
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.

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.

- 37 - Small Rural Hospital 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) 37 was created 7/1/08 specifically for Small Rural Hospital 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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	A9515	CHOLINE C11,DIAGNOSTIC,UP TO 20 MILL	CCR								
37	A9517	IODINE 1-131 SODIUM IODIDE CAPSULE(S	CCR					X			
37	A9526	NITROGEN N13 AMONIA,DIAGNOSTIC ...40	CCR								
37	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOS	CCR		X						
37	A9580	SODIUM FLUORIDE F 18,DIAGNOSTIC...30	CCR								
37	A9586	FLORBETAPIR F18,DIAGNOSTIC,UP TO 10M	CCR								
37	A9587	GALLIUM GA-68,DOTATATE,DIAG...1 MILL	CCR								
37	A9588	FLUCICLOVINE F-18,DIAGNOSTIC,1 MILLI	CCR								
37	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	15.20					X	02/20/11		
37	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	8.55					X	02/20/11		
37	G0378	HOSPITAL OBSERVATION PER HR	CCR					X			
37	G0379	DIRECT REFER HOSPITAL OBSERV	CCR								
37	G0433	INFECTIOUS AGENT ANTIBODY DETECTION	18.29						01/01/19		
37	G0480	DRUG TEST (S) DEFINITIVE	114.43						07/01/19		
37	G0481	DRUG TEST (S) DEFINITIVE	156.59						07/01/19		
37	HR250	PHARMACY,GENERAL CLASSIFICATION	CCR					X			
37	HR251	PHARMACY,GENERIC DRUGS	CCR					X			
37	HR252	PHARMACY,NON-GENERIC DRUGS	CCR					X			
37	HR258	PHARMACY,IV SOLUTIONS	CCR					X			
37	HR259	PHARMACY, OTHER PHARMACY	CCR					X			
37	HR260	IV THERAPY	CCR					X			
37	HR261	INFUSION PUMP	CCR					X			
37	HR269	OTHER IV THERAPY	CCR					X			
37	HR270	MED/SURG SUPPLY/DEVICE-GEN. CLS	CCR					X			
37	HR271	NON STERILE SUPPLY	CCR					X			
37	HR272	STERILE SUPPLY	CCR					X			
37	HR273	TAKE HOME SUPPLIES	CCR					X			
37	HR274	PROSTHETIC DEVICES	CCR					X			
37	HR275	PACEMAKER	CCR					X			
37	HR278	OTHER IMPLANTS	CCR					X			
37	HR279	OTHER SUPPLIES DEVICES	CCR					X			
37	HR280	ONCOLOGY-GENERAL CLASSIFICATION	CCR					X			
37	HR289	OTHER ONCLOGY	CCR					X			
37	HR300	LABORATORY-GEN CLASSIFICATION	HCPC					X			
37	HR301	LAB/CHEMISTRY	HCPC					X			
37	HR302	LAB/IMMUNOLOGY	HCPC					X			
37	HR303	LAB/RENAL PATIENT (HOME)	HCPC					X			
37	HR304	LAB NON ROUTINE DIALYSIS	HCPC					X			
37	HR305	LAB HEMATOLOGY	HCPC					X			
37	HR306	LAB BACTERIOLOGY AND MICROBIOLOGY	HCPC					X			
37	HR307	LABORATORY-UROLOGY	HCPC					X			
37	HR309	LABORTORY-OTHER LABORATORY	HCPC					X			
37	HR310	LAB PATHOLOGY/GENERAL CLASS	HCPC					X			
37	HR311	LAB PATHOLOGY/CYTOLOGY	HCPC					X			
37	HR312	LAB PATHOLOGY/HISTOLOGY	HCPC					X			
37	HR314	LAB PATHOLOGY/BIOPSY	HCPC					X			
37	HR319	LAB PATHOLOGY OTHER	HCPC					X			
37	HR320	RADIOLOGY-DIAGNOSTIC GEN CLASS	CCR					X			
37	HR321	ANGIOCARDIOLOGY	CCR					X			
37	HR324	CHEST X-RAY	CCR					X			

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	HR329	RADIOLOGY-DIAGNOSTIC OTHER	CCR					X			
37	HR330	RADIOLOGY-THERAPEUTIC/GEN CLASS	CCR					X			
37	HR331	CHEMOTHERAPY-INJECTED	CCR					X			
37	HR332	CHEMOTHERAPY-ORAL	CCR					X			
37	HR333	RADIATION THERAPY	CCR					X			
37	HR335	CHEMOTHERAPY IV	CCR					X			
37	HR339	RADIOLOGY-THERAPEUTIC OTHER	CCR					X			
37	HR340	NUCLEAR MEDICINE GENERAL	CCR					X			
37	HR341	NUCLEAR MEDICINE DIAGNOSTIC	CCR					X			
37	HR342	NUCLEAR MEDICINE THERAPEUTIC	CCR					X			
37	HR343	DIAGNOSTIC RADIOPHARMACEUTICALS	CCR					X			
37	HR349	NUCLEAR MEDICINE OTHER	CCR					X			
37	HR350	CT SCAN GENERAL CLASSIFICATION	CCR					X			
37	HR351	CT SCAN-HEAD	CCR					X			
37	HR352	CT SCAN-BODY	CCR					X			
37	HR359	OTHER CT SCANS	CCR					X			
37	HR361	OPERATING ROOM SERVICES MINOR SURGER	CCR					X			
37	HR370	ANESTHESIA GENERAL	CCR					X			
37	HR379	OTHER ANESTHESIA	CCR					X			
37	HR380	BLOOD GENERAL CLASSIFICATION	CCR					X			
37	HR381	PACKED RED CELLS	CCR					X			
37	HR382	WHOLE BLOOD	CCR					X			
37	HR383	PLASMA	CCR					X			
37	HR384	PLATELETS	CCR					X			
37	HR385	BLOOD/LEUKOCYTES	CCR					X			
37	HR386	BLOOD OTHER COMPONENTS	CCR					X			
37	HR387	BLOOD-OTHER DERIVATIVES	CCR					X			
37	HR389	OTHER BLOOD	CCR					X			
37	HR390	BLOOD STORAGE-PROCESSING G C	CCR					X			
37	HR391	BLOOD ADMINISTRATRION	CCR					X			
37	HR392	BLOOD PROCESSING STORAGE	CCR					X			
37	HR399	OTHER BLOOD HANDLING	CCR					X			
37	HR400	OTHER IMAGING SERVICES	CCR					X			
37	HR401	DIAGNOSTIC MAMMOGRAPHY	CCR					X			
37	HR402	ULTRASOUND	CCR					X			
37	HR403	SCREENING MAMMOGRAPHY	CCR	40 99			F	X			
37	HR404	POSITRON EMISSION TOMOGRAPHY	CCR					X			
37	HR409	OTHER IMAGING SERVICES	CCR					X			
37	HR410	RESPIRATORY SERVICES GEN CLASS	CCR					X			
37	HR412	INHALATION SERVICES	CCR					X			
37	HR413	HYPERBARIC OXYGEN THERAPY	CCR			X		X			
37	HR419	OTHER RESPIRATORY SERVICES	CCR					X			
37	HR420	PHYSICAL THERAPY GENERAL	HCPC		X			X			
37	HR421	PHYSICAL THERAPY-VISIT CHARGE	HCPC		X			X			
37	HR422	PHYSICAL THERAPY-HOURLY CHARGE	HCPC		X			X			
37	HR424	PT EVALUTION/RE-EVALUATION	HCPC					X			
37	HR430	OCCUPATIONAL THERAPY GENERAL	HCPC		X			X			
37	HR431	OCCUPATIONAL THERAPY-VISIT CHARGE	HCPC		X			X			
37	HR432	OCCUPATIONAL THERAPY-HOURLY	HCPC		X			X			
37	HR434	OT EVALUATION/RE-EVALUATION	HCPC					X			

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	HR440	SPEECH/LANGUAGE PATHOLOGY GENERAL	HCPC		X			X			
37	HR441	SPEECH/LANGUAGE-VISIT CHARGE	HCPC		X			X			
37	HR442	SPEECH/LANGUAGE HOURLY CHARGE	HCPC		X			X			
37	HR444	S/L EVALUATION/RE-EVALUATION	HCPC					X			
37	HR450	EMERGENCY ROOM-GENERAL	CCR					X			
37	HR459	OTHER EMERGENCY ROOM	CCR					X			
37	HR460	PULMONARY FUNCTION-GENERAL	CCR					X			
37	HR469	OTHER PULMONARY	CCR					X			
37	HR470	AUDIOLOGY-GENERAL	CCR					X			
37	HR471	AUDIOLGY-DIAGNOSTIC	CCR					X			
37	HR472	AUDIOLOGY-TREATMENT	CCR					X			
37	HR479	OTHER AUDIOLOGY	CCR					X			
37	HR480	CARDIOLOGY-GENERAL	CCR					X			
37	HR481	CARDIAC CATH LAB	CCR					X			
37	HR482	STRESS TEST	CCR					X			
37	HR483	ECHO CARDIOLOGY	CCR					X			
37	HR489	OTHER CARDIOLOGY	CCR					X			
37	HR490	AMBULATORY SURGICAL CARE GENERAL	HCPC					X			
37	HR510	CLINIC-GENERAL	HCPC					X			
37	HR514	OB-GYN CLINIC	HCPC					X			
37	HR515	PEDIATRIC CLINIC	HCPC					X			
37	HR517	FAMILY PRACTICE CLINIC	HCPC					X			
37	HR519	OTHER CLINIC	HCPC					X			
37	HR540	AMBULANCE-GENERAL	CCR					X			
37	HR610	MAGNETIC RESONANCE IMAGE GEN CL	CCR					X			
37	HR611	MAGNETIC RESONANCE IMAGE-BRAIN	CCR					X			
37	HR612	MAGNETIC RESONANCE IMAGE-SPINE	CCR					X			
37	HR619	MAGNETIC RESONANCE IMAGE-OTHER	CCR					X			
37	HR636	DRUGS REQUIRING DETAILED CODING	CCR					X			
37	HR700	CAST ROOM	CCR					X			
37	HR710	RECOVERY ROOM-GENERAL CLASSIFICATION	CCR					X			
37	HR724	LABOR ROOM/DELIVERY BIRTHING CENTER	CCR					X			
37	HR730	EKG ECG-GENERAL CLASSIFICATION	CCR					X			
37	HR731	HOLTER MONITOR	CCR					X			
37	HR732	TELEMETRY	CCR					X			
37	HR739	OTHER EKG/ECG	CCR					X			
37	HR740	EEG-GENERAL CLASSIFICATION	CCR					X			
37	HR750	GASTRO-INTEST SERV-GEN CLASSIFICATIO	CCR					X			
37	HR761	TREATMENT RM	CCR					X			
37	HR762	OBSERVATION ROOM	CCR					X			
37	HR790	EXTRA-CORPOREAL SHOCK WAVE THERAPY	CCR					X			
37	HR820	HEMDIAL-OUTPAT/HOME GEN CLASSIFICATI	CCR					X			
37	HR821	HEMODIALYSIS/COMPOSITE	CCR					X			
37	HR822	HOME SUPPLIES-HEMODIALYSIS	CCR					X			
37	HR823	HOME EQUIPMENT-HEMODIALYSIS	CCR					X			
37	HR824	MAINTENANCE/100%-HEMODIALYSIS	CCR					X			
37	HR825	SUPPORT SERVICES-HEMODIALYSIS	CCR					X			
37	HR829	OTHER OP HEMODIALYSIS	CCR					X			
37	HR830	PERITONEAL DIALYSIS OP/HM G CLASS	CCR					X			
37	HR831	PERITONEAL/COMPOSITE RATE	CCR					X			

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
37	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGR	CCR								
37	J1450	FLUCONAZOLE 200MG	CCR	00 20				X			
37	J1453	INJECTION, FOSAPREPITANT, 1 MG	CCR					X			
37	J1454	INJECTION, FOSNETUPITANT 235 MG AND	CCR								
37	J1456	INJECTION, FOSAPREPITANT (TEVA), NOT	CCR					X			
37	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	CCR								
37	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	CCR			X		X			
37	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONI	CCR								
37	J1580	GENTAMYCIN, UP TO 80MG	CCR	00 20				X			
37	J1626	GRANISETRON HCL INJECTION	CCR					X			
37	J1627	INJECTION, GRANISETRON, EXTENDED-REL	CCR								
37	J1642	HEPARIN SODIUM 10U (HEPLOCK)	CCR					X			
37	J1643	INJECTION, HEPARIN SODIUM (PFIZER),	CCR					X			
37	J1644	HEPARIN SODIUM INJ 1000U	CCR					X			
37	J1650	ENOXAPARIN SODIUM, 10MG	CCR					X			
37	J1652	FONDAPARINUX SODIUM	CCR								
37	J1655	TINZAPARIN SODIUM INJ 1000 IVS	CCR								
37	J1720	HYDROCORTISONE SODIUM 100MG	CCR					X			
37	J1744	INJECTION, ICATIBANT, 1MG	CCR					X			
37	J1745	INJ INFLIXIMAB 10MG	CCR					X			
37	J1746	ONJECTION, IBALIZUMAB-UIYK, 10 MG	CCR					X			
37	J1756	INJECTION,IRON SUCROSE,1MG	CCR					X			
37	J1815	INSULIN INJECTION	CCR								
37	J1817	INSULIN FOR INSULIN PUMP USE	CCR								
37	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	CCR								
37	J1930	INJECTION, LANREOTIDE, 1MG	CCR	21 99	X			X			
37	J1950	LEUPROLIDE ACETATE /3.75 MG	CCR								
37	J1956	LEVOFLOXACIN, 250MG	CCR	18 20				X			
37	J2010	LINCOMYCIN, HCL, UP TO 300MG	CCR	00 20				X			
37	J2020	LINEZOLID INJ, 200MG	CCR					X			
37	J2021	INJECTION, LINEZOLID (HOSPIRA) NOT T	CCR	00 20				X			
37	J2175	INJECTION MEPERIDINE HCL	CCR								
37	J2212	INJECTION, METHYLNATREXONE, 0.1MG	CCR					X			
37	J2247	INJECTION, MICA FUNGIN SODIUM (PAR PH	CCR	12 99				X			
37	J2248	INJECTION, MICA FUNGIN SODIUM, 1 MG	CCR	12 99				X			
37	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	CCR					X			
37	J2310	INJ, NALOXONE HYDROCHLORIDE, 1 MG	CCR					X			
37	J2323	INJECTION, NATALIZUMAB, 1 MG	CCR					X			
37	J2326	INJECTION, NUSINERSEN, 0.1 MG	MP			X			01/01/18		
37	J2350	INJECTION, OCRELIZUMAB, 1 MG	CCR								
37	J2353	OCTREOTIDE INJ, DEPOT 1MG	CCR								
37	J2354	OCTRETIDE, NON-DEPOT 25 MCG	CCR					X			
37	J2355	OPRELVEKIN INJ 5MG	CCR								
37	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	CCR					X			
37	J2407	INJECTION, ORITAVANCIN, 10 MG	CCR								
37	J2425	PALIFERMIN INJECTION 50MCG	CCR					X			
37	J2430	PAMIDRONATE DISODIUM 30MG	CCR					X			
37	J2469	PALONOSETRON HCL	CCR					X			
37	J2501	PARICALCITOL	CCR								
37	J2502	INJECTION, PASIREOTIDE LONG ACTING,	MP			X			01/01/16		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

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
37	J7179	INJECTION, VON WILLEBRAND FACTOR (RE	CCR					X			
37	J7181	INJECTION, FACTOR XIII A-SUBUNIT, (R	CCR					X			
37	J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHI	CCR					X			
37	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HU	CCR					X			
37	J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILI	CCR					X			
37	J7201	INJECTION, FACTOR IX, FC FUSION PROT	CCR					X			
37	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION	CCR					X			
37	J7203	INJECTION FACTOR IX, (ANTIHEMOPHILIC	CCR					X			
37	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHI	CCR					X			
37	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHI	CCR								
37	J7209	INJECTION, FACTOR VIII, (ANTIHEMOPHI	CCR					X			
37	J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHI	MP			X			01/01/18		
37	J7296	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10 60			F		01/01/18		
37	J7297	LEVONORGESTREL-RELEASING INTRAUTERIN	749.40	10 60			F		01/01/19		
37	J7298	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10 60			F		01/01/18		
37	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	808.50	10 60			F		01/01/18		
37	J7301	LEVONORGESTREL-RELEASING INTRAUTERIN	756.87	10 60			F		01/01/18		
37	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT	890.30	10 60			F		07/01/18		
37	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	CCR								
37	J7320	HYALURONAN OR DERIVITIVE, GENVISC 85	CCR								
37	J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERA	MP			X			01/01/16		
37	J7503	TACROLIMUS, EXTENDED RELEASE, (ENVAR	CCR								
37	J7512	PREDNISONE, IMMEDIATE RELEASE OR DEL	CCR								
37	J7527	EVEROLIMUS, ORAL, 0.25MG	CCR					X			
37	J7633	BUDESONIDE CONCENTRATED SOL	CCR								
37	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASS	MP			X			01/01/16		
37	J8655	NETUPITANT 300 MG AND PALONOSETRON 0	CCR								
37	J9000	DOXORUBICIN HCL 10MG	CCR					X			
37	J9015	ALDESLEUKIN/SINGLE USE VIAL	CCR								
37	J9017	ARSENIC TRIOXIDE 1MG	CCR					X			
37	J9019	INJECTION, ASPARAGINASE (ERWINAZE)	CCR					X			
37	J9020	ASPARAGINASE, 10,000 UNITS	CCR					X			
37	J9021	INJECTION, ASPARAGINASE, RECOMBINANT	CCR					X			
37	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	CCR								
37	J9023	INJECTION, AVELUMAB, 10 MG	CCR								
37	J9025	AZACITIDINE INJECTION 1MG	CCR					X			
37	J9027	CLOFARABINE INJECTION 1MG	CCR	01 21				X			
37	J9030	BCG LIVE INTRAVESICAL INSTILLATION,	CCR	07 99				X			
37	J9032	INJECTION, BELINOSTAT, 10 MG	CCR	18 99				X			
37	J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	CCR					X			
37	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA	CCR	18 99				X			
37	J9035	BEVACIZUMAB 10MG	CCR					X			
37	J9036	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18 99				X			
37	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	CCR					X			
37	J9040	BLEOMYCIN INJ, 15 UNITS	CCR					X			
37	J9041	BORTEZOMIB INJECTION 0.1MG	CCR					X			
37	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1MG	CCR					X			
37	J9043	INJECTION, CABAZITAXEL, 1 MG	CCR					X			
37	J9045	CARBOPLATIN INJ 50MG.	CCR					X			
37	J9046	INJECTION, BORTEZOMIB, (DR. REDDY'S)	CCR					X			

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
37	J9047	INJECTION, CARFILZOMIB, 1 MG	CCR					X			
37	J9048	INJECTION, BORTEZOMIB (FRESENIUS KAB	CCR					X			
37	J9049	INJECTION, BORTEZOMIB (HOSPIRA), NOT	CCR					X			
37	J9050	CARMUSTINE, 100MG	CCR					X			
37	J9055	CETUXIMAB 10 MG	CCR					X			
37	J9057	INJECTION, COPANLISIB, 1 MG	CCR					X			
37	J9060	CISPLATIN 10MG	CCR					X			
37	J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG	CCR					X			
37	J9065	CLADRIBINE INJ 1MG	CCR					X			
37	J9070	CYTOXIN INJ 100MG	CCR					X			
37	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROME	CCR					X			
37	J9098	CYTARABINE LIPSOME 10MG	CCR					X			
37	J9100	CYTARABINE 100 MG	CCR					X			
37	J9118	INJECTION, CALASPARGASE PEGOL-MKNL,	CCR	00 21		X		X			
37	J9119	INJECTION, CEMIPILIMAB-RWLC, 1 MG	CCR	18 99				X			
37	J9120	DACTINOMYCIN 0.5MG	CCR					X			
37	J9130	DTIC-DOME INJ 100MG/10ML	CCR					X			
37	J9144	INJECTION, DARATUMUMAB, 10 MG AND HY	CCR	18 99				X			
37	J9145	INJECTION, DARATUMUMAB, 10 MG	CCR	18 99				X			
37	J9150	DAUNORUBICIN 10 MG	CCR					X			
37	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBI	CCR					X			
37	J9155	INJECTION, DEGARELIX, 1 MG	CCR				M	X			
37	J9171	INJECTION, DOCETAXEL, 1 MG	CCR					X			
37	J9173	INJECTION, DURVALUMAB, 10 MG	CCR					X			
37	J9176	INJECTION, ELOTUZUMAB, 1 MG	CCR	18 99				X			
37	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV,	CCR	18 99				X			
37	J9178	INJ, EPIRUBICIN HCL, 2 MG	CCR					X			
37	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	CCR					X			
37	J9181	ETOPOSIDE INJ, UP TO 10MG	CCR					X			
37	J9185	FLUDARABINE PHOSPHATE, 50 MG	CCR					X			
37	J9190	FLUOROURACIL INJ, 500MG	CCR					X			
37	J9198	INJECTION, GEMCITABINE HYDROCHLORIDE	CCR	18 99				X			
37	J9200	FLOXURIDINE, FUDR, 500MG	CCR					X			
37	J9201	GEMCITABINE HCL, 200MG	CCR					X			
37	J9202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	CCR					X			
37	J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.	CCR					X			
37	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	CCR	18 99				X			
37	J9206	IRINOTECAN, 20MG	CCR					X			
37	J9207	INJECTION, IXABEPILONE, 1MG	CCR					X			
37	J9208	IFOSFOMIDE, 1GM	CCR					X			
37	J9209	MESNA, 200MG	CCR					X			
37	J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	CCR					X			
37	J9211	IDARUBICIN HYDROCHLORIDE 5MG	CCR					X			
37	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	CCR					X			
37	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	CCR					X			
37	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	CCR	18 99				X			
37	J9225	HISTRELIN IMPLANT (VANTAS), 50MG	CCR				M	X			
37	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	CCR	18 99				X			
37	J9228	INJECTION, IPILIMUMAB	CCR					X			
37	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.	CCR					X			

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 FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	J9230	MUSTARGEN INJ 10MG	CCR					X			
37	J9245	MELPHALAN HCL INJ 50MG	CCR								
37	J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	CCR	18 99				X			
37	J9250	METHOTREXATE SOD INJ, 5 MG	CCR					X			
37	J9260	METHOTREXATE SOD INJ 50MG	CCR					X			
37	J9261	INJECTION, NELARABINE, 50 MG	CCR					X			
37	J9262	INJECTION, OMACETAXINE MEPESUCCINATE	CCR					X			
37	J9263	OXALIPLATIN 0.5MG	CCR					X			
37	J9264	PACLITAXEL INJECTION 1MG	CCR	10 99				X			
37	J9266	INJECTION,PEGASPARGASE,SINGLE DOSE	CCR								
37	J9267	INJECTION, PACLITAXEL, 1 MG	CCR					X			
37	J9268	PENTOSTATIN, PER 10 MG	CCR					X			
37	J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICR	CCR	02 99				X			
37	J9271	INJECTION, PEMBROLIZUMAB, 1 MB	CCR	18 99				X			
37	J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	CCR					X			
37	J9280	MITOMYCIN 5 MG	CCR					X			
37	J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION	CCR	18 99				X			
37	J9285	INJECTION, OLARATUMAB, 10 MG	CCR								
37	J9293	MITOXANTRONE HCL 5MG	CCR					X			
37	J9295	INJECTION, NECITUMUMAB, 1 MG	CCR	18 99				X			
37	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-	CCR	12 99				X			
37	J9299	INJECTION, NIVOLUMAB, 1 MG	CCR	18 99				X			
37	J9301	INJECTION, OBINUTUZUMAB, 10 MG	CCR					X			
37	J9302	INJECTION OFATUMUMAB 10 MG	CCR					X			
37	J9303	INJECTION, PANITUMUMAB, 10 MG	CCR					X			
37	J9304	INJECTION, PEMETREXED (PEMFEXY), 10	CCR	18 99				X			
37	J9305	PEMETREXED 10 MG	CCR					X			
37	J9306	INJECTION, PERTUZUMAB, 1 MG	CCR					X			
37	J9307	INJECTION PRALATREXATE 1 MG	CCR					X			
37	J9308	INJECTION, RAMUCIRUMAB, 5 MG	CCR	18 99				X			
37	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ,	CCR	18 99				X			
37	J9311	INJECTION, RITUXIMAB 10 MG AND HYALU	CCR					X			
37	J9312	INJECTION, RITUXIMAB, 10 MG	CCR					X			
37	J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDF	CCR	18 99				X			
37	J9315	INJECTION ROMIDEPSIN 1 MG	CCR					X			
37	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB,	CCR	18 99				X			
37	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZI	CCR	18 99				X			
37	J9320	STREPTOZOCIN, 1GM	CCR					X			
37	J9325	INJECTION, TALIMOGENE LAHERPAREPVEC,	CCR	18 99				X			
37	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	CCR	18 99				X			
37	J9330	INJECTION, TEMSIROLIMUS, 1 MG	CCR					X			
37	J9340	THIOTEPA, 15MG	CCR					X			
37	J9351	INJECTION TOPOTECAN 0.1 MG	CCR					X			
37	J9352	INJECTION, TRABECTEDIN, 0.1 MG	CCR	18 99				X			
37	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE	CCR					X			
37	J9355	TRASTUZUMAB 10MG	CCR					X			
37	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HY	CCR	18 99				X			
37	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	CCR					X			
37	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECA	CCR	18 99				X			
37	J9360	VINBLASTINE SULF 1MG	CCR					X			

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
37	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11600	EXCISE MALIGNANCY TO 0.5 CM	CCR			X		X			
37	11620	EXCISE MALIGNANCY TO 0.5CM	CCR			X		X			
37	11621	EXCISE MALIGNANCY 0.6 TO 1CM	CCR			X		X			
37	11623	EXCISE MALIGNANCY 2.1 TO 3CM	CCR			X		X			
37	11643	EXCISE MALIGNANCY 2.1 TO 3CM	CCR			X		X			
37	11719	TRIM NAIL(S)	CCR				X				
37	11720	DEBRIDE NAIL, 1-5	CCR			X					
37	11721	DEBRIDE NAIL, 6 OR MORE	CCR			X					
37	11730	SIMPLE REMOVAL OF NAIL PLATE	CCR			X					
37	11732	REMOVE ADDITIONAL NAIL PLATES	CCR			X		X			
37	11740	EVACUATE HEMATOMA UNDER NAIL	CCR			X		X			
37	11760	SIMPLE RECONSTRUCTION NAIL BED	CCR			X		X			
37	11762	NAIL RECONSTRUCTION; COMPLICATED	CCR			X		X			
37	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	CCR					X			
37	11900	INTRALESIONAL INJECTION; UP TO 7	CCR								
37	11901	INTRALESIONAL INJECTION; OVER 7	CCR								
37	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	CCR	10	60			F			
37	11980	IMPLANT HORMONE PELLETT(S)	CCR					F			
37	11981	INSERT DRUG IMPLANT DEVICE	CCR								
37	11982	REMOVE DRUG IMPLANT DEVICE	CCR								
37	11983	REMOVE/INSERT DRUG IMPLANT	CCR								
37	15002	WOUND PREP, TRK/ARM/LEG	CCR								
37	15003	SURGICAL PREPARATION OR CREATION +	CCR						X		
37	15004	WOUND PREP, F/N/HF/G	CCR								
37	15005	SURGICAL PREPARATION OR CREATION +	CCR						X		
37	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR						X		
37	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR						X		
37	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15731	FOREHEAD FLAP WITH PRESERVATION OF V	CCR								
37	15756	FREE MUSCLE FLAP, MICROVASC	CCR								
37	15757	FREE SKIN FLAP, MICROVASC	CCR								
37	15758	FREE FASCIAL FLAP, MICROVASC	CCR								
37	15778	IMPLANTATION OF ARTIFICIAL MATERIAL	CCR								
37	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	CCR				X				

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
37	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	CCR								
37	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	CCR								
37	35011	REPAIR DEFECT OF ARTERY	CCR								
37	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	CCR								
37	35021	REPAIR DEFECT OF ARTERY	CCR								
37	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	CCR								
37	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	CCR								
37	35081	REPAIR DEFECT OF ARTERY	CCR								
37	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	CCR								
37	35091	REPAIR DEFECT OF ARTERY	CCR								
37	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	CCR								
37	35102	REPAIR DEFECT OF ARTERY	CCR								
37	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	CCR								
37	35111	REPAIR DEFECT OF ARTERY	CCR								
37	35112	REP.RUPTURED ANEURYSM,SPLenic ARTERY	CCR								
37	35121	REPAIR DEFECT OF ARTERY	CCR								
37	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	CCR								
37	35131	REPAIR DEFECT OF ARTERY	CCR								
37	35132	RUPTURED ANEURYSM,ILIAc ARTERY	CCR								
37	35141	REPAIR DEFECT OF ARTERY	CCR								
37	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	CCR								
37	35151	REPAIR DEFECT OF ARTERY	CCR								
37	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	CCR								
37	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	CCR								
37	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	CCR								
37	35184	REP.CONGENITAL FISTULA,EXTREMITIES	CCR								
37	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	CCR								
37	35201	REPAIR BLOOD VESSEL LESION	CCR								
37	35211	REPAIR BLOOD VESSEL LESION	CCR								
37	35216	REPAIR BLOOD VESSEL LESION	CCR								
37	35221	REPAIR BLOOD VESSEL LESION	CCR								
37	35226	REPAIR BLOOD VESSEL LESION	CCR								
37	35231	REPAIR BLOOD VESSEL LESION	CCR								
37	35236	REPAIR BLOOD VESSEL LESION	CCR								
37	35241	REPAIR BLOOD VESSEL LESION	CCR								
37	35246	REPAIR BLOOD VESSEL LESION	CCR								
37	35251	REPAIR BLOOD VESSEL LESION	CCR								
37	35256	REPAIR BLOOD VESSEL LESION	CCR								
37	35261	REPAIR BLOOD VESSEL LESION	CCR								
37	35266	REPAIR BLOOD VESSEL LESION	CCR								
37	35271	REPAIR BLOOD VESSEL LESION	CCR								
37	35276	REPAIR BLOOD VESSEL LESION	CCR								
37	35281	REPAIR BLOOD VESSEL LESION	CCR								
37	35286	REPAIR BLOOD VESSEL LESION	CCR								
37	35301	RECHANNELING OF ARTERY	CCR								
37	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR								
37	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR								
37	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR								
37	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR								
37	35306	THROMBOENDARTERECTOMY, INCLUDING P +	CCR								

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
37	36513	APHERESIS PLATELETS	CCR								
37	36514	APHERESIS PLASMA	CCR								
37	36516	APHERESIS, SELECTIVE	CCR								
37	36522	PHOTOPHERESIS, EXTRACORPOREAL	CCR								
37	36591	COLLECTION OF BLOOD SPECIMEN FROM A	CCR								
37	36592	COLLECTION OF BLOOD SPECIMEN USING E	CCR								
37	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	CCR								
37	36595	MECH REMOV TUNNELED CV CATH	CCR								
37	36596	MECH REMOV TUNNELED CV CATH	CCR								
37	36597	REPOSITION VENOUS CATHETER	CCR								
37	36598	INJ W/FLUOR, EVAL CV DEVICE	CCR					X			
37	36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BL	24.78					X	10/15/07		
37	36620	ARTERIAL CATHETERIZATION OR CANNULAT	CCR					X			
37	36625	ESTABLISH ACCESS TO ARTERY	CCR								
37	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	CCR								
37	36823	INSERTION CANNULA(S)	CCR								
37	36838	DIST REVAS LIGATION, HEMO	CCR								
37	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	CCR								
37	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	CCR								
37	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	CCR								
37	37140	REVISION OF CIRCULATION	CCR								
37	37145	REVISION OF CIRCULATION	CCR								
37	37160	REVISION OF CIRCULATION	CCR								
37	37180	REVISION OF CIRCULATION	CCR								
37	37181	ANASTOMOSIS; SPLENORENAL, DISTAL	CCR								
37	37182	INSERT HEPATIC SHUNT (TIP'S)	CCR								
37	37184	PRIM ART MECH THROMBECTOMY	CCR								
37	37185	PRIM ART M-THROMBECT ADD-ON	CCR					X			
37	37186	SEC ART M-THROMBECT ADD-ON	CCR								
37	37187	VENOUS MECH THROMBECTOMY	CCR								
37	37188	VENOUS M-THROMBECTOMY ADD-ON	CCR								
37	37191	INSERTION OF INTRAVASCULAR VENA CAVA	CCR			X					
37	37192	REPOSITIONING OF INTRAVASCULAR VENA	CCR			X					
37	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	CCR			X					
37	37195	THROMBOLYTIC THERAPY, STROKE	CCR								
37	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	CCR								
37	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	CCR					X			
37	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	CCR					X			
37	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	CCR					X			
37	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	CCR					X			
37	37215	TRANSCATH STENT, CCA W/EPS	CCR								
37	37216	TRANSCATH STENT, CCA W/O EPS	CCR								
37	37217	INSERTION OF INTRAVASCULAR STENTS IN	CCR					X			
37	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	CCR								
37	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	43314	TRACHEO-ESOPHAGOPLASTY CONG	CCR								
37	43320	FUSE ESOPHAGUS & STOMACH	CCR								
37	43325	REVISE ESOPHAGUS & STOMACH	CCR								
37	43330	REPAIR OF ESOPHAGUS	CCR								
37	43331	REPAIR OF ESOPHAGUS	CCR								
37	43340	FUSE ESOPHAGUS & INTESTINE	CCR								
37	43341	FUSE ESOPHAGUS & INTESTINE	CCR								
37	43351	SURGICAL OPENING, ESOPHAGUS	CCR								
37	43352	SURGICAL OPENING, ESOPHAGUS	CCR								
37	43360	GASTROINTESTINAL REPAIR	CCR								
37	43361	GASTROINTESTINAL REPAIR	CCR								
37	43400	LIGATE ESOPHAGUS VEINS	CCR								
37	43405	LIGATE/STAPLE ESOPHAGUS	CCR								
37	43410	REPAIR ESOPHAGUS WOUND	CCR								
37	43415	REPAIR ESOPHAGUS WOUND	CCR								
37	43425	REPAIR ESOPHAGUS OPENING	CCR								
37	43460	PRESSURE TREATMENT ESOPHAGUS	CCR								
37	43496	FREE JEJUNUM FLAP, MICROVASC	CCR								
37	43501	GASTROTOMY WITH SUTURE REPAIR	CCR								
37	43502	SURGICAL REPAIR OF STOMACH	CCR								
37	43510	SURGICAL OPENING OF STOMACH	CCR								
37	43520	INCISION OF PYLORIC MUSCLE	CCR								
37	43605	BIOPSY, STOMACH, BY LAPAROTOMY	CCR								
37	43610	EXCISION OF STOMACH LESION	CCR								
37	43611	EXCISION, LOCAL;	CCR								
37	43620	REMOVAL OF STOMACH	CCR								
37	43621	GASTRECTOMY, TOTAL;	CCR								
37	43622	GASTRECTOMY, TOTAL;	CCR								
37	43631	GASTRECTOMY, PARTIAL, DISTAL;	CCR								
37	43632	GASTRECTOMY, PARTIAL, DISTAL;	CCR								
37	43633	GASTRECTOMY, PARTIAL, DISTAL;	CCR								
37	43634	GASTRECTOMY, PARTIAL, DISTAL;	CCR								
37	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	CCR								
37	43640	VAGOTOMY & PYLORUS REPAIR	CCR								
37	43641	VAGOTOMY INCLUD, PYLOROPLASTY, W/OR W/	CCR								
37	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	CCR	16	99						X
37	43645	LAP GASTR BYPASS INCL SMLL I	CCR	16	99						X
37	43651	LAPAROSCOPY, VAGUS NERVE	CCR								
37	43652	LAPAROSCOPY, VAGUS NERVE	CCR								
37	43752	INSERTION OF NASAL OR ORAL STOMACH T	CCR								
37	43753	INSERTION OF STOMACH TUBE AND ASPIRA	CCR								
37	43754	GASTRIC INTUBATION AND ASPIRATION, D	CCR								
37	43755	GASTRIC INTUBATION AND ASPIRATION, D	CCR								
37	43756	DUODENAL INTUBATION AND ASPIRATION,	CCR								
37	43757	DUODENAL INTUBATION AND ASPIRATION,	CCR								
37	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99						X
37	43771	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99						X
37	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99						X
37	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99						X
37	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99						X

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			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	51575	REMOVAL OF BLADDER & NODES	CCR								
37	51580	REMOVE BLADDER; REVISE TRACT	CCR								
37	51585	REMOVAL OF BLADDER & NODES	CCR								
37	51590	REMOVE BLADDER; REVISE TRACT	CCR								
37	51595	REMOVE BLADDER; REVISE TRACT	CCR								
37	51596	CYSTECTOMY, COMP, CONT DIV, BOWEL REANA	CCR								
37	51597	PELVIC EXENTERATION	CCR			X					
37	51600	INJECTION FOR BLADDER X-RAY	CCR								
37	51610	INJECTION FOR BLADDER X-RAY	CCR								
37	51700	IRRIGATION OF BLADDER	CCR					X			
37	51701	INSERTION NON-INDWELLNG BLADDR CATH	CCR								
37	51702	INSERT TEMP INDWELL BLADDER CATHETER	CCR								
37	51725	SIMPLE CYSTOMETROGRAM	CCR								
37	51736	SIMPLE UROFLOWMETRY	CCR								
37	51741	COMPLEX UROFLOWMETRY	CCR								
37	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	CCR								
37	51798	MEASURE POST-VOIDING RESIDUAL URINE	CCR								
37	51800	REVISION OF BLADDER/URETHRA	CCR								
37	51820	REVISION OF URINARY TRACT	CCR								
37	51841	ATTACH BLADDER/URETHRA	CCR								
37	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	CCR				F				
37	51860	REPAIR OF BLADDER WOUND	CCR								
37	51865	REPAIR OF BLADDER WOUND	CCR								
37	51900	REPAIR BLADDER/VAGINA LESION	CCR								
37	51920	CLOSE BLADDER-UTERUS FISTULA	CCR								
37	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	CCR			X	F				
37	51940	CORRECTION OF BLADDER DEFECT	CCR								
37	51960	REVISION OF BLADDER & BOWEL	CCR								
37	51980	CONSTRUCT BLADDER OPENING	CCR								
37	51990	LAPARO URETHRAL SUSPENSION	CCR								
37	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	CCR				M				
37	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	CCR				M				
37	52649	LASER ENUCLEATION OF THE PROSTATE WI	CCR		X		M				
37	53025	INCISION OF URETHRA	CCR								
37	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	CCR				F				
37	53085	DRAINAGE OF URINARY LEAKAGE	CCR								
37	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	CCR								
37	53448	REMOV/REPLC UR SPHINCTR COMP	CCR		X						
37	53500	URETHRLYS, TRANSVAG W/ SCOPE	CCR				F				
37	53601	DILATE URETH STRICTURE, MALE; SUBSEQ	CCR		X		M				
37	53620	DILATE URETH STRICT., MALE; INITIAL	CCR		X		M				
37	53621	DILATE URETH STRICT, MALE; SUBSEQUENT	CCR		X		M				
37	53660	DILATE FEMALE URETHRA...; INITIAL	CCR		X		F				
37	53661	DIALTE FEMALE URETHRA...; SUBSEQUENT	CCR		X		F				
37	53855	INSERTION OF A TEMPORARY PROSTATIC U	CCR				M				
37	54050	TREATMENT OF PENIS LESION	CCR				M				
37	54055	TREATMENT OF PENIS LESION	CCR				M				
37	54056	DESTROY PENILE LESION; CRYOSURGERY	CCR				M				
37	54125	REMOVAL OF PENIS	CCR				M				
37	54130	REMOVE PENIS & NODES	CCR				M				

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
37	57110	REMOVAL OF VAGINA	CCR				F				
37	57111	REMOVE VAGINA TISSUE/COMPL	CCR								
37	57120	CLOSURE OF VAGINA	CCR				F				
37	57150	TREAT VAGINA INFECTION	CCR				F	X			
37	57160	INSERTION OF PESSARY	CCR				F				
37	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	CCR	10 60			F				
37	57267	INSERT MESH/PELVIC FLR ADDON	CCR				F				
37	57270	REPAIR OF BOWEL POUCH	CCR				F				
37	57280	SUSPENSION OF VAGINA	CCR				F				
37	57282	FIXATION FOR VAGINAL PROLAPSE	CCR				F				
37	57283	COLPOPEXY, INTRAPERITONEAL	CCR				F				
37	57284	REPAIR PARAVAGINAL DEFECT	CCR								
37	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR				F				
37	57287	REVISE/REMOVE SLING REPAIR	CCR				F				
37	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	CCR			X	F				
37	57295	CHANGE VAGINAL GRAFT	CCR				F				
37	57296	REVISION (INCLUDING REMOVAL) OF PROS	CCR				F				
37	57305	REPAIR RECTUM-VAGINA FISTULA	CCR				F				
37	57307	FISTULA REPAIR & COLOSTOMY	CCR				F				
37	57308	FISTULA REPAIR, TRANSPERINE	CCR				F				
37	57310	REPAIR URETHRA-VAGINA LESION	CCR				F				
37	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	CCR				F				
37	57320	REPAIR BLADDER-VAGINA LESION	CCR				F				
37	57330	REPAIR BLADDER-VAGINA LESION	CCR				F				
37	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	CCR								
37	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR				F				
37	57425	LAPAROSCOPY, SURG, COLPOPEXY	CCR				F				
37	57452	EXAMINATION OF VAGINA	CCR				F				
37	57465	COMPUTER-AIDED MAPPING OF CERVIX DUR	CCR				F				
37	57531	REMOVAL OF CERVIX, RADICAL	CCR				F				
37	57540	REMOVAL OF RESIDUAL CERVIX	CCR				F				
37	57545	REMOVE CERVIX, REPAIR PELVIS	CCR				F				
37	57555	REMOVE CERVIX, REPAIR VAGINA	CCR				F				
37	57558	DILATION AND CURETTAGE OF CERVICAL S	CCR				F				
37	58100	BIOPSY OF UTERUS LINING	CCR				F				
37	58110	BX DONE W/COLPOSCOPY ADD-ON	CCR				F				
37	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	CCR				F				
37	58146	MYOMECTOMY ABDOM COMPLEX	CCR				F				
37	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	CCR			X	F				
37	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	CCR			X	F				
37	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	CCR			X	F				
37	58200	TAH,W/PART.VAGINECTOMY, . . .BX	CCR			X	F				
37	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	CCR			X	F				
37	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	CCR			X	F				
37	58260	VAGINAL HYSTERECTOMY	CCR			X	F				
37	58262	VAGINAL HYST WITH REMOVAL OF TUBES	CCR			X	F				
37	58263	VAGN HYST W REM OF TUB A OVARY WITH	CCR			X	F				
37	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	CCR			X	F				
37	58270	VAG HYSTERECT;REPAIR ENTEROCELE	CCR			X	F				
37	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	CCR			X	F				

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TS	CODE	DESCRIPTION									
37	58280	VAG HYSTERECT;REPAIR ENTEROCELE	CCR			X	F				
37	58285	VAGINAL HYSTERECTOMY;RADICAL	CCR			X	F				
37	58290	VAG HYST COMPLEX	CCR			X	F				
37	58291	VAG HYST INCL T/O, COMPLEX	CCR			X	F				
37	58292	VAG HYST T/O & REPAIR, COMPL	CCR			X	F				
37	58294	VAG HYST W/ENTEROCELE, COMPL	CCR			X	F				
37	58356	ENDOMETRIAL CRYOABLATION	CCR			X	F				
37	58400	UTERINE SUSPENSION	CCR				F				
37	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	CCR				F				
37	58520	REPAIR OF RUPTURED UTERUS	CCR				F				
37	58540	REVISION OF UTERUS	CCR				F				
37	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
37	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
37	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
37	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
37	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	CCR			X	F				
37	58553	LAPARO-VAG HYST, COMPLEX	CCR			X	F				
37	58554	LAPARO-VAG HYST W/T/O, COMPL	CCR			X	F				
37	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			X	F				
37	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			X	F				
37	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				F				
37	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			X	F				
37	58605	DIVISION OF FALLOPIAN TUBE	CCR	21 55		X	F				
37	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	CCR	21 55		X	F				
37	58825	TRANSPOSITION, OVARY(S)	CCR			X	F				
37	58920	PARTIAL REMOVAL OF OVARY(S)	CCR				F				
37	58940	REMOVAL OF OVARY(S)	CCR			X	F				
37	58943	OOPHORECTOMY, OVAR.MALIG.W/W/OUT SALP	CCR			X	F				
37	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	CCR				F				
37	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	CCR			X	F				
37	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	CCR				F				
37	58953	TAH, RAD DISSECT FOR DEBULK	CCR			X	F				
37	58954	TAH RAD DEBULK/LYMPH REMOVE	CCR			X	F				
37	58956	BSO, OMENTECTOMY W/TAH	CCR			X	F				
37	58957	RESECTION (TUMOR DEBULKING) OF RECUR	CCR				F				
37	58958	RESECTION (TUMOR DEBULKING) OF RECUR	CCR				F				
37	58960	LAPAROTOMY-STAGE OVAR MALIG...LYMPH	CCR				F				
37	59012	CORDOCENTESIS,ANY METHOD	CCR	10 60			F				
37	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	CCR					X			
37	59020	FETAL OXYTOCIN STRESS TEST	CCR	10 60		X	F				
37	59025	FETAL NON-STRESS TEST	CCR	10 60		X	F				
37	59030	FETAL SCALP BLOOD SAMPLE	CCR								
37	59050	INTERNAL FETAL MONITORING/CONSULTAN	CCR	10 60		X	F				
37	59051	FETAL MONITOR/INTERPRET ONL	CCR				F				
37	59070	TRANSABDOM AMNIOINFUS W/ US	CCR	10 59			F				
37	59074	FETAL FLUID DRAINAGE W/ US	CCR	10 59			F				
37	59076	FETAL SHUNT PLACEMENT, W/ US	CCR	10 59			F				
37	59100	REMOVE UTERUS LESION	CCR	00 60		X	F				
37	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	CCR	10 60		X	F				
37	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	CCR	10 60		X	F				

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			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	CCR								
37	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	CCR								
37	61544	REMOVE & TREAT BRAIN LESION	CCR								
37	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	CCR								
37	61546	REMOVAL OF PITUITARY GLAND	CCR								
37	61548	REMOVAL OF PITUITARY GLAND	CCR								
37	61550	RELEASE OF SKULL SEAMS	CCR								
37	61552	RELEASE OF SKULL SEAMS	CCR								
37	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	CCR								
37	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	CCR								
37	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	CCR								
37	61559	EXT CRANIECT-W/MULT OSTEO, BONE AUTO	CCR								
37	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	CCR								
37	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	CCR								
37	61566	REMOVAL OF BRAIN TISSUE	CCR								
37	61567	INCISION OF BRAIN TISSUE	CCR								
37	61570	REMOVE BRAIN FOREIGN BODY	CCR								
37	61571	SURGERY FOR PENETRATING BRAIN WOUND	CCR								
37	61575	TRANSORAL.; TO BX, DECOMPRESS, EXCISE	CCR								
37	61576	SEE 61575; SPLIT TONGUE/MAND-TRACH	CCR								
37	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR								
37	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR								
37	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR								
37	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR								
37	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	CCR								
37	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	CCR								
37	61586	RESECT NASOPHARYNX, SKULL	CCR								
37	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	CCR								
37	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	CCR								
37	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	CCR								
37	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	CCR								
37	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	CCR								
37	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	CCR								
37	61598	TRANSPETROSAL APPROACH TO POSTERIOR	CCR								
37	61600	RESECTION OR EXCISION OF NEOPLASTIC,	CCR								
37	61601	RESECTION OR EXCISION OF NEOPLASTIC,	CCR								
37	61605	RESECTION OR EXCISION OF NEOPLASTIC,	CCR								
37	61606	RESECTION OR EXCISION OF NEOPLASTIC,	CCR								
37	61607	RESECTION OR EXCISION OF NEOPLASTIC,	CCR								
37	61608	RESECTION OR EXCISION OF NEOPLASTIC,	CCR								
37	61611	TRANSECTION OR LIGATION, CAROTID ART	CCR								
37	61613	OBLITERATION OF CAROTID ANEURYSM, AR	CCR								
37	61615	RESECTION OR EXCISION OF NEOPLASTIC,	CCR								
37	61616	RESECTION OR EXCISION OF NEOPLASTIC,	CCR								
37	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	CCR								
37	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	CCR								
37	61623	ENDOVASC TEMPORY VESSEL OCCL	CCR								
37	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR								
37	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR								
37	61630	INTRACRANIAL ANGIOPLASTY	CCR								

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			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	73220	MRI-UPPER EXTREMITY	CCR					X			
37	73221	MRE, ANY JOINT OF UPPER EXTREMITY	CCR					X			
37	73222	MRI JOINT UPR EXTREM W/ DYE	CCR					X			
37	73223	MRI JOINT UPR EXTR W/O&W DYE	CCR					X			
37	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	CCR					X			
37	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
37	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
37	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
37	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
37	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
37	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
37	73525	CONTRAST X-RAY OF HIP	CCR					X			
37	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	CCR								
37	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	CCR								
37	73560	X-RAY EXAM OF KNEE	CCR					X			
37	73562	X-RAY KNEE A/P.OBLIQUES, 3+VIEWS	CCR					X			
37	73564	X-RAY KNEE, COMPLETE, W/OBLIQUES.....	CCR					X			
37	73565	RADIO EXAM, KNEES, STANDING, ANTEROPOST	CCR								
37	73580	CONTRAST X-RAY OF KNEE JOINT	CCR					X			
37	73590	X-RAY EXAM OF LOWER LEG	CCR					X			
37	73592	X-RAY EXAM OF LEG, INFANT	CCR					X			
37	73600	X-RAY EXAM OF ANKLE	CCR					X			
37	73610	X-RAY EXAM OF ANKLE	CCR					X			
37	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	CCR					X			
37	73620	X-RAY EXAM OF FOOT	CCR					X			
37	73630	X-RAY EXAM OF FOOT	CCR					X			
37	73650	X-RAY EXAM OF HEEL	CCR					X			
37	73660	X-RAY EXAM OF TOE(S)	CCR					X			
37	73700	CAT, LOWER EXTREMITY; W/OUT CONTRAST	CCR					X			
37	73701	CAT, LOWER EXTREMITY; W/ CONTRAST MAT.	CCR					X			
37	73702	CAT., LOWER EXT.; W/OUT-W/CONTRAST	CCR								
37	73706	CT ANGIO LWR EXTR W/O&W DYE	CCR					X			
37	73718	MRI LOWER EXTREMITY W/O DYE	CCR					X			
37	73719	MRI LOWER EXTREMITY W/DYE	CCR					X			
37	73720	MRI-LIWER EXTREMITY	CCR					X			
37	73721	MRI, ANY JOINT, LOWER EXTREMITY	CCR					X			
37	73722	MRI JOINT OF LWR EXTR W/DYE	CCR					X			
37	73723	MRI JOINT LWR EXTR W/O&W DYE	CCR					X			
37	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	CCR					X			
37	74018	RADIOLOGICAL EXAMINATION, ABDOMEN; 1	CCR					X			
37	74019	RADIOLOGICAL EXAMINATION, ABDOMEN; 2	CCR					X			
37	74021	RADIOLOGICAL EXAMINATION, ABDOMEN; 3	CCR					X			
37	74022	IMAGING OF ABDOMEN AND CHEST	CCR								
37	74150	CAT, ABDOMEN, W/OUT CONTRAST MATERIAL	CCR								
37	74160	CAT, ABDOMEN; W/ CONTRAST MATERIAL	CCR								
37	74170	CAT, ABDOMEN; W/OUT-W/CONTRAST MATER.	CCR								
37	74174	COMPUTED TORNOGRAPHIC ANGIOGRAPHY, AB	CCR								
37	74175	CT ANGIO ABDOM W/O&W DYE	CCR								
37	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			
37	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			

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TS	CODE	DESCRIPTION									
37	75902	REMOVE CVA LUMEN OBSTRUCT	CCR								
37	75970	TRANSCATH BXX;SUPER/INTERP	CCR								
37	75989	RAD.GUIDE...SUPERVISION/INTERP ONLY	CCR								
37	76000	FLUOROSCOPY,MD TIME TO 1 HR	CCR								
37	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	CCR								
37	76080	X-RAY EXAM OF FISTULA	CCR								
37	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	CCR					X			
37	76100	X-RAY EXAM OF BODY SECTION	CCR								
37	76120	CINEMATIC X-RAYS	CCR								
37	76125	CINEMATIC X-RAYS	CCR								
37	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	CCR								
37	76376	3D RENDER W/O POSTPROCESS	CCR								
37	76377	3D RENDERING W/POSTPROCESS	CCR								
37	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	CCR								
37	76390	MR SPECTROSCOPY	CCR								
37	76391	MAGNETIC RESONANCE (EG, VIBRATION) E	CCR								
37	76496	FLUOROSCOPIC PROCEDURE	CCR								
37	76497	CT PROCEDURE	CCR								
37	76498	MRI PROCEDURE	CCR								
37	76499	RADIOGRAPHIC PROCEDURE	CCR								
37	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	CCR								
37	76510	OPHTH US, B & QUANT A	CCR								
37	76511	ECHO EXAM OF EYE	CCR					X			
37	76512	ECHO EXAM OF EYE	CCR								
37	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	CCR								
37	76514	ECHO EXAM OF EYE, THICKNESS	CCR								
37	76516	ECHO EXAM OF EYE	CCR								
37	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	CCR								
37	76529	ECHO EXAM OF EYE	CCR								
37	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	CCR								
37	76604	ECHO EXAM OF CHEST	CCR								
37	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	CCR								
37	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	CCR								
37	76700	ECHO EXAM OF ABDOMEN	CCR								
37	76705	ECHO EXAM OF ABDOMEN	CCR								
37	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	CCR								
37	76770	ECHO EXAM ABDOMEN BACK WALL	CCR								
37	76775	ECHO EXAM ABDOMEN BACK WALL	CCR								
37	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	CCR								
37	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	CCR								
37	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	CCR				F				
37	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR				F	X			
37	76805	ULTRASOUND, PREGNANT UTERUS	CCR	10	59		F				
37	76810	EACH ADDITIONAL GESTATION	CCR	10	59		F	X			
37	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	CCR				F				
37	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	CCR				F	X			
37	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR	10	60		F				
37	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	CCR	10	60		F	X			
37	76815	ECHO EXAM FOR FETAL GROWTH	CCR				F				
37	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	CCR				F				

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37	79200	RADIONUCLIDE THERAPY	CCR								
37	79300	RADIONUCLIDE THERAPY	CCR								
37	79403	HEMATOPOETIC NUCLEAR THERAPY	CCR								
37	79440	RADIONUCLIDE THERAPY	CCR								
37	79445	NUCLEAR RX, INTRA-ARTERIAL	CCR								
37	79999	NUCLEAR MEDICINE THERAPY	CCR								
37	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	11.51						01/01/15		
37	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	8.46						01/01/20		
37	80050	GENERAL HEALTH PANEL	45.73						01/01/09		
37	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	7.01						01/01/20		
37	80053	COMPREHENSIVE METABOLIC PANEL	10.56						01/01/20		
37	80055	OBSTETRIC BLOOD TEST PANEL	24.12	10 59			F		01/01/09		
37	80061	LIPID PANEL	13.39						01/01/20		
37	80069	RENAL FUNCTION PANEL	8.68						01/01/20		
37	80074	ACUTE HEPATITIS PANEL	47.63						01/01/20		
37	80076	HEPATIC FUNCTION PANEL	8.17						01/01/20		
37	80081	OBSTETRIC PANEL (INCLUDES HIV)	74.86				F		01/01/20		
37	80143	ACETAMINOPHEN	18.64					X	01/01/21		
37	80145	MEASUREMENT OF ADALIMUMAB	38.57						01/01/20		
37	80150	AMIKACIN	15.08						01/01/20		
37	80151	AMIODARONE	18.64						01/01/21		
37	80155	CAFFEINE	19.25						01/01/15		
37	80156	CARBAMAZEPINE; TOTAL	14.57						01/01/20		
37	80157	CARBAMAZEPINE; FREE	13.25						01/01/20		
37	80158	CYCLOSPORINE	18.05						01/01/20		
37	80159	CLOZAPINE	20.15						01/01/20		
37	80161	-10, 11-EPOXIDE	18.64						01/01/21		
37	80162	DIGOXIN; TOTAL	13.28						01/01/20		
37	80163	DIGOXIN; FREE	13.28						01/01/20		
37	80164	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
37	80165	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
37	80167	FELBAMATE	18.64						01/01/21		
37	80168	ETHOSUXIMIDE	16.34						01/01/20		
37	80169	EVEROLIMUS	13.73						01/01/20		
37	80170	GENTAMICIN	15.84						01/01/15		
37	80171	GABAPENTIN LEVEL	18.04						01/01/15		
37	80173	HALOPERIDOL	15.78						01/01/20		
37	80175	LAMOTRIGINE	13.25						01/01/20		
37	80176	LIDOCAINE	14.69						01/01/20		
37	80177	LEVETIRACETAM	13.25						01/01/20		
37	80178	LITHIUM	6.61						01/01/20		
37	80179	SALICYLATE	18.64					X	01/01/21		
37	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	18.05						01/01/20		
37	80181	FLECAINIDE	18.64						01/01/21		
37	80183	OXCARBAZEPINE	13.25						01/01/20		
37	80184	PHENOBARBITAL	15.30						01/01/18		
37	80185	PHENYTOIN; TOTAL	13.25						01/01/20		
37	80186	PHENYTOIN; FREE	13.76						01/01/20		
37	80187	MEASUREMENT OF POSACONAZOLE	27.11						01/01/20		
37	80188	PRIMIDONE	16.59						01/01/20		

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
37	80189	ITRACONAZOLE	27.11						01/01/21		
37	80190	PROCAINAMIDE;	22.80						01/01/15		
37	80192	PROCAINAMIDE; WITH METABOLITES (EG,	16.75						01/01/20		
37	80193	LEFLUNOMIDE	38.57						01/01/21		
37	80194	QUINIDINE	14.60						01/01/20		
37	80195	SIROLIMUS	13.73						01/01/20		
37	80197	TACROLIMUS	13.73						01/01/20		
37	80198	THEOPHYLLINE	14.14						01/01/20		
37	80199	TIAGABINE	24.58						01/01/15		
37	80200	TOBRAMYCIN	15.84						01/01/15		
37	80201	TOPIRAMATE	11.92						01/01/20		
37	80202	VANCOMYCIN	13.54						01/01/20		
37	80203	ZONISAMIDE	13.25						01/01/20		
37	80204	METHOTREXATE	38.57						01/01/21		
37	80210	RUFINAMINDE	27.11						01/01/21		
37	80220	MEASUREMENT OF HYDROXYCHLOROQUINE	18.64						01/01/22		
37	80230	MEASUREMENT OF INFLIXIMAB	38.57						01/01/20		
37	80235	MEASUREMENT OF LACOSAMIDE	27.11						01/01/20		
37	80280	MEASUREMENT OF VEDOLIZUMAB	38.57						01/01/20		
37	80285	MEASUREMENT OF VORICONAZOLE	27.11						01/01/20		
37	80299	QUANTITATION OF THERAPEUTIC DRUG, NO	18.64						01/01/15		
37	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	12.60						01/01/19		
37	80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	17.14						01/01/19		
37	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	62.14						01/01/20		
37	80400	ACTH STIMULATION PANEL; FOR ADRENAL	32.62						01/01/20		
37	80402	ACTH STIMULATION PANEL; FOR 21 HYDRO	86.96						01/01/20		
37	80406	ACTH STIMULATION PANEL; FOR 3 BETA-H	78.26						01/01/20		
37	80408	ALDOSTERONE SUPPRESSION EVALUATION P	125.50						01/01/20		
37	80410	CALCITONIN STIMULATION PANEL	29.77						01/01/19		
37	80412	CORTICOTROPIC RELEASING HOMRONE (CRH	448.57						01/01/15		
37	80414	CHORIONIC GONADOTROPIN STIMULATION P	51.64						01/01/20		
37	80415	CHORIONIC GONADOTROPIN STIMULATION P	55.89						01/01/20		
37	80416	RENAL VEIN RENIN STIMULATION PANEL	179.58						01/01/15		
37	80417	PERIPHERAL VEIN RENIN STIMULATION PA	43.99						01/01/20		
37	80418	COMBINED RAPID ANTERIOR PITUITARY EV	579.48						01/01/20		
37	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	98.04						01/01/15		
37	80422	GLUCAGON TOLERANCE PANEL FOR INSULIN	46.07						01/01/20		
37	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCH	50.50						01/01/20		
37	80426	GONADOTROPIN RELEASING HORMONE STIMU	148.41						01/01/20		
37	80428	GROWTH HORMONE STIMULATION PANEL (EG	66.70						01/01/20		
37	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	106.80						01/01/15		
37	80432	INSULIN-INDUCED C-PEPTIDE SUSPENSION	165.61						01/01/19		
37	80434	INSULIN TOLERANCE PANEL; FOR ACTH IN	137.68						01/01/15		
37	80435	INSULIN TOLERANCE PANEL; FOR GROWTH	103.00						01/01/20		
37	80436	METYRAPONE PANEL	91.16						01/01/20		
37	80438	THYROTROPIN RELEASING HORMONE (TRH)	50.41						01/01/20		
37	80439	THYROTROPIN RELEASING HORMONE (TRH)	67.21						01/01/20		
37	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	19.08						01/01/22		
37	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	38.45						01/01/22		
37	80505	PATHOLOGY CLINICAL CONSULT;41-60 MIN	69.95						01/01/22		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

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
37	80506	PATHOLOGY CLINICAL CONSULT;ADD'L 30"	31.40						01/01/22		
37	81000	URINALYSIS, BY DIP STICK OR TABLET	4.02					X	01/01/18		
37	81001	URINALYSIS, BY DIP STICK OR TABLET	3.17						01/01/20		
37	81002	URINALYSIS, BY DIP STICK OR TABLET	3.48					X	01/01/15		
37	81003	URINALYSIS, BY DIP STICK OR TABLET	2.25						01/01/20		
37	81005	URINALYSIS; QUALITATIVE RO SEMIQUANT	2.17					X	01/01/20		
37	81007	URINALYSIS; BACTERIURIA SCREEN, EXCE	3.49						01/01/15		
37	81015	URINALYSIS; MICROSCOPY ONLY	3.05					X	01/01/20		
37	81020	URINALYSIS; 2 OR 3 GLASS TEST	4.70						01/01/18		
37	81025	URINE PREGNANCY TEST, BY VISUAL COLO	8.61				F		01/01/15		
37	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.64					X	01/01/19		
37	81099	URINALYSIS TEST PROCEDURE	MP				X		06/01/08		
37	81162	BRCA1, BRCA2 (BREAST CANCER 1 AND 2)	1,824.88	19 70	X				01/01/20		E
37	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	468.00	19 70	X				01/01/19		
37	81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	584.23	19 70	X				01/01/19		
37	81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	282.88	19 70	X				01/01/19		
37	81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	301.35	19 70	X				01/01/19		
37	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED)	282.88	19 70	X				01/01/19		
37	81168	CCND1/IGH (T(11;14)) (EG, MANTLE CEL	207.31						01/01/21		
37	81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECE	300.00						01/01/19		
37	81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSIN	207.31						01/01/21		
37	81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSIN	207.31						01/01/21		
37	81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSIN	207.31						01/01/21		
37	81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEP	518.28						01/01/21		
37	81206	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	163.96						01/01/20		
37	81207	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	144.84						01/01/20		
37	81208	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	214.62						01/01/19		
37	81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2)	176.44	19 70	X				07/01/16		E
37	81215	BRCA1 (BREAST CANCER1) (EG, HEREDITARY	93.10	19 70	X				07/01/16		E
37	81216	BRCA2 (BREAST CANCER 2) (EG, HEREDIT	93.10	19 70	X				07/01/16		E
37	81217	BRCA2 (BREAST CANCER2) (EG, HEREDITARY	93.10	19 70	X				07/01/16		E
37	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	224.01	00 01					01/01/12		
37	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-W	143.24						06/01/14		
37	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPT	324.58						07/01/19		
37	81241	F5 (COAGULATION FACTOR V) (EG, HERED	73.37						01/01/21		
37	81275	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25						01/01/19		
37	81276	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25						01/01/19		
37	81278	IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR	207.31						01/01/21		
37	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLI	185.20						01/01/21		
37	81307	GENE ANALYSIS (PARTNER AND LOCALIZER	282.88	19 70					01/01/20		
37	81308	GENE ANALYSIS (PARTNER AND LOCALIZER	301.35	19 70					01/01/20		
37	81309	GENE ANALYSIS (PARTNER AND LOCALIZER	274.83	19 70					01/01/20		
37	81311	NRAS (NEUROBLASTOMA RAS VIRAL □V-RAS	295.79						01/01/19		
37	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	150.33						01/01/21		
37	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	185.20						01/01/21		
37	81347	SF3B1 (SPLICING FACTOR □3BÙ SUBUNIT	193.25						01/01/21		
37	81348	SRSF2 (SERINE AND ARGININE-RICH SPLI	175.40						01/01/21		
37	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	641.85						01/01/21		
37	81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	329.51						01/01/21		
37	81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	308.00						01/01/21		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

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
37	81357	U2AF1 (U2 SMALL NUCLEAR RNA AUXILIA	193.25						01/01/21		
37	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BI	193.25						01/01/21		
37	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS P	2,448.56	00 15					01/01/21		
37	81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TR	759.05	10 59		X	F		02/01/19		
37	81425	GENOME (EG, UNEXPLAINED CONSTITUTION	3,773.40	00 00	X				01/01/23		
37	81426	GENOME (EG, UNEXPLAINED CONSTITUTION	2,032.46		X				01/01/23		
37	81427	GENOME (EG, UNEXPLAINED CONSTITUTION	1,753.24	00 20	X				01/01/23		
37	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIG	965.25		X				01/01/23		
37	81507	FETAL ANEUPLOIDY (TRISOMY 21, 18 AND	795.00	10 59			F		07/01/19		
37	81513	INFECTIOUS DISEASE, BACTERIAL VAGINO	142.63						01/01/21		
37	81514	INFECTIOUS DISEASE, BACTERIAL VAGINO	262.99						01/01/21		
37	81596	INFECTIOUS DISEASE, CHRONIC HEPATITI	72.19						01/01/19		
37	82009	KETON BODY(S) (EG, ACETON, ACETOACET	4.52					X	01/01/20		
37	82010	KETON BODY(S) (EG, ACETON, ACETOACET	8.17					X	01/01/20		
37	82013	ACETYLCHOLINESTERASE	12.29					X	01/01/20		
37	82016	AACYLCARNITINE; QUALITATIVE, EACH SP	16.49					X	01/01/19		
37	82017	AACYLCARNITINE; QUANTITATIVE, EACH S	16.87					X	01/01/20		
37	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	38.62						01/01/20		
37	82030	ADENOSINE, 5-MONOPHOSPHATEC CYCLIC (19.24						01/01/15		
37	82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOO	4.95						01/01/20		
37	82042	ALBUMIN; URINE OR OTHER SOURCE, QUAN	7.04						01/01/15		
37	82043	ALBUMIN; URINE MICROALBUMIN, QUANIT	5.78						01/01/20		
37	82044	ALBUMIN; URINE MICROALBUMIN, SEMIQUA	4.14						01/01/15		
37	82045	ALBUMIN, ISCHEMIA MODIFIED	33.94						01/01/20		
37	82075	ALCOHOL (ETHANOL), BREATH	16.40					X	01/01/15		
37	82077	ALCOHOL (ETHANOL); ANY SPECIMEN EXCE	17.27						01/01/21		
37	82085	ALDOLASE	9.71						01/01/20		
37	82088	ALDOSTERONE	40.75						01/01/20		
37	82103	ALPHA-1-ANTITRYPSIN; TOTAL	13.44						01/01/20		
37	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	14.46						01/01/20		
37	82105	ALPHA-FETOPROTEIN (AFP); SERUM	16.77						01/01/20		
37	82106	ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL	17.00						01/01/20		
37	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	64.41						01/01/20		
37	82108	ALUMINUM	11.53						01/01/15		
37	82120	AMINES, VAGINAL FLUID, QUALITATIVE	5.12				F		01/01/15		
37	82127	AMINO ACIDS; SINGLE, QUALITATIVE, EA	14.18					X	01/01/20		
37	82128	AMINO ACIDS; MULTIPLE, QUALITATIVE E	13.87						01/01/20		
37	82131	AMINO ACIDS; SINGLE, QUANTITATIVE, E	22.95					X	01/01/15		
37	82135	AMINOLEVULINIC ACID, DELTA (ALA)	16.45						01/01/20		
37	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA	19.61					X	01/01/19		
37	82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS,	16.87					X	01/01/20		
37	82140	AMMONIA	14.57					X	01/01/20		
37	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMET	9.35						01/01/15		
37	82150	AMYLASE	6.48					X	01/01/20		
37	82154	ANDROSTANEDIOL GLUCURONIDE	28.83						01/01/20		
37	82157	ANDROSTENEDIONE	29.28						01/01/20		
37	82160	ANDROSTERONE	25.55						01/01/20		
37	82163	ANGIOTENSIN II	20.52						01/01/20		
37	82164	ANGIOTENSIN I-CONVERTING ENZYME (ACE	14.60						01/01/20		
37	82175	ARSENIC	18.97						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
37	82180	ASCORBIC ACID (VITAMIN C), BLOOD	9.89						01/01/20		
37	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	11.09					X	01/01/15		
37	82232	BETA-2 MICROGLOBULIN	16.18						01/01/20		
37	82239	BILE ACIDS; TOTAL	17.12						01/01/20		
37	82240	BILE ACIDS; CHOLYLGLYCINE	26.58						01/01/20		
37	82247	BILIRUBIN; TOTAL	4.73						01/01/15		
37	82248	BILIRUBIN; DIRECT	4.73						01/01/15		
37	82252	BILIRUBIN; FECES, QUALITATIVE	4.56						01/01/20		
37	82261	BIOTINIDASE, EACH SPECIMEN	16.87					X	01/01/20		
37	82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.38						01/01/18		
37	82271	OCCULT BLOOD, FECES, SINGLE	4.43						01/01/16		
37	82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.23						01/01/18		
37	82274	BLOOD, OCCULT, BY FECEL HEMOGLOBIN D	15.92						01/01/20		
37	82286	BRADYKININ	5.16						01/01/20		
37	82300	CADMIUM	23.64						01/01/20		
37	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	29.60						01/01/20		
37	82308	CALCITONIN	26.79						01/01/20		
37	82310	CALCIUM; TOTAL	5.16					X	01/01/20		
37	82330	CALCIUM; IONIZED	13.68						01/01/20		
37	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	7.04						01/01/15		
37	82340	CALCIUM; URINE QUANTITATIVE, TIMED S	6.03						01/01/20		
37	82355	CALCULUS; QUALITATIVE ANALYSIS	11.58						01/01/20		
37	82360	CALCULUS; QUANTITATIVE ANALYSIS, CHE	12.87						01/01/20		
37	82365	CALCULUS; INFARED SPECTROSCOPY	12.90						01/01/20		
37	82370	CALCULUS; X-RAY DIFFRACTION	12.52						01/01/20		
37	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	18.06						01/01/20		
37	82374	CARBON DIOXIDE (BICARBONATE)	4.88					X	01/01/20		
37	82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	12.32					X	01/01/20		
37	82376	CARBOXYHEMOGLOBIN; QUALITATIVE	8.15					X	01/01/15		
37	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	18.96						01/01/20		
37	82379	CARNITINE (TOTAL AND FREE), QUANTITA	16.87					X	01/01/20		
37	82380	CAROTENE	9.22						01/01/20		
37	82382	CATECHOLAMINES; TOTAL URINE	23.40						01/01/15		
37	82383	CATECHOLAMINES; BLOOD	29.08						01/01/19		
37	82384	CATECHOLAMINES; FRACTIONATED	25.25						01/01/20		
37	82387	CATHEPSIN-D	10.48						01/01/15		
37	82390	CERULOPLASMIN	10.74						01/01/20		
37	82397	CHEMILUMINESCENT ASSAY	6.31						01/01/15		
37	82415	CHLORAMPHENICOL	12.67						01/01/20		
37	82435	CHLORIDE; BLOOD	4.60					X	01/01/20		
37	82436	CHLORIDE; URINE	5.75						01/01/19		
37	82438	CHLORIDE; OTHER SOURCE	5.00						01/01/20		
37	82441	CHLORINATED HYDROCARBONS, SCREEN	6.01						01/01/20		
37	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T	4.35						01/01/20		
37	82480	CHOLINESTERASE; SERUM	7.87						01/01/20		
37	82482	CHOLINESTERASE; RBC	9.81					X	01/01/18		
37	82485	CHONDROITIN B SULFATE, QUANTITATIVE	20.65						01/01/20		
37	82495	CHROMIUM	20.28						01/01/20		
37	82507	CITRATE	27.80						01/01/20		
37	82523	COLLAGEN CROSS LINKS, ANY METHOD	18.68						01/01/20		

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
37	82525	COPPER	12.41						01/01/20		
37	82528	CORTICOSTERONE	22.52						01/01/20		
37	82530	CORTISOL; FREE	16.71						01/01/20		
37	82533	CORTISOL; TOTAL	16.30					X	01/01/20		
37	82540	CREATINE	4.64						01/01/20		
37	82542	COLUMN CHROMATOGRAPHY/MASS SPECTOMET	24.09						01/01/18		
37	82550	CREATINE KINASE (CK), (CPK); TOTAL	6.51					X	01/01/20		
37	82552	CREATINE KINASE (CK), (CPK); ISOENZY	13.39					X	01/01/20		
37	82553	CREATINE KINASE (CK), (CPK); MB FRAC	11.55						01/01/20		
37	82554	CREATINE KINASE (CK), (CPK); ISOFORM	11.87						01/01/20		
37	82565	CREATININE; BLOOD	5.12					X	01/01/20		
37	82570	CREATININE; OTHER SOURCE	5.18						01/01/20		
37	82575	CREATININE; CLEARANCE	9.46						01/01/20		
37	82585	CRYOFIBRINOGEN	11.68					X	01/01/15		
37	82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QU	6.47						01/01/20		
37	82600	CYANIDE	19.40						01/01/20		
37	82607	CYANOCOBALAMIN (VITAMIN B-12);	15.08						01/01/20		
37	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSAT	14.32						01/01/20		
37	82610	CYSTATIN C	6.31						01/01/15		
37	82615	CYSTINE AND HOMOCYSTINE, URINE, QUAL	9.55						01/01/19		
37	82626	DEHYDROEPIANDROSTERONE (DHEA)	25.27						01/01/20		
37	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	22.23						01/01/20		
37	82633	DESOXYCORTICOSTERONE, 11 -	30.98						01/01/20		
37	82634	DEOXYCORTISOL, 11 -	29.28						01/01/20		
37	82638	DIBUCAINE NUMBER	12.25						01/01/20		
37	82642	DIHYDROTESTOSTERONE (DHT)	29.28						01/01/20		
37	82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES	38.50						01/01/20		
37	82653	MEASUREMENT OF PANCREATIC ELASTASE (22.97						01/01/22		
37	82656	ELASTASE, PANCREATIC (EL-1), FECAL,	11.53						01/01/20		
37	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULT	22.17						01/01/19		
37	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	24.58						01/01/15		
37	82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWH	46.75						01/01/15		
37	82668	ERYTHROPOIETIN	18.79						01/01/20		
37	82670	ESTRADIOL	27.94						01/01/20		
37	82671	ESTROGENS; FRACTIONATED	32.30						01/01/20		
37	82672	ESTROGENS; TOTAL	21.70						01/01/20		
37	82677	ESTRIOL	24.18						01/01/20		
37	82679	ESTRONE	24.95						01/01/20		
37	82681	ESTRADIOL; FREE, DIRECT MEASUREMENT	27.94						01/01/21		
37	82693	ETHYLENE GLYCOL	14.90						01/01/20		
37	82696	ETIOCHOLANOLONE	26.24						01/01/19		
37	82705	FAT OR LIPIDS, FECES; QUALITATIVE	5.10						01/01/20		
37	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	16.80						01/01/20		
37	82715	FAT DIFFERENTIAL, FECES, QUANTITATIV	22.97						01/01/18		
37	82725	FATTY ACIDS, NONESTERIFIED	18.12						01/01/15		
37	82726	VERY LONG CHAIN FATTY ACIDS	19.75						01/01/20		
37	82728	FERRITIN	13.63						01/01/20		
37	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SE	64.41						01/01/20		
37	82735	FLUORIDE	18.54						01/01/20		
37	82746	FOLIC ACID; SERUM	14.70						01/01/20		

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	82747	FOLIC ACID; RBC	17.65						01/01/20		
37	82757	FRUCTOSE, SEMEN	17.34						01/01/20		
37	82759	GALACTOKINASE, RBC	21.48						01/01/20		
37	82760	GALACTOSE	11.20					X	01/01/20		
37	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	21.07						01/01/20		
37	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	11.41						01/01/15		
37	82777	GALECTIN-3	17.80						01/01/13		
37	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA	9.30					X	01/01/20		
37	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	16.46						01/01/20		
37	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMU	6.59						01/01/15		
37	82800	GASES, BLOOD, PH ONLY	11.00					X	01/01/18		
37	82803	GASES, BLOOD, ANY COMBINATION OF PH,	7.10					X	01/01/15		
37	82805	GASES, BLOOD, ANY COMBINATION OF PH,	12.31						01/01/15		
37	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	5.22						01/01/15		
37	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	13.34						01/01/18		
37	82930	GASTRIC ACID ANALYSIS, INCLUDES PH I	6.29						01/01/15		
37	82938	GASTRIN AFTER SECRETIN STIMULATION	17.69						01/01/20		
37	82941	GASTRIN	17.63					X	01/01/20		
37	82943	GLUCAGON	14.29						01/01/20		
37	82945	GLUCOSE, BODY FLUID; OTHER THAN BLO	3.93						01/01/20		
37	82946	GLUCAGON TOLERANCE TEST	15.84						01/01/15		
37	82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	3.93					X	01/01/20		
37	82948	GLUCOSE; BLOOD, REAGENT STRIP	4.31					X	01/01/15		
37	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES	4.75						01/01/20		
37	82951	GLUCOSE; TOLERANCE TEST (GTT), 3 SPE	12.87						01/01/20		
37	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITI	3.92					X	01/01/20		
37	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	9.70						01/01/20		
37	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	6.05						01/01/20		
37	82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING	3.19					X	01/01/15		
37	82963	GLUCOSIDASE,BETA	21.48						01/01/20		
37	82965	GLUTAMATE DEHYDROGENASE	10.52						01/01/15		
37	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	7.20						01/01/20		
37	82978	GLUTATHIONE	15.45						01/01/20		
37	82979	GLUTATHIONE REDUCTASE, RBC	9.38						01/01/15		
37	82985	GLYCATED PROTEIN	16.76						01/01/19		
37	83001	GONADOTROPIN; FOLLICLE STIMULATING H	18.58						01/01/20		
37	83002	GONADOTROPIN; LUTEINIZING HORMONE	18.52						01/01/20		
37	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOT	16.67						01/01/20		
37	83009	HELICOBACTER PYLORI, BLOOD TEST ANAL	39.38						01/01/15		
37	83010	HAPTOGLOBIN; QUANTITATIVE	12.58						01/01/20		
37	83012	HAPTOGLOBIN; PHENOTYPES	23.40						01/01/15		
37	83013	HELICOBACTER PYLORI; BREATH TEST ANA	39.38						01/01/15		
37	83014	HELICOBACTER PYLORI; DRUG ADMINISTRA	7.86						01/01/20		
37	83015	HEAVY METAL SCREENING	15.45						01/01/15		
37	83018	CHROMATOGRAPH SCREEN, METALS	11.56						01/01/15		
37	83020	ASSAY HEMOGLOBIN	12.87					X	01/01/20		
37	83021	HEMOGLOBIN CHROMOTOGRAPHY	18.06						01/01/20		
37	83026	HEMOGLOBIN;	3.22						01/01/15		
37	83030	FETAL HEMOGLOBIN ASSAY	4.70						01/01/15		
37	83033	FETAL FECAL HEMOGLOBIN ASSAY	8.00						01/01/18		

COLUMN:

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			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	9.71						01/01/20		
37	83045	BLOOD METHEMOGLOBIN TEST	6.49						01/01/18		
37	83050	BLOOD METHEMOGLOBIN ASSAY	8.20						01/01/19		
37	83051	ASSAY PLASMA HEMOGLOBIN	7.31						01/01/20		
37	83060	BLOOD SULFHEMOGLOBIN ASSAY	8.80						01/01/20		
37	83065	HEMOGLOBIN HEAT ASSAY	9.00						01/01/18		
37	83068	HEMOGLOBIN STABILITY SCREEN	9.47						01/01/19		
37	83069	ASSAY URINE HEMOGLOBIN	3.95						01/01/20		
37	83070	ASSAY URINE HEMOSIDERIN	4.75						01/01/20		
37	83080	B HEXOSAMINIDASE ASSAY	16.87					X	01/01/20		
37	83088	ASSAY HISTAMINE	29.53						01/01/20		
37	83090	ASSAY OF HOMOCYSTINE	17.92						01/01/20		
37	83150	ASSAY URINE FOR HVA	22.41						01/01/19		
37	83491	HYDROXYCORTICOSTEROIDS,17-RIA	17.90						01/01/20		
37	83497	ASSAY URINE 5-HIAA	12.90						01/01/20		
37	83498	RIA ASSAY OF PROGESTERONE	27.17						01/01/20		
37	83500	ASSAY URINE HYDROXYPROLINE	22.65						01/01/20		
37	83505	ASSAY URINE HYDROXYPROLINE	24.30						01/01/20		
37	83516	IMMUNOASSAY, NON ANTIBODY	11.53						01/01/20		
37	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	6.31						01/01/15		
37	83519	IMMUNOASSAY, ANALYTE;	6.33						01/01/15		
37	83520	IMMUNOASSAY, ANALYTE;	17.27						01/01/18		
37	83521	MEASUREMENT OF IMMUNOGLOBULIN LIGHT	17.27						01/01/22		
37	83525	RIA ASSAY OF INSULIN	11.43					X	01/01/20		
37	83527	INSULIN;	12.95						01/01/20		
37	83528	INTRINSIC FACTOR LEVEL	19.82						01/01/18		
37	83529	MEASUREMENT OF INTERLEUKIN-6	17.27						01/01/22		
37	83540	ASSAY SERUM IRON	6.47						01/01/20		
37	83550	SERUM IRON BINDING TEST	8.74						01/01/20		
37	83570	UV-ASSAY BLOOD IDH ENZYME	8.85						01/01/20		
37	83582	ASSAY URINE 17-KGS	15.47						01/01/20		
37	83586	ASSAY BLOOD 17-KETOSTEROIDS	12.80						01/01/20		
37	83593	CHROMATOGRAPH KETOSTEROIDS	11.56						01/01/15		
37	83605	LACTIC ACID ASSAY	11.57					X	01/01/20		
37	83615	UV-ASSAY BLOOD LDH ENZYME	6.04					X	01/01/20		
37	83625	ASSAY BLOOD LDH ENZYMES	12.58					X	01/01/15		
37	83630	LACTOFERRIN, FECAL (QUAL)	19.70						01/01/20		
37	83632	RIA PLACENTAL LACTOGEN	20.22						01/01/20		
37	83633	TEST URINE FOR LACTOSE	7.48						01/01/15		
37	83655	ASSAY BLOOD FOR LEAD	12.11						01/01/20		
37	83661	ASSAY AMNIOTIC L/S RATIO	21.99						01/01/20		
37	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	18.91						01/01/20		
37	83663	FLUORO POLARIZE, FETAL LUNG	18.91						01/01/20		
37	83664	LAMELLAR BDY, FETAL LUNG	19.32						01/01/20		
37	83670	UV-ASSAY BLOOD LAP ENZYME	9.81						01/01/20		
37	83690	ASSAY BLOOD LIPASE	6.89						01/01/20		
37	83695	ASSAY OF LIPOPROTEIN(A)	14.32						01/01/20		
37	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	46.19						01/01/15		
37	83701	LIPOPROTEIN BLD, HR FRACTION	33.78						01/01/15		
37	83704	LIPOPROTEIN, BLD, BY NMR	34.19						01/01/20		

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
37	83718	BLOOD LIPOPROTEIN ASSAY	8.19						01/01/20		
37	83719	LIPOPROTEIN,VLDL CHOLESTEROL	12.75						01/01/20		
37	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	10.50						01/01/20		
37	83722	LIPOPROTEIN, DIRECT MEASUREMENT	34.19						01/01/20		
37	83727	LUTEINIZING RELEASING FACTOR, RIA	17.19						01/01/20		
37	83735	ASSAY BLOOD MAGNESIUM	6.70					X	01/01/20		
37	83775	UV-ASSAY OF MD ENZYME	7.37						01/01/20		
37	83785	ASSAY OF MANGANESE	26.65						01/01/20		
37	83789	MASS SPECTROMETRY QUANT	24.11					X	01/01/18		
37	83825	ASSAY BLOOD MERCURY	16.26						01/01/20		
37	83835	ASSAY URINE METANEPHRINES	16.94						01/01/20		
37	83857	ASSAY METHEMALBUMIN	10.74						01/01/20		
37	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	22.48						01/01/15		
37	83864	BLOOD MUCOPOLYSACCHARIDES	27.10						01/01/15		
37	83872	ASSAY SYNOVIAL FLUID MUCIN	5.86						01/01/20		
37	83873	MYELIN BASIC PROTEIN,CSF,RIA	17.20						01/01/20		
37	83874	MYOGLOBIN ELECTROPHORESIS	12.92						01/01/20		
37	83876	MYELOPEROXIDASE (MPO)	18.91						01/01/09		
37	83880	NATRIURETIC PEPTIDE	39.26						01/01/19		
37	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	6.31					X	01/01/15		
37	83885	ASSAY URINE FOR NICKEL	24.51						01/01/20		
37	83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	11.15						01/01/20		
37	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	27.37						01/01/15		
37	83918	ASSAY ORGANIC ACIDS	22.39						01/01/15		
37	83919	ASSAY ORGANIC ACIDS QUAL	16.45						01/01/20		
37	83921	ORGANIC ACID, SINGLE, QUANT	21.21						01/01/18		
37	83930	ASSAY BLOOD OSMOLALITY	6.61					X	01/01/20		
37	83935	ASSAY URINE OSMOLALITY	6.82					X	01/01/20		
37	83937	OSTEOCALCIN (BONE G1A PROTEIN)	29.85						01/01/20		
37	83945	ASSAY URINE OXALATE	14.45						01/01/19		
37	83950	ONCORPROTEIN, HER-2/NEU	64.41						01/01/20		
37	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	64.41						01/01/20		
37	83970	RIA ASSAY OF PARATHORMONE	41.28						01/01/20		
37	83986	ASSAY BODY FLUID ACIDITY	3.58					X	01/01/20		
37	83987	PH; EXHALED BREATH CONDENSATE	3.58						01/01/20		
37	83992	ASSAY FOR PHENCYCLIDINE	20.00						01/01/15		
37	83993	CALPROTECTIN, FECAL	19.63						01/01/20		
37	84030	ASSAY BLOOD PKU	5.50					X	01/01/20		
37	84035	ASSAY BLOOD PHENYLKETONES	3.98					X	01/01/20		
37	84060	ASSAY BLOOD ACID PHOSPHATASE	7.64						01/01/20		
37	84066	ASSAY PROSTATE PHOSPHATASE, RIA	9.66						01/01/20		
37	84075	ASSAY ALKALINE PHOSPHATASE	5.18						01/01/20		
37	84078	ASSAY ALKALINE PHOSPHATASE	7.85						01/01/15		
37	84080	ASSAY ALKALINE PHOSPHATASES	14.78						01/01/20		
37	84081	PHOSPHATYDYLGLYCEROL	16.52						01/01/20		
37	84085	ASSAY RBC PG6D ENZYME	9.18					X	01/01/15		
37	84087	ASSAY PHOSPHOHEXOSE ENZYMES	10.73						01/01/20		
37	84100	ASSAY BLOOD PHOSPHORUS	4.74						01/01/20		
37	84105	ASSAY URINE PHOSPHORUS	5.78						01/01/19		
37	84106	TEST FOR PORPHOBILINOGEN	5.82						01/01/15		

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
37	84110	ASSAY PORPHOBILINOGEN	6.70						01/01/15		
37	84112	CERVICOVAGINAL SECRETION OF PLACENTA	87.65						01/01/15		
37	84119	TEST URINE FOR PORPHYRINS	11.72						01/01/15		
37	84120	ASSAY URINE PORPHYRINS	14.71						01/01/20		
37	84126	ASSAY FECES PORPHYRINS	34.66						01/01/15		
37	84132	ASSAY BLOOD POTASSIUM	4.76					X	01/01/20		
37	84133	ASSAY URINE POTASSIUM	4.73					X	01/01/20		
37	84134	PREALBUMIN	7.59						01/01/15		
37	84135	PREGNANEDIOL; RIA	21.27						01/01/19		
37	84138	PREGNANETRIOL;RIA	21.05						01/01/19		
37	84140	PREGNENOLONE	20.67						01/01/20		
37	84143	17-HYDROXYPREGNENOLONE	22.81						01/01/20		
37	84144	ASSAY PROGESTERONE	20.86						01/01/20		
37	84145	PROCALCITONIN (PCT)	27.22						01/01/20		
37	84146	RIA ASSAY FOR PROLACTIN	19.38						01/01/20		
37	84150	RIA ASSAY OF PROSTAGLANDIN	33.96						01/01/15		
37	84152	ASSAY OF PSA, COMPLEXED	18.39						01/01/20		
37	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	18.39						01/01/20		
37	84154	PSA FREE	18.39						01/01/20		
37	84155	ASSAY SERUM PROTEIN	3.67						01/01/20		
37	84156	ASSAY OF PROTEIN, URINE	3.67						01/01/20		
37	84157	ASSAY OF PROTEIN, OTHER	4.00						01/01/20		
37	84160	ASSAY SERUM PROTEIN	5.61						01/01/20		
37	84163	PAPPA, SERUM	15.05	10 59			F		01/01/20		
37	84165	ASSAY SERUM PROTEINS	10.74						01/01/20		
37	84166	PROTEIN E-PHORESIS/URINE/CSF	17.83						01/01/20		
37	84182	PROTEIN;	24.49					X	01/01/15		
37	84202	ASSAY RBC PROTOPORPHYRIN	14.35						01/01/20		
37	84203	TEST RBC PROTOPORPHYRIN	9.74						01/01/19		
37	84206	RIA ASSAY OF PROINSULIN	24.24						01/01/15		
37	84207	ASSAY VITAMIN B-6	19.24						01/01/15		
37	84210	ASSAY BLOOD PYRUVATE	14.48						01/01/18		
37	84220	ASSAY RBC PYRUVIC KINASE	9.44						01/01/20		
37	84228	ASSAY QUININE	11.63						01/01/20		
37	84233	RECEPTOR ASSAY; ESTROGEN (ESTRADIOL)	87.65						01/01/15		
37	84234	RECEPTOR ASSAY; PROGESTERONE	64.88						01/01/20		
37	84235	RECEPTOR ASSAY; ENDOCRINE; OTHER	71.23						01/01/15		
37	84238	RECEPTOR ASSAY;	36.57						01/01/20		
37	84244	RIA ASSAY OF RENIN	21.99					X	01/01/20		
37	84252	ASSAY VITAMIN B-2	20.24						01/01/20		
37	84255	ASSAY SELENIUM	25.53						01/01/20		
37	84260	ASSAY BLOOD SEROTONIN	30.98						01/01/20		
37	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	21.73						01/01/20		
37	84275	ASSAY BLOOD SIALIC ACID	13.44						01/01/20		
37	84285	ASSAY SILICA	25.21						01/01/20		
37	84295	ASSAY BLOOD SODIUM	4.81					X	01/01/20		
37	84300	ASSAY URINE SODIUM	5.06					X	01/01/20		
37	84302	ASSAY OF SWEAT SODIUM	4.86						01/01/20		
37	84305	SOMATOMEDIN	21.26						01/01/20		
37	84307	SOMATOSTATIN	18.28						01/01/20		

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
37	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.10						01/01/19		
37	84315	BODY FLUID SPECIFIC GRAVITY	3.28						01/01/18		
37	84375	CHROMATOGRAM ASSAY, SUGARS	26.68						01/01/15		
37	84376	SUGARS SINGLE QUAL	5.50					X	01/01/20		
37	84377	SUGARS MULTIPLE QUAL	5.50					X	01/01/20		
37	84378	SUGARS SINGLE QUANT	11.02					X	01/01/15		
37	84379	SUGARS MULTIPLE QUANT	11.02					X	01/01/15		
37	84392	SULFATE, URINE	5.49					X	01/01/19		
37	84402	TESTOSTERONE;	25.47						01/01/20		
37	84403	RIA ASSAY BLOOD TESTOSTERONE	25.81						01/01/20		
37	84410	TESTOSTERONE; BIOAVAILABLE, DIRECT M	51.28				M		01/01/20		
37	84425	ASSAY VITAMIN B-1	21.23						01/01/20		
37	84430	ASSAY BLOOD THIOCYANATE	11.63						01/01/20		
37	84431	THROMBOXANE METABOLITE(S), INCLUDING	18.54						01/01/10		
37	84432	THYROGLOBULIN	16.06						01/01/20		
37	84433	EVALUATION OF THIOPURINE S-METHYLTRA	22.17						01/01/23		
37	84436	THYROXINE, TRUE, RIA	6.58						01/01/15		
37	84437	THYROXINE, NEONATAL	6.47						01/01/20		
37	84439	THYROID PANEL	9.02						01/01/20		
37	84442	THYROID ACTIVITY (TBG) ASSAY	14.78						01/01/20		
37	84443	RIA ASSAY OF TS HORMONE	16.80						01/01/20		
37	84445	RIA THYROTROPIN FACTOR	25.05						01/01/15		
37	84446	ASSAY VITAMIN E	14.18						01/01/20		
37	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	18.00						01/01/20		
37	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.18					X	01/01/20		
37	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.30					X	01/01/20		
37	84466	TRANSFERRIN	12.76						01/01/20		
37	84478	ASSAY BLOOD TRIGLYCERIDES	5.74						01/01/20		
37	84479	TRIIODOTHYRONINE, RESIN UPTAKE	6.32						01/01/15		
37	84480	RIA ASSAY, T-3	8.73						01/01/15		
37	84481	TRIIODOTHYRONINE, FREE RIA	13.43						01/01/15		
37	84482	TRIDOTHYRONINE (T-3);	6.32						01/01/15		
37	84484	TROPONIN	12.47						01/01/18		
37	84485	ASSAY DUODENAL FLUID TRYPSIN	7.20						01/01/20		
37	84488	TEST FECES FOR TRYPSIN	7.30						01/01/20		
37	84490	ASSAY FECES FOR TRYPSIN	9.62						01/01/15		
37	84510	ASSAY BLOOD TYROSINE	10.63						01/01/20		
37	84512	TROPONIN, QUAL	10.09						01/01/18		
37	84520	ASSAY BUN	3.95					X	01/01/20		
37	84525	STICK-ASSAY BUN	5.12					X	01/01/15		
37	84540	ASSAY URINE UREA-N	5.56					X	01/01/19		
37	84545	UREA-N CLEARANCE TEST	7.20						01/01/20		
37	84550	ASSAY BLOOD URIC ACID	4.52						01/01/20		
37	84560	ASSAY URINE URIC ACID	5.08						01/01/20		
37	84577	ASSAY FECES UROBILINOGEN	16.80						01/01/20		
37	84578	TEST URINE UROBILINOGEN	4.43						01/01/15		
37	84580	ASSAY URINE UROBILINOGEN	9.55						01/01/19		
37	84583	ASSAY URINE UROBILINOGEN	6.05						01/01/19		
37	84585	ASSAY URINE VMA	15.50						01/01/20		
37	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	35.33						01/01/20		

COLUMN:

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			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	84588	RIA ASSAY VASOPRESSIN	33.94						01/01/20		
37	84590	ASSAY BLOOD VITAMIN-A	11.61						01/01/20		
37	84591	ASSAY OF NOS VITAMIN	15.79						01/01/15		
37	84597	ASSAY VITAMIN-K	13.72						01/01/20		
37	84600	ASSAY FOR VOLATILES	17.11						01/01/20		
37	84620	XYLOSE TOLERANCE TEST, BLOOD	12.91						01/01/20		
37	84630	ASSAY BLOOD ZINC	11.39						01/01/20		
37	84702	GONADOTROPIN, CHORIONIC; QUANTITATIVE	15.05						01/01/20		
37	84703	GONADOTROPIN, CHORIONIC; QUALITATIVE	7.52						01/01/20		
37	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	15.29						01/01/20		
37	84830	OVULATION TESTS, BY VISUAL COLOR COM	12.70						01/01/18		
37	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP				X		06/01/08		
37	85002	BLEEDING TIME TEST	4.82					X	01/01/20		
37	85004	AUTOMATED DIFF WBC COUNT	6.47						01/01/20		
37	85007	DIFFERENTIAL WBC COUNT	3.41					X	01/01/15		
37	85008	BLOOD COUNT;	3.43						01/01/20		
37	85009	DIFFERENTIAL WBC COUNT	5.06					X	01/01/15		
37	85013	BLOOD COUNT;	3.23						01/01/15		
37	85014	BLOOD COUNT OTHER THAN SPUN HEMATOGR	2.37					X	01/01/20		
37	85018	HEMOGLOBIN, COLORIMETRIC	2.37					X	01/01/20		
37	85025	BLOOD COUNT; HEMO. PLAT. COUNT, AUTO/AUT	7.77						01/01/20		
37	85027	HEMOGRAM, AUTOMATED W/PLATELET COUNT	6.47					X	01/01/20		
37	85032	MANUAL CELL COUNT, EACH	4.31						01/01/20		
37	85041	RED BLOOD CELL (RBC) COUNT	3.02					X	01/01/20		
37	85044	RETICULOCYTE COUNT	4.31						01/01/20		
37	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	3.99						01/01/20		
37	85046	RETICULOCYTE, HGB CONCENTRATE	5.57						01/01/20		
37	85048	WHITE BLOOD CELL (WBC) COUNT	2.54						01/01/20		
37	85049	AUTOMATED PLATELET COUNT	4.48						01/01/20		
37	85055	RETICULATED PLATELET ASSAY	27.40						01/01/15		
37	85097	BONE MARROW SMEAR INTERPRET	60.28					X	01/01/21		
37	85130	CHROMOGENIC SUBSTRATE ASSAY	11.89						01/01/20		
37	85170	BLOOD CLOT RETRACTION SCREEN	4.92					X	01/01/15		
37	85175	BLOOD CLOT LYSIS TIME	6.19					X	01/01/15		
37	85210	BLOOD CLOT FACTOR II TEST	7.85					X	01/01/15		
37	85220	BLOOD CLOT FACTOR V TEST	17.65					X	01/01/20		
37	85230	BLOOD CLOT FACTOR VII TEST	17.90					X	01/01/20		
37	85240	BLOOD CLOT FACTOR VIII TEST	17.90					X	01/01/20		
37	85244	FACTOR VIII RELATED ANTIGEN QUAN	20.42					X	01/01/20		
37	85245	CLOTTING;	22.94						01/01/20		
37	85246	CLOTTING;	22.94						01/01/20		
37	85247	CLOTTING;	22.94						01/01/20		
37	85250	BLOOD CLOT FACTOR IX TEST	19.04					X	01/01/20		
37	85260	BLOOD CLOT FACTOR X TEST	17.90					X	01/01/20		
37	85270	BLOOD CLOT FACTOR XI TEST	17.90					X	01/01/20		
37	85280	BLOOD CLOT FACTOR XII TEST	19.24					X	01/01/15		
37	85290	BLOOD CLOT FACTOR XIII TEST	16.34					X	01/01/20		
37	85291	BLOOD CLOT FACTOR XIII TEST	9.11					X	01/01/20		
37	85292	CLOTTING; PREKALLIKRIEW ASSAY	18.93						01/01/20		
37	85293	CLOTTING; H-M-W KININNOGEN ASSA	18.93						01/01/20		

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			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	85300	ANTITHROMBIN III TEST	11.85					X	01/01/20		
37	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	10.81					X	01/01/20		
37	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	12.01					X	01/01/20		
37	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	13.84						01/01/20		
37	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	11.61						01/01/20		
37	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	15.32						01/01/20		
37	85307	ASSAY ACTIVATED PROTEIN C	15.32						01/01/20		
37	85335	FACTOR INHIBITOR TEST	12.87						01/01/20		
37	85337	THROMBOMODULIN	14.19						01/01/15		
37	85345	COAGULATION TIME	4.69					X	01/01/20		
37	85347	COAGULATION TIME	3.92					X	01/01/15		
37	85348	COAGULATION TIME	4.49					X	01/01/19		
37	85360	EUGLOBULIN LYSIS	8.41						01/01/20		
37	85362	FIBRIN DEGRADATION PRODUCTS	6.89					X	01/01/20		
37	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	11.72						01/01/15		
37	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.43						01/01/20		
37	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	7.71						01/01/15		
37	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	10.18						01/01/20		
37	85380	FIBRIN DEGRADATION, VTE	10.18						01/01/20		
37	85384	FIBRINOGEN;	9.72						01/01/19		
37	85385	FIBRINOGEN;	11.56						01/01/15		
37	85390	FIBRINOLYSINS SCREEN	7.04						01/01/15		
37	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	30.86						01/01/18		
37	85400	FIBRINOLYTIC PLASMIN	7.71						01/01/20		
37	85410	FIBRINOLYTIC ANTIPLASMIN	7.71						01/01/20		
37	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	17.19						01/01/20		
37	85420	FIBRINOLYTIC PLASMINOGEN	6.53						01/01/20		
37	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	10.18						01/01/20		
37	85441	HEINZ BODIES; DIRECT	4.20						01/01/20		
37	85445	HEINZ BODIES; INDUCED	6.82						01/01/20		
37	85460	HEMOGLOBIN, FETAL	6.32						01/01/15		
37	85461	HEMOGLOBIN, FETAL	4.21						01/01/15		
37	85475	HEMOLYSIN, ACID	8.87						01/01/20		
37	85520	HEPARIN ASSAY	11.53						01/01/15		
37	85525	HEPARIN NEUTRALIZATION	11.53						01/01/15		
37	85530	HEPARIN-PROTAMINE TOLERANCE	13.09						01/01/20		
37	85536	IRON STAIN PERIPHERAL BLOOD	6.88						01/01/20		
37	85540	WBC ALKALINE PHOSPHATASE	8.60						01/01/20		
37	85547	RBC MECHANICAL FRAGILITY	8.60						01/01/20		
37	85549	SERUM MURAMIDASE	18.75						01/01/20		
37	85555	RBC OSMOTIC FRAGILITY	6.32						01/01/15		
37	85557	RBC OSMOTIC FRAGILITY	13.36						01/01/20		
37	85576	PLATELET;AGGREGATION (IN VITRO)	24.91					X	01/01/19		
37	85590	PLATELET PHASE MICROSCOPY	5.56					X	01/01/09		
37	85597	PLATELET NEUTRALIZATION	17.98						01/01/20		
37	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	17.98						01/01/20		
37	85610	PROTHROMBIN TIME	4.29					X	01/01/20		
37	85611	PROTHROMBIN TIME;	3.94					X	01/01/20		
37	85612	VIPER VENOM PROTHROMBIN TIME	13.03						01/01/15		
37	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	9.58						01/01/20		

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TS	CODE	DESCRIPTION									
37	85635	REPTILASE TEST	9.85						01/01/20		
37	85651	RBC SEDIMENTATION RATE	4.27						01/01/19		
37	85652	RBC SED RATE, AUTO	2.70						01/01/20		
37	85660	RBC SICKLE CELL TEST	5.51					X	01/01/20		
37	85670	THROMBIN TIME; PLASMA	5.77						01/01/20		
37	85675	THROMBIN TIME; TITER	6.85						01/01/20		
37	85705	THROMBOPLASTIN INHIBITION;	9.35						01/01/15		
37	85730	THROMBOPLASTIN TIME, PARTIAL	6.01					X	01/01/20		
37	85732	THROMBOPLASTIN TIME, PARTIAL	6.47					X	01/01/20		
37	85810	BLOOD VISCOSITY EXAMINATION	11.67					X	01/01/20		
37	85999	HEMATOLOGY PROCEDURE	MP			X			06/01/08		
37	86000	AGGLUTININS; FEBRILE	6.98						01/01/20		
37	86001	ALLERGEN SPECIFIC IGG	7.10					X	01/01/15		
37	86003	ALLERGEN SPECIFIC IGE;	5.22					X	01/01/20		
37	86005	ALLERGEN SPECIFIC IGE;	7.97						01/01/20		
37	86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE	17.93					X	01/01/20		
37	86015	MEASUREMENT OF ACTIN (SMOOTH MUSCLE)	11.53						01/01/22		
37	86021	WBC ANTIBODY IDENTIFICATION	15.05						01/01/20		
37	86022	PLATELET ANTIBODIES	18.37						01/01/20		
37	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	12.46						01/01/20		
37	86036	SCREENING TEST FOR ANTINEUTROPHIL CY	12.05					X	01/01/22		
37	86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY	12.05					X	01/01/22		
37	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	12.09						01/01/20		
37	86039	ANTINUCLEAR ANTIBODIES (ANA);	11.16						01/01/20		
37	86051	ELISA DETECTION OF AQUAPORIN-4 (NEUR	11.53						01/01/22		
37	86052	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
37	86053	FLOW CYTOMETRY DETECTION OF AQUAPORI	12.05						01/01/22		
37	86060	ANTISTREPTOLYSIN O TITER	7.30						01/01/20		
37	86063	ANTISTREPTOLYSIN O SCREEN	5.77						01/01/20		
37	86140	C-REACTIVE PROTEIN	5.18						01/01/20		
37	86141	C-REACTIVE PROTEIN, HS	12.95						01/01/20		
37	86146	GLYCOPROTEIN ANTIBODY	15.82						01/01/15		
37	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	15.82						01/01/15		
37	86148	PHOSPHOLIPID ANTIBODY	15.82						01/01/15		
37	86155	CHEMOTAXIS ASSAY	15.99						01/01/20		
37	86156	COLD AGGLUTININ;	8.07						01/01/19		
37	86157	COLD AGGLUTININ;	8.06						01/01/20		
37	86160	COMPLEMENT;	12.00					X	01/01/20		
37	86161	COMPLEMENT;	12.00					X	01/01/20		
37	86162	COMPLEMENT; TOTAL (CH 50)	20.32						01/01/20		
37	86171	COMPLEMENT FIXATION, EACH	10.01						01/01/20		
37	86200	CCP ANTIBODY	12.95						01/01/20		
37	86215	DEOXYRIBONUCLEASE, ANTIBODY	13.25						01/01/20		
37	86225	DNA ANTIBODY	13.74						01/01/20		
37	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	12.11						01/01/20		
37	86231	DETECTION OF ENDOMYSIAL ANTIBODY (EM	12.09					X	01/01/22		
37	86235	ENA ANTIBODY	15.84						01/01/15		
37	86255	FLUORESCENT ANTIBODY; SCREEN	12.05						01/01/20		
37	86256	FLUORESCENT ANTIBODY; TITER	12.05						01/01/20		
37	86258	DETECTION OF GLIADIN (DEAMIDATED) (D	11.53					X	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
37	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	15.74						01/01/20		
37	86280	HEMAGGLUTINATION INHIBITION	8.19						01/01/20		
37	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	20.81						01/01/20		
37	86301	IMMUNOASSAY, TUMOR, CA 19-9	20.81						01/01/20		
37	86304	IMMUNOASSAY, TUMOR CA 125	20.81						01/01/20		
37	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	20.81				F		01/01/20		
37	86308	HETEROPHILE ANTIBODIES;	5.18						01/01/20		
37	86309	HETEROPHILE ANTIBODIES;	6.47						01/01/20		
37	86310	HETEROPHILE ANTIBODIES	7.37						01/01/20		
37	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	20.81					X	01/01/20		
37	86317	IMMUNOASSAY/INFECTIOUS AGENT	14.99						01/01/20		
37	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	17.62						01/01/15		
37	86320	SERUM IMMUNOELECTROPHORESIS	29.92						01/01/18		
37	86325	OTHER IMMUNOELECTROPHORESIS	23.13						01/01/20		
37	86327	IMMUNOELECTROPHORESIS;	29.92						01/01/18		
37	86328	IMMUNOASSAY INF AGT,SINGLE STEP,CV19	33.92						05/12/23		
37	86329	IMMUNODIFFUSION, EACH	14.05					X	01/01/20		
37	86331	IMMUNODIFFUSION OUCHTERLONY	11.98						01/01/20		
37	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	24.37						01/01/20		
37	86334	IMMUNOFIXATION ELECTROPHORESIS	22.34						01/01/20		
37	86336	INHIBIN A	15.59						01/01/20		
37	86337	INSULIN ANTIBODIES, RIA	14.23						01/01/15		
37	86340	INTRINSIC FACTOR ANTIBODIES, RIA	15.08						01/01/20		
37	86341	ISLET CELL ANTIBODY	23.57						01/01/19		
37	86344	LEUKOCYTE PHAGOCYTOSIS	10.39						01/01/18		
37	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	97.30						01/01/10		
37	86353	LYMPHOCYTE TRANSFORMATION	49.03						01/01/20		
37	86355	B CELLS, TOTAL COUNT	37.73						01/01/20		
37	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	26.78					X	01/01/20		
37	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	37.73						01/01/20		
37	86359	T CELLS;	37.73						01/01/20		
37	86360	T CELLS;	46.98						01/01/20		
37	86361	T CELL ABSOLUTE COUNT	26.78						01/01/20		
37	86362	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
37	86363	FLOW CYTOMETRY DETECTION OF MYELIN O	12.05						01/01/22		
37	86364	MEASUREMENT OF TISSUE TRANSGLUTAMINA	11.53					X	01/01/22		
37	86367	STEM CELLS, TOTAL COUNT	51.34						01/01/15		
37	86376	MICROSOMAL ANTIBODY (THYROID); RIA	14.55						01/01/20		
37	86381	MEASUREMENT OF MITOCHONDRIAL ANTIBOD	25.45					X	01/01/22		
37	86382	NEUTRALIZATION TEST, VIRAL	16.91						01/01/20		
37	86384	NITROBLUE TETRAZOLIUM DYE	13.61						01/01/19		
37	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), Q	21.73						01/01/15		
37	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	11.54						01/01/19		
37	86406	PARTICLE AGGLUTINATION TEST	10.64						01/01/20		
37	86408	NEUTRALIZING ANTIBODY..;SCREEN	31.60						05/12/23		
37	86409	NEUTRALIZING ANTIBODY..;TITER	79.00						05/12/23		
37	86413	SARS-COV-2.COVID-19,ANTIBODY,QUANT	31.60						05/12/23		
37	86430	RHEUMATOID FACTOR LATEX FIXATION	6.14						01/01/20		
37	86431	RHEUMATOID FACTOR;	5.67						01/01/20		
37	86480	TB TEST, CELL IMMUN MEASURE	61.98						01/01/20		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
37	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	87.22						01/01/11		
37	86485	SKIN TEST;	8.06						01/01/09		
37	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP			X			06/01/08		
37	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.03						01/01/09		
37	86510	HISTOPLASMOSIS SKIN TEST	5.51						01/01/15		
37	86580	TB PATCH OR INTRADERMAL TEST	6.34						01/01/09		
37	86590	STREPTOKINASE, ANTIBODY	7.73						01/01/15		
37	86592	SYPHILIS TEST(S),QUALITATIVE	4.27						01/01/20		
37	86593	SYPHILIS TEST, QUANTITATIVE	4.40						01/01/20		
37	86602	ANTIBODY;	10.18						01/01/20		
37	86603	ANTIBODY;	12.87						01/01/20		
37	86606	ANTIBODY;	15.05						01/01/20		
37	86609	ANTIBODY;	12.88						01/01/20		
37	86611	BARTONELLA ANTIBODY	10.18						01/01/20		
37	86612	ANTIBODY;	12.90						01/01/20		
37	86615	ANTIBODY;	13.19						01/01/20		
37	86617	LYME DISEASE ANTIBODY	15.49						01/01/20		
37	86618	ANTIBODY;	17.03						01/01/20		
37	86619	ANTIBODY;	13.38						01/01/20		
37	86622	ANTIBODY;	8.93						01/01/20		
37	86625	ANTIBODY;	13.12						01/01/20		
37	86628	ANTIBODY;	12.01						01/01/20		
37	86631	ANTIBODY;	11.82						01/01/20		
37	86632	ANTIBODY;	12.68						01/01/20		
37	86635	ANTIBODY;	11.47						01/01/20		
37	86638	ANTIBODY;	12.12						01/01/20		
37	86641	ANTIBODY;	14.41						01/01/20		
37	86644	ANTIBODY;	14.39						01/01/20		
37	86645	ANTIBODY;	16.85						01/01/20		
37	86648	ANTIBODY;	15.21						01/01/20		
37	86651	ANTIBODY;	13.19						01/01/20		
37	86652	ANTIBODY;	13.19						01/01/20		
37	86653	ANTIBODY;	13.19						01/01/20		
37	86654	ANTIBODY;	13.19						01/01/20		
37	86658	ANTIBODY;	13.03						01/01/20		
37	86663	ANTIBODY;	13.12						01/01/20		
37	86664	ANTIBODY;	15.29						01/01/20		
37	86665	ANTIBODY;	18.14						01/01/20		
37	86666	EHRlichia ANTIBODY	10.18						01/01/20		
37	86668	ANTIBODY;	14.16						01/01/15		
37	86671	ANTIBODY;	12.25						01/01/20		
37	86674	ANTIBODY;	14.72						01/01/20		
37	86677	ANTIBODY;	15.82						01/01/15		
37	86682	ANTIBODY;	13.01						01/01/20		
37	86684	ANTIBODY;	15.84						01/01/20		
37	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	9.09						01/01/20		
37	86688	ANTIBODY;	14.00						01/01/20		
37	86689	CONFIRMATORY TEST	19.35						01/01/20		
37	86692	ANTIBODY;	17.16						01/01/20		
37	86694	ANTIBODY;	14.39						01/01/20		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
37	86695	ANTIBODY;	13.19						01/01/20		
37	86696	HERPES SIMPLEX TYPE 2	19.35						01/01/20		
37	86698	ANTIBODY;	13.79						01/01/20		
37	86701	ANTIBODY;	8.89						01/01/20		
37	86702	ANTIBODY;	13.52						01/01/20		
37	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	13.71						01/01/20		
37	86704	HEP B CORE AB TEST, IGG & M	12.05						01/01/20		
37	86705	HEP B CORE AB TEST, IGM	11.77						01/01/20		
37	86706	HEPATITIS B SURFACE AB TEST	10.74						01/01/20		
37	86707	HEPATITIS BE AB TEST	11.57						01/01/20		
37	86708	HEP A AB TEST, IGG & M	12.39						01/01/20		
37	86709	HEP A AB TEST, IGM	11.26						01/01/20		
37	86710	ANTIBODY;	13.55						01/01/20		
37	86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	16.89						01/01/19		
37	86713	ANTIBODY;	15.30						01/01/20		
37	86717	ANTIBODY;	12.25						01/01/20		
37	86720	ANTIBODY;	16.20						01/01/19		
37	86723	ANTIBODY;	13.19						01/01/20		
37	86727	ANTIBODY;	12.87						01/01/20		
37	86732	ANTIBODY;	15.00						01/01/19		
37	86735	ANTIBODY;	13.05						01/01/20		
37	86738	ANTIBODY;	13.24						01/01/20		
37	86741	ANTIBODY;	13.19						01/01/20		
37	86744	ANTIBODY;	15.99						01/01/19		
37	86747	ANTIBODY;	15.03						01/01/20		
37	86750	ANTIBODY;	13.19						01/01/20		
37	86753	ANTIBODY;	12.39						01/01/20		
37	86756	ANTIBODY;	15.89						01/01/19		
37	86757	RICKETTSIA ANTIBODY	19.35						01/01/20		
37	86759	ANTIBODY;	17.95						01/01/15		
37	86762	ANTIBODY;	14.39						01/01/20		
37	86765	ANTIBODY;	12.88						01/01/20		
37	86768	ANTIBODY;	13.19						01/01/20		
37	86769	ANTIBODY, ... (SARS-COV-2) .. (COVID-19)	31.60						05/12/23		
37	86771	ANTIBODY;	17.95						01/01/15		
37	86774	ANTIBODY;	13.32						01/01/15		
37	86777	ANTIBODY;	14.39						01/01/20		
37	86778	ANTIBODY;	14.41						01/01/20		
37	86780	ANTIBODY; TREPONEMA PALLIDUM	13.24						01/01/20		
37	86784	ANTIBODY;	6.32						01/01/15		
37	86787	ANTIBODY;	12.88						01/01/20		
37	86788	ANTIBODY; WEST NILE VIRUS, IGM	16.85						01/01/20		
37	86789	ANTIBODY; WEST NILE VIRUS	14.39						01/01/20		
37	86790	ANTIBODY;	12.88						01/01/20		
37	86793	ANTIBODY;	13.19						01/01/20		
37	86794	ZIKA VIRUS, IGM	16.85						01/01/20		
37	86800	THYROGLOBULIN ANTIBODY, RIA	15.91						01/01/20		
37	86803	HEPATITIS C AB TEST	14.27						01/01/20		
37	86804	HEP C AB TEST, CONFIRM	15.49						01/01/20		
37	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	71.16						01/01/15		

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
37	86806	SEE 86805; WITHOUT TITRATION	47.59						01/01/20		
37	86807	SERUM SCREEN.-PRA;STANDARD METHOD	48.22						01/01/15		
37	86808	SERUM SCREEN.-PRA; QUICK METHOD	29.68						01/01/20		
37	86812	TISSUE TYPING;	25.81						01/01/20		
37	86813	TISSUE TYPING;	58.00						01/01/20		
37	86816	TISSUE TYPING;	30.17						01/01/20		
37	86817	TISSUE TYPING;	87.62						01/01/15		
37	86821	TISSUE TYPING;	36.56						01/01/20		
37	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	82.21						01/01/15		
37	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	27.40						01/01/15		
37	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	48.22					X	01/01/15		
37	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	40.39					X	01/01/15		
37	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	95.52					X	01/01/19		
37	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	81.88					X	01/01/19		
37	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	172.66					X	01/01/15		
37	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	156.97					X	01/01/15		
37	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	357.56						01/01/20		
37	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	322.96						01/01/20		
37	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP			X			06/01/08		
37	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.21					X	01/01/16		
37	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	14.60					X	01/01/09		
37	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	44.04					X	01/01/09		
37	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.39					X	01/01/20		
37	86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.72					X	01/01/20		
37	86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.18					X	01/01/20		
37	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.94						01/01/09		
37	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.50						01/01/09		
37	86900	BLOOD TYPING;	2.99						01/01/20		
37	86901	BLOOD TYPING;	2.99						01/01/20		
37	86902	BLOOD TYPING; ANTIGEN TESTING OF DON	5.20						01/01/15		
37	86904	BLOOD TYPING;	12.94					X	01/01/15		
37	86905	BLOOD TYPING;	3.83					X	01/01/20		
37	86906	BLOOD TYPING;	7.75						01/01/20		
37	86910	BLOOD TYPING;	21.76					X	01/01/09		
37	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.77						01/01/09		
37	86920	COMPATIBILITY TEST EACH UNIT;	51.59						01/01/09		
37	86921	COMPATIBILITY TEST EACH UNIT;	51.59						01/01/09		
37	86922	COMPATIBILITY TEST EACH UNIT;	49.15						01/01/09		
37	86923	COMPATIBILITY TEST, ELECTRIC	MP			X			06/01/08		
37	86927	FRESH FROZEN PLASMA, THAWING, EACH U	11.10					X	01/01/09		
37	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06					X	01/01/09		
37	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06					X	01/01/09		
37	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06					X	01/01/09		
37	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	8.77					X	01/01/20		
37	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	12.11					X	01/01/20		
37	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	47.52					X	01/01/09		
37	86950	LEUKOCYTE TRANSFUSION	43.60						01/01/09		
37	86960	VOL REDUCTION OF BLOOD/PROD	MP			X			06/01/08		
37	86965	POOLING OF PLATELETS OR OTHER BLOOD	15.19						01/01/09		
37	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.77					X	01/01/09		

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
37	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	8.29					X	01/01/09		
37	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.77						01/01/09		
37	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.77					X	01/01/09		
37	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.77						01/01/09		
37	86977	PRETREATMENT OF SERUM FOR USE IN RBC	8.29					X	01/01/09		
37	86978	PRETREATMENT OF SERUM FOR USE IN RBC	10.60					X	01/01/09		
37	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	15.24					X	01/01/09		
37	86999	IMMUNOLOGY PROCEDURE	50.49			X			06/01/08		
37	87003	SMALL ANIMAL INOCULATION	16.84						01/01/20		
37	87015	SPECIMEN CONCENTRATION	6.68					X	01/01/20		
37	87040	BLOOD CULTURE FOR BACTERIA	10.32					X	01/01/20		
37	87045	STOOL CULTURE FOR BACTERIA	9.44					X	01/01/20		
37	87046	STOOL CULTR, BACTERIA, EACH	9.44					X	01/01/20		
37	87070	CULTURE SPECIMEN, BACTERIA	8.62					X	01/01/20		
37	87071	CULTURE BACTERI AEROBIC OTHR	9.89						01/01/20		
37	87073	CULTURE BACTERIA ANAEROBIC	9.66						01/01/20		
37	87075	CULTURE SPECIMEN, BACTERIA	9.47					X	01/01/20		
37	87076	BACTERIA IDENTIFICATION	8.08						01/01/20		
37	87077	CULTURE AEROBIC IDENTIFY	8.08					X	01/01/20		
37	87081	BACTERIA CULTURE SCREEN	6.63						01/01/20		
37	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	11.72						01/01/15		
37	87086	URINE CULTURE, COLONY COUNT	8.07						01/01/20		
37	87088	URINE BACTERIA CULTURE	8.09						01/01/20		
37	87101	SKIN FUNGUS CULTURE	7.71						01/01/20		
37	87102	FUNGUS ISOLATION CULTURE	8.41						01/01/20		
37	87103	CULTURE,FUNGI,ISOLATION BLOOD	11.53						01/01/15		
37	87106	FUNGUS IDENTIFICATION	10.32						01/01/20		
37	87107	FUNGI IDENTIFICATION, MOLD	10.32						01/01/20		
37	87109	MYCOPLASMA CULTURE	15.39						01/01/20		
37	87110	CULTURE CHLAMYDIA	19.60						01/01/20		
37	87116	MYCOBACTERIA CULTURE	10.80						01/01/20		
37	87118	MYCOBACTERIA IDENTIFICATION	5.60						01/01/15		
37	87140	CULTURE TYPING, FLUORESCENT	5.57						01/01/20		
37	87143	CULTURE TYPING, GLC METHOD	12.52						01/01/20		
37	87147	CULTURE TYPING, SEROLOGIC	5.18						01/01/20		
37	87149	CULTURE TYPE, NUCLEIC ACID	20.05						01/01/20		
37	87150	CULTURE, TYPING; IDENTIFICATION BY N	35.09						01/01/20		
37	87152	CULTURE TYPE PULSE FIELD GEL	7.12						01/01/15		
37	87153	CULTURE, TYPING; IDENTIFICATION BY N	115.36						01/01/20		
37	87158	CULTURE TYPING, ADDED METHOD	7.12						01/01/15		
37	87164	DARK FIELD EXAMINATION	10.74						01/01/20		
37	87166	DARK FIELD EXAMINATION	11.30						01/01/20		
37	87168	MACROSCOPIC EXAM ARTHROPOD	4.27						01/01/20		
37	87169	MACACROSCOPIC EXAM PARASITE	4.31						01/01/20		
37	87172	PINWORM EXAM	4.27						01/01/20		
37	87176	ENDOTOXIN, BACTERIAL	5.88						01/01/20		
37	87177	OVA AND PARASITES SMEARS	8.90					X	01/01/20		
37	87181	ANTIBIOTIC SENSITIVITY, EACH	4.75						01/01/20		
37	87184	ANTIBIOTIC SENSITIVITY, EACH	7.48					X	01/01/20		
37	87185	MICROBE SUSCEPTIBLE, ENZYME	4.75					X	01/01/20		

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
37	87186	ANTIBIOTIC SENSITIVITY, MIC	8.65						01/01/20		
37	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	14.10						01/01/15		
37	87188	ANTIBIOTIC SENSITIVITY, EACH	6.64						01/01/20		
37	87190	TB ANTIBIOTIC SENSITIVITY	7.31						01/01/18		
37	87197	SERUM BACTERICIDAL TITER	15.02						01/01/20		
37	87198	CYTOMEGALOVIRUS ANTIBODY DFA	18.24						01/01/09		
37	87205	SMEAR, STAIN & INTERPRET	4.27					X	01/01/20		
37	87206	SMEAR, STAIN & INTERPRET	5.39					X	01/01/20		
37	87207	SMEAR, STAIN & INTERPRET	5.99					X	01/01/20		
37	87209	SMEAR, COMPLEX STAIN	17.98						01/01/20		
37	87210	SMEAR, STAIN & INTERPRET	5.81					X	01/01/15		
37	87220	TISSUE EXAMINATION FOR FUNGI	4.27						01/01/20		
37	87230	TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	19.74					X	01/01/20		
37	87250	VIRUS INOCULATION FOR TEST	19.56					X	01/01/20		
37	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	26.07						01/01/20		
37	87253	VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	20.20					X	01/01/20		
37	87254	VIRUS INOCULATION, SHELL VIA	19.56					X	01/01/20		
37	87255	GENET VIRUS ISOLATE, HSV	33.86						01/01/20		
37	87260	ADENOVIRUS AG, DFA	14.43						01/01/19		
37	87265	PERTUSSIS AG, DFA	11.98						01/01/20		
37	87267	ENTEROVIRUS ANTIBODY, DFA	13.42						01/01/19		
37	87269	GIARDIA AG, IF	13.61						01/01/19		
37	87270	CHYLM D TRACH AG, DFA	11.98						01/01/20		
37	87271	CYTOMEGALOVIRUS DFA	13.42						01/01/19		
37	87272	CRYPTOSPORIDUM AG, DFA	11.98						01/01/20		
37	87273	HERPES SIMPLEX 2, AG, IF	11.98						01/01/20		
37	87274	HERPES SIMPLEX AG, DFA	11.98						01/01/20		
37	87275	INFLUENZA B, AG, IF	12.25						01/01/20		
37	87276	INFLUENZA AG, DFA	16.07						01/01/18		
37	87278	LEGION PNEUMO AG, DFA	15.60						01/01/18		
37	87279	PARAINFLUENZA, AG, IF	16.32						01/01/15		
37	87280	RESP SYNCYTIAL AG, DFA	13.42						01/01/19		
37	87281	PNEUMOCYSTIS CARINII, AG, IF	11.98						01/01/20		
37	87283	RUBEOLA, AG, IF	16.32						01/01/15		
37	87285	TREPON PALLIDUM AG, DFA	12.18						01/01/20		
37	87290	VARICELLA AG, DFA	13.42						01/01/19		
37	87299	AG DETECTION NOS, DFA	16.10						01/01/18		
37	87300	AG DETECTION, POLYVAL, IF	11.98					X	01/01/20		
37	87301	ADENOVIRUS AG, EIA	11.98						01/01/20		
37	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	11.98						01/01/20		
37	87320	CHYLM D TRACH AG, EIA	15.00						01/01/18		
37	87324	CLOSTRIDIUM AG, EIA	11.98						01/01/20		
37	87327	CRYPTOCOCCUS NEOFORM AG, EIA	13.42						01/01/19		
37	87328	CRYPTOSPOR AG, EIA	13.82						01/01/19		
37	87329	GIARDIA AG, EIA	11.98						01/01/20		
37	87332	CYTOMEGALOVIRUS AG, EIA	11.98						01/01/20		
37	87335	E COLI 0157 AG, EIA	12.66						01/01/20		
37	87336	ENTAMOEB HIST DISPR, AG, EIA	16.00						01/01/18		
37	87337	ENTAMOEB HIST GROUP, AG, EIA	11.98						01/01/20		
37	87338	HPYLORI, STOOL, EIA	6.31						01/01/15		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	87339	HPYLORI AG, EIA	16.00						01/01/18		
37	87340	HEPATITIS B SURFACE AG, EIA	10.33						01/01/20		
37	87341	HEPATITIS B SURFACE, AG, EIA	10.33						01/01/20		
37	87350	HEPATITIS B AG, EIA	11.53						01/01/20		
37	87380	HEPATITIS DELTA AG, EIA	16.82						01/01/15		
37	87385	HISTOPLASMA CAPSUL AG, EIA	13.25						01/01/20		
37	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	24.08						01/01/20		
37	87390	HIV-1 AG, EIA	24.01						01/01/15		
37	87391	HIV-2 AG, EIA	21.90						01/01/18		
37	87400	INFLUENZA A/B, AG, EIA	14.13					X	01/01/19		
37	87420	RESP SYNCYTIAL AG, EIA	13.91						01/01/19		
37	87425	ROTAVIRUS AG, EIA	11.98						01/01/20		
37	87426	INF AGT DETECTION BY IMMUNO-COVID-19	31.52						05/12/23		
37	87427	SHIGA-LIKE TOXIN AG, EIA	11.98						01/01/20		
37	87428	INF AGT BY IA;SARSCOV & INFL VIR A&B	23.21						05/12/23		
37	87430	STREP A AG, EIA	16.32						01/01/15		
37	87449	AG DETECT NOS, EIA, MULT	11.98						01/01/20		
37	87451	AG DETECT POLYVAL, EIA, MULT	6.31						01/01/15		
37	87467	MEASUREMENT OF HEPATITIS B SURFACE A	15.05						01/01/23		
37	87468	DETECTION OF ANAPLASMA PHAGOCYTOPHIL	35.09						01/01/23		
37	87469	DETECTION OF BABESIA MICROTIM BY AMP	35.09						01/01/23		
37	87471	BARTONELLA, DNA, AMP PROBE	35.09						01/01/20		
37	87472	BARTONELLA, DNA, QUANT	42.84						01/01/20		
37	87475	LYME DIS, DNA, DIR PROBE	20.05						01/01/20		
37	87476	LYME DIS, DNA, AMP PROBE	35.09						01/01/20		
37	87478	DETECTION OF BABESIA BORRELIA MIYAMO	35.09						01/01/23		
37	87480	CANDIDA, DNA, DIR PROBE	20.05						01/01/20		
37	87481	CANDIDA, DNA, AMP PROBE	35.09						01/01/20		
37	87482	CANDIDA, DNA, QUANT	55.74						01/01/18		
37	87483	INFECTIOUS AGENT DETECTION BY NUCLEI	48.14						01/01/17		
37	87484	DETECTION OF EHRlichia CHAFFEENSIS B	35.09						01/01/23		
37	87485	CHYLMD PNEUM, DNA, DIR PROBE	20.05						01/01/20		
37	87486	CHYLMD PNEUM, DNA, AMP PROBE	35.09						01/01/20		
37	87487	CHYLMD PNEUM, DNA, QUANT	42.84						01/01/20		
37	87490	CHYLMD TRACH, DNA, DIR PROBE	22.75						01/01/19		
37	87491	CHYLMD TRACH, DNA, AMP PROBE	35.09					X	01/01/20		
37	87492	CHYLMD TRACH, DNA, QUANT	47.57						01/01/15		
37	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	37.27						01/01/20		
37	87495	CYTOMEG, DNA, DIR PROBE	27.29						01/01/15		
37	87496	CYTOMEG, DNA, AMP PROBE	35.09						01/01/20		
37	87497	CYTOMEG, DNA, QUANT	42.84						01/01/20		
37	87498	DETECTION TEST FOR ENTEROVIRUS (INTE	35.09						01/01/20		
37	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31						01/01/20		
37	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	95.80						01/01/19		
37	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	28.26						01/01/15		
37	87505	INFECTIOUS AGENT DETECTION BY NUCLEI	128.29						01/01/20		
37	87506	INFECTIOUS AGENT DETECTION BY NUCLEI	262.99						01/01/19		
37	87507	INFECTIOUS AGENT DETECTION BY NUCLEI	416.78						01/01/20		
37	87510	GARDNER VAG, DNA, DIR PROBE	20.05						01/01/20		

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
37	87511	GARDNER VAG, DNA, AMP PROBE	35.09						01/01/20		
37	87512	GARDNER VAG, DNA, QUANT	41.76						01/01/20		
37	87516	HEPATITIS B , DNA, AMP PROBE	35.09						01/01/20		
37	87517	HEPATITIS B , DNA, QUANT	42.84						01/01/20		
37	87520	HEPATITIS C , RNA, DIR PROBE	27.29						01/01/15		
37	87521	DETECTION TEST FOR HEPATITIS C VIRUS	35.09						01/01/20		
37	87522	DETECTION TEST FOR HEPATITIS C VIRUS	42.84						01/01/20		
37	87525	HEPATITIS G , DNA, DIR PROBE	27.29						01/01/15		
37	87526	HEPATITIS G, DNA, AMP PROBE	39.26						01/01/19		
37	87527	HEPATITIS G, DNA, QUANT	41.76						01/01/20		
37	87528	HSV, DNA, DIR PROBE	20.05						01/01/20		
37	87529	HSV, DNA, AMP PROBE	35.09						01/01/20		
37	87530	HSV, DNA, QUANT	42.84						01/01/20		
37	87531	HHV-6, DNA, DIR PROBE	27.29						01/01/15		
37	87532	HHV-6, DNA, AMP PROBE	35.09						01/01/20		
37	87533	HHV-6, DNA, QUANT	41.76						01/01/20		
37	87534	HIV-1, DNA, DIR PROBE	21.92						01/01/20		
37	87535	DETECTION TEST FOR HIV-1 VIRUS	35.09						01/01/20		
37	87536	DETECTION TEST FOR HIV-1 VIRUS	85.10						01/01/20		
37	87537	HIV-2, DNA, DIR PROBE	21.92						01/01/20		
37	87538	DETECTION TEST FOR HIV-2 VIRUS	35.09						01/01/20		
37	87539	DETECTION TEST FOR HIV-2 VIRUS	58.29						01/01/15		
37	87540	LEGION PNEUMO, DNA, DIR PROB	20.05						01/01/20		
37	87541	LEGION PNEUMO, DNA, AMP PROB	35.09						01/01/20		
37	87542	LEGION PNEUMO, DNA, QUANT	41.76						01/01/20		
37	87550	MYCOBACTERIA, DNA, DIR PROBE	20.05						01/01/20		
37	87551	MYCOBACTERIA, DNA, AMP PROBE	47.76						01/01/15		
37	87552	MYCOBACTERIA, DNA, QUANT	42.84						01/01/20		
37	87555	M.TUBERCULO, DNA, DIR PROBE	26.88						01/01/18		
37	87556	M.TUBERCULO, DNA, AMP PROBE	41.68						01/01/19		
37	87557	M.TUBERCULO, DNA, QUANT	42.84						01/01/20		
37	87560	M.AVIUM-INTRA, DNA, DIR PROB	27.29						01/01/15		
37	87561	M.AVIUM-INTRA, DNA, AMP PROB	35.09						01/01/20		
37	87562	M.AVIUM-INTRA, DNA, QUANT	42.84						01/01/20		
37	87563	DETECTION OF MYCOPLASMA GENITALIUM B	35.09						01/01/20		
37	87580	M.PNEUMON, DNA, DIR PROBE	20.05						01/01/20		
37	87581	M.PNEUMON, DNA, AMP PROBE	35.09						01/01/20		
37	87582	M.PNEUMON, DNA, QUANT	56.82						01/01/15		
37	87590	N.GONORRHOEAE, DNA, DIR PROB	26.88						01/01/18		
37	87591	N.GONORRHOEAE, DNA, AMP PROB	35.09					X	01/01/20		
37	87592	N.GONORRHOEAE, DNA, QUANT	42.84						01/01/20		
37	87593	INFECTIOUS AGT DETECTION (MONKEYPOX)	38.48	18	99				07/26/22		
37	87623	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87624	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87625	INFECTIOUS AGENT DETECTION BY NUCLEI	40.55						01/01/19		
37	87634	INFECTIOUS AGENT DETECTION BY NUCLEI	70.20						01/01/20		
37	87635	INFECTIOUS AGENT DETECTION-COVID-19	38.48						05/12/23		
37	87636	SARSCOV2 & INF A & B AMP PRB	106.97						05/12/23		
37	87637	SARSCOV2 & INF A & B & RSV AMP PRB	106.97						05/12/23		
37	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		

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
37	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87650	STREP A, DNA, DIR PROBE	20.05						01/01/20		
37	87651	STREP A, DNA, AMP PROBE	35.09						01/01/20		
37	87652	STREP A, DNA, QUANT	41.76						01/01/20		
37	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87660	TRICHOMONAS VAGIN, DIR PROBE	20.05				F		01/01/20		
37	87661	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87662	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31					X	01/01/20		
37	87797	DETECT AGENT NOS, DNA, DIR	27.29						01/01/15		
37	87798	DETECT AGENT NOS, DNA, AMP	35.09						01/01/20		
37	87799	DETECT AGENT NOS, DNA, QUANT	13.55						02/01/12		
37	87800	DETECT AGNT MULT, DNA, DIREC	43.67						01/01/20		
37	87801	DETECT AGNT MULT, DNA, AMPLI	70.20						01/01/20		
37	87802	STREP B ASSAY W/OPTIC	12.73						01/01/20		
37	87803	CLOSTRIDIUM TOXIN A W/OPTIC	16.00						01/01/18		
37	87804	AGENT NOS ASSAY W/OPTIC	16.32					X	01/01/15		
37	87806	INFECTIOUS AGENT ANTIGEN DETECTION B	30.60						01/01/15		
37	87807	RSV ASSAY W/OPTIC	13.10						01/01/20		
37	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	15.29				F		01/01/18		
37	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	16.32						01/01/15		
37	87810	CHYLMD TRACH ASSAY W/OPTIC	16.32						01/01/15		
37	87811	SARS-COV-2 COVID 19 W/OPTIC	31.04						05/12/23		
37	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.32						01/01/15		
37	87880	STREP A ASSAY W/OPTIC	16.32						01/01/15		
37	87899	AGENT NOS ASSAY W/OPTIC	16.07						01/01/18		
37	87900	PHENOTYPE, INFECT AGENT DRUG	130.35						01/01/20		
37	87901	GENOTYPE, DNA, HIV REVERSE T	257.45						01/01/20		
37	87902	GENOTYPE, DNA, HEPATITIS C	257.45						01/01/20		
37	87903	PHENOTYPE, DNA HIV W/CULTURE	488.66						01/01/20		
37	87904	PHENOTYPE, DNA HIV W/CLT ADD	26.07						01/01/20		
37	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	12.22						01/01/20		
37	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	128.73						01/01/20		
37	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
37	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
37	87913	NFCT AGT GNTYP ALYS SARSCOV2	193.09						05/12/23		
37	87999	MICROBIOLOGY PROCEDURE	MP				X		06/01/08		
37	88104	CYTOPATHOLOGY	55.68						01/01/09		
37	88106	CYTOPATHOLOGY	56.20						01/01/21		
37	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	54.14						01/01/21		
37	88112	CYTOPATHOLOGY, SELECT CELL ENHANCEMNT	57.32	10	59		F		01/01/21		
37	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	241.97						01/01/11		
37	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	204.27						01/01/11		
37	88125	FORENSIC CYTOPATHOLOGY	19.84						01/01/09		
37	88130	SEX CHROMATIN IDENTIFICATION	17.98						01/01/20		
37	88140	SEX CHROMATIN IDENTIFICATION	7.99						01/01/20		
37	88141	CYTOPATH CERV/VAG INTERPRET	18.99	21	99				01/01/21		
37	88142	CYTOPATH CERV/VAG THIN LAYER	20.26	21	99				01/01/20		
37	88143	CYTPATH C/VAG T/LAYER REDO	18.72	21	99				01/01/15		
37	88147	CYTPATH C/VAG AUTOMATED	14.38	21	99				01/01/15		
37	88148	CYTPATH C/VAG AUTO RESCREEN	14.38	21	99				01/01/15		

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	88150	CYTOPATHOLOGY, PAP SMEAR	14.38	21 99			F		01/01/15		
37	88152	CYTOPATH CERV/VAG AUTO	14.38	21 99					01/01/15		
37	88153	CYTPATH C/VAG REDO	14.38	21 99					01/01/15		
37	88155	CYTOPATH, (PAP);W/ DEF.HORMONAL EVAL	8.15	21 99			F		01/01/15		
37	88160	CYTOPATHOLOGY	47.19						01/01/09		
37	88161	CYTOPATH...;PREP,SCREEN,INTERP.	49.09						01/01/09		
37	88162	CYTOPATH...;EXT.STUDY,+5 SLIDES,MULTI	71.14						01/01/09		
37	88164	CYTPATH TBS C/VAG MANUAL	14.38	21 99					01/01/15		
37	88165	CYTPATH TBS C/VAG REDO	14.38	21 99					01/01/15		
37	88166	CYTPATH TBS C/VAG AUTO REDO	14.38	21 99					01/01/15		
37	88167	CYTPATH TBS C/VAG SELECT	14.38	21 99					01/01/15		
37	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	47.53						01/01/21		
37	88173	FINE NEEDLE ASPIRATE...;INTERP/REPORT	121.73						01/01/09		
37	88174	CYTOPATHOLOGY,VAGINAL OR CERVICAL CO	19.86	21 99			F		01/01/15		
37	88175	CYTOPATHOLOGY, WITH SCREENING	25.04	21 99			F		01/01/15		
37	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	14.91						01/01/11		
37	88182	FLOW CYTOMETRY;	92.09						01/01/09		
37	88184	FLOWCYTOMETRY/ TC, 1 MARKER	54.87						01/01/17		
37	88185	FLOWCYTOMETRY/TC, ADD-ON	19.31					X	01/01/22		
37	88187	FLOWCYTOMETRY/READ, 2-8	MP				X		06/01/08		
37	88188	FLOWCYTOMETRY/READ, 9-15	MP				X		06/01/08		
37	88189	FLOWCYTOMETRY/READ, 16 & >	MP				X		06/01/08		
37	88199	CYTOPATHOLOGY PROCEDURE	MP				X		06/01/08		
37	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	86.97						01/01/15		
37	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	86.97						01/01/15		
37	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	86.97						01/01/15		
37	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	86.97						01/01/15		
37	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	86.97						01/01/15		
37	88240	CELL CRYOPRESERVE/STORAGE	13.07						01/01/18		
37	88241	FROZEN CELL PREPARATION	12.09						01/01/19		
37	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	86.97						01/01/15		
37	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	173.17						01/01/20		
37	88249	CHROMOSOME ANALYSIS, 100	173.17						01/01/20		
37	88261	CHROMOSOME COUNT: 1-4 CELLS	240.51						01/01/15		
37	88262	CHROMOSOME COUNT: 1-20 CELLS	125.49						01/01/20		
37	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	86.97						01/01/15		
37	88264	CHROMOSOME ANALYSIS, 20-25	144.61						01/01/19		
37	88267	CHROMOSOME COUNT: AMNIOTIC	188.57						01/01/20		
37	88269	CHROM ANAL;IN SITU AMNIOTIC FLUID..	173.66						01/01/20		
37	88271	CYTOGENETICS, DNA PROBE	21.42						01/01/20		
37	88272	CYTOGENETICS, 3-5	36.44						01/01/15		
37	88273	CYTOGENETICS, 10-30	34.81						01/01/20		
37	88274	CYTOGENETICS, 25-99	42.38						01/01/19		
37	88275	CYTOGENETICS, 100-300	51.19						01/01/18		
37	88280	CHROMOSOME COUNT: ADDITIONAL	33.47						01/01/18		
37	88283	CHROM ANAL;ADD SPEC BANDING TECH.	37.97						01/01/15		
37	88285	CHROMOSOME COUNT: ADDITIONAL	25.86						01/01/15		
37	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	34.43						01/01/20		
37	88291	CYTO/MOLECULAR REPORT	27.31						01/01/09		
37	88299	CYTOGENETIC STUDY	5.81				X		06/01/08		

COLUMN:

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			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
37	88300	SURGICAL PATHOLOGY, GROSS	13.52					X	01/01/21		
37	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	26.95					X	01/01/21		
37	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	35.41					X	01/01/21		
37	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	60.71					X	01/01/21		
37	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	189.46						01/01/09		
37	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	286.62						01/01/09		
37	88311	SURGICAL PATHOLOGY; DECALCIFICATION	16.90						01/01/09		
37	88312	SPECIAL STAIN INCLUDING INTERPRETATI	88.21						01/01/09		
37	88313	SPECIAL STAIN INCLUDING INTERPRETATI	61.45						01/01/15		
37	88314	SPECIAL STAIN INCLUDING INTERPRETATI	68.33						01/01/15		
37	88321	MICROSLIDE CONSULTATION	83.83						01/01/09		
37	88323	MICROSLIDE CONSULTATION	98.80						01/01/21		
37	88325	COMPREHENSIVE REVIEW OF DATA	145.04						01/01/21		
37	88329	CONSULTATION DURING SURGERY	45.71					X	01/01/09		
37	88331	CONSULTATION DURING SURGERY	83.18					X	01/01/09		
37	88332	PATHOLOGY CONSULTATION DURING SURGER	37.45						01/01/09		
37	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	46.40					X	01/01/15		
37	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	83.29					X	01/01/15		
37	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	80.28						01/01/15		
37	88346	IMMUNOFLUORESCENCE PER SPEC; INITIAL	98.09						01/01/21		
37	88348	ELECTRON MICROSCOPY	314.30						01/01/15		
37	88350	IMMUNOFLUORESCENCE, PER SPECIMEN; E	74.54					X	01/01/21		
37	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	MP			X			06/01/08		
37	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	105.39						01/01/21		
37	88363	EXAMINATION AND SELECTION OF RETRIEV	20.23						01/01/11		
37	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	66.47						01/01/15		
37	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	140.84					X	01/01/09		
37	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	103.35						01/01/15		
37	88367	INSITU HYBRIDIZATION, AUTO	98.24						01/01/21		
37	88368	INSITU HYBRIDIZATION, MANUAL	100.19						01/01/15		
37	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	50.78						01/01/15		
37	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	22.23						01/01/20		
37	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	26.22					X	01/01/19		
37	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	41.67						01/01/15		
37	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	139.04						01/01/15		
37	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	146.66						01/01/15		
37	88387	MACROSCOPIC EXAMINATION, DISSECTION,	29.28						01/01/10		
37	88388	MACROSCOPIC EXAMINATION, DISSECTION,	17.68						01/01/10		
37	88399	SURGICAL PATHOLOGY PROCEDURE	MP			X			06/01/08		
37	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	4.73						01/01/15		
37	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	4.73						01/01/15		
37	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.73						01/01/15		
37	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.73						01/01/15		
37	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS	MP			X			01/01/11		
37	89050	BODY FLUID CELL COUNT	4.72					X	01/01/20		
37	89051	BODY FLUID CELL COUNT	5.60					X	01/01/20		
37	89055	LEUKOCYTE ASSESSMENT, FECAL	4.27						01/01/20		
37	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	7.33						01/01/20		
37	89125	SPECIMEN FAT STAIN	5.88					X	01/01/15		
37	89160	EXAM FECES FOR MEAT FIBERS	4.85						01/01/18		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
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 FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	90676	RABIES VACCINE, ID	CCR								
37	90680	ROTAVIURS VACCINE, ORAL USE	CCR	00 18							
37	90682	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	19 99							
37	90685	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	00 02							
37	90686	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR								
37	90687	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR								
37	90688	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	03 99							
37	90690	TYPHOID VACCINE, ORAL	CCR								
37	90691	TYPHOID VACCINE, IM	CCR								
37	90698	DTAP-HIB-IPV VACCINE, IM	CCR	00 20							
37	90700	DTAP, DIPHTH, TETANUS TOXO,PETRUSSIS	CCR	00 21							
37	90702	IMMUNIZATION,DT	CCR	00 21							
37	90707	MEASLES,MUMPS AND RUBELLA VIRUS-MMR	CCR								E
37	90710	MEASLES,MUMPS,RUBELLA, AND VARICELL	CCR	00 18							
37	90713	IMMUNIZATION,POLIO INJECTION	CCR	00 21							
37	90714	TD VACCINE, PRES FREE, 7 YRS OR OLDE	CCR	07 99							
37	90715	TDAP VACCINE >7 IM	CCR	07 99							E
37	90716	VARICELLA VIRUS VACCINE (VAR) LIVE	CCR								E
37	90717	IMMUNIZATION,YELLOW FEVER	CCR	00 21							
37	90723	DTAP-HEP B-IPV VACCINE, IM	CCR	00 20							
37	90732	PNEUMOCOCCAL POLYSACC VACCINE,23-VAL	CCR	02 99							
37	90734	MENINGOCOCCAL CONJUGATE VACCINE, IM	CCR								E
37	90736	ZOSTER (SHINGLES) VACCINE	CCR	21 99							E
37	90739	HEPATITIS B VACCINE, ADULT DOSAGE (2	CCR								
37	90740	HEPB VACC, ILL PAT 3 DOSE IM	CCR								
37	90743	HEP B VACC, ADOL, 2 DOSE, IM	CCR	00 21							
37	90744	HEPATITIS B VACCINE, PED/ADOL DOSAGE	CCR	00 20							
37	90746	HEPATITIS B VACCINE, ADULT DOSAGE,IM	CCR	19 99							E
37	90748	HEPATITIS B/HIB VACCINE	CCR	00 21							
37	90749	IMMUNIZATION,UNLISTED PROCEDURE	CCR								
37	90750	ZOSTER (SHINIGLES) VACCINE (HZV), RE	CCR	50 99							
37	90756	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR								
37	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	CCR								
37	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	CCR								
37	90940	HEMODIALYSIS ACCESS STUDY	CCR								
37	90945	DIAL.PROC (EG, PERITONEAL.), SINGLE	CCR								
37	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	CCR								
37	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01							
37	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01							
37	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01							
37	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11							
37	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11							
37	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11							
37	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19							
37	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19							
37	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19							
37	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99							
37	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99							
37	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99							
37	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	94015	PATIENT RECORDED SPIROMETRY	CCR								
37	94016	REVIEW PATIENT SPIROMETRY	CCR								
37	94060	BRONCHOSPASM EVALUATION	CCR								
37	94070	BRONCHOSPASM EVALUATION; PROLONGED	CCR								
37	94150	VITAL CAPACITY; TOTAL	CCR								
37	94200	MAXIMUM BREATHING CAPACITY	CCR								
37	94375	RESPIRATORY FLOW VOLUME LOOP	CCR								
37	94450	HYPOXIA RESPONSE CURVE	CCR								
37	94452	HAST W/REPORT	CCR								
37	94453	HAST W/OXYGEN TITRATE	CCR								
37	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	CCR								
37	94618	PULMONARY STRESS TESTING (EG, 6-MINU	CCR								
37	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	CCR								
37	94621	PULM STRESS TEST/COMPLEX	CCR								
37	94625	PROFESSIONAL SERVICES FOR OUTPATIENT	CCR							X	
37	94626	PROFESSIONAL SERVICES FOR OUTPATIENT	CCR							X	
37	94640	NONPRESSURIZED INHALATION	CCR					X			
37	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	CCR								
37	94644	CONTINUOUS INHALATION TREATMENT WITH	CCR								
37	94645	CONTINUOUS INHALATION TREATMENT WITH	CCR								
37	94652	IPPB; NEWBORN INFANTS	CCR					X			
37	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	CCR								
37	94662	CONTINUOUS NEGATIVE PRESSURE	CCR								
37	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	CCR								
37	94667	MANIPULATION CHEST WALL; INITIAL	CCR								
37	94668	MANIPULATION CHEST WALL; SUBSEQUENT	CCR					X			
37	94669	Mechanical chest wall manipulation f	CCR								
37	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	CCR					X			
37	94681	OXYGEN UPTAKE W/CO2 OUTPUT	CCR					X			
37	94690	OXYGEN UPTAKE; REST; INDIRECT	CCR					X			
37	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	CCR								
37	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	CCR								
37	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	CCR								
37	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	CCR								
37	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	CCR								
37	94761	SEE 94760;MULTIPLE DETERMINATIONS	CCR								
37	94762	SEE 94760;CONT.OVERNIGHT MONITORING	CCR								
37	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	CCR								
37	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	CCR								
37	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	CCR								
37	94799	PULMONARY SERVICE/PROCEDURE	CCR								
37	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	CCR					X			
37	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	CCR								
37	95017	ALLERGY TESTING, ANY COMBINATION OF	CCR					X			
37	95018	ALLERGY TESTING, ANY COMBINATION OF	CCR								
37	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR					X			
37	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR					X			
37	95044	PATCH OR APPLICATION TEST(S) (SPECIF	CCR					X			
37	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	CCR					X			
37	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	CCR					X			

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COLUMN:

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			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
37	95065	NASAL MUCOUS MEMBRANE TEST	CCR								
37	95070	INHALATION BRONCH CHALLENGE TESTING	CCR								
37	95115	ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	CCR								
37	95117	ALLER.INJ.W/OUT EXTRACT PROV+1 INJ	CCR								
37	95120	IMMUNOTHERAPY(RX MD)-SINGLE ANTIGEN	CCR								
37	95125	IMMUNOTHERAPY(RX MD)MULTIPLE ANTIGEN	CCR								
37	95130	IMMUNOTHERAPY(RX MD)1 INSECT VENOM	CCR								
37	95131	IMMUNOTHERAPY(RX MD),2 INSECT VENOM	CCR								
37	95132	IMMUNOTHERAPY;3 INSECT VENOMS	CCR								
37	95133	IMMUNOTHERAPY; 4 INSCT VENOMS	CCR				X				
37	95144	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					X			
37	95145	PROV..+1 INSECT VENOM,SING DOSE VIAL	CCR					X			
37	95146	PROV;2 INSECT VENOMS,SING.DOSE VIALS	CCR					X			
37	95147	PROV;3 INSECT VENOMS,SING.DOSE VIALS	CCR					X			
37	95165	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					X			
37	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	CCR								
37	95180	RAPID DESENSITIZATION; EACH HOUR	CCR				X	X			
37	95199	ALLERGY IMMUNOLOGY SERVICES	CCR				X				
37	95249	AMBULATORY CONTINUOUS GLUCOSE MONITO	CCR								
37	95250	GLUCOSE MONITORING, CONT	CCR								
37	95251	GLUC MONITOR, CONT, PHYS I&R	CCR								
37	95717	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95718	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95719	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95720	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95721	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95722	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95723	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95724	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95725	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95726	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95782	SLEEP MONITORING OF PATIENT (YOUNGER	CCR	00	05						
37	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEAR	CCR	00	05						
37	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR								
37	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR								
37	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	CCR								
37	95806	SLEEP STUDY, UNATTENDED	CCR								
37	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	CCR								
37	95808	POLYSOMNOGRAPHY, 1-3	CCR								
37	95810	POLYSOMNOGRAPHY, 4 OR MORE	CCR	06	99						
37	95811	POLYSOMNOGRAPHY W/CPAP	CCR	06	99						
37	95812	ELECTROENCEPHALOGRAM (EEG)	CCR								
37	95813	ELECTROENCEPHALOGRAM (EEG)	CCR								
37	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	CCR								
37	95819	EEG-STD/PORT; SAME FACILITY	CCR								
37	95822	EEG; SLEEP ONLY	CCR								
37	95824	EEG; CEREBRAL DEATH RECORDING	CCR						X		
37	95829	ELECTROCORTICOGRAM AT SURGERY	CCR								
37	95830	MD INSERT SPHENOIDAL ELECTRODE	CCR								
37	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	CCR						X		

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
	TS	DESCRIPTION	FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE			MIN-MAX		REV		>001	DATE	OVERS	IND
	37	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	CCR							
	37	96912	PHOTOCHEMOTHERAPY/PUVA	CCR							
	37	96913	PHOTOCHEMOTHERAPY	CCR							
	37	96920	LASER TX, SKIN < 250 SQ CM	CCR							
	37	96921	LASER TX, SKIN 250-500 SQ CM	CCR							
	37	96922	LASER TX, SKIN > 500 SQ CM	CCR							
	37	96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR							
	37	96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR							
	37	96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR				X			
	37	96935	REFLECTANCE CONFOCAL MICROSCOPY (RCM)	CCR				X			
	37	96999	DERMATOLOGICAL PROCEDURE	CCR							
	20	97110	PT-ONE AREA THERAPEUTIC 15 MINUTES	16.21	00	02		X	02/01/13		
	37	97110	THERAPEUTIC PROCEDURE,LOR MORE,15MIN	11.00	03	99	X	X	05/01/03		
	37	97161	PHYSICAL THERAPY EVALUATION: LOW COM	58.94					01/01/17		
	37	97162	PHYSICAL THERAPY EVALUATION: MODERAT	58.94					01/01/17		
	37	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	58.94					01/01/17		
	37	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	39.88					01/01/17		
	37	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	57.26					01/01/17		
	37	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	57.26					01/01/17		
	37	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	57.26					01/01/17		
	37	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	37.65					01/01/17		
	20	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	13.35	00	02		X	02/01/13		
	37	97530	THERAPEUTIC ACTIVITIES, DIRECT 15MIN	8.80	03	99	X	X	05/01/03		
	37	97610	LOW FREQUENCY, NON-CONTACT, NON-THER	CCR							
	37	97760	ORTHOTIC MGMT AND TRAINING	21.65				X	01/01/18		
	37	97761	PROSTHETIC TRAINING	19.37				X	01/01/18		
	37	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	34.15				X	01/01/18		
	37	97799	UNLISTED PHYSICAL MED SER/PROC	CCR							
	37	98940	CHIROP MANIP TX-ONE TO TWO REGIONS	CCR	00	20	X				
	37	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	CCR	00	20	X				
	37	99082	NEO-NATAL ESCORT-PER HOUR	CCR	00	01		X			
	37	99151	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04	X				
	37	99152	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20	X				
	37	99153	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20	X	X			
	37	99155	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04	X				
	37	99156	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20	X				
	37	99157	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20	X	X			
	37	99170	EXAMINATION OF GENITAL AND ANAL REGI	CCR				X			
	37	99172	VISUAL FUNCTION SCREENING	CCR							
	37	99173	SCREENING TEST VISUAL ACUITY BILAT	CCR							
	37	99175	EMESIS INDUCTION WITH MEDICATION	CCR							
	37	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	CCR			X	X			
	37	99184	INITIATION OF SELECTIVE HEAD OR TOTA	CCR							
	37	99190	SPECIAL PUMP SERVICES; EACH HOUR	CCR			X	X			
	37	99191	SPECIAL PUMP SERVICES; 3/4 HOUR	CCR			X				
	37	99192	SPECIAL PUMP SERVICES; 1/2 HOUR	CCR			X				
	37	99195	PHLEBOTOMY, THERAPEUTIC (SEPAR)	CCR							
	37	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	33.00					10/21/02		
	37	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	38.00					10/21/02		
	37	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	57.00					10/21/02		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
37	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	57.00						10/21/02		
37	99211	OFFICE/OUTPATIENT,EST MINIMAL PROBS	33.00					X	10/21/02		
37	99212	ESTABLISHED PATIENT OFFICE OR OTHER	33.00					X	10/21/02		
37	99213	ESTABLISHED PATIENT OFFICE OR OTHER	38.00						10/21/02		
37	99214	ESTABLISHED PATIENT OFFICE OR OTHER	57.00						10/21/02		
37	99215	ESTABLISHED PATIENT OFFICE OR OTHER	57.00						10/21/02		
37	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	CCR								
37	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	CCR								
37	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	CCR								
37	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	CCR								
37	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	CCR								
37	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	CCR								
37	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	CCR								
37	99239	HOSPITAL DISCHARGE DAY	CCR								
37	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	CCR								
37	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	CCR								
37	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	CCR								
37	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR								
37	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR								
37	99291	CRITICAL CARE, FIRST HOUR	CCR				X				
37	99304	INITIAL NURSING FACILITY VISIT, TYPI	CCR								
37	99305	INITIAL NURSING FACILITY VISIT, TYPI	CCR								
37	99306	INITIAL NURSING FACILITY VISIT, TYPI	CCR								
37	99307	SUBSEQUENT NURSING FACILITY VISIT, T	CCR								
37	99308	SUBSEQUENT NURSING FACILITY VISIT, T	CCR								
37	99309	SUBSEQUENT NURSING FACILITY VISIT, T	CCR								
37	99310	SUBSEQUENT NURSING FACILITY VISIT, T	CCR								
37	99315	NURSING FAC DISCHARGE DAY	CCR								
37	99316	NURSING FAC DISCHARGE DAY	CCR								
37	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	CCR								
37	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	CCR								
37	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	CCR								
37	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	CCR								
37	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR								
37	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR								
37	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR								
37	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR								
37	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	CCR					X			
37	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	CCR	00	01						
37	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	CCR	01	04						
37	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	CCR	05	11						
37	99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	CCR	12	17						
37	99385	INIT COMP PREV MED 18-39 YRS	CCR	18	39						
37	99386	INIT COMP PREV MED 40-64 YRS	CCR	40	64						
37	99387	INIT COMP PREV MED 65+	CCR	65	99						
37	99391	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	00	00						
37	99392	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	01	04						
37	99393	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	05	11						
37	99394	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	12	17						
37	99395	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	18	39						

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
37	0202U	INF DIS,..RESP,..22 TARGETS..EA PATH	312.59						05/12/23		
37	0223U	INF DIS,..RESP,..22 TARGETS..EA PATH	312.59						05/12/23		
37	0224U	ANTIBODY,..(COVID-19), INCL TITER(S)	31.60						05/12/23		
37	0225U	INF DIS..21 TARGETS..AMP PR..EA ANA	312.59						05/12/23		
37	0226U	SVNT..SARS-COV-2..ELISA, PLASMA, SER	31.71						05/12/23		