

SERVICE UTILIZATION REPORT:

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

By Service Category 2009-2010 and 2010-2011 for RYAN WHITE TREATMENT EXTENSION ACT PART A & B FUNDED SERVICES SAN DIEGO COUNTY

Report Periods:
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Funding, Expenditures, Utilization & Unit Costs

MEDICAL CASE MANAGEMENT SERVICES			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$1,539,971	\$1,539,970	
Spent	\$1,591,533	\$1,605,731	1% increase
Percent of budget spent	103%	104%	
Utilization Data			
Number of face-to-face contacts	11,905	10,714	
Number of telephone contacts	13,251	9,951	
Total units of service	25,156	20,665	18% decrease
Total clients served	1,832	1,510	18% decrease
Unit Cost			
Per service	\$63.27 (\$1,591,533/25,156)	\$77.70 (\$1,605,731/ 20,665)	
Per client	\$868.74 (\$1,591,533/1,832)	\$1,063.40 (\$1,605,731/ 1,510)	

MEDICAL CASE MANAGEMENT SERVICES for People of Color			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$352,835	\$352,835	
Spent	\$341,835	\$338,022	1% decrease
Percent of budget spent	97%	96%	
Utilization Data			
Number of face-to-face contacts	2,319	1,862	
Number of telephone contacts	2,359	1,174	
Total units of service	4,678	3,036	35% decrease
Total clients served	296	135	54% decrease
Unit Cost			
Per service	\$73.07 (\$341,835 / 4,678)	\$111.34 (\$338,022 / 3,036)	
Per client	\$1,154.85 (\$341,835 / 296)	\$2,503.87 (\$338,022 / 135)	

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

DENTAL CARE			
	Year 19*	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$990,319	\$572,232	
Spent	\$1,135,494	\$1,018,446	10% decrease
Percent of budget spent	115%	178%	
Utilization Data			
TOTAL Dental Visits/ Exams	2,632	2,449	
TOTAL Dental Pool Procedures (for a breakout of individual procedures for Yr 18, see Appendix B)	14,070	15,379	
Number of dental specialty procedures provided, claimed and reimbursed (for a breakout of individual procedures and associated costs (Yr 18), see Appendix D)	2,950	938	
Total units of service	19,652	18,379	5% decrease
Total clients: Basic Services	1,394	1,527	
Total clients: Specialty Services	744	118	
Total clients served	1,394	1,527	10% increase
Unit Cost			
Per service	\$57.78 (\$1,135,494 / 19,607)	\$54.27 (\$1,018,446 / 18,766)	
Per client	\$814.56 (\$1,135,494 / 1,394)	\$666.96 (\$1,018,446 / 1,527)	

*Service units and number of clients served were adjusted from the Service Utilization Report for Year 20
Demographic information (gender, race/ethnicity and region of residence) for this category is on page 16.

DRUG & ALCOHOL TREATMENT SERVICES: Residential Treatment and Sober Living			
	Year 19*	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$232,000	\$232,000	
Spent	\$332,373	\$331,714	<1% decrease
Percent of budget spent	143%	143%	
Utilization Data			
Number of bed days (residential)	3,177	3,716	
Number of bed days (clean and sober living)	1,270	2,504	
Number security deposits payments	0	1	
Total units of service	4,447	6,221	40% increase
Total clients served	218	330	51% increase
Unit Cost			
Per service	\$74.74 (\$332,373 / 4,447)	\$53.32 (\$331,714 / 6,221)	
Per client	\$1524.65 (\$332,373 / 218)	\$1,005.19 (\$331,714 / 330)	

DRUG & ALCOHOL TREATMENT SERVICES: Outpatient Treatment			
	Year 19*	Year 20	Change
Funding and Expenditures.			
Budget Allocation	\$121,425	\$121,425	
Spent	\$111,877	\$105,164	6% decrease
Percent of budget spent	92%	87%	
Utilization Data			
Number individual counseling contacts/sessions	449	349	
Number group counseling contacts/sessions	181	208	
Number of intakes/assessments	78	81	
Total units of service	708	638	10% decrease
Total clients served	105	116	10% increase
Unit Cost			
Per service	\$158.02 (\$111,877 / 708)	\$164.83 (\$105,164 / 638)	
Per client	\$1065.50 (\$111,877 / 105)	\$906.59 (\$105,164 / 116)	

*Service units and number of clients served were adjusted from the Service Utilization Report for Year 20. **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 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$500,618	\$500,618	
Spent	\$495,991	\$500,618	1% increase
Percent of budget spent	99%	100%	
Utilization Data Summary			
Total units of service (detailed below)	23,699	27,749	17% increase
Total clients served	887	883	<1% decrease
Unit Cost			
Per service	\$20.93 (\$495,991 / 23,699)	\$18.04 (\$500,618 / 27,749)	
Per client	\$559.18 (\$495,991 / 887)	\$566.95 (\$500,618 / 883)	
Utilization Data Detail			
Coordinated Services Center – Services			
Number of client drop-in visits or face-to-face resource information encounters	10,095	12,129	
Number of telephone resource information contacts	1,394	1,638	
Mental Health Services (Individual, Group and Family Counseling)			
Number of individual/couples/family counseling sessions	629	271	
Number of group counseling sessions (excluding couple and family counseling)	317	203	
Childcare and Babysitting			
Number of hours of childcare or babysitting on-site and out-stationed at other community providers, support groups and meetings.	2,062	2,076	
Peer Advocacy			
Number of face-to-face contacts with clients.	2,054	1,948	
Number of telephone contacts with clients.	999	1,190	
Number of face-to-face encounters and telephone contacts with individuals not in the caseload.	2,560	2,935	
Outreach			
Number of assisted referrals provided to HIV testing for individuals at high risk	614	1,848	
Number of individuals living with HIV/AIDS identified who were not previously receiving HIV-related health care and supportive services	21	34	
Number of individuals living with HIV/AIDS assisted in a first time HIV-related visit to a primary care provider	3	0	
Number of individual face-to-face outreach encounters	1,855	2,327	
Wrap-Around Mentoring/Buddy Support			
Number of clients matched to mentor/buddies.	28	31	
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	155	146	
Number of family advocacy face-to-face encounters	692	745	
Number of advocacy telephone contacts	221	228	

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 19*	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$298,067	\$298,067	
Spent	\$282,416	\$298,034	6% increase
Percent of budget spent	95%	100%	
Utilization Data			
Number of in-person drop-in visits or resource information contacts provided	5,338	6,616	
Number of resource contacts provided via telephone, as documented in reception/ intake logs	1,635	2,710	
Number other services provided	3,098	4,525	
Total units of service	10,071	13,851	38% increase
Total clients served	841	1,051	25% increase
Unit Cost			
Per service	\$28.04 (\$282,416 / 10,071)	\$21.52 (\$298,034 / 13,851)	
Per client	\$335.81 (\$282,416 / 841)	\$283.57 (\$298,034 / 1,051)	

*Clients totals for Year 19 include **only** unduplicated registered clients and **not** anonymous drop-in contacts.

EARLY INTERVENTION SERVICES: Regional Services - Field Outreach			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$210,017	\$210,017	
Spent	\$198,858	\$206,324	4% increase
Percent of budget spent	95%	98%	
Utilization Data			
Number of face-to-face encounters	15,233	16,084	
Number of individuals identified living with HIV/AIDS, who were not previously receiving HIV-related health care and supportive services	105	125	
Number of individuals identified living with HIV/AIDS, who made a first-time HIV-related visit to a medical provider	98	104	
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	866	1,122	
Total units of service	16,302	17,435	7% increase
Total clients served (anonymous)	15,233	16,084	6% increase
Unit Cost			
Per service	\$12.20 (\$198,858 / 16,302)	\$11.83 (\$206,324 / 17,435)	
Per client	\$13.05 (\$198,858 / 15,233)	\$12.83 (\$206,324 / 16,084)	

*Service units and number of clients served were adjusted from the Service Utilization Report for Year 20. **Demographic information** (gender, race/ethnicity and region of residence) for these categories is on page 18.

EARLY INTERVENTION SERVICES: Counseling and Testing			
	Year 19*	Year 20	Change
Funding and Expenditures			
Budget Allocation	N/A	\$150,000	
Spent	N/A	\$146,715	
Percent of budget spent	N/A	98%	
Utilization Data			
Number of HIV counseling and testing sessions	N/A	2,247	
Total units of service	N/A	2,247	
Total clients served (not unduplicated)	N/A	2,247	
Unit Cost			
Per service	N/A	\$65.29 (\$146,715/2,247)	
Per client	N/A	\$65.29 (\$146,715/2,247)	

*Service started in July of Year 20. Data represents only seven months of service.

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 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$73,991	\$50,000	32% decrease
Spent	\$88,284	\$54,659	38% decrease
Percent of budget spent	119%	109%	
Utilization Data			
Number of utility payments	71	33	
Number of health insurance premium payments	0	1	
Number of other payments	512	428	
Total units of service	583	462	21% decrease
Total clients served	383	291	24% decrease
Unit Cost			
Per service	\$151.43 (\$88,284 / 583)	\$118.31 (\$54,659 / 462)	
Per client	\$230.51 (\$88,284 / 383)	\$187.83 (\$54,659 / 291)	

FOOD SERVICES: Home-Delivered Meals			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$380,392	\$292,847	23% decrease
Spent	\$380,392	\$343,847	10% decrease
Percent of budget spent	100%	117%	
Utilization Data			
# of meal packets delivered (one cold and one hot meal)	43,473	38,163	
Total units of service	43,473	38,163	12 % decrease
Total clients served	374	229	39 % decrease
Unit Cost			
Per service	\$8.75 (\$380,392/ 43,473)	\$9.01 (\$343,847 / 38,163)	
Per client	\$1017.09 (\$380,392/ 374)	\$1,501.52 (\$343,847 / 229)	

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

HOME HEALTH / HOME HOSPICE			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$11,500	\$11,500	
Spent	\$17,869	\$23,532	32% increase
Percent of budget spent	155%	205%	
Utilization Data			
Number of visits	22	23	
Number of other services	14	20	
Total units of service claimed and reimbursed	36	43	19% increase
Total clients served	3	8	167% increase
Unit Cost			
Per service	\$496.36 (\$17,869 / 36)	\$547.26 (\$23,532 / 43)	
Per client	\$5,956.33 (\$17,869 / 3)	\$2,941.50 (\$23,532 / 8)	

HOUSING SERVICES: Emergency Housing Assistance Pool			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$264,967	\$186,000	30% decrease
Spent	\$264,967	\$181,078	32% decrease
Percent of budget spent	100%	97%	
Utilization Data			
Number of rental assistance payments	82	0*	
Number of SRO/hotel payments	271	344	
Number of security deposit payments	145	52	
Total units of service	498	396	20% decrease
Total clients served	292	206	29% decrease
Unit Costs			
Per service	\$532.06 (\$264,967 / 498)	\$457.27 (\$181,078 / 396)	
Per client	\$907.42 (\$264,967 / 292)	\$879.02 (\$181,078 / 206)	

*Rental payments were stopped during Year 19 as a cost saving measure.

HOUSING SERVICES: Partial Assistance Rental Subsidy (PARS)			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$446,786	\$286,857	36% decrease
Spent	\$421,786	\$245,940	42% decrease
Percent of budget spent	94%	86%	
Utilization Data			
Number of rental subsidy payments	2,427	1,237	
Total units of service	2,427	1,237	49% decrease
Total clients served	299	174	42% decrease
Unit Cost			
Per service	\$173.79 (\$421,786 / 2,427)	\$198.82 (\$245,940 / 1,237)	
Per client	\$1,410.66 (\$421,786 / 299)	\$1,413.45 (\$245,940 / 174)	

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

LEGAL SERVICES			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	125,265	\$100,000	20% decrease
Spent	125,265	\$100,000	20% decrease
Percent of budget spent	100%	100%	
Utilization Data			
Number of cases	570	533	
Number of consumers and clients attending education & outreach presentations	27	45	
Number of case managers or peer advocates attending orientation session	13	13	
Total units of service	610	591	3% decrease
Total clients served	455	396	13% decrease
Unit Cost			
Per service	\$205.35 (\$125,265 / 610)	\$169.20 (\$100,000 / 591)	
Per client	\$275.31 (\$125,265 / 455)	\$252.53 (\$100,000 / 424)	

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

MEDICAL / PRIMARY CARE SERVICES: Primary Care Pool			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$2,301,539	\$2,912,903	27% increase
Spent	\$2,810,789	\$3,220,148	15% increase
Percent of budget spent	122%	111%	
Utilization Data			
TOTAL Number of primary care medical visits	14,567	11,673	
TOTAL Number of procedures and services (for a breakout of individual procedures and services see Appendix A)	92,648	56,749	
Total viral load tests provided	7,161	6,981	
Total resistance tests provided	397	270	
Total units of service	114,773	75,673	34% decrease
Total Primary Care clients	2,517	2,683	7% increase
Unit Cost			
Per service	\$24.49 (\$2,810,789/114,773)	\$42.55 (\$3,220,148 / 75,673)	
Per client	\$1,116.72 (\$2,810,789 / 2,517)	\$1,200.20 (\$3,220,148 / 2,683)	

MEDICAL SPECIALTY CARE			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$1,022,799	\$1,429,463	40% increase
Spent	\$1,022,776	\$1,026,124	<1% increase
Percent of budget spent	100%	72%	
Utilization Data			
Number of medical specialty procedures provided, claimed and reimbursed (for a breakout of individual procedures and associated costs, see Appendix C)	3,031	2,547	
Total units of service	3,031	2,547	16% decrease
Total clients served	672	462	31% decrease
Unit Cost			
Per service	\$337.44 (\$1,022,776 / 3,031)	\$402.88 (\$1,026,124 / 2,547)	
Per client	\$1,521.99 (\$1,022,776 / 672)	\$2,221.05 (\$1,026,124 / 462)	

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

MENTAL HEALTH SERVICES: Individual & Group Therapy			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$594,537	\$589,537	
Spent	\$594,537	\$589,537	1% decrease
Percent of budget spent	100%	99%	
Utilization Data			
Number of service units to individual/couples/ family counseling clients	5,211	4,709	
Number of group counseling sessions provided annually	271	222	
Total units of service	5,482	4,931	10% decrease
Total clients served	494	484	2% decrease
Unit Cost			
Per service	\$108.45 (\$594,537 / 5,482)	\$119.56 (\$589,537 / 4,931)	
Per client	\$1,203.52 (\$594,537 / 494)	\$1,218.05 (\$589,537 / 484)	

PSYCHIATRIC SERVICES			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$179,760	\$179,760	
Spent	\$179,760	\$179,760	
Percent of budget spent	100%	100%	
Utilization Data			
Number of diagnostic or medication counseling visits	934	864	
Number of medication evaluations, including psychotropic medication prescriptions written	1,227	1,085	
Total units of service	2,161	1,949	10% decrease
Total clients served	514	530	3% increase
Unit Cost			
Per service	\$83.18 (\$179,760 / 2,161)	\$92.23 (\$179,760 / 1,949)	
Per client	\$349.73 (\$179,760 / 514)	\$339.17 (\$179,760 / 530)	

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

REPRESENTATIVE PAYEE SERVICES			
	Year 19	Year 20	Change
Funding and Expenditures			
Budget Allocation	\$51,134	\$51,134	
Spent	\$50,873	\$51,189	1% increase
Percent of budget spent	99%	100%	
Utilization Data			
Number of representative payee services provided	578	723	
Total units of service	578	723	25% increase
Total clients served	72	79	10% increase
Unit Cost			
Per service	\$88.02 (\$50,873 / 578)	\$70.80 (\$51,189 / 723)	
Per client	706.57 (\$50,873 / 72)	\$647.96 (\$51,189 / 79)	

TRANSPORTATION SERVICES: Assisted (Van or Direct Client Transport) + Unassisted (Bus Passes & Taxi Vouchers)			
	Year 19	Year 20*	Change
Funding and Expenditures			
Budget Allocation	\$401,140	\$313,594	22% decrease
Spent	\$400,584	\$221,529	45% decrease
Percent of budget spent	<100%	71%	
Utilization Data			
Number of units of curb-to-curb van services provided	1,343	317	
Number of additional units of curb-to-curb assisted services provided to women, children and families with HIV/AIDS	564	354	
Number of disabled bus and coaster passes provided	5,365	1,619	
Total units of service	7,272	2,290	69% decrease
Total clients served	1,133	322	72% decrease
Unit Cost			
Per service	\$55.09 (\$400,584 / 7,272)	96.74 (\$221,529/2,290)	
Per client	\$353.56 (\$400,584 / 1,133)	\$687.98 (\$221,529/322)	

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

* Lower utilization from Year 19 was directly related to a reduction in services and the institution of new eligibility criteria

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:
2008-2009, 2009-2010 and 2010-2011**

**SAN DIEGO COUNTY: PERCENTAGE COMPARISON OF RECENT AIDS CASES and PEOPLE LIVING WITH HIV/AIDS
with RWTEA 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 12/31/09	% Recent AIDS Case County wide 1/09-12/10	% of Total San Diego Residents Utilizing Services (3/08-2/09, 3/09-2/10 & 3/10-2/11)											
			All Medical Case Management Programs			Medical Case Management Services (Countywide/Regional) ¹			Medical Case Management Services for People of Color			Dental Care		
			YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11
GENDER														
Male	89.9%	91.2%	80.9%	81.6%	80.9%	81.6%	81.6%	81.1%	77.4%	81.9%	87.4%	89.9%	89.8%	87.6%
Female	10.1%	8.8%	16.8%	16.1%	17.1%	16.3%	16.2%	17.0%	19.4%	15.1%	10.4%	10.1%	10.2%	11.1%
Transgender			2.3%	2.3%	2.0%	2.1%	2.2%	1.9%	3.2%	3.1%	2.2%	0.1%		1.2%
Other/Unknown														
ETHNICITY														
Latino/Hispanic	27.3%	39.6%	39.1%	39.1%	38.5%	40.1%	41.1%	39.3%	33.5%	26.7%	28.9%	34.7%	28.2%	37.2%
RACE														
African American/Black	13.2%	14.5%	18.4%	21.7%	20.7%	13.3%	18.4%	18.8%	45.6%	41.9%	45.9%	7.4%	7.0%	10.3%
API	2.6%	3.0%	1.4%	1.6%	1.6%	1.3%	0.6%	0.9%	1.6%	8.1%	11.1%	1.0%	1.3%	1.6%
Caucasian/White	56.0%	41.6%	35.1%	32.3%	34.5%	40.6%	36.3%	37.2%	4.8%	7.4%		42.0%	39.7%	43.5%
Native American	0.8%	1.2%	1.1%	1.3%	0.9%	1.1%	0.3%	0.3%	0.8%	7.8%	7.4%	0.7%	1.6%	0.7%
Multiple Races			1.5%	3.2%	1.1%	0.7%	2.5%	0.9%	13.7%	7.8%	3.7%	0.0%		1.1%
Other/Unknown			3.5%	0.8%	2.8%	4.2%	0.8%	2.8%		0.3%	3.0%	14.3%	22.2%	5.7%
REGION														
Central SD		54.3%	48.2%	52.8%	51.2%	48.3%	52.5%	51.1%	47.2%	54.4%	54.1%	55.2%	58.5%	55.5%
Southeast SD		6.6%	8.8%	7.0%	9.7%	5.7%	8.2%	8.7%	25.8%	10.8%	20.7%	8.5%	8.5%	7.4%
North County		12.3%	12.2%	9.3%	11.4%	14.3%	10.3%	12.2%	0.8%	1.9%	2.2%	13.1%	10.5%	13.8%
East County		8.8%	5.6%	16.2%	7.2%	4.8%	6.5%	7.1%	10.1%	11.6%	8.9%	5.7%	6.9%	6.7%
South Bay		18.0%	16.2%	9.6%	16.7%	16.8%	16.8%	17.0%	12.9%	19.7%	12.6%	15.4%	14.4%	12.9%
Other/Unknown			9.0%	5.2%	3.8%	10.1%	5.7%	3.9%	3.2%	1.5%	1.5%	2.1%	1.2%	3.6%

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 RWTEA 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 12/31/09	% Recent AIDS Case County wide 1/09-12/10	% of Total San Diego Residents Utilizing Services (3/08-2/09, 3/09-2/10 & 3/10-2/11)											
			Drug & Alcohol Treatment – Residential*			Drug & Alcohol Treatment – Outpatient			Early Intervention Services: Services for Women, Children, and Families			Early Intervention Services: Regional Early Intervention Centers		
			YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11
GENDER														
Male	89.9%	91.2%	91.3%	83.9%	84.8%	92.9%	86.2%	88.8%	32.7%	37.5%	37.7%	68.1%	82.2%	81.1%
Female	10.1%	8.8%	5.8%	13.8%	11.2%	3.1%	8.5%	6.9%	66.4%	61.4%	60.6%	31.2%	16.2%	17.9%
Transgender			2.9%	2.3%	3.9%	4.1%	5.3%	4.3%	0.8%	1.0%	1.7%	0.7%	1.5%	1.0%
Other/Unknown												0.1%		
ETHNICITY														
Latino/Hispanic	27.3%	39.6%	23.2%	26.6%	21.5%	18.4%	44.1%	23.3%	53.6%	60.4%	58.0%	87.5%	46.2%	62.4%
RACE														
African American/Black	13.2%	14.5%	10.1%	19.7%	28.5%	9.2%	13.3%	11.2%	24.9%	22.1%	22.8%	2.7%	17.3%	14.1%
API	2.6%	3.0%	2.9%	1.8%	2.1%	2.0%	3.7%	6.0%	0.9%	0.5%	1.3%	0.3%	2.6%	1.5%
Caucasian/White	56.0%	41.6%	56.5%	46.3%	41.8%	59.2%	34.0%	46.6%	16.6%	13.9%	12.9%	7.9%	29.3%	19.9%
Native American	0.8%	1.2%	2.9%	0.9%	0.9%	1.0%	0.5%		0.1%	0.2%	0.7%	0.1%	1.7%	0.7%
Multiple Races			0.0%	4.1%	1.8%	3.1%	2.7%	3.4%	3.8%	2.7%	4.3%	0.2%	1.7%	0.5%
Other/Unknown			4.3%	0.5%	3.3%	7.1%	1.6%	9.5%		0.2%	0.1%	0.5%	1.2%	1.0%
REGION														
Central SD		54.3%	37.7%	60.1%	59.1%	55.1%	50.5%	60.3%	X	X	X	8.8%	39.6%	23.6%
Southeast SD		6.6%	2.9%	4.6%	8.8%	1.0%	6.4%	10.3%	X	X	X	6.1%	7.2%	8.8%
North County		12.3%	31.9%	12.8%	14.8%	2.4%	6.4%	19.0%	X	X	X	15.1%	13.9%	23.3%
East County		8.8%	2.9%	6.4%	7.3%	2.0%	5.3%	2.6%	X	X	X	1.6%	5.0%	5.6%
South Bay		18.0%	1.4%	7.3%	5.2%	0.0%	22.9%	0.9%	X	X	X	58.4%	22.8%	36.4%
Other/Unknown			23.2%	8.7%	4.8%	36.7%	8.5%	6.9%				10.1%	11.5%	2.3%

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 RWTEA PART A/B SERVICE UTILIZATION by GENDER, RACE/ETHNICITY AND REGION

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Demographic	% Est. People Living with HIV/AIDS County-wide 12/31/09	% Recent AIDS Case County wide 1/09-12/10	% of Total San Diego Residents Utilizing Services (3/08-2/09, 3/09-2/10 & 3/10-2/11)											
			Early Intervention Services: Regional Field Outreach			Early Intervention Services: Counseling and Testing			Emergency Financial Assistance			Food – Home-Delivered Meals		
			YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11
GENDER														
Male	89.9%	91.2%	59.5%	68.7%	58.8%			65.2%	78.4%	82.5%	81.1%	74.5%	80.5%	76.9%
Female	10.1%	8.8%	40.5%	31.7%	41.1%			33.2%	18.3%	14.1%	16.2%	24.2%	18.4%	21.8%
Transgender								1.4%	3.0%	3.4%	2.7%	0.8%	1.1%	1.3%
Other/Unknown					00.2%			0.1%	0.3%			0.5%		
ETHNICITY														
Latino/Hispanic	27.3%	39.6%	58.2%	55.9%	48.9%			44.6%	23.9%	27.9%	27.8%	18.7%	21.3%	29.3%
RACE														
African American/Black	13.2%	14.5%	11.4%	25.0%	25.1%			5.8%	25.1%	30.8%	32.6%	19.0%	21.3%	19.2%
API	2.6%	3.0%	3.3%	5.1%	9.2%			6.3%	3.0%	3.1%	2.4%	2.5%	3.0%	2.6%
Caucasian/White	56.0%	41.6%	84.3%	42.5%	61.7%			38.4%	39.5%	35.5%	34.7%	52.5%	58.3%	44.5%
Native American	0.8%	1.2%		1.7%	1.7%			0.9%	0.3%	0.8%	0.3%	1.4%	1.8%	1.3%
Multiple Races				1.2%	2.3%			0.8%	0.6%	0.3%	1.0%	4.4%	2.1%	1.7%
Other/Unknown								3.2%	2.1%	1.6%	1.0%	1.6%	3.0%	1.3%
REGION														
Central SD		54.3%	33.3%	44.0%	37.1%			28.3%	62.3%	66.6%	64.3%	53.6%	60.4%	45.4%
Southeast SD		6.6%	11.4%	20.5%	17.8%			4.3%	9.0%	9.4%	10.0%	11.0%	10.2%	16.6%
North County		12.3%	12.4%	20.5%	15.9%			43.9%	8.4%	11.7%	12.0%	15.1%	12.3%	7.9%
East County		8.8%	3.9%	3.8%	5.6%			2.3%	10.2%	6.8%	9.6%	11.3%	9.4%	17.0%
South Bay		18.0%	38.9%	11.1%	23.6%			16.0%	10.2%	5.5%	4.1%	9.1%	2.9%	13.1%
Other/Unknown								5.2%						

SAN DIEGO COUNTY: PERCENTAGE COMPARISON OF RECENT AIDS CASES and PEOPLE LIVING WITH HIV/AIDS with RWTEA 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 12/31/09	% Recent AIDS Case County wide 1/09-12/010	% of Total San Diego Residents Utilizing Services (3/08-2/09, 3/09-2/10 & 3/10-2/11)											
			Home Health / Home Hospice			Housing – Emergency Pool			Housing – PARS			Legal Services ¹		
			YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11
GENDER														
Male	89.9%	91.2%	Number of clients (17) too small	Number of clients (3) too small	Number of clients (8) too small	81.6%	83.6%	86.9%	81.5%	81.6%	77.6%	81.4%	85.8%	86.4%
Female	10.1%	8.8%				15.4%	13.7%	11.2%	17.7%	17.4%	20.7%	16.3%	13.3%	12.4%
Transgender						3.0%	2.7%	1.9%	0.9%	1.0%	1.7%	2.3%	0.9%	1.3%
Other/Unknown						“	“	“						
ETHNICITY														
Latino/Hispanic	27.3%	39.6%	“	“	“	28.1%	23.3%	18.4%	31.3%	32.4%	34.5%	32.0%	34.3%	38.4%
RACE														
African American/Black	13.2%	14.5%	“	“	“	30.2%	26.4%	28.6%	19.1%	20.7%	20.7%	11.6%	11.2%	12.1%
API	2.6%	3.0%	“	“	“	2.1%	5.1%	3.4%	1.1%	1.0%		2.1%	1.2%	1.3%
Caucasian/White	56.0%	41.6%	“	“	“	35.6%	43.2%	48.1%	47.3%	44.8%	43.1%	55.3%	50.9%	46.0%
Native American	0.8%	1.2%	“	“	“	0.6%	1.0%	1.5%	1.1%	1.0%	1.7%	2.1%	2.7%	1.3%
Multiple Races			“	“	“	0.0%						4.7%	4.4%	
Other/Unknown			“	“	“	3.3%	1.0%					24.3%	29.9%	39.4%
REGION														
Central SD		54.3%	“	“	“	65.8%	70.2%	73.3%	63.5%	63.2%	60.3%	61.7%	56.9%	61.6%
Southeast SD		6.6%	“	“	“	12.2%	8.2%	10.7%	13.1%	6.4%	7.5%	8.2%	6.6%	6.6%
North County		12.3%	“	“	“	8.3%	8.9%	7.3%	9.4%	12.0%	13.8%	13.5%	12.7%	12.1%
East County		8.8%	“	“	“	5.7%	4.8%	4.9%	6.0%	6.7%	5.2%	5.1%	8.6%	6.6%
South Bay		18.0%	“	“	“	8.0%	7.9%	3.9%	8.0%		13.2%	11.5%	15.2%	13.1%
Other/Unknown			“	“	“									

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

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

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Demographic	% Est. People Living with HIV/AIDS County-wide 12/31/09	% Recent AIDS Case County wide 1/09-12/10	% of Total San Diego Residents Utilizing Services (3/08-2/09, 3/09-2/10 & 3/10-2/11)											
			Medical Care – Primary Care Pool			Medical Specialty			Mental Health			Psychiatric Services		
			YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11
GENDER														
Male	89.9%	91.2%	88.4%	90.1%	89.3%	86.7%	87.7%	87.9%	86.6%	83.6%	88.4%	86.5%	83.5%	85.7%
Female	10.1%	8.8%	11.4%	9.9%	9.4%	12.3%	12.3%	11.4%	12.3%	14.4%	9.3%	12.0%	15.0%	12.5%
Transgender			0.2%		1.2%	1.0%		0.7%	0.5%	2.0%	2.3%	1.5%	1.6%	1.9%
Other/Unknown									0.7%					
ETHNICITY														
Latino/Hispanic	27.3%	39.6%	39.2%	35.9%	47.9%	56.0%	49.9%	53.8%	31.8%	34.2%	29.1%	17.1%	18.5%	19.1%
RACE														
African American/Black	13.2%	14.5%	8.6%	7.8%	9.7%	6.3%	9.2%	7.2%	8.9%	12.3%	11.0%	16.0%	13.4%	12.8%
API	2.6%	3.0%	1.5%	1.4%	2.1%	0.9%	1.3%	1.6%	1.6%	1.8%	2.3%	1.1%	1.9%	2.3%
Caucasian/White	56.0%	41.6%	37.0%	34.0%	33.1%	35.2%	38.5%	31.5%	83.2%	80.8%	79.5%	65.8%	63.0%	63.0%
Native American	0.8%	1.2%	0.6%	0.5%	0.5%	0.1%	0.3%	0.2%	1.4%	1.4%	1.2%		0.2%	0.2%
Multiple Races					0.5%	0.1%	0.3%	0.2%	3.6%	3.2%	5.8%		1.6%	1.1%
Other/Unknown			13.0%	20.4%	6.2%	1.3%	0.4%	5.4%	1.4%	0.4%	0.2%		1.4%	1.5%
REGION														
Central SD		54.3%	49.3%	51.2%	50.8%	64.8%	57.8%	45.2%	68.6%	64.2%	68.2%	76.7%	77.8%	74.2%
Southeast SD		6.6%	9.0%	8.4%	8.4%	2.4%	5.6%	7.9%	7.7%	7.1%	6.8%	6.5%	5.4%	5.8%
North County		12.3%	14.4%	11.7%	12.2%	12.6%	13.2%	11.9%	5.0%	6.5%	8.1%	6.5%	4.5%	6.2%
East County		8.8%	5.0%	6.9%	6.1%	6.1%	19.3%	5.6%	6.4%	7.7%	4.8%	6.2%	7.6%	8.5%
South Bay		18.0%	20.0%	19.8%	18.7%	14.1%	4.0%	24.5%	12.3%	14.6%	12.2%	4.0%	4.7%	5.3%
Other/Unknown			2.3%	2.0%	4.0%		0.0%	4.9%						

**SAN DIEGO COUNTY: PERCENTAGE COMPARISON OF RECENT AIDS CASES and PEOPLE LIVING WITH HIV/AIDS
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Demographic	% Est. People Living with HIV/AIDS County-wide 12/31/09	% Recent AIDS Case County wide 1/09-12/10	% of Total San Diego Residents Utilizing Services (3/08-2/09, 3/09-2/10 & 3/10-2/11)					
			Representative Payee ¹			Transportation		
			YR 18 08-09	YR 19 09-10	YR 20 10-11	YR 18 08-09	YR 19 09-10	YR 20 10-11
GENDER								
Male	89.9%	91.2%	80.5%	77.8%	75.9%	80.1%	79.4%	76.4%
Female	10.1%	8.8%	19.5%	22.2%	24.1%	18.0%	17.6%	18.6%
Transgender			0.0%			1.9%	3.0%	5.0%
Other/Unknown								
ETHNICITY								
Latino/Hispanic	27.3%	39.6%	3.9%	6.9%	6.3%	34.3%	36.4%	37.6%
RACE								
African American/Black	13.2%	14.5%	33.8%	29.2%	29.1%	24.1%	21.7%	26.7%
API	2.6%	3.0%	1.3%	2.8%	3.8%	1.7%	1.7%	2.5%
Caucasian/White	56.0%	41.6%	58.4%	56.9%	59.5%	37.7%	34.2%	28.9%
Native American	0.8%	1.2%	2.6%	2.8%	1.3%	0.8%	1.0%	0.3%
Multiple Races			1.3%	1.4%	2.5%	1.5%	2.4%	1.2%
Other/Unknown			2.6%	6.9%	3.8%		2.7%	2.8%
REGION								
Central SD		54.3%	37.7%	34.2%	32.9%	69.6%	56.4%	50.3%
Southeast SD		6.6%	3.9%	8.2%	1.3%	9.5%	10.2%	12.1%
North County		12.3%	46.8%	43.8%	49.4%	8.0%	8.7%	13.0%
East County		8.8%	9.1%	11.0%	13.9%	3.7%	6.6%	7.8%
South Bay		18.0%	2.6%	2.7%	2.5%	9.3%	11.7%	13.4%
Other/Unknown							6.3%	

¹ 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 20
Ryan White Treatment Extension Act Part A/B – San Diego County

PX Code	Procedure	Units of Service Provided
120	ANESTH, EAR SURGERY	1
220	ANESTH, SPINAL FLUID SHUNT.	1
250	PHARMACY/GEN CLASS	20
300	LAB/GEN CLASS	9
301	LAB/CHEMISTRY	20
305	LAB/HEMATOLOGY	5
306	LAB/BAC MIC	21
307	LAB/UROLOGY	4
310	LAB PATHOLOGY/GEN CLASS	1
324	RADI DIA/CXR	3
352	CT SCAN/BODY	2
450	EMERGENCY RM/GEN CLASS	
456	EMERGENCY ROOM-URGENT CARE	
510	CLINIC/GEN CLASS	1
550	ANESTH, STERNAL DEBRIDEMENT	20
636	DRUGS REQ SPEC ID/REQ DET COD	8
730	EKG-ECG/GEN CLASS	2
902	ANESTH, ANORECTAL SURGERY	16
949	OTHER THERAP SERV/OTHER	13
10021	FINE NEEDLE ASPIRATION;W/O IMAGING GUIDANCE	2
10060	INCISION/DRAINAGE OF ABSCESS;SIMPLE	18
10061	INCISION/DRAINAGE OF ABSCESS;COMPLICATED	4
10160	PUNCTURE DRAINAGE OF LESION	1
11000	SURGICAL CLEANSING OF SKIN	1
11100	BIOPSY OF LESION	4
11101	BIOPSY, SKIN ADD-ON	1
11200	REMOVAL OF SKIN TAGS	4
12001	REPAIR SUPERFICIAL WOUND(S)	1
13132	REPAIR OF WOUND OR LESION.....	1
14060	SKIN TISSUE REARRANGEMENT.....	2
17110	DESTRUCT LESION, 1-14	59
17260	DESTRUCTION OF SKIN LESION	1
17262	DESTRUCTION OF SKIN LESION	1
17999	SKIN TISSUE PROCEDURE	1
20605	DRAIN/INJECT, JOINT/BURSA.	4
21555	REMOVE LESION, NECK/CHEST	1
29580	APPLICATION OF PASTE BOOT	1
31624	DX BRONCHOSCOPE/LAVAGE	1
36000	ESTABLISH ACCESS TO VEIN	2
36415	COLLECTION OF VENOUS BLOOD	1,994
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HELL, EAR S	65
36430	BLOOD TRANSFUSION SERVICE	2
36515	APHERESIS, ADSORP/REINFUSE	1
36540	COLLECT BLOOD VENOUS DEVICE	2
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VEN CATH;AGE 5 YEARS	2
40812	EXCISE/REPAIR MOUTH LESION	2
42440	EXCISE SUBMAXILLARY GLAND	1

PX Code	Procedure	Units of Service Provided
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	1
43410	REPAIR ESOPHAGUS WOUND	1
45381	COLONOSCOPE, SUBMUCOUS INJ	1
46270	REMOVAL OF ANAL FISTULA	57
46285	REMOVAL OF ANAL FISTULA...	1
46600	DIAGNOSTIC ANOSCOPY	53
46900	DESTRUCTION, ANAL LESION(S).	15
46910	DESTRUCTION, ANAL LESION(S)..	90
46916	CRYOSURGERY, ANAL LESION(S)	7
46922	EXCISION OF ANAL LESION(S)	1
46999	ANUS SURGERY PROCEDURE	84
47505	INJECTION FOR LIVER X-RAYS.	2
49900	REPAIR OF ABDOMINAL WALL	1
50590	FRAGMENTING OF KIDNEY STONE	52
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPAC	6
54050	DESTRUCTION, PENIS LESION(S)	7
57454	VAGINA EXAMINATION & BIOPSY	2
57505	ENDOCERVICAL CURETTAGE	1
57522	CONIZATION OF CERVIX W/O FULGURATION	2
58100	ENDOMET SAMPL,W/WO ENDOCERVICAL SAMP,ANY	1
62270	SPINAL FLUID TAP, DIAGNOSTIC	30
67028	INTRAVITREAL INJ	1
67414	EXPLR/DECOMPRESS EYE SOCKET	1
67445	EXPLR/DECOMPRESS EYE SOCKET.	1
69000	DRAIN EXTERNAL EAR LESION	1
70030	X-RAY EYE FOR FOREIGN BODY	1
70110	X-RAY EXAM OF JAW.	4
70150	X-RAY EXAM OF FACIAL BONES.	2
70160	X-RAY EXAM OF NASAL BONES	3
70220	X-RAY EXAM OF SINUSES.	2
70450	CT HEAD/BRAIN W/O DYE	4
70470	CT HEAD/BRAIN W/O&W DYE	5
70486	CT MAXILLOFACIAL W/O DYE	1
70487	CT MAXILLOFACIAL W/DYE	1
70491	CT SOFT TISSUE NECK W/DYE	3
70553	MRI BRAIN W/O&W DYE	8
71010	X-RAY EXAM OF CHEST	13
71020	X-RAY EXAM OF CHEST.	429
71100	X-RAY EXAM OF RIBS	2
71250	CT THORAX W/O DYE	2
71260	CT THORAX W/DYE	12
72040	X-RAY EXAM OF NECK SPINE	19
72050	X-RAY EXAM OF NECK SPINE.	4
72070	X-RAY EXAM OF THORACIC SPINE..	11
72080	X-RAY EXAM OF TRUNK SPINE	4
72100	X-RAY EXAM OF LOWER SPINE	41
72114	X-RAY EXAM OF LOWER SPINE..	2
72148	MRI LUMBAR SPINE W/O DYE	4
72156	MRI NECK SPINE W/O&W DYE	3
72157	MRI CHEST SPINE W/O&W DYE	1
72158	MRI LUMBAR SPINE W/O&W DYE	4
72170	X-RAY EXAM OF PELVIS	10
72192	CT PELVIS W/O DYE	1
72193	CT PELVIS W/DYE	6

PX Code	Procedure	Units of Service Provided
72194	CT PELVIS W/O&W DYE	8
72195	MRI PELVIS W/O DYE	6
72220	X-RAY EXAM OF TAILBONE	5
73000	X-RAY EXAM OF COLLAR BONE	2
73020	X-RAY EXAM OF SHOULDER	2
73030	X-RAY EXAM OF SHOULDER.	42
73050	X-RAY EXAM OF SHOULDERS	2
73070	X-RAY EXAM OF ELBOW.	6
73080	X-RAY EXAM OF ELBOW	2
73090	X-RAY EXAM OF FOREARM	1
73100	X-RAY EXAM OF WRIST	4
73110	X-RAY EXAM OF WRIST.	17
73120	X-RAY EXAM OF HAND	9
73130	X-RAY EXAM OF HAND.	17
73140	X-RAY EXAM OF FINGER(S)	5
73221	MRI JOINT UPR EXTREM W/O DYE	3
73223	MRI JOINT UPR EXTR W/O&W DYE	1
73500	X-RAY EXAM OF HIP	1
73510	X-RAY EXAM OF HIP.	19
73520	X-RAY EXAM OF HIPS	13
73525	CONTRAST X-RAY OF HIP	2
73560	X-RAY EXAM OF KNEE, 1 OR 2	23
73562	X-RAY EXAM OF KNEE, 3	7
73564	X-RAY EXAM, KNEE, 4 OR MORE	2
73590	X-RAY EXAM OF LOWER LEG	2
73600	X-RAY EXAM OF ANKLE	3
73610	X-RAY EXAM OF ANKLE.	22
73620	X-RAY EXAM OF FOOT	2
73630	X-RAY EXAM OF FOOT.	37
73660	X-RAY EXAM OF TOE(S)	3
73721	MRI JOINT OF LWR EXTRE W/O D	2
74000	X-RAY EXAM OF ABDOMEN	15
74020	X-RAY EXAM OF ABDOMEN..	10
74022	X-RAY EXAM SERIES, ABDOMEN	5
74150	CT ABDOMEN W/O DYE	1
74160	CT ABDOMEN W/DYE	10
74170	CT ABDOMEN W/O&W DYE	11
74177	CT, ABDOMEN/PELVIS WITH CONTRAST	1
74178	CT, ABDOMEN/PELVIS W/O AND WITH CONTRAST ONE OR BOTH BODY REGIO	1
74183	MRI ABDOMEN W/O&W DYE	9
74305	X-RAY BILE DUCTS/PANCREAS.	2
74330	X-RAY BILE/PANC ENDOSCOPY	2
74420	CONTRST X-RAY, URINARY TRACT...	1
76001	FLUOROSCOPIC EXAM, EXTENSIVE	1
76536	ECHO EXAM OF HEAD AND NECK	2
76645	ECHO EXAM OF BREAST(S)	1
76700	ECHO EXAM OF ABDOMEN	38
76705	ECHO EXAM OF ABDOMEN.	4
76770	ECHO EXAM ABDOMEN BACK WALL	1
76830	ECHO EXAM TRANS VAG	2
76856	ECHO EXAM OF PELVIS.	2
76870	ECHO EXAM OF SCROTUM	7
76880	ECHO EXAM OF EXTREMITY	1
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME W IMAGE,	1

PX Code	Procedure	Units of Service Provided
	COMPLETE	
76942	ECHO GUIDE FOR BIOPSY	2
77003	FLUOROGUIDE FOR SPINE INJ	2
77080	DXA BONE DENSITY,AXIAL	15
78306	NUCLEAR SCAN OF SKELETON	2
78815	TUMOR IMAGE PET/CT SKULL/TH	1
80050	GENERAL HEALTH SCREEN PANEL	56
80051	ELECTROLYTE PANEL	3
80069	RENAL FUNCTION PANEL	3
80074	ACUTE HEPATITIS PANEL	101
80076	HEPATIC FUNCTION PANEL.	1,246
80101	DRUG SCREEN, SINGLE	2,726
80154	ASSAY, BENZODIAZEPINES	10
80156	ASSAY, CARBAMAZEPINE, TOTAL	2
80164	ASSAY, DIPROPYLACETIC ACID	13
80178	ASSAY OF LITHIUM	1
80185	ASSAY OF PHENYTOIN, TOTAL	3
80299	QUANTITATIVE ASSAY, DRUG	2
80500	LAB PATHOLOGY CONSULTATION	2
81000	URINALYSIS, NONAUTO W/SCOPE	6
81002	URINALYSIS, NONAUTO W/O SCOPE	208
81003	URINALYSIS, AUTO, W/O SCOPE	47
81010	URINE CONCENTRATION TEST	1
81015	MICROSCOPIC EXAM OF URINE	287
81025	URINE PREGNANCY TEST	23
81050	URINALYSIS, VOLUME MEASURE	1
82024	ASSAY OF ACTH	1
82040	ASSAY OF SERUM ALBUMIN	4
82043	MICROALBUMIN, QUANTITATIVE	18
82055	ASSAY OF ETHANOL.	2
82085	ASSAY OF BLOOD ALDOLASE	6
82088	ASSAY OF ALDOSTERONE	1
82103	ALPHA - 1 - ANTITRYPSIN, TOTAL	3
82105	ALPHA-FETOPROTEIN, SERUM	58
82108	ASSAY OF ALUMINUM	1
82140	ASSAY OF BLOOD AMMONIA	8
82145	ASSAY OF AMPHETAMINES	48
82150	ASSAY OF SERUM AMYLASE	14
82164	ANGIOTENSIN ENZYME TEST	1
82247	BILIRUBIN, TOTAL	5
82272	BLOOD OCCULT PEROXIDASE	4
82274	ASSAY TEST FOR BLOOD, FECAL	2
82306	ASSAY OF VITAMIN D	95
82310	ASSAY OF CALCIUM	1
82330	ASSAY OF CALCIUM.	7
82340	ASSAY OF CALCIUM IN URINE	2
82378	CARCINOEMBRYONIC ANTIGEN	2
82390	ASSAY OF CERULOPLASMIN	2
82436	ASSAY OF URINE CHLORIDE	5
82465	ASSAY, BLD/SERUM CHOLESTEROL	265
82507	ASSAY OF CITRATE	1
82520	ASSAY OF COCAINE	5
82525	ASSAY OF COPPER	1
82533	RIA ASSAY PLASMA CORTISOL	20
82542	COLUMN CHROMOTOGRAPHY, QUANT	93

PX Code	Procedure	Units of Service Provided
82550	ASSAY OF CK (CPK)	150
82552	ASSAY OF CPK IN BLOOD	1
82553	CREATINE, MB FRACTION	7
82565	ASSAY OF CREATININE	10
82595	ASSAY OF CRYOGLOBULIN	2
82607	RIA ASSAY FOR VITAMIN B-12	112
82608	B-12 BINDING CAPACITY	3
82626	DEHYDROEPIANDROSTERONE, RIA	1
82652	ASSAY OF DIHYDROXYVITAMIN D	6
82668	ASSAY OF ERYTHROPOIETIN	3
82670	ASSAY OF ESTRADIOL	8
82705	FATS/LIPIDS, FECES, QUAL	18
82728	ASSAY OF FERRITIN	129
82746	BLOOD FOLIC ACID RIA	33
82747	ASSAY OF FOLIC ACID, RBC	17
82784	ASSAY OF GAMMAGLOBULIN IGM	12
82785	ASSAY OF GAMMAGLOBULIN IGE	3
82787	IGG 1, 2, 3 OR 4, EACH	1
82803	BLOOD GASES: PH, PO2 & PCO2	1
82945	GLUCOSE OTHER FLUID	22
82950	GLUCOSE TEST	7
82951	GLUCOSE TOLERANCE TEST (GTT)	16
82952	GTT-ADDED SAMPLES	4
82955	ASSAY OF G6PD ENZYME	62
82960	TEST FOR G6PD ENZYME	52
82962	GLUCOSE BLOOD TEST	13
82977	ASSAY OF GGT ENZYME	104
83001	PITUITARY GONADOTROPIN RIA	35
83002	PITUITARY GONADOTROPINS RIA	32
83003	ASSAY, GROWTH HORMONE (HGH)	2
83010	ASSAY OF HAPTOGLOBIN, QUANT	2
83021	HEMOGLOBIN CHROMOTOGRAPHY	2
83036	GLYCOSYLATED HEMOGLOBIN TEST	208
83070	ASSAY OF HEMOSIDERIN, QUAL	1
83491	RIA ASSAY OF CORTICOSTEROIDS	1
83516	IMMUNOASSAY, NONANTIBODY	14
83519	IMMUNOASSAY, NONANTIBODY.	2
83525	RIA ASSAY OF INSULIN	8
83540	ASSAY OF IRON	121
83550	SERUM IRON BINDING TEST	89
83605	ASSAY OF LACTIC ACID	18
83625	ASSAY OF LDH ENZYMES	1
83655	ASSAY OF LEAD	2
83690	ASSAY OF LIPASE	78
83695	ASSAY LIPOPROTEIN (A)	2
83721	ASSAY OF BLOOD LIPOPROTEIN.	11
83835	ASSAY OF METANEPHRINES	1
83840	ASSAY OF METHADONE	1
83874	ASSAY OF MYOGLOBIN	3
83880	ASSAY NALORPHINE	22
83890	MOLECULE ISOLATE	25
83891	MOLECULE ISOLATE NUCLEIC	1
83892	MOLECULAR DIAGNOSTICS	1
83893	MOLECULE DOT/SLOT/BLOT	50
83894	MOLECULE GEL ELECTROPHOR	6

PX Code	Procedure	Units of Service Provided
83896	MOLECULAR DIAGNOSTICS.	82
83898	MOLECULE NUCLEIC AMPLI	35
83912	GENETIC EXAMINATION	20
83914	MUTATION IDENT OLA/SBCE/ASPE	1
83925	ASSAY OF OPIATES	17
83930	ASSAY OF BLOOD OSMOLALITY	9
83935	ASSAY OF URINE OSMOLALITY	8
83945	ASSAY OF OXALATE	1
83970	RIA ASSAY OF PARATHORMONE	18
84075	ASSAY ALKALINE PHOSPHATASE	5
84080	ASSAY ALKALINE PHOSPHATASES	5
84105	ASSAY OF URINE PHOSPHORUS	1
84120	ASSAY OF URINE PORPHYRINS	1
84132	ASSAY OF SERUM POTASSIUM	2
84133	ASSAY OF URINE POTASSIUM	6
84134	ASSAY OF PREALBUMIN	1
84146	ASSAY OF PROLACTIN	28
84153	ASSAY OF PSA, TOTAL	516
84155	ASSAY OF PROTEIN	4
84156	PROTEIN, URINE	50
84157	PROTEIN, OTHER SOURCE	23
84165	ASSAY OF SERUM PROTEINS	14
84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANITATION, OTHER	2
84244	RIA ASSAY OF RENIN	1
84270	ASSAY OF SEX HORMONE GLOBUL	5
84300	ASSAY OF URINE SODIUM	15
84402	ASSAY OF TESTOSTERONE	161
84403	ASSAY OF TOTAL TESTOSTERONE	734
84408	ASSAY THC	1
84436	ASSAY OF TOTAL THYROXINE	10
84439	ASSAY OF FREE THYROXINE	56
84443	ASSAY THYROID STIM HORMONE	482
84445	ASSAY OF TSI	2
84450	UV-ASSAY TRANSAMINASE (SGOT)	5
84460	UV-ASSAY TRANSAMINASE (SGPT)	1
84466	ASSAY OF TRANSFERRIN	2
84479	ASSAY OF THYROID (T3 OR T4)	4
84480	ASSAY, TRIIODOTHYRONINE (T3)	23
84481	RIA ASSAY (FT-3)	9
84484	ASSAY OF TROPONIN, QUANT	13
84520	ASSAY OF UREA NITROGEN	7
84591	ASSAY OF NOS VITAMIN	3
84702	CHORIONIC GONADOTROPIN TEST.	5
84999	CLINICAL CHEMISTRY TEST	22
85007	DIFFERENTIAL WBC COUNT	28
85018	HEMOGLOBIN, COLORIMETRIC	11
85027	AUTOMATED HEMOGRAM.....	180
85044	RETICULOCYTE COUNT	1
85045	RETICUTOCYTE COUNT	41
85048	WHITE BLOOD CELL (WBC) COUNT	1
85060	BLOOD SMEAR INTERPRETATION	3
85230	BLOOD CLOT FACTOR VII TEST	1
85240	BLOOD CLOT FACTOR VIII TEST	2
85245	BLOOD CLOT FACTOR VIII TEST...	2

PX Code	Procedure	Units of Service Provided
85246	BLOOD CLOT FACTOR VIII TEST....	2
85300	ANTITHROMBIN III TEST	2
85303	BLOOD CLOT INHIBITOR TEST	4
85306	BLOOD CLOT INHIBITOR TEST.	3
85307	ASSAY ACTIVATED PROTEIN C	1
85379	FIBRIN DEGRADATION.	7
85384	FIBRINOGEN	2
85397	COAG & FIBRNOLYSIS, FUNC ACTIVITY, NOS, ECH ANALYTE	1
85611	PROTHROMBIN TEST	1
85613	RUSSELL VIPER VENOM, DILUTED	3
85651	RBC SED RATE, NONAUTOMATED	28
85652	RBC SED RATE, AUTOMATED	1
85730	THROMBOPLASTIN TIME, PARTIAL	339
85732	THROMBOPLASTIN TIME, PARTIAL.	1
86001	ALLERGEN SPECIFIC IGG	1
86021	WBC ANTIBODY IDENTIFICATION	1
86038	ANTINUCLEAR ANTIBODIES, RIA	13
86140	C-REACTIVE PROTEIN	55
86141	C-REACTIVE PROTEIN, HS	19
86147	CARDIOLIPIN ANTIBODY	2
86160	COMPLEMENT, ANTIGEN	4
86200	CCP ANTIBODY	1
86225	DNA ANTIBODY	3
86235	NUCLEAR ANTIGEN ANTIBODY	2
86255	FLUORESCENT ANTIBODY, SCREEN	4
86256	FLUORESCENT ANTIBODY, TITER	1
86308	HETEROPHILE ANTIBODIES SCREEN	5
86317	IMMUNOASSAY, INFECTIOUS AGENT	115
86334	IMMUNIFIXATION PROCEDURE	3
86355	B CELLS TOTAL COUNT	1
86356	MONONUCLEAR CELL ANTIGEN, QUAN ECH ANTIGEN	2
86357	LYMPHOCYTES, T&B DISTINCTION	1
86361	T CELL, ABSOLUTE COUNT	12
86376	MICROSOMAL ANTIBODY, RIA	4
86403	PARTICLE AGGLUTINATION.	132
86406	PARTICLE AGGLUTINATION	3
86431	RHEUMATOID FATOR, QUANT	7
86480	CAT SCRATCH FEVER SKIN TEST	50
86590	STREPTOKINASE, ANTIBODY	1
86611	BARTONELLA ANTIBODY	2
86618	ANTIBODY, LYME DISEASE	2
86622	BRUCELLA ANTIBODY	1
86631	CHLAMYDIA ANTIBODY	3
86632	CHLAMYDIA IGM ANTIBODY	3
86635	COCCIDIOIDES ANTIBODY	256
86638	ANTIBODY, Q FEVER	4
86641	ANTIBODY, CRYPTOCOCCUS	3
86644	ANTIBODY, CMV	427
86645	ANTIBODY, CVM, IGM	111
86664	ANTIBODY, EPSTEIN - BARR.	1
86665	EPSTEIN-BARR ANTIBODY	4
86677	ANTIBODY, HELICOBACTER PYLORI	62
86682	HELMINTH ANTIBODY	1
86689	HTLVI CONFIRM TEST	47
86694	ANTIBODY, HERPES SIMPLEX	15

PX Code	Procedure	Units of Service Provided
86695	ANTIBODY, HERPES SIMPLEX.	128
86696	HERPES SIMPLEX TYPE 2	451
86701	ANTIBOY, HIV - 1	1
86704	HEP B CORE ANTIBODY, TOTAL	416
86705	HEP B CORE ANTIBODY, IGM	96
86706	HEP B SURFACE ANTIBODY	802
86707	HEP BE ANTIBODY	19
86708	HEP A ANTIBODY, TOTAL	725
86709	HEP A ANTIBODY, IGM	289
86717	LEISHMANIA ANTIBODY	1
86735	MUMPS ANTIBODY	6
86747	PARVOVIRUS ANTIBODY	1
86753	PROTOZOA ANTIBODY NOS	2
86762	RUBELLA ANTIBODY	7
86765	RUBEOLA ANTIBODY	7
86777	TOXOPLASMA ANTIBODY	431
86778	TOXOPLASMA ANTIBODY, IGM	25
86780	ANTIBODY; TREPONEMA PALLIDUM	445
86781	TREPONEMA PALLIDUM, CONFIRM	39
86787	VARICELLA-ZOSTER ANTIBODY	42
86790	VIRUS ANTIBODY NOS	4
86800	THYROGLOBULIN ANTIBODY, RIA	1
86803	HEPATITIS C ANTIBODY..	710
86804	HEPATITIS C ANTIBODY;CONFIRM TST EG,IMMU	2
86806	LYMPHOCYTHOTOXICITY ASSAY	1
86812	HLA TYPING, A, B, OR C	1
86813	HLA TYPING, A, B, AND/OR C	120
86850	RBC ANTIBODY SCREEN	5
86880	COOMBS TEST	1
86900	BLOOD TYPING, ABO ONLY.	8
86901	BLOOD TYPING, RH(D)	8
86923	COMPATIBILITY TEST ELECTRIC	2
87015	SPECIMEN CONCENTRATION	281
87046	STOOL CULTR, BACTERIA, EACH	589
87075	CULTURE BACTERIA ANAEROBIC	12
87076	CULTURE ANAEROBE IDENT, EACH	7
87077	CULTURE AEROBIC IDENTIFY	127
87081	CULTURE SCREEN ONLY	306
87088	URINE BACTERIA CULTURE.	40
87102	FUNGUS ISOLATION CULTURE	21
87103	BLOOD FUNGUS CULTURE	22
87106	FUNGI IDENTIFICATION, YEAST	2
87110	CHLAMYDIA CULTURE	6
87116	MYCOBACTERIA CULTURE	124
87118	MYCOBACTERIC IDENTIFICATION	4
87140	CULTUR TYPE IMMUNOFLUORESC	10
87143	CULTURE TYPING, GLC/HPLC	1
87147	CULTURE TYPE, IMMUNOLOGIC	173
87149	CULTURE TYPE, NUCLEIC ACID	11
87176	TISSUE HOMOGENIZATION, CULTR	1
87181	MICROBE SUSCEPTIBLE, DIFFUSE	14
87185	MICROBE SUSCEPTIBLE, ENZYME	4
87186	MICROBE SUSCEPTIBLE, MIC	170
87190	MICROBE SUSCEPT, MYCOBACTERI	8
87206	SMEAR, FLUORESCENT/ACID STAI	138

PX Code	Procedure	Units of Service Provided
87207	SMEAR, SPECIAL STAIN	42
87209	SMEAR COMPLEX SPECIAL STAIN FOR OVA AND PARASITES	189
87230	ASSAY, TOXIN OR ANTITOXIN	1
87252	VIRUS INOCULATION, TISSUE	261
87253	VIRUS INOCULATE TISSUE, ADDL	18
87254	VIRUS INOCULATION, SHELL VIA	6
87255	VIRUS ISOLATION;INOCULATION OF EMBRYONATED EGGS,INCL INDENT. BY	61
87269	GIARDIA, DIRECT FLUORESCENT ANTIBODY	25
87270	CHLAMYDIA TRACHOMATIS AG, IF	1
87272	CRYPTOSPORIDIUM/GARDIA AG, IF	7
87281	PNEUMOCYSTIS CARINII, AG, IF	1
87305	ASPERGILLUS AG, EIA	2
87324	CLOSTRIDIUM AG, EIA	92
87327	CRYPTOCOCCUS NEOFORM AG, EIA	23
87328	INFECT AGT ANTIGEN DET BY ENZYME IMMUNOA	26
87329	INFECT AGT ANTIG DETEC BY ENZYME GIARDIA	18
87338	HPYLORI, STOOL, EIA	24
87340	INFECT AGT ANTIGEN DETEC BY ENZYME IMMUN	488
87341	HEPATITIS B SURFACE, AG, EIA	1
87350	HEPATITIS BE AG, EIA	25
87385	INFECT AGT ANT DET BY ENZYME IMMUNO TEC	52
87427	SHIGA-LIKE TOXIN AG, EIA	51
87430	INFECT AGT ANT DET BY ENZYME IMMUNO TEC....	7
87449	AG DETECT NOS, EIA, MULT	32
87451	AG DETECT POLYVAL, EIA, MULT	3
87480	INFECT AGT DET BY NUCL ACID DNA/RNA; CAN	6
87491	INFECT AGT DET BY NUCL ACID DNA/RNA; CHL....	5,058
87493	INFECTIOUS AGENT DETECTI, NUCLEIC ACID/C DIFF/TOXIN GENE, AMP P	22
87496	INFECT AGT DET BY NUCL ACID DNA/RNA; CYT.	2
87497	INFECT AGT DET BY NUCL ACID DNA/RNA;CYT	58
87502	DNA/RNA INFECTIOUS AGENT DETECTION, FLU VIRUS, MULTI TYPES, REV	1
87510	INFECT AGT DET BY NUCL ACID DNA/RNA; GAR	6
87516	INFECT AGT DET BY NUCL ACID DNA/RNA; HEP.	5
87517	INDECT AGT DET BY NUCL ACID DNA/RNA; HEP	181
87521	INFECT AGT DET BY NUCL ACID DNA/RNA; HEP...	12
87522	INFECT AGT DET BY NUCL ACID DNA/RNA; HEP....	357
87529	INFECT AGT DET BY NUCL ACID DNA/RNA; HER.	20
87536	INFECT AGT DET BY NUCL ACID DNA,RNA; HIV..	631
87541	INFECT AGT DET BY NUCL ACID DNA;RNA; LEG	2
87556	INFECT AGT DET BY NUCL ACID DNA,RNA; MYC....	16
87591	INFECT AGT DET BY NUCL ACID DNA,RNA; NEI.	5,010
87592	INFECT AGT DET BY NUCL ACID DNA,RNA; NEI..	1
87621	INFECT AGT DET BY NUCL ACID DNA,RNA PAP	20
87650	INFECT AGT DET BY NUCL ACID DNA,RNA STR	6
87660	TRICHOMONAS VAGIN DIR PROBE	6
87798	DETECT AGENT NOS, DNA, AMP	36
87800	DETECT AGNT MULT, DNA, DIREC	1
87804	INFLUENZA ASSAY W/OPTIC	12
87880	INFECT AGT DET BY IMMUNO WITH DIR OPTICA.	12
87899	INFECT AGT DET BY IMMUNO WITH DIR OPTICA..	59
87901	GENOTYPE, DNA, HIV REVERSE T	9
87902	GENOTYPE, DNA, HEPATITIS C VIRUS	53

PX Code	Procedure	Units of Service Provided
88104	CYTOPATHOLOGY	13
88108	CYTOPATHOLOGY...	2
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECH WITH INTERP	1,342
88141	CYTOPATH, C/V, INTERPRET	22
88142	CYTOPATH, C/V, THIN LAYER	61
88172	CYTOPATHOLOGY EVAL OF FNA	1
88173	CYTOPATH EVAL, FNA, REPORT	3
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL, WITH SCREENING BY AUTOMATED	6
88184	FLOW CYTOMETRY CELL SURFACE CYTOPLASMIC OR NUC MARKER TECH ONLY	1
88185	FLOW CYTOMOETRY CELL SURFACE CYTO OR NUC MARKER EA ADDNL	3
88187	FLOW CYTOMETRY INTERPRETATION 2 TO 8 MARKERS	1
88237	TISSUE CULTURE, BONE MARROW	4
88264	CHROMOSOME ANALYSIS, 20-25.	2
88271	CYTOGENETICS, DNA PROBE	3
88275	CYTOGENETICS, 100-300	2
88280	CHROMOSOME COUNT: ADDITIONAL	3
88291	CYTO/MOLECULAR REPORT	2
88304	SURGICAL PATHOLOGY, COMPLETE.	5
88305	TISSUE EXAM BY PATHOLOGIST	481
88307	TISSUE EXAM BY PATHOLOGIST.	7
88309	SURGICAL PATHOLOGY, COMPLETE..	2
88312	SPECIAL STAINS	31
88313	SPECIAL STAINS.	8
88331	PATH CONSULT INTRAOP, 1 BLOC	3
88342	IMMUNOCYTOCHEMISTRY	75
88365	TISSUE HYBRIDIZATION	1
89050	BODY FLUID CELL COUNT	20
89051	BODY FLUID CELL COUNT.	21
89055	LEUKOCYTE COUNT, FECAL	19
90283	HUMAN IG, IV	1,100
90470	CARE FACILITY VISIT, EXTEND..	1
90471	IMMUNIZATION ADMIN	786
90472	IMMUNIZATION ADMIN, EACH ADD	78
90632	HEP A VACCINE, ADULT IM	31
90633	HEP A VACC, PED/ADOL, 2 DOSE	22
90636	HEP A/HEP B VACC, ADULT IM	65
90656	INFLUENZA VIRUS VACCINE SPLIT VIRUS AGES 3 AND OLDER	613
90658	FLU VACCINE, 3 YRS, IM	83
90663	INFLUENZA VIRUS, VACCINE, PANDEMIC FORMULA	60
90669	PNEUMOCOCCAL VACC, PED<5	6
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR IM USE	1
90700	DTAP VACCINE, IM	5
90701	DTP VACCINE, IM	1
90707	MMR VACCINE, SC	3
90715	TETANUS DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE OVER	393
90718	TD VACCINE GR 7, IM	9
90732	PNEUMOCOCCAL VACC, ADULT/ILL	255
90734	MENINGOCOCCAL CONJUGATE VACCINE SEROGRPS A C Y AND W135	1
90743	HEP B VACC, ADOL, 2 DOSE, IM	115
90779	THER/PROP/DIAG INJ/INF PROC	3

PX Code	Procedure	Units of Service Provided
90801	PSY DX INTERVIEW	1
91010	ESOPHAGUS MOTILITY STUDY	1
92004	NEW EYE EXAM & TREATMENT.	6
92014	EYE EXAM & TREATMENT	6
92015	DETERMINE REFRACTIVE STATE	3
92225	OPHTHALMOSCOPY, EXTEND, RETINAL DRAWING	6
92568	ACOUSTIC REFLEX TESTING	1
93000	ELECTROCARDIOGRAM, COMPLETE	24
93005	ELECTROCARDIOGRAM, TRACING	16
93010	ELECTROCARDIOGRAM REPORT	5
93017	CARDIOVASCULAR STRESS TEST.	3
93350	ECHO TRANSTHORACIC..	1
93721	PLETHYSMOGRAPHY TRACING	3
93970	EXTREMITY STUDY.	6
93976	DUPLEX SCAN ARTER INFLW/VENOUS OUTFLW AB	8
94010	BREATHING CAPACITY TEST	1
94260	THORACIC GAS VOLUME	1
94360	MEASURE AIRFLOW RESISTANCE	1
94640	NONPRESSURIZED INHALATION TREATMENT	7
94660	POS AIRWAY PRESSURE, CPAP	10
94760	MEASURE BLOOD OXYGEN LEVEL	37
94799	PULMONARY SERVICE/PROCEDURE	1
95115	IMMUNOTHERAPY, ONE INJECTION	2
96360	IV INFUSION, HYDRATION, FIRST HOUR	3
96365	IV INFUSION, THERAPEUTIC OR DX INITIAL 1 HOUR	28
96366	IV INFUSION, TX/DX, ECH ADDTL HOUR	30
96367	IV, INFUSION, ECH ADDL HOUR	5
96372	INJ, IM/SQ, THERA/DX/PROPHALATIC	902
96375	IV PUSH, ECH ADD'L OF NEW SUBSTANCE	28
96409	CHEMO IV PUSH, SINGLE DRUG	7
96413	CHEMOTHERAPY IV INFUSION UP TO 1 HR SINGLE OR INITIAL SUBSTANCE	10
96415	CHEMOTHERAPY IV INFUSION EA ADDNL HR 1 TO 8 HRS	3
97802	MEDICAL NUTRITION, INDIV, IN	137
97803	MED NUTRITION, INDIV, SUBSEQ	126
97804	MEDICAL NUTRITION, GROUP	13
99000	SPECIMEN HANDLING	810
99070	SPECIAL SUPPLIES	7
99144	MOD CS BY SAME PHYS 5 YRS +	1
99173	VISUAL ACUITY SCREEN	6
99201	OFFICE VISIT, NEW, LEVEL 1	8
99202	OFFICE VISIT, NEW, LEVEL 2	37
99203	OFFICE VISIT, NEW, LEVEL 3	160
99204	OFFICE VISIT, NEW, LEVEL 4	210
99205	OFFICE VISIT, NEW, LEVEL 5	120
99211	OFFICE VISIT, EST., LEVEL 1	385
99212	OFFICE VISIT, EST., LEVEL 2	1,595
99213	OFFICE VISIT, EST., LEVEL 3	4,982
99214	OFFICE VISIT, EST., LEVEL 4	3,443
99215	OFFICE VISIT, EST., LEVEL 5	733
99233	HOSPITAL CARE, SUBSEQUENT, LEVEL 3	1
99244	OFFICE CONSULTATION, LEVEL 4	1
99402	COUNSELING, INDIVIDUAL, 30 MIN.	1
99406	SMOKING/TOBAC CESSATION, INTERM, 3-10 MIN	1
99999	UNLISTED PROCEDURES	9

PX Code	Procedure	Units of Service Provided
A4244	ALCOHOL OR PEROXIDE, PER PINT	1
A4550	SURGICAL TRAYS	3
A4590	SPECIAL CASTING MATERIALS, HEXCELI	1
A6260	WOUND CLEANSER ANY TYPE/SIZE	4
A6451	MOD COMPRES BAND WGRTR/EQL3 LESS5 /YD	1
A9503	TECHNETIUM TC 99M MEDRONATE	1
A9577	INJECTION, (MULTIHANCE) GADOBENATE DIMEGLUMINE, PER ML	69
A9581	INJECTION, GADOXETATE DISODIUM, 1ML	17
C9246	Injection, gadoxetate disodium, per ml	34
E0570	NEBULIZER W/ COMPRESSOR	4
G0202	SCREENINGMAMMOGRAPHYDIGITAL	1
G0204	MAMMOGRAPHY, DIGITAL, DIAGNOSTIC	2
G0206	DIAGNOSTICMAMMOGRAPHYDIGITAL.	1
G0431	DRUG SCREEN, QUALITATIVE, SINGLE DRUG CLASS METHOD, EACH DRUG C	832
J0550	INJECTION, PENICILLIN G BENZATHINE..	1
J0696	INJECTION, CEFTRIAZONE SODIUM, PER	174
J0780	INJECTION, PROCHLORPERAZINE, UP TO	1
J0885	EPOETIN ALFA NON-ESRD	70
J1055	INJEC MEDROXPROGESTRONE ACETATE CONTRACE	6
J1070	INJECTION, TESTOSTERONE CYPIONATE,	2
J1100	DEXAMETHASONE SODIUM PHOS	10
J1440	INJECTION, FOLGRASTIM (G-CSF), 300 MCG	7
J1626	GRANISETRON HCL INJECTION	10
J1885	INJECTION, KETOROLAC TROMETHAMINE, 15MG	48
J1950	INJECTION LEUPROLIDE ACETATE PER 3	4
J2250	INJECT MIDAZ HYDROCHLOR PER 1 MG	2
J2270	INJECTION, MORPHINE SULFATE, UP TO	3
J2405	ODANSETRON HYDROCHLORIDE, PER 1MG	120
J2550	INJECTION, PROMETHAZINE HCL, UP TO	6
J2765	INJECTION, METOCLOPRAMIDE HCL, UP	1
J2930	INJECTION, METHYLPREDNISOLONE SODI.	3
J3370	VANCOMYCIN HCL INJECITON	17
J7051	STERILE SALINE OR WATER, UP TO 5 CC	1
J9001	DOXORUBICIN HCL LIPOSOME INJ	4
P9016	RBC LEUKOCYTES REDUCED	2
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTA	13
Q9966	LOCM 200-299MG/ML IODINE	10
Q9967	LOCM 300-399MG/ML IODINE	1,851
S0028	INJECTION, FAMOTIDINE, 20 MG	8
S9445	PT EDUCATION NOC INDIVID	590
S9446	PT EDUCATION NOC GROUP	6
X4500	SP HR HR DIAG AUDIOLOG EVALUATION	2
X4540	TY (IMP TST) PRT COMP AUD EVAL AUDIOLOGI	1
X5320	MEASLES/MUMPS/RUBELLA VIRUS VACCINE LIVE.	2
X5618	TESTOSTERONE CYPIONATE-100MG/ML	111
X5738	DIPHEN YDRAMINE HCL-50MG/ML(BENADRYL).	10
X5752	CYANOCOBALAMIN CRYSTALLINE-1000MCG/ML.	102
X5768	PENICILLIN G BENZATHINE/PRO-150,000 UNIT	1
X5770	PENICILLIN G BENZATHINE PAR 600,000 UNIT	469
X5860	SODIUM CEFTRIAZONE 1GM	1
X5864	SODIUM CEFTRIAZONE 250MGM	192
X6051	DEPO-PROVERA C 150MGM	8
X6206	FENTANYL-0.05MG/ML(SUBLIMAZE).	2
X6218	INFLUENZA VIRUS VACCINE(ADULT)0.5ML.	432

PX Code	Procedure	Units of Service Provided
X6236	PROMETHAZINE HCL/50 MG/ML(GANPHEN/K-PHEN.	1
X6279	HEPATITIS B IMMUNE GLOBULIN 1 ML	268
X6326	TESTOSTERONE-100MG/ML	25
X6366	INSULIN INJ/BEEF/PORK/PANCREAS-100UNITML.	1
X6714	PENICILLIN G PROCAINE AQUEOUS 2,400,000.	1
X6716	PENICILLIN G PROCAINE AQUEOUS 1,2000,000.	2
X6772	PNEUMOCOCCAL VACCINE-0.5 ML.	156
X6894	SOLU-CORTEF-100MG/ML/VIAL.	1
X6950	TETANUS TOXOID ADSORBED-5ML.	44
X6998	VANCOMYCIN-500MG(AS HCL)/10ML(VANCOCIN).	4
X7052	PACLITAXEL 30 MGM	14
X7458	PENICILLIN G BENZATHINE 1,200,000 UNITS	96
X7462	PENICILLIN G BENZATHINE,PARENTERAL 2,400	56
X7492	VENOFER 100MG INTRAVENOUS INJECTION	500
X7572	VINCRISTINE SUL(VCR-1MG 10MG/ACTOSE VIAL.	2
X7700	ADM.I.V. SOLUTION,INITIAL 1000CC	6
Z5218	COLLCTON/HNDLNG BLD SPEC ONLY SERVICE.	13
Z7500	USE OF HOSP,EXAM.OR TREAT.RM..	5,919
Z7504	USE OF CAST ROOM	2
Z7506	USE OF OPER ROOM OR CYST ROOM-FIRST HOUR	13
Z7512	USE OF RECOVERY ROOM	1,054
Z7610	MISC DRUGS AND MED SUPPLIES, ADMIN STAT	140

APPENDIX B
Dental Care Pool:
Services Provided by Procedure for Year 20
Ryan White Treatment Extension Act Part A/B – San Diego County

PX Code	Procedure	Units of Service Provided
9611	Amalgam restore 1 surface permanent tooth	1
9612	Amalgam restore 2 surfaces permanent tooth	3
9645	Composite or plastic restoration	1
9646	Composite or plast restore 2 or more in a single tooth (maximum	2
9999	Dental unlisted procedure	3
D0120	Periodic oral examination	1,016
D0140	Limit oral eval problem focused	719
D0150	Comprehensive oral evaluation	710
D0180	Comp periodontal evaluation	4
D0210	Intraoral-complete series (includi	676
D0220	Intraoral-periapical-first film	880
D0230	Intraoral-periapical-each addition	5,085
D0240	Intraoral-0cclusal film	2
D0270	Bitewing-single film	45
D0272	Bitewings-two films	135
D0273	Bitewings, 3 films	1
D0274	Bitewings-four films	841
D0330	Panoramic film	30
D1110	Prophylaxis-adult	1,096
D1120	Prophylaxis-child	1
D1206	Topical fluoride varnish, mod-hi risk caries pt	1
D1310	Nutritional counseling for the con	1
D1320	Tobacco counsel con prev oral disease	4
D1330	Oral hygiene instruction	3
D1351	Sealant-per tooth	3
D2140	Amalgam-one surface, permanent	552
D2150	Amalgam-two surfaces, permanent	795
D2160	Amalgam-three surfaces, permanent	367
D2161	Amalgam-four or more surfaces, per	75
D2330	Resin-one surface, anterior	473
D2331	Resin-two surfaces, anterior	259
D2332	Resin-three surfaces, anterior	204
D2335	Resin-four or more surfaces or inv	163
D2391	Post 1 srfc resinbased cmpst	713
D2392	Post 2 srfc resinbased cmpst	161
D2393	Post 3 srfc resinbased cmpst	90

PX Code	Procedure	Units of Service Provided
D2394	Post grtr/eql4srfc resinbase cmpst	75
D2920	Recement-crown	36
D2940	Sedative filling	30
D2950	Core build-up, including any pins	2
D2954	Prefabricated post and core in add	1
D3120	Pulp cap-indirect (excluding final	1
D3310	Anterior (excluding final restorat	1
D4211	Gingivectomy or gingivoplasty-per.	1
D4341	Periodontal scaling and root plani	983
D4342	Periodontal scaling 1-3teeth	7
D4355	Full mouth debridement enable comp per.	179
D4910	Periodontal maintenance procedures	30
D5110	Complete upper	64
D5120	Complete lower	48
D5211	Upper partial-resin base (includin	114
D5212	Lower partial-resin base (includin	104
D5510	Repair broken complete denture bas	7
D5520	Replace missing or broken teeth-co	13
D5610	Repair resin saddle or base	1
D5640	Replace broken teeth-per tooth	2
D5650	Add tooth to existing partial dent	4
D5740	Reline upper partial denture (chai	4
D5750	Reline upper complete denture (lab	2
D5820	Interim partial denture (upper)	1
D7111	Coronal remnants deciduous t	2
D7140	Extraction erupted tooth/exr	821
D7210	Surgical removal of erupted tooth	69
D7250	Surgical removal of residual tooth	4
D7320	Alveoloplasty not in conjunction w	6
D7510	Incision and drainage of abscess-i	1
D9110	Palliative (emergency) treatment o	86
D9430	Office visit for observation (duri	6
D9930	Treatment of complications (postsu	3
D9951	Occlusal adjustment-limited	5

APPENDIX C

Medical Specialty Pool: Payments by Service for Year 20
Ryan White Treatment Extension Act Part A – San Diego County

CPT Code	Service Name	Total Expenditures by Service	Number of Services
00100	Anesthesia, salivary glands	685.30	1
00140	Anesthesia, eye	839.30	2
00145	Anesthesia, vitreoretinal surgery	1,674.75	3
00160	Anesthesia - nose and sinuses	569.80	1
00190	Anesthesia for facial bones or skull	1,120.35	2
00300	Anesthesia, for skin	1,624.70	4
00320	Anesthesia, neck	920.15	2
00520	Anesthesia, closed chest procedure	550.55	1
00750	Anesthesia, hernia repair	1,020.25	2
00902	Anesthesia, anorectal	6,620.49	53
00906	Anesthesia, vulvectomy	444.68	1
00910	Anesthesia, transurethral	550.55	1
01740	Anesthesia for open or surgical arthroscopy elbow	612.15	1
10021	Fine needle aspiration	258.18	2
11100	Biopsy Of Skin	1,599.44	22
11101	Biopsy of skin, each separate/additional lesion	299.32	8
11200	Removal of skin tags	81.55	1
11311	Shave skin lesion, diameter 0.6 to 1.0cm	102.65	1
11603	Excision, malignant, 2.1-3.0cm	483.25	2
11621	Exc. Malignant tumor, 0.6-1.0cm	99.34	1
11642	Exc. Malignant lesion, 1.1 to 2.0cm	168.65	1
11900	Injection, intralesional	38.04	1
12032	Layer closure scalp axillae trunk extremities 2.6cm	513.52	2
12042	Layer closure of wound	99.03	1
13101	Repair, complex, trunk; 2.6-7.5cm	491.86	2
13121	Repair complex scalp arms legs 2.6 - 7.5cm	576.75	2
13132	Repair, complex, 2.6cm - 7.5cm	1,964.36	4
14041	Adjacent tissue transfer, 10.1-30.0 sq cm	967.59	1
14060	Adjacent tissue transfer	664.16	1
14300	Adjacent tissue transfer	1,043.80	1
15220	Full thickness graft	752.40	1
17000	Destruction lesion, first	453.78	9
17003	Destruction lesion, 2-14	158.87	7
17004	Destroy lesions, 15 or more	154.13	1
17110	Destruction of flat warts	1,043.33	11
17261	Destruction malignant lesion, 0.6 to 1.0cm, trunk	146.91	1
17262	Destruction, malignant lesion	137.15	1
17311	MOH's stage 1	3,874.45	9
17312	MOH's additional stage	2,695.35	7
17313	MOH's surgery, trunk, stage 1	802.86	2
17314	MOH's surgery, trunk, additional stages	223.00	1
19103	Biopsy breast, percutaneous, vacuum assist	546.31	1
19295	Image guide placement	90.32	1
21012	Excision tumor soft tissue face	404.50	1

CPT Code	Service Name	Total Expenditures by Service	Number of Services
21557	Radical resection of tumor, soft tissue of neck	954.14	1
24006	Arthrotomy of elbow	812.03	1
27323	Biopsy, soft tissue, thigh	377.44	1
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	281.53	1
30140	Turbinate reduction	376.35	2
30520	Septoplasty	712.25	1
31090	Sinusotomy, unilateral	1,176.54	2
31205	Ethmoidectomy, extranasal total	1,012.46	2
31231	Nasal endoscopy	271.74	3
31237	Nasal/sinus endoscopy, surgical; w/ biopsy	108.65	1
31535	Laryngoscopy, direct, operative, w/biopsy	229.08	1
31575	Laryngoscopy, diagnostic	542.56	6
31622	Bronchoscopy, diag	83.76	1
31624	Bronchoscopy, w/ alveolar lavage	535.82	4
31628	Bronchoscopy w/ biopsy	231.31	1
31629	Bronchoscopy w/ transbronchial needle aspiration biopsy	249.17	1
31725	Catheter aspiration, tracheobronchial, bedside	44.30	1
36561	Insertion subcutaneous venous port >5 years	425.96	1
36569	PICC Insertion peripherally inserted CV catheter	454.92	4
38221	Bone marrow biopsy	185.28	2
38510	Biopsy or excision lymph node, open cervical	486.72	1
40490	Biopsy of lip	125.95	1
41100	Biopsy tongue	64.12	1
42440	Excision submandibular gland	554.72	1
42804	Biopsy nasopharynx	136.70	1
43235	Upper GI, endoscopy, diagnosis	1,348.95	6
43239	Upper GI endoscopy, w/ biopsy	2,041.55	9
43242	Upper GI endoscopy, w/ ultrasound guidance	512.05	1
43248	Upper GI endoscopy/guide wire	227.95	1
43259	Upper GI endoscopy	359.87	1
43262	ERCP w/ sphincterotomy	506.41	1
43264	Endo cholangiopancreatograph	608.36	1
43268	ERCP w/ insertion of stent	512.82	1
43273	Endoscopic cannulation of papilla	149.30	1
450	Ambulatory Surgery/Facility Charge	602,400.07	661
45005	I & D submucosal absces, rectum	9,847.80	2
45170	Excision rectal lesion	2,034.50	3
45331	Sigmoidoscopy w/ biopsy	178.49	2
45335	Sigmoidoscopy, w/ submucosa injections	162.29	2
45341	Sigmoidoscopy; w/ endoscopic ultrasound	374.22	2
45378	Colonoscopy, with or without collection of specimen(s)	4,602.08	10
45380	Colonoscopy with biopsy, single or multiple	2,855.21	9
45381	Colonoscopy, submucous injection	148.33	1
45382	Colonoscopy with control of bleeding	399.70	1
45385	Colonoscopy, w/ removal tumor	1,491.70	4
45990	Anorectal exam, surgical, w/ anesthesia	1,365.00	3
46040	I&D ischiorectal and/or perirectal abscess	650.00	1
46250	Hemorrhoidectomy, external complete	986.70	2
46255	Hemorrhoidectomy, internal & external, simple	487.50	1

CPT Code	Service Name	Total Expenditures by Service	Number of Services
46260	Hemorrhoidectomy, internal & external, complex or extensive	419.25	1
46261	Hemorrhoidectomy, w/ fissurectomy	431.59	1
46270	Fistulectomy	423.97	1
46275	Surg Tx Anal Fistula	474.00	1
46280	Remove anal fistula, complex	2,437.50	5
46600	Anoscopy	7,215.00	92
46606	Anoscopy, diagnostic w/biopsy	5,395.00	9
46610	Anoscopy, w/ removal single lesion	390.00	1
46900	Destr. Lesion, anus	422.50	2
46910	Destr lesion, anus, electrodesiccation	903.50	3
46917	Destruction lesions, anus, laser	4,550.00	5
46922	Destr. Lesion, anus, surg. Excision	7,098.62	13
46924	Destr. Lesion, anus, extensive	26,790.53	37
46930	Destruction of internal hemorrhoid	2,047.50	7
46946	Ligation of hemorrhoids, multiple	264.66	1
46947	Ligation of hemorrhoids	422.50	1
47000	Biopsy of liver, needle percutaneous	1,418.71	8
51701	Insert bladder catheter	34.49	1
51798	Post voiding residual	74.67	3
52000	Cystourethroscopy	609.41	4
52310	Cystourethroscopy	193.97	1
52332	Cystoscopy w/ stent	99.78	1
52353	Cystourethroscopy, with lithotripsy	542.89	1
54050	Destruction, penis lesions	156.46	1
55700	Biopsy, prostate	173.32	1
56420	I&D Bortholin's gland cyst	107.15	1
56620	Partial removal vulva	589.37	1
57421	Colposcopy vagina w/ biopsy	103.82	1
57454	Colposcopy w/ biopsy	1,603.54	10
57455	Biopsy of cervix w/ scope	131.02	1
57505	Endocervical curettage	108.18	2
57522	Conization of cervix w/o fulguration	718.80	3
58100	Endometrial biopsy	208.99	2
62270	Spinal puncture, lumbar, diagnostic	863.01	7
65426	Excision pyerygium	529.22	1
66984	Remove cataract/insert lens	897.97	1
67036	Vitrectomy, pars plana approach	1,388.23	1
67038	Vitrectomy, w/epiretinal membrane stripping	222.12	1
67108	Repair retinal detachment, w/ vitrectomy	4,266.63	4
67145	Prophylaxis retinal detachment	1,097.52	3
67255	Reinforce graft eye wall	783.65	1
67400	Orbitotomy without bone flap	1,044.66	2
67445	Orbitotomy w/ bone flap lateral, w/ removal of bone for decompression	3,174.50	2
67911	Correction of lid retraction	626.04	2
68110	Excision of lesion, conjunctiva; up to 1 cm	176.80	1
69210	Removal impacted cerumen	38.22	1
70450	CAT scan, head or brain, without contrast	598.64	3
70460	CAT scan, head or brain, with contract	64.70	1
70470	CAT brain, with&without contrast	392.43	6

CPT Code	Service Name	Total Expenditures by Service	Number of Services
70486	CAT maxillofacial, without contrast	176.13	3
70487	CAT maxillofacial, with contrast	67.62	1
70491	CAT soft tissue neck, with contrast	500.98	7
70496	CAT angiography head, without contrast	91.36	1
70544	MR angiogram, head, without contrast	556.67	3
70549	MR angiogram, neck w/ & w/o contrast MR angiography	659.09	1
70551	MRI brain, without contrast	153.68	2
70553	MRI brain, with/without contrast	3,154.80	12
71250	CAT thorax, without contrast	794.67	3
71260	CAT thorax, with contrast	1,408.84	22
72156	MRI cervical spine, with and without contrast	401.25	3
72157	MRI thoracic spine, with and without contrast	267.50	2
72158	MRI lumbar spine, with and without contrast	368.49	3
72192	CAT scan, pelvis, without contrast	112.76	2
72193	CAT scan, pelvis with contrast	1,684.85	20
72194	CAT scan, pelvis, with and without contrast	1,905.44	25
72195	MRI pelvis, without contrast (sacrum)	150.20	2
72196	MRI pelvis, with contrast	117.34	1
73221	MRI any join upper extremity, without contrast	210.81	3
73700	CAT lower extremity, without contrast	318.67	2
73721	MRI any joint lower ext (hip), without contrast	576.06	3
73722	MRI any joint lower ext, with contrast	169.58	2
74150	CAT abdomen, without contrast	629.14	4
74160	CAT abdomen, with contrast	1,239.35	19
74170	CAT abdomen, with and without	3,430.19	28
74177	CAT scan abdomen & pelvis, w/contrast	343.11	3
74178	CAT abdomen and pelvis, without and with	1,015.85	3
74183	MRI abdomen, with and without contrast	465.88	4
74230	Swallowing function	23.60	1
76075	DEXA, bone density	11.10	1
76390	Magnetic resonance spectroscopy	71.91	1
76514	Ophthalmic ultrasound, corneal pachymetry	19.28	2
76519	Echo exam of eye	61.84	1
76645	Ultrasound, breasts	243.23	4
76700	Ultrasound, abdominal	1,902.00	22
76705	Ultrasound, abdominal, limited, single organ, quadrant, follow-up	666.49	6
76770	Ultrasound, retroperitoneal	247.88	4
76830	Ultrasound, transvaginal	70.78	2
76856	Ultrasound, pelvic (non-obstetric)	71.56	2
76870	Ultrasound, scrotum	165.31	5
76872	Echography, transrectal	35.92	1
76937	Ultrasound guidance for vascular access	15.50	1
76942	Ultrasonic guidance for needle placement	435.33	8
77001	Fluoroguide for vein device	98.16	5
77003	Fluoroscopic guidance for spine injection	191.36	6
77012	CT for needle biopsy	354.00	2
77051	CAD of mammogram	23.74	2
77056	Diagnostic mammogram, bilateral	44.24	1

CPT Code	Service Name	Total Expenditures by Service	Number of Services
77057	Screening mammogram, bilateral	35.57	1
77078	CT bone density	355.92	4
77080	DEXA scan bone density	44.36	4
77263	Radiation therapy planning	3.55	2
77290	Set radiation tx field, complex	82.70	3
77300	Radiation dosimetry	(441.18)	2
77301	Radiation dose planning, IMRT	(408.14)	1
77315	Teletherapy, isodose, complex	81.17	1
77331	Special dosimetry	(27.65)	1
77334	Treatment devices, complex	(942.55)	4
77421	Stereotactic x-ray guidance	382.85	19
77427	Radiation treatment, 5 days	597.57	3
77470	Special radiation treatment	2.13	2
78007	Thyroid imaging, multiple uptakes	51.22	2
78306	Nuclear scan of skeleton	88.50	2
78814	Tumor imaging, PET with CT	1,560.62	4
81000	Urinalysis	6.72	2
84165	Electrophoretic protein	76.80	4
85060	Blood smear, peripheral, interpretation	46.78	2
85097	Bone marrow, smear interpretation	95.86	2
86335	Immunofix Electrophoresis	77.21	4
86592	Syphilis test, RPR	9.12	2
87070	Culture, other	136.64	4
87081	Culture, screen	10.10	1
87220	KOH slide for fungi	4.72	1
88104	Cytopathology, fluids	112.93	4
88112	Cytopathology, enhanced	506.94	5
88141	Cytology smear cervical	115.15	4
88172	Cytopathology, fine needle aspiration	92.13	3
88173	Interpretation of smear	420.77	6
88180	Flow cytometry	210.95	2
88300	Surgical pathology, gross only	4.34	1
88304	Surgical path, level III	436.07	9
88305	Surgical pathology, #4	10,510.90	108
88307	Surgical pathology #7	1,296.70	10
88309	Surgical pathology, Level VI	142.24	1
88311	Decalcify tissue	36.59	3
88312	Special stain	780.65	11
88313	Special stain, Group II	925.04	11
88321	Consultation and report on referred slides prepared elsewhere	85.89	1
88325	Consultation	82.30	1
88331	Consult, during surgery	61.55	1
88342	Immunocytochemistry, each	2,445.25	14
88368	Morphometric analysis, manual	190.05	2
89999	Assorted lab studies	31.46	2
91010	Esophageal motility study	68.88	1
92002	Ophthalmologic service, new	414.89	5
92004	Ophthalmology, comprehensive	2,844.26	30
92012	Ophth. Est	941.22	20

CPT Code	Service Name	Total Expenditures by Service	Number of Services
92014	Ophthalmological services, comprehensive	1,755.52	23
92015	Determination of refractive state	263.48	12
92020	Gonioscopy	61.17	3
92083	Visual field, intermediate	135.80	5
92134	CT eye, retina	29.90	1
92225	Ophthalmoscopy, initial	289.74	7
92226	Ophthalmoscopy, subsequent	511.35	15
92235	Fluorescein angiography	89.84	1
92250	Fundus photography	231.21	5
92504	Binocular microscopy	20.12	2
93000	EKG, 12 lead	176.72	8
93010	EKG, interpretation & report only	82.31	9
93015	Cardiovascular stress test	95.91	1
93016	CV stress test, MD supervision	24.57	1
93018	Stress test, interpretation & report only	214.36	13
93224	EKG monitor 24 hour	57.13	2
93230	Rhythm monitor 24 hour	117.55	1
93306	Echocardiography, transthoracic	1,185.74	13
93320	Doppler echo	76.57	1
93325	Color flow	77.88	1
93350	Echo with treadmill	726.96	9
93351	Echocardiography w/ continuous EKG monitor	96.12	1
93875	Carotid Doppler ultrasound	30.80	1
93880	Extracranial study	225.58	2
93970	Duplex scan, bilateral, extremity veins	140.17	4
93971	Duplex scan, unilateral	126.36	1
95812	EEG extended, 41-60 minutes	34.46	1
95816	EEG, standard	166.05	3
95860	Needle electromyography (EMG), one extremity & related paraspinal areas	100.08	2
95870	EMG, Paraspinal	96.14	4
95900	Nerve conduction	262.95	5
95903	EMG, motor, F wave	123.24	3
95904	EMG, sensory	321.10	5
96567	Photodynamic therapy	126.60	1
99070	Special supplies	86.82	4
99141	Conscious sedation	38.50	1
99202	Office visit, new #2	553.35	16
99203	Office visit, new #3	3,978.73	48
99204	Office visit, new #4	2,113.66	19
99205	Office visit, new #5	2,096.36	13
99212	Office visit, est. #2	957.10	36
99213	Office visit, est. #3	9,337.11	146
99214	Office visit, est #4	5,055.19	64
99215	Office visit, est #5	6,762.22	63
99242	Office consultation, expanded	499.92	7
99243	Office consultation, detailed	2,821.13	29
99244	Office consultation, comprehensive, moderate complexity	8,389.73	53
99245	Office consultation, comprehensive, high complexity	10,189.39	56
99403	Individual Counseling, Prev. Med.	36.49	3

CPT Code	Service Name	Total Expenditures by Service	Number of Services
A4215	Needle	50.00	1
A4550	Surgical Tray	347.30	6
A4647	Contrast material	1,408.32	9
A4649	Surgical Supplies	33.00	1
G0202	Screening mammogram, bilateral, digital image	71.92	2
G0204	Diagnostic mammogram, digital	368.93	3
MED	Medication	2,116.21	1

APPENDIX D

Dental Specialty Pool: Payments by Service for Year 20
Ryan White Treatment Extension Act Part A – San Diego County

CPT Code	Service Name	Total Expenditures by Service	Number of Services
0140	Limited oral evaluation, problem focused	360.00	4
0330	Panoramic film	10,715.50	169
4263	Bone graft	747.50	2
7140	Extraction, erupted tooth or exposed root	1,150.00	1
7210	Surgical removal of erupted teeth	45,245.00	100
7220	Removal impacted tooth, soft tissue	120.00	1
7230	Removal impacted tooth, partial bony	5,250.00	26
7240	Removal impacted tooth, completely bony	5,075.00	23
7241	Removal impacted tooth, complicated	3,998.40	7
7250	Surgical removal residual tooth roots	4,563.00	15
7260	Oroantral fistula closure	1,530.00	3
7285	Biopsy oral tissue - hard (bone, tooth)	340.00	2
7286	Biopsy of oral tissue, soft	6,525.00	25
7310	Alveoplasty in conjunction w/ extractions	9,576.00	12
7320	Alveoplasty not w/ extractions	3,400.00	17
7410	Excision, benign lesion up to 1.25cm	6,275.00	23
7411	Excision, benign tumor over 1.25cm	4,950.00	18
7451	Exc. Benign odontogenic cyst >1.25cm	680.00	2
7471	Removal lateral exostosis (maxilla or mandible)	1,050.00	3
7472	Removal of torus palatinus	340.00	1
7473	Removal torus mandibularis	2,550.00	10
7510	Incision and drainage of abscess, intraoral	1,070.00	13
7530	Removal of foreign body, skin or subcutaneous areolar tissue	306.00	2
7670	Alveolus - closed reduction	382.50	1
7960	Frenulectomy, separate procedure	5,440.00	14
7995	Dry socket prevention	220.00	1
7997	Removal appliance	2,502.50	3
88305	Surgical Pathology, level IV	60.25	1
9220	General Anesthesia, first 30 minutes	25,000.00	123
9221	General anesthesia, each additional 15 minutes	28,580.00	125
9230	Analgesia, inhalation nitrous oxide	75.00	1
9310	Specialty consultation	12,060.00	134
9430	Office visit for observation	1,125.00	45
9610	Therapeutic drug injection, antibiotic or sedative	418.25	11