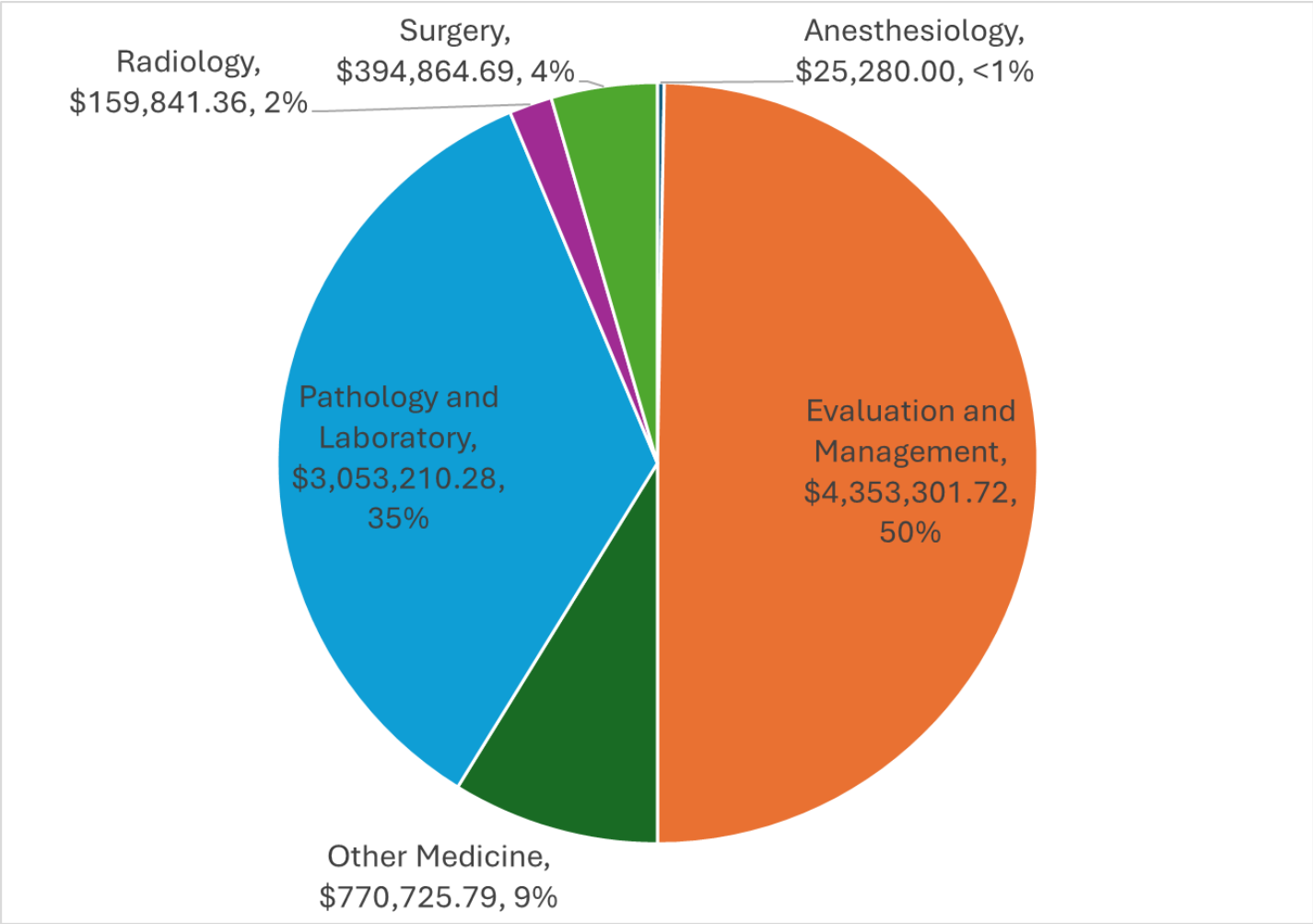


# Outpatient Ambulatory Health Services

## Ryan White Program 2024-2025



## Evaluation and Management—Expenditure Sort (\$23,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	<b>Evaluation and Management</b>	<b>\$1,022.01</b>	<b>\$10,014.42</b>	<b>\$22.68</b>	<b>26</b>	-	<b>4,259</b>	<b>\$4,353,301.72</b>
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	\$830.59	\$6,389.70	\$255.60	19	visits	3,174	\$2,636,306.10
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	\$536.23	\$6,206.20	\$173.98	26	visits	2,203	\$1,181,323.70
99204	OFFICE OUTPATIENT NEW 45 MINUTES	\$468.38	\$1,427.80	\$356.95	4	visits	358	\$167,679.88
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	\$177.06	\$939.50	\$93.95	10	visits	747	\$132,262.80
99203	OFFICE OUTPATIENT NEW 30 MINUTES	\$310.69	\$1,104.50	\$220.90	5	visits	391	\$121,480.00
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	\$46.91	\$357.90	\$22.68	9	visits	711	\$33,352.10
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	\$321.95	\$1,183.25	\$236.65	5	visits	86	\$27,688.05
99420	HEALTH RISK ASSESSMENT TEST	\$125.68	\$250.00	\$125.00	2	instance	183	\$23,000.00

## Evaluation and Management—Client Sort (over 100)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	<b>Evaluation and Management</b>	<b>\$1,022.01</b>	<b>\$10,014.42</b>	<b>\$22.68</b>	<b>26</b>	-	<b>4,259</b>	<b>\$4,353,301.72</b>
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	\$830.59	\$6,389.70	\$255.60	19	visit	3,174	\$2,636,306.10
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	\$536.23	\$6,206.20	\$173.98	26	visit	2,203	\$1,181,323.70
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	\$177.06	\$939.50	\$93.95	10	visit	747	\$132,262.80
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	\$46.91	\$357.90	\$22.68	9	visit	711	\$33,352.10
99203	OFFICE OUTPATIENT NEW 30 MINUTES	\$310.69	\$1,104.50	\$220.90	5	visit	391	\$121,480.00
99204	OFFICE OUTPATIENT NEW 45 MINUTES	\$468.38	\$1,427.80	\$356.95	4	visit	358	\$167,679.88
99420	HEALTH RISK ASSESSMENT TEST	\$125.68	\$250.00	\$125.00	2	instances	183	\$23,000.00
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	\$53.41	\$155.52	\$38.88	4	instances	107	\$5,715.36

## Anesthesia-Expenditure Sort (All) \*Details Included

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)*	Unduplicated Clients Using Service	Total Expenditures
-	<b>Anesthesiology</b>	<b>\$274.78</b>	<b>\$680.00</b>	<b>\$160.00</b>	<b>17</b>	<b>92</b>	<b>\$25,280.00</b>
812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	\$208.80	\$400.00	\$160.00	2 visits (10 units total)	50	\$10,440.00
813	ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	\$325.33	\$400.00	\$280.00	1 visit (10 units total)	15	\$4,880.00
902	ANESTHESIA ANORECTAL PROCEDURE	\$326.67	\$680.00	\$240.00	2 visits (17 units total)	12	\$3,920.00
731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	\$274.29	\$520.00	\$240.00	2 visits (13 units total)	14	\$3,840.00
811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	\$240.00	\$280.00	\$200.00	1 visit (7 units total)	5	\$1,200.00
142	ANESTHESIA EYE LENS SURGERY	\$333.33	\$360.00	\$320.00	1 visit (9 units total)	3	\$1,000.00

Pathology and Labs—Expenditure Sort (\$10,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	<b>Pathology and Laboratory</b>	<b>\$751.84</b>	<b>\$4,892.09</b>	<b>\$3.28</b>	<b>42</b>	-	<b>4,061</b>	<b>\$3,053,210.28</b>
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	\$163.14	\$765.90	\$85.10	9	test ~monthly	3,908	\$637,569.20
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	\$127.63	\$877.25	\$35.09	25	9 visits x 1-3 test per visit	3,298	\$420,939.64
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	\$127.37	\$877.25	\$35.09	25	9 visits x 1-3 test per visit	3,256	\$414,728.71
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	\$80.37	\$281.88	\$46.98	6	6 visits x 1 test	2,693	\$216,436.86
86359	T CELLS TOTAL COUNT	\$60.46	\$264.11	\$37.73	7	7 visits x 1 test	1,783	\$107,794.61
87901	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS	\$267.85	\$772.35	\$257.45	3	3 visits x 1 test	297	\$79,552.05
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	\$66.27	\$185.94	\$61.98	3	3 visits x 1 test	1,186	\$78,590.64
80053	COMPREHENSIVE METABOLIC PANEL	\$20.15	\$116.16	\$10.56	11	11 visits x 1 test	3,804	\$76,633.92
86361	T CELLS ABSOLUTE CD4 COUNT	\$44.10	\$133.90	\$26.78	5	5 visits x 1 test	1,467	\$64,700.48
80061	LIPID PANEL	\$21.70	\$107.12	\$13.39	8	8 visits x 1 test	2,938	\$63,763.18
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	\$110.01	\$414.42	\$26.89	6	3 visits x 2 units each	459	\$50,494.92
86803	HEPATITIS C ANTIBODY	\$21.56	\$71.35	\$14.27	5	5 visits x 1 test	2,282	\$49,188.69
87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	\$137.02	\$391.05	\$130.35	3	3 visits x 1 test	293	\$40,147.80
87906	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	\$135.33	\$386.19	\$128.73	3	3 visits x 1 test	273	\$36,945.51
86357	NATURAL KILLER CELLS TOTAL COUNT	\$48.94	\$113.19	\$37.73	3	3 visits x 1 test	747	\$36,560.37
86355	B CELLS TOTAL COUNT	\$48.91	\$113.19	\$37.73	3	3 visits x 1 test	739	\$36,145.34
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	\$42.11	\$236.80	\$29.60	8	8 visits x 1 test	847	\$35,668.00
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	\$106.91	\$300.00	\$100.00	3	3 visits x 1 test	333	\$35,600.00
84403	ASSAY OF TESTOSTERONE TOTAL	\$46.45	\$206.48	\$25.81	8	8 visits x 1 test	659	\$30,610.66

## Pathology and Labs—Expenditure Sort (\$10,000 +) continued

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
83036	HEMOGLOBIN GLYCOSYLATED A1C	\$14.85	\$77.68	\$9.71	8	8 visits x 1 test	2,059	\$30,567.08
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIRRNTL WBC	\$12.84	\$69.93	\$7.77	9	9 visits x 1 test; appears weekly over 2 months period	2,363	\$30,341.85
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	\$8.23	\$34.16	\$4.27	8	8 visits over 7 months x 1 test	3,141	\$25,850.58
86780	ANTIBODY TREPONEMA PALLIDUM	\$23.79	\$66.20	\$13.24	5	5 visits x 1 test	1,005	\$23,911.44
0064U	ANTIBODY TREPONEMA PALLIDUM TOTAL & RPR IA QUAL	\$38.13	\$93.99	\$31.33	3	3 visits x 1 test	604	\$23,027.55
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	\$22.98	\$134.40	\$16.80	8	8 visits x 1 test	941	\$21,621.60
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$146.91	\$619.56	\$36.14	12	1 visit (12 units)	131	\$19,244.56
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	\$12.68	\$72.31	\$10.33	7	7 visits x 1 test	1,356	\$17,189.12
86708	HEPATITIS A ANTIBODY HAAB	\$14.50	\$74.34	\$12.39	6	6 visits x 1 test	1,093	\$15,846.81

## Pathology and Labs—Expenditure Sort (\$10,000 +) continued

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	\$13.84	\$84.35	\$12.05	7	7 visits x 1 test	1,063	\$14,713.05
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	\$52.51	\$140.36	\$35.09	4	4 visits x 1 test	280	\$14,702.71
87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	\$63.22	\$171.36	\$42.84	4	4 visits x 1 test	227	\$14,351.40
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	\$5.41	\$31.70	\$3.17	10	10 visits x 1 test (2 months with 2-3 tests)	2,265	\$12,258.39
88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	\$162.10	\$398.25	\$79.65	5	5 visits x 1 test	74	\$11,995.26
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	\$23.80	\$147.12	\$18.39	8	8 visits x 1 test	435	\$10,353.57
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	\$35.21	\$70.18	\$35.09	2	2 visits x 1 test	293	\$10,316.46

## Pathology-Client Sort (over 670)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	<b>Pathology and Laboratory</b>	<b>\$751.84</b>	<b>\$4,892.09</b>	<b>\$3.28</b>	<b>42</b>	-	<b>4,061</b>	<b>\$3,053,210.28</b>
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	\$163.14	\$765.90	\$85.10	9	test ~monthly	3,908	\$637,569.20
80053	COMPREHENSIVE METABOLIC PANEL	\$20.15	\$116.16	\$10.56	11	11 visits x 1 test	3,804	\$76,633.92
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	\$127.63	\$877.25	\$35.09	25	9 visits x 1-3 test per visit	3,298	\$420,939.64
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	\$127.37	\$877.25	\$35.09	25	9 visits x 1-3 test per visit	3,256	\$414,728.71
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	\$8.23	\$34.16	\$4.27	8	8 visits over 7 months x 1 test	3,141	\$25,850.58
80061	LIPID PANEL	\$21.70	\$107.12	\$13.39	8	8 visits x 1 test	2,938	\$63,763.18
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	\$80.37	\$281.88	\$46.98	6	6 visits x 1 test	2,693	\$216,436.86
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	\$12.84	\$69.93	\$7.77	9	9 visits x 1 test; appears weekly over 2 months period	2,363	\$30,341.85
86803	HEPATITIS C ANTIBODY	\$21.56	\$71.35	\$14.27	5	5 visits x 1 test	2,282	\$49,188.69
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	\$5.41	\$31.70	\$3.17	10	10 visits x 1 test (2 months with 2-3 tests)	2,265	\$12,258.39
83036	HEMOGLOBIN GLYCOSYLATED A1C	\$14.85	\$77.68	\$9.71	8	5 visits x 1 test	2,059	\$30,567.08
86359	T CELLS TOTAL COUNT	\$60.46	\$264.11	\$37.73	7	7 visits x 1 test	1,783	\$107,794.61

## Pathology-Client Sort (over 670) continued

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
86361	T CELLS ABSOLUTE CD4 COUNT	\$44.10	\$133.90	\$26.78	5	5 visits x 1 test	1,467	\$64,700.48
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	\$12.68	\$72.31	\$10.33	7	7 visits x 1 test	1,356	\$17,189.12
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	\$66.27	\$185.94	\$61.98	3	3 visits x 1 test	1,186	\$78,590.64
86593	SYPHILIS TEST QUANTITATIVE	\$7.76	\$22.00	\$4.40	5	5 visits x 1 test (1 month-2 test)	1,135	\$8,804.40
86708	HEPATITIS A ANTIBODY HAAB	\$14.50	\$74.34	\$12.39	6	6 visits x 1 test	1,093	\$15,846.81
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	\$13.84	\$84.35	\$12.05	7	7 visits x 1 test	1,063	\$14,713.05
86780	ANTIBODY TREPONEMA PALLIDUM	\$23.79	\$66.20	\$13.24	5	5 visits x 1 test (1 month-2 test)	1,005	\$23,911.44
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	\$22.98	\$134.40	\$16.80	8	8 visits x 1 test	941	\$21,621.60
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	\$42.11	\$236.80	\$29.60	8	8 visits x 1 test	847	\$35,668.00
86357	NATURAL KILLER CELLS TOTAL COUNT	\$48.94	\$113.19	\$37.73	3	3 visits x 1 test	747	\$36,560.37
86706	HEPATITIS B SURF ANTIBODY HBSAB	\$12.57	\$42.96	\$10.74	4	4 visits x 1 test	741	\$9,311.58
86355	B CELLS TOTAL COUNT	\$48.91	\$113.19	\$37.73	3	3 visits x 1 test	739	\$36,145.34
82043	URINE ALBUMIN QUANTITATIVE	\$8.19	\$23.12	\$5.78	4	4 visits x 1 test	687	\$5,623.94

Radiology—**Expenditure** sort (\$3,000 +) \*Details Included

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)*	Unduplicated Clients Using Service	Total Expenditures
-	<b>Radiology</b>	<b>\$290.62</b>	<b>\$25,044.81</b>	<b>\$8.73</b>	<b>35</b>	<b>550</b>	<b>\$159,841.36</b>
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	\$19,630.45	\$19,630.45	\$19,630.45	35 visits (35 units total)	1	\$19,630.45
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	\$1,639.66	\$2,981.20	\$1,490.60	2 visits (2 units total)	10	\$16,396.60
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	\$442.15	\$442.15	\$442.15	1 visit (1 unit total)	30	\$13,264.50
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	\$128.67	\$130.87	\$37.24	1 visit (1 unit total)	85	\$10,936.69
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	\$121.87	\$239.08	\$104.75	1 visit (2 units total)	75	\$9,140.26
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	\$8,973.92	\$8,973.92	\$8,973.92	16 visits (16 units total)	1	\$8,973.92
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	\$345.97	\$366.42	\$111.71	1 visit (1 unit total)	17	\$5,881.49
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	\$112.07	\$222.10	\$104.75	2 visits (2 units total)	47	\$5,267.40
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	\$44.69	\$173.65	\$10.71	4 visits (5 units total)	96	\$4,290.27
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	\$365.44	\$454.90	\$317.78	1 visit (2 units total)	9	\$3,288.98
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	\$1,023.26	\$1,320.21	\$429.35	1 visit (1 unit total)	3	\$3,069.77

## Radiology—Client sort (over 10) \*Details Included

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)*	Unduplicated Clients Using Service	Total Expenditures
-	<b>Radiology</b>	<b>\$290.62</b>	<b>\$25,044.81</b>	<b>\$8.73</b>	<b>35</b>	<b>550</b>	<b>\$159,841.36</b>
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	\$44.69	\$173.65	\$10.71	5 visits (5 units total)	96	\$4,290.27
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	\$128.67	\$130.87	\$37.24	1 visit (1 unit total)	85	\$10,936.69
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	\$121.87	\$239.08	\$104.75	1 visit (2 units total)	75	\$9,140.26
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	\$112.07	\$222.10	\$104.75	1 visit (2 units total)	47	\$5,267.40
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	\$442.15	\$442.15	\$442.15	1 visit (1 unit total)	30	\$13,264.50
77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	\$73.89	\$114.47	\$40.13	1 visit (2 units total)	29	\$2,142.79
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	\$91.58	\$104.75	\$89.18	1 visit (1 unit total)	26	\$2,380.96
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	\$106.64	\$107.58	\$104.75	1 visit (1 unit total)	24	\$2,559.28
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	\$110.82	\$210.68	\$104.75	2 visits (2 units total)	19	\$2,105.62
76830	US TRANSVAGINAL	\$116.38	\$122.19	\$104.75	1 visit (1 unit total)	18	\$2,094.78
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	\$64.13	\$173.16	\$42.17	2 visits (2 units total)	18	\$1,154.27
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	\$345.97	\$366.42	\$111.71	1 visit (1 unit total)	17	\$5,881.49
71250	CT THORAX W/O CONTRAST MATERIAL	\$132.72	\$209.50	\$53.05	2 visits (2 units total)	17	\$2,256.32
76870	US SCROTUM & CONTENTS	\$115.19	\$306.75	\$102.25	2 visits (3 units total)	16	\$1,843.00
76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED	\$88.89	\$173.16	\$33.61	2 visits (2 units total)	15	\$1,333.29
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	\$128.51	\$217.49	\$104.75	1 visit (2 units total)	13	\$1,670.68
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	\$1,639.66	\$2,981.20	\$1,490.60	2 visits (2 units total)	10	\$16,396.60
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	\$232.07	\$305.97	\$206.97	1 visit (2 units total)	10	\$2,320.70

## Surgery—Expenditure sort (\$3,000 +)\*Details Included

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)*	Unduplicated Clients Using Service	Total Expenditures
-	<b>Surgery</b>	<b>\$143.85</b>	<b>\$4,840.55</b>	<b>\$8.83</b>	<b>12</b>	<b>2,745</b>	<b>\$394,864.69</b>
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	\$768.28	\$1,124.36	\$217.15	1 visit (2 units total)	65	\$49,938.46
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	\$18.67	\$105.96	\$8.83	12 visits (12 units total)	2,615	\$48,812.24
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	\$181.55	\$491.60	\$121.71	4 visits (4 units total)	159	\$28,867.22
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	\$602.83	\$1,205.66	\$150.23	2 visits (4 units total)	45	\$27,127.35
46924	DSTRJ LESION ANUS EXTENSIVE	\$1,512.21	\$3,000.68	\$201.87	2 visits (4 units total)	17	\$25,707.65
46917	DSTRJ LESION ANUS SIMPLE LASER SURG	\$703.86	\$2,764.26	\$460.71	6 visits (6 units total)	36	\$25,339.05
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	\$838.41	\$1,728.06	\$274.85	2 visits (4 units total)	23	\$19,283.51
46615	ANOSCOPY ABLATION LESION	\$2,689.52	\$2,775.18	\$2,675.24	1 visit (2 units total)	7	\$18,826.62
46606	ANOSCOPY W/BX SINGLE/MULTIPLE	\$1,010.90	\$2,248.72	\$85.07	2 visits (2 units total)	15	\$15,163.44
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	\$523.66	\$656.97	\$200.65	1 visit (2 units total)	26	\$13,615.15
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	\$338.88	\$1,018.64	\$150.41	4 visits (4 units total)	29	\$9,827.49
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	\$901.06	\$1,684.28	\$589.18	2 visits (4 units total)	10	\$9,010.58
46275	SURG TX ANAL FISTULA INTERSPHINCTERIC	\$1,581.44	\$1,770.09	\$1,298.47	1 visit (2 units total)	5	\$7,907.21
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	\$356.88	\$1,454.37	\$155.90	2 visits (2 units total)	18	\$6,423.86
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	\$670.31	\$1,206.56	\$301.64	4 visits (4 units total)	9	\$6,032.80
17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$186.23	\$472.40	\$118.10	4 visits (4 units total)	30	\$5,586.85
66984	CATARACT REMOVAL INSERTION OF LENS	\$1,514.50	\$1,702.10	\$1,139.31	1 visit (2 units total)	3	\$4,543.51
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	\$713.09	\$713.09	\$713.09	1 visit (1 unit total)	5	\$3,565.45
17000	DESTRUCTION PREMALIGNANT LESION 1ST	\$152.93	\$381.50	\$70.96	2 visits (2 units total)	21	\$3,211.48

## Surgery—Client sort (10 +)\*Details Included

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)*	Unduplicated Clients Using Service	Total Expenditures
-	<b>Surgery</b>	<b>\$143.85</b>	<b>\$4,840.55</b>	<b>\$8.83</b>	<b>12</b>	<b>2,745</b>	<b>\$394,864.69</b>
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	\$18.67	\$105.96	\$8.83	12 visits (12 units total)	2,615	\$48,812.24
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	\$181.55	\$491.60	\$121.71	4 visits (4 units total)	159	\$28,867.22
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	\$768.28	\$1,124.36	\$217.15	1 visit (2 units total)	65	\$49,938.46
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	\$602.83	\$1,205.66	\$150.23	2 visits (4 units total)	45	\$27,127.35
46917	DSTRJ LESION ANUS SIMPLE LASER SURG	\$703.86	\$2,764.26	\$460.71	6 visits (6 units total)	36	\$25,339.05
17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$186.23	\$472.40	\$118.10	4 visits (4 units total)	30	\$5,586.85
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	\$338.88	\$1,018.64	\$150.41	4 visits (4 units total)	29	\$9,827.49
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	\$523.66	\$656.97	\$200.65	1 visit (2 units total)	26	\$13,615.15
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	\$838.41	\$1,728.06	\$274.85	2 visits (4 units total)	23	\$19,283.51
17000	DESTRUCTION PREMALIGNANT LESION 1ST	\$152.93	\$381.50	\$70.96	2 visits (2 units total)	21	\$3,211.48
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	\$127.09	\$190.75	\$104.35	1 visit (1 unit total)	19	\$2,414.65
64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE	\$68.34	\$119.44	\$59.72	2 visits (2 units total)	19	\$1,298.51
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	\$356.88	\$1,454.37	\$155.90	2 visits (2 units total)	18	\$6,423.86
46924	DSTRJ LESION ANUS EXTENSIVE	\$1,512.21	\$3,000.68	\$201.87	2 visits (4 units total)	17	\$25,707.65
45300	PROCTOSGMDSC RGD DX W/VO COLLJ SPEC BR/WA SPX	\$142.64	\$292.02	\$53.99	2 visits (4 units total)	16	\$2,282.17
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	\$17.79	\$60.21	\$1.98	1 visit (9 units total)	16	\$284.67
46606	ANOSCOPY W/BX SINGLE/MULTIPLE	\$1,010.90	\$2,248.72	\$85.07	2 visits (2 units total)	15	\$15,163.44
11104	PUNCH BIOPSY SKIN SINGLE LESION	\$201.78	\$379.92	\$130.53	1 visit (1 unit total)	14	\$2,824.98
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	\$70.62	\$174.84	\$51.74	3 visits (3 units total)	12	\$847.46
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	\$210.85	\$377.46	\$136.40	2 visits (2 units total)	11	\$2,319.37
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	\$94.48	\$242.44	\$60.61	4 visits (4 units total)	11	\$1,039.29
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	\$901.06	\$1,684.28	\$589.18	2 visits (4 units total)	10	\$9,010.58

## Other Medicine—Expenditure sort (\$6,000 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	<b>Other Medicine</b>	<b>\$273.50</b>	<b>\$6,550.19</b>	<b>\$0.49</b>	<b>1200</b>	-	<b>2,818</b>	<b>\$770,725.79</b>
90677	Pcv20 vaccine im	\$288.66	\$288.66	\$288.66	1	1 visit	336	\$96,989.76
J0561	Injection, penicillin g benzathine, 100,000 units	\$501.48	\$2,086.08	\$21.73	96	4 visits (24 units)	154	\$77,228.42
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	\$323.16	\$643.56	\$214.52	3	3 visits	233	\$75,296.52
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	\$35.31	\$148.26	\$21.18	7	7 visits	1,082	\$38,210.82
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR	\$213.71	\$480.84	\$160.28	3	3 visits	132	\$28,209.28
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	\$869.22	\$3,830.08	\$339.48	11	11 visits	31	\$26,945.90
90750	HZV ZOSTER VACC RECOMBINANT	\$172.05	\$283.26	\$141.63	2	2 visits	149	\$25,635.03
90734	MCV4/MENACWY CONJ VACC GRPS ACYW-	\$163.76	\$365.49	\$121.83	3	3 visits	154	\$25,218.81
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION	\$48.76	\$251.43	\$14.79	17	17 visits	499	\$24,329.55
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL	\$253.32	\$594.68	\$200.64	2	1 visit (2 units)	63	\$15,959.27
G2211	Complex e/m visit add on	\$35.01	\$120.05	\$17.15	7	7 visits	436	\$15,263.50
92004	OPHTH MEDICAL XM&EVAL COMPRE NEW PT	\$152.07	\$219.90	\$125.95	2	1 visit (2 units)	88	\$13,382.05
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15	\$690.69	\$2,597.30	\$82.02	95	52 visits (2 units)	19	\$13,123.20
G0008	Administration of influenza virus vaccine	\$45.26	\$45.26	\$45.26	1	1 visit	280	\$12,672.80
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN	\$717.56	\$2,522.80	\$89.04	85	43 visits (2 units)	17	\$12,198.48
92014	OPHTH MEDICAL XM&EVAL COMPRHNSV	\$200.32	\$806.44	\$125.95	8	4 visits (2 units)	60	\$12,019.04
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL	\$500.60	\$500.60	\$500.60	1	1 visit	22	\$11,013.20
96158	HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	\$164.54	\$896.55	\$59.77	15	15 visits	66	\$10,859.52
90715	TDAP VACCINE 7 YRS/> IM	\$39.07	\$76.62	\$38.31	2	2 visits	252	\$9,845.67
96127	BEHAV ASSMT W/SCORE & DOCD/STAND	\$22.82	\$90.86	\$12.98	7	7 visits	421	\$9,605.20
90619	MENACWY-TT CONJ VACC SEROGROUPS	\$153.48	\$279.88	\$139.94	2	2 visits	62	\$9,515.92
SMOS	Medical Outcomes Study: MOS-HIV Health	\$83.24	\$201.69	\$67.23	3	3 visits	105	\$8,739.90
A9502	Technetium tc-99m tetrofosmin, diagnostic,	\$287.32	\$287.32	\$287.32	2	1 visit (2 units)	30	\$8,619.60
S57	Beck Depression Inventory (BDI)	\$63.53	\$238.70	\$34.10	7	7 visits	124	\$7,877.10
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	\$21.84	\$90.90	\$15.15	6	6 visits	358	\$7,817.40
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV	\$154.02	\$366.72	\$91.68	4	1 visit (4 units)	50	\$7,701.12
SSTAI	Spielberger State - Trait Anxiety Inventory	\$66.56	\$227.80	\$45.56	5	5 visits	115	\$7,654.08
96159	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL	\$104.22	\$556.08	\$19.86	28	15 visits (2 units)	66	\$6,878.64
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST	\$1,290.72	\$2,581.44	\$322.68	8	8 visits	5	\$6,453.60
96156	HEALTH BEHAVIOR ASSESSMENT/RE-	\$91.97	\$179.74	\$89.87	2	2 visits	70	\$6,437.97

## Other Medicine-Client Sort (100 +)

Service Code	Service Name	Avg Cost per Client	Max Expenditures (Single Client)	Min Expenditures (Single Client)	Max Units Billed (Single Client)	Max Unit Details	Unduplicated Clients Using Service	Total Expenditures
-	<b>Other Medicine</b>	<b>\$273.50</b>	<b>\$6,550.19</b>	<b>\$0.49</b>	<b>1200</b>	-	<b>2,818</b>	<b>\$770,725.79</b>
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	\$35.31	\$148.26	\$21.18	7	7 visits	1,082	\$38,210.82
REFP	Processing HIV Primary Care Referrals	\$4.71	\$10.50	\$3.50	3	3 visits	818	\$3,850.00
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	\$48.76	\$251.43	\$14.79	17	17 visits	499	\$24,329.55
G2211	Complex e/m visit add on	\$35.01	\$120.05	\$17.15	7	7 visits	436	\$15,263.50
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	\$22.82	\$90.86	\$12.98	7	7 visits	421	\$9,605.20
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	\$21.84	\$90.90	\$15.15	6	6 visits	358	\$7,817.40
90677	Pcv20 vaccine im	\$288.66	\$288.66	\$288.66	1	1 visit	336	\$96,989.76
G0008	Administration of influenza virus vaccine	\$45.26	\$45.26	\$45.26	1	1 visit	280	\$12,672.80
90715	TDAP VACCINE 7 YRS/> IM	\$39.07	\$76.62	\$38.31	2	2 visits	252	\$9,845.67
J0696	Injection, ceftriaxone sodium, per 250 mg	\$0.99	\$2.94	\$0.49	6	2 visits (2-4 units each)	236	\$234.22
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	\$323.16	\$643.56	\$214.52	3	3 visits	233	\$75,296.52
J0561	Injection, penicillin g benzathine, 100,000 units	\$501.48	\$2,086.08	\$21.73	96	4 visits (24 units each)	154	\$77,228.42
90734	MCV4/MENACWY CONJ VACC GRPS ACYW-135 IM USE	\$163.76	\$365.49	\$121.83	3	3 visits	154	\$25,218.81
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	\$172.05	\$283.26	\$141.63	2	2 visits	149	\$25,635.03
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	\$213.71	\$480.84	\$160.28	3	3 visits	132	\$28,209.28
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	\$16.56	\$45.81	\$15.27	3	3 visits	130	\$2,153.07
S57	Beck Depression Inventory (BDI)	\$63.53	\$238.70	\$34.10	7	7 visits	124	\$7,877.10
G0103	Prostate cancer screening; prostate specific antigen test (psa)	\$21.05	\$57.93	\$19.31	3	3 visits	122	\$2,568.23
SSTAI	Spielberger State - Trait Anxiety Inventory	\$66.56	\$227.80	\$45.56	5	5 visits	115	\$7,654.08
SMOS	Medical Outcomes Study: MOS-HIV Health Survey	\$83.24	\$201.69	\$67.23	3	3 visits	105	\$8,739.90