

SOUTHEASTERN WOMEN'S HEALTH CARE

CY2008 ACTIVITY-BASED COST ANALYSIS

PROCEDURE COSTS AND SELECTED PAYER MARGINS

CODE	DESCRIPTION	VOLUME	COST PER		OTHER	
			PROCEDURE	MEDICARE	GOVERNMENT	COMMERCIAL
10060	DRAINAGE OF SKIN ABSCESS	3	58.47	7.95	28.27	6.53
10180	COMPLEX DRAINAGE, WOUND	1	114.84	15.57	12.95	131.16
11200	EXCISION SKIN TAG	3	33.88	4.86	29.03	22.12
11400	REMOVAL OF SKIN LESION	3	39.88	24.81	42.66	17.12
11401	EXCISION SKIN LESION 1.0	4	58.17	24.85	43.48	23.83
11404	REMOVAL OF SKIN LESION	3	107.04	19.57		
11420	EXCISION BEN. LESION	2	47.37	23.89	35.97	17.63
11421	REMOVAL OF SKIN LESION	3	68.36	25.38		
11422-50	REMOVAL OF SKIN LESION BILAT	1	89.35	19.61		
11422	REMOVAL OF SKIN LESION	2	89.35	19.61	51.49	35.65
11424	REMOVAL OF SKIN LESION	1	127.73	20.32	61.95	57.27
11426	REMOVAL OF SKIN LESION	2	180.20	36.69	70.35	64.80
11976	REMOVAL OF CONTACEP CAPSU	3	79.16	12.51	36.88	-37.16
13132	REPAIR OF WOUND OR LESION	1	289.35	39.97	56.38	182.65
17110	DESTRUCT LESION, 1-14	1	28.48	10.95	27.70	2.52
19020	INCISION OF BREAST LESION	2	222.78	30.09	120.32	74.22
20102	EXPLORATION OF WOUND, ABDOME	2	184.10	24.84	60.75	563.90
44950-80	APPENDECTOMY ASST	1	121.36	-61.36	-121.36	105.39
44950	APPENDECTOMY	1	485.44	46.58		421.56
44970	LAPAROSOPY, APPENDECTOMY	2	413.48	63.89	29.50	493.52
46750-80	REPAIR ANAL SPHINCTER ASST	1	125.41	-65.41		187.34
46750	REPAIR OF ANAL SPINCTER	2	501.63	71.56		749.37
49000-80	EXPLORATORY LAPAR ASST	21	142.95	-82.95	-37.47	169.80
49000	EXPL LAP WITH/WITHOUT BX	37	571.80	82.33	39.59	679.20
49320	DIAGNOSTIC LAPAROSCOPY	64	260.26	37.58	17.29	399.74
49321	LAPAROSCOPY, BIOPSY	4	269.86	38.70	18.32	555.14
49322	LAPAROSCOPY, ASPIRATION	11	293.84	41.36	19.29	562.16

CODE	DESCRIPTION	VOLUME	COST PER		OTHER	
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49560-80	REP VENT HERN INIT RED ASST	1	140.03	-80.03		
49561	REPAIR VENT HERN INIT, BLOCK	1	665.35	96.02		462.65
49585	RPR UMB HERN, RED > 5 YR	1	327.13	46.46		
51700	IRRIGATION OF BLADDER	8	36.88	5.32		
51726	COMPLEX CYSTOMETROGRAM	57	195.20	110.25	5.61	-63.20
51741-51	ELECTRO-UROFLOWMETRY	55	47.37	-12.43		-9.87
51772-51	URETHRA PRESSURE PROFILE	59	97.45	42.48		-49.95
51784-51	ANAL/URINARY MUSCLE STUDY	54	75.26	44.25		-24.76
51795-51	URINE VOIDING PRESSURE STUDY	58	98.20	47.26		-62.70
51840-80	MARSHALL MATCHET KRANTS ASST	4	138.38	-78.38	-138.38	224.37
51840	MARSHALL MATCHETTE KRANTS	7	553.51	65.34	36.69	897.49
51841-80	ATTACH BLADDER/URETHRA ASST	11	169.71	-109.71	-169.71	228.79
51841	ATTACH BLADDER/URETHRA	14	678.84	83.91	44.66	915.16
51845	ATTACH BLADDER/URETHRA	1	517.23	52.85	33.67	804.77
52000-80	CYSTOSCOPY ASST	2	21.14	-21.14	-21.14	-21.14
52000	CYSTOSCOPY	22	84.56	16.10	89.60	40.44
53670	INSERT URINARY CATHETER	4	21.29		48.41	2.71
54150	CIRCUMCISION	506	115.44	18.09	130.87	-19.44
56303	LAP & FULG OF LESION ANY	1	0.00		0.00	0.00
56405	I&D OF VULVA/PERINEUM	4	87.25	9.95	39.86	86.75
56420	I&D BARTHOLIN ABSCESS	4	85.45	10.02	39.10	17.55
56440	MARSUPIAL BARTH GLAND CYS	1	165.51	19.21	52.36	270.49
56501	DEST LESION ANY TYPE-VULV	12	92.95	9.79	35.07	27.05
56515	EXT DEST VULVA LESION	2	161.91	17.28	31.65	315.09
56605	BX VULVA/PERI-ONE LESION	35	51.27	6.84	45.62	122.73
56606	BIOPSY VULVA/PERINEUM	3	25.19	3.52		8.81
56620	SIMPLE VULVECTOMY	3	400.59	51.87	25.22	932.41
56700	HYMENECTOMY	1	172.11	-17.83	14.44	73.89
56720	HYMENOTOMY SIMPLE INCISIO	2	39.58	0.55	38.80	66.42
56740	EXC BARTH GLAND/CYST	1	240.47	19.66	45.57	256.53
56810-80	VULVOPLASTY ASST	2	55.85	4.15	-16.38	76.15
56810	PERINEOPLASTY REPAIR PER	17	223.38	27.76	13.96	304.62
57010	I&D VAGINAL ABSCESS	1	320.23	39.18	20.47	17.77

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57022	I&D VAGINAL HEMATOMA PP	2	148.12	18.96		107.88
57023	I&D VAGINAL HEMATOMA NON-OB	2	239.87	32.71		16.13
57061	DES LES VAG-ANY METHOD	1	81.26	6.60	35.30	256.74
57100	BIOPSY VAGINAL	3	54.87	7.80	37.34	18.13
57120-80	CLOSURE OF VAGINA ASST	9	97.52	-37.52		241.98
57120	CLOSURE OF VAGINA	14	390.09	50.96	25.05	967.91
57135	EXC. VAGINAL TUMOR/CYST	6	158.32	15.72	31.15	108.68
57160	PESSARY INSERTION	33	41.68	6.06	24.26	25.32
57170	FITTING OF DIAPHRAGM/CAP	2	40.78	5.57	36.01	0.22
57210	REPAIR OF VAGINAL LACERAT	2	280.65	42.44	17.51	-8.65
57220-80	URETHRAL SPHINCTER ASST	2	61.84		-39.21	159.91
57220	URETHRAL SPHINCTER	10	247.37	31.79	14.56	639.63
57240-80	ANTER REPAIR/REPR CYSTO ASST	1	84.11		-84.11	92.64
57240	ANTER REPAIR/REPAIR CYSTO	1	336.42	26.80	20.66	370.58
57250-80	POSTERIOR REPAIR ASST	5	75.56	-15.56	-47.21	70.44
57250	POST REPAIR/REPAIR RECTO	9	302.24	39.53	18.71	281.76
57260-80	A&P REPAIR ASST	7	106.97	-46.97	-66.25	76.28
57260	A & P REPAIR	12	427.87	64.72	27.98	305.13
57265-80	A&P W/ENTEROCELE ASST	4	147.67	-87.67	-39.01	97.08
57265	A&P REPAIR W/ENTEROCELE	5	590.69	61.72	38.36	388.31
57270	REPAIR OF BOWEL POUCH	1	595.48	92.21		562.52
57280-80	COLPOPEXY ABDOMINAL ASST	4	181.55	-181.55	-181.55	148.95
57280	COLPOPEXY ABDOMINAL	4	726.21	111.26	51.15	595.79
57282-80	VAGINAL VAULT ASST	15	113.64		-27.74	219.61
57282	VAGINAL VAULT SUSPENSION	20	454.56	74.70	30.06	878.44
57284-80	REPR PARAVAG DEFECT ASST	9	159.82	-99.82		205.43
57284	REPAIR PARAVAGINAL DEFECT	14	639.26	86.83	43.24	821.74
57289-80	REPAIR BLADDER & VAGINA ASST	3	147.30	-87.30	-147.30	160.20
57289	REPAIR BLADDER & VAGINA	4	589.19	60.79	39.66	640.81
57410	PELVIC EXAM W/ANESTHESIA	12	90.25	10.76	54.77	51.75
57415	REMOVE VAGINAL FOREIGN BODY	1	136.13	10.19		2.87
57452	COLPOSCOPY ONLY	158	46.48	31.35	40.16	72.52
57454-NC		1				

CODE	DESCRIPTION	VOLUME	COST PER		OTHER	
			PROCEDURE	MEDICARE	GOVERNMENT	COMMERCIAL
57454	BX CRUJET OF CERVIX W SCOPE	436	60.57	59.81	41.99	94.43
57460	LEEP PROCEDURE OF CERVIX	168	128.93	21.89	38.94	276.07
57500	CERVICAL BIOPSY/POLYP REM	32	47.08	6.88	56.84	48.92
57505	ENDOCERVICAL CURETTAGE	216	78.56	6.88	24.45	100.44
57510	CAUTERIZATION OF CERVIX	1	112.14	12.05		-18.14
57511	CRYOSURGERY OF CERVIX	50	85.45	12.45	59.44	33.55
57513	LASER ABLATION OF CERVIX	2	112.44	11.75	38.12	461.56
57520	CONE CERVIX-NOT LEEP PRO	13	221.28	28.13	58.51	332.72
57522	LEEP W/ D&C	2	191.30	22.82	51.42	362.70
58100	BX ENDOMET/ENDOCERVICAL	173	70.76	10.53	29.31	40.24
58120	NON-OBSTETRICAL D & C	35	184.40	8.28	54.71	184.60
58140-50	MYOMECTOMY-ABDOMINAL BILAT	1				
58140-80	ASSIST MYOMECTOMY	7	175.71	-115.71	-175.71	-175.71
58140	MYOMECTOMY-ABDOMINAL	12	702.83	95.21	49.53	687.17
58145	MYOMECTOMY-VAGINAL	1	418.28	54.94	27.21	965.72
58150-22	ABD HYSTER UNUSUAL PROC	1				
58150-80	TOTAL ABD HYSTERE ASST	92	184.93	-124.93	-49.29	-184.93
58150	ABDOMINAL HYSTERECTOMY	175	739.71	114.71	51.67	268.29
58152-80	TAH/MMK ASST	19	242.05	-182.05	-104.22	94.95
58152	TOTAL ABDOM HYST WITH MMK	26	968.19	152.59	71.10	379.81
58180-80	PARTIAL HYSTERECTOMY ASST	1	185.38	-125.38		159.12
58180	PARTIAL HYSTERECTOMY	1	741.51	112.22		636.49
58260-80	TOT VAG. HYSTERE ASST	18	158.24	-98.24	-48.87	93.76
58260	VAGINAL HYSTERECTOMY	28	632.96	89.67	44.17	375.04
58262-80	TOT VAG HYSTERE ASST	2	178.78	-118.78	-178.78	98.22
58262	VAG HYSTERECTOMY/W S&O	5	715.12	101.94	50.22	392.88
58263-80	TVH;BSO;A&P REPAI ASST	10	193.62	-133.62	78.10	110.88
58263	VAG HYS W/REM S&O & REP E	21	774.49	109.68	54.60	443.51
58300	IUD INSERTION ONLY	29	45.28	6.61	33.94	60.72
58301	IUD REMOVAL	8	57.27	8.45	37.52	-16.27
58321	ARTIFICIAL INSEMINATION	1	41.68	6.75	22.86	132.32
58322	INSEMINATION IUI	15	48.87	7.86	22.58	125.13
58340	HYSTEOSALPINGOGRAPHY	20	38.68	5.60	364.73	65.32

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58350	CHROMOTUBATION OF OVIDUCT	56	68.36	6.36	32.71	4.64
58550-80	LAP-ASSIST VAG HYSTER ASST	30	170.46	-110.46	-44.32	106.54
58550	LAP-ASSISTED VAG HYSTERECTOMY	45	681.84	108.24	48.09	426.16
58551	LAPAROSCOPY, REMOVE MYOMA	1	682.14		48.15	173.86
58555	HYSTEROSCOPY, DX, SEP PROC	4	154.72	126.00	54.98	205.28
58558	HYSTEROSCOPY, BIOPSY	101	220.98	-42.49	58.58	274.02
58560	HYSTERECTOMY, RESECT SEPTUM	1	321.43	-66.83	23.76	385.57
58561	HYSTEROSCOPY, REMOVE MYOMA	2	443.76	-71.55	33.96	263.24
58563	HYSTEROSCOPY, ABLATION	39	282.15	247.11	20.96	527.85
58605	POST PARTUM (POMEROY) BTL	149	259.36	61.31	38.73	432.64
58611	BTL DONE WITH C-SECTION	91	63.87	228.43	14.77	-63.87
58660	LAPAROSCOPY, LYSIS	57	546.01	-473.02	38.27	183.99
58661	LAPAROSCOPY, REMOVE ADNEXA	36	528.92	94.77	37.45	722.08
58662	LAP & FULG OF LESION ANY	116	561.30	41.98	40.01	294.70
58670	LAPAROSCOPIC BTL CAUTERY	61	296.24	344.06	18.96	569.76
58671	LAPAROSCOPY, TUBAL BLOCK	11	296.84	41.12	18.94	528.16
58673	LAP/SALPINGOSTOMY	6	668.65	-329.99	46.53	197.35
58700	SALPINGECTOMY	1	561.90	199.12	42.14	279.10
58720-80	REMOVAL OF OVARY TUBE(S) ASST	2	139.05	492.25	-139.05	127.20
58720	REMOVAL OF OVARY TUBE(S)	4	556.21	83.40	38.51	508.79
58750-80	TUBAL REVERSAL ASST	6	179.60	-119.60	-179.60	414.15
58750	TUBOTUBAL ANASTOMOSIS	10	718.42	102.45	50.25	1,656.58
58760	REMOVE TUBAL OBSTRUCTION	1	643.76	87.51		1,585.24
58822	OVARIAN CYSTOTOMY	1	487.24	69.35	34.56	793.76
58952	RESECT OVARIAN MALIGNANCY	1	1,214.36	168.97	84.83	999.64
59000	AMNIOCENTESIS	18	107.34	-29.85	4.09	-16.34
59025-22	NON-STRESS TEST UNUSUAL PROC	1				
59025	NON-STRESS TEST	1,106	32.68	5.37	1.10	25.32
59150	TREAT ECTOPIC PREGNANCY	3	587.39	80.24	39.39	268.61
59151	TREAT ECTOPIC PREGNANCY	2	570.30	77.95		864.70
59320	CERV CERCLAGE- OB-VAGINAL	10	127.13	18.85	33.81	349.87
59400-20	TOTAL OB CARE MULT BIRTHS	5	1,597.03			1,400.97
59400	TOTAL OBSTETRICS CARE	832	1,277.62	219.87	143.83	721.38

CODE	DESCRIPTION	VOLUME	COST PER		OTHER	
			PROCEDURE	MEDICARE	GOVERNMENT	COMMERCIAL
59410-22	TRANSFER DELIV UNUSUAL PROC	1				
59410	TRANSFER DELIVERY	56	731.91	95.18	216.67	534.09
59412	EXTERNAL CEPHALIC VERSION	4	82.16	16.77	27.86	-82.16
59425	PRENATAL 4-6 DAYS	10	329.53	-67.67	16.48	24.47
59426	PRENATAL VISITS 7 OR MORE	5	567.00	-114.88	26.29	-34.00
59430	POSTPARTUM CARE ONLY	1,180	113.94	6.79	6.84	-74.94
59510-20	C/S TOT OB CARE MULT BIRTHS	13	1,818.91			
59510-22	C/S TOT OB CARE UNUSUAL PROC	1				
59510-80	C-SECTION ASST	211	363.78		-363.78	-363.78
59510	C/SECTION TOTAL OB CARE	420	1,455.13	244.37	154.88	543.87
59514-80	WALKIN C-SECTION ASST	55	190.40	-130.40	-190.40	217.10
59514	C-SECTION ONLY	29	761.60	110.46	259.25	868.40
59610	VBAC	9	1,358.88	221.63	114.26	640.12
59812	SUCTION D&C	179	212.89	33.41	50.27	218.11
626.0		1				
64413	INJ FOR NERVE BLOCK	18	54.87	11.89		4.13
64435	INJ FOR NERVE BLOCK	46	65.97	11.86		-1.97
64640	UTEROSACRAL NERVE ABLATIO	26	137.63	20.46	68.05	67.37
76075-TC	DUAL ENERGY X-RAY STUDY TC	16	92.35	19.04		
76075	DUAL ENERGY X-RAY STUDY	239	104.94	20.97	0.56	24.06
76076	DUAL ENERGY X-RAY STUDY	1	32.08	5.97	0.64	32.92
76700	U/S AB/PELVIS COMPLETE	1	92.65	17.35	2.53	27.35
76705	ECHO EXAM OF ABDOMEN	2	67.46	12.10	1.83	22.54
76805-22	COMPLETE OB US UNUSUAL PROC	3				
76805	COMPLETE OB ULTRASOUND	1,246	41.68	81.81	65.81	58.32
76815-22	LIMITED OB US UNUSUAL PROC	2				
76815	LIMITED OB ULTRASOUND	2,400	71.66	11.01	0.57	3.34
76818	BIO PROFILE U/S- FETAL	6	93.25	16.75	3.44	41.75
76830	TRANSVAGINAL U/S OB/GYN	1,034	74.36	13.85	2.16	47.64
76831	HYSTEROSONOGRAPHY	8	75.86	13.73	2.29	70.14
76856	ECHO EXAM OF PELVIS	2	74.36	13.85	2.16	71.64
76946	US FOR AMNIO GUIDANCE	6	61.77	11.57	1.08	58.23
80061	CHOLESTEROL; FINGER STICK	1	0.00	0.00	15.67	10.20

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81002	URINALYSIS NO MICRO	1	0.00	0.00	3.39	4.50
81005	URINE DIPSTICK	1,120	2.15	-2.15	1.76	3.85
81025-NC	UNKNOWN MODIFIER	1	0.00	0.00		8.10
81025	URINE PREGNANCY TEST	525	3.71	-3.71	3.64	4.39
82270	HEMOWIPES (EACH)	692	4.25	-4.25	-0.34	-0.05
82948	GLUCOSE BLOOD REAGENT	5	1.30	-1.30	2.61	2.70
84144	ASSAY OF PROGESTERONE	2	0.00	0.00		8.73
85013	HEMATOCRIT SPUN	6	0.00	0.00	3.14	4.30
86280	RUBELLA	1	0.00	0.00	9.52	15.30
86312	UNKNOWN CODE	1				
86585	TB TINE TEST	3	6.00	1.27	-0.03	0.00
86588	QUICK STREP TEST	13	2.43	-2.43	-2.43	-2.43
87075	CULTURE BACTERIA ANAEROBIC	1	0.00	0.00		4.71
87081	CULTURE SCREEN ONLY	4	0.00	0.00	7.83	9.00
87210	WET PREP	431	0.00	0.00	0.00	5.00
87430	STREP A AG, EIA	2	0.00	0.00	14.00	16.00
87480	DNA PROBE CANDIDA	88	5.00	-5.00	18.31	54.50
87510	DNA PROBE GARDENELLA	87	5.00	-5.00	18.31	54.50
87797	DNA PROBE TRICHOMONA	88	5.00	-5.00	18.31	54.50
88150	CYTOPATH, C/V. MANUAL	1	0.00	0.00	12.29	8.50
90471	IMMUNIZATION ADMIN	4	3.30	3.96	7.86	2.70
90658	FLU VACCINE 3 YR IMM	27	0.00	0.00		7.50
90675	RABIES VACCINE IMM	1	0.00	0.00		147.12
90780	IV INFUSION THERAPY, 1 HR	22	33.58	6.55	-0.21	20.42
90781	IV INFUSION ADDITIONAL HR	111	16.79	3.62		10.21
90782	THERAPEUTIC INJ- IM OR SU	1,466	3.30	0.85	-0.03	1.70
90785	OBSOLETE CODE	3				
99025	INITIAL SURGICAL EVALUATION	169	0.00	0.00	28.34	32.00
99070	NORPLANT SUPPLIES	3	0.00	0.00	0.00	0.00
99201	MINIMAL INITIAL OV	71	28.19	4.67	1.57	8.81
99202-25	BRIEF INIT OV NEW PT SEPAR E&M	1				
99202	BRIEF INITIAL OV	487	50.97	7.84	3.05	-0.97
99203-25	LOW CPLX INIT OV NEW PT SEP E&M	5				

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99203	LOW COMPLEXITY INITIAL OV	1,665	76.16	11.01	4.64	-2.16
99204	MODERATE COMPLEXITY IOV	81	108.24	15.95	6.97	-5.24
99205	OFFICE/OUTPATIENT VISIT NEW	2	113.04	45.39		
99211	MINIMAL OFFICE VISIT	64	16.79	2.58	0.57	10.21
99212-25	BRIEF OFFICE VISIT NEW PT	10				
99212	BRIEF OFFICE VISIT	5,275	29.98	4.27	1.57	5.02
99213	LOW COMPLEXITY OFFICE VIS	4,870	41.68	6.40	2.34	3.32
99214	MODERATE COMPLEXITY OV	157	65.37	9.69	3.85	-7.37
99219	INITAL OBSERVATION MODERA	308	89.05	13.00	7.58	4.95
99222	ADMI H&P MODERATE COMPLEX	269	89.65	13.09	7.58	4.35
99232	HV-MODERATE COMPLEXITY	1,124	44.38	6.47	3.77	4.62
99238	HOSPITAL DISCHARGE SERVIC	223	54.87	10.16	4.54	8.13
99253	MOD COM CONSULT-INIT-IP	64	78.86	11.43	6.39	27.14
99283	LOW COMPLEXITY ER VISIT	150	49.17	7.56	4.33	9.83
99382	PREV VISIT, NEW, AGE 1-4	10	88.15	14.24		-36.15
99385	PREVENT CARE NEW PT 18-39	32	93.85	15.11	5.37	-28.85
99386	PREVENT NEW PT OV 40-64	22	110.34	17.65	6.61	-58.34
99392	PREV VISIT, EST, AGE 1-4	14	69.56	11.04		-28.56
99394	PREV VISIT, EST, AGE 12-17	1	76.46	11.75		-25.46
99395	PREVENTIVE OV AGES 18-39	105	77.36	11.89	4.79	-26.36
99396	PREVENT EST PT OV 40-64	44	85.45	13.14	5.39	-26.45
99397	PREV VISIT EST AGE 65 & OVER	2	93.85	14.77		-29.85
A4338	FOLEY CATHETER	2	0.00		0.00	0.00
A4560	PESSARY	16	0.00		0.00	0.00
A4561	PESSARY RUBBER, ANY TYPE	9	0.00			0.00
A4562	PESSARY NON RUBBER ANY TYPE	1				
ERR -80		3				
ERR	UNLISTED CODE	143	0.00			
G0008		23				
HIV		54				
IOB	INITIAL OB VISIT	1,227	0.00			
J0696	ROCEPHIN INJECTION	62	18.59		-18.59	-2.77
J0835		1				

CODE	DESCRIPTION	VOLUME	COST PER		OTHER	
			PROCEDURE	MEDICARE	GOVERNMENT	COMMERCIAL
J1050	DEPO PROVERA UP TO 100 MG	160	35.63		-35.63	-27.99
J1055	DEPO PROVERA- 150MG	175	35.63		-35.63	-27.99
J1080	TESTOSTERONE INJECTION	3	0.00		0.00	9.41
J1390	DELESTROGEN INJECTION	84	0.00		0.00	1.32
J1950	LUPRON INJ 3.75MG*	657	0.31	-19.07	-0.31	90.04
J2000	LIDOCAINE	19	0.00		0.00	2.27
J2790	RHOGAM INJECTION	113	99.77	-105.07	-99.77	-71.77
J3301	PERPHENAZINE INJECTION	6	0.00		0.00	1.60
J3420	B 12 INJECTION TO 1000MCG	8	0.00		0.00	1.00
J3490	DRUGS UNCLASSIFIED INJECTION	11	0.00		0.00	0.00
J7302		24				
J9260	METHOTREXATE SODIUM 50MG	12	0.00		0.00	4.16
LABFE		1				
POST	POSTNATAL VISIT	1,411	0.00			
PP	PATIENT PART	129	0.00			
PRE	PRENATAL VISIT	750	0.00			
ROB	RETURN OB VISIT	12,202	0.00		0.00	0.00
SEX	SEX ONLY ULTRASOUND	13	0.00		0.00	0.00
Z4560	PESSARY ITSELF	1	0.00		0.00	0.00
Z4998	PLAN 1ST INJ FEE	11	0.00		0.00	0.00
Z5181	PLAN 1ST INIT OV	2	0.00		0.00	0.00
Z5182	PLAN 1ST ANNUAL OV	5	0.00		0.00	0.00
Z5183	PLAN 1ST OV	4	0.00		0.00	0.00
Z5320	IUD-ITSELF	7	0.00		0.00	0.00
Z5440	PLAN 1ST BC PILLS	23	0.00		0.00	0.00