

Procedure Code Summary Report

Servicing Provider ID	Servicing Provider Name	Servicing Provider Type Description	PCES Count	NON PCES Count	Total Count	Recalculated EM Percent
111111	PHYSICIAN, ANY	MD-PHYSICIAN	2,077	2,792	4,869	43%
222222	PRACTITIONER, A.N.	REGISTERED NURSE PRACTITIONER	200	20	220	91%
Overall - Summary			2,277	2,812	5,089	45%

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11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE. (EG, INGROWN OF	0	5
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	0	2
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHE	0	14
20550	Injections of tendon sheath, ligament, or muscle membrane	0	1
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (E	0	2
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (E	0	10
3017F	Colorectal cancer screening results documented and reviewed (pv)	0	3
69210	Removal of impact ear wax, one ear	0	21
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEM	0	85
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEM	0	68
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAAC), QUALITATIVE; FECES	0	57
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA	0	545
83014	HELICOBACTER PYLORI; DRUG ADMINISTRATION	0	11
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	0	11
87430	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQ	0	3
87880	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSE	0	64
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, S	112	0
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, S	6	0
90658	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO	3	76
90718	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO	0	7
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOS	0	31
90746	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCUI	0	1
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIR	0	2
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DE	0	3
96101	Psychological testing with interpretation and report by psychologist or physicia	0	5
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	0	761
99058	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRU	0	3
99201	New patient office or other outpatient visit, typically 10 minutes	5	0
99202	New patient office or other outpatient visit, typically 20 minutes	35	0
99203	New patient office or other outpatient visit, typically 30 minutes	117	0
99204	New patient office or other outpatient visit, typically 45 minutes	24	0
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMEN	52	0
99212	Established patient office or other outpatient visit, typically 10 minutes	85	0
99213	Established patient office or other outpatient visit, typically 15 minutes	853	0
99214	Established patient office or other outpatient, visit typically 25 minutes	942	0
99215	Established patient office or other outpatient, visit typically 40 minutes	8	0
99244	Patient office consultation, typically 60 minutes	1	0
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEME	3	0
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEME	6	0
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEME	4	0

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Procedure Code	Procedure Code Description	PCES Count	NON PCES Count
99394	Established patient periodic preventive medicine examination, age 12 through 17	11	0
99395	Established patient periodic preventive medicine examination age 18-39 years	8	0
99397	Established patient periodic preventive medicine examination, age 65 years and o	2	0
A4550	SURGICAL TRAYS	0	4
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD	0	2
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	0	12
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EX.	0	139
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	0	2
G0434	DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLA	0	4
G0439	ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF S	0	1
G8417	Bmi is documented above normal parameters and a follow-up plan is documented	0	3
G8506	PATIENT RECEIVING ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR A	0	1
G8553	PRESCRIPTION(S) GENERATED AND TRANSMITTED VIA A QUALIFIED ERX SYSTE	0	6
G8579	ANTIPLATELET MEDICATION AT DISCHARGE	0	4
G8590	MOST RECENT DIASTOLIC BLOOD PRESSURE < 90 MMHG	0	5
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	0	2
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	0	23
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	0	98
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	0	384
J1815	INJECTION, INSULIN, PER 5 UNITS	0	5
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0	74
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	0	13
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	0	13
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	0	2
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	0	114
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANC	0	91
Q2036	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUAL	0	17
S9999	SALES TAX	0	2
Overall - Summary		2,277	2,812

5089

Total count