

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.

- 39 - State Hospitals Outpatient Services
- 20 - Enhanced Outpatient Rehab Services (under age 3)

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

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

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

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

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

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

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

COLUMN 10. Effective date: Type of Service (TOS) 39 was created 7/1/08 specifically for State Hospitals Outpatient Services. As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.

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

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	13.68					X	08/01/12		
39	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	7.70					X	08/01/12		
39	G0202	SCREENING MAMMOGRAPHY,DIGIAL,BILATERA	CCR	40 99			F				
39	G0204	DIAGNOSTIC MAMMOGRAPHY,DIGITAL,BILAT	CCR				F				
39	G0206	DIAGNOSTIC MAMMOGRAPHY,DIGITAL,UNILA	CCR				F				
39	G0378	HOSPITAL OBSERVATION PER HR	CCR					X			
39	G0379	DIRECT REFER HOSPITAL OBSERV	CCR								
39	HR250	PHARMACY,GENERAL CLASSIFICATION	CCR					X			
39	HR251	PHARMACY,GENERIC DRUGS	CCR					X			
39	HR252	PHARMACY,NON-GENERIC DRUGS	CCR					X			
39	HR258	PHARMACY,IV SOLUTIONS	CCR					X			
39	HR259	PHARMACY, OTHER PHARMACY	CCR					X			
39	HR260	IV THERAPY	CCR					X			
39	HR261	INFUSION PUMP	CCR					X			
39	HR269	OTHER IV THERAPY	CCR					X			
39	HR270	MED/SURG SUPPLY/DEVICE-GEN. CLS	CCR					X			
39	HR271	NON STERILE SUPPLY	CCR					X			
39	HR272	STERILE SUPPLY	CCR					X			
39	HR273	TAKE HOME SUPPLIES	CCR					X			
39	HR274	PROSTHETIC DEVICES	CCR					X			
39	HR275	PACEMAKER	CCR					X			
39	HR278	OTHER IMPLANTS	CCR					X			
39	HR279	OTHER SUPPLIES DEVICES	CCR					X			
39	HR280	ONCOLOGY-GENERAL CLASSIFICATION	CCR					X			
39	HR289	OTHER ONCLOGY	CCR					X			
39	HR300	LABORATORY-GEN CLASSIFICATION	HCPC					X			
39	HR301	LAB/CHEMISTRY	HCPC					X			
39	HR302	LAB/IMMUNOLOGY	HCPC					X			
39	HR303	LAB/RENAL PATIENT (HOME)	HCPC					X			
39	HR304	LAB NON ROUTINE DIALYSIS	HCPC					X			
39	HR305	LAB HEMATOLOGY	HCPC					X			
39	HR306	LAB BACTERIOLOGY AND MICROBIOLOGY	HCPC					X			
39	HR307	LABORATORY-UROLOGY	HCPC					X			
39	HR309	LABORTORY-OTHER LABORATORY	HCPC					X			
39	HR310	LAB PATHOLOGY/GENERAL CLASS	HCPC					X			
39	HR311	LAB PATHOLOGY/CYTOLOGY	HCPC					X			
39	HR312	LAB PATHOLOGY/HISTOLOGY	HCPC					X			
39	HR314	LAB PATHOLOGY/BIOPSY	HCPC					X			
39	HR319	LAB PATHOLOGY OTHER	HCPC					X			
39	HR320	RADIOLOGY-DIAGNOSTIC GEN CLASS	CCR					X			
39	HR321	ANGIOCARDIOLOGY	CCR					X			
39	HR324	CHEST X-RAY	CCR					X			
39	HR329	RADIOLOGY-DIAGNOSTIC OTHER	CCR					X			
39	HR330	RADIOLOGY-THERAPEUTIC/GEN CLASS	CCR					X			
39	HR331	CHEMOTHERAPY-INJECTED	CCR					X			
39	HR332	CHEMOTHERAPY-ORAL	CCR					X			
39	HR333	RADIATION THERAPY	CCR					X			
39	HR335	CHEMOTHERAPY IV	CCR					X			
39	HR339	RADIOLOGY-THERAPEUTIC OTHER	CCR					X			
39	HR340	NUCLEAR MEDICINE GENERAL	CCR					X			

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	HR341	NUCLEAR MEDICINE DIAGNOSTIC	CCR					X			
39	HR342	NUCLEAR MEDICINE THERAPEUTIC	CCR					X			
39	HR349	NUCLEAR MEDICINE OTHER	CCR					X			
39	HR350	CT SCAN GENERAL CLASSIFICATION	CCR					X			
39	HR351	CT SCAN-HEAD	CCR					X			
39	HR352	CT SCAN-BODY	CCR					X			
39	HR359	OTHER CT SCANS	CCR					X			
39	HR361	OPERATING ROOM SERVICES MINOR SURGER	CCR					X			
39	HR370	ANESTHESIA GENERAL	CCR					X			
39	HR379	OTHER ANESTHESIA	CCR					X			
39	HR380	BLOOD GENERAL CLASSIFICATION	CCR					X			
39	HR381	PACKED RED CELLS	CCR					X			
39	HR382	WHOLE BLOOD	CCR					X			
39	HR383	PLASMA	CCR					X			
39	HR384	PLATELETS	CCR					X			
39	HR385	BLOOD/LEUKOCYTES	CCR					X			
39	HR386	BLOOD OTHER COMPONENTS	CCR					X			
39	HR387	BLOOD-OTHER DERIVATIVES	CCR					X			
39	HR389	OTHER BLOOD	CCR					X			
39	HR390	BLOOD STORAGE-PROCESSING G C	CCR					X			
39	HR391	BLOOD ADMINISTRATRIION	CCR					X			
39	HR392	BLOOD PROCESSING STORAGE	CCR					X			
39	HR399	OTHER BLOOD HANDLING	CCR					X			
39	HR400	OTHER IMAGING SERVICES	CCR					X			
39	HR401	DIAGNOSTIC MAMMOGRAPHY	CCR					X			
39	HR402	ULTRASOUND	CCR					X			
39	HR403	SCREENING MAMMOGRAPHY	CCR	40 99			F	X			
39	HR409	OTHER IMAGING SERVICES	CCR					X			
39	HR410	RESPIRATORY SERVICES GEN CLASS	CCR					X			
39	HR412	INHALATION SERVICES	CCR					X			
39	HR413	HYPERBARIC OXYGEN THERAPY	CCR			X		X			
39	HR419	OTHER RESPIRATORY SERVICES	CCR					X			
39	HR420	PHYSICAL THERAPY GENERAL	HCPC		X			X			
39	HR421	PHYSICAL THERAPY-VISIT CHARGE	HCPC		X			X			
39	HR422	PHYSICAL THERAPY-HOURLY CHARGE	HCPC		X			X			
39	HR424	PT EVALUTION/RE-EVALUATION	HCPC					X			
39	HR430	OCCUPATIONAL THERAPY GENERAL	HCPC		X			X			
39	HR431	OCCUPATIONAL THERAPY-VISIT CHARGE	HCPC		X			X			
39	HR432	OCCUPATIONAL THERAPY-HOURLY	HCPC		X			X			
39	HR434	OT EVALUATION/RE-EVALUATION	HCPC					X			
39	HR440	SPEECH/LANGUAGE PATHOLOGY GENERAL	HCPC		X			X			
39	HR441	SPEECH/LANGUAGE-VISIT CHARGE	HCPC		X			X			
39	HR442	SPEECH/LANGUAGE HOURLY CHARGE	HCPC		X			X			
39	HR444	S/L EVALUATION/RE-EVALUATION	HCPC					X			
39	HR450	EMERGENCY ROOM-GENERAL	CCR					X			
39	HR459	OTHER EMERGENCY ROOM	CCR					X			
39	HR460	PULMONARY FUNCTION-GENERAL	CCR					X			
39	HR469	OTHER PULMONARY	CCR					X			
39	HR470	AUDIOLOGY-GENERAL	CCR					X			
39	HR471	AUDIOLGY-DIAGNOSTIC	CCR					X			

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TS	CODE	DESCRIPTION									
39	HR472	AUDIOLOGY-TREATMENT	CCR					X			
39	HR479	OTHER AUDIOLOGY	CCR					X			
39	HR480	CARDIOLOGY-GENERAL	CCR					X			
39	HR481	CARDIAC CATH LAB	CCR					X			
39	HR482	STRESS TEST	CCR					X			
39	HR489	OTHER CARDIOLOGY	CCR					X			
39	HR490	AMBULATORY SURGICAL CARE GENERAL	HCPC					X			
39	HR510	CLINIC-GENERAL	HCPC					X			
39	HR514	OB-GYN CLINIC	HCPC					X			
39	HR515	PEDIATRIC CLINIC	HCPC					X			
39	HR517	FAMILY PRACTICE CLINIC	HCPC					X			
39	HR519	OTHER CLINIC	HCPC					X			
39	HR540	AMBULANCE-GENERAL	CCR					X			
39	HR610	MAGNETIC RESONANCE IMAGE GEN CL	CCR					X			
39	HR611	MAGNETIC RESONANCE IMAGE-BRAIN	CCR					X			
39	HR612	MAGNETIC RESONANCE IMAGE-SPINE	CCR					X			
39	HR619	MAGNETIC RESONANCE IMAGE-OTHER	CCR					X			
39	HR636	DRUGS REQUIRING DETAILED CODING	CCR					X			
39	HR700	CAST ROOM	CCR					X			
39	HR710	RECOVERY ROOM-GENERAL CLASSIFICATION	CCR					X			
39	HR724	LABOR ROOM/DELIVERY BIRTHING CENTER	CCR					X			
39	HR730	EKG ECG-GENERAL CLASSIFICATION	CCR					X			
39	HR731	HOLTER MONITOR	CCR					X			
39	HR732	TELEMETRY	CCR					X			
39	HR739	OTHER EKG/ECG	CCR					X			
39	HR740	EEG-GENERAL CLASSIFICATION	CCR					X			
39	HR750	GASTRO-INTEST SERV-GEN CLASSIFICATIO	CCR					X			
39	HR761	TREATMENT RM	CCR					X			
39	HR762	OBSERVATION ROOM	CCR					X			
39	HR790	EXTRA-CORPOREAL SHOCK WAVE THERAPY	CCR					X			
39	HR820	HEMDIAL-OUTPAT/HOME GEN CLASSIFICATI	CCR					X			
39	HR821	HEMODIALYSIS/COMPOSITE	CCR					X			
39	HR822	HOME SUPPLIES-HEMODIALYSIS	CCR					X			
39	HR823	HOME EQUIPMENT-HEMODIALYSIS	CCR					X			
39	HR824	MAINTENANCE/100%-HEMODIALYSIS	CCR					X			
39	HR825	SUPPORT SERVICES-HEMODIALYSIS	CCR					X			
39	HR829	OTHER OP HEMODIALYSIS	CCR					X			
39	HR830	PERITONEAL DIALYSIS OP/HM G CLASS	CCR					X			
39	HR831	PERITONEAL/COMPOSITE RATE	CCR					X			
39	HR832	HOME SUPPLIES-PERITONEAL DIALYSIS	CCR					X			
39	HR833	HOME EQUIPMENT-PERITONEAL DIALYSIS	CCR					X			
39	HR834	MAINTENANCE/100%-PERITONEAL DIALYSIS	CCR					X			
39	HR839	OTHER OUTPATIENT PERITONEAL DIALYSIS	CCR					X			
39	HR840	CAPD-HOME/OP GEN CLASS	CCR					X			
39	HR841	CAPD/COMPOSITE OR OTHER RATE	CCR					X			
39	HR850	GEN CLASSIF-CCP DIALYSIS OP/HM	CCR					X			
39	HR851	CCP DIALYSIS/COMPOSITE RATE	CCR					X			
39	HR855	SUPPORT SERVICES CCP DIALYSIS	CCR					X			
39	HR880	MISC DIALYSIS GEN CLASS	CCR					X			
39	HR881	MISC DIALYSIS ULTRAFILTRATION	CCR					X			

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	J0875	INJECTION, DALBAVANCIN, 5MG	CCR								
39	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	CCR	10 99				X			
39	J0885	EPOETIN ALFA, NON-ESRD 1000 U	CCR					X			
39	J1050	INJECTION, MEDROXYPROGESTERONE ACETA	CCR	10 55			F	X			
39	J1094	INJ DEXAMETHASONE ACETATE	CCR								
39	J1100	DEXAMETHOSONE INJ, 1MG	CCR					X			
39	J1190	DEXRAZOXANE HCL 250MG	CCR								
39	J1200	DIPHENHYDRAMINE HCL INJ(BENDARY)50MG	CCR					X			
39	J1260	DOLASETRON MESYLATE INJ 10MG	CCR					X			
39	J1364	ERYTHRO LACTOBIONATE 500MG	CCR	00 20				X			
39	J1442	INJECTION, FILGRASTIM (G-CSF), 1 MIC	CCR					X			
39	J1443	INJECTION, FERRIC PYROPHOSPHATE CITR	CCR			X					
39	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGR	CCR								
39	J1450	FLUCONAZOLE 200MG	CCR	00 20				X			
39	J1453	INJECTION, FOSAPREPITANT, 1 MG	CCR					X			
39	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	CCR			X		X			
39	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONI	CCR								
39	J1580	GENTAMYCIN, UP TO 80MG	CCR	00 20				X			
39	J1590	GATIFLOXACIN, 10MG	CCR	18 20				X			
39	J1626	GRANISETRON HCL INJECTION	CCR					X			
39	J1642	HEPARIN SODIUM 10U (HEPLOCK)	CCR					X			
39	J1644	HEPARIN SODIUM INJ 1000U	CCR					X			
39	J1650	ENOXAPARIN SODIUM, 10MG	CCR					X			
39	J1652	FONDAPARINUX SODIUM	CCR								
39	J1655	TINZAPARIN SODIUM INJ 1000 IVS	CCR								
39	J1720	HYDROCORTISONE SODIUM 100MG	CCR					X			
39	J1744	INJECTION, ICATIBANT, 1MG	CCR					X			
39	J1745	INJ INFLIXIMAB 10MG	CCR					X			
39	J1756	INJECTION, IRON SUCROSE, 1MG	CCR					X			
39	J1815	INSULIN INJECTION	CCR								
39	J1817	INSULIN FOR INSULIN PUMP USE	CCR								
39	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	CCR			X					
39	J1835	INTRACONAZOLE INJ	CCR								
39	J1840	KANAMYCIN SULFATE, UP TO 500MG	CCR	00 20				X			
39	J1950	LEUPROLIDE ACETATE /3.75 MG	CCR								
39	J1956	LEVOFLOXACIN, 250MG	CCR	18 20				X			
39	J2010	LINCOMYCIN, HCL, UP TO 300MG	CCR	00 20				X			
39	J2020	LINEZOLID INJ, 200MG	CCR	00 20				X			
39	J2175	INJECTION MEPERIDINE HCL	CCR								
39	J2212	INJECTION, METHYLNALTREXONE, 0.1MG	CCR					X			
39	J2248	INJECTION, MICA FUNGIN SODIUM, 1 MG	CCR	12 99				X			
39	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	CCR					X			
39	J2310	INJ NALOXONE HYDROCHLORIDE, 1 MG	CCR					X			
39	J2323	INJECTION, NATALIZUMAB, 1 MG	CCR					X			
39	J2353	OCTREOTIDE INJ, DEPOT 1MG	CCR								
39	J2354	OCTRETIDE, NON-DEPOT 25 MCG	CCR					X			
39	J2355	OPRELVEKIN INJ 5MG	CCR								
39	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	CCR					X			
39	J2407	INJECTION, ORITAVANCIN, 10 MG	CCR								
39	J2425	PALIFERMIN INJECTION 50MCG	CCR					X			

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	J2430	PAMIDRONATE DISODIUM 30MG	CCR					X			
39	J2460	OXYTETRACYCLINE,UP TO 50MG	CCR	08 20				X			
39	J2469	PALONOSETRON HCL	CCR					X			
39	J2501	PARICALCITOL	CCR								
39	J2502	INJECTION, PASIREOTIDE LONG ACTING,	CCR			X					
39	J2505	PEGFILGRASTIM 6MG	CCR								
39	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	CCR	00 20				X			
39	J2540	PCN G POTASSIUM,UP TO 600,000U	CCR	00 20				X			
39	J2547	INJECTION, PERAMIVIR, 1 MG	CCR			X					
39	J2550	PHENERGAN INJ, UP TO 50MG	CCR					X			
39	J2700	OXACILLIN SODIUM,UP TO 250MG	CCR	00 20				X			
39	J2720	INJECTION PROTAMINE SULFATE PER 10MG	CCR								
39	J2765	REGLAN INJ, UP TO 10MG	CCR					X			
39	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	CCR	16 20							
39	J2788	RHO D IMMUNE GLOBULIN 50 MCG	CCR								
39	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	CCR					X			
39	J2791	INJECTION,RHO (D) IMMUNE GLOBULIN (H	CCR								
39	J2792	RHO(D) IMMUNE GLOBULIN H, SD	CCR								
39	J2820	SARGRAMOSTIM 50MCG	CCR					X			
39	J2860	INJECTION, SILTUXIMAB, 10 MG	CCR			X					
39	J2910	GOLD THERAPY INJ-ARTHRITIS	CCR					X			
39	J2916	NA FERRIC GLUCONATE COMPLEX	CCR								
39	J2941	SOMATROPIN INJ	CCR								
39	J3000	STREPTOMYCIN, UP TO 1GM	CCR	00 20				X			
39	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UN	CCR			X		X			
39	J3070	INJECTION PENTAZOCINE 30 MG	CCR								
39	J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	CCR								
39	J3243	INJECTION, TIGECYCLINE, 1 MG	CCR	00 20				X			
39	J3250	INJECTION TRIMETHOBENZAMIDE HCL	CCR								
39	J3260	TOBRAMYCIN SULFATE,UP TO 80MG	CCR	00 20				X			
39	J3315	TRIPTORELIN PAMOATE	CCR								
39	J3360	INJECTION DIAZEPAM UP TO 5 MG	CCR								
39	J3370	VANCOMYCIN HCL, 500MG	CCR	00 20				X			
39	J3380	INJECTION, VEDOLIZUMAB, 1 MG	CCR								
39	J3485	ZIDOVUDINE, 10MG	CCR	00 20				X			
39	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	CCR					X			
39	J3490	UNCLASSIFIED DRUGS (17P 250MG IM)	CCR	10 60			F				
39	J3590	UNCLASSIFIED BIOLOGICS	CCR								
39	J7030	NORMAL SALINE SOL INFUSION, 1	CCR					X			
39	J7040	NORMAL SALINE, 500ML	CCR					X			
39	J7050	NORMAL SALINE SOL 250 ML	CCR					X			
39	J7060	DEXTROSE/WATER 5%, 500ML	CCR					X			
39	J7120	RINGERS INJ, UP TO 1000 CC	CCR					X			
39	J7121	5% DEXTROSE IN LACTATED RINGERS INFU	CCR				X				
39	J7181	INJECTION, FACTOR XIII A-SUBUNIT, (R	CCR			X		X			
39	J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHI	CCR			X		X			
39	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HU	CCR					X			
39	J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILI	CCR					X			
39	J7201	INJECTION, FACTOR IX, FC FUSION PROT	CCR					X			
39	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	CCR	10 60			F				

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39	J7301	LEVONORGESTREL-RELEASING INTRAUTERIN	CCR	10 60			F				
39	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT	CCR	10 60			F				
39	J7313	INJECTION, FLUOCINOLONE ACETONIDE, I	CCR								
39	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	CCR								
39	J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, F	CCR			X					
39	J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERA	CCR			X					
39	J7503	TACROLIMUS, EXTENDED RELEASE, (ENVAR	CCR			X					
39	J7512	PREDNISONE, IMMEDIATE RELEASE OR DEL	CCR			X					
39	J7513	DACLIZUMAB PARENTERAL 25MG	CCR								
39	J7527	EVEROLIMUS, ORAL, 0.25MG	CCR					X			
39	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASS	CCR			X					
39	J8655	NETUPITANT 300 MG AND PALONOSETRON 0	CCR								
39	J9000	DOXORUBICIN HCL 10MG	CCR					X			
39	J9015	ALDESLEUKIN/SINGLE USE VIAL	CCR								
39	J9017	ARSENIC TRIOXIDE 1MG	CCR					X			
39	J9019	INJECTION, ASPARAGINASE (ERWINAZE)	CCR					X			
39	J9020	ASPARAGINASE, 10,000 UNITS	CCR					X			
39	J9025	AZACITIDINE INJECTION 1MG	CCR					X			
39	J9027	CLOFARABINE INJECTION 1MG	CCR	01 21				X			
39	J9035	BEVACIZUMAB 10MG	CCR					X			
39	J9040	BLEOMYCIN INJ, 15 UNITS	CCR					X			
39	J9041	BORTEZOMIB INJECTION 0.1MG	CCR					X			
39	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1MG	CCR					X			
39	J9043	INJECTION, CABAZITAXEL, 1 MG	CCR					X			
39	J9045	CARBOPLATIN INJ 50MG.	CCR					X			
39	J9047	INJECTION, CARFILZOMIB, 1 MG	CCR					X			
39	J9050	CARMUSTINE, 100MG	CCR					X			
39	J9055	CETUXIMAB 10 MG	CCR					X			
39	J9060	CISPLATIN 10MG	CCR					X			
39	J9065	CLADRIBINE INJ 1MG	CCR					X			
39	J9070	CYTOXIN INJ 100MG	CCR					X			
39	J9098	CYTARABINE LIPSOME 10MG	CCR					X			
39	J9100	CYTARABINE 100 MG	CCR					X			
39	J9120	DACTINOMYCIN 0.5MG	CCR					X			
39	J9130	DTIC-DOME INJ 100MG/10ML	CCR					X			
39	J9150	DAUNORUBICIN 10 MG	CCR					X			
39	J9151	DAUNORUBICIN CITRATE 10MG	CCR					X			
39	J9160	DENILEUKIN DIFTITOX, 300 MCG	CCR								
39	J9171	INJECTION, DOCETAXEL, A MG	CCR					X			
39	J9178	INJ, EPIRUBICIN HCL, 2 MG	CCR					X			
39	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	CCR					X			
39	J9181	ETOPOSIDE INJ, UP TO 10MG	CCR					X			
39	J9185	FLUDARABINE PHOSPHATE, 50 MG	CCR					X			
39	J9190	FLUOROURACIL INJ, 500MG	CCR					X			
39	J9200	FLOXURIDINE, FUDR, 500MG	CCR								
39	J9201	GEMCITABINE HCL, 200MG	CCR					X			
39	J9202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	CCR					X			
39	J9206	IRINOTECAN, 20MG	CCR					X			
39	J9208	IFOSFOMIDE, 1GM	CCR					X			
39	J9209	MESNA, 200MG	CCR					X			

COLUMN:

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			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	55801	REMOVAL OF PROSTATE	CCR				M				
39	55810	EXTENSIVE PROSTATE SURGERY	CCR				M				
39	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	CCR				M				
39	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	CCR								
39	55821	REMOVAL OF PROSTATE	CCR				M				
39	55831	REMOVAL OF PROSTATE	CCR				M				
39	55840	EXTENSIVE PROSTATE SURGERY	CCR				M				
39	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	CCR								
39	55845	EXTENSIVE PROSTATE SURGERY	CCR				M				
39	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	CCR				M				
39	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	CCR				M				
39	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	CCR				M				
39	55866	LAPARO RADICAL PROSTATECTOMY	CCR				M				
39	55870	ELECTROEJACULATION	CCR								
39	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	CCR				M				
39	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	CCR				M				
39	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR								
39	55970	INTERSEX SURGERY;MALE TO FEMALE	CCR			X					
39	55980	INTERSEX SURGERY; FEMALE TO MALE	CCR			X					
39	56442	HYMENOTOMY, SIMPLE INCISION	CCR				F				
39	56630	EXTENSIVE VULVA SURGERY	CCR				F				
39	56631	VULVECTOMY, RADICAL, PARTIAL;	CCR								
39	56632	VULVECTOMY, RADICAL, PARTIAL;	CCR				F				
39	56633	VULVECTOMY, RADICAL, COMPLETE;	CCR								
39	56634	VULVECTOMY, RADICAL, COMPLETE;	CCR								
39	56637	VULVECTOMY, RADICAL, COMPLETE;	CCR								
39	56640	EXTENSIVE VULVA SURGERY	CCR				F				
39	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	CCR								
39	56820	EXAM OF VULVA W/SCOPE	CCR				F				
39	57022	I &D VAGINAL HEMATOMA, OB	CCR				F				
39	57106	REMOVE VAGINA WALL, PARTIAL	CCR								
39	57107	REMOVE VAGINA TISSUE/PARTIAL	CCR								
39	57109	VAGINECTOMY PARTIAL W/NODES	CCR								
39	57110	REMOVAL OF VAGINA	CCR				F				
39	57111	REMOVE VAGINA TISSUE/COMPL	CCR								
39	57112	VAGINECTOMY COMPLETE W/NODES	CCR								
39	57120	CLOSURE OF VAGINA	CCR				F				
39	57150	TREAT VAGINA INFECTION	CCR				F	X			
39	57160	INSERTION OF PESSARY	CCR				F				
39	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	CCR	10	60		F				
39	57267	INSERT MESH/PELVIC FLR ADDON	CCR				F				
39	57270	REPAIR OF BOWEL POUCH	CCR				F				
39	57280	SUSPENSION OF VAGINA	CCR				F				
39	57282	FIXATION FOR VAGINAL PROLAPSE	CCR				F				
39	57283	COLPOPEXY, INTRAPERITONEAL	CCR				F				
39	57284	REPAIR PARAVAGINAL DEFECT	CCR								
39	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR				F				
39	57287	REVISE/REMOVE SLING REPAIR	CCR				F				
39	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	CCR			X	F				
39	57295	CHANGE VAGINAL GRAFT	CCR				F				

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	57296	REVISION (INCLUDING REMOVAL) OF PROS	CCR				F				
39	57305	REPAIR RECTUM-VAGINA FISTULA	CCR				F				
39	57307	FISTULA REPAIR & COLOSTOMY	CCR				F				
39	57308	FISTULA REPAIR, TRANSPERINE	CCR				F				
39	57310	REPAIR URETHRA-VAGINA LESION	CCR				F				
39	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	CCR				F				
39	57320	REPAIR BLADDER-VAGINA LESION	CCR				F				
39	57330	REPAIR BLADDER-VAGINA LESION	CCR				F				
39	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	CCR								
39	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR				F				
39	57425	LAPAROSCOPY, SURG, COLPOPEXY	CCR				F				
39	57452	EXAMINATION OF VAGINA	CCR				F				
39	57531	REMOVAL OF CERVIX, RADICAL	CCR				F				
39	57540	REMOVAL OF RESIDUAL CERVIX	CCR				F				
39	57545	REMOVE CERVIX, REPAIR PELVIS	CCR				F				
39	57555	REMOVE CERVIX, REPAIR VAGINA	CCR				F				
39	57558	DILATION AND CURETTAGE OF CERVICAL S	CCR				F				
39	58100	BIOPSY OF UTERUS LINING	CCR				F				
39	58110	BX DONE W/COLPOSCOPY ADD-ON	CCR				F				
39	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	CCR				F				
39	58146	MYOMECTOMY ABDOM COMPLEX	CCR				F				
39	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	CCR			X	F				
39	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	CCR			X	F				
39	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	CCR			X	F				
39	58200	TAH,W/PART.VAGINECTOMY,...BX	CCR			X	F				
39	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	CCR			X	F				
39	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	CCR			X	F				
39	58260	VAGINAL HYSTERECTOMY	CCR			X	F				
39	58262	VAGINAL HYST WITH REMOVAL OF TUBES	CCR			X	F				
39	58263	VAGN HYST W REM OF TUB A OVARY WITH	CCR			X	F				
39	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	CCR			X	F				
39	58270	VAG HYSTERECT;REPAIR ENTEROCELE	CCR			X	F				
39	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	CCR			X	F				
39	58280	VAG HYSTERECT;REPAIR ENTEROCELE	CCR			X	F				
39	58285	VAGINAL HYSTERECTOMY;RADICAL	CCR			X	F				
39	58290	VAG HYST COMPLEX	CCR			X	F				
39	58291	VAG HYST INCL T/O, COMPLEX	CCR			X	F				
39	58292	VAG HYST T/O & REPAIR, COMPL	CCR			X	F				
39	58293	VAG HYST W/URO REPAIR, COMPL	CCR			X	F				
39	58294	VAG HYST W/ENTEROCELE, COMPL	CCR			X	F				
39	58356	ENDOMETRIAL CRYOABLATION	CCR			X	F				
39	58400	UTERINE SUSPENSION	CCR				F				
39	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	CCR				F				
39	58520	REPAIR OF RUPTURED UTERUS	CCR				F				
39	58540	REVISION OF UTERUS	CCR				F				
39	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
39	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
39	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
39	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			X	F				
39	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	CCR			X	F				

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39	58553	LAPARO-VAG HYST, COMPLEX	CCR			X	F				
39	58554	LAPARO-VAG HYST W/T/O, COMPL	CCR			X	F				
39	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			X	F				
39	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			X	F				
39	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				F				
39	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			X	F				
39	58605	DIVISION OF FALLOPIAN TUBE	CCR	21 55		X	F				
39	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	CCR	21 55		X	F				
39	58825	TRANSPOSITION, OVARY(S)	CCR			X	F				
39	58920	PARTIAL REMOVAL OF OVARY(S)	CCR				F				
39	58940	REMOVAL OF OVARY(S)	CCR			X	F				
39	58943	OOPHORECTOMY, OVAR. MALIG. W/W/OUT SALP	CCR			X	F				
39	58950	RES OVAR MALIG, BILAT SALP/OOPH, OMENT	CCR				F				
39	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	CCR			X	F				
39	58952	SEE 58950, W/ RAD DISSECT FOR DEBULK	CCR				F				
39	58953	TAH, RAD DISSECT FOR DEBULK	CCR			X	F				
39	58954	TAH RAD DEBULK/LYMPH REMOVE	CCR			X	F				
39	58956	BSO, OMENTECTOMY W/TAH	CCR			X	F				
39	58957	RESECTION (TUMOR DEBULKING) OF RECUR	CCR				F				
39	58958	RESECTION (TUMOR DEBULKING) OF RECUR	CCR				F				
39	58960	LAPAROTOMY-STAGE OVAR MALIG...LYMPH	CCR				F				
39	59012	CORDOCENTESIS, ANY METHOD	CCR	10 60			F				
39	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	CCR					X			
39	59020	FETAL OXYTOCIN STRESS TEST	CCR	10 60		X	F				
39	59025	FETAL NON-STRESS TEST	CCR	10 60		X	F				
39	59030	FETAL SCALP BLOOD SAMPLE	CCR								
39	59050	INTERNAL FETAL MONITORING/CONSULTAN	CCR	10 60		X	F				
39	59051	FETAL MONITOR/INTERPRET ONL	CCR				F				
39	59070	TRANSABDOM AMNIOINFUS W/ US	CCR	10 59			F				
39	59074	FETAL FLUID DRAINAGE W/ US	CCR	10 59			F				
39	59076	FETAL SHUNT PLACEMENT, W/ US	CCR	10 59			F				
39	59100	REMOVE UTERUS LESION	CCR	00 60		X	F				
39	59120	SURG TX ECTOPIC PG, TUBAL, W/SALP/OOPH	CCR	10 60		X	F				
39	59121	SURG TX, ECTOPIC PG; TUBAL, W/O SALP-OO	CCR	10 60		X	F				
39	59130	SURG TX ECTOPIC PG; ABDOMINAL	CCR	10 60		X	F				
39	59135	TX ECTOPIC, INTERSTIT...W/ HYSTERECT.	CCR	12 55		X	F				
39	59136	INTERSTITIAL, UTERINE PREGNANCY W PAR	CCR	10 60		X	F				
39	59140	SURG TX ECTOPIC PG, CERVICAL	CCR	10 60		X	F				
39	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	CCR	10 60		X	F				
39	59325	CERCLAGE OF CERVIX; ABDOMINAL	CCR	10 60			F				
39	59350	REPAIR OF UTERUS	CCR								
39	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	CCR	10 59							
39	59412	EXTERNAL CEPHALIC VERSION, W/WO TOCOL	CCR					X			
39	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	CCR	12 55			F				
39	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	CCR	10 59			F				
39	59514	CESAREAN DELIVERY ONLY;	CCR								
39	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	CCR	10 60		X	F				
39	59612	VBAC DELIVERY ONLY	CCR	10 60			F				
39	59620	ATTEMPTED VBAC DELIVERY ONLY	CCR	10 60			F				
39	59830	TREATMENT OF SEPTIC ABORTION	CCR	10 60		X	F				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	78761	TESTICULAR IMAGING,W/VASCULAR	CCR					X			
39	78799	GENITOURINARY NUCLEAR EXAM	CCR								
39	78800	NUCLEAR EXAM OF LESION	CCR								
39	78801	NUCLEAR EXAM OF LESIONS	CCR								
39	78802	NUCLEAR EXAM OF LESIONS	CCR								
39	78803	TUMOR LOCALIZATION (SPECT)	CCR								
39	78804	TUMOR IMAGING, WHOLE BODY	CCR								
39	78805	ABSCESS LOCALIZATION;LIMITED AREA	CCR								
39	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	CCR								
39	78999	NUCLEAR DIAGNOSTIC EXAM	CCR								
39	79005	NUCLEAR RX, ORAL ADMIN	CCR								
39	79101	NUCLEAR RX, IV ADMIN	CCR								
39	79200	RADIONUCLIDE THERAPY	CCR								
39	79300	RADIONUCLIDE THERAPY	CCR								
39	79403	HEMATOPOETIC NUCLEAR THERAPY	CCR								
39	79440	RADIONUCLIDE THERAPY	CCR								
39	79445	NUCLEAR RX, INTRA-ARTERIAL	CCR								
39	79999	NUCLEAR MEDICINE THERAPY	CCR								
39	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	10.72						08/01/12		
39	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	10.72						08/01/12		
39	80050	GENERAL HEALTH PANEL	41.16						08/01/12		
39	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	8.74						08/01/12		
39	80053	BLOOD TEST, COMPREHENSIVE GROUP OF B	13.38						08/01/12		
39	80055	OBSTETRIC BLOOD TEST PANEL	21.71	10 59			F		08/01/12		
39	80061	LIPID PANEL	15.14						08/01/12		
39	80069	RENAL FUNCTION PANEL	11.00						08/01/12		
39	80074	ACUTE HEPATITIS PANEL	60.31						08/01/12		
39	80076	HEPATIC FUNCTION PANEL	10.34						08/01/12		
39	80081	OBSTETRIC PANEL (INCLUDES HIV TESTIN	101.97				F		01/01/16		
39	80150	AMIKACIN	14.74						08/01/12		
39	80155	CAFFEINE	19.25						01/01/15		
39	80156	CARBAMAZEPINE; TOTAL	14.74						08/01/12		
39	80157	CARBAMAZEPINE; FREE	16.79						08/01/12		
39	80158	CYCLOSPORINE	22.86						08/01/12		
39	80159	CLOZAPINE	25.17						01/01/15		
39	80162	DIGOXIN; TOTAL	16.82						08/01/12		
39	80163	DIGOXIN; FREE	18.07						01/01/15		
39	80164	VALPROIC ACID (DIPROPYLACETIC ACID);	17.15						08/01/12		
39	80165	VALPROIC ACID (DIPROPYLACETIC ACID);	18.44						01/01/15		
39	80168	ETHOSUXIMIDE	20.70						08/01/12		
39	80169	EVEROLIMUS	18.69						01/01/15		
39	80170	GENTAMICIN	14.74						08/01/12		
39	80171	GABAPENTIN LEVEL	18.04						01/01/15		
39	80173	HALOPERIDOL	14.74						08/01/12		
39	80175	LAMOTRIGINE	18.04						01/01/15		
39	80176	LIDOCAINE	16.15						08/01/12		
39	80177	LEVETIRACETAM	18.04						01/01/15		
39	80178	LITHIUM	8.37						08/01/12		
39	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	24.57						01/01/15		
39	80183	OXCARBAZEPINE	18.04						01/01/15		

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			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
				MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
39	80184	PHENOBARBITAL	14.51						08/01/12		
39	80185	PHENYTOIN; TOTAL	16.79						08/01/12		
39	80186	PHENYTOIN; FREE	17.43						08/01/12		
39	80188	PRIMIDONE	21.02						08/01/12		
39	80190	PROCAINAMIDE;	21.21						08/01/12		
39	80192	PROCAINAMIDE; WITH METABOLITES (EG,	21.21						08/01/12		
39	80194	QUINIDINE	18.49						08/01/12		
39	80195	SIROLIMUS	17.39						08/01/12		
39	80197	TACROLIMUS	17.39						08/01/12		
39	80198	THEOPHYLLINE	17.92						08/01/12		
39	80199	TIAGABINE	24.58						01/01/15		
39	80200	TOBRAMYCIN	14.74						08/01/12		
39	80201	TOPIRAMATE	15.10						08/01/12		
39	80202	VANCOMYCIN	17.15						08/01/12		
39	80203	ZONISAMIDE	18.04						01/01/15		
39	80299	QUANTITATION OF THERAPEUTIC DRUG, NO	17.34						08/01/12		
39	80300	DRUG SCREEN, ANY NUMBER OF DRUG CLAS	14.47						01/01/15		
39	80301	DRUG SCREEN, ANY NUMBER OF DRUG CLAS	12.51						01/01/15		
39	80302	DRUG SCREEN, PRESUMPTIVE, SINGLE DRU	12.51						01/01/15		
39	80303	DRUG SCREEN, ANY NUMBER OF DRUG CLAS	12.51						01/01/15		
39	80304	DRUG SCREEN, ANY NUMBER OF DRUG CLAS	12.51						01/01/15		
39	80320	ALCOHOLS	12.00						01/01/15		
39	80321	ALCOHOL BIOMARKERS; 1 OR 2	10.75						01/01/15		
39	80322	ALCOHOL BIOMARKERS; 3 OR MORE	10.75						01/01/15		
39	80323	ALKALOIDS, NOT OTHERWISE SPECIFIED	16.50						01/01/15		
39	80324	AMPHETAMINES; 1 OR 2	15.48						01/01/15		
39	80325	AMPHETAMINES; 3 OR 4	15.48						01/01/15		
39	80326	AMPHETAMINES; 5 OR MORE	15.48						01/01/15		
39	80327	ANABOLIC STEROIDS; 1 OR 2	26.50						01/01/15		
39	80328	ANABOLIC STEROIDS; 3 OR MORE	26.50						01/01/15		
39	80329	ANALGESICS, NON-OPIOID; 1 OR 2	12.50						01/01/15		
39	80330	ANALGESICS, NON-OPIOID; 3-5	12.50						01/01/15		
39	80331	ANALGESICS, NON-OPIOID; 6 OR MORE	12.50						01/01/15		
39	80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS;	16.50						01/01/15		
39	80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS;	16.50						01/01/15		
39	80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS;	16.50						01/01/15		
39	80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER	18.00						01/01/15		
39	80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER	18.00						01/01/15		
39	80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER	18.00						01/01/15		
39	80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECI	16.50						01/01/15		
39	80339	ANTIPILEPTICS, NOT OTHERWISE SPECIF	14.75						01/01/15		
39	80340	ANTIPILEPTICS, NOT OTHERWISE SPECIF	14.75						01/01/15		
39	80341	ANTIPILEPTICS, NOT OTHERWISE SPECIF	14.75						01/01/15		
39	80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIF	15.49						01/01/15		
39	80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIF	15.49						01/01/15		
39	80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIF	15.49						01/01/15		
39	80345	BARBITURATES	11.41						01/01/15		
39	80346	BENZODIAZEPINES; 1-12	18.50						01/01/15		
39	80347	BENZODIAZEPINES; 13 OR MORE	18.50						01/01/15		
39	80348	BUPRENORPHINE	17.00						01/01/15		

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	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
39	80349	CANNABINOIDS, NATURAL	16.50						01/01/15		
39	80350	CANNABINOIDS, SYNTHETIC; 1-3	16.50						01/01/15		
39	80351	CANNABINOIDS, SYNTHETIC; 4-6	16.50						01/01/15		
39	80352	CANNABINOIDS, SYNTHETIC; 7 OR MORE	16.50						01/01/15		
39	80353	COCAINE	15.08						01/01/15		
39	80354	FENTANYL	17.00						01/01/15		
39	80355	GABAPENTIN, NON-BLOOD	11.79						01/01/15		
39	80356	HEROIN METABOLITE	17.00						01/01/15		
39	80357	KETAMINE AND NORKETAMINE	16.50						01/01/15		
39	80358	METHADONE	16.26						01/01/15		
39	80359	METHYLENEDIOXYAMPHETAMINES (MDA, MDE	15.50						01/01/15		
39	80360	METHYLPHENIDATE	16.50						01/01/15		
39	80361	OPIATES, 1 OR MORE	17.00						01/01/15		
39	80362	OPIOIDS AND OPIATE ANALOGS; 1 OR 2	17.00						01/01/15		
39	80363	OPIOIDS AND OPIATE ANALOGS; 3 OR 4	17.00						01/01/15		
39	80364	OPIOIDS AND OPIATE ANALOGS; 5 OR MOR	17.00						01/01/15		
39	80365	OXYCODONE	17.00						01/01/15		
39	80366	PREGABALIN	16.50						01/01/15		
39	80367	PROPOXYPHENE	17.00						01/01/15		
39	80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPI	16.50						01/01/15		
39	80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2	17.54						01/01/15		
39	80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE	17.54						01/01/15		
39	80371	STIMULANTS, SYNTHETIC	16.50						01/01/15		
39	80372	TAPENTADOL	17.00						01/01/15		
39	80373	TRAMADOL	17.00						01/01/15		
39	80374	STEREOISOMER (ENANTIOMER) ANALYSIS,	16.50						01/01/15		
39	80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE,	16.21						01/01/15		
39	80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE,	16.50						01/01/15		
39	80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE,	17.00						01/01/15		
39	80400	ACTH STIMULATION PANEL; FOR ADRENAL	41.31						08/01/12		
39	80402	ACTH STIMULATION PANEL; FOR 21 HYDRO	110.12						08/01/12		
39	80406	ACTH STIMULATION PANEL; FOR 3 BETA-H	99.13						08/01/12		
39	80408	ALDOSTERONE SUPPRESSION EVALUATION P	158.94						08/01/12		
39	80410	CALCITONIN STIMULATION PANEL	101.76						08/01/12		
39	80412	CORTICOTROPIC RELEASING HORMONE (CRH	417.42						08/01/12		
39	80414	CHORIONIC GONADOTROPIN STIMULATION P	65.39						08/01/12		
39	80415	CHORIONIC GONADOTROPIN STIMULATION P	70.78						08/01/12		
39	80416	RENAL VEIN RENIN STIMULATION PANEL	167.13						08/01/12		
39	80417	PERIPHERAL VEIN RENIN STIMULATION PA	55.71						08/01/12		
39	80418	COMBINED RAPID ANTERIOR PITUITARY EV	734.00						08/01/12		
39	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	91.24						08/01/12		
39	80422	GLUCAGON TOLERANCE PANEL FOR INSULIN	58.35						08/01/12		
39	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCH	63.95						08/01/12		
39	80426	GONADOTROPIN RELEASING HORMONE STIMU	187.96						08/01/12		
39	80428	GROWTH HORMONE STIMULATION PANEL (EG	84.49						08/01/12		
39	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	99.40						08/01/12		
39	80432	INSULIN-INDUCED C-PEPTIDE SUSPENSION	171.08						08/01/12		
39	80434	INSULIN TOLERANCE PANEL; FOR ACTH IN	128.12						08/01/12		
39	80435	INSULIN TOLERANCE PANEL; FOR GROWTH	130.46						08/01/12		
39	80436	METYRAPONE PANEL	115.47						08/01/12		

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	80438	THYROTROPIN RELEASING HORMONE (TRH)	63.83						08/01/12		
39	80439	THYROTROPIN RELEASING HORMONE (TRH)	85.10						08/01/12		
39	80500	CLINICAL PATHOLOGY CONSULTATION; LIM	17.71						08/01/12		
39	80502	CLINICAL PATHOLOGY CONSULTATION; COM	56.02						08/01/12		
39	81000	URINALYSIS, BY DIP STICK OR TABLET	4.01					X	08/01/12		
39	81001	URINALYSIS, BY DIP STICK OR TABLET	4.01						08/01/12		
39	81002	URINALYSIS, BY DIP STICK OR TABLET	3.24					X	08/01/12		
39	81003	URINALYSIS, BY DIP STICK OR TABLET	2.84						08/01/12		
39	81005	URINALYSIS; QUALITATIVE RO SEMIQUANT	2.75					X	08/01/12		
39	81007	URINALYSIS; BACTERIURIA SCREEN, EXCE	3.25						08/01/12		
39	81015	URINALYSIS; MICROSCOPY ONLY	3.85					X	08/01/12		
39	81020	URINALYSIS; 2 OR 3 GLASS TEST	4.67						08/01/12		
39	81025	URINE PREGNANCY TEST, BY VISUAL COLO	8.01				F		08/01/12		
39	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.80					X	08/01/12		
39	81099	URINALYSIS TEST PROCEDURE	MP				X		06/01/08		
39	81162	BRCA1, BRCA2 (BREAST CANCER 1 AND 2)	2,485.86	19 70	X				01/01/16		E
39	81211	BRCA1, BRCA2 (BREAST CANCER 1 AND 2)	2,180.22	19 70	X				07/01/16		E
39	81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2)	176.44	19 70	X				07/01/16		E
39	81213	BRCA1, BRCA2 (BREAST CANCER 1 AND 2)	581.84	19 70	X				07/01/16		E
39	81214	BRCA1 (BREAST CANCER1)(EG, HEREDITARY	1,435.97	19 70	X				07/01/16		E
39	81215	BRCA1 (BREAST CANCER1)(EG, HEREDITARY	93.10	19 70	X				07/01/16		E
39	81216	BRCA2 (BREAST CANCER 2) (EG, HEREDIT	93.10	19 70	X				07/01/16		E
39	81217	BRCA2 (BREAST CANCER2)(EG, HEREDITARY	93.10	19 70	X				07/01/16		E
39	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	224.01	00 01					01/01/12		
39	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-W	143.24						06/01/14		
39	82009	KETON BODY(S) (EG, ACETON, ACETOACET	5.72					X	08/01/12		
39	82010	KETON BODY(S) (EG, ACETON, ACETOACET	10.35					X	08/01/12		
39	82013	ACETYLCHOLINESTERASE	14.15					X	08/01/12		
39	82016	AACYLCARNITINE; QUALITATIVE, EACH SP	17.56					X	08/01/12		
39	82017	AACYLCARNITINE; QUANTITATIVE, EACH S	21.37					X	08/01/12		
39	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	48.92						08/01/12		
39	82030	ADENOSINE, 5-MONOPHOSPHATEC CYCLIC (17.91						08/01/12		
39	82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOO	6.26						08/01/12		
39	82042	ALBUMIN; URINE OR OTHER SOURCE, QUAN	6.55						08/01/12		
39	82043	ALBUMIN; URINE MICROALBUMIN, QUANTIT	7.33						08/01/12		
39	82044	ALBUMIN; URINE MICROALBUMIN, SEMIQUA	3.85						08/01/12		
39	82045	ALBUMIN, ISCHEMIA MODIFIED	42.99						08/01/12		
39	82075	ALCOHOL (ETHANOL), BREATH	15.26					X	08/01/12		
39	82085	ALDOLASE	12.29						08/01/12		
39	82088	ALDOSTERONE	51.62						08/01/12		
39	82103	ALPHA-1-ANTITRYPSIN; TOTAL	17.02						08/01/12		
39	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	18.32						08/01/12		
39	82105	ALPHA-FETOPROTEIN (AFP); SERUM	21.25						08/01/12		
39	82106	ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL	21.25						08/01/12		
39	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	81.58						08/01/12		
39	82108	ALUMINUM	10.73						08/01/12		
39	82120	AMINES, VAGINAL FLUID, QUALITATIVE	4.76				F		08/01/12		
39	82127	AMINO ACIDS; SINGLE, QUALITATIVE, EA	17.56					X	08/01/12		
39	82128	AMINO ACIDS; MULTIPLE, QUALITATIVE E	17.56						08/01/12		
39	82131	AMINO ACIDS; SINGLE, QUANTITATIVE, E	21.37					X	08/01/12		

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	82135	AMINOLEVULINIC ACID, DELTA (ALA)	20.84						08/01/12		
39	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA	21.37					X	08/01/12		
39	82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS,	21.37					X	08/01/12		
39	82140	AMMONIA	18.46					X	08/01/12		
39	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMET	8.70						08/01/12		
39	82150	AMYLASE	8.21					X	08/01/12		
39	82154	ANDROSTANEDIOL GLUCURONIDE	36.51						08/01/12		
39	82157	ANDROSTENEDIONE	37.08						08/01/12		
39	82160	ANDROSTERONE	31.67						08/01/12		
39	82163	ANGIOTENSIN II	25.99						08/01/12		
39	82164	ANGIOTENSIN I-CONVERTING ENZYME (ACE	18.49						08/01/12		
39	82175	ARSENIC	24.03						08/01/12		
39	82180	ASCORBIC ACID (VITAMIN C), BLOOD	10.73						08/01/12		
39	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	10.32					X	08/01/12		
39	82232	BETA-2 MICROGLOBULIN	20.48						08/01/12		
39	82239	BILE ACIDS; TOTAL	21.70						08/01/12		
39	82240	BILE ACIDS; CHOLYLGLYCINE	33.66						08/01/12		
39	82247	BILIRUBIN; TOTAL	4.41						08/01/12		
39	82248	BILIRUBIN; DIRECT	4.41						08/01/12		
39	82252	BILIRUBIN; FECES, QUALITATIVE	5.76						08/01/12		
39	82261	BIOTINIDASE, EACH SPECIMEN	21.37					X	08/01/12		
39	82270	TEST FECES FOR BLOOD	4.12						08/01/12		
39	82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.12						08/01/12		
39	82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.12						08/01/12		
39	82274	BLOOD, OCCULT, BY FECEL HEMOGLOBIN D	20.14						08/01/12		
39	82286	BRADYKININ	8.72						08/01/12		
39	82300	CADMIUM	29.31						08/01/12		
39	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	37.49						08/01/12		
39	82308	CALCITONIN	33.92						08/01/12		
39	82310	CALCIUM; TOTAL	6.53					X	08/01/12		
39	82330	CALCIUM; IONIZED	17.31						08/01/12		
39	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	6.55						08/01/12		
39	82340	CALCIUM; URINE QUANTITATIVE, TIMED S	7.64						08/01/12		
39	82355	CALCULUS; QUALITATIVE ANALYSIS	14.66						08/01/12		
39	82360	CALCULUS; QUANTITATIVE ANALYSIS, CHE	16.31						08/01/12		
39	82365	CALCULUS; INFARED SPECTROSCOPY	16.33						08/01/12		
39	82370	CALCULUS; X-RAY DIFFRACTION	15.87						08/01/12		
39	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	22.87						08/01/12		
39	82374	CARBON DIOXIDE (BICARBONATE)	6.19					X	08/01/12		
39	82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	15.62					X	08/01/12		
39	82376	CARBOXYHEMOGLOBIN; QUALITATIVE	7.60					X	08/01/12		
39	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	24.03						08/01/12		
39	82379	CARNITINE (TOTAL AND FREE), QUANTITA	21.37					X	08/01/12		
39	82380	CAROTENE	11.68						08/01/12		
39	82382	CATECHOLAMINES; TOTAL URINE	21.78						08/01/12		
39	82383	CATECHOLAMINES; BLOOD	31.73						08/01/12		
39	82384	CATECHOLAMINES; FRACTIONATED	31.98						08/01/12		
39	82387	CATHEPSIN-D	9.76						08/01/12		
39	82390	CERULOPLASMIN	13.61						08/01/12		
39	82397	CHEMILUMINESCENT ASSAY	5.88						08/01/12		

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS OCTOBER 01, 2016 THRU DECEMBER 31, 2016

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
39	82415	CHLORAMPHENICOL	16.05						08/01/12		
39	82435	CHLORIDE; BLOOD	5.82					X	08/01/12		
39	82436	CHLORIDE; URINE	6.36						08/01/12		
39	82438	CHLORIDE; OTHER SOURCE	6.19						08/01/12		
39	82441	CHLORINATED HYDROCARBONS, SCREEN	7.61						08/01/12		
39	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T	5.52						08/01/12		
39	82480	CHOLINESTERASE; SERUM	9.98						08/01/12		
39	82482	CHOLINESTERASE; RBC	9.73					X	08/01/12		
39	82485	CHONDROITIN B SULFATE, QUANTITATIVE	26.15						08/01/12		
39	82495	CHROMIUM	25.69						08/01/12		
39	82507	CITRATE	35.22						08/01/12		
39	82523	COLLAGEN CROSS LINKS, ANY METHOD	23.68						08/01/12		
39	82525	COPPER	15.71						08/01/12		
39	82528	CORTICOSTERONE	28.51						08/01/12		
39	82530	CORTISOL; FREE	21.17						08/01/12		
39	82533	CORTISOL; TOTAL	20.66					X	08/01/12		
39	82540	CREATINE	5.87						08/01/12		
39	82542	COLUMN CHROMATOGRAPHY/MASS SPECTOMET	22.87						08/01/12		
39	82550	CREATINE KINASE (CK), (CPK); TOTAL	8.25					X	08/01/12		
39	82552	CREATINE KINASE (CK), (CPK); ISOENZY	16.97					X	08/01/12		
39	82553	CREATINE KINASE (CK), (CPK); MB FRAC	14.63						08/01/12		
39	82554	CREATINE KINASE (CK), (CPK); ISOFORM	15.03						08/01/12		
39	82565	CREATININE; BLOOD	6.50					X	08/01/12		
39	82570	CREATININE; OTHER SOURCE	6.55						08/01/12		
39	82575	CREATININE; CLEARANCE	11.97						08/01/12		
39	82585	CRYOFIBRINOGEN	10.86					X	08/01/12		
39	82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QU	8.20						08/01/12		
39	82600	CYANIDE	24.57						08/01/12		
39	82607	CYANOCOBALAMIN (VITAMIN B-12);	19.09						08/01/12		
39	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSAT	18.14						08/01/12		
39	82610	CYSTATIN C	5.88						08/01/12		
39	82615	CYSTINE AND HOMOCYSTINE, URINE, QUAL	10.33						08/01/12		
39	82626	DEHYDROEPIANDROSTERONE (DHEA)	32.00						08/01/12		
39	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	28.16						08/01/12		
39	82633	DESOXYCORTICOSTERONE, 11 -	39.23						08/01/12		
39	82634	DEOXYCORTISOL, 11 -	37.08						08/01/12		
39	82638	DIBUCAINE NUMBER	15.51						08/01/12		
39	82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES	48.76					X	08/01/12		
39	82656	ELASTASE, PANCREATIC (EL-1), FECAL,	14.62						08/01/12		
39	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULT	22.87						08/01/12		
39	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	22.87						08/01/12		
39	82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWH	43.52						08/01/12		
39	82668	ERYTHROPOIETIN	23.81						08/01/12		
39	82670	ESTRADIOL	35.39						08/01/12		
39	82671	ESTROGENS; FRACTIONATED	40.91						08/01/12		
39	82672	ESTROGENS; TOTAL	27.48						08/01/12		
39	82677	ESTRIOL	30.63						08/01/12		
39	82679	ESTRONE	31.61						08/01/12		
39	82693	ETHYLENE GLYCOL	18.86						08/01/12		
39	82696	ETIOCHOLANOLONE	29.87						08/01/12		

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	82705	FAT OR LIPIDS, FECES; QUALITATIVE	6.44						08/01/12		
39	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	21.28						08/01/12		
39	82715	FAT DIFFERENTIAL, FECES, QUANTITATIV	21.80						08/01/12		
39	82725	FATTY ACIDS, NONESTERIFIED	16.87						08/01/12		
39	82726	VERY LONG CHAIN FATTY ACIDS	22.87						08/01/12		
39	82728	FERRITIN	17.25						08/01/12		
39	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SE	81.58						08/01/12		
39	82735	FLUORIDE	23.48						08/01/12		
39	82746	FOLIC ACID; SERUM	18.62						08/01/12		
39	82747	FOLIC ACID; RBC	21.80						08/01/12		
39	82757	FRUCTOSE, SEMEN	21.97						08/01/12		
39	82759	GALACTOKINASE, RBC	27.21						08/01/12		
39	82760	GALACTOSE	14.18					X	08/01/12		
39	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	26.68						08/01/12		
39	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	10.62						08/01/12		
39	82777	GALECTIN-3	17.80						01/01/13		
39	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA	11.78					X	08/01/12		
39	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	20.86						08/01/12		
39	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMU	6.14						08/01/12		
39	82800	GASES, BLOOD, PH ONLY	10.72					X	08/01/12		
39	82803	GASES, BLOOD, ANY COMBINATION OF PH,	6.61					X	08/01/12		
39	82805	GASES, BLOOD, ANY COMBINATION OF PH,	11.46						08/01/12		
39	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	4.85						08/01/12		
39	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	12.66						08/01/12		
39	82930	GASTRIC ACID ANALYSIS, INCLUDES PH I	5.86						08/01/12		
39	82938	GASTRIN AFTER SECRETIN STIMULATION	22.41						08/01/12		
39	82941	GASTRIN	22.34					X	08/01/12		
39	82943	GLUCAGON	18.10						08/01/12		
39	82945	GLUCOSE, BODY FLUID; OTHER THAN BLO	4.97						08/01/12		
39	82946	GLUCAGON TOLERANCE TEST	14.74						08/01/12		
39	82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	4.97					X	08/01/12		
39	82948	GLUCOSE; BLOOD, REAGENT STRIP	4.01					X	08/01/12		
39	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES	6.01						08/01/12		
39	82951	GLUCOSE; TOLERANCE TEST (GTT), 3 SPE	16.31						08/01/12		
39	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITI	4.96					X	08/01/12		
39	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	12.29						08/01/12		
39	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	7.67						08/01/12		
39	82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING	2.96					X	08/01/12		
39	82963	GLUCOSIDASE,BETA	27.21						08/01/12		
39	82965	GLUTAMATE DEHYDROGENASE	9.79						08/01/12		
39	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	9.12						08/01/12		
39	82978	GLUTATHIONE	18.05						08/01/12		
39	82979	GLUTATHIONE REDUCTASE, RBC	8.72						08/01/12		
39	82985	GLYCATED PROTEIN	19.09						08/01/12		
39	83001	GONADOTROPIN; FOLLICLE STIMULATING H	23.54						08/01/12		
39	83002	GONADOTROPIN; LUTEINIZING HORMONE	23.45						08/01/12		
39	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOT	21.12						08/01/12		
39	83009	HELICOBACTER PYLORI, BLOOD TEST ANAL	36.66						08/01/12		
39	83010	HAPTOGLOBIN; QUANTITATIVE	15.93						08/01/12		
39	83012	HAPTOGLOBIN; PHENOTYPES	21.78						08/01/12		

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
39	83013	HELICOBACTER PYLORI; BREATH TEST ANA	36.66						08/01/12		
39	83014	HELICOBACTER PYLORI; DRUG ADMINISTRA	9.95						08/01/12		
39	83015	HEAVY METAL SCREENING	14.38						08/01/12		
39	83018	CHROMATOGRAPH SCREEN, METALS	10.76						08/01/12		
39	83020	ASSAY HEMOGLOBIN	16.31					X	08/01/12		
39	83021	HEMOGLOBIN CHROMOTOGRAPHY	22.87						08/01/12		
39	83026	HEMOGLOBIN;	2.99						08/01/12		
39	83030	FETAL HEMOGLOBIN ASSAY	4.37						08/01/12		
39	83033	FETAL FECAL HEMOGLOBIN ASSAY	7.55						08/01/12		
39	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	12.29						08/01/12		
39	83045	BLOOD METHEMOGLOBIN TEST	6.27						08/01/12		
39	83050	BLOOD METHEMOGLOBIN ASSAY	9.28						08/01/12		
39	83051	ASSAY PLASMA HEMOGLOBIN	9.26						08/01/12		
39	83060	BLOOD SULFHEMOGLOBIN ASSAY	10.48						08/01/12		
39	83065	HEMOGLOBIN HEAT ASSAY	8.72						08/01/12		
39	83068	HEMOGLOBIN STABILITY SCREEN	10.72						08/01/12		
39	83069	ASSAY URINE HEMOGLOBIN	5.00						08/01/12		
39	83070	ASSAY URINE HEMOSIDERIN	6.01						08/01/12		
39	83080	B HEXOSAMINIDASE ASSAY	21.37					X	08/01/12		
39	83088	ASSAY HISTAMINE	37.40						08/01/12		
39	83090	ASSAY OF HOMOCYSTINE	21.37						08/01/12		
39	83150	ASSAY URINE FOR HVA	24.50						08/01/12		
39	83491	HYDROXYCORTICOSTEROIDS,17-RIA	22.19						08/01/12		
39	83497	ASSAY URINE 5-HIAA	16.33						08/01/12		
39	83498	RIA ASSAY OF PROGESTERONE	34.41						08/01/12		
39	83499	ASSAY OF PROGESTERONE	31.93						08/01/12		
39	83500	ASSAY URINE HYDROXYPROLINE	28.68						08/01/12		
39	83505	ASSAY URINE HYDROXYPROLINE	30.79						08/01/12		
39	83516	IMMUNOASSAY, NON ANTIBODY	14.62						08/01/12		
39	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	5.88						08/01/12		
39	83519	IMMUNOASSAY, ANALYTE;	5.90						08/01/12		
39	83520	IMMUNOASSAY, ANALYTE;	16.40						08/01/12		
39	83525	RIA ASSAY OF INSULIN	14.48					X	08/01/12		
39	83527	INSULIN;	16.41						08/01/12		
39	83528	INTRINSIC FACTOR LEVEL	20.14						08/01/12		
39	83540	ASSAY SERUM IRON	6.80						08/01/12		
39	83550	SERUM IRON BINDING TEST	11.07						08/01/12		
39	83570	UV-ASSAY BLOOD IDH ENZYME	11.21						08/01/12		
39	83582	ASSAY URINE 17-KGS	17.95						08/01/12		
39	83586	ASSAY BLOOD 17-KETOSTEROIDS	16.22						08/01/12		
39	83593	CHROMATOGRAPH KETOSTEROIDS	10.76						08/01/12		
39	83605	LACTIC ACID ASSAY	13.53					X	08/01/12		
39	83615	UV-ASSAY BLOOD LDH ENZYME	7.65					X	08/01/12		
39	83625	ASSAY BLOOD LDH ENZYMES	11.72					X	08/01/12		
39	83630	LACTOFERRIN, FECAL (QUAL)	24.86						08/01/12		
39	83632	RIA PLACENTAL LACTOGEN	25.61						08/01/12		
39	83633	TEST URINE FOR LACTOSE	6.97						08/01/12		
39	83655	ASSAY BLOOD FOR LEAD	15.33						08/01/12		
39	83661	ASSAY AMNIOTIC L/S RATIO	27.85						08/01/12		
39	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	23.97						08/01/12		

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	83663	FLUORO POLARIZE, FETAL LUNG	23.97						08/01/12		
39	83664	LAMELLAR BDY, FETAL LUNG	23.97						08/01/12		
39	83670	UV-ASSAY BLOOD LAP ENZYME	11.61						08/01/12		
39	83690	ASSAY BLOOD LIPASE	8.72						08/01/12		
39	83695	ASSAY OF LIPOPROTEIN(A)	16.40						08/01/12		
39	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	42.99						08/01/12		
39	83701	LIPOPROTEIN BLD, HR FRACTION	31.44						08/01/12		
39	83704	LIPOPROTEIN, BLD, BY NMR	39.96						08/01/12		
39	83718	BLOOD LIPOPROTEIN ASSAY	10.37						08/01/12		
39	83719	LIPOPROTEIN,VLDL CHOLESTEROL	14.74						08/01/12		
39	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	10.83						08/01/12		
39	83727	LUTEINIZING RELEASING FACTOR, RIA	21.78						08/01/12		
39	83735	ASSAY BLOOD MAGNESIUM	8.49					X	08/01/12		
39	83775	UV-ASSAY OF MD ENZYME	9.33						08/01/12		
39	83785	ASSAY OF MANGANESE	27.00						08/01/12		
39	83789	MASS SPECTROMETRY QUANT	22.87					X	08/01/12		
39	83825	ASSAY BLOOD MERCURY	20.59						08/01/12		
39	83835	ASSAY URINE METANEPHRINES	21.46						08/01/12		
39	83857	ASSAY METHEMALBUMIN	13.61						08/01/12		
39	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	21.22						08/01/12		
39	83864	BLOOD MUCOPOLYSACCHARIDES	25.22						08/01/12		
39	83872	ASSAY SYNOVIAL FLUID MUCIN	6.24						08/01/12		
39	83873	MYELIN BASIC PROTEIN,CSF,RIA	21.79						08/01/12		
39	83874	MYOGLOBIN ELECTROPHORESIS	16.35						08/01/12		
39	83876	MYELOPEROXIDASE (MPO)	17.02						08/01/12		
39	83880	NATRIURETIC PEPTIDE	42.99						08/01/12		
39	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	5.88					X	08/01/12		
39	83885	ASSAY URINE FOR NICKEL	31.03						08/01/12		
39	83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	14.13						08/01/12		
39	83916	OLIGOCLOLONAL IMMUNE GLOBULIN,CSF	25.47						08/01/12		
39	83918	ASSAY ORGANIC ACIDS	20.84						08/01/12		
39	83919	ASSAY ORGANIC ACIDS QUAL	20.84						08/01/12		
39	83921	ORGANIC ACID, SINGLE, QUANT	20.84						08/01/12		
39	83930	ASSAY BLOOD OSMOLALITY	8.37					X	08/01/12		
39	83935	ASSAY URINE OSMOLALITY	8.63					X	08/01/12		
39	83937	OSTEOCALCIN (BONE G1A PROTEIN)	37.81						08/01/12		
39	83945	ASSAY URINE OXALATE	16.31						08/01/12		
39	83950	ONCORPROTEIN, HER-2/NEU	81.58						08/01/12		
39	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	81.58						08/01/12		
39	83970	RIA ASSAY OF PARATHORMONE	52.27						08/01/12		
39	83986	ASSAY BODY FLUID ACIDITY	4.54					X	08/01/12		
39	83987	PH; EXHALED BREATH CONDENSATE	20.12						08/01/12		
39	83992	ASSAY FOR PHENCYCLIDINE	18.61						08/01/12		
39	83993	CALPROTECTIN, FECAL	24.86						08/01/12		
39	84030	ASSAY BLOOD PKU	6.97					X	08/01/12		
39	84035	ASSAY BLOOD PHENYLKETONES	4.64					X	08/01/12		
39	84060	ASSAY BLOOD ACID PHOSPHATASE	9.35						08/01/12		
39	84061	PHOSPHATASE, ACID;	10.02						08/01/12		
39	84066	ASSAY PROSTATE PHOSPHATASE, RIA	12.23						08/01/12		
39	84075	ASSAY ALKALINE PHOSPHATASE	6.55						08/01/12		

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS OCTOBER 01, 2016 THRU DECEMBER 31, 2016

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	84078	ASSAY ALKALINE PHOSPHATASE	7.31						08/01/12		
39	84080	ASSAY ALKALINE PHOSPHATASES	18.74						08/01/12		
39	84081	PHOSPHATYDYLGLYCEROL	20.93						08/01/12		
39	84085	ASSAY RBC PG6D ENZYME	8.54					X	08/01/12		
39	84087	ASSAY PHOSPHOHEXOSE ENZYMES	13.08						08/01/12		
39	84100	ASSAY BLOOD PHOSPHORUS	6.00						08/01/12		
39	84105	ASSAY URINE PHOSPHORUS	6.55						08/01/12		
39	84106	TEST FOR PORPHOBILINOGEN	5.42						08/01/12		
39	84110	ASSAY PORPHOBILINOGEN	6.24						08/01/12		
39	84112	CERVICOVAGINAL SECRETION OF PLACENTA	81.58						08/01/12		
39	84119	TEST URINE FOR PORPHYRINS	10.91						08/01/12		
39	84120	ASSAY URINE PORPHYRINS	18.63						08/01/12		
39	84126	ASSAY FECES PORPHYRINS	32.27						08/01/12		
39	84132	ASSAY BLOOD POTASSIUM	5.82					X	08/01/12		
39	84133	ASSAY URINE POTASSIUM	5.45					X	08/01/12		
39	84134	PREALBUMIN	7.07						08/01/12		
39	84135	PREGNANEDIOL; RIA	24.23						08/01/12		
39	84138	PREGNANETRIOL;RIA	23.99						08/01/12		
39	84140	PREGNENOLONE	26.19						08/01/12		
39	84143	17-HYDROXPREGNENOLONE	28.91						08/01/12		
39	84144	ASSAY PROGESTERONE	26.42						08/01/12		
39	84145	PROCALCITONIN (PCT)	24.98						08/01/12		
39	84146	RIA ASSAY FOR PROLACTIN	24.54						08/01/12		
39	84150	RIA ASSAY OF PROSTAGLANDIN	31.61						08/01/12		
39	84152	ASSAY OF PSA, COMPLEXED	23.30						08/01/12		
39	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	23.30						08/01/12		
39	84154	PSA FREE	23.30						08/01/12		
39	84155	ASSAY SERUM PROTEIN	4.64						08/01/12		
39	84156	ASSAY OF PROTEIN, URINE	4.64						08/01/12		
39	84157	ASSAY OF PROTEIN, OTHER	4.64						08/01/12		
39	84160	ASSAY SERUM PROTEIN	6.24						08/01/12		
39	84163	PAPPA, SERUM	19.07	10 59			F		08/01/12		
39	84165	ASSAY SERUM PROTEINS	13.61						08/01/12		
39	84166	PROTEIN E-PHORESIS/URINE/CSF	22.58						08/01/12		
39	84182	PROTEIN;	22.80					X	08/01/12		
39	84202	ASSAY RBC PROTOPORPHYRIN	18.17						08/01/12		
39	84203	TEST RBC PROTOPORPHYRIN	10.90						08/01/12		
39	84206	RIA ASSAY OF PROINSULIN	22.56						08/01/12		
39	84207	ASSAY VITAMIN B-6	17.91						08/01/12		
39	84210	ASSAY BLOOD PYRUVATE	13.74						08/01/12		
39	84220	ASSAY RBC PYRUVIC KINASE	11.95						08/01/12		
39	84228	ASSAY QUININE	14.74						08/01/12		
39	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	81.58						08/01/12		
39	84234	RECEPTOR ASSAY; PROGESTERONE	82.16						08/01/12		
39	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	66.29						08/01/12		
39	84238	RECEPTOR ASSAY;	46.31						08/01/12		
39	84244	RIA ASSAY OF RENIN	27.86					X	08/01/12		
39	84252	ASSAY VITAMIN B-2	25.63						08/01/12		
39	84255	ASSAY SELENIUM	32.34						08/01/12		
39	84260	ASSAY BLOOD SEROTONIN	39.23						08/01/12		

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS OCTOBER 01, 2016 THRU DECEMBER 31, 2016

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
39	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	27.52						08/01/12		
39	84275	ASSAY BLOOD SIALIC ACID	17.02						08/01/12		
39	84285	ASSAY SILICA	29.83						08/01/12		
39	84295	ASSAY BLOOD SODIUM	6.09					X	08/01/12		
39	84300	ASSAY URINE SODIUM	6.17					X	08/01/12		
39	84302	ASSAY OF SWEAT SODIUM	6.17						08/01/12		
39	84305	SOMATOMEDIN	24.87						08/01/12		
39	84307	SOMATOSTATIN	23.16						08/01/12		
39	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.85						08/01/12		
39	84315	BODY FLUID SPECIFIC GRAVITY	3.18						08/01/12		
39	84375	CHROMATOGRAM ASSAY, SUGARS	24.83						08/01/12		
39	84376	SUGARS SINGLE QUAL	6.97					X	08/01/12		
39	84377	SUGARS MULTIPLE QUAL	6.97					X	08/01/12		
39	84378	SUGARS SINGLE QUANT	10.26					X	08/01/12		
39	84379	SUGARS MULTIPLE QUANT	10.26					X	08/01/12		
39	84392	SULFATE, URINE	6.01					X	08/01/12		
39	84402	TESTOSTERONE;	32.26						08/01/12		
39	84403	RIA ASSAY BLOOD TESTOSTERONE	32.70						08/01/12		
39	84425	ASSAY VITAMIN B-1	26.89						08/01/12		
39	84430	ASSAY BLOOD THIOCYANATE	13.45						08/01/12		
39	84431	THROMBOXANE METABOLITE(S), INCLUDING	16.69						08/01/12		
39	84432	THYROGLOBULIN	20.35						08/01/12		
39	84436	THYROXINE, TRUE, RIA	6.13						08/01/12		
39	84437	THYROXINE, NEONATAL	8.20						08/01/12		
39	84439	THYROID PANEL	11.42						08/01/12		
39	84442	THYROID ACTIVITY (TBG) ASSAY	16.61						08/01/12		
39	84443	RIA ASSAY OF TS HORMONE	21.28						08/01/12		
39	84445	RIA THYROTROPIN FACTOR	23.31						08/01/12		
39	84446	ASSAY VITAMIN E	17.96						08/01/12		
39	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	22.80						08/01/12		
39	84450	UV-ASSAY TRANSAMINASE (SGOT)	6.55					X	08/01/12		
39	84460	UV-ASSAY TRANSAMINASE (SGPT)	6.70					X	08/01/12		
39	84466	TRANSFERRIN	16.17						08/01/12		
39	84478	ASSAY BLOOD TRIGLYCERIDES	7.29						08/01/12		
39	84479	TRIIODOTHYRONINE, RESIN UPTAKE	5.89						08/01/12		
39	84480	RIA ASSAY, T-3	8.13						08/01/12		
39	84481	TRIIODOTHYRONINE, FREE RIA	12.49						08/01/12		
39	84482	TRIDOTHYRONINE (T-3);	5.89						08/01/12		
39	84484	TROPONIN	12.47						08/01/12		
39	84485	ASSAY DUODENAL FLUID TRYPSIN	9.51						08/01/12		
39	84488	TEST FECES FOR TRYPSIN	9.24						08/01/12		
39	84490	ASSAY FECES FOR TRYPSIN	8.95						08/01/12		
39	84510	ASSAY BLOOD TYROSINE	13.18						08/01/12		
39	84512	TROPONIN, QUAL	9.75						08/01/12		
39	84520	ASSAY BUN	5.00					X	08/01/12		
39	84525	STICK-ASSAY BUN	4.76					X	08/01/12		
39	84540	ASSAY URINE UREA-N	5.89					X	08/01/12		
39	84545	UREA-N CLEARANCE TEST	8.36						08/01/12		
39	84550	ASSAY BLOOD URIC ACID	5.72						08/01/12		
39	84560	ASSAY URINE URIC ACID	6.01						08/01/12		

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39	84577	ASSAY FECES UROBILINOGEN	15.80						08/01/12		
39	84578	TEST URINE UROBILINOGEN	4.11						08/01/12		
39	84580	ASSAY URINE UROBILINOGEN	8.98						08/01/12		
39	84583	ASSAY URINE UROBILINOGEN	6.36						08/01/12		
39	84585	ASSAY URINE VMA	19.64						08/01/12		
39	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	44.75						08/01/12		
39	84588	RIA ASSAY VASOPRESSIN	42.99						08/01/12		
39	84590	ASSAY BLOOD VITAMIN-A	14.69						08/01/12		
39	84591	ASSAY OF NOS VITAMIN	14.69						08/01/12		
39	84597	ASSAY VITAMIN-K	17.36						08/01/12		
39	84600	ASSAY FOR VOLATILES	20.36						08/01/12		
39	84620	XYLOSE TOLERANCE TEST, BLOOD	15.00						08/01/12		
39	84630	ASSAY BLOOD ZINC	14.42						08/01/12		
39	84702	GONADOTROPIN,CHORIONIC;QUANTITATIVE	19.07						08/01/12		
39	84703	GONADOTROPIN,CHORIONIC;QUALITATIVE	9.51						08/01/12		
39	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	19.07						08/01/12		
39	84830	OVULATION TESTS, BY VISUAL COLOR COM	12.71						08/01/12		
39	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP				X		06/01/08		
39	85002	BLEEDING TIME TEST	5.70					X	08/01/12		
39	85004	AUTOMATED DIFF WBC COUNT	8.20						08/01/12		
39	85007	DIFFERENTIAL WBC COUNT	3.18					X	08/01/12		
39	85008	BLOOD COUNT;	4.36						08/01/12		
39	85009	DIFFERENTIAL WBC COUNT	4.71					X	08/01/12		
39	85013	BLOOD COUNT;	3.00						08/01/12		
39	85014	BLOOD COUNT OTHER THAN SPUN HEMATOOCR	3.00					X	08/01/12		
39	85018	HEMOGLOBIN, COLORIMETRIC	3.00					X	08/01/12		
39	85025	BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	9.85						08/01/12		
39	85027	HEMOGRAM,AUTOMATED W/PLATELET COUNT	8.20					X	08/01/12		
39	85032	MANUAL CELL COUNT, EACH	5.45						08/01/12		
39	85041	RED BLOOD CELL (RBC) COUNT	3.82					X	08/01/12		
39	85044	RETICULOCYTE COUNT	5.45						08/01/12		
39	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	5.07						08/01/12		
39	85046	RETICULOCYTE, HGB CONCENTRATE	7.07						08/01/12		
39	85048	WHITE BLOOD CELL (WBC) COUNT	3.21						08/01/12		
39	85049	AUTOMATED PLATELET COUNT	5.20						08/01/12		
39	85055	RETICULATED PLATELET ASSAY	25.51						08/01/12		
39	85097	BONE MARROW SMEAR INTERPRET	71.57					X	08/01/12		
39	85130	CHROMOGENIC SUBSTRATE ASSAY	15.07						08/01/12		
39	85170	BLOOD CLOT RETRACTION SCREEN	4.58					X	08/01/12		
39	85175	BLOOD CLOT LYSIS TIME	5.76					X	08/01/12		
39	85210	BLOOD CLOT FACTOR II TEST	7.31					X	08/01/12		
39	85220	BLOOD CLOT FACTOR V TEST	17.91					X	08/01/12		
39	85230	BLOOD CLOT FACTOR VII TEST	17.91					X	08/01/12		
39	85240	BLOOD CLOT FACTOR VIII TEST	22.68					X	08/01/12		
39	85244	FACTOR VIII RELATED ANTIGEN QUAN	25.86					X	08/01/12		
39	85245	CLOTTING;	29.06						08/01/12		
39	85246	CLOTTING;	29.06						08/01/12		
39	85247	CLOTTING;	29.06						08/01/12		
39	85250	BLOOD CLOT FACTOR IX TEST	24.12					X	08/01/12		
39	85260	BLOOD CLOT FACTOR X TEST	17.91					X	08/01/12		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	85270	BLOOD CLOT FACTOR XI TEST	17.91					X	08/01/12		
39	85280	BLOOD CLOT FACTOR XII TEST	17.91					X	08/01/12		
39	85290	BLOOD CLOT FACTOR XIII TEST	17.91					X	08/01/12		
39	85291	BLOOD CLOT FACTOR XIII TEST	11.26					X	08/01/12		
39	85292	CLOTTING; PREKALLIKRIEW ASSAY	23.99						08/01/12		
39	85293	CLOTTING;H-M-W KINNINOGEN ASSA	23.99						08/01/12		
39	85300	ANTITHROMBIN III TEST	15.01					X	08/01/12		
39	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	13.69					X	08/01/12		
39	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	15.23					X	08/01/12		
39	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	16.16						08/01/12		
39	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	14.69						08/01/12		
39	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	19.40						08/01/12		
39	85307	ASSAY ACTIVATED PROTEIN C	19.40						08/01/12		
39	85335	FACTOR INHIBITOR TEST	16.31						08/01/12		
39	85337	THROMBOMODULIN	13.20						08/01/12		
39	85345	COAGULATION TIME	5.45					X	08/01/12		
39	85347	COAGULATION TIME	3.65					X	08/01/12		
39	85348	COAGULATION TIME	4.72					X	08/01/12		
39	85360	EUGLOBULIN LYSIS	10.65						08/01/12		
39	85362	FIBRIN DEGRADATION PRODUCTS	7.20					X	08/01/12		
39	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	10.91						08/01/12		
39	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.94						08/01/12		
39	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	7.18						08/01/12		
39	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	12.89						08/01/12		
39	85380	FIBRIN DEGRADATION, VTE	12.89						08/01/12		
39	85384	FIBRINOGEN;	10.76						08/01/12		
39	85385	FIBRINOGEN;	10.76						08/01/12		
39	85390	FIBRINOLYSINS SCREEN	6.54						08/01/12		
39	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	29.06						08/01/12		
39	85400	FIBRINOLYTIC PLASMIN	11.21						08/01/12		
39	85410	FIBRINOLYTIC ANTIPLASMIN	9.77						08/01/12		
39	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	21.78						08/01/12		
39	85420	FIBRINOLYTIC PLASMINOGEN	8.28						08/01/12		
39	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	12.90						08/01/12		
39	85441	HEINZ BODIES; DIRECT	5.33						08/01/12		
39	85445	HEINZ BODIES; INDUCED	8.63						08/01/12		
39	85460	HEMOGLOBIN, FETAL	5.89						08/01/12		
39	85461	HEMOGLOBIN, FETAL	3.92						08/01/12		
39	85475	HEMOLYSIN, ACID	11.23						08/01/12		
39	85520	HEPARIN ASSAY	10.73						08/01/12		
39	85525	HEPARIN NEUTRALIZATION	10.73						08/01/12		
39	85530	HEPARIN-PROTAMINE TOLERANCE	17.96						08/01/12		
39	85536	IRON STAIN PERIPHERAL BLOOD	8.20						08/01/12		
39	85540	WBC ALKALINE PHOSPHATASE	10.90						08/01/12		
39	85547	RBC MECHANICAL FRAGILITY	10.90						08/01/12		
39	85549	SERUM MURAMIDASE	23.76						08/01/12		
39	85555	RBC OSMOTIC FRAGILITY	5.89						08/01/12		
39	85557	RBC OSMOTIC FRAGILITY	16.92						08/01/12		
39	85576	PLATELET;AGGREGATION (IN VITRO)	27.21					X	08/01/12		
39	85590	PLATELET PHASE MICROSCOPY	5.00					X	08/01/12		

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS OCTOBER 01, 2016 THRU DECEMBER 31, 2016

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	85597	PLATELET NEUTRALIZATION	16.97						08/01/12		
39	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	16.97						08/01/12		
39	85610	PROTHROMBIN TIME	4.98					X	08/01/12		
39	85611	PROTHROMBIN TIME;	4.99					X	08/01/12		
39	85612	VIPER VENOM PROTHROMBIN TIME	12.12						08/01/12		
39	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	12.12						08/01/12		
39	85635	REPTILASE TEST	12.47						08/01/12		
39	85651	RBC SEDIMENTATION RATE	4.50						08/01/12		
39	85652	RBC SED RATE, AUTO	3.42						08/01/12		
39	85660	RBC SICKLE CELL TEST	6.98					X	08/01/12		
39	85670	THROMBIN TIME; PLASMA	7.32						08/01/12		
39	85675	THROMBIN TIME; TITER	8.68						08/01/12		
39	85705	THROMBOPLASTIN INHIBITION;	8.70						08/01/12		
39	85730	THROMBOPLASTIN TIME, PARTIAL	7.61					X	08/01/12		
39	85732	THROMBOPLASTIN TIME, PARTIAL	8.20					X	08/01/12		
39	85810	BLOOD VISCOSITY EXAMINATION	14.79					X	08/01/12		
39	85999	HEMATOLOGY PROCEDURE	MP				X		06/01/08		
39	86000	AGGLUTININS; FEBRILE	8.84						08/01/12		
39	86001	ALLERGEN SPECIFIC IGG	6.61					X	08/01/12		
39	86003	ALLERGEN SPECIFIC IGE;	6.61					X	08/01/12		
39	86005	ALLERGEN SPECIFIC IGE;	10.10						08/01/12		
39	86021	WBC ANTIBODY IDENTIFICATION	19.07						08/01/12		
39	86022	PLATELET ANTIBODIES	23.27						08/01/12		
39	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	15.78						08/01/12		
39	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	15.31						08/01/12		
39	86039	ANTINUCLEAR ANTIBODIES (ANA);	14.14						08/01/12		
39	86060	ANTISTREPTOLYSIN O TITER	9.24						08/01/12		
39	86063	ANTISTREPTOLYSIN O SCREEN	7.32						08/01/12		
39	86140	C-REACTIVE PROTEIN	6.55						08/01/12		
39	86141	C-REACTIVE PROTEIN, HS	16.40						08/01/12		
39	86146	GLYCOPROTEIN ANTIBODY	14.72						08/01/12		
39	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	14.72						08/01/12		
39	86148	PHOSPHOLIPID ANTIBODY	14.72						08/01/12		
39	86155	CHEMOTAXIS ASSAY	20.24						08/01/12		
39	86156	COLD AGGLUTININ;	8.49						08/01/12		
39	86157	COLD AGGLUTININ;	10.22						08/01/12		
39	86160	COMPLEMENT;	15.20					X	08/01/12		
39	86161	COMPLEMENT;	15.20					X	08/01/12		
39	86162	COMPLEMENT; TOTAL (CH 50)	24.16						08/01/12		
39	86171	COMPLEMENT FIXATION, EACH	12.69						08/01/12		
39	86185	COUNTERELECTROPHORESIS, EACH	11.33						08/01/12		
39	86200	CCP ANTIBODY	16.40						08/01/12		
39	86215	DEOXYRIBONUCLEASE, ANTIBODY	16.79						08/01/12		
39	86225	DNA ANTIBODY	17.40						08/01/12		
39	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	15.34						08/01/12		
39	86235	ENA ANTIBODY	14.74						08/01/12		
39	86243	FC RECEPTOR ASSAY	25.98						08/01/12		
39	86255	FLUORESCENT ANTIBODY; SCREEN	14.38						08/01/12		
39	86256	FLUORESCENT ANTIBODY; TITER	15.26						08/01/12		
39	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	19.94						08/01/12		

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			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
39	86280	HEMAGGLUTINATION INHIBITION	10.37						08/01/12		
39	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	26.36						08/01/12		
39	86301	IMMUNOASSAY, TUMOR, CA 19-9	26.36						08/01/12		
39	86304	IMMUNOASSAY, TUMOR CA 125	26.36						08/01/12		
39	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	26.36				F		08/01/12		
39	86308	HETEROPHILE ANTIBODIES;	6.55						08/01/12		
39	86309	HETEROPHILE ANTIBODIES;	8.20						08/01/12		
39	86310	HETEROPHILE ANTIBODIES	9.33						08/01/12		
39	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	26.36					X	08/01/12		
39	86317	IMMUNOASSAY/INFECTIOUS AGENT	18.99						08/01/12		
39	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	16.40						08/01/12		
39	86320	SERUM IMMUNOELECTROPHORESIS	28.39						08/01/12		
39	86325	OTHER IMMUNOELECTROPHORESIS	28.31						08/01/12		
39	86327	IMMUNOELECTROPHORESIS;	28.74						08/01/12		
39	86329	IMMUNODIFFUSION, EACH	17.79					X	08/01/12		
39	86331	IMMUNODIFFUSION OUCHTERLONY	15.17						08/01/12		
39	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	30.87						08/01/12		
39	86334	IMMUNOFIXATION ELECTROPHORESIS	28.30						08/01/12		
39	86336	INHIBIN A	19.74						08/01/12		
39	86337	INSULIN ANTIBODIES, RIA	13.25						08/01/12		
39	86340	INTRINSIC FACTOR ANTIBODIES, RIA	19.09						08/01/12		
39	86341	ISLET CELL ANTIBODY	25.07						08/01/12		
39	86344	LEUKOCYTE PHAGOCYTOSIS	10.12						08/01/12		
39	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	87.57						08/01/12		
39	86353	LYMPHOCYTE TRANSFORMATION	62.09						08/01/12		
39	86355	B CELLS, TOTAL COUNT	47.77						08/01/12		
39	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	25.51					X	08/01/12		
39	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	47.77					X	08/01/12		
39	86359	T CELLS;	47.77						08/01/12		
39	86360	T CELLS;	50.99						08/01/12		
39	86361	T CELL ABSOLUTE COUNT	25.51						08/01/12		
39	86367	STEM CELLS, TOTAL COUNT	47.77						08/01/12		
39	86376	MICROSOMAL ANTIBODY (THYROID); RIA	18.43						08/01/12		
39	86378	MIGRATION INHIBITORY FACTOR	24.94						08/01/12		
39	86382	NEUTRALIZATION TEST, VIRAL	21.42						08/01/12		
39	86384	NITROBLUE TETRAZOLIUM DYE	14.42						08/01/12		
39	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), Q	20.35						08/01/12		
39	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	12.91						08/01/12		
39	86406	PARTICLE AGGLUTINATION TEST	13.47						08/01/12		
39	86430	RHEUMATOID FACTOR LATEX FIXATION	7.18						08/01/12		
39	86431	RHEUMATOID FACTOR;	7.18						08/01/12		
39	86480	TB TEST, CELL IMMUN MEASURE	78.50						08/01/12		
39	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	78.50						08/01/12		
39	86485	SKIN TEST;	7.25						08/01/12		
39	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP				X		06/01/08		
39	86490	COCCIDIOIDOMYCOSIS SKIN TEST	5.43						08/01/12		
39	86510	HISTOPLASMOSIS SKIN TEST	5.43						08/01/12		
39	86580	TB PATCH OR INTRADERMAL TEST	5.71						08/01/12		
39	86590	STREPTOKINASE, ANTIBODY	7.20						08/01/12		
39	86592	SYPHILIS TEST(S),QUALITATIVE	5.41						08/01/12		

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			FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
TS	CODE	DESCRIPTION									
39	86593	SYPHILIS TEST, QUANTITATIVE	5.57						08/01/12		
39	86602	ANTIBODY;	12.89						08/01/12		
39	86603	ANTIBODY;	16.30						08/01/12		
39	86606	ANTIBODY;	19.07						08/01/12		
39	86609	ANTIBODY;	16.32						08/01/12		
39	86611	BARTONELLA ANTIBODY	12.89						08/01/12		
39	86612	ANTIBODY;	16.34						08/01/12		
39	86615	ANTIBODY;	16.70						08/01/12		
39	86617	LYME DISEASE ANTIBODY	19.62						08/01/12		
39	86618	ANTIBODY;	21.57						08/01/12		
39	86619	ANTIBODY;	16.95						08/01/12		
39	86622	ANTIBODY;	11.31						08/01/12		
39	86625	ANTIBODY;	16.61						08/01/12		
39	86628	ANTIBODY;	15.21						08/01/12		
39	86631	ANTIBODY;	14.98						08/01/12		
39	86632	ANTIBODY;	16.07						08/01/12		
39	86635	ANTIBODY;	14.54						08/01/12		
39	86638	ANTIBODY;	15.35						08/01/12		
39	86641	ANTIBODY;	18.25						08/01/12		
39	86644	ANTIBODY;	18.23						08/01/12		
39	86645	ANTIBODY;	21.33						08/01/12		
39	86648	ANTIBODY;	19.27						08/01/12		
39	86651	ANTIBODY;	16.70						08/01/12		
39	86652	ANTIBODY;	16.70						08/01/12		
39	86653	ANTIBODY;	16.70						08/01/12		
39	86654	ANTIBODY;	16.70						08/01/12		
39	86658	ANTIBODY;	16.51						08/01/12		
39	86663	ANTIBODY;	16.61						08/01/12		
39	86664	ANTIBODY;	19.38						08/01/12		
39	86665	ANTIBODY;	22.57						08/01/12		
39	86666	EHRlichia ANTIBODY	12.89						08/01/12		
39	86668	ANTIBODY;	13.18						08/01/12		
39	86671	ANTIBODY;	15.53						08/01/12		
39	86674	ANTIBODY;	14.72						08/01/12		
39	86677	ANTIBODY;	14.72						08/01/12		
39	86682	ANTIBODY;	16.48						08/01/12		
39	86684	ANTIBODY;	20.07						08/01/12		
39	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	10.63						08/01/12		
39	86688	ANTIBODY;	13.37						08/01/12		
39	86689	CONFIRMATORY TEST	24.51						08/01/12		
39	86692	ANTIBODY;	16.16						08/01/12		
39	86694	ANTIBODY;	18.23						08/01/12		
39	86695	ANTIBODY;	16.70						08/01/12		
39	86696	HERPES SIMPLEX TYPE 2	24.51						08/01/12		
39	86698	ANTIBODY;	15.83						08/01/12		
39	86701	ANTIBODY;	11.25						08/01/12		
39	86702	ANTIBODY;	13.37						08/01/12		
39	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	13.37						08/01/12		
39	86704	HEP B CORE AB TEST, IGG & M	15.26						08/01/12		
39	86705	HEP B CORE AB TEST, IGM	14.90						08/01/12		

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TS	CODE	DESCRIPTION	FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
				MIN-MAX		REV		>001	DATE	OVERS	IND
39	86706	HEPATITIS B SURFACE AB TEST	13.61						08/01/12		
39	86707	HEPATITIS BE AB TEST	14.65						08/01/12		
39	86708	HEP A AB TEST, IGG & M	14.74						08/01/12		
39	86709	HEP A AB TEST, IGM	14.26						08/01/12		
39	86710	ANTIBODY;	17.17						08/01/12		
39	86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	19.58						01/01/15		
39	86713	ANTIBODY;	19.38						08/01/12		
39	86717	ANTIBODY;	15.52						08/01/12		
39	86720	ANTIBODY;	16.70						08/01/12		
39	86723	ANTIBODY;	16.70						08/01/12		
39	86727	ANTIBODY;	16.30						08/01/12		
39	86729	ANTIBODY;	15.13						08/01/12		
39	86732	ANTIBODY;	16.70						08/01/12		
39	86735	ANTIBODY;	16.53						08/01/12		
39	86738	ANTIBODY;	16.78						08/01/12		
39	86741	ANTIBODY;	16.70						08/01/12		
39	86744	ANTIBODY;	16.70						08/01/12		
39	86747	ANTIBODY;	19.04						08/01/12		
39	86750	ANTIBODY;	16.70						08/01/12		
39	86753	ANTIBODY;	15.69						08/01/12		
39	86756	ANTIBODY;	16.33						08/01/12		
39	86757	RICKETTSIA ANTIBODY	24.51						08/01/12		
39	86759	ANTIBODY;	16.70						08/01/12		
39	86762	ANTIBODY;	18.23						08/01/12		
39	86765	ANTIBODY;	16.32						08/01/12		
39	86768	ANTIBODY;	16.70						08/01/12		
39	86771	ANTIBODY;	16.70						08/01/12		
39	86774	ANTIBODY;	12.39						08/01/12		
39	86777	ANTIBODY;	18.23						08/01/12		
39	86778	ANTIBODY;	18.24						08/01/12		
39	86780	ANTIBODY; TREPONEMA PALLIDUM	16.77						08/01/12		
39	86784	ANTIBODY;	5.89						08/01/12		
39	86787	ANTIBODY;	14.21						08/01/12		
39	86788	ANTIBODY; WEST NILE VIRUS, IGM	21.33						08/01/12		
39	86789	ANTIBODY; WEST NILE VIRUS	18.23						08/01/12		
39	86790	ANTIBODY;	14.21						08/01/12		
39	86793	ANTIBODY;	14.21						08/01/12		
39	86800	THYROGLOBULIN ANTIBODY, RIA	20.14						08/01/12		
39	86803	HEPATITIS C AB TEST	18.07						08/01/12		
39	86804	HEP C AB TEST, CONFIRM	19.62						08/01/12		
39	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	66.22						08/01/12		
39	86806	SEE 86805; WITHOUT TITRATION	60.27						08/01/12		
39	86807	SERUM SCREEN.-PRA;STANDARD METHOD	44.88						08/01/12		
39	86808	SERUM SCREEN.-PRA; QUICK METHOD	37.59						08/01/12		
39	86812	TISSUE TYPING;	32.69						08/01/12		
39	86813	TISSUE TYPING;	73.45						08/01/12		
39	86816	TISSUE TYPING;	35.29						08/01/12		
39	86817	TISSUE TYPING;	81.55						08/01/12		
39	86821	TISSUE TYPING;	71.51						08/01/12		
39	86822	TISSUE TYPING;	46.30						08/01/12		

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39	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	76.51						08/01/12		
39	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	25.51						08/01/12		
39	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	48.22					X	01/01/15		
39	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	40.39					X	01/01/15		
39	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	109.87					X	01/01/15		
39	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	94.18					X	01/01/15		
39	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	172.66					X	01/01/15		
39	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	156.97					X	01/01/15		
39	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	486.59						01/01/15		
39	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	439.49						01/01/15		
39	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP			X			06/01/08		
39	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.21					X	01/01/16		
39	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	13.14					X	08/01/12		
39	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	39.64					X	08/01/12		
39	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	6.80					X	08/01/12		
39	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	7.25					X	08/01/12		
39	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	6.55					X	08/01/12		
39	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	12.55						08/01/12		
39	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	12.15						08/01/12		
39	86900	BLOOD TYPING;	3.78						08/01/12		
39	86901	BLOOD TYPING;	3.78						08/01/12		
39	86902	BLOOD TYPING; ANTIGEN TESTING OF DON	4.84						08/01/12		
39	86904	BLOOD TYPING;	12.04					X	08/01/12		
39	86905	BLOOD TYPING;	4.84					X	08/01/12		
39	86906	BLOOD TYPING;	9.82						08/01/12		
39	86910	BLOOD TYPING;	19.58					X	08/01/12		
39	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.09						08/01/12		
39	86920	COMPATIBILITY TEST EACH UNIT;	46.43						08/01/12		
39	86921	COMPATIBILITY TEST EACH UNIT;	46.43						08/01/12		
39	86922	COMPATIBILITY TEST EACH UNIT;	44.24						08/01/12		
39	86923	COMPATIBILITY TEST, ELECTRIC	MP			X			06/01/08		
39	86927	FRESH FROZEN PLASMA, THAWING, EACH U	9.99					X	08/01/12		
39	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	11.75					X	08/01/12		
39	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	11.75					X	08/01/12		
39	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	11.75					X	08/01/12		
39	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	10.39					X	08/01/12		
39	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	15.34					X	08/01/12		
39	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	42.77					X	08/01/12		
39	86950	LEUKOCYTE TRANSFUSION	39.24						08/01/12		
39	86960	VOL REDUCTION OF BLOOD/PROD	MP			X			06/01/08		
39	86965	POOLING OF PLATELETS OR OTHER BLOOD	13.67						08/01/12		
39	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.49					X	08/01/12		
39	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	7.46					X	08/01/12		
39	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.49						08/01/12		
39	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.49					X	08/01/12		
39	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.49						08/01/12		
39	86977	PRETREATMENT OF SERUM FOR USE IN RBC	7.46					X	08/01/12		
39	86978	PRETREATMENT OF SERUM FOR USE IN RBC	9.54					X	08/01/12		
39	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	13.72					X	08/01/12		
39	86999	IMMUNOLOGY PROCEDURE	50.49			X			06/01/08		

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS OCTOBER 01, 2016 THRU DECEMBER 31, 2016

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	87003	SMALL ANIMAL INOCULATION	21.32						08/01/12		
39	87015	SPECIMEN CONCENTRATION	8.46					X	08/01/12		
39	87040	BLOOD CULTURE FOR BACTERIA	13.08					X	08/01/12		
39	87045	STOOL CULTURE FOR BACTERIA	11.95					X	08/01/12		
39	87046	STOOL CULTR, BACTERIA, EACH	11.95					X	08/01/12		
39	87070	CULTURE SPECIMEN, BACTERIA	10.91					X	08/01/12		
39	87071	CULTURE BACTERI AEROBIC OTHR	11.95						08/01/12		
39	87073	CULTURE BACTERIA ANAEROBIC	11.95						08/01/12		
39	87075	CULTURE SPECIMEN, BACTERIA	11.98					X	08/01/12		
39	87076	BACTERIA IDENTIFICATION	10.23						08/01/12		
39	87077	CULTURE AEROBIC IDENTIFY	10.23					X	08/01/12		
39	87081	BACTERIA CULTURE SCREEN	8.40						08/01/12		
39	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	10.91						08/01/12		
39	87086	URINE CULTURE, COLONY COUNT	10.22						08/01/12		
39	87088	URINE BACTERIA CULTURE	10.26						08/01/12		
39	87101	SKIN FUNGUS CULTURE	8.95						08/01/12		
39	87102	FUNGUS ISOLATION CULTURE	10.65						08/01/12		
39	87103	CULTURE, FUNGI, ISOLATION BLOOD	10.73						08/01/12		
39	87106	FUNGUS IDENTIFICATION	13.08						08/01/12		
39	87107	FUNGI IDENTIFICATION, MOLD	13.08						08/01/12		
39	87109	MYCOPLASMA CULTURE	19.49						08/01/12		
39	87110	CULTURE CHLAMYDIA	24.81						08/01/12		
39	87116	MYCOBACTERIA CULTURE	13.69						08/01/12		
39	87118	MYCOBACTERIA IDENTIFICATION	5.20						08/01/12		
39	87140	CULTURE TYPING, FLUORESCENT	7.06						08/01/12		
39	87143	CULTURE TYPING, GLC METHOD	15.87						08/01/12		
39	87147	CULTURE TYPING, SEROLOGIC	5.44						08/01/12		
39	87149	CULTURE TYPE, NUCLEIC ACID	25.40						08/01/12		
39	87150	CULTURE, TYPING; IDENTIFICATION BY N	44.45						08/01/12		
39	87152	CULTURE TYPE PULSE FIELD GEL	6.62						08/01/12		
39	87153	CULTURE, TYPING; IDENTIFICATION BY N	146.10						08/01/12		
39	87158	CULTURE TYPING, ADDED METHOD	6.62						08/01/12		
39	87164	DARK FIELD EXAMINATION	13.61						08/01/12		
39	87166	DARK FIELD EXAMINATION	11.08						08/01/12		
39	87168	MACROSCOPIC EXAM ARTHROPOD	5.41						08/01/12		
39	87169	MACACROSCOPIC EXAM PARASITE	5.41						08/01/12		
39	87172	PINWORM EXAM	5.41						08/01/12		
39	87176	ENDOTOXIN, BACTERIAL	7.45						08/01/12		
39	87177	OVA AND PARASITES SMEARS	11.08					X	08/01/12		
39	87181	ANTIBIOTIC SENSITIVITY, EACH	6.01						08/01/12		
39	87184	ANTIBIOTIC SENSITIVITY, EACH	8.74					X	08/01/12		
39	87185	MICROBE SUSCEPTIBLE, ENZYME	6.01					X	08/01/12		
39	87186	ANTIBIOTIC SENSITIVITY, MIC	10.95						08/01/12		
39	87187	SENSITIVITY STUDIES, ANTIBIOTIC; MCB	13.13						08/01/12		
39	87188	ANTIBIOTIC SENSITIVITY, EACH	8.41						08/01/12		
39	87190	TB ANTIBIOTIC SENSITIVITY	7.16						08/01/12		
39	87197	SERUM BACTERICIDAL TITER	18.38						08/01/12		
39	87198	CYTOMEGALOVIRUS ANTIBODY DFA	16.42						08/01/12		
39	87205	SMEAR, STAIN & INTERPRET	5.41					X	08/01/12		
39	87206	SMEAR, STAIN & INTERPRET	6.80					X	08/01/12		

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	87207	SMEAR, STAIN & INTERPRET	7.60					X	08/01/12		
39	87209	SMEAR, COMPLEX STAIN	22.76						08/01/12		
39	87210	SMEAR, STAIN & INTERPRET	5.41					X	08/01/12		
39	87220	TISSUE EXAMINATION FOR FUNGI	5.41						08/01/12		
39	87230	TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE	25.01					X	08/01/12		
39	87250	VIRUS INOCULATION FOR TEST	24.77					X	08/01/12		
39	87252	VIRUS ID; TISSUE CULT. INOCULATION/OBS	33.01						08/01/12		
39	87253	VIRUS ID; TISS CULT, ADD STDY, @ ISOLAT	25.58					X	08/01/12		
39	87254	VIRUS INOCULATION, SHELL VIA	24.77					X	08/01/12		
39	87255	GENET VIRUS ISOLATE, HSV	42.89						08/01/12		
39	87260	ADENOVIRUS AG, DFA	15.19						08/01/12		
39	87265	PERTUSSIS AG, DFA	15.19						08/01/12		
39	87267	ENTEROVIRUS ANTIBODY, DFA	15.19						08/01/12		
39	87269	GIARDIA AG, IF	15.19						08/01/12		
39	87270	CHYLMD TRACH AG, DFA	15.19						08/01/12		
39	87271	CYTOMEGALOVIRUS DFA	15.19						08/01/12		
39	87272	CRYPTOSPORIDIUM AG, DFA	15.19						08/01/12		
39	87273	HERPES SIMPLEX 2, AG, IF	15.19						08/01/12		
39	87274	HERPES SIMPLEX AG, DFA	15.19						08/01/12		
39	87275	INFLUENZA B, AG, IF	15.19						08/01/12		
39	87276	INFLUENZA AG, DFA	15.19						08/01/12		
39	87277	LEGIONELLA MICDADEI, AG, IF	15.19						08/01/12		
39	87278	LEGION PNEUMO AG, DFA	15.19						08/01/12		
39	87279	PARAINFLUENZA, AG, IF	15.19						08/01/12		
39	87280	RESP SYNCYTIAL AG, DFA	15.19						08/01/12		
39	87281	PNEUMOCYSTIS CARINII, AG, IF	15.19						08/01/12		
39	87283	RUBEOLA, AG, IF	15.19						08/01/12		
39	87285	TREPON PALLIDUM AG, DFA	15.19						08/01/12		
39	87290	VARICELLA AG, DFA	15.19						08/01/12		
39	87299	AG DETECTION NOS, DFA	15.19						08/01/12		
39	87300	AG DETECTION, POLYVAL, IF	15.19					X	08/01/12		
39	87301	ADENOVIRUS AG, EIA	15.19						08/01/12		
39	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	15.19						08/01/12		
39	87320	CHYLMD TRACH AG, EIA	15.19						08/01/12		
39	87324	CLOSTRIDIUM AG, EIA	15.19						08/01/12		
39	87327	CRYPTOCOCCUS NEOFORM AG, EIA	15.19						08/01/12		
39	87328	CRYPTOSPOR AG, EIA	15.19						08/01/12		
39	87329	GIARDIA AG, EIA	15.19						08/01/12		
39	87332	CYTOMEGALOVIRUS AG, EIA	15.19						08/01/12		
39	87335	E COLI 0157 AG, EIA	15.19						08/01/12		
39	87336	ENTAMOEB HIST DISPR, AG, EIA	15.19						08/01/12		
39	87337	ENTAMOEB HIST GROUP, AG, EIA	15.19						08/01/12		
39	87338	HPYLORI, STOOL, EIA	5.88						08/01/12		
39	87339	HPYLORI AG, EIA	15.19						08/01/12		
39	87340	HEPATITIS B SURFACE AG, EIA	13.08						08/01/12		
39	87341	HEPATITIS B SURFACE, AG, EIA	13.08						08/01/12		
39	87350	HEPATITIS B AG, EIA	14.60						08/01/12		
39	87380	HEPATITIS DELTA AG, EIA	15.66						08/01/12		
39	87385	HISTOPLASMA CAPSUL AG, EIA	15.19						08/01/12		
39	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	28.66						08/01/12		

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			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
39	87390	HIV-1 AG, EIA	22.35						08/01/12		
39	87391	HIV-2 AG, EIA	22.35						08/01/12		
39	87400	INFLUENZA A/B, AG, EIA	15.19					X	08/01/12		
39	87420	RESP SYNCYTIAL AG, EIA	15.19						08/01/12		
39	87425	ROTAVIRUS AG, EIA	15.19						08/01/12		
39	87427	SHIGA-LIKE TOXIN AG, EIA	15.19						08/01/12		
39	87430	STREP A AG, EIA	15.19						08/01/12		
39	87449	AG DETECT NOS, EIA, MULT	15.19						08/01/12		
39	87450	AG DETECT NOS, EIA, SINGLE	5.88						08/01/12		
39	87451	AG DETECT POLYVAL, EIA, MULT	5.88						08/01/12		
39	87470	BARTONELLA, DNA, DIR PROBE	25.40						08/01/12		
39	87471	BARTONELLA, DNA, AMP PROBE	44.45						08/01/12		
39	87472	BARTONELLA, DNA, QUANT	54.25						08/01/12		
39	87475	LYME DIS, DNA, DIR PROBE	25.40						08/01/12		
39	87476	LYME DIS, DNA, AMP PROBE	44.45						08/01/12		
39	87477	LYME DIS, DNA, QUANT	54.25						08/01/12		
39	87480	CANDIDA, DNA, DIR PROBE	25.40						08/01/12		
39	87481	CANDIDA, DNA, AMP PROBE	44.45						08/01/12		
39	87482	CANDIDA, DNA, QUANT	52.88						08/01/12		
39	87485	CHYLMD PNEUM, DNA, DIR PROBE	25.40						08/01/12		
39	87486	CHYLMD PNEUM, DNA, AMP PROBE	44.45						08/01/12		
39	87487	CHYLMD PNEUM, DNA, QUANT	54.25						08/01/12		
39	87490	CHYLMD TRACH, DNA, DIR PROBE	25.40						08/01/12		
39	87491	CHYLMD TRACH, DNA, AMP PROBE	44.45					X	08/01/12		
39	87492	CHYLMD TRACH, DNA, QUANT	44.28						08/01/12		
39	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	44.45						08/01/12		
39	87495	CYTOMEG, DNA, DIR PROBE	25.40						08/01/12		
39	87496	CYTOMEG, DNA, AMP PROBE	44.45						08/01/12		
39	87497	CYTOMEG, DNA, QUANT	54.25						08/01/12		
39	87498	DETECTION TEST FOR ENTEROVIRUS (INTE	44.45						08/01/12		
39	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	44.45						08/01/12		
39	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	65.00						08/01/12		
39	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	107.78						08/01/12		
39	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	26.30						08/01/12		
39	87505	INFECTIOUS AGENT DETECTION BY NUCLEI	174.58						01/01/15		
39	87506	INFECTIOUS AGENT DETECTION BY NUCLEI	290.45						01/01/15		
39	87507	INFECTIOUS AGENT DETECTION BY NUCLEI	567.18						01/01/15		
39	87510	GARDNER VAG, DNA, DIR PROBE	25.40						08/01/12		
39	87511	GARDNER VAG, DNA, AMP PROBE	44.45						08/01/12		
39	87512	GARDNER VAG, DNA, QUANT	52.88						08/01/12		
39	87515	HEPATITIS B, DNA, DIR PROBE	25.40						08/01/12		
39	87516	HEPATITIS B, DNA, AMP PROBE	44.45						08/01/12		
39	87517	HEPATITIS B, DNA, QUANT	54.25						08/01/12		
39	87520	HEPATITIS C, RNA, DIR PROBE	25.40						08/01/12		
39	87521	DETECTION TEST FOR HEPATITIS C VIRUS	44.45						08/01/12		
39	87522	DETECTION TEST FOR HEPATITIS C VIRUS	54.25						08/01/12		
39	87525	HEPATITIS G, DNA, DIR PROBE	25.40						08/01/12		
39	87526	HEPATITIS G, DNA, AMP PROBE	44.45						08/01/12		
39	87527	HEPATITIS G, DNA, QUANT	52.88						08/01/12		
39	87528	HSV, DNA, DIR PROBE	25.40						08/01/12		

COLUMN:

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			FEE	AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
	CODE	DESCRIPTION		MIN-MAX		REV		>001	DATE	OVERS	IND
39	87529	HSV, DNA, AMP PROBE	44.45						08/01/12		
39	87530	HSV, DNA, QUANT	54.25						08/01/12		
39	87531	HHV-6, DNA, DIR PROBE	25.40						08/01/12		
39	87532	HHV-6, DNA, AMP PROBE	44.45						08/01/12		
39	87533	HHV-6, DNA, QUANT	52.88						08/01/12		
39	87534	HIV-1, DNA, DIR PROBE	25.40						08/01/12		
39	87535	DETECTION TEST FOR HIV-1 VIRUS	44.45						08/01/12		
39	87536	DETECTION TEST FOR HIV-1 VIRUS	107.78						08/01/12		
39	87537	HIV-2, DNA, DIR PROBE	25.40						08/01/12		
39	87538	DETECTION TEST FOR HIV-2 VIRUS	44.45						08/01/12		
39	87539	DETECTION TEST FOR HIV-2 VIRUS	54.25						08/01/12		
39	87540	LEGION PNEUMO, DNA, DIR PROB	25.40						08/01/12		
39	87541	LEGION PNEUMO, DNA, AMP PROB	44.45						08/01/12		
39	87542	LEGION PNEUMO, DNA, QUANT	52.88						08/01/12		
39	87550	MYCOBACTERIA, DNA, DIR PROBE	25.40						08/01/12		
39	87551	MYCOBACTERIA, DNA, AMP PROBE	44.45						08/01/12		
39	87552	MYCOBACTERIA, DNA, QUANT	54.25						08/01/12		
39	87555	M.TUBERCULO, DNA, DIR PROBE	25.40						08/01/12		
39	87556	M.TUBERCULO, DNA, AMP PROBE	44.45						08/01/12		
39	87557	M.TUBERCULO, DNA, QUANT	54.25						08/01/12		
39	87560	M.AVIUM-INTRA, DNA, DIR PROB	25.40						08/01/12		
39	87561	M.AVIUM-INTRA, DNA, AMP PROB	44.45						08/01/12		
39	87562	M.AVIUM-INTRA, DNA, QUANT	54.25						08/01/12		
39	87580	M.PNEUMON, DNA, DIR PROBE	25.40						08/01/12		
39	87581	M.PNEUMON, DNA, AMP PROBE	44.45						08/01/12		
39	87582	M.PNEUMON, DNA, QUANT	52.88						08/01/12		
39	87590	N.GONORRHOEAE, DNA, DIR PROB	25.40						08/01/12		
39	87591	N.GONORRHOEAE, DNA, AMP PROB	44.45					X	08/01/12		
39	87592	N.GONORRHOEAE, DNA, QUANT	54.25						08/01/12		
39	87623	INFECTIOUS AGENT DETECTION BY NUCLEI	47.76						01/01/15		
39	87624	INFECTIOUS AGENT DETECTION BY NUCLEI	47.76						01/01/15		
39	87625	INFECTIOUS AGENT DETECTION BY NUCLEI	47.76						01/01/15		
39	87631	INFECTIOUS AGENT DETECTION BY NUCLEI	174.58						01/01/15		
39	87632	INFECTIOUS AGENT DETECTION BY NUCLEI	290.45						01/01/15		
39	87633	INFECTIOUS AGENT DETECTION BY NUCLEI	567.18						01/01/15		
39	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	44.45						08/01/12		
39	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	44.45						08/01/12		
39	87650	STREP A, DNA, DIR PROBE	25.40						08/01/12		
39	87651	STREP A, DNA, AMP PROBE	44.45						08/01/12		
39	87652	STREP A, DNA, QUANT	52.88						08/01/12		
39	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	44.45						08/01/12		
39	87660	TRICHOMONAS VAGIN, DIR PROBE	25.40					F	08/01/12		
39	87661	INFECTIOUS AGENT DETECTION BY NUCLEI	47.76						01/01/15		
39	87797	DETECT AGENT NOS, DNA, DIR	25.40						08/01/12		
39	87798	DETECT AGENT NOS, DNA, AMP	44.45						08/01/12		
39	87799	DETECT AGENT NOS, DNA, QUANT	12.20						08/01/12		
39	87800	DETECT AGNT MULT, DNA, DIREC	50.80						08/01/12		
39	87801	DETECT AGNT MULT, DNA, AMPLI	88.90						08/01/12		
39	87802	STREP B ASSAY W/OPTIC	15.19						08/01/12		
39	87803	CLOSTRIDIUM TOXIN A W/OPTIC	15.19						08/01/12		

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS OCTOBER 01, 2016 THRU DECEMBER 31, 2016

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	87804	AGENT NOS ASSAY W/OPTIC	15.19					X	08/01/12		
39	87806	INFECTIOUS AGENT ANTIGEN DETECTION B	30.60						01/01/15		
39	87807	RSV ASSAY W/OPTIC	15.19						08/01/12		
39	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	15.19				F		08/01/12		
39	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	15.19						08/01/12		
39	87810	CHYLM D TRACH ASSAY W/OPTIC	15.19						08/01/12		
39	87850	N. GONORRHOEAE ASSAY W/OPTIC	15.19						08/01/12		
39	87880	STREP A ASSAY W/OPTIC	15.19						08/01/12		
39	87899	AGENT NOS ASSAY W/OPTIC	15.19						08/01/12		
39	87900	PHENOTYPE, INFECT AGENT DRUG	165.08						08/01/12		
39	87901	GENOTYPE, DNA, HIV REVERSE T	326.05						08/01/12		
39	87902	GENOTYPE, DNA, HEPATITIS C	326.05						08/01/12		
39	87903	PHENOTYPE, DNA HIV W/CULTURE	618.87						08/01/12		
39	87904	PHENOTYPE, DNA HIV W/CLT ADD	33.01						08/01/12		
39	87905	INFECTIOUS AGENT ENZYMATI C ACTIVITY	15.48						08/01/12		
39	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	163.03						08/01/12		
39	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	350.35						01/01/15		
39	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	350.35						01/01/15		
39	87999	MICROBIOLOGY PROCEDURE	MP				X		06/01/08		
39	88104	CYTOPATHOLOGY	50.11						08/01/12		
39	88106	CYTOPATHOLOGY	61.80						08/01/12		
39	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	58.66						08/01/12		
39	88112	CYTOPATHOLOGY, SELECT CELL ENHANCEMNT	59.89	10	59		F		01/01/15		
39	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	217.77						08/01/12		
39	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	183.84						08/01/12		
39	88125	FORENSIC CYTOPATHOLOGY	17.86						08/01/12		
39	88130	SEX CHROMATIN IDENTIFICATION	19.06						08/01/12		
39	88140	SEX CHROMATIN IDENTIFICATION	10.13						08/01/12		
39	88141	CYTOPATH CERV/VAG INTERPRET	23.05						08/01/12		
39	88142	CYTOPATH CERV/VAG THIN LAYER	19.13						08/01/12		
39	88143	CYTPATH C/VAG T/LAYER REDO	17.42						08/01/12		
39	88147	CYTPATH C/VAG AUTOMATED	13.38						08/01/12		
39	88148	CYTPATH C/VAG AUTO RESCREEN	13.38						08/01/12		
39	88150	CYTOPATHOLOGY, PAP SMEAR	13.38	10	99		F		08/01/12		
39	88152	CYTOPATH CERV/VAG AUTO	13.38						08/01/12		
39	88153	CYTPATH C/VAG REDO	13.38						08/01/12		
39	88154	CYTPATH C/VAG SELECT	13.38						08/01/12		
39	88155	CYTOPATH, (PAP); W/ DEF. HORMONAL EVAL	7.60				F		08/01/12		
39	88160	CYTOPATHOLOGY	42.47						08/01/12		
39	88161	CYTOPATH...; PREP, SCREEN, INTERP.	44.18						08/01/12		
39	88162	CYTOPATH...; EXT. STUDY, +5 SLIDES, MULTI	64.03						08/01/12		
39	88164	CYTPATH TBS C/VAG MANUAL	13.38						08/01/12		
39	88165	CYTPATH TBS C/VAG REDO	13.38						08/01/12		
39	88166	CYTPATH TBS C/VAG AUTO REDO	13.38						08/01/12		
39	88167	CYTPATH TBS C/VAG SELECT	13.38						08/01/12		
39	88172	IMMEDIATE EVAL/ASPIRATE, SPEC ADEQUAC	43.43						08/01/12		
39	88173	FINE NEEDLE ASPIRATE...; INTERP/REPORT	109.56						08/01/12		
39	88174	CYTOPATHOLOGY, VAGINAL OR CERVICAL CO	18.49	10	59		F		08/01/12		
39	88175	CYTOPATHOLOGY, WITH SCREENING	23.30	10	59		F		08/01/12		
39	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	13.42						08/01/12		

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
39	88182	FLOW CYTOMETRY;	82.88						08/01/12		
39	88184	FLOWCYTOMETRY/ TC, 1 MARKER	61.86						08/01/12		
39	88185	FLOWCYTOMETRY/TC, ADD-ON	36.77					X	08/01/12		
39	88187	FLOWCYTOMETRY/READ, 2-8	MP			X			06/01/08		
39	88188	FLOWCYTOMETRY/READ, 9-15	MP			X			06/01/08		
39	88189	FLOWCYTOMETRY/READ, 16 & >	MP			X			06/01/08		
39	88199	CYTOPATHOLOGY PROCEDURE	MP			X			06/01/08		
39	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	80.95						08/01/12		
39	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	80.95						08/01/12		
39	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	80.95						08/01/12		
39	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	80.95						08/01/12		
39	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	80.95						08/01/12		
39	88240	CELL CRYOPRESERVE/STORAGE	12.80						08/01/12		
39	88241	FROZEN CELL PREPARATION	12.80						08/01/12		
39	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	80.95						08/01/12		
39	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	219.33						08/01/12		
39	88249	CHROMOSOME ANALYSIS, 100	219.33						08/01/12		
39	88261	CHROMOSOME COUNT: 1-4 CELLS	223.84						08/01/12		
39	88262	CHROMOSOME COUNT: 1-20 CELLS	157.86						08/01/12		
39	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	80.95						08/01/12		
39	88264	CHROMOSOME ANALYSIS, 20-25	157.86						08/01/12		
39	88267	CHROMOSOME COUNT: AMNIOTIC	227.68						08/01/12		
39	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	210.65						08/01/12		
39	88271	CYTOGENETICS, DNA PROBE	27.13						08/01/12		
39	88272	CYTOGENETICS, 3-5	33.90						08/01/12		
39	88273	CYTOGENETICS, 10-30	40.69						08/01/12		
39	88274	CYTOGENETICS, 25-99	44.09						08/01/12		
39	88275	CYTOGENETICS, 100-300	50.86						08/01/12		
39	88280	CHROMOSOME COUNT: ADDITIONAL	31.79						08/01/12		
39	88283	CHROM ANAL;ADD SPEC BANDING TECH.	35.34						08/01/12		
39	88285	CHROMOSOME COUNT: ADDITIONAL	24.07						08/01/12		
39	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	43.61						08/01/12		
39	88291	CYTO/MOLECULAR REPORT	24.58						08/01/12		
39	88299	CYTOGENETIC STUDY	5.81			X			06/01/08		
39	88300	SURGICAL PATHOLOGY, GROSS	14.19					X	01/01/15		
39	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	29.30					X	01/01/15		
39	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	41.71					X	01/01/15		
39	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	67.96					X	01/01/15		
39	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	170.51						08/01/12		
39	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	257.96						08/01/12		
39	88311	SURGICAL PATHOLOGY; DECALCIFICATION	15.21						08/01/12		
39	88312	SPECIAL STAIN INCLUDING INTERPRETATI	79.39						08/01/12		
39	88313	SPECIAL STAIN INCLUDING INTERPRETATI	57.39						08/01/12		
39	88314	SPECIAL STAIN INCLUDING INTERPRETATI	68.33						01/01/15		
39	88321	MICROSLIDE CONSULTATION	75.45						08/01/12		
39	88323	MICROSLIDE CONSULTATION	119.00						08/01/12		
39	88325	COMPREHENSIVE REVIEW OF DATA	158.42						08/01/12		
39	88329	CONSULTATION DURING SURGERY	41.14					X	08/01/12		
39	88331	CONSULTATION DURING SURGERY	74.86					X	08/01/12		
39	88332	PATHOLOGY CONSULTATION DURING SURGER	33.71						08/01/12		

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	90393	VACCINA IG, IM	CCR								
39	90396	VARICELLA-ZOSTER IG, IM	CCR								
39	90399	IMMUNE GLOBULIN	CCR								
39	90476	ADENOVIRUS VACCINE, TYPE 4	CCR								
39	90477	ADENOVIRUS VACCINE, TYPE 7	CCR								
39	90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR	CCR								
39	90585	BCG TICE VACCINE, 50 MG	CCR								
39	90586	BCG LIVE (INTRAVESICAL)	CCR								
39	90620	MENINGOCOCCAL RECOMBINANT PROTEIN	CCR	19 99							E
39	90621	MENINGOCOCCAL RECOMBINANT LIPOPROT	CCR	19 99							E
39	90632	HEPATITIS A VACCINE (HEPA),ADULT	CCR	19 99							E
39	90633	HEPA VACCINE PED/ADOL-2 DOSE	CCR	00 21							
39	90647	HIB VACCINE, PRP-OMP, IM	CCR	00 21							
39	90648	HIB VACCINE, PRP-T, IM	CCR								E
39	90649	HPV VACCINE 4 VALENT, IM	CCR	00 20			F				
39	90651	HUMAN PAPILOMAVIRUS VACCINE TYPES 6	CCR	09 26							
39	90654	INFLUENZA VIRUS VACCINE, SPLIT VIRUS	CCR			X					
39	90655	FLU VACCINE, 6-35 MO, IM	CCR	00 02							
39	90656	FLU VACCINE NO PRESERV 3 & >	CCR	03 20							
39	90657	FLU VACCINE, 6-35 MO, IM	CCR	00 21							
39	90658	FLU VACCINE, 3 YRS, IM	CCR	00 21							
39	90664	INFLUENZA VIRUS VACCINE, PANDEMIC FO	CCR			X					
39	90666	INFLUENZA VIRUS VACCINE, PANDEMIC FO	CCR			X					
39	90667	INFLUENZA VIRUS VACCINE, PANDEMIC FO	CCR			X					
39	90668	INFLUENZA VIRUS VACCINE, PANDEMIC FO	CCR			X					
39	90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 V	CCR								E
39	90675	RABIES VACCINE, IM	CCR								
39	90676	RABIES VACCINE, ID	CCR								
39	90680	ROTAVIURS VACCINE, ORAL USE	CCR	00 18							
39	90685	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	00 02							
39	90686	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	03 99							
39	90687	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR								
39	90688	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	03 99							
39	90690	TYPHOID VACCINE, ORAL	CCR								
39	90691	TYPHOID VACCINE, IM	CCR								
39	90698	DTAP-HIB-IPV VACCINE, IM	CCR	00 20							
39	90700	DTAP, DIPHTH, TETANUS TOXO,PETRUSIS	CCR	00 21							
39	90702	IMMUNIZATION,DT	CCR	00 21							
39	90707	MEASLES,MUMPS AND RUBELLA VIRUS-MMR	CCR								E
39	90710	MEAS, MUMPS, RUB, VARICELLA VAC-MMRV	CCR	00 18							
39	90713	IMMUNIZATION,POLIO INJECTION	CCR	00 21							
39	90714	TD VACCINE, PRES FREE, 7 YRS OR OLDE	CCR	07 99							
39	90715	TDAP VACCINE >7 IM	CCR	07 99							E
39	90716	VARICELLA VIRUS VACCINE	CCR								E
39	90717	IMMUNIZATION,YELLOW FEVER	CCR	00 21							
39	90723	DTAP-HEP B-IPV VACCINE, IM	CCR	00 20							
39	90732	PNEUMOCOCCAL POLYSACC VACCINE,23-VAL	CCR	02 99							
39	90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE	CCR	21 99							E
39	90734	MENINGOCOCCAL CONJUGATE VACCINE, IMC	CCR								E
39	90736	ZOSTER (SHINGLES) VACCINE	CCR	21 99							E

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	92586	AUDITOR EVOKE POTENT, LIMIT	CCR	00 20							
39	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	CCR								
39	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	CCR								
39	92590	HEARING AID EXAM/SELECTION;MONAURAL	CCR								
39	92591	HEARING AID EXAM/SELECTION;BINAURAL	CCR								
39	92592	HEARING AID CHECK; MONAURAL	CCR								
39	92593	HEARING AID CHECK; BINAURAL	CCR								
39	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	CCR								
39	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	CCR								
39	92610	EVALUATE SWALLOWING FUNCTION	33.60						08/01/12		
39	92611	MOTION FLUOROSCOPY/SWALLOW	36.48						08/01/12		
39	92612	ENDOSCOPY SWALLOW TST	139.97					X	08/01/12		
39	92618	EVALUATION FOR PRESCRIPTION OF NON-S	CCR			X					
39	92620	AUDITORY FUNCTION, 60 MIN	CCR								
39	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	CCR					X			
39	92625	TINNITUS ASSESSMENT	CCR								
39	92626	EVAL AUD REHAB STATUS	CCR	02 99	X						
39	92627	EVAL AUD STATUS REHAB ADD-ON	CCR	02 99	X			X			
39	92630	AUD REHAB PRE-LING HEAR LOSS	CCR		X	X					
39	92633	AUD REHAB POSTLING HEAR LOSS	CCR	02 99	X	X					
39	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	CCR								
39	92700	ENT PROCEDURE/SERVICE	CCR								
39	92920	BALLOON DILATION OF NARROWED OR BLOC	CCR								
39	92921	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR								
39	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR								
39	92925	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR								
39	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	CCR								
39	92929	PERCUTANEOUS TRANSCATHETER PLACEMENT	CCR								
39	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR								
39	92934	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR								
39	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR								
39	92938	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR								
39	92941	INSERTION OF STENT, REMOVAL OF PLAQU	CCR								
39	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR								
39	92944	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR								
39	92950	CARDIOPULMONARY RESUSCITATION	CCR					X			
39	92960	ELECTRICAL CARDIOVERSION	CCR					X			
39	92961	CARDIOVERSION, ELECTRIC, INT	CCR								
39	92970	CARDIOASSIST, INTERNAL	CCR								
39	92971	CARDIOASSIST, EXTERNAL	CCR								
39	92973	PERCUT CORONARY THROMBECTOMY	CCR								
39	92974	CATH PLACE, CARDIO BRACHYTX	CCR								
39	92978	INTRAVASCULAR US, HEART	CCR								
39	92979	INTRAVASCULAR US, HEART	CCR					X			
39	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR								
39	92987	REVISION OF MITRAL VALVE	CCR								
39	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR								
39	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	CCR								
39	92997	PUL ART BALLOON REPAIR, PERC	CCR								
39	92998	PUL ART BALLOON REPAIR, PERC	CCR					X			

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS OCTOBER 01, 2016 THRU DECEMBER 31, 2016

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
39	93317	ECHO TRANSESOPHAGEAL	CCR								
39	93318	ECHO TRANSESOPHAGEAL INTRAOP	CCR								
39	93320	DOPPLER ECHOCARDIOGRAPHY	CCR								
39	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	CCR								
39	93325	DOPPLER COLOR FLOW VELOCITY	CCR								
39	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	CCR								
39	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR								
39	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	CCR								
39	93451	RIGHT HEART CATHETERIZATION INCLUDIN	CCR								
39	93452	LEFT HEART CATHETERIZATION INCLUDING	CCR								
39	93453	COMBINED RIGHT AND LEFT HEART CATHET	CCR								
39	93454	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93455	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93456	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93457	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93458	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93459	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93460	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93461	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93462	LEFT HEART CATHETERIZATION BY TRANSS	CCR								
39	93463	PHARMACOLOGIC AGENT ADMINISTRATION (CCR								
39	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	CCR								
39	93503	INSERTION AND PLACEMENT OF FLOW DIR	CCR								
39	93505	ENDOCARDIAL BIOPSY 000	CCR								
39	93530	RT HEART CATH, CONGENITAL	CCR								
39	93531	R & L HEART CATH, CONGENITAL	CCR								
39	93532	R & L HEART CATH, CONGENITAL	CCR								
39	93533	R & L HEART CATH, CONGENITAL	CCR								
39	93561	INDICATOR DILUTION STUDIES SUCH AS D	CCR								
39	93562	INDICATOR DILUTION STUDIES SUCH AS D	CCR								
39	93563	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93564	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93565	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93566	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93567	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93568	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93571	HEART FLOW RESERVE MEASURE	CCR								
39	93572	HEART FLOW RESERVE MEASURE	CCR								
39	93580	TRANSCATH CLOSURE OF ASD	CCR								
39	93581	TRANSCATH CLOSURE OF VSD	CCR								
39	93582	Closure of congenital heart defect f	CCR								
39	93583	Therapy for reduction of lower heart	CCR								
39	93600	BUNDLE OF HIS RECORDING	CCR								
39	93602	INTRA-ATRIAL RECORDING	CCR								
39	93603	RIGHT VENTRICULAR RECORDING;	CCR								
39	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	CCR								
39	93610	INTRA-ATRIAL PACING	CCR								
39	93612	INTRAVENTRICULAR PACING	CCR								
39	93613	ELECTROPHYS MAP, 3D, ADD-ON	CCR								
39	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	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
39	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	CCR								
39	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	CCR								
39	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	CCR								
39	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	CCR								
39	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	CCR								
39	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	CCR								
39	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	CCR								
39	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	CCR								
39	99239	HOSPITAL DISCHARGE DAY	CCR								
39	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	CCR								
39	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	CCR								
39	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	CCR								
39	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR								
39	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR								
39	99291	CRITICAL CARE, FIRST HOUR	CCR				X				
39	99292	CRITICAL CARE, EVALUATION AND MANAGE	CCR			X		X			
39	99304	INITIAL NURSING FACILITY VISIT, TYPI	CCR								
39	99305	INITIAL NURSING FACILITY VISIT, TYPI	CCR								
39	99306	INITIAL NURSING FACILITY VISIT, TYPI	CCR								
39	99307	SUBSEQUENT NURSING FACILITY VISIT, T	CCR								
39	99308	SUBSEQUENT NURSING FACILITY VISIT, T	CCR								
39	99309	SUBSEQUENT NURSING FACILITY VISIT, T	CCR								
39	99310	SUBSEQUENT NURSING FACILITY VISIT, T	CCR								
39	99315	NURSING FAC DISCHARGE DAY	CCR								
39	99316	NURSING FAC DISCHARGE DAY	CCR								
39	99324	NEW PATIENT ASSISTED LIVING VISIT, T	CCR								
39	99325	NEW PATIENT ASSISTED LIVING VISIT, T	CCR								
39	99326	NEW PATIENT ASSISTED LIVING VISIT, T	CCR								
39	99327	NEW PATIENT ASSISTED LIVING VISIT, T	CCR								
39	99328	NEW PATIENT ASSISTED LIVING VISIT, T	CCR								
39	99334	ESTABLISHED PATIENT ASSISTED LIVING	CCR								
39	99335	ESTABLISHED PATIENT ASSISTED LIVING	CCR								
39	99336	ESTABLISHED PATIENT ASSISTED LIVING	CCR								
39	99337	ESTABLISHED PATIENT ASSISTED LIVING	CCR								
39	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	CCR								
39	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	CCR								
39	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	CCR								
39	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	CCR								
39	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	CCR								
39	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR								
39	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR								
39	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR								
39	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR								
39	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	CCR					X			
39	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	CCR	00	01						
39	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	CCR	01	04						
39	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	CCR	05	11						
39	99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	CCR	12	17						
39	99385	INIT COMP PREV MED 18-39 YRS	CCR	18	39						
39	99386	INIT COMP PREV MED 40-64 YRS	CCR	40	64						

