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| *This coverage analysis is intended as a guideline for use in determining how to bill protocol services* | Study Title:      PI Name:       PI Signature:  | [ ]  Initial Coverage Analysis[ ]  Revision, Protocol Amendment [ ]  Revision, Other |
| *List all protocol services, procedures and labs. Add columns and rows or an additional table, to accommodate the # of visits, procedures and activities as required by the protocol. Code procedures at each visit as:*  **P = Billable to Payor (SOC); RSH = Paid by Sponsor; NC = No charge w/explanation in comments; O = Other w/explanation in comments** |
| **Items/Services**  | **Procedure Code** | **Visit 1** | **Visit 2** | **Visit 3** | **Visit 4** | **Visit 5** | **Visit 6** | **Visit 7** | **Visit 8** | **Visit 9** | **Visit 10** | **Comments** |
| **Study Procedures/Labs/Services** |
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| **Other (follow-up phone calls, questionnaires, lab processing/preparation)**  |
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| **Items/Services, Code As:****P = Billable to Payor (SOC)****RSH = Paid by Sponsor****NC = No charge w/explanation****O = Other w/explanation** | **Procedure Code** | **Visit 11** | **Visit 12** | **Visit 13** | **Visit 14** | **Visit 15** | **Visit 16** | **Visit 17** | **Visit 18** | **Visit 19** | **Visit 20** | **Comments** |
| **Study Procedures/Labs/Services** |
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| **Other (follow-up phone calls, questionnaires, lab processing/preparation)**  |
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