

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2023

Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
C9803	HOSPITAL OUTPATIENT CLINIC VIS	\$23.00
G0027	SEMAN ANALYSIS	\$2.40
G0123	SCR CYTO C/V THIN PREP AUTO	\$23.50
G0141	SCR C/V CYTO AUTOSYS AN M.D.	\$10.00
G0306	CBC AUTO AGB-RBC-WBC-W-PLAT &	\$5.00
G0307	HEMOGRAM AUTO W PLATELET COUNT	\$4.80
G0328	IMMUNOASSAY INFECTIOUS AG QUAL	\$7.00
G0432	INFECTIOUS AGENT ANTIBODY DETE	\$15.66
G0433	INFECTIOUS AGENT ANTIBODY DETE	\$14.63
G0435	INFECTIOUS AGENT ANTIBODY DETE	\$9.58
G0461	IMMUNOHISTOCHEMISTRY OR IMMUNO	\$77.88
G0462	IMMUNOHISTOCHEMISTRY OR IMMUNO	\$60.90
G0480	DRUG TEST(S) DEFINITIVE UTILIZ	\$91.54
G0481	DRUG TEST(S) DEFINITIVE UTILIZ	\$125.27
G0482	DRUG TEST(S) DEFINITIVE UTILIZ	\$158.99
G0483	DRUG TEST(S), DEFINITIVE, UTIL	\$197.54
J0886	INJECTION EPOETIN ALFA(ESRD)10	\$13.31
P0971	PLASMA (SINGLE DONOR), PATHOGE	\$0.00
P3000	SCREENING PAP SMEAR,CERV OR VA	\$6.00
P3001	SCREENING PAP SMEAR,UP TO 3,RE	\$6.00
P9010	BLOOD (WHOLE) TRANSUSION PER U	\$0.00
P9011	BLOOD S SPLIT/UNIT SPECIFY AMO	\$0.00
P9012	CRYOPREIPITATE EACH UNIT	\$0.00
P9016	LEUKOCYTE POOR BLOOD, EACH UNI	\$0.00
P9017	FRESH FROZEN PLASMA SINGLE	\$0.00
P9019	PLATELETS, EACH UNIT	\$0.00
P9020	PLATELET RICH PLASMA EACH UNIT	\$0.00
P9021	RED BLOOD CELLS EACH UNIT	\$0.00

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P9022	RED BLOOD CELLS, WASHED EACH U	\$0.00
P9023	PLASMA POOLED,MULTIPLE,DONOR F	\$0.00
P9031	PLATELETS LEUK RED,EACH UNIT	\$0.00
P9032	PLATELETS IRRADIATED EACH UNIT	\$0.00
P9033	PLATELETS,LEUKOCYTES IRRADIATE	\$0.00
P9034	PLATELETS,PHERESIS,EACH UNIT	\$0.00
P9035	PLATELETS,PHERESIS,LEUKOCYTES	\$0.00
P9036	PLATELETS,PHERESIS,IRRADIATED	\$0.00
P9037	PLATELETS,PHERESIS,LEUK.RE.IRR	\$0.00
P9038	RED BL.CELL,IRRADIATED EACH UN	\$0.00
P9039	RED BL.CELL DEGLYCEROLIZED EAC	\$0.00
P9040	RED BL.CELLS,LEUK,RE IRR,EACH	\$0.00
P9041	INFUSION,ALBUMIN,5% 50ML	\$0.00
P9043	INFUSION,PLASMA PROTEIN FRACTI	\$0.00
P9044	PLASMA,CRYOPRECIPITATE REDUCED	\$0.00
P9045	INFUSION, ALBUMIN (HUMAN), 5%,	\$0.00
P9046	INFUSION, ALBUMIN(HUMAN), 25%,	\$0.00
P9047	INFUSION, ALBUMIN (HUMAN), 25%	\$0.00
P9051	WHOLE BLOOD OR RED BLOOD CELLS	\$0.00
P9052	PLATELETS, HLA-MATCHED LEUKOCY	\$0.00
P9053	PLATELETS, PHERESIS, LEUKOCYTE	\$0.00
P9056	WHOLE BLOOD, LEUKOCYTES REDUCE	\$0.00
P9058	RED BLOOD CELLS, LEUKOCYTES RE	\$0.00
P9060	FRESH FROZEN PLASMA, DONOR RET	\$61.08
P9070	PLASMA, POOLED MULTIPLE DONOR,	\$0.00
P9071	PLASMA (SINGLE DONOR), PATHOGE	\$0.00

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P9073	PLATELETS, PHERESIS, PATHOGEN-	\$0.00
P9604	TRAVEL ALL.1 WAY,PROR.TRIP CHA	\$10.00
Q0111	WET MOUNT,PREP OF VAG.CERVICAL	\$2.40
Q0112	ALL POTASSIUM HYDROXIDE PREPAR	\$2.40
Q0113	PINWORM EXAMINATION	\$5.10
Q0114	FERN TEST	\$9.60
Q0115	POST-COITAL DIRECT,QUAL EX VAG	\$12.33
Q4081	INJECTION, EPOETIN ALFA 100 U	\$1.33
U0001	CDC 2019 NOVEL CORONAVIRUS(201	\$35.92
U0002	2019-NCOV CORONAVIRUS, SARS-CO	\$51.31
36415	VENIPUNCTURE MULTIPLE PATIENTS	\$1.80
36416	COLLECTION OF CAPILLARY BLOOD	\$1.80
36430	TRANSFUSION,BLOOD/BLOOD COMPON	\$13.00
36440	BLOOD TRANSFUSION SERVICE	\$30.00
36450	EXCHANGE TRANSFUSION SERVICE	\$100.80
36455	EXCHANGE TRANSFUSION SERVICE	\$98.53
36460	TRANSFUSION SERVICE, FETAL	\$151.00
36516	THERAPEUTIC APHERESIS EXT SEL	\$49.00
80047	BASIC METABOLIC PANEL (CALCIUM	\$10.98
80048	BASIC METABOLIC PANEL	\$9.30
80050	GENERAL HEALTH SCREEN PANEL	\$36.00
80051	ELECTROLYTE PANEL	\$5.90
80053	COMP METABOLIC PANEL	\$10.50
80055	OBSTETRIC PROFILE	\$15.00
80061	LIPID PROFILE	\$15.00
80069	RENAL FUNCTION PANEL	\$9.60

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
80074	ACUTE HEPATITIS PANEL	\$30.00
80076	HEPATIC FUNCTION PANEL	\$7.00
80081	BLOOD TEST PANEL FOR OBSTETRIC	\$59.89
80143	MEASUREMENT OF ACETAMINOPHEN	\$14.91
80145	MEASUREMENT OF ADALIMUMAB	\$30.86
80150	AMIKACIN	\$15.00
80151	MEASUREMENT OF AMIODARONE	\$14.91
80155	CAFFEINE LEVEL	\$30.86
80156	CARBAMAZEPINE	\$15.90
80157	CARBAMAZEPINE:FREE	\$10.00
80158	CYCLOSPORINE	\$20.00
80159	CLOZAPINE LEVEL	\$16.12
80161	MEASUREMENT OF CARBAMAZEPINE-1	\$14.91
80162	DIGOXIN	\$15.00
80163	DIGOXIN LEVEL	\$10.62
80164	DIPROPYLACETIC ACID (VALPROIC	\$10.00
80165	VALPROIC ACID LEVEL	\$10.83
80167	MEASUREMENT OF FELBAMATE	\$14.91
80168	ETHOSUXIMIDE	\$18.00
80169	EVEROLIMUS LEVEL	\$10.98
80170	GENTAMICIN	\$12.60
80171	GABAPENTIN LEVEL	\$17.34
80173	HALOPERIDOL	\$16.10
80175	LAMOTRIGINE LEVEL	\$10.60
80176	LIDOCAINE	\$18.00
80177	LEVETIRACETAM LEVEL	\$10.60

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
80178	LITHIUM	\$9.00
80179	MEASUREMENT OF SALICYLATE	\$14.91
80180	MYCOPHENOLATE (MYCOPHENOLIC AC	\$14.44
80181	MEASUREMENT OF FLECAINIDE	\$14.91
80183	OXCARBAZEPINE LEVEL	\$10.60
80184	PHENOBARBITAL	\$12.80
80185	PHENYTOIN: TOTAL	\$14.65
80186	PHENOIN, FREE	\$15.02
80187	MEASUREMENT OF POSACONAZOLE	\$21.69
80188	PRIMIDONE	\$20.00
80189	MEASUREMENT OF ITRACONAZOLE	\$21.69
80190	PROCAINAMIDE	\$15.00
80192	PROCAINAMIDE,WITH METABOLITES	\$15.00
80193	MEASUREMENT OF LEFLUNOMIDE	\$30.86
80194	QUINIDINE	\$15.00
80195	SIROLIMYS	\$10.98
80197	TACROLIMUS	\$15.00
80198	THEOPHYLLINE	\$15.00
80199	TIAGABINE LEVEL	\$21.69
80200	TOBRAMYCIN	\$12.60
80201	TROPRIAMATE	\$12.00
80202	VANCOMYCIN	\$12.00
80203	ZONISAMIDE LEVEL	\$10.60
80204	MEASUREMENT OF METHOTREXATE	\$30.86
80210	MEASUREMENT OF RUFINAMIDE	\$21.69
80220	MEASUREMENT OF HYDROXYCHLOROQU	\$14.91

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80230	MEASUREMENT OF INFLIXIMAB	\$30.86
80235	MEASUREMENT OF LACOSAMIDE	\$21.69
80280	MEASUREMENT OF VEDOLIZUMAB	\$30.86
80285	MEASUREMENT OF VORICONAZOLE	\$21.69
80299	QUANT.DRUG NOT ELSEWHERE SPECI	\$10.80
80305	TESTING FOR PRESENCE OF DRUG	\$10.08
80306	TESTING FOR PRESENCE OF DRUG	\$13.71
80307	TESTING FOR PRESENCE OF DRUG	\$49.71
80320	ALCOHOLS LEVELS	\$16.66
80321	ALCOHOLS LEVELS	\$16.66
80322	ALCOHOLS LEVELS	\$16.66
80323	ALKALOIDS LEVELS	\$17.62
80324	AMPHETAMINES LEVELS	\$17.62
80325	AMPHETAMINES LEVELS	\$17.62
80326	AMPHETAMINES LEVELS	\$16.66
80327	ANABOLIC STEROIDS LEVELS	\$16.66
80328	ANABOLIC STEROIDS LEVELS	\$16.48
80329	ANALGESICS LEVELS	\$16.48
80330	ANALGESICS LEVELS	\$16.48
80331	ANALGESICS LEVELS	\$16.66
80332	ANTIDEPRESSANTS LEVELS	\$16.66
80333	ANTIDEPRESSANTS LEVELS	\$16.66
80334	ANTIDEPRESSANTS LEVELS	\$16.66
80335	ANTIDEPRESSANTS LEVELS	\$16.66
80336	ANTIDEPRESSANTS LEVELS	\$16.66
80337	ANTIDEPRESSANTS LEVELS	\$16.66

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80338	ANTIDEPRESSANTS LEVELS	\$16.66
80339	ANTIEPILEPTICS LEVELS	\$16.66
80340	ANTIEPILEPTICS LEVELS	\$16.66
80341	ANTIEPILEPTICS LEVELS	\$16.66
80342	ANTIPSYCHOTICS LEVELS	\$16.48
80343	ANTIPSYCHOTICS LEVELS	\$16.48
80344	ANTIPSYCHOTICS LEVELS	\$16.48
80345	BARBITURATES LEVELS	\$22.05
80346	BENZODIAZEPINES LEVELS	\$20.96
80347	BENZODIAZEPINES LEVELS	\$20.96
80348	BUPRENORPHINE LEVEL	\$17.38
80349	CANNABINOIDS LEVELS	\$22.05
80350	CANNABINOIDS LEVELS	\$22.05
80351	CANNABINOIDS LEVELS	\$22.05
80352	CANNABINOIDS LEVELS	\$17.18
80353	COCAINE LEVEL	\$22.05
80354	FENTANYL LEVEL	\$16.48
80355	GABAPENTIN LEVEL NON-BLOOD	\$16.48
80356	HEROIN METABOLITE LEVEL	\$16.48
80357	KETAMINE AND NORKETAMINE LEVEL	\$16.48
80358	METHADONE LEVEL	\$16.48
80359	METHYLENEDIOXYAMPHETAMINES LEV	\$22.05
80360	METHYLPHENIDATE LEVEL	\$22.05
80361	OPIATES LEVELS	\$22.05
80362	OPIOIDS LEVELS	\$22.05
80363	OPIOIDS LEVELS	\$22.05

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
80364	OPIOIDS LEVELS	\$22.05
80365	OXYCODONE LEVELS	\$22.05
80366	PREGABALIN LEVEL	\$16.48
80367	PROPOXYPHENE LEVEL	\$20.46
80368	SEDATIVE HYPNOTICS (NON-BENZOD	\$22.05
80369	SKELETAL MUSCLE RELAXANTS LEVE	\$20.96
80370	SKELETAL MUSCLE RELAXANTS LEVE	\$20.96
80371	SYNTHETIC STIMULANTS LEVELS	\$22.05
80372	TAPENTADOL LEVEL	\$16.48
80373	TRAMADOL LEVEL	\$16.66
80374	STEREISOIMER (ENANTIOMER) DRUG	\$16.48
80375	DRUGS OR SUBSTANCES MEASUREMEN	\$16.48
80376	DRUGS OR SUBSTANCES MEASUREMEN	\$20.96
80377	DRUGS OR SUBSTANCES MEASUREMEN	\$20.96
80400	ACTH STIM PANEL:FOR ADRENAL IN	\$34.00
80402	ACTH STIM.P.:21 HYDROXYLASE DE	\$96.00
80406	ACTH STIM.P.:3 BETA-HYDRO.DEF.	\$98.00
80408	ALDOST:SUPP.EVAL.PANEL	\$130.00
80410	CALCIUM-PENTAGASTRIN-STIM.PANE	\$102.00
80412	CORTICOTROPIC REL.HORMONE PANE	\$364.36
80414	CHDRIONIC GONADOTROPHIN PANEL	\$61.00
80415	CHORIONIC GONAD.P.ESTRADIOL RE	\$50.00
80416	RENAL VEIN RENIN STIM.P.CAPTOP	\$150.00
80417	PERIPHERAL VEIN RENIN STIM.P.C	\$50.00
80418	COMB.RAPIAD ANTERIOR PIT. PANE	\$640.73
80420	DEXAMETHASONE SUPP. PANEL, 48	\$74.00

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80422	GLUCAGON TOLERANCE PANEL:INSUL	\$45.00
80424	GLUCAGON TOLERANCE PANEL:PHEOC	\$33.00
80426	GONADO.REL.HORMONE STIM.PANEL	\$130.00
80428	GROWTH HOR.STIM.P.ARGININE INF	\$60.00
80430	GROWTH.HORMONE SUPP.P.GLUPOSE	\$73.00
80432	INSULIN-IN.C-PEPTIDE SUPP.PANE	\$125.00
80434	INS.TOLERANCE PANEL:ACTH INSUF	\$100.00
80435	INS.TOLERANCE PANEL:GROWTH HOR	\$95.00
80436	METRAPONE PANEL	\$75.00
80438	THYROTROPIN REL.HORMONE ONE HO	\$50.00
80439	THYROTROPIN REL.HORMONE 2 HRS	\$74.27
80503	PATHOLOGY CLINICAL CONSULTATIO	\$18.23
80504	PATHOLOGY CLINICAL CONSULTATIO	\$38.99
80505	PATHOLOGY CLINICAL CONSULTATIO	\$73.47
80506	PATHOLOGY CLINICAL CONSULTATIO	\$35.14
81000	URINALYSIS WITH MICROSCOPY	\$1.20
81001	URINALYSIS,AUTOMATED W.MICROSC	\$1.20
81002	ROUTINE URINE ANALYSIS	\$1.00
81003	URINALYSIS WITHOUT MICR AUTOMA	\$1.50
81005	URINALYSIS,QUAL OR SEMI-QUANT	\$1.00
81007	URINE BACTERIURIA SR NON-CULT	\$2.84
81015	MICROSCOPIC EXAM OF URINE	\$0.40
81020	URINALYSIS, GLASS TEST	\$4.30
81025	URINE PREG. TEST:VISUAL COLOR	\$3.00
81050	VOL.MEAS.TIMED COLLECTION, EAC	\$3.40
81099	UNLISTED URINALYSIS PROCEDURE	\$0.00

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81105	GENE ANALYSIS (HUMAN PLATELET	\$97.78
81106	GENE ANALYSIS (HUMAN PLATELET	\$97.78
81107	GENE ANALYSIS (HUMAN PLATELET	\$97.78
81108	GENE ANALYSIS (HUMAN PLATELET	\$97.78
81109	GENE ANALYSIS (HUMAN PLATELET	\$97.78
81110	GENE ANALYSIS (HUMAN PLATELET	\$97.78
81111	GENE ANALYSIS (HUMAN PLATELET	\$97.78
81112	GENE ANALYSIS (HUMAN PLATELET	\$97.78
81120	GENE ANALYSIS (ISOCITRATE DEHY	\$154.60
81121	GENE ANALYSIS (ISOCITRATE DEHY	\$236.63
81161	GENE ANALYSIS (DYSTROPHIN)	\$223.20
81162	GENE ANALYSIS (BREAST CANCER 1	\$1,459.90
81163	GENE ANALYSIS (BREAST CANCER 1	\$374.40
81164	GENE ANALYSIS (BREAST CANCER 1	\$467.38
81165	GENE ANALYSIS (BREAST CANCER 1	\$226.30
81166	GENE ANALYSIS (BREAST CANCER 1	\$241.08
81167	GENE ANALYSIS (BREAST CANCER 2	\$226.30
81168	GENE ANALYSIS (CCND1/IGH (T(11	\$165.85
81170	GENE ANALYSIS (ABL PROTO-ONCOG	\$240.00
81171	GENE ANALYSIS (FRAGILE X MENTA	\$109.60
81172	GENE ANALYSIS (FRAGILE X MENTA	\$219.86
81173	GENE ANALYSIS (ANDROGEN RECEPT	\$241.08
81174	GENE ANALYSIS (ANDROGEN RECEPT	\$148.16
81175	GENE ANALYSIS (ADDITIONAL SEX	\$541.20
81176	GENE ANALYSIS (ADDITIONAL SEX	\$193.52
81177	GENE ANALYSIS (ATROPIN 1) FOR	\$109.60

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81178	GENE ANALYSIS (ATAXIN 1) FOR A	\$109.60
81179	GENE ANALYSIS (ATAXIN 2) FOR A	\$109.60
81180	GENE ANALYSIS (ATAXIN 3) FOR A	\$109.60
81181	GENE ANALYSIS (ATAXIN 7) FOR A	\$109.60
81182	GENE ANALYSIS (ATAXIN 8 OPPOS	\$109.60
81183	GENE ANALYSIS (ATAXIN 10) FOR	\$109.60
81184	GENE ANALYSIS (CALCIUM VOLTAGE	\$109.60
81185	GENE ANALYSIS (CALCIUM VOLTAGE	\$677.02
81186	GENE ANALYSIS (CALCIUM VOLTAGE	\$148.16
81187	GENE ANALYSIS (CCH-TYPE ZINC F	\$109.60
81188	GENE ANALYSIS (CYSTATIN B) FOR	\$109.60
81189	GENE ANALYSIS (CYSTATIN B) OF	\$219.86
81190	GENE ANALYSIS (CYSTATIN B) FOR	\$148.16
81191	GENE ANALYSIS (NEUROTROPHIC RE	\$165.85
81192	GENE ANALYSIS (NEUROTROPHIC RE	\$165.85
81193	GENE ANALYSIS (NEUROTROPHIC RE	\$165.85
81194	GENE ANALYSIS (NEUROTROPHIC RE	\$414.62
81200	ASPA (ASPARTOACYLASE) (EG, CAN	\$37.80
81201	APC (ADENOMATOUS POLYPOSIS COL	\$624.00
81202	APC (ADENOMATOUS POLYPOSIS COL	\$224.00
81203	APC (ADENOMATOUS POLYPOSIS COL	\$160.00
81204	GENE ANALYSIS (ANDROGEN RECEPT	\$109.60
81205	BCKDHB (BRANCHED-CHAIN KETO AC	\$75.99
81206	BCR/ABL1 (T(9:22)) (EG, CHRONI	\$131.17
81207	BCR/ABL1 (T(9:22)) (EG, CHRONI	\$115.87
81208	BCR/ABL1 (T(9:22)) (EG, CHRONI	\$171.70

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81209	BLM (BLOOM SYNDROME, RECQ HELI	\$31.45
81210	BRAF (V-RAF MURINE SARCOMA VIR	\$140.32
81212	BRCA1, BRCA2 (BREAST CANCER 1	\$352.00
81215	BRCA1 (BREAST CANCER 1) (EG, H	\$300.20
81216	BRCA2 (BREAST CANCER 2) (EG, H	\$148.10
81217	BRCA2 (BREAST CANCER 2) (EG, H	\$300.20
81218	GENE ANALYSIS (CCAAT/ENHANCER	\$193.52
81219	GENE ANALYSIS (CALRETICULIN),	\$97.30
81220	CFTR (CYSTIC FIBROSIS TRANSMEM	\$445.28
81221	CFTR (CYSTIC FIBROSIS TRANSMEM	\$77.78
81222	CFTR (CYSTIC FIBROSIS TRANSMEM	\$348.06
81223	CFTR (CYSTIC FIBROSIS TRANSMEM	\$399.20
81224	CFTR (CYSTIC FIBROSIS TRANSMEM	\$135.00
81225	CYP2C19 (CYTOCHROME P450, FAMI	\$233.09
81226	CYP2D6 (CYTOCHROME P450, FAMIL	\$360.73
81227	CYP2C9 (CYTOCHROME P450, FAMIL	\$139.85
81228	CYTOGENOMIC CONSTITUTIONAL (GE	\$720.00
81229	CYTOGENOMIC CONSTITUTIONAL (GE	\$928.00
81230	GENE ANALYSIS (CYTOCHROME P450	\$139.85
81231	GENE ANALYSIS (CYTOCHROME P450	\$139.85
81232	GENE ANALYSIS (DIHYDROPYRIMIDI	\$139.85
81233	GENE ANALYSIS (BRUTON'S TYROSI	\$140.32
81234	GENE ANALYSIS (DM1 PROTEIN KIN	\$109.60
81235	EGFR (EPIDERMAL GROWTH FACTOR	\$259.66
81236	GENE ANALYSIS (ENHANCER OF ZES	\$226.30
81237	GENE ANALYSIS (ENHANCER OF ZES	\$140.32

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
81238	GENE ANALYSIS (COAGULATION FAC	\$480.00
81239	GENE ANALYSIS (DM1 PROTEIN KIN	\$219.86
81240	F2 (PROTHROMBIN, COAGULATION F	\$52.55
81241	F5 (COAGULATION FACTOR V) (EG,	\$58.70
81242	FANCC (FANCONI ANEMIA, COMPLEM	\$29.30
81243	FMR1 (FRAGILE X MENTAL RETARDA	\$45.63
81244	FMR1 (FRAGILE X MENTAL RETARDA	\$35.91
81245	FLT3 (FMS-RELATED TYROSINE KIN	\$132.41
81246	TEST FOR DETECTING GENES ASSOC	\$66.40
81247	GENE ANALYSIS (GLUCOSE-6-PHOSP	\$139.85
81248	GENE ANALYSIS (GLUCOSE-6-PHOSP	\$300.20
81249	GENE ANALYSIS (GLUCOSE-6-PHOSP	\$480.00
81250	G6PC (GLUCOSE-6-PHOSPHATASE, C	\$46.79
81251	GBA (GLUCOSIDASE, BETA, ACID)	\$37.80
81252	GJB2 (GAP JUNCTION PROTEIN, BE	\$80.90
81253	GJB2 (GAP JUNCTION PROTEIN, BE	\$49.22
81254	GJB6 (GAP JUNCTION PROTEIN, BE	\$28.00
81255	HEXA (HEXOSAMINIDASE A [ALPHA	\$41.16
81256	HFE (HEMOCHROMATOSIS) (EG, HER	\$52.29
81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND	\$81.81
81258	GENE ANALYSIS (ALPHA GLOBIN 1	\$300.20
81259	GENE ANALYSIS (ALPHA GLOBIN 1	\$480.00
81260	IKBKAP (INHIBITOR OF KAPPA LIG	\$31.45
81261	IGH@ (IMMUNOGLOBULIN HEAVY CHA	\$158.39
81262	IGH@ (IMMUNOGLOBULIN HEAVY CHA	\$54.84
81263	IGH@ (IMMUNOGLOBULIN HEAVY CHA	\$235.62

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
81264	IGK@ (IMMUNOGLOBULIN KAPPA LIG	\$138.18
81265	COMPARATIVE ANALYSIS USING SHO	\$186.46
81266	COMPARATIVE ANALYSIS USING SHO	\$243.85
81267	CHIMERISM (ENGRAFTMENT) ANALYS	\$165.97
81268	CHIMERISM (ENGRAFTMENT) ANALYS	\$208.63
81269	GENE ANALYSIS (ALPHA GLOBIN 1	\$161.92
81270	JAK2 (JANUS KINASE 2) (EG, MYE	\$73.33
81271	GENE ANALYSIS (HUNTINGTIN) FOR	\$109.60
81272	GENE ANALYSIS (V-KIT HARDY-ZUC	\$263.61
81273	GENE ANALYSIS (V-KIT HARDY-ZUC	\$99.90
81274	GENE ANALYSIS (HUNTINGTIN) FOR	\$219.86
81275	KRAS (V-KI-RAS2 KIRSTEN RAT SA	\$154.60
81276	GENE ANALYSIS (KIRSTEN RAT SAR	\$154.60
81277	CANCER CYTOGENOMIC ARRAY GENE	\$928.00
81278	GENE ANALYSIS (IGH@/BCL2 (T(14	\$165.85
81279	GENE ANALYSIS (JANUS KINASE 2)	\$148.16
81283	GENE ANALYSIS (INTERFERON, LAM	\$58.70
81284	GENE ANALYSIS (FRATAXIN) FOR A	\$109.60
81285	GENE ANALYSIS (FRATAXIN) FOR C	\$219.86
81286	GENE ANALYSIS (FRATAXIN) OF FU	\$219.86
81287	MGMT (O-6-METHYLGUANINE-DNA ME	\$99.71
81288	TEST FOR DETECTING GENES ASSOC	\$153.86
81289	GENE ANALYSIS (FRATAXIN) FOR K	\$148.16
81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCO	\$31.45
81291	MTHFR (5,10-METHYLENETETRAHYDR	\$52.27
81292	MLH1 (MUTL HOMOLOG 1, COLON CA	\$540.32

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
81293	MLH1 (MUTL HOMOLOG 1, COLON CA	\$264.80
81294	MLH1 (MUTL HOMOLOG 1, COLON CA	\$161.92
81295	MSH2 (MUTS HOMOLOG 2, COLON CA	\$305.36
81296	MSH2 (MUTS HOMOLOG 2, COLON CA	\$270.18
81297	MSH2 (MUTS HOMOLOG 2, COLON CA	\$170.64
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]	\$513.48
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]	\$246.40
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]	\$190.40
81301	MICROSATELLITE INSTABILITY ANA	\$278.85
81302	MECP2 (METHYL CPG BINDING PROT	\$422.30
81303	MECP2 (METHYL CPG BINDING PROT	\$96.00
81304	MECP2 (METHYL CPG BINDING PROT	\$120.00
81305	GENE ANALYSIS (MYELOID DIFFERE	\$140.32
81306	GENE ANALYSIS (NUDIX HYDROLASE	\$233.09
81307	GENE ANALYSIS (PARTNER AND LOC	\$541.20
81308	GENE ANALYSIS (PARTNER AND LOC	\$241.08
81309	GENE ANALYSIS (PARTNER AND LOC	\$219.86
81310	NPM1 (NUCLEOPHOSMIN) (EG, ACUT	\$197.22
81311	GENE ANALYSIS FOR CANCER (NEUR	\$236.63
81312	GENE ANALYSIS (POLY[A] BINDING	\$109.60
81313	TEST FOR DETECTING GENES ASSOC	\$204.04
81314	GENE ANALYSIS ((PLATELET-DERIV	\$263.61
81315	PML/RARALPHA, (T(15:17)), (PRO	\$165.85
81316	PML/RARALPHA, (T(15:17)), (PRO	\$165.85
81317	PMS2 (POSTMEIOTIC SEGREGATION	\$541.20
81318	PMS2 (POSTMEIOTIC SEGREGATION	\$264.80

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
81319	PMS2 (POSTMEIOTIC SEGREGATION	\$162.80
81320	GENE ANALYSIS (PHOSPHOLIPASE C	\$233.09
81321	PTEN (PHOSPHATASE AND TENSIN H	\$480.00
81322	PTEN (PHOSPHATASE AND TENSIN H	\$37.28
81323	PTEN (PHOSPHATASE AND TENSIN H	\$240.00
81324	PMP22 (PERIPHERAL MYELIN PROTE	\$606.69
81325	PMP22 (PERIPHERAL MYELIN PROTE	\$615.66
81326	PMP22 (PERIPHERAL MYELIN PROTE	\$37.28
81327	METHYLATION ANALYSIS (SEPTIN9)	\$153.60
81328	GENE ANALYSIS (SOLUTE CARRIER	\$139.85
81329	GENE ANALYSIS (SURVIVAL OF MOT	\$109.60
81330	SMPD1(SPHINGOMYELIN PHOSPHODIE	\$37.60
81331	SNRPN/UBE3A (SMALL NUCLEAR RIB	\$40.86
81332	SERPINA1 (SERPIN PEPTIDASE INH	\$34.92
81333	GENE ANALYSIS (TRANSFORMING GR	\$109.60
81334	GENE ANALYSIS (RUNT RELATED TR	\$263.61
81335	GENE ANALYSIS (THIOPURINE S-ME	\$139.85
81336	GENE ANALYSIS (SURVIVAL OF MOT	\$241.08
81337	GENE ANALYSIS (SURVIVAL OF MOT	\$148.16
81338	GENE ANALYSIS (MPL PROTO-ONCOG	\$120.26
81339	GENE ANALYSIS (MPL PROTO-ONCOG	\$148.16
81340	TRB@ (T CELL ANTIGEN RECEPTOR,	\$167.14
81341	TRB@ (T CELL ANTIGEN RECEPTOR,	\$39.67
81342	TRG@ (T CELL ANTIGEN RECEPTOR,	\$161.20
81343	GENE ANALYSIS (PROTEIN PHOSPHA	\$109.60
81344	GENE ANALYSIS (TATA BOX BINDIN	\$109.60

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
81345	GENE ANALYSIS (TELOMERASE REVE	\$148.16
81346	GENE ANALYSIS (THYMIDYLATE SYN	\$139.85
81347	GENE ANALYSIS (SPLICING FACTOR	\$154.60
81348	GENE ANALYSIS (SERINE AND ARGI	\$140.32
81350	UGT1A1 (UDP GLUCURONOSYLTRANSF	\$187.20
81351	GENE ANALYSIS (TUMOR PROTEIN 5	\$513.48
81352	GENE ANALYSIS (TUMOR PROTEIN 5	\$263.61
81353	GENE ANALYSIS (TUMOR PROTEIN 5	\$246.40
81355	VKORC1 (VITAMIN K EPOXIDE REDU	\$70.56
81357	GENE ANALYSIS (U2 SMALL NUCLEA	\$154.60
81360	GENE ANALYSIS (ZINC FINGER CCC	\$154.60
81361	GENE ANALYSIS (HEMOGLOBIN, SUB	\$139.85
81362	GENE ANALYSIS (HEMOGLOBIN, SUB	\$300.20
81363	GENE ANALYSIS (HEMOGLOBIN, SUB	\$161.92
81364	GENE ANALYSIS (HEMOGLOBIN, SUB	\$259.66
81370	HLA CLASS I AND II TYPING, LOW	\$321.70
81371	HLA CLASS I AND II TYPING, LOW	\$323.62
81372	HLA CLASS I TYPING, LOW RESOLU	\$322.87
81373	HLA CLASS I TYPING, LOW RESOLU	\$101.94
81374	HLA CLASS I TYPING, LOW RESOLU	\$59.46
81375	HLA CLASS II TYPING, LOW RESOL	\$176.59
81376	HLA CLASS II TYPING, LOW RESOL	\$97.78
81377	HLA CLASS II TYPING, LOW RESOL	\$75.79
81378	HLA CLASS I AND II TYPING, HIG	\$276.46
81379	HLA CLASS I TYPING, HIGH RESOL	\$268.30
81380	HLA CLASS I TYPING, HIGH RESOL	\$141.80

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
81381	HLA CLASS I TYPING, HIGH RESOL	\$135.92
81382	HLA CLASS II TYPING, HIGH RESO	\$98.94
81383	HLA CLASS II TYPING, HIGH RESO	\$87.30
81400	MOLECULAR PATHOLOGY PROCEDURE,	\$51.17
81401	MOLECULAR PATHOLOGY PROCEDURE,	\$109.60
81402	MOLECULAR PATHOLOGY PROCEDURE,	\$120.26
81403	MOLECULAR PATHOLOGY PROCEDURE,	\$148.16
81404	MOLECULAR PATHOLOGY PROCEDURE,	\$219.86
81405	MOLECULAR PATHOLOGY PROCEDURE,	\$241.08
81406	MOLECULAR PATHOLOGY PROCEDURE,	\$226.30
81407	MOLECULAR PATHOLOGY PROCEDURE,	\$677.02
81408	MOLECULAR PATHOLOGY PROCEDURE,	\$1,600.00
81410	TEST FOR DETECTING GENES ASSOC	\$403.20
81411	TEST FOR DETECTING GENES ASSOC	\$1,080.15
81412	TEST FOR DETECTING GENES FOR D	\$1,958.85
81413	TEST FOR DETECTING GENES ASSOC	\$467.92
81414	TEST FOR DETECTING GENES ASSOC	\$467.92
81415	TEST FOR DETECTING GENES ASSOC	\$3,824.00
81416	TEST FOR DETECTING GENES ASSOC	\$9,600.00
81417	REEVALUATION TEST FOR DETECTIN	\$256.00
81419	GENE ANALYSIS PANEL FOR EVALUA	\$1,958.85
81420	TEST FOR DETECTING GENES ASSOC	\$607.24
81422	TEST FOR DETECTING GENES ASSOC	\$607.24
81425	TEST FOR DETECTING GENES ASSOC	\$4,024.96
81426	TEST FOR DETECTING GENES ASSOC	\$2,167.96
81427	REEVALUATION TEST FOR DETECTIN	\$1,870.12

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
81430	TEST FOR DETECTING GENES CAUSI	\$1,300.00
81431	TEST FOR DETECTING GENES CAUSI	\$543.66
81432	GENE ANALYSIS (BREAST AND RELA	\$543.24
81433	GENE ANALYSIS (BREAST AND RELA	\$351.14
81434	GENE ANALYSIS (RETINAL DISORDE	\$478.33
81435	TEST FOR DETECTING GENES ASSOC	\$467.92
81436	TEST FOR DETECTING GENES ASSOC	\$467.92
81437	GENE ANALYSIS (NEUROENDOCRINE	\$351.14
81438	GENE ANALYSIS (NEUROENDOCRINE	\$351.14
81439	TEST FOR DETECTING GENES ASSOC	\$467.92
81440	TEST FOR DETECTING GENES	\$2,659.20
81442	GENE ANALYSIS (NOONAN SYNDROME	\$1,714.88
81443	GENOMIC SEQUENCE ANALYSIS PANE	\$1,958.85
81445	TEST FOR DETECTING GENES ASSOC	\$478.33
81448	GENE ANALYSIS PANEL FOR HEREDI	\$467.92
81450	TEST FOR DETECTING GENES ASSOC	\$607.62
81455	TEST FOR DETECTING GENES ASSOC	\$2,335.68
81460	TEST FOR DETECTING GENES ASSOC	\$1,029.60
81465	TEST FOR DETECTING GENES ASSOC	\$748.80
81470	TEST FOR DETECTING GENES ASSOC	\$731.20
81471	TEST FOR DETECTING GENES ASSOC	\$731.20
81479	UNLISTED MOLECULAR PATHOLOGY P	\$0.00
81490	TEST FOR DETECTING GENES ASSOC	\$672.52
81493	TEST FOR DETECTING GENES ASSOC	\$840.00
81500	ONCOLOGY (OVARIAN), BIOCHEMICA	\$208.40
81503	ONCOLOGY (OVARIAN), BIOCHEMICA	\$717.60

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
81504	GENETIC PROFILING ON ONCOLOGY	\$416.00
81506	ENDOCRINOLOGY (TYPE 2 DIABETES	\$55.14
81507	DNA ANALYSIS USING MATERNAL PL	\$636.00
81508	FETAL CONGENITAL ABNORMALITIES	\$43.44
81509	FETAL CONGENITAL ABNORMALITIES	\$1,189.90
81510	FETAL CONGENITAL ABNORMALITIES	\$44.43
81511	FETAL CONGENITAL ABNORMALITIES	\$122.80
81512	FETAL CONGENITAL ABNORMALITIES	\$55.62
81513	MEASUREMENT OF RNA OF BACTERIA	\$114.10
81514	MEASUREMENT OF DNA OF BACTERIA	\$210.39
81518	MRNA GENE ANALYSIS OF 11 GENES	\$3,098.40
81519	TEST FOR DETECTING GENES ASSOC	\$3,098.40
81520	GENE ANALYSIS OF BREAST TUMOR	\$2,008.17
81521	GENE ANALYSIS OF BREAST TUMOR	\$3,098.40
81522	MRNA GENE EXPRESSION ANALYSIS	\$3,098.40
81523	NEXT-GENERATION SEQUENCING OF	\$3,098.40
81525	GENE ANALYSIS (COLON RELATED C	\$2,492.80
81528	GENE ANALYSIS (COLORECTAL CANC	\$407.10
81529	MRNA GENE ANALYSIS OF 13 GENES	\$5,754.40
81535	CULTURE OF LIVE TUMOR CELLS AN	\$463.57
81536	CULTURE OF LIVE TUMOR CELLS AN	\$142.05
81538	TESTING OF LUNG TUMOR CELLS FO	\$2,296.80
81539	MEASUREMENT OF PROTEINS ASSOCI	\$608.00
81540	GENE ANALYSIS (CANCER)	\$3,000.00
81541	GENE ANALYSIS OF PROSTATE TUMO	\$3,098.40
81542	MRNA GENE EXPRESSION ANALYSIS	\$0.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
81546	MRNA GENE ANALYSIS OF 10,196 G	\$2,880.00
81551	GENE ANALYSIS OF PROSTATE TUMO	\$1,624.00
81552	MRNA GENE EXPRESSION ANALYSIS	\$0.00
81554	MRNA GENE ANALYSIS OF 190 GENE	\$4,400.00
81595	TEST FOR DETECTING GENES ASSOC	\$2,592.00
81596	BIOCHEMICAL ASSAYS FOR EVALUAT	\$57.75
81599	UNLISTED MULTIANALYTE ASSAY WI	\$0.00
82009	ACETONE OR OTHER KETONE BODIES	\$5.00
82010	ACETONE OR OTHER KETONE SERUM	\$9.90
82013	ACETYLCHOLINESTERASE ASSAY	\$14.00
82016	ACYLCARNITINES:QUAL EACH SPEC	\$12.90
82017	ACYLCARNITINES:QUANT EACH SPEC	\$18.60
82024	ACTH RADIOIMMUNE ASSAY	\$30.00
82030	RIA ASSAY, BLOOD ADP & AMP	\$34.00
82040	ASSAY SERUM ALBUMIN	\$1.80
82042	ALBUMIN, URINE QUANT.	\$2.43
82043	ALBUMIN:URINE MIRCO QUANTITATI	\$4.30
82044	ALBUMIN:URINE MICRO SEMIQUANTI	\$1.00
82045	ALBUMIN:ISCHEMIA MODIFIED	\$27.15
82075	ASSAY BREATH ETHANOL	\$8.80
82077	MEASUREMENT OF ALCOHOL LEVEL I	\$13.82
82085	ALDOLASE	\$11.00
82088	ALDOSTERONE	\$40.00
82103	ALPHA-1-ANTITRYPSIN: TOTAL	\$7.80
82104	ALPHA-1-ANTITRYPSIN: PHENOTYPE	\$7.80
82105	ALPHA-FETOPROTEIN: SERUM	\$10.20

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82106	ALPHA-FETOPROTEIN: AMNIOTIC FL	\$10.20
82107	ALPHA-FETOPROTEIN (AFP):AFP-L3	\$51.53
82108	ALUMINUM,	\$28.17
82120	AMINES VAG FLUID, QUAL	\$4.00
82127	AMINO ACIDS:SINGLE,QUAL. EACH	\$12.90
82128	TEST FOR AMINO ACIDS	\$12.90
82131	AMINO ACIDS FRACT & QUANT EACH	\$18.64
82135	ASSAY, AMINOLEVULINIC ACID	\$20.00
82136	AMINO ACIDS 2TO5 QUANT. EACH S	\$18.64
82139	AMINO ACIDS 6 OR MORE QUANT EA	\$18.64
82140	AMMONIA	\$6.00
82143	AMNIOTIC FLUID SCAN	\$4.20
82150	AMYLASE	\$4.50
82154	ANDROSTANEDIOL GLUCURONIED	\$31.88
82157	ANDROSTENDIONE	\$29.00
82160	ANDROSTERONE:	\$27.65
82163	ANGIOTENSIN II	\$21.00
82164	ANGIOTENSIN-CONVERTING ENZYME	\$15.90
82172	APOLIPOPROTEIN, EACH	\$20.00
82173	ARGININE TOLERANCE TEST	\$11.20
82175	ARSENIC	\$7.20
82180	ASSAY OF ASCORBIC ACID	\$3.60
82190	ATOMIC ABSORPTION SPECTR.,EACH	\$16.39
82232	BETA-2 MICROGLOBULIN,	\$17.80
82239	BILE ACIDS, TOTAL	\$20.00
82240	CHOLYLGLYCINE	\$5.69

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
82247	BILIRUBIN:TOTAL	\$3.00
82248	BILIRUBIN:DIRECT	\$4.50
82252	FECAL BILIRUBIN TEST	\$2.50
82261	BIOTINIDASE EACH SPEC	\$18.64
82270	TEST FECES FOR BLOOD	\$3.63
82271	BLOOD OCCULT: OTHER SOURCE	\$4.26
82272	BLLD OCCULT QUAL.DIGITA EXAM	\$3.38
82274	BLOOD OCCULT HGB DETERMINATION	\$3.70
82286	ASSAY OF BRADYKININ	\$7.60
82300	CADMIUM	\$28.00
82306	CALCIFEDIOL,(25-OH VIT D-3)	\$30.00
82308	CALCTONIN	\$34.00
82310	ASSAY CALCIUM IN BLOOD,TOTAL	\$3.00
82330	ASSAY CALCIUM IN BLOOD	\$14.70
82331	ASSAY CALCIUM IN BLD:AFT CAL I	\$5.72
82340	CALCIUM,URINE,QUANT.TIMED	\$3.60
82355	CALCULUS (STONE) ANALYSIS,QUAL	\$9.00
82360	CALCULUS (STONE) ASSAY, QUANT	\$12.00
82365	CALCULUS (STONE) INFRARED SPEC	\$9.00
82370	X-RAY ASSAY,CALCULUS (STONE)	\$9.00
82373	CARBOHYDRATE DEFICIENT TRANSFE	\$7.95
82374	CARBON DIOXIDE (BICARBONATE)	\$3.30
82375	ASSAY BLOOD CARBON MONOXIDE	\$6.00
82376	TEST FOR CARBON MONOXIDE QUAL.	\$3.00
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	\$22.40
82379	CARNITINE T/F EACH SPEC	\$18.64

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
82380	CAROTENE	\$6.00
82382	URINE CATECHOLAMINES, TO	\$12.00
82383	ASSAY BLOOD CATECHOLAMINES	\$12.00
82384	ASSAY THREE CATECHOLAMINES	\$18.00
82387	CATHEPSIN-D	\$24.00
82390	BLOOD CERULOPLASMIN	\$6.00
82397	CHEMILUMINESCENT ASSAY	\$15.42
82415	BLOOD CHLORAMPHENICOL	\$15.00
82435	CHLORIDES, BLOOD	\$3.00
82436	CHLORIDES, URINE	\$3.00
82438	ASSAY SPINAL FLUID CHLORIDES	\$3.00
82441	TEST FOR CHLOROHYDROCARBONS	\$8.00
82443	ASSAY OF THIAZIDE	\$22.00
82465	ASSAY SERUM CHOLESTEROL	\$3.00
82480	ASSAY SERUM CHOLINESTERASE	\$4.50
82482	ASSAY RBC CHOLINESTERASE	\$10.00
82485	ASSAY CHONDROITIN SULFATE	\$28.00
82486	GAS/LIQUID CHROMATOGRAPHY	\$4.40
82487	PAPER CHROMATOGRAPHY	\$4.00
82488	PAPER CHROMATOGRAPHY	\$15.00
82489	THIN LAYER CHROMATOGRAPHY	\$15.00
82491	CHROM.QUANT.COLUMN ANALYTE NOT	\$21.50
82492	CHROMATOGRAPHY,OUANT COL MULTI	\$21.50
82495	CHROMIUM	\$9.66
82507	ASSAY CITRIC ACID	\$37.00
82523	COLLAGEN CROSSLINK ANY METHOD	\$11.86

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OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2023

Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
82525	COPPER	\$9.00
82528	CORTICOSTERONE	\$19.70
82530	CORTISOL: FREE	\$17.00
82533	CORTISOL,TOTAL	\$17.00
82540	BLOOD	\$3.00
82541	COL CHROM/MASS/SPEC/EG/GC/MS O	\$4.40
82542	COL/CHROM/MASS/SPEC SINGL/S MP	\$21.50
82543	STABLE ISOTOPE/DIL/SINGLE/ANAL	\$21.50
82544	STABLE/ISO/DIL/MUTIPLE/ANA/QUA	\$21.50
82550	CREATINE KINASE (CK),(CPK),TOT	\$4.80
82552	ISOENZYMES	\$7.80
82553	CREATINE KINASE MB FRACTION ON	\$7.50
82554	CREATINE KINASE ISOFORMS	\$16.00
82565	CREATININE	\$3.00
82570	ASSAY URINE CREATININE	\$3.00
82575	CREATININE CLEARANCE TEST	\$4.50
82585	ASSAY BLOOD CRYOFIBRINOGEN	\$6.30
82595	CRYOGLOBULIN	\$1.50
82600	CYANIDE	\$25.00
82607	CYANCOBALAMIN (VITAMIN B-12)	\$15.00
82608	CYANOCOBALAMIN:UNSAT.BIND CAPA	\$15.00
82610	CYSTATIN C	\$14.82
82615	TEST FOR URINE CYSTINES	\$11.00
82626	DEHYDROEPIANDROSTERONE, (DHEA)	\$29.60
82627	DEHYDROEPIANDROSTERONE-SULFATE	\$29.00
82633	DESOXYCORTICOSTERONE, RIA	\$38.52

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
82634	DESOXYCORTISOL, 11-	\$25.72
82638	DIBUCAINE NUMBER	\$15.20
82642	MEASUREMENT OF DIHYDROTESTOSTE	\$23.42
82652	DIHYDROXYVITAMIN D, 1,25-	\$47.87
82653	MEASUREMENT OF PANCREATIC ELAS	\$18.38
82656	ELASTASE,PANCREATIC FECAL QUAL	\$9.22
82657	ENZYME,ACTIVITY N/R E/SPEC C/T	\$21.50
82658	ENZYME ACT BL/C RADIO/EACH SPE	\$21.50
82664	ELECTROPHORETIC TEST	\$13.60
82668	ERYTHROPOIETIN	\$17.50
82670	ESTRADIOL	\$25.00
82671	ESTROGENS ASSAY	\$41.00
82672	ESTROGEN ASSAY	\$25.00
82677	RIA ASSAY OF ESTRIOL	\$28.00
82679	RIA ASSAY OF ESTRONE	\$25.00
82681	DIRECT MEASUREMENT OF FREE EST	\$22.35
82693	ETHYLENE GLYCOL	\$12.50
82696	ASSAY OF ETIOCHOLANOLONE, RIA	\$22.00
82705	FATS/LIPIDS,FECES,SCREENING	\$0.51
82710	FATS/LIPIDS, FECES, QUANT.	\$7.80
82715	FECAL FAT DIFF. QUANT.	\$7.80
82725	ASSAY BLOOD FATTY ACIDS	\$15.50
82726	VERY LONG CHAIN FATTY ACIDS	\$21.50
82728	FERRITIN,	\$16.00
82731	FETAL FIBRONECTIN /C/V SEC, S/	\$71.20
82735	ASSAY BLOOD FLUROIDE	\$24.00

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
82746	FOLIC ACID, SCREEN	\$10.50
82747	FOLIC ACID: RBC	\$18.00
82757	ASSAY SEMEN FRUCTOSE	\$22.50
82759	RBC GALACTOKINASE ASSAY	\$11.50
82760	BLOOD GALACTOSE	\$15.00
82775	ASSAY GALACTOSE TRANSFERASE	\$3.74
82776	GALACTOSE TRANSFERASE TEST QUA	\$8.90
82777	GALECTIN-3	\$35.40
82784	GAMMAGLOB.A,D,G,M,EACH	\$11.30
82785	RIA ASSAY GAMMAGLOBULIN E	\$16.00
82787	GAMM IMM SUBCLASSES (LGG1 2 3	\$8.82
82800	BLOOD PH, BLOOD GASES	\$5.20
82803	BLOOD GASES: PH, PO2 & PCO2	\$16.50
82805	GASES BL.COMBO OF PH,PCO2,P02,	\$8.00
82810	GASES BLD 02 SAT.ONLY BY DIR M	\$10.00
82820	HEMOGLOBIN-OXYGEN AFFINITY	\$10.98
82930	GASTRIC ACID ANALYSIS, INCLUDE	\$5.37
82938	GASTRIN (SERUM) AFTER SECRETIN	\$22.00
82941	GASTRIN	\$16.00
82943	GLUCAGON	\$19.00
82945	GLUCOSE BODY FLUIDS OTHER BLOO	\$4.34
82946	GLUCAGON TOLERANCE TEST	\$13.00
82947	GLUCOSE	\$4.34
82948	STICK ASSAY OF BLOOD GLUCOSE	\$1.50
82950	GLUCOSE TEST,POST GLUC.	\$3.00
82951	GLUCOSE TOLERANCE TEST (GTT),3	\$5.00

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
82952	GTT-ADDED SAMPLES,EACH	\$1.00
82955	ASSAY G6PD ENZYME	\$6.00
82960	TEST FOR G6PD ENZYME,SCREEN	\$7.00
82962	GLUCOSE BLOOD MON. DEVICES HOM	\$2.60
82963	GLUCOSIDASE,BETA	\$26.50
82965	GLUTAMATE DEHYDROGENASE	\$6.30
82977	GGT ENZYME,GAMMA	\$4.80
82978	GLUTATHIONE ASSAY	\$12.00
82979	ASSAY RBC GLUTATHIONE ENZYME	\$9.00
82985	GLYCATED PROTEIN	\$6.60
83001	GONADOTROPIN,FOLLICLE STIM.HOR	\$17.00
83002	PITUITARY GONADOTROPINS RIA	\$17.00
83003	RIA ASSAY GROWTH HORMONE	\$16.00
83004	GROWTH HORMONE,HUMAN (HIGH)	\$16.00
83006	TEST FOR DETECTING GENES ASSOC	\$60.48
83009	HELICOBACTER,BLOOD PYLORI,BLAN	\$53.89
83010	HAPTOGLOBIN,QUANTITATIVE	\$12.00
83012	HAPTOGLOBINS,PHENOTYPES	\$12.00
83013	HELICOBACTER	\$48.00
83014	HELICOBACTER PYLORI DRUG ADMIN	\$9.00
83015	HEAVY METAL SCREENING	\$10.20
83018	HEAVY,METALS: QUANTITATIVE	\$25.00
83020	HEMOGLOBIN ELECT. (EG.A2,S,C)	\$6.00
83021	HGB FRACT/QUANT CHROM/EG,A2,S,	\$21.50
83026	HEMOGLOBIN COPPER SULF METH.NO	\$2.00
83030	FETAL HEMOGLOBIN CHEMICAL	\$10.00

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
83033	FETAL FECAL HEMOGLOBIN QUAL. (	\$7.00
83036	GLYCOSYLATED	\$6.60
83037		\$7.77
83045	BLOOD METHEMOGLOBIN QUAL.	\$1.50
83050	BLOOD METHEMOGLOBIN ASSAY	\$3.00
83051	PLASMA	\$1.20
83060	BLOOD SULFHEMOGLOBIN ASSAY	\$3.00
83065	HEMOGLOBIN HEAT ASSAY	\$3.00
83068	HEMOGLOBIN STABILITY SCREEN	\$3.00
83069	ASSAY URINE HEMOGLOBIN	\$3.00
83070	HEMOSIDERIN QUALITATIVE	\$6.00
83080	B-HEXOSAMINIDASE,EACH ASSAY	\$19.20
83088	ASSAY HISTAMINE	\$40.00
83090	HOMEYSTINE	\$18.65
83150	HVA	\$12.00
83491	HYDROXYCORTICOSTEROIDS,17-RIA	\$12.60
83497	ASSAY URINE 5-HIAA	\$6.00
83498	HYDROXYPROGESTERONE, 17-D	\$30.50
83500	HYDROXYPROLINE, FREE	\$30.00
83505	HYDROXYPROLINE, TOTAL	\$30.00
83516	IMMUNOASSAY QUAL/SEMIQUAL FOR	\$9.00
83518	IMM.ANALYTE ANTIBODY QUAL.SEMI	\$8.00
83519	IMMUNO.ANALYTE BY RIA	\$15.00
83520	IMM.ANALYTE:NOT OTHERWISE SPEC	\$14.31
83521	MEASUREMENT OF IMMUNOGLOBULIN	\$13.82
83525	RIA ASSAY OF INSULIN	\$12.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
83526	INSULIN TOLERANCE TEST	\$10.00
83527	INSULIN:FREE	\$16.11
83528	INTRINSIC FACTOR LEVEL	\$20.00
83529	MEASUREMENT OF INTERLEUKIN-6	\$13.82
83540	ASSAY SERUM IRON	\$4.50
83550	SERUM IRON BINDING TEST	\$7.20
83570	UV-ASSAY BLOOD IDH ENZYME	\$6.00
83582	ASSAY URINE 17-KGS	\$6.00
83586	ASSAY BLOOD 17-KETOSTEROIDS	\$7.50
83593	CHROMATOGRAPH KETOSTEROIDS	\$6.00
83605	LACTIC ACID ASSAY	\$13.50
83615	UV-ASSAY BLOOD LDH ENZYME	\$4.20
83625	ASSAY BLOOD LDH ENZYMES	\$9.00
83630	LACTOFERRIN,FECAL,QUAL	\$15.76
83631	LACTOFERRIN,FECAL:QUANTITATIVE	\$15.70
83632	RIA PLACENTAL LACTOGEN	\$16.00
83633	TEST URINE FOR LACTOSE	\$6.30
83655	LEAD	\$9.00
83661	L/S RATIO	\$10.50
83662	L/S RATIO:FOAM STABILITY TEST	\$5.00
83663	FETAL LUNG FLUORESCENCE POLARIZ	\$10.46
83664	FETAL LVNG:FOAMSTABILITY TEST	\$5.23
83670	UV-ASSAY BLOOD LAP ENZYME	\$2.10
83690	ASSAY BLOOD LIPASE	\$4.50
83695	LIPOPROTEIN (A)	\$11.46
83698	LIPOPROTEIN-ASSOCIATED PHOSPHO	\$37.05

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
83700	LIPOPROTEIN,BLOOD:ELECT SEP AN	\$9.01
83701	LIPOPROTEIN,BL,HIGH RESO QUANT	\$27.09
83704	LIPOPROTEIN,QUANT PART NUM AND	\$27.35
83718	BLOOD LIPOPROTEIN ASSAY	\$8.00
83719	LIPOPROTEIN,VLDL CHOLESTEROL	\$15.50
83721	LIPOPROTEIN,DIRECT MEAS.LDL CH	\$8.38
83722	MEASUREMENT OF SMALL DENSE LOW	\$27.35
83727	LUTEINIZING RELEASING FACTOR,	\$17.00
83735	ASSAY BLOOD MAGNESIUM	\$4.50
83775	UV-ASSAY OF MD ENZYME	\$5.90
83785	ASSAY OF MANGANESE	\$12.99
83788	MASS/SPEC ANALYTE,QUAL,EA,SPEC	\$4.40
83789	MASS/SPECTRO,ANALYTE QUANT EAC	\$4.40
83825	ASSAY BLOOD MERCURY	\$8.40
83835	ASSAY URINE METANEPHRINES	\$10.20
83857	ASSAY METHEMALBUMIN	\$12.00
83861	MICROFLUIDIC ANALYSIS W/INTEG	\$17.98
83864	BLOOD MUCOPOLYSACCHARIDES	\$13.00
83872	ASSAY SYNOVIAL FLUID MUCIN	\$3.20
83873	MYELIN BASIC PROTEIN,CSF,RIA	\$20.00
83874	MYOGLOBIN ELECTROPHORESIS	\$12.00
83876	MYELOPEROXIDASE (MPO)	\$40.69
83880	NATRIURETIC PEPTIDE	\$37.94
83883	NEPHELOMETRY,EACH ANALYTE NOT	\$15.00
83885	ASSAY URINE FOR NICKEL	\$19.00
83915	ASSAY NUCLEOTIDASE	\$6.00

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
83916	OLIGOCLONAL IMMUNE GLOBULIN,CS	\$20.00
83918	ASSAY ORGANIC ACIDS	\$19.00
83919	ORGANIC ACID:QUAL,EACH SPEC	\$19.00
83921	ORGANIC ACID,SINGLE,QUANT.	\$19.00
83930	ASSAY BLOOD OSMOLALITY	\$9.00
83935	ASSAY URINE OSMOLALITY	\$9.00
83937	OSTEOCALCIN	\$40.00
83945	ASSAY URINE OXALATE	\$17.00
83950	ONCOPROTEIN HER-2/NEU	\$71.20
83951	ONCOPROTEIN: DES-GAMMA-CARBOXY	\$51.53
83970	RIA ASSAY OF PARATHORMONE	\$54.00
83986	ASSAY BODY FLUID ACIDITY	\$4.30
83987	PH: EXHALED BREATH CONDENSATE	\$2.86
83992	PHENCYCLIDINE (PCP)	\$18.00
83993	CALPROTECTIN, FECAL	\$15.70
84030	PKU,BLOOD	\$6.00
84035	PHENLKETONES,QUAL.	\$4.90
84060	PHOSPHATASE,ACID:TOTAL	\$3.60
84066	PHOSPHATASE,ACID:PROSTATIC	\$12.60
84075	ASSAY ALKALINE PHOSPHATASE	\$3.60
84078	ASSAY ALKALINE PHOSPHATASE	\$3.60
84080	PHOSPHATASES,ALKALINE,ISOENZYM	\$3.60
84081	PHOSPHATYDYLGLYCEROL	\$20.00
84085	ASSAY RBC PG6D ENZYME	\$7.90
84087	ASSAY PHOSPHOHEXOSE ENZYMES	\$13.50
84100	ASSAY BLOOD PHOSPHORUS	\$3.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
84105	ASSAY URINE PHOSPHORUS	\$3.00
84106	PORPHOBILINOGEN,URINE,QUAL.	\$1.80
84110	PORPHOBILINOGEN,QUANT.	\$7.50
84112	PLACENTAL ALPHA MICROGLOBULIN	\$78.49
84119	PORPHYRINS:URINE:QUANT.NS	\$3.00
84120	PORPHYRINS,URINE:QUANT. AND FR	\$7.50
84126	FECES PORPHYRINS,QUANT.	\$34.50
84132	ASSAY BLOOD POTASSIUM	\$3.90
84133	ASSAY URINE POTASSIUM	\$3.90
84134	PREALBUMIN	\$15.91
84135	PREGNANEDIOL: RIA	\$12.00
84138	PREGNANETRIOL:RIA	\$12.00
84140	PREGNENOLONE	\$27.50
84143	17-HYDROXYPREGNECLONE	\$30.00
84144	ASSAY PROGESTERONE	\$20.00
84145	PROCALCITONIN (PCT)	\$21.78
84146	RIA ASSAY FOR PROLACTIN	\$20.00
84150	PROSTAGLANDIN, EACH	\$30.00
84152	PROSTATE SPECIFIC ANTIGEN PSA	\$24.50
84153	PROSTATE SPECIFIC ANTIGEN (PSA	\$24.50
84154	PROSTATE SPECIFIC ANTIGEN(PSA)F	\$24.50
84155	PROTEIN: TOTAL,EXCEPT REF.	\$1.80
84156	PROTEIN:TOTAL EXCEPT REFRACTOM	\$1.80
84157	PROTEIN TOTAL OTHER (EG SYN FL	\$1.80
84160	PROTEIN:TOTAL, REFRACT.	\$1.80
84163	PREG-ASS.PLASMA PROTEIN PAPP-A	\$12.04

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
84165	ASSAY SERUM PROTEINS	\$6.00
84166	PROTEIN,ELECT.FRACT.AND,QUAT,O	\$14.26
84181	PROTEIN:WEST.BLOT INT.&REP.BLO	\$20.00
84182	PROTEIN:WEST.BLOT IMM.PROBE BA	\$23.50
84202	ASSAY RBC PROTOPORPHYRIN	\$10.40
84203	TEST RBC PROTOPORPHYRIN	\$3.00
84206	PROINSULIN	\$19.00
84207	(VITAMIN B-6) PYRIDOXAL PHOS.	\$32.00
84210	ASSAY BLOOD PYRUVATE	\$12.80
84220	PYRUVIC KINASE	\$10.30
84228	QUININE	\$13.60
84233	RECEPTOR ASSAY: ESTROGEN(ESTRA	\$16.00
84234	RECEPTOR ASSAY: PROGESTERONE	\$20.00
84235	RECEPTOR ASSAY:ENDOCRINE:OTHER	\$63.20
84238	RECEPTOR ASSAY, NON-ENDO	\$43.00
84244	RIA ASSAY OF RENIN	\$25.00
84252	ASSAY VITAMIN B-2	\$24.00
84255	SELENIUM	\$29.60
84260	ASSAY BLOOD SEROTONIN	\$35.20
84270	SEX HORMONE BINDING GLOBULIN (	\$25.00
84275	ASSAY BLOOD SIALIC ACID	\$16.00
84285	ASSAY SILICA	\$28.80
84295	ASSAY BLOOD SODIUM	\$3.90
84300	ASSAY URINE SODIUM	\$3.90
84302	SODIUM:OTHER SOURCE	\$3.90
84305	SOMATOMEDIN	\$16.00

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84307	SOMATOSTATIN	\$16.00
84311	SPECTR.ANALYTE NOT ELSEW.SPECI	\$7.50
84315	BODY FLUID SPECIFIC GRAVITY	\$3.00
84375	CHROMATOGRAM ASSAY, SUGARS	\$23.20
84376	SUGARS(MON-DI,OLI/:SIN-QUALT E	\$7.00
84377	SUGAR/MON-DI/OLIGOSACC/M/QUAL	\$7.00
84378	SUG/OLIGOSACCHARIDES S/QUANT/E	\$14.00
84379	SUGARS/OLIGOSACCHARIOES/MULT/Q	\$14.00
84392	SULFATE, URINE	\$5.60
84402	TESTOSTERONE: FREE	\$30.40
84403	RIA ASSAY BLOOD TESTOSTERONE	\$32.00
84410	TESTASTERONE LEVEL	\$41.02
84425	ASSAY VITAMIN B-1	\$23.11
84430	THIOCYANATE	\$3.60
84431	THRONBOXANE METABOLITE(S), INC	\$28.09
84432	THYROGLOBULIN	\$13.00
84436	THYROXINE, TRUE, RIA	\$6.00
84437	THYROXINE, NEONATAL	\$6.00
84439	THYROID PANEL	\$10.00
84442	THYROID ACTIVITY (TBG) ASSAY	\$12.00
84443	RIA ASSAY OF TS HORMONE	\$18.30
84445	RIA THYROTROPIN FACTOR	\$27.80
84446	ASSAY VITAMIN E	\$16.80
84449	TRANSCORTIN	\$24.00
84450	UV-ASSAY TRANSAMINASE (SGOT)	\$3.00
84460	UV-ASSAY TRANSAMINASE (SGPT)	\$3.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
84466	TRANSFERRIN	\$15.20
84478	ASSAY BLOOD TRIGLYCERIDES	\$7.30
84479	TRIIODOTHYRONINE, RESIN UPTAKE	\$6.00
84480	RIA ASSAY, T-3	\$15.00
84481	TRIIODOTHYRONINE, FREE RIA	\$15.00
84482	TRIDOTHYRONINE(T-3):REVERSE	\$15.00
84484	TROPONIN	\$9.51
84485	ASSAY DUODENAL FLUID TRYPSIN	\$3.30
84488	TEST FECES FOR TRYPSIN	\$3.30
84490	ASSAY FECES FOR TRYPSIN	\$3.30
84510	ASSAY BLOOD TYROSINE	\$12.70
84512	TROPNIN-QUAL	\$10.00
84520	ASSAY BUN	\$3.00
84525	STICK-ASSAY BUN	\$3.00
84540	ASSAY URINE UREA-N	\$3.00
84545	UREA-N CLEARANCE TEST	\$6.00
84550	ASSAY BLOOD URIC ACID	\$3.00
84560	ASSAY URINE URIC ACID	\$3.00
84577	UROBILINOGEN,FECES: QUANT.	\$6.00
84578	TEST URINE UROBILINOGEN	\$0.45
84580	UROBILINOGEN,URINE: QUANT.	\$2.10
84583	UROBILINOGEN,URINE:SEMIQUANT.	\$2.10
84585	ASSAY URINE VMA	\$12.00
84586	VASOACTIVE INTEST. PEPTIDE(VIP	\$48.00
84588	RIA ASSAY VASOPRESSIN	\$45.00
84590	ASSAY BLOOD VITAMIN-A	\$6.00

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84591	VITAMIN,NOT OTHERWISE SPEC.	\$12.82
84597	ASSAY VITAMIN-K	\$18.00
84600	VOLATILES	\$18.00
84620	XYLOSE TOLERANCE TEST, BLOOD	\$16.00
84630	ASSAY BLOOD ZINC	\$15.00
84681	C-PEPTIDE, ANY METHOD	\$22.00
84702	GONADOTROPIN,CHORIONIC:QUANTIT	\$11.39
84703	GONADOTROPIN,CHORIONIC:QUALITA	\$3.00
84704	GONADOTROPIN, CHORIONIC (HCG):	\$12.23
84830	OVUL.TESTS,VISUAL COLOR COMP.M	\$3.00
84999	UNLISTED CHEMISTRY/TOXICOLOGY	\$0.00
85002	BLEEDING TIME TEST	\$1.20
85004	SODIUM:OTHER SOURCE	\$7.20
85007	DIFFERENTIAL WBC COUNT	\$2.40
85008	BLOOD COUNT:MAN.SMEAR EX.WITHO	\$1.20
85009	DIFFERENTIAL WBC COUNT	\$1.20
85013	BLOOD COUNT:SPUN MICROHEMATOCR	\$1.50
85014	HEMATOCRIT	\$1.50
85018	HEMOGLOBIN, COLORIMETRIC	\$1.20
85025	BLOOD COUNT:HEMO.PLAT.COUNT,AU	\$5.00
85027	HEMOGRAM,AUTOMATED W/PLATELET	\$4.80
85032	BLOOD:COUNT,MAN.ERY:LEUK:PLATE	\$3.00
85041	RED BLOOD CELL (RBC) COUNT	\$1.20
85044	RETICULOCYTE COUNT	\$3.00
85045	BLOOD RETIC COUNT FLOW CYTOMET	\$4.00
85046	BL/CT:RETIC,HGB CONCENTRATION	\$2.75

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OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2023

Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
85048	WHITE BLOOD CELL (WBC) COUNT	\$1.20
85049	BLOOD COUNT:PLATELET:AUTO	\$5.00
85055	RETICULATED PLATELET ASSAY	\$29.93
85060	BLOOD SMEAR, PERIPHERAL, INTER	\$8.00
85097	BONE MARROW SMEAR INTERPRET	\$24.00
85130	CHROMOGENIC SUBSTRATE ASSAY	\$12.98
85170	BLOOD CLOT RETRACTION SCREEN	\$0.60
85175	BLOOD CLOT LYSIS TIME	\$3.90
85210	BLOOD CLOT FACTOR II TEST	\$3.00
85220	BLOOD CLOT FACTOR V TEST	\$24.00
85230	BLOOD CLOT FACTOR VII TEST	\$24.00
85240	BLOOD CLOT FACTOR VIII TEST	\$24.00
85244	FACTOR VIII RELATED ANTIGEN QU	\$22.28
85245	CLOTTING:FACTOR VIII,VW RIST.C	\$10.00
85246	CLOTTING:FACTOR VIII,VW ANTIGE	\$10.00
85247	CLOTTING:FACTOR VIII VON WILLE	\$10.00
85250	BLOOD CLOT FACTOR IX TEST(PTC/	\$20.73
85260	BLOOD CLOT FACTOR X TEST(STUAR	\$24.00
85270	BLOOD CLOT FACTOR XI TEST (PTA	\$24.00
85280	BLOOD CLOT FACTOR XII TEST	\$26.00
85290	BLOOD CLOT FACTOR XIII TEST	\$8.00
85291	BLOOD CLOT FACTOR XIII TEST	\$7.00
85292	CLOTTING: PREKALLIKRIEW ASSAY	\$20.67
85293	CLOTTING:H-M-W KINNINOGEN ASSA	\$20.67
85300	ANTITHROMBIN III TEST ACTIVITY	\$15.00
85301	CLOT. INHIB/ANTICOAG/ANTITHROM	\$14.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
85302	CLOT INHIBIT/ANTICOAC/PROTEIN	\$16.00
85303	CLOTTING INH.OR ANTIC.PROT.C,A	\$18.00
85305	CLOTTING INHIBITORS PROTEIN S	\$12.66
85306	CLOTTING INH.OR ANT:PROT.S FRE	\$18.00
85307	ACTIVATED PROTEIN C(APC) RESIS	\$18.00
85335	FACTOR INHIBITOR TEST	\$10.00
85337	THROMBOMODULIN	\$10.00
85345	COAGULATION TIME	\$1.80
85347	COAGULATION TIME, ACTIVATED	\$3.00
85348	COAGULATION TIME, OTHER METHOD	\$1.20
85360	EUGLOBULIN LYSIS	\$11.00
85362	FIBRIN DEGRADATION PRODUCTS,AG	\$3.00
85366	FDP FSP: PARACOAGULATION	\$8.00
85370	FDP FSP: QUANTITATIVE	\$3.57
85378	FIBRIN DEGR.PRODUCTS,D-DIMER:S	\$5.00
85379	FIBRIN DEGR.PRODUCTS,D-DIMER:Q	\$5.00
85380	FIBRIN DE:VENOUS THROM:QUAL:OR	\$5.00
85384	FIBRINOGEN:ACTIVITY	\$9.60
85385	FIBRINOGEN: ANTIGEN	\$9.60
85390	FIBRINOLYSINS SCREEN	\$7.00
85396	COAGULATION/FIBRINOLYSIS ASSAY	\$18.00
85397	COAGULATION & FIBRINOLYSIS FUN	\$24.69
85400	FIBRINOLYTIC FACTORS: PLASMIN	\$9.00
85410	FIBRINOLYTIC ANTIPLASMIN-ALPHA	\$9.00
85415	FIBR.FACTORS&INH.PLASM.ACTIVAT	\$10.00
85420	FIBRINOLYTIC PLASMINOGEN	\$7.14

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
85421	FIBRO MECH:PLASM.ANTIGENIC ASS	\$11.12
85441	HEINZ BODIES: DIRECT	\$5.00
85445	HEINZ BODIES: INDUCED	\$5.00
85460	HEMOGLOBIN, FETAL	\$9.40
85461	HGB/RBC ROSETTE	\$9.00
85475	HEMOLYSIN: ACID	\$10.00
85520	HEPARIN ASSAY	\$7.97
85525	HEPARIN NEUTRALIZATION	\$16.00
85530	HEPARIN-PROTAMINE TOLERANCE	\$16.00
85536	IRON STAIN,PERIPHERAL BLOOD	\$5.00
85540	WBC ALKALINE PHOSPHATASE	\$8.90
85547	RBC MECHANICAL FRAGILITY	\$10.50
85549	SERUM MURAMIDASE	\$25.00
85555	RBC OSMOTIC FRAGILITY	\$4.80
85557	RBC OSMOTIC FRAGILITY, INCUBAT	\$4.80
85576	PLATELET:AGGREGATION (IN VITRO	\$24.01
85597	PLATELET NEUTRALIZATION	\$20.00
85598	PHOSPHOLIPID NEUTRALIZATION: H	\$14.38
85610	PROTHROMBIN TIME	\$3.00
85611	PROTH.TIME:SUBST.PLASMA FRACT.	\$4.50
85612	VIPER VENOM PROTHROMBIN TIME	\$13.00
85613	RUSSELL VIPER VENOM TIME: DILU	\$10.00
85635	REPTILASE TEST	\$8.40
85651	RBC SEDIMENTATION RATE, NON AU	\$1.50
85652	SED RATE AUTOMATED	\$1.50
85660	RBC SICKLE CELL TEST	\$3.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
85670	THROMBIN TIME: PLASMA	\$6.60
85675	THROMBIN TIME: TITER	\$6.42
85705	THROMBOPLASTIN INHIBITION: TIS	\$7.90
85730	THROMBOPLASTIN TIME, PARTIAL	\$3.00
85732	THROMBOPLASTIN TIME, SUB PLASM	\$3.00
85810	BLOOD VISCOSITY EXAMINATION	\$15.00
85999	UNLISTED HEMATOLOGY PROCEDURE	\$0.00
86000	AGGLUTININS: FEBRILE, EACH ANT	\$0.70
86001	ALLERGEN SPECIFIC IGG QUANT EA	\$4.00
86003	ALLERGEN SPEC.IGE:QUANT.TO 12	\$4.00
86005	ALLERGEN SPEC IGE: QUAL MULT S	\$3.24
86008	MEASUREMENT OF ANTIBODY (IGE) T	\$14.34
86015	MEASUREMENT OF ACTIN (SMOOTH M	\$9.22
86021	WBC ANTIBODY IDENTIFICATION	\$9.00
86022	PLATELET ANTIBODIES	\$9.00
86023	ANTIBODY ID,PLAT.ASS. IMMUNOBL	\$15.00
86036	SCREENING TEST FOR ANTINEUTROP	\$9.64
86037	ANTINEUTROPHIL CYTOPLASMIC ANT	\$9.64
86038	ANTINUCLEAR ANTIBODIES (ANA),	\$7.80
86039	ANTINUCLEAR ANTIBODIES,ANA:TIT	\$15.00
86051	ELISA DETECTION OF AQUAPORIN-4	\$9.22
86052	CELL-BASED IMMUNOFLUORESCENCE	\$9.64
86053	FLOW CYTOMETRY DETECTION OF AQ	\$9.64
86060	ANTISTREPTOLYSIN O TITER	\$3.60
86063	ANTISTREPTOLYSIN O SCREEN	\$1.20
86077	BLOOD BANK PHYSICIAN SERVICES:	\$25.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
86078	BLOOD BANK PHYSICIAN SERVICES:	\$17.00
86079	BLOOD BANK PHYSICIAN SERVICES:	\$17.00
86140	C-REACTIVE PROTEIN	\$3.00
86141	C-REACTIVE PROTEIN:HSCRP	\$14.30
86146	BETA 2 GLYCOPROTEIN I ANTIBODY	\$27.77
86147	CARDIOLIPIN ANTIBODY	\$27.77
86148	ANTI-PHOSPHATIDYLSERINE	\$17.50
86152	CELL ENUMERATION USING IMMUNOL	\$200.62
86153	CELL ENUMERATION USING IMMUNOL	\$29.60
86155	CHEMOTAXIS ASSAY	\$17.41
86156	COLD AGGLUTININ: SCREEN	\$3.00
86157	COLD AGGLUTININ: TITER	\$9.00
86160	COMPLEMENT:ANTIGEN,EACH COMPON	\$9.00
86161	COMPLEMENT:FUNCTIONAL ACT.EACH	\$9.00
86162	COMPLEMENT: TOTAL (CH 50)	\$15.60
86171	COMPLEMENT FIXATION, EACH	\$4.50
86200	CYCLIC CITRULLINATED PEPTIDE C	\$10.36
86215	DEOXYRIBONUCLEASE, ANTIBODY	\$18.00
86225	DNA ANTIBODY	\$13.00
86226	DNA ANTIBODY:SINGLE STRANDED	\$15.00
86231	DETECTION OF ENDOMYSIAL ANTIBO	\$9.67
86235	ENA ANTIBODY	\$24.00
86255	FLUORESCENT ANTIBODY: SCREEN	\$7.80
86256	FLUORESCENT ANTIBODY: TITER	\$12.50
86258	DETECTION OF GLIADIN (DEAMIDAT	\$9.22
86277	GROWTH HORMONE,HUMAN,ANTIBODY	\$16.00

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
86280	HEMAGGLUTINATION INHIBITION	\$5.40
86294	IMMUNOASSAY FOR TUMOR ANTIGEN	\$12.00
86300	IMMUNOASSAY FOR TUMOR ANTIGEN	\$23.00
86301	CA 19-9	\$23.00
86304	CA 125	\$23.00
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE	\$16.65
86308	HETEROPHILE ANTIBODIES: SCREEN	\$3.00
86309	HETEROPHILE ANTIBODIES: TITER	\$5.00
86310	HETEROPHILE ANTIBODIES	\$4.50
86316	IMMUNOASSAY FOR TUMOR ANTIGEN	\$28.00
86317	IMMUNOASSAY/INFECTIOUS AGENT..	\$8.00
86318	DETECTION OF INFECTIOUS AGENT	\$7.00
86320	SERUM IMMUNOELECTROPHORESIS	\$10.50
86325	OTHER IMMUNOELECTROPHORESIS	\$25.00
86327	IMMUNOELECTROPHORESIS: CROSSED	\$25.00
86328	IMMUNOASSAY FOR INFECTIOUS AGE	\$36.22
86329	IMMUNODIFFUSION, EACH	\$19.00
86331	IMMUNODIFFUSION OUCHTERLONY	\$4.50
86332	IMMUNE COMPLEX ASSAY	\$33.00
86334	IMMUNOFIXATION ELECTROPHORESIS	\$30.00
86335	IMMUNO ELECT:OTHER FL,W CONCEN	\$23.48
86336	INHIBIN A	\$17.50
86337	INSULIN ANTIBODIES	\$13.71
86340	INTRINSIC FACTOR ANTIBODIES	\$20.00
86341	ISLET CELL ANTIBODY	\$25.00
86343	LEUKOCYTE HISTAMINE RELEASE	\$6.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
86344	LEUKOCYTE PHAGOCYTOSIS	\$10.86
86352	CELLULAR FUNCTION ASSAY INVOLV	\$108.69
86353	LYMPHOCYTE TRANSFORMATION	\$32.00
86355	B CELL:TOTAL COUNT	\$30.18
86356	MONONUCLEAR CELL ANTIGEN, QUAN	\$21.42
86357	NATURAL KILLER CELLS:TOTAL COU	\$30.18
86359	T CELLS: TOTAL COUNT	\$40.00
86360	T CELLS: T4 & T8, INCLUDING RA	\$55.00
86361	T-CELL:ABSOLUTE CD4 COUNT	\$29.93
86362	CELL-BASED IMMUNOFLUORESCENCE	\$9.64
86363	FLOW CYTOMETRY DETECTION OF MY	\$9.64
86364	MEASUREMENT OF TISSUE TRANSGLU	\$9.22
86367	STEM CELLS (IE)CD34) TOTAL CEL	\$62.22
86376	MICROSOMAL ANTIBODY (THYROID)	\$6.60
86381	MEASUREMENT OF MITOCHONDRIAL A	\$20.36
86382	NEUTRALIZATION TEST, VIRAL	\$20.00
86384	NITROBLUE TETRAZOLIUM DYE	\$10.86
86386	NUCLEAR MATRIX PROTEIN 22.QUAL	\$17.42
86403	PRECIPITIN (EG, LATEX BEAD) OR	\$8.00
86406	TITER/EACH ANTIBODY	\$6.60
86408	NEUTRALIZING ANTIBODY, SEVERE	\$42.13
86409	NEUTRALIZING ANTIBODY, SEVERE	\$105.33
86413	SEVERE ACUTE RESPIRATORY SYNDR	\$42.13
86430	RHEUMATOID FACTOR: QUAL.	\$1.80
86431	RHEUMATOID FACTOR: QUANTITATIV	\$4.50
86480	TBTEST CELL MED.MEAS.OF GG INT	\$49.58

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
86481	TUBERCULOSIS TEST, CELL MEDIAT	\$80.00
86485	SKIN TEST: CANDIDA	\$4.00
86486	SKIN TEST: UNLISTED ANTIGEN, E	\$5.10
86490	COCCIDIOIDOMYCOSIS SKIN TEST	\$4.00
86510	HISTOPLASMOSIS SKIN TEST	\$4.00
86580	TB PATCH OR INTRADERMAL TEST	\$4.00
86590	STREPTOKINASE, ANTIBODY	\$8.00
86592	SYPHILIS TEST(S),QUALITATIVE	\$1.50
86593	SYPHILIS TEST, QUANTITATIVE	\$3.00
86596	MEASUREMENT OF VOLTAGE-GATED C	\$14.72
86602	ANTIBODY: ACTINOMYCES	\$10.00
86603	ANTIBODY: ADENOVIRUS	\$10.00
86606	ANTIBODY: ASPIRGILLUS	\$10.00
86609	ANTIBODY:BACTERIUM, NOT ELSEWH	\$10.00
86611	BARTONELLA	\$11.20
86612	ANTIBODY: BLASTOMYCES	\$10.00
86615	ANTIBODY: BORDETELLA	\$10.00
86617	LYME CONFIRM-WESTER/IMMUNBLOT	\$19.00
86618	ANTIBODY:BORELLIA BUFGDORFERI(	\$23.00
86619	ANTIBODY:BORRELIA(RELAPSING FE	\$10.00
86622	ANTIBODY: BRUCELLA	\$8.00
86625	ANTIBODY: CAMPYLOBACTER	\$10.00
86628	ANTIBODY: CANDIDA	\$10.00
86631	ANTIBODY: CHLAMYDIA	\$10.00
86632	ANTIBODY: CHLAMYDIA, 1GM	\$15.00
86635	ANTIBODY: COCCIDIOIDES	\$10.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
86638	ANTIBODY:COXIELLA BRUNETII Q F	\$12.50
86641	ANTIBODY: CRYPTOCOCCUS	\$12.50
86644	ANTIBODY: CYTOMEGALOVIRUS (CMV	\$12.00
86645	ANTIBODY: (CMV), IGM	\$12.00
86648	ANTIBODY: DIPHTHERIA	\$18.00
86651	ANTIBODY:ENCEPHALITIS,CAL.LACR	\$12.00
86652	ANTIBODY:ENCEPHALITIS,EAST. EQ	\$12.00
86653	ANTIBODY:ENCEPHALITIS,ST. LOUI	\$12.00
86654	ANTIBODY:ENCEPHALITIS,WEST. EQ	\$12.00
86658	ANTIBODY:ENTEROVIRUS (EG,COXSA	\$12.00
86663	ANTIBODY: EB VIRUS, EA	\$12.00
86664	ANTIBODY: EB VIRUS, EBNA	\$16.70
86665	ANTIBODY: EB VIRUS, VCA	\$19.80
86666	EHRlichia	\$11.20
86668	ANTIBODY:FRANCISELLA TULARENSI	\$12.00
86671	ANTIBODY:FUNGUS,NOT ELSEWHERE	\$15.00
86674	ANTIBODY:GIARDIA LAMBLIA	\$20.00
86677	ANTIBODY:HELICOBACTER PYLORI	\$12.00
86682	ANTIBODY:HELMINTH,NOT ELSEWHER	\$12.00
86684	ANTIBODY:HEMOPHILUS INFLUENZA	\$15.00
86687	HTLV I ANTI DET IMMUNOASSAY	\$9.23
86688	ANTIBODY: HTLV-II	\$13.00
86689	HTLV I ANTI DECT CONFIRM TEST	\$21.20
86692	ANTIBODY:HEPATITIS,DELTA AGENT	\$20.00
86694	ANTIBODY:HERPES SIMPLEX,NON-SP	\$12.80
86695	ANTIBODY:HERPES SIMPLEX, TYPE	\$12.80

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
86696	HERPES SIMPLEX TYPE 2	\$21.40
86698	ANTIBODY:HISTOPLASMA	\$15.00
86701	ANTIBODY: HIV-1	\$12.00
86702	ANTIBODY: HIV-2	\$13.00
86703	ANTIBODY:HIV-1&2,SINGLE ASSAY	\$18.00
86704	HEPATITIS B CORE(HBC-AB):IGG A	\$15.00
86705	HEPATITUS B CORE ANTIBODY IGM	\$12.60
86706	HEPATITUS B SURFACE HBS-AB	\$12.00
86707	HEPATITUS BE ANTIBODY (HBE-AB)	\$12.00
86708	HEPITITUS A ANTIBODY (HAAB):IG	\$12.00
86709	HEPATITIS B SURFACE ANTIBODY H	\$12.60
86710	ANTIBODY: INFLUENZA VIRUS	\$12.00
86711	ANTIBODY: JC (JOHN CUNNINGHAM)	\$13.51
86713	ANITBODY: LEGIONELLA	\$20.00
86717	ANTIBODY:LEISHMANIA	\$16.00
86720	ANITBODY:LEPTOSPIRA	\$15.00
86723	ANTIBODY: LITERIA MONOCYTOGENE	\$15.00
86727	ANTIBODY:LYMPHOCYTIC CHORIOMEN	\$15.00
86732	ANTIBODY:MUCORMYCORIS	\$15.00
86735	ANTIBODY: MUMPS	\$15.00
86738	ANTIBODY:MICOPLASMA	\$12.00
86741	ANTIBODY:NEISSERIA MENINGITIDI	\$12.00
86744	ANTIBODY:NOCARDIA	\$12.00
86747	ANITBODY:PARVOVIRUS	\$12.00
86750	ANTIBODY:PLASMODIUM (MALARIA)	\$12.00
86753	ANTIBODY:PROTOZOA,NOT ELSEWHERE	\$12.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
86756	ANTIBODY:RESPIRATORY SYNSYTIAL	\$12.00
86757	RICKETTSIA	\$21.40
86759	ANTIBODY: ROTAVIRUS	\$12.00
86762	ANTIBODY: RUBELLA	\$12.00
86765	ANTIBODY: RUBEOLA	\$10.00
86768	ANTIBODY: SALMONELLA	\$12.00
86769	ANTIBODY: SEVERE ACUTE RESPIRA	\$33.70
86771	ANTIBODY: SHIGELLA	\$12.00
86774	ANTIBODY:TETANUS	\$5.40
86777	ANTIBODY: TOXOPLASMA	\$12.00
86778	ANTIBODY:TOXOPLASMA,IGM	\$15.00
86780	ANTIBODY: TREPONEMA PALLIDUM	\$10.59
86784	ANTIBODY:TRICHINELLA	\$8.00
86787	ANTIBODY:VARICELLA-ZOSTER	\$12.60
86788	ANTIBODY: WEST NILE VIRUS, IGM	\$13.48
86789	ANTIBODY: WEST NILE VIRUS	\$11.51
86790	ANTIBODY:VIRUS, NOT ELSEWHERE	\$17.00
86793	ANITBODY:YERSINIA	\$8.00
86794	ANALYSIS FOR ANTIBODY TO ZIKA	\$13.48
86800	THYROGLOBULIN ANTIBODY, RIA	\$13.00
86803	HEPATITUS C ANTIBODY	\$19.00
86804	HEPATITUS C ANTI CONFIRM.IMMON	\$20.00
86805	LYMPHOCYTOTOXICITY ASSAY CROSS	\$22.00
86806	LYMPHOCYTOTOXICITY ASSAY C TIT	\$22.00
86807	SERUM SCR CYTOTOXIC % REACTIVE	\$43.09
86808	QUICK METHOD CYTOXIC % ANTI-P	\$39.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
86812	TISSUE TYPING:	\$12.60
86813	TISSUE TYPING:	\$19.00
86816	TISSUE TYPING:	\$19.00
86817	TISSUE TYPING:	\$19.00
86821	TISSUE TYPING:	\$68.00
86825	HUMAN LEUKOCYTE ANTIGEN (HLA)	\$87.59
86826	HUMAN LEUKOCYTE ANTIGEN (HLA)	\$29.22
86828	ANTIBODY TO HUMAN LEUKOCYTE AN	\$51.35
86829	ANTIBODY TO HUMAN LEUKOCYTE AN	\$51.35
86830	ANTIBODY TO HUMAN LEUKOCYTE AN	\$76.42
86831	ANTIBODY TO HUMAN LEUKOCYTE AN	\$65.50
86832	ANTIBODY TO HUMAN LEUKOCYTE AN	\$259.00
86833	ANTIBODY TO HUMAN LEUKOCYTE AN	\$260.64
86834	ANTIBODY TO HUMAN LEUKOCYTE AN	\$286.05
86835	ANTIBODY TO HUMAN LEUKOCYTE AN	\$258.37
86849	UNLISTED IMMUNOLOGY PROCEDURE	\$0.00
86850	ANTIBODY SCREEN,RBC,EACH SERUM	\$4.20
86860	ANTIBODY ELUTION (RBC), EACH E	\$4.20
86870	ANTIBODY IDENT. RBC ANT. EACH	\$9.00
86880	ANTI HUMAN GLOBULIN TEST:DIRECT	\$5.00
86885	COOMBS TEST:IND.QUAL.EACH ANTI	\$6.80
86886	ANTI HUMAN GLOBULIN TEST I DIRE	\$5.00
86890	AUTOLOGOUS BLOOD OR COMPONENT,C	\$75.00
86891	AUTOLOGOUS BLOOD:INTRA. OR POS	\$75.00
86900	BLOOD TYPING' ABO	\$2.00
86901	BLOOD TYPING: RH (D)	\$2.00

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OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2023

Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
86902	BLOOD TYPING: ANTIGEN TESTING	\$5.08
86904	BLOOD TYPING:ANT.SCR.COMP.UNIT	\$11.70
86905	BLOOD TYPING,RBC ANT.OTHER THA	\$3.00
86906	BLOOD TYPING,RH PHENOTYPING,CO	\$2.00
86910	BLOOD TYPING,PAT.TEST.ABO,RH &	\$12.60
86911	BLOOD TYPING PATERNITY(EACH AD	\$5.00
86920	COMP.TEST EACH,IMM.SPIN TECHNI	\$12.00
86921	COMP.TEST EACH,INCUBATION TECH	\$12.00
86922	COMP.TEST EACH,ANTIGLOBULIN TE	\$12.00
86923	COMPATIBILITY TEST EACH UNIT E	\$12.00
86927	FRESH FROZEN PLASMA, THAWING,E	\$0.00
86930	FROZEN BLOOD,PREP.FOR FREEZING	\$0.00
86931	FROZEN BLOOD,PREP. FREEZ.& THA	\$0.00
86932	FROZEN BLOOD,PREP.W.FREEZ&THAW	\$0.00
86940	HEMOLYSINS & AGGLUTININS,AUTO,	\$9.50
86941	HEM.& AGGL.AUTO,SCREEN,EACH:IN	\$12.50
86945	IRRADIATION BLOOD PRODUCT,EACH	\$8.00
86950	LEUKOCYTE TRANSFUSION	\$32.00
86960	VOLUME REDUCTION BLOOD:PLALELE	\$25.00
86965	POOLING PLALELETS OR OTHER BLO	\$25.00
86970	PRET. RBC'S USE RBC ANT. DET.	\$15.00
86971	PRET.RBC'S USE RBC INC.ENZYMES	\$15.00
86972	PRET.RBC'S USE RBC DENSITY GRA	\$15.00
86975	PRET.SERUM USE RBC, INC. DRUGS	\$25.00
86976	PRET.SERUM USE RBC:BY DILUTION	\$25.00
86977	PRET.SERUM USE RBC:INC. WITH I	\$25.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
86978	PRET.SERUM USE RBC:DIF.RED CEL	\$35.00
86985	SPLITTING BLOOD OR PRODUCTS,EA	\$25.00
86999	UNLISTED TRANSF. PROCEDURE	\$0.00
87003	SMALL ANIMAL INOCULATION	\$15.00
87015	SPECIMEN CONCENTRATION	\$5.10
87040	BLOOD CULTURE FOR BACTERIA	\$9.00
87045	STOOL CULTURE FOR BACTERIA	\$9.00
87046	STOOL ADD PATH ISOLATION AND P	\$3.00
87070	CULTURE SPECIMEN, BACTERIA	\$9.00
87071	QUANTITATIVE,AEROBIC ISOLATES	\$6.00
87073	QUANT,ANEROBIC W ISOL ANY SOUR	\$6.00
87075	CULTURE SPECIMEN, BACTERIA	\$9.00
87076	BACTERIA IDENTIFICATION	\$6.00
87077	AEROBIC ISOLATE CULTURE EACH I	\$9.00
87081	BACTERIA CULTURE SCREEN	\$9.00
87084	PRESUM PATHOG CUL SCR:W/COLONY	\$3.00
87086	URINE CULTURE, COLONY COUNT	\$6.00
87088	URINE BACTERIA CULTURE	\$2.70
87101	SKIN FUNGUS CULTURE	\$8.00
87102	FUNGUS ISOLATION CULTURE	\$8.00
87103	CULTURE,FUNGI,ISOLATION BLOOD	\$8.00
87106	FUNGUS IDENTIFICATION	\$8.00
87107	CULTURE MOLD	\$11.42
87109	MYCOPLASMA CULTURE	\$14.00
87110	CULTURE,CHLAMYDIA	\$15.00
87116	MYCOBACTERIA CULTURE	\$6.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
87118	MYCOBACTERIA IDENTIFICATION	\$12.00
87140	CULTURE TYPING, FLUORESCENT	\$3.00
87143	CULTURE TYPING, GLC METHOD	\$3.00
87147	CULTURE TYPING, SEROLOGIC	\$3.00
87149	IDENTIFICATION BY NUCLEIC ACID	\$22.00
87150	CULTURE, TYPING: ID BY NUCLEIC	\$28.07
87152	IDENTIFICATION BY PULSE FIELD	\$5.79
87153	CULTURE, TYPING: ID BY NUCLEIC	\$92.29
87154	AMPLIFIED NUCLEIC ACID PROBE TY	\$174.45
87158	CULTURE TYPING, ADDED METHOD	\$3.00
87164	DARK FIELD EXAMINATION	\$6.00
87166	DARK FIELD EXAMINATION	\$6.00
87168	MACROSOPIC EXAM ARTHROPOD	\$4.72
87169	MACROSCOPIC EXAM:PARASITE	\$4.72
87172	PINWORM EXAM(EG CELLOPHANE TAP	\$4.72
87176	ENDOTOXIN, BACTERIAL	\$6.40
87177	OVA AND PARASITES SMEARS	\$5.10
87181	ANTIBIOTIC SENSITIVITY, EACH	\$5.80
87184	ANTIBIOTIC SENSITIVITY, EACH	\$58.58
87185	ENZYME MICREOBE SUSCEPTIBLE	\$5.25
87186	ANTIBIOTIC SENSITIVITY, MIC	\$11.00
87187	SUSCEPTIBILITY STUD MICRODIL E	\$13.00
87188	ANTIBIOTIC SENSITIVITY, EACH	\$6.00
87190	TB ANTIBIOTIC SENSITIVITY	\$0.73
87197	SERUM BACTERICIDAL TITER	\$15.00
87205	SMEAR, STAIN & INTERPRET, ROUT	\$4.20

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
87206	SMEAR, STAIN & INTERPRET	\$4.20
87207	SMEAR, STAIN & INTERPRET, SPEC	\$3.00
87209	SMEAR PRIM.SOURCE COMPLEX SP.	\$14.38
87210	SMEAR, STAIN & INTERPRET, WET	\$2.40
87220	TISSUE EXAMINATION FOR FUNGI	\$2.40
87230	TOXIN/ANTITOXIN ASSAY, TISSUE C	\$21.50
87250	VIRUS INOCULATION FOR TEST	\$25.50
87252	VIRUS ID: TISSUE CULT. INOCULATI	\$29.50
87253	VIRUS ID: TISS CULT, ADD STDY, @	\$6.00
87254	VIRUS ISOLATION: SHELL VIAL EAC	\$5.41
87255	VIRUS ISOLATION: ID-NON IMMUNO	\$30.00
87260	INFECTIOUS AGENT ANTIGEN: ADENOV	\$10.00
87265	BORDETELLA PERTUSSIS	\$10.00
87267	INFECT: AG: ANTIGEN: ENTERO: VIRUS	\$10.00
87269	GIARDIA/INF AG ANTIGEN IMMUNO	\$10.00
87270	CHLAMYDIA TRACHOMATIS	\$10.00
87271	INFECT: AG: ANTI: CYTOMEGLOVIRUS	\$10.00
87272	CRYPTOSPORIDUM GIARDIA	\$12.00
87273	HERPES SIMPLEX 2 AG	\$12.18
87274	HERPES SIMPLEX VIRUS	\$12.80
87275	INFLUENZA B VIRUS	\$12.18
87276	INFLUENZA A VIRUS	\$12.00
87278	LEGIONELLA PNEUMOPHILA	\$11.99
87279	PARAINFLUENZA, AG, IF	\$12.18
87280	RESPIRATORY SYNCYTIAL VIRUS	\$12.00
87281	PNEUMOCYSTIS CARINI	\$12.18

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
87283	RUBEOLA	\$12.18
87285	TREPONEMA PALLIDUM	\$12.00
87290	VARICELLA ZOSTER VIRUS	\$12.60
87299	INFECTIOUS AGENT ANTIGEN BY FL	\$12.00
87300	AG DETECTION POLYVAL EACH	\$6.00
87301	INFECT.ANTIGEN ADENOVIRUS ENTE	\$12.00
87305	INFECTIOUS AGENT ANTIGEN DETEC	\$9.58
87320	CHLAMYDIA TRACHOMATIS	\$12.50
87324	CLOSTRIDIUM DIFFICILE TOXIN A	\$12.50
87327	CRPTOCOCCUS NEOFORMANS	\$12.18
87328	CRYPTOSPORIDUM/GIARDIA	\$12.50
87329	GIARDIA/INFEC AG ANTIGEN ENZYM	\$12.00
87332	CYTOMEGALOVIRUS	\$12.00
87335	ESCHERICHIA COLI	\$12.00
87336	ENTAMOEBA HISTOLYTICA DISPAR G	\$12.18
87337	ENTAMOEBA HISTOLYTICA GROUP	\$12.18
87338	IFECT AGENT ANT:HELI PYLORI:ST	\$9.00
87339	HELICOBACTER PYLORI	\$12.18
87340	HEPATITIS B SURFACE ANTIGEN HB	\$14.00
87341	HEPATITIS B SURFACE ANTIGEN HB	\$11.42
87350	HEPATITUS BE ANTIGEN HBEAG	\$14.00
87380	HEPATITIS DELTA AGENT	\$20.00
87385	HISTOPLASMA CAPSULATUM	\$11.99
87389	INFECTIOUS AGENT ANTIGEN DETEC	\$19.26
87390	HIV-1	\$15.00
87391	HIV-2	\$15.00

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
87400	INFLUENZA ALB,AG,EIA EACH	\$6.00
87420	RESPIRATORY SYNCYTIAL VIRUS	\$12.00
87425	ROTAVIRUS	\$12.00
87426	INFECTIOUS AGENT ANTIGEN DETEC	\$45.23
87427	SHIGA-LIKE TOXIN AG,EIA	\$12.18
87428	INFECTIOUS AGENT DETECTION BY	\$24.75
87430	STREPTOCOCCUS GROUP A	\$12.00
87449	INF.AGENT ANTINOTOTHERWISE SPE	\$12.00
87451	AG DETECT POLYVAL,EIA,MULT	\$10.60
87471	QUINTANA AMPLIFIED PROBE TECH	\$30.00
87472	BARTONELLA QUANTIFICATION	\$20.00
87475	BORELIA BURGDORFERI NUCLEA ACI	\$25.00
87476	BORRELIA BURGDORFERI NACID AMP	\$38.00
87480	CANDIDA SPECIES DIRECT PROBE N	\$25.00
87481	CANDIDA SPECIES AMPLIFIED	\$38.00
87482	CANDIDA SPECIES QUANTITATIVE	\$20.00
87483	TEST FOR DETECTING NUCLEIC ACI	\$333.42
87485	CHLAMYDIA PNEUMONIAE DIRECT PR	\$25.00
87486	CHLAMYDIA PNEUMONIAE DIRECT PR	\$38.00
87487	CLAMYDIA PNEUMONIAE QUANTIFICA	\$20.00
87490	CHLAMYDIA TRACHOMATIS DIRECT P	\$20.00
87491	CHLAMYDIA TRACHOMATIS AMPLIFIE	\$38.00
87492	CHLAMYDIA TRACHOMATIS QUANTIFA	\$20.00
87493	INFECTIOUS AGENT DETECTION BY	\$29.82
87495	CYTOMEGALOVIRUS DIRECT PROBE	\$25.00
87496	CYTOMEGALOVIRUS AMPLIFIED PROB	\$38.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
87497	CYTOMEGALOVIRUS QUANTIFICATION	\$20.00
87498	INFECTIOUS AGENT DETECTION BY	\$28.07
87500	INFECTIOUS AGENT DETECTION BY	\$28.07
87501	INFECTIOUS AGENT DETECTION BY	\$41.05
87502	INFECTIOUS AGENT DETECTION BY	\$76.64
87503	INFECTIOUS AGENT DETECTION BY	\$23.38
87505	DETECTION TEST FOR DIGESTIVE T	\$102.63
87506	DETECTION TEST FOR DIGESTIVE T	\$210.39
87507	DETECTION TEST FOR DIGESTIVE T	\$333.42
87510	GARDNERELLA VAGINALIS DIRECT P	\$25.00
87511	GARDNERELLA VAGINALIS AMPLIFIE	\$38.00
87512	GARDNERELLA VAGINALIS QUANTIFI	\$20.00
87516	HEPATITUS B VIRUS AMPLIFIED	\$38.00
87517	HEPATITUS B VIRUS QUANTIFICATI	\$20.00
87520	HEPATITUS C DIRECR	\$25.00
87521	HEPATITIS C AMPLIFIED PROBE	\$38.00
87522	HEPATITUS C QUANTITATIVE	\$20.00
87525	HEPATITIS G DIRECT PROBE	\$25.00
87526	HEPATITIS G AMPLIFIED	\$38.00
87527	HEPATIITS G QUANTIFICATION	\$20.00
87528	HERPES SIMPLEX VIRUS DIRECT PR	\$25.00
87529	HERPES SIMPLEX VIRUS AMPLIFIED	\$38.00
87530	HERPES SIMPLEX QUANTIFICATION	\$20.00
87531	HERPES VIRUS-6-DIRECT PROBE	\$25.00
87532	HERPES VIRUS-6-AMPLIFIED PROBE	\$38.00
87533	HERPES VIRUS-6-QUANTIFICATION	\$20.00

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
87534	HIV-1 DIRECT PROBE	\$25.00
87535	HIV-1-AMPLIFIED PROBE	\$38.00
87536	HIV VIRAL LOAD TEST	\$92.87
87537	HIV-2-DIRECT PROBE	\$25.00
87538	HIV-2-AMPLIFIED PROBE	\$38.00
87539	HIV-2-QUANTIFICATION	\$20.00
87540	LEGIONELLA PNEUMOPHILIA	\$25.00
87541	LEGIONELLA PNEUMOPHILIA	\$38.00
87542	LEGIONELLA PNEUMOPHILA QUANTIF	\$20.00
87550	MYCOBACTERIA SPECIES DIRECT PR	\$25.00
87551	MYCOBACTERIA SPECIES DIRECT PR	\$38.00
87552	MYCOBACTERIA SPECIES QUANTIFIC	\$20.00
87555	MYCOBACTERIA TUBERCULOSIS DIRE	\$25.00
87556	MYCOBACTERIA TUBERCULOSIS AMP	\$38.00
87557	MYCOBACTERIA TUBERCULOSIS QUAN	\$20.00
87560	MYCOBACTERIA AVIUM INTRA. DIRE	\$25.00
87561	MYCOBACTERIA AVIUM INTRA. AMPL	\$38.00
87562	MYCOBACTERIA AVIUM INTRACELLUL	\$20.00
87563	DETECTION OF MYCOPLASMA GENITA	\$28.07
87580	MYCOPLASMA PNEUMONIA DIRECT PR	\$25.00
87581	MYCOPLASMA PNEUMONIA AMPLIFIED	\$38.00
87582	MYCOPLASMA PNEUMONIA QUANTIFIE	\$20.00
87590	NEISSERIA GONORRHOEAE DIRECT P	\$25.00
87591	NEISSERIA GONORRHOEAE AMPLIFIE	\$38.00
87592	NEISSERIA GONORRHOEAE QUANTIFI	\$20.00
87623	DETECTION TEST FOR HUMAN PAPIL	\$28.07

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
87624	DETECTION TEST FOR HUMAN PAPIL	\$28.07
87625	DETECTION TEST FOR HUMAN PAPIL	\$32.44
87631	INFECTIOUS AGENT DETECTION BY	\$114.10
87632	INFECTIOUS AGENT DETECTION BY	\$174.45
87633	INFECTIOUS AGENT DETECTION BY	\$333.42
87634	DETECTION TEST FOR RESPIRATORY	\$56.16
87635	IADNA SARS-COV-2 COVID-19 AMPL	\$51.31
87636	SEVERE ACUTE RESPIRATORY SYNDR	\$114.10
87637	SEVERE ACUTE RESPIRATORY SYNDR	\$114.10
87640	INFECTIOUS AGENT DETECTION BY	\$28.07
87641	INFECTIOUS AGENT DETECTION BY	\$28.07
87650	STREPTOCOCCUS GROUP A DIRECT P	\$25.00
87651	STREPTOCOCCUS GROUP A AMPLIFIE	\$38.00
87652	STREPTOCOCCUS GROUP A QUANTIFI	\$20.00
87653	INFECTIOUS AGENT DETECTION BY	\$28.07
87660	TRICHMONAS/VAG/DIRECT PROBE TE	\$25.00
87661	INFECTIOUS AGENT DETECTION BY	\$28.07
87662	DETECTION TEST FOR ZIKA VIRUS	\$41.05
87797	INFECTIOUS AGENT BY DNA NOT SP	\$25.00
87798	INFECTIOUS AGENT BY DNA SPECIF	\$38.00
87799	INFECTIOUS AGENT BY DNA NOT SP	\$20.00
87800	DETECT ANGT MULT,DNA/RNA DIREC	\$25.00
87801	DETECT AGNT MULT,DNA,AMPLIFIED	\$38.00
87802	INFECTIOUS AG ANTIGEN STREP B	\$12.17
87803	INFECTIOUS AGENT ANTIGEN CLOST	\$12.17
87804	INFECTIOUS AG ANTIGEN INFLUENZ	\$12.17

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
87806	DETECTION TEST FOR HIV-1	\$26.22
87807	INFECTIOUS AG ANTIGEN DET IMMU	\$10.48
87808	INFECTIOUS AGENT ANTIGEN DETEC	\$12.23
87809	INFECTIOUS AGENT ANTIGEN DETEC	\$17.41
87810	INF.AGENT CHLAMYDIA IMMUNOASSA	\$12.00
87811	SEVERE ACUTE RESPIRATORY SYNDR	\$41.38
87850	NESSERIA GONORRHOEAE	\$12.00
87880	STREP A	\$12.00
87899	NOT OTHERWISE SP	\$12.00
87900	INFECT AG. DRUG SUS PHENOTYPE	\$104.28
87901	GENOTYPE	\$287.75
87902	INFECTIOUS AGENT GENOTYPE HEP	\$287.75
87903	PHENOTYPE (FIRST TEN DRUGS TES	\$546.18
87904	PHENOTYPE EACH ADDITIONAL DRUG	\$28.66
87905	INFECTIOUS AGENT ENZYMATIC ACT	\$9.78
87906	INFECTIOUS AGENT GENOTYPE ANAL	\$102.98
87910	INFECTIOUS AGENT GENOTYPE ANAL	\$205.96
87912	INFECTIOUS AGENT GENOTYPE ANAL	\$205.96
87999	UNLISTED MICROBIOLOGY PROCEDUR	\$0.00
88104	CYTOPATHOLOGY	\$12.00
88106	CYTOPATHOLOGY	\$12.00
88108	CYTOPATHOLOGY, FLUIDS, WASHING	\$12.00
88112	CYTOPATH/LIQUID BASE SLIDE PRE	\$18.00
88120	CYTOPATHOLOGY, IN SITU HYBRIDI	\$545.38
88121	CYTOPATHOLOGY, IN SITU HYBRIDI	\$393.17
88125	FORENSIC CYTOPATHOLOGY	\$7.00

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
88130	SEX CHROMATIN IDENTIFICATION	\$9.65
88140	SEX CHROMATIN IDENTIFICATION	\$4.20
88141	CYTOPATH.CERVICAL AND VAGINAL	\$6.00
88142	CYTOPATH.CERVICAL/VAGINAL PROF	\$18.00
88143	CYTOPATH/C/VAG T/LAYER C/RESCR	\$18.00
88147	CYTO/PATH C/VAG AUTOMATED PHYS	\$13.48
88148	CYTO/PATH C/VAG AUTO RESCREENI	\$13.48
88150	CYTOPATHOLOGY, PAP SMEAR	\$6.00
88152	CYTOPATH CERVICAL VAGINAL MANU	\$6.00
88153	CYTO/PATH,SLIDES C/V RESCREEN	\$6.00
88155	CYTOPATH,(PAP):W/ DEF.HORMONAL	\$6.00
88160	CYTOPATHOLOGY	\$7.69
88161	CYTOPATH.....:PREP,SCREEN,INTER	\$12.00
88162	CYTOPATH...:EXT.STUDY,+5 SLIDES	\$55.78
88164	CYTOPATH SLIDES C/VAG BETHESDA	\$6.00
88165	CYTOPATH SLIDES C/VAG BETHESDA	\$6.00
88166	CYTOPATH TBS SYS C/VAG AUTO	\$6.00
88167	CYTOPATH TBS C/VAG SELECT	\$6.00
88172	IMMEDIATE EVAL/ASPIRATE,SPEC A	\$40.00
88173	FINE NEEDLE ASPIRATE...:INTERP/	\$25.00
88174	CYTOPATH:ANYREPORT SYS AUTO TH	\$23.50
88175	CYTOW/SER:BY,AUTO,THIN LAYER P	\$28.50
88177	CYTOPATHOLOGY, EVALUATION OF F	\$24.22
88182	FLOW CYTOMETRY EACH CELL SURFA	\$86.30
88184	FLOW.CYTOMETRY-CELL FIRST MARK	\$57.72
88185	FLOW CYTOMETRY-CELL SURFACE TC	\$19.25

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CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
88187	FLOW CYTOMETRY,INTREP:2-8 MARK	\$31.53
88188	FLOW-CYTOMETRY INTERP:9-15 MAR	\$53.16
88189	FLOW-CYTOMETRY,INTERP:16 OR MO	\$71.18
88199	UNLISTED CYTOPATHOLOGY PROCEDU	\$0.00
88230	TISSUE CULT. CHROM ANA LYMP	\$90.00
88233	TISSUE CULT. CHROM ANAL SKIN O	\$90.00
88235	TISSUE CULT CHROM ANALYSIS	\$90.00
88237	TISSU CULT CHROM:BONE MARROW C	\$90.00
88239	TISSUE CULT ANAL:OTHER TISSUE	\$90.00
88240	CRYO P/STORAGE OF CELLS EACH C	\$7.75
88241	FROZEN CELL PREPARATION	\$7.75
88245	CHROM ANAL/BREAKAGE SYND:25 CE	\$184.00
88248	CHROM ANAL/BREAKAGE SYND,100 C	\$230.00
88249	CHROMOSOME ANALYSIS SCORE 100	\$230.00
88262	CHROMOSOME COUNT: 1-20 CELLS	\$136.03
88263	CHROM ANAL:45 CELL-MOSAICISM,.	\$184.00
88264	CHROMOSOME ANALYSIS:ANALYZE 20	\$136.03
88267	CHROMOSOME COUNT: AMNIOTIC	\$230.00
88271	CYTOGENETICS DNA PROBE FISH EA	\$16.00
88273	CYTOGENETICS 10-30	\$35.00
88274	CYTOGENETICS 25-99	\$45.00
88275	CYTOGENETICS 100-300	\$43.72
88280	CHROMOSOME COUNT: ADDITIONAL	\$34.00
88283	CHROM ANAL:ADD SPEC BANDING TE	\$46.00
88285	CHROMOSOME COUNT: ADDITIONAL	\$21.23
88289	CHROM ANAL:ADD HI RESOLUTION S	\$40.00

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OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2023

Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
88291	CYTO/MOLECULAR REPORT	\$21.05
88299	UNLISTED CYTOGENIC STUDY	\$0.00
88300	SURGICAL PATHOLOGY, GROSS	\$12.90
88302	SURGICAL PATHOLOGY, COMPLETE	\$27.47
88304	SURGICAL PATHOLOGY, COMPLETE	\$39.47
88305	SURGICAL PATHOLOGY, COMPLETE	\$40.00
88307	SURGICAL PATHOLOGY, COMPLETE	\$59.00
88309	SURGICAL PATHOLOGY, COMPLETE	\$89.00
88311	SURGICAL PATHOLOGY: DECALCIFIC	\$6.00
88312	SPECIAL STAINS	\$13.00
88313	SPECIAL STAINS	\$10.00
88314	GROSS & MICROSCOPIC EXAM 3 SPE	\$12.00
88319	DETERMINATIVE HISTOCHEMISTRY T	\$12.94
88321	MICROSLIDE CONSULTATION	\$28.00
88323	MICROSLIDE CONSULTATION	\$33.00
88325	COMPREHENSIVE REVIEW OF DATA	\$44.00
88329	CONSULTATION DURING SURGERY	\$33.00
88331	CONSULTATION DURING SURGERY	\$48.00
88332	CONSULTATION DURING SURGERY	\$15.00
88333	CYTOLOGIC EXAM (TOUCHPREP,SQUA	\$80.06
88334	CYTOLOGIC EXAM EACH ADD SITE	\$47.56
88341	SPECIAL STAINED SPECIMEN SLIDE	\$79.80
88342	IMMUNOCYTOCHEMISTRY (INCLUDING	\$10.85
88344	SPECIAL STAINED SPECIMEN SLIDE	\$152.39
88346	IMMUNOFLUORESCENT ST EA DIRECT	\$40.00
88347	IMMUNOFLUORESCENT ST EA ANT IN	\$45.00

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
88348	ELECTRON MICROSCOPY	\$185.11
88350	ANTIBODY EVALUATION	\$87.06
88355	MORPHOMETRIC ANALYSIS:SKELETAL	\$124.73
88356	SKELETAL MUSCLE NERVE:MORPHOME	\$126.00
88358	MORPHOMETRIC ANALYSIS TUMOR	\$59.71
88360	TUMOR-IMMUNO-EG,HER-2/NEU ESTR	\$107.12
88361	TUMOR HER 2/NEU QUANT/OR SEMIQ	\$94.00
88362	NERVE TEASING PREPARATIONS	\$126.00
88363	EXAMINATION AND SELECTION OF R	\$19.16
88364	CELL EXAMINATION	\$123.24
88365	TISSUE IN SITU HYBRIDIZATION I	\$47.25
88366	CELL EXAMINATION	\$250.86
88367	IN-SITU HYBIRD-QUANT-SEMI QUAT	\$96.90
88368	IN SITU HYBIRD QUANT SEMI EACH	\$112.58
88369	MICROSCOPIC GENETIC EXAMINATIO	\$100.55
88371	PROTEIN ANAL TISSUE,INT & REPO	\$30.00
88372	PROTEIN ANAL TISSUE:IMM PROBE	\$24.78
88373	MICROSCOPIC GENETIC EXAMINATIO	\$61.90
88374	MICROSCOPIC GENETIC EXAMINATIO	\$302.94
88377	MICROSCOPIC GENETIC EXAMINATIO	\$364.18
88380	MICRODISSECTION	\$112.98
88381	MICRODISSECTION (IE, SAMPLE PR	\$175.91
88387	MACROSCOPIC EXAMINATION,DISSEC	\$29.06
88388	MACROSCOPIC EXAMINATION,DISSEC	\$31.34
88399	UNLISTED SURGICAL PATHOLOGY PR	\$0.00
88720	BILIRUBIN TOTAL TRANSCUTANEOUS	\$4.02

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Codes for Out-Patient Laboratory Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE
88738	HEMOGLOBIN (HGB), QUANTITATIVE	\$4.02
88740	HEMOGLOBIN QUANTITATIVE TRANSC	\$7.50
88741	HEMOGLOBIN QUANTITATIVE TRANSC	\$7.50
88749	UNLISTED IN VIVO (EG TRANSCUTA	\$0.00
89049	CAFFEINE HALOTHAWA INTREP AND	\$228.80
89050	BODY FLUID CELL COUNT	\$0.90
89051	BODY FLUID CELL COUNT	\$0.90
89055	LEUKOCYTE COUNT,FECAL	\$4.76
89060	CRYSTAL IDENTIFICATION BY COMP	\$8.50
89125	SPECIMEN FAT STAIN	\$0.60
89160	EXAM FECES FOR MEAT FIBERS	\$2.10
89190	NASAL SMEAR FOR EOSINOPHILS	\$2.20
89205	OCCULT BLOOD,ANY SOURCE EXCEPT	\$1.20
89220	SPUTUM OBTAINING SPEC AEROSOL	\$8.00
89230	SWEAT COLLECTION IONTOPHORESIS	\$2.12
89310	SEMEN ANALYSIS	\$4.80
89320	COMPLETE SEMEN ANALYSIS	\$9.00
89321	SEMEN ANALYSIS	\$9.00
89322	SEMEN ANALYSIS: VOLUME, COUNT,	\$12.40
89325	SPERM ANTIBODIES	\$13.00
89331	SPERM EVALUATION, FOR RETROGRA	\$15.67
89398	UNLISTED REPRODUCTIVE MEDICINE	\$0.00

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