

Sheet1

PRC	PRO	PI	PRO	MOD2	C	PRO	PRO	DESC	C	45	PRO	FE	PR	PR	PRO	PRO	PR
1	95120	PR	Allergy Injection			5.00					0.0	INJ	S				
2	82137	PR	Aminophylline level			8.00	3	1			0.0	LAB	S				
3	86800	PR	Antithriodglobulin			62.00	3	1			0.0	LAB					
4	93910	PR	Arterial Evaluation - Lower Extremities			20.00	3	1			0.0	LAB	S				
5	93890	PR	Arterial Evaluation - Upper Extremities			20.00	3	1			0.0	LAB	S				
6	82606	PR	B12 Injection			5.00					0.0	INJ					
7	82251	PR	Bilirubin (Direct)			8.00	3	1			0.0	LAB	S				
8	GROUP		Biopsy			0.00					1.0	BIO					
9	82948	PR	Blood Sugar Level			7.50					0.0	LAB					
10	84006	MR	Blood color test			50.00	1	3			0.0	LAB					
11	84006	PR	Blood color test			50.00	1	3			0.0	LAB					
12	84002	MC	Blood thickness test			66.00	3	1			0.0	LAB					
13	84004	MC	Blood water test			88.00	3	1			0.0	LAB					
14	85013	PR	CBC & Platelets			12.00					0.0	LAB	S				
15	78770	PR	Cell injection			450.00	3	1			1.0	TST	N				
16	45378	PR	Colonoscopy beyond Splenic Flexure			500.00					0.0	LAB					
17	45380	PR	Colonoscopy to Cecum With Biopsy			550.00					0.0	BIO					
18	45360	PR	Colonoscopy to Splenic Flexure			400.00	3	1			1.0	LAB	S				
19	90080	PR	Comprehensive Office Visit			32.00	3	1			0.0	OV	S				
20	90020	PR	Comprehensive Office Visit - New Patient			50.00	3	1			0.0	OV	S				
21	80661	PR	Coronary Risk Profile			35.00					0.0	LAB	S				
22	45012	PR	Defibrillation			45.00	3	1			1.5	PHY	Y				
23	76627	PR	Echocardiogram			250.00	3	1			0.0	LAB					
24	43202	PR	Esophagoscopy with Biopsy			300.00					0.0	BIO	Y				
25	90070	PR	Extended Office Visit			30.00	3	1			0.0	OV	S				
26	45331	PR	Flexible Sigmoidoscopy with Boipsy			250.00					1.0	BIO	Y				
27	90724	PR	Flu Injection			7.50					0.0	INJ	S				
28	83020	PR	Hemoglobin Electrophoresis			75.00	3	1			0.0	ELP					
29	86287	PR	Hepatitis Diagnostic Profile			85.00					0.0	LAB					
30	97122	PR	Hospital Outpatient Testing			105.00	6	1			1.0	HOS	N				
31	90240	PR	Hospital Visit			30.00	2	1			1.0	HOS	N				
32	GROUP		Hospital Visits			0.00					1.0	HOS					
33	90060	PR	Intermediate Office Visit			27.00	3	1			0.0	OV					
34	90015	PR	Intermediate Office Visit - New Patient			30.00	3	1			0.0	OV	S				
35	30610	PR	Intra-Articular Injection			25.00					0.0	INJ	Y				
36	GROUP		Laboratory Procedures			0.00					1.0	LAB					
37	83715	PR	Lipoprotein Electrophoresis			75.00	3	1			0.0	ELP					
38	47010	IN	Liver Biopsy			95.00	1	1			0.0	BIO					
39	47000	PR	Liver Biopsy			100.00					0.0	BIO					
40	47010	PR	Liver Biopsy - two section			95.00	1	1			0.0	BIO					
41	80058	PR	Liver Profile			45.00	3	1			0.0	LAB	S				
42	90050	PR	Office Visit			25.00	3	1			0.0	OV					
43	90050	MC	Office Visit - Medical version			44.00	Q	1			0.0	OV	Y				
44	90050	RR	Office Visit - Rail Road version			55.00	3	1			0.0	OV					
45	97110	PR	Outpatient Services			25.00	3	1			1.0	HOS	N				
46	33210	PR	Pacemaker Implant			325.00					0.0	LAB					
47	49080	PR	Paracentesis			80.00					0.0	LAB					
48	GROUP		Physical Therapy			0.00					1.0	PHY					

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49 85580	PR	Platelet Count	10.00	3	1	1.0	LAB	Y
50 83965	PR	Protein Electrophoresis	75.00	3	1	0.0	ELP	
51 87060	PR	Throat Culture	25.00	2	1	0.0	LAB	
52 81000	PR	Urinalysis	5.00	2	1	0.0	CU	S
53 87070	PR	Urine Culture	30.00	2	1	0.0	LAB	Y
54 82606	PR	Wasp venom neutralizer	22.00	3	1	0.0	INJ	
55 GROUP		X Ray Studies	0.00			1.0	XRA	
56 67124 M1	PR	Added procedure during test	35.00	3	1	1.0	TST	Y
57 67126 M1	PR	Entered test procedure	47.50	3	1	1.0	TST	N
58		erased	0.00			0.0		
59		erased	0.00	3		1.0		
60		erased	0.00			1.0	TST	N
61 90020	IN	Comprehensive Office Visit - New Patient	55.00	3	1	1.0		
62 GROUP		Office Visits				1.0	OV	
63 00001	IN	Pre-paid Office Visit	0.00			1.0		

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