

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2024  
LEGEND

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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 Gainwell Technologies Provider Relations at 1-800-473-2783.  
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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.

- 39 - State Hospitals 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) 39 was created 7/1/08 specifically for State Hospitals Outpatient Services. 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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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	A9515	CHOLINE C11,DIAGNOSTIC,UP TO 20 MILL	CCR								
	39	A9517	IODINE 1-131 SODIUM IODIDE CAPSULE(S	CCR					X			
	39	A9526	NITROGEN N13 AMONIA,DIAGNOSTIC ...40	CCR								
	39	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOS	CCR			X					
	39	A9580	SODIUM FLUORIDE F 18,DIAGNOSTIC...30	CCR								
	39	A9586	FLORBETAPIR F18,DIAGNOSTIC,UP TO 10M	CCR								
	39	A9587	GALLIUM GA-68,DOTATATE,DIAG...1 MILL	CCR								
	39	A9588	FLUCICLOVINE F-18,DIAGNOSTIC,1 MILLI	CCR								
	39	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	15.18					X	01/01/20		
	39	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	8.55					X	01/01/20		
	39	G0378	HOSPITAL OBSERVATION PER HR	CCR					X			
	39	G0379	DIRECT REFER HOSPITAL OBSERV	CCR								
	39	G0433	INFECTIOUS AGENT ANTIBODY DETECTION	20.30						01/01/20		
	39	G0480	DRUG TEST (S) DEFINITIVE	127.02						01/01/20		
	39	G0481	DRUG TEST (S) DEFINITIVE	173.81						01/01/20		
	39	G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF	CCR					X			
	39	G6002	STEROSCOPIC X-RAY GUIDANCE FOR LOCA	CCR					X			
	39	HR250	PHARMACY,GENERAL CLASSIFICATION	CCR					X			
	39	HR251	PHARMACY,GENERIC DRUGS	CCR					X			
	39	HR252	PHARMACY,NON-GENERIC DRUGS	CCR					X			
	39	HR258	PHARMACY,IV SOLUTIONS	CCR					X			
	39	HR259	PHARMACY, OTHER PHARMACY	CCR					X			
	39	HR260	IV THERAPY	CCR					X			
	39	HR261	INFUSION PUMP	CCR					X			
	39	HR269	OTHER IV THERAPY	CCR					X			
	39	HR270	MED/SURG SUPPLY/DEVICE-GEN. CLS	CCR					X			
	39	HR271	NON STERILE SUPPLY	CCR					X			
	39	HR272	STERILE SUPPLY	CCR					X			
	39	HR273	TAKE HOME SUPPLIES	CCR					X			
	39	HR274	PROSTHETIC DEVICES	CCR					X			
	39	HR275	PACEMAKER	CCR					X			
	39	HR278	OTHER IMPLANTS	CCR					X			
	39	HR279	OTHER SUPPLIES DEVICES	CCR					X			
	39	HR280	ONCOLOGY-GENERAL CLASSIFICATION	CCR					X			
	39	HR289	OTHER ONCLOLGY	CCR					X			
	39	HR300	LABORATORY-GEN CLASSIFICATION	HCPC					X			
	39	HR301	LAB/CHEMISTRY	HCPC					X			
	39	HR302	LAB/IMMUNOLOGY	HCPC					X			
	39	HR303	LAB/RENAL PATIENT (HOME)	HCPC					X			
	39	HR304	LAB NON ROUTINE DIALYSIS	HCPC					X			
	39	HR305	LAB HEMATOLOGY	HCPC					X			
	39	HR306	LAB BACTERIOLOGY AND MICROBIOLOGY	HCPC					X			
	39	HR307	LABORATORY-UROLOGY	HCPC					X			
	39	HR309	LABORTORY-OTHER LABORATORY	HCPC					X			
	39	HR310	LAB PATHOLOGY/GENERAL CLASS	HCPC					X			
	39	HR311	LAB PATHOLOGY/CYTOLOGY	HCPC					X			
	39	HR312	LAB PATHOLOGY/HISTOLOGY	HCPC					X			
	39	HR314	LAB PATHOLOGY/BIOPSY	HCPC					X			
	39	HR319	LAB PATHOLOGY OTHER	HCPC					X			
	39	HR320	RADIOLOGY-DIAGNOSTIC GEN CLASS	CCR					X			

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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	HR321	ANGIOCARDIOLOGY	CCR					X			
	39	HR324	CHEST X-RAY	CCR					X			
	39	HR329	RADIOLOGY-DIAGNOSTIC OTHER	CCR					X			
	39	HR330	RADIOLOGY-THERAPEUTIC/GEN CLASS	CCR					X			
	39	HR331	CHEMOTHERAPY-INJECTED	CCR					X			
	39	HR332	CHEMOTHERAPY-ORAL	CCR					X			
	39	HR333	RADIATION THERAPY	CCR					X			
	39	HR335	CHEMOTHERAPY IV	CCR					X			
	39	HR339	RADIOLOGY-THERAPEUTIC OTHER	CCR					X			
	39	HR340	NUCLEAR MEDICINE GENERAL	CCR					X			
	39	HR341	NUCLEAR MEDICINE DIAGNOSTIC	CCR					X			
	39	HR342	NUCLEAR MEDICINE THERAPEUTIC	CCR					X			
	39	HR343	DIAGNOSTIC RADIOPHARMACEUTICALS	CCR					X			
	39	HR349	NUCLEAR MEDICINE OTHER	CCR					X			
	39	HR350	CT SCAN GENERAL CLASSIFICATION	CCR					X			
	39	HR351	CT SCAN-HEAD	CCR					X			
	39	HR352	CT SCAN-BODY	CCR					X			
	39	HR359	OTHER CT SCANS	CCR					X			
	39	HR361	OPERATING ROOM SERVICES MINOR SURGER	CCR					X			
	39	HR370	ANESTHESIA GENERAL	CCR					X			
	39	HR379	OTHER ANESTHESIA	CCR					X			
	39	HR380	BLOOD GENERAL CLASSIFICATION	CCR					X			
	39	HR381	PACKED RED CELLS	CCR					X			
	39	HR382	WHOLE BLOOD	CCR					X			
	39	HR383	PLASMA	CCR					X			
	39	HR384	PLATELETS	CCR					X			
	39	HR385	BLOOD/LEUKOCYTES	CCR					X			
	39	HR386	BLOOD OTHER COMPONENTS	CCR					X			
	39	HR387	BLOOD-OTHER DERIVATIVES	CCR					X			
	39	HR389	OTHER BLOOD	CCR					X			
	39	HR390	BLOOD STORAGE-PROCESSING G C	CCR					X			
	39	HR391	BLOOD ADMINISTRATRIION	CCR					X			
	39	HR392	BLOOD PROCESSING STORAGE	CCR					X			
	39	HR399	OTHER BLOOD HANDLING	CCR					X			
	39	HR400	OTHER IMAGING SERVICES	CCR					X			
	39	HR401	DIAGNOSTIC MAMMOGRAPHY	CCR					X			
	39	HR402	ULTRASOUND	CCR					X			
	39	HR403	SCREENING MAMMOGRAPHY	CCR	40 99			F	X			
	39	HR404	POSITRON EMISSION TOMOGRAPHY	CCR					X			
	39	HR409	OTHER IMAGING SERVICES	CCR					X			
	39	HR410	RESPIRATORY SERVICES GEN CLASS	CCR					X			
	39	HR412	INHALATION SERVICES	CCR					X			
	39	HR413	HYPERBARIC OXYGEN THERAPY	CCR			X		X			
	39	HR419	OTHER RESPIRATORY SERVICES	CCR					X			
	39	HR420	PHYSICAL THERAPY GENERAL	HCPC		X			X			
	39	HR421	PHYSICAL THERAPY-VISIT CHARGE	HCPC		X			X			
	39	HR422	PHYSICAL THERAPY-HOURLY CHARGE	HCPC		X			X			
	39	HR424	PT EVALUTION/RE-EVALUATION	HCPC					X			
	39	HR430	OCCUPATIONAL THERAPY GENERAL	HCPC		X			X			
	39	HR431	OCCUPATIONAL THERAPY-VISIT CHARGE	HCPC		X			X			

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	39	HR432	OCCUPATIONAL THERAPY-HOURLY	HCPC		X			X			
	39	HR434	OT EVALUATION/RE-EVALUATION	HCPC					X			
	39	HR440	SPEECH/LANGUAGE PATHOLOGY GENERAL	HCPC		X			X			
	39	HR441	SPEECH/LANGUAGE-VISIT CHARGE	HCPC		X			X			
	39	HR442	SPEECH/LANGUAGE HOURLY CHARGE	HCPC		X			X			
	39	HR444	S/L EVALUATION/RE-EVALUATION	HCPC					X			
	39	HR450	EMERGENCY ROOM-GENERAL	CCR					X			
	39	HR459	OTHER EMERGENCY ROOM	CCR					X			
	39	HR460	PULMONARY FUNCTION-GENERAL	CCR					X			
	39	HR469	OTHER PULMONARY	CCR					X			
	39	HR470	AUDIOLOGY-GENERAL	CCR					X			
	39	HR471	AUDIOLGY-DIAGNOSTIC	CCR					X			
	39	HR472	AUDIOLOGY-TREATMENT	CCR					X			
	39	HR479	OTHER AUDIOLOGY	CCR					X			
	39	HR480	CARDIOLOGY-GENERAL	CCR					X			
	39	HR481	CARDIAC CATH LAB	CCR					X			
	39	HR482	STRESS TEST	CCR					X			
	39	HR483	ECHO CARDIOLOGY	CCR					X			
	39	HR489	OTHER CARDIOLOGY	CCR					X			
	39	HR490	AMBULATORY SURGICAL CARE GENERAL	HCPC					X			
	39	HR510	CLINIC-GENERAL	HCPC					X			
	39	HR514	OB-GYN CLINIC	HCPC					X			
	39	HR515	PEDIATRIC CLINIC	HCPC					X			
	39	HR517	FAMILY PRACTICE CLINIC	HCPC					X			
	39	HR519	OTHER CLINIC	HCPC					X			
	39	HR540	AMBULANCE-GENERAL	CCR					X			
	39	HR610	MAGNETIC RESONANCE IMAGE GEN CL	CCR					X			
	39	HR611	MAGNETIC RESONANCE IMAGE-BRAIN	CCR					X			
	39	HR612	MAGNETIC RESONANCE IMAGE-SPINE	CCR					X			
	39	HR619	MAGNETIC RESONANCE IMAGE-OTHER	CCR					X			
	39	HR636	DRUGS REQUIRING DETAILED CODING	CCR					X			
	39	HR700	CAST ROOM	CCR					X			
	39	HR710	RECOVERY ROOM-GENERAL CLASSIFICATION	CCR					X			
	39	HR724	LABOR ROOM/DELIVERY BIRTHING CENTER	CCR					X			
	39	HR730	EKG ECG-GENERAL CLASSIFICATION	CCR					X			
	39	HR731	HOLTER MONITOR	CCR					X			
	39	HR732	TELEMETRY	CCR					X			
	39	HR739	OTHER EKG/ECG	CCR					X			
	39	HR740	EEG-GENERAL CLASSIFICATION	CCR					X			
	39	HR750	GASTRO-INTEST SERV-GEN CLASSIFICATIO	CCR					X			
	39	HR761	TREATMENT RM	CCR					X			
	39	HR762	OBSERVATION ROOM	CCR					X			
	39	HR790	EXTRA-CORPOREAL SHOCK WAVE THERAPY	CCR					X			
	39	HR820	HEMDIAL-OUTPAT/HOME GEN CLASSIFICATI	CCR					X			
	39	HR821	HEMODIALYSIS/COMPOSITE	CCR					X			
	39	HR822	HOME SUPPLIES-HEMODIALYSIS	CCR					X			
	39	HR823	HOME EQUIPMENT-HEMODIALYSIS	CCR					X			
	39	HR824	MAINTENANCE/100%-HEMODIALYSIS	CCR					X			
	39	HR825	SUPPORT SERVICES-HEMODIALYSIS	CCR					X			
	39	HR829	OTHER OP HEMODIALYSIS	CCR					X			

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	39	HR830	PERITONEAL DIALYSIS OP/HM G CLASS	CCR					X			
	39	HR831	PERITONEAL/COMPOSITE RATE	CCR					X			
	39	HR832	HOME SUPPLIES-PERITONEAL DIALYSIS	CCR					X			
	39	HR833	HOME EQUIPMENT-PERITONEAL DIALYSIS	CCR					X			
	39	HR834	MAINTENANCE/100%-PERITONEAL DIALYSIS	CCR					X			
	39	HR839	OTHER OUTPATIENT PERITONEAL DIALYSIS	CCR					X			
	39	HR840	CAPD-HOME/OP GEN CLASS	CCR					X			
	39	HR841	CAPD/COMPOSITE OR OTHER RATE	CCR					X			
	39	HR850	GEN CLASSIF-CCP DIALYSIS OP/HM	CCR					X			
	39	HR851	CCP DIALYSIS/COMPOSITE RATE	CCR					X			
	39	HR855	SUPPORT SERVICES CCP DIALYSIS	CCR					X			
	39	HR880	MISC DIALYSIS GEN CLASS	CCR					X			
	39	HR881	MISC DIALYSIS ULTRAFILTRATION	CCR					X			
	39	HR920	OTHER DIAG SERV GEN CLASSIFICATION	CCR					X			
	39	HR921	PERIPHERAL VASCULAR LAB	CCR					X			
	39	HR922	ELECTROMYELGRAM	CCR					X			
	39	HR923	PAP SMEAR	CCR					X			
	39	HR924	ALLERGY TEST	CCR					X			
	39	HR925	PREGNANCY TEST	CCR					X			
	39	HR929	OTHER DIAGNOSTIC SERVICE	CCR					X			
	39	HR942	EDUCATION/ TRAINING	HCP					X			
	39	J0121	INJECTION, OMADACYCLINE, 1 MG	CCR	18 99				X			
	39	J0122	INJECTION, ERAVACYCLINE, 1 MG	CCR	18 99				X			
	39	J0130	INJECTION ABCIXIMAB 10 MG	CCR					X			
	39	J0153	INJECTION, ADENOSINE, 1 MG (NOT TO B	CCR					X			
	39	J0171	INJECTION ADRENALIN EPINEPHRINE	CCR					X			
	39	J0173	INJECTION, EPINEPHRINE (BELCHER) NOT	CCR					X			
	39	J0178	INJECTION, AFLIBERCEPT, 1MG	CCR					X			
	39	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	CCR	18 99				X			
	39	J0184	INJECTION, AMISULPRIDE, 1 MG	CCR					X			
	39	J0185	INJECTION, APREPITANT, 1 MG	CCR					X			
	39	J0202	INJECTION, ALEMTUZUMAB, 1 MG	CCR	18 99				X			
	39	J0207	AMIFOSTINE 500MG	CCR					X			
	39	J0208	INJECTION, SODIUM THIOSULFATE, 100 M	CCR							X	
	39	J0216	INJECTION, SODIUM THIOSULFATE, 100 M	CCR							X	
	39	J0217	INJECTION, VELMANASE ALFA-TYCV, 1 MG	CCR								
	39	J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	CCR			X					
	39	J0248	INJECTION, REMDESIVIR, 1 MG	5.51					X	12/23/21		
	39	J0275	ALPROSTADIL URETHRAL SUPPOS	CCR								
	39	J0278	AMIKACIN SULFATE INJECTION 100MG	CCR	00 20				X			
	39	J0285	AMPHOTERICIN B 50MG	CCR	00 20				X			
	39	J0287	AMPHOTERICIN B LIPID COMPLEX	CCR								
	39	J0289	AMPHOTERICIN B LIPOSOME INJ	CCR								
	39	J0290	AMPICILLIN SODIUM,500MG INJECTION	CCR	00 20				X			
	39	J0291	INJECTION, PLAZOMICIN, 5 MG	CCR	18 99				X			
	39	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	CCR	00 20				X			
	39	J0348	INJECTION, ANADULAFUNGIN, 1 MG	CCR	12 99				X			
	39	J0349	INJECTION, REZAFUNGIN, 1 MG	CCR	18 99							
	39	J0391	INJECTION, ARTESUNATE, 1 MG	CCR							X	
	39	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	CCR					X			

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	39	J0475	BACLOFEN INJ 10MG	CCR	04 99				X			
	39	J0476	BACLOFEN INTRATHECAL TRIAL	CCR	04 99							
	39	J0485	INJECTION, BELATACEPT, 1MG	CCR					X			
	39	J0558	INJECTION PENICILLIN G BENZATHINE A	CCR					X			
	39	J0561	INJECTION PENICILLIN G BENZATHINE	CCR					X			
	39	J0565	INJECTION, BEZLOTOXUMAB, 10 MG	MP			X			01/01/18		
	39	J0570	BUPRENORPHINE IMPLANT, 74.2 MG	CCR								
	39	J0587	INJECTION, RIMABOTULINUMTOXINB, 100	CCR								
	39	J0592	BUPRENORPHINE HYDROCHLORIDE	CCR								
	39	J0594	INJECTION, BUSULFAN, 1 MG	CCR					X			
	39	J0596	INJECTION, C1 ESTERASE INHIBITOR (RE	CCR								
	39	J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON	MP			X			01/01/18		
	39	J0606	INJECTION, ETELCALCETIDE, 0.1 MG	MP			X			01/01/18		
	39	J0610	CALCIUM GLUCONATE INJ.10ML	CCR								
	39	J0636	INJECTION, CALCITRIOL, 0.1 MCG	CCR					X			
	39	J0637	CASPOFUNGIN ACETATE	CCR								
	39	J0640	CALCIUM LEUCOVORIN INJ. 50MG	CCR					X			
	39	J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0	CCR					X			
	39	J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY)	CCR					X			
	39	J0688	INJECTION, CEFAZOLIN SODIUM (HIKMA),	CCR								
	39	J0689	INJECTION, CEFAZOLIN SODIUM (BAXTER)	CCR	00 20				X			
	39	J0690	CEFAZOLIN SODIUM INJ 500MG	CCR	00 20				X			
	39	J0691	INJECTION, LEFAMULIN, 1 MG	CCR	18 99				X			
	39	J0692	CEFEPIME HCL 500 MG	CCR	00 20				X			
	39	J0693	INJECTION, CEFIDEROCOL, 5 MG	CCR	18 99				X			
	39	J0694	CEFOXITIN SODIUM, 1GM	CCR	00 20				X			
	39	J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZ	MP			X			01/01/16		
	39	J0696	CEFTRIAKSONE SODIUM 250MG ROCEPHIN	CCR					X			
	39	J0697	STERILE CEFUROXIME SODIUM 750MG	CCR	00 20				X			
	39	J0698	CEFOTAXIME SODIUM/PER GM	CCR	00 20				X			
	39	J0701	INJECTION, CEFEPIME HYDROCHLORIDE (B	CCR	00 16				X			
	39	J0703	INJECTION, CEFEPIME HYDROCHLORIDE (B	CCR	00 16				X			
	39	J0706	CAFFEINE CITRATE INJECTION 5MG	CCR								
	39	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 M	CCR					X			
	39	J0713	CEFTAZIDIME 500MG	CCR	00 20				X			
	39	J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM	CCR					X			
	39	J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)	CCR					X			
	39	J0720	CHLORAMPHENICOL SODIUM SUCC UPTO 1GM	CCR	00 20				X			
	39	J0742	INJECTION, IMIPENEM 4 MG, CILASTATIN	CCR	18 99				X			
	39	J0744	CIPROFLOXACIN IV	CCR								
	39	J0750	EMTRICITABINE 200MG AND TENOFOVIR DI	MP			X			01/01/24		
	39	J0751	EMTRICITABINE 200MG AND TENOFOVIR AL	MP			X			01/01/24		
	39	J0770	COLISTIMETHATE INJ, UP TO 150MG	CCR	00 20				X			
	39	J0780	COMPazine INJ, UP TO 10MG	CCR					X			
	39	J0799	FDA APPROVED PRESCRIPTION DRUG, ONLY	MP			X			01/01/24		
	39	J0840	INJECTION, CROTALIDAE POLYVALENT IMM	CCR								
	39	J0873	INJECTION, DAPTOMYCIN (XELLIA) NOT T	CCR	18 99				X			
	39	J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT	CCR	01 99				X			
	39	J0875	INJECTION, DALBAVANCIN, 5MG	CCR					X			
	39	J0877	INJECTION, DAPTOMYCIN (HOSPIRA), NOT	CCR	01 99				X			

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2024

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
	39	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	CCR	10 99				X			
	39	J0882	INJECTION DARBEPOETIN ALFA 1 MICROGM	CCR					X			
	39	J0885	EPOETIN ALFA, NON-ESRD 1000 U	CCR					X			
	39	J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD O	CCR							X	
	39	J0893	INJECTION, DECITABINE (SUN PHARMA) N	CCR					X			
	39	J0894	INJECTION, DECITABINE, 1 MG	CCR					X			
	39	J1050	INJECTION, MEDROXYPROGESTERONE ACETA	CCR	10 55			F	X			
	39	J1100	DEXAMETHOSONE INJ, 1MG	CCR					X			
	39	J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	CCR								
	39	J1190	DEXRAZOXANE HCL 250MG	CCR								
	39	J1200	DIPHENHYDRAMINE HCL INJ(BENDARY)50MG	CCR					X			
	39	J1246	INJECTION, DINUTUXIMAB, 0.1 MG	CCR							X	
	39	J1267	INJECTION, DECITABINE, 1 MG	CCR	00 20				X			
	39	J1364	ERYTHRO LACTOBIONATE 500MG	CCR	00 20				X			
	39	J1428	INJECTION, ETEPLIRSEN, 10 MG	MP			X			01/01/18		
	39	J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	CCR	18 99				X			
	39	J1442	INJECTION, FILGRASTIM (G-CSF), 1 MIC	CCR					X			
	39	J1444	INJECTION, FERRIC PYROPHOSPHATE CITR	CCR								
	39	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGR	CCR								
	39	J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 M	CCR					X			
	39	J1450	FLUCONAZOLE 200MG	CCR	00 20				X			
	39	J1453	INJECTION, FOSAPREPITANT, 1 MG	CCR					X			
	39	J1454	INJECTION, FOSNETUPITANT 235 MG AND	CCR								
	39	J1456	INJECTION, FOSAPREPITANT (TEVA), NOT	CCR					X			
	39	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	CCR								
	39	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	CCR			X		X			
	39	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONI	CCR								
	39	J1580	GENTAMYCIN, UP TO 80MG	CCR	00 20				X			
	39	J1596	INJECTION, GLYCOPYRROLATE, 0.1 MG	CCR					X			
	39	J1626	GRANISETRON HCL INJECTION	CCR					X			
	39	J1627	INJECTION, GRANISETRON, EXTENDED-REL	CCR								
	39	J1642	HEPARIN SODIUM 10U (HEPLOCK)	CCR					X			
	39	J1643	INJECTION, HEPARIN SODIUM (PFIZER),	CCR					X			
	39	J1644	HEPARIN SODIUM INJ 1000U	CCR					X			
	39	J1650	ENOXAPARIN SODIUM, 10MG	CCR					X			
	39	J1652	FONDAPARINUX SODIUM	CCR								
	39	J1720	HYDROCORTISONE SODIUM 100MG	CCR					X			
	39	J1744	INJECTION, ICATIBANT, 1MG	CCR					X			
	39	J1745	INJ INFLIXIMAB 10MG	CCR					X			
	39	J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	CCR					X			
	39	J1756	INJECTION, IRON SUCROSE, 1MG	CCR					X			
	39	J1815	INSULIN INJECTION	CCR								
	39	J1817	INSULIN FOR INSULIN PUMP USE	CCR								
	39	J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	MP			X			01/01/21		
	39	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	CCR								
	39	J1930	INJECTION, LANREOTIDE, 1MG	CCR	21 99	X			X			
	39	J1939	INJECTION, BUMETANIDE, 0.5 MG	CCR	18 99				X			
	39	J1950	LEUPROLIDE ACETATE /3.75 MG	CCR								
	39	J1956	LEVOFLOXACIN, 250MG	CCR	18 20				X			
	39	J2010	LINCOMYCIN, HCL, UP TO 300MG	CCR	00 20				X			

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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	J2020	LINEZOLID INJ, 200MG	CCR					X			
	39	J2021	INJECTION, LINEZOLID (HOSPIRA) NOT T	CCR	00 20				X			
	39	J2175	INJECTION MEPERIDINE HCL	CCR								
	39	J2212	INJECTION, METHYLNALTREXONE, 0.1MG	CCR					X			
	39	J2247	INJECTION, MICAUFUNGIN SODIUM (PAR PH	CCR	12 99				X			
	39	J2248	INJECTION, MICAUFUNGIN SODIUM, 1 MG	CCR	12 99				X			
	39	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	CCR					X			
	39	J2310	INJ NALOXONE HYDROCHLORIDE,1 MG	CCR					X			
	39	J2323	INJECTION, NATALIZUMAB, 1 MG	CCR					X			
	39	J2326	INJECTION, NUSINERSEN, 0.1 MG	MP			X			01/01/18		
	39	J2350	INJECTION, OCRELIZUMAB, 1 MG	CCR								
	39	J2353	OCTREOTIDE INJ, DEPOT 1MG	CCR								
	39	J2354	OCTRETIDE, NON-DEPOT 25 MCG	CCR					X			
	39	J2355	OPRELVEKIN INJ 5MG	CCR								
	39	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	CCR					X			
	39	J2407	INJECTION, ORITAVANCIN, 10 MG	CCR								
	39	J2425	PALIFERMIN INJECTION 50MCG	CCR					X			
	39	J2430	PAMIDRONATE DISODIUM 30MG	CCR					X			
	39	J2469	PALONOSETRON HCL	CCR					X			
	39	J2501	PARICALCITOL	CCR								
	39	J2502	INJECTION, PASIREOTIDE LONG ACTING,	MP			X			01/01/16		
	39	J2506	INJ, PEGFILGRASTIM, EXCL BIO, 0.5 M	CCR					X			
	39	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	CCR	00 20				X			
	39	J2540	PCN G POTASSIUM,UP TO 600,000U	CCR	00 20				X			
	39	J2547	INJECTION, PERAMIVIR, 1 MG	CCR								
	39	J2550	PHENERGAN INJ, UP TO 50MG	CCR					X			
	39	J2561	INJECTION, PHENOBARBITAL SODIUM (SEZ	CCR	00 00				X			
	39	J2562	INJECTION, PLERIXAFOR, 1 MG	CCR					X			
	39	J2700	OXACILLIN SODIUM,UP TO 250MG	CCR	00 20				X			
	39	J2720	INJECTION PROTAMINE SULFATE PER 10MG	CCR								
	39	J2765	REGLAN INJ, UP TO 10MG	CCR					X			
	39	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	CCR	16 20							
	39	J2785	INJECTION, REGADENOSON, 0.1 MG	CCR					X			
	39	J2788	RHO D IMMUNE GLOBULIN 50 MCG	CCR								
	39	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	CCR					X			
	39	J2791	INJECTION,RHO (D) IMMUNE GLOBULIN (H	CCR								
	39	J2792	RHO(D) IMMUNE GLOBULIN H, SD	CCR								
	39	J2820	SARGRAMOSTIM 50MCG	CCR					X			
	39	J2860	INJECTION, SILTUXIMAB, 10 MG	MP			X			01/01/16		
	39	J2916	NA FERRIC GLUCONATE COMPLEX	CCR								
	39	J2941	SOMATROPIN INJ 1MG	CCR								
	39	J3000	STREPTOMYCIN, UP TO 1GM	CCR	00 20				X			
	39	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UN	CCR			X		X			
	39	J3070	INJECTION PENTAZOCINE 30 MG	CCR								
	39	J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	CCR								
	39	J3095	INJECTION TELEVANCIN 10 MG	CCR					X			
	39	J3243	INJECTION, TIGECYCLINE, 1 MG	CCR	00 20				X			
	39	J3244	INJECTION, TIGECYCLINE (ACCORD) NOT	CCR	00 20				X			
	39	J3250	INJECTION TRIMETHOBENZAMIDE HCL	CCR								
	39	J3260	TOBRAMYCIN SULFATE,UP TO 80MG	CCR	00 20				X			



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	39	J3315	TRIPTORELIN PAMOATE	CCR								
	39	J3316	INJECTION, TRIPTORELIN, EXTENDED-REL	CCR								
	39	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTI	CCR								
	39	J3360	INJECTION DIAZEPAM UP TO 5 MG	CCR								
	39	J3370	VANCOMYCIN HCL, 500MG	CCR	00 20				X			
	39	J3371	INJECTION, VANCOMYCIN HCL (MYLAN) NO	CCR	00 20				X			
	39	J3372	INJECTION, VANCOMYCIN HCL (XELLIA) N	CCR	00 20				X			
	39	J3380	INJECTION, VEDOLIZUMAB, 1 MG	CCR								
	39	J3485	ZIDOVUDINE, 10MG	CCR	00 20				X			
	39	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	CCR					X			
	39	J3490	UNCLASSIFIED DRUGS (17P 250MG IM)	CCR	10 60			F				
	39	J3590	UNCLASSIFIED BIOLOGICS	CCR								
	39	J7030	NORMAL SALINE SOL INFUSION, 1	CCR					X			
	39	J7040	NORMAL SALINE, 500ML	CCR					X			
	39	J7050	NORMAL SALINE SOL 250 ML	CCR					X			
	39	J7060	DEXTROSE/WATER 5%, 500ML	CCR					X			
	39	J7070	D5W INFUSION, 1000ML	CCR					X			
	39	J7120	RINGERS INJ, UP TO 1000 CC	CCR					X			
	39	J7121	5% DEXTROSE IN LACTATED RINGERS INFU	CCR					X			
	39	J7175	INJECTION, FACTOR X, (HUMAN), 1 IU.	CCR					X			
	39	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION	CCR					X			
	39	J7296	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10 60			F		01/01/18		
	39	J7297	LEVONORGESTREL-RELEASING INTRAUTERIN	749.40	10 60			F		01/01/19		
	39	J7298	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10 60			F		01/01/18		
	39	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	808.50	10 60			F		01/01/18		
	39	J7301	LEVONORGESTREL-RELEASING INTRAUTERIN	756.87	10 60			F		01/01/18		
	39	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT	890.30	10 60			F		07/01/18		
	39	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	CCR								
	39	J7320	HYALURONAN OR DERIVATIVE, GENVISC 85	CCR								
	39	J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERA	MP			X			01/01/16		
	39	J7503	TACROLIMUS, EXTENDED RELEASE, (ENVAR	CCR								
	39	J7512	PREDNISONE, IMMEDIATE RELEASE OR DEL	CCR								
	39	J7527	EVEROLIMUS, ORAL, 0.25MG	CCR					X			
	39	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASS	MP			X			01/01/16		
	39	J8655	NETUPITANT 300 MG AND PALONOSETRON 0	CCR								
	39	J9000	DOXORUBICIN HCL 10MG	CCR					X			
	39	J9015	ALDESLEUKIN/SINGLE USE VIAL	CCR								
	39	J9017	ARSENIC TRIOXIDE 1MG	CCR					X			
	39	J9019	INJECTION, ASPARAGINASE (ERWINAZE)	CCR					X			
	39	J9021	INJECTION, ASPARAGINASE, RECOMBINANT	CCR					X			
	39	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	CCR								
	39	J9023	INJECTION, AVELUMAB, 10 MG	CCR								
	39	J9025	AZACITIDINE INJECTION 1MG	CCR					X			
	39	J9027	CLOFARABINE INJECTION 1MG	CCR	01 21				X			
	39	J9030	BCG LIVE INTRAVESICAL INSTILLATION,	CCR	07 99				X			
	39	J9032	INJECTION, BELINOSTAT, 10 MG	CCR	18 99				X			
	39	J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	CCR					X			
	39	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA	CCR	18 99				X			
	39	J9035	BEVACIZUMAB 10MG	CCR					X			
	39	J9036	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18 99				X			

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	39	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	CCR					X			
	39	J9040	BLEOMYCIN INJ, 15 UNITS	CCR					X			
	39	J9041	BORTEZOMIB INJECTION 0.1MG	CCR					X			
	39	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1MG	CCR					X			
	39	J9043	INJECTION, CABAZITAXEL, 1 MG	CCR					X			
	39	J9045	CARBOPLATIN INJ 50MG.	CCR					X			
	39	J9046	INJECTION, BORTEZOMIB, (DR. REDDY'S)	CCR					X			
	39	J9047	INJECTION, CARFILZOMIB, 1 MG	CCR					X			
	39	J9048	INJECTION, BORTEZOMIB (FRESENIUS KAB	CCR					X			
	39	J9049	INJECTION, BORTEZOMIB (HOSPIRA), NOT	CCR					X			
	39	J9050	CARMUSTINE, 100MG	CCR					X			
	39	J9052	INJECTION, CARMUSTINE (ACCORD), NOT	CCR					X			
	39	J9055	CETUXIMAB 10 MG	CCR					X			
	39	J9056	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18 99				X			
	39	J9057	INJECTION, COPANLISIB, 1 MG	CCR					X			
	39	J9058	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18 99				X			
	39	J9059	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18 99				X			
	39	J9060	CISPLATIN 10MG	CCR					X			
	39	J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG	CCR					X			
	39	J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE	CCR					X			
	39	J9065	CLADRIBINE INJ 1MG	CCR					X			
	39	J9070	CYTOXIN INJ 100MG	CCR					X			
	39	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROME	CCR					X			
	39	J9072	INJECTION, CYCLOPHOSPHAMIDE, (DR. RE	CCR					X			
	39	J9098	CYTARABINE LIPSOME 10MG	CCR					X			
	39	J9100	CYTARABINE 100 MG	CCR					X			
	39	J9118	INJECTION, CALASPARGASE PEGOL-MKNL,	CCR	00 21				X			
	39	J9119	INJECTION, CEMIPILIMAB-RWLC, 1 MG	CCR	18 99				X			
	39	J9120	DACTINOMYCIN 0.5MG	CCR					X			
	39	J9130	DTIC-DOME INJ 100MG/10ML	CCR					X			
	39	J9144	INJECTION, DARATUMUMAB, 10 MG AND HY	CCR	18 99				X			
	39	J9145	INJECTION, DARATUMUMAB, 10 MG	CCR	18 99				X			
	39	J9150	DAUNORUBICIN 10 MG	CCR					X			
	39	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBI	CCR					X			
	39	J9155	INJECTION, DEGARELIX, 1 MG	CCR				M	X			
	39	J9171	INJECTION, DOCETAXEL, A MG	CCR					X			
	39	J9172	INJECTION, DOCETAXEL (INGENUS) NOT T	CCR					X			
	39	J9173	INJECTION, DURVALUMAB, 10 MG	CCR					X			
	39	J9176	INJECTION, ELOTUZUMAB, 1 MG	CCR	18 99				X			
	39	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV,	CCR	18 99				X			
	39	J9178	INJ, EPIRUBICIN HCL, 2 MG	CCR					X			
	39	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	CCR					X			
	39	J9181	ETOPOSIDE INJ, UP TO 10MG	CCR					X			
	39	J9185	FLUDARABINE PHOSPHATE, 50 MG	CCR					X			
	39	J9190	FLUOROURACIL INJ, 500MG	CCR					X			
	39	J9198	INJECTION, GEMCITABINE HYDROCHLORIDE	CCR	18 99				X			
	39	J9200	FLOXURIDINE, FUDR, 500MG	CCR					X			
	39	J9201	GEMCITABINE HCL, 200MG	CCR					X			
	39	J9202	GOSERELIN ACETATE IMP (ZOLADEX) 3.6MG	CCR					X			
	39	J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.	CCR					X			

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	39	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	CCR	18 99				X			
	39	J9206	IRINOTECAN, 20MG	CCR					X			
	39	J9207	INJECTION, IXABEPILONE, 1MG	CCR					X			
	39	J9208	IFOSFOMIDE, 1GM	CCR					X			
	39	J9209	MESNA, 200MG	CCR					X			
	39	J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	CCR								
	39	J9211	IDARUBICIN HYDROCHLORIDE 5MG	CCR					X			
	39	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	CCR					X			
	39	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	CCR					X			
	39	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	CCR	18 99				X			
	39	J9225	HISTRELIN IMPLANT (VANTAS), 50MG	CCR				M				
	39	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	CCR	18 99				X			
	39	J9228	INJECTION, IPILIMUMAB	CCR					X			
	39	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.	CCR					X			
	39	J9230	MUSTARGEN INJ 10MG	CCR					X			
	39	J9245	MELPHALAN HCL INJ 50MG	CCR								
	39	J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	CCR					X			
	39	J9250	METHOTREXATE SOD INJ, 5 MG	CCR					X			
	39	J9255	INJECTION, METHOTREXATE (ACCORD) NOT	CCR					X			
	39	J9258	INJECTION, PACLITAXEL PROTEIN-BOUND	CCR	10 99				X			
	39	J9259	INJECTION, PACLITAXEL PROTEIN-BOUND	CCR	10 99				X			
	39	J9260	METHOTREXATE SOD INJ 50MG	CCR					X			
	39	J9261	INJECTION, NELARABINE, 50 MG	CCR					X			
	39	J9262	INJECTION, OMACETAXINE MEPESUCCINATE	CCR					X			
	39	J9263	OXALIPLATIN 0.5MG	CCR					X			
	39	J9264	PACLITAXEL INJECTION 1MG	CCR	10 99				X			
	39	J9266	INJECTION, PEGASPARGASE, SINGLE DOSE	CCR								
	39	J9267	INJECTION, PACLITAXEL, 1 MG	CCR					X			
	39	J9268	PENTOSTATIN, PER 10 MG	CCR					X			
	39	J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICR	CCR	02 99				X			
	39	J9271	INJECTION, PEMBROLIZUMAB, 1 MB	CCR	18 99				X			
	39	J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	CCR					X			
	39	J9280	MITOMYCIN 5 MG	CCR					X			
	39	J9281	MITOMYCIN PYELOALYCEAL INSTILLATION	CCR	18 99				X			
	39	J9285	INJECTION, OLARATUMAB, 10 MG	CCR								
	39	J9293	MITOXANTRONE HCL 5MG	CCR					X			
	39	J9294	INJECTION, PEMETREXED (HOSPIRA) NOT	CCR					X			
	39	J9295	INJECTION, NECITUMUMAB, 1 MG	CCR	18 99				X			
	39	J9296	INJECTION, PEMETREXED (ACCORD) NOT T	CCR					X			
	39	J9297	INJECTION, PEMETREXED (SANDOZ), NOT	CCR					X			
	39	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-	CCR	12 99				X			
	39	J9299	INJECTION, NIVOLUMAB, 1 MG	CCR	18 99				X			
	39	J9301	INJECTION, OBINUTUZUMAB, 10 MG	CCR					X			
	39	J9302	INJECTION OFATUMUMAB 10 MG	CCR					X			
	39	J9303	INJECTION, PANITUMUMAB, 10 MG	CCR					X			
	39	J9304	INJECTION, PEMETREXED (PEMFEXY), 10	CCR	18 99				X			
	39	J9305	PEMETREXED 10 MG	CCR					X			
	39	J9306	INJECTION, PERTUZUMAB, 1 MG	CCR			X		X			
	39	J9307	INJECTION PRALATREXATE 1 MG	CCR					X			
	39	J9308	INJECTION, RAMUCIRUMAB, 5 MG	CCR	18 99				X			

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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ,	CCR	18 99				X			
	39	J9311	INJECTION, RITUXIMAB 10 MG AND HYALU	CCR					X			
	39	J9312	INJECTION, RITUXIMAB, 10 MG	CCR					X			
	39	J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDF	CCR	18 99				X			
	39	J9315	INJECTION ROMIDEPSIN 1 MG	CCR					X			
	39	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB,	CCR	18 99				X			
	39	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZI	CCR	18 99				X			
	39	J9320	STREPTOZOCIN, 1GM	CCR					X			
	39	J9321	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	CCR					X			
	39	J9322	INJECTION, PEMETREXED (BLUEPOINT) NO	CCR					X			
	39	J9323	INJECTION, PEMETREXED DITROMETHAMINE	CCR					X			
	39	J9325	INJECTION, TALIMOGENE LAHERPAREPVEC,	CCR	18 99				X			
	39	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	CCR	18 99				X			
	39	J9330	INJECTION, TEMSIROLIMUS, 1 MG	CCR					X			
	39	J9340	THIOTEPA, 15MG	CCR					X			
	39	J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	CCR	18 99				X			
	39	J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	CCR	18 99				X			
	39	J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	CCR	18 99	X			X			
	39	J9351	INJECTION TOPOTECAN 0.1 MG	CCR					X			
	39	J9352	INJECTION, TRABECTEDIN, 0.1 MG	CCR	18 99				X			
	39	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE	CCR					X			
	39	J9355	TRASTUZUMAB 10MG	CCR					X			
	39	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HY	CCR	18 99				X			
	39	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	CCR					X			
	39	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECA	CCR	18 99				X			
	39	J9360	VINBLASTINE SULF 1MG	CCR					X			
	39	J9370	ONCOVIN INJ 1MG	CCR					X			
	39	J9371	INJECTION, VINCRISTINE SULFATE LIPOS	CCR					X			
	39	J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	CCR	18 99				X			
	39	J9390	VINORELDINE TARTRATE 10MG	CCR					X			
	39	J9393	INJECTION, FULVESTRANT (TEVA) NOT TH	CCR					X			
	39	J9394	INJECTION, FULVESTRANT (FRESENIUS KA	CCR					X			
	39	J9395	FULVESTRANT 25 MG	CCR					X			
	39	J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	CCR					X			
	39	P9612	CATHETERIZE FOR URINE SPECIMEN	3.00						01/01/20		
	39	Q4101	APLIGRAF, PER SQUARE CENTIMETER	30.43		X			X	12/16/21		
	39	Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	CCR		X			X			
	39	Q4121	THERASKIN, PER SQUARE CENTIMETER	CCR		X			X			
	39	Q4160	NUSHIELD, PER SQUARE CENTIMETER	CCR		X			X			
	39	Q4186	EPIFIX,PER SQUARE CENTIMETER	CCR		X			X			
	39	Q4195	PURAPLY, PER SQUARE CENTIMETER	CCR		X			X			
	39	Q4196	PURAPLY AM, PER SQUARE CENTIMETER	CCR		X			X			
	39	0094U	GENOME (UNEXPLAINED CONSTITUTIONAL)	5,686.65	00 00	X				01/01/23		
	39	10004	FINE NEEDLE ASPIRATION BIOPSY, WITHO	CCR					X			
	39	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
	39	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
	39	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
	39	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
	39	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
	39	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			

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	39	10011	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR								
	39	10012	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
	39	10021	FNA W/O IMAGE	CCR								
	39	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR								
	39	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR								
	39	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	CCR								
	39	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	CCR					X			
	39	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	CCR								
	39	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	CCR								
	39	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	CCR								
	39	11055	TRIM SKIN LESION	CCR								
	39	11056	TRIM 2 TO 4 SKIN LESIONS	CCR								
	39	11057	TRIM OVER 4 SKIN LESIONS	CCR								
	39	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR								
	39	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR					X			
	39	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR								
	39	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR					X			
	39	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	CCR								
	39	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	CCR					X			
	39	11200	EXCISE UP TO 15 SKIN TAGS	CCR								
	39	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	CCR					X			
	39	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
	39	11600	EXCISE MALIGNANCY TO 0.5 CM	CCR		X			X			
	39	11620	EXCISE MALIGNANCY TO 0.5CM	CCR		X			X			
	39	11621	EXCISE MALIGNANCY 0.6 TO 1CM	CCR		X			X			
	39	11623	EXCISE MALIGNANCY 2.1 TO 3CM	CCR		X			X			
	39	11643	EXCISE MALIGNANCY 2.1 TO 3CM	CCR		X			X			
	39	11719	TRIM NAIL(S)	CCR			X					
	39	11720	DEBRIDE NAIL, 1-5	CCR		X						
	39	11721	DEBRIDE NAIL, 6 OR MORE	CCR		X						
	39	11730	SIMPLE REMOVAL OF NAIL PLATE	CCR		X						
	39	11732	REMOVE ADDITIONAL NAIL PLATES	CCR		X			X			
	39	11740	EVACUATE HEMATOMA UNDER NAIL	CCR		X			X			
	39	11760	SIMPLE RECONSTRUCTION NAIL BED	CCR		X			X			
	39	11762	NAIL RECONSTRUCTION; COMPLICATED	CCR		X			X			
	39	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	CCR					X			
	39	11900	INTRALESIONAL INJECTION; UP TO 7	CCR								
	39	11901	INTRALESIONAL INJECTION; OVER 7	CCR								
	39	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	CCR	10 60			F				













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	39	29130	APPLICATION OF FINGER SPLINT	CCR					X			
	39	29131	APPLICATION OF FINGER SPLINT	CCR					X			
	39	29200	STRAPPING OF CHEST	CCR								
	39	29240	STRAPPING OF SHOULDER	CCR					X			
	39	29260	STRAPPING OF ELBOW OR WRIST	CCR					X			
	39	29280	STRAPPING OF HAND OR FINGER	CCR					X			
	39	29305	APPLICATION OF HIP CAST	CCR								
	39	29325	APPLICATION OF HIP CASTS	CCR								
	39	29345	APPLICATION OF LONG LEG CAST	CCR					X			
	39	29355	APPLICATION OF LONG LEG CAST	CCR					X			
	39	29358	APPLY LONG LEG CAST BRACE	CCR					X			
	39	29365	APPLICATION OF LONG LEG CAST	CCR					X			
	39	29405	APPLY SHORT LEG CAST	CCR					X			
	39	29425	APPLY SHORT LEG CAST	CCR					X			
	39	29435	APPLY SHORT LEG CAST	CCR					X			
	39	29440	ADDITION OF WALKER TO CAST	CCR					X			
	39	29445	APPLY RIGID LEG CAST	CCR								
	39	29450	APPLICATION OF LEG CAST	CCR								
	39	29505	APPLICATION LONG LEG SPLINT	CCR					X			
	39	29515	APPLICATION LOWER LEG SPLINT	CCR					X			
	39	29520	STRAPPING OF HIP	CCR					X			
	39	29530	STRAPPING OF KNEE	CCR					X			
	39	29540	STRAPPING OF ANKLE	CCR					X			
	39	29550	STRAPPING OF TOES	CCR					X			
	39	29580	APPLICATION OF PASTE BOOT	CCR					X			
	39	29581	APPLICATION OF MULTI-LAYER COMPRESSI	CCR					X			
	39	29584	APPLICATION OF MULTI-LAYER COMPRESSI	CCR								
	39	29700	REMOVAL/REVISION OF CAST	CCR								
	39	29705	REMOVAL/REVISION OF CAST	CCR								
	39	29710	REMOVAL/REVISION OF CAST	CCR								
	39	29720	REPAIR OF BODY CAST	CCR								
	39	29730	WINDOWING OF CAST	CCR								
	39	29740	WEDGING OF CAST	CCR								
	39	29750	WEDGING OF CLUBFOOT CAST	CCR								
	39	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	CCR								
	39	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	CCR								
	39	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	CCR								
	39	29868	MENISCAL TRNSPL, KNEE W/SCPE	CCR				X				
	39	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR				X				
	39	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR								
	39	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR								
	39	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR								
	39	30020	DRAINAGE OF NOSE LESION	CCR								
	39	30124	REMOVAL OF NOSE LESION	CCR								
	39	30200	INJECTION TREATMENT OF NOSE	CCR								
	39	31040	EXPLORATION BEHIND UPPER JAW	CCR								
	39	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR								
	39	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR								
	39	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR								
	39	31500	INTUBATION, ENDOTRACHEAL, EMERGENCY	CCR					X			





















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	39	57109	VAGINECTOMY PARTIAL W/NODES	CCR								
	39	57120	CLOSURE OF VAGINA	CCR				F				
	39	57150	TREAT VAGINA INFECTION	CCR				F	X			
	39	57160	INSERTION OF PESSARY	CCR				F				
	39	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	CCR	10 60			F				
	39	57267	INSERT MESH/PELVIC FLR ADDON	CCR				F				
	39	57282	FIXATION FOR VAGINAL PROLAPSE	CCR				F				
	39	57283	COLPOPEXY, INTRAPERITONEAL	CCR				F				
	39	57284	REPAIR PARAVAGINAL DEFECT	CCR								
	39	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR				F				
	39	57287	REVISE/REMOVE SLING REPAIR	CCR				F				
	39	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	CCR			X	F				
	39	57295	CHANGE VAGINAL GRAFT	CCR				F				
	39	57310	REPAIR URETHRA-VAGINA LESION	CCR				F				
	39	57320	REPAIR BLADDER-VAGINA LESION	CCR				F				
	39	57330	REPAIR BLADDER-VAGINA LESION	CCR				F				
	39	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR				F				
	39	57425	LAPAROSCOPY, SURG, COLPOPEXY	CCR				F				
	39	57452	EXAMINATION OF VAGINA	CCR				F				
	39	57465	COMPUTER-AIDED MAPPING OF CERVIX DUR	CCR				F				
	39	57555	REMOVE CERVIX, REPAIR VAGINA	CCR				F				
	39	57558	DILATION AND CURETTAGE OF CERVICAL S	CCR				F				
	39	58100	BIOPSY OF UTERUS LINING	CCR				F				
	39	58110	BX DONE W/COLPOSCOPY ADD-ON	CCR				F				
	39	58260	VAGINAL HYSTERECTOMY	CCR			X	F				
	39	58262	VAGINAL HYST WITH REMOVAL OF TUBES	CCR			X	F				
	39	58263	VAGN HYST W REM OF TUB A OVARY WITH	CCR			X	F				
	39	58270	VAG HYSTERECT;REPAIR ENTEROCELE	CCR			X	F				
	39	58290	VAG HYST COMPLEX	CCR			X	F				
	39	58291	VAG HYST INCL T/O, COMPLEX	CCR			X	F				
	39	58292	VAG HYST T/O & REPAIR, COMPL	CCR			X	F				
	39	58294	VAG HYST W/ENTEROCELE, COMPL	CCR			X	F				
	39	58356	ENDOMETRIAL CRYOABLATION	CCR			X	F				
	39	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
	39	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
	39	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
	39	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
	39	58553	LAPARO-VAG HYST, COMPLEX	CCR			X	F				
	39	58554	LAPARO-VAG HYST W/T/O, COMPL	CCR			X	F				
	39	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			X	F				
	39	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			X	F				
	39	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				F				
	39	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			X	F				
	39	58920	PARTIAL REMOVAL OF OVARY(S)	CCR				F				
	39	59012	CORDOCENTESIS,ANY METHOD	CCR	10 60			F				
	39	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	CCR					X			
	39	59020	FETAL OXYTOCIN STRESS TEST	CCR	10 60		X	F				
	39	59025	FETAL NON-STRESS TEST	CCR	10 60		X	F				
	39	59030	FETAL SCALP BLOOD SAMPLE	CCR								
	39	59050	INTERNAL FETAL MONITORING/CONSULTAN	CCR	10 60		X	F				























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	39	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	CCR								
	39	76080	X-RAY EXAM OF FISTULA	CCR								
	39	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	CCR					X			
	39	76100	X-RAY EXAM OF BODY SECTION	CCR								
	39	76120	CINEMATIC X-RAYS	CCR								
	39	76125	CINEMATIC X-RAYS	CCR								
	39	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	CCR								
	39	76376	3D RENDER W/O POSTPROCESS	CCR								
	39	76377	3D RENDERING W/POSTPROCESS	CCR								
	39	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	CCR								
	39	76390	MR SPECTROSCOPY	CCR								
	39	76391	MAGNETIC RESONANCE (EG, VIBRATION) E	CCR								
	39	76496	FLUOROSCOPIC PROCEDURE	CCR								
	39	76497	CT PROCEDURE	CCR								
	39	76498	MRI PROCEDURE	CCR								
	39	76499	RADIOGRAPHIC PROCEDURE	CCR								
	39	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	CCR								
	39	76510	OPHTH US, B & QUANT A	CCR								
	39	76511	ECHO EXAM OF EYE	CCR					X			
	39	76512	ECHO EXAM OF EYE	CCR								
	39	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	CCR								
	39	76514	ECHO EXAM OF EYE, THICKNESS	CCR								
	39	76516	ECHO EXAM OF EYE	CCR								
	39	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	CCR								
	39	76529	ECHO EXAM OF EYE	CCR								
	39	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	CCR								
	39	76604	ECHO EXAM OF CHEST	CCR								
	39	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	CCR								
	39	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	CCR								
	39	76700	ECHO EXAM OF ABDOMEN	CCR								
	39	76705	ECHO EXAM OF ABDOMEN	CCR								
	39	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	CCR								
	39	76770	ECHO EXAM ABDOMEN BACK WALL	CCR								
	39	76775	ECHO EXAM ABDOMEN BACK WALL	CCR								
	39	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	CCR								
	39	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	CCR								
	39	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	CCR				F				
	39	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR				F	X			
	39	76805	ULTRASOUND, PREGNANT UTERUS	CCR	10	59						
	39	76810	EACH ADDITIONAL GESTATION	CCR	10	59		F	X			
	39	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	CCR				F				
	39	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	CCR				F	X			
	39	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR	10	60		F				
	39	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	CCR	10	60		F	X			
	39	76815	ECHO EXAM FOR FETAL GROWTH	CCR				F				
	39	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	CCR				F				
	39	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	CCR				F				
	39	76818	FETAL BIOPHYSICAL PROFILE	CCR								
	39	76819	FETL BIOPHYS PROFIL W/O STRS	CCR								
	39	76820	UMBILICAL ARTERY ECHO	CCR	10	59		F				













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	39	79300	RADIONUCLIDE THERAPY	CCR								
	39	79403	HEMATOPOETIC NUCLEAR THERAPY	CCR								
	39	79440	RADIONUCLIDE THERAPY	CCR								
	39	79445	NUCLEAR RX, INTRA-ARTERIAL	CCR								
	39	79999	NUCLEAR MEDICINE THERAPY	CCR								
	39	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	11.90						01/01/20		
	39	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	8.46						01/01/20		
	39	80050	GENERAL HEALTH PANEL	45.69						01/01/20		
	39	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	7.01						01/01/20		
	39	80053	BLOOD TEST, COMPREHENSIVE GROUP OF B	10.56						01/01/20		
	39	80055	OBSTETRIC BLOOD TEST PANEL	24.10	10 59			F		01/01/20		
	39	80061	LIPID PANEL	13.39						01/01/20		
	39	80069	RENAL FUNCTION PANEL	8.68						01/01/20		
	39	80074	ACUTE HEPATITIS PANEL	47.63						01/01/20		
	39	80076	HEPATIC FUNCTION PANEL	8.17						01/01/20		
	39	80081	OBSTETRIC PANEL (INCLUDES HIV)	74.86				F		01/01/20		
	39	80143	ACETAMINOPHEN	18.64					X	01/01/21		
	39	80145	MEASUREMENT OF ADALIMUMAB	38.57						01/01/20		
	39	80150	AMIKACIN	14.74						08/01/12		
	39	80151	AMIODARONE	18.64						01/01/21		
	39	80155	CAFFEINE	21.37						01/01/20		
	39	80156	CARBAMAZEPINE; TOTAL	14.57						01/01/20		
	39	80157	CARBAMAZEPINE; FREE	13.25						01/01/20		
	39	80158	CYCLOSPORINE	18.05						01/01/20		
	39	80159	CLOZAPINE	20.15						01/01/20		
	39	80161	-10, 11-EPOXIDE	18.64						01/01/21		
	39	80162	DIGOXIN; TOTAL	13.28						01/01/20		
	39	80163	DIGOXIN; FREE	13.28						01/01/20		
	39	80164	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
	39	80165	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
	39	80167	FELBAMATE	18.64						01/01/21		
	39	80168	ETHOSUXIMIDE	16.34						01/01/20		
	39	80169	EVEROLIMUS	13.73						01/01/20		
	39	80170	GENTAMICIN	16.36						01/01/20		
	39	80171	GABAPENTIN LEVEL	20.02						01/01/20		
	39	80173	HALOPERIDOL	14.74						08/01/12		
	39	80175	LAMOTRIGINE	13.25						01/01/20		
	39	80176	LIDOCAINE	14.69						01/01/20		
	39	80177	LEVETIRACETAM	13.25						01/01/20		
	39	80178	LITHIUM	6.61						01/01/20		
	39	80179	SALICYLATE	18.64					X	01/01/21		
	39	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	18.05						01/01/20		
	39	80181	FLECAINIDE	18.64						01/01/21		
	39	80183	OXCARBAZEPINE	13.25						01/01/20		
	39	80184	PHENOBARBITAL	14.51						08/01/12		
	39	80185	PHENYTOIN; TOTAL	13.25						01/01/20		
	39	80186	PHENYTOIN; FREE	13.76						01/01/20		
	39	80187	MEASUREMENT OF POSACONAZOLE	27.11						01/01/20		
	39	80188	PRIMIDONE	16.59						01/01/20		
	39	80189	ITRACONAZOLE	27.11						01/01/21		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	80190	PROCAINAMIDE;	23.54						01/01/20		
39	80192	PROCAINAMIDE; WITH METABOLITES (EG,	16.75						01/01/20		
39	80193	LEFLUNOMIDE	38.57						01/01/21		
39	80194	QUINIDINE	14.60						01/01/20		
39	80195	SIROLIMUS	13.73						01/01/20		
39	80197	TACROLIMUS	13.73						01/01/20		
39	80198	THEOPHYLLINE	14.14						01/01/20		
39	80199	TIAGABINE	24.58						01/01/15		
39	80200	TOBRAMYCIN	14.74						08/01/12		
39	80201	TOPIRAMATE	11.92						01/01/20		
39	80202	VANCOMYCIN	13.54						01/01/20		
39	80203	ZONISAMIDE	13.25						01/01/20		
39	80204	METHOTREXATE	38.57						01/01/21		
39	80210	RUFINAMINDE	27.11						01/01/21		
39	80220	MEASUREMENT OF HYDROXYCHLOROQUINE	18.64						01/01/22		
39	80230	MEASUREMENT OF INFLIXIMAB	38.57						01/01/20		
39	80235	MEASUREMENT OF LACOSAMIDE	27.11						01/01/20		
39	80280	MEASUREMENT OF VEDOLIZUMAB	38.57						01/01/20		
39	80285	MEASUREMENT OF VORICONAZOLE	27.11						01/01/20		
39	80299	QUANTITATION OF THERAPEUTIC DRUG, NO	17.34						08/01/12		
39	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	12.60						01/01/19		
39	80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	17.14						01/01/19		
39	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	62.14						01/01/20		
39	80400	ACTH STIMULATION PANEL; FOR ADRENAL	32.62						01/01/20		
39	80402	ACTH STIMULATION PANEL; FOR 21 HYDRO	86.96						01/01/20		
39	80406	ACTH STIMULATION PANEL; FOR 3 BETA-H	78.26						01/01/20		
39	80408	ALDOSTERONE SUPPRESSION EVALUATION P	125.50						01/01/20		
39	80410	CALCITONIN STIMULATION PANEL	33.04						01/01/20		
39	80412	CORTICOTROPIC RELEASING HORMONE (CRH	463.34						01/01/20		
39	80414	CHORIONIC GONADOTROPIN STIMULATION P	51.64						01/01/20		
39	80415	CHORIONIC GONADOTROPIN STIMULATION P	55.89						01/01/20		
39	80416	RENAL VEIN RENIN STIMULATION PANEL	185.51						01/01/20		
39	80417	PERIPHERAL VEIN RENIN STIMULATION PA	43.99						01/01/20		
39	80418	COMBINED RAPID ANTERIOR PITUITARY EV	579.48						01/01/20		
39	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	101.28						01/01/20		
39	80422	GLUCAGON TOLERANCE PANEL FOR INSULIN	46.07						01/01/20		
39	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCH	50.50						01/01/20		
39	80426	GONADOTROPIN RELEASING HORMONE STIMU	148.41						01/01/20		
39	80428	GROWTH HORMONE STIMULATION PANEL (EG	66.70						01/01/20		
39	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	110.33						01/01/20		
39	80432	INSULIN-INDUCED C-PEPTIDE SUSPENSION	165.61						01/01/19		
39	80434	INSULIN TOLERANCE PANEL; FOR ACTH IN	142.21						01/01/20		
39	80435	INSULIN TOLERANCE PANEL; FOR GROWTH	103.00						01/01/20		
39	80436	METYRAPONE PANEL	91.16						01/01/20		
39	80438	THYROTROPIN RELEASING HORMONE (TRH)	50.41						01/01/20		
39	80439	THYROTROPIN RELEASING HORMONE (TRH)	67.21						01/01/20		
39	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	19.08						01/01/22		
39	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	38.45						01/01/22		
39	80505	PATHOLOGY CLINICAL CONSULT;41-60 MIN	69.95						01/01/22		
39	80506	PATHOLOGY CLINICAL CONSULT;ADD'L 30"	31.40						01/01/22		

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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	81000	URINALYSIS, BY DIP STICK OR TABLET	4.01					X	08/01/12		
	39	81001	URINALYSIS, BY DIP STICK OR TABLET	3.17						01/01/20		
	39	81002	URINALYSIS, BY DIP STICK OR TABLET	3.24					X	08/01/12		
	39	81003	URINALYSIS, BY DIP STICK OR TABLET	2.25						01/01/20		
	39	81005	URINALYSIS; QUALITATIVE RO SEMIQUANT	2.17					X	01/01/20		
	39	81007	URINALYSIS; BACTERIURIA SCREEN, EXCE	3.61						01/01/20		
	39	81015	URINALYSIS; MICROSCOPY ONLY	3.05					X	01/01/20		
	39	81020	URINALYSIS; 2 OR 3 GLASS TEST	4.67						08/01/12		
	39	81025	URINE PREGNANCY TEST, BY VISUAL COLO	8.01				F		08/01/12		
	39	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.64					X	01/01/19		
	39	81099	URINALYSIS TEST PROCEDURE	MP				X		06/01/08		
	39	81162	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	1,824.88	19 70	X				01/01/20		E
	39	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	468.00	19 70	X				01/01/21		
	39	81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	584.23	19 70	X				01/01/19		
	39	81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	282.88	19 70	X				01/01/21		
	39	81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	301.35	19 70	X				01/01/19		
	39	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED)	282.88	19 70	X				01/01/19		
	39	81168	CCND1/IGH (T(11;14)) (EG, MANTLE CEL	207.31						01/01/21		
	39	81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECE	300.00						01/01/19		
	39	81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSIN	207.31						01/01/21		
	39	81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSIN	207.31						01/01/21		
	39	81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSIN	207.31						01/01/21		
	39	81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEP	518.28						01/01/21		
	39	81206	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	163.96						01/01/20		
	39	81207	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	144.84						01/01/20		
	39	81208	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	214.62						01/01/19		
	39	81212	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	195.85	19 70	X				01/01/20		E
	39	81215	BRCA1 (BREAST CANCER1) (EG, HEREDITARY	103.34	19 70	X				01/01/20		E
	39	81216	BRCA2 (BREAST CANCER 2) (EG, HEREDIT	103.34	19 70	X				01/01/20		E
	39	81217	BRCA2 (BREAST CANCER2) (EG, HEREDITARY	103.34	19 70	X				01/01/20		E
	39	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	248.65	00 01					01/01/20		
	39	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-W	159.00						01/01/20		
	39	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPT	324.58						07/01/19		
	39	81241	F5 (COAGULATION FACTOR V) (EG, HERED	73.37						01/01/21		
	39	81275	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25						01/01/19		
	39	81276	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25						01/01/19		
	39	81278	IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR	207.31						01/01/21		
	39	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLI	185.20						01/01/21		
	39	81307	GENE ANALYSIS (PARTNER AND LOCALIZER	282.88	19 70					01/01/20		
	39	81308	GENE ANALYSIS (PARTNER AND LOCALIZER	301.35	19 70					01/01/20		
	39	81309	GENE ANALYSIS (PARTNER AND LOCALIZER	274.83	19 70					01/01/20		
	39	81311	NRAS (NEUROBLASTOMA RAS VIRAL V-RAS	295.79						01/01/19		
	39	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	150.33						01/01/21		
	39	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	185.20						01/01/21		
	39	81347	SF3B1 (SPLICING FACTOR 3B1 SUBUNIT	193.25						01/01/21		
	39	81348	SRSF2 (SERINE AND ARGININE-RICH SPLI	175.40						01/01/21		
	39	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	641.85						01/01/21		
	39	81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	329.51						01/01/21		
	39	81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	308.00						01/01/21		
	39	81357	U2AF1 (U2 SMALL NUCLEAR RNA AUXILIA	193.25						01/01/21		



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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BI	193.25						01/01/21		
39	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS P	2,448.56	00 15					01/01/21		
39	81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TR	759.05	10 59		X	F		02/01/19		
39	81425	GENOME (EG, UNEXPLAINED CONSTITUTION	3,773.40	00 00	X				01/01/23		
39	81427	GENOME (EG, UNEXPLAINED CONSTITUTION	1,753.24	00 20	X				01/01/23		
39	81457	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR								
39	81458	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR								
39	81459	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR								
39	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIG	965.25	00 00	X				01/01/23		
39	81462	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR								
39	81463	GENOMIC SEQUENCE ANALYSIS OF DNA IN	CCR								
39	81464	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR								
39	81507	FETAL ANEUPLOIDY (TRISOMY 21, 18 AND	795.00	10 59			F		07/01/19		
39	81513	INFECTIOUS DISEASE, BACTERIAL VAGINO	142.63						01/01/21		
39	81514	INFECTIOUS DISEASE, BACTERIAL VAGINO	262.99						01/01/21		
39	81517	TEST FOR DETECTING 3 BIOMARKERS ASSO	503.40						01/01/24		
39	81596	INFECTIOUS DISEASE, CHRONIC HEPATITI	72.19						01/01/19		
39	82009	KETON BODY(S) (EG, ACETON, ACETOACET	4.52					X	01/01/20		
39	82010	KETON BODY(S) (EG, ACETON, ACETOACET	8.17					X	01/01/20		
39	82013	ACETYLCHOLINESTERASE	12.29					X	01/01/20		
39	82016	AACYLCARNITINE; QUALITATIVE, EACH SP	16.49					X	01/01/19		
39	82017	AACYLCARNITINE; QUANTITATIVE, EACH S	16.87					X	01/01/20		
39	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	38.62						01/01/20		
39	82030	ADENOSINE, 5-MONOPHOSPHATEC CYCLIC (	19.88						01/01/20		
39	82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOO	4.95						01/01/20		
39	82042	ALBUMIN; URINE OR OTHER SOURCE, QUAN	7.27						01/01/20		
39	82043	ALBUMIN; URINE MICROALBUMIN, QUANTIT	5.78						01/01/20		
39	82044	ALBUMIN; URINE MICROALBUMIN, SEMIQUA	4.27						01/01/20		
39	82045	ALBUMIN, ISCHEMIA MODIFIED	33.94						01/01/20		
39	82075	ALCOHOL (ETHANOL), BREATH	16.94					X	01/01/20		
39	82077	ALCOHOL (ETHANOL); ANY SPECIMEN EXCE	17.27						01/01/21		
39	82085	ALDOLASE	9.71						01/01/20		
39	82088	ALDOSTERONE	40.75						01/01/20		
39	82103	ALPHA-1-ANTITRYPSIN; TOTAL	13.44						01/01/20		
39	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	14.46						01/01/20		
39	82105	ALPHA-FETOPROTEIN (AFP); SERUM	16.77						01/01/20		
39	82106	ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL	17.00						01/01/20		
39	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	64.41						01/01/20		
39	82108	ALUMINUM	11.91						01/01/20		
39	82120	AMINES, VAGINAL FLUID, QUALITATIVE	5.28				F		01/01/20		
39	82127	AMINO ACIDS; SINGLE, QUALITATIVE, EA	14.18					X	01/01/20		
39	82128	AMINO ACIDS; MULTIPLE, QUALITATIVE E	13.87						01/01/20		
39	82131	AMINO ACIDS; SINGLE, QUANTITATIVE, E	21.37					X	08/01/12		
39	82135	AMINOLEVULINIC ACID, DELTA (ALA)	16.45						01/01/20		
39	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA	19.61					X	01/01/19		
39	82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS,	16.87					X	01/01/20		
39	82140	AMMONIA	14.57					X	01/01/20		
39	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMET	8.70						08/01/12		
39	82150	AMYLASE	6.48					X	01/01/20		
39	82154	ANDROSTANEDIOL GLUCURONIDE	28.83						01/01/20		

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39	82157	ANDROSTENEDIONE	29.28						01/01/20		
39	82160	ANDROSTERONE	25.55						01/01/20		
39	82163	ANGIOTENSIN II	20.52						01/01/20		
39	82164	ANGIOTENSIN I-CONVERTING ENZYME (ACE	14.60						01/01/20		
39	82166	TEST FOR ANTI-MULLERIAN HORMONE	38.62						01/01/24		
39	82175	ARSENIC	18.97						01/01/20		
39	82180	ASCORBIC ACID (VITAMIN C), BLOOD	9.89						01/01/20		
39	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	11.46					X	01/01/20		
39	82232	BETA-2 MICROGLOBULIN	16.18						01/01/20		
39	82239	BILE ACIDS; TOTAL	17.12						01/01/20		
39	82240	BILE ACIDS; CHOLYLGLYCINE	26.58						01/01/20		
39	82247	BILIRUBIN; TOTAL	4.90						01/01/20		
39	82248	BILIRUBIN; DIRECT	4.90						01/01/20		
39	82252	BILIRUBIN; FECES, QUALITATIVE	4.56						01/01/20		
39	82261	BIOTINIDASE, EACH SPECIMEN	16.87					X	01/01/20		
39	82270	TEST FECES FOR BLOOD	4.12						08/01/12		
39	82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.57						01/01/20		
39	82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.12						08/01/12		
39	82274	BLOOD, OCCULT, BY FECEL HEMOGLOBIN D	15.92						01/01/20		
39	82286	BRADYKININ	5.16						01/01/20		
39	82300	CADMIUM	23.64						01/01/20		
39	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	29.60						01/01/20		
39	82308	CALCITONIN	26.79						01/01/20		
39	82310	CALCIUM; TOTAL	5.16					X	01/01/20		
39	82330	CALCIUM; IONIZED	13.68						01/01/20		
39	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	7.27						01/01/20		
39	82340	CALCIUM; URINE QUANTITATIVE, TIMED S	6.03						01/01/20		
39	82355	CALCULUS; QUALITATIVE ANALYSIS	11.58						01/01/20		
39	82360	CALCULUS; QUANTITATIVE ANALYSIS, CHE	12.87						01/01/20		
39	82365	CALCULUS; INFARED SPECTROSCOPY	12.90						01/01/20		
39	82370	CALCULUS; X-RAY DIFFRACTION	12.52						01/01/20		
39	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	18.06						01/01/20		
39	82374	CARBON DIOXIDE (BICARBONATE)	4.88					X	01/01/20		
39	82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	12.32					X	01/01/20		
39	82376	CARBOXYHEMOGLOBIN; QUALITATIVE	8.44					X	01/01/20		
39	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	18.96						01/01/20		
39	82379	CARNITINE (TOTAL AND FREE), QUANTITA	16.87					X	01/01/20		
39	82380	CAROTENE	9.22						01/01/20		
39	82382	CATECHOLAMINES; TOTAL URINE	24.18						01/01/20		
39	82383	CATECHOLAMINES; BLOOD	29.08						01/01/19		
39	82384	CATECHOLAMINES; FRACTIONATED	25.25						01/01/20		
39	82387	CATHEPSIN-D	10.83						01/01/20		
39	82390	CERULOPLASMIN	10.74						01/01/20		
39	82397	CHEMILUMINESCENT ASSAY	6.53						01/01/20		
39	82415	CHLORAMPHENICOL	12.67						01/01/20		
39	82435	CHLORIDE; BLOOD	4.60					X	01/01/20		
39	82436	CHLORIDE; URINE	5.75						01/01/19		
39	82438	CHLORIDE; OTHER SOURCE	5.00						01/01/20		
39	82441	CHLORINATED HYDROCARBONS, SCREEN	6.01						01/01/20		
39	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T	4.35						01/01/20		

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	82480	CHOLINESTERASE; SERUM	7.87						01/01/20		
39	82482	CHOLINESTERASE; RBC	9.73					X	08/01/12		
39	82485	CHONDROITIN B SULFATE, QUANTITATIVE	20.65						01/01/20		
39	82495	CHROMIUM	20.28						01/01/20		
39	82507	CITRATE	27.80						01/01/20		
39	82523	COLLAGEN CROSS LINKS, ANY METHOD	18.68						01/01/20		
39	82525	COPPER	12.41						01/01/20		
39	82528	CORTICOSTERONE	22.52						01/01/20		
39	82530	CORTISOL; FREE	16.71						01/01/20		
39	82533	CORTISOL; TOTAL	16.30					X	01/01/20		
39	82540	CREATINE	4.64						01/01/20		
39	82542	COLUMN CHROMATOGRAPHY/MASS SPECTOMET	22.87						08/01/12		
39	82550	CREATINE KINASE (CK), (CPK); TOTAL	6.51					X	01/01/20		
39	82552	CREATINE KINASE (CK), (CPK); ISOENZY	13.39					X	01/01/20		
39	82553	CREATINE KINASE (CK), (CPK); MB FRAC	11.55						01/01/20		
39	82554	CREATINE KINASE (CK), (CPK); ISOFORM	11.87						01/01/20		
39	82565	CREATININE; BLOOD	5.12					X	01/01/20		
39	82570	CREATININE; OTHER SOURCE	5.18						01/01/20		
39	82575	CREATININE; CLEARANCE	9.46						01/01/20		
39	82585	CRYOFIBRINOGEN	12.05					X	01/01/20		
39	82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QU	6.47						01/01/20		
39	82600	CYANIDE	19.40						01/01/20		
39	82607	CYANOCOBALAMIN (VITAMIN B-12);	15.08						01/01/20		
39	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSAT	14.32						01/01/20		
39	82610	CYSTATIN C	6.53						01/01/20		
39	82615	CYSTINE AND HOMOCYSTINE, URINE, QUAL	9.55						01/01/19		
39	82626	DEHYDROEPIANDROSTERONE (DHEA)	25.27						01/01/20		
39	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	22.23						01/01/20		
39	82633	DESOXYCORTICOSTERONE, 11 -	30.98						01/01/20		
39	82634	DEOXYCORTISOL, 11 -	29.28						01/01/20		
39	82638	DIBUCAINE NUMBER	12.25						01/01/20		
39	82642	DIHYDROTESTOSTERONE (DHT)	29.28						01/01/20		
39	82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES	38.50						01/01/20		
39	82653	MEASUREMENT OF PANCREATIC ELASTASE (	22.97						01/01/22		
39	82656	ELASTASE, PANCREATIC (EL-1), FECAL,	11.53						01/01/20		
39	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULT	22.17						01/01/19		
39	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	25.39						01/01/20		
39	82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWH	48.31						01/01/20		
39	82668	ERYTHROPOIETIN	18.79						01/01/20		
39	82670	ESTRADIOL	27.94						01/01/20		
39	82671	ESTROGENS; FRACTIONATED	32.30						01/01/20		
39	82672	ESTROGENS; TOTAL	21.70						01/01/20		
39	82677	ESTRIOL	24.18						01/01/20		
39	82679	ESTRONE	24.95						01/01/20		
39	82681	ESTRADIOL; FREE, DIRECT MEASUREMENT	27.94						01/01/21		
39	82693	ETHYLENE GLYCOL	14.90						01/01/20		
39	82696	ETIOCHOLANOLONE	26.24						01/01/19		
39	82705	FAT OR LIPIDS, FECES; QUALITATIVE	5.10						01/01/20		
39	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	16.80						01/01/20		
39	82715	FAT DIFFERENTIAL, FECES, QUANTITATIV	21.80						08/01/12		

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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	82725	FATTY ACIDS, NONESTERIFIED	18.73						01/01/20		
	39	82726	VERY LONG CHAIN FATTY ACIDS	19.75						01/01/20		
	39	82728	FERRITIN	13.63						01/01/20		
	39	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SE	64.41						01/01/20		
	39	82735	FLUORIDE	18.54						01/01/20		
	39	82746	FOLIC ACID; SERUM	14.70						01/01/20		
	39	82747	FOLIC ACID; RBC	17.65						01/01/20		
	39	82757	FRUCTOSE, SEMEN	17.34						01/01/20		
	39	82759	GALACTOKINASE, RBC	21.48						01/01/20		
	39	82760	GALACTOSE	11.20					X	01/01/20		
	39	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	21.07						01/01/20		
	39	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	10.62						08/01/12		
	39	82777	GALECTIN-3	19.76						01/01/20		
	39	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA	9.30					X	01/01/20		
	39	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	16.46						01/01/20		
	39	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMU	6.82						01/01/20		
	39	82800	GASES, BLOOD, PH ONLY	10.72					X	08/01/12		
	39	82803	GASES, BLOOD, ANY COMBINATION OF PH,	7.34					X	01/01/20		
	39	82805	GASES, BLOOD, ANY COMBINATION OF PH,	12.72						01/01/20		
	39	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	5.38						01/01/20		
	39	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	12.66						08/01/12		
	39	82930	GASTRIC ACID ANALYSIS, INCLUDES PH I	6.50						01/01/20		
	39	82938	GASTRIN AFTER SECRETIN STIMULATION	17.69						01/01/20		
	39	82941	GASTRIN	17.63					X	01/01/20		
	39	82943	GLUCAGON	14.29						01/01/20		
	39	82945	GLUCOSE, BODY FLUID; OTHER THAN BLO	3.93						01/01/20		
	39	82946	GLUCAGON TOLERANCE TEST	16.36						01/01/20		
	39	82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	3.93					X	01/01/20		
	39	82948	GLUCOSE; BLOOD, REAGENT STRIP	4.45					X	01/01/20		
	39	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES	4.75						01/01/20		
	39	82951	GLUCOSE; TOLERANCE TEST (GTT), 3 SPE	12.87						01/01/20		
	39	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITI	3.92					X	01/01/20		
	39	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	9.70						01/01/20		
	39	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	6.05						01/01/20		
	39	82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING	2.96					X	08/01/12		
	39	82963	GLUCOSIDASE, BETA	21.48						01/01/20		
	39	82965	GLUTAMATE DEHYDROGENASE	10.87						01/01/20		
	39	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	7.20						01/01/20		
	39	82978	GLUTATHIONE	15.45						01/01/20		
	39	82979	GLUTATHIONE REDUCTASE, RBC	8.72						08/01/12		
	39	82985	GLYCATED PROTEIN	16.76						01/01/19		
	39	83001	GONADOTROPIN; FOLLICLE STIMULATING H	18.58						01/01/20		
	39	83002	GONADOTROPIN; LUTEINIZING HORMONE	18.52						01/01/20		
	39	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOT	16.67						01/01/20		
	39	83009	HELICOBACTER PYLORI, BLOOD TEST ANAL	40.69						01/01/20		
	39	83010	HAPTOGLOBIN; QUANTITATIVE	12.58						01/01/20		
	39	83012	HAPTOGLOBIN; PHENOTYPES	24.18						01/01/20		
	39	83013	HELICOBACTER PYLORI; BREATH TEST ANA	40.69						01/01/20		
	39	83014	HELICOBACTER PYLORI; DRUG ADMINISTRA	7.86						01/01/20		
	39	83015	HEAVY METAL SCREENING	15.96						01/01/20		

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	39	83018	CHROMATOGRAPH SCREEN, METALS	11.94						01/01/20		
	39	83020	ASSAY HEMOGLOBIN	12.87					X	01/01/20		
	39	83021	HEMOGLOBIN CHROMATOGRAPHY	18.06						01/01/20		
	39	83026	HEMOGLOBIN;	3.32						01/01/20		
	39	83030	FETAL HEMOGLOBIN ASSAY	4.85						01/01/20		
	39	83033	FETAL FECAL HEMOGLOBIN ASSAY	7.55						08/01/12		
	39	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	9.71						01/01/20		
	39	83045	BLOOD METHEMOGLOBIN TEST	6.27						08/01/12		
	39	83050	BLOOD METHEMOGLOBIN ASSAY	8.20						01/01/19		
	39	83051	ASSAY PLASMA HEMOGLOBIN	7.31						01/01/20		
	39	83060	BLOOD SULFHEMOGLOBIN ASSAY	8.80						01/01/20		
	39	83065	HEMOGLOBIN HEAT ASSAY	8.72						08/01/12		
	39	83068	HEMOGLOBIN STABILITY SCREEN	9.47						01/01/19		
	39	83069	ASSAY URINE HEMOGLOBIN	3.95						01/01/20		
	39	83070	ASSAY URINE HEMOSIDERIN	4.75						01/01/20		
	39	83080	B HEXOSAMINIDASE ASSAY	16.87					X	01/01/20		
	39	83088	ASSAY HISTAMINE	29.53						01/01/20		
	39	83090	ASSAY OF HOMOCYSTINE	17.92						01/01/20		
	39	83150	ASSAY URINE FOR HVA	22.41						01/01/19		
	39	83491	HYDROXYCORTICOSTEROIDS,17-RIA	17.90						01/01/20		
	39	83497	ASSAY URINE 5-HIAA	12.90						01/01/20		
	39	83498	RIA ASSAY OF PROGESTERONE	27.17						01/01/20		
	39	83500	ASSAY URINE HYDROXYPROLINE	22.65						01/01/20		
	39	83505	ASSAY URINE HYDROXYPROLINE	24.30						01/01/20		
	39	83516	IMMUNOASSAY, NON ANTIBODY	11.53						01/01/20		
	39	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	6.53						01/01/20		
	39	83519	IMMUNOASSAY, ANALYTE;	6.55						01/01/20		
	39	83520	IMMUNOASSAY, ANALYTE;	16.40						08/01/12		
	39	83521	MEASUREMENT OF IMMUNOGLOBULIN LIGHT	17.27						01/01/22		
	39	83525	RIA ASSAY OF INSULIN	11.43					X	01/01/20		
	39	83527	INSULIN;	12.95						01/01/20		
	39	83528	INTRINSIC FACTOR LEVEL	19.82						01/01/18		
	39	83529	MEASUREMENT OF INTERLEUKIN-6	17.27						01/01/22		
	39	83540	ASSAY SERUM IRON	6.47						01/01/20		
	39	83550	SERUM IRON BINDING TEST	8.74						01/01/20		
	39	83570	UV-ASSAY BLOOD IDH ENZYME	8.85						01/01/20		
	39	83582	ASSAY URINE 17-KGS	15.47						01/01/20		
	39	83586	ASSAY BLOOD 17-KETOSTEROIDS	12.80						01/01/20		
	39	83593	CHROMATOGRAPH KETOSTEROIDS	11.94						01/01/20		
	39	83605	LACTIC ACID ASSAY	11.57					X	01/01/20		
	39	83615	UV-ASSAY BLOOD LDH ENZYME	6.04					X	01/01/20		
	39	83625	ASSAY BLOOD LDH ENZYMES	11.72					X	08/01/12		
	39	83630	LACTOFERRIN, FECAL (QUAL)	19.70						01/01/20		
	39	83632	RIA PLACENTAL LACTOGEN	20.22						01/01/20		
	39	83633	TEST URINE FOR LACTOSE	7.74						01/01/20		
	39	83655	ASSAY BLOOD FOR LEAD	12.11						01/01/20		
	39	83661	ASSAY AMNIOTIC L/S RATIO	21.99						01/01/20		
	39	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	18.91						01/01/20		
	39	83663	FLUORO POLARIZE, FETAL LUNG	18.91						01/01/20		
	39	83664	LAMELLAR BDY, FETAL LUNG	19.32						01/01/20		

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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	83670	UV-ASSAY BLOOD LAP ENZYME	9.81						01/01/20		
	39	83690	ASSAY BLOOD LIPASE	6.89						01/01/20		
	39	83695	ASSAY OF LIPOPROTEIN (A)	14.32						01/01/20		
	39	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	42.99						08/01/12		
	39	83701	LIPOPROTEIN BLD, HR FRACTION	31.44						08/01/12		
	39	83704	LIPOPROTEIN, BLD, BY NMR	34.19						01/01/20		
	39	83718	BLOOD LIPOPROTEIN ASSAY	8.19						01/01/20		
	39	83719	LIPOPROTEIN, VLDL CHOLESTEROL	12.75						01/01/20		
	39	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	10.50						01/01/20		
	39	83722	LIPOPROTEIN, DIRECT MEASUREMENT	34.19						01/01/20		
	39	83727	LUTEINIZING RELEASING FACTOR, RIA	17.19						01/01/20		
	39	83735	ASSAY BLOOD MAGNESIUM	6.70					X	01/01/20		
	39	83775	UV-ASSAY OF MD ENZYME	7.37						01/01/20		
	39	83785	ASSAY OF MANGANESE	26.65						01/01/20		
	39	83789	MASS SPECTROMETRY QUANT	22.87					X	08/01/12		
	39	83825	ASSAY BLOOD MERCURY	16.26						01/01/20		
	39	83835	ASSAY URINE METANEPHRINES	16.94						01/01/20		
	39	83857	ASSAY METHEMALBUMIN	10.74						01/01/20		
	39	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	21.22						08/01/12		
	39	83864	BLOOD MUCOPOLYSACCHARIDES	27.99						01/01/20		
	39	83872	ASSAY SYNOVIAL FLUID MUCIN	5.86						01/01/20		
	39	83873	MYELIN BASIC PROTEIN, CSF, RIA	17.20						01/01/20		
	39	83874	MYOGLOBIN ELECTROPHORESIS	12.92						01/01/20		
	39	83876	MYELOPEROXIDASE (MPO)	18.89						01/01/20		
	39	83880	NATRIURETIC PEPTIDE	39.26						01/01/19		
	39	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	6.53					X	01/01/20		
	39	83885	ASSAY URINE FOR NICKEL	24.51						01/01/20		
	39	83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	11.15						01/01/20		
	39	83916	OLIGOCLONAL IMMUNE GLOBULIN, CSF	25.47						08/01/12		
	39	83918	ASSAY ORGANIC ACIDS	23.13						01/01/20		
	39	83919	ASSAY ORGANIC ACIDS QUAL	16.45						01/01/20		
	39	83921	ORGANIC ACID, SINGLE, QUANT	20.84						08/01/12		
	39	83930	ASSAY BLOOD OSMOLALITY	6.61					X	01/01/20		
	39	83935	ASSAY URINE OSMOLALITY	6.82					X	01/01/20		
	39	83937	OSTEOCALCIN (BONE GLA PROTEIN)	29.85						01/01/20		
	39	83945	ASSAY URINE OXALATE	14.45						01/01/19		
	39	83950	ONCORPROTEIN, HER-2/NEU	64.41						01/01/20		
	39	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	64.41						01/01/20		
	39	83970	RIA ASSAY OF PARATHORMONE	41.28						01/01/20		
	39	83986	ASSAY BODY FLUID ACIDITY	3.58					X	01/01/20		
	39	83987	PH; EXHALED BREATH CONDENSATE	3.58						01/01/20		
	39	83992	ASSAY FOR PHENCYCLIDINE	20.66						01/01/20		
	39	83993	CALPROTECTIN, FECAL	19.63						01/01/20		
	39	84030	ASSAY BLOOD PKU	5.50					X	01/01/20		
	39	84035	ASSAY BLOOD PHENYLKETONES	3.98					X	01/01/20		
	39	84060	ASSAY BLOOD ACID PHOSPHATASE	7.64						01/01/20		
	39	84066	ASSAY PROSTATE PHOSPHATASE, RIA	9.66						01/01/20		
	39	84075	ASSAY ALKALINE PHOSPHATASE	5.18						01/01/20		
	39	84078	ASSAY ALKALINE PHOSPHATASE	8.11						01/01/20		
	39	84080	ASSAY ALKALINE PHOSPHATASES	14.78						01/01/20		

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	39	84081	PHOSPHATYDYLGLYCEROL	16.52						01/01/20		
	39	84085	ASSAY RBC PG6D ENZYME	8.54					X	08/01/12		
	39	84087	ASSAY PHOSPHOHEXOSE ENZYMES	10.73						01/01/20		
	39	84100	ASSAY BLOOD PHOSPHORUS	4.74						01/01/20		
	39	84105	ASSAY URINE PHOSPHORUS	5.78						01/01/19		
	39	84106	TEST FOR PORPHOBILINOGEN	5.42						08/01/12		
	39	84110	ASSAY PORPHOBILINOGEN	6.93						01/01/20		
	39	84112	CERVICOVAGINAL SECRETION OF PLACENTA	90.55						01/01/20		
	39	84119	TEST URINE FOR PORPHYRINS	12.11						01/01/20		
	39	84120	ASSAY URINE PORPHYRINS	14.71						01/01/20		
	39	84126	ASSAY FECES PORPHYRINS	35.82						01/01/20		
	39	84132	ASSAY BLOOD POTASSIUM	4.76					X	01/01/20		
	39	84133	ASSAY URINE POTASSIUM	4.73					X	01/01/20		
	39	84134	PREALBUMIN	7.85						01/01/20		
	39	84135	PREGNANEDIOL; RIA	21.27						01/01/19		
	39	84138	PREGNANETRIOL;RIA	21.05						01/01/19		
	39	84140	PREGNENOLONE	20.67						01/01/20		
	39	84143	17-HYDROXPREGNENOLONE	22.81						01/01/20		
	39	84144	ASSAY PROGESTERONE	20.86						01/01/20		
	39	84145	PROCALCITONIN (PCT)	24.98						08/01/12		
	39	84146	RIA ASSAY FOR PROLACTIN	19.38						01/01/20		
	39	84150	RIA ASSAY OF PROSTAGLANDIN	35.09						01/01/20		
	39	84152	ASSAY OF PSA, COMPLEXED	18.39						01/01/20		
	39	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	18.39						01/01/20		
	39	84154	PSA FREE	18.39						01/01/20		
	39	84155	ASSAY SERUM PROTEIN	3.67						01/01/20		
	39	84156	ASSAY OF PROTEIN, URINE	3.67						01/01/20		
	39	84157	ASSAY OF PROTEIN, OTHER	4.00						01/01/20		
	39	84160	ASSAY SERUM PROTEIN	5.61						01/01/20		
	39	84163	PAPPA, SERUM	15.05	10 59			F		01/01/20		
	39	84165	ASSAY SERUM PROTEINS	10.74						01/01/20		
	39	84166	PROTEIN E-PHORESIS/URINE/CSF	17.83						01/01/20		
	39	84182	PROTEIN;	25.31					X	01/01/20		
	39	84202	ASSAY RBC PROTOPORPHYRIN	14.35						01/01/20		
	39	84203	TEST RBC PROTOPORPHYRIN	9.74						01/01/19		
	39	84206	RIA ASSAY OF PROINSULIN	25.04						01/01/20		
	39	84207	ASSAY VITAMIN B-6	19.88						01/01/20		
	39	84210	ASSAY BLOOD PYRUVATE	13.74						08/01/12		
	39	84220	ASSAY RBC PYRUVIC KINASE	9.44						01/01/20		
	39	84228	ASSAY QUININE	11.63						01/01/20		
	39	84233	RECEPTOR ASSAY; ESTROGEN (ESTRADIOL)	81.58						08/01/12		
	39	84234	RECEPTOR ASSAY; PROGESTERONE	64.88						01/01/20		
	39	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	66.29						08/01/12		
	39	84238	RECEPTOR ASSAY;	36.57						01/01/20		
	39	84244	RIA ASSAY OF RENIN	21.99					X	01/01/20		
	39	84252	ASSAY VITAMIN B-2	20.24						01/01/20		
	39	84255	ASSAY SELENIUM	25.53						01/01/20		
	39	84260	ASSAY BLOOD SEROTONIN	30.98						01/01/20		
	39	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	21.73						01/01/20		
	39	84275	ASSAY BLOOD SIALIC ACID	13.44						01/01/20		

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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	84285	ASSAY SILICA	25.21						01/01/20		
	39	84295	ASSAY BLOOD SODIUM	4.81					X	01/01/20		
	39	84300	ASSAY URINE SODIUM	5.06					X	01/01/20		
	39	84302	ASSAY OF SWEAT SODIUM	4.86						01/01/20		
	39	84305	SOMATOMEDIN	21.26						01/01/20		
	39	84307	SOMATOSTATIN	18.28						01/01/20		
	39	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.10						01/01/19		
	39	84315	BODY FLUID SPECIFIC GRAVITY	3.18						08/01/12		
	39	84375	CHROMATOGRAM ASSAY, SUGARS	27.56						01/01/20		
	39	84376	SUGARS SINGLE QUAL	5.50					X	01/01/20		
	39	84377	SUGARS MULTIPLE QUAL	5.50					X	01/01/20		
	39	84378	SUGARS SINGLE QUANT	11.39					X	01/01/20		
	39	84379	SUGARS MULTIPLE QUANT	11.39					X	01/01/20		
	39	84392	SULFATE, URINE	5.49					X	01/01/19		
	39	84402	TESTOSTERONE;	25.47						01/01/20		
	39	84403	RIA ASSAY BLOOD TESTOSTERONE	25.81						01/01/20		
	39	84410	TESTOSTERONE; BIOAVAILABLE, DIRECT M	51.28				M		01/01/20		
	39	84425	ASSAY VITAMIN B-1	21.23						01/01/20		
	39	84430	ASSAY BLOOD THIOCYANATE	11.63						01/01/20		
	39	84431	THROMBOXANE METABOLITE(S), INCLUDING	18.53						01/01/20		
	39	84432	THYROGLOBULIN	16.06						01/01/20		
	39	84433	EVALUATION OF THIOPURINE S-METHYLTRA	22.17						01/01/23		
	39	84436	THYROXINE, TRUE, RIA	6.80						01/01/20		
	39	84437	THYROXINE, NEONATAL	6.47						01/01/20		
	39	84439	THYROID PANEL	9.02						01/01/20		
	39	84442	THYROID ACTIVITY (TBG) ASSAY	14.78						01/01/20		
	39	84443	RIA ASSAY OF TS HORMONE	16.80						01/01/20		
	39	84445	RIA THYROTROPIN FACTOR	25.87						01/01/20		
	39	84446	ASSAY VITAMIN E	14.18						01/01/20		
	39	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	18.00						01/01/20		
	39	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.18					X	01/01/20		
	39	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.30					X	01/01/20		
	39	84466	TRANSFERRIN	12.76						01/01/20		
	39	84478	ASSAY BLOOD TRIGLYCERIDES	5.74						01/01/20		
	39	84479	TRIIODOTHYRONINE, RESIN UPTAKE	5.89						08/01/12		
	39	84480	RIA ASSAY, T-3	9.02						01/01/20		
	39	84481	TRIIODOTHYRONINE, FREE RIA	13.86						01/01/20		
	39	84482	TRIDOTHYRONINE (T-3);	6.54						01/01/20		
	39	84484	TROPONIN	12.47						08/01/12		
	39	84485	ASSAY DUODENAL FLUID TRYPSIN	7.20						01/01/20		
	39	84488	TEST FECES FOR TRYPSIN	7.30						01/01/20		
	39	84490	ASSAY FECES FOR TRYPSIN	9.93						01/01/20		
	39	84510	ASSAY BLOOD TYROSINE	10.63						01/01/20		
	39	84512	TROPONIN, QUAL	9.75						08/01/12		
	39	84520	ASSAY BUN	3.95					X	01/01/20		
	39	84525	STICK-ASSAY BUN	4.76					X	08/01/12		
	39	84540	ASSAY URINE UREA-N	5.56					X	01/01/19		
	39	84545	UREA-N CLEARANCE TEST	7.20						01/01/20		
	39	84550	ASSAY BLOOD URIC ACID	4.52						01/01/20		
	39	84560	ASSAY URINE URIC ACID	5.08						01/01/20		



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39	84577	ASSAY FECES UROBILINOGEN	15.80						08/01/12		
39	84578	TEST URINE UROBILINOGEN	4.11						08/01/12		
39	84580	ASSAY URINE UROBILINOGEN	8.98						08/01/12		
39	84583	ASSAY URINE UROBILINOGEN	6.05						01/01/19		
39	84585	ASSAY URINE VMA	15.50						01/01/20		
39	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	35.33						01/01/20		
39	84588	RIA ASSAY VASOPRESSIN	33.94						01/01/20		
39	84590	ASSAY BLOOD VITAMIN-A	11.61						01/01/20		
39	84591	ASSAY OF NOS VITAMIN	16.31						01/01/20		
39	84597	ASSAY VITAMIN-K	13.72						01/01/20		
39	84600	ASSAY FOR VOLATILES	17.11						01/01/20		
39	84620	XYLOSE TOLERANCE TEST, BLOOD	12.91						01/01/20		
39	84630	ASSAY BLOOD ZINC	11.39						01/01/20		
39	84702	GONADOTROPIN, CHORIONIC; QUANTITATIVE	15.05						01/01/20		
39	84703	GONADOTROPIN, CHORIONIC; QUALITATIVE	7.52						01/01/20		
39	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	15.29						01/01/20		
39	84830	OVULATION TESTS, BY VISUAL COLOR COM	12.70						01/01/18		
39	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP				X		06/01/08		
39	85002	BLEEDING TIME TEST	4.82					X	01/01/20		
39	85004	AUTOMATED DIFF WBC COUNT	6.47						01/01/20		
39	85007	DIFFERENTIAL WBC COUNT	3.53					X	01/01/20		
39	85008	BLOOD COUNT;	3.43						01/01/20		
39	85009	DIFFERENTIAL WBC COUNT	4.71					X	08/01/12		
39	85013	BLOOD COUNT;	3.33						01/01/20		
39	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.37					X	01/01/20		
39	85018	HEMOGLOBIN, COLORIMETRIC	2.37					X	01/01/20		
39	85025	BLOOD COUNT; HEMO. PLAT. COUNT, AUTO/AUT	7.77						01/01/20		
39	85027	HEMOGRAM, AUTOMATED W/PLATELET COUNT	6.47					X	01/01/20		
39	85032	MANUAL CELL COUNT, EACH	4.31						01/01/20		
39	85041	RED BLOOD CELL (RBC) COUNT	3.02					X	01/01/20		
39	85044	RETICULOCYTE COUNT	4.31						01/01/20		
39	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	3.99						01/01/20		
39	85046	RETICULOCYTE, HGB CONCENTRATE	5.57						01/01/20		
39	85048	WHITE BLOOD CELL (WBC) COUNT	2.54						01/01/20		
39	85049	AUTOMATED PLATELET COUNT	4.48						01/01/20		
39	85055	RETICULATED PLATELET ASSAY	28.32						01/01/20		
39	85097	BONE MARROW SMEAR INTERPRET	60.28					X	01/01/21		
39	85130	CHROMOGENIC SUBSTRATE ASSAY	11.89						01/01/20		
39	85170	BLOOD CLOT RETRACTION SCREEN	5.08					X	01/01/20		
39	85175	BLOOD CLOT LYSIS TIME	6.39					X	01/01/20		
39	85210	BLOOD CLOT FACTOR II TEST	8.11					X	01/01/20		
39	85220	BLOOD CLOT FACTOR V TEST	17.65					X	01/01/20		
39	85230	BLOOD CLOT FACTOR VII TEST	17.90					X	01/01/20		
39	85240	BLOOD CLOT FACTOR VIII TEST	17.90					X	01/01/20		
39	85244	FACTOR VIII RELATED ANTIGEN QUAN	20.42					X	01/01/20		
39	85245	CLOTTING;	22.94						01/01/20		
39	85246	CLOTTING;	22.94						01/01/20		
39	85247	CLOTTING;	22.94						01/01/20		
39	85250	BLOOD CLOT FACTOR IX TEST	19.04					X	01/01/20		
39	85260	BLOOD CLOT FACTOR X TEST	17.90					X	01/01/20		

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	39	85270	BLOOD CLOT FACTOR XI TEST	17.90					X	01/01/20		
	39	85280	BLOOD CLOT FACTOR XII TEST	17.91					X	08/01/12		
	39	85290	BLOOD CLOT FACTOR XIII TEST	16.34					X	01/01/20		
	39	85291	BLOOD CLOT FACTOR XIII TEST	9.11					X	01/01/20		
	39	85292	CLOTTING; PREKALLIKRIEW ASSAY	18.93						01/01/20		
	39	85293	CLOTTING;H-M-W KINNINGOGEN ASSA	18.93						01/01/20		
	39	85300	ANTITHROMBIN III TEST	11.85					X	01/01/20		
	39	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	10.81					X	01/01/20		
	39	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	12.01					X	01/01/20		
	39	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	13.84						01/01/20		
	39	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	11.61						01/01/20		
	39	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	15.32						01/01/20		
	39	85307	ASSAY ACTIVATED PROTEIN C	15.32						01/01/20		
	39	85335	FACTOR INHIBITOR TEST	12.87						01/01/20		
	39	85337	THROMBOMODULIN	14.65						01/01/20		
	39	85345	COAGULATION TIME	4.69					X	01/01/20		
	39	85347	COAGULATION TIME	4.05					X	01/01/20		
	39	85348	COAGULATION TIME	4.49					X	01/01/19		
	39	85360	EUGLOBULIN LYSIS	8.41						01/01/20		
	39	85362	FIBRIN DEGRADATION PRODUCTS	6.89					X	01/01/20		
	39	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.11						01/01/20		
	39	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.43						01/01/20		
	39	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	7.97						01/01/20		
	39	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	10.18						01/01/20		
	39	85380	FIBRIN DEGRADATION, VTE	10.18						01/01/20		
	39	85384	FIBRINOGEN;	9.72						01/01/19		
	39	85385	FIBRINOGEN;	11.94						01/01/20		
	39	85390	FIBRINOLYSINS SCREEN	7.26						01/01/20		
	39	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	29.06						08/01/12		
	39	85400	FIBRINOLYTIC PLASMIN	7.71						01/01/20		
	39	85410	FIBRINOLYTIC ANTIPLASMIN	7.71						01/01/20		
	39	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	17.19						01/01/20		
	39	85420	FIBRINOLYTIC PLASMINOGEN	6.53						01/01/20		
	39	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	10.18						01/01/20		
	39	85441	HEINZ BODIES; DIRECT	4.20						01/01/20		
	39	85445	HEINZ BODIES; INDUCED	6.82						01/01/20		
	39	85460	HEMOGLOBIN, FETAL	6.54						01/01/20		
	39	85461	HEMOGLOBIN, FETAL	4.35						01/01/20		
	39	85475	HEMOLYSIN, ACID	8.87						01/01/20		
	39	85520	HEPARIN ASSAY	11.91						01/01/20		
	39	85525	HEPARIN NEUTRALIZATION	10.73						08/01/12		
	39	85530	HEPARIN-PROTAMINE TOLERANCE	13.09						01/01/20		
	39	85536	IRON STAIN PERIPHERAL BLOOD	6.88						01/01/20		
	39	85540	WBC ALKALINE PHOSPHATASE	8.60						01/01/20		
	39	85547	RBC MECHANICAL FRAGILITY	8.60						01/01/20		
	39	85549	SERUM MURAMIDASE	18.75						01/01/20		
	39	85555	RBC OSMOTIC FRAGILITY	6.54						01/01/20		
	39	85557	RBC OSMOTIC FRAGILITY	13.36						01/01/20		
	39	85576	PLATELET;AGGREGATION (IN VITRO)	24.91					X	01/01/19		
	39	85590	PLATELET PHASE MICROSCOPY	5.55					X	01/01/20		

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39	85597	PLATELET NEUTRALIZATION	16.97						08/01/12		
39	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	16.97						08/01/12		
39	85610	PROTHROMBIN TIME	4.29					X	01/01/20		
39	85611	PROTHROMBIN TIME;	3.94					X	01/01/20		
39	85612	VIPER VENOM PROTHROMBIN TIME	13.45						01/01/20		
39	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	9.58						01/01/20		
39	85635	REPTILASE TEST	9.85						01/01/20		
39	85651	RBC SEDIMENTATION RATE	4.27						01/01/19		
39	85652	RBC SED RATE, AUTO	2.70						01/01/20		
39	85660	RBC SICKLE CELL TEST	5.51					X	01/01/20		
39	85670	THROMBIN TIME; PLASMA	5.77						01/01/20		
39	85675	THROMBIN TIME; TITER	6.85						01/01/20		
39	85705	THROMBOPLASTIN INHIBITION;	8.70						08/01/12		
39	85730	THROMBOPLASTIN TIME, PARTIAL	6.01					X	01/01/20		
39	85732	THROMBOPLASTIN TIME, PARTIAL	6.47					X	01/01/20		
39	85810	BLOOD VISCOSITY EXAMINATION	11.67					X	01/01/20		
39	85999	HEMATOLOGY PROCEDURE	MP			X			06/01/08		
39	86000	AGGLUTININS; FEBRILE	6.98						01/01/20		
39	86001	ALLERGEN SPECIFIC IGG	7.34					X	01/01/20		
39	86003	ALLERGEN SPECIFIC IGE;	5.22					X	01/01/20		
39	86005	ALLERGEN SPECIFIC IGE;	7.97						01/01/20		
39	86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE	17.93					X	01/01/20		
39	86015	MEASUREMENT OF ACTIN (SMOOTH MUSCLE)	11.53						01/01/22		
39	86021	WBC ANTIBODY IDENTIFICATION	15.05						01/01/20		
39	86022	PLATELET ANTIBODIES	18.37						01/01/20		
39	86023	ANTIBODY ID, PLAT. ASS. IMMUNOBLO	12.46						01/01/20		
39	86036	SCREENING TEST FOR ANTINEUTROPHIL CY	12.05					X	01/01/22		
39	86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY	12.05					X	01/01/22		
39	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	12.09						01/01/20		
39	86039	ANTINUCLEAR ANTIBODIES (ANA);	11.16						01/01/20		
39	86041	TEST FOR ACETYLCHOLINE RECEPTOR BIND	18.40						01/01/24		
39	86042	TEST FOR ACETYLCHOLINE RECEPTOR BLOC	18.40						01/01/24		
39	86043	TEST FOR ACETYLCHOLINE RECEPTOR MODU	12.05						01/01/24		
39	86051	ELISA DETECTION OF AQUAPORIN-4 (NEUR	11.53						01/01/22		
39	86052	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
39	86053	FLOW CYTOMETRY DETECTION OF AQUAPORI	12.05						01/01/22		
39	86060	ANTISTREPTOLYSIN O TITER	7.30						01/01/20		
39	86063	ANTISTREPTOLYSIN O SCREEN	5.77						01/01/20		
39	86140	C-REACTIVE PROTEIN	5.18						01/01/20		
39	86141	C-REACTIVE PROTEIN, HS	12.95						01/01/20		
39	86146	GLYCOPROTEIN ANTIBODY	16.34						01/01/20		
39	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	16.34						01/01/20		
39	86148	PHOSPHOLIPID ANTIBODY	14.72						08/01/12		
39	86155	CHEMOTAXIS ASSAY	15.99						01/01/20		
39	86156	COLD AGGLUTININ;	8.07						01/01/19		
39	86157	COLD AGGLUTININ;	8.06						01/01/20		
39	86160	COMPLEMENT;	12.00					X	01/01/20		
39	86161	COMPLEMENT;	12.00					X	01/01/20		
39	86162	COMPLEMENT; TOTAL (CH 50)	20.32						01/01/20		
39	86171	COMPLEMENT FIXATION, EACH	10.01						01/01/20		

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	39	86200	CCP ANTIBODY	12.95						01/01/20		
	39	86215	DEOXYRIBONUCLEASE, ANTIBODY	13.25						01/01/20		
	39	86225	DNA ANTIBODY	13.74						01/01/20		
	39	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	12.11						01/01/20		
	39	86231	DETECTION OF ENDOMYSIAL ANTIBODY (EM	12.09					X	01/01/22		
	39	86235	ENA ANTIBODY	16.36						01/01/20		
	39	86255	FLUORESCENT ANTIBODY; SCREEN	12.05						01/01/20		
	39	86256	FLUORESCENT ANTIBODY; TITER	12.05						01/01/20		
	39	86258	DETECTION OF GLIADIN (DEAMIDATED) (D	11.53					X	01/01/22		
	39	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	15.74						01/01/20		
	39	86280	HEMAGGLUTINATION INHIBITION	8.19						01/01/20		
	39	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	20.81						01/01/20		
	39	86301	IMMUNOASSAY, TUMOR, CA 19-9	20.81						01/01/20		
	39	86304	IMMUNOASSAY, TUMOR CA 125	20.81						01/01/20		
	39	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	20.81				F		01/01/20		
	39	86308	HETEROPHILE ANTIBODIES;	5.18						01/01/20		
	39	86309	HETEROPHILE ANTIBODIES;	6.47						01/01/20		
	39	86310	HETEROPHILE ANTIBODIES	7.37						01/01/20		
	39	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	20.81					X	01/01/20		
	39	86317	IMMUNOASSAY/INFECTIOUS AGENT	14.99						01/01/20		
	39	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	16.40						08/01/12		
	39	86320	SERUM IMMUNOELECTROPHORESIS	28.39						08/01/12		
	39	86325	OTHER IMMUNOELECTROPHORESIS	23.13						01/01/20		
	39	86327	IMMUNOELECTROPHORESIS;	28.74						08/01/12		
	39	86328	IMMUNOASSAY INF AGT,SINGLE STEP,CV19	33.92						05/12/23		
	39	86329	IMMUNODIFFUSION, EACH	14.05					X	01/01/20		
	39	86331	IMMUNODIFFUSION OUCHTERLONY	11.98						01/01/20		
	39	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	24.37						01/01/20		
	39	86334	IMMUNOFIXATION ELECTROPHORESIS	22.34						01/01/20		
	39	86336	INHIBIN A	15.59						01/01/20		
	39	86337	INSULIN ANTIBODIES, RIA	14.71						01/01/20		
	39	86340	INTRINSIC FACTOR ANTIBODIES, RIA	15.08						01/01/20		
	39	86341	ISLET CELL ANTIBODY	23.57						01/01/19		
	39	86344	LEUKOCYTE PHAGOCYTOSIS	10.12						08/01/12		
	39	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	97.20						01/01/20		
	39	86353	LYMPHOCYTE TRANSFORMATION	49.03						01/01/20		
	39	86355	B CELLS, TOTAL COUNT	37.73						01/01/20		
	39	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	25.51					X	08/01/12		
	39	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	37.73						01/01/20		
	39	86359	T CELLS;	37.73						01/01/20		
	39	86360	T CELLS;	46.98						01/01/20		
	39	86361	T CELL ABSOLUTE COUNT	25.51						08/01/12		
	39	86362	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
	39	86363	FLOW CYTOMETRY DETECTION OF MYELIN O	12.05						01/01/22		
	39	86364	MEASUREMENT OF TISSUE TRANSGLUTAMINA	11.53					X	01/01/22		
	39	86366	TEST FOR MUSCLE-SPECIFIC KINASE ANTI	18.40						01/01/24		
	39	86367	STEM CELLS, TOTAL COUNT	53.02						01/01/20		
	39	86376	MICROSOMAL ANTIBODY (THYROID); RIA	14.55						01/01/20		
	39	86381	MEASUREMENT OF MITOCHONDRIAL ANTIBOD	25.45					X	01/01/22		
	39	86382	NEUTRALIZATION TEST, VIRAL	16.91						01/01/20		

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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
	39	86384	NITROBLUE TETRAZOLIUM DYE	13.61						01/01/19		
	39	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), Q	20.35						08/01/12		
	39	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	11.54						01/01/19		
	39	86406	PARTICLE AGGLUTINATION TEST	10.64						01/01/20		
	39	86408	NEUTRALIZING ANTIBODY.;SCREEN	31.60						05/12/23		
	39	86409	NEUTRALIZING ANTIBODY.;TITER	79.00						05/12/23		
	39	86413	SARS-COV-2.COVID-19,ANTIBODY,QUANT	31.60						05/12/23		
	39	86430	RHEUMATOID FACTOR LATEX FIXATION	6.14						01/01/20		
	39	86431	RHEUMATOID FACTOR;	5.67						01/01/20		
	39	86480	TB TEST, CELL IMMUN MEASURE	61.98						01/01/20		
	39	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	87.14						01/01/20		
	39	86485	SKIN TEST;	8.05						01/01/20		
	39	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP			X			06/01/08		
	39	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.03						01/01/20		
	39	86510	HISTOPLASMOSIS SKIN TEST	6.03						01/01/20		
	39	86580	TB PATCH OR INTRADERMAL TEST	6.34						01/01/20		
	39	86590	STREPTOKINASE, ANTIBODY	7.99						01/01/20		
	39	86592	SYPHILIS TEST(S),QUALITATIVE	4.27						01/01/20		
	39	86593	SYPHILIS TEST, QUANTITATIVE	4.40						01/01/20		
	39	86602	ANTIBODY;	10.18						01/01/20		
	39	86603	ANTIBODY;	12.87						01/01/20		
	39	86606	ANTIBODY;	15.05						01/01/20		
	39	86609	ANTIBODY;	12.88						01/01/20		
	39	86611	BARTONELLA ANTIBODY	10.18						01/01/20		
	39	86612	ANTIBODY;	12.90						01/01/20		
	39	86615	ANTIBODY;	13.19						01/01/20		
	39	86617	LYME DISEASE ANTIBODY	15.49						01/01/20		
	39	86618	ANTIBODY;	17.03						01/01/20		
	39	86619	ANTIBODY;	13.38						01/01/20		
	39	86622	ANTIBODY;	8.93						01/01/20		
	39	86625	ANTIBODY;	13.12						01/01/20		
	39	86628	ANTIBODY;	12.01						01/01/20		
	39	86631	ANTIBODY;	11.82						01/01/20		
	39	86632	ANTIBODY;	12.68						01/01/20		
	39	86635	ANTIBODY;	11.47						01/01/20		
	39	86638	ANTIBODY;	12.12						01/01/20		
	39	86641	ANTIBODY;	14.41						01/01/20		
	39	86644	ANTIBODY;	14.39						01/01/20		
	39	86645	ANTIBODY;	16.85						01/01/20		
	39	86648	ANTIBODY;	15.21						01/01/20		
	39	86651	ANTIBODY;	13.19						01/01/20		
	39	86652	ANTIBODY;	13.19						01/01/20		
	39	86653	ANTIBODY;	13.19						01/01/20		
	39	86654	ANTIBODY;	13.19						01/01/20		
	39	86658	ANTIBODY;	13.03						01/01/20		
	39	86663	ANTIBODY;	13.12						01/01/20		
	39	86664	ANTIBODY;	15.29						01/01/20		
	39	86665	ANTIBODY;	18.14						01/01/20		
	39	86666	EHRlichia ANTIBODY	10.18						01/01/20		
	39	86668	ANTIBODY;	13.18						08/01/12		

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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	86671	ANTIBODY;	12.25						01/01/20		
	39	86674	ANTIBODY;	14.72						08/01/12		
	39	86677	ANTIBODY;	16.34						01/01/20		
	39	86682	ANTIBODY;	13.01						01/01/20		
	39	86684	ANTIBODY;	15.84						01/01/20		
	39	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	9.09						01/01/20		
	39	86688	ANTIBODY;	13.37						08/01/12		
	39	86689	CONFIRMATORY TEST	19.35						01/01/20		
	39	86692	ANTIBODY;	16.16						08/01/12		
	39	86694	ANTIBODY;	14.39						01/01/20		
	39	86695	ANTIBODY;	13.19						01/01/20		
	39	86696	HERPES SIMPLEX TYPE 2	19.35						01/01/20		
	39	86698	ANTIBODY;	13.79						01/01/20		
	39	86701	ANTIBODY;	8.89						01/01/20		
	39	86702	ANTIBODY;	13.37						08/01/12		
	39	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	13.37						08/01/12		
	39	86704	HEP B CORE AB TEST, IGG & M	12.05						01/01/20		
	39	86705	HEP B CORE AB TEST, IGM	11.77						01/01/20		
	39	86706	HEPATITIS B SURFACE AB TEST	10.74						01/01/20		
	39	86707	HEPATITIS BE AB TEST	11.57						01/01/20		
	39	86708	HEP A AB TEST, IGG & M	12.39						01/01/20		
	39	86709	HEP A AB TEST, IGM	11.26						01/01/20		
	39	86710	ANTIBODY;	13.55						01/01/20		
	39	86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	16.89						01/01/19		
	39	86713	ANTIBODY;	15.30						01/01/20		
	39	86717	ANTIBODY;	12.25						01/01/20		
	39	86720	ANTIBODY;	16.20						01/01/19		
	39	86723	ANTIBODY;	13.19						01/01/20		
	39	86727	ANTIBODY;	12.87						01/01/20		
	39	86732	ANTIBODY;	15.00						01/01/19		
	39	86735	ANTIBODY;	13.05						01/01/20		
	39	86738	ANTIBODY;	13.24						01/01/20		
	39	86741	ANTIBODY;	13.19						01/01/20		
	39	86744	ANTIBODY;	15.99						01/01/19		
	39	86747	ANTIBODY;	15.03						01/01/20		
	39	86750	ANTIBODY;	13.19						01/01/20		
	39	86753	ANTIBODY;	12.39						01/01/20		
	39	86756	ANTIBODY;	15.89						01/01/19		
	39	86757	RICKETTSIA ANTIBODY	19.35						01/01/20		
	39	86759	ANTIBODY;	16.70						08/01/12		
	39	86762	ANTIBODY;	14.39						01/01/20		
	39	86765	ANTIBODY;	12.88						01/01/20		
	39	86768	ANTIBODY;	13.19						01/01/20		
	39	86769	ANTIBODY, . . . (SARS-COV-2) . . (COVID-19)	31.60						05/12/23		
	39	86771	ANTIBODY;	18.54						01/01/20		
	39	86774	ANTIBODY;	13.75						01/01/20		
	39	86777	ANTIBODY;	14.39						01/01/20		
	39	86778	ANTIBODY;	14.41						01/01/20		
	39	86780	ANTIBODY; TREPONEMA PALLIDUM	13.24						01/01/20		
	39	86784	ANTIBODY;	6.54						01/01/20		

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	39	86787	ANTIBODY;	12.88						01/01/20		
	39	86788	ANTIBODY; WEST NILE VIRUS, IGM	16.85						01/01/20		
	39	86789	ANTIBODY; WEST NILE VIRUS	14.39						01/01/20		
	39	86790	ANTIBODY;	12.88						01/01/20		
	39	86793	ANTIBODY;	13.19						01/01/20		
	39	86794	ZIKA VIRUS, IGM	16.85						01/01/20		
	39	86800	THYROGLOBULIN ANTIBODY, RIA	15.91						01/01/20		
	39	86803	HEPATITIS C AB TEST	14.27						01/01/20		
	39	86804	HEP C AB TEST, CONFIRM	15.49						01/01/20		
	39	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	73.50						01/01/20		
	39	86806	SEE 86805; WITHOUT TITRATION	47.59						01/01/20		
	39	86807	SERUM SCREEN.-PRA;STANDARD METHOD	49.82						01/01/20		
	39	86808	SERUM SCREEN.-PRA; QUICK METHOD	29.68						01/01/20		
	39	86812	TISSUE TYPING;	25.81						01/01/20		
	39	86813	TISSUE TYPING;	58.00						01/01/20		
	39	86816	TISSUE TYPING;	30.17						01/01/20		
	39	86817	TISSUE TYPING;	90.52						01/01/20		
	39	86821	TISSUE TYPING;	36.56						01/01/20		
	39	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	84.93						01/01/20		
	39	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	28.32						01/01/20		
	39	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	53.52					X	01/01/20		
	39	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	44.83					X	01/01/20		
	39	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	95.52					X	01/01/19		
	39	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	81.88					X	01/01/19		
	39	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	191.65					X	01/01/20		
	39	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	174.24					X	01/01/20		
	39	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	357.56						01/01/20		
	39	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	322.96						01/01/20		
	39	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP			X			06/01/08		
	39	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.78					X	01/01/20		
	39	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	14.59					X	01/01/20		
	39	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	44.00					X	01/01/20		
	39	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.39					X	01/01/20		
	39	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.72					X	01/01/20		
	39	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.18					X	01/01/20		
	39	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.93						01/01/20		
	39	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.49						01/01/20		
	39	86900	BLOOD TYPING;	2.99						01/01/20		
	39	86901	BLOOD TYPING;	2.99						01/01/20		
	39	86902	BLOOD TYPING; ANTIGEN TESTING OF DON	5.37						01/01/20		
	39	86904	BLOOD TYPING;	13.36					X	01/01/20		
	39	86905	BLOOD TYPING;	3.83					X	01/01/20		
	39	86906	BLOOD TYPING;	7.75						01/01/20		
	39	86910	BLOOD TYPING;	21.73					X	01/01/20		
	39	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.76						01/01/20		
	39	86920	COMPATIBILITY TEST EACH UNIT;	51.54						01/01/20		
	39	86921	COMPATIBILITY TEST EACH UNIT;	51.54						01/01/20		
	39	86922	COMPATIBILITY TEST EACH UNIT;	49.11						01/01/20		
	39	86923	COMPATIBILITY TEST, ELECTRIC	MP			X			06/01/08		
	39	86927	FRESH FROZEN PLASMA, THAWING, EACH U	11.09					X	01/01/20		

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39	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	13.04					X	01/01/20		
39	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	13.04					X	01/01/20		
39	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	13.04					X	01/01/20		
39	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	8.77					X	01/01/20		
39	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	12.11					X	01/01/20		
39	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	47.47					X	01/01/20		
39	86950	LEUKOCYTE TRANSFUSION	43.56						01/01/20		
39	86960	VOL REDUCTION OF BLOOD/PROD	MP				X		06/01/08		
39	86965	POOLING OF PLATELETS OR OTHER BLOOD	15.17						01/01/20		
39	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.76					X	01/01/20		
39	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	8.28					X	01/01/20		
39	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.76						01/01/20		
39	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.76					X	01/01/20		
39	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.76						01/01/20		
39	86977	PRETREATMENT OF SERUM FOR USE IN RBC	8.28					X	01/01/20		
39	86978	PRETREATMENT OF SERUM FOR USE IN RBC	10.59					X	01/01/20		
39	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	15.23					X	01/01/20		
39	86999	IMMUNOLOGY PROCEDURE	56.04				X		01/01/20		
39	87003	SMALL ANIMAL INOCULATION	16.84						01/01/20		
39	87015	SPECIMEN CONCENTRATION	6.68					X	01/01/20		
39	87040	BLOOD CULTURE FOR BACTERIA	10.32					X	01/01/20		
39	87045	STOOL CULTURE FOR BACTERIA	9.44					X	01/01/20		
39	87046	STOOL CULTR, BACTERIA, EACH	9.44					X	01/01/20		
39	87070	CULTURE SPECIMEN, BACTERIA	8.62					X	01/01/20		
39	87071	CULTURE BACTERI AEROBIC OTHR	9.89						01/01/20		
39	87073	CULTURE BACTERIA ANAEROBIC	9.66						01/01/20		
39	87075	CULTURE SPECIMEN, BACTERIA	9.47					X	01/01/20		
39	87076	BACTERIA IDENTIFICATION	8.08						01/01/20		
39	87077	CULTURE AEROBIC IDENTIFY	8.08					X	01/01/20		
39	87081	BACTERIA CULTURE SCREEN	6.63						01/01/20		
39	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	12.11						01/01/20		
39	87086	URINE CULTURE, COLONY COUNT	8.07						01/01/20		
39	87088	URINE BACTERIA CULTURE	8.09						01/01/20		
39	87101	SKIN FUNGUS CULTURE	7.71						01/01/20		
39	87102	FUNGUS ISOLATION CULTURE	8.41						01/01/20		
39	87103	CULTURE,FUNGI,ISOLATION BLOOD	11.91						01/01/20		
39	87106	FUNGUS IDENTIFICATION	10.32						01/01/20		
39	87107	FUNGI IDENTIFICATION, MOLD	10.32						01/01/20		
39	87109	MYCOPLASMA CULTURE	15.39						01/01/20		
39	87110	CULTURE CHLAMYDIA	19.60						01/01/20		
39	87116	MYCOBACTERIA CULTURE	10.80						01/01/20		
39	87118	MYCOBACTERIA IDENTIFICATION	5.77						01/01/20		
39	87140	CULTURE TYPING, FLUORESCENT	5.57						01/01/20		
39	87143	CULTURE TYPING, GLC METHOD	12.52						01/01/20		
39	87147	CULTURE TYPING, SEROLOGIC	5.18						01/01/20		
39	87149	CULTURE TYPE, NUCLEIC ACID	20.05						01/01/20		
39	87150	CULTURE, TYPING; IDENTIFICATION BY N	35.09						01/01/20		
39	87152	CULTURE TYPE PULSE FIELD GEL	7.35						01/01/20		
39	87153	CULTURE, TYPING; IDENTIFICATION BY N	115.36						01/01/20		
39	87158	CULTURE TYPING, ADDED METHOD	7.35						01/01/20		



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	39	87164	DARK FIELD EXAMINATION	10.74						01/01/20		
	39	87166	DARK FIELD EXAMINATION	11.08						08/01/12		
	39	87168	MACROSCOPIC EXAM ARTHROPOD	4.27						01/01/20		
	39	87169	MACROSCOPIC EXAM PARASITE	4.31						01/01/20		
	39	87172	PINWORM EXAM	4.27						01/01/20		
	39	87176	ENDOTOXIN, BACTERIAL	5.88						01/01/20		
	39	87177	OVA AND PARASITES SMEARS	8.90					X	01/01/20		
	39	87181	ANTIBIOTIC SENSITIVITY, EACH	4.75						01/01/20		
	39	87184	ANTIBIOTIC SENSITIVITY, EACH	7.48					X	01/01/20		
	39	87185	MICROBE SUSCEPTIBLE, ENZYME	4.75					X	01/01/20		
	39	87186	ANTIBIOTIC SENSITIVITY, MIC	8.65						01/01/20		
	39	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	14.57						01/01/20		
	39	87188	ANTIBIOTIC SENSITIVITY, EACH	6.64						01/01/20		
	39	87190	TB ANTIBIOTIC SENSITIVITY	7.16						08/01/12		
	39	87197	SERUM BACTERICIDAL TITER	15.02						01/01/20		
	39	87198	CYTOMEGALOVIRUS ANTIBODY DFA	18.23						01/01/20		
	39	87205	SMEAR, STAIN & INTERPRET	4.27					X	01/01/20		
	39	87206	SMEAR, STAIN & INTERPRET	5.39					X	01/01/20		
	39	87207	SMEAR, STAIN & INTERPRET	5.99					X	01/01/20		
	39	87209	SMEAR, COMPLEX STAIN	17.98						01/01/20		
	39	87210	SMEAR, STAIN & INTERPRET	5.41					X	08/01/12		
	39	87220	TISSUE EXAMINATION FOR FUNGI	4.27						01/01/20		
	39	87230	TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE	19.74					X	01/01/20		
	39	87250	VIRUS INOCULATION FOR TEST	19.56					X	01/01/20		
	39	87252	VIRUS ID; TISSUE CULT. INOCULATION/OBS	26.07						01/01/20		
	39	87253	VIRUS ID; TISS CULT, ADD STDY, @ ISOLAT	20.20					X	01/01/20		
	39	87254	VIRUS INOCULATION, SHELL VIA	19.56					X	01/01/20		
	39	87255	GENET VIRUS ISOLATE, HSV	33.86						01/01/20		
	39	87260	ADENOVIRUS AG, DFA	14.43						01/01/19		
	39	87265	PERTUSSIS AG, DFA	11.98						01/01/20		
	39	87267	ENTEROVIRUS ANTIBODY, DFA	13.42						01/01/19		
	39	87269	GIARDIA AG, IF	13.61						01/01/19		
	39	87270	CHYLMD TRACH AG, DFA	11.98						01/01/20		
	39	87271	CYTOMEGALOVIRUS DFA	13.42						01/01/19		
	39	87272	CRYPTOSPORIDIUM AG, DFA	11.98						01/01/20		
	39	87273	HERPES SIMPLEX 2, AG, IF	11.98						01/01/20		
	39	87274	HERPES SIMPLEX AG, DFA	11.98						01/01/20		
	39	87275	INFLUENZA B, AG, IF	12.25						01/01/20		
	39	87276	INFLUENZA AG, DFA	15.19						08/01/12		
	39	87278	LEGION PNEUMO AG, DFA	15.19						08/01/12		
	39	87279	PARAINFLUENZA, AG, IF	15.19						08/01/12		
	39	87280	RESP SYNCYTIAL AG, DFA	13.42						01/01/19		
	39	87281	PNEUMOCYSTIS CARINII, AG, IF	11.98						01/01/20		
	39	87283	RUBEOLA, AG, IF	16.86						01/01/20		
	39	87285	TREPON PALLIDUM AG, DFA	12.18						01/01/20		
	39	87290	VARICELLA AG, DFA	13.42						01/01/19		
	39	87299	AG DETECTION NOS, DFA	15.19						08/01/12		
	39	87300	AG DETECTION, POLYVAL, IF	11.98					X	01/01/20		
	39	87301	ADENOVIRUS AG, EIA	11.98						01/01/20		
	39	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	11.98						01/01/20		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	87320	CHYLMD TRACH AG, EIA	15.00						01/01/18		
39	87324	CLOSTRIDIUM AG, EIA	11.98						01/01/20		
39	87327	CRYPTOCOCCUS NEOFORM AG, EIA	13.42						01/01/19		
39	87328	CRYPTOSPOR AG, EIA	13.82						01/01/19		
39	87329	GIARDIA AG, EIA	11.98						01/01/20		
39	87332	CYTOMEGALOVIRUS AG, EIA	11.98						01/01/20		
39	87335	E COLI 0157 AG, EIA	12.66						01/01/20		
39	87336	ENTAMOEB HIST DISPR, AG, EIA	15.19						08/01/12		
39	87337	ENTAMOEB HIST GROUP, AG, EIA	11.98						01/01/20		
39	87338	HPYLORI, STOOL, EIA	6.53						01/01/20		
39	87339	HPYLORI AG, EIA	15.19						08/01/12		
39	87340	HEPATITIS B SURFACE AG, EIA	10.33						01/01/20		
39	87341	HEPATITIS B SURFACE, AG, EIA	10.33						01/01/20		
39	87350	HEPATITIS B AG, EIA	11.53						01/01/20		
39	87380	HEPATITIS DELTA AG, EIA	17.38						01/01/20		
39	87385	HISTOPLASMA CAPSUL AG, EIA	13.25						01/01/20		
39	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	24.08						01/01/20		
39	87390	HIV-1 AG, EIA	22.35						08/01/12		
39	87391	HIV-2 AG, EIA	21.90						01/01/18		
39	87400	INFLUENZA A/B, AG, EIA	14.13					X	01/01/19		
39	87420	RESP SYNCYTIAL AG, EIA	13.91						01/01/19		
39	87425	ROTAVIRUS AG, EIA	11.98						01/01/20		
39	87426	INF AGT DETECTION BY IMMUNO-COVID-19	31.52						05/12/23		
39	87427	SHIGA-LIKE TOXIN AG, EIA	11.98						01/01/20		
39	87428	INF AGT BY IA;SARSCOV & INFL VIR A&B	23.21						05/12/23		
39	87430	STREP A AG, EIA	15.19						08/01/12		
39	87449	AG DETECT NOS, EIA, MULT	11.98						01/01/20		
39	87451	AG DETECT POLYVAL, EIA, MULT	6.53						01/01/20		
39	87467	MEASUREMENT OF HEPATITIS B SURFACE A	15.05						01/01/23		
39	87468	DETECTION OF ANAPLASMA PHAGOCYTOPHIL	35.09						01/01/23		
39	87469	DETECTION OF BABESIA MICROTIM BY AMP	35.09						01/01/23		
39	87471	BARTONELLA, DNA, AMP PROBE	35.09						01/01/20		
39	87472	BARTONELLA, DNA, QUANT	42.84						01/01/20		
39	87475	LYME DIS, DNA, DIR PROBE	20.05						01/01/20		
39	87476	LYME DIS, DNA, AMP PROBE	35.09						01/01/20		
39	87478	DETECTION OF BABESIA BORRELIA MIYAMO	35.09						01/01/23		
39	87480	CANDIDA, DNA, DIR PROBE	20.05						01/01/20		
39	87481	CANDIDA, DNA, AMP PROBE	35.09						01/01/20		
39	87482	CANDIDA, DNA, QUANT	52.88						08/01/12		
39	87483	INFECTIOUS AGENT DETECTION BY NUCLEI	53.44						01/01/20		
39	87484	DETECTION OF EHRlichia CHAFFEENSIS B	35.09						01/01/23		
39	87485	CHYLMD PNEUM, DNA, DIR PROBE	20.05						01/01/20		
39	87486	CHYLMD PNEUM, DNA, AMP PROBE	35.09						01/01/20		
39	87487	CHYLMD PNEUM, DNA, QUANT	42.84						01/01/20		
39	87490	CHYLMD TRACH, DNA, DIR PROBE	22.75						01/01/19		
39	87491	CHYLMD TRACH, DNA, AMP PROBE	35.09					X	01/01/20		
39	87492	CHYLMD TRACH, DNA, QUANT	49.15						01/01/20		
39	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	37.27						01/01/20		
39	87495	CYTOMEG, DNA, DIR PROBE	28.19						01/01/20		
39	87496	CYTOMEG, DNA, AMP PROBE	35.09						01/01/20		

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39	87497	CYTOMEG, DNA, QUANT	42.84						01/01/20		
39	87498	DETECTION TEST FOR ENTEROVIRUS (INTE	35.09						01/01/20		
39	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31						01/01/20		
39	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	95.80						01/01/19		
39	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	29.19						01/01/20		
39	87505	INFECTIOUS AGENT DETECTION BY NUCLEI	128.29						01/01/20		
39	87506	INFECTIOUS AGENT DETECTION BY NUCLEI	262.99						01/01/19		
39	87507	INFECTIOUS AGENT DETECTION BY NUCLEI	416.78						01/01/20		
39	87510	GARDNER VAG, DNA, DIR PROBE	20.05						01/01/20		
39	87511	GARDNER VAG, DNA, AMP PROBE	35.09						01/01/20		
39	87512	GARDNER VAG, DNA, QUANT	41.76						01/01/20		
39	87516	HEPATITIS B, DNA, AMP PROBE	35.09						01/01/20		
39	87517	HEPATITIS B, DNA, QUANT	42.84						01/01/20		
39	87520	HEPATITIS C, RNA, DIR PROBE	28.19						01/01/20		
39	87521	DETECTION TEST FOR HEPATITIS C VIRUS	35.09						01/01/20		
39	87522	DETECTION TEST FOR HEPATITIS C VIRUS	42.84						01/01/20		
39	87523	DETECTION OF HEPATITIS D (DELTA)	42.84						01/01/24		
39	87525	HEPATITIS G, DNA, DIR PROBE	28.19						01/01/20		
39	87526	HEPATITIS G, DNA, AMP PROBE	39.26						01/01/19		
39	87527	HEPATITIS G, DNA, QUANT	41.76						01/01/20		
39	87528	HSV, DNA, DIR PROBE	20.05						01/01/20		
39	87529	HSV, DNA, AMP PROBE	35.09						01/01/20		
39	87530	HSV, DNA, QUANT	42.84						01/01/20		
39	87531	HHV-6, DNA, DIR PROBE	28.19						01/01/20		
39	87532	HHV-6, DNA, AMP PROBE	35.09						01/01/20		
39	87533	HHV-6, DNA, QUANT	41.76						01/01/20		
39	87534	HIV-1, DNA, DIR PROBE	21.92						01/01/20		
39	87535	DETECTION TEST FOR HIV-1 VIRUS	35.09						01/01/20		
39	87536	DETECTION TEST FOR HIV-1 VIRUS	85.10						01/01/20		
39	87537	HIV-2, DNA, DIR PROBE	21.92						01/01/20		
39	87538	DETECTION TEST FOR HIV-2 VIRUS	35.09						01/01/20		
39	87539	DETECTION TEST FOR HIV-2 VIRUS	54.25						08/01/12		
39	87540	LEGION PNEUMO, DNA, DIR PROB	20.05						01/01/20		
39	87541	LEGION PNEUMO, DNA, AMP PROB	35.09						01/01/20		
39	87542	LEGION PNEUMO, DNA, QUANT	41.76						01/01/20		
39	87550	MYCOBACTERIA, DNA, DIR PROBE	20.05						01/01/20		
39	87551	MYCOBACTERIA, DNA, AMP PROBE	44.45						08/01/12		
39	87552	MYCOBACTERIA, DNA, QUANT	42.84						01/01/20		
39	87555	M.TUBERCULO, DNA, DIR PROBE	25.40						08/01/12		
39	87556	M.TUBERCULO, DNA, AMP PROBE	41.68						01/01/19		
39	87557	M.TUBERCULO, DNA, QUANT	42.84						01/01/20		
39	87560	M.AVIUM-INTRA, DNA, DIR PROB	25.40						08/01/12		
39	87561	M.AVIUM-INTRA, DNA, AMP PROB	35.09						01/01/20		
39	87562	M.AVIUM-INTRA, DNA, QUANT	42.84						01/01/20		
39	87563	DETECTION OF MYCOPLASMA GENITALIUM B	35.09						01/01/20		
39	87580	M.PNEUMON, DNA, DIR PROBE	20.05						01/01/20		
39	87581	M.PNEUMON, DNA, AMP PROBE	35.09						01/01/20		
39	87582	M.PNEUMON, DNA, QUANT	58.70						01/01/20		
39	87590	N.GONORRHOEAE, DNA, DIR PROB	25.40						08/01/12		

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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	87591	N.GONORRHOEAE, DNA, AMP PROB	35.09						X	01/01/20		
39	87592	N.GONORRHOEAE, DNA, QUANT	42.84							01/01/20		
39	87593	INFECTIOUS AGT DETECTION (MONKEYPOX)	38.48	18	99					07/26/22		
39	87623	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09							01/01/20		
39	87624	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09							01/01/20		
39	87625	INFECTIOUS AGENT DETECTION BY NUCLEI	40.55							01/01/19		
39	87634	INFECTIOUS AGENT DETECTION BY NUCLEI	70.20							01/01/20		
39	87635	INFECTIOUS AGENT DETECTION-COVID-19	38.48							05/12/23		
39	87636	SARSCOV2 & INF A & B AMP PRB	106.97							05/12/23		
39	87637	SARSCOV2 & INF A & B & RSV AMP PRB	106.97							05/12/23		
39	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09							01/01/20		
39	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09							01/01/20		
39	87650	STREP A, DNA, DIR PROBE	20.05							01/01/20		
39	87651	STREP A, DNA, AMP PROBE	35.09							01/01/20		
39	87652	STREP A, DNA, QUANT	41.76							01/01/20		
39	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09							01/01/20		
39	87660	TRICHOMONAS VAGIN, DIR PROBE	20.05					F		01/01/20		
39	87661	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09							01/01/20		
39	87662	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31						X	01/01/20		
39	87797	DETECT AGENT NOS, DNA, DIR	28.19							01/01/20		
39	87798	DETECT AGENT NOS, DNA, AMP	35.09							01/01/20		
39	87799	DETECT AGENT NOS, DNA, QUANT	13.54							01/01/20		
39	87800	DETECT AGNT MULT, DNA, DIREC	43.67							01/01/20		
39	87801	DETECT AGNT MULT, DNA, AMPLI	70.20							01/01/20		
39	87802	STREP B ASSAY W/OPTIC	12.73							01/01/20		
39	87803	CLOSTRIDIUM TOXIN A W/OPTIC	15.19							08/01/12		
39	87804	AGENT NOS ASSAY W/OPTIC	15.19						X	08/01/12		
39	87806	INFECTIOUS AGENT ANTIGEN DETECTION B	30.60							01/01/15		
39	87807	RSV ASSAY W/OPTIC	13.10							01/01/20		
39	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	15.19					F		08/01/12		
39	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	16.86							01/01/20		
39	87810	CHYLM D TRACH ASSAY W/OPTIC	16.86							01/01/20		
39	87811	SARS-COV-2 COVID 19 W/OPTIC	31.04							05/12/23		
39	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.86							01/01/20		
39	87880	STREP A ASSAY W/OPTIC	15.19							08/01/12		
39	87899	AGENT NOS ASSAY W/OPTIC	15.19							08/01/12		
39	87900	PHENOTYPE, INFECT AGENT DRUG	130.35							01/01/20		
39	87901	GENOTYPE, DNA, HIV REVERSE T	257.45							01/01/20		
39	87902	GENOTYPE, DNA, HEPATITIS C	257.45							01/01/20		
39	87903	PHENOTYPE, DNA HIV W/CULTURE	488.66							01/01/20		
39	87904	PHENOTYPE, DNA HIV W/CLT ADD	26.07							01/01/20		
39	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	12.22							01/01/20		
39	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	128.73							01/01/20		
39	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45							01/01/20		
39	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45							01/01/20		
39	87913	NFCT AGT GNTYP ALYS SARSCOV2	193.09							05/12/23		
39	87999	MICROBIOLOGY PROCEDURE	MP					X		06/01/08		
39	88104	CYTOPATHOLOGY	55.62							01/01/20		
39	88106	CYTOPATHOLOGY	56.20							01/01/21		
39	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	54.14							01/01/21		

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39	88112	CYTOPATHOLOGY,SELECT CELL ENHANCEMNT	57.32	10 59			F		01/01/21		
39	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	241.72						01/01/20		
39	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	204.06						01/01/20		
39	88125	FORENSIC CYTOPATHOLOGY	19.82						01/01/20		
39	88130	SEX CHROMATIN IDENTIFICATION	17.98						01/01/20		
39	88140	SEX CHROMATIN IDENTIFICATION	7.99						01/01/20		
39	88141	CYTOPATH CERV/VAG INTERPRET	18.99	21 99					01/01/21		
39	88142	CYTOPATH CERV/VAG THIN LAYER	19.13	21 99					08/01/12		
39	88143	CYTPATH C/VAG T/LAYER REDO	19.34	21 99					01/01/20		
39	88147	CYTPATH C/VAG AUTOMATED	14.85	21 99					01/01/20		
39	88148	CYTPATH C/VAG AUTO RESCREEN	14.85	21 99					01/01/20		
39	88150	CYTOPATHOLOGY, PAP SMEAR	14.85	21 99			F		01/01/20		
39	88152	CYTOPATH CERV/VAG AUTO	14.85	21 99					01/01/20		
39	88153	CYTPATH C/VAG REDO	14.85	21 99					01/01/20		
39	88155	CYTOPATH, (PAP) ;W/ DEF.HORMONAL EVAL	8.44	21 99			F		01/01/20		
39	88160	CYTOPATHOLOGY	47.14						01/01/20		
39	88161	CYTOPATH...;PREP,SCREEN,INTERP.	49.04						01/01/20		
39	88162	CYTOPATH...;EXT.STUDY,+5 SLIDES,MULTI	71.07						01/01/20		
39	88164	CYTPATH TBS C/VAG MANUAL	14.85	21 99					01/01/20		
39	88165	CYTPATH TBS C/VAG REDO	14.85	21 99					01/01/20		
39	88166	CYTPATH TBS C/VAG AUTO REDO	14.85	21 99					01/01/20		
39	88167	CYTPATH TBS C/VAG SELECT	14.85	21 99					01/01/20		
39	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	47.53						01/01/21		
39	88173	FINE NEEDLE ASPIRATE...;INTERP/REPORT	121.61						01/01/20		
39	88174	CYTOPATHOLOGY,VAGINAL OR CERVICAL CO	20.52	21 99			F		01/01/20		
39	88175	CYTOPATHOLOGY, WITH SCREENING	25.86	21 99			F		01/01/20		
39	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	14.90						01/01/20		
39	88182	FLOW CYTOMETRY;	92.00						01/01/20		
39	88184	FLOWCYTOMETRY/ TC, 1 MARKER	54.87						01/01/17		
39	88185	FLOWCYTOMETRY/TC, ADD-ON	19.31					X	01/01/22		
39	88187	FLOWCYTOMETRY/READ, 2-8	MP				X		06/01/08		
39	88188	FLOWCYTOMETRY/READ, 9-15	MP				X		06/01/08		
39	88189	FLOWCYTOMETRY/READ, 16 & >	MP				X		06/01/08		
39	88199	CYTOPATHOLOGY PROCEDURE	MP				X		06/01/08		
39	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	89.85						01/01/20		
39	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	89.85						01/01/20		
39	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	89.85						01/01/20		
39	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	89.85						01/01/20		
39	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	89.85						01/01/20		
39	88240	CELL CRYOPRESERVE/STORAGE	12.80						08/01/12		
39	88241	FROZEN CELL PREPARATION	12.09						01/01/19		
39	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	89.85						01/01/20		
39	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	173.17						01/01/20		
39	88249	CHROMOSOME ANALYSIS, 100	173.17						01/01/20		
39	88261	CHROMOSOME COUNT: 1-4 CELLS	248.46						01/01/20		
39	88262	CHROMOSOME COUNT: 1-20 CELLS	125.49						01/01/20		
39	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	89.85						01/01/20		
39	88264	CHROMOSOME ANALYSIS, 20-25	144.61						01/01/19		
39	88267	CHROMOSOME COUNT: AMNIOTIC	188.57						01/01/20		
39	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	173.66						01/01/20		

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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
	39	88271	CYTOGENETICS, DNA PROBE	21.42						01/01/20		
	39	88272	CYTOGENETICS, 3-5	37.63						01/01/20		
	39	88273	CYTOGENETICS, 10-30	34.81						01/01/20		
	39	88274	CYTOGENETICS, 25-99	42.38						01/01/19		
	39	88275	CYTOGENETICS, 100-300	50.86						08/01/12		
	39	88280	CHROMOSOME COUNT: ADDITIONAL	31.79						08/01/12		
	39	88283	CHROM ANAL;ADD SPEC BANDING TECH.	39.23						01/01/20		
	39	88285	CHROMOSOME COUNT: ADDITIONAL	26.72						01/01/20		
	39	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	34.43						01/01/20		
	39	88299	CYTOGENETIC STUDY	6.45			X			01/01/20		
	39	88300	SURGICAL PATHOLOGY, GROSS	13.52					X	01/01/21		
	39	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	26.95					X	01/01/21		
	39	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	35.41					X	01/01/21		
	39	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	60.71					X	01/01/21		
	39	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	189.27						01/01/20		
	39	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	286.34						01/01/20		
	39	88311	SURGICAL PATHOLOGY; DECALCIFICATION	16.88						01/01/20		
	39	88312	SPECIAL STAIN INCLUDING INTERPRETATI	88.12						01/01/20		
	39	88313	SPECIAL STAIN INCLUDING INTERPRETATI	63.70						01/01/20		
	39	88314	SPECIAL STAIN INCLUDING INTERPRETATI	75.85						01/01/20		
	39	88321	MICROSLIDE CONSULTATION	83.75						01/01/20		
	39	88323	MICROSLIDE CONSULTATION	98.80						01/01/21		
	39	88325	COMPREHENSIVE REVIEW OF DATA	145.04						01/01/21		
	39	88329	CONSULTATION DURING SURGERY	45.67					X	01/01/20		
	39	88331	CONSULTATION DURING SURGERY	83.09					X	01/01/20		
	39	88332	PATHOLOGY CONSULTATION DURING SURGER	37.42						01/01/20		
	39	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	51.50					X	01/01/20		
	39	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	89.39					X	01/01/21		
	39	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	89.11						01/01/20		
	39	88346	IMMUNOFLUORESCENCE PER SPEC; INITIAL	98.09						01/01/21		
	39	88348	ELECTRON MICROSCOPY	348.87						01/01/20		
	39	88350	IMMUNOFLUORESCENCE, PER SPECIMEN; E	74.54					X	01/01/21		
	39	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	MP			X			06/01/08		
	39	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	105.39						01/01/21		
	39	88363	EXAMINATION AND SELECTION OF RETRIEV	20.21						01/01/20		
	39	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	73.78						01/01/20		
	39	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	140.70					X	01/01/20		
	39	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	114.72						01/01/20		
	39	88367	INSITU HYBRIDIZATION, AUTO	98.24						01/01/21		
	39	88368	INSITU HYBRIDIZATION, MANUAL	111.21						01/01/20		
	39	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	56.37						01/01/20		
	39	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	22.23						01/01/20		
	39	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	26.22					X	01/01/19		
	39	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	46.25						01/01/20		
	39	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	154.33						01/01/20		
	39	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	162.79						01/01/20		
	39	88387	MACROSCOPIC EXAMINATION, DISSECTION,	29.25						01/01/20		
	39	88388	MACROSCOPIC EXAMINATION, DISSECTION,	17.66						01/01/20		
	39	88399	SURGICAL PATHOLOGY PROCEDURE	MP			X			06/01/08		
	39	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	4.90						01/01/20		

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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	4.90						01/01/20		
	39	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.90						01/01/20		
	39	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.90						01/01/20		
	39	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS	MP			X			01/01/11		
	39	89050	BODY FLUID CELL COUNT	4.72					X	01/01/20		
	39	89051	BODY FLUID CELL COUNT	5.60					X	01/01/20		
	39	89055	LEUKOCYTE ASSESSMENT, FECAL	4.27						01/01/20		
	39	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	7.33						01/01/20		
	39	89125	SPECIMEN FAT STAIN	5.47					X	08/01/12		
	39	89160	EXAM FECES FOR MEAT FIBERS	4.67						08/01/12		
	39	89190	NASAL SMEAR FOR EOSINOPHILS	5.79						01/01/19		
	39	89220	SPUTUM SPECIMEN COLLECTION	12.98						01/01/20		
	39	89230	COLLECT SWEAT FOR TEST	2.12						01/01/21		
	39	89240	PATHOLOGY LAB PROCEDURE	MP			X			06/01/08		
	39	90281	HUMAN IG, IM	CCR								
	39	90283	HUMAN IG, IV	CCR								
	39	90287	BOTULINUM ANTITOXIN	CCR								
	39	90288	BOTULISM IG, IV	CCR								
	39	90291	CMV IG, IV	CCR								
	39	90296	DIPHThERIA ANTITOXIN	CCR								
	39	90371	HEPB IG, IM	CCR								
	39	90375	RABIES IMMUNE GLOBULIN FOR INJECTION	CCR								
	39	90376	RABIES IG, HEAT TREATED	CCR								
	39	90380	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY	CCR								
	39	90381	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY	CCR								
	39	90384	RH IG, FULL-DOSE, IM	CCR								
	39	90385	RH IG, MINIDOSE, IM	CCR								
	39	90386	RH IG, IV	CCR								
	39	90389	TETANUS IG, IM	CCR								
	39	90393	VACCINA IG, IM	CCR								
	39	90396	VARICELLA-ZOSTER IG, IM	CCR								
	39	90399	IMMUNE GLOBULIN	CCR								
	39	90476	ADENOVIRUS VACCINE, TYPE 4	CCR								
	39	90477	ADENOVIRUS VACCINE, TYPE 7	CCR								
	39	90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR	CCR								
	39	90585	BCG TICE VACCINE, 50 MG	CCR								
	39	90586	BCG LIVE (INTRAVESICAL)	CCR								
	39	90587	VACCINE FOR DENGUE FOR INJECTION UND	MP			X			01/01/18		
	39	90611	SMALLPOX AND MONKEYPOX VACCINE...SQ	MP	19	99				07/26/22		
	39	90620	MENINGOCOCCAL RECOMBINANT PROTEIN	CCR	10	99						E
	39	90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEI	CCR	10	99						E
	39	90623	MENINGOCOCCAL CONJUGATE VACCINE SERO	CCR	19	99						
	39	90632	HEPATITIS A VACCINE (HEPA), ADULT	CCR	19	99						E
	39	90633	HEPA VACCINE PED/ADOL-2 DOSE	CCR	01	21						
	39	90636	HEPATITIS A AND HEPATITIS B VAC	CCR								
	39	90647	HAEMOPHILUS INFLUENZA TYPE B (HIB)	CCR	00	21						
	39	90648	HAEMOPHILUS INFLUENZA TYPE B (HIB)	CCR								E
	39	90649	HUMAN PAPILLOMA VIRUS VACCINE, TYPES	CCR	00	20			F			
	39	90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE	CCR	09	26						
	39	90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6	CCR	09	45						



















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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	39	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								
	39	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR								
	39	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR								
	39	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR								
	39	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR								
	39	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR								
	39	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR								
	39	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR								
	39	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR								
	39	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR								
	39	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR								
	39	93985	ULTRASOUND SCAN OF BLOOD FLOW IN EXT	CCR								
	39	93986	ULTRASOUND SCAN OF BLOOD FLOW IN EXT	CCR								
	39	93990	DOPPLER FLOW TESTING	CCR								
	39	94002	VENTILATION ASSIST AND MANAGEMENT, I	CCR								
	39	94003	VENTILATION ASSIST AND MANAGEMENT, I	CCR								
	39	94004	VENTILATION ASSIST AND MANAGEMENT, I	CCR								
	39	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	CCR								
	39	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02						
	39	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02						
	39	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	CCR	00	02						
	39	94014	PATIENT RECORDED SPIROMETRY	CCR								
	39	94015	PATIENT RECORDED SPIROMETRY	CCR								
	39	94016	REVIEW PATIENT SPIROMETRY	CCR								
	39	94060	BRONCHOSPASM EVALUATION	CCR								
	39	94070	BRONCHOSPASM EVALUATION; PROLONGED	CCR								
	39	94150	VITAL CAPACITY; TOTAL	CCR								
	39	94200	MAXIMUM BREATHING CAPACITY	CCR								
	39	94375	RESPIRATORY FLOW VOLUME LOOP	CCR								
	39	94450	HYPOXIA RESPONSE CURVE	CCR								
	39	94452	HAST W/REPORT	CCR								
	39	94453	HAST W/OXYGEN TITRATE	CCR								
	39	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	CCR								
	39	94618	PULMONARY STRESS TESTING (EG, 6-MINU	CCR								
	39	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	CCR								
	39	94621	PULM STRESS TEST/COMPLEX	CCR								
	39	94625	PROFESSIONAL SERVICES FOR OUTPATIENT	CCR								X
	39	94626	PROFESSIONAL SERVICES FOR OUTPATIENT	CCR								X
	39	94640	NONPRESSURIZED INHALATION	CCR					X			
	39	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	CCR								
	39	94644	CONTINUOUS INHALATION TREATMENT WITH	CCR								
	39	94645	CONTINUOUS INHALATION TREATMENT WITH	CCR								
	39	94652	IPPB; NEWBORN INFANTS	CCR					X			
	39	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	CCR								
	39	94662	CONTINUOUS NEGATIVE PRESSURE	CCR								
	39	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	CCR								
	39	94667	MANIPULATION CHEST WALL; INITIAL	CCR								
	39	94668	MANIPULATION CHEST WALL; SUBSEQUENT	CCR					X			
	39	94669	Mechanical chest wall manipulation f	CCR								
	39	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	CCR					X			









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	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	96411	CHEMO, IV PUSH, ADDL DRUG	CCR						X			
39	96413	CHEMO, IV INFUSION, 1 HR	CCR									
39	96415	CHEMO, IV INFUSION, ADDL HR	CCR						X			
39	96416	CHEMO PROLONG INFUSE W/PUMP	CCR									
39	96417	CHEMO IV INFUS EACH ADDL SEQ	CCR									
39	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	CCR									
39	96446	CHEMOTHERAPY ADMINISTRATION INTO THE	CCR									
39	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	CCR									
39	96521	REFILL/MAINT, PORTABLE PUMP	CCR									
39	96522	REFILL/MAINT PUMP/RESVR SYST	CCR									
39	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	CCR									
39	96547	INTRAOPERATIVE HEATED INTRAPERITONEA	CCR									
39	96548	INTRAOPERATIVE HEATED INTRAPERITONEA	CCR						X			
39	96567	PHOTODYNAMIC TX, SKIN	CCR									
39	96570	PHOTODYNAMIC TX, 30 MIN	CCR									
39	96571	PHOTODYNAMIC TX, ADDL 15 MIN	CCR						X			
39	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	CCR									
39	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	CCR									
39	96900	ACTINOTHERAPY	CCR									
39	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	CCR									
39	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	CCR									
39	96912	PHOTOCHEMOTHERAPY/PUVA	CCR									
39	96913	PHOTOCHEMOTHERAPY	CCR									
39	96920	LASER TX, SKIN < 250 SQ CM	CCR									
39	96921	LASER TX, SKIN 250-500 SQ CM	CCR									
39	96922	LASER TX, SKIN > 500 SQ CM	CCR									
39	96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR									
39	96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR									
39	96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR						X			
39	96935	REFLECTANCE CONFOCAL MICROSCOPY (RCM)	CCR						X			
39	96999	DERMATOLOGICAL PROCEDURE	CCR									
39	97037	LOW-LEVEL LASER THERAPY APPLICATION	CCR									
20	97110	PT-ONE AREA THERAPEUTIC 15 MINUTES	16.21	00	02				X	02/01/13		
39	97110	THERAPEUTIC PROCEDURE, LOR MORE, 15MIN	10.99	03	99	X			X	01/01/20		
39	97161	PHYSICAL THERAPY EVALUATION: LOW COM	65.42							01/01/20		
39	97162	PHYSICAL THERAPY EVALUATION: MODERAT	65.42							01/01/20		
39	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	65.42							01/01/20		
39	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	44.27							01/01/20		
39	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	63.56							01/01/20		
39	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	63.56							01/01/20		
39	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	63.56							01/01/20		
39	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	41.79							01/01/20		
20	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	13.35	00	02				X	02/01/13		
39	97530	THERAPEUTIC ACTIVITIES, DIRECT 15MIN	8.79	03	99	X			X	01/01/20		
39	97610	LOW FREQUENCY, NON-CONTACT, NON-THER	CCR									
39	97760	ORTHOTIC MGMT AND TRAINING	24.03						X	01/01/20		





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COLUMN: 1 2 3 4 5 6 7 8 9 10 11 12  
TS CODE DESCRIPTION FEE AGE MIN-MAX PA REV SEX >001 DATE EFFECT X- OVERS SPEC