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**Subject: Advance Beneficiary Notices (ABNs)  
Report 2025-14**

The final report for Advance Beneficiary Notices (ABNs) Report 2025-14, is attached. We would like to thank all members of the department for their cooperation and assistance during the review.

Because we were able to reach agreement regarding management action plans in response to the audit recommendations, a formal response to the report is not requested. The findings included in this report will be added to our follow-up system. We will contact you at the appropriate time to evaluate the status of the management action plans.

UC wide policy requires that all draft reports be destroyed after the final report is issued. We also request that draft reports not be photocopied or otherwise redistributed.

Christa Perkins  
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Attachment

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# UC San Diego

## AUDIT & MANAGEMENT ADVISORY SERVICES

Advance Beneficiary Notices (ABNs)  
Report No. 2025-14  
July 2025

### FINAL REPORT

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## I. EXECUTIVE SUMMARY

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Audit & Management Advisory Services (AMAS) has completed a review of Advance Beneficiary Notices (ABNs) as part of the approved audit plan for Fiscal Year 2024-25. The objective of our review was to assess whether internal controls for ABNs for UCSD Health (UCSDH) Imaging services and procedures provide reasonable assurance that operations are effective.

We concluded that internal controls for ABNs for UCSDH Imaging services and procedures provided reasonable assurance that operations are effective and ABNs are generally obtained when needed.

Implementation of the UCSDH Imaging ABN Notice workflow has significantly improved the number of services and procedures provided without an ABN based on our review of orders since implementation. Since implementation of the current Imaging ABN Notice workflow, the trend in billing for procedures and services expected to be denied (GZ modifiers) has declined. Prior to the implementation of the ABN Notice workflow process, there was no system intervention to trigger provider consideration of the likelihood of denials when placing orders and/or of the order and diagnosis relationship. Management felt that thorough messaging and education for physicians and staff regarding the ABN Notice and the workflow process provided for a smooth implementation for Imaging services.

We identified some opportunities for improvement to ensure that ABNs are completed for certain procedures, ABN statuses are updated to reflect the current status, and reports used for oversight are complete and accurate. We noted that ABNs were not always being identified and completed for some procedures, primarily within positron emission tomography (PET) scans, computed tomography (CT) scans, dual-energy X-ray absorptionmetry (DXA or DEXA), and magnetic resonance imaging (MRI). Also, of 14 ABN orders we evaluated, 12 (86%) were paid even though the claim was submitted indicating that the item or service was expected to be denied. This suggests that periodic evaluation of which services should trigger an ABN would be beneficial.

We also identified opportunities for improvement in the reporting utilized for monitoring the UCSDH Imaging ABN Notice. Current reports utilized by the Imaging Services Senior Director did not capture all ABN Imaging Services service locations or areas within locations. Also, one of these reports utilized an unreliable ABN status due to the manual nature of providing status updates.

Management Action Plans to address our findings are summarized below:

### A. ABN Workflow Processes and Oversight

1. The Ambulatory Care Associate Chief Operating Officer and Provider Education & Risk Adjustment Director will provide further education to providers and clinical staff to ensure that ABNs are obtained and the ABN status is updated. *Estimated completion date: November 15, 2025. Responsible Party: Ambulatory Care Associate Chief Operating Officer and Provider Education Director*
2. The Provider Education & Risk Adjustment Director will coordinate with Revenue Cycle Strategy or Decision Support / Revenue Cycle Reporting to generate reporting of GZ modified billing and payments. These reports will be evaluated to modify ABN workflows

and ABN monitoring reports as needed, and to refine ABN education to clinical staff and/or providers. *Estimated completion date: November 15, 2025. Responsible Party: Provider Education & Risk Adjustment Director*

3. The Imaging Services Senior Director will coordinate with Revenue Cycle Strategy or Decision Support / Revenue Cycle Reporting to ensure that the ABN Lost Revenue Trends report is accurate and the monitoring reports include all needed procedures and locations. *Estimated completion date: November 15, 2025. Responsible Party: Imaging Services Senior Director*

Observations and related Management Action Plans are described in greater detail in Section V. of this report.

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## II. BACKGROUND

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Audit & Management Advisory Services (AMAS) has completed a review of Advance Beneficiary Notices (ABNs) as part of the approved audit plan for Fiscal Year 2024-25. This report summarizes the results of our review.

The Center for Medicare & Medicaid Services (CMS) requires providers to inform Medicare beneficiaries when the provider believes Medicare may not pay for an item or service by issuing an Advance Beneficiary Notice of Noncoverage (ABN). The ABN allows beneficiaries (patients) to make informed decisions about planned care and associated costs prior to receiving services and serves as the institution's documentation of the beneficiary's acceptance of financial responsibility in cases where Medicare does not cover the service. A beneficiary's signature on an ABN means that the beneficiary agrees to pay for expenses out-of-pocket, or through any other insurance patients may have, if necessary. If a provider does not have a beneficiary complete an ABN, and the service is denied by Medicare, the provider may not bill the beneficiary for the denied service, resulting in lost revenue.

CMS requires that an ABN be issued under the following circumstances:

- A Medicare item or service is not reasonable and necessary under Program standards;
- The health care provider believes that Medicare may not pay for an item or service due to medical necessity, frequency limitations, discontinued services, experimental and investigational status, or lack of safety or proven effectiveness; or
- Medicare payment is expected to be denied.

When a provider submits a claim that is associated with ABN requirements, modifiers are appended to the procedure code. Common modifiers<sup>1</sup> are:

- GA: The item or service may not be covered and an ABN has been signed by the beneficiary; and
- GZ : The item or service is expected to be denied as not reasonable and necessary and an ABN was not issued to the beneficiary.

On July 10, 2023, to assist in the identification of procedures that are likely to be denied by Original Medicare<sup>2</sup>, UC San Diego Health (UCSDH) implemented a new ABN Notice and workflow in Imaging Services to screen for orders that have not met Medical Necessity requirements and therefore are likely to be denied. The following table summarizes the key steps in the ABN Notice workflow:

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<sup>1</sup> A GY modifier may be appended if an item or service is statutorily excluded as an optional notice only. An ABN is not required to be submitted to the beneficiary. AMAS noted limited usage of GY modifiers in the available data.

<sup>2</sup> At the time of our review, the ABN process was also utilized for Tricare where Tricare may not be billed for services not covered unless the beneficiary was informed that services were not covered and agreed in advance and in writing to pay for the services. We have been advised that the ABN process will not be utilized in the future for Tricare; however, if the ABN process is utilized, we recommend that the Tricare form contains the date the form was signed.

**Table 1 - UCSDH ABN Workflow**

Step	Role	ABN Workflow Process
1	Provider/Patient	Patient and Provider discuss care, and the Patient indicates that they would like an item or service.
2	Epic <sup>3</sup>	An order entered into Epic alerts the Provider upon signing of orders (a notice) if Medical Necessity requirements are not satisfied based on the diagnosis associated with the order.
3	Provider	When a notice is received, the Provider must perform one of the following before being able to sign the order: 1) review the diagnosis of the order, 2) review the information with the patient and print the ABN document; or an ABN icon will prompt staff to follow up with the patient, or 3) remove the order. The Provider updates the ABN status for any action taken as a result of the ABN Notice.
4	Clinical Staff	Clinical Staff for ordering departments should ensure that patients are notified about the ABN, complete the form before proceeding with the appointment, and scan the ABN into Epic. The Clinical Staff updates the ABN status for any action taken as a result of the ABN status review.
5	Front Desk Staff	Epic should alert check-in Front Desk Staff if an ABN needs to be printed and presented to the patient for signature, scanned, and uploaded into the patient's EMR. The Front Desk Staff updates the ABN status for any action taken as a result of ABN status review.

Once an order has been signed, the following ABN statuses may be applied to an order:

- ABN Presented Phone (Option 1 – Bill Payor);
- ABN Presented Phone (Option 2 – Do not bill Payor);
- ABN Refused - Noted on form, Signed by Two Witnesses;
- ABN Refused - Service Not Performed;
- ABN Signed, Service Accepted (Option 1 – Bill Medicare);
- ABN Signed, Service Accepted (Option 2 – Do not bill Medicare);
- ABN Signed, Service Declined;
- Notice Printed;
- Notice Triggered;
- Research Patient - Study Will Pay; or
- Third-party delivered test. ABN will be done by third party.

Once an order has been signed as part of the UCSDH ABN Notice workflow, the Notice Triggered status is assigned until changed by further actions. ABN status descriptions are provided in **Attachment A**.

For Imaging ABN related transactions from July 11, 2023 through June 30, 2024, there were 13,816 transactions totaling \$9,092,541 for Hospital Billing (HB) and 31,408 transactions with an original amount totaling \$7,280,425 for Professional Billing (PB).

<sup>3</sup> The Electronic Medical Record (EMR) system utilized by UCSDH.

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### III. AUDIT OBJECTIVE, SCOPE, AND PROCEDURES

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The objective of our review was to assess whether internal controls for ABNs for UCSDH Imaging services and procedures provide reasonable assurance that operations are effective. In order to achieve our objective, we performed the following:

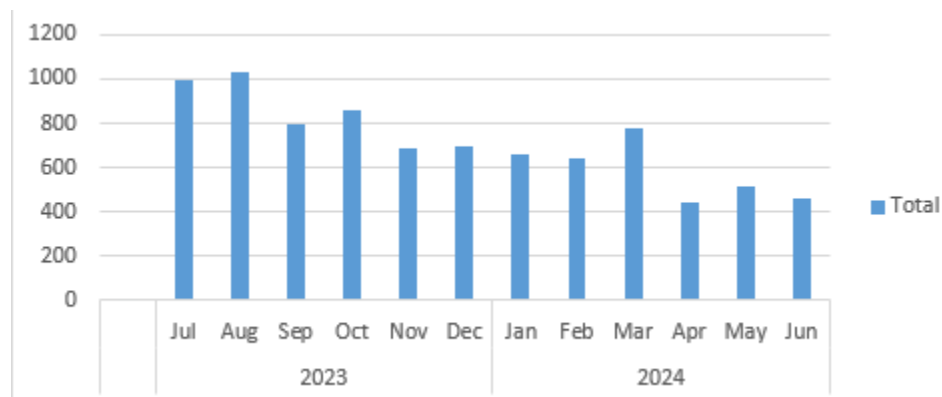
- Interviewed the following UCSDH personnel:
  - ABN Implementation Team Members;
  - Billing & Coding Compliance Key Members;
  - Decision Support Clinical Informatics Manager;
  - Faculty Practice Administration Quality Improvement Healthcare Specialist, Customer Service Manager, and Senior Vocational Nurse;
  - Imaging Services Scheduling Quality and Performance Metrics Manager;
  - Imaging Services Senior Director;
  - Medical Center Business Office Revenue Cycle Managers; and
  - Revenue Cycle Information Services, Revenue Cycle Senior Manager, Revenue Cycle Program Analyst, and Ambulatory Manager;
- Reviewed:
  - ABN Imaging ABN Implementation documents;
  - CMS Tutorial Information on ABNs;
  - *CMS Form Instructions, Advance Beneficiary Notice of Non-coverage (ABN), OMB Approval Number: 0938-0566; CMS Medicare Claims Processing Manual, Chapter 30 – Financial Liability Protections;*
  - UC San Diego Health Policy (UCSDHP) 305.8, *Clinical Determination of Appropriate Patient Status;*
  - Information on Definitions for ABN Noncovered Charge Modifiers;
  - Tableau ABN Dashboard as of August 2, 2024; and
  - Imaging Services Senior Director internal *ABN Revenue Loss: Imaging report dated August 2024;*
- Evaluated:
  - Trends of GZ modifiers billed for January 26 – February 20, 2022 and August 1 – 26, 2024;
  - Accuracy of ABN statuses for dates of service from July 11, 2023 – June 30, 2024;
  - Application accuracy of ABN billing modifiers and whether the ABN can be attributed to the order for July 11, 2023 – June 30, 2024;
  - Available reporting for ABN Notice workflow and monitoring;
  - ABN Next Responsible Party (NRP) billing for a sample of 18 orders for ABN services from July 11, 2023 – June 30, 2024; and
  - Amendments that may be needed to the ABN Imaging ABN Notice.

## IV. CONCLUSION

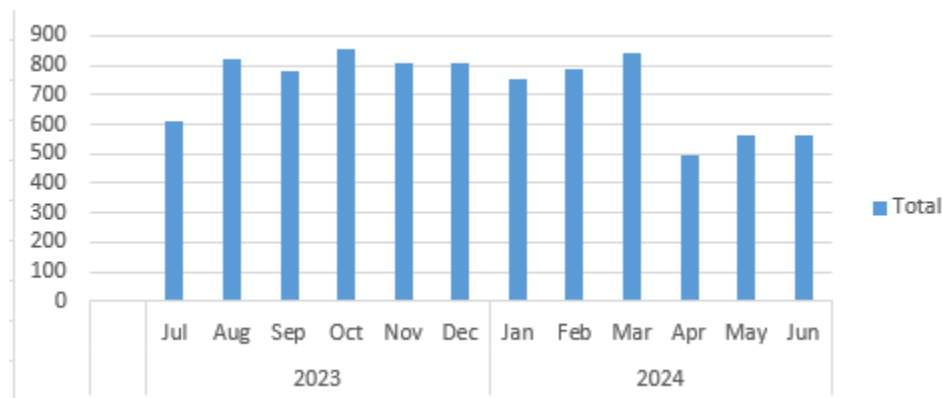
Based on our review, we concluded that internal controls for ABNs for UCSDH Imaging services and procedures provided reasonable assurance that operations are effective and ABNs are generally obtained when needed.

Implementation of the UCSDH Imaging ABN Notice workflow has significantly improved the number of services and procedures provided without an ABN based on our review of orders since implementation. Since implementation of the current Imaging ABN Notice workflow, the trend in billing for procedures and services expected to be denied (GZ modifiers) has declined. The following tables provide information on these trends.

**Table 2 - Trend of the Number of HB GZ Encounters, July 11, 2023 - June 30, 2024**



**Table 3 - Trend of the Number of PB GZ Encounters, July 11, 2023 - June 30, 2024**



Prior to the implementation of the ABN Notice workflow process, there was no system intervention to trigger provider consideration of the likelihood of denials when placing orders and/or of the order and diagnosis relationship. Management felt that thorough messaging and education for physicians and staff regarding the ABN Notice and the workflow process provided for a smooth implementation for Imaging Services.

We identified some opportunities for improvement to ensure that ABNs are completed for certain procedures, ABN statuses are updated to reflect the current status, and reports used for oversight are complete and accurate. We noted that ABNs were not always being identified and completed for some procedures, primarily within positron emission tomography (PET) scans, computed tomography (CT) scans, dual-energy X-ray absorptiometry (DXA or DEXA), and magnetic resonance imaging (MRI).

We also identified opportunities for improvement in the reporting utilized for monitoring the UCSDH Imaging ABN Notice. Current reports utilized by the Imaging Services Senior Director did not capture all ABN Imaging Services service locations or areas within locations. Also, one of these reports utilized an unreliable ABN status due to the manual nature of providing status updates.

These opportunities for improvement are discussed further in the balance of this report.

## V. OBSERVATIONS REQUIRING MANAGEMENT ACTION

A.	ABN Workflow Processes and Oversight
Currently, the ABN Notice workflow is not ensuring that ABN activities are performed based on the ABN Notice. For July 11, 2023 through June 30, 2024, of the 11,815 Hospital Account Records (HAR) for orders identified via the ABN Notice, 10,785 (91%) remained in the Notice Triggered status.	
<b>Risk Statement/Effect</b>	
Effective ABN order review, workflow processes, and reporting and monitoring help ensure that necessary procedures are performed and to avoid revenue loss.	
<b>Management Action Plans</b>	
A.1	The Ambulatory Care Associate Chief Operating Officer and Provider Education & Risk Adjustment Director will provide further education to providers and clinical staff to ensure that ABNs are obtained and the ABN status is updated. <i>Estimated completion date: November 15, 2025. Responsible Party: Ambulatory Care Associate Chief Operating Officer and Provider Education Director</i>
A.2	The Provider Education & Risk Adjustment Director will coordinate with Revenue Cycle Strategy or Decision Support / Revenue Cycle Reporting to generate reporting of GZ modified billing and payments. These reports will be evaluated to modify ABN workflows and ABN monitoring reports as needed, and to refine ABN education to clinical staff and/or providers. <i>Estimated completion date: November 15, 2025. Responsible Party: Provider Education &amp; Risk Adjustment Director</i>
A.3	The Imaging Services Senior Director will coordinate with Revenue Cycle Strategy or Decision Support / Revenue Cycle Reporting to ensure that the ABN Lost Revenue Trends report is accurate and the monitoring reports include all needed procedures and locations. <i>Estimated completion date: November 15, 2025. Responsible Party: Imaging Services Senior Director</i>

## A. ABN Workflow Processes and Oversight – Detailed Discussion

### ABN Workflow

Although the implemented ABN Notice workflows are intended and designed to ensure that an order is evaluated by the Provider and discussed with the patient before the order is signed, the current ABN Notice workflow allows Providers to create orders while deferring obtaining the ABN to Clinical Staff. Therefore, if further downstream steps are not performed effectively and the Clinical Staff do not obtain a signature, the new ABN Notice workflow does not prevent the order from being completed without obtaining an ABN.

We evaluated 18 ABN orders for Imaging services and procedures and were advised that there is no ABN Notice workflow processes at Imaging center front desks as the ordering provider is responsible for the processes. However, ABN workflow process UCSDH tipsheets have been prepared for Providers, Clinical Staff, and Front Desk check-in responsibilities to evaluate an order and that the ABN is completed, as appropriate. Without these activities being performed by these roles, ABN order requirements may not be identified and obtained. The ABN Notice workflow assists in providing assurance that an order is appropriate, to notify the patient of the likelihood of denial, and protect against lost revenue due to denials and further billing restrictions.

We also noted ABNs were not always being identified and obtained for some procedures, primarily within positron emission tomography (PET) scans, computed tomography (CT) scans, dual-energy X-ray absorptionometry (DXA or DEXA), and magnetic resonance imaging (MRI). Claims for procedures and services between July 11, 2023 and June 30, 2024 where the ABN Notice workflow processes were not completed (GZ modifiers) totaled \$10,012,143. Information on the procedure names and counts of encounters associated with these claims is provided in **Attachment B**.

### ABN Status

The status of an ABN is updated electronically within the EMR for the statuses of Notice Triggered and Notice Printed while all other ABN statuses are updated manually. The following table provides summary information on ABN statuses between July 11, 2023 and June 30, 2024.

**Table 4 - ABN Statuses, July 11, 2023 through June 30, 2024**

ABN Status	Count of ABNs	% of Total
ABN Presented Phone (Option 1 - Bill Payor)	14	0.12%
ABN Signed, Service Accepted (Option 1 - Bill Medicare)	14	0.12%
ABN Signed, Service Accepted (Option 2 - Do not bill Medicare)	5	0.04%
ABN Signed, Service Declined	1	0.01%
ABN Void (Order Canceled or Changed, ABN No Longer Applies)	61	0.52%
Diagnoses Reviewed	176	1.49%
Notice Printed	757	6.41%
Notice Triggered	10,785	91.28%
Research Patient - Study Will Pay	2	0.01%
Total ABNs	11,815	

After an ABN Notice is triggered, clinical staff should be updating the EMR to reflect an accurate ABN status. This step is not occurring consistently, as evidenced by the fact that over 91% of ABNs remain in Notice Triggered status.

We evaluated the accuracy of ABN statuses for a sample of 30 encounters and determined:

- 18 (60%) had accurate statuses;
- 11 (37%) had inaccurate statuses; and
- One status (3%) could not be accurately determined as the procedure was not completed.

Since ABN Notice workflow processes, the application of billing modifiers, and ABN reporting for monitoring purposes rely on ABN Notice statuses, their accuracy is necessary to ensure the accuracy of these dependent activities.

### Reporting and Monitoring

UCSDH Imaging Services is responsible for monitoring current ABN Notice workflow processes. Monitoring of ABN deficiencies is performed monthly via a UCSD All Imaging Department Appointment Reports (DAR) report and an internal ABN Lost Revenue Trend report. Based on a review of the UCSD All Imaging DAR report for some orders as part of our ABN testing, we determined some, but not all ABN Imaging services and/or departments are captured in these monitoring reports and inadvertently applied filtering. The UCSD All Imaging DAR report has a lookback period of up to one year. Therefore, we determined that of the six 2024 encounters evaluated by AMAS, four (67%) were not included on the report at the time of our review which should have been. For example, some areas within the Koman Family Outpatient Pavilion (KOP) Mammography were not included due to the filtering for that location. We also determined that the 4<sup>th</sup> & Lewis Medical Offices (LWC) BONE DENSITY location was not included. Information Services updated the report including the addition of the LWC Mammography and Moores Cancer Center (MUC) PET locations during our review. The accurate capture of all procedures, services, and locations with an ABN status that is not completed is necessary to strengthen procedures at identified provider locations.

In addition to the UCSD All Imaging DAR report, UCSD Imaging Services utilizes an internal ABN Lost Revenue Report for monitoring ABN related lost revenue. We determined that the ABN Lost Revenue Trend Report accuracy is impacted by ABN status inaccuracies due to the need to manually update most ABN statuses. In our sample evaluation of the accuracy of sample statuses, 37% (11 of 30) were not accurate. As a result, monitoring and decision making through reliance on the ABN Lost Revenue Trend report may inappropriately impact decisions and/or conclusions.

**ATTACHMENT A – ABN Status Descriptions**

Status	Meaning
ABN Presented Phone (Option 1 - Bill Payor)	ABN was discussed over the phone, patient wants to receive the service, and agrees to be financially responsible for the service if payor does not pay.
ABN Presented Phone (Option 2 - Do not bill Payor)	ABN was discussed over the phone, patient wants to receive the service, agrees to be financially responsible for the service, and agrees not to bill Medicare.
ABN Refused--Noted on form, Signed by Two Witnesses	This status indicates that all of the following conditions are true: The patient has refused to sign the form yet requests or demands the service. A staff member from the organization has written a note on the form stating that the patient has refused to sign but wants the service Two witnesses have signed the note on the form. Medicare regulations consider such a form to be valid and permit the organization to bill the patient.
ABN Refused--Service Not Performed	This status indicates that the patient refused to sign the form and declined the service, so it was not performed.
ABN Signed, Service Accepted (Option 1 - Bill Medicare)	This status indicates that a patient has signed the form, wants to receive the service, and agrees to be financially responsible for the service if Medicare does not pay.
ABN Signed, Service Accepted (Option 2 - Do not bill Medicare)	This status indicates that a patient has signed the form, wants to receive the service, agrees to be financially responsible for the service, and agrees not to bill Medicare.

ABN Signed, Service Declined	This status indicates that a patient has signed the form and does not want to receive the service. Typically, the clinician cancels the order in this situation. If patient signs the form and declines the service but the physician believes it is important to proceed with the service, a GZ modifier is associated with the procedure by default during order validation.
Notice Printed	This status is automatically assigned to an ABN record when the ABN is printed.
Notice Triggered	This status is automatically assigned to new ABN forms.
Research Patient - Study Will Pay	Used for research patients.
Third-party delivered test. ABN will be done by third party	ABN to be completed by third party.

**Source:** UC Health Tipsheet; Clinical Staff: How to Document an ABN Form in Epic, as of June 29, 2023.  
[https://pulse.ucsd.edu/departments/EMR/ResourceLibrary/Documents/Ambulatory New/Clinical Staff ABN Notification.docx](https://pulse.ucsd.edu/departments/EMR/ResourceLibrary/Documents/Ambulatory%20New/Clinical%20Staff%20ABN%20Notification.docx)

**ATTACHMENT B – Summary of GZ Procedure Names  
July 11, 2023 through June 30, 2024**

<b>Procedure Name</b>	<b>Count of Encounters</b>
HB BRAIN IMAGING PET METABOLIC EVALUATION	1
HB CT CERVICAL SPINE W/O CONTRAST MATERIAL	2
HB CT HEAD/BRAIN W/CONTRAST MATERIAL	5
HB CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	1
HB CT HEAD/BRAIN W/O CONTRAST MATERIAL	18
HB CT MAXILLOFACIAL W/CONTRAST MATERIAL	2
HB CT MAXILLOFACIAL W/O CONTRAST MATERIAL	34
HB CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	1
HB CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	4
HB CT SOFT TISSUE NECK W/CONTRAST MATERIAL	67
HB CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	1
HB DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS BILATERAL	148
HB DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	23
HB DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	154
HB DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	35
HB DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	790
HB DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	131
HB FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	2
HB MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	26
HB MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	78
HB MRI ORBIT FACE & NCK W/O & W/CONTRAST MATRL	12
HB MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	14
HB MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	13
HB MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	22
HB MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	20
HB MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	10
HB MYOCARDIAL SPECT MULTIPLE STUDIES	59
HB PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	104
HB PET IMAGING CT FOR ATTENUATION LIMITED AREA	1
HB PET IMAGING FOR CT ATTENUATION WHOLE BODY	16
HB RADIOLOGIC EXAM CHEST 2 VIEWS	61
HB RADIOLOGIC EXAM CHEST SINGLE VIEW	2
HB SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	1,996
HB SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	2,002
HB TBS TECHNICAL CALCULATION ONLY	545
PB CT FACIAL BONES W/O CONTRAST	1
PB DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	37

<b>Procedure Name</b>	<b>Count of Encounters</b>
PB DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	5
PB DIGITAL BREAST TOMOSYNTHESIS BILATERAL	27
PB DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	4
PB MRI BRAIN W/O CONTRAST	3
PB MRI BRAIN WO/W CONTRAST	19
PB MRI CERVICAL SPINE W/O CONTRAST	3
PB MRI CERVICAL SPINE WO/W IV CONTRAST	5
PB MRI FACE/NECK/ORBITS WO/W CONTRAST	3
PB MRI LUMBAR SPINE W/O CONTRAST	8
PB MRI LUMBAR SPINE WO/W IV CONTRAST	3
PB RADIOLOGIC EXAM CHEST 2 VIEWS	11
PB RADIOLOGIC EXAM CHEST SINGLE VIEW	1
PB SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	1,367
PB SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	1,368
PB TBS I&R FX RSK QHP	27
PB TBS TECHL CALCULATION ONLY	29
PB X-RAY DEXA (BONE DENSITY) PERIPHERAL	23
PB X-RAY DEXA (BONE DENSITY) SKELETAL	649