

# ST FRANCIS MEDICAL GROUP

## FSI Provider Productivity Report

Post Date: 3/1/2016 to 3/31/2016

Service Area: 10, Department Selection: 1001001 - 2074002

Providers Included: All Providers, Report Group: 4

**CONFIDENTIAL**

**[1002001] SF CG FAMILY MED**

WRVU Contract Year - 01/01/2015

					Current Month				Year to Date					
<u>CPT Code</u>					<u>Adjusted</u>		<u>Produced</u>		<u>DT Adjusted</u>		<u>Produced</u>		<u>DT Adjusted</u>	
<u>WRVU</u>	<u>Modifier</u>	<u>Modifiers &amp;</u>	<u>Multiplier Values</u>	<u>WRVU</u>	<u>Code Description</u>	<u>Charges</u>	<u>Qty</u>	<u>WRVU</u>	<u>WRVU</u>	<u>Charges</u>	<u>Qty</u>	<u>WRVU</u>	<u>WRVU</u>	
0.82	11200			0.82	PR REMOVAL OF SKIN TAGS, UP TO 15	191.00	1	0.82	0.82	191.00	1	0.82	0.82	
0.90	11400	59	1.00	0.90	PR EXC SKIN BENIG <0.5 CM TRUNK, AI	526.00	2	1.80	1.80	526.00	2	1.80	1.80	
1.28	11401	GZ	1.00	1.28	PR EXC SKIN BENIG 0.6-1 CM TRUNK, A	644.00	2	2.56	2.56	1,610.00	5	6.40	6.40	
0.70	17110			0.70	PR DESTRUCTION BENIGN LESIONS UI	0.00	0	0.00	0.00	233.00	1	0.70	0.70	
0.00	36416			0.00	PR COLLECTION CAPELLARY BLOOD SI	54.00	3	0.00	0.00	162.00	9	0.00	0.00	
1.90	54150			1.90	PR CIRCUMCISION, CLAMP, NEWBORN	448.00	2	3.80	3.80	448.00	2	3.80	3.80	
0.00	59430U			0.00	GLOBAL CARE AFTRE DELIVERY	0.00	0	0.00	0.00	0.00	2	0.00	0.00	
0.61	69210			0.61	PR REMOVAL IMPACTED CERUMEN IN:	0.00	0	0.00	0.00	159.00	1	0.61	0.61	
0.00	81002			0.00	CHG URINALYSIS NONAUTO W/O SCOF	36.00	1	0.00	0.00	72.00	2	0.00	0.00	
0.00	81003			0.00	CHG URINALYSIS, AUTO, W/O SCOPE	252.00	18	0.00	0.00	945.00	59	0.00	0.00	
0.00	81025			0.00	CHG URINE PREGNANCY TEST	72.00	2	0.00	0.00	252.00	8	0.00	0.00	
0.00	82044	QW	1.00	0.00	CHG MICROALBUMIN, SEMIQUANT	0.00	0	0.00	0.00	26.00	2	0.00	0.00	
0.00	82274			0.00	CHG BLOOD, OCCULT, FECAL HGB, FECI	96.00	2	0.00	0.00	240.00	5	0.00	0.00	
0.00	82570	QW	1.00	0.00	CHG ASSAY OF URINE CREATININE	0.00	0	0.00	0.00	30.00	2	0.00	0.00	
0.00	83036			0.00	CHG GLYCOSYLATED HEMOGLOBIN TI	450.00	9	0.00	0.00	1,550.00	31	0.00	0.00	
0.00	85018			0.00	CHG HEMOGLOBIN	10.00	1	0.00	0.00	70.00	7	0.00	0.00	
0.00	86580			0.00	CHG TB INTRADERMAL TEST	76.00	2	0.00	0.00	152.00	4	0.00	0.00	
0.00	87804			0.00	CHG DETECT AGENT, IMMUN, DIR OBS, I	41.00	1	0.00	0.00	287.00	7	0.00	0.00	
0.00	87880			0.00	CHG STREP A ASSAY W/OPTIC	108.00	2	0.00	0.00	486.00	9	0.00	0.00	
0.17	90471			0.17	PR IMMUNIZ ADMIN, 1 SINGLE/COMB V/	871.00	13	2.21	2.21	1,901.00	29	4.93	4.93	
0.17	90471-SL	SL	0.16	0.16	PR IMMUNIZ ADMIN, 1 SINGLE/COMB V/	16.00	2	0.32	0.32	80.00	10	1.60	1.60	
0.15	90472			0.15	PR IMMUNIZ, ADMIN, EACH ADDL	192.00	6	0.90	0.90	537.00	17	2.55	2.55	
0.15	90472-SL	SL	0.16	0.16	PR IMMUNIZ, ADMIN, EACH ADDL	24.00	3	0.48	0.48	104.00	13	2.08	2.08	
0.15	90474			0.15	PR IMMUNIZ ADMIN, INTRANASAL/ORAL	27.00	1	0.15	0.15	108.00	4	0.60	0.60	
0.15	90474-SL	SL	0.16	0.16	PR IMMUNIZ ADMIN, INTRANASAL/ORAL	0.00	0	0.00	0.00	16.00	2	0.32	0.32	

*Note: Actual multiplier value for 59426-U1, 59426-U2, or 59426-U3 = 0.124546554*

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0.00	90632			0.00	PR HEPA VACCINE ADULT DOSE FOR I	103.00	1	0.00	0.00	309.00	3	0.00	0.00	
0.00	90633			0.00	PR HEPA VACCINE 2 DOSE SCHEDULE	77.00	1	0.00	0.00	231.00	3	0.00	0.00	
0.00	90633-SL	SL	0.16	0.16	PR HEPA VACCINE 2 DOSE SCHEDULE	0.00	1	0.16	0.16	0.00	4	0.64	0.64	
0.00	90649			0.00	PR 4VHPV VACCINE 3 DOSE SCHEDULE	0.00	0	0.00	0.00	296.00	1	0.00	0.00	
0.00	90651			0.00	PR 9VHPV VACCINE 3 DOSE SCHEDULE	672.00	3	0.00	0.00	1,120.00	5	0.00	0.00	
0.00	90651-SL	SL	0.16	0.16	PR 9VHPV VACCINE 3 DOSE SCHEDULE	0.00	1	0.16	0.16	0.00	2	0.32	0.32	
0.00	90656			0.00	PR IIV3 VACC PRESERVATIVE FREE 3`	25.00	1	0.00	0.00	25.00	1	0.00	0.00	
0.00	90662			0.00	PR IIV VACCINE PRESERV FREE INCRE	0.00	0	0.00	0.00	192.00	3	0.00	0.00	
0.00	90670			0.00	PR PCV13 VACCINE FOR INTRAMUSCL	924.00	3	0.00	0.00	4,312.00	14	0.00	0.00	
0.00	90670-SL	SL	0.16	0.16	PR PCV13 VACCINE FOR INTRAMUSCL	0.00	0	0.00	0.00	0.00	6	0.96	0.96	
0.00	90680			0.00	PR RV5 VACCINE 3 DOSE SCHEDULE L	189.00	1	0.00	0.00	756.00	4	0.00	0.00	
0.00	90680-SL	SL	0.16	0.16	PR RV5 VACCINE 3 DOSE SCHEDULE L	0.00	0	0.00	0.00	0.00	4	0.64	0.64	
0.00	90686			0.00	PR IIV4 VACC PRESRV FREE 3 YRS & C	117.00	3	0.00	0.00	117.00	3	0.00	0.00	
0.00	90696			0.00	PR DTAP-IPV VACCINE CHILD 4-6 YRS	238.00	2	0.00	0.00	357.00	3	0.00	0.00	
0.00	90698			0.00	PR DTAP-IPV/HIB VACCINE FOR INTRA	202.00	1	0.00	0.00	1,212.00	6	0.00	0.00	
0.00	90698-SL	SL	0.16	0.16	PR DTAP-IPV/HIB VACCINE FOR INTRA	0.00	0	0.00	0.00	0.00	6	0.96	0.96	
0.00	90707			0.00	PR MMR VIRUS IMMUNIZATION, SUBCL	0.00	0	0.00	0.00	0.00	0	0.00	0.00	
0.00	90710			0.00	PR COMBINED VACCINE,MMR+VARICE	652.00	2	0.00	0.00	978.00	3	0.00	0.00	
0.00	90710-SL	SL	0.16	0.16	PR COMBINED VACCINE,MMR+VARICE	0.00	1	0.16	0.16	0.00	4	0.64	0.64	
0.00	90715			0.00	PR TDAP VACCINE >7 YO, IM	414.00	3	0.00	0.00	690.00	5	0.00	0.00	
0.00	90715-SL	SL	0.16	0.16	PR TDAP VACCINE >7 YO, IM	0.00	1	0.16	0.16	0.00	1	0.16	0.16	
0.00	90732			0.00	PR PPSV23 VACCINE 2 YRS OR OLDER	312.00	2	0.00	0.00	468.00	3	0.00	0.00	
0.00	90734			0.00	PR MENACWY CONJUGATE VACCINE C	0.00	0	0.00	0.00	-284.00	-1	0.00	0.00	
0.00	90734-SL	SL	0.16	0.16	PR MENACWY CONJUGATE VACCINE C	0.00	1	0.16	0.16	0.00	2	0.32	0.32	
0.00	90736			0.00	PR ZOSTER VACCINE HZV LIVE FOR SI	0.00	0	0.00	0.00	732.00	2	0.00	0.00	

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0.00	90743			0.00	PR HEPB VACCINE ADOLESCENT 2 DO	0.00	0	0.00	0.00	298.00	2	0.00	0.00
0.00	90744			0.00	PR HEPB VACCINE PED/ADOLESC 3 DC	94.00	1	0.00	0.00	188.00	2	0.00	0.00
0.00	90744-SL	SL	0.16	0.16	PR HEPB VACCINE PED/ADOLESC 3 DC	0.00	0	0.00	0.00	0.00	4	0.64	0.64
0.00	90746			0.00	PR HEPB VACCINE ADULT 3 DOSE SCH	240.00	2	0.00	0.00	240.00	2	0.00	0.00
0.17	93000			0.17	PR ELECTROCARDIOGRAM, COMPLET	70.00	1	0.17	0.17	350.00	5	0.85	0.85
0.17	94010			0.17	PR BREATHING CAPACITY TEST	385.00	5	0.85	0.85	462.00	6	1.02	1.02
0.00	94640			0.00	PR PRESSURIZED/NONPRESSURIZED	54.00	1	0.00	0.00	108.00	2	0.00	0.00
0.17	96372			0.17	INJECTION,THERAP/PROPH/DIAGNOST	432.00	8	1.36	1.36	782.00	26	4.42	4.42
0.00	99080			0.00	PR SPECIAL REPORTS OR FORMS	0.00	0	0.00	0.00	50.00	2	0.00	0.00
0.93	99202			0.93	NEW PATIENT LEVEL II	280.00	2	1.86	1.86	700.00	5	4.65	4.65
1.42	99203			1.42	NEW PATIENT LEVEL III	190.00	1	1.42	1.42	2,324.00	13	18.46	18.46
2.43	99204			2.43	NEW PATIENT LEVEL IV	250.00	1	2.43	2.43	250.00	1	2.43	2.43
0.48	99212			0.48	ESTABLISHED PATIENT LEVEL II	0.00	0	0.00	0.00	85.00	1	0.48	0.48
0.97	99213			0.97	ESTABLISHED PATIENT LEVEL III	14,637.00	111	107.67	107.67	49,351.00	369	357.93	357.93
1.50	99214			1.50	ESTABLISHED PATIENT LEVEL IV	32,119.00	177	265.50	265.50	106,971.00	589	883.50	883.50
2.11	99215			2.11	ESTABLISHED PATIENT LEVEL V	221.00	1	2.11	2.11	1,703.00	8	16.88	16.88
1.28	99217			1.28	PR OBSERVATION CARE DISCHARGE I	0.00	0	0.00	0.00	156.00	1	1.28	1.28
2.60	99219			2.60	PR INITIAL OBSERVATION CARE/DAY 5	0.00	0	0.00	0.00	292.00	1	2.60	2.60
2.61	99222			2.61	PR INITIAL HOSPITAL CARE/DAY 50 MII	1,204.00	4	10.44	10.44	1,806.00	6	15.66	15.66
0.76	99231			0.76	PR SBSQ HOSPITAL CARE/DAY 15 MINI	85.00	1	0.76	0.76	85.00	1	0.76	0.76
1.39	99232			1.39	PR SBSQ HOSPITAL CARE/DAY 25 MINI	1,804.00	11	15.29	15.29	3,280.00	20	27.80	27.80
2.00	99233			2.00	PR SBSQ HOSPITAL CARE/DAY 35 MINI	0.00	0	0.00	0.00	448.00	2	4.00	4.00
2.56	99234			2.56	PR OBSERVATION/INPATIENT HOSPITA	295.00	1	2.56	2.56	295.00	1	2.56	2.56
1.28	99238			1.28	PR HOSPITAL DISCHARGE DAY,<30 MII	775.00	5	6.40	6.40	1,085.00	7	8.96	8.96
1.50	99381	25	1.00	1.50	PR PREVENTIVE VISIT,NEW,INFANT < 1	111.00	1	1.50	1.50	286.00	2	3.00	3.00

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2.00	99384	25	1.00	2.00	PR PREVENTIVE VISIT,NEW,12-17	0.00	0	0.00	0.00	350.00	2	4.00	4.00
2.33	99386			2.33	PR PREVENTIVE VISIT,NEW,40-64	0.00	0	0.00	0.00	648.00	3	6.99	6.99
1.37	99391			1.37	PR PREVENTIVE VISIT,EST, INFANT < 1	383.00	3	4.11	4.11	2,155.00	15	20.55	20.55
1.50	99392	25	1.00	1.50	PR PREVENTIVE VISIT,EST,AGE 1-4	624.00	4	6.00	6.00	2,919.00	19	28.50	28.50
1.50	99393	25	1.00	1.50	PR PREVENTIVE VISIT,EST,AGE5-11	628.00	4	6.00	6.00	942.00	6	9.00	9.00
1.70	99394			1.70	PR PREVENTIVE VISIT,EST,12-17	492.00	3	5.10	5.10	1,148.00	7	11.90	11.90
1.75	99395			1.75	PR PREVENTIVE VISIT,EST,18-39	1,376.00	8	14.00	14.00	1,892.00	11	19.25	19.25
1.90	99396			1.90	PR PREVENTIVE VISIT,EST,40-64	2,506.00	14	26.60	26.60	7,876.00	44	83.60	83.60
2.00	99397			2.00	PR PREVENTIVE VISIT,EST,65 & OVER	0.00	0	0.00	0.00	358.00	2	4.00	4.00
1.92	99460			1.92	PR INITIAL NORMAL NEWBORN CARE,	202.00	1	1.92	1.92	202.00	1	1.92	1.92
0.84	99462			0.84	PR SUBSEQUENT HOSPITAL CARE, NC	0.00	0	0.00	0.00	0.00	0	0.00	0.00
0.00	G0008			0.00	PR ADMIN INFLUENZA VIRUS VAC	38.00	1	0.00	0.00	190.00	5	0.00	0.00
0.00	G0009			0.00	PR ADMIN PNEUMOCOCCAL VACCINE	60.00	2	0.00	0.00	270.00	9	0.00	0.00
2.43	G0402			2.43	INITIAL PREVENTIVE EXAM	0.00	0	0.00	0.00	698.00	2	4.86	4.86
2.43	G0438			2.43	PR PPPS, INITIAL VISIT	0.00	0	0.00	0.00	-360.00	-1	-2.43	-2.43
1.50	G0439			1.50	PR PPPS, SUBSEQ VISIT	238.00	1	1.50	1.50	2,380.00	10	15.00	15.00
0.00	J0696			0.00	PR CEFTRIAXONE SODIUM INJECTION	7.55	5	0.00	0.00	13.59	9	0.00	0.00
0.00	J1050			0.00	PR MEDROXYPROGESTERONE ACETA	0.00	0	0.00	0.00	0.00	150	0.00	0.00
0.00	J1071			0.00	PR INJ TESTOSTERONE CYPIONATE	18.00	150	0.00	0.00	54.00	450	0.00	0.00
0.00	J1885			0.00	PR KETOROLAC TROMETHAMINE INJ	0.00	0	0.00	0.00	34.00	2	0.00	0.00
0.00	J3420			0.00	PR VITAMIN B12 INJECTION	27.96	3	0.00	0.00	102.52	11	0.00	0.00
0.00	J7613			0.00	ALBUTEROL 1MG UNIT INHAL	0.00	0	0.00	0.00	0.00	0	0.00	0.00
	L3908			0.00	PR WHO COCK-UP NONMOLDE PRE O	0.00	0	0.00	0.00	444.00	4	0.00	0.00
	L3923			0.00	PR HFO WITHOUT JOINTS PRE CST	0.00	0	0.00	0.00	165.00	1	0.00	0.00

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<b>[1002001] SF CG FAMILY MED Totals:</b>					<b>67,905.51</b>	<b>634</b>	<b>499.39</b>	<b>499.39</b>	<b>215,772.11</b>	<b>2,161</b>	<b>1,595.87</b>	<b>1,595.87</b>
1.39	99232	GC 1.00	1.39	PR SBSQ HOSPITAL CARE/DAY 25 MINI	0.00	0	0.00	0.00	1,968.00	12	16.68	16.68
1.28	99238	GC 1.00	1.28	PR HOSPITAL DISCHARGE DAY,<30 MII	155.00	1	1.28	1.28	775.00	5	6.40	6.40
<b>[1126001] SF FMC Totals:</b>					<b>155.00</b>	<b>1</b>	<b>1.28</b>	<b>1.28</b>	<b>2,743.00</b>	<b>17</b>	<b>23.08</b>	<b>23.08</b>
<b>Totals:</b>					<b>68,060.51</b>	<b>635</b>	<b>500.67</b>	<b>500.67</b>	<b>218,515.11</b>	<b>2,178</b>	<b>1,618.95</b>	<b>1,618.95</b>

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