

## EAST MEMPHIS ANESTHESIA SERVICES CASE CHG SUMMARY FOR FACILITY REQUEST

Date of Service  
01/01/2022 - 12/31/2022

Procedure Type of Anes. Provider Name	Total Transactions
FEINSTONE_CHRISTINA_FEI	
General	
00120	2
00126	15
00144	1
00145	3
00160	25
00170	24
00300	16
00320	14
00350	1
00400	17
00410	1
00450	1
00520	3
00532	6
00534	1
00630	7
00670	5
00731	24
00750	4
00752	3
00790	22
00811	13
00812	26
00813	9
00830	2
00840	27
00846	1
00860	3
00865	2
00873	42
00902	35
00910	76
00912	4
00914	11
00918	30

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Procedure Type of Anes. Provider Name	Total Transactions
00920	7
00938	7
00940	2
00952	3
01200	1
01210	1
01214	4
01230	1
01232	1
01250	4
01270	1
01380	1
01400	36
01402	7
01470	4
01472	4
01474	2
01480	42
01482	1
01630	38
01638	2
01710	4
01712	5
01714	1
01810	28
01820	3
01830	7
01844	1
01922	1
01941	1
01942	3
01965	1
General	700
MAC	
01480	2
01810	1
01942	2

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Procedure	Total
Type of Anes.	Transactions
Provider Name	Transactions
MAC	5
None	
99100	9
99140	1
None	10
FEINSTONE_CHRISTINA_FEI	715
Grand Totals	715