

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	70010	MYELOGRAPHY; INTERPRETATION ONLY	154.10								
05	70010	MYELOGRAPHY; INTERPRETATION ONLY	61.63								
03	70015	CISTERNOGRAPHY; INTERPRET ONLY	101.35								
05	70015	CISTERNOGRAPHY; INTERPRET ONLY	40.54								
03	70030	X-RAY EYE; DETECT FOREIGN BODY	20.33								X
05	70030	X-RAY EYE; DETECT FOREIGN BODY	8.13								X
03	70100	X-RAY MANDIBLE; PARTIAL	22.56								
05	70100	X-RAY MANDIBLE; PARTIAL	9.02								
03	70110	X-RAY MANDIBLE; COMPLETE	28.86								
05	70110	X-RAY MANDIBLE; COMPLETE	11.54								
03	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	25.34								X
05	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	10.13								X
03	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	39.34								X
05	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	15.73								X
03	70134	X-RAY INTERNAL AUDITORY MEATI	35.25								X
05	70134	X-RAY INTERNAL AUDITORY MEATI	14.09								X
03	70140	X-RAY FACIAL BONES; L3 VIEWS	23.99								
05	70140	X-RAY FACIAL BONES; L3 VIEWS	9.59								
03	70150	X-RAY FACIAL BONES; COMPLETE	32.19								
05	70150	X-RAY FACIAL BONES; COMPLETE	12.88								
03	70160	X-RAY NASAL BONES; COMPLETE	23.05								
05	70160	X-RAY NASAL BONES; COMPLETE	9.23								
03	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	39.83								
05	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	15.92								
03	70190	X-RAY OPTIC FORAMINA	26.51								X
05	70190	X-RAY OPTIC FORAMINA	10.61								X
03	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	33.37								X
05	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	13.35								X
03	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	23.63								
05	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	9.45								
03	70220	X-RAY SINUSES; PARANASAL; COMPLETE	30.67								
05	70220	X-RAY SINUSES; PARANASAL; COMPLETE	12.27								
03	70240	X-RAY SELLA TURCICA	20.97								
05	70240	X-RAY SELLA TURCICA	8.39								
03	70250	X-RAY SKULL; LESS THAN 4 VIEWS	27.16								
05	70250	X-RAY SKULL; LESS THAN 4 VIEWS	10.86								
03	70260	X-RAY SKULL; COMPLETE	37.87								
05	70260	X-RAY SKULL; COMPLETE	15.14								
03	70300	X-RAY TEETH; SINGLE VIEW	11.79								
05	70300	X-RAY TEETH; SINGLE VIEW	4.72								
03	70310	X-RAY TEETH; PARTIAL EXAM	23.01								
05	70310	X-RAY TEETH; PARTIAL EXAM	9.21								
03	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	34.20								
05	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	13.69								
03	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	22.00								
05	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	8.81								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	70330	ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	34.56								
05	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	13.82								
03	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	75.28								X
05	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	30.11								X
03	70336	MRI,TEMPOROMANDIBULAR JOINT	288.43								
05	70336	MRI,TEMPOROMANDIBULAR JOINT	115.38								
03	70350	CEPHALOGRAM; ORTHODONTIC	16.86								
05	70350	CEPHALOGRAM; ORTHODONTIC	6.74								
03	70355	ORTHOPANTOGRAM	22.18								
05	70355	ORTHOPANTOGRAM	8.86								
03	70360	X-RAY NECK; SOFT TISSUE	19.79								
05	70360	X-RAY NECK; SOFT TISSUE	7.92								
03	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	52.88								
05	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	21.16								
03	70373	LARYNGOGRAPHY; INTERPRET ONLY	65.47								
05	70373	LARYNGOGRAPHY; INTERPTRY ONLY	26.19								
03	70380	X-RAY SALIVARY GLANDFOR CALCULUS	27.47								
05	70380	X-RAY SALIVARY GLANDFOR CALCULUS	10.99								
03	70390	SIALOGRAPHY; INTERPRETATION ONLY	72.30								
05	70390	SIALOGRAPHY; INTERPRETATION ONLY	28.92								
03	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER	167.40								
05	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	66.96								
03	70460	CAT,HEAD/BRAIN;W/ CONTRAST MATERIAL	213.01								
05	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	85.21								
03	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	258.14								
05	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	103.26								
03	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	186.87								
05	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	74.75								
03	70481	TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	252.30								
05	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	100.92								
03	70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	289.20								
05	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	115.68								
03	70486	TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	181.20								
05	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	72.49								
03	70487	TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	243.58								
05	70487	TOMOGRAPHY;MAXILLOFAC;WITH CONTRAS M	97.43								
03	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	288.05								
05	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER	115.22								
03	70490	CAT,SOFT TISSUE NECK;W/OUT CONTRAST	186.96								
05	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	74.78								
03	70491	CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	242.02								
05	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	96.82								
03	70492	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	289.26								
05	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	115.71								
03	70496	CT ANGIOGRAPHY HEAD	317.28								X
05	70496	CT ANGIOGRAPHY HEAD	83.45								X

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	70498	CT ANGIOGRAPHY NECK	317.28								X
05	70498	CT ANGIOGRAPHY NECK	83.45								X
03	70540	MRI-ORBIT,FACE AND NECK	307.76								
05	70540	MRI-ORBIT,FACE AND NECK	123.10								
03	70542	MR IMAGING ORBIT, FACE, AND NECK	437.04								X
05	70542	MR IMAGING ORBIT, FACE, AND NECK	174.82								X
03	70543	MR IMAGING ORBIT, FACE , AND NECK	579.99								X
05	70543	MR IMAGING ORBIT, FACE, AND NECK	231.99								X
03	70544	MR ANGIOGRAPHY HEAD	390.27								X
05	70544	MR ANGIOGRAPHY, HEAD	156.11								X
03	70545	MR ANGIOGRAPHY	416.79								X
05	70545	MR ANGIOGRAPHY	166.72								X
03	70546	MR ANGIOGRAPHY NECK	560.93								X
05	70546	MR ANGIOGRAPHY NECK	224.37								X
03	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	389.90								X
05	70547	MR ANGIOGRAPHY NECK WITHOUT CON	155.96								X
03	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	416.71								X
05	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	166.69								X
03	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	560.93								X
05	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	224.37								X
03	70551	MRI-BRAIN/INCLUDING BRAIN STEM	307.76								
05	70551	MRI-BRAIN/INCLUDING BRAIN STEM	123.10								
03	70552	MRI,BRAIN W CONTRAST MATERIAL	369.22								
05	70552	MRI,BRAIN W CONTRAST MATERIAL	147.69								
03	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	592.16								
05	70553	MAGNETIC RESONANCE I, BRAIN	236.87								
03	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	83.78								
05	70557	MRI BRAIN W/O DYE	MP								X
05	70558	MRI BRAIN W/ DYE	MP								X
05	70559	MRI BRAIN W/O & W/ DYE	MP								X
03	71010	X-RAY CHEST; POSTEROANTERIOR	19.31								X
05	71010	X-RAY CHEST; POSTEROANTERIOR	7.73								X
03	71015	X-RAY CHEST; STEREO;POSTEROANTER	22.37								
05	71015	X-RAY CHEST; STEREO;POSTEROANTER	8.95								
03	71020	X-RAY CHEST; TWO VIEWS	25.72								X
05	71020	X-RAY CHEST; TWO VIEWS	10.29								X
03	71021	X-RAY CHEST; APICAL LORDOTIC	30.51								
05	71021	X-RAY CHEST; APICAL LORDOTIC	12.21								
03	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	33.74								X
05	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	13.49								X
03	71023	X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	45.69								X
05	71023	X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	18.27								
03	71030	X-RAY CHEST; MINIMUM OF 4 VIEWS	34.81								
05	71030	X-RAY CHEST; MINIMUM OF 4 VIEWS	13.92								
03	71034	X-RAY CHEST W/FLUOROSCOPY	66.30								
05	71034	X-RAY CHEST W/FLUOROSCOPY	26.52								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	71035	X-RAY CHEST; SPECIAL VIEWS	24.46								
05	71035	X-RAY CHEST; SPECIAL VIEWS	9.79								
03	71040	CONTRAST X-RAY OF BRONCHI	69.76								
05	71040	CONTRAST X-RAY OF BRONCHI	27.90								
03	71060	CONTRAST X-RAY OF BRONCHI	100.99								
05	71060	CONTRAST X-RAY OF BRONCHI	40.39								
03	71090	X-RAY & PACEMAKER INSERTION	71.82								
05	71090	X-RAY & PACEMAKER INSERTION	28.73								
03	71100	X-RAY EXAM OF RIBS	24.66								
05	71100	X-RAY EXAM OF RIBS	9.86								
03	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	29.76								
05	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	11.90								
03	71110	X-RAY EXAM OF RIBS	31.83								
05	71110	X-RAY EXAM OF RIBS	12.73								
03	71111	X-RAY RIBS,BILAT;POSTEROANTERI CHEST	38.98								
05	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	15.59								
03	71120	X-RAY EXAM OF BREASTBONE	25.69								
05	71120	X-RAY EXAM OF BREASTBONE	10.28								
03	71130	X-RAY EXAM OF BREASTBONE	28.39								
05	71130	X-RAY EXAM OF BREASTBONE	11.36								
03	71250	CAT,THORAX;W.OUT CONTRAST MATERIAL	189.57								
05	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	75.82								
03	71260	CAT,THORAX, W/ CONTRAST MATERIAL	246.48								
05	71260	CAT,THORAX,W/ CONTRAST MATERIAL	98.60								
03	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	287.00								
05	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	114.80								
03	71275	CT ANGIOGRAPHY, CHEST	340.01								
05	71275	CT ANGIOGRAPHY, CHEST	136.00								
03	71550	MRI-CHEST/LYPHADENOPATHY EVAL	312.29								
05	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	124.92								
03	71551	MRI CHEST W/DYE	443.23								
05	71551	MRI CHEST W/DYE	177.29								
03	71552	MRI CHEST W/O&W DYE	584.42								
05	71552	MRI CHEST W/O&W DYE	233.76								
03	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	406.03								
05	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	162.41								
03	72010	X-RAY EXAM OF SPINE	49.04								
05	72010	X-RAY EXAM OF SPINE	19.61								
03	72020	X-RAY SPINE,SINGLE VIEW	17.79								X
05	72020	X-RAY SPINE,SINGLE VIEW	7.12								X
03	72040	X-RAY EXAM OF NECK SPINE	27.10								X
05	72040	X-RAY EXAM OF NECK SPINE	10.85								X
03	72050	X-RAY EXAM OF NECK SPINE	38.66								X
05	72050	X-RAY EXAM OF NECK SPINE	15.47								X
03	72052	X-RAY EXAM OF NECK SPINE	48.44								X
05	72052	X-RAY EXAM OF NECK SPINE	19.37								X

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	72069	RADIOLOGIC EXAM SPINE,THORACOLUMBAR	26.89								
05	72069	RADIOLOGIC EXAM SPINE THORACOLUMBAR	10.76								
03	72070	X-RAY EXAM OF THORAX SPINE	26.26								X
05	72070	X-RAY EXAM OF THORAX SPINE	10.50								X
03	72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	29.04								
05	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	11.62								
03	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	34.23								
05	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	13.69								
03	72080	X-RAY EXAM OF TRUNK SPINE	27.06								X
05	72080	X-RAY EXAM OF TRUNK SPINE	10.83								X
03	72090	X-RAY EXAM OF TRUNK SPINE	33.61								X
05	72090	X-RAY EXAM OF TRUNK SPINE	13.45								X
03	72100	X-RAY EXAM OF LOWER SPINE	28.46								X
05	72100	X-RAY EXAM OF LOWER SPINE	11.39								X
03	72110	X-RAY EXAM OF LOWER SPINE	39.76								X
05	72110	X-RAY EXAM OF LOWER SPINE	15.90								X
03	72114	X-RAY EXAM OF LOWER SPINE	51.42								
05	72114	X-RAY EXAM OF LOWER SPINE	20.58								
03	72120	X-RAY EXAM OF LOWER SPINE	35.60								
05	72120	X-RAY EXAM OF LOWER SPINE	14.24								
03	72125	CAT SCAN,CERVICAL SPINE W/OUT C M	189.57								
05	72125	CAT SCAN CERVICAL SPINE W/OUT C M	75.82								
03	72126	CAT SCAN CERVICAL SPINE W/CONT MATER	245.58								
05	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	98.24								
03	72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	282.76								
05	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	113.10								
03	72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	189.57								
05	72128	CAT SCAN THORACIC SPINE W/OUT C M	75.82								
03	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	245.85								
05	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	98.35								
03	72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	282.76								
05	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	113.10								
03	72131	CAT SCAN LUMBAR W/OUT CONTRAST	189.57								
05	72131	CAT SCAN LUMBAR W/OUT CONTRAST	75.82								
03	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	245.58								
05	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	98.24								
03	72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	282.76								
05	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	113.10								
03	72141	MRI,SPINAL CANAL...;CERVICAL	312.29								
05	72141	MRI,SPINAL CANAL...;CERVICAL	124.92								
03	72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	374.68								
05	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	149.88								
03	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	340.35								
05	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	136.15								
03	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	374.68								
05	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	149.88								

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1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	335.81								
05	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	134.33								
03	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	369.22								
05	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	147.69								
03	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	603.03								
05	72156	MAGNETIC RESONANCE I, SPINAL CANAL	241.21								
03	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	602.75								
05	72157	MAGNETIC RESONANCE I, SPINAL CANAL	241.10								
03	72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	592.16								
05	72158	MAGNETIC RESONANCE I, SPINAL CANAL	236.87								
03	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	350.07								
05	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	140.02								
03	72170	X-RAY EXAM OF PELVIS	20.58								X
05	72170	X-RAY EXAM OF PELVIS	8.23								X
03	72190	X-RAY EXAM OF PELVIS	28.69								X
05	72190	X-RAY EXAM OF PELVIS	11.47								X
03	72191	CT ANGIOGRAPH PELV W/O&W DYE	329.22								
05	72191	CT ANGIOGRAPH PELV W/O&W DYE	131.70								
03	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	180.35								
05	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	72.13								
03	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	244.04								
05	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	97.62								
03	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	280.26								
05	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	112.10								
03	72195	MRI PELVIS W/O DYE	402.95								
05	72195	MRI PELVIS W/O DYE	161.18								
03	72196	MRI, PELVIS	351.34								
05	72196	MRI, PELVIS	140.54								
03	72197	MRI PELVIS W/O & W DYE	585.63								
05	72197	MRI PELVIS W/O & W DYE	234.25								
03	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	402.79								
05	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	161.12								
03	72200	X-RAY EXAM SACROILIAC JOINTS	21.69								
05	72200	X-RAY EXAM SACROILIAC JOINTS	8.68								
03	72202	X-RAY EXAM SACROILIAC JOINTS	26.20								
05	72202	X-RAY EXAM SACROILIA504	10.48								
03	72220	X-RAY EXAM OF TAILBONE	22.84								
05	72220	X-RAY EXAM OF TAILBONE	9.14								
03	72240	CONTRAST X-RAY OF NECK SPINE	146.05								
05	72240	CONTRAST X-RAY OF NECK SPINE	58.42								
03	72255	CONTRAST X-RAY THORAX SPINE	140.08								
05	72255	CONTRAST X-RAY THORAX SPINE	56.04								
03	72265	CONTRAST X-RAY LOWER SPINE	133.89								
05	72265	CONTRAST X-RAY LOWER SPINE	53.56								
03	72270	CONTRAST X-RAY OF SPINE	192.12								
05	72270	CONTRAST X-RAY OF SPINE	76.85								

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				MIN-MAX	REV					OVERS	>001
03	72275	EPIDUROGRAPHY	92.70								
05	72275	EPIDUROGRAPHY	37.08								
03	72285	X-RAY OF NECK SPINE DISK	232.47								
05	72285	X-RAY OF NECK SPINE DISK	92.99								
05	72291	RADIOLOGICAL SUPERVISION AND INTERPR	46.68								
05	72292	RADIOLOGICAL SUPERVISION AND INTERPR	47.48								
03	72295	X-RAY OF LOWER SPINE DISK	209.84								
05	72295	X-RAY OF LOWER SPINE DISK	83.94								
03	73000	X-RAY EXAM OF COLLARBONE	20.57								X
05	73000	X-RAY EXAM OF COLLARBONE	8.22								X
03	73010	X-RAY EXAM OF SHOULDER BLADE	21.41								X
05	73010	X-RAY EXAM OF SHOULDER BLADE	8.57								X
03	73020	X-RAY EXAM OF SHOULDER	18.35								X
05	73020	X-RAY EXAM OF SHOULDER	7.34								X
03	73030	X-RAY EXAM OF SHOULDER	22.89								X
05	73030	X-RAY EXAM OF SHOULDER	9.16								X
03	73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	81.15								X
05	73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	32.46								X
03	73050	X-RAY EXAM OF SHOULDERS	27.06								
05	73050	X-RAY EXAM OF SHOULDERS	10.83								
03	73060	X-RAY EXAM OF HUMERUS	22.57								X
05	73060	X-RAY EXAM OF HUMERUS	9.03								X
03	73070	X-RAY EXAM OF ELBOW	20.24								X
05	73070	X-RAY EXAM OF ELBOW	8.09								X
03	73080	X-RAY EXAM OF ELBOW	25.03								X
05	73080	X-RAY EXAM OF ELBOW	10.01								X
03	73085	X-RAY, ELBOW, ARTHROGRAPHY; SUPER/INTER	77.13								X
05	73085	X-RAY ELBOW, ARTHROGRAPHY; SUPER/INTER	30.86								X
03	73090	X-RAY EXAM OF FOREARM	20.57								X
05	73090	X-RAY EXAM OF FOREARM	8.22								X
03	73092	X-RAY EXAM OF ARM, INFANT	20.57								X
05	73092	X-RAY EXAM OF ARM, INFANT	8.22								X
03	73100	X-RAY EXAM OF WRIST	20.83								X
05	73100	X-RAY EXAM OF WRIST	8.33								X
03	73110	X-RAY EXAM OF WRIST	24.14								X
05	73110	X-RAY EXAM OF WRIST	9.65								X
03	73115	X-RAY, WRIST, ARTHROGRAPHY, SUPER/INTER	74.29								X
05	73115	X-RAY, WRIST, ARTHROGRAPHY, SUPER/INTER	29.71								X
03	73120	X-RAY EXAM OF HAND	20.29								X
05	73120	X-RAY EXAM OF HAND	8.11								X
03	73130	X-RAY EXAM OF HAND	22.78								X
05	73130	X-RAY EXAM OF HAND	9.11								X
03	73140	X-RAY EXAM OF FINGER(S)	19.89								X
05	73140	X-RAY EXAM OF FINGER(S)	7.96								X
03	73200	CAT, UPPER EXTREMITY; W/OUT CONTRAST	179.67								
05	73200	CAT, UPPER EXTREMITY; W/OUT CONTRAST	71.87								

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR AUGUST 04, 2009-JANUARY 21, 2010

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	73201	CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	236.27								
05	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	94.50								
03	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST	280.17								
05	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	112.06								
03	73206	CT ANGIO UPR EXTRM W/O&W DYE	305.74								
05	73206	CT ANGIO UPR EXTRM W/O&W DYE	122.30								
03	73218	MRI UPPER EXTREMITY W/O DYE	397.09								
05	73218	MRI UPPER EXTREMITY W/O DYE	158.84								
03	73219	MRI UPPER EXTREMITY W/DYE	437.39								
05	73219	MRI UPPER EXTREMITY W/DYE	174.95								
03	73220	MRI-UPPER EXTREMITY	459.32								
05	73220	MRI-UPPER EXTREMITY	183.73								
03	73221	MRE, ANY JOINT OF UPPER EXTREMITY	297.88								X
05	73221	MRI, ANY JOINT OF UPPER EXTREMITY	119.15								X
03	73222	MRI JOINT UPR EXTREM W/ DYE	437.47								
05	73222	MRI JOINT UPR EXTREM W/ DYE	174.99								
03	73223	MRI JOINT UPR EXTR W/O&W DYE	580.78								
05	73223	MRI JOINT UPR EXTR W/O&W DYE	232.31								
03	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	319.90								
05	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	127.97								
03	73500	X-RAY EXAM OF HIP	19.52								X
05	73500	X-RAY EXAM OF HIP	7.81								X
03	73510	X-RAY EXAM OF HIP	26.51								X
05	73510	X-RAY EXAM OF HIP	10.61								X
03	73520	X-RAY EXAM OF HIPS	29.72								X
05	73520	X-RAY EXAM OF HIPS	11.89								X
03	73525	CONTRAST X-RAY OF HIP	77.45								X
05	73525	CONTRAST X-RAY OF HIP	30.98								X
03	73530	X-RAY HIP,DURING OPERATIVE PROCEDURE	26.69								X
05	73530	X-RAY HIP,DURING OPERATIVE PROCEDURE	10.67								X
03	73540	X-RAY EXAM OF PELVIS & HIPS	26.78								
05	73540	X-RAY EXAM OF PELVIS & HIPS	10.71								
03	73542	X-RAY EXAM, SACROILIAC JOINT	89.52								
05	73542	X-RAY EXAM, SACROILIAC JOINT	35.84								
03	73550	X-RAY EXAM OF THIGH	22.56								X
05	73550	X-RAY EXAM OF THIGH	9.02								X
03	73560	X-RAY EXAM OF KNEE	21.41								X
05	73560	X-RAY EXAM OF KNEE	8.57								X
03	73562	X-RAY KNEE A/P,OBLIQUES,3+VIEWS	25.06								X
05	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	10.03								X
03	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	28.46								X
05	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	11.39								X
03	73565	RADIO EXAM,KNEES,STANDING,ANTEROPOST	23.56								
05	73565	RADIOLOGIC EXAM	9.43								
03	73580	CONTRAST X-RAY OF KNEE JOINT	93.21								X
05	73580	CONTRAST X-RAY OF KNEE JOINT	37.28								X

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	73590	X-RAY EXAM OF LOWER LEG	20.88								X
05	73590	X-RAY EXAM OF LOWER LEG	8.35								X
03	73592	X-RAY EXAM OF LEG, INFANT	20.57								X
05	73592	X-RAY EXAM OF LEG, INFANT	8.22								X
03	73600	X-RAY EXAM OF ANKLE	20.29								X
05	73600	X-RAY EXAM OF ANKLE	8.11								X
03	73610	X-RAY EXAM OF ANKLE	22.78								X
05	73610	X-RAY EXAM OF ANKLE	9.11								X
03	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	77.98								X
05	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	31.19								X
03	73620	X-RAY EXAM OF FOOT	20.01								X
05	73620	X-RAY EXAM OF FOOT	8.01								X
03	73630	X-RAY EXAM OF FOOT	22.78								X
05	73630	X-RAY EXAM OF FOOT	9.11								X
03	73650	X-RAY EXAM OF HEEL	19.75								X
05	73650	X-RAY EXAM OF HEEL	7.90								X
03	73660	X-RAY EXAM OF TOE(S)	19.34								X
05	73660	X-RAY EXAM OF TOE(S)	7.74								X
03	73700	CAT, LOWER EXTREMITY; W/OUT CONTRAST	179.67								
05	73700	CAT, LOWER EXTREMITY; W/OUT CONTRAST	71.87								
03	73701	CAT, LOWER EXTREMITY; W/ CONTRAST MAT.	237.35								
05	73701	CAT, LOWER EXTREMITY; W/ CONTRAST MAT	94.95								
03	73702	CAT., LOWER EXT.; W/OUT-W/CONTRAST	280.44								
05	73702	CAT, LOWER EXT.; W/OUT-W/CONTRAST MAT	112.18								
03	73706	CT ANGIO LWR EXTR W/O&W DYE	309.29								
05	73706	CT ANGIO LWR EXTR W/O&W DYE	123.71								
03	73718	MRI LOWER EXTREMITY W/O DYE	397.09								
05	73718	MRI LOWER EXTREMITY W/O DYE	158.84								
03	73719	MRI LOWER EXTREMITY W/DYE	437.04								
05	73719	MRI LOWER EXTREMITY W/DYE	174.82								
03	73720	MRI-LIWER EXTREMITY	459.04								
05	73720	MRI-LOWER EXTREMITY	183.61								
03	73721	MRI, ANY JOINT, LOWER EXTREMITY	297.88								X
05	73721	MRI, ANY JOINT, LOWER EXTREMITY	119.15								X
03	73722	MRI JOINT OF LWR EXTR W/DYE	437.47								
05	73722	MRI JOINT OF LWR EXTR W/DYE	174.99								
03	73723	MRI JOINT LWR EXTR W/O&W DYE	580.05								
05	73723	MRI JOINT LWR EXTR W/O&W DYE	232.03								
03	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	404.21								
05	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	161.69								
03	74000	X-RAY EXAM OF ABDOMEN	20.62								X
05	74000	X-RAY EXAM OF ABDOMEN	8.25								X
03	74010	X-RAY EXAM OF ABDOMEN	27.42								X
05	74010	X-RAY EXAM OF ABDOMEN	10.96								X
03	74020	X-RAY EXAM OF ABDOMEN	29.76								X
05	74020	X-RAY EXAM OF ABDOMEN	11.90								X

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	74022	X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	35.40								
05	74022	X-RAY ACUTE ABDOMEN SERIES,SUPINE	14.16								
03	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	184.71								
05	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	73.89								
03	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	248.49								
05	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	99.40								
03	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	287.39								
05	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	114.96								
03	74175	CT ANGIO ABDOM W/O&W DYE	329.22								
05	74175	CT ANGIO ABDOM W/O&W DYE	131.70								
03	74181	MRI-ABDOMEN	312.29								
05	74181	MRI-ABDOMEN	124.92								
03	74182	MRI ABDOMEN W/DYE	443.23								
05	74182	MRI ABDOMEN W/DYE	177.29								
03	74183	MRI ABDOMEN W/O&W DYE	585.63								
05	74183	MRI ABDOMEN W/O&W DYE	234.25								
03	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	403.05								
05	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	161.22								
03	74190	PERITONEOGRAM (EG, AFTER INJECTION O	57.39								
05	74190	PERITONEOGRAM (EG, AFTER INJECTION O	22.96								
03	74210	CONTRAST XRAY EXAM OF THROAT	54.43								
05	74210	CONTRAST XRAY EXAM OF THROAT	21.77								
03	74220	CONTRAST XRAY EXAM,ESOPHAGUS	61.07								
05	74220	CONTRAST XRAY EXAM,ESOPHAGUS	24.43								
03	74230	CINEMA XRAY THROAT/ESOPHAGUS	64.35								
05	74230	CINEMA XRAY THROAT/ESOPHAGUS	25.74								
03	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	109.60								
05	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	43.84								
03	74240	X-RAY EXAM UPPER GI TRACT	76.98								
05	74240	X-RAY EXAM UPPER GI TRACT	30.79								
03	74241	X-RAY EXAM UPPER GI TRACT	80.80								
05	74241	X-RAY EXAM UPPER GI TRACT	32.32								
03	74245	X-RAY EXAM UPPER GI TRACT	120.72								
05	74245	X-RAY EXAM UPPER GI TRACT	48.28								
03	74246	X-RAY GASTROINTESTINAL TRACT	86.84								
05	74246	X-RAY GASTROINTESTINAL TRACT	34.74								
03	74247	X-RAY-GASTROINTESTINAL TRACT	89.84								
05	74247	X-RAY GASTROINTESTINAL TRACT	35.94								
03	74249	X-RAY/GASTROINTESTINAL TRACT....	128.90								
05	74249	X-RAY GASTROINTESTINAL TRACT....	51.57								
03	74250	X-RAY EXAM OF SMALL BOWEL	69.25								
05	74250	X-RAY EXAM OF SMALL BOWEL	27.70								
03	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	128.04								
05	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	51.21								
03	74260	X-RAY EXAM OF SMALL BOWEL	82.35								
05	74260	X-RAY EXAM OF SMALL BOWEL	32.95								

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR AUGUST 04, 2009-JANUARY 21, 2010

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	293.37								
05	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	117.34								
03	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	329.43								
05	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	131.77								
03	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	501.61								
05	74263	COMPUTED TOMOGRAPHIC(CT) COLONOGRAP	200.64								
03	74270	CONTRAST X-RAY EXAM OF COLON	90.11								
05	74270	CONTRAST X-RAY EXAM OF COLON	36.04								
03	74280	CONTRAST X-RAY EXAM OF COLON	134.62								
05	74280	CONTRAST X-RAY EXAM OF COLON	53.84								
03	74283	BARIUM ENEMA, THERAPEUTIC	141.49								
05	74283	BARIUM ENEMA, THERAPEUTIC	56.60								
03	74290	CONTRAST X-RAY, GALLBLADDER	43.57								
05	74290	CONTRAST X-RAY, GALLBLADDER	17.43								
03	74291	CONTRAST X-RAYS, GALLBLADDER	34.33								
05	74291	CONTRAST X-RAYS, GALLBLADDER	13.73								
03	74300	CONTRAST X-RAY OF BILE DUCTS	61.72								
05	74300	CONTRAST X-RAY OF BILE DUCTS	24.68								
03	74301	CHOLANGIOGRA; ADDITIONAL SET/SURGERY	39.68								
05	74301	CHOLANGIOGRA; ADDIT SET DURING SURGER	15.88								
03	74305	CONTRAST X-RAY OF BILE DUCTS	40.13								
05	74305	CONTRAST X-RAY OF BILE DUCTS	16.06								
03	74320	CONTRAST X-RAY OF BILE DUCTS	101.37								
05	74320	CONTRAST X-RAY OF BILE DUCTS	40.55								
03	74327	X-RAY FOR BILE STONE REMOVAL	91.27								
05	74327	X-RAY FOR BILE STONE REMOVAL	36.51								
03	74328	XRAY FOR BILE DUCT ENDOSCOPY	119.25								
05	74328	XRAY FOR BILE DUCT ENDOSCOPY	47.70								
03	74329	X-RAY FOR PANCREAS ENDOSCOPY	104.36								
05	74329	X-RAY FOR PANCREAS ENDOSCOPY	41.74								
03	74330	XRAY, BILE/PANCREAS ENDOSCOPY	127.50								
05	74330	XRAY, BILE/PANCREAS ENDOSCOPY	51.00								
03	74340	X-RAY GUIDE FOR GI TUBE	97.39								
05	74340	X-RAY GUIDE FOR GI TUBE	38.96								
03	74355	PERC. PLACE ENTEROLYSIS TUBE; GUIDANCE	106.53								
05	74355	PERC. PLACE. ENTEROLYSIS TUBE; GUIDANCE	42.61								
03	74360	INTRALUMINAL DILATION; GUIDANCE ONLY	112.82								
05	74360	INTRALUMINAL DILATION; GUIDANCE ONLY	45.12								
03	74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	343.95								
05	74363	DILATION OF BILIARY DUCT STRICTURE	137.58								
03	74400	CONTRAST X-RAY URINARY TRACT	77.91								
05	74400	CONTRAST X-RAY URINARY TRACT	31.15								
03	74410	CONTRAST X-RAY URINARY TRACT	82.81								
05	74410	CONTRAST X-RAY URINARY TRACT	33.13								
03	74415	CONTRAST X-RAY URINARY TRACT	93.44								
05	74415	CONTRAST X-RAY URINARY TRACT	37.38								

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	74420	CONTRAST X-RAY URINARY TRACT	90.11								
05	74420	CONTRAST X-RAY URINARY TRACT	36.04								
03	74425	CONTRAST X-RAY URINARY TRACT	52.53								
05	74425	CONTRAST X-RAY URINARY TRACT	21.01								
03	74430	CONTRAST X-RAY OF BLADDER	53.70								
05	74430	CONTRAST X-RAY OF BLADDER	21.48								
03	74440	XRAY EXAM MALE GENITAL TRACT	58.54								
05	74440	XRAY EXAM MALE GENITAL TRACT	23.42								
03	74445	COPORA CAVERNOSOGRAPHY;SUPER/INTERP	80.32								
05	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	32.14								
03	74450	X-RAY EXAM URETHRA/BLADDER	55.66								
05	74450	X-RAY EXAM URETHRA/BLADDER	22.26								
03	74455	X-RAY EXAM URETHRA/BLADDER	65.57								
05	74455	X-RAY EXAM URETHRA/BLADDER	26.23								
03	74470	X-RAY-RENAL CYST STUDY	58.21								
05	74470	X-RAY-RENAL CYST STUDY	23.28								X
03	74475	CATH RENAL PELVIS;SUPER/INTERP	121.36								
05	74475	CATH RENAL PELVIS;SUPER/INTERP	48.54								
03	74480	CATH/STENT RENAL PELVIS;SUPER/INTERP	121.36								
05	74480	CATH/STENT-RENAL PELVIS;SUPER/INTERP	48.54								
03	74485	DILATE NEPHROL./URETERS;SUPER/INTERP	102.50								
05	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	41.00								
03	74710	X-RAY MEASUREMENT OF PELVIS	39.74								
05	74710	X-RAY MEASUREMENT OF PELVIS	15.90								
05	74740	HYSTEOSALPINGOGRAPHY	9.54	21	59						
03	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	67.81	21	59						
05	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	27.12	21	59						
03	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	341.51	21	59						
05	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	136.60	21	59						
03	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	366.46	21	59						
05	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	146.58	21	59						
03	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	481.67	21	59						
05	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	192.67	21	59						
03	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	501.74	21	59						
05	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	200.69	21	59						
03	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	65.05	21	59						
05	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	26.02	21	59						
03	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	64.63	21	59						
05	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	25.85	21	59						
03	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	189.70	21	59						
05	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	75.88	21	59						
03	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	269.64	21	59						
05	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	107.86	21	59						
03	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	414.00	21	59						
05	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	165.60	21	59						
03	75600	CONTRAST X-RAY EXAM OF AORTA	333.59	21	59						

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	75600	CONTRAST X-RAY EXAM OF AORTA	133.44	21 59							
03	75605	CONTRAST X-RAY EXAM OF AORTA	337.91	21 59							
05	75605	CONTRAST X-RAY EXAM OF AORTA	135.17	21 59							
03	75625	CONTRAST X-RAY EXAM OF AORTA	336.11	21 59							
05	75625	CONTRAST X-RAY EXAM OF AORTA	134.44	21 59							
03	75630	AORTOGRAPH;ABDOMEN-BILAT	375.61	21 59							
05	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	150.24	21 59							
03	75635	CT ANGIO ABDOMINAL ARTERIES	361.38	21 59							
05	75635	CT ANGIO ABDOMINAL ARTERIES	144.55	21 59							
03	75650	ARTERY X-RAYS, HEAD & NECK	349.08	21 59							
05	75650	ARTERY X-RAYS, HEAD & NECK	139.64	21 59							
03	75658	X-RAY EXAM OF ARM ARTERIES	346.20	21 59							
05	75658	X-RAY EXAM OF ARM ARTERIES	138.48	21 59							
03	75660	ARTERY X-RAYS, HEAD & NECK	332.96	21 59							
05	75660	ARTERY X-RAYS, HEAD & NECK	133.18	21 59							
03	75662	ARTERY X-RAYS, HEAD & NECK	366.23	21 59							
05	75662	ARTERY X-RAYS, HEAD & NECK	146.49	21 59							
03	75665	ARTERY X-RAYS, HEAD & NECK	347.39	21 59							
05	75665	ARTERY X-RAYS, HEAD & NECK	138.96	21 59							
03	75671	ARTERY X-RAYS, HEAD & NECK	364.97	21 59							
05	75671	ARTERY X-RAYS, HEAD & NECK	145.98	21 59							
03	75676	ARTERY X-RAYS, NECK	345.40	21 59							
05	75676	ARTERY X-RAYS, NECK	138.16	21 59							
03	75680	ARTERY X-RAYS, NECK	361.77	21 59							
05	75680	ARTERY X-RAYS, NECK	144.70	21 59							
03	75685	ARTERY X-RAYS, SPINE	344.81	21 59							
05	75685	ARTERY X-RAYS, SPINE	137.93	21 59							
03	75705	ARTERY X-RAYS, SPINE	364.45	21 59							
05	75705	ARTERY X-RAYS, SPINE	145.78	21 59							
03	75710	ARTERY X-RAYS, ARM/LEG	340.96	21 59							
05	75710	ARTERY X-RAYS, ARM/LEG	136.38	21 59							
03	75716	ARTERY X-RAYS, ARMS/LEGS	352.06	21 59							
05	75716	ARTERY X-RAYS, ARMS/LEGS	140.82	21 59							
03	75722	ARTERY X-RAYS, KIDNEY	339.78	21 59							
05	75722	ARTERY X-RAYS, KIDNEY	135.92	21 59							
03	75724	ARTERY X-RAYS, KIDNEYS	361.47	21 59							
05	75724	ARTERY X-RAYS, KIDNEYS	144.59	21 59							
03	75726	ARTERY X-RAYS, ABDOMEN	337.38	21 59							
05	75726	ARTERY X-RAYS, ABDOMEN	134.94	21 59							
03	75731	ARTERY X-RAYS, ADRENAL GLAND	339.05	21 59							
05	75731	ARTERY X-RAYS, ADRENAL GLAND	135.62	21 59							
03	75733	ARTERY X-RAYS,ADRENAL GLANDS	332.96	21 59							
05	75733	ARTERY X-RAYS,ADRENAL GLANDS	133.18	21 59							
03	75736	ARTERY X-RAYS, PELVIS	339.05	21 59							
05	75736	ARTERY X-RAYS, PELVIS	135.62	21 59							
03	75741	ARTERY X-RAYS, LUNG	340.02	21 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	75741	ARTERY X-RAYS, LUNG	136.00	21 59							
03	75743	ARTERY X-RAYS, LUNGS	354.33	21 59							
05	75743	ARTERY X-RAYS, LUNGS	141.74	21 59							
03	75746	ARTERY X-RAYS, LUNG	336.06	21 59							
05	75746	ARTERY X-RAYS, LUNG	134.42	21 59							
03	75756	ARTERY X-RAYS, CHEST	344.24	21 59							
05	75756	ARTERY X-RAYS, CHEST	137.70	21 59							
03	75791	ANGIOGRAPHY ARTERIOVENOUS SHUNT COMP	219.40	21 59							
05	75791	ANGIOGRAPHY ARTERIOVENOUS SHUNT COMP	87.76	21 59							
03	75801	LYMPH VESSEL X-RAY, ARM/LEG	190.08	21 59							
05	75801	LYMPH VESSEL X-RAY, ARM/LEG	76.03	21 59							
03	75803	LYMPH VESSEL X-RAY, ARMS/LEGS	203.35	21 59							
05	75803	LYMPH VESSEL X-RAY, ARMS/LEGS	81.34	21 59							
03	75805	LYMPH VESSEL X-RAY, TRUNK	208.83	21 59							
05	75805	LYMPH VESSEL X-RAY, TRUNK	83.53	21 59							
03	75807	LYMPH VESSEL X-RAY, TRUNK	180.39	21 59							
05	75807	LYMPH VESSEL X-RAY, TRUNK	72.15	21 59							
03	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	56.95	21 59							
05	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	22.78	21 59							
03	75810	VEIN X-RAY, SPLEEN/LIVER	406.65	21 59							
05	75810	VEIN X-RAY, SPLEEN/LIVER	162.67	21 59							
03	75820	VEIN X-RAY, ARM/LEG	79.15	21 59							
05	75820	VEIN X-RAY, ARM/LEG	31.66	21 59							
03	75822	VEIN X-RAY, ARMS/LEGS	101.28	21 59							
05	75822	VEIN X-RAY, ARMS/LEGS	40.51	21 59							
03	75825	VEIN X-RAY, TRUNK	332.99	21 59							
05	75825	VEIN X-RAY, TRUNK	133.19	21 59							
03	75827	VEIN X-RAY, CHEST	332.60	21 59							
05	75827	VEIN X-RAY, CHEST	133.04	21 59							
03	75831	VEIN X-RAY, KIDNEY	333.45	21 59							
05	75831	VEIN X-RAY, KIDNEY	133.38	21 59							
03	75833	VEIN X-RAY, KIDNEYS	350.81	21 59							
05	75833	VEIN X-RAY, KIDNEYS	140.32	21 59							
03	75840	VEIN X-RAY, ADRENAL GLAND	335.91	21 59							
05	75840	VEIN X-RAY, ADRENAL GLAND	134.36	21 59							
03	75842	VEIN X-RAY, ADRENAL GLANDS	349.35	21 59							
05	75842	VEIN X-RAY, ADRENAL GLANDS	139.74	21 59							
03	75860	VEIN X-RAY, NECK	326.78	21 59							
05	75860	VEIN X-RAY, NECK	130.72	21 59							
03	75870	VEIN X-RAY, SKULL	326.78	21 59							
05	75870	VEIN X-RAY, SKULL	130.72	21 59							
03	75872	VENOGRAPH, EPIDURAL; SUPER/INTERP	342.72	21 59							
05	75872	VENOGRAPH, EPIDURAL; SUPER/INTERP	137.08	21 59							
03	75880	VEIN X-RAY, EYE SOCKET	82.13	21 59							
05	75880	VEIN X-RAY, EYE SOCKET	32.85	21 59							
03	75885	VEIN X-RAY, LIVER	344.32	21 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	75885	VEIN X-RAY, LIVER	137.73	21 59							
03	75887	VEIN X-RAY, LIVER	345.92	21 59							
05	75887	VEIN X-RAY, LIVER	138.37	21 59							
03	75889	VEIN X-RAY, LIVER	332.85	21 59							
05	75889	VEIN X-RAY, LIVER	133.14	21 59							
03	75891	VEIN X-RAY, LIVER	332.85	21 59							
05	75891	VEIN X-RAY, LIVER	133.14	21 59							
03	75893	VENOUS SAMPLING BY CATHETER	293.95	21 59							
05	75893	VENOUS SAMPLING BY CATHETER	117.58	21 59							
03	75894	XRAYS, TRANSCATHETER THERAPY	743.97	21 59							
05	75894	XRAYS, TRANSCATHETER THERAPY	297.58	21 59							
03	75896	XRAYS, TRANSCATHETER THERAPY	653.72	21 59							
05	75896	XRAYS, TRANSCATHETER THERAPY	261.49	21 59							
03	75898	FOLLOW-UP ANGIOGRAM	99.07	21 59							
05	75898	FOLLOW-UP ANGIOGRAM	39.63	21 59							
03	75900	ARTERIAL CATHETER EXCHANGE	516.41	21 59							
05	75900	ARTERIAL CATHETER EXCHANGE	206.56	21 59							
03	75901	REMOVE CVA DEVICE OBSTRUCT	115.86	21 59							
05	75901	REMOVE CVA DEVICE OBSTRUCT	46.34	21 59							
03	75902	REMOVE CVA LUMEN OBSTRUCT	80.63	21 59							
05	75902	REMOVE CVA LUMEN OBSTRUCT	32.25	21 59							
03	75940	PERC.PLACE IVC FILTER;SUPER/INTERP	382.34	21 59							
05	75940	PERC.PLACE IVC FILTER;SUPER/INTERP	152.94	21 59							
03	75945	INTRAVASCULAR US	126.52	21 59							
05	75945	INTRAVASCULAR US	50.60	21 59							
03	75946	INTRAVASCULAR US	70.06	21 59							X
05	75946	INTRAVASCULAR US	28.02	21 59							X
03	75952	ENDOVASC REPAIR ABDOM AORTA	210.86	21 59							
03	75953	ABDOM ANEURYSM ENDOVAS RPR	88.17	21 59							
03	75954	ILIAC ANEURYSM ENDOVAS RPR	83.35	21 59							
05	75954	ILIAC ANEURYSM ENDOVAS RPR	33.34	21 59							
05	75956	TRANSCATH OCCLUSION;COMPLETE PROC	279.52	21 59							
05	75957	XRAY,ENDOVASC THOR AO REPR	239.49	21 59							
05	75958	XRAY,PLACE PROX THOR AO	159.63	21 59							
05	75959	XRAY,PLACE DIST EXT THOR AO	139.73	21 59							
03	75960	TRANSCATHETER INTRODUCTION OF INTRAV	359.76	21 59							
05	75960	TRANSCATHETER INTRODUCTION OF INTRAV	143.90	21 59							
03	75961	TRANSCATH RETRIEVAL/FRACTURED CATH	453.05	21 59							
05	75961	TRANSCATH RETRIEVAL/FRACTURED CATH	181.22	21 59							
03	75962	PTA-PERIPHERAL ARTERY;SUPER/ENTERP	376.64	21 59							
05	75962	PTA-PERIPHERAL ARTERY;SUPER/INTERP	150.65	21 59							
03	75964	PTA;EACH ADD.PERIPH.ART.;SUPER/INTER	210.19	21 59							X
05	75964	PTA,EACH ADD.PERIPH.ART;SUPER/INTERP	84.07	21 59							X
03	75966	PTA--VISCERAL ARTERY;SUPER/INTERP	404.26	21 59							
05	75966	PTA-VISCERAL ARTERY;SUPER/INTERP	161.71	21 59							
03	75968	PTA-EACH ADD VISC.ART;SUPER/INTERP	210.66	21 59							X

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR AUGUST 04, 2009-JANUARY 21, 2010

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	OVERS	X- >001 UVS
05	75968	PTA-EACH ADD VISC ART;SUPER/INTERP	84.26	21 59							
03	75970	TRANSCATH BXX;SUPER/INTERP	363.91	21 59							X
05	75970	TRANSCATH BX;SUPER/INTERP	145.56	21 59							
03	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	302.16	21 59							
05	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	120.86	21 59							
03	75980	PERC TRANSHEPATIC BILIARY DRAIN	214.60	21 59							
05	75980	PERC TRANSHEPATIC BILIARY DRAINAGE	85.84	21 59							
03	75989	RAD.GUIDE...SUPERVISION/INTERP ONLY	125.34	21 59							
05	75989	RAD.GUIDE...SUPERVISION/INTERP ONLY	50.14	21 59							
03	75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL	472.38	21 59							
05	75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL	188.95	21 59							
03	75993	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	198.98	21 59							
05	75993	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	79.59	21 59							
03	75994	TRANSLUMINAL ATHERECTOMY, RENAL, RAD	396.07	21 59							
05	75994	TRANSLUMINAL ATHERECTOMY, RENAL, RAD	158.43	21 59							
03	75995	TRANSLUMINAL ATHERECTOMY, VISCERAL,	396.07	21 59							
05	75995	TRANSLUMINAL ATHERECTOMY, VISCERAL,	158.43	21 59							
03	75996	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	198.98	21 59							
05	75996	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	79.59	21 59							
03	76000	FLUOROSCOPY,MD TIME TO 1 HR	63.19	21 59							
05	76000	FLUOROSCOPY,MD TIME TO 1 HR	25.28	21 59							
03	76001	FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	103.55	21 59							
05	76001	FLUOROSCOPY,MD ASST NON-RAD,+1 HOUR	41.42	21 59							
03	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	21.19	21 59							
05	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	8.48	21 59							
03	76080	X-RAY EXAM OF FISTULA	49.37	21 59							
05	76080	X-RAY EXAM OF FISTULA	19.76	21 59							
03	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	16.81	21 59							X
05	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	6.72	21 59							X
03	76100	X-RAY EXAM OF BODY SECTION	75.40	21 59							
05	76100	X-RAY EXAM OF BODY SECTION	30.16	21 59							
03	76101	X-RAY,COMPLEX MOTION ,BODY SECT UNIL	115.73	21 59							
05	76101	X-RAY,COMPLEX MOTION,BODY SECT UNIL	46.30	21 59							
03	76102	X-RAY,COMPLEX MOTION,BODY SECT BILAT	144.09	21 59							
05	76102	X-RAY,COMPLEX MOTION,BODY SECT,BILAT	57.64	21 59							
03	76120	CINEMATIC X-RAYS	54.46	21 59							
05	76120	CINEMATIC X-RAYS	21.79	21 59							
03	76125	CINEMATIC X-RAYS	33.74	21 59							
05	76125	CINEMATIC X-RAYS	13.49	21 59							
03	76350	SUBTRACTION W/CONTRAST STUDIES	19.94	21 59							
05	76350	SUBTRACTION W/CONTRAST STUDIES	7.98	21 59							
03	76376	3D RENDER W/O POSTPROCESS	75.36	21 59							
05	76376	3D RENDER W/O POSTPROCESS	30.14	21 59							
03	76377	3D RENDERING W/POSTPROCESS	120.91	21 59							
05	76377	3D RENDERING W/POSTPROCESS	48.36	21 59							
03	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	114.93	21 59							

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	45.97	21 59							
03	76390	MR SPECTROSCOPY	402.39	21 59							
05	76390	MR SPECTROSCOPY	160.95	21 59							
03	76496	FLUOROSCOPIC PROCEDURE	MP	21 59	X						
05	76496	FLUOROSCOPIC PROCEDURE	MP	21 59	X						
03	76497	CT PROCEDURE	MP	21 59	X						
05	76497	CT PROCEDURE	MP	21 59	X						
03	76498	MRI PROCEDURE	MP	21 59	X						
05	76498	MRI PROCEDURE	MP	21 59	X						
03	76499	RADIOGRAPHIC PROCEDURE	MP	21 59	X						
05	76499	RADIOGRAPHIC PROCEDURE	MP	21 59	X						
03	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	69.21	21 59							X
05	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	27.68	21 59							X
03	76510	OPHTH US, B & QUANT A	119.48	21 59							
05	76510	OPHTH US, B & QUANT A	47.79	21 59							
03	76511	ECHO EXAM OF EYE	87.65	21 59							X
05	76511	ECHO EXAM OF EYE	35.06	21 59							X
03	76512	ECHO EXAM OF EYE	82.98	21 59							X
05	76512	ECHO EXAM OF EYE	33.19	21 59							X
03	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	68.98	21 59							X
05	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H2O-B-SC	27.59	21 59							X
03	76514	ECHO EXAM OF EYE, THICKNESS	9.42	21 59							
05	76514	ECHO EXAM OF EYE, THICKNESS	3.77	21 59							
03	76516	ECHO EXAM OF EYE	54.96	21 59							X
05	76516	ECHO EXAM OF EYE	21.98	21 59							X
03	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	57.62	21 59							X
05	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	23.04	21 59							X
03	76529	ECHO EXAM OF EYE	55.58	21 59							X
05	76529	ECHO EXAM OF EYE	22.22	21 59							X
03	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	76.71	21 59							
05	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	30.68	21 59							
03	76604	ECHO EXAM OF CHEST	63.03	21 59							
05	76604	ECHO EXAM OF CHEST	25.22	21 59							
03	76645	ECHO EXAM OF BREAST	62.99	21 59							
05	76645	ECHO EXAM OF BREAST	25.20	21 59							
03	76700	ECHO EXAM OF ABDOMEN	98.49	21 59							
05	76700	ECHO EXAM OF ABDOMEN	39.40	21 59							
03	76705	ECHO EXAM OF ABDOMEN	73.61	21 59							
05	76705	ECHO EXAM OF ABDOMEN	29.45	21 59							
03	76770	ECHO EXAM ABDOMEN BACK WALL	94.67	21 59							
05	76770	ECHO EXAM ABDOMEN BACK WALL	37.87	21 59							
03	76775	ECHO EXAM ABDOMEN BACK WALL	74.11	21 59							
05	76775	ECHO EXAM ABDOMEN BACK WALL	29.64	21 59							
03	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	102.36	21 59							
05	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	40.94	21 59							
03	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	90.71	21 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	36.28	21 59							
03	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	98.95	21 59			F				
05	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	39.58	21 59			F				
03	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	61.98	21 59			F				X
05	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	24.80	21 59			F				X
03	76805	ECHO EXAM OF PELVIS	106.29	21 59							
05	76805	ECHO EXAM OF PELVIS	42.51	21 59							
03	76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN	99.19	21 59			F				X
05	76810	ECHOGRAPHY, PREGNANT UTERUS B-SCAN	39.67	21 59			F				X
03	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	204.05	21 59			F		X		
05	76811	ULTRASOUND,PREG UTER,TRNSAB;FIRST	81.61	21 59			F		X		
03	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	124.73	21 59			F		X		X
05	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	49.89	21 59			F		X		X
03	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	98.68	10 60			F				
05	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	39.47	10 60			F				
03	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	64.50	10 60			F				X
05	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	25.80	10 60			F				X
03	76815	ECHO EXAM FOR FETAL GROWTH	68.11	10 60			F				
05	76815	ECHO EXAM FOR FETAL GROWTH	27.24	10 60			F				
03	76816	ECHOGRAPHY .PG UTERUS;FOLLOW-UP/REPE	76.19	10 60			F				X
05	76816	ECHOGRAPHY .PG UTERUS;FOLLOW-UP/REPE	30.48	10 60			F				X
03	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	79.79	10 60			F				
05	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	31.92	10 60			F				
03	76818	FETAL BIOPHYSICAL PROFILE	90.97	10 60							
05	76818	FETAL BIOPHYSICAL PROFILE	36.40	10 60			F				
03	76819	FETL BIOPHYS PROFIL W/O STRS	82.26	10 60							
05	76819	FETL BIOPHYS PROFIL W/O STRS	32.91	10 60							
03	76820	UMBILICAL ARTERY ECHO	61.42	10 59			F				
05	76820	UMBILICAL ARTERY ECHO	24.57	10 59			F				
03	76821	MIDDLE CEREBRAL ARTERY ECHO	75.26	10 59			F				
05	76821	MIDDLE CEREBRAL ARTERY ECHO	30.10	10 59			F				
03	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	132.72	00 60			F				
05	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	53.09	00 60			F				
03	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	74.96	00 60							
05	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	29.98	00 60							
03	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	69.49	00 60							
05	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	27.80	00 60							
03	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	50.13	00 60							
05	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	20.05	00 60							
03	76830	ECHOGRAPHY, TRANSVAGINAL	84.67	00 60							
05	76830	ECHOGRAPHY,TRANSVAGINAL	33.87	00 60							
03	76831	ECHO EXAM, UTERUS	85.03	00 60			F				
05	76831	ECHO EXAM, UTERUS	34.01	00 60							
03	76856	ECHOGRAPHY, PELVIC, REAL TIME	84.94	00 60							
05	76856	ECHOGRAPHY, PELVIC, REAL TIME	33.97	00 60							
03	76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	58.23	00 60							

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	76857	ECHOGRAPHY, PELVIC, LIMITED OR FOLLOW-	23.29	00 60							
03	76870	ECHOGRAPHY, SCROTUM AND CONTENTS	83.64	00 60			M				
05	76870	ECHOGRAPHY, SCROTUM AND CONTENTS	33.46	00 60			M				
03	76872	ECHOGRAPHY, TRANSRECTAL	95.81	00 60							
05	76872	ECHOGRAPHY, TRANSRECTAL	38.33	00 60							
03	76873	ECHOGRAP TRANS R, PROS STUDY	128.80	00 60			M				
05	76873	ECHOGRAP TRANS R, PROS STUDY	51.52	00 60			M				
03	76880	ECHOGRAPHY, EXTREMITY, B-SCAN	85.03	00 60							
05	76880	ECHOGRAPHY, EXTREMITY, B-SCAN	34.01	00 60							
03	76885	ECHO EXAM, INFANT HIPS	79.42	00 60							
05	76885	ECHO EXAM, INFANT HIPS	31.76	00 60							
03	76886	ECHO EXAM, INFANT HIPS	70.73	00 60							
05	76886	ECHO EXAM, INFANT HIPS	28.29	00 60							
03	76930	ECHO GUIDE FOR HEART SAC TAP	74.49	00 60							
05	76930	ECHO GUIDE FOR HEART SAC TAP	29.80	00 60							
03	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	72.39	00 60							
05	76932	ULTRASONIC GUIDANCE ENDOMYOCARDBIO	28.95	00 60							
03	76936	ECHO GUIDE FOR ARTERY REPAIR	247.66	00 60							
05	76936	ECHO GUIDE FOR ARTERY REPAIR	99.06	00 60							
03	76937	US GUIDE, VASCULAR ACCESS	27.11	00 60							
05	76937	US GUIDE, VASCULAR ACCESS	10.85	00 60							
03	76940	US GUIDE, TISSUE ABLATION	141.00	00 60							
05	76940	US GUIDE, TISSUE ABLATION	56.40	00 60							
03	76941	ECHO GUIDE FOR TRANSFUSION	100.66	00 60							
05	76941	ECHO GUIDE FOR TRANSFUSION	40.26	00 60							
03	76942	ECHO GUIDE FOR BIOPSY	128.92	00 60							X
05	76942	ECHO GUIDE FOR BIOPSY	51.58	00 60							X
03	76945	ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	71.52	00 60							
05	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	28.61	00 60							
03	76946	ECHO GUIDE FOR AMNIOCENTESIS	50.49	00 60							X
05	76946	ECHO GUIDE FOR AMNIOCENTESIS	20.19	00 60							X
03	76950	ECHO GUIDANCE RADIOTHERAPY	57.62	00 60							X
05	76950	ECHO GUIDANCE RADIOTHERAPY	23.04	00 60							X
03	76965	ECHO GUIDANCE RADIOTHERAPY	192.69	00 60							
05	76965	ECHO GUIDANCE RADIOTHERAPY	77.08	00 60							
03	76970	ULTRASOUND EXAM FOLLOW-UP	56.45	00 60							
05	76970	ULTRASOUND EXAM FOLLOW-UP	22.58	00 60							
03	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	78.26	00 60							
05	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	31.31	00 60							
03	76977	US BONE DENSITY MEASURE	21.53	00 60							
05	76977	US BONE DENSITY MEASURE	8.61	00 60							
03	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	110.30	00 60							
03	76999	ECHO EXAMINATION PROCEDURE	MP	00 60			X				
05	76999	ECHO EXAMINATION PROCEDURE	MP	00 60			X				
03	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	70.33	00 60							
05	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	28.13	00 60							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	55.55	00 60							
05	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	22.21	00 60							
03	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	54.26	00 60							
05	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	21.70	00 60							
03	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	441.69	00 60							
05	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	176.68	00 60							
03	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	222.54	00 60							
05	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	89.02	00 60							
03	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	445.80	00 60							
03	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	134.74	00 60							
05	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	53.89	00 60							
03	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	352.46	00 60							
05	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	140.98	00 60							
03	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	539.35	00 60							
03	77031	STEREOTACTIC LOCALIZATION GUIDANCE F	199.58	00 60							
05	77031	STEREOTACTIC LOCALIZATION GUIDANCE F	79.82	00 60							
03	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLA	52.14	00 60							
05	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLA	20.86	00 60							
03	77051	COMPUTER-AIDED DETECTION (COMPUTER A	12.33	00 60							
05	77051	COMPUTER-AIDED DETECTION (COMPUTER A	4.93	00 60							
03	77052	COMPUTER-AIDED DETECTION (COMPUTER A	12.33	40 99			F			X	
05	77052	COMPUTER-AIDED DETECTION (COMPUTER A	4.93	40 99			F			X	
03	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	74.04	40 99							
05	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	29.61	40 99							
03	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	94.09	40 99							
05	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	37.63	40 99							
03	77055	MAMMOGRAPHY; UNILATERAL	62.00	40 99							
05	77055	MAMMOGRAPHY; UNILATERAL	24.81	40 99							
03	77056	MAMMOGRAPHY; BILATERAL	78.22	40 99							
05	77056	MAMMOGRAPHY; BILATERAL	31.29	40 99							
03	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	62.31	40 99			F			X	
05	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	24.92	40 99			F			X	
03	77058	MAGNETIC RESONANCE IMAGING, BREAST,	617.16	40 99							
05	77058	MAGNETIC RESONANCE IMAGING, BREAST,	246.87	40 99							
03	77059	MAGNETIC RESONANCE IMAGING, BREAST,	712.91	40 99							
05	77059	MAGNETIC RESONANCE IMAGING, BREAST,	285.17	40 99							
03	77071	MANUAL APPLICATION OF STRESS PERFORM	26.23	40 99							
03	77072	BONE AGE STUDIES	17.70	40 99							
05	77072	BONE AGE STUDIES	7.08	40 99							
03	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	31.03	40 99							
05	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	12.42	40 99							
03	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	50.40	40 99							
05	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	20.16	40 99							
03	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	71.49	40 99							
05	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	28.60	40 99							
03	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	58.40	40 99							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	23.36	40 99							
03	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	39.85	40 99							
05	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	15.94	40 99							
03	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	80.94	40 99							
05	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	32.37	40 99							
03	77079	COMPUTED TOMOGRAPHY, BONE MINERAL DE	73.40	40 99							
05	77079	COMPUTED TOMOGRAPHY, BONE MINERAL DE	29.35	40 99							
03	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	71.48	40 99							
05	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	28.59	40 99							
03	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	29.51	40 99							
05	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	11.81	40 99							
03	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	25.55	40 99							
05	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.22	40 99							
03	77083	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHO	26.49	40 99							
05	77083	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHO	10.60	40 99							
03	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	345.92	40 99							
05	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	138.37	40 99							
03	77261	SIMPLE TREAT PLAN-THERA RADIOL	59.56	40 99							
03	77262	INTER TREAT PLAN-THERA RADIOLO	89.72	40 99							
03	77263	COMPLEX TREAT PLAN-THERA RADIO	133.73	40 99							X
03	77280	SIMPLE,RAD SIMU-AIDED FIELDSET	136.97	40 99							
05	77280	SIMPLE,RAD SIMU-AIDED FIELD	54.79	40 99							
03	77285	INTER,RAD SIMU-AIDED FIELD SET	229.26	40 99							
05	77285	INTER,RAD SIMU-AIDED FIELD SET	91.71	40 99							
03	77290	COMP,RAD SIMU-AIDED FIELD SET	334.31	40 99							X
05	77290	COMP,RAD SIMU-AIDED FIELD SET	133.72	40 99							X
03	77295	THERAPEUTIC RADIOLOGY SIMULATION-AID	820.70	40 99							X
05	77295	THERAPEUTIC RADIOLOGY SIMULATION-AID	328.28	40 99							X
03	77299	UNLISTED CLINICAL TREAT.PLAN	139.37	40 99							
05	77299	UNLISTED CLINICAL TREAT PLAN	139.37	40 99							
03	77300	BASIC RAD DOSIMETRY CALCULATIO	59.40	40 99							X
05	77300	BASIC RAD DOSIMETRY CALCULATION	23.77	40 99							X
03	77301	RADIOLTHERAPY DOS PLAN, IMRT	1,475.87	40 99							
05	77301	RADIOLTHERAPY DOS PLAN, IMRT	590.35	40 99							
03	77305	TELEETHERAPY ISODOSE PLAN-SIMPLE	72.28	40 99							
05	77305	TELEETHERAPY ISODOSE PLAN SIMPLE	28.91	40 99							
03	77310	TELEETHERAPY ISODOSE PLAN-INTER	97.07	40 99							
05	77310	TELEETHERAPY ISODOSE PLAN-INTER	38.83	40 99							
03	77315	TELEETHERAPY ISODOSE PLAN-COMPL	128.24	40 99							
05	77315	TELEETHERAPY ISODOSE PLAN-COMPL	51.30	40 99							
03	77321	SPEC TELEETHERAPY PLAN TOTALBOD	131.98	40 99							
05	77321	SPEC TELEETHERAPY PLAN TOTAL BODY	52.79	40 99							
03	77326	BRACHYTHERAPY ISODOSE CALCULAT SIMPL	108.05	40 99							
05	77326	BRACHYTHERAPY ISODOSE CALC SIM	43.23	40 99							
03	77327	BRACHYTHERAPY ISODOSE CALCULA INTERM	155.16	40 99							
05	77327	BRACHYTHERAPY ISODOSE CAL INTE	62.06	40 99							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	77328	BRACHYTHERAPY ISODOSE CALCULAT COMPL	218.08	40 99							
05	77328	BRACHYTHERAPY ISODOSE CAL COMP	87.24	40 99							
03	77331	SPECIAL DOSIMETRY (SPECIFY)	55.39	40 99							X
05	77331	SPECIAL DOSIMETRY (SPECIFY)	18.78	40 99							X
03	77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	59.80	40 99							
05	77332	TREATMENT DEVICES,DESIGN/SIMPLE	23.92	40 99							
03	77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	75.28	40 99							
05	77333	TREATMENT DEVICES/DESIGN-INTER	30.11	40 99							
03	77334	TREATMENT DEVICES/DESIGN;COMPLEX	133.88	40 99							X
05	77334	TREATMENT DEVICES/DESIGN;COMPL	53.55	40 99							X
03	77336	CONTINUING RADIATION PHYSICS CONSULT	72.26	40 99							
03	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	347.30	40 99							
05	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	138.92	40 99							
03	77370	SPECIAL MED RAD PHYSICS CONSULTATION	95.78	40 99							
03	77371	RADIATION TREATMENT DELIVERY, STEREO	823.10	40 99							
03	77372	RADIATION TREATMENT DELIVERY, STEREO	625.04	40 99							
03	77373	STEREOTACTIC BODY RADIATION THERAPY,	1,164.79	40 99							
03	77399	UNLISTED RAD THER/PHYSICS CONS	219.73	40 99	X						
05	77399	UNLISTED RAD THER/PHYSICS CONS	219.73	40 99	X						
03	77401	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO	42.17	40 99							X
03	77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	86.59	40 99							X
03	77403	RADIAT TRTMNT DELIVERY-6-10 MEV	78.70	40 99							X
03	77404	RADIAT TRTMNT DELIVERY-11-19 MEV	84.69	40 99							X
03	77406	RADIAT TRTMNT DELIVERY-20 MEV OR >	85.24	40 99							X
03	77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	110.83	40 99							X
03	77408	RADIAT TRTMNT DELIVERY-2AR,3PT-6-10	102.68	40 99							X
03	77409	RADIAT TRTMNT DELIVERY,2AR,3PR-11-19	110.57	40 99							X
03	77411	RADIATION TREATMENT DELIVERY TWO SEP	110.29	40 99							X
03	77412	RADIAT TRTMNT DELIV UP TO 5 MEV	128.01	40 99							X
03	77413	RADIAT TRTMNT DELIV 6-10 MEV	129.10	40 99							X
03	77414	RADIAT TRTMNT DELIV 11-19 MEV	140.80	40 99							X
03	77416	RADIAT TRTMNT DELIV 20 MEV OR MORE	140.80	40 99							X
03	77417	THERAPEUTIC RADIOLOGY PORT FILMS	15.40	40 99							X
05	77417	THERAPEUTIC RADIOLOGY PORT FILMS	6.17	40 99							X
03	77418	RADIATION TX DELIVERY, IMRT	469.36	40 99							X
05	77418	RADIATION TX DELIVERY, IMRT	187.74	40 99							X
03	77421	STEREOSCOPIC X-RAY GUIDANCE	94.08	40 99							
05	77421	STEREOSCOPIC X-RAY GUIDANCE	37.63	40 99							
03	77422	NEUTRON BEAM TX, SIMPLE	99.99	40 99							
03	77423	NEUTRON BEAM TX, COMPLEX	136.17	40 99							
03	77427	RADIATION TX MANAGEMENT, X5	143.86	40 99							
03	77431	RADIATION THERAPY MANAGEMENT W COMPL	72.95	40 99							X
03	77432	STEREOTACTIC RADIATION TREATMENT MAN	321.94	40 99							
03	77435	STEREOTACTIC BODY RADIATION THERAPY,	511.71	40 99							
03	77470	SPECIAL TREATMENT PROCEDURE	356.80	40 99	X						X
05	77470	SPECIAL TREATMENT PROCEDURE	142.72	40 99	X						X

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	77499	UNLISTED,CLINICAL TREAT. MNGT	MP	40 99	X						X
05	77499	UNLISTED,CLINICAL TREAT./MNGT	MP	40 99	X						X
03	77520	PROTON BEAM DELIVERY	40.50	40 99							
05	77520	PROTON BEAM DELIVERY	16.19	40 99							
03	77522	PROTON TRMT, SIMPLE W/COMP	43.69	40 99							
05	77522	PROTON TRMT, SIMPLE W/COMP	17.48	40 99							
03	77523	PROTON BEAM DELIVERY	47.78	40 99							
05	77523	PROTON BEAM DELIVERY	19.11	40 99							
03	77525	PROTON TREATMENT, COMPLEX	50.05	40 99							
05	77525	PROTON TREATMENT, COMPLEX	20.01	40 99							
03	77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	238.20	40 99							
05	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	95.28	40 99							
03	77605	HYPERTHERMIA,EXT GEN/DEEP	385.15	40 99							X
05	77605	HYPERTHERMIA,EXT GEN/DEEP	154.06	40 99							
03	77610	HYPERTHERMIA;INTERSTITIAL/5 OR <	342.95	40 99							X
05	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	137.17	40 99							
03	77615	HYPERTHERMIA/INTERSTITIAL/>5	484.82	40 99							X
05	77615	HYPERTHERMIA/INTERSTITIAL/>5	193.93	40 99							
03	77620	HYPERTHERMIA...INTRACACITARY PROBE	245.66	40 99							
05	77620	HYPERTHERMIA...INTRACAVITARY PROBE	98.26	40 99							
03	77750	INFUSE/INSTILL RADIOELEMENT	248.34	40 99							
05	77750	INFUSE/INSTILL RADIOELEMENT	99.34	40 99							
03	77761	SIMPLE INTRACAV RADIOELEMENT	251.16	40 99							
05	77761	SIMPLE INTRACAV. RADIOELEMENT	100.47	40 99							
03	77762	INTERM,INTRACAV RADIOELEMENT	351.72	40 99							
05	77762	INTER. INTRACAV.RADIOELEMENT	140.69	40 99							
03	77763	COMPLEX,INTRACAV RADIOELEMENT	497.85	40 99							
05	77763	COMPLEX-INTRACAV RADIOLOGY	199.14	40 99							
03	77776	INTERSTITIAL RADIOELEMENT-SIMPLE	291.08	40 99							
05	77776	INTERSTITIAL RADIOELEMENT	116.44	40 99							
03	77777	INTERSTITIAL RADIOELEMENT-INTERMEDIA	424.12	40 99							
05	77777	INTERSTITIAL RAD-ELEMENT-INTER	169.64	40 99							
03	77778	INTERSTITIAL RADIOELEMENT-COMPLEX	609.64	40 99							
05	77778	INTERSTITIAL RAD-ELEMENT-COMPL	243.85	40 99							
03	77785	REMOTE AFTERLOADING HIGH DOSE RATE R	140.50	40 99							
05	77785	REMOTE AFTERLOADING HIGH DOSE RATE R	56.20	40 99							
03	77786	REMOTE AFTERLOADING HIGH DOSE RATE R	417.49	40 99							
05	77786	REMOTE AFTERLOADING HIGH DOSE RATE R	166.99	40 99							
03	77787	REMOTE AFTERLOADING HIGH DOSE RATE R	620.66	40 99							
05	77787	REMOTE AFTERLOADING HIGH DOSE RATE R	248.27	40 99							
03	77789	SURFACE APPLICATION OF RADIOELEMENT	58.87	40 99	X						
05	77789	SURFACE APPLICATION RADIOELEMENT	23.55	40 99	X						
03	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	62.41	40 99							
05	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	24.97	40 99							
03	77799	UNLISTED CLINICAL BRACHYTHERAPY	MP	40 99	X						
05	77799	RADIUM/RADIOISOTOPE THERAPY	MP	40 99	X						

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	78000	NUCLEAR EXAM OF THYROID	46.66	40 99							
05	78000	NUCLEAR EXAM OF THYROID	18.67	40 99							
03	78001	NUCLEAR EXAMS OF THYROID	69.49	40 99							
05	78001	NUCLEAR EXAMS OF THYROID	27.79	40 99							
03	78003	TREATMENT OF THYROID	52.08	40 99							
05	78003	TREATMENT OF THYROID	20.83	40 99							
03	78006	THYROID IMAGING, WITH UPTAKE	137.28	40 99							
05	78006	THYROID IMAGING, WITH UPTAKE	54.91	40 99							
03	78007	THYROID IMAGING, WITH UPTAKE	97.63	40 99							
05	78007	THYROID IMAGING, WITH UPTAKE	39.04	40 99							
03	78010	NUCLEAR SCAN OF THYROID	98.20	40 99							
05	78010	NUCLEAR SCAN OF THYROID	39.28	40 99							
03	78011	THYROID IMAGING W/VASCULAR FLOW	111.03	40 99							
05	78011	THYROID IMAGING W/VASCULAR FLOW	44.42	40 99							
03	78015	NUCLEAR SCAN OF THYROID	134.77	40 99							
05	78015	NUCLEAR SCAN OF THYROID	53.91	40 99							
03	78016	EXTENSIVE THYROID SCAN	196.40	40 99							
05	78016	EXTENSIVE THYROID SCAN	78.56	40 99							
03	78018	THYROID CA IMAGING;WHOLE BODY Y	219.80	40 99							
05	78018	THYROID CA IMAGING;WHOLE BODY	87.91	40 99							
03	78020	THYROID MET UPTAKE	66.74	40 99							
03	78070	PARATHROID IMAGING	140.09	40 99							
05	78070	PARATHROID IMAGING	56.04	40 99							
03	78075	NUCLEAR SCAN OF ADRENALS	265.55	40 99							
05	78075	NUCLEAR SCAN OF ADRENALS	106.22	40 99							
03	78099	ENDOCRINE NUCLEAR PROCEDURE	MP	40 99							X
05	78099	ENDOCRINE NUCLEAR PROCEDURE	MP	40 99							X
03	78102	NUCLEAR SCAN OF BONE MARROW	106.73	40 99							
05	78102	NUCLEAR SCAN OF BONE MARROW	42.69	40 99							
03	78103	NUCLEAR SCAN OF BONE MARROW	154.86	40 99							
05	78103	NUCLEAR SCAN OF BONE MARROW	61.94	40 99							
03	78104	NUCLEAR SCAN OF BONE MARROW	173.59	40 99							
05	78104	NUCLEAR SCAN OF BONE MARROW	69.44	40 99							
03	78110	NUCLEAR EXAM, PLASMA VOLUME	50.47	40 99							X
05	78110	NUCLEAR EXAM, PLASMA VOLUME	20.18	40 99							X
03	78111	NUCLEAR EXAM, PLASMA VOLUME	77.67	40 99							X
05	78111	NUCLEAR EXAM, PLASMA VOLUME	31.07	40 99							X
03	78120	NUCLEAR EXAM OF RBC MASS	63.28	40 99							X
05	78120	NUCLEAR EXAM OF RBC MASS	25.31	40 99							X
03	78121	NUCLEAR EXAM OF RBC MASS	88.20	40 99							X
05	78121	NUCLEAR EXAM OF RBC MASS	35.28	40 99							X
03	78122	WHOLE BLOOD VOLUME DETERMINATION	132.59	40 99							
05	78122	WHOLE BLOOD VOLUME DETERMINATION	53.03	40 99							
03	78130	RED CELL SURVIVAL EXAM	111.43	40 99							
05	78130	RED CELL SURVIVAL EXAM	44.57	40 99							
03	78135	RED CELL SURVIVAL EXAM	213.61	40 99							

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1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	78135	RED CELL SURVIVAL EXAM	85.45	40 99							
03	78140	NUCLEAR EXAM,RED BLOOD CELLS	125.37	40 99							
05	78140	NUCLEAR EXAM,RED BLOOD CELLS	50.15	40 99							
03	78185	NUCLEAR SCAN OF SPLEEN	120.34	40 99							
05	78185	NUCLEAR SCAN OF SPLEEN	48.14	40 99							
03	78190	KINETICS STUDY F PLATELET SURVIVAL	174.34	40 99							
03	78195	NUCLEAR SCAN OF LYMPH SYSTEM	220.94	40 99							
05	78195	NUCLEAR SCAN OF LYMPH SYSTEM	88.38	40 99							
03	78199	NUCLEAR EXAM BLOOD/LYMPH	MP	40 99	X						
05	78199	NUCLEAR EXAM BLOOD/LYMPH	MP	40 99	X						
03	78201	NUCLEAR SCAN OF LIVER	115.89	40 99							
05	78201	NUCLEAR SCAN OF LIVER	46.36	40 99							
03	78202	NUCLEAR SCAN OF LIVER	133.32	40 99							
05	78202	NUCLEAR SCAN OF LIVER	53.32	40 99							
03	78205	LIVER IMAGING (SPECT)	186.78	40 99							
05	78205	LIVER IMAGING (SPECT)	74.72	40 99							
03	78206	LIVER IMAGE (3-D) W/FLOW	233.22	40 99							
05	78206	LIVER IMAGE (3-D) W/FLOW	93.29	40 99							
03	78215	NUCLEAR SCAN, LIVER & SPLEEN	126.43	40 99							
05	78215	NUCLEAR SCAN, LIVER & SPLEEN	50.58	40 99							
03	78216	NUCLEAR SCAN, LIVER/SPLEEN	113.24	40 99							
05	78216	NUCLEAR SCAN, LIVER/SPLEEN	45.30	40 99							
03	78220	NUCLEAR SCAN, LIVER FUNCTION	117.22	40 99							
05	78220	NUCLEAR SCAN, LIVER FUNCTION	46.89	40 99							
03	78223	HEPATOBI LARY DUCTAL SYS IMAG,GALLBLA	199.82	40 99							
05	78223	HEPATOBI LARY DUC SYSTEM,GALLBLADDER	79.93	40 99							
03	78230	NUCLEAR SCAN, SALIVARY GLAND	105.58	40 99							
05	78230	NUCLEAR SCAN, SALIVARY GLAND	42.23	40 99							
03	78231	NUCLEAR SCANS,SALIVARY GLAND	105.26	40 99							
05	78231	NUCLEAR SCANS,SALIVARY GLAND	42.10	40 99							
03	78267	BREATH TST ATTAIN/ANAL C-14	9.99	40 99							
05	78267	BREATH TST ATTAIN/ANAL C-14	3.99	40 99							
03	78268	BREATH TEST ANALYSIS, C-14	36.79	40 99							
05	78268	BREATH TEST ANALYSIS, C-14	14.71	40 99							
03	78270	VIT B-12 ABSORPTION EXAMS	57.45	40 99							
05	78270	VIT B-12 ABSORPTION EXAMS	22.99	40 99							
03	78271	VIT B-12 ABSORPTION EXAMS	57.98	40 99							
05	78271	VIT B-12 ABSORPTION EXAMS	23.20	40 99							
03	78272	VIT B-12 ABSORPTION EXAMS	73.28	40 99							
05	78272	VIT B-12 ABSORPTION EXAMS	29.30	40 99							
03	78278	ACUTE GI BLOOD LOSS IMAGING	211.11	40 99							
05	78278	ACUTE GI BLOOD LOSS IMAGING	84.45	40 99							
03	78290	INTESTINE IMAGING (EG, ECTOPIC GASTR	185.47	40 99							
05	78290	INTESTINE IMAGING (EG, ECTOPIC GASTR	74.19	40 99							
03	78299	G.I. NUCLEAR PROCEDURE	MP	40 99	X						
05	78299	G.I. NUCLEAR PROCEDURE	MP	40 99	X						

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	78300	NUCLEAR SCAN OF BONE	122.66	40 99							
05	78300	NUCLEAR SCAN OF BONE	49.06	40 99							
03	78305	NUCLEAR SCAN OF BONES	158.14	40 99							
05	78305	NUCLEAR SCAN OF BONES	63.25	40 99							
03	78306	NUCLEAR SCAN OF SKELETON	176.60	40 99							
05	78306	NUCLEAR SCAN OF SKELETON	70.64	40 99							
03	78315	BONE IMAGING;BY THREE PHASE TECHNIQU	213.18	40 99							
05	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	85.26	40 99							
03	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	199.19	40 99							
05	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	79.68	40 99							
03	78399	MUSCULOSKELETAL NUCLEAR EXAM	MP	40 99	X						
05	78399	MUSCULOSKELETAL NUCLEAR EXAM	MP	40 99	X						
03	78414	DETERMINE VENTRIC.EJECT FRACTION	64.10	40 99							
05	78414	DETERMINE VENTRIC EJECT FRACTION	25.63	40 99							
03	78445	NUCLEAR SCAN OF BLOOD FLOW	106.20	40 99							
05	78445	NUCLEAR SCAN OF BLOOD FLOW	42.48	40 99							
03	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	160.07	40 99							
05	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	64.03	40 99							
03	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	271.22	40 99							X
05	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	108.49	40 99							X
03	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	138.78	40 99							
05	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	55.51	40 99							
03	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	134.62	40 99							X
05	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	53.85	40 99							X
03	78456	ACUTE VENOUS THROMBUS IMAGE	182.32	40 99							
05	78456	ACUTE VENOUS THROMBUS IMAGE	72.92	40 99							
03	78466	MYOCARD IMAGING...AT REST,QUAL.	147.89	40 99							
05	78466	MYOCARD IMAGING...AT REST;QUAL.	59.15	40 99							
03	78468	MYOCARD IMAGING..AT REST;FIRST PASS	181.58	40 99							
05	78468	MYOCARD IMAGING..AT REST;FIRST PASS	72.63	40 99							
03	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	196.02	40 99							
05	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	78.41	40 99							
03	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	199.04	40 99							
05	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	79.62	40 99							
03	78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	280.25	40 99							
05	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	112.10	40 99							
03	78481	CARD BLD POOL IMAG-FRST PASS TECH...	182.97	40 99							
05	78481	CARD BLD POOL IMAG-FIRST PASS TECH	73.18	40 99							
03	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	269.75	40 99							
05	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	107.90	40 99							
03	78494	HEART IMAGE, SPECT	230.38	40 99							
05	78494	HEART IMAGE, SPECT	92.15	40 99							
03	78496	HEART FIRST PASS ADD-ON	134.06	40 99							
05	78496	HEART FIRST PASS ADD-ON	53.63	40 99							
03	78499	CARDIOVASCULAR NUCLEAR EXAM	MP	40 99	X						
05	78499	CARDIOVASCULAR NUCLEAR EXAM	MP	40 99	X						X

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	78580	NUCLEAR SCAN OF LUNG	146.86	40 99							
05	78580	NUCLEAR SCAN OF LUNG	58.74	40 99							
03	78584	NUCLEAR SCAN OF LUNG;W/VENT;1 BREATH	124.18	40 99							
05	78584	NUCLEAR SCAN OF LUNG W/VENT;1 BREATH	49.67	40 99							
03	78585	NUCLEAR LUNG SCAN,REBREATHE/WASHOUTO	240.05	40 99							
05	78585	NUCLEAR LUNG SCAN,REBREATHE/WASHOUTU	96.02	40 99							
03	78586	NUCLEAR SCAN OF LUNG	115.93	40 99							
05	78586	NUCLEAR SCAN OF LUNG	46.37	40 99							
03	78587	NUCLEAR SCAN OF LUNG	132.96	40 99							
05	78587	NUCLEAR SCAN OF LUNG	53.19	40 99							
03	78588	PERFUSION LUNG IMAGE	203.49	40 99							
05	78588	PERFUSION LUNG IMAGE	81.40	40 99							
03	78591	NUCLEAR SCAN OF LUNG	113.29	40 99							
05	78591	NUCLEAR SCAN OF LUNG	45.32	40 99							
03	78593	NUCLEAR SCAN OF LUNG	134.17	40 99							
05	78593	NUCLEAR SCAN OF LUNG	53.67	40 99							
03	78594	NUCLEAR SCAN OF LUNG	165.32	40 99							
05	78594	NUCLEAR SCAN OF LUNG	66.12	40 99							
03	78596	PULMONARY QUANTITATIVE DIFFERENTIAL	268.16	40 99							
03	78599	RESPIRATORY NUCLEAR EXAM	MP	40 99							X
05	78599	RESPIRATORY NUCLEAR EXAM	MP	40 99							X
03	78600	NUCLEAR SCAN OF BRAIN	138.39	40 99							
05	78600	NUCLEAR SCAN OF BRAIN	55.36	40 99							
03	78601	NUCLEAR SCAN OF BRAIN	141.87	40 99							
05	78601	NUCLEAR SCAN OF BRAIN	56.75	40 99							
03	78605	NUCLEAR SCAN OF BRAIN	135.71	40 99							
05	78605	NUCLEAR SCAN OF BRAIN	54.27	40 99							
03	78606	NUCLEAR SCAN OF BRAIN	199.21	40 99							
05	78606	NUCLEAR SCAN OF BRAIN	79.68	40 99							
03	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	258.68	40 99							
05	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	103.48	40 99							
03	78610	NUCLEAR SCAN OF BRAIN	126.89	40 99							
05	78610	NUCLEAR SCAN OF BRAIN	50.76	40 99							
03	78630	CEREBROSPINAL FLUID SCAN	217.40	40 99							
05	78630	CEREBROSPINAL FLUID SCAN	86.96	40 99							
03	78635	CEREBROSPINAL FLUID SCAN	179.40	40 99							
05	78635	CEREBROSPINAL FLUID SCAN	71.76	40 99							
03	78645	CEREBROSPINAL FLUID SCAN	168.97	40 99							
05	78645	CEREBROSPINAL FLUID SCAN	67.59	40 99							
03	78647	CEREBROSPINAL FLUID SCAN	236.33	40 99							
05	78647	CEREBROSPINAL FLUID SCAN	94.53	40 99							
03	78650	CEREBROSPINAL FLUID SCAN	207.78	40 99							
05	78650	CEREBROSPINAL FLUID SCAN	83.12	40 99							
03	78660	NUCLEAR EXAM OF TEAR FLOW	108.31	40 99							
05	78660	NUCLEAR EXAM OF TEAR FLOW	43.32	40 99							
03	78699	NERVOUS SYSTEM NUCLEAR EXAM	MP	40 99							X

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	78699	NERVOUS SYSTEM NUCLEAR EXAM	MP	40 99	X						
03	78700	NUCLEAR SCAN OF KIDNEY	121.47	40 99							
05	78700	NUCLEAR SCAN OF KIDNEY	48.58	40 99							
03	78701	NUCLEAR SCAN OF KIDNEY	143.69	40 99							
05	78701	NUCLEAR SCAN OF KIDNEY	57.48	40 99							
03	78707	NUCLEAR SCAN OF KIDNEY	174.85	40 99							
05	78707	NUCLEAR SCAN OF KIDNEY	69.94	40 99							
03	78708	KIDNEY FLOW & FUNCTION IMAGE	185.42	40 99							
05	78708	KIDNEY FLOW & FUNCTION IMAGE	74.17	40 99							
03	78709	KIDNEY FLOW & FUNCTION IMAGE	235.90	40 99							
05	78709	KIDNEY FLOW & FUNCTION IMAGE	94.36	40 99							
03	78710	KIDNEY IMAGING (SPECT)	183.97	40 99							
05	78710	KIDNEY IMAGING (SPECT)	73.59	40 99							
03	78725	NUCLEAR EXAM OF KIDNEY	79.49	40 99							
05	78725	NUCLEAR EXAM OF KIDNEY	31.80	40 99							
03	78730	NUCLEAR EXAM OF BLADDER	55.57	40 99							
05	78730	NUCLEAR EXAM OF BLADDER	22.22	40 99							
03	78740	NUCLEAR EXAM OF URETER	128.61	40 99							
05	78740	NUCLEAR EXAM OF URETER	51.44	40 99							
03	78761	TESTICULAR IMAGING, W/VASCULAR	141.29	40 99							X
05	78761	TESTICULAR IMAGING, W/VASCULAR	56.52	40 99							
03	78799	GENITOURINARY NUCLEAR EXAM	MP	40 99	X						
05	78799	GENITOURINARY NUCLEAR EXAM	MP	40 99	X						
03	78800	NUCLEAR EXAM OF LESION	133.52	40 99							
05	78800	NUCLEAR EXAM OF LESION	53.42	40 99							
03	78801	NUCLEAR EXAM OF LESIONS	173.65	40 99							
05	78801	NUCLEAR EXAM OF LESIONS	69.46	40 99							
03	78802	NUCLEAR EXAM OF LESIONS	224.19	40 99							
05	78802	NUCLEAR EXAM OF LESIONS	89.68	40 99							
03	78803	TUMOR LOCALIZATION (SPECT)	252.99	40 99							
05	78803	TUMOR LOCALIZATION SPECT)	101.20	40 99							
03	78804	TUMOR IMAGING, WHOLE BODY	397.45	40 99							
05	78804	TUMOR IMAGING, WHOLE BODY	158.98	40 99							
03	78805	ABSCESS LOCALIZATION; LIMITED AREA	133.75	40 99							
05	78805	ABSCESS LOCALIZATION; LIMITED AREA	53.50	40 99							
03	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	252.42	40 99							
05	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	100.97	40 99							
03	78999	NUCLEAR DIAGNOSTIC EXAM	MP	40 99	X						
05	78999	NUCLEAR DIAGNOSTIC EXAM	MP	40 99	X						
03	79005	NUCLEAR RX, ORAL ADMIN	133.80	40 99							
05	79005	NUCLEAR RX, ORAL ADMIN	53.52	40 99							
03	79101	NUCLEAR RX, IV ADMIN	141.66	40 99							
05	79101	NUCLEAR RX, IV ADMIN	56.67	40 99							
03	79200	RADIONUCLIDE THERAPY	143.72	40 99							
03	79300	RADIONUCLIDE THERAPY	46.80	40 99							
03	79403	HEMATOPOETIC NUCLEAR THERAPY	192.87	40 99							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	79403	HEMATOPOETIC NUCLEAR THERAPY	77.14	40 99							
03	79440	RADIONUCLIDE THERAPY	141.00	40 99							
03	79445	NUCLEAR RX, INTRA-ARTERIAL	157.47	40 99							
05	79445	NUCLEAR RX, INTRA-ARTERIAL	62.98	40 99							
03	79999	NUCLEAR MEDICINE THERAPY	MP	40 99	X						
05	79999	NUCLEAR MEDICINE THERAPY	MP	40 99	X						
03	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	11.37	40 99							
03	80048	BASIC METABOLIC PANEL	10.76	40 99							
03	80050	GENERAL HEALTH SCREEN PANEL	38.23	40 99							
03	80051	ELECTROLYTE PANEL	8.78	40 99							
03	80053	EXECUTIVE PROFILE	13.44	40 99							
03	80055	OBSTETRIC PANEL	13.71	10 59			F		X		
03	80061	LIPID PROFILE	13.81	10 59							
03	80069	RENAL FUNCTION PANEL	11.04	10 59							
03	80074	ACUTE HEPATITIS PANEL	60.53	10 59							
03	80076	HEPATIC FUNCTION PANEL	10.38	10 59							
03	80100	DRUG, SCREEN;	16.82	10 59							X
03	80101	DRUG, SCREEN;	14.54	10 59							X
03	80102	DRUG, CONFIRMATION, EACH PROCEDURE	14.34	10 59							X
03	80150	AMIKACIN	13.46	10 59							
03	80152	AMITRIPTYLINE	20.70	10 59							
03	80154	BENZODIAZEPINES	21.39	10 59							
03	80156	CARBAMAZEPINE	13.46	10 59							
03	80157	ASSAY, CARBAMAZEPINE, FREE	15.33	10 59							
03	80158	CYCLOSPORINE	20.89	10 59							
03	80160	DESIPRAMINE	19.91	10 59							
03	80162	DIGOXIN	15.36	10 59							
03	80164	DIPROPYLACETIC ACID (VALPROIC ACID)	15.67	10 59							
03	80166	DOXEPIN	14.74	10 59							
03	80168	ETHOSUXIMIDE	18.90	10 59							
03	80170	GENTAMICIN	13.46	10 59							
03	80172	GOLD	18.83	10 59							
03	80173	ASSAY OF HALOPERIDOL	14.79	10 59							
03	80174	IMIPRAMINE	19.91	10 59							
03	80176	LIDOCAINE	14.74	10 59							
03	80178	LITHIUM	7.65	10 59							
03	80182	NORTRIPTYLINE	15.67	10 59							
03	80184	PHENOBARBITAL	13.26	10 59							
03	80185	PHENYTOIN;	15.33	10 59							
03	80186	PHENYTOIN;	15.92	10 59							
03	80188	PRIMIDONE	19.18	10 59							
03	80190	PROCAINAMIDE;	19.37	10 59							
03	80192	PROCAINAMIDE;	19.37	10 59							
03	80194	QUINIDINE	16.88	10 59							
03	80195	ASSAY OF SIROLIMUS	17.63	10 59							
03	80196	SALICYLATE	8.21	10 59							

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	80197	ASSAY FOR TACROLIMUS	17.45	10 59							
03	80198	THEOPHYLLINE	16.36	10 59							
03	80200	TOBRAMYCIN	13.46	10 59							
03	80201	ASSAY FOR TOPIRAMATE	15.15	10 59							
03	80202	VANCOMYCIN	15.67	10 59							
03	80299	QUANTITATION OF DRUG, NOT ELSEWHERE	15.84	10 59							
03	80400	ACTH STIMULATION PANEL;	37.71	10 59							
03	80402	ACTH STIMULATION PANEL;	100.52	10 59							
03	80406	ACTH STIMULATION PANEL;	90.51	10 59							
03	80408	ALDOSTERONE SUPPRESSION EVALUATION P	145.13	10 59							
03	80410	CALCIUM-PENTAGASTRIN STIMULATION PAN	92.89	10 59							
03	80412	CORTICOTROPIC RELEASING HORMONE (CRH	381.14	10 59							
03	80414	CHORIONIC GONADOTROPHIN STIMULATION	59.72	10 59							
03	80415	CHORIONIC GONADOTROPHIN STIMULATION	64.62	10 59							
03	80416	RENIN STIMULATION PANEL	152.60	10 59							
03	80417	RENIN STIMULATION PANEL	50.86	10 59							
03	80418	COMBINED RAPID ANTERIOR PITUITARY EV	670.22	10 59							
03	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	83.30	10 59							
03	80422	GLUCAGON TOLERANCE PANEL;	53.28	10 59							
03	80424	GLUCAGON TOLERANCE PANEL;	58.40	10 59							
03	80426	GONADOTROPIN RELEASING HORMONE STIMU	171.66	10 59							
03	80428	GROWTH HORMONE STIMULATION PANEL (EG	77.11	10 59							
03	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	90.72	10 59							
03	80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSIO	156.21	10 59							
03	80434	INSULIN TOLERANCE PANEL;	116.95	10 59							
03	80435	INSULIN TOLERANCE PANEL;	119.07	10 59							
03	80436	METYRAPONE PANEL	105.41	10 59							
03	80438	THYROTROPIN RELEASING HORMONE (TRH)	58.28	10 59							
03	80439	THYROTROPIN RELEASING HORMONE (TRH)	77.70	10 59							
03	80440	THYROTROPIN RELEASING HORMONE (TRH)	67.24	10 59							
03	80500	CLINICAL PATH CONSULT;LIMITED	19.94	10 59	X				X		
03	80502	CLINICAL PATH CONSULT;COMPREHENSIVE	51.71	10 59	X				X		
03	81000	URINALYSIS WITH MICROSCOPY	3.67	10 59							X
03	81001	URINALYSIS, AUTO, W/SCOPE	3.67	10 59							X
03	81002	ROUTINE URINE ANALYSIS	2.95	10 59							X
03	81003	URINALYSIS, BY DIP STICK OR TABLET R	2.60	10 59							X
03	81005	URINALYSIS	2.51	10 59							X
03	81007	BACTERIA SCREEN B NON-CULT TECH COMM	2.97	10 59							X
03	81015	MICROSCOPIC EXAM OF URINE	3.52	10 59							X
03	81020	URINALYSIS, GLASS TEST	4.27	10 59							X
03	81025	URINE PREGNANCY TEST, BY VISUAL COLO	7.32	10 59							X
03	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.47	10 59							X
03	81099	URINALYSIS TEST PROCEDURE	MP	10 59	X						X
03	82000	ASSAY BLOOD ACETALDEHYDE	14.32	10 59							X
03	82003	ASSAY URINE ACETAMINOPHEN	23.41	10 59							X
03	82009	TEST FOR ACETONE	5.22	10 59							X

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1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	82010	ACETONE ASSAY	9.45	10 59							X
03	82013	ACETYLCHOLINESTERASE ASSAY	12.92	10 59							X
03	82016	ACYLCARNITINES, QUAL	17.62	10 59							X
03	82017	ACYLCARNITINES, QUANT	21.43	10 59							X
03	82024	ACTH RADIOIMMUNE ASSAY	44.67	10 59							
03	82030	RIA ASSAY, BLOOD ADP & AMP	16.35	10 59							
03	82040	ASSAY SERUM ALBUMIN	5.73	10 59							
03	82042	ASSAY URINE ALBUMIN	5.98	10 59							
03	82043	ALBUMIN;	6.70	10 59							
03	82044	ALBUMIN;	3.53	10 59							
03	82045	ALBUMIN, ISCHEMIA MODIFIED	43.62	10 59							
03	82055	ASSAY BLOOD ETHANOL	12.49	10 59							X
03	82075	ASSAY BREATH ETHANOL	13.94	10 59							X
03	82085	ASSAY OF BLOOD ALDOLASE	11.22	10 59							
03	82088	RIA ASSAY, BLOOD ALDOSTERONE	47.14	10 59							
03	82101	ASSAY OF URINE ALKALOIDS	34.72	10 59							
03	82103	ALPHA-1-ANTITRYPSIN;	15.53	10 59							
03	82104	ALPHA-1-ANTITRYPSIN;	16.72	10 59							
03	82105	ALPHA-FETOPROTEIN;	19.40	10 59							
03	82106	ALPHA-FETOPROTEIN;	19.40	10 59							
03	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	82.76	10 59							
03	82108	ALUMINUM, BLOOD (SERUM)	9.80	10 59							
03	82120	AMINES, VAGINAL FLUID QUAL	4.35	10 59							
03	82127	AMINO ACID, SINGLE QUAL	17.62	10 59							X
03	82128	TEST FOR AMINO ACIDS	16.03	10 59							
03	82131	AMINO ACIDS, FRACTIONATION AND QUANT	19.51	10 59							X
03	82135	ASSAY, AMINOLEVULINIC ACID	19.04	10 59							
03	82136	AMINO ACIDS, 2-5 QUANT	21.43	10 59							X
03	82139	AMINO ACIDS, 6+ QUANT	21.43	10 59							X
03	82140	ASSAY OF BLOOD AMMONIA	16.85	10 59							X
03	82143	AMNIOTIC FLUID SCAN	7.96	10 59							
03	82145	ASSAY OF AMPHETAMINES	17.98	10 59							
03	82150	ASSAY OF SERUM AMYLASE	7.49	10 59							X
03	82154	ANDROSTANEDIOL GLUCURONIDE	33.35	10 59							
03	82157	RIA ASSAY OF ANDROSTENEDIONE	33.85	10 59							
03	82160	ANDROSTERONE; RIA	28.92	10 59							
03	82163	RIA ASSAY OF ANGIOTENSIN II	23.74	10 59							
03	82164	ANGIOTENSIN-CONVERTING ENZYME	16.88	10 59							
03	82175	ASSAY OF ARSENIC	21.94	10 59							
03	82180	ASSAY OF ASCORBIC ACID	9.80	10 59							
03	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	9.43	10 59							X
03	82205	ASSAY OF BARBITURATES	13.26	10 59							X
03	82232	BETA-2 MICROGLOBULIN, RIA; SERUM	18.72	10 59							
03	82239	BILE ACIDS;	19.82	10 59							
03	82240	ASSAY BILE ACIDS IN BLOOD	30.73	10 59							
03	82247	BILIRUBIN TOTAL	4.43	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	82248	BILIRUBIN DIRECT	4.43	10 59							
03	82252	FECAL BILIRUBIN TEST	5.26	10 59							
03	82261	ASSAY BIOTINIDASE	21.43	10 59							X
03	82270	TEST FECES FOR BLOOD	3.76	10 59							X
03	82271	OCCULT BLOOD, FECES, SINGLE	4.17	10 59							
03	82272	BLOOD OCCULT PEROXIDASE	4.17	10 59							
03	82274	ASSAY TEST FOR BLOOD, FECAL	20.43	10 59							
03	82286	ASSAY OF BRADYKININ	7.97	10 59							
03	82300	ASSAY CADMIUM IN URINE	26.76	10 59							
03	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	34.23	10 59							
03	82308	RIA ASSAY OF CALCITONIN	30.96	10 59							
03	82310	ASSAY CALCIUM IN BLOOD	5.96	10 59							X
03	82330	ASSAY CALCIUM IN BLOOD	15.80	10 59							
03	82331	ASSAY CALCIUM IN BLD;AFT CAL INF TST	5.98	10 59							
03	82340	ASSAY CALCIUM IN URINE	6.98	10 59							
03	82355	CALCULUS (STONE) ANALYSIS	13.38	10 59							
03	82360	CALCULUS (STONE) ASSAY	14.89	10 59							
03	82365	CALCULUS (STONE) ASSAY	14.90	10 59							
03	82370	X-RAY ASSAY,CALCULUS (STONE)	14.50	10 59							
03	82373	ASSAY, C-D TRANSFER MEASURE	20.89	10 59							
03	82374	ASSAY BLOOD CARBON DIOXIDE	5.65	10 59							X
03	82375	ASSAY BLOOD CARBON MONOXIDE	14.26	10 59							X
03	82376	TEST FOR CARBON MONOXIDE	6.93	10 59							X
03	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	21.94	10 59							
03	82379	ASSAY CARNITINE	21.43	10 59							X
03	82380	ASSAY BLOOD CAROTENE	10.66	10 59							
03	82382	ASSAY URINE CATECHOLAMINES	19.88	10 59							
03	82383	ASSAY BLOOD CATECHOLAMINES	28.98	10 59							
03	82384	ASSAY THREE CATECHOLAMINES	29.20	10 59							
03	82387	CATHEPSIN-D	8.90	10 59							
03	82390	ASSAY BLOOD CERULOPLASMIN	12.43	10 59							
03	82397	CHEMILUMINESCENT ASSAY	5.37	10 59							
03	82415	ASSAY BLOOD CHLORAMPHENICOL	14.65	10 59							
03	82435	ASSAY BLOOD CHLORIDES	5.32	10 59							X
03	82436	ASSAY URINE CHLORIDES	5.81	10 59							
03	82438	ASSAY SPINAL FLUID CHLORIDES	5.65	10 59							
03	82441	TEST FOR CHLOROXYDROCARBONS	6.94	10 59							
03	82465	ASSAY SERUM CHOLESTEROL	5.03	10 59							
03	82480	ASSAY SERUM CHOLINESTERASE	9.11	10 59							
03	82482	ASSAY RBC CHOLINESTERASE	8.89	10 59							X
03	82485	ASSAY CHONDROITIN SULFATE	23.88	10 59							
03	82486	GAS/LIQUID CHROMATOGRAPHY	20.89	10 59							
03	82487	PAPER CHROMATOGRAPHY	18.46	10 59							
03	82488	PAPER CHROMATOGRAPHY	24.71	10 59							
03	82489	THIN LAYER CHROMATOGRAPHY	21.39	10 59							
03	82491	CHROMOTOGRAPHY, QUANTITATIVE;	20.89	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	82492	CHROMOTOGRAPHY, QUANT, MULT	22.96	10 59							
03	82495	ASSAY URINE CHROMIUM	23.46	10 59							
03	82507	ASSAY CITRIC ACID	32.16	10 59							
03	82520	COCAINE,QUANTITATIVE	17.52	10 59							
03	82523	COLLAGEN CROSSLINKS	23.76	10 59							
03	82525	ASSAY BLOOD COPPER	14.35	10 59							
03	82528	RIA ASSAY CORTICOSTERONE	26.04	10 59							
03	82530	CORTISOL;	19.33	10 59							
03	82533	RIA ASSAY PLASMA CORTISOL	18.85	10 59							X
03	82540	CREATINE BLOOD	5.37	10 59							
03	82541	COLUMN CHROMOTOGRAPHY QUAL	22.96	10 59							
03	82542	COLUMN CHROMOTOGRAPHY QUANT	22.96	10 59							
03	82543	COLUMN CHROMOTOGRAPH/ISOTOPE	22.96	10 59							
03	82544	COLUMN CHROMOTOGRAPHY QUANT	22.96	10 59							
03	82550	ASSAY CPK IN BLOOD	7.53	10 59							X
03	82552	ASSAY CPK IN BLOOD	15.49	10 59							X
03	82553	CREATINE KINASE (CK), (CPK);	13.35	10 59							
03	82554	CREATINE KINASE (CK), (CPK);	13.72	10 59							
03	82565	ASSAY BLOOD CREATININE	5.92	10 59							X
03	82570	ASSAY URINE CREATININE	5.98	10 59							
03	82575	CREATININE CLEARANCE TEST	10.92	10 59							
03	82585	ASSAY BLOOD CRYOFIBRINOGEN	9.91	10 59							X
03	82595	ASSAY BLOOD CRYOGLOBULIN	7.49	10 59							
03	82600	ASSAY BLOOD CYANIDE	22.44	10 59							
03	82607	RIA ASSAY FOR VITAMIN B-12	17.43	10 59							
03	82608	CYANOCOBALAMIN;UNSAT.BIND CAPACITY	16.56	10 59							
03	82610	CYSTATIN C	5.97	10 59							
03	82615	TEST FOR URINE CYSTINES	9.44	10 59							
03	82626	DEHYDROEPIANDROSTERONE, RIA	29.23	10 59							
03	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	25.71	10 59							
03	82633	DESOXYCORTICOSTERONE, RIA	35.82	10 59							
03	82634	DESOXYCORTISOL, RIA	33.85	10 59							
03	82638	ASSAY DIBUCAINE NUMBER	14.16	10 59							
03	82646	ASSAY OF DIHYDROCODINONE	23.88	10 59							
03	82649	ASSAY OF DIHYDROMORPHINONE	29.72	10 59							
03	82651	DIHYDROTESTOSTERONE ASSAY	29.85	10 59							
03	82652	DIHYDROTESTOSTERONE (DHT) 1, 25 DIHY	44.51	10 59							X
03	82657	ENZYME CELL ACTIVITY	22.96	10 59							
03	82658	ENZYME CELL ACTIVITY RA	22.96	10 59							
03	82664	ELECTROPHORETIC TEST	39.73	10 59							
03	82666	EPIANDROSTERONE ASSAY	24.84	10 59							
03	82668	ERYTHROPOIETIN BIOASSAY	21.73	10 59							
03	82670	RIA ASSAY OF ESTRADIOL	32.32	10 59							
03	82671	ESTROGENS ASSAY	37.36	10 59							
03	82672	ESTROGEN ASSAY	25.08	10 59							
03	82677	RIA ASSAY OF ESTRIBOL	27.97	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	82679	RIA ASSAY OF ESTRONE	28.87	10 59							
03	82690	ASSAY BLOOD ETHCHLORVYNOL	19.99	10 59							
03	82693	ETHYLENE GLYCOL	17.23	10 59							
03	82696	ASSAY OF ETIOCHOLANOLONE, RIA	27.27	10 59							
03	82705	FATS/LIPIDS,FECEs,SCREENING	5.89	10 59							
03	82710	FATS/LIPIDS, FECEs, ASSAY	19.42	10 59							
03	82715	FECAL FAT ASSAY	19.91	10 59							
03	82725	ASSAY BLOOD FATTY ACIDS	15.39	10 59							
03	82726	LONG CHAIN FATTY ACIDS	22.96	10 59							
03	82728	FERRITIN, SPECIFY METHOD	15.75	10 59							
03	82731	FETAL FIBRONECTIN	74.49	10 59							
03	82735	ASSAY BLOOD FLUROIDE	21.44	10 59							
03	82742	ASSAY OF FLURAZEPAM	22.89	10 59							
03	82746	BLOOD FOLIC ACID RIA	17.00	10 59							
03	82747	FOLIC ACID;	19.91	10 59							
03	82757	ASSAY SEMEN FRUCTOSE	20.07	10 59							
03	82759	RBC GALACTOKINASE ASSAY	24.84	10 59							
03	82760	ASSAY BLOOD GALACTOSE	12.95	10 59							X
03	82775	ASSAY GALACTOSE TRANSFERASE	24.36	10 59							
03	82776	GALACTOSE TRANSFERASE TEST	9.69	10 59							
03	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA,	10.75	10 59							X
03	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	19.05	10 59							
03	82787	GAMMAGLOBULIN (IMMUNOGLOBLIN); IMMUN	6.24	10 59							
03	82800	BLOOD PH	9.80	10 59							X
03	82803	BLOOD GASES: PH, PO2 & PCO2	6.02	10 59							X
03	82805	BLOOD GASES W/O2 SATURATION	10.46	10 59							
03	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	4.43	10 59							
03	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	11.55	10 59							
03	82926	ASSAY GASTRIC ACID	5.36	10 59							
03	82928	ASSAY GASTRIC ACID	7.58	10 59							
03	82938	GASTRIN (SERUM) AFTER SECRETIN STIMU	20.46	10 59							
03	82941	RIA ASSAY OF GASTRIN	20.39	10 59							X
03	82943	RIA ASSAY OF GLUCAGON	16.53	10 59							
03	82945	GLUCOSE OTHER FLUID	4.98	10 59							
03	82946	GLUCAGON TOLERANCE TEST	13.46	10 59							
03	82947	ASSAY BODY FLUID, GLUCOSE	4.54	10 59							X
03	82948	STICK ASSAY OF BLOOD GLUCOSE	3.67	10 59							X
03	82950	GLUCOSE TEST	5.50	10 59							
03	82951	GLUCOSE TOLERANCE TEST (GTT)	14.89	10 59							
03	82952	GTT-ADDED SAMPLES	4.54	10 59							X
03	82953	GLUCOSE-TOLBUTAMIDE TEST	17.51	10 59							
03	82955	ASSAY G6PD ENZYME	11.22	10 59							
03	82960	TEST FOR G6PD ENZYME	7.00	10 59							
03	82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORIN	3.14	10 59							X
03	82963	GLUCOSIDASE,BETA	24.84	10 59							
03	82965	ASSAY BLOOD GDH ENZYME	8.94	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	OVERS	X- UVS >001
03	82975	ASSAY SPINAL FLUID GLUTAMINE	18.32	10 59							
03	82977	ASSAY OF GGT ENZYME	8.32	10 59							
03	82978	GLUTATHIONE ASSAY	16.48	10 59							
03	82979	ASSAY RBC GLUTATHIONE ENZYME	7.97	10 59							
03	82980	ASSAY OF GLUTETHIMIDE	21.19	10 59							
03	82985	GLYCOPROTEIN ELECTROPHORESIS	17.43	10 59							
03	83001	PITUITARY GONADOTROPIN RIA	21.49	10 59							
03	83002	PITUITARY GONADOTROPINS RIA	21.41	10 59							
03	83003	RIA ASSAY GROWTH HORMONE	19.28	10 59							
03	83008	RIA ASSAY GUANOSINE	19.41	10 59							
03	83009	H PYLORI (C-13), BLOOD	37.19	10 59							
03	83010	CHEM ASSAY HAPTOGLOBIN	14.55	10 59							
03	83012	ELP ASSAY HAPTOGLOBINS	19.88	10 59							
03	83013	H PYLORI BREATH TEST ANAL	36.79	10 59							
03	83014	H PYLORI DRUG ADMIN/COLLECT	9.99	10 59							
03	83015	HEAVY METAL SCREENING	13.12	10 59							
03	83018	CHROMATOGRAPH SCREEN, METALS	9.83	10 59							
03	83020	ASSAY HEMOGLOBIN	14.89	10 59							X
03	83021	HEMOGLOBIN CHROMOTOGRAPHY	22.96	10 59							
03	83026	HEMOGLOBIN;	2.74	10 59							
03	83030	FETAL HEMOGLOBIN ASSAY	4.00	10 59							
03	83033	FETAL FECAL HEMOGLOBIN ASSAY	6.90	10 59							
03	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	11.22	10 59							
03	83045	BLOOD METHEMOGLOBIN TEST	5.74	10 59							
03	83050	BLOOD METHEMOGLOBIN ASSAY	8.47	10 59							
03	83051	ASSAY PLASMA HEMOGLOBIN	8.45	10 59							
03	83055	BLOOD SULFHEMOGLOBIN TEST	5.68	10 59							
03	83060	BLOOD SULFHEMOGLOBIN ASSAY	9.57	10 59							
03	83065	HEMOGLOBIN HEAT ASSAY	7.97	10 59							
03	83068	HEMOGLOBIN STABILITY SCREEN	9.80	10 59							
03	83069	ASSAY URINE HEMOGLOBIN	4.56	10 59							
03	83070	ASSAY URINE HEMOSIDERIN	5.50	10 59							
03	83071	HEMOSIDERIN,RIA	7.96	10 59							
03	83080	B HEXOSAMINIDASE ASSAY	21.43	10 59							X
03	83088	ASSAY HISTAMINE	34.15	10 59							
03	83090	ASSAY OF HOMOCYSTEINE	21.43	10 59							
03	83150	ASSAY URINE FOR HVA	22.39	10 59							
03	83491	HYDROXYCORTICOSTEROIDS,17-RIA	20.25	10 59							
03	83497	ASSAY URINE 5-HIAA	14.90	10 59							
03	83498	RIA ASSAY OF PROGESTERONE	31.41	10 59							
03	83499	ASSAY OF PROGESTERONE	29.15	10 59							
03	83500	ASSAY URINE HYDROXYPROLINE	26.20	10 59							
03	83505	ASSAY URINE HYDROXYPROLINE	28.10	10 59							
03	83516	IMMUNOASSAY FOR ANALYTE OTHER THAN I	13.34	10 59							
03	83518	IMMUNOASSAY FOR ANALYTE OTHER THAN I	5.37	10 59							
03	83519	IMMUNOASSAY FOR ANALYTE OTHER THAN I	5.38	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	83520	IMMUNOASSAY FOR ANALYTE OTHER THAN I	14.97	10 59							
03	83525	RIA ASSAY OF INSULIN	13.23	10 59							X
03	83527	INSULIN;	14.97	10 59							
03	83528	INTRINSIC FACTOR LEVEL	18.39	10 59							
03	83540	ASSAY SERUM IRON	6.19	10 59							
03	83550	SERUM IRON BINDING TEST	10.11	10 59							
03	83570	UV-ASSAY BLOOD IDH ENZYME	10.23	10 59							
03	83582	ASSAY URINE 17-KGS	16.39	10 59							
03	83586	ASSAY BLOOD 17-KETOSTEROIDS	14.81	10 59							
03	83593	CHROMATOGRAPH KETOSTEROIDS	9.83	10 59							
03	83605	LACTIC ACID ASSAY	12.35	10 59							X
03	83615	UV-ASSAY BLOOD LDH ENZYME	6.99	10 59							X
03	83625	ASSAY BLOOD LDH ENZYMES	10.70	10 59							X
03	83630	LACTOFERRIN, FECAL (QUAL)	22.70	10 59							
03	83632	RIA PLACENTAL LACTOGEN	23.38	10 59							
03	83633	TEST URINE FOR LACTOSE	6.37	10 59							
03	83634	ASSAY URINE FOR LACTOSE	9.36	10 59							
03	83655	ASSAY BLOOD FOR LEAD	14.00	10 59							
03	83661	ASSAY AMNIOTIC L/S RATIO	25.42	10 59							
03	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	21.88	10 59							
03	83663	FLUORO POLARIZE, FETAL LUNG	21.88	10 59							
03	83664	LAMELLAR BDY, FETAL LUNG	21.88	10 59							
03	83670	UV-ASSAY BLOOD LAP ENZYME	10.60	10 59							
03	83690	ASSAY BLOOD LIPASE	7.97	10 59							
03	83695	ASSAY OF LIPOPROTEIN(A)	16.64	10 59							
03	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	43.62	10 59							
03	83701	LIPOPROTEIN BLD, HR FRACTION	31.90	10 59							
03	83704	LIPOPROTEIN, BLD, BY NMR	40.54	10 59							
03	83718	BLOOD LIPOPROTEIN ASSAY	9.47	10 59							
03	83719	LIPOPROTEIN,VLDL CHOLESTEROL	13.46	10 59							
03	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	9.88	10 59							
03	83727	LUTEINIZING RELEASING FACTOR, RIA	19.88	10 59							
03	83735	ASSAY BLOOD MAGNESIUM	7.75	10 59							X
03	83775	UV-ASSAY OF MD ENZYME	8.53	10 59							
03	83785	ASSAY OF MANGANESE	24.64	10 59							
03	83788	MASS SPECTROMETRY QUAL	22.96	10 59							X
03	83789	MASS SPECTROMETRY QUANT	22.96	10 59							X
03	83805	ASSAY OF MEPROBAMATE	20.38	10 59							
03	83825	ASSAY BLOOD MERCURY	18.80	10 59							
03	83835	ASSAY URINE METANEPHRINES	19.58	10 59							
03	83840	ASSAY METHADONE	18.88	10 59							
03	83857	ASSAY METHEMALBUMIN	12.43	10 59							
03	83858	ASSAY SERUM METHSUXIMIDE	17.14	10 59							
03	83864	BLOOD MUCOPOLYSACCHARIDES	23.02	10 59							
03	83866	MUCOPOLYSACCHARIDES SCREEN	11.39	10 59							
03	83872	ASSAY SYNOVIAL FLUID MUCIN	5.69	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	83873	MYELIN BASIC PROTEIN,CSF,RIA	19.90	10 59							
03	83874	MYOGLOBIN ELECTROPHORESIS	14.93	10 59							
03	83876	MYELOPEROXIDASE (MPO)	17.39	10 59							
03	83880	NATRIURETIC PEPTIDE	43.62	10 59							
03	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	5.37	10 59							X
03	83885	ASSAY URINE FOR NICKEL	28.33	10 59							
03	83887	ASSAY NICOTINE	27.39	10 59							
03	83890	NUCLEAR MOLECULAR DIAGNOSTICS;	4.63	10 59							X
03	83891	MOLECULE ISOLATE NUCLEIC	5.10	10 59							
03	83892	NUCLEAR MOLECULAR DIAGNOSTICS;	4.63	10 59							X
03	83893	MOLECULE DOT/SLOT/BLOT	5.10	10 59							
03	83894	NUCLEAR MOLECULAR DIAGNOSTICS;	4.63	10 59							X
03	83896	NUCLEAR MOLECULAR DIAGNOSTICS;	4.63	10 59							X
03	83897	MOLECULE NUCLEIC TRANSFER	5.10	10 59							
03	83898	NUCLEAR MOLECULAR DIAGNOSTICS;	19.38	10 59							X
03	83900	MOLECULAR NUCLEIC AMP, FIRST TWO	21.93	10 59							X
03	83901	MOLECULE NUCLEIC AMP	21.31	10 59							
03	83902	MOLECULAR DIAGNOSTICS	18.03	10 59							
03	83903	MOLECULE MUTATION SCAN	21.31	10 59							
03	83904	MOLECULE MUTATION IDENTIFY	21.31	10 59							
03	83905	MOLECULE MUTATION IDENTIFY	21.31	10 59							
03	83906	MOLECULE MUTATION IDENTIFY	21.31	10 59							
03	83907	LYSE CELLS FOR NUCLEIC EXT	17.16	10 59							
03	83908	NUCLEIC ACID, SIGNAL AMPLI	21.54	10 59							
03	83909	NUCLEIC ACID, HIGH RESOLUTE	21.54	10 59							
03	83912	NUCLEIC ACID PROBE,ELECTROPHOR,EXAM.	4.63	10 59							
03	83913	MOLECULAR DIAGNOSTICS;RNA STABILIZ	17.16	10 59							
03	83914	MUTATION IDENT OLA/SBCE/ASPE	21.54	10 59							
03	83915	ASSAY NUCLEOTIDASE	12.89	10 59							
03	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	23.25	10 59							
03	83918	ASSAY ORGANIC ACIDS	19.04	10 59							
03	83919	ASSAY ORGANIC ACIDS QUAL	20.92	10 59							
03	83921	ORGANIC ACID, SINGLE, QUANT	20.92	10 59							
03	83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	22.50	10 59							
03	83930	ASSAY BLOOD OSMOLALITY	7.65	10 59							X
03	83935	ASSAY URINE OSMOLALITY	7.88	10 59							X
03	83937	OSTEOCALCIN (BONE G1A PROTEIN)	34.53	10 59							
03	83945	ASSAY URINE OXALATE	14.89	10 59							
03	83950	ONCORPROTEIN, HER-2/NEU	81.85	10 59							
03	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	86.48	10 59							
03	83970	RIA ASSAY OF PARATHORMONE	47.73	10 59							
03	83986	PH; BODY FLUID, NOT OTHERWISE SPECIF	4.14	10 59							X
03	83987	PH; EXHALED BREATH CONDENSATE	18.19	10 59							
03	83992	ASSAY FOR PHENCYCLIDINE	17.00	10 59							
03	83993	CALPROTECTIN, FECAL	25.22	10 59							
03	84022	ASSAY URINE PHENOTHIAZINE	18.00	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	84030	ASSAY BLOOD PKU	6.37	10 59							X
03	84035	ASSAY BLOOD PHENYLKETONES	4.23	10 59							X
03	84060	ASSAY BLOOD ACID PHOSPHATASE	8.54	10 59							
03	84061	PHOSPHATASE, ACID;	9.15	10 59							
03	84066	ASSAY PROSTATE PHOSPHATASE, RIA	11.17	10 59							
03	84075	ASSAY ALKALINE PHOSPHATASE	5.98	10 59							
03	84078	ASSAY ALKALINE PHOSPHATASE	6.67	10 59							
03	84080	ASSAY ALKALINE PHOSPHATASES	17.10	10 59							
03	84081	PHOSPHATYDYLGLYCEROL	19.11	10 59							
03	84085	ASSAY RBC PG6D ENZYME	7.80	10 59							X
03	84087	ASSAY PHOSPHOHEXOSE ENZYMES	11.94	10 59							
03	84100	ASSAY BLOOD PHOSPHORUS	5.49	10 59							
03	84105	ASSAY URINE PHOSPHORUS	5.98	10 59							
03	84106	TEST FOR PORPHOBILINOGEN	4.96	10 59							
03	84110	ASSAY PORPHOBILINOGEN	5.69	10 59							
03	84119	TEST URINE FOR PORPHYRINS	9.96	10 59							
03	84120	ASSAY URINE PORPHYRINS	17.01	10 59							
03	84126	ASSAY FECES PORPHYRINS	29.46	10 59							
03	84127	PORPHYRINS, FECES;	11.54	10 59							
03	84132	ASSAY BLOOD POTASSIUM	5.32	10 59							X
03	84133	ASSAY URINE POTASSIUM	4.97	10 59							X
03	84134	PREALBUMIN	6.44	10 59							
03	84135	PREGNANEDIOL; RIA	22.13	10 59							
03	84138	PREGNANETRIOL;RIA	21.90	10 59							
03	84140	PREGNENOLONE	23.91	10 59							
03	84143	17-HYDROXYPREGNENOLONE	26.40	10 59							
03	84144	ASSAY PROGESTERONE	24.13	10 59							
03	84145	PROCALCITONIN (PCT)	22.21	10 59							
03	84146	RIA ASSAY FOR PROLACTIN	22.41	10 59							
03	84150	RIA ASSAY OF PROSTAGLANDIN	28.87	10 59							
03	84152	ASSAY OF PSA, COMPLEXED	23.38	10 59						M	
03	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	21.27	10 59							
03	84154	PSA FREE	23.38	10 59							
03	84155	ASSAY SERUM PROTEIN	4.24	10 59							
03	84156	ASSAY OF PROTEIN, URINE	4.71	10 59							
03	84157	ASSAY OF PROTEIN, OTHER	4.71	10 59							
03	84160	ASSAY SERUM PROTEIN	5.69	10 59							
03	84163	PAPPA, SERUM	19.34	10 59						F	
03	84165	ASSAY SERUM PROTEINS	12.43	10 59							
03	84166	PROTEIN E-PHORESIS/URINE/CSF	22.92	10 59							
03	84182	PROTEIN;	20.82	10 59							X
03	84202	ASSAY RBC PROTOPORPHYRIN	16.60	10 59							
03	84203	TEST RBC PROTOPORPHYRIN	9.96	10 59							
03	84206	RIA ASSAY OF PROINSULIN	20.60	10 59							
03	84207	ASSAY VITAMIN B-6	16.35	10 59							
03	84210	ASSAY BLOOD PYRUVATE	12.55	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	84220	ASSAY RBC PYRUVIC KINASE	10.90	10 59							
03	84228	ASSAY QUININE	13.46	10 59							
03	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	74.49	10 59							
03	84234	RECEPTOR ASSAY; PROGESTERONE	75.02	10 59							
03	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	60.53	10 59							
03	84238	RECEPTOR ASSAY;	42.28	10 59							
03	84244	RIA ASSAY OF RENIN	25.44	10 59							X
03	84252	ASSAY VITAMIN B-2	23.41	10 59							
03	84255	ASSAY SELENIUM	29.52	10 59							
03	84260	ASSAY BLOOD SEROTONIN	35.82	10 59							
03	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	25.12	10 59							
03	84275	ASSAY BLOOD SIALIC ACID	15.53	10 59							
03	84285	ASSAY SILICA	27.23	10 59							
03	84295	ASSAY BLOOD SODIUM	5.57	10 59							X
03	84300	ASSAY URINE SODIUM	5.62	10 59							X
03	84302	ASSAY OF SWEAT SODIUM	6.24	10 59							X
03	84305	SOMATOMEDIN	22.71	10 59							
03	84307	SOMATOSTATIN	21.15	10 59							
03	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.08	10 59							
03	84315	BODY FLUID SPECIFIC GRAVITY	2.90	10 59							
03	84375	CHROMATOGRAM ASSAY, SUGARS	22.67	10 59							
03	84376	SUGARS SINGLE QUAL	7.00	10 59							X
03	84377	SUGARS MULTIPLE QUAL	7.00	10 59							X
03	84378	SUGARS SINGLE QUANT	10.29	10 59							X
03	84379	SUGARS MULTIPLE QUANT	10.29	10 59							X
03	84392	SULFATE, URINE	5.50	10 59							X
03	84402	TESTOSTERONE;	29.44	10 59							
03	84403	RIA ASSAY BLOOD TESTOSTERONE	29.86	10 59							
03	84425	ASSAY VITAMIN B-1	24.56	10 59							
03	84430	ASSAY BLOOD THIOCYANATE	12.27	10 59							
03	84431	THROMBOXANE METABOLITE(S), INCLUDING	14.83	10 59							
03	84432	THYROGLOBULIN	18.57	10 59							
03	84436	THYROXINE, TRUE, RIA	5.59	10 59							
03	84437	THYROXINE, NEONATAL	7.49	10 59							
03	84439	THYROID PANEL	10.43	10 59							
03	84442	THYROID ACTIVITY (TBG) ASSAY	15.17	10 59							
03	84443	RIA ASSAY OF TS HORMONE	19.42	10 59							
03	84445	RIA THYROTROPIN FACTOR	21.28	10 59							
03	84446	ASSAY VITAMIN E	16.40	10 59							
03	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	20.82	10 59							
03	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.98	10 59							X
03	84460	UV-ASSAY TRANSAMINASE (SGPT)	6.13	10 59							X
03	84466	TRANSFERRIN	14.77	10 59							
03	84478	ASSAY BLOOD TRIGLYCERIDES	6.66	10 59							
03	84479	TRIIODOTHYRONINE, RESIN UPTAKE	5.38	10 59							
03	84480	RIA ASSAY, T-3	7.42	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	84481	TRIIODOTHYRONINE, FREE RIA	11.41	10 59							
03	84482	TRIDOTHYRONINE (T-3);	5.38	10 59							
03	84484	TROPONIN	12.50	10 59							
03	84485	ASSAY DUODENAL FLUID TRYPSIN	8.68	10 59							
03	84488	TEST FECES FOR TRYPSIN	8.44	10 59							
03	84490	ASSAY FECES FOR TRYPSIN	8.18	10 59							
03	84510	ASSAY BLOOD TYROSINE	12.03	10 59							
03	84512	TROPONIN, QUAL	9.79	10 59							
03	84520	ASSAY BUN	4.56	10 59							X
03	84525	STICK-ASSAY BUN	4.35	10 59							X
03	84540	ASSAY URINE UREA-N	5.38	10 59							X
03	84545	UREA-N CLEARANCE TEST	7.64	10 59							
03	84550	ASSAY BLOOD URIC ACID	5.22	10 59							
03	84560	ASSAY URINE URIC ACID	5.50	10 59							
03	84577	ASSAY FECES UROBILINOGEN	14.43	10 59							
03	84578	TEST URINE UROBILINOGEN	3.76	10 59							
03	84580	ASSAY URINE UROBILINOGEN	8.21	10 59							
03	84583	ASSAY URINE UROBILINOGEN	5.81	10 59							
03	84585	ASSAY URINE VMA	17.93	10 59							
03	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	40.86	10 59							
03	84588	RIA ASSAY VASOPRESSIN	39.26	10 59							
03	84590	ASSAY BLOOD VITAMIN-A	13.41	10 59							
03	84591	ASSAY OF NOS VITAMIN	14.73	10 59							
03	84597	ASSAY VITAMIN-K	15.86	10 59							
03	84600	ASSAY FOR VOLATILES	18.58	10 59							
03	84620	XYLOSE TOLERANCE TEST, BLOOD	13.70	10 59							
03	84630	ASSAY BLOOD ZINC	13.17	10 59							
03	84681	C-PEPTIDE	22.99	10 59							
03	84702	GONADOTROPIN, CHORIONIC; QUANTITATIVE	17.41	10 59							
03	84703	GONADOTROPIN, CHORIONIC; QUALITATIVE	8.68	10 59							
03	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	19.34	10 59							
03	84830	OVULATION TESTS, BY VISUAL COLOR COM	11.61	10 59							
03	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP	10 59							X
03	85002	BLEEDING TIME TEST	5.20	10 59							X
03	85004	AUTOMATED DIFF WBC COUNT	8.31	10 59							
03	85007	DIFFERENTIAL WBC COUNT	2.90	10 59							X
03	85008	BLOOD COUNT;	3.98	10 59							
03	85009	DIFFERENTIAL WBC COUNT	4.30	10 59							X
03	85013	BLOOD COUNT;	2.74	10 59							
03	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.74	10 59							X
03	85018	HEMOGLOBIN, COLORIMETRIC	2.74	10 59							X
03	85025	BLOOD COUNT; HEMO. PLAT. COUNT, AUTO/AUT	8.99	10 59							
03	85027	HEMOGRAM, AUTOMATED W/PLATELET COUNT	7.49	10 59							X
03	85032	MANUAL CELL COUNT, EACH	5.53	10 59							X
03	85041	RED BLOOD CELL (RBC) COUNT	3.48	10 59							X
03	85044	RETICULOCYTE COUNT	4.97	10 59							

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	4.62	10 59							
03	85046	RETICYTE, HGB CONCENTRATE	7.10	10 59							
03	85048	WHITE BLOOD CELL (WBC) COUNT	2.94	10 59							
03	85049	AUTOMATED PLATELET COUNT	5.27	10 59							
03	85055	RETICULATED PLATELET ASSAY	25.87	10 59							
03	85097	BONE MARROW SMEAR INTERPRET	74.78	10 59							X
03	85130	CHROMOGENIC SUBSTRATE ASSAY	13.76	10 59							
03	85170	BLOOD CLOT RETRACTION SCREEN	4.18	10 59							X
03	85175	BLOOD CLOT LYSIS TIME	5.26	10 59							X
03	85210	BLOOD CLOT FACTOR II TEST	6.67	10 59							X
03	85220	BLOOD CLOT FACTOR V TEST	16.35	10 59							X
03	85230	BLOOD CLOT FACTOR VII TEST	16.35	10 59							X
03	85240	BLOOD CLOT FACTOR VIII TEST	20.71	10 59							X
03	85244	FACTOR VIII RELATED ANTIGEN QUAN	23.62	10 59					X		X
03	85245	CLOTTING;	26.53	10 59							
03	85246	CLOTTING;	26.53	10 59							
03	85247	CLOTTING;	26.53	10 59							
03	85250	BLOOD CLOT FACTOR IX TEST	22.01	10 59							X
03	85260	BLOOD CLOT FACTOR X TEST	16.35	10 59							X
03	85270	BLOOD CLOT FACTOR XI TEST	16.35	10 59							X
03	85280	BLOOD CLOT FACTOR XII TEST	16.35	10 59							X
03	85290	BLOOD CLOT FACTOR XIII TEST	16.35	10 59							X
03	85291	BLOOD CLOT FACTOR XIII TEST	10.28	10 59							X
03	85292	CLOTTING; PREKALLIKRIEW ASSAY	21.90	10 59							
03	85293	CLOTTING;H-M-W KINNOGEN ASSA	21.90	10 59							
03	85300	ANTITHROMBIN III TEST	13.70	10 59							X
03	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	12.50	10 59							X
03	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	13.90	10 59							X
03	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	14.75	10 59							
03	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	13.41	10 59							
03	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	17.73	10 59							
03	85307	ASSAY ACTIVATED PROTEIN C	19.48	10 59							
03	85335	FACTOR INHIBITOR TEST	14.89	10 59							
03	85337	THROMBOMODULIN	12.05	10 59							
03	85345	COAGULATION TIME	4.97	10 59							X
03	85347	COAGULATION TIME	3.33	10 59							X
03	85348	COAGULATION TIME	4.31	10 59							X
03	85360	EUGLOBULIN LYSIS	9.72	10 59							
03	85362	FIBRIN DEGRADATION PRODUCTS	6.58	10 59							X
03	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	9.96	10 59							
03	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	11.82	10 59							
03	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	6.56	10 59							
03	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	11.77	10 59							
03	85380	FIBRIN DEGRADATION, VTE	13.08	10 59							
03	85384	FIBRINOGEN;	9.83	10 59							
03	85385	FIBRINOGEN;	9.83	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	85390	FIBRINOLYSINS SCREEN	5.98	10 59							
03	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	30.82	10 59							
03	85400	FIBRINOLYTIC PLASMIN	10.23	10 59							
03	85410	FIBRINOLYTIC ANTIPLASMIN	8.91	10 59							
03	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	19.88	10 59							
03	85420	FIBRINOLYTIC PLASMINOGEN	7.56	10 59							
03	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	11.78	10 59							
03	85441	HEINZ BODIES; DIRECT	4.86	10 59							
03	85445	HEINZ BODIES; INDUCED	7.88	10 59							
03	85460	HEMOGLOBIN, FETAL	5.38	10 59							
03	85461	HEMOGLOBIN, FETAL	3.58	10 59							
03	85475	HEMOLYSIN, ACID	10.26	10 59							
03	85520	HEPARIN ASSAY	9.80	10 59							
03	85525	HEPARIN NEUTRALIZATION	9.80	10 59							
03	85530	HEPARIN-PROTAMINE TOLERANCE	16.40	10 59							
03	85536	IRON STAIN PERIPHERAL BLOOD	8.23	10 59							
03	85540	WBC ALKALINE PHOSPHATASE	9.95	10 59							
03	85547	RBC MECHANICAL FRAGILITY	9.95	10 59							
03	85549	SERUM MURAMIDASE	21.69	10 59							
03	85555	RBC OSMOTIC FRAGILITY	5.38	10 59							
03	85557	RBC OSMOTIC FRAGILITY	15.44	10 59							
03	85576	PLATELET;AGGREGATION (IN VITRO)	24.84	10 59							X
03	85590	PLATELET PHASE MICROSCOPY	4.64	10 59							X
03	85597	PLATELET NEUTRALIZATION	15.51	10 59							
03	85610	PROTHROMBIN TIME	4.55	10 59							X
03	85611	PROTHROMBIN TIME;	4.56	10 59							X
03	85612	VIPER VENOM PROTHROMBIN TIME	11.06	10 59							
03	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	11.06	10 59							
03	85635	REPTILASE TEST	11.39	10 59							
03	85651	RBC SEDIMENTATION RATE	4.10	10 59							
03	85652	RBC SED RATE, AUTO	3.12	10 59							
03	85660	RBC SICKLE CELL TEST	6.39	10 59							X
03	85670	THROMBIN TIME; PLASMA	6.68	10 59							
03	85675	THROMBIN TIME; TITER	7.93	10 59							
03	85705	THROMBOPLASTIN INHIBITION;	7.95	10 59							
03	85730	THROMBOPLASTIN TIME, PARTIAL	6.94	10 59							X
03	85732	THROMBOPLASTIN TIME, PARTIAL	7.49	10 59							X
03	85810	BLOOD VISCOSITY EXAMINATION	13.51	10 59							X
03	85999	HEMATOLOGY PROCEDURE	MP	10 59	X						
03	86000	AGGLUTININS; FEBRILE	8.07	10 59							
03	86001	ALLERGEN SPECIFIC IGG	6.64	10 59							X
03	86003	ALLERGEN SPECIFIC IGE;	6.04	10 59							X
03	86005	ALLERGEN SPECIFIC IGE;	9.23	10 59							
03	86021	WBC ANTIBODY IDENTIFICATION	17.41	10 59							
03	86022	PLATELET ANTIBODIES	21.23	10 59							
03	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	14.40	10 59							

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	13.98	10 59							
03	86039	ANTINUCLEAR ANTIBODIES (ANA);	12.91	10 59							
03	86060	ANTISTREPTOLYSIN O TITER	8.44	10 59							
03	86063	ANTISTREPTOLYSIN O SCREEN	6.68	10 59							
03	86140	C-REACTIVE PROTEIN	5.98	10 59							
03	86141	C-REACTIVE PROTEIN, HS	16.45	10 59							
03	86146	GLYCOPROTEIN ANTIBODY	14.77	10 59							
03	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	13.45	10 59							
03	86148	PHOSPHOLIPID ANTIBODY	14.77	10 59							
03	86155	CHEMOTAXIS ASSAY	18.49	10 59							
03	86156	COLD AGGLUTININ;	7.75	10 59							
03	86157	COLD AGGLUTININ;	9.33	10 59							
03	86160	COMPLEMENT;	13.89	10 59							X
03	86161	COMPLEMENT;	13.89	10 59							X
03	86162	COMPLEMENT; TOTAL (CH 50)	22.06	10 59							
03	86171	COMPLEMENT FIXATION, EACH	11.59	10 59							
03	86185	COUNTERELECTROPHORESIS, EACH	10.35	10 59							
03	86200	CCP ANTIBODY	16.64	10 59							
03	86215	DEOXYRIBONUCLEASE, ANTIBODY	15.32	10 59							
03	86225	DNA ANTIBODY	15.90	10 59							
03	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	14.01	10 59							
03	86235	ENA ANTIBODY	13.46	10 59							
03	86243	FC RECEPTOR ASSAY	23.74	10 59							
03	86255	FLUORESCENT ANTIBODY; SCREEN	13.12	10 59							
03	86256	FLUORESCENT ANTIBODY; TITER	13.94	10 59							
03	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	18.20	10 59							
03	86280	HEMAGGLUTINATION INHIBITION	9.47	10 59							
03	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	26.45	10 59							
03	86301	IMMUNOASSAY, TUMOR, CA 19-9	26.45	10 59							
03	86304	IMMUNOASSAY, TUMOR CA 125	26.45	10 59							
03	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	23.85	10 59			F				
03	86308	HETEROPHILE ANTIBODIES;	5.98	10 59							
03	86309	HETEROPHILE ANTIBODIES;	7.49	10 59							
03	86310	HETEROPHILE ANTIBODIES	8.53	10 59							
03	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	24.05	10 59							X
03	86317	IMMUNOASSAY/INFECTIOUS AGENT	17.34	10 59							
03	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	14.97	10 59							
03	86320	SERUM IMMUNOELECTROPHORESIS	25.92	10 59							
03	86325	OTHER IMMUNOELECTROPHORESIS	25.86	10 59							
03	86327	IMMUNOELECTROPHORESIS;	26.24	10 59							
03	86329	IMMUNODIFFUSION, EACH	16.24	10 59							X
03	86331	IMMUNODIFFUSION OUCHTERLONY	13.87	10 59							
03	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	28.19	10 59							
03	86334	IMMUNOFIXATION ELECTROPHORESIS	25.84	10 59							
05	86334	IMMUNOFIXATION ELECTROPHORESIS	10.34	10 59							
03	86336	INHIBIN A	18.01	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	OVERS	X- UVS >001
03	86337	INSULIN ANTIBODIES, RIA	12.09	10 59							
03	86340	INTRINSIC FACTOR ANTIBODIES, RIA	17.43	10 59							
03	86341	ISLET CELL ANTIBODY	22.89	10 59							
03	86344	LEUKOCYTE PHAGOCYTOSIS	9.23	10 59							
03	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	77.84	10 59							
03	86353	LYMPHOCYTE TRANSFORMATION	56.68	10 59							
03	86355	B CELLS, TOTAL COUNT	48.47	10 59							
03	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	25.87	10 59							X
03	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	48.47	10 59							
03	86359	T CELLS;	43.62	10 59							
03	86360	T CELLS;	46.56	10 59							
03	86361	T CELL ABSOLUTE COUNT	25.59	10 59							
03	86367	STEM CELLS, TOTAL COUNT	48.47	10 59							
03	86376	MICROSOMAL ANTIBODY (THYROID); RIA	16.83	10 59							
03	86378	MIGRATION INHIBITORY FACTOR	22.77	10 59							
03	86382	NEUTRALIZATION TEST, VIRAL	19.56	10 59							
03	86384	NITROBLUE TETRAZOLIUM DYE	13.17	10 59							
03	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	11.79	10 59							
03	86406	PARTICLE AGGLUTINATION TEST	12.30	10 59							
03	86430	RHEUMATOID FACTOR LATEX FIXATION	6.57	10 59							
03	86431	RHEUMATOID FACTOR;	6.57	10 59							
03	86480	TB TEST, CELL IMMUN MEASURE	79.63	10 59							
03	86485	SKIN TEST;	6.74	10 59							
03	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	4.15	10 59							
03	86490	COCCIDIOIDOMYCOSIS SKIN TEST	7.30	10 59							
03	86510	HISTOPLASMOSIS SKIN TEST	8.10	10 59							
03	86580	TB PATCH OR INTRADERMAL TEST	6.77	10 59							
03	86590	STREPTOKINASE, ANTIBODY	6.58	10 59							
03	86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBO	4.93	10 59							
03	86593	SYPHILIS TEST, NON-TREPONEMAL ANTIBO	5.10	10 59							
03	86602	ANTIBODY;	11.77	10 59							
03	86603	ANTIBODY;	14.88	10 59							
03	86606	ANTIBODY;	17.41	10 59							
03	86609	ANTIBODY;	14.90	10 59							
03	86611	BARTONELLA ANTIBODY	12.93	10 59							
03	86612	ANTIBODY;	14.92	10 59							
03	86615	ANTIBODY;	15.26	10 59							
03	86617	LYME DISEASE ANTIBODY	17.92	10 59							
03	86618	ANTIBODY;	19.70	10 59							
03	86619	ANTIBODY;	15.47	10 59							
03	86622	ANTIBODY;	10.33	10 59							
03	86625	ANTIBODY;	15.17	10 59							
03	86628	ANTIBODY;	13.89	10 59							
03	86631	ANTIBODY;	13.68	10 59							
03	86632	ANTIBODY;	14.69	10 59							
03	86635	ANTIBODY;	13.27	10 59							

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	86638	ANTIBODY;	14.03	10 59							
03	86641	ANTIBODY;	16.68	10 59							
03	86644	ANTIBODY;	16.65	10 59							
03	86645	ANTIBODY;	19.49	10 59							
03	86648	ANTIBODY;	17.59	10 59							
03	86651	ANTIBODY;	15.26	10 59							
03	86652	ANTIBODY;	15.26	10 59							
03	86653	ANTIBODY;	15.26	10 59							
03	86654	ANTIBODY;	15.26	10 59							
03	86658	ANTIBODY;	15.07	10 59							
03	86663	ANTIBODY;	15.17	10 59							
03	86664	ANTIBODY;	17.70	10 59							
03	86665	ANTIBODY;	20.61	10 59							
03	86666	EHRlichia ANTIBODY	12.93	10 59							
03	86668	ANTIBODY;	12.03	10 59							
03	86671	ANTIBODY;	14.18	10 59							
03	86674	ANTIBODY;	13.45	10 59							
03	86677	ANTIBODY;	13.45	10 59							
03	86682	ANTIBODY;	15.04	10 59							
03	86684	ANTIBODY;	18.33	10 59							
03	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	9.70	10 59							
03	86688	ANTIBODY;	12.22	10 59							
03	86689	CONFIRMATORY TEST	22.40	10 59							
03	86692	ANTIBODY;	14.75	10 59							
03	86694	ANTIBODY;	16.65	10 59							
03	86695	ANTIBODY;	15.26	10 59							
03	86696	HERPES SIMPLEX TYPE 2	24.60	10 59							
03	86698	ANTIBODY;	14.45	10 59							
03	86701	ANTIBODY;	10.27	10 59							
03	86702	ANTIBODY;	12.22	10 59							
03	86703	ANTIBODY;	12.22	10 59							
03	86704	HEP B CORE AB TEST, IGG & M	15.32	10 59							
03	86705	HEP B CORE AB TEST, IGM	14.96	10 59							
03	86706	HEPATITIS B SURFACE AB TEST	13.65	10 59							
03	86707	HEPATITIS BE AB TEST	14.70	10 59							
03	86708	HEP A AB TEST, IGG & M	14.79	10 59							
03	86709	HEP A AB TEST, IGM	14.30	10 59							
03	86710	ANTIBODY;	15.68	10 59							
03	86713	ANTIBODY;	17.71	10 59							
03	86717	ANTIBODY;	14.17	10 59							
03	86720	ANTIBODY;	15.26	10 59							
03	86723	ANTIBODY;	15.26	10 59							
03	86727	ANTIBODY;	14.88	10 59							
03	86729	ANTIBODY;	13.81	10 59							
03	86732	ANTIBODY;	15.26	10 59							
03	86735	ANTIBODY;	15.10	10 59							

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	86738	ANTIBODY;	15.32	10 59							
03	86741	ANTIBODY;	15.26	10 59							
03	86744	ANTIBODY;	15.26	10 59							
03	86747	ANTIBODY;	17.38	10 59							
03	86750	ANTIBODY;	15.26	10 59							
03	86753	ANTIBODY;	14.33	10 59							
03	86756	ANTIBODY;	14.90	10 59							
03	86757	RICKETTSIA ANTIBODY	24.60	10 59							
03	86759	ANTIBODY;	15.26	10 59							
03	86762	ANTIBODY;	16.65	10 59							
03	86765	ANTIBODY;	14.90	10 59							
03	86768	ANTIBODY;	15.26	10 59							
03	86771	ANTIBODY;	15.26	10 59							
03	86774	ANTIBODY;	11.31	10 59							
03	86777	ANTIBODY;	16.65	10 59							
03	86778	ANTIBODY;	16.66	10 59							
03	86780	ANTIBODY; TREPONEMA PALLIDUM	15.18	10 59							
03	86784	ANTIBODY;	5.38	10 59							
03	86787	ANTIBODY;	12.97	10 59							
03	86788	ANTIBODY; WEST NILE VIRUS, IGM	21.65	10 59							
03	86789	ANTIBODY; WEST NILE VIRUS	18.50	10 59							
03	86790	ANTIBODY;	12.97	10 59							
03	86793	ANTIBODY;	12.97	10 59							
03	86800	THYROGLOBULIN ANTIBODY, RIA	18.39	10 59							
03	86803	HEPATITIS C AB TEST	18.15	10 59							
03	86804	HEP C AB TEST, CONFIRM	19.68	10 59							
03	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	60.47	10 59							
03	86806	SEE 86805; WITHOUT TITRATION	55.04	10 59							
03	86807	SERUM SCREEN.-PRA;STANDARD METHOD	40.98	10 59							
03	86808	SERUM SCREEN.-PRA; QUICK METHOD	34.32	10 59							
03	86812	TISSUE TYPING;	29.84	10 59							
03	86813	TISSUE TYPING;	67.06	10 59							
03	86816	TISSUE TYPING;	32.21	10 59							
03	86817	TISSUE TYPING;	74.46	10 59							
03	86821	TISSUE TYPING;	65.29	10 59							
03	86822	TISSUE TYPING;	42.27	10 59							
03	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	69.22	10 59							
03	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	23.07	10 59							
03	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP	10 59							
03	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	13.77	10 59							X
03	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	12.21	10 59							X
03	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	36.82	10 59							X
03	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	6.20	10 59							X
03	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	6.61	10 59							X
03	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.98	10 59							X
03	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	11.66	10 59							

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	11.28	10 59							
03	86900	BLOOD TYPING;	3.45	10 59							
03	86901	BLOOD TYPING;	3.83	10 59							
03	86903	BLOOD TYPING;	10.91	10 59							X
03	86904	BLOOD TYPING;	10.99	10 59							X
03	86905	BLOOD TYPING;	4.42	10 59							X
03	86906	BLOOD TYPING;	8.97	10 59							
03	86910	BLOOD TYPING;	18.19	10 59							X
03	86911	BLOOD TYPING, FOR PATERNITY TESTING,	5.65	10 59							
03	86920	COMPATIBILITY TEST EACH UNIT;	43.13	10 59							
03	86921	COMPATIBILITY TEST EACH UNIT;	43.13	10 59							
03	86922	COMPATIBILITY TEST EACH UNIT;	41.09	10 59							
03	86923	COMPATIBILITY TEST, ELECTRIC	MP	10 59	X						
03	86927	FRESH FROZEN PLASMA, THAWING, EACH U	9.28	10 59							X
03	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	10.91	10 59							X
03	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	10.91	10 59							X
03	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	10.91	10 59							X
03	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	9.48	10 59							X
03	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	14.01	10 59							X
03	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	39.73	10 59							X
03	86950	LEUKOCYTE TRANSFUSION	36.45	10 59							
03	86960	VOL REDUCTION OF BLOOD/PROD	MP	10 59	X						
03	86965	POOLING OF PLATELETS OR OTHER BLOOD	12.70	10 59							
03	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.32	10 59							X
03	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	6.94	10 59							X
03	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.32	10 59							
03	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.32	10 59							X
03	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.32	10 59							
03	86977	PRETREATMENT OF SERUM FOR USE IN RBC	6.94	10 59							X
03	86978	PRETREATMENT OF SERUM FOR USE IN RBC	8.86	10 59							X
03	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	12.74	10 59							X
03	86999	IMMUNOLOGY PROCEDURE	45.90	10 59	X						
03	87001	SMALL ANIMAL INOCULATION	15.29	10 59							
03	87003	SMALL ANIMAL INOCULATION	19.47	10 59							
03	87015	SPECIMEN CONCENTRATION	7.73	10 59							X
03	87040	BLOOD CULTURE FOR BACTERIA	11.94	10 59							X
03	87045	STOOL CULTURE FOR BACTERIA	10.90	10 59							X
03	87046	STOOL CULTR, BACTERIA, EACH	10.90	10 59							X
03	87070	CULTURE SPECIMEN, BACTERIA	9.96	10 59							X
03	87071	CULTURE BACTERI AEROBIC OTHR	10.90	10 59							
03	87073	CULTURE BACTERIA ANAEROBIC	10.90	10 59							
03	87075	CULTURE SPECIMEN, BACTERIA	10.94	10 59							X
03	87076	BACTERIA IDENTIFICATION	10.26	10 59							
03	87077	CULTURE AEROBIC IDENTIFY	10.26	10 59							X
03	87081	BACTERIA CULTURE SCREEN	7.66	10 59							
03	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	9.96	10 59							

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	87086	URINE CULTURE, COLONY COUNT	9.33	10 59							
03	87088	URINE BACTERIA CULTURE	9.36	10 59							
03	87101	SKIN FUNGUS CULTURE	8.18	10 59							
03	87102	FUNGUS ISOLATION CULTURE	9.72	10 59							
03	87103	CULTURE,FUNGI,ISOLATION BLOOD	9.80	10 59							
03	87106	FUNGUS IDENTIFICATION	11.94	10 59							
03	87107	FUNGI IDENTIFICATION, MOLD	13.12	10 59							
03	87109	MYCOPLASMA CULTURE	17.79	10 59							
03	87110	CULTURE,CHLAMYDIA	22.65	10 59							
03	87116	MYCOBACTERIA CULTURE	12.49	10 59							
03	87118	MYCOBACTERIA IDENTIFICATION	4.75	10 59							
03	87140	CULTURE TYPING, FLUORESCENT	6.44	10 59							
03	87143	CULTURE TYPING, GLC METHOD	14.50	10 59							
03	87147	CULTURE TYPING, SEROLOGIC	4.97	10 59							
03	87149	CULTURE, TYPING; IDENTIFICATION BY N	25.48	10 59							
03	87150	CULTURE, TYPING; IDENTIFICATION BY N	40.22	10 59							
03	87152	CULTURE TYPE PULSE FIELD GEL	6.65	10 59							
03	87153	CULTURE, TYPING; IDENTIFICATION BY N	132.18	10 59							
03	87158	CULTURE TYPING, ADDED METHOD	6.05	10 59							
03	87164	DARK FIELD EXAMINATION	12.43	10 59							
03	87166	DARK FIELD EXAMINATION	10.12	10 59							
03	87168	MACROSCOPIC EXAM ARTHROPOD	5.42	10 59							
03	87169	MACACROSCOPIC EXAM PARASITE	5.42	10 59							
03	87172	PINWORM EXAM	5.42	10 59							
03	87176	ENDOTOXIN, BACTERIAL	6.80	10 59							
03	87177	OVA AND PARASITES SMEARS	10.12	10 59							
03	87181	ANTIBIOTIC SENSITIVITY, EACH	5.50	10 59							X
03	87184	ANTIBIOTIC SENSITIVITY, EACH	7.98	10 59							X
03	87185	MICROBE SUSCEPTIBLE, ENZYME	6.03	10 59							X
03	87186	ANTIBIOTIC SENSITIVITY, MIC	10.00	10 59							
03	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	11.98	10 59							
03	87188	ANTIBIOTIC SENSITIVITY, EACH	7.67	10 59							
03	87190	TB ANTIBIOTIC SENSITIVITY	6.54	10 59							
03	87197	SERUM BACTERICIDAL TITER	16.77	10 59							
03	87198	CYTOMEGALOVIRUS ANTIBODY DFA	15.25	10 59							
03	87205	SMEAR, STAIN & INTERPRET	4.93	10 59							X
03	87206	SMEAR, STAIN & INTERPRET	6.20	10 59							X
03	87207	SMEAR, STAIN & INTERPRET	6.93	10 59							X
03	87209	SMEAR, COMPLEX STAIN	23.09	10 59							
03	87210	SMEAR, STAIN & INTERPRET	4.93	10 59							X
03	87220	TISSUE EXAMINATION FOR FUNGI	4.93	10 59							
03	87230	TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	22.83	10 59							X
03	87250	VIRUS INOCULATION FOR TEST	22.61	10 59							X
03	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	30.14	10 59							
03	87253	VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	23.36	10 59							X
03	87254	VIRUS INOCULATION, SHELL VIA	22.61	10 59							X

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	OVERS	UVS >001
03	87255	GENET VIRUS ISOLATE, HSV	43.50	10 59							X
03	87260	ADENOVIRUS AG, DFA	15.25	10 59							
03	87265	PERTUSSIS AG, DFA	15.25	10 59							
03	87267	ENTEROVIRUS ANTIBODY, DFA	15.41	10 59							
03	87269	GIARDIA AG, IF	15.41	10 59							
03	87270	CHYLM D TRACH AG, DFA	15.25	10 59							
03	87271	CYTOMEGALOVIRUS DFA	15.41	10 59							
03	87272	CRYPTOSPORIDIUM AG, DFA	15.25	10 59							
03	87273	HERPES SIMPLEX 2, AG, IF	15.25	10 59							
03	87274	HERPES SIMPLEX AG, DFA	15.25	10 59							
03	87275	INFLUENZA B, AG, IF	15.25	10 59							
03	87276	INFLUENZA AG, DFA	15.25	10 59							
03	87277	LEGIONELLA MICDADEI, AG, IF	15.25	10 59							
03	87278	LEGION PNEUMO AG, DFA	15.25	10 59							
03	87279	PARAINFLUENZA, AG, IF	15.25	10 59							
03	87280	RESP SYNCYTIAL AG, DFA	15.25	10 59							
03	87281	PNEUMOCYSTIS CARINII, AG, IF	15.25	10 59							
03	87283	RUBEOLA, AG, IF	15.25	10 59							
03	87285	TREPON PALLIDUM AG, DFA	15.25	10 59							
03	87290	VARICELLA AG, DFA	15.25	10 59							
03	87299	AG DETECTION NOS, DFA	15.25	10 59							
03	87300	AG DETECTION, POLYVAL, IF	13.87	10 59							X
03	87301	ADENOVIRUS AG, EIA	15.25	10 59							
03	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	15.41	10 59							
03	87320	CHYLM D TRACH AG, EIA	15.25	10 59							
03	87324	CLOSTRIDIUM AG, EIA	15.25	10 59							
03	87327	CRYPTOCOCCUS NEOFORM AG, EIA	15.25	10 59							
03	87328	CRYPTOSPOR AG, EIA	15.25	10 59							
03	87329	GIARDIA AG, EIA	15.41	10 59							
03	87332	CYTOMEGALOVIRUS AG, EIA	15.25	10 59							
03	87335	E COLI 0157 AG, EIA	15.25	10 59							
03	87336	ENTAMOEB HIST DISPR, AG, EIA	15.25	10 59							
03	87337	ENTAMOEB HIST GROUP, AG, EIA	15.25	10 59							
03	87338	HPYLORI, STOOL, EIA	5.91	10 59							
03	87339	HPYLORI AG, EIA	15.25	10 59							
03	87340	HEPATITIS B SURFACE AG, EIA	13.12	10 59							
03	87341	HEPATITIS B SURFACE, AG, EIA	13.12	10 59							
03	87350	HEPATITIS B AG, EIA	14.64	10 59							
03	87380	HEPATITIS DELTA AG, EIA	15.71	10 59							
03	87385	HISTOPLASMA CAPSUL AG, EIA	15.25	10 59							
03	87390	HIV-1 AG, EIA	22.42	10 59							
03	87391	HIV-2 AG, EIA	22.42	10 59							
03	87400	INFLUENZA A/B, AG, EIA	13.87	10 59							X
03	87420	RESP SYNCYTIAL AG, EIA	15.25	10 59							
03	87425	ROTAVIRUS AG, EIA	15.25	10 59							
03	87427	SHIGA-LIKE TOXIN AG, EIA	15.25	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	87430	STREP A AG, EIA	15.25	10 59							
03	87449	AG DETECT NOS, EIA, MULT	15.25	10 59							
03	87450	AG DETECT NOS, EIA, SINGLE	5.91	10 59							
03	87451	AG DETECT POLYVAL, EIA, MULT	5.91	10 59							
03	87470	BARTONELLA, DNA, DIR PROBE	25.48	10 59							
03	87471	BARTONELLA, DNA, AMP PROBE	44.60	10 59							
03	87472	BARTONELLA, DNA, QUANT	55.05	10 59							
03	87475	LYME DIS, DNA, DIR PROBE	25.48	10 59							
03	87476	LYME DIS, DNA, AMP PROBE	44.60	10 59							
03	87477	LYME DIS, DNA, QUANT	49.54	10 59							
03	87480	CANDIDA, DNA, DIR PROBE	25.48	10 59							
03	87481	CANDIDA, DNA, AMP PROBE	44.60	10 59							
03	87482	CANDIDA, DNA, QUANT	48.28	10 59							
03	87485	CHYLM D PNEUM, DNA, DIR PROBE	25.48	10 59							
03	87486	CHYLM D PNEUM, DNA, AMP PROBE	44.60	10 59							
03	87487	CHYLM D PNEUM, DNA, QUANT	55.05	10 59							
03	87490	CHYLM D TRACH, DNA, DIR PROBE	25.48	10 59							
03	87491	CHYLM D TRACH, DNA, AMP PROBE	44.60	10 59							
03	87492	CHYLM D TRACH, DNA, QUANT	40.43	10 59							
03	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	40.22	10 59							
03	87495	CYTOMEG, DNA, DIR PROBE	25.48	10 59							
03	87496	CYTOMEG, DNA, AMP PROBE	44.60	10 59							
03	87497	CYTOMEG, DNA, QUANT	54.44	10 59							
03	87498	INFECTIOUS AGENT DETECTION BY NUCLEI	45.10	10 59							
03	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	45.10	10 59							
03	87510	GARDNER VAG, DNA, DIR PROBE	25.48	10 59							
03	87511	GARDNER VAG, DNA, AMP PROBE	44.60	10 59							
03	87512	GARDNER VAG, DNA, QUANT	48.28	10 59							
03	87515	HEPATITIS B, DNA, DIR PROBE	25.48	10 59							
03	87516	HEPATITIS B, DNA, AMP PROBE	44.60	10 59							
03	87517	HEPATITIS B, DNA, QUANT	54.44	10 59							
03	87520	HEPATITIS C, RNA, DIR PROBE	25.48	10 59							
03	87521	HEPATITIS C, RNA, AMP PROBE	44.60	10 59							
03	87522	HEPATITIS C, RNA, QUANT	54.44	10 59							
03	87525	HEPATITIS G, DNA, DIR PROBE	25.48	10 59							
03	87526	HEPATITIS G, DNA, AMP PROBE	44.60	10 59							
03	87527	HEPATITIS G, DNA, QUANT	48.28	10 59							
03	87528	HSV, DNA, DIR PROBE	25.48	10 59							
03	87529	HSV, DNA, AMP PROBE	44.60	10 59							
03	87530	HSV, DNA, QUANT	54.44	10 59							
03	87531	HHV-6, DNA, DIR PROBE	25.48	10 59							
03	87532	HHV-6, DNA, AMP PROBE	44.60	10 59							
03	87533	HHV-6, DNA, QUANT	48.28	10 59							
03	87534	HIV-1, DNA, DIR PROBE	25.48	10 59							
03	87535	HIV-1, DNA, AMP PROBE	44.60	10 59							
03	87536	HIV-1, DNA, QUANT	98.41	10 59							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	87537	HIV-2, DNA, DIR PROBE	25.48	10 59							
03	87538	HIV-2, DNA, AMP PROBE	44.60	10 59							
03	87539	HIV-2, DNA, QUANT	49.54	10 59							
03	87540	LEGION PNEUMO, DNA, DIR PROB	25.48	10 59							
03	87541	LEGION PNEUMO, DNA, AMP PROB	44.60	10 59							
03	87542	LEGION PNEUMO, DNA, QUANT	48.28	10 59							
03	87550	MYCOBACTERIA, DNA, DIR PROBE	25.48	10 59							
03	87551	MYCOBACTERIA, DNA, AMP PROBE	44.60	10 59							
03	87552	MYCOBACTERIA, DNA, QUANT	54.44	10 59							
03	87555	M.TUBERCULO, DNA, DIR PROBE	25.48	10 59							
03	87556	M.TUBERCULO, DNA, AMP PROBE	44.60	10 59							
03	87557	M.TUBERCULO, DNA, QUANT	55.05	10 59							
03	87560	M.AVIUM-INTRA, DNA, DIR PROB	25.48	10 59							
03	87561	M.AVIUM-INTRA, DNA, AMP PROB	44.60	10 59							
03	87562	M.AVIUM-INTRA, DNA, QUANT	55.05	10 59							
03	87580	M.PNEUMON, DNA, DIR PROBE	25.48	10 59							
03	87581	M.PNEUMON, DNA, AMP PROBE	44.60	10 59							
03	87582	M.PNEUMON, DNA, QUANT	48.28	10 59							
03	87590	N.GONORRHOEAE, DNA, DIR PROB	25.48	10 59							
03	87591	N.GONORRHOEAE, DNA, AMP PROB	44.60	10 59							
03	87592	N.GONORRHOEAE, DNA, QUANT	49.54	10 59							
03	87620	HPV, DNA, DIR PROBE	25.48	10 59							
03	87621	HPV, DNA, AMP PROBE	44.60	10 59							
03	87622	HPV, DNA, QUANT	48.28	10 59							
03	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	45.10	10 59							
03	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	45.10	10 59							
03	87650	STREP A, DNA, DIR PROBE	25.48	10 59							
03	87651	STREP A, DNA, AMP PROBE	44.60	10 59							
03	87652	STREP A, DNA, QUANT	48.28	10 59							
03	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	45.10	10 59							
03	87660	TRICHOMONAS VAGIN, DIR PROBE	25.77	10 59						F	
03	87797	DETECT AGENT NOS, DNA, DIR	25.48	10 59							
03	87798	DETECT AGENT NOS, DNA, AMP	44.60	10 59							
03	87799	DETECT AGENT NOS, DNA, QUANT	MP	10 59	X						
03	87800	DETECT AGNT MULT, DNA, DIREC	46.37	10 59							
03	87801	DETECT AGNT MULT, DNA, AMPLI	81.17	10 59							
03	87802	STREP B ASSAY W/OPTIC	15.25	10 59							
03	87803	CLOSTRIDIUM TOXIN A W/OPTIC	15.25	10 59							
03	87804	AGENT NOS ASSAY W/OPTIC	15.25	10 59							
03	87807	RSV ASSAY W/OPTIC	15.41	10 59							
03	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	15.41	10 59						F	
03	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	15.41	10 59							
03	87810	CHYLM D TRACH ASSAY W/OPTIC	15.25	10 59							
03	87850	N. GONORRHOEAE ASSAY W/OPTIC	15.25	10 59							
03	87880	STREP A ASSAY W/OPTIC	15.25	10 59							
03	87899	AGENT NOS ASSAY W/OPTIC	15.25	10 59							

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR AUGUST 04, 2009-JANUARY 21, 2010

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	87900	PHENOTYPE, INFECT AGENT DRUG	167.48	10 59	X				X		
03	87901	GENOTYPE, DNA, HIV REVERSE T	297.71	10 59	X				X		
03	87902	GENOTYPE, DNA, HEPATITIS C	327.19	10 59							
03	87903	PHENOTYPE, DNA HIV W/CULTURE	565.07	10 59	X				X		
03	87904	PHENOTYPE, DNA HIV W/CLT ADD	33.50	10 59	X				X		
03	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	16.41	10 59							
03	87999	MICROBIOLOGY PROCEDURE	MP	10 59	X						
03	88104	CYTOPATHOLOGY	44.41	10 59							
05	88104	CYTOPATHOLOGY	17.76	10 59							
03	88106	CYTOPATHOLOGY	55.84	10 59							
05	88106	CYTOPATHOLOGY	22.33	10 59							
03	88107	CYTOPATHOLOGY	70.80	10 59							
05	88107	CYTOPATHOLOGY	28.31	10 59							
03	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	53.12	10 59							
05	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	21.24	10 59							
03	88112	CYTOPATHOLOGY,SELECT CELL ENHANCEMNT	90.98	10 59							
05	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	36.39	10 59							
03	88125	FORENSIC CYTOPATHOLOGY	15.05	10 59							
05	88125	FORENSIC CYTOPATHOLOGY	6.01	10 59							
03	88130	SEX CHROMATIN IDENTIFICATION	17.40	10 59							
03	88140	SEX CHROMATIN IDENTIFICATION	9.24	10 59							
03	88141	CYTOPATH CERV/VAG INTERPRET	23.36	10 99			F				
03	88142	CYTOPATH CERV/VAG THIN LAYER	17.47	10 99			F				
03	88143	CYTPATH C/VAG T/LAYER REDO	15.90	10 99			F				
03	88147	CYTPATH C/VAG AUTOMATED	12.22	10 99			F				
03	88148	CYTPATH C/VAG AUTO RESCREEN	12.22	10 99			F				
03	88150	CYTOPATHOLOGY, PAP SMEAR	12.22	10 99			F	X			
03	88152	CYTOPATH CERV/VAG AUTO	12.22	10 99			F				
03	88153	CYTPATH C/VAG REDO	12.22	10 99			F				
03	88154	CYTPATH C/VAG SELECT	12.22	10 99			F				
03	88155	CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL	6.93	10 99			F	X			
03	88160	CYTOPATHOLOGY	38.76	10 99							
05	88160	CYTOPATHOLOGY	15.51	10 99							
03	88161	CYTOPATH...;PREP,SCREEN,INTERP.	42.29	10 99							
05	88161	CYTOPATH...;PREP,SCREEN,INTERP.	16.93	10 99							
03	88162	CYTOPATH...;EXT.STUDY,+5 SLIDES,MULTI	58.01	10 99							
05	88162	CYTOPATH...;EXT.STUDY.+5 SLIDES,MULTI	23.21	10 99							
03	88164	CYTPATH TBS C/VAG MANUAL	12.22	10 99			F				
03	88165	CYTPATH TBS C/VAG REDO	12.22	10 99			F				
03	88166	CYTPATH TBS C/VAG AUTO REDO	12.22	10 99			F				
03	88167	CYTPATH TBS C/VAG SELECT	12.22	10 99			F				
03	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	38.87	10 99							
05	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	15.55	10 99							
03	88173	FINE NEEDLE ASPIRATE...;INTERP/REPORT	99.47	10 99							
05	88173	FINE NEEDLE ASPIRATE...;INTERP/REPORT	39.80	10 99							
03	88174	CYTOPATHOLOGY,CERVIAL OR VAGINAL COL	18.76	10 99			F				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	88175	CYTOPATHOLOGY WITH SCREENING	23.63	10 99			F				
03	88182	FLOW CYTOMETRY;	77.70	10 99							
05	88182	FLOW CYTOMETRY	31.09	10 99							X
03	88184	FLOWCYTOMETRY/ TC, 1 MARKER	52.02	10 99							
03	88185	FLOWCYTOMETRY/TC, ADD-ON	29.71	10 99							X
03	88187	FLOWCYTOMETRY/READ, 2-8	50.30	10 99							
03	88188	FLOWCYTOMETRY/READ, 9-15	62.37	10 99							
03	88189	FLOWCYTOMETRY/READ, 16 & >	81.46	10 99							
03	88199	CYTOPATHOLOGY PROCEDURE	MP	10 99	X						
05	88199	CYTOPATHOLOGY PROCEDURE	MP	10 99	X						
03	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	73.91	10 99							
03	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	73.91	10 99							
03	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	73.91	10 99							
03	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	73.91	10 99							
03	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	73.91	10 99							
03	88240	CELL CRYOPRESERVE/STORAGE	12.84	10 99							
03	88241	FROZEN CELL PREPARATION	12.84	10 99							
03	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	73.91	10 99							
03	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	200.26	10 99							
03	88249	CHROMOSOME ANALYSIS, 100	220.09	10 99							
03	88261	CHROMOSOME COUNT: 1-4 CELLS	204.38	10 99							
03	88262	CHROMOSOME COUNT: 1-20 CELLS	144.13	10 99							
03	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	73.91	10 99							
03	88264	CHROMOSOME ANALYSIS, 20-25	158.41	10 99							
03	88267	CHROMOSOME COUNT: AMNIOTIC	207.89	10 99							
03	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	192.33	10 99							
03	88271	CYTOGENETICS, DNA PROBE	27.22	10 99							
03	88272	CYTOGENETICS, 3-5	34.03	10 99							
03	88273	CYTOGENETICS, 10-30	40.84	10 99							
03	88274	CYTOGENETICS, 25-99	44.24	10 99							
03	88275	CYTOGENETICS, 100-300	51.04	10 99							
03	88280	CHROMOSOME COUNT: ADDITIONAL	29.03	10 99							
03	88283	CHROM ANAL;ADD SPEC BANDING TECH.	32.27	10 99							
03	88285	CHROMOSOME COUNT: ADDITIONAL	21.97	10 99							
03	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	39.82	10 99							
05	88289	CHROM ANAL;ADD.HI RESOLUTION STUDY	15.92	10 99							
03	88291	CYTO/MOLECULAR REPORT	21.10	10 99							
03	88299	CYTOGENETIC STUDY	5.28	10 99	X						
03	88300	SURGICAL PATHOLOGY, GROSS	16.69	10 99							X
05	88300	SURGICAL PATHOLOGY, GROSS	6.68	10 99							X
03	88302	SURGICAL PATHOLOGY, COMPLETE	35.94	10 99							X
05	88302	SURGICAL PATHOLOGY, COMPLETE	14.37	10 99							X
03	88304	SURGICAL PATHOLOGY, COMPLETE	44.72	10 99							X
05	88304	SURGICAL PATHOLOGY, COMPLETE	17.89	10 99							X
03	88305	SURGICAL PATHOLOGY, COMPLETE	76.53	10 99							X
05	88305	SURGICAL PATHOLOGY, COMPLETE	30.61	10 99							X

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	88307	SURGICAL PATHOLOGY, COMPLETE	150.90	10 99							
05	88307	SURGICAL PATHOLOGY, COMPLETE	60.35	10 99							
03	88309	SURGICAL PATHOLOGY, COMPLETE	225.77	10 99							
05	88309	SURGICAL PATHOLOGY, COMPLETE	90.31	10 99							
03	88311	SURGICAL PATHOLOGY; DECALCIFICATION	13.68	10 99							
05	88311	SURGICAL PATHOLOGY; DECALCIFICATION	5.47	10 99							
03	88312	SPECIAL STAINS; GROUP I FOR MICROORA	67.74	10 99							
05	88312	SPECIAL STAINS	27.09	10 99							
03	88313	SPECIAL STAINS; GROUP II, ALL OTHER	50.76	10 99							
05	88313	SPECIAL STAINS	20.31	10 99							
03	88314	SPECIAL STAINS; HISTOCHEMICAL STAINI	68.50	10 99							
05	88314	GROSS & MICROSCOPIC EXAM 3 SPECIMENS	27.41	10 99							
03	88321	MICROSLIDE CONSULTATION	68.49	10 99							
03	88323	MICROSLIDE CONSULTATION	107.30	10 99							
05	88323	MICROSLIDE CONSULTATION	42.92	10 99							
03	88325	COMPREHENSIVE REVIEW OF DATA	146.28	10 99							
03	88329	CONSULTATION DURING SURGERY	37.17	10 99							X
03	88331	CONSULTATION DURING SURGERY	67.09	10 99							X
05	88331	CONSULTATION DURING SURGERY	26.84	10 99							X
03	88332	PATHOLOGY CONSULTATION DURING SURGER	30.39	10 99							
05	88332	PATHOLOGY CONSULTATION DURING SURGER	12.16	10 99							
03	88333	INTRAOP CYTO PATH CONSULT, 1	68.49	10 99							
05	88333	INTRAOP CYTO PATH CONSULT, 1	27.40	10 99						X	
03	88334	INTRAOP CYTO PATH CONSULT, 2	40.17	10 99							X
05	88334	INTRAOP CYTO PATH CONSULT, 2	16.07	10 99						X	X
03	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	71.96	10 99							
05	88342	IMMUNOCYTOCHEMISTRY	28.78	10 99							
03	88346	AUTO-ANTIBODY PROFILE	72.82	10 99							X
05	88346	AUTO-ANTIBODY PROFILE	29.12	10 99							X
03	88347	INDIRECT METHOD	60.56	10 99							
05	88347	INDIRECT METHOD	24.23	10 99							
03	88348	ELECTRON MICROSCOPY	421.59	10 99							
05	88348	ELECTRON MICROSCOPY	168.63	10 99							
03	88349	SCANNING ELECTRON MICROSCOPY	200.15	10 99							
05	88349	SCANNING ELECTRON MICROSCOPY	80.06	10 99							
03	88358	MORPHOMETRIC ANALYSIS TUMOR	75.22	10 99							X
05	88358	ANALYSIS, TUMOR	30.09	10 99							
03	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	86.88	10 99							
05	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	34.76	10 99	X						
03	88361	IMMUNOHISTOCHEMISTRY, TUMOR	124.41	10 99							
03	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	109.20	10 99							X
05	88365	TISSUE HYBRIDATION	43.69	10 99							
03	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	25.70	10 99							
03	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	26.31	10 99							X
03	88384	EVAL MOLECULAR PROBES, 11-50	MP	10 99	X						
03	88385	EVAL MOLECUL PROBES, 51-250	353.22	10 99	X						X

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	88385	EVAL MOLECUL PROBES, 51-250	141.28	10 99	X						
03	88386	EVAL MOLECUL PROBES, 251-500	MP	10 99	X						
05	88386	EVAL MOLECUL PROBES, 251-500	MP	10 99	X						
03	88387	MACROSCOPIC EXAMINATION, DISSECTION,	29.28	10 99							
05	88387	MACROSCOPIC EXAMINATION, DISSECTION,	11.71	10 99							
03	88388	MACROSCOPIC EXAMINATION, DISSECTION,	17.68	10 99							
05	88388	MACROSCOPIC EXAMINATION, DISSECTION,	7.07	10 99							
03	88399	SURGICAL PATHOLOGY PROCEDURE	MP	10 99	X						
05	88399	SURGICAL PATHOLOGY PROCEDURE	MP	10 99	X						
03	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	4.03	10 99							
03	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	3.99	10 99							
03	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.68	10 99							
03	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.68	10 99							
03	89049	CHCT FOR MAL HYPERTHERMIA	137.45	10 99							
03	89050	BODY FLUID CELL COUNT	5.47	10 99							X
03	89051	BODY FLUID CELL COUNT	6.38	10 99							X
03	89055	LEUKOCYTE ASSESSMENT, FECAL	5.48	10 99							
03	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	8.27	10 99							
03	89100	SAMPLE INTESTINAL CONTENTS	150.11	10 99							
03	89105	SAMPLE INTESTINAL CONTENTS	151.59	10 99							
03	89125	SPECIMEN FAT STAIN	4.99	10 99							X
03	89130	SAMPLE STOMACH CONTENTS	126.12	10 99							X
03	89132	SAMPLE STOMACH CONTENTS	140.87	10 99							X
03	89135	SAMPLE STOMACH CONTENTS	169.10	10 99							
03	89136	SAMPLE STOMACH CONTENTS	110.45	10 99							
03	89140	SAMPLE STOMACH CONTENTS	140.28	10 99							
03	89141	SAMPLE STOMACH CONTENTS	149.15	10 99							
03	89160	EXAM FECES FOR MEAT FIBERS	4.27	10 99							
03	89190	NASAL SMEAR FOR EOSINOPHILS	5.50	10 99							
03	89220	SPUTUM SPECIMEN COLLECTION	13.83	10 99							
03	89225	STARCH GRANULES, FECES	4.30	10 99							
03	89230	COLLECT SWEAT FOR TEST	4.07	10 99							
03	89235	WATER LOAD TEST	7.07	10 99							
03	89240	PATHOLOGY LAB PROCEDURE	MP	10 99	X						
03	89300	SEMEN ANALYSIS	10.31	10 99					X		
03	89310	SEMEN ANALYSIS	9.96	10 99							
03	89320	SEMEN ANALYSIS	13.94	10 99							
03	89321	SEMEN ANALYSIS	15.32	10 99						M	
03	89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTIL	19.91	10 99						M	
03	89398	UNLISTED REPRODUCTIVE MEDICINE LABOR	MP	10 99	X						

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

REPORT NO: RF-0-76LAB

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE
LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Unisys Provider Relations at 1-800-473-2783.

COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the types of service found on this schedule.

03 - Full Service. The file from which physician, physician-owned lab and independent lab services are paid. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee.

05 - Professional component. Claims with modifier -26 are priced from this file.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE.

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments or for manual pricing.

COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

COLUMN 8. SEX (Restriction): Some procedure codes are indicated for only one sex.

COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.

COLUMN 10. SL (Service Limitation): Codes with frequency limitations.

COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 12. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.