

FINAL DRAFT

SERVICE UTILIZATION REPORT:

**Summary of
Funding and Expenditures,
Process Outcomes, Unit Costs
and Demographic Information**

**By Service Category
2008-2009 and 2009-2010
for
RYAN WHITE TREATMENT
MODERNIZATION ACT
PART A & B FUNDED SERVICES
SAN DIEGO COUNTY**

**Report Periods:
March 1, 2008 – February 28, 2009
March 1, 2009 – February 29 2010**

**Prepared by Quality Management
HIV/STD/Hepatitis Branch, Public Health Services
County of San Diego**

June 2010

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Funding, Expenditures, Utilization & Unit Costs

MEDICAL CASE MANAGEMENT SERVICES			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$1,539,970	\$1,539,971	
Spent	\$1,582,758	\$1,591,533	1% increase
Percent of budget spent	103%	103%	
Utilization Data			
Number of face-to-face contacts	11,226*	11,905	
Number of telephone contacts	10,825*	13,251	
Total units of service	22,051*	25,156	29% decrease
Total clients served	1,688	1,832	14% increase
Unit Cost			
Per service	\$71.78 (\$1,582,758 / 35,270)	\$63.27 (\$1,591,533 / 25,156)	
Per client	\$937.65 (\$1,582,758 / 1,609)	\$868.74 (\$1,591,533 / 1,832)	

MEDICAL CASE MANAGEMENT SERVICES for People of Color			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$352,835	\$352,835	
Spent	\$348,946	\$341,835	2% decrease
Percent of budget spent	99%	97%	
Utilization Data			
Number of face-to-face contacts	1,924	2,319	
Number of telephone contacts	2,001	2,359	
Total units of service	3,925	4,678	19% increase
Total clients served	248	296	19% increase
Unit Cost			
Per service	\$88.90 (\$348,946 / 3,925)	\$73.07 (\$341,835 / 4,678)	
Per client	\$1,407.04 (\$348,946 / 248)	\$1,154.85 (\$341,835 / 296)	

Demographic information (gender, race/ethnicity and region of residence) for these categories is on page 16.

* Adjusted from the Service Utilization Report for Year 18.

DENTAL CARE			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$990,319	\$990,319	
Spent	\$957,893	\$1,135,494	19% increase
Percent of budget spent	97%	115%	
Utilization Data			
TOTAL Dental Visits/ Exams	1,066	2,632	
TOTAL Dental Pool Procedures (for a breakout of individual procedures for Yr 18, see Appendix B)	5,285	14,070	
Number of dental specialty procedures provided, claimed and reimbursed (for a breakout of individual procedures and associated costs (Yr 18), see Appendix D)	2,350	2,905	
Total units of service	8,701	19,607	125% increase
Total clients: Basic Services	870	1,394	
Total clients: Specialty Services	668	744	
Total clients served	870	1,394	60% increase
Unit Cost			
Per service	\$110.09 (\$957,893 / 8,701)	\$57.91 (\$1,135,494 / 19,607)	
Per client	\$1,101.03 (\$957,893 / 870)	\$814.56 (\$1,135,494 / 1,394)	

Demographic information (gender, race/ethnicity and region of residence) for this category is on page 17.

DRUG & ALCOHOL TREATMENT SERVICES: Residential Treatment and Sober Living			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$232,000	\$232,000	
Spent	\$212,786	\$332,373	56% increase
Percent of budget spent	92%	143%	
Utilization Data			
Number of bed days (residential)	4,917	3,177	
Number of bed days (clean and sober living)	2,763	8,603	
Number security deposits payments	0	139	
Total units of service	7,680	11,919	55% increase
Total clients served	69	218	216% increase
Unit Cost			
Per service	\$27.71 (\$212,786 / 7,680)	\$27.89 (\$332,373 / 11,919)	
Per client	\$3,083.86 (\$212,786 / 69)	\$1524.65 (\$332,373 / 218)	

DRUG & ALCOHOL TREATMENT SERVICES: Outpatient Treatment			
	Year 18	Year 19	Change
Funding and Expenditures.			
Budget Allocation	\$121,425	\$121,425	
Spent	\$103,448	\$111,877	8% increase
Percent of budget spent	85%	92%	
Utilization Data			
Number individual counseling contacts/sessions	184	1,005	
Number group counseling contacts/sessions	243	1,194	
Number of intakes/assessments	7	111	
Total units of service	434	2,310	432% increase
Total clients served	82	188	129% increase
Unit Cost			
Per service	\$238.36 (\$103,448 / 434)	\$48.43 (\$111,877 / 2,310)	
Per client	\$1,261.56 (\$103,448 / 82)	\$595.09 (\$111,877 / 188)	

Demographic information (gender, race/ethnicity and region of residence) for these categories is on page 17.

EARLY INTERVENTION SERVICES: Countywide Integrated Services for Women, Children And Families			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$500,618	\$500,618	
Spent	\$506,908	\$495,991	2% decrease
Percent of budget spent	101%	99%	
Utilization Data Summary			
Total units of service (detailed below)	21,414*	23,699	11% increase
Total clients served	742	887	20% increase
Unit Cost			
Per service	\$23.67* (\$506,908 / 21,414)	\$20.93 (\$495,991 / 23,699)	
Per client	\$683.16 (\$506,908 / 742)	\$559.18 (\$495,991 / 887)	
Utilization Data Detail			
Coordinated Services Center – Services			
Number of client drop-in visits or face-to-face resource information encounters	8,877	10,095	
Number of telephone resource information contacts	1,050	1,394	
Mental Health Services (Individual, Group and Family Counseling)			
Number of individual/couples/family counseling sessions	812	629	
Number of group counseling sessions (excluding couple and family counseling)	334	317	
Childcare and Babysitting			
Number of hours of on-site childcare or babysitting	2,031	1,794	
Number of hours of off-site childcare or babysitting out-stationed at other community providers, support groups and meetings.	439	268	
Peer Advocacy			
Number of face-to-face contacts with clients.	1,400	2,054	
Number of telephone contacts with clients.	659	999	
Number of face-to-face encounters and telephone contacts with individuals not in the caseload.	3,057	2,560	
Outreach			
Number of assisted referrals provided to HIV testing for individuals at high risk	337	614	
Number of individuals living with HIV/AIDS identified who were not previously receiving HIV-related health care and supportive services	13	21	
Number of individuals living with HIV/AIDS assisted in a first time HIV-related visit to a primary care provider	9	3	
Number of individual face-to-face outreach encounters	1,602	1,855	
Wrap-Around Mentoring/Buddy Support			
Number of clients matched to mentor/buddies.	27	28	
Family Advocacy Program Targeting Women of Color			
Number of clients provided enhanced access to HIV primary care and other supportive services for women, children and families of color	128	155	
Number of family advocacy face-to-face encounters	468	692	
Number of advocacy telephone contacts	171	221	

* Adjusted from the Service Utilization Report for Year 18

Demographic information (gender, race/ethnicity and region of residence) for this category is on page 17.

EARLY INTERVENTION SERVICES: Regional Services – Early Intervention Centers			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$298,067	\$298,067	
Spent	\$284,659	\$282,416	1% decrease
Percent of budget spent	96%	95%	
Utilization Data			
Number of in-person drop-in visits or resource information contacts provided	5,237	6,559	
Number of resource contacts provided via telephone, as documented in reception/ intake logs	1,371	1,873	
Number other services provided	1,120	1,097	
Total units of service	7,728	9,529	23% increase
Total clients served	1,580*	1,441*	9% decrease
Unit Cost			
Per service	\$36.83 (\$284,659 / 7,728)	\$29.64 (\$282,416 / 9,529)	
Per client	\$180.16 (\$284,659 / 1,580)	\$195.99 (\$282,416 / 1,441)	

* Client totals were adjusted from the Service Utilization Report for Year 18. Client totals for Year 18 and 19 include **only** unduplicated registered clients and **not** anonymous drop-in contacts.

EARLY INTERVENTION SERVICES: Regional Services - Field Outreach			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$210,017	\$210,017	
Spent	\$204,575	\$198,858	3% decrease
Percent of budget spent	97%	95%	
Utilization Data			
Number of face-to-face encounters	22,247*	15,233	
Number of individuals identified living with HIV/AIDS, who were not previously receiving HIV-related health care and supportive services	90	105	
Number of individuals identified living with HIV/AIDS, who made a first-time HIV-related visit to a medical provider	81	98	
Number of individuals in the proposed high-risk population who have received HIV counseling and testing services through other funding sources as a result of referral(s) from an outreach worker	777	866	
Total units of service	23,195*	16,302	30% decrease
Total clients served (anonymous)	22,247*	15,233	32% decrease
Unit Cost			
Per service	\$8.82* (\$204,575 / 23,195)	\$12.20 (\$198,858 / 16,302)	
Per client	\$9.02* (\$204,575 / 22,247)	\$13.05 (\$198,858 / 15,233)	

* Adjusted from the Service Utilization Report for Year 18

Demographic information (gender, race/ethnicity and region of residence) for these categories is on page 18.

EMERGENCY FINANCIAL ASSISTANCE: Emergency Assistance Resource Pool (EARP)			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$73,991	\$73,991	
Spent	\$75,726	\$88,284	17% increase
Percent of budget spent	102%	119%	
Utilization Data			
Number of utility payments	102	71	
Number of health insurance premium payments	1	0	
Number of other payments	470	512	
Total units of service	573*	583	2% increase
Total clients served	334	383	15% increase
Unit Cost			
Per service	\$132.16 (\$75,726 / 481)	\$151.43 (\$88,284 / 583)	
Per client	\$226.72 (\$75,726 / 334)	\$230.51 (\$88,284 / 383)	

FOOD SERVICES: Home-Delivered Meals			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$380,392	\$380,392	
Spent	\$499,498	\$380,392	24% decrease
Percent of budget spent	131%	100%	
Utilization Data			
# of meal packets delivered (one cold and one hot meal)	59,464	43,473	
Total units of service	59,464	43,473	27% decrease
Total clients served	318	374	18% increase
Unit Cost			
Per service	\$8.40 (\$499,498 / 59,464)	\$8.75 (\$380,392 / 43,473)	
Per client	\$1,570.75 (\$499,498 / 318)	\$1017.09 (\$380,392 / 374)	

Demographic information (gender, race/ethnicity and region of residence) for these categories is on page 18.

* Adjusted from the Service Utilization Report for Year 18

HOME HEALTH / HOME HOSPICE			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$11,500	\$11,500	
Spent	\$60,985	\$17,869	71% decrease
Percent of budget spent	530%	155%	
Utilization Data			
Number of visits	149	22	
Number of other services	41	14	
Total units of service claimed and reimbursed	190	36	81% decrease
Total clients served	17	3	82% decrease
Unit Cost			
Per service	\$320.97 (\$60,985 / 190)	\$496.36 (\$17,869 / 36)	
Per client	\$3,587.35 (\$60,985 / 17)	\$5,956.33 (\$17,869 / 3)	

HOUSING SERVICES: Emergency Housing Assistance Pool			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$336,769	\$264,967	21% decrease
Spent	\$264,967	\$264,967	
Percent of budget spent	79%	100%	
Utilization Data			
Number of rental assistance payments	100	82	
Number of SRO/hotel payments	327	271	
Number of security deposit payments	160	145	
Total units of service	587	498	15% decrease
Total clients served	331	292	12% decrease
Unit Costs			
Per service	\$451.39 (\$264,967 / 587)	\$532.06 (\$264,967 / 498)	
Per client	\$800.45 (\$264,967 / 331)	\$907.42 (\$264,967 / 292)	

HOUSING SERVICES: Partial Assistance Rental Subsidy (PARS)			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$374,984	\$446,786	19% increase
Spent	\$461,984	\$421,786	9% decrease
Percent of budget spent	123%	94%	
Utilization Data			
Number of rental subsidy payments	2,530	2,427	
Total units of service	2,530	2,427	4% decrease
Total clients served	351	299	15% decrease
Unit Cost			
Per service	\$182.60 (\$461,984 / 2,530)	\$173.79 (\$421,786 / 2,427)	
Per client	\$1,316.19 (\$461,984 / 351)	\$1,410.66 (\$421,786 / 299)	

Demographic information (gender, race/ethnicity and region of residence) for these categories is on page 19.

LEGAL SERVICES			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$125,265	125,265	
Spent	\$125,265	125,265	
Percent of budget spent	100%	100%	
Utilization Data			
Number of cases	585	570	
Number of consumers and clients attending education & outreach presentations	38	27	
Number of case managers or peer advocates attending orientation session	43	13	
Total units of service	666	610	8% decrease
Total clients served	387	455	18% increase
Unit Cost			
Per service	\$188.09 (\$125,265 / 666)	\$205.35 (\$125,265 / 610)	
Per client	\$323.68 (\$125,265 / 387)	\$275.31 (\$125,265 / 455)	

Demographic information (gender, race/ethnicity and region of residence) for this category is on page 19.

MEDICAL / PRIMARY CARE SERVICES: Primary Care Pool			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$2,228,510	\$2,301,539	3% increase
Spent	\$2,068,898	\$2,810,789	36% increase
Percent of budget spent	93%	122%	
Utilization Data			
TOTAL Number of primary care medical visits	11,204	14,567	
TOTAL Number of procedures and services (for a breakout of individual procedures and services see Appendix A)	89,309	92,648	
Total viral load tests provided	7	7,161	
Total resistance tests provided	19	397	
Total units of service	103,225	114,773	14% increase
Total Primary Care clients	2,330	2,517	8% increase
Unit Cost			
Per service	\$20.04 (\$2,068,898/103,225)	\$24.49 (\$2,810,789/114,773)	
Per client	\$887.94 (\$2,068,898 / 2,330)	\$1,116.72 (\$2,810,789 / 2,517)	

*The significant increases in viral load and resistance tests for Year 19 was due to the lost of State funding for vouchers. Part A funds were used to cover the costs.

MEDICAL SPECIALTY CARE			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$836,212	\$1,022,799	22% increase
Spent	\$1,022,799	\$1,022,776	<1% decrease
Percent of budget spent	122%	100%	
Utilization Data			
Number of medical specialty procedures provided, claimed and reimbursed (for a breakout of individual procedures and associated costs, see Appendix C)	3,438	3,031	
Total units of service	3,438	3,031	12% decrease
Total clients served	668	672	1% increase
Unit Cost			
Per service	\$297.50 (\$1,022,799 / 3,438)	\$337.44 (\$1,022,776 / 3,031)	
Per client	\$1,531.14 (\$1,022,799 / 668)	\$1,521.99 (\$1,022,776 / 672)	

Demographic information (gender, race/ethnicity and region of residence) for these categories is on page 20.

MENTAL HEALTH SERVICES: Individual & Group Therapy			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$594,537	\$594,537	
Spent	\$580,204	\$594,537	2% increase
Percent of budget spent	98%	100%	
Utilization Data			
Number of service units to individual/couples/ family counseling clients	3,177	5,211	
Number of group counseling sessions provided annually	226	271	
Total units of service	3,403	5,482	61% increase
Total clients served	440	494	12% increase
Unit Cost			
Per service	\$170.50 (\$580,204 / 3,403)	\$108.45 (\$594,537 / 5,482)	
Per client	\$1,318.65 (\$580,204 / 440)	\$1,203.52 (\$594,537 / 494)	

PSYCHIATRIC SERVICES			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$74,700	\$179,760	141% increase
Spent	\$83,455	\$179,760	115% increase
Percent of budget spent	112%	100%	
Utilization Data			
Number of diagnostic or medication counseling visits	645	934	
Number of medication evaluations, including psychotropic medication prescriptions written	645	1,227	
Total units of service	1,290	2,161	68% increase
Total clients served	275	514	87% increase
Unit Cost			
Per service	\$64.69 (\$83,455 / 1,290)	\$83.18 (\$179,760 / 2,161)	
Per client	\$303.47 (\$83,455 / 275)	\$349.73 (\$179,760 / 514)	

Demographic information (gender, race/ethnicity and region of residence) for these categories is on page 20.

REFERRAL TO HEALTHCARE/SUPPPORTIVE SERVICES: Web-Based Information & Referral*			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$30,923	\$30,923	
Spent	\$32,633	\$20,975	36% decrease
Percent of budget spent	106%	68%	
Utilization Data			
Number contacts made to HIV/AIDS web page	5,061	3,023	
Number HIV/AIDS directory links accessed	1,738	199	
Number resource database updates	1,727	1,886	
Total units of service	8,526	5,108	40% decrease
Total clients served	5,061	3,023	40% decrease
Unit Cost			
Per service	\$3.83 (\$32,633 / 8,526)	\$4.11 (\$20,975 / 5,108)	
Per client	\$6.45 (\$32,633 / 5,061)	\$6.94 (\$20,975 / 3,023)	

PEER ADVOCACY (VOLUNTEER)*			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$59,834	\$59,834	
Spent	\$59,834	\$47,831	20% decrease
Percent of budget spent	100%	80%	
Utilization Data			
Number of face-to-face contacts with clients	1,065	611	
Number of telephone contacts with clients	452	166	
Total units of service	1,517	777	49% decrease*
Total clients served	750	516	31% decrease*
Unit Cost			
Per service	\$39.44 (\$59,834 / 1,517)	\$61.56 (\$47,831 / 777)	
Per client	\$79.78 (\$59,834 / 750)	\$92.70 (\$47,831 / 516)	

REPRESENTATIVE PAYEE SERVICES			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$51,134	\$51,134	
Spent	\$47,219	\$50,873	8% increase
Percent of budget spent	92%	99%	
Utilization Data			
Number of representative payee services provided	668	578	
Total units of service	668	578	13% decrease
Total clients served	77	72	6% decrease
Unit Cost			
Per service	\$70.69 (\$47,219 / 668)	\$88.02 (\$50,873 / 578)	
Per client	\$613.23 (\$47,219 / 77)	706.57 (\$50,873 / 72)	

* Referral and Volunteer Peer Advocacy services were terminated as of November 30, 2009.

Demographic information (gender, race/ethnicity and region of residence) for Peer Advocacy and Rep. Payee is on page 21.

TRANSPORTATION SERVICES: Assisted (Van or Direct Client Transport) + Unassisted (Bus Passes, Tokens & Taxi Vouchers)			
	Year 18	Year 19	Change
Funding and Expenditures			
Budget Allocation	\$401,140	\$401,140	
Spent	\$441,477	\$400,584	9% decrease
Percent of budget spent	110%	<100%	
Utilization Data			
Number of units of curb-to-curb van services provided	914	1,343	
Number of additional units of curb-to-curb assisted services provided to women, children and families with HIV/AIDS	905	564	
Number of disabled bus and coaster passes provided	9,600	5,365	
Total units of service	11,419*	7,272	36% decrease
Total clients served	1,206	1,133	6% decrease
Total Number of HIV+ women, children and family members provided curb-to-curb van services	165	296	79% increase
Unit Cost			
Per service	\$38.66* (\$441,477 / 11,419)	\$55.09 (\$400,584 / 7,272)	
Per client	\$366.07 (\$441,477 / 1,206)	\$353.56 (\$400,584 / 1,133)	

+ Distribution of bus and coaster passes was suspended as of September 1, 2009

* Adjusted from the Service Utilization Report for Year 18

Demographic information (gender, race/ethnicity and region of residence) for this category is on page 21.

**Demographic Proportions of Utilization
by Gender, Race, Ethnicity and Region:
2006-2007, 2007-2008 and 2008-2009**

**SAN DIEGO COUNTY: PERCENTAGE COMPARISON OF RECENT AIDS CASES and PEOPLE LIVING WITH HIV/AIDS
with RWTMA PART A/B SERVICE UTILIZATION by GENDER, RACE/ETHNICITY AND REGION**

XX% = under-represented in utilization data by 2% or more for 2 of the last 3 years, with the exception of males, Caucasians and residents of Central San Diego, which constitute the majority of cases and overall service utilization

Demographic	% Est. People Living with HIV/AIDS County-wide 12/31/08	% Recent AIDS Case County wide 1/08-12/09	% of Total San Diego Residents Utilizing Services (3/07-2/08, 3/08-2/09 & 3/09-2/10)								
			All Medical Case Management Programs			Medical Case Management Services (Countywide/Regional) ¹			Medical Case Management Services for People of Color		
			YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10
GENDER											
Male	89.9%	89.1%	76.9%	80.9%	81.6%	76.8%	81.6%	81.6%	77.5%	77.4%	81.9%
Female	10.1%	10.9%	20.7%	16.8%	16.1%	20.9%	16.3%	16.2%	19.8%	19.4%	15.1%
Transgender			1.8%	2.3%	2.3%	1.6%	2.1%	2.2%	2.7%	3.2%	3.1%
Other/Unknown			0.6%			0.7%					
ETHNICITY											
Latino/Hispanic	26.8%	38.0%	39.5%	39.1%	39.1%	41.5%	40.1%	41.1%	29.5%	33.5%	26.7%
RACE											
African American/Black	13.2%	14.5%	23.7%	18.4%	21.7%	18.3%	13.3%	18.4%	49.6%	45.6%	41.9%
API	2.6%	2.7%	1.4%	1.4%	1.6%	1.4%	1.3%	0.6%	1.6%	1.6%	8.1%
Caucasian/White	56.5%	43.2%	58.0%	35.1%	32.3%	68.1%	40.6%	36.3%	9.7%	4.8%	7.4%
Native American	0.8%	1.6%	0.8%	1.1%	1.3%	0.7%	1.1%	0.3%	1.6%	0.8%	7.8%
Multiple Races			1.5%	1.5%	3.2%	0.3%	0.7%	2.5%	7.4%	13.7%	7.8%
Other/Unknown			14.5%	3.5%	0.8%	11.2%	4.2%	0.8%	30.2%		0.3%
REGION											
Central SD		51.3%	53.7%	48.2%	52.8%	54.3%	48.3%	52.5%	50.4%	47.2%	54.4%
Southeast SD		6.3%	11.0%	8.8%	7.0%	6.9%	5.7%	8.2%	31.0%	25.8%	10.8%
North County		13.4%	11.9%	12.2%	9.3%	14.3%	14.3%	10.3%	0.0%	0.8%	1.9%
East County		10.3%	5.9%	5.6%	16.2%	5.3%	4.8%	6.5%	8.5%	10.1%	11.6%
South Bay		18.8%	16.1%	16.2%	9.6%	17.5%	16.8%	16.8%	9.3%	12.9%	19.7%
Other/Unknown			1.7%	9.0%	5.2%	1.6%	10.1%	5.7%	0.8%	3.2%	1.5%

¹ Regional data includes clients that were homeless or from out of the area under "Other/Unknown."

SAN DIEGO COUNTY: PERCENTAGE COMPARISON OF RECENT AIDS CASES and PEOPLE LIVING WITH HIV/AIDS with RWTMA PART A/B SERVICE UTILIZATION by GENDER, RACE/ETHNICITY AND REGION

XX% = under-represented in utilization data by 2% or more for 2 of the last 3 years, with the exception of males, Caucasians and residents of Central San Diego, which constitute the majority of cases and overall service utilization

Demographic	% Est. People Living with HIV/AIDS County-wide 12/31/08	% Recent AIDS Case County wide 1/08-12/09	% of Total San Diego Residents Utilizing Services (3/07-2/08, 3/08-2/09 & 3/09-2/10)											
			Dental Care			Drug & Alcohol Treatment – Residential*			Drug & Alcohol Treatment – Outpatient			Early Intervention Services: Services for Women, Children, and Families		
			YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10
GENDER														
Male	89.9%	89.1%	89.9%	89.9%	89.8%	93.7%	91.3%	83.9%	96.7%	92.9%	86.2%	37.8%	32.7%	37.5%
Female	10.1%	10.9%	9.7%	10.1%	10.2%	5.5%	5.8%	13.8%	3.3%	3.1%	8.5%	61.5%	66.4%	61.4%
Transgender			0.4%	0.1%		0.8%	2.9%	2.3%	0.0%	4.1%	5.3%	0.7%	0.8%	1.0%
Other/Unknown														
ETHNICITY														
Latino/Hispanic	26.8%	38.0%	37.2%	34.7%	28.2%	11.1%	23.2%	26.6%	20.9%	18.4%		51.6%	53.6%	60.4%
RACE														
African American/Black	13.2%	14.5%	8.5%	7.4%	7.0%	20.6%	10.1%	19.7%	8.8%	9.2%	13.3%	21.9%	24.9%	22.1%
API	2.6%	2.7%	0.8%	1.0%	1.3%	1.6%	2.9%	1.8%	3.3%	2.0%	3.7%	0.3%	0.9%	0.5%
Caucasian/White	56.5%	43.2%	51.2%	42.0%	39.7%	62.7%	56.5%	46.3%	61.5%	59.2%	34.0%	17.9%	16.6%	13.9%
Native American	0.8%	1.6%	0.5%	0.7%	1.6%	1.6%	2.9%	0.9%	1.1%	1.0%	0.5%	0.1%	0.1%	0.2%
Multiple Races			0.4%	0.0%		0.0%	0.0%	4.1%	4.4%	3.1%	2.7%	9.4%	3.8%	2.7%
Other/Unknown			38.7%	14.3%	22.2%	13.5%	4.3%	0.5%		7.1%	1.6%	51.6%		0.2%
REGION														
Central SD		51.3%	60.0%	55.2%	58.5%	25.5%	37.7%	60.1%	93.4%	55.1%	50.5%	X	X	X
Southeast SD		6.3%	6.9%	8.5%	8.5%	0.0%	2.9%	4.6%	0.0%	1.0%	6.4%	X	X	X
North County		13.4%	10.7%	13.1%	10.5%	74.5%	31.9%	12.8%	3.3%	2.4%	6.4%	X	X	X
East County		10.3%	6.6%	5.7%	6.9%	0.0%	2.9%	6.4%	2.2%	2.0%	5.3%	X	X	X
South Bay		18.8%	15.8%	15.4%	14.4%	0.0%	1.4%	7.3%	1.0%	0.0%	22.9%	X	X	X
Other/Unknown			0.1%	2.1%	1.2%		23.2%	8.7%		36.7%	8.5%			

Contracted Residential Drug & Alcohol Treatment programs located in Central San Diego and North County only.

X=Data is not available

SAN DIEGO COUNTY: PERCENTAGE COMPARISON OF RECENT AIDS CASES and PEOPLE LIVING WITH HIV/AIDS with RWTMA PART A/B SERVICE UTILIZATION by GENDER, RACE/ETHNICITY AND REGION

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Demographic	% Est. People Living with HIV/AIDS County-wide 12/31/08	% Recent AIDS Case County wide 1/08-12/09	% of Total San Diego Residents Utilizing Services (3/07-2/08, 3/08-2/09 & 3/09-2/10)											
			Early Intervention Services: Regional Early Intervention Centers			Early Intervention Services: Regional Field Outreach			Emergency Financial Assistance			Food – Home-Delivered Meals		
			YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10
GENDER														
Male	89.9%	89.1%	74.9%	68.1%	82.2%	62.8%	59.5%	68.7%	79.0%	78.4%	82.5%	75.2%	74.5%	80.5%
Female	10.1%	10.9%	24.3%	31.2%	16.2%	37.2%	40.5%	31.7%	18.8%	18.3%	14.1%	24.5%	24.2%	18.4%
Transgender			0.7%	0.7%	1.5%	0.02%			2.1%	3.0%	3.4%	0.4%	0.8%	1.1%
Other/Unknown			0.1%	0.1%						0.3%			0.5%	
ETHNICITY														
Latino/Hispanic	26.8%	38.0%	68.0%	87.5%	46.2%	61.7%	58.2%	55.9%	23.9%	23.9%	27.9%	21.9%	18.7%	21.3%
RACE														
African American/Black	13.2%	14.5%	13.2%	2.7%	17.3%	14.8%	11.4%	25.0%	29.0%	25.1%	30.8%	22.9%	19.0%	21.3%
API	2.6%	2.7%	0.5%	0.3%	2.6%	2.5%	3.3%	5.1%	2.2%	3.0%	35.5%	1.7%	2.5%	3.0%
Caucasian/White	56.5%	43.2%	10.4%	7.9%	29.3%	81.2%	84.3%	42.5%	43.8%	39.5%	3.1%	68.6%	52.5%	58.3%
Native American	0.8%	1.6%	0.3%	0.1%	1.7%	0.8%		1.7%	1.1%	0.3%	0.8%	1.2%	1.4%	1.8%
Multiple Races			1.4%	0.2%	1.7%	0.5%		1.2%	0.0%	0.6%	0.3%	4.7%	4.4%	2.1%
Other/Unknown			74.2%	0.5%	1.2%	0.2%			23.9%	2.1%	1.6%	0.9%	1.6%	3.0%
REGION														
Central SD		51.3%	11.3%	8.8%	39.6%	23.8%	33.3%	44.0%	67.4%	62.3%	66.6%	55.4%	53.6%	60.4%
Southeast SD		6.3%	9.3%	6.1%	7.2%	17.4%	11.4%	20.5%	10.9%	9.0%	9.4%	11.8%	11.0%	10.2%
North County		13.4%	18.8%	15.1%	13.9%	24.6%	12.4%	20.5%	6.2%	8.4%	11.7%	13.7%	15.1%	12.3%
East County		10.3%	2.0%	1.6%	5.0%	0.9%	3.9%	3.8%	9.1%	10.2%	6.8%	11.8%	11.3%	9.4%
South Bay		18.8%	56.6%	58.4%	22.8%	33.2%	38.9%	11.1%	6.5%	10.2%	5.5%	7.3%	9.1%	
Other/Unknown			2.0%	10.1%	11.5%									

SAN DIEGO COUNTY: PERCENTAGE COMPARISON OF RECENT AIDS CASES and PEOPLE LIVING WITH HIV/AIDS with RWTMA PART A/B SERVICE UTILIZATION by GENDER, RACE/ETHNICITY AND REGION

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Demographic	% Est. People Living with HIV/AIDS County-wide 12/31/08	% Recent AIDS Case County wide 1/08-12/09	% of Total San Diego Residents Utilizing Services (3/07-2/08, 3/08-2/09 & 3/09-2/10)											
			Home Health / Home Hospice			Housing – Emergency Pool			Housing – PARS			Legal Services ¹		
			YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10
GENDER														
Male	89.9%	89.1%	Number of clients (14) too small	Number of clients (17) too small	Number of clients (3) too small	86.0%	81.6%	83.6%	83.2%	81.5%	81.6%	82.6%	81.4%	85.8%
Female	10.1%	10.9%				12.0%	15.4%	13.7%	15.5%	17.7%	17.4%	16.2%	16.3%	13.3%
Transgender						2.0%	3.0%	2.7%	1.3%	0.9%	1.0%	1.3%	2.3%	0.9%
Other/Unknown			“	“	“									
ETHNICITY														
Latino/Hispanic	26.8%	38.0%	“	“	“	24.5%	28.1%	23.3%	28.1%	31.3%	32.4%	32.6%	32.0%	34.3%
RACE														
African American/Black	13.2%	14.5%	“	“	“	28.4%	30.2%	26.4%	22.3%	19.1%	20.7%	10.8%	11.6%	11.2%
API	2.6%	2.7%	“	“	“	0.7%	2.1%	5.1%	1.0%	1.1%	1.0%	2.6%	2.1%	1.2%
Caucasian/White	56.5%	43.2%	“	“	“	44.6%	35.6%	43.2%	47.1%	47.3%	44.8%	50.5%	55.3%	50.9%
Native American	0.8%	1.6%	“	“	“	0.5%	0.6%	1.0%	1.6%	1.1%	1.0%	2.6%	2.1%	2.7%
Multiple Races			“	“	“	0.5%	0.0%		0.0%			6.9%	4.7%	4.4%
Other/Unknown			“	“	“	25.2%	3.3%	1.0%	28.1%			26.7%	24.3%	29.9%
REGION														
Central SD		51.3%	“	“	“	70.1%	65.8%	70.2%	58.7%	63.5%	63.2%	60.0%	61.7%	56.9%
Southeast SD		6.3%	“	“	“	10.1%	12.2%	8.2%	19.0%	13.1%	6.4%	6.7%	8.2%	6.6%
North County		13.4%	“	“	“	7.8%	8.3%	8.9%	9.0%	9.4%	12.0%	10.8%	13.5%	12.7%
East County		10.3%	“	“	“	6.1%	5.7%	4.8%	5.5%	6.0%	6.7%	7.7%	5.1%	8.6%
South Bay		18.8%	“	“	“	5.9%	8.0%	7.9%	7.7%	8.0%		14.9%	11.5%	15.2%
Other/Unknown			“	“	“									

¹ Some variance in percentages due to overlap of race and ethnicity measures.

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			Medical Care – Primary Care Pool			Medical Specialty			Mental Health			Psychiatric Services		
			YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10
GENDER														
Male	89.9%	89.1%	87.7%	88.4%	90.1%	85.7%	86.7%	87.7%	83.3%	86.6%	83.6%	90.9%	86.5%	83.5%
Female	10.1%	10.9%	11.9%	11.4%	9.9%	13.2%	12.3%	12.3%	14.2%	12.3%	14.4%	9.1%	12.0%	15.0%
Transgender			0.4%	0.2%		1.0%	1.0%		2.0%	0.5%	2.0%	0.0%	1.5%	1.6%
Other/Unknown									0.5%	0.7%				
ETHNICITY														
Latino/Hispanic	26.8%	37.4%	44.0%	39.2%	35.9%	52.7%	56.0%	49.9%	39.5%	31.8%	34.2%	19.0%	17.1%	18.5%
RACE														
African American/Black	13.2%	14.5%	8.8%	8.6%	7.8%	6.4%	6.3%	9.2%	8.1%	8.9%	12.3%	10.7%	16.0%	13.4%
API	2.6%	2.7%	1.3%	1.5%	1.4%	1.4%	0.9%	1.3%	1.6%	1.6%	1.8%	2.5%	1.1%	1.9%
Caucasian/White	56.5%	43.2%	36.1%	37.0%	34.0%	37.9%	35.2%	38.5%	83.7%	83.2%	80.8%	67.8%	65.8%	63.0%
Native American	0.8%	1.6%	0.8%	0.6%	0.5%	0.3%	0.1%	0.3%	0.3%	1.4%	1.4%	0.0%		0.2%
Multiple Races			0.0%			0.2%	0.1%	0.3%	4.3%	3.6%	3.2%	0.0%		1.6%
Other/Unknown			53.1%	13.0%	20.4%	53.7%	57.3%	0.4%	1.7%	1.4%	0.4%	19.0%		1.4%
REGION														
Central SD		51.3%	51.0%	49.3%	51.2%	55.0%	64.8%	57.8%	63.2%	68.6%	64.2%	74.5%	76.7%	77.8%
Southeast SD		6.3%	8.9%	9.0%	8.4%	4.2%	2.4%	5.6%	7.9%	7.7%	7.1%	4.1%	6.5%	5.4%
North County		13.4%	13.5%	14.4%	11.7%	11.3%	12.6%	13.2%	4.5%	5.0%	6.5%	9.7%	6.5%	4.5%
East County		10.3%	6.5%	5.0%	6.9%	5.0%	6.1%	19.3%	6.1%	6.4%	7.7%	7.5%	6.2%	7.6%
South Bay		18.8%	19.1%	20.0%	19.8%	24.5%	14.1%	4.0%	18.1%	12.3%	14.6%	4.1%	4.0%	4.7%
Other/Unknown			1.1%	2.3%	2.0%			0.0%						

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			Peer Advocacy ¹			Representative Payee ²			Transportation		
			YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10	YR17 07-08	YR 18 08-09	YR 19 09-10
GENDER											
Male	89.9%	89.1%	93.4%	95.3%	91.7%	76.9%	80.5%	77.8%	78.2%	80.1%	79.4%
Female	10.1%	10.9%	5.5%	4.0%	7.0%	23.1%	19.5%	22.2%	20.0%	18.0%	17.6%
Transgender			1.1%	0.7%	1.4%	0.0%	0.0%		1.8%	1.9%	3.0%
Other/Unknown											
ETHNICITY											
Latino/Hispanic	26.8%	37.4%	18.9%	21.7%	24.2%	3.1%	3.9%	6.9%	34.9%	34.3%	36.4%
RACE											
African American/Black	13.2%	14.5%	8.1%	7.2%	13.6%	36.9%	33.8%	29.2%	24.1%	24.1%	21.7%
API	2.6%	2.7%	1.0%	1.7%	1.6%	3.1%	1.3%	2.8%	1.9%	1.7%	1.7%
Caucasian/White	56.5%	43.2%	66.3%	66.5%	58.1%	53.8%	58.4%	56.9%	37.5%	37.7%	34.2%
Native American	0.8%	1.6%	1.3%	0.7%	1.0%	1.5%	2.6%	2.8%	0.6%	0.8%	1.0%
Multiple Races			0.3%	0.5%	0.8%	1.5%	1.3%	1.4%	1.0%	1.5%	2.4%
Other/Unknown			23.1%	1.6%	0.8%	3.1%	2.6%	6.9%	34.9%		2.7%
REGION											
Central SD		51.3%	74.5%	75.6%	75.8%	38.5%	37.7%	34.2%	68.0%	69.6%	56.4%
Southeast SD		6.3%	5.2%	5.6%	5.8%	6.2%	3.9%	8.2%	10.0%	9.5%	10.2%
North County		13.4%	2.4%	2.7%	3.3%	44.6%	46.8%	43.8%	8.2%	8.0%	8.7%
East County		10.3%	6.0%	7.2%	7.2%	4.6%	9.1%	11.0%	3.7%	3.7%	6.6%
South Bay		18.8%	4.8%	4.8%	6.4%	6.2%	2.6%	2.7%	0.1%	9.3%	11.7%
Other/Unknown			7.1%	4.1%	1.6%						6.3%

¹ Regional data includes clients that were homeless or from out of the area under "Other/Unknown."

² Some variance in percentages due to overlap of race and ethnicity measures.

APPENDICIES

APPENDIX A
HIV Primary Care Pool:
Approved Services by Procedure for Year 19
Ryan White Treatment Modernization Part A/B – San Diego County

PX Code	Procedure	Units of Service Provided
10021	FINE NEEDLE ASPIRATION;W/O IMAGING GUIDANCE	2
10022	FINE NEEDLE ASPIRATION;WITH IMAGING GUIDANCE	1
10060	INCISION/DRAINAGE OF ABSCESS;SIMPLE	22
10061	INCISION/DRAINAGE OF ABCESS;COMPLICATED	2
10120	REMOVE FOREIGN BODY	6
11000	SURGICAL CLEANSING OF SKIN	1
11055	TRIM SKIN LESION.	2
11057	TRIM SKIN LESIONS, OVER 4	1
11100	BIOPSY OF LESION	6
11101	BIOPSY, SKIN ADD-ON	5
11200	REMOVAL OF SKIN TAGS	4
11401	REMOVAL OF SKIN LESION.	1
11402	REMOVAL OF SKIN LESION	1
11403	REMOVAL OF SKIN LESION.	2
17000	DESTRUCTION ANY METHOD, INCLUDING LASER	26
17003	DESTROY LESIONS, 2-14	16
17110	DESTRUCT LESION, 1-14	70
17999	SKIN TISSUE PROCEDURE	1
20605	DRAIN/INJECT, JOINT/BURSA.	3
20610	DRAIN/INJECT, JOINT/BURSA	1
29075	APPLICATION OF FOREARM CAST	1
29405	APPLY SHORT LEG CAST	1
31231	NASAL END, DIA, UNILAT OR BILAT(SEPARA	1
31237	NASAL/ SINUS ENDOSCOPY, SURGICAL	1
31575	FIBERSCOPIC LARYNGOSCOPY	4
31600	INCISION OF WINDPIPE	1
36000	ESTABLISH ACCESS TO VEIN	12
36415	COLLECTION OF VENOUS BLOOD	2073
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HELL, EAR S	37
36430	BLOOD TRANSFUSION SERVICE	1
36540	COLLECT BLOOD VENOUS DEVICE	5
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VEN CATH;AGE 5 YEARS	2
36591	BLOOD DRAW FROM VENOUS ACCESS DEV	2
38221	BONE MARROW BIOBSY; NEEDLE OR TROCAR	2
40808	BIOPSY OF MOUTH LESION	1
42120	REMOVE PALATE/LESION	1
42700	DRAINAGE OF TONSIL ABSCESS	2
43235	UPPR GI ENDOSCOPY, DIAGNOSIS	2
43239	UPPER GI ENDOSCOPY, BIOPSY	7
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	1
45378	DIAGNOSTIC COLONOSCOPY.	1
45380	COLONOSCOPY AND BIOPSY.	4
45385	LESION REMOVAL COLONOSCOPY.	1
46270	REMOVAL OF ANAL FISTULA	1

PX Code	Procedure	Units of Service Provided
46600	DIAGNOSTIC ANOSCOPY	176
46606	ANOSCOPY AND BIOPSY	183
46900	DESTRUCTION, ANAL LESION(S).	24
46916	CRYOSURGERY, ANAL LESION(S)	8
46917	LASER SURGERY, ANAL LESIONS	12
46922	EXCISION OF ANAL LESION(S)	2
46924	DESTRUCTION, ANAL LESION(S)	61
47000	BIOPSY OF LIVER NEEDLE	3
49900	REPAIR OF ABDOMINAL WALL	1
50590	FRAGMENTING OF KIDNEY STONE	1
52000	CYSTOSCOPY	1
54050	DESTRUCTION, PENIS LESION(S)	5
54055	DESTRUCTION, PENIS LESION(S)	1
54056	CRYOSURGERY, PENIS LESION(S)	3
54065	DESTRUCTION, PENIS LESION(S)	1
55700	BIOPSY OF PROSTATE	2
56501	DESTRUCTION, VULVA LESION(S)	1
57522	CONIZATION OF CERVIX W/O FULGURATION	56
62270	SPINAL FLUID TAP, DIAGNOSTIC	19
62273	TREAT EPIDURAL SPINE LESION	1
64483	INJ FORAMEN EPIDURAL L/S	1
69210	REMOVE IMPACTED EAR WAX	6
70110	X-RAY EXAM OF JAW	1
70200	X-RAY EXAM OF EYE SOCKETS	1
70210	X-RAY EXAM OF SINUSES	1
70260	X-RAY EXAM OF SKULL.	4
70450	CT HEAD/BRAIN W/O DYE	4
70460	CT HEAD/BRAIN W/DYE	1
70470	CT HEAD/BRAIN W/O&W DYE	3
70486	CT MAXILLOFACIAL W/O DYE	3
70487	CT MAXILLOFACIAL W/DYE	2
70491	CT SOFT TISSUE NECK W/DYE	5
70544	MR ANGIOGRAPHY HEAD W/O DYE	1
70551	MRI BRAIN W/O DYE	1
70553	MRI BRAIN W/O&W DYE	4
71010	X-RAY EXAM OF CHEST	21
71020	X-RAY EXAM OF CHEST.	496
71100	X-RAY EXAM OF RIBS	3
71101	X-RAY EXAM OF RIBS/CHEST	2
71250	CT THORAX W/O DYE	2
71260	CT THORAX W/DYE	21
72040	X-RAY EXAM OF NECK SPINE	23
72050	X-RAY EXAM OF NECK SPINE	1
72070	X-RAY EXAM OF THORACIC SPINE	5
72080	X-RAY EXAM OF TRUNK SPINE	1
72100	X-RAY EXAM OF LOWER SPINE	41
72114	X-RAY EXAM OF LOWER SPINE	4
72141	MRI NECK SPINE W/O DYE	2
72148	MRI LUMBAR SPINE W/O DYE	3

PX Code	Procedure	Units of Service Provided
72156	MRI NECK SPINE W/O&W DYE	3
72158	MRI LUMBAR SPINE W/O&W DYE	7
72170	X-RAY EXAM OF PELVIS	6
72192	CT PELVIS W/O DYE	2
72193	CT PELVIS W/DYE	15
72194	CT PELVIS W/O&W DYE	8
72195	MRI PELVIS W/O DYE	3
72220	X-RAY EXAM OF TAILBONE	1
73000	X-RAY EXAM OF COLLAR BONE	6
73030	X-RAY EXAM OF SHOULDER.	33
73070	X-RAY EXAM OF ELBOW	6
73090	X-RAY EXAM OF FOREARM	3
73110	X-RAY EXAM OF WRIST.	11
73120	X-RAY EXAM OF HAND	4
73130	X-RAY EXAM OF HAND.	28
73140	X-RAY EXAM OF FINGER(S)	4
73500	X-RAY EXAM OF HIP	2
73510	X-RAY EXAM OF HIP	20
73520	X-RAY EXAM OF HIPS	15
73525	CONTRAST X-RAY OF HIP	1
73550	X-RAY EXAM OF THIGH	3
73560	X-RAY EXAM OF KNEE, 1 OR 2	36
73562	X-RAY EXAM OF KNEE, 3	17
73590	X-RAY EXAM OF LOWER LEG	2
73610	X-RAY EXAM OF ANKLE.	18
73630	X-RAY EXAM OF FOOT.	22
73660	X-RAY EXAM OF TOE(S)	1
73721	MRI JOINT OF LWR EXTRE W/O D	2
73723	MRI JOINT LWR EXTR W/O&W DYE	1
74000	X-RAY EXAM OF ABDOMEN	11
74010	X-RAY EXAM OF ABDOMEN.	5
74020	X-RAY EXAM OF ABDOMEN	1
74022	X-RAY EXAM SERIES, ABDOMEN	2
74150	CT ABDOMEN W/O DYE	2
74160	CT ABDOMEN W/DYE	15
74170	CT ABDOMEN W/O&W DYE	9
74183	MRI ABDOMEN W/O&W DYE	5
76536	ECHO EXAM OF HEAD AND NECK	5
76700	ECHO EXAM OF ABDOMEN	58
76705	ECHO EXAM OF ABDOMEN.	3
76770	ECHO EXAM ABDOMEN BACK WALL	7
76801	ULTRASOUND,PREGNANT UTERUS,REAL TIME WITH IMAGE;FIRST TRIM;FIRS	1
76817	ULTRASOUND,PREGNANT UTERUS, REAL TIME WITH IMAGE;TRANSVAGINAL	1
76830	ECHO EXAM TRANS VAG	7
76856	ECHO EXAM OF PELVIS.	7
76870	ECHO EXAM OF SCROTUM	5
76872	ECHO EXAM TRANSRECTAL	3
76880	ECHO EXAM OF EXTREMITY	2
76937	ULTRASOUND GUIDANCE FOR FASCULAR ACCESS REQ ULTRASOUND EVAL	2

PX Code	Procedure	Units of Service Provided
76942	ECHO GUIDE FOR BIOPSY	8
77001	FLUOROGUIDE FOR VEIN DEVICE	2
77003	FLUOROGUIDE FOR SPINE INJ	1
77080	DXA BONE DENSITY,AXIAL	8
78306	NUCLEAR SCAN OF SKELETON	3
78591	NUCLEAR SCAN OF LUNG.	1
80048	BASIC METABOLIC PANEL	612
80050	GENERAL HEALTH SCREEN PANEL	2
80051	ELECTROLYTE PANEL	1
80053	*00 COMPREHENSIVE METABOLIC PANEL	2490
80061	LIPID PROFILE	826
80069	RENAL FUNCTION PANEL	5
80074	ACUTE HEPATITIS PANEL	192
80076	HEPATIC FUNCTION PANEL	601
80101	DRUG SCREEN, SINGLE	3914
80154	ASSAY, BENZODIAZEPINES	17
80164	ASSAY, DIPROPYLACETIC ACID	6
80178	ASSAY OF LITHIUM	4
80185	ASSAY OF PHENYTOIN, TOTAL	4
80202	ASSAY OF VANCOMYCIN	2
80299	QUANTITATIVE ASSAY, DRUG	5
80500	LAB PATHOLOGY CONSULTATION	1
81001	URINALYSIS, AUTO W/SCOPE	1419
81002	URINALYSIS, NONAUTO W/O SCOPE	234
81003	URINALYSIS, AUTO, W/O SCOPE	91
81010	URINE CONCENTRATION TEST	2
81015	MICROSCOPIC EXAM OF URINE	254
81025	URINE PREGNANCY TEST	7
81050	URINALYSIS, VOLUME MEASURE	1
82024	ASSAY OF ACTH	1
82040	ASSAY OF SERUM ALBUMIN	2
82043	MICROALBUMIN, QUANTITATIVE	23
82055	ASSAY OF ETHANOL	2
82085	ASSAY OF BLOOD ALDOLASE	2
82088	ASSAY OF ALDOSTERONE	3
82103	ALPHA - 1 - ANTITRYPSIN, TOTAL	3
82105	ALPHA-FETOPROTEIN, SERUM	112
82108	ASSAY OF ALUMINUM	1
82131	AMINO ACIDS, SINGLE QUANT	1
82140	ASSAY OF BLOOD AMMONIA	3
82145	ASSAY OF AMPHETAMINES	73
82150	ASSAY OF SERUM AMYLASE	45
82180	ASSAY OF ASCORBIC ACID	1
82247	BILIRUBIN, TOTAL	3
82248	BILIRUBIN, DIRECT	1644
82270	TEST FOR BLOOD, FECES	91
82306	ASSAY OF VITAMIN D	29
82310	ASSAY OF CALCIUM	3
82330	ASSAY OF CALCIUM	6

PX Code	Procedure	Units of Service Provided
82340	ASSAY OF CALCIUM IN URINE	2
82355	CALCULUS (STONE) ANALYSIS	1
82378	CARCINOEMBRYONIC ANTIGEN	6
82390	ASSAY OF CERULOPLASMIN	3
82436	ASSAY OF URINE CHLORIDE	5
82465	ASSAY, BLD/SERUM CHOLESTEROL	508
82491	CHROMOTOGRAPHY, QUANT, SING	1
82520	ASSAY OF COCAINE	6
82523	COLLAGEN CROSSLINKS	1
82525	ASSAY OF COPPER	1
82530	ASSAY, FREE CORTISOL	1
82533	RIA ASSAY PLASMA CORTISOL	34
82542	COLUMN CHROMOTOGRAPHY, QUANT	98
82550	ASSAY OF CK (CPK)	162
82552	ASSAY OF CPK IN BLOOD	6
82553	CREATINE, MB FRACTION	8
82565	ASSAY OF CREATININE	102
82570	ASSAY OF URINE CREATININE	95
82595	ASSAY OF CRYOGLOBULIN	1
82607	RIA ASSAY FOR VITAMIN B-12	91
82652	ASSAY OF DIHYDROXYVITAMIN D	2
82668	ASSAY OF ERYTHROPOIETIN	5
82670	ASSAY OF ESTRADIOL	6
82672	ASSAY OF ESTROGEN	1
82705	FATS/LIPIDS, FECES, QUAL	30
82728	ASSAY OF FERRITIN	126
82746	BLOOD FOLIC ACID RIA	28
82747	ASSAY OF FOLIC ACID, RBC	12
82803	BLOOD GASES: PH, PO2 & PCO2	2
82945	GLUCOSE OTHER FLUID	15
82947	ASSAY, GLUCOSE, BLOOD QUANT	10
82950	GLUCOSE TEST	7
82951	GLUCOSE TOLERANCE TEST (GTT)	19
82952	GTT-ADDED SAMPLES	8
82955	ASSAY OF G6PD ENZYME	98
82960	TEST FOR G6PD ENZYME	69
82962	GLUCOSE BLOOD TEST	15
82977	ASSAY OF GGT ENZYME	142
83001	PITUITARY GONADOTROPIN RIA	37
83002	PITUITARY GONADOTROPINS RIA	32
83010	ASSAY OF HAPTOGLOBIN, QUANT	4
83021	HEMOGLOBIN CHROMOTOGRAPHY	4
83036	GLYCOSYLATED HEMOGLOBIN TEST	150
83090	ASSAY OF HOMOCYSTINE	4
83516	IMMUNOASSAY, NONANTIBODY	2
83520	IMMUNOASSAY	1
83525	RIA ASSAY OF INSULIN	14
83540	ASSAY OF IRON	107
83550	SERUM IRON BINDING TEST	107

PX Code	Procedure	Units of Service Provided
83605	ASSAY OF LACTIC ACID	20
83615	UV-ASSAY BLOOD LDH ENZYME	259
83625	ASSAY OF LDH ENZYMES	1
83650	TEST URINE FOR LEAD	1
83690	ASSAY OF LIPASE	161
83695	ASSAY LIPOPROTEIN (A)	2
83718	ASSAY OF LIPOPROTEIN	1
83735	ASSAY OF MAGNESIUM	1456
83835	ASSAY OF METANEPHRINES	1
83840	ASSAY OF METHADONE	4
83880	ASSAY NALORPHINE	15
83890	MOLECULE ISOLATE	40
83891	MOLECULE ISOLATE NUCLEIC	2
83892	MOLECULAR DIAGNOSTICS	1
83893	MOLECULE DOT/SLOT/BLOT	107
83894	MOLECULE GEL ELECTROPHOR	2
83896	MOLECULAR DIAGNOSTICS.	102
83898	MOLECULE NUCLEIC AMPLI	51
83900	ASSAY FECES FOR NITROGEN	1
83904	MOLECULE MUTATION IDENTIFY	1
83909	NUCLEIC ACID HIGH RESOLUTE	2
83912	GENETIC EXAMINATION	330
83915	ASSAY OF NUCLEOTIDASE	2
83921	ORGANIC ACID, SINGLE, QUANT	1
83925	ASSAY OF OPIATES	28
83930	ASSAY OF BLOOD OSMOLALITY	4
83935	ASSAY OF URINE OSMOLALITY	4
83970	RIA ASSAY OF PARATHORMONE	7
84075	ASSAY ALKALINE PHOSPHATASE	2
84100	ASSAY OF PHOSPHORUS	1580
84105	ASSAY OF URINE PHOSPHORUS	1
84120	ASSAY OF URINE PORPHYRINS	1
84132	ASSAY OF SERUM POTASSIUM	7
84133	ASSAY OF URINE POTASSIUM	4
84134	ASSAY OF PREALBUMIN	2
84143	ASSAY OF 17-HYDROXYPREGNENO	1
84146	ASSAY OF PROLACTIN	19
84153	ASSAY OF PSA, TOTAL	519
84155	ASSAY OF PROTEIN	2
84156	PROTEIN, URINE	73
84157	PROTEIN, OTHER SOURCE	16
84165	ASSAY OF SERUM PROTEINS	19
84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANITATION,OTHER	7
84244	RIA ASSAY OF RENIN	2
84270	ASSAY OF SEX HORMONE GLOBUL	4
84300	ASSAY OF URINE SODIUM	7
84305	ASSAY OF SOMATOMEDIN	1
84402	ASSAY OF TESTOSTERONE	230
84403	ASSAY OF TOTAL TESTOSTERONE	758

PX Code	Procedure	Units of Service Provided
84425	ASSAY OF VITAMIN B-1	1
84436	ASSAY OF TOTAL THYROXINE	14
84439	ASSAY OF FREE THYROXINE	48
84443	ASSAY THYROID STIM HORMONE	320
84450	UV-ASSAY TRANSAMINASE (SGOT)	4
84460	UV-ASSAY TRANSAMINASE (SGPT)	2
84466	ASSAY OF TRANSFERRIN	1
84478	ASSAY OF TRIGLYCERIDES	414
84479	ASSAY OF THYROID (T3 OR T4)	1
84480	ASSAY, TRIIODOTHYRONINE (T3)	23
84481	RIA ASSAY (FT-3)	3
84484	ASSAY OF TROPONIN, QUANT	12
84520	ASSAY OF UREA NITROGEN	6
84550	ASSAY OF BLOOD/URIC ACID	126
84560	ASSAY OF URINE/URIC ACID	1
84591	ASSAY OF NOS VITAMIN	2
84681	ASSAY OF C-PEPTIDE	1
84702	CHORIONIC GONADOTROPIN TEST.	19
84999	CLINICAL CHEMISTRY TEST	3
85002	BLEEDING TIME TEST.	2
85007	DIFFERENTIAL WBC COUNT	34
85018	HEMOGLOBIN, COLORIMETRIC	12
85025	AUTOMATED HEMOGRAM	3044
85027	AUTOMATED HEMOGRAM.	93
85041	RED BLOOD CELL (RBC) COUNT	24
85045	RETICULOCYTE COUNT	48
85060	BLOOD SMEAR INTERPRETATION	1
85240	BLOOD CLOT FACTOR VIII TEST	1
85300	ANTITHROMBIN III TEST	3
85303	BLOOD CLOT INHIBITOR TEST	3
85306	BLOOD CLOT INHIBITOR TEST.	4
85307	ASSAY ACTIVATED PROTEIN C	3
85379	FIBRIN DEGRADATION.	3
85610	PROTHROMBIN TIME	710
85613	RUSSELL VIPER VENOM, DILUTED	4
85651	RBC SED RATE, NONAUTOMATED	87
85652	RBC SED RATE, AUTOMATED	35
85660	RBC SICKLE CELL TEST	2
85670	THROMBIN TIME; PLASMA	1
85730	THROMBOPLASTIN TIME, PARTIAL	599
86003	ALLERGEN SPEC. IGE; QUANTIT/SEMIQ EACH	1
86022	PLATELET ANTIBODIES	2
86038	ANTINUCLEAR ANTIBODIES, RIA	26
86039	ANTINUCLEAR ANTIBODIES TITER	4
86060	ANTISTREPTOLYSIN O, TITER	1
86063	ANTISTREPTOLYSIN O, SCREEN	1
86140	C-REACTIVE PROTEIN	57
86141	C-REACTIVE PROTEIN, HS	8
86147	CARDIOLIPIN ANTIBODY	9

PX Code	Procedure	Units of Service Provided
86157	COLD AGGLUTININ, TITER	1
86160	COMPLEMENT, ANTIGEN	5
86200	CCP ANTIBODY	1
86225	DNA ANTIBODY	6
86235	NUCLEAR ANTIGEN ANTIBODY	2
86255	FLUORESCENT ANTIBODY, SCREEN	9
86256	FLUORESCENT ANTIBODY, TITER	8
86301	IMMUNOASSAY, TUMOR, CA 19-9	1
86308	HETEROPHILE ANTIBODIES SCREEN	4
86317	IMMUNOASSAY, INFECTIOUS AGENT	23
86332	ASSAY, CIQ PRECIPITIN	2
86335	IMMUNOGLOBULIN TYPING, EACH	4
86355	B CELLS TOTAL COUNT	861
86357	LYMPHOCYTES, T&B DISTINCTION	1
86359	T CELLS	102
86360	T CELL, ABSOLUTE COUNT/RATIO	5309
86361	T CELL, ABSOLUTE COUNT	2
86376	MICROSOMAL ANTIBODY, RIA	4
86403	PARTICLE AGGLUTINATION.	212
86406	PARTICLE AGGLUTINATION	1
86431	RHEUMATOID FATOR, QUANT	16
86480	CAT SCRATCH FEVER SKIN TEST	141
86580	TB INTRADERMAL TEST	372
86590	STREPTOKINASE, ANTIBODY	1
86592	BLOOD SEROLOGY, QUALITATIVE	1992
86593	BLOOD SEROLOGY, QUANTITATIVE	550
86606	ANTIBODY, ASPERGILLUS	1
86612	BLASTOMYCES ANTIBODY	1
86618	ANTIBODY, LYME DISEASE	3
86622	BRUCELLA ANTIBODY	4
86625	CAMPYLOBACTER ANTIBODY	1
86631	CHLAMYDIA ANTIBODY	6
86632	CHLAMYDIA IGM ANTIBODY	4
86635	COCCIDIOIDES ANTIBODY	391
86638	ANTIBODY, Q FEVER	1
86641	ANTIBODY, CRYPTOCOCCUS	1
86644	ANTIBODY, CMV	456
86645	ANTIBODY, CVM, IGM	216
86663	ANTIBODY, EPSTEIN - BARR	1
86665	EPSTEIN-BARR ANTIBODY	5
86677	ANTIBODY, HELICOBACTER PYLORI	88
86682	HELMINTH ANTIBODY	3
86689	HTLVI CONFIRM TEST	116
86692	HEPATITIS, DELTA AGENT.	6
86694	ANTIBODY, HERPES SIMPLEX	42
86695	ANTIBODY, HERPES SIMPLEX.	233
86696	HERPES SIMPLEX TYPE 2	512
86698	ANTIBODY HISTOPLASMA	4
86701	ANTIBOY, HIV - 1	1

PX Code	Procedure	Units of Service Provided
86702	ANTIBODY, HIV - 2	1
86703	HIV-1/HIV-2, SINGLE ASSAY	48
86704	HEP B CORE ANTIBODY, TOTAL	522
86705	HEP B CORE ANTIBODY, IGM	124
86706	HEP B SURFACE ANTIBODY	956
86707	HEP BE ANTIBODY	28
86708	HEP A ANTIBODY, TOTAL	670
86709	HEP A ANTIBODY, IGM	305
86717	LEISHMANIA ANTIBODY	1
86735	MUMPS ANTIBODY	8
86762	RUBELLA ANTIBODY	14
86765	RUBEOLA ANTIBODY	6
86777	TOXOPLASMA ANTIBODY	495
86778	TOXOPLASMA ANTIBODY, IGM	66
86780	ANTIBODY; TREPONEMA PALLIDUM	12
86781	TREPONEMA PALLIDUM, CONFIRM	144
86787	VARICELLA-ZOSTER ANTIBODY	90
86790	VIRUS ANTIBODY NOS	4
86800	THYROGLOBULIN ANTIBODY, RIA	2
86803	HEPATITIS C ANTIBODY	769
86804	HEPATITIS C ANTIBODY;CONFIRM TST EG,IMMU	7
86806	LYMPHOCYTHOTOXICITY ASSAY	2
86813	HLA TYPING, A, B, AND/OR C	192
86850	RBC ANTIBODY SCREEN	10
86860	RBC ANTIBODY SCREEN.	1
86880	COOMBS TEST	4
86900	BLOOD TYPING, ABO ONLY.	14
86901	BLOOD TYPING, RH(D)	13
86903	BLOOD TYPING, ANTIGEN SCREEN	1
86923	COMPATIBILITY TEST ELECTRIC	9
87015	SPECIMEN CONCENTRATION	279
87040	BLOOD CULTURE FOR BACTERIA	100
87045	STOOL CULTURE, BACTERIA	348
87046	STOOL CULTR, BACTERIA, EACH	418
87070	CULTURE, BACTERIA, OTHER	208
87075	CULTURE BACTERIA ANAEROBIC	16
87076	CULTURE ANAEROBE IDENT, EACH	4
87077	CULTURE AEROBIC IDENTIFY	259
87081	CULTURE SCREEN ONLY	347
87086	URINE CULTURE/COLONY COUNT	184
87088	URINE BACTERIA CULTURE.	1
87101	SKIN FUNGI CULTURE	3
87102	FUNGUS ISOLATION CULTURE	35
87103	BLOOD FUNGUS CULTURE	22
87106	FUNGI IDENTIFICATION, YEAST	28
87107	FUNGI IDENTIFICATION, MOLD	6
87110	CHLAMYDIA CULTURE	7
87116	MYCOBACTERIA CULTURE	159
87140	CULTUR TYPE IMMUNOFLUORESC	10

PX Code	Procedure	Units of Service Provided
87147	CULTURE TYPE, IMMUNOLOGIC	1
87149	CULTURE TYPE, NUCLEIC ACID	6
87155	CULTURE TYPING, PRECIPITIN	1
87166	DARK FIELD EXAMINATION.	1
87177	OVA AND PARASITES SMEARS	138
87186	MICROBE SUSCEPTIBLE, MIC	196
87188	MICROBE SUSCEPT, MACROBROTH	10
87205	SMEAR, GRAM STAIN	343
87206	SMEAR, FLUORESCENT/ACID STAI	226
87207	SMEAR, SPECIAL STAIN	46
87209	SMEAR COMPLEX SPECIAL STAIN FOR OVA AND PARASITES	192
87210	SMEAR, WET MOUNT, SALINE/INK	9
87220	TISSUE EXAM FOR FUNGI	1
87230	ASSAY, TOXIN OR ANTITOXIN	4
87252	VIRUS INOCULATION, TISSUE	353
87254	VIRUS INOCULATION, SHELL VIA	59
87255	VIRUS ISOLATION;INOCULATION OF EMBRYONATED EGGS,INCL INDENT. BY	49
87260	ADENOVIRUS AG, IF	1
87269	GIARDIA, DIRECT FLUORESCENT ANTIBODY	7
87270	CHLAMYDIA TRACHOMATIS AG, IF	22
87272	CRYPTOSPORIDIUM/GARDIA AG, IF	1
87275	INFLUENZA B, AG, IF	1
87276	INFLUENZA A, AG, IF	1
87278	LEGION PNEUMOPHILIA AG, IF	1
87279	PARAINFLUENZA, AG, IF	3
87280	RESPIRATORY SYNCYTIAL AG, IF	1
87281	PNEUMOCYSTIS CARINII, AG, IF	3
87300	AG DETECTION, POLYVAL, IF	3
87305	ASPERGILLUS AG, EIA	2
87324	CLOSTRIDIUM AG, EIA	106
87327	CRYPTOCOCCUS NEOFORM AG, EIA	3
87328	INFECT AGT ANTIGEN DET BY ENZYME IMMUNOA	26
87329	INFECT AGT ANTIG DETEC BY ENZYME GIARDIA	12
87338	HPYLORI, STOOL, EIA	14
87340	INFECT AGT ANTIGEN DETEC BY ENZYME IMMUN	494
87341	HEPATITIS B SURFACE, AG, EIA	1
87350	HEPATITIS BE AG, EIA	31
87385	INFECT AGT ANT DET BY ENZYME IMMUNO TEC	29
87427	SHIGA-LIKE TOXIN AG, EIA	62
87430	INFECT AGT ANT DET BY ENZYME IMMUNO TEC	9
87449	AG DETECT NOS, EIA, MULT	9
87480	INFECT AGT DET BY NUCL ACID DNA/RNA; CAN	3
87491	INFECT AGT DET BY NUCL ACID DNA/RNA; CHL	4778
87496	INFECT AGT DET BY NUCL ACID DNA/RNA; CYT.	18
87497	INFECT AGT DET BY NUCL ACID DNA/RNA;CYT	38
87510	INFECT AGT DET BY NUCL ACID DNA/RNA; GAR	3
87516	INFECT AGT DET BY NUCL ACID DNA/RNA; HEP.	19
87517	INDECT AGT DET BY NUCL ACID DNA/RNA; HEP	229
87521	INFECT AGT DET BY NUCL ACID DNA/RNA; HEP.	27

PX Code	Procedure	Units of Service Provided
87522	INFECT AGT DET BY NUCL ACID DNA/RNA; HEP	447
87529	INFECT AGT DET BY NUCL ACID DNA/RNA; HER.	4
87536	INFECT AGT DET BY NUCL ACID DNA,RNA; HIV	415
87541	INFECT AGT DET BY NUCL ACID DNA;RNA; LEG	4
87555	INFECT AGT DET BY NUCL ACID DNA,RNA; MYC.	1
87556	INFECT AGT DET BY NUCL ACID DNA,RNA; MYC	12
87581	INFECT AGT DET BY NUCL ACID DNA,RNA; MYC	1
87590	INFECT AGT DET BY NUCL ACID DNA,RNA; NEI	1
87591	INFECT AGT DET BY NUCL ACID DNA, RNA; NEI.	4734
87592	INFECT AGT DET BY NUCL ACID DNA,RNA; NEI	1
87621	INFECT AGT DET BY NUCL ACID DNA,RNA PAP	19
87650	INFECT AGT DET BY NUCL ACID DNA,RNA STR	3
87660	TRICHOMONAS VAGIN DIR PROBE	2
87798	DETECT AGENT NOS, DNA, AMP	6
87799	DETECT AGENT NOS, DNA, QUANT	1
87801	DETECT AGNT MULT, DNA, AMPLI	8
87804	INFLUENZA ASSAY W/OPTIC	108
87880	INFECT AGT DET BY IMMUNO WITH DIR OPTICA.	14
87899	INFECT AGT DET BY IMMUNO WITH DIR OPTICA	71
87901	GENOTYPE, DNA, HIV REVERSE T	2
87902	GENOTYPE, DNA, HEPATITIS C VIRUS	50
87999	MICROBIOLOGY PROCEDURE	6
88104	CYTOPATHOLOGY	11
88108	CYTOPATHOLOGY.	2
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECH WITH INTERP	1435
88141	CYTOPATH, C/V, INTERPRET	19
88142	CYTOPATH, C/V, THIN LAYER	64
88160	CYTOPATHOLOGY	10
88172	CYTOPATHOLOGY EVAL OF FNA	2
88173	CYTOPATH EVAL, FNA, REPORT	5
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL, WITH SCREENING BY AUTOMATED	7
88184	FLOW CYTOMETRY CELL SURFACE CYTOPLASMIC OR NUC MARKER TECH ONLY	4
88185	FLOW CYTOMOETRY CELL SURFACE CYTO OR NUC MARKER EA ADDNL	77
88187	FLOW CYTOMETRY INTERPRETATION 2 TO 8 MARKERS	1
88189	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, 16 OR MORE MARKERS	2
88237	TISSUE CULTURE, BONE MARROW	5
88264	CHROMOSOME ANALYSIS, 20-25.	3
88271	CYTOGENETICS, DNA PROBE	16
88275	CYTOGENETICS, 100-300	8
88280	CHROMOSOME COUNT: ADDITIONAL	6
88291	CYTO/MOLECULAR REPORT	3
88302	SURGICAL PATHOLOGY, COMPLETE	1
88304	SURGICAL PATHOLOGY, COMPLETE.	9
88305	TISSUE EXAM BY PATHOLOGIST	487
88307	TISSUE EXAM BY PATHOLOGIST.	10
88309	SURGICAL PATHOLOGY, COMPLETE	3
88311	DECALCIFIFY TISSUE	1

PX Code	Procedure	Units of Service Provided
88312	SPECIAL STAINS	20
88313	SPECIAL STAINS.	30
88331	PATH CONSULT INTRAOP, 1 BLOC	3
88332	PATH CONSULT INTRAOP, ADDL	1
88342	IMMUNOCYTOCHEMISTRY	63
89050	BODY FLUID CELL COUNT	16
89051	BODY FLUID CELL COUNT.	9
89055	LEUKOCYTE COUNT, FECAL	21
89060	CRYSTAL IDENTIFICATION BY MICROSCOPY	1
89190	NASAL SMEAR FOR EOSINOPHILS	1
90471	IMMUNIZATION ADMIN	1064
90472	IMMUNIZATION ADMIN, EACH ADD	115
90632	HEP A VACCINE, ADULT IM	39
90633	HEP A VACC, PED/ADOL, 2 DOSE	21
90636	HEP A/HEP B VACC, ADULT IM	110
90649	H PAPILOMA VACC 3 DOSE IM	1
90656	INFLUENZA VIRUS VACCINE SPLIT VIRUS AGES 3 AND OLDER	1144
90658	FLU VACCINE, 3 YRS, IM	34
90663	INFLUENZA VIRUS, VACCINE, PANDEMIC FORMULA	450
90707	MMR VACCINE, SC	1
90714	TYPHOID IMMUNIZATION	1
90715	TETANUS DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE OVER	240
90718	TD VACCINE GR 7, IM	32
90723	DTAP-HEP B-IPV VACCINE, IM	3
90732	PNEUMOCOCCAL VACC, ADULT/ILL	199
90734	MENINGOCOCCAL CONJUGATE VACCINE SEROGRPS A C Y AND W135	5
90743	HEP B VACC, ADOL, 2 DOSE, IM	73
90746	HEP B VACCINE, ADULT, IM	131
90747	HEPB VACC, ILL PAT 4 DOSE IM	4
90748	HEP B/HIB VACCINE, IM	3
90761	IV INFUSION HYDRATION GRTR 1 HR UP TO 8 HR	18
90765	IV INFUSION, FOR THERAPY PROPHYLAXIX OR DX INITIAL UP TO 1 HR	19
90766	THER/PROPH/DG IV INF, ADD-ON	24
90767	TX/PROPH/DG ADDED SEQ IV INF	14
90772	THER/PROPH/DIAG INJECT, SC/IM	221
90775	THER/PROPH/DIAG INJECT, ADD-ON	63
90779	THER/PROP/DIAG INJ/INF PROC	753
90780	IV INFUSION THERAPY, 1 HOUR	6
91010	ESOPHAGUS MOTILITY STUDY	1
92002	NEW EYE EXAM & TREATMENT	5
92012	EYE EXAM ESTABLISHED PAT	1
92014	EYE EXAM & TREATMENT	2
92015	DETERMINE REFRACTIVE STATE	1
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION	1
93000	ELECTROCARDIOGRAM, COMPLETE	87
93005	ELECTROCARDIOGRAM, TRACING	22
93010	ELECTROCARDIOGRAM REPORT	6
93017	CARDIOVASCULAR STRESS TEST.	5
93225	ECG MONITORING/RECORDING 24 HRS	3

PX Code	Procedure	Units of Service Provided
93226	ECG MONITORING/REPORT 24 HRS	3
93306	TTE, COMPLETE W DOPPLER & COLOR FLOW	8
93350	ECHO TRANSTHORACIC	3
93721	PLETHYSMOGRAPHY TRACING	16
93923	NONINV PHYSIOL STUDIES OF UPPER/LOWER EX.	1
93970	EXTREMITY STUDY.	14
93975	VISCERAL VASCULAR STUDY	3
93976	DUPLEX SCAN ARTER INFLW/VENOUS OUTFLW AB	25
94010	BREATHING CAPACITY TEST	5
94260	THORACIC GAS VOLUME	4
94360	MEASURE AIRFLOW RESISTANCE	4
94640	NONPRESSURIZED INHALATION TREATMENT	4
94660	POS AIRWAY PRESSURE, CPAP	37
94664	AEROSOL OR VAPOR INHALATIONS	2
94720	MONOXIDE DIFFUSING CAPACITY	3
94760	MEASURE BLOOD OXYGEN LEVEL	68
94761	MEASURE BLOOD OXYGEN LEVEL.	4
94799	PULMONARY SERVICE/PROCEDURE	3
95816	ELECTROENCEPHALOGRAM (EEG)	1
95860	MUSCLE TEST, ONE LIMB	1
95870	MUSCLE TEST, NONPARASPINAL	1
95874	GUIDE NERVE DESTROY NEEDLE EMG	1
95900	MOTOR NERVE CONDUCTION TEST	3
95903	NERVE CONDUCT AMPLITUDE AND LAT/VEL STUDY	1
95904	SENSE/MIXED N CONDUCTION TST	3
96360	IV INFUSION, HYDRATION, FIRST HOUR	2
96361	IV INFUSION, HYDRATION ECH ADDTL HOUR	4
96365	IV INFUSION, THERAPEUTIC OR DX INITIAL 1 HOUR	14
96366	IV INFUSION, TX/DX, ECH ADDTL HOUR	10
96367	IV, INFUSION, ECH ADDL HOUR	3
96372	INJ, IM/SQ, THERA/DX/PROPHALATIC	329
96375	IV PUSH, ECH ADD'L OF NEW SUBSTANCE	57
96409	CHEMO IV PUSH, SINGLE DRUG	1
96413	CHEMOTHERAPY IV INFUSION UP TO 1 HR SINGLE OR INITIAL SUBSTANCE	70
96415	CHEMOTHERAPY IV INFUSION EA ADDNL HR 1 TO 8 HRS	1
96417	CHEMO IV INFUSE EACH ADDED SEQ	11
97602	WOUND CARE NON-SELECTIVE	2
97802	MEDICAL NUTRITION, INDIV, IN	202
97803	MED NUTRITION, INDIV, SUBSEQ	129
97804	MEDICAL NUTRITION, GROUP	50
98960	SELF-MANAGE EDUC & TRAIN 1 PT	18
99000	SPECIMEN HANDLING	613
99070	SPECIAL SUPPLIES	17
99144	MOD CS BY SAME PHYS 5 YRS +	3
99173	VISUAL ACUITY SCREEN	10
99201	OFFICE VISIT, NEW, LEVEL 1	11
99202	OFFICE VISIT, NEW, LEVEL 2	18
99203	OFFICE VISIT, NEW, LEVEL 3	220
99204	OFFICE VISIT, NEW, LEVEL 4	286

PX Code	Procedure	Units of Service Provided
99205	OFFICE VISIT, NEW, LEVEL 5	80
99211	OFFICE VISIT, EST., LEVEL 1	648
99212	OFFICE VISIT, EST., LEVEL 2	2440
99213	OFFICE VISIT, EST., LEVEL 3	5556
99214	OFFICE VISIT, EST., LEVEL 4	4062
99215	OFFICE VISIT, EST., LEVEL 5	1246
99236	OBSERV/HOSP SAME DATE	1
99242	OFFICE CONSULTATION, LEVEL 2	1
99243	OFFICE CONSULTATION, LEVEL 3	4
99244	OFFICE CONSULTATION, LEVEL 4	1
99245	OFFICE CONSULTATION, LEVEL 5	1
99252	INPATIENT CONSULTATION, INITIAL, LVL 2	3
99386	PREV VISIT, NEW, AGE 40-64	1
99395	PREV VISIT, EST, AGE 18-39	5
99999	UNLISTED PROCEDURES	8
A4550	SURGICAL TRAYS	6
A4590	SPECIAL CASTING MATERIALS, HEXCELI	1
A4614	HAND-HELD PEFR METER	1
A4620	VARIABLE CONCENTRATION MASK	4
A6430	LT COMPRES BDG GRTR/EQL3LESS5 W /ROLL	1
A9503	TECHNETIUM TC 99M MEDRONATE	1
A9577	INJECTION, (MULTIHANCE) GADOBENATE DIMEGLUMINE, PER ML	218
D0120	PERIODIC ORAL EXAMINATION	984
D0140	LIMIT ORAL EVAL PROBLEM FOCUSED	810
D0150	COMPREHENSIVE ORAL EVALUATION	740
D0160	DETAILED AND EXTEN. ORAL EVAL PROB FOCUS	1
D0180	COMP PERIODONTAL EVALUATION	10
D0210	INTRAORAL-COMPLETE SERIES (INCLUDI	668
D0220	INTRAORAL-PERAPICAL-FIRST FILM	877
D0230	INTRAORAL-PERAPICAL-EACH ADDITION	4910
D0240	INTRAORAL-OCCLUSAL FILM	2
D0270	BITEWING-SINGLE FILM	41
D0272	BITEWINGS-TWO FILMS	616
D0274	BITEWINGS-FOUR FILMS	326
D0330	PANORAMIC FILM	5
D1110	PROPHYLAXIS-ADULT	1274
D1120	PROPHYLAXIS-CHILD	7
D1204	TOPICAL APPLICATION OF FLUORIDE (E.	1
D1206	TOPICAL FLURIDE VARNISH, MOD-HI RISK CARIES PT	12
D1310	NUTRITIONAL COUNSELING FOR THE CON	25
D1320	TOBACCO COUNSEL CON PREV ORAL DISEASE	1
D1330	ORAL HYGIENE INSTRUCTION	11
D1351	SEALANT-PER TOOTH	16
D2140	AMALGAM-ONE SURFACE, PERMANENT	580
D2150	AMALGAM-TWO SURFACES, PERMANENT	922
D2160	AMALGAM-THREE SURFACES, PERMANENT	308
D2161	AMALGAM-FOUR OR MORE SURFACES, PER	34
D2330	RESIN-ONE SURFACE, ANTERIOR	510
D2331	RESIN-TWO SURFACES, ANTERIOR	287

PX Code	Procedure	Units of Service Provided
D2332	RESIN-THREE SURFACES, ANTERIOR	196
D2335	RESIN-FOUR OR MORE SURFACES OR INV	101
D2380	RESIN-ONE SURFACE, POSTERIOR-PRIMA	6
D2381	RESIN-TWO SURFACES, POSTERIOR PRIM	2
D2382	RESIN-THREE OR MORE SURFACES, POST	1
D2391	POST 1 SRFC RESINBASED CMPST	665
D2392	POST 2 SRFC RESINBASED CMPST	137
D2393	POST 3 SRFC RESINBASED CMPST	61
D2394	POST GRTR/EQL4SRFC RESINBASE CMPST	15
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	1
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBL	1
D2752	CROWN-PORCELAIN FUSED TO NOBLE MET	4
D2799	PROVISIONAL CROWN	1
D2920	RECEMENT-CROWN	25
D2940	SEDATIVE FILLING	41
D2950	CORE BUILD-UP, INCLUDING ANY PINS	10
D2951	PIN RETENTION-PER TOOTH, IN ADDITI	2
D2970	TEMPORARY (FRACTURED TOOTH)	4
D2999	UNSPECIFIED RESTORATIVE PROCEDURE,	4
D3110	PULP CAP-DIRECT (EXCLUDING FINAL R	1
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL	8
D3220	THERAPEUTIC PULPOTOMY	4
D3221	GROSS PULPAL DEBRIDEMENT	2
D3310	ANTERIOR (EXCLUDING FINAL RESTORAT	3
D3330	MOLAR (EXCLUDING FINAL RESTORATION	1
D4341	PERIODONTAL SCALING AND ROOT PLANI	66
D4355	FULL MOUTH DEBRIDEMENT ENABLE COMP PER.	9
D5213	UPPER PARTIAL-CAST METAL BASE WITH	4
D5214	LOWER PARTIAL-CAST METAL BASE WITH	6
D5410	ADJUST COMPLETE DENTURE-UPPER	1
D5422	ADJUST PARTIAL DENTURE-LOWER	4
D5520	REPLACE MISSING OR BROKEN TEETH-CO	1
D5650	ADD TOOTH TO EXISTING PARTIAL DENT	2
D5660	ADD CLASP TO EXISTING PARTIAL DENT	1
D5750	RELINE UPPER COMPLETE DENTURE (LAB	2
D5850	TISSUE CONDITIONING, UPPER-PER DEN	5
D6930	RECEMENT-BRIDGE	2
D7140	EXTRACTION ERUPTED TOOTH/EXR	504
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	46
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH	5
D7510	INCISION AND DRAINAGE OF ABSCESS-I	1
D9110	PALLIATIVE (EMERGENCY) TREATMENT O	78
D9430	OFFICE VISIT FOR OBSERVATION (DURI	5
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY	1
D9930	TREATMENT OF COMPLICATIONS (POSTSU	4
D9940	OCCLUSAL GUARDS, BY REPORT	3
D9951	OCCLUSAL ADJUSTMENT-LIMITED	18
E0570	NEBULIZER W/ COMPRESSOR	2
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCIN	2

PX Code	Procedure	Units of Service Provided
G9141	H1N1 INFLUENZA ADMIN	10
J0540	INJECTION, PENICILLIN G BENZATHINE.	1
J0585	BOTULINUM TOXIN TYPE A, PER 100 UNIT	200
J0696	INJECTION, CEFTRIAZONE SODIUM, PER	49
J1055	INJEC MEDROXPROGESTRONE ACETATE CONTRACE	1
J1070	INJECTION, TESTOSTERONE CYPIONATE,	9
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP	2
J1441	INJECTION, FILGRASTIM,(G-CSF), 480 MCG	2
J1885	INJECTION, KETOROLAC TROMETHAMINE, 15MG	49
J2550	INJECTION, PROMETHAZINE HCL, UP TO	1
J2930	INJECTION, METHYLPREDNISOLONE SODI.	7
J3301	INJECTION TRIAMCINOLONE ACETONIDE,	4
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	160
J7610	ACETYLCYSTEINE 10% INJECTION	4
J7619	ALBUTEROL INH SOL U D.	5
J9001	DOXORUBICIN HCL LIPOSOME INJ	98
L1825	KO ELASTIC KNEE CAP	5
P9016	RBC LEUKOCYTES REDUCED	7
P9017	ONE DONOR FRESH FROZN PLASMA	28
Q0165	PROCHLORPERAZINE MALEATE10MG	7
Q9953	INJ FE-BASED MR CONTRAST1ML	3
Q9966	LOCM 200-299MG/ML IODINE	30
Q9967	LOCM 300-399MG/ML IODINE	3189
S0028	INJECTION, FAMOTIDINE, 20 MG	30
S9445	PT EDUCATION NOC INDIVID	1473
S9446	PT EDUCATION NOC GROUP	14
X3900	PHY THER SGL MODALITY ONE AREA-INT 30 ML.	2
X3902	PHY THER SGL MODALITY ONE AREA-EA ADD 15.	2
X3904	PHY THER SGL PROC ONE AREA INI 30 MIN.	2
X3906	PHY THER SGL PROC ONE AREA EA ADD 15 MIN.	2
X3908	PHY THER TREAT INC MOD PROC INIT 30 MIN.	2
X3920	PHY THER ANY TEST MEAS INI 30 MIN.	2
X3922	PHY THER ANY TEST MEAS EA ADD 15 MIN,PLU.	4
X4100	OCC THER EVAL INT 30 MIN,PLUS REPORT	1
X4102	OCC THER EVAL EA ADD 15 MIN,PLUS REPORT	1
X5320	MEASLES/MUMPS/RUBELLA VIRUS VACCINE LIVE.	1
X5336	HEPATITIS A VACCINE, ADULT	67
X5604	CEFAZOLIN SODIUM-1G/REDI VIAL(ANCEF).	1
X5618	TESTOSTERONE CYPIONATE-100MG/ML	207
X5650	PHYTONADIONE(K-1)METH-NAPTH-10MG/ML.	1
X5738	DIPHEN YDRAMINE HCL-50MG/ML(BENADRYL).	37
X5752	CYANOCOBALAMIN CRYSTALLINE-1000MCG/ML.	69
X5770	PENICILLIN G BENZATHINE PAR 600,000 UNIT	429
X5860	SODIUM CEFTRIAZONE 1GM	22
X5864	SODIUM CEFTRIAZONE 250MGM	293
X6004	DEXAMETHASONE SOD PHOSPHATE-4MG/ML.	4
X6008	DEXAMETHASONE(AS ACETATE-8MG/ML.	100
X6036	METHYLPREDNISOLONE ACETATE-80MG/ML.	7
X6038	METHYLPREDNISOLONE ACETATE-40MG/ML.	9

PX Code	Procedure	Units of Service Provided
X6108	DOBUTAMINE-250MG (AS HCL) DOBUTREX).	1
X6218	INFLUENZA VIRUS VACCINE (ADULT) 0.5ML.	326
X6236	PROMETHAZINE HCL/50 MG/ML (GANPHEN/K-PHEN.	7
X6279	HEPATITIS B IMMUNE GLOBULIN 1 ML	369
X6326	TESTOSTERONE-100MG/ML	18
X6496	LIDOCAIN HCL-1% (10MG/ML (LIDOCAIN HCL)	50
X6512	MAGNESIUM SULFATE-50%.	1000
X6594	MORPHINE-10MG/ML (MORPHINE SULFATE).	12
X6772	PNEUMOCOCCAL VACCINE-0.5 ML.	107
X6950	TETANUS TOXOID ADSORBED-5ML.	24
X6998	VANCOMYCIN-500MG (AS HCL)/10ML (VANCOCIN).	15
X7050	ONDANSETRON HCL - 1 MG	88
X7052	PACLITAXEL 30 MGM	147
X7104	GRANISETRON IMG 1ML	402
X7105	GRANISETRON ORAL TABLETS-1MG	10
X7106	VARICELLA 0.5ML	1
X7458	PENICILLIN G BENZATHINE 1,200,000 UNITS	131
X7462	PENICILLIN G BENZATHINE,PARENTERAL 2,400	43
X7508	BLEOMYCIN SUL-15 UNITS/AMP (BLENOXANE).	12
X7518	CISPLATIN 50MG VIAL.	10
X7542	ETOPOSIDE (VEPESID) 20MGM/ML.	1400
X7700	ADM.I.V. SOLUTION,INITIAL 1000CC	147
Z5218	COLLCTON/HNDLNG BLD SPEC ONLY SERVICE.	3
Z7500	USE OF HOSP,EXAM.OR TREAT.RM	6723
Z7504	USE OF CAST ROOM	3
Z7506	USE OF OPER ROOM OR CYST ROOM-FIRST HOUR	11
Z7512	USE OF RECOVERY ROOM	2574
Z7610	MISC DRUGS AND MED SUPPLIES, ADMIN STAT	252

APPENDIX B
Dental Care Pool:
Services Provided by Procedure for Year 19
Ryan White Treatment Modernization Part A/B – San Diego County

PX Code	Procedure	Units of Service provided
9010	Exam init dental	97
9050	Prophyl dent 13yrs and older	22
9110	Intraoral periapical sgl first film	22
9111	Intraoral periapical each additional film	45
9112	Intraoral compl series consist 14 periapical films & bite-wings	32
9117	Bite-wings,four films	74
9118	Bite-wing,anterior one film	25
9200	Removal erupted tooth uncompl first tooth	25
9202	Removal erupted tooth,surgical	3
9451	Emergency treatment-periodontal abscess,acute periodonitis,etc)	2
9611	Amalgam restore 1 surface permanent tooth	74
9612	Amalgam restore 2 surfaces permanent tooth	76
9613	Amalgam restore 3 surfaces permanent tooth	20
9614	Amalgam restore 4 or more surfaces permanent tooth (maximum)	6
9645	Composite or plastic restoration	78
9646	Composite or plast restore 2 or more in a single tooth (maximum	39
9648	Pin retention (per pin) maximum 3 pins per tooth	2
9999	Dental unlisted procedure	18
D0120	Periodic oral examination	984
D0140	Limit oral eval problem focused	810
D0150	Comprehensive oral evaluation	740
D0160	Detailed and exten. Oral eval prob focus	1
D0180	Comp periodontal evaluation	10
D0210	Intraoral-complete series (includi	668
D0220	Intraoral-periapical-first film	877
D0230	Intraoral-periapical-each addition	4910
D0240	Intraoral-0cclusal film	2
D0270	Bitewing-single film	41
D0272	Bitewings-two films	616
D0274	Bitewings-four films	326
D0330	Panoramic film	5
D1110	Prophylaxis-adult	1274
D1120	Prophylaxis-child	7
D1204	Topical application of fluoride (e.	1
D1206	Topical fluoride varnish, mod-hi risk caries pt	12
D1310	Nutritional counseling for the con	25
D1320	Tobacco counsel con prev oral disease	1
D1330	Oral hygiene instruction	11
D1351	Sealant-per tooth	16
D2140	Amalgam-one surface, permanent	580
D2150	Amalgam-two surfaces, permanent	922
D2160	Amalgam-three surfaces, permanent	308
D2161	Amalgam-four or more surfaces, per	34
D2330	Resin-one surface, anterior	510

PX Code	Procedure	Units of Service provided
D2331	Resin-two surfaces, anterior	287
D2332	Resin-three surfaces, anterior	196
D2335	Resin-four or more surfaces or inv	101
D2380	Resin-one surface, posterior-prima	6
D2381	Resin-two surfaces, posterior prim	2
D2382	Resin-three or more surfaces, post	1
D2391	Post 1 srfc resinbased cmpst	665
D2392	Post 2 srfc resinbased cmpst	137
D2393	Post 3 srfc resinbased cmpst	61
D2394	Post grtr/eq14srfc resinbase cmpst	15
D2740	Crown-porcelain/ceramic substrate	1
D2750	Crown-porcelain fused to high nobl	1
D2752	Crown-porcelain fused to noble met	4
D2799	Provisional crown	1
D2920	Recement-crown	25
D2940	Sedative filling	41
D2950	Core build-up, including any pins	10
D2951	Pin retention-per tooth, in additi	2
D2970	Temporary (fractured tooth)	4
D2999	Unspecified restorative procedure,	4
D3110	Pulp cap-direct (excluding final r	1
D3120	Pulp cap-indirect (excluding final	8
D3220	Therapeutic pulpotomy	4
D3221	Gross pulpal debridement	2
D3310	Anterior (excluding final restorat	3
D3330	Molar (excluding final restoration	1
D4341	Periodontal scaling and root plani	66
D4355	Full mouth debridement enable comp per.	9
D5213	Upper partial-cast metal base with	4
D5214	Lower partial-cast metal base with	6
D5410	Adjust complete denture-upper	1
D5422	Adjust partial denture-lower	4
D5520	Replace missing or broken teeth-co	1
D5650	Add tooth to existing partial dent	2
D5660	Add clasp to existing partial dent	1
D5750	Reline upper complete denture (lab	2
D5850	Tissue conditioning, upper-per den	5
D6930	Recement-bridge	2
D7140	Extraction erupted tooth/exr	504
D7210	Surgical removal of erupted tooth	46
D7250	Surgical removal of residual tooth	5
D7510	Incision and drainage of abscess-i	1
D9110	Palliative (emergency) treatment o	78
D9430	Office visit for observation (duri	5
D9630	Other drugs and/or medicaments, by	1
D9930	Treatment of complications (postsu	4
D9940	Occlusal guards, by report	3
D9951	Occlusal adjustment-limited	18

APPENDIX C

Medical Specialty Pool: Payments by Service for Year 19
Ryan White Treatment Modernization Part A – San Diego County

CPT Code	Service Name	Total Expenditures by Service	Number of Services
00100	Anesthesia, salivary glands	577.50	1
00140	Anesthesia, eye	484.43	2
00160	Anesthesia - nose and sinuses	462.00	1
00170	Anesthesia, intraoral	1,651.65	4
00300	Anesthesia, for skin	1,304.08	3
00320	Anesthesia, neck	719.95	1
00400	Anesthesia, skin/extremities	852.89	5
00810	Anesthesia, lower intestine	1,170.00	4
00902	Anesthesia, anorectal	4,995.27	44
00920	Anesthesia, genitalia surgery	1,466.85	3
01250	Anesthesia, all procedures nerves, muscles, etc; leg	319.55	1
10021	Fine needle aspiration	288.77	3
10060	Incision & drainage of abscess	311.93	3
11100	Biopsy of Skin	2,301.17	27
11101	Biopsy of skin, each separate/additional lesion	152.94	5
11200	Removal of skin tags	223.53	3
11300	Shave skin lesion	124.48	2
11301	Shave skin lesion	170.18	2
11306	Shave skin lesion, 0.6 to 1.0cm	103.84	1
11400	Exc. Benign lesion, skin, 0.5cm or less	2,102.75	2
11404	Excision, benign lesion 3.1-4.0cm	188.07	1
11421	Exc. Benign lesion, skin, 0.6-1.0cm	780.00	1
11604	Excision, skin lesion, arm, 3.1-4.0cm	363.36	2
11626	Removal skin lesion, over 4.0cm	269.55	1
11730	Avulsion of nail plate	100.20	2
11900	Injection, intralesional	189.35	4
12032	Layer closure scalp axillae trunk extremities 2.6cm	461.85	3
12042	Layer closure of wound	99.78	1
13101	Repair, complex, trunk; 2.6-7.5cm	781.19	3
13121	Repair complex scalp arms legs 2.6 - 7.5cm	178.34	1
14040	Skin Tissue Rearrangement	2,045.01	3
15877	Suction assisted lipectomy, trunk	600.00	1
17000	Destruction lesion, first	987.64	14
17003	Destruction lesion, 2-14	130.04	9
17004	Destroy lesions, 15 or more	165.67	1
17110	Destruction of flat warts	1,835.18	20
17261	Destruction malignant lesion, 0.6 to 1.0cm, trunk	260.14	2
17262	Destruction, malignant lesion	158.13	1
17263	Destruction skin lesion	348.70	2
17271	Destruction malignant lesion, 0.6 to 1.0cm, scalp	297.50	2
17282	Destruction skin lesion, 1.1 to 2.0cm	161.12	1
17311	MOH's stage 1	2,809.58	5
17312	MOH's additional stage	1,216.84	4
17313	MOH's surgery, trunk, stage 1	1,140.39	3

CPT Code	Service Name	Total Expenditures by Service	Number of Services
17314	MOH's surgery, trunk, additional stages	419.88	2
21555	Excision tumor, soft tissue neck/thorax, subcut	636.07	1
23350	Injection for shoulder arthrography	61.96	1
27323	Biopsy, soft tissue, thigh	415.34	1
31231	Nasal endoscopy	696.75	8
31237	Nasal/sinus endoscopy, surgical; w/ biopsy	207.96	1
31525	Laryngoscopy direct, adult, diagnostic	273.60	3
31575	Laryngoscopy, diagnostic	784.53	9
31622	Bronchoscopy, diag	339.06	3
36561	Insertion subcutaneous venous port >5 years	404.60	1
36569	PICC Insertion peripherally inserted CV catheter	115.43	1
38221	Bone marrow biopsy	269.40	3
38500	Biopsy excision lymph node	273.00	1
38505	Biopsy, needle, lymph node	541.95	2
38510	Biopsy or excision lymph node, open cervical	458.87	1
38724	Cervical lymphadenectomy	1,570.18	1
40490	Biopsy of lip	86.29	1
40808	Biopsy, vestibule of mouth	238.25	2
42120	Resection palate or extensive resection lesion	1,080.91	1
42440	Excision submandibular gland	523.67	1
42804	Biopsy nasopharynx	75.57	1
42821	Removal tonsils and adenoids	341.32	1
42826	Tonsillectomy	566.47	2
43200	Endoscopy, esophagus	119.10	2
43235	Upper GI, endoscopy, diagnosis	1,435.72	6
43239	Upper GI endoscopy, w/ biopsy	2,889.85	12
43244	Upper GI endoscopy w/ band ligation esophageal varices	316.03	1
43246	Upper GI endoscopy w/ percutaneous placement of tube	632.06	2
450	Ambulatory Surgery/Facility Charge	620,733.70	502
45100	Biopsy anorectal wall	195.00	1
45331	Sigmoidoscopy w/ biopsy	86.60	1
45378	Colonoscopy, with or without collection of specimen(s)	9,154.17	20
45380	Colonoscopy with biopsy, single or multiple	7,382.83	21
45385	Colonoscopy, w/ removal tumor	2,032.82	5
46040	I&D ischiorectal and/or perirectal abscess	419.25	1
46200	Fissurectomy	650.00	2
46220	Papillectomy-skin tag	312.00	2
46250	Hemorrhoidectomy, external complete	493.35	1
46270	Fistulectomy	388.15	1
46275	Surg Tx Anal Fistula	390.00	1
46280	Remove anal fistula, complex	2,925.00	5
46600	Anoscopy	5,362.50	67
46606	Anoscopy, diagnostic w/biopsy	8,612.50	15
46900	Destr. Lesion, anus	861.25	3
46910	Destr lesion, anus, electrodesiccation	1,134.25	3
46917	Destruction lesions, anus, laser	2,939.74	4
46922	Destr. Lesion, anus, surg. Excision	4,875.00	12
46924	Destr. Lesion, anus, extensive	10,463.44	18
46930	Destruction of internal hemorrhoid	585.00	2

CPT Code	Service Name	Total Expenditures by Service	Number of Services
46934	Destruction hemorrhoids	585.00	2
46947	Ligation of hemorrhoids	325.00	1
47000	Biopsy of liver, needle percutaneous	1,451.01	9
51610	Injection for bladder x-ray	78.77	1
51700	Irrigation of bladder	29.44	1
51741	Complex uroflometry	105.42	1
51798	Post voiding residual	59.20	1
52000	Cystourethroscopy	1,251.63	8
52332	Cystoscopy w/ stent	98.51	1
52353	Cystourethroscopy, with lithotripsy	536.76	1
54057	Laser surgery, penile lesions	259.50	2
54100	Biopsy of penis	387.72	1
54161	Circumcision, 28 days or older	245.93	1
55700	Biopsy, prostate	680.28	4
56501	Destruction of lesion(s), vulva; simple	128.62	1
57452	Colposcopy, cervical	141.96	1
57454	Colposcopy w/ biopsy	1,407.15	9
57455	Biopsy of cervix w/ scope	128.54	1
57456	Endocervical curettege	117.91	1
57522	Conization of cervix w/o fulguration	274.66	1
58100	Endometrial biopsy	99.80	1
58300	Insertion IUD	62.89	1
62270	Spinal puncture, lumbar, diagnostic	560.70	5
64470	Injection, paravertebral joint, cervical, 1 level	116.42	1
64472	Injection anesthetic agent; cervical or thoracic level	196.04	2
64716	Neuroplasty, cranial nerve	287.25	1
67028	Intravitreal injection pharmacologic agent	523.04	3
67228	Destruction extensive retinopathy; photocoagulation	1,073.23	1
67412	Orbitotomy w/ removal of lesion	936.58	1
68815	Nasolacrimal duct stent	628.08	3
68840	Probing lacrimal canaliculi	310.50	2
69100	Biopsy external ear	98.70	1
70360	X-ray neck	50.74	2
70450	CAT scan, head or brain, without contrast	673.05	3
70460	CAT scan, head or brain, with contract	187.66	3
70470	CAT brain, with &without contrast	1,315.20	7
70486	CAT maxillofacial, without contrast	636.96	4
70490	CAT soft tissue neck, without contrast	267.44	1
70491	CAT soft tissue neck, with contrast	353.32	5
70540	MRI orbit, face, neck, without contrast	68.92	1
70549	MR angiogram, neck w/ & w/o contrast MR angiography	92.14	1
70551	MRI brain, without contrast	436.64	1
70553	MRI brain, with/without contrast	5,848.80	21
71250	CAT thorax, without contrast	639.56	4
71260	CAT thorax, with contrast	2,479.01	30
71270	CAT thorax, with & without contrast	351.75	1
71275	CAT angiography chest, with & without contrast	98.99	1
72125	CAT cervical spine, without contrast	351.02	1
72148	MRI spine, lumbar, without contrast	1,380.68	4

CPT Code	Service Name	Total Expenditures by Service	Number of Services
72156	MRI cervical spine, with and without contrast	1,076.82	4
72157	MRI thoracic spine, with and without contrast	945.45	3
72158	MRI lumbar spine, with and without contrast	2,306.99	10
72192	CAT scan, pelvis, without contrast	312.66	2
72193	CAT scan, pelvis with contrast	3,213.30	31
72194	CAT scan, pelvis, with and without contrast	1,409.24	17
72195	MRI pelvis, without contrast (sacrum)	147.88	2
72197	MRI pelvis, with and without contrast	789.25	2
73030	X-ray shoulder	27.64	1
73221	MRI any join upper extremity, without contrast	151.27	2
73600	X-ray ankle	30.81	1
73721	MRI any joint lower ext (hip), without contrast	569.27	3
73722	MRI any joint lower ext, with contrast	110.21	1
74150	CAT abdomen, without contrast	748.18	3
74160	CAT abdomen, with contrast	1,792.38	22
74170	CAT abdomen, with and without	5,338.08	30
74183	MRI abdomen, with and without contrast	1,365.86	7
74450	Urethrocystography, retrograde	17.31	1
74455	X-ray, urethra/bladder	17.31	1
76075	DEXA, bone density	30.36	3
76536	Ultrasound, Soft Tissues H/N	196.66	4
76645	Ultrasound, breasts	305.29	4
76700	Ultrasound, abdominal	5,539.53	59
76705	Ultrasound, abdominal, limited, single organ, quadrant, follow-up	1,620.87	16
76770	Ultrasound, retroperitoneal	566.80	8
76775	Ultrasound, retroperitoneal, limited	37.41	1
76801	Ultrasound, pregnant uterus	50.10	1
76830	Ultrasound, transvaginal	471.81	6
76856	Ultrasound, pelvic (non-obstetric)	510.21	7
76870	Ultrasound, scrotum	310.35	4
76872	Echography, transrectal	145.94	4
76937	Ultrasound guidance for vascular access	31.38	2
76942	Ultrasonic guidance for needle placement	951.11	14
77001	Fluoroguide for vein device	38.68	2
77003	Fluoroscopic guidance for spine injection	184.48	7
77012	CT for needle biopsy	402.80	2
77014	CT guidance for placement of radiation fields	427.30	10
77051	CAD of mammogram	37.50	3
77056	Diagnostic mammogram, bilateral	44.60	1
77057	Screening mammogram, bilateral	119.05	2
77078	CT bone density	86.75	1
77080	DEXA scan bone density	137.98	6
77263	Radiation therapy planning	479.66	3
77280	Set radiation field, simple	70.72	2
77290	Set radiation tx field, complex	236.37	3
77300	Radiation dosimetry	1,161.59	3
77301	Radiation dose planning, IMRT	1,210.74	3
77331	Special dosimetry	27.65	1
77334	Treatment devices, complex	2,694.59	7

CPT Code	Service Name	Total Expenditures by Service	Number of Services
77427	Radiation treatment, 5 days	1,441.29	8
77435	Stereotactic body radiation therapy	664.71	1
77470	Special radiation treatment	317.06	3
78007	Thyroid imaging, multiple uptakes	25.81	1
78264	Gastric emptying study	279.02	1
78465	Myocardial perfusion imaging; SPECT	318.87	4
78478	Myocardial perfusion study w/ wall motion	110.54	4
78480	Myocardial perfusion study w/ ejection fraction	71.01	4
78810	PET scan	125.90	1
78812	PET - skull base to mid thigh	99.90	1
78813	PET - whole body	103.51	1
78814	Tumor imaging, PET with CT	125.90	1
81000	Urinalysis	9.08	2
81025	Urine pregnancy test	38.34	7
82945	Glucose, body fluid	2.58	1
85060	Blood smear, peripheral, interpretation	44.82	2
85097	Bone marrow, smear interpretation	93.29	2
85610	Protine	8.68	2
86480	TB test, immune interferon, Quantiferon	3,186.42	46
87070	Culture, other	47.60	5
87075	Culture, bacteria	37.25	4
87081	Culture, screen	8.93	1
87101	Culture, fungi, skin	26.48	3
87106	Culture, fungi	11.42	1
87140	Culture typing, immunofluorescent	17.17	2
87205	Smear, Gram stain	4.72	1
87220	KOH slide for fungi	18.47	3
87254	Virus inoculation for test	10.82	1
88108	Cytopathology	27.41	1
88112	Cytopathology, enhanced	1,887.02	23
88141	Cytology smear cervical	178.79	6
88172	Cytopathology, fine needle aspiration	29.82	1
88173	Interpretation of smear	411.84	6
88180	Flow cytometry	268.05	3
88237	Tissue culture for neoplastic disorder	418.92	2
88264	Chromosome analysis, 20-25 cells	275.60	2
88280	Chromosome analysis, additional karotypes	300.40	3
88291	Cytogenetics	269.24	3
88300	Surgical pathology, gross only	12.83	3
88304	Surgical path, level III	775.84	16
88305	Surgical pathology, #4	11,868.85	122
88307	Surgical pathology #7	734.98	7
88309	Surgical pathology, Level VI	135.97	1
88311	Decalcify tissue	23.87	2
88312	Special stain	672.74	8
88313	Special stain, Group II	274.93	9
88325	Consultation	56.65	1
88331	Consult, during surgery	240.16	4
88342	Immunocytochemistry, each	3,256.15	20

CPT Code	Service Name	Total Expenditures by Service	Number of Services
89999	Assorted lab studies	1,195.47	9
90774	Injection, therapeutic, diagnostic, prophylactic IV	33.90	1
90788	IM injection antibiotic	20.92	1
91110	GI tract imaging	193.92	1
92002	Ophthalmologic service, new	608.90	16
92004	Ophthalmology, comprehensive	5,467.06	60
92012	Ophth. Est	557.63	15
92014	Ophthalmological services, comprehensive	1,248.13	19
92015	Determination of refractive state	1,632.75	66
92020	Gonioscopy	37.96	2
92083	Visual field, intermediate	198.19	8
92135	Ophthalmic diagnostic imaging	279.84	5
92225	Ophthalmoscopy, initial	810.74	21
92226	Ophthalmoscopy, subsequent	371.80	12
92235	Fluorescein angiography	43.96	1
92250	Fundus photography	155.36	4
92504	Binocular microscopy	28.17	3
92510	Aural rehab	57.81	1
92542	Positional nystagmus test, w/ recording	226.56	4
92557	Comp. Audiometry eval	44.39	1
92567	Tympanometry	17.23	1
92568	Acoustic reflex testing	17.81	1
93000	EKG, 12 lead	327.40	14
93010	EKG, interpretation & report only	63.26	7
93015	Cardiovascular stress test	287.73	3
93016	CV stress test, MD supervision	98.78	4
93018	Stress test, interpretation & report only	114.28	7
93224	EKG monitor 24 hour	117.50	1
93230	Rhythm monitor 24 hour	117.55	1
93306	Echocardiography, transthoracic	875.17	10
93307	Echocardiography	972.27	7
93320	Doppler echo	382.85	5
93325	Color flow	389.40	5
93350	Echo with treadmill	566.24	7
93501	Right heart catheterization	170.32	1
93880	Extracranial study	188.56	1
93965	Venous study, extremities	54.88	1
93970	Duplex scan, bilateral, extremity veins	679.69	6
93971	Duplex scan, unilateral	367.47	3
94010	Spirometry	41.46	5
94260	Thoracic gas volume	30.51	5
94360	Airflow resistance	61.40	5
94720	Monoxide diffusing capacity	61.40	5
95810	Sleep staging with 4 or more additional parameters of sleep, attended	1,044.21	3
95811	Sleep staging w/ 4 or more parameters and CPAP	715.44	2
95816	EEG, standard	53.77	1
95819	EEG, awake & asleep	53.77	1
95860	Needle electromyography (EMG), one extremity & related paraspinal areas	196.84	4
95870	EMG, Paraspinal	37.58	2

CPT Code	Service Name	Total Expenditures by Service	Number of Services
95900	Nerve conduction	149.50	5
95903	EMG, motor, F wave	120.08	4
95904	EMG, sensory	155.85	5
95934	H-reflex	25.79	1
96567	Photodynamic therapy	122.90	1
99070	Special supplies	1,364.45	12
99202	Office visit, new #2	500.08	13
99203	Office visit, new #3	2,685.03	40
99204	Office visit, new #4	983.43	11
99205	Office visit, new #5	742.47	5
99211	Office visit, minimal	34.64	4
99212	Office visit, est. #2	919.79	40
99213	Office visit, est. #3	13,596.95	257
99214	Office visit, est #4	6,573.07	87
99215	Office visit, est #5	4,061.95	39
99241	Office consultation	163.21	5
99242	Office consultation, expanded	1,192.39	16
99243	Office consultation, detailed	11,886.45	106
99244	Office consultation, comprehensive, moderate complexity	13,068.73	95
99245	Office consultation, comprehensive, high complexity	5,627.16	32
A4550	Surgical Tray	750.60	10
A4647	Contrast material	4,540.80	29
A4649	Surgical Supplies	36.00	1
G0202	Screening mammogram, bilateral, digital image	315.58	2
G0204	Diagnostic mammogram, digital	157.79	1
J9214	Injection, Interferon	5,200.00	32

APPENDIX D

Dental Specialty Pool: Payments by Service for Year 19
Ryan White Treatment Modernization Part A – San Diego County

CPT Code	Service Name	Total Expenditures by Service	Number of Services
	Repair broken denture	85.00	1
0120	Periodic oral eval	204.00	8
0140	Limited oral evaluation, problem focused	2,572.30	33
0170	Limited re-evaluation established patient	206.50	3
0180	Comp.perio eval, charting	1,697.70	24
0210	Intraoral, complete series	153.00	2
0220	Intraoral, periapical first film	238.00	14
0230	Intraoral, periapical each additional film	65.10	7
0270	Bitewing, anterior, one film	52.80	1
0274	Bitewings, 4 films	30.60	1
0330	Panoramic film	9,607.50	159
1110	Prophylaxis, adult	1,069.00	15
2740	Crown, porcelain/ceramic	3,536.00	8
2750	Crown, porcelain fused to high noble metal	13,994.50	34
2751	Crown, porcelain fused to predominantly base metal	124,936.50	285
2752	Crown, porcelain fused to noble metal	7,514.00	17
2790	Crown, full cast high noble metal	2,210.00	5
2791	Crown, cast predominantly base metal	1,326.00	3
2920	Recement crown	51.00	1
2931	Crown, prefab stainless steel	153.00	1
2950	Core build-up, including pins	25,251.70	249
2952	Cast post and core in addition to crown	936.20	5
2954	Pre-fab post & core in addition to crown	1,148.00	9
2970	Temporary Crown (Fractured tooth)	76.50	1
3110	Pulp cap - direct	52.00	1
3120	Pulp cap, indirect	166.40	3
3310	Root canal therapy, anterior	18,236.00	41
3320	Root canal therapy, bicuspid	20,379.00	43
3330	Root canal therapy, molar	57,677.50	87
3346	Retreat root canal, anterior	4,379.40	8
3347	Retreat root canal, bicuspid	2,561.00	4
3348	Retreat root canal, molar	5,428.00	7
3425	Apicoectomy surgery - molar (first root)	100.00	1
3450	Root amputation, per root	582.40	1
4211	Gingivectomy or gingivoplasty, per tooth (fewer than 6 teeth)	85.00	1
4260	Osseous and mucogingival surgery, per quadrant (includes post surgical visits)	1,820.00	4
4261	Osseous surgery - 1-3 teeth per quadrant	17,302.40	27
4263	Bone graft	13,734.20	36
4273	Subepithelial connective tissue graft	923.00	2
4321	Provisional splinting, extracoronal	85.00	1
4341	Periodontal scaling & root planing	55,828.00	558
4342	Periodontal scaling, 1-3 teeth per quad	3,973.80	19
4355	Full mouth debridement	9,320.80	119
4381	Localized delivery med to diseased tooth	1,632.00	14
4910	Perio. Maintenance	8,342.40	69
5110	Complete maxillary denture	15,210.00	26
5120	Complete mandibular denture	6,435.00	11
5130	Immediate denture, maxillary	585.00	1
5140	Immediate denture - mandibular	585.00	1
5211	Maxillary partial denture, resin base	9,599.50	21

CPT Code	Service Name	Total Expenditures by Service	Number of Services
5212	Mandibular partial denture, resin base	11,040.00	25
5213	Maxillary partial denture, metal	19,921.00	35
5214	Mandibular partial denture, metal	21,853.00	38
5421	Adjust partial denture - maxillary	42.50	1
5520	Replace missing or broken tooth, complete denture	85.00	1
5610	Repair resin partial denture base	314.50	3
5630	Repair broken clasp, partial denture	255.00	2
5640	Replace broken teeth, per tooth (partial denture)	460.00	6
5650	Add tooth to existing partial denture	2,831.50	27
5660	Add clasp to existing partial denture	235.00	2
5740	Reline maxillary partial denture	160.00	1
5750	Reline complete maxillary denture	952.00	4
5751	Reline complete mandibular denture (lab)	476.00	2
5761	Reline mandibular partial denture	238.00	1
5820	Interim partial denture, maxillary	1,474.50	5
5821	Interim partial denture, mandibular	794.50	2
5851	Tissue conditioning, mandibular	85.00	1
7110(obs.)	Extraction, single tooth, uncomplicated	200.00	1
7140	Extraction, erupted tooth or exposed root	2,149.40	13
7210	Surgical removal of erupted teeth	21,152.00	81
7220	Removal impacted tooth, soft tissue	480.00	3
7230	Removal impacted tooth, partial bony	6,319.00	29
7240	Removal impacted tooth, completely bony	5,775.00	22
7241	Removal impacted tooth, complicated	1,432.50	3
7250	Surgical removal residual tooth roots	25,012.00	54
7260	Oroantral fistula closure	1,530.00	3
7261	Primary closure sinus perforation	897.00	1
7285	Biopsy oral tissue - hard (bone, tooth)	170.00	1
7286	Biopsy of oral tissue, soft	4,221.20	20
7310	Alveoplasty in conjunction w/ extractions	2,520.00	5
7320	Alveoplasty not w/ extractions	1,530.00	3
7410	Excision, benign lesion up to 1.25cm	4,969.00	22
7411	Excision, benign tumor over 1.25cm	2,597.50	9
7451	Exc. Benign odontogenic cyst >1.25cm	170.00	1
7471	Removal lateral exostosis (maxilla or mandible)	510.00	1
7472	Removal of torus palatinus	1,020.00	4
7473	Removal torus mandibularis	1,360.00	4
7485	Surgical reduction osseous toberosity	255.00	1
7510	Incision and drainage of abcess, intraoral	1,700.00	10
7530	Removal of foreign body, skin or subcutaneous areolar tissue	102.00	1
7960	Frenulectomy, separate procedure	2,040.00	6
7971	Excision pericoronal gingiva	510.00	1
7980	Sialolithotomy	399.50	1
88305	Surgical Pathology, level IV	159.54	2
9220	General Anesthesia, first 30 minutes	23,591.25	110
9221	General anesthesia, each additional 15 minutes	20,810.00	91
9248	Conscious sedation, non-intravenous	999.30	3
9310	Specialty consultation	14,763.50	164
9430	Office visit for observation	675.00	27
9610	Therapeutic drug injection, antibiotic or sedative	2,785.50	70
9910	Application desensitizing medicament	26.00	1
9940	Occlusal guard, by report	12,237.20	33
9951	Occlusal adjustment, limited	42.50	1