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
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# OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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## OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019

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OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
### Outpatient Hospital Services Fee Schedule

**Fees Effective for DOS January 01, 2019 Thru June 30, 2019**

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**Note:** All CPT codes and descriptions are copyrighted by the American Medical Association.
## OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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**Note:** All CPT codes and descriptions are copyrighted by the American Medical Association.
### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

**Fees Effective for DOS January 01, 2019 Thru June 30, 2019**

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> NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
# OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019**

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## OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE
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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019**

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
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Note: All CPT codes and descriptions are copyrighted by the American Medical Association.
# Outpatient Hospital Services Fee Schedule

**Fees Effective for DOS January 01, 2019 Thru June 30, 2019**

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

Fees effective for DOS January 01, 2019 thru June 30, 2019

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## OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019

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## OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019**

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019**

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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
# Outpatient Hospital Services Fee Schedule

**Fees Effective for DOS January 01, 2019 Thru June 30, 2019**

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**Note:** All CPT codes and descriptions are copyrighted by the American Medical Association.
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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019

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**OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE**

**FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019**

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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

**Fees Effective for DOS January 01, 2019 Thru June 30, 2019**

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| 30 | 80439 | THYROTROPIN RELEASING HORMONE (TRH) | 74.68 | 01/01/19 |
| 30 | 80500 | CLINICAL PATHOLOGY CONSULTATION; LIM | 18.84 | 01/01/19 |
| 30 | 80502 | CLINICAL PATHOLOGY CONSULTATION; COM | 45.10 | 01/01/19 |
| 30 | 81000 | URINALYSIS, BY DIP STICK OR TABLET | 3.94 | 01/01/19 |
| 30 | 81001 | URINALYSIS, BY DIP STICK OR TABLET | 3.52 | 01/01/19 |
| 30 | 81003 | URINALYSIS, BY DIP STICK OR TABLET | 2.49 | 01/01/19 |
| 30 | 81005 | URINALYSIS, QUALITATIVE RO SEMIQUANT | 2.41 | 01/01/19 |
| 30 | 81007 | URINALYSIS; BACTERIURIA SCREEN, EXCE | 3.20 | 01/01/19 |
| 30 | 81015 | URINALYSIS; MICROSCOPY ONLY | 3.39 | 01/01/19 |
| 30 | 81020 | URINALYSIS; 2 OR 3 GLASS TEST | 4.59 | 01/01/19 |
| 30 | 81025 | URINE PREGNANCY TEST, BY VISUAL COLO | 7.90 | 01/01/19 |
| 30 | 81050 | VOLUME MEASUREMENT FOR TIMED COLLECT | 3.64 | 01/01/19 |
| 30 | 81099 | URINALYSIS TEST PROCEDURE | MP | 06/01/08 |
| 30 | 81162 | BRCA1, BRCA2 (BREAST CANCER 1 AND 2) | 207.64 | 01/01/19 |
| 30 | 81163 | BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) | 351.00 | 01/01/19 |
| 30 | 81164 | BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) | 438.17 | 01/01/19 |
| 30 | 81165 | BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) | 212.16 | 01/01/19 |
| 30 | 81166 | BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) | 226.01 | 01/01/19 |
| 30 | 81167 | BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) | 212.16 | 01/01/19 |
| 30 | 81170 | ABL1 (ABL PROTO-ONCOGENE 1, NON-RECE | 225.00 | 01/01/19 |
| 30 | 81165 | BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) | 225.00 | 01/01/19 |
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| 30 | 81163 | BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) | 225.00 | 01/01/19 |

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| 30 | 82610 | CYSTATIN C | 6.26 | 01/01/19 |
| 30 | 82615 | CYSTEINE AND HOMOCYSTEINE, URINE, QUAL | 9.55 | 01/01/19 |
| 30 | 82626 | DEHYDROEPIANDROSTERONE (DHEA) | 29.08 | 01/01/19 |
| 30 | 82627 | DEHYDROEPIANDROSTERONE-SULFATE (DHEAS) | 24.71 | 01/01/19 |
| 30 | 82633 | DEOXYCORTICOSTERONE, 11 - | 34.43 | 01/01/19 |
| 30 | 82634 | DEOXYCORTISOL, 11 - | 32.53 | 01/01/19 |
| 30 | 82656 | ELASTASE, PANCREATIC (EL-1), FECAL | 12.81 | 01/01/19 |
| 30 | 82652 | VITAMIN D; 1, 25 DIHYDROXY, INCLUDES | 19.88 | 01/01/19 |
| 30 | 82642 | DIHYDROTESTOSTERONE (DHT) | 24.40 | 01/01/19 |
| 30 | 82638 | DIBUCaine NUMBER | 13.61 | 01/01/19 |
| 30 | 82646 | DIHYDROTESTOSTERONE (DHT) | 24.40 | 01/01/19 |
| 30 | 82655 | VITAMIN D; 1, 25 DIHYDROXY, INCLUDES | 19.88 | 01/01/19 |
| 30 | 82656 | ELASTASE, PANCREATIC (EL-1), FECAL | 12.81 | 01/01/19 |
| 30 | 82657 | ENZYME ACTIVITY IN BLOOD CELLS, CULT | 22.17 | 01/01/19 |
| 30 | 82658 | ENZYME ACTIVITY IN BLOOD CELLS, CULT | 24.34 | 01/01/19 |
| 30 | 82664 | ELECTOPHORETIC TECHNIQUE, NOT ELSEWHERE | 13.14 | 01/01/19 |
| 30 | 82668 | ERYTHROPOIETIN | 20.88 | 01/01/19 |
| 30 | 82670 | ESTRADIOL | 31.04 | 01/01/19 |
| 30 | 82671 | ESTROGENS; FRACTIONATED | 35.89 | 01/01/19 |
| 30 | 82672 | ESTROGENS; TOTAL | 24.11 | 01/01/19 |
| 30 | 82677 | ESTRIOL | 26.87 | 01/01/19 |
| 30 | 82679 | ESTRONE | 27.73 | 01/01/19 |
| 30 | 82693 | ETHYLENE GLYCOL | 16.96 | 01/01/19 |
| 30 | 82696 | ETIOCHOLANOLONE | 17.37 | 01/01/19 |
| 30 | 82705 | FAT OR LIPIDS, FECES; QUALITATIVE | 5.66 | 01/01/19 |
| 30 | 82710 | FAT OR LIPIDS, FECES; QUANTITATIVE | 18.67 | 01/01/19 |
| 30 | 82715 | FAT DIFFERENTIAL, FECES, QUANTITATIVE | 21.44 | 01/01/19 |
| 30 | 82725 | FATTY ACIDS, NONESTERIFIED | 16.62 | 01/01/19 |
| 30 | 82726 | VERY LONG CHAIN FATTY ACIDS | 20.06 | 01/01/19 |
| 30 | 82728 | FERRITIN | 15.15 | 01/01/19 |
| 30 | 82731 | FETAL FIBRONECTIN, CERVICOVAGINAL SE | 22.10 | 01/01/19 |
| 30 | 82726 | VERY LONG CHAIN FATTY ACIDS | 20.06 | 01/01/19 |
| 30 | 82715 | FAT DIFFERENTIAL, FECES, QUANTITATIVE | 21.44 | 01/01/19 |
| 30 | 82725 | FATTY ACIDS, NONESTERIFIED | 16.62 | 01/01/19 |
| 30 | 82768 | ERYTHROPOIETIN | 20.88 | 01/01/19 |
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| 30 | 82671 | ESTROGENS; FRACTIONATED | 35.89 | 01/01/19 |
| 30 | 82672 | ESTROGENS; TOTAL | 24.11 | 01/01/19 |
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| 30 | 82731 | FETAL FIBRONECTIN, CERVICOVAGINAL SE | 22.10 | 01/01/19 |

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## OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019**

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## OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
### Outpatient Hospital Services Fee Schedule

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**Note:** All CPT codes and descriptions are copyrighted by the American Medical Association.
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OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE
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# OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

Fees effective for DOS January 01, 2019 thru June 30, 2019

| 30 | 95812 | ELECTROENCEPHALOGRAM (EEG) | CCR |
| 30 | 95813 | ELECTROENCEPHALOGRAM (EEG) | CCR |
| 30 | 95816 | EEG W/RECORD AWARE/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 | TENSILON TEST FOR MYASTHENIA GRAVIS | CCR |
| 30 | 95860 | ELECTROMYOGRAPH;1 EXTREMITY&PARASP | CCR |
| 30 | 95861 | ELECTROMYOGRAPH;2 EXTREMITIES&PARASP | CCR |
| 30 | 95862 | 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-EXTREM | 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 |

*NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.*
### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019**

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU JUNE 30, 2019**

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### OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE

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