | 0        | 1        |
| HOSPICE, INPATIENT                                       |  |  | 1        | 0        | 1        |
| <b>99350</b>   | <b>HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES</b>      |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                   |  |  | 0        | 1        | 1        |
| CLINIC/CENTER  |  |  | 0        | 1        | 1        |
| <b>HOSPICE</b>   |  |  | 1        | 0        | 1        |
| HOSPICE, INPATIENT                                       |  |  | 1        | 0        | 1        |
| <b>99358</b>   | <b>PROLNG E/M SVC BEFORE and /AFTER DIR PT CARE 1ST HR</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                              |  |  | 1        | 0        | 1        |
| <b>99359</b>   | <b>PROLNG E/M BEFORE and /AFTER DIR CARE EA 30 MINUTES</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                              |  |  | 1        | 0        | 1        |
| <b>99381</b>   | <b>INITIAL PREVENTIVE MEDICINE NEW PATIENT LT 1YEAR</b>    |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>  |  |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL                              |  |  | 0        | 1        | 1        |
| <b>99386</b>   | <b>INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS</b>    |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>NURSE PRACTITIONER</b>                                |  |  | 0        | 1        | 1        |
| NURSE PRACTITIONER - WOMEN'S HEALTH                      |  |  | 0        | 1        | 1        |
| <b>99397</b>   | <b>PERIODIC PREVENTIVE MED EST PATIENT 65YRS AND OLDER</b> |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL                              |  |  | 1        | 1        | 2        |
| <b>99417</b>   | <b>PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>                                |  |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |  |  | 1        | 0        | 1        |
| <b>99441</b>   | <b>PHYS/QHP TELEPHONE EVALUATION 5-10 MIN</b>              |  | <b>1</b> | <b>0</b> | <b>1</b> |



|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| <b>HOSPITAL</b>  |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1        | 0         | 1         |
| <b>99442</b>   | <b>PHYS/QHP TELEPHONE EVALUATION 11-20 MIN</b>        |  | <b>1</b> | <b>1</b>  | <b>2</b>  |
| <b>HOSPITAL</b>  |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1        | 0         | 1         |
| <b>PHYSICIAN ASSISTANT</b>                                   |   |  | 0        | 1         | 1         |
| PHYSICIAN ASSISTANT  |   |  | 0        | 1         | 1         |
| <b>99443</b>   | <b>PHYS/QHP TELEPHONE EVALUATION 21-30 MIN</b>        |  | <b>3</b> | <b>0</b>  | <b>3</b>  |
| <b>HOSPITAL</b>  |   |  | 3        | 0         | 3         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 2        | 0         | 2         |
| SPECIAL HOSPITAL   |   |  | 1        | 0         | 1         |
| <b>99499</b>   | <b>UNLISTED EVALUATION AND MANAGEMENT SERVICE</b>     |  | <b>5</b> | <b>2</b>  | <b>7</b>  |
| <b>PHYSICIAN</b>   |   |  | 5        | 2         | 7         |
| CARDIOLOGY   |   |  | 1        | 0         | 1         |
| GASTROENTEROLOGY   |   |  | 2        | 1         | 3         |
| INTERNAL MEDICINE  |   |  | 0        | 1         | 1         |
| SURGERY  |   |  | 1        | 0         | 1         |
| UROLOGY  |   |  | 1        | 0         | 1         |
| <b>99512</b>   | <b>HOME VISIT HEMODIALYSIS</b>                        |  | <b>2</b> | <b>0</b>  | <b>2</b>  |
| <b>DIALYSIS</b>  |   |  | 2        | 0         | 2         |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   |  | 2        | 0         | 2         |
| <b>99601</b>   | <b>HOME NFS/SPECIALTY DRUG ADMN PER VISIT LT 2 HR</b> |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0         | 1         |
| PHARMACY   |   |  | 1        | 0         | 1         |
| <b>A0382</b>   | <b>BLS ROUTINE DISPOSABLE SUPPLIES</b>                |  | <b>4</b> | <b>14</b> | <b>18</b> |
| <b>EMERGENCY TRANSPORTATION</b>                              |   |  | 3        | 13        | 16        |
| AMBULANCE  |   |  | 0        | 2         | 2         |
| AMBULANCE - AIR TRANSPORT                                    |   |  | 3        | 5         | 8         |
| AMBULANCE - LAND TRANSPORT                                   |   |  | 0        | 5         | 5         |
| <b>HOSPITAL</b>  |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |   |  | 1        | 0         | 1         |
| <b>PHYSICIAN</b>   |   |  | 0        | 1         | 1         |

|  |   |  |          |           |           |
|--|---|--|----------|-----------|-----------|
| AMBULANCE - LAND TRANSPORT             |   |  | 0        | 1         | 1         |
| <b>A0398</b>                           | <b>ALS ROUTINE DISPOSABLE SUPPLIES</b>                      |  | <b>1</b> | <b>2</b>  | <b>3</b>  |
| <b>EMERGENCY TRANSPORTATION</b>        |   |  | 1        | 2         | 3         |
| AMBULANCE                              |   |  | 0        | 1         | 1         |
| AMBULANCE - AIR TRANSPORT              |   |  | 1        | 1         | 2         |
| <b>A0422</b>                           | <b>AMB OXYGEN AND O2 SUPPLIES LIFE SUSTAINING SITUATION</b> |  | <b>3</b> | <b>2</b>  | <b>5</b>  |
| <b>EMERGENCY TRANSPORTATION</b>        |   |  | 2        | 2         | 4         |
| AMBULANCE - AIR TRANSPORT              |   |  | 2        | 1         | 3         |
| AMBULANCE - LAND TRANSPORT             |   |  | 0        | 1         | 1         |
| <b>HOSPITAL</b>                        |   |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0         | 1         |
| <b>A0425</b>                           | <b>GROUND MILEAGE PER STATUTE MILE</b>                      |  | <b>9</b> | <b>51</b> | <b>60</b> |
| <b>EMERGENCY TRANSPORTATION</b>        |   |  | 7        | 48        | 55        |
| AMBULANCE                              |   |  | 2        | 25        | 27        |
| AMBULANCE - AIR TRANSPORT              |   |  | 4        | 12        | 16        |
| AMBULANCE - LAND TRANSPORT             |   |  | 1        | 10        | 11        |
| <b>HOSPITAL</b>                        |   |  | 2        | 1         | 3         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1        | 1         | 2         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1        | 0         | 1         |
| <b>PHYSICIAN</b>                       |   |  | 0        | 1         | 1         |
| AMBULANCE - LAND TRANSPORT             |   |  | 0        | 1         | 1         |
| <b>PHYSICIAN ASSISTANT</b>             |   |  | 0        | 1         | 1         |
| PHYSICIAN ASSISTANT                    |   |  | 0        | 1         | 1         |
| <b>A0426</b>                           | <b>AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1</b>       |  | <b>4</b> | <b>4</b>  | <b>8</b>  |
| <b>EMERGENCY TRANSPORTATION</b>        |   |  | 4        | 4         | 8         |
| AMBULANCE                              |   |  | 1        | 1         | 2         |
| AMBULANCE - AIR TRANSPORT              |   |  | 3        | 2         | 5         |
| <b>A0428</b>                           | <b>AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT</b>         |  | <b>6</b> | <b>55</b> | <b>61</b> |
| <b>EMERGENCY TRANSPORTATION</b>        |   |  | 4        | 51        | 55        |
| AMBULANCE                              |   |  | 1        | 29        | 30        |
| AMBULANCE - AIR TRANSPORT              |   |  | 2        | 11        | 13        |
| AMBULANCE - LAND TRANSPORT             |   |  | 1        | 10        | 11        |

|   |   |  |          |          |          |
|---|---|--|----------|----------|----------|
| <b>HOSPITAL</b>                           |   |  | 1        | 2        | 3        |
| GENERAL ACUTE CARE HOSPITAL               |   |  | 1        | 2        | 3        |
| <b>PHYSICIAN</b>                          |   |  | 1        | 1        | 2        |
| AMBULANCE - LAND TRANSPORT                |   |  | 1        | 1        | 2        |
| <b>PHYSICIAN ASSISTANT</b>                |   |  | 0        | 1        | 1        |
| PHYSICIAN ASSISTANT                       |   |  | 0        | 1        | 1        |
| <b>A0430</b>                              | <b>AMB SERVICE CONVNTION AIR SRVC<br/>TRANSPORT 1 WAY</b>     |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>A0434</b>                              | <b>SPECIALTY CARE TRANSPORT</b>                               |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>A0435</b>                              | <b>FIXED WING AIR MILEAGE PER STATUTE MILE</b>                |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                           |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN |   |  | 1        | 0        | 1        |
| <b>A2001</b>                              | <b>INNOVAMATRIX AC PER SQ CM</b>                              |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>                          |   |  | 1        | 0        | 1        |
| FAMILY MEDICINE                           |   |  | 1        | 0        | 1        |
| <b>A4215</b>                              | <b>NEEDLE STERILE ANY SIZE EACH</b>                           |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>GROUP OF PROVIDERS</b>                 |   |  | 3        | 0        | 3        |
| MULTI-SPECIALTY                           |   |  | 3        | 0        | 3        |
| <b>A4216</b>                              | <b>STERIL WATER SALINE and OR DXT<br/>DILUENT/FLUSH 10 ML</b> |  | <b>1</b> | <b>2</b> | <b>3</b> |
| <b>PHARMACY</b>                           |   |  | 1        | 2        | 3        |
| HOME INFUSION                             |   |  | 1        | 2        | 3        |
| <b>A4221</b>                              | <b>SUPPLIES FOR MAINT NON-INS RX INFUS<br/>CATH PER WK</b>    |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>PHARMACY</b>                           |   |  | 1        | 0        | 1        |
| HOME INFUSION                             |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>                          |   |  | 1        | 0        | 1        |
| FAMILY MEDICINE                           |   |  | 1        | 0        | 1        |
| <b>A4222</b>                              | <b>INFUS SPL EXT RX INFUS PUMP<br/>CASSETTE/BAG</b>           |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>PHARMACY</b>                           |   |  | 1        | 0        | 1        |

|   |  |  |           |           |           |
|---|--|--|-----------|-----------|-----------|
| HOME INFUSION   |  |  | 1         | 0         | 1         |
| <b>PHYSICIAN</b>  |  |  | 1         | 0         | 1         |
| FAMILY MEDICINE   |  |  | 1         | 0         | 1         |
| <b>A4230</b>  | <b>INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE</b>         |  | <b>0</b>  | <b>1</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>                                       |  |  | 0         | 1         | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  |  | 0         | 1         | 1         |
| <b>A4232</b>  | <b>SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC</b>        |  | <b>0</b>  | <b>1</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>                                       |  |  | 0         | 1         | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  |  | 0         | 1         | 1         |
| <b>A4239</b>  | <b>SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS</b> |  | <b>10</b> | <b>2</b>  | <b>12</b> |
| <b>DME SUPPLIER</b>                                       |  |  | 9         | 2         | 11        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  |  | 9         | 2         | 11        |
| <b>NURSE PRACTITIONER</b>                                 |  |  | 1         | 0         | 1         |
| NURSE PRACTITIONER  |  |  | 1         | 0         | 1         |
| <b>A4245</b>  | <b>Alcohol wipes per box</b>                                   |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>                                       |  |  | 1         | 0         | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  |  | 1         | 0         | 1         |
| <b>A4364</b>  | <b>ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE</b>             |  | <b>2</b>  | <b>0</b>  | <b>2</b>  |
| <b>DME SUPPLIER</b>                                       |  |  | 2         | 0         | 2         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  |  | 2         | 0         | 2         |
| <b>A4456</b>  | <b>ADHESIVE REMOVER WIPES ANY TYPE EACH</b>                    |  | <b>4</b>  | <b>0</b>  | <b>4</b>  |
| <b>DME SUPPLIER</b>                                       |  |  | 4         | 0         | 4         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  |  | 4         | 0         | 4         |
| <b>A4481</b>  | <b>TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH</b>              |  | <b>2</b>  | <b>0</b>  | <b>2</b>  |
| <b>DME SUPPLIER</b>                                       |  |  | 2         | 0         | 2         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  |  | 2         | 0         | 2         |
| <b>A4556</b>  | <b>ELECTRODES PER PAIR</b>                                     |  | <b>4</b>  | <b>10</b> | <b>14</b> |
| <b>DME SUPPLIER</b>                                       |  |  | 1         | 10        | 11        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  |  | 1         | 10        | 11        |

|   |  |  |          |           |           |
|---|--|--|----------|-----------|-----------|
| <b>GROUP OF PROVIDERS</b>                                       |  |  | 3        | 0         | 3         |
| MULTI-SPECIALTY   |  |  | 3        | 0         | 3         |
| <b>A4557</b>  | <b>LEAD WIRES PER PAIR</b>                                   |  | <b>1</b> | <b>9</b>  | <b>10</b> |
| <b>DME SUPPLIER</b>   |  |  | 1        | 9         | 10        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 1        | 9         | 10        |
| <b>A4604</b>  | <b>TUBING W/INTGR HEAT ELEM W/POS AIRWAY<br/>PRESS DEVC</b>  |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>   |  |  | 0        | 1         | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 0        | 1         | 1         |
| <b>A4626</b>  | <b>TRACHEOSTOMY CLEANING BRUSH EACH</b>                      |  | <b>4</b> | <b>0</b>  | <b>4</b>  |
| <b>DME SUPPLIER</b>   |  |  | 4        | 0         | 4         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 4        | 0         | 4         |
| <b>A4630</b>  | <b>REPLCMT BATTERY MED NECES TRNSQ ELEC<br/>STIM OWND PT</b> |  | <b>1</b> | <b>10</b> | <b>11</b> |
| <b>DME SUPPLIER</b>   |  |  | 1        | 10        | 11        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 1        | 10        | 11        |
| <b>A4648</b>  | <b>TISSUE MARKER IMPLANTABLE ANY TYPE<br/>EACH</b>           |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>HOSPITAL</b>   |  |  | 1        | 0         | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 1        | 0         | 1         |
| <b>A4657</b>  | <b>SYRINGE WITH OR WITHOUT NEEDLE EACH</b>                   |  | <b>0</b> | <b>1</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>   |  |  | 0        | 1         | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 0        | 1         | 1         |
| <b>A4674</b>  | <b>CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE<br/>DIALY 8OZ</b>   |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>DIALYSIS</b>   |  |  | 1        | 0         | 1         |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |  |  | 1        | 0         | 1         |
| <b>A4680</b>  | <b>ACTIVATED CARBON FILTER FOR<br/>HEMODIALYSIS EACH</b>     |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>DIALYSIS</b>   |  |  | 1        | 0         | 1         |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |  |  | 1        | 0         | 1         |
| <b>A4690</b>  | <b>DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS<br/>EACH</b>    |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>DIALYSIS</b>   |  |  | 1        | 0         | 1         |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |  |  | 1        | 0         | 1         |

|  |   |          |          |          |
|--|---|----------|----------|----------|
| <b>A4709</b>   | <b>ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON</b>        | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DIALYSIS</b>  |   | 1        | 0        | 1        |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   | 1        | 0        | 1        |
| <b>A4755</b>   | <b>BLOOD TUBING ART AND VENOUS COMBINED HEMODIALYSIS EA</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DIALYSIS</b>  |   | 1        | 0        | 1        |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   | 1        | 0        | 1        |
| <b>A4927</b>   | <b>GLOVES NON-STERILE PER 100</b>                           | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DIALYSIS</b>  |   | 1        | 0        | 1        |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   | 1        | 0        | 1        |
| <b>A5120</b>   | <b>SKIN BARRIER WIPES OR SWABS EACH</b>                     | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |   | 4        | 0        | 4        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 4        | 0        | 4        |
| <b>A5126</b>   | <b>ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD</b>           | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |   | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 2        | 0        | 2        |
| <b>A6216</b>   | <b>GAUZE NON-IMPREG NONSTERL 16 SQ OR LT W/O ADHES EA</b>   | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   | 0        | 1        | 1        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 0        | 1        | 1        |
| <b>A6550</b>   | <b>WND CARE SET NEG PRSS WND TX ELEC PUMP SPL</b>           | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |   | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 2        | 0        | 2        |
| <b>A7000</b>   | <b>CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH</b>      | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |   | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 2        | 0        | 2        |
| <b>A7048</b>   | <b>VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT EA</b>    | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   | 1        | 0        | 1        |
| <b>A7501</b>   | <b>TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH</b>          | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |   | 2        | 0        | 2        |

|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 2        | 0        | 2        |
| <b>A7503</b>   | <b>FLTR HOLDER/CAP REUSBL TRACHEOSTOMA<br/>EXCHG SYS EA</b>          |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |  |  | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 2        | 0        | 2        |
| <b>A7507</b>   | <b>FLTR HLDR and INTGR FLTR W/O ADHES<br/>TRACHEOSTMA EXCHG</b>      |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>DME SUPPLIER</b>  |  |  | 5        | 0        | 5        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 5        | 0        | 5        |
| <b>A7508</b>   | <b>HOUS and INTGR ADHES TRACHEOSTOMA<br/>EXCHG SYS and / VALV</b>    |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |  |  | 4        | 0        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 4        | 0        | 4        |
| <b>A7520</b>   | <b>TRACHEOST/LARYNGECT TUBE NON-CUFFED<br/>POLYVINYLCHL</b>          |  | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>DME SUPPLIER</b>  |  |  | 5        | 0        | 5        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 5        | 0        | 5        |
| <b>A7523</b>   | <b>TRACHEOSTOMY SHOWER PROTECTOR EACH</b>                            |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |  |  | 4        | 0        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 4        | 0        | 4        |
| <b>A7524</b>   | <b>TRACHEOSTOMA STENT/STUD/BUTTON EACH</b>                           |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |  |  | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 2        | 0        | 2        |
| <b>A7526</b>   | <b>TRACHEOSTOMY TUBE COLLAR/HOLDER EACH</b>                          |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |  |  | 4        | 0        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 4        | 0        | 4        |
| <b>A9276</b>   | <b>SNSR;INVSV DISP USE NONDME INTRSTL CGM<br/>1U Equal to 1D SPL</b> |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |  |  | 1        | 1        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 1        | 1        | 2        |
| <b>A9500</b>   | <b>TECHNETIUM TC-99M SESTAMIBI DX PER<br/>STUDY DOSE</b>             |  | <b>0</b> | <b>4</b> | <b>4</b> |
| <b>PHYSICIAN</b>   |  |  | 0        | 4        | 4        |
| CARDIOLOGY   |  |  | 0        | 1        | 1        |

|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| CARDIOVASCULAR DISEASE   |  |  | 0        | 3        | 3        |
| <b>A9502</b>   | <b>TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |  |  | 1        | 0        | 1        |
| <b>A9513</b>   | <b>LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - RADIATION ONCOLOGY                                     |  |  | 1        | 0        | 1        |
| <b>A9540</b>   | <b>TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI</b> |  | <b>6</b> | <b>1</b> | <b>7</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |  |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>  |  |  | 3        | 1        | 4        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 3        | 1        | 4        |
| <b>PHYSICIAN</b>   |  |  | 2        | 0        | 2        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 2        | 0        | 2        |
| <b>A9543</b>   | <b>YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1        | 0        | 1        |
| <b>A9552</b>   | <b>FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI</b>     |  | <b>1</b> | <b>2</b> | <b>3</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |  |  | 0        | 1        | 1        |
| CLINIC/CENTER - RADIOLOGY  |  |  | 0        | 1        | 1        |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1        | 1        | 2        |
| MULTI-SPECIALTY  |  |  | 1        | 1        | 2        |
| <b>A9562</b>   | <b>TECHNETIUM TC-99M MERTIATIDE DX UP TO 15 MCI</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |  |  | 1        | 0        | 1        |
| <b>A9582</b>   | <b>IODINE I-123 IOBENGUANE DX STUDY DOSE TO 15 MCI</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 1        | 0        | 1        |
| <b>A9585</b>   | <b>INJECTION GADOBUTROL 0.1 ML</b>                     |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 1        | 2        |



|   |  |  |          |          |          |
|---|--|--|----------|----------|----------|
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 1        | 1        | 2        |
| <b>A9596</b>  | <b>GALLIUM GA-68 GOZETOTIDE DIAG ILLUCCIX 1 MCI</b>                    |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>   |  |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 4        | 0        | 4        |
| <b>A9607</b>  | <b>LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI</b>                |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>   |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 2        | 0        | 2        |
| <b>A9900</b>  | <b>DME SUP/ACCESS/SRV-COMPON/OTH HCPCS</b>                             |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>                                       |  |  | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  |  | 2        | 0        | 2        |
| <b>APS</b>  | <b>(Blank)</b>   |  | <b>7</b> | <b>0</b> | <b>7</b> |
| <b>HOSPITAL</b>   |  |  | 7        | 0        | 7        |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 7        | 0        | 7        |
| <b>APS</b>  | <b>3D Rendering Not on Independent Workstation</b>                     | <b>Auth - AI 3D Rendering Not On Independent Workstation (76376) 3D Rendering Not On Independent Workstation</b> | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOSPITAL</b>   |  |  | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                    |  |  | 0        | 1        | 1        |
| <b>APS</b>  | <b>3D Rendering On Independent Workstation</b>                         | <b>Auth - AI 3D Rendering On Independent Workstation (76377) 3D Rendering On Independent Workstation</b>         | <b>9</b> | <b>0</b> | <b>9</b> |
| <b>HOSPITAL</b>   |  |  | 7        | 0        | 7        |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 7        | 0        | 7        |
| <b>PHYSICIAN</b>  |  |  | 2        | 0        | 2        |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                          |  |  | 2        | 0        | 2        |
| <b>APS</b>  | <b>Arthrodesis, anterior interbody Arthrodesis, anterior interbody</b> | <b>Auth - PA Arthrodesis, anterior interbody 22548,22551-52,22554,22585 Arthrodesis, anterior interbody</b>      | <b>8</b> | <b>0</b> | <b>8</b> |
| <b>HOSPITAL</b>   |  |  | 8        | 0        | 8        |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 8        | 0        | 8        |
| <b>APS</b>  | <b>Arthroscopy: Hip Arthroscopy: Hip</b>                               | <b>Auth - PA Arthroscopy: Hip 29860-29863, 29914-29916 Arthroscopy: Hip</b>                                      | <b>2</b> | <b>0</b> | <b>2</b> |

|  |  |   |             |           |             |
|--|--|---|-------------|-----------|-------------|
| <b>HOSPITAL</b>  |  |   | 2           | 0         | 2           |
| GENERAL ACUTE CARE HOSPITAL                                  |  |   | 2           | 0         | 2           |
| <b>APS</b>   | <b>Arthroscopy: Knee Arthroscopy: Knee</b>         | <b>Auth - PA Arthroscopy: Knee 29870-71, 29873-77, 29879-89 Arthroscopy: Knee</b> | <b>20</b>   | <b>0</b>  | <b>20</b>   |
| <b>AMBULATORY SURGICAL CENTER</b>                            |  |   | 2           | 0         | 2           |
| CLINIC/CENTER - AMBULATORY SURGICAL                          |  |   | 2           | 0         | 2           |
| <b>HOSPITAL</b>  |  |   | 18          | 0         | 18          |
| GENERAL ACUTE CARE HOSPITAL                                  |  |   | 17          | 0         | 17          |
| SPECIAL HOSPITAL   |  |   | 1           | 0         | 1           |
| <b>APS</b>   | <b>Auth-Sleep Study Sleep Study (95810, 95811)</b> | <b>Auth - Sleep Study CPT Sleep Study (95810, 95811)</b>                          | <b>53</b>   | <b>0</b>  | <b>53</b>   |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |   | 1           | 0         | 1           |
| CLINIC/CENTER - SLEEP DISORDER DIAGNOSTIC                    |  |   | 1           | 0         | 1           |
| <b>FREE STANDING ANCILLARY</b>                               |  |   | 7           | 0         | 7           |
| CLINIC/CENTER - SLEEP DISORDER DIAGNOSTIC                    |  |   | 7           | 0         | 7           |
| <b>GROUP OF PROVIDERS</b>                                    |  |   | 8           | 0         | 8           |
| INTERNAL MEDICINE  |  |   | 3           | 0         | 3           |
| MULTI-SPECIALTY  |  |   | 5           | 0         | 5           |
| <b>HOSPITAL</b>  |  |   | 21          | 0         | 21          |
| GENERAL ACUTE CARE HOSPITAL                                  |  |   | 18          | 0         | 18          |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |   | 3           | 0         | 3           |
| <b>PHYSICIAN</b>   |  |   | 16          | 0         | 16          |
| FAMILY MEDICINE  |  |   | 1           | 0         | 1           |
| INTERNAL MEDICINE  |  |   | 1           | 0         | 1           |
| INTERNAL MEDICINE - SLEEP MEDICINE                           |  |   | 1           | 0         | 1           |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY                           |  |   | 2           | 0         | 2           |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY WITH SPECIAL QUALIFICATIO |  |   | 1           | 0         | 1           |
| PULMONARY DISEASE  |  |   | 10          | 0         | 10          |
| <b>APS</b>   | <b>CT Scan Ab+Pelvis</b>                           | <b>Auth - AI CT Ab+Pelvis (74176 - 78) CT Abdomen+Pelvis</b>                      | <b>1079</b> | <b>11</b> | <b>1090</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |   | 175         | 3         | 178         |
| CLINIC/CENTER - ONCOLOGY, RADIATION                          |  |   | 2           | 0         | 2           |

|  |  |  |     |   |     |
|--|--|--|-----|---|-----|
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 169 | 3 | 172 |
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |  | 3   | 0 | 3   |
| <b>AMBULATORY SURGICAL CENTER</b>                            |  |  | 4   | 0 | 4   |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 4   | 0 | 4   |
| <b>DIALYSIS</b>  |  |  | 1   | 0 | 1   |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |  |  | 1   | 0 | 1   |
| <b>DME SUPPLIER</b>  |  |  | 4   | 0 | 4   |
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |  | 4   | 0 | 4   |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 123 | 2 | 125 |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 2   | 0 | 2   |
| MULTI-SPECIALTY  |  |  | 98  | 2 | 100 |
| SINGLE SPECIALTY   |  |  | 23  | 0 | 23  |
| <b>HOSPITAL</b>  |  |  | 508 | 5 | 513 |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |  |  | 2   | 0 | 2   |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 6   | 0 | 6   |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 487 | 4 | 491 |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 6   | 0 | 6   |
| GENERAL ACUTE CARE HOSPITAL - RURAL                          |  |  | 2   | 0 | 2   |
| PSYCHIATRIC HOSPITAL   |  |  | 2   | 0 | 2   |
| PSYCHIATRIC UNIT   |  |  | 1   | 0 | 1   |
| SPECIAL HOSPITAL   |  |  | 2   | 1 | 3   |
| <b>LABORATORY</b>  |  |  | 12  | 0 | 12  |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 9   | 0 | 9   |
| PHYSIOLOGICAL LABORATORY                                     |  |  | 3   | 0 | 3   |
| <b>NURSE PRACTITIONER</b>                                    |  |  | 5   | 0 | 5   |
| NURSE PRACTITIONER - ACUTE CARE                              |  |  | 1   | 0 | 1   |
| NURSE PRACTITIONER - FAMILY                                  |  |  | 2   | 0 | 2   |
| NURSE PRACTITIONER - GERONTOLOGY                             |  |  | 2   | 0 | 2   |
| <b>PHYSICIAN</b>   |  |  | 228 | 1 | 229 |
| COLON & RECTAL SURGERY                                       |  |  | 1   | 0 | 1   |
| FAMILY MEDICINE  |  |  | 14  | 0 | 14  |

|  |                        |  |            |          |            |
|--|------------------------|--|------------|----------|------------|
| FEMALE PELVIC & RECONSTRUCTIVE SURGERY -XXX                  |                        |  | 1          | 0        | 1          |
| GASTROENTEROLOGY   |                        |  | 6          | 0        | 6          |
| HEMATOLOGY   |                        |  | 2          | 0        | 2          |
| HEMATOLOGY & ONCOLOGY  |                        |  | 77         | 0        | 77         |
| INFECTIOUS DISEASE   |                        |  | 1          | 0        | 1          |
| INTERNAL MEDICINE  |                        |  | 19         | 0        | 19         |
| MEDICAL ONCOLOGY   |                        |  | 52         | 0        | 52         |
| NEPHROLOGY   |                        |  | 1          | 0        | 1          |
| OBSTETRICS & GYNECOLOGY                                      |                        |  | 6          | 0        | 6          |
| OBSTETRICS & GYNECOLOGY - GYNECOLOGIC ONCOLOGY - 207VX0201X  |                        |  | 2          | 0        | 2          |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |                        |  | 23         | 1        | 24         |
| RADIOLOGY - RADIATION ONCOLOGY                               |                        |  | 6          | 0        | 6          |
| SURGERY  |                        |  | 2          | 0        | 2          |
| SURGICAL ONCOLOGY  |                        |  | 1          | 0        | 1          |
| UROLOGY  |                        |  | 14         | 0        | 14         |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |                        |  | 17         | 0        | 17         |
| CLINIC/CENTER - RADIOLOGY                                    |                        |  | 12         | 0        | 12         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                        |  | 5          | 0        | 5          |
| <b>SERVICE LOCATION</b>                                      |                        |  | 1          | 0        | 1          |
| <b>URGENT CARE CENTER</b>                                    |                        |  | 1          | 0        | 1          |
| CLINIC/CENTER - URGENT CARE                                  |                        |  | 1          | 0        | 1          |
| <b>APS</b>   | <b>CT Scan Abdomen</b> | <b>Auth - AI CT Abdomen (74150, 74160, 74170) CT Abdomen</b> | <b>147</b> | <b>3</b> | <b>150</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                        |  | 29         | 2        | 31         |
| CLINIC/CENTER - RADIOLOGY                                    |                        |  | 29         | 1        | 30         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                        |  | 0          | 1        | 1          |
| <b>DIALYSIS</b>  |                        |  | 1          | 0        | 1          |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |                        |  | 1          | 0        | 1          |
| <b>DME SUPPLIER</b>  |                        |  | 1          | 0        | 1          |
| PORTABLE X-RAY SUPPLIER                                      |                        |  | 1          | 0        | 1          |
| <b>GROUP OF PROVIDERS</b>                                    |                        |  | 8          | 0        | 8          |
| CLINIC/CENTER - RADIOLOGY                                    |                        |  | 1          | 0        | 1          |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| MULTI-SPECIALTY                        |  |  | 6         | 0        | 6         |
| SINGLE SPECIALTY                       |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                        |  |  | 76        | 0        | 76        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 76        | 0        | 76        |
| <b>LABORATORY</b>                      |  |  | 2         | 1        | 3         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 2         | 1        | 3         |
| <b>PHYSICIAN</b>                       |  |  | 25        | 0        | 25        |
| CLINIC/CENTER - RADIOLOGY              |  |  | 1         | 0        | 1         |
| ENDOCRINOLOGY, DIABETES & METABOLISM   |  |  | 1         | 0        | 1         |
| FAMILY MEDICINE                        |  |  | 2         | 0        | 2         |
| GASTROENTEROLOGY                       |  |  | 2         | 0        | 2         |
| HEMATOLOGY & ONCOLOGY                  |  |  | 7         | 0        | 7         |
| INTERNAL MEDICINE                      |  |  | 2         | 0        | 2         |
| MEDICAL ONCOLOGY                       |  |  | 4         | 0        | 4         |
| PEDIATRIC SURGERY                      |  |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |  |  | 2         | 0        | 2         |
| RADIOLOGY - RADIATION ONCOLOGY         |  |  | 1         | 0        | 1         |
| SURGERY                                |  |  | 1         | 0        | 1         |
| SURGICAL ONCOLOGY                      |  |  | 1         | 0        | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |  |  | 4         | 0        | 4         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 4         | 0        | 4         |
| <b>RHC FACILITY</b>                    |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - RURAL HEALTH           |  |  | 1         | 0        | 1         |
| <b>APS</b>                             | <b>CT Scan Abdomen</b>                         | <b>Auth - AI Z-CT Angiography, Abdomen (74175, 74174) Z-CT Angiography, Abdomen</b>          | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>                        |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2         | 0        | 2         |
| <b>APS</b>                             | <b>CT Scan Angiography, Abdominal Arteries</b> | <b>Auth - AI Z-CT Angio, Ab Arteries (75635, 74174) Z-CT Angiography, Abdominal Arteries</b> | <b>36</b> | <b>3</b> | <b>39</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 7         | 1        | 8         |
| CLINIC/CENTER - RADIOLOGY              |  |  | 7         | 0        | 7         |
| MAGNETIC RESONANCE IMAGING (MRI)       |  |  | 0         | 1        | 1         |
| <b>DME SUPPLIER</b>                    |  |  | 1         | 0        | 1         |

|  |                                   |  |           |          |           |
|--|-----------------------------------|--|-----------|----------|-----------|
| MAGNETIC RESONANCE IMAGING (MRI)       |                                   |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>              |                                   |  | 2         | 1        | 3         |
| SINGLE SPECIALTY                       |                                   |  | 2         | 1        | 3         |
| <b>HOSPITAL</b>                        |                                   |  | 21        | 1        | 22        |
| GENERAL ACUTE CARE HOSPITAL            |                                   |  | 20        | 1        | 21        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |                                   |  | 1         | 0        | 1         |
| <b>LABORATORY</b>                      |                                   |  | 2         | 0        | 2         |
| CLINIC/CENTER - RADIOLOGY              |                                   |  | 1         | 0        | 1         |
| PHYSIOLOGICAL LABORATORY               |                                   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                       |                                   |  | 3         | 0        | 3         |
| INTERNAL MEDICINE                      |                                   |  | 1         | 0        | 1         |
| VASCULAR SURGERY                       |                                   |  | 2         | 0        | 2         |
| <b>APS</b>                             | <b>CT Scan Angiography, Chest</b> | <b>Auth - AI CT Angiography, Chest (71275) CT Angiography, Chest</b> | <b>53</b> | <b>1</b> | <b>54</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                                   |  | 7         | 0        | 7         |
| CLINIC/CENTER - RADIOLOGY              |                                   |  | 5         | 0        | 5         |
| MAGNETIC RESONANCE IMAGING (MRI)       |                                   |  | 1         | 0        | 1         |
| MULTI-SPECIALTY                        |                                   |  | 1         | 0        | 1         |
| <b>AMBULATORY SURGICAL CENTER</b>      |                                   |  | 1         | 0        | 1         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |                                   |  | 1         | 0        | 1         |
| <b>DME SUPPLIER</b>                    |                                   |  | 2         | 0        | 2         |
| MAGNETIC RESONANCE IMAGING (MRI)       |                                   |  | 2         | 0        | 2         |
| <b>GROUP OF PROVIDERS</b>              |                                   |  | 5         | 0        | 5         |
| MULTI-SPECIALTY                        |                                   |  | 2         | 0        | 2         |
| SINGLE SPECIALTY                       |                                   |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>                        |                                   |  | 28        | 1        | 29        |
| GENERAL ACUTE CARE HOSPITAL            |                                   |  | 27        | 1        | 28        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |                                   |  | 1         | 0        | 1         |
| <b>LABORATORY</b>                      |                                   |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY              |                                   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                       |                                   |  | 8         | 0        | 8         |
| CARDIOLOGY                             |                                   |  | 1         | 0        | 1         |
| CARDIOVASCULAR DISEASE                 |                                   |  | 2         | 0        | 2         |

|   |                                  |  |           |          |           |
|---|----------------------------------|--|-----------|----------|-----------|
| HEMATOLOGY & ONCOLOGY   |                                  |  | 1         | 0        | 1         |
| INTERNAL MEDICINE   |                                  |  | 4         | 0        | 4         |
| <b>PORTABLE X-RAY SUPPLIER</b>                                  |                                  |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY                                       |                                  |  | 1         | 0        | 1         |
| <b>APS</b>  | <b>CT Scan Angiography, Head</b> | <b>Auth - AI CT Angiography, Head<br/>(70496) CT Angiography, Head</b> | <b>31</b> | <b>0</b> | <b>31</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |                                  |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY                                       |                                  |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>                                       |                                  |  | 4         | 0        | 4         |
| MULTI-SPECIALTY   |                                  |  | 1         | 0        | 1         |
| SINGLE SPECIALTY  |                                  |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>   |                                  |  | 20        | 0        | 20        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |                                  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                     |                                  |  | 19        | 0        | 19        |
| <b>LABORATORY</b>   |                                  |  | 2         | 0        | 2         |
| CLINIC/CENTER - RADIOLOGY                                       |                                  |  | 2         | 0        | 2         |
| <b>PHYSICIAN</b>  |                                  |  | 4         | 0        | 4         |
| INTERNAL MEDICINE   |                                  |  | 2         | 0        | 2         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                           |                                  |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                             |                                  |  | 1         | 0        | 1         |
| <b>APS</b>  | <b>CT Scan Angiography, Neck</b> | <b>Auth - AI CT Angiography, Neck<br/>(70498) CT Angiography, Neck</b> | <b>25</b> | <b>1</b> | <b>26</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |                                  |  | 6         | 0        | 6         |
| CLINIC/CENTER - RADIOLOGY                                       |                                  |  | 5         | 0        | 5         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                             |                                  |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>                                       |                                  |  | 3         | 0        | 3         |
| SINGLE SPECIALTY  |                                  |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>   |                                  |  | 14        | 1        | 15        |
| GENERAL ACUTE CARE HOSPITAL                                     |                                  |  | 14        | 1        | 15        |
| <b>LABORATORY</b>   |                                  |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY                                       |                                  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>  |                                  |  | 1         | 0        | 1         |
| INTERNAL MEDICINE   |                                  |  | 1         | 0        | 1         |

|  |                                    |   |            |          |            |
|--|------------------------------------|---|------------|----------|------------|
| <b>APS</b>   | <b>CT Scan Angiography, Pelvis</b> | <b>Auth - AI Z-CT Angiography, Pelvis (72191, 74174) Z-CT Angiography, Pelvis</b> | <b>1</b>   | <b>0</b> | <b>1</b>   |
| <b>HOSPITAL</b>  |                                    |   | 1          | 0        | 1          |
| GENERAL ACUTE CARE HOSPITAL                                  |                                    |   | 1          | 0        | 1          |
| <b>APS</b>   | <b>CT Scan Cervical Spine</b>      | <b>Auth - AI CT Cervical Spine (72125, 72126, 72127) CT Cervical Spine</b>        | <b>27</b>  | <b>2</b> | <b>29</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                                    |   | 7          | 1        | 8          |
| CLINIC/CENTER - RADIOLOGY                                    |                                    |   | 7          | 1        | 8          |
| <b>AMBULATORY SURGICAL CENTER</b>                            |                                    |   | 1          | 0        | 1          |
| CLINIC/CENTER - RADIOLOGY                                    |                                    |   | 1          | 0        | 1          |
| <b>HOSPITAL</b>  |                                    |   | 19         | 1        | 20         |
| GENERAL ACUTE CARE HOSPITAL                                  |                                    |   | 18         | 1        | 19         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                                    |   | 1          | 0        | 1          |
| <b>APS</b>   | <b>CT Scan Chest</b>               | <b>Auth - AI CT Chest (71250, 71260, 71270, 71271) CT Chest</b>                   | <b>851</b> | <b>7</b> | <b>858</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                                    |   | 94         | 2        | 96         |
| CLINIC/CENTER - RADIOLOGY                                    |                                    |   | 89         | 2        | 91         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                                    |   | 3          | 0        | 3          |
| MULTI-SPECIALTY  |                                    |   | 1          | 0        | 1          |
| <b>DIALYSIS</b>  |                                    |   | 1          | 0        | 1          |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |                                    |   | 1          | 0        | 1          |
| <b>DME SUPPLIER</b>  |                                    |   | 3          | 1        | 4          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                                    |   | 3          | 1        | 4          |
| <b>GROUP OF PROVIDERS</b>                                    |                                    |   | 121        | 2        | 123        |
| FAMILY MEDICINE - ADULT MEDICINE                             |                                    |   | 1          | 0        | 1          |
| MULTI-SPECIALTY  |                                    |   | 91         | 1        | 92         |
| SINGLE SPECIALTY   |                                    |   | 28         | 0        | 28         |
| <b>HOSPITAL</b>  |                                    |   | 398        | 2        | 400        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |                                    |   | 2          | 0        | 2          |
| CLINIC/CENTER - RADIOLOGY                                    |                                    |   | 4          | 0        | 4          |
| GENERAL ACUTE CARE HOSPITAL                                  |                                    |   | 373        | 1        | 374        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                                    |   | 14         | 0        | 14         |
| PSYCHIATRIC HOSPITAL   |                                    |   | 1          | 0        | 1          |



|                                     |  |  |     |   |     |
|-------------------------------------|--|--|-----|---|-----|
| PSYCHIATRIC UNIT                    |  |  | 1   | 0 | 1   |
| REHABILITATION HOSPITAL             |  |  | 1   | 0 | 1   |
| SPECIAL HOSPITAL                    |  |  | 2   | 1 | 3   |
| <b>LABORATORY</b>                   |  |  | 6   | 0 | 6   |
| CLINIC/CENTER - RADIOLOGY           |  |  | 6   | 0 | 6   |
| <b>NURSE PRACTITIONER</b>           |  |  | 2   | 0 | 2   |
| NURSE PRACTITIONER - ACUTE CARE     |  |  | 1   | 0 | 1   |
| NURSE PRACTITIONER - FAMILY         |  |  | 1   | 0 | 1   |
| <b>PHYSICIAN</b>                    |  |  | 212 | 0 | 212 |
| CARDIOVASCULAR DISEASE              |  |  | 1   | 0 | 1   |
| COLON & RECTAL SURGERY              |  |  | 2   | 0 | 2   |
| CRITICAL CARE MEDICINE              |  |  | 2   | 0 | 2   |
| FAMILY MEDICINE                     |  |  | 7   | 0 | 7   |
| GASTROENTEROLOGY                    |  |  | 1   | 0 | 1   |
| HEMATOLOGY                          |  |  | 1   | 0 | 1   |
| HEMATOLOGY & ONCOLOGY               |  |  | 83  | 0 | 83  |
| INTERNAL MEDICINE                   |  |  | 23  | 0 | 23  |
| MEDICAL ONCOLOGY                    |  |  | 58  | 0 | 58  |
| OBSTETRICS & GYNECOLOGY             |  |  | 1   | 0 | 1   |
| PEDIATRIC HEMATOLOGY-ONCOLOGY       |  |  | 1   | 0 | 1   |
| PULMONARY DISEASE                   |  |  | 12  | 0 | 12  |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY |  |  | 9   | 0 | 9   |
| RADIOLOGY - RADIATION ONCOLOGY      |  |  | 6   | 0 | 6   |
| RHEUMATOLOGY                        |  |  | 1   | 0 | 1   |
| SURGERY                             |  |  | 2   | 0 | 2   |
| UROLOGY                             |  |  | 2   | 0 | 2   |
| <b>PORTABLE X-RAY SUPPLIER</b>      |  |  | 12  | 0 | 12  |
| CLINIC/CENTER - RADIOLOGY           |  |  | 10  | 0 | 10  |
| MAGNETIC RESONANCE IMAGING<br>(MRI) |  |  | 1   | 0 | 1   |
| PORTABLE X-RAY SUPPLIER             |  |  | 1   | 0 | 1   |
| <b>RHC FACILITY</b>                 |  |  | 1   | 0 | 1   |
| CLINIC/CENTER - RURAL HEALTH        |  |  | 1   | 0 | 1   |
| <b>SERVICE LOCATION</b>             |  |  | 1   | 0 | 1   |

| APS  |  | CT Scan CT Angiography, Cardiac | Auth - AI CT Angiography, Cardiac<br>(0623T, 0624T, 0625T, 0626T, 75574)<br>CT Angiography, Cardiac | 66 | 1 | 67 |
|--|--|---------------------------------|---|----|---|----|
| AMBULATORY HEALTH CARE FACILITY                              |  |                                 |   | 1  | 0 | 1  |
| CLINIC/CENTER - RADIOLOGY                                    |  |                                 |   | 1  | 0 | 1  |
| GROUP OF PROVIDERS   |  |                                 |   | 9  | 0 | 9  |
| SINGLE SPECIALTY   |  |                                 |   | 9  | 0 | 9  |
| HOSPITAL   |  |                                 |   | 52 | 1 | 53 |
| GENERAL ACUTE CARE HOSPITAL                                  |  |                                 |   | 50 | 1 | 51 |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |                                 |   | 1  | 0 | 1  |
| REHABILITATION UNIT  |  |                                 |   | 1  | 0 | 1  |
| PHYSICIAN  |  |                                 |   | 3  | 0 | 3  |
| CARDIOLOGY   |  |                                 |   | 1  | 0 | 1  |
| INTERNAL MEDICINE  |  |                                 |   | 2  | 0 | 2  |
| PORTABLE X-RAY SUPPLIER                                      |  |                                 |   | 1  | 0 | 1  |
| CLINIC/CENTER - RADIOLOGY                                    |  |                                 |   | 1  | 0 | 1  |
| APS  |  | CT Scan CT Breast               | Auth - AI CT Breast (0633T, 0634T, 0635T, 0636T, 0637T, 0638T) CT Breast                            | 1  | 0 | 1  |
| AMBULATORY HEALTH CARE FACILITY                              |  |                                 |   | 1  | 0 | 1  |
| CLINIC/CENTER - RADIOLOGY                                    |  |                                 |   | 1  | 0 | 1  |
| APS  |  | CT Scan CT Cardiac              | Auth - AI CT Cardiac (75571, 75572, 75573, S8092) CT Cardiac  | 20 | 3 | 23 |
| AMBULATORY HEALTH CARE FACILITY                              |  |                                 |   | 7  | 0 | 7  |
| CLINIC/CENTER - RADIOLOGY                                    |  |                                 |   | 7  | 0 | 7  |
| DIALYSIS   |  |                                 |   | 1  | 0 | 1  |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |  |                                 |   | 1  | 0 | 1  |
| HOSPITAL   |  |                                 |   | 10 | 3 | 13 |
| GENERAL ACUTE CARE HOSPITAL                                  |  |                                 |   | 6  | 3 | 9  |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |                                 |   | 4  | 0 | 4  |
| PHYSICIAN  |  |                                 |   | 2  | 0 | 2  |
| PEDIATRIC CARDIOLOGY   |  |                                 |   | 1  | 0 | 1  |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |                                 |   | 1  | 0 | 1  |
| APS  |  | CT Scan CT Colonography         | Auth - AI CT Colonography (74261, 74262, 74263) CT Colonography                                     | 2  | 0 | 2  |
| HOSPITAL   |  |                                 |   | 1  | 0 | 1  |

|  |                           |  |            |          |            |
|--|---------------------------|--|------------|----------|------------|
| GENERAL ACUTE CARE HOSPITAL                                  |                           |  | 1          | 0        | 1          |
| <b>PHYSICIAN</b>   |                           |  | 1          | 0        | 1          |
| FAMILY MEDICINE  |                           |  | 1          | 0        | 1          |
| <b>APS</b>   | <b>CT Scan Head/Brain</b> | <b>Auth - AI CT Head/Brain (70450, 70460, 70470) CT Head/Brain</b> | <b>131</b> | <b>4</b> | <b>135</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                           |  | 37         | 0        | 37         |
| CLINIC/CENTER - RADIOLOGY                                    |                           |  | 33         | 0        | 33         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                           |  | 3          | 0        | 3          |
| RADIOLOGY, MAMMOGRAPHY                                       |                           |  | 1          | 0        | 1          |
| <b>DME SUPPLIER</b>  |                           |  | 2          | 0        | 2          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                           |  | 2          | 0        | 2          |
| <b>FQHC FACILITY</b>   |                           |  | 1          | 0        | 1          |
| CLINIC/CENTER - FEDERALLY QUALIFIED HEALTH CENTER (FQHC) - 2 |                           |  | 1          | 0        | 1          |
| <b>GROUP OF PROVIDERS</b>                                    |                           |  | 12         | 0        | 12         |
| CLINIC/CENTER - RADIOLOGY                                    |                           |  | 1          | 0        | 1          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                           |  | 1          | 0        | 1          |
| MULTI-SPECIALTY  |                           |  | 4          | 0        | 4          |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |                           |  | 1          | 0        | 1          |
| SINGLE SPECIALTY   |                           |  | 5          | 0        | 5          |
| <b>HOSPITAL</b>  |                           |  | 56         | 2        | 58         |
| GENERAL ACUTE CARE HOSPITAL                                  |                           |  | 53         | 2        | 55         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                           |  | 2          | 0        | 2          |
| GENERAL ACUTE CARE HOSPITAL - RURAL                          |                           |  | 1          | 0        | 1          |
| <b>LABORATORY</b>  |                           |  | 4          | 1        | 5          |
| CLINIC/CENTER - RADIOLOGY                                    |                           |  | 4          | 0        | 4          |
| PHYSIOLOGICAL LABORATORY                                     |                           |  | 0          | 1        | 1          |
| <b>NURSE PRACTITIONER</b>                                    |                           |  | 1          | 0        | 1          |
| NURSE PRACTITIONER - FAMILY                                  |                           |  | 1          | 0        | 1          |
| <b>PHYSICIAN</b>   |                           |  | 12         | 1        | 13         |
| FAMILY MEDICINE  |                           |  | 2          | 0        | 2          |
| HEMATOLOGY & ONCOLOGY  |                           |  | 1          | 0        | 1          |

|  |                                |  |           |          |           |
|--|--------------------------------|--|-----------|----------|-----------|
| INTERNAL MEDICINE                      |                                |  | 2         | 0        | 2         |
| NEUROLOGICAL SURGERY                   |                                |  | 2         | 0        | 2         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |                                |  | 5         | 1        | 6         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |                                |  | 4         | 0        | 4         |
| CLINIC/CENTER - RADIOLOGY              |                                |  | 4         | 0        | 4         |
| <b>REHABILITATION CENTER</b>           |                                |  | 2         | 0        | 2         |
| CLINIC/CENTER - REHABILITATION         |                                |  | 2         | 0        | 2         |
| <b>APS</b>                             | <b>CT Scan Lower Extremity</b> | <b>Auth - AI CT Angiography, Lower Extremity (73706) CT Angiography, Lower Extremity</b> | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |                                |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |                                |  | 1         | 0        | 1         |
| <b>APS</b>                             | <b>CT Scan Lower Extremity</b> | <b>Auth - AI CT Lower Extremity (73700, 73701, 73702)</b>                                | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |                                |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |                                |  | 0         | 1        | 1         |
| <b>APS</b>                             | <b>CT Scan Lower Extremity</b> | <b>Auth - AI CT Lower Extremity (73700, 73701, 73702) CT Lower Extremity</b>             | <b>56</b> | <b>0</b> | <b>56</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                                |  | 11        | 0        | 11        |
| CLINIC/CENTER - ONCOLOGY, RADIATION    |                                |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY              |                                |  | 10        | 0        | 10        |
| <b>GROUP OF PROVIDERS</b>              |                                |  | 7         | 0        | 7         |
| MULTI-SPECIALTY                        |                                |  | 3         | 0        | 3         |
| SINGLE SPECIALTY                       |                                |  | 4         | 0        | 4         |
| <b>HOSPITAL</b>                        |                                |  | 35        | 0        | 35        |
| CLINIC/CENTER - RADIOLOGY              |                                |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL            |                                |  | 33        | 0        | 33        |
| <b>PHYSICIAN</b>                       |                                |  | 3         | 0        | 3         |
| MEDICAL ONCOLOGY                       |                                |  | 1         | 0        | 1         |
| ORTHOPAEDIC SURGERY                    |                                |  | 1         | 0        | 1         |
| SURGERY                                |                                |  | 1         | 0        | 1         |
| <b>APS</b>                             | <b>CT Scan Lumbar Spine</b>    | <b>Auth - AI CT Lumbar Spine (72131, 72132, 72133) CT Lumbar Spine</b>                   | <b>35</b> | <b>4</b> | <b>39</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                                |  | 8         | 1        | 9         |
| CLINIC/CENTER - RADIOLOGY              |                                |  | 7         | 1        | 8         |

|  |                                    |  |            |          |            |
|--|------------------------------------|--|------------|----------|------------|
| MAGNETIC RESONANCE IMAGING (MRI)                             |                                    |  | 1          | 0        | 1          |
| <b>GROUP OF PROVIDERS</b>                                    |                                    |  | 1          | 1        | 2          |
| CLINIC/CENTER - RADIOLOGY                                    |                                    |  | 1          | 0        | 1          |
| SINGLE SPECIALTY   |                                    |  | 0          | 1        | 1          |
| <b>HOSPITAL</b>  |                                    |  | 23         | 2        | 25         |
| GENERAL ACUTE CARE HOSPITAL                                  |                                    |  | 22         | 2        | 24         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                                    |  | 1          | 0        | 1          |
| <b>PHYSICIAN</b>   |                                    |  | 2          | 0        | 2          |
| ORTHOPAEDIC SURGERY - ORTHOPAEDIC SURGERY OF THE SPINE - 207 |                                    |  | 1          | 0        | 1          |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |                                    |  | 1          | 0        | 1          |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |                                    |  | 1          | 0        | 1          |
| CLINIC/CENTER - RADIOLOGY                                    |                                    |  | 1          | 0        | 1          |
| <b>APS</b>   | <b>CT Scan Maxillofacial/Sinus</b> | <b>Auth - AI CT Maxillofacial/Sinus (70486, 70487, 70488) CT Maxillofacial/Sinus</b> | <b>127</b> | <b>1</b> | <b>128</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                                    |  | 32         | 0        | 32         |
| CLINIC/CENTER - RADIOLOGY                                    |                                    |  | 32         | 0        | 32         |
| <b>DME SUPPLIER</b>  |                                    |  | 1          | 0        | 1          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                                    |  | 1          | 0        | 1          |
| <b>GROUP OF PROVIDERS</b>                                    |                                    |  | 11         | 0        | 11         |
| MULTI-SPECIALTY  |                                    |  | 3          | 0        | 3          |
| SINGLE SPECIALTY   |                                    |  | 8          | 0        | 8          |
| <b>HOSPITAL</b>  |                                    |  | 48         | 0        | 48         |
| CLINIC/CENTER - RADIOLOGY                                    |                                    |  | 1          | 0        | 1          |
| GENERAL ACUTE CARE HOSPITAL                                  |                                    |  | 42         | 0        | 42         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                                    |  | 4          | 0        | 4          |
| GENERAL ACUTE CARE HOSPITAL - RURAL                          |                                    |  | 1          | 0        | 1          |
| <b>LABORATORY</b>  |                                    |  | 2          | 0        | 2          |
| CLINIC/CENTER - RADIOLOGY                                    |                                    |  | 1          | 0        | 1          |
| CLINICAL MEDICAL LABORATORY                                  |                                    |  | 1          | 0        | 1          |
| <b>OUT OF STATE HOSPITAL</b>                                 |                                    |  | 0          | 1        | 1          |
| GENERAL ACUTE CARE HOSPITAL                                  |                                    |  | 0          | 1        | 1          |

|  |                       |  |           |          |           |
|--|-----------------------|--|-----------|----------|-----------|
| <b>PHYSICIAN</b>   |                       |  | 31        | 0        | 31        |
| INTERNAL MEDICINE  |                       |  | 1         | 0        | 1         |
| OTOLARYNGOLOGY   |                       |  | 29        | 0        | 29        |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |                       |  | 1         | 0        | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |                       |  | 2         | 0        | 2         |
| CLINIC/CENTER - RADIOLOGY                                    |                       |  | 2         | 0        | 2         |
| <b>APS</b>   | <b>CT Scan Orbit</b>  | <b>Auth - AI CT Orbit (70480, 70481, 70482) CT Orbit</b>   | <b>36</b> | <b>1</b> | <b>37</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                       |  | 10        | 0        | 10        |
| CLINIC/CENTER - RADIOLOGY                                    |                       |  | 9         | 0        | 9         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                       |  | 1         | 0        | 1         |
| <b>AMBULATORY SURGICAL CENTER</b>                            |                       |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY                                    |                       |  | 1         | 0        | 1         |
| <b>DIALYSIS</b>  |                       |  | 1         | 0        | 1         |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |                       |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>                                    |                       |  | 2         | 0        | 2         |
| SINGLE SPECIALTY   |                       |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |                       |  | 14        | 1        | 15        |
| GENERAL ACUTE CARE HOSPITAL                                  |                       |  | 12        | 1        | 13        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                       |  | 2         | 0        | 2         |
| <b>LABORATORY</b>  |                       |  | 2         | 0        | 2         |
| CLINIC/CENTER - RADIOLOGY                                    |                       |  | 2         | 0        | 2         |
| <b>NURSE PRACTITIONER</b>                                    |                       |  | 1         | 0        | 1         |
| NURSE PRACTITIONER   |                       |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |                       |  | 4         | 0        | 4         |
| OTOLARYNGOLOGY   |                       |  | 4         | 0        | 4         |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |                       |  | 1         | 0        | 1         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                       |  | 1         | 0        | 1         |
| <b>APS</b>   | <b>CT Scan Pelvis</b> | <b>Auth - AI CT Pelvis (72192, 72193, 72194) CT Pelvis</b> | <b>38</b> | <b>2</b> | <b>40</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                       |  | 8         | 2        | 10        |
| CLINIC/CENTER - RADIOLOGY                                    |                       |  | 8         | 2        | 10        |
| <b>HOSPITAL</b>  |                       |  | 24        | 0        | 24        |

|  |                                 |  |            |          |            |
|--|---------------------------------|--|------------|----------|------------|
| GENERAL ACUTE CARE HOSPITAL            |                                 |  | 22         | 0        | 22         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |                                 |  | 1          | 0        | 1          |
| REHABILITATION HOSPITAL                |                                 |  | 1          | 0        | 1          |
| <b>LABORATORY</b>                      |                                 |  | 1          | 0        | 1          |
| CLINICAL MEDICAL LABORATORY            |                                 |  | 1          | 0        | 1          |
| <b>NURSE PRACTITIONER</b>              |                                 |  | 1          | 0        | 1          |
| NURSE PRACTITIONER - FAMILY            |                                 |  | 1          | 0        | 1          |
| <b>PHYSICIAN</b>                       |                                 |  | 3          | 0        | 3          |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |                                 |  | 2          | 0        | 2          |
| SURGERY                                |                                 |  | 1          | 0        | 1          |
| <b>REHABILITATION CENTER</b>           |                                 |  | 1          | 0        | 1          |
| CLINIC/CENTER - REHABILITATION         |                                 |  | 1          | 0        | 1          |
| <b>APS</b>                             | <b>CT Scan Soft Tissue Neck</b> | <b>Auth - AI CT Soft Tissue Neck (70490, 70491, 70492) CT Soft Tissue Neck</b> | <b>117</b> | <b>2</b> | <b>119</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                                 |  | 26         | 0        | 26         |
| CLINIC/CENTER - ONCOLOGY, RADIATION    |                                 |  | 1          | 0        | 1          |
| CLINIC/CENTER - RADIOLOGY              |                                 |  | 22         | 0        | 22         |
| MAGNETIC RESONANCE IMAGING (MRI)       |                                 |  | 2          | 0        | 2          |
| <b>GROUP OF PROVIDERS</b>              |                                 |  | 11         | 1        | 12         |
| MULTI-SPECIALTY                        |                                 |  | 10         | 1        | 11         |
| <b>HOSPITAL</b>                        |                                 |  | 56         | 1        | 57         |
| CLINIC/CENTER - RADIOLOGY              |                                 |  | 1          | 0        | 1          |
| GENERAL ACUTE CARE HOSPITAL            |                                 |  | 54         | 1        | 55         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |                                 |  | 1          | 0        | 1          |
| <b>LABORATORY</b>                      |                                 |  | 5          | 0        | 5          |
| CLINIC/CENTER - RADIOLOGY              |                                 |  | 4          | 0        | 4          |
| CLINICAL MEDICAL LABORATORY            |                                 |  | 1          | 0        | 1          |
| <b>PHYSICIAN</b>                       |                                 |  | 15         | 0        | 15         |
| HEMATOLOGY & ONCOLOGY                  |                                 |  | 6          | 0        | 6          |
| MEDICAL ONCOLOGY                       |                                 |  | 5          | 0        | 5          |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |                                 |  | 1          | 0        | 1          |
| RADIOLOGY - RADIATION ONCOLOGY         |                                 |  | 2          | 0        | 2          |

|  |                                |  |           |          |           |
|--|--------------------------------|--|-----------|----------|-----------|
| SURGERY                                |                                |  | 1         | 0        | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |                                |  | 3         | 0        | 3         |
| CLINIC/CENTER - RADIOLOGY              |                                |  | 2         | 0        | 2         |
| MAGNETIC RESONANCE IMAGING (MRI)       |                                |  | 1         | 0        | 1         |
| <b>REHABILITATION CENTER</b>           |                                |  | 1         | 0        | 1         |
| CLINIC/CENTER - REHABILITATION         |                                |  | 1         | 0        | 1         |
| <b>APS</b>                             | <b>CT Scan Thoracic Spine</b>  | <b>Auth - AI CT Thoracic Spine (72128, 72129, 72130) CT Thoracic Spine</b>   | <b>8</b>  | <b>1</b> | <b>9</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                                |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY              |                                |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>                        |                                |  | 7         | 1        | 8         |
| GENERAL ACUTE CARE HOSPITAL            |                                |  | 7         | 1        | 8         |
| <b>APS</b>                             | <b>CT Scan Upper Extremity</b> | <b>Auth - AI CT Upper Extremity (73200, 73201, 73202) CT Upper Extremity</b> | <b>22</b> | <b>2</b> | <b>24</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                                |  | 4         | 0        | 4         |
| CLINIC/CENTER - RADIOLOGY              |                                |  | 4         | 0        | 4         |
| <b>GROUP OF PROVIDERS</b>              |                                |  | 2         | 1        | 3         |
| SINGLE SPECIALTY                       |                                |  | 2         | 1        | 3         |
| <b>HOSPITAL</b>                        |                                |  | 12        | 0        | 12        |
| GENERAL ACUTE CARE HOSPITAL            |                                |  | 9         | 0        | 9         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |                                |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL - RURAL    |                                |  | 1         | 0        | 1         |
| <b>LABORATORY</b>                      |                                |  | 0         | 1        | 1         |
| CLINIC/CENTER - RADIOLOGY              |                                |  | 0         | 1        | 1         |
| <b>PHYSICIAN</b>                       |                                |  | 3         | 0        | 3         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |                                |  | 3         | 0        | 3         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |                                |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY              |                                |  | 1         | 0        | 1         |
| <b>APS</b>                             | <b>Detoxification</b>          | <b>Inpatient Accomodation LOC DETOXIFICATION</b>                             | <b>10</b> | <b>6</b> | <b>16</b> |
| <b>HOSPITAL</b>                        |                                |  | 10        | 6        | 16        |
| PSYCHIATRIC HOSPITAL                   |                                |  | 10        | 6        | 16        |



|                             |   |  |           |          |           |
|-----------------------------|---|--|-----------|----------|-----------|
| <b>APS</b>                  | <b>Duplex scan, extremity Duplex scan of extremity, veins or arteries</b>                   | <b>Auth - PA Duplex scan, extremity 93930, 93931, 93970-71, 93985-86 Duplex scan of extremity, veins or arteries</b>         | <b>7</b>  | <b>0</b> | <b>7</b>  |
| <b>HOSPITAL</b>             |   |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL |   |  | 5         | 0        | 5         |
| <b>PHYSICIAN</b>            |   |  | 2         | 0        | 2         |
| SURGERY                     |   |  | 2         | 0        | 2         |
| <b>APS</b>                  | <b>ECG External ECG recording up to 48h</b>   | <b>Auth - PA External electrocardiographic recording up to 48h (93224-27) External ECG recording up to 48h</b>               | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>            |   |  | 1         | 0        | 1         |
| CARDIOLOGY                  |   |  | 1         | 0        | 1         |
| <b>APS</b>                  | <b>ECG External ECG recording, more than 48h - 7 days</b>                                   | <b>Auth - PA External ECG recording, &gt; 48h to 7 days (93241-44) External ECG recording, more than 48h - 7 days</b>        | <b>21</b> | <b>0</b> | <b>21</b> |
| <b>GROUP OF PROVIDERS</b>   |   |  | 1         | 0        | 1         |
| SINGLE SPECIALTY            |   |  | 1         | 0        | 1         |
| <b>LABORATORY</b>           |   |  | 5         | 0        | 5         |
| PHYSIOLOGICAL LABORATORY    |   |  | 5         | 0        | 5         |
| <b>PHYSICIAN</b>            |   |  | 15        | 0        | 15        |
| CARDIOLOGY                  |   |  | 1         | 0        | 1         |
| CARDIOVASCULAR DISEASE      |   |  | 8         | 0        | 8         |
| INTERNAL MEDICINE           |   |  | 6         | 0        | 6         |
| <b>APS</b>                  | <b>ECG External ECG recording, more than 7 days - 15 days</b>                               | <b>Auth - PA External ECG recording, days &gt; 7 to 15 (93245-48) External ECG recording, more than 7 days - 15 days</b>     | <b>9</b>  | <b>0</b> | <b>9</b>  |
| <b>LABORATORY</b>           |   |  | 3         | 0        | 3         |
| PHYSIOLOGICAL LABORATORY    |   |  | 3         | 0        | 3         |
| <b>PHYSICIAN</b>            |   |  | 6         | 0        | 6         |
| CARDIOVASCULAR DISEASE      |   |  | 6         | 0        | 6         |
| <b>APS</b>                  | <b>Endovascular Revascularization, LE Endovascular Revascularization, lower extremities</b> | <b>Auth - PA Endovascular Revascularization, LE 37220, 37221, 37224-31 Endovascular Revascularization, lower extremities</b> | <b>81</b> | <b>0</b> | <b>81</b> |
| <b>GROUP OF PROVIDERS</b>   |   |  | 16        | 0        | 16        |
| MULTI-SPECIALTY             |   |  | 8         | 0        | 8         |

|  |  |  |            |          |            |
|--|--|--|------------|----------|------------|
| SINGLE SPECIALTY   |  |  | 8          | 0        | 8          |
| <b>PHYSICIAN</b>   |  |  | 65         | 0        | 65         |
| CARDIOLOGY   |  |  | 9          | 0        | 9          |
| CARDIOVASCULAR DISEASE   |  |  | 18         | 0        | 18         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 4          | 0        | 4          |
| SURGERY  |  |  | 9          | 0        | 9          |
| THORACIC SURGERY<br>(CARDIOTHORACIC VASCULAR<br>SURGERY) - 208G000 |  |  | 20         | 0        | 20         |
| VASCULAR SURGERY   |  |  | 5          | 0        | 5          |
| <b>APS</b>   | <b>Eval&amp;Mgmt Evaluation &amp; Management</b> | <b>Auth - PA Eval&amp;Mgmt 99201-05,<br/>99211-15, 99241-45, 99381-87, 99391-<br/>97 Evaluation &amp; Management</b> | <b>121</b> | <b>9</b> | <b>130</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 4          | 0        | 4          |
| MULTI-SPECIALTY  |  |  | 4          | 0        | 4          |
| <b>HOSPITAL</b>  |  |  | 82         | 1        | 83         |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 64         | 0        | 64         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 16         | 1        | 17         |
| SPECIAL HOSPITAL   |  |  | 2          | 0        | 2          |
| <b>PHYSICIAN</b>   |  |  | 33         | 8        | 41         |
| ENDOCRINOLOGY, DIABETES &<br>METABOLISM                            |  |  | 0          | 2        | 2          |
| GASTROENTEROLOGY   |  |  | 0          | 1        | 1          |
| HEPATOLOGY   |  |  | 1          | 0        | 1          |
| NEUROLOGICAL SURGERY   |  |  | 5          | 0        | 5          |
| OBSTETRICS & GYNECOLOGY -<br>MATERNAL & FETAL MEDICINE -<br>207VM0 |  |  | 1          | 0        | 1          |
| ORTHOPAEDIC SURGERY  |  |  | 2          | 3        | 5          |
| ORTHOPAEDIC SURGERY - ADULT<br>RECONSTRUCTIVE ORTHOPAEDIC<br>SURGE |  |  | 1          | 0        | 1          |
| ORTHOPAEDIC SURGERY - HAND<br>SURGERY                              |  |  | 6          | 0        | 6          |
| ORTHOPAEDIC SURGERY - PEDIATRIC<br>ORTHOPAEDIC SURGERY - 207XP3    |  |  | 1          | 0        | 1          |
| OTOLARYNGOLOGY - PEDIATRIC<br>OTOLARYNGOLOGY                       |  |  | 1          | 0        | 1          |

|   |                             |   |            |            |            |
|---|-----------------------------|---|------------|------------|------------|
| PEDIATRIC CARDIOLOGY  |                             |   | 1          | 0          | 1          |
| PEDIATRIC GASTROENTEROLOGY                                      |                             |   | 1          | 0          | 1          |
| PEDIATRIC SURGERY   |                             |   | 1          | 0          | 1          |
| PHYSICAL MEDICINE &<br>REHABILITATION                           |                             |   | 2          | 2          | 4          |
| SURGERY   |                             |   | 8          | 0          | 8          |
| UROLOGY   |                             |   | 2          | 0          | 2          |
| <b>PHYSICIAN ASSISTANT</b>                                      |                             |   | 2          | 0          | 2          |
| PHYSICIAN ASSISTANT   |                             |   | 2          | 0          | 2          |
| <b>APS</b>  | <b>Home Health Services</b> | <b>MMP - Benefits HOME HEALTH HOME HEALTH</b> | <b>4</b>   | <b>0</b>   | <b>4</b>   |
| <b>HOME HEALTH AGENCY</b>                                       |                             |   | 4          | 0          | 4          |
| HOME HEALTH   |                             |   | 4          | 0          | 4          |
| <b>APS</b>  | <b>Hospice</b>              | <b>Inpatient Accomodation LOC HOSPICE</b>     | <b>4</b>   | <b>0</b>   | <b>4</b>   |
| <b>HOSPICE</b>  |                             |   | 4          | 0          | 4          |
| HOSPICE, INPATIENT  |                             |   | 4          | 0          | 4          |
| <b>APS</b>  | <b>ICU - Pediatrics</b>     | <b>Inpatient Accomodation LOC PEDS-ICU</b>    | <b>138</b> | <b>13</b>  | <b>151</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |                             |   | 1          | 0          | 1          |
| REHABILITATION UNIT   |                             |   | 1          | 0          | 1          |
| <b>GROUP OF PROVIDERS</b>                                       |                             |   | 41         | 7          | 48         |
| MULTI-SPECIALTY   |                             |   | 41         | 7          | 48         |
| <b>HOSPITAL</b>   |                             |   | 95         | 6          | 101        |
| GENERAL ACUTE CARE HOSPITAL                                     |                             |   | 29         | 1          | 30         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |                             |   | 66         | 5          | 71         |
| <b>SERVICE LOCATION</b>   |                             |   | 1          | 0          | 1          |
| <b>APS</b>  | <b>ICU/CCU</b>              | <b>Inpatient Accomodation LOC ICU/CCU</b>     | <b>824</b> | <b>104</b> | <b>928</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |                             |   | 8          | 2          | 10         |
| CLINIC/CENTER   |                             |   | 5          | 1          | 6          |
| REHABILITATION UNIT   |                             |   | 3          | 1          | 4          |
| <b>HOSPITAL</b>   |                             |   | 809        | 101        | 910        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |                             |   | 2          | 0          | 2          |
| GENERAL ACUTE CARE HOSPITAL                                     |                             |   | 784        | 99         | 883        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |                             |   | 15         | 0          | 15         |

|  |                            |   |   |    |     |    |
|--|----------------------------|---|---|----|-----|----|
| GENERAL ACUTE CARE HOSPITAL - RURAL                          |                            |   | 1   | 0  | 1   |    |
| REHABILITATION HOSPITAL                                      |                            |   | 1   | 0  | 1   |    |
| REHABILITATION UNIT  |                            |   | 6   | 2  | 8   |    |
| OUT OF STATE HOSPITAL  |                            |   | 4   | 1  | 5   |    |
| GENERAL ACUTE CARE HOSPITAL                                  |                            |   | 3   | 0  | 3   |    |
| GENERAL ACUTE CARE HOSPITAL - RURAL                          |                            |   | 1   | 1  | 2   |    |
| REHABILITATION CENTER  |                            |   | 2   | 0  | 2   |    |
| REHABILITATION UNIT  |                            |   | 2   | 0  | 2   |    |
| SERVICE LOCATION   |                            |   | 1   | 0  | 1   |    |
| APS  | Injection anesthetic agent | Injection anesthetic agent                  | Auth - PA Injection anesthetic agent 62320-23, 64479-80, 64483-84 | 52 | 3   | 55 |
| AMBULATORY SURGICAL CENTER                                   |                            |   | 2   | 0  | 2   |    |
| CLINIC/CENTER - AMBULATORY SURGICAL                          |                            |   | 2   | 0  | 2   |    |
| GROUP OF PROVIDERS   |                            |   | 3   | 0  | 3   |    |
| MULTI-SPECIALTY  |                            |   | 3   | 0  | 3   |    |
| HOSPITAL   |                            |   | 6   | 0  | 6   |    |
| CLINIC/CENTER - AMBULATORY SURGICAL                          |                            |   | 1   | 0  | 1   |    |
| GENERAL ACUTE CARE HOSPITAL                                  |                            |   | 5   | 0  | 5   |    |
| PHYSICIAN  |                            |   | 41  | 3  | 44  |    |
| ANESTHESIOLOGY   |                            |   | 1   | 0  | 1   |    |
| ANESTHESIOLOGY - PAIN MEDICINE                               |                            |   | 19  | 1  | 20  |    |
| FAMILY MEDICINE  |                            |   | 1   | 0  | 1   |    |
| PAIN MEDICINE - INTERVENTIONAL PAIN MEDICINE - 208VP0014X    |                            |   | 9   | 0  | 9   |    |
| PAIN MEDICINE - PAIN MEDICINE                                |                            |   | 9   | 0  | 9   |    |
| PHYSICAL MEDICINE & REHABILITATION - PAIN MEDICINE - 2081P29 |                            |   | 2   | 2  | 4   |    |
| APS  | Intermediate ICU           | Inpatient Accomodation LOC INTERMEDIATE ICU | 127   | 32 | 159 |    |
| AMBULATORY HEALTH CARE FACILITY                              |                            |   | 2   | 1  | 3   |    |
| CLINIC/CENTER  |                            |   | 1   | 0  | 1   |    |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |                            |   | 1   | 1  | 2   |    |
| HOSPITAL   |                            |   | 124   | 30 | 154 |    |

|  |                       |  |             |             |             |
|--|-----------------------|--|-------------|-------------|-------------|
| GENERAL ACUTE CARE HOSPITAL                                  |                       |  | 117         | 30          | 147         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                       |  | 6           | 0           | 6           |
| REHABILITATION UNIT  |                       |  | 1           | 0           | 1           |
| <b>NETWORK</b>   |                       |  | 0           | 1           | 1           |
| <b>PHYSICIAN</b>   |                       |  | 1           | 0           | 1           |
| INTERNAL MEDICINE  |                       |  | 1           | 0           | 1           |
| <b>APS</b>   | <b>LTAC - Level 1</b> | <b>Inpatient Accomodation LOC LTAC LEVEL 1</b> | <b>189</b>  | <b>35</b>   | <b>224</b>  |
| <b>GROUP OF PROVIDERS</b>                                    |                       |  | 0           | 1           | 1           |
| <b>HOSPITAL</b>  |                       |  | 188         | 34          | 222         |
| GENERAL ACUTE CARE HOSPITAL                                  |                       |  | 87          | 8           | 95          |
| LONG TERM CARE HOSPITAL                                      |                       |  | 83          | 24          | 107         |
| SPECIAL HOSPITAL   |                       |  | 18          | 2           | 20          |
| <b>SKILLED NURSING FACILITY</b>                              |                       |  | 1           | 0           | 1           |
| NURSING FACILITY/INTERMEDIATE CARE FACILITY - 313M00000X     |                       |  | 1           | 0           | 1           |
| <b>APS</b>   | <b>LTAC - Level 2</b> | <b>Inpatient Accomodation LOC LTAC LEVEL 2</b> | <b>5</b>    | <b>0</b>    | <b>5</b>    |
| <b>HOSPITAL</b>  |                       |  | 5           | 0           | 5           |
| GENERAL ACUTE CARE HOSPITAL                                  |                       |  | 5           | 0           | 5           |
| <b>APS</b>   | <b>Medical</b>        | <b>Inpatient Accomodation LOC MEDICAL</b>      | <b>2728</b> | <b>2431</b> | <b>5159</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                       |  | 14          | 9           | 23          |
| CLINIC/CENTER  |                       |  | 0           | 1           | 1           |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |                       |  | 10          | 1           | 11          |
| CLINIC/CENTER - EMERGENCY CARE                               |                       |  | 0           | 1           | 1           |
| REHABILITATION UNIT  |                       |  | 4           | 6           | 10          |
| <b>AMBULATORY SURGICAL CENTER</b>                            |                       |  | 6           | 3           | 9           |
| CLINIC/CENTER - AMBULATORY SURGICAL                          |                       |  | 6           | 3           | 9           |
| <b>GROUP OF PROVIDERS</b>                                    |                       |  | 14          | 3           | 17          |
| CLINIC/CENTER - MULTI-SPECIALTY                              |                       |  | 5           | 0           | 5           |
| MULTI-SPECIALTY  |                       |  | 0           | 3           | 3           |
| <b>HOME HEALTH AGENCY</b>                                    |                       |  | 8           | 1           | 9           |
| HOME HEALTH  |                       |  | 8           | 1           | 9           |
| <b>HOSPITAL</b>  |                       |  | 2644        | 2380        | 5024        |

|   |  |  |      |      |      |
|---|--|--|------|------|------|
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |  |  | 10   | 3    | 13   |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 2576 | 2328 | 4904 |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |  |  | 21   | 14   | 35   |
| GENERAL ACUTE CARE HOSPITAL -<br>CRITICAL ACCESS - 282NC0060X   |  |  | 0    | 2    | 2    |
| GENERAL ACUTE CARE HOSPITAL -<br>RURAL                          |  |  | 2    | 0    | 2    |
| MULTI-SPECIALTY   |  |  | 2    | 0    | 2    |
| PSYCHIATRIC HOSPITAL  |  |  | 2    | 1    | 3    |
| PSYCHIATRIC UNIT  |  |  | 2    | 1    | 3    |
| REHABILITATION HOSPITAL   |  |  | 7    | 2    | 9    |
| REHABILITATION UNIT   |  |  | 15   | 26   | 41   |
| SPECIAL HOSPITAL  |  |  | 5    | 2    | 7    |
| <b>NETWORK</b>  |  |  | 1    | 2    | 3    |
| <b>OTHER SERVICE PROVIDER</b>                                   |  |  | 0    | 1    | 1    |
| HOSPITALIST   |  |  | 0    | 1    | 1    |
| <b>OUT OF STATE HOSPITAL</b>                                    |  |  | 9    | 5    | 14   |
| GENERAL ACUTE CARE HOSPITAL                                     |  |  | 9    | 5    | 14   |
| <b>PHYSICIAN</b>  |  |  | 8    | 4    | 12   |
| EMERGENCY MEDICINE  |  |  | 0    | 1    | 1    |
| HOSPITALIST   |  |  | 0    | 1    | 1    |
| INTERNAL MEDICINE   |  |  | 0    | 1    | 1    |
| PEDIATRICS  |  |  | 0    | 1    | 1    |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                           |  |  | 8    | 0    | 8    |
| <b>REHABILITATION CENTER</b>                                    |  |  | 6    | 10   | 16   |
| REHABILITATION UNIT   |  |  | 6    | 10   | 16   |
| <b>RHC FACILITY</b>   |  |  | 2    | 1    | 3    |
| GENERAL PRACTICE  |  |  | 2    | 1    | 3    |
| <b>SERVICE LOCATION</b>   |  |  | 4    | 2    | 6    |
| <b>SKILLED NURSING FACILITY</b>                                 |  |  | 11   | 7    | 18   |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X     |  |  | 10   | 7    | 17   |
| SKILLED NURSING FACILITY  |  |  | 1    | 0    | 1    |
| <b>TIN OWNER</b>  |  |  | 1    | 0    | 1    |
| <b>URGENT CARE CENTER</b>                                       |  |  | 0    | 3    | 3    |

|  |                             |   |            |           |            |
|--|-----------------------------|---|------------|-----------|------------|
| CLINIC/CENTER - EMERGENCY CARE         |                             |   | 0          | 3         | 3          |
| <b>APS</b>                             | <b>Medical - Pediatrics</b> | <b>Inpatient Accomodation LOC PEDS-MEDICAL</b>                    | <b>96</b>  | <b>58</b> | <b>154</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                             |   | 1          | 0         | 1          |
| REHABILITATION UNIT                    |                             |   | 1          | 0         | 1          |
| <b>GROUP OF PROVIDERS</b>              |                             |   | 6          | 2         | 8          |
| MULTI-SPECIALTY                        |                             |   | 0          | 2         | 2          |
| <b>HOSPITAL</b>                        |                             |   | 89         | 56        | 145        |
| GENERAL ACUTE CARE HOSPITAL            |                             |   | 43         | 27        | 70         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |                             |   | 42         | 29        | 71         |
| SPECIAL HOSPITAL                       |                             |   | 4          | 0         | 4          |
| <b>APS</b>                             | <b>Mental Health</b>        | <b>Inpatient Accomodation LOC MENTAL HEALTH</b>                   | <b>281</b> | <b>35</b> | <b>316</b> |
| <b>AMBULATORY SURGICAL CENTER</b>      |                             |   | 1          | 0         | 1          |
| PSYCHIATRIC UNIT                       |                             |   | 1          | 0         | 1          |
| <b>GROUP OF PROVIDERS</b>              |                             |   | 2          | 0         | 2          |
| MULTI-SPECIALTY                        |                             |   | 1          | 0         | 1          |
| <b>HOSPITAL</b>                        |                             |   | 242        | 32        | 274        |
| GENERAL ACUTE CARE HOSPITAL            |                             |   | 46         | 4         | 50         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |                             |   | 5          | 0         | 5          |
| PSYCHIATRIC HOSPITAL                   |                             |   | 174        | 23        | 197        |
| PSYCHIATRIC UNIT                       |                             |   | 15         | 5         | 20         |
| <b>OUT OF STATE HOSPITAL</b>           |                             |   | 7          | 0         | 7          |
| GENERAL ACUTE CARE HOSPITAL            |                             |   | 3          | 0         | 3          |
| PSYCHIATRIC HOSPITAL                   |                             |   | 4          | 0         | 4          |
| <b>PHYSICIAN</b>                       |                             |   | 2          | 0         | 2          |
| PSYCHIATRY & NEUROLOGY - PSYCHIATRY    |                             |   | 2          | 0         | 2          |
| <b>PSYCHIATRIC HOSPITAL</b>            |                             |   | 23         | 2         | 25         |
| PSYCHIATRIC HOSPITAL                   |                             |   | 23         | 2         | 25         |
| <b>SERVICE LOCATION</b>                |                             |   | 2          | 1         | 3          |
| <b>TIN OWNER</b>                       |                             |   | 2          | 0         | 2          |
| <b>APS</b>                             | <b>MR MR Elastography</b>   | <b>Auth - AI MR Elastography, Hepatic (76391) MR Elastography</b> | <b>8</b>   | <b>0</b>  | <b>8</b>   |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                             |   | 3          | 0         | 3          |
| CLINIC/CENTER - RADIOLOGY              |                             |   | 3          | 0         | 3          |

|  |                    |   |           |          |           |
|--|--------------------|---|-----------|----------|-----------|
| <b>HOSPITAL</b>                        |                    |   | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL            |                    |   | 3         | 0        | 3         |
| <b>PHYSICIAN</b>                       |                    |   | 2         | 0        | 2         |
| GASTROENTEROLOGY                       |                    |   | 1         | 0        | 1         |
| TRANSPLANT HEPATOLOGY                  |                    |   | 1         | 0        | 1         |
| <b>APS</b>                             | <b>MRA Abdomen</b> | <b>Auth - AI MRA Abdomen (74185, C8900, C8901, C8902) MRA Abdomen</b> | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                        |                    |   | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL            |                    |   | 3         | 0        | 3         |
| <b>APS</b>                             | <b>MRA Chest</b>   | <b>Auth - AI MRA Chest (71555, C8909, C8910, C8911) MRA Chest</b>     | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                        |                    |   | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL            |                    |   | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |                    |   | 1         | 0        | 1         |
| <b>APS</b>                             | <b>MRA Head</b>    | <b>Auth - AI MRA Head (70544, 70545, 70546 ) MRA Head</b>             | <b>42</b> | <b>1</b> | <b>43</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                    |   | 6         | 0        | 6         |
| CLINIC/CENTER - RADIOLOGY              |                    |   | 5         | 0        | 5         |
| MAGNETIC RESONANCE IMAGING (MRI)       |                    |   | 1         | 0        | 1         |
| <b>AMBULATORY SURGICAL CENTER</b>      |                    |   | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY              |                    |   | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>              |                    |   | 5         | 0        | 5         |
| MULTI-SPECIALTY                        |                    |   | 1         | 0        | 1         |
| SINGLE SPECIALTY                       |                    |   | 4         | 0        | 4         |
| <b>HOSPITAL</b>                        |                    |   | 23        | 1        | 24        |
| GENERAL ACUTE CARE HOSPITAL            |                    |   | 20        | 1        | 21        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |                    |   | 3         | 0        | 3         |
| <b>PHYSICIAN</b>                       |                    |   | 3         | 0        | 3         |
| PSYCHIATRY & NEUROLOGY - NEUROLOGY     |                    |   | 3         | 0        | 3         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |                    |   | 4         | 0        | 4         |
| CLINIC/CENTER - RADIOLOGY              |                    |   | 3         | 0        | 3         |
| PORTABLE X-RAY SUPPLIER                |                    |   | 1         | 0        | 1         |
| <b>APS</b>                             | <b>MRA Neck</b>    | <b>Auth - AI MRA Neck (70547, 70548, 70549) MRA Neck</b>              | <b>14</b> | <b>0</b> | <b>14</b> |



|   |                    |   |            |          |            |
|---|--------------------|---|------------|----------|------------|
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |                    |   | 2          | 0        | 2          |
| CLINIC/CENTER - RADIOLOGY                                       |                    |   | 2          | 0        | 2          |
| <b>AMBULATORY SURGICAL CENTER</b>                               |                    |   | 1          | 0        | 1          |
| CLINIC/CENTER - RADIOLOGY                                       |                    |   | 1          | 0        | 1          |
| <b>GROUP OF PROVIDERS</b>                                       |                    |   | 2          | 0        | 2          |
| SINGLE SPECIALTY  |                    |   | 2          | 0        | 2          |
| <b>HOSPITAL</b>   |                    |   | 8          | 0        | 8          |
| GENERAL ACUTE CARE HOSPITAL                                     |                    |   | 8          | 0        | 8          |
| <b>PHYSICIAN</b>  |                    |   | 1          | 0        | 1          |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                           |                    |   | 1          | 0        | 1          |
| <b>APS</b>  | <b>MRI Abdomen</b> | <b>Auth - AI MRI Abdomen (74181, 74182,<br/>74183, S8037)</b>             | <b>1</b>   | <b>0</b> | <b>1</b>   |
| <b>HOSPITAL</b>   |                    |   | 1          | 0        | 1          |
| GENERAL ACUTE CARE HOSPITAL                                     |                    |   | 1          | 0        | 1          |
| <b>APS</b>  | <b>MRI Abdomen</b> | <b>Auth - AI MRI Abdomen (74181, 74182,<br/>74183, S8037) MRI Abdomen</b> | <b>216</b> | <b>3</b> | <b>219</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |                    |   | 35         | 0        | 35         |
| CLINIC/CENTER - RADIOLOGY                                       |                    |   | 32         | 0        | 32         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                             |                    |   | 3          | 0        | 3          |
| <b>GROUP OF PROVIDERS</b>                                       |                    |   | 5          | 0        | 5          |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                             |                    |   | 1          | 0        | 1          |
| MULTI-SPECIALTY   |                    |   | 1          | 0        | 1          |
| SINGLE SPECIALTY  |                    |   | 3          | 0        | 3          |
| <b>HOSPITAL</b>   |                    |   | 151        | 3        | 154        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |                    |   | 5          | 0        | 5          |
| CLINIC/CENTER - RADIOLOGY                                       |                    |   | 3          | 0        | 3          |
| GENERAL ACUTE CARE HOSPITAL                                     |                    |   | 137        | 3        | 140        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |                    |   | 3          | 0        | 3          |
| GENERAL ACUTE CARE HOSPITAL -<br>RURAL                          |                    |   | 2          | 0        | 2          |
| REHABILITATION HOSPITAL   |                    |   | 1          | 0        | 1          |
| <b>LABORATORY</b>   |                    |   | 1          | 0        | 1          |
| CLINIC/CENTER - RADIOLOGY                                       |                    |   | 1          | 0        | 1          |

|  |   |  |            |           |            |
|--|---|--|------------|-----------|------------|
| <b>PHYSICIAN</b>                       |   |  | 21         | 0         | 21         |
| COLON & RECTAL SURGERY                 |   |  | 1          | 0         | 1          |
| GASTROENTEROLOGY                       |   |  | 6          | 0         | 6          |
| HEMATOLOGY & ONCOLOGY                  |   |  | 1          | 0         | 1          |
| INTERNAL MEDICINE                      |   |  | 3          | 0         | 3          |
| MEDICAL ONCOLOGY                       |   |  | 1          | 0         | 1          |
| PEDIATRIC HEMATOLOGY-ONCOLOGY          |   |  | 1          | 0         | 1          |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY    |   |  | 2          | 0         | 2          |
| SURGERY                                |   |  | 2          | 0         | 2          |
| TRANSPLANT HEPATOLOGY                  |   |  | 1          | 0         | 1          |
| UROLOGY                                |   |  | 3          | 0         | 3          |
| <b>PORTABLE X-RAY SUPPLIER</b>         |   |  | 3          | 0         | 3          |
| CLINIC/CENTER - RADIOLOGY              |   |  | 3          | 0         | 3          |
| <b>APS</b>                             | <b>MRI Bone Marrow</b>                    | <b>Auth - AI MRI Bone Marrow (77084)<br/>MRI Bone Marrow</b>                             | <b>1</b>   | <b>0</b>  | <b>1</b>   |
| <b>HOSPITAL</b>                        |   |  | 1          | 0         | 1          |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1          | 0         | 1          |
| <b>APS</b>                             | <b>MRI Brain (w/Attn to IAC or Orbit)</b> | <b>Auth - AI MRI Brain (w/ attn to IAC or<br/>Orbit) (70551, 70552, 70553)</b>           | <b>1</b>   | <b>0</b>  | <b>1</b>   |
| <b>HOSPITAL</b>                        |   |  | 1          | 0         | 1          |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1          | 0         | 1          |
| <b>APS</b>                             | <b>MRI Brain (w/Attn to IAC or Orbit)</b> | <b>Auth - AI MRI Brain (w/ attn to IAC or<br/>Orbit) (70551, 70552, 70553) MRI Brain</b> | <b>565</b> | <b>10</b> | <b>575</b> |
| <b>AGENCY</b>                          |   |  | 1          | 0         | 1          |
| CLINIC/CENTER - RADIOLOGY              |   |  | 1          | 0         | 1          |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |  | 121        | 3         | 124        |
| CLINIC/CENTER - RADIOLOGY              |   |  | 107        | 2         | 109        |
| MAGNETIC RESONANCE IMAGING<br>(MRI)    |   |  | 12         | 1         | 13         |
| MULTI-SPECIALTY                        |   |  | 1          | 0         | 1          |
| RADIOLOGY, MAMMOGRAPHY                 |   |  | 1          | 0         | 1          |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |  | 4          | 0         | 4          |
| CLINIC/CENTER - RADIOLOGY              |   |  | 4          | 0         | 4          |
| <b>DME SUPPLIER</b>                    |   |  | 1          | 0         | 1          |
| MAGNETIC RESONANCE IMAGING<br>(MRI)    |   |  | 1          | 0         | 1          |

|  |  |  |     |   |     |
|--|--|--|-----|---|-----|
| <b>GROUP OF PROVIDERS</b>  |  |  | 38  | 2 | 40  |
| MULTI-SPECIALTY  |  |  | 19  | 0 | 19  |
| SINGLE SPECIALTY   |  |  | 18  | 2 | 20  |
| <b>HOSPITAL</b>  |  |  | 316 | 4 | 320 |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0    |  |  | 18  | 0 | 18  |
| CLINIC/CENTER - RADIOLOGY  |  |  | 3   | 0 | 3   |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 264 | 4 | 268 |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 26  | 0 | 26  |
| GENERAL ACUTE CARE HOSPITAL -<br>RURAL                             |  |  | 1   | 0 | 1   |
| REHABILITATION HOSPITAL  |  |  | 1   | 0 | 1   |
| SPECIAL HOSPITAL   |  |  | 3   | 0 | 3   |
| <b>LABORATORY</b>  |  |  | 11  | 1 | 12  |
| CLINIC/CENTER - RADIOLOGY  |  |  | 9   | 0 | 9   |
| PHYSIOLOGICAL LABORATORY   |  |  | 2   | 1 | 3   |
| <b>PHYSICIAN</b>   |  |  | 57  | 0 | 57  |
| FAMILY MEDICINE  |  |  | 5   | 0 | 5   |
| HEMATOLOGY & ONCOLOGY  |  |  | 3   | 0 | 3   |
| INTERNAL MEDICINE  |  |  | 4   | 0 | 4   |
| MEDICAL ONCOLOGY   |  |  | 5   | 0 | 5   |
| NEUROLOGICAL SURGERY   |  |  | 3   | 0 | 3   |
| OPHTHALMOLOGY  |  |  | 1   | 0 | 1   |
| OTOLARYNGOLOGY   |  |  | 1   | 0 | 1   |
| PEDIATRIC HEMATOLOGY-ONCOLOGY                                      |  |  | 1   | 0 | 1   |
| PEDIATRIC INFECTIOUS DISEASES                                      |  |  | 1   | 0 | 1   |
| PEDIATRICS -<br>NEURODEVELOPMENTAL DISABILITIES<br>- 2080P0008X    |  |  | 1   | 0 | 1   |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |  |  | 18  | 0 | 18  |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY WITH SPECIAL<br>QUALIFICATIO |  |  | 2   | 0 | 2   |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |  |  | 12  | 0 | 12  |
| <b>PORTABLE X-RAY SUPPLIER</b>                                     |  |  | 16  | 0 | 16  |
| CLINIC/CENTER - RADIOLOGY  |  |  | 10  | 0 | 10  |

|  |                           |   |            |          |            |
|--|---------------------------|---|------------|----------|------------|
| MAGNETIC RESONANCE IMAGING (MRI)       |                           |   | 4          | 0        | 4          |
| PORTABLE X-RAY SUPPLIER                |                           |   | 2          | 0        | 2          |
| <b>APS</b>                             | <b>MRI Breast</b>         | <b>Auth - AI MRI Breast (77046-77049, C8903, C8905, C8906, C8908, C8937) MRI Breast</b> | <b>79</b>  | <b>0</b> | <b>79</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                           |   | 11         | 0        | 11         |
| CLINIC/CENTER - RADIOLOGY              |                           |   | 11         | 0        | 11         |
| <b>GROUP OF PROVIDERS</b>              |                           |   | 3          | 0        | 3          |
| MULTI-SPECIALTY                        |                           |   | 2          | 0        | 2          |
| SINGLE SPECIALTY                       |                           |   | 1          | 0        | 1          |
| <b>HOSPITAL</b>                        |                           |   | 55         | 0        | 55         |
| GENERAL ACUTE CARE HOSPITAL            |                           |   | 53         | 0        | 53         |
| SPECIAL HOSPITAL                       |                           |   | 2          | 0        | 2          |
| <b>NURSE PRACTITIONER</b>              |                           |   | 2          | 0        | 2          |
| NURSE PRACTITIONER - WOMEN'S HEALTH    |                           |   | 2          | 0        | 2          |
| <b>PHYSICIAN</b>                       |                           |   | 7          | 0        | 7          |
| HEMATOLOGY & ONCOLOGY                  |                           |   | 1          | 0        | 1          |
| INTERNAL MEDICINE                      |                           |   | 1          | 0        | 1          |
| MEDICAL ONCOLOGY                       |                           |   | 2          | 0        | 2          |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |                           |   | 1          | 0        | 1          |
| SURGERY                                |                           |   | 2          | 0        | 2          |
| <b>PHYSICIAN ASSISTANT</b>             |                           |   | 1          | 0        | 1          |
| PHYSICIAN ASSISTANT - SURGICAL         |                           |   | 1          | 0        | 1          |
| <b>APS</b>                             | <b>MRI Cervical Spine</b> | <b>Auth - AI MRI Cervical Spine (72141, 72142, 72156) MRI Cervical Spine</b>            | <b>213</b> | <b>7</b> | <b>220</b> |
| <b>AGENCY</b>                          |                           |   | 1          | 0        | 1          |
| CLINIC/CENTER - RADIOLOGY              |                           |   | 1          | 0        | 1          |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                           |   | 58         | 1        | 59         |
| CLINIC/CENTER - RADIOLOGY              |                           |   | 53         | 1        | 54         |
| MAGNETIC RESONANCE IMAGING (MRI)       |                           |   | 5          | 0        | 5          |
| <b>AMBULATORY SURGICAL CENTER</b>      |                           |   | 2          | 1        | 3          |
| CLINIC/CENTER - RADIOLOGY              |                           |   | 2          | 1        | 3          |
| <b>GROUP OF PROVIDERS</b>              |                           |   | 17         | 1        | 18         |
| CLINIC/CENTER - RADIOLOGY              |                           |   | 1          | 0        | 1          |

|  |                  |  |           |          |           |
|--|------------------|--|-----------|----------|-----------|
| MULTI-SPECIALTY  |                  |  | 4         | 0        | 4         |
| SINGLE SPECIALTY   |                  |  | 12        | 1        | 13        |
| <b>HOSPITAL</b>  |                  |  | 96        | 3        | 99        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0    |                  |  | 6         | 0        | 6         |
| CLINIC/CENTER - RADIOLOGY  |                  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |                  |  | 78        | 3        | 81        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |                  |  | 6         | 0        | 6         |
| SPECIAL HOSPITAL   |                  |  | 4         | 0        | 4         |
| <b>LABORATORY</b>  |                  |  | 10        | 0        | 10        |
| CLINIC/CENTER - RADIOLOGY  |                  |  | 8         | 0        | 8         |
| CLINICAL MEDICAL LABORATORY  |                  |  | 1         | 0        | 1         |
| PHYSIOLOGICAL LABORATORY   |                  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |                  |  | 22        | 1        | 23        |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |                  |  | 2         | 0        | 2         |
| FAMILY MEDICINE  |                  |  | 1         | 0        | 1         |
| GASTROENTEROLOGY   |                  |  | 1         | 0        | 1         |
| MEDICAL ONCOLOGY   |                  |  | 1         | 0        | 1         |
| NEUROLOGICAL SURGERY   |                  |  | 1         | 0        | 1         |
| ORTHOPAEDIC SURGERY  |                  |  | 1         | 0        | 1         |
| ORTHOPAEDIC SURGERY -<br>ORTHOPAEDIC SURGERY OF THE<br>SPINE - 207 |                  |  | 1         | 0        | 1         |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |                  |  | 0         | 1        | 1         |
| PEDIATRIC HEMATOLOGY-ONCOLOGY                                      |                  |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |                  |  | 7         | 0        | 7         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |                  |  | 6         | 0        | 6         |
| <b>PORTABLE X-RAY SUPPLIER</b>                                     |                  |  | 7         | 0        | 7         |
| CLINIC/CENTER - RADIOLOGY  |                  |  | 5         | 0        | 5         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                                |                  |  | 2         | 0        | 2         |
| <b>APS</b>   | <b>MRI Chest</b> | <b>Auth - AI MRI Chest (71550, 71551,<br/>71552) MRI Chest</b> | <b>14</b> | <b>0</b> | <b>14</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |                  |  | 4         | 0        | 4         |
| CLINIC/CENTER - RADIOLOGY  |                  |  | 4         | 0        | 4         |

|  |                  |   |            |          |            |
|--|------------------|---|------------|----------|------------|
| <b>GROUP OF PROVIDERS</b>                                    |                  |   | 1          | 0        | 1          |
| SINGLE SPECIALTY   |                  |   | 1          | 0        | 1          |
| <b>HOSPITAL</b>  |                  |   | 7          | 0        | 7          |
| GENERAL ACUTE CARE HOSPITAL                                  |                  |   | 7          | 0        | 7          |
| <b>PHYSICIAN</b>   |                  |   | 2          | 0        | 2          |
| FAMILY MEDICINE  |                  |   | 1          | 0        | 1          |
| INTERNAL MEDICINE  |                  |   | 1          | 0        | 1          |
| <b>APS</b>   | <b>MRI Heart</b> | <b>Auth - AI MRI Heart (75557, 75559, 75561, 75563, C9762, C9763) MRI Heart</b> | <b>14</b>  | <b>0</b> | <b>14</b>  |
| <b>AGENCY</b>  |                  |   | 1          | 0        | 1          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                  |   | 1          | 0        | 1          |
| <b>HOSPITAL</b>  |                  |   | 13         | 0        | 13         |
| GENERAL ACUTE CARE HOSPITAL                                  |                  |   | 9          | 0        | 9          |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                  |   | 4          | 0        | 4          |
| <b>APS</b>   | <b>MRI Hip</b>   | <b>Auth - AI MRI Hip (73721, 73722, 73723) MRI Hip</b>                          | <b>309</b> | <b>2</b> | <b>311</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                  |   | 112        | 1        | 113        |
| CLINIC/CENTER - RADIOLOGY                                    |                  |   | 108        | 1        | 109        |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                  |   | 4          | 0        | 4          |
| <b>AMBULATORY SURGICAL CENTER</b>                            |                  |   | 1          | 0        | 1          |
| CLINIC/CENTER - RADIOLOGY                                    |                  |   | 1          | 0        | 1          |
| <b>DIALYSIS</b>  |                  |   | 1          | 0        | 1          |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |                  |   | 1          | 0        | 1          |
| <b>DME SUPPLIER</b>  |                  |   | 1          | 0        | 1          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                  |   | 1          | 0        | 1          |
| <b>GROUP OF PROVIDERS</b>                                    |                  |   | 40         | 0        | 40         |
| CLINIC/CENTER - RADIOLOGY                                    |                  |   | 1          | 0        | 1          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                  |   | 1          | 0        | 1          |
| MULTI-SPECIALTY  |                  |   | 18         | 0        | 18         |
| SINGLE SPECIALTY   |                  |   | 20         | 0        | 20         |
| <b>HOSPITAL</b>  |                  |   | 110        | 1        | 111        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |                  |   | 4          | 0        | 4          |

|  |                                  |   |           |           |           |
|--|----------------------------------|---|-----------|-----------|-----------|
| CLINIC/CENTER - RADIOLOGY              |                                  |   | 3         | 0         | 3         |
| GENERAL ACUTE CARE HOSPITAL            |                                  |   | 95        | 1         | 96        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |                                  |   | 4         | 0         | 4         |
| GENERAL ACUTE CARE HOSPITAL - RURAL    |                                  |   | 3         | 0         | 3         |
| SPECIAL HOSPITAL                       |                                  |   | 1         | 0         | 1         |
| <b>LABORATORY</b>                      |                                  |   | 8         | 0         | 8         |
| CLINIC/CENTER - RADIOLOGY              |                                  |   | 5         | 0         | 5         |
| CLINICAL MEDICAL LABORATORY            |                                  |   | 1         | 0         | 1         |
| PHYSIOLOGICAL LABORATORY               |                                  |   | 2         | 0         | 2         |
| <b>PHYSICIAN</b>                       |                                  |   | 21        | 0         | 21        |
| ANESTHESIOLOGY - PAIN MEDICINE         |                                  |   | 1         | 0         | 1         |
| FAMILY MEDICINE                        |                                  |   | 3         | 0         | 3         |
| INTERNAL MEDICINE                      |                                  |   | 2         | 0         | 2         |
| ORTHOPAEDIC SURGERY                    |                                  |   | 3         | 0         | 3         |
| ORTHOPAEDIC SURGERY - SPORTS MEDICINE  |                                  |   | 1         | 0         | 1         |
| PEDIATRIC HEMATOLOGY-ONCOLOGY          |                                  |   | 2         | 0         | 2         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY       |                                  |   | 9         | 0         | 9         |
| <b>PODIATRIST</b>                      |                                  |   | 1         | 0         | 1         |
| PODIATRIST                             |                                  |   | 1         | 0         | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>         |                                  |   | 14        | 0         | 14        |
| CLINIC/CENTER - RADIOLOGY              |                                  |   | 8         | 0         | 8         |
| MAGNETIC RESONANCE IMAGING (MRI)       |                                  |   | 6         | 0         | 6         |
| <b>APS</b>                             | <b>MRI Lower Extremity Joint</b> | <b>Auth - AI Z - MRI LE Joint (73721, 73722, 73723) MRI Lower Extremity Joint</b> | <b>30</b> | <b>16</b> | <b>46</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |                                  |   | 5         | 9         | 14        |
| CLINIC/CENTER - RADIOLOGY              |                                  |   | 5         | 9         | 14        |
| <b>DME SUPPLIER</b>                    |                                  |   | 1         | 0         | 1         |
| MAGNETIC RESONANCE IMAGING (MRI)       |                                  |   | 1         | 0         | 1         |
| <b>GROUP OF PROVIDERS</b>              |                                  |   | 1         | 1         | 2         |
| MULTI-SPECIALTY                        |                                  |   | 0         | 1         | 1         |
| SINGLE SPECIALTY                       |                                  |   | 1         | 0         | 1         |
| <b>HOSPITAL</b>                        |                                  |   | 18        | 4         | 22        |

|  |  |   |           |          |           |
|--|--|---|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL                                  |  |   | 17        | 2        | 19        |
| GENERAL ACUTE CARE HOSPITAL - RURAL                          |  |   | 1         | 2        | 3         |
| <b>LABORATORY</b>  |  |   | 1         | 1        | 2         |
| CLINIC/CENTER - RADIOLOGY                                    |  |   | 0         | 1        | 1         |
| CLINICAL MEDICAL LABORATORY                                  |  |   | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |  |   | 3         | 1        | 4         |
| ORTHOPAEDIC SURGERY - SPORTS MEDICINE                        |  |   | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |   | 2         | 1        | 3         |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |  |   | 1         | 0        | 1         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |   | 1         | 0        | 1         |
| <b>APS</b>   | <b>MRI Lower Extremity, other than Joint</b> | <b>Auth - AI MRI LE, other than Joint (73718 - 73720) MRI Lower Extremity, other than Joint</b> | <b>68</b> | <b>2</b> | <b>70</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |   | 22        | 1        | 23        |
| CLINIC/CENTER - RADIOLOGY                                    |  |   | 20        | 1        | 21        |
| MAGNETIC RESONANCE IMAGING (MRI)                             |  |   | 2         | 0        | 2         |
| <b>GROUP OF PROVIDERS</b>                                    |  |   | 10        | 1        | 11        |
| CLINIC/CENTER - RADIOLOGY                                    |  |   | 1         | 1        | 2         |
| MULTI-SPECIALTY  |  |   | 3         | 0        | 3         |
| SINGLE SPECIALTY   |  |   | 6         | 0        | 6         |
| <b>HOSPITAL</b>  |  |   | 23        | 0        | 23        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |  |   | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |   | 20        | 0        | 20        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |   | 1         | 0        | 1         |
| <b>LABORATORY</b>  |  |   | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY                                    |  |   | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |  |   | 6         | 0        | 6         |
| FAMILY MEDICINE  |  |   | 1         | 0        | 1         |
| ORTHOPAEDIC SURGERY  |  |   | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |  |   | 2         | 0        | 2         |
| RADIOLOGY - RADIATION ONCOLOGY                               |  |   | 2         | 0        | 2         |
| <b>PODIATRIST</b>  |  |   | 4         | 0        | 4         |



|  |                         |  |            |           |            |
|--|-------------------------|--|------------|-----------|------------|
| PODIATRIST   |                         |  | 4          | 0         | 4          |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |                         |  | 2          | 0         | 2          |
| CLINIC/CENTER - RADIOLOGY                                    |                         |  | 2          | 0         | 2          |
| <b>APS</b>   | <b>MRI Lumbar Spine</b> | <b>Auth - AI MRI Lumbar Spine (72148, 72149, 72158) MRI Lumbar Spine</b> | <b>301</b> | <b>24</b> | <b>325</b> |
| <b>AGENCY</b>  |                         |  | 1          | 0         | 1          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                         |  | 1          | 0         | 1          |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                         |  | 95         | 6         | 101        |
| CLINIC/CENTER - RADIOLOGY                                    |                         |  | 89         | 6         | 95         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                         |  | 5          | 0         | 5          |
| MULTI-SPECIALTY  |                         |  | 1          | 0         | 1          |
| <b>AMBULATORY SURGICAL CENTER</b>                            |                         |  | 1          | 0         | 1          |
| CLINIC/CENTER - RADIOLOGY                                    |                         |  | 1          | 0         | 1          |
| <b>DME SUPPLIER</b>  |                         |  | 0          | 1         | 1          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                         |  | 0          | 1         | 1          |
| <b>FQHC FACILITY</b>   |                         |  | 0          | 1         | 1          |
| CLINIC/CENTER - FEDERALLY QUALIFIED HEALTH CENTER (FQHC) - 2 |                         |  | 0          | 1         | 1          |
| <b>GROUP OF PROVIDERS</b>                                    |                         |  | 24         | 3         | 27         |
| CLINIC/CENTER - RADIOLOGY                                    |                         |  | 2          | 0         | 2          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                         |  | 1          | 0         | 1          |
| MULTI-SPECIALTY  |                         |  | 6          | 1         | 7          |
| SINGLE SPECIALTY   |                         |  | 15         | 2         | 17         |
| <b>HOSPITAL</b>  |                         |  | 142        | 8         | 150        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |                         |  | 1          | 0         | 1          |
| CLINIC/CENTER - RADIOLOGY                                    |                         |  | 4          | 0         | 4          |
| GENERAL ACUTE CARE HOSPITAL                                  |                         |  | 125        | 8         | 133        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                         |  | 7          | 0         | 7          |
| REHABILITATION UNIT  |                         |  | 1          | 0         | 1          |
| SPECIAL HOSPITAL   |                         |  | 4          | 0         | 4          |
| <b>LABORATORY</b>  |                         |  | 9          | 2         | 11         |
| CLINIC/CENTER - RADIOLOGY                                    |                         |  | 7          | 2         | 9          |

|  |                                   |   |           |          |           |
|--|-----------------------------------|---|-----------|----------|-----------|
| PHYSIOLOGICAL LABORATORY   |                                   |   | 2         | 0        | 2         |
| <b>NURSE PRACTITIONER</b>  |                                   |   | 4         | 0        | 4         |
| NURSE PRACTITIONER   |                                   |   | 1         | 0        | 1         |
| NURSE PRACTITIONER - FAMILY  |                                   |   | 3         | 0        | 3         |
| <b>PHYSICIAN</b>   |                                   |   | 18        | 3        | 21        |
| ANESTHESIOLOGY   |                                   |   | 1         | 0        | 1         |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |                                   |   | 1         | 0        | 1         |
| FAMILY MEDICINE  |                                   |   | 3         | 0        | 3         |
| GASTROENTEROLOGY   |                                   |   | 1         | 0        | 1         |
| INTERNAL MEDICINE  |                                   |   | 1         | 0        | 1         |
| MEDICAL ONCOLOGY   |                                   |   | 1         | 0        | 1         |
| NEUROLOGICAL SURGERY   |                                   |   | 1         | 0        | 1         |
| ORTHOPAEDIC SURGERY  |                                   |   | 0         | 1        | 1         |
| ORTHOPAEDIC SURGERY -<br>ORTHOPAEDIC SURGERY OF THE<br>SPINE - 207 |                                   |   | 1         | 0        | 1         |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |                                   |   | 1         | 0        | 1         |
| PEDIATRIC HEMATOLOGY-ONCOLOGY                                      |                                   |   | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                              |                                   |   | 1         | 1        | 2         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                                |                                   |   | 5         | 1        | 6         |
| <b>PORTABLE X-RAY SUPPLIER</b>                                     |                                   |   | 7         | 0        | 7         |
| CLINIC/CENTER - RADIOLOGY  |                                   |   | 4         | 0        | 4         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                                |                                   |   | 2         | 0        | 2         |
| PORTABLE X-RAY SUPPLIER  |                                   |   | 1         | 0        | 1         |
| <b>APS</b>   | <b>MRI MRI Brain</b>              | <b>Auth - AI MRI Brain, Functional (70554,<br/>70555) MRI Brain</b>                             | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |                                   |   | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY  |                                   |   | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |                                   |   | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |                                   |   | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |                                   |   | 1         | 0        | 1         |
| <b>APS</b>   | <b>MRI Orbit, Face, Neck, IAC</b> | <b>Auth - AI MRI Orbit, Face, Neck, IAC<br/>(70540, 70542, 70543) MRI Orbit, Face,<br/>Neck</b> | <b>47</b> | <b>1</b> | <b>48</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |                                   |   | 15        | 0        | 15        |

|  |                   |   |            |          |            |
|--|-------------------|---|------------|----------|------------|
| CLINIC/CENTER - RADIOLOGY                                    |                   |   | 13         | 0        | 13         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                   |   | 2          | 0        | 2          |
| <b>GROUP OF PROVIDERS</b>                                    |                   |   | 2          | 1        | 3          |
| SINGLE SPECIALTY   |                   |   | 2          | 1        | 3          |
| <b>HOSPITAL</b>  |                   |   | 24         | 0        | 24         |
| GENERAL ACUTE CARE HOSPITAL                                  |                   |   | 17         | 0        | 17         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                   |   | 5          | 0        | 5          |
| SPECIAL HOSPITAL   |                   |   | 2          | 0        | 2          |
| <b>LABORATORY</b>  |                   |   | 1          | 0        | 1          |
| CLINIC/CENTER - RADIOLOGY                                    |                   |   | 1          | 0        | 1          |
| <b>PHYSICIAN</b>   |                   |   | 5          | 0        | 5          |
| HEMATOLOGY & ONCOLOGY  |                   |   | 2          | 0        | 2          |
| INTERNAL MEDICINE  |                   |   | 1          | 0        | 1          |
| OPHTHALMOLOGY  |                   |   | 1          | 0        | 1          |
| RADIOLOGY - DIAGNOSTIC RADIOLOGY                             |                   |   | 1          | 0        | 1          |
| <b>APS</b>   | <b>MRI Pelvis</b> | <b>Auth - AI MRI Pelvis (72195, 72196, 72197, 74712) MRI Pelvis</b> | <b>166</b> | <b>3</b> | <b>169</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                   |   | 30         | 0        | 30         |
| CLINIC/CENTER - RADIOLOGY                                    |                   |   | 27         | 0        | 27         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                   |   | 3          | 0        | 3          |
| <b>DME SUPPLIER</b>  |                   |   | 1          | 0        | 1          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                   |   | 1          | 0        | 1          |
| <b>GROUP OF PROVIDERS</b>                                    |                   |   | 7          | 0        | 7          |
| CLINIC/CENTER - RADIOLOGY                                    |                   |   | 2          | 0        | 2          |
| MULTI-SPECIALTY  |                   |   | 2          | 0        | 2          |
| SINGLE SPECIALTY   |                   |   | 3          | 0        | 3          |
| <b>HOSPITAL</b>  |                   |   | 112        | 3        | 115        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |                   |   | 2          | 0        | 2          |
| GENERAL ACUTE CARE HOSPITAL                                  |                   |   | 98         | 2        | 100        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                   |   | 11         | 0        | 11         |
| SPECIAL HOSPITAL   |                   |   | 1          | 1        | 2          |
| <b>LABORATORY</b>  |                   |   | 1          | 0        | 1          |

|   |                           |  |           |          |           |
|---|---------------------------|--|-----------|----------|-----------|
| CLINIC/CENTER - RADIOLOGY                                       |                           |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>  |                           |  | 11        | 0        | 11        |
| FAMILY MEDICINE   |                           |  | 1         | 0        | 1         |
| MEDICAL ONCOLOGY  |                           |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                             |                           |  | 6         | 0        | 6         |
| UROLOGY   |                           |  | 3         | 0        | 3         |
| <b>PHYSICIAN ASSISTANT</b>                                      |                           |  | 2         | 0        | 2         |
| PHYSICIAN ASSISTANT   |                           |  | 2         | 0        | 2         |
| <b>PORTABLE X-RAY SUPPLIER</b>                                  |                           |  | 2         | 0        | 2         |
| CLINIC/CENTER - RADIOLOGY                                       |                           |  | 2         | 0        | 2         |
| <b>APS</b>  | <b>MRI Thoracic Spine</b> | <b>Auth - AI MRI Thoracic Spine (72146,<br/>72147, 72157) MRI Thoracic Spine</b> | <b>84</b> | <b>0</b> | <b>84</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                          |                           |  | 17        | 0        | 17        |
| CLINIC/CENTER - RADIOLOGY                                       |                           |  | 17        | 0        | 17        |
| <b>GROUP OF PROVIDERS</b>                                       |                           |  | 5         | 0        | 5         |
| CLINIC/CENTER - RADIOLOGY                                       |                           |  | 1         | 0        | 1         |
| MULTI-SPECIALTY   |                           |  | 2         | 0        | 2         |
| SINGLE SPECIALTY  |                           |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>   |                           |  | 49        | 0        | 49        |
| CLINIC/CENTER - AMBULATORY<br>FAMILY PLANNING FACILITY - 261QA0 |                           |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL                                     |                           |  | 35        | 0        | 35        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |                           |  | 6         | 0        | 6         |
| SPECIAL HOSPITAL  |                           |  | 4         | 0        | 4         |
| <b>LABORATORY</b>   |                           |  | 2         | 0        | 2         |
| CLINIC/CENTER - RADIOLOGY                                       |                           |  | 2         | 0        | 2         |
| <b>NURSE PRACTITIONER</b>                                       |                           |  | 1         | 0        | 1         |
| NURSE PRACTITIONER - FAMILY                                     |                           |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>  |                           |  | 6         | 0        | 6         |
| GASTROENTEROLOGY  |                           |  | 1         | 0        | 1         |
| PEDIATRIC HEMATOLOGY-ONCOLOGY                                   |                           |  | 1         | 0        | 1         |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                           |                           |  | 2         | 0        | 2         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                             |                           |  | 2         | 0        | 2         |

|  |                                  |  |            |          |            |
|--|----------------------------------|--|------------|----------|------------|
| <b>PORTABLE X-RAY SUPPLIER</b>                               |                                  |  | 4          | 0        | 4          |
| CLINIC/CENTER - RADIOLOGY                                    |                                  |  | 3          | 0        | 3          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                                  |  | 1          | 0        | 1          |
| <b>APS</b>   | <b>MRI Upper Extremity Joint</b> | <b>Auth - AI MRI Upper Extremity Joint (73221, 73222, 73223) MRI Upper Extremity Joint</b> | <b>194</b> | <b>9</b> | <b>203</b> |
| <b>AGENCY</b>  |                                  |  | 0          | 1        | 1          |
| CLINIC/CENTER - RADIOLOGY                                    |                                  |  | 0          | 1        | 1          |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |                                  |  | 63         | 1        | 64         |
| CLINIC/CENTER - RADIOLOGY                                    |                                  |  | 61         | 1        | 62         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                                  |  | 2          | 0        | 2          |
| <b>CHIROPRACTOR</b>  |                                  |  | 1          | 0        | 1          |
| CHIROPRACTOR   |                                  |  | 1          | 0        | 1          |
| <b>DME SUPPLIER</b>  |                                  |  | 1          | 0        | 1          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                                  |  | 1          | 0        | 1          |
| <b>GROUP OF PROVIDERS</b>                                    |                                  |  | 13         | 3        | 16         |
| CLINIC/CENTER - RADIOLOGY                                    |                                  |  | 2          | 1        | 3          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |                                  |  | 1          | 0        | 1          |
| MULTI-SPECIALTY  |                                  |  | 2          | 1        | 3          |
| SINGLE SPECIALTY   |                                  |  | 8          | 1        | 9          |
| <b>HOSPITAL</b>  |                                  |  | 73         | 3        | 76         |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |                                  |  | 2          | 0        | 2          |
| CLINIC/CENTER - RADIOLOGY                                    |                                  |  | 4          | 0        | 4          |
| GENERAL ACUTE CARE HOSPITAL                                  |                                  |  | 65         | 3        | 68         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |                                  |  | 1          | 0        | 1          |
| SPECIAL HOSPITAL   |                                  |  | 1          | 0        | 1          |
| <b>LABORATORY</b>  |                                  |  | 8          | 1        | 9          |
| CLINIC/CENTER - RADIOLOGY                                    |                                  |  | 6          | 0        | 6          |
| CLINICAL MEDICAL LABORATORY                                  |                                  |  | 1          | 1        | 2          |
| PHYSIOLOGICAL LABORATORY                                     |                                  |  | 1          | 0        | 1          |
| <b>PHYSICIAN</b>   |                                  |  | 23         | 0        | 23         |
| ANESTHESIOLOGY   |                                  |  | 1          | 0        | 1          |
| FAMILY MEDICINE  |                                  |  | 2          | 0        | 2          |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| HEMATOLOGY   |  |  | 1         | 0        | 1         |
| INTERNAL MEDICINE  |  |  | 5         | 0        | 5         |
| MEDICAL ONCOLOGY   |  |  | 1         | 0        | 1         |
| ORTHOPAEDIC SURGERY  |  |  | 5         | 0        | 5         |
| ORTHOPAEDIC SURGERY - SPORTS<br>MEDICINE                     |  |  | 2         | 0        | 2         |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X |  |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                          |  |  | 5         | 0        | 5         |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |  |  | 12        | 0        | 12        |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 5         | 0        | 5         |
| MAGNETIC RESONANCE IMAGING<br>(MRI)                          |  |  | 6         | 0        | 6         |
| PORTABLE X-RAY SUPPLIER                                      |  |  | 1         | 0        | 1         |
| <b>APS</b>   | <b>MRI Upper Extremity, other than Joint</b> | <b>Auth - AI MRI Upper Extremity, other<br/>than Joint (73218, 73219, 73220) MRI<br/>Upper Extremity, other than Joint</b> | <b>32</b> | <b>2</b> | <b>34</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 7         | 1        | 8         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 6         | 1        | 7         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 1         | 0        | 1         |
| SINGLE SPECIALTY   |  |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |  |  | 17        | 1        | 18        |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 13        | 1        | 14        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                    |  |  | 1         | 0        | 1         |
| SPECIAL HOSPITAL   |  |  | 1         | 0        | 1         |
| <b>LABORATORY</b>  |  |  | 1         | 0        | 1         |
| CLINIC/CENTER - RADIOLOGY                                    |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |  |  | 4         | 0        | 4         |
| FAMILY MEDICINE  |  |  | 1         | 0        | 1         |
| HEMATOLOGY & ONCOLOGY  |  |  | 1         | 0        | 1         |
| INTERNAL MEDICINE  |  |  | 1         | 0        | 1         |
| RADIOLOGY - DIAGNOSTIC<br>RADIOLOGY                          |  |  | 1         | 0        | 1         |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |  |  | 2         | 0        | 2         |

|  |   |   |            |           |            |
|--|---|---|------------|-----------|------------|
| CLINIC/CENTER - RADIOLOGY                                    |   |   | 1          | 0         | 1          |
| MAGNETIC RESONANCE IMAGING (MRI)                             |   |   | 1          | 0         | 1          |
| <b>APS</b>   | <b>Neurostimulator procedures Insertion, revision or removal of neurostimulator</b> | <b>Auth - PA Neurostimulator procedures 63650,63655,63661-64,63685,63688 Insertion, revision or removal of neurostimulator</b>  | <b>5</b>   | <b>0</b>  | <b>5</b>   |
| <b>HOSPITAL</b>  |   |   | 3          | 0         | 3          |
| GENERAL ACUTE CARE HOSPITAL                                  |   |   | 3          | 0         | 3          |
| <b>PHYSICIAN</b>   |   |   | 2          | 0         | 2          |
| PAIN MEDICINE - PAIN MEDICINE                                |   |   | 1          | 0         | 1          |
| PHYSICAL MEDICINE & REHABILITATION - PAIN MEDICINE - 2081P29 |   |   | 1          | 0         | 1          |
| <b>APS</b>   | <b>Nuclear Medicine Cardiology</b>  | <b>Auth - AI Nuc-Cardio78451-54,78466-69,78472,78473,78481,78483,78494-99 Myocardial Perfusion Imaging - Nuclear Cardiology</b> | <b>391</b> | <b>27</b> | <b>418</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   |   | 61         | 5         | 66         |
| MULTI-SPECIALTY  |   |   | 47         | 3         | 50         |
| SINGLE SPECIALTY   |   |   | 14         | 2         | 16         |
| <b>HOSPITAL</b>  |   |   | 110        | 7         | 117        |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |   |   | 8          | 0         | 8          |
| GENERAL ACUTE CARE HOSPITAL                                  |   |   | 102        | 7         | 109        |
| <b>PHYSICIAN</b>   |   |   | 203        | 13        | 216        |
| CARDIOLOGY   |   |   | 17         | 2         | 19         |
| CARDIOVASCULAR DISEASE                                       |   |   | 157        | 10        | 167        |
| CLINICAL CARDIAC ELECTROPHYSIOLOGY                           |   |   | 4          | 0         | 4          |
| HEMATOLOGY & ONCOLOGY  |   |   | 1          | 0         | 1          |
| INTERNAL MEDICINE  |   |   | 18         | 1         | 19         |
| MEDICAL ONCOLOGY   |   |   | 3          | 0         | 3          |
| NEUROLOGICAL SURGERY   |   |   | 2          | 0         | 2          |
| PREVENTIVE MEDICINE - PUBLIC HEALTH & GENERAL PREVENTIVE MED |   |   | 1          | 0         | 1          |
| <b>PORTABLE X-RAY SUPPLIER</b>                               |   |   | 12         | 1         | 13         |
| MAGNETIC RESONANCE IMAGING (MRI)                             |   |   | 12         | 1         | 13         |
| <b>URGENT CARE CENTER</b>                                    |   |   | 5          | 1         | 6          |

|  |  |  |            |          |            |
|--|--|--|------------|----------|------------|
| CLINIC/CENTER - URGENT CARE            |  |  | 5          | 1        | 6          |
| <b>APS</b>                             | <b>Nursery - Newborn - Level I</b>           | <b>Inpatient Accomodation LOC Z - NURSERY</b>  | <b>8</b>   | <b>2</b> | <b>10</b>  |
| <b>HOSPITAL</b>                        |  |  | 8          | 2        | 10         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 8          | 2        | 10         |
| <b>APS</b>                             | <b>Nursery - Newborn - Level II</b>          | <b>Inpatient Accomodation LOC Z - SPECIAL CARE NURSERY</b>                               | <b>10</b>  | <b>0</b> | <b>10</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 1          | 0        | 1          |
| CLINIC/CENTER                          |  |  | 1          | 0        | 1          |
| <b>HOSPITAL</b>                        |  |  | 9          | 0        | 9          |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 9          | 0        | 9          |
| <b>APS</b>                             | <b>Nursery - Newborn - Level III</b>         | <b>Inpatient Accomodation LOC NICU LEVEL 3</b>   | <b>30</b>  | <b>6</b> | <b>36</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 1          | 0        | 1          |
| CLINIC/CENTER                          |  |  | 1          | 0        | 1          |
| <b>HOSPITAL</b>                        |  |  | 29         | 6        | 35         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 29         | 4        | 33         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 0          | 2        | 2          |
| <b>APS</b>                             | <b>Nursery - Newborn - Level IV</b>          | <b>Inpatient Accomodation LOC NICU LEVEL 4</b>   | <b>0</b>   | <b>1</b> | <b>1</b>   |
| <b>HOSPITAL</b>                        |  |  | 0          | 1        | 1          |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 0          | 1        | 1          |
| <b>APS</b>                             | <b>Nursing Facility Services Unspecified</b> | <b>CPT - 99200-99499 Evaluation and Management 99301-99319 Nursing Facility Services</b> | <b>1</b>   | <b>0</b> | <b>1</b>   |
| <b>PHYSICIAN</b>                       |  |  | 1          | 0        | 1          |
| EMERGENCY MEDICINE                     |  |  | 1          | 0        | 1          |
| <b>APS</b>                             | <b>OB - C/Section</b>                        | <b>Inpatient Accomodation LOC OB-C/SECTION</b>   | <b>127</b> | <b>2</b> | <b>129</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |  |  | 1          | 0        | 1          |
| CLINIC/CENTER                          |  |  | 1          | 0        | 1          |
| <b>EMERGENCY TRANSPORTATION</b>        |  |  | 1          | 0        | 1          |
| AMBULANCE                              |  |  | 1          | 0        | 1          |
| <b>HOSPITAL</b>                        |  |  | 123        | 2        | 125        |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 112        | 2        | 114        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 9          | 0        | 9          |
| REHABILITATION UNIT                    |  |  | 2          | 0        | 2          |



|  |   |   |            |           |            |
|--|---|---|------------|-----------|------------|
| <b>PHYSICIAN</b>   |   |   | 1          | 0         | 1          |
| OBSTETRICS & GYNECOLOGY                                      |   |   | 1          | 0         | 1          |
| <b>SKILLED NURSING FACILITY</b>                              |   |   | 1          | 0         | 1          |
| NURSING FACILITY/INTERMEDIATE CARE FACILITY - 313M00000X     |   |   | 1          | 0         | 1          |
| <b>APS</b>   | <b>OB - High Risk (Non-Delivered)</b>           | <b>Inpatient Accomodation LOC OB-HIGH RISK (NON DELIVERED)</b>  | <b>83</b>  | <b>73</b> | <b>156</b> |
| <b>DIALYSIS</b>  |   |   | 1          | 0         | 1          |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   |   | 1          | 0         | 1          |
| <b>HOSPITAL</b>  |   |   | 82         | 73        | 155        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |   | 74         | 70        | 144        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |   |   | 7          | 3         | 10         |
| REHABILITATION UNIT  |   |   | 1          | 0         | 1          |
| <b>APS</b>   | <b>OB - Normal Vaginal</b>                      | <b>Inpatient Accomodation LOC OB-NORMAL VAGINAL</b>   | <b>231</b> | <b>1</b>  | <b>232</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |   |   | 1          | 0         | 1          |
| REHABILITATION UNIT  |   |   | 1          | 0         | 1          |
| <b>DIALYSIS</b>  |   |   | 2          | 0         | 2          |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   |   | 2          | 0         | 2          |
| <b>HOME HEALTH AGENCY</b>                                    |   |   | 1          | 0         | 1          |
| HOME HEALTH  |   |   | 1          | 0         | 1          |
| <b>HOSPITAL</b>  |   |   | 221        | 1         | 222        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |   | 203        | 1         | 204        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |   |   | 14         | 0         | 14         |
| REHABILITATION UNIT  |   |   | 2          | 0         | 2          |
| <b>OUT OF STATE HOSPITAL</b>                                 |   |   | 1          | 0         | 1          |
| GENERAL ACUTE CARE HOSPITAL                                  |   |   | 1          | 0         | 1          |
| <b>PHYSICIAN</b>   |   |   | 5          | 0         | 5          |
| OBSTETRICS & GYNECOLOGY                                      |   |   | 5          | 0         | 5          |
| <b>APS</b>   | <b>Office or Outpatient Established Patient</b> | <b>CPT - 99200-99499 Evaluation and Management 99200-99215 Office or Other Outpatient Services 99211-99215 Office or Other Outpatient Visit (Estblshd Ptnt)</b> | <b>2</b>   | <b>0</b>  | <b>2</b>   |
| <b>PHYSICIAN</b>   |   |   | 2          | 0         | 2          |
| CARDIOVASCULAR DISEASE                                       |   |   | 1          | 0         | 1          |

|  |   |   |            |          |            |
|--|---|---|------------|----------|------------|
| SURGERY                                |   |   | 1          | 0        | 1          |
| <b>APS</b>                             | <b>Office or Outpatient New Patient</b> | <b>CPT - 99200-99499 Evaluation and Management 99200-99215 Office or Other Outpatient Services 99200-99210 Office or Other Outpatient Visit (New Patient)</b> | <b>1</b>   | <b>0</b> | <b>1</b>   |
| <b>PHYSICIAN</b>                       |   |   | 1          | 0        | 1          |
| RADIOLOGY - BODY IMAGING               |   |   | 1          | 0        | 1          |
| <b>APS</b>                             | <b>PET Brain</b>                        | <b>Auth - AI PET Scan, Brain (78608, 78609) PET Scan, Brain</b>   | <b>3</b>   | <b>0</b> | <b>3</b>   |
| <b>HOSPITAL</b>                        |   |   | 3          | 0        | 3          |
| GENERAL ACUTE CARE HOSPITAL            |   |   | 2          | 0        | 2          |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |   | 1          | 0        | 1          |
| <b>APS</b>                             | <b>PET Heart</b>                        | <b>Auth - AI PET Scan, Heart (78429-78433, 78459, 78491, 78492) PET Scan, Heart</b>   | <b>15</b>  | <b>4</b> | <b>19</b>  |
| <b>GROUP OF PROVIDERS</b>              |   |   | 4          | 0        | 4          |
| MULTI-SPECIALTY                        |   |   | 4          | 0        | 4          |
| <b>HOSPITAL</b>                        |   |   | 9          | 2        | 11         |
| GENERAL ACUTE CARE HOSPITAL            |   |   | 9          | 2        | 11         |
| <b>LABORATORY</b>                      |   |   | 0          | 1        | 1          |
| PHYSIOLOGICAL LABORATORY               |   |   | 0          | 1        | 1          |
| <b>PHYSICIAN</b>                       |   |   | 2          | 1        | 3          |
| CARDIOVASCULAR DISEASE                 |   |   | 2          | 1        | 3          |
| <b>APS</b>                             | <b>PET Tumor</b>                        | <b>Auth - AI PET Scan, Tumor (G0219, G0235, G0252, 78811-78816) PET Scan, Tumor Imaging</b>   | <b>361</b> | <b>5</b> | <b>366</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b> |   |   | 5          | 0        | 5          |
| CLINIC/CENTER - RADIOLOGY              |   |   | 5          | 0        | 5          |
| <b>AMBULATORY SURGICAL CENTER</b>      |   |   | 0          | 2        | 2          |
| CLINIC/CENTER - AMBULATORY SURGICAL    |   |   | 0          | 1        | 1          |
| CLINIC/CENTER - RADIOLOGY              |   |   | 0          | 1        | 1          |
| <b>DME SUPPLIER</b>                    |   |   | 1          | 2        | 3          |
| MAGNETIC RESONANCE IMAGING (MRI)       |   |   | 1          | 0        | 1          |
| PORTABLE X-RAY SUPPLIER                |   |   | 0          | 2        | 2          |
| <b>GROUP OF PROVIDERS</b>              |   |   | 79         | 1        | 80         |
| MULTI-SPECIALTY                        |   |   | 76         | 1        | 77         |

|   |  |  |            |           |            |
|---|--|--|------------|-----------|------------|
| SINGLE SPECIALTY  |  |  | 3          | 0         | 3          |
| <b>HOSPITAL</b>   |  |  | 133        | 0         | 133        |
| GENERAL ACUTE CARE HOSPITAL                                 |  |  | 124        | 0         | 124        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                      |  |  | 9          | 0         | 9          |
| <b>LABORATORY</b>   |  |  | 7          | 0         | 7          |
| PHYSIOLOGICAL LABORATORY                                    |  |  | 7          | 0         | 7          |
| <b>NURSE PRACTITIONER</b>                                   |  |  | 1          | 0         | 1          |
| NURSE PRACTITIONER - ACUTE CARE                             |  |  | 1          | 0         | 1          |
| <b>PHYSICIAN</b>  |  |  | 129        | 0         | 129        |
| FAMILY MEDICINE - ADULT MEDICINE                            |  |  | 1          | 0         | 1          |
| HEMATOLOGY & ONCOLOGY                                       |  |  | 49         | 0         | 49         |
| INTERNAL MEDICINE   |  |  | 18         | 0         | 18         |
| MEDICAL ONCOLOGY  |  |  | 43         | 0         | 43         |
| OBSTETRICS & GYNECOLOGY                                     |  |  | 1          | 0         | 1          |
| OBSTETRICS & GYNECOLOGY - GYNECOLOGIC ONCOLOGY - 207VX0201X |  |  | 6          | 0         | 6          |
| PULMONARY DISEASE   |  |  | 1          | 0         | 1          |
| RADIOLOGY - RADIATION ONCOLOGY                              |  |  | 5          | 0         | 5          |
| SURGERY   |  |  | 2          | 0         | 2          |
| SURGICAL ONCOLOGY   |  |  | 3          | 0         | 3          |
| <b>PORTABLE X-RAY SUPPLIER</b>                              |  |  | 6          | 0         | 6          |
| CLINIC/CENTER - RADIOLOGY                                   |  |  | 6          | 0         | 6          |
| <b>APS</b>  | <b>Presumptive Drug Testing Presumptive Drug Testing</b> | <b>Auth - PA Presumptive Drug Testing 80305 - 80307 Presumptive Drug Testing</b> | <b>3</b>   | <b>0</b>  | <b>3</b>   |
| <b>HOSPITAL</b>   |  |  | 2          | 0         | 2          |
| GENERAL ACUTE CARE HOSPITAL                                 |  |  | 2          | 0         | 2          |
| <b>PHYSICIAN</b>  |  |  | 1          | 0         | 1          |
| PHYSICAL MEDICINE & REHABILITATION                          |  |  | 1          | 0         | 1          |
| <b>APS</b>  | <b>Rehab - Level 1</b>                                   | <b>Inpatient Accomodation LOC REHAB LEVEL 1</b>                                  | <b>293</b> | <b>62</b> | <b>355</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                      |  |  | 6          | 0         | 6          |
| REHABILITATION UNIT   |  |  | 6          | 0         | 6          |
| <b>GROUP OF PROVIDERS</b>                                   |  |  | 0          | 2         | 2          |
| <b>HOSPITAL</b>   |  |  | 155        | 45        | 200        |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL            |  |  | 24        | 10       | 34        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |  |  | 5         | 1        | 6         |
| REHABILITATION HOSPITAL                |  |  | 101       | 28       | 129       |
| REHABILITATION UNIT                    |  |  | 18        | 3        | 21        |
| SPECIAL HOSPITAL                       |  |  | 7         | 3        | 10        |
| <b>REHABILITATION CENTER</b>           |  |  | 132       | 15       | 147       |
| CLINIC/CENTER - REHABILITATION         |  |  | 67        | 7        | 74        |
| REHABILITATION HOSPITAL                |  |  | 56        | 7        | 63        |
| REHABILITATION UNIT                    |  |  | 9         | 1        | 10        |
| <b>APS</b>                             | <b>Rehab - Level 2</b>   | <b>Inpatient Accomodation LOC REHAB LEVEL 2</b>  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>HOSPITAL</b>                        |  |  | 3         | 1        | 4         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 2         | 0        | 2         |
| REHABILITATION HOSPITAL                |  |  | 1         | 1        | 2         |
| <b>REHABILITATION CENTER</b>           |  |  | 2         | 0        | 2         |
| REHABILITATION HOSPITAL                |  |  | 2         | 0        | 2         |
| <b>APS</b>                             | <b>Repair rotator cuff Repair rotator cuff, ruptured</b>                     | <b>Auth - PA Repair rotator cuff 23130,23410,23412,23415,23420,29827 Repair rotator cuff, ruptured</b> | <b>7</b>  | <b>0</b> | <b>7</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 2         | 0        | 2         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |  |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>                        |  |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 5         | 0        | 5         |
| <b>APS</b>                             | <b>Shoulder Arthroscopy, surgical Shoulder Arthroscopy, surgical</b>         | <b>Auth - PA Shoulder Arthroscopy, surgical 29823-29825, 29828 Shoulder Arthroscopy, surgical</b>      | <b>7</b>  | <b>0</b> | <b>7</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>      |  |  | 2         | 0        | 2         |
| CLINIC/CENTER - AMBULATORY SURGICAL    |  |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>                        |  |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |  |  | 5         | 0        | 5         |
| <b>APS</b>                             | <b>Skilled Nursing Services (RN, LPN) Skilled Nursing Services (RN, LPN)</b> | <b>Auth - PA Skilled Nursing Services (RN, LPN) G0299, G0300 Skilled Nursing Services (RN, LPN)</b>    | <b>42</b> | <b>1</b> | <b>43</b> |
| <b>AGENCY</b>                          |  |  | 1         | 1        | 2         |
| HOME HEALTH                            |  |  | 1         | 1        | 2         |
| <b>HOME HEALTH AGENCY</b>              |  |  | 39        | 0        | 39        |

|   |                                      |   |            |           |            |
|---|--------------------------------------|---|------------|-----------|------------|
| HOME HEALTH   |                                      |   | 39         | 0         | 39         |
| <b>HOSPITAL</b>   |                                      |   | 1          | 0         | 1          |
| GENERAL ACUTE CARE HOSPITAL                                     |                                      |   | 1          | 0         | 1          |
| <b>PHYSICIAN</b>  |                                      |   | 1          | 0         | 1          |
| PHYSICAL MEDICINE &<br>REHABILITATION                           |                                      |   | 1          | 0         | 1          |
| <b>APS</b>  | <b>SNF - Level 1</b>                 | <b>Inpatient Accomodation LOC SNF<br/>LEVEL 1</b>               | <b>184</b> | <b>41</b> | <b>225</b> |
| <b>GROUP OF PROVIDERS</b>                                       |                                      |   | 0          | 2         | 2          |
| <b>HOSPITAL</b>   |                                      |   | 8          | 1         | 9          |
| GENERAL ACUTE CARE HOSPITAL                                     |                                      |   | 8          | 1         | 9          |
| <b>PHYSICIAN</b>  |                                      |   | 1          | 0         | 1          |
| INTERNAL MEDICINE   |                                      |   | 1          | 0         | 1          |
| <b>SKILLED NURSING FACILITY</b>                                 |                                      |   | 175        | 38        | 213        |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X     |                                      |   | 172        | 36        | 208        |
| SKILLED NURSING FACILITY  |                                      |   | 3          | 2         | 5          |
| <b>APS</b>  | <b>SNF - Level 2</b>                 | <b>Inpatient Accomodation LOC SNF<br/>LEVEL 2</b>               | <b>13</b>  | <b>2</b>  | <b>15</b>  |
| <b>HOSPITAL</b>   |                                      |   | 2          | 0         | 2          |
| GENERAL ACUTE CARE HOSPITAL                                     |                                      |   | 2          | 0         | 2          |
| <b>SKILLED NURSING FACILITY</b>                                 |                                      |   | 11         | 2         | 13         |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X     |                                      |   | 11         | 2         | 13         |
| <b>APS</b>  | <b>SNF - Level 3</b>                 | <b>Inpatient Accomodation LOC SNF<br/>LEVEL 3</b>               | <b>0</b>   | <b>1</b>  | <b>1</b>   |
| <b>SKILLED NURSING FACILITY</b>                                 |                                      |   | 0          | 1         | 1          |
| NURSING FACILITY/INTERMEDIATE<br>CARE FACILITY - 313M00000X     |                                      |   | 0          | 1         | 1          |
| <b>APS</b>  | <b>Speech Therapy Speech Therapy</b> | <b>Auth - PA Speech Therapy 92507,<br/>92508 Speech Therapy</b> | <b>8</b>   | <b>0</b>  | <b>8</b>   |
| <b>DIALYSIS</b>   |                                      |   | 1          | 0         | 1          |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2 |                                      |   | 1          | 0         | 1          |
| <b>HOSPITAL</b>   |                                      |   | 4          | 0         | 4          |
| GENERAL ACUTE CARE HOSPITAL                                     |                                      |   | 1          | 0         | 1          |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                       |                                      |   | 2          | 0         | 2          |
| REHABILITATION HOSPITAL   |                                      |   | 1          | 0         | 1          |
| <b>REHABILITATION CENTER</b>                                    |                                      |   | 2          | 0         | 2          |

|  |  |  |            |            |            |
|--|--|--|------------|------------|------------|
| CLINIC/CENTER - REHABILITATION                               |  |  | 2          | 0          | 2          |
| <b>SPEECH/HEARING THERAPIST</b>                              |  |  | 1          | 0          | 1          |
| SPEECH-LANGUAGE PATHOLOGIST                                  |  |  | 1          | 0          | 1          |
| <b>APS</b>   | <b>Stem Cell Transplant J1447, J2562, Q5101, Q5110, Q5125, 38206, 38207, 38241</b> | <b>Auth - PA Stem Cell Transplant J1447, J2562, Q5101, Q5110, Q5125, 38206, 38207, 38241</b> | <b>4</b>   | <b>0</b>   | <b>4</b>   |
| <b>HOSPITAL</b>  |  |  | 4          | 0          | 4          |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 4          | 0          | 4          |
| <b>APS</b>   | <b>Surgical</b>  | <b>Inpatient Accomodation LOC SURGICAL</b>   | <b>143</b> | <b>75</b>  | <b>218</b> |
| <b>AMBULATORY SURGICAL CENTER</b>                            |  |  | 1          | 0          | 1          |
| CLINIC/CENTER - AMBULATORY SURGICAL                          |  |  | 1          | 0          | 1          |
| <b>HOSPITAL</b>  |  |  | 141        | 73         | 214        |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 126        | 70         | 196        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 6          | 2          | 8          |
| PSYCHIATRIC UNIT   |  |  | 5          | 0          | 5          |
| SPECIAL HOSPITAL   |  |  | 2          | 1          | 3          |
| <b>OUT OF STATE HOSPITAL</b>                                 |  |  | 1          | 1          | 2          |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 1          | 1          | 2          |
| <b>REHABILITATION CENTER</b>                                 |  |  | 0          | 1          | 1          |
| REHABILITATION UNIT  |  |  | 0          | 1          | 1          |
| <b>APS</b>   | <b>Surgical</b>  | <b>MP-Inpatient Accommodation - UM LOC Surgical</b>  | <b>1</b>   | <b>0</b>   | <b>1</b>   |
| <b>HOSPITAL</b>  |  |  | 1          | 0          | 1          |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 1          | 0          | 1          |
| <b>APS</b>   | <b>Surgical - Pediatrics</b>   | <b>Inpatient Accomodation LOC PEDS-SURGICAL</b>  | <b>1</b>   | <b>0</b>   | <b>1</b>   |
| <b>HOSPITAL</b>  |  |  | 1          | 0          | 1          |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 1          | 0          | 1          |
| <b>APS</b>   | <b>Tele/Sac</b>  | <b>Inpatient Accomodation LOC TELE/SAC</b>   | <b>390</b> | <b>146</b> | <b>536</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                       |  |  | 4          | 2          | 6          |
| CLINIC/CENTER - AMBULATORY FAMILY PLANNING FACILITY - 261QA0 |  |  | 1          | 0          | 1          |
| REHABILITATION UNIT  |  |  | 3          | 2          | 5          |
| <b>HOSPITAL</b>  |  |  | 378        | 141        | 519        |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 370        | 140        | 510        |

|   |  |  |           |          |           |
|---|--|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                    |  |  | 5         | 0        | 5         |
| REHABILITATION UNIT                                       |  |  | 0         | 1        | 1         |
| <b>OUT OF STATE HOSPITAL</b>                              |  |  | 0         | 2        | 2         |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 0         | 2        | 2         |
| <b>REHABILITATION CENTER</b>                              |  |  | 3         | 0        | 3         |
| REHABILITATION UNIT                                       |  |  | 3         | 0        | 3         |
| <b>SERVICE LOCATION</b>                                   |  |  | 1         | 1        | 2         |
| <b>TIN OWNER</b>  |  |  | 4         | 0        | 4         |
| <b>APS</b>  | <b>TLH hysterectomy Laparoscopy, surgical, with total hysterectomy</b> | <b>Auth - PA TLH hysterectomy58541-44,58548,58550,58552-54,58570-73,58575 Laparoscopy, surgical, with total hysterectomy</b> | <b>22</b> | <b>0</b> | <b>22</b> |
| <b>HOSPITAL</b>   |  |  | 22        | 0        | 22        |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 20        | 0        | 20        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                    |  |  | 2         | 0        | 2         |
| <b>APS</b>  | <b>Transplant</b>  | <b>Inpatient Accomodation LOC TRANSPLANT</b>   | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>   |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 3         | 0        | 3         |
| <b>APS</b>  | <b>Trauma</b>  | <b>Inpatient Accomodation LOC TRAUMA</b>   | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>   |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 1         | 0        | 1         |
| <b>APS</b>  | <b>Unspecified</b>   | <b>Inpatient Accomodation</b>  | <b>3</b>  | <b>8</b> | <b>11</b> |
| <b>HOSPITAL</b>   |  |  | 3         | 8        | 11        |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 3         | 6        | 9         |
| REHABILITATION UNIT                                       |  |  | 0         | 2        | 2         |
| <b>APS</b>  | <b>Unspecified</b>   | <b>Inpatient Accomodation LOC</b>  | <b>2</b>  | <b>5</b> | <b>7</b>  |
| <b>HOSPITAL</b>   |  |  | 2         | 5        | 7         |
| GENERAL ACUTE CARE HOSPITAL                               |  |  | 2         | 5        | 7         |
| <b>B4150</b>  | <b>ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS</b>                  |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>                                       |  |  | 0         | 1        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  |  | 0         | 1        | 1         |
| <b>B4185</b>  | <b>PARENTERAL NUTRITION SOL NOS 10 GRAMS LIPIDS</b>                    |  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>DME SUPPLIER</b>                                       |  |  | 1         | 2        | 3         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 1         | 2        | 3         |
| <b>B4189</b>   | <b>PARNTRAL NUT SOL; AMINO ACID AND CARB<br/>10-51 GMS PROT</b>  |  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>DME SUPPLIER</b>  |  |  | 1         | 2        | 3         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 1         | 2        | 3         |
| <b>B4193</b>   | <b>PARNTRAL NUT SOL; AMINO ACID AND CARB<br/>52-73 GMS PROT</b>  |  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>DME SUPPLIER</b>  |  |  | 1         | 2        | 3         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 1         | 2        | 3         |
| <b>B4197</b>   | <b>PARNTRAL NUT SOL; AMINO ACID AND CARB<br/>74-100 GM PROT</b>  |  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>DME SUPPLIER</b>  |  |  | 1         | 2        | 3         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 1         | 2        | 3         |
| <b>B4199</b>   | <b>PARNTRAL NUT SOL; AMINO ACID and CARB<br/>GT 100 GMS PPAR</b> |  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>DME SUPPLIER</b>  |  |  | 1         | 2        | 3         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 1         | 2        | 3         |
| <b>B4224</b>   | <b>PARENTERAL NUTRITION ADMINISTRATION<br/>KIT PER DAY</b>       |  | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>DME SUPPLIER</b>  |  |  | 1         | 2        | 3         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 1         | 2        | 3         |
| <b>B9998</b>   | <b>NOC FOR ENTERAL SUPPLIES</b>                                  |  | <b>18</b> | <b>3</b> | <b>21</b> |
| <b>DME SUPPLIER</b>  |  |  | 18        | 3        | 21        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |  |  | 17        | 3        | 20        |
| HOME INFUSION  |  |  | 1         | 0        | 1         |
| <b>C1717</b>   | <b>BRACHYTX NONSTRANDED HI DOSE IRIIDIUM-<br/>192 PER SRC</b>    |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 2         | 0        | 2         |
| <b>C1781</b>   | <b>MESH</b>  |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |  |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 0         | 1        | 1         |
| <b>C1813</b>   | <b>PROSTHESIS PENILE INFLATABLE</b>                              |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |  |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 0         | 1        | 1         |



|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| <b>C1982</b>   | <b>CATHETER PRES GENERAT 1-WAY VALV<br/>INTERMIT OCCL</b>   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0        | 1         |
| <b>C2616</b>   | <b>BRACHYTHERAPY NONSTRANDED YTTRIUM-<br/>90 PER SOURCE</b> |  | <b>12</b> | <b>1</b> | <b>13</b> |
| <b>GROUP OF PROVIDERS</b>  |   |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |   |  | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |   |  | 8         | 1        | 9         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 8         | 1        | 9         |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>  |   |  | 1         | 0        | 1         |
| <b>C2624</b>   | <b>IMPL WIRELESS PULM ARTERY PRESS SENSOR<br/>DEL CATH</b>  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |   |  | 1         | 0        | 1         |
| <b>C2626</b>   | <b>INFUSION PUMP NON-PROGRAMMABLE<br/>TEMPORARY</b>         |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0         | 1        | 1         |
| <b>C8906</b>   | <b>MR IMAGING WITH CONTRAST BREAST;<br/>BILATERAL</b>       |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>HOSPITAL</b>  |   |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 2         | 0        | 2         |
| <b>C8908</b>   | <b>MR IMAG W/O CONTRST FLWED W/CONTRST<br/>BRST; BIL</b>    |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0        | 1         |
| <b>C9290</b>   | <b>INJECTION BUPIVACAINE LIPOSOME 1 MG</b>                  |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 0         | 1        | 1         |
| ORTHOPAEDIC SURGERY  |   |  | 0         | 1        | 1         |
| <b>E0143</b>   | <b>WALKER FOLDING WHEELED<br/>ADJUSTABLE/FIXED HEIGHT</b>   |  | <b>0</b>  | <b>2</b> | <b>2</b>  |
| <b>DME SUPPLIER</b>  |   |  | 0         | 2        | 2         |

|   |  |  |           |          |           |
|---|--|--|-----------|----------|-----------|
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 0         | 2        | 2         |
| <b>E0154</b>  | <b>PLATFORM ATTACHMENT WALKER EACH</b>                         |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>   |  |  | 0         | 1        | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 0         | 1        | 1         |
| <b>E0260</b>  | <b>HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL<br/>W/MATTRSS</b>    |  | <b>28</b> | <b>3</b> | <b>31</b> |
| <b>DME SUPPLIER</b>   |  |  | 28        | 3        | 31        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 27        | 3        | 30        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 1         | 0        | 1         |
| <b>E0261</b>  | <b>HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O<br/>MATTRSS</b>    |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>DME SUPPLIER</b>   |  |  | 3         | 0        | 3         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 2         | 0        | 2         |
| <b>E0266</b>  | <b>HOS BED TOT ELEC ANY TYPE SIDE RAIL W/O<br/>MATTRSS</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>   |  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 1         | 0        | 1         |
| <b>E0277</b>  | <b>POWERED PRESSURE-REDUCING AIR<br/>MATTRESS</b>              |  | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>DME SUPPLIER</b>   |  |  | 3         | 1        | 4         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 2         | 1        | 3         |
| <b>E0431</b>  | <b>PRTBLE GASEOUS O2 SYS RENT; FLWMTR<br/>HUMIDFR AND MASK</b> |  | <b>3</b>  | <b>4</b> | <b>7</b>  |
| <b>DME SUPPLIER</b>   |  |  | 3         | 4        | 7         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 3         | 4        | 7         |
| <b>E0445</b>  | <b>OXIMETER DEVICE MSR BLD O2 LEVELS NON-<br/>INVASV</b>       |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>   |  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 1         | 0        | 1         |
| <b>E0455</b>  | <b>OXYGEN TENT EXCLUDING CROUP OR<br/>PEDIATRIC TENTS</b>      |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>   |  |  | 1         | 0        | 1         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 1         | 0        | 1         |
| <b>E0465</b>   | <b>HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF</b>     |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>DME SUPPLIER</b>  |  |  | 3         | 0        | 3         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 2         | 0        | 2         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 1         | 0        | 1         |
| <b>E0466</b>   | <b>HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF</b>   |  | <b>19</b> | <b>0</b> | <b>19</b> |
| <b>DME SUPPLIER</b>  |  |  | 19        | 0        | 19        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 19        | 0        | 19        |
| <b>E0470</b>   | <b>RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU</b>  |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>DME SUPPLIER</b>  |  |  | 5         | 0        | 5         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 5         | 0        | 5         |
| <b>E0471</b>   | <b>RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP</b>  |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>  |  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 1         | 0        | 1         |
| <b>E0482</b>   | <b>COUGH STIM DEVICE ALTRNAT POS AND NEG ARWAY PRESS</b> |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>  |  |  | 0         | 1        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 0         | 1        | 1         |
| <b>E0483</b>   | <b>HF CW OS SYS FULL THOR REG RECV SIM EXT OS EA</b>     |  | <b>8</b>  | <b>1</b> | <b>9</b>  |
| <b>DME SUPPLIER</b>  |  |  | 8         | 1        | 9         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 8         | 1        | 9         |
| <b>E0486</b>   | <b>ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM</b>  |  | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>                                    |  |  | 2         | 0        | 2         |
| MULTI-SPECIALTY  |  |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |  |  | 0         | 1        | 1         |
| OTOLARYNGOLOGY   |  |  | 0         | 1        | 1         |
| <b>E0562</b>   | <b>HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE</b>  |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>  |  |  | 0         | 1        | 1         |

|   |   |  |          |           |           |
|---|---|--|----------|-----------|-----------|
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   |  | 0        | 1         | 1         |
| <b>E0601</b>  | <b>CONTINUOUS POSITIVE AIRWAY PRESSURE<br/>DEVICE</b>       |  | <b>0</b> | <b>2</b>  | <b>2</b>  |
| <b>DME SUPPLIER</b>   |   |  | 0        | 2         | 2         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   |  | 0        | 2         | 2         |
| <b>E0637</b>  | <b>COMB SIT STAND FRAME/TABLE SYS SEATLIFT<br/>FEATURE</b>  |  | <b>1</b> | <b>0</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>   |   |  | 1        | 0         | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |   |  | 1        | 0         | 1         |
| <b>E0638</b>  | <b>STANDING FRAME/TABLE SYS ONE POSITION<br/>ANY SZ</b>     |  | <b>1</b> | <b>1</b>  | <b>2</b>  |
| <b>DME SUPPLIER</b>   |   |  | 1        | 1         | 2         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   |  | 1        | 1         | 2         |
| <b>E0651</b>  | <b>PNEUMAT COMPRS SEG HOM MDL NO<br/>CALBRTD GRDNT PRSS</b> |  | <b>1</b> | <b>5</b>  | <b>6</b>  |
| <b>DME SUPPLIER</b>   |   |  | 1        | 5         | 6         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   |  | 1        | 5         | 6         |
| <b>E0652</b>  | <b>PNEUMAT COMPRS SEG HOM MDL<br/>W/CALBRTD GRADNT PRSS</b> |  | <b>7</b> | <b>10</b> | <b>17</b> |
| <b>ADVANCED PRACTICE NURSING</b>                                |   |  | 1        | 0         | 1         |
| NURSE PRACTITIONER - FAMILY                                     |   |  | 1        | 0         | 1         |
| <b>DME SUPPLIER</b>   |   |  | 5        | 10        | 15        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   |  | 5        | 10        | 15        |
| <b>PHYSICIAN</b>  |   |  | 1        | 0         | 1         |
| INTERNAL MEDICINE   |   |  | 1        | 0         | 1         |
| <b>E0656</b>  | <b>SEG PNEUMAT APPLIANCE USE W/PNEUMAT<br/>COMPRS TRUNK</b> |  | <b>1</b> | <b>3</b>  | <b>4</b>  |
| <b>DME SUPPLIER</b>   |   |  | 1        | 3         | 4         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   |  | 1        | 3         | 4         |
| <b>E0657</b>  | <b>SEG PNEUMAT APPLIANCE USE W/PNEUMAT<br/>COMPRS CHEST</b> |  | <b>2</b> | <b>6</b>  | <b>8</b>  |
| <b>DME SUPPLIER</b>   |   |  | 2        | 6         | 8         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   |  | 2        | 6         | 8         |
| <b>E0667</b>  | <b>SEG PNEUMAT APPLINC W/PNEUMAT<br/>COMPRS FULL LEG</b>    |  | <b>6</b> | <b>5</b>  | <b>11</b> |
| <b>ADVANCED PRACTICE NURSING</b>                                |   |  | 1        | 0         | 1         |

|  |   |  |          |          |           |
|--|---|--|----------|----------|-----------|
| NURSE PRACTITIONER - FAMILY                                  |   |  | 1        | 0        | 1         |
| <b>DME SUPPLIER</b>  |   |  | 4        | 5        | 9         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 4        | 5        | 9         |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1         |
| INTERNAL MEDICINE  |   |  | 1        | 0        | 1         |
| <b>E0668</b>   | <b>SEG PNEUMAT APPLINC W/PNEUMAT<br/>COMPRS FULL ARM</b>    |  | <b>1</b> | <b>6</b> | <b>7</b>  |
| <b>DME SUPPLIER</b>  |   |  | 1        | 6        | 7         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 6        | 7         |
| <b>E0676</b>   | <b>INTERMITTENT LIMB COMPRESSION DEVICE<br/>NOS</b>         |  | <b>0</b> | <b>2</b> | <b>2</b>  |
| <b>DME SUPPLIER</b>  |   |  | 0        | 2        | 2         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 0        | 2        | 2         |
| <b>E0730</b>   | <b>TENS DEVICE 4/MORE LEADS MULTI NERVE<br/>STIMULATION</b> |  | <b>0</b> | <b>5</b> | <b>5</b>  |
| <b>DME SUPPLIER</b>  |   |  | 0        | 5        | 5         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 0        | 5        | 5         |
| <b>E0745</b>   | <b>NEUROMUSCULAR STIMULATOR ELECTRONIC<br/>SHOCK UNIT</b>   |  | <b>1</b> | <b>6</b> | <b>7</b>  |
| <b>DME SUPPLIER</b>  |   |  | 1        | 6        | 7         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 6        | 7         |
| <b>E0747</b>   | <b>OSTOGNS STIM ELEC NONINVASV OTH THAN<br/>SP APPLIC</b>   |  | <b>0</b> | <b>6</b> | <b>6</b>  |
| <b>DME SUPPLIER</b>  |   |  | 0        | 4        | 4         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 0        | 4        | 4         |
| <b>PODIATRIST</b>  |   |  | 0        | 2        | 2         |
| PODIATRIST   |   |  | 0        | 2        | 2         |
| <b>E0748</b>   | <b>OSTOGNS STIMULATOR ELEC NONINVASV<br/>SPINAL APPLIC</b>  |  | <b>6</b> | <b>6</b> | <b>12</b> |
| <b>DME SUPPLIER</b>  |   |  | 2        | 5        | 7         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 2        | 5        | 7         |
| <b>HOSPITAL</b>  |   |  | 2        | 1        | 3         |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 1        | 0        | 1         |
| REHABILITATION UNIT  |   |  | 1        | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 2        | 0        | 2         |

|   |   |  |          |          |          |
|---|---|--|----------|----------|----------|
| NEUROLOGICAL SURGERY  |   |  | 2        | 0        | 2        |
| <b>E0760</b>  | <b>OSTOGNS STIM LOW INTENS ULTRASOUND<br/>NON-INVASV</b>    |  | <b>2</b> | <b>4</b> | <b>6</b> |
| <b>DME SUPPLIER</b>   |   |  | 0        | 3        | 3        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   |  | 0        | 3        | 3        |
| <b>PODIATRIST</b>   |   |  | 2        | 1        | 3        |
| PODIATRIST  |   |  | 2        | 1        | 3        |
| <b>E0766</b>  | <b>ELEC STIM DVC U CANCER TX INCL ALL ACC<br/>ANY TYPE</b>  |  | <b>8</b> | <b>0</b> | <b>8</b> |
| <b>DME SUPPLIER</b>   |   |  | 8        | 0        | 8        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   |  | 8        | 0        | 8        |
| <b>E0776</b>  | <b>lv pole</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>  |   |  | 1        | 0        | 1        |
| FAMILY MEDICINE   |   |  | 1        | 0        | 1        |
| <b>E0784</b>  | <b>EXTERNAL AMBULATORY INFUSION PUMP<br/>INSULIN</b>        |  | <b>3</b> | <b>1</b> | <b>4</b> |
| <b>DME SUPPLIER</b>   |   |  | 3        | 1        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   |  | 3        | 1        | 4        |
| <b>E0791</b>  | <b>PARNTRAL INFUS PUMP STATIONRY<br/>SINGLE/MULTICHANEL</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>  |   |  | 1        | 0        | 1        |
| FAMILY MEDICINE   |   |  | 1        | 0        | 1        |
| <b>E0955</b>  | <b>WC ACSS HEADREST CUSHNED FIX MOUNT<br/>HARDWARE EA</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>   |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |   |  | 1        | 0        | 1        |
| <b>E0956</b>  | <b>WC ACSS LAT TRNK/HIP SUPP FIX MOUNT<br/>HARDWARE EA</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>   |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |   |  | 1        | 0        | 1        |
| <b>E0971</b>  | <b>MNL WHEELCHAIR ACCESSORY ANTI-TIPPING<br/>DEVC EACH</b>  |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>DME SUPPLIER</b>   |   |  | 0        | 1        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |   |  | 0        | 1        | 1        |
| <b>E0973</b>  | <b>WC ACCSS ADJUSTBL HT DTACH ARMRST<br/>CMPL ASSMBL EA</b> |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>DME SUPPLIER</b>   |   |  | 0        | 1        | 1        |

|   |  |  |           |          |           |
|---|--|--|-----------|----------|-----------|
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |  |  | 0         | 1        | 1         |
| <b>E0978</b>  | <b>WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP EA</b>   |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>   |  |  | 0         | 1        | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |  |  | 0         | 1        | 1         |
| <b>E0986</b>  | <b>MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS</b>   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>   |  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 1         | 0        | 1         |
| <b>E1007</b>  | <b>WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC</b> |  | <b>6</b>  | <b>1</b> | <b>7</b>  |
| <b>DME SUPPLIER</b>   |  |  | 6         | 1        | 7         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 3         | 0        | 3         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |  |  | 1         | 1        | 2         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 2         | 0        | 2         |
| <b>E1012</b>  | <b>WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA</b>    |  | <b>6</b>  | <b>1</b> | <b>7</b>  |
| <b>DME SUPPLIER</b>   |  |  | 6         | 1        | 7         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 3         | 0        | 3         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |  |  | 1         | 1        | 2         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 2         | 0        | 2         |
| <b>E1020</b>  | <b>RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE</b>  |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>DME SUPPLIER</b>   |  |  | 2         | 0        | 2         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 2         | 0        | 2         |
| <b>E1028</b>  | <b>WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN</b>    |  | <b>25</b> | <b>1</b> | <b>26</b> |
| <b>DME SUPPLIER</b>   |  |  | 25        | 1        | 26        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 18        | 0        | 18        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |  |  | 1         | 1        | 2         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 6         | 0        | 6         |
| <b>E1029</b>  | <b>WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED</b>        |  | <b>1</b>  | <b>0</b> | <b>1</b>  |

|  |   |  |           |           |           |
|--|---|--|-----------|-----------|-----------|
| <b>DME SUPPLIER</b>  |   |  | 1         | 0         | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 1         | 0         | 1         |
| <b>E1161</b>   | <b>MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE</b>         |  | <b>4</b>  | <b>0</b>  | <b>4</b>  |
| <b>DME SUPPLIER</b>  |   |  | 4         | 0         | 4         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 3         | 0         | 3         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |   |  | 1         | 0         | 1         |
| <b>E1226</b>   | <b>WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH</b>          |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>  |   |  | 1         | 0         | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 1         | 0         | 1         |
| <b>E1234</b>   | <b>WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/O SEAT</b>           |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>  |   |  | 1         | 0         | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 1         | 0         | 1         |
| <b>E1235</b>   | <b>WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM</b>         |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>  |   |  | 1         | 0         | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 1         | 0         | 1         |
| <b>E1236</b>   | <b>WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM</b>         |  | <b>3</b>  | <b>0</b>  | <b>3</b>  |
| <b>DME SUPPLIER</b>  |   |  | 2         | 0         | 2         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 2         | 0         | 2         |
| <b>PHYSICIAN</b>   |   |  | 1         | 0         | 1         |
| PEDIATRICS   |   |  | 1         | 0         | 1         |
| <b>E1237</b>   | <b>WHLCHAIR PED SZ RIGD ADJUSTBL W/O SEATING SYSTEM</b>         |  | <b>0</b>  | <b>1</b>  | <b>1</b>  |
| <b>DME SUPPLIER</b>  |   |  | 0         | 1         | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - CUSTOMIZED EQ |   |  | 0         | 1         | 1         |
| <b>E1390</b>   | <b>O2 CONC 1 DEL PORT 85 PCT OR GT 02 CONC AT PRSC FLW RATE</b> |  | <b>48</b> | <b>12</b> | <b>60</b> |
| <b>DME SUPPLIER</b>  |   |  | 48        | 12        | 60        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 47        | 12        | 59        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |   |  | 1         | 0         | 1         |



|  |   |           |          |           |
|--|---|-----------|----------|-----------|
| <b>E1392</b>   | <b>PORTABLE OXYGEN CONCENTRATOR RENTAL</b>              | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>DME SUPPLIER</b>  |   | 3         | 1        | 4         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 3         | 1        | 4         |
| <b>E1399</b>   | <b>DURABLE MEDICAL EQUIPMENT MISCELLANEOUS</b>          | <b>25</b> | <b>0</b> | <b>25</b> |
| <b>DME SUPPLIER</b>  |   | 25        | 0        | 25        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 24        | 0        | 24        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |   | 1         | 0        | 1         |
| <b>E1510</b>   | <b>KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC</b> | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>DIALYSIS</b>  |   | 2         | 0        | 2         |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   | 2         | 0        | 2         |
| <b>E1575</b>   | <b>TRANSDUCER PROTECTORS/FL BARRIERS HEMODIAL SZ-10</b> | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DIALYSIS</b>  |   | 1         | 0        | 1         |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   | 1         | 0        | 1         |
| <b>E1610</b>   | <b>RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL</b>    | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>DIALYSIS</b>  |   | 2         | 0        | 2         |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   | 2         | 0        | 2         |
| <b>E1800</b>   | <b>DYN ADJUSTBL ELB EXT/FLX DEVC W/SFT INTRFCE MATL</b> | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>DME SUPPLIER</b>  |   | 2         | 0        | 2         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 2         | 0        | 2         |
| <b>E1805</b>   | <b>DYN ADJUSTBL WRIST EXT/FLX DEVC W/INTERFCE MATL</b>  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>  |   | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 1         | 0        | 1         |
| <b>E1815</b>   | <b>DYN ADJ ANKLE EXT/FLEX DEVC INCL SOFT INTF MATL</b>  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>DME SUPPLIER</b>  |   | 2         | 0        | 2         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 2         | 0        | 2         |
| <b>E2103</b>   | <b>NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER</b>          | <b>8</b>  | <b>1</b> | <b>9</b>  |
| <b>DME SUPPLIER</b>  |   | 8         | 1        | 9         |

|   |  |  |          |          |          |
|---|--|--|----------|----------|----------|
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 8        | 1        | 9        |
| <b>E2201</b>  | <b>MNL WC ACSS NONSTD SEAT WDTH GT or<br/>equal to 20 IN and</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>   |  |  | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 2        | 0        | 2        |
| <b>E2203</b>  | <b>MANUAL WC ACSS NONSTD SEAT FRME<br/>DEPTH 20 LT 22 IN</b>     |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>   |  |  | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 1        | 0        | 1        |
| <b>E2204</b>  | <b>MANUAL WC ACSS NONSTD SEAT FRME<br/>DEPTH 22-25 IN</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>   |  |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 1        | 0        | 1        |
| <b>E2213</b>  | <b>MNL WC ACSS INSRT PNEUMAT PROPULSION<br/>TIRE ANY SZ</b>      |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>DME SUPPLIER</b>   |  |  | 0        | 1        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |  |  | 0        | 1        | 1        |
| <b>E2300</b>  | <b>WHEELCHAIR ACC PWR SEAT ELEVATION SYS<br/>ANY TYPE</b>        |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>DME SUPPLIER</b>   |  |  | 3        | 0        | 3        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 2        | 0        | 2        |
| <b>E2311</b>  | <b>PWR WC ACSS ELEC CNCT BETWN WC<br/>CNTRLR and TWO/MORE</b>    |  | <b>6</b> | <b>1</b> | <b>7</b> |
| <b>DME SUPPLIER</b>   |  |  | 6        | 1        | 7        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 3        | 0        | 3        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |  |  | 1        | 1        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 2        | 0        | 2        |
| <b>E2313</b>  | <b>POWER WC ACCESS HARNESS UPGRADE EXP<br/>CONTROLLER EA</b>     |  | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>DME SUPPLIER</b>   |  |  | 5        | 1        | 6        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  |  | 2        | 0        | 2        |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - CUSTOMIZED EQ |   |  | 1         | 1        | 2         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |   |  | 2         | 0        | 2         |
| <b>E2323</b>   | <b>PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB</b>     |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>  |   |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |   |  | 1         | 0        | 1         |
| <b>E2361</b>   | <b>PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA</b>          |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>DME SUPPLIER</b>  |   |  | 5         | 0        | 5         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 3         | 0        | 3         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |   |  | 2         | 0        | 2         |
| <b>E2376</b>   | <b>PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY</b>        |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>  |   |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 1         | 0        | 1         |
| <b>E2377</b>   | <b>PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE</b>      |  | <b>6</b>  | <b>1</b> | <b>7</b>  |
| <b>DME SUPPLIER</b>  |   |  | 6         | 1        | 7         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 3         | 0        | 3         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - CUSTOMIZED EQ |   |  | 1         | 1        | 2         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |   |  | 2         | 0        | 2         |
| <b>E2402</b>   | <b>NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE</b>     |  | <b>43</b> | <b>3</b> | <b>46</b> |
| <b>DME SUPPLIER</b>  |   |  | 43        | 3        | 46        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 35        | 2        | 37        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - PARENTERAL &  |   |  | 8         | 1        | 9         |
| <b>E2510</b>   | <b>SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS</b> |  | <b>4</b>  | <b>1</b> | <b>5</b>  |
| <b>DME SUPPLIER</b>  |   |  | 3         | 1        | 4         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   |  | 3         | 1        | 4         |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |
| <b>E2511</b>   | <b>SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST</b>      |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>GROUP OF PROVIDERS</b>                                    |   |  | 1         | 0        | 1         |

|  |  |           |          |           |
|--|--|-----------|----------|-----------|
| <b>E2512</b>   | <b>ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM</b>         | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>DME SUPPLIER</b>  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>                                    |  | 1         | 0        | 1         |
| <b>E2599</b>   | <b>ACCESSORY FOR SPEECH GENERATING DEVICE NOC</b>              | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>DME SUPPLIER</b>  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>                                    |  | 1         | 0        | 1         |
| <b>E2605</b>   | <b>PSTN WHEELCHAIR SEAT CUSHN WIDTH LT 22 IN DEPTH</b>         | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  | 1         | 0        | 1         |
| <b>E2607</b>   | <b>SKN PROTECT and PSTN WC SEAT CUSHN WIDTH LT 22 IN DEPTH</b> | <b>10</b> | <b>1</b> | <b>11</b> |
| <b>DME SUPPLIER</b>  |  | 10        | 1        | 11        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  | 8         | 0        | 8         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - CUSTOMIZED EQ |  | 0         | 1        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |  | 2         | 0        | 2         |
| <b>E2608</b>   | <b>SKN PROTCT and PSTN WC SEAT CUSHN WIDTH 22 IN/GT DPTH</b>   | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  | 1         | 0        | 1         |
| <b>E2609</b>   | <b>CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE</b>          | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>DME SUPPLIER</b>  |  | 2         | 0        | 2         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  | 2         | 0        | 2         |
| <b>E2611</b>   | <b>GEN WC BACK CUSHN WIDTH LT 22 IN HT MOUNT HARDWARE</b>      | <b>8</b>  | <b>3</b> | <b>11</b> |
| <b>DME SUPPLIER</b>  |  | 8         | 3        | 11        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  | 7         | 2        | 9         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - CUSTOMIZED EQ |  | 0         | 1        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |  | 1         | 0        | 1         |

|   |  |          |          |          |
|---|--|----------|----------|----------|
| <b>E2613</b>  | <b>PSTN WC BACK CUSHN POST WIDTH LT 22 IN<br/>ANY HEIGHT</b>   | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>DME SUPPLIER</b>   |  | 5        | 0        | 5        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  | 3        | 0        | 3        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  | 2        | 0        | 2        |
| <b>E2615</b>  | <b>PSTN WC BACK CUSHN POSTLAT WIDTH LT<br/>22 IN ANY HT</b>    | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>   |  | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  | 1        | 0        | 1        |
| <b>E2617</b>  | <b>CSTM FAB WC BACK CUSHN ANY SZ ANY<br/>MOUNT HARDWARE</b>    | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>   |  | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  | 2        | 0        | 2        |
| <b>E2620</b>  | <b>PSTN WC BACK CUSHN PLANAR LAT SUPP<br/>WDTH LT 22 IN</b>    | <b>8</b> | <b>1</b> | <b>9</b> |
| <b>DME SUPPLIER</b>   |  | 8        | 1        | 9        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  | 6        | 0        | 6        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |  | 1        | 1        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  | 1        | 0        | 1        |
| <b>E2621</b>  | <b>PSTN WC BACK CUSHN PLANAR LAT SUPP<br/>WDTH 22 IN OR GT</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  | 1        | 0        | 1        |
| <b>E2622</b>  | <b>SKIN PROTECT WC SEAT CUSH WIDTH LT 22<br/>IN ANY DEPTH</b>  | <b>4</b> | <b>2</b> | <b>6</b> |
| <b>DME SUPPLIER</b>   |  | 4        | 2        | 6        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |  | 2        | 1        | 3        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |  | 1        | 1        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |  | 1        | 0        | 1        |
| <b>E2624</b>  | <b>SKIN PROTECT and POSITIONING WC CUSH<br/>WIDTH LT 22 IN</b> | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>DME SUPPLIER</b>   |  | 3        | 0        | 3        |

|  |  |  |            |           |            |
|--|--|--|------------|-----------|------------|
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 2          | 0         | 2          |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 1          | 0         | 1          |
| <b>G0121</b>   | <b>COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK</b>        |  | <b>1</b>   | <b>0</b>  | <b>1</b>   |
| <b>PHYSICIAN</b>   |  |  | 1          | 0         | 1          |
| SURGERY  |  |  | 1          | 0         | 1          |
| <b>G0151</b>   | <b>SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN</b>     |  | <b>101</b> | <b>25</b> | <b>126</b> |
| <b>AGENCY</b>  |  |  | 6          | 3         | 9          |
| HOME HEALTH  |  |  | 6          | 3         | 9          |
| <b>HOME HEALTH AGENCY</b>                                    |  |  | 92         | 20        | 112        |
| HOME HEALTH  |  |  | 91         | 19        | 110        |
| IN HOME SUPPORTIVE CARE                                      |  |  | 1          | 1         | 2          |
| <b>HOSPITAL</b>  |  |  | 1          | 0         | 1          |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 1          | 0         | 1          |
| <b>PERSONAL CARE SERVICES</b>                                |  |  | 1          | 1         | 2          |
| TECHNICIAN - PERSONAL CARE ATTENDANT                         |  |  | 1          | 1         | 2          |
| <b>PHYSICIAN</b>   |  |  | 1          | 1         | 2          |
| PHYSICAL MEDICINE & REHABILITATION                           |  |  | 1          | 1         | 2          |
| <b>G0152</b>   | <b>SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN</b>    |  | <b>52</b>  | <b>18</b> | <b>70</b>  |
| <b>AGENCY</b>  |  |  | 6          | 3         | 9          |
| HOME HEALTH  |  |  | 6          | 3         | 9          |
| <b>HOME HEALTH AGENCY</b>                                    |  |  | 43         | 14        | 57         |
| HOME HEALTH  |  |  | 42         | 13        | 55         |
| IN HOME SUPPORTIVE CARE                                      |  |  | 1          | 1         | 2          |
| <b>HOSPITAL</b>  |  |  | 1          | 0         | 1          |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 1          | 0         | 1          |
| <b>PERSONAL CARE SERVICES</b>                                |  |  | 1          | 0         | 1          |
| TECHNICIAN - PERSONAL CARE ATTENDANT                         |  |  | 1          | 0         | 1          |
| <b>PHYSICIAN</b>   |  |  | 1          | 1         | 2          |
| PHYSICAL MEDICINE & REHABILITATION                           |  |  | 1          | 1         | 2          |
| <b>G0153</b>   | <b>SRVC SPCH and LANG PATH HOME HLTH/HOSPICE EA 15 MIN</b> |  | <b>14</b>  | <b>2</b>  | <b>16</b>  |

|                                       |   |  |           |          |           |
|---------------------------------------|---|--|-----------|----------|-----------|
| HOME HEALTH AGENCY                    |   |  | 14        | 2        | 16        |
| HOME HEALTH                           |   |  | 14        | 2        | 16        |
| <b>G0155</b>                          | <b>SRVC CLINICAL SOCIAL WORKER HH/HOSPICE<br/>EA 15 MIN</b> |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| HOME HEALTH AGENCY                    |   |  | 4         | 0        | 4         |
| HOME HEALTH                           |   |  | 4         | 0        | 4         |
| PHYSICIAN                             |   |  | 1         | 0        | 1         |
| PHYSICAL MEDICINE &<br>REHABILITATION |   |  | 1         | 0        | 1         |
| <b>G0156</b>                          | <b>SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET<br/>EA 15 MIN</b> |  | <b>12</b> | <b>4</b> | <b>16</b> |
| AGENCY                                |   |  | 0         | 1        | 1         |
| HOME HEALTH                           |   |  | 0         | 1        | 1         |
| HOME HEALTH AGENCY                    |   |  | 12        | 3        | 15        |
| HOME HEALTH                           |   |  | 12        | 3        | 15        |
| <b>G0157</b>                          | <b>SERVICES PT ASSIST HOME HEALTH/HOSPICE<br/>EA 15 MIN</b> |  | <b>14</b> | <b>6</b> | <b>20</b> |
| AGENCY                                |   |  | 1         | 0        | 1         |
| HOME HEALTH                           |   |  | 1         | 0        | 1         |
| HOME HEALTH AGENCY                    |   |  | 13        | 6        | 19        |
| HOME HEALTH                           |   |  | 13        | 6        | 19        |
| <b>G0158</b>                          | <b>SERVICE OT ASSIST HOME HEALTH/HOSPICE<br/>EA 15 MIN</b>  |  | <b>7</b>  | <b>2</b> | <b>9</b>  |
| AGENCY                                |   |  | 1         | 0        | 1         |
| HOME HEALTH                           |   |  | 1         | 0        | 1         |
| HOME HEALTH AGENCY                    |   |  | 6         | 2        | 8         |
| HOME HEALTH                           |   |  | 6         | 2        | 8         |
| <b>G0159</b>                          | <b>SERVICES PT HOME HEALTH EST/DEL PT MP<br/>EA 15 MINS</b> |  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| HOME HEALTH AGENCY                    |   |  | 5         | 1        | 6         |
| HOME HEALTH                           |   |  | 5         | 1        | 6         |
| <b>G0160</b>                          | <b>SERVICES OT HOME HEALTH EST/DEL OT MP<br/>EA 15 MINS</b> |  | <b>3</b>  | <b>2</b> | <b>5</b>  |
| HOME HEALTH AGENCY                    |   |  | 3         | 2        | 5         |
| HOME HEALTH                           |   |  | 3         | 2        | 5         |
| <b>G0161</b>                          | <b>SERVICE SLP HH EST/DEL SPCH-LANG PATH<br/>MP EA 15 M</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| HOME HEALTH AGENCY                    |   |  | 1         | 0        | 1         |
| HOME HEALTH                           |   |  | 1         | 0        | 1         |

|                             |  |  |           |          |           |
|-----------------------------|--|--|-----------|----------|-----------|
| <b>G0162</b>                | <b>SKILLED SERVICE RN M AND E PLAN OF CARE;<br/>EA 15 MINS</b> |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>AGENCY</b>               |  |  | 2         | 0        | 2         |
| HOME HEALTH                 |  |  | 2         | 0        | 2         |
| <b>G0166</b>                | <b>EXTERNAL COUNTERPULSATION PER<br/>TREATMENT SESSION</b>     |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>GROUP OF PROVIDERS</b>   |  |  | 2         | 0        | 2         |
| MULTI-SPECIALTY             |  |  | 2         | 0        | 2         |
| <b>G0237</b>                | <b>MUSCLES FACE TO FACE ONE ON ONE EACH 15<br/>MINUTES</b>     |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>             |  |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 3         | 0        | 3         |
| REHABILITATION HOSPITAL     |  |  | 1         | 0        | 1         |
| <b>G0238</b>                | <b>TX PROC IMPRV RESP FUNCT NOT G0237 FCE-<br/>FCE 15MIN</b>   |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>             |  |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 3         | 0        | 3         |
| REHABILITATION HOSPITAL     |  |  | 1         | 0        | 1         |
| <b>G0239</b>                | <b>TX PROC IMPRV RESP FUNCT/INCR RESP<br/>MUSC 2 OR GT IND</b> |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>             |  |  | 3         | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 3         | 0        | 3         |
| <b>G0248</b>                | <b>DEMO HOME INR MON PT W/MECH HT VALVE<br/>CAF/VTE</b>        |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>LABORATORY</b>           |  |  | 2         | 0        | 2         |
| CLINICAL MEDICAL LABORATORY |  |  | 1         | 0        | 1         |
| PHYSIOLOGICAL LABORATORY    |  |  | 1         | 0        | 1         |
| <b>G0249</b>                | <b>PRVS TEST MATL AND EQUIP HOME INR<br/>MON; ONCE A WEEK</b>  |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>LABORATORY</b>           |  |  | 5         | 0        | 5         |
| CLINICAL MEDICAL LABORATORY |  |  | 4         | 0        | 4         |
| PHYSIOLOGICAL LABORATORY    |  |  | 1         | 0        | 1         |
| <b>G0269</b>                | <b>PLCMT OCCL DEVC VENUS/ART POST<br/>SURG/INTRVNL PROC</b>    |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>             |  |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL |  |  | 1         | 0        | 1         |
| <b>G0277</b>                | <b>HPO UND PRESS FULL BODY CHMBR PER 30<br/>MIN INT</b>        |  | <b>15</b> | <b>1</b> | <b>16</b> |
| <b>HOSPITAL</b>             |  |  | 13        | 1        | 14        |
| GENERAL ACUTE CARE HOSPITAL |  |  | 13        | 1        | 14        |



|   |  |  |            |           |            |
|---|--|--|------------|-----------|------------|
| <b>PHYSICIAN</b>                        |  |  | 2          | 0         | 2          |
| EMERGENCY MEDICINE                      |  |  | 1          | 0         | 1          |
| FAMILY MEDICINE                         |  |  | 1          | 0         | 1          |
| <b>G0279</b>                            | <b>DIAGNOSTIC DIGITAL BREAST<br/>TOMOSYNTHESIS UNI/BIL</b>     |  | <b>1</b>   | <b>0</b>  | <b>1</b>   |
| <b>HOSPITAL</b>                         |  |  | 1          | 0         | 1          |
| GENERAL ACUTE CARE HOSPITAL             |  |  | 1          | 0         | 1          |
| <b>G0283</b>                            | <b>E-STIM 1 OR GT AREAS OTH THAN WND CARE<br/>PART TX PLAN</b> |  | <b>4</b>   | <b>0</b>  | <b>4</b>   |
| <b>HOSPITAL</b>                         |  |  | 1          | 0         | 1          |
| GENERAL ACUTE CARE HOSPITAL             |  |  | 1          | 0         | 1          |
| <b>PHYSICAL THERAPIST</b>               |  |  | 3          | 0         | 3          |
| PHYSICAL THERAPIST                      |  |  | 3          | 0         | 3          |
| <b>G0299</b>                            | <b>DIRECT SNS RN HOME HEALTH/HOSPICE SET<br/>EA 15 MIN</b>     |  | <b>191</b> | <b>70</b> | <b>261</b> |
| <b>AGENCY</b>                           |  |  | 13         | 11        | 24         |
| HOME HEALTH                             |  |  | 13         | 11        | 24         |
| <b>HOME HEALTH AGENCY</b>               |  |  | 176        | 57        | 233        |
| HOME HEALTH                             |  |  | 167        | 53        | 220        |
| IN HOME SUPPORTIVE CARE                 |  |  | 9          | 4         | 13         |
| <b>PERSONAL CARE SERVICES</b>           |  |  | 1          | 2         | 3          |
| TECHNICIAN - PERSONAL CARE<br>ATTENDANT |  |  | 1          | 2         | 3          |
| <b>PHYSICIAN</b>                        |  |  | 1          | 0         | 1          |
| INFECTIOUS DISEASE                      |  |  | 1          | 0         | 1          |
| <b>G0300</b>                            | <b>DIRECT SNS LPN HOME HLTH/HOSPICE SET EA<br/>15 MIN</b>      |  | <b>79</b>  | <b>28</b> | <b>107</b> |
| <b>AGENCY</b>                           |  |  | 1          | 0         | 1          |
| HOME HEALTH                             |  |  | 1          | 0         | 1          |
| <b>HOME HEALTH AGENCY</b>               |  |  | 76         | 27        | 103        |
| HOME HEALTH                             |  |  | 76         | 27        | 103        |
| <b>PERSONAL CARE SERVICES</b>           |  |  | 1          | 1         | 2          |
| TECHNICIAN - PERSONAL CARE<br>ATTENDANT |  |  | 1          | 1         | 2          |
| <b>PHYSICIAN</b>                        |  |  | 1          | 0         | 1          |
| INFECTIOUS DISEASE                      |  |  | 1          | 0         | 1          |
| <b>G0339</b>                            | <b>IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL<br/>TX 1 SESS</b>    |  | <b>3</b>   | <b>0</b>  | <b>3</b>   |

|                                |  |  |          |          |           |
|--------------------------------|--|--|----------|----------|-----------|
| <b>PHYSICIAN</b>               |  |  | 3        | 0        | 3         |
| FAMILY MEDICINE                |  |  | 1        | 0        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY |  |  | 2        | 0        | 2         |
| <b>G0340</b>                   | <b>IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES<br/>2-5 SESS</b>  |  | <b>3</b> | <b>0</b> | <b>3</b>  |
| <b>PHYSICIAN</b>               |  |  | 3        | 0        | 3         |
| FAMILY MEDICINE                |  |  | 1        | 0        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY |  |  | 2        | 0        | 2         |
| <b>G0410</b>                   | <b>GRP PSYCHOTX NOT MX FAM GP PART<br/>HSP/OP 45-50 MIN</b>  |  | <b>1</b> | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                |  |  | 1        | 0        | 1         |
| PSYCHIATRIC HOSPITAL           |  |  | 1        | 0        | 1         |
| <b>G0422</b>                   | <b>INTENSIVE CARD REHAB; W/WO CONT ECG<br/>MON W/EXER</b>    |  | <b>2</b> | <b>2</b> | <b>4</b>  |
| <b>HOSPITAL</b>                |  |  | 2        | 2        | 4         |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 2        | 2        | 4         |
| <b>G0423</b>                   | <b>INTENSIVE CARD REHAB; W/WO CONT ECG<br/>MON W/O EXER</b>  |  | <b>3</b> | <b>2</b> | <b>5</b>  |
| <b>HOSPITAL</b>                |  |  | 3        | 2        | 5         |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 3        | 2        | 5         |
| <b>G0452</b>                   | <b>MOLECLR PATH PROCEDURE; PHYSICIAN<br/>INTEPR REPORT</b>   |  | <b>1</b> | <b>1</b> | <b>2</b>  |
| <b>LABORATORY</b>              |  |  | 1        | 1        | 2         |
| CLINICAL MEDICAL LABORATORY    |  |  | 1        | 1        | 2         |
| <b>G0453</b>                   | <b>CONT IO NEUROPHYSIOL MON OUTSD OR-PT<br/>EA 15 MIN</b>    |  | <b>3</b> | <b>0</b> | <b>3</b>  |
| <b>GROUP OF PROVIDERS</b>      |  |  | 3        | 0        | 3         |
| MULTI-SPECIALTY                |  |  | 3        | 0        | 3         |
| <b>G0463</b>                   | <b>HOSPITAL OUTPATIENT CLIN VISIT ASSESS<br/>AND MGMT PT</b> |  | <b>3</b> | <b>0</b> | <b>3</b>  |
| <b>HOSPITAL</b>                |  |  | 3        | 0        | 3         |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 3        | 0        | 3         |
| <b>G0480</b>                   | <b>DRUG TEST DEFINITV DR ID METH P DAY 1-7<br/>DRUG CL</b>   |  | <b>7</b> | <b>3</b> | <b>10</b> |
| <b>HOSPITAL</b>                |  |  | 2        | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL    |  |  | 2        | 0        | 2         |
| <b>LABORATORY</b>              |  |  | 1        | 0        | 1         |
| CLINICAL MEDICAL LABORATORY    |  |  | 1        | 0        | 1         |
| <b>PHYSICIAN</b>               |  |  | 4        | 3        | 7         |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 0        | 1        | 1        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 2        | 0        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 2        | 2        | 4        |
| <b>G0481</b>   | <b>DRUG TEST DEFINITV DR ID METH P DAY 8-14<br/>DRUG CL</b>     |  | <b>7</b> | <b>2</b> | <b>9</b> |
| <b>LABORATORY</b>  |   |  | 1        | 0        | 1        |
| CLINICAL MEDICAL LABORATORY  |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 6        | 2        | 8        |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 1        | 1        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 2        | 0        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 3        | 1        | 4        |
| <b>G0482</b>   | <b>DRUG TEST DEFINITV DR ID METH P DAY 15-<br/>21 DR CL</b>     |  | <b>6</b> | <b>3</b> | <b>9</b> |
| <b>LABORATORY</b>  |   |  | 1        | 0        | 1        |
| CLINICAL MEDICAL LABORATORY  |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 5        | 3        | 8        |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 1        | 1        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 2        | 0        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 2        | 2        | 4        |
| <b>G0483</b>   | <b>DRUG TST DEFINITV DR ID METH P DAY<br/>22/MORE DR CL</b>     |  | <b>6</b> | <b>3</b> | <b>9</b> |
| <b>LABORATORY</b>  |   |  | 1        | 0        | 1        |
| CLINICAL MEDICAL LABORATORY  |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 5        | 3        | 8        |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |   |  | 1        | 1        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION                              |   |  | 2        | 0        | 2        |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |   |  | 2        | 2        | 4        |
| <b>G0495</b>   | <b>SKD SRVC RN TRAIN and /EDU PT/FAM<br/>HH/HOSPC EA 15 MIN</b> |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOME HEALTH AGENCY</b>  |   |  | 0        | 1        | 1        |
| HOME HEALTH  |   |  | 0        | 1        | 1        |

|  |   |           |          |           |
|--|---|-----------|----------|-----------|
| <b>G0496</b>   | <b>SKD SRVC LPN TRAIN and /EDU PT/FAM<br/>HH/HOSPC E 15 MIN</b> | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOME HEALTH AGENCY</b>  |   | 0         | 1        | 1         |
| HOME HEALTH  |   | 0         | 1        | 1         |
| <b>G2067</b>   | <b>MEDICATION ASSISTED TX METHADONE;<br/>WEEKLY BUNDLE</b>      | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |   | 2         | 0        | 2         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   | 2         | 0        | 2         |
| <b>G6002</b>   | <b>STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL<br/>DEL RT</b>       | <b>3</b>  | <b>1</b> | <b>4</b>  |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |   | 1         | 0        | 1         |
| CLINIC/CENTER - ONCOLOGY,<br>RADIATION                             |   | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL  |   | 2         | 0        | 2         |
| <b>PHYSICIAN</b>   |   | 0         | 1        | 1         |
| RADIOLOGY - RADIATION ONCOLOGY                                     |   | 0         | 1        | 1         |
| <b>G6013</b>   | <b>RAD TX DEL 3 OR GT SEP TX AR CSTM<br/>BLOCKING;11-19 MEV</b> | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>GROUP OF PROVIDERS</b>  |   | 1         | 0        | 1         |
| MULTI-SPECIALTY  |   | 1         | 0        | 1         |
| <b>G6015</b>   | <b>INTENSITY MODULATED TX DEL 1/MX FLDS<br/>PER TX SESS</b>     | <b>47</b> | <b>3</b> | <b>50</b> |
| <b>AMBULATORY HEALTH CARE FACILITY</b>                             |   | 1         | 0        | 1         |
| CLINIC/CENTER - ONCOLOGY,<br>RADIATION                             |   | 1         | 0        | 1         |
| <b>GROUP OF PROVIDERS</b>  |   | 4         | 0        | 4         |
| MULTI-SPECIALTY  |   | 4         | 0        | 4         |
| <b>PHYSICIAN</b>   |   | 42        | 3        | 45        |
| RADIOLOGY - RADIATION ONCOLOGY                                     |   | 42        | 3        | 45        |
| <b>G6017</b>   | <b>INTRA-FRAC LOC and TRACKING TARGET/PT<br/>M EA FRAC TX</b>   | <b>12</b> | <b>1</b> | <b>13</b> |
| <b>HOSPITAL</b>  |   | 7         | 1        | 8         |
| GENERAL ACUTE CARE HOSPITAL  |   | 7         | 1        | 8         |
| <b>PHYSICIAN</b>   |   | 5         | 0        | 5         |
| RADIOLOGY - RADIATION ONCOLOGY                                     |   | 5         | 0        | 5         |
| <b>H0009</b>   | <b>ALCOHOL AND OR DRUG SERVICES; ACUTE<br/>DTOX HOSP IP</b>     | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>REHABILITATION CENTER</b>                                       |   | 2         | 0        | 2         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 2         | 0        | 2         |
| <b>H0010</b>   | <b>ALCOHOL and / DRUG SRVC; SUB-ACUTE<br/>DTOX RES PROG IP</b>      |  | <b>7</b>  | <b>1</b> | <b>8</b>  |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |   |  | 2         | 0        | 2         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 2         | 0        | 2         |
| <b>REHABILITATION CENTER</b>                                       |   |  | 5         | 1        | 6         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 1         | 0        | 1         |
| SUBSTANCE ABUSE REHABILITATION<br>FACILITY                         |   |  | 4         | 1        | 5         |
| <b>H0012</b>   | <b>ALCOHOL and / DRUG SRVC; SUB-ACUTE<br/>DTOX RES PROG OP</b>      |  | <b>12</b> | <b>1</b> | <b>13</b> |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |   |  | 12        | 1        | 13        |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 12        | 1        | 13        |
| <b>H0015</b>   | <b>ALCOHL and /RX SRVC;INTENSV OP;CRISIS<br/>INTRVN and ACTV TX</b> |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 1         | 0        | 1         |
| <b>HOSPITAL</b>  |   |  | 2         | 0        | 2         |
| PSYCHIATRIC HOSPITAL   |   |  | 2         | 0        | 2         |
| <b>REHABILITATION CENTER</b>                                       |   |  | 1         | 0        | 1         |
| SUBSTANCE ABUSE REHABILITATION<br>FACILITY                         |   |  | 1         | 0        | 1         |
| <b>H0017</b>   | <b>BEHAVIORAL HEALTH; RES W/O ROOM and<br/>BOARD PER DIEM</b>       |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>REHABILITATION CENTER</b>                                       |   |  | 5         | 0        | 5         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 5         | 0        | 5         |
| <b>H0018</b>   | <b>BHVAL HEALTH; SHORT-TERM RES W/O<br/>ROOM and BOARD-DIEM</b>     |  | <b>18</b> | <b>2</b> | <b>20</b> |
| <b>REHABILITATION CENTER</b>                                       |   |  | 18        | 2        | 20        |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 4         | 0        | 4         |
| SUBSTANCE ABUSE REHABILITATION<br>FACILITY                         |   |  | 14        | 2        | 16        |
| <b>H0031</b>   | <b>MENTAL HEALTH ASSESSMENT BY NON-<br/>PHYSICIAN</b>               |  | <b>5</b>  | <b>1</b> | <b>6</b>  |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |   |  | 5         | 1        | 6         |

|  |   |  |           |          |           |
|--|---|--|-----------|----------|-----------|
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 5         | 1        | 6         |
| <b>H0035</b>   | <b>MENTAL HEALTH PARTIAL HOSP TX LT 24<br/>HOURS</b>          |  | <b>21</b> | <b>1</b> | <b>22</b> |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 1         | 0        | 1         |
| <b>DETOX CENTER</b>  |   |  | 3         | 0        | 3         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 3         | 0        | 3         |
| <b>HOSPITAL</b>  |   |  | 16        | 1        | 17        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0         | 1        | 1         |
| PSYCHIATRIC HOSPITAL   |   |  | 16        | 0        | 16        |
| <b>REHABILITATION CENTER</b>                                       |   |  | 1         | 0        | 1         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 1         | 0        | 1         |
| <b>H0047</b>   | <b>ALCOHOL AND/OR OTHER DRUG ABUSE<br/>SERVICES NOS</b>       |  | <b>24</b> | <b>1</b> | <b>25</b> |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |   |  | 6         | 1        | 7         |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 6         | 1        | 7         |
| <b>REHABILITATION CENTER</b>                                       |   |  | 18        | 0        | 18        |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 18        | 0        | 18        |
| <b>H2035</b>   | <b>ALCOHOL AND OR OTH DRUG TREATMENT<br/>PROGRAM PER HOUR</b> |  | <b>42</b> | <b>0</b> | <b>42</b> |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |   |  | 21        | 0        | 21        |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 21        | 0        | 21        |
| <b>REHABILITATION CENTER</b>                                       |   |  | 21        | 0        | 21        |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |   |  | 21        | 0        | 21        |
| <b>J0133</b>   | <b>INJECTION ACYCLOVIR 5 MG</b>                               |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1         | 0        | 1         |
| <b>J0178</b>   | <b>INJECTION AFLIBERCEPT 1 MG</b>                             |  | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>PHYSICIAN</b>   |   |  | 2         | 0        | 2         |
| OPHTHALMOLOGY  |   |  | 2         | 0        | 2         |
| <b>J0280</b>   | <b>INJECTION AMINOPHYLLINE UP TO 250 MG</b>                   |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| CARDIOVASCULAR DISEASE   |   |  | 1        | 0        | 1        |
| <b>J0360</b>   | <b>INJECTION HYDRALAZINE HCL UP TO 20 MG</b>                |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1        | 0        | 1        |
| <b>J0585</b>   | <b>BOTULINUM TOXIN TYPE A PER UNIT</b>                      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 1        | 0        | 1        |
| <b>J0640</b>   | <b>INJECTION LEUCOVORIN CALCIUM PER 50 MG</b>               |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>  |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 4        | 0        | 4        |
| <b>J0690</b>   | <b>INJECTION CEFAZOLIN SODIUM 500 MG</b>                    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1        | 0        | 1        |
| <b>J0696</b>   | <b>INJECTION CEFTRIAXONE SODIUM PER 250<br/>MG</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1        | 0        | 1        |
| <b>J0744</b>   | <b>INJECTION CIPROFLOXACIN INTRAVENOUS<br/>INFUS 200 MG</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1        | 0        | 1        |
| <b>J0889</b>   | <b>DAPRODUSTAT ORAL 1 MG FOR ESRD ON<br/>DIALYSIS</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DIALYSIS</b>  |   |  | 1        | 0        | 1        |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2    |   |  | 1        | 0        | 1        |
| <b>J0894</b>   | <b>INJECTION DECITABINE 1 MG</b>                            |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| SPECIAL HOSPITAL   |   |  | 1        | 0        | 1        |
| <b>J1100</b>   | <b>INJECTION DEXAMETHOSONE SODIUM<br/>PHOSPHATE 1 MG</b>    |  | <b>4</b> | <b>1</b> | <b>5</b> |
| <b>HOSPITAL</b>  |   |  | 3        | 1        | 4        |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 3        | 1        | 4        |

|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J1170</b>   | <b>INJECTION HYDROMORPHONE UP TO 4 MG</b>                  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J1190</b>   | <b>INJECTION DEXRAZOXANE HYDROCHLORIDE<br/>PER 250 MG</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1        | 0        | 1        |
| <b>J1245</b>   | <b>INJECTION DIPYRIDAMOLE PER 10 MG</b>                    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| CARDIOVASCULAR DISEASE   |  |  | 1        | 0        | 1        |
| <b>J1442</b>   | <b>INJECTION FILGRASTIM EXCLUDES<br/>BIOSIMILARS 1 MIC</b> |  | <b>8</b> | <b>0</b> | <b>8</b> |
| <b>HOSPITAL</b>  |  |  | 8        | 0        | 8        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 8        | 0        | 8        |
| <b>J1642</b>   | <b>INJECTION HEPARIN SODIUM PER 10 UNITS</b>               |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>PHARMACY</b>  |  |  | 0        | 1        | 1        |
| HOME INFUSION  |  |  | 0        | 1        | 1        |
| <b>J1644</b>   | <b>INJECTION HEPARIN SODIUM PER 1000 UNITS</b>             |  | <b>3</b> | <b>1</b> | <b>4</b> |
| <b>DIALYSIS</b>  |  |  | 2        | 1        | 3        |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2    |  |  | 2        | 1        | 3        |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J1720</b>   | <b>INJ HYDROCORTISONE SODIUM SUCCINATE<br/>TO 100 MG</b>   |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>  |  |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 4        | 0        | 4        |
| <b>J1756</b>   | <b>INJECTION IRON SUCROSE 1 MG</b>                         |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>DIALYSIS</b>  |  |  | 2        | 1        | 3        |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2    |  |  | 2        | 1        | 3        |
| <b>J1815</b>   | <b>INJECTION INSULIN PER 5 UNITS</b>                       |  | <b>1</b> | <b>0</b> | <b>1</b> |



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| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J1885</b>   | <b>INJECTION KETOROLAC TROMETHAMINE PER<br/>15 MG</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J2001</b>   | <b>INJECTION LIDOCAINE HCL INTRAVENOUS<br/>INFUS 10 MG</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J2060</b>   | <b>INJECTION LORAZEPAM 2 MG</b>                            |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1        | 0        | 1        |
| <b>J2175</b>   | <b>INJECTION MEPERIDINE HCL PER 100 MG</b>                 |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J2250</b>   | <b>INJECTION MIDAZOLAM HCL PER 1 MG</b>                    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J2350</b>   | <b>INJECTION OCRELIZUMAB 1 MG</b>                          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHARMACY</b>  |  |  | 1        | 0        | 1        |
| HOME INFUSION  |  |  | 1        | 0        | 1        |
| <b>J2370</b>   | <b>INJECTION PHENYLEPHRINE HCL UP TO 1 ML</b>              |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J2405</b>   | <b>INJECTION ONDANSETRON HCL PER 1 MG</b>                  |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>  |  |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 2        | 0        | 2        |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |

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| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J2506</b>   | <b>INJECT PEGFILGRASTIM EXCLUDES<br/>BIOSIMILAR 0.5 MG</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DIALYSIS</b>  |  |  | 1        | 0        | 1        |
| CLINIC/CENTER - END-STAGE RENAL<br>DISEASE (ESRD) TREATMENT - 2    |  |  | 1        | 0        | 1        |
| <b>J2550</b>   | <b>INJECTION PROMETHAZINE HCL UP TO 50 MG</b>              |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J2562</b>   | <b>INJECTION PLERIXAFOR 1 MG</b>                           |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>  |  |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 0        | 1        | 1        |
| <b>J2704</b>   | <b>INJECTION PROPOFOL 10 MG</b>                            |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |  |  | 1        | 0        | 1        |
| <b>J2785</b>   | <b>INJECTION REGADENOSON 0.1 MG</b>                        |  | <b>4</b> | <b>3</b> | <b>7</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1        | 0        | 1        |
| MULTI-SPECIALTY  |  |  | 1        | 0        | 1        |
| <b>HOSPITAL</b>  |  |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL  |  |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |  |  | 2        | 3        | 5        |
| CARDIOVASCULAR DISEASE   |  |  | 2        | 3        | 5        |
| <b>J2795</b>   | <b>INJECTION ROPIVACAINE HYDROCHLORIDE 1<br/>MG</b>        |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 0        | 1        | 1        |
| ORTHOPAEDIC SURGERY  |  |  | 0        | 1        | 1        |
| <b>J2796</b>   | <b>INJECTION ROMIPLOSTIM 10 MCG</b>                        |  | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>HOSPITAL</b>  |  |  | 3        | 0        | 3        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 3        | 0        | 3        |
| <b>J3010</b>   | <b>INJECTION FENTANYL CITRATE 0.1 MG</b>                   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |

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| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0        | 1         |
| <b>J3300</b>   | <b>INJ TRIAMCINOLONE ACETONIDE PRES FREE 1<br/>MG</b>       |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 0         | 1        | 1         |
| ORTHOPAEDIC SURGERY  |   |  | 0         | 1        | 1         |
| <b>J3301</b>   | <b>INJECTION TRIAMCINOLONE ACETONIDE NOS<br/>10 MG</b>      |  | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 1        | 2         |
| ORTHOPAEDIC SURGERY  |   |  | 0         | 1        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0        | 1         |
| <b>J3490</b>   | <b>UNCLASSIFIED DRUGS</b>                                   |  | <b>12</b> | <b>0</b> | <b>12</b> |
| <b>DME SUPPLIER</b>  |   |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X       |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>   |   |  | 11        | 0        | 11        |
| OTOLARYNGOLOGY   |   |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 10        | 0        | 10        |
| <b>J7040</b>   | <b>INFUSION NORMAL SALINE SOLUTION<br/>STERILE</b>          |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0        | 1         |
| <b>J7050</b>   | <b>INFUSION NORMAL SALINE SOLUTION 250 CC</b>               |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 0         | 1        | 1         |
| CARDIOVASCULAR DISEASE   |   |  | 0         | 1        | 1         |
| <b>J7060</b>   | <b>5 PCT DEXTROSE/WATER</b>                                 |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>HOSPITAL</b>  |   |  | 0         | 1        | 1         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 0         | 1        | 1         |
| <b>J7070</b>   | <b>INFUSION D-5-W 1000 CC</b>                               |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0        | 1         |
| <b>J7187</b>   | <b>INJ VONWILLEBRND FACTOR Cmplx HUMN<br/>RISTOCETIN IU</b> |  | <b>0</b>  | <b>1</b> | <b>1</b>  |

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|--|---|--|----------|----------|----------|
| <b>GROUP OF PROVIDERS</b>                      |   |  | 0        | 1        | 1        |
| MULTI-SPECIALTY                                |   |  | 0        | 1        | 1        |
| <b>J7312</b>                                   | <b>INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG</b> |  | <b>8</b> | <b>0</b> | <b>8</b> |
| <b>GROUP OF PROVIDERS</b>                      |   |  | 1        | 0        | 1        |
| MULTI-SPECIALTY                                |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>                               |   |  | 7        | 0        | 7        |
| OPHTHALMOLOGY                                  |   |  | 7        | 0        | 7        |
| <b>J7313</b>                                   | <b>INJECTION FA INTRAVITREAL IMPL ILUVIEN 0.01 MG</b>   |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>PHYSICIAN</b>                               |   |  | 2        | 0        | 2        |
| OPHTHALMOLOGY                                  |   |  | 1        | 0        | 1        |
| OPHTHALMOLOGY - RETINA SPECIALIST - 207WX0107X |   |  | 1        | 0        | 1        |
| <b>J7323</b>                                   | <b>HYALURONAN/DERIVATIVE EUFLEXXA IA INJ PER DOSE</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>                               |   |  | 1        | 0        | 1        |
| FAMILY MEDICINE                                |   |  | 1        | 0        | 1        |
| <b>J8501</b>                                   | <b>APREPITANT ORAL 5 MG</b>                             |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                                |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                    |   |  | 1        | 0        | 1        |
| <b>J8999</b>                                   | <b>PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS</b>      |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>                                |   |  | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL                    |   |  | 2        | 0        | 2        |
| <b>J9000</b>                                   | <b>INJECTION DOXORUBICIN HCL 10 MG</b>                  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                                |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                    |   |  | 1        | 0        | 1        |
| <b>J9034</b>                                   | <b>INJECTION BENDAMUSTINE HCL BENDEKA 1 MG</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>                                |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                    |   |  | 1        | 0        | 1        |
| <b>J9060</b>                                   | <b>INJECTION CISPLATIN POWDER OR SOLUTION 10 MG</b>     |  | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>HOSPITAL</b>                                |   |  | 4        | 0        | 4        |
| GENERAL ACUTE CARE HOSPITAL                    |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN         |   |  | 3        | 0        | 3        |
| <b>J9065</b>                                   | <b>INJECTION CLADRIBINE PER 1 MG</b>                    |  | <b>1</b> | <b>0</b> | <b>1</b> |

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|--|---|--|-----------|----------|-----------|
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>J9070</b>                           | <b>CYCLOPHOSPHAMIDE 100 MG</b>            |  | <b>7</b>  | <b>0</b> | <b>7</b>  |
| <b>HOSPITAL</b>                        |   |  | 7         | 0        | 7         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1         | 0        | 1         |
| <b>J9100</b>                           | <b>INJECTION CYTARABINE 100 MG</b>        |  | <b>11</b> | <b>0</b> | <b>11</b> |
| <b>HOSPITAL</b>                        |   |  | 11        | 0        | 11        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 11        | 0        | 11        |
| <b>J9150</b>                           | <b>INJECTION DAUNORUBICIN 10 MG</b>       |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>J9181</b>                           | <b>INJECTION ETOPOSIDE 10 MG</b>          |  | <b>10</b> | <b>0</b> | <b>10</b> |
| <b>HOSPITAL</b>                        |   |  | 9         | 0        | 9         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 9         | 0        | 9         |
| <b>PHYSICIAN</b>                       |   |  | 1         | 0        | 1         |
| PEDIATRIC HEMATOLOGY-ONCOLOGY          |   |  | 1         | 0        | 1         |
| <b>J9205</b>                           | <b>INJECTION IRINOTECAN LIPOSOME 1 MG</b> |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPITAL</b>                        |   |  | 1         | 0        | 1         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 1         | 0        | 1         |
| <b>J9208</b>                           | <b>INJECTION IFOSFAMIDE 1 G</b>           |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>HOSPITAL</b>                        |   |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 5         | 0        | 5         |
| <b>PHYSICIAN</b>                       |   |  | 1         | 0        | 1         |
| PEDIATRIC HEMATOLOGY-ONCOLOGY          |   |  | 1         | 0        | 1         |
| <b>J9209</b>                           | <b>INJECTION MESNA 200 MG</b>             |  | <b>11</b> | <b>0</b> | <b>11</b> |
| <b>HOSPITAL</b>                        |   |  | 10        | 0        | 10        |
| GENERAL ACUTE CARE HOSPITAL            |   |  | 9         | 0        | 9         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN |   |  | 1         | 0        | 1         |
| <b>PHYSICIAN</b>                       |   |  | 1         | 0        | 1         |
| PEDIATRIC HEMATOLOGY-ONCOLOGY          |   |  | 1         | 0        | 1         |
| <b>J9250</b>                           | <b>METHOTREXATE SODIUM 5 MG</b>           |  | <b>4</b>  | <b>0</b> | <b>4</b>  |
| <b>HOSPITAL</b>                        |   |  | 4         | 0        | 4         |

|  |  |  |           |          |           |
|--|--|--|-----------|----------|-----------|
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 4         | 0        | 4         |
| <b>J9260</b>   | <b>METHOTREXATE SODIUM 50 MG</b>                   |  | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>HOSPITAL</b>  |  |  | 6         | 0        | 6         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 2         | 0        | 2         |
| <b>J9266</b>   | <b>INJECTION PEGASPARGASE PER SINGLE DOSE VIAL</b> |  | <b>5</b>  | <b>0</b> | <b>5</b>  |
| <b>HOSPITAL</b>  |  |  | 5         | 0        | 5         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 4         | 0        | 4         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 1         | 0        | 1         |
| <b>J9370</b>   | <b>VINCRIStINE SULFATE 1 MG</b>                    |  | <b>7</b>  | <b>0</b> | <b>7</b>  |
| <b>HOSPITAL</b>  |  |  | 7         | 0        | 7         |
| GENERAL ACUTE CARE HOSPITAL                                  |  |  | 2         | 0        | 2         |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                       |  |  | 5         | 0        | 5         |
| <b>K0005</b>   | <b>Ultralightweight wheelchair</b>                 |  | <b>3</b>  | <b>0</b> | <b>3</b>  |
| <b>DME SUPPLIER</b>  |  |  | 3         | 0        | 3         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 2         | 0        | 2         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 1         | 0        | 1         |
| <b>K0038</b>   | <b>Leg strap each</b>                              |  | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>  |  |  | 0         | 1        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - CUSTOMIZED EQ |  |  | 0         | 1        | 1         |
| <b>K0108</b>   | <b>OTHER ACCESSORIES</b>                           |  | <b>48</b> | <b>5</b> | <b>53</b> |
| <b>DME SUPPLIER</b>  |  |  | 48        | 4        | 52        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 42        | 1        | 43        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - CUSTOMIZED EQ |  |  | 1         | 3        | 4         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - OXYGEN EQUIPM |  |  | 5         | 0        | 5         |
| <b>PHYSICIAN</b>   |  |  | 0         | 1        | 1         |
| PEDIATRICS   |  |  | 0         | 1        | 1         |
| <b>K0195</b>   | <b>ELEVATING LEGREST PAIR</b>                      |  | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>  |  |  | 1         | 0        | 1         |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |  |  | 1         | 0        | 1         |

|   |   |           |          |           |
|---|---|-----------|----------|-----------|
| <b>K0606</b>  | <b>AUTO EXT DEFIB W/INTGR ECG ANALY<br/>GARMENT TYPE</b>            | <b>6</b>  | <b>0</b> | <b>6</b>  |
| <b>DME SUPPLIER</b>   |   | 6         | 0        | 6         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   | 6         | 0        | 6         |
| <b>K0861</b>  | <b>PWR WC GRP 3 STD MX PWR SLNG SEAT PT<br/>TO and Equal to 300</b> | <b>6</b>  | <b>1</b> | <b>7</b>  |
| <b>DME SUPPLIER</b>   |   | 6         | 1        | 7         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   | 3         | 0        | 3         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - CUSTOMIZED EQ |   | 1         | 1        | 2         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - OXYGEN EQUIPM |   | 2         | 0        | 2         |
| <b>L0627</b>  | <b>LUMB ORTHOSIS SAGIT CNTRL RIGID A AND P<br/>PANEL PREFAB</b>     | <b>0</b>  | <b>1</b> | <b>1</b>  |
| <b>DME SUPPLIER</b>   |   | 0         | 1        | 1         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   | 0         | 1        | 1         |
| <b>L0637</b>  | <b>LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD<br/>A AND P PREFAB</b>     | <b>5</b>  | <b>2</b> | <b>7</b>  |
| <b>CHIROPRACTOR</b>   |   | 1         | 1        | 2         |
| CHIROPRACTOR  |   | 1         | 1        | 2         |
| <b>DME SUPPLIER</b>   |   | 1         | 1        | 2         |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X    |   | 1         | 1        | 2         |
| <b>PHYSICIAN</b>  |   | 3         | 0        | 3         |
| ANESTHESIOLOGY - PAIN MEDICINE                                  |   | 1         | 0        | 1         |
| NEUROLOGICAL SURGERY  |   | 1         | 0        | 1         |
| PAIN MEDICINE - PAIN MEDICINE                                   |   | 1         | 0        | 1         |
| <b>L0650</b>  | <b>LSO SAGITTAL-CORONAL CNTRL RIGD ANT<br/>POST PANELS</b>          | <b>20</b> | <b>2</b> | <b>22</b> |
| <b>DME SUPPLIER</b>   |   | 3         | 0        | 3         |
| PROSTHETIC/ORTHOTIC SUPPLIER                                    |   | 3         | 0        | 3         |
| <b>HOSPITAL</b>   |   | 1         | 1        | 2         |
| REHABILITATION UNIT   |   | 1         | 0        | 1         |
| <b>NURSE PRACTITIONER</b>                                       |   | 1         | 0        | 1         |
| NURSE PRACTITIONER - FAMILY                                     |   | 1         | 0        | 1         |
| <b>PHYSICIAN</b>  |   | 15        | 1        | 16        |
| ANESTHESIOLOGY - PAIN MEDICINE                                  |   | 3         | 1        | 4         |

|  |  |  |          |          |          |
|--|--|--|----------|----------|----------|
| FAMILY MEDICINE - SPORTS MEDICINE                                  |  |  | 1        | 0        | 1        |
| NEUROLOGICAL SURGERY   |  |  | 3        | 0        | 3        |
| ORTHOPAEDIC SURGERY -<br>ORTHOPAEDIC SURGERY OF THE<br>SPINE - 207 |  |  | 2        | 0        | 2        |
| PAIN MEDICINE - INTERVENTIONAL<br>PAIN MEDICINE - 208VP0014X       |  |  | 4        | 0        | 4        |
| PHYSICAL MEDICINE &<br>REHABILITATION - PAIN MEDICINE -<br>2081P29 |  |  | 2        | 0        | 2        |
| <b>L0999</b>   | <b>ADD TO SPINAL ORTHOSIS NOT OTHERWISE<br/>SPECIFIED</b>      |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0        | 1        | 1        |
| <b>L1005</b>   | <b>TENSION BASED SCOLIOSIS ORTHOSIS AND<br/>ACCESSORY PADS</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |  |  | 1        | 0        | 1        |
| ANESTHESIOLOGY - PAIN MEDICINE                                     |  |  | 1        | 0        | 1        |
| <b>L1210</b>   | <b>ADDITION TO TLSO LATERAL THORACIC<br/>EXTENSION</b>         |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0        | 1        | 1        |
| <b>L1220</b>   | <b>ADDITION TO TLSO ANTERIOR THORACIC<br/>EXTENSION</b>        |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0        | 1        | 1        |
| <b>L1240</b>   | <b>ADDITION TO TLSO LUMBAR DEROTATION<br/>PAD</b>              |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0        | 1        | 1        |
| <b>L1250</b>   | <b>ADDITION TO TLSO LOW PROFILE ANTERIOR<br/>ASIS PAD</b>      |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0        | 1        | 1        |
| <b>L1260</b>   | <b>ADDITION TLSO ANTERIOR THORACIC<br/>DEROTATION PAD</b>      |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0        | 1        | 1        |
| <b>L1270</b>   | <b>ADDITION TO TLSO LOW PROFILE<br/>ABDOMINAL PAD</b>          |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0        | 1        | 1        |
| <b>L1290</b>   | <b>ADDITION TO TLSO LOW LATERAL<br/>TROCHANTERIC PAD</b>       |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0        | 1        | 1        |
| <b>L1300</b>   | <b>OTH SCOLIOSIS PROC BODY JACKET MOLDED<br/>PT MODEL</b>      |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0        | 1        | 1        |
| <b>L1499</b>   | <b>SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED</b>                 |  | <b>1</b> | <b>1</b> | <b>2</b> |



|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| <b>DME SUPPLIER</b>  |   |  | 1        | 1        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 1        | 2        |
| <b>L1844</b>   | <b>KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND<br/>CALF CUSTOM</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| PSYCHIATRY & NEUROLOGY -<br>NEUROLOGY                        |   |  | 1        | 0        | 1        |
| <b>L1907</b>   | <b>ANKLE ORTHOSIS SUPRAMALLEOLAR WITH<br/>STRAPS CUSTOM</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>L1940</b>   | <b>ANK FT ORTHOSIS PLASTIC/OTH MATERIAL<br/>CUSTOM FAB</b>    |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PODIATRIST</b>  |   |  | 1        | 0        | 1        |
| PODIATRIST - PRIMARY PODIATRIC<br>MEDICINE                   |   |  | 1        | 0        | 1        |
| <b>L1945</b>   | <b>AFO MOLD PT MDL PLSTC RIGD ANT TIBL<br/>SECT CSTM</b>      |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |   |  | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 2        | 0        | 2        |
| <b>L1950</b>   | <b>ANKLE FOOT ORTHOSIS SPIRAL PLASTIC<br/>CUSTOM-FAB</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| PROSTHETIC/ORTHOTIC SUPPLIER                                 |   |  | 1        | 0        | 1        |
| <b>L1960</b>   | <b>AFO POSTERIOR SOLID ANK PLASTIC CUSTOM<br/>FAB</b>         |  | <b>9</b> | <b>0</b> | <b>9</b> |
| <b>DME SUPPLIER</b>  |   |  | 9        | 0        | 9        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 7        | 0        | 7        |
| PROSTHETIC/ORTHOTIC SUPPLIER                                 |   |  | 2        | 0        | 2        |
| <b>L1970</b>   | <b>AFO PLASTIC WITH ANKLE JOINT CUSTOM<br/>FABRICATED</b>     |  | <b>7</b> | <b>2</b> | <b>9</b> |
| <b>DME SUPPLIER</b>  |   |  | 7        | 1        | 8        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 5        | 0        | 5        |
| PROSTHETIC/ORTHOTIC SUPPLIER                                 |   |  | 2        | 1        | 3        |
| <b>HOSPITAL</b>  |   |  | 0        | 1        | 1        |
| SPECIAL HOSPITAL   |   |  | 0        | 1        | 1        |
| <b>L2036</b>   | <b>KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM<br/>FAB</b>          |  | <b>1</b> | <b>0</b> | <b>1</b> |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>L2210</b>   | <b>ADDITION LOWER EXTREM DORSIFLEX ASSIST<br/>EA JOINT</b>  |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 1        | 2        |
| PROSTHETIC/ORTHOTIC SUPPLIER                                 |   |  | 1        | 1        | 2        |
| <b>L2820</b>   | <b>ADD LW EXT ORTH SFT INTERFCE MOLD BELW<br/>KNEE</b>      |  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>DME SUPPLIER</b>  |   |  | 2        | 1        | 3        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| PROSTHETIC/ORTHOTIC SUPPLIER                                 |   |  | 1        | 1        | 2        |
| <b>L2999</b>   | <b>LOWER EXTREMITY ORTHOSES NOT<br/>OTHERWISE SPECIFIED</b> |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>L3060</b>   | <b>FOOT ARCH SUPPORT REMV PREMOLDED<br/>LONGTUDNL/MT EA</b> |  | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   |  | 0        | 1        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |   |  | 0        | 1        | 1        |
| <b>L3761</b>   | <b>ELBOW ORTHOSIS ADJ POS LOCKING JOINT<br/>PREFAB OTS</b>  |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>PHYSICIAN</b>   |   |  | 1        | 0        | 1        |
| ORTHOPAEDIC SURGERY  |   |  | 1        | 0        | 1        |
| <b>L3809</b>   | <b>WRIST HAND FINGER W/O JOINT PREFAB ANY<br/>TYPE</b>      |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>L3924</b>   | <b>HAND-FINGER ORTHOSIS WITHOUT JOINTS<br/>PREFAB</b>       |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>L4631</b>   | <b>AFO WALK BOOT TYP ROCKR BOTTM ANT TIB<br/>SHELL CSTM</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>  |   |  | 2        | 0        | 2        |
| PROSTHETIC/ORTHOTIC SUPPLIER                                 |   |  | 2        | 0        | 2        |

|  |   |          |          |          |
|--|---|----------|----------|----------|
| <b>L5321</b>   | <b>ABOVE KNEE OPEN END SACH FT ENDO SYS 1<br/>AXIS KNEE</b> | <b>1</b> | <b>3</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |   | 1        | 3        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   | 1        | 3        | 4        |
| <b>L5624</b>   | <b>ADDITION LOWER EXTREMITY TEST SOCKET<br/>ABOVE KNEE</b>  | <b>1</b> | <b>3</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |   | 1        | 3        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   | 1        | 3        | 4        |
| <b>L5631</b>   | <b>ADD LOW EXT ABVE KNEE/KNEE DISARTIC<br/>ACRYLC SOCKT</b> | <b>1</b> | <b>3</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |   | 1        | 3        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   | 1        | 3        | 4        |
| <b>L5649</b>   | <b>ADD LW EXT ISCHIAL<br/>CONTAINMENT/NARROW M-L SOCKET</b> | <b>1</b> | <b>3</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |   | 1        | 3        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   | 1        | 3        | 4        |
| <b>L5650</b>   | <b>ADD LOW EXT TOTAL CONTACT ABVE<br/>KNEE/KNEE DISARTC</b> | <b>1</b> | <b>3</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |   | 1        | 3        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   | 1        | 3        | 4        |
| <b>L5651</b>   | <b>ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT<br/>EXT FRME</b> | <b>1</b> | <b>3</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |   | 1        | 3        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   | 1        | 3        | 4        |
| <b>L5652</b>   | <b>ADD LOW EXTREM SUCTN SUSP ABV<br/>KNEE/KNEE DISARTIC</b> | <b>1</b> | <b>3</b> | <b>4</b> |
| <b>DME SUPPLIER</b>  |   | 1        | 3        | 4        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   | 1        | 3        | 4        |
| <b>L5679</b>   | <b>ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT<br/>W/LOCK MECH</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   | 1        | 0        | 1        |
| <b>L5692</b>   | <b>ADD LOW EXTREM ABVE KNEE PELV CONTROL<br/>BELT LIGHT</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   | 1        | 0        | 1        |

|   |   |          |          |          |
|---|---|----------|----------|----------|
| <b>L5812</b>  | <b>ADD ENDOSKEL KNEE-SHIN FRICT SWING AND STANCE CNTRL</b>  | <b>0</b> | <b>3</b> | <b>3</b> |
| <b>DME SUPPLIER</b>                                       |   | 0        | 3        | 3        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |   | 0        | 3        | 3        |
| <b>L5828</b>  | <b>ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL</b>   | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>                                       |   | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |   | 1        | 0        | 1        |
| <b>L5845</b>  | <b>ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ</b>         | <b>1</b> | <b>3</b> | <b>4</b> |
| <b>DME SUPPLIER</b>                                       |   | 1        | 3        | 4        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |   | 1        | 3        | 4        |
| <b>L5848</b>  | <b>ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENS</b>       | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>                                       |   | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |   | 1        | 0        | 1        |
| <b>L5850</b>  | <b>ADD ENDOSKEL SYS AK/HIP DISARTIC KNEE EXT ASST</b>       | <b>0</b> | <b>3</b> | <b>3</b> |
| <b>DME SUPPLIER</b>                                       |   | 0        | 3        | 3        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |   | 0        | 3        | 3        |
| <b>L5856</b>  | <b>ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE</b> | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>                                       |   | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |   | 1        | 0        | 1        |
| PROSTHETIC/ORTHOTIC SUPPLIER                              |   | 1        | 0        | 1        |
| <b>L5920</b>  | <b>ADD ENDOSKEL SYS AK/HIP DISARTIC ALIGNABLE SYSTM</b>     | <b>1</b> | <b>3</b> | <b>4</b> |
| <b>DME SUPPLIER</b>                                       |   | 1        | 3        | 4        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |   | 1        | 3        | 4        |
| <b>L5950</b>  | <b>ADD ENDOSKEL SYSTEM ABVE KNEE AK ULTRA-LGHT MATL</b>     | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>                                       |   | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |   | 1        | 0        | 1        |
| <b>L5974</b>  | <b>ALL LOWER EXTREM PROSTH FT SINGLE AXIS ANK/FOOT</b>      | <b>0</b> | <b>3</b> | <b>3</b> |
| <b>DME SUPPLIER</b>                                       |   | 0        | 3        | 3        |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 0        | 3        | 3        |
| <b>L5986</b>   | <b>ALL LOW EXTREM PROSTH MULTI-AXIAL<br/>ROTATION UNIT</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>L5987</b>   | <b>ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL<br/>LOAD PYLN</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>L7700</b>   | <b>GASKET/SEAL USE PROS SOCKET INSERT ANY<br/>TYPE EA</b>   |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| PROSTHETIC/ORTHOTIC SUPPLIER                                 |   |  | 1        | 0        | 1        |
| <b>L8035</b>   | <b>CSTM BREAST PROSTH POST MASTECT<br/>MOLDED PT MODEL</b>  |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>L8039</b>   | <b>BREAST PROSTHESIS NOT OTHERWISE<br/>SPECIFIED</b>        |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>L8410</b>   | <b>PROSTHETIC SHEATH ABOVE KNEE EACH</b>                    |  | <b>0</b> | <b>3</b> | <b>3</b> |
| <b>DME SUPPLIER</b>  |   |  | 0        | 3        | 3        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 0        | 3        | 3        |
| <b>L8430</b>   | <b>PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE<br/>AK EACH</b>  |  | <b>0</b> | <b>3</b> | <b>3</b> |
| <b>DME SUPPLIER</b>  |   |  | 0        | 3        | 3        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 0        | 3        | 3        |
| <b>L8460</b>   | <b>PROSTHETIC SHRINKER ABOVE KNEE AK EACH</b>               |  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 1        | 0        | 1        |
| <b>L8480</b>   | <b>PROSTHETIC SOCK SINGLE PLY FITTING ABOVE<br/>KNEE EA</b> |  | <b>0</b> | <b>3</b> | <b>3</b> |
| <b>DME SUPPLIER</b>  |   |  | 0        | 3        | 3        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X |   |  | 0        | 3        | 3        |

|   |  |          |          |          |
|---|--|----------|----------|----------|
| <b>L8500</b>  | <b>ARTIFICIAL LARYNX ANY TYPE</b>                          | <b>4</b> | <b>0</b> | <b>4</b> |
| <b>DME SUPPLIER</b>                                       |  | 4        | 0        | 4        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  | 4        | 0        | 4        |
| <b>L8509</b>  | <b>TRACHEO-ESOPH VOICE PROSTH INSRT LIC HEALTH PROV</b>    | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>                                       |  | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  | 2        | 0        | 2        |
| <b>L8511</b>  | <b>INSRT INDWLL TRACHEOESOPH PROS W/WO VALV REPLCMT</b>    | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>DME SUPPLIER</b>                                       |  | 3        | 0        | 3        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  | 3        | 0        | 3        |
| <b>L8513</b>  | <b>CLEANING DEVC USED W/TRACHEOESOPH VOICE PROS PIP</b>    | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DME SUPPLIER</b>                                       |  | 2        | 0        | 2        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  | 2        | 0        | 2        |
| <b>L8614</b>  | <b>COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                    |  | 1        | 0        | 1        |
| <b>L8615</b>  | <b>HEADSET/HEADPIECE COCHLEAR IMPLANT DEVICE REPL</b>      | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>                                       |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  | 1        | 0        | 1        |
| <b>L8616</b>  | <b>MICROPHONE COCHLEAR IMPLANT DEVICE REPLACEMENT</b>      | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>                                       |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  | 1        | 0        | 1        |
| <b>L8619</b>  | <b>COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLER REPL</b>   | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>                                       |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  | 1        | 0        | 1        |
| <b>L8624</b>  | <b>LIB CI/AUD OSSEOINTEG DEVC SP EAR LEVEL REPL EA</b>     | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>                                       |  | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X |  | 1        | 0        | 1        |

|  |   |          |          |          |
|--|---|----------|----------|----------|
| <b>L8699</b>   | <b>PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED</b>           | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>HOSPITAL</b>  |   | 2        | 0        | 2        |
| GENERAL ACUTE CARE HOSPITAL                                  |   | 2        | 0        | 2        |
| <b>Q0085</b>   | <b>CHEMOTHAPY ADMN BOTH INFUS TECH AND OTH TECHIQUE-VST</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1        |
| SPECIAL HOSPITAL   |   | 1        | 0        | 1        |
| <b>Q0091</b>   | <b>SCREEN PAP SMEAR; OBTAIN PREP AND C ONVEY TO LAB</b>     | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |   | 1        | 0        | 1        |
| <b>Q0164</b>   | <b>PROCHLORPERAZINE MALEATE 5 MG ORL NOT GT 48 HR DOSE</b>  | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |   | 1        | 0        | 1        |
| <b>Q0508</b>   | <b>MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD</b>      | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>DME SUPPLIER</b>  |   | 1        | 0        | 1        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 1        | 0        | 1        |
| <b>Q0509</b>   | <b>MISC SPL/ACSS IMPL VAD NO PAYMENT MEDICARE PRT A</b>     | <b>5</b> | <b>0</b> | <b>5</b> |
| <b>DME SUPPLIER</b>  |   | 5        | 0        | 5        |
| DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES - 332B00000X    |   | 5        | 0        | 5        |
| <b>Q2053</b>   | <b>BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C</b>      | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |   | 1        | 0        | 1        |
| <b>Q3001</b>   | <b>ADJUNCTIVE PROCEDURE</b>                                 | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   | 2        | 0        | 2        |
| MULTI-SPECIALTY  |   | 2        | 0        | 2        |
| <b>HOSPITAL</b>  |   | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL                                  |   | 1        | 1        | 2        |
| <b>PHYSICIAN</b>   |   | 1        | 0        | 1        |
| RADIOLOGY - VASCULAR & INTERVENTIONAL RADIOLOGY - 2085R0204X |   | 1        | 0        | 1        |
| <b>SERVICE LOCATION</b>                                      |   | 1        | 0        | 1        |

|  |   |          |          |          |
|--|---|----------|----------|----------|
| <b>Q4081</b>   | <b>INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS</b>            | <b>3</b> | <b>0</b> | <b>3</b> |
| <b>DIALYSIS</b>  |   | 3        | 0        | 3        |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2 |   | 3        | 0        | 3        |
| <b>Q4133</b>   | <b>GRAFIX PRM GRAFIXPL PRM STRAVIX AND STRAVIXPL P SC</b>         | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>HOSPITAL</b>  |   | 2        | 1        | 3        |
| GENERAL ACUTE CARE HOSPITAL                                  |   | 2        | 1        | 3        |
| <b>Q4186</b>   | <b>EPIFIX PER SQ CM</b>   | <b>3</b> | <b>1</b> | <b>4</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   | 1        | 0        | 1        |
| MULTI-SPECIALTY  |   | 1        | 0        | 1        |
| <b>HOSPITAL</b>  |   | 1        | 1        | 2        |
| GENERAL ACUTE CARE HOSPITAL                                  |   | 1        | 1        | 2        |
| <b>PODIATRIST</b>  |   | 1        | 0        | 1        |
| PODIATRIST - FOOT SURGERY                                    |   | 1        | 0        | 1        |
| <b>Q4217</b>   | <b>WNDFIX BLOWND WNDFIX Plus BLOWND Plus WNDFIX X Plus /X Plu</b> | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>PHYSICIAN</b>   |   | 1        | 0        | 1        |
| FAMILY MEDICINE  |   | 1        | 0        | 1        |
| <b>Q5001</b>   | <b>HOSPICE/HOME HEALTH CARE PROV PT HOME/RESIDENCE</b>            | <b>0</b> | <b>2</b> | <b>2</b> |
| <b>HOSPICE</b>   |   | 0        | 2        | 2        |
| HOSPICE, INPATIENT   |   | 0        | 2        | 2        |
| <b>Q5005</b>   | <b>HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL</b>                | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPICE</b>   |   | 1        | 0        | 1        |
| HOSPICE, INPATIENT   |   | 1        | 0        | 1        |
| <b>Q5103</b>   | <b>INJECTION INFlixIMAB-DYYB BIOSIMILAR 10 MG</b>                 | <b>0</b> | <b>1</b> | <b>1</b> |
| <b>GROUP OF PROVIDERS</b>                                    |   | 0        | 1        | 1        |
| SINGLE SPECIALTY   |   | 0        | 1        | 1        |
| <b>Q5111</b>   | <b>INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG</b>             | <b>1</b> | <b>0</b> | <b>1</b> |
| <b>HOSPITAL</b>  |   | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL                                  |   | 1        | 0        | 1        |
| <b>Q9966</b>   | <b>LOCM 200-299 MG/ML IODINE CONCENTRATION PER ML</b>             | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>PHYSICIAN</b>   |   | 2        | 0        | 2        |



|  |   |  |           |           |           |
|--|---|--|-----------|-----------|-----------|
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 2         | 0         | 2         |
| <b>Q9967</b>   | <b>LOCM 300-399 MG/ML IODINE<br/>CONCENTRATION PER ML</b>     |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0         | 1         |
| HEMATOLOGY & ONCOLOGY  |   |  | 1         | 0         | 1         |
| <b>S0028</b>   | <b>INJECTION FAMOTIDINE 20 MG</b>                             |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0         | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0         | 1         |
| <b>S0164</b>   | <b>INJECTION PANTOPRAZOLE SODIUM 40 MG</b>                    |  | <b>1</b>  | <b>0</b>  | <b>1</b>  |
| <b>PHYSICIAN</b>   |   |  | 1         | 0         | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   |  | 1         | 0         | 1         |
| <b>S0201</b>   | <b>PARTIAL HOSPITALIZATION SERVICES LT 24<br/>HR PER DIEM</b> |  | <b>10</b> | <b>0</b>  | <b>10</b> |
| <b>REHABILITATION CENTER</b>                                       |   |  | 10        | 0         | 10        |
| SUBSTANCE ABUSE REHABILITATION<br>FACILITY                         |   |  | 10        | 0         | 10        |
| <b>S1040</b>   | <b>CRANIAL REMOLDING ORTHOTIC PED RIGID<br/>CUSTOM FAB</b>    |  | <b>3</b>  | <b>10</b> | <b>13</b> |
| <b>DME SUPPLIER</b>  |   |  | 3         | 7         | 10        |
| DURABLE MEDICAL EQUIPMENT &<br>MEDICAL SUPPLIES - 332B00000X       |   |  | 1         | 0         | 1         |
| PROSTHETIC/ORTHOTIC SUPPLIER                                       |   |  | 2         | 7         | 9         |
| <b>GROUP OF PROVIDERS</b>  |   |  | 0         | 1         | 1         |
| <b>TIN OWNER</b>   |   |  | 0         | 2         | 2         |
| <b>S1091</b>   | <b>STENT NONCORONARY TEMPORARY WITH<br/>DELIVERY SYSTEM</b>   |  | <b>4</b>  | <b>1</b>  | <b>5</b>  |
| <b>AMBULATORY SURGICAL CENTER</b>                                  |   |  | 0         | 1         | 1         |
| CLINIC/CENTER - AMBULATORY<br>SURGICAL                             |   |  | 0         | 1         | 1         |
| <b>PHYSICIAN</b>   |   |  | 4         | 0         | 4         |
| OTOLARYNGOLOGY   |   |  | 4         | 0         | 4         |
| <b>S2068</b>   | <b>BREAST RECON DIEP/SIEA FLAP and CLOS<br/>DONR SITE UNI</b> |  | <b>9</b>  | <b>0</b>  | <b>9</b>  |
| <b>HOSPITAL</b>  |   |  | 9         | 0         | 9         |
| GENERAL ACUTE CARE HOSPITAL  |   |  | 9         | 0         | 9         |

|  |   |           |          |           |
|--|---|-----------|----------|-----------|
| <b>S2095</b>   | <b>TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC<br/>PERQ METH USI</b> | <b>7</b>  | <b>2</b> | <b>9</b>  |
| <b>GROUP OF PROVIDERS</b>  |   | 2         | 0        | 2         |
| MULTI-SPECIALTY  |   | 2         | 0        | 2         |
| <b>HOSPITAL</b>  |   | 3         | 2        | 5         |
| GENERAL ACUTE CARE HOSPITAL  |   | 3         | 2        | 5         |
| <b>PHYSICIAN</b>   |   | 1         | 0        | 1         |
| RADIOLOGY - VASCULAR &<br>INTERVENTIONAL RADIOLOGY -<br>2085R0204X |   | 1         | 0        | 1         |
| <b>SERVICE LOCATION</b>  |   | 1         | 0        | 1         |
| <b>S2900</b>   | <b>SURG TECHNIQUES REQUIRING USE ROBOTIC<br/>SURG SYS</b>   | <b>10</b> | <b>3</b> | <b>13</b> |
| <b>HOSPITAL</b>  |   | 10        | 3        | 13        |
| GENERAL ACUTE CARE HOSPITAL  |   | 8         | 3        | 11        |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |   | 2         | 0        | 2         |
| <b>S5125</b>   | <b>ATTENDANT CARE SERVICES; PER 15 MINUTES</b>              | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>HOME HEALTH AGENCY</b>  |   | 1         | 1        | 2         |
| HOME HEALTH  |   | 0         | 1        | 1         |
| IN HOME SUPPORTIVE CARE  |   | 1         | 0        | 1         |
| <b>S5517</b>   | <b>HIT ALL SPL NECES RESTOR CATH<br/>PATENCY/DECLOT</b>     | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>PHARMACY</b>  |   | 1         | 2        | 3         |
| HOME INFUSION  |   | 1         | 2        | 3         |
| <b>S9123</b>   | <b>NURSING CARE THE HOME; REGISTERED<br/>NURSE PER HOUR</b> | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOME HEALTH AGENCY</b>  |   | 1         | 0        | 1         |
| HOME HEALTH  |   | 1         | 0        | 1         |
| <b>S9124</b>   | <b>NURSING CARE IN THE HOME; BY LPN PER<br/>HOUR</b>        | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>HOME HEALTH AGENCY</b>  |   | 2         | 1        | 3         |
| HOME HEALTH  |   | 2         | 1        | 3         |
| <b>S9126</b>   | <b>HOSPICE CARE IN THE HOME PER DIEM</b>                    | <b>1</b>  | <b>0</b> | <b>1</b>  |
| <b>HOSPICE</b>   |   | 1         | 0        | 1         |
| HOSPICE, INPATIENT   |   | 1         | 0        | 1         |
| <b>S9127</b>   | <b>SOCIAL WORK VISIT IN THE HOME PER DIEM</b>               | <b>2</b>  | <b>0</b> | <b>2</b>  |
| <b>DIALYSIS</b>  |   | 2         | 0        | 2         |

|  |   |  |          |          |          |
|--|---|--|----------|----------|----------|
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2   |   |  | 2        | 0        | 2        |
| <b>S9128</b>   | <b>SPEECH THERAPY IN THE HOME PER DIEM</b>                  |  | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>HOME HEALTH AGENCY</b>                                      |   |  | 1        | 0        | 1        |
| HOME HEALTH  |   |  | 1        | 0        | 1        |
| <b>REHABILITATION CENTER</b>                                   |   |  | 0        | 1        | 1        |
| CLINIC/CENTER - REHABILITATION, COMPREHENSIVE OUTPATIENT REH   |   |  | 0        | 1        | 1        |
| <b>S9129</b>   | <b>OCCUPATIONAL THERAPY IN THE HOME PER DIEM</b>            |  | <b>3</b> | <b>2</b> | <b>5</b> |
| <b>HOME HEALTH AGENCY</b>                                      |   |  | 3        | 2        | 5        |
| HOME HEALTH  |   |  | 3        | 2        | 5        |
| <b>S9131</b>   | <b>PHYSICAL THERAPY; IN THE HOME PER DIEM</b>               |  | <b>7</b> | <b>1</b> | <b>8</b> |
| <b>HOME HEALTH AGENCY</b>                                      |   |  | 7        | 1        | 8        |
| HOME HEALTH  |   |  | 7        | 1        | 8        |
| <b>S9152</b>   | <b>SPEECH THERAPY RE-EVALUATION</b>                         |  | <b>2</b> | <b>3</b> | <b>5</b> |
| <b>GROUP OF PROVIDERS</b>                                      |   |  | 0        | 1        | 1        |
| <b>HOSPITAL</b>  |   |  | 1        | 0        | 1        |
| GENERAL ACUTE CARE HOSPITAL - CHILDREN                         |   |  | 1        | 0        | 1        |
| <b>REHABILITATION CENTER</b>                                   |   |  | 1        | 2        | 3        |
| CLINIC/CENTER - REHABILITATION                                 |   |  | 0        | 1        | 1        |
| CLINIC/CENTER - REHABILITATION, COMPREHENSIVE OUTPATIENT REH   |   |  | 1        | 1        | 2        |
| <b>S9335</b>   | <b>HOM TX HD; ADMIN PROF PHRM SRVC SPL AND EQP PER DIEM</b> |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DIALYSIS</b>  |   |  | 2        | 0        | 2        |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2   |   |  | 2        | 0        | 2        |
| <b>S9445</b>   | <b>PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN</b>     |  | <b>5</b> | <b>1</b> | <b>6</b> |
| <b>CHEMICAL DEPENDENCY TREATMENT FACILITY (TCADA APPROVED)</b> |   |  | 5        | 1        | 6        |
| CLINIC/CENTER - REHABILITATION, SUBSTANCE USE DISORDER - 261   |   |  | 5        | 1        | 6        |
| <b>S9470</b>   | <b>NUTRITIONAL COUNSELING DIETITIAN VISIT</b>               |  | <b>2</b> | <b>0</b> | <b>2</b> |
| <b>DIALYSIS</b>  |   |  | 2        | 0        | 2        |
| CLINIC/CENTER - END-STAGE RENAL DISEASE (ESRD) TREATMENT - 2   |   |  | 2        | 0        | 2        |
| <b>S9480</b>   | <b>INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM</b>           |  | <b>4</b> | <b>0</b> | <b>4</b> |

|  |  |  |              |             |              |
|--|--|--|--------------|-------------|--------------|
| <b>HOSPITAL</b>  |  |  | 4            | 0           | 4            |
| PSYCHIATRIC HOSPITAL   |  |  | 4            | 0           | 4            |
| <b>S9500</b>   | <b>HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q24<br/>HRS DIEM</b>       |  | <b>1</b>     | <b>1</b>    | <b>2</b>     |
| <b>PHARMACY</b>  |  |  | 1            | 1           | 2            |
| HOME INFUSION  |  |  | 1            | 1           | 2            |
| <b>S9501</b>   | <b>HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q12<br/>HRS DIEM</b>       |  | <b>0</b>     | <b>1</b>    | <b>1</b>     |
| <b>PHARMACY</b>  |  |  | 0            | 1           | 1            |
| HOME INFUSION  |  |  | 0            | 1           | 1            |
| <b>S9988</b>   | <b>SERV PROVIDED AS PART OF PHASE 1<br/>CLINICAL TRIAL</b>     |  | <b>1</b>     | <b>1</b>    | <b>2</b>     |
| <b>HOSPITAL</b>  |  |  | 1            | 1           | 2            |
| GENERAL ACUTE CARE HOSPITAL -<br>CHILDREN                          |  |  | 1            | 1           | 2            |
| <b>T1007</b>   | <b>ALCOHOL and /SUBSTNC ABS SRVC TX PLAN<br/>DVLP and /MOD</b> |  | <b>5</b>     | <b>1</b>    | <b>6</b>     |
| <b>CHEMICAL DEPENDENCY TREATMENT<br/>FACILITY (TCADA APPROVED)</b> |  |  | 5            | 1           | 6            |
| CLINIC/CENTER - REHABILITATION,<br>SUBSTANCE USE DISORDER - 261    |  |  | 5            | 1           | 6            |
| <b>T1030</b>   | <b>NURSING CARE THE HOME REGISTERED<br/>NURSE PER DIEM</b>     |  | <b>0</b>     | <b>1</b>    | <b>1</b>     |
| <b>GROUP OF PROVIDERS</b>  |  |  | 0            | 1           | 1            |
| <b>T2042</b>   | <b>HOSPICE ROUTINE HOME CARE; PER DIEM</b>                     |  | <b>2</b>     | <b>0</b>    | <b>2</b>     |
| <b>GROUP OF PROVIDERS</b>  |  |  | 1            | 0           | 1            |
| <b>HOSPICE</b>   |  |  | 1            | 0           | 1            |
| HOSPICE, INPATIENT   |  |  | 1            | 0           | 1            |
| <b>T2045</b>   | <b>HOSPICE GENERAL INPATIENT CARE; PER<br/>DIEM</b>            |  | <b>5</b>     | <b>0</b>    | <b>5</b>     |
| <b>HOSPICE</b>   |  |  | 5            | 0           | 5            |
| HOSPICE, INPATIENT   |  |  | 5            | 0           | 5            |
| <b>Prior Authorization Grand Totals</b>                            |  |  | <b>23790</b> | <b>8218</b> | <b>32008</b> |