

**MINA' TRENTAI TRES NA LIHESLATURAN GUAHAN
2016 (SECOND) Regular Session**

Bill No. 410 -33 (Cop)

Introduced by:

D.G. RODRIGUEZ, JR. 

**AN ACT TO ADD A NEW §3812.1 TO ARTICLE 8 OF
CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED,
MANDATING THE PROMULGATION OF A FEE SCHEDULE
FOR SERVICES PROVIDED IN ALIGNMENT WITH
MEDICARE RATES AS ADOPTED BY THE GUAM
COMMUNITY HEALTH CENTERS, INC., BOARD OF
DIRECTORS.**

2016 DEC 14 PM 2:52


1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Legislative Findings and Intent:** *I Liheslaturan Guåhan*
3 recognizes that the Guam Community Health Centers, Inc., and their Board of
4 Directors have served the indigent population for many years providing medical
5 care and treatment for thousands of Guam's residents.

6 The Guam Community Health Centers, Inc., Board of Directors
7 promulgated the proposed fee schedule pursuant to 10 GCA §3808 – Powers,
8 which provides, in pertinent part, that *“is authorized to establish fees for health*
9 *care services in accordance with the Administrative Adjudication Law and as may*
10 *be required to qualify for grant programs. The fees shall not be a deterrent to*
11 *receiving health care. The fees shall be no less than the Medicare Regional Fees*
12 *established under Title XVIII of the Social Security Act.”*

13 The Board of Directors, on December 5, 2016, subsequently adopted the
14 proposed fee schedule for rate adjustments pursuant to Guam Community Health
15 Centers, Inc., Board of Directors' Official Resolution No. 2016-03; *“RELATIVE*
16 *TO THE ADOPTION OF THE PROPOSED FEE SCHEDULE FOR SERVICES*

1 *PROVIDED TO ALL PATIENTS AT THE GUAM COMMUNITY HEALTH*
2 *CENTERS.” (Exhibit “A”)*

3 It is, therefore, the *intent* of *I Liheslaturan Guåhan* to fully ensure that the
4 people of Guam be given due opportunity to thoroughly scrutinize and comment
5 upon the Guam Community Health Center’s proposed fee schedule increase.

6 **Section 2. Adoption of the Guam Community Health Centers Fee**
7 **Schedule; Exhibit “B”.** Notwithstanding any other provision of law, rule,
8 regulation and Executive Order, the PROPOSED FEE SCHEDULE attached
9 hereto as EXHIBIT “B” are hereby *ADOPTED* by *I Mina’Trentai Tres Na*
10 *Liheslaturan Guåhan*.

11 **Section 3. Effective Date.** This Act shall become effective upon enactment
12 or on January 1, 2017, whichever comes first.

Exhibit “A”

Adoption of Guam Community Health Centers, Inc.:

- 1) BOARD OF DIRECTORS’ OFFICIAL RESOLUTION NO. 2016-03; “RELATIVE TO THE ADOPTION OF THE PROPOSED FEE SCHEDULE FOR SERVICES PROVIDED TO ALL PATIENTS AT THE GUAM COMMUNITY HEALTH CENTERS,**

[Authority: Pursuant to §3812 of Chapter 3, Title 10, G.C.A.]

Entity: Guam Community Health Centers, Inc.

EXHIBIT "A"



GUAM COMMUNITY HEALTH CENTERS, INC.

520 West Santa Monica Avenue

Dededo, Guam 96929

Tel: (671) 635-4422/7544

Fax: (671) 635-7493

Melissa Savares
President, Board of Directors

Carol Tayama
Vice-President

Sonya Naputi
Secretary

Reynaldo Edrosa
Treasurer

RESOLUTION NO. 2016-03

Relative to the adoption of the proposed fee schedule increase for services provided to all patients at the Guam Community Health Centers, Inc.

BE IT RESOLVED BY THE GUAM COMMUNITY HEALTH CENTERS, INC. BOARD OF DIRECTORS:

WHEREAS, that the Guam Community Health Centers, Inc. provides primary health care services to residents of the island of Guam of low to no income status; and

WHEREAS, that on Monday, December 5, 2016, members of the GCHC, Inc. board of directors, during a regular scheduled meeting reviewed and discussed the final study of the Proposed Fee Schedule update on MIP and Medicaid presented by a contracted financial consultant; and

WHEREAS, the study showed evidence that the current fees at the GCHC Inc. are well below the minimal fees of MIP and Medicaid (see attached tables); and

WHEREAS, after thorough discussion, the Board of Directors, motioned and unanimously adopted the increase fees of the Guam Community Health Centers, Inc. to be aligned with that of MIP and Medicare, to be effective January 1, 2017; and

WHEREAS, members motioned and unanimously adopted to increase fees by five percent (5%) every year thereafter, effect 1 January of each calendar year to be in line with the rising cost of supplies, equipment, medications, utilities and other needs relating to primary health care for all patients; and

WHEREAS, a financial study be conducted every five (5) years by a licensed financial contractor to assure that the fee scheduled is in equivalent and/or comparable to that of MIP and Medicaid fees; and primary health care to all patients; and therefore be it

BE IT RESOLVED, that the Guam Community Health Centers, Inc. Board of Directors request that the 33rd Guam Legislature hereby introduce the attached fee schedule; and

FURTHER RESOLVED, that the President of the Guam Community Health Centers, Inc. certify to and the Secretary attest the adoption hereof and that copies of the same be therefore transmitted to the 33rd Guam Legislature, Governor of Guam and the Department of Public Health & Social Services.

DULY RECORDED AND REGULARLY ADOPTED BY THE GUAM COMMUNITY HEALTH CENTER INC. BOARD ON THIS 5th DAY OF DECEMBER 2016.


MELISSA B. SAVARES, President


SONYA NAPUTI-SANCHEZ, Secretary

3:23 P.M.
UPESINAN TODU GUAM
Received by the
Office of Senator
Dennis G. Rodriguez, Jr.
4 12-13-16
AA

Exhibit “B”

Summary of Fee Rate Adjustment

[Authority: Pursuant to §3812 of Chapter 3, Title 10, G.C.A.]

Entity: Guam Community Health Centers, Inc.

EXHIBIT "B"

CPT CODE	TOTAL FREQ.	CURRENT	ACTUAL COST (CURRENT)	2016 HI/GU MEDICARE FEES	ACTUAL COST (MEDICARE)	DIFFERENCE: MEDICARE (M/CARE x CURRENT) ACTUAL COST)	2016 HI/GU MEDICARE FEES x 1.01	ACTUAL COST (M/CARE x 1.01)	DIFFERENCE: M/CARE x 1.01 minus CURRENT ACTUAL COST)	2016 HI/GU MEDICARE FEES x 1.05	ACTUAL COST (M/CARE x 1.05)	DIFFERENCE: M/CARE x 1.05 minus CURRENT ACTUAL COST)
10060	26	105.00	2,730.00	128.65	3,344.90	614.90	129.94	3,378.35	648.35	135.08	3,512.15	782.15
10061	1	223.60	223.60	223.60	223.60	0.00	225.84	225.84	2.24	234.78	234.78	11.18
11976	4	240.00	960.00	153.86	615.44	-344.56	155.40	621.59	-338.41	161.55	646.21	-313.79
15851	61	13.90	847.90	109.84	6,700.24	5,852.34	110.94	6,767.24	5,919.34	115.33	7,035.25	6,187.35
15852	2	13.90	27.80	48.54	97.08	69.28	49.03	98.05	70.25	50.97	101.93	74.13
16020	2	60.00	120.00	90.31	180.62	60.62	91.21	182.43	62.43	94.83	189.65	69.65
27301	1	273.01	273.01	731.94	731.94	458.93	739.26	739.26	466.25	768.54	768.54	495.53
58301	4	60.00	240.00	101.35	405.40	165.40	102.36	409.45	169.45	106.42	425.67	185.67
59025	504	107.00	53,928.00	51.87	26,142.48	-27,785.52	52.39	26,403.90	-27,524.10	54.46	27,449.60	-26,478.40
59430	453	187.65	85,005.45	194.92	88,298.76	3,293.31	196.87	89,181.75	4,176.30	204.67	92,713.70	7,708.25
69200	3	75.00	225.00	111.41	334.23	109.23	112.52	337.57	112.57	116.98	350.94	125.94
69210	100	45.00	4,500.00	53.41	5,341.00	841.00	53.94	5,394.41	894.41	56.08	5,608.05	1,108.05
76815	2	0.00	0.00	94.76	189.52	189.52	95.71	191.42	191.42	99.50	199.00	199.00
81000	1171	14.80	17,330.80	4.32	5,058.72	-12,272.08	4.36	5,109.31	-12,221.49	4.54	5,311.66	-12,019.14
82043	49	10.60	519.40	7.87	385.63	-133.77	7.95	389.49	-129.91	8.26	404.91	-114.49
82947	2	0.00	0.00	5.35	10.70	10.70	5.40	10.81	10.81	5.62	11.24	11.24
82950	116	0.00	0.00	6.47	750.52	750.52	6.53	758.03	758.03	6.79	788.05	788.05
82962	3	13.00	39.00	3.19	9.57	-29.43	3.22	9.67	-29.33	3.35	10.05	-28.95
83036	245	10.60	2,597.00	13.22	3,238.90	641.90	13.35	3,271.29	674.29	13.88	3,400.85	803.85
84703	1002	35.50	35,571.00	10.24	10,260.48	-25,310.52	10.34	10,363.08	-25,207.92	10.75	10,773.50	-24,797.50
85007	62	14.00	868.00	4.68	290.16	-577.84	4.73	293.06	-574.94	4.91	304.67	-563.33
85014	494	11.60	5,730.40	3.23	1,595.62	-4,134.78	3.26	1,611.58	-4,118.82	3.39	1,675.40	-4,055.00
85018	490	11.60	5,684.00	3.23	1,582.70	-4,101.30	3.26	1,598.53	-4,085.47	3.39	1,661.84	-4,022.17
85027	10	11.00	110.00	8.81	88.10	-21.90	8.90	88.98	-21.02	9.25	92.51	-17.50
86580	2281	15.00	34,215.00	8.96	20,437.76	-13,777.24	9.05	20,642.14	-13,572.86	9.41	21,459.65	-12,755.35
86592	373	0.00	0.00	5.82	2,170.86	2,170.86	5.88	2,192.57	2,192.57	6.11	2,279.40	2,279.40
86701	601	38.50	23,138.50	12.11	7,278.11	-15,860.39	12.23	7,350.89	-15,787.61	12.72	7,642.02	-15,496.48
86762	337	28.00	9,436.00	19.61	6,608.57	-2,827.43	19.81	6,674.66	-2,761.34	20.59	6,939.00	-2,497.00
86850	84	26.00	2,184.00	5.21	437.64	-1,746.36	5.26	442.02	-1,741.98	5.47	459.52	-1,724.48
86900	302	21.55	6,508.10	4.07	1,229.14	-5,278.96	4.11	1,241.43	-5,266.67	4.27	1,290.60	-5,217.50
86901	330	13.05	4,306.50	4.07	1,343.10	-2,963.40	4.11	1,356.53	-2,949.97	4.27	1,410.26	-2,896.25
87210	72	16.85	1,213.20	5.82	419.04	-794.16	5.88	423.23	-789.97	6.11	439.99	-773.21
87340	180	0.00	0.00	14.07	2,532.60	2,532.60	14.21	2,557.93	2,557.93	14.77	2,659.23	2,659.23
87430	328	41.00	13,448.00	16.33	5,356.24	-8,091.76	16.49	5,409.80	-8,038.20	17.15	5,624.05	-7,823.95
88142	97		0.00	27.60	2,677.20	2,677.20	27.88	2,703.97	2,703.97	28.98	2,811.06	2,811.06
90460	8829	27.24	240,501.96	28.38	250,567.02	10,065.06	28.66	253,072.69	12,570.73	29.80	263,095.37	22,593.41
90461	6817	13.59	92,643.03	13.51	92,097.67	-545.36	13.65	93,018.65	375.62	14.19	96,702.55	4,059.52
90471	3934	15.00	59,010.00	28.38	111,646.92	52,636.92	28.66	112,763.39	53,753.39	29.80	117,229.27	58,219.27
90472	1026	20.00	20,520.00	13.51	13,861.26	-6,658.74	13.65	13,999.87	-6,520.13	14.19	14,554.32	-5,965.68
93005	194	40.00	7,760.00	9.79	1,899.26	-5,860.74	9.89	1,918.25	-5,841.75	10.28	1,994.22	-5,765.78
93784	140	0.00	0.00	80.49	8,468.60	8,468.60	61.09	8,553.29	8,553.29	63.51	8,892.03	8,892.03
94640	11	30.00	330.00	21.44	235.84	-94.16	21.65	238.20	-91.80	22.51	247.63	-82.37

CPT CODE	TOTAL FREQ.	CURRENT	ACTUAL COST (CURRENT)	2016 HI/GU MEDICARE FEES	ACTUAL COST (MEDICARE)	DIFFERENCE: MEDICARE (2016) minus CURRENT ACTUAL COST)	2016 HI/GU MEDICARE FEES x 1.01	ACTUAL COST (M/CARE x 1.01)	DIFFERENCE: M/CARE x 1.01 minus CURRENT ACTUAL COST)	2016 HI/GU MEDICARE FEES x 1.05	ACTUAL COST (M/CARE x 1.05)	DIFFERENCE: M/CARE x 1.05 minus CURRENT ACTUAL COST)
94644	105	30.00	3,150.00	51.39	5,395.95	2,245.95	51.90	5,449.91	2,299.91	53.96	5,665.75	2,515.75
94645	29	30.00	870.00	16.45	477.05	-392.95	16.61	481.82	-388.18	17.27	500.90	-369.10
94760	33	50.00	1,650.00	3.55	117.15	-1,532.85	3.59	118.32	-1,531.68	3.73	123.01	-1,526.99
96360	20	0.00	0.00	65.43	1,308.60	1,308.60	66.08	1,321.69	1,321.69	68.70	1,374.03	1,374.03
96361	2	0.00	0.00	17.18	34.36	34.36	17.35	34.70	34.70	18.04	36.08	36.08
96365	3	0.00	0.00	79.15	237.45	237.45	79.94	239.82	239.82	83.11	249.32	249.32
99000	4499	10.00	44,990.00	0.00	0.00	-44,990.00	0.00	0.00	-44,990.00	0.00	0.00	-44,990.00
99201	180	47.77	8,598.60	47.47	8,544.60	-54.00	47.94	8,630.05	31.45	49.84	8,971.83	373.23
99202	430	75.00	32,250.00	80.52	34,623.60	2,373.60	81.33	34,969.84	2,719.84	84.55	36,354.78	4,104.78
99203	503	104.62	52,623.86	115.47	58,081.41	5,457.55	116.62	58,662.22	6,038.36	121.24	60,985.48	8,361.62
99204	92	152.87	14,064.04	174.93	16,093.56	2,029.52	176.68	16,254.50	2,190.46	183.68	16,898.24	2,834.20
99205	76	191.08	14,522.08	218.44	16,601.44	2,079.36	220.62	16,767.45	2,245.37	229.36	17,431.51	2,909.43
99211	1924	23.10	44,444.40	22.08	42,481.92	-1,962.48	22.30	42,906.74	-1,537.66	23.18	44,606.02	161.62
99212	6329	42.78	270,754.62	47.25	299,045.25	28,290.63	47.72	302,035.70	31,281.08	49.61	313,997.51	43,242.89
99213	10076	59.00	594,484.00	78.40	789,958.40	195,474.40	79.18	797,857.98	203,373.98	82.32	829,456.32	234,972.32
99214	3905	89.98	351,371.90	115.16	449,699.80	98,327.90	116.31	454,196.80	102,824.90	120.92	472,184.79	120,812.89
99215	473	138.65	65,581.45	154.40	73,031.20	7,449.75	155.94	73,761.51	8,180.06	162.12	76,682.76	11,101.31
99241	3	96.00	288.00	49.08	147.24	-140.76	49.57	148.71	-139.29	51.53	154.60	-133.40
99242	2	150.00	300.00	92.06	184.12	-115.88	92.98	185.96	-114.04	96.66	193.33	-106.67
99243	3	0.00	0.00	125.74	377.22	377.22	127.00	380.99	380.99	132.03	396.08	396.08
99381	327	75.00	24,525.00	111.05	36,313.35	11,788.35	112.16	36,676.48	12,151.48	116.60	38,129.02	13,604.02
99382	103	85.00	8,755.00	115.71	11,918.13	3,163.13	116.87	12,037.31	3,282.31	121.50	12,514.04	3,759.04
99383	197	85.11	16,766.67	120.72	23,781.84	7,015.17	121.93	24,019.66	7,252.99	126.76	24,970.93	8,204.26
99384	139	95.23	13,236.97	136.48	18,970.72	5,733.75	137.84	19,160.43	5,923.46	143.30	19,919.26	6,682.29
99385	15	0.00	0.00	132.54	1,988.10	1,988.10	133.87	2,007.98	2,007.98	139.17	2,087.51	2,087.51
99386	1	0.00	0.00	152.96	152.96	152.96	154.49	154.49	154.49	160.61	160.61	160.61
99391	1497	60.00	89,820.00	99.95	149,625.15	59,805.15	100.95	151,121.40	61,301.40	104.95	157,106.41	67,286.41
99392	1313	69.62	91,411.06	106.75	140,162.75	48,751.69	107.82	141,554.38	50,153.32	112.09	147,170.89	55,759.83
99393	460	69.62	32,025.20	108.35	49,841.00	17,815.80	109.43	50,339.41	18,314.21	113.77	52,333.05	20,307.85
99394	367	79.25	29,084.75	116.42	42,726.14	13,641.39	117.58	43,153.40	14,068.65	122.24	44,862.45	15,777.70
99395	27	0.00	0.00	118.93	3,211.11	3,211.11	120.12	3,243.22	3,243.22	124.88	3,371.67	3,371.67
99396	15	0.00	0.00	126.81	1,902.15	1,902.15	128.08	1,921.17	1,921.17	133.15	1,997.26	1,997.26
99460	1	0.00	0.00	99.90	99.90	99.90	100.90	100.90	100.90	104.90	104.90	104.90
J0561	952	23.80	22,657.60	8.38	7,977.76	-14,679.84	8.46	8,057.54	-14,600.06	8.80	8,376.65	-14,280.95
J0696	148	25.00	3,700.00	0.69	102.12	-3,597.88	0.70	103.14	-3,596.86	0.72	107.23	-3,592.77
J0702	6	0.00	0.00	5.90	35.40	35.40	5.96	35.75	35.75	6.20	37.17	37.17
J1030	1	0.00	0.00	4.49	4.49	4.49	4.53	4.53	4.53	4.71	4.71	4.71
J1050	577	30.00	17,310.00	54.00	31,158.00	13,848.00	54.54	31,469.58	14,159.58	56.70	32,715.90	15,405.90
J1055	290	30.00	8,700.00	54.00	15,660.00	6,960.00	54.54	15,816.60	7,116.60	56.70	16,443.00	7,743.00
J1815	86	13.90	1,195.40	0.78	67.08	-1,128.32	0.79	67.75	-1,127.65	0.82	70.43	-1,124.97
J2790	3	0.00	0.00	83.83	251.49	251.49	84.67	254.00	254.00	88.02	264.06	264.06

CPT CODE	TOTAL FREQ.	CURRENT	ACTUAL COST (CURRENT)	2016 HI/GU MEDICARE FEES	ACTUAL COST (MEDICARE)	DIFFERENCE: MEDICARE FEES (CURRENT ACTUAL COST)	2016 HI/GU MEDICARE FEES x 1.01	ACTUAL COST (M/CARE x 1.01)	DIFFERENCE: M/CARE x 1.01 minus CURRENT ACTUAL COST)	2016 HI/GU MEDICARE FEES x 1.05	ACTUAL COST (M/CARE x 1.05)	DIFFERENCE: M/CARE x 1.05 minus CURRENT ACTUAL COST)
J2920	9	13.90	125.10	2.96	26.64	-98.46	2.99	26.91	-98.19	3.11	27.97	-97.13
J2930	4	40.00	160.00	4.21	16.84	-143.16	4.25	17.01	-142.99	4.42	17.68	-142.32
J7030	1	0.00	0.00	1.98	1.98	1.98	2.00	2.00	2.00	2.08	2.08	2.08
J7050	2	0.00	0.00	0.49	0.98	0.98	0.49	0.99	0.99	0.51	1.03	1.03
J7620	124	0.00	0.00	0.17	21.08	21.08	0.17	21.29	21.29	0.18	22.13	22.13
P3000	891	0.00	0.00	49.95	44,505.45	44,505.45	50.45	44,950.50	44,950.50	52.45	46,730.72	46,730.72

66986

2,592,160.35

3,062,106.07

469,945.72

3,092,727.13

500,566.78

3,215,211.37

623,051.02

0.181
18.1%

0.193
19.3%

0.240
24.0%

M/CARE Actual Cost minus Current Actual Cost / Current Actual Cost M/CARE Actual Cost minus Current Actual Cost / Current Actual Cost M/CARE Actual Cost minus Current Actual Cost / Current Actual Cost

CPT CODE	CPT DESCRIPTION	NRHC MAP	SRHC MAP	NRHC MIP	SRHC MIP	TOTAL FREQ.
10060	I & D of abscess	15	5	4	2	26
10061	I & D of abscess, complicated	1	0	0	0	1
11976	Removal, implantable contraceptive capsule	1	0	3	0	4
15851	Removal of sutures under anesth. (other than local)	35	11	13	2	61
15852	Dressing change, under anesth. (other than local)	1	0	0	1	2
16020	Dressing &/or debridement of P/T burn	2	0	0	0	2
27301	I & D, deep abscess, burs, or hematoma	1	0	0	0	1
58301	Removal of Intrauterine device (IUD)	2	1	0	1	4
59025	Fetal non-stress test	227	62	174	41	504
59430	Postpartum care only	169	79	148	57	453
69200	Removal of foreign body from ext. auditory canal	1	0	2	0	3
69210	Removal impacted cerumen requiring instrumentation, unilateral	74	10	13	3	100
76815	Ultrasound, Pregnant Uterus	0	0	1	1	2
81000	Urinalysis, by dipstick	277	331	351	212	1171
82043	Urine albumin, microalbumin, quantitative	9	8	25	7	49
82947	Glucose, quantitative, blood (except reagent strip)	1	0	0	1	2
82950	Glucose, quantitative, post-glucose dose	29	5	15	67	116
82962	Glucose, blood by glucose monitoring device cleared by FDA specifically for home use.	1	1	0	1	3
83036	Hemoglobin, glycosated (A1C)	59	8	106	72	245
84703	Gonadotropin, chorionic (hCG), qualitative	453	260	202	87	1002
85007	Blood smear, microscopic exam. w/ manual diff. WBC count	11	22	7	22	62
85014	Blood hematocrit	117	307	8	62	494
85018	Blood hemoglobin (Hgb)	106	304	17	63	490
85027	CBC , automated (Hgb, Hct, RBC, WBC, and platelet	3	4	1	2	10
86580	Skin test, tuberculosis, intradermal	1285	734	178	84	2281
86592	Syphilis test, non-treponemal antibody, qualitative (e.g. VDRL, RPR, ART)	83	9	162	119	373
86701	HIV-1	214	55	207	125	601
86762	Antibody, rubella	64	7	157	109	337
86850	Antibody screen, RBC, each serum technique	42	1	39	2	84
86900	Blood typing, ABO	38	7	188	69	302
86901	Blood typing, Rh (D)	60	6	160	104	330
87210	Wet mount for infectious agent (e.g. saline, KOH)	30	15	20	7	72
87340	Hepatitis B surface antigen (HBsAg)	59	11	0	110	180
87430	Streptococcus, group A	43	92	184	9	328
88142	Cytopathology, cervical or vaginal, collected in preservative fluid	38	0	54	5	97
90460	Immunization administration thru 18 yrs. of age	5296	2909	273	351	8829
90461	Immunization administration thru 18 yrs. of age, each additional vaccine	4210	2103	166	338	6817
90471	Immunization administration (incl. subcutaneous, intradermal, subcutaneous, or I.M. injections)	1582	999	755	598	3934
90472	Immunization administration (incl. subcutaneous, intradermal, subcutaneous, or I.M. injections), each additional vaccine	392	221	203	210	1026
93005	Electrocardiogram (ECG), tracing only, w/o interpretation and report	67	47	53	27	194
93784	Ambulatory blood pressure monitoring	68	21	30	21	140
94640	Pressurized or non-pressurized inhalation treatment	5	5	1	0	11
94644	Continuous inhalation treatment w/ aerosol medication, for acute airway obstruction, 1st hr.	52	37	9	7	105
94645	Continuous inhalation treatment w/ aerosol medication, for acute airway obstruction, each additional hr.	13	11	4	1	29
94760	Pulse oximetry for oxygen saturation, single determination	21	0	9	3	33

CPT CODE	CPT DESCRIPTION	NRHC MAP	SRHC MAP	NRHC MIP	SRHC MIP	TOTAL FREQ.
96360	Intravenous infusion, hydration, initial 31mins.-1hr.	1	19	0	0	20
96361	Intravenous infusion, hydration, each additional hr.	1	1	0	0	2
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis, initial up to 1hr.	3	0	0	0	3
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	1856	1262	961	420	4499
99201	New patient office visit	93	28	45	14	180
99202	New patient office visit	204	110	82	34	430
99203	New patient office visit	245	108	100	50	503
99204	New patient office visit	32	13	33	14	92
99205	New patient office visit	24	10	30	12	76
99211	Nurse visit only	983	485	310	146	1924
99212	Established patient office visit	2712	1189	1783	645	6329
99213	Established patient office visit	4456	3273	1512	835	10076
99214	Established patient office visit	1709	1018	810	368	3905
99215	Established patient office visit	192	136	122	23	473
99241	Office consultation, new or established patient	2	0	1	0	3
99242	Office consultation, new or established patient	1	1	0	0	2
99243	Office consultation, new or established patient	3	0	0	0	3
99381	New patient, Preventive exam., < 1 yr. old	200	102	7	18	327
99382	New patient, Preventive exam., age 1-4	55	25	12	11	103
99383	New patient, Preventive exam., age 5-11	129	45	18	5	197
99384	New patient, Preventive exam., age 12-17	96	30	10	3	139
99385	New patient, Preventive exam., age 18-39	8	2	1	4	15
99386	New patient, Preventive exam., age 40-64	1	0	0	0	1
99391	Established patient, Preventive exam., < 1 yr. old	964	479	9	45	1497
99392	Established patient, Preventive exam., age 1-4	820	454	21	18	1313
99393	Established patient, Preventive exam., age 5-11	261	155	30	14	460
99394	Established patient, Preventive exam., age 12-17	206	119	25	17	367
99395	Established patient, Preventive exam., age 18-39	14	10	2	1	27
99396	Established patient, Preventive exam., age 40-64	7	6	1	1	15
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	1	0	0	0	1
J0561	Injection, penicillin G benzathine, 100,000 units	458	325	102	67	952
J0696	Injection, ceftriaxone sodium, per 250mg	65	38	26	19	148
J0702	Injection, betamethasone acetate 3mg and betamethasone sodium phosphate 3mg	0	6	0	0	6
J1030	Injection, methylprednisolone acetate, 40mg	1	0	0	0	1
J1050	Injection, medroxyprogesterone acetate, 1mg	306	134	94	43	577
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150mg (NOTE: deleted code)	125	115	24	26	290
J1815	Injection, insulin, per 5 units	37	8	24	17	86
J2790	Injection Rho(D) immune globulin, human, full dose, 300 micrograms (1500 IU)	2	1	0	0	3
J2920	Injection, methylprednisolone sodium succinate, up to 40mg	4	5	0	0	9
J2930	Injection, methylprednisolone sodium succinate, up to 125mg	3	0	1	0	4
J7030	Infusion, normal saline solution, 1000cc	0	1	0	0	1
J7050	Infusion, normal saline solution, 250cc	1	1	0	0	2
J7620	Albuterol, up to 2.5mg and ipratropium bromide, up to 0.5mg, administered through DME	61	43	13	7	124
P3000	Screening Papanicolaou smear, cervical or vaginal (Q0091)	298	162	332	99	891
		31897	18627	10483	5979	66986