HCPCS ATTACHMENT 8 - TOS 5 - CLINICAL DIAGNOSTIC LABORATORY (CDL) SERVICES (proposed to be effective January 1, 2018)

				Clinical Laboratory		Sole Community Hospitals		Department of State Health Services	
TOS *	Procedure Code	Long Description **	Age Range	Current Fee	Proposed Medicaid Fee	Current Fee	Proposed Medicaid Fee	Current Fee	Proposed Medicaid Fee
5	81105	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81106	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81107	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81108	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81109	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81110	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81111	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81112	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81120	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81121	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81238	**	0-999	Not a Benefit	$128.13	Not a Benefit	$132.40	Not a Benefit	$152.54
5	81247	**	0-999	Not a Benefit	$147.87	Not a Benefit	$152.80	Not a Benefit	$176.03
5	81248	**	0-999	Not a Benefit	$49.32	Not a Benefit	$50.97	Not a Benefit	$58.72
5	81249	**	0-999	Not a Benefit	$128.13	Not a Benefit	$132.40	Not a Benefit	$152.54
5	81258	**	0-999	Not a Benefit	$49.32	Not a Benefit	$50.97	Not a Benefit	$58.72
5	81259	**	0-999	Not a Benefit	$161.04	Not a Benefit	$166.41	Not a Benefit	$191.72
5	81269	**	0-999	Not a Benefit	$140.15	Not a Benefit	$144.82	Not a Benefit	$166.84
5	81334	**	0-999	Not a Benefit	$278.78	Not a Benefit	$288.02	Not a Benefit	$331.82
5	81361	**	0-999	Not a Benefit	$49.32	Not a Benefit	$50.97	Not a Benefit	$58.72
5	81362	**	0-999	Not a Benefit	$49.32	Not a Benefit	$50.97	Not a Benefit	$58.72
5	81363	**	0-999	Not a Benefit	$161.04	Not a Benefit	$166.41	Not a Benefit	$191.72
5	81364	**	0-999	Not a Benefit	$128.13	Not a Benefit	$132.40	Not a Benefit	$152.54
5	86008	**	0-999	Not a Benefit	$5.51	Not a Benefit	$5.70	Not a Benefit	$6.56
5	86794	**	0-999	Not a Benefit	$9.42	Not a Benefit	$9.74	Not a Benefit	$11.22
5	87634	**	0-999	Not a Benefit	$40.44	Not a Benefit	$41.78	Not a Benefit	$48.14
5	87662	**	0-999	Not a Benefit	$40.44	Not a Benefit	$41.78	Not a Benefit	$48.14

*Type of Service (TOS)	
5	Clinical Laboratory Services

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