

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	G0202	SCREENING MAMMOGRAPH,DIGITAL,BILATER	107.09	40 99			F		X		
05	G0202	SCREENING MAMMOGRAPHY,DIGITAL,BILATE	42.84	40 99			F		X		
03	G0204	DIAGNOSTIC MAMMOGRAPHY,DIGITAL,BILAT	121.45				F				
05	G0204	DIAGNOSTIC MAMMOGRAPHY,DIGITAL,BILAT	48.58				F				
03	G0206	DIAGNOSTIC MAMMOGRAPHY DIGITAL UNILA	97.00				F				
05	G0206	DIAGNOSTIC MAMMOGRAPHY,DIGITAL UNILA	38.80				F				
03	70010	MYELOGRAPHY; INTERPRETATION ONLY	147.29								
05	70010	MYELOGRAPHY; INTERPRETATION ONLY	58.91								
03	70015	CISTERNOGRAPHY; INTERPRET ONLY	96.87								
05	70015	CISTERNOGRAPHY; INTERPRET ONLY	38.75								
03	70030	X-RAY EYE; DETECT FOREIGN BODY	19.43								X
05	70030	X-RAY EYE; DETECT FOREIGN BODY	7.77								X
03	70100	X-RAY MANDIBLE; PARTIAL	21.56								
05	70100	X-RAY MANDIBLE; PARTIAL	8.62								
03	70110	X-RAY MANDIBLE; COMPLETE	27.58								
05	70110	X-RAY MANDIBLE; COMPLETE	11.03								
03	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	24.22								X
05	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	9.68								X
03	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	37.60								X
05	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	15.03								X
03	70134	X-RAY INTERNAL AUDITORY MEATI	33.69								X
05	70134	X-RAY INTERNAL AUDITORY MEATI	13.47								X
03	70140	X-RAY FACIAL BONES; L3 VIEWS	22.93								
05	70140	X-RAY FACIAL BONES; L3 VIEWS	9.17								
03	70150	X-RAY FACIAL BONES; COMPLETE	30.77								
05	70150	X-RAY FACIAL BONES; COMPLETE	12.31								
03	70160	X-RAY NASAL BONES; COMPLETE	22.03								
05	70160	X-RAY NASAL BONES; COMPLETE	8.82								
03	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	38.07								
05	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	15.22								
03	70190	X-RAY OPTIC FORAMINA	25.34								X
05	70190	X-RAY OPTIC FORAMINA	10.14								X
03	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	31.90								X
05	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	12.76								X
03	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	22.59								
05	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	9.03								
03	70220	X-RAY SINUSES; PARANASAL; COMPLETE	29.31								
05	70220	X-RAY SINUSES; PARANASAL; COMPLETE	11.73								
03	70240	X-RAY SELLA TURCICA	20.04								
05	70240	X-RAY SELLA TURCICA	8.02								
03	70250	X-RAY SKULL; LESS THAN 4 VIEWS	25.96								
05	70250	X-RAY SKULL; LESS THAN 4 VIEWS	10.38								
03	70260	X-RAY SKULL; COMPLETE	36.20								
05	70260	X-RAY SKULL; COMPLETE	14.47								
03	70300	X-RAY TEETH; SINGLE VIEW	11.27								
05	70300	X-RAY TEETH; SINGLE VIEW	4.51								

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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	70310	X-RAY TEETH; PARTIAL EXAM	21.99								
05	70310	X-RAY TEETH; PARTIAL EXAM	8.80								
03	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	32.69								
05	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	13.08								
03	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	21.03								
05	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	8.42								
03	70330	ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	33.03								
05	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	13.21								
03	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	71.95								
05	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	28.78								
03	70336	MRI,TEMPOROMANDIBULAR JOINT	275.68								
05	70336	MRI,TEMPOROMANDIBULAR JOINT	110.28								
03	70350	CEPHALOGRAM; ORTHODONTIC	16.11								
05	70350	CEPHALOGRAM; ORTHODONTIC	6.44								
03	70355	ORTHOPANTOGRAM	21.20								
05	70355	ORTHOPANTOGRAM	8.47								
03	70360	X-RAY NECK; SOFT TISSUE	18.92								
05	70360	X-RAY NECK; SOFT TISSUE	7.57								
03	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	50.54								
05	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	20.22								
03	70373	LARYNGOGRAPHY; INTERPRET ONLY	62.58								
05	70373	LARYNGOGRAPHY; INTERPTRY ONLY	25.03								
03	70380	X-RAY SALIVARY GLANDFOR CALCULUS	26.26								
05	70380	X-RAY SALIVARY GLANDFOR CALCULUS	10.50								
03	70390	SIALOGRAPHY; INTERPRETATION ONLY	69.10								
05	70390	SIALOGRAPHY; INTERPRETATION ONLY	27.64								
03	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER	160.00								
05	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	64.00								
03	70460	CAT,HEAD/BRAIN;W/ CONTRAST MATERIAL	203.59								
05	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	81.44								
03	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	246.73								
05	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	98.70								
03	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	178.61								
05	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	71.45								
03	70481	TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	241.15								
05	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	96.46								
03	70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	276.42								
05	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	110.57								
03	70486	TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	173.19								
05	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	69.29								
03	70487	TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	232.81								
05	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	93.12								
03	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	275.32								
05	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER	110.13								
03	70490	CAT,SOFT TISSUE NECK;W/OUT CONTRAST	178.70								
05	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	71.47								

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	70491	CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	231.32								
05	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	92.54								
03	70492	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	276.47								
05	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	110.60								
03	70496	CT ANGIOGRAPHY HEAD	303.26								X
05	70496	CT ANGIOGRAPHY HEAD	79.76								X
03	70498	CT ANGIOGRAPHY NECK	303.26								X
05	70498	CT ANGIOGRAPHY NECK	79.76								X
03	70540	MRI-ORBIT,FACE AND NECK	294.16								
05	70540	MRI-ORBIT,FACE AND NECK	117.66								
03	70542	MR IMAGING ORBIT, FACE, AND NECK	417.72								X
05	70542	MR IMAGING ORBIT, FACE, AND NECK	167.09								X
03	70543	MR IMAGING ORBIT, FACE, AND NECK	554.35								
05	70543	MR IMAGING ORBIT, FACE, AND NECK	221.74								
03	70544	MR ANGIOGRAPHY HEAD	373.02								X
05	70544	MR ANGIOGRAPHY, HEAD	149.21								X
03	70545	MR ANGIOGRAPHY	398.37								X
05	70545	MR ANGIOGRAPHY	159.35								X
03	70546	MR ANGIOGRAPHY NECK	536.14								X
05	70546	MR ANGIOGRAPHY NECK	214.45								X
03	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	372.67								X
05	70547	MR ANGIOGRAPHY NECK WITHOUT CON	149.07								X
03	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	398.29								X
05	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	159.32								X
03	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	536.14								X
05	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	214.45								X
03	70551	MRI-BRAIN/INCLUDING BRAIN STEM	294.16								
05	70551	MRI-BRAIN/INCLUDING BRAIN STEM	117.66								
03	70552	MRI,BRAIN W CONTRAST MATERIAL	352.90								
05	70552	MRI,BRAIN W CONTRAST MATERIAL	141.16								
03	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	565.99								
05	70553	MAGNETIC RESONANCE I, BRAIN	226.40								
03	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	80.08								
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	18.46								X
05	71010	X-RAY CHEST; POSTEROANTERIOR	7.39								X
03	71015	X-RAY CHEST; STEREO;POSTEROANTER	21.38								
05	71015	X-RAY CHEST; STEREO;POSTEROANTER	8.55								
03	71020	X-RAY CHEST; TWO VIEWS	24.58								X
05	71020	X-RAY CHEST; TWO VIEWS	9.84								X
03	71021	X-RAY CHEST; APICAL LORDOTIC	29.16								
05	71021	X-RAY CHEST; APICAL LORDOTIC	11.67								
03	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	32.25								X
05	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	12.89								X

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 JANUARY 22, 2010 - JULY 31, 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	71023	X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	43.67								X
05	71023	X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	17.46								
03	71030	X-RAY CHEST; MINIMUM OF 4 VIEWS	33.27								
05	71030	X-RAY CHEST; MINIMUM OF 4 VIEWS	13.30								
03	71034	X-RAY CHEST W/FLUOROSCOPY	63.37								
05	71034	X-RAY CHEST W/FLUOROSCOPY	25.35								
03	71035	X-RAY CHEST; SPECIAL VIEWS	23.38								
05	71035	X-RAY CHEST; SPECIAL VIEWS	9.36								
03	71040	CONTRAST X-RAY OF BRONCHI	66.68								
05	71040	CONTRAST X-RAY OF BRONCHI	26.67								
03	71060	CONTRAST X-RAY OF BRONCHI	96.53								
05	71060	CONTRAST X-RAY OF BRONCHI	38.60								
03	71090	X-RAY & PACEMAKER INSERTION	68.65								
05	71090	X-RAY & PACEMAKER INSERTION	27.46								
03	71100	X-RAY EXAM OF RIBS	23.57								
05	71100	X-RAY EXAM OF RIBS	9.42								
03	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	28.44								
05	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	11.37								
03	71110	X-RAY EXAM OF RIBS	30.42								
05	71110	X-RAY EXAM OF RIBS	12.17								
03	71111	X-RAY RIBS,BILAT;POSTEROANTERI CHEST	37.26								
05	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	14.90								
03	71120	X-RAY EXAM OF BREASTBONE	24.55								
05	71120	X-RAY EXAM OF BREASTBONE	9.83								
03	71130	X-RAY EXAM OF BREASTBONE	27.14								
05	71130	X-RAY EXAM OF BREASTBONE	10.86								
03	71250	CAT,THORAX;W.OUT CONTRAST MATERIAL	181.19								
05	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	72.47								
03	71260	CAT.THORAX, W/ CONTRAST MATERIAL	235.59								
05	71260	CAT,THORAX,W/ CONTRAST MATERIAL	94.24								
03	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	274.31								
05	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	109.73								
03	71275	CT ANGIOGRAPHY, CHEST	324.98								
05	71275	CT ANGIOGRAPHY, CHEST	129.99								
03	71550	MRI-CHEST/LYPHADENOPATHY EVAL	298.49								
05	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	119.40								
03	71551	MRI CHEST W/DYE	423.64								
05	71551	MRI CHEST W/DYE	169.45								
03	71552	MRI CHEST W/O&W DYE	558.59								
05	71552	MRI CHEST W/O&W DYE	223.43								
03	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	388.08								
05	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	155.23								
03	72010	X-RAY EXAM OF SPINE	46.87								
05	72010	X-RAY EXAM OF SPINE	18.74								
03	72020	X-RAY SPINE,SINGLE VIEW	17.00								
05	72020	X-RAY SPINE,SINGLE VIEW	6.81								

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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	72040	X-RAY EXAM OF NECK SPINE	25.90								
05	72040	X-RAY EXAM OF NECK SPINE	10.37								
03	72050	X-RAY EXAM OF NECK SPINE	36.95								
05	72050	X-RAY EXAM OF NECK SPINE	14.79								
03	72052	X-RAY EXAM OF NECK SPINE	46.30								
05	72052	X-RAY EXAM OF NECK SPINE	18.51								
03	72069	RADIOLOGIC EXAM SPINE,THORACOLUMBAR	25.70								
05	72069	RADIOLOGIC EXAM SPINE THORACOLUMBAR	10.28								
03	72070	X-RAY EXAM OF THORAX SPINE	25.10								
05	72070	X-RAY EXAM OF THORAX SPINE	10.04								
03	72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	27.76								
05	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	11.11								
03	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	32.72								
05	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	13.08								
03	72080	X-RAY EXAM OF TRUNK SPINE	25.86								
05	72080	X-RAY EXAM OF TRUNK SPINE	10.35								
03	72090	X-RAY EXAM OF TRUNK SPINE	32.12								
05	72090	X-RAY EXAM OF TRUNK SPINE	12.86								
03	72100	X-RAY EXAM OF LOWER SPINE	27.20								
05	72100	X-RAY EXAM OF LOWER SPINE	10.89								
03	72110	X-RAY EXAM OF LOWER SPINE	38.00								
05	72110	X-RAY EXAM OF LOWER SPINE	15.20								
03	72114	X-RAY EXAM OF LOWER SPINE	49.15								
05	72114	X-RAY EXAM OF LOWER SPINE	19.67								
03	72120	X-RAY EXAM OF LOWER SPINE	34.03								
05	72120	X-RAY EXAM OF LOWER SPINE	13.61								
03	72125	CAT SCAN,CERVICAL SPINE W/OUT C M	181.19								
05	72125	CAT SCAN CERVICAL SPINE W/OUT C M	72.47								
03	72126	CAT SCAN CERVICAL SPINE W/CONT MATER	234.73								
05	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	93.90								
03	72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	270.26								
05	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	108.10								
03	72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	181.19								
05	72128	CAT SCAN THORACIC SPINE W/OUT C M	72.47								
03	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	234.98								
05	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	94.00								
03	72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	270.26								
05	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	108.10								
03	72131	CAT SCAN LUMBAR W/OUT CONTRAST	181.19								
05	72131	CAT SCAN LUMBAR W/OUT CONTRAST	72.47								
03	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	234.73								
05	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	93.90								
03	72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	270.26								
05	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	108.10								
03	72141	MRI,SPINAL CANAL...;CERVICAL	298.49								
05	72141	MRI,SPINAL CANAL...;CERVICAL	119.40								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	358.12								
05	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	143.26								
03	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	325.31								
05	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	130.13								
03	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	358.12								
05	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	143.26								
03	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	320.97								
05	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	128.39								
03	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	352.90								
05	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	141.16								
03	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	576.38								
05	72156	MAGNETIC RESONANCE I, SPINAL CANAL	230.55								
03	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	576.11								
05	72157	MAGNETIC RESONANCE I, SPINAL CANAL	230.44								
03	72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	565.99								
05	72158	MAGNETIC RESONANCE I, SPINAL CANAL	226.40								
03	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	334.60								
05	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	133.83								
03	72170	X-RAY EXAM OF PELVIS	19.67								
05	72170	X-RAY EXAM OF PELVIS	7.87								
03	72190	X-RAY EXAM OF PELVIS	27.42								
05	72190	X-RAY EXAM OF PELVIS	10.96								
03	72191	CT ANGIOGRAPH PELV W/O&W DYE	314.67								
05	72191	CT ANGIOGRAPH PELV W/O&W DYE	125.88								
03	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	172.38								
05	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	68.94								
03	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	233.25								
05	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	93.31								
03	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	267.87								
05	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	107.15								
03	72195	MRI PELVIS W/O DYE	385.14								
05	72195	MRI PELVIS W/O DYE	154.06								
03	72196	MRI,PELVIS	335.81								
05	72196	MRI, PELVIS	134.33								
03	72197	MRI PELVIS W/O & W DYE	559.75								
05	72197	MRI PELVIS W/O & W DYE	223.90								
03	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	384.99								
05	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	154.00								
03	72200	X-RAY EXAM SACROILIAC JOINTS	20.73								
05	72200	X-RAY EXAM SACROILIAC JOINTS	8.30								
03	72202	X-RAY EXAM SACROILIAC JOINTS	25.04								
05	72202	X-RAY EXAM SACROILIA504	10.02								
03	72220	X-RAY EXAM OF TAILBONE	21.83								
05	72220	X-RAY EXAM OF TAILBONE	8.74								
03	72240	CONTRAST X-RAY OF NECK SPINE	139.59								
05	72240	CONTRAST X-RAY OF NECK SPINE	55.84								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	72255	CONTRAST X-RAY THORAX SPINE	133.89								
05	72255	CONTRAST X-RAY THORAX SPINE	53.56								
03	72265	CONTRAST X-RAY LOWER SPINE	127.97								
05	72265	CONTRAST X-RAY LOWER SPINE	51.19								
03	72270	CONTRAST X-RAY OF SPINE	183.63								
05	72270	CONTRAST X-RAY OF SPINE	73.45								
03	72275	EPIDUROGRAPHY	88.60								
05	72275	EPIDUROGRAPHY	35.44								
03	72285	X-RAY OF NECK SPINE DISK	222.19								
05	72285	X-RAY OF NECK SPINE DISK	88.88								
05	72291	RADIOLOGICAL SUPERVISION AND INTERPR	44.62								
05	72292	RADIOLOGICAL SUPERVISION AND INTERPR	45.38								
03	72295	X-RAY OF LOWER SPINE DISK	200.57								
05	72295	X-RAY OF LOWER SPINE DISK	80.23								
03	73000	X-RAY EXAM OF COLLARBONE	19.66								X
05	73000	X-RAY EXAM OF COLLARBONE	7.86								X
03	73010	X-RAY EXAM OF SHOULDER BLADE	20.46								X
05	73010	X-RAY EXAM OF SHOULDER BLADE	8.19								X
03	73020	X-RAY EXAM OF SHOULDER	17.54								X
05	73020	X-RAY EXAM OF SHOULDER	7.02								X
03	73030	X-RAY EXAM OF SHOULDER	21.88								X
05	73030	X-RAY EXAM OF SHOULDER	8.76								X
03	73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	77.56								X
05	73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	31.03								X
03	73050	X-RAY EXAM OF SHOULDERS	25.86								
05	73050	X-RAY EXAM OF SHOULDERS	10.35								
03	73060	X-RAY EXAM OF HUMERUS	21.57								X
05	73060	X-RAY EXAM OF HUMERUS	8.63								X
03	73070	X-RAY EXAM OF ELBOW	19.35								X
05	73070	X-RAY EXAM OF ELBOW	7.73								X
03	73080	X-RAY EXAM OF ELBOW	23.92								X
05	73080	X-RAY EXAM OF ELBOW	9.57								X
03	73085	X-RAY, ELBOW, ARTHROGRAPHY; SUPER/INTER	73.72								X
05	73085	X-RAY ELBOW, ARTHROGRAPHY; SUPER/INTER	29.50								X
03	73090	X-RAY EXAM OF FOREARM	19.66								X
05	73090	X-RAY EXAM OF FOREARM	7.86								X
03	73092	X-RAY EXAM OF ARM, INFANT	19.66								X
05	73092	X-RAY EXAM OF ARM, INFANT	7.86								X
03	73100	X-RAY EXAM OF WRIST	19.91								X
05	73100	X-RAY EXAM OF WRIST	7.96								X
03	73110	X-RAY EXAM OF WRIST	23.07								X
05	73110	X-RAY EXAM OF WRIST	9.22								X
03	73115	X-RAY, WRIST, ARTHROGRAPHY, SUPER/INTER	71.01								X
05	73115	X-RAY, WRIST, ARTHROGRAPHY, SUPER/INTER	28.40								X
03	73120	X-RAY EXAM OF HAND	19.39								X
05	73120	X-RAY EXAM OF HAND	7.75								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	73130	X-RAY EXAM OF HAND	21.77								X
05	73130	X-RAY EXAM OF HAND	8.71								X
03	73140	X-RAY EXAM OF FINGER(S)	19.01								X
05	73140	X-RAY EXAM OF FINGER(S)	7.61								X
03	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	171.73								
05	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	68.69								
03	73201	CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	225.83								
05	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	90.32								
03	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST	267.79								
05	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	107.11								
03	73206	CT ANGIO UPR EXTRM W/O&W DYE	292.23								
05	73206	CT ANGIO UPR EXTRM W/O&W DYE	116.89								
03	73218	MRI UPPER EXTREMITY W/O DYE	379.54								
05	73218	MRI UPPER EXTREMITY W/O DYE	151.82								
03	73219	MRI UPPER EXTREMITY W/DYE	418.06								
05	73219	MRI UPPER EXTREMITY W/DYE	167.22								
03	73220	MRI-UPPER EXTREMITY	439.02								
05	73220	MRI-UPPER EXTREMITY	175.61								
03	73221	MRE, ANY JOINT OF UPPER EXTREMITY	284.71								X
05	73221	MRI, ANY JOINT OF UPPER EXTREMITY	113.88								X
03	73222	MRI JOINT UPR EXTREM W/ DYE	418.13								
05	73222	MRI JOINT UPR EXTREM W/ DYE	167.26								
03	73223	MRI JOINT UPR EXTR W/O&W DYE	555.11								
05	73223	MRI JOINT UPR EXTR W/O&W DYE	222.04								
03	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	305.76								
05	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	122.31								
03	73500	X-RAY EXAM OF HIP	18.66								X
05	73500	X-RAY EXAM OF HIP	7.46								X
03	73510	X-RAY EXAM OF HIP	25.34								X
05	73510	X-RAY EXAM OF HIP	10.14								X
03	73520	X-RAY EXAM OF HIPS	28.41								
05	73520	X-RAY EXAM OF HIPS	11.36								
03	73525	CONTRAST X-RAY OF HIP	74.03								X
05	73525	CONTRAST X-RAY OF HIP	29.61								X
03	73530	X-RAY HIP,DURING OPERATIVE PROCEDURE	25.51								X
05	73530	X-RAY HIP,DURING OPERATIVE PROCEDURE	10.20								X
03	73540	X-RAY EXAM OF PELVIS & HIPS	25.60								
05	73540	X-RAY EXAM OF PELVIS & HIPS	10.24								
03	73542	X-RAY EXAM, SACROILIAC JOINT	85.56								
05	73542	X-RAY EXAM, SACROILIAC JOINT	34.26								
03	73550	X-RAY EXAM OF THIGH	21.56								X
05	73550	X-RAY EXAM OF THIGH	8.62								X
03	73560	X-RAY EXAM OF KNEE	20.46								X
05	73560	X-RAY EXAM OF KNEE	8.19								X
03	73562	X-RAY KNEE A/P.OBLIQUES,3+VIEWS	23.95								X
05	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	9.59								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	X- OVERS	UVS >001
03	73564	X-RAY KNEE, COMPLETE, W/OBLIQUES.....	27.20								X
05	73564	X-RAY KNEE, COMPLETE, W/OBLIQUES.....	10.89								X
03	73565	RADIO EXAM, KNEES, STANDING, ANTEROPOST	22.52								
05	73565	RADIOLOGIC EXAM	9.01								
03	73580	CONTRAST X-RAY OF KNEE JOINT	89.09								X
05	73580	CONTRAST X-RAY OF KNEE JOINT	35.63								X
03	73590	X-RAY EXAM OF LOWER LEG	19.96								X
05	73590	X-RAY EXAM OF LOWER LEG	7.98								X
03	73592	X-RAY EXAM OF LEG, INFANT	19.66								X
05	73592	X-RAY EXAM OF LEG, INFANT	7.86								X
03	73600	X-RAY EXAM OF ANKLE	19.39								X
05	73600	X-RAY EXAM OF ANKLE	7.75								X
03	73610	X-RAY EXAM OF ANKLE	21.77								X
05	73610	X-RAY EXAM OF ANKLE	8.71								X
03	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	74.53								X
05	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	29.81								X
03	73620	X-RAY EXAM OF FOOT	19.13								X
05	73620	X-RAY EXAM OF FOOT	7.66								X
03	73630	X-RAY EXAM OF FOOT	21.77								X
05	73630	X-RAY EXAM OF FOOT	8.71								X
03	73650	X-RAY EXAM OF HEEL	18.88								X
05	73650	X-RAY EXAM OF HEEL	7.55								X
03	73660	X-RAY EXAM OF TOE(S)	18.49								X
05	73660	X-RAY EXAM OF TOE(S)	7.40								X
03	73700	CAT, LOWER EXTREMITY; W/OUT CONTRAST	171.73								
05	73700	CAT, LOWER EXTREMITY; W/OUT CONTRAST	68.69								
03	73701	CAT, LOWER EXTREMITY; W/ CONTRAST MAT.	226.86								
05	73701	CAT, LOWER EXTREMITY; W/ CONTRAST MAT	90.75								
03	73702	CAT, LOWER EXT.; W/OUT-W/CONTRAST	268.04								
05	73702	CAT, LOWER EXT.; W/OUT-W/CONTRAST MAT	107.22								
03	73706	CT ANGIO LWR EXTR W/O&W DYE	295.62								
05	73706	CT ANGIO LWR EXTR W/O&W DYE	118.24								
03	73718	MRI LOWER EXTREMITY W/O DYE	379.54								
05	73718	MRI LOWER EXTREMITY W/O DYE	151.82								
03	73719	MRI LOWER EXTREMITY W/DYE	417.72								
05	73719	MRI LOWER EXTREMITY W/DYE	167.09								
03	73720	MRI-LIWER EXTREMITY	438.75								
05	73720	MRI-LOWER EXTREMITY	175.49								
03	73721	MRI, ANY JOINT, LOWER EXTREMITY	284.71								X
05	73721	MRI, ANY JOINT, LOWER EXTREMITY	113.88								X
03	73722	MRI JOINT OF LWR EXTR W/DYE	418.13								
05	73722	MRI JOINT OF LWR EXTR W/DYE	167.26								
03	73723	MRI JOINT LWR EXTR W/O&W DYE	554.41								
05	73723	MRI JOINT LWR EXTR W/O&W DYE	221.77								
03	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	386.34								
05	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	154.54								

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	74000	X-RAY EXAM OF ABDOMEN	19.71								X
05	74000	X-RAY EXAM OF ABDOMEN	7.89								X
03	74010	X-RAY EXAM OF ABDOMEN	26.21								X
05	74010	X-RAY EXAM OF ABDOMEN	10.48								X
03	74020	X-RAY EXAM OF ABDOMEN	28.44								X
05	74020	X-RAY EXAM OF ABDOMEN	11.37								X
03	74022	X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	33.84								
05	74022	X-RAY ACUTE ABDOMEN SERIES,SUPINE	13.53								
03	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	176.55								
05	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	70.62								
03	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	237.51								
05	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	95.01								
03	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	274.69								
05	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	109.88								
03	74175	CT ANGIO ABDOM W/O&W DYE	314.67								
05	74175	CT ANGIO ABDOM W/O&W DYE	125.88								
03	74181	MRI-ABDOMEN	298.49								
05	74181	MRI-ABDOMEN	119.40								
03	74182	MRI ABDOMEN W/DYE	423.64								
05	74182	MRI ABDOMEN W/DYE	169.45								
03	74183	MRI ABDOMEN W/O&W DYE	559.75								
05	74183	MRI ABDOMEN W/O&W DYE	223.90								
03	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	385.24								
05	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	154.09								
03	74190	PERITONEOGRAM (EG, AFTER INJECTION O	54.85								
05	74190	PERITONEOGRAM (EG, AFTER INJECTION O	21.95								
03	74210	CONTRAST XRAY EXAM OF THROAT	52.02								
05	74210	CONTRAST XRAY EXAM OF THROAT	20.81								
03	74220	CONTRAST XRAY EXAM,ESOPHAGUS	58.37								
05	74220	CONTRAST XRAY EXAM,ESOPHAGUS	23.35								
03	74230	CINEMA XRAY THROAT/ESOPHAGUS	61.51								
05	74230	CINEMA XRAY THROAT/ESOPHAGUS	24.60								
03	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	104.76								
05	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	41.90								
03	74240	X-RAY EXAM UPPER GI TRACT	73.58								
05	74240	X-RAY EXAM UPPER GI TRACT	29.43								
03	74241	X-RAY EXAM UPPER GI TRACT	77.23								
05	74241	X-RAY EXAM UPPER GI TRACT	30.89								
03	74245	X-RAY EXAM UPPER GI TRACT	115.38								
05	74245	X-RAY EXAM UPPER GI TRACT	46.15								
03	74246	X-RAY GASTROINTESTINAL TRACT	83.00								
05	74246	X-RAY GASTROINTESTINAL TRACT	33.20								
03	74247	X-RAY-GASTROINTESTINAL TRACT	85.87								
05	74247	X-RAY GASTROINTESTINAL TRACT	34.35								
03	74249	X-RAY/GASTROINTESTINAL TRACT....	123.20								
05	74249	X-RAY GASTROINTESTINAL TRACT....	49.29								

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	74250	X-RAY EXAM OF SMALL BOWEL	66.19								
05	74250	X-RAY EXAM OF SMALL BOWEL	26.48								
03	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	122.38								
05	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	48.95								
03	74260	X-RAY EXAM OF SMALL BOWEL	78.71								
05	74260	X-RAY EXAM OF SMALL BOWEL	31.49								
03	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	280.40								
05	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	112.15								
03	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	314.87								
05	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	125.95								
03	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	479.44								
05	74263	COMPUTED TOMOGRAPHIC(CT) COLONOGRAP	191.77								
03	74270	CONTRAST X-RAY EXAM OF COLON	86.13								
05	74270	CONTRAST X-RAY EXAM OF COLON	34.45								
03	74280	CONTRAST X-RAY EXAM OF COLON	128.67								
05	74280	CONTRAST X-RAY EXAM OF COLON	51.46								
03	74283	BARIUM ENEMA,THERAPEUTIC	135.24								
05	74283	BARIUM ENEMA,THERAPEUTIC	54.10								
03	74290	CONTRAST X-RAY, GALLBLADDER	41.64								
05	74290	CONTRAST X-RAY, GALLBLADDER	16.66								
03	74291	CONTRAST X-RAYS, GALLBLADDER	32.81								
05	74291	CONTRAST X-RAYS, GALLBLADDER	13.12								
03	74300	CONTRAST X-RAY OF BILE DUCTS	58.99								
05	74300	CONTRAST X-RAY OF BILE DUCTS	23.59								
03	74301	CHOLANGIOGRA;ADDITIONAL SET/SURGERY	37.93								
05	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	15.18								
03	74305	CONTRAST X-RAY OF BILE DUCTS	38.36								
05	74305	CONTRAST X-RAY OF BILE DUCTS	15.35								
03	74320	CONTRAST X-RAY OF BILE DUCTS	96.89								
05	74320	CONTRAST X-RAY OF BILE DUCTS	38.76								
03	74327	X-RAY FOR BILE STONE REMOVAL	87.24								
05	74327	X-RAY FOR BILE STONE REMOVAL	34.90								
03	74328	XRAY FOR BILE DUCT ENDOSCOPY	113.98								
05	74328	XRAY FOR BILE DUCT ENDOSCOPY	45.59								
03	74329	X-RAY FOR PANCREAS ENDOSCOPY	99.75								
05	74329	X-RAY FOR PANCREAS ENDOSCOPY	39.90								
03	74330	XRAY,BILE/PANCREAS ENDOSCOPY	121.86								
05	74330	XRAY,BILE/PANCREAS ENDOSCOPY	48.75								
03	74340	X-RAY GUIDE FOR GI TUBE	93.09								
05	74340	X-RAY GUIDE FOR GI TUBE	37.24								
03	74355	PERC.PLACE ENTEROLYSIS TUBE;GUIDANCE	101.82								
05	74355	PERC.PLACE. ENTEROLYSIS TUBE;GUIDANCE	40.73								
03	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	107.83								
05	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	43.13								
03	74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	328.75								
05	74363	DILATION OF BILIARY DUCT STRICTURE	131.50								

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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	74400	CONTRAST X-RAY URINARY TRACT	74.47								
05	74400	CONTRAST X-RAY URINARY TRACT	29.77								
03	74410	CONTRAST X-RAY URINARY TRACT	79.15								
05	74410	CONTRAST X-RAY URINARY TRACT	31.67								
03	74415	CONTRAST X-RAY URINARY TRACT	89.31								
05	74415	CONTRAST X-RAY URINARY TRACT	35.73								
03	74420	CONTRAST X-RAY URINARY TRACT	86.13								
05	74420	CONTRAST X-RAY URINARY TRACT	34.45								
03	74425	CONTRAST X-RAY URINARY TRACT	50.21								
05	74425	CONTRAST X-RAY URINARY TRACT	20.08								
03	74430	CONTRAST X-RAY OF BLADDER	51.33								
05	74430	CONTRAST X-RAY OF BLADDER	20.53								
03	74440	XRAY EXAM MALE GENITAL TRACT	55.95								
05	74440	XRAY EXAM MALE GENITAL TRACT	22.38								
03	74445	COPORA CAVERNOSOGRAPHY;SUPER/INTERP	76.77								
05	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	30.72								
03	74450	X-RAY EXAM URETHRA/BLADDER	53.20								
05	74450	X-RAY EXAM URETHRA/BLADDER	21.28								
03	74455	X-RAY EXAM URETHRA/BLADDER	62.67								
05	74455	X-RAY EXAM URETHRA/BLADDER	25.07								
03	74470	X-RAY-RENAL CYST STUDY	55.64								
05	74470	X-RAY-RENAL CYST STUDY	22.25								X
03	74475	CATH RENAL PELVIS;SUPER/INTERP	116.00								
05	74475	CATH RENAL PELVIS;SUPER/INTERP	46.39								
03	74480	CATH/STENT RENAL PELVIS;SUPER/INTERP	116.00								
05	74480	CATH/STENT-RENAL PELVIS;SUPER/INTERP	46.39								
03	74485	DILATE NEPHROL./URETERS;SUPER/INTERP	97.97								
05	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	39.19								
03	74710	X-RAY MEASUREMENT OF PELVIS	37.98								
05	74710	X-RAY MEASUREMENT OF PELVIS	15.20								
05	74740	HYSTEROSALPINGOGRAPHY	9.12	21	59	X			F		
03	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	64.81								
05	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	25.92								
03	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	326.42								
05	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	130.56								
03	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	350.26								
05	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	140.10								
03	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	460.38								
05	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	184.15								
03	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	479.56								
05	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	191.82								
03	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	62.17								
05	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	24.87								
03	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	61.77								
05	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	24.71								
03	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	181.32								

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	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	72.53								
03	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	257.72								
05	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	103.09								
03	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	395.70								
05	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	158.28								
03	75600	CONTRAST X-RAY EXAM OF AORTA	318.85								
05	75600	CONTRAST X-RAY EXAM OF AORTA	127.54								
03	75605	CONTRAST X-RAY EXAM OF AORTA	322.97								
05	75605	CONTRAST X-RAY EXAM OF AORTA	129.20								
03	75625	CONTRAST X-RAY EXAM OF AORTA	321.25								
05	75625	CONTRAST X-RAY EXAM OF AORTA	128.50								
03	75630	AORTOGRAPH;ABDOMEN-BILAT	359.01								
05	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	143.60								
03	75635	CT ANGIO ABDOMINAL ARTERIES	345.41								
05	75635	CT ANGIO ABDOMINAL ARTERIES	138.16								
03	75650	ARTERY X-RAYS, HEAD & NECK	333.65								
05	75650	ARTERY X-RAYS, HEAD & NECK	133.47								
03	75658	X-RAY EXAM OF ARM ARTERIES	330.90								
05	75658	X-RAY EXAM OF ARM ARTERIES	132.36								
03	75660	ARTERY X-RAYS, HEAD & NECK	318.24								
05	75660	ARTERY X-RAYS, HEAD & NECK	127.29								
03	75662	ARTERY X-RAYS, HEAD & NECK	350.04								
05	75662	ARTERY X-RAYS, HEAD & NECK	140.02								
03	75665	ARTERY X-RAYS, HEAD & NECK	332.04								
05	75665	ARTERY X-RAYS, HEAD & NECK	132.82								
03	75671	ARTERY X-RAYS, HEAD & NECK	348.84								
05	75671	ARTERY X-RAYS, HEAD & NECK	139.53								
03	75676	ARTERY X-RAYS, NECK	330.13								
05	75676	ARTERY X-RAYS, NECK	132.05								
03	75680	ARTERY X-RAYS, NECK	345.78								
05	75680	ARTERY X-RAYS, NECK	138.30								
03	75685	ARTERY X-RAYS, SPINE	329.57								
05	75685	ARTERY X-RAYS, SPINE	131.83								
03	75705	ARTERY X-RAYS, SPINE	348.34								
05	75705	ARTERY X-RAYS, SPINE	139.34								
03	75710	ARTERY X-RAYS, ARM/LEG	325.89								
05	75710	ARTERY X-RAYS, ARM/LEG	130.35								
03	75716	ARTERY X-RAYS, ARMS/LEGS	336.50								
05	75716	ARTERY X-RAYS, ARMS/LEGS	134.60								
03	75722	ARTERY X-RAYS, KIDNEY	324.76								
05	75722	ARTERY X-RAYS, KIDNEY	129.91								
03	75724	ARTERY X-RAYS, KIDNEYS	345.49								
05	75724	ARTERY X-RAYS, KIDNEYS	138.20								
03	75726	ARTERY X-RAYS, ABDOMEN	322.47								
05	75726	ARTERY X-RAYS, ABDOMEN	128.98								
03	75731	ARTERY X-RAYS, ADRENAL GLAND	324.06								

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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 JANUARY 22, 2010 - JULY 31, 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
05	75731	ARTERY X-RAYS, ADRENAL GLAND	129.63								
03	75733	ARTERY X-RAYS,ADRENAL GLANDS	318.24								
05	75733	ARTERY X-RAYS,ADRENAL GLANDS	127.29								
03	75736	ARTERY X-RAYS, PELVIS	324.06								
05	75736	ARTERY X-RAYS, PELVIS	129.63								
03	75741	ARTERY X-RAYS, LUNG	324.99								
05	75741	ARTERY X-RAYS, LUNG	129.99								
03	75743	ARTERY X-RAYS, LUNGS	338.67								
05	75743	ARTERY X-RAYS, LUNGS	135.48								
03	75746	ARTERY X-RAYS, LUNG	321.21								
05	75746	ARTERY X-RAYS, LUNG	128.48								
03	75756	ARTERY X-RAYS, CHEST	329.02								
05	75756	ARTERY X-RAYS, CHEST	131.61								
03	75791	ANGIOGRAPHY ARTERIOVENOUS SHUNT COMP	209.70								
05	75791	ANGIOGRAPHY ARTERIOVENOUS SHUNT COMP	83.88								
03	75801	LYMPH VESSEL X-RAY, ARM/LEG	181.68								
05	75801	LYMPH VESSEL X-RAY, ARM/LEG	72.67								
03	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	194.36								
05	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	77.74								
03	75805	LYMPH VESSEL X-RAY, TRUNK	199.60								
05	75805	LYMPH VESSEL X-RAY, TRUNK	79.84								
03	75807	LYMPH VESSEL X-RAY, TRUNK	172.42								
05	75807	LYMPH VESSEL X-RAY, TRUNK	68.96								
03	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	54.43								
05	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	21.77								
03	75810	VEIN X-RAY, SPLEEN/LIVER	388.68								
05	75810	VEIN X-RAY, SPLEEN/LIVER	155.48								
03	75820	VEIN X-RAY, ARM/LEG	75.65								
05	75820	VEIN X-RAY, ARM/LEG	30.26								
03	75822	VEIN X-RAY, ARMS/LEGS	96.80								
05	75822	VEIN X-RAY, ARMS/LEGS	38.72								
03	75825	VEIN X-RAY, TRUNK	318.27								
05	75825	VEIN X-RAY, TRUNK	127.30								
03	75827	VEIN X-RAY, CHEST	317.90								
05	75827	VEIN X-RAY, CHEST	127.16								
03	75831	VEIN X-RAY, KIDNEY	318.71								
05	75831	VEIN X-RAY, KIDNEY	127.48								
03	75833	VEIN X-RAY, KIDNEYS	335.30								
05	75833	VEIN X-RAY, KIDNEYS	134.12								
03	75840	VEIN X-RAY, ADRENAL GLAND	321.06								
05	75840	VEIN X-RAY, ADRENAL GLAND	128.42								
03	75842	VEIN X-RAY, ADRENAL GLANDS	333.91								
05	75842	VEIN X-RAY, ADRENAL GLANDS	133.56								
03	75860	VEIN X-RAY, NECK	312.34								
05	75860	VEIN X-RAY, NECK	124.94								
03	75870	VEIN X-RAY, SKULL	312.34								

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 JANUARY 22, 2010 - JULY 31, 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
05	75870	VEIN X-RAY, SKULL	124.94								
03	75872	VENOGRAPH, EPIDURAL; SUPER/INTERP	327.57								
05	75872	VENOGRAPH, EPIDURAL; SUPER/INTERP	131.02								
03	75880	VEIN X-RAY, EYE SOCKET	78.50								
05	75880	VEIN X-RAY, EYE SOCKET	31.40								
03	75885	VEIN X-RAY, LIVER	329.10								
05	75885	VEIN X-RAY, LIVER	131.64								
03	75887	VEIN X-RAY, LIVER	330.63								
05	75887	VEIN X-RAY, LIVER	132.25								
03	75889	VEIN X-RAY, LIVER	318.14								
05	75889	VEIN X-RAY, LIVER	127.26								
03	75891	VEIN X-RAY, LIVER	318.14								
05	75891	VEIN X-RAY, LIVER	127.26								
03	75893	VENOUS SAMPLING BY CATHETER	280.96								
05	75893	VENOUS SAMPLING BY CATHETER	112.38								
03	75894	XRAYS, TRANSCATHETER THERAPY	711.09								
05	75894	XRAYS, TRANSCATHETER THERAPY	284.43								
03	75896	XRAYS, TRANSCATHETER THERAPY	624.83								
05	75896	XRAYS, TRANSCATHETER THERAPY	249.93								
03	75898	FOLLOW-UP ANGIOGRAM	94.69								
05	75898	FOLLOW-UP ANGIOGRAM	37.88								
03	75900	ARTERIAL CATHETER EXCHANGE	493.58								
05	75900	ARTERIAL CATHETER EXCHANGE	197.43								
03	75901	REMOVE CVA DEVICE OBSTRUCT	110.74								
05	75901	REMOVE CVA DEVICE OBSTRUCT	44.29								
03	75902	REMOVE CVA LUMEN OBSTRUCT	77.07								
05	75902	REMOVE CVA LUMEN OBSTRUCT	30.82								
03	75940	PERC.PLACE IVC FILTER; SUPER/INTERP	365.44								
05	75940	PERC.PLACE IVC FILTER; SUPER/INTERP	146.18								
03	75945	INTRAVASCULAR US	120.93								
05	75945	INTRAVASCULAR US	48.36								
03	75946	INTRAVASCULAR US	66.96								X
05	75946	INTRAVASCULAR US	26.78								X
03	75952	ENDOVASC REPAIR ABDOM AORTA	201.54								
03	75953	ABDOM ANEURYSM ENDOVAS RPR	84.27								
03	75954	ILIAIC ANEURYSM ENDOVAS RPR	79.67								
05	75954	ILIAIC ANEURYSM ENDOVAS RPR	31.87								
05	75956	TRANSCATH OCCLUSION; COMPLETE PROC	267.17								
05	75957	XRAY, ENDOVAS THOR AO REPR	228.90								
05	75958	XRAY, PLACE PROX THOR AO	152.57								
05	75959	XRAY, PLACE DIST EXT THOR AO	133.55								
03	75960	TRANSCATHETER INTRODUCTION OF INTRAV	343.86								
05	75960	TRANSCATHETER INTRODUCTION OF INTRAV	137.54								
03	75961	TRANSCATH RETRIEVAL/FRACTURED CATH	433.03								
05	75961	TRANSCATH RETRIEVAL/FRACTURED CATH	173.21								
03	75962	PTA-PERIPHERAL ARTERY; SUPER/ENTERP	359.99								

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
05	75962	PTA-PERIPHERAL ARTERY;SUPER/INTERP	143.99								
03	75964	PTA;EACH ADD.PERIPH.ART.;SUPER/INTER	200.90								X
05	75964	PTA,EACH ADD.PERIPH.ART;SUPER/INTERP	80.35								X
03	75966	PTA--VISCERAL ARTERY;SUPER/INTERP	386.39								
05	75966	PTA-VISCERAL ARTERY;SUPER/INTERP	154.56								
03	75968	PTA-EACH ADD VISC.ART;SUPER/INTERP	201.35								X
05	75968	PTA-EACH ADD VISC ART;SUPER/INTERP	80.54								X
03	75970	TRANSCATH BXX;SUPER/INTERP	347.83								
05	75970	TRANSCATH BX;SUPER/INTERP	139.13								
03	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	288.80								
05	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	115.52								
03	75980	PERC TRANSHEPATIC BILIARY DRAIN	205.11								
05	75980	PERC TRANSHEPATIC BILIARY DRAINAGE	82.05								
03	75989	RAD.GUIDE...SUPERVISION/INTERP ONLY	119.80								
05	75989	RAD GUIDE...SUPERVISION/INTERP ONLY	47.92								
03	75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL	451.50								
05	75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL	180.60								
03	75993	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	190.19								
05	75993	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	76.07								
03	75994	TRANSLUMINAL ATHERECTOMY, RENAL, RAD	378.56								
05	75994	TRANSLUMINAL ATHERECTOMY, RENAL, RAD	151.43								
03	75995	TRANSLUMINAL ATHERECTOMY, VISCERAL,	378.56								
05	75995	TRANSLUMINAL ATHERECTOMY, VISCERAL,	151.43								
03	75996	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	190.19								
05	75996	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	76.07								
03	76000	FLUOROSCOPY,MD TIME TO 1 HR	60.40								
05	76000	FLUOROSCOPY,MD TIME TO 1 HR	24.16								
03	76001	FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	98.97								
05	76001	FLUOROSCOPY,MD ASST NON-RAD,+1 HOUR	39.59								
03	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	20.25								
05	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	8.11								
03	76080	X-RAY EXAM OF FISTULA	47.19								
05	76080	X-RAY EXAM OF FISTULA	18.89								
03	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	16.07								X
05	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	6.42								X
03	76100	X-RAY EXAM OF BODY SECTION	72.07								
05	76100	X-RAY EXAM OF BODY SECTION	28.83								
03	76101	X-RAY,COMPLEX MOTION ,BODY SECT UNIL	110.61								
05	76101	X-RAY,COMPLEX MOTION,BODY SECT UNIL	44.25								
03	76102	X-RAY,COMPLEX MOTION,BODY SECT BILAT	137.72								
05	76102	X-RAY,COMPLEX MOTION,BODY SECT,BILAT	55.09								
03	76120	CINEMATIC X-RAYS	52.05								
05	76120	CINEMATIC X-RAYS	20.83								
03	76125	CINEMATIC X-RAYS	32.25								
05	76125	CINEMATIC X-RAYS	12.89								
03	76350	SUBTRACTION W/CONTRAST STUDIES	19.06								

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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	76350	SUBTRACTION W/CONTRAST STUDIES	7.63								
03	76376	3D RENDER W/O POSTPROCESS	72.03								
05	76376	3D RENDER W/O POSTPROCESS	28.81								
03	76377	3D RENDERING W/POSTPROCESS	115.57								
05	76377	3D RENDERING W/POSTPROCESS	46.22								
03	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	109.85								
05	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	43.94								
03	76390	MR SPECTROSCOPY	384.60								
05	76390	MR SPECTROSCOPY	153.84								
03	76496	FLUOROSCOPIC PROCEDURE	MP		X						
05	76496	FLUOROSCOPIC PROCEDURE	MP		X						
03	76497	CT PROCEDURE	MP		X						
05	76497	CT PROCEDURE	MP		X						
03	76498	MRI PROCEDURE	MP		X						
05	76498	MRI PROCEDURE	MP		X						
03	76499	RADIOGRAPHIC PROCEDURE	MP		X						
05	76499	RADIOGRAPHIC PROCEDURE	MP		X						
03	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	66.15								
05	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	26.46								
03	76510	OPHTH US, B & QUANT A	114.20								
05	76510	OPHTH US, B & QUANT A	45.68								
03	76511	ECHO EXAM OF EYE	83.78								X
05	76511	ECHO EXAM OF EYE	33.51								X
03	76512	ECHO EXAM OF EYE	79.31								
05	76512	ECHO EXAM OF EYE	31.72								
03	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	65.93								
05	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H2O-B-SC	26.37								
03	76514	ECHO EXAM OF EYE, THICKNESS	9.00								
05	76514	ECHO EXAM OF EYE, THICKNESS	3.60								
03	76516	ECHO EXAM OF EYE	52.53								
05	76516	ECHO EXAM OF EYE	21.01								
03	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	55.07								
05	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	22.02								
03	76529	ECHO EXAM OF EYE	53.12								
05	76529	ECHO EXAM OF EYE	21.24								
03	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	73.32								
05	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	29.32								
03	76604	ECHO EXAM OF CHEST	60.24								
05	76604	ECHO EXAM OF CHEST	24.11								
03	76645	ECHO EXAM OF BREAST	60.21								
05	76645	ECHO EXAM OF BREAST	24.09								
03	76700	ECHO EXAM OF ABDOMEN	94.14								
05	76700	ECHO EXAM OF ABDOMEN	37.66								
03	76705	ECHO EXAM OF ABDOMEN	70.36								
05	76705	ECHO EXAM OF ABDOMEN	28.15								
03	76770	ECHO EXAM ABDOMEN BACK WALL	90.49								

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	76770	ECHO EXAM ABDOMEN BACK WALL	36.20								
03	76775	ECHO EXAM ABDOMEN BACK WALL	70.83								
05	76775	ECHO EXAM ABDOMEN BACK WALL	28.33								
03	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	97.84								
05	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	39.13								
03	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	86.70								
05	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	34.68								
03	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	94.58				F				
05	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	37.83				F				
03	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	59.24				F				X
05	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	23.70				F				X
03	76805	ECHO EXAM OF PELVIS	101.59								
05	76805	ECHO EXAM OF PELVIS	40.63								
03	76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN	94.81				F				X
05	76810	ECHOGRAPHY, PREGNANT UTERUS B-SCAN	37.92				F				X
03	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	195.03				F		X		
05	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	78.00				F		X		
03	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	119.22				F		X		X
05	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	47.68				F		X		X
03	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	94.32	10	60		F				
05	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	37.73	10	60		F				
03	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	61.65	10	60		F				X
05	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	24.66	10	60		F				X
03	76815	ECHO EXAM FOR FETAL GROWTH	65.10				F				
05	76815	ECHO EXAM FOR FETAL GROWTH	26.04				F				
03	76816	ECHOGRAPHY .PG UTERUS;FOLLOW-UP/REPE	72.82				F				X
05	76816	ECHOGRAPHY .PG UTERUS;FOLLOW-UP/REPE	29.13				F				X
03	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	76.26				F				
05	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	30.51				F				
03	76818	FETAL BIOPHYSICAL PROFILE	86.95								
05	76818	FETAL BIOPHYSICAL PROFILE	34.79				F				
03	76819	FETL BIOPHYS PROFIL W/O STRS	78.62								
05	76819	FETL BIOPHYS PROFIL W/O STRS	31.46								
03	76820	UMBILICAL ARTERY ECHO	58.71	10	59		F				
05	76820	UMBILICAL ARTERY ECHO	23.48	10	59		F				
03	76821	MIDDLE CEREBRAL ARTERY ECHO	71.93	10	59		F				
05	76821	MIDDLE CEREBRAL ARTERY ECHO	28.77	10	59		F				
03	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	126.85	00	60		F				
05	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	50.74	00	60		F				
03	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	71.65								
05	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	28.65								
03	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	66.42								
05	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	26.57								
03	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	47.91								
05	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	19.16								
03	76830	ECHOGRAPHY, TRANSVAGINAL	80.93								

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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	76830	ECHOGRAPHY,TRANSVAGINAL	32.37								
03	76831	ECHO EXAM, UTERUS	81.27				F				
05	76831	ECHO EXAM, UTERUS	32.51								
03	76856	ECHOGRAPHY, PELVIC, REAL TIME	81.19								
05	76856	ECHOGRAPHY, PELVIC, REAL TIME	32.47								
03	76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	55.66								
05	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	22.26								
03	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	79.94				M				
05	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	31.98				M				
03	76872	ECHOGRAPHY, TRANSRECTAL	91.58								
05	76872	ECHOGRAPHY, TRANSRECTAL	36.64								
03	76873	ECHOGRAP TRANS R, PROS STUDY	123.11				M				
05	76873	ECHOGRAP TRANS R, PROS STUDY	49.24				M				
03	76880	ECHOGRAPHY, EXTREMITY, B-SCAN	81.27								
05	76880	ECHOGRAPHY, EXTREMITY, B-SCAN	32.51								
03	76885	ECHO EXAM, INFANT HIPS	75.91								
05	76885	ECHO EXAM, INFANT HIPS	30.36								
03	76886	ECHO EXAM, INFANT HIPS	67.60								
05	76886	ECHO EXAM, INFANT HIPS	27.04								
03	76930	ECHO GUIDE FOR HEART SAC TAP	71.20								
05	76930	ECHO GUIDE FOR HEART SAC TAP	28.48								
03	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	69.19								
05	76932	ULTRASONIC GUIDANCE ENDOMYOACRDBIO	27.67								
03	76936	ECHO GUIDE FOR ARTERY REPAIR	236.71								
05	76936	ECHO GUIDE FOR ARTERY REPAIR	94.68								
03	76937	US GUIDE, VASCULAR ACCESS	25.91								
05	76937	US GUIDE, VASCULAR ACCESS	10.37								
03	76940	US GUIDE, TISSUE ABLATION	134.77								
05	76940	US GUIDE, TISSUE ABLATION	53.91								
03	76941	ECHO GUIDE FOR TRANSFUSION	96.21								
05	76941	ECHO GUIDE FOR TRANSFUSION	38.48								
03	76942	ECHO GUIDE FOR BIOPSY	123.22								X
05	76942	ECHO GUIDE FOR BIOPSY	49.30								X
03	76945	ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	68.36								
05	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	27.35								
03	76946	ECHO GUIDE FOR AMNIOCENTESIS	48.26								X
05	76946	ECHO GUIDE FOR AMNIOCENTESIS	19.30								X
03	76950	ECHO GUIDANCE RADIOTHERAPY	55.07								X
05	76950	ECHO GUIDANCE RADIOTHERAPY	22.02								X
03	76965	ECHO GUIDANCE RADIOTHERAPY	184.17								
05	76965	ECHO GUIDANCE RADIOTHERAPY	73.67								
03	76970	ULTRASOUND EXAM FOLLOW-UP	53.95								
05	76970	ULTRASOUND EXAM FOLLOW-UP	21.58								
03	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	74.80								
05	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	29.93								
03	76977	US BONE DENSITY MEASURE	20.58								

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	76977	US BONE DENSITY MEASURE	8.23								
03	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	105.42								
03	76999	ECHO EXAMINATION PROCEDURE	MP		X						
05	76999	ECHO EXAMINATION PROCEDURE	MP		X						
03	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	67.22								
05	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	26.89								
03	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	53.09								
05	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	21.23								
03	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	51.86								
05	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	20.74								
03	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	422.17								
05	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	168.87								
03	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	212.70								
05	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	85.09								
03	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	426.10								
03	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	128.78								
05	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	51.51								
03	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	336.88								
05	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	134.75								
03	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	515.51								
03	77031	STEREOTACTIC LOCALIZATION GUIDANCE F	190.76								
05	77031	STEREOTACTIC LOCALIZATION GUIDANCE F	76.29								
03	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLA	49.84								
05	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLA	19.94								
03	77051	COMPUTER-AIDED DETECTION (COMPUTER A	11.79								
05	77051	COMPUTER-AIDED DETECTION (COMPUTER A	4.71								
03	77052	COMPUTER-AIDED DETECTION (COMPUTER A	11.79	40 99			F			X	
05	77052	COMPUTER-AIDED DETECTION (COMPUTER A	4.71	40 99			F			X	
03	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	70.77								
05	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	28.30								
03	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	89.93								
05	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	35.97								
03	77055	MAMMOGRAPHY; UNILATERAL	59.26								
05	77055	MAMMOGRAPHY; UNILATERAL	23.71								
03	77056	MAMMOGRAPHY; BILATERAL	74.76								
05	77056	MAMMOGRAPHY; BILATERAL	29.91								
03	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	59.56	40 99			F			X	
05	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	23.82	40 99			F			X	
03	77058	MAGNETIC RESONANCE IMAGING, BREAST,	589.88								
05	77058	MAGNETIC RESONANCE IMAGING, BREAST,	235.96								
03	77059	MAGNETIC RESONANCE IMAGING, BREAST,	681.40								
05	77059	MAGNETIC RESONANCE IMAGING, BREAST,	272.57								
03	77071	MANUAL APPLICATION OF STRESS PERFORM	25.07								
03	77072	BONE AGE STUDIES	16.92								
05	77072	BONE AGE STUDIES	6.77								
03	77073	BONE LENGTH STUDIES (ORTHOENTGENOG	29.66								

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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	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	11.87								
03	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	48.17								
05	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	19.27								
03	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	68.33								
05	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	27.34								
03	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	55.82								
05	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	22.33								
03	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	38.09								
05	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	15.24								
03	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	77.36								
05	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	30.94								
03	77079	COMPUTED TOMOGRAPHY, BONE MINERAL DE	70.16								
05	77079	COMPUTED TOMOGRAPHY, BONE MINERAL DE	28.05								
03	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	68.32								
05	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	27.33								
03	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	28.21								
05	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	11.29								
03	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	24.42								
05	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	9.77								
03	77083	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHO	25.32								
05	77083	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHO	10.13								
03	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	330.63								
05	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	132.25								
03	77261	SIMPLE TREAT PLAN-THERA RADIOL	56.93								
03	77262	INTER TREAT PLAN-THERA RADIOLO	85.75								
03	77263	COMPLEX TREAT PLAN-THERA RADIO	127.82								
03	77280	SIMPLE,RAD SIMU-AIDED FIELDSET	130.92								
05	77280	SIMPLE,RAD SIMU-AIDED FIELD	52.37								
03	77285	INTER,RAD SIMU-AIDED FIELD SET	219.13								
05	77285	INTER,RAD SIMU-AIDED FIELD SET	87.66								
03	77290	COMP,RAD SIMU-AIDED FIELD SET	319.53								
05	77290	COMP,RAD SIMU-AIDED FIELD SET	127.81								
03	77295	THERAPEUTIC RADIOLOGY SIMULATION-AID	784.43								X
05	77295	THERAPEUTIC RADIOLOGY SIMULATION-AID	313.77								X
03	77299	UNLISTED CLINICAL TREAT.PLAN	139.37								
05	77299	UNLISTED CLINICAL TREAT PLAN	139.37								
03	77300	BASIC RAD DOSIMETRY CALCULATIO	56.77								X
05	77300	BASIC RAD DOSIMETRY CALCULATION	22.72								X
03	77301	RADIOLTHERAPY DOS PLAN, IMRT	1,410.64								
05	77301	RADIOLTHERAPY DOS PLAN, IMRT	564.26								
03	77305	TELETHRAPHY ISODOSE PLAN-SIMPLE	69.09								
05	77305	TELETHERAPY ISODOSE PLAN SIMPLE	27.63								
03	77310	TELETHERAPY ISODOSE PLAN-INTER	92.78								
05	77310	TELETHERAPY ISODOSE PLAN-INTER	37.11								
03	77315	TELETHERAPY ISODOSE PLAN-COMPL	122.57								
05	77315	TELETHERAPY ISODOSE PLAN-COMPL	49.03								

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	77321	SPEC TELETHERAPY PLAN TOTALBOD	126.15								
05	77321	SPEC TELETHERAPY PLAN TOTAL BODY	50.46								
03	77326	BRACHYTHERAPY ISODOSE CALCULAT SIMPL	103.27								
05	77326	BRACHYTHERAPY ISODOSE CALC SIM	41.32								
03	77327	BRACHYTHERAPY ISODOSE CALCULA INTERM	148.30								
05	77327	BRACHYTHERAPY ISODOSE CAL INTE	59.32								
03	77328	BRACHYTHERAPY ISODOSE CALCULAT COMPL	208.44								
05	77328	BRACHYTHERAPY ISODOSE CAL COMP	83.38								
03	77331	SPECIAL DOSIMETRY (SPECIFY)	52.94								X
05	77331	SPECIAL DOSIMETRY (SPECIFY)	17.95								X
03	77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	57.16								
05	77332	TREATMENT DEVICES,DESIGN/SIMPLE	22.86								
03	77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	71.95								
05	77333	TREATMENT DEVICES/DESIGN-INTER	28.78								
03	77334	TREATMENT DEVICES/DESIGN;COMPLEX	127.96								X
05	77334	TREATMENT DEVICES/DESIGN;COMPL	51.18								X
03	77336	CONTINUING RADIATION PHYSICS CONSULT	69.07								
03	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	331.95								
05	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	132.78								
03	77370	SPECIAL MED RAD PHYSICS CONSULTATION	91.55								
03	77371	RADIATION TREATMENT DELIVERY, STEREO	786.72								
03	77372	RADIATION TREATMENT DELIVERY, STEREO	597.41								
03	77373	STEREOTACTIC BODY RADIATION THERAPY,	1,113.31								
03	77399	UNLISTED RAD THER/PHYSICS CONS	219.73								X
05	77399	UNLISTED RAD THER/PHYSICS CONS	219.73								X
03	77401	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO	40.31								X
03	77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	82.76								X
03	77403	RADIAT TRTMNT DELIVERY-6-10 MEV	75.22								X
03	77404	RADIAT TRTMNT DELIVERY-11-19 MEV	80.95								X
03	77406	RADIAT TRTMNT DELIVERY-20 MEV OR >	81.47								X
03	77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	105.93								X
03	77408	RADIAT TRTMNT DELIVERY-2AR,3PT-6-10	98.14								X
03	77409	RADIAT TRTMNT DELIVERY,2AR,3PR-11-19	105.68								X
03	77411	RADIATION TREATMENT DELIVERY TWO SEP	105.42								X
03	77412	RADIAT TRTMNT DELIV UP TO 5 MEV	122.35								X
03	77413	RADIAT TRTMNT DELIV 6-10 MEV	123.39								X
03	77414	RADIAT TRTMNT DELIV 11-19 MEV	134.58								X
03	77416	RADIAT TRTMNT DELIV 20 MEV OR MORE	134.58								X
03	77417	THERAPEUTIC RADIOLOGY PORT FILMS	14.72								X
05	77417	THERAPEUTIC RADIOLOGY PORT FILMS	5.90								X
03	77418	RADIATION TX DELIVERY, IMRT	448.61								X
05	77418	RADIATION TX DELIVERY, IMRT	179.44								X
03	77421	STEREOSCOPIC X-RAY GUIDANCE	89.92								
05	77421	STEREOSCOPIC X-RAY GUIDANCE	35.97								
03	77422	NEUTRON BEAM TX, SIMPLE	95.57								
03	77423	NEUTRON BEAM TX, COMPLEX	130.15								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	77427	RADIATION TX MANAGEMENT, X5	137.50								
03	77431	RADIATION THERAPY MANAGEMENT W COMPL	69.73								X
03	77432	STEREOTACTIC RADIATION TREATMENT MAN	307.71								
03	77435	STEREOTACTIC BODY RADIATION THERAPY,	489.09								
03	77470	SPECIAL TREATMENT PROCEDURE	356.80		X						
05	77470	SPECIAL TREATMENT PROCEDURE	142.72		X						
03	77499	UNLISTED,CLINICAL TREAT. MNGT	MP		X						X
05	77499	UNLISTED,CLINICAL TREAT./MNGT	MP		X						X
03	77520	PROTON BEAM DELIVERY	38.71								
05	77520	PROTON BEAM DELIVERY	15.47								
03	77522	PROTON TRMT, SIMPLE W/COMP	41.76								
05	77522	PROTON TRMT, SIMPLE W/COMP	16.71								
03	77523	PROTON BEAM DELIVERY	45.67								
05	77523	PROTON BEAM DELIVERY	18.27								
03	77525	PROTON TREATMENT, COMPLEX	47.84								
05	77525	PROTON TREATMENT, COMPLEX	19.13								
03	77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	227.67								
05	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	91.07								
03	77605	HYPERTHERMIA,EXT GEN/DEEP	368.13								X
05	77605	HYPERTHERMIA,EXT GEN/DEEP	147.25								
03	77610	HYPERTHERMIA;INTERSTITIAL/5 OR <	327.79								X
05	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	131.11								
03	77615	HYPERTHERMIA/INTERSTITIAL/>5	463.39								X
05	77615	HYPERTHERMIA/INTERSTITIAL/>5	185.36								
03	77620	HYPERTHERMIA...INTRACACITARY PROBE	234.80								
05	77620	HYPERTHERMIA...INTRACAVITARY PROBE	93.92								
03	77750	INFUSE/INSTILL RADIOELEMENT	237.36								
05	77750	INFUSE/INSTILL RADIOELEMENT	94.95								
03	77761	SIMPLE INTRACAV RADIOELEMENT	240.06								
05	77761	SIMPLE INTRACAV. RADIOELEMENT	96.03								
03	77762	INTERM, INTRACAV RADIOELEMENT	336.17								
05	77762	INTER. INTRACAV. RADIOELEMENT	134.47								
03	77763	COMPLEX, INTRACAV RADIOELEMENT	475.85								
05	77763	COMPLEX-INTRACAV RADIOLOGY	190.34								
03	77776	INTERSTITIAL RADIOELEMENT-SIMPLE	278.21								
05	77776	INTERSTITIAL RADIOELEMENT	111.29								
03	77777	INTERSTITIAL RADIOELEMENT-INTERMEDIA	405.37								
05	77777	INTERSTITIAL RAD-ELEMENT-INTER	162.14								
03	77778	INTERSTITIAL RADIOELEMENT-COMPLEX	582.69								
05	77778	INTERSTITIAL RAD-ELEMENT-COMPL	233.07								
03	77785	REMOTE AFTERLOADING HIGH DOSE RATE R	134.29								
05	77785	REMOTE AFTERLOADING HIGH DOSE RATE R	53.72								
03	77786	REMOTE AFTERLOADING HIGH DOSE RATE R	399.04								
05	77786	REMOTE AFTERLOADING HIGH DOSE RATE R	159.61								
03	77787	REMOTE AFTERLOADING HIGH DOSE RATE R	593.23								
05	77787	REMOTE AFTERLOADING HIGH DOSE RATE R	237.30								

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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	77789	SURFACE APPLICATION OF RADIOELEMENT	58.87		X						
05	77789	SURFACE APPLICATION RADIOELEMENT	23.55		X						
03	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	59.65								
05	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	23.87								
03	77799	UNLISTED CLINICAL BRACHYTHERAPY	MP		X						
05	77799	RADIUM/RADIOISOTOPE THERAPY	MP		X						
03	78000	NUCLEAR EXAM OF THYROID	44.60								
05	78000	NUCLEAR EXAM OF THYROID	17.84								
03	78001	NUCLEAR EXAMS OF THYROID	66.42								
05	78001	NUCLEAR EXAMS OF THYROID	26.56								
03	78003	TREATMENT OF THYROID	49.78								
05	78003	TREATMENT OF THYROID	19.91								
03	78006	THYROID IMAGING, WITH UPTAKE	131.21								
05	78006	THYROID IMAGING, WITH UPTAKE	52.48								
03	78007	THYROID IMAGING, WITH UPTAKE	93.31								
05	78007	THYROID IMAGING, WITH UPTAKE	37.31								
03	78010	NUCLEAR SCAN OF THYROID	93.86								
05	78010	NUCLEAR SCAN OF THYROID	37.54								
03	78011	THYROID IMAGING W/VASCULAR FLOW	106.12								
05	78011	THYROID IMAGING W/VASCULAR FLOW	42.46								
03	78015	NUCLEAR SCAN OF THYROID	128.81								
05	78015	NUCLEAR SCAN OF THYROID	51.53								
03	78016	EXTENSIVE THYROID SCAN	187.72								
05	78016	EXTENSIVE THYROID SCAN	75.09								
03	78018	THYROID CA IMAGING;WHOLE BODY Y	210.08								
05	78018	THYROID CA IMAGING;WHOLE BODY	84.02								
03	78020	THYROID MET UPTAKE	63.79								
03	78070	PARATHROID IMAGING	133.90								
05	78070	PARATHROID IMAGING	53.56								
03	78075	NUCLEAR SCAN OF ADRENALS	253.81								
05	78075	NUCLEAR SCAN OF ADRENALS	101.53								
03	78099	ENDOCRINE NUCLEAR PROCEDURE	MP		X						
05	78099	ENDOCRINE NUCLEAR PROCEDURE	MP		X						
03	78102	NUCLEAR SCAN OF BONE MARROW	102.01								
05	78102	NUCLEAR SCAN OF BONE MARROW	40.80								
03	78103	NUCLEAR SCAN OF BONE MARROW	148.02								
05	78103	NUCLEAR SCAN OF BONE MARROW	59.20								
03	78104	NUCLEAR SCAN OF BONE MARROW	165.92								
05	78104	NUCLEAR SCAN OF BONE MARROW	66.37								
03	78110	NUCLEAR EXAM, PLASMA VOLUME	48.24								
05	78110	NUCLEAR EXAM, PLASMA VOLUME	19.29								
03	78111	NUCLEAR EXAM, PLASMA VOLUME	74.24								
05	78111	NUCLEAR EXAM, PLASMA VOLUME	29.70								
03	78120	NUCLEAR EXAM OF RBC MASS	60.48								
05	78120	NUCLEAR EXAM OF RBC MASS	24.19								
03	78121	NUCLEAR EXAM OF RBC MASS	84.30								

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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	78121	NUCLEAR EXAM OF RBC MASS	33.72								
03	78122	WHOLE BLOOD VOLUME DETERMINATION	126.73								
05	78122	WHOLE BLOOD VOLUME DETERMINATION	50.69								
03	78130	RED CELL SURVIVAL EXAM	106.50								
05	78130	RED CELL SURVIVAL EXAM	42.60								
03	78135	RED CELL SURVIVAL EXAM	204.17								
05	78135	RED CELL SURVIVAL EXAM	81.67								
03	78140	NUCLEAR EXAM,RED BLOOD CELLS	119.83								
05	78140	NUCLEAR EXAM,RED BLOOD CELLS	47.93								
03	78185	NUCLEAR SCAN OF SPLEEN	115.02								
05	78185	NUCLEAR SCAN OF SPLEEN	46.01								
03	78190	KINETICS STUDY F PLATELET SURVIVAL	166.63								
03	78195	NUCLEAR SCAN OF LYMPH SYSTEM	211.17								
05	78195	NUCLEAR SCAN OF LYMPH SYSTEM	84.47								
03	78199	NUCLEAR EXAM BLOOD/LYMPH	MP							X	
05	78199	NUCLEAR EXAM BLOOD/LYMPH	MP							X	
03	78201	NUCLEAR SCAN OF LIVER	110.77								
05	78201	NUCLEAR SCAN OF LIVER	44.31								
03	78202	NUCLEAR SCAN OF LIVER	127.43								
05	78202	NUCLEAR SCAN OF LIVER	50.96								
03	78205	LIVER IMAGING (SPECT)	178.52								
05	78205	LIVER IMAGING (SPECT)	71.42								
03	78206	LIVER IMAGE (3-D) W/FLOW	222.91								
05	78206	LIVER IMAGE (3-D) W/FLOW	89.17								
03	78215	NUCLEAR SCAN, LIVER & SPLEEN	120.84								
05	78215	NUCLEAR SCAN, LIVER & SPLEEN	48.34								
03	78216	NUCLEAR SCAN, LIVER/SPLEEN	108.23								
05	78216	NUCLEAR SCAN, LIVER/SPLEEN	43.30								
03	78220	NUCLEAR SCAN, LIVER FUNCTION	112.04								
05	78220	NUCLEAR SCAN, LIVER FUNCTION	44.82								
03	78223	HEPATOBI LARY DUCTAL SYS IMAG,GALLBLA	190.99								
05	78223	HEPATOBI LARY DUC SYSTEM,GALLBLADDER	76.40								
03	78230	NUCLEAR SCAN, SALIVARY GLAND	100.91								
05	78230	NUCLEAR SCAN, SALIVARY GLAND	40.36								
03	78231	NUCLEAR SCANS,SALIVARY GLAND	100.61								
05	78231	NUCLEAR SCANS,SALIVARY GLAND	40.24								
03	78264	GASTRIC EMPTYING STUDY	183.60								
05	78264	GASTRIC EMPTYING STUDY	73.44								
03	78267	BREATH TST ATTAIN/ANAL C-14	9.55								
05	78267	BREATH TST ATTAIN/ANAL C-14	3.81								
03	78268	BREATH TEST ANALYSIS, C-14	35.16								
05	78268	BREATH TEST ANALYSIS, C-14	14.06								
03	78270	VIT B-12 ABSORPTION EXAMS	54.91								
05	78270	VIT B-12 ABSORPTION EXAMS	21.97								
03	78271	VIT B-12 ABSORPTION EXAMS	55.42								
05	78271	VIT B-12 ABSORPTION EXAMS	22.17								

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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	78272	VIT B-12 ABSORPTION EXAMS	70.04								
05	78272	VIT B-12 ABSORPTION EXAMS	28.00								
03	78278	ACUTE GI BLOOD LOSS IMAGING	201.78								
05	78278	ACUTE GI BLOOD LOSS IMAGING	80.72								
03	78290	INTESTINE IMAGING (EG, ECTOPIC GASTR	177.27								
05	78290	INTESTINE IMAGING (EG, ECTOPIC GASTR	70.91								
03	78299	G.I. NUCLEAR PROCEDURE	MP		X						
05	78299	G.I. NUCLEAR PROCEDURE	MP		X						
03	78300	NUCLEAR SCAN OF BONE	117.24								
05	78300	NUCLEAR SCAN OF BONE	46.89								
03	78305	NUCLEAR SCAN OF BONES	151.15								
05	78305	NUCLEAR SCAN OF BONES	60.45								
03	78306	NUCLEAR SCAN OF SKELETON	168.79								
05	78306	NUCLEAR SCAN OF SKELETON	67.52								
03	78315	BONE IMAGING;BY THREE PHASE TECHNIQU	203.76								
05	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	81.49								
03	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	190.39								
05	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	76.16								
03	78399	MUSCULOSKELETAL NUCLEAR EXAM	MP		X						
05	78399	MUSCULOSKELETAL NUCLEAR EXAM	MP		X						
03	78414	DETERMINE VENTRIC.EJECT FRACTION	61.27								
05	78414	DETERMINE VENTRIC EJECT FRACTION	24.50								
03	78445	NUCLEAR SCAN OF BLOOD FLOW	101.51								
05	78445	NUCLEAR SCAN OF BLOOD FLOW	40.60								
03	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	152.99								
05	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	61.20								
03	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	259.23								X
05	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	103.69								X
03	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	132.65								
05	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	53.06								
03	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	128.67								X
05	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	51.47								X
03	78456	ACUTE VENOUS THROMBUS IMAGE	174.26								
05	78456	ACUTE VENOUS THROMBUS IMAGE	69.70								
03	78466	MYOCARD IMAGING...AT REST,QUAL.	141.35								
05	78466	MYOCARD IMAGING...AT REST;QUAL.	56.54								
03	78468	MYOCARD IMAGING..AT REST;FIRST PASS	173.55								
05	78468	MYOCARD IMAGING..AT REST;FIRST PASS	69.42								
03	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	187.36								
05	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	74.94								
03	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	190.24								
05	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	76.10								
03	78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	267.86								
05	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	107.15								
03	78481	CARD BLD POOL IMAG-FRST PASS TECH...	174.88								
05	78481	CARD BLD POOL IMAG-FIRST PASS TECH	69.95								

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	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	257.83								
05	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	103.13								
03	78494	HEART IMAGE, SPECT	220.20								
05	78494	HEART IMAGE, SPECT	88.08								
03	78496	HEART FIRST PASS ADD-ON	128.13								
05	78496	HEART FIRST PASS ADD-ON	51.26								
03	78499	CARDIOVASCULAR NUCLEAR EXAM	MP		X						
05	78499	CARDIOVASCULAR NUCLEAR EXAM	MP		X						
03	78580	NUCLEAR SCAN OF LUNG	140.37								
05	78580	NUCLEAR SCAN OF LUNG	56.14								
03	78584	NUCLEAR SCAN OF LUNG;W/VENT;1 BREATH	118.69								
05	78584	NUCLEAR SCAN OF LUNG W/VENT;1 BREATH	47.47								
03	78585	NUCLEAR LUNG SCAN,REBREATHE/WASHOUTO	229.44								
05	78585	NUCLEAR LUNG SCAN,REBREATHE/WASHOUTU	91.78								
03	78586	NUCLEAR SCAN OF LUNG	110.81								
05	78586	NUCLEAR SCAN OF LUNG	44.32								
03	78587	NUCLEAR SCAN OF LUNG	127.08								
05	78587	NUCLEAR SCAN OF LUNG	50.84								
03	78588	PERFUSION LUNG IMAGE	194.50								
05	78588	PERFUSION LUNG IMAGE	77.80								
03	78591	NUCLEAR SCAN OF LUNG	108.28								
05	78591	NUCLEAR SCAN OF LUNG	43.32								
03	78593	NUCLEAR SCAN OF LUNG	128.24								
05	78593	NUCLEAR SCAN OF LUNG	51.30								
03	78594	NUCLEAR SCAN OF LUNG	158.01								
05	78594	NUCLEAR SCAN OF LUNG	63.20								
03	78596	PULMONARY QUANTITATIVE DIFFERENTIAL	256.31								
03	78599	RESPIRATORY NUCLEAR EXAM	MP		X						
05	78599	RESPIRATORY NUCLEAR EXAM	MP		X						
03	78600	NUCLEAR SCAN OF BRAIN	132.27								
05	78600	NUCLEAR SCAN OF BRAIN	52.91								
03	78601	NUCLEAR SCAN OF BRAIN	135.60								
05	78601	NUCLEAR SCAN OF BRAIN	54.24								
03	78605	NUCLEAR SCAN OF BRAIN	129.71								
05	78605	NUCLEAR SCAN OF BRAIN	51.87								
03	78606	NUCLEAR SCAN OF BRAIN	190.40								
05	78606	NUCLEAR SCAN OF BRAIN	76.16								
03	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	247.25								
05	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	98.91								
03	78610	NUCLEAR SCAN OF BRAIN	121.28								
05	78610	NUCLEAR SCAN OF BRAIN	48.52								
03	78630	CEREBROSPINAL FLUID SCAN	207.79								
05	78630	CEREBROSPINAL FLUID SCAN	83.12								
03	78635	CEREBROSPINAL FLUID SCAN	171.47								
05	78635	CEREBROSPINAL FLUID SCAN	68.59								
03	78645	CEREBROSPINAL FLUID SCAN	161.50								

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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 JANUARY 22, 2010 - JULY 31, 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
05	78645	CEREBROSPINAL FLUID SCAN	64.60								
03	78647	CEREBROSPINAL FLUID SCAN	225.88								
05	78647	CEREBROSPINAL FLUID SCAN	90.35								
03	78650	CEREBROSPINAL FLUID SCAN	198.60								
05	78650	CEREBROSPINAL FLUID SCAN	79.45								
03	78660	NUCLEAR EXAM OF TEAR FLOW	103.52								
05	78660	NUCLEAR EXAM OF TEAR FLOW	41.41								
03	78699	NERVOUS SYSTEM NUCLEAR EXAM	MP								
05	78699	NERVOUS SYSTEM NUCLEAR EXAM	MP								
03	78700	NUCLEAR SCAN OF KIDNEY	116.10								
05	78700	NUCLEAR SCAN OF KIDNEY	46.43								
03	78701	NUCLEAR SCAN OF KIDNEY	137.34								
05	78701	NUCLEAR SCAN OF KIDNEY	54.94								
03	78707	NUCLEAR SCAN OF KIDNEY	167.12								
05	78707	NUCLEAR SCAN OF KIDNEY	66.85								
03	78708	KIDNEY FLOW & FUNCTION IMAGE	177.22								
05	78708	KIDNEY FLOW & FUNCTION IMAGE	70.89								
03	78709	KIDNEY FLOW & FUNCTION IMAGE	225.47								
05	78709	KIDNEY FLOW & FUNCTION IMAGE	90.19								
03	78710	KIDNEY IMAGING (SPECT)	175.84								
05	78710	KIDNEY IMAGING (SPECT)	70.34								
03	78725	NUCLEAR EXAM OF KIDNEY	75.98								
05	78725	NUCLEAR EXAM OF KIDNEY	30.39								
03	78730	NUCLEAR EXAM OF BLADDER	53.11								
05	78730	NUCLEAR EXAM OF BLADDER	21.24								
03	78740	NUCLEAR EXAM OF URETER	122.93								
05	78740	NUCLEAR EXAM OF URETER	49.17								
03	78761	TESTICULAR IMAGING,W/VASCULAR	135.04								X
05	78761	TESTICULAR IMAGING,W/VASCULAR	54.02								
03	78799	GENITOURINARY NUCLEAR EXAM	MP								X
05	78799	GENITOURINARY NUCLEAR EXAM	MP								X
03	78800	NUCLEAR EXAM OF LESION	127.62								
05	78800	NUCLEAR EXAM OF LESION	51.06								
03	78801	NUCLEAR EXAM OF LESIONS	165.97								
05	78801	NUCLEAR EXAM OF LESIONS	66.39								
03	78802	NUCLEAR EXAM OF LESIONS	214.28								
05	78802	NUCLEAR EXAM OF LESIONS	85.72								
03	78803	TUMOR LOCALIZATION (SPECT)	241.81								
05	78803	TUMOR LOCALIZATION SPECT)	96.73								
03	78804	TUMOR IMAGING, WHOLE BODY	379.88								
05	78804	TUMOR IMAGING, WHOLE BODY	151.95								
03	78805	ABSCESS LOCALIZATION;LIMITED AREA	127.84								
05	78805	ABSCESS LOCALIZATION;LIMITED AREA	51.14								
03	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	241.26								
05	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	96.51								
03	78999	NUCLEAR DIAGNOSTIC EXAM	MP								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
05	78999	NUCLEAR DIAGNOSTIC EXAM	MP		X						
03	79005	NUCLEAR RX, ORAL ADMIN	127.89								
05	79005	NUCLEAR RX, ORAL ADMIN	51.15								
03	79101	NUCLEAR RX, IV ADMIN	135.40								
05	79101	NUCLEAR RX, IV ADMIN	54.17								
03	79200	RADIONUCLIDE THERAPY	137.37								
03	79300	RADIONUCLIDE THERAPY	44.73								
03	79403	HEMATOPOETIC NUCLEAR THERAPY	184.35								
05	79403	HEMATOPOETIC NUCLEAR THERAPY	73.73								
03	79440	RADIONUCLIDE THERAPY	134.77								
03	79445	NUCLEAR RX, INTRA-ARTERIAL	150.51								
05	79445	NUCLEAR RX, INTRA-ARTERIAL	60.20								
03	79999	NUCLEAR MEDICINE THERAPY	MP		X						
05	79999	NUCLEAR MEDICINE THERAPY	MP		X						
03	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	10.87								
03	80048	BASIC METABOLIC PANEL	10.28								
03	80050	GENERAL HEALTH SCREEN PANEL	36.54								
03	80051	ELECTROLYTE PANEL	8.39								
03	80053	EXECUTIVE PROFILE	12.85								
03	80055	OBSTETRIC PANEL	13.10	10 59			F		X		
03	80061	LIPID PROFILE	13.20								
03	80069	RENAL FUNCTION PANEL	10.55								
03	80074	ACUTE HEPATITIS PANEL	57.85								
03	80076	HEPATIC FUNCTION PANEL	9.92								
03	80100	DRUG, SCREEN;	16.08								X
03	80101	DRUG, SCREEN;	13.90								X
03	80102	DRUG, CONFIRMATION, EACH PROCEDURE	13.71								X
03	80150	AMIKACIN	12.87								
03	80152	AMITRIPTYLINE	19.79								
03	80154	BENZODIAZEPINES	20.44								
03	80156	CARBAMAZEPINE	12.87								
03	80157	ASSAY, CARBAMAZEPINE, FREE	14.65								
03	80158	CYCLOSPORINE	19.97								
03	80160	DESIPRAMINE	19.03								
03	80162	DIGOXIN	14.68								
03	80164	DIPROPYLACETIC ACID (VALPROIC ACID)	14.98								
03	80166	DOXEPIN	14.09								
03	80168	ETHOSUXIMIDE	18.06								
03	80170	GENTAMICIN	12.87								
03	80172	GOLD	18.00								
03	80173	ASSAY OF HALOPERIDOL	14.14								
03	80174	IMIPRAMINE	19.03								
03	80176	LIDOCAINE	14.09								
03	80178	LITHIUM	7.31								
03	80182	NORTRIPTYLINE	14.98								
03	80184	PHENOBARBITAL	12.67								

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	80185	PHENYTOIN;	14.65								
03	80186	PHENYTOIN;	15.22								
03	80188	PRIMIDONE	18.33								
03	80190	PROCAINAMIDE;	18.51								
03	80192	PROCAINAMIDE;	18.51								
03	80194	QUINIDINE	16.13								
03	80195	ASSAY OF SIROLIMUS	16.85								
03	80196	SALICYLATE	7.85								
03	80197	ASSAY FOR TACROLIMUS	16.68								
03	80198	THEOPHYLLINE	15.64								
03	80200	TOBRAMYCIN	12.87								
03	80201	ASSAY FOR TOPIRAMATE	14.48								
03	80202	VANCOMYCIN	14.98								
03	80299	QUANTITATION OF DRUG, NOT ELSEWHERE	15.14								
03	80400	ACTH STIMULATION PANEL;	36.04								
03	80402	ACTH STIMULATION PANEL;	96.08								
03	80406	ACTH STIMULATION PANEL;	86.51								
03	80408	ALDOSTERONE SUPPRESSION EVALUATION P	138.72								
03	80410	CALCIUM-PENTAGASTRIN STIMULATION PAN	88.78								
03	80412	CORTICOTROPIC RELEASING HORMONE (CRH	364.29								
03	80414	CHORIONIC GONADOTROPHIN STIMULATION	57.08								
03	80415	CHORIONIC GONADOTROPHIN STIMULATION	61.76								
03	80416	RENIN STIMULATION PANEL	145.86								
03	80417	RENIN STIMULATION PANEL	48.61								
03	80418	COMBINED RAPID ANTERIOR PITUITARY EV	640.60								
03	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	79.62								
03	80422	GLUCAGON TOLERANCE PANEL;	50.93								
03	80424	GLUCAGON TOLERANCE PANEL;	55.82								
03	80426	GONADOTROPIN RELEASING HORMONE STIMU	164.07								
03	80428	GROWTH HORMONE STIMULATION PANEL (EG	73.70								
03	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	86.71								
03	80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSIO	149.31								
03	80434	INSULIN TOLERANCE PANEL;	111.78								
03	80435	INSULIN TOLERANCE PANEL;	113.81								
03	80436	METYRAPONE PANEL	100.75								
03	80438	THYROTROPIN RELEASING HORMONE (TRH)	55.70								
03	80439	THYROTROPIN RELEASING HORMONE (TRH)	74.27								
03	80440	THYROTROPIN RELEASING HORMONE (TRH)	64.27								
03	80500	CLINICAL PATH CONSULT;LIMITED	19.06		X				X		
03	80502	CLINICAL PATH CONSULT;COMPREHENSIVE	49.42		X				X		
03	81000	URINALYSIS WITH MICROSCOPY	3.51								X
03	81001	URINALYSIS, AUTO, W/SCOPE	3.51								
03	81002	ROUTINE URINE ANALYSIS	2.82								X
03	81003	URINALYSIS, BY DIP STICK OR TABLET R	2.49								
03	81005	URINALYSIS	2.40								X
03	81007	BACTERIA SCREEN B NON-CULT TECH COMM	2.84								

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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	81015	MICROSCOPIC EXAM OF URINE	3.36								X
03	81020	URINALYSIS, GLASS TEST	4.08								
03	81025	URINE PREGNANCY TEST, BY VISUAL COLO	7.00								X
03	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.32								X
03	81099	URINALYSIS TEST PROCEDURE	MP		X						
03	82000	ASSAY BLOOD ACETALDEHYDE	13.69								X
03	82003	ASSAY URINE ACETAMINOPHEN	22.38								X
03	82009	TEST FOR ACETONE	4.99								X
03	82010	ACETONE ASSAY	9.03								X
03	82013	ACETYLCHOLINESTERASE ASSAY	12.35								X
03	82016	ACYLCARNITINES, QUAL	16.84								X
03	82017	ACYLCARNITINES, QUANT	20.48								X
03	82024	ACTH RADIOIMMUNE ASSAY	42.70								
03	82030	RIA ASSAY, BLOOD ADP & AMP	15.63								
03	82040	ASSAY SERUM ALBUMIN	5.48								
03	82042	ASSAY URINE ALBUMIN	5.72								
03	82043	ALBUMIN;	6.40								
03	82044	ALBUMIN;	3.37								
03	82045	ALBUMIN, ISCHEMIA MODIFIED	41.69								
03	82055	ASSAY BLOOD ETHANOL	11.94								X
03	82075	ASSAY BREATH ETHANOL	13.32								X
03	82085	ASSAY OF BLOOD ALDOLASE	10.72								
03	82088	RIA ASSAY, BLOOD ALDOSTERONE	45.06								
03	82101	ASSAY OF URINE ALKALOIDS	33.19								
03	82103	ALPHA-1-ANTITRYPSIN;	14.84								
03	82104	ALPHA-1-ANTITRYPSIN;	15.98								
03	82105	ALPHA-FETOPROTEIN;	18.54								
03	82106	ALPHA-FETOPROTEIN;	18.54								
03	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	79.10								
03	82108	ALUMINUM,BLOOD (SERUM)	9.37								
03	82120	AMINES, VAGINAL FLUID QUAL	4.16								
03	82127	AMINO ACID, SINGLE QUAL	16.84								X
03	82128	TEST FOR AMINO ACIDS	15.32								
03	82131	AMINO ACIDS, FRACTIONATION AND QUANT	18.65								X
03	82135	ASSAY, AMINOLEVULINIC ACID	18.20								
03	82136	AMINO ACIDS, 2-5 QUANT	20.48								X
03	82139	AMINO ACIDS, 6+ QUANT	20.48								X
03	82140	ASSAY OF BLOOD AMMONIA	16.11								X
03	82143	AMNIOTIC FLUID SCAN	7.61								
03	82145	ASSAY OF AMPHETAMINES	17.19								
03	82150	ASSAY OF SERUM AMYLASE	7.16								X
03	82154	ANDROSTANEDIOL GLUCURONIDE	31.88								
03	82157	RIA ASSAY OF ANDROSTENEDIONE	32.35								
03	82160	ANDROSTERONE; RIA	27.64								
03	82163	RIA ASSAY OF ANGIOTENSIN II	22.69								
03	82164	ANGIOTENSIN-CONVERTING ENZYME	16.13								

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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	82175	ASSAY OF ARSENIC	20.97								
03	82180	ASSAY OF ASCORBIC ACID	9.37								
03	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	9.01								X
03	82205	ASSAY OF BARBITURATES	12.67								X
03	82232	BETA-2 MICROGLOBULIN,RIA;SERUM	17.89								
03	82239	BILE ACIDS;	18.94								
03	82240	ASSAY BILE ACIDS IN BLOOD	29.37								
03	82247	BILIRUBIN TOTAL	4.23								
03	82248	BILIRUBIN DIRECT	4.23								
03	82252	FECAL BILIRUBIN TEST	5.03								
03	82261	ASSAY BIOTINIDASE	20.48								X
03	82270	TEST FECES FOR BLOOD	3.59								
03	82271	OCCULT BLOOD, FECES, SINGLE	3.99								
03	82272	BLOOD OCCULT PEROXIDASE	3.99								
03	82274	ASSAY TEST FOR BLOOD, FECAL	19.53								
03	82286	ASSAY OF BRADYKININ	7.62								
03	82300	ASSAY CADMIUM IN URINE	25.58								
03	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	32.72								
03	82308	RIA ASSAY OF CALCITONIN	29.59								
03	82310	ASSAY CALCIUM IN BLOOD	5.70								X
03	82330	ASSAY CALCIUM IN BLOOD	15.10								
03	82331	ASSAY CALCIUM IN BLD;AFT CAL INF TST	5.72								
03	82340	ASSAY CALCIUM IN URINE	6.67								
03	82355	CALCULUS (STONE) ANALYSIS	12.79								
03	82360	CALCULUS (STONE) ASSAY	14.23								
03	82365	CALCULUS (STONE) ASSAY	14.24								
03	82370	X-RAY ASSAY,CALCULUS (STONE)	13.86								
03	82373	ASSAY, C-D TRANSFER MEASURE	19.97								
03	82374	ASSAY BLOOD CARBON DIOXIDE	5.40								X
03	82375	ASSAY BLOOD CARBON MONOXIDE	13.63								X
03	82376	TEST FOR CARBON MONOXIDE	6.62								X
03	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	20.97								
03	82379	ASSAY CARNITINE	20.48								X
03	82380	ASSAY BLOOD CAROTENE	10.19								
03	82382	ASSAY URINE CATECHOLAMINES	19.00								
03	82383	ASSAY BLOOD CATECHOLAMINES	27.70								
03	82384	ASSAY THREE CATECHOLAMINES	27.91								
03	82387	CATHEPSIN-D	8.51								
03	82390	ASSAY BLOOD CERULOPLASMIN	11.88								
03	82397	CHEMILUMINESCENT ASSAY	5.13								
03	82415	ASSAY BLOOD CHLORAMPHENICOL	14.00								
03	82435	ASSAY BLOOD CHLORIDES	5.08								X
03	82436	ASSAY URINE CHLORIDES	5.55								
03	82438	ASSAY SPINAL FLUID CHLORIDES	5.40								
03	82441	TEST FOR CHLOROHYDROCARBONS	6.63								
03	82465	ASSAY SERUM CHOLESTEROL	4.81								

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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	82480	ASSAY SERUM CHOLINESTERASE	8.71								
03	82482	ASSAY RBC CHOLINESTERASE	8.50								X
03	82485	ASSAY CHONDROITIN SULFATE	22.82								
03	82486	GAS/LIQUID CHROMATOGRAPHY	19.97								
03	82487	PAPER CHROMATOGRAPHY	17.64								
03	82488	PAPER CHROMATOGRAPHY	23.62								
03	82489	THIN LAYER CHROMATOGRAPHY	20.44								
03	82491	CHROMOTOGRAHY, QUANTITATIVE;	19.97								
03	82492	CHROMOTOGRAHY, QUANT, MULT	21.95								
03	82495	ASSAY URINE CHROMIUM	22.42								
03	82507	ASSAY CITRIC ACID	30.74								
03	82520	COCAINE,QUANTITATIVE	16.75								
03	82523	COLLAGEN CROSSLINKS	22.71								
03	82525	ASSAY BLOOD COPPER	13.72								
03	82528	RIA ASSAY CORTICOSTERONE	24.89								
03	82530	CORTISOL;	18.48								
03	82533	RIA ASSAY PLASMA CORTISOL	18.02								X
03	82540	CREATINE BLOOD	5.13								
03	82541	COLUMN CHROMOTOGRAHY QUAL	21.95								
03	82542	COLUMN CHROMOTOGRAHY QUANT	21.95								
03	82543	COLUMN CHROMOTOGRAHY/ISOTOPE	21.95								
03	82544	COLUMN CHROMOTOGRAHY QUANT	21.95								
03	82550	ASSAY CPK IN BLOOD	7.20								X
03	82552	ASSAY CPK IN BLOOD	14.81								X
03	82553	CREATINE KINASE (CK), (CPK);	12.76								
03	82554	CREATINE KINASE (CK), (CPK);	13.11								
03	82565	ASSAY BLOOD CREATININE	5.66								X
03	82570	ASSAY URINE CREATININE	5.72								
03	82575	CREATININE CLEARANCE TEST	10.44								
03	82585	ASSAY BLOOD CRYOFIBRINOGEN	9.47								X
03	82595	ASSAY BLOOD CRYOGLOBULIN	7.16								
03	82600	ASSAY BLOOD CYANIDE	21.45								
03	82607	RIA ASSAY FOR VITAMIN B-12	16.66								
03	82608	CYANOCOBALAMIN;UNSAT.BIND CAPACITY	15.83								
03	82610	CYSTATIN C	5.71								
03	82615	TEST FOR URINE CYSTINES	9.02								
03	82626	DEHYDROEPIANDROSTERONE, RIA	27.94								
03	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	24.57								
03	82633	DESOXYCORTICOSTERONE, RIA	34.24								
03	82634	DESOXYCORTISOL, RIA	32.35								
03	82638	ASSAY DIBUCAINE NUMBER	13.53								
03	82646	ASSAY OF DIHYDROCODINONE	22.82								
03	82649	ASSAY OF DIHYDROMORPHINONE	28.41								
03	82651	DIHYDROTESTOSTERONE ASSAY	28.53								
03	82652	DIHYDROTESTOSTERONE (DHT) 1, 25 DIHY	42.54								X
03	82657	ENZYME CELL ACTIVITY	21.95								

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	82658	ENZYME CELL ACTIVITY RA	21.95								
03	82664	ELECTROPHORETIC TEST	37.97								
03	82666	EPIANDROSTERONE ASSAY	23.74								
03	82668	ERYTHROPOIETIN BIOASSAY	20.77								
03	82670	RIA ASSAY OF ESTRADIOL	30.89								
03	82671	ESTROGENS ASSAY	35.71								
03	82672	ESTROGEN ASSAY	23.97								
03	82677	RIA ASSAY OF ESTRIBOL	26.73								
03	82679	RIA ASSAY OF ESTRONE	27.59								
03	82690	ASSAY BLOOD ETHCHLORVYNOL	19.11								
03	82693	ETHYLENE GLYCOL	16.47								
03	82696	ASSAY OF ETIOCHOLANOLONE, RIA	26.06								
03	82705	FATS/LIPIDS, FECES, SCREENING	5.63								
03	82710	FATS/LIPIDS, FECES, ASSAY	18.56								
03	82715	FECAL FAT ASSAY	19.03								
03	82725	ASSAY BLOOD FATTY ACIDS	14.71								
03	82726	LONG CHAIN FATTY ACIDS	21.95								
03	82728	FERRITIN, SPECIFY METHOD	15.05								
03	82731	FETAL FIBRONECTIN	71.20								
03	82735	ASSAY BLOOD FLUROIDE	20.49								
03	82742	ASSAY OF FLURAZEPAM	21.88								
03	82746	BLOOD FOLIC ACID RIA	16.25								
03	82747	FOLIC ACID;	19.03								
03	82757	ASSAY SEMEN FRUCTOSE	19.18								
03	82759	RBC GALACTOKINASE ASSAY	23.74								
03	82760	ASSAY BLOOD GALACTOSE	12.38								X
03	82775	ASSAY GALACTOSE TRANSFERASE	23.28								
03	82776	GALACTOSE TRANSFERASE TEST	9.26								
03	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA,	10.27								X
03	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	18.21								
03	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMUN	5.96								
03	82800	BLOOD PH	9.37								X
03	82803	BLOOD GASES: PH, PO2 & PCO2	5.75								X
03	82805	BLOOD GASES W/O2 SATURATION	10.00								
03	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	4.23								
03	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	11.04								
03	82926	ASSAY GASTRIC ACID	5.12								
03	82928	ASSAY GASTRIC ACID	7.24								
03	82938	GASTRIN (SERUM) AFTER SECRETIN STIMU	19.56								
03	82941	RIA ASSAY OF GASTRIN	19.49								X
03	82943	RIA ASSAY OF GLUCAGON	15.80								
03	82945	GLUCOSE OTHER FLUID	4.76								
03	82946	GLUCAGON TOLERANCE TEST	12.87								
03	82947	ASSAY BODY FLUID, GLUCOSE	4.34								X
03	82948	STICK ASSAY OF BLOOD GLUCOSE	3.51								X
03	82950	GLUCOSE TEST	5.26								

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	82951	GLUCOSE TOLERANCE TEST (GTT)	14.23								
03	82952	GTT-ADDED SAMPLES	4.34								X
03	82953	GLUCOSE-TOLBUTAMIDE TEST	16.74								
03	82955	ASSAY G6PD ENZYME	10.72								
03	82960	TEST FOR G6PD ENZYME	6.69								
03	82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORIN	3.00								X
03	82963	GLUCOSIDASE,BETA	23.74								
03	82965	ASSAY BLOOD GDH ENZYME	8.54								
03	82975	ASSAY SPINAL FLUID GLUTAMINE	17.51								
03	82977	ASSAY OF GGT ENZYME	7.95								
03	82978	GLUTATHIONE ASSAY	15.75								
03	82979	ASSAY RBC GLUTATHIONE ENZYME	7.62								
03	82980	ASSAY OF GLUTETHIMIDE	20.25								
03	82985	GLYCOPROTEIN ELECTROPHORESIS	16.66								
03	83001	PITUITARY GONADOTROPIN RIA	20.54								
03	83002	PITUITARY GONADOTROPINS RIA	20.46								
03	83003	RIA ASSAY GROWTH HORMONE	18.43								
03	83008	RIA ASSAY GUANOSINE	18.55								
03	83009	H PYLORI (C-13), BLOOD	35.55								
03	83010	CHEM ASSAY HAPTOGLOBIN	13.91								
03	83012	ELP ASSAY HAPTOGLOBINS	19.00								
03	83013	H PYLORI BREATH TEST ANAL	35.16								
03	83014	H PYLORI DRUG ADMIN/COLLECT	9.55								
03	83015	HEAVY METAL SCREENING	12.54								
03	83018	CHROMATOGRAPH SCREEN, METALS	9.40								
03	83020	ASSAY HEMOGLOBIN	14.23								X
03	83021	HEMOGLOBIN CHROMOTOGRAPHY	21.95								
03	83026	HEMOGLOBIN;	2.62								
03	83030	FETAL HEMOGLOBIN ASSAY	3.82								
03	83033	FETAL FECAL HEMOGLOBIN ASSAY	6.60								
03	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	10.72								
03	83045	BLOOD METHEMOGLOBIN TEST	5.49								
03	83050	BLOOD METHEMOGLOBIN ASSAY	8.10								
03	83051	ASSAY PLASMA HEMOGLOBIN	8.08								
03	83055	BLOOD SULFHEMOGLOBIN TEST	5.43								
03	83060	BLOOD SULFHEMOGLOBIN ASSAY	9.15								
03	83065	HEMOGLOBIN HEAT ASSAY	7.62								
03	83068	HEMOGLOBIN STABILITY SCREEN	9.37								
03	83069	ASSAY URINE HEMOGLOBIN	4.36								
03	83070	ASSAY URINE HEMOSIDERIN	5.26								
03	83071	HEMOSIDERIN,RIA	7.61								
03	83080	B HEXOSAMINIDASE ASSAY	20.48								X
03	83088	ASSAY HISTAMINE	32.64								
03	83090	ASSAY OF HOMOCYSTINE	20.48								
03	83150	ASSAY URINE FOR HVA	21.40								
03	83491	HYDROXYCORTICOSTEROIDS,17-RIA	19.35								

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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	83497	ASSAY URINE 5-HIAA	14.24								
03	83498	RIA ASSAY OF PROGESTERONE	30.02								
03	83499	ASSAY OF PROGESTERONE	27.86								
03	83500	ASSAY URINE HYDROXYPROLINE	25.04								
03	83505	ASSAY URINE HYDROXYPROLINE	26.86								
03	83516	IMMUNOASSAY FOR ANALYTE OTHER THAN I	12.75								
03	83518	IMMUNOASSAY FOR ANALYTE OTHER THAN I	5.13								
03	83519	IMMUNOASSAY FOR ANALYTE OTHER THAN I	5.14								
03	83520	IMMUNOASSAY FOR ANALYTE OTHER THAN I	14.31								
03	83525	RIA ASSAY OF INSULIN	12.65								X
03	83527	INSULIN;	14.31								
03	83528	INTRINSIC FACTOR LEVEL	17.58								
03	83540	ASSAY SERUM IRON	5.92								
03	83550	SERUM IRON BINDING TEST	9.66								
03	83570	UV-ASSAY BLOOD IDH ENZYME	9.78								
03	83582	ASSAY URINE 17-KGS	15.67								
03	83586	ASSAY BLOOD 17-KETOSTEROIDS	14.16								
03	83593	CHROMATOGRAPH KETOSTEROIDS	9.40								
03	83605	LACTIC ACID ASSAY	11.80								X
03	83615	UV-ASSAY BLOOD LDH ENZYME	6.68								X
03	83625	ASSAY BLOOD LDH ENZYMES	10.23								X
03	83630	LACTOFERRIN, FECAL (QUAL)	21.70								
03	83632	RIA PLACENTAL LACTOGEN	22.35								
03	83633	TEST URINE FOR LACTOSE	6.09								
03	83634	ASSAY URINE FOR LACTOSE	8.95								
03	83655	ASSAY BLOOD FOR LEAD	13.38								
03	83661	ASSAY AMNIOTIC L/S RATIO	24.30								
03	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	20.91								
03	83663	FLUORO POLARIZE, FETAL LUNG	20.91								
03	83664	LAMELLAR BDY, FETAL LUNG	20.91								
03	83670	UV-ASSAY BLOOD LAP ENZYME	10.13								
03	83690	ASSAY BLOOD LIPASE	7.62								
03	83695	ASSAY OF LIPOPROTEIN(A)	15.90								
03	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	41.69								
03	83701	LIPOPROTEIN BLD, HR FRACTION	30.49								
03	83704	LIPOPROTEIN, BLD, BY NMR	38.75								
03	83718	BLOOD LIPOPROTEIN ASSAY	9.05								
03	83719	LIPOPROTEIN,VLDL CHOLESTEROL	12.87								
03	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	9.44								
03	83727	LUTENIZING RELEASING FACTOR, RIA	19.00								
03	83735	ASSAY BLOOD MAGNESIUM	7.41								X
03	83775	UV-ASSAY OF MD ENZYME	8.15								
03	83785	ASSAY OF MANGANESE	23.55								
03	83788	MASS SPECTROMETRY QUAL	21.95								X
03	83789	MASS SPECTROMETRY QUANT	21.95								X
03	83805	ASSAY OF MEFROBAMATE	19.48								

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	83825	ASSAY BLOOD MERCURY	17.97								
03	83835	ASSAY URINE METANEPHRINES	18.71								
03	83840	ASSAY METHADONE	18.05								
03	83857	ASSAY METHEMALBUMIN	11.88								
03	83858	ASSAY SERUM METHSUXIMIDE	16.38								
03	83864	BLOOD MUCOPOLYSACCHARIDES	22.00								
03	83866	MUCOPOLYSACCHARIDES SCREEN	10.89								
03	83872	ASSAY SYNOVIAL FLUID MUCIN	5.44								
03	83873	MYELIN BASIC PROTEIN,CSF,RIA	19.02								
03	83874	MYOGLOBIN ELECTROPHORESIS	14.27								
03	83876	MYELOPEROXIDASE (MPO)	16.62								
03	83880	NATRIURETIC PEPTIDE	41.69								
03	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	5.13								X
03	83885	ASSAY URINE FOR NICKEL	27.08								
03	83887	ASSAY NICOTINE	26.18								
03	83890	NUCLEAR MOLECULAR DIAGNOSTICS;	4.43								X
03	83891	MOLECULE ISOLATE NUCLEIC	4.87								
03	83892	NUCLEAR MOLECULAR DIAGNOSTICS;	4.43								X
03	83893	MOLECULE DOT/SLOT/BLOT	4.87								
03	83894	NUCLEAR MOLECULAR DIAGNOSTICS;	4.43								X
03	83896	NUCLEAR MOLECULAR DIAGNOSTICS;	4.43								X
03	83897	MOLECULE NUCLEIC TRANSFER	4.87								
03	83898	NUCLEAR MOLECULAR DIAGNOSTICS;	18.52								X
03	83900	MOLECULAR NUCLEIC AMP, FIRST TWO	20.96								X
03	83901	MOLECULE NUCLEIC AMP	20.37								
03	83902	MOLECULAR DIAGNOSTICS	17.23								
03	83903	MOLECULE MUTATION SCAN	20.37								
03	83904	MOLECULE MUTATION IDENTIFY	20.37								
03	83905	MOLECULE MUTATION IDENTIFY	20.37								
03	83906	MOLECULE MUTATION IDENTIFY	20.37								
03	83907	LYSE CELLS FOR NUCLEIC EXT	16.40								
03	83908	NUCLEIC ACID, SIGNAL AMPLI	20.59								
03	83909	NUCLEIC ACID, HIGH RESOLUTE	20.59								
03	83912	NUCLEIC ACID PROBE,ELECTROPHOR,EXAM.	4.43								
03	83913	MOLECULAR DIAGNOSTICS;RNA STABILIZ	16.40								
03	83914	MUTATION IDENT OLA/SBCE/ASPE	20.59								
03	83915	ASSAY NUCLEOTIDASE	12.32								
03	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	22.22								
03	83918	ASSAY ORGANIC ACIDS	18.20								
03	83919	ASSAY ORGANIC ACIDS QUAL	20.00								
03	83921	ORGANIC ACID, SINGLE, QUANT	20.00								
03	83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	21.51								
03	83930	ASSAY BLOOD OSMOLALITY	7.31								X
03	83935	ASSAY URINE OSMOLALITY	7.53								X
03	83937	OSTEOCALCIN (BONE G1A PROTEIN)	33.00								
03	83945	ASSAY URINE OXALATE	14.23								

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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	83950	ONCORPROTEIN, HER-2/NEU	78.23								
03	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	82.66								
03	83970	RIA ASSAY OF PARATHORMONE	45.62								
03	83986	PH; BODY FLUID, NOT OTHERWISE SPECIF	3.96								X
03	83987	PH; EXHALED BREATH CONDENSATE	17.39								
03	83992	ASSAY FOR PHENCYCLIDINE	16.25								
03	83993	CALPROTECTIN, FECAL	24.11								
03	84022	ASSAY URINE PHENOTHIAZINE	17.20								
03	84030	ASSAY BLOOD PKU	6.09								X
03	84035	ASSAY BLOOD PHENYLKETONES	4.04								X
03	84060	ASSAY BLOOD ACID PHOSPHATASE	8.16								
03	84061	PHOSPHATASE, ACID;	8.75								
03	84066	ASSAY PROSTATE PHOSPHATASE, RIA	10.68								
03	84075	ASSAY ALKALINE PHOSPHATASE	5.72								
03	84078	ASSAY ALKALINE PHOSPHATASE	6.38								
03	84080	ASSAY ALKALINE PHOSPHATASES	16.34								
03	84081	PHOSPHATYDYLGLYCEROL	18.27								
03	84085	ASSAY RBC PG6D ENZYME	7.46								X
03	84087	ASSAY PHOSPHOHEXOSE ENZYMES	11.41								
03	84100	ASSAY BLOOD PHOSPHORUS	5.25								
03	84105	ASSAY URINE PHOSPHORUS	5.72								
03	84106	TEST FOR PORPHOBILINOGEN	4.74								
03	84110	ASSAY PORPHOBILINOGEN	5.44								
03	84119	TEST URINE FOR PORPHYRINS	9.52								
03	84120	ASSAY URINE PORPHYRINS	16.26								
03	84126	ASSAY FECES PORPHYRINS	28.16								
03	84127	PORPHYRINS, FECES;	11.03								
03	84132	ASSAY BLOOD POTASSIUM	5.08								X
03	84133	ASSAY URINE POTASSIUM	4.75								X
03	84134	PREALBUMIN	6.16								
03	84135	PREGNANEDIOL; RIA	21.15								
03	84138	PREGNANETRIOL;RIA	20.93								
03	84140	PREGNENOLONE	22.85								
03	84143	17-HYDROXYPREGNENOLONE	25.23								
03	84144	ASSAY PROGESTERONE	23.06								
03	84145	PROCALCITONIN (PCT)	21.23								
03	84146	RIA ASSAY FOR PROLACTIN	21.42								
03	84150	RIA ASSAY OF PROSTAGLANDIN	27.59								
03	84152	ASSAY OF PSA, COMPLEXED	22.35							M	
03	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	20.33								
03	84154	PSA FREE	22.35								
03	84155	ASSAY SERUM PROTEIN	4.05								
03	84156	ASSAY OF PROTEIN, URINE	4.50								
03	84157	ASSAY OF PROTEIN, OTHER	4.50								
03	84160	ASSAY SERUM PROTEIN	5.44								
03	84163	PAPPA, SERUM	18.49	10	59					F	

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	84165	ASSAY SERUM PROTEINS	11.88								
03	84166	PROTEIN E-PHORESIS/URINE/CSF	21.91								
03	84182	PROTEIN;	19.90								
03	84202	ASSAY RBC PROTOPORPHYRIN	15.87								X
03	84203	TEST RBC PROTOPORPHYRIN	9.52								
03	84206	RIA ASSAY OF PROINSULIN	19.69								
03	84207	ASSAY VITAMIN B-6	15.63								
03	84210	ASSAY BLOOD PYRUVATE	12.00								
03	84220	ASSAY RBC PYRUVIC KINASE	10.42								
03	84228	ASSAY QUININE	12.87								
03	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	71.20								
03	84234	RECEPTOR ASSAY; PROGESTERONE	71.70								
03	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	57.85								
03	84238	RECEPTOR ASSAY;	40.41								
03	84244	RIA ASSAY OF RENIN	24.32								X
03	84252	ASSAY VITAMIN B-2	22.38								
03	84255	ASSAY SELENIUM	28.22								
03	84260	ASSAY BLOOD SEROTONIN	34.24								
03	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	24.01								
03	84275	ASSAY BLOOD SIALIC ACID	14.84								
03	84285	ASSAY SILICA	26.03								
03	84295	ASSAY BLOOD SODIUM	5.32								X
03	84300	ASSAY URINE SODIUM	5.37								X
03	84302	ASSAY OF SWEAT SODIUM	5.96								X
03	84305	SOMATOMEDIN	21.71								
03	84307	SOMATOSTATIN	20.22								
03	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	7.72								
03	84315	BODY FLUID SPECIFIC GRAVITY	2.77								
03	84375	CHROMATOGRAM ASSAY, SUGARS	21.67								
03	84376	SUGARS SINGLE QUAL	6.69								X
03	84377	SUGARS MULTIPLE QUAL	6.69								X
03	84378	SUGARS SINGLE QUANT	9.84								X
03	84379	SUGARS MULTIPLE QUANT	9.84								X
03	84392	SULFATE, URINE	5.26								X
03	84402	TESTOSTERONE;	28.14								
03	84403	RIA ASSAY BLOOD TESTOSTERONE	28.54								
03	84425	ASSAY VITAMIN B-1	23.47								
03	84430	ASSAY BLOOD THIOCYANATE	11.73								
03	84431	THROMBOXANE METABOLITE(S), INCLUDING	14.17								
03	84432	THYROGLOBULIN	17.75								
03	84436	THYROXINE, TRUE, RIA	5.34								
03	84437	THYROXINE, NEONATAL	7.16								
03	84439	THYROID PANEL	9.97								
03	84442	THYROID ACTIVITY (TBG) ASSAY	14.50								
03	84443	RIA ASSAY OF TS HORMONE	18.56								
03	84445	RIA THYROTROPIN FACTOR	20.34								

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	84446	ASSAY VITAMIN E	15.68								
03	84449	TRANCORTIN (CORTISOL BINDING GLOBUL	19.90								
03	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.72								X
03	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.86								X
03	84466	TRANSFERRIN	14.12								
03	84478	ASSAY BLOOD TRIGLYCERIDES	6.37								
03	84479	TRIIODOTHYRONINE, RESIN UPTAKE	5.14								
03	84480	RIA ASSAY, T-3	7.09								
03	84481	TRIIODOTHYRONINE, FREE RIA	10.91								
03	84482	TRIDOTHYRONINE (T-3);	5.14								
03	84484	TROPONIN	11.95								
03	84485	ASSAY DUODENAL FLUID TRYPSIN	8.30								
03	84488	TEST FECES FOR TRYPSIN	8.07								
03	84490	ASSAY FECES FOR TRYPSIN	7.82								
03	84510	ASSAY BLOOD TYROSINE	11.50								
03	84512	TROPONIN, QUAL	9.36								
03	84520	ASSAY BUN	4.36								X
03	84525	STICK-ASSAY BUN	4.16								X
03	84540	ASSAY URINE UREA-N	5.14								X
03	84545	UREA-N CLEARANCE TEST	7.30								
03	84550	ASSAY BLOOD URIC ACID	4.99								
03	84560	ASSAY URINE URIC ACID	5.26								
03	84577	ASSAY FECES UROBILINOGEN	13.79								
03	84578	TEST URINE UROBILINOGEN	3.59								
03	84580	ASSAY URINE UROBILINOGEN	7.85								
03	84583	ASSAY URINE UROBILINOGEN	5.55								
03	84585	ASSAY URINE VMA	17.14								
03	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	39.05								
03	84588	RIA ASSAY VASOPRESSIN	37.52								
03	84590	ASSAY BLOOD VITAMIN-A	12.82								
03	84591	ASSAY OF NOS VITAMIN	14.08								
03	84597	ASSAY VITAMIN-K	15.16								
03	84600	ASSAY FOR VOLATILES	17.76								
03	84620	XYLOSE TOLERANCE TEST, BLOOD	13.09								
03	84630	ASSAY BLOOD ZINC	12.59								
03	84681	C-PEPTIDE	21.97								
03	84702	GONADOTROPIN, CHORIONIC; QUANTITATIVE	16.64								
03	84703	GONADOTROPIN, CHORIONIC; QUALITATIVE	8.30								
03	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	18.49								
03	84830	OVULATION TESTS, BY VISUAL COLOR COM	11.10								
03	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP		X						
03	85002	BLEEDING TIME TEST	4.97								X
03	85004	AUTOMATED DIFF WBC COUNT	7.94								
03	85007	DIFFERENTIAL WBC COUNT	2.77								X
03	85008	BLOOD COUNT;	3.80								
03	85009	DIFFERENTIAL WBC COUNT	4.11								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	85013	BLOOD COUNT;	2.62								
03	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.62								X
03	85018	HEMOGLOBIN, COLORIMETRIC	2.62								X
03	85025	BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	8.59								
03	85027	HEMOGRAM,AUTOMATED W/PLATELET COUNT	7.16								X
03	85032	MANUAL CELL COUNT, EACH	5.29								X
03	85041	RED BLOOD CELL (RBC) COUNT	3.33								X
03	85044	RETICULOCYTE COUNT	4.75								
03	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	4.42								
03	85046	RETICYTE, HGB CONCENTRATE	6.79								
03	85048	WHITE BLOOD CELL (WBC) COUNT	2.81								
03	85049	AUTOMATED PLATELET COUNT	5.04								
03	85055	RETICULATED PLATELET ASSAY	24.73								
03	85097	BONE MARROW SMEAR INTERPRET	71.47								X
03	85130	CHROMOGENIC SUBSTRATE ASSAY	13.15								
03	85170	BLOOD CLOT RETRACTION SCREEN	4.00								X
03	85175	BLOOD CLOT LYSIS TIME	5.03								X
03	85210	BLOOD CLOT FACTOR II TEST	6.38								X
03	85220	BLOOD CLOT FACTOR V TEST	15.63								X
03	85230	BLOOD CLOT FACTOR VII TEST	15.63								X
03	85240	BLOOD CLOT FACTOR VIII TEST	19.79								X
03	85244	FACTOR VIII RELATED ANTIGEN QUAN	22.58						X		X
03	85245	CLOTTING;	25.36								
03	85246	CLOTTING;	25.36								
03	85247	CLOTTING;	25.36								
03	85250	BLOOD CLOT FACTOR IX TEST	21.04								X
03	85260	BLOOD CLOT FACTOR X TEST	15.63								X
03	85270	BLOOD CLOT FACTOR XI TEST	15.63								X
03	85280	BLOOD CLOT FACTOR XII TEST	15.63								X
03	85290	BLOOD CLOT FACTOR XIII TEST	15.63								X
03	85291	BLOOD CLOT FACTOR XIII TEST	9.83								X
03	85292	CLOTTING; PREKALLIKRIEW ASSAY	20.93								
03	85293	CLOTTING;H-M-W KINNINOGEN ASSA	20.93								
03	85300	ANTITHROMBIN III TEST	13.09								X
03	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	11.95								X
03	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	13.29								X
03	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	14.10								
03	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	12.82								
03	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	16.95								
03	85307	ASSAY ACTIVATED PROTEIN C	18.62								
03	85335	FACTOR INHIBITOR TEST	14.23								
03	85337	THROMBOMODULIN	11.52								
03	85345	COAGULATION TIME	4.75								X
03	85347	COAGULATION TIME	3.18								X
03	85348	COAGULATION TIME	4.12								X
03	85360	EUGLOBULIN LYSIS	9.29								

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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	85362	FIBRIN DEGRADATION PRODUCTS	6.29								X
03	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	9.52								
03	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	11.30								
03	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	6.27								
03	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	11.25								
03	85380	FIBRIN DEGRADATION, VTE	12.50								
03	85384	FIBRINOGEN;	9.40								
03	85385	FIBRINOGEN;	9.40								
03	85390	FIBRINOLYSINS SCREEN	5.72								
03	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	29.46								
03	85400	FIBRINOLYTIC PLASMIN	9.78								
03	85410	FIBRINOLYTIC ANTIPLASMIN	8.52								
03	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	19.00								
03	85420	FIBRINOLYTIC PLASMINOGEN	7.23								
03	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	11.26								
03	85441	HEINZ BODIES; DIRECT	4.65								
03	85445	HEINZ BODIES; INDUCED	7.53								
03	85460	HEMOGLOBIN, FETAL	5.14								
03	85461	HEMOGLOBIN, FETAL	3.42								
03	85475	HEMOLYSIN, ACID	9.81								
03	85520	HEPARIN ASSAY	9.37								
03	85525	HEPARIN NEUTRALIZATION	9.37								
03	85530	HEPARIN-PROTAMINE TOLERANCE	15.68								
03	85536	IRON STAIN PERIPHERAL BLOOD	7.87								
03	85540	WBC ALKALINE PHOSPHATASE	9.51								
03	85547	RBC MECHANICAL FRAGILITY	9.51								
03	85549	SERUM MURAMIDASE	20.73								
03	85555	RBC OSMOTIC FRAGILITY	5.14								
03	85557	RBC OSMOTIC FRAGILITY	14.76								
03	85576	PLATELET;AGGREGATION (IN VITRO)	23.74								X
03	85590	PLATELET PHASE MICROSCOPY	4.43								X
03	85597	PLATELET NEUTRALIZATION	14.82								
03	85610	PROTHROMBIN TIME	4.35								X
03	85611	PROTHROMBIN TIME;	4.36								X
03	85612	VIPER VENOM PROTHROMBIN TIME	10.57								
03	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	10.57								
03	85635	REPTILASE TEST	10.89								
03	85651	RBC SEDIMENTATION RATE	3.92								
03	85652	RBC SED RATE, AUTO	2.98								
03	85660	RBC SICKLE CELL TEST	6.11								X
03	85670	THROMBIN TIME; PLASMA	6.38								
03	85675	THROMBIN TIME; TITER	7.58								
03	85705	THROMBOPLASTIN INHIBITION;	7.60								
03	85730	THROMBOPLASTIN TIME, PARTIAL	6.63								X
03	85732	THROMBOPLASTIN TIME, PARTIAL	7.16								X
03	85810	BLOOD VISCOSITY EXAMINATION	12.91								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	85999	HEMATOLOGY PROCEDURE	MP		X						
03	86000	AGGLUTININS; FEBRILE	7.71								
03	86001	ALLERGEN SPECIFIC IGG	6.35								X
03	86003	ALLERGEN SPECIFIC IGE;	5.77								X
03	86005	ALLERGEN SPECIFIC IGE;	8.82								
03	86021	WBC ANTIBODY IDENTIFICATION	16.64								
03	86022	PLATELET ANTIBODIES	20.29								
03	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	13.76								
03	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	13.36								
03	86039	ANTINUCLEAR ANTIBODIES (ANA);	12.34								
03	86060	ANTISTREPTOLYSIN O TITER	8.07								
03	86063	ANTISTREPTOLYSIN O SCREEN	6.38								
03	86140	C-REACTIVE PROTEIN	5.72								
03	86141	C-REACTIVE PROTEIN, HS	15.72								
03	86146	GLYCOPROTEIN ANTIBODY	14.12								
03	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	12.86								
03	86148	PHOSPHOLIPID ANTIBODY	14.12								
03	86155	CHEMOTAXIS ASSAY	17.67								
03	86156	COLD AGGLUTININ;	7.41								
03	86157	COLD AGGLUTININ;	8.92								
03	86160	COMPLEMENT;	13.28								X
03	86161	COMPLEMENT;	13.28								X
03	86162	COMPLEMENT; TOTAL (CH 50)	21.08								
03	86171	COMPLEMENT FIXATION, EACH	11.08								
03	86185	COUNTERELECTROPHORESIS, EACH	9.89								
03	86200	CCP ANTIBODY	15.90								
03	86215	DEOXYRIBONUCLEASE, ANTIBODY	14.64								
03	86225	DNA ANTIBODY	15.20								
03	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	13.39								
03	86235	ENA ANTIBODY	12.87								
03	86243	FC RECEPTOR ASSAY	22.69								
03	86255	FLUORESCENT ANTIBODY; SCREEN	12.54								
03	86256	FLUORESCENT ANTIBODY; TITER	13.32								
03	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	17.40								
03	86280	HEMAGGLUTINATION INHIBITION	9.05								
03	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	25.28								
03	86301	IMMUNOASSAY, TUMOR, CA 19-9	25.28								
03	86304	IMMUNOASSAY, TUMOR CA 125	25.28								
03	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	22.80				F				
03	86308	HETEROPHILE ANTIBODIES;	5.72								
03	86309	HETEROPHILE ANTIBODIES;	7.16								
03	86310	HETEROPHILE ANTIBODIES	8.15								
03	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	22.99								X
03	86317	IMMUNOASSAY/INFECTIOUS AGENT	16.57								
03	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	14.31								
03	86320	SERUM IMMUNOELECTROPHORESIS	24.77								

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	86325	OTHER IMMUNOELECTROPHORESIS	24.72								
03	86327	IMMUNOELECTROPHORESIS;	25.08								
03	86329	IMMUNODIFFUSION, EACH	15.52								X
03	86331	IMMUNODIFFUSION OUCHTERLONY	13.26								
03	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	26.94								
03	86334	IMMUNOFIXATION ELECTROPHORESIS	24.70								
05	86334	IMMUNOFIXATION ELECTROPHORESIS	9.88								
03	86336	INHIBIN A	17.21								
03	86337	INSULIN ANTIBODIES, RIA	11.56								
03	86340	INTRINSIC FACTOR ANTIBODIES, RIA	16.66								
03	86341	ISLET CELL ANTIBODY	21.88								
03	86344	LEUKOCYTE PHAGOCYTOSIS	8.82								
03	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	74.40								
03	86353	LYMPHOCYTE TRANSFORMATION	54.17								
03	86355	B CELLS, TOTAL COUNT	46.33								
03	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	24.73								X
03	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	46.33								
03	86359	T CELLS;	41.69								
03	86360	T CELLS;	44.50								
03	86361	T CELL ABSOLUTE COUNT	24.46								
03	86367	STEM CELLS, TOTAL COUNT	46.33								
03	86376	MICROSOMAL ANTIBODY (THYROID); RIA	16.09								
03	86378	MIGRATION INHIBITORY FACTOR	21.76								
03	86382	NEUTRALIZATION TEST, VIRAL	18.70								
03	86384	NITROBLUE TETRAZOLIUM DYE	12.59								
03	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	11.27								
03	86406	PARTICLE AGGLUTINATION TEST	11.76								
03	86430	RHEUMATOID FACTOR LATEX FIXATION	6.28								
03	86431	RHEUMATOID FACTOR;	6.28								
03	86480	TB TEST, CELL IMMUN MEASURE	76.11								
03	86485	SKIN TEST;	6.44								
03	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	3.97								
03	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.98								
03	86510	HISTOPLASMOSIS SKIN TEST	7.74								
03	86580	TB PATCH OR INTRADERMAL TEST	6.47								
03	86590	STREPTOKINASE, ANTIBODY	6.29								
03	86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBO	4.71								
03	86593	SYPHILIS TEST, NON-TREPONEMAL ANTIBO	4.87								
03	86602	ANTIBODY;	11.25								
03	86603	ANTIBODY;	14.22								
03	86606	ANTIBODY;	16.64								
03	86609	ANTIBODY;	14.24								
03	86611	BARTONELLA ANTIBODY	12.36								
03	86612	ANTIBODY;	14.26								
03	86615	ANTIBODY;	14.59								
03	86617	LYME DISEASE ANTIBODY	17.13								

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	86618	ANTIBODY;	18.83								
03	86619	ANTIBODY;	14.79								
03	86622	ANTIBODY;	9.87								
03	86625	ANTIBODY;	14.50								
03	86628	ANTIBODY;	13.28								
03	86631	ANTIBODY;	13.08								
03	86632	ANTIBODY;	14.04								
03	86635	ANTIBODY;	12.68								
03	86638	ANTIBODY;	13.41								
03	86641	ANTIBODY;	15.94								
03	86644	ANTIBODY;	15.91								
03	86645	ANTIBODY;	18.63								
03	86648	ANTIBODY;	16.81								
03	86651	ANTIBODY;	14.59								
03	86652	ANTIBODY;	14.59								
03	86653	ANTIBODY;	14.59								
03	86654	ANTIBODY;	14.59								
03	86658	ANTIBODY;	14.40								
03	86663	ANTIBODY;	14.50								
03	86664	ANTIBODY;	16.92								
03	86665	ANTIBODY;	19.70								
03	86666	EHRlichia ANTIBODY	12.36								
03	86668	ANTIBODY;	11.50								
03	86671	ANTIBODY;	13.55								
03	86674	ANTIBODY;	12.86								
03	86677	ANTIBODY;	12.86								
03	86682	ANTIBODY;	14.38								
03	86684	ANTIBODY;	17.52								
03	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	9.27								
03	86688	ANTIBODY;	11.68								
03	86689	CONFIRMATORY TEST	21.41								
03	86692	ANTIBODY;	14.10								
03	86694	ANTIBODY;	15.91								
03	86695	ANTIBODY;	14.59								
03	86696	HERPES SIMPLEX TYPE 2	23.51								
03	86698	ANTIBODY;	13.81								
03	86701	ANTIBODY;	9.82								
03	86702	ANTIBODY;	11.68								
03	86703	ANTIBODY;	11.68								
03	86704	HEP B CORE AB TEST, IGG & M	14.64								
03	86705	HEP B CORE AB TEST, IGM	14.30								
03	86706	HEPATITIS B SURFACE AB TEST	13.05								
03	86707	HEPATITIS BE AB TEST	14.05								
03	86708	HEP A AB TEST, IGG & M	14.14								
03	86709	HEP A AB TEST, IGM	13.67								
03	86710	ANTIBODY;	14.99								

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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	86713	ANTIBODY;	16.93								
03	86717	ANTIBODY;	13.54								
03	86720	ANTIBODY;	14.59								
03	86723	ANTIBODY;	14.59								
03	86727	ANTIBODY;	14.22								
03	86729	ANTIBODY;	13.20								
03	86732	ANTIBODY;	14.59								
03	86735	ANTIBODY;	14.43								
03	86738	ANTIBODY;	14.64								
03	86741	ANTIBODY;	14.59								
03	86744	ANTIBODY;	14.59								
03	86747	ANTIBODY;	16.61								
03	86750	ANTIBODY;	14.59								
03	86753	ANTIBODY;	13.70								
03	86756	ANTIBODY;	14.24								
03	86757	RICKETTSIA ANTIBODY	23.51								
03	86759	ANTIBODY;	14.59								
03	86762	ANTIBODY;	15.91								
03	86765	ANTIBODY;	14.24								
03	86768	ANTIBODY;	14.59								
03	86771	ANTIBODY;	14.59								
03	86774	ANTIBODY;	10.81								
03	86777	ANTIBODY;	15.91								
03	86778	ANTIBODY;	15.92								
03	86780	ANTIBODY; TREPONEMA PALLIDUM	14.51								
03	86784	ANTIBODY;	5.14								
03	86787	ANTIBODY;	12.40								
03	86788	ANTIBODY; WEST NILE VIRUS, IGM	20.69								
03	86789	ANTIBODY; WEST NILE VIRUS	17.68								
03	86790	ANTIBODY;	12.40								
03	86793	ANTIBODY;	12.40								
03	86800	THYROGLOBULIN ANTIBODY, RIA	17.58								
03	86803	HEPATITIS C AB TEST	17.35								
03	86804	HEP C AB TEST, CONFIRM	18.81								
03	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	57.80								
03	86806	SEE 86805; WITHOUT TITRATION	52.61								
03	86807	SERUM SCREEN.-PRA;STANDARD METHOD	39.17								
03	86808	SERUM SCREEN.-PRA; QUICK METHOD	32.80								
03	86812	TISSUE TYPING;	28.52								
03	86813	TISSUE TYPING;	64.10								
03	86816	TISSUE TYPING;	30.79								
03	86817	TISSUE TYPING;	71.17								
03	86821	TISSUE TYPING;	62.40								
03	86822	TISSUE TYPING;	40.40								
03	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	66.16								
03	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	22.05								

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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	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP		X						
03	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	13.16								X
03	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	11.67								X
03	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	35.19								X
03	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.93								X
03	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	6.32								X
03	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.72								X
03	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	11.14								
03	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	10.78								
03	86900	BLOOD TYPING;	3.30								
03	86901	BLOOD TYPING;	3.66								
03	86903	BLOOD TYPING;	10.43								X
03	86904	BLOOD TYPING;	10.50								X
03	86905	BLOOD TYPING;	4.22								X
03	86906	BLOOD TYPING;	8.57								
03	86910	BLOOD TYPING;	17.39								X
03	86911	BLOOD TYPING, FOR PATERNITY TESTING,	5.40								
03	86920	COMPATIBILITY TEST EACH UNIT;	41.22								
03	86921	COMPATIBILITY TEST EACH UNIT;	41.22								
03	86922	COMPATIBILITY TEST EACH UNIT;	39.27								
03	86923	COMPATIBILITY TEST, ELECTRIC	MP								
03	86927	FRESH FROZEN PLASMA, THAWING, EACH U	8.87								X
03	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	10.43								X
03	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	10.43								X
03	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	10.43								X
03	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	9.06								X
03	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	13.39								X
03	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	37.97								X
03	86950	LEUKOCYTE TRANSFUSION	34.84								
03	86960	VOL REDUCTION OF BLOOD/PROD	MP								
03	86965	POOLING OF PLATELETS OR OTHER BLOOD	12.14								
03	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.22								X
03	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	6.63								X
03	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.22								
03	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.22								X
03	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.22								
03	86977	PRETREATMENT OF SERUM FOR USE IN RBC	6.63								X
03	86978	PRETREATMENT OF SERUM FOR USE IN RBC	8.47								X
03	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	12.18								X
03	86999	IMMUNOLOGY PROCEDURE	45.90								
03	87001	SMALL ANIMAL INOCULATION	14.61								
03	87003	SMALL ANIMAL INOCULATION	18.61								
03	87015	SPECIMEN CONCENTRATION	7.39								X
03	87040	BLOOD CULTURE FOR BACTERIA	11.41								X
03	87045	STOOL CULTURE FOR BACTERIA	10.42								X
03	87046	STOOL CULTR, BACTERIA, EACH	10.42								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 JANUARY 22, 2010 - JULY 31, 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	87070	CULTURE SPECIMEN, BACTERIA	9.52								X
03	87071	CULTURE BACTERI AEROBIC OTHR	10.42								
03	87073	CULTURE BACTERIA ANAEROBIC	10.42								
03	87075	CULTURE SPECIMEN, BACTERIA	10.46								X
03	87076	BACTERIA IDENTIFICATION	9.81								
03	87077	CULTURE AEROBIC IDENTIFY	9.81								X
03	87081	BACTERIA CULTURE SCREEN	7.32								
03	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	9.52								
03	87086	URINE CULTURE, COLONY COUNT	8.92								
03	87088	URINE BACTERIA CULTURE	8.95								
03	87101	SKIN FUNGUS CULTURE	7.82								
03	87102	FUNGUS ISOLATION CULTURE	9.29								
03	87103	CULTURE,FUNGI,ISOLATION BLOOD	9.37								
03	87106	FUNGUS IDENTIFICATION	11.41								
03	87107	FUNGI IDENTIFICATION, MOLD	12.54								
03	87109	MYCOPLASMA CULTURE	17.00								
03	87110	CULTURE,CHLAMYDIA	21.65								
03	87116	MYCOBACTERIA CULTURE	11.94								
03	87118	MYCOBACTERIA IDENTIFICATION	4.54								
03	87140	CULTURE TYPING, FLUORESCENT	6.16								
03	87143	CULTURE TYPING, GLC METHOD	13.86								
03	87147	CULTURE TYPING, SEROLOGIC	4.75								
03	87149	CULTURE, TYPING; IDENTIFICATION BY N	24.35								
03	87150	CULTURE, TYPING; IDENTIFICATION BY N	38.44								
03	87152	CULTURE TYPE PULSE FIELD GEL	6.36								
03	87153	CULTURE, TYPING; IDENTIFICATION BY N	126.34								
03	87158	CULTURE TYPING, ADDED METHOD	5.78								
03	87164	DARK FIELD EXAMINATION	11.88								
03	87166	DARK FIELD EXAMINATION	9.67								
03	87168	MACROSCOPIC EXAM ARTHROPOD	5.18								
03	87169	MACACROSCOPIC EXAM PARASITE	5.18								
03	87172	PINWORM EXAM	5.18								
03	87176	ENDOTOXIN, BACTERIAL	6.50								
03	87177	OVA AND PARASITES SMEARS	9.67								X
03	87181	ANTIBIOTIC SENSITIVITY, EACH	5.26								
03	87184	ANTIBIOTIC SENSITIVITY, EACH	7.63								X
03	87185	MICROBE SUSCEPTIBLE, ENZYME	5.76								X
03	87186	ANTIBIOTIC SENSITIVITY, MIC	9.56								
03	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	11.45								
03	87188	ANTIBIOTIC SENSITIVITY, EACH	7.33								
03	87190	TB ANTIBIOTIC SENSITIVITY	6.25								
03	87197	SERUM BACTERICIDAL TITER	16.03								
03	87198	CYTOMEGALOVIRUS ANTIBODY DFA	14.58								
03	87205	SMEAR, STAIN & INTERPRET	4.71								X
03	87206	SMEAR, STAIN & INTERPRET	5.93								X
03	87207	SMEAR, STAIN & INTERPRET	6.62								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	87209	SMEAR, COMPLEX STAIN	22.07								
03	87210	SMEAR, STAIN & INTERPRET	4.71								X
03	87220	TISSUE EXAMINATION FOR FUNGI	4.71								
03	87230	TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE	21.82								X
03	87250	VIRUS INOCULATION FOR TEST	21.61								X
03	87252	VIRUS ID; TISSUE CULT. INOCULATION/OBS	28.81								
03	87253	VIRUS ID; TISS CULT, ADD STDY, @ ISOLAT	22.33								X
03	87254	VIRUS INOCULATION, SHELL VIA	21.61								X
03	87255	GENET VIRUS ISOLATE, HSV	41.58								X
03	87260	ADENOVIRUS AG, DFA	14.58								
03	87265	PERTUSSIS AG, DFA	14.58								
03	87267	ENTEROVIRUS ANTIBODY, DFA	14.73								
03	87269	GIARDIA AG, IF	14.73								
03	87270	CHYLMD TRACH AG, DFA	14.58								
03	87271	CYTOMEGALOVIRUS DFA	14.73								
03	87272	CRYPTOSPORIDUM AG, DFA	14.58								
03	87273	HERPES SIMPLEX 2, AG, IF	14.58								
03	87274	HERPES SIMPLEX AG, DFA	14.58								
03	87275	INFLUENZA B, AG, IF	14.58								
03	87276	INFLUENZA AG, DFA	14.58								
03	87277	LEGIONELLA MICDADEI, AG, IF	14.58								
03	87278	LEGION PNEUMO AG, DFA	14.58								
03	87279	PARAINFLUENZA, AG, IF	14.58								
03	87280	RESP SYNCYTIAL AG, DFA	14.58								
03	87281	PNEUMOCYSTIS CARINII, AG, IF	14.58								
03	87283	RUBEOLA, AG, IF	14.58								
03	87285	TREPON PALLIDUM AG, DFA	14.58								
03	87290	VARICELLA AG, DFA	14.58								
03	87299	AG DETECTION NOS, DFA	14.58								
03	87300	AG DETECTION, POLYVAL, IF	13.26								X
03	87301	ADENOVIRUS AG, EIA	14.58								
03	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	14.73								
03	87320	CHYLMD TRACH AG, EIA	14.58								
03	87324	CLOSTRIDIUM AG, EIA	14.58								
03	87327	CRYPTOCOCCUS NEOFORM AG, EIA	14.58								
03	87328	CRYPTOSPOR AG, EIA	14.58								
03	87329	GIARDIA AG, EIA	14.73								
03	87332	CYTOMEGALOVIRUS AG, EIA	14.58								
03	87335	E COLI 0157 AG, EIA	14.58								
03	87336	ENTAMOEB HIST DISPR, AG, EIA	14.58								
03	87337	ENTAMOEB HIST GROUP, AG, EIA	14.58								
03	87338	HPYLORI, STOOL, EIA	5.65								
03	87339	HPYLORI AG, EIA	14.58								
03	87340	HEPATITIS B SURFACE AG, EIA	12.54								
03	87341	HEPATITIS B SURFACE, AG, EIA	12.54								
03	87350	HEPATITIS B AG, EIA	13.99								

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	87380	HEPATITIS DELTA AG, EIA	15.02								
03	87385	HISTOPLASMA CAPSUL AG, EIA	14.58								
03	87390	HIV-1 AG, EIA	21.43								
03	87391	HIV-2 AG, EIA	21.43								
03	87400	INFLUENZA A/B, AG, EIA	13.26								X
03	87420	RESP SYNCYTIAL AG, EIA	14.58								
03	87425	ROTAVIRUS AG, EIA	14.58								
03	87427	SHIGA-LIKE TOXIN AG, EIA	14.58								
03	87430	STREP A AG, EIA	14.58								
03	87449	AG DETECT NOS, EIA, MULT	14.58								
03	87450	AG DETECT NOS, EIA, SINGLE	5.65								
03	87451	AG DETECT POLYVAL, EIA, MULT	5.65								
03	87470	BARTONELLA, DNA, DIR PROBE	24.35								
03	87471	BARTONELLA, DNA, AMP PROBE	42.63								
03	87472	BARTONELLA, DNA, QUANT	52.62								
03	87475	LYME DIS, DNA, DIR PROBE	24.35								
03	87476	LYME DIS, DNA, AMP PROBE	42.63								
03	87477	LYME DIS, DNA, QUANT	47.35								
03	87480	CANDIDA, DNA, DIR PROBE	24.35								
03	87481	CANDIDA, DNA, AMP PROBE	42.63								
03	87482	CANDIDA, DNA, QUANT	46.15								
03	87485	CHYLM D PNEUM, DNA, DIR PROBE	24.35								
03	87486	CHYLM D PNEUM, DNA, AMP PROBE	42.63								
03	87487	CHYLM D PNEUM, DNA, QUANT	52.62								
03	87490	CHYLM D TRACH, DNA, DIR PROBE	24.35								
03	87491	CHYLM D TRACH, DNA, AMP PROBE	42.63								
03	87492	CHYLM D TRACH, DNA, QUANT	38.64								
03	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	38.44								
03	87495	CYTOMEG, DNA, DIR PROBE	24.35								
03	87496	CYTOMEG, DNA, AMP PROBE	42.63								
03	87497	CYTOMEG, DNA, QUANT	52.03								
03	87498	INFECTIOUS AGENT DETECTION BY NUCLEI	43.11								
03	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	43.11								
03	87510	GARDNER VAG, DNA, DIR PROBE	24.35								
03	87511	GARDNER VAG, DNA, AMP PROBE	42.63								
03	87512	GARDNER VAG, DNA, QUANT	46.15								
03	87515	HEPATITIS B, DNA, DIR PROBE	24.35								
03	87516	HEPATITIS B, DNA, AMP PROBE	42.63								
03	87517	HEPATITIS B, DNA, QUANT	52.03								
03	87520	HEPATITIS C, RNA, DIR PROBE	24.35								
03	87521	HEPATITIS C, RNA, AMP PROBE	42.63								
03	87522	HEPATITIS C, RNA, QUANT	52.03								
03	87525	HEPATITIS G, DNA, DIR PROBE	24.35								
03	87526	HEPATITIS G, DNA, AMP PROBE	42.63								
03	87527	HEPATITIS G, DNA, QUANT	46.15								
03	87528	HSV, DNA, DIR PROBE	24.35								

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 JANUARY 22, 2010 - JULY 31, 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	87529	HSV, DNA, AMP PROBE	42.63								
03	87530	HSV, DNA, QUANT	52.03								
03	87531	HHV-6, DNA, DIR PROBE	24.35								
03	87532	HHV-6, DNA, AMP PROBE	42.63								
03	87533	HHV-6, DNA, QUANT	46.15								
03	87534	HIV-1, DNA, DIR PROBE	24.35								
03	87535	HIV-1, DNA, AMP PROBE	42.63								
03	87536	HIV-1, DNA, QUANT	94.06								
03	87537	HIV-2, DNA, DIR PROBE	24.35								
03	87538	HIV-2, DNA, AMP PROBE	42.63								
03	87539	HIV-2, DNA, QUANT	47.35								
03	87540	LEGION PNEUMO, DNA, DIR PROB	24.35								
03	87541	LEGION PNEUMO, DNA, AMP PROB	42.63								
03	87542	LEGION PNEUMO, DNA, QUANT	46.15								
03	87550	MYCOBACTERIA, DNA, DIR PROBE	24.35								
03	87551	MYCOBACTERIA, DNA, AMP PROBE	42.63								
03	87552	MYCOBACTERIA, DNA, QUANT	52.03								
03	87555	M.TUBERCULO, DNA, DIR PROBE	24.35								
03	87556	M.TUBERCULO, DNA, AMP PROBE	42.63								
03	87557	M.TUBERCULO, DNA, QUANT	52.62								
03	87560	M.AVIUM-INTRA, DNA, DIR PROB	24.35								
03	87561	M.AVIUM-INTRA, DNA, AMP PROB	42.63								
03	87562	M.AVIUM-INTRA, DNA, QUANT	52.62								
03	87580	M.PNEUMON, DNA, DIR PROBE	24.35								
03	87581	M.PNEUMON, DNA, AMP PROBE	42.63								
03	87582	M.PNEUMON, DNA, QUANT	46.15								
03	87590	N.GONORRHOEAE, DNA, DIR PROB	24.35								
03	87591	N.GONORRHOEAE, DNA, AMP PROB	42.63								
03	87592	N.GONORRHOEAE, DNA, QUANT	47.35								
03	87620	HPV, DNA, DIR PROBE	24.35								
03	87621	HPV, DNA, AMP PROBE	42.63								
03	87622	HPV, DNA, QUANT	46.15								
03	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	43.11								
03	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	43.11								
03	87650	STREP A, DNA, DIR PROBE	24.35								
03	87651	STREP A, DNA, AMP PROBE	42.63								
03	87652	STREP A, DNA, QUANT	46.15								
03	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	43.11								
03	87660	TRICHOMONAS VAGIN, DIR PROBE	24.63							F	
03	87797	DETECT AGENT NOS, DNA, DIR	24.35								
03	87798	DETECT AGENT NOS, DNA, AMP	42.63								
03	87799	DETECT AGENT NOS, DNA, QUANT	MP		X						
03	87800	DETECT AGNT MULT, DNA, DIREC	44.32								
03	87801	DETECT AGNT MULT, DNA, AMPLI	77.58								
03	87802	STREP B ASSAY W/OPTIC	14.58								
03	87803	CLOSTRIDIUM TOXIN A W/OPTIC	14.58								

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	87804	AGENT NOS ASSAY W/OPTIC	14.58								
03	87807	RSV ASSAY W/OPTIC	14.73								
03	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	14.73				F				
03	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	14.73								
03	87810	CHYLM D TRACH ASSAY W/OPTIC	14.58								
03	87850	N. GONORRHOEAE ASSAY W/OPTIC	14.58								
03	87880	STREP A ASSAY W/OPTIC	14.58								
03	87899	AGENT NOS ASSAY W/OPTIC	14.58								
03	87900	PHENOTYPE, INFECT AGENT DRUG	160.08		X				X		
03	87901	GENOTYPE, DNA, HIV REVERSE T	284.55		X				X		
03	87902	GENOTYPE, DNA, HEPATITIS C	312.73								
03	87903	PHENOTYPE, DNA HIV W/CULTURE	540.09		X				X		
03	87904	PHENOTYPE, DNA HIV W/CLT ADD	32.02		X				X		
03	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	15.68								
03	87999	MICROBIOLOGY PROCEDURE	MP		X						
03	88104	CYTOPATHOLOGY	42.45								
05	88104	CYTOPATHOLOGY	16.98								
03	88106	CYTOPATHOLOGY	53.37								
05	88106	CYTOPATHOLOGY	21.34								
03	88107	CYTOPATHOLOGY	67.67								
05	88107	CYTOPATHOLOGY	27.06								
03	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	50.77								
05	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS	20.30								
03	88112	CYTOPATHOLOGY, SELECT CELL ENHANCEMNT	86.96								
05	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	34.78								
03	88125	FORENSIC CYTOPATHOLOGY	14.38								
05	88125	FORENSIC CYTOPATHOLOGY	5.74								
03	88130	SEX CHROMATIN IDENTIFICATION	16.63								
03	88140	SEX CHROMATIN IDENTIFICATION	8.83								
03	88141	CYTOPATH CERV/VAG INTERPRET	22.33	10	99		F				
03	88142	CYTOPATH CERV/VAG THIN LAYER	16.70	10	99		F				
03	88143	CYTPATH C/VAG T/LAYER REDO	15.20	10	99		F				
03	88147	CYTPATH C/VAG AUTOMATED	11.68	10	99		F				
03	88148	CYTPATH C/VAG AUTO RESCREEN	11.68	10	99		F				
03	88150	CYTOPATHOLOGY, PAP SMEAR	11.68	10	99		F	X			
03	88152	CYTOPATH CERV/VAG AUTO	11.68	10	99		F				
03	88153	CYTPATH C/VAG REDO	11.68	10	99		F				
03	88154	CYTPATH C/VAG SELECT	11.68	10	99		F				
03	88155	CYTOPATH, (PAP); W/ DEF. HORMONAL EVAL	6.62	10	99		F	X			
03	88160	CYTOPATHOLOGY	37.05								
05	88160	CYTOPATHOLOGY	14.82								
03	88161	CYTOPATH...; PREP, SCREEN, INTERP.	40.42								
05	88161	CYTOPATH...; PREP, SCREEN, INTERP.	16.18								
03	88162	CYTOPATH...; EXT. STUDY, +5 SLIDES, MULTI	55.45								
05	88162	CYTOPATH...; EXT. STUDY, +5 SLIDES, MULTI	22.18								
03	88164	CYTPATH TBS C/VAG MANUAL	11.68	10	99		F				

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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	88165	CYTPATH TBS C/VAG REDO	11.68	10 99			F				
03	88166	CYTPATH TBS C/VAG AUTO REDO	11.68	10 99			F				
03	88167	CYTPATH TBS C/VAG SELECT	11.68	10 99			F				
03	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	37.15								
05	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	14.86								
03	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	95.07								
05	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	38.04								
03	88174	CYTOPATHOLOGY,CERVIAL OR VAGINAL COL	17.93	10 99			F				
03	88175	CYTOPATHOLOGY WITH SCREENING	22.59	10 99			F				
03	88182	FLOW CYTOMETRY;	74.27								
05	88182	FLOW CYTOMETRY	29.72								X
03	88184	FLOWCYTOMETRY/ TC, 1 MARKER	49.72								
03	88185	FLOWCYTOMETRY/TC, ADD-ON	28.40								X
03	88187	FLOWCYTOMETRY/READ, 2-8	48.08								
03	88188	FLOWCYTOMETRY/READ, 9-15	59.61								
03	88189	FLOWCYTOMETRY/READ, 16 & >	77.86								
03	88199	CYTOPATHOLOGY PROCEDURE	MP								X
05	88199	CYTOPATHOLOGY PROCEDURE	MP								X
03	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	70.64								
03	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	70.64								
03	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	70.64								
03	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	70.64								
03	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	70.64								
03	88240	CELL CRYOPRESERVE/STORAGE	12.27								
03	88241	FROZEN CELL PREPARATION	12.27								
03	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	70.64								
03	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	191.41								
03	88249	CHROMOSOME ANALYSIS, 100	210.36								
03	88261	CHROMOSOME COUNT: 1-4 CELLS	195.35								
03	88262	CHROMOSOME COUNT: 1-20 CELLS	137.76								
03	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	70.64								
03	88264	CHROMOSOME ANALYSIS, 20-25	151.41								
03	88267	CHROMOSOME COUNT: AMNIOTIC	198.70								
03	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	183.83								
03	88271	CYTOGENETICS, DNA PROBE	26.02								
03	88272	CYTOGENETICS, 3-5	32.53								
03	88273	CYTOGENETICS, 10-30	39.03								
03	88274	CYTOGENETICS, 25-99	42.28								
03	88275	CYTOGENETICS, 100-300	48.78								
03	88280	CHROMOSOME COUNT: ADDITIONAL	27.75								
03	88283	CHROM ANAL;ADD SPEC BANDING TECH.	30.84								
03	88285	CHROMOSOME COUNT: ADDITIONAL	21.00								
03	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	38.06								
05	88289	CHROM ANAL;ADD.HI RESOLUTION STUDY	15.22								
03	88291	CYTO/MOLECULAR REPORT	20.17								
03	88299	CYTOGENETIC STUDY	5.28								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	88300	SURGICAL PATHOLOGY, GROSS	15.95								X
05	88300	SURGICAL PATHOLOGY, GROSS	6.38								X
03	88302	SURGICAL PATHOLOGY, COMPLETE	34.35								X
05	88302	SURGICAL PATHOLOGY, COMPLETE	13.73								X
03	88304	SURGICAL PATHOLOGY, COMPLETE	42.74								X
05	88304	SURGICAL PATHOLOGY, COMPLETE	17.10								X
03	88305	SURGICAL PATHOLOGY, COMPLETE	73.15								X
05	88305	SURGICAL PATHOLOGY, COMPLETE	29.26								X
03	88307	SURGICAL PATHOLOGY, COMPLETE	144.23								
05	88307	SURGICAL PATHOLOGY, COMPLETE	57.68								
03	88309	SURGICAL PATHOLOGY, COMPLETE	215.79								
05	88309	SURGICAL PATHOLOGY, COMPLETE	86.32								
03	88311	SURGICAL PATHOLOGY; DECALCIFICATION	13.08								
05	88311	SURGICAL PATHOLOGY; DECALCIFICATION	5.23								
03	88312	SPECIAL STAINS; GROUP I FOR MICROORA	64.75								
05	88312	SPECIAL STAINS	25.89								
03	88313	SPECIAL STAINS; GROUP II, ALL OTHER	48.52								
05	88313	SPECIAL STAINS	19.41								
03	88314	SPECIAL STAINS; HISTOCHEMICAL STAINI	65.47								
05	88314	GROSS & MICROSCOPIC EXAM 3 SPECIMENS	26.20								
03	88321	MICROSLIDE CONSULTATION	65.46								
03	88323	MICROSLIDE CONSULTATION	102.56								
05	88323	MICROSLIDE CONSULTATION	41.02								
03	88325	COMPREHENSIVE REVIEW OF DATA	139.81								
03	88329	CONSULTATION DURING SURGERY	35.53								X
03	88331	CONSULTATION DURING SURGERY	64.12								X
05	88331	CONSULTATION DURING SURGERY	25.65								X
03	88332	PATHOLOGY CONSULTATION DURING SURGER	29.05								
05	88332	PATHOLOGY CONSULTATION DURING SURGER	11.62								
03	88333	INTRAOP CYTO PATH CONSULT, 1	65.46								
05	88333	INTRAOP CYTO PATH CONSULT, 1	26.19							X	
03	88334	INTRAOP CYTO PATH CONSULT, 2	38.39								X
05	88334	INTRAOP CYTO PATH CONSULT, 2	15.36							X	X
03	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	68.78								
05	88342	IMMUNOCYTOCHEMISTRY	27.51								
03	88346	AUTO-ANTIBODY PROFILE	69.60								X
05	88346	AUTO-ANTIBODY PROFILE	27.83								X
03	88347	INDIRECT METHOD	57.88								
05	88347	INDIRECT METHOD	23.16								
03	88348	ELECTRON MICROSCOPY	402.96								
05	88348	ELECTRON MICROSCOPY	161.18								
03	88349	SCANNING ELECTRON MICROSCOPY	191.30								
05	88349	SCANNING ELECTRON MICROSCOPY	76.52								
03	88358	MORPHOMETRIC ANALYSIS TUMOR	71.90								X
05	88358	ANALYSIS, TUMOR	28.76								
03	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	83.04								

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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	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	33.22		X						
03	88361	IMMUNOHISTOCHEMISTRY, TUMOR	118.91								
03	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	104.37								X
05	88365	TISSUE HYBRIDATION	41.76								
03	88367	INSITU HYBRIDIZATION, AUTO	160.61								
05	88367	INSITU HYBRIDIZATION, AUTO	64.24								
03	88368	INSITU HYBRIDIZATION, MANUAL	142.18								
05	88368	INSITU HYBRIDIZATION, MANUAL	56.87								
03	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	24.56								
03	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	25.15								X
03	88384	EVAL MOLECULAR PROBES, 11-50	MP		X						
03	88385	EVAL MOLECUL PROBES, 51-250	337.61		X						
05	88385	EVAL MOLECUL PROBES, 51-250	135.04		X						
03	88386	EVAL MOLECUL PROBES, 251-500	MP		X						
05	88386	EVAL MOLECUL PROBES, 251-500	MP		X						
03	88387	MACROSCOPIC EXAMINATION, DISSECTION,	27.99								
05	88387	MACROSCOPIC EXAMINATION, DISSECTION,	11.19								
03	88388	MACROSCOPIC EXAMINATION, DISSECTION,	16.90								
05	88388	MACROSCOPIC EXAMINATION, DISSECTION,	6.76								
03	88399	SURGICAL PATHOLOGY PROCEDURE	MP		X						
05	88399	SURGICAL PATHOLOGY PROCEDURE	MP		X						
03	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	3.85								
03	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	3.81								
03	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.47								
03	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.47								
03	89049	CHCT FOR MAL HYPERTHERMIA	131.37								
03	89050	BODY FLUID CELL COUNT	5.23								X
03	89051	BODY FLUID CELL COUNT	6.10								X
03	89055	LEUKOCYTE ASSESSMENT, FECAL	5.24								
03	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	7.90								
03	89100	SAMPLE INTESTINAL CONTENTS	143.48								
03	89105	SAMPLE INTESTINAL CONTENTS	144.89								
03	89125	SPECIMEN FAT STAIN	4.77								X
03	89130	SAMPLE STOMACH CONTENTS	120.55								X
03	89132	SAMPLE STOMACH CONTENTS	134.64								X
03	89135	SAMPLE STOMACH CONTENTS	161.63								
03	89136	SAMPLE STOMACH CONTENTS	105.57								
03	89140	SAMPLE STOMACH CONTENTS	134.08								
03	89141	SAMPLE STOMACH CONTENTS	142.56								
03	89160	EXAM FECES FOR MEAT FIBERS	4.08								
03	89190	NASAL SMEAR FOR EOSINOPHILS	5.26								
03	89220	SPUTUM SPECIMEN COLLECTION	13.22								
03	89225	STARCH GRANULES, FECES	4.11								
03	89230	COLLECT SWEAT FOR TEST	3.89								
03	89235	WATER LOAD TEST	6.76								
03	89240	PATHOLOGY LAB PROCEDURE	MP		X						

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 JANUARY 22, 2010 - JULY 31, 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	89300	SEMEN ANALYSIS	9.85							X	
03	89310	SEMEN ANALYSIS	9.52								
03	89320	SEMEN ANALYSIS	13.32								
03	89321	SEMEN ANALYSIS	14.64								M
03	89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTIL	19.03								M
03	89398	UNLISTED REPRODUCTIVE MEDICINE LABOR	MP								X

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DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

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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.