

# MSS PROCEDURE VOLUME SUMMARY BY PROVIDER AND LOCATION

Report Requested: 8/2/22

Dates of Service: 3/17/2022 12:00:00 AM through 8/2/2022 4:33:09 PM

DE JONG, ANN **622**

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**EH-SM HOSPITAL DETROIT LAKES** **622**

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32H LAB (DLH) **1**

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Proc Code	Procedure Name (EAP)	Count
87205	SMEAR GRAM STAIN	1
		1

32H LAB (DLH MICRO) **9**

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Proc Code	Procedure Name (EAP)	Count
87040	BLOOD CULTURE FOR BACTERIA	2
87070	LAB CULTURE BACTERIA	1
87077	ORG ID AEROBIC-EACH	2
87086	URINE CULTURE/COLONY COUNT	2
87491	CHLAMYDIA TRACHOMATIS DNA, AMP PROBE	1
87591	NEISSERIA GONORRHOEAE DNA, AMP PROBE	1
		9

DLH EMERGENCY DEPARTMENT **21**

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Proc Code	Procedure Name (EAP)	Count
93005.01	ECG 12 LEAD, TRACING	21
		21

DLH LABORATORY **251**

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Proc Code	Procedure Name (EAP)	Count
3641502	VENIPUNCTURE, LAB	23
80050	GENERAL HEALTH PANEL	2
80053	COMPREHENSIVE METABOLIC PANEL	24
80143	ACETAMINOPHEN	2
80156	ASSAY CARBAMAZEPINE TOTAL	1
80162	ASSAY OF DIGOXIN	1
80179	SALICYLATE	2
80307B	URINE DRUG SCREEN	8
81001	URINALYSIS, AUTO, W/SCOPE	16
81003	URINALYSIS, AUTO W/O SCOPE	11
82077	ETHANOL, P	10
82274	DX OCCULT BLOOD IMMUNOASSAY	1
82550	ASSAY OF CK (CPK)	2
83605	ASSAY OF LACTIC ACID	6
83690	ASSAY OF LIPASE	15
83735	MAGNESIUM	25
83880	ASSAY OF NATRIURETIC PEPTIDE	9
84439	THYROXIN, FREE (FREE T4)	3
84443	ASSAY THYROID STIM HORMONE	1
84484	TROPONIN, QUANTITATIVE	23
84703	GONADOTROPIN, CHORIONIC (HCG), QUALITATIVE	10
85025	COMPLETE CBC W/AUTO DIFF WBC	25
85379	FIBRIN DEGRADATION QUANT	4
85610	PROTHROMBIN TIME (PT/INR)	16
85730	THROMBOPLASTIN TIME PARTIAL	1

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Proc Code	Procedure Name (EAP)	Count
87631	RESP VIRUS 3-5 TARGETS	1
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	9
		251

## DLH LABORATORY REF

1

Proc Code	Procedure Name (EAP)	Count
8017590	LAMOTRIGINE - REF	1
		1

## DLH LAB POC

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Proc Code	Procedure Name (EAP)	Count
82962	GLUCOSE BLOOD TEST	6
		6

## DLH MED/SURG/PEDS 3

1

Proc Code	Procedure Name (EAP)	Count
J7030.01	SALINE 9% NORMAL, 1,000CC	1
		1

## DLH RAD CT

38

Proc Code	Procedure Name (EAP)	Count
7045001	CT HEAD/BRAIN W/O DYE	11
7048601	CT MAXILLOFACIALW/O DYE	1
7049601	CT ANGIOGRAPHY, HEAD	1
7049801	CT ANGIOGRAPHY, NECK	1
7127501	CT ANGIOGRAPHY, CHEST	1
7212501	CT NECK SPINE W/O DYE	7
7212801	CT CHEST SPINE W/O DYE	1
7213101	CT LUMBAR SPINE W/O DYE	1
7417701	CT ABDOMEN&PELVIS W/CONTRAST	1
G1004	CLIN DEC SUPP MECH NATL DEC SUPP CO,AUC PROG	9
Q9967	LOCM 300-399MG/ML IODINE,1ML	4
		38

## DLH RADIOLOGY

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Proc Code	Procedure Name (EAP)	Count
7015001	XRAY FACIAL BONES MINIMUM 3 VWS	1
7104501	X-RAY EXAM CHEST 1 VIEW	4
7104601	X-RAY EXAM CHEST 2 VIEWS	9
7207201	XRAY THORACIC SPINE 3 VWS	1
7210001	XRAY LUMBOSACRAL 2 OR 3 VWS	2
7303001	XRAY SHOULDER MINIMUM 2 VWS	2
7309001	XRAY FOREARM 2 VWS	1
7355201	X-RAY EXAM FEMUR MIN 2 VWS	1
7356201	XRAY KNEE 3 VWS	2
7359001	XRAY TIBIA & FIBULA 2 VWS	2
7363001	XRAY FOOT MINIMUM 3 VWS	1
7401801	X-RAY EXAM ABDOMEN 1 VIEW	1
7401901	X-RAY EXAM ABDOMEN 2 VIEWS	1
		28

## DLH RAD ULTRASOUND

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Proc Code	Procedure Name (EAP)	Count
7683001	US TRANSVAGINAL TC	2
7685601	US PELVIC TC COMPLETE	2
		4

## NO LOGIN-DLH EM TECH

**262**

Proc Code	Procedure Name (EAP)	Count
12011F	REPR SUPERF WND FACE <2.5CM	1
25000000	PHARMACY GENERAL	9
63700001	PHARMACY SELF-ADMIN - A9270	134
90471	IMMUNIZATION ADMINISTRATION; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TO*	1
90715	TDAP, TETANUS, DIPHTHERIA, PERTUSSIS 7+ YRS, BOOSTRIX	1
96361	EACH ADD'L HOUR IV HYDRATION	6
96365	IV INFUSION THERAPY, 1 HOUR	1
96366	EACH ADD'L HOUR IV INFUSION <8 HOUR	1
96372	INJECTION, SUBQ/IM	3
96374	IV PUSH, SINGLE/1ST DRUG	13
96375	EACH ADD'L SEQUENTIAL PUSH DRUG	7
96376	TX/PRO/DX INJ NEW DRUG ADON	4
99283F	FACILITY EMERGENCY LEVEL III VISIT	7
99284F	FACILITY EMERGENCY LEVEL IV VISIT	14
99285F	FACILITY EMERGENCY LEVEL V VISIT	18
J0360.01	HYDRALAZINE HCL, INJ, 20MG	3
J1170.01	HYDROMORPHONE HCL	2
J1200.01	DIPHENHYDRAMINE	1
J1630.01	HALOPERIDOL	1
J1885.01	KETOROLAC TROMETHAMINE, 15MG	7
J2060.01	LORAZEPAM	4
J2270.01	MORPHINE SULFATE	1
J2405.01	ONDANSETRON HCL	6
J2765.01	METOCLOPRAMIDE HCL	1
J3101.01	INJ, TENECTEPLASE, 1 MG	2
J7030.01	SALINE 9% NORMAL, 1,000CC	1
J7040.01	SALINE 9% NORMAL, 500CC	10
S0164.01	PANTOPRAZOLE SODIUM	3
		262