

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017
LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Molina Provider Relations at 1-800-473-2783.

COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the type of service found on this schedule.

- 40 - Sole Community Hospital Outpatient Services
- 20 - Enhanced Outpatient Rehab Services (under age 3)

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

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

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

COLUMN 6. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

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

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

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

COLUMN 10. Effective date: Type of Service (TOS) 40 was created 4/1/09 specifically for Sole Community 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

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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
40	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	11.89						01/01/15		
40	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	11.89						01/01/15		
40	80050	GENERAL HEALTH PANEL	47.25						01/01/09		
40	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	9.70						01/01/15		
40	80053	COMPREHENSIVE METABOLIC PANEL	14.85						01/01/15		
40	80055	OBSTETRIC BLOOD TEST PANEL	24.92						01/01/09		
40	80061	LIPID PANEL	16.81						01/01/15		
40	80069	RENAL FUNCTION PANEL	12.21						01/01/15		
40	80074	ACUTE HEPATITIS PANEL	66.99						01/01/15		
40	80076	HEPATIC FUNCTION PANEL	11.48						01/01/15		
40	80081	OBSTETRIC PANEL (INCLUDES HIV TESTIN	105.37				F		01/01/16		
40	80150	AMIKACIN	16.37						01/01/15		
40	80155	CAFFEINE	19.89						01/01/15		
40	80156	CARBAMAZEPINE; TOTAL	16.37						01/01/15		
40	80157	CARBAMAZEPINE; FREE	18.64						01/01/15		
40	80158	CYCLOSPORINE	25.39						01/01/15		
40	80159	CLOZAPINE	26.01						01/01/15		
40	80162	DIGOXIN; TOTAL	18.67						01/01/15		
40	80163	DIGOXIN; FREE	18.67						01/01/15		
40	80164	VALPROIC ACID (DIPROPYLACETIC ACID);	19.05						01/01/15		
40	80165	VALPROIC ACID (DIPROPYLACETIC ACID);	19.05						01/01/15		
40	80168	ETHOSUXIMIDE	22.98						01/01/15		
40	80169	EVEROLIMUS	19.31						01/01/15		
40	80170	GENTAMICIN	16.37						01/01/15		
40	80171	GABAPENTIN LEVEL	18.64						01/01/15		
40	80173	HALOPERIDOL	16.37						01/01/15		
40	80175	LAMOTRIGINE	18.64						01/01/15		
40	80176	LIDOCAINE	17.94						01/01/15		
40	80177	LEVETIRACETAM	18.64						01/01/15		
40	80178	LITHIUM	9.30						01/01/15		
40	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	25.39						01/01/15		
40	80183	OXCARBAZEPINE	18.64						01/01/15		
40	80184	PHENOBARBITAL	16.10						01/01/15		
40	80185	PHENYTOIN; TOTAL	18.64						01/01/15		
40	80186	PHENYTOIN; FREE	19.35						01/01/15		
40	80188	PRIMIDONE	23.33						01/01/15		
40	80190	PROCAINAMIDE;	23.56						01/01/15		
40	80192	PROCAINAMIDE; WITH METABOLITES (EG,	23.56						01/01/15		
40	80194	QUINIDINE	20.53						01/01/15		
40	80195	SIROLIMUS	19.31						01/01/15		
40	80197	TACROLIMUS	19.31						01/01/15		
40	80198	THEOPHYLLINE	19.89						01/01/15		
40	80199	TIAGABINE	25.40						01/01/15		
40	80200	TOBRAMYCIN	16.37						01/01/15		
40	80201	TOPIRAMATE	16.77						01/01/15		
40	80202	VANCOMYCIN	19.05						01/01/15		
40	80203	ZONISAMIDE	18.64						01/01/15		
40	80299	QUANTITATION OF THERAPEUTIC DRUG, NO	19.26						01/01/15		

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SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017

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
40	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	15.46						01/01/17		
40	80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	20.62						01/01/17		
40	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	82.47						01/01/17		
40	80320	ALCOHOLS	12.00						01/01/15		
40	80321	ALCOHOL BIOMARKERS; 1 OR 2	10.75						01/01/15		
40	80322	ALCOHOL BIOMARKERS; 3 OR MORE	10.75						01/01/15		
40	80323	ALKALOIDS, NOT OTHERWISE SPECIFIED	16.50						01/01/15		
40	80324	AMPHETAMINES; 1 OR 2	15.48						01/01/15		
40	80325	AMPHETAMINES; 3 OR 4	15.48						01/01/15		
40	80326	AMPHETAMINES; 5 OR MORE	15.48						01/01/15		
40	80327	ANABOLIC STEROIDS; 1 OR 2	26.50						01/01/15		
40	80328	ANABOLIC STEROIDS; 3 OR MORE	26.50						01/01/15		
40	80329	ANALGESICS, NON-OPIOID; 1 OR 2	12.50						01/01/15		
40	80330	ANALGESICS, NON-OPIOID; 3-5	12.50						01/01/15		
40	80331	ANALGESICS, NON-OPIOID; 6 OR MORE	12.50						01/01/15		
40	80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS;	16.50						01/01/15		
40	80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS;	16.50						01/01/15		
40	80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS;	16.50						01/01/15		
40	80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER	18.00						01/01/15		
40	80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER	18.00						01/01/15		
40	80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER	18.00						01/01/15		
40	80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECI	16.50						01/01/15		
40	80339	ANTIEPILEPTICS, NOT OTHERWISE SPECIF	14.75						01/01/15		
40	80340	ANTIEPILEPTICS, NOT OTHERWISE SPECIF	14.75						01/01/15		
40	80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIF	14.75						01/01/15		
40	80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIF	15.49						01/01/15		
40	80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIF	15.49						01/01/15		
40	80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIF	15.49						01/01/15		
40	80345	BARBITURATES	11.41						01/01/15		
40	80346	BENZODIAZEPINES; 1-12	18.50						01/01/15		
40	80347	BENZODIAZEPINES; 13 OR MORE	18.50						01/01/15		
40	80348	BUPRENORPHINE	17.00						01/01/15		
40	80349	CANNABINOIDS, NATURAL	16.50						01/01/15		
40	80350	CANNABINOIDS, SYNTHETIC; 1-3	16.50						01/01/15		
40	80351	CANNABINOIDS, SYNTHETIC; 4-6	16.50						01/01/15		
40	80352	CANNABINOIDS, SYNTHETIC; 7 OR MORE	16.50						01/01/15		
40	80353	COCAINE	15.08						01/01/15		
40	80354	FENTANYL	17.00						01/01/15		
40	80355	GABAPENTIN, NON-BLOOD	11.79						01/01/15		
40	80356	HEROIN METABOLITE	17.00						01/01/15		
40	80357	KETAMINE AND NORKETAMINE	16.50						01/01/15		
40	80358	METHADONE	16.26						01/01/15		
40	80359	METHYLENEDIOXYAMPHETAMINES (MDA, MDE	15.50						01/01/15		
40	80360	METHYLPHENIDATE	16.50						01/01/15		
40	80361	OPIATES, 1 OR MORE	17.00						01/01/15		
40	80362	OPIOIDS AND OPIATE ANALOGS; 1 OR 2	17.00						01/01/15		
40	80363	OPIOIDS AND OPIATE ANALOGS; 3 OR 4	17.00						01/01/15		
40	80364	OPIOIDS AND OPIATE ANALOGS; 5 OR MOR	17.00						01/01/15		

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			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
40	80365	OXYCODONE	17.00						01/01/15		
40	80366	PREGABALIN	16.50						01/01/15		
40	80367	PROPOXYPHENE	17.00						01/01/15		
40	80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPI	16.50						01/01/15		
40	80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2	17.54						01/01/15		
40	80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE	17.54						01/01/15		
40	80371	STIMULANTS, SYNTHETIC	16.50						01/01/15		
40	80372	TAPENTADOL	17.00						01/01/15		
40	80373	TRAMADOL	17.00						01/01/15		
40	80374	STEREISOISOMER (ENANTIOMER) ANALYSIS,	16.50						01/01/15		
40	80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE,	16.21						01/01/15		
40	80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE,	16.50						01/01/15		
40	80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE,	17.00						01/01/15		
40	80400	ACTH STIMULATION PANEL; FOR ADRENAL	45.87						01/01/15		
40	80402	ACTH STIMULATION PANEL; FOR 21 HYDRO	122.27						01/01/15		
40	80406	ACTH STIMULATION PANEL; FOR 3 BETA-H	110.04						01/01/15		
40	80408	ALDOSTERONE SUPPRESSION EVALUATION P	176.47						01/01/15		
40	80410	CALCITONIN STIMULATION PANEL	112.97						01/01/15		
40	80412	CORTICOTROPIC RELEASING HORMONE (CRH	463.52						01/01/15		
40	80414	CHORIONIC GONADOTROPIN STIMULATION P	72.61						01/01/15		
40	80415	CHORIONIC GONADOTROPIN STIMULATION P	78.59						01/01/15		
40	80416	RENAL VEIN RENIN STIMULATION PANEL	185.57						01/01/15		
40	80417	PERIPHERAL VEIN RENIN STIMULATION PA	61.86						01/01/15		
40	80418	COMBINED RAPID ANTERIOR PITUITARY EV	815.03						01/01/15		
40	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	101.31						01/01/15		
40	80422	GLUCAGON TOLERANCE PANEL FOR INSULIN	64.79						01/01/15		
40	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCH	71.01						01/01/15		
40	80426	GONADOTROPIN RELEASING HORMONE STIMU	208.69						01/01/15		
40	80428	GROWTH HORMONE STIMULATION PANEL (EG	93.80						01/01/15		
40	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	110.36						01/01/15		
40	80432	INSULIN-INDUCED C-PEPTIDE SUSPENSION	189.98						01/01/15		
40	80434	INSULIN TOLERANCE PANEL; FOR ACTH IN	142.27						01/01/15		
40	80435	INSULIN TOLERANCE PANEL; FOR GROWTH	144.86						01/01/15		
40	80436	METYRAPONE PANEL	128.20						01/01/15		
40	80438	THYROTROPIN RELEASING HORMONE (TRH)	70.89						01/01/15		
40	80439	THYROTROPIN RELEASING HORMONE (TRH)	94.52						01/01/15		
40	80500	CLINICAL PATHOLOGY CONSULTATION; LIM	19.68						01/01/09		
40	80502	CLINICAL PATHOLOGY CONSULTATION; COM	62.24						01/01/09		
40	81000	URINALYSIS, BY DIP STICK OR TABLET	4.45					X	01/01/15		
40	81001	URINALYSIS, BY DIP STICK OR TABLET	4.45						01/01/15		
40	81002	URINALYSIS, BY DIP STICK OR TABLET	3.60					X	01/01/15		
40	81003	URINALYSIS, BY DIP STICK OR TABLET	3.16						01/01/15		
40	81005	URINALYSIS; QUALITATIVE RO SEMIQUANT	3.05					X	01/01/15		
40	81007	URINALYSIS; BACTERIURIA SCREEN, EXCE	3.61						01/01/15		
40	81015	URINALYSIS; MICROSCOPY ONLY	4.28					X	01/01/15		
40	81020	URINALYSIS; 2 OR 3 GLASS TEST	5.19						01/01/15		
40	81025	URINE PREGNANCY TEST, BY VISUAL COLO	8.90				F		01/01/15		
40	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	4.22					X	01/01/15		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
40	81099	URINALYSIS TEST PROCEDURE	MP			X			00/00/00		
40	81162	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	2,568.72	19 70	X				01/01/16		E
40	81211	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	2,252.89	19 70	X				07/01/16		E
40	81212	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	182.32	19 70	X				07/01/16		E
40	81213	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	601.23	19 70	X				07/01/16		E
40	81214	BRCA1 (BREAST CANCER1)(EG,HEREDITARY	1,483.84	19 70	X				07/01/16		E
40	81215	BRCA1 (BREAST CANCER1)(EG,HEREDITARY	96.20	19 70	X				07/01/16		E
40	81216	BRCA2 (BREAST CANCER 2) (EG, HEREDIT	96.20	19 70	X				07/01/16		E
40	81217	BRCA2 (BREAST CANCER2)(EG,HEREDITARY	96.20	19 70	X				07/01/16		E
40	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	224.01	00 01					01/01/12		
40	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-W	143.24						06/01/14		
40	82009	KETON BODY(S) (EG, ACETON, ACETOACET	6.36					X	01/01/15		
40	82010	KETON BODY(S) (EG, ACETON, ACETOACET	11.49					X	01/01/15		
40	82013	ACETYLCHOLINESTERASE	15.71					X	01/01/15		
40	82016	AACYLCARNITINE; QUALITATIVE, EACH SP	19.50					X	01/01/15		
40	82017	AACYLCARNITINE; QUANTITATIVE, EACH S	23.72					X	01/01/15		
40	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	54.31						01/01/15		
40	82030	ADENOSINE, 5-MONOPHOSPHATEC CYCLIC (19.88						01/01/15		
40	82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOO	6.95						01/01/15		
40	82042	ALBUMIN; URINE OR OTHER SOURCE, QUAN	7.27						01/01/15		
40	82043	ALBUMIN; URINE MICROALBUMIN, QUANTIT	8.13						01/01/15		
40	82044	ALBUMIN; URINE MICROALBUMIN, SEMIQUA	4.28						01/01/15		
40	82045	ALBUMIN, ISCHEMIA MODIFIED	47.73						01/01/15		
40	82075	ALCOHOL (ETHANOL), BREATH	16.95					X	01/01/15		
40	82085	ALDOLASE	13.65						01/01/15		
40	82088	ALDOSTERONE	57.31						01/01/15		
40	82103	ALPHA-1-ANTITRYPSIN; TOTAL	18.90						01/01/15		
40	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	20.34						01/01/15		
40	82105	ALPHA-FETOPROTEIN (AFP); SERUM	23.59						01/01/15		
40	82106	ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL	23.59						01/01/15		
40	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	90.57						01/01/15		
40	82108	ALUMINUM	11.91						01/01/15		
40	82120	AMINES, VAGINAL FLUID, QUALITATIVE	5.29						01/01/15		
40	82127	AMINO ACIDS; SINGLE, QUALITATIVE, EA	19.50					X	01/01/15		
40	82128	AMINO ACIDS; MULTIPLE, QUALITATIVE E	19.50						01/01/15		
40	82131	AMINO ACIDS; SINGLE, QUANTITATIVE, E	23.72					X	01/01/15		
40	82135	AMINOLEVULINIC ACID, DELTA (ALA)	23.14						01/01/15		
40	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA	23.72					X	01/01/15		
40	82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS,	23.72					X	01/01/15		
40	82140	AMMONIA	20.49					X	01/01/15		
40	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMET	9.66						01/01/15		
40	82150	AMYLASE	9.11					X	01/01/15		
40	82154	ANDROSTANEDIOL GLUCURONIDE	40.55						01/01/15		
40	82157	ANDROSTENEDIONE	41.17						01/01/15		
40	82160	ANDROSTERONE	35.16						01/01/15		
40	82163	ANGIOTENSIN II	28.86						01/01/15		
40	82164	ANGIOTENSIN I-CONVERTING ENZYME (ACE	20.53						01/01/15		
40	82175	ARSENIC	26.68						01/01/15		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
40	82180	ASCORBIC ACID (VITAMIN C), BLOOD	11.91						01/01/15		
40	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	11.46					X	01/01/15		
40	82232	BETA-2 MICROGLOBULIN	22.75						01/01/15		
40	82239	BILE ACIDS; TOTAL	24.09						01/01/15		
40	82240	BILE ACIDS; CHOLYLGLYCINE	37.38						01/01/15		
40	82247	BILIRUBIN; TOTAL	4.89						01/01/15		
40	82248	BILIRUBIN; DIRECT	4.89						01/01/15		
40	82252	BILIRUBIN; FECES, QUALITATIVE	6.40						01/01/15		
40	82261	BIOTINIDASE, EACH SPECIMEN	23.72					X	01/01/15		
40	82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.58						01/01/15		
40	82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.58						01/01/15		
40	82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.58						01/01/15		
40	82274	BLOOD, OCCULT, BY FECEL HEMOGLOBIN D	22.37						01/01/15		
40	82286	BRADYKININ	9.69						01/01/15		
40	82300	CADMIUM	32.54						01/01/15		
40	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	41.63						01/01/15		
40	82308	CALCITONIN	37.67						01/01/15		
40	82310	CALCIUM; TOTAL	7.25					X	01/01/15		
40	82330	CALCIUM; IONIZED	19.22						01/01/15		
40	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	7.27						01/01/15		
40	82340	CALCIUM; URINE QUANTITATIVE, TIMED S	8.48						01/01/15		
40	82355	CALCULUS; QUALITATIVE ANALYSIS	16.28						01/01/15		
40	82360	CALCULUS; QUANTITATIVE ANALYSIS, CHE	18.10						01/01/15		
40	82365	CALCULUS; INFARED SPECTROSCOPY	18.14						01/01/15		
40	82370	CALCULUS; X-RAY DIFFRACTION	17.62						01/01/15		
40	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	25.40						01/01/15		
40	82374	CARBON DIOXIDE (BICARBONATE)	6.87					X	01/01/15		
40	82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	17.33					X	01/01/15		
40	82376	CARBOXYHEMOGLOBIN; QUALITATIVE	8.42					X	01/01/15		
40	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	26.67						01/01/15		
40	82379	CARNITINE (TOTAL AND FREE), QUANTITA	23.72					X	01/01/15		
40	82380	CAROTENE	12.97						01/01/15		
40	82382	CATECHOLAMINES; TOTAL URINE	24.18						01/01/15		
40	82383	CATECHOLAMINES; BLOOD	35.24						01/01/15		
40	82384	CATECHOLAMINES; FRACTIONATED	35.51						01/01/15		
40	82387	CATHEPSIN-D	10.83						01/01/15		
40	82390	CERULOPLASMIN	15.11						01/01/15		
40	82397	CHEMILUMINESCENT ASSAY	6.52						01/01/15		
40	82415	CHLORAMPHENICOL	17.81						01/01/15		
40	82435	CHLORIDE; BLOOD	6.47					X	01/01/15		
40	82436	CHLORIDE; URINE	7.08						01/01/15		
40	82438	CHLORIDE; OTHER SOURCE	6.87						01/01/15		
40	82441	CHLORINATED HYDROCARBONS, SCREEN	8.44						01/01/15		
40	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T	6.12						01/01/15		
40	82480	CHOLINESTERASE; SERUM	11.08						01/01/15		
40	82482	CHOLINESTERASE; RBC	10.80					X	01/01/15		
40	82485	CHONDROITIN B SULFATE, QUANTITATIVE	29.04						01/01/15		
40	82495	CHROMIUM	28.52						01/01/15		

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SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017

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									
40	82507	CITRATE	39.10						01/01/15		
40	82523	COLLAGEN CROSS LINKS, ANY METHOD	26.28						01/01/15		
40	82525	COPPER	17.45						01/01/15		
40	82528	CORTICOSTERONE	31.66						01/01/15		
40	82530	CORTISOL; FREE	23.50						01/01/15		
40	82533	CORTISOL; TOTAL	22.93					X	01/01/15		
40	82540	CREATINE	6.52						01/01/15		
40	82542	COLUMN CHROMATOGRAPHY/MASS SPECTOMET	25.40						01/01/15		
40	82550	CREATINE KINASE (CK), (CPK); TOTAL	9.16					X	01/01/15		
40	82552	CREATINE KINASE (CK), (CPK); ISOENZY	18.84						01/01/15		
40	82553	CREATINE KINASE (CK), (CPK); MB FRAC	16.24						01/01/15		
40	82554	CREATINE KINASE (CK), (CPK); ISOFORM	16.69						01/01/15		
40	82565	CREATININE; BLOOD	7.20					X	01/01/15		
40	82570	CREATININE; OTHER SOURCE	7.27						01/01/15		
40	82575	CREATININE; CLEARANCE	13.29						01/01/15		
40	82585	CRYOFIBRINOGEN	12.07					X	01/01/15		
40	82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QU	9.10						01/01/15		
40	82600	CYANIDE	27.28						01/01/15		
40	82607	CYANOCOBALAMIN (VITAMIN B-12);	21.19						01/01/15		
40	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSAT	20.13						01/01/15		
40	82610	CYSTATIN C	6.52						01/01/15		
40	82615	CYSTINE AND HOMOCYSTINE, URINE, QUAL	11.48						01/01/15		
40	82626	DEHYDROEPIANDROSTERONE (DHEA)	35.54						01/01/15		
40	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	31.27						01/01/15		
40	82633	DESOXYCORTICOSTERONE, 11 -	43.57						01/01/15		
40	82634	DEOXYCORTISOL, 11 -	41.17						01/01/15		
40	82638	DIBUCAINE NUMBER	17.22						01/01/15		
40	82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES	54.14						01/01/15		
40	82656	ELASTASE, PANCREATIC (EL-1), FECAL,	16.22						01/01/15		
40	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULT	25.40						01/01/15		
40	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	25.40						01/01/15		
40	82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWH	48.31						01/01/15		
40	82668	ERYTHROPOIETIN	26.43						01/01/15		
40	82670	ESTRADIOL	39.29						01/01/15		
40	82671	ESTROGENS; FRACTIONATED	45.43						01/01/15		
40	82672	ESTROGENS; TOTAL	30.51						01/01/15		
40	82677	ESTRIOL	34.01						01/01/15		
40	82679	ESTRONE	35.09						01/01/15		
40	82693	ETHYLENE GLYCOL	20.95						01/01/15		
40	82696	ETIOCHOLANOLONE	33.16						01/01/15		
40	82705	FAT OR LIPIDS, FECES; QUALITATIVE	7.16						01/01/15		
40	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	23.63						01/01/15		
40	82715	FAT DIFFERENTIAL, FECES, QUANTITATIV	24.20						01/01/15		
40	82725	FATTY ACIDS, NONESTERIFIED	18.72						01/01/15		
40	82726	VERY LONG CHAIN FATTY ACIDS	25.40						01/01/15		
40	82728	FERRITIN	19.16						01/01/15		
40	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SE	90.57						01/01/15		
40	82735	FLUORIDE	26.07						01/01/15		

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SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017

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
40	82746	FOLIC ACID; SERUM	20.68						01/01/15		
40	82747	FOLIC ACID; RBC	24.20						01/01/15		
40	82757	FRUCTOSE, SEMEN	24.39						01/01/15		
40	82759	GALACTOKINASE, RBC	30.21						01/01/15		
40	82760	GALACTOSE	15.75					X	01/01/15		
40	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	29.63						01/01/15		
40	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	11.79						01/01/15		
40	82777	GALECTIN-3	18.39						01/01/13		
40	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA	13.07					X	01/01/15		
40	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	23.16						01/01/15		
40	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMU	6.81						01/01/15		
40	82800	GASES, BLOOD, PH ONLY	11.89					X	01/01/15		
40	82803	GASES, BLOOD, ANY COMBINATION OF PH,	7.34					X	01/01/15		
40	82805	GASES, BLOOD, ANY COMBINATION OF PH,	12.72						01/01/15		
40	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	5.39						01/01/15		
40	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	14.04						01/01/15		
40	82930	GASTRIC ACID ANALYSIS, INCLUDES PH I	6.50						01/01/15		
40	82938	GASTRIN AFTER SECRETIN STIMULATION	24.88						01/01/15		
40	82941	GASTRIN	24.80					X	01/01/15		
40	82943	GLUCAGON	20.09						01/01/15		
40	82945	GLUCOSE, BODY FLUID; OTHER THAN BLO	5.52						01/01/15		
40	82946	GLUCAGON TOLERANCE TEST	16.37						01/01/15		
40	82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	5.52					X	01/01/15		
40	82948	GLUCOSE; BLOOD, REAGENT STRIP	4.45					X	01/01/15		
40	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES	6.68						01/01/15		
40	82951	GLUCOSE; TOLERANCE TEST (GTT), 3 SPE	18.10						01/01/15		
40	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITI	5.52						01/01/15		
40	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	13.63						01/01/15		
40	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	8.51						01/01/15		
40	82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING	3.30					X	01/01/15		
40	82963	GLUCOSIDASE,BETA	30.21						01/01/15		
40	82965	GLUTAMATE DEHYDROGENASE	10.87						01/01/15		
40	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	10.13						01/01/15		
40	82978	GLUTATHIONE	20.05						01/01/15		
40	82979	GLUTATHIONE REDUCTASE, RBC	9.69						01/01/15		
40	82985	GLYCATED PROTEIN	21.19						01/01/15		
40	83001	GONADOTROPIN; FOLLICLE STIMULATING H	26.13						01/01/15		
40	83002	GONADOTROPIN; LUTEINIZING HORMONE	26.04						01/01/15		
40	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOT	23.46						01/01/15		
40	83009	HELICOBACTER PYLORI, BLOOD TEST ANAL	40.69						01/01/15		
40	83010	HAPTOGLOBIN; QUANTITATIVE	17.69						01/01/15		
40	83012	HAPTOGLOBIN; PHENOTYPES	24.18						01/01/15		
40	83013	HELICOBACTER PYLORI; BREATH TEST ANA	40.69						01/01/15		
40	83014	HELICOBACTER PYLORI; DRUG ADMINISTRA	11.06						01/01/15		
40	83015	HEAVY METAL SCREENING	15.97						01/01/15		
40	83018	CHROMATOGRAPH SCREEN, METALS	11.95						01/01/15		
40	83020	ASSAY HEMOGLOBIN	18.10					X	01/01/15		
40	83021	HEMOGLOBIN CHROMOTOGRAPHY	25.40						01/01/15		

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SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017

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
40	83026	HEMOGLOBIN;	3.33						01/01/15		
40	83030	FETAL HEMOGLOBIN ASSAY	4.86						01/01/15		
40	83033	FETAL FECAL HEMOGLOBIN ASSAY	8.38						01/01/15		
40	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	13.65						01/01/15		
40	83045	BLOOD METHEMOGLOBIN TEST	6.96						01/01/15		
40	83050	BLOOD METHEMOGLOBIN ASSAY	10.31						01/01/15		
40	83051	ASSAY PLASMA HEMOGLOBIN	10.28						01/01/15		
40	83060	BLOOD SULFHEMOGLOBIN ASSAY	11.63						01/01/15		
40	83065	HEMOGLOBIN HEAT ASSAY	9.69						01/01/15		
40	83068	HEMOGLOBIN STABILITY SCREEN	11.89						01/01/15		
40	83069	ASSAY URINE HEMOGLOBIN	5.55						01/01/15		
40	83070	ASSAY URINE HEMOSIDERIN	6.68						01/01/15		
40	83080	B HEXOSAMINIDASE ASSAY	23.72					X	01/01/15		
40	83088	ASSAY HISTAMINE	41.53						01/01/15		
40	83090	ASSAY OF HOMOCYSTEINE	23.72						01/01/15		
40	83150	ASSAY URINE FOR HVA	27.21						01/01/15		
40	83491	HYDROXYCORTICOSTEROIDS,17-RIA	24.63						01/01/15		
40	83497	ASSAY URINE 5-HIAA	18.14						01/01/15		
40	83498	RIA ASSAY OF PROGESTERONE	38.20						01/01/15		
40	83499	ASSAY OF PROGESTERONE	35.45						01/01/15		
40	83500	ASSAY URINE HYDROXYPROLINE	31.85						01/01/15		
40	83505	ASSAY URINE HYDROXYPROLINE	34.19						01/01/15		
40	83516	IMMUNOASSAY, NON ANTIBODY	16.22						01/01/15		
40	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	6.52						01/01/15		
40	83519	IMMUNOASSAY, ANALYTE;	6.54						01/01/15		
40	83520	IMMUNOASSAY, ANALYTE;	18.21						01/01/15		
40	83525	RIA ASSAY OF INSULIN	16.07					X	01/01/15		
40	83527	INSULIN;	18.21						01/01/15		
40	83528	INTRINSIC FACTOR LEVEL	22.37						01/01/15		
40	83540	ASSAY SERUM IRON	7.54						01/01/15		
40	83550	SERUM IRON BINDING TEST	12.30						01/01/15		
40	83570	UV-ASSAY BLOOD IDH ENZYME	12.44						01/01/15		
40	83582	ASSAY URINE 17-KGS	19.92						01/01/15		
40	83586	ASSAY BLOOD 17-KETOSTEROIDS	18.01						01/01/15		
40	83593	CHROMATOGRAPH KETOSTEROIDS	11.95						01/01/15		
40	83605	LACTIC ACID ASSAY	15.01					X	01/01/15		
40	83615	UV-ASSAY BLOOD LDH ENZYME	8.48					X	01/01/15		
40	83625	ASSAY BLOOD LDH ENZYMES	13.00					X	01/01/15		
40	83630	LACTOFERRIN, FECAL (QUAL)	27.60						01/01/15		
40	83632	RIA PLACENTAL LACTOGEN	28.43						01/01/15		
40	83633	TEST URINE FOR LACTOSE	7.73						01/01/15		
40	83655	ASSAY BLOOD FOR LEAD	17.02						01/01/15		
40	83661	ASSAY AMNIOTIC L/S RATIO	30.92						01/01/15		
40	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	26.60						01/01/15		
40	83663	FLUORO POLARIZE, FETAL LUNG	26.60						01/01/15		
40	83664	LAMELLAR BDY, FETAL LUNG	26.60						01/01/15		
40	83670	UV-ASSAY BLOOD LAP ENZYME	12.89						01/01/15		
40	83690	ASSAY BLOOD LIPASE	9.69						01/01/15		

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FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017

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
40	83695	ASSAY OF LIPOPROTEIN(A)	18.21						01/01/15		
40	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	47.73						01/01/15		
40	83701	LIPOPROTEIN BLD, HR FRACTION	34.91						01/01/15		
40	83704	LIPOPROTEIN, BLD, BY NMR	44.36						01/01/15		
40	83718	BLOOD LIPOPROTEIN ASSAY	11.51						01/01/15		
40	83719	LIPOPROTEIN,VLDL CHOLESTEROL	16.37						01/01/15		
40	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	12.02						01/01/15		
40	83727	LUTEINIZING RELEASING FACTOR, RIA	24.18						01/01/15		
40	83735	ASSAY BLOOD MAGNESIUM	9.41					X	01/01/15		
40	83775	UV-ASSAY OF MD ENZYME	10.36						01/01/15		
40	83785	ASSAY OF MANGANESE	29.99						01/01/15		
40	83789	MASS SPECTROMETRY QUANT	25.40					X	01/01/15		
40	83825	ASSAY BLOOD MERCURY	22.86						01/01/15		
40	83835	ASSAY URINE METANEPHRINES	23.82						01/01/15		
40	83857	ASSAY METHEMALBUMIN	15.11						01/01/15		
40	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	23.23						01/01/15		
40	83864	BLOOD MUCOPOLYSACCHARIDES	28.00						01/01/15		
40	83872	ASSAY SYNOVIAL FLUID MUCIN	6.92						01/01/15		
40	83873	MYELIN BASIC PROTEIN,CSF,RIA	24.19						01/01/15		
40	83874	MYOGLOBIN ELECTROPHORESIS	18.17						01/01/15		
40	83876	MYELOPEROXIDASE (MPO)	19.54						01/01/09		
40	83880	NATRIURETIC PEPTIDE	47.73						01/01/15		
40	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	6.52					X	01/01/15		
40	83885	ASSAY URINE FOR NICKEL	34.45						01/01/15		
40	83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	15.69						01/01/15		
40	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	28.28						01/01/15		
40	83918	ASSAY ORGANIC ACIDS	23.14						01/01/15		
40	83919	ASSAY ORGANIC ACIDS QUAL	23.14						01/01/15		
40	83921	ORGANIC ACID, SINGLE, QUANT	23.14						01/01/15		
40	83930	ASSAY BLOOD OSMOLALITY	9.30					X	01/01/15		
40	83935	ASSAY URINE OSMOLALITY	9.59					X	01/01/15		
40	83937	OSTEOCALCIN (BONE G1A PROTEIN)	41.97						01/01/15		
40	83945	ASSAY URINE OXALATE	18.10						01/01/15		
40	83950	ONCORPROTEIN, HER-2/NEU	90.57						01/01/15		
40	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	90.57						01/01/15		
40	83970	RIA ASSAY OF PARATHORMONE	58.04						01/01/15		
40	83986	ASSAY BODY FLUID ACIDITY	5.03					X	01/01/15		
40	83987	PH; EXHALED BREATH CONDENSATE	22.33						01/01/15		
40	83992	ASSAY FOR PHENCYCLIDINE	20.67						01/01/15		
40	83993	CALPROTECTIN, FECAL	27.60						01/01/15		
40	84030	ASSAY BLOOD PKU	7.73					X	01/01/15		
40	84035	ASSAY BLOOD PHENYLKETONES	5.15					X	01/01/15		
40	84060	ASSAY BLOOD ACID PHOSPHATASE	10.39						01/01/15		
40	84061	PHOSPHATASE, ACID;	11.12						01/01/15		
40	84066	ASSAY PROSTATE PHOSPHATASE, RIA	13.59						01/01/15		
40	84075	ASSAY ALKALINE PHOSPHATASE	7.27						01/01/15		
40	84078	ASSAY ALKALINE PHOSPHATASE	8.11						01/01/15		
40	84080	ASSAY ALKALINE PHOSPHATASES	20.79						01/01/15		

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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
40	84081	PHOSPHATYDYLGLYEROL	23.23						01/01/15		
40	84085	ASSAY RBC PG6D ENZYME	9.49					X	01/01/15		
40	84087	ASSAY PHOSPHOHEXOSE ENZYMES	14.52						01/01/15		
40	84100	ASSAY BLOOD PHOSPHORUS	6.67						01/01/15		
40	84105	ASSAY URINE PHOSPHORUS	7.27						01/01/15		
40	84106	TEST FOR PORPHOBILINOGEN	6.01						01/01/15		
40	84110	ASSAY PORPHOBILINOGEN	6.92						01/01/15		
40	84112	CERVICOVAGINAL SECRETION OF PLACENTA	90.57						01/01/15		
40	84119	TEST URINE FOR PORPHYRINS	12.11						01/01/15		
40	84120	ASSAY URINE PORPHYRINS	20.69						01/01/15		
40	84126	ASSAY FECES PORPHYRINS	35.82						01/01/15		
40	84132	ASSAY BLOOD POTASSIUM	6.47					X	01/01/15		
40	84133	ASSAY URINE POTASSIUM	6.05					X	01/01/15		
40	84134	PREALBUMIN	7.84						01/01/15		
40	84135	PREGNANEDIOL; RIA	26.90						01/01/15		
40	84138	PREGNANETRIOL;RIA	26.63						01/01/15		
40	84140	PREGNENOLONE	29.07						01/01/15		
40	84143	17-HYDROXPREGNENOLONE	32.09						01/01/15		
40	84144	ASSAY PROGESTERONE	29.34						01/01/15		
40	84145	PROCALCITONIN (PCT)	28.69						01/01/10		
40	84146	RIA ASSAY FOR PROLACTIN	27.25						01/01/15		
40	84150	RIA ASSAY OF PROSTAGLANDIN	35.09						01/01/15		
40	84152	ASSAY OF PSA, COMPLEXED	25.86						01/01/15		
40	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	25.86						01/01/15		
40	84154	PSA FREE	25.86						01/01/15		
40	84155	ASSAY SERUM PROTEIN	5.16						01/01/15		
40	84156	ASSAY OF PROTEIN, URINE	5.16						01/01/15		
40	84157	ASSAY OF PROTEIN, OTHER	5.16						01/01/15		
40	84160	ASSAY SERUM PROTEIN	6.92						01/01/15		
40	84163	PAPPA, SERUM	21.17	10	59		F		01/01/15		
40	84165	ASSAY SERUM PROTEINS	15.10						01/01/15		
40	84166	PROTEIN E-PHORESIS/URINE/CSF	25.08						01/01/15		
40	84182	PROTEIN;	25.31					X	01/01/15		
40	84202	ASSAY RBC PROTOPORPHYRIN	20.17						01/01/15		
40	84203	TEST RBC PROTOPORPHYRIN	12.10						01/01/15		
40	84206	RIA ASSAY OF PROINSULIN	25.05						01/01/15		
40	84207	ASSAY VITAMIN B-6	19.88						01/01/15		
40	84210	ASSAY BLOOD PYRUVATE	15.26						01/01/15		
40	84220	ASSAY RBC PYRUVIC KINASE	13.28						01/01/15		
40	84228	ASSAY QUININE	16.37						01/01/15		
40	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	90.57						01/01/15		
40	84234	RECEPTOR ASSAY; PROGESTERONE	91.23						01/01/15		
40	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	73.60						01/01/15		
40	84238	RECEPTOR ASSAY;NON-ENDOCRINE	51.43						01/01/15		
40	84244	RIA ASSAY OF RENIN	30.93					X	01/01/15		
40	84252	ASSAY VITAMIN B-2	28.46						01/01/15		
40	84255	ASSAY SELENIUM	35.90						01/01/15		
40	84260	ASSAY BLOOD SEROTONIN	43.57						01/01/15		

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SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017

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
40	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	30.57						01/01/15		
40	84275	ASSAY BLOOD SIALIC ACID	18.90						01/01/15		
40	84285	ASSAY SILICA	33.11						01/01/15		
40	84295	ASSAY BLOOD SODIUM	6.77					X	01/01/15		
40	84300	ASSAY URINE SODIUM	6.84					X	01/01/15		
40	84302	ASSAY OF SWEAT SODIUM	6.84						01/01/15		
40	84305	SOMATOMEDIN	27.61						01/01/15		
40	84307	SOMATOSTATIN	25.71						01/01/15		
40	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	9.84						01/01/15		
40	84315	BODY FLUID SPECIFIC GRAVITY	3.53						01/01/15		
40	84375	CHROMATOGRAM ASSAY, SUGARS	27.57						01/01/15		
40	84376	SUGARS SINGLE QUAL	7.73					X	01/01/15		
40	84377	SUGARS MULTIPLE QUAL	7.73					X	01/01/15		
40	84378	SUGARS SINGLE QUANT	11.39					X	01/01/15		
40	84379	SUGARS MULTIPLE QUANT	11.39					X	01/01/15		
40	84392	SULFATE, URINE	6.68					X	01/01/15		
40	84402	TESTOSTERONE;	35.81						01/01/15		
40	84403	RIA ASSAY BLOOD TESTOSTERONE	36.30						01/01/15		
40	84410	TESTOSTERONE; BIOAVAILABLE, DIRECT M	74.97				M		01/01/17		
40	84425	ASSAY VITAMIN B-1	29.85						01/01/15		
40	84430	ASSAY BLOOD THIOCYANATE	14.93						01/01/15		
40	84431	THROMBOXANE METABOLITE(S), INCLUDING	19.16						01/01/10		
40	84432	THYROGLOBULIN	22.59						01/01/15		
40	84436	THYROXINE, TRUE, RIA	6.80						01/01/15		
40	84437	THYROXINE, NEONATAL	9.10						01/01/15		
40	84439	THYROID PANEL	12.68						01/01/15		
40	84442	THYROID ACTIVITY (TBG) ASSAY	18.45						01/01/15		
40	84443	RIA ASSAY OF TS HORMONE	23.63						01/01/15		
40	84445	RIA THYROTROPIN FACTOR	25.89						01/01/15		
40	84446	ASSAY VITAMIN E	19.93						01/01/15		
40	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	25.31						01/01/15		
40	84450	UV-ASSAY TRANSAMINASE (SGOT)	7.27					X	01/01/15		
40	84460	UV-ASSAY TRANSAMINASE (SGPT)	7.45					X	01/01/15		
40	84466	TRANSFERRIN	17.96						01/01/15		
40	84478	ASSAY BLOOD TRIGLYCERIDES	8.08						01/01/15		
40	84479	TRIIODOTHYRONINE, RESIN UPTAKE	6.53						01/01/15		
40	84480	RIA ASSAY, T-3	9.02						01/01/15		
40	84481	TRIIODOTHYRONINE, FREE RIA	13.88						01/01/15		
40	84482	TRIDOTHYRONINE (T-3);	6.53						01/01/15		
40	84484	TROPONIN	13.84						01/01/15		
40	84485	ASSAY DUODENAL FLUID TRYPSIN	10.57						01/01/15		
40	84488	TEST FECES FOR TRYPSIN	10.27						01/01/15		
40	84490	ASSAY FECES FOR TRYPSIN	9.94						01/01/15		
40	84510	ASSAY BLOOD TYROSINE	14.63						01/01/15		
40	84512	TROPONIN, QUAL	10.83						01/01/15		
40	84520	ASSAY BUN	5.55					X	01/01/15		
40	84525	STICK-ASSAY BUN	5.29					X	01/01/15		
40	84540	ASSAY URINE UREA-N	6.53					X	01/01/15		

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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									
40	84545	UREA-N CLEARANCE TEST	9.29						01/01/15		
40	84550	ASSAY BLOOD URIC ACID	6.36						01/01/15		
40	84560	ASSAY URINE URIC ACID	6.68						01/01/15		
40	84577	ASSAY FECES UROBILINOGEN	17.55						01/01/15		
40	84578	TEST URINE UROBILINOGEN	4.58						01/01/15		
40	84580	ASSAY URINE UROBILINOGEN	9.98						01/01/15		
40	84583	ASSAY URINE UROBILINOGEN	7.08						01/01/15		
40	84585	ASSAY URINE VMA	21.79						01/01/15		
40	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	49.69						01/01/15		
40	84588	RIA ASSAY VASOPRESSIN	47.73						01/01/15		
40	84590	ASSAY BLOOD VITAMIN-A	16.32						01/01/15		
40	84591	ASSAY OF NOS VITAMIN	16.32						01/01/15		
40	84597	ASSAY VITAMIN-K	19.28						01/01/15		
40	84600	ASSAY FOR VOLATILES	22.61						01/01/15		
40	84620	XYLOSE TOLERANCE TEST, BLOOD	16.66						01/01/15		
40	84630	ASSAY BLOOD ZINC	16.02						01/01/15		
40	84702	GONADOTROPIN CHORIONIC-QUANTIT	21.17						01/01/15		
40	84703	GONADOTROPIN;CHORIONIC;QUALITATIVE	10.57						01/01/15		
40	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	21.17						01/01/15		
40	84830	OVULATION TESTS, BY VISUAL COLOR COM	14.11						01/01/15		
40	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP				X		00/00/00		
40	85002	BLEEDING TIME TEST	6.33				M	X	01/01/15		
40	85004	AUTOMATED DIFF WBC COUNT	9.10						01/01/15		
40	85007	DIFFERENTIAL WBC COUNT	3.52					X	01/01/15		
40	85008	BLOOD COUNT;	4.84						01/01/15		
40	85009	DIFFERENTIAL WBC COUNT	5.23					X	01/01/15		
40	85013	BLOOD COUNT;	3.34						01/01/15		
40	85014	BLOOD COUNT OTHER THAN SPUN HEMATOGR	3.34					X	01/01/15		
40	85018	HEMOGLOBIN, COLORIMETRIC	3.34					X	01/01/15		
40	85025	BLOOD COUNT;HEMO/PLAT-AUTO DIF	10.93						01/01/15		
40	85027	HEMOGRAM,AUTOMATED W/PLATELET COUNT	9.10					X	01/01/15		
40	85032	MANUAL CELL COUNT, EACH	6.05						01/01/15		
40	85041	RED BLOOD CELL (RBC) COUNT	4.25					X	01/01/15		
40	85044	RETICULOCYTE COUNT	6.05						01/01/15		
40	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	5.62						01/01/15		
40	85046	RETICULOCYTE, HGB CONCENTRATE	7.84						01/01/15		
40	85048	WHITE BLOOD CELL (WBC) COUNT	3.58						01/01/15		
40	85049	AUTOMATED PLATELET COUNT	5.79						01/01/15		
40	85055	RETICULATED PLATELET ASSAY	28.31						01/01/15		
40	85097	BONE MARROW SMEAR INTERPRET	79.52					X	01/01/09		
40	85130	CHROMOGENIC SUBSTRATE ASSAY	16.72						01/01/15		
40	85170	BLOOD CLOT RETRACTION SCREEN	5.08					X	01/01/15		
40	85175	BLOOD CLOT LYSIS TIME	6.40					X	01/01/15		
40	85210	BLOOD CLOT FACTOR II TEST	8.11					X	01/01/15		
40	85220	BLOOD CLOT FACTOR V TEST	19.88					X	01/01/15		
40	85230	BLOOD CLOT FACTOR VII TEST	19.88					X	01/01/15		
40	85240	BLOOD CLOT FACTOR VIII TEST	25.18					X	01/01/15		
40	85244	FACTOR VIII RELATED ANTIGEN QUAN	28.72					X	01/01/15		

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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
40	85245	CLOTTING;	32.26						01/01/15		
40	85246	CLOTTING;	32.26						01/01/15		
40	85247	CLOTTING;	32.26						01/01/15		
40	85250	BLOOD CLOT FACTOR IX TEST	26.77					X	01/01/15		
40	85260	BLOOD CLOT FACTOR X TEST	19.88					X	01/01/15		
40	85270	BLOOD CLOT FACTOR XI TEST	19.88					X	01/01/15		
40	85280	BLOOD CLOT FACTOR XII TEST	19.88					X	01/01/15		
40	85290	BLOOD CLOT FACTOR XIII TEST	19.88					X	01/01/15		
40	85291	BLOOD CLOT FACTOR XIII TEST	12.51					X	01/01/15		
40	85292	CLOTTING;PREKALLIKRIEM ASSAY	26.63						01/01/15		
40	85293	CLOTTING;H-M-W KININNOGEN ASSA	26.63						01/01/15		
40	85300	ANTITHROMBIN III TEST	16.67					X	01/01/15		
40	85301	CLOT.INHIB/ANTICOAG/ANTITHROMB	15.20					X	01/01/15		
40	85302	CLOT INHIB/ANTICOAC/PROTEIN C	16.90					X	01/01/15		
40	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	17.95						01/01/15		
40	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	16.32						01/01/15		
40	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	21.55						01/01/15		
40	85307	ASSAY ACTIVATED PROTEIN C	21.55						01/01/15		
40	85335	FACTOR INHIBITOR TEST	18.10						01/01/15		
40	85337	THROMBOMODULIN	14.66						01/01/15		
40	85345	COAGULATION TIME	6.05					X	01/01/15		
40	85347	COAGULATION TIME	4.05					X	01/01/15		
40	85348	COAGULATION TIME	5.24					X	01/01/15		
40	85360	EUGLOBULIN LYSIS	11.81						01/01/15		
40	85362	FIBRIN DEGRADATION PRODUCTS	7.99					X	01/01/15		
40	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.11						01/01/15		
40	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	14.36						01/01/15		
40	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	7.97						01/01/15		
40	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	14.31						01/01/15		
40	85380	FIBRIN DEGRADATION, VTE	14.31						01/01/15		
40	85384	FIBRINOGEN;	11.95						01/01/15		
40	85385	FIBRINOGEN;	11.95						01/01/15		
40	85390	FIBRINOLYSINS SCREEN	7.27						01/01/15		
40	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	32.26						01/01/15		
40	85400	FIBRINOLYTIC PLASMIN	12.44						01/01/15		
40	85410	FIBRINOLYTIC ANTIPLASMIN	10.84						01/01/15		
40	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	24.18						01/01/15		
40	85420	FIBRINOLYTIC PLASMINOGEN	9.19						01/01/15		
40	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	14.32						01/01/15		
40	85441	HEINZ BODIES; DIRECT	5.91						01/01/15		
40	85445	HEINZ BODIES; INDUCED	9.59						01/01/15		
40	85460	HEMOGLOBIN, FETAL	6.53						01/01/15		
40	85461	HEMOGLOBIN, FETAL	4.35						01/01/15		
40	85475	HEMOLYSIN, ACID	12.48						01/01/15		
40	85520	HEPARIN ASSAY	11.91						01/01/15		
40	85525	HEPARIN NEUTRALIZATION	11.91						01/01/15		
40	85530	HEPARIN-PROTAMINE TOLERANCE	19.93						01/01/15		
40	85536	IRON STAIN PERIPHERAL BLOOD	9.10						01/01/15		

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SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017

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
40	85540	WBC ALKALINE PHOSPHATASE	12.10						01/01/15		
40	85547	RBC MECHANICAL FRAGILITY	12.10						01/01/15		
40	85549	SERUM MURAMIDASE	26.37						01/01/15		
40	85555	RBC OSMOTIC FRAGILITY	6.53						01/01/15		
40	85557	RBC OSMOTIC FRAGILITY	18.79						01/01/15		
40	85576	PLATELET;AGGREGATION(IN VITRO)	30.21					X	01/01/15		
40	85590	PLATELET PHASE MICROSCOPY	5.74					X	01/01/09		
40	85597	PLATELET NEUTRALIZATION	18.84						01/01/15		
40	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	18.84						01/01/15		
40	85610	PROTHROMBIN TIME	5.53					X	01/01/15		
40	85611	PROTHROMBIN TIME;	5.54					X	01/01/15		
40	85612	VIPER VENOM PROTHROMBIN TIME	13.46						01/01/15		
40	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	13.46						01/01/15		
40	85635	REPTILASE TEST	13.84						01/01/15		
40	85651	RBC SEDIMENTATION RATE	4.98						01/01/15		
40	85652	RBC SED RATE, AUTO	3.80						01/01/15		
40	85660	RBC SICKLE CELL TEST	7.75					X	01/01/15		
40	85670	THROMBIN TIME; PLASMA	8.11						01/01/15		
40	85675	THROMBIN TIME; TITER	9.63						01/01/15		
40	85705	THROMBOPLASTIN INHIBITION;	9.66						01/01/15		
40	85730	THROMBOPLASTIN TIME, PARTIAL	8.44					X	01/01/15		
40	85732	THROMBOPLASTIN TIME, PARTIAL	9.10					X	01/01/15		
40	85810	BLOOD VISCOSITY EXAMINATION	16.42					X	01/01/15		
40	85999	HEMATOLOGY PROCEDURE	MP			X			00/00/00		
40	86000	AGGLUTININS; FEBRILE	9.82						01/01/15		
40	86001	ALLERGEN SPECIFIC IGG	7.34					X	01/01/15		
40	86003	ALLERGEN SPECIFIC IGE;	7.34					X	01/01/15		
40	86005	ALLERGEN SPECIFIC IGE;	11.21						01/01/15		
40	86021	WBC ANTIBODY IDENTIFICATION	21.17						01/01/15		
40	86022	PLATELET ANTIBODIES	25.83						01/01/15		
40	86023	ANTIBODY ID,PLAT.ASS. IMMUNOGLOB	17.52						01/01/15		
40	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	17.00						01/01/15		
40	86039	ANTINUCLEAR ANTIBODIES (ANA);	15.70						01/01/15		
40	86060	ANTISTREPTOLYSIN O TITER	10.27						01/01/15		
40	86063	ANTISTREPTOLYSIN O SCREEN	8.11						01/01/15		
40	86140	C-REACTIVE PROTEIN	7.27						01/01/15		
40	86141	C-REACTIVE PROTEIN, HS	18.21						01/01/15		
40	86146	GLYCOPROTEIN ANTIBODY	16.35						01/01/15		
40	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	16.35						01/01/15		
40	86148	PHOSPHOLIPID ANTIBODY	16.35						01/01/15		
40	86155	CHEMOTAXIS ASSAY	22.49						01/01/15		
40	86156	COLD AGGLUTININ;	9.42						01/01/15		
40	86157	COLD AGGLUTININ;	11.34						01/01/15		
40	86160	COMPLEMENT;	16.87					X	01/01/15		
40	86161	COMPLEMENT;	16.87					X	01/01/15		
40	86162	COMPLEMENT; TOTAL (CH 50)	26.80						01/01/15		
40	86171	COMPLEMENT FIXATION, EACH	14.07						01/01/15		
40	86185	COUNTERELECTROPHORESIS, EACH	12.58						01/01/15		

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
40	86200	CCP ANTIBODY	18.21						01/01/15		
40	86215	DEOXYRIBONUCLEASE, ANTIBODY	18.63						01/01/15		
40	86225	DNA ANTIBODY	19.31						01/01/15		
40	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	17.03						01/01/15		
40	86235	ENA ANTIBODY	16.37						01/01/15		
40	86243	FC RECEPTOR ASSAY	28.85						01/01/15		
40	86255	FLUORESCENT ANTIBODY; SCREEN	15.97						01/01/15		
40	86256	FLUORESCENT ANTIBODY; TITER	16.95						01/01/15		
40	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	22.13						01/01/15		
40	86280	HEMAGGLUTINATION INHIBITION	11.51						01/01/15		
40	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	29.26						01/01/15		
40	86301	IMMUNOASSAY, TUMOR, CA 19-9	29.26						01/01/15		
40	86304	IMMUNOASSAY, TUMOR CA 125	29.26						01/01/15		
40	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	29.26				F		01/01/15		
40	86308	HETEROPHILE ANTIBODIES;	7.27						01/01/15		
40	86309	HETEROPHILE ANTIBODIES;	9.10						01/01/15		
40	86310	HETEROPHILE ANTIBODIES	10.36						01/01/15		
40	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	29.26					X	01/01/15		
40	86317	IMMUNOASSAY/INFECTIOUS AGENT	21.08						01/01/15		
40	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	18.21						01/01/15		
40	86320	SERUM IMMUNOELECTROPHORESIS	31.52						01/01/15		
40	86325	OTHER IMMUNOELECTROPHORESIS	31.45						01/01/15		
40	86327	IMMUNOELECTROPHORESIS;CRSSED	31.91						01/01/15		
40	86329	IMMUNODIFFUSION, EACH	19.75						01/01/15		
40	86331	IMMUNODIFFUSION OUCHTERLONY	16.84						01/01/15		
40	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	34.28						01/01/15		
40	86334	IMMUNOFIXATION ELECTROPHORESIS	31.42						01/01/15		
40	86336	INHIBIN A	21.92						01/01/15		
40	86337	INSULIN ANTIBODIES, RIA	14.70						01/01/15		
40	86340	INTRINSIC FACTOR ANTIBODIES, RIA	21.19						01/01/15		
40	86341	ISLET CELL ANTIBODY	27.82						01/01/15		
40	86344	LEUKOCYTE PHAGOCYTOSIS	11.23						01/01/15		
40	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	100.54						01/01/10		
40	86353	LYMPHOCYTE TRANSFORMATION	68.94						01/01/15		
40	86355	B CELLS, TOTAL COUNT	53.05						01/01/15		
40	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	28.31					X	01/01/15		
40	86357	LYMPHOCYTES, T&B DISTINCTION	53.05						01/01/15		
40	86359	T CELLS;	53.05						01/01/15		
40	86360	T CELLS;	56.61						01/01/15		
40	86361	T CELL ABSOLUTE COUNT	28.31						01/01/15		
40	86367	STEM CELLS, TOTAL COUNT	53.05						01/01/15		
40	86376	MICROSOMAL ANTIBODY (THYROID); RIA	20.46						01/01/15		
40	86378	MIGRATION INHIBITORY FACTOR	27.69						01/01/15		
40	86382	NEUTRALIZATION TEST, VIRAL	23.78						01/01/15		
40	86384	NITROBLUE TETRAZOLIUM DYE	16.02						01/01/15		
40	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), Q	22.45						01/01/15		
40	86403	PRECIPITIN(EG LATEX BEAD) OR AGGLU	14.33						01/01/15		
40	86406	PARTICLE AGGLUTINATION TEST	14.95						01/01/15		

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SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017

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									
40	86430	RHEUMATOID FACTOR LATEX FIXATION	7.98						01/01/15		
40	86431	RHEUMATOID FACTOR;	7.98						01/01/15		
40	86480	TB TEST, CELL IMMUN MEASURE	87.16						01/01/15		
40	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	90.13						01/01/11		
40	86485	SKIN TEST;	8.33						01/01/09		
40	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP			X			01/01/08		
40	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.03						01/01/09		
40	86510	HISTOPLASMOSIS SKIN TEST	5.52						01/01/17		
40	86580	TB PATCH OR INTRADERMAL TEST	6.34						01/01/09		
40	86590	STREPTOKINASE, ANTIBODY	7.99						01/01/15		
40	86592	SYPHILIS TEST(S), QUALITATIVE	6.00						01/01/15		
40	86593	SYPHILIS TEST, QUANTITATIVE	6.19						01/01/15		
40	86602	ANTIBODY;	14.31						01/01/15		
40	86603	ANTIBODY;	18.09						01/01/15		
40	86606	ANTIBODY;	21.17						01/01/15		
40	86609	ANTIBODY;	18.11						01/01/15		
40	86611	BARTONELLA ANTIBODY	14.31						01/01/15		
40	86612	ANTIBODY;	18.15						01/01/15		
40	86615	ANTIBODY;	18.55						01/01/15		
40	86617	LYME DISEASE ANTIBODY	21.78						01/01/15		
40	86618	ANTIBODY;	23.95						01/01/15		
40	86619	ANTIBODY;	18.82						01/01/15		
40	86622	ANTIBODY;	12.57						01/01/15		
40	86625	ANTIBODY;	18.46						01/01/15		
40	86628	ANTIBODY;	16.88						01/01/15		
40	86631	ANTIBODY;	16.63						01/01/15		
40	86632	ANTIBODY;	17.85						01/01/15		
40	86635	ANTIBODY;	16.13						01/01/15		
40	86638	ANTIBODY;	17.05						01/01/15		
40	86641	ANTIBODY;	20.26						01/01/15		
40	86644	ANTIBODY;	20.23						01/01/15		
40	86645	ANTIBODY;	23.69						01/01/15		
40	86648	ANTIBODY;	21.38						01/01/15		
40	86651	ANTIBODY;	18.55						01/01/15		
40	86652	ANTIBODY;	18.55						01/01/15		
40	86653	ANTIBODY;	18.55						01/01/15		
40	86654	ANTIBODY;	18.55						01/01/15		
40	86658	ANTIBODY;	18.32						01/01/15		
40	86663	ANTIBODY;	18.46						01/01/15		
40	86664	ANTIBODY;	21.51						01/01/15		
40	86665	ANTIBODY;	25.07						01/01/15		
40	86666	EHRlichia ANTIBODY	14.31						01/01/15		
40	86668	ANTIBODY;	14.63						01/01/15		
40	86671	ANTIBODY;	17.24						01/01/15		
40	86674	ANTIBODY;	16.35						01/01/15		
40	86677	ANTIBODY;	16.35						01/01/15		
40	86682	ANTIBODY;	18.29						01/01/15		
40	86684	ANTIBODY;	22.28						01/01/15		

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SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION	FEE						DATE		
40	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	11.80						01/01/15		
40	86688	ANTIBODY;	14.85						01/01/15		
40	86689	CONFIRMATORY TEST	27.22						01/01/15		
40	86692	ANTIBODY;	17.95						01/01/15		
40	86694	ANTIBODY;	20.23						01/01/15		
40	86695	ANTIBODY;	18.55						01/01/15		
40	86696	HERPES SIMPLEX TYPE 2	27.22						01/01/15		
40	86698	ANTIBODY;	17.58						01/01/15		
40	86701	ANTIBODY;	12.49						01/01/15		
40	86702	ANTIBODY;	14.85						01/01/15		
40	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	14.85						01/01/15		
40	86704	HEP B CORE AB TEST, IGG & M	16.95						01/01/15		
40	86705	HEP B CORE AB TEST, IGM	16.56						01/01/15		
40	86706	HEPATITIS B SURFACE AB TEST	15.11						01/01/15		
40	86707	HEPATITIS BE AB TEST	16.28						01/01/15		
40	86708	HEP A AB TEST, IGG & M	16.37						01/01/15		
40	86709	HEP A AB TEST, IGM	15.83						01/01/15		
40	86710	ANTIBODY;	19.05						01/01/15		
40	86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	20.23						01/01/15		
40	86713	ANTIBODY;	21.51						01/01/15		
40	86717	ANTIBODY;	17.23						01/01/15		
40	86720	ANTIBODY;	18.55						01/01/15		
40	86723	ANTIBODY;	18.55						01/01/15		
40	86727	ANTIBODY;	18.09						01/01/15		
40	86729	ANTIBODY;	16.80						01/01/15		
40	86732	ANTIBODY;	18.55						01/01/15		
40	86735	ANTIBODY;	18.35						01/01/15		
40	86738	ANTIBODY;	18.62						01/01/15		
40	86741	ANTIBODY;	18.55						01/01/15		
40	86744	ANTIBODY;	18.55						01/01/15		
40	86747	ANTIBODY;	21.14						01/01/15		
40	86750	ANTIBODY;	18.55						01/01/15		
40	86753	ANTIBODY;	17.42						01/01/15		
40	86756	ANTIBODY;	18.12						01/01/15		
40	86757	RICKETTSIA ANTIBODY	27.22						01/01/15		
40	86759	ANTIBODY;	18.55						01/01/15		
40	86762	ANTIBODY;	20.23						01/01/15		
40	86765	ANTIBODY;	18.11						01/01/15		
40	86768	ANTIBODY;	18.55						01/01/15		
40	86771	ANTIBODY;	18.55						01/01/15		
40	86774	ANTIBODY;	13.76						01/01/15		
40	86777	ANTIBODY;	20.23						01/01/15		
40	86778	ANTIBODY;	20.25						01/01/15		
40	86780	ANTIBODY; TREPONEMA PALLIDUM	18.62						01/01/15		
40	86784	ANTIBODY;	6.53						01/01/15		
40	86787	ANTIBODY;	15.77						01/01/15		
40	86788	ANTIBODY; WEST NILE VIRUS, IGM	23.69						01/01/15		
40	86789	ANTIBODY; WEST NILE VIRUS	20.23						01/01/15		

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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									
40	86790	ANTIBODY;	15.77						01/01/15		
40	86793	ANTIBODY;	15.77						01/01/15		
40	86800	THYROGLOBULIN ANTIBODY, RIA	22.37						01/01/15		
40	86803	HEPATITIS C AB TEST	20.07						01/01/15		
40	86804	HEP C AB TEST, CONFIRM	21.78						01/01/15		
40	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	73.53						01/01/15		
40	86806	SEE 86805; WITHOUT TITRATION	66.92						01/01/15		
40	86807	SERUM SCREEN.-PRA;STANDARD METHOD	49.83						01/01/15		
40	86808	SERUM SCREEN.-PRA; QUICK METHOD	41.74						01/01/15		
40	86812	TISSUE TYPING; HLA TYPING, A,	36.29						01/01/15		
40	86813	TISSUE TYPING, HLA TYPING,A,	81.55						01/01/15		
40	86816	TISSUE TYPING, HLA TYPING, DR	39.17						01/01/15		
40	86817	TISSUE TYPING, HLA TYPING, DR	90.54						01/01/15		
40	86821	TISSUE TYPING; LYMPHOCYTE CULT	79.39						01/01/15		
40	86822	TISSUE TYPING; LYMPHOCYTE CULT	51.41						01/01/15		
40	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	84.95						01/01/15		
40	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	28.31						01/01/15		
40	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	49.83					X	01/01/15		
40	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	41.74					X	01/01/15		
40	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	113.53					X	01/01/15		
40	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	97.32					X	01/01/15		
40	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	178.42					X	01/01/15		
40	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	162.20					X	01/01/15		
40	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	502.81						01/01/15		
40	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	454.14						01/01/15		
40	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP			X		X	00/00/00		
40	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.38					X	01/01/16		
40	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	15.08					X	01/01/09		
40	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	45.50					X	01/01/09		
40	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	7.57					X	01/01/15		
40	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	8.05					X	01/01/15		
40	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	7.27					X	01/01/15		
40	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	14.40						01/01/09		
40	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.95						01/01/09		
40	86900	BLOOD TYPING;	4.20						01/01/15		
40	86901	BLOOD TYPING;	4.20						01/01/15		
40	86902	BLOOD TYPING; ANTIGEN TESTING OF DON	5.37						01/01/15		
40	86904	BLOOD TYPING;	13.37					X	01/01/15		
40	86905	BLOOD TYPING;	5.37					X	01/01/15		
40	86906	BLOOD TYPING;	10.90						01/01/15		
40	86910	BLOOD TYPING;	22.48					X	01/01/09		
40	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.99						01/01/09		
40	86920	COMPATIBILITY TEST EACH UNIT;	53.30						01/01/09		
40	86921	COMPATIBILITY TEST EACH UNIT;	53.30						01/01/09		
40	86922	COMPATIBILITY TEST EACH UNIT;	50.78						01/01/09		
40	86923	COMPATIBILITY TEST, ELECTRIC	MP			X			01/01/06		
40	86927	FRESH FROZEN PLASMA, THAWING, EACH U	11.47					X	01/01/09		
40	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	13.49					X	01/01/09		

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SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2017 THRU DECEMBER 31, 2017

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
40	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	13.49					X	01/01/09		
40	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	13.49					X	01/01/09		
40	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	11.53					X	01/01/15		
40	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	17.03					X	01/01/15		
40	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	49.10					X	01/01/09		
40	86950	LEUKOCYTE TRANSFUSION	45.05						01/01/09		
40	86960	VOL REDUCTION OF BLOOD/PROD	MP			X			01/01/06		
40	86965	POOLING OF PLATELETS OR OTHER BLOOD	15.69						01/01/09		
40	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.86					X	01/01/09		
40	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	8.56					X	01/01/09		
40	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.86						01/01/09		
40	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.86					X	01/01/09		
40	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.86						01/01/09		
40	86977	PRETREATMENT OF SERUM FOR USE IN RBC	8.56					X	01/01/09		
40	86978	PRETREATMENT OF SERUM FOR USE IN RBC	10.95					X	01/01/09		
40	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	15.75					X	01/01/09		
40	86999	IMMUNOLOGY PROCEDURE	47.43			X			07/01/00		
40	87003	SMALL ANIMAL INOCULATION	23.67						01/01/15		
40	87015	SPECIMEN CONCENTRATION	9.39					X	01/01/15		
40	87040	BLOOD CULTURE FOR BACTERIA	14.52					X	01/01/15		
40	87045	STOOL CULTURE FOR BACTERIA	13.28					X	01/01/15		
40	87046	STOOL CULTR, BACTERIA, EACH	13.28					X	01/01/15		
40	87070	CULTURE SPECIMEN, BACTERIA	12.11					X	01/01/15		
40	87071	CULTURE BACTERI AEROBIC OTHR	13.28						01/01/15		
40	87073	CULTURE BACTERIA ANAEROBIC	13.28						01/01/15		
40	87075	CULTURE SPECIMEN, BACTERIA	13.31					X	01/01/15		
40	87076	BACTERIA IDENTIFICATION	11.37						01/01/15		
40	87077	CULTURE AEROBIC IDENTIFY	11.37					X	01/01/15		
40	87081	BACTERIA CULTURE SCREEN	9.32						01/01/15		
40	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	12.11						01/01/15		
40	87086	URINE CULTURE, COLONY COUNT	11.36						01/01/15		
40	87088	URINE BACTERIA CULTURE	11.39						01/01/15		
40	87101	SKIN FUNGUS CULTURE	9.94						01/01/15		
40	87102	FUNGUS ISOLATION CULTURE	11.81						01/01/15		
40	87103	CULTURE,FUNGI,ISOLATION; BLOOD	11.91						01/01/15		
40	87106	FUNGUS IDENTIFICATION	14.52						01/01/15		
40	87107	FUNGI IDENTIFICATION, MOLD	14.52						01/01/15		
40	87109	MYCOPLASMA CULTURE	21.64						01/01/15		
40	87110	CULTURE, CHLAMYDIA	27.55						01/01/15		
40	87116	MYCOBACTERIA CULTURE	15.19						01/01/15		
40	87118	MYCOBACTERIA IDENTIFICATION	5.79						01/01/15		
40	87140	CULTURE TYPING, FLUORESCENT	7.84						01/01/15		
40	87143	CULTURE TYPING, GLC METHOD	17.62						01/01/15		
40	87147	CULTURE TYPING, SEROLOGIC	6.05						01/01/15		
40	87149	CULTURE TYPE, NUCLEIC ACID	28.20						01/01/15		
40	87150	CULTURE, TYPING; IDENTIFICATION BY N	49.35						01/01/15		
40	87152	CULTURE TYPE PULSE FIELD GEL	7.36						01/01/15		
40	87153	CULTURE, TYPING; IDENTIFICATION BY N	162.21						01/01/15		

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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									
40	87158	CULTURE TYPING, ADDED METHOD	7.36						01/01/15		
40	87164	DARK FIELD EXAMINATION	15.11						01/01/15		
40	87166	DARK FIELD EXAMINATION	12.30						01/01/15		
40	87168	MACROSCOPIC EXAM ARTHROPOD	6.00						01/01/15		
40	87169	MACROSCOPIC EXAM PARASITE	6.00						01/01/15		
40	87172	PINWORM EXAM	6.00						01/01/15		
40	87176	ENDOTOXIN, BACTERIAL	8.28						01/01/15		
40	87177	OVA AND PARASITES SMEARS	12.30						01/01/15		
40	87181	ANTIBIOTIC SENSITIVITY, EACH	6.68						01/01/15		
40	87184	ANTIBIOTIC SENSITIVITY, EACH	9.70					X	01/01/15		
40	87185	MICROBE SUSCEPTIBLE, ENZYME	6.68					X	01/01/15		
40	87186	ANTIBIOTIC SENSITIVITY, MIC	12.16						01/01/15		
40	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	14.57						01/01/15		
40	87188	ANTIBIOTIC SENSITIVITY, EACH	9.34						01/01/15		
40	87190	TB ANTIBIOTIC SENSITIVITY	7.95						01/01/15		
40	87197	SERUM BACTERICIDAL TITER	20.40						01/01/15		
40	87198	CYTOMEGALOVIRUS ANTIBODY DFA	18.85						01/01/09		
40	87205	SMEAR, STAIN & INTERPRET	6.00					X	01/01/15		
40	87206	SMEAR, STAIN & INTERPRET	7.57					X	01/01/15		
40	87207	SMEAR, STAIN & INTERPRET	8.42					X	01/01/15		
40	87209	SMEAR, COMPLEX STAIN	25.28						01/01/15		
40	87210	SMEAR, STAIN & INTERPRET	6.00					X	01/01/15		
40	87220	TISSUE EXAMINATION FOR FUNGI	6.00						01/01/15		
40	87230	TOXIN/ANTIOTOXIN ASSAY, TISSUE CULTURE	27.77					X	01/01/15		
40	87250	VIRUS INOCULATION FOR TEST	27.51					X	01/01/15		
40	87252	VIRUS ID; TISSUE CULT. INOCULATION/OBS	36.66						01/01/15		
40	87253	VIRUS ID; TISS. CULT; ADD STDY, @ ISOLAT	28.41					X	01/01/15		
40	87254	VIRUS INOCULATION, SHELL VIA	27.51					X	01/01/15		
40	87255	GENET VIRUS ISOLATE, HSV	47.62						01/01/15		
40	87260	ADENOVIRUS AG, DFA	16.86						01/01/15		
40	87265	PERTUSSIS AG, DFA	16.86						01/01/15		
40	87267	ENTEROVIRUS ANTIBODY, DFA	16.86						01/01/15		
40	87269	GIARDIA AG, IF	16.86						01/01/15		
40	87270	CHYLMD TRACH AG, DFA	16.86						01/01/15		
40	87271	CYTOMEGALOVIRUS DFA	16.86						01/01/15		
40	87272	CRYPTOSPORIDIUM AG, DFA	16.86						01/01/15		
40	87273	HERPES SIMPLEX 2, AG, IF	16.86						01/01/15		
40	87274	HERPES SIMPLEX AG, DFA	16.86						01/01/15		
40	87275	INFLUENZA B, AG, IF	16.86						01/01/15		
40	87276	INFLUENZA AG, DFA	16.86						01/01/15		
40	87277	LEGIONELLA MICDADEI, AG, IF	16.86						01/01/15		
40	87278	LEGION PNEUMO AG, DFA	16.86						01/01/15		
40	87279	PARAINFLUENZA, AG, IF	16.86						01/01/15		
40	87280	RESP SYNCYTIAL AG, DFA	16.86						01/01/15		
40	87281	PNEUMOCYSTIS CARINII, AG, IF	16.86						01/01/15		
40	87283	RUBEOLA, AG, IF	16.86						01/01/15		
40	87285	TREPON PALLIDUM AG, DFA	16.86						01/01/15		
40	87290	VARICELLA AG, DFA	16.86						01/01/15		

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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
40	87299	AG DETECTION NOS, DFA	16.86						01/01/15		
40	87300	AG DETECTION, POLYVAL, IF	16.86					X	01/01/15		
40	87301	ADENOVIRUS AG, EIA	16.86						01/01/15		
40	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	16.86						01/01/15		
40	87320	CHYLMD TRACH AG, EIA	16.86						01/01/15		
40	87324	CLOSTRIDIUM AG, EIA	16.86						01/01/15		
40	87327	CRYPTOCOCCUS NEOFORM AG, EIA	16.86						01/01/15		
40	87328	CRYPTOSPOR AG, EIA	16.86						01/01/15		
40	87329	GIARDIA AG, EIA	16.86						01/01/15		
40	87332	CYTOMEGALOVIRUS AG, EIA	16.86						01/01/15		
40	87335	E COLI 0157 AG, EIA	16.86						01/01/15		
40	87336	ENTAMOEB HIST DISPR, AG, EIA	16.86						01/01/15		
40	87337	ENTAMOEB HIST GROUP, AG, EIA	16.86						01/01/15		
40	87338	HPYLORI, STOOL, EIA	6.52						01/01/15		
40	87339	HPYLORI AG, EIA	16.86						01/01/15		
40	87340	HEPATITIS B SURFACE AG, EIA	14.53						01/01/15		
40	87341	HEPATITIS B SURFACE, AG, EIA	14.53						01/01/15		
40	87350	HEPATITIS B AG, EIA	16.21						01/01/15		
40	87380	HEPATITIS DELTA AG, EIA	17.38						01/01/15		
40	87385	HISTOPLASMA CAPSUL AG, EIA	16.86						01/01/15		
40	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	31.62						01/01/15		
40	87390	HIV-1 AG, EIA	24.81						01/01/15		
40	87391	HIV-2 AG, EIA	24.81						01/01/15		
40	87400	INFLUENZA A/B, AG, EIA	16.86					X	01/01/15		
40	87420	RESP SYNCYTIAL AG, EIA	16.86						01/01/15		
40	87425	ROTAVIRUS AG, EIA	16.86						01/01/15		
40	87427	SHIGA-LIKE TOXIN AG, EIA	16.86						01/01/15		
40	87430	STREP A AG, EIA	16.86						01/01/15		
40	87449	AG DETECT NOS, EIA, MULT	16.86						01/01/15		
40	87450	AG DETECT NOS, EIA, SINGLE	6.52						01/01/15		
40	87451	AG DETECT POLYVAL, EIA, MULT	6.52						01/01/15		
40	87470	BARTONELLA, DNA, DIR PROBE	28.20						01/01/15		
40	87471	BARTONELLA, DNA, AMP PROBE	49.35						01/01/15		
40	87472	BARTONELLA, DNA, QUANT	60.23						01/01/15		
40	87475	LYME DIS, DNA, DIR PROBE	28.20						01/01/15		
40	87476	LYME DIS, DNA, AMP PROBE	49.35						01/01/15		
40	87477	LYME DIS, DNA, QUANT	60.23						01/01/15		
40	87480	CANDIDA, DNA, DIR PROBE	28.20						01/01/15		
40	87481	CANDIDA, DNA, AMP PROBE	49.35						01/01/15		
40	87482	CANDIDA, DNA, QUANT	58.71						01/01/15		
40	87483	INFECTIOUS AGENT DETECTION BY NUCLEI	49.74						01/01/17		
40	87485	CHYLMD PNEUM, DNA, DIR PROBE	28.20						01/01/15		
40	87486	CHYLMD PNEUM, DNA, AMP PROBE	49.35						01/01/15		
40	87487	CHYLMD PNEUM, DNA, QUANT	60.23						01/01/15		
40	87490	CHYLMD TRACH, DNA, DIR PROBE	28.20						01/01/15		
40	87491	CHYLMD TRACH, DNA, AMP PROBE	49.35					X	01/01/15		
40	87492	CHYLMD TRACH, DNA, QUANT	49.16						01/01/15		
40	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	49.35						01/01/15		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
40	87495	CYTOMEG, DNA, DIR PROBE	28.20						01/01/15		
40	87496	CYTOMEG, DNA, AMP PROBE	49.35						01/01/15		
40	87497	CYTOMEG, DNA, QUANT	60.23						01/01/15		
40	87498	DETECTION TEST FOR ENTEROVIRUS (INTE	49.35						01/01/15		
40	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	49.35						01/01/15		
40	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	72.16						01/01/15		
40	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	119.66						01/01/15		
40	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	29.20						01/01/15		
40	87505	INFECTIOUS AGENT DETECTION BY NUCLEI	180.40						01/01/15		
40	87506	INFECTIOUS AGENT DETECTION BY NUCLEI	300.13						01/01/15		
40	87507	INFECTIOUS AGENT DETECTION BY NUCLEI	586.09						01/01/15		
40	87510	GARDNER VAG, DNA, DIR PROBE	28.20						01/01/15		
40	87511	GARDNER VAG, DNA, AMP PROBE	49.35						01/01/15		
40	87512	GARDNER VAG, DNA, QUANT	58.71						01/01/15		
40	87515	HEPATITIS B, DNA, DIR PROBE	28.20						01/01/15		
40	87516	HEPATITIS B , DNA, AMP PROBE	49.35						01/01/15		
40	87517	HEPATITIS B , DNA, QUANT	60.23						01/01/15		
40	87520	HEPATITIS C , RNA, DIR PROBE	28.20						01/01/15		
40	87521	DETECTION TEST FOR HEPATITIS C VIRUS	49.35						01/01/15		
40	87522	DETECTION TEST FOR HEPATITIS C VIRUS	60.23						01/01/15		
40	87525	HEPATITIS G , DNA, DIR PROBE	28.20						01/01/15		
40	87526	HEPATITIS G, DNA, AMP PROBE	49.35						01/01/15		
40	87527	HEPATITIS G, DNA, QUANT	58.71						01/01/15		
40	87528	HSV, DNA, DIR PROBE	28.20						01/01/15		
40	87529	HSV, DNA, AMP PROBE	49.35						01/01/15		
40	87530	HSV, DNA, QUANT	60.23						01/01/15		
40	87531	HHV-6, DNA, DIR PROBE	28.20						01/01/15		
40	87532	HHV-6, DNA, AMP PROBE	49.35						01/01/15		
40	87533	HHV-6, DNA, QUANT	58.71						01/01/15		
40	87534	HIV-1, DNA, DIR PROBE	28.20						01/01/15		
40	87535	DETECTION TEST FOR HIV-1 VIRUS	49.35						01/01/15		
40	87536	DETECTION TEST FOR HIV-1 VIRUS	119.66						01/01/15		
40	87537	HIV-2, DNA, DIR PROBE	28.20						01/01/15		
40	87538	DETECTION TEST FOR HIV-2 VIRUS	49.35						01/01/15		
40	87539	DETECTION TEST FOR HIV-2 VIRUS	60.23						01/01/15		
40	87540	LEGION PNEUMO, DNA, DIR PROB	28.20						01/01/15		
40	87541	LEGION PNEUMO, DNA, AMP PROB	49.35						01/01/15		
40	87542	LEGION PNEUMO, DNA, QUANT	58.71						01/01/15		
40	87550	MYCOBACTERIA, DNA, DIR PROBE	28.20						01/01/15		
40	87551	MYCOBACTERIA, DNA, AMP PROBE	49.35						01/01/15		
40	87552	MYCOBACTERIA, DNA, QUANT	60.23						01/01/15		
40	87555	M.TUBERCULO, DNA, DIR PROBE	28.20						01/01/15		
40	87556	M.TUBERCULO, DNA, AMP PROBE	49.35						01/01/15		
40	87557	M.TUBERCULO, DNA, QUANT	60.23						01/01/15		
40	87560	M.AVIUM-INTRA, DNA, DIR PROB	28.20						01/01/15		
40	87561	M.AVIUM-INTRA, DNA, AMP PROB	49.35						01/01/15		
40	87562	M.AVIUM-INTRA, DNA, QUANT	60.23						01/01/15		
40	87580	M.PNEUMON, DNA, DIR PROBE	28.20						01/01/15		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
40	87581	M.PNEUMON, DNA, AMP PROBE	49.35						01/01/15		
40	87582	M.PNEUMON, DNA, QUANT	58.71						01/01/15		
40	87590	N.GONORRHOEAE, DNA, DIR PROB	28.20						01/01/15		
40	87591	N.GONORRHOEAE, DNA, AMP PROB	49.35					X	01/01/15		
40	87592	N.GONORRHOEAE, DNA, QUANT	60.23						01/01/15		
40	87623	INFECTIOUS AGENT DETECTION BY NUCLEI	49.35						01/01/15		
40	87624	INFECTIOUS AGENT DETECTION BY NUCLEI	49.35						01/01/15		
40	87625	INFECTIOUS AGENT DETECTION BY NUCLEI	49.35						01/01/15		
40	87631	INFECTIOUS AGENT DETECTION BY NUCLEI	180.40						01/01/15		
40	87632	INFECTIOUS AGENT DETECTION BY NUCLEI	300.13						01/01/15		
40	87633	INFECTIOUS AGENT DETECTION BY NUCLEI	586.09						01/01/15		
40	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	49.35						01/01/15		
40	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	49.35						01/01/15		
40	87650	STREP A, DNA, DIR PROBE	28.20						01/01/15		
40	87651	STREP A, DNA, AMP PROBE	49.35						01/01/15		
40	87652	STREP A, DNA, QUANT	58.71						01/01/15		
40	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	49.35						01/01/15		
40	87660	TRICHOMONAS VAGIN, DIR PROBE	28.20				F		01/01/15		
40	87661	INFECTIOUS AGENT DETECTION BY NUCLEI	49.35						01/01/15		
40	87797	DETECT AGENT NOS, DNA, DIR	28.20						01/01/15		
40	87798	DETECT AGENT NOS, DNA, AMP	49.35						01/01/15		
40	87799	DETECT AGENT NOS, DNA, QUANT	13.55						02/01/12		
40	87800	DETECT AGNT MULT, DNA, DIREC	56.41						01/01/15		
40	87801	DETECT AGNT MULT, DNA, AMPLI	98.70						01/01/15		
40	87802	STREP B ASSAY W/OPTIC	16.86						01/01/15		
40	87803	CLOSTRIDIUM TOXIN A W/OPTIC	16.86						01/01/15		
40	87804	AGENT NOS ASSAY W/OPTIC	16.86					X	01/01/15		
40	87806	INFECTIOUS AGENT ANTIGEN DETECTION B	31.62						01/01/15		
40	87807	RSV ASSAY W/OPTIC	16.86						01/01/15		
40	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	16.86				F		01/01/15		
40	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	16.86						01/01/15		
40	87810	CHYLMD TRACH ASSAY W/OPTIC	16.86						01/01/15		
40	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.86						01/01/15		
40	87880	STREP A ASSAY W/OPTIC	16.86						01/01/15		
40	87899	AGENT NOS ASSAY W/OPTIC	16.86						01/01/15		
40	87900	PHENOTYPE, INFECT AGENT DRUG	183.29						01/01/15		
40	87901	GENOTYPE, DNA, HIV REVERSE T	362.03						01/01/15		
40	87902	GENOTYPE, DNA, HEPATITIS C	362.03						01/01/15		
40	87903	PHENOTYPE, DNA HIV W/CULTURE	687.15						01/01/15		
40	87904	PHENOTYPE, DNA HIV W/CLT ADD	36.66						01/01/15		
40	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	17.18						01/01/15		
40	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	181.02						01/01/15		
40	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	362.03						01/01/15		
40	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	362.03						01/01/15		
40	87999	MICROBIOLOGY PROCEDURE	MP				X		00/00/00		
40	88104	CYTOPATHOLOGY	55.68						01/01/09		
40	88106	CYTOPATHOLOGY	59.34						01/01/17		
40	88108	CYTOPATHOLOGY, FLUIDS, WASHING	58.36						01/01/17		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
40	88112	CYTOPATHOLOGY,SELECT CELL ENHANCEMNT	63.62	10 59			F		01/01/17		
40	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	MP						01/01/11		
40	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	MP						01/01/11		
40	88125	FORENSIC CYTOPATHOLOGY	19.84						01/01/09		
40	88130	SEX CHROMATIN IDENTIFICATION	21.16						01/01/15		
40	88140	SEX CHROMATIN IDENTIFICATION	11.24						01/01/15		
40	88141	CYTOPATH CERV/VAG INTERPRET	25.61	21 99					01/01/09		
40	88142	CYTOPATH CERV/VAG THIN LAYER	21.24	21 99					01/01/15		
40	88143	CYTPATH C/VAG T/LAYER REDO	19.34	21 99					01/01/15		
40	88147	CYTPATH C/VAG AUTOMATED	14.86	21 99					01/01/15		
40	88148	CYTPATH C/VAG AUTO RESCREEN	14.86	21 99					01/01/15		
40	88150	CYTOPATHOLOGY, PAP SMEAR	14.38	21 99			F		01/01/15		
40	88152	CYTOPATH CERV/VAG AUTO	14.38	21 99					01/01/15		
40	88153	CYTPATH C/VAG REDO	14.38	21 99					01/01/15		
40	88154	CYTPATH C/VAG SELECT	14.38	21 99					01/01/15		
40	88155	CYTOPATHOLOGY, PAP SMEAR	8.42	21 99			F		01/01/15		
40	88160	CYTOPATHOLOGY	47.19						01/01/09		
40	88161	CYTOPATHOLOGY; ANY OTHER SOURCE	49.09						01/01/09		
40	88162	CYTOPATHOLOGY; ANY OTHER SOURCE	71.14						01/01/09		
40	88164	CYTPATH TBS C/VAG MANUAL	14.38	21 99					01/01/15		
40	88165	CYTPATH TBS C/VAG REDO	14.38	21 99					01/01/15		
40	88166	CYTPATH TBS C/VAG AUTO REDO	14.38	21 99					01/01/15		
40	88167	CYTPATH TBS C/VAG SELECT	14.38	21 99					01/01/15		
40	88172	EVALUATION OF FINE NEEDLE ASPIR	48.26						01/01/09		
40	88173	EVALUATION OF FINE NEEDLE ASPIR	121.73						01/01/09		
40	88174	CYTOPATHOLOGY,VAGINAL OR CERVICAL CO	20.52	21 99			F		01/01/15		
40	88175	CYTOPATHOLOGY, WITH SCREENING	25.87	21 99			F		01/01/15		
40	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	MP						01/01/11		
40	88182	FLOW CYTOMETRY; CELL CYCLE OR	92.09						01/01/09		
40	88184	FLOWCYTOMETRY/ TC, 1 MARKER	54.87						01/01/17		
40	88185	FLOWCYTOMETRY/TC, ADD-ON	33.42					X	01/01/17		
40	88187	FLOWCYTOMETRY/READ, 2-8	MP			X			01/01/05		
40	88188	FLOWCYTOMETRY/READ, 9-15	MP			X			01/01/05		
40	88189	FLOWCYTOMETRY/READ, 16 & >	MP			X			01/01/05		
40	88199	CYTOPATHOLOGY PROCEDURE	MP			X			00/00/00		
40	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	89.87						01/01/15		
40	88233	TISS CULT,CHROM ANAL;SKIN/OTHER BX	89.87						01/01/15		
40	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	89.87						01/01/15		
40	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	89.87						01/01/15		
40	88239	TISS CULT,CHROM ANAL;OTHER TISSUE	89.87						01/01/15		
40	88240	CELL CRYOPRESERVE/STORAGE	14.20						01/01/15		
40	88241	FROZEN CELL PREPARATION	14.20						01/01/15		
40	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	89.87						01/01/15		
40	88248	CHROM ANAL/BREAKAGE SYND+100 CELLS..	243.53						01/01/15		
40	88249	CHROMOSOME ANALYSIS, 100	243.53						01/01/15		
40	88261	CHROMOSOME COUNT: 1-4 CELLS	248.53						01/01/15		
40	88262	CHROMOSOME COUNT: 1-20 CELLS	175.27						01/01/15		
40	88263	CHROM ANAL;45 CELLS-MOSAICISM,.....	89.87						01/01/15		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
40	88264	CHROMOSOME ANALYSIS, 20-25	175.27						01/01/15		
40	88267	CHROMOSOME COUNT: AMNIOTIC	252.79						01/01/15		
40	88269	CHROM ANAL;IN SITU AMNIOTIC FLUID...	233.88						01/01/15		
40	88271	CYTOGENETICS, DNA PROBE	30.11						01/01/15		
40	88272	CYTOGENETICS, 3-5	37.65						01/01/15		
40	88273	CYTOGENETICS, 10-30	45.19						01/01/15		
40	88274	CYTOGENETICS, 25-99	48.95						01/01/15		
40	88275	CYTOGENETICS, 100-300	56.47						01/01/15		
40	88280	CHROMOSOME COUNT: ADDITIONAL	35.29						01/01/15		
40	88283	CHROM ANAL;ADD SPEC BANDING TECH	39.24						01/01/15		
40	88285	CHROMOSOME COUNT: ADDITIONAL	26.72						01/01/15		
40	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	48.42						01/01/15		
40	88291	CYTO/MOLECULAR REPORT	27.31						01/01/09		
40	88299	CYTOGENETIC STUDY	5.46			X			07/01/00		
40	88300	SURGICAL PATHOLOGY, GROSS	15.19					X	01/01/17		
40	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	28.45					X	01/01/17		
40	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	38.04					X	01/01/17		
40	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	65.14					X	01/01/17		
40	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	189.46						01/01/09		
40	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	286.62						01/01/09		
40	88311	SURGICAL PATHOLOGY; DECALCIFICATION	16.90						01/01/09		
40	88312	SPECIAL STAIN INCLUDING INTERPRETATI	88.21						01/01/09		
40	88313	SPECIAL STAIN INCLUDING INTERPRETATI	63.77						01/01/09		
40	88314	SPECIAL STAIN INCLUDING INTERPRETATI	72.40						01/01/17		
40	88321	MICROSLIDE CONSULTATION	83.83						01/01/09		
40	88323	MICROSLIDE CONSULTATION	124.59						01/01/17		
40	88325	COMPREHENSIVE REVIEW OF DATA	176.02						01/01/09		
40	88329	CONSULTATION DURING SURGERY	45.71					X	01/01/09		
40	88331	CONSULTATION DURING SURGERY	83.18					X	01/01/09		
40	88332	PATHOLOGY CONSULTATION DURING SURGER	37.45						01/01/09		
40	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	46.40						01/01/15		
40	88342	IMMUNOCYTOCHEMISTRY (INCLUDING	89.90						01/01/09		
40	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	80.28						01/01/15		
40	88346	AUTO-ANTIBODY PROFILE	88.22						01/01/17		
40	88348	ELECTRON MICROSCOPY	318.68						01/01/17		
40	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	MP			X			01/01/05		
40	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	137.33						01/01/09		
40	88363	EXAMINATION AND SELECTION OF RETRIEV	MP						01/01/11		
40	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	66.47						01/01/15		
40	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	140.84					X	01/01/09		
40	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	103.35						01/01/15		
40	88367	INSITU HYBRIDIZATION, AUTO	98.37						01/01/17		
40	88368	INSITU HYBRIDIZATION, MANUAL	108.84						01/01/17		
40	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	50.78						01/01/15		
40	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	31.25						01/01/15		
40	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	31.98					X	01/01/15		
40	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	41.67						01/01/15		
40	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	139.04						01/01/15		

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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	EFFECT	X-	SPEC
										>001	DATE	OVERS	IND
40	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	146.66								01/01/15		
40	88387	MACROSCOPIC EXAMINATION, DISSECTION,	29.28								01/01/10		
40	88388	MACROSCOPIC EXAMINATION, DISSECTION,	17.68								01/01/10		
40	88399	SURGICAL PATHOLOGY PROCEDURE	MP					X			00/00/00		
40	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	4.89								01/01/15		
40	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	4.89								01/01/15		
40	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.89								01/01/15		
40	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.89								01/01/15		
40	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS	MP					X			01/01/11		
40	89050	BODY FLUID CELL COUNT	6.64							X	01/01/15		
40	89051	BODY FLUID CELL COUNT	7.74							X	01/01/15		
40	89055	LEUKOCYTE ASSESSMENT, FECAL	6.00								01/01/15		
40	89060	CRYSTAL IDENTIFICATION BY COMP	10.06								01/01/15		
40	89125	SPECIMEN FAT STAIN	6.08							X	01/01/15		
40	89160	EXAM FECES FOR MEAT FIBERS	5.19								01/01/15		
40	89190	NASAL SMEAR FOR EOSINOPHILS	6.68								01/01/15		
40	89220	SPUTUM SPECIMEN COLLECTION	12.99								01/01/09		
40	89230	COLLECT SWEAT FOR TEST	3.49								01/01/09		
40	89240	PATHOLOGY LAB PROCEDURE	MP					X			01/01/04		