
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 Molina 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 type of service found on this schedule.

- 30 - Acute Care Outpatient Services
- 20 - Enhanced Outpatient Rehab Services (under age 3)

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: All revenue (HR) codes will require a valid procedure code (HCPC or CPT). All revenue codes will be reimbursed based on the Hospital Specific Cost-to-Charge Ratio except for Labs, Outpatient Services (Therapies), and Hospital Outpatient Clinic Visits will be paid based on the procedure code fee.

NOTE: Hospital Outpatient Ambulatory Surgery (490) fees are listed under a separate web based Fee Schedule.

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. 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 7. MED REV: Claims with some codes pend to Medical Review for review of the attachments or to confirm Prior Authorization by the surgeon.

COLUMN 8. SEX (Restriction): Some procedure codes are restricted to a particular sex.

COLUMN 9. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

COLUMN 10. Effective date: Type of Service (TOS) 30 was created 6/1/08 specifically for outpatient hospitals. As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.

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

COLUMN 12. SPEC IND: This code is associated with a special process.
Code E - Medicaid Expansion

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | A9515 | CHOLINE C11, DIAGNOSTIC,UP TO 20 MIL | CCR | | | | | | | | |
| 30 | A9526 | NITROGEN N13 AMONIA,DIAGNOSTIC ...40 | CCR | | | | | | | | |
| 30 | A9552 | FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOS | CCR | | X | | | | | | |
| 30 | A9580 | SODIUM FLUORIDE F 18,DIAGNOSTIC...30 | CCR | | | | | | | | |
| 30 | A9586 | FLORBETAPIR F18,DIAGNOSTIC,UP TO 10M | CCR | | | | | | | | |
| 30 | A9587 | GALLIUM GA-68,DOTATATE,DIAG...1 MILL | CCR | | | | | | | | |
| 30 | A9588 | FLUCICLOVINE F-18,DIAGNOSTIC 1 MILLI | CCR | | | | | | | | |
| 30 | G0108 | DIABETES OUTPATIENT SELF-MANAGEMENT | 16.26 | | | | | X | 01/01/18 | | |
| 30 | G0109 | DIABETES OUTPATIENT SELF-MANAGEMENT | 9.14 | | | | | X | 01/01/18 | | |
| 30 | G0378 | HOSPITAL OBERSVATION PER HR | CCR | | | | | X | | | |
| 30 | G0379 | DIRECT REFER HOSPITAL OBSERV | CCR | | | | | | | | |
| 30 | HR250 | PHARMACY,GENERAL CLASSIFICATION | CCR | | | | | X | | | |
| 30 | HR251 | PHARMACY,GENERIC DRUGS | CCR | | | | | X | | | |
| 30 | HR252 | PHARMACY,NON-GENERIC DRUGS | CCR | | | | | X | | | |
| 30 | HR258 | PHARMACY,IV SOLUTIONS | CCR | | | | | X | | | |
| 30 | HR259 | PHARMACY, OTHER PHARMACY | CCR | | | | | X | | | |
| 30 | HR260 | IV THERAPY | CCR | | | | | X | | | |
| 30 | HR261 | INFUSION PUMP | CCR | | | | | X | | | |
| 30 | HR269 | OTHER IV THERAPY | CCR | | | | | X | | | |
| 30 | HR270 | MED/SURG SUPPLY/DEVICE-GEN. CLS | CCR | | | | | X | | | |
| 30 | HR271 | NON STERILE SUPPLY | CCR | | | | | X | | | |
| 30 | HR272 | STERILE SUPPLY | CCR | | | | | X | | | |
| 30 | HR273 | TAKE HOME SUPPLIES | CCR | | | | | X | | | |
| 30 | HR274 | PROSTHETIC DEVICES | CCR | | | | | X | | | |
| 30 | HR275 | PACEMAKER | CCR | | | | | X | | | |
| 30 | HR278 | OTHER IMPLANTS | CCR | | | | | X | | | |
| 30 | HR279 | OTHER SUPPLIES DEVICES | CCR | | | | | X | | | |
| 30 | HR280 | ONCOLOGY-GENERAL CLASSIFICATION | CCR | | | | | X | | | |
| 30 | HR289 | OTHER ONCLOGY | CCR | | | | | X | | | |
| 30 | HR300 | LABORATORY-GEN CLASSIFICATION | HCPC | | | | | X | | | |
| 30 | HR301 | LAB/CHEMISTRY | HCPC | | | | | X | | | |
| 30 | HR302 | LAB/IMMUNOLOGY | HCPC | | | | | X | | | |
| 30 | HR303 | LAB/RENAL PATIENT (HOME) | HCPC | | | | | X | | | |
| 30 | HR304 | LAB NON ROUTINE DIALYSIS | HCPC | | | | | X | | | |
| 30 | HR305 | LAB HEMATOLOGY | HCPC | | | | | X | | | |
| 30 | HR306 | LAB BACTERIOLOGY AND MICROBIOLOGY | HCPC | | | | | X | | | |
| 30 | HR307 | LABORATORY-UROLOGY | HCPC | | | | | X | | | |
| 30 | HR309 | LABORTORY-OTHER LABORATORY | HCPC | | | | | X | | | |
| 30 | HR310 | LAB PATHOLOGY/GENERAL CLASS | HCPC | | | | | X | | | |
| 30 | HR311 | LAB PATHOLOGY/CYTOLOGY | HCPC | | | | | X | | | |
| 30 | HR312 | LAB PATHOLOGY/HISTOLOGY | HCPC | | | | | X | | | |
| 30 | HR314 | LAB PATHOLOGY/BIOPSY | HCPC | | | | | X | | | |
| 30 | HR319 | LAB PATHOLOGY OTHER | HCPC | | | | | X | | | |
| 30 | HR320 | RADIOLOGY-DIAGNOSTIC GEN CLASS | CCR | | | | | X | | | |
| 30 | HR321 | ANGIOCARDIOLOGY | CCR | | | | | X | | | |
| 30 | HR324 | CHEST X-RAY | CCR | | | | | X | | | |
| 30 | HR329 | RADIOLOGY-DIAGNOSTIC OTHER | CCR | | | | | X | | | |

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 |
|----|-------|--------------------------------------|------|---------|----|-----|-----|------|--------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | HR330 | RADIOLOGY-THERAPEUTIC/GEN CLASS | CCR | | | | | X | | | |
| 30 | HR331 | CHEMOTHERAPY-INJECTED | CCR | | | | | X | | | |
| 30 | HR332 | CHEMOTHERAPY-ORAL | CCR | | | | | X | | | |
| 30 | HR333 | RADIATION THERAPY | CCR | | | | | X | | | |
| 30 | HR335 | CHEMOTHERAPY IV | CCR | | | | | X | | | |
| 30 | HR339 | RADIOLOGY-THERAPEUTIC OTHER | CCR | | | | | X | | | |
| 30 | HR340 | NUCLEAR MEDICINE GENERAL | CCR | | | | | X | | | |
| 30 | HR341 | NUCLEAR MEDICINE DIAGNOSTIC | CCR | | | | | X | | | |
| 30 | HR342 | NUCLEAR MEDICINE THERAPEUTIC | CCR | | | | | X | | | |
| 30 | HR343 | DIAGNOSTIC RADIOPHARMACEUTICALS | CCR | | | | | X | | | |
| 30 | HR349 | NUCLEAR MEDICINE OTHER | CCR | | | | | X | | | |
| 30 | HR350 | CT SCAN GENERAL CLASSIFICATION | CCR | | | | | X | | | |
| 30 | HR351 | CT SCAN-HEAD | CCR | | | | | X | | | |
| 30 | HR352 | CT SCAN-BODY | CCR | | | | | X | | | |
| 30 | HR359 | OTHER CT SCANS | CCR | | | | | X | | | |
| 30 | HR361 | OPERATING ROOM SERVICES MINOR SURGER | CCR | | | | | X | | | |
| 30 | HR370 | ANESTHESIA GENERAL | CCR | | | | | X | | | |
| 30 | HR379 | OTHER ANESTHESIA | CCR | | | | | X | | | |
| 30 | HR380 | BLOOD GENERAL CLASSIFICATION | CCR | | | | | X | | | |
| 30 | HR381 | PACKED RED CELLS | CCR | | | | | X | | | |
| 30 | HR382 | WHOLE BLOOD | CCR | | | | | X | | | |
| 30 | HR383 | PLASMA | CCR | | | | | X | | | |
| 30 | HR384 | PLATELETS | CCR | | | | | X | | | |
| 30 | HR385 | BLOOD/LEUKOCYTES | CCR | | | | | X | | | |
| 30 | HR386 | BLOOD OTHER COMPONENTS | CCR | | | | | X | | | |
| 30 | HR387 | BLOOD-OTHER DERIVATIVES | CCR | | | | | X | | | |
| 30 | HR389 | OTHER BLOOD | CCR | | | | | X | | | |
| 30 | HR390 | BLOOD STORAGE-PROCESSING G C | CCR | | | | | X | | | |
| 30 | HR391 | BLOOD ADMINISTRATION | CCR | | | | | X | | | |
| 30 | HR392 | BLOOD PROCESSING STORAGE | CCR | | | | | X | | | |
| 30 | HR399 | OTHER BLOOD HANDLING | CCR | | | | | X | | | |
| 30 | HR400 | OTHER IMAGING SERVICES | CCR | | | | | X | | | |
| 30 | HR401 | DIAGNOSTIC MAMMOGRAPHY | CCR | | | | | X | | | |
| 30 | HR402 | ULTRASOUND | CCR | | | | | X | | | |
| 30 | HR403 | SCREENING MAMMOGRAPHY | CCR | 40 | 99 | | F | X | | | |
| 30 | HR404 | POSITRON EMISSION TOMOGRAPHY | CCR | | | | | X | | | |
| 30 | HR409 | OTHER IMAGING SERVICES | CCR | | | | | X | | | |
| 30 | HR410 | RESPIRATORY SERVICES GEN CLASS | CCR | | | | | X | | | |
| 30 | HR412 | INHALATION SERVICES | CCR | | | | | X | | | |
| 30 | HR413 | HYPERBARIC OXYGEN THERAPY | CCR | | | | X | X | | | |
| 30 | HR419 | OTHER RESPIRATORY SERVICES | CCR | | | | | X | | | |
| 30 | HR420 | PHYSICAL THERAPY GENERAL | HCPC | | | | X | X | | | |
| 30 | HR421 | PHYSICAL THERAPY-VISIT CHARGE | HCPC | | | | X | X | | | |
| 30 | HR422 | PHYSICAL THERAPY-HOURLY CHARGE | HCPC | | | | X | X | | | |
| 30 | HR424 | PT EVALUATION/RE-EVALUATION | HCPC | | | | | X | | | |
| 30 | HR430 | OCCUPATIONAL THERAPY GENERAL | HCPC | | | | X | X | | | |
| 30 | HR431 | OCCUPATIONAL THERAPY-VISIT CHARGE | HCPC | | | | X | X | | | |

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 |
|----|-------|--------------------------------------|------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | HR432 | OCCUPATIONAL THERAPY-HOURLY | HCPC | | X | | | X | | | |
| 30 | HR434 | OT EVALUATION/RE-EVALUATION | HCPC | | | | | X | | | |
| 30 | HR440 | SPEECH/LANGUAGE PATHOLOGY GENERAL | HCPC | | X | | | X | | | |
| 30 | HR441 | SPEECH/LANGUAGE-VISIT CHARGE | HCPC | | X | | | X | | | |
| 30 | HR442 | SPEECH/LANGUAGE HOURLY CHARGE | HCPC | | X | | | X | | | |
| 30 | HR444 | S/L EVALUATION/RE-EVALUATION | HCPC | | | | | X | | | |
| 30 | HR450 | EMERGENCY ROOM-GENERAL | CCR | | | | | X | | | |
| 30 | HR459 | OTHER EMERGENCY ROOM | CCR | | | | | X | | | |
| 30 | HR460 | PULMONARY FUNCTION-GENERAL | CCR | | | | | X | | | |
| 30 | HR469 | OTHER PULMONARY | CCR | | | | | X | | | |
| 30 | HR470 | AUDIOLOGY-GENERAL | CCR | | | | | X | | | |
| 30 | HR471 | AUDIOLGY-DIAGNOSTIC | CCR | | | | | X | | | |
| 30 | HR472 | AUDIOLOGY-TREATMENT | CCR | | | | | X | | | |
| 30 | HR479 | OTHER AUDIOLOGY | CCR | | | | | X | | | |
| 30 | HR480 | CARDIOLOGY-GENERAL | CCR | | | | | X | | | |
| 30 | HR481 | CARDIAC CATH LAB | CCR | | | | | X | | | |
| 30 | HR482 | STRESS TEST | CCR | | | | | X | | | |
| 30 | HR483 | ECHO CARDIOLOGY | CCR | | | | | X | | | |
| 30 | HR489 | OTHER CARDIOLOGY | CCR | | | | | X | | | |
| 30 | HR490 | AMBULATORY SURGICAL CARE GENERAL | HCPC | | | | | X | | | |
| 30 | HR510 | CLINIC-GENERAL | HCPC | | | | | X | | | |
| 30 | HR514 | OB-GYN CLINIC | HCPC | | | | | X | | | |
| 30 | HR515 | PEDIATRIC CLINIC | HCPC | | | | | X | | | |
| 30 | HR517 | FAMILY PRACTICE CLINIC | HCPC | | | | | X | | | |
| 30 | HR519 | OTHER CLINIC | HCPC | | | | | X | | | |
| 30 | HR540 | AMBULANCE-GENERAL | CCR | | | | | X | | | |
| 30 | HR610 | MAGNETIC RESONANCE IMAGE GEN CL | CCR | | | | | X | | | |
| 30 | HR611 | MAGNETIC RESONANCE IMAGE-BRAIN | CCR | | | | | X | | | |
| 30 | HR612 | MAGNETIC RESONANCE IMAGE-SPINE | CCR | | | | | X | | | |
| 30 | HR619 | MAGNETIC RESONANCE IMAGE-OTHER | CCR | | | | | X | | | |
| 30 | HR636 | DRUGS REQUIRING DETAILED CODING | CCR | | | | | X | | | |
| 30 | HR700 | CAST ROOM | CCR | | | | | X | | | |
| 30 | HR710 | RECOVERY ROOM-GENERAL CLASSIFICATION | CCR | | | | | X | | | |
| 30 | HR724 | LBOR ROOM/DELIVERY BIRTHING CENTER | CCR | | | | | X | | | |
| 30 | HR730 | EKG ECG-GENERAL CLASSIFICATION | CCR | | | | | X | | | |
| 30 | HR731 | HOLTER MONITOR | CCR | | | | | X | | | |
| 30 | HR732 | TELEMETRY | CCR | | | | | X | | | |
| 30 | HR739 | OTHER EKG/ECG | CCR | | | | | X | | | |
| 30 | HR740 | EEG-GENERAL CLASSIFICATION | CCR | | | | | X | | | |
| 30 | HR750 | GASTRO-INTEST SERV-GEN CLASSIFICATIO | CCR | | | | | X | | | |
| 30 | HR761 | TREATMENT RM | CCR | | | | | X | | | |
| 30 | HR762 | OBSERVATION ROOM | CCR | | | | | X | | | |
| 30 | HR790 | EXTRA-CORPOREAL SHOCK WAVE THERAPY | CCR | | | | | X | | | |
| 30 | HR820 | HEMDIAL-OUTPAT/HOME GEN CLASSIFICATI | CCR | | | | | X | | | |
| 30 | HR821 | HEMODIALYSIS/COMPOSITE | CCR | | | | | X | | | |
| 30 | HR822 | HOME SUPPLIES-HEMODIALYSIS | CCR | | | | | X | | | |
| 30 | HR823 | HOME EQUIPMENT-HEMODIALYSIS | CCR | | | | | X | | | |

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 |
|----|-------|--------------------------------------|------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | HR824 | MAINTENANCE/100%-HEMODIALYSIS | CCR | | | | | X | | | |
| 30 | HR825 | SUPPORT SERVICES-HEMODIALYSIS | CCR | | | | | X | | | |
| 30 | HR829 | OTHER OP HEMODIALYSIS | CCR | | | | | X | | | |
| 30 | HR830 | PERITONEAL DIALYSIS OP/HM G CLASS | CCR | | | | | X | | | |
| 30 | HR831 | PERITONEAL/COMPOSITE RATE | CCR | | | | | X | | | |
| 30 | HR832 | HOME SUPPLIES-PERITONEAL DIALYSIS | CCR | | | | | X | | | |
| 30 | HR833 | HOME EQUIPMENT-PERITONEAL DIALYSIS | CCR | | | | | X | | | |
| 30 | HR834 | MAINTENANCE/100%-PERITONEAL DIALYSIS | CCR | | | | | X | | | |
| 30 | HR839 | OTHER OUTPATIENT PERITONEAL DIALYSIS | CCR | | | | | X | | | |
| 30 | HR840 | CAPD-HOME/OP GEN CLASS | CCR | | | | | X | | | |
| 30 | HR841 | CAPD/COMPOSITE OR OTHER RATE | CCR | | | | | X | | | |
| 30 | HR850 | GEN CLASSIF-CCP DIALYSIS OP/HM | CCR | | | | | X | | | |
| 30 | HR851 | CCP DIALYSIS/COMPOSITE RATE | CCR | | | | | X | | | |
| 30 | HR855 | SUPPORT SERVICES CCP DIALYSIS | CCR | | | | | X | | | |
| 30 | HR880 | MISC DIALYSIS GEN CLASS | CCR | | | | | X | | | |
| 30 | HR881 | MISC DIALYSIS ULTRAFILTRATION | CCR | | | | | X | | | |
| 30 | HR920 | OTHER DIAG SERV GEN CLASSIFICATION | CCR | | | | | X | | | |
| 30 | HR921 | PERIPHERAL VASCULAR LAB | CCR | | | | | X | | | |
| 30 | HR922 | ELECTROMYELGRAM | CCR | | | | | X | | | |
| 30 | HR923 | PAP SMEAR | CCR | | | | | X | | | |
| 30 | HR924 | ALLERGY TEST | CCR | | | | | X | | | |
| 30 | HR925 | PREGNANCY TEST | CCR | | | | | X | | | |
| 30 | HR929 | OTHER DIAGNOSTIC SERVICE | CCR | | | | | X | | | |
| 30 | HR942 | EDUCATION/ TRAINING | HCPC | | | | | X | | | |
| 30 | J0130 | INJECTION ABCIXIMAB 10 MG | CCR | | | | | X | | | |
| 30 | J0153 | INJECTION, ADENOSINE, 1 MG (NOT TO B | CCR | | | | | X | | | |
| 30 | J0178 | INJECTION, AFLIBERCEPT, 1MG | CCR | | | | | X | | | |
| 30 | J0207 | AMIFOSTINE 500MG | CCR | | | | | | | | |
| 30 | J0275 | ALPROSTADIL URETHRAL SUPPOS | CCR | | | | | | | | |
| 30 | J0278 | AMIKACIN SULFATE INJECTION 100MG | CCR | 00 | 20 | | | X | | | |
| 30 | J0285 | AMPHOTERICIN B 50MG | CCR | 00 | 20 | | | X | | | |
| 30 | J0287 | AMPHOTERICIN B LIPID COMPLEX | CCR | | | | | | | | |
| 30 | J0288 | AMPHO B CHOLESTERYL SULFATE | CCR | | | | | | | | |
| 30 | J0289 | AMPHOTERICIN B LIPOSOME INJ | CCR | | | | | | | | |
| 30 | J0290 | AMPICILLIN SODIUM,500MG INJECTION | CCR | 00 | 20 | | | X | | | |
| 30 | J0295 | AMPICILLIN SODIUM PER 1.5 GM INJ | CCR | 00 | 20 | | | X | | | |
| 30 | J0348 | INJECTION, ANADULAFUNGIN, 1 MG | CCR | 12 | 99 | | | X | | | |
| 30 | J0475 | BACLOFEN INJ 10MG | CCR | 04 | 99 | | | X | | | |
| 30 | J0476 | BACLOFEN INTRATHECAL TRIAL | CCR | 04 | 99 | | | | | | |
| 30 | J0485 | INJECTION, BELATACEPT, 1MG | CCR | | | | | X | | | |
| 30 | J0565 | INJECTION, BEZLOTOXUMAB, 10 MG | MP | | | X | | | 01/01/18 | | |
| 30 | J0570 | BUPRENORPHINE IMPLANT, 74.2 MG | CCR | | | | | | | | |
| 30 | J0587 | INJECTION, RIMABOTULINUMTOXINB, 100 | CCR | | | | | | | | |
| 30 | J0592 | BUPRENORPHINE HYDROCHLORIDE | CCR | | | | | | | | |
| 30 | J0594 | INJECTION, BUSULFAN, 1 MG | CCR | | | | | X | | | |
| 30 | J0596 | INJECTION, C1 ESTERASE INHIBITOR (RE | CCR | | | | | | | | |
| 30 | J0604 | CINACALCET, ORAL, 1 MG, (FOR ESRD ON | MP | | | X | | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | J0606 | INJECTION, ETELCALCETIDE, 0.1 MG | MP | | | X | | | 01/01/18 | | |
| 30 | J0610 | CALCIUM GLUCONATE INJ.10ML | CCR | | | | | | | | |
| 30 | J0636 | INJECTION, CALCITRIOL, 0.1 MCG | CCR | | | | | X | | | |
| 30 | J0637 | CASPOFUNGIN ACETATE | CCR | | | | | | | | |
| 30 | J0640 | CALCIUM LEUCOVORIN INJ. 50MG | CCR | | | | | X | | | |
| 30 | J0690 | CEFAZOLIN SODIUM INJ 500MG | CCR | 00 20 | | | | X | | | |
| 30 | J0692 | CEFEPIME HCL 500 MG | CCR | 00 20 | | | | X | | | |
| 30 | J0694 | CEFOXITIN SODIUM, 1GM | CCR | 00 20 | | | | X | | | |
| 30 | J0695 | INJECTION, CEFTOLOZANE 50 MG AND TAZ | MP | | | X | | | 01/01/16 | | |
| 30 | J0696 | CEFTRIAXONE SODIUM 250MG ROCEPHIN | CCR | | | | | X | | | |
| 30 | J0697 | STERILE CEFUROXIME SODIUM 750MG | CCR | 00 20 | | | | X | | | |
| 30 | J0698 | CEFOTAXIME SODIUM/PER GM | CCR | 00 20 | | | | X | | | |
| 30 | J0706 | CAFFEINE CITRATE INJECTION 5MG | CCR | | | | | | | | |
| 30 | J0712 | INJECTION, CEFTAROLINE FOSAMIL, 10 M | CCR | | | | | X | | | |
| 30 | J0713 | CEFTAZIDIME 500MG | CCR | 00 20 | | | | X | | | |
| 30 | J0714 | INJECTION, CEFTAZIDIME AND AVIBACTAM | CCR | | | | | X | | | |
| 30 | J0715 | CEFTIZOXIME SODIUM, 500 MG | CCR | 00 20 | | | | X | | | |
| 30 | J0716 | INJECTION, CENTRUROIDES IMMUNE F(AB) | CCR | | | | | X | | | |
| 30 | J0720 | CHLORAMPHENICOL SODIUM SUCC UPTO 1GM | CCR | 00 20 | | | | X | | | |
| 30 | J0744 | CIPROFLOXACIN IV | CCR | | | | | | | | |
| 30 | J0770 | COLISTIMETHATE INJ, UP TO 150MG | CCR | 00 20 | | | | X | | | |
| 30 | J0780 | COMPAZINE INJ, UP TO 10MG | CCR | | | | | X | | | |
| 30 | J0840 | INJECTION, CROTALIDAE POLYVALENT IMM | CCR | | | | | | | | |
| 30 | J0875 | INJECTION, DALBAVANCIN, 5MG | CCR | | | | | | | | |
| 30 | J0881 | DARBEPOETIN ALFA, NON-ESRD 1MCG | CCR | 10 99 | | | | X | | | |
| 30 | J0885 | EPOETIN ALFA, NON-ESRD 1000 U | CCR | | | | | X | | | |
| 30 | J1050 | INJECTION, MEDROXYPROGESTERONE ACETA | CCR | 10 55 | | | F | X | | | |
| 30 | J1094 | INJ DEXAMETHASONE ACETATE | CCR | | | | | | | | |
| 30 | J1100 | DEXAMETHOSONE INJ, 1MG | CCR | | | | | X | | | |
| 30 | J1190 | DEXRAZOXANE HCL 250MG | CCR | | | | | | | | |
| 30 | J1200 | DIPHENHYDRAMINE HCL INJ(BENDARY) 50MG | CCR | | | | | X | | | |
| 30 | J1260 | DOLASETRON MESYLATE INJ 10MG | CCR | | | | | X | | | |
| 30 | J1364 | ERYTHRO LACTOBIONATE 500MG | CCR | 00 20 | | | | X | | | |
| 30 | J1428 | INJECTION, ETEPLIRSEN, 10 MG | MP | | | X | | | 01/01/18 | | |
| 30 | J1442 | INJECTION, FILGRASTIM (G-CSF), 1 MIC | CCR | | | | | X | | | |
| 30 | J1443 | INJECTION, FERRIC PYROPHOSPHATE CITR | MP | | | X | | | 01/01/16 | | |
| 30 | J1447 | INJECTION, TBO-FILGRASTIM, 1 MICROGR | CCR | | | | | | | | |
| 30 | J1450 | FLUCONAZOLE 200MG | CCR | 00 20 | | | | X | | | |
| 30 | J1453 | INJECTION, FOSAPREPITANT, 1 MG | CCR | | | | | X | | | |
| 30 | J1555 | INJECTION, IMMUNE GLOBULIN (CUVITRU) | CCR | | | | | | | | |
| 30 | J1556 | INJECTION, IMMUNE GLOBULIN (BIVIGAM) | CCR | | | X | | X | | | |
| 30 | J1575 | INJECTION, IMMUNE GLOBULIN/HYALURONI | CCR | | | | | | | | |
| 30 | J1580 | GENTAMYCIN, UP TO 80MG | CCR | 00 20 | | | | X | | | |
| 30 | J1626 | GRANISETRON HCL INJECTION | CCR | | | | | X | | | |
| 30 | J1627 | INJECTION, GRANISETRON, EXTENDED-REL | CCR | | | | | | | | |
| 30 | J1642 | HEPARIN SODIUM 10U (HEPLOCK) | CCR | | | | | X | | | |
| 30 | J1644 | HEPARIN SODIUM INJ 1000U | CCR | | | | | X | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | J1650 | ENOXAPARIN SODIUM, 10MG | CCR | | | | | X | | | |
| 30 | J1652 | FONDAPARINUX SODIUM | CCR | | | | | | | | |
| 30 | J1655 | TINZAPARIN SODIUM INJ 1000 IVS | CCR | | | | | | | | |
| 30 | J1720 | HYDROCORTISONE SODIUM 100MG | CCR | | | | | X | | | |
| 30 | J1726 | INJECTION, HYDROXYPROGESTERONE CAPRO | CCR | 10 60 | | | F | X | | | |
| 30 | J1729 | INJECTION, HYDROXYPROGESTERONE CAPRO | MP | | | X | | | 01/01/18 | | |
| 30 | J1744 | INJECTION, ICATIBANT, 1MG | CCR | | | | | X | | | |
| 30 | J1745 | INJ INFLIXIMAB 10MG | CCR | | | | | X | | | |
| 30 | J1756 | INJECTION,IRON SUCROSE,1MG | CCR | | | | | X | | | |
| 30 | J1815 | INSULIN INJECTION | CCR | | | | | | | | |
| 30 | J1817 | INSULIN FOR INSULIN PUMP USE | CCR | | | | | | | | |
| 30 | J1833 | INJECTION, ISAVUCONAZONIUM, 1 MG | CCR | | | | | | | | |
| 30 | J1835 | INTRACONAZOLE INJ | CCR | | | | | | | | |
| 30 | J1840 | KANAMYCIN SULFATE, UP TO 500MG | CCR | 00 20 | | | | X | | | |
| 30 | J1950 | LEUPROLIDE ACETATE /3.75 MG | CCR | | | | | | | | |
| 30 | J1956 | LEVOFLOXACIN, 250MG | CCR | 18 20 | | | | X | | | |
| 30 | J2010 | LINCOMYCIN, HCL, UP TO 300MG | CCR | 00 20 | | | | X | | | |
| 30 | J2020 | LINEZOLID INJ, 200MG | CCR | | | | | X | | | |
| 30 | J2175 | INJECTION MEPERIDINE HCL | CCR | | | | | | | | |
| 30 | J2212 | INJECTION, METHYLNALTREXONE, 0.1MG | CCR | | | | | X | | | |
| 30 | J2248 | INJECTION, MICAFUNGIN SODIUM, 1 MG | CCR | 12 99 | | | | X | | | |
| 30 | J2265 | INJECTION, MINOCYCLINE HYDROCHLORIDE | CCR | | | | | X | | | |
| 30 | J2310 | INJ, NALOXONE HYDROCHLORIDE,1 MG | CCR | | | | | X | | | |
| 30 | J2323 | INJECTION, NATALIZUMAB, 1 MG | CCR | | | | | X | | | |
| 30 | J2326 | INJECTION, NUSINERSEN, 0.1 MG | MP | | | X | | | 01/01/18 | | |
| 30 | J2350 | INJECTION, OCRELIZUMAB, 1 MG | CCR | | | | | | | | |
| 30 | J2353 | OCTREOTIDE INJ, DEPOT 1MG | CCR | | | | | | | | |
| 30 | J2354 | OCTRETIDE, NON-DEPOT 25 MCG | CCR | | | | | X | | | |
| 30 | J2355 | OPRELVEKIN INJ 5MG | CCR | | | | | | | | |
| 30 | J2405 | ODANSETRON HYDROCHLORIDE, PER 1 MG | CCR | | | | | X | | | |
| 30 | J2407 | INJECTION, ORITAVANCIN, 10 MG | CCR | | | | | | | | |
| 30 | J2425 | PALIFERMIN INJECTION 50MCG | CCR | | | | | X | | | |
| 30 | J2430 | PAMIDRONATE DISODIUM 30MG | CCR | | | | | X | | | |
| 30 | J2460 | OXYTETRACYCLINE,UP TO 50MG | CCR | 08 20 | | | | X | | | |
| 30 | J2469 | PALONOSETRON HCL | CCR | | | | | X | | | |
| 30 | J2501 | PARICALCITOL | CCR | | | | | | | | |
| 30 | J2502 | INJECTION, PASIREOTIDE LONG ACTING, | MP | | | X | | | 01/01/16 | | |
| 30 | J2505 | PEGFILGRASTIM 6MG | CCR | | | | | | | | |
| 30 | J2510 | PCN G PROCAINE AQ, UP TO 600,000 U | CCR | 00 20 | | | | X | | | |
| 30 | J2540 | PCN G POTASSIUM,UP TO 600,000U | CCR | 00 20 | | | | X | | | |
| 30 | J2547 | INJECTION, PERAMIVIR, 1 MG | CCR | | | | | | | | |
| 30 | J2550 | PHENERGAN INJ, UP TO 50MG | CCR | | | | | X | | | |
| 30 | J2700 | OXACILLIN SODIUM,UP TO 250MG | CCR | 00 20 | | | | X | | | |
| 30 | J2720 | INJECTION PROTAMINE SULFATE PER 10MG | CCR | | | | | | | | |
| 30 | J2765 | REGLAN INJ, UP TO 10MG | CCR | | | | | X | | | |
| 30 | J2770 | QUINUPRISTIN / DALFOPRISTIN, 500MG | CCR | 16 20 | | | | | | | |
| 30 | J2788 | RHO D IMMUNE GLOBULIN 50 MCG | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | J2790 | RHOGAM INJ, RHO D IMMUNE GLOBULE | CCR | | | | | X | | | |
| 30 | J2791 | INJECTION,RHO (D) IMMUNE GLOBULIN (H | CCR | | | | | | | | |
| 30 | J2792 | RHO(D) IMMUNE GLOBULIN H, SD | CCR | | | | | | | | |
| 30 | J2820 | SARGRAMOSTIM 50MCG | CCR | | | | | X | | | |
| 30 | J2860 | INJECTION, SILTUXIMAB, 10 MG | MP | | | X | | | 01/01/16 | | |
| 30 | J2910 | GOLD THERAPY INJ-ARTHRITIS | CCR | | | | | X | | | |
| 30 | J2916 | NA FERRIC GLUCONATE COMPLEX | CCR | | | | | | | | |
| 30 | J2941 | SOMATROPIN INJ 1MG | CCR | | | | | | | | |
| 30 | J3000 | STREPTOMYCIN, UP TO 1GM | CCR | 00 20 | | | | X | | | |
| 30 | J3060 | INJECTION, TALIGLUCERACE ALFA, 10 UN | CCR | | | X | | X | | | |
| 30 | J3070 | INJECTION PENTAZOCINE 30 MG | CCR | | | | | | | | |
| 30 | J3090 | INJECTION, TEDIZOLID PHOSPHATE, 1 MG | CCR | | | | | | | | |
| 30 | J3243 | INJECTION, TIGECYCLINE, 1 MG | CCR | 00 20 | | | | X | | | |
| 30 | J3250 | INJECTION TRIMETHOBENZAMIDE HCL | CCR | | | | | | | | |
| 30 | J3260 | TOBRAMYCIN SULFATE,UP TO 80MG | CCR | 00 20 | | | | X | | | |
| 30 | J3315 | TRIPTORELIN PAMOATE | CCR | | | | | | | | |
| 30 | J3358 | USTEKINUMAB, FOR INTRAVENOUS INJECTI | CCR | | | | | | | | |
| 30 | J3360 | INJECTION DIAZEPAM UP TO 5 MG | CCR | | | | | | | | |
| 30 | J3370 | VANCOMYCIN HCL, 500MG | CCR | 00 20 | | | | X | | | |
| 30 | J3380 | INJECTION, VEDOLIZUMAB, 1 MG | CCR | | | | | | | | |
| 30 | J3485 | ZIDOVUDINE, 10MG | CCR | 00 20 | | | | X | | | |
| 30 | J3489 | INJECTION, ZOLEDRONIC ACID, 1 MG | CCR | | | | | X | | | |
| 30 | J3490 | UNCLASSIFIED DRUGS (17P 250MG IM) | CCR | 10 60 | | | F | | | | |
| 30 | J3590 | UNCLASSIFIED BIOLOGICS | CCR | | | | | | | | |
| 30 | J7030 | NORMAL SALINE SOL INFUSION, 1 | CCR | | | | | X | | | |
| 30 | J7040 | NORMAL SALINE, 500ML | CCR | | | | | X | | | |
| 30 | J7050 | NORMAL SALINE SOL 250 ML | CCR | | | | | X | | | |
| 30 | J7060 | DEXTROSE/WATER 5%, 500ML | CCR | | | | | X | | | |
| 30 | J7120 | RINGERS INJ, UP TO 1000 CC | CCR | | | | | X | | | |
| 30 | J7121 | 5% DEXTROSE IN LACTATED RINGERS INFU | MP | | | X | | | 01/01/16 | | |
| 30 | J7175 | INJECTION, FACTOR X, (HUMAN), 1 IU. | CCR | | | | | X | | | |
| 30 | J7178 | INJECTION, HUMAN FIBRINOGEN CONCENTR | CCR | | | | | | | | |
| 30 | J7179 | INJECTION, VON WILLEBRAND FACTOR (RE | CCR | | | | | X | | | |
| 30 | J7181 | INJECTION, FACTOR XIII A-SUBUNIT, (R | CCR | | | | | X | | | |
| 30 | J7182 | INJECTION, FACTOR VIII, (ANTIHEMOPHI | CCR | | | | | X | | | |
| 30 | J7190 | FACTOR VIII ANTIHEMOPHILIC FACTOR HU | CCR | | | | | X | | | |
| 30 | J7200 | INJECTION, FACTOR IX, (ANTIHEMOPHILI | CCR | | | | | X | | | |
| 30 | J7201 | INJECTION, FACTOR IX, FC FUSION PROT | CCR | | | | | X | | | |
| 30 | J7202 | INJECTION, FACTOR IX, ALBUMIN FUSION | CCR | | | | | X | | | |
| 30 | J7207 | INJECTION, FACTOR VIII, (ANTIHEMOPHI | CCR | | | | | X | | | |
| 30 | J7209 | INJECTION, FACTOR VIII, (ANTIHEMOPHI | CCR | | | | | X | | | |
| 30 | J7210 | INJECTION, FACTOR VIII, (ANTIHEMOPHI | MP | | | X | | | 01/01/18 | | |
| 30 | J7296 | LEVONORGESTREL-RELEASING INTRAUTERIN | 908.97 | 10 60 | | | F | | 01/01/18 | | |
| 30 | J7297 | LEVONORGESTREL-RELEASING INTRAUTERIN | 684.38 | 10 60 | | | F | | 01/01/18 | | |
| 30 | J7298 | LEVONORGESTREL-RELEASING INTRAUTERIN | 908.97 | 10 60 | | | F | | 01/01/18 | | |
| 30 | J7300 | INTRAUTERINE COPPER CONTRACEPTIVE | 808.50 | 10 60 | | | F | | 01/01/18 | | |
| 30 | J7301 | LEVONORGESTREL-RELEASING INTRAUTERIN | 756.87 | 10 60 | | | F | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | J7307 | ETONOGESTREL (CONTRACEPTIVE) IMPLANT | 890.30 | 10 60 | | | F | | 07/01/18 | | |
| 30 | J7316 | INJECTION, OCRIPLASMIN, 0.125 MG | CCR | | | | | | | | |
| 30 | J7320 | HYALURONAN OR DERIVATIVE, GENVISC 85 | CCR | | | | | | | | |
| 30 | J7340 | CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERA | MP | | | X | | | 01/01/16 | | |
| 30 | J7345 | AMINOLEVULINIC ACID HCL FOR TOPICAL | MP | | | X | | | 01/01/18 | | |
| 30 | J7503 | TACROLIMUS, EXTENDED RELEASE, (ENVAR | CCR | | | | | | | | |
| 30 | J7512 | PREDNISONE, IMMEDIATE RELEASE OR DEL | CCR | | | | | | | | |
| 30 | J7513 | DACLIZUMAB PARENTERAL 25MG | CCR | | | | | | | | |
| 30 | J7527 | EVEROLIMUS, ORAL, 0.25MG | CCR | | | | | X | | | |
| 30 | J7999 | COMPOUNDED DRUG, NOT OTHERWISE CLASS | MP | | | X | | | 01/01/16 | | |
| 30 | J8655 | NETUPITANT 300 MG AND PALONOSETRON 0 | CCR | | | | | | | | |
| 30 | J9000 | DOXORUBICIN HCL 10MG | CCR | | | | | X | | | |
| 30 | J9015 | ALDESLEUKIN/SINGLE USE VIAL | CCR | | | | | | | | |
| 30 | J9017 | ARSENIC TRIOXIDE 1MG | CCR | | | | | X | | | |
| 30 | J9019 | INJECTION, ASPARAGINASE (ERWINAZE) | CCR | | | | | X | | | |
| 30 | J9020 | ASPARAGINASE, 10,000 UNITS | CCR | | | | | X | | | |
| 30 | J9022 | INJECTION, ATEZOLIZUMAB, 10 MG | CCR | | | | | | | | |
| 30 | J9023 | INJECTION, AVELUMAB, 10 MG | CCR | | | | | | | | |
| 30 | J9025 | AZACITIDINE INJECTION 1MG | CCR | | | | | X | | | |
| 30 | J9027 | CLOFARABINE INJECTION 1MG | CCR | 01 21 | | | | X | | | |
| 30 | J9034 | INJECTION, BENDAMUSTINE HCL (BENDEKA | CCR | 18 99 | | | | X | | | |
| 30 | J9035 | BEVACIZUMAB 10MG | CCR | | | | | X | | | |
| 30 | J9040 | BLEOMYCIN INJ, 15 UNITS | CCR | | | | | X | | | |
| 30 | J9041 | BORTEZOMIB INJECTION 0.1MG | CCR | | | | | X | | | |
| 30 | J9042 | INJECTION, BRENTUXIMAB VEDOTIN, 1MG | CCR | | | | | X | | | |
| 30 | J9043 | INJECTION, CABAZITAXEL, 1 MG | CCR | | | | | X | | | |
| 30 | J9045 | CARBOPLATIN INJ 50MG. | CCR | | | | | X | | | |
| 30 | J9047 | INJECTION, CARFILZOMIB, 1 MG | CCR | | | | | X | | | |
| 30 | J9050 | CARMUSTINE, 100MG | CCR | | | | | X | | | |
| 30 | J9055 | CETUXIMAB 10 MG | CCR | | | | | X | | | |
| 30 | J9060 | CISPLATIN 10MG | CCR | | | | | X | | | |
| 30 | J9065 | CLADRIBINE INJ 1MG | CCR | | | | | X | | | |
| 30 | J9070 | CYTOXIN INJ 100MG | CCR | | | | | X | | | |
| 30 | J9098 | CYTARABINE LIPSOME 10MG | CCR | | | | | X | | | |
| 30 | J9100 | CYTARABINE 100 MG | CCR | | | | | X | | | |
| 30 | J9120 | DACTINOMYCIN 0.5MG | CCR | | | | | X | | | |
| 30 | J9130 | DTIC-DOME INJ 100MG/10ML | CCR | | | | | X | | | |
| 30 | J9145 | INJECTION, DARATUMUMAB, 10 MG | CCR | 18 99 | | | | X | | | |
| 30 | J9150 | DAUNORUBICIN 10 MG | CCR | | | | | X | | | |
| 30 | J9151 | DAUNORUBICIN CITRATE 10MG | CCR | | | | | X | | | |
| 30 | J9160 | DENILEUKIN DIFTITOX, 300 MCG | CCR | | | | | | | | |
| 30 | J9171 | INJECTION, DOCETAXEL, 1 MG | CCR | | | | | X | | | |
| 30 | J9176 | INJECTION, ELOTUZUMAB, 1 MG | CCR | 18 99 | | | | X | | | |
| 30 | J9178 | INJ, EPIRUBICIN HCL, 2 MG | CCR | | | | | X | | | |
| 30 | J9179 | INJECTION, ERIBULIN MESYLATE, 0.1 MG | CCR | | | | | X | | | |
| 30 | J9181 | ETOPOSIDE INJ, UP TO 10MG | CCR | | | | | X | | | |
| 30 | J9185 | FLUDARABINE PHOSPHATE, 50 MG | CCR | | | | | X | | | |

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FEBRUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|-----|---------|----|-----|-----|------|--------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | J9190 | FLUOROURACIL INJ, 500MG | CCR | | | | | X | | | |
| 30 | J9200 | FLOXURIDINE, FUDR, 500MG | CCR | | | | | | | | |
| 30 | J9201 | GEMCITABINE HCL, 200MG | CCR | | | | | X | | | |
| 30 | J9202 | GOSERELIN ACETATE IMP (ZOLADEX)3.6MG | CCR | | | | | X | | | |
| 30 | J9203 | INJECTION, GEMTUZUMAB OZOGAMICIN, 0. | CCR | | | | | | | | |
| 30 | J9205 | INJECTION, IRINOTECAN LIPOSOME, 1 MG | CCR | 18 99 | | | | X | | | |
| 30 | J9206 | IRINOTECAN, 20MG | CCR | | | | | X | | | |
| 30 | J9208 | IFOSFOMIDE, 1GM | CCR | | | | | X | | | |
| 30 | J9209 | MESNA, 200MG | CCR | | | | | X | | | |
| 30 | J9211 | IDARUBICIN HYDROCHLORIDE 5MG | CCR | | | | | X | | | |
| 30 | J9212 | INTERFERON ALFA-1 1MCG | CCR | | | | | X | | | |
| 30 | J9214 | INTERFERON, ALFA- 2B, RECOMB 1 MIL | CCR | | | | | X | | | |
| 30 | J9217 | LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG | CCR | | | | | X | | | |
| 30 | J9219 | LEUPROLIDE ACETATE IMPLANT 65 MG | CCR | | | | | | | | |
| 30 | J9225 | HISTRELIN IMPLANT (VANTAS), 50MG | CCR | | | | M | | | | |
| 30 | J9228 | INJECTION, IPILIMUMAB, 1 MG | CCR | | | | | X | | | |
| 30 | J9230 | MUSTARGEN INJ 10MG | CCR | | | | | X | | | |
| 30 | J9245 | MELPHALAN HCL INJ 50MG | CCR | | | | | | | | |
| 30 | J9250 | METHOTREXATE SOD INJ, 5 MG | CCR | | | | | X | | | |
| 30 | J9260 | METHOTREXATE SOD INJ 50MG | CCR | | | | | X | | | |
| 30 | J9261 | INJECTION, NELARABINE, 50 MG | CCR | | | | | X | | | |
| 30 | J9262 | INJECTION, OMACETAXINE MEPESUCCINATE | CCR | | | | | X | | | |
| 30 | J9263 | OXALIPLATIN 0.5MG | CCR | | | | | X | | | |
| 30 | J9264 | PACLITAXEL INJECTION 1MG | CCR | 10 99 | | | | X | | | |
| 30 | J9267 | INJECTION, PACLITAXEL, 1 MG | CCR | | | | | X | | | |
| 30 | J9268 | PENTOSTATIN, PER 10 MG | CCR | | | | | X | | | |
| 30 | J9280 | MITOMYCIN 5 MG | CCR | | | | | X | | | |
| 30 | J9285 | INJECTION, OLARATUMAB, 10 MG | CCR | | | | | | | | |
| 30 | J9293 | MITOXANTRONE HCL 5MG | CCR | | | | | X | | | |
| 30 | J9295 | INJECTION, NECITUMUMAB, 1 MG | CCR | 18 99 | | | | X | | | |
| 30 | J9301 | INJECTION, OBINUTUZUMAB, 10 MG | CCR | | | | | X | | | |
| 30 | J9303 | INJECTION, PANITUMUMAB, 10 MG | CCR | | | | | X | | | |
| 30 | J9305 | PEMETREXED 10 MG | CCR | | | | | X | | | |
| 30 | J9306 | INJECTION, PERTUZUMAB, 1 MG | CCR | | | | | X | | | |
| 30 | J9310 | RITUXIMAB 100 MG | CCR | | | | | X | | | |
| 30 | J9320 | STREPTOZOCIN, 1GM | CCR | | | | | X | | | |
| 30 | J9325 | INJECTION, TALIMOGENE LAHERPAREPVEC, | CCR | 18 99 | | | | X | | | |
| 30 | J9330 | INJECTION, TEMSIROLIMUS, 1 MG | CCR | | | | | X | | | |
| 30 | J9340 | THIOTEPA, 15MG | CCR | | | | | X | | | |
| 30 | J9352 | INJECTION, TRABECTEDIN, 0.1 MG | CCR | 18 99 | | | | X | | | |
| 30 | J9354 | INJECTION, ADO-TRASTUZUMAB EMTANSINE | CCR | | | | | X | | | |
| 30 | J9355 | TRASTUZUMAB 10MG | CCR | | | | | X | | | |
| 30 | J9357 | VALRUBICIN, INTRAVESICAL, 200 MG | CCR | | | | | X | | | |
| 30 | J9360 | VINBLASTINE SULF 1MG | CCR | | | | | X | | | |
| 30 | J9370 | ONCOVIN INJ 1MG | CCR | | | | | X | | | |
| 30 | J9371 | INJECTION, VINCRISTINE SULFATE LIPOS | CCR | | | | | X | | | |
| 30 | J9390 | VINORELDINE TARTRATE 10MG | CCR | | | | | X | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | J9395 | FULVESTRANT 25 MG | CCR | | | | | X | | | |
| 30 | J9400 | INJECTION, ZIV-AFLIBERCEPT, 1 MG | CCR | | | | | X | | | |
| 30 | P9612 | CATHETERIZE FOR URINE SPECIMEN | 2.60 | | | | | | 01/01/18 | | |
| 30 | 10021 | FNA W/O IMAGE | CCR | | | | | | | | |
| 30 | 10035 | PLACEMENT OF SOFT TISSUE LOCALIZATIO | CCR | | | | | | | | |
| 30 | 10036 | PLACEMENT OF SOFT TISSUE LOCALIZATIO | CCR | | | | | | | | |
| 30 | 11000 | DEBRIDE EXT ECZEM/INFECT SKN;TO 10% | CCR | | | | | | | | |
| 30 | 11001 | EACH ADD 10% BODT SURF. DEBRIDEMENT | CCR | | | | | X | | | |
| 30 | 11045 | DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN | CCR | | | | | | | | |
| 30 | 11046 | DEBRIDEMENT, MUSCLE AND/OR FASCIA (I | CCR | | | | | | | | |
| 30 | 11047 | DEBRIDEMENT, BONE (INCLUDES EPIDERMI | CCR | | | | | | | | |
| 30 | 11055 | TRIM SKIN LESION | CCR | | | | | | | | |
| 30 | 11056 | TRIM 2 TO 4 SKIN LESIONS | CCR | | | | | | | | |
| 30 | 11057 | TRIM OVER 4 SKIN LESIONS | CCR | | | | | | | | |
| 30 | 11100 | BIOPSY OF SINGLE LESION | CCR | | | X | | | | | |
| 30 | 11101 | IOPSY OF SKIN,EACH ADD LESION | CCR | | | | | X | | | |
| 30 | 11200 | EXCISE UP TO 15 SKIN TAGS | CCR | | | | | | | | |
| 30 | 11201 | EXCISE SKIN TAGS, EA ADD 10 LESIONS | CCR | | | | | X | | | |
| 30 | 11300 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11301 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11302 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11303 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11305 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11306 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11307 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11308 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11310 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11311 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11312 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11313 | SHAVING OF EPIDERMAL OR DERMAL LESIO | CCR | | | | | | | | |
| 30 | 11600 | EXCISE MALIGNANCY TO 0.5 CM | CCR | | X | | | X | | | |
| 30 | 11620 | EXCISE MALIGNANCY TO 0.5CM | CCR | | X | | | X | | | |
| 30 | 11621 | EXCISE MALIGNANCY 0.6 TO 1CM | CCR | | X | | | X | | | |
| 30 | 11623 | EXCISE MALIGNANCY 2.1 TO 3CM | CCR | | X | | | X | | | |
| 30 | 11643 | EXCISE MALIGNANCY 2.1 TO 3CM | CCR | | X | | | X | | | |
| 30 | 11719 | TRIM NAIL(S) | CCR | | | X | | | | | |
| 30 | 11720 | DEBRIDE NAIL, 1-5 | CCR | | X | | | | | | |
| 30 | 11721 | DEBRIDE NAIL, 6 OR MORE | CCR | | X | | | | | | |
| 30 | 11730 | SIMPLE REMOVAL OF NAIL PLATE | CCR | | X | | | | | | |
| 30 | 11732 | REMOVE ADDITIONAL NAIL PLATES | CCR | | X | | | X | | | |
| 30 | 11740 | EVACUATE HEMATOMA UNDER NAIL | CCR | | X | | | X | | | |
| 30 | 11760 | SIMPLE RECONSTRUCTION NAIL BED | CCR | | X | | | X | | | |
| 30 | 11762 | NAIL RECONSTRUCTION; COMPLICATED | CCR | | X | | | X | | | |
| 30 | 11765 | WEDGE EXCISION,SKIN OF NAIL FOLD | CCR | | | | | X | | | |
| 30 | 11900 | INTRALESIONAL INJECTION; UP TO 7 | CCR | | | | | | | | |
| 30 | 11901 | INTRALESIONAL INJECTION; OVER 7 | CCR | | | | | | | | |
| 30 | 11976 | REMOVAL WITHOUT REINSERTION, IMPLANT | CCR | 10 | 60 | | F | | | | |

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

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 11980 | IMPLANT HORMONE PELLETT(S) | CCR | | | | F | | | | |
| 30 | 11981 | INSERT DRUG IMPLANT DEVICE | CCR | | | | | | | | |
| 30 | 11982 | REMOVE DRUG IMPLANT DEVICE | CCR | | | | | | | | |
| 30 | 11983 | REMOVE/INSERT DRUG IMPLANT | CCR | | | | | | | | |
| 30 | 15002 | WOUND PREP, TRK/ARM/LEG | CCR | | | | | | | | |
| 30 | 15003 | SURGICAL PREPARATION OR CREATION + | CCR | | | | | X | | | |
| 30 | 15004 | WOUND PREP, F/N/HF/G | CCR | | | | | | | | |
| 30 | 15005 | SURGICAL PREPARATION OR CREATION + | CCR | | | | | X | | | |
| 30 | 15271 | APPLICATION OF SKIN SUBSTITUTE GRAFT | CCR | | | | | | | | |
| 30 | 15272 | APPLICATION OF SKIN SUBSTITUTE GRAFT | CCR | | | | | X | | | |
| 30 | 15273 | APPLICATION OF SKIN SUBSTITUTE GRAFT | CCR | | | | | | | | |
| 30 | 15274 | APPLICATION OF SKIN SUBSTITUTE GRAFT | CCR | | | | | | | | |
| 30 | 15275 | APPLICATION OF SKIN SUBSTITUTE GRAFT | CCR | | | | | | | | |
| 30 | 15276 | APPLICATION OF SKIN SUBSTITUTE GRAFT | CCR | | | | | X | | | |
| 30 | 15277 | APPLICATION OF SKIN SUBSTITUTE GRAFT | CCR | | | | | | | | |
| 30 | 15278 | APPLICATION OF SKIN SUBSTITUTE GRAFT | CCR | | | | | | | | |
| 30 | 15731 | FOREHEAD FLAP WITH PRESERVATION OF V | CCR | | | | | | | | |
| 30 | 15756 | FREE MUSCLE FLAP, MICROVASC | CCR | | | | | | | | |
| 30 | 15757 | FREE SKIN FLAP, MICROVASC | CCR | | | | | | | | |
| 30 | 15758 | FREE FASCIAL FLAP, MICROVASC | CCR | | | | | | | | |
| 30 | 15830 | EXCISION, EXCESSIVE SKIN AND SUBCUTA | CCR | | | X | | | | | |
| 30 | 15847 | EXCISION, EXCESSIVE SKIN AND SUBCU + | CCR | | | X | | | | | |
| 30 | 16000 | INIT TREAT 1ST DEGREE BURN | CCR | | | | | | | | |
| 30 | 17000 | DESTROY LESION,FACE-1 LESION | CCR | | | | | | | | |
| 30 | 17003 | DESTROY 2-14 LESIONS | CCR | | | | | X | | | |
| 30 | 17004 | DESTROY 15 & MORE LESIONS | CCR | | | | | | | | |
| 30 | 17106 | DESTRUCT CUT AN VASC LESIONS<10SQ CM | CCR | | | | | | | | |
| 30 | 17107 | DESTRUCT CUT VASC LESIONS 10-50SQ CM | CCR | | | | | | | | |
| 30 | 17110 | DESTROY FLAT WARTS,ANY METHOD,T0 15 | CCR | | | | | | | | |
| 30 | 17111 | DESTRUCT LESION, 15 OR MORE | CCR | | | | | | | | |
| 30 | 17250 | CHEMICAL CAUTERY OF WOUND | CCR | | | | | | | | |
| 30 | 17260 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17261 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17262 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17263 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17264 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17266 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17270 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17271 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17272 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17273 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17274 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17276 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17280 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17281 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17282 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17283 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |

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 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 17284 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17286 | DESTRUCTION, MALIGNANT LESION, ANY M | CCR | | | | | | | | |
| 30 | 17311 | MOHS MICROGRAPHIC TECHNIQUE, INCLUDI | CCR | | | | | | | | |
| 30 | 17312 | MOHS MICROGRAPHIC TECHNIQUE, INCLU + | CCR | | | | | | | | |
| 30 | 17313 | MOHS MICROGRAPHIC TECHNIQUE, INCLUDI | CCR | | | | | | | | |
| 30 | 17314 | MOHS MICROGRAPHIC TECHNIQUE, INCLU + | CCR | | | | | | | | |
| 30 | 17315 | MOHS MICROGRAPHIC TECHNIQUE, INCLU + | CCR | | | | | | | | |
| 30 | 19030 | INJEC FOR MAMM DUCTOG OR GALACTOGRAM | CCR | | | | | | | | |
| 30 | 19105 | ABLATION, CRYOSURGICAL, OF FIBROADEN | CCR | | | | | | | | |
| 30 | 19260 | EXCISE CHEST WALL TUMOR/RIBS | CCR | | | | | | | | |
| 30 | 19271 | EXC CH TUMOR/RIBS PLAST RECONST | CCR | | | | | | | | |
| 30 | 19272 | EXC CH TUMOR/MEDIAST LYMPHADECT | CCR | | | | | | | | |
| 30 | 19294 | PREPARATION OF TUMOR CAVITY, WITH PL | CCR | | | | | | X | | |
| 30 | 19305 | MASTECTOMY, RADICAL, INCLUDING PECTO | CCR | | | | | | | | |
| 30 | 19306 | MASTECTOMY, RADICAL, INCLUDING PECTO | CCR | | | | | | | | |
| 30 | 19364 | RECONSTRUCTION BREAST-FREE FLAP | CCR | | | X | F | | | | |
| 30 | 19367 | BREAST RECONSTRUCTION | CCR | | | X | F | | | | |
| 30 | 19368 | BREAST RECONSTRUCTION | CCR | | | X | F | | | | |
| 30 | 19369 | BREAST RECONSTRUCTION | CCR | | | X | F | | | | |
| 30 | 20150 | EXCISE EPIPHYSEAL BAR | CCR | | | | | | | | |
| 30 | 20526 | THER INJECTION CARPAL TUNNEL | CCR | | | | | | | | |
| 30 | 20527 | INJECTION OF ENZYME IN PALM TISSUE | CCR | | | | | | | | |
| 30 | 20550 | INJECTIONS OF TENDON SHEATH, LIGAMEN | CCR | | | | | | X | | |
| 30 | 20551 | INJECT TENDON ORIGIN/INSERT | CCR | | | | | | | | |
| 30 | 20552 | INJECT TRIGGER POINT, 1 OR 2 | CCR | | | | | | | | |
| 30 | 20553 | INJECT TRIGGER POINTS, > 3 | CCR | | | | | | | | |
| 30 | 20555 | PLACEMENT OF NEEDLES OR CATHETERS IN | CCR | | | | | | | | |
| 30 | 20566 | BIOPSY FOREMAN SOFT TISSUES; DEEP | CCR | | | | | | | | |
| 30 | 20600 | ARTHROCENTESIS; SMALL JOINT/ BURSA | CCR | | | | | | X | | |
| 30 | 20605 | ARTHROCENTESIS; MED. JOINT/ BURSA | CCR | | | | | | X | | |
| 30 | 20610 | ARTHROCENTESIS; MAJOR JOINT/ BURSA | CCR | | | | | | X | | |
| 30 | 20696 | APPLICATION OF MULTIPLANE (PINS OR W | CCR | | | | | | | | |
| 30 | 20697 | APPLICATION OF MULTIPLANE (PINS OR W | CCR | | | | | | | | |
| 30 | 20802 | REPLANTATION, ARM, COMPLETE | CCR | | | | | | | | |
| 30 | 20805 | REPLANT FOREARM-COMPLETE AMPUTATION | CCR | | | | | | | | |
| 30 | 20808 | REPLANT HAND; COMPLETE AMPUTATION | CCR | | | | | | | | |
| 30 | 20816 | REPLANT DIGIT, TOTAL AMPUTATION | CCR | | | | | | | | |
| 30 | 20822 | REPLANT DIGIT, EXCLUDE THUMB COMP AMP | CCR | | | | | | X | | |
| 30 | 20824 | REPLANT THUMB, COMPLETE AMPUTATION | CCR | | | | | | | | |
| 30 | 20827 | REPLANT THUMB-DISTAL TIP-COMPL AMP | CCR | | | | | | | | |
| 30 | 20838 | REPLANT FOOT; TOTAL AMPUTATION | CCR | | | | | | | | |
| 30 | 20939 | BONE MARROW ASPIRATION FOR BONE GRAF | CCR | | | | | | | | |
| 30 | 20955 | FIBULA GRAFT W/MICROVASCULAR ANASTOM | CCR | | | X | | | | | |
| 30 | 20956 | ILIAC BONE GRAFT, MICROVASC | CCR | | | | | | | | |
| 30 | 20957 | MT BONE GRAFT, MICROVASC | CCR | | | | | | | | |
| 30 | 20962 | BONE GRAFT/MICROVAS ANAS.-OTHER, SPEC | CCR | | | X | | | | | |
| 30 | 20963 | SPINAL BONE AUTOGRAFT | CCR | | | | | | X | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 20969 | FREE OSTEOCUTAN FLAP/MICROVAS ANASTO | CCR | | | X | | | | | |
| 30 | 20970 | FREE OSTEOCUTAN FLAP...;ILIAC CREST | CCR | | | X | | | | | |
| 30 | 20972 | FREE OSTEOCUTAN FLAP...;METATARSAL | CCR | | | X | | | | | |
| 30 | 20973 | FREE OSTEOCUTAN FLAP...;GREAT TOE/WEB | CCR | | | X | | | | | |
| 30 | 20979 | US BONE STIMULATION | CCR | | | | | | | | |
| 30 | 20982 | ABLATE, BONE TUMOR(S) PERQ | CCR | | | | | | | | |
| 30 | 20985 | COMPUTER-ASSISTED SURGICAL NAVIGATIO | CCR | | | | | | | | |
| 30 | 21073 | MANIPULATION OF TEMPOROMANDIBULAR JO | CCR | | | | X | | | | |
| 30 | 21076 | PREPARE FACE/ORAL PROSTHESIS | CCR | | | | | | | | |
| 30 | 21077 | PREPARE FACE/ORAL PROSTHESIS | CCR | | | | | | | | |
| 30 | 21079 | IMPRESS & CUST PREP INT OBTUR PROSTH | CCR | | | | | | | | |
| 30 | 21080 | IMPRESS & CUST PREP DEFIN OBTUR PROS | CCR | | | | | | | | |
| 30 | 21081 | IMPRESS & CUST PREP MAND RESECT PROS | CCR | | | | | | | | |
| 30 | 21082 | IMPRESS & CUST PREP PALAT AUG PROSTH | CCR | | | | | | | | |
| 30 | 21083 | IMPRESS & CUST PREP PALAT LIFT PROST | CCR | | | | | | | | |
| 30 | 21084 | IMPRESS & CUST PREP SPEECH AID PROST | CCR | | | | | | | | |
| 30 | 21085 | IMPRES & CUST PREP ORAL SURG SPLINT | CCR | | | | | | | | |
| 30 | 21086 | IMPRESS & CUST PREP AURICULAR PROSTH | CCR | | | | | | | | |
| 30 | 21087 | IMPRESS & CUST PREP NASAL PROSTHESIS | CCR | | | | | | | | |
| 30 | 21088 | IMPRES & CUST PREP FACIAL PROSTHESIS | CCR | | | | | | | | |
| 30 | 21116 | INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY | CCR | | | | | | | | |
| 30 | 21141 | RECONSTRUCT MIDFACE, LEFORT | CCR | | | | | | | | |
| 30 | 21142 | RECONSTRUCT MIDFACE, LEFORT | CCR | | | | | | | | |
| 30 | 21143 | RECONSTRUCT MIDFACE, LEFORT | CCR | | | | | | | | |
| 30 | 21145 | RECONSTR MIDFACE,LEFORT I;SING PIECE | CCR | | | | | | | | |
| 30 | 21146 | RECONSTR MIDFACE,2 PIECES,ANY DIRECT | CCR | | | | | | | | |
| 30 | 21147 | RECONSTR MIDFACE,3 OR MORE PIECES | CCR | | | | | | | | |
| 30 | 21150 | RECONSTR MIDFAVE LEFORT II,ANT INTRU | CCR | | | | | | | | |
| 30 | 21151 | RECONSTR MIDFACE,LEFORT II,ANY PIECE | CCR | | | | | | | | |
| 30 | 21154 | RECONSTR MIDFACE,LEFORT III,ANY TYPE | CCR | | | | | | | | |
| 30 | 21155 | RECONSTR MIDFACE III W/LEFORT I | CCR | | | | | | | | |
| 30 | 21159 | RECONSTR MIDFACE,LEF III W/FOREHEAD | CCR | | | | | | | | |
| 30 | 21160 | RECONSTR MIDFACE,LEF III,FOREH,LEF I | CCR | | | | | | | | |
| 30 | 21182 | RECON ORB WALLS,RIMS,FOREHEAD < 40CM | CCR | | | | | | | | |
| 30 | 21183 | RECON ORB WALLS,RIMS,FOREHEAD 40-80C | CCR | | | | | | | | |
| 30 | 21184 | RECON ORB WALLS,RIMS,FOREHEAD < 80CM | CCR | | | | | | | | |
| 30 | 21188 | RECONSTRUCT MIDFACE OSTEOTOMIES | CCR | | | | | | | | |
| 30 | 21193 | RECONSTR MAND RAMUS W/O BONE GRAFT | CCR | | | | | | | | |
| 30 | 21194 | RECONSTR MAND RAMUS W/BONE GRAFT | CCR | | | | | | | | |
| 30 | 21195 | RECONST MAND RAMUS W/O RIGID FIX | CCR | | | | | | | | |
| 30 | 21196 | RECONST MAND RAMUS W/INT RIGID FIXAT | CCR | | | | | | | | |
| 30 | 21198 | OSTEOTOMY,MANDIBLE,SEGMENTAL | CCR | | | | | | | | |
| 30 | 21199 | RECONSTR LWR JAW W/ADVANCE | CCR | | | | | | | | |
| 30 | 21247 | RECONS MAND CONDYLE W/BONE,CART AUTO | CCR | | | | | | | | |
| 30 | 21360 | TREAT DEPRESSED MALAR FRACTURE | CCR | | | | X | | | | |
| 30 | 21365 | TREAT COMPLICATED FX MALAR AREA | CCR | | | | | | | | |
| 30 | 21366 | OPEN TREATMENT OF COMPLICATED (EG, C | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 21685 | HYOID MYOTOMY & SUSPENSION | CCR | | | | | | | | |
| 30 | 21740 | RECONSTRUCT PECTUS EXCAVATUM | CCR | | | | | | | | |
| 30 | 21742 | REPAIR STERN/NUSS W/O SCOPE | CCR | | | | | | | | |
| 30 | 21743 | REPAIR STERNUM/NUSS W/SCOPE | CCR | | | | | | | | |
| 30 | 21811 | OPEN TREATMENT OF RIB FRACTURE(S) WI | CCR | | | | | | | | |
| 30 | 21812 | OPEN TREATMENT OF RIB FRACTURE(S) WI | CCR | | | | | | | | |
| 30 | 21813 | OPEN TREATMENT OF RIB FRACTURE(S) WI | CCR | | | | | | | | |
| 30 | 22015 | I&D, P-SPINE, L/S/LS | CCR | | | | | | | | |
| 30 | 22102 | RESECT VERTEBRA, LUMBAR | CCR | | | | | | | | |
| 30 | 22103 | REMOVE EXTRA SPINE SEGMENT | CCR | | | | | | | | |
| 30 | 22110 | EXCISE CERVICAL VERTEBRA | CCR | | | | | | | | |
| 30 | 22112 | EXCISE THORACIC VERTEBRA | CCR | | | | | | | | |
| 30 | 22114 | EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE | CCR | | | | | | | | |
| 30 | 22116 | REMOVE EXTRA SPINE SEGMENT | CCR | | | | | | | | |
| 30 | 22208 | OSTEOTOMY OF SPINE, POSTERIOR OR POS | CCR | | | | | | | | |
| 30 | 22210 | OSTEOTOMY, SPINE, CORR DEFORM; CERVICAL | CCR | | | | | | | | |
| 30 | 22212 | OSTEOTOMY SPINE, CORR DEFORM; THORACIC | CCR | | | | | | | | |
| 30 | 22214 | OSTEOTOMY SPINE, CORR DEFORM; THORACIC | CCR | | | | | | | | |
| 30 | 22216 | REVISE, EXTRA SPINE SEGMENT | CCR | | | | | | | | |
| 30 | 22220 | OSTEOTOMY SPINE, CORR DEFORM; CERVICAL | CCR | | | | | | | | |
| 30 | 22222 | OSTEOTOMY SPINE, CORR DEFORM; THORACIC | CCR | | | | | | | | |
| 30 | 22224 | OSTEOTOMY SPINE, CORR DEFORM; LUMBAR | CCR | | | | | | | | |
| 30 | 22226 | REVISE, EXTRA SPINE SEGMENT | CCR | | | | | | | | |
| 30 | 22318 | TREAT ODONTOID FX W/O GRAFT | CCR | | | | | | | | |
| 30 | 22319 | TREAT ODONTOID FX W/GRAFT | CCR | | | | | | | | |
| 30 | 22325 | OPEN TREATMENT OF BROKEN AND/OR DISL | CCR | | | | | | | | |
| 30 | 22326 | OPEN TREATMENT OF BROKEN AND/OR DISL | CCR | | | | | | | | |
| 30 | 22327 | OPEN TREATMENT OF BROKEN AND/OR DISL | CCR | | | | | | | | |
| 30 | 22328 | OPEN TREATMENT OF BROKEN AND/OR DISL | CCR | | | | | | | | |
| 30 | 22512 | PERCUTANEOUS VERTEBROPLASTY (BONE BI | CCR | | | | | | | X | |
| 30 | 22515 | PERCUTANEOUS VERTEBRAL AUGMENTATION, | CCR | | | | | | | X | |
| 30 | 22526 | PERCUTANEOUS INTRADISCAL ELECTROTHER | CCR | | | | | | | | |
| 30 | 22527 | PERCUTANEOUS INTRADISCAL ELECTROTH + | CCR | | | | | | | | |
| 30 | 22532 | LAT THORAX SPINE FUSION | CCR | | | | | | | | |
| 30 | 22533 | LAT LUMBAR SPINE FUSION | CCR | | | | | | | | |
| 30 | 22534 | ARTHRODESIS, LATERAL EXTRACAVITARY T | CCR | | | | | | | X | |
| 30 | 22548 | ARTHRODESIS, W/BONE GRAFT | CCR | | | | | | | | |
| 30 | 22556 | ARTHRODESIS; THORACIC, BONE/BONE ALLOG | CCR | | | | | | | | |
| 30 | 22558 | ARTHRODESIS, LUMBAR, W/BONE ALLOGRAPH | CCR | | | | | | | | |
| 30 | 22585 | ARTHRODESIS-EACH ADD. INTERSPACE | CCR | | | | | | | X | |
| 30 | 22586 | ARTHRODESIS, PRE-SACRAL INTERBODY TE | CCR | | | | | | | | |
| 30 | 22590 | ARTHRODESIS, W/BONE ALLO/INT.FIX | CCR | | | | | | | | |
| 30 | 22595 | ARTHRODESIS, W/BONE ALLO/INT.FIX | CCR | | | | | | | | |
| 30 | 22600 | ARTHRODESIS, POST.TECH., BELOW C1 | CCR | | | | | | | | |
| 30 | 22610 | ARTHRODESIS, POSTERIOR OR POSTEROLAT | CCR | | | | | | | | |
| 30 | 22612 | ARTHRODESIS, POSTERIOR OR POSTEROLAT | CCR | | | | | | | | |
| 30 | 22614 | SPINE FUSION, EXTRA SEGMENT | CCR | | | | | | | X | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 22630 | ARTHRODESIS,LOC/BONE ALLO...LUMBAR | CCR | | | | | | | | |
| 30 | 22632 | SPINE FUSION, EXTRA SEGMENT | CCR | | | | | | | | |
| 30 | 22800 | FUSE PRIMARY 6/LESS VERT SCOLIOS | CCR | | | | | | | | |
| 30 | 22802 | FUSE PRIMARY 7/MORE VERTEBRAE | CCR | | | | | | | | |
| 30 | 22804 | FUSION OF SPINE | CCR | | | | | | | | |
| 30 | 22808 | FUSION OF SPINE | CCR | | | | | | | | |
| 30 | 22810 | ARTHRODESIS...;4 TO 7 VERTEBRAE | CCR | | | | | | | | |
| 30 | 22812 | ARTHRODESIS...;8 OR MORE VERTEBRAE | CCR | | | | | | | | |
| 30 | 22818 | KYPHECTOMY, 1-2 SEGMENTS | CCR | | | | | | | | |
| 30 | 22819 | KYPHECTOMY, 3 & MORE SEGMENT | CCR | | | | | | | | |
| 30 | 22830 | EXPLORE SPINAL FUSION | CCR | | | | | | | | |
| 30 | 22840 | POSTERIOR INSTRU(NO SEG FIX) | CCR | | | | | | | | |
| 30 | 22842 | POST.INSTRUMENTATION;SEGMENTAL FIX | CCR | | | | | | | | |
| 30 | 22843 | INSERT SPINE FIXATION DEVICE | CCR | | | | | | | | |
| 30 | 22844 | INSERT SPINE FIXATION DEVICE | CCR | | | | | | | | |
| 30 | 22845 | ARTHRODESIS;INTERIOR INSTRUMENTATION | CCR | | | | | | | | |
| 30 | 22846 | INSERT SPINE FIXATION DEVICE | CCR | | | | | | | | |
| 30 | 22847 | INSERT SPINE FIXATION DEVICE | CCR | | | | | | | | |
| 30 | 22848 | INSERT PELVIC FIXATIONDEVICE | CCR | | | | | | | | |
| 30 | 22849 | REINSERT SPINAL FIXATION DEVICE | CCR | | | | | | | | |
| 30 | 22850 | REMOVE POST NONSEGMENTAL INSTRUMENTA | CCR | | | | | | | | |
| 30 | 22852 | REMOVE POSTERIOR SEGMENTAL INSTRUMEN | CCR | | | | | | | | |
| 30 | 22853 | INSERTION OF INTERBODY BIOMECHANICAL | CCR | | | | | | | X | |
| 30 | 22854 | INSERTION OF INTERVERTEBRAL BIOMECHA | CCR | | | | | | | X | |
| 30 | 22855 | REMOVE ANTERIOR INSTRUMENTATION | CCR | | | | | | | | |
| 30 | 22856 | TOTAL DISC ARTHROPLASTY (ARTIFICIAL | CCR | | | | | | | | |
| 30 | 22857 | TOTAL DISC ARTHROPLASTY (ARTIFICIAL | CCR | | | | | | | | |
| 30 | 22858 | TOTAL DISC ARTHROPLASTY (ARTIFICIAL | CCR | | | | | | | | |
| 30 | 22859 | INSERTION OF INTERVERTEBRAL BIOMECHA | CCR | | | | | | | X | |
| 30 | 22861 | REVISION INCLUDING REPLACEMENT OF TO | CCR | | | | | | | | |
| 30 | 22862 | REVISION INCLUDING REPLACEMENT OF TO | CCR | | | | | | | | |
| 30 | 22864 | REMOVAL OF TOTAL DISC ARTHROPLASTY (| CCR | | | | | | | | |
| 30 | 22865 | REMOVAL OF TOTAL DISC ARTHROPLASTY (| CCR | | | | | | | | |
| 30 | 22868 | INSERTION OF INTERLAMINAR/INTERSPINO | CCR | | | | | | | | |
| 30 | 22870 | INSERTION OF INTERLAMINAR/INTERSPINO | CCR | | | | | | | | |
| 30 | 23015 | EXC BENIGN SHOULDER TUMOR SUBCU | CCR | | | | | | | | |
| 30 | 23065 | BIOPSY SHOULDER SUPERFICIAL | CCR | | | | | | | | |
| 30 | 23200 | RADICAL RESECTION FOR TUMOR;CLAVICLE | CCR | | | | | | | | |
| 30 | 23210 | RADICAL RESECTION FOR TUMOR;SCAPULA | CCR | | | | | | | | |
| 30 | 23220 | RADICAL RESECTION FOR TUMOR;PROXIMAL | CCR | | | | | | | | |
| 30 | 23334 | REMOVAL OF PROSTHESIS OF SHOULDER | CCR | | | | | | | X | |
| 30 | 23335 | REMOVAL OF PROSTHESIS OF SHOULDER | CCR | | | | | | | X | |
| 30 | 23350 | INJECTION FOR SHOULDER X-RAY | CCR | | | | | | | | |
| 30 | 23470 | ARTHROPLASTY WITH PROXIMAL HUMERAL I | CCR | | | | | | | | |
| 30 | 23472 | ARTHROPLASTY W/GLENOID PROXIMAL HUME | CCR | | | | | | | | |
| 30 | 23900 | AMPUTATION OF ARM & GIRDLE | CCR | | | | | | | | |
| 30 | 23920 | AMPUTATION AT SHOULDER JOINT | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 24065 | BIOPSY ARM/ELBOW SOFT TISSUE | CCR | | | | | | | | |
| 30 | 24149 | RADICAL RESECTION OF ELBOW | CCR | | | | | | | | |
| 30 | 24150 | EXTENSIVE SURGERY SHAFT OR DISTAL HU | CCR | | | | | | | | |
| 30 | 24152 | EXTENSIVE SURGERY RADICAL HEAD OR NE | CCR | | | | | | | | |
| 30 | 24220 | INJECTION FOR ELBOW X-RAY | CCR | | | | | | | | |
| 30 | 24300 | MANIPULATE ELBOW W/ANESTH | CCR | | | | | | | | |
| 30 | 24332 | TENOLYSIS, TRICEPS | CCR | | | | | | | | |
| 30 | 24343 | REPR ELBOW LAT LIGMNT W/TISS | CCR | | | | | | | | |
| 30 | 24344 | RECONSTRUCT ELBOW LAT LIGMNT | CCR | | | | | | | | |
| 30 | 24346 | RECONSTRUCT ELBOW MED LIGMNT | CCR | | | | | | | | |
| 30 | 24357 | INCISION OF TENDON TO REPAIR ELBOW J | CCR | | | | | | | | |
| 30 | 24358 | REMOVAL OF TISSUE AND/OR BONE AT ELB | CCR | | | | | | | | |
| 30 | 24359 | REMOVAL OF TISSUE AND/OR BONE AT ELB | CCR | | | | | | | | |
| 30 | 24650 | TREAT CLSD RADIAL HEAD/NECK FRAC W/O | CCR | | | | | | | | |
| 30 | 24900 | AMPUTATION OF UPPER ARM W/PRIMARY CL | CCR | | | | | | | | |
| 30 | 24920 | AMPUTATION UPPER ARM;OPEN,FLAP OR CI | CCR | | | | | | | | |
| 30 | 24930 | REAMPUTATION UPPER ARM | CCR | | | | | | | | |
| 30 | 24931 | AMPUTATE UPPER ARM & IMPLANT | CCR | | | | | | | | |
| 30 | 24935 | STUMP ELONGATION/REVISION UPPER ARM | CCR | | | | | | | | |
| 30 | 24940 | CINEPLASTY UPPER EXTREMITY, COMPLETE | CCR | | | | | | | | |
| 30 | 25001 | INCISE FLEXOR CARPI RADIALIS | CCR | | | | | | | | |
| 30 | 25065 | BIOPSY SOFT TISSUES; SUPERFICIAL | CCR | | | | | | | | |
| 30 | 25109 | EXCISION OF TENDON, FOREARM AND/OR W | CCR | | | | | X | | | |
| 30 | 25170 | RADICAL RESECTION FOR TUMOR, RADIUS | CCR | | | | | | | | |
| 30 | 25246 | INJECTION FOR WRIST X-RAY | CCR | | | | | | | | |
| 30 | 25259 | MANIPULATE WRIST W/ANESTHES | CCR | | | | | | | | |
| 30 | 25394 | REPAIR CARPAL BONE, SHORTEN | CCR | | | | | | | | |
| 30 | 25430 | VASC GRAFT INTO CARPAL BONE | CCR | | | | | | | | |
| 30 | 25500 | TREAT FRACTURE OF RADIUS W/O MANIPUL | CCR | | | | | | | | |
| 30 | 25530 | TREAT CLOSED ULNAR SHAFT FRAC W/O MA | CCR | | | | | | | | |
| 30 | 25560 | TREAT CLSD RADIAL & ULNAR SHAFT FRAC | CCR | | | | | | | | |
| 30 | 25600 | TREAT CLOSED DISTAL RADIAL FRAC W/O | CCR | | | | | | | | |
| 30 | 25622 | TREAT CLOSED CARPAL SCAPHOID FRAC; W | CCR | | | | | | | | |
| 30 | 25630 | TREAT CLSD FX;W/O MANIP, EACH BONE | CCR | | | | | X | | | |
| 30 | 25650 | TREAT CLOSED ULNAR STYLOID FRACTURE | CCR | | | | | | | | |
| 30 | 25652 | TREAT FRACTURE ULNAR STYLOID | CCR | | | | | | | | |
| 30 | 25900 | AMPUTATION, FOREARM, THROUGH RADIUS AN | CCR | | | | | | | | |
| 30 | 25905 | AMPUTATION, FOREARM, OPEN FLAP OR CIRC | CCR | | | | | | | | |
| 30 | 25909 | REAMPUTATION FOREARM SURGERY | CCR | | | | | | | | |
| 30 | 25915 | AMPUTATION FOREARM, KRUKENBERO PROC | CCR | | | | | | | | |
| 30 | 25920 | DISARTICULATION THROUGH WRIST | CCR | | | | | | | | |
| 30 | 25924 | REAMPUTATION WRIST SURGERY | CCR | | | | | | | | |
| 30 | 25927 | TRANSMETACARPAL AMPUTATION | CCR | | | | | | | | |
| 30 | 25931 | AMPUTATION FOLLOW-UP SURGERY | CCR | | | | | | | | |
| 30 | 26010 | DRAINAGE OF FINGER ABSCESS | CCR | | | | X | | | | |
| 30 | 26035 | DECOMPRESS FINGER/HAND-INJECTION INJ | CCR | | | | | | | | |
| 30 | 26037 | DECOMPRESSIVE FASCIOTOMY, HAND | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 26341 | MANIPULATION OF PALM PRETENDINOUS CO | CCR | | | | | | | | |
| 30 | 26551 | GREAT TOE-HAND TRANSFER | CCR | | | | | | | | |
| 30 | 26553 | SINGLE TOE-HAND TRANSFER | CCR | | | | | | | | |
| 30 | 26554 | DOUBLE TOE-HAND TRANSFER | CCR | | | | | | | | |
| 30 | 26556 | TOE JOINT TRANSFER | CCR | | | | | | | | |
| 30 | 26600 | TREAT CLSD FX.;W/O MANIP,EACH BONE | CCR | | | | | X | | | |
| 30 | 26670 | TREAT CLSD HAND DISLOCATION W/MANIPU | CCR | | | | | | | | |
| 30 | 26700 | TREAT KNUCKLE DISLOCATION | CCR | | | | | | | | |
| 30 | 26720 | TREAT CLSD FX;W/O MANIP, EACH | CCR | | | | | X | | | |
| 30 | 26725 | TREAT CLSD FX;W/ MANIP, EACH | CCR | | | | | X | | | |
| 30 | 26740 | TREAT CLSD ART FX..W/O MANIP,EACH | CCR | | | | | X | | | |
| 30 | 26750 | TREAT CLSD FX..W/O MANIP, EACH | CCR | | | | | X | | | |
| 30 | 26755 | TREAT CLSD FX..W/ MANIP, EACH | CCR | | | | | X | | | |
| 30 | 26770 | TRMT OF CLOS INTERPHAL JOINT DIS SIN | CCR | | | | | | | | |
| 30 | 26775 | TRMT OF SAME W/ ANESTION | CCR | | | | | | | | |
| 30 | 26992 | DRAINAGE OF BONE LESION | CCR | | | | | | | | |
| 30 | 27005 | TENOTOMY, ILIOPSOAS, OPEN | CCR | | | | | | | | |
| 30 | 27006 | TENOTOMY, ABDUCTORS, OPEN | CCR | | | | | | | | |
| 30 | 27025 | OBER-YOUNT FASCIOTOMY, UNILATERAL | CCR | | | | | | | | |
| 30 | 27027 | INCISION OF TISSUE OF MUSCLE COMPART | CCR | | | | | | | | |
| 30 | 27030 | ARTHROTOMY OF HIP FOR DRAINAGE | CCR | | | | | | | | |
| 30 | 27036 | EXCISION OF HIP JOINT/MUSCLE | CCR | | | | | | | | |
| 30 | 27054 | REMOVAL OF HIP JOINT LINING | CCR | | | | | | | | |
| 30 | 27057 | INCISION OF TISSUE ON ONE SIDE OF PE | CCR | | | | | | | | |
| 30 | 27070 | PARTIAL REMOVAL OF HIP BONE | CCR | | | | | | | | |
| 30 | 27071 | DEEP IP BONE | CCR | | | | | | | | |
| 30 | 27075 | RADICAL RESECTION FOR TUMOR-WING OF | CCR | | | | | | | | |
| 30 | 27076 | RADICAL RESECTION FOR TUMOR-ILIUM | CCR | | | | | | | | |
| 30 | 27077 | INNOMINATE BONE-TOTAL | CCR | | | | | | | | |
| 30 | 27078 | ISCHIAL TUBEROSITY & TROCANEER OF FE | CCR | | | | | | | | |
| 30 | 27090 | REMOVAL OF HIP PROSTHESIS | CCR | | | | | | | | |
| 30 | 27091 | COMPLICATED HESIS | CCR | | | | | | | | |
| 30 | 27093 | INJECTION FOR HIP ARTHROGRAPHY W/O A | CCR | | | | | | | | |
| 30 | 27096 | INJECTION PROCEDURE FOR SACROILIAC J | CCR | | | | | | | | |
| 30 | 27120 | ACETABULOPLASTY P SOCKET | CCR | | | | | | | | |
| 30 | 27122 | RESECTION FEMORAL HEAD | CCR | | | | | | | | |
| 30 | 27125 | HEMIARTHROPLASTY; PROSTHESIS | CCR | | | | | | | | |
| 30 | 27130 | ARTHROPLASTY(TOTAL HIP REPLACEMENT) | CCR | | | | | | | | |
| 30 | 27132 | CONVERT PREV HIP SURG TO TOT.HIP REP | CCR | | | | | | | | |
| 30 | 27134 | REVISE TOT.HIP ARTHROPLASTY;BOTH COM | CCR | | | | | | | | |
| 30 | 27137 | REVISE HIP ARTHROPLASTY;ACETABULAR | CCR | | | | | | | | |
| 30 | 27138 | REVISE HIP ARTHROPLASTY;FEMORAL COMP | CCR | | | | | | | | |
| 30 | 27140 | OSTEOTOMY & TRANSFER OF GREATER TROC | CCR | | | | | | | | |
| 30 | 27146 | OSTEOTOMY, ILIAC | CCR | | | | | | | | |
| 30 | 27147 | WITH OPEN REDUCTION OF HIP | CCR | | | | | | | | |
| 30 | 27151 | WITH FEMORAL OSTEOTOMY | CCR | | | | | | | | |
| 30 | 27156 | WITH FEMORAL OSTEOTOMY & OPEN REDUCT | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 27158 | OSTEOTOMY, PELVIS, BILATERAL | CCR | | | | | | | | |
| 30 | 27161 | INCISION OF NECK OF FEMUR | CCR | | | | | | | | |
| 30 | 27165 | INCISION/FIXATION OF FEMUR | CCR | | | | | | | | |
| 30 | 27170 | BONE GRAFT FOR NONUNION, FEMORAL HEA | CCR | | | | | | | | |
| 30 | 27175 | TREAT SLIPPED EPIPHYSIS | CCR | | | | | | | | |
| 30 | 27177 | REPAIR SLIPPED EPIPHYSIS | CCR | | | | | | | | |
| 30 | 27178 | CLOSED MANIPULATION YSIS | CCR | | | | | | | | |
| 30 | 27179 | OSTEOPLASTY OF FEMORAL NECK | CCR | | | | | | | | |
| 30 | 27181 | OSTEOTOMY & INTERNAL FIXATION | CCR | | | | | | | | |
| 30 | 27187 | PROPHYLACTIC TREAT,FEM.NECK&PROX FEM | CCR | | | | | | | | |
| 30 | 27200 | TRMT OF CLOSED COCCYGEAL FX | CCR | | | | | | | | |
| 30 | 27215 | OPEN TREATMENT OF ILIAC SPINE(S), TU | CCR | | | | | | | | |
| 30 | 27216 | PERCUTANEOUS SKELETAL FIXATION OF PO | CCR | | | | | | | | |
| 30 | 27217 | OPEN TREATMENT OF ANTERIOR RING FRAC | CCR | | | | | | | | |
| 30 | 27218 | OPEN TREATMENT OF POSTERIOR RING FRA | CCR | | | | | | | | |
| 30 | 27220 | TREAT HIP SOCKET FRACTURE | CCR | | | | | | | | |
| 30 | 27222 | WITH MANIPULATION CTURE | CCR | | | | | | | | |
| 30 | 27226 | OPEN TREATMENT OF POSTERIOR OR ANTER | CCR | | | | | | | | |
| 30 | 27227 | OPEN TREATMENT OF ACETABULAR FRACTUR | CCR | | | | | | | | |
| 30 | 27228 | OPEN TREATMENT OF ACETABULAR FRACTUR | CCR | | | | | | | | |
| 30 | 27232 | WITH MANIPULATION MUR | CCR | | | | | | | | |
| 30 | 27236 | OPEN TRMT OF FEMORAL FX W/ INTERNAL | CCR | | | | | | | | |
| 30 | 27240 | WITH MANIPULATION RACTURE | CCR | | | | | | | | |
| 30 | 27244 | OPEN TRMT OF CLOSED OR OPEN INTER/PE | CCR | | | | | | | | |
| 30 | 27245 | OPEN TREATMENT OF INTERTROCHANTERIC, | CCR | | | | | | | | |
| 30 | 27248 | OPEN TRMT OF CLSD OR OPEN GREATER TR | CCR | | | | | | | | |
| 30 | 27253 | OPEN TRMT OF CLOSED OR OPEN HIP DISL | CCR | | | | | | | | |
| 30 | 27254 | TRMT OF SAME W/ ACETABULAR LIP FIXAT | CCR | | | | | | | | |
| 30 | 27256 | TRMT OF CONGENITAL HIP DISLOCATION | CCR | | | | | | | | |
| 30 | 27258 | OPEN TRMT CONGEN HIP DISL-REPLACEMEN | CCR | | | | | | | | |
| 30 | 27259 | W/ FEMORAL SHAFT SHORTENING | CCR | | | | | | | | |
| 30 | 27267 | CLOSED TREATMENT OF FEMORAL FRACTURE | CCR | | | | | | | | |
| 30 | 27268 | CLOSED TREATMENT OF FEMORAL FRACTURE | CCR | | | | | | | | |
| 30 | 27269 | OPEN TREATMENT OF FEMORAL FRACTURE, | CCR | | | | | | | | |
| 30 | 27280 | FUSION OF SACROILLIAC JOINT | CCR | | | | | | | | |
| 30 | 27282 | FUSION OF PUBIC BONES | CCR | | | | | | | | |
| 30 | 27284 | FUSION OF HIP JOINT | CCR | | | | | | | | |
| 30 | 27286 | WITH SUBTROCHANTERIC OSTEOTOMY | CCR | | | | | | | | |
| 30 | 27290 | AMPUTATION OF LEG AT HIP | CCR | | | | | | | | |
| 30 | 27295 | DISARTICULATION OF HIP | CCR | | | | | | | | |
| 30 | 27303 | INCISION, DEEP W/ OPENING OF BONE CO | CCR | | | | | | | | |
| 30 | 27325 | NEURECTOMY, HAMSTRING MUSCLE | CCR | | | | | | | | |
| 30 | 27326 | NEURECTOMY, POPLITEAL (GASTROCNEMIUS | CCR | | | | | | | | |
| 30 | 27365 | EXTENSIVE LEG SURGERY | CCR | | | | | | | | |
| 30 | 27370 | INJECTION FOR KNEE X-RAY | CCR | | | | | | | | |
| 30 | 27412 | AUTOCHONDROCYTE IMPLANT KNEE | CCR | | | | | | | | |
| 30 | 27415 | OSTEOCHONDRAL KNEE ALLOGRAFT | CCR | | | | X | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 27416 | OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP | CCR | | | X | | | | | |
| 30 | 27440 | REVISION OF KNEE JOINT | CCR | | | | | | | | |
| 30 | 27445 | REVISE KNEE JOINT, IMPLANT | CCR | | | | | | | | |
| 30 | 27446 | TOTAL KNEE REPLACEMENT | CCR | | | | | | | | |
| 30 | 27447 | TOTAL KNEE REPLACEMENT | CCR | | | | | | | | |
| 30 | 27448 | INCISION OF FEMUR | CCR | | | | | | | | |
| 30 | 27450 | INCISION OF FEMUR | CCR | | | | | | | | |
| 30 | 27454 | REALIGNMENT OF FEMUR | CCR | | | | | | | | |
| 30 | 27457 | REALIGNMENT OF KNEE | CCR | | | | | | | | |
| 30 | 27466 | LENGTHENING OF FEMUR | CCR | | | | | | | | |
| 30 | 27468 | REVISION OF FEMURS | CCR | | | | | | | | |
| 30 | 27470 | REPAIR OF FEMUR | CCR | | | | | | | | |
| 30 | 27472 | REPAIR/GRAFT OF FEMUR | CCR | | | | | | | | |
| 30 | 27475 | REPAIR OF FEMUR EPIPHYSIS | CCR | | | | | | | | |
| 30 | 27479 | REPAIR OF LEG EPIPHYSES | CCR | | | | | | | | |
| 30 | 27485 | REPAIR OF LEG EPIPHYSIS | CCR | | | | | | | | |
| 30 | 27486 | REVISE KNEE/ARTHROPLASTY-1 COMPONENT | CCR | | | | | | | | |
| 30 | 27487 | REVISE KNEE ARTHROPLASTY-ALL COMP | CCR | | | | | | | | |
| 30 | 27488 | REMOVAL OF KNEE PROSTHESIS | CCR | | | | | | | | |
| 30 | 27495 | PROPHYLACTIC TREAT. FEMUR | CCR | | | | | | | | |
| 30 | 27506 | REPAIR OF FEMUR FRACTURE | CCR | | | | | | | | |
| 30 | 27507 | OPEN TREATMENT OF FEMORAL SHAFT FRAC | CCR | | | | | | | | |
| 30 | 27511 | OPEN TREATMENT OF FEMORAL SUPRACONDY | CCR | | | | | | | | |
| 30 | 27513 | OPEN TREATMENT OF FEMORAL SUPRACONDY | CCR | | | | | | | | |
| 30 | 27519 | REPAIR OF FEMUR EPIPHYSIS | CCR | | | | | | | | |
| 30 | 27524 | REPAIR OF KNEECAP FRACTURE | CCR | | | | | | | | |
| 30 | 27535 | OPEN TREATMENT OF TIBIAL FRACTURE, P | CCR | | | | | | | | |
| 30 | 27536 | REPAIR OF KNEE FRACTURE | CCR | | | | | | | | |
| 30 | 27556 | REPAIR OF KNEE DISLOCATION | CCR | | | | | | | | |
| 30 | 27557 | REPAIR OF KNEE DISLOCATION | CCR | | | | | | | | |
| 30 | 27558 | OPEN TREATMENT OF KNEE DISLOCATION, | CCR | | | | | | | | |
| 30 | 27580 | FUSION OF KNEE | CCR | | | | | | | | |
| 30 | 27590 | AMPUTATE LEG AT THIGH | CCR | | | | | | | | |
| 30 | 27591 | AMPUTATE LEG AT THIGH | CCR | | | | | | | | |
| 30 | 27592 | AMPUTATE LEG AT THIGH | CCR | | | | | | | | |
| 30 | 27596 | AMPUTATION FOLLOW-UP SURGERY | CCR | | | | | | | | |
| 30 | 27598 | AMPUTATE LOWER LEG AT KNEE | CCR | | | | | | | | |
| 30 | 27613 | BIOPSY LOWER LEG SOFT TISSUE | CCR | | | | | | | | |
| 30 | 27645 | EXTENSIVE LOWER LEG SURGERY | CCR | | | | | | | | |
| 30 | 27646 | EXTENSIVE LOWER LEG SURGERY | CCR | | | | | | | | |
| 30 | 27648 | INJECTION FOR ANKLE X-RAY | CCR | | | | | | | | |
| 30 | 27702 | RECONSTRUCT ANKLE JOINT | CCR | | | | | | | | |
| 30 | 27703 | ARTHROPLASTY,SECONDARY RECON.TOT ANK | CCR | | | | | | | | |
| 30 | 27712 | REALIGNMENT OF LOWER LEG | CCR | | | | | | | | |
| 30 | 27722 | REPAIR/GRAFT OF TIBIA | CCR | | | | | | | | |
| 30 | 27724 | REPAIR/GRAFT OF TIBIA | CCR | | | | | | | | |
| 30 | 27725 | REPAIR OF LOWER LEG | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 27726 | REPAIR OF FIBULA NONUNION AND/OR MAL | CCR | | | | | | | | |
| 30 | 27727 | REPAIR OF LOWER LEG | CCR | | | | | | | | |
| 30 | 27767 | CLOSED TREATMENT OF POSTERIOR MALLEO | CCR | | | | | | | | |
| 30 | 27768 | CLOSED TREATMENT OF POSTERIOR MALLEO | CCR | | | | | | | | |
| 30 | 27769 | OPEN TREATMENT OF POSTERIOR MALLEOLU | CCR | | | | | | | | |
| 30 | 27880 | AMPUTATION OF LOWER LEG | CCR | | | | | | | | |
| 30 | 27881 | AMPUTATION OF LOWER LEG | CCR | | | | | | | | |
| 30 | 27882 | AMPUTATION OF LOWER LEG | CCR | | | | | | | | |
| 30 | 27886 | AMPUTATION FOLLOW-UP SURGERY | CCR | | | | | | | | |
| 30 | 28001 | DRAINAGE OF BURSA OF FOOT | CCR | | | X | | | | | |
| 30 | 28010 | INCISION OF TOE TENDON | CCR | | | | | | | | |
| 30 | 28055 | NEURECTOMY, INTRINSIC MUSCULATURE OF | CCR | | | | | | | | |
| 30 | 28220 | RELEASE OF FOOT TENDON | CCR | | | | | | | | |
| 30 | 28272 | CAPSULECTOMY...INTERPHAL.,EACH JOINT | CCR | | | X | | X | | | |
| 30 | 28360 | RECONSTRUCT CLEFT FOOT | CCR | | | | | | | | |
| 30 | 28430 | TREAT CLSD TALUS FX,W/O MANIP | CCR | | | | | | | | |
| 30 | 28446 | OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS | CCR | | | X | | | | | |
| 30 | 28450 | TREAT CLSD TARSAL FX;W/O MANIP, EACH | CCR | | | | | | X | | |
| 30 | 28455 | TREAT CLSD TARSAL FX;W/ MANIP, EACH | CCR | | | | | | X | | |
| 30 | 28470 | TREAT CLSD METATAR FX,W/O MANIP,EACH | CCR | | | | | | X | | |
| 30 | 28475 | TREAT CLSD METATAR FX;W/ MANIP,EACH | CCR | | | | | | X | | |
| 30 | 28490 | TREAT BIG TOE FRACTURE | CCR | | | | | | | | |
| 30 | 28495 | TREAT BIG TOE FRACTURE | CCR | | | | | | | | |
| 30 | 28510 | TREAT CLSD FX...W/O MANIP,EACH | CCR | | | | | | X | | |
| 30 | 28515 | TREAT CLSD FX...W/ MANIP., EACH | CCR | | | | | | X | | |
| 30 | 28530 | TREAT CLOSED SESAMOID FRACTURE | CCR | | | | | | X | | |
| 30 | 28540 | TREAT FOOT DISLOCATION | CCR | | | | | | | | |
| 30 | 28570 | TREAT FOOT DISLOCATION | CCR | | | | | | | | |
| 30 | 28630 | TREAT TOE DISLOCATION | CCR | | | | | | | | |
| 30 | 28800 | AMPUTATION OF MIDFOOT | CCR | | | | | | | | |
| 30 | 28805 | AMPUTATION THRU METATARSAL | CCR | | | | | | | | |
| 30 | 28890 | HIGH ENERGY ESWT, PLANTAR F | CCR | | | | | | | | |
| 30 | 29000 | APPLICATION OF BODY CAST | CCR | | | | | | | | |
| 30 | 29010 | APPLICATION OF BODY CAST | CCR | | | | | | | | |
| 30 | 29015 | APPLICATION OF BODY CAST | CCR | | | | | | | | |
| 30 | 29035 | APPLICATION OF BODY CAST | CCR | | | | | | | | |
| 30 | 29040 | APPLICATION OF BODY CAST | CCR | | | | | | | | |
| 30 | 29044 | APPLICATION OF BODY CAST | CCR | | | | | | | | |
| 30 | 29046 | APPLICATION OF BODY CAST | CCR | | | | | | | | |
| 30 | 29049 | APPLICATION OF SHOULDER CAST | CCR | | | | | | | | |
| 30 | 29055 | APPLICATION OF SHOULDER CAST | CCR | | | | | | X | | |
| 30 | 29058 | APPLICATION OF SHOULDER CAST | CCR | | | | | | X | | |
| 30 | 29065 | APPLICATION OF LONG ARM CAST | CCR | | | | | | X | | |
| 30 | 29075 | APPLICATION OF FOREARM CAST | CCR | | | | | | X | | |
| 30 | 29085 | APPLY HAND/WRIST CAST | CCR | | | | | | X | | |
| 30 | 29086 | APPLY FINGER CAST | CCR | | | | | | X | | |
| 30 | 29105 | APPLY LONG ARM SPLINT | CCR | | | | | | X | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 29125 | APPLY FOREARM SPLINT | CCR | | | | | X | | | |
| 30 | 29126 | APPLY FOREARM SPLINT | CCR | | | | | X | | | |
| 30 | 29130 | APPLICATION OF FINGER SPLINT | CCR | | | | | X | | | |
| 30 | 29131 | APPLICATION OF FINGER SPLINT | CCR | | | | | X | | | |
| 30 | 29200 | STRAPPING OF CHEST | CCR | | | | | | | | |
| 30 | 29240 | STRAPPING OF SHOULDER | CCR | | | | | X | | | |
| 30 | 29260 | STRAPPING OF ELBOW OR WRIST | CCR | | | | | X | | | |
| 30 | 29280 | STRAPPING OF HAND OR FINGER | CCR | | | | | X | | | |
| 30 | 29305 | APPLICATION OF HIP CAST | CCR | | | | | | | | |
| 30 | 29325 | APPLICATION OF HIP CASTS | CCR | | | | | | | | |
| 30 | 29345 | APPLICATION OF LONG LEG CAST | CCR | | | | | X | | | |
| 30 | 29355 | APPLICATION OF LONG LEG CAST | CCR | | | | | X | | | |
| 30 | 29358 | APPLY LONG LEG CAST BRACE | CCR | | | | | X | | | |
| 30 | 29365 | APPLICATION OF LONG LEG CAST | CCR | | | | | X | | | |
| 30 | 29405 | APPLY SHORT LEG CAST | CCR | | | | | X | | | |
| 30 | 29425 | APPLY SHORT LEG CAST | CCR | | | | | X | | | |
| 30 | 29435 | APPLY SHORT LEG CAST | CCR | | | | | X | | | |
| 30 | 29440 | ADDITION OF WALKER TO CAST | CCR | | | | | X | | | |
| 30 | 29445 | APPLY RIGID LEG CAST | CCR | | | | | | | | |
| 30 | 29450 | APPLICATION OF LEG CAST | CCR | | | | | | | | |
| 30 | 29505 | APPLICATION LONG LEG SPLINT | CCR | | | | | X | | | |
| 30 | 29515 | APPLICATION LOWER LEG SPLINT | CCR | | | | | X | | | |
| 30 | 29520 | STRAPPING OF HIP | CCR | | | | | X | | | |
| 30 | 29530 | STRAPPING OF KNEE | CCR | | | | | X | | | |
| 30 | 29540 | STRAPPING OF ANKLE | CCR | | | | | X | | | |
| 30 | 29550 | STRAPPING OF TOES | CCR | | | | | X | | | |
| 30 | 29580 | APPLICATION OF PASTE BOOT | CCR | | | | | X | | | |
| 30 | 29581 | APPLICATION OF MULTI-LAYER COMPRESSI | CCR | | | | | X | | | |
| 30 | 29584 | APPLICATION OF MULTI-LAYER COMPRESSI | CCR | | | | | | | | |
| 30 | 29700 | REMOVAL/REVISION OF CAST | CCR | | | | | | | | |
| 30 | 29705 | REMOVAL/REVISION OF CAST | CCR | | | | | | | | |
| 30 | 29710 | REMOVAL/REVISION OF CAST | CCR | | | | | | | | |
| 30 | 29720 | REPAIR OF BODY CAST | CCR | | | | | | | | |
| 30 | 29730 | WINDOWING OF CAST | CCR | | | | | | | | |
| 30 | 29740 | WEDGING OF CAST | CCR | | | | | | | | |
| 30 | 29750 | WEDGING OF CLUBFOOT CAST | CCR | | | | | | | | |
| 30 | 29828 | ARTHROSCOPY, SHOULDER, SURGICAL; BIC | CCR | | | | | | | | |
| 30 | 29866 | AUTGRFT IMPLNT, KNEE W/SCOPE | CCR | | | | | | | | |
| 30 | 29867 | ALLGRFT IMPLNT, KNEE W/SCOPE | CCR | | | | | | | | X |
| 30 | 29868 | MENISCAL TRNSPL, KNEE W/SCPE | CCR | | | | | | | | X |
| 30 | 29904 | ARTHROSCOPY, SUBTALAR JOINT, SURGICA | CCR | | | | | | | | |
| 30 | 29905 | ARTHROSCOPY, SUBTALAR JOINT, SURGICA | CCR | | | | | | | | |
| 30 | 29906 | ARTHROSCOPY, SUBTALAR JOINT, SURGICA | CCR | | | | | | | | |
| 30 | 29907 | ARTHROSCOPY, SUBTALAR JOINT, SURGICA | CCR | | | | | | | | |
| 30 | 30020 | DRAINAGE OF NOSE LESION | CCR | | | | | | | | |
| 30 | 30124 | REMOVAL OF NOSE LESION | CCR | | | | | | | | |
| 30 | 30200 | INJECTION TREATMENT OF NOSE | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 31040 | EXPLORATION BEHIND UPPER JAW | CCR | | | | | | | | |
| 30 | 31225 | REMOVAL OF UPPER JAW | CCR | | | | | | | | |
| 30 | 31230 | REMOVAL OF UPPER JAW | CCR | | | | | | | | |
| 30 | 31241 | NASAL/SINUS ENDOSCOPY, SURGICAL; WIT | CCR | | | | | | | | |
| 30 | 31290 | NASAL/SINUS ENDOSCOPY, SURGICAL, WIT | CCR | | | | | | | | |
| 30 | 31291 | NASAL/SINUS ENDOSCOPY, SURGICAL, WIT | CCR | | | | | | | | |
| 30 | 31292 | NASAL/SINUS ENDOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 31293 | NASAL/SINUS ENDOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 31294 | NASAL/SINUS ENDOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 31360 | REMOVAL OF LARYNX | CCR | | | | | | | | |
| 30 | 31365 | REMOVAL OF LARYNX | CCR | | | | | | | | |
| 30 | 31367 | PARTIAL REMOVAL OF LARYNX | CCR | | | | | | | | |
| 30 | 31368 | PARTIAL REMOVAL OF LARYNX | CCR | | | | | | | | |
| 30 | 31370 | PARTIAL REMOVAL OF LARYNX | CCR | | | | | | | | |
| 30 | 31375 | PARTIAL REMOVAL OF LARYNX | CCR | | | | | | | | |
| 30 | 31380 | PARTIAL REMOVAL OF LARYNX | CCR | | | | | | | | |
| 30 | 31382 | PARTIAL REMOVAL OF LARYNX | CCR | | | | | | | | |
| 30 | 31390 | REMOVAL OF LARYNX & PHARYNX | CCR | | | | | | | | |
| 30 | 31395 | RECONSTRUCT LARYNX & PHARYNX | CCR | | | | | | | | |
| 30 | 31500 | INTUBATION, ENDOTRACHEAL, EMERGENCY | CCR | | | | | | | X | |
| 30 | 31505 | DIAGNOSTIC LARYNGOSCOPY | CCR | | | X | | | | | |
| 30 | 31579 | SEE 31575;WITH STROBOSCOPY | CCR | | | | | | | | |
| 30 | 31584 | REPAIR OF LARYNX FRACTURE | CCR | | | | | | | | |
| 30 | 31587 | LARYNGOPLASTY, CRICOID SPLIT | CCR | | | | | | | | |
| 30 | 31600 | TRACHEOSTOMY, PLANNED | CCR | 02 | 99 | | | | | | |
| 30 | 31601 | TRACHEOSTOMY, PLANNED, < 2 YRS | CCR | 00 | 01 | | | | | | |
| 30 | 31605 | INCISION OF NECK CARTILAGES | CCR | | | | | | | | |
| 30 | 31610 | INCISION OF WINDPIPE | CCR | | | | | | | | |
| 30 | 31626 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INC | CCR | | | | | | | X | |
| 30 | 31627 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INC | CCR | | | | | | | | |
| 30 | 31632 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INC | CCR | | | | | | | X | |
| 30 | 31633 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INC | CCR | | | | | | | X | |
| 30 | 31654 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INC | CCR | | | | | | | | |
| 30 | 31660 | THERMAL REPAIR OF LUNG AIRWAYS USING | CCR | | | | | | | | |
| 30 | 31661 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INC | CCR | | | | | | | | |
| 30 | 31725 | CLEARANCE OF AIRWAYS | CCR | | | | | | | X | |
| 30 | 31760 | REPAIR OF WINDPIPE | CCR | | | | | | | | |
| 30 | 31766 | CARINAL RECONSTRUCTION | CCR | | | | | | | | |
| 30 | 31770 | REPAIR/GRAFT OF BRONCHUS | CCR | | | | | | | | |
| 30 | 31775 | RECONSTRUCT BRONCHUS | CCR | | | | | | | | |
| 30 | 31780 | RECONSTRUCT WINDPIPE | CCR | | | | | | | | |
| 30 | 31781 | RECONSTRUCT WINDPIPE | CCR | | | | | | | | |
| 30 | 31785 | REMOVE WINDPIPE LESION | CCR | | | | | | | | |
| 30 | 31786 | REMOVE WINDPIPE LESION | CCR | | | | | | | | |
| 30 | 31800 | REPAIR OF WINDPIPE INJURY | CCR | | | | | | | | |
| 30 | 31805 | REPAIR OF WINDPIPE INJURY | CCR | | | | | | | | |
| 30 | 32035 | EXPLORATION OF CHEST | CCR | | | | | | | | |

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 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 32036 | EXPLORATION OF CHEST | CCR | | | | | | | | |
| 30 | 32100 | THORACOTOMY; WITH EXPLORATION | CCR | | | | | | | | |
| 30 | 32110 | THORACOTOMY; WITH CONTROL OF TRAUMAT | CCR | | | | | | | | |
| 30 | 32120 | THORACOTOMY; FOR POSTOPERATIVE COMPL | CCR | | | | | | | | |
| 30 | 32124 | THORACOTOMY; WITH OPEN INTRAPLEURAL | CCR | | | | | | | | |
| 30 | 32140 | THORACOTOMY; WITH CYST(S) REMOVAL, I | CCR | | | | | | | | |
| 30 | 32141 | THORACOTOMY; WITH RESECTION-PLICATIO | CCR | | | | | | | | |
| 30 | 32150 | THORACOTOMY; WITH REMOVAL OF INTRAPL | CCR | | | | | | | | |
| 30 | 32151 | THORACOTOMY; WITH REMOVAL OF INTRAPU | CCR | | | | | | | | |
| 30 | 32160 | THORACOTOMY; WITH CARDIAC MASSAGE | CCR | | | | | | | | |
| 30 | 32200 | DRAINAGE OF INFECTED LUNG MATERIAL C | CCR | | | | | | | | |
| 30 | 32215 | PLEURAL SCARIFICATION/REP.PNEUMOTHOR | CCR | | | | | | | | |
| 30 | 32220 | RELEASE OF LUNG | CCR | | | | | | | | |
| 30 | 32225 | PARTIAL RELEASE OF LUNG | CCR | | | | | | | | |
| 30 | 32310 | REMOVAL OF CHEST LINING | CCR | | | | | | | | |
| 30 | 32320 | FREE/REMOVE CHEST LINING | CCR | | | | | | | | |
| 30 | 32440 | REMOVAL OF LUNG, PNEUMONECTOMY; | CCR | | | | | | | | |
| 30 | 32442 | REMOVAL OF LUNG, PNEUMONECTOMY; WITH | CCR | | | | | | | | |
| 30 | 32445 | REMOVAL OF LUNG, PNEUMONECTOMY; EXTR | CCR | | | | | | | | |
| 30 | 32480 | REMOVAL OF LUNG, OTHER THAN PNEUMONE | CCR | | | | | | | | |
| 30 | 32482 | REMOVAL OF LUNG, OTHER THAN PNEUMONE | CCR | | | | | | | | |
| 30 | 32484 | REMOVAL OF LUNG, OTHER THAN PNEUMONE | CCR | | | | | | | | |
| 30 | 32486 | REMOVAL OF LUNG, OTHER THAN PNEUMONE | CCR | | | | | | | | |
| 30 | 32488 | REMOVAL OF LUNG, OTHER THAN PNEUMONE | CCR | | | | | | | | |
| 30 | 32501 | REPAIR BRONCHUS (ADD-ON) | CCR | | | | | | | | |
| 30 | 32503 | RESECT APICAL LUNG TUMOR | CCR | | | | | | | | |
| 30 | 32504 | RESECT APICAL LUNG TUM/CHEST | CCR | | | | | | | | |
| 30 | 32507 | REPAIR BLOOD VESSEL, DIRECT-HAND/FING | CCR | | | | | | | | |
| 30 | 32540 | REMOVAL OF LUNG LESION | CCR | | | | | | | | |
| 30 | 32550 | INSERTION OF INDWELLING TUNNELED PLE | CCR | | | | | | | | |
| 30 | 32551 | TUBE THORACOSTOMY, INCLUDES WATER SE | CCR | | | | | | | | |
| 30 | 32552 | REMOVAL OF INDWELLING TUNNELED PLEUR | CCR | | | | | | | | |
| 30 | 32560 | CHEMICAL PLEURODESIS (EG, FOR RECURR | CCR | | | | | | | | |
| 30 | 32561 | INSTILLATION(S), VIA CHEST TUBE/CATH | CCR | | | | | | | | |
| 30 | 32562 | INSTILLATION(S), VIA CHEST TUBE/CATH | CCR | | | | | | | | |
| 30 | 32601 | THORACOSCOPY, DIAGNOSTIC (SEPARATE P | CCR | | | | | | | | |
| 30 | 32604 | THORACOSCOPY, DIAGNOSTIC (SEPARATE P | CCR | | | | | | | | |
| 30 | 32606 | THORACOSCOPY, DIAGNOSTIC (SEPARATE P | CCR | | | | | | | | |
| 30 | 32607 | THORACOSCOPY; WITH DIAGNOSTIC BIOPSY | CCR | | | | | | | | |
| 30 | 32608 | THORACOSCOPY; WITH DIAGNOSTIC BIOPSY | CCR | | | | | | | | |
| 30 | 32609 | THORACOSCOPY; WITH BIOPSY(IES) OF PL | CCR | | | | | | | | |
| 30 | 32650 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32651 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32652 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32653 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32654 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32655 | THORACOSCOPY, SURGICAL; WITH RESECTI | CCR | | | | | | | | |

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 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 32656 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32658 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32659 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32661 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32662 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32663 | THORACOSCOPY, SURGICAL; WITH LOBECTO | CCR | | | | | | | | |
| 30 | 32664 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32665 | THORACOSCOPY, SURGICAL; | CCR | | | | | | | | |
| 30 | 32669 | THORACOSCOPY, SURGICAL; WITH REMOVAL | CCR | | | | | | | | |
| 30 | 32701 | THORACIC TARGET(S) DELINEATION FOR S | CCR | | | | | | | | |
| 30 | 32800 | REPAIR LUNG HERNIA | CCR | | | | | | | | |
| 30 | 32810 | CLOSE CHEST AFTER DRAINAGE | CCR | | | | | | | | |
| 30 | 32815 | CLOSE BRONCHIAL FISTULA | CCR | | | | | | | | |
| 30 | 32820 | RECONSTRUCT INJURED CHEST | CCR | | | | | | | | |
| 30 | 32850 | DONOR PNEUMONECTOMY(IES) WITH PREPAR | CCR | | | | X | | | | |
| 30 | 32851 | LUNG TRANSPLANT, SINGLE; | CCR | | | | X | | | | |
| 30 | 32852 | LUNG TRANSPLANT, SINGLE; | CCR | | | | X | | | | |
| 30 | 32853 | LUNG TRANSPLANT, DOUBLE (BILATERAL S | CCR | | | | X | | | | |
| 30 | 32854 | LUNG TRANSPLANT, DOUBLE (BILATERAL S | CCR | | | | | | | | |
| 30 | 32900 | REMOVAL OF RIB(S) | CCR | | | | | | | | |
| 30 | 32905 | REVISE & REPAIR CHEST WALL | CCR | | | | | | | | |
| 30 | 32906 | REVISE & REPAIR CHEST WALL | CCR | | | | | | | | |
| 30 | 32940 | REVISION OF LUNG | CCR | | | | | | | | |
| 30 | 32960 | THERAPEUTIC PNEUMOTHORAX | CCR | | | | | | | | |
| 30 | 32997 | TOTAL LUNG LAVAGE | CCR | | | | | | | | |
| 30 | 32998 | ABLATION THERAPY FOR REDUCTION OR ER | CCR | | | | | | | | |
| 30 | 33015 | INCISION OF HEART SAC | CCR | | | | | | | | |
| 30 | 33020 | INCISION OF HEART SAC | CCR | | | | | | | | |
| 30 | 33025 | INCISION OF HEART SAC | CCR | | | | | | | | |
| 30 | 33030 | PARTIAL REMOVAL OF HEART SAC | CCR | | | | | | | | |
| 30 | 33031 | PERICARDIECTOMY, SUBTOTAL OR COMPLETE | CCR | | | | | | | | |
| 30 | 33050 | RESECTION OF PERICARDIAL CYST OR TUM | CCR | | | | | | | | |
| 30 | 33120 | REMOVAL OF HEART LESION | CCR | | | | | | | | |
| 30 | 33130 | REMOVAL OF HEART LESION | CCR | | | | | | | | |
| 30 | 33140 | HEART REVASCULARIZE (TMR) | CCR | | | | X | | | | |
| 30 | 33141 | HEART TMR W/OTHER PROCEDURE | CCR | | | | X | | | | |
| 30 | 33202 | INSERTION OF EPICARDIAL ELECTRODE(S) | CCR | | | | | | | | |
| 30 | 33203 | INSERTION OF EPICARDIAL ELECTRODE(S) | CCR | | | | | | | | |
| 30 | 33206 | INSERTION OF NEW OR REPLACEMENT OF P | CCR | | | | | | | | |
| 30 | 33207 | INSERTION OF NEW OR REPLACEMENT OF P | CCR | | | | | | | | |
| 30 | 33208 | INSERTION OR NEW OR REPLACEMENT OF P | CCR | | | | | | | | |
| 30 | 33210 | INSERTION OF HEART ELECTRODE | CCR | | | | | | | | |
| 30 | 33211 | INSERTION OR REPLACEMENT OF TEMPORAR | CCR | | | | | | | | |
| 30 | 33213 | INSERTION OF PACEMAKER PULSE GENERAT | CCR | | | | | | | | |
| 30 | 33214 | UPGRADE OF IMPLANTED PACEMAKER SYSTE | CCR | | | | | | | | |
| 30 | 33215 | REPOSITION PACING-DEFIB LEAD | CCR | | | | | | | | |
| 30 | 33216 | REVISION IMPLANTED ELECTRODE | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 33217 | INSERTION, REPLACEMENT OR REPOSITION | CCR | | | | | | | | |
| 30 | 33218 | REPAIR OF SINGLE TRANSVENOUS ELECTRO | CCR | | | | | | | | |
| 30 | 33220 | REPAIR OF 2 TRANSVENOUS ELECTRODES F | CCR | | | | | | | | |
| 30 | 33221 | INSERTION OF PACEMAKER PULSE GENERAT | CCR | | | | | | | | |
| 30 | 33224 | INSERTION OF PACING ELECTRODE, CARDI | CCR | | | | | | | | |
| 30 | 33225 | INSERTION OF PACING ELECTRODE, CARDI | CCR | | | | | | | | |
| 30 | 33226 | REPOSITIONING OF PREVIOUSLY IMPLANTE | CCR | | | | | | | | |
| 30 | 33227 | REMOVAL OF PERMANENT PACEMAKER PULSE | CCR | | | | | | | | |
| 30 | 33228 | REMOVAL OF PERMANENT PACEMAKER PULSE | CCR | | | | | | | | |
| 30 | 33229 | REMOVAL OF PERMANENT PACEMAKER PULSE | CCR | | | | | | | | |
| 30 | 33230 | INSERTION OF PACING CARDIOVERTER-DEF | CCR | | | | | | | | |
| 30 | 33231 | INSERTION OF PACING CARDIOVERTER-DEF | CCR | | | | | | | | |
| 30 | 33234 | REMOVAL OF PERMANENT PACEMAKER ; | CCR | | | | | | | | |
| 30 | 33235 | REMOVAL OF PERMANENT PACEMAKER ; | CCR | | | | | | | | |
| 30 | 33236 | REMOVAL OF PERMANENT EPICARDIAL PACE | CCR | | | | | | | | |
| 30 | 33237 | REMOVAL OF PERMANENT EPICARDIAL PACE | CCR | | | | | | | | |
| 30 | 33238 | REMOVAL OF PERMANENT TRANSVENOUS ELE | CCR | | | | | | | | |
| 30 | 33240 | INSERTION OF PACING CARDIOVERTER-DEF | CCR | | | | | | | | |
| 30 | 33241 | REMOVAL OF PACING CARDIOVERTER-DEFIB | CCR | | | | | | | | |
| 30 | 33243 | REMOVAL OF IMPLANTABLE CARDIOVERTER- | CCR | | | | | | | | |
| 30 | 33244 | REMOVAL OF IMPLANTABLE CARDIOVERTER- | CCR | | | | | | | | |
| 30 | 33249 | INSERTION OR REPLACEMENT OF PERMANEN | CCR | | | | | | | | |
| 30 | 33250 | OPERATIVE ABLATION OF SUPRAVENTRICUL | CCR | | | | | | | | |
| 30 | 33251 | OPERATIVE ABLATION WITH CARDIO BYPAS | CCR | | | | | | | | |
| 30 | 33254 | OPERATIVE TISSUE ABLATION AND RECONS | CCR | | | | | | | | |
| 30 | 33255 | OPERATIVE TISSUE ABLATION AND RECONS | CCR | | | | | | | | |
| 30 | 33256 | OPERATIVE TISSUE ABLATION AND RECONS | CCR | | | | | | | | |
| 30 | 33257 | OPERATIVE TISSUE ABLATION AND RECONS | CCR | | | | | | | | |
| 30 | 33258 | OPERATIVE TISSUE ABLATION AND RECONS | CCR | | | | | | | | |
| 30 | 33259 | OPERATIVE TISSUE ABLATION AND RECONS | CCR | | | | | | | | |
| 30 | 33261 | OPER ABLAITON OF ARRHYTH FOCUS;W CAR | CCR | | | | | | | | |
| 30 | 33262 | REMOVAL OF PACING CARDIOVERTER-DEFIB | CCR | | | | | | | | |
| 30 | 33263 | REMOVAL OF PACING CARDIOVERTER-DEFIB | CCR | | | | | | | | |
| 30 | 33264 | REMOVAL OF PACING CARDIOVERTER-DEFIB | CCR | | | | | | | | |
| 30 | 33265 | ABLATE ATRIA, LMTD, ENDO | CCR | | | | | | | | |
| 30 | 33266 | ABLATE ATRIA, X10SV, ENDO | CCR | | | | | | | | |
| 30 | 33272 | REMOVAL OF SUBCUTANEOUS IMPLANTABLE | CCR | | | | | | | | |
| 30 | 33282 | IMPLANT PAT-ACTIVE HT RECORD | CCR | | | | | | | | |
| 30 | 33284 | REMOVE PAT-ACTIVE HT RECORD | CCR | | | | | | | | |
| 30 | 33300 | REPAIR OF HEART WOUND | CCR | | | | | | | | |
| 30 | 33305 | REPAIR OF HEART WOUND | CCR | | | | | | | | |
| 30 | 33310 | EXPLORATORY HEART SURGERY | CCR | | | | | | | | |
| 30 | 33315 | EXPLORATORY HEART SURGERY | CCR | | | | | | | | |
| 30 | 33320 | REPAIR MAJOR BLOOD VESSEL(S) | CCR | | | | | | | | |
| 30 | 33321 | REPAIR MAJOR VESSEL | CCR | | | | | | | | |
| 30 | 33322 | REPAIR MAJOR BLOOD VESSEL(S) | CCR | | | | | | | | |
| 30 | 33330 | INSERT MAJOR VESSEL GRAFT | CCR | | | | | | | | |

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 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 33335 | INSERT MAJOR VESSEL GRAFT | CCR | | | | | | | | |
| 30 | 33340 | PERCUTANEOUS TRANSCATHETER CLOSURE O | CCR | | | | | | | | |
| 30 | 33361 | REPLACEMENT OF AORTIC VALVE WITH PRO | CCR | | | | | | | | |
| 30 | 33362 | TRANSCATHETER AORTIC VALVE REPLACEME | CCR | | | | | | | | |
| 30 | 33363 | TRANSCATHETER AORTIC VALVE REPLACEME | CCR | | | | | | | | |
| 30 | 33364 | TRANSCATHETER AORTIC VALVE REPLACEME | CCR | | | | | | | | |
| 30 | 33365 | TRANSCATHETER AORTIC VALVE REPLACEME | CCR | | | | | | | | |
| 30 | 33366 | Transcatheter aortic valve replaceme | CCR | | | | | | | | |
| 30 | 33367 | TRANSCATHETER AORTIC VALVE REPLACEME | CCR | | | | | | | | |
| 30 | 33368 | TRANSCATHETER AORTIC VALVE REPLACEME | CCR | | | | | | | | |
| 30 | 33369 | TRANSCATHETER AORTIC VALVE REPLACEME | CCR | | | | | | | | |
| 30 | 33390 | VALVULOPLASTY, AORTIC VALVE, OPEN, W | CCR | | | | | | | | |
| 30 | 33391 | VALVULOPLASTY, AORTIC VALVE, OPEN, W | CCR | | | | | | | | |
| 30 | 33404 | CONSTRUCT APICAL-AORTIC CONDUIT | CCR | | | | | | | | |
| 30 | 33405 | REPLACEMENT OF AORTIC VALVE | CCR | | | | | | | | |
| 30 | 33406 | REPLACEMENT, AORTIC VALVE, WITH CARD | CCR | | | | | | | | |
| 30 | 33410 | REPLACEMENT OF AORTIC VALVE | CCR | | | | | | | | |
| 30 | 33411 | REPLACE AORTIC VALVE;ANNULUS ENLARGE | CCR | | | | | | | | |
| 30 | 33412 | REPLACE AORTIC VALVE;TRANSVENTRICULA | CCR | | | | | | | | |
| 30 | 33413 | REPLACEMENT, AORTIC VALVE; | CCR | | | | | | | | |
| 30 | 33414 | REPAIR OF LEFT VENTRICULAR OUTFLOW T | CCR | | | | | | | | |
| 30 | 33415 | REVISION OF AORTIC VALVE | CCR | | | | | | | | |
| 30 | 33416 | VENTRICULOMYOTOMY FOR IDIOPATHIC HYP | CCR | | | | | | | | |
| 30 | 33417 | REPAIR OF AORTIC VALVE | CCR | | | | | | | | |
| 30 | 33418 | TRANSCATHETER MITRAL VALVE REPAIR, P | CCR | | | | | | | | |
| 30 | 33419 | TRANSCATHETER MITRAL VALVE REPAIR, P | CCR | | | | | | | | |
| 30 | 33420 | REVISION OF MITRAL VALVE | CCR | | | | | | | | |
| 30 | 33422 | REVISION OF MITRAL VALVE | CCR | | | | | | | | |
| 30 | 33425 | REPAIR OF MITRAL VALVE | CCR | | | | | | | | |
| 30 | 33426 | VALVULOPLASTY, MITRAL VALVE, W CARDIO | CCR | | | | | | | | |
| 30 | 33427 | VALVULOPLASTY, MITRAL VALVE, W CARDIO | CCR | | | | | | | | |
| 30 | 33430 | REPLACEMENT OF MITRAL VALVE | CCR | | | | | | | | |
| 30 | 33460 | REVISION OF TRICUSPID VALVE | CCR | | | | | | | | |
| 30 | 33463 | VALVULOPLASTY, TRICUSPID VALVE; | CCR | | | | | | | | |
| 30 | 33464 | VALVULOPLASTY, TRICUSPID VALVE; | CCR | | | | | | | | |
| 30 | 33465 | REPLACE TRICUSPID VALVE | CCR | | | | | | | | |
| 30 | 33468 | REVISION OF TRICUSPID VALVE | CCR | | | | | | | | |
| 30 | 33470 | REVISION OF PULMONARY VALVE | CCR | | | | | | | | |
| 30 | 33471 | VALVOTOMY-TRANSVENOUS BALOON METHOD | CCR | | | | | | | | |
| 30 | 33474 | REVISION OF PULMONARY VALVE | CCR | | | | | | | | |
| 30 | 33475 | REPLACEMENT, PULMONARY VALVE | CCR | | | | | | | | |
| 30 | 33476 | REVISION OF HEART CHAMBER | CCR | | | | | | | | |
| 30 | 33477 | TRANSCATHETER PULMONARY VALVE IMPLAN | CCR | | | | | | | | |
| 30 | 33478 | REVISION OF HEART CHAMBER | CCR | | | | | | | | |
| 30 | 33496 | REPAIR, PROSTH VALVE CLOT | CCR | | | | | | | | |
| 30 | 33500 | REPAIR CORONARY ARTERIOV OR ARTERIOC | CCR | | | | | | | | |
| 30 | 33501 | REPAIR OF CORONARY ARTERIOVENOUS OR | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 33502 | CORONARY ARTERY CORRECTION | CCR | | | | | | | | |
| 30 | 33503 | CORONARY ARTERY GRAFT | CCR | | | | | | | | |
| 30 | 33504 | CORONARY ARTERY GRAFT | CCR | | | | | | | | |
| 30 | 33505 | REPAIR OF ANOMALOUS CORONARY ARTERY; | CCR | | | | | | | | |
| 30 | 33506 | REPAIR OF ANOMALOUS CORONARY ARTERY; | CCR | | | | | | | | |
| 30 | 33507 | REPAIR ART, INTRAMURAL | CCR | | | | | | | | |
| 30 | 33508 | ENDOSCOPIC VEIN HARVEST | CCR | | | | | | | | |
| 30 | 33510 | CORONARY ARTERY BYPASS | CCR | | | | | | | | |
| 30 | 33511 | COR ART BYP,AUTOGENOUS GRAFT;2 ARTER | CCR | | | | | | | | |
| 30 | 33512 | COR ART BYP,AUTOGENOUS GRAFT;3 ARTER | CCR | | | | | | | | |
| 30 | 33513 | COR ART BYP,AUTOGENOUS GRAFT;4 ARTER | CCR | | | | | | | | |
| 30 | 33514 | COR ART BYPASS,AUTOGEN GRAFT;5 ARTER | CCR | | | | | | | | |
| 30 | 33516 | COR ART BYPASS,AUTOG GRAFT;6/MORE AR | CCR | | | | | | | | |
| 30 | 33517 | CORONARY ARTERY BYPASS, USING VENOUS | CCR | | | | | | | | |
| 30 | 33518 | CORONARY ARTERY BYPASS, USING VENOUS | CCR | | | | | | | | |
| 30 | 33519 | CORONARY ARTERY BYPASS, USING VENOUS | CCR | | | | | | | | |
| 30 | 33521 | CORONARY ARTERY BYPASS, USING VENOUS | CCR | | | | | | | | |
| 30 | 33522 | CORONARY ARTERY BYPASS, USING VENOUS | CCR | | | | | | | | |
| 30 | 33523 | CORONARY ARTERY BYPASS, USING VENOUS | CCR | | | | | | | | |
| 30 | 33530 | REOPERATION,CORON ART BYPASS >1MONTH | CCR | | | | | | | | |
| 30 | 33533 | CORONARY ARTERY BYPASS, USING ARTERI | CCR | | | | | | | | |
| 30 | 33534 | CORONARY ARTERY BYPASS, USING ARTERI | CCR | | | | | | | | |
| 30 | 33535 | CORONARY ARTERY BYPASS, USING ARTERI | CCR | | | | | | | | |
| 30 | 33536 | CORONARY ARTERY BYPASS, USING ARTERI | CCR | | | | | | | | |
| 30 | 33542 | REMOVAL OF HEART LESION | CCR | | | | | | | | |
| 30 | 33545 | REPAIR OF HEART DAMAGE | CCR | | | | | | | | |
| 30 | 33548 | RESTORE/REMODEL, VENTRICLE | CCR | | | | | | | | |
| 30 | 33572 | OPEN CORONARY ENDARTERECTOMY | CCR | | | | | | | | |
| 30 | 33600 | CLOSURE OF ATRIOVENTRICULAR VALVE (M | CCR | | | | | | | | |
| 30 | 33602 | CLOSURE OF SEMILUNAR VALVE (AORTIC O | CCR | | | | | | | | |
| 30 | 33606 | ANASTOMOSIS OF PULMONARY ARTERY TO A | CCR | | | | | | | | |
| 30 | 33608 | REPAIR OF COMPLEX CARDIAC ANOMALY OT | CCR | | | | | | | | |
| 30 | 33610 | REPAIR OF COMPLEX CARDIAC ANOMALIES | CCR | | | | | | | | |
| 30 | 33611 | REPAIR OF DOUBLE OUTLET RIGHT VENTRI | CCR | | | | | | | | |
| 30 | 33612 | REPAIR OF DOUBLE OUTLET RIGHT VENTRI | CCR | | | | | | | | |
| 30 | 33615 | REPAIR OF COMPLEX CARDIAC ANOMALIES | CCR | | | | | | | | |
| 30 | 33617 | REPAIR OF COMPLEX CARDIAC ANOMALIES | CCR | | | | | | | | |
| 30 | 33619 | REPAIR OF SINGLE VENTRICLE WITH AORT | CCR | | | | | | | | |
| 30 | 33641 | REPAIR HEART SEPTUM DEFECT | CCR | | | | | | | | |
| 30 | 33645 | REVISION OF HEART VEINS | CCR | | | | | | | | |
| 30 | 33647 | REPAIR ATRIAL&VENTRICULAR SEPTAL DEF | CCR | | | | | | | | |
| 30 | 33660 | REPAIR OF HEART DEFECTS | CCR | | | | | | | | |
| 30 | 33665 | REPAIR OF HEART DEFECTS | CCR | | | | | | | | |
| 30 | 33670 | REPAIR OF HEART CHAMBERS | CCR | | | | | | | | |
| 30 | 33675 | CLOSURE OF MULTIPLE VENTRICULAR SEPT | CCR | | | | | | | | |
| 30 | 33676 | CLOSURE OF MULTIPLE VENTRICULAR SEPT | CCR | | | | | | | | |
| 30 | 33677 | CLOSURE OF MULTIPLE VENTRICULAR SEPT | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 33681 | REPAIR HEART SEPTUM DEFECT | CCR | | | | | | | | |
| 30 | 33684 | REPAIR HEART SEPTUM DEFECT | CCR | | | | | | | | |
| 30 | 33688 | REPAIR HEART SEPTUM DEFECT | CCR | | | | | | | | |
| 30 | 33690 | REINFORCE PULMONARY ARTERY | CCR | | | | | | | | |
| 30 | 33692 | REPAIR OF HEART DEFECTS | CCR | | | | | | | | |
| 30 | 33694 | REPAIR OF HEART DEFECTS | CCR | | | | | | | | |
| 30 | 33697 | COMPLETE REPAIR TETRALOGY OF FALLOT | CCR | | | | | | | | |
| 30 | 33702 | REPAIR OF HEART DEFECTS | CCR | | | | | | | | |
| 30 | 33710 | REPAIR OF HEART DEFECTS | CCR | | | | | | | | |
| 30 | 33720 | REPAIR OF HEART DEFECT | CCR | | | | | | | | |
| 30 | 33722 | CLOSURE OF AORTICO-LEFT VENTRICULAR | CCR | | | | | | | | |
| 30 | 33724 | REPAIR OF ISOLATED PARTIAL ANOMALOUS | CCR | | | | | | | | |
| 30 | 33726 | REPAIR OF PULMONARY VENOUS STENOSIS | CCR | | | | | | | | |
| 30 | 33730 | REPAIR HEART-VEIN DEFECT(S) | CCR | | | | | | | | |
| 30 | 33732 | REPAIR OF COR TRIATRIATUM OR SUPRAVA | CCR | | | | | | | | |
| 30 | 33735 | REVISION OF HEART CHAMBER | CCR | | | | | | | | |
| 30 | 33736 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; | CCR | | | | | | | | |
| 30 | 33737 | REVISION OF HEART CHAMBER | CCR | | | | | | | | |
| 30 | 33750 | MAJOR VESSEL SHUNT | CCR | | | | | | | | |
| 30 | 33755 | MAJOR VESSEL SHUNT | CCR | | | | | | | | |
| 30 | 33762 | MAJOR VESSEL SHUNT | CCR | | | | | | | | |
| 30 | 33764 | SHUNT;CENTRAL WITH PROSTHETIC GRAFT | CCR | | | | | | | | |
| 30 | 33766 | MAJOR VESSEL SHUNT | CCR | | | | | | | | |
| 30 | 33767 | SHUNT; | CCR | | | | | | | | |
| 30 | 33768 | CAVOPULMONARY SHUNTING | CCR | | | | | | | | |
| 30 | 33770 | REPAIR OF TRANSPOSITION OF THE GREAT | CCR | | | | | | | | |
| 30 | 33771 | REPAIR OF TRANSPOSITION OF THE GREAT | CCR | | | | | | | | |
| 30 | 33774 | REPAIR TRANSPO GREAT ARTERIES | CCR | | | | | | | | |
| 30 | 33775 | REPAIR W REMOVAL PULMONARY BAND | CCR | | | | | | | | |
| 30 | 33776 | REPAIR W CLOSURE VENTRI SEPTAL DEFEC | CCR | | | | | | | | |
| 30 | 33777 | REPAIR W REPAIR SUBPULMONIC OBSTRUCT | CCR | | | | | | | | |
| 30 | 33778 | REPAIR TRANSPOS GREAT ARTERIES AORTI | CCR | | | | | | | | |
| 30 | 33779 | REPAIR W REMOVAL O PULMONARY BAND | CCR | | | | | | | | |
| 30 | 33780 | REPAIR W CLOSURE VENTRI SEPTAL DEFEC | CCR | | | | | | | | |
| 30 | 33781 | REPAIR W REPAIR O SUBPULMONIC OBSTRU | CCR | | | | | | | | |
| 30 | 33782 | AORTIC ROOT TRANSLOCATION WITH VENTR | CCR | | | | | | | | |
| 30 | 33783 | AORTIC ROOT TRANSLOCATION WITH VENTR | CCR | | | | | | | | |
| 30 | 33786 | REPAIR ARTERIAL TRUNK | CCR | | | | | | | | |
| 30 | 33788 | REVISION OF PULMONARY ARTERY | CCR | | | | | | | | |
| 30 | 33800 | AORTIC SUSPENSION (AORTOPEXY) FOR TR | CCR | | | | | | | | |
| 30 | 33802 | REPAIR VESSEL DEFECT | CCR | | | | | | | | |
| 30 | 33803 | REPAIR VESSEL DEFECT | CCR | | | | | | | | |
| 30 | 33813 | OBLITERATION O AORTOPULMON SEPTAL DE | CCR | | | | | | | | |
| 30 | 33814 | OBLITERATION W CARDIOPULMONARY BYPAS | CCR | | | | | | | | |
| 30 | 33820 | REVISE MAJOR VESSEL | CCR | | | | | | | | |
| 30 | 33822 | REPAIR PATENT DUCTUS ARTERIOSUS; | CCR | 00 | | | | | | | 17 |
| 30 | 33824 | REPAIR PATENT DUCTUS ARTERIOSUS | CCR | 18 | | | | | | | 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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 33840 | REMOVE AORTA CONSTRICTION | CCR | | | | | | | | |
| 30 | 33845 | REMOVE AORTA CONSTRICTION | CCR | | | | | | | | |
| 30 | 33851 | EXCISE COARCTATION-AORTA;WALDHUSEN | CCR | | | | | | | | |
| 30 | 33852 | EXCISION O COARCTATION W REPAIR ARCH | CCR | | | | | | | | |
| 30 | 33853 | REPAIR OF HYPOPLASTIC OR INTERRUPTED | CCR | | | | | | | | |
| 30 | 33860 | ASCENDING AORTA GRAFT | CCR | | | | | | | | |
| 30 | 33863 | ASCENDING AORTA GRAFT, WITH CARDIOPU | CCR | | | | | | | | |
| 30 | 33864 | ASCENDING AORTA GRAFT, WITH CARDIOPU | CCR | | | | | | | | |
| 30 | 33870 | TRANSVERSE AORTIC ARCH GRAFT | CCR | | | | | | | | |
| 30 | 33875 | THORACIC AORTA GRAFT | CCR | | | | | | | | |
| 30 | 33877 | REPAIR THORACOABDOMINAL AORTIC ANEUR | CCR | | | | | | | | |
| 30 | 33880 | ENDOVASC TAA REPR INCL SUBCL | CCR | | | | | | | | |
| 30 | 33881 | ENDOVASC TAA REPR W/O SUBCL | CCR | | | | | | | | |
| 30 | 33883 | INSERT ENDOVASC PROSTH, TAA | CCR | | | | | | | | |
| 30 | 33884 | ENDOVASC PROSTH, TAA, ADD-ON | CCR | | | | | X | | | |
| 30 | 33886 | ENDOVASC PROSTH, DELAYED | CCR | | | | | | | | |
| 30 | 33889 | ARTERY TRANSPOSE/ENDOVAS TAA | CCR | | | | | | | | |
| 30 | 33891 | CAR-CAR BP GRFT/ENDOVAS TAA | CCR | | | | | | | | |
| 30 | 33910 | REMOVE LUNG ARTERY EMBOLI | CCR | | | | | | | | |
| 30 | 33915 | REMOVE LUNG ARTERY EMBOLI | CCR | | | | | | | | |
| 30 | 33916 | PULMONARY ENDARTERECTOMY WW EMBOLECT | CCR | | | | | | | | |
| 30 | 33917 | REPAIR OF PULMONARY ARTERY STENOSIS | CCR | | | | | | | | |
| 30 | 33920 | REPAIR OF PULMONARY ATRESIA WITH VEN | CCR | | | | | | | | |
| 30 | 33922 | TRANSECTION OF PULMONARY ARTERY WITH | CCR | | | | | | | | |
| 30 | 33924 | REMOVE PULMONARY SHUNT | CCR | | | | | | | | |
| 30 | 33925 | RPR PUL ART UNIFOCAL W/O CPB | CCR | | | | | | | | |
| 30 | 33926 | REPR PUL ART, UNIFOCAL W/CPB | CCR | | | | | | | | |
| 30 | 33927 | IMPLANTATION OF A TOTAL REPLACEMENT | CCR | | | X | | | | | |
| 30 | 33928 | REMOVAL AND REPLACEMENT OF TOTAL REP | MP | | | X | X | | 01/01/18 | | |
| 30 | 33929 | REMOVAL OF A TOTAL REPLACEMENT HEART | MP | | | X | X | | 01/01/18 | | |
| 30 | 33930 | DONOR HEART-LUNG,PREP/MAINTAIN HOMOG | CCR | | | | X | | | | |
| 30 | 33935 | HEART-LUNG TRANSPLANT W/ORG REMOVAL | CCR | | | | X | | | | |
| 30 | 33940 | DONOR CARDIECTOMY,PREP/MAINTAIN HOMO | CCR | | | | X | | | | |
| 30 | 33945 | HEART TRANSPLANT,W/W/O RECI CARDIECT | CCR | | | | X | | | | |
| 30 | 33967 | INSERT IA PERCUT DEVICE | CCR | | | | | | | | |
| 30 | 33968 | REMOVE AORTIC ASSIST DEVICE | CCR | | | | | | | | |
| 30 | 33970 | INTERNAL CIRCULATION ASSIST | CCR | | | | | | | | |
| 30 | 33971 | REMOVE INTRA-AORTIC BALOONS,W/REPAIR | CCR | | | | | | | | |
| 30 | 33973 | INSERTION OF INTRA-AORTIC BALLOON AS | CCR | | | | | | | | |
| 30 | 33974 | REMOVAL OF INTRA-AORTIC BALLOON ASSI | CCR | | | | | | | | |
| 30 | 33975 | IMPLANTATION OF VENTRICULAR ASSIST D | CCR | | | | | | | | |
| 30 | 33976 | IMPLANTATION OF VENTRICULAR ASSIST D | CCR | | | | | | | | |
| 30 | 33977 | REMOVAL OF VENTRICULAR ASSIST DEVICE | CCR | | | | | | | | |
| 30 | 33978 | REMOVAL OF VENTRICULAR ASSIST DEVICE | CCR | | | | | | | | |
| 30 | 33979 | INSERT INTRACORPOREAL DEVICE | CCR | | | | | | | | |
| 30 | 33980 | REMOVE INTRACORPOREAL DEVICE | CCR | | | | | | | | |
| 30 | 33981 | REPLACEMENT OF EXTRACORPOREAL VENTRI | CCR | | | | X | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 33982 | REPLACEMENT OF VENTRICULAR ASSIST DE | CCR | | | X | | | | | |
| 30 | 33983 | REPLACEMENT OF VENTRICULAR ASSIST DE | CCR | | | X | | | | | |
| 30 | 33990 | INSERTION OF VENTRICULAR ASSIST DEVI | CCR | | | | | | | | |
| 30 | 33991 | INSERTION OF VENTRICULAR ASSIST DEVI | CCR | | | | | | | | |
| 30 | 33992 | REMOVAL OF PERCUTANEOUS VENTRICULAR | CCR | | | | | | | | |
| 30 | 33993 | REPOSITIONING OF PERCUTANEOUS VENTRI | CCR | | | | | | | | |
| 30 | 34001 | REMOVAL OF ARTERY CLOT | CCR | | | | | | | | |
| 30 | 34051 | REMOVAL OF ARTERY CLOT | CCR | | | | | | | | |
| 30 | 34101 | REMOVAL OF ARTERY CLOT | CCR | | | | | | | | |
| 30 | 34111 | EMBOLECTOMY/THROMBECTOMY -RADIAL/ULNA | CCR | | | | | | | | |
| 30 | 34151 | REMOVAL OF ARTERY CLOT | CCR | | | | | | | | |
| 30 | 34201 | REMOVAL OF ARTERY CLOT | CCR | | | | | | | | |
| 30 | 34203 | EMBOL-THROMECTOMY, POPLITEAL-TIBIO | CCR | | | | | | | | |
| 30 | 34401 | REMOVAL OF VEIN CLOT | CCR | | | | | | | | |
| 30 | 34421 | REMOVAL OF VEIN CLOT | CCR | | | | | | | | |
| 30 | 34451 | REMOVAL OF VEIN CLOT | CCR | | | | | | | | |
| 30 | 34471 | REMOVAL OF VEIN CLOT | CCR | | | | | | | | |
| 30 | 34490 | REMOVAL OF VEIN CLOT | CCR | | | | | | | | |
| 30 | 34501 | VALVULOPLASTY, FEMORAL VEIN | CCR | | | | | | | | |
| 30 | 34502 | RECONSTRUCTION OF VENA CAVA, ANY MET | CCR | | | | | | | | |
| 30 | 34510 | TRANSPOSE VENOUS VALVE, ANY VEIN DONO | CCR | | | | | | | | |
| 30 | 34520 | CROSS-OVER VEIN GRAFT TO VENOUS SYST | CCR | | | | | | | | |
| 30 | 34530 | SAPHENOPOPLITEAL VEIN ANASTOMOSIS | CCR | | | | | | | | |
| 30 | 34701 | ENDOVASCULAR REPAIR OF INFRARENAL AO | CCR | | | | | | | | |
| 30 | 34702 | ENDOVASCULAR REPAIR OF INFRARENAL AO | CCR | | | | | | | | |
| 30 | 34703 | ENDOVASCULAR REPAIR OF INFRARENAL AO | CCR | | | | | | | | |
| 30 | 34704 | ENDOVASCULAR REPAIR OF INFRARENAL AO | CCR | | | | | | | | |
| 30 | 34705 | ENDOVASCULAR REPAIR OF INFRARENAL AO | CCR | | | | | | | | |
| 30 | 34706 | ENDOVASCULAR REPAIR OF INFRARENAL AO | CCR | | | | | | | | |
| 30 | 34707 | ENDOVASCULAR REPAIR OF ILIAC ARTERY | CCR | | | | | | | | |
| 30 | 34708 | ENDOVASCULAR REPAIR OF ILIAC ARTERY | CCR | | | | | | | | |
| 30 | 34709 | PLACEMENT OF EXTENSION PROSTHESIS(ES | CCR | | | | | X | | | |
| 30 | 34710 | DELAYED PLACEMENT OF DISTAL OR PROXI | CCR | | | | | | | | |
| 30 | 34711 | DELAYED PLACEMENT OF DISTAL OR PROXI | CCR | | | | | X | | | |
| 30 | 34712 | TRANSCATHETER DELIVERY OF ENHANCED F | CCR | | | | | | | | |
| 30 | 34713 | PERCUTANEOUS ACCESS AND CLOSURE OF F | CCR | | | | | X | | | |
| 30 | 34714 | OPEN FEMORAL ARTERY EXPOSURE WITH CR | CCR | | | | | X | | | |
| 30 | 34715 | OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO | CCR | | | | | X | | | |
| 30 | 34716 | OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO | CCR | | | | | X | | | |
| 30 | 34808 | ENDOVASC ABDO OCCLUD DEVICE | CCR | | | | | | | | |
| 30 | 34812 | XPOSE FOR ENDOPROSTH, AORTIC | CCR | | | | | | | | |
| 30 | 34813 | XPOSE FOR ENDOPROSTH, FEMORL | CCR | | | | | | | | |
| 30 | 34820 | XPOSE FOR ENDOPROSTH, ILIAC | CCR | | | | | | | | |
| 30 | 34830 | OPEN AORTIC TUBE PROSTH REPR | CCR | | | | | | | | |
| 30 | 34831 | OPEN AORTOILLIAC PROSTH REPR | CCR | | | | | | | | |
| 30 | 34832 | OPEN AORTOFEMOR PROSTH REPR | CCR | | | | | | | | |
| 30 | 34833 | XPOSE FOR ENDOPROSTH, ILIAC | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 34834 | XPOSE, ENDOPROSTH, BRACHIAL | CCR | | | | | | | | |
| 30 | 34841 | PLACEMENT OF GRAFT FOR REPAIR OF AOR | CCR | | | | | | | | |
| 30 | 34842 | PLACEMENT OF GRAFT FOR REPAIR OF AOR | CCR | | | | | | | | |
| 30 | 34843 | PLACEMENT OF GRAFT FOR REPAIR OF AOR | CCR | | | | | | | | |
| 30 | 34844 | PLACEMENT OF GRAFT FOR REPAIR OF AOR | CCR | | | | | | | | |
| 30 | 34845 | PLACEMENT OF GRAFT FOR REPAIR OF AOR | CCR | | | | | | | | |
| 30 | 34846 | PLACEMENT OF GRAFT FOR REPAIR OF AOR | CCR | | | | | | | | |
| 30 | 34847 | PLACEMENT OF GRAFT FOR REPAIR OF AOR | CCR | | | | | | | | |
| 30 | 34848 | PLACEMENT OF GRAFT FOR REPAIR OF AOR | CCR | | | | | | | | |
| 30 | 35001 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35002 | REPAIR RUPTURED ANEURYSM,NECK INCISI | CCR | | | | | | | | |
| 30 | 35005 | REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB | CCR | | | | | | | | |
| 30 | 35011 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35013 | REPAIR RUPTURED ANEURYSM,AXIL-BRACH | CCR | | | | | | | | |
| 30 | 35021 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35022 | REPAIR RUPTURED ANEURYSM-SUBCLAV.ART | CCR | | | | | | | | |
| 30 | 35045 | REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR | CCR | | | | | | | | |
| 30 | 35081 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35082 | REPAIR RUPTURED ANEURYSM,ABDOMINAL | CCR | | | | | | | | |
| 30 | 35091 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35092 | REP.RUPTURED ANEURYSM,ABD AORTA/VISC | CCR | | | | | | | | |
| 30 | 35102 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35103 | REP.RUPTURED ANEURYSM,ABD AORTA/ILIA | CCR | | | | | | | | |
| 30 | 35111 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35112 | REP.RUPTURED ANEURYSM,SPLenic ARTERY | CCR | | | | | | | | |
| 30 | 35121 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35122 | RUPTURED ANEURYSM,HEPATIC,CELIAC | CCR | | | | | | | | |
| 30 | 35131 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35132 | RUPTURED ANEURYSM,ILIAc ARTERY | CCR | | | | | | | | |
| 30 | 35141 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35142 | REPAIR RUPTURED ANEURYSM/FEMORAL ART | CCR | | | | | | | | |
| 30 | 35151 | REPAIR DEFECT OF ARTERY | CCR | | | | | | | | |
| 30 | 35152 | REP.RUPTURED ANUERYSM,POPLITIAL ART | CCR | | | | | | | | |
| 30 | 35180 | REPAIR CONGENITAL FISTULA-HEAD/NECK | CCR | | | | | | | | |
| 30 | 35182 | REP.CONGENITAL FIST-THORAX/ABDOMEN | CCR | | | | | | | | |
| 30 | 35184 | REP.CONGENITAL FISTULA,EXTREMITIES | CCR | | | | | | | | |
| 30 | 35189 | REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO | CCR | | | | | | | | |
| 30 | 35201 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35211 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35216 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35221 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35226 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35231 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35236 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35241 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35246 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35251 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 35256 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35261 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35266 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35271 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35276 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35281 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35286 | REPAIR BLOOD VESSEL LESION | CCR | | | | | | | | |
| 30 | 35301 | RECHANNELING OF ARTERY | CCR | | | | | | | | |
| 30 | 35302 | THROMBOENDARTERECTOMY, INCLUDING PAT | CCR | | | | | | | | |
| 30 | 35303 | THROMBOENDARTERECTOMY, INCLUDING PAT | CCR | | | | | | | | |
| 30 | 35304 | THROMBOENDARTERECTOMY, INCLUDING PAT | CCR | | | | | | | | |
| 30 | 35305 | THROMBOENDARTERECTOMY, INCLUDING PAT | CCR | | | | | | | | |
| 30 | 35306 | THROMBOENDARTERECTOMY, INCLUDING P + | CCR | | | | | X | | | |
| 30 | 35311 | RECHANNELING OF ARTERY | CCR | | | | | | | | |
| 30 | 35321 | RECHANNELING OF ARTERY | CCR | | | | | | | | |
| 30 | 35331 | RECHANNELING OF ARTERY | CCR | | | | | | | | |
| 30 | 35341 | RECHANNELING OF ARTERY | CCR | | | | | | | | |
| 30 | 35351 | RECHANNELING OF ARTERY | CCR | | | | | | | | |
| 30 | 35355 | THROMBOENDARTERECTOMY- ILIOFEMORAL | CCR | | | | | | | | |
| 30 | 35361 | RECHANNELING OF ARTERY | CCR | | | | | | | | |
| 30 | 35363 | THROMBOENDARTERECTOMY/COMB. AORTOILIO | CCR | | | | | | | | |
| 30 | 35371 | RECHANNELING OF ARTERY | CCR | | | | | | | | |
| 30 | 35372 | SEE 35301;DEEP (PROFUNDA) FEMORAL | CCR | | | | | | | | |
| 30 | 35390 | REOPERATION, CAROTID, THROMBOENDARTE | CCR | | | | | | | | |
| 30 | 35400 | ANGIOSCOPY | CCR | | | | | | | | |
| 30 | 35500 | HARVEST VEIN FOR BYPASS | CCR | | | | | | | | |
| 30 | 35501 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35506 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35508 | BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA | CCR | | | | | | | | |
| 30 | 35509 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35510 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35511 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35512 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35515 | BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE | CCR | | | | | | | | |
| 30 | 35516 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35518 | BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR | CCR | | | | | | | | |
| 30 | 35521 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35522 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35523 | BYPASS GRAFT, WITH VEIN; BRACHIAL-UL | CCR | | | | | | | | |
| 30 | 35525 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35526 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35531 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35533 | BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM | CCR | | | | | | | | |
| 30 | 35535 | BYPASS GRAFT, WITH VEIN; HEPATORENAL | CCR | | | | | | | | |
| 30 | 35536 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35537 | BYPASS GRAFT, WITH VEIN; AORTOILIAC | CCR | | | | | | | | |
| 30 | 35538 | BYPASS GRAFT, WITH VEIN; AORTOBI-ILI | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 35539 | BYPASS GRAFT, WITH VEIN; AORTOFEMORA | CCR | | | | | | | | |
| 30 | 35540 | BYPASS GRAFT, WITH VEIN; AORTOBIFEMO | CCR | | | | | | | | |
| 30 | 35556 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35558 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35560 | BYPASS GRAFT,W/VEIN;AORTORENAL | CCR | | | | | | | | |
| 30 | 35563 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35565 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35566 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35570 | BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI | CCR | | | | | | | | |
| 30 | 35571 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35572 | HARVEST FEMOROPOPLITEAL VEIN | CCR | | | | | | | | |
| 30 | 35583 | IN-SITU BYPASS;FEMORAL-POPLITEAL | CCR | | | | | | | | |
| 30 | 35585 | IN-SITU BYPASS;FEM-ANTER,POST,PERON | CCR | | | | | | | | |
| 30 | 35587 | IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA | CCR | | | | | | | | |
| 30 | 35600 | HARVEST ARTERY FOR CABG | CCR | | | | | | | | |
| 30 | 35601 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35606 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35612 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35616 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35621 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35623 | BYPASS GRAFT, WITH OTHER THAN VEIN; | CCR | | | | | | | | |
| 30 | 35626 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35631 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35632 | BYPASS GRAFT, WITH OTHER THAN VEIN; | CCR | | | | | | | | |
| 30 | 35633 | BYPASS GRAFT, WITH OTHER THAN VEIN; | CCR | | | | | | | | |
| 30 | 35634 | BYPASS GRAFT, WITH OTHER THAN VEIN; | CCR | | | | | | | | |
| 30 | 35636 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35642 | BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB | CCR | | | | | | | | |
| 30 | 35645 | BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB | CCR | | | | | | | | |
| 30 | 35646 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35647 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35650 | BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL | CCR | | | | | | | | |
| 30 | 35654 | BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW | CCR | | | | | | | | |
| 30 | 35656 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35661 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35663 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35665 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35666 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35671 | ARTERY BYPASS GRAFT | CCR | | | | | | | | |
| 30 | 35681 | BYPASS GRAFT,COMPOSITE,PROSTH/VEIN | CCR | | | | | | | | |
| 30 | 35682 | AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES | CCR | | | | | | | | |
| 30 | 35683 | AUTOG COMP >/=3 VENSGMTS/>/=2 SITES | CCR | | | | | | | | |
| 30 | 35685 | BYPASS GRAFT PATENCY/PATCH | CCR | | | | | | | | |
| 30 | 35686 | BYPASS GRAFT/AV FIST PATENCY | CCR | | | | | | | | |
| 30 | 35691 | TRANSPOSITION AND/OR REIMPLANTATION; | CCR | | | | | | | | |
| 30 | 35693 | TRANSPOSITION AND/OR REIMPLANTATION; | CCR | | | | | | | | |
| 30 | 35694 | TRANSPOSITION AND/OR REIMPLANTATION; | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 35695 | TRANSPOSITION AND/OR REIMPLANTATION; | CCR | | | | | | | | |
| 30 | 35697 | REIMPLANT ARTERY EACH | CCR | | | | | | | | |
| 30 | 35700 | REOPERATION, FEMORAL-POPLITEAL OR FE | CCR | | | | | | | | |
| 30 | 35701 | EXPLORATION, CAROTID ARTERY | CCR | | | | | | | | |
| 30 | 35721 | EXPLORATION, FEMORAL ARTERY | CCR | | | | | | | | |
| 30 | 35741 | EXPLORATION POPLITEAL ARTERY | CCR | | | | | | | | |
| 30 | 35761 | EXPLORATION OF ARTERY/VEIN | CCR | | | | | | | | |
| 30 | 35800 | EXPLORE NECK VESSELS | CCR | | | | | | | | |
| 30 | 35820 | EXPLORE CHEST VESSELS | CCR | | | | | | | | |
| 30 | 35840 | EXPLORE ABDOMINAL VESSELS | CCR | | | | | | | | |
| 30 | 35860 | EXPLORE LIMB VESSELS | CCR | | | | | | | | |
| 30 | 35870 | REPAIR OF GRAFT-ENTERIC FISTULA | CCR | | | | | | | | |
| 30 | 35879 | REVISE GRAFT W/VEIN | CCR | | | | | | | | |
| 30 | 35881 | REVISE GRAFT W/VEIN | CCR | | | | | | | | |
| 30 | 35883 | REVISION, FEMORAL ANASTOMOSIS OF SYN | CCR | | | | | | | | |
| 30 | 35884 | REVISION, FEMORAL ANASTOMOSIS OF SYN | CCR | | | | | | | | |
| 30 | 35901 | EXCISION OF INFECTED GRAFT; | CCR | | | | | | | | |
| 30 | 35903 | EXCISION OF INFECTED GRAFT; | CCR | | | | | | | | |
| 30 | 35905 | EXCISION OF INFECTED GRAFT; | CCR | | | | | | | | |
| 30 | 35907 | EXCISION OF INFECTED GRAFT; | CCR | | | | | | | | |
| 30 | 36000 | ESTABLISH ACCESS TO VEIN | CCR | | | X | | X | | | |
| 30 | 36002 | PSEUDOANEURYSM INJECTION TRT | CCR | | | | | | | | |
| 30 | 36005 | INJECTION PROCEDURE FOR CONTRAST VEN | CCR | | | | | | | | |
| 30 | 36010 | ESTABLISH ACCESS TO VEIN | CCR | | | | | | | | |
| 30 | 36011 | SELECTIVE CATHETER PLACEMENT, VENOUS | CCR | | | | | | | | |
| 30 | 36012 | SELECTIVE CATHETER PLACEMENT, VENOUS | CCR | | | | | | | | |
| 30 | 36013 | INTRODUCTION OF CATHETER, RIGHT HEAR | CCR | | | | | | | | |
| 30 | 36014 | SELECTIVE CATHETER PLACEMENT, LEFT O | CCR | | | | | | | | |
| 30 | 36015 | SELECTIVE CATHETER PLACEMENT, EACH S | CCR | | | | | | | | |
| 30 | 36100 | ESTABLISH ACCESS TO ARTERY | CCR | | | | | | X | | |
| 30 | 36140 | ESTABLISH ACCESS TO ARTERY | CCR | | | | | | X | | |
| 30 | 36160 | ESTABLISH ACCESS TO AORTA | CCR | | | | | | | | |
| 30 | 36200 | INTRODUCTION OF CATHETER, AORTA | CCR | | | | | | | | |
| 30 | 36215 | INTRODUCE CATHETER; EACH ADD.... | CCR | | | | | | X | | |
| 30 | 36216 | SELECTIVE CATHETER PLACEMENT, ARTERI | CCR | | | | | | | | |
| 30 | 36217 | SELECTIVE CATHETER PLACEMENT, ARTERI | CCR | | | | | | | | |
| 30 | 36218 | SELECTIVE CATHETER PLACEMENT, ARTERI | CCR | | | | | | | | |
| 30 | 36221 | NON-SELECTIVE CATHETER PLACEMENT, TH | CCR | | | | | | | | |
| 30 | 36222 | SELECTIVE CATHETER PLACEMENT, COMMON | CCR | | | | | | X | | |
| 30 | 36223 | SELECTIVE CATHETER PLACEMENT, COMMON | CCR | | | | | | X | | |
| 30 | 36224 | SELECTIVE CATHETER PLACEMENT, INTERN | CCR | | | | | | X | | |
| 30 | 36225 | SELECTIVE CATHETER PLACEMENT, SUBCLA | CCR | | | | | | X | | |
| 30 | 36226 | SELECTIVE CATHETER PLACEMENT, VERTEB | CCR | | | | | | X | | |
| 30 | 36227 | SELECTIVE CATHETER PLACEMENT, EXTERN | CCR | | | | | | X | | |
| 30 | 36228 | SELECTIVE CATHETER PLACEMENT, EACH I | CCR | | | | | | X | | |
| 30 | 36245 | SELECTIVE CATHETER PLACEMENT, ARTERI | CCR | | | | | | X | | |
| 30 | 36246 | SELECTIVE CATHETER PLACEMENT, ARTERI | CCR | | | | | | | | |

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FEBRUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 36247 | SELECTIVE CATHETER PLACEMENT, ARTERI | CCR | | | | | | | | |
| 30 | 36248 | SELECTIVE CATHETER PLACEMENT, ARTERI | CCR | | | | | | | | |
| 30 | 36251 | SELECTIVE CATHETER PLACEMENT (FIRST- | CCR | | | | | | | | |
| 30 | 36252 | SELECTIVE CATHETER PLACEMENT (FIRST- | CCR | | | | | | | | |
| 30 | 36253 | SUPERSELECTIVE CATHETER PLACEMENT (O | CCR | | | | | | | | |
| 30 | 36254 | SUPERSELECTIVE CATHETER PLACEMENT (O | CCR | | | | | | | | |
| 30 | 36415 | COLLECTION OF VENOUS BLOOD BY VENIPU | 2.60 | | | | | X | 01/01/18 | | |
| 30 | 36416 | CAPILLARY BOOD DRAW | 2.30 | | | | | | 01/01/18 | | |
| 30 | 36430 | TRANSFUSION,BLOOD/BLOOD COMPONENTS | CCR | | | | | X | | | |
| 30 | 36440 | PUSH TRANSFUSION,BLOOD,2 YEARS OR < | CCR | 00 | 01 | | | X | | | |
| 30 | 36450 | EXCHANGE TRANSFUSION,BLOOD;NEWBORN | CCR | 00 | 00 | | | X | | | |
| 30 | 36455 | EXCHANGE TRANSFUSION SERVICE | CCR | | | | | X | | | |
| 30 | 36456 | PARTIAL EXCHANGE TRANSFUSION, BLOOD | CCR | 00 | 00 | | | | | | |
| 30 | 36460 | TRANSFUSION SERVICE, FETAL | CCR | | | | | X | | | |
| 30 | 36468 | INJECTIONS SCLEROSING SOLUTIONS SPID | CCR | | | | | X | | | |
| 30 | 36470 | INJECTION THERAPY OF VEIN | CCR | | | | | | | | |
| 30 | 36471 | INJECTION THERAPY OF VEINS | CCR | | | | | | | | |
| 30 | 36474 | ENDOVENOUS ABLATION THERAPY OF INCOM | CCR | | | | | X | | | |
| 30 | 36481 | PERCUTANEOUS PORTAL VEIN CATHETERIZA | CCR | | | | | | | | |
| 30 | 36483 | ENDOVENOUS ABLATION THERAPY OF INCOM | CCR | | | | | X | | | |
| 30 | 36500 | VEIN CATH/SELECT. ORGAN SAMPLE | CCR | | | | | | | | |
| 30 | 36511 | APHERESIS WBC | CCR | | | | | | | | |
| 30 | 36512 | APHERESIS RBC | CCR | | | | | | | | |
| 30 | 36513 | APHERESIS PLATELETS | CCR | | | | | | | | |
| 30 | 36514 | APHERESIS PLASMA | CCR | | | | | | | | |
| 30 | 36516 | APHERESIS, SELECTIVE | CCR | | | | | | | | |
| 30 | 36522 | PHOTOPHERESIS, EXTRACORPOREAL | CCR | | | | | | | | |
| 30 | 36591 | COLLECTION OF BLOOD SPECIMEN FROM A | CCR | | | | | | | | |
| 30 | 36592 | COLLECTION OF BLOOD SPECIMEN USING E | CCR | | | | | | | | |
| 30 | 36593 | DECLOTTING BY THROMBOLYTIC AGENT OF | CCR | | | | | | | | |
| 30 | 36595 | MECH REMOV TUNNELED CV CATH | CCR | | | | | | | | |
| 30 | 36596 | MECH REMOV TUNNELED CV CATH | CCR | | | | | | | | |
| 30 | 36597 | REPOSITION VENOUS CATHETER | CCR | | | | | | | | |
| 30 | 36598 | INJ W/FLUOR, EVAL CV DEVICE | CCR | | | | | X | | | |
| 30 | 36600 | ARTERIAL PUNCTURE,WITHDRAWAL OF BL | 21.43 | | | | | X | 01/01/18 | | |
| 30 | 36620 | ARTERIAL CATHETERIZATION OR CANNULAT | CCR | | | | | X | | | |
| 30 | 36625 | ESTABLISH ACCESS TO ARTERY | CCR | | | | | | | | |
| 30 | 36680 | PLACE NEEDLE--INTRAOSSEOUS INFUSION | CCR | | | | | | | | |
| 30 | 36823 | INSERTION CANNULA(S) | CCR | | | | | | | | |
| 30 | 36838 | DIST REVAS LIGATION, HEMO | CCR | | | | | | | | |
| 30 | 36907 | TRANSLUMINAL BALLOON ANGIOPLASTY, CE | CCR | | | | | | | | |
| 30 | 36908 | TRANSCATHETER PLACEMENT OF INTRAVASC | CCR | | | | | | | | |
| 30 | 36909 | DIALYSIS CIRCUIT PERMANENT VASCULAR | CCR | | | | | | | | |
| 30 | 37140 | REVISION OF CIRCULATION | CCR | | | | | | | | |
| 30 | 37145 | REVISION OF CIRCULATION | CCR | | | | | | | | |
| 30 | 37160 | REVISION OF CIRCULATION | CCR | | | | | | | | |
| 30 | 37180 | REVISION OF CIRCULATION | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 37181 | ANASTOMOSIS ;SPLENORENAL, DISTAL | CCR | | | | | | | | |
| 30 | 37182 | INSERT HEPATIC SHUNT (TIP'S) | CCR | | | | | | | | |
| 30 | 37184 | PRIM ART MECH THROMBECTOMY | CCR | | | | | | | | |
| 30 | 37185 | PRIM ART M-THROMBECT ADD-ON | CCR | | | | | X | | | |
| 30 | 37186 | SEC ART M-THROMBECT ADD-ON | CCR | | | | | | | | |
| 30 | 37187 | VENOUS MECH THROMBECTOMY | CCR | | | | | | | | |
| 30 | 37188 | VENOUS M-THROMBECTOMY ADD-ON | CCR | | | | | | | | |
| 30 | 37191 | INSERTION OF INTRAVASCULAR VENA CAVA | CCR | | X | | | | | | |
| 30 | 37192 | REPOSITIONING OF INTRAVASCULAR VENA | CCR | | X | | | | | | |
| 30 | 37193 | RETRIEVAL (REMOVAL) OF INTRAVASCULAR | CCR | | X | | | | | | |
| 30 | 37195 | THROMBOLYTIC THERAPY, STROKE | CCR | | | | | | | | |
| 30 | 37197 | TRANSCATHETER RETRIEVAL, PERCUTANEOU | CCR | | | | | | | | |
| 30 | 37211 | TRANSCATHETER THERAPY, ARTERIAL INFU | CCR | | | | | X | | | |
| 30 | 37212 | TRANSCATHETER THERAPY, VENOUS INFUSI | CCR | | | | | X | | | |
| 30 | 37213 | TRANSCATHETER THERAPY, ARTERIAL OR V | CCR | | | | | X | | | |
| 30 | 37214 | REMOVAL OF CATHETER IN ARTERY OR VEI | CCR | | | | | X | | | |
| 30 | 37215 | TRANSCATH STENT, CCA W/EPS | CCR | | | | | | | | |
| 30 | 37216 | TRANSCATH STENT, CCA W/O EPS | CCR | | | | | | | | |
| 30 | 37217 | INSERTION OF INTRAVASCULAR STENTS IN | CCR | | | | | X | | | |
| 30 | 37218 | TRANSCATHETER PLACEMENT OF INTRAVASC | CCR | | | | | | | | |
| 30 | 37224 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37225 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37226 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37227 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37228 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37229 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37230 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37231 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37232 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37233 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37234 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37235 | REVASCULARIZATION, ENDOVASCULAR, OPE | CCR | | | | | | | | |
| 30 | 37236 | INSERTION OF INTRAVASCULAR STENTS IN | CCR | | | | | | | | |
| 30 | 37237 | INSERTION OF INTRAVASCULAR STENTS IN | CCR | | | | | X | | | |
| 30 | 37238 | INSERTION OF INTRAVASCULAR STENTS IN | CCR | | | | | | | | |
| 30 | 37239 | INSERTION OF INTRAVASCULAR STENTS IN | CCR | | | | | X | | | |
| 30 | 37241 | OCCLUSION OF VENOUS MALFORMATIONS (O | CCR | | | | | | | | |
| 30 | 37242 | OCCLUSION OF ARTERY (OTHER THAN HEMO | CCR | | | | | | | | |
| 30 | 37243 | OCCLUSION OF TUMORS OR OBSTRUCTED BL | CCR | | | | | | | | |
| 30 | 37244 | OCCLUSION OF ARTERIAL OR VENOUS HEMO | CCR | | | | | | | | |
| 30 | 37247 | TRANSLUMINAL BALLOON ANGIOPLASTY (EX | CCR | | | | | X | | | |
| 30 | 37249 | TRANSLUMINAL BALLOON ANGIOPLASTY (EX | CCR | | | | | X | | | |
| 30 | 37252 | INTRAVASCULAR ULTRASOUND (NONCORONAR | CCR | | | | | | | | |
| 30 | 37253 | INTRAVASCULAR ULTRASOUND (NONCORONAR | CCR | | | | | | | | |
| 30 | 37565 | LIGATION OF NECK VEIN | CCR | | | | | | | | |
| 30 | 37600 | LIGATION OF NECK ARTERY | CCR | | | | | | | | |
| 30 | 37605 | LIGATION OF NECK ARTERY | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 37606 | LIGATION OF NECK ARTERY | CCR | | | | | | | | |
| 30 | 37615 | LIGATION OF NECK ARTERY | CCR | | | | | | | | |
| 30 | 37616 | LIGATE MAJOR ARTERY,CHEST | CCR | | | | | | | | |
| 30 | 37617 | LIGATION OF ABDOMEN ARTERY | CCR | | | | | | | | |
| 30 | 37618 | LIGATION OF EXTREMITY ARTERY | CCR | | | | | | | | |
| 30 | 37619 | LIGATION OF INFERIOR VENA CAVA | CCR | | | | | | | | |
| 30 | 37660 | REVISION OF MAJOR VEIN | CCR | | | | | | | | |
| 30 | 37765 | PHLEB VEINS - EXTREM - TO 20 | CCR | | | | | | | | |
| 30 | 37766 | PHLEB VEINS - EXTREM 20+ | CCR | | | | | | | | |
| 30 | 37788 | PENILE REVASCULARIZATION, ARTERY, WI | CCR | | | | | | | | |
| 30 | 38100 | REMOVAL OF SPLEEN | CCR | | | | | | | | |
| 30 | 38101 | SPLENECTOMY;PARTIAL | CCR | | | | | | | | |
| 30 | 38102 | SPLENECTOMY; | CCR | | | | | | | | |
| 30 | 38115 | REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY | CCR | | | | | | | | |
| 30 | 38120 | LAPAROSCOPY, SPLENECTOMY | CCR | | | | | | | | |
| 30 | 38200 | INJECTION FOR SPLEEN X-RAY | CCR | | | | | | | | |
| 30 | 38207 | CRYOPRESERVE STEM CELLS | CCR | | | | | | | | |
| 30 | 38208 | TRANSPLANT PREPARATION OF HEMATOPOIE | CCR | | | | | | | | |
| 30 | 38209 | TRANSPLANT PREPARATION OF HEMATOPOIE | CCR | | | | | | | | |
| 30 | 38210 | T-CELL DEPLETION OF HARVEST | CCR | | | | | | | | |
| 30 | 38211 | TUMOR CELL DEplete OF HARVST | CCR | | | | | | | | |
| 30 | 38212 | RBC DEPLETION OF HARVEST | CCR | | | | | | | | |
| 30 | 38213 | PLATELET DEplete OF HARVEST | CCR | | | | | | | | |
| 30 | 38214 | VOLUME DEplete OF HARVEST | CCR | | | | | | | | |
| 30 | 38215 | HARVEST STEM CELL CONCENTRTE | CCR | | | | | | | | |
| 30 | 38220 | BONE MARROW ASPIRATION | CCR | | | | | | | | |
| 30 | 38221 | BONE MARROW BIOPSY | CCR | | | | | | | | |
| 30 | 38230 | BONE MARROW HARVESTING FOR TRANSPLAN | CCR | | | | | | | | X |
| 30 | 38232 | BONE MARROW HARVESTING FOR TRANSPLAN | CCR | | | | | | | | |
| 30 | 38240 | BONE MARROW TRANSPLANTATION | CCR | | | | | | | | |
| 30 | 38241 | BONE MARROW TRANSPLANT,AUTOLOGOUS | CCR | | | | | | | | |
| 30 | 38242 | LYMPHOCYTE INFUSE TRANSPLANT | CCR | | | | | | | | |
| 30 | 38243 | HEMATOPOIETIC PROGENITOR CELL (HPC); | CCR | | | | | | | | |
| 30 | 38380 | THORACIC DUCT PROCEDURE | CCR | | | | | | | | |
| 30 | 38381 | THORACIC DUCT PROCEDURE | CCR | | | | | | | | |
| 30 | 38382 | SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR | CCR | | | | | | | | |
| 30 | 38562 | LIM.LYMPHADENECTOMY/STAGING; PELVIC | CCR | | | | | | | | |
| 30 | 38564 | LIM LYMPHADECTOMY/STAGE;RETROPERIT | CCR | | | | | | | | |
| 30 | 38720 | REMOVAL OF LYMPH NODES, NECK | CCR | | | | | | | | |
| 30 | 38724 | CERVICAL LYMPHADENECTOMY | CCR | | | | | | | | |
| 30 | 38746 | THORACIC LYMPHADENECTOMY BY THORACOT | CCR | | | | | | | | |
| 30 | 38747 | ABDOMINAL LYMPHADENECTOMY, REGIONAL, | CCR | | | | | | | | |
| 30 | 38765 | REMOVE GROIN LYMPH NODES | CCR | | | | | | | | |
| 30 | 38770 | REMOVE PELVIS LYMPH NODES | CCR | | | | | | | | |
| 30 | 38780 | REMOVE ABDOMEN LYMPH NODES | CCR | | | | | | | | |
| 30 | 38792 | INJECTION PROCEDURE; RADIOACTIVE TRA | CCR | | | | | | | | |
| 30 | 38794 | ACCESS THORACIC LYMPH DUCT | CCR | | | | | | | | |

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 |
|----|-------|--|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 38900 | INTRAOPERATIVE IDENTIFICATION (EG, M | CCR | | | | | | | | |
| 30 | 39000 | EXPLORATION OF MEDIASTINUM | CCR | | | | | | | | |
| 30 | 39010 | EXPLORATION OF MEDIASTINUM | CCR | | | | | | | | |
| 30 | 39200 | RESECTION OF MEDIASTINAL CYST | CCR | | | | | | | | |
| 30 | 39220 | RESECTION OF MEDIASTINAL TUMOR | CCR | | | | | | | | |
| 30 | 39401 | MEDIASTINOSCOPY, INCLUDES BIOPSY (IES | CCR | | | | | | | | |
| 30 | 39402 | MEDIASTINOSCOPY, INCLUDES BIOPSY (IES | CCR | | | | | | | | |
| 30 | 39501 | REPAIR, LACERATION OF DIAPHRAGM | CCR | | | | | | | | |
| 30 | 39503 | REPAIR, NEONATAL DIAPHRAGMATIC HERNIA | CCR | 00 | 00 | | | | | | |
| 30 | 39540 | REPAIR OF DIAPHRAGM HERNIA | CCR | | | | | | | | |
| 30 | 39541 | REPAIR OF DIAPHRAGM HERNIA | CCR | | | | | | | | |
| 30 | 39545 | REVISION OF DIAPHRAGM | CCR | | | | | | | | |
| 30 | 39560 | RESECT DIAPHRAGM, SIMPLE | CCR | | | | | | | | |
| 30 | 39561 | RESECT DIAPHRAGM, COMPLEX | CCR | | | | | | | | |
| 30 | 40805 | REMOVAL FOREIGN BODY, MOUTH | CCR | | | | X | | | | |
| 30 | 41000 | DRAINAGE OF MOUTH LESION | CCR | | | | X | | | | |
| 30 | 41019 | PLACEMENT OF NEEDLES, CATHETERS, OR | CCR | | | | | | | | |
| 30 | 41105 | BIOPSY OF TONGUE | CCR | | | | X | | | | |
| 30 | 41110 | EXCISION OF TONGUE LESION | CCR | | | | | | | | |
| 30 | 41130 | PARTIAL REMOVAL OF TONGUE | CCR | | | | | | | | |
| 30 | 41135 | TONGUE AND NECK SURGERY | CCR | | | | | | | | |
| 30 | 41140 | REMOVAL OF TONGUE | CCR | | | | | | | | |
| 30 | 41145 | TONGUE REMOVAL; NECK SURGERY | CCR | | | | | | | | |
| 30 | 41150 | TONGUE, MOUTH, JAW SURGERY | CCR | | | | | | | | |
| 30 | 41153 | GLOSSECTOMY; RESECT FLOOR MOUTH, SUPRA | CCR | | | | | | | | |
| 30 | 41155 | TONGUE, JAW, & NECK SURGERY | CCR | | | | | | | | |
| 30 | 41512 | TONGUE BASE SUSPENSION, PERMANENT SU | CCR | | | | | | | | |
| 30 | 41530 | SUBMUCOSAL ABLATION OF THE TONGUE BA | CCR | | | | | | | | |
| 30 | 41805 | REMOVAL FOREIGN BODY, GUM | CCR | | | | | | | | |
| 30 | 41806 | REMOVAL FOREIGN BODY, JAWBONE | CCR | | | | | | | | |
| 30 | 41825 | EXCISION OF GUM LESION | CCR | | | | | | | | |
| 30 | 41828 | EXC. ALVEOLAR MUCOSA-BILL BY SIXTHS | CCR | | | | | X | | | |
| 30 | 41830 | REMOVAL OF GUM TISSUE | CCR | | | | | | | | |
| 30 | 41850 | TREATMENT OF GUM LESION | CCR | | | | | | | | |
| 30 | 41872 | REPAIR GUM | CCR | | | | | | | | |
| 30 | 42225 | RECONSTRUCT CLEFT PALATE | CCR | | | | | | | | |
| 30 | 42227 | LENGTHEN PALATE, WITH ISLAND FLAP | CCR | | | | | | | | |
| 30 | 42280 | MAXILLARY IMPRESSION-PALATAL PROSTHE | CCR | | | | | | | | |
| 30 | 42281 | INSERT PIN-RETAINED PALATAL PROSTH. | CCR | | | | | | | | |
| 30 | 42330 | REMOVAL OF SALIVARY STONE | CCR | | | | | | | | |
| 30 | 42335 | REMOVAL OF SALIVARY STONE | CCR | | | | | | | | |
| 30 | 42400 | BIOPSY OF SALIVARY GLAND | CCR | | | | | X | | | |
| 30 | 42426 | EXCISE PAROTID GLAND/LESION | CCR | | | | | | | | |
| 30 | 42550 | INJECTION FOR SALIVARY X-RAY | CCR | | | | | X | | | |
| 30 | 42660 | DILATION OF SALIVARY DUCT | CCR | | | | | | | | |
| 30 | 42809 | REMOVE PHARYNX FOREIGN BODY | CCR | | | | | | | | |
| 30 | 42842 | RAD. RESECT. .TONSIL, ETC. W/O CLOSURE | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 42844 | RAD.RESECT TONSIL,ETC.W/LOCAL FLAP | CCR | | | | | | | | |
| 30 | 42845 | RAD.RESECT.TONSIL,ETC.W/OTHER FLAP | CCR | | | | | | | | |
| 30 | 42894 | REMOVAL OF THROAT TISSUE | CCR | | | | | | | | |
| 30 | 42953 | PHARYNGOESOPHAGEAL REPAIR | CCR | | | | | | | | |
| 30 | 42961 | CONTROL THROAT BLEEDING | CCR | | | | | X | | | |
| 30 | 42971 | CONTROL NOSE/THROAT BLEEDING | CCR | | | | | | | | |
| 30 | 43020 | INCISION OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43030 | THROAT MUSCLE SURGERY | CCR | | | | | | | | |
| 30 | 43045 | INCISION OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43100 | EXCISION OF ESOPHAGUS LESION | CCR | | | | | | | | |
| 30 | 43101 | EXCISION OF ESOPHAGUS LESION | CCR | | | | | | | | |
| 30 | 43107 | REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43108 | REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43112 | REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43113 | REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43116 | PARTIAL REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43117 | PARTIAL REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43118 | PARTIAL REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43121 | PARTIAL REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43122 | PARTIAL REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43123 | PARTIAL REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43124 | REMOVAL OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43130 | REMOVAL OF ESOPHAGUS POUCH | CCR | | | | | | | | |
| 30 | 43135 | REMOVAL OF ESOPHAGUS POUCH | CCR | | | | | | | | |
| 30 | 43273 | ENDOSCOPIC CANNULATION OF PAPILLA WI | CCR | | | | | | | | |
| 30 | 43279 | LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO | CCR | | | | | | | | |
| 30 | 43286 | ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W | CCR | | | | | | | | |
| 30 | 43287 | ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI | CCR | | | | | | | | |
| 30 | 43288 | ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W | CCR | | | | | | | | |
| 30 | 43300 | REPAIR OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43305 | REPAIR ESOPHAGUS AND FISTULA | CCR | | | | | | | | |
| 30 | 43310 | REPAIR OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43312 | REPAIR ESOPHAGUS AND FISTULA | CCR | | | | | | | | |
| 30 | 43313 | ESOPHAGOPLASTY CONGENITAL | CCR | | | | | | | | |
| 30 | 43314 | TRACHEO-ESOPHAGOPLASTY CONG | CCR | | | | | | | | |
| 30 | 43320 | FUSE ESOPHAGUS & STOMACH | CCR | | | | | | | | |
| 30 | 43325 | REVISE ESOPHAGUS & STOMACH | CCR | | | | | | | | |
| 30 | 43330 | REPAIR OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43331 | REPAIR OF ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43340 | FUSE ESOPHAGUS & INTESTINE | CCR | | | | | | | | |
| 30 | 43341 | FUSE ESOPHAGUS & INTESTINE | CCR | | | | | | | | |
| 30 | 43351 | SURGICAL OPENING, ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43352 | SURGICAL OPENING, ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43360 | GASTROINTESTINAL REPAIR | CCR | | | | | | | | |
| 30 | 43361 | GASTROINTESTINAL REPAIR | CCR | | | | | | | | |
| 30 | 43400 | LIGATE ESOPHAGUS VEINS | CCR | | | | | | | | |
| 30 | 43401 | TRANSECT ESOPHAGUS W/REPAIR- VARICES | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 43405 | LIGATE/STAPLE ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43410 | REPAIR ESOPHAGUS WOUND | CCR | | | | | | | | |
| 30 | 43415 | REPAIR ESOPHAGUS WOUND | CCR | | | | | | | | |
| 30 | 43425 | REPAIR ESOPHAGUS OPENING | CCR | | | | | | | | |
| 30 | 43460 | PRESSURE TREATMENT ESOPHAGUS | CCR | | | | | | | | |
| 30 | 43496 | FREE JEJUNUM FLAP, MICROVASC | CCR | | | | | | | | |
| 30 | 43501 | GASTROTOMY WITH SUTURE REPAIR | CCR | | | | | | | | |
| 30 | 43502 | SURGICAL REPAIR OF STOMACH | CCR | | | | | | | | |
| 30 | 43510 | SURGICAL OPENING OF STOMACH | CCR | | | | | | | | |
| 30 | 43520 | INCISION OF PYLORIC MUSCLE | CCR | | | | | | | | |
| 30 | 43605 | BIOPSY,STOMACH,BY LAPAROTOMY | CCR | | | | | | | | |
| 30 | 43610 | EXCISION OF STOMACH LESION | CCR | | | | | | | | |
| 30 | 43611 | EXCISION, LOCAL; | CCR | | | | | | | | |
| 30 | 43620 | REMOVAL OF STOMACH | CCR | | | | | | | | |
| 30 | 43621 | GASTRECTOMY, TOTAL; | CCR | | | | | | | | |
| 30 | 43622 | GASTRECTOMY, TOTAL; | CCR | | | | | | | | |
| 30 | 43631 | GASTRECTOMY, PARTIAL, DISTAL; | CCR | | | | | | | | |
| 30 | 43632 | GASTRECTOMY, PARTIAL, DISTAL; | CCR | | | | | | | | |
| 30 | 43633 | GASTRECTOMY, PARTIAL, DISTAL; | CCR | | | | | | | | |
| 30 | 43634 | GASTRECTOMY, PARTIAL, DISTAL; | CCR | | | | | | | | |
| 30 | 43635 | VAGOTOMY W/PART DISTAL GASTRECTOMY | CCR | | | | | | | | |
| 30 | 43640 | VAGOTOMY & PYLORUS REPAIR | CCR | | | | | | | | |
| 30 | 43641 | VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/ | CCR | | | | | | | | |
| 30 | 43644 | LAP GASTRIC BYPASS/ROUX-EN-Y | CCR | 16 | 99 | | X | | | | |
| 30 | 43645 | LAP GASTR BYPASS INCL SMLL I | CCR | 16 | 99 | | X | | | | |
| 30 | 43651 | LAPAROSCOPY, VAGUS NERVE | CCR | | | | | | | | |
| 30 | 43652 | LAPAROSCOPY, VAGUS NERVE | CCR | | | | | | | | |
| 30 | 43752 | INSERTION OF NASAL OR ORAL STOMACH T | CCR | | | | | | | | |
| 30 | 43753 | INSERTION OF STOMACH TUBE AND ASPIRA | CCR | | | | | | | | |
| 30 | 43754 | GASTRIC INTUBATION AND ASPIRATION, D | CCR | | | | | | | | |
| 30 | 43755 | GASTRIC INTUBATION AND ASPIRATION, D | CCR | | | | | | | | |
| 30 | 43756 | DUODENAL INTUBATION AND ASPIRATION, | CCR | | | | | | | | |
| 30 | 43757 | DUODENAL INTUBATION AND ASPIRATION, | CCR | | | | | | | | |
| 30 | 43770 | LAP, PLACE GASTR ADJUST BAND | CCR | 16 | 99 | | X | | | | |
| 30 | 43771 | LAP, REVISE ADJUST GAST BAND | CCR | 16 | 99 | | X | | | | |
| 30 | 43772 | LAP, REMOVE ADJUST GAST BAND | CCR | 16 | 99 | | X | | | | |
| 30 | 43773 | LAP, CHANGE ADJUST GAST BAND | CCR | 16 | 99 | | X | | | | |
| 30 | 43774 | LAP REMOV ADJ GAST BAND/PORT | CCR | 16 | 99 | | X | | | | |
| 30 | 43775 | LAPAROSCOPY SURGICAL GASTRIC RESTRIC | CCR | 16 | 99 | | X | | | | |
| 30 | 43800 | RECONSTRUCTION OF PYLORUS | CCR | | | | | | | | |
| 30 | 43810 | FUSION OF STOMACH AND BOWEL | CCR | | | | | | | | |
| 30 | 43825 | FUSION OF STOMACH AND BOWEL | CCR | | | | | | | | |
| 30 | 43831 | GASTROSTOMY, OPEN, NEONATAL | CCR | 00 | 00 | | | | | | |
| 30 | 43832 | SURGICAL OPENING OF STOMACH | CCR | | | | | | | | |
| 30 | 43842 | GASTROPLASTY, VERTICAL-BANDED, FOR M | CCR | 16 | 99 | | X | | | | |
| 30 | 43843 | GASTROPLASTY, OTHER THAN VERTICAL-BA | CCR | 16 | 99 | | X | | | | |
| 30 | 43845 | GASTROPLASTY DUODENAL SWITCH | CCR | 16 | 99 | | X | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 43846 | GASTRIC BYPASS WITH ROUX-EN-Y GASTRO | CCR | 16 99 | X | | | | | | |
| 30 | 43847 | GASTRIC BYPASS FOR OBESITY | CCR | 16 99 | X | | | | | | |
| 30 | 43848 | REVISION GASTROPLASTY | CCR | 16 99 | X | | | | | | |
| 30 | 43850 | REVISE STOMACH-BOWEL FUSION | CCR | | | | | | | | |
| 30 | 43855 | REVISE STOMACH-BOWEL FUSION | CCR | | | | | | | | |
| 30 | 43860 | REVISE STOMACH-BOWEL FUSION | CCR | | | | | | | | |
| 30 | 43865 | REVISE STOMACH-BOWEL FUSION | CCR | | | | | | | | |
| 30 | 43886 | REVISE GASTRIC PORT, OPEN | CCR | 16 99 | X | | | | | | |
| 30 | 43887 | REMOVE GASTRIC PORT, OPEN | CCR | 16 99 | X | | | | | | |
| 30 | 43888 | CHANGE GASTRIC PORT, OPEN | CCR | 16 99 | X | | | | | | |
| 30 | 44005 | FREEING OF BOWEL ADHESION | CCR | | | | | | | | |
| 30 | 44010 | INCISION OF SMALL BOWEL | CCR | | | | | | | | |
| 30 | 44015 | NEEDLE CATHETER JEJUNOSTOMY/HYPERALI | CCR | | | | | | | | |
| 30 | 44020 | EXPLORATION OF SMALL BOWEL | CCR | | | | | | | | |
| 30 | 44021 | ENTEROTOMY...;FOR DECOMPRESSION | CCR | | | | | | | | |
| 30 | 44025 | EXPLORATION OF LARGE BOWEL | CCR | | | | | | | | |
| 30 | 44050 | REDUCE BOWEL OBSTRUCTION | CCR | | | | | | | | |
| 30 | 44055 | CORRECT MALROTATION-CG, LADD PROC. | CCR | | | | | | | | |
| 30 | 44110 | EXCISION OF BOWEL LESION(S) | CCR | | | | | | | | |
| 30 | 44111 | EXCISION OF BOWEL LESION(S) | CCR | | | | | | | | |
| 30 | 44120 | REMOVAL OF SMALL INTESTINE | CCR | | | | | | | | |
| 30 | 44121 | REMOVAL OF SMALL INTESTINE | CCR | | | | | | | | |
| 30 | 44125 | REMOVAL OF SMALL INTESTINE | CCR | | | | | | | | |
| 30 | 44126 | ENTERECTOMY W/TAPER, CONG | CCR | | | | | | | | |
| 30 | 44127 | ENTERECTOMY W/O TAPER, CONG | CCR | | | | | | | | |
| 30 | 44128 | ENTERECTOMY CONG, ADD-ON | CCR | | | | | | | | |
| 30 | 44130 | BOWEL TO BOWEL FUSION | CCR | | | | | | | | |
| 30 | 44132 | ENTERECTOMY, CADAVER DONOR | CCR | | | | | | | | X |
| 30 | 44133 | ENTERECTOMY, LIVE DONOR | CCR | | | | | | | | X |
| 30 | 44135 | INTESTINE TRANSPLNT, CADAVER | CCR | | | | | | | | X |
| 30 | 44136 | INTESTINE TRANSPLANT, LIVE | CCR | | | | | | | | X |
| 30 | 44137 | REMOVE INTESTINAL ALLOGRAFT | CCR | | | | | | | | X |
| 30 | 44139 | MOBILIZATION OF COLON | CCR | | | | | | | | |
| 30 | 44140 | PARTIAL REMOVAL OF COLON | CCR | | | | | | | | |
| 30 | 44141 | PARTIAL REMOVAL OF COLON | CCR | | | | | | | | |
| 30 | 44143 | PARTIAL REMOVAL OF COLON | CCR | | | | | | | | |
| 30 | 44144 | PARTIAL REMOVAL OF COLON | CCR | | | | | | | | |
| 30 | 44145 | PARTIAL REMOVAL OF COLON | CCR | | | | | | | | |
| 30 | 44146 | PARTIAL REMOVAL OF COLON | CCR | | | | | | | | |
| 30 | 44147 | PARTIAL COLECTOMY-ABDO&TRANSANAL APP | CCR | | | | | | | | |
| 30 | 44150 | REMOVAL OF COLON | CCR | | | | | | | | |
| 30 | 44151 | COLECTOMY; W/CONTINENT ILEOSTOMY | CCR | | | | | | | | |
| 30 | 44155 | REMOVAL OF COLON | CCR | | | | | | | | |
| 30 | 44156 | COLECTOMY...;W/ CONTINENT ILEOSTOMY | CCR | | | | | | | | |
| 30 | 44157 | COLECTOMY, TOTAL, ABDOMINAL, WITH PR | CCR | | | | | | | | |
| 30 | 44158 | COLECTOMY, TOTAL, ABDOMINAL, WITH PR | CCR | | | | | | | | |
| 30 | 44160 | REMOVAL OF COLON | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 44186 | LAP, JEJUNOSTOMY | CCR | | | | | | | | |
| 30 | 44187 | LAP, ILEO/JEJUNO-STOMY | CCR | | | | | | | | |
| 30 | 44188 | LAP, COLOSTOMY | CCR | | | | | | | | |
| 30 | 44202 | LAPARO, RESECT INTESTINE | CCR | | | | | | | | |
| 30 | 44203 | LAP RESECT S/INTESTINE, ADDL | CCR | | | | | | | | |
| 30 | 44204 | LAPARO PARTIAL COLECTOMY | CCR | | | | | | | | |
| 30 | 44205 | LAP COLECTOMY PART W/ILEUM | CCR | | | | | | | | |
| 30 | 44206 | LAP PART COLECTOMY W/STOMA | CCR | | | | | | | | |
| 30 | 44207 | L COLECTOMY/COLOPROCTOSTOMY | CCR | | | | | | | | |
| 30 | 44208 | L COLECTOMY/COLOPROCTOSTOMY | CCR | | | | | | | | |
| 30 | 44210 | LAPARO TOTAL PROCTOCOLECTOMY | CCR | | | | | | | | |
| 30 | 44211 | LAPARO TOTAL PROCTOCOLECTOMY | CCR | | | | | | | | |
| 30 | 44212 | LAPARO TOTAL PROCTOCOLECTOMY | CCR | | | | | | | | |
| 30 | 44213 | LAP, MOBIL SPLENIC FL ADD-ON | CCR | | | | | | | | |
| 30 | 44227 | LAP, CLOSE ENTEROSTOMY | CCR | | | | | | | | |
| 30 | 44300 | OPEN BOWEL TO SKIN | CCR | | | | | | | | |
| 30 | 44310 | ILEOSTOMY | CCR | | | | | | | | |
| 30 | 44314 | REVISION OF ILEOSTOMY | CCR | | | | | | | | |
| 30 | 44316 | DEVISE BOWEL POUCH | CCR | | | | | | | | |
| 30 | 44320 | COLOSTOMY | CCR | | | | | | | | |
| 30 | 44322 | COLOSTOMY/CECOSTOMY; MULTIPLE BX"S | CCR | | | | | | | | |
| 30 | 44345 | REVISION OF COLOSTOMY | CCR | | | | | | | | |
| 30 | 44346 | REVISE COLOSTOMY;REPAIR HERNIA | CCR | | | | | | | | |
| 30 | 44500 | INTRODUCTION OF LONG GASTROINTESTINA | CCR | | | | | | | | |
| 30 | 44602 | SUTURE OF SMALL INTESTINE (ENTERORRH | CCR | | | | | | | | |
| 30 | 44603 | SUTURE OF SMALL INTESTINE (ENTERORRH | CCR | | | | | | | | |
| 30 | 44605 | REPAIR OF BOWEL LESION | CCR | | | | | | | | |
| 30 | 44615 | INTESTINAL STRICTUROPLASTY (ENTEROTO | CCR | | | | | | | | |
| 30 | 44625 | REPAIR BOWEL OPENING | CCR | | | | | | | | |
| 30 | 44626 | REPAIR BOWEL OPENING | CCR | | | | | | | | |
| 30 | 44640 | REPAIR BOWEL-SKIN FISTULA | CCR | | | | | | | | |
| 30 | 44650 | REPAIR BOWEL FISTULA | CCR | | | | | | | | |
| 30 | 44660 | REPAIR BOWEL-BLADDER FISTULA | CCR | | | | | | | | |
| 30 | 44661 | REPAIR BOWEL-BLADDER FISTULA | CCR | | | | | | | | |
| 30 | 44680 | SURGICAL REVISION, INTESTINE | CCR | | | | | | | | |
| 30 | 44700 | SUSPEND BOWEL W/PROSTHESIS | CCR | | | | | | | | |
| 30 | 44701 | INTRAOP COLON LAVAGE ADD-ON | CCR | | | | | | | | |
| 30 | 44715 | PREPARE DONOR INTESTINE | CCR | | | | | | | | X |
| 30 | 44720 | PREP DONOR INTESTINE/VENOUS | CCR | | | | | | | | X |
| 30 | 44721 | PREP DONOR INTESTINE/ARTERY | CCR | | | | | | | | X |
| 30 | 44800 | REPAIR OF CONGENITAL BOWEL DEFECT | CCR | | | | | | | | |
| 30 | 44820 | EXCISION OF MESENTERY LESION | CCR | | | | | | | | |
| 30 | 44850 | REPAIR OF MESENTERY | CCR | | | | | | | | |
| 30 | 44900 | DRAINAGE OF ABSCESS OF APPENDIX, OPE | CCR | | | | | | | | |
| 30 | 44955 | APPENDECTOMY,WHEN INDICATED W/MAJOR | CCR | | | | | | | | |
| 30 | 44960 | APPENDECTOMY | CCR | | | | | | | | X |
| 30 | 45110 | REMOVAL OF RECTUM | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 45111 | PARTIAL REMOVAL OF RECTUM | CCR | | | | | | | | |
| 30 | 45112 | REMOVAL OF RECTUM | CCR | | | | | | | | |
| 30 | 45113 | PARTIAL PROCTECTOMY | CCR | | | | | | | | |
| 30 | 45114 | PARTIAL REMOVAL OF RECTUM | CCR | | | | | | | | |
| 30 | 45116 | PARTIAL REMOVAL OF RECTUM | CCR | | | | | | | | |
| 30 | 45119 | REMOVE, RECTUM W/RESERVOIR | CCR | | | | | | | | |
| 30 | 45120 | REMOVAL OF RECTUM | CCR | | | | | | | | |
| 30 | 45121 | PROCTECTOMY;W/COLECTOMY,W/MULTE BX | CCR | | | | | | | | |
| 30 | 45123 | PARTIAL PROCTECTOMY | CCR | | | | | | | | |
| 30 | 45126 | PELVIC EXENTERATION | CCR | | | | X | | | | |
| 30 | 45130 | EXCISION OF RECTAL PROLAPSE | CCR | | | | | | | | |
| 30 | 45135 | EXCISION OF RECTAL PROLAPSE | CCR | | | | | | | | |
| 30 | 45136 | EXCISE ILEOANAL RESERVOIR | CCR | | | | | | | | |
| 30 | 45303 | PROCTOSIGMOIDOSCOPY WITH DILATION | CCR | | | | X | | | | |
| 30 | 45395 | LAP, REMOVAL OF RECTUM | CCR | | | | | | | | |
| 30 | 45397 | LAP, REMOVE RECTUM W/POUCH | CCR | | | | | | | | |
| 30 | 45400 | LAPAROSCOPIC PROCTOPEXY | CCR | | | | | | | | |
| 30 | 45402 | LAP PROCTOPEXY W/SIG RESECT | CCR | | | | | | | | |
| 30 | 45520 | PERIRECTAL INJ. FOR PROLAPSE; OFFICE | CCR | | | | | | | | |
| 30 | 45540 | CORRECT RECTAL PROLAPSE | CCR | | | | | | | | |
| 30 | 45541 | CORRECT RECTAL PROLAPSE | CCR | | | | | | | | |
| 30 | 45550 | REPAIR RECTUM;REMOVE SIGMOID | CCR | | | | | | | | |
| 30 | 45562 | EXPLORATION/REPAIR OF RECTUM | CCR | | | | | | | | |
| 30 | 45563 | EXPLORATION/REPAIR OF RECTUM | CCR | | | | | | | | |
| 30 | 45800 | REPAIR RECTUMBLADDER FISTULA | CCR | | | | | | | | |
| 30 | 45805 | REPAIR FISTULA; COLOSTOMY | CCR | | | | | | | | |
| 30 | 45820 | REPAIR RECTOURETHRAL FISTULA | CCR | | | | | | | | |
| 30 | 45825 | REPAIR FISTULA; COLOSTOMY | CCR | | | | | | | | |
| 30 | 46070 | INCISION OF ANAL SEPTUM | CCR | | | | | | | | |
| 30 | 46221 | LIGATION OF HEMORRHOID(S) | CCR | | | | X | | | | |
| 30 | 46500 | INJECTION TREATMENT OF ANUS | CCR | | | | | | | | |
| 30 | 46505 | CHEMODENERVATION ANAL MUSC | CCR | | | | | | | | |
| 30 | 46601 | ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO | CCR | | | | | | | | |
| 30 | 46606 | ANOSCOPY WITH BIOPSY | CCR | | | | | | | | |
| 30 | 46614 | ANOSCOPY; CONTROL OF HEMORRHAGE | CCR | | | | | | | | |
| 30 | 46710 | REPR PER/VAG POUCH SNGL PROC | CCR | | | | | | | | |
| 30 | 46712 | REPR PER/VAG POUCH DBL PROC | CCR | | | | | | | | |
| 30 | 46715 | REPAIR OF ANOVAGINAL FISTULA | CCR | | | | | | | | |
| 30 | 46716 | REPAIR OF ANOVAGINAL FISTULA | CCR | | | | | | | | |
| 30 | 46730 | CONSTRUCTION OF ABSENT ANUS | CCR | | | | | | | | |
| 30 | 46735 | CONSTRUCTION OF ABSENT ANUS | CCR | | | | | | | | |
| 30 | 46740 | CONSTRUCTION OF ABSENT ANUS | CCR | | | | | | | | |
| 30 | 46742 | REPAIR OF HIGH IMPERFORATE ANUS WITH | CCR | | | | | | | | |
| 30 | 46744 | REPAIR OF CLOACAL ANOMALY BY ANORECT | CCR | | | | | | | | |
| 30 | 46746 | REPAIR OF CLOACAL ANOMALY BY ANORECT | CCR | | | | | | | | |
| 30 | 46748 | REPAIR OF CLOACAL ANOMALY BY ANORECT | CCR | | | | | | | | |
| 30 | 46751 | REPAIR OF ANAL SPHINCTER | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 46916 | CRYSOSURGERY-ANAL LESIONS | CCR | | | | | X | | | |
| 30 | 46930 | DESTRUCTION OF INTERNAL HEMORRHOID(S | CCR | | | | | | | | |
| 30 | 46942 | TREATMENT OF ANAL FISSURE | CCR | | | | | | | | |
| 30 | 47010 | DRAINAGE OF LIVER ABSCESS OR CYST, O | CCR | | | | | | | | |
| 30 | 47015 | INJECT/ASPIRATE LIVER CYST | CCR | | | | | | | | |
| 30 | 47120 | PARTIAL REMOVAL OF LIVER | CCR | | | | | | | | |
| 30 | 47122 | HEPATECTOMY, RESECT LIVER; TRISEGMENT. | CCR | | | | | | | | |
| 30 | 47125 | PARTIAL REMOVAL OF LIVER | CCR | | | | | | | | |
| 30 | 47130 | PARTIAL REMOVAL OF LIVER | CCR | | | | | | | | |
| 30 | 47133 | DONOR HEPATECTOMY, W/PREP-MAINT.HOMOG | CCR | | | | X | | | | |
| 30 | 47135 | LIVER TRANSPLANT, W/W/O RECI HEPATEC. | CCR | | | | X | | | | |
| 30 | 47140 | PARTIAL REMOVAL, DONOR LIVER | CCR | | | | X | | | | |
| 30 | 47141 | PARTIAL REMOVAL, DONOR LIVER | CCR | | | | X | | | | |
| 30 | 47142 | PARTIAL REMOVAL, DONOR LIVER | CCR | | | | X | | | | |
| 30 | 47146 | PREP DONOR LIVER/VENOUS | CCR | | | | X | | | | |
| 30 | 47147 | PREP DONOR LIVER/ARTERIAL | CCR | | | | X | | | | |
| 30 | 47300 | SURGERY FOR LIVER LESION | CCR | | | | | | | | |
| 30 | 47350 | REPAIR LIVER WOUND | CCR | | | | | | | | |
| 30 | 47360 | REPAIR LIVER WOUND | CCR | | | | | | | | |
| 30 | 47361 | REPAIR LIVER WOUND | CCR | | | | | | | | |
| 30 | 47362 | REPAIR LIVER WOUND | CCR | | | | | | | | |
| 30 | 47370 | LAPARO ABLATE LIVER TUMOR RF | CCR | | | | | | | | |
| 30 | 47371 | LAPARO ABLATE LIVER CRYOSUG | CCR | | | | | | | | |
| 30 | 47380 | OPEN ABLATE LIVER TUMOR RF | CCR | | | | | | | | |
| 30 | 47381 | OPEN ABLATE LIVER TUMOR CRYO | CCR | | | | | | | | |
| 30 | 47400 | INCISION OF LIVER DUCT | CCR | | | | | | | | |
| 30 | 47420 | INCISION OF BILE DUCT | CCR | | | | | | | | |
| 30 | 47425 | INCISION OF BILE DUCT | CCR | | | | | | | | |
| 30 | 47460 | INCISE BILE DUCT SPHINCTER | CCR | | | | | | | | |
| 30 | 47490 | PERCUTANEOUS CHOLECYSTOSTOMY | CCR | | | | | | | | |
| 30 | 47531 | INJECTION PROCEDURE FOR CHOLANGIOGRA | CCR | | | | | | | | |
| 30 | 47532 | INJECTION PROCEDURE FOR CHOLANGIOGRA | CCR | | | | | | | | |
| 30 | 47542 | BALLOON DILATION OF BILIARY DUCT(S) | CCR | | | | | | | | |
| 30 | 47543 | ENDOLUMINAL BIOPSY(IES) OF BILIARY T | CCR | | | | | | | | |
| 30 | 47544 | REMOVAL OF CALCULI/DEBRIS FROM BILIR | CCR | | | | | | | | |
| 30 | 47550 | BILIARY ENDOSCOPY, INTRAOPERATIVE (C | CCR | | | | | | | | |
| 30 | 47570 | LAPARO CHOLECYSTOENTEROSTOMY | CCR | | | | | | | | |
| 30 | 47600 | REMOVAL OF GALLBLADDER | CCR | | | | | | | | |
| 30 | 47610 | REMOVAL OF GALLBLADDER | CCR | | | | | | | | |
| 30 | 47612 | CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST | CCR | | | | | | | | |
| 30 | 47620 | REMOVAL OF GALLBLADDER | CCR | | | | | | | | |
| 30 | 47700 | EXPLORATION OF BILE DUCTS | CCR | | | | | | | | |
| 30 | 47701 | PORTENTEROSTOMY | CCR | | | | | | | | |
| 30 | 47711 | EXCISION OF BILE DUCT TUMOR | CCR | | | | | | | | |
| 30 | 47712 | EXCISION OF BILE DUCT TUMOR | CCR | | | | | | | | |
| 30 | 47715 | EXCISE CHOLEDOCHAL CYST | CCR | | | | | | | | |
| 30 | 47720 | FUSE GALLBLADDER & BOWEL | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 47721 | FUSE UPPER GI STRUCTURES | CCR | | | | | | | | |
| 30 | 47740 | FUSE GALLBLADDER & BOWEL | CCR | | | | | | | | |
| 30 | 47741 | FUSE GALLBLADDER & BOWEL | CCR | | | | | | | | |
| 30 | 47760 | FUSE BILE DUCTS AND BOWEL | CCR | | | | | | | | |
| 30 | 47765 | FUSE LIVER DUCTS & BOWEL | CCR | | | | | | | | |
| 30 | 47780 | FUSE BILE DUCTS AND BOWEL | CCR | | | | | | | | |
| 30 | 47785 | FUSE BILE DUCTS AND BOWEL | CCR | | | | | | | | |
| 30 | 47800 | RECONSTRUCTION OF BILE DUCTS | CCR | | | | | | | | |
| 30 | 47801 | PLACEMENT OF CHOLEDOCHAL STENT | CCR | | | | | | | | |
| 30 | 47802 | U-TUBE HEPATICOENTEROSTOMY | CCR | | | | | | | | |
| 30 | 47900 | SUTURE BILE DUCT INJURY | CCR | | | | | | | | |
| 30 | 48000 | DRAINAGE OF ABDOMEN | CCR | | | | | | | | |
| 30 | 48001 | PLACEMENT OF DRAINS, PERIPANCREATIC, | CCR | | | | | | | | |
| 30 | 48020 | REMOVAL OF PANCREATIC STONE | CCR | | | | | | | | |
| 30 | 48100 | BIOPSY OF PANCREAS | CCR | | | | | | | | |
| 30 | 48105 | RESECTION OR DEBRIDEMENT OF PANCREAS | CCR | | | | | | | | |
| 30 | 48120 | REMOVAL OF PANCREAS LESION | CCR | | | | | | | | |
| 30 | 48140 | PARTIAL REMOVAL OF PANCREAS | CCR | | | | | | | | |
| 30 | 48145 | PARTIAL REMOVAL OF PANCREAS | CCR | | | | | | | | |
| 30 | 48146 | PANCREATECTOMY, DISTAL, NEAR-TOTAL W | CCR | | | | | | | | |
| 30 | 48148 | REMOVAL OF PANCREATIC DUCT | CCR | | | | | | | | |
| 30 | 48150 | PARTIAL REMOVAL OF PANCREAS | CCR | | | | | | | | |
| 30 | 48152 | PANCREATECTOMY, PROXIMAL SUBTOTAL WI | CCR | | | | | | | | |
| 30 | 48153 | PANCREATECTOMY, PROXIMAL SUBTOTAL WI | CCR | | | | | | | | |
| 30 | 48154 | PANCREATECTOMY, PROXIMAL SUBTOTAL WI | CCR | | | | | | | | |
| 30 | 48155 | REMOVAL OF PANCREAS | CCR | | | | | | | | |
| 30 | 48160 | PANCREATECTOMY;WITH TRANSPLANTATION | CCR | | | | | | | | X |
| 30 | 48500 | SURGERY OF PANCREAS CYST | CCR | | | | | | | | |
| 30 | 48510 | INSERTION OF DRAIN FROM PANCREATIC C | CCR | | | | | | | | |
| 30 | 48520 | FUSE PANCREAS CYST AND BOWEL | CCR | | | | | | | | |
| 30 | 48540 | FUSE PANCREAS CYST AND BOWEL | CCR | | | | | | | | |
| 30 | 48545 | PANCREATORRHAPHY FOR TRAUMA | CCR | | | | | | | | |
| 30 | 48547 | DUODENAL EXCLUSION WITH GASTROJEJUNO | CCR | | | | | | | | |
| 30 | 48548 | PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE | CCR | | | | | | | | |
| 30 | 48550 | DONOR PANCREATECTOMY, WITH PREPARATI | CCR | | | | | | | | X |
| 30 | 48552 | PREP DONOR PANCREAS/VENOUS | CCR | | | | | | | | X |
| 30 | 48554 | TRANSPLANTATION OF PANCREATIC ALLOGR | CCR | | | | | | | | X |
| 30 | 48556 | REMOVAL OF TRANSPLANTED PANCREATIC A | CCR | | | | | | | | X |
| 30 | 49002 | REEXPLORATION OF ABDOMEN | CCR | | | | | | | | |
| 30 | 49020 | DRAINAGE OF ABDOMINAL ABSCESS OR INF | CCR | | | | | | | | |
| 30 | 49040 | DRAINAGE OF ABSCESS OF MUSCLE SEPARA | CCR | | | | | | | | |
| 30 | 49060 | DRAINAGE OF ABSCESS BEHIND ABDOMINAL | CCR | | | | | | | | |
| 30 | 49062 | DRAIN TO PERITONEAL CAVITY | CCR | | | | | | | | |
| 30 | 49082 | ABDOMINAL PARACENTESIS (DIAGNOSTIC O | CCR | | | | | | | | |
| 30 | 49083 | ABDOMINAL PARACENTESIS (DIAGNOSTIC O | CCR | | | | | | | | |
| 30 | 49084 | PERITONEAL LAVAGE, INCLUDING IMAGING | CCR | | | | | | | | |
| 30 | 49185 | SCLEROTHERAPY OF FLUID COLLECTION (E | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 49203 | EXCISION OR DESTRUCTION, OPEN, INTRA | CCR | | | | | | | | |
| 30 | 49204 | EXCISION OR DESTRUCTION, OPEN, INTRA | CCR | | | | | | | | |
| 30 | 49205 | EXCISION OR DESTRUCTION, OPEN, INTRA | CCR | | | | | | | | |
| 30 | 49215 | EXCISE PRECACRAL/SACROCCYGEAL CYST | CCR | | | | | | | | |
| 30 | 49220 | STAGING CELIOTOMY;HODGKINS/LYMPHOMA | CCR | | | | | | | | |
| 30 | 49255 | OMENECTOMY,..RESECT OMENTUM | CCR | | | X | | | | | |
| 30 | 49323 | LAPARO DRAIN LYMPHOCELE | CCR | | | X | | | | | |
| 30 | 49324 | LAPAROSCOPY, SURGICAL; WITH INSERTIO | CCR | | | | | | | | |
| 30 | 49325 | LAPAROSCOPY, SURGICAL; WITH REVISION | CCR | | | | | | | | |
| 30 | 49326 | LAPAROSCOPY, SURGICAL; WITH OMENTO + | CCR | | | | | | | | |
| 30 | 49400 | AIR INJECTION INTO ABDOMEN | CCR | | | | | | | | |
| 30 | 49402 | REMOVAL OF PERITONEAL FOREIGN BODY F | CCR | | | | | | | | |
| 30 | 49405 | Fluid collection drainage by cathete | CCR | | | | | | | | |
| 30 | 49406 | Fluid collection drainage by cathete | CCR | | | | | | | | |
| 30 | 49407 | Fluid collection drainage by cathete | CCR | | | | | | | | |
| 30 | 49423 | EXCHANGE DRAINAGE CATH | CCR | | | | | | | | |
| 30 | 49424 | ASSESS CYST, CONTRAST INJ | CCR | | | | | | | | |
| 30 | 49425 | PERITONEAL-VENOUS SHUNT | CCR | | | | | | | | |
| 30 | 49427 | INJECTION PROCEDURE (EG, CONTRAST ME | CCR | | | | | | | | |
| 30 | 49428 | LIGATION OF SHUNT | CCR | | | | | | | | |
| 30 | 49429 | REMOVAL OF SHUNT | CCR | | | | | | | | |
| 30 | 49435 | INSERTION OF SUBCUTANEOUS EXTENSI + | CCR | | | | | | | | |
| 30 | 49436 | DELAYED CREATION OF EXIT SITE FROM E | CCR | | | | | | | | |
| 30 | 49440 | INSERTION OF GASTROSTOMY TUBE, PERCU | CCR | | | | | | | | |
| 30 | 49441 | INSERTION OF DUODENOSTOMY OR JEJUNOS | CCR | | | | | | | | |
| 30 | 49442 | INSERTION OF CECOSTOMY OR OTHER COLO | CCR | | | | | | | | |
| 30 | 49446 | CONVERSION OF GASTROSTOMY TUBE TO GA | CCR | | | | | | | | |
| 30 | 49450 | REPLACEMENT OF GASTROSTOMY OR CECOST | CCR | | | | | | | | |
| 30 | 49451 | REPLACEMENT OF DUODENOSTOMY OR JEJUN | CCR | | | | | | | | |
| 30 | 49452 | REPLACEMENT OF GASTRO-JEJUNOSTOMY TU | CCR | | | | | | | | |
| 30 | 49460 | MECHANICAL REMOVAL OF OBSTRUCTIVE MA | CCR | | | | | | | | |
| 30 | 49465 | CONTRAST INJECTION(S) FOR RADIOLOGIC | CCR | | | | | | | | |
| 30 | 49605 | REPAIR UMBILICAL LESION | CCR | | | | | | | | |
| 30 | 49606 | REPAIR UMBILICAL LESION | CCR | | | | | | | | |
| 30 | 49610 | REPAIR UMBILICAL LESION | CCR | | | | | | | | |
| 30 | 49611 | REPAIR UMBILICAL LESION | CCR | | | | | | | | |
| 30 | 49654 | LAPAROSCOPY, SURGICAL, REPAIR, INCIS | CCR | | | | | | | | |
| 30 | 49655 | LAPAROSCOPY, SURGICAL, REPAIR, INCIS | CCR | | | | | | | | |
| 30 | 49657 | LAPAROSCOPY, SURGICAL, REPAIR, RECUR | CCR | | | | | | | | |
| 30 | 49904 | OMENTAL FLAP, EXTRA-ABDOM | CCR | | | | | | | | |
| 30 | 49905 | OMENTAL FLAP (EG, FOR RECONSTRUCTION | CCR | | | | | | | | |
| 30 | 49906 | FREE OMENTAL FLAP, MICROVASC | CCR | | | | | | | | |
| 30 | 50010 | EXPLORATION OF KIDNEY | CCR | | | | | | | | |
| 30 | 50020 | INCISION AND DRAINAGE OF KIDNEY ABSC | CCR | | | | | | | | |
| 30 | 50040 | DRAINAGE OF KIDNEY | CCR | | | | | | | | |
| 30 | 50045 | EXPLORATION OF KIDNEY | CCR | | | | | | | | |
| 30 | 50060 | REMOVAL OF KIDNEY STONE | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 50065 | INCISION OF KIDNEY | CCR | | | | | | | | |
| 30 | 50070 | INCISION OF KIDNEY | CCR | | | | | | | | |
| 30 | 50075 | REMOVAL OF KIDNEY STONE | CCR | | | | | | | | |
| 30 | 50081 | PERCUT NEPHRO/PYELO,W/ OR W/O | CCR | | | | | | | | |
| 30 | 50100 | REVISE KIDNEY BLOOD VESSELS | CCR | | | | | | | | |
| 30 | 50120 | EXPLORATION OF KIDNEY | CCR | | | | | | | | |
| 30 | 50125 | EXPLORE AND DRAIN KIDNEY | CCR | | | | | | | | |
| 30 | 50130 | REMOVAL OF KIDNEY STONE | CCR | | | | | | | | |
| 30 | 50135 | EXPLORATION OF KIDNEY | CCR | | | | | | | | |
| 30 | 50205 | RENAL BIOPSY; BY SURGICAL EXPOSURE O | CCR | | | | | | | | |
| 30 | 50220 | REMOVAL OF KIDNEY | CCR | | | | | | | | |
| 30 | 50225 | REMOVAL OF KIDNEY | CCR | | | | | | | | |
| 30 | 50230 | REMOVAL OF KIDNEY | CCR | | | | | | | | |
| 30 | 50234 | REMOVAL OF KIDNEY & URETER | CCR | | | | | | | | |
| 30 | 50236 | REMOVAL OF KIDNEY & URETER | CCR | | | | | | | | |
| 30 | 50240 | PARTIAL REMOVAL OF KIDNEY | CCR | | | | | | | | |
| 30 | 50250 | CRYOABLATE RENAL MASS OPEN | CCR | | | | | | | | |
| 30 | 50280 | REMOVAL OF KIDNEY LESION | CCR | | | | | | | | |
| 30 | 50290 | REMOVAL OF KIDNEY LESION | CCR | | | | | | | | |
| 30 | 50300 | DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG | CCR | | | | X | | | | |
| 30 | 50320 | DONOR NEPHRECTOMY,CARE HOMOG,LIVING | CCR | | | | X | | | | |
| 30 | 50327 | PREP RENAL GRAFT/VENOUS | CCR | | | | X | | | | |
| 30 | 50328 | PREP RENAL GRAFT/ARTERIAL | CCR | | | | X | | | | |
| 30 | 50329 | PREP RENAL GRAFT/URETERAL | CCR | | | | X | | | | |
| 30 | 50340 | RECIPIENT NEPHRECTOMY; UNILATERAL | CCR | | | | X | | | | |
| 30 | 50360 | HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE | CCR | | | | X | | | | |
| 30 | 50365 | SEE 50360-W/UNILAT RECI NEPHRECTOMY | CCR | | | | X | | | | |
| 30 | 50370 | REMOVE TRANSPLANTED KIDNEY | CCR | | | | | | | | |
| 30 | 50380 | RENAL AUTOTRANSPLANT,REIMPLANT KIDN | CCR | | | | X | | | | |
| 30 | 50382 | CHANGE URETER STENT, PERCUT | CCR | | | | | | | | |
| 30 | 50384 | REMOVE URETER STENT, PERCUT | CCR | | | | | | | | |
| 30 | 50385 | REMOVAL (VIA SNARE/CAPTURE) AND REPL | CCR | | | | | | | | |
| 30 | 50386 | REMOVAL (VIA SNARE/CAPTURE) OF INTER | CCR | | | | | | | | |
| 30 | 50387 | CHANGE EXT/INT URETER STENT | CCR | | | | | | | | |
| 30 | 50389 | REMOVE RENAL TUBE W/FLUORO | CCR | | | | | | | | |
| 30 | 50391 | INSTILLATIONS OF DRUG INTO KIDNEY AN | CCR | | | | | | | | |
| 30 | 50400 | REVISION OF KIDNEY/URETER | CCR | | | | | | | | |
| 30 | 50405 | REVISION OF KIDNEY/URETER | CCR | | | | | | | | |
| 30 | 50430 | INJECTION PROCEDURE FOR ANTEGRADE NE | CCR | | | | | | | | |
| 30 | 50431 | INJECTION PROCEDURE FOR ANTEGRADE NE | CCR | | | | | | | | |
| 30 | 50500 | REPAIR OF KIDNEY WOUND | CCR | | | | | | | | |
| 30 | 50520 | CLOSE KIDNEY-SKIN FISTULA | CCR | | | | | | | | |
| 30 | 50525 | REPAIR RENAL-ABDOMEN FISTULA | CCR | | | | | | | | |
| 30 | 50526 | REPAIR RENAL-ABDOMEN FISTULA | CCR | | | | | | | | |
| 30 | 50540 | REVISION OF HORSESHOE KIDNEY | CCR | | | | | | | | |
| 30 | 50541 | LAPARO ABLATE RENAL CYST | CCR | | | | | | | | |
| 30 | 50542 | LAPARO ABLATE RENAL MASS | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 50543 | LAPARO PARTIAL NEPHRECTOMY | CCR | | | | | | | | |
| 30 | 50544 | LAPAROSCOPY, PYELOPLASTY | CCR | | | | | | | | |
| 30 | 50545 | REMOVAL OF KIDNEY AND LYMPH NODES US | CCR | | | | | | | | |
| 30 | 50546 | LAPAROSCOPIC NEPHRECTOMY | CCR | | | | | | | | |
| 30 | 50547 | LAPARO REMOVAL DONOR KIDNEY | CCR | | | | | | | | |
| 30 | 50548 | LAPARO-ASST REMOVE K/URETER | CCR | | | | | | | | |
| 30 | 50562 | RENAL SCOPE W/TUMOR RESECT | CCR | | | | | | | | |
| 30 | 50570 | KIDNEY ENDOSCOPY | CCR | | | | | | | | |
| 30 | 50572 | KIDNEY ENDOSCOPY | CCR | | | | | | | | |
| 30 | 50574 | KIDNEY ENDOSCOPY & BIOPSY | CCR | | | | | | | | |
| 30 | 50575 | RENAL ENDOSCOPY THROUGH NEPHROTOMY O | CCR | | | | | | | | |
| 30 | 50576 | KIDNEY ENDOSCOPY & TREATMENT | CCR | | | | | | | | |
| 30 | 50580 | KIDNEY ENDOSCOPY & TREATMENT | CCR | | | | | | | | |
| 30 | 50592 | PERC RF ABLATE RENAL TUMOR | CCR | | | | | | | | |
| 30 | 50593 | ABLATION, RENAL TUMOR(S), UNILATERAL | CCR | | | | | | | | |
| 30 | 50600 | EXPLORATION OF URETER | CCR | | | | | | | | |
| 30 | 50605 | URETEROTOMY-INSERT STEAT | CCR | | | | | | | | |
| 30 | 50606 | ENDOLUMINAL BIOPSY OF URETER AND/OR | CCR | | | | | | | | |
| 30 | 50610 | REMOVAL OF URETER STONE | CCR | | | | | | | | |
| 30 | 50620 | REMOVAL OF URETER STONE | CCR | | | | | | | | |
| 30 | 50630 | REMOVAL OF URETER STONE | CCR | | | | | | | | |
| 30 | 50650 | REMOVAL OF URETER | CCR | | | | | | | | |
| 30 | 50660 | REMOVAL OF URETER | CCR | | | | | | | | |
| 30 | 50686 | MEASURE URETER PRESSURE | CCR | | | | | | | | |
| 30 | 50690 | INJECTION OF BLADDER AND URINARY DUC | CCR | | | | | | | | |
| 30 | 50700 | REVISION OF URETER | CCR | | | | | | | | |
| 30 | 50705 | URETERAL EMBOLIZATION OR OCCLUSION, | CCR | | | | | | | | |
| 30 | 50706 | BALLOON DILATION, URETERAL STRICTURE | CCR | | | | | | | | |
| 30 | 50715 | RELEASE OF URETER | CCR | | | | | | | | |
| 30 | 50722 | RELEASE OF URETER | CCR | | | | | | | | |
| 30 | 50725 | RELEASE/REVISE URETER | CCR | | | | | | | | |
| 30 | 50727 | REVISION OF URINARY-CUTANEOUS ANASTO | CCR | | | | | | | | |
| 30 | 50728 | REVISION OF URINARY-CUTANEOUS ANASTO | CCR | | | | | | | | |
| 30 | 50740 | FUSION OF URETER & KIDNEY | CCR | | | | | | | | |
| 30 | 50750 | FUSION OF URETER & KIDNEY | CCR | | | | | | | | |
| 30 | 50760 | FUSION OF URETERS | CCR | | | | | | | | |
| 30 | 50770 | SPLICING OF URETERS | CCR | | | | | | | | |
| 30 | 50780 | REIMPLANT URETER IN BLADDER | CCR | | | | | | | | |
| 30 | 50782 | URETERONEOCYSTOSTOMY; | CCR | | | | | | | | |
| 30 | 50783 | URETERONEOCYSTOSTOMY; | CCR | | | | | | | | |
| 30 | 50785 | REIMPLANT URETER IN BLADDER | CCR | | | | | | | | |
| 30 | 50800 | IMPLANT URETER IN BOWEL | CCR | | | | | | | | |
| 30 | 50810 | FUSION OF URETER & BOWEL | CCR | | | | | | | | |
| 30 | 50815 | URETEROCOLON CONDUIT/ANASTOMOS/UNILA | CCR | | | | | | | | |
| 30 | 50820 | CONSTRUCT BOWEL BLADDER | CCR | | | | | | | | |
| 30 | 50825 | CONTINENT DIVISION,W/BOWEL ANASTOMO. | CCR | | | | | | | | |
| 30 | 50830 | URINARY UNDIVERSION | CCR | | | | | | | | |

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 |
|----|-------|---|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 50840 | REPLACE URETER BY BOWEL | CCR | | | | | | | | |
| 30 | 50845 | CUTANEOUS APPENDICO-VESICOSTOMY | CCR | | | | | | | | |
| 30 | 50860 | TRANSPLANT URETER TO SKIN | CCR | | | | | | | | |
| 30 | 50900 | REPAIR OF URETER | CCR | | | | | | | | |
| 30 | 50920 | CLOSURE URETER/SKIN FISTULA | CCR | | | | | | | | |
| 30 | 50930 | CLOSURE URETER/BOWEL FISTULA | CCR | | | | | | | | |
| 30 | 50940 | RELEASE OF URETER | CCR | | | | | | | | |
| 30 | 50945 | LAPAROSCOPY URETEROLITHOTOMY | CCR | | | | | | | | |
| 30 | 51060 | REMOVAL OF URETER STONE | CCR | | | | | | | | |
| 30 | 51100 | ASPIRATION OF BLADDER; BY NEEDLE | CCR | | | | | | | | |
| 30 | 51101 | ASPIRATION OF BLADDER; BY TROCAR OR | CCR | | | | | | | | |
| 30 | 51102 | ASPIRATION OF BLADDER; WITH INSERTIO | CCR | | | | | | | | |
| 30 | 51525 | REMOVAL OF BLADDER LESION | CCR | | | | | | | | |
| 30 | 51530 | REMOVAL OF BLADDER LESION | CCR | | | | | | | | |
| 30 | 51535 | REPAIR OF URETER LESION | CCR | | | | | | | | |
| 30 | 51550 | PARTIAL REMOVAL OF BLADDER | CCR | | | | | | | | |
| 30 | 51555 | PARTIAL REMOVAL OF BLADDER | CCR | | | | | | | | |
| 30 | 51565 | REVISE BLADDER & URETER(S) | CCR | | | | | | | | |
| 30 | 51570 | REMOVAL OF BLADDER | CCR | | | | | | | | |
| 30 | 51575 | REMOVAL OF BLADDER & NODES | CCR | | | | | | | | |
| 30 | 51580 | REMOVE BLADDER; REVISE TRACT | CCR | | | | | | | | |
| 30 | 51585 | REMOVAL OF BLADDER & NODES | CCR | | | | | | | | |
| 30 | 51590 | REMOVE BLADDER; REVISE TRACT | CCR | | | | | | | | |
| 30 | 51595 | REMOVE BLADDER; REVISE TRACT | CCR | | | | | | | | |
| 30 | 51596 | CYSTECTOMY, COMP, CONT DIV, BOWEL REANA | CCR | | | | | | | | |
| 30 | 51597 | PELVIC EXENTERATION | CCR | | | | X | | | | |
| 30 | 51600 | INJECTION FOR BLADDER X-RAY | CCR | | | | | | | | |
| 30 | 51610 | INJECTION FOR BLADDER X-RAY | CCR | | | | | | | | |
| 30 | 51700 | IRRIGATION OF BLADDER | CCR | | | | | X | | | |
| 30 | 51701 | INSERTION NON-INDWELLNG BLADDR CATH | CCR | | | | | | | | |
| 30 | 51702 | INSERT TEMP INDWELL BLADDER CATHETER | CCR | | | | | | | | |
| 30 | 51725 | SIMPLE CYSTOMETROGRAM | CCR | | | | | | | | |
| 30 | 51736 | SIMPLE UROFLOWMETRY | CCR | | | | | | | | |
| 30 | 51741 | COMPLEX UROFLOWMETRY | CCR | | | | | | | | |
| 30 | 51797 | INTRA-ABDOMINAL VOIDING PRESSURE AP | CCR | | | | | | | | |
| 30 | 51798 | MEASURE POST-VOIDING RESIDUAL URINE | CCR | | | | | | | | |
| 30 | 51800 | REVISION OF BLADDER/URETHRA | CCR | | | | | | | | |
| 30 | 51820 | REVISION OF URINARY TRACT | CCR | | | | | | | | |
| 30 | 51841 | ATTACH BLADDER/URETHRA | CCR | | | | | | | | |
| 30 | 51845 | ABDOMINO-VAGINAL VESICAL NECK SUSPEN | CCR | | | | F | | | | |
| 30 | 51860 | REPAIR OF BLADDER WOUND | CCR | | | | | | | | |
| 30 | 51865 | REPAIR OF BLADDER WOUND | CCR | | | | | | | | |
| 30 | 51900 | REPAIR BLADDER/VAGINA LESION | CCR | | | | | | | | |
| 30 | 51920 | CLOSE BLADDER-UTERUS FISTULA | CCR | | | | | | | | |
| 30 | 51925 | CLOSE VISICOUT.FISTULA,W/HYSTERECT. | CCR | | | | X | | F | | |
| 30 | 51940 | CORRECTION OF BLADDER DEFECT | CCR | | | | | | | | |
| 30 | 51960 | REVISION OF BLADDER & BOWEL | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 51980 | CONSTRUCT BLADDER OPENING | CCR | | | | | | | | |
| 30 | 51990 | LAPARO URETHRAL SUSPENSION | CCR | | | | | | | | |
| 30 | 52441 | CYSTOURETHROSCOPY, WITH INSERTION OF | CCR | | | | M | | | | |
| 30 | 52442 | CYSTOURETHROSCOPY, WITH INSERTION OF | CCR | | | | M | | | | |
| 30 | 52649 | PROSTATE LASER ENUCLEATION | CCR | | X | | M | | | | |
| 30 | 53025 | INCISION OF URETHRA | CCR | | | | | | | | |
| 30 | 53060 | DRAINAGE OF ABSCESS OR CYST OF SKENE | CCR | | | | F | | | | |
| 30 | 53085 | DRAINAGE OF URINARY LEAKAGE | CCR | | | | | | | | |
| 30 | 53415 | URETHROPLASTY, TRANSPUBIC, ONE STAGE | CCR | | | | | | | | |
| 30 | 53448 | REMOV/REPLC UR SPHINCTR COMP | CCR | | X | | | | | | |
| 30 | 53500 | URETHRLYS, TRANSVAG W/ SCOPE | CCR | | | | F | | | | |
| 30 | 53601 | DILATE URETH STRICTURE ,MALE;SUBSEQ | CCR | | X | | M | | | | |
| 30 | 53620 | DILATE URETH STRICT. ,MALE;INITIAL | CCR | | X | | M | | | | |
| 30 | 53621 | DILATE URETH STRICT ,MALE;SUBSEQUENT | CCR | | X | | M | | | | |
| 30 | 53660 | DILATE FEMALE URETHRA. . . ;INITIAL | CCR | | X | | F | | | | |
| 30 | 53661 | DIALTE FEMALE URETHRA. . ;SUBSEQUENT | CCR | | X | | F | | | | |
| 30 | 53855 | INSERTION OF A TEMPORARY PROSTATIC U | CCR | | | | M | | | | |
| 30 | 54050 | TREATMENT OF PENIS LESION | CCR | | | | M | | | | |
| 30 | 54055 | TREATMENT OF PENIS LESION | CCR | | | | M | | | | |
| 30 | 54056 | DESTROY PENILE LESION;CRYOSURGERY | CCR | | | | M | | | | |
| 30 | 54125 | REMOVAL OF PENIS | CCR | | | | M | | | | |
| 30 | 54130 | REMOVE PENIS & NODES | CCR | | | | M | | | | |
| 30 | 54135 | REMOVE PENIS & NODES | CCR | | | | M | | | | |
| 30 | 54200 | TREATMENT OF PENIS LESION | CCR | | | | M | | | | |
| 30 | 54230 | INJ FOR CORPORA CAVERNOSOGRAPHY | CCR | | | | M | | | | |
| 30 | 54231 | DYNAMIC CAVERNOSOMETRY, INCLUDING IN | CCR | | | | M | | | | |
| 30 | 54235 | INJ CORPORA CAVERNOSA W/PHARM.AGENTS | CCR | | | | | | | | |
| 30 | 54336 | 1 STAGE PERINEAL HYPOSPADIAS REPAIRI | CCR | | | | M | | | | |
| 30 | 54390 | REPAIR PENIS AND BLADDER | CCR | | | | M | | | | |
| 30 | 54430 | REVISION OF PENIS | CCR | | | | M | | | | |
| 30 | 54438 | REPLANTATION, PENIS, COMPLETE AMPUTA | CCR | | | | M | | | | |
| 30 | 54560 | EXPLORATION FOR TESTIS | CCR | | | | M | | | | |
| 30 | 54650 | ORCHIOPEXY, ABDOMINAL APPROACH, FOR | CCR | | | | M | | | | |
| 30 | 54865 | EXPLORATION OF EPIDIDYMIS, WITH OR W | CCR | | | | M | | | | |
| 30 | 55600 | INCISE SPERM DUCT POUCH | CCR | | | | M | | | | |
| 30 | 55605 | INCISE SPERM DUCT POUCH | CCR | | | | M | | | | |
| 30 | 55650 | REMOVE SPERM DUCT POUCH | CCR | | | | M | | | | |
| 30 | 55706 | BIOPSIES, PROSTATE, NEEDLE, TRANSPER | CCR | | | | M | | | | |
| 30 | 55752 | CONIZATION OF CERVIX | CCR | | | | | | | | |
| 30 | 55801 | REMOVAL OF PROSTATE | CCR | | | | M | | | | |
| 30 | 55810 | EXTENSIVE PROSTATE SURGERY | CCR | | | | M | | | | |
| 30 | 55812 | PROSTATE SURG/W LYMPH NODE BIOPSY(S) | CCR | | | | M | | | | |
| 30 | 55815 | PROSTATE SURG/BILAT PELVIC LYMPHADEN | CCR | | | | | | | | |
| 30 | 55821 | REMOVAL OF PROSTATE | CCR | | | | M | | | | |
| 30 | 55831 | REMOVAL OF PROSTATE | CCR | | | | M | | | | |
| 30 | 55840 | EXTENSIVE PROSTATE SURGERY | CCR | | | | M | | | | |
| 30 | 55842 | PROSTATE SURG/LYMPH NODE BIOPSY(S) | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 55845 | EXTENSIVE PROSTATE SURGERY | CCR | | | | M | | | | |
| 30 | 55860 | EXPOSE PROSTATE-INSERT RADIOACTIVE, | CCR | | | | M | | | | |
| 30 | 55862 | EXPOSE PROSTATE;LYMPH NODE BIOPSY | CCR | | | | M | | | | |
| 30 | 55865 | EXPOSE PROSTATE;BILATERAL LYMPHADENE | CCR | | | | M | | | | |
| 30 | 55866 | LAPARO RADICAL PROSTATECTOMY | CCR | | | | M | | | | |
| 30 | 55870 | ELECTROEJACULATION | CCR | | | | | | | | |
| 30 | 55875 | TRANSPERINEAL PLACEMENT OF NEEDLES O | CCR | | | | M | | | | |
| 30 | 55876 | PLACEMENT OF INTERSTITIAL DEVICE(S) | CCR | | | | M | | | | |
| 30 | 55920 | PLACEMENT OF NEEDLES OR CATHETERS IN | CCR | | | | | | | | |
| 30 | 55970 | INTERSEX SURGERY;MALE TO FEMALE | CCR | | | X | | | | | |
| 30 | 55980 | INTERSEX SURGERY; FEMALE TO MALE | CCR | | | X | | | | | |
| 30 | 56442 | HYMENOTOMY, SIMPLE INCISION | CCR | | | | F | | | | |
| 30 | 56630 | EXTENSIVE VULVA SURGERY | CCR | | | | F | | | | |
| 30 | 56631 | VULVECTOMY, RADICAL, PARTIAL; | CCR | | | | | | | | |
| 30 | 56632 | VULVECTOMY, RADICAL, PARTIAL; | CCR | | | | F | | | | |
| 30 | 56633 | VULVECTOMY, RADICAL, COMPLETE; | CCR | | | | | | | | |
| 30 | 56634 | VULVECTOMY, RADICAL, COMPLETE; | CCR | | | | | | | | |
| 30 | 56637 | VULVECTOMY, RADICAL, COMPLETE; | CCR | | | | | | | | |
| 30 | 56640 | EXTENSIVE VULVA SURGERY | CCR | | | | F | | | | |
| 30 | 56805 | CLITOROPLASTY FOR ADRENOGENITAL SYND | CCR | | | | | | | | |
| 30 | 56820 | EXAM OF VULVA W/SCOPE | CCR | | | | F | | | | |
| 30 | 57022 | I &D VAGINAL HEMATOMA, OB | CCR | | | | F | | | | |
| 30 | 57106 | REMOVE VAGINA WALL, PARTIAL | CCR | | | | | | | | |
| 30 | 57107 | REMOVE VAGINA TISSUE/PARTIAL | CCR | | | | | | | | |
| 30 | 57109 | VAGINECTOMY PARTIAL W/NODES | CCR | | | | | | | | |
| 30 | 57110 | REMOVAL OF VAGINA | CCR | | | | F | | | | |
| 30 | 57111 | REMOVE VAGINA TISSUE/COMPL | CCR | | | | | | | | |
| 30 | 57112 | VAGINECTOMY COMPLETE W/NODES | CCR | | | | | | | | |
| 30 | 57120 | CLOSURE OF VAGINA | CCR | | | | F | | | | |
| 30 | 57150 | TREAT VAGINA INFECTION | CCR | | | | F | X | | | |
| 30 | 57160 | INSERTION OF PESSARY | CCR | | | | F | | | | |
| 30 | 57170 | DIAPHRAGM FITTING.WITH INSTRUCTIONS | CCR | 10 | 60 | | F | | | | |
| 30 | 57267 | INSERT MESH/PELVIC FLR ADDON | CCR | | | | F | | | | |
| 30 | 57270 | REPAIR OF BOWEL POUCH | CCR | | | | F | | | | |
| 30 | 57280 | SUSPENSION OF VAGINA | CCR | | | | F | | | | |
| 30 | 57282 | FIXATION FOR VAGINAL PROLAPSE | CCR | | | | F | | | | |
| 30 | 57283 | COLPOPEXY, INTRAPERITONEAL | CCR | | | | F | | | | |
| 30 | 57284 | REPAIR PARAVAGINAL DEFECT | CCR | | | | | | | | |
| 30 | 57285 | PARAVAGINAL DEFECT REPAIR (INCLUDING | CCR | | | | F | | | | |
| 30 | 57287 | REVISE/REMOVE SLING REPAIR | CCR | | | | F | | | | |
| 30 | 57292 | CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT | CCR | | | X | F | | | | |
| 30 | 57295 | CHANGE VAGINAL GRAFT | CCR | | | | F | | | | |
| 30 | 57296 | REVISION (INCLUDING REMOVAL) OF PROS | CCR | | | | F | | | | |
| 30 | 57305 | REPAIR RECTUM-VAGINA FISTULA | CCR | | | | F | | | | |
| 30 | 57307 | FISTULA REPAIR & COLOSTOMY | CCR | | | | F | | | | |
| 30 | 57308 | FISTULA REPAIR, TRANSPERINE | CCR | | | | F | | | | |
| 30 | 57310 | REPAIR URETHRA-VAGINA LESION | CCR | | | | F | | | | |

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

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 57311 | CLOSE FISTULA;W/BULBOCAV.TRANSPLANT | CCR | | | | F | | | | |
| 30 | 57320 | REPAIR BLADDER-VAGINA LESION | CCR | | | | F | | | | |
| 30 | 57330 | REPAIR BLADDER-VAGINA LESION | CCR | | | | F | | | | |
| 30 | 57335 | VAGINOPLASTY FOR ADRENOGENITAL SYNDR | CCR | | | | | | | | |
| 30 | 57423 | PARAVAGINAL DEFECT REPAIR (INCLUDING | CCR | | | | F | | | | |
| 30 | 57425 | LAPAROSCOPY, SURG, COLPOPEXY | CCR | | | | F | | | | |
| 30 | 57452 | EXAMINATION OF VAGINA | CCR | | | | F | | | | |
| 30 | 57531 | REMOVAL OF CERVIX, RADICAL | CCR | | | | F | | | | |
| 30 | 57540 | REMOVAL OF RESIDUAL CERVIX | CCR | | | | F | | | | |
| 30 | 57545 | REMOVE CERVIX, REPAIR PELVIS | CCR | | | | F | | | | |
| 30 | 57555 | REMOVE CERVIX, REPAIR VAGINA | CCR | | | | F | | | | |
| 30 | 57558 | DILATION AND CURETTAGE OF CERVICAL S | CCR | | | | F | | | | |
| 30 | 58100 | BIOPSY OF UTERUS LINING | CCR | | | | F | | | | |
| 30 | 58110 | BX DONE W/COLPOSCOPY ADD-ON | CCR | | | | F | | | | |
| 30 | 58140 | ABDOMINAL REMOVAL OF FIBROID TUMORS | CCR | | | | F | | | | |
| 30 | 58146 | MYOMECTOMY ABDOM COMPLEX | CCR | | | | F | | | | |
| 30 | 58150 | TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY | CCR | | | X | F | | | | |
| 30 | 58152 | TAH;MARSHALL-MARCHETTI-KRANTZ TYPE | CCR | | | X | F | | | | |
| 30 | 58180 | SUPRACERVICAL HYSTERECTOMY-SUBTOTAL | CCR | | | X | F | | | | |
| 30 | 58200 | TAH,W/PART.VAGINECTOMY,...BX | CCR | | | X | F | | | | |
| 30 | 58210 | RAD HYSTERECTOMY,BILAT PELVIC, LYMPH | CCR | | | X | F | | | | |
| 30 | 58240 | PELVIC EXENTERATION/MALIG,W/ TAH.... | CCR | | | X | F | | | | |
| 30 | 58260 | VAGINAL HYSTERECTOMY | CCR | | | X | F | | | | |
| 30 | 58262 | VAGINAL HYST WITH REMOVAL OF TUBES | CCR | | | X | F | | | | |
| 30 | 58263 | VAGN HYST W REM OF TUB A OVARY WITH | CCR | | | X | F | | | | |
| 30 | 58267 | VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE | CCR | | | X | F | | | | |
| 30 | 58270 | VAG HYSTERECT;REPAIR ENTEROCELE | CCR | | | X | F | | | | |
| 30 | 58275 | VAG HYSTERECT;W/ TOT/PART COLPECTOMY | CCR | | | X | F | | | | |
| 30 | 58280 | VAG HYSTERECT;REPAIR ENTEROCELE | CCR | | | X | F | | | | |
| 30 | 58285 | VAGINAL HYSTERECTOMY;RADICAL | CCR | | | X | F | | | | |
| 30 | 58290 | VAG HYST COMPLEX | CCR | | | X | F | | | | |
| 30 | 58291 | VAG HYST INCL T/O, COMPLEX | CCR | | | X | F | | | | |
| 30 | 58292 | VAG HYST T/O & REPAIR, COMPL | CCR | | | X | F | | | | |
| 30 | 58293 | VAG HYST W/URO REPAIR, COMPL | CCR | | | X | F | | | | |
| 30 | 58294 | VAG HYST W/ENTEROCELE, COMPL | CCR | | | X | F | | | | |
| 30 | 58356 | ENDOMETRIAL CRYOABLATION | CCR | | | X | F | | | | |
| 30 | 58400 | UTERINE SUSPENSION | CCR | | | | F | | | | |
| 30 | 58410 | UTERINE SUSPENSION WITH SYMPATHECTOM | CCR | | | | F | | | | |
| 30 | 58520 | REPAIR OF RUPTURED UTERUS | CCR | | | | F | | | | |
| 30 | 58540 | REVISION OF UTERUS | CCR | | | | F | | | | |
| 30 | 58541 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL | CCR | | | X | F | | | | |
| 30 | 58542 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL | CCR | | | X | F | | | | |
| 30 | 58543 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL | CCR | | | X | F | | | | |
| 30 | 58544 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL | CCR | | | X | F | | | | |
| 30 | 58548 | LAPAROSCOPY, SURGICAL, WITH RADICAL | CCR | | | X | F | | | | |
| 30 | 58553 | LAPARO-VAG HYST, COMPLEX | CCR | | | X | F | | | | |
| 30 | 58554 | LAPARO-VAG HYST W/T/O, COMPL | CCR | | | X | F | | | | |

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FEBRUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|---|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 58570 | LAPAROSCOPY, SURGICAL, WITH TOTAL HY | CCR | | | X | F | | | | |
| 30 | 58571 | LAPAROSCOPY, SURGICAL, WITH TOTAL HY | CCR | | | X | F | | | | |
| 30 | 58572 | LAPAROSCOPY, SURGICAL, WITH TOTAL HY | CCR | | | | F | | | | |
| 30 | 58573 | LAPAROSCOPY, SURGICAL, WITH TOTAL HY | CCR | | | X | F | | | | |
| 30 | 58605 | DIVISION OF FALLOPIAN TUBE | CCR | 21 55 | | X | F | | | | |
| 30 | 58611 | LIG/TRANSEC FALLOP TUBE NOT SEP PROC | CCR | 21 55 | | X | F | | | | |
| 30 | 58825 | TRANSPOSITION, OVARY(S) | CCR | | | X | F | | | | |
| 30 | 58920 | PARTIAL REMOVAL OF OVARY(S) | CCR | | | | F | | | | |
| 30 | 58940 | REMOVAL OF OVARY(S) | CCR | | | X | F | | | | |
| 30 | 58943 | OOPHORECTOMY, OVAR. MALIG. W/W/OUT SALP | CCR | | | X | F | | | | |
| 30 | 58950 | RES OVAR MALIG, BILAT SALP/OOPH, OMENT | CCR | | | | F | | | | |
| 30 | 58951 | SEE 58950 W/TAH AND LYMPHADENECTOMY | CCR | | | X | F | | | | |
| 30 | 58952 | SEE 58950, W/ RAD DISSECT FOR DEBULK | CCR | | | | F | | | | |
| 30 | 58953 | TAH, RAD DISSECT FOR DEBULK | CCR | | | X | F | | | | |
| 30 | 58954 | TAH RAD DEBULK/LYMPH REMOVE | CCR | | | X | F | | | | |
| 30 | 58956 | BSO, OMENTECTOMY W/TAH | CCR | | | X | F | | | | |
| 30 | 58957 | RESECTION (TUMOR DEBULKING) OF RECUR | CCR | | | | F | | | | |
| 30 | 58958 | RESECTION (TUMOR DEBULKING) OF RECUR | CCR | | | | F | | | | |
| 30 | 58960 | LAPAROTOMY-STAGE OVAR MALIG...LYMPH | CCR | | | | F | | | | |
| 30 | 59012 | CORDOCENTESIS, ANY METHOD | CCR | 10 60 | | | F | | | | |
| 30 | 59015 | CHORIONIC VILLUS SAMPLING CHRONIC VI | CCR | | | | | X | | | |
| 30 | 59020 | FETAL OXYTOCIN STRESS TEST | CCR | 10 60 | | X | F | | | | |
| 30 | 59025 | FETAL NON-STRESS TEST | CCR | 10 60 | | X | F | | | | |
| 30 | 59030 | FETAL SCALP BLOOD SAMPLE | CCR | | | | | | | | |
| 30 | 59050 | INTERNAL FETAL MONITORING/CONSULTAN | CCR | 10 60 | | X | F | | | | |
| 30 | 59051 | FETAL MONITOR/INTERPRET ONL | CCR | | | | F | | | | |
| 30 | 59070 | TRANSABDOM AMNIOINFUS W/ US | CCR | 10 59 | | | F | | | | |
| 30 | 59074 | FETAL FLUID DRAINAGE W/ US | CCR | 10 59 | | | F | | | | |
| 30 | 59076 | FETAL SHUNT PLACEMENT, W/ US | CCR | 10 59 | | | F | | | | |
| 30 | 59100 | REMOVE UTERUS LESION | CCR | 00 60 | | X | F | | | | |
| 30 | 59120 | SURG TX ECTOPIC PG, TUBAL, W/SALP/OOPH | CCR | 10 60 | | X | F | | | | |
| 30 | 59121 | SURG TX, ECTOPIC PG; TUBAL, W/O SALP-OO | CCR | 10 60 | | X | F | | | | |
| 30 | 59130 | SURG TX ECTOPIC PG; ABDOMINAL | CCR | 10 60 | | X | F | | | | |
| 30 | 59135 | TX ECTOPIC, INTERSTIT...W/ HYSTERECT. | CCR | 12 55 | | X | F | | | | |
| 30 | 59136 | INTERSTITIAL, UTERINE PREGNANCY W PAR | CCR | 10 60 | | X | F | | | | |
| 30 | 59140 | SURG TX ECTOPIC PG, CERVICAL | CCR | 10 60 | | X | F | | | | |
| 30 | 59300 | EPISIOTOMY/VAG REP BY OTHER MD; SIMP | CCR | 10 60 | | X | F | | | | |
| 30 | 59325 | CERCLAGE OF CERVIX; ABDOMINAL | CCR | 10 60 | | | F | | | | |
| 30 | 59350 | REPAIR OF UTERUS | CCR | | | | | | | | |
| 30 | 59409 | VAGINAL DELIVERY ONLY (WITH OR WITHO | CCR | 10 59 | | | | | | | |
| 30 | 59412 | EXTERNAL CEPHALIC VERSION, W/WO TOCOL | CCR | | | | | X | | | |
| 30 | 59414 | DELIVERY OF PLACENTA FOLL DELIV INFA | CCR | 12 55 | | | F | | | | |
| 30 | 59430 | POSTPARTUM CARE ONLY-SEPARATE PROC | CCR | 10 59 | | | F | | | | |
| 30 | 59514 | CESAREAN DELIVERY ONLY; | CCR | | | | | | | | |
| 30 | 59525 | SUBTOTAL OR TOTAL HYSTERECTOMY | CCR | 10 60 | | X | F | | | | |
| 30 | 59612 | VBAC DELIVERY ONLY | CCR | 10 60 | | | F | | | | |
| 30 | 59620 | ATTEMPTED VBAC DELIVERY ONLY | CCR | 10 60 | | | F | | | | |

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

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 59830 | TREATMENT OF SEPTIC ABORTION | CCR | 10 60 | | X | F | | | | |
| 30 | 59850 | SALINE ABORTION | CCR | 10 60 | | X | F | | | | |
| 30 | 59851 | SALINE ABORTION WITH D&C | CCR | 10 60 | | X | F | | | | |
| 30 | 59852 | SALINE ABORTION WITH HYSTEROTOMY | CCR | 10 60 | | X | F | | | | |
| 30 | 59855 | ABORTION | CCR | | | X | | | | | |
| 30 | 59856 | ABORTION | CCR | | | X | | | | | |
| 30 | 59857 | ABORTION | CCR | | | X | | | | | |
| 30 | 60210 | PARTIAL EXCISION THYROID | CCR | | | | | | | | |
| 30 | 60212 | PARTIAL THYROID EXCISION | CCR | | | | | | | | |
| 30 | 60225 | PARTIAL REMOVAL OF THYROID | CCR | | | | | | | | |
| 30 | 60252 | REMOVAL OF THYROID | CCR | | | | | | | | |
| 30 | 60254 | EXTENSIVE THYROID SURGERY | CCR | | | | | | | | |
| 30 | 60260 | REPEAT THYROID SURGERY | CCR | | | | | | | | |
| 30 | 60270 | REMOVAL OF THYROID | CCR | | | | | | | | |
| 30 | 60271 | REMOVAL OF THYROID | CCR | | | | | | | | |
| 30 | 60300 | ASPIRATION AND/OR INJECTION, THYROID | CCR | | | | | | | | |
| 30 | 60500 | EXPLORE PARATHYROID GLANDS | CCR | | | | | | | | |
| 30 | 60502 | RE-EXPLORE PARATHYROID(S) | CCR | | | | | | | | |
| 30 | 60505 | EXPLORE PARATHYROID GLANDS | CCR | | | | | | | | |
| 30 | 60512 | AUTOTRANSPLANT, PARATHYROID | CCR | | | | | | | | |
| 30 | 60520 | REMOVAL OF THYMUS GLAND | CCR | | | | | | | | |
| 30 | 60521 | REMOVAL THYMUS GLAND | CCR | | | | | | | | |
| 30 | 60522 | REMOVAL OF THYMUS GLAND | CCR | | | | | | | | |
| 30 | 60540 | EXPLORE ADRENAL GLAND | CCR | | | | | | | | |
| 30 | 60545 | EXPLORE ADRENAL GLAND | CCR | | | | | | | | |
| 30 | 60600 | REMOVE CAROTID BODY LESION | CCR | | | | | | | | |
| 30 | 60605 | REMOVE CAROTID BODY LESION | CCR | | | | | | | | |
| 30 | 60650 | LAPAROSCOPY ADRENALECTOMY | CCR | | | | | | | | |
| 30 | 61000 | REMOVE CRANIAL CAVITY FLUID | CCR | | | | | | | | |
| 30 | 61001 | SUBDURAL TAP...SUBSEQUENT TAPS | CCR | | | | | | X | | |
| 30 | 61105 | TWIST DRILL;SUBDURAL/VENTRICULAR | CCR | | | | | | | | |
| 30 | 61107 | TWIST DRILL HOLE/VENTRICULAR CATH | CCR | | | | | | | | |
| 30 | 61108 | TWIST DRILL HOLE...;EVAC/DRAIN HEMAT | CCR | | | | | | | | |
| 30 | 61120 | PIERCE SKULL FOR EXAMINATION | CCR | | | | | | | | |
| 30 | 61140 | PIERCE SKULL FOR BIOPSY | CCR | | | | | | | | |
| 30 | 61150 | PIERCE SKULL FOR DRAINAGE | CCR | | | | | | | | |
| 30 | 61151 | PIERCE SKULL FOR DRAINAGE | CCR | | | | | | X | | |
| 30 | 61154 | PIERCE SKULL FOR DRAINAGE | CCR | | | | | | X | | |
| 30 | 61156 | PIERCE SKULL FOR DRAINAGE | CCR | | | | | | | | |
| 30 | 61210 | PIERCE SKULL; IMPLANT DEVICE | CCR | | | | | | | | |
| 30 | 61250 | PIERCE SKULL & EXPLORE | CCR | | | | | | | | |
| 30 | 61253 | PIERCE SKULL & EXPLORE | CCR | | | | | | | | |
| 30 | 61304 | INCISE SKULL FOR EXPLORATION | CCR | | | | | | | | |
| 30 | 61305 | INCISE SKULL FOR EXPLORATION | CCR | | | | | | | | |
| 30 | 61312 | CRANIECTOMY/OTOMY-HEMATOMA; EXTRA/SUB | CCR | | | | | | | | |
| 30 | 61313 | CRANIECTOMY/OTOMY-HEMATOMA; INTRACERE | CCR | | | | | | | | |
| 30 | 61314 | CRANIECTOMY/OTOMY-HEMATOMA; EXTRA/SUB | CCR | | | | | | | | |

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 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 61315 | CRANIECTOMY/OTOMY-HEMATOMA; INTRACERE | CCR | | | | | | | | |
| 30 | 61316 | INCIS W/SQ PLACMT CRAN BONE GRAFT | CCR | | | | | | | | |
| 30 | 61320 | INCISE SKULL FOR DRAINAGE | CCR | | | | | | | | |
| 30 | 61321 | INCISE SKULL FOR DRAINAGE | CCR | | | | | | | | |
| 30 | 61322 | DECOMPRESSIVE CRANIOTOMY | CCR | | | | | | | | |
| 30 | 61323 | DECOMPRESSIVE LOBECTOMY | CCR | | | | | | | | |
| 30 | 61330 | EXPLORATION OF EYE SOCKET | CCR | | | | | | | | |
| 30 | 61332 | EXPLORE/BIOPSY EYE SOCKET | CCR | | | | | | | | |
| 30 | 61333 | EXPLORE ORBIT; REMOVE LESION | CCR | | | | | | | | |
| 30 | 61340 | RELIEVE CRANIAL PRESSURE | CCR | | | | | | | | |
| 30 | 61343 | CRANIECTOMY,DECOMPRESS MED/SPN CORD | CCR | | | | | | | | |
| 30 | 61345 | RELIEVE CRANIAL PRESSURE | CCR | | | | | | | | |
| 30 | 61450 | INCISE SKULL FOR SURGERY | CCR | | | | | | | | |
| 30 | 61458 | INCISE SKULL FOR SURGERY | CCR | | | | | | | | |
| 30 | 61460 | INCISE SKULL FOR SURGERY | CCR | | | | | | | | |
| 30 | 61480 | INCISE SKULL FOR SURGERY | CCR | | | | | | | | |
| 30 | 61500 | REMOVAL OF SKULL LESION | CCR | | | | | | | | |
| 30 | 61501 | CRANIECTOMY FOR OSTEOMYELITIS | CCR | | | | | | | | |
| 30 | 61510 | REMOVAL OF BRAIN LESION | CCR | | | | | | | | |
| 30 | 61512 | REMOVE BRAIN LINING LESION | CCR | | | | | | | | |
| 30 | 61514 | REMOVAL OF BRAIN ABSCESS | CCR | | | | | | | | |
| 30 | 61516 | REMOVAL OF BRAIN LESION | CCR | | | | | | | | |
| 30 | 61517 | IMPLT BRAIN CHEMOTX AGENT | CCR | | | | | | | | |
| 30 | 61518 | REMOVAL OF BRAIN LESION | CCR | | | | | | | | |
| 30 | 61519 | REMOVE BRAIN LINING LESION | CCR | | | | | | | | |
| 30 | 61520 | REMOVAL OF BRAIN LESION | CCR | | | | | | | | |
| 30 | 61521 | CRANIECTOMY - EXCISE BRAIN TUMOR | CCR | | | | | | | | |
| 30 | 61522 | REMOVAL OF BRAIN ABSCESS | CCR | | | | | | | | |
| 30 | 61524 | REMOVAL OF BRAIN LESION | CCR | | | | | | | | |
| 30 | 61526 | REMOVAL OF BRAIN LESION | CCR | | | | | | | | |
| 30 | 61530 | REMOVAL OF BRAIN LESION | CCR | | | | | | | | |
| 30 | 61531 | SUBDURAL IMPLANTATION OF STRIP ELECT | CCR | | | | | | | | |
| 30 | 61533 | CRANIECTOMY, TREPHINATION, BONE FLAP | CCR | | | | | | | | |
| 30 | 61534 | REMOVAL OF BRAIN LESION | CCR | | | | | | | | |
| 30 | 61535 | CRANIECTOMY, TREPHINATION, BONE FLAP | CCR | | | | | | | | |
| 30 | 61536 | REMOVAL OF BRAIN LESION | CCR | | | | | | | | |
| 30 | 61537 | REMOVAL OF BRAIN TISSUE | CCR | | | | | | | | |
| 30 | 61538 | REMOVAL OF BRAIN TISSUE | CCR | | | | | | | | |
| 30 | 61539 | REMOVAL OF BRAIN TISSUE | CCR | | | | | | | | |
| 30 | 61540 | REMOVAL OF BRAIN TISSUE | CCR | | | | | | | | |
| 30 | 61541 | CRANIECTOMY-TRANSECT CORPUS CALLOSUM | CCR | | | | | | | | |
| 30 | 61543 | CRANIECTOMY-PARTIAL HEMISPHERECTOMY | CCR | | | | | | | | |
| 30 | 61544 | REMOVE & TREAT BRAIN LESION | CCR | | | | | | | | |
| 30 | 61545 | CRANIECTOMY...;EXCISE CRANIOPHARYNGI | CCR | | | | | | | | |
| 30 | 61546 | REMOVAL OF PITUITARY GLAND | CCR | | | | | | | | |
| 30 | 61548 | REMOVAL OF PITUITARY GLAND | CCR | | | | | | | | |
| 30 | 61550 | RELEASE OF SKULL SEAMS | CCR | | | | | | | | |

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 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 61552 | RELEASE OF SKULL SEAMS | CCR | | | | | | | | |
| 30 | 61556 | CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE | CCR | | | | | | | | |
| 30 | 61557 | CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE | CCR | | | | | | | | |
| 30 | 61558 | EXT CRANIECT-MULT CRAN SUT CRANIOSYN | CCR | | | | | | | | |
| 30 | 61559 | EXT CRANIECT-W/MULT OSTEOOT,BONE AUTO | CCR | | | | | | | | |
| 30 | 61563 | EXCIS BEN TUM CRAN BN W/O OPT NERVE | CCR | | | | | | | | |
| 30 | 61564 | EXCIS BEN TUM CRAN BN W/OPT NERV DEC | CCR | | | | | | | | |
| 30 | 61566 | REMOVAL OF BRAIN TISSUE | CCR | | | | | | | | |
| 30 | 61567 | INCISION OF BRAIN TISSUE | CCR | | | | | | | | |
| 30 | 61570 | REMOVE BRAIN FOREIGN BODY | CCR | | | | | | | | |
| 30 | 61571 | SURGERY FOR PENETRATING BRAIN WOUND | CCR | | | | | | | | |
| 30 | 61575 | TRANSORAL.;TO BX,DECOMPRESS,EXCISE | CCR | | | | | | | | |
| 30 | 61576 | SEE 61575;SPLIT TONGUE/MAND-TRACH | CCR | | | | | | | | |
| 30 | 61580 | CRANIOFACIAL APPROACH TO ANTERIOR CR | CCR | | | | | | | | |
| 30 | 61581 | CRANIOFACIAL APPROACH TO ANTERIOR CR | CCR | | | | | | | | |
| 30 | 61582 | CRANIOFACIAL APPROACH TO ANTERIOR CR | CCR | | | | | | | | |
| 30 | 61583 | CRANIOFACIAL APPROACH TO ANTERIOR CR | CCR | | | | | | | | |
| 30 | 61584 | ORBITOCRANIAL APPROACH TO ANTERIOR C | CCR | | | | | | | | |
| 30 | 61585 | ORBITOCRANIAL APPROACH TO ANTERIOR C | CCR | | | | | | | | |
| 30 | 61586 | RESECT NASOPHARYNX, SKULL | CCR | | | | | | | | |
| 30 | 61590 | INFRATEMPORAL PRE-AURICULAR APPROACH | CCR | | | | | | | | |
| 30 | 61591 | REMOVAL OF SKULL BONE BEHIND EAR TO | CCR | | | | | | | | |
| 30 | 61592 | ORBITOCRANIAL ZYGOMATIC APPROACH TO | CCR | | | | | | | | |
| 30 | 61595 | TRANSTEMPORAL APPROACH TO POSTERIOR | CCR | | | | | | | | |
| 30 | 61596 | TRANSCOCHLEAR APPROACH TO POSTERIOR | CCR | | | | | | | | |
| 30 | 61597 | TRANSCONDYLAR (FAR LATERAL) APPROACH | CCR | | | | | | | | |
| 30 | 61598 | TRANSPETROSAL APPROACH TO POSTERIOR | CCR | | | | | | | | |
| 30 | 61600 | RESECTION OR EXCISION OF NEOPLASTIC, | CCR | | | | | | | | |
| 30 | 61601 | RESECTION OR EXCISION OF NEOPLASTIC, | CCR | | | | | | | | |
| 30 | 61605 | RESECTION OR EXCISION OF NEOPLASTIC, | CCR | | | | | | | | |
| 30 | 61606 | RESECTION OR EXCISION OF NEOPLASTIC, | CCR | | | | | | | | |
| 30 | 61607 | RESECTION OR EXCISION OF NEOPLASTIC, | CCR | | | | | | | | |
| 30 | 61608 | RESECTION OR EXCISION OF NEOPLASTIC, | CCR | | | | | | | | |
| 30 | 61610 | TRANSECTION OR LIGATION, CAROTID ART | CCR | | | | | | | | |
| 30 | 61611 | TRANSECTION OR LIGATION, CAROTID ART | CCR | | | | | | | | |
| 30 | 61612 | TRANSECTION OR LIGATION, CAROTID ART | CCR | | | | | | | | |
| 30 | 61613 | OBLITERATION OF CAROTID ANEURYSM, AR | CCR | | | | | | | | |
| 30 | 61615 | RESECTION OR EXCISION OF NEOPLASTIC, | CCR | | | | | | | | |
| 30 | 61616 | RESECTION OR EXCISION OF NEOPLASTIC, | CCR | | | | | | | | |
| 30 | 61618 | SECONDARY REPAIR OF DURA FOR CSF LEA | CCR | | | | | | | | |
| 30 | 61619 | SECONDARY REPAIR OF DURA FOR CSF LEA | CCR | | | | | | | | |
| 30 | 61623 | ENDOVASC TEMPORY VESSEL OCCL | CCR | | | | | | | | |
| 30 | 61624 | TRANSCATHETER OCCLUSION OR EMBOLIZAT | CCR | | | | | | | | |
| 30 | 61626 | TRANSCATHETER OCCLUSION OR EMBOLIZAT | CCR | | | | | | | | |
| 30 | 61630 | INTRACRANIAL ANGIOPLASTY | CCR | | | | | | | | X |
| 30 | 61635 | INTRACRAN ANGIOPLSTY W/STENT | CCR | | | | | | | | X |
| 30 | 61640 | DILATE IC VASOSPASM, INIT | CCR | | | | | | | | X |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 61641 | DILATE IC VASOSPASM ADD-ON | CCR | | | X | | | | | |
| 30 | 61642 | DILATE IC VASOSPASM ADD-ON | CCR | | | X | | | | | |
| 30 | 61645 | PERCUTANEOUS ARTERIAL TRANSLUMINAL M | CCR | | | | | X | | | |
| 30 | 61650 | AGENT(S) OTHER THAN FOR THROMBOLYSIS | CCR | | | | | | | | |
| 30 | 61651 | ENDOVASULAR INTRACRANIAL PROLONGED A | CCR | | | | | X | | | |
| 30 | 61680 | SURG..MALFORM;SUPRATENTORIAL,SIMPLE | CCR | | | | | | | | |
| 30 | 61682 | SURG..MALFORM;SUPRATENTORIAL,COMPLEX | CCR | | | | | | | | |
| 30 | 61684 | SURG..MALFORM;INFRATENTORIAL,SIMPLE | CCR | | | | | | | | |
| 30 | 61686 | SURG..MALFORM;INFRATENTORIAL,COMPLEX | CCR | | | | | | | | |
| 30 | 61690 | SURG..MALFORM;DURAL,SIMPLE | CCR | | | | | | | | |
| 30 | 61692 | SURG..MALFORM;DURAL,COMPLEX | CCR | | | | | | | | |
| 30 | 61697 | BRAIN ANEURYSM REPR, COMPLX | CCR | | | | | | | | |
| 30 | 61698 | BRAIN ANEURYSM REPR, COMPLX | CCR | | | | | | | | |
| 30 | 61700 | INNER SKULL VESSEL SURGERY | CCR | | | | | | | | |
| 30 | 61702 | INNER SKULL VESSEL SURGERY | CCR | | | | | | | | |
| 30 | 61703 | CLAMP NECK ARTERY | CCR | | | | | | | | |
| 30 | 61705 | REVISE CIRCULATION TO HEAD | CCR | | | | | | | | |
| 30 | 61708 | REVISE CIRCULATION TO HEAD | CCR | | | | | | | | |
| 30 | 61710 | REVISE CIRCULATION TO HEAD | CCR | | | | | | | | |
| 30 | 61711 | FUSION OF SKULL ARTERIES | CCR | | | | | | | | |
| 30 | 61720 | INCISE SKULL/BRAIN SURGERY | CCR | | | | | | | | |
| 30 | 61735 | INCISE SKULL/BRAIN SURGERY | CCR | | | | | | | | |
| 30 | 61750 | STEREOTACTIC PROC/INTRACRAN. LESION | CCR | | | | | | | | |
| 30 | 61751 | STEREOTACTIC BIOPSY W/CAT SCAN | CCR | | | | | | | | |
| 30 | 61760 | STEREOTACTIC IMPLANTATION OF DEPTH E | CCR | | | | | | | | |
| 30 | 61770 | STEREO.LOC./BURR HOLES;INSERT CATH.. | CCR | | | | | | | | |
| 30 | 61781 | STEREOTACTIC COMPUTER-ASSISTED (NAVI | CCR | | | | | | | | |
| 30 | 61782 | STEREOTACTIC COMPUTER-ASSISTED (NAVI | CCR | | | | | | | | |
| 30 | 61783 | STEREOTACTIC COMPUTER-ASSISTED (NAVI | CCR | | | | | | | | |
| 30 | 61796 | STEREOTACTIC RADIOSURGERY (PARTICLE | CCR | | | | | | | | |
| 30 | 61797 | STEREOTACTIC RADIOSURGERY (PARTICLE | CCR | | | | | X | | | |
| 30 | 61798 | STEREOTACTIC RADIOSURGERY (PARTICLE | CCR | | | | | | | | |
| 30 | 61799 | STEREOTACTIC RADIOSURGERY (PARTICLE | CCR | | | | | X | | | |
| 30 | 61800 | APPLICATION OF STEREOTACTIC HEADFRAM | CCR | | | | | | | | |
| 30 | 61850 | IMPLANT NEUROELECTRODES | CCR | | | | | | | | |
| 30 | 61860 | IMPLANT NEUROELECTRODES | CCR | | | | | | | | |
| 30 | 61863 | IMPLANT NEUROELECTRODE | CCR | | | | | | | | |
| 30 | 61864 | IMPLANT NEUROELECTRDE, ADDqL | CCR | | | | | | | | |
| 30 | 61867 | IMPLANT NEUROELECTRODE | CCR | | | | | | | | |
| 30 | 61868 | TWIST DRILL, BURR HOLE, CRANIOTOMY, | CCR | | | | | | | | |
| 30 | 61870 | IMPLANT NEUROELECTRODES | CCR | | | | | | | | |
| 30 | 61880 | REVISE/REMOVE NEUROELECTRODE | CCR | | | | | | | | |
| 30 | 62000 | REPAIR OF SKULL FRACTURE | CCR | | | | | | | | |
| 30 | 62005 | REPAIR OF SKULL FRACTURE | CCR | | | | | | | | |
| 30 | 62010 | TREATMENT OF HEAD INJURY | CCR | | | | | | | | |
| 30 | 62100 | REPAIR BRAIN FLUID LEAKAGE | CCR | | | | | | | | |
| 30 | 62120 | REPAIR SKULL CAVITY LESION | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 62121 | CRANIOTOMY W/REP ENCEPH. SKULL BASE | CCR | | | | | | | | |
| 30 | 62140 | REPAIR OF SKULL DEFECT | CCR | | | | | | | | |
| 30 | 62141 | REPAIR OF SKULL DEFECT | CCR | | | | | | | | |
| 30 | 62142 | REMOVE BONE FLAP/PROSTH.PLATE-SKULL | CCR | | | | | | | | |
| 30 | 62143 | REPLACE BONE FLAP/PROSTH PLATE-SKULL | CCR | | | | | | | | |
| 30 | 62145 | REPAIR OF SKULL & BRAIN | CCR | | | | | | | | |
| 30 | 62146 | CRANIOPLASTY W/AUTO GRAFT TO 5CM | CCR | | | | | | | | |
| 30 | 62147 | CRANIOPLASTY W/AUTOGRAFT > 5 CM | CCR | | | | | | | | |
| 30 | 62148 | INCIS W/RETRIEVAL SQ CRAN BONE GRAFT | CCR | | | | | | | | |
| 30 | 62160 | INTRACRAN, V-CATH SHUNT/EXT DRAIN | CCR | | | | | | | | |
| 30 | 62161 | DISSECT BRAIN W/SCOPE | CCR | | | | | | | | |
| 30 | 62162 | REMOVE COLLOID CYST W/SCOPE | CCR | | | | | | | | |
| 30 | 62163 | NEUROENDOSCOPY W/FB REMOVAL | CCR | | | | | | | | |
| 30 | 62164 | REMOVE BRAIN TUMOR W/SCOPE | CCR | | | | | | | | |
| 30 | 62165 | REMOVE PITUIT TUMOR W/SCOPE | CCR | | | | | | | | |
| 30 | 62180 | ESTABLISH BRAIN CAVITY SHUNT | CCR | | | | | | | | |
| 30 | 62190 | ESTABLISH BRAIN CAVITY SHUNT | CCR | | | | | | | | |
| 30 | 62192 | ESTABLISH BRAIN CAVITY SHUNT | CCR | | | | | | | | |
| 30 | 62200 | ESTABLISH BRAIN CAVITY SHUNT | CCR | | | | | | | | |
| 30 | 62201 | VENTRICULOCIS, 3RD VENTRICLE STEREO | CCR | | | | | | | | |
| 30 | 62220 | ESTABLISH BRAIN CAVITY SHUNT | CCR | | | | | | | | |
| 30 | 62223 | ESTABLISH BRAIN CAVITY SHUNT | CCR | | | | | | | | |
| 30 | 62252 | CSF SHUNT REPROGRAM | CCR | | | | | | | | |
| 30 | 62256 | REMOVE BRAIN CAVITY SHUNT | CCR | | | | | | | | |
| 30 | 62258 | REPLACE BRAIN CAVITY SHUNT | CCR | | | | | | | | |
| 30 | 62264 | EPIDURAL LYSIS ON SINGLE DAY | CCR | | | | | | | | |
| 30 | 62267 | PERCUTANEOUS ASPIRATION WITHIN THE N | CCR | | | | | | | | |
| 30 | 62284 | INJECTION FOR MYELOGRAM | CCR | | | | | | | | |
| 30 | 62290 | INJECTION PROCEDURE FOR DISCOGRAPHY | CCR | | | | | | | | |
| 30 | 62291 | INJECT FOR SPINE DISK X-RAY | CCR | | | | | | | | |
| 30 | 62292 | INJECTION PROCEDURE FOR CHEMONUCLEO | CCR | | | | | | | | |
| 30 | 62302 | MYELOGRAPHY VIA LUMBAR INJECTION, IN | CCR | | | | | | | | |
| 30 | 62303 | MYELOGRAPHY VIA LUMBAR INJECTION, IN | CCR | | | | | | | | |
| 30 | 62304 | MYELOGRAPHY VIA LUMBAR INJECTION, IN | CCR | | | | | | | | |
| 30 | 62305 | MYELOGRAPHY VIA LUMBAR INJECTION, IN | CCR | | | | | | | | |
| 30 | 62351 | IMPLANT SPINAL CATHETER | CCR | | | | | | | X | |
| 30 | 62369 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, | CCR | | | | | | | | |
| 30 | 62370 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, | CCR | | | | | | | | |
| 30 | 63001 | RELIEVE SPINAL CORD PRESSURE | CCR | | | | | | | | |
| 30 | 63003 | RELIEVE SPINAL CORD PRESSURE | CCR | | | | | | | | |
| 30 | 63005 | RELIEVE SPINAL CORD PRESSURE | CCR | | | | | | | | |
| 30 | 63011 | RELIEVE PSINAL CORD PRESSURE | CCR | | | | | | | | |
| 30 | 63012 | LAMINECTOMY W/REM ABNORM FACETS-LUMB | CCR | | | | | | | | |
| 30 | 63015 | RELIEVE SPINAL CORD PRESSURE | CCR | | | | | | | | |
| 30 | 63016 | RELIEVE SPINAL CORD PRESSURE | CCR | | | | | | | | |
| 30 | 63017 | RELIEVE SPINAL CORD PRESSURE | CCR | | | | | | | | |
| 30 | 63020 | LAMINOTOMY (HEMILAMINECTOMY), WITH D | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 63030 | LAMINOTOMY (HEMILAMINECTOMY), WITH D | CCR | | | | | | | | |
| 30 | 63035 | LAMINOTOMY (HEMILAMINECTOMY), WITH D | CCR | | | | | X | | | |
| 30 | 63040 | NECK SPINE DISK SURGERY | CCR | | | | | | | | |
| 30 | 63042 | LOW BACK DISK SURGERY | CCR | | | | | | | | |
| 30 | 63043 | LAMINOTOMY (HEMILAMINECTOMY), WITH D | CCR | | | | | X | | | |
| 30 | 63044 | LAMINOTOMY (HEMILAMINECTOMY), WITH D | CCR | | | | | X | | | |
| 30 | 63045 | LAMINECTOMY...SING.SEG.;CERVICAL | CCR | | | | | | | | |
| 30 | 63046 | LAMINECTOMY...SING.SEG.;THORACIC | CCR | | | | | | | | |
| 30 | 63047 | LAMINECTOMY...SING.SEG.;LUMBAR | CCR | | | | | | | | |
| 30 | 63048 | LAMINECTOMY;EACH ADD SEG,CERV,THOR,L | CCR | | | | | X | | | |
| 30 | 63050 | CERVICAL LAMINOPLASTY | CCR | | | | | | | | |
| 30 | 63051 | C-LAMINOPLASTY W/GRAFT/PLATE | CCR | | | | | | | | |
| 30 | 63055 | DECOMPRESS SP CRD,EQRINA/NRV RT;THOR | CCR | | | | | | | | |
| 30 | 63056 | DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB | CCR | | | | | | | | |
| 30 | 63057 | DECOMPRESS...EACH ADD SEG,THOR,LUMB | CCR | | | | | X | | | |
| 30 | 63064 | DECOMPRESS SPN CRD,THORAC,SING.SEG. | CCR | | | | | | | | |
| 30 | 63066 | DECOMPRESS...THORACIC;EACH ADD SEG | CCR | | | | | X | | | |
| 30 | 63075 | REMOVAL OF UPPER SPINE DISC AND RELE | CCR | | | | | | | | |
| 30 | 63076 | REMOVAL OF UPPER SPINE DISC AND RELE | CCR | | | | | X | | | |
| 30 | 63077 | REMOVAL OF MIDDLE SPINE DISC AND REL | CCR | | | | | | | | |
| 30 | 63078 | REMOVAL OF MIDDLE SPINE DISC AND REL | CCR | | | | | X | | | |
| 30 | 63081 | VERT CORPECTOMY...;CERVICAL,SING.SEG | CCR | | | | | | | | |
| 30 | 63082 | VERT CORPECTOMY;CERVICAL,EACH ADD | CCR | | | | | X | | | |
| 30 | 63085 | VERT CORPECTOMY...;THORACIC,SING SEG | CCR | | | | | | | | |
| 30 | 63086 | VERT CORPECT...;THOR...;EACH ADD SEG | CCR | | | | | X | | | |
| 30 | 63087 | VERT CORP.LOW THOR,LUMB;SING SEGMENT | CCR | | | | | | | | |
| 30 | 63088 | VERT CORP,THOR/LUMB;EACH ADD SEGMENT | CCR | | | | | X | | | |
| 30 | 63090 | VERT CORP;LOW THOR/LUMB/SAC;SING SEG | CCR | | | | | | | | |
| 30 | 63091 | VERT CORPECTOMY;EACH ADD SEGMENT | CCR | | | | | X | | | |
| 30 | 63101 | REMOVAL OF VERTEBRAL BODY | CCR | | | | | | | | |
| 30 | 63102 | REMOVAL OF VERTEBRAL BODY | CCR | | | | | | | | |
| 30 | 63103 | REMOVE VERTEBRAL BODY ADD-ON | CCR | | | | | X | | | |
| 30 | 63170 | LAMINECTOMY/MYELOTOMY,THOR/THORACOLU | CCR | | | | | | | | |
| 30 | 63172 | LAMINECTOMY...;TO SUBARACHNOID SPACE | CCR | | | | | | | | |
| 30 | 63173 | LAMINECTOMY...;TO PERITONEAL SPACE | CCR | | | | | | | | |
| 30 | 63180 | REVISE SPINAL CORD LIGAMENTS | CCR | | | | | | | | |
| 30 | 63182 | REVISE SPINAL CORD LIGAMENTS | CCR | | | | | | | | |
| 30 | 63185 | INCISE SPINAL COLUMN/NERVES | CCR | | | | | | | | |
| 30 | 63190 | INCISE SPINAL COLUMN/NERVES | CCR | | | | | | | | |
| 30 | 63191 | LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL | CCR | | | | | | | | |
| 30 | 63194 | INCISE SPINAL COLUMN & CORD | CCR | | | | | | | | |
| 30 | 63195 | INCISE SPINAL COLUMN & CORD | CCR | | | | | | | | |
| 30 | 63196 | INCISE SPINAL COLUMN & CORD | CCR | | | | | | | | |
| 30 | 63197 | INCISE SPINAL COLUMN & CORD | CCR | | | | | | | | |
| 30 | 63198 | INCISE SPINAL COLUMN & CORD | CCR | | | | | | | | |
| 30 | 63199 | INCISE SPINAL COLUMN & CORD | CCR | | | | | | | | |
| 30 | 63200 | LAMINECTOMY,RELEASE TETHER...LUMBAR | CCR | | | | | | | | |

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 |
|----|-------|--|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 63250 | REVISE SPINAL CORD VESSELS | CCR | | | | | | | | |
| 30 | 63251 | REVISE SPINAL CORD VESSELS | CCR | | | | | | | | |
| 30 | 63252 | LAMINECTOMY ,MALFORM.SP.CRD. ;THORACOL | CCR | | | | | | | | |
| 30 | 63265 | LAMINECTOMY ,LESION. . . ;CERVICAL | CCR | | | | | | | | |
| 30 | 63266 | LAMINECTOMY ,LESION. . . ;THORACIC | CCR | | | | | | | | |
| 30 | 63267 | LAMINECTOMY ,LESION. . . ;LUMBAR | CCR | | | | | | | | |
| 30 | 63268 | LAMINECTOMY ,LESION. . . ;SACRAL | CCR | | | | | | | | |
| 30 | 63270 | LAMINECTOMY ,LESION. . . ;CERVICAL | CCR | | | | | | | | |
| 30 | 63271 | LAMINECTOMY ,LESION. . . ;THORACIC | CCR | | | | | | | | |
| 30 | 63272 | LAMINECTOMY ,LESION. . . ;LUMBAR | CCR | | | | | | | | |
| 30 | 63273 | LAMINECTOMY ,LESION. . . ;SACRAL | CCR | | | | | | | | |
| 30 | 63275 | LAMINECTOMY ,BX/EXC. . . ;CERVICAL-EXTRA | CCR | | | | | | | | |
| 30 | 63276 | LAMINECTOMY ,BX/EXC. . . ;THORACIC-EXTRA . | CCR | | | | | | | | |
| 30 | 63277 | LAMINECTOMY ,BX/EXC. . . ;LUMBAR-EXTRADUR | CCR | | | | | | | | |
| 30 | 63278 | LAMINECTOMY ,BX/EXC. . . ;SACRAL-EXTRADUR | CCR | | | | | | | | |
| 30 | 63280 | LAMINECTOMY ,BX/EXC. . . ;CERVICAL, INTRA | CCR | | | | | | | | |
| 30 | 63281 | LAMINECTOMY .B/EXC. . . ;THORACIC-INTRA | CCR | | | | | | | | |
| 30 | 63282 | LAMINECTOMY ,BX/EXC. . . ;LUMBAR-INTRADUR | CCR | | | | | | | | |
| 30 | 63283 | LAMINECTOMY ,BX/EXC. . . ;SACRAL-INTRADUR | CCR | | | | | | | | |
| 30 | 63285 | LAMINECTOMY ,BX/EXC. . . ;CERVICAL- INTRA | CCR | | | | | | | | |
| 30 | 63286 | LAMINECTOMY .BX/EXC. . . ;THORACIC-INTRA | CCR | | | | | | | | |
| 30 | 63287 | LAMINECTOMY ,BX/EXC. . . ;THORACOLUMBAR. . | CCR | | | | | | | | |
| 30 | 63290 | LAMINECTOMY. . . ;COMBINATION,ANY LEVEL | CCR | | | | | | | | |
| 30 | 63295 | REPAIR OF LAMINECTOMY DEFECT | CCR | | | | | | | | |
| 30 | 63300 | VERT CORP,SING SEG;CERVICAL-EXTRADUR | CCR | | | | | | | | |
| 30 | 63301 | SEE 63300;EXTRADUR,THOR-TRANSTHO APP | CCR | | | | | | | | |
| 30 | 63302 | SEE 63300;EXTRADUR,THOR-THORACOL APP | CCR | | | | | | | | |
| 30 | 63303 | SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO | CCR | | | | | | | | |
| 30 | 63304 | SEE 63300;INTRADURAL,CERVICAL | CCR | | | | | | | | |
| 30 | 63305 | SEE 63300;INTRA,THOR-TRANSTHO APP | CCR | | | | | | | | |
| 30 | 63306 | SEE 63300;INTRA,THOR-THORACOLUM APP | CCR | | | | | | | | |
| 30 | 63307 | SEE 63300;LUM/SAC-TRANS/RETRO APP | CCR | | | | | | | | |
| 30 | 63308 | VERT CORPECTOMY, EA ADD SEGMENT | CCR | | | | | | | X | |
| 30 | 63615 | STEREOTACTIC BIOPSY, SPINAL CORD | CCR | | | | | | | | |
| 30 | 63620 | STEREOTACTIC RADIOSURGERY (PARTICLE | CCR | | | | | | | | |
| 30 | 63621 | STEREOTACTIC RADIOSURGERY (PARTICLE | CCR | | | | | | | X | |
| 30 | 63655 | IMPLANT NEUROELECTRODES | CCR | | | | | | | | |
| 30 | 63700 | REPAIR OF SPINAL HERNIATION | CCR | | | | | | | | |
| 30 | 63702 | REPAIR OF SPINAL HERNIATION | CCR | | | | | | | | |
| 30 | 63704 | REPAIR OF SPINAL HERNIATION | CCR | | | | | | | | |
| 30 | 63706 | REPAIR OF SPINAL HERNIATION | CCR | | | | | | | | |
| 30 | 63707 | REPAIR DURAL/CSF LEAK,NO LAMINECTOMY | CCR | | | | | | | | |
| 30 | 63709 | REP DURAL/CSF LEAK. .W/ LAMINECTOMY | CCR | | | | | | | | |
| 30 | 63710 | GRAFT REPAIR OF SPINE DEFECT | CCR | | | | | | | | |
| 30 | 63740 | INSTALL SPINAL SHUNT | CCR | | | | | | | | |
| 30 | 63741 | CREATION OF SHUNT-PERCU T W/O LAMINEC | CCR | | | | | | | | |
| 30 | 64400 | INJECTION FOR NERVE BLOCK | CCR | | | | | | | X | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 64405 | INJECTION FOR NERVE BLOCK | CCR | | | | | X | | | |
| 30 | 64408 | INJECTION FOR NERVE BLOCK | CCR | | | | | X | | | |
| 30 | 64413 | INJECTION FOR NERVE BLOCK | CCR | | | | | X | | | |
| 30 | 64416 | INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF | CCR | | | | | | | | |
| 30 | 64418 | INJECTION FOR NERVE BLOCK | CCR | | | | | X | | | |
| 30 | 64425 | INJECTION FOR NERVE BLOCK | CCR | | | | | X | | | |
| 30 | 64435 | INJECTION FOR NERVE BLOCK | CCR | | | | | X | | | |
| 30 | 64445 | INJECTION FOR NERVE BLOCK | CCR | | | | | X | | | |
| 30 | 64446 | INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT | CCR | | | | | | | | |
| 30 | 64447 | INJEC.NERV.BLK;FEMORAL NERVE,SINGLE | CCR | | | | | | | | |
| 30 | 64448 | INJECT.BLK;FEMORAL NERV.CONT.INFU CA | CCR | | | | | | | | |
| 30 | 64449 | N BLOCK INJ, LUMBAR PLEXUS | CCR | | | | | | | | |
| 30 | 64455 | INJECTIONS OF ANESTHETIC AND/OR STER | CCR | | | | | | | | |
| 30 | 64462 | PARAVERTEBRAL BLOCK (PVB) (PARASPINO | CCR | | | | | | | | |
| 30 | 64486 | TRANSVERSUS ABDOMINIS PLANE (TAP) BL | CCR | | | | | | | | |
| 30 | 64487 | TRANSVERSUS ABDOMINIS PLANE (TAP) BL | CCR | | | | | | | | |
| 30 | 64488 | TRANSVERSUS ABDOMINIS PLANE (TAP) BL | CCR | | | | | | | | |
| 30 | 64489 | TRANSVERSUS ABDOMINIS PLANE (TAP) BL | CCR | | | | | | | | |
| 30 | 64490 | INJECTION(S), DIAGNOSTIC OR THERAPEU | CCR | | | | | | | | |
| 30 | 64491 | INJECTION(S), DIAGNOSTIC OR THERAPEU | CCR | | | | | | | | |
| 30 | 64492 | INJECTION(S), DIAGNOSTIC OR THERAPEU | CCR | | | | | X | | | |
| 30 | 64493 | INJECTION(S), DIAGNOSTIC OR THERAPEU | CCR | | | | | | | | |
| 30 | 64494 | INJECTION(S), DIAGNOSTIC OR THERAPEU | CCR | | | | | | | | |
| 30 | 64495 | INJECTION(S), DIAGNOSTIC OR THERAPEU | CCR | | | | | X | | | |
| 30 | 64508 | INJECTION FOR NERVE BLOCK | CCR | | | | | | | | |
| 30 | 64566 | POSTERIOR TIBIAL NEUROSTIMULATION, P | CCR | | | | | | | | |
| 30 | 64611 | CHEMODENERVATION OF PAROTID AND SUBM | CCR | | | | | | | | |
| 30 | 64612 | DESTRUCTION BY NEUROLYTIC AGENT (CHE | CCR | | | | | | | | |
| 30 | 64615 | CHEMODENERVATION OF MUSCLE(S); MUSCL | CCR | | | X | | | | | |
| 30 | 64632 | DESTRUCTION BY NEUROLYTIC AGENT; PLA | CCR | | | | | | | | |
| 30 | 64633 | DESTRUCTION BY NEUROLYTIC AGENT, PAR | CCR | | | | | | | | |
| 30 | 64634 | DESTRUCTION BY NEUROLYTIC AGENT, PAR | CCR | | | | | | | | |
| 30 | 64635 | DESTRUCTION BY NEUROLYTIC AGENT, PAR | CCR | | | | | | | | |
| 30 | 64636 | DESTRUCTION BY NEUROLYTIC AGENT, PAR | CCR | | | | | | | | |
| 30 | 64755 | INCISION VAGI/PROXIMAL STOMACH ONLY | CCR | | | | | | | | |
| 30 | 64760 | INCISION OF VAGUS NERVE | CCR | | | | | | | | |
| 30 | 64763 | INCISE HIP/THIGH NERVE | CCR | | | | | | | | |
| 30 | 64766 | INCISE HIP/THIGH NERVE | CCR | | | | | | | | |
| 30 | 64804 | REMOVE SYMPATHETIC NERVES | CCR | | | | | | | | |
| 30 | 64809 | REMOVE SYMPATHETIC NERVES | CCR | | | | | | | | |
| 30 | 64818 | REMOVE SYMPATHETIC NERVES | CCR | | | | | | | | |
| 30 | 64820 | REMOVE SYMPATHETIC NERVES | CCR | | | | | | | | |
| 30 | 64822 | REMOVE SYMPATHETIC NERVES | CCR | | | | | | | | |
| 30 | 64823 | REMOVE SYMPATHETIC NERVES | CCR | | | | | | | | |
| 30 | 64866 | FUSION OF FACIAL/OTHER NERVE | CCR | | | | | | | | |
| 30 | 64868 | FUSION OF FACIAL/OTHER NERVE | CCR | | | | | | | | |
| 30 | 64910 | NERVE REPAIR; WITH SYNTHETIC CONDUIT | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 64911 | NERVE REPAIR; WITH AUTOGENOUS VEIN G | CCR | | | | | | | | |
| 30 | 64913 | NERVE REPAIR; WITH NERVE ALLOGRAFT, | CCR | | | | | X | | | |
| 30 | 65125 | MODIFICATION OF OCULAR IMPLANT (EG, | CCR | | | | | | | | |
| 30 | 65210 | REMOVE FOREIGN BODY FROM EYE | CCR | | X | | | X | | | |
| 30 | 65220 | REMOVE FOREIGN BODY FROM EYE | CCR | | X | | | X | | | |
| 30 | 65222 | REMOVE FOREIGN BODY FROM EYE | CCR | | X | | | X | | | |
| 30 | 65273 | REPAIR OF EYE WOUND | CCR | | | | | | | | |
| 30 | 65286 | SEE 65270;APPLY TISSUE GLUE,WOUNDS.. | CCR | | | | | | | | |
| 30 | 65430 | CORNEAL SMEAR | CCR | | | | | X | | | |
| 30 | 65435 | CURETTE/TREAT CORNEA | CCR | | | | | | | | |
| 30 | 65436 | CURETTE/TREAT CORNEA | CCR | | | | | | | | |
| 30 | 65450 | DESTROY CORNEAL LESION | CCR | | | | | | | | |
| 30 | 65600 | REVISION OF CORNEA | CCR | | | | | | | | |
| 30 | 65756 | KERATOPLASTY (CORNEAL TRANSPLANT); E | CCR | | | | | | | | |
| 30 | 65765 | KERATOPHAKIA | CCR | | | | | | | | |
| 30 | 65767 | EPIKERATOPHAKIA | CCR | | | | | | | | |
| 30 | 66762 | REVISION OF IRIS | CCR | | | | | | | | |
| 30 | 66770 | REMOVAL OF INNER EYE LESION | CCR | | | | | | | | |
| 30 | 66990 | OPHTHALMIC ENDOSCOPE ADD-ON | CCR | | | | | | | | |
| 30 | 67041 | VITRECTOMY,MECHANICAL,PARS PLANA | CCR | | | | | | | | |
| 30 | 67043 | VITRECTOMY,MECHANICAL,PARS PLANA | CCR | | | | | | | | |
| 30 | 67110 | REPAIR RET DETACH-INJ AIR, OTH GAS | CCR | | | | | | | | |
| 30 | 67208 | DEST.LOC.RETINAL LESION,CRYO/DIATHER | CCR | | | | | | | | |
| 30 | 67221 | OCULAR PHOTODYNAMIC THER | CCR | | | | | | | | |
| 30 | 67225 | EYE PHOTODYNAMIC THER ADD-ON | CCR | | | | | | | | |
| 30 | 67229 | TREATMENT OF EXTENSIVE OR PROGRESSIV | CCR | 00 | 00 | | | | | | |
| 30 | 67345 | CHEMODENERVATION OF EXTRAOCULAR MUSC | CCR | | | | | | | | |
| 30 | 67346 | BIOPSY OF EXTRAOCULAR MUSCLE | CCR | | | | | | | | |
| 30 | 67414 | ORBITOTOMY WITHOUT BONE FLAP (FRONTA | CCR | | | | | | | | |
| 30 | 67505 | INJECT/TREAT EYE SOCKET | CCR | | | | | | | | |
| 30 | 67515 | INJECTION OF MEDICATION OR SUBSTANCE | CCR | | | | | | | | |
| 30 | 67710 | INCISION OF EYELID | CCR | | | X | | | | | |
| 30 | 67825 | REVISE EYELASHES | CCR | | | | | | | | |
| 30 | 67850 | TREAT EYELID LESION | CCR | | | | | | | | |
| 30 | 67875 | TEMP CLOSURE OF EYELIDS BY SUTURE | CCR | | | | | | | | |
| 30 | 67915 | REPAIR EYELID DEFECT | CCR | | X | X | | | | | |
| 30 | 67922 | REPAIR EYELID DEFECT | CCR | | X | | | | | | |
| 30 | 68020 | INCISE/DRAIN EYELID LINING | CCR | | | | | | | | |
| 30 | 68040 | TREATMENT OF EYELID LESIONS | CCR | | | | | | | | |
| 30 | 68100 | BIOPSY OF EYELID LINING | CCR | | | | | | | | |
| 30 | 68135 | REMOVE EYELID LINING LESION | CCR | | | | | | | | |
| 30 | 68200 | TREAT EYELID BY INJECTION | CCR | | | | | | | | |
| 30 | 68400 | INCISE/DRAIN TEAR GLAND | CCR | | | | | | | | |
| 30 | 68420 | INCISE/DRAIN TEAR SAC | CCR | | | | | | | | |
| 30 | 68440 | INCISE TEAR DUCT OPENING | CCR | | | | | | | | |
| 30 | 68530 | CLEARANCE OF TEAR DUCT | CCR | | | | | | | | |
| 30 | 68705 | REVISE TEAR DUCT OPENING | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 68760 | CLOSE TEAR DUCT OPENING | CCR | | | | | | | | |
| 30 | 68761 | CLOSURE OF THE LACRIMAL PUNCTUM; | CCR | | | | | X | | | |
| 30 | 68801 | DILATE TEAR DUCT OPENING | CCR | | X | | | | | | |
| 30 | 68816 | PROBING OF NASOLACRIMAL DUCT, WITH O | CCR | | | | | | | | |
| 30 | 68840 | EXPLORE/IRRIGATE TEAR DUCTS | CCR | | | | | | | | |
| 30 | 68850 | INJECTION FOR TEAR SAC X-RAY | CCR | | | | | | | | |
| 30 | 69155 | EXTENSIVE EAR/NECK SURGERY | CCR | | | | | | | | |
| 30 | 69200 | CLEAR OUTER EAR CANAL | CCR | | | | | | | | |
| 30 | 69209 | REMOVAL IMPACTED CERUMEN USING IRRIG | CCR | | | | | | | | |
| 30 | 69210 | REMOVAL OF IMPACT EAR WAX, ONE EAR | CCR | | | | | | | | |
| 30 | 69220 | DEBRIDEMENT, MASTOIDECTOMY CAV/SIMPLE | CCR | | | | | | | | |
| 30 | 69535 | REMOVE PART OF TEMPORAL BONE | CCR | | | | | | | | |
| 30 | 69554 | REMOVE EAR LESION | CCR | | | | | | | | |
| 30 | 69950 | INCISE INNER EAR NERVE | CCR | | | | | | | | |
| 30 | 69955 | RELEASE FACIAL NERVE | CCR | | | | | | | | |
| 30 | 69960 | RELEASE INNER EAR CANAL | CCR | | | | | | | | |
| 30 | 69970 | REMOVE INNER EAR LESION | CCR | | | | | | | | |
| 30 | 70010 | MYELOGRAPHY; INTERPRETATION ONLY | CCR | | | | | | | | |
| 30 | 70015 | CISTERNOGRAPHY; INTERPRET ONLY | CCR | | | | | | | | |
| 30 | 70030 | X-RAY EYE; DETECT FOREIGN BODY | CCR | | | | | X | | | |
| 30 | 70100 | X-RAY MANDIBLE; PARTIAL | CCR | | | | | | | | |
| 30 | 70110 | X-RAY MANDIBLE; COMPLETE | CCR | | | | | | | | |
| 30 | 70120 | X-RAY MASTOIDS; L3 VIEWS PER SIDE | CCR | | | | | | X | | |
| 30 | 70130 | COMPLETE X-RAY, MASTOIDS-3 VIEWS/SIDE | CCR | | | | | | X | | |
| 30 | 70134 | X-RAY INTERNAL AUDITORY MEATI | CCR | | | | | | X | | |
| 30 | 70140 | X-RAY FACIAL BONES; L3 VIEWS | CCR | | | | | | | | |
| 30 | 70150 | X-RAY FACIAL BONES; COMPLETE | CCR | | | | | | | | |
| 30 | 70160 | X-RAY NASAL BONES; COMPLETE | CCR | | | | | | | | |
| 30 | 70170 | DACRYOCYSTOGRAPHY; INTERPRET ONLY | CCR | | | | | | | | |
| 30 | 70190 | X-RAY OPTIC FORAMINA | CCR | | | | | | X | | |
| 30 | 70200 | X-RAY ORBITS, COMPLETE, 4+ VIEWS | CCR | | | | | | X | | |
| 30 | 70210 | X-RAY SINUSES; PARANASAL; L3 VIEWS | CCR | | | | | | | | |
| 30 | 70220 | X-RAY SINUSES; PARANASAL; COMPLETE | CCR | | | | | | | | |
| 30 | 70240 | X-RAY SELLA TURCICA | CCR | | | | | | | | |
| 30 | 70250 | X-RAY SKULL; LESS THAN 4 VIEWS | CCR | | | | | | | | |
| 30 | 70260 | X-RAY SKULL; COMPLETE | CCR | | | | | | | | |
| 30 | 70300 | X-RAY TEETH; SINGLE VIEW | CCR | | | | | | | | |
| 30 | 70310 | X-RAY TEETH; PARTIAL EXAM | CCR | | | | | | | | |
| 30 | 70320 | X-RAY TEETH; COMPLETE; FULL MOUTH | CCR | | | | | | | | |
| 30 | 70328 | X-RAY TEMPOROMANDIBULAR JNT; UNIL | CCR | | | | | | | | |
| 30 | 70330 | ARTHROTOMOGRAPHY; TEMPOROMAND.-COMPLT | CCR | | | | | | | | |
| 30 | 70332 | TEMPOROMAND. ARTHROGRAPHY; SUPER/INTER | CCR | | | | | | | | |
| 30 | 70336 | MRI, TEMPOROMANDIBULAR JOINT | CCR | | | | | | | | |
| 30 | 70350 | CEPHALOGRAM; ORTHODONTIC | CCR | | | | | | | | |
| 30 | 70355 | ORTHOPANTOGRAM (EG, PANORAMIC X-RAY) | CCR | | | | | | | | |
| 30 | 70360 | X-RAY NECK; SOFT TISSUE | CCR | | | | | | | | |
| 30 | 70370 | X-RAY PHARYNX/LARYNX W/FLUROSCOPY | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 70380 | X-RAY SALIVARY GLANDFOR CALCULUS | CCR | | | | | | | | |
| 30 | 70390 | SIALOGRAPHY; INTERPRETATION ONLY | CCR | | | | | | | | |
| 30 | 70450 | CAT,HEAD/BRAIN;W/OUT CONTRAST MATER | CCR | | | | | | | | |
| 30 | 70460 | CAT,HEAD/BRAIN;W/ CONTRAST MATERIAL | CCR | | | | | | | | |
| 30 | 70470 | CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST | CCR | | | | | | | | |
| 30 | 70480 | TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS | CCR | | | | | | | | |
| 30 | 70481 | TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M | CCR | | | | | | | | |
| 30 | 70482 | CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT | CCR | | | | | | | | |
| 30 | 70486 | TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR | CCR | | | | | | | | |
| 30 | 70487 | TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST | CCR | | | | | | | | |
| 30 | 70488 | CAT;MAXILL.;W/OUT-W/ CONTRAST MATER. | CCR | | | | | | | | |
| 30 | 70490 | CAT,SOFT TISSUE NECK;W/OUT CONTRAST | CCR | | | | | | | | |
| 30 | 70491 | CAT.SOFT TISSUE NECK;W/ CONTRAST MAT | CCR | | | | | | | | |
| 30 | 70492 | CAT,NECK;W/OUT-W/ CONTRAST MATERIAL | CCR | | | | | | | | |
| 30 | 70496 | CT ANGIOGRAPHY HEAD | CCR | | | | | | | | |
| 30 | 70498 | CT ANGIOGRAPHY NECK | CCR | | | | | | | | |
| 30 | 70540 | MRI-ORBIT,FACE AND NECK | CCR | | | | | | | | |
| 30 | 70542 | MR IMAGING ORBIT, FACE, AND NECK | CCR | | | | | | | | |
| 30 | 70543 | MR IMAGING ORBIT, FACE, AND NECK | CCR | | | | | | | | |
| 30 | 70544 | MR ANGIOGRAPHY HEAD | CCR | | | | | | | | |
| 30 | 70545 | MR ANGIOGRAPHY | CCR | | | | | | | | |
| 30 | 70546 | MR ANGIOGRAPHY NECK | CCR | | | | | | | | |
| 30 | 70547 | MR ANGIOGRAPHY NECK; WITHOUT CONTRAS | CCR | | | | | | | | |
| 30 | 70548 | MR ANGIOGRAPHY NECK WITH CONSTRAST | CCR | | | | | | | | |
| 30 | 70549 | MR ANGIOGRAPHY NECK WITHOUT CONTRAS | CCR | | | | | | | | |
| 30 | 70551 | MRI-BRAIN/INCLUDING BRAIN STEM | CCR | | | | | | | | |
| 30 | 70552 | MRI,BRAIN W CONTRAST MATERIAL | CCR | | | | | | | | |
| 30 | 70553 | MAGNETIC RESONANCE (EG, PROTON) IMAG | CCR | | | | | | | | |
| 30 | 71045 | RADIOLOGICAL EXAMINATION, CHEST;SING | CCR | | | | | | | X | |
| 30 | 71046 | RADIOLOGICAL EXAMINATION, CHEST; 2 V | CCR | | | | | | | X | |
| 30 | 71047 | RADIOLOGICAL EXAMINATION, CHEST; 3 V | CCR | | | | | | | X | |
| 30 | 71048 | RADIOLOGICAL EXAMINATION,CHEST;4 OR | CCR | | | | | | | | |
| 30 | 71100 | X-RAY EXAM OF RIBS | CCR | | | | | | | | |
| 30 | 71101 | X-RAY EXAM RIBS-POSTEROANTER CHEST | CCR | | | | | | | | |
| 30 | 71110 | X-RAY EXAM OF RIBS | CCR | | | | | | | | |
| 30 | 71111 | X-RAY RIBS,BILAT;POSTEROANTERI CHEST | CCR | | | | | | | | |
| 30 | 71120 | X-RAY EXAM OF BREASTBONE | CCR | | | | | | | | |
| 30 | 71130 | X-RAY EXAM OF BREASTBONE | CCR | | | | | | | | |
| 30 | 71250 | CAT,THORAX;W.OUT CONTRAST MATERIAL | CCR | | | | | | | | |
| 30 | 71260 | CAT.THORAX, W/ CONTRAST MATERIAL | CCR | | | | | | | | |
| 30 | 71270 | CAT,THORAX;W/OUT-W/ CONTRAST MATER. | CCR | | | | | | | | |
| 30 | 71275 | CT ANGIOGRAPHY, CHEST | CCR | | | | | | | | |
| 30 | 71550 | MRI-CHEST/LYPHADENOPATHY EVAL | CCR | | | | | | | | |
| 30 | 71551 | MRI CHEST W/DYE | CCR | | | | | | | | |
| 30 | 71552 | MRI CHEST W/O&W DYE | CCR | | | | | | | | |
| 30 | 71555 | MAGNETIC RESONANCE ANGIOGRAPHY, CHES | CCR | | | | | | | | |
| 30 | 72020 | X-RAY SPINE,SINGLE VIEW | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 72040 | X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS | CCR | | | | | | | | |
| 30 | 72050 | X-RAY EXAM OF NECK SPINE | CCR | | | | | | | | |
| 30 | 72052 | X-RAY EXAM OF NECK SPINE | CCR | | | | | | | | |
| 30 | 72070 | X-RAY EXAM OF THORAX SPINE | CCR | | | | | | | | |
| 30 | 72072 | X-RAY SPINE;THORACIC,ANTEROPOS;LATER | CCR | | | | | | | | |
| 30 | 72074 | X-RAY COMPLETE THORACIC SPINE 4 VIEW | CCR | | | | | | | | |
| 30 | 72080 | X-RAY EXAM OF TRUNK SPINE | CCR | | | | | | | | |
| 30 | 72081 | RADIOLOGIC EXAMINATION, SPINE, ENTIR | CCR | | | | | | | | |
| 30 | 72082 | RADIOLOGIC EXAMINATION, SPINE, ENTIR | CCR | | | | | | | | |
| 30 | 72083 | RADIOLOGIC EXAMINATION, SPINE, ENTIR | CCR | | | | | | | | |
| 30 | 72084 | RADIOLOGIC EXAMINATION, SPINE, ENTIR | CCR | | | | | | | | |
| 30 | 72100 | X-RAY EXAM OF LOWER SPINE | CCR | | | | | | | | |
| 30 | 72110 | X-RAY EXAM OF LOWER SPINE | CCR | | | | | | | | |
| 30 | 72114 | RADIOLOGIC EXAMINATION, SPINE, LUMBO | CCR | | | | | | | | |
| 30 | 72120 | RADIOLOGIC EXAMINATION, SPINE, LUMBO | CCR | | | | | | | | |
| 30 | 72125 | CAT SCAN,CERVICAL SPINE W/OUT C M | CCR | | | | | | | | |
| 30 | 72126 | CAT SCAN CERVICAL SPINE W/CONT MATER | CCR | | | | | | | | |
| 30 | 72127 | CAT-CERVICAL SPINE;W/O,W/ CONTRAST | CCR | | | | | | | | |
| 30 | 72128 | CAT SCAN,THORACIC SPINE W/OUT C MATE | CCR | | | | | | | | |
| 30 | 72129 | CAT SCAN,THORACIC SPINE W/CON MATERI | CCR | | | | | | | | |
| 30 | 72130 | CAT-THORACIC SPINE;W/OUT,W/CONTRAST | CCR | | | | | | | | |
| 30 | 72131 | CAT SCAN LUMBAR W/OUT CONTRAST | CCR | | | | | | | | |
| 30 | 72132 | CAT SCAN LUMBAR SPINE W/CONT MATERIA | CCR | | | | | | | | |
| 30 | 72133 | CAT-LUMBAR SPINE;W/OUT,W/CONTRAST | CCR | | | | | | | | |
| 30 | 72141 | MRI,SPINAL CANAL...;CERVICAL | CCR | | | | | | | | |
| 30 | 72142 | MRI,SPINAL CANAL & CONTENTD,CERVICAL | CCR | | | | | | | | |
| 30 | 72146 | MRI,SPINAL CANAL W/O CONTRAST MATERI | CCR | | | | | | | | |
| 30 | 72147 | MRI,SPINAL CANAL, THORACIC W CONTRAS | CCR | | | | | | | | |
| 30 | 72148 | MRI,SPINAL CANAL, LUMBAR W/0 CONTRAS | CCR | | | | | | | | |
| 30 | 72149 | MRI,SPINAL CANAL, LUMBAR W CONTRAST | CCR | | | | | | | | |
| 30 | 72156 | MAGNETIC RESONANCE (EG, PROTON) IMAG | CCR | | | | | | | | |
| 30 | 72157 | MAGNETIC RESONANCE (EG, PROTON) IMAG | CCR | | | | | | | | |
| 30 | 72158 | MAGNETIC RESONANCE (EG, PROTON) IMAG | CCR | | | | | | | | |
| 30 | 72159 | MAGNETIC RESONANCE ANGIOGRAPHY, SPIN | CCR | | | | | | | | |
| 30 | 72170 | X-RAY EXAM OF PELVIS | CCR | | | | | | | | |
| 30 | 72190 | X-RAY EXAM OF PELVIS | CCR | | | | | | | | |
| 30 | 72191 | CT ANGIOGRAPH PELV W/O&W DYE | CCR | | | | | | | | |
| 30 | 72192 | CAT,PELVIS;W/OUT CONTRAST MATERIAL | CCR | | | | | | | | |
| 30 | 72193 | CAT,PELVIS;W/ CONTRAST MATERIAL | CCR | | | | | | | | |
| 30 | 72194 | CAT,PELVIS;W/OUT-W/ CONTRAST MATER. | CCR | | | | | | | | |
| 30 | 72195 | MRI PELVIS W/O DYE | CCR | | | | | | | | |
| 30 | 72196 | MRI,PELVIS | CCR | | | | | | | | |
| 30 | 72197 | MRI PELVIS W/O & W DYE | CCR | | | | | | | | |
| 30 | 72198 | MAGNETIC RESONANCE ANGIOGRAPHY, PELV | CCR | | | | | | | | |
| 30 | 72200 | X-RAY EXAM SACROILLIAC JOINTS | CCR | | | | | | | | |
| 30 | 72202 | X-RAY EXAM SACROILLIAC JOINTS | CCR | | | | | | | | |
| 30 | 72220 | X-RAY EXAM OF TAILBONE | CCR | | | | | | | | |

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 |
|----|-------|---|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 72240 | CONTRAST X-RAY OF NECK SPINE | CCR | | | | | | | | |
| 30 | 72255 | CONTRAST X-RAY THORAX SPINE | CCR | | | | | | | | |
| 30 | 72265 | CONTRAST X-RAY LOWER SPINE | CCR | | | | | | | | |
| 30 | 72270 | RADIOLOGICAL SUPERVISION AND INTERPR | CCR | | | | | | | | |
| 30 | 72275 | EPIDUROGRAPHY | CCR | | | | | | | | |
| 30 | 72285 | X-RAY OF NECK SPINE DISK | CCR | | | | | | | | |
| 30 | 72295 | X-RAY OF LOWER SPINE DISK | CCR | | | | | | | | |
| 30 | 73000 | X-RAY EXAM OF COLLARBONE | CCR | | | | | | | X | |
| 30 | 73010 | X-RAY EXAM OF SHOULDER BLADE | CCR | | | | | | | X | |
| 30 | 73020 | X-RAY EXAM OF SHOULDER | CCR | | | | | | | X | |
| 30 | 73030 | X-RAY EXAM OF SHOULDER | CCR | | | | | | | X | |
| 30 | 73040 | X-RAY SHOULDER ,ARTHROGRAPH, SUPR/INTP | CCR | | | | | | | X | |
| 30 | 73050 | X-RAY EXAM OF SHOULDERS | CCR | | | | | | | | |
| 30 | 73060 | X-RAY EXAM OF HUMERUS | CCR | | | | | | | X | |
| 30 | 73070 | X-RAY EXAM OF ELBOW | CCR | | | | | | | X | |
| 30 | 73080 | X-RAY EXAM OF ELBOW | CCR | | | | | | | X | |
| 30 | 73085 | X-RAY ,ELBOW ,ARTHROGRAPHY ;SUPER/INTER | CCR | | | | | | | X | |
| 30 | 73090 | X-RAY EXAM OF FOREARM | CCR | | | | | | | X | |
| 30 | 73092 | X-RAY EXAM OF ARM, INFANT | CCR | | | | | | | X | |
| 30 | 73100 | X-RAY EXAM OF WRIST | CCR | | | | | | | X | |
| 30 | 73110 | X-RAY EXAM OF WRIST | CCR | | | | | | | X | |
| 30 | 73115 | X-RAY ,WRIST ,ARTHROGRAPHY ,SUPER/INTER | CCR | | | | | | | X | |
| 30 | 73120 | X-RAY EXAM OF HAND | CCR | | | | | | | X | |
| 30 | 73130 | X-RAY EXAM OF HAND | CCR | | | | | | | X | |
| 30 | 73140 | X-RAY EXAM OF FINGER(S) | CCR | | | | | | | X | |
| 30 | 73200 | CAT,UPPER EXTREMITY ;W/OUT CONTRAST | CCR | | | | | | | X | |
| 30 | 73201 | CAT,UPPER EXTREMITY ;W/ CONTRAST MAT . | CCR | | | | | | | X | |
| 30 | 73202 | CAT,UPPER EXT. ;W/OUT-W/ CONTRAST | CCR | | | | | | | X | |
| 30 | 73206 | CT ANGIO UPR EXTRM W/O&W DYE | CCR | | | | | | | X | |
| 30 | 73218 | MRI UPPER EXTREMITY W/O DYE | CCR | | | | | | | X | |
| 30 | 73219 | MRI UPPER EXTREMITY W/DYE | CCR | | | | | | | X | |
| 30 | 73220 | MRI -UPPER EXTREMITY | CCR | | | | | | | X | |
| 30 | 73221 | MRE , ANY JOINT OF UPPER EXTREMITY | CCR | | | | | | | X | |
| 30 | 73222 | MRI JOINT UPR EXTREM W/ DYE | CCR | | | | | | | X | |
| 30 | 73223 | MRI JOINT UPR EXTR W/O&W DYE | CCR | | | | | | | X | |
| 30 | 73225 | MAGNETIC RESONANCE ANGIOGRAPHY , UPPE | CCR | | | | | | | X | |
| 30 | 73501 | RADIOLOGIC EXAMINATION , HIP , UNILATE | CCR | | | | | | | | |
| 30 | 73502 | RADIOLOGIC EXAMINATION , HIP , UNILATE | CCR | | | | | | | | |
| 30 | 73503 | RADIOLOGIC EXAMINATION , HIP , UNILATE | CCR | | | | | | | | |
| 30 | 73521 | RADIOLOGIC EXAMINATION , HIPS , BILATE | CCR | | | | | | | | |
| 30 | 73522 | RADIOLOGIC EXAMINATION , HIPS , BILATE | CCR | | | | | | | | |
| 30 | 73523 | RADIOLOGIC EXAMINATION , HIPS , BILATE | CCR | | | | | | | | |
| 30 | 73525 | CONTRAST X-RAY OF HIP | CCR | | | | | | | X | |
| 30 | 73551 | RADIOLOGIC EXAMINATION , FEMUR ; 1 VIE | CCR | | | | | | | | |
| 30 | 73552 | RADIOLOGIC EXAMINATION , FEMUR ; MINIM | CCR | | | | | | | | |
| 30 | 73560 | X-RAY EXAM OF KNEE | CCR | | | | | | | X | |
| 30 | 73562 | X-RAY KNEE A/P.OBLIQUES ,3+VIEWS | CCR | | | | | | | X | |

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 |
|----|-------|--|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 73564 | X-RAY KNEE, COMPLETE, W/OBLIQUES | CCR | | | | | X | | | |
| 30 | 73565 | RADIO EXAM, KNEES, STANDING, ANTEROPOST | CCR | | | | | | | | |
| 30 | 73580 | CONTRAST X-RAY OF KNEE JOINT | CCR | | | | | X | | | |
| 30 | 73590 | X-RAY EXAM OF LOWER LEG | CCR | | | | | X | | | |
| 30 | 73592 | X-RAY EXAM OF LEG, INFANT | CCR | | | | | X | | | |
| 30 | 73600 | X-RAY EXAM OF ANKLE | CCR | | | | | X | | | |
| 30 | 73610 | X-RAY EXAM OF ANKLE | CCR | | | | | X | | | |
| 30 | 73615 | X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER | CCR | | | | | X | | | |
| 30 | 73620 | X-RAY EXAM OF FOOT | CCR | | | | | X | | | |
| 30 | 73630 | X-RAY EXAM OF FOOT | CCR | | | | | X | | | |
| 30 | 73650 | X-RAY EXAM OF HEEL | CCR | | | | | X | | | |
| 30 | 73660 | X-RAY EXAM OF TOE(S) | CCR | | | | | X | | | |
| 30 | 73700 | CAT, LOWER EXTREMITY; W/OUT CONTRAST | CCR | | | | | X | | | |
| 30 | 73701 | CAT, LOWER EXTREMITY; W/ CONTRAST MAT. | CCR | | | | | X | | | |
| 30 | 73702 | CAT., LOWER EXT.; W/OUT-W/CONTRAST | CCR | | | | | X | | | |
| 30 | 73706 | CT ANGIO LWR EXTR W/O&W DYE | CCR | | | | | X | | | |
| 30 | 73718 | MRI LOWER EXTREMITY W/O DYE | CCR | | | | | X | | | |
| 30 | 73719 | MRI LOWER EXTREMITY W/DYE | CCR | | | | | X | | | |
| 30 | 73720 | MRI-LIWER EXTREMITY | CCR | | | | | X | | | |
| 30 | 73721 | MRI, ANY JOINT, LOWER EXTREMITY | CCR | | | | | X | | | |
| 30 | 73722 | MRI JOINT OF LWR EXTR W/DYE | CCR | | | | | X | | | |
| 30 | 73723 | MRI JOINT LWR EXTR W/O&W DYE | CCR | | | | | X | | | |
| 30 | 73725 | MAGNETIC RESONANCE ANGIOGRAPHY, LOWE | CCR | | | | | X | | | |
| 30 | 74018 | RADIOLOGICAL EXAMINATION, ABDOMEN; 1 | CCR | | | | | X | | | |
| 30 | 74019 | RADIOLOGICAL EXAMINATION, ABDOMEN; 2 | CCR | | | | | X | | | |
| 30 | 74021 | RADIOLOGICAL EXAMINATION, ABDOMEN; 3 | CCR | | | | | X | | | |
| 30 | 74022 | IMAGING OF ABDOMEN AND CHEST | CCR | | | | | | | | |
| 30 | 74150 | CAT, ABDOMEN, W/OUT CONTRAST MATERIAL | CCR | | | | | | | | |
| 30 | 74160 | CAT, ABDOMEN; W/ CONTRAST MATERIAL | CCR | | | | | | | | |
| 30 | 74170 | CAT, ABDOMEN; W/OUT-W/CONTRAST MATER. | CCR | | | | | | | | |
| 30 | 74174 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB | CCR | | | | | X | | | |
| 30 | 74175 | CT ANGIO ABDOM W/O&W DYE | CCR | | | | | | | | |
| 30 | 74176 | COMPUTED TOMOGRAPHY ABDOMEN AND PELV | CCR | | | | | X | | | |
| 30 | 74177 | COMPUTED TOMOGRAPHY ABDOMEN AND PELV | CCR | | | | | X | | | |
| 30 | 74178 | COMPUTED TOMOGRAPHY ABDOMEN AND PELV | CCR | | | | | X | | | |
| 30 | 74181 | MRI-ABDOMEN | CCR | | | | | | | | |
| 30 | 74182 | MRI ABDOMEN W/DYE | CCR | | | | | | | | |
| 30 | 74183 | MRI ABDOMEN W/O&W DYE | CCR | | | | | | | | |
| 30 | 74185 | MAGNETIC RESONANCE ANGIOGRAPHY, ABDO | CCR | | | | | | | | |
| 30 | 74190 | PERITONEOGRAM (EG, AFTER INJECTION O | CCR | | | | | | | | |
| 30 | 74210 | CONTRAST XRAY EXAM OF THROAT | CCR | | | | | | | | |
| 30 | 74220 | CONTRAST XRAY EXAM, ESOPHAGUS | CCR | | | | | | | | |
| 30 | 74230 | CINEMA XRAY THROAT/ESOPHAGUS | CCR | | | | | | | | |
| 30 | 74235 | REMOVE FOREIGN BODY(S), ESOPHAGEAL | CCR | | | | | | | | |
| 30 | 74240 | X-RAY EXAM UPPER GI TRACT | CCR | | | | | | | | |
| 30 | 74241 | X-RAY EXAM UPPER GI TRACT | CCR | | | | | | | | |
| 30 | 74245 | X-RAY EXAM UPPER GI TRACT | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 74246 | X-RAY GASTROINTESTINAL TRACT | CCR | | | | | | | | |
| 30 | 74247 | X-RAY-GASTROINTESTINAL TRACT | CCR | | | | | | | | |
| 30 | 74249 | X-RAY/GASTROINTESTINAL TRACT.... | CCR | | | | | | | | |
| 30 | 74250 | X-RAY EXAM OF SMALL BOWEL | CCR | | | | | | | | |
| 30 | 74251 | RADIOLOGIC EXAMINATION, SMALL BOWEL, | CCR | | | | | | | | |
| 30 | 74260 | X-RAY EXAM OF SMALL BOWEL | CCR | | | | | | | | |
| 30 | 74261 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAP | CCR | | | | | | | | |
| 30 | 74262 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAP | CCR | | | | | | | | |
| 30 | 74263 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAP | CCR | | | | | | | | |
| 30 | 74270 | CONTRAST X-RAY EXAM OF COLON | CCR | | | | | | | | |
| 30 | 74280 | CONTRAST X-RAY EXAM OF COLON | CCR | | | | | | | | |
| 30 | 74283 | BARIUM ENEMA,THERAPEUTIC | CCR | | | | | | | | |
| 30 | 74290 | CONTRAST X-RAY, GALLBLADDER | CCR | | | | | | | | |
| 30 | 74300 | CONTRAST X-RAY OF BILE DUCTS | CCR | | | | | | | | |
| 30 | 74301 | CHOLANGIOGRA;ADDITIONAL SET/SURGERY | CCR | | | | | | | | |
| 30 | 74328 | XRAY FOR BILE DUCT ENDOSCOPY | CCR | | | | | | | | |
| 30 | 74329 | X-RAY FOR PANCREAS ENDOSCOPY | CCR | | | | | | | | |
| 30 | 74330 | XRAY,BILE/PANCREAS ENDOSCOPY | CCR | | | | | | | | |
| 30 | 74340 | X-RAY GUIDE FOR GI TUBE | CCR | | | | | | | | |
| 30 | 74355 | PERC.PLACE ENTEROLYSIS TUBE;GUIDANCE | CCR | | | | | | | | |
| 30 | 74360 | INTRALUMINAL DILATION;GUIDANCE ONLY | CCR | | | | | | | | |
| 30 | 74363 | PERCUT TRANS DILAT BIL DUCT W-W/O ST | CCR | | | | | | | | |
| 30 | 74400 | CONTRAST X-RAY URINARY TRACT | CCR | | | | | | | | |
| 30 | 74410 | CONTRAST X-RAY URINARY TRACT | CCR | | | | | | | | |
| 30 | 74415 | CONTRAST X-RAY URINARY TRACT | CCR | | | | | | | | |
| 30 | 74420 | CONTRAST X-RAY URINARY TRACT | CCR | | | | | | | | |
| 30 | 74425 | CONTRAST X-RAY URINARY TRACT | CCR | | | | | | | | |
| 30 | 74430 | CONTRAST X-RAY OF BLADDER | CCR | | | | | | | | |
| 30 | 74440 | XRAY EXAM MALE GENITAL TRACT | CCR | | | | | | | | |
| 30 | 74445 | COPORA CAVERNOSOGRAPHY;SUPER/INTERP | CCR | | | | | | | | |
| 30 | 74450 | X-RAY EXAM URETHRA/BLADDER | CCR | | | | | | | | |
| 30 | 74455 | X-RAY EXAM URETHRA/BLADDER | CCR | | | | | | | | |
| 30 | 74470 | X-RAY-RENAL CYST STUDY | CCR | | | | | | | | |
| 30 | 74485 | DILATE NEPHROL./URETERS;SUPER/INTERP | CCR | | | | | | | | |
| 30 | 74710 | X-RAY MEASUREMENT OF PELVIS | CCR | | | | | | | | |
| 30 | 74712 | MAGNETIC RESONANCE (EG, PROTON) IMAG | 294.41 | | | X | | | 01/01/16 | | |
| 30 | 74713 | MAGNETIC RESONANCE (EG, PROTON) IMAG | CCR | | | | | X | | | |
| 30 | 74775 | PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES | CCR | | | | | | | | |
| 30 | 75557 | CARDIAC MAGNETIC RESONANCE IMAGING F | CCR | | | | | | | | |
| 30 | 75559 | CARDIAC MAGNETIC RESONANCE IMAGING F | CCR | | | | | | | | |
| 30 | 75561 | CARDIAC MAGNETIC RESONANCE IMAGING F | CCR | | | | | | | | |
| 30 | 75563 | CARDIAC MAGNETIC RESONANCE IMAGING F | CCR | | | | | | | | |
| 30 | 75565 | CARDIAC MAGNETIC RESONANCE IMAGING F | CCR | | | | | | | | |
| 30 | 75571 | COMPUTED TOMOGRAPHY, HEART, WITHOUT | CCR | | | | | | | | |
| 30 | 75572 | COMPUTED TOMOGRAPHY, HEART, WITH CON | CCR | | | | | | | | |
| 30 | 75573 | COMPUTED TOMOGRAPHY, HEART, WITH CON | CCR | | | | | | | | |
| 30 | 75574 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE | CCR | | | | | | | | |

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 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 75600 | CONTRAST X-RAY EXAM OF AORTA | CCR | | | | | | | | |
| 30 | 75605 | CONTRAST X-RAY EXAM OF AORTA | CCR | | | | | | | | |
| 30 | 75625 | CONTRAST X-RAY EXAM OF AORTA | CCR | | | | | | | | |
| 30 | 75630 | AORTOGRAPH; ABDOMEN-BILAT | CCR | | | | | | | | |
| 30 | 75635 | CT ANGIO ABDOMINAL ARTERIES | CCR | | | | | | | | |
| 30 | 75705 | ARTERY X-RAYS, SPINE | CCR | | | | | | | | |
| 30 | 75710 | ARTERY X-RAYS, ARM/LEG | CCR | | | | | | | | |
| 30 | 75716 | ARTERY X-RAYS, ARMS/LEGS | CCR | | | | | | | | |
| 30 | 75726 | ARTERY X-RAYS, ABDOMEN | CCR | | | | | | | | |
| 30 | 75731 | ARTERY X-RAYS, ADRENAL GLAND | CCR | | | | | | | | |
| 30 | 75733 | ARTERY X-RAYS, ADRENAL GLANDS | CCR | | | | | | | | |
| 30 | 75736 | ARTERY X-RAYS, PELVIS | CCR | | | | | | | | |
| 30 | 75741 | ARTERY X-RAYS, LUNG | CCR | | | | | | | | |
| 30 | 75743 | ARTERY X-RAYS, LUNGS | CCR | | | | | | | | |
| 30 | 75746 | ARTERY X-RAYS, LUNG | CCR | | | | | | | | |
| 30 | 75756 | ARTERY X-RAYS, CHEST | CCR | | | | | | | | |
| 30 | 75801 | LYMPH VESSEL X-RAY, ARM/LEG | CCR | | | | | | | | |
| 30 | 75803 | LYMPH VESSEL X-RAY, ARMS/LEGS | CCR | | | | | | | | |
| 30 | 75805 | LYMPH VESSEL X-RAY, TRUNK | CCR | | | | | | | | |
| 30 | 75807 | LYMPH VESSEL X-RAY, TRUNK | CCR | | | | | | | | |
| 30 | 75809 | SHUNTOGRAM FOR INVESTIGATION OF PREV | CCR | | | | | | | | |
| 30 | 75810 | VEIN X-RAY, SPLEEN/LIVER | CCR | | | | | | | | |
| 30 | 75820 | VEIN X-RAY, ARM/LEG | CCR | | | | | | | | |
| 30 | 75822 | VEIN X-RAY, ARMS/LEGS | CCR | | | | | | | | |
| 30 | 75825 | VEIN X-RAY, TRUNK | CCR | | | | | | | | |
| 30 | 75827 | VEIN X-RAY, CHEST | CCR | | | | | | | | |
| 30 | 75831 | VEIN X-RAY, KIDNEY | CCR | | | | | | | | |
| 30 | 75833 | VEIN X-RAY, KIDNEYS | CCR | | | | | | | | |
| 30 | 75840 | VEIN X-RAY, ADRENAL GLAND | CCR | | | | | | | | |
| 30 | 75842 | VEIN X-RAY, ADRENAL GLANDS | CCR | | | | | | | | |
| 30 | 75860 | VEIN X-RAY, NECK | CCR | | | | | | | | |
| 30 | 75870 | VEIN X-RAY, SKULL | CCR | | | | | | | | |
| 30 | 75872 | VENOGRAPH, EPIDURAL; SUPER/INTERP | CCR | | | | | | | | |
| 30 | 75880 | VEIN X-RAY, EYE SOCKET | CCR | | | | | | | | |
| 30 | 75885 | VEIN X-RAY, LIVER | CCR | | | | | | | | |
| 30 | 75887 | VEIN X-RAY, LIVER | CCR | | | | | | | | |
| 30 | 75889 | VEIN X-RAY, LIVER | CCR | | | | | | | | |
| 30 | 75891 | VEIN X-RAY, LIVER | CCR | | | | | | | | |
| 30 | 75893 | VENOUS SAMPLING BY CATHETER | CCR | | | | | | | | |
| 30 | 75894 | XRAY, TRANSCATHETER THERAPY | CCR | | | | | | | | |
| 30 | 75898 | FOLLOW-UP ANGIOGRAM | CCR | | | | | | | | |
| 30 | 75901 | REMOVE CVA DEVICE OBSTRUCT | CCR | | | | | | | | |
| 30 | 75902 | REMOVE CVA LUMEN OBSTRUCT | CCR | | | | | | | | |
| 30 | 75970 | TRANSCATH BXX; SUPER/INTERP | CCR | | | | | | | | |
| 30 | 75989 | RAD.GUIDE...SUPERVISION/INTERP ONLY | CCR | | | | | | | | |
| 30 | 76000 | FLUOROSCOPY, MD TIME TO 1 HR | CCR | | | | | | | | |
| 30 | 76001 | FLUOROSCOPY, ME ASST NON-RAD, +1 HOUR | CCR | | | | | | | | |

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 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 76010 | X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD | CCR | | | | | | | | |
| 30 | 76080 | X-RAY EXAM OF FISTULA | CCR | | | | | | | | |
| 30 | 76098 | RADIO.EXAM.,BREAST SURGICAL SPECIMEN | CCR | | | | | X | | | |
| 30 | 76100 | X-RAY EXAM OF BODY SECTION | CCR | | | | | | | | |
| 30 | 76101 | X-RAY,COMPLEX MOTION ,BODY SECT UNIL | CCR | | | | | | | | |
| 30 | 76102 | X-RAY,COMPLEX MOTION,BODY SECT BILAT | CCR | | | | | | | | |
| 30 | 76120 | CINEMATIC X-RAYS | CCR | | | | | | | | |
| 30 | 76125 | CINEMATIC X-RAYS | CCR | | | | | | | | |
| 30 | 76376 | 3D RENDER W/O POSTPROCESS | CCR | | | | | | | | |
| 30 | 76377 | 3D RENDERING W/POSTPROCESS | CCR | | | | | | | | |
| 30 | 76380 | COMPUTERIZED TOMOGRAPHY, LIMITED OR | CCR | | | | | | | | |
| 30 | 76390 | MR SPECTROSCOPY | CCR | | | | | | | | |
| 30 | 76496 | FLUOROSCOPIC PROCEDURE | CCR | | | | | | | | |
| 30 | 76497 | CT PROCEDURE | CCR | | | | | | | | |
| 30 | 76498 | MRI PROCEDURE | CCR | | | | | | | | |
| 30 | 76499 | RADIOGRAPHIC PROCEDURE | CCR | | | | | | | | |
| 30 | 76506 | ECHO EXAM OF HEAD B-MODE COMPLETE | CCR | | | | | | | | |
| 30 | 76510 | OPHTH US, B & QUANT A | CCR | | | | | | | | |
| 30 | 76511 | ECHO EXAM OF EYE | CCR | | | | | X | | | |
| 30 | 76512 | ECHO EXAM OF EYE | CCR | | | | | | | | |
| 30 | 76513 | OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC | CCR | | | | | | | | |
| 30 | 76514 | ECHO EXAM OF EYE, THICKNESS | CCR | | | | | | | | |
| 30 | 76516 | ECHO EXAM OF EYE | CCR | | | | | | | | |
| 30 | 76519 | OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA | CCR | | | | | | | | |
| 30 | 76529 | ECHO EXAM OF EYE | CCR | | | | | | | | |
| 30 | 76536 | ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE | CCR | | | | | | | | |
| 30 | 76604 | ECHO EXAM OF CHEST | CCR | | | | | | | | |
| 30 | 76641 | ULTRASOUND, BREAST, UNILATERAL, REAL | CCR | | | | | | | | |
| 30 | 76642 | ULTRASOUND, BREAST, UNILATERAL, REAL | CCR | | | | | | | | |
| 30 | 76700 | ECHO EXAM OF ABDOMEN | CCR | | | | | | | | |
| 30 | 76705 | ECHO EXAM OF ABDOMEN | CCR | | | | | | | | |
| 30 | 76706 | ULTRASOUND, ABDOMINAL AORTA, REAL TI | CCR | | | | | | | | |
| 30 | 76770 | ECHO EXAM ABDOMEN BACK WALL | CCR | | | | | | | | |
| 30 | 76775 | ECHO EXAM ABDOMEN BACK WALL | CCR | | | | | | | | |
| 30 | 76776 | ULTRASOUND, TRANSPLANTED KIDNEY, REA | CCR | | | | | | | | |
| 30 | 76800 | ECHOGRAPHY, SPINAL CANAL & CONTENTS | CCR | | | | | | | | |
| 30 | 76801 | ULTRASOUND,PREG UTER,TRANSAB;FIRST | CCR | | | | F | | | | |
| 30 | 76802 | ULTRASOUND, PREGNANT UTERUS, REAL TI | CCR | | | | F | X | | | |
| 30 | 76805 | ULTRASOUND, PREGNANT UTERUS | CCR | 10 | 59 | | F | | | | |
| 30 | 76810 | EACH ADDITIONAL GESTATION | CCR | 10 | 59 | | F | X | | | |
| 30 | 76811 | ULTRASOUND,PREG UTER, TRNSAB; FIRST | CCR | | | | F | | | | |
| 30 | 76812 | ULTRASOUND,PREG UTER,TRNSAB;EACH ADD | CCR | | | | F | X | | | |
| 30 | 76813 | ULTRASOUND, PREGNANT UTERUS, REAL TI | CCR | 10 | 60 | | F | | | | |
| 30 | 76814 | ULTRASOUND, PREGNANT UTERUS, REAL + | CCR | 10 | 60 | | F | X | | | |
| 30 | 76815 | ECHO EXAM FOR FETAL GROWTH | CCR | | | | F | | | | |
| 30 | 76816 | ECHOGRAPHY. .PG UTERUS;FOLLOW-UP/REPE | CCR | | | | F | | | | |
| 30 | 76817 | ULTRASOUND, PREG UTER, TRANSVAGINAL | CCR | | | | F | | | | |

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

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 76818 | FETAL BIOPHYSICAL PROFILE | CCR | | | | | | | | |
| 30 | 76819 | FETL BIOPHYS PROFIL W/O STRS | CCR | | | | | | | | |
| 30 | 76820 | UMBILICAL ARTERY ECHO | CCR | 10 59 | | | F | | | | |
| 30 | 76821 | MIDDLE CEREBRAL ARTERY ECHO | CCR | 10 59 | | | F | | | | |
| 30 | 76825 | ECHOCARDIOGRAPHY , FETAL HEART-UTERO | CCR | 00 60 | | | F | | | | |
| 30 | 76826 | ECHOCARDIOGRAPHY , FETAL, CARDIOVASCU | CCR | | | | | | | | |
| 30 | 76827 | DOPPLER ECHOCARDIOGRAPHY , FETAL, CAR | CCR | | | | | | | | |
| 30 | 76828 | DOPPLER ECHOCARDIOGRAPHY , FETAL, CAR | CCR | | | | | | | | |
| 30 | 76830 | ECHOGRAPHY, TRANSVAGINAL | CCR | | | | | | | | |
| 30 | 76831 | ECHO EXAM, UTERUS | CCR | | | | F | | | | |
| 30 | 76856 | ECHOGRAPHY, PELVIC, REAL TIME | CCR | | | | | | | | |
| 30 | 76857 | ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW | CCR | | | | | | | | |
| 30 | 76870 | ECHOGRAPHY,SCROTUM AND CONTENTS | CCR | | | | M | | | | |
| 30 | 76872 | ECHOGRAPHY, TRANSRECTAL | CCR | | | | | | | | |
| 30 | 76873 | ECHOGRAP TRANS R, PROS STUDY | CCR | | | | M | | | | |
| 30 | 76881 | ULTRASOUND, EXTREMITY, NONVASCULAR, | CCR | | | | | | | | |
| 30 | 76882 | ULTRASOUND, EXTREMITY, NONVASCULAR, | CCR | | | | | | | | |
| 30 | 76885 | ECHO EXAM, INFANT HIPS | CCR | | | | | | | | |
| 30 | 76886 | ECHO EXAM, INFANT HIPS | CCR | | | | | | | | |
| 30 | 76930 | ECHO GUIDE FOR HEART SAC TAP | CCR | | | | | | | | |
| 30 | 76932 | ULTRA GUIDANCE ENDOMYOCARD BIOPSY | CCR | | | | | | | | |
| 30 | 76936 | ECHO GUIDE FOR ARTERY REPAIR | CCR | | | | | | | | |
| 30 | 76937 | US GUIDE, VASCULAR ACCESS | CCR | | | | | | | | |
| 30 | 76940 | US GUIDE, TISSUE ABLATION | CCR | | | | | | | | |
| 30 | 76941 | ECHO GUIDE FOR TRANSFUSION | CCR | | | | | | | | |
| 30 | 76942 | ECHO GUIDE FOR BIOPSY | CCR | | | | | X | | | |
| 30 | 76945 | ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC | CCR | | | | | | | | |
| 30 | 76946 | ECHO GUIDE FOR AMNIOCENTESIS | CCR | | | | | X | | | |
| 30 | 76965 | ECHO GUIDANCE RADIOTHERAPY | CCR | | | | | | | | |
| 30 | 76970 | ULTRASOUND EXAM FOLLOW-UP | CCR | | | | | | | | |
| 30 | 76975 | GASTROINTESTINAL ENDOSCOPIC ULTRASOU | CCR | | | | | | | | |
| 30 | 76977 | US BONE DENSITY MEASURE | CCR | | | | | | | | |
| 30 | 76998 | ULTRASONIC GUIDANCE, INTRAOPERATIVE | CCR | | | | | | | | |
| 30 | 76999 | ECHO EXAMINATION PROCEDURE | CCR | | | | | | | | |
| 30 | 77001 | FLUOROSCOPIC GUIDANCE FOR CENTRAL VE | CCR | | | | | | | | |
| 30 | 77002 | FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA | CCR | | | | | | | | |
| 30 | 77003 | FLUOROSCOPIC GUIDANCE AND LOCALIZATI | CCR | | | | | | | | |
| 30 | 77011 | COMPUTED TOMOGRAPHY GUIDANCE FOR STE | CCR | | | | | | | | |
| 30 | 77012 | COMPUTED TOMOGRAPHY GUIDANCE FOR NEE | CCR | | | | | | | | |
| 30 | 77013 | COMPUTERIZED TOMOGRAPHY GUIDANCE FOR | CCR | | | | | | | | |
| 30 | 77014 | COMPUTED TOMOGRAPHY GUIDANCE FOR PLA | CCR | | | | | | | | |
| 30 | 77021 | MAGNETIC RESONANCE GUIDANCE FOR NEED | CCR | | | | | | | | |
| 30 | 77022 | MAGNETIC RESONANCE GUIDANCE FOR, AND | CCR | | | | | | | | |
| 30 | 77053 | MAMMARY DUCTOGRAM OR GALACTOGRAM, SI | CCR | | | | | | | | |
| 30 | 77054 | MAMMARY DUCTOGRAM OR GALACTOGRAM, MU | CCR | | | | | | | | |
| 30 | 77058 | MAGNETIC RESONANCE IMAGING, BREAST, | CCR | | | | | | | | |
| 30 | 77059 | MAGNETIC RESONANCE IMAGING, BREAST, | CCR | | | | | | | | |

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FEBRUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 77061 | DIGITAL BREAST TOMOSYNTHESIS; UNILAT | CCR | | | | | | | | |
| 30 | 77062 | DIGITAL BREAST TOMOSYNTHESIS; BILATE | CCR | | | | | | | | |
| 30 | 77063 | SCREENING DIGITAL BREAST TOMOSYNTHES | CCR | 40 99 | | | F | | | | |
| 30 | 77065 | DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO | CCR | | | | | | | | |
| 30 | 77066 | DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO | CCR | | | | | | | | |
| 30 | 77067 | SCREENING MAMMOGRAPHY, BILATERAL (2- | CCR | 40 99 | | | F | | | | |
| 30 | 77071 | MANUAL APPLICATION OF STRESS PERFORM | CCR | | | | | | | | |
| 30 | 77072 | BONE AGE STUDIES | CCR | | | | | | | | |
| 30 | 77073 | BONE LENGTH STUDIES (ORTHOROENTGENOG | CCR | | | | | | | | |
| 30 | 77074 | RADIOLOGIC EXAMINATION, OSSEOUS SURV | CCR | | | | | | | | |
| 30 | 77075 | RADIOLOGIC EXAMINATION, OSSEOUS SURV | CCR | | | | | | | | |
| 30 | 77076 | RADIOLOGIC EXAMINATION, OSSEOUS SURV | CCR | | | | | | | | |
| 30 | 77077 | JOINT SURVEY, SINGLE VIEW, 2 OR MORE | CCR | | | | | | | | |
| 30 | 77078 | COMPUTED TOMOGRAPHY, BONE MINERAL DE | CCR | | | | | | | | |
| 30 | 77080 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX | CCR | | | | | | | | |
| 30 | 77081 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX | CCR | | | | | | | | |
| 30 | 77084 | MAGNETIC RESONANCE (EG, PROTON) IMAG | CCR | | | | | | | | |
| 30 | 77085 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX | CCR | | | | | | | | |
| 30 | 77086 | VERTEBRAL FRACTURE ASSESSMENT VIA DU | CCR | | | | | | | | |
| 30 | 77261 | SIMPLE TREAT PLAN-THERA RADIOL | CCR | | | | | | | | |
| 30 | 77262 | INTER TREAT PLAN-THERA RADIOLO | CCR | | | | | | | | |
| 30 | 77263 | COMPLEX TREAT PLAN-THERA RADIO | CCR | | | | | | | | |
| 30 | 77280 | SIMPLE,RAD SIMU-AIDED FIELDSET | CCR | | | | | | | | |
| 30 | 77285 | INTER,RAD SIMU-AIDED FIELD SET | CCR | | | | | | | | |
| 30 | 77290 | COMP,RAD SIMU-AIDED FIELD SET | CCR | | | | | | | | |
| 30 | 77293 | Respiratory motion management simula | CCR | | | | | | | | |
| 30 | 77295 | MANAGEMENT OF RADIATION THERAPY, 3D | CCR | | | | | X | | | |
| 30 | 77299 | UNLISTED CLINICAL TREAT.PLAN | CCR | | | | | | | | |
| 30 | 77300 | BASIC RAD DOSIMETRY CALCULATIO | CCR | | | | | | | | |
| 30 | 77301 | RADIOLTHERAPY DOS PLAN, IMRT | CCR | | | | | | | | |
| 30 | 77306 | TELEETHERAPY ISODOSE PLAN; SIMPLE (1 | CCR | | | | | | | | |
| 30 | 77307 | TELEETHERAPY ISODOSE PLAN; COMPLEX (M | CCR | | | | | | | | |
| 30 | 77316 | BRACHYTHERAPY ISODOSE PLAN; SIMPLE (| CCR | | | | | | | | |
| 30 | 77317 | BRACHYTHERAPY ISODOSE PLAN; INTERMED | CCR | | | | | | | | |
| 30 | 77318 | BRACHYTHERAPY ISODOSE PLAN; COMPLEX | CCR | | | | | | | | |
| 30 | 77321 | SPEC TELEETHERAPY PLAN TOTALBOD | CCR | | | | | | | | |
| 30 | 77331 | SPECIAL DOSIMETRY (SPECIFY) | CCR | | | | | X | | | |
| 30 | 77332 | TREATMENT DEVICES,DESIGN/CONSTR;SIMP | CCR | | | | | | | | |
| 30 | 77333 | TREATMENT DEVICES/DESIGN;INTERMEDIAT | CCR | | | | | | | | |
| 30 | 77334 | TREATMENT DEVICES/DESIGN;COMPLEX | CCR | | | | | X | | | |
| 30 | 77336 | CONTINUING RADIATION PHYSICS CONSULT | CCR | | | | | | | | |
| 30 | 77338 | MULTI-LEAF COLLIMATOR (MLC) DEVICE(S | CCR | | | | | | | | |
| 30 | 77370 | SPECIAL MED RAD PHYSICS CONSULTATION | CCR | | | | | | | | |
| 30 | 77371 | RADIATION TREATMENT DELIVERY, STEREO | CCR | | | | | | | | |
| 30 | 77372 | RADIATION TREATMENT DELIVERY, STEREO | CCR | | | | | | | | |
| 30 | 77373 | STEREOTACTIC BODY RADIATION THERAPY, | CCR | | | | | | | | |
| 30 | 77385 | INTENSITY MODULATED RADIATION TREATM | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 77386 | INTENSITY MODULATED RADIATION TREATM | CCR | | | | | | | | |
| 30 | 77387 | GUIDANCE FOR LOCALIZATION OF TARGET | CCR | | | | | | | | |
| 30 | 77399 | UNLISTED RAD THER/PHYSICS CONS | CCR | | | | | | | | |
| 30 | 77401 | RADIAT TRTMNT DELIVERY SUPFCL/ORTHO | CCR | | | | | | | | |
| 30 | 77402 | RADIAT TRTMNT DELIVER-SING AREA/PORT | CCR | | | | | | | | |
| 30 | 77407 | RADIAT TRTMNT DELIVERY-2AREAS,3PORTS | CCR | | | | | | | | |
| 30 | 77412 | RADIAT TRTMNT DELIV UP TO 5 MEV | CCR | | | | | | | | |
| 30 | 77417 | THERAPEUTIC RADIOLOGY PORT FILMS | CCR | | | | | | | X | |
| 30 | 77423 | NEUTRON BEAM TX, COMPLEX | CCR | | | | | | | | |
| 30 | 77424 | INTRAOPERATIVE RADIATION TREATMENT D | MP | | | X | | | 01/01/12 | | |
| 30 | 77425 | INTRAOPERATIVE RADIATION TREATMENT D | MP | | | X | | | 01/01/12 | | |
| 30 | 77427 | RADIATION TX MANAGEMENT, X5 | CCR | | | | | | | | |
| 30 | 77431 | RADIATION THERAPY MANAGEMENT W COMPL | CCR | | | | | | | X | |
| 30 | 77432 | STEREOTACTIC RADIATION TREATMENT MAN | CCR | | | | | | | | |
| 30 | 77435 | STEREOTACTIC BODY RADIATION THERAPY, | CCR | | | | | | | | |
| 30 | 77469 | INTRAOPERATIVE RADIATION TREATMENT M | CCR | | | | | | | | |
| 30 | 77470 | SPECIAL TREATMENT PROCEDURE (EG, TOT | CCR | | | | | | | | |
| 30 | 77499 | UNLISTED,CLINICAL TREAT. MNGT | CCR | | | | | | | X | |
| 30 | 77520 | PROTON BEAM DELIVERY | CCR | 00 | 20 | | | | | | |
| 30 | 77522 | PROTON TRMT, SIMPLE W/COMP | CCR | 00 | 20 | | | | | | |
| 30 | 77523 | PROTON BEAM DELIVERY | CCR | 00 | 20 | | | | | | |
| 30 | 77525 | PROTON TREATMENT, COMPLEX | CCR | 00 | 20 | | | | | | |
| 30 | 77600 | HYPERTHERMIA,EXT GEN, SUPERFICIAL | CCR | | | | | | | | |
| 30 | 77605 | HYPERTHERMIA,EXT GEN/DEEP | CCR | | | | | | | X | |
| 30 | 77610 | HYPERTHERMIA;INTERSTITIAL/5 OR < | CCR | | | | | | | X | |
| 30 | 77615 | HYPERTHERMIA/INTERSTITIAL/>5 | CCR | | | | | | | X | |
| 30 | 77620 | HYPERTHERMIA...INTRACAVITARY PROBE | CCR | | | | | | | | |
| 30 | 77750 | INFUSE/INSTILL RADIOELEMENT | CCR | | | | | | | | |
| 30 | 77761 | SIMPLE INTRACAV RADIOELEMENT | CCR | | | | | | | | |
| 30 | 77762 | INTERM,INTRACAV RADIOELEMENT | CCR | | | | | | | | |
| 30 | 77763 | COMPLEX,INTRACAV RADIOELEMENT | CCR | | | | | | | | |
| 30 | 77767 | REMOTE AFTERLOADING HIGH DOES RATE R | CCR | | | | | | | | |
| 30 | 77768 | REMOTE AFTERLOADING HIGH DOES RATE R | CCR | | | | | | | | |
| 30 | 77770 | REMOTE AFTERLOADING HIGH DOES RATE R | CCR | | | | | | | | |
| 30 | 77771 | REMOTE AFTERLOADING HIGH DOES RATE R | CCR | | | | | | | | |
| 30 | 77772 | REMOTE AFTERLOADING HIGH DOES RATE R | CCR | | | | | | | | |
| 30 | 77778 | INTERSTITIAL RADIOELEMENT-COMPLEX | CCR | | | | | | | | |
| 30 | 77789 | SURFACE APPLICATION OF RADIOELEMENT | CCR | | | | | | | | |
| 30 | 77790 | SUPERVISE/HANDLE/LOAD RADIOELEMENT | CCR | | | | | | | | |
| 30 | 77799 | UNLISTED CLINICAL BRACHYTHERAPY | CCR | | | | | | | | |
| 30 | 78012 | NUCLEAR MEDICINE IMAGING FOR THYROID | CCR | | | | | | | | |
| 30 | 78013 | THYROID IMAGING (INCLUDING VASCULAR | CCR | | | | | | | | |
| 30 | 78014 | THYROID IMAGING (INCLUDING VASCULAR | CCR | | | | | | | | |
| 30 | 78015 | NUCLEAR SCAN OF THYROID | CCR | | | | | | | | |
| 30 | 78016 | EXTENSIVE THYROID SCAN | CCR | | | | | | | | |
| 30 | 78018 | THYROID CA IMAGING;WHOLE BODY Y | CCR | | | | | | | | |
| 30 | 78020 | THYROID MET UPTAKE | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 78070 | PARATHROID IMAGING | CCR | | | | | | | | |
| 30 | 78071 | PARATHYROID PLANAR IMAGING (INCLUDIN | CCR | | | | | | | | |
| 30 | 78072 | PARATHYROID PLANAR IMAGING (INCLUDIN | CCR | | | | | | | | |
| 30 | 78075 | NUCLEAR SCAN OF ADRENALS | CCR | | | | | | | | |
| 30 | 78099 | ENDOCRINE NUCLEAR PROCEDURE | CCR | | | | | | | | |
| 30 | 78102 | NUCLEAR SCAN OF BONE MARROW | CCR | | | | | | | | |
| 30 | 78103 | NUCLEAR SCAN OF BONE MARROW | CCR | | | | | | | | |
| 30 | 78104 | NUCLEAR SCAN OF BONE MARROW | CCR | | | | | | | | |
| 30 | 78110 | NUCLEAR EXAM, PLASMA VOLUME | CCR | | | | | | | | |
| 30 | 78111 | NUCLEAR EXAM, PLASMA VOLUME | CCR | | | | | | | | |
| 30 | 78120 | NUCLEAR EXAM OF RBC MASS | CCR | | | | | | | | |
| 30 | 78121 | NUCLEAR EXAM OF RBC MASS | CCR | | | | | | | | |
| 30 | 78122 | WHOLE BLOOD VOLUME DETERMINATION | CCR | | | | | | | | |
| 30 | 78130 | RED CELL SURVIVAL EXAM | CCR | | | | | | | | |
| 30 | 78135 | RED CELL SURVIVAL EXAM | CCR | | | | | | | | |
| 30 | 78140 | NUCLEAR EXAM,RED BLOOD CELLS | CCR | | | | | | | | |
| 30 | 78185 | NUCLEAR SCAN OF SPLEEN | CCR | | | | | | | | |
| 30 | 78195 | NUCLEAR SCAN OF LYMPH SYSTEM | CCR | | | | | | | | |
| 30 | 78199 | NUCLEAR EXAM BLOOD/LYMPH | CCR | | | | | | | | |
| 30 | 78201 | NUCLEAR SCAN OF LIVER | CCR | | | | | | | | |
| 30 | 78202 | NUCLEAR SCAN OF LIVER | CCR | | | | | | | | |
| 30 | 78205 | LIVER IMAGING (SPECT) | CCR | | | | | | | | |
| 30 | 78206 | LIVER IMAGE (3-D) W/FLOW | CCR | | | | | | | | |
| 30 | 78215 | NUCLEAR SCAN, LIVER & SPLEEN | CCR | | | | | | | | |
| 30 | 78216 | NUCLEAR SCAN, LIVER/SPLEEN | CCR | | | | | | | | |
| 30 | 78226 | HEPATOBILIARY SYSTEM IMAGING, INCLUD | CCR | | | | | | | | |
| 30 | 78227 | HEPATOBILIARY SYSTEM IMAGING, INCLUD | CCR | | | | | | | | |
| 30 | 78230 | NUCLEAR SCAN, SALIVARY GLAND | CCR | | | | | | | | |
| 30 | 78231 | NUCLEAR SCANS, SALIVARY GLAND | CCR | | | | | | | | |
| 30 | 78265 | GASTRIC EMPTYING IMAGING STUDY (EG, | 257.26 | | | X | | | 01/01/16 | | |
| 30 | 78266 | GASTRIC EMPTYING IMAGING STUDY (EG, | CCR | | | | | | | | |
| 30 | 78267 | BREATH TST ATTAIN/ANAL C-14 | 9.40 | | | | | | 01/01/18 | | |
| 30 | 78268 | BREATH TEST ANALYSIS, C-14 | 34.60 | | | | | | 01/01/18 | | |
| 30 | 78270 | VIT B-12 ABSORPTION EXAMS | CCR | | | | | | | | |
| 30 | 78271 | VIT B-12 ABSORPTION EXAMS | CCR | | | | | | | | |
| 30 | 78272 | VIT B-12 ABSORPTION EXAMS | CCR | | | | | | | | |
| 30 | 78278 | ACUTE GI BLOOD LOSS IMAGING | CCR | | | | | | | | |
| 30 | 78290 | INTESTINE IMAGING | CCR | | | | | | | | |
| 30 | 78299 | G.I. NUCLEAR PROCEDURE | CCR | | | | | | | | |
| 30 | 78300 | NUCLEAR SCAN OF BONE | CCR | | | | | | | | |
| 30 | 78305 | NUCLEAR SCAN OF BONES | CCR | | | | | | | | |
| 30 | 78306 | NUCLEAR SCAN OF SKELETON | CCR | | | | | | | | |
| 30 | 78315 | BONE IMAGING;BY THREE PHASE TECHNIQU | CCR | | | | | | | | |
| 30 | 78320 | BONE IMAGING;TOMOGRAPHIC (SPECT) | CCR | | | | | | | | |
| 30 | 78399 | MUSCULOSKELETAL NUCLEAR EXAM | CCR | | | | | | | | |
| 30 | 78414 | DETERMINE VENTRIC.EJECT FRACTION | CCR | | | | | | | | |
| 30 | 78445 | NUCLEAR SCAN OF BLOOD FLOW | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 78451 | MYOCARDIAL PERFUSION IMAGING, TOMOGR | CCR | | | | | | | | |
| 30 | 78452 | MYOCARDIAL PERFUSION IMAGING, TOMOGR | CCR | | | | | | | | |
| 30 | 78453 | MYOCARDIAL PERFUSION IMAGING, PLANAR | CCR | | | | | | | | |
| 30 | 78454 | MYOCARDIAL PERFUSION IMAGING, PLANAR | CCR | | | | | X | | | |
| 30 | 78456 | ACUTE VENOUS THROMBUS IMAGE | CCR | | | | | | | | |
| 30 | 78466 | MYOCARD IMAGING..;AT REST,QUAL. | CCR | | | | | | | | |
| 30 | 78468 | MYOCARD IMAGING..AT REST;FIRST PASS | CCR | | | | | | | | |
| 30 | 78469 | MYOCARD IMAGING..REST;EMISS COMP TOM | CCR | | | | | | | | |
| 30 | 78472 | CARD BLD POOL IMAG,AT REST,WALL MOT | CCR | | | | | | | | |
| 30 | 78473 | CARDIAC BLOOD POOL IMAGING, GATED EQ | CCR | | | | | | | | |
| 30 | 78481 | CARD BLD POOL IMAG-FRST PASS TECH.. | CCR | | | | | | | | |
| 30 | 78483 | CARDIAC BLOOD POOL IMAGING, FIRST PA | CCR | | | | | | | | |
| 30 | 78494 | HEART IMAGE, SPECT | CCR | | | | | | | | |
| 30 | 78496 | HEART FIRST PASS ADD-ON | CCR | | | | | | | | |
| 30 | 78499 | CARDIOVASCULAR NUCLEAR EXAM | CCR | | | | | | | | |
| 30 | 78579 | PULMONARY VENTILATION IMAGING (EG, A | CCR | | | | | | | | |
| 30 | 78580 | PULMONARY PERFUSION IMAGING (EG, PAR | CCR | | | | | | | | |
| 30 | 78582 | PULMONARY VENTILATION (EG, AEROSOL O | CCR | | | | | | | | |
| 30 | 78597 | QUANTITATIVE DIFFERENTIAL PULMONARY | CCR | | | | | | | | |
| 30 | 78598 | QUANTITATIVE DIFFERENTIAL PULMONARY | CCR | | | | | | | | |
| 30 | 78599 | RESPIRATORY NUCLEAR EXAM | CCR | | | | | | | | |
| 30 | 78600 | NUCLEAR SCAN OF BRAIN | CCR | | | | | | | | |
| 30 | 78601 | NUCLEAR SCAN OF BRAIN | CCR | | | | | | | | |
| 30 | 78605 | NUCLEAR SCAN OF BRAIN | CCR | | | | | | | | |
| 30 | 78606 | NUCLEAR SCAN OF BRAIN | CCR | | | | | | | | |
| 30 | 78607 | BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT) | CCR | | | | | | | | |
| 30 | 78608 | BRAIN IMAGING,POSITRON EMISSION TOM | CCR | | | | | | | X | |
| 30 | 78609 | BRAIN IMAGING,POSITRON EMISSION | CCR | | | | | | | X | |
| 30 | 78610 | NUCLEAR SCAN OF BRAIN | CCR | | | | | | | | |
| 30 | 78630 | CEREBROSPINAL FLUID SCAN | CCR | | | | | | | | |
| 30 | 78635 | CEREBROSPINAL FLUID SCAN | CCR | | | | | | | | |
| 30 | 78645 | CEREBROSPINAL FLUID SCAN | CCR | | | | | | | | |
| 30 | 78647 | CEREBROSPINAL FLUID SCAN | CCR | | | | | | | | |
| 30 | 78650 | CEREBROSPINAL FLUID SCAN | CCR | | | | | | | | |
| 30 | 78660 | NUCLEAR EXAM OF TEAR FLOW | CCR | | | | | | | | |
| 30 | 78699 | NERVOUS SYSTEM NUCLEAR EXAM | CCR | | | | | | | | |
| 30 | 78700 | NUCLEAR SCAN OF KIDNEY | CCR | | | | | | | | |
| 30 | 78701 | NUCLEAR SCAN OF KIDNEY | CCR | | | | | | | | |
| 30 | 78707 | NUCLEAR SCAN OF KIDNEY | CCR | | | | | | | | |
| 30 | 78708 | NUCLEAR MEDICINE STUDY OF KIDNEY WIT | CCR | | | | | | | | |
| 30 | 78709 | KIDNEY FLOW & FUNCTION IMAGE | CCR | | | | | | | | |
| 30 | 78710 | KIDNEY IMAGING (SPECT) | CCR | | | | | | | | |
| 30 | 78725 | NUCLEAR EXAM OF KIDNEY | CCR | | | | | | | | |
| 30 | 78730 | NUCLEAR EXAM OF BLADDER | CCR | | | | | | | | |
| 30 | 78740 | NUCLEAR EXAM OF URETER | CCR | | | | | | | | |
| 30 | 78761 | TESTICULAR IMAGING,W/VASCULAR | CCR | | | | | | | X | |
| 30 | 78799 | GENITOURINARY NUCLEAR EXAM | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 78800 | NUCLEAR EXAM OF LESION | CCR | | | | | | | | |
| 30 | 78801 | NUCLEAR EXAM OF LESIONS | CCR | | | | | | | | |
| 30 | 78802 | NUCLEAR EXAM OF LESIONS | CCR | | | | | | | | |
| 30 | 78803 | TUMOR LOCALIZATION (SPECT) | CCR | | | | | | | | |
| 30 | 78804 | TUMOR IMAGING, WHOLE BODY | CCR | | | | | | | | |
| 30 | 78805 | ABSCESS LOCALIZATION;LIMITED AREA | CCR | | | | | | | | |
| 30 | 78807 | RADIONUCLIDE LOCALIZATION OF ABSCESS | CCR | | | | | | | | |
| 30 | 78811 | POSITRON EMISSION TOMOGRAPHY (PET) | CCR | | | | | | | | X |
| 30 | 78812 | POSITRON EMISSION TOMOGRAPHY (PET) | CCR | | | | | | | | X |
| 30 | 78813 | POSITRON EMISSION TOMOGRAPHY (PET) | CCR | | | | | | | | X |
| 30 | 78814 | POSITRON EMISSION TOMOGRAPHY (PET) | CCR | | | | | | | | X |
| 30 | 78815 | POSITRON EMISSION TOMOGRAPHY (PET) | CCR | | | | | | | | X |
| 30 | 78816 | POSITRON EMISSION TOMOGRAPHY (PET) | CCR | | | | | | | | X |
| 30 | 78999 | NUCLEAR DIAGNOSTIC EXAM | CCR | | | | | | | | |
| 30 | 79005 | NUCLEAR RX, ORAL ADMIN | CCR | | | | | | | | |
| 30 | 79101 | NUCLEAR RX, IV ADMIN | CCR | | | | | | | | |
| 30 | 79200 | RADIONUCLIDE THERAPY | CCR | | | | | | | | |
| 30 | 79300 | RADIONUCLIDE THERAPY | CCR | | | | | | | | |
| 30 | 79403 | HEMATOPOETIC NUCLEAR THERAPY | CCR | | | | | | | | |
| 30 | 79440 | RADIONUCLIDE THERAPY | CCR | | | | | | | | |
| 30 | 79445 | NUCLEAR RX, INTRA-ARTERIAL | CCR | | | | | | | | |
| 30 | 79999 | NUCLEAR MEDICINE THERAPY | CCR | | | | | | | | |
| 30 | 80047 | BASIC METABOLIC PANEL (CALCIUM, IONI | 10.70 | | | | | | 01/01/18 | | |
| 30 | 80048 | BASIC METABOLIC PANEL (CALCIUM, TOTA | 10.23 | | | | | | 01/01/18 | | |
| 30 | 80050 | GENERAL HEALTH PANEL | 39.56 | | | | | | 01/01/18 | | |
| 30 | 80051 | BLOOD TEST PANEL FOR ELECTROLYTES (S | 8.33 | | | | | | 01/01/18 | | |
| 30 | 80053 | BLOOD TEST, COMPREHENSIVE GROUP OF B | 12.78 | | | | | | 01/01/18 | | |
| 30 | 80055 | OBSTETRIC BLOOD TEST PANEL | 20.86 | 10 | 59 | | F | | 01/01/18 | | |
| 30 | 80061 | LIPID PANEL | 13.03 | | | | | | 01/01/18 | | |
| 30 | 80069 | RENAL FUNCTION PANEL | 10.51 | | | | | | 01/01/18 | | |
| 30 | 80074 | ACUTE HEPATITIS PANEL | 57.55 | | | | | | 01/01/18 | | |
| 30 | 80076 | HEPATIC FUNCTION PANEL | 9.88 | | | | | | 01/01/18 | | |
| 30 | 80081 | OBSTETRIC PANEL (INCLUDES HIV TESTIN | 85.81 | | | | F | | 01/01/18 | | |
| 30 | 80150 | AMIKACIN | 12.32 | | | | | | 01/01/18 | | |
| 30 | 80155 | CAFFEINE | 15.53 | | | | | | 01/01/18 | | |
| 30 | 80156 | CARBAMAZEPINE; TOTAL | 12.32 | | | | | | 01/01/18 | | |
| 30 | 80157 | CARBAMAZEPINE; FREE | 13.07 | | | | | | 01/01/18 | | |
| 30 | 80158 | CYCLOSPORINE | 20.18 | | | | | | 01/01/18 | | |
| 30 | 80159 | CLOZAPINE | 20.30 | | | | | | 01/01/18 | | |
| 30 | 80162 | DIGOXIN; TOTAL | 14.85 | | | | | | 01/01/18 | | |
| 30 | 80163 | DIGOXIN; FREE | 15.20 | | | | | | 01/01/18 | | |
| 30 | 80164 | VALPROIC ACID (DIPROPYLACETIC ACID); | 15.14 | | | | | | 01/01/18 | | |
| 30 | 80165 | VALPROIC ACID (DIPROPYLACETIC ACID); | 15.51 | | | | | | 01/01/18 | | |
| 30 | 80168 | ETHOSUXIMIDE | 18.26 | | | | | | 01/01/18 | | |
| 30 | 80169 | EVEROLIMUS | 15.06 | | | | | | 01/01/18 | | |
| 30 | 80170 | GENTAMICIN | 12.32 | | | | | | 01/01/18 | | |
| 30 | 80171 | GABAPENTIN LEVEL | 14.56 | | | | | | 01/01/18 | | |

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

OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS FEBRUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|-------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 80173 | HALOPERIDOL | 14.05 | | | | | | 01/01/18 | | |
| 30 | 80175 | LAMOTRIGINE | 14.56 | | | | | | 01/01/18 | | |
| 30 | 80176 | LIDOCAINE | 13.50 | | | | | | 01/01/18 | | |
| 30 | 80177 | LEVETIRACETAM | 14.56 | | | | | | 01/01/18 | | |
| 30 | 80178 | LITHIUM | 7.38 | | | | | | 01/01/18 | | |
| 30 | 80180 | MYCOPHENOLATE (MYCOPHENOLIC ACID) | 19.81 | | | | | | 01/01/18 | | |
| 30 | 80183 | OXCARBAZEPINE | 14.56 | | | | | | 01/01/18 | | |
| 30 | 80184 | PHENOBARBITAL | 12.78 | | | | | | 01/01/18 | | |
| 30 | 80185 | PHENYTOIN; TOTAL | 14.83 | | | | | | 01/01/18 | | |
| 30 | 80186 | PHENYTOIN; FREE | 15.67 | | | | | | 01/01/18 | | |
| 30 | 80188 | PRIMIDONE | 18.55 | | | | | | 01/01/18 | | |
| 30 | 80190 | PROCAINAMIDE; | 18.41 | | | | | | 01/01/18 | | |
| 30 | 80192 | PROCAINAMIDE; WITH METABOLITES (EG, | 18.41 | | | | | | 01/01/18 | | |
| 30 | 80194 | QUINIDINE | 16.30 | | | | | | 01/01/18 | | |
| 30 | 80195 | SIROLIMUS | 16.58 | | | | | | 01/01/18 | | |
| 30 | 80197 | TACROLIMUS | 16.58 | | | | | | 01/01/18 | | |
| 30 | 80198 | THEOPHYLLINE | 15.82 | | | | | | 01/01/18 | | |
| 30 | 80199 | TIAGABINE | 19.81 | | | | | | 01/01/18 | | |
| 30 | 80200 | TOBRAMYCIN | 12.32 | | | | | | 01/01/18 | | |
| 30 | 80201 | TOPIRAMATE | 14.41 | | | | | | 01/01/18 | | |
| 30 | 80202 | VANCOMYCIN | 15.14 | | | | | | 01/01/18 | | |
| 30 | 80203 | ZONISAMIDE | 14.56 | | | | | | 01/01/18 | | |
| 30 | 80299 | QUANTITATION OF THERAPEUTIC DRUG, NO | 15.30 | | | | | | 01/01/18 | | |
| 30 | 80305 | DRUG TEST(S), PRESUMPTIVE, ANY NUMBE | 11.76 | | | | | | 01/01/18 | | |
| 30 | 80306 | DRUG TEST(S), PRESUMPTIVE, ANY NUMBE | 15.68 | | | | | | 01/01/18 | | |
| 30 | 80307 | DRUG TEST(S), PRESUMPTIVE, ANY NUMBE | 62.75 | | | | | | 01/01/18 | | |
| 30 | 80320 | ALCOHOLS | 13.46 | | | | | | 01/01/18 | | |
| 30 | 80321 | ALCOHOL BIOMARKERS; 1 OR 2 | 12.07 | | | | | | 01/01/18 | | |
| 30 | 80322 | ALCOHOL BIOMARKERS; 3 OR MORE | 12.07 | | | | | | 01/01/18 | | |
| 30 | 80323 | ALKALOIDS, NOT OTHERWISE SPECIFIED | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80324 | AMPHETAMINES; 1 OR 2 | 17.37 | | | | | | 01/01/18 | | |
| 30 | 80325 | AMPHETAMINES; 3 OR 4 | 17.37 | | | | | | 01/01/18 | | |
| 30 | 80326 | AMPHETAMINES; 5 OR MORE | 17.37 | | | | | | 01/01/18 | | |
| 30 | 80327 | ANABOLIC STEROIDS; 1 OR 2 | 29.73 | | | | | | 01/01/18 | | |
| 30 | 80328 | ANABOLIC STEROIDS; 3 OR MORE | 29.73 | | | | | | 01/01/18 | | |
| 30 | 80329 | ANALGESICS, NON-OPIOID; 1 OR 2 | 14.03 | | | | | | 01/01/18 | | |
| 30 | 80330 | ANALGESICS, NON-OPIOID; 3-5 | 14.03 | | | | | | 01/01/18 | | |
| 30 | 80331 | ANALGESICS, NON-OPIOID; 6 OR MORE | 14.03 | | | | | | 01/01/18 | | |
| 30 | 80332 | ANTIDEPRESSANTS, SEROTONERGIC CLASS; | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80333 | ANTIDEPRESSANTS, SEROTONERGIC CLASS; | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80334 | ANTIDEPRESSANTS, SEROTONERGIC CLASS; | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80335 | ANTIDEPRESSANTS, TRICYCLIC AND OTHER | 20.20 | | | | | | 01/01/18 | | |
| 30 | 80336 | ANTIDEPRESSANTS, TRICYCLIC AND OTHER | 20.20 | | | | | | 01/01/18 | | |
| 30 | 80337 | ANTIDEPRESSANTS, TRICYCLIC AND OTHER | 20.20 | | | | | | 01/01/18 | | |
| 30 | 80338 | ANTIDEPRESSANTS, NOT OTHERWISE SPECI | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80339 | ANTIPILEPTICS, NOT OTHERWISE SPECIF | 16.55 | | | | | | 01/01/18 | | |
| 30 | 80340 | ANTIPILEPTICS, NOT OTHERWISE SPECIF | 16.55 | | | | | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 80341 | ANTIEPILEPTICS, NOT OTHERWISE SPECIF | 16.55 | | | | | | 01/01/18 | | |
| 30 | 80342 | ANTI PSYCHOTICS, NOT OTHERWISE SPECIF | 17.38 | | | | | | 01/01/18 | | |
| 30 | 80343 | ANTI PSYCHOTICS, NOT OTHERWISE SPECIF | 17.38 | | | | | | 01/01/18 | | |
| 30 | 80344 | ANTI PSYCHOTICS, NOT OTHERWISE SPECIF | 17.38 | | | | | | 01/01/18 | | |
| 30 | 80345 | BARBITURATES | 12.80 | | | | | | 01/01/18 | | |
| 30 | 80346 | BENZODIAZEPINES; 1-12 | 20.76 | | | | | | 01/01/18 | | |
| 30 | 80347 | BENZODIAZEPINES; 13 OR MORE | 20.76 | | | | | | 01/01/18 | | |
| 30 | 80348 | BUPRENORPHINE | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80349 | CANNABINOIDS, NATURAL | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80350 | CANNABINOIDS, SYNTHETIC; 1-3 | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80351 | CANNABINOIDS, SYNTHETIC; 4-6 | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80352 | CANNABINOIDS, SYNTHETIC; 7 OR MORE | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80353 | COCAINE | 16.92 | | | | | | 01/01/18 | | |
| 30 | 80354 | FENTANYL | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80355 | GABAPENTIN, NON-BLOOD | 13.23 | | | | | | 01/01/18 | | |
| 30 | 80356 | HEROIN METABOLITE | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80357 | KETAMINE AND NORKETAMINE | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80358 | METHADONE | 18.24 | | | | | | 01/01/18 | | |
| 30 | 80359 | METHYLENEDI OXYAMPHETAMINES (MDA, MDE | 17.39 | | | | | | 01/01/18 | | |
| 30 | 80360 | METHYLPHENIDATE | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80361 | OPIATES, 1 OR MORE | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80362 | OPIOIDS AND OPIATE ANALOGS; 1 OR 2 | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80363 | OPIOIDS AND OPIATE ANALOGS; 3 OR 4 | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80364 | OPIOIDS AND OPIATE ANALOGS; 5 OR MOR | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80365 | OXYCODONE | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80366 | PREGABALIN | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80367 | PROPOXYPHENE | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80368 | SEDATIVE HYPNOTICS (NON-BENZODIAZEPI | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80369 | SKELETAL MUSCLE RELAXANTS; 1 OR 2 | 19.68 | | | | | | 01/01/18 | | |
| 30 | 80370 | SKELETAL MUSCLE RELAXANTS; 3 OR MORE | 19.68 | | | | | | 01/01/18 | | |
| 30 | 80371 | STIMULANTS, SYNTHETIC | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80372 | TAPENTADOL | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80373 | TRAMADOL | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80374 | STEREOISOMER (ENANTIOMER) ANALYSIS, | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80375 | DRUG(S) OR SUBSTANCE(S), DEFINITIVE, | 18.19 | | | | | | 01/01/18 | | |
| 30 | 80376 | DRUG(S) OR SUBSTANCE(S), DEFINITIVE, | 18.51 | | | | | | 01/01/18 | | |
| 30 | 80377 | DRUG(S) OR SUBSTANCE(S), DEFINITIVE, | 19.08 | | | | | | 01/01/18 | | |
| 30 | 80400 | ACTH STIMULATION PANEL; FOR ADRENAL | 36.46 | | | | | | 01/01/18 | | |
| 30 | 80402 | ACTH STIMULATION PANEL; FOR 21 HYDRO | 97.19 | | | | | | 01/01/18 | | |
| 30 | 80406 | ACTH STIMULATION PANEL; FOR 3 BETA-H | 87.50 | | | | | | 01/01/18 | | |
| 30 | 80408 | ALDOSTERONE SUPPRESSION EVALUATION P | 140.29 | | | | | | 01/01/18 | | |
| 30 | 80410 | CALCITONIN STIMULATION PANEL | 33.08 | | | | | | 01/01/18 | | |
| 30 | 80412 | CORTICOTROPIC RELEASING HORMONE (CRH | 368.43 | | | | | | 01/01/18 | | |
| 30 | 80414 | CHORIONIC GONADOTROPIN STIMULATION P | 57.68 | | | | | | 01/01/18 | | |
| 30 | 80415 | CHORIONIC GONADOTROPIN STIMULATION P | 62.46 | | | | | | 01/01/18 | | |
| 30 | 80416 | RENAL VEIN RENIN STIMULATION PANEL | 147.51 | | | | | | 01/01/18 | | |
| 30 | 80417 | PERIPHERAL VEIN RENIN STIMULATION PA | 49.17 | | | | | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 80418 | COMBINED RAPID ANTERIOR PITUITARY EV | 647.81 | | | | | | 01/01/18 | | |
| 30 | 80420 | DEXAMETHASONE SUPPRESSION PANEL, 48 | 81.08 | | | | | | 01/01/18 | | |
| 30 | 80422 | GLUCAGON TOLERANCE PANEL FOR INSULIN | 51.54 | | | | | | 01/01/18 | | |
| 30 | 80424 | GLUCAGON TOLERANCE PANEL; FOR PHEOCH | 56.45 | | | | | | 01/01/18 | | |
| 30 | 80426 | GONADOTROPIN RELEASING HORMONE STIMU | 165.94 | | | | | | 01/01/18 | | |
| 30 | 80428 | GROWTH HORMONE STIMULATION PANEL (EG | 74.53 | | | | | | 01/01/18 | | |
| 30 | 80430 | GROWTH HORMONE SUPPRESSION PANEL (GL | 87.72 | | | | | | 01/01/18 | | |
| 30 | 80432 | INSULIN- INDUCED C-PEPTIDE SUSPENSION | 150.99 | | | | | | 01/01/18 | | |
| 30 | 80434 | INSULIN TOLERANCE PANEL; FOR ACTH IN | 113.16 | | | | | | 01/01/18 | | |
| 30 | 80435 | INSULIN TOLERANCE PANEL; FOR GROWTH | 115.11 | | | | | | 01/01/18 | | |
| 30 | 80436 | METYRAPONE PANEL | 101.45 | | | | | | 01/01/18 | | |
| 30 | 80438 | THYROTROPIN RELEASING HORMONE (TRH) | 56.34 | | | | | | 01/01/18 | | |
| 30 | 80439 | THYROTROPIN RELEASING HORMONE (TRH) | 75.12 | | | | | | 01/01/18 | | |
| 30 | 80500 | CLINICAL PATHOLOGY CONSULTATION; LIM | 16.89 | | | | | | 01/01/18 | | |
| 30 | 80502 | CLINICAL PATHOLOGY CONSULTATION; COM | 40.43 | | | | | | 01/01/18 | | |
| 30 | 81000 | URINALYSIS, BY DIP STICK OR TABLET | 3.53 | | | | | X | 01/01/18 | | |
| 30 | 81001 | URINALYSIS, BY DIP STICK OR TABLET | 3.53 | | | | | | 01/01/18 | | |
| 30 | 81002 | URINALYSIS, BY DIP STICK OR TABLET | 2.85 | | | | | X | 01/01/18 | | |
| 30 | 81003 | URINALYSIS, BY DIP STICK OR TABLET | 2.51 | | | | | | 01/01/18 | | |
| 30 | 81005 | URINALYSIS; QUALITATIVE RO SEMIQUANT | 2.41 | | | | | X | 01/01/18 | | |
| 30 | 81007 | URINALYSIS; BACTERIURIA SCREEN, EXCE | 2.87 | | | | | | 01/01/18 | | |
| 30 | 81015 | URINALYSIS; MICROSCOPY ONLY | 3.40 | | | | | X | 01/01/18 | | |
| 30 | 81020 | URINALYSIS; 2 OR 3 GLASS TEST | 4.11 | | | | | | 01/01/18 | | |
| 30 | 81025 | URINE PREGNANCY TEST, BY VISUAL COLO | 7.08 | | | | F | | 01/01/18 | | |
| 30 | 81050 | VOLUME MEASUREMENT FOR TIMED COLLECT | 3.34 | | | | | X | 01/01/18 | | |
| 30 | 81099 | URINALYSIS TEST PROCEDURE | MP | | | | X | | 06/01/08 | | |
| 30 | 81162 | BRCA1, BRCA2 (BREAST CANCER 1 AND 2) | 2,091.73 | 19 | 70 | X | | | 01/01/18 | | E |
| 30 | 81211 | BRCA1, BRCA2 (BREAST CANCER 1 AND 2) | 1,834.54 | 19 | 70 | X | | | 01/01/18 | | E |
| 30 | 81212 | BRCA1, BRCA2 (BREAST CANCER 1 AND 2) | 148.46 | 19 | 70 | X | | | 01/01/18 | | E |
| 30 | 81213 | BRCA1, BRCA2 (BREAST CANCER 1 AND 2) | 489.59 | 19 | 70 | X | | | 01/01/18 | | E |
| 30 | 81214 | BRCA1 (BREAST CANCER1) (EG, HEREDITARY | 1,208.18 | 19 | 70 | X | | | 01/01/18 | | E |
| 30 | 81215 | BRCA1 (BREAST CANCER1) (EG, HEREDITARY | 78.35 | 19 | 70 | X | | | 01/01/18 | | E |
| 30 | 81216 | BRCA2 (BREAST CANCER 2) (EG, HEREDIT | 78.35 | 19 | 70 | X | | | 01/01/18 | | E |
| 30 | 81217 | BRCA2 (BREAST CANCER 2) (EG, HEREDITARY | 78.35 | 19 | 70 | X | | | 01/01/18 | | E |
| 30 | 81220 | CFTR (CYSTIC FIBROSIS TRANSMEMBRANE | 251.33 | 00 | 01 | | | | 01/01/18 | | |
| 30 | 81229 | CYTOGENOMIC CONSTITUTIONAL (GENOME-W | 160.71 | | | | | | 01/01/18 | | |
| 30 | 82009 | KETON BODY(S) (EG, ACETON, ACETOACET | 5.05 | | | | | X | 01/01/18 | | |
| 30 | 82010 | KETON BODY(S) (EG, ACETON, ACETOACET | 9.10 | | | | | X | 01/01/18 | | |
| 30 | 82013 | ACETYLCHOLINESTERASE | 12.47 | | | | | X | 01/01/18 | | |
| 30 | 82016 | AACYLCARNITINE; QUALITATIVE, EACH SP | 16.75 | | | | | X | 01/01/18 | | |
| 30 | 82017 | AACYLCARNITINE; QUANTITATIVE, EACH S | 20.39 | | | | | X | 01/01/18 | | |
| 30 | 82024 | ADRENOCORTICOTROPIC HORMONE (ACTH) | 43.18 | | | | | | 01/01/18 | | |
| 30 | 82030 | ADENOSINE, 5-MONOPHOSPHATE CYCLIC (| 14.96 | | | | | | 01/01/18 | | |
| 30 | 82040 | ALBUMIN; SERUM, PLASMA OR WHOLE BLOO | 5.55 | | | | | | 01/01/18 | | |
| 30 | 82042 | ALBUMIN; URINE OR OTHER SOURCE, QUAN | 5.80 | | | | | | 01/01/18 | | |
| 30 | 82043 | ALBUMIN; URINE MICROALBUMIN, QUANTIT | 6.48 | | | | | | 01/01/18 | | |
| 30 | 82044 | ALBUMIN; URINE MICROALBUMIN, SEMIQUA | 3.22 | | | | | | 01/01/18 | | |

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 |
|----|-------|--------------------------------------|-------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 82045 | ALBUMIN, ISCHEMIA MODIFIED | 41.02 | | | | | | 01/01/18 | | |
| 30 | 82075 | ALCOHOL (ETHANOL), BREATH | 13.46 | | | | | X | 01/01/18 | | |
| 30 | 82085 | ALDOLASE | 10.84 | | | | | | 01/01/18 | | |
| 30 | 82088 | ALDOSTERONE | 45.55 | | | | | | 01/01/18 | | |
| 30 | 82103 | ALPHA-1-ANTITRYPSIN; TOTAL | 15.00 | | | | | | 01/01/18 | | |
| 30 | 82104 | ALPHA-1-ANTITRYPSIN; PHENOTYPE | 15.37 | | | | | | 01/01/18 | | |
| 30 | 82105 | ALPHA-FETOPROTEIN (AFP); SERUM | 14.96 | | | | | | 01/01/18 | | |
| 30 | 82106 | ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL | 14.96 | | | | | | 01/01/18 | | |
| 30 | 82107 | ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC | 77.84 | | | | | | 01/01/18 | | |
| 30 | 82108 | ALUMINUM | 8.97 | | | | | | 01/01/18 | | |
| 30 | 82120 | AMINES, VAGINAL FLUID, QUALITATIVE | 4.20 | | | | F | | 01/01/18 | | |
| 30 | 82127 | AMINO ACIDS; SINGLE, QUALITATIVE, EA | 16.75 | | | | | X | 01/01/18 | | |
| 30 | 82128 | AMINO ACIDS; MULTIPLE, QUALITATIVE E | 15.48 | | | | | | 01/01/18 | | |
| 30 | 82131 | AMINO ACIDS; SINGLE, QUANTITATIVE, E | 18.74 | | | | | X | 01/01/18 | | |
| 30 | 82135 | AMINOLEVULINIC ACID, DELTA (ALA) | 18.39 | | | | | | 01/01/18 | | |
| 30 | 82136 | AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA | 20.39 | | | | | X | 01/01/18 | | |
| 30 | 82139 | AMINO ACIDS, 6 OR MORE AMINO ACIDS, | 20.39 | | | | | X | 01/01/18 | | |
| 30 | 82140 | AMMONIA | 16.29 | | | | | X | 01/01/18 | | |
| 30 | 82143 | AMNIOTIC FLUID SCAN (SPECTROPHOTOMET | 7.61 | | | | | | 01/01/18 | | |
| 30 | 82150 | AMYLASE | 7.24 | | | | | X | 01/01/18 | | |
| 30 | 82154 | ANDROSTANEDIOL GLUCURONIDE | 32.23 | | | | | | 01/01/18 | | |
| 30 | 82157 | ANDROSTENEDIONE | 32.73 | | | | | | 01/01/18 | | |
| 30 | 82160 | ANDROSTERONE | 27.96 | | | | | | 01/01/18 | | |
| 30 | 82163 | ANGIOTENSIN II | 22.09 | | | | | | 01/01/18 | | |
| 30 | 82164 | ANGIOTENSIN I-CONVERTING ENZYME (ACE | 16.30 | | | | | | 01/01/18 | | |
| 30 | 82175 | ASSAY OF ARSENIC | 21.21 | | | | | | 01/01/18 | | |
| 30 | 82180 | ASCORBIC ACID (VITAMIN C), BLOOD | 8.97 | | | | | | 01/01/18 | | |
| 30 | 82190 | ATOMIC ABSORPTION SPECTROSCOPY, EACH | 8.64 | | | | | X | 01/01/18 | | |
| 30 | 82232 | BETA-2 MICROGLOBULIN | 18.08 | | | | | | 01/01/18 | | |
| 30 | 82239 | BILE ACIDS; TOTAL | 19.33 | | | | | | 01/01/18 | | |
| 30 | 82240 | BILE ACIDS; CHOLYLGLYCINE | 29.70 | | | | | | 01/01/18 | | |
| 30 | 82247 | BILIRUBIN; TOTAL | 4.20 | | | | | | 01/01/18 | | |
| 30 | 82248 | BILIRUBIN; DIRECT | 4.20 | | | | | | 01/01/18 | | |
| 30 | 82252 | BILIRUBIN; FECES, QUALITATIVE | 5.08 | | | | | | 01/01/18 | | |
| 30 | 82261 | BIOTINIDASE, EACH SPECIMEN | 20.39 | | | | | X | 01/01/18 | | |
| 30 | 82270 | BLOOD, OCCULT, BY PEROXIDASE ACTIVIT | 2.81 | | | | | | 01/01/18 | | |
| 30 | 82271 | BLOOD, OCCULT, BY PEROXIDASE ACTIVIT | 3.92 | | | | | | 01/01/18 | | |
| 30 | 82272 | BLOOD, OCCULT, BY PEROXIDASE ACTIVIT | 3.92 | | | | | | 01/01/18 | | |
| 30 | 82274 | BLOOD, OCCULT, BY FECEL HEMOGLOBIN D | 19.22 | | | | | | 01/01/18 | | |
| 30 | 82286 | BRADYKININ | 6.37 | | | | | | 01/01/18 | | |
| 30 | 82300 | CADMIUM | 25.86 | | | | | | 01/01/18 | | |
| 30 | 82306 | VITAMIN D; 25 HYDROXY, INCLUDES FRAC | 33.08 | | | | | | 01/01/18 | | |
| 30 | 82308 | CALCITONIN | 29.92 | | | | | | 01/01/18 | | |
| 30 | 82310 | CALCIUM; TOTAL | 5.75 | | | | | X | 01/01/18 | | |
| 30 | 82330 | CALCIUM; IONIZED | 15.29 | | | | | | 01/01/18 | | |
| 30 | 82331 | CALCIUM; AFTER CALCIUM INFUSION TEST | 5.80 | | | | | | 01/01/18 | | |
| 30 | 82340 | CALCIUM; URINE QUANTITATIVE, TIMED S | 6.75 | | | | | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 82355 | CALCULUS; QUALITATIVE ANALYSIS | 12.92 | | | | | | 01/01/18 | | |
| 30 | 82360 | CALCULUS; QUANTITATIVE ANALYSIS, CHE | 14.39 | | | | | | 01/01/18 | | |
| 30 | 82365 | CALCULUS; INFARED SPECTROSCOPY | 14.41 | | | | | | 01/01/18 | | |
| 30 | 82370 | CALCULUS; X-RAY DIFFRACTION | 13.99 | | | | | | 01/01/18 | | |
| 30 | 82373 | CARBOHYDRATE DEFICIENT TRANSFERRIN | 9.46 | | | | | | 01/01/18 | | |
| 30 | 82374 | CARBON DIOXIDE (BICARBONATE) | 5.31 | | | | | X | 01/01/18 | | |
| 30 | 82375 | CARBOXYHEMOGLOBIN; QUANTITATIVE | 13.78 | | | | | X | 01/01/18 | | |
| 30 | 82376 | CARBOXYHEMOGLOBIN; QUALITATIVE | 6.70 | | | | | X | 01/01/18 | | |
| 30 | 82378 | CARCINOEMBRYONIC ANTIGEN (CEA) | 21.17 | | | | | | 01/01/18 | | |
| 30 | 82379 | CARNITINE (TOTAL AND FREE), QUANTITA | 20.39 | | | | | X | 01/01/18 | | |
| 30 | 82380 | CAROTENE | 10.31 | | | | | | 01/01/18 | | |
| 30 | 82382 | CATECHOLAMINES; TOTAL URINE | 19.22 | | | | | | 01/01/18 | | |
| 30 | 82383 | CATECHOLAMINES; BLOOD | 28.02 | | | | | | 01/01/18 | | |
| 30 | 82384 | CATECHOLAMINES; FRACTIONATED | 28.23 | | | | | | 01/01/18 | | |
| 30 | 82387 | CATHEPSIN-D | 8.16 | | | | | | 01/01/18 | | |
| 30 | 82390 | CERULOPLASMIN | 11.99 | | | | | | 01/01/18 | | |
| 30 | 82397 | CHEMILUMINESCENT ASSAY | 4.93 | | | | | | 01/01/18 | | |
| 30 | 82415 | CHLORAMPHENICOL | 14.16 | | | | | | 01/01/18 | | |
| 30 | 82435 | CHLORIDE; BLOOD | 5.18 | | | | | X | 01/01/18 | | |
| 30 | 82436 | CHLORIDE; URINE | 5.62 | | | | | | 01/01/18 | | |
| 30 | 82438 | CHLORIDE; OTHER SOURCE | 5.47 | | | | | | 01/01/18 | | |
| 30 | 82441 | CHLORINATED HYDROCARBONS, SCREEN | 6.73 | | | | | | 01/01/18 | | |
| 30 | 82465 | CHOLESTEROL, SERUM OR WHOLE BLOOD, T | 3.82 | | | | | | 01/01/18 | | |
| 30 | 82480 | CHOLINESTERASE; SERUM | 8.81 | | | | | | 01/01/18 | | |
| 30 | 82482 | CHOLINESTERASE; RBC | 8.59 | | | | | X | 01/01/18 | | |
| 30 | 82485 | CHONDROITIN B SULFATE, QUANTITATIVE | 23.09 | | | | | | 01/01/18 | | |
| 30 | 82495 | CHROMIUM | 22.68 | | | | | | 01/01/18 | | |
| 30 | 82507 | CITRATE | 31.08 | | | | | | 01/01/18 | | |
| 30 | 82523 | COLLAGEN CROSS LINKS, ANY METHOD | 22.60 | | | | | | 01/01/18 | | |
| 30 | 82525 | COPPER | 13.90 | | | | | | 01/01/18 | | |
| 30 | 82528 | CORTICOSTERONE | 17.82 | | | | | | 01/01/18 | | |
| 30 | 82530 | CORTISOL; FREE | 18.95 | | | | | | 01/01/18 | | |
| 30 | 82533 | CORTISOL; TOTAL | 18.24 | | | | | X | 01/01/18 | | |
| 30 | 82540 | CREATINE | 5.13 | | | | | | 01/01/18 | | |
| 30 | 82542 | COLUMN CHROMATOGRAPHY/MASS SPECTOMET | 21.82 | | | | | | 01/01/18 | | |
| 30 | 82550 | CREATINE KINASE (CK), (CPK); TOTAL | 7.32 | | | | | X | 01/01/18 | | |
| 30 | 82552 | CREATINE KINASE (CK), (CPK); ISOENZY | 14.96 | | | | | X | 01/01/18 | | |
| 30 | 82553 | CREATINE KINASE (CK), (CPK); MB FRAC | 12.91 | | | | | | 01/01/18 | | |
| 30 | 82554 | CREATINE KINASE (CK), (CPK); ISOFORM | 12.89 | | | | | | 01/01/18 | | |
| 30 | 82565 | CREATININE; BLOOD | 5.72 | | | | | X | 01/01/18 | | |
| 30 | 82570 | CREATININE; OTHER SOURCE | 5.80 | | | | | | 01/01/18 | | |
| 30 | 82575 | CREATININE; CLEARANCE | 10.56 | | | | | | 01/01/18 | | |
| 30 | 82585 | CRYOFIBRINOGEN | 9.59 | | | | | X | 01/01/18 | | |
| 30 | 82595 | CRYOGLOBULIN, QUALITATIVE OR SEMI-QU | 7.23 | | | | | | 01/01/18 | | |
| 30 | 82600 | CYANIDE | 21.68 | | | | | | 01/01/18 | | |
| 30 | 82607 | CYANOCOBALAMIN (VITAMIN B-12); | 16.86 | | | | | | 01/01/18 | | |
| 30 | 82608 | CYANOCOBALAMIN (VITAMIN B-12); UNSAT | 7.49 | | | | | | 01/01/18 | | |

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FEBRUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|---------------------------------------|-------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 82610 | CYSTATIN C | 5.61 | | | | | | 01/01/18 | | |
| 30 | 82615 | CYSTINE AND HOMOCYSTINE, URINE, QUAL | 9.13 | | | | | | 01/01/18 | | |
| 30 | 82626 | DEHYDROEPIANDROSTERONE (DHEA) | 28.25 | | | | | | 01/01/18 | | |
| 30 | 82627 | DEHYDROEPIANDROSTERONE-SULFATE (DHEA | 24.85 | | | | | | 01/01/18 | | |
| 30 | 82633 | DESOXYCORTICOSTERONE, 11 - | 34.63 | | | | | | 01/01/18 | | |
| 30 | 82634 | DEOXYCORTISOL, 11 - | 32.73 | | | | | | 01/01/18 | | |
| 30 | 82638 | DIBUCAINE NUMBER | 13.71 | | | | | | 01/01/18 | | |
| 30 | 82652 | VITAMIN D; 1, 25 DIHYDROXY, INCLUDES | 17.82 | | | | | X | 01/01/18 | | |
| 30 | 82656 | ELASTASE, PANCREATIC (EL-1), FECAL, | 13.52 | | | | | | 01/01/18 | | |
| 30 | 82657 | ENZYME ACTIVITY IN BLOOD CELLS, CULT | 21.82 | | | | | | 01/01/18 | | |
| 30 | 82658 | ENZYME ACTIVITY IN BLOOD CELLS, CULT | 21.82 | | | | | | 01/01/18 | | |
| 30 | 82664 | ELECTROPHORETIC TECHNIQUE, NOT ELSEWH | 11.78 | | | | | | 01/01/18 | | |
| 30 | 82668 | ERYTHROPOIETIN | 21.01 | | | | | | 01/01/18 | | |
| 30 | 82670 | ESTRADIOL | 31.24 | | | | | | 01/01/18 | | |
| 30 | 82671 | ESTROGENS; FRACTIONATED | 36.09 | | | | | | 01/01/18 | | |
| 30 | 82672 | ESTROGENS; TOTAL | 24.24 | | | | | | 01/01/18 | | |
| 30 | 82677 | ESTRIOL | 27.14 | | | | | | 01/01/18 | | |
| 30 | 82679 | ESTRONE | 27.90 | | | | | | 01/01/18 | | |
| 30 | 82693 | ETHYLENE GLYCOL | 16.86 | | | | | | 01/01/18 | | |
| 30 | 82696 | ETIOCHOLANOLONE | 15.57 | | | | | | 01/01/18 | | |
| 30 | 82705 | FAT OR LIPIDS, FECES; QUALITATIVE | 5.69 | | | | | | 01/01/18 | | |
| 30 | 82710 | FAT OR LIPIDS, FECES; QUANTITATIVE | 18.78 | | | | | | 01/01/18 | | |
| 30 | 82715 | FAT DIFFERENTIAL, FECES, QUANTITATIV | 19.22 | | | | | | 01/01/18 | | |
| 30 | 82725 | FATTY ACIDS, NONESTERIFIED | 14.90 | | | | | | 01/01/18 | | |
| 30 | 82726 | VERY LONG CHAIN FATTY ACIDS | 21.82 | | | | | | 01/01/18 | | |
| 30 | 82728 | FERRITIN | 15.22 | | | | | | 01/01/18 | | |
| 30 | 82731 | FETAL FIBRONECTIN, CERVICOVAGINAL SE | 19.81 | | | | | | 01/01/18 | | |
| 30 | 82735 | FLUORIDE | 20.72 | | | | | | 01/01/18 | | |
| 30 | 82746 | FOLIC ACID; SERUM | 16.44 | | | | | | 01/01/18 | | |
| 30 | 82747 | FOLIC ACID; RBC | 18.22 | | | | | | 01/01/18 | | |
| 30 | 82757 | FRUCTOSE, SEMEN | 10.20 | | | | | | 01/01/18 | | |
| 30 | 82759 | GALACTOKINASE, RBC | 24.03 | | | | | | 01/01/18 | | |
| 30 | 82760 | GALACTOSE | 12.51 | | | | | X | 01/01/18 | | |
| 30 | 82775 | GALACTOSE-1-PHOSPHATE URIDYL TRANSFE | 22.56 | | | | | | 01/01/18 | | |
| 30 | 82776 | GALACTOSE-1-PHOSPHATE URIDYL TRANSFE | 8.97 | | | | | | 01/01/18 | | |
| 30 | 82777 | GALECTIN-3 | 14.48 | | | | | | 01/01/18 | | |
| 30 | 82784 | GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA | 10.39 | | | | | X | 01/01/18 | | |
| 30 | 82785 | GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE | 18.40 | | | | | | 01/01/18 | | |
| 30 | 82787 | GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMU | 5.86 | | | | | | 01/01/18 | | |
| 30 | 82800 | GASES, BLOOD, PH ONLY | 9.46 | | | | | X | 01/01/18 | | |
| 30 | 82803 | GASES, BLOOD, ANY COMBINATION OF PH, | 5.51 | | | | | X | 01/01/18 | | |
| 30 | 82805 | GASES, BLOOD, ANY COMBINATION OF PH, | 9.58 | | | | | | 01/01/18 | | |
| 30 | 82810 | GASES, BLOOD, O2 SATURATION ONLY, BY | 4.06 | | | | | | 01/01/18 | | |
| 30 | 82820 | HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR | 11.23 | | | | | | 01/01/18 | | |
| 30 | 82930 | GASTRIC ACID ANALYSIS, INCLUDES PH I | 5.22 | | | | | | 01/01/18 | | |
| 30 | 82938 | GASTRIN AFTER SECRETIN STIMULATION | 19.78 | | | | | | 01/01/18 | | |
| 30 | 82941 | GASTRIN | 19.69 | | | | | X | 01/01/18 | | |

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 | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | | | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 82943 | GLUCAGON | 15.99 | | | | | | 01/01/18 | | |
| 30 | 82945 | GLUCOSE, BODY FLUID; OTHER THAN BLO | 4.75 | | | | | | 01/01/18 | | |
| 30 | 82946 | GLUCAGON TOLERANCE TEST | 12.29 | | | | | | 01/01/18 | | |
| 30 | 82947 | GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT | 4.40 | | | | | X | 01/01/18 | | |
| 30 | 82948 | GLUCOSE; BLOOD, REAGENT STRIP | 3.53 | | | | | X | 01/01/18 | | |
| 30 | 82950 | GLUCOSE; POST GLUCOSE DOSE (INCLUDES | 4.60 | | | | | | 01/01/18 | | |
| 30 | 82951 | GLUCOSE; TOLERANCE TEST (GTT), 3 SPE | 12.94 | | | | | | 01/01/18 | | |
| 30 | 82952 | GLUCOSE; TOLERANCE TEST, EACH ADDITI | 3.87 | | | | | X | 01/01/18 | | |
| 30 | 82955 | GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G | 10.84 | | | | | | 01/01/18 | | |
| 30 | 82960 | GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G | 6.77 | | | | | | 01/01/18 | | |
| 30 | 82962 | GLUCOSE, BLOOD BY GLUCOSE MONITORING | 2.83 | | | | | X | 01/01/18 | | |
| 30 | 82963 | GLUCOSIDASE,BETA | 24.03 | | | | | | 01/01/18 | | |
| 30 | 82965 | GLUTAMATE DEHYDROGENASE | 8.65 | | | | | | 01/01/18 | | |
| 30 | 82977 | GLUTAMYLTRANSFERASE, GAMMA (GGT) | 8.09 | | | | | | 01/01/18 | | |
| 30 | 82978 | GLUTATHIONE | 15.95 | | | | | | 01/01/18 | | |
| 30 | 82979 | GLUTATHIONE REDUCTASE, RBC | 7.49 | | | | | | 01/01/18 | | |
| 30 | 82985 | GLYCATED PROTEIN | 16.86 | | | | | | 01/01/18 | | |
| 30 | 83001 | GONADOTROPIN; FOLLICLE STIMULATING H | 20.77 | | | | | | 01/01/18 | | |
| 30 | 83002 | GONADOTROPIN; LUTEINIZING HORMONE | 20.70 | | | | | | 01/01/18 | | |
| 30 | 83003 | GROWTH HORMONE, HUMAN (HGH) (SOMATOT | 18.64 | | | | | | 01/01/18 | | |
| 30 | 83009 | HELICOBACTER PYLORI, BLOOD TEST ANAL | 34.98 | | | | | | 01/01/18 | | |
| 30 | 83010 | HAPTOGLOBIN; QUANTITATIVE | 14.04 | | | | | | 01/01/18 | | |
| 30 | 83012 | HAPTOGLOBIN; PHENOTYPES | 19.22 | | | | | | 01/01/18 | | |
| 30 | 83013 | HELICOBACTER PYLORI; BREATH TEST ANA | 34.98 | | | | | | 01/01/18 | | |
| 30 | 83014 | HELICOBACTER PYLORI; DRUG ADMINISTRA | 9.49 | | | | | | 01/01/18 | | |
| 30 | 83015 | HEAVY METAL SCREENING | 11.99 | | | | | | 01/01/18 | | |
| 30 | 83018 | CHROMATOGRAPH SCREEN, METALS | 9.00 | | | | | | 01/01/18 | | |
| 30 | 83020 | ASSAY HEMOGLOBIN | 13.59 | | | | | X | 01/01/18 | | |
| 30 | 83021 | HEMOGLOBIN CHROMOTOGRAPHY | 21.82 | | | | | | 01/01/18 | | |
| 30 | 83026 | HEMOGLOBIN; | 2.64 | | | | | | 01/01/18 | | |
| 30 | 83030 | FETAL HEMOGLOBIN ASSAY | 3.63 | | | | | | 01/01/18 | | |
| 30 | 83033 | FETAL FECAL HEMOGLOBIN ASSAY | 6.66 | | | | | | 01/01/18 | | |
| 30 | 83036 | GLYCOSYLATED HEMOGLOBIN ASSAY | 10.84 | | | | | | 01/01/18 | | |
| 30 | 83045 | BLOOD METHEMOGLOBIN TEST | 5.55 | | | | | | 01/01/18 | | |
| 30 | 83050 | BLOOD METHEMOGLOBIN ASSAY | 8.18 | | | | | | 01/01/18 | | |
| 30 | 83051 | ASSAY PLASMA HEMOGLOBIN | 8.17 | | | | | | 01/01/18 | | |
| 30 | 83060 | BLOOD SULFHEMOGLOBIN ASSAY | 9.25 | | | | | | 01/01/18 | | |
| 30 | 83065 | HEMOGLOBIN HEAT ASSAY | 7.69 | | | | | | 01/01/18 | | |
| 30 | 83068 | HEMOGLOBIN STABILITY SCREEN | 9.46 | | | | | | 01/01/18 | | |
| 30 | 83069 | ASSAY URINE HEMOGLOBIN | 4.42 | | | | | | 01/01/18 | | |
| 30 | 83070 | ASSAY URINE HEMOSIDERIN | 5.31 | | | | | | 01/01/18 | | |
| 30 | 83080 | B HEXOSAMINIDASE ASSAY | 20.39 | | | | | X | 01/01/18 | | |
| 30 | 83088 | ASSAY HISTAMINE | 33.00 | | | | | | 01/01/18 | | |
| 30 | 83090 | ASSAY OF HOMOCYSTINE | 20.39 | | | | | | 01/01/18 | | |
| 30 | 83150 | ASSAY URINE FOR HVA | 21.65 | | | | | | 01/01/18 | | |
| 30 | 83491 | HYDROXYCORTICOSTEROIDS,17-RIA | 19.59 | | | | | | 01/01/18 | | |
| 30 | 83497 | ASSAY URINE 5-HIAA | 14.41 | | | | | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 83498 | RIA ASSAY OF PROGESTERONE | 30.36 | | | | | | 01/01/18 | | |
| 30 | 83500 | ASSAY URINE HYDROXYPROLINE | 25.33 | | | | | | 01/01/18 | | |
| 30 | 83505 | ASSAY URINE HYDROXYPROLINE | 27.17 | | | | | | 01/01/18 | | |
| 30 | 83516 | IMMUNOASSAY, NON ANTIBODY | 13.24 | | | | | | 01/01/18 | | |
| 30 | 83518 | IMMUNOASSAY, FOR ANALYTE OTHER THAN | 4.93 | | | | | | 01/01/18 | | |
| 30 | 83519 | IMMUNOASSAY, ANALYTE; | 4.93 | | | | | | 01/01/18 | | |
| 30 | 83520 | IMMUNOASSAY, ANALYTE; | 12.89 | | | | | | 01/01/18 | | |
| 30 | 83525 | RIA ASSAY OF INSULIN | 12.78 | | | | | X | 01/01/18 | | |
| 30 | 83527 | INSULIN; | 14.59 | | | | | | 01/01/18 | | |
| 30 | 83528 | INTRINSIC FACTOR LEVEL | 13.20 | | | | | | 01/01/18 | | |
| 30 | 83540 | ASSAY SERUM IRON | 5.68 | | | | | | 01/01/18 | | |
| 30 | 83550 | SERUM IRON BINDING TEST | 9.85 | | | | | | 01/01/18 | | |
| 30 | 83570 | UV-ASSAY BLOOD IDH ENZYME | 9.90 | | | | | | 01/01/18 | | |
| 30 | 83582 | ASSAY URINE 17-KGS | 15.85 | | | | | | 01/01/18 | | |
| 30 | 83586 | ASSAY BLOOD 17-KETOSTEROIDS | 14.31 | | | | | | 01/01/18 | | |
| 30 | 83593 | CHROMATOGRAPH KETOSTEROIDS | 9.03 | | | | | | 01/01/18 | | |
| 30 | 83605 | LACTIC ACID ASSAY | 11.95 | | | | | X | 01/01/18 | | |
| 30 | 83615 | UV-ASSAY BLOOD LDH ENZYME | 6.74 | | | | | X | 01/01/18 | | |
| 30 | 83625 | ASSAY BLOOD LDH ENZYMES | 9.78 | | | | | X | 01/01/18 | | |
| 30 | 83630 | LACTOFERRIN, FECAL (QUAL) | 15.33 | | | | | | 01/01/18 | | |
| 30 | 83632 | RIA PLACENTAL LACTOGEN | 22.60 | | | | | | 01/01/18 | | |
| 30 | 83633 | TEST URINE FOR LACTOSE | 6.16 | | | | | | 01/01/18 | | |
| 30 | 83655 | ASSAY BLOOD FOR LEAD | 13.53 | | | | | | 01/01/18 | | |
| 30 | 83661 | ASSAY AMNIOTIC L/S RATIO | 24.57 | | | | | | 01/01/18 | | |
| 30 | 83662 | LECITHIN-SPHINGOMYELIN RATIO (L/S RA | 21.15 | | | | | | 01/01/18 | | |
| 30 | 83663 | FLUORO POLARIZE, FETAL LUNG | 12.45 | | | | | | 01/01/18 | | |
| 30 | 83664 | LAMELLAR BDY, FETAL LUNG | 6.21 | | | | | | 01/01/18 | | |
| 30 | 83670 | UV-ASSAY BLOOD LAP ENZYME | 10.22 | | | | | | 01/01/18 | | |
| 30 | 83690 | ASSAY BLOOD LIPASE | 7.69 | | | | | | 01/01/18 | | |
| 30 | 83695 | ASSAY OF LIPOPROTEIN(A) | 15.65 | | | | | | 01/01/18 | | |
| 30 | 83698 | LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE | 41.02 | | | | | | 01/01/18 | | |
| 30 | 83701 | LIPOPROTEIN BLD, HR FRACTION | 30.00 | | | | | | 01/01/18 | | |
| 30 | 83704 | LIPOPROTEIN, BLD, BY NMR | 38.13 | | | | | | 01/01/18 | | |
| 30 | 83718 | BLOOD LIPOPROTEIN ASSAY | 9.05 | | | | | | 01/01/18 | | |
| 30 | 83719 | LIPOPROTEIN,VLDL CHOLESTEROL | 9.05 | | | | | | 01/01/18 | | |
| 30 | 83721 | LIPOPROTEIN, DIRECT MEASUREMENT; | 9.05 | | | | | | 01/01/18 | | |
| 30 | 83727 | LUTEINIZING RELEASING FACTOR, RIA | 17.78 | | | | | | 01/01/18 | | |
| 30 | 83735 | ASSAY BLOOD MAGNESIUM | 7.44 | | | | | X | 01/01/18 | | |
| 30 | 83775 | UV-ASSAY OF MD ENZYME | 8.25 | | | | | | 01/01/18 | | |
| 30 | 83785 | ASSAY OF MANGANESE | 22.56 | | | | | | 01/01/18 | | |
| 30 | 83789 | MASS SPECTROMETRY QUANT | 21.82 | | | | | X | 01/01/18 | | |
| 30 | 83825 | ASSAY BLOOD MERCURY | 18.08 | | | | | | 01/01/18 | | |
| 30 | 83835 | ASSAY URINE METANEPHRINES | 18.94 | | | | | | 01/01/18 | | |
| 30 | 83857 | ASSAY METHHEMALBUMIN | 11.99 | | | | | | 01/01/18 | | |
| 30 | 83861 | MICROFLUIDIC ANALYSIS UTILIZING AN I | 18.93 | | | | | | 01/01/18 | | |
| 30 | 83864 | BLOOD MUCOPOLYSACCHARIDES | 22.25 | | | | | | 01/01/18 | | |
| 30 | 83872 | ASSAY SYNOVIAL FLUID MUCIN | 5.21 | | | | | | 01/01/18 | | |

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 |
|----|-------|--------------------------------------|-------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 83873 | MYELIN BASIC PROTEIN,CSF,RIA | 19.22 | | | | | | 01/01/18 | | |
| 30 | 83874 | MYOGLOBIN ELECTROPHORESIS | 10.68 | | | | | | 01/01/18 | | |
| 30 | 83876 | MYELOPEROXIDASE (MPO) | 16.35 | | | | | | 01/01/18 | | |
| 30 | 83880 | NATRIURETIC PEPTIDE | 41.02 | | | | | | 01/01/18 | | |
| 30 | 83883 | NEPHELOMETRY, EACH ANALYTE NOT ELSEW | 4.93 | | | | | X | 01/01/18 | | |
| 30 | 83885 | ASSAY URINE FOR NICKEL | 27.39 | | | | | | 01/01/18 | | |
| 30 | 83915 | NUCLEOTIDASE 5' (ENZYME) LEVEL | 12.46 | | | | | | 01/01/18 | | |
| 30 | 83916 | OLIGOCLONAL IMMUNE GLOBULIN,CSF | 17.48 | | | | | | 01/01/18 | | |
| 30 | 83918 | ASSAY ORGANIC ACIDS | 18.39 | | | | | | 01/01/18 | | |
| 30 | 83919 | ASSAY ORGANIC ACIDS QUAL | 19.90 | | | | | | 01/01/18 | | |
| 30 | 83921 | ORGANIC ACID, SINGLE, QUANT | 19.90 | | | | | | 01/01/18 | | |
| 30 | 83930 | ASSAY BLOOD OSMOLALITY | 7.38 | | | | | X | 01/01/18 | | |
| 30 | 83935 | ASSAY URINE OSMOLALITY | 7.49 | | | | | X | 01/01/18 | | |
| 30 | 83937 | OSTEOCALCIN (BONE G1A PROTEIN) | 33.37 | | | | | | 01/01/18 | | |
| 30 | 83945 | ASSAY URINE OXALATE | 14.39 | | | | | | 01/01/18 | | |
| 30 | 83950 | ONCORPROTEIN, HER-2/NEU | 77.84 | | | | | | 01/01/18 | | |
| 30 | 83951 | ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH | 79.52 | | | | | | 01/01/18 | | |
| 30 | 83970 | RIA ASSAY OF PARATHORMONE | 46.11 | | | | | | 01/01/18 | | |
| 30 | 83986 | ASSAY BODY FLUID ACIDITY | 4.00 | | | | | X | 01/01/18 | | |
| 30 | 83987 | PH; EXHALED BREATH CONDENSATE | 4.42 | | | | | | 01/01/18 | | |
| 30 | 83992 | ASSAY FOR PHENCYCLIDINE | 16.43 | | | | | | 01/01/18 | | |
| 30 | 83993 | CALPROTECTIN, FECAL | 23.73 | | | | | | 01/01/18 | | |
| 30 | 84030 | ASSAY BLOOD PKU | 6.16 | | | | | X | 01/01/18 | | |
| 30 | 84035 | ASSAY BLOOD PHENYLKETONES | 3.25 | | | | | X | 01/01/18 | | |
| 30 | 84060 | ASSAY BLOOD ACID PHOSPHATASE | 8.33 | | | | | | 01/01/18 | | |
| 30 | 84066 | ASSAY PROSTATE PHOSPHATASE, RIA | 10.26 | | | | | | 01/01/18 | | |
| 30 | 84075 | ASSAY ALKALINE PHOSPHATASE | 5.80 | | | | | | 01/01/18 | | |
| 30 | 84078 | ASSAY ALKALINE PHOSPHATASE | 6.11 | | | | | | 01/01/18 | | |
| 30 | 84080 | ASSAY ALKALINE PHOSPHATASES | 16.53 | | | | | | 01/01/18 | | |
| 30 | 84081 | PHOSPHATYDYLGLYCEROL | 18.47 | | | | | | 01/01/18 | | |
| 30 | 84085 | ASSAY RBC PG6D ENZYME | 7.53 | | | | | X | 01/01/18 | | |
| 30 | 84087 | ASSAY PHOSPHOHEXOSE ENZYMES | 11.53 | | | | | | 01/01/18 | | |
| 30 | 84100 | ASSAY BLOOD PHOSPHORUS | 5.30 | | | | | | 01/01/18 | | |
| 30 | 84105 | ASSAY URINE PHOSPHORUS | 5.80 | | | | | | 01/01/18 | | |
| 30 | 84106 | TEST FOR PORPHOBILINOGEN | 4.79 | | | | | | 01/01/18 | | |
| 30 | 84110 | ASSAY PORPHOBILINOGEN | 5.21 | | | | | | 01/01/18 | | |
| 30 | 84112 | CERVICOVAGINAL SECRETION OF PLACENTA | 72.72 | | | | | | 01/01/18 | | |
| 30 | 84119 | TEST URINE FOR PORPHYRINS | 9.62 | | | | | | 01/01/18 | | |
| 30 | 84120 | ASSAY URINE PORPHYRINS | 16.06 | | | | | | 01/01/18 | | |
| 30 | 84126 | ASSAY FECES PORPHYRINS | 28.47 | | | | | | 01/01/18 | | |
| 30 | 84132 | ASSAY BLOOD POTASSIUM | 5.18 | | | | | X | 01/01/18 | | |
| 30 | 84133 | ASSAY URINE POTASSIUM | 4.82 | | | | | X | 01/01/18 | | |
| 30 | 84134 | PREALBUMIN | 5.92 | | | | | | 01/01/18 | | |
| 30 | 84135 | PREGNANEDIOL; RIA | 7.38 | | | | | | 01/01/18 | | |
| 30 | 84138 | PREGNANETRIOL; RIA | 21.17 | | | | | | 01/01/18 | | |
| 30 | 84140 | PREGNENOLONE | 23.10 | | | | | | 01/01/18 | | |
| 30 | 84143 | 17-HYDROXPREGNENOLONE | 25.51 | | | | | | 01/01/18 | | |

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 |
|----|-------|--------------------------------------|-------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 84144 | ASSAY PROGESTERONE | 23.32 | | | | | | 01/01/18 | | |
| 30 | 84145 | PROCALCITONIN (PCT) | 22.21 | | | | | | 01/01/18 | | |
| 30 | 84146 | RIA ASSAY FOR PROLACTIN | 21.66 | | | | | | 01/01/18 | | |
| 30 | 84150 | RIA ASSAY OF PROSTAGLANDIN | 23.71 | | | | | | 01/01/18 | | |
| 30 | 84152 | ASSAY OF PSA, COMPLEXED | 22.23 | | | | | | 01/01/18 | | |
| 30 | 84153 | PROSTATE SPECIFIC ANTIGEN (PSA) | 20.56 | | | | | | 01/01/18 | | |
| 30 | 84154 | PSA FREE | 22.23 | | | | | | 01/01/18 | | |
| 30 | 84155 | ASSAY SERUM PROTEIN | 4.08 | | | | | | 01/01/18 | | |
| 30 | 84156 | ASSAY OF PROTEIN, URINE | 4.44 | | | | | | 01/01/18 | | |
| 30 | 84157 | ASSAY OF PROTEIN, OTHER | 4.44 | | | | | | 01/01/18 | | |
| 30 | 84160 | ASSAY SERUM PROTEIN | 5.21 | | | | | | 01/01/18 | | |
| 30 | 84163 | PAPPA, SERUM | 18.18 | 10 | 59 | | F | | 01/01/18 | | |
| 30 | 84165 | ASSAY SERUM PROTEINS | 12.01 | | | | | | 01/01/18 | | |
| 30 | 84166 | PROTEIN E-PHORESIS/URINE/CSF | 21.56 | | | | | | 01/01/18 | | |
| 30 | 84182 | PROTEIN; | 17.78 | | | | | X | 01/01/18 | | |
| 30 | 84202 | ASSAY RBC PROTOPORPHYRIN | 16.06 | | | | | | 01/01/18 | | |
| 30 | 84203 | TEST RBC PROTOPORPHYRIN | 9.61 | | | | | | 01/01/18 | | |
| 30 | 84206 | RIA ASSAY OF PROINSULIN | 12.29 | | | | | | 01/01/18 | | |
| 30 | 84207 | ASSAY VITAMIN B-6 | 14.96 | | | | | | 01/01/18 | | |
| 30 | 84210 | ASSAY BLOOD PYRUVATE | 12.14 | | | | | | 01/01/18 | | |
| 30 | 84220 | ASSAY RBC PYRUVIC KINASE | 10.56 | | | | | | 01/01/18 | | |
| 30 | 84228 | ASSAY QUININE | 13.00 | | | | | | 01/01/18 | | |
| 30 | 84233 | RECEPTOR ASSAY; ESTROGEN(ESTRADIOL) | 71.99 | | | | | | 01/01/18 | | |
| 30 | 84234 | RECEPTOR ASSAY; PROGESTERONE | 72.51 | | | | | | 01/01/18 | | |
| 30 | 84235 | RECEPTOR ASSAY;ENDOCRINE;OTHER | 58.46 | | | | | | 01/01/18 | | |
| 30 | 84238 | RECEPTOR ASSAY; | 40.87 | | | | | | 01/01/18 | | |
| 30 | 84244 | RIA ASSAY OF RENIN | 24.59 | | | | | X | 01/01/18 | | |
| 30 | 84252 | ASSAY VITAMIN B-2 | 11.80 | | | | | | 01/01/18 | | |
| 30 | 84255 | ASSAY SELENIUM | 28.55 | | | | | | 01/01/18 | | |
| 30 | 84260 | ASSAY BLOOD SEROTONIN | 34.63 | | | | | | 01/01/18 | | |
| 30 | 84270 | SEX HORMONE BINDING GLOBULIN (SHBG) | 5.42 | | | | | | 01/01/18 | | |
| 30 | 84275 | ASSAY BLOOD SIALIC ACID | 15.00 | | | | | | 01/01/18 | | |
| 30 | 84285 | ASSAY SILICA | 26.32 | | | | | | 01/01/18 | | |
| 30 | 84295 | ASSAY BLOOD SODIUM | 5.36 | | | | | X | 01/01/18 | | |
| 30 | 84300 | ASSAY URINE SODIUM | 5.43 | | | | | X | 01/01/18 | | |
| 30 | 84302 | ASSAY OF SWEAT SODIUM | 5.88 | | | | | | 01/01/18 | | |
| 30 | 84305 | SOMATOMEDIN | 20.79 | | | | | | 01/01/18 | | |
| 30 | 84307 | SOMATOSTATIN | 18.92 | | | | | | 01/01/18 | | |
| 30 | 84311 | SPECTROPHOTOMETRY, ANALYTE NOT ELSEW | 7.82 | | | | | | 01/01/18 | | |
| 30 | 84315 | BODY FLUID SPECIFIC GRAVITY | 2.81 | | | | | | 01/01/18 | | |
| 30 | 84375 | CHROMATOGRAM ASSAY, SUGARS | 21.90 | | | | | | 01/01/18 | | |
| 30 | 84376 | SUGARS SINGLE QUAL | 6.65 | | | | | X | 01/01/18 | | |
| 30 | 84377 | SUGARS MULTIPLE QUAL | 6.65 | | | | | X | 01/01/18 | | |
| 30 | 84378 | SUGARS SINGLE QUANT | 9.77 | | | | | X | 01/01/18 | | |
| 30 | 84379 | SUGARS MULTIPLE QUANT | 9.77 | | | | | X | 01/01/18 | | |
| 30 | 84392 | SULFATE, URINE | 5.31 | | | | | X | 01/01/18 | | |
| 30 | 84402 | TESTOSTERONE; | 29.07 | | | | | | 01/01/18 | | |

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 |
|----|-------|--------------------------------------|-------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 84403 | RIA ASSAY BLOOD TESTOSTERONE | 28.84 | | | | | | 01/01/18 | | |
| 30 | 84410 | TESTOSTERONE; BIOAVAILABLE, DIRECT M | 57.03 | | | | M | | 01/01/18 | | |
| 30 | 84425 | ASSAY VITAMIN B-1 | 23.75 | | | | | | 01/01/18 | | |
| 30 | 84430 | ASSAY BLOOD THIOCYANATE | 11.23 | | | | | | 01/01/18 | | |
| 30 | 84431 | THROMBOXANE METABOLITE(S), INCLUDING | 14.84 | | | | | | 01/01/18 | | |
| 30 | 84432 | THYROGLOBULIN | 17.59 | | | | | | 01/01/18 | | |
| 30 | 84436 | THYROXINE, TRUE, RIA | 5.09 | | | | | | 01/01/18 | | |
| 30 | 84437 | THYROXINE, NEONATAL | 7.23 | | | | | | 01/01/18 | | |
| 30 | 84439 | THYROID PANEL | 10.07 | | | | | | 01/01/18 | | |
| 30 | 84442 | THYROID ACTIVITY (TBG) ASSAY | 13.89 | | | | | | 01/01/18 | | |
| 30 | 84443 | RIA ASSAY OF TS HORMONE | 18.78 | | | | | | 01/01/18 | | |
| 30 | 84445 | RIA THYROTROPIN FACTOR | 19.48 | | | | | | 01/01/18 | | |
| 30 | 84446 | ASSAY VITAMIN E | 15.85 | | | | | | 01/01/18 | | |
| 30 | 84449 | TRANSCORTIN (CORTISOL BINDING GLOBUL | 20.23 | | | | | | 01/01/18 | | |
| 30 | 84450 | UV-ASSAY TRANSAMINASE (SGOT) | 5.80 | | | | | X | 01/01/18 | | |
| 30 | 84460 | UV-ASSAY TRANSAMINASE (SGPT) | 5.86 | | | | | X | 01/01/18 | | |
| 30 | 84466 | TRANSFERRIN | 14.68 | | | | | | 01/01/18 | | |
| 30 | 84478 | ASSAY BLOOD TRIGLYCERIDES | 6.39 | | | | | | 01/01/18 | | |
| 30 | 84479 | TRIODOTHYRONINE, RESIN UPTAKE | 4.94 | | | | | | 01/01/18 | | |
| 30 | 84480 | RIA ASSAY, T-3 | 6.80 | | | | | | 01/01/18 | | |
| 30 | 84481 | TRIODOTHYRONINE, FREE RIA | 10.44 | | | | | | 01/01/18 | | |
| 30 | 84482 | TRIDOTHYRONINE (T-3); | 4.94 | | | | | | 01/01/18 | | |
| 30 | 84484 | TROPONIN | 11.88 | | | | | | 01/01/18 | | |
| 30 | 84485 | ASSAY DUODENAL FLUID TRYPSIN | 8.36 | | | | | | 01/01/18 | | |
| 30 | 84488 | TEST FECES FOR TRYPSIN | 8.17 | | | | | | 01/01/18 | | |
| 30 | 84490 | ASSAY FECES FOR TRYPSIN | 7.49 | | | | | | 01/01/18 | | |
| 30 | 84510 | ASSAY BLOOD TYROSINE | 11.65 | | | | | | 01/01/18 | | |
| 30 | 84512 | TROPONIN, QUAL | 9.30 | | | | | | 01/01/18 | | |
| 30 | 84520 | ASSAY BUN | 4.42 | | | | | X | 01/01/18 | | |
| 30 | 84525 | STICK-ASSAY BUN | 4.20 | | | | | X | 01/01/18 | | |
| 30 | 84540 | ASSAY URINE UREA-N | 4.94 | | | | | X | 01/01/18 | | |
| 30 | 84545 | UREA-N CLEARANCE TEST | 7.37 | | | | | | 01/01/18 | | |
| 30 | 84550 | ASSAY BLOOD URIC ACID | 5.05 | | | | | | 01/01/18 | | |
| 30 | 84560 | ASSAY URINE URIC ACID | 5.31 | | | | | | 01/01/18 | | |
| 30 | 84577 | ASSAY FECES UROBILINOGEN | 11.23 | | | | | | 01/01/18 | | |
| 30 | 84578 | TEST URINE UROBILINOGEN | 3.62 | | | | | | 01/01/18 | | |
| 30 | 84580 | ASSAY URINE UROBILINOGEN | 7.94 | | | | | | 01/01/18 | | |
| 30 | 84583 | ASSAY URINE UROBILINOGEN | 5.62 | | | | | | 01/01/18 | | |
| 30 | 84585 | ASSAY URINE VMA | 17.33 | | | | | | 01/01/18 | | |
| 30 | 84586 | VASOACTIVE INTESTINAL PEPTIDE (VIP) | 39.48 | | | | | | 01/01/18 | | |
| 30 | 84588 | RIA ASSAY VASOPRESSIN | 23.71 | | | | | | 01/01/18 | | |
| 30 | 84590 | ASSAY BLOOD VITAMIN-A | 12.95 | | | | | | 01/01/18 | | |
| 30 | 84591 | ASSAY OF NOS VITAMIN | 14.01 | | | | | | 01/01/18 | | |
| 30 | 84597 | ASSAY VITAMIN-K | 8.90 | | | | | | 01/01/18 | | |
| 30 | 84600 | ASSAY FOR VOLATILES | 17.97 | | | | | | 01/01/18 | | |
| 30 | 84620 | XYLOSE TOLERANCE TEST, BLOOD | 13.23 | | | | | | 01/01/18 | | |
| 30 | 84630 | ASSAY BLOOD ZINC | 12.74 | | | | | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 84702 | GONADOTROPIN,CHORIONIC;QUANTITATIVE | 16.82 | | | | | | 01/01/18 | | |
| 30 | 84703 | GONADOTROPIN,CHORIONIC;QUALITATIVE | 8.39 | | | | | | 01/01/18 | | |
| 30 | 84704 | GONADOTROPIN, CHORIONIC (HCG); FREE | 18.18 | | | | | | 01/01/18 | | |
| 30 | 84830 | OVULATION TESTS, BY VISUAL COLOR COM | 11.22 | | | | | | 01/01/18 | | |
| 30 | 84999 | UNLISTED CHEMISTRY /TOXICOLOGY | MP | | | X | | | 06/01/08 | | |
| 30 | 85002 | BLEEDING TIME TEST | 5.04 | | | | | X | 01/01/18 | | |
| 30 | 85004 | AUTOMATED DIFF WBC COUNT | 7.82 | | | | | | 01/01/18 | | |
| 30 | 85007 | DIFFERENTIAL WBC COUNT | 2.65 | | | | | X | 01/01/18 | | |
| 30 | 85008 | BLOOD COUNT; | 3.87 | | | | | | 01/01/18 | | |
| 30 | 85009 | DIFFERENTIAL WBC COUNT | 4.16 | | | | | X | 01/01/18 | | |
| 30 | 85013 | BLOOD COUNT; | 2.65 | | | | | | 01/01/18 | | |
| 30 | 85014 | BLOOD COUNT OTHER THAN SPUN HEMATOCR | 2.65 | | | | | X | 01/01/18 | | |
| 30 | 85018 | HEMOGLOBIN, COLORIMETRIC | 2.65 | | | | | X | 01/01/18 | | |
| 30 | 85025 | BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT | 8.68 | | | | | | 01/01/18 | | |
| 30 | 85027 | HEMOGRAM,AUTOMATED W/PLATELET COUNT | 7.23 | | | | | X | 01/01/18 | | |
| 30 | 85032 | MANUAL CELL COUNT, EACH | 5.20 | | | | | | 01/01/18 | | |
| 30 | 85041 | RED BLOOD CELL (RBC) COUNT | 3.36 | | | | | X | 01/01/18 | | |
| 30 | 85044 | RETICULOCYTE COUNT | 4.82 | | | | | | 01/01/18 | | |
| 30 | 85045 | RETICULOCYTE COUNT FLOW CYTOMETRY | 4.47 | | | | | | 01/01/18 | | |
| 30 | 85046 | RETICYTE, HGB CONCENTRATE | 6.75 | | | | | | 01/01/18 | | |
| 30 | 85048 | WHITE BLOOD CELL (WBC) COUNT | 2.85 | | | | | | 01/01/18 | | |
| 30 | 85049 | AUTOMATED PLATELET COUNT | 4.97 | | | | | | 01/01/18 | | |
| 30 | 85055 | RETICULATED PLATELET ASSAY | 24.35 | | | | | | 01/01/18 | | |
| 30 | 85097 | BONE MARROW SMEAR INTERPRET | 24.51 | | | | | X | 01/01/18 | | |
| 30 | 85130 | CHROMOGENIC SUBSTRATE ASSAY | 13.20 | | | | | | 01/01/18 | | |
| 30 | 85170 | BLOOD CLOT RETRACTION SCREEN | 4.04 | | | | | X | 01/01/18 | | |
| 30 | 85175 | BLOOD CLOT LYSIS TIME | 5.08 | | | | | X | 01/01/18 | | |
| 30 | 85210 | BLOOD CLOT FACTOR II TEST | 6.11 | | | | | X | 01/01/18 | | |
| 30 | 85220 | BLOOD CLOT FACTOR V TEST | 14.96 | | | | | X | 01/01/18 | | |
| 30 | 85230 | BLOOD CLOT FACTOR VII TEST | 14.96 | | | | | X | 01/01/18 | | |
| 30 | 85240 | BLOOD CLOT FACTOR VIII TEST | 20.02 | | | | | X | 01/01/18 | | |
| 30 | 85244 | FACTOR VIII RELATED ANTIGEN QUAN | 22.82 | | | | | X | 01/01/18 | | |
| 30 | 85245 | CLOTTING; | 25.64 | | | | | | 01/01/18 | | |
| 30 | 85246 | CLOTTING; | 25.64 | | | | | | 01/01/18 | | |
| 30 | 85247 | CLOTTING; | 25.64 | | | | | | 01/01/18 | | |
| 30 | 85250 | BLOOD CLOT FACTOR IX TEST | 21.27 | | | | | X | 01/01/18 | | |
| 30 | 85260 | BLOOD CLOT FACTOR X TEST | 14.96 | | | | | X | 01/01/18 | | |
| 30 | 85270 | BLOOD CLOT FACTOR XI TEST | 14.96 | | | | | X | 01/01/18 | | |
| 30 | 85280 | BLOOD CLOT FACTOR XII TEST | 14.96 | | | | | X | 01/01/18 | | |
| 30 | 85290 | BLOOD CLOT FACTOR XIII TEST | 14.96 | | | | | X | 01/01/18 | | |
| 30 | 85291 | BLOOD CLOT FACTOR XIII TEST | 9.93 | | | | | X | 01/01/18 | | |
| 30 | 85292 | CLOTTING; PREKALLIKRIEW ASSAY | 21.17 | | | | | | 01/01/18 | | |
| 30 | 85293 | CLOTTING;H-M-W KININNOGEN ASSA | 21.17 | | | | | | 01/01/18 | | |
| 30 | 85300 | ANTITHROMBIN III TEST | 13.24 | | | | | X | 01/01/18 | | |
| 30 | 85301 | CLOT. INHIB/ANTICOAG/ANTITHROM | 12.09 | | | | | X | 01/01/18 | | |
| 30 | 85302 | CLOT INHIBIT/ANTICOAC/PROTEIN C | 13.43 | | | | | X | 01/01/18 | | |
| 30 | 85303 | CLOTTING INHIBITORS OR ANTICOAGULANT | 13.51 | | | | | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 85305 | CLOTTING INHIBITORS OR ANTICOAGULANT | 12.95 | | | | | | 01/01/18 | | |
| 30 | 85306 | CLOTTING INHIBITORS OR ANTICOAGULANT | 17.13 | | | | | | 01/01/18 | | |
| 30 | 85307 | ASSAY ACTIVATED PROTEIN C | 18.52 | | | | | | 01/01/18 | | |
| 30 | 85335 | FACTOR INHIBITOR TEST | 14.39 | | | | | | 01/01/18 | | |
| 30 | 85337 | THROMBOMODULIN | 11.66 | | | | | | 01/01/18 | | |
| 30 | 85345 | COAGULATION TIME | 4.82 | | | | | X | 01/01/18 | | |
| 30 | 85347 | COAGULATION TIME | 3.04 | | | | | X | 01/01/18 | | |
| 30 | 85348 | COAGULATION TIME | 4.17 | | | | | X | 01/01/18 | | |
| 30 | 85360 | EUGLOBULIN LYSIS | 9.40 | | | | | | 01/01/18 | | |
| 30 | 85362 | FIBRIN DEGRADATION PRODUCTS | 6.00 | | | | | X | 01/01/18 | | |
| 30 | 85366 | FIBRIN(OGEN) DEGRADATION (SPLIT) PRO | 9.62 | | | | | | 01/01/18 | | |
| 30 | 85370 | FIBRIN(OGEN) DEGRADATION (SPLIT) PRO | 10.82 | | | | | | 01/01/18 | | |
| 30 | 85378 | FIBRIN DEGRADATION PRODUCTS, D-DIMER | 6.00 | | | | | | 01/01/18 | | |
| 30 | 85379 | FIBRIN DEGRADATION PRODUCTS, D-DIMER | 10.82 | | | | | | 01/01/18 | | |
| 30 | 85380 | FIBRIN DEGRADATION, VTE | 12.29 | | | | | | 01/01/18 | | |
| 30 | 85384 | FIBRINOGEN; | 9.44 | | | | | | 01/01/18 | | |
| 30 | 85385 | FIBRINOGEN; | 9.44 | | | | | | 01/01/18 | | |
| 30 | 85390 | FIBRINOLYSINS SCREEN | 5.79 | | | | | | 01/01/18 | | |
| 30 | 85397 | COAGULATION AND FIBRINOLYSIS, FUNCTI | 28.99 | | | | | | 01/01/18 | | |
| 30 | 85400 | FIBRINOLYTIC PLASMIN | 9.51 | | | | | | 01/01/18 | | |
| 30 | 85410 | FIBRINOLYTIC ANTIPLASMIN | 8.63 | | | | | | 01/01/18 | | |
| 30 | 85415 | FIBRINOLYTIC FACTORS AND INHIBITORS; | 19.22 | | | | | | 01/01/18 | | |
| 30 | 85420 | FIBRINOLYTIC PLASMINOGEN | 7.31 | | | | | | 01/01/18 | | |
| 30 | 85421 | FIBRO MECH; PLASM. ANTIGENIC ASS | 11.39 | | | | | | 01/01/18 | | |
| 30 | 85441 | HEINZ BODIES; DIRECT | 4.52 | | | | | | 01/01/18 | | |
| 30 | 85445 | HEINZ BODIES; INDUCED | 7.62 | | | | | | 01/01/18 | | |
| 30 | 85460 | HEMOGLOBIN, FETAL | 4.94 | | | | | | 01/01/18 | | |
| 30 | 85461 | HEMOGLOBIN, FETAL | 3.30 | | | | | | 01/01/18 | | |
| 30 | 85475 | HEMOLYSIN, ACID | 9.92 | | | | | | 01/01/18 | | |
| 30 | 85520 | HEPARIN ASSAY | 8.97 | | | | | | 01/01/18 | | |
| 30 | 85525 | HEPARIN NEUTRALIZATION | 8.97 | | | | | | 01/01/18 | | |
| 30 | 85530 | HEPARIN-PROTAMINE TOLERANCE | 15.85 | | | | | | 01/01/18 | | |
| 30 | 85536 | IRON STAIN PERIPHERAL BLOOD | 7.82 | | | | | | 01/01/18 | | |
| 30 | 85540 | WBC ALKALINE PHOSPHATASE | 9.61 | | | | | | 01/01/18 | | |
| 30 | 85547 | RBC MECHANICAL FRAGILITY | 9.61 | | | | | | 01/01/18 | | |
| 30 | 85549 | SERUM MURAMIDASE | 20.95 | | | | | | 01/01/18 | | |
| 30 | 85555 | RBC OSMOTIC FRAGILITY | 4.94 | | | | | | 01/01/18 | | |
| 30 | 85557 | RBC OSMOTIC FRAGILITY | 14.94 | | | | | | 01/01/18 | | |
| 30 | 85576 | PLATELET; AGGREGATION (IN VITRO) | 14.20 | | | | | X | 01/01/18 | | |
| 30 | 85590 | PLATELET PHASE MICROSCOPY | 4.82 | | | | | X | 01/01/18 | | |
| 30 | 85597 | PLATELET NEUTRALIZATION | 14.20 | | | | | | 01/01/18 | | |
| 30 | 85598 | PHOSPHOLIPID NEUTRALIZATION; HEXAGON | 15.14 | | | | | | 01/01/18 | | |
| 30 | 85610 | PROTHROMBIN TIME | 4.40 | | | | | X | 01/01/18 | | |
| 30 | 85611 | PROTHROMBIN TIME; | 4.40 | | | | | X | 01/01/18 | | |
| 30 | 85612 | VIPER VENOM PROTHROMBIN TIME | 10.70 | | | | | | 01/01/18 | | |
| 30 | 85613 | RUSSELL VIPER VENOM TIME (INCLUDES V | 10.70 | | | | | | 01/01/18 | | |
| 30 | 85635 | REPTILASE TEST | 11.01 | | | | | | 01/01/18 | | |

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 |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 85651 | RBC SEDIMENTATION RATE | 3.96 | | | | | | 01/01/18 | | |
| 30 | 85652 | RBC SED RATE, AUTO | 3.02 | | | | | | 01/01/18 | | |
| 30 | 85660 | RBC SICKLE CELL TEST | 6.18 | | | | | X | 01/01/18 | | |
| 30 | 85670 | THROMBIN TIME; PLASMA | 6.46 | | | | | | 01/01/18 | | |
| 30 | 85675 | THROMBIN TIME; TITER | 7.66 | | | | | | 01/01/18 | | |
| 30 | 85705 | THROMBOPLASTIN INHIBITION; | 7.29 | | | | | | 01/01/18 | | |
| 30 | 85730 | THROMBOPLASTIN TIME, PARTIAL | 6.73 | | | | | X | 01/01/18 | | |
| 30 | 85732 | THROMBOPLASTIN TIME, PARTIAL | 7.23 | | | | | X | 01/01/18 | | |
| 30 | 85810 | BLOOD VISCOSITY EXAMINATION | 12.81 | | | | | X | 01/01/18 | | |
| 30 | 85999 | HEMATOLOGY PROCEDURE | MP | | | X | | | 06/01/08 | | |
| 30 | 86000 | AGGLUTININS; FEBRILE | 7.80 | | | | | | 01/01/18 | | |
| 30 | 86001 | ALLERGEN SPECIFIC IGG | 6.31 | | | | | X | 01/01/18 | | |
| 30 | 86003 | ALLERGEN SPECIFIC IGE; | 5.82 | | | | | X | 01/01/18 | | |
| 30 | 86005 | ALLERGEN SPECIFIC IGE; | 8.92 | | | | | | 01/01/18 | | |
| 30 | 86008 | ALLERGEN SPECIFIC IGE; QUANTITATIVE | 16.61 | | | | | X | 01/01/18 | | |
| 30 | 86021 | WBC ANTIBODY IDENTIFICATION | 16.82 | | | | | | 01/01/18 | | |
| 30 | 86022 | PLATELET ANTIBODIES | 20.55 | | | | | | 01/01/18 | | |
| 30 | 86023 | ANTIBODY ID,PLAT.ASS. IMMUNOBLO | 12.29 | | | | | | 01/01/18 | | |
| 30 | 86038 | ANTINUCLEAR ANTIBODIES (ANA), RIA | 13.51 | | | | | | 01/01/18 | | |
| 30 | 86039 | ANTINUCLEAR ANTIBODIES (ANA); | 12.46 | | | | | | 01/01/18 | | |
| 30 | 86060 | ANTISTREPTOLYSIN O TITER | 8.17 | | | | | | 01/01/18 | | |
| 30 | 86063 | ANTISTREPTOLYSIN O SCREEN | 6.46 | | | | | | 01/01/18 | | |
| 30 | 86140 | C-REACTIVE PROTEIN | 5.80 | | | | | | 01/01/18 | | |
| 30 | 86141 | C-REACTIVE PROTEIN, HS | 15.65 | | | | | | 01/01/18 | | |
| 30 | 86146 | GLYCOPROTEIN ANTIBODY | 14.03 | | | | | | 01/01/18 | | |
| 30 | 86147 | CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY | 12.29 | | | | | | 01/01/18 | | |
| 30 | 86148 | PHOSPHOLIPID ANTIBODY | 14.03 | | | | | | 01/01/18 | | |
| 30 | 86155 | CHEMOTAXIS ASSAY | 13.20 | | | | | | 01/01/18 | | |
| 30 | 86156 | COLD AGGLUTININ; | 7.41 | | | | | | 01/01/18 | | |
| 30 | 86157 | COLD AGGLUTININ; | 9.04 | | | | | | 01/01/18 | | |
| 30 | 86160 | COMPLEMENT; | 13.41 | | | | | X | 01/01/18 | | |
| 30 | 86161 | COMPLEMENT; | 13.41 | | | | | X | 01/01/18 | | |
| 30 | 86162 | COMPLEMENT; TOTAL (CH 50) | 20.18 | | | | | | 01/01/18 | | |
| 30 | 86171 | COMPLEMENT FIXATION, EACH | 11.20 | | | | | | 01/01/18 | | |
| 30 | 86200 | CCP ANTIBODY | 15.65 | | | | | | 01/01/18 | | |
| 30 | 86215 | DEOXYRIBONUCLEASE, ANTIBODY | 14.83 | | | | | | 01/01/18 | | |
| 30 | 86225 | DNA ANTIBODY | 15.35 | | | | | | 01/01/18 | | |
| 30 | 86226 | DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY | 13.54 | | | | | | 01/01/18 | | |
| 30 | 86235 | ENA ANTIBODY | 12.29 | | | | | | 01/01/18 | | |
| 30 | 86255 | FLUORESCENT ANTIBODY; SCREEN | 11.99 | | | | | | 01/01/18 | | |
| 30 | 86256 | FLUORESCENT ANTIBODY; TITER | 13.46 | | | | | | 01/01/18 | | |
| 30 | 86277 | GROWTH HORMONE,HUMAN,ANTIBODY, RIA | 17.58 | | | | | | 01/01/18 | | |
| 30 | 86280 | HEMAGGLUTINATION INHIBITION | 9.15 | | | | | | 01/01/18 | | |
| 30 | 86300 | IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI | 25.15 | | | | | | 01/01/18 | | |
| 30 | 86301 | IMMUNOASSAY, TUMOR, CA 19-9 | 25.15 | | | | | | 01/01/18 | | |
| 30 | 86304 | IMMUNOASSAY, TUMOR CA 125 | 25.15 | | | | | | 01/01/18 | | |
| 30 | 86305 | HUMAN EPIDIDYMISS PROTEIN 4 (HE4) | 23.85 | | | | F | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 86308 | HETEROPHILE ANTIBODIES ; | 5.80 | | | | | | 01/01/18 | | |
| 30 | 86309 | HETEROPHILE ANTIBODIES ; | 7.23 | | | | | | 01/01/18 | | |
| 30 | 86310 | HETEROPHILE ANTIBODIES | 8.25 | | | | | | 01/01/18 | | |
| 30 | 86316 | IMMUNOASSAY FOR TUMOR ANTIGEN | 23.27 | | | | | X | 01/01/18 | | |
| 30 | 86317 | IMMUNOASSAY/INFECTIOUS AGENT | 16.75 | | | | | | 01/01/18 | | |
| 30 | 86318 | IMMUNOASSAY FOR CHEM. CONSTITUENT | 13.51 | | | | | | 01/01/18 | | |
| 30 | 86320 | SERUM IMMUNOELECTROPHORESIS | 17.78 | | | | | | 01/01/18 | | |
| 30 | 86325 | OTHER IMMUNOELECTROPHORESIS | 17.78 | | | | | | 01/01/18 | | |
| 30 | 86327 | IMMUNOELECTROPHORESIS; | 17.78 | | | | | | 01/01/18 | | |
| 30 | 86329 | IMMUNODIFFUSION, EACH | 15.76 | | | | | X | 01/01/18 | | |
| 30 | 86331 | IMMUNODIFFUSION OUCHTERLONY | 13.40 | | | | | | 01/01/18 | | |
| 30 | 86332 | IMMUNE COMPLEX ASSAY;C1G BINDING CEL | 12.89 | | | | | | 01/01/18 | | |
| 30 | 86334 | IMMUNOFIXATION ELECTROPHORESIS | 17.78 | | | | | | 01/01/18 | | |
| 30 | 86336 | INHIBIN A | 16.58 | | | | | | 01/01/18 | | |
| 30 | 86337 | INSULIN ANTIBODIES, RIA | 8.57 | | | | | | 01/01/18 | | |
| 30 | 86340 | INTRINSIC FACTOR ANTIBODIES, RIA | 6.80 | | | | | | 01/01/18 | | |
| 30 | 86341 | ISLET CELL ANTIBODY | 22.12 | | | | | | 01/01/18 | | |
| 30 | 86344 | LEUKOCYTE PHAGOCYTOSIS | 8.93 | | | | | | 01/01/18 | | |
| 30 | 86352 | CELLULAR FUNCTION ASSAY INVOLVING ST | 77.84 | | | | | | 01/01/18 | | |
| 30 | 86353 | LYMPHOCYTE TRANSFORMATION | 54.79 | | | | | | 01/01/18 | | |
| 30 | 86355 | B CELLS, TOTAL COUNT | 45.59 | | | | | | 01/01/18 | | |
| 30 | 86356 | MONONUCLEAR CELL ANTIGEN, QUANTITATI | 24.35 | | | | | X | 01/01/18 | | |
| 30 | 86357 | NATURAL KILLER (NK) CELLS, TOTAL CT | 45.59 | | | | | | 01/01/18 | | |
| 30 | 86359 | T CELLS; | 42.25 | | | | | | 01/01/18 | | |
| 30 | 86360 | T CELLS; | 42.64 | | | | | | 01/01/18 | | |
| 30 | 86361 | T CELL ABSOLUTE COUNT | 24.35 | | | | | | 01/01/18 | | |
| 30 | 86367 | STEM CELLS, TOTAL COUNT | 45.59 | | | | | | 01/01/18 | | |
| 30 | 86376 | MICROSOMAL ANTIBODY (THYROID); RIA | 16.37 | | | | | | 01/01/18 | | |
| 30 | 86382 | NEUTRALIZATION TEST, VIRAL | 14.82 | | | | | | 01/01/18 | | |
| 30 | 86384 | NITROBLUE TETRAZOLIUM DYE | 12.73 | | | | | | 01/01/18 | | |
| 30 | 86386 | NUCLEAR MATRIX PROTEIN 22 (NMP22), Q | 18.14 | | | | | | 01/01/18 | | |
| 30 | 86403 | PRECIPITIN (EG, LATEX BEAD) OR AGGLU | 11.39 | | | | | | 01/01/18 | | |
| 30 | 86406 | PARTICLE AGGLUTINATION TEST | 11.79 | | | | | | 01/01/18 | | |
| 30 | 86430 | RHEUMATOID FACTOR LATEX FIXATION | 6.25 | | | | | | 01/01/18 | | |
| 30 | 86431 | RHEUMATOID FACTOR; | 6.25 | | | | | | 01/01/18 | | |
| 30 | 86480 | TB TEST, CELL IMMUN MEASURE | 74.90 | | | | | | 01/01/18 | | |
| 30 | 86481 | TUBERCULOSIS TEST, CELL MEDIATED IMM | 69.97 | | | | | | 01/01/18 | | |
| 30 | 86485 | SKIN TEST; | 6.98 | | | | | | 01/01/18 | | |
| 30 | 86486 | SKIN TEST; UNLISTED ANTIGEN, EACH | MP | | | | X | | 06/01/08 | | |
| 30 | 86490 | COCCIDIOIDOMYCOSIS SKIN TEST | 5.22 | | | | | | 01/01/18 | | |
| 30 | 86510 | HISTOPLASMOSIS SKIN TEST | 5.22 | | | | | | 01/01/18 | | |
| 30 | 86580 | TB PATCH OR INTRADERMAL TEST | 5.48 | | | | | | 01/01/18 | | |
| 30 | 86590 | STREPTOKINASE, ANTIBODY | 6.00 | | | | | | 01/01/18 | | |
| 30 | 86592 | SYPHILIS TEST(S),QUALITATIVE | 4.78 | | | | | | 01/01/18 | | |
| 30 | 86593 | SYPHILIS TEST, QUANTITATIVE | 4.94 | | | | | | 01/01/18 | | |
| 30 | 86602 | ANTIBODY; | 11.37 | | | | | | 01/01/18 | | |
| 30 | 86603 | ANTIBODY; | 14.38 | | | | | | 01/01/18 | | |

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 |
|----|-------|---------------------------------------|-------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 86606 | ANTIBODY ; | 16.82 | | | | | | 01/01/18 | | |
| 30 | 86609 | ANTIBODY ; | 14.40 | | | | | | 01/01/18 | | |
| 30 | 86611 | BARTONELLA ANTIBODY | 12.29 | | | | | | 01/01/18 | | |
| 30 | 86612 | ANTIBODY ; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86615 | ANTIBODY ; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86617 | LYME DISEASE ANTIBODY | 17.30 | | | | | | 01/01/18 | | |
| 30 | 86618 | ANTIBODY ; | 18.87 | | | | | | 01/01/18 | | |
| 30 | 86619 | ANTIBODY ; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86622 | ANTIBODY ; | 10.25 | | | | | | 01/01/18 | | |
| 30 | 86625 | ANTIBODY ; | 14.69 | | | | | | 01/01/18 | | |
| 30 | 86628 | ANTIBODY ; | 13.78 | | | | | | 01/01/18 | | |
| 30 | 86631 | ANTIBODY ; | 13.43 | | | | | | 01/01/18 | | |
| 30 | 86632 | ANTIBODY ; | 14.39 | | | | | | 01/01/18 | | |
| 30 | 86635 | ANTIBODY ; | 12.99 | | | | | | 01/01/18 | | |
| 30 | 86638 | ANTIBODY ; | 13.91 | | | | | | 01/01/18 | | |
| 30 | 86641 | ANTIBODY ; | 16.43 | | | | | | 01/01/18 | | |
| 30 | 86644 | ANTIBODY ; | 16.06 | | | | | | 01/01/18 | | |
| 30 | 86645 | ANTIBODY ; | 18.87 | | | | | | 01/01/18 | | |
| 30 | 86648 | ANTIBODY ; | 17.35 | | | | | | 01/01/18 | | |
| 30 | 86651 | ANTIBODY ; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86652 | ANTIBODY ; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86653 | ANTIBODY ; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86654 | ANTIBODY ; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86658 | ANTIBODY ; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86663 | ANTIBODY ; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86664 | ANTIBODY ; | 17.35 | | | | | | 01/01/18 | | |
| 30 | 86665 | ANTIBODY ; | 18.87 | | | | | | 01/01/18 | | |
| 30 | 86666 | EHRlichia ANTIBODY | 12.29 | | | | | | 01/01/18 | | |
| 30 | 86668 | ANTIBODY ; | 11.65 | | | | | | 01/01/18 | | |
| 30 | 86671 | ANTIBODY ; | 14.06 | | | | | | 01/01/18 | | |
| 30 | 86674 | ANTIBODY ; | 12.29 | | | | | | 01/01/18 | | |
| 30 | 86677 | ANTIBODY ; | 12.29 | | | | | | 01/01/18 | | |
| 30 | 86682 | ANTIBODY ; | 14.68 | | | | | | 01/01/18 | | |
| 30 | 86684 | ANTIBODY ; | 17.35 | | | | | | 01/01/18 | | |
| 30 | 86687 | HTLV1, ANTIBODY DETECTION;IMMUNOASSA | 9.40 | | | | | | 01/01/18 | | |
| 30 | 86688 | ANTIBODY ; | 11.18 | | | | | | 01/01/18 | | |
| 30 | 86689 | CONFIRMATORY TEST | 21.65 | | | | | | 01/01/18 | | |
| 30 | 86692 | ANTIBODY ; | 13.51 | | | | | | 01/01/18 | | |
| 30 | 86694 | ANTIBODY ; | 16.06 | | | | | | 01/01/18 | | |
| 30 | 86695 | ANTIBODY ; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86696 | HERPES SIMPLEX TYPE 2 | 23.40 | | | | | | 01/01/18 | | |
| 30 | 86698 | ANTIBODY ; | 14.09 | | | | | | 01/01/18 | | |
| 30 | 86701 | ANTIBODY ; | 9.92 | | | | | | 01/01/18 | | |
| 30 | 86702 | ANTIBODY ; | 11.18 | | | | | | 01/01/18 | | |
| 30 | 86703 | ANTIBODY ; HIV-1 AND HIV-2, SINGLE RE | 11.18 | | | | | | 01/01/18 | | |
| 30 | 86704 | HEP B CORE AB TEST, IGG & M | 14.56 | | | | | | 01/01/18 | | |
| 30 | 86705 | HEP B CORE AB TEST, IGM | 14.21 | | | | | | 01/01/18 | | |

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

OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS FEBRUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|-------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | | | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 86706 | HEPATITIS B SURFACE AB TEST | 12.97 | | | | | | 01/01/18 | | |
| 30 | 86707 | HEPATITIS BE AB TEST | 13.97 | | | | | | 01/01/18 | | |
| 30 | 86708 | HEP A AB TEST, IGG & M | 14.05 | | | | | | 01/01/18 | | |
| 30 | 86709 | HEP A AB TEST, IGM | 13.60 | | | | | | 01/01/18 | | |
| 30 | 86710 | ANTIBODY; | 15.46 | | | | | | 01/01/18 | | |
| 30 | 86711 | ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS | 16.09 | | | | | | 01/01/18 | | |
| 30 | 86713 | ANTIBODY; | 16.87 | | | | | | 01/01/18 | | |
| 30 | 86717 | ANTIBODY; | 14.05 | | | | | | 01/01/18 | | |
| 30 | 86720 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86723 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86727 | ANTIBODY; | 14.38 | | | | | | 01/01/18 | | |
| 30 | 86732 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86735 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86738 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86741 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86744 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86747 | ANTIBODY; | 16.82 | | | | | | 01/01/18 | | |
| 30 | 86750 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86753 | ANTIBODY; | 14.09 | | | | | | 01/01/18 | | |
| 30 | 86756 | ANTIBODY; | 14.38 | | | | | | 01/01/18 | | |
| 30 | 86757 | RICKETTSIA ANTIBODY | 23.40 | | | | | | 01/01/18 | | |
| 30 | 86759 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86762 | ANTIBODY; | 16.06 | | | | | | 01/01/18 | | |
| 30 | 86765 | ANTIBODY; | 14.40 | | | | | | 01/01/18 | | |
| 30 | 86768 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86771 | ANTIBODY; | 14.73 | | | | | | 01/01/18 | | |
| 30 | 86774 | ANTIBODY; | 10.36 | | | | | | 01/01/18 | | |
| 30 | 86777 | ANTIBODY; | 11.99 | | | | | | 01/01/18 | | |
| 30 | 86778 | ANTIBODY; | 16.53 | | | | | | 01/01/18 | | |
| 30 | 86780 | ANTIBODY; TREPONEMA PALLIDUM | 15.17 | | | | | | 01/01/18 | | |
| 30 | 86784 | ANTIBODY; | 4.94 | | | | | | 01/01/18 | | |
| 30 | 86787 | ANTIBODY; | 11.87 | | | | | | 01/01/18 | | |
| 30 | 86788 | ANTIBODY; WEST NILE VIRUS, IGM | 20.38 | | | | | | 01/01/18 | | |
| 30 | 86789 | ANTIBODY; WEST NILE VIRUS | 17.39 | | | | | | 01/01/18 | | |
| 30 | 86790 | ANTIBODY; | 11.87 | | | | | | 01/01/18 | | |
| 30 | 86793 | ANTIBODY; | 11.87 | | | | | | 01/01/18 | | |
| 30 | 86794 | ZIKA VIRUS, IGM | 15.60 | | | | | | 01/01/18 | | |
| 30 | 86800 | THYROGLOBULIN ANTIBODY, RIA | 17.77 | | | | | | 01/01/18 | | |
| 30 | 86803 | HEPATITIS C AB TEST | 17.23 | | | | | | 01/01/18 | | |
| 30 | 86804 | HEP C AB TEST, CONFIRM | 18.71 | | | | | | 01/01/18 | | |
| 30 | 86805 | LYMPHOCYTOTOXICITY ASSAY;W/TITRATION | 58.44 | | | | | | 01/01/18 | | |
| 30 | 86806 | SEE 86805; WITHOUT TITRATION | 53.19 | | | | | | 01/01/18 | | |
| 30 | 86807 | SERUM SCREEN.-PRA;STANDARD METHOD | 37.50 | | | | | | 01/01/18 | | |
| 30 | 86808 | SERUM SCREEN.-PRA; QUICK METHOD | 33.18 | | | | | | 01/01/18 | | |
| 30 | 86812 | TISSUE TYPING; | 28.83 | | | | | | 01/01/18 | | |
| 30 | 86813 | TISSUE TYPING; | 64.81 | | | | | | 01/01/18 | | |
| 30 | 86816 | TISSUE TYPING; | 31.13 | | | | | | 01/01/18 | | |

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 |
|----|-------|---------------------------------------|--------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | TS | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 86817 | TISSUE TYPING; | 71.95 | | | | | | 01/01/18 | | |
| 30 | 86821 | TISSUE TYPING; | 45.14 | | | | | | 01/01/18 | | |
| 30 | 86825 | HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM | 69.24 | | | | | | 01/01/18 | | |
| 30 | 86826 | HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM | 23.07 | | | | | | 01/01/18 | | |
| 30 | 86828 | ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS | 39.59 | | | | | X | 01/01/18 | | |
| 30 | 86829 | ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS | 33.17 | | | | | X | 01/01/18 | | |
| 30 | 86830 | ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS | 90.21 | | | | | X | 01/01/18 | | |
| 30 | 86831 | ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS | 77.33 | | | | | X | 01/01/18 | | |
| 30 | 86832 | ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS | 141.75 | | | | | X | 01/01/18 | | |
| 30 | 86833 | ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS | 128.88 | | | | | X | 01/01/18 | | |
| 30 | 86834 | ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS | 399.49 | | | | | | 01/01/18 | | |
| 30 | 86835 | ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS | 360.85 | | | | | | 01/01/18 | | |
| 30 | 86849 | UNLISTED IMMUNOLOGY PROCEDURE | MP | | | | X | | 06/01/08 | | |
| 30 | 86850 | ANTIBODY SCREEN, RBC, EACH SERUM TEC | 5.85 | | | | | X | 01/01/18 | | |
| 30 | 86860 | ANTIBODY ELUTION (RBC), EACH ELUTION | 12.63 | | | | | X | 01/01/18 | | |
| 30 | 86870 | ANTIBODY IDENTIFICATION, RBC ANTIBOD | 38.10 | | | | | X | 01/01/18 | | |
| 30 | 86880 | ANTI HUMAN GLOBULIN TEST (COOMBS TEST | 6.02 | | | | | X | 01/01/18 | | |
| 30 | 86885 | ANTI HUMAN GLOBULIN TEST (COOMBS TEST | 6.39 | | | | | X | 01/01/18 | | |
| 30 | 86886 | ANTI HUMAN GLOBULIN TEST (COOMBS TEST | 5.80 | | | | | X | 01/01/18 | | |
| 30 | 86890 | AUTOLOGOUS BLOOD OR COMPONENT, COLLE | 12.07 | | | | | | 01/01/18 | | |
| 30 | 86891 | AUTOLOGOUS BLOOD OR COMPONENT, COLLE | 11.68 | | | | | | 01/01/18 | | |
| 30 | 86900 | BLOOD TYPING; | 3.33 | | | | | | 01/01/18 | | |
| 30 | 86901 | BLOOD TYPING; | 3.61 | | | | | | 01/01/18 | | |
| 30 | 86902 | BLOOD TYPING; ANTIGEN TESTING OF DON | 4.32 | | | | | | 01/01/18 | | |
| 30 | 86904 | BLOOD TYPING; | 10.62 | | | | | X | 01/01/18 | | |
| 30 | 86905 | BLOOD TYPING; | 4.28 | | | | | X | 01/01/18 | | |
| 30 | 86906 | BLOOD TYPING; | 8.65 | | | | | | 01/01/18 | | |
| 30 | 86910 | BLOOD TYPING; | 18.82 | | | | | X | 01/01/18 | | |
| 30 | 86911 | BLOOD TYPING, FOR PATERNITY TESTING, | 5.86 | | | | | | 01/01/18 | | |
| 30 | 86920 | COMPATIBILITY TEST EACH UNIT; | 44.63 | | | | | | 01/01/18 | | |
| 30 | 86921 | COMPATIBILITY TEST EACH UNIT; | 44.63 | | | | | | 01/01/18 | | |
| 30 | 86922 | COMPATIBILITY TEST EACH UNIT; | 42.51 | | | | | | 01/01/18 | | |
| 30 | 86923 | COMPATIBILITY TEST, ELECTRIC | MP | | | | X | | 06/01/08 | | |
| 30 | 86927 | FRESH FROZEN PLASMA, THAWING, EACH U | 9.60 | | | | | X | 01/01/18 | | |
| 30 | 86930 | FROZEN BLOOD, PREPARATION FOR FREEZI | 11.30 | | | | | X | 01/01/18 | | |
| 30 | 86931 | FROZEN BLOOD, PREPARATION FOR FREEZI | 11.30 | | | | | X | 01/01/18 | | |
| 30 | 86932 | FROZEN BLOOD, PREPARATION FOR FREEZI | 11.30 | | | | | X | 01/01/18 | | |
| 30 | 86940 | HEMOLYSINS AND AGGLUTININS, AUTO, SC | 9.15 | | | | | X | 01/01/18 | | |
| 30 | 86941 | HEMOLYSINS AND AGGLUTININS, AUTO, SC | 13.54 | | | | | X | 01/01/18 | | |
| 30 | 86945 | IRRADIATION OF BLOOD PRODUCT, EACH U | 41.12 | | | | | X | 01/01/18 | | |
| 30 | 86950 | LEUKOCYTE TRANSFUSION | 37.72 | | | | | | 01/01/18 | | |
| 30 | 86960 | VOL REDUCTION OF BLOOD/PROD | MP | | | | X | | 06/01/08 | | |
| 30 | 86965 | POOLING OF PLATELETS OR OTHER BLOOD | 13.14 | | | | | | 01/01/18 | | |
| 30 | 86970 | PRETREATMENT OF RBC'S FOR USE IN RBC | 2.39 | | | | | X | 01/01/18 | | |
| 30 | 86971 | PRETREATMENT OF RBC'S FOR USE IN RBC | 7.17 | | | | | X | 01/01/18 | | |
| 30 | 86972 | PRETREATMENT OF RBC'S FOR USE IN RBC | 2.39 | | | | | | 01/01/18 | | |
| 30 | 86975 | PRETREATMENT OF SERUM FOR USE IN RBC | 2.39 | | | | | X | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 86976 | PRETREATMENT OF SERUM FOR USE IN RBC | 2.39 | | | | | | 01/01/18 | | |
| 30 | 86977 | PRETREATMENT OF SERUM FOR USE IN RBC | 7.17 | | | | | X | 01/01/18 | | |
| 30 | 86978 | PRETREATMENT OF SERUM FOR USE IN RBC | 9.21 | | | | | X | 01/01/18 | | |
| 30 | 86985 | SPLITTING OF BLOOD OR BLOOD PRODUCTS | 13.19 | | | | | X | 01/01/18 | | |
| 30 | 86999 | IMMUNOLOGY PROCEDURE | 50.49 | | | X | | | 06/01/08 | | |
| 30 | 87003 | SMALL ANIMAL INOCULATION | 18.81 | | | | | | 01/01/18 | | |
| 30 | 87015 | SPECIMEN CONCENTRATION | 7.48 | | | | | X | 01/01/18 | | |
| 30 | 87040 | BLOOD CULTURE FOR BACTERIA | 11.53 | | | | | X | 01/01/18 | | |
| 30 | 87045 | STOOL CULTURE FOR BACTERIA | 10.56 | | | | | X | 01/01/18 | | |
| 30 | 87046 | STOOL CULTR, BACTERIA, EACH | 3.09 | | | | | X | 01/01/18 | | |
| 30 | 87070 | CULTURE SPECIMEN, BACTERIA | 9.62 | | | | | X | 01/01/18 | | |
| 30 | 87071 | CULTURE BACTERI AEROBIC OTHR | 6.20 | | | | | | 01/01/18 | | |
| 30 | 87073 | CULTURE BACTERIA ANAEROBIC | 6.20 | | | | | | 01/01/18 | | |
| 30 | 87075 | CULTURE SPECIMEN, BACTERIA | 10.56 | | | | | X | 01/01/18 | | |
| 30 | 87076 | BACTERIA IDENTIFICATION | 9.75 | | | | | | 01/01/18 | | |
| 30 | 87077 | CULTURE AEROBIC IDENTIFY | 9.75 | | | | | X | 01/01/18 | | |
| 30 | 87081 | BACTERIA CULTURE SCREEN | 7.36 | | | | | | 01/01/18 | | |
| 30 | 87084 | PRESUM PATHOG CUL SCR;W/COLONY ESTIM | 9.62 | | | | | | 01/01/18 | | |
| 30 | 87086 | URINE CULTURE, COLONY COUNT | 8.90 | | | | | | 01/01/18 | | |
| 30 | 87088 | URINE BACTERIA CULTURE | 9.04 | | | | | | 01/01/18 | | |
| 30 | 87101 | SKIN FUNGUS CULTURE | 7.49 | | | | | | 01/01/18 | | |
| 30 | 87102 | FUNGUS ISOLATION CULTURE | 8.97 | | | | | | 01/01/18 | | |
| 30 | 87103 | CULTURE, FUNGI, ISOLATION BLOOD | 8.97 | | | | | | 01/01/18 | | |
| 30 | 87106 | FUNGUS IDENTIFICATION | 11.53 | | | | | | 01/01/18 | | |
| 30 | 87107 | FUNGI IDENTIFICATION, MOLD | 12.47 | | | | | | 01/01/18 | | |
| 30 | 87109 | MYCOPLASMA CULTURE | 17.21 | | | | | | 01/01/18 | | |
| 30 | 87110 | CULTURE CHLAMYDIA | 21.89 | | | | | | 01/01/18 | | |
| 30 | 87116 | MYCOBACTERIA CULTURE | 12.07 | | | | | | 01/01/18 | | |
| 30 | 87118 | MYCOBACTERIA IDENTIFICATION | 4.32 | | | | | | 01/01/18 | | |
| 30 | 87140 | CULTURE TYPING, FLUORESCENT | 6.00 | | | | | | 01/01/18 | | |
| 30 | 87143 | CULTURE TYPING, GLC METHOD | 13.99 | | | | | | 01/01/18 | | |
| 30 | 87147 | CULTURE TYPING, SEROLOGIC | 4.52 | | | | | | 01/01/18 | | |
| 30 | 87149 | CULTURE TYPE, NUCLEIC ACID | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87150 | CULTURE, TYPING; IDENTIFICATION BY N | 40.22 | | | | | | 01/01/18 | | |
| 30 | 87152 | CULTURE TYPE PULSE FIELD GEL | 6.32 | | | | | | 01/01/18 | | |
| 30 | 87153 | CULTURE, TYPING; IDENTIFICATION BY N | 132.18 | | | | | | 01/01/18 | | |
| 30 | 87158 | CULTURE TYPING, ADDED METHOD | 5.86 | | | | | | 01/01/18 | | |
| 30 | 87164 | DARK FIELD EXAMINATION | 11.99 | | | | | | 01/01/18 | | |
| 30 | 87166 | DARK FIELD EXAMINATION | 9.25 | | | | | | 01/01/18 | | |
| 30 | 87168 | MACROSCOPIC EXAM ARTHROPOD | 5.15 | | | | | | 01/01/18 | | |
| 30 | 87169 | MACACROSCOPIC EXAM PARASITE | 5.15 | | | | | | 01/01/18 | | |
| 30 | 87172 | PINWORM EXAM | 5.15 | | | | | | 01/01/18 | | |
| 30 | 87176 | ENDOTOXIN, BACTERIAL | 6.56 | | | | | | 01/01/18 | | |
| 30 | 87177 | OVA AND PARASITES SMEARS | 9.25 | | | | | X | 01/01/18 | | |
| 30 | 87181 | ANTIBIOTIC SENSITIVITY, EACH | 5.31 | | | | | | 01/01/18 | | |
| 30 | 87184 | ANTIBIOTIC SENSITIVITY, EACH | 7.69 | | | | | X | 01/01/18 | | |
| 30 | 87185 | MICROBE SUSCEPTIBLE, ENZYME | 5.75 | | | | | X | 01/01/18 | | |

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 |
|----|-------|---|-------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 87186 | ANTIBIOTIC SENSITIVITY, MIC | 9.69 | | | | | | 01/01/18 | | |
| 30 | 87187 | SENSITIVITY STUDIES,ANTIBIOTIC; MCB | 11.60 | | | | | | 01/01/18 | | |
| 30 | 87188 | ANTIBIOTIC SENSITIVITY, EACH | 7.40 | | | | | | 01/01/18 | | |
| 30 | 87190 | TB ANTIBIOTIC SENSITIVITY | 6.31 | | | | | | 01/01/18 | | |
| 30 | 87197 | SERUM BACTERICIDAL TITER | 15.35 | | | | | | 01/01/18 | | |
| 30 | 87198 | CYTOMEGALOVIRUS ANTIBODY DFA | 15.78 | | | | | | 01/01/18 | | |
| 30 | 87205 | SMEAR, STAIN & INTERPRET | 4.78 | | | | | X | 01/01/18 | | |
| 30 | 87206 | SMEAR, STAIN & INTERPRET | 6.02 | | | | | X | 01/01/18 | | |
| 30 | 87207 | SMEAR, STAIN & INTERPRET | 6.70 | | | | | X | 01/01/18 | | |
| 30 | 87209 | SMEAR, COMPLEX STAIN | 21.72 | | | | | | 01/01/18 | | |
| 30 | 87210 | SMEAR, STAIN & INTERPRET | 4.78 | | | | | X | 01/01/18 | | |
| 30 | 87220 | TISSUE EXAMINATION FOR FUNGI | 4.78 | | | | | | 01/01/18 | | |
| 30 | 87230 | TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE | 22.07 | | | | | X | 01/01/18 | | |
| 30 | 87250 | VIRUS INOCULATION FOR TEST | 21.86 | | | | | X | 01/01/18 | | |
| 30 | 87252 | VIRUS ID; TISSUE CULT. INOCULATION/OBS | 29.12 | | | | | | 01/01/18 | | |
| 30 | 87253 | VIRUS ID; TISS CULT, ADD STDY, @ ISOLAT | 22.43 | | | | | X | 01/01/18 | | |
| 30 | 87254 | VIRUS INOCULATION, SHELL VIA | 6.43 | | | | | X | 01/01/18 | | |
| 30 | 87255 | GENET VIRUS ISOLATE, HSV | 40.91 | | | | | | 01/01/18 | | |
| 30 | 87260 | ADENOVIRUS AG, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87265 | PERTUSSIS AG, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87267 | ENTEROVIRUS ANTIBODY, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87269 | GIARDIA AG, IF | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87270 | CHYLMD TRACH AG, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87271 | CYTOMEGALOVIRUS DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87272 | CRYPTOSPORIDUM AG, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87273 | HERPES SIMPLEX 2, AG, IF | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87274 | HERPES SIMPLEX AG, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87275 | INFLUENZA B, AG, IF | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87276 | INFLUENZA AG, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87278 | LEGION PNEUMO AG, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87279 | PARAINFLUENZA, AG, IF | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87280 | RESP SYNCYTIAL AG, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87281 | PNEUMOCYSTIS CARINII, AG, IF | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87283 | RUBEOLA, AG, IF | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87285 | TREPON PALLIDUM AG, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87290 | VARICELLA AG, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87299 | AG DETECTION NOS, DFA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87300 | AG DETECTION, POLYVAL, IF | 7.89 | | | | | X | 01/01/18 | | |
| 30 | 87301 | ADENOVIRUS AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87305 | INFECTIOUS AGENT ANTIGEN DETECTION B | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87320 | CHYLMD TRACH AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87324 | CLOSTRIDIUM AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87327 | CRYPTOCOCCUS NEOFORM AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87328 | CRYPTOSPOR AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87329 | GIARDIA AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87332 | CYTOMEGALOVIRUS AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87335 | E COLI 0157 AG, EIA | 14.50 | | | | | | 01/01/18 | | |

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 |
|----|-------|--------------------------------------|--------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 87336 | ENTAMOEB HIST DISPR, AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87337 | ENTAMOEB HIST GROUP, AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87338 | HPYLORI, STOOL, EIA | 5.61 | | | | | | 01/01/18 | | |
| 30 | 87339 | HPYLORI AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87340 | HEPATITIS B SURFACE AG, EIA | 12.47 | | | | | | 01/01/18 | | |
| 30 | 87341 | HEPATITIS B SURFACE, AG, EIA | 12.47 | | | | | | 01/01/18 | | |
| 30 | 87350 | HEPATITIS B AG, EIA | 13.92 | | | | | | 01/01/18 | | |
| 30 | 87380 | HEPATITIS DELTA AG, EIA | 14.95 | | | | | | 01/01/18 | | |
| 30 | 87385 | HISTOPLASMA CAPSUL AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87389 | INFECTIOUS AGENT ANTIGEN DETECTION B | 25.55 | | | | | | 01/01/18 | | |
| 30 | 87390 | HIV-1 AG, EIA | 21.33 | | | | | | 01/01/18 | | |
| 30 | 87391 | HIV-2 AG, EIA | 21.33 | | | | | | 01/01/18 | | |
| 30 | 87400 | INFLUENZA A/B, AG, EIA | 7.89 | | | | | X | 01/01/18 | | |
| 30 | 87420 | RESP SYNCYTIAL AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87425 | ROTAVIRUS AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87427 | SHIGA-LIKE TOXIN AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87430 | STREP A AG, EIA | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87449 | AG DETECT NOS, EIA, MULT | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87450 | AG DETECT NOS, EIA, SINGLE | 5.61 | | | | | | 01/01/18 | | |
| 30 | 87451 | AG DETECT POLYVAL, EIA, MULT | 5.61 | | | | | | 01/01/18 | | |
| 30 | 87471 | BARTONELLA, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87472 | BARTONELLA, DNA, QUANT | 51.77 | | | | | | 01/01/18 | | |
| 30 | 87475 | LYME DIS, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87476 | LYME DIS, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87480 | CANDIDA, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87481 | CANDIDA, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87482 | CANDIDA, DNA, QUANT | 21.66 | | | | | | 01/01/18 | | |
| 30 | 87483 | INFECTIOUS AGENT DETECTION BY NUCLEI | 37.85 | | | | | | 01/01/18 | | |
| 30 | 87485 | CHYLMD PNEUM, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87486 | CHYLMD PNEUM, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87487 | CHYLMD PNEUM, DNA, QUANT | 51.77 | | | | | | 01/01/18 | | |
| 30 | 87490 | CHYLMD TRACH, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87491 | CHYLMD TRACH, DNA, AMP PROBE | 42.42 | | | | | X | 01/01/18 | | |
| 30 | 87492 | CHYLMD TRACH, DNA, QUANT | 21.66 | | | | | | 01/01/18 | | |
| 30 | 87493 | CLOSTRIDIUM DIFFICILE, TOXIN GENE(S) | 40.22 | | | | | | 01/01/18 | | |
| 30 | 87495 | CYTOMEG, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87496 | CYTOMEG, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87497 | CYTOMEG, DNA, QUANT | 51.77 | | | | | | 01/01/18 | | |
| 30 | 87498 | DETECTION TEST FOR ENTEROVIRUS (INTE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87500 | INFECTIOUS AGENT DETECTION BY NUCLEI | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87501 | INFECTIOUS AGENT DETECTION BY NUCLEI | 57.95 | | | | | | 01/01/18 | | |
| 30 | 87502 | INFECTIOUS AGENT DETECTION BY NUCLEI | 96.07 | | | | | | 01/01/18 | | |
| 30 | 87503 | INFECTIOUS AGENT DETECTION BY NUCLEI | 23.45 | | | | | | 01/01/18 | | |
| 30 | 87505 | INFECTIOUS AGENT DETECTION BY NUCLEI | 146.91 | | | | | | 01/01/18 | | |
| 30 | 87506 | INFECTIOUS AGENT DETECTION BY NUCLEI | 244.40 | | | | | | 01/01/18 | | |
| 30 | 87507 | INFECTIOUS AGENT DETECTION BY NUCLEI | 477.25 | | | | | | 01/01/18 | | |
| 30 | 87510 | GARDNER VAG, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |

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 |
|----|-------|--------------------------------------|--------|---------|----|-----|-----|------|----------|-------|------|
| | | | FEE | AGE | PA | MED | SEX | UVS | EFFECT | X- | SPEC |
| | CODE | DESCRIPTION | | MIN-MAX | | REV | | >001 | DATE | OVERS | IND |
| 30 | 87511 | GARDNER VAG, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87512 | GARDNER VAG, DNA, QUANT | 21.66 | | | | | | 01/01/18 | | |
| 30 | 87516 | HEPATITIS B, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87517 | HEPATITIS B, DNA, QUANT | 51.77 | | | | | | 01/01/18 | | |
| 30 | 87520 | HEPATITIS C, RNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87521 | DETECTION TEST FOR HEPATITIS C VIRUS | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87522 | DETECTION TEST FOR HEPATITIS C VIRUS | 51.77 | | | | | | 01/01/18 | | |
| 30 | 87525 | HEPATITIS G, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87526 | HEPATITIS G, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87527 | HEPATITIS G, DNA, QUANT | 21.66 | | | | | | 01/01/18 | | |
| 30 | 87528 | HSV, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87529 | HSV, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87530 | HSV, DNA, QUANT | 51.77 | | | | | | 01/01/18 | | |
| 30 | 87531 | HHV-6, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87532 | HHV-6, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87533 | HHV-6, DNA, QUANT | 21.66 | | | | | | 01/01/18 | | |
| 30 | 87534 | HIV-1, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87535 | DETECTION TEST FOR HIV-1 VIRUS | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87536 | DETECTION TEST FOR HIV-1 VIRUS | 76.11 | | | | | | 01/01/18 | | |
| 30 | 87537 | HIV-2, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87538 | DETECTION TEST FOR HIV-2 VIRUS | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87539 | DETECTION TEST FOR HIV-2 VIRUS | 21.66 | | | | | | 01/01/18 | | |
| 30 | 87540 | LEGION PNEUMO, DNA, DIR PROB | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87541 | LEGION PNEUMO, DNA, AMP PROB | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87542 | LEGION PNEUMO, DNA, QUANT | 21.66 | | | | | | 01/01/18 | | |
| 30 | 87550 | MYCOBACTERIA, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87551 | MYCOBACTERIA, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87552 | MYCOBACTERIA, DNA, QUANT | 51.77 | | | | | | 01/01/18 | | |
| 30 | 87555 | M.TUBERCULO, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87556 | M.TUBERCULO, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87557 | M.TUBERCULO, DNA, QUANT | 51.77 | | | | | | 01/01/18 | | |
| 30 | 87560 | M.AVIUM-INTRA, DNA, DIR PROB | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87561 | M.AVIUM-INTRA, DNA, AMP PROB | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87562 | M.AVIUM-INTRA, DNA, QUANT | 51.77 | | | | | | 01/01/18 | | |
| 30 | 87580 | M.PNEUMON, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87581 | M.PNEUMON, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87582 | M.PNEUMON, DNA, QUANT | 21.66 | | | | | | 01/01/18 | | |
| 30 | 87590 | N.GONORRHOEAE, DNA, DIR PROB | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87591 | N.GONORRHOEAE, DNA, AMP PROB | 42.42 | | | | | X | 01/01/18 | | |
| 30 | 87592 | N.GONORRHOEAE, DNA, QUANT | 21.66 | | | | | | 01/01/18 | | |
| 30 | 87623 | INFECTIOUS AGENT DETECTION BY NUCLEI | 40.19 | | | | | | 01/01/18 | | |
| 30 | 87624 | INFECTIOUS AGENT DETECTION BY NUCLEI | 40.19 | | | | | | 01/01/18 | | |
| 30 | 87625 | INFECTIOUS AGENT DETECTION BY NUCLEI | 40.19 | | | | | | 01/01/18 | | |
| 30 | 87631 | INFECTIOUS AGENT DETECTION BY NUCLEI | 143.34 | | | | | | 01/01/18 | | |
| 30 | 87632 | INFECTIOUS AGENT DETECTION BY NUCLEI | 238.46 | | | | | | 01/01/18 | | |
| 30 | 87633 | INFECTIOUS AGENT DETECTION BY NUCLEI | 465.68 | | | | | | 01/01/18 | | |
| 30 | 87634 | INFECTIOUS AGENT DETECTION BY NUCLEI | 65.00 | | | | | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 87640 | INFECTIOUS AGENT DETECTION BY NUCLEI | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87641 | INFECTIOUS AGENT DETECTION BY NUCLEI | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87650 | STREP A, DNA, DIR PROBE | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87651 | STREP A, DNA, AMP PROBE | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87652 | STREP A, DNA, QUANT | 21.66 | | | | | | 01/01/18 | | |
| 30 | 87653 | INFECTIOUS AGENT DETECTION BY NUCLEI | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87660 | TRICHOMONAS VAGIN, DIR PROBE | 24.24 | | | | F | | 01/01/18 | | |
| 30 | 87661 | INFECTIOUS AGENT DETECTION BY NUCLEI | 38.51 | | | | | | 01/01/18 | | |
| 30 | 87662 | INFECTIOUS AGENT DETECTION BY NUCLEI | 47.51 | | | | | X | 01/01/18 | | |
| 30 | 87797 | DETECT AGENT NOS, DNA, DIR | 24.24 | | | | | | 01/01/18 | | |
| 30 | 87798 | DETECT AGENT NOS, DNA, AMP | 42.42 | | | | | | 01/01/18 | | |
| 30 | 87799 | DETECT AGENT NOS, DNA, QUANT | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87800 | DETECT AGNT MULT, DNA, DIREC | 26.36 | | | | | | 01/01/18 | | |
| 30 | 87801 | DETECT AGNT MULT, DNA, AMPLI | 46.13 | | | | | | 01/01/18 | | |
| 30 | 87802 | STREP B ASSAY W/OPTIC | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87803 | CLOSTRIDIUM TOXIN A W/OPTIC | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87804 | AGENT NOS ASSAY W/OPTIC | 14.50 | | | | | X | 01/01/18 | | |
| 30 | 87806 | INFECTIOUS AGENT ANTIGEN DETECTION B | 25.74 | | | | | | 01/01/18 | | |
| 30 | 87807 | RSV ASSAY W/OPTIC | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87808 | INFECTIOUS AGENT ANTIGEN DETECTION B | 14.50 | | | | F | | 01/01/18 | | |
| 30 | 87809 | INFECTIOUS AGENT ANTIGEN DETECTION B | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87810 | CHYLMD TRACH ASSAY W/OPTIC | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87850 | N. GONORRHOEAE ASSAY W/OPTIC | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87880 | STREP A ASSAY W/OPTIC | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87899 | AGENT NOS ASSAY W/OPTIC | 14.50 | | | | | | 01/01/18 | | |
| 30 | 87900 | PHENOTYPE, INFECT AGENT DRUG | 157.51 | | | | | | 01/01/18 | | |
| 30 | 87901 | GENOTYPE, DNA, HIV REVERSE T | 270.80 | | | | | | 01/01/18 | | |
| 30 | 87902 | GENOTYPE, DNA, HEPATITIS C | 311.12 | | | | | | 01/01/18 | | |
| 30 | 87903 | PHENOTYPE, DNA HIV W/CULTURE | 514.01 | | | | | | 01/01/18 | | |
| 30 | 87904 | PHENOTYPE, DNA HIV W/CLT ADD | 31.50 | | | | | | 01/01/18 | | |
| 30 | 87905 | INFECTIOUS AGENT ENZYMATIC ACTIVITY | 15.08 | | | | | | 01/01/18 | | |
| 30 | 87906 | INFECTIOUS AGENT GENOTYPE ANALYSIS B | 145.32 | | | | | | 01/01/18 | | |
| 30 | 87910 | INFECTIOUS AGENT GENOTYPE ANALYSIS B | 287.65 | | | | | | 01/01/18 | | |
| 30 | 87912 | INFECTIOUS AGENT GENOTYPE ANALYSIS B | 287.65 | | | | | | 01/01/18 | | |
| 30 | 87999 | MICROBIOLOGY PROCEDURE | MP | | | | X | | 06/01/08 | | |
| 30 | 88104 | CYTOPATHOLOGY | 18.44 | | | | | | 01/01/18 | | |
| 30 | 88106 | CYTOPATHOLOGY | 18.44 | | | | | | 01/01/18 | | |
| 30 | 88108 | CYTOPATHOLOGY, FLUIDS, WASHINGS OR B | 21.77 | | | | | | 01/01/18 | | |
| 30 | 88112 | CYTOPATHOLOGY, SELECT CELL ENHANCEMNT | 64.31 | 10 | 59 | | F | | 01/01/18 | | |
| 30 | 88120 | CYTOPATHOLOGY, IN SITU HYBRIDIZATION | 258.82 | | | | | | 01/01/18 | | |
| 30 | 88121 | CYTOPATHOLOGY, IN SITU HYBRIDIZATION | 218.48 | | | | | | 01/01/18 | | |
| 30 | 88125 | FORENSIC CYTOPATHOLOGY | 11.43 | | | | | | 01/01/18 | | |
| 30 | 88130 | SEX CHROMATIN IDENTIFICATION | 14.96 | | | | | | 01/01/18 | | |
| 30 | 88140 | SEX CHROMATIN IDENTIFICATION | 8.94 | | | | | | 01/01/18 | | |
| 30 | 88141 | CYTOPATH CERV/VAG INTERPRET | 20.22 | 21 | 99 | | | | 01/01/18 | | |
| 30 | 88142 | CYTOPATH CERV/VAG THIN LAYER | 13.79 | 21 | 99 | | | | 01/01/18 | | |
| 30 | 88143 | CYTPATH C/VAG T/LAYER REDO | 13.79 | 21 | 99 | | | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 88147 | CYTPATH C/VAG AUTOMATED | 6.80 | 21 99 | | | | | 01/01/18 | | |
| 30 | 88148 | CYTPATH C/VAG AUTO RESCREEN | 6.80 | 21 99 | | | | | 01/01/18 | | |
| 30 | 88150 | CYTOPATHOLOGY, PAP SMEAR | 5.80 | 21 99 | | | F | | 01/01/18 | | |
| 30 | 88152 | CYTOPATH CERV/VAG AUTO | 6.80 | 21 99 | | | | | 01/01/18 | | |
| 30 | 88153 | CYTPATH C/VAG REDO | 6.80 | 21 99 | | | | | 01/01/18 | | |
| 30 | 88155 | CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL | 6.70 | 21 99 | | | F | | 01/01/18 | | |
| 30 | 88160 | CYTOPATHOLOGY | 14.82 | | | | | | 01/01/18 | | |
| 30 | 88161 | CYTOPATH...;PREP,SCREEN,INTERP. | 16.27 | | | | | | 01/01/18 | | |
| 30 | 88162 | CYTOPATH...;EXT.STUDY,+5 SLIDES,MULTI | 19.53 | | | | | | 01/01/18 | | |
| 30 | 88164 | CYTPATH TBS C/VAG MANUAL | 6.80 | 21 99 | | | | | 01/01/18 | | |
| 30 | 88165 | CYTPATH TBS C/VAG REDO | 6.80 | 21 99 | | | | | 01/01/18 | | |
| 30 | 88166 | CYTPATH TBS C/VAG AUTO REDO | 6.80 | 21 99 | | | | | 01/01/18 | | |
| 30 | 88167 | CYTPATH TBS C/VAG SELECT | 6.80 | 21 99 | | | | | 01/01/18 | | |
| 30 | 88172 | IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC | 16.08 | | | | | | 01/01/18 | | |
| 30 | 88173 | FINE NEEDLE ASPIRATE...;INTERP/REPORT | 32.17 | | | | | | 01/01/18 | | |
| 30 | 88174 | CYTOPATHOLOGY,VAGINAL OR CERVICAL CO | 17.64 | 21 99 | | | F | | 01/01/18 | | |
| 30 | 88175 | CYTOPATHOLOGY, WITH SCREENING | 22.23 | 21 99 | | | F | | 01/01/18 | | |
| 30 | 88177 | CYTOPATHOLOGY, EVALUATION OF FINE NE | 15.95 | | | | | | 01/01/18 | | |
| 30 | 88182 | FLOW CYTOMETRY; | 36.21 | | | | | | 01/01/18 | | |
| 30 | 88184 | FLOWCYTOMETRY/ TC, 1 MARKER | 33.29 | | | | | | 01/01/18 | | |
| 30 | 88185 | FLOWCYTOMETRY/TC, ADD-ON | 16.44 | | | | | X | 01/01/18 | | |
| 30 | 88187 | FLOWCYTOMETRY/READ, 2-8 | MP | | | | X | | 06/01/08 | | |
| 30 | 88188 | FLOWCYTOMETRY/READ, 9-15 | MP | | | | X | | 06/01/08 | | |
| 30 | 88189 | FLOWCYTOMETRY/READ, 16 & > | MP | | | | X | | 06/01/08 | | |
| 30 | 88199 | CYTOPATHOLOGY PROCEDURE | MP | | | | X | | 06/01/08 | | |
| 30 | 88230 | TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE | 67.66 | | | | | | 01/01/18 | | |
| 30 | 88233 | TISS CULT,CHROM.ANAL;SKIN/OTHER BX | 67.66 | | | | | | 01/01/18 | | |
| 30 | 88235 | TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO | 67.66 | | | | | | 01/01/18 | | |
| 30 | 88237 | TISS CULT,CHROM ANAL;BONE MARROW ... | 67.66 | | | | | | 01/01/18 | | |
| 30 | 88239 | TISS CULT,CHROM ANAL; OTHER TISSUE | 67.66 | | | | | | 01/01/18 | | |
| 30 | 88240 | CELL CRYOPRESERVE/STORAGE | 12.22 | | | | | | 01/01/18 | | |
| 30 | 88241 | FROZEN CELL PREPARATION | 12.22 | | | | | | 01/01/18 | | |
| 30 | 88245 | CHROM ANAL/BREAKAGE SYND;25 CELLS... | 67.66 | | | | | | 01/01/18 | | |
| 30 | 88248 | CHROM ANAL/BREAKAGE SYND;100 CELLS.. | 67.66 | | | | | | 01/01/18 | | |
| 30 | 88249 | CHROMOSOME ANALYSIS, 100 | 209.29 | | | | | | 01/01/18 | | |
| 30 | 88261 | CHROMOSOME COUNT: 1-4 CELLS | 153.42 | | | | | | 01/01/18 | | |
| 30 | 88262 | CHROMOSOME COUNT: 1-20 CELLS | 139.30 | | | | | | 01/01/18 | | |
| 30 | 88263 | CHROM ANAL;45 CELL-MOSAICISM,..... | 67.66 | | | | | | 01/01/18 | | |
| 30 | 88264 | CHROMOSOME ANALYSIS, 20-25 | 150.63 | | | | | | 01/01/18 | | |
| 30 | 88267 | CHROMOSOME COUNT: AMNIOTIC | 200.93 | | | | | | 01/01/18 | | |
| 30 | 88269 | CHROM ANALY;IN SITU AMNIOTIC FLUID.. | 67.66 | | | | | | 01/01/18 | | |
| 30 | 88271 | CYTOGENETICS, DNA PROBE | 25.89 | | | | | | 01/01/18 | | |
| 30 | 88272 | CYTOGENETICS, 3-5 | 32.36 | | | | | | 01/01/18 | | |
| 30 | 88273 | CYTOGENETICS, 10-30 | 38.83 | | | | | | 01/01/18 | | |
| 30 | 88274 | CYTOGENETICS, 25-99 | 42.07 | | | | | | 01/01/18 | | |
| 30 | 88275 | CYTOGENETICS, 100-300 | 48.54 | | | | | | 01/01/18 | | |
| 30 | 88280 | CHROMOSOME COUNT: ADDITIONAL | 28.05 | | | | | | 01/01/18 | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 88283 | CHROM ANAL;ADD SPEC BANDING TECH. | 29.55 | | | | | | 01/01/18 | | |
| 30 | 88285 | CHROMOSOME COUNT: ADDITIONAL | 5.80 | | | | | | 01/01/18 | | |
| 30 | 88289 | CHROM ANAL;ADD HI RESOLUTION STUDY | 34.33 | | | | | | 01/01/18 | | |
| 30 | 88291 | CYTO/MOLECULAR REPORT | 5.27 | | | | | | 01/01/18 | | |
| 30 | 88299 | CYTOGENETIC STUDY | 5.81 | | | X | | | 06/01/08 | | |
| 30 | 88300 | SURGICAL PATHOLOGY, GROSS | 9.14 | | | | | X | 01/01/18 | | |
| 30 | 88302 | PATHOLOGY EXAMINATION OF TISSUE USIN | 21.24 | | | | | X | 01/01/18 | | |
| 30 | 88304 | PATHOLOGY EXAMINATION OF TISSUE USIN | 30.48 | | | | | X | 01/01/18 | | |
| 30 | 88305 | PATHOLOGY EXAMINATION OF TISSUE USIN | 42.93 | | | | | X | 01/01/18 | | |
| 30 | 88307 | PATHOLOGY EXAMINATION OF TISSUE USIN | 61.41 | | | | | | 01/01/18 | | |
| 30 | 88309 | PATHOLOGY EXAMINATION OF TISSUE USIN | 61.41 | | | | | | 01/01/18 | | |
| 30 | 88311 | SURGICAL PATHOLOGY; DECALCIFICATION | 4.95 | | | | | | 01/01/18 | | |
| 30 | 88312 | SPECIAL STAIN INCLUDING INTERPRETATI | 10.44 | | | | | | 01/01/18 | | |
| 30 | 88313 | SPECIAL STAIN INCLUDING INTERPRETATI | 4.95 | | | | | | 01/01/18 | | |
| 30 | 88314 | SPECIAL STAIN INCLUDING INTERPRETATI | 33.16 | | | | | | 01/01/18 | | |
| 30 | 88321 | MICROSLIDE CONSULTATION | 49.10 | | | | | | 01/01/18 | | |
| 30 | 88323 | MICROSLIDE CONSULTATION | 61.41 | | | | | | 01/01/18 | | |
| 30 | 88325 | COMPREHENSIVE REVIEW OF DATA | 49.10 | | | | | | 01/01/18 | | |
| 30 | 88329 | CONSULTATION DURING SURGERY | 24.51 | | | | | X | 01/01/18 | | |
| 30 | 88331 | CONSULTATION DURING SURGERY | 36.89 | | | | | X | 01/01/18 | | |
| 30 | 88332 | PATHOLOGY CONSULTATION DURING SURGER | 12.29 | | | | | | 01/01/18 | | |
| 30 | 88341 | IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH | 52.06 | | | | | | 01/01/18 | | |
| 30 | 88342 | IMMUNOCYTOCHEMISTRY (INCLUDING TISSU | 43.29 | | | | | | 01/01/18 | | |
| 30 | 88344 | IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH | 90.06 | | | | | | 01/01/18 | | |
| 30 | 88346 | AUTO-ANTIBODY PROFILE | 18.12 | | | | | X | 01/01/18 | | |
| 30 | 88348 | ELECTRON MICROSCOPY | 97.05 | | | | | | 01/01/18 | | |
| 30 | 88360 | MICROSCOPIC GENETIC ANALYSIS OF TUMO | MP | | | X | | | 06/01/08 | | |
| 30 | 88361 | MICROSCOPIC GENETIC ANALYSIS OF TUMO | 118.78 | | | | | | 01/01/18 | | |
| 30 | 88363 | EXAMINATION AND SELECTION OF RETRIEV | 21.65 | | | | | | 01/01/18 | | |
| 30 | 88364 | IN SITU HYBRIDIZATION (EG, FISH), PE | 74.57 | | | | | | 01/01/18 | | |
| 30 | 88365 | TISSUE IN SITU HYBRID.;INTERP/REPORT | 53.02 | | | | | X | 01/01/18 | | |
| 30 | 88366 | IN SITU HYBRIDIZATION (EG, FISH), PE | 115.96 | | | | | | 01/01/18 | | |
| 30 | 88367 | INSITU HYBRIDIZATION, AUTO | 99.66 | | | | | | 01/01/18 | | |
| 30 | 88368 | INSITU HYBRIDIZATION, MANUAL | 112.40 | | | | | | 01/01/18 | | |
| 30 | 88369 | MORPHOMETRIC ANALYSIS, IN SITU HYBRI | 56.97 | | | | | | 01/01/18 | | |
| 30 | 88371 | PROTEIN ANALYSIS OF TISSUE BY WESTER | 17.78 | | | | | | 01/01/18 | | |
| 30 | 88372 | PROTEIN ANALYSIS OF TISSUE BY WESTER | 17.78 | | | | | X | 01/01/18 | | |
| 30 | 88373 | MORPHOMETRIC ANALYSIS, IN SITU HYBRI | 46.75 | | | | | | 01/01/18 | | |
| 30 | 88374 | MORPHOMETRIC ANALYSIS, IN SITU HYBRI | 155.99 | | | | | | 01/01/18 | | |
| 30 | 88377 | MORPHOMETRIC ANALYSIS, IN SITU HYBRI | 164.54 | | | | | | 01/01/18 | | |
| 30 | 88387 | MACROSCOPIC EXAMINATION, DISSECTION, | 29.28 | | | | | | 01/01/18 | | |
| 30 | 88388 | MACROSCOPIC EXAMINATION, DISSECTION, | 17.68 | | | | | | 01/01/18 | | |
| 30 | 88399 | SURGICAL PATHOLOGY PROCEDURE | MP | | | X | | | 06/01/08 | | |
| 30 | 88720 | BILIRUBIN, TOTAL, TRANSCUTANEOUS | 2.30 | | | | | | 01/01/18 | | |
| 30 | 88738 | HEMOGLOBIN (HGB), QUANTITATIVE, TRAN | 3.98 | | | | | | 01/01/18 | | |
| 30 | 88740 | HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN | 4.41 | | | | | | 01/01/18 | | |
| 30 | 88741 | HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN | 4.41 | | | | | | 01/01/18 | | |

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 |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 88749 | UNLISTED IN VIVO (EG, TRANSCUTANEOUS | MP | | | X | | | 01/01/11 | | |
| 30 | 89050 | BODY FLUID CELL COUNT | 5.21 | | | | | X | 01/01/18 | | |
| 30 | 89051 | BODY FLUID CELL COUNT | 6.17 | | | | | X | 01/01/18 | | |
| 30 | 89055 | LEUKOCYTE ASSESSMENT, FECAL | 5.15 | | | | | | 01/01/18 | | |
| 30 | 89060 | CRYSTAL IDENTIFICATION BY COMPENSATE | 7.99 | | | | | | 01/01/18 | | |
| 30 | 89125 | SPECIMEN FAT STAIN | 4.83 | | | | | X | 01/01/18 | | |
| 30 | 89160 | EXAM FECES FOR MEAT FIBERS | 4.11 | | | | | | 01/01/18 | | |
| 30 | 89190 | NASAL SMEAR FOR EOSINOPHILS | 5.31 | | | | | | 01/01/18 | | |
| 30 | 89220 | SPUTUM SPECIMEN COLLECTION | 11.24 | | | | | | 01/01/18 | | |
| 30 | 89230 | COLLECT SWEAT FOR TEST | 2.61 | | | | | | 01/01/18 | | |
| 30 | 89240 | PATHOLOGY LAB PROCEDURE | MP | | | | X | | 06/01/08 | | |
| 30 | 90281 | HUMAN IG, IM | CCR | | | | | | | | |
| 30 | 90283 | HUMAN IG, IV | CCR | | | | | | | | |
| 30 | 90287 | BOTULINUM ANTITOXIN | CCR | | | | | | | | |
| 30 | 90288 | BOTULISM IG, IV | CCR | | | | | | | | |
| 30 | 90291 | CMV IG, IV | CCR | | | | | | | | |
| 30 | 90296 | DIPHThERIA ANTITOXIN | CCR | | | | | | | | |
| 30 | 90371 | HEPB IG, IM | CCR | | | | | | | | |
| 30 | 90375 | RABIES IMMUNE GLOBULIN FOR INJECTION | CCR | | | | | | | | |
| 30 | 90376 | RABIES IG, HEAT TREATED | CCR | | | | | | | | |
| 30 | 90384 | RH IG, FULL-DOSE, IM | CCR | | | | | | | | |
| 30 | 90385 | RH IG, MINIDOSE, IM | CCR | | | | | | | | |
| 30 | 90386 | RH IG, IV | CCR | | | | | | | | |
| 30 | 90389 | TETANUS IG, IM | CCR | | | | | | | | |
| 30 | 90393 | VACCINA IG, IM | CCR | | | | | | | | |
| 30 | 90396 | VARICELLA-ZOSTER IG, IM | CCR | | | | | | | | |
| 30 | 90399 | IMMUNE GLOBULIN | CCR | | | | | | | | |
| 30 | 90476 | ADENOVIRUS VACCINE, TYPE 4 | CCR | | | | | | | | |
| 30 | 90477 | ADENOVIRUS VACCINE, TYPE 7 | CCR | | | | | | | | |
| 30 | 90581 | ANTHRAX VACCINE, FOR SUBCUTANEOUS OR | CCR | | | | | | | | |
| 30 | 90585 | BCG TICE VACCINE, 50 MG | CCR | | | | | | | | |
| 30 | 90586 | BCG LIVE (INTRAVESICAL) | CCR | | | | | | | | |
| 30 | 90587 | VACCINE FOR DENGUE FOR INJECTION UND | MP | | | | X | | 01/01/18 | | |
| 30 | 90620 | MENINGOCOCCAL RECOMBINANT PROTEIN | CCR | 10 | 99 | | | | | | E |
| 30 | 90621 | MENINGOCOCCAL RECOMBINANT LIPOPROTEI | CCR | 10 | 99 | | | | | | E |
| 30 | 90632 | HEPATITIS A VACCINE (HEPA), ADULT | CCR | 19 | 99 | | | | | | E |
| 30 | 90633 | HEPA VACCINE PED/ADOL-2 DOSE | CCR | 01 | 21 | | | | | | |
| 30 | 90636 | HEPATITIS A AND HEPATITIS B VAC | CCR | | | | | | | | |
| 30 | 90647 | HAEMOPHILUS INFLUENZA TYPE B (HIB) | CCR | 00 | 21 | | | | | | |
| 30 | 90648 | HAEMOPHILUS INFLUENZA TYPE B (HIB) | CCR | | | | | | | | E |
| 30 | 90649 | HUMAN PAPILLOMA VIRUS VACCINE, TYPES | CCR | 00 | 20 | | F | | | | |
| 30 | 90650 | HUMAN PAPILLOMA VIRUS (HPV) VACCINE | CCR | 09 | 26 | | | | | | |
| 30 | 90651 | HUMAN PAPILLOMAVIRUS VACCINE TYPES 6 | CCR | 09 | 26 | | | | | | |
| 30 | 90654 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS | CCR | | | | | | | | |
| 30 | 90655 | FLU VACCINE, 6-35 MO, IM | CCR | 00 | 02 | | | | | | |
| 30 | 90656 | FLU VACCINE NO PRESERV 3 & > | CCR | 03 | 20 | | | | | | |
| 30 | 90657 | FLU VACCINE, 6-35 MO, IM | CCR | 00 | 21 | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 90658 | INFLUENZA VIRUS VACCINE, TRIVALENT | CCR | 00 21 | | | | | | | |
| 30 | 90664 | INFLUENZA VIRUS VACCINE, PANDEMIC FO | MP | | | X | | | 01/01/11 | | |
| 30 | 90666 | INFLUENZA VIRUS VACCINE, PANDEMIC FO | MP | | | X | | | 01/01/11 | | |
| 30 | 90667 | INFLUENZA VIRUS VACCINE, PANDEMIC FO | MP | | | X | | | 01/01/11 | | |
| 30 | 90668 | INFLUENZA VIRUS VACCINE, PANDEMIC FO | MP | | | X | | | 01/01/11 | | |
| 30 | 90670 | PNEUMOCOCCAL CONJUGATE VACCINE, 13 V | CCR | | | | | | | | E |
| 30 | 90672 | INFLUENZA VIRUS VACCINE, QUADRIVALEN | CCR | 02 49 | | | | | | | |
| 30 | 90674 | INFLUENZA VIRUS VACCINE QUADRIVALENT | CCR | | | | | | | | |
| 30 | 90675 | RABIES VACCINE, IM | CCR | | | | | | | | |
| 30 | 90676 | RABIES VACCINE, ID | CCR | | | | | | | | |
| 30 | 90680 | ROTAVIURS VACCINE, ORAL USE | CCR | 00 18 | | | | | | | |
| 30 | 90682 | INFLUENZA VIRUS VACCINE, QUADRIVALEN | CCR | 19 99 | | | | | | | |
| 30 | 90685 | INFLUENZA VIRUS VACCINE, QUADRIVALEN | CCR | 00 02 | | | | | | | |
| 30 | 90686 | INFLUENZA VIRUS VACCINE, QUADRIVALEN | CCR | 03 99 | | | | | | | |
| 30 | 90687 | INFLUENZA VIRUS VACCINE, QUADRIVALEN | CCR | | | | | | | | |
| 30 | 90688 | INFLUENZA VIRUS VACCINE, QUADRIVALEN | CCR | 03 99 | | | | | | | |
| 30 | 90690 | TYPHOID VACCINE, ORAL | CCR | | | | | | | | |
| 30 | 90691 | TYPHOID VACCINE, IM | CCR | | | | | | | | |
| 30 | 90698 | DTAP-HIB-IPV VACCINE, IM | CCR | 00 20 | | | | | | | |
| 30 | 90700 | DTAP, DIPHTH, TETANUS TOXO,PETRUSSIS | CCR | 00 21 | | | | | | | |
| 30 | 90702 | IMMUNIZATION,DT | CCR | 00 21 | | | | | | | |
| 30 | 90707 | MEASLES,MUMPS AND RUBELLA VIRUS-MMR | CCR | 01 99 | | | | | | | E |
| 30 | 90710 | MEASLES,MUMPS,RUBELLA, AND VARICELLA | CCR | 00 18 | | | | | | | |
| 30 | 90713 | IMMUNIZATION,POLIO INJECTION | CCR | 00 21 | | | | | | | |
| 30 | 90714 | TD VACCINE, PRES FREE, 7 YRS OR OLDE | CCR | 07 99 | | | | | | | |
| 30 | 90715 | TDAP VACCINE >7 IM | CCR | 07 99 | | | | | | | E |
| 30 | 90716 | VARICELLA VIRUS VACCINE (VAR) LIVE | CCR | | | | | | | | E |
| 30 | 90717 | IMMUNIZATION,YELLOW FEVER | CCR | 00 21 | | | | | | | |
| 30 | 90723 | DTAP-HEP B-IPV VACCINE, IM | CCR | 00 20 | | | | | | | |
| 30 | 90732 | PNEUMOCOCCAL POLYSACC VACCINE,23-VAL | CCR | 02 99 | | | | | | | |
| 30 | 90734 | MENINGOCOCCAL CONJUGATE VACCINE, IMC | CCR | | | | | | | | E |
| 30 | 90736 | ZOSTER (SHINGLES) VACCINE | CCR | 21 99 | | | | | | | E |
| 30 | 90739 | HEPATITIS B VACCINE, ADULT DOSAGE (2 | CCR | | | | | | | | |
| 30 | 90740 | HEPB VACC, ILL PAT 3 DOSE IM | CCR | | | | | | | | |
| 30 | 90743 | HEP B VACC, ADOL, 2 DOSE, IM | CCR | 00 21 | | | | | | | |
| 30 | 90744 | HEPATITIS B VACCINE, PED/ADOL DOSAGE | CCR | 00 20 | | | | | | | |
| 30 | 90746 | HEPATITIS B VACCINE, ADULT DOSAGE,IM | CCR | 19 99 | | | | | | | E |
| 30 | 90748 | HEPATITIS B/HIB VACCINE | CCR | 00 21 | | | | | | | |
| 30 | 90749 | IMMUNIZATION,UNLISTED PROCEDURE | CCR | | | | | | | | |
| 30 | 90750 | ZOSTER (SHINIGLES) VACCINE (HZV), RE | CCR | 50 99 | | | | | | | |
| 30 | 90756 | INFLUENZA VIRUS VACCINE, QUADRIVALEN | CCR | | | | | | | | |
| 30 | 90935 | HEMODIALYSIS PROC W/ SINGLE MD EVAL. | CCR | | | | | | | | |
| 30 | 90937 | HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES | CCR | | | | | | | | |
| 30 | 90940 | HEMODIALYSIS ACCESS STUDY | CCR | | | | | | | | |
| 30 | 90945 | DIAL.PROC(EG,PERITONEAL.), SINGLE | CCR | | | | | | | | |
| 30 | 90947 | DIALYSIS PROCEDURE REQUIRING REPEAT | CCR | | | | | | | | |
| 30 | 90951 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 00 01 | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 90952 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 00 01 | | | | | | | |
| 30 | 90953 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 00 01 | | | | | | | |
| 30 | 90954 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 02 11 | | | | | | | |
| 30 | 90955 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 02 11 | | | | | | | |
| 30 | 90956 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 02 11 | | | | | | | |
| 30 | 90957 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 12 19 | | | | | | | |
| 30 | 90958 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 12 19 | | | | | | | |
| 30 | 90959 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 12 19 | | | | | | | |
| 30 | 90960 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 20 99 | | | | | | | |
| 30 | 90961 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 20 99 | | | | | | | |
| 30 | 90962 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 20 99 | | | | | | | |
| 30 | 90963 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 00 01 | | | | | | | |
| 30 | 90964 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 02 11 | | | | | | | |
| 30 | 90965 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 12 19 | | | | | | | |
| 30 | 90966 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 20 99 | | | | | | | |
| 30 | 90967 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 00 01 | | | | | | | |
| 30 | 90968 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 02 11 | | | | | | | |
| 30 | 90969 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 12 19 | | | | | | | |
| 30 | 90970 | END-STAGE RENAL DISEASE (ESRD) RELAT | CCR | 20 99 | | | | | | | |
| 30 | 90989 | DIALYSIS TRAIN-PATIENT-COMplete | CCR | | | | | | | | |
| 30 | 90993 | DIALYSIS TRAIN-PATIENT-NOT COMPLETE | CCR | | | | | | | | |
| 30 | 90997 | HEMOPERFUSION(EG-CHARCOAL/RESIN) | CCR | | | | | | | | |
| 30 | 90999 | UNLISTED DIALYSIS PROCEDURE | CCR | | | | | | | | |
| 30 | 91010 | MEASUREMENT OF ESOPHAGEAL SWALLOWING | CCR | | | X | | | | | |
| 30 | 91013 | MEASUREMENT OF ESOPHAGEAL SWALLOWING | CCR | | | | | | | | |
| 30 | 91020 | ESOPHAGOGASTRIC MANOMETRIC STUDIES | CCR | | | | | | | | |
| 30 | 91022 | DUODENAL MOTILITY STUDY | CCR | | | | | | | | |
| 30 | 91030 | ACID PERFUSION FOR ESOPHAGITIS | CCR | | | | | | | | |
| 30 | 91034 | GASTROESOPHAGEAL REFLUX TEST | CCR | | | | | | | | |
| 30 | 91035 | G-ESOPH REFLX TST W/ELECTROD | CCR | | | | | | | | |
| 30 | 91037 | ESOPH IMPED FUNCTION TEST | CCR | | | | | | | | |
| 30 | 91038 | ESOPH IMPED FUNCT TEST > 1H | CCR | | | | | | | | |
| 30 | 91040 | ESOPH BALLOON DISTENSION TST | CCR | | | | | | | | |
| 30 | 91065 | MEASUREMENT OF HYDROGEN IN BREATH TO | 59.72 | | | | | | 01/01/18 | | |
| 30 | 91117 | COLON MOTILITY (MANOMETRIC) STUDY, M | CCR | | | | | | | | |
| 30 | 91120 | RECTAL SENSATION TEST | CCR | | | | | | | | |
| 30 | 91122 | ANORECTAL MANOMETRY | CCR | | | | | | | | |
| 30 | 91132 | ELECTROGASTROGRAPHY | CCR | | | | | | | | |
| 30 | 91133 | ELECTROGASTROGRAPHY W/TEST | CCR | | | | | | | | |
| 30 | 91200 | LIVER ELASTOGRAPHY, MECHANICALLY IND | CCR | | | | | | | | |
| 30 | 91299 | UNLISTED DX GASTRO. PROC | CCR | | | | | | | | |
| 30 | 92002 | EYE EXAM; INTERMEDIATE; NEW PT | CCR | | | | | | | | |
| 30 | 92004 | EYE EXAM; COMPREHENSIVE; NEW PT | CCR | | | | | | | | |
| 30 | 92012 | EYE EXAM; INTERMEDIATE; ESTABL PT | CCR | | | | | | | | |
| 30 | 92014 | EYE EXAM; COMPREHENSIVE; ESTABL PT | CCR | | | | | | | | |
| 30 | 92020 | GONIOSCOPY W/DIAGNOSTIC EVALUATION | CCR | | | | | | | | |
| 30 | 92025 | COMPUTERIZED CORNEAL TOPOGRAPHY, UNI | CCR | | | | | | | | |

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FEBRUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 92060 | SENSORIMOTOR EXAM EYE | CCR | | | | | | | | |
| 30 | 92065 | ORTHOPTIC/PLEOPTIC TRAINING | CCR | 00 21 | | | | | | | |
| 30 | 92081 | TANGENT SCREEN; AUTOPLAT | CCR | | | | | | | | |
| 30 | 92082 | QUANTITATIVE PERIMETRY | CCR | | | | | | | | |
| 30 | 92083 | MEASUREMENT OF FIELD OF VISION DURIN | CCR | | | | | | | | |
| 30 | 92100 | SERIAL TONOGRAPHY W/EVALUATION | CCR | | | | | | | | |
| 30 | 92132 | SCANNING COMPUTERIZED OPHTHALMIC DIA | CCR | | | | | | | | |
| 30 | 92133 | SCANNING COMPUTERIZED OPHTHALMIC DIA | CCR | | | | | | | | |
| 30 | 92134 | SCANNING COMPUTERIZED OPHTHALMIC DIA | CCR | | | | | | | | |
| 30 | 92136 | OPHTHALMIC BIOMETRY | CCR | | | | | | | | |
| 30 | 92145 | CORNEAL HYSTERESIS DETERMINATION, BY | CCR | | | | | | | | |
| 30 | 92225 | OPHTHALMOSCOPY; INITIAL | CCR | | | | | X | | | |
| 30 | 92226 | OPHTHALMOSCOPY; SUBSEQUENT | CCR | | | | | X | | | |
| 30 | 92227 | REMOTE IMAGING FOR DETECTION OF RETI | CCR | | | | | | | | |
| 30 | 92228 | REMOTE IMAGING FOR MONITORING AND MA | CCR | | | | | | | | |
| 30 | 92230 | OPHTHALMOSCOPY W/ANGIOSCOPY | CCR | | | | | | | | |
| 30 | 92235 | OPHTHALMOSCOPY W/ANGIOGRAPHY | CCR | | | | | X | | | |
| 30 | 92240 | ICG ANGIOGRAPHY | CCR | | | | | | | | |
| 30 | 92242 | FLUORESCIN ANGIOGRAPHY AND INDOCYAN | CCR | | | | | | | | |
| 30 | 92250 | OPHTHALMOSCOPY W/FUNDUS PHOTO | CCR | | | | | | | | |
| 30 | 92260 | OPHTHALMOSCOPY W/DYNAMOMETRY | CCR | | | | | | | | |
| 30 | 92265 | OCULOELECTROMYOGRAPHY | CCR | | | | | | | | |
| 30 | 92270 | ELECTRO-OCULOGRAPHY | CCR | | | | | | | | |
| 30 | 92275 | ELECTRORETINOGRAPHY | CCR | | | | | | | | |
| 30 | 92283 | COLOR VISION EXAMINATION | CCR | | | | | | | | |
| 30 | 92284 | DARK ADAPTATION EXAMINATION | CCR | | | | | | | | |
| 30 | 92285 | EXTERNAL OCULAR PHOTOGRAPHY | CCR | | | | | | | | |
| 30 | 92286 | SPECULAR ENDOTHELIAL MICROSCOPY | CCR | | | | | | | | |
| 30 | 92287 | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY | CCR | | | | | | | | |
| 30 | 92499 | UNLISTED OPHTHALMOLOGICAL SERVICE | CCR | | | | | | | | |
| 30 | 92502 | OTOLARYNGOLOGIC EXAM UNDER ANESTHESI | CCR | | | | X | | | | |
| 20 | 92507 | SPEECH LANGUAGE HEARING THERAPY | 49.56 | 00 02 | | X | | | 03/01/13 | | |
| 30 | 92507 | TREATMENT OF SPEECH ,LANGUAGE ,AUDITOR | 28.48 | | | X | | | 01/01/17 | | |
| 30 | 92511 | NASOPHARYNGOSCOPY | CCR | | | X | | | | | |
| 20 | 92521 | SPEECH LANGUAGE HEARING EVALUATION | 66.74 | 00 02 | | | | | 01/01/14 | | |
| 30 | 92521 | EVALUATION OF SPEECH FLUENCY | 87.17 | 01 99 | | | | | 01/01/18 | | |
| 20 | 92522 | SPEECH LANGUAGE HEARING EVALUATION | 66.74 | 00 02 | | | | | 01/01/14 | | |
| 30 | 92522 | EVALUATE SPEECH PRODUCTION | 71.03 | 01 99 | | | | | 01/01/18 | | |
| 20 | 92523 | SPEECH LANGUAGE HEARING EVALUATION | 66.74 | 00 02 | | | | | 01/01/14 | | |
| 30 | 92523 | SPEECH SOUND LANG COMPREHENSION | 147.18 | 01 99 | | | | | 01/01/18 | | |
| 20 | 92524 | SPEECH LANGUAGE HEARING EVALUATION | 66.74 | 00 02 | | | | | 01/01/14 | | |
| 30 | 92524 | BEHAVRAL QUALITY ANALYS VOICE | 69.11 | 01 99 | | | | | 01/01/18 | | |
| 30 | 92531 | SPONTANEOUS NYSTAGMUS W/GAZE | CCR | | | | | | | | |
| 30 | 92532 | POSITIONAL NYSTAGMUS STUDY | CCR | | | | | | | | |
| 30 | 92533 | CALORIC VESTIBULAR TEST; EACH | CCR | | | | | X | | | |
| 30 | 92534 | OPTOKINETIC NYSTAGMUS | CCR | | | | | | | | |
| 30 | 92537 | CALORIC VESTIBULAR TEST WITH RECORDI | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 92538 | CALORIC VESTIBULAR TEST WITH RECORDI | CCR | | | | | | | | |
| 30 | 92540 | BASIC VESTIBULAR EVALUATION, INCLUDE | CCR | | | | | | | | |
| 30 | 92541 | SPONTANEOUS NYSTAGMUS W/RECORDING | CCR | | | | | | | | |
| 30 | 92542 | POSITIONAL NYSTAGMUS W/RECORDING | CCR | | | | | | | | |
| 30 | 92544 | OPTOKINETIC NYSTAGMUS W/RECORDING | CCR | | | | | | | | |
| 30 | 92545 | OSCILLATING TRACKING W/RECORDING | CCR | | | | | | | | |
| 30 | 92546 | TORSION SWING TEST W/RECORDING | CCR | | | | | | | | |
| 30 | 92547 | ADDED USE OF VERTICAL ELECTRODES | CCR | | | | | | | | |
| 30 | 92548 | POSTUROGRAPHY | CCR | | | | | | | | |
| 30 | 92550 | TYMPANOMETRY AND REFLEX THRESHOLD ME | CCR | | | | | | | | |
| 30 | 92551 | SCREENING; PURE TONE; AIR ONLY | CCR | | | | | | | | |
| 30 | 92552 | PURE TONE AUDIOMETRY; AIR ONLY | CCR | | | | | | | | |
| 30 | 92553 | PURE TONE AUDIOMETRY; AIR AND BONE | CCR | | | | | | | | |
| 30 | 92555 | SPEECH AUDIOMETRY; THRESHOLD ONLY | CCR | | | | | | | | |
| 30 | 92556 | SPEECH AUDIOMETRY, COMPLETE | CCR | | | | | | | | |
| 30 | 92557 | BASIC COMPREHENSIVE AUDIOMETRY | CCR | | | | | | | | |
| 30 | 92558 | EVOKED OTOACOUSTIC EMISSIONS, SCREEN | MP | | | X | | | 01/01/12 | | |
| 30 | 92563 | tone decay hearing test | CCR | | | | | | | | |
| 30 | 92564 | SHORT INCREMENT SENSITIVITY INDEX | CCR | | | | | | | | |
| 30 | 92565 | STENGER TEST, PURE TONE | CCR | | | | | | | | |
| 30 | 92567 | TYMPANOMETRY | CCR | | | | | | | | |
| 30 | 92568 | ACOUSTIC REFLEX TESTING | CCR | | | | | | | | |
| 30 | 92570 | ACOUSTIC IMMITTANCE TESTING, INCLUDE | CCR | | | | | | | | |
| 30 | 92571 | FILTERED SPEECH TEST | CCR | | | | | | | | |
| 30 | 92572 | STAGGERED SPONDAIC WORD TEST | CCR | | | | | | | | |
| 30 | 92575 | SENSORINEURAL ACUITY LEVEL TEST | CCR | | | | | | | | |
| 30 | 92576 | SYNTHETIC SENTENCE ID TEST | CCR | | | | | | | | |
| 30 | 92577 | STENGER TEST, SPEECH | CCR | | | | | | | | |
| 30 | 92579 | VISUAL AUDIOMETRY (VRA) | CCR | | | | | | | | |
| 30 | 92582 | CONDITIONING PLAY AUDIOMETRY | CCR | | | | | | | | |
| 30 | 92583 | SELECT PICTURE AUDIOMETRY | CCR | | | | | | | | |
| 30 | 92584 | ELECTROCOCHLEOGRAPHY | CCR | | | | | | | | |
| 30 | 92585 | BRAINSTEM EVOKED RESPONSE RECORDING | CCR | | | | | | | | |
| 30 | 92586 | AUDITOR EVOKE POTENT, LIMIT | CCR | 00 | 20 | | | | | | |
| 30 | 92587 | DISTORTION PRODUCT EVOKED OTOACOUSTI | CCR | | | | | | | | |
| 30 | 92588 | DISTORTION PRODUCT EVOKED OTOACOUSTI | CCR | | | | | | | | |
| 30 | 92590 | HEARING AID EXAM/SELECTION;MONAURAL | CCR | | | | | | | | |
| 30 | 92591 | HEARING AID EXAM/SELECTION;BINAURAL | CCR | | | | | | | | |
| 30 | 92592 | HEARING AID CHECK; MONAURAL | CCR | | | | | | | | |
| 30 | 92593 | HEARING AID CHECK; BINAURAL | CCR | | | | | | | | |
| 30 | 92594 | ELECTROACOUSTIC EVAL HEAR AID;MONAUR | CCR | | | | | | | | |
| 30 | 92595 | ELECTROACOUSTIC EVAL HEAR AID;BINAUR | CCR | | | | | | | | |
| 30 | 92610 | EVALUATE SWALLOWING FUNCTION | 32.28 | | | | | | 01/01/18 | | |
| 30 | 92611 | MOTION FLUOROSCOPY/SWALLOW | 35.06 | | | | | | 01/01/18 | | |
| 30 | 92612 | ENDOSCOPY SWALLOW TST | 134.52 | | | | | | 01/01/18 | | |
| 30 | 92618 | EVALUATION FOR PRESCRIPTION OF NON-S | MP | | | X | | | 01/01/12 | | |
| 30 | 92620 | AUDITORY FUNCTION, 60 MIN | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 92621 | EVALUATION OF CENTRAL AUDITORY FUNCT | CCR | | | | | X | | | |
| 30 | 92625 | TINNITUS ASSESSMENT | CCR | | | | | | | | |
| 30 | 92626 | EVAL AUD REHAB STATUS | CCR | 02 99 | X | | | | | | |
| 30 | 92627 | EVAL AUD STATUS REHAB ADD-ON | CCR | 02 99 | X | | | X | | | |
| 30 | 92630 | AUD REHAB PRE-LING HEAR LOSS | CCR | | X | X | | | | | |
| 30 | 92633 | AUD REHAB POSTLING HEAR LOSS | CCR | 02 99 | X | X | | | | | |
| 30 | 92640 | DIAGNOSTIC ANALYSIS WITH PROGRAMMING | CCR | | | | | | | | |
| 30 | 92700 | ENT PROCEDURE/SERVICE | CCR | | | | | | | | |
| 30 | 92920 | BALLOON DILATION OF NARROWED OR BLOC | CCR | | | | | | | | |
| 30 | 92921 | PERCUTANEOUS TRANSLUMINAL CORONARY A | CCR | | | | | | | | |
| 30 | 92924 | PERCUTANEOUS TRANSLUMINAL CORONARY A | CCR | | | | | | | | |
| 30 | 92925 | PERCUTANEOUS TRANSLUMINAL CORONARY A | CCR | | | | | | | | |
| 30 | 92928 | PERCUTANEOUS TRANSCATHETER PLACEMENT | CCR | | | | | | | | |
| 30 | 92929 | PERCUTANEOUS TRANSCATHETER PLACEMENT | CCR | | | | | | | | |
| 30 | 92933 | PERCUTANEOUS TRANSLUMINAL CORONARY A | CCR | | | | | | | | |
| 30 | 92934 | PERCUTANEOUS TRANSLUMINAL CORONARY A | CCR | | | | | | | | |
| 30 | 92937 | PERCUTANEOUS TRANSLUMINAL REVASCULAR | CCR | | | | | | | | |
| 30 | 92938 | PERCUTANEOUS TRANSLUMINAL REVASCULAR | CCR | | | | | | | | |
| 30 | 92941 | INSERTION OF STENT, REMOVAL OF PLAQU | CCR | | | | | | | | |
| 30 | 92943 | PERCUTANEOUS TRANSLUMINAL REVASCULAR | CCR | | | | | | | | |
| 30 | 92944 | PERCUTANEOUS TRANSLUMINAL REVASCULAR | CCR | | | | | | | | |
| 30 | 92950 | CARDIOPULMONARY RESUSCITATION | CCR | | | | | X | | | |
| 30 | 92960 | ELECTRICAL CARADIOVERSION | CCR | | | | | X | | | |
| 30 | 92961 | CARDIOVERSION, ELECTRIC, INT | CCR | | | | | | | | |
| 30 | 92970 | CARDIOASSIST, INTERNAL | CCR | | | | | | | | |
| 30 | 92971 | CARDIOASSIST, EXTERNAL | CCR | | | | | | | | |
| 30 | 92973 | PERCUT CORONARY THROMBECTOMY | CCR | | | | | | | | |
| 30 | 92974 | CATH PLACE, CARDIO BRACHYTX | CCR | | | | | | | | |
| 30 | 92978 | INTRAVASCULAR US, HEART | CCR | | | | | | | | |
| 30 | 92979 | INTRAVASCULAR US, HEART | CCR | | | | | X | | | |
| 30 | 92986 | PERCUTANEOUS BALLOON VALVULOPLASTY; | CCR | | | | | | | | |
| 30 | 92987 | REVISION OF MITRAL VALVE | CCR | | | | | | | | |
| 30 | 92990 | PERCUTANEOUS BALLOON VALVULOPLASTY; | CCR | | | | | | | | |
| 30 | 92992 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; | CCR | | | | | | | | |
| 30 | 92997 | PUL ART BALLOON REPAIR, PERC | CCR | | | | | | | | |
| 30 | 92998 | PUL ART BALLOON REPAIR, PERC | CCR | | | | | X | | | |
| 30 | 93000 | ROUTINE ECG W/AT LEAST 12 LEADS | CCR | | | | | X | | | |
| 30 | 93005 | ECG; TRACING ONLY | CCR | | | | | X | | | |
| 30 | 93010 | ECG; INTERPRETATION AND REPORT | CCR | | | | | X | | | |
| 30 | 93015 | CARDIOVASCULAR STRESS TEST | CCR | | | | | | | | |
| 30 | 93016 | CARDIOVASCULAR STRESS TEST USING MAX | CCR | | | | | | | | |
| 30 | 93017 | CARDIOVASCULAR STRESS TEST; TRACING | CCR | | | | | | | | |
| 30 | 93018 | CARDIOVASCULAR STRESS; INTERPRET/REP | CCR | | | | | | | | |
| 30 | 93025 | MICROVOLT T-WAVE ASSESS | CCR | | | | | | | | |
| 30 | 93040 | RHYTHM ECG; 1-3 LEADS W/INTERPRETATIO | CCR | | | | | X | | | |
| 30 | 93041 | RHYTHM ECG; TRACING ONLY | CCR | | | | | X | | | |
| 30 | 93042 | RHYTHM ECG; INTERPRET+REPORT ONLY | CCR | | | | | X | | | |

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 |
|----|-------|--|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 93050 | ARTERIAL PRESSURE WAVEFORM ANALYSIS | CCR | | | | | | | | |
| 30 | 93224 | ECG MONITORING 24 HR BY CONT ORIG | CCR | | | | | | | | |
| 30 | 93227 | PHYSICIAN REVIEW & INTERPRETATION | CCR | | | | | | | | |
| 30 | 93228 | WEARABLE MOBILE CARDIOVASCULAR TELEM | CCR | | | | | | | | |
| 30 | 93260 | PROGRAMMING DEVICE EVALUATION (IN PE | CCR | | | | | | | | |
| 30 | 93261 | INTERROGATION DEVICE EVALUATION (IN | CCR | | | | | | | | |
| 30 | 93268 | ECG,PT DEMAND;PRE-SYMP TOM MEM LOOP | CCR | | | | | | | | |
| 30 | 93272 | ECG MONITORING; SCANNING ANALYSIS | CCR | | | | | | | | |
| 30 | 93278 | SIGNAL-AVERAGED ELECTROCARDIOGRAPHY | CCR | | | | | | | | |
| 30 | 93279 | PROGRAMMING DEVICE EVALUATION WITH I | CCR | | | | | | | | |
| 30 | 93280 | PROGRAMMING DEVICE EVALUATION WITH I | CCR | | | | | | | | |
| 30 | 93281 | PROGRAMMING DEVICE EVALUATION WITH I | CCR | | | | | | | | |
| 30 | 93282 | PROGRAMMING DEVICE EVALUATION WITH I | CCR | | | | | | | | |
| 30 | 93283 | PROGRAMMING DEVICE EVALUATION WITH I | CCR | | | | | | | | |
| 30 | 93284 | PROGRAMMING DEVICE EVALUATION WITH I | CCR | | | | | | | | |
| 30 | 93285 | PROGRAMMING DEVICE EVALUATION WITH I | CCR | | | | | | | | |
| 30 | 93286 | PERI-PROCEDURAL DEVICE EVALUATION AN | CCR | | | | | | | | |
| 30 | 93287 | PERI-PROCEDURAL DEVICE EVALUATION AN | CCR | | | | | | | | |
| 30 | 93288 | INTERROGATION DEVICE EVALUATION (IN | CCR | | | | | | | | |
| 30 | 93289 | INTERROGATION DEVICE EVALUATION (IN | CCR | | | | | | | | |
| 30 | 93290 | INTERROGATION DEVICE EVALUATION (IN | CCR | | | | | | | | |
| 30 | 93291 | INTERROGATION DEVICE EVALUATION (IN | CCR | | | | | | | | |
| 30 | 93292 | INTERROGATION DEVICE EVALUATION (IN | CCR | | | | | | | | |
| 30 | 93293 | TRANSTELEPHONIC RHYTHM STRIP PACEMAK | CCR | | | | | | | | |
| 30 | 93294 | INTERROGATION DEVICE EVALUATION(S) (| CCR | | | | | | | | |
| 30 | 93295 | INTERROGATION DEVICE EVALUATION(S) (| CCR | | | | | | | | |
| 30 | 93297 | INTERROGATION DEVICE EVALUATION(S), | CCR | | | | | | | | |
| 30 | 93298 | INTERROGATION DEVICE EVALUATION(S), | CCR | | | | | | | | |
| 30 | 93303 | ECHO TRANSTHORACIC | CCR | | | | | | | | |
| 30 | 93304 | ECHO TRANSTHORACIC | CCR | | | | | | | | |
| 30 | 93306 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REA | CCR | | | | | | | | |
| 30 | 93307 | ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO | CCR | | | | | | | | |
| 30 | 93308 | ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI | CCR | | | | | | | | |
| 30 | 93312 | ECHOCARDIOGRAPHY, . . .TRANSESOPHAGEAL | CCR | | | | | | | | |
| 30 | 93313 | ECHOCARDIOGRAPHY, REAL TIME WITH IMA | CCR | | | | | | | | |
| 30 | 93314 | ECHOCARDIOGRAPHY, REAL TIME WITH IMA | CCR | | | | | | | | |
| 30 | 93315 | ECHO TRANSESOPHAGEAL | CCR | | | | | | | | |
| 30 | 93316 | ECHO TRANSESOPHAGEAL | CCR | | | | | | | | |
| 30 | 93317 | ECHO TRANSESOPHAGEAL | CCR | | | | | | | | |
| 30 | 93318 | ECHO TRANSESOPHAGEAL INTRAOP | CCR | | | | | | | | |
| 30 | 93320 | DOPPLER ECHOCARDIOGRAPHY | CCR | | | | | | | | |
| 30 | 93321 | DOPPLER ECHOCARDIOGRAPHY, PULSED WAV | CCR | | | | | | | | |
| 30 | 93325 | DOPPLER COLOR FLOW VELOCITY | CCR | | | | | | | | |
| 30 | 93350 | ECHOCARDIOGRAPHY, REAL-TIME W IMAGE | CCR | | | | | | | | |
| 30 | 93351 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REA | CCR | | | | | | | | |
| 30 | 93355 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T | CCR | | | | | | | | |
| 30 | 93451 | RIGHT HEART CATHETERIZATION INCLUDIN | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 93452 | LEFT HEART CATHETERIZATION INCLUDING | CCR | | | | | | | | |
| 30 | 93453 | COMBINED RIGHT AND LEFT HEART CATHET | CCR | | | | | | | | |
| 30 | 93454 | CATHETER PLACEMENT IN CORONARY ARTER | CCR | | | | | | | | |
| 30 | 93455 | CATHETER PLACEMENT IN CORONARY ARTER | CCR | | | | | | | | |
| 30 | 93456 | CATHETER PLACEMENT IN CORONARY ARTER | CCR | | | | | | | | |
| 30 | 93457 | CATHETER PLACEMENT IN CORONARY ARTER | CCR | | | | | | | | |
| 30 | 93458 | CATHETER PLACEMENT IN CORONARY ARTER | CCR | | | | | | | | |
| 30 | 93459 | CATHETER PLACEMENT IN CORONARY ARTER | CCR | | | | | | | | |
| 30 | 93460 | CATHETER PLACEMENT IN CORONARY ARTER | CCR | | | | | | | | |
| 30 | 93461 | CATHETER PLACEMENT IN CORONARY ARTER | CCR | | | | | | | | |
| 30 | 93462 | LEFT HEART CATHETERIZATION BY TRANS | CCR | | | | | | | | |
| 30 | 93463 | PHARMACOLOGIC AGENT ADMINISTRATION (| CCR | | | | | | | | |
| 30 | 93464 | PHYSIOLOGIC EXERCISE STUDY (EG, BICY | CCR | | | | | | | | |
| 30 | 93503 | INSERTION AND PLACEMENT OF FLOW DIR | CCR | | | | | | | | |
| 30 | 93505 | ENDOCARDIAL BIOPSY 000 | CCR | | | | | | | | |
| 30 | 93530 | RT HEART CATH, CONGENITAL | CCR | | | | | | | | |
| 30 | 93531 | R & L HEART CATH, CONGENITAL | CCR | | | | | | | | |
| 30 | 93532 | R & L HEART CATH, CONGENITAL | CCR | | | | | | | | |
| 30 | 93533 | R & L HEART CATH, CONGENITAL | CCR | | | | | | | | |
| 30 | 93561 | INDICATOR DILUTION STUDIES SUCH AS D | CCR | | | | | | | | |
| 30 | 93562 | INDICATOR DILUTION STUDIES SUCH AS D | CCR | | | | | | | | |
| 30 | 93563 | INJECTION PROCEDURE DURING CARDIAC C | CCR | | | | | | | | |
| 30 | 93564 | INJECTION PROCEDURE DURING CARDIAC C | CCR | | | | | | | | |
| 30 | 93565 | INJECTION PROCEDURE DURING CARDIAC C | CCR | | | | | | | | |
| 30 | 93566 | INJECTION PROCEDURE DURING CARDIAC C | CCR | | | | | | | | |
| 30 | 93567 | INJECTION PROCEDURE DURING CARDIAC C | CCR | | | | | | | | |
| 30 | 93568 | INJECTION PROCEDURE DURING CARDIAC C | CCR | | | | | | | | |
| 30 | 93571 | HEART FLOW RESERVE MEASURE | CCR | | | | | | | | |
| 30 | 93572 | HEART FLOW RESERVE MEASURE | CCR | | | | | | | | |
| 30 | 93580 | TRANSCATH CLOSURE OF ASD | CCR | | | | | | | | |
| 30 | 93581 | TRANSCATH CLOSURE OF VSD | CCR | | | | | | | | |
| 30 | 93582 | Closure of congenital heart defect f | CCR | | | | | | | | |
| 30 | 93583 | Therapy for reduction of lower heart | CCR | | | | | | | | |
| 30 | 93590 | PERCUTANEOUS TRANSCATHETER CLOSURE O | CCR | | | | | | | | |
| 30 | 93591 | PERCUTANEOUS TRANSCATHETER CLOSURE O | CCR | | | | | | | | |
| 30 | 93592 | PERCUTANEOUS TRANSCATHETER CLOSURE O | CCR | | | | | | | X | |
| 30 | 93600 | BUNDLE OF HIS RECORDING | CCR | | | | | | | | |
| 30 | 93602 | INTRA-ATRIAL RECORDING | CCR | | | | | | | | |
| 30 | 93603 | RIGHT VENTRICULAR RECORDING; | CCR | | | | | | | | X |
| 30 | 93609 | INTRAVENTRICULAR A/O INTRA-ATRIAL MA | CCR | | | | | | | | |
| 30 | 93610 | INTRA-ATRIAL PACING | CCR | | | | | | | | |
| 30 | 93612 | INTRAVENTRICULAR PACING | CCR | | | | | | | | |
| 30 | 93613 | ELECTROPHYS MAP, 3D, ADD-ON | CCR | | | | | | | | |
| 30 | 93615 | ESOPHAGEAL RECORDING OF ATRIAL ELECT | CCR | | | | | | | | |
| 30 | 93618 | INDUCE ARRHYTHMIA BY ELEC. PACING | CCR | | | | | | | | |
| 30 | 93619 | ELECTROPHYSIOLOGY EVALUATION | CCR | | | | | | | | |
| 30 | 93620 | COMP ELECTROPHYSIO EVAL W R ATRIAL | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 93621 | COMP ELECTROPHYSIO EVAL W LEFT ATRIA | CCR | | | | | | | | |
| 30 | 93622 | COMP ELECTROPHYSIO EVAL W L VENTRI | CCR | | | | | | | | |
| 30 | 93623 | PROGRAMMED ST IMULATION & PACING | CCR | | | | | | | | |
| 30 | 93624 | ELECTROPHYSIO LOGIC FOLLOW-UP STUDY | CCR | | | | | | | | |
| 30 | 93631 | INTRA-OPERATIVE CARDIAC PACING & MAP | CCR | | | | | | | | |
| 30 | 93640 | ELECTROPHYSIOLOGIC EVAL OF CARDIOVER | CCR | | | | | | | | |
| 30 | 93641 | ELECTROPHYSIOLOGY EVALUATION | CCR | | | | | | | | |
| 30 | 93642 | ELECTROPHYSIOLOGY EVALUATION | CCR | | | | | | | | |
| 30 | 93644 | ELECTROPHYSIOLOGIC EVALUATION OF SUB | CCR | | | | | | | | |
| 30 | 93650 | INTRACARDIAC CATHETER ABLATION OF | CCR | | | | | | | | |
| 30 | 93653 | EVALUATION AND INSERTION OF CATHETER | CCR | | | | | | | | |
| 30 | 93654 | EVALUATION AND INSERTION OF CATHETER | CCR | | | | | | | | |
| 30 | 93655 | INTRACARDIAC CATHETER ABLATION OF A | CCR | | | | | | | | |
| 30 | 93656 | EVALUATION AND INSERTION OF CATHETER | CCR | | | | | | | | |
| 30 | 93657 | ADDITIONAL LINEAR OR FOCAL INTRACARD | CCR | | | | | | | | |
| 30 | 93660 | AUTONOMIC NERVOUS SYSTEM EVALUATION | CCR | | | | | | | | |
| 30 | 93662 | INTRACARDIAC ECHO DURING TX/DX | CCR | | | | | | | | |
| 30 | 93668 | PERIPHERAL VASCULAR REHAB | CCR | | | | | | | X | |
| 30 | 93701 | BIOIMPEDANCE, THORACIC | CCR | | | | | | | | |
| 30 | 93702 | BIOIMPEDANCE SPECTROSCOPY (BIS), EXT | CCR | | | | | | | | |
| 30 | 93724 | ANALYZE PACEMAKER SYSTEM | CCR | | | | | | | | |
| 30 | 93740 | TEMPERATURE GRADIENT STUDIES | CCR | | | | | | | | |
| 30 | 93770 | DETERMINATION OF VENOUS PRESSURE | CCR | | | | | | | X | |
| 30 | 93792 | PATIENT/CAREGIVER TRAINING FOR INITI | CCR | | | | | | | | |
| 30 | 93793 | ANTICOAGULANT MANAGEMENT FOR A PATIE | CCR | | | | | | | | |
| 30 | 93799 | CARDIOVASCULAR PROCEDURE | CCR | | | | | | | | |
| 30 | 93880 | DUPLEX SCAN OF EXTRACRANIAL ARTERIES | CCR | | | | | | | | |
| 30 | 93882 | DUPLEX SCAN OF EXTRACRANIAL ARTERIES | CCR | | | | | | | | |
| 30 | 93886 | TRANSCRANIAL DOPPLER STUDY OF THE IN | CCR | | | | | | | | |
| 30 | 93888 | TRANSCRANIAL DOPPLER STUDY OF THE IN | CCR | | | | | | | | |
| 30 | 93892 | TCD, EMBOLI DETECT W/O INJ | CCR | | | | | | | | |
| 30 | 93893 | TCD, EMBOLI DETECT W/INJ | CCR | | | | | | | | |
| 30 | 93895 | QUANTITATIVE CAROTID INTIMA MEDIA TH | CCR | | | | | | | | |
| 30 | 93922 | ULTRASOUND STUDY OF ARTERIES OF BOTH | CCR | | | | | | | | |
| 30 | 93923 | EXTREMITY STUDY | CCR | | | | | | | | |
| 30 | 93924 | EXTREMITY STUDY | CCR | | | | | | | | |
| 30 | 93925 | DUPLEX SCAN OF LOWER EXTREMITY ARTER | CCR | | | | | | | | |
| 30 | 93926 | DUPLEX SCAN OF LOWER EXTREMITY ARTER | CCR | | | | | | | | |
| 30 | 93930 | DUPLEX SCAN OF UPPER EXTREMITY ARTER | CCR | | | | | | | | |
| 30 | 93931 | DUPLEX SCAN OF UPPER EXTREMITY ARTER | CCR | | | | | | | | |
| 30 | 93970 | DUPLEX SCAN OF EXTREMITY VEINS INCLU | CCR | | | | | | | | |
| 30 | 93971 | DUPLEX SCAN OF EXTREMITY VEINS INCLU | CCR | | | | | | | | |
| 30 | 93975 | DUPLEX SCAN OF ARTERIAL INFLOW AND V | CCR | | | | | | | | |
| 30 | 93976 | DUPLEX SCAN OF ARTERIAL INFLOW AND V | CCR | | | | | | | | |
| 30 | 93978 | DUPLEX SCAN OF AORTA, INFERIOR VENA | CCR | | | | | | | | |
| 30 | 93979 | DUPLEX SCAN OF AORTA, INFERIOR VENA | CCR | | | | | | | | |
| 30 | 93980 | DUPLEX SCAN OF ARTERIAL INFLOW AND V | CCR | | | | | | | | |

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 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 93981 | DUPLEX SCAN OF ARTERIAL INFLOW AND V | CCR | | | | | | | | |
| 30 | 93990 | DOPLER FLOW TESTING | CCR | | | | | | | | |
| 30 | 94002 | VENTILATION ASSIST AND MANAGEMENT, I | CCR | | | | | | | | |
| 30 | 94003 | VENTILATION ASSIST AND MANAGEMENT, I | CCR | | | | | | | | |
| 30 | 94004 | VENTILATION ASSIST AND MANAGEMENT, I | CCR | | | | | | | | |
| 30 | 94010 | SPIROMETRY WITH GRAPH, VITAL CAPACIT | CCR | | | | | | | | |
| 30 | 94011 | MEASUREMENT OF SPIROMETRIC FORCED EX | CCR | 00 02 | | | | | | | |
| 30 | 94012 | MEASUREMENT OF SPIROMETRIC FORCED EX | CCR | 00 02 | | | | | | | |
| 30 | 94013 | MEASUREMENT OF LUNG VOLUMES (IE, FUN | CCR | 00 02 | | | | | | | |
| 30 | 94014 | PATIENT RECORDED SPIROMETRY | CCR | | | | | | | | |
| 30 | 94015 | PATIENT RECORDED SPIROMETRY | CCR | | | | | | | | |
| 30 | 94016 | REVIEW PATIENT SPIROMETRY | CCR | | | | | | | | |
| 30 | 94060 | BRONCHOSPASM EVALUATION | CCR | | | | | | | | |
| 30 | 94070 | BRONCHOSPASM EVALUATION; PROLONGED | CCR | | | | | | | | |
| 30 | 94150 | VITAL CAPACITY; TOTAL | CCR | | | | | | | | |
| 30 | 94200 | MAXIMUM BREATHING CAPACITY | CCR | | | | | | | | |
| 30 | 94250 | EXPIRED GAS COLLECTION | CCR | | | | | | | | |
| 30 | 94375 | RESPIRATORY FLOW VOLUME LOOP | CCR | | | | | | | | |
| 30 | 94400 | CO2 BREATHING RESPONSE CURVE | CCR | | | | | | | | |
| 30 | 94450 | HYPOXIA RESPONSE CURVE | CCR | | | | | | | | |
| 30 | 94452 | HAST W/REPORT | CCR | | | | | | | | |
| 30 | 94453 | HAST W/OXYGEN TITRATE | CCR | | | | | | | | |
| 30 | 94617 | EXERCISE TEST FOR BRONCHOSPASM, INCL | CCR | | | | | | | | |
| 30 | 94618 | PULMONARY STRESS TESTING (EG, 6-MINU | CCR | | | | | | | | |
| 30 | 94621 | PULM STRESS TEST/COMPLEX | CCR | | | | | | | | |
| 30 | 94640 | NONPRESSURIZED INHALATION | CCR | | | | | | | X | |
| 30 | 94642 | AERO INHAL PENTAMIDINE FOR PNEUMOCYS | CCR | | | | | | | | |
| 30 | 94644 | CONTINUOUS INHALATION TREATMENT WITH | CCR | | | | | | | | |
| 30 | 94645 | CONTINUOUS INHALATION TREATMENT WITH | CCR | | | | | | | | |
| 30 | 94652 | IPPB; NEWBORN INFANTS | CCR | | | | | | | X | |
| 30 | 94660 | CONTINUOUS POSITIVE AIRWAY PRESSURE | CCR | | | | | | | | |
| 30 | 94662 | CONTINUOUS NEGATIVE PRESSURE | CCR | | | | | | | | |
| 30 | 94664 | AEROSOL/VAPOR INHALATIONS; INITIAL | CCR | | | | | | | | |
| 30 | 94667 | MANIPULATION CHEST WALL; INITIAL | CCR | | | | | | | | |
| 30 | 94668 | MANIPULATION CHEST WALL; SUBSEQUENT | CCR | | | | | | | X | |
| 30 | 94669 | Mechanical chest wall manipulation f | CCR | | | | | | | | |
| 30 | 94680 | OXYGEN UPTAKE; DIRECT; SIMPLE | CCR | | | | | | | X | |
| 30 | 94681 | OXYGEN UPTAKE W/CO2 OUTPUT | CCR | | | | | | | X | |
| 30 | 94690 | OXYGEN UPTAKE; REST; INDIRECT | CCR | | | | | | | X | |
| 30 | 94726 | PLETHYSMOGRAPHY FOR DETERMINATION OF | CCR | | | | | | | | |
| 30 | 94727 | GAS DILUTION OR WASHOUT FOR DETERMIN | CCR | | | | | | | | |
| 30 | 94728 | AIRWAY RESISTANCE BY IMPULSE OSCILLO | CCR | | | | | | | | |
| 30 | 94729 | DIFFUSING CAPACITY (EG, CARBON MONOX | CCR | | | | | | | | |
| 30 | 94750 | PULMONARY COMPLIANCE STUDY | CCR | | | | | | | | |
| 30 | 94760 | NONINVASIVE OXIMETRY-02; SINGLE DETER | CCR | | | | | | | | |
| 30 | 94761 | SEE 94760;MULTIPLE DETERMINATIONS | CCR | | | | | | | | |
| 30 | 94762 | SEE 94760;CONT.OVERNIGHT MONITORING | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 94770 | EXPIRED CARBON DIOXIDE ANALYSIS | CCR | | | | | | | | |
| 30 | 94772 | CIRCADIAN RESPIRATORY PATTERN RECORD | CCR | | | | | | | | |
| 30 | 94780 | CAR SEAT/BED TESTING FOR AIRWAY INTE | CCR | | | | | | | | |
| 30 | 94781 | CAR SEAT/BED TESTING FOR AIRWAY INTE | CCR | | | | | | | | |
| 30 | 94799 | PULMONARY SERVICE/PROCEDURE | CCR | | | | | | | | |
| 30 | 95004 | PERCUTANEOUS TESTS (SCRATCH, PUNCTUR | CCR | | | | | X | | | |
| 30 | 95012 | NITRIC OXIDE EXPIRED GAS DETERMINATI | CCR | | | | | | | | |
| 30 | 95017 | ALLERGY TESTING, ANY COMBINATION OF | CCR | | | | | X | | | |
| 30 | 95018 | ALLERGY TESTING, ANY COMBINATION OF | CCR | | | | | | | | |
| 30 | 95024 | INTRACUTANEOUS (INTRADERMAL) TESTS W | CCR | | | | | X | | | |
| 30 | 95028 | INTRACUTANEOUS (INTRADERMAL) TESTS W | CCR | | | | | X | | | |
| 30 | 95044 | PATCH OR APPLICATION TEST(S) (SPECIF | CCR | | | | | X | | | |
| 30 | 95052 | PHOTO PATCH TEST(S) (SPECIFY NUMBER | CCR | | | | | X | | | |
| 30 | 95060 | OPHTHALMIC MUCOUS MEMBRANE TESTS | CCR | | | | | X | | | |
| 30 | 95065 | NASAL MUCOUS MEMBRANE TEST | CCR | | | | | | | | |
| 30 | 95070 | INHALATION BRONCH CHALLENGE TESTING | CCR | | | | | | | | |
| 30 | 95071 | BRONCHIAL INHALATIONS W/ANTIGENS | CCR | | | | | | | | |
| 30 | 95115 | ALLER.INJ.W/OUT EXTRACT PROV ONE INJ | CCR | | | | | | | | |
| 30 | 95117 | ALLER.INJ.W/OUT EXTRACT PROV+1 INJ | CCR | | | | | | | | |
| 30 | 95120 | IMMUNOTHERAPY(RX MD)-SINGLE ANTIGEN | CCR | | | | | X | | | |
| 30 | 95125 | IMMUNOTHERAPY(RX MD)MULTIPLE ANTIGEN | CCR | | | | | X | | | |
| 30 | 95130 | IMMUNOTHERAPY(RX MD)1 INSECT VENOM | CCR | | | | | X | | | |
| 30 | 95131 | IMMUNOTHERAPY(RX MD),2 INSECT VENOM | CCR | | | | | X | | | |
| 30 | 95132 | IMMUNOTHERAPY;3 INSECT VENOMS | CCR | | | | | | | | |
| 30 | 95133 | IMMUNOTHERAPY; 4 INSCT VENOMS | CCR | | | X | | | | | |
| 30 | 95144 | PROFESSIONAL SERVICES FOR THE SUPERV | CCR | | | | | X | | | |
| 30 | 95145 | PROV.+1 INSECT VENOM,SING DOSE VIAL | CCR | | | | | X | | | |
| 30 | 95146 | PROV;2 INSECT VENOMS,SING.DOSE VIALS | CCR | | | | | X | | | |
| 30 | 95147 | PROV;3 INSECT VENOMS,SING.DOSE VIALS | CCR | | | | | X | | | |
| 30 | 95165 | PROFESSIONAL SERVICES FOR THE SUPERV | CCR | | | | | X | | | |
| 30 | 95170 | MD SUPER/PROV;WHOLE BODY EXTRACT | CCR | | | | | | | | |
| 30 | 95180 | RAPID DESENSITIZATION; EACH HOUR | CCR | | | X | | X | | | |
| 30 | 95199 | ALLERGY IMMUNOLOGY SERVICES | CCR | | | X | | | | | |
| 30 | 95249 | AMBULATORY CONTINUOUS GLUCOSE MONITO | CCR | | | | | | | | |
| 30 | 95250 | GLUCOSE MONITORING, CONT | CCR | | | | | | | | |
| 30 | 95251 | GLUC MONITOR, CONT, PHYS I&R | CCR | | | | | | | | |
| 30 | 95782 | SLEEP MONITORING OF PATIENT (YOUNGER | CCR | 00 | 05 | | | | | | |
| 30 | 95783 | POLYSOMNOGRAPHY; YOUNGER THAN 6 YEAR | CCR | 00 | 05 | | | | | | |
| 30 | 95800 | SLEEP STUDY, UNATTENDED, SIMULTANEOU | CCR | | | | | | | | |
| 30 | 95801 | SLEEP STUDY, UNATTENDED, SIMULTANEOU | CCR | | | | | | | | |
| 30 | 95806 | SLEEP STUDY, UNATTENDED | CCR | | | | | | | | |
| 30 | 95807 | SLEEP STUDY, 3 OR MORE PARANETERS OF | CCR | | | | | | | | |
| 30 | 95808 | POLYSOMNOGRAPHY, 1-3 | CCR | | | | | | | | |
| 30 | 95810 | POLYSOMNOGRAPHY, 4 OR MORE | CCR | 06 | 99 | | | | | | |
| 30 | 95811 | POLYSOMNOGRAPHY W/CPAP | CCR | 06 | 99 | | | | | | |
| 30 | 95812 | ELECTROENCEPHALOGRAM (EEG) | CCR | | | | | | | | |
| 30 | 95813 | ELECTROENCEPHALOGRAM (EEG) | CCR | | | | | | | | |

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 |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 95816 | EEG W/RECORD AWAKE/DROWSY-STND/PORT | CCR | | | | | | | | |
| 30 | 95819 | EEG-STD/PORT; SAME FACILITY | CCR | | | | | | | | |
| 30 | 95822 | EEG; SLEEP ONLY | CCR | | | | | | | | |
| 30 | 95824 | EEG; CEREBRAL DEATH RECORDING | CCR | | | | | X | | | |
| 30 | 95827 | EEG; ALL NIGHT SLEEP RECORDING | CCR | | | | | | | | |
| 30 | 95829 | ELECTROCORTICOGRAM AT SURGERY | CCR | | | | | | | | |
| 30 | 95830 | MD INSERT SPHENOIDAL ELECTRODE | CCR | | | | | | | | |
| 30 | 95831 | TEST MUSCLE ,MANUAL;EXTREMITY/TRUNK | CCR | | | | | | | | |
| 30 | 95832 | MUSCLE TESTING; MANUAL; HAND | CCR | | | | | | | | |
| 30 | 95833 | TEST MUSCLE ,MANUAL;TOT BODY/NO HANDS | CCR | | | | | | | | |
| 30 | 95834 | MUSCLE TESTING; MANUAL; TOTAL W/HAND | CCR | | | | | | | | |
| 30 | 95851 | RANGE OF MOTION;@ EXTREMITY ,NO HANDS | CCR | | | | | X | | | |
| 30 | 95852 | RANGE OF MOTION; HAND | CCR | | | | | | | | |
| 30 | 95857 | TENSLON TEST FOR MYASTHENIA GRAVIS | CCR | | | | | | | | |
| 30 | 95860 | ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN | CCR | | | | | | | | |
| 30 | 95861 | ELECTROMYOGRAPH;2 EXTREMITIES&PARASP | CCR | | | | | | | | |
| 30 | 95863 | ELECTROMYOGRAPH;3 EXTREMITIES&PARASP | CCR | | | | | | | | |
| 30 | 95864 | ELECTROMYOGRAPH;4 EXTREMITIES&PARASP | CCR | | | | | | | | |
| 30 | 95865 | MUSCLE TEST, LARYNX | CCR | | | | | | | | |
| 30 | 95866 | MUSCLE TEST, HEMIDIAPHRAGM | CCR | | | | | | | | |
| 30 | 95867 | MYOGRAPHY; CRANIAL NERVE; UNILATERAL | CCR | | | | | | | | |
| 30 | 95868 | MYOGRAPHY; CRANIAL NERVE; BILATERAL | CCR | | | | | | | | |
| 30 | 95869 | ELECTROMYOGRAPHY; SPECIFIC MUSCLES | CCR | | | | | | | | |
| 30 | 95870 | MUSCLE TEST, NON-PARASPINAL | CCR | | | | | | | | |
| 30 | 95872 | ELECTROMYOGRAPHY,SING.FIBER,ANY TECH | CCR | | | | | | | | |
| 30 | 95873 | GUIDE NERV DESTR, ELEC STIM | CCR | | | | | | | | |
| 30 | 95874 | GUIDE NERV DESTR, NEEDLE EMG | CCR | | | | | | | | |
| 30 | 95875 | ISCHEMIC LIMB EXERCISE,EMG,..... | CCR | | | | | | | | |
| 30 | 95885 | NEEDLE ELECTROMYOGRAPHY, EACH EXTREM | CCR | | | | | X | | | |
| 30 | 95886 | NEEDLE ELECTROMYOGRAPHY, EACH EXTREM | CCR | | | | | X | | | |
| 30 | 95887 | NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI | CCR | | | | | | | | |
| 30 | 95905 | NEEDLE MEASUREMENT AND RECORDING OF | CCR | | | | | X | | | |
| 30 | 95907 | NERVE CONDUCTION STUDIES; 1-2 STUDIE | CCR | | | | | | | | |
| 30 | 95908 | NERVE CONDUCTION STUDIES; 3-4 STUDIE | CCR | | | | | | | | |
| 30 | 95909 | NERVE CONDUCTION STUDIES; 5-6 STUDIE | CCR | | | | | | | | |
| 30 | 95910 | NERVE CONDUCTION STUDIES; 7-8 STUDIE | CCR | | | | | | | | |
| 30 | 95911 | NERVE CONDUCTION STUDIES; 9-10 STUDI | CCR | | | | | | | | |
| 30 | 95912 | NERVE CONDUCTION STUDIES; 11-12 STUD | CCR | | | | | | | | |
| 30 | 95913 | NERVE CONDUCTION STUDIES; 13 OR MORE | CCR | | | | | | | | |
| 30 | 95925 | SOMATOSENSORY TESTING,ONE > NERVES | CCR | | | | | | | | |
| 30 | 95926 | SOMATOSENSORY TESTING | CCR | | | | | | | | |
| 30 | 95927 | SOMATOSENSORY TESTING | CCR | | | | | | | | |
| 30 | 95928 | C MOTOR EVOKED, UPPR LIMBS | CCR | | | | | | | | |
| 30 | 95929 | C MOTOR EVOKED, LWR LIMBS | CCR | | | | | | | | |
| 30 | 95930 | VISUAL EVOKED POTENTIAL TEST | CCR | | | | | | | | |
| 30 | 95933 | BLINK REFLEX,ELETRODIAGNOSTIC TEST | CCR | | | | | | | | |
| 30 | 95937 | NEUROMUSCULAR JUNC.TEST.;@ NERVE | CCR | | | | | X | | | |

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 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 95938 | SHORT-LATENCY SOMATOSENSORY EVOKED P | CCR | | | | | | | | |
| 30 | 95939 | CENTRAL MOTOR EVOKED POTENTIAL STUDY | CCR | | | | | | | | |
| 30 | 95940 | CONTINUOUS MONITORING OF NERVOUS SYS | CCR | | | | | | | | |
| 30 | 95941 | CONTINUOUS INTRAOPERATIVE NEUROPHYSI | CCR | | | | | | | | |
| 30 | 95950 | AMBULATORY 24 HOUR EEG MONITORING | CCR | | | | | | | | |
| 30 | 95951 | MONITORING FOR LOCALIZATION OF CEREB | CCR | | | | | | | | |
| 30 | 95953 | MONITORING FOR LOCALIZATION OF CEREB | CCR | | | | | | | | |
| 30 | 95956 | MONITORING FOR LOCALIZATION OF CEREB | CCR | | | | | | | | |
| 30 | 95957 | EEG DIGITAL ANALYSIS | CCR | | | | | | | | |
| 30 | 95958 | WADA ACTIVATION TEST FOR HEMISPHERIC | CCR | | | | | | | | |
| 30 | 95961 | FUNCT CORTICAL MAPPING BY STIM ELECT | CCR | | | | | | | | |
| 30 | 95962 | FUNCT CORT MAP-EACH ADD HR PHY ATTEN | CCR | | | | | | | | |
| 30 | 95965 | MEG, SPONTANEOUS | CCR | | | | | | | | |
| 30 | 95966 | MEG, EVOKED, SINGLE | CCR | | | | | | | | |
| 30 | 95967 | MAGNETOENCEPHALOGRAPHY (MEG), RECORD | CCR | | | | | | | X | |
| 30 | 95970 | ELECTRONIC ANALYSIS OF IMPLANTED NEU | CCR | | | | | | | | |
| 30 | 95971 | ELECTRONIC ANALYSIS OF IMPLANTED NEU | CCR | | | | | | | | |
| 30 | 95972 | ELECTRONIC ANALYSIS OF IMPLANTED NEU | CCR | | | | | | | | |
| 30 | 95974 | ELECTRONIC ANALYSIS OF IMPLANTED NEU | CCR | | | | | | | | |
| 30 | 95975 | ELECTRONIC ANALYSIS OF IMPLANTED NEU | CCR | | | | | | | | |
| 30 | 95990 | REFILLING AND MAINTENANCE OF IMPLANT | CCR | 04 | 99 | | | | | | |
| 30 | 95991 | REFILLING AND MAINTENANCE OF IMPLANT | CCR | 04 | 99 | | | | | | |
| 30 | 95992 | CANALITH REPOSITIONING PROCEDURE(S) | CCR | | | | X | | | | |
| 30 | 95999 | UNLISTED NEUROLOGICAL/MUSCULAR DX PR | CCR | | | | | | | | |
| 30 | 96000 | MOTION ANALYSIS, VIDEO/3D | CCR | | | | | | | | |
| 30 | 96001 | MOTION TEST W/FT PRESS MEAS | CCR | | | | | | | | |
| 30 | 96002 | DYNAMIC SURFACE EMG | CCR | | | | | | | | |
| 30 | 96003 | DYNAMIC FINE WIRE EMG | CCR | | | | | | | | |
| 30 | 96004 | PHYS REVIEW OF MOTION TESTS | CCR | | | | | | | | |
| 30 | 96105 | ASSESSMENT OF APHASIA | CCR | | | | | | | X | |
| 30 | 96116 | NEUROBEHAVIORAL STATUS EXAMINATION, | CCR | | | | | | | X | |
| 30 | 96118 | NEUROPSYCHOLOGICAL TESTING, INTERPRE | CCR | | | | | | | X | |
| 30 | 96160 | ADMINISTRATION AND INTERPRETATION OF | CCR | | | | | | | | |
| 30 | 96161 | ADMINISTRATION AND INTERPRETATION OF | CCR | | | | | | | | |
| 30 | 96401 | CHEMO, ANTI-NEOPL, SQ/IM | CCR | | | | | | | | |
| 30 | 96402 | CHEMO HORMON ANTINEOPL SQ/IM | CCR | | | | | | | | |
| 30 | 96405 | CHEMOTHERAPY ADMINISTRATION, INTRALE | CCR | | | | | | | | |
| 30 | 96406 | CHEMOTHERAPY ADMINISTRATION, INTRALE | CCR | | | | | | | | |
| 30 | 96409 | CHEMO, IV PUSH, SNGL DRUG | CCR | | | | | | | | |
| 30 | 96411 | CHEMO, IV PUSH, ADDL DRUG | CCR | | | | | | | X | |
| 30 | 96413 | CHEMO, IV INFUSION, 1 HR | CCR | | | | | | | | |
| 30 | 96415 | CHEMO, IV INFUSION, ADDL HR | CCR | | | | | | | X | |
| 30 | 96416 | CHEMO PROLONG INFUSE W/PUMP | CCR | | | | | | | | |
| 30 | 96417 | CHEMO IV INFUS EACH ADDL SEQ | CCR | | | | | | | | |
| 30 | 96420 | CHEMOTHERAPY ADMINISTRATION, INTRA-A | CCR | | | | | | | | |
| 30 | 96422 | CHEMOTHERAPY ADMINISTRATION, INTRA-A | CCR | | | | | | | | |
| 30 | 96423 | CHEMOTHERAPY ADMINISTRATION, INTRA-A | CCR | | | | | | | | |

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 |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| TS | CODE | DESCRIPTION | | | | | | | | | |
| 30 | 96425 | CHEMOTHERAPY ADMINISTRATION, INTRA-A | CCR | | | | | | | | |
| 30 | 96440 | CHEMOTHERAPY ADMINISTRATION INTO PLE | CCR | | | | | | | | |
| 30 | 96446 | CHEMOTHERAPY ADMINISTRATION INTO THE | CCR | | | | | | | | |
| 30 | 96450 | CHEMOTHERAPY ADMINISTRATION, INTO CN | CCR | | | | | | | | |
| 30 | 96521 | REFILL/MAINT, PORTABLE PUMP | CCR | | | | | | | | |
| 30 | 96522 | REFILL/MAINT PUMP/RESVR SYST | CCR | | | | | | | | |
| 30 | 96542 | CHEMOTHERAPY INJECTION, SUBARACHNOID | CCR | | | | | | | | |
| 30 | 96567 | PHOTODYNAMIC TX, SKIN | CCR | | | | | | | | |
| 30 | 96570 | PHOTODYNAMIC TX, 30 MIN | CCR | | | | | | | | |
| 30 | 96571 | PHOTODYNAMIC TX, ADDL 15 MIN | CCR | | | | | X | | | |
| 30 | 96573 | PHOTODYNAMIC THERAPY BY EXTERNAL APP | CCR | | | | | | | | |
| 30 | 96574 | DEBRIBEMENT OF PREMALIGNANT HYPERKER | CCR | | | | | | | | |
| 30 | 96900 | ACTINOTHERAPY | CCR | | | | | | | | |
| 30 | 96904 | WHOLE BODY INTEGUMENTARY PHOTOGRAPHY | CCR | | | | | | | | |
| 30 | 96910 | PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL | CCR | | | | | | | | |
| 30 | 96912 | PHOTOCHEMOTHERAPY/PUVA | CCR | | | | | | | | |
| 30 | 96913 | PHOTOCHEMOTHERAPY | CCR | | | | | | | | |
| 30 | 96920 | LASER TX, SKIN < 250 SQ CM | CCR | | | | | | | | |
| 30 | 96921 | LASER TX, SKIN 250-500 SQ CM | CCR | | | | | | | | |
| 30 | 96922 | LASER TX, SKIN > 500 SQ CM | CCR | | | | | | | | |
| 30 | 96932 | IMAGING OF SKIN; IMAGE ACQUISITION O | MP | | | X | | | 01/01/16 | | |
| 30 | 96935 | IMAGING OF SKIN; IMAGE ACQUISITION O | MP | | | X | | | 01/01/16 | | |
| 30 | 96999 | DERMATOLOGICAL PROCEDURE | CCR | | | | | | | | |
| 20 | 97110 | PT-ONE AREA THERAPEUTIC 15 MINUTES | 16.21 | 00 02 | | | | X | 02/01/13 | | |
| 30 | 97110 | THERAPEUTIC PROCEDURE,LOR MORE,15MIN | 9.52 | | X | | | X | 01/01/18 | | |
| 30 | 97161 | PHYSICAL THERAPY EVALUATION: LOW COM | 64.69 | | | | | | 01/01/18 | | |
| 30 | 97162 | PHYSICAL THERAPY EVALUATION: MODERAT | 64.69 | | | | | | 01/01/18 | | |
| 30 | 97163 | PHYSICAL THERAPY EVALUATION: HIGH CO | 64.69 | | | | | | 01/01/18 | | |
| 30 | 97164 | RE-EVALUATION OF PHYSICAL THERAPY ES | 43.76 | | | | | | 01/01/18 | | |
| 30 | 97165 | OCCUPATIONAL THERAPY EVALUATION: LOW | 62.84 | | | | | | 01/01/18 | | |
| 30 | 97166 | OCCUPATIONAL THERAPY EVALUATION: MOD | 62.84 | | | | | | 01/01/18 | | |
| 30 | 97167 | OCCUPATIONAL THERAPY EVALUATION: HIG | 62.84 | | | | | | 01/01/18 | | |
| 30 | 97168 | RE-EVALUATION OF OCCUPATIONAL THERAP | 41.32 | | | | | | 01/01/18 | | |
| 20 | 97530 | THERAPEUTIC ACTIVITIES 15 MINUTES | 13.35 | 00 02 | | | | X | 02/01/13 | | |
| 30 | 97530 | THERAPEUTIC ACTIVITIES, DIRECT 15MIN | 7.61 | | X | | | X | 01/01/18 | | |
| 30 | 97610 | LOW FREQUENCY, NON-CONTACT, NON-THER | CCR | | | | | | | | |
| 30 | 97760 | PROSTHETIC TRAINING | 21.65 | | | | | X | 01/01/18 | | |
| 30 | 97761 | PROSTHETIC TRAINING | 19.37 | | | | | X | 01/01/18 | | |
| 30 | 97763 | ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT | 34.15 | | X | | | X | 01/01/18 | | |
| 30 | 97799 | UNLISTED PHYSICAL MED SER/PROC | CCR | | | | | | | | |
| 30 | 98940 | CHIROP MANIP TX-ONE TO TWO REGIONS | CCR | 00 20 | | X | | | | | |
| 30 | 98941 | CHIRO MANIP TX-THREE TO FOUR REGIONS | CCR | 00 20 | | X | | | | | |
| 30 | 99082 | NEO-NATAL ESCORT-PER HOUR | CCR | 00 01 | | | | X | | | |
| 30 | 99151 | MODERATE SEDATION SERVICES PROVIDED | CCR | 00 04 | | X | | | | | |
| 30 | 99152 | MODERATE SEDATION SERVICES PROVIDED | CCR | 05 20 | | X | | | | | |
| 30 | 99153 | MODERATE SEDATION SERVICES PROVIDED | CCR | 00 20 | | X | | X | | | |
| 30 | 99155 | MODERATE SEDATION SERVICES PROVIDED | CCR | 00 04 | | X | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 99156 | MODERATE SEDATION SERVICES PROVIDED | CCR | 05 20 | | X | | | | | |
| 30 | 99157 | MODERATE SEDATION SERVICES PROVIDED | CCR | 00 20 | | X | | X | | | |
| 30 | 99170 | EXAMINATION OF GENITAL AND ANAL REGI | CCR | | | | | X | | | |
| 30 | 99172 | VISUAL FUNCTION SCREENING | CCR | | | | | | | | |
| 30 | 99173 | SCREENING TEST VISUAL ACUITY BILAT | CCR | | | | | | | | |
| 30 | 99175 | EMESIS INDUCTION WITH MEDICATION | CCR | | | | | | | | |
| 30 | 99183 | PHYSICIAN ATTENDANCE AND SUPERVISION | CCR | | | X | | X | | | |
| 30 | 99184 | INITIATION OF SELECTIVE HEAD OR TOTA | CCR | | | | | | | | |
| 30 | 99190 | SPECIAL PUMP SERVICES; EACH HOUR | CCR | | | X | | X | | | |
| 30 | 99191 | SPECIAL PUMP SERVICES; 3/4 HOUR | CCR | | | X | | | | | |
| 30 | 99192 | SPECIAL PUMP SERVICES; 1/2 HOUR | CCR | | | X | | | | | |
| 30 | 99195 | PHLEBOTOMY, THERAPEUTIC (SEPAR) | CCR | | | | | | | | |
| 30 | 99201 | NEW PATIENT OFFICE OR OTHER OUTPATIE | 28.55 | | | | | | 01/01/18 | | |
| 30 | 99202 | NEW PATIENT OFFICE OR OTHER OUTPATIE | 28.55 | | | | | | 01/01/18 | | |
| 30 | 99203 | NEW PATIENT OFFICE OR OTHER OUTPATIE | 32.86 | | | | | | 01/01/18 | | |
| 30 | 99204 | NEW PATIENT OFFICE OR OTHER OUTPATIE | 49.31 | | | | | | 01/01/18 | | |
| 30 | 99205 | NEW PATIENT OFFICE OR OTHER OUTPATIE | 49.31 | | | | | | 01/01/18 | | |
| 30 | 99211 | OFFICE/OUTPATIENT, EST MINIMAL PROBS | 28.55 | | | | | X | 01/01/18 | | |
| 30 | 99212 | ESTABLISHED PATIENT OFFICE OR OTHER | 28.55 | | | | | X | 01/01/18 | | |
| 30 | 99213 | ESTABLISHED PATIENT OFFICE OR OTHER | 32.86 | | | | | | 01/01/18 | | |
| 30 | 99214 | ESTABLISHED PATIENT OFFICE OR OTHER | 49.31 | | | | | | 01/01/18 | | |
| 30 | 99215 | ESTABLISHED PATIENT OFFICE OR OTHER | 49.31 | | | | | | 01/01/18 | | |
| 30 | 99218 | HOSPITAL OBSERVATION CARE TYPICALLY | CCR | | | | | | | | |
| 30 | 99219 | HOSPITAL OBSERVATION CARE TYPICALLY | CCR | | | | | | | | |
| 30 | 99220 | HOSPITAL OBSERVATION CARE TYPICALLY | CCR | | | | | | | | |
| 30 | 99221 | INITIAL HOSPITAL INPATIENT CARE, TYP | CCR | | | | | | | | |
| 30 | 99222 | INITIAL HOSPITAL INPATIENT CARE, TYP | CCR | | | | | | | | |
| 30 | 99223 | INITIAL HOSPITAL INPATIENT CARE, TYP | CCR | | | | | | | | |
| 30 | 99224 | SUBSEQUENT OBSERVATION CARE, TYPICAL | CCR | | | | | | | | |
| 30 | 99225 | SUBSEQUENT OBSERVATION CARE, TYPICAL | CCR | | | | | | | | |
| 30 | 99226 | SUBSEQUENT OBSERVATION CARE, TYPICAL | CCR | | | | | | | | |
| 30 | 99231 | SUBSEQUENT HOSPITAL INPATIENT CARE, | CCR | | | | | | | | |
| 30 | 99232 | SUBSEQUENT HOSPITAL INPATIENT CARE, | CCR | | | | | | | | |
| 30 | 99233 | SUBSEQUENT HOSPITAL INPATIENT CARE, | CCR | | | | | | | | |
| 30 | 99238 | HOSPITAL DISCHARGE DAY MANAGEMENT | CCR | | | | | | | | |
| 30 | 99239 | HOSPITAL DISCHARGE DAY | CCR | | | | | | | | |
| 30 | 99281 | EMERGENCY DEPARTMENT VISIT, SELF LIM | CCR | | | | | | | | |
| 30 | 99282 | EMERGENCY DEPARTMENT VISIT, LOW TO M | CCR | | | | | | | | |
| 30 | 99283 | EMERGENCY DEPARTMENT VISIT, MODERATE | CCR | | | | | | | | |
| 30 | 99284 | EMERGENCY DEPARTMENT VISIT, PROBLEM | CCR | | | | | | | | |
| 30 | 99285 | EMERGENCY DEPARTMENT VISIT, PROBLEM | CCR | | | | | | | | |
| 30 | 99291 | CRITICAL CARE, FIRST HOUR | CCR | | | | X | | | | |
| 30 | 99292 | CRITICAL CARE, EVALUATION AND MANAGE | CCR | | | | X | X | | | |
| 30 | 99304 | INITIAL NURSING FACILITY VISIT, TYPI | CCR | | | | | | | | |
| 30 | 99305 | INITIAL NURSING FACILITY VISIT, TYPI | CCR | | | | | | | | |
| 30 | 99306 | INITIAL NURSING FACILITY VISIT, TYPI | CCR | | | | | | | | |
| 30 | 99307 | SUBSEQUENT NURSING FACILITY VISIT, T | CCR | | | | | | | | |

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 | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 99308 | SUBSEQUENT NURSING FACILITY VISIT, T | CCR | | | | | | | | |
| 30 | 99309 | SUBSEQUENT NURSING FACILITY VISIT, T | CCR | | | | | | | | |
| 30 | 99310 | SUBSEQUENT NURSING FACILITY VISIT, T | CCR | | | | | | | | |
| 30 | 99315 | NURSING FAC DISCHARGE DAY | CCR | | | | | | | | |
| 30 | 99316 | NURSING FAC DISCHARGE DAY | CCR | | | | | | | | |
| 30 | 99324 | NEW PATIENT ASSISTED LIVING VISIT, T | CCR | | | | | | | | |
| 30 | 99325 | NEW PATIENT ASSISTED LIVING VISIT, T | CCR | | | | | | | | |
| 30 | 99326 | NEW PATIENT ASSISTED LIVING VISIT, T | CCR | | | | | | | | |
| 30 | 99327 | NEW PATIENT ASSISTED LIVING VISIT, T | CCR | | | | | | | | |
| 30 | 99328 | NEW PATIENT ASSISTED LIVING VISIT, T | CCR | | | | | | | | |
| 30 | 99334 | ESTABLISHED PATIENT ASSISTED LIVING | CCR | | | | | | | | |
| 30 | 99335 | ESTABLISHED PATIENT ASSISTED LIVING | CCR | | | | | | | | |
| 30 | 99336 | ESTABLISHED PATIENT ASSISTED LIVING | CCR | | | | | | | | |
| 30 | 99337 | ESTABLISHED PATIENT ASSISTED LIVING | CCR | | | | | | | | |
| 30 | 99341 | NEW PATIENT HOME VISIT, TYPICALLY 20 | CCR | | | | | | | | |
| 30 | 99342 | NEW PATIENT HOME VISIT, TYPICALLY 30 | CCR | | | | | | | | |
| 30 | 99343 | NEW PATIENT HOME VISIT, TYPICALLY 45 | CCR | | | | | | | | |
| 30 | 99344 | NEW PATIENT HOME VISIT, TYPICALLY 60 | CCR | | | | | | | | |
| 30 | 99345 | NEW PATIENT HOME VISIT, TYPICALLY 75 | CCR | | | | | | | | |
| 30 | 99347 | ESTABLISHED PATIENT HOME VISIT, TYPI | CCR | | | | | | | | |
| 30 | 99348 | ESTABLISHED PATIENT HOME VISIT, TYPI | CCR | | | | | | | | |
| 30 | 99349 | ESTABLISHED PATIENT HOME VISIT, TYPI | CCR | | | | | | | | |
| 30 | 99350 | ESTABLISHED PATIENT HOME VISIT, TYPI | CCR | | | | | | | | |
| 30 | 99360 | PHYSICIAN STANDBY SERVICE, REQUIRING | CCR | | | | | X | | | |
| 30 | 99381 | INIT E&M HEALTHY INDV,NEW PT,TO 1 YR | CCR | 00 | 01 | | | | | | |
| 30 | 99382 | INIT E&M HEALTHY INDV,ERLY CHD 1-4YR | CCR | 01 | 04 | | | | | | |
| 30 | 99383 | INIT E&M HEALTHY INDV,LTE CHLD 5-11 | CCR | 05 | 11 | | | | | | |
| 30 | 99384 | INIT E&M HEALTHY INDV,ADOLS,12-17YRS | CCR | 12 | 17 | | | | | | |
| 30 | 99385 | INIT COMP PREV MED 18-39 YRS | CCR | 18 | 39 | | | | | | |
| 30 | 99386 | INIT COMP PREV MED 40-64 YRS | CCR | 40 | 64 | | | | | | |
| 30 | 99387 | INIT COMP PREV MED 65+ | CCR | 65 | 99 | | | | | | |
| 30 | 99391 | ESTABLISHED PATIENT PERIODIC PREVENT | CCR | 00 | 00 | | | | | | |
| 30 | 99392 | ESTABLISHED PATIENT PERIODIC PREVENT | CCR | 01 | 04 | | | | | | |
| 30 | 99393 | ESTABLISHED PATIENT PERIODIC PREVENT | CCR | 05 | 11 | | | | | | |
| 30 | 99394 | ESTABLISHED PATIENT PERIODIC PREVENT | CCR | 12 | 17 | | | | | | |
| 30 | 99395 | ESTABLISHED PATIENT PERIODIC PREVENT | CCR | 18 | 39 | | | | | | |
| 30 | 99396 | ESTABLISHED PATIENT PERIODIC PREVENT | CCR | 40 | 64 | | | | | | |
| 30 | 99397 | ESTABLISHED PATIENT PERIODIC PREVENT | CCR | 65 | 99 | | | | | | |
| 30 | 99401 | PREVENTIVE MEDICINE COUNSELING AND/ | 22.13 | 12 | 99 | | | | 01/01/18 | | E |
| 30 | 99402 | PREVENTIVE MEDICINE COUNSELING AND/ | 37.74 | 12 | 99 | | | | 01/01/18 | | E |
| 30 | 99403 | PREVENTIVE MEDICINE COUNSELING AND/ | 45.83 | 12 | 99 | | | | 01/01/18 | | E |
| 30 | 99404 | PREVENTIVE MEDICINE COUNSELING AND/ | 55.66 | 12 | 99 | | | | 01/01/18 | | E |
| 30 | 99429 | UNLISTED PREVENTIVE MEDICINE SERVICE | CCR | | | | | | | | |
| 30 | 99460 | INITIAL HOSPITAL OR BIRTHING CENTER | CCR | 00 | 00 | | | | | | |
| 30 | 99461 | INITIAL CARE, PER DAY, FOR EVALUATIO | CCR | 00 | 00 | | | | | | |
| 30 | 99462 | SUBSEQUENT HOSPITAL CARE, PER DAY, F | CCR | 00 | 00 | | | | | | |
| 30 | 99463 | INITIAL HOSPITAL OR BIRTHING CENTER | CCR | 00 | 00 | | | | | | |

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FEBRUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | PA | MED REV | SEX | UVS >001 | EFFECT DATE | X- OVERS | SPEC IND |
| 30 | 99464 | ATTENDANCE AT DELIVERY (WHEN REQUEST | CCR | 00 00 | | | | | | | |
| 30 | 99465 | DELIVERY/BIRTHING ROOM RESUSCITATION | CCR | 00 00 | | | | | | | |
| 30 | 99466 | CRITICAL CARE SERVICES DELIVERED BY | CCR | 00 01 | | | | | | | |
| 30 | 99467 | CRITICAL CARE SERVICES DELIVERED BY | CCR | 00 01 | | | | X | | | |
| 30 | 99468 | INITIAL INPATIENT NEONATAL CRITICAL | CCR | 00 00 | | | | | | | |
| 30 | 99469 | SUBSEQUENT INPATIENT NEONATAL CRITIC | CCR | 00 00 | | | | | | | |
| 30 | 99471 | INITIAL INPATIENT PEDIATRIC CRITICAL | CCR | 00 01 | | | | | | | |
| 30 | 99472 | SUBSEQUENT INPATIENT PEDIATRIC CRITI | CCR | 00 01 | | | | | | | |
| 30 | 99475 | INITIAL INPATIENT PEDIATRIC CRITICAL | CCR | 02 05 | | | | | | | |
| 30 | 99476 | SUBSEQUENT INPATIENT PEDIATRIC CRITI | CCR | 02 05 | | | | | | | |
| 30 | 99477 | INITIAL HOSPITAL CARE, PER DAY, FOR | CCR | 00 01 | | | | | | | |
| 30 | 99478 | SUBSEQUENT INTENSIVE CARE, PER DAY, | CCR | 00 00 | | | | | | | |
| 30 | 99479 | SUBSEQUENT INTENSIVE CARE, PER DAY, | CCR | 00 00 | | | | | | | |
| 30 | 99480 | SUBSEQUENT INTENSIVE CARE, PER DAY, | CCR | 00 00 | | | | | | | |
| 30 | 99489 | COMPLEX CHRONIC CARE COORDINATION SE | CCR | | | | | | | | |
| 30 | 99495 | TRANSITIONAL CARE MANAGEMENT SERVICE | CCR | | | | | | | | |
| 30 | 99496 | TRANSITIONAL CARE MANAGEMENT SERVICE | CCR | | | | | | | | |
| 30 | 99499 | UNLISTED EVALUATION AND MANAGEMENT S | CCR | | | | | | | | |

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