STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024
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 Gainwell Technologies Provider Relations at 1-800-473-2783.

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

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

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

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: All revenue (HR) codes will require a valid procedure code (HCPC or CPT). All revenue codes will be reimbursed based on the Hospital Specific Cost-to-Charge Ratio except for Labs, Outpatient Services (Therapies), and Hospital Outpatient Clinic Visits will be paid based on the procedure code fee.
NOTE: Hospital Outpatient Ambulatory Surgery (490) fees are listed under a separate web based Fee Schedule.
COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.
COLUMN 6. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim.If a PA request is not approved, no payment for the service will be made.
COLUMN 7. MED REV: Claims with some codes pend to Medical Review for review of the attachments or to confirm Prior Authorization by the surgeon.
COLUMN 8. SEX (Restriction): Some procedure codes are restricted to a particular sex.
COLUMN 9. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.
COLUMN 10. Effective date: Type of Service (TOS) 39 was created 7/1/08 specifically for State Hospitals Outpatient Services
As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.
COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.
COLUMN 12. SPEC IND: This code is associated with a special process.
Code E - Medicaid Expansion

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	A9515	CHOLINE C11,DIAGNOSTIC,UP TO 20 MILL	CCR								
39	A9517	IODINE 1-131 SODIUM IODIDE CAPSULE(S	CCR					X			
39	A9526	NITROGEN N13 AMONIA,DIAGNOSTIC ...40	CCR								
39	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOS	CCR		X						
39	A9580	SODIUM FLUORIDE F 18,DIAGNOSTIC...30	CCR								
39	A9586	FLORBETAPIR F18,DIAGNOSTIC,UP TO 10M	CCR								
39	A9587	GALLIUM GA-68,DOTATATE,DIAG...1 MILL	CCR								
39	A9588	FLUCICLOVINE F-18,DIAGNOSTIC,1 MILLI	CCR								
39	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	15.18					X	01/01/20		
39	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	8.55					X	01/01/20		
39	G0378	HOSPITAL OBSERVATION PER HR	CCR					X			
39	G0379	DIRECT REFER HOSPITAL OBSERV	CCR								
39	G0433	INFECTIOUS AGENT ANTIBODY DETECTION	20.30						01/01/20		
39	G0480	DRUG TEST (S) DEFINITIVE	127.02						01/01/20		
39	G0481	DRUG TEST (S) DEFINITIVE	173.81						01/01/20		
39	G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF	CCR					X			
39	G6002	STEROSCOPIC X-RAY GUIDANCE FOR LOCA	CCR					X			
39	HR250	PHARMACY,GENERAL CLASSIFICATION	CCR					X			
39	HR251	PHARMACY,GENERIC DRUGS	CCR					X			
39	HR252	PHARMACY,NON-GENERIC DRUGS	CCR					X			
39	HR258	PHARMACY,IV SOLUTIONS	CCR					X			
39	HR259	PHARMACY, OTHER PHARMACY	CCR					X			
39	HR260	IV THERAPY	CCR					X			
39	HR261	INFUSION PUMP	CCR					X			
39	HR269	OTHER IV THERAPY	CCR					X			
39	HR270	MED/SURG SUPPLY/DEVICE-GEN. CLS	CCR					X			
39	HR271	NON STERILE SUPPLY	CCR					X			
39	HR272	STERILE SUPPPLY	CCR					X			
39	HR273	TAKE HOME SUPPLIES	CCR					X			
39	HR274	PROSTHETIC DEVICES	CCR					X			
39	HR275	PACEMAKER	CCR					X			
39	HR278	OTHER IMPLANTS	CCR					X			
39	HR279	OTHER SUPPLIES DEVICES	CCR					X			
39	HR280	ONCOLOGY-GENERAL CLASSIFICATION	CCR					X			
39	HR289	OTHER ONCLOLGY	CCR					X			
39	HR300	LABORATORY-GEN CLASSIFICATION	HCPC					X			
39	HR301	LAB/CHEMISTRY	HCPC					X			
39	HR302	LAB/IMMUNOLOGY	HCPC					X			
39	HR303	LAB/RENAL PATIENT (HOME)	HCPC					X			
39	HR304	LAB NON ROUTINE DIALYSIS	HCPC					X			
39	HR305	LAB HEMATOLOGY	HCPC					X			
39	HR306	LAB BACTERIOLOGY AND MICROBIOLOGY	HCPC					X			
39	HR307	LABORATORY-UROLOGY	HCPC					X			
39	HR309	LABORTORY-OTHER LABORATORY	HCPC					X			
39	HR310	LAB PATHOLOGY/GENERAL CLASS	HCPC					X			
39	HR311	LAB PATHOLOGY/CYTOLOGY	HCPC					X			
39	HR312	LAB PATHOLOGY/HISTOLOGY	HCPC					X			
39	HR314	LAB PATHOLOGY/BIOPSY	HCPC					X			
39	HR319	LAB PATHOLOGY OTHER	HCPC					X			
39	HR320	RADIOLOGY-DIAGNOSTIC GEN CLASS	CCR					X			

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1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	HR321	ANGIOCARDIOLOGY	CCR						X			
39	HR324	CHEST X-RAY	CCR						X			
39	HR329	RADIOLOGY-DIAGNOSTIC OTHER	CCR						X			
39	HR330	RADIOLOGY-THERAPEUTIC/GEN CLASS	CCR						X			
39	HR331	CHEMOTHERAPY-INJECTED	CCR						X			
39	HR332	CHEMOTHERAPY-ORAL	CCR						X			
39	HR333	RADIATION THERAPY	CCR						X			
39	HR335	CHEMOTHERAPY IV	CCR						X			
39	HR339	RADIOLOGY-THERAPEUTIC OTHER	CCR						X			
39	HR340	NUCLEAR MEDICINE GENERAL	CCR						X			
39	HR341	NUCLEAR MEDICINE DIAGNOSTIC	CCR						X			
39	HR342	NUCLEAR MEDICINE THERAPEUTIC	CCR						X			
39	HR343	DIAGNOSTIC RADIOPHARMACEUTICALS	CCR						X			
39	HR349	NUCLEAR MEDICINE OTHER	CCR						X			
39	HR350	CT SCAN GENERAL CLASSIFICATION	CCR						X			
39	HR351	CT SCAN-HEAD	CCR						X			
39	HR352	CT SCAN-BODY	CCR						X			
39	HR359	OTHER CT SCANS	CCR						X			
39	HR361	OPERATING ROOM SERVICES MINOR SURGER	CCR						X			
39	HR370	ANESTHESIA GENERAL	CCR						X			
39	HR379	OTHER ANESTHESIA	CCR						X			
39	HR380	BLOOD GENERAL CLASSIFICATION	CCR						X			
39	HR381	PACKED RED CELLS	CCR						X			
39	HR382	WHOLE BLOOD	CCR						X			
39	HR383	PLASMA	CCR						X			
39	HR384	PLATELETS	CCR						X			
39	HR385	BLOOD/LEUKOCYTES	CCR						X			
39	HR386	BLOOD OTHER COMPONENTS	CCR						X			
39	HR387	BLOOD-OTHER DERIVATIVES	CCR						X			
39	HR389	OTHER BLOOD	CCR						X			
39	HR390	BLOOD STORAGE-PROCESSING G C	CCR						X			
39	HR391	BLOOD ADMINISTRATRION	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	30	99			F	X			
39	HR404	POSITRON EMMISSION TOMOGRAPHY	CCR						X			
39	HR409	OTHER IMAGING SERVICES	CCR						X			
39	HR410	RESPIRATORY SERVICES GEN CLASS	CCR						X			
39	HR412	INHALATION SERVICES	CCR						X			
39	HR413	HYPERBARIC OXYGEN THERAPY	CCR				X		X			
39	HR419	OTHER RESPIRATORY SERVICES	CCR						X			
39	HR420	PHYSICAL THERAPY GENERAL	HCPC			X			X			
39	HR421	PHYSICAL THERAPY-VISIT CHARGE	HCPC			X			X			
39	HR422	PHYSICAL THERAPY-HOURLY CHARGE	HCPC			X			X			
39	HR424	PT EVALUTION/RE-EVALUATION	HCPC						X			
39	HR430	OCCUPATIONAL THERAPY GENERAL	HCPC			X			X			
39	HR431	OCCUPATIONAL THERAPY-VISIT CHARGE	HCPC			X			X			

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	HR432	OCCUPATIONAL THERAPY-HOURLY	HCPC		X			X			
39	HR434	OT EVALUATION/RE-EVALUATION	HCPC					X			
39	HR440	SPEECH/LANGUAGE PATHOLOGY GENERAL	HCPC		X			X			
39	HR441	SPEECH/LANGUAGE-VISIT CHARGE	HCPC		X			X			
39	HR442	SPEECH/LANGUAGE HOURLY CHARGE	HCPC		X			X			
39	HR444	S/L EVALUATION/RE-EVALUATION	HCPC					X			
39	HR450	EMERGENCY ROOM-GENERAL	CCR					X			
39	HR459	OTHER EMERGENCY ROOM	CCR					X			
39	HR460	PULMONARY FUNCTION-GENERAL	CCR					X			
39	HR469	OTHER PULMONARY	CCR					X			
39	HR470	AUDIOLOGY-GENERAL	CCR					X			
39	HR471	AUDIOLGY-DIAGNOSTIC	CCR					X			
39	HR472	AUDIOLOGY-TREATMENT	CCR					X			
39	HR479	OTHER AUDIOLOGY	CCR					X			
39	HR480	CARDIOLOGY-GENERAL	CCR					X			
39	HR481	CARDIAC CATH LAB	CCR					X			
39	HR482	STRESS TEST	CCR					X			
39	HR483	ECHO CARDIOLOGY	CCR					X			
39	HR489	OTHER CARDIOLOGY	CCR					X			
39	HR490	AMBULATORY SURGICAL CARE GENERAL	HCPC					X			
39	HR510	CLINIC-GENERAL	HCPC					X			
39	HR514	OB-GYN CLINIC	HCPC					X			
39	HR515	PEDIATRIC CLINIC	HCPC					X			
39	HR517	FAMILY PRACTICE CLINIC	HCPC					X			
39	HR519	OTHER CLINIC	HCPC					X			
39	HR540	AMBULANCE-GENERAL	CCR					X			
39	HR610	MAGNETIC RESONANCE IMAGE GEN CL	CCR					X			
39	HR611	MAGNETIC RESONANCE IMAGE-BRAIN	CCR					X			
39	HR612	MAGNETIC RESONANCE IMAGE-SPINE	CCR					X			
39	HR619	MAGNETIC RESONANCE IMAGE-OTHER	CCR					X			
39	HR636	DRUGS REQUIRING DETAILED CODING	CCR					X			
39	HR700	CAST ROOM	CCR					X			
39	HR710	RECOVERY ROOM-GENERAL CLASSIFICATION	CCR					X			
39	HR724	LABOR ROOM/DELIVERY BIRTHING CENTER	CCR					X			
39	HR730	EKG ECG-GENERAL CLASSIFICATION	CCR					X			
39	HR731	HOLTER MONITOR	CCR					X			
39	HR732	TELEMETRY	CCR					X			
39	HR739	OTHER EKG/ECG	CCR					X			
39	HR740	EEG-GENERAL CLASSIFICATION	CCR					X			
39	HR750	GASTRO-INTEST SERV-GEN CLASSIFICATIO	CCR					X			
39	HR761	TREATMENT RM	CCR					X			
39	HR762	OBSERVATION ROOM	CCR					X			
39	HR790	EXTRA-CORPOREAL SHOCK WAVE THERAPY	CCR					X			
39	HR820	HEMDIAL-OUTPAT/HOME GEN CLASSIFICATI	CCR					X			
39	HR821	HEMODIALYSIS/COMPOSITE	CCR					X			
39	HR822	HOME SUPPLIES-HEMODIALYSIS	CCR					X			
39	HR823	HOME EQUIPMENT-HEMODIALYSIS	CCR					X			
39	HR824	MAINTENANCE/100%-HEMODIALYSIS	CCR					X			
39	HR825	SUPPORT SERVICES-HEMODIALYSIS	CCR					X			
39	HR829	OTHER OP HEMODIALYSIS	CCR					X			

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1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	HR830	PERITONEAL DIALYSIS OP/HM G CLASS	CCR					X			
39	HR831	PERITONEAL/COMPOSITE RATE	CCR					X			
39	HR832	HOME SUPPLIES-PERITONEAL DIALYSIS	CCR					X			
39	HR833	HOME EQUIPMENT-PERITONEAL DIALYSIS	CCR					X			
39	HR834	MAINTENANCE/100%-PERITONEAL DIALYSIS	CCR					X			
39	HR839	OTHER OUTPATIENT PERITONEAL DIALYSIS	CCR					X			
39	HR840	CAPD-HOME/OP GEN CLASS	CCR					X			
39	HR841	CAPD/COMPOSITE OR OTHER RATE	CCR					X			
39	HR850	GEN CLASSIF-CCP DIALYSIS OP/HM	CCR					X			
39	HR851	CCP DIALYSIS/COMPOSITE RATE	CCR					X			
39	HR855	SUPPORT SERVICES CCP DIALYSIS	CCR					X			
39	HR880	MISC DIALYSIS GEN CLASS	CCR					X			
39	HR881	MISC DIALYSIS ULTRAFILTRATION	CCR					X			
39	HR920	OTHER DIAG SERV GEN CLASSIFICATION	CCR					X			
39	HR921	PERIPHERAL VASCULAR LAB	CCR					X			
39	HR922	ELECTROMYELGRAM	CCR					X			
39	HR923	PAP SMEAR	CCR					X			
39	HR924	ALLERGY TEST	CCR					X			
39	HR925	PREGNANCY TEST	CCR					X			
39	HR929	OTHER DIAGNOSTIC SERVICE	CCR					X			
39	HR942	EDUCATION/ TRAINING	HCPC					X			
39	J0121	INJECTION, OMADACYCLINE, 1 MG	CCR	18 99				X			
39	J0122	INJECTION, ERAVACYCLINE, 1 MG	CCR	18 99				X			
39	J0130	INJECTION ABCIXIMAB 10 MG	CCR					X			
39	J0153	INJECTION, ADENOSINE, 1 MG (NOT TO B	CCR					X			
39	J0171	INJECTION ADRENALIN EPINEPHRINE	CCR					X			
39	J0173	INJECTION, EPINEPHRINE (BELCHER) NOT	CCR								
39	J0178	INJECTION, AFLIBERCEPT, 1MG	CCR					X			
39	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	CCR	18 99				X			
39	J0184	INJECTION, AMISULPRIDE, 1 MG	CCR								
39	J0185	INJECTION, APREPITANT, 1 MG	CCR					X			
39	J0202	INJECTION, ALEMTUZUMAB, 1 MG	CCR	18 99				X			
39	J0207	AMIFOSTINE 500MG	CCR								
39	J0208	INJECTION, SODIUM THIOSULFATE, 100 M	CCR							X	
39	J0216	INJECTION, SODIUM THIOSULFATE, 100 M	CCR							X	
39	J0217	INJECTION, VELMANASE ALFA-TYCV, 1 MG	CCR								
39	J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	CCR		X						
39	J0248	INJECTION, REMDESIVIR, 1 MG	5.51					X	12/23/21		
39	J0275	ALPROSTADIL URETHRAL SUPPOS	CCR								
39	J0278	AMIKACIN SULFATE INJECTION 100MG	CCR	00 20				X			
39	J0285	AMPHOTERICIN B 50MG	CCR	00 20				X			
39	J0287	AMPHOTERICIN B LIPID COMPLEX	CCR								
39	J0289	AMPHOTERICIN B LIPOSOME INJ	CCR								
39	J0290	AMPICILLIN SODIUM,500MG INJECTION	CCR	00 20				X			
39	J0291	INJECTION, PLAZOMICIN, 5 MG	CCR	18 99				X			
39	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	CCR	00 20				X			
39	J0348	INJECTION, ANADULAFUNGIN, 1 MG	CCR	12 99				X			
39	J0349	INJECTION, REZAFUNGIN, 1 MG	CCR	18 99							
39	J0391	INJECTION, ARTESUNATE, 1 MG	CCR							X	
39	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	CCR					X			

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	J0475	BACLOFEN INJ 10MG	CCR	04	99				X			
39	J0476	BACLOFEN INTRATHECAL TRIAL	CCR	04	99							
39	J0485	INJECTION, BELATACEPT, 1MG	CCR						X			
39	J0558	INJECTION PENICILLIN G BENZATHINE A	CCR						X			
39	J0561	INJECTION PENICILLIN G BENZATHINE	CCR						X			
39	J0565	INJECTION, BEZLOTOXUMAB, 10 MG	MP				X			01/01/18		
39	J0587	INJECTION, RIMABOTULINUMTOXINB, 100	CCR									
39	J0592	BUPRENORPHINE HYDROCHLORIDE	CCR									
39	J0594	INJECTION, BUSULFAN, 1 MG	CCR						X			
39	J0596	INJECTION, C1 ESTERASE INHIBITOR (RE	CCR									
39	J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON	MP				X			01/01/18		
39	J0606	INJECTION, ETELCALCETIDE, 0.1 MG	MP				X			01/01/18		
39	J0636	INJECTION, CALCITRIOL, 0.1 MCG	CCR						X			
39	J0637	CASPOFUNGIN ACETATE	CCR									
39	J0640	CALCIUM LEUCOVORIN INJ. 50MG	CCR						X			
39	J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0	CCR						X			
39	J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY)	CCR						X			
39	J0688	INJECTION, CEFAZOLIN SODIUM (HIKMA),	CCR									
39	J0689	INJECTION, CEFAZOLIN SODIUM (BAXTER)	CCR	00	20				X			
39	J0690	CEFAZOLIN SODIUM INJ 500MG	CCR	00	20				X			
39	J0691	INJECTION, LEFAMULIN, 1 MG	CCR	18	99				X			
39	J0692	CEFEPIME HCL 500 MG	CCR	00	20				X			
39	J0693	INJECTION, CEFIDEROCOL, 5 MG	CCR	18	99				X			
39	J0694	CEFOXITIN SODIUM, 1GM	CCR	00	20				X			
39	J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZ	MP				X			01/01/16		
39	J0696	CEFTRIAXONE SODIUM 250MG ROCEPHIN	CCR						X			
39	J0697	STERILE CEFUROXIME SODIUM 750MG	CCR	00	20				X			
39	J0698	CEFOTAXIME SODIUM/PER GM	CCR	00	20				X			
39	J0701	INJECTION, CEFEPIME HYDROCHLORIDE (B	CCR	00	16				X			
39	J0703	INJECTION, CEFEPIME HYDROCHLORIDE (B	CCR	00	16				X			
39	J0706	CAFFEINE CITRATE INJECTION 5MG	CCR									
39	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 M	CCR						X			
39	J0713	CEFTAZIDIME 500MG	CCR	00	20				X			
39	J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM	CCR						X			
39	J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)	CCR						X			
39	J0720	CHLORAMPHENICOL SODIUM SUCC UPTO 1GM	CCR	00	20				X			
39	J0742	INJECTION, IMIPENEM 4 MG, CILASTATIN	CCR	18	99				X			
39	J0744	CIPROFLOXACIN IV	CCR									
39	J0750	EMTRICITABINE 200MG AND TENOFOVIR DI	MP				X			01/01/24		
39	J0751	EMTRICITABINE 200MG AND TENOFOVIR AL	MP				X			01/01/24		
39	J0770	COLISTIMETHATE INJ, UP TO 150MG	CCR	00	20				X			
39	J0780	COMPAZINE INJ, UP TO 10MG	CCR						X			
39	J0799	FDA APPROVED PRESCRIPTION DRUG, ONLY	MP				X			01/01/24		
39	J0840	INJECTION, CROTALIDAE POLYVALENT IMM	CCR									
39	J0873	INJECTION, DAPTOMYCIN (XELLIA) NOT T	CCR	18	99				X			
39	J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT	CCR	01	99				X			
39	J0875	INJECTION, DALBAVANCIN, 5MG	CCR						X			
39	J0877	INJECTION, DAPTOMYCIN (HOSPIRA), NOT	CCR	01	99				X			
39	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	CCR	10	99				X			
39	J0882	INJECTION DARBEPOETIN ALFA 1 MICROGM	CCR						X			

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39	J0885	EPOETIN ALFA, NON-ESRD 1000 U	CCR					X			
39	J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD O	CCR							X	
39	J0893	INJECTION, DECITABINE (SUN PHARMA) N	CCR					X			
39	J0894	INJECTION, DECITABINE, 1 MG	CCR					X			
39	J1050	INJECTION, MEDROXYPROGESTERONE ACETA	CCR	10 55			F	X			
39	J1100	DEXAMETHOSONE INJ, 1MG	CCR					X			
39	J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	CCR								
39	J1190	DEXRAZOXANE HCL 250MG	CCR								
39	J1200	DIPHENHYDRAMINE HCL INJ(BENDARY)50MG	CCR					X			
39	J1246	INJECTION, DINUTUXIMAB, 0.1 MG	CCR							X	
39	J1267	INJECTION, DECITABINE, 1 MG	CCR	00 20				X			
39	J1364	ERYTHRO LACTOBIONATE 500MG	CCR	00 20				X			
39	J1428	INJECTION, ETEPLIRSEN, 10 MG	MP			X			01/01/18		
39	J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	CCR	18 99				X			
39	J1442	INJECTION, FILGRASTIM (G-CSF), 1 MIC	CCR					X			
39	J1444	INJECTION, FERRIC PYROPHOSPHATE CITR	CCR								
39	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGR	CCR								
39	J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 M	CCR					X			
39	J1450	FLUCONAZOLE 200MG	CCR	00 20				X			
39	J1453	INJECTION, FOSAPREPITANT, 1 MG	CCR					X			
39	J1454	INJECTION, FOSNETUPITANT 235 MG AND	CCR								
39	J1456	INJECTION, FOSAPREPITANT (TEVA), NOT	CCR					X			
39	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	CCR								
39	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	CCR		X			X			
39	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONI	CCR								
39	J1580	GENTAMYCIN, UP TO 80MG	CCR	00 20				X			
39	J1596	INJECTION, GLYCOPYRROLATE, 0.1 MG	CCR					X			
39	J1626	GRANISETRON HCL INJECTION	CCR					X			
39	J1627	INJECTION, GRANISETRON, EXTENDED-REL	CCR								
39	J1642	HEPARIN SODIUM 10U (HEPLOCK)	CCR					X			
39	J1643	INJECTION, HEPARIN SODIUM (PFIZER),	CCR					X			
39	J1644	HEPARIN SODIUM INJ 1000U	CCR					X			
39	J1650	ENOXAPARIN SODIUM, 10MG	CCR					X			
39	J1652	FONDAPARINUX SODIUM	CCR								
39	J1720	HYDROCORTISONE SODIUM 100MG	CCR					X			
39	J1744	INJECTION, ICATIBANT, 1MG	CCR					X			
39	J1745	INJ INFLIXIMAB 10MG	CCR					X			
39	J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	CCR					X			
39	J1756	INJECTION,IRON SUCROSE,1MG	CCR					X			
39	J1815	INSULIN INJECTION	CCR								
39	J1817	INSULIN FOR INSULIN PUMP USE	CCR								
39	J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	MP			X			01/01/21		
39	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	CCR								
39	J1930	INJECTION, LANREOTIDE, 1MG	CCR	21 99	X			X			
39	J1939	INJECTION, BUMETANIDE, 0.5 MG	CCR	18 99				X			
39	J1950	LEUPROLIDE ACETATE /3.75 MG	CCR								
39	J1956	LEVOFLOXACIN, 250MG	CCR	18 20				X			
39	J2010	LINCOMYCIN, HCL, UP TO 300MG	CCR	00 20				X			
39	J2020	LINEZOLID INJ, 200MG	CCR					X			
39	J2021	INJECTION, LINEZOLID (HOSPIRA) NOT T	CCR	00 20				X			

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	J2175	INJECTION MEPERIDINE HCL	CCR								
39	J2212	INJECTION, METHYLNALTREXONE, 0.1MG	CCR					X			
39	J2247	INJECTION, MICAFUNGIN SODIUM (PAR PH	CCR	12 99				X			
39	J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	CCR	12 99				X			
39	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	CCR					X			
39	J2310	INJ NALOXONE HYDROCHLORIDE,1 MG	CCR					X			
39	J2323	INJECTION, NATALIZUMAB, 1 MG	CCR					X			
39	J2326	INJECTION, NUSINERSEN, 0.1 MG	MP			X			01/01/18		
39	J2350	INJECTION, OCRELIZUMAB, 1 MG	CCR								
39	J2353	OCTREOTIDE INJ, DEPOT 1MG	CCR								
39	J2354	OCTRETIDE, NON-DEPOT 25 MCG	CCR					X			
39	J2355	OPRELVEKIN INJ 5MG	CCR								
39	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	CCR					X			
39	J2407	INJECTION, ORITAVANCIN, 10 MG	CCR								
39	J2425	PALIFERMIN INJECTION 50MCG	CCR					X			
39	J2430	PAMIDRONATE DISODIUM 30MG	CCR					X			
39	J2469	PALONOSETRON HCL	CCR					X			
39	J2501	PARICALCITOL	CCR								
39	J2502	INJECTION, PASIREOTIDE LONG ACTING,	MP			X			01/01/16		
39	J2506	INJ, PEGFILGRASTIM, EXCL BIO, 0.5 M	CCR					X			
39	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	CCR	00 20				X			
39	J2540	PCN G POTASSIUM,UP TO 600,000U	CCR	00 20				X			
39	J2547	INJECTION, PERAMIVIR, 1 MG	CCR								
39	J2550	PHENERGAN INJ, UP TO 50MG	CCR					X			
39	J2561	INJECTION, PHENOBARBITAL SODIUM (SEZ	CCR	00 00				X			
39	J2562	INJECTION, PLERIXAFOR, 1 MG	CCR					X			
39	J2700	OXACILLIN SODIUM,UP TO 250MG	CCR	00 20				X			
39	J2720	INJECTION PROTAMINE SULFATE PER 10MG	CCR								
39	J2765	REGLAN INJ, UP TO 10MG	CCR					X			
39	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	CCR	16 20							
39	J2785	INJECTION, REGADENOSON, 0.1 MG	CCR					X			
39	J2788	RHO D IMMUNE GLOBULIN 50 MCG	CCR								
39	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	CCR					X			
39	J2791	INJECTION,RHO (D) IMMUNE GLOBULIN (H	CCR								
39	J2792	RHO(D) IMMUNE GLOBULIN H, SD	CCR								
39	J2820	SARGRAMOSTIM 50MCG	CCR					X			
39	J2860	INJECTION, SILTUXIMAB, 10 MG	MP			X			01/01/16		
39	J2916	NA FERRIC GLUCONATE COMPLEX	CCR								
39	J2941	SOMATROPIN INJ 1MG	CCR								
39	J3000	STREPTOMYCIN, UP TO 1GM	CCR	00 20				X			
39	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UN	CCR		X			X			
39	J3070	INJECTION PENTAZOCINE 30 MG	CCR								
39	J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	CCR								
39	J3095	INJECTION TELEVANCIN 10 MG	CCR					X			
39	J3243	INJECTION, TIGECYCLINE, 1 MG	CCR	00 20				X			
39	J3244	INJECTION, TIGECYCLINE (ACCORD) NOT	CCR	00 20				X			
39	J3250	INJECTION TRIMETHOBENZAMIDE HCL	CCR								
39	J3260	TOBRAMYCIN SULFATE,UP TO 80MG	CCR	00 20				X			
39	J3315	TRIPTORELIN PAMOATE	CCR								
39	J3316	INJECTION, TRIPTORELIN, EXTENDED-REL	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTI	CCR									
39	J3360	INJECTION DIAZEPAM UP TO 5 MG	CCR									
39	J3370	VANCOMYCIN HCL, 500MG	CCR	00	20				X			
39	J3371	INJECTION, VANCOMYCIN HCL (MYLAN) NO	CCR	00	20				X			
39	J3372	INJECTION, VANCOMYCIN HCL (XELLIA) N	CCR	00	20				X			
39	J3380	INJECTION, VEDOLIZUMAB, 1 MG	CCR									
39	J3485	ZIDOVUDINE, 10MG	CCR	00	20				X			
39	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	CCR						X			
39	J3490	UNCLASSIFED DRUGS (17P 250MG IM)	CCR	10	60			F				
39	J3590	UNCLASSIFIED BIOLOGICS	CCR									
39	J7030	NORMAL SALINE SOL INFUSION, 1	CCR						X			
39	J7040	NORMAL SALINE, 500ML	CCR						X			
39	J7050	NORMAL SALINE SOL 250 ML	CCR						X			
39	J7060	DEXTROSE/WATER 5%, 500ML	CCR						X			
39	J7070	D5W INFUSION, 1000ML	CCR						X			
39	J7120	RINGERS INJ, UP TO 1000 CC	CCR						X			
39	J7121	5% DEXTROSE IN LACTATED RINGERS INFU	CCR						X			
39	J7175	INJECTION, FACTOR X, (HUMAN), 1 IU.	CCR						X			
39	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION	CCR						X			
39	J7296	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10	60			F		01/01/18		
39	J7297	LEVONORGESTREL-RELEASING INTRAUTERIN	749.40	10	60			F		01/01/19		
39	J7298	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10	60			F		01/01/18		
39	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	808.50	10	60			F		01/01/18		
39	J7301	LEVONORGESTREL-RELEASING INTRAUTERIN	756.87	10	60			F		01/01/18		
39	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT	890.30	10	60			F		07/01/18		
39	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	CCR									
39	J7320	HYALURONAN OR DERIVITIVE, GENVISC 85	CCR									
39	J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERA	MP				X			01/01/16		
39	J7503	TACROLIMUS, EXTENDED RELEASE, (ENVAR	CCR									
39	J7512	PREDNISONE, IMMEDIATE RELEASE OR DEL	CCR									
39	J7527	EVEROLIMUS, ORAL, 0.25MG	CCR						X			
39	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASS	MP				X			01/01/16		
39	J8655	NETUPITANT 300 MG AND PALONOSETRON 0	CCR									
39	J9000	DOXORUBICIN HCL 10MG	CCR						X			
39	J9015	ALDESLEUKIN/SINGLE USE VIAL	CCR									
39	J9017	ARSENIC TRIOXIDE 1MG	CCR						X			
39	J9019	INJECTION, ASPARAGINASE (ERWINAZE)	CCR						X			
39	J9021	INJECTION, ASPARAGINASE, RECOMBINANT	CCR						X			
39	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	CCR									
39	J9023	INJECTION, AVELUMAB, 10 MG	CCR									
39	J9025	AZACITIDINE INJECTION 1MG	CCR						X			
39	J9027	CLOFARABINE INJECTION 1MG	CCR	01	21				X			
39	J9030	BCG LIVE INTRAVESICAL INSTILLATION,	CCR	07	99				X			
39	J9032	INJECTION, BELINOSTAT, 10 MG	CCR	18	99				X			
39	J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	CCR						X			
39	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA	CCR	18	99				X			
39	J9035	BEVACIZUMAB 10MG	CCR						X			
39	J9036	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18	99				X			
39	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	CCR						X			
39	J9040	BLEOMYCIN INJ, 15 UNITS	CCR						X			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	J9041	BORTEZOMIB INJECTION 0.1MG	CCR						X			
39	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1MG	CCR						X			
39	J9043	INJECTION, CABAZITAXEL, 1 MG	CCR						X			
39	J9045	CARBOPLATIN INJ 50MG.	CCR						X			
39	J9046	INJECTION, BORTEZOMIB, (DR. REDDY'S)	CCR						X			
39	J9047	INJECTION, CARFILZOMIB, 1 MG	CCR						X			
39	J9048	INJECTION, BORTEZOMIB (FRESENIUS KAB	CCR						X			
39	J9049	INJECTION, BORTEZOMIB (HOSPIRA), NOT	CCR						X			
39	J9050	CARMUSTINE, 100MG	CCR						X			
39	J9052	INJECTION, CARMUSTINE (ACCORD), NOT	CCR						X			
39	J9055	CETUXIMAB 10 MG	CCR						X			
39	J9056	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18	99				X			
39	J9057	INJECTION, COPANLISIB, 1 MG	CCR						X			
39	J9060	CISPLATIN 10MG	CCR						X			
39	J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG	CCR						X			
39	J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE	CCR						X			
39	J9065	CLADRIBINE INJ 1MG	CCR						X			
39	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROME	CCR						X			
39	J9072	INJECTION, CYCLOPHOSPHAMIDE, (DR. RE	CCR						X			
39	J9098	CYTARABINE LIPSOME 10MG	CCR						X			
39	J9100	CYTARABINE 100 MG	CCR						X			
39	J9118	INJECTION, CALASPARGASE PEGOL-MKNL,	CCR	00	21				X			
39	J9119	INJECTION, CEMIPLIMAB-RWLC, 1 MG	CCR	18	99				X			
39	J9120	DACTINOMYCIN 0.5MG	CCR						X			
39	J9130	DTIC-DOME INJ 100MG/10ML	CCR						X			
39	J9144	INJECTION, DARATUMUMAB, 10 MG AND HY	CCR	18	99				X			
39	J9145	INJECTION, DARATUMUMAB, 10 MG	CCR	18	99				X			
39	J9150	DAUNORUBICIN 10 MG	CCR						X			
39	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBI	CCR						X			
39	J9155	INJECTION, DEGARELIX, 1 MG	CCR					M	X			
39	J9171	INJECTION, DOCETAXEL, A MG	CCR						X			
39	J9172	INJECTION, DOCETAXEL (INGENUS) NOT T	CCR						X			
39	J9173	INJECTION, DURVALUMAB, 10 MG	CCR						X			
39	J9176	INJECTION, ELOTUZUMAB, 1 MG	CCR	18	99				X			
39	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV,	CCR	18	99				X			
39	J9178	INJ, EPIRUBICIN HCL, 2 MG	CCR						X			
39	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	CCR						X			
39	J9181	ETOPOSIDE INJ, UP TO 10MG	CCR						X			
39	J9185	FLUDARABINE PHOSPHATE, 50 MG	CCR						X			
39	J9190	FLUOROURACIL INJ, 500MG	CCR						X			
39	J9198	INJECTION, GEMCITABINE HYDROCHLORIDE	CCR	18	99				X			
39	J9200	FLOXURIDINE, FUDR, 500MG	CCR									
39	J9201	GEMCITABINE HCL, 200MG	CCR						X			
39	J9202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	CCR						X			
39	J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.	CCR									
39	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	CCR	18	99				X			
39	J9206	IRINOTECAN, 20MG	CCR						X			
39	J9207	INJECTION, IXABEPILONE, 1MG	CCR						X			
39	J9208	IFOSFOMIDE, 1GM	CCR						X			
39	J9209	MESNA, 200MG	CCR						X			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	CCR									
39	J9211	IDARUBICIN HYDROCHLORIDE 5MG	CCR						X			
39	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	CCR						X			
39	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	CCR						X			
39	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	CCR	18	99				X			
39	J9225	HISTRELIN IMPLANT (VANTAS), 50MG	CCR					M				
39	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	CCR	18	99				X			
39	J9228	INJECTION, IPILIMUMAB	CCR						X			
39	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.	CCR						X			
39	J9230	MUSTARGEN INJ 10MG	CCR						X			
39	J9245	MELPHALAN HCL INJ 50MG	CCR									
39	J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	CCR						X			
39	J9250	METHOTREXATE SOD INJ, 5 MG	CCR						X			
39	J9255	INJECTION, METHOTREXATE (ACCORD) NOT	CCR						X			
39	J9258	INJECTION, PACLITAXEL PROTEIN-BOUND	CCR	10	99				X			
39	J9260	METHOTREXATE SOD INJ 50MG	CCR						X			
39	J9261	INJECTION, NELARABINE, 50 MG	CCR						X			
39	J9262	INJECTION, OMACETAXINE MEPESUCCINATE	CCR						X			
39	J9263	OXALIPLATIN 0.5MG	CCR						X			
39	J9264	PACLITAXEL INJECTION 1MG	CCR	10	99				X			
39	J9266	INJECTION,PEGASPARGASE,SINGLE DOSE	CCR									
39	J9267	INJECTION, PACLITAXEL, 1 MG	CCR						X			
39	J9268	PENTOSTATIN, PER 10 MG	CCR						X			
39	J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICR	CCR	02	99				X			
39	J9271	INJECTION, PEMBROLIZUMAB, 1 MB	CCR	18	99				X			
39	J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	CCR						X			
39	J9280	MITOMYCIN 5 MG	CCR						X			
39	J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION	CCR	18	99				X			
39	J9285	INJECTION, OLARATUMAB, 10 MG	CCR									
39	J9293	MITOXANTRONE HCL 5MG	CCR						X			
39	J9294	INJECTION, PEMETREXED (HOSPIRA) NOT	CCR						X			
39	J9295	INJECTION, NECITUMUMAB, 1 MG	CCR	18	99				X			
39	J9296	INJECTION, PEMETREXED (ACCORD) NOT T	CCR						X			
39	J9297	INJECTION, PEMETREXED (SANDOZ), NOT	CCR						X			
39	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-	CCR	12	99				X			
39	J9299	INJECTION, NIVOLUMAB, 1 MG	CCR	18	99				X			
39	J9301	INJECTION, OBINUTUZUMAB, 10 MG	CCR						X			
39	J9302	INJECTION OFATUMUMAB 10 MG	CCR						X			
39	J9303	INJECTION, PANITUMUMAB, 10 MG	CCR						X			
39	J9304	INJECTION, PEMETREXED (PEMFEXY), 10	CCR	18	99				X			
39	J9305	PEMETREXED 10 MG	CCR						X			
39	J9306	INJECTION, PERTUZUMAB, 1 MG	CCR			X			X			
39	J9307	INJECTION PRALATREXATE 1 MG	CCR						X			
39	J9308	INJECTION, RAMUCIRUMAB, 5 MG	CCR	18	99				X			
39	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ,	CCR	18	99				X			
39	J9311	INJECTION, RITUXIMAB 10 MG AND HYALU	CCR						X			
39	J9312	INJECTION, RITUXIMAB, 10 MG	CCR						X			
39	J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDF	CCR	18	99				X			
39	J9315	INJECTION ROMIDEPSIN 1 MG	CCR						X			
39	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB,	CCR	18	99				X			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZI	CCR	18	99				X			
39	J9320	STREPTOZOCIN, 1GM	CCR						X			
39	J9321	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	CCR						X			
39	J9322	INJECTION, PEMETREXED (BLUEPOINT) NO	CCR						X			
39	J9323	INJECTION, PEMETREXED DITROMETHAMINE	CCR						X			
39	J9325	INJECTION, TALIMOGENE LAHERPAREPVEC,	CCR	18	99				X			
39	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	CCR	18	99				X			
39	J9330	INJECTION, TEMSIROLIMUS, 1 MG	CCR						X			
39	J9340	THIOTEPA, 15MG	CCR						X			
39	J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	CCR	18	99				X			
39	J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	CCR	18	99				X			
39	J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	CCR	18	99	X			X			
39	J9351	INJECTION TOPOTECAN 0.1 MG	CCR						X			
39	J9352	INJECTION, TRABECTEDIN, 0.1 MG	CCR	18	99				X			
39	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE	CCR						X			
39	J9355	TRASTUZUMAB 10MG	CCR						X			
39	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HY	CCR	18	99				X			
39	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	CCR						X			
39	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECA	CCR	18	99				X			
39	J9360	VINBLASTINE SULF 1MG	CCR						X			
39	J9370	ONCOVIN INJ 1MG	CCR						X			
39	J9371	INJECTION, VINCRISTINE SULFATE LIPOS	CCR						X			
39	J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	CCR	18	99				X			
39	J9390	VINORELDINE TARTRATE 10MG	CCR						X			
39	J9393	INJECTION, FULVESTRANT (TEVA) NOT TH	CCR						X			
39	J9394	INJECTION, FULVESTRANT (FRESENIUS KA	CCR						X			
39	J9395	FULVESTRANT 25 MG	CCR						X			
39	J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	CCR						X			
39	P9612	CATHETERIZE FOR URINE SPECIMEN	3.00							01/01/20		
39	Q4101	APLIGRAF, PER SQUARE CENTIMETER	30.43			X			X	12/16/21		
39	Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	CCR			X			X			
39	Q4121	THERASKIN, PER SQUARE CENTIMETER	CCR			X			X			
39	Q4160	NUSHIELD, PER SQUARE CENTIMETER	CCR			X			X			
39	Q4186	EPIFIX,PER SQUARE CENTIMETER	CCR			X			X			
39	Q4195	PURAPLY, PER SQUARE CENTIMETER	CCR			X			X			
39	Q4196	PURAPLY AM, PER SQUARE CENTIMETER	CCR			X			X			
39	0094U	GENOME (UNEXPLAINED CONSTITUTIONAL)	5,686.65	00	00	X				01/01/23		
39	10004	FINE NEEDLE ASPIRATION BIOPSY, WITHO	CCR						X			
39	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
39	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						X			
39	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
39	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						X			
39	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
39	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						X			
39	10011	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
39	10012	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						X			
39	10021	FNA W/O IMAGE	CCR									
39	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR									
39	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR									
39	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	CCR									

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COLUMN:

1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	CCR					X			
39	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	CCR								
39	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	CCR								
39	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	CCR								
39	11055	TRIM SKIN LESION	CCR								
39	11056	TRIM 2 TO 4 SKIN LESIONS	CCR								
39	11057	TRIM OVER 4 SKIN LESIONS	CCR								
39	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR								
39	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR					X			
39	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR								
39	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR					X			
39	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	CCR								
39	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	CCR					X			
39	11200	EXCISE UP TO 15 SKIN TAGS	CCR								
39	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	CCR					X			
39	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11600	EXCISE MALIGNANCY TO 0.5 CM	CCR		X			X			
39	11620	EXCISE MALIGNANCY TO 0.5CM	CCR		X			X			
39	11621	EXCISE MALIGNANCY 0.6 TO 1CM	CCR		X			X			
39	11623	EXCISE MALIGNANCY 2.1 TO 3CM	CCR		X			X			
39	11643	EXCISE MALIGNANCY 2.1 TO 3CM	CCR		X			X			
39	11719	TRIM NAIL(S)	CCR			X					
39	11720	DEBRIDE NAIL, 1-5	CCR		X						
39	11721	DEBRIDE NAIL, 6 OR MORE	CCR		X						
39	11730	SIMPLE REMOVAL OF NAIL PLATE	CCR		X						
39	11732	REMOVE ADDITIONAL NAIL PLATES	CCR		X			X			
39	11740	EVACUATE HEMATOMA UNDER NAIL	CCR		X			X			
39	11760	SIMPLE RECONSTRUCTION NAIL BED	CCR		X			X			
39	11762	NAIL RECONSTRUCTION; COMPLICATED	CCR		X			X			
39	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	CCR					X			
39	11900	INTRALESIONAL INJECTION; UP TO 7	CCR								
39	11901	INTRALESIONAL INJECTION; OVER 7	CCR								
39	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	CCR	10 60			F				
39	11980	IMPLANT HORMONE PELLET(S)	CCR				F				
39	11981	INSERT DRUG IMPLANT DEVICE	CCR								
39	11982	REMOVE DRUG IMPLANT DEVICE	CCR								
39	11983	REMOVE/INSERT DRUG IMPLANT	CCR								
39	15002	WOUND PREP, TRK/ARM/LEG	CCR								
39	15003	SURGICAL PREPARATION OR CREATION +	CCR					X			

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	15004	WOUND PREP, F/N/HF/G	CCR								
39	15005	SURGICAL PREPARATION OR CREATION +	CCR					X			
39	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
39	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR					X			
39	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
39	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
39	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
39	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR					X			
39	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
39	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
39	15731	FOREHEAD FLAP WITH PRESERVATION OF V	CCR								
39	15778	IMPLANTATION OF ARTIFICIAL MATERIAL	CCR								
39	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	CCR		X						
39	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	CCR		X						
39	15853	REMOVAL OF SUTURES OR STAPLES	CCR								
39	15854	REMOVAL OF SUTURES AND STAPLES	CCR								
39	16000	INIT TREAT 1ST DEGREE BURN	CCR								
39	17000	DESTROY LESION,FACE-1 LESION	CCR								
39	17003	DESTROY 2-14 LESIONS	CCR					X			
39	17004	DESTROY 15 & MORE LESIONS	CCR								
39	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	CCR								
39	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	CCR								
39	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	CCR								
39	17111	DESTRUCT LESION, 15 OR MORE	CCR								
39	17250	CHEMICAL CAUTERY OF WOUND	CCR								
39	17260	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17261	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17262	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17263	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17264	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17266	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17270	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17271	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17272	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17273	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17274	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17276	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17280	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17281	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17282	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17283	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17284	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17286	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR								
39	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
39	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR								
39	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
39	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
39	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	CCR		X						
39	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	19294	PREPARATION OF TUMOR CAVITY, WITH PL	CCR					X			
39	19364	RECONSTRUCTION BREAST-FREE FLAP	CCR				F				
39	20150	EXCISE EPIPHYSEAL BAR	CCR								
39	20526	THER INJECTION CARPAL TUNNEL	CCR								
39	20527	INJECTION OF ENZYME IN PALM TISSUE	CCR								
39	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	CCR					X			
39	20551	INJECT TENDON ORIGIN/INSERT	CCR								
39	20552	INJECT TRIGGER POINT, 1 OR 2	CCR								
39	20553	INJECT TRIGGER POINTS, > 3	CCR								
39	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR								
39	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	CCR								
39	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	CCR					X			
39	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	CCR					X			
39	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	CCR					X			
39	20661	APPLY HALO;	CCR								
39	20664	HALO BRACE APPLICATION	CCR								
39	20696	APPLICATION OF MULTIPLANE (PINS OR W	CCR								
39	20697	APPLICATION OF MULTIPLANE (PINS OR W	CCR								
39	20700	PREPARATION AND INSERTION OF DRUG-DE	CCR								
39	20701	REMOVAL OF DRUG-DELIVERY DEVICES FRO	CCR								
39	20702	PREPARATION AND INSERTION OF DRUG-DE	CCR								
39	20703	REMOVAL OF DRUG-DELIVERY DEVICES FRO	CCR								
39	20704	PREPARATION AND INSERTION OF DRUG-DE	CCR								
39	20705	REMOVAL OF DRUG-DELIVERY DEVICES INT	CCR								
39	20802	REPLANTATION, ARM, COMPLETE	CCR								
39	20805	REPLANT FOREARM-COMPLETE AMPUTATION	CCR								
39	20808	REPLANT HAND; COMPLETE AMPUTATION	CCR								
39	20816	REPLANT DIGIT, TOTAL AMPUTATION	CCR								
39	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	CCR					X			
39	20824	REPLANT THUMB,COMPLETE AMPUTATION	CCR								
39	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	CCR								
39	20838	REPLANT FOOT; TOTAL AMPUTATION	CCR								
39	20937	SPINAL BONE AUTOGRAFT	CCR								
39	20938	SPINAL BONE AUTOGRAFT	CCR								
39	20939	BONE MARROW ASPIRATION FOR BONE GRAF	CCR								
39	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	CCR		X						
39	20956	ILIAC BONE GRAFT, MICROVASC	CCR								
39	20957	MT BONE GRAFT, MICROVASC	CCR								
39	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	CCR		X						
39	20963	SPINAL BONE AUTOGRAFT	CCR					X			
39	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	CCR		X						
39	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	CCR		X						
39	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	CCR		X						
39	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	CCR		X						
39	20979	US BONE STIMULATION	CCR								
39	20982	ABLATE, BONE TUMOR(S) PERQ	CCR								
39	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	CCR								
39	21045	RADICAL RESECTION OF MANDIBLE	CCR								
39	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	CCR			X					
39	21076	PREPARE FACE/ORAL PROSTHESIS	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	21077	PREPARE FACE/ORAL PROSTHESIS	CCR								
39	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	CCR								
39	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	CCR								
39	21081	IMPRESS & CUST PREP MAND RESECT PROS	CCR								
39	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	CCR								
39	21083	IMPRESS & CUST PREP PALAT LIFT PROST	CCR								
39	21084	IMPRESS & CUST PREP SPEECH AID PROST	CCR								
39	21085	IMPRES & CUST PREP ORAL SURG SPLINT	CCR								
39	21086	IMPRESS & CUST PREP AURICULAR PROSTH	CCR								
39	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	CCR								
39	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	CCR								
39	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	CCR								
39	21141	RECONSTRUCT MIDFACE, LEFORT	CCR								
39	21142	RECONSTRUCT MIDFACE, LEFORT	CCR								
39	21143	RECONSTRUCT MIDFACE, LEFORT	CCR								
39	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	CCR								
39	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	CCR								
39	21147	RECONSTR MIDFACE,3 OR MORE PIECES	CCR								
39	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	CCR								
39	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	CCR								
39	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	CCR								
39	21155	RECONSTR MIDFACE III W/LEFORT I	CCR								
39	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	CCR								
39	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	CCR								
39	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	CCR								
39	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	CCR								
39	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	CCR								
39	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	CCR								
39	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	CCR								
39	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	CCR								
39	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	CCR								
39	21194	RECONSTR MAND RAMUS W/BONE GRAFT	CCR								
39	21195	RECONST MAND RAMUS W/O RIGID FIX	CCR								
39	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	CCR								
39	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	CCR								
39	21199	RECONSTR LWR JAW W/ADVANCE	CCR								
39	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	CCR								
39	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	CCR								
39	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	CCR								
39	21343	OPEN TREATMENT CLOSED OR OPEN DEP	CCR								
39	21344	OPEN TREATMENT OF COMPLICATED (EG,C	CCR								
39	21347	OPEN TREATMENT NASOMAXILLARY FX	CCR								
39	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	CCR								
39	21360	TREAT DEPRESSED MALAR FRACTURE	CCR		X						
39	21365	TREAT COMPLICATED FX MALAR AREA	CCR								
39	21366	OPEN TREATMENT OF COMPLICATED (EG, C	CCR								
39	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	CCR								
39	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	CCR								
39	21431	TREAT CRANIOFACIAL SEPARATION	CCR								
39	21432	OPEN TX CRANIOFACIAL SEPARATION	CCR								

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39	21433	COMPLICATED TX CRANIOFACIAL FX	CCR								
39	21435	COMPLICATED TX CRANIOFACIAL FX	CCR								
39	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	CCR								
39	21510	INCISION WITH OPENING OF BONE CORTEX	CCR								
39	21601	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR					X			
39	21602	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR								
39	21603	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR								
39	21615	EXCISION CERVICAL RIB	CCR								
39	21616	EXCISE RIB WITH SYMPATHECTOMY	CCR								
39	21620	OSTECTOMY OF STERNUM; PARTIAL	CCR								
39	21627	STERNAL DEBRIDEMENT	CCR								
39	21630	RADICAL RESECTOPM PF STERNUM	CCR								
39	21632	MEDIASTINAL LYMPHADENECTOMY	CCR								
39	21685	HYOID MYOTOMY & SUSPENSION	CCR								
39	21705	DIVIDE SCALENUS AND RESECTION RIB	CCR								
39	21740	RECONSTRUCT PECTUS EXCAVATUM	CCR								
39	21742	REPAIR STERN/NUSS W/O SCOPE	CCR								
39	21743	REPAIR STERNUM/NUSS W/SCOPE	CCR								
39	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	CCR								
39	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	CCR								
39	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	CCR								
39	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	CCR								
39	21825	TREAT STERNUM FRACTURE;OPEN	CCR								
39	22015	I&D, P-SPINE, L/S/LS	CCR								
39	22102	RESECT VERTEBRA,LUMBAR	CCR								
39	22103	REMOVE EXTRA SPINE SEGMENT	CCR								
39	22110	EXCISE CERVICAL VERTEBRA	CCR								
39	22112	EXCISE THORACIC VERTEBRA	CCR								
39	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	CCR								
39	22116	REMOVE EXTRA SPINE SEGMENT	CCR								
39	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	CCR								
39	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	CCR								
39	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR								
39	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR								
39	22216	REVISE, EXTRA SPINE SEGMENT	CCR								
39	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	CCR								
39	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR								
39	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	CCR								
39	22226	REVISE, EXTRA SPINE SEGMENT	CCR								
39	22318	TREAT ODONTOID FX W/O GRAFT	CCR								
39	22319	TREAT ODONTOID FX W/GRAFT	CCR								
39	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
39	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
39	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
39	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
39	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	CCR					X			
39	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	CCR					X			
39	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	CCR								
39	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	CCR								
39	22532	LAT THORAX SPINE FUSION	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	22533	LAT LUMBAR SPINE FUSION	CCR								
39	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	CCR					X			
39	22548	ANTHRODESIS,W/BONE GRAFT	CCR								
39	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	CCR								
39	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	CCR								
39	22585	ARTHRODESIS-EACH ADD.INTERSPACE	CCR					X			
39	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	CCR								
39	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	CCR								
39	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	CCR								
39	22600	ARTHRODESIS,POST.TECH.,BELOW C1	CCR								
39	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR								
39	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR								
39	22614	SPINE FUSION, EXTRA SEGMENT	CCR					X			
39	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	CCR								
39	22632	SPINE FUSION, EXTRA SEGMENT	CCR								
39	22633	FUSION OF LOWER SPINE BONES WITH REM	CCR								
39	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	CCR								
39	22802	FUSE PRIMARY 7/MORE VERTEBRAE	CCR								
39	22804	FUSION OF SPINE	CCR								
39	22808	FUSION OF SPINE	CCR								
39	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	CCR								
39	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	CCR								
39	22818	KYPHECTOMY, 1-2 SEGMENTS	CCR								
39	22819	KYPHECTOMY, 3 & MORE SEGMENT	CCR								
39	22830	EXPLORE SPINAL FUSION	CCR								
39	22836	TETHERING OF 7 OR FEWER MIDDLE SPINE	CCR								
39	22837	TETHERING OF 8 OR MORE MIDDLE SPINE	CCR								
39	22838	REVISION, REPLACEMENT, OR REMOVAL OF	CCR								
39	22840	POSTERIOR INSTRU(NO SEG FIX)	CCR								
39	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	CCR								
39	22843	INSERT SPINE FIXATION DEVICE	CCR								
39	22844	INSERT SPINE FIXATION DEVICE	CCR								
39	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	CCR								
39	22846	INSERT SPINE FIXATION DEVICE	CCR								
39	22847	INSERT SPINE FIXATION DEVICE	CCR								
39	22848	INSERT PELVIC FIXATIONDEVICE	CCR								
39	22849	REINSERT SPINAL FIXATION DEVICE	CCR								
39	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	CCR								
39	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	CCR								
39	22853	INSERTION OF INTERBODY BIOMECHANICAL	CCR					X			
39	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	CCR					X			
39	22855	REMOVE ANTERIOR INSTRUMENTATION	CCR								
39	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR								
39	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR								
39	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR								
39	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	CCR					X			
39	22860	INSERTION OF ARTIFICIAL DISC BETWEEN	MP			X			01/01/23		
39	22861	REVISION INCLUDING REPLACEMENT OF TO	CCR								
39	22862	REVISION INCLUDING REPLACEMENT OF TO	CCR								
39	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	CCR								
39	22868	INSERTION OF INTERLAMINAR/INTERSPINO	CCR								
39	22870	INSERTION OF INTERLAMINAR/INTERSPINO	CCR								
39	23015	EXC BENIGN SHOULDER TUMOR SUBCU	CCR								
39	23065	BIOPSY SHOULDER SUPERFICIAL	CCR								
39	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	CCR								
39	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	CCR								
39	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	CCR								
39	23334	REMOVAL OF PROSTHESIS OF SHOULDER	CCR					X			
39	23335	REMOVAL OF PROSTHESIS OF SHOULDER	CCR					X			
39	23350	INJECTION FOR SHOULDER X-RAY	CCR								
39	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	CCR								
39	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	CCR								
39	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	CCR					X			
39	23900	AMPUTATION OF ARM & GIRDLE	CCR								
39	23920	AMPUTATION AT SHOULDER JOINT	CCR								
39	24065	BIOPSY ARM/ELBOW SOFT TISSUE	CCR								
39	24149	RADICAL RESECTION OF ELBOW	CCR								
39	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	CCR								
39	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	CCR								
39	24220	INJECTION FOR ELBOW X-RAY	CCR								
39	24300	MANIPULATE ELBOW W/ANESTH	CCR								
39	24332	TENOLYSIS, TRICEPS	CCR								
39	24343	REPR ELBOW LAT LIGMNT W/TISS	CCR								
39	24344	RECONSTRUCT ELBOW LAT LIGMNT	CCR								
39	24346	RECONSTRUCT ELBOW MED LIGMNT	CCR								
39	24357	INCISION OF TENDON TO REPAIR ELBOW J	CCR								
39	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	CCR								
39	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	CCR								
39	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	CCR								
39	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	CCR								
39	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	CCR								
39	24930	REAMPUTATION UPPER ARM	CCR								
39	24931	AMPUTATE UPPER ARM & IMPLANT	CCR								
39	24935	STUMP ELONGATION/REVISION UPPER ARM	CCR								
39	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	CCR								
39	25001	INCISE FLEXOR CARPI RADIALIS	CCR								
39	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	CCR								
39	25109	EXCISION OF TENDON, FOREARM AND/OR W	CCR					X			
39	25170	RADICAL RESECTION FOR TUMOR, RADIUS	CCR								
39	25246	INJECTION FOR WRIST X-RAY	CCR								
39	25259	MANIPULATE WRIST W/ANESTHES	CCR								
39	25394	REPAIR CARPAL BONE, SHORTEN	CCR								
39	25430	VASC GRAFT INTO CARPAL BONE	CCR								
39	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	CCR								
39	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	CCR								
39	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	CCR								
39	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	CCR								
39	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	CCR								
39	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	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	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	CCR								
39	25652	TREAT FRACTURE ULNAR STYLOID	CCR								
39	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	CCR								
39	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	CCR								
39	25909	REAMPUTATION FOREARM SURGERY	CCR								
39	25915	AMPUTATION FOREARM, KRUKENBERO PROC	CCR								
39	25920	DISARTICULATION THROUGH WRIST	CCR								
39	25924	REAMPUTATION WRIST SURGERY	CCR								
39	25927	TRANSMETACARPAL AMPUTATION	CCR								
39	25931	AMPUTATION FOLLOW-UP SURGERY	CCR								
39	26010	DRAINAGE OF FINGER ABSCESS	CCR		X						
39	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	CCR								
39	26037	DECOMPRESSIVE FASCIOTOMY, HAND	CCR								
39	26341	MANIPULATION OF PALM PRETENDINOUS CO	CCR								
39	26551	GREAT TOE-HAND TRANSFER	CCR								
39	26553	SINGLE TOE-HAND TRANSFER	CCR								
39	26554	DOUBLE TOE-HAND TRANSFER	CCR								
39	26556	TOE JOINT TRANSFER	CCR								
39	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	CCR					X			
39	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	CCR								
39	26700	TREAT KNUCKLE DISLOCATION	CCR								
39	26720	TREAT CLSD FX;W/O MANIP, EACH	CCR					X			
39	26725	TREAT CLSD FX;W/ MANIP, EACH	CCR					X			
39	26740	TREAT CLSD ART FX...W/O MANIP,EACH	CCR					X			
39	26750	TREAT CLSD FX...W/O MANIP, EACH	CCR					X			
39	26755	TREAT CLSD FX...W/ MANIP, EACH	CCR					X			
39	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	CCR								
39	26775	TRMT OF SAME W/ ANESTION	CCR								
39	26992	DRAINAGE OF BONE LESION	CCR								
39	27005	TENOTOMY, ILIOPSOAS, OPEN	CCR								
39	27006	TENOTOMY, ABDUCTORS, OPEN	CCR								
39	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	CCR								
39	27027	INCISION OF TISSUE OF MUSCLE COMPART	CCR								
39	27030	ARTHROTOMY OF HIP FOR DRAINAGE	CCR								
39	27036	EXCISION OF HIP JOINT/MUSCLE	CCR								
39	27054	REMOVAL OF HIP JOINT LINING	CCR								
39	27057	INCISION OF TISSUE ON ONE SIDE OF PE	CCR								
39	27070	PARTIAL REMOVAL OF HIP BONE	CCR								
39	27071	DEEP IP BONE	CCR								
39	27075	RADICAL RESECTION FOR TUMOR-WING OF	CCR								
39	27076	RADICAL RESECTION FOR TUMOR-ILIUM	CCR								
39	27077	INNOMINATE BONE-TOTAL	CCR								
39	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	CCR								
39	27090	REMOVAL OF HIP PROSTHESIS	CCR								
39	27091	COMPLICATED HESIS	CCR								
39	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	CCR								
39	27096	INJECTION PROCEDURE FOR SACROILIAC J	CCR								
39	27120	ACETABULOPLASTY P SOCKET	CCR								
39	27122	RESECTION FEMORAL HEAD	CCR								
39	27125	HEMIARTHROPLASTY; PROSTHESIS	CCR								

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COLUMN:

1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	CCR								
39	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	CCR								
39	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	CCR								
39	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	CCR								
39	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	CCR								
39	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	CCR								
39	27146	OSTEOTOMY, ILIAC	CCR								
39	27147	WITH OPEN REDUCTION OF HIP	CCR								
39	27151	WITH FEMORAL OSTEOTOMY	CCR								
39	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	CCR								
39	27158	OSTEOTOMY, PELVIS, BILATERAL	CCR								
39	27161	INCISION OF NECK OF FEMUR	CCR								
39	27165	INCISION/FIXATION OF FEMUR	CCR								
39	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	CCR								
39	27175	TREAT SLIPPED EPIPHYSIS	CCR								
39	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	CCR								
39	27177	REPAIR SLIPPED EPIPHYSIS	CCR								
39	27178	CLOSED MANIPULATION YSIS	CCR								
39	27179	OSTEOPLASTY OF FEMORAL NECK	CCR								
39	27181	OSTEOTOMY & INTERNAL FIXATION	CCR								
39	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	CCR								
39	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	CCR								
39	27200	TRMT OF CLOSED COCCYGEAL FX	CCR								
39	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	CCR								
39	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	CCR								
39	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	CCR								
39	27218	OPEN TREATMENT OF POSTERIOR RING FRA	CCR								
39	27220	TREAT HIP SOCKET FRACTURE	CCR								
39	27222	WITH MANIPULATION CTURE	CCR								
39	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	CCR								
39	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR								
39	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR								
39	27232	WITH MANIPULATION MUR	CCR								
39	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	CCR								
39	27240	WITH MANIPULATION RACTURE	CCR								
39	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	CCR								
39	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	CCR								
39	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	CCR								
39	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	CCR								
39	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	CCR								
39	27256	TRMT OF CONGENITAL HIP DISLOCATION	CCR								
39	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	CCR								
39	27259	W/ FEMORAL SHAFT SHORTENING	CCR								
39	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR								
39	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR								
39	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	CCR								
39	27280	FUSION OF SACROILIAC JOINT	CCR								
39	27282	FUSION OF PUBIC BONES	CCR								
39	27284	FUSION OF HIP JOINT	CCR								
39	27286	WITH SUBTROCHANTERIC OSTEOTOMY	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	27290	AMPUTATION OF LEG AT HIP	CCR								
39	27295	DISARTICULATION OF HIP	CCR								
39	27303	INCISION, DEEP W/ OPENING OF BONE CO	CCR								
39	27325	NEURECTOMY, HAMSTRING MUSCLE	CCR								
39	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	CCR								
39	27365	EXTENSIVE LEG SURGERY	CCR								
39	27369	INJECTION PROCEDURE FOR CONTRAST KNE	CCR								
39	27412	AUTOCHONDROCYTE IMPLANT KNEE	CCR								
39	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	CCR			X					
39	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	CCR			X					
39	27440	REVISION OF KNEE JOINT	CCR								
39	27445	REVISE KNEE JOINT, IMPLANT	CCR								
39	27446	TOTAL KNEE REPLACEMENT	CCR								
39	27447	TOTAL KNEE REPLACEMENT	CCR								
39	27448	INCISION OF FEMUR	CCR								
39	27450	INCISION OF FEMUR	CCR								
39	27454	REALIGNMENT OF FEMUR	CCR								
39	27455	REALIGNMENT OF KNEE	CCR								
39	27457	REALIGNMENT OF KNEE	CCR								
39	27465	SHORTENING OF FEMUR	CCR								
39	27466	LENGTHENING OF FEMUR	CCR								
39	27468	REVISION OF FEMURS	CCR								
39	27470	REPAIR OF FEMUR	CCR								
39	27472	REPAIR/GRAFT OF FEMUR	CCR								
39	27475	REPAIR OF FEMUR EPIPHYSIS	CCR								
39	27477	REPAIR LOWER LEG EPIPHYSES	CCR								
39	27479	REPAIR OF LEG EPIPHYSES	CCR								
39	27485	REPAIR OF LEG EPIPHYSIS	CCR								
39	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	CCR								
39	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	CCR								
39	27488	REMOVAL OF KNEE PROSTHESIS	CCR								
39	27495	PROPHYLACTIC TREAT. FEMUR	CCR								
39	27506	REPAIR OF FEMUR FRACTURE	CCR								
39	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	CCR								
39	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR								
39	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR								
39	27514	REPAIR OF FEMUR FRACTURE	CCR								
39	27519	REPAIR OF FEMUR EPIPHYSIS	CCR								
39	27524	REPAIR OF KNEECAP FRACTURE	CCR								
39	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	CCR								
39	27536	REPAIR OF KNEE FRACTURE	CCR								
39	27540	REPAIR OF KNEE FRACTURE	CCR								
39	27556	REPAIR OF KNEE DISLOCATION	CCR								
39	27557	REPAIR OF KNEE DISLOCATION	CCR								
39	27558	OPEN TREATMENT OF KNEE DISLOCATION,	CCR								
39	27580	FUSION OF KNEE	CCR								
39	27590	AMPUTATE LEG AT THIGH	CCR								
39	27591	AMPUTATE LEG AT THIGH	CCR								
39	27592	AMPUTATE LEG AT THIGH	CCR								
39	27596	AMPUTATION FOLLOW-UP SURGERY	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	27598	AMPUTATE LOWER LEG AT KNEE	CCR								
39	27613	BIOPSY LOWER LEG SOFT TISSUE	CCR								
39	27645	EXTENSIVE LOWER LEG SURGERY	CCR								
39	27646	EXTENSIVE LOWER LEG SURGERY	CCR								
39	27648	INJECTION FOR ANKLE X-RAY	CCR								
39	27702	RECONSTRUCT ANKLE JOINT	CCR								
39	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	CCR								
39	27712	REALIGNMENT OF LOWER LEG	CCR								
39	27715	REVISION OF LOWER LEG	CCR								
39	27722	REPAIR/GRAFT OF TIBIA	CCR								
39	27724	REPAIR/GRAFT OF TIBIA	CCR								
39	27725	REPAIR OF LOWER LEG	CCR								
39	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	CCR								
39	27727	REPAIR OF LOWER LEG	CCR								
39	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR								
39	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR								
39	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	CCR								
39	27880	AMPUTATION OF LOWER LEG	CCR								
39	27881	AMPUTATION OF LOWER LEG	CCR								
39	27882	AMPUTATION OF LOWER LEG	CCR								
39	27886	AMPUTATION FOLLOW-UP SURGERY	CCR								
39	27888	AMPUTATION OF FOOT AT ANKLE	CCR								
39	28001	DRAINAGE OF BURSA OF FOOT	CCR		X						
39	28010	INCISION OF TOE TENDON	CCR								
39	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	CCR								
39	28220	RELEASE OF FOOT TENDON	CCR								
39	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	CCR		X			X			
39	28360	RECONSTRUCT CLEFT FOOT	CCR								
39	28430	TREAT CLSD TALUS FX,W/O MANIP	CCR								
39	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	CCR			X					
39	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	CCR					X			
39	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	CCR					X			
39	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	CCR					X			
39	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	CCR					X			
39	28490	TREAT BIG TOE FRACTURE	CCR								
39	28495	TREAT BIG TOE FRACTURE	CCR								
39	28510	TREAT CLSD FX....W/O MANIP,EACH	CCR					X			
39	28515	TREAT CLSD FX...W/ MANIP., EACH	CCR					X			
39	28530	TREAT CLOSED SESAMOID FRACTURE	CCR					X			
39	28540	TREAT FOOT DISLOCATION	CCR								
39	28570	TREAT FOOT DISLOCATION	CCR								
39	28630	TREAT TOE DISLOCATION	CCR								
39	28800	AMPUTATION OF MIDFOOT	CCR								
39	28805	AMPUTATION THRU METATARSAL	CCR								
39	28890	HIGH ENERGY ESWT, PLANTAR F	CCR								
39	29000	APPLICATION OF BODY CAST	CCR								
39	29010	APPLICATION OF BODY CAST	CCR								
39	29015	APPLICATION OF BODY CAST	CCR								
39	29035	APPLICATION OF BODY CAST	CCR								
39	29040	APPLICATION OF BODY CAST	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	29044	APPLICATION OF BODY CAST	CCR								
39	29046	APPLICATION OF BODY CAST	CCR								
39	29049	APPLICATION OF SHOULDER CAST	CCR								
39	29055	APPLICATION OF SHOULDER CAST	CCR					X			
39	29058	APPLICATION OF SHOULDER CAST	CCR					X			
39	29065	APPLICATION OF LONG ARM CAST	CCR					X			
39	29075	APPLICATION OF FOREARM CAST	CCR					X			
39	29085	APPLY HAND/WRIST CAST	CCR					X			
39	29086	APPLY FINGER CAST	CCR					X			
39	29105	APPLY LONG ARM SPLINT	CCR					X			
39	29125	APPLY FOREARM SPLINT	CCR					X			
39	29126	APPLY FOREARM SPLINT	CCR					X			
39	29130	APPLICATION OF FINGER SPLINT	CCR					X			
39	29131	APPLICATION OF FINGER SPLINT	CCR					X			
39	29200	STRAPPING OF CHEST	CCR								
39	29240	STRAPPING OF SHOULDER	CCR					X			
39	29260	STRAPPING OF ELBOW OR WRIST	CCR					X			
39	29280	STRAPPING OF HAND OR FINGER	CCR					X			
39	29305	APPLICATION OF HIP CAST	CCR								
39	29325	APPLICATION OF HIP CASTS	CCR								
39	29345	APPLICATION OF LONG LEG CAST	CCR					X			
39	29355	APPLICATION OF LONG LEG CAST	CCR					X			
39	29358	APPLY LONG LEG CAST BRACE	CCR					X			
39	29365	APPLICATION OF LONG LEG CAST	CCR					X			
39	29405	APPLY SHORT LEG CAST	CCR					X			
39	29425	APPLY SHORT LEG CAST	CCR					X			
39	29435	APPLY SHORT LEG CAST	CCR					X			
39	29440	ADDITION OF WALKER TO CAST	CCR					X			
39	29445	APPLY RIGID LEG CAST	CCR								
39	29450	APPLICATION OF LEG CAST	CCR								
39	29505	APPLICATION LONG LEG SPLINT	CCR					X			
39	29515	APPLICATION LOWER LEG SPLINT	CCR					X			
39	29520	STRAPPING OF HIP	CCR					X			
39	29530	STRAPPING OF KNEE	CCR					X			
39	29540	STRAPPING OF ANKLE	CCR					X			
39	29550	STRAPPING OF TOES	CCR					X			
39	29580	APPLICATION OF PASTE BOOT	CCR					X			
39	29581	APPLICATION OF MULTI-LAYER COMPRESSI	CCR					X			
39	29584	APPLICATION OF MULTI-LAYER COMPRESSI	CCR								
39	29700	REMOVAL/REVISION OF CAST	CCR								
39	29705	REMOVAL/REVISION OF CAST	CCR								
39	29710	REMOVAL/REVISION OF CAST	CCR								
39	29720	REPAIR OF BODY CAST	CCR								
39	29730	WINDOWING OF CAST	CCR								
39	29740	WEDGING OF CAST	CCR								
39	29750	WEDGING OF CLUBFOOT CAST	CCR								
39	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	CCR								
39	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	CCR								
39	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	CCR			X					
39	29868	MENISCAL TRNSPL, KNEE W/SCPE	CCR			X					

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COLUMN:

1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
39	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
39	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
39	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
39	30020	DRAINAGE OF NOSE LESION	CCR									
39	30124	REMOVAL OF NOSE LESION	CCR									
39	30200	INJECTION TREATMENT OF NOSE	CCR									
39	31040	EXPLORATION BEHIND UPPER JAW	CCR									
39	31230	REMOVAL OF UPPER JAW	CCR									
39	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	CCR									
39	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR									
39	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR									
39	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR									
39	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	CCR						X			
39	31505	DIAGNOSTIC LARYNGOSCOPY	CCR			X						
39	31579	SEE 31575;WITH STROBOSCOPY	CCR									
39	31584	REPAIR OF LARYNX FRACTURE	CCR									
39	31587	LARYNGOPLASTY, CRICOID SPLIT	CCR									
39	31600	TRACHEOSTOMY, PLANNED	CCR	02	99							
39	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	CCR	00	01							
39	31605	INCISION OF NECK CARTILAGES	CCR									
39	31610	INCISION OF WINDPIPE	CCR									
39	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						X			
39	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR									
39	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						X			
39	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						X			
39	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR									
39	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	CCR									
39	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR									
39	31785	REMOVE WINDPIPE LESION	CCR									
39	32550	INSERTION OF INDWELLING TUNNELED PLE	CCR									
39	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	CCR									
39	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	CCR									
39	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	CCR									
39	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR									
39	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR									
39	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR									
39	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR									
39	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR									
39	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	CCR									
39	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	CCR									
39	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	CCR									
39	32701	THORACIC TARGET(S) DELINEATION FOR S	CCR									
39	32820	RECONSTRUCT INJURED CHEST	CCR									
39	32905	REVISE & REPAIR CHEST WALL	CCR									
39	32906	REVISE & REPAIR CHEST WALL	CCR									
39	32960	THERAPEUTIC PNEUMOTHORAX	CCR									
39	32998	ABLATION THERAPY FOR REDUCTION OR ER	CCR									
39	33017	DRAINAGE OF HEART SAC WITH INSERTION	CCR	06	99							
39	33018	DRAINAGE OF HEART SAC WITH INSERTION	CCR									

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	33019	DRAINAGE OF HEART SAC WITH INSERTION	CCR								
39	33050	RESECTION OF PERICARDIAL CYST OR TUM	CCR								
39	33206	INSERTION OF NEW OR REPLACEMENT OF P	CCR								
39	33207	INSERTION OF NEW OR REPLACEMENT OF P	CCR								
39	33208	INSERTION OF NEW OR REPLACEMENT OF P	CCR								
39	33210	INSERTION OF HEART ELECTRODE	CCR								
39	33211	INSERTION OR REPLACEMENT OF TEMPORAR	CCR								
39	33213	INSERTION OF PACEMAKER PULSE GENERAT	CCR								
39	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	CCR								
39	33215	REPOSITION PACING-DEFIB LEAD	CCR								
39	33216	REVISION IMPLANTED ELECTRODE	CCR								
39	33217	INSERTION, REPLACEMENT OR REPOSITION	CCR								
39	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	CCR								
39	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	CCR								
39	33221	INSERTION OF PACEMAKER PULSE GENERAT	CCR								
39	33224	INSERTION OF PACING ELECTRODE, CARDI	CCR								
39	33225	INSERTION OF PACING ELECTRODE, CARDI	CCR								
39	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	CCR								
39	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
39	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
39	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
39	33230	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
39	33231	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
39	33234	REMOVAL OF PERMANENT PACEMAKER;	CCR								
39	33235	REMOVAL OF PERMANENT PACEMAKER;	CCR								
39	33240	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
39	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
39	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	CCR								
39	33249	INSERTION OR REPLACEMENT OF PERMANEN	CCR								
39	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	CCR								
39	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
39	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
39	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
39	33268	EXCLUSION OF APPENDAGE OF LEFT UPPER	CCR								
39	33270	INSERTION OR REPLACEMENT OF PERMANEN	CCR								
39	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	CCR								
39	33310	EXPLORATORY HEART SURGERY	CCR								
39	33315	EXPLORATORY HEART SURGERY	CCR								
39	33370	PLACEMENT AND SUBSEQUENT REMOVAL OF	CCR								
39	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	CCR								
39	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	CCR								
39	33508	ENDOSCOPIC VEIN HARVEST	CCR								
39	33509	HARVEST OF ARTERY FROM ARM FOR HEART	CCR								
39	33542	REMOVAL OF HEART LESION	CCR								
39	33681	REPAIR HEART SEPTUM DEFECT	CCR								
39	33684	REPAIR HEART SEPTUM DEFECT	CCR								
39	33688	REPAIR HEART SEPTUM DEFECT	CCR								
39	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	CCR								
39	33745	TRANSCATHETER INTRACARDIAC SHUNT (TI	CCR								
39	33746	TRANSCATHETER INTRACARDIAC SHUNT (TI	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	33788	REVISION OF PULMONARY ARTERY	CCR								
39	33858	REPAIR OF ASCENDING AORTA WITH GRAFT	CCR								
39	33859	REPAIR OF ASCENDING AORTA WITH GRAFT	CCR								
39	33871	REPAIR OF TRANSVERSE ARCH OF AORTA W	CCR								
39	33894	REPAIR OF AORTA BY INSERTION OF STEN	CCR								
39	33895	REPAIR OF AORTA BY INSERTION OF STEN	CCR								
39	33897	BALLOON DILATION OF NATIVE OR RECURR	CCR								
39	33904	PLACEMENT OF ADDITIONAL STENT IN PUL	CCR								
39	33917	REPAIR OF PULMONARY ARTERY STENOSIS	CCR								
39	33924	REMOVE PULMONARY SHUNT	CCR								
39	33995	INSERTION OF VENTRICULAR ASSIST DEVI	CCR								
39	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	CCR								
39	34101	REMOVAL OF ARTERY CLOT	CCR								
39	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	CCR								
39	34201	REMOVAL OF ARTERY CLOT	CCR								
39	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	CCR								
39	34421	REMOVAL OF VEIN CLOT	CCR								
39	34471	REMOVAL OF VEIN CLOT	CCR								
39	34490	REMOVAL OF VEIN CLOT	CCR								
39	34501	VALVULOPLASTY, FEMORAL VEIN	CCR								
39	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	CCR								
39	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	CCR								
39	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	CCR								
39	34713	PERCUTANEOUS ACCESS AND CLOSURE OF F	CCR					X			
39	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	CCR					X			
39	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	CCR					X			
39	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	CCR					X			
39	34717	REPAIR OF GROIN ARTERY ON ONE SIDE W	CCR					X			
39	34718	REPAIR OF GROIN ARTERY ON ONE SIDE W	CCR					X			
39	35011	REPAIR DEFECT OF ARTERY	CCR								
39	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	CCR								
39	35132	RUPTURED ANEURYSM,ILIAC ARTERY	CCR								
39	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	CCR								
39	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	CCR								
39	35184	REP.CONGENITAL FISTULA,EXTREMITIES	CCR								
39	35201	REPAIR BLOOD VESSEL LESION	CCR								
39	35226	REPAIR BLOOD VESSEL LESION	CCR								
39	35231	REPAIR BLOOD VESSEL LESION	CCR								
39	35236	REPAIR BLOOD VESSEL LESION	CCR								
39	35256	REPAIR BLOOD VESSEL LESION	CCR								
39	35261	REPAIR BLOOD VESSEL LESION	CCR								
39	35266	REPAIR BLOOD VESSEL LESION	CCR								
39	35286	REPAIR BLOOD VESSEL LESION	CCR								
39	35321	RECHANNELING OF ARTERY	CCR								
39	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	CCR								
39	35500	HARVEST VEIN FOR BYPASS	CCR								
39	35572	HARVEST FEMOROPOPLITEAL VEIN	CCR								
39	35685	BYPASS GRAFT PATENCY/PATCH	CCR								
39	35686	BYPASS GRAFT/AV FIST PATENCY	CCR								
39	35702	EXPLORATION OF ARTERY OF ARM	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	35703	EXPLORATION OF ARTERY OF LEG	CCR									
39	35800	EXPLORE NECK VESSELS	CCR									
39	35860	EXPLORE LIMB VESSELS	CCR									
39	35879	REVISE GRAFT W/VEIN	CCR									
39	35881	REVISE GRAFT W/VEIN	CCR									
39	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR									
39	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR									
39	35903	EXCISION OF INFECTED GRAFT;	CCR									
39	36000	ESTABLISH ACCESS TO VEIN	CCR				X		X			
39	36002	PSEUDOANEURYSM INJECTION TRT	CCR									
39	36005	INJECTION PROCEDURE FOR CONTRAST VEN	CCR									
39	36010	ESTABLISH ACCESS TO VEIN	CCR									
39	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR									
39	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR									
39	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	CCR									
39	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	CCR									
39	36015	SELECTIVE CATHETER PLACEMENT, EACH S	CCR									
39	36100	ESTABLISH ACCESS TO ARTERY	CCR						X			
39	36140	ESTABLISH ACCESS TO ARTERY	CCR						X			
39	36160	ESTABLISH ACCESS TO AORTA	CCR									
39	36200	INTRODUCTION OF CATHETER, AORTA	CCR									
39	36215	INTRODUCE CATHETER; EACH ADD....	CCR						X			
39	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
39	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
39	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
39	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	CCR									
39	36222	SELECTIVE CATHETER PLACEMENT, COMMON	CCR						X			
39	36223	SELECTIVE CATHETER PLACEMENT, COMMON	CCR						X			
39	36224	SELECTIVE CATHETER PLACEMENT, INTERN	CCR						X			
39	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	CCR						X			
39	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	CCR						X			
39	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	CCR						X			
39	36228	SELECTIVE CATHETER PLACEMENT, EACH I	CCR						X			
39	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR						X			
39	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
39	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
39	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
39	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	CCR									
39	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	CCR									
39	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	CCR									
39	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	CCR									
39	36415	COLLECTION OF VENOUS BLOOD BY VENIPU	3.00						X	01/01/20		
39	36416	CAPILLARY BOOD DRAW	2.65							01/01/20		
39	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	CCR						X			
39	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	CCR	00	01				X			
39	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	CCR	00	00				X			
39	36455	EXCHANGE TRANSFUSION SERVICE	CCR						X			
39	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	CCR	00	00							
39	36460	TRANSFUSION SERVICE, FETAL	CCR						X			
39	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	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	36470	INJECTION THERAPY OF VEIN	CCR								
39	36471	INJECTION THERAPY OF VEINS	CCR								
39	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	CCR					X			
39	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	CCR								
39	36483	CHEMICAL DESTRUCTION OF INCOMPETENT	CCR					X			
39	36500	VEIN CATH/SELECT. ORGAN SAMPLE	CCR								
39	36511	APHERESIS WBC	CCR								
39	36512	APHERESIS RBC	CCR								
39	36513	APHERESIS PLATELETS	CCR								
39	36514	APHERESIS PLASMA	CCR								
39	36516	APHERESIS, SELECTIVE	CCR								
39	36522	PHOTOPHERESIS,EXTRACORPOREAL	CCR								
39	36591	COLLECTION OF BLOOD SPECIMEN FROM A	CCR								
39	36592	COLLECTION OF BLOOD SPECIMEN USING E	CCR								
39	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	CCR								
39	36595	MECH REMOV TUNNELED CV CATH	CCR								
39	36596	MECH REMOV TUNNELED CV CATH	CCR								
39	36597	REPOSITION VENOUS CATHETER	CCR								
39	36598	INJ W/FLUOR, EVAL CV DEVICE	CCR					X			
39	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	24.75					X	01/01/20		
39	36620	ARTERIAL CATHETERIZATION OR CANNULAT	CCR					X			
39	36625	ESTABLISH ACCESS TO ARTERY	CCR								
39	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	CCR								
39	36838	DIST REVAS LIGATION, HEMO	CCR								
39	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	CCR								
39	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	CCR								
39	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	CCR								
39	37182	INSERT HEPATIC SHUNT (TIP'S)	CCR								
39	37184	PRIM ART MECH THROMBECTOMY	CCR								
39	37185	PRIM ART M-THROMBECT ADD-ON	CCR					X			
39	37186	SEC ART M-THROMBECT ADD-ON	CCR								
39	37187	VENOUS MECH THROMBECTOMY	CCR								
39	37188	VENOUS M-THROMBECTOMY ADD-ON	CCR								
39	37191	INSERTION OF INTRAVASCULAR VENA CAVA	CCR		X						
39	37192	REPOSITIONING OF INTRAVASCULAR VENA	CCR		X						
39	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	CCR		X						
39	37195	THROMBOLYTIC THERAPY, STROKE	CCR								
39	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	CCR								
39	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	CCR					X			
39	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	CCR					X			
39	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	CCR					X			
39	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	CCR					X			
39	37216	TRANSCATH STENT, CCA W/O EPS	CCR								
39	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37236	Insertion of intravascular stents in	CCR								
39	37237	INSERTION OF INTRAVASCULAR STENTS IN	CCR					X			
39	37238	INSERTION OF INTRAVASCULAR STENTS IN	CCR								
39	37239	INSERTION OF INTRAVASCULAR STENTS IN	CCR					X			
39	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	CCR								
39	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	CCR								
39	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	CCR								
39	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	CCR								
39	37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	CCR					X			
39	37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	CCR					X			
39	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	CCR								
39	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	CCR								
39	37565	LIGATION OF NECK VEIN	CCR								
39	37600	LIGATION OF NECK ARTERY	CCR								
39	37605	LIGATION OF NECK ARTERY	CCR								
39	37606	LIGATION OF NECK ARTERY	CCR								
39	37615	LIGATION OF NECK ARTERY	CCR								
39	37617	LIGATION OF ABDOMEN ARTERY	CCR								
39	37619	LIGATION OF INFERIOR VENA CAVA	CCR								
39	37765	PHLEB VEINS - EXTREM - TO 20	CCR								
39	37766	PHLEB VEINS - EXTREM 20+	CCR								
39	38120	LAPAROSCOPY, SPLENECTOMY	CCR								
39	38200	INJECTION FOR SPLEEN X-RAY	CCR								
39	38204	BL DONOR SEARCH MANAGEMENT	CCR								
39	38207	CRYOPRESERVE STEM CELLS	CCR								
39	38208	TRANSPLANT PREPARATION OF HEMATOPOIE	CCR								
39	38209	TRANSPLANT PREPARATION OF HEMATOPOIE	CCR								
39	38210	T-CELL DEPLETION OF HARVEST	CCR								
39	38211	TUMOR CELL DEPLETE OF HARVST	CCR								
39	38212	RBC DEPLETION OF HARVEST	CCR								
39	38213	PLATELET DEPLETE OF HARVEST	CCR								
39	38214	VOLUME DEPLETE OF HARVEST	CCR								
39	38215	HARVEST STEM CELL CONCENTRTE	CCR								
39	38220	BONE MARROW ASPIRATION	CCR								
39	38221	BONE MARROW BIOPSY	CCR								
39	38230	BONE MARROW HARVESTING FOR TRANSPLAN	CCR			X					
39	38232	BONE MARROW HARVESTING FOR TRANSPLAN	CCR								
39	38240	BONE MARROW TRANSPLANTATION	CCR								
39	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	CCR								
39	38242	LYMPHOCYTE INFUSE TRANSPLANT	CCR								
39	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	CCR								
39	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	CCR								
39	38720	REMOVAL OF LYMPH NODES, NECK	CCR								
39	38765	REMOVE GROIN LYMPH NODES	CCR								
39	38790	INJECTION FOR LYMPHATIC X-RAY	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	CCR								
39	38794	ACCESS THORACIC LYMPH DUCT	CCR								
39	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	CCR								
39	39000	EXPLORATION OF MEDIASTINUM	CCR								
39	39010	EXPLORATION OF MEDIASTINUM	CCR								
39	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	CCR								
39	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	CCR								
39	40805	REMOVAL FOREIGN BODY, MOUTH	CCR		X						
39	41000	DRAINAGE OF MOUTH LESION	CCR		X						
39	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	CCR								
39	41105	BIOPSY OF TONGUE	CCR		X						
39	41110	EXCISION OF TONGUE LESION	CCR								
39	41512	TONGUE BASE SUSPENSION, PERMANENT SU	CCR								
39	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	CCR								
39	41805	REMOVAL FOREIGN BODY, GUM	CCR								
39	41806	REMOVAL FOREIGN BODY,JAWBONE	CCR								
39	41825	EXCISION OF GUM LESION	CCR								
39	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	CCR					X			
39	41830	REMOVAL OF GUM TISSUE	CCR								
39	41850	TREATMENT OF GUM LESION	CCR								
39	41872	REPAIR GUM	CCR								
39	42225	RECONSTRUCT CLEFT PALATE	CCR								
39	42227	LENGTHEN PALATE, WITH ISLAND FLAP	CCR								
39	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	CCR								
39	42281	INSERT PIN-RETAINED PALATAL PROSTH.	CCR								
39	42330	REMOVAL OF SALIVARY STONE	CCR								
39	42335	REMOVAL OF SALIVARY STONE	CCR								
39	42400	BIOPSY OF SALIVARY GLAND	CCR					X			
39	42550	INJECTION FOR SALIVARY X-RAY	CCR					X			
39	42660	DILATION OF SALIVARY DUCT	CCR								
39	42809	REMOVE PHARYNX FOREIGN BODY	CCR								
39	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	CCR								
39	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	CCR								
39	42975	EVALUATION OF SLEEP-DISORDERED BREAT	CCR								
39	43020	INCISION OF ESOPHAGUS	CCR								
39	43030	THROAT MUSCLE SURGERY	CCR								
39	43130	REMOVAL OF ESOPHAGUS POUCH	CCR								
39	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	CCR								
39	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	CCR								
39	43510	SURGICAL OPENING OF STOMACH	CCR								
39	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	CCR								
39	43640	VAGOTOMY & PYLORUS REPAIR	CCR								
39	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	CCR								
39	43651	LAPAROSCOPY, VAGUS NERVE	CCR								
39	43652	LAPAROSCOPY, VAGUS NERVE	CCR								
39	43752	INSERTION OF NASAL OR ORAL STOMACH T	CCR								
39	43753	INSERTION OF STOMACH TUBE AND ASPIRA	CCR								
39	43754	GASTRIC INTUBATION AND ASPIRATION, D	CCR								
39	43755	GASTRIC INTUBATION AND ASPIRATION, D	CCR								
39	43756	DUODENAL INTUBATION AND ASPIRATION,	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	43757	DUODENAL INTUBATION AND ASPIRATION,	CCR									
39	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
39	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
39	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
39	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
39	43831	GASTROSTOMY, OPEN, NEONATAL	CCR	00	00							
39	43840	REPAIR OF STOMACH LESION	CCR									
39	43886	REVISE GASTRIC PORT, OPEN	CCR	16	99	X						
39	43887	REMOVE GASTRIC PORT, OPEN	CCR	16	99	X						
39	43888	CHANGE GASTRIC PORT, OPEN	CCR	16	99	X						
39	44050	REDUCE BOWEL OBSTRUCTION	CCR									
39	44186	LAP, JEJUNOSTOMY	CCR									
39	44300	OPEN BOWEL TO SKIN	CCR									
39	44314	REVISION OF ILEOSTOMY	CCR									
39	44345	REVISION OF COLOSTOMY	CCR									
39	44346	REVISE COLOSTOMY;REPAIR HERNIA	CCR									
39	44500	INTRODUCTION OF LONG GASTROINTESTINA	CCR									
39	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	CCR									
39	44701	INTRAOP COLON LAVAGE ADD-ON	CCR									
39	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	CCR									
39	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	CCR			X						
39	45399	UNLISTED PROCEDURE, COLON	CCR									
39	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	CCR									
39	45541	CORRECT RECTAL PROLAPSE	CCR									
39	46070	INCISION OF ANAL SEPTUM	CCR									
39	46221	LIGATION OF HEMORRHOID(S)	CCR			X						
39	46500	INJECTION TREATMENT OF ANUS	CCR									
39	46505	CHEMODENERVATION ANAL MUSC	CCR									
39	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	CCR									
39	46606	ANOSCOPY WITH BIOPSY	CCR									
39	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	CCR									
39	46916	CRYSOSURGERY-ANAL LESIONS ,	CCR						X			
39	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	CCR									
39	46942	TREATMENT OF ANAL FISSURE	CCR									
39	47370	LAPARO ABLATE LIVER TUMOR RF	CCR									
39	47371	LAPARO ABLATE LIVER CRYOSUG	CCR									
39	47382	PERCUT ABLATE LIVER RF	CCR									
39	47490	PERCUTANEOUS CHOLECYSTOSTOMY	CCR									
39	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	CCR									
39	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	CCR									
39	47542	BALLOON DILATION OF BILIARY DUCT(S)	CCR									
39	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	CCR									
39	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	CCR									
39	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	CCR									
39	47711	EXCISION OF BILE DUCT TUMOR	CCR									
39	47712	EXCISION OF BILE DUCT TUMOR	CCR									
39	47715	EXCISE CHOLEDOCHAL CYST	CCR									
39	48160	PANCREATECTOMY;WITH TRANSPLANTATION	CCR				X					
39	48550	DONOR PANCREATECTOMY, WITH PREPARATI	CCR				X					
39	49000	EXPLORATION OF ABDOMEN	CCR									

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	49010	EXPLORE,RETROPERITONEAL AREA	CCR								
39	49013	EXPLORATION AND PACKING OF WOUND IN	CCR								
39	49014	RE-EXPLORATION OF WOUND IN PELVIC RE	CCR								
39	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR								
39	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR								
39	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	CCR								
39	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	CCR								
39	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	CCR								
39	49255	OMENTECTOMY,...RESECT OMENTUM	CCR								
39	49323	LAPARO DRAIN LYMPHOCELE	CCR			X					
39	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	CCR								
39	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	CCR								
39	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	CCR								
39	49400	AIR INJECTION INTO ABDOMEN	CCR								
39	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	CCR								
39	49405	Fluid collection drainage by cathete	CCR								
39	49406	Fluid collection drainage by cathete	CCR								
39	49407	Fluid collection drainage by cathete	CCR								
39	49423	EXCHANGE DRAINAGE CATH	CCR								
39	49424	ASSESS CYST, CONTRAST INJ	CCR								
39	49427	INJECTION PROCEDURE (EG, CONTRAST ME	CCR								
39	49429	REMOVAL OF SHUNT	CCR								
39	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	CCR								
39	49436	DELAYED CREATION OF EXIT SITE FROM E	CCR								
39	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	CCR								
39	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	CCR								
39	49442	INSERTION OF CECOSTOMY OR OTHER COLO	CCR								
39	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	CCR								
39	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	CCR								
39	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	CCR								
39	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	CCR								
39	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	CCR								
39	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	CCR								
39	49623	REMOVAL OF MESH AT SAME TIME AS HERN	CCR								
39	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	CCR								
39	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	CCR								
39	50382	CHANGE URETER STENT, PERCUT	CCR								
39	50384	REMOVE URETER STENT, PERCUT	CCR								
39	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	CCR								
39	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	CCR								
39	50387	CHANGE EXT/INT URETER STENT	CCR								
39	50389	REMOVE RENAL TUBE W/FLUORO	CCR								
39	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	CCR								
39	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	CCR								
39	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	CCR								
39	50541	LAPARO ABLATE RENAL CYST	CCR								
39	50542	LAPARO ABLATE RENAL MASS	CCR								
39	50543	LAPARO PARTIAL NEPHRECTOMY	CCR								
39	50544	LAPAROSCOPY, PYELOPLASTY	CCR								
39	50562	RENAL SCOPE W/TUMOR RESECT	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	50570	KIDNEY ENDOSCOPY	CCR								
39	50572	KIDNEY ENDOSCOPY	CCR								
39	50574	KIDNEY ENDOSCOPY & BIOPSY	CCR								
39	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	CCR								
39	50576	KIDNEY ENDOSCOPY & TREATMENT	CCR								
39	50580	KIDNEY ENDOSCOPY & TREATMENT	CCR								
39	50592	PERC RF ABLATE RENAL TUMOR	CCR								
39	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	CCR								
39	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	CCR								
39	50686	MEASURE URETER PRESSURE	CCR								
39	50690	INJECTION OF BLADDER AND URINARY DUC	CCR								
39	50705	URETERAL EMBOLIZATION OR OCCLUSION,	CCR								
39	50706	BALLOON DILATION, URETERAL STRICTURE	CCR								
39	50727	REVISION OF URINARY-CUTANEOUS ANASTO	CCR								
39	50945	LAPAROSCOPY URETEROLITHOTOMY	CCR								
39	51060	REMOVAL OF URETER STONE	CCR								
39	51100	ASPIRATION OF BLADDER; BY NEEDLE	CCR								
39	51101	ASPIRATION OF BLADDER; BY TROCAR OR	CCR								
39	51102	ASPIRATION OF BLADDER; WITH INSERTIO	CCR								
39	51535	REPAIR OF URETER LESION	CCR								
39	51600	INJECTION FOR BLADDER X-RAY	CCR								
39	51610	INJECTION FOR BLADDER X-RAY	CCR								
39	51700	IRRIGATION OF BLADDER	CCR					X			
39	51701	INSERTION NON-INDWELLNG BLADDR CATH	CCR								
39	51702	INSERT TEMP INDWELL BLADDER CATHETER	CCR								
39	51725	SIMPLE CYSTOMETROGRAM	CCR								
39	51736	SIMPLE UROFLOWMETRY	CCR								
39	51741	COMPLEX UROFLOWMETRY	CCR								
39	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	CCR								
39	51798	MEASURE POST-VOIDING RESIDUAL URINE	CCR								
39	51840	ATTACH BLADDER/URETHRA	CCR								
39	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	CCR				F				
39	51860	REPAIR OF BLADDER WOUND	CCR								
39	51990	LAPARO URETHRAL SUSPENSION	CCR								
39	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	CCR				M				
39	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	CCR				M				
39	52649	LASER ENUCLEATION OF THE PROSTATE WI	CCR		X		M				
39	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	CCR				F				
39	53085	DRAINAGE OF URINARY LEAKAGE	CCR								
39	53500	URETHRLYS, TRANSVAG W/ SCOPE	CCR				F				
39	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	CCR		X		M				
39	53620	DILATE URETH STRICT.,MALE;INITIAL	CCR		X		M				
39	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	CCR		X		M				
39	53660	DILATE FEMALE URETHRA...;INITIAL	CCR		X		F				
39	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	CCR		X		F				
39	53855	INSERTION OF A TEMPORARY PROSTATIC U	CCR				M				
39	54050	TREATMENT OF PENIS LESION	CCR				M				
39	54055	TREATMENT OF PENIS LESION	CCR				M				
39	54056	DESTROY PENILE LESION;CRYOSURGERY	CCR				M				
39	54200	TREATMENT OF PENIS LESION	CCR				M				

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	CCR				M				
39	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	CCR				M				
39	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	CCR								
39	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	CCR				M				
39	54411	REMV/REPLC PENIS PROS, COMP	CCR								
39	54417	REMV/REPLC PENIS PROS, COMPL	CCR								
39	54560	EXPLORATION FOR TESTIS	CCR				M				
39	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	CCR				M				
39	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	CCR				M				
39	55600	INCISE SPERM DUCT POUCH	CCR				M				
39	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	CCR				M				
39	55752	CONIZATION OF CERVIX	CCR								
39	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	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	56442	HYMENOTOMY, SIMPLE INCISION	CCR				F				
39	56630	EXTENSIVE VULVA SURGERY	CCR				F				
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	57120	CLOSURE OF VAGINA	CCR				F				
39	57150	TREAT VAGINA INFECTION	CCR				F	X			
39	57160	INSERTION OF PESSARY	CCR				F				
39	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	CCR	10 60			F				
39	57267	INSERT MESH/PELVIC FLR ADDON	CCR				F				
39	57282	FIXATION FOR VAGINAL PROLAPSE	CCR				F				
39	57283	COLPOPEXY, INTRAPERITONEAL	CCR				F				
39	57284	REPAIR PARAVAGINAL DEFECT	CCR								
39	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR				F				
39	57287	REVISE/REMOVE SLING REPAIR	CCR				F				
39	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	CCR		X		F				
39	57295	CHANGE VAGINAL GRAFT	CCR				F				
39	57310	REPAIR URETHRA-VAGINA LESION	CCR				F				
39	57320	REPAIR BLADDER-VAGINA LESION	CCR				F				
39	57330	REPAIR BLADDER-VAGINA LESION	CCR				F				
39	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR				F				
39	57425	LAPAROSCOPY, SURG, COLPOPEXY	CCR				F				
39	57452	EXAMINATION OF VAGINA	CCR				F				
39	57465	COMPUTER-AIDED MAPPING OF CERVIX DUR	CCR				F				
39	57540	REMOVAL OF RESIDUAL CERVIX	CCR				F				
39	57555	REMOVE CERVIX, REPAIR VAGINA	CCR				F				
39	57558	DILATION AND CURETTAGE OF CERVICAL S	CCR				F				
39	58100	BIOPSY OF UTERUS LINING	CCR				F				
39	58110	BX DONE W/COLPOSCOPY ADD-ON	CCR				F				
39	58260	VAGINAL HYSTERECTOMY	CCR			X	F				

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39	58262	VAGINAL HYST WITH REMOVAL OF TUBES	CCR				X	F				
39	58263	VAGN HYST W REM OF TUB A OVARY WITH	CCR				X	F				
39	58270	VAG HYSTERECT;REPAIR ENTEROCELE	CCR				X	F				
39	58290	VAG HYST COMPLEX	CCR				X	F				
39	58291	VAG HYST INCL T/O, COMPLEX	CCR				X	F				
39	58292	VAG HYST T/O & REPAIR, COMPL	CCR				X	F				
39	58294	VAG HYST W/ENTEROCELE, COMPL	CCR				X	F				
39	58356	ENDOMETRIAL CRYOABLATION	CCR				X	F				
39	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
39	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
39	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
39	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
39	58553	LAPARO-VAG HYST, COMPLEX	CCR				X	F				
39	58554	LAPARO-VAG HYST W/T/O, COMPL	CCR				X	F				
39	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				X	F				
39	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				X	F				
39	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR					F				
39	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				X	F				
39	58920	PARTIAL REMOVAL OF OVARY(S)	CCR					F				
39	59012	CORDOCENTESIS,ANY METHOD	CCR	10	60			F				
39	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	CCR						X			
39	59020	FETAL OXYTOCIN STRESS TEST	CCR	10	60		X	F				
39	59025	FETAL NON-STRESS TEST	CCR	10	60		X	F				
39	59030	FETAL SCALP BLOOD SAMPLE	CCR									
39	59050	INTERNAL FETAL MONITORING/CONSULTAN	CCR	10	60		X	F				
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	59200	INSERTION OF CERVICAL DILATOR	CCR	16	60			F				
39	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	CCR	10	60		X	F				
39	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	CCR	10	59							
39	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	CCR	10	60			F				
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	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	CCR	10	60			F				
39	59515	CESAREAN DELIVERY W POSTPARTUM CARE	CCR	10	60			F				
39	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	CCR	10	60			F				
39	59612	VBAC DELIVERY ONLY	CCR	10	60			F				
39	59614	VBAC DELIVERY INCL POSTPARTUM	CCR	10	60			F				
39	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	CCR	10	60			F				
39	59620	ATTEMPTED VBAC DELIVERY ONLY	CCR	10	60			F				
39	59622	ATTEMPTED VBAC-INCL POSTPARTUM	CCR	10	60			F				
39	60210	PARTIAL EXCISION THYROID	CCR									
39	60212	PARTIAL THYROID EXCISION	CCR									
39	60225	PARTIAL REMOVAL OF THYROID	CCR									
39	60252	REMOVAL OF THYROID	CCR									
39	60260	REPEAT THYROID SURGERY	CCR									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	60271	REMOVAL OF THYROID	CCR								
39	60300	ASPIRATION AND/OR INJECTION, THYROID	CCR								
39	60500	EXPLORE PARATHYROID GLANDS	CCR								
39	60502	RE-EXPLORE PARATHYROID(S)	CCR								
39	60512	AUTOTRANSPLANT, PARATHYROID	CCR								
39	60520	REMOVAL OF THYMUS GLAND	CCR								
39	61000	REMOVE CRANIAL CAVITY FLUID	CCR								
39	61001	SUBDURAL TAP....SUBSEQUENT TAPS	CCR					X			
39	61330	EXPLORATION OF EYE SOCKET	CCR								
39	61623	ENDOVASC TEMPORY VESSEL OCCL	CCR								
39	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR								
39	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR								
39	61640	DILATE IC VASOSPASM, INIT	CCR			X					
39	61641	DILATE IC VASOSPASM ADD-ON	CCR			X					
39	61642	DILATE IC VASOSPASM ADD-ON	CCR			X					
39	61720	INCISE SKULL/BRAIN SURGERY	CCR								
39	61736	LASER INTERSTITIAL THERMAL THERAPY (	CCR								
39	61737	LASER INTERSTITIAL THERMAL THERAPY (	CCR								
39	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	CCR								
39	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR								
39	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR								
39	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR								
39	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR								
39	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					X			
39	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR								
39	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					X			
39	61800	APPLICATION OF STEREOTACTIC HEADFRAM	CCR								
39	61880	REVISE/REMOVE NEUROELECTRODE	CCR								
39	62000	REPAIR OF SKULL FRACTURE	CCR								
39	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	CCR								
39	62252	CSF SHUNT REPROGRAM	CCR								
39	62264	EPIDURAL LYSIS ON SINGLE DAY	CCR								
39	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	CCR								
39	62284	INJECTION FOR MYELOGRAM	CCR								
39	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	CCR								
39	62291	INJECT FOR SPINE DISK X-RAY	CCR								
39	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	CCR								
39	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
39	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
39	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
39	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
39	62351	IMPLANT SPINAL CATHETER	CCR		X						
39	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	CCR								
39	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	CCR								
39	63001	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63003	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63005	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63011	RELIEVE PSINAL CORD PRESSURE	CCR								
39	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	CCR								
39	63015	RELIEVE SPINAL CORD PRESSURE	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	63016	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63017	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR								
39	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR								
39	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					X			
39	63040	NECK SPINE DISK SURGERY	CCR								
39	63042	LOW BACK DISK SURGERY	CCR								
39	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					X			
39	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					X			
39	63045	LAMINECTOMY....SING.SEG.;CERVICAL	CCR								
39	63046	LAMINECTOMY....SING.SEG.;THORACIC	CCR								
39	63047	LAMINECTOMY....SING.SEG.;LUMBAR	CCR								
39	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	CCR					X			
39	63052	PARTIAL REMOVAL OF BONE OF SINGLE SE	CCR								
39	63053	PARTIAL REMOVAL OF BONE OF ADDITIONA	CCR					X			
39	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	CCR								
39	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	CCR								
39	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	CCR					X			
39	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	CCR								
39	63066	DECOMPRESS...THORACIC;EACH ADD SEG	CCR					X			
39	63075	REMOVAL OF UPPER SPINE DISC AND RELE	CCR								
39	63076	REMOVAL OF UPPER SPINE DISC AND RELE	CCR					X			
39	63265	LAMINECTOMY,LESION...;CERVICAL	CCR								
39	63266	LAMINECTOMY,LESION...;THORACIC	CCR								
39	63267	LAMINECTOMY,LESION...;LUMBAR	CCR								
39	63268	LAMINECTOMY,LESION....;SACRAL	CCR								
39	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR								
39	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					X			
39	63655	IMPLANT NEUROELECTRODES	CCR								
39	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	CCR								
39	64400	INJECTION FOR NERVE BLOCK	CCR					X			
39	64405	INJECTION FOR NERVE BLOCK	CCR					X			
39	64408	INJECTION FOR NERVE BLOCK	CCR					X			
39	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	CCR								
39	64418	INJECTION FOR NERVE BLOCK	CCR					X			
39	64425	INJECTION FOR NERVE BLOCK	CCR					X			
39	64435	INJECTION FOR NERVE BLOCK	CCR					X			
39	64445	INJECTION FOR NERVE BLOCK	CCR					X			
39	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	CCR								
39	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	CCR								
39	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	CCR								
39	64449	N BLOCK INJ, LUMBAR PLEXUS	CCR								
39	64455	INJECTIONS OF ANESTHETIC AND/OR STER	CCR								
39	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	CCR								
39	64483	INJ FORAMEN EPIDURAL L/S	CCR								
39	64484	INJ FORAMEN EPIDURAL ADD-ON	CCR								
39	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
39	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
39	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
39	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								

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COLUMN:

1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	64490	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
39	64491	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
39	64492	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					X			
39	64493	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
39	64494	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
39	64495	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					X			
39	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	CCR								
39	64611	CHEMODENERVATION OF PAROTID AND SUBM	CCR								
39	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	CCR								
39	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	CCR			X					
39	64629	HEAT DESTRUCTION OF INTRAOSSEOUS BAS	CCR					X			
39	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	CCR								
39	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
39	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
39	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
39	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
39	64763	INCISE HIP/THIGH NERVE	CCR								
39	64766	INCISE HIP/THIGH NERVE	CCR								
39	64804	REMOVE SYMPATHETIC NERVES	CCR								
39	64820	REMOVE SYMPATHETIC NERVES	CCR								
39	64822	REMOVE SYMPATHETIC NERVES	CCR								
39	64823	REMOVE SYMPATHETIC NERVES	CCR								
39	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	CCR								
39	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	CCR								
39	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	CCR					X			
39	65125	MODIFICATION OF OCULAR IMPLANT (EG,	CCR								
39	65210	REMOVE FOREIGN BODY FROM EYE	CCR		X			X			
39	65220	REMOVE FOREIGN BODY FROM EYE	CCR		X			X			
39	65222	REMOVE FOREIGN BODY FROM EYE	CCR		X			X			
39	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	CCR								
39	65430	CORNEAL SMEAR	CCR					X			
39	65435	CURETTE/TREAT CORNEA	CCR								
39	65436	CURETTE/TREAT CORNEA	CCR								
39	65450	DESTROY CORNEAL LESION	CCR								
39	65600	REVISION OF CORNEA	CCR								
39	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	CCR								
39	65765	KERATOPHAKIA	CCR								
39	65767	EPIKERATOPHAKIA	CCR								
39	66762	REVISION OF IRIS	CCR								
39	66770	REMOVAL OF INNER EYE LESION	CCR								
39	66990	OPHTHALMIC ENDOSCOPE ADD-ON	CCR								
39	67041	VITRECTOMY,MECHANICAL,PARS PLANA	CCR								
39	67043	VITRECTOMY,MECHANICAL,PARS PLANA	CCR								
39	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	CCR								
39	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	CCR								
39	67221	OCULAR PHOTODYNAMIC THER	CCR								
39	67225	EYE PHOTODYNAMIC THER ADD-ON	CCR								
39	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	CCR	00 00							
39	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	CCR								
39	67346	BIOPSY OF EXTRAOCULAR MUSCLE	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	CCR								
39	67505	INJECT/TREAT EYE SOCKET	CCR								
39	67515	INJECTION OF MEDICATION OR SUBSTANCE	CCR								
39	67516	INJECTION OF DRUG INTO THE SPACE BET	CCR								
39	67710	INCISION OF EYELID	CCR		X						
39	67825	REVISE EYELASHES	CCR								
39	67850	TREAT EYELID LESION	CCR								
39	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	CCR								
39	67915	REPAIR EYELID DEFECT	CCR		X	X					
39	67922	REPAIR EYELID DEFECT	CCR		X						
39	68020	INCISE/DRAIN EYELID LINING	CCR								
39	68040	TREATMENT OF EYELID LESIONS	CCR								
39	68100	BIOPSY OF EYELID LINING	CCR								
39	68135	REMOVE EYELID LINING LESION	CCR								
39	68200	TREAT EYELID BY INJECTION	CCR								
39	68400	INCISE/DRAIN TEAR GLAND	CCR								
39	68420	INCISE/DRAIN TEAR SAC	CCR								
39	68440	INCISE TEAR DUCT OPENING	CCR								
39	68530	CLEARANCE OF TEAR DUCT	CCR								
39	68705	REVISE TEAR DUCT OPENING	CCR								
39	68760	CLOSE TEAR DUCT OPENING	CCR								
39	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	CCR					X			
39	68801	DILATE TEAR DUCT OPENING	CCR		X						
39	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	CCR								
39	68840	EXPLORE/IRRIGATE TEAR DUCTS	CCR								
39	68841	INSERTION OF DRUG DELIVERY IMPLANT I	CCR								
39	68850	INJECTION FOR TEAR SAC X-RAY	CCR								
39	69200	CLEAR OUTER EAR CANAL	CCR								
39	69209	REMOVAL IMPACTED CERUMEN USING IRRIG	CCR								
39	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	CCR								
39	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	CCR								
39	69535	REMOVE PART OF TEMPORAL BONE	CCR								
39	69554	REMOVE EAR LESION	CCR								
39	69955	RELEASE FACIAL NERVE	CCR								
39	69960	RELEASE INNER EAR CANAL	CCR								
39	69970	REMOVE INNER EAR LESION	CCR								
39	70010	MYELOGRAPHY; INTERPRETATION ONLY	CCR								
39	70015	CISTERNOGRAPHY; INTERPRET ONLY	CCR								
39	70030	X-RAY EYE; DETECT FOREIGN BODY	CCR					X			
39	70100	X-RAY MANDIBLE; PARTIAL	CCR								
39	70110	X-RAY MANDIBLE; COMPLETE	CCR								
39	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	CCR					X			
39	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	CCR					X			
39	70134	X-RAY INTERNAL AUDITORY MEATI	CCR					X			
39	70140	X-RAY FACIAL BONES; L3 VIEWS	CCR								
39	70150	X-RAY FACIAL BONES; COMPLETE	CCR								
39	70160	X-RAY NASAL BONES; COMPLETE	CCR								
39	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	CCR								
39	70190	X-RAY OPTIC FORAMINA	CCR					X			
39	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	CCR					X			

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	CCR								
39	70220	X-RAY SINUSES; PARANASAL; COMPLETE	CCR								
39	70240	X-RAY SELLA TURCICA	CCR								
39	70250	X-RAY SKULL; LESS THAN 4 VIEWS	CCR								
39	70260	X-RAY SKULL; COMPLETE	CCR								
39	70300	X-RAY TEETH; SINGLE VIEW	CCR								
39	70310	X-RAY TEETH; PARTIAL EXAM	CCR								
39	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	CCR								
39	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	CCR								
39	70330	ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	CCR								
39	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	CCR								
39	70336	MRI,TEMPOROMANDIBULAR JOINT	CCR								
39	70350	CEPHALOGRAM; ORTHODONTIC	CCR								
39	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	CCR								
39	70360	X-RAY NECK; SOFT TISSUE	CCR								
39	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	CCR								
39	70380	X-RAY SALIVARY GLANDFOR CALCULUS	CCR								
39	70390	SIALOGRAPHY; INTERPRETATION ONLY	CCR								
39	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER	CCR								
39	70460	CAT,HEAD/BRAIN;W/ CONTRAST MATERIAL	CCR								
39	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	CCR								
39	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	CCR								
39	70481	TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	CCR								
39	70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	CCR								
39	70486	TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	CCR								
39	70487	TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	CCR								
39	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	CCR								
39	70490	CAT,SOFT TISSUE NECK;W/OUT CONTRAST	CCR								
39	70491	CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	CCR								
39	70492	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	CCR								
39	70496	CT ANGIOGRAPHY HEAD	CCR								
39	70498	CT ANGIOGRAPHY NECK	CCR								
39	70540	MRI-ORBIT,FACE AND NECK	CCR								
39	70542	MR IMAGING ORBIT, FACE, AND NECK	CCR								
39	70543	MR IMAGING ORBIT, FACE , AND NECK	CCR								
39	70544	MR ANGIOGRAPHY HEAD	CCR								
39	70545	MR ANGIOGRAPHY	CCR								
39	70546	MR ANGIOGRAPHY NECK	CCR								
39	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	CCR								
39	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	CCR								
39	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	CCR								
39	70551	MRI-BRAIN/INCLUDING BRAIN STEM	CCR								
39	70552	MRI,BRAIN W CONTRAST MATERIAL	CCR								
39	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
39	71045	RADIOLOGICAL EXAMINATION, CHEST;SING	CCR					X			
39	71046	RADIOLOGICAL EXAMINATION, CHEST; 2 V	CCR					X			
39	71047	RADIOLOGICAL EXAMINATION, CHEST; 3 V	CCR					X			
39	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	CCR								
39	71100	X-RAY EXAM OF RIBS	CCR								
39	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	CCR								

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39	71110	X-RAY EXAM OF RIBS	CCR								
39	71111	X-RAY RIBS,BILAT;POSTEROANTERI CHEST	CCR								
39	71120	X-RAY EXAM OF BREASTBONE	CCR								
39	71130	X-RAY EXAM OF BREASTBONE	CCR								
39	71250	CAT,THORAX;W.OUT CONTRAST MATERIAL	CCR								
39	71260	CAT.THORAX, W/ CONTRAST MATERIAL	CCR								
39	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	CCR								
39	71271	COMPUTED TOMOGRAPHY, THORAX,LOW DOSE	CCR								
39	71275	CT ANGIOGRAPHY, CHEST	CCR								
39	71550	MRI-CHEST/LYPHADENOPATHY EVAL	CCR								
39	71551	MRI CHEST W/DYE	CCR								
39	71552	MRI CHEST W/O&W DYE	CCR								
39	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	CCR								
39	72020	X-RAY SPINE,SINGLE VIEW	CCR								
39	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	CCR								
39	72050	X-RAY EXAM OF NECK SPINE	CCR								
39	72052	X-RAY EXAM OF NECK SPINE	CCR								
39	72070	X-RAY EXAM OF THORAX SPINE	CCR								
39	72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	CCR								
39	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	CCR								
39	72080	X-RAY EXAM OF TRUNK SPINE	CCR								
39	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
39	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
39	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
39	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
39	72100	X-RAY EXAM OF LOWER SPINE	CCR								
39	72110	X-RAY EXAM OF LOWER SPINE	CCR								
39	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	CCR								
39	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	CCR								
39	72125	CAT SCAN,CERVICAL SPINE W/OUT C M	CCR								
39	72126	CAT SCAN CERVICAL SPINE W/CONT MATER	CCR								
39	72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	CCR								
39	72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	CCR								
39	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	CCR								
39	72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	CCR								
39	72131	CAT SCAN LUMBAR W/OUT CONTRAST	CCR								
39	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	CCR								
39	72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	CCR								
39	72141	MRI,SPINAL CANAL...;CERVICAL	CCR								
39	72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	CCR								
39	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	CCR								
39	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	CCR								
39	72148	MRI,SPINAL CANAL, LUMBAR W/0 CONTRAS	CCR								
39	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	CCR								
39	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
39	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
39	72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
39	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	CCR								
39	72170	X-RAY EXAM OF PELVIS	CCR								
39	72190	X-RAY EXAM OF PELVIS	CCR								

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FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	72191	CT ANGIOGRAPH PELV W/O&W DYE	CCR								
39	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	CCR								
39	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	CCR								
39	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	CCR								
39	72195	MRI PELVIS W/O DYE	CCR								
39	72196	MRI,PELVIS	CCR								
39	72197	MRI PELVIS W/O & W DYE	CCR								
39	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	CCR								
39	72200	X-RAY EXAM SACROILIAC JOINTS	CCR								
39	72202	X-RAY EXAM SACROILIAC JOINTS	CCR								
39	72220	X-RAY EXAM OF TAILBONE	CCR								
39	72240	CONTRAST X-RAY OF NECK SPINE	CCR								
39	72255	CONTRAST X-RAY THORAX SPINE	CCR								
39	72265	CONTRAST X-RAY LOWER SPINE	CCR								
39	72270	RADIOLOGICAL SUPERVISION AND INTERPR	CCR								
39	72285	X-RAY OF NECK SPINE DISK	CCR								
39	72295	X-RAY OF LOWER SPINE DISK	CCR								
39	73000	X-RAY EXAM OF COLLARBONE	CCR					X			
39	73010	X-RAY EXAM OF SHOULDER BLADE	CCR					X			
39	73020	X-RAY EXAM OF SHOULDER	CCR					X			
39	73030	X-RAY EXAM OF SHOULDER	CCR					X			
39	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	CCR					X			
39	73050	X-RAY EXAM OF SHOULDERS	CCR								
39	73060	X-RAY EXAM OF HUMERUS	CCR					X			
39	73070	X-RAY EXAM OF ELBOW	CCR					X			
39	73080	X-RAY EXAM OF ELBOW	CCR					X			
39	73085	X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	CCR					X			
39	73090	X-RAY EXAM OF FOREARM	CCR					X			
39	73092	X-RAY EXAM OF ARM, INFANT	CCR					X			
39	73100	X-RAY EXAM OF WRIST	CCR					X			
39	73110	X-RAY EXAM OF WRIST	CCR					X			
39	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	CCR					X			
39	73120	X-RAY EXAM OF HAND	CCR					X			
39	73130	X-RAY EXAM OF HAND	CCR					X			
39	73140	X-RAY EXAM OF FINGER(S)	CCR					X			
39	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	CCR					X			
39	73201	CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	CCR					X			
39	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST	CCR					X			
39	73206	CT ANGIO UPR EXTRM W/O&W DYE	CCR					X			
39	73218	MRI UPPER EXTREMITY W/O DYE	CCR					X			
39	73219	MRI UPPER EXTREMITY W/DYE	CCR					X			
39	73220	MRI-UPPER EXTREMITY	CCR					X			
39	73221	MRE, ANY JOINT OF UPPER EXTREMITY	CCR					X			
39	73222	6RI JOINT UPR EXTREM W/ DYE	CCR					X			
39	73223	MRI JOINT UPR EXTR W/O&W DYE	CCR					X			
39	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	CCR					X			
39	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
39	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
39	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
39	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
39	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
39	73525	CONTRAST X-RAY OF HIP	CCR					X			
39	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	CCR								
39	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	CCR								
39	73560	X-RAY EXAM OF KNEE	CCR					X			
39	73562	X-RAY KNEE A/P.OBLIQUES,3+VIEWS	CCR					X			
39	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	CCR					X			
39	73565	RADIO EXAM,KNEES,STANDING,ANTEROPOST	CCR								
39	73580	CONTRAST X-RAY OF KNEE JOINT	CCR					X			
39	73590	X-RAY EXAM OF LOWER LEG	CCR					X			
39	73592	X-RAY EXAM OF LEG, INFANT	CCR					X			
39	73600	X-RAY EXAM OF ANKLE	CCR					X			
39	73610	X-RAY EXAM OF ANKLE	CCR					X			
39	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	CCR					X			
39	73620	X-RAY EXAM OF FOOT	CCR					X			
39	73630	X-RAY EXAM OF FOOT	CCR					X			
39	73650	X-RAY EXAM OF HEEL	CCR					X			
39	73660	X-RAY EXAM OF TOE(S)	CCR					X			
39	73700	CAT,LOWER EXTREMITY;W/OUT COUNTRAST	CCR					X			
39	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	CCR					X			
39	73702	CAT.,LOWER EXT.;W/OUT-W/CONTRAST	CCR					X			
39	73706	CT ANGIO LWR EXTR W/O&W DYE	CCR					X			
39	73718	MRI LOWER EXTREMITY W/O DYE	CCR					X			
39	73719	MRI LOWER EXTREMITY W/DYE	CCR					X			
39	73720	MRI-LIWER EXTREMITY	CCR					X			
39	73721	MRI,ANY JOINT,LOWER EXTREMITY	CCR					X			
39	73722	MRI JOINT OF LWR EXTR W/DYE	CCR					X			
39	73723	MRI JOINT LWR EXTR W/O&W DYE	CCR					X			
39	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	CCR					X			
39	74018	RADIOLOGICAL EXAMINATION,ABDOMEN; 1	CCR					X			
39	74019	RADIOLOGICAL EXAMINATION,ABDOMEN; 2	CCR					X			
39	74021	RADIOLOGICAL EXAMINATION, ABDOMEN; 3	CCR					X			
39	74022	IMAGING OF ABDOMEN AND CHEST	CCR								
39	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	CCR								
39	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	CCR								
39	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	CCR								
39	74174	COMPUTED TORNOGRAPHIC ANGIOGRAPHY,AB	CCR								
39	74175	CT ANGIO ABDOM W/O&W DYE	CCR								
39	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			
39	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			
39	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			
39	74181	MRI-ABDOMEN	CCR								
39	74182	MRI ABDOMEN W/DYE	CCR								
39	74183	MRI ABDOMEN W/O&W DYE	CCR								
39	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	CCR								
39	74190	PERITONEOGRAM (EG, AFTER INJECTION O	CCR								
39	74210	CONTRAST XRAY EXAM OF THROAT	CCR								
39	74220	CONTRAST XRAY EXAM,ESOPHAGUS	CCR								
39	74221	X-RAY OF ESOPHAGUS WITH DOUBLE CONTR	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	74230	CINEMA XRAY THROAT/ESOPHAGUS	CCR								
39	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	CCR								
39	74240	X-RAY EXAM UPPER GI TRACT	CCR								
39	74246	X-RAY GASTROINTESTINAL TRACT	CCR								
39	74248	FOLLOW-THROUGH X-RAY OF UPPER DIGEST	CCR								
39	74250	X-RAY EXAM OF SMALL BOWEL	CCR								
39	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	CCR								
39	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
39	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
39	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
39	74270	CONTRAST X-RAY EXAM OF COLON	CCR								
39	74280	CONTRAST X-RAY EXAM OF COLON	CCR								
39	74283	BARIUM ENEMA,THERAPEUTIC	CCR								
39	74290	CONTRAST X-RAY, GALLBLADDER	CCR								
39	74300	CONTRAST X-RAY OF BILE DUCTS	CCR								
39	74301	CHOLANGIOGRA;ADDITIONAL SET/SURGERY	CCR								
39	74328	XRAY FOR BILE DUCT ENDOSCOPY	CCR								
39	74329	X-RAY FOR PANCREAS ENDOSCOPY	CCR								
39	74330	XRAY,BILE/PANCREAS ENDOSCOPY	CCR								
39	74340	X-RAY GUIDE FOR GI TUBE	CCR								
39	74355	PERC.PLACE ENTEROLYSIS TUBE;GUIDANCE	CCR								
39	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	CCR								
39	74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	CCR								
39	74400	CONTRAST X-RAY URINARY TRACT	CCR								
39	74410	CONTRAST X-RAY URINARY TRACT	CCR								
39	74415	CONTRAST X-RAY URINARY TRACT	CCR								
39	74420	CONTRAST X-RAY URINARY TRACT	CCR								
39	74425	CONTRAST X-RAY URINARY TRACT	CCR								
39	74430	CONTRAST X-RAY OF BLADDER	CCR								
39	74440	XRAY EXAM MALE GENITAL TRACT	CCR								
39	74445	COPORA CAVERNOSOGRAPHY;SUPER/INTERP	CCR								
39	74450	X-RAY EXAM URETHRA/BLADDER	CCR								
39	74455	X-RAY EXAM URETHRA/BLADDER	CCR								
39	74470	X-RAY-RENAL CYST STUDY	CCR								
39	74485	DILATE NEPHROL./URETERS;SUPER/INTERP	CCR								
39	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	326.80			X			01/01/20		
39	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR					X			
39	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	CCR								
39	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
39	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
39	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
39	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
39	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
39	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	CCR								
39	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	CCR								
39	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	CCR								
39	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	CCR								
39	75580	ANALYSIS OF DATA FROM CT STUDY OF HE	CCR								
39	75600	CONTRAST X-RAY EXAM OF AORTA	CCR								
39	75605	CONTRAST X-RAY EXAM OF AORTA	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	75625	CONTRAST X-RAY EXAM OF AORTA	CCR								
39	75630	AORTOGRAPH;ABDOMEN-BILAT	CCR								
39	75635	CT ANGIO ABDOMINAL ARTERIES	CCR								
39	75705	ARTERY X-RAYS, SPINE	CCR								
39	75710	ARTERY X-RAYS, ARM/LEG	CCR								
39	75716	ARTERY X-RAYS, ARMS/LEGS	CCR								
39	75726	ARTERY X-RAYS, ABDOMEN	CCR								
39	75731	ARTERY X-RAYS, ADRENAL GLAND	CCR								
39	75733	ARTERY X-RAYS,ADRENAL GLANDS	CCR								
39	75736	ARTERY X-RAYS, PELVIS	CCR								
39	75741	ARTERY X-RAYS, LUNG	CCR								
39	75743	ARTERY X-RAYS, LUNGS	CCR								
39	75746	ARTERY X-RAYS, LUNG	CCR								
39	75756	ARTERY X-RAYS, CHEST	CCR								
39	75801	LYMPH VESSEL X-RAY, ARM/LEG	CCR								
39	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	CCR								
39	75805	LYMPH VESSEL X-RAY, TRUNK	CCR								
39	75807	LYMPH VESSEL X-RAY, TRUNK	CCR								
39	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	CCR								
39	75810	VEIN X-RAY, SPLEEN/LIVER	CCR								
39	75820	VEIN X-RAY, ARM/LEG	CCR								
39	75822	VEIN X-RAY, ARMS/LEGS	CCR								
39	75825	VEIN X-RAY, TRUNK	CCR								
39	75827	VEIN X-RAY, CHEST	CCR								
39	75831	VEIN X-RAY, KIDNEY	CCR								
39	75833	VEIN X-RAY, KIDNEYS	CCR								
39	75840	VEIN X-RAY, ADRENAL GLAND	CCR								
39	75842	VEIN X-RAY, ADRENAL GLANDS	CCR								
39	75860	VEIN X-RAY, NECK	CCR								
39	75870	VEIN X-RAY, SKULL	CCR								
39	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	CCR								
39	75880	VEIN X-RAY, EYE SOCKET	CCR								
39	75885	VEIN X-RAY, LIVER	CCR								
39	75887	VEIN X-RAY, LIVER	CCR								
39	75889	VEIN X-RAY, LIVER	CCR								
39	75891	VEIN X-RAY, LIVER	CCR								
39	75893	VENOUS SAMPLING BY CATHETER	CCR								
39	75894	XRAYS, TRANSCATHETER THERAPY	CCR								
39	75898	FOLLOW-UP ANGIOGRAM	CCR								
39	75901	REMOVE CVA DEVICE OBSTRUCT	CCR								
39	75902	REMOVE CVA LUMEN OBSTRUCT	CCR								
39	75970	TRANSCATH BXX;SUPER/INTERP	CCR								
39	75989	RAD.GUIDE....SUPERVISION/INTERP ONLY	CCR								
39	76000	FLUOROSCOPY,MD TIME TO 1 HR	CCR								
39	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	CCR								
39	76080	X-RAY EXAM OF FISTULA	CCR								
39	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	CCR					X			
39	76100	X-RAY EXAM OF BODY SECTION	CCR								
39	76120	CINEMATIC X-RAYS	CCR								
39	76125	CINEMATIC X-RAYS	CCR								

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COLUMN:

1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	CCR									
39	76376	3D RENDER W/O POSTPROCESS	CCR									
39	76377	3D RENDERING W/POSTPROCESS	CCR									
39	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	CCR									
39	76390	MR SPECTROSCOPY	CCR									
39	76391	MAGNETIC RESONANCE (EG, VIBRATION) E	CCR									
39	76496	FLUOROSCOPIC PROCEDURE	CCR									
39	76497	CT PROCEDURE	CCR									
39	76498	MRI PROCEDURE	CCR									
39	76499	RADIOGRAPHIC PROCEDURE	CCR									
39	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	CCR									
39	76510	OPHTH US, B & QUANT A	CCR									
39	76511	ECHO EXAM OF EYE	CCR						X			
39	76512	ECHO EXAM OF EYE	CCR									
39	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	CCR									
39	76514	ECHO EXAM OF EYE, THICKNESS	CCR									
39	76516	ECHO EXAM OF EYE	CCR									
39	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	CCR									
39	76529	ECHO EXAM OF EYE	CCR									
39	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	CCR									
39	76604	ECHO EXAM OF CHEST	CCR									
39	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	CCR									
39	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	CCR									
39	76700	ECHO EXAM OF ABDOMEN	CCR									
39	76705	ECHO EXAM OF ABDOMEN	CCR									
39	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	CCR									
39	76770	ECHO EXAM ABDOMEN BACK WALL	CCR									
39	76775	ECHO EXAM ABDOMEN BACK WALL	CCR									
39	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	CCR									
39	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	CCR									
39	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	CCR					F				
39	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR					F	X			
39	76805	ULTRASOUND, PREGNANT UTERUS	CCR	10	59							
39	76810	EACH ADDITIONAL GESTATION	CCR	10	59			F	X			
39	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	CCR					F				
39	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	CCR					F	X			
39	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR	10	60			F				
39	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	CCR	10	60			F	X			
39	76815	ECHO EXAM FOR FETAL GROWTH	CCR					F				
39	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	CCR					F				
39	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	CCR					F				
39	76818	FETAL BIOPHYSICAL PROFILE	CCR									
39	76819	FETL BIOPHYS PROFIL W/O STRS	CCR									
39	76820	UMBILICAL ARTERY ECHO	CCR	10	59			F				
39	76821	MIDDLE CEREBRAL ARTERY ECHO	CCR	10	59			F				
39	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	CCR	00	60			F				
39	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	CCR									
39	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	CCR									
39	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	CCR									
39	76830	ECHOGRAPHY, TRANSVAGINAL	CCR									

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39	76831	ECHO EXAM, UTERUS	CCR				F				
39	76856	ECHOGRAPHY, PELVIC, REAL TIME	CCR								
39	76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	CCR								
39	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	CCR				M				
39	76872	ECHOGRAPHY, TRANSRECTAL	CCR								
39	76873	ECHOGRAP TRANS R, PROS STUDY	CCR				M				
39	76881	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR								
39	76882	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR								
39	76883	COMPREHENSIVE ULTRASOUND SCAN OF ENT	CCR					X			
39	76885	ECHO EXAM, INFANT HIPS	CCR								
39	76886	ECHO EXAM, INFANT HIPS	CCR								
39	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	CCR								
39	76936	ECHO GUIDE FOR ARTERY REPAIR	CCR								
39	76937	US GUIDE, VASCULAR ACCESS	CCR								
39	76940	US GUIDE, TISSUE ABLATION	CCR								
39	76941	ECHO GUIDE FOR TRANSFUSION	CCR								
39	76942	ECHO GUIDE FOR BIOPSY	CCR					X			
39	76945	ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	CCR								
39	76946	ECHO GUIDE FOR AMNIOCENTESIS	CCR					X			
39	76965	ECHO GUIDANCE RADIOTHERAPY	CCR								
39	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	CCR								
39	76977	US BONE DENSITY MEASURE	CCR								
39	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	CCR								
39	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	CCR								
39	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	CCR								
39	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LESI	CCR								
39	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	CCR								
39	76984	ULTRASOUND OF CHEST AORTA DURING SUR	CCR								
39	76987	ULTRASOUND OF HEART DURING SURGERY T	CCR								
39	76988	ULTRASOUND OF HEART DURING SURGERY T	CCR								
39	76989	ULTRASOUND OF HEART DURING SURGERY T	CCR								
39	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	CCR								
39	76999	ECHO EXAMINATION PROCEDURE	CCR								
39	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	CCR								
39	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	CCR								
39	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	CCR								
39	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	CCR								
39	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	CCR								
39	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	CCR								
39	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	CCR								
39	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	CCR								
39	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	CCR								
39	77046	MAGNETIC RESONANCE IMAGING, BREAST	CCR								
39	77047	MAGNETIC RESONANCE IMAGING, BREAST	CCR								
39	77048	MAGNETIC RESONANCE IMAGING, BREAST	CCR								
39	77049	MAGNETIC RESONANCE IMAGING, BREAST	CCR								
39	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	CCR								
39	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	CCR								
39	77061	DIGITAL BREAST TOMOSYNTHESIS; UNILAT	CCR								
39	77062	DIGITAL BREAST TOMOSYNTHESIS; BILATE	CCR								

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COLUMN:

1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	CCR	30	99			F				
39	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	CCR									
39	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	CCR									
39	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	CCR	30	99			F				
39	77071	MANUAL APPLICATION OF STRESS PERFORM	CCR									
39	77072	BONE AGE STUDIES	CCR									
39	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	CCR									
39	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR									
39	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR									
39	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR									
39	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	CCR									
39	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	CCR									
39	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR									
39	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR									
39	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR									
39	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR									
39	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	CCR									
39	77261	SIMPLE TREAT PLAN-THERA RADIOL	CCR									
39	77262	INTER TREAT PLAN-THERA RADIOLO	CCR									
39	77263	COMPLEX TREAT PLAN-THERA RADIO	CCR									
39	77280	SIMPLE,RAD SIMU-AIDED FIELDSET	CCR									
39	77285	INTER,RAD SIMU-AIDED FIELD SET	CCR									
39	77290	COMP,RAD SIMU-AIDED FIELD SET	CCR									
39	77293	Respiratory motion management simula	CCR									
39	77295	MANAGEMENT OF RADIATION THERAPY, 3D	CCR						X			
39	77299	UNLISTED CLINICAL TREAT.PLAN	CCR									
39	77300	BASIC RAD DOSIMETRY CALCULATIO	CCR									
39	77301	RADIOLTHERAPY DOS PLAN, IMRT	CCR									
39	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	CCR									
39	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	CCR									
39	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	CCR									
39	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	CCR									
39	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	CCR									
39	77321	SPEC TELETHERAPY PLAN TOTALBOD	CCR									
39	77331	SPECIAL DOSIMETRY (SPECIFY)	CCR						X			
39	77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	CCR									
39	77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	CCR									
39	77334	TREATMENT DEVICES/DESIGN;COMPLEX	CCR						X			
39	77336	CONTINUING RADIATION PHYSICS CONSULT	CCR									
39	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	CCR									
39	77370	SPECIAL MED RAD PHYSICS CONSULTATION	CCR									
39	77371	RADIATION TREATMENT DELIVERY, STEREO	CCR									
39	77372	RADIATION TREATMENT DELIVERY, STEREO	CCR									
39	77373	STEREOTACTIC BODY RADIATION THERAPY,	CCR									
39	77385	INTENSITY MODULATED RADIATION TREATM	CCR									
39	77386	INTENSITY MODULATED RADIATION TREATM	CCR									
39	77399	UNLISTED RAD THER/PHYSICS CONS	CCR									
39	77401	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO	CCR									
39	77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	CCR									
39	77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	CCR									

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	77412	RADIAT TRTMNT DELIV UP TO 5 MEV	CCR									
39	77417	THERAPEUTIC RADIOLOGY PORT FILMS	CCR						X			
39	77423	NEUTRON BEAM TX, COMPLEX	CCR									
39	77424	INTRAOPERATIVE RADIATION TREATMENT D	MP				X			01/01/12		
39	77425	INTRAOPERATIVE RADIATION TREATMENT D	MP				X			01/01/12		
39	77427	RADIATION TX MANAGEMENT, X5	CCR									
39	77431	RADIATION THERAPY MANAGEMENT W COMPL	CCR						X			
39	77432	STEREOTACTIC RADIATION TREATMENT MAN	CCR									
39	77435	STEREOTACTIC BODY RADIATION THERAPY,	CCR									
39	77469	INTRAOPERATIVE RADIATION TREATMENT M	CCR									
39	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	CCR									
39	77499	UNLISTED,CLINICAL TREAT. MNGT	CCR						X			
39	77520	PROTON BEAM DELIVERY	CCR	00	20							
39	77522	PROTON TRMT, SIMPLE W/COMP	CCR	00	20							
39	77523	PROTON BEAM DELIVERY	CCR	00	20							
39	77525	PROTON TREATMENT, COMPLEX	CCR	00	20							
39	77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	CCR									
39	77605	HYPERTHERMIA,EXT GEN/DEEP	CCR						X			
39	77610	HYPERTHERMIA;INTERSTITIAL/5 0R <	CCR						X			
39	77615	HYPERTHERMIA/INTERSTITIAL/>5	CCR						X			
39	77620	HYPERTHERMIA...INTRACACITARY PROBE	CCR									
39	77750	INFUSE/INSTILL RADIOELEMENT	CCR									
39	77761	SIMPLE INTRACAV RADIOELEMENT	CCR									
39	77762	INTERM,INTRACAV RADIOELEMENT	CCR									
39	77763	COMPLEX,INTRACAV RADIOELEMENT	CCR									
39	77767	REMOTE AFTERLOADING HIGH DOES RATE R	CCR									
39	77768	REMOTE AFTERLOADING HIGH DOES RATE R	CCR									
39	77770	REMOTE AFTERLOADING HIGH DOES RATE R	CCR									
39	77771	REMOTE AFTERLOADING HIGH DOES RATE R	CCR									
39	77772	REMOTE AFTERLOADING HIGH DOES RATE R	CCR									
39	77778	INTERSTITIAL RADIOELEMENT-COMPLEX	CCR									
39	77789	SURFACE APPLICATION OF RADIOELEMENT	CCR									
39	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	CCR									
39	77799	UNLISTED CLINICAL BRACHYTHERAPY	CCR									
39	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	CCR									
39	78013	THYROID IMAGING (INCLUDING VASCULAR	CCR									
39	78014	THYROID IMAGING (INCLUDING VASCULAR	CCR									
39	78015	NUCLEAR SCAN OF THYROID	CCR									
39	78016	EXTENSIVE THYROID SCAN	CCR									
39	78018	THYROID CA IMAGING;WHOLE BODY Y	CCR									
39	78020	THYROID MET UPTAKE	CCR									
39	78070	PARATHROID IMAGING	CCR									
39	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	CCR									
39	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	CCR									
39	78075	NUCLEAR SCAN OF ADRENALS	CCR									
39	78099	ENDOCRINE NUCLEAR PROCEDURE	CCR									
39	78102	NUCLEAR SCAN OF BONE MARROW	CCR									
39	78103	NUCLEAR SCAN OF BONE MARROW	CCR									
39	78104	NUCLEAR SCAN OF BONE MARROW	CCR									
39	78110	NUCLEAR EXAM, PLASMA VOLUME	CCR									

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	78111	NUCLEAR EXAM, PLASMA VOLUME	CCR								
39	78120	NUCLEAR EXAM OF RBC MASS	CCR								
39	78121	NUCLEAR EXAM OF RBC MASS	CCR								
39	78122	WHOLE BLOOD VOLUME DETERMINATION	CCR								
39	78130	RED CELL SURVIVAL EXAM	CCR								
39	78140	NUCLEAR EXAM,RED BLOOD CELLS	CCR								
39	78185	NUCLEAR SCAN OF SPLEEN	CCR								
39	78195	NUCLEAR SCAN OF LYMPH SYSTEM	CCR								
39	78199	NUCLEAR EXAM BLOOD/LYMPH	CCR								
39	78201	NUCLEAR SCAN OF LIVER	CCR								
39	78202	NUCLEAR SCAN OF LIVER	CCR								
39	78215	NUCLEAR SCAN, LIVER & SPLEEN	CCR								
39	78216	NUCLEAR SCAN, LIVER/SPLEEN	CCR								
39	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	CCR								
39	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	CCR								
39	78230	NUCLEAR SCAN, SALIVARY GLAND	CCR								
39	78231	NUCLEAR SCANS,SALIVARY GLAND	CCR								
39	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	285.56			X			01/01/20		
39	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	CCR								
39	78267	BREATH TST ATTAIN/ANAL C-14	10.84						01/01/20		
39	78268	BREATH TEST ANALYSIS, C-14	39.96						01/01/20		
39	78278	ACUTE GI BLOOD LOSS IMAGING	CCR								
39	78290	INTESTINE IMAGING	CCR								
39	78299	G.I. NUCLEAR PROCEDURE	CCR								
39	78300	NUCLEAR SCAN OF BONE	CCR								
39	78305	NUCLEAR SCAN OF BONES	CCR								
39	78306	NUCLEAR SCAN OF SKELETON	CCR								
39	78315	BONE IMAGING;BY THREE PHASE TECHNIQU	CCR								
39	78399	MUSCULOSKELETAL NUCLEAR EXAM	CCR								
39	78414	DETERMINE VENTRIC.EJECT FRACTION	CCR								
39	78445	NUCLEAR SCAN OF BLOOD FLOW	CCR								
39	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGR	CCR								
39	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGR	CCR								
39	78453	MYOCARDIAL PERFUSION IMAGING, PLANAR	CCR								
39	78454	MYOCARDIAL PERFUSION IMAGING, PLANAR	CCR					X			
39	78456	ACUTE VENOUS THROMBUS IMAGE	CCR								
39	78466	MYOCARD IMAGING..;AT REST,QUAL.	CCR								
39	78468	MYOCARD IMAGING..AT REST;FIRST PASS	CCR								
39	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	CCR								
39	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	CCR								
39	78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	CCR								
39	78481	CARD BLD POOL IMAG-FRST PASS TECH...	CCR								
39	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	CCR								
39	78494	HEART IMAGE, SPECT	CCR								
39	78496	HEART FIRST PASS ADD-ON	CCR								
39	78499	CARDIOVASCULAR NUCLEAR EXAM	CCR								
39	78579	PULMONARY VENTILATION IMAGING (EG, A	CCR								
39	78580	PULMONARY PERFUSION IMAGING (EG, PAR	CCR								
39	78582	PULMONARY VENTILATION (EG, AEROSOL O	CCR								
39	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	CCR								
39	78599	RESPIRATORY NUCLEAR EXAM	CCR								
39	78600	NUCLEAR SCAN OF BRAIN	CCR								
39	78601	NUCLEAR SCAN OF BRAIN	CCR								
39	78605	NUCLEAR SCAN OF BRAIN	CCR				F				
39	78606	NUCLEAR SCAN OF BRAIN	CCR								
39	78608	BRAIN IMAGING, POSITRON EMISSION TOM	CCR		X						
39	78609	BRAIN IMAGING,POSITRON EMISSION	CCR		X						
39	78610	NUCLEAR SCAN OF BRAIN	CCR								
39	78630	CEREBROSPINAL FLUID SCAN	CCR								
39	78635	CEREBROSPINAL FLUID SCAN	CCR								
39	78645	CEREBROSPINAL FLUID SCAN	CCR								
39	78650	CEREBROSPINAL FLUID SCAN	CCR								
39	78660	NUCLEAR EXAM OF TEAR FLOW	CCR								
39	78699	NERVOUS SYSTEM NUCLEAR EXAM	CCR								
39	78700	NUCLEAR SCAN OF KIDNEY	CCR								
39	78701	NUCLEAR SCAN OF KIDNEY	CCR								
39	78707	NUCLEAR SCAN OF KIDNEY	CCR								
39	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	CCR								
39	78709	KIDNEY FLOW & FUNCTION IMAGE	CCR								
39	78725	NUCLEAR EXAM OF KIDNEY	CCR								
39	78730	NUCLEAR EXAM OF BLADDER	CCR								
39	78740	NUCLEAR EXAM OF URETER	CCR								
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	78811	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78812	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78813	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78814	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78815	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78816	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78830	SPECT NUCLEAR MEDICINE LOCALIZATION	CCR								
39	78831	SPECT NUCLEAR MEDICINE LOCALIZATION	CCR								
39	78832	SPECT NUCLEAR MEDICINE LOCALIZATION	CCR								
39	78835	QUANTIFICATION OF RADIOACTIVE TRACER	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	11.90						01/01/20		

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1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	8.46						01/01/20		
39	80050	GENERAL HEALTH PANEL	45.69						01/01/20		
39	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	7.01						01/01/20		
39	80053	BLOOD TEST, COMPREHENSIVE GROUP OF B	10.56						01/01/20		
39	80055	OBSTETRIC BLOOD TEST PANEL	24.10	10 59			F		01/01/20		
39	80061	LIPID PANEL	13.39						01/01/20		
39	80069	RENAL FUNCTION PANEL	8.68						01/01/20		
39	80074	ACUTE HEPATITIS PANEL	47.63						01/01/20		
39	80076	HEPATIC FUNCTION PANEL	8.17						01/01/20		
39	80081	OBSTETRIC PANEL (INCLUDES HIV)	74.86				F		01/01/20		
39	80143	ACETAMINOPHEN	18.64					X	01/01/21		
39	80145	MEASUREMENT OF ADALIMUMAB	38.57						01/01/20		
39	80150	AMIKACIN	14.74						08/01/12		
39	80151	AMIODARONE	18.64						01/01/21		
39	80155	CAFFEINE	21.37						01/01/20		
39	80156	CARBAMAZEPINE; TOTAL	14.57						01/01/20		
39	80157	CARBAMAZEPINE; FREE	13.25						01/01/20		
39	80158	CYCLOSPORINE	18.05						01/01/20		
39	80159	CLOZAPINE	20.15						01/01/20		
39	80161	-10, 11-EPOXIDE	18.64						01/01/21		
39	80162	DIGOXIN; TOTAL	13.28						01/01/20		
39	80163	DIGOXIN; FREE	13.28						01/01/20		
39	80164	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
39	80165	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
39	80167	FELBAMATE	18.64						01/01/21		
39	80168	ETHOSUXIMIDE	16.34						01/01/20		
39	80169	EVEROLIMUS	13.73						01/01/20		
39	80170	GENTAMICIN	16.36						01/01/20		
39	80171	GABAPENTIN LEVEL	20.02						01/01/20		
39	80173	HALOPERIDOL	14.74						08/01/12		
39	80175	LAMOTRIGINE	13.25						01/01/20		
39	80176	LIDOCAINE	14.69						01/01/20		
39	80177	LEVETIRACETAM	13.25						01/01/20		
39	80178	LITHIUM	6.61						01/01/20		
39	80179	SALICYLATE	18.64					X	01/01/21		
39	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	18.05						01/01/20		
39	80181	FLECAINIDE	18.64						01/01/21		
39	80183	OXCARBAZEPINE	13.25						01/01/20		
39	80184	PHENOBARBITAL	14.51						08/01/12		
39	80185	PHENYTOIN; TOTAL	13.25						01/01/20		
39	80186	PHENYTOIN; FREE	13.76						01/01/20		
39	80187	MEASUREMENT OF POSACONAZOLE	27.11						01/01/20		
39	80188	PRIMIDONE	16.59						01/01/20		
39	80189	ITRACONAZOLE	27.11						01/01/21		
39	80190	PROCAINAMIDE;	23.54						01/01/20		
39	80192	PROCAINAMIDE; WITH METABOLITES (EG,	16.75						01/01/20		
39	80193	LEFLUNOMIDE	38.57						01/01/21		
39	80194	QUINIDINE	14.60						01/01/20		
39	80195	SIROLIMUS	13.73						01/01/20		
39	80197	TACROLIMUS	13.73						01/01/20		

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	80198	THEOPHYLLINE	14.14						01/01/20		
39	80199	TIAGABINE	24.58						01/01/15		
39	80200	TOBRAMYCIN	14.74						08/01/12		
39	80201	TOPIRAMATE	11.92						01/01/20		
39	80202	VANCOMYCIN	13.54						01/01/20		
39	80203	ZONISAMIDE	13.25						01/01/20		
39	80204	METHOTREXATE	38.57						01/01/21		
39	80210	RUFINAMINDE	27.11						01/01/21		
39	80220	MEASUREMENT OF HYDROXYCHLOROQUINE	18.64						01/01/22		
39	80230	MEASUREMENT OF INFLIXIMAB	38.57						01/01/20		
39	80235	MEASUREMENT OF LACOSAMIDE	27.11						01/01/20		
39	80280	MEASUREMENT OF VEDOLIZUMAB	38.57						01/01/20		
39	80285	MEASUREMENT OF VORICONAZOLE	27.11						01/01/20		
39	80299	QUANTITATION OF THERAPEUTIC DRUG, NO	17.34						08/01/12		
39	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	12.60						01/01/19		
39	80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	17.14						01/01/19		
39	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	62.14						01/01/20		
39	80400	ACTH STIMULATION PANEL; FOR ADRENAL	32.62						01/01/20		
39	80402	ACTH STIMULATION PANEL; FOR 21 HYDRO	86.96						01/01/20		
39	80406	ACTH STIMULATION PANEL; FOR 3 BETA-H	78.26						01/01/20		
39	80408	ALDOSTERONE SUPPRESSION EVALUATION P	125.50						01/01/20		
39	80410	CALCITONIN STIMULATION PANEL	33.04						01/01/20		
39	80412	CORTICOTROPIC RELEASING HORMONE (CRH	463.34						01/01/20		
39	80414	CHORIONIC GONADOTROPIN STIMULATION P	51.64						01/01/20		
39	80415	CHORIONIC GONADOTROPIN STIMULATION P	55.89						01/01/20		
39	80416	RENAL VEIN RENIN STIMULATION PANEL	185.51						01/01/20		
39	80417	PERIPHERAL VEIN RENIN STIMULATION PA	43.99						01/01/20		
39	80418	COMBINED RAPID ANTERIOR PITUITARY EV	579.48						01/01/20		
39	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	101.28						01/01/20		
39	80422	GLUCAGON TOLERANCE PANEL FOR INSULIN	46.07						01/01/20		
39	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCH	50.50						01/01/20		
39	80426	GONADOTROPIN RELEASING HORMONE STIMU	148.41						01/01/20		
39	80428	GROWTH HORMONE STIMULATION PANEL (EG	66.70						01/01/20		
39	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	110.33						01/01/20		
39	80432	INSULIN-INDUCED C-PEPTIDE SUSPENSION	165.61						01/01/19		
39	80434	INSULIN TOLERANCE PANEL; FOR ACTH IN	142.21						01/01/20		
39	80435	INSULIN TOLERANCE PANEL; FOR GROWTH	103.00						01/01/20		
39	80436	METYRAPONE PANEL	91.16						01/01/20		
39	80438	THYROTROPIN RELEASING HORMONE (TRH)	50.41						01/01/20		
39	80439	THYROTROPIN RELEASING HORMONE (TRH)	67.21						01/01/20		
39	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	19.08						01/01/22		
39	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	38.45						01/01/22		
39	80505	PATHOLOGY CLINICAL CONSULT;41-60 MIN	69.95						01/01/22		
39	80506	PATHOLOGY CLINICAL CONSULT;ADD'L 30"	31.40						01/01/22		
39	81000	URINALYSIS, BY DIP STICK OR TABLET	4.01					X	08/01/12		
39	81001	URINALYSIS, BY DIP STICK OR TABLET	3.17						01/01/20		
39	81002	URINALYSIS, BY DIP STICK OR TABLET	3.24					X	08/01/12		
39	81003	URINALYSIS, BY DIP STICK OR TABLET	2.25						01/01/20		
39	81005	URINALYSIS; QUALITATIVE RO SEMIQUANT	2.17					X	01/01/20		
39	81007	URINALYSIS; BACTERIURIA SCREEN, EXCE	3.61						01/01/20		

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	81015	URINALYSIS; MICROSCOPY ONLY	3.05						X	01/01/20		
39	81020	URINALYSIS; 2 OR 3 GLASS TEST	4.67							08/01/12		
39	81025	URINE PREGNANCY TEST, BY VISUAL COLO	8.01					F		08/01/12		
39	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.64						X	01/01/19		
39	81099	URINALYSIS TEST PROCEDURE	MP				X			06/01/08		
39	81162	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	1,824.88	19	70	X				01/01/20		E
39	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	468.00	19	70	X				01/01/21		
39	81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	584.23	19	70	X				01/01/19		
39	81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	282.88	19	70	X				01/01/21		
39	81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	301.35	19	70	X				01/01/19		
39	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED)	282.88	19	70	X				01/01/19		
39	81168	CCND1/IGH (T(11;14)) (EG, MANTLE CEL	207.31							01/01/21		
39	81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECE	300.00							01/01/19		
39	81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSIN	207.31							01/01/21		
39	81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSIN	207.31							01/01/21		
39	81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSIN	207.31							01/01/21		
39	81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEP	518.28							01/01/21		
39	81206	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	163.96							01/01/20		
39	81207	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	144.84							01/01/20		
39	81208	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	214.62							01/01/19		
39	81212	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	195.85	19	70	X				01/01/20		E
39	81215	BRCA1 (BREAST CANCER1)(EG,HEREDITARY	103.34	19	70	X				01/01/20		E
39	81216	BRCA2 (BREAST CANCER 2) (EG, HEREDIT	103.34	19	70	X				01/01/20		E
39	81217	BRCA2 (BREAST CANCER2)(EG,HEREDITARY	103.34	19	70	X				01/01/20		E
39	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	248.65	00	01					01/01/20		
39	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-W	159.00							01/01/20		
39	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPT	324.58							07/01/19		
39	81241	F5 (COAGULATION FACTOR V) (EG, HERED	73.37							01/01/21		
39	81275	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25							01/01/19		
39	81276	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25							01/01/19		
39	81278	IGH@/BCL2 (T(14;18))(EG, FOLLICULAR	207.31							01/01/21		
39	81279	JAK2 (JANUS KINASE 2)(EG, MYELOPROLI	185.20							01/01/21		
39	81307	GENE ANALYSIS (PARTNER AND LOCALIZER	282.88	19	70					01/01/20		
39	81308	GENE ANALYSIS (PARTNER AND LOCALIZER	301.35	19	70					01/01/20		
39	81309	GENE ANALYSIS (PARTNER AND LOCALIZER	274.83	19	70					01/01/20		
39	81311	NRAS (NEUROBLASTOMA RAS VIRAL □V-RAS	295.79							01/01/19		
39	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	150.33							01/01/21		
39	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	185.20							01/01/21		
39	81347	SF3B1 (SPLICING FACTOR □3BÙ SUBUNIT	193.25							01/01/21		
39	81348	SRSF2 (SERINE AND ARGININE-RICH SPLI	175.40							01/01/21		
39	81351	TP53 (TUMOR PROTEIN 53)(EG, LI-FRAUM	641.85							01/01/21		
39	81352	TP53 (TUMOR PROTEIN 53)(EG, LI-FRAUM	329.51							01/01/21		
39	81353	TP53 (TUMOR PROTEIN 53)(EG, LI-FRAUM	308.00							01/01/21		
39	81357	U2AF1 (U2 SMALL NUCULEAR RNA AUXILIA	193.25							01/01/21		
39	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BI	193.25							01/01/21		
39	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS P	2,448.56	00	15					01/01/21		
39	81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TR	759.05	10	59		X	F		02/01/19		
39	81425	GENOME (EG, UNEXPLAINED CONSTITUTION	3,773.40	00	00	X				01/01/23		
39	81427	GENOME (EG, UNEXPLAINED CONSTITUTION	1,753.24	00	20	X				01/01/23		
39	81457	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	81458	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									
39	81459	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									
39	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIG	965.25	00	00	X				01/01/23		
39	81462	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR									
39	81463	GENOMIC SEQUENCE ANALYSIS OF DNA IN	CCR									
39	81464	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR									
39	81507	FETAL ANEUPLOIDY (TRISOMY 21, 18 AND	795.00	10	59			F		07/01/19		
39	81513	INFECTIOUS DISEASE, BACTERIAL VAGINO	142.63							01/01/21		
39	81514	INFECTIOUS DISEASE, BACTERIAL VAGINO	262.99							01/01/21		
39	81517	TEST FOR DETECTING 3 BIOMARKERS ASSO	503.40							01/01/24		
39	81596	INFECTIOUS DISEASE, CHRONIC HEPATITI	72.19							01/01/19		
39	82009	KETON BODY(S) (EG, ACETON, ACETOACET	4.52						X	01/01/20		
39	82010	KETON BODY(S) (EG, ACETON, ACETOACET	8.17						X	01/01/20		
39	82013	ACETYLCHOLINESTERASE	12.29						X	01/01/20		
39	82016	AACYLCARNITINE; QUALITATIVE, EACH SP	16.49						X	01/01/19		
39	82017	AACYLCARNITINE; QUANTITATIVE, EACH S	16.87						X	01/01/20		
39	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	38.62							01/01/20		
39	82030	ADENOSINE, 5-MONOPHOSPHATEC CYCLIC (	19.88							01/01/20		
39	82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOO	4.95							01/01/20		
39	82042	ALBUMIN; URINE OR OTHER SOURCE, QUAN	7.27							01/01/20		
39	82043	ALBUMIN; URINE MICROALBUMIN, QUANTIT	5.78							01/01/20		
39	82044	ALBUMIN; URINE MICROALBUMIN, SEMIQUA	4.27							01/01/20		
39	82045	ALBUMIN, ISCHEMIA MODIFIED	33.94							01/01/20		
39	82075	ALCOHOL (ETHANOL), BREATH	16.94						X	01/01/20		
39	82077	ALCOHOL (ETHANOL); ANY SPECIMEN EXCE	17.27							01/01/21		
39	82085	ALDOLASE	9.71							01/01/20		
39	82088	ALDOSTERONE	40.75							01/01/20		
39	82103	ALPHA-1-ANTITRYPSIN; TOTAL	13.44							01/01/20		
39	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	14.46							01/01/20		
39	82105	ALPHA-FETOPROTEIN (AFP); SERUM	16.77							01/01/20		
39	82106	ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL	17.00							01/01/20		
39	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	64.41							01/01/20		
39	82108	ALUMINUM	11.91							01/01/20		
39	82120	AMINES, VAGINAL FLUID, QUALITATIVE	5.28					F		01/01/20		
39	82127	AMINO ACIDS; SINGLE, QUALITATIVE, EA	14.18						X	01/01/20		
39	82128	AMINO ACIDS; MULTIPLE, QUALITATIVE E	13.87							01/01/20		
39	82131	AMINO ACIDS; SINGLE, QUANTITATIVE, E	21.37						X	08/01/12		
39	82135	AMINOLEVULINIC ACID, DELTA (ALA)	16.45							01/01/20		
39	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA	19.61						X	01/01/19		
39	82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS,	16.87						X	01/01/20		
39	82140	AMMONIA	14.57						X	01/01/20		
39	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMET	8.70							08/01/12		
39	82150	AMYLASE	6.48						X	01/01/20		
39	82154	ANDROSTANEDIOL GLUCURONIDE	28.83							01/01/20		
39	82157	ANDROSTENEDIONE	29.28							01/01/20		
39	82160	ANDROSTERONE	25.55							01/01/20		
39	82163	ANGIOTENSIN II	20.52							01/01/20		
39	82164	ANGIOTENSIN I-CONVERTING ENZYME (ACE	14.60							01/01/20		
39	82166	TEST FOR ANTI-MULLERIAN HORMONE	38.62							01/01/24		
39	82175	ARSENIC	18.97							01/01/20		

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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	82180	ASCORBIC ACID (VITAMIN C), BLOOD	9.89						01/01/20		
39	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	11.46					X	01/01/20		
39	82232	BETA-2 MICROGLOBULIN	16.18						01/01/20		
39	82239	BILE ACIDS; TOTAL	17.12						01/01/20		
39	82240	BILE ACIDS; CHOLYLGLYCINE	26.58						01/01/20		
39	82247	BILIRUBIN; TOTAL	4.90						01/01/20		
39	82248	BILIRUBIN; DIRECT	4.90						01/01/20		
39	82252	BILIRUBIN; FECES, QUALITATIVE	4.56						01/01/20		
39	82261	BIOTINIDASE, EACH SPECIMEN	16.87					X	01/01/20		
39	82270	TEST FECES FOR BLOOD	4.12						08/01/12		
39	82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.57						01/01/20		
39	82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.12						08/01/12		
39	82274	BLOOD, OCCULT, BY FECEL HEMOGLOBIN D	15.92						01/01/20		
39	82286	BRADYKININ	5.16						01/01/20		
39	82300	CADMIUM	23.64						01/01/20		
39	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	29.60						01/01/20		
39	82308	CALCITONIN	26.79						01/01/20		
39	82310	CALCIUM; TOTAL	5.16					X	01/01/20		
39	82330	CALCIUM; IONIZED	13.68						01/01/20		
39	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	7.27						01/01/20		
39	82340	CALCIUM; URINE QUANTITATIVE, TIMED S	6.03						01/01/20		
39	82355	CALCULUS; QUALITATIVE ANALYSIS	11.58						01/01/20		
39	82360	CALCULUS; QUANTITATIVE ANALYSIS, CHE	12.87						01/01/20		
39	82365	CALCULUS; INFARED SPECTROSCOPY	12.90						01/01/20		
39	82370	CALCULUS; X-RAY DIFFRACTION	12.52						01/01/20		
39	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	18.06						01/01/20		
39	82374	CARBON DIOXIDE (BICARBONATE)	4.88					X	01/01/20		
39	82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	12.32					X	01/01/20		
39	82376	CARBOXYHEMOGLOBIN; QUALITATIVE	8.44					X	01/01/20		
39	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	18.96						01/01/20		
39	82379	CARNITINE (TOTAL AND FREE), QUANTITA	16.87					X	01/01/20		
39	82380	CAROTENE	9.22						01/01/20		
39	82382	CATECHOLAMINES; TOTAL URINE	24.18						01/01/20		
39	82383	CATECHOLAMINES; BLOOD	29.08						01/01/19		
39	82384	CATECHOLAMINES; FRACTIONATED	25.25						01/01/20		
39	82387	CATHEPSIN-D	10.83						01/01/20		
39	82390	CERULOPLASMIN	10.74						01/01/20		
39	82397	CHEMILUMINESCENT ASSAY	6.53						01/01/20		
39	82415	CHLORAMPHENICOL	12.67						01/01/20		
39	82435	CHLORIDE; BLOOD	4.60					X	01/01/20		
39	82436	CHLORIDE; URINE	5.75						01/01/19		
39	82438	CHLORIDE; OTHER SOURCE	5.00						01/01/20		
39	82441	CHLORINATED HYDROCARBONS, SCREEN	6.01						01/01/20		
39	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T	4.35						01/01/20		
39	82480	CHOLINESTERASE; SERUM	7.87						01/01/20		
39	82482	CHOLINESTERASE; RBC	9.73					X	08/01/12		
39	82485	CHONDROITIN B SULFATE, QUANTITATIVE	20.65						01/01/20		
39	82495	CHROMIUM	20.28						01/01/20		
39	82507	CITRATE	27.80						01/01/20		
39	82523	COLLAGEN CROSS LINKS, ANY METHOD	18.68						01/01/20		

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	82525	COPPER	12.41						01/01/20		
39	82528	CORTICOSTERONE	22.52						01/01/20		
39	82530	CORTISOL; FREE	16.71						01/01/20		
39	82533	CORTISOL; TOTAL	16.30					X	01/01/20		
39	82540	CREATINE	4.64						01/01/20		
39	82542	COLUMN CHROMATOGRAPHY/MASS SPECTOMET	22.87						08/01/12		
39	82550	CREATINE KINASE (CK), (CPK); TOTAL	6.51					X	01/01/20		
39	82552	CREATINE KINASE (CK), (CPK); ISOENZY	13.39					X	01/01/20		
39	82553	CREATINE KINASE (CK), (CPK); MB FRAC	11.55						01/01/20		
39	82554	CREATINE KINASE (CK), (CPK); ISOFORM	11.87						01/01/20		
39	82565	CREATININE; BLOOD	5.12					X	01/01/20		
39	82570	CREATININE; OTHER SOURCE	5.18						01/01/20		
39	82575	CREATININE; CLEARANCE	9.46						01/01/20		
39	82585	CRYOFIBRINOGEN	12.05					X	01/01/20		
39	82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QU	6.47						01/01/20		
39	82600	CYANIDE	19.40						01/01/20		
39	82607	CYANOCOBALAMIN (VITAMIN B-12);	15.08						01/01/20		
39	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSAT	14.32						01/01/20		
39	82610	CYSTATIN C	6.53						01/01/20		
39	82615	CYSTINE AND HOMOCYSTINE, URINE, QUAL	9.55						01/01/19		
39	82626	DEHYDROEPIANDROSTERONE (DHEA)	25.27						01/01/20		
39	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	22.23						01/01/20		
39	82633	DESOXYCORTICOSTERONE, 11 -	30.98						01/01/20		
39	82634	DEOXYCORTISOL, 11 -	29.28						01/01/20		
39	82638	DIBUCAINE NUMBER	12.25						01/01/20		
39	82642	DIHYDROTESTOSTERONE (DHT)	29.28						01/01/20		
39	82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES	38.50						01/01/20		
39	82653	MEASUREMENT OF PANCREATIC ELASTASE (	22.97						01/01/22		
39	82656	ELASTASE, PANCREATIC (EL-1), FECAL,	11.53						01/01/20		
39	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULT	22.17						01/01/19		
39	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	25.39						01/01/20		
39	82664	ELECTOPHORETIC TECHNIQUE, NOT ELSEWH	48.31						01/01/20		
39	82668	ERYTHROPOIETIN	18.79						01/01/20		
39	82670	ESTRADIOL	27.94						01/01/20		
39	82671	ESTROGENS; FRACTIONATED	32.30						01/01/20		
39	82672	ESTROGENS; TOTAL	21.70						01/01/20		
39	82677	ESTRIOL	24.18						01/01/20		
39	82679	ESTRONE	24.95						01/01/20		
39	82681	ESTRADIOL; FREE, DIRECT MEASUREMENT	27.94						01/01/21		
39	82693	ETHYLENE GLYCOL	14.90						01/01/20		
39	82696	ETIOCHOLANOLONE	26.24						01/01/19		
39	82705	FAT OR LIPIDS, FECES; QUALITATIVE	5.10						01/01/20		
39	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	16.80						01/01/20		
39	82715	FAT DIFFERENTIAL, FECES, QUANTITATIV	21.80						08/01/12		
39	82725	FATTY ACIDS, NONESTERIFIED	18.73						01/01/20		
39	82726	VERY LONG CHAIN FATTY ACIDS	19.75						01/01/20		
39	82728	FERRITIN	13.63						01/01/20		
39	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SE	64.41						01/01/20		
39	82735	FLUORIDE	18.54						01/01/20		
39	82746	FOLIC ACID; SERUM	14.70						01/01/20		

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FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	82747	FOLIC ACID; RBC	17.65						01/01/20		
39	82757	FRUCTOSE, SEMEN	17.34						01/01/20		
39	82759	GALACTOKINASE, RBC	21.48						01/01/20		
39	82760	GALACTOSE	11.20					X	01/01/20		
39	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	21.07						01/01/20		
39	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	10.62						08/01/12		
39	82777	GALECTIN-3	19.76						01/01/20		
39	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA	9.30					X	01/01/20		
39	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	16.46						01/01/20		
39	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMU	6.82						01/01/20		
39	82800	GASES, BLOOD, PH ONLY	10.72					X	08/01/12		
39	82803	GASES, BLOOD, ANY COMBINATION OF PH,	7.34					X	01/01/20		
39	82805	GASES, BLOOD, ANY COMBINATION OF PH,	12.72						01/01/20		
39	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	5.38						01/01/20		
39	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	12.66						08/01/12		
39	82930	GASTRIC ACID ANALYSIS, INCLUDES PH I	6.50						01/01/20		
39	82938	GASTRIN AFTER SECRETIN STIMULATION	17.69						01/01/20		
39	82941	GASTRIN	17.63					X	01/01/20		
39	82943	GLUCAGON	14.29						01/01/20		
39	82945	GLUCOSE, BODY FLUID; OTHER THAN BLO	3.93						01/01/20		
39	82946	GLUCAGON TOLERANCE TEST	16.36						01/01/20		
39	82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	3.93					X	01/01/20		
39	82948	GLUCOSE; BLOOD, REAGENT STRIP	4.45					X	01/01/20		
39	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES	4.75						01/01/20		
39	82951	GLUCOSE; TOLERANCE TEST (GTT), 3 SPE	12.87						01/01/20		
39	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITI	3.92					X	01/01/20		
39	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	9.70						01/01/20		
39	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	6.05						01/01/20		
39	82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING	2.96					X	08/01/12		
39	82963	GLUCOSIDASE,BETA	21.48						01/01/20		
39	82965	GLUTAMATE DEHYDROGENASE	10.87						01/01/20		
39	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	7.20						01/01/20		
39	82978	GLUTATHIONE	15.45						01/01/20		
39	82979	GLUTATHIONE REDUCTASE, RBC	8.72						08/01/12		
39	82985	GLYCATED PROTEIN	16.76						01/01/19		
39	83001	GONADOTROPIN; FOLLICLE STIMULATING H	18.58						01/01/20		
39	83002	GONADOTROPIN; LUTEINIZING HORMONE	18.52						01/01/20		
39	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOT	16.67						01/01/20		
39	83009	HELICOBACTER PYLORI, BLOOD TEST ANAL	40.69						01/01/20		
39	83010	HAPTOGLOBIN; QUANTITATIVE	12.58						01/01/20		
39	83012	HAPTOGLOBIN; PHENOTYPES	24.18						01/01/20		
39	83013	HELICOBACTER PYLORI; BREATH TEST ANA	40.69						01/01/20		
39	83014	HELICOBACTER PYLORI; DRUG ADMINISTRA	7.86						01/01/20		
39	83015	HEAVY METAL SCREENING	15.96						01/01/20		
39	83018	CHROMATOGRAPH SCREEN, METALS	11.94						01/01/20		
39	83020	ASSAY HEMOGLOBIN	12.87					X	01/01/20		
39	83021	HEMOGLOBIN CHROMOTOGRAPHY	18.06						01/01/20		
39	83026	HEMOGLOBIN;	3.32						01/01/20		
39	83030	FETAL HEMOGLOBIN ASSAY	4.85						01/01/20		
39	83033	FETAL FECAL HEMOGLOBIN ASSAY	7.55						08/01/12		

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	9.71						01/01/20		
39	83045	BLOOD METHEMOGLOBIN TEST	6.27						08/01/12		
39	83050	BLOOD METHEMOGLOBIN ASSAY	8.20						01/01/19		
39	83051	ASSAY PLASMA HEMOGLOBIN	7.31						01/01/20		
39	83060	BLOOD SULFHEMOGLOBIN ASSAY	8.80						01/01/20		
39	83065	HEMOGLOBIN HEAT ASSAY	8.72						08/01/12		
39	83068	HEMOGLOBIN STABILITY SCREEN	9.47						01/01/19		
39	83069	ASSAY URINE HEMOGLOBIN	3.95						01/01/20		
39	83070	ASSAY URINE HEMOSIDERIN	4.75						01/01/20		
39	83080	B HEXOSAMINIDASE ASSAY	16.87					X	01/01/20		
39	83088	ASSAY HISTAMINE	29.53						01/01/20		
39	83090	ASSAY OF HOMOCYSTINE	17.92						01/01/20		
39	83150	ASSAY URINE FOR HVA	22.41						01/01/19		
39	83491	HYDROXYCORTICOSTEROIDS,17-RIA	17.90						01/01/20		
39	83497	ASSAY URINE 5-HIAA	12.90						01/01/20		
39	83498	RIA ASSAY OF PROGESTERONE	27.17						01/01/20		
39	83500	ASSAY URINE HYDROXYPROLINE	22.65						01/01/20		
39	83505	ASSAY URINE HYDROXYPROLINE	24.30						01/01/20		
39	83516	IMMUNOASSAY, NON ANTIBODY	11.53						01/01/20		
39	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	6.53						01/01/20		
39	83519	IMMUNOASSAY, ANALYTE;	6.55						01/01/20		
39	83520	IMMUNOASSAY, ANALYTE;	16.40						08/01/12		
39	83521	MEASUREMENT OF IMMUNOGLOBULIN LIGHT	17.27						01/01/22		
39	83525	RIA ASSAY OF INSULIN	11.43					X	01/01/20		
39	83527	INSULIN;	12.95						01/01/20		
39	83528	INTRINSIC FACTOR LEVEL	19.82						01/01/18		
39	83529	MEASUREMENT OF INTERLEUKIN-6	17.27						01/01/22		
39	83540	ASSAY SERUM IRON	6.47						01/01/20		
39	83550	SERUM IRON BINDING TEST	8.74						01/01/20		
39	83570	UV-ASSAY BLOOD IDH ENZYME	8.85						01/01/20		
39	83582	ASSAY URINE 17-KGS	15.47						01/01/20		
39	83586	ASSAY BLOOD 17-KETOSTEROIDS	12.80						01/01/20		
39	83593	CHROMATOGRAPH KETOSTEROIDS	11.94						01/01/20		
39	83605	LACTIC ACID ASSAY	11.57					X	01/01/20		
39	83615	UV-ASSAY BLOOD LDH ENZYME	6.04					X	01/01/20		
39	83625	ASSAY BLOOD LDH ENZYMES	11.72					X	08/01/12		
39	83630	LACTOFERRIN, FECAL (QUAL)	19.70						01/01/20		
39	83632	RIA PLACENTAL LACTOGEN	20.22						01/01/20		
39	83633	TEST URINE FOR LACTOSE	7.74						01/01/20		
39	83655	ASSAY BLOOD FOR LEAD	12.11						01/01/20		
39	83661	ASSAY AMNIOTIC L/S RATIO	21.99						01/01/20		
39	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	18.91						01/01/20		
39	83663	FLUORO POLARIZE, FETAL LUNG	18.91						01/01/20		
39	83664	LAMELLAR BDY, FETAL LUNG	19.32						01/01/20		
39	83670	UV-ASSAY BLOOD LAP ENZYME	9.81						01/01/20		
39	83690	ASSAY BLOOD LIPASE	6.89						01/01/20		
39	83695	ASSAY OF LIPOPROTEIN(A)	14.32						01/01/20		
39	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	42.99						08/01/12		
39	83701	LIPOPROTEIN BLD, HR FRACTION	31.44						08/01/12		
39	83704	LIPOPROTEIN, BLD, BY NMR	34.19						01/01/20		

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	83718	BLOOD LIPOPROTEIN ASSAY	8.19						01/01/20		
39	83719	LIPOPROTEIN,VLDL CHOLESTEROL	12.75						01/01/20		
39	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	10.50						01/01/20		
39	83722	LIPOPROTEIN, DIRECT MEASUREMENT	34.19						01/01/20		
39	83727	LUTEINIZING RELEASING FACTOR, RIA	17.19						01/01/20		
39	83735	ASSAY BLOOD MAGNESIUM	6.70					X	01/01/20		
39	83775	UV-ASSAY OF MD ENZYME	7.37						01/01/20		
39	83785	ASSAY OF MANGANESE	26.65						01/01/20		
39	83789	MASS SPECTROMETRY QUANT	22.87					X	08/01/12		
39	83825	ASSAY BLOOD MERCURY	16.26						01/01/20		
39	83835	ASSAY URINE METANEPHRINES	16.94						01/01/20		
39	83857	ASSAY METHEMALBUMIN	10.74						01/01/20		
39	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	21.22						08/01/12		
39	83864	BLOOD MUCOPOLYSACCHARIDES	27.99						01/01/20		
39	83872	ASSAY SYNOVIAL FLUID MUCIN	5.86						01/01/20		
39	83873	MYELIN BASIC PROTEIN,CSF,RIA	17.20						01/01/20		
39	83874	MYOGLOBIN ELECTROPHORESIS	12.92						01/01/20		
39	83876	MYELOPEROXIDASE (MPO)	18.89						01/01/20		
39	83880	NATRIURETIC PEPTIDE	39.26						01/01/19		
39	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	6.53					X	01/01/20		
39	83885	ASSAY URINE FOR NICKEL	24.51						01/01/20		
39	83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	11.15						01/01/20		
39	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	25.47						08/01/12		
39	83918	ASSAY ORGANIC ACIDS	23.13						01/01/20		
39	83919	ASSAY ORGANIC ACIDS QUAL	16.45						01/01/20		
39	83921	ORGANIC ACID, SINGLE, QUANT	20.84						08/01/12		
39	83930	ASSAY BLOOD OSMOLALITY	6.61					X	01/01/20		
39	83935	ASSAY URINE OSMOLALITY	6.82					X	01/01/20		
39	83937	OSTEOCALCIN (BONE G1A PROTEIN)	29.85						01/01/20		
39	83945	ASSAY URINE OXALATE	14.45						01/01/19		
39	83950	ONCORPROTEIN, HER-2/NEU	64.41						01/01/20		
39	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	64.41						01/01/20		
39	83970	RIA ASSAY OF PARATHORMONE	41.28						01/01/20		
39	83986	ASSAY BODY FLUID ACIDITY	3.58					X	01/01/20		
39	83987	PH; EXHALED BREATH CONDENSATE	3.58						01/01/20		
39	83992	ASSAY FOR PHENCYCLIDINE	20.66						01/01/20		
39	83993	CALPROTECTIN, FECAL	19.63						01/01/20		
39	84030	ASSAY BLOOD PKU	5.50					X	01/01/20		
39	84035	ASSAY BLOOD PHENYLKETONES	3.98					X	01/01/20		
39	84060	ASSAY BLOOD ACID PHOSPHATASE	7.64						01/01/20		
39	84066	ASSAY PROSTATE PHOSPHATASE, RIA	9.66						01/01/20		
39	84075	ASSAY ALKALINE PHOSPHATASE	5.18						01/01/20		
39	84078	ASSAY ALKALINE PHOSPHATASE	8.11						01/01/20		
39	84080	ASSAY ALKALINE PHOSPHATASES	14.78						01/01/20		
39	84081	PHOSPHATYDYLGLYCEROL	16.52						01/01/20		
39	84085	ASSAY RBC PG6D ENZYME	8.54					X	08/01/12		
39	84087	ASSAY PHOSPHOHEXOSE ENZYMES	10.73						01/01/20		
39	84100	ASSAY BLOOD PHOSPHORUS	4.74						01/01/20		
39	84105	ASSAY URINE PHOSPHORUS	5.78						01/01/19		
39	84106	TEST FOR PORPHOBILINOGEN	5.42						08/01/12		

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FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	84110	ASSAY PORPHOBILINOGEN	6.93						01/01/20		
39	84112	CERVICOVAGINAL SECRETION OF PLACENTA	90.55						01/01/20		
39	84119	TEST URINE FOR PORPHYRINS	12.11						01/01/20		
39	84120	ASSAY URINE PORPHYRINS	14.71						01/01/20		
39	84126	ASSAY FECES PORPHYRINS	35.82						01/01/20		
39	84132	ASSAY BLOOD POTASSIUM	4.76					X	01/01/20		
39	84133	ASSAY URINE POTASSIUM	4.73					X	01/01/20		
39	84134	PREALBUMIN	7.85						01/01/20		
39	84135	PREGNANEDIOL; RIA	21.27						01/01/19		
39	84138	PREGNANETRIOL;RIA	21.05						01/01/19		
39	84140	PREGNENOLONE	20.67						01/01/20		
39	84143	17-HYDROXYPREGNENOLONE	22.81						01/01/20		
39	84144	ASSAY PROGESTERONE	20.86						01/01/20		
39	84145	PROCALCITONIN (PCT)	24.98						08/01/12		
39	84146	RIA ASSAY FOR PROLACTIN	19.38						01/01/20		
39	84150	RIA ASSAY OF PROSTAGLANDIN	35.09						01/01/20		
39	84152	ASSAY OF PSA, COMPLEXED	18.39						01/01/20		
39	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	18.39						01/01/20		
39	84154	PSA FREE	18.39						01/01/20		
39	84155	ASSAY SERUM PROTEIN	3.67						01/01/20		
39	84156	ASSAY OF PROTEIN, URINE	3.67						01/01/20		
39	84157	ASSAY OF PROTEIN, OTHER	4.00						01/01/20		
39	84160	ASSAY SERUM PROTEIN	5.61						01/01/20		
39	84163	PAPPA, SERUM	15.05	10 59			F		01/01/20		
39	84165	ASSAY SERUM PROTEINS	10.74						01/01/20		
39	84166	PROTEIN E-PHORESIS/URINE/CSF	17.83						01/01/20		
39	84182	PROTEIN;	25.31					X	01/01/20		
39	84202	ASSAY RBC PROTOPORPHYRIN	14.35						01/01/20		
39	84203	TEST RBC PROTOPORPHYRIN	9.74						01/01/19		
39	84206	RIA ASSAY OF PROINSULIN	25.04						01/01/20		
39	84207	ASSAY VITAMIN B-6	19.88						01/01/20		
39	84210	ASSAY BLOOD PYRUVATE	13.74						08/01/12		
39	84220	ASSAY RBC PYRUVIC KINASE	9.44						01/01/20		
39	84228	ASSAY QUININE	11.63						01/01/20		
39	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	81.58						08/01/12		
39	84234	RECEPTOR ASSAY; PROGESTERONE	64.88						01/01/20		
39	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	66.29						08/01/12		
39	84238	RECEPTOR ASSAY;	36.57						01/01/20		
39	84244	RIA ASSAY OF RENIN	21.99					X	01/01/20		
39	84252	ASSAY VITAMIN B-2	20.24						01/01/20		
39	84255	ASSAY SELENIUM	25.53						01/01/20		
39	84260	ASSAY BLOOD SEROTONIN	30.98						01/01/20		
39	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	21.73						01/01/20		
39	84275	ASSAY BLOOD SIALIC ACID	13.44						01/01/20		
39	84285	ASSAY SILICA	25.21						01/01/20		
39	84295	ASSAY BLOOD SODIUM	4.81					X	01/01/20		
39	84300	ASSAY URINE SODIUM	5.06					X	01/01/20		
39	84302	ASSAY OF SWEAT SODIUM	4.86						01/01/20		
39	84305	SOMATOMEDIN	21.26						01/01/20		
39	84307	SOMATOSTATIN	18.28						01/01/20		

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39	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.10						01/01/19		
39	84315	BODY FLUID SPECIFIC GRAVITY	3.18						08/01/12		
39	84375	CHROMATOGRAM ASSAY, SUGARS	27.56						01/01/20		
39	84376	SUGARS SINGLE QUAL	5.50					X	01/01/20		
39	84377	SUGARS MULTIPLE QUAL	5.50					X	01/01/20		
39	84378	SUGARS SINGLE QUANT	11.39					X	01/01/20		
39	84379	SUGARS MULTIPLE QUANT	11.39					X	01/01/20		
39	84392	SULFATE, URINE	5.49					X	01/01/19		
39	84402	TESTOSTERONE;	25.47						01/01/20		
39	84403	RIA ASSAY BLOOD TESTOSTERONE	25.81						01/01/20		
39	84410	TESTOSTERONE; BIOAVAILABLE, DIRECT M	51.28				M		01/01/20		
39	84425	ASSAY VITAMIN B-1	21.23						01/01/20		
39	84430	ASSAY BLOOD THIOCYANATE	11.63						01/01/20		
39	84431	THROMBOXANE METABOLITE(S), INCLUDING	18.53						01/01/20		
39	84432	THYROGLOBULIN	16.06						01/01/20		
39	84433	EVALUATION OF THIOPURINE S-METHYLTRA	22.17						01/01/23		
39	84436	THYROXINE, TRUE, RIA	6.80						01/01/20		
39	84437	THYROXINE, NEONATAL	6.47						01/01/20		
39	84439	THYROID PANEL	9.02						01/01/20		
39	84442	THYROID ACTIVITY (TBG) ASSAY	14.78						01/01/20		
39	84443	RIA ASSAY OF TS HORMONE	16.80						01/01/20		
39	84445	RIA THYROTROPIN FACTOR	25.87						01/01/20		
39	84446	ASSAY VITAMIN E	14.18						01/01/20		
39	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	18.00						01/01/20		
39	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.18					X	01/01/20		
39	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.30					X	01/01/20		
39	84466	TRANSFERRIN	12.76						01/01/20		
39	84478	ASSAY BLOOD TRIGLYCERIDES	5.74						01/01/20		
39	84479	TRIIODOTHYRONINE, RESIN UPTAKE	5.89						08/01/12		
39	84480	RIA ASSAY, T-3	9.02						01/01/20		
39	84481	TRIIODOTHYRONINE, FREE RIA	13.86						01/01/20		
39	84482	TRIDOTHYRONINE (T-3);	6.54						01/01/20		
39	84484	TROPONIN	12.47						08/01/12		
39	84485	ASSAY DUODENAL FLUID TRYPSIN	7.20						01/01/20		
39	84488	TEST FECES FOR TRYPSIN	7.30						01/01/20		
39	84490	ASSAY FECES FOR TRYPSIN	9.93						01/01/20		
39	84510	ASSAY BLOOD TYROSINE	10.63						01/01/20		
39	84512	TROPONIN, QUAL	9.75						08/01/12		
39	84520	ASSAY BUN	3.95					X	01/01/20		
39	84525	STICK-ASSAY BUN	4.76					X	08/01/12		
39	84540	ASSAY URINE UREA-N	5.56					X	01/01/19		
39	84545	UREA-N CLEARANCE TEST	7.20						01/01/20		
39	84550	ASSAY BLOOD URIC ACID	4.52						01/01/20		
39	84560	ASSAY URINE URIC ACID	5.08						01/01/20		
39	84577	ASSAY FECES UROBILINOGEN	15.80						08/01/12		
39	84578	TEST URINE UROBILINOGEN	4.11						08/01/12		
39	84580	ASSAY URINE UROBILINOGEN	8.98						08/01/12		
39	84583	ASSAY URINE UROBILINOGEN	6.05						01/01/19		
39	84585	ASSAY URINE VMA	15.50						01/01/20		
39	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	35.33						01/01/20		

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FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	84588	RIA ASSAY VASOPRESSIN	33.94						01/01/20		
39	84590	ASSAY BLOOD VITAMIN-A	11.61						01/01/20		
39	84591	ASSAY OF NOS VITAMIN	16.31						01/01/20		
39	84597	ASSAY VITAMIN-K	13.72						01/01/20		
39	84600	ASSAY FOR VOLATILES	17.11						01/01/20		
39	84620	XYLOSE TOLERANCE TEST, BLOOD	12.91						01/01/20		
39	84630	ASSAY BLOOD ZINC	11.39						01/01/20		
39	84702	GONADOTROPIN,CHORIONIC;QUANTITATIVE	15.05						01/01/20		
39	84703	GONADOTROPIN,CHORIONIC;QUALITATIVE	7.52						01/01/20		
39	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	15.29						01/01/20		
39	84830	OVULATION TESTS, BY VISUAL COLOR COM	12.70						01/01/18		
39	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP			X			06/01/08		
39	85002	BLEEDING TIME TEST	4.82					X	01/01/20		
39	85004	AUTOMATED DIFF WBC COUNT	6.47						01/01/20		
39	85007	DIFFERENTIAL WBC COUNT	3.53					X	01/01/20		
39	85008	BLOOD COUNT;	3.43						01/01/20		
39	85009	DIFFERENTIAL WBC COUNT	4.71					X	08/01/12		
39	85013	BLOOD COUNT;	3.33						01/01/20		
39	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.37					X	01/01/20		
39	85018	HEMOGLOBIN, COLORIMETRIC	2.37					X	01/01/20		
39	85025	BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	7.77						01/01/20		
39	85027	HEMOGRAM,AUTOMATED W/PLATELET COUNT	6.47					X	01/01/20		
39	85032	MANUAL CELL COUNT, EACH	4.31						01/01/20		
39	85041	RED BLOOD CELL (RBC) COUNT	3.02					X	01/01/20		
39	85044	RETICULOCYTE COUNT	4.31						01/01/20		
39	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	3.99						01/01/20		
39	85046	RETICYTE, HGB CONCENTRATE	5.57						01/01/20		
39	85048	WHITE BLOOD CELL (WBC) COUNT	2.54						01/01/20		
39	85049	AUTOMATED PLATELET COUNT	4.48						01/01/20		
39	85055	RETICULATED PLATELET ASSAY	28.32						01/01/20		
39	85097	BONE MARROW SMEAR INTERPRET	60.28					X	01/01/21		
39	85130	CHROMOGENIC SUBSTRATE ASSAY	11.89						01/01/20		
39	85170	BLOOD CLOT RETRACTION SCREEN	5.08					X	01/01/20		
39	85175	BLOOD CLOT LYSIS TIME	6.39					X	01/01/20		
39	85210	BLOOD CLOT FACTOR II TEST	8.11					X	01/01/20		
39	85220	BLOOD CLOT FACTOR V TEST	17.65					X	01/01/20		
39	85230	BLOOD CLOT FACTOR VII TEST	17.90					X	01/01/20		
39	85240	BLOOD CLOT FACTOR VIII TEST	17.90					X	01/01/20		
39	85244	FACTOR VIII RELATED ANTIGEN QUAN	20.42					X	01/01/20		
39	85245	CLOTTING;	22.94						01/01/20		
39	85246	CLOTTING;	22.94						01/01/20		
39	85247	CLOTTING;	22.94						01/01/20		
39	85250	BLOOD CLOT FACTOR IX TEST	19.04					X	01/01/20		
39	85260	BLOOD CLOT FACTOR X TEST	17.90					X	01/01/20		
39	85270	BLOOD CLOT FACTOR XI TEST	17.90					X	01/01/20		
39	85280	BLOOD CLOT FACTOR XII TEST	17.91					X	08/01/12		
39	85290	BLOOD CLOT FACTOR XIII TEST	16.34					X	01/01/20		
39	85291	BLOOD CLOT FACTOR XIII TEST	9.11					X	01/01/20		
39	85292	CLOTTING; PREKALLIKRIEW ASSAY	18.93						01/01/20		
39	85293	CLOTTING;H-M-W KINNINOGEN ASSA	18.93						01/01/20		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	85300	ANTITHROMBIN III TEST	11.85					X	01/01/20		
39	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	10.81					X	01/01/20		
39	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	12.01					X	01/01/20		
39	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	13.84						01/01/20		
39	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	11.61						01/01/20		
39	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	15.32						01/01/20		
39	85307	ASSAY ACTIVATED PROTEIN C	15.32						01/01/20		
39	85335	FACTOR INHIBITOR TEST	12.87						01/01/20		
39	85337	THROMBOMODULIN	14.65						01/01/20		
39	85345	COAGULATION TIME	4.69					X	01/01/20		
39	85347	COAGULATION TIME	4.05					X	01/01/20		
39	85348	COAGULATION TIME	4.49					X	01/01/19		
39	85360	EUGLOBULIN LYSIS	8.41						01/01/20		
39	85362	FIBRIN DEGRADATION PRODUCTS	6.89					X	01/01/20		
39	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.11						01/01/20		
39	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.43						01/01/20		
39	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	7.97						01/01/20		
39	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	10.18						01/01/20		
39	85380	FIBRIN DEGRADATION, VTE	10.18						01/01/20		
39	85384	FIBRINOGEN;	9.72						01/01/19		
39	85385	FIBRINOGEN;	11.94						01/01/20		
39	85390	FIBRINOLYSINS SCREEN	7.26						01/01/20		
39	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	29.06						08/01/12		
39	85400	FIBRINOLYTIC PLASMIN	7.71						01/01/20		
39	85410	FIBRINOLYTIC ANTIPLASMIN	7.71						01/01/20		
39	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	17.19						01/01/20		
39	85420	FIBRINOLYTIC PLASMINOGEN	6.53						01/01/20		
39	85421	FIBR0 MECH;PLASM.ANTIGENIC ASS	10.18						01/01/20		
39	85441	HEINZ BODIES; DIRECT	4.20						01/01/20		
39	85445	HEINZ BODIES; INDUCED	6.82						01/01/20		
39	85460	HEMOGLOBIN, FETAL	6.54						01/01/20		
39	85461	HEMOGLOBIN, FETAL	4.35						01/01/20		
39	85475	HEMOLYSIN, ACID	8.87						01/01/20		
39	85520	HEPARIN ASSAY	11.91						01/01/20		
39	85525	HEPARIN NEUTRALIZATION	10.73						08/01/12		
39	85530	HEPARIN-PROTAMINE TOLERANCE	13.09						01/01/20		
39	85536	IRON STAIN PERIPHERAL BLOOD	6.88						01/01/20		
39	85540	WBC ALKALINE PHOSPHATASE	8.60						01/01/20		
39	85547	RBC MECHANICAL FRAGILITY	8.60						01/01/20		
39	85549	SERUM MURAMIDASE	18.75						01/01/20		
39	85555	RBC OSMOTIC FRAGILITY	6.54						01/01/20		
39	85557	RBC OSMOTIC FRAGILITY	13.36						01/01/20		
39	85576	PLATELET;AGGREGATION (IN VITRO)	24.91					X	01/01/19		
39	85590	PLATELET PHASE MICROSCOPY	5.55					X	01/01/20		
39	85597	PLATELET NEUTRALIZATION	16.97						08/01/12		
39	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	16.97						08/01/12		
39	85610	PROTHROMBIN TIME	4.29					X	01/01/20		
39	85611	PROTHROMBIN TIME;	3.94					X	01/01/20		
39	85612	VIPER VENOM PROTHROMBIN TIME	13.45						01/01/20		
39	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	9.58						01/01/20		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	85635	REPTILASE TEST	9.85						01/01/20		
39	85651	RBC SEDIMENTATION RATE	4.27						01/01/19		
39	85652	RBC SED RATE, AUTO	2.70						01/01/20		
39	85660	RBC SICKLE CELL TEST	5.51					X	01/01/20		
39	85670	THROMBIN TIME; PLASMA	5.77						01/01/20		
39	85675	THROMBIN TIME; TITER	6.85						01/01/20		
39	85705	THROMBOPLASTIN INHIBITION;	8.70						08/01/12		
39	85730	THROMBOPLASTIN TIME, PARTIAL	6.01					X	01/01/20		
39	85732	THROMBOPLASTIN TIME, PARTIAL	6.47					X	01/01/20		
39	85810	BLOOD VISCOSITY EXAMINATION	11.67					X	01/01/20		
39	85999	HEMATOLOGY PROCEDURE	MP			X			06/01/08		
39	86000	AGGLUTININS; FEBRILE	6.98						01/01/20		
39	86001	ALLERGEN SPECIFIC IGG	7.34					X	01/01/20		
39	86003	ALLERGEN SPECIFIC IGE;	5.22					X	01/01/20		
39	86005	ALLERGEN SPECIFIC IGE;	7.97						01/01/20		
39	86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE	17.93					X	01/01/20		
39	86015	MEASUREMENT OF ACTIN (SMOOTH MUSCLE)	11.53						01/01/22		
39	86021	WBC ANTIBODY IDENTIFICATION	15.05						01/01/20		
39	86022	PLATELET ANTIBODIES	18.37						01/01/20		
39	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	12.46						01/01/20		
39	86036	SCREENING TEST FOR ANTINEUTROPHIL CY	12.05					X	01/01/22		
39	86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY	12.05					X	01/01/22		
39	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	12.09						01/01/20		
39	86039	ANTINUCLEAR ANTIBODIES (ANA);	11.16						01/01/20		
39	86041	TEST FOR ACETYLCHOLINE RECEPTOR BIND	18.40						01/01/24		
39	86042	TEST FOR ACETYLCHOLINE RECEPTOR BLOC	18.40						01/01/24		
39	86043	TEST FOR ACETYLCHOLINE RECEPTOR MODU	12.05						01/01/24		
39	86051	ELISA DETECTION OF AQUAPORIN-4 (NEUR	11.53						01/01/22		
39	86052	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
39	86053	FLOW CYTOMETRY DETECTION OF AQUAPORI	12.05						01/01/22		
39	86060	ANTISTREPTOLYSIN O TITER	7.30						01/01/20		
39	86063	ANTISTREPTOLYSIN O SCREEN	5.77						01/01/20		
39	86140	C-REACTIVE PROTEIN	5.18						01/01/20		
39	86141	C-REACTIVE PROTEIN, HS	12.95						01/01/20		
39	86146	GLYCOPROTEIN ANTIBODY	16.34						01/01/20		
39	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	16.34						01/01/20		
39	86148	PHOSPHOLIPID ANTIBODY	14.72						08/01/12		
39	86155	CHEMOTAXIS ASSAY	15.99						01/01/20		
39	86156	COLD AGGLUTININ;	8.07						01/01/19		
39	86157	COLD AGGLUTININ;	8.06						01/01/20		
39	86160	COMPLEMENT;	12.00					X	01/01/20		
39	86161	COMPLEMENT;	12.00					X	01/01/20		
39	86162	COMPLEMENT; TOTAL (CH 50)	20.32						01/01/20		
39	86171	COMPLEMENT FIXATION, EACH	10.01						01/01/20		
39	86200	CCP ANTIBODY	12.95						01/01/20		
39	86215	DEOXYRIBONUCLEASE, ANTIBODY	13.25						01/01/20		
39	86225	DNA ANTIBODY	13.74						01/01/20		
39	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	12.11						01/01/20		
39	86231	DETECTION OF ENDOMYSIAL ANTIBODY (EM	12.09					X	01/01/22		
39	86235	ENA ANTIBODY	16.36						01/01/20		

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	86255	FLUORESCENT ANTIBODY; SCREEN	12.05						01/01/20		
39	86256	FLUORESCENT ANTIBODY; TITER	12.05						01/01/20		
39	86258	DETECTION OF GLIADIN (DEAMIDATED) (D	11.53					X	01/01/22		
39	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	15.74						01/01/20		
39	86280	HEMAGGLUTINATION INHIBITION	8.19						01/01/20		
39	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	20.81						01/01/20		
39	86301	IMMUNOASSAY, TUMOR, CA 19-9	20.81						01/01/20		
39	86304	IMMUNOASSAY, TUMOR CA 125	20.81						01/01/20		
39	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	20.81				F		01/01/20		
39	86308	HETEROPHILE ANTIBODIES;	5.18						01/01/20		
39	86309	HETEROPHILE ANTIBODIES;	6.47						01/01/20		
39	86310	HETEROPHILE ANTIBODIES	7.37						01/01/20		
39	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	20.81					X	01/01/20		
39	86317	IMMUNOASSAY/INFECTIOUS AGENT	14.99						01/01/20		
39	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	16.40						08/01/12		
39	86320	SERUM IMMUNOELECTROPHORESIS	28.39						08/01/12		
39	86325	OTHER IMMUNOELECTROPHORESIS	23.13						01/01/20		
39	86328	IMMUNOASSAY INF AGT,SINGLE STEP,CV19	33.92						05/12/23		
39	86329	IMMUNODIFFUSION, EACH	14.05					X	01/01/20		
39	86331	IMMUNODIFFUSION OUCHTERLONY	11.98						01/01/20		
39	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	24.37						01/01/20		
39	86334	IMMUNOFIXATION ELECTROPHORESIS	22.34						01/01/20		
39	86336	INHIBIN A	15.59						01/01/20		
39	86337	INSULIN ANTIBODIES, RIA	14.71						01/01/20		
39	86340	INTRINSIC FACTOR ANTIBODIES, RIA	15.08						01/01/20		
39	86341	ISLET CELL ANTIBODY	23.57						01/01/19		
39	86344	LEUKOCYTE PHAGOCYTOSIS	10.12						08/01/12		
39	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	97.20						01/01/20		
39	86353	LYMPHOCYTE TRANSFORMATION	49.03						01/01/20		
39	86355	B CELLS, TOTAL COUNT	37.73						01/01/20		
39	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	25.51					X	08/01/12		
39	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	37.73						01/01/20		
39	86359	T CELLS;	37.73						01/01/20		
39	86360	T CELLS;	46.98						01/01/20		
39	86361	T CELL ABSOLUTE COUNT	25.51						08/01/12		
39	86362	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
39	86363	FLOW CYTOMETRY DETECTION OF MYELIN O	12.05						01/01/22		
39	86364	MEASUREMENT OF TISSUE TRANSGLUTAMINA	11.53					X	01/01/22		
39	86366	TEST FOR MUSCLE-SPECIFIC KINASE ANTI	18.40						01/01/24		
39	86367	STEM CELLS, TOTAL COUNT	53.02						01/01/20		
39	86376	MICROSOMAL ANTIBODY (THYROID); RIA	14.55						01/01/20		
39	86381	MEASUREMENT OF MITOCHONDRIAL ANTIBOD	25.45					X	01/01/22		
39	86382	NEUTRALIZATION TEST, VIRAL	16.91						01/01/20		
39	86384	NITROBLUE TETRAZOLIUM DYE	13.61						01/01/19		
39	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), Q	20.35						08/01/12		
39	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	11.54						01/01/19		
39	86406	PARTICLE AGGLUTINATION TEST	10.64						01/01/20		
39	86408	NEUTRALIZING ANTIBODY..;SCREEN	31.60						05/12/23		
39	86409	NEUTRALIZING ANTIBODY..;TITER	79.00						05/12/23		
39	86413	SARS-COV-2.COVID-19,ANTIBODY,QUANT	31.60						05/12/23		

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39	86430	RHEUMATOID FACTOR LATEX FIXATION	6.14						01/01/20		
39	86431	RHEUMATOID FACTOR;	5.67						01/01/20		
39	86480	TB TEST, CELL IMMUN MEASURE	61.98						01/01/20		
39	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	87.14						01/01/20		
39	86485	SKIN TEST;	8.05						01/01/20		
39	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP			X			06/01/08		
39	86510	HISTOPLASMOSIS SKIN TEST	6.03						01/01/20		
39	86580	TB PATCH OR INTRADERMAL TEST	6.34						01/01/20		
39	86590	STREPTOKINASE, ANTIBODY	7.99						01/01/20		
39	86592	SYPHILIS TEST(S),QUALITATIVE	4.27						01/01/20		
39	86593	SYPHILIS TEST, QUANTITATIVE	4.40						01/01/20		
39	86602	ANTIBODY;	10.18						01/01/20		
39	86603	ANTIBODY;	12.87						01/01/20		
39	86606	ANTIBODY;	15.05						01/01/20		
39	86609	ANTIBODY;	12.88						01/01/20		
39	86611	BARTONELLA ANTIBODY	10.18						01/01/20		
39	86612	ANTIBODY;	12.90						01/01/20		
39	86615	ANTIBODY;	13.19						01/01/20		
39	86617	LYME DISEASE ANTIBODY	15.49						01/01/20		
39	86618	ANTIBODY;	17.03						01/01/20		
39	86619	ANTIBODY;	13.38						01/01/20		
39	86622	ANTIBODY;	8.93						01/01/20		
39	86625	ANTIBODY;	13.12						01/01/20		
39	86628	ANTIBODY;	12.01						01/01/20		
39	86631	ANTIBODY;	11.82						01/01/20		
39	86632	ANTIBODY;	12.68						01/01/20		
39	86635	ANTIBODY;	11.47						01/01/20		
39	86638	ANTIBODY;	12.12						01/01/20		
39	86641	ANTIBODY;	14.41						01/01/20		
39	86644	ANTIBODY;	14.39						01/01/20		
39	86645	ANTIBODY;	16.85						01/01/20		
39	86648	ANTIBODY;	15.21						01/01/20		
39	86651	ANTIBODY;	13.19						01/01/20		
39	86652	ANTIBODY;	13.19						01/01/20		
39	86653	ANTIBODY;	13.19						01/01/20		
39	86654	ANTIBODY;	13.19						01/01/20		
39	86658	ANTIBODY;	13.03						01/01/20		
39	86663	ANTIBODY;	13.12						01/01/20		
39	86664	ANTIBODY;	15.29						01/01/20		
39	86665	ANTIBODY;	18.14						01/01/20		
39	86666	EHRLICHIA ANTIBODY	10.18						01/01/20		
39	86668	ANTIBODY;	13.18						08/01/12		
39	86671	ANTIBODY;	12.25						01/01/20		
39	86674	ANTIBODY;	14.72						08/01/12		
39	86677	ANTIBODY;	16.34						01/01/20		
39	86682	ANTIBODY;	13.01						01/01/20		
39	86684	ANTIBODY;	15.84						01/01/20		
39	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	9.09						01/01/20		
39	86688	ANTIBODY;	13.37						08/01/12		
39	86689	CONFIRMATORY TEST	19.35						01/01/20		

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FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	86692	ANTIBODY;	16.16						08/01/12		
39	86694	ANTIBODY;	14.39						01/01/20		
39	86695	ANTIBODY;	13.19						01/01/20		
39	86696	HERPES SIMPLEX TYPE 2	19.35						01/01/20		
39	86698	ANTIBODY;	13.79						01/01/20		
39	86701	ANTIBODY;	8.89						01/01/20		
39	86702	ANTIBODY;	13.37						08/01/12		
39	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	13.37						08/01/12		
39	86704	HEP B CORE AB TEST, IGG & M	12.05						01/01/20		
39	86705	HEP B CORE AB TEST, IGM	11.77						01/01/20		
39	86706	HEPATITIS B SURFACE AB TEST	10.74						01/01/20		
39	86707	HEPATITIS BE AB TEST	11.57						01/01/20		
39	86708	HEP A AB TEST, IGG & M	12.39						01/01/20		
39	86709	HEP A AB TEST, IGM	11.26						01/01/20		
39	86710	ANTIBODY;	13.55						01/01/20		
39	86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	16.89						01/01/19		
39	86713	ANTIBODY;	15.30						01/01/20		
39	86717	ANTIBODY;	12.25						01/01/20		
39	86720	ANTIBODY;	16.20						01/01/19		
39	86723	ANTIBODY;	13.19						01/01/20		
39	86727	ANTIBODY;	12.87						01/01/20		
39	86732	ANTIBODY;	15.00						01/01/19		
39	86735	ANTIBODY;	13.05						01/01/20		
39	86738	ANTIBODY;	13.24						01/01/20		
39	86741	ANTIBODY;	13.19						01/01/20		
39	86744	ANTIBODY;	15.99						01/01/19		
39	86747	ANTIBODY;	15.03						01/01/20		
39	86750	ANTIBODY;	13.19						01/01/20		
39	86753	ANTIBODY;	12.39						01/01/20		
39	86756	ANTIBODY;	15.89						01/01/19		
39	86757	RICKETTSIA ANTIBODY	19.35						01/01/20		
39	86759	ANTIBODY;	16.70						08/01/12		
39	86762	ANTIBODY;	14.39						01/01/20		
39	86765	ANTIBODY;	12.88						01/01/20		
39	86768	ANTIBODY;	13.19						01/01/20		
39	86769	ANTIBODY,...(SARS-COV-2)..(COVID-19)	31.60						05/12/23		
39	86771	ANTIBODY;	18.54						01/01/20		
39	86774	ANTIBODY;	13.75						01/01/20		
39	86777	ANTIBODY;	14.39						01/01/20		
39	86778	ANTIBODY;	14.41						01/01/20		
39	86780	ANTIBODY; TREPONEMA PALLIDUM	13.24						01/01/20		
39	86784	ANTIBODY;	6.54						01/01/20		
39	86787	ANTIBODY;	12.88						01/01/20		
39	86788	ANTIBODY; WEST NILE VIRUS, IGM	16.85						01/01/20		
39	86789	ANTIBODY; WEST NILE VIRUS	14.39						01/01/20		
39	86790	ANTIBODY;	12.88						01/01/20		
39	86793	ANTIBODY;	13.19						01/01/20		
39	86794	ZIKA VIRUS, IGM	16.85						01/01/20		
39	86800	THYROGLOBULIN ANTIBODY, RIA	15.91						01/01/20		
39	86803	HEPATITIS C AB TEST	14.27						01/01/20		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	86804	HEP C AB TEST, CONFIRM	15.49						01/01/20		
39	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	73.50						01/01/20		
39	86806	SEE 86805; WITHOUT TITRATION	47.59						01/01/20		
39	86807	SERUM SCREEN.-PRA;STANDARD METHOD	49.82						01/01/20		
39	86808	SERUM SCREEN.-PRA; QUICK METHOD	29.68						01/01/20		
39	86812	TISSUE TYPING;	25.81						01/01/20		
39	86813	TISSUE TYPING;	58.00						01/01/20		
39	86816	TISSUE TYPING;	30.17						01/01/20		
39	86817	TISSUE TYPING;	90.52						01/01/20		
39	86821	TISSUE TYPING;	36.56						01/01/20		
39	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	84.93						01/01/20		
39	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	28.32						01/01/20		
39	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	53.52					X	01/01/20		
39	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	44.83					X	01/01/20		
39	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	95.52					X	01/01/19		
39	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	81.88					X	01/01/19		
39	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	191.65					X	01/01/20		
39	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	174.24					X	01/01/20		
39	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	357.56						01/01/20		
39	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	322.96						01/01/20		
39	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP			X			06/01/08		
39	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.78					X	01/01/20		
39	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	14.59					X	01/01/20		
39	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	44.00					X	01/01/20		
39	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.39					X	01/01/20		
39	86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.72					X	01/01/20		
39	86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.18					X	01/01/20		
39	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.93						01/01/20		
39	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.49						01/01/20		
39	86900	BLOOD TYPING;	2.99						01/01/20		
39	86901	BLOOD TYPING;	2.99						01/01/20		
39	86902	BLOOD TYPING; ANTIGEN TESTING OF DON	5.37						01/01/20		
39	86904	BLOOD TYPING;	13.36					X	01/01/20		
39	86905	BLOOD TYPING;	3.83					X	01/01/20		
39	86906	BLOOD TYPING;	7.75						01/01/20		
39	86910	BLOOD TYPING;	21.73					X	01/01/20		
39	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.76						01/01/20		
39	86920	COMPATIBILITY TEST EACH UNIT;	51.54						01/01/20		
39	86921	COMPATIBILITY TEST EACH UNIT;	51.54						01/01/20		
39	86922	COMPATIBILITY TEST EACH UNIT;	49.11						01/01/20		
39	86923	COMPATIBILITY TEST, ELECTRIC	MP			X			06/01/08		
39	86927	FRESH FROZEN PLASMA, THAWING, EACH U	11.09					X	01/01/20		
39	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	13.04					X	01/01/20		
39	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	13.04					X	01/01/20		
39	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	13.04					X	01/01/20		
39	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	8.77					X	01/01/20		
39	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	12.11					X	01/01/20		
39	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	47.47					X	01/01/20		
39	86950	LEUKOCYTE TRANSFUSION	43.56						01/01/20		
39	86960	VOL REDUCTION OF BLOOD/PROD	MP			X			06/01/08		

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	86965	POOLING OF PLATELETS OR OTHER BLOOD	15.17						01/01/20		
39	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.76					X	01/01/20		
39	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	8.28					X	01/01/20		
39	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.76						01/01/20		
39	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.76					X	01/01/20		
39	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.76						01/01/20		
39	86977	PRETREATMENT OF SERUM FOR USE IN RBC	8.28					X	01/01/20		
39	86978	PRETREATMENT OF SERUM FOR USE IN RBC	10.59					X	01/01/20		
39	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	15.23					X	01/01/20		
39	86999	IMMUNOLOGY PROCEDURE	56.04			X			01/01/20		
39	87003	SMALL ANIMAL INOCULATION	16.84						01/01/20		
39	87015	SPECIMEN CONCENTRATION	6.68					X	01/01/20		
39	87040	BLOOD CULTURE FOR BACTERIA	10.32					X	01/01/20		
39	87045	STOOL CULTURE FOR BACTERIA	9.44					X	01/01/20		
39	87046	STOOL CULTR, BACTERIA, EACH	9.44					X	01/01/20		
39	87070	CULTURE SPECIMEN, BACTERIA	8.62					X	01/01/20		
39	87071	CULTURE BACTERI AEROBIC OTHR	9.89						01/01/20		
39	87073	CULTURE BACTERIA ANAEROBIC	9.66						01/01/20		
39	87075	CULTURE SPECIMEN, BACTERIA	9.47					X	01/01/20		
39	87076	BACTERIA IDENTIFICATION	8.08						01/01/20		
39	87077	CULTURE AEROBIC IDENTIFY	8.08					X	01/01/20		
39	87081	BACTERIA CULTURE SCREEN	6.63						01/01/20		
39	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	12.11						01/01/20		
39	87086	URINE CULTURE, COLONY COUNT	8.07						01/01/20		
39	87088	URINE BACTERIA CULTURE	8.09						01/01/20		
39	87101	SKIN FUNGUS CULTURE	7.71						01/01/20		
39	87102	FUNGUS ISOLATION CULTURE	8.41						01/01/20		
39	87103	CULTURE,FUNGI,ISOLATION BLOOD	11.91						01/01/20		
39	87106	FUNGUS IDENTIFICATION	10.32						01/01/20		
39	87107	FUNGI IDENTIFICATION, MOLD	10.32						01/01/20		
39	87109	MYCOPLASMA CULTURE	15.39						01/01/20		
39	87110	CULTURE CHLAMYDIA	19.60						01/01/20		
39	87116	MYCOBACTERIA CULTURE	10.80						01/01/20		
39	87118	MYCOBACTERIA IDENTIFICATION	5.77						01/01/20		
39	87140	CULTURE TYPING, FLUORESCENT	5.57						01/01/20		
39	87143	CULTURE TYPING, GLC METHOD	12.52						01/01/20		
39	87147	CULTURE TYPING, SEROLOGIC	5.18						01/01/20		
39	87149	CULTURE TYPE, NUCLEIC ACID	20.05						01/01/20		
39	87150	CULTURE, TYPING; IDENTIFICATION BY N	35.09						01/01/20		
39	87152	CULTURE TYPE PULSE FIELD GEL	7.35						01/01/20		
39	87153	CULTURE, TYPING; IDENTIFICATION BY N	115.36						01/01/20		
39	87158	CULTURE TYPING, ADDED METHOD	7.35						01/01/20		
39	87164	DARK FIELD EXAMINATION	10.74						01/01/20		
39	87166	DARK FIELD EXAMINATION	11.08						08/01/12		
39	87168	MACROSCOPIC EXAM ARTHROPOD	4.27						01/01/20		
39	87169	MACACROSCOPIC EXAM PARASITE	4.31						01/01/20		
39	87172	PINWORM EXAM	4.27						01/01/20		
39	87176	ENDOTOXIN, BACTERIAL	5.88						01/01/20		
39	87177	OVA AND PARASITES SMEARS	8.90					X	01/01/20		
39	87181	ANTIBIOTIC SENSITIVITY, EACH	4.75						01/01/20		

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39	87184	ANTIBIOTIC SENSITIVITY, EACH	7.48					X	01/01/20		
39	87185	MICROBE SUSCEPTIBLE, ENZYME	4.75					X	01/01/20		
39	87186	ANTIBIOTIC SENSITIVITY, MIC	8.65						01/01/20		
39	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	14.57						01/01/20		
39	87188	ANTIBIOTIC SENSITIVITY, EACH	6.64						01/01/20		
39	87190	TB ANTIBIOTIC SENSITIVITY	7.16						08/01/12		
39	87197	SERUM BACTERICIDAL TITER	15.02						01/01/20		
39	87198	CYTOMEGALOVIRUS ANTIBODY DFA	18.23						01/01/20		
39	87205	SMEAR, STAIN & INTERPRET	4.27					X	01/01/20		
39	87206	SMEAR, STAIN & INTERPRET	5.39					X	01/01/20		
39	87207	SMEAR, STAIN & INTERPRET	5.99					X	01/01/20		
39	87209	SMEAR, COMPLEX STAIN	17.98						01/01/20		
39	87210	SMEAR, STAIN & INTERPRET	5.41					X	08/01/12		
39	87220	TISSUE EXAMINATION FOR FUNGI	4.27						01/01/20		
39	87230	TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	19.74					X	01/01/20		
39	87250	VIRUS INOCULATION FOR TEST	19.56					X	01/01/20		
39	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	26.07						01/01/20		
39	87253	VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	20.20					X	01/01/20		
39	87254	VIRUS INOCULATION, SHELL VIA	19.56					X	01/01/20		
39	87255	GENET VIRUS ISOLATE, HSV	33.86						01/01/20		
39	87260	ADENOVIRUS AG, DFA	14.43						01/01/19		
39	87265	PERTUSSIS AG, DFA	11.98						01/01/20		
39	87267	ENTEROVIRUS ANTIBODY, DFA	13.42						01/01/19		
39	87269	GIARDIA AG, IF	13.61						01/01/19		
39	87270	CHYLMD TRACH AG, DFA	11.98						01/01/20		
39	87271	CYTOMEGALOVIRUS DFA	13.42						01/01/19		
39	87272	CRYPTOSPORIDUM AG, DFA	11.98						01/01/20		
39	87273	HERPES SIMPLEX 2, AG, IF	11.98						01/01/20		
39	87274	HERPES SIMPLEX AG, DFA	11.98						01/01/20		
39	87275	INFLUENZA B, AG, IF	12.25						01/01/20		
39	87276	INFLUENZA AG, DFA	15.19						08/01/12		
39	87278	LEGION PNEUMO AG, DFA	15.19						08/01/12		
39	87279	PARAINFLUENZA, AG, IF	15.19						08/01/12		
39	87280	RESP SYNCYTIAL AG, DFA	13.42						01/01/19		
39	87281	PNEUMOCYSTIS CARINII, AG, IF	11.98						01/01/20		
39	87283	RUBEOLA, AG, IF	16.86						01/01/20		
39	87285	TREPON PALLIDUM AG, DFA	12.18						01/01/20		
39	87290	VARICELLA AG, DFA	13.42						01/01/19		
39	87299	AG DETECTION NOS, DFA	15.19						08/01/12		
39	87300	AG DETECTION, POLYVAL, IF	11.98					X	01/01/20		
39	87301	ADENOVIRUS AG, EIA	11.98						01/01/20		
39	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	11.98						01/01/20		
39	87320	CHYLMD TRACH AG, EIA	15.00						01/01/18		
39	87324	CLOSTRIDIUM AG, EIA	11.98						01/01/20		
39	87327	CRYPTOCOCCUS NEOFORM AG, EIA	13.42						01/01/19		
39	87328	CRYPTOSPOR AG, EIA	13.82						01/01/19		
39	87329	GIARDIA AG, EIA	11.98						01/01/20		
39	87332	CYTOMEGALOVIRUS AG, EIA	11.98						01/01/20		
39	87335	E COLI 0157 AG, EIA	12.66						01/01/20		
39	87336	ENTAMOEB HIST DISPR, AG, EIA	15.19						08/01/12		

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39	87337	ENTAMOEB HIST GROUP, AG, EIA	11.98						01/01/20		
39	87338	HPYLORI, STOOL, EIA	6.53						01/01/20		
39	87339	HPYLORI AG, EIA	15.19						08/01/12		
39	87340	HEPATITIS B SURFACE AG, EIA	10.33						01/01/20		
39	87341	HEPATITIS B SURFACE, AG, EIA	10.33						01/01/20		
39	87350	HEPATITIS B AG, EIA	11.53						01/01/20		
39	87380	HEPATITIS DELTA AG, EIA	17.38						01/01/20		
39	87385	HISTOPLASMA CAPSUL AG, EIA	13.25						01/01/20		
39	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	24.08						01/01/20		
39	87390	HIV-1 AG, EIA	22.35						08/01/12		
39	87391	HIV-2 AG, EIA	21.90						01/01/18		
39	87400	INFLUENZA A/B, AG, EIA	14.13					X	01/01/19		
39	87420	RESP SYNCYTIAL AG, EIA	13.91						01/01/19		
39	87425	ROTAVIRUS AG, EIA	11.98						01/01/20		
39	87426	INF AGT DETECTION BY IMMUNO-COVID-19	31.52						05/12/23		
39	87427	SHIGA-LIKE TOXIN AG, EIA	11.98						01/01/20		
39	87428	INF AGT BY IA;SARSCOV & INFL VIR A&B	23.21						05/12/23		
39	87430	STREP A AG, EIA	15.19						08/01/12		
39	87449	AG DETECT NOS, EIA, MULT	11.98						01/01/20		
39	87451	AG DETECT POLYVAL, EIA, MULT	6.53						01/01/20		
39	87467	MEASUREMENT OF HEPATITIS B SURFACE A	15.05						01/01/23		
39	87468	DETECTION OF ANAPLASMA PHAGOCYTOPHIL	35.09						01/01/23		
39	87469	DETECTION OF BABESIA MICROTIM BY AMP	35.09						01/01/23		
39	87471	BARTONELLA, DNA, AMP PROBE	35.09						01/01/20		
39	87472	BARTONELLA, DNA, QUANT	42.84						01/01/20		
39	87475	LYME DIS, DNA, DIR PROBE	20.05						01/01/20		
39	87476	LYME DIS, DNA, AMP PROBE	35.09						01/01/20		
39	87478	DETECTION OF BABESIA BORRELIA MIYAMO	35.09						01/01/23		
39	87480	CANDIDA, DNA, DIR PROBE	20.05						01/01/20		
39	87481	CANDIDA, DNA, AMP PROBE	35.09						01/01/20		
39	87482	CANDIDA, DNA, QUANT	52.88						08/01/12		
39	87483	INFECTIOUS AGENT DETECTION BY NUCLEI	53.44						01/01/20		
39	87484	DETECTION OF EHRLICHIA CHAFFEENSIS B	35.09						01/01/23		
39	87485	CHYLMD PNEUM, DNA, DIR PROBE	20.05						01/01/20		
39	87486	CHYLMD PNEUM, DNA, AMP PROBE	35.09						01/01/20		
39	87487	CHYLMD PNEUM, DNA, QUANT	42.84						01/01/20		
39	87490	CHYLMD TRACH, DNA, DIR PROBE	22.75						01/01/19		
39	87491	CHYLMD TRACH, DNA, AMP PROBE	35.09					X	01/01/20		
39	87492	CHYLMD TRACH, DNA, QUANT	49.15						01/01/20		
39	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	37.27						01/01/20		
39	87495	CYTOMEG, DNA, DIR PROBE	28.19						01/01/20		
39	87496	CYTOMEG, DNA, AMP PROBE	35.09						01/01/20		
39	87497	CYTOMEG, DNA, QUANT	42.84						01/01/20		
39	87498	DETECTION TEST FOR ENTEROVIRUS (INTE	35.09						01/01/20		
39	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31						01/01/20		
39	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	95.80						01/01/19		
39	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	29.19						01/01/20		
39	87505	INFECTIOUS AGENT DETECTION BY NUCLEI	128.29						01/01/20		
39	87506	INFECTIOUS AGENT DETECTION BY NUCLEI	262.99						01/01/19		

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FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	87507	INFECTIOUS AGENT DETECTION BY NUCLEI	416.78						01/01/20		
39	87510	GARDNER VAG, DNA, DIR PROBE	20.05						01/01/20		
39	87511	GARDNER VAG, DNA, AMP PROBE	35.09						01/01/20		
39	87512	GARDNER VAG, DNA, QUANT	41.76						01/01/20		
39	87516	HEPATITIS B , DNA, AMP PROBE	35.09						01/01/20		
39	87517	HEPATITIS B , DNA, QUANT	42.84						01/01/20		
39	87520	HEPATITIS C , RNA, DIR PROBE	28.19						01/01/20		
39	87521	DETECTION TEST FOR HEPATITIS C VIRUS	35.09						01/01/20		
39	87522	DETECTION TEST FOR HEPATITIS C VIRUS	42.84						01/01/20		
39	87523	DETECTION OF HEPATITIS D (DELTA)	42.84						01/01/24		
39	87525	HEPATITIS G , DNA, DIR PROBE	28.19						01/01/20		
39	87526	HEPATITIS G, DNA, AMP PROBE	39.26						01/01/19		
39	87527	HEPATITIS G, DNA, QUANT	41.76						01/01/20		
39	87528	HSV, DNA, DIR PROBE	20.05						01/01/20		
39	87529	HSV, DNA, AMP PROBE	35.09						01/01/20		
39	87530	HSV, DNA, QUANT	42.84						01/01/20		
39	87531	HHV-6, DNA, DIR PROBE	28.19						01/01/20		
39	87532	HHV-6, DNA, AMP PROBE	35.09						01/01/20		
39	87533	HHV-6, DNA, QUANT	41.76						01/01/20		
39	87534	HIV-1, DNA, DIR PROBE	21.92						01/01/20		
39	87535	DETECTION TEST FOR HIV-1 VIRUS	35.09						01/01/20		
39	87536	DETECTION TEST FOR HIV-1 VIRUS	85.10						01/01/20		
39	87537	HIV-2, DNA, DIR PROBE	21.92						01/01/20		
39	87538	DETECTION TEST FOR HIV-2 VIRUS	35.09						01/01/20		
39	87539	DETECTION TEST FOR HIV-2 VIRUS	54.25						08/01/12		
39	87540	LEGION PNEUMO, DNA, DIR PROB	20.05						01/01/20		
39	87541	LEGION PNEUMO, DNA, AMP PROB	35.09						01/01/20		
39	87542	LEGION PNEUMO, DNA, QUANT	41.76						01/01/20		
39	87550	MYCOBACTERIA, DNA, DIR PROBE	20.05						01/01/20		
39	87551	MYCOBACTERIA, DNA, AMP PROBE	44.45						08/01/12		
39	87552	MYCOBACTERIA, DNA, QUANT	42.84						01/01/20		
39	87555	M.TUBERCULO, DNA, DIR PROBE	25.40						08/01/12		
39	87556	M.TUBERCULO, DNA, AMP PROBE	41.68						01/01/19		
39	87557	M.TUBERCULO, DNA, QUANT	42.84						01/01/20		
39	87560	M.AVIUM-INTRA, DNA, DIR PROB	25.40						08/01/12		
39	87561	M.AVIUM-INTRA, DNA, AMP PROB	35.09						01/01/20		
39	87562	M.AVIUM-INTRA, DNA, QUANT	42.84						01/01/20		
39	87563	DETECTION OF MYCOPLASMA GENITALIUM B	35.09						01/01/20		
39	87580	M.PNEUMON, DNA, DIR PROBE	20.05						01/01/20		
39	87581	M.PNEUMON, DNA, AMP PROBE	35.09						01/01/20		
39	87582	M.PNEUMON, DNA, QUANT	58.70						01/01/20		
39	87590	N.GONORRHOEAE, DNA, DIR PROB	25.40						08/01/12		
39	87591	N.GONORRHOEAE, DNA, AMP PROB	35.09					X	01/01/20		
39	87592	N.GONORRHOEAE, DNA, QUANT	42.84						01/01/20		
39	87593	INFECTIOUS AGT DETECTION (MONKEYPOX)	38.48	18 99					07/26/22		
39	87623	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87624	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87625	INFECTIOUS AGENT DETECTION BY NUCLEI	40.55						01/01/19		
39	87631	INFECTIOUS AGENT DETECTION BY NUCLEI	142.63		X				01/01/19		
39	87632	INFECTIOUS AGENT DETECTION BY NUCLEI	218.06		X				01/01/20		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	87633	INFECTIOUS AGENT DETECTION BY NUCLEI	416.78		X				01/01/20		
39	87634	INFECTIOUS AGENT DETECTION BY NUCLEI	70.20						01/01/20		
39	87635	INFECTIOUS AGENT DETECTION-COVID-19	38.48						05/12/23		
39	87636	SARSCOV2 & INF A & B AMP PRB	106.97						05/12/23		
39	87637	SARSCOV2 & INF A & B & RSV AMP PRB	106.97						05/12/23		
39	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87650	STREP A, DNA, DIR PROBE	20.05						01/01/20		
39	87651	STREP A, DNA, AMP PROBE	35.09						01/01/20		
39	87652	STREP A, DNA, QUANT	41.76						01/01/20		
39	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87660	TRICHOMONAS VAGIN, DIR PROBE	20.05				F		01/01/20		
39	87661	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87662	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31					X	01/01/20		
39	87797	DETECT AGENT NOS, DNA, DIR	28.19						01/01/20		
39	87798	DETECT AGENT NOS, DNA, AMP	35.09						01/01/20		
39	87799	DETECT AGENT NOS, DNA, QUANT	13.54						01/01/20		
39	87800	DETECT AGNT MULT, DNA, DIREC	43.67						01/01/20		
39	87801	DETECT AGNT MULT, DNA, AMPLI	70.20						01/01/20		
39	87802	STREP B ASSAY W/OPTIC	12.73						01/01/20		
39	87803	CLOSTRIDIUM TOXIN A W/OPTIC	15.19						08/01/12		
39	87804	AGENT NOS ASSAY W/OPTIC	15.19					X	08/01/12		
39	87806	INFECTIOUS AGENT ANTIGEN DETECTION B	30.60						01/01/15		
39	87807	RSV ASSAY W/OPTIC	13.10						01/01/20		
39	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	15.19				F		08/01/12		
39	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	16.86						01/01/20		
39	87810	CHYLMD TRACH ASSAY W/OPTIC	16.86						01/01/20		
39	87811	SARS-COV-2 COVID 19 W/OPTIC	31.04						05/12/23		
39	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.86						01/01/20		
39	87880	STREP A ASSAY W/OPTIC	15.19						08/01/12		
39	87899	AGENT NOS ASSAY W/OPTIC	15.19						08/01/12		
39	87900	PHENOTYPE, INFECT AGENT DRUG	130.35						01/01/20		
39	87901	GENOTYPE, DNA, HIV REVERSE T	257.45						01/01/20		
39	87902	GENOTYPE, DNA, HEPATITIS C	257.45						01/01/20		
39	87903	PHENOTYPE, DNA HIV W/CULTURE	488.66						01/01/20		
39	87904	PHENOTYPE, DNA HIV W/CLT ADD	26.07						01/01/20		
39	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	12.22						01/01/20		
39	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	128.73						01/01/20		
39	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
39	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
39	87913	NFCT AGT GNTYP ALYS SARSCOV2	193.09						05/12/23		
39	87999	MICROBIOLOGY PROCEDURE	MP			X			06/01/08		
39	88104	CYTOPATHOLOGY	55.62						01/01/20		
39	88106	CYTOPATHOLOGY	56.20						01/01/21		
39	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	54.14						01/01/21		
39	88112	CYTOPATHOLOGY,SELECT CELL ENHANCEMNT	57.32	10 59			F		01/01/21		
39	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	241.72						01/01/20		
39	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	204.06						01/01/20		
39	88125	FORENSIC CYTOPATHOLOGY	19.82						01/01/20		
39	88130	SEX CHROMATIN IDENTIFICATION	17.98						01/01/20		

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	88140	SEX CHROMATIN IDENTIFICATION	7.99						01/01/20		
39	88141	CYTOPATH CERV/VAG INTERPRET	18.99	21 99					01/01/21		
39	88142	CYTOPATH CERV/VAG THIN LAYER	19.13	21 99					08/01/12		
39	88143	CYTPATH C/VAG T/LAYER REDO	19.34	21 99					01/01/20		
39	88147	CYTPATH C/VAG AUTOMATED	14.85	21 99					01/01/20		
39	88148	CYTPATH C/VAG AUTO RESCREEN	14.85	21 99					01/01/20		
39	88150	CYTOPATHOLOGY, PAP SMEAR	14.85	21 99			F		01/01/20		
39	88152	CYTOPATH CERV/VAG AUTO	14.85	21 99					01/01/20		
39	88153	CYTPATH C/VAG REDO	14.85	21 99					01/01/20		
39	88155	CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL	8.44	21 99			F		01/01/20		
39	88160	CYTOPATHOLOGY	47.14						01/01/20		
39	88161	CYTOPATH....;PREP,SCREEN,INTERP.	49.04						01/01/20		
39	88162	CYTOPATH..;EXT.STUDY,+5 SLIDES,MULTI	71.07						01/01/20		
39	88164	CYTPATH TBS C/VAG MANUAL	14.85	21 99					01/01/20		
39	88165	CYTPATH TBS C/VAG REDO	14.85	21 99					01/01/20		
39	88166	CYTPATH TBS C/VAG AUTO REDO	14.85	21 99					01/01/20		
39	88167	CYTPATH TBS C/VAG SELECT	14.85	21 99					01/01/20		
39	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	47.53						01/01/21		
39	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	121.61						01/01/20		
39	88174	CYTOPATHOLOGY,VAGINAL OR CERVICAL CO	20.52	21 99			F		01/01/20		
39	88175	CYTOPATHOLOGY, WITH SCREENING	25.86	21 99			F		01/01/20		
39	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	14.90						01/01/20		
39	88182	FLOW CYTOMETRY;	92.00						01/01/20		
39	88184	FLOWCYTOMETRY/ TC, 1 MARKER	54.87						01/01/17		
39	88185	FLOWCYTOMETRY/TC, ADD-ON	19.31					X	01/01/22		
39	88187	FLOWCYTOMETRY/READ, 2-8	MP			X			06/01/08		
39	88188	FLOWCYTOMETRY/READ, 9-15	MP			X			06/01/08		
39	88189	FLOWCYTOMETRY/READ, 16 & >	MP			X			06/01/08		
39	88199	CYTOPATHOLOGY PROCEDURE	MP			X			06/01/08		
39	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	89.85						01/01/20		
39	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	89.85						01/01/20		
39	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	89.85						01/01/20		
39	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	89.85						01/01/20		
39	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	89.85						01/01/20		
39	88240	CELL CRYOPRESERVE/STORAGE	12.80						08/01/12		
39	88241	FROZEN CELL PREPARATION	12.09						01/01/19		
39	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	89.85						01/01/20		
39	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	173.17						01/01/20		
39	88249	CHROMOSOME ANALYSIS, 100	173.17						01/01/20		
39	88261	CHROMOSOME COUNT: 1-4 CELLS	248.46						01/01/20		
39	88262	CHROMOSOME COUNT: 1-20 CELLS	125.49						01/01/20		
39	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	89.85						01/01/20		
39	88264	CHROMOSOME ANALYSIS, 20-25	144.61						01/01/19		
39	88267	CHROMOSOME COUNT: AMNIOTIC	188.57						01/01/20		
39	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	173.66						01/01/20		
39	88271	CYTOGENETICS, DNA PROBE	21.42						01/01/20		
39	88272	CYTOGENETICS, 3-5	37.63						01/01/20		
39	88273	CYTOGENETICS, 10-30	34.81						01/01/20		
39	88274	CYTOGENETICS, 25-99	42.38						01/01/19		
39	88275	CYTOGENETICS, 100-300	50.86						08/01/12		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	88280	CHROMOSOME COUNT: ADDITIONAL	31.79						08/01/12		
39	88283	CHROM ANAL;ADD SPEC BANDING TECH.	39.23						01/01/20		
39	88285	CHROMOSOME COUNT: ADDITIONAL	26.72						01/01/20		
39	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	34.43						01/01/20		
39	88299	CYTOGENETIC STUDY	6.45			X			01/01/20		
39	88300	SURGICAL PATHOLOGY, GROSS	13.52					X	01/01/21		
39	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	26.95					X	01/01/21		
39	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	35.41					X	01/01/21		
39	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	60.71					X	01/01/21		
39	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	189.27						01/01/20		
39	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	286.34						01/01/20		
39	88311	SURGICAL PATHOLOGY; DECALCIFICATION	16.88						01/01/20		
39	88312	SPECIAL STAIN INCLUDING INTERPRETATI	88.12						01/01/20		
39	88313	SPECIAL STAIN INCLUDING INTERPRETATI	63.70						01/01/20		
39	88314	SPECIAL STAIN INCLUDING INTERPRETATI	75.85						01/01/20		
39	88321	MICROSLIDE CONSULTATION	83.75						01/01/20		
39	88323	MICROSLIDE CONSULTATION	98.80						01/01/21		
39	88325	COMPREHENSIVE REVIEW OF DATA	145.04						01/01/21		
39	88329	CONSULTATION DURING SURGERY	45.67					X	01/01/20		
39	88331	CONSULTATION DURING SURGERY	83.09					X	01/01/20		
39	88332	PATHOLOGY CONSULTATION DURING SURGER	37.42						01/01/20		
39	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	51.50					X	01/01/20		
39	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	89.39					X	01/01/21		
39	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	89.11						01/01/20		
39	88346	IMMUNOFLUORESCENCE PER SPEC; INITIAL	98.09						01/01/21		
39	88348	ELECTRON MICROSCOPY	348.87						01/01/20		
39	88350	IMMUNOFLUORESCENCE, PER SPECIMEN; E	74.54					X	01/01/21		
39	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	MP			X			06/01/08		
39	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	105.39						01/01/21		
39	88363	EXAMINATION AND SELECTION OF RETRIEV	20.21						01/01/20		
39	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	73.78						01/01/20		
39	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	140.70					X	01/01/20		
39	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	114.72						01/01/20		
39	88367	INSITU HYBRIDIZATION, AUTO	98.24						01/01/21		
39	88368	INSITU HYBRIDIZATION, MANUAL	111.21						01/01/20		
39	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	56.37						01/01/20		
39	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	22.23						01/01/20		
39	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	26.22					X	01/01/19		
39	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	46.25						01/01/20		
39	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	154.33						01/01/20		
39	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	162.79						01/01/20		
39	88387	MACROSCOPIC EXAMINATION, DISSECTION,	29.25						01/01/20		
39	88399	SURGICAL PATHOLOGY PROCEDURE	MP			X			06/01/08		
39	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	4.90						01/01/20		
39	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	4.90						01/01/20		
39	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.90						01/01/20		
39	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.90						01/01/20		
39	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS	MP			X			01/01/11		
39	89050	BODY FLUID CELL COUNT	4.72					X	01/01/20		
39	89051	BODY FLUID CELL COUNT	5.60					X	01/01/20		

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	89055	LEUKOCYTE ASSESSMENT, FECAL	4.27							01/01/20		
39	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	7.33							01/01/20		
39	89125	SPECIMEN FAT STAIN	5.47						X	08/01/12		
39	89160	EXAM FECES FOR MEAT FIBERS	4.67							08/01/12		
39	89190	NASAL SMEAR FOR EOSINOPHILS	5.79							01/01/19		
39	89220	SPUTUM SPECIMEN COLLECTION	12.98							01/01/20		
39	89230	COLLECT SWEAT FOR TEST	2.12							01/01/21		
39	89240	PATHOLOGY LAB PROCEDURE	MP				X			06/01/08		
39	90281	HUMAN IG, IM	CCR									
39	90283	HUMAN IG, IV	CCR									
39	90287	BOTULINUM ANTITOXIN	CCR									
39	90288	BOTULISM IG, IV	CCR									
39	90291	CMV IG, IV	CCR									
39	90296	DIPHTHERIA ANTITOXIN	CCR									
39	90371	HEPB IG, IM	CCR									
39	90375	RABIES IMMUNE GLOBULIN FOR INJECTION	CCR									
39	90376	RABIES IG, HEAT TREATED	CCR									
39	90380	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY	CCR									
39	90381	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY	CCR									
39	90384	RH IG, FULL-DOSE, IM	CCR									
39	90385	RH IG, MINIDOSE, IM	CCR									
39	90386	RH IG, IV	CCR									
39	90389	TETANUS IG, IM	CCR									
39	90393	VACCINA IG, IM	CCR									
39	90396	VARICELLA-ZOSTER IG, IM	CCR									
39	90399	IMMUNE GLOBULIN	CCR									
39	90476	ADENOVIRUS VACCINE, TYPE 4	CCR									
39	90477	ADENOVIRUS VACCINE, TYPE 7	CCR									
39	90480	IMMUNIZATION ADMIN, IM, SAR-COV-2	CCR									
39	90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR	CCR									
39	90585	BCG TICE VACCINE, 50 MG	CCR									
39	90586	BCG LIVE (INTRAVESICAL)	CCR									
39	90587	VACCINE FOR DENGUE FOR INJECTION UND	MP				X			01/01/18		
39	90611	SMALLPOX AND MONKEYPOX VACCINE...SQ	270.00	18	99					04/01/24		
39	90620	MENINGOCOCCAL RECOMBINANT PROTEIN	CCR	10	99							E
39	90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEI	CCR	10	99							E
39	90623	MENINGOCOCCAL CONJUGATE VACCINE SERO	CCR	19	99							
39	90632	HEPATITIS A VACCINE (HEPA),ADULT	CCR	19	99							E
39	90633	HEPA VACCINE PED/ADOL-2 DOSE	CCR	01	21							
39	90636	HEPATITIS A AND HEPATITIS B VAC	CCR									
39	90647	HAEMOPHILUS INFLUENZA TYPE B (HIB)	CCR	00	21							
39	90648	HAEMOPHILUS INFLUENZA TYPE B (HIB)	CCR									E
39	90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE	CCR	09	26							
39	90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6	CCR	09	45							
39	90653	INFLUENZA VACCINE, INACTIVATED, SUBU	CCR	65	99							
39	90655	FLU VACCINE, 6-35 MO, IM	CCR	00	02							
39	90656	FLU VACCINE NO PRESERV 3 & >	CCR									
39	90657	FLU VACCINE, 6-35 MO, IM	CCR									
39	90658	INFLUENZA VIRUS VACCINE, TRIVALENT	CCR	00	21							
39	90660	INFLUENZA VIRUS VACC,INTRANASAL USE	CCR	00	49							

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	90661	INFLUENZA VIRUS VACCINE, DERIVED FRO	CCR									
39	90662	INFLUENZA VIRUS VACCINE, SPLIT VIRU	CCR	65	99							
39	90664	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
39	90666	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
39	90667	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
39	90668	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
39	90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 V	CCR									E
39	90673	VACCINE FOR INFLUENZA ADMINISTERED I	CCR	19	99							
39	90675	RABIES VACCINE, IM	CCR									
39	90676	RABIES VACCINE, ID	CCR									
39	90680	ROTAVIURS VACCINE, ORAL USE	CCR	00	18							
39	90682	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	19	99							
39	90683	RESPIRATORY SYNCYTIAL VIRUS VACCINE	CCR	10	59			F				
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,PETRUSSIS	CCR	00	21							
39	90702	IMMUNIZATION,DT	CCR	00	21							
39	90707	MEASLES,MUMPS AND RUBELLA VIRUS-MMR	CCR									E
39	90710	MEASLES,MUMPS,RUBELLA, AND VARICELL	CCR	00	18							
39	90713	IMMUNIZATION,POLIO INJECTION	CCR									
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 (VAR) LIVE	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	90734	MENINGOCOCCAL CONJUGATE VACCINE, IM	CCR									E
39	90736	ZOSTER (SHINGLES) VACCINE	CCR	21	99							E
39	90739	HEPATITIS B VACCINE, ADULT DOSAGE (2	CCR									
39	90740	HEPB VACC, ILL PAT 3 DOSE IM	CCR									
39	90743	HEP B VACC, ADOL, 2 DOSE, IM	CCR	00	21							
39	90744	HEPATITIS B VACCINE, PED/ADOL DOSAGE	CCR	00	20							
39	90746	HEPATITIS B VACCINE, ADULT DOSAGE,IM	CCR	19	99							E
39	90748	HEPATITIS B/HIB VACCINE	CCR	00	21							
39	90749	IMMUNIZATION,UNLISTED PROCEDURE	CCR									
39	90750	ZOSTER (SHINIGLES) VACCINE (HZV), RE	CCR	50	99							
39	90756	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR									
39	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	CCR									
39	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	CCR									
39	90940	HEMODIALYSIS ACCESS STUDY	CCR									
39	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	CCR									
39	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	CCR									
39	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
39	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
39	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
39	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
39	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
39	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
39	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
39	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
39	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
39	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
39	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
39	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
39	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
39	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
39	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
39	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
39	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
39	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
39	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
39	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	CCR									
39	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	CCR									
39	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	CCR									
39	90999	UNLISTED DIALYSIS PROCEDURE	CCR									
39	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR			X						
39	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR									
39	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	CCR									
39	91022	DUODENAL MOTILITY STUDY	CCR									
39	91030	ACID PERFUSION FOR ESOPHAGITIS	CCR									
39	91034	GASTROESOPHAGEAL REFLUX TEST	CCR									
39	91035	G-ESOPH REFLX TST W/ELECTROD	CCR									
39	91037	ESOPH IMPED FUNCTION TEST	CCR									
39	91038	ESOPH IMPED FUNCT TEST > 1H	CCR									
39	91040	ESOPH BALLOON DISTENSION TST	CCR									
39	91065	MEASUREMENT OF HYDROGEN IN BREATH IN	59.09							01/01/20		
39	91110	GI TRACT IMAGING, INTRALUMINAL	CCR									
39	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	CCR									
39	91120	RECTAL SENSATION TEST	CCR									
39	91122	ANORECTAL MANOMETRY	CCR									
39	91132	ELECTROGASTROGRAPHY	CCR									
39	91133	ELECTROGASTROGRAPHY W/TEST	CCR									
39	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	CCR									
39	91299	UNLISTED DX GASTRO. PROC	CCR									
39	91304	NOVAVAX COVID-19 VACCINE, ADJUVANTED	148.20	12	99					10/03/23		
39	92002	EYE EXAM; INTERMEDIATE; NEW PT	CCR									
39	92004	EYE EXAM; COMPREHENSIVE; NEW PT	CCR									
39	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	CCR									
39	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	CCR									
39	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	CCR									
39	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	CCR									
39	92060	SENSORIMOTOR EXAM EYE	CCR									
39	92065	ORTHOPTIC/PLEOPTIC TRAINING	CCR	00	21							
39	92066	EYE TRAINING EXERCISE UNDER SUPERVIS	CCR									
39	92081	TANGENT SCREEN; AUTOPLOT	CCR									
39	92082	QUANTITATIVE PERIMETRY	CCR									
39	92083	MEASUREMENT OF FIELD OF VISION DURIN	CCR									
39	92100	SERIAL TONOGRAPHY W/EVALUATION	CCR									

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR									
39	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR									
39	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR									
39	92136	OPHTHALMIC BIOMETRY	CCR									
39	92145	CORNEAL HYSTERESIS DETERMINATION, BY	CCR									
39	92201	EXTENDED EXAMINATION OF EYE WITH DRA	CCR									
39	92202	EXTENDED EXAMINATION OF EYE WITH DRA	CCR									
39	92227	REMOTE IMAGING FOR DETECTION OF RETI	CCR									
39	92228	REMOTE IMAGING FOR MONITORING AND MA	CCR									
39	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	CCR									
39	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	CCR						X			
39	92240	ICG ANGIOGRAPHY	CCR									
39	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	CCR									
39	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	CCR									
39	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	CCR									
39	92265	OCULOELECTROMYOGRAPHY	CCR									
39	92270	ELECTRO-OCULOGRAPHY	CCR									
39	92283	COLOR VISION EXAMINATION	CCR									
39	92284	DARK ADAPTATION EXAMINATION	CCR									
39	92285	EXTERNAL OCULAR PHOTOGRAPHY	CCR									
39	92286	SPECULAR ENDOTHELIAL MICROSCOPY	CCR									
39	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	CCR									
39	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	CCR									
39	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	CCR			X						
20	92507	SPEECH LANGUAGE HEARING THERAPY	49.56	00	02	X				03/01/13		
39	92507	TREATMENT OF SPEECH,LANGUAGE,AUDITOR	32.99	03	99	X				01/01/20		
39	92511	NASOPHARYNGOSCOPY	CCR			X						
39	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR									
39	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR									
39	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR									
20	92521	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
39	92521	EVALUATION OF SPEECH FLUENCY	86.25	03	99					01/01/20		
20	92522	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
39	92522	EVALUATE SPEECH PRODUCTION	70.27	03	99					01/01/20		
20	92523	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
39	92523	SPEECH SOUND LANG COMPREHENSION	145.62	03	99					01/01/20		
20	92524	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
39	92524	BEHAVRAL QUALIT ANALYS VOICE	73.18	03	99					01/01/20		
39	92531	SPONTANEOUS NYSTAGMUS W/GAZE	CCR									
39	92532	POSITIONAL NYSTAGMUS STUDY	CCR									
39	92533	CALORIC VESTIBULAR TEST; EACH	CCR						X			
39	92534	OPTOKINETIC NYSTAGMUS	CCR									
39	92537	CALORIC VESTIBULAR TEST WITH RECORDI	CCR									
39	92538	CALORIC VESTIBULAR TEST WITH RECORDI	CCR									
39	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	CCR									
39	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	CCR									
39	92542	POSITIONAL NYSTAGMUS W/RECORDING	CCR									
39	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	CCR									
39	92545	OSCILLATING TRACKING W/RECORDING	CCR									
39	92546	TORSION SWING TEST W/RECORDING	CCR									

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	92547	ADDED USE OF VERTICAL ELECTRODES	CCR									
39	92548	POSTUROGRAPHY	CCR									
39	92549	COMPUTERIZED DYNAMIC ASSESSMENT OF B	CCR									
39	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	CCR									
39	92551	SCREENING; PURE TONE; AIR ONLY	CCR									
39	92552	PURE TONE AUDIOMETRY; AIR ONLY	CCR									
39	92553	PURE TONE AUDIOMETRY; AIR AND BONE	CCR									
39	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	CCR									
39	92556	SPEECH AUDIOMETRY, COMPLETE	CCR									
39	92557	BASIC COMPREHENSIVE AUDIOMETRY	CCR									
39	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREEN	MP				X			01/01/12		
39	92563	TONE DECAY HEARING TEST	CCR									
39	92565	STENGER TEST, PURE TONE	CCR									
39	92567	TYMPANOMETRY	CCR									
39	92568	ACOUSTIC REFLEX TESTING	CCR									
39	92570	ACOUSTIC IMMITTANCE TESTING, INCLUDE	CCR									
39	92571	FILTERED SPEECH TEST	CCR									
39	92572	STAGGERED SPONDAIC WORD TEST	CCR									
39	92575	SENSORINEURAL ACUITY LEVEL TEST	CCR									
39	92576	SYNTHETIC SENTENCE ID TEST	CCR									
39	92577	STENGER TEST, SPEECH	CCR									
39	92579	VISUAL AUDIOMETRY (VRA)	CCR									
39	92582	CONDITIONING PLAY AUDIOMETRY	CCR									
39	92583	SELECT PICTURE AUDIOMETRY	CCR									
39	92584	ELECTROCOCHLEOGRAPHY	CCR									
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	37.30							01/01/20		
39	92611	MOTION FLUOROSCOPY/SWALLOW	40.49							01/01/20		
39	92612	ENDOSCOPY SWALLOW TST	155.37							01/01/20		
39	92618	EVALUATION FOR PRESCRIPTION OF NON-S	MP				X			01/01/12		
39	92620	AUDITORY FUNCTION, 60 MIN	CCR									
39	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	CCR						X			
39	92622	ANALYSIS, PROGRAMMING, AND VERIFICAT	CCR									
39	92623	ANALYSIS, PROGRAMMING, AND VERIFICAT	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	92650	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							
39	92651	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							
39	92652	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	92653	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00 20							
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	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	92972	SHOCKWAVE DESTRUCTION OF CALCIFIED P	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	92997	PUL ART BALLOON REPAIR, PERC	CCR								
39	92998	PUL ART BALLOON REPAIR, PERC	CCR					X			
39	93000	ROUTINE ECG W/AT LEAST 12 LEADS	CCR					X			
39	93005	ECG; TRACING ONLY	CCR					X			
39	93010	ECG; INTERPRETATION AND REPORT	CCR					X			
39	93015	CARDIOVASCULAR STRESS TEST	CCR								
39	93016	CARDIOVASCULAR STRESS TEST USING MAX	CCR								
39	93017	CARDIOVASCULAR STRESS TEST; TRACING	CCR								
39	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	CCR								
39	93025	MICROVOLT T-WAVE ASSESS	CCR								
39	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	CCR					X			
39	93041	RHYTHM ECG; TRACING ONLY	CCR					X			
39	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	CCR					X			
39	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	CCR								
39	93150	ACTIVATION OF IMPLANTED PHRENIC NERV	CCR								
39	93151	EVALUATION AND PROGRAMMING OF IMPLAN	CCR								
39	93152	EVALUATION AND PROGRAMMING OF IMPLAN	CCR								
39	93153	EVALUATION OF IMPLANTED PHRENIC NERV	CCR								
39	93224	ECG MONITORING 24 HR BY CONT ORIG	CCR								
39	93227	PHYSICIAN REVIEW & INTERPRETATION	CCR								
39	93228	WEARABLE MOBILE CARDIOVASCULAR TELEM	CCR								
39	93241	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								

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39	93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93260	PROGRAMMING DEVICE EVALUATION (IN PE	CCR								
39	93261	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93268	ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	CCR								
39	93272	ECG MONITORING; SCANNING ANALYSIS	CCR								
39	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	CCR								
39	93279	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93280	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93281	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93282	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93283	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93284	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93285	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR								
39	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR								
39	93288	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93289	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93290	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93291	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93292	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	CCR								
39	93294	INTERROGATION DEVICE EVALUATION(S) (	CCR								
39	93295	INTERROGATION DEVICE EVALUATION(S) (	CCR								
39	93296	INTERROGATION DEVICE EVALUATION(S) (	CCR								
39	93297	INTERROGATION DEVICE EVALUATION(S),	CCR								
39	93298	INTERROGATION DEVICE EVALUATION(S),	CCR								
39	93303	ECHO TRANSTHORACIC	CCR								
39	93304	ECHO TRANSTHORACIC	CCR								
39	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR								
39	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	CCR								
39	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	CCR								
39	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	CCR								
39	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR								
39	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR								
39	93315	ECHO TRANSESOPHAGEAL	CCR								
39	93316	ECHO TRANSESOPHAGEAL	CCR								
39	93317	ECHO TRANSESOPHAGEAL	CCR								
39	93318	ECHO TRANSESOPHAGEAL INTRAOP	CCR								
39	93319	3D ULTRASOUND IMAGING OF HEART FOR E	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	93356	HEART MUSCLE STRAIN IMAGING	CCR								
39	93451	RIGHT HEART CATHETERIZATION INCLUDIN	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
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	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	93569	INJECTION FOR SELECTIVE IMAGING OF P	CCR								
39	93571	HEART FLOW RESERVE MEASURE	CCR								
39	93572	HEART FLOW RESERVE MEASURE	CCR								
39	93573	INJECTION FOR SELECTIVE IMAGING OF P	CCR								
39	93574	INJECTION FOR SELECTIVE IMAGING OF P	CCR					X			
39	93575	INJECTION FOR SELECTIVE IMAGING OF M	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	93584	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39	93585	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39	93586	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39	93587	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39	93588	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR								
39	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR								
39	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR					X			
39	93593	RIGHT HEART CATHETERIZATION FOR CONG	CCR								
39	93594	RIGHT HEART CATH...ABN NATIVE CONN	220.67						01/01/22		
39	93595	LEFT HEART CATHETERIZATION FOR CONG	CCR								
39	93596	RIGHT AND LEFT HEART CATHETERIZATION	CCR								
39	93597	R/L HEART CATH...ABN NATIVE CONN	CCR								
39	93598	CARDIAC OUTPUT MEASUREMENT(S), THERM	CCR								
39	93600	BUNDLE OF HIS RECORDING	CCR								
39	93602	INTRA-ATRIAL RECORDING	CCR								
39	93603	RIGHT VENTRICULAR RECORDING;	CCR			X					
39	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	CCR								
39	93610	INTRA-ATRIAL PACING	CCR								
39	93612	INTRAVENTRICULAR PACING	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	93613	ELECTROPHYS MAP, 3D, ADD-ON	CCR								
39	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	CCR								
39	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	CCR								
39	93619	ELECTROPHYSIOLOGY EVALUATION	CCR								
39	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	CCR								
39	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	CCR								
39	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	CCR								
39	93623	PROGRAMMED ST IMULATION & PACING	CCR								
39	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	CCR								
39	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	CCR								
39	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	CCR								
39	93641	ELECTROPHYSIOLOGY EVALUATION	CCR								
39	93642	ELECTROPHYSIOLOGY EVALUATION	CCR								
39	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	CCR								
39	93650	INTRACARDIAC CATHETER ABLATION OF	CCR								
39	93653	EVALUATION AND INSERTION OF CATHETER	CCR								
39	93654	EVALUATION AND INSERTION OF CATHETER	CCR								
39	93655	INTRACARDIAC CATHETER ABLATION OF A	CCR								
39	93656	EVALUATION AND INSERTION OF CATHETER	CCR								
39	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	CCR								
39	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	CCR								
39	93662	INTRACARDIAC ECHO DURING TX/DX	CCR								
39	93668	PERIPHERAL VASCULAR REHAB	CCR					X			
39	93701	BIOIMPEDANCE, THORACIC	CCR								
39	93702	BIOIMPEDANCE SPECTROSCOPY (BIS), EXT	CCR								
39	93724	ANALYZE PACEMAKER SYSTEM	CCR								
39	93740	TEMPERATURE GRADIENT STUDIES	CCR								
39	93770	DETERMINATION OF VENOUS PRESSURE	CCR					X			
39	93792	PATIENT/CAREGIVER TRAINING FOR INITI	CCR								
39	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	CCR								
39	93799	CARDIOVASCULAR PROCEDURE	CCR								
39	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR								
39	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR								
39	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR								
39	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR								
39	93892	TCD, EMBOLI DETECT W/O INJ	CCR								
39	93893	TCD, EMBOLI DETECT W/INJ	CCR								
39	93895	QUANTITATIVE CAROTID INTIMA MEDIA TH	CCR								
39	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	CCR								
39	93923	EXTREMITY STUDY	CCR								
39	93924	EXTREMITY STUDY	CCR								
39	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								
39	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								
39	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR								
39	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR								
39	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR								
39	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR								
39	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR								
39	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR								
39	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR									
39	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR									
39	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR									
39	93985	ULTRASOUND SCAN OF BLOOD FLOW IN EXT	CCR									
39	93986	ULTRASOUND SCAN OF BLOOD FLOW IN EXT	CCR									
39	93990	DOPPLER FLOW TESTING	CCR									
39	94002	VENTILATION ASSIST AND MANAGEMENT, I	CCR									
39	94003	VENTILATION ASSIST AND MANAGEMENT, I	CCR									
39	94004	VENTILATION ASSIST AND MANAGEMENT, I	CCR									
39	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	CCR									
39	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02							
39	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02							
39	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	CCR	00	02							
39	94014	PATIENT RECORDED SPIROMETRY	CCR									
39	94015	PATIENT RECORDED SPIROMETRY	CCR									
39	94016	REVIEW PATIENT SPIROMETRY	CCR									
39	94060	BRONCHOSPASM EVALUATION	CCR									
39	94070	BRONCHOSPASM EVALUATION; PROLONGED	CCR									
39	94150	VITAL CAPACITY; TOTAL	CCR									
39	94200	MAXIMUM BREATHING CAPACITY	CCR									
39	94375	RESPIRATORY FLOW VOLUME LOOP	CCR									
39	94450	HYPOXIA RESPONSE CURVE	CCR									
39	94452	HAST W/REPORT	CCR									
39	94453	HAST W/OXYGEN TITRATE	CCR									
39	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	CCR									
39	94618	PULMONARY STRESS TESTING (EG, 6-MINU	CCR									
39	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	CCR									
39	94621	PULM STRESS TEST/COMPLEX	CCR									
39	94625	PROFESSIONAL SERVICES FOR OUTPATIENT	CCR								X	
39	94626	PROFESSIONAL SERVICES FOR OUTPATIENT	CCR								X	
39	94640	NONPRESSURIZED INHALATION	CCR						X			
39	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	CCR									
39	94644	CONTINUOUS INHALATION TREATMENT WITH	CCR									
39	94645	CONTINUOUS INHALATION TREATMENT WITH	CCR									
39	94652	IPPB; NEWBORN INFANTS	CCR						X			
39	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	CCR									
39	94662	CONTINUOUS NEGATIVE PRESSURE	CCR									
39	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	CCR									
39	94667	MANIPULATION CHEST WALL; INITIAL	CCR									
39	94668	MANIPULATION CHEST WALL; SUBSEQUENT	CCR						X			
39	94669	Mechanical chest wall manipulation f	CCR									
39	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	CCR						X			
39	94681	OXYGEN UPTAKE W/CO2 OUTPUT	CCR						X			
39	94690	OXYGEN UPTAKE; REST; INDIRECT	CCR						X			
39	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	CCR									
39	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	CCR									
39	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	CCR									
39	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	CCR									
39	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	CCR									
39	94761	SEE 94760;MULTIPLE DETERMINATIONS	CCR									

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	94762	SEE 94760;CONT.OVERNIGHT MONITORING	CCR								
39	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	CCR								
39	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	CCR								
39	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	CCR								
39	94799	PULMONARY SERVICE/PROCEDURE	CCR								
39	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	CCR					X			
39	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	CCR								
39	95017	ALLERGY TESTING, ANY COMBINATION OF	CCR					X			
39	95018	ALLERGY TESTING, ANY COMBINATION OF	CCR								
39	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR					X			
39	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR					X			
39	95044	PATCH OR APPLICATION TEST(S) (SPECIF	CCR					X			
39	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	CCR					X			
39	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	CCR					X			
39	95065	NASAL MUCOUS MEMBRANE TEST	CCR								
39	95070	INHALATION BRONCH CHALLENGE TESTING	CCR								
39	95115	ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	CCR								
39	95117	ALLER.INJ.W/OUT EXTRACT PROV-+1 INJ	CCR								
39	95120	IMMUNOTHERAPY(RX MD)-SINGLE ANTIGEN	CCR					X			
39	95125	IMMUNOTHERAPY(RX MD)MULTIPLE ANTIGEN	CCR					X			
39	95130	IMMUNOTHERAPY(RX MD)1 INSECT VENOM	CCR					X			
39	95131	IMMUNOTHERAPY(RX MD),2 INSECT VENOM	CCR					X			
39	95132	IMMUNOTHERAPY;3 INSECT VENOMS	CCR								
39	95133	IMMUNOTHERAPY; 4 INSCT VENOMS	CCR			X					
39	95144	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					X			
39	95145	PROV..+1 INSECT VENOM,SING DOSE VIAL	CCR					X			
39	95146	PROV;2 INSECT VENOMS,SING.DOSE VIALS	CCR					X			
39	95147	PROV;3 INSECT VENOMS,SING.DOSE VIALS	CCR					X			
39	95165	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					X			
39	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	CCR								
39	95180	RAPID DESENSITIZATION; EACH HOUR	CCR			X		X			
39	95199	ALLERGY IMMUNOLOGY SERVICES	CCR			X					
39	95249	AMBULATORY CONTINUOUS GLUCOSE MONITO	CCR								
39	95250	GLUCOSE MONITORING, CONT	CCR								
39	95251	GLUC MONITOR, CONT, PHYS I&R	CCR								
39	95717	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95718	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95719	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95720	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95721	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95722	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95723	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95724	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95725	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95726	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95782	SLEEP MONITORING OF PATIENT (YOUNGER	CCR	00 05							
39	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEAR	CCR	00 05							
39	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR								
39	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR								
39	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	95806	SLEEP STUDY, UNATTENDED	CCR									
39	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	CCR									
39	95808	POLYSOMNOGRAPHY, 1-3	CCR									
39	95810	POLYSOMNOGRAPHY, 4 OR MORE	CCR	06	99							
39	95811	POLYSOMNOGRAPHY W/CPAP	CCR	06	99							
39	95812	ELECTROENCEPHALOGRAM (EEG)	CCR									
39	95813	ELECTROENCEPHALOGRAM (EEG)	CCR									
39	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	CCR									
39	95819	EEG-STD/PORT; SAME FACILITY	CCR									
39	95822	EEG; SLEEP ONLY	CCR									
39	95824	EEG; CEREBRAL DEATH RECORDING	CCR						X			
39	95829	ELECTROCORTICOGRAM AT SURGERY	CCR									
39	95830	MD INSERT SPHENOIDAL ELECTRODE	CCR									
39	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	CCR						X			
39	95852	RANGE OF MOTION; HAND	CCR									
39	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	CCR									
39	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	CCR									
39	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	CCR									
39	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	CCR									
39	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	CCR									
39	95865	MUSCLE TEST, LARYNX	CCR									
39	95866	MUSCLE TEST, HEMIDIAPHRAGM	CCR									
39	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	CCR									
39	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	CCR									
39	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	CCR									
39	95870	MUSCLE TEST, NON-PARASPINAL	CCR									
39	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	CCR									
39	95873	GUIDE NERV DESTR, ELEC STIM	CCR									
39	95874	GUIDE NERV DESTR, NEEDLE EMG	CCR									
39	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	CCR									
39	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	CCR						X			
39	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	CCR						X			
39	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	CCR									
39	95905	NEEDLE MEASUREMENT AND RECORDING OF	CCR						X			
39	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	CCR									
39	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	CCR									
39	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	CCR									
39	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	CCR									
39	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	CCR									
39	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	CCR									
39	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	CCR									
39	95919	MEASUREMENT OF PUPIL WITH HEALTHCARE	CCR									
39	95925	SOMATOSENSORY TESTING,ONE > NERVES	CCR									
39	95926	SOMATOSENSORY TESTING	CCR									
39	95927	SOMATOSENSORY TESTING	CCR									
39	95928	C MOTOR EVOKED, UPPR LIMBS	CCR									
39	95929	C MOTOR EVOKED, LWR LIMBS	CCR									
39	95930	VISUAL EVOKED POTENTIAL TEST	CCR									
39	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	CCR									
39	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	CCR						X			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	CCR									
39	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	CCR									
39	95940	CONTINUOUS MONITORING OF NERVOUS SYS	CCR									
39	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSI	CCR									
39	95957	EEG DIGITAL ANALYSIS	CCR									
39	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	CCR									
39	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	CCR									
39	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	CCR									
39	95965	MEG, SPONTANEOUS	CCR									
39	95966	MEG, EVOKED, SINGLE	CCR									
39	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	CCR						X			
39	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR									
39	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR									
39	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR									
39	95990	REFILLING AND MAINTENANCE OF IMPLANT	CCR	04	99							
39	95991	REFILLING AND MAINTENANCE OF IMPLANT	CCR	04	99							
39	95992	CANALITH REPOSITIONING PROCEDURE(S)	CCR				X					
39	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	CCR									
39	96000	MOTION ANALYSIS, VIDEO/3D	CCR									
39	96001	MOTION TEST W/FT PRESS MEAS	CCR									
39	96002	DYNAMIC SURFACE EMG	CCR									
39	96004	PHYS REVIEW OF MOTION TESTS	CCR									
39	96105	ASSESSMENT OF APHASIA	CCR						X			
39	96110	DEVELOPMENTAL SCREENING (EG. DEVELOP	CCR	00	02				X			
39	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	CCR									
39	96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMEN	CCR									
39	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	CCR									
39	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	CCR									
39	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	CCR						X			
39	96160	ADMINISTRATION AND INTERPRETATION OF	CCR									
39	96161	ADMINISTRATION AND INTERPRETATION OF	CCR	00	00							
39	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	CCR									
39	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	CCR						X			
39	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	CCR									
39	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	CCR						X			
39	96380	ADMINISTRATION OF RESPIRATORY SYNCYT	CCR									
39	96381	ADMINISTRATION OF RESPIRATORY SYNCYT	CCR									
39	96401	CHEMO, ANTI-NEOPL, SQ/IM	CCR									
39	96402	CHEMO HORMON ANTINEOPL SQ/IM	CCR									
39	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	CCR									
39	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	CCR									
39	96409	CHEMO, IV PUSH, SNGL DRUG	CCR									
39	96411	CHEMO, IV PUSH, ADDL DRUG	CCR						X			
39	96413	CHEMO, IV INFUSION, 1 HR	CCR									
39	96415	CHEMO, IV INFUSION, ADDL HR	CCR						X			
39	96416	CHEMO PROLONG INFUSE W/PUMP	CCR									
39	96417	CHEMO IV INFUS EACH ADDL SEQ	CCR									
39	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	CCR									
39	96446	CHEMOTHERAPY ADMINISTRATION INTO THE	CCR									
39	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	CCR									
39	96521	REFILL/MAINT, PORTABLE PUMP	CCR									
39	96522	REFILL/MAINT PUMP/RESVR SYST	CCR									
39	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	CCR									
39	96547	INTRAOPERATIVE HEATED INTRAPERITONEA	CCR									
39	96548	INTRAOPERATIVE HEATED INTRAPERITONEA	CCR						X			
39	96567	PHOTODYNAMIC TX, SKIN	CCR									
39	96570	PHOTODYNAMIC TX, 30 MIN	CCR									
39	96571	PHOTODYNAMIC TX, ADDL 15 MIN	CCR						X			
39	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	CCR									
39	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	CCR									
39	96900	ACTINOTHERAPY	CCR									
39	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	CCR									
39	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	CCR									
39	96912	PHOTOCHEMOTHERAPY/PUVA	CCR									
39	96913	PHOTOCHEMOTHERAPY	CCR									
39	96920	LASER TX, SKIN < 250 SQ CM	CCR									
39	96921	LASER TX, SKIN 250-500 SQ CM	CCR									
39	96922	LASER TX, SKIN > 500 SQ CM	CCR									
39	96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR									
39	96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR									
39	96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR						X			
39	96935	REFLECTANCE CONFOCAL MICROSCOPY(RCM)	CCR						X			
39	96999	DERMATOLOGICAL PROCEDURE	CCR									
39	97037	LOW-LEVEL LASER THERAPY APPLICATION	CCR									
20	97110	PT-ONE AREA THERAPEUTIC 15 MINUTES	16.21	00	02				X	02/01/13		
39	97110	THERAPEUTIC PROCEDURE,LOR MORE,15MIN	10.99	03	99	X			X	01/01/20		
39	97161	PHYSICAL THERAPY EVALUATION: LOW COM	65.42							01/01/20		
39	97162	PHYSICAL THERAPY EVALUATION: MODERAT	65.42							01/01/20		
39	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	65.42							01/01/20		
39	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	44.27							01/01/20		
39	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	63.56							01/01/20		
39	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	63.56							01/01/20		
39	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	63.56							01/01/20		
39	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	41.79							01/01/20		
20	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	13.35	00	02				X	02/01/13		
39	97530	THERAPEUTIC ACTIVITIES, DIRECT 15MIN	8.79	03	99	X			X	01/01/20		
39	97610	LOW FREQUENCY, NON-CONTACT, NON-THER	CCR									
39	97760	ORTHOTIC MGMT AND TRAINING	24.03						X	01/01/20		
39	97761	PROSTHETIC TRAINING	21.50						X	01/01/20		
39	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	37.91						X	01/01/20		
39	97799	UNLISTED PHYSICAL MED SER/PROC	CCR									
39	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	CCR	00	20		X					
39	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	CCR	00	20		X					
39	99082	NEO-NATAL ESCORT-PER HOUR	CCR	00	01				X			
39	99151	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04		X					
39	99152	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20		X					

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39	99153	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20		X		X			
39	99155	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04		X					
39	99156	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20		X					
39	99157	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20		X		X			
39	99170	EXAMINATION OF GENITAL AND ANAL REGI	CCR						X			
39	99172	VISUAL FUNCTION SCREENING	CCR									
39	99173	SCREENING TEST VISUAL ACUITY BILAT	CCR									
39	99175	EMESIS INDUCTION WITH MEDICATION	CCR									
39	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	CCR				X		X			
39	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	CCR									
39	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	34.06							01/01/20		
39	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	39.22							01/01/20		
39	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	58.83							01/01/20		
39	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	58.83							01/01/20		
39	99211	OFFICE/OUTPATIENT,EST MINIMAL PROBS	34.06						X	01/01/20		
39	99212	ESTABLISHED PATIENT OFFICE OR OTHER	34.06						X	01/01/20		
39	99213	ESTABLISHED PATIENT OFFICE OR OTHER	39.22							01/01/20		
39	99214	ESTABLISHED PATIENT OFFICE OR OTHER	58.83							01/01/20		
39	99215	ESTABLISHED PATIENT OFFICE OR OTHER	58.83							01/01/20		
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	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	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	CCR									
39	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	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							
39	99387	INIT COMP PREV MED 65+	CCR	65	99							

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39	99391	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	00	00							
39	99392	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	01	04							
39	99393	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	05	11							
39	99394	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	12	17							
39	99395	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	18	39							
39	99396	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	40	64							
39	99397	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	65	99							
39	99401	PREVENTIVE MEDICINE COUNSELING AND/	21.89	05	99					01/01/20		E
39	99402	PREVENTIVE MEDICINE COUNSELING AND/	37.34	05	99					01/01/20		E
39	99403	PREVENTIVE MEDICINE COUNSELING AND/	45.34	05	99					01/01/20		E
39	99404	PREVENTIVE MEDICINE COUNSELING AND/	55.07	05	99					01/01/20		E
39	99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	CCR	11	99							
39	99417	PROLONGED OFFICE OR OTHER OUTPATIENT	CCR									
39	99418	PROLONGED INPATIENT OR OBSERVATION S	CCR						X			
39	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	CCR									
39	99459	PELVIC EXAM	CCR					F				
39	99460	INITIAL HOSPITAL OR BIRTHING CENTER	CCR	00	00							
39	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	CCR	00	00							
39	99463	INITIAL HOSPITAL OR BIRTHING CENTER	CCR	00	00							
39	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	CCR	00	00							
39	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	CCR	00	00							
39	99466	CRITICAL CARE SERVICES DELIVERED BY	CCR	00	01							
39	99467	CRITICAL CARE SERVICES DELIVERED BY	CCR	00	01				X			
39	99489	COMPLEX CHRONIC CARE COORDINATION SE	CCR									
39	99495	TRANSITIONAL CARE MANAGEMENT SERVICE	CCR									
39	99496	TRANSITIONAL CARE MANAGEMENT SERVICE	CCR									
39	99499	UNLISTED EVALUATION AND MANAGEMENT S	CCR									

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