

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018

Codes for Out-Patient Laboratory Billing ONLY

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
36415	VENIPUNCTURE MULTIPLE PATIENTS	\$1.80	
36416	COLLECTION OF CAPILLARY BLOOD	\$1.80	
36430	TRANSFUSION,BLOOD/BLOOD COMPO	\$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	\$9.23	*
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	
80074	ACUTE HEPATITIS PANEL	\$30.00	
80076	HEPATIC FUNCTION PANEL	\$7.00	
80081	BLOOD TEST PANEL FOR OBSTETRIC	\$82.15	*
80150	AMIKACIN	\$15.00	
80155	CAFFEINE LEVEL	\$15.52	*
80156	CARBAMAZEPINE	\$15.90	
80157	CARBAMAZEPINE:FREE	\$10.00	
80158	CYCLOSPORINE	\$20.00	
80159	CLOZAPINE LEVEL	\$16.15	*
80162	DIGOXIN	\$15.00	
80163	DIGOXIN LEVEL	\$14.57	*
80164	DIPROPYLACETIC ACID (VALPROIC	\$10.00	
80165	VALPROIC ACID LEVEL	\$10.65	*
80168	ETHOSUXIMIDE	\$18.00	
80169	EVEROLIMUS LEVEL	\$15.07	
80170	GENTAMICIN	\$12.60	
80171	GABAPENTIN LEVEL	\$11.58	
80173	HALOPERIDOL	\$16.10	
80175	LAMOTRIGINE LEVEL	\$14.54	
80176	LIDOCAINE	\$18.00	
80177	LEVETIRACETAM LEVEL	\$14.54	
80178	LITHIUM	\$9.00	
80180	MYCOPHENOLATE (MYCOPHENOLIC AC	\$15.76	*
80183	OXCARBAZEPINE LEVEL	\$14.54	
80184	PHENOBARBITAL	\$12.80	
80185	PHENYTOIN: TOTAL	\$14.65	
80186	PHENOIN, FREE	\$15.02	
80188	PRIMIDONE	\$20.00	
80190	PROCAINAMIDE	\$15.00	
80192	PROCAINAMIDE,WITH METABOLITES	\$15.00	
80194	QUINIDINE	\$15.00	
80195	SIROLIMYS	\$14.98	
80197	TACROLIMUS	\$15.00	
80198	THEOPHYLLINE	\$15.00	
80199	TIAGABINE LEVEL	\$19.82	*
80200	TOBRAMYCIN	\$12.60	
80201	TROPRIAMATE	\$12.00	
80202	VANCOMYCIN	\$12.00	
80203	ZONISAMIDE LEVEL	\$14.54	
80299	QUANT.DRUG NOT ELSEWHERE SPECI	\$10.80	
80305	TESTING FOR PRESENCE OF DRUG	\$16.18	*
80306	TESTING FOR PRESENCE OF DRUG	\$21.58	
80307	TESTING FOR PRESENCE OF DRUG	\$86.28	*
80320	ALCOHOLS LEVELS	COST TO CHARGE	
80321	ALCOHOLS LEVELS	COST TO CHARGE	
80322	ALCOHOLS LEVELS	COST TO CHARGE	
80323	ALKALOIDS LEVELS	COST TO CHARGE	
80324	AMPHETAMINES LEVELS	COST TO CHARGE	
80325	AMPHETAMINES LEVELS	COST TO CHARGE	
80326	AMPHETAMINES LEVELS	COST TO CHARGE	
80327	ANABOLIC STEROIDS LEVELS	COST TO CHARGE	
80328	ANABOLIC STEROIDS LEVELS	COST TO CHARGE	
80329	ANALGESICS LEVELS	COST TO CHARGE	
80330	ANALGESICS LEVELS	COST TO CHARGE	
80331	ANALGESICS LEVELS	COST TO CHARGE	
80332	ANTIDEPRESSANTS LEVELS	COST TO CHARGE	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
80333	ANTIDEPRESSANTS LEVELS	COST TO CHARGE	
80334	ANTIDEPRESSANTS LEVELS	COST TO CHARGE	
80335	ANTIDEPRESSANTS LEVELS	COST TO CHARGE	
80336	ANTIDEPRESSANTS LEVELS	COST TO CHARGE	
80337	ANTIDEPRESSANTS LEVELS	COST TO CHARGE	
80338	ANTIDEPRESSANTS LEVELS	COST TO CHARGE	
80339	ANTIPILEPTICS LEVELS	COST TO CHARGE	
80340	ANTIPILEPTICS LEVELS	COST TO CHARGE	
80341	ANTIPILEPTICS LEVELS	COST TO CHARGE	
80342	ANTIPSYCHOTICS LEVELS	COST TO CHARGE	
80343	ANTIPSYCHOTICS LEVELS	COST TO CHARGE	
80344	ANTIPSYCHOTICS LEVELS	COST TO CHARGE	
80345	BARBITURATES LEVELS	COST TO CHARGE	
80346	BENZODIAZEPINES LEVELS	COST TO CHARGE	
80347	BENZODIAZEPINES LEVELS	COST TO CHARGE	
80348	BUPRENORPHINE LEVEL	COST TO CHARGE	
80349	CANNABINOIDS LEVELS	COST TO CHARGE	
80350	CANNABINOIDS LEVELS	COST TO CHARGE	
80351	CANNABINOIDS LEVELS	COST TO CHARGE	
80352	CANNABINOIDS LEVELS	COST TO CHARGE	
80353	COCAINE LEVEL	COST TO CHARGE	
80354	FENTANYL LEVEL	COST TO CHARGE	
80355	GABAPENTIN LEVEL NON-BLOOD	COST TO CHARGE	
80356	HEROIN METABOLITE LEVEL	COST TO CHARGE	
80357	KETAMINE AND NORKETAMINE LEVEL	COST TO CHARGE	
80358	METHADONE LEVEL	COST TO CHARGE	
80359	METHYLENEDIOXYAMPHETAMINES LEV	COST TO CHARGE	
80360	METHYLPHENIDATE LEVEL	COST TO CHARGE	
80361	OPIATES LEVELS	COST TO CHARGE	
80362	OPIOIDS LEVELS	COST TO CHARGE	
80363	OPIOIDS LEVELS	COST TO CHARGE	
80364	OPIOIDS LEVELS	COST TO CHARGE	
80365	OXYCODONE LEVELS	COST TO CHARGE	
80366	PREGABALIN LEVEL	COST TO CHARGE	
80367	PROPOXYPHENE LEVEL	COST TO CHARGE	
80368	SEDATIVE HYPNOTICS (NON-BENZOD	COST TO CHARGE	
80369	SKELETAL MUSCLE RELAXANTS LEVE	COST TO CHARGE	
80370	SKELETAL MUSCLE RELAXANTS LEVE	COST TO CHARGE	
80371	SYNTHETIC STIMULANTS LEVELS	COST TO CHARGE	
80372	TAPENTADOL LEVEL	COST TO CHARGE	
80373	TRAMADOL LEVEL	COST TO CHARGE	
80374	STEREISOIMER (ENANTIOMER) DRUG	COST TO CHARGE	
80375	DRUGS OR SUBSTANCES MEASUREMEN	COST TO CHARGE	
80376	DRUGS OR SUBSTANCES MEASUREMEN	COST TO CHARGE	
80377	DRUGS OR SUBSTANCES MEASUREMEN	COST TO CHARGE	
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	COST TO CHARGE	
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	COST TO CHARGE	
80420	DEXAMETHASONE SUPP. PANEL, 48	\$74.00	
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.GLUKOSE	\$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	METYRAPONE PANEL	\$75.00	
80438	THYROTROPIN REL.HORMONE ONE HO	\$50.00	
80439	THYROTROPIN REL.HORMONE 2 HRS	\$74.27	
80500	CLINICAL PATH CONSULT:LIMITED	COST TO CHARGE	
80502	CLINICAL PATH CONSULT:COMPREHE	COST TO CHARGE	
81000	URINALYSIS WITH MICROSCOPY	\$1.20	
81001	URINALYSIS.AUTOMATED W.MICROSC	\$1.20	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018

Codes for Out-Patient Laboratory Billing ONLY

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
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	COST TO CHARGE	
81105	GENE ANALYSIS (HUMAN PLATELET	\$120.71	*
81106	GENE ANALYSIS (HUMAN PLATELET	\$120.71	*
81107	GENE ANALYSIS (HUMAN PLATELET	\$120.71	*
81108	GENE ANALYSIS (HUMAN PLATELET	\$120.71	*
81109	GENE ANALYSIS (HUMAN PLATELET	\$120.71	*
81110	GENE ANALYSIS (HUMAN PLATELET	\$120.71	*
81111	GENE ANALYSIS (HUMAN PLATELET	\$120.71	*
81112	GENE ANALYSIS (HUMAN PLATELET	\$120.71	*
81120	GENE ANALYSIS (ISOCITRATE DEHY	\$154.60	*
81121	GENE ANALYSIS (ISOCITRATE DEHY	\$236.63	*
81161	GENE ANALYSIS (DYSTROPHIN)	\$0.00	
81162	GENE ANALYSIS (BREAST CANCER 1	\$2002.61	
81170	GENE ANALYSIS (ABL PROTO-ONCOG	\$265.46	
81175	GENE ANALYSIS (ADDITIONAL SEX	\$565.62	*
81176	GENE ANALYSIS (ADDITIONAL SEX	\$238.91	*
81200	ASPA (ASPARTOACYLASE) (EG, CAN	COST TO CHARGE	*
81201	APC (ADENOMATOUS POLYPOSIS COL	COST TO CHARGE	*
81202	APC (ADENOMATOUS POLYPOSIS COL	COST TO CHARGE	*
81203	APC (ADENOMATOUS POLYPOSIS COL	COST TO CHARGE	*
81205	BCKDHB (BRANCHED-CHAIN KETO AC	COST TO CHARGE	*
81206	BCR/ABL1 (T(9:22)) (EG, CHRONI	COST TO CHARGE	*
81207	BCR/ABL1 (T(9:22)) (EG, CHRONI	COST TO CHARGE	*
81208	BCR/ABL1 (T(9:22)) (EG, CHRONI	COST TO CHARGE	*
81209	BLM (BLOOM SYNDROME, RECQ HELI	COST TO CHARGE	*
81210	BRAF (V-RAF MURINE SARCOMA VIR	COST TO CHARGE	*
81211	BRCA1, BRCA2 (BREAST CANCER 1	COST TO CHARGE	*
81212	BRCA1, BRCA2 (BREAST CANCER 1	COST TO CHARGE	*
81213	BRCA1, BRCA2 (BREAST CANCER 1	COST TO CHARGE	*
81214	BRCA1 (BREAST CANCER 1) (EG, H	COST TO CHARGE	*
81215	BRCA1 (BREAST CANCER 1) (EG, H	COST TO CHARGE	*
81216	BRCA2 (BREAST CANCER 2) (EG, H	COST TO CHARGE	*
81217	BRCA2 (BREAST CANCER 2) (EG, H	COST TO CHARGE	*
81218	GENE ANALYSIS (CCAAT/ENHANCER	\$265.46	
81219	GENE ANALYSIS (CALRETICULIN),	\$133.47	
81220	CFTR (CYSTIC FIBROSIS TRANSMEM	COST TO CHARGE	*
81221	CFTR (CYSTIC FIBROSIS TRANSMEM	COST TO CHARGE	*
81222	CFTR (CYSTIC FIBROSIS TRANSMEM	COST TO CHARGE	*
81223	CFTR (CYSTIC FIBROSIS TRANSMEM	COST TO CHARGE	*
81224	CFTR (CYSTIC FIBROSIS TRANSMEM	COST TO CHARGE	*
81225	CYP2C19 (CYTOCHROME P450, FAMI	COST TO CHARGE	*
81226	CYP2D6 (CYTOCHROME P450, FAMIL	COST TO CHARGE	*
81227	CYP2C9 (CYTOCHROME P450, FAMIL	COST TO CHARGE	*
81228	CYTOGENOMIC CONSTITUTIONAL (GE	COST TO CHARGE	*
81229	CYTOGENOMIC CONSTITUTIONAL (GE	COST TO CHARGE	*
81230	GENE ANALYSIS (CYTOCHROME P450	\$139.85	*
81231	GENE ANALYSIS (CYTOCHROME P450	\$139.85	*
81232	GENE ANALYSIS (DIHYDROPYRIMIDI	\$139.85	*
81235	EGFR (EPIDERMAL GROWTH FACTOR	COST TO CHARGE	*
81238	GENE ANALYSIS (COAGULATION FAC	\$480.00	*
81240	F2 (PROTHROMBIN, COAGULATION F	COST TO CHARGE	*
81241	F5 (COAGULATION FACTOR V) (EG,	COST TO CHARGE	*
81242	FANCC (FANCONI ANEMIA, COMPLEM	COST TO CHARGE	*
81243	FMR1 (FRAGILE X MENTAL RETARDA	COST TO CHARGE	*
81244	FMR1 (FRAGILE X MENTAL RETARDA	COST TO CHARGE	*
81245	FLT3 (FMS-RELATED TYROSINE KIN	COST TO CHARGE	*
81246	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
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	COST TO CHARGE	*
81251	GBA (GLUCOSIDASE, BETA, ACID)	COST TO CHARGE	*
81252	GJB2 (GAP JUNCTION PROTEIN, BE	COST TO CHARGE	*
81253	GJB2 (GAP JUNCTION PROTEIN, BE	COST TO CHARGE	*

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
81254	GJB6 (GAP JUNCTION PROTEIN, BE	COST TO CHARGE	*
81255	HEXA (HEXOSAMINIDASE A [ALPHA	COST TO CHARGE	*
81256	HFE (HEMOCHROMATOSIS) (EG, HER	COST TO CHARGE	*
81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND	COST TO CHARGE	*
81258	GENE ANALYSIS (ALPHA GLOBIN 1	\$300.20	*
81259	GENE ANALYSIS (ALPHA GLOBIN 1	\$480.00	*
81260	IKBKAP (INHIBITOR OF KAPPA LIG	COST TO CHARGE	*
81261	IGH@ (IMMUNOGLOBULIN HEAVY CHA	COST TO CHARGE	*
81262	IGH@ (IMMUNOGLOBULIN HEAVY CHA	COST TO CHARGE	*
81263	IGH@ (IMMUNOGLOBULIN HEAVY CHA	COST TO CHARGE	*
81264	IGK@ (IMMUNOGLOBULIN KAPPA LIG	COST TO CHARGE	*
81265	COMPARATIVE ANALYSIS USING SHO	COST TO CHARGE	*
81266	COMPARATIVE ANALYSIS USING SHO	COST TO CHARGE	*
81267	CHIMERISM (ENGRAFTMENT) ANALYS	COST TO CHARGE	*
81268	CHIMERISM (ENGRAFTMENT) ANALYS	COST TO CHARGE	*
81269	GENE ANALYSIS (ALPHA GLOBIN 1	\$161.92	*
81270	JAK2 (JANUS KINASE 2) (EG, MYE	COST TO CHARGE	*
81272	GENE ANALYSIS (V-KIT HARDY-ZUC	\$265.46	*
81273	GENE ANALYSIS (V-KIT HARDY-ZUC	\$100.59	*
81275	KRAS (V-KI-RAS2 KIRSTEN RAT SA	COST TO CHARGE	*
81276	GENE ANALYSIS (KIRSTEN RAT SAR	\$158.86	*
81283	GENE ANALYSIS (INTERFERON, LAM	\$60.35	*
81287	MGMT (O-6-METHYLGUANINE-DNA ME	COST TO CHARGE	*
81288	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCO	COST TO CHARGE	*
81291	MTHFR (5,10-METHYLENETETRAHYDR	COST TO CHARGE	*
81292	MLH1 (MUTL HOMOLOG 1, COLON CA	COST TO CHARGE	*
81293	MLH1 (MUTL HOMOLOG 1, COLON CA	COST TO CHARGE	*
81294	MLH1 (MUTL HOMOLOG 1, COLON CA	COST TO CHARGE	*
81295	MSH2 (MUTS HOMOLOG 2, COLON CA	COST TO CHARGE	*
81296	MSH2 (MUTS HOMOLOG 2, COLON CA	COST TO CHARGE	*
81297	MSH2 (MUTS HOMOLOG 2, COLON CA	COST TO CHARGE	*
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]	COST TO CHARGE	*
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]	COST TO CHARGE	*
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]	COST TO CHARGE	*
81301	MICROSATELLITE INSTABILITY ANA	COST TO CHARGE	*
81302	MECP2 (METHYL CPG BINDING PROT	COST TO CHARGE	*
81303	MECP2 (METHYL CPG BINDING PROT	COST TO CHARGE	*
81304	MECP2 (METHYL CPG BINDING PROT	COST TO CHARGE	*
81310	NPM1 (NUCLEOPHOSMIN) (EG, ACUT	COST TO CHARGE	*
81311	GENE ANALYSIS FOR CANCER (NEUR	\$238.29	*
81313	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81314	GENE ANALYSIS ((PLATELET-DERIV	\$265.46	*
81315	PML/RARALPHA, (T(15:17)), (PRO	COST TO CHARGE	*
81316	PML/RARALPHA, (T(15:17)), (PRO	COST TO CHARGE	*
81317	PMS2 (POSTMEIOTIC SEGREGATION	COST TO CHARGE	*
81318	PMS2 (POSTMEIOTIC SEGREGATION	COST TO CHARGE	*
81319	PMS2 (POSTMEIOTIC SEGREGATION	COST TO CHARGE	*
81321	PTEN (PHOSPHATASE AND TENSIN H	COST TO CHARGE	*
81322	PTEN (PHOSPHATASE AND TENSIN H	COST TO CHARGE	*
81323	PTEN (PHOSPHATASE AND TENSIN H	COST TO CHARGE	*
81324	PMP22 (PERIPHERAL MYELIN PROTE	COST TO CHARGE	*
81325	PMP22 (PERIPHERAL MYELIN PROTE	COST TO CHARGE	*
81326	PMP22 (PERIPHERAL MYELIN PROTE	COST TO CHARGE	*
81327	METHYLATION ANALYSIS (SEPTIN9)	\$66.94	*
81328	GENE ANALYSIS (SOLUTE CARRIER	\$139.85	*
81330	SMPD1(SPHINGOMYELIN PHOSPHODIE	COST TO CHARGE	*
81331	SNRPN/UBE3A (SMALL NUCLEAR RIB	COST TO CHARGE	*
81332	SERPINA1 (SERPIN PEPTIDASE INH	COST TO CHARGE	*
81334	GENE ANALYSIS (RUNT RELATED TR	\$263.61	*
81335	GENE ANALYSIS (THIOPURINE S-ME	\$139.85	*
81340	TRB@ (T CELL ANTIGEN RECEPTOR,	COST TO CHARGE	*
81341	TRB@ (T CELL ANTIGEN RECEPTOR,	COST TO CHARGE	*
81342	TRG@ (T CELL ANTIGEN RECEPTOR,	COST TO CHARGE	*
81346	GENE ANALYSIS (THYMIDYLATE SYN	\$139.85	*
81350	UGT1A1 (UDP GLUCURONOSYLTRANSF	COST TO CHARGE	*
81355	VKORC1 (VITAMIN K EPOXIDE REDU	COST TO CHARGE	*
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	COST TO CHARGE	*

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
81371	HLA CLASS I AND II TYPING, LOW	COST TO CHARGE	*
81372	HLA CLASS I TYPING, LOW RESOLU	COST TO CHARGE	*
81373	HLA CLASS I TYPING, LOW RESOLU	COST TO CHARGE	*
81374	HLA CLASS I TYPING, LOW RESOLU	COST TO CHARGE	*
81375	HLA CLASS II TYPING, LOW RESOL	COST TO CHARGE	*
81376	HLA CLASS II TYPING, LOW RESOL	COST TO CHARGE	*
81377	HLA CLASS II TYPING, LOW RESOL	COST TO CHARGE	*
81378	HLA CLASS I AND II TYPING, HIG	COST TO CHARGE	*
81379	HLA CLASS I TYPING, HIGH RESOL	COST TO CHARGE	*
81380	HLA CLASS I TYPING, HIGH RESOL	COST TO CHARGE	*
81381	HLA CLASS II TYPING, HIGH RESOL	COST TO CHARGE	*
81382	HLA CLASS II TYPING, HIGH RESO	COST TO CHARGE	*
81383	HLA CLASS II TYPING, HIGH RESO	COST TO CHARGE	*
81400	MOLECULAR PATHOLOGY PROCEDURE,	COST TO CHARGE	*
81401	MOLECULAR PATHOLOGY PROCEDURE,	COST TO CHARGE	*
81402	MOLECULAR PATHOLOGY PROCEDURE,	COST TO CHARGE	*
81403	MOLECULAR PATHOLOGY PROCEDURE,	COST TO CHARGE	*
81404	MOLECULAR PATHOLOGY PROCEDURE,	COST TO CHARGE	*
81405	MOLECULAR PATHOLOGY PROCEDURE,	COST TO CHARGE	*
81406	MOLECULAR PATHOLOGY PROCEDURE,	COST TO CHARGE	*
81407	MOLECULAR PATHOLOGY PROCEDURE,	COST TO CHARGE	*
81408	MOLECULAR PATHOLOGY PROCEDURE,	COST TO CHARGE	*
81410	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81411	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81412	TEST FOR DETECTING GENES FOR D	COST TO CHARGE	*
81413	TEST FOR DETECTING GENES ASSOC	\$641.86	*
81414	TEST FOR DETECTING GENES ASSOC	\$641.86	*
81415	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81416	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81417	REEVALUATION TEST FOR DETECTIN	COST TO CHARGE	*
81420	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81422	TEST FOR DETECTING GENES ASSOC	\$641.86	*
81425	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81426	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81427	REEVALUATION TEST FOR DETECTIN	COST TO CHARGE	*
81430	TEST FOR DETECTING GENES CAUSI	COST TO CHARGE	*
81431	TEST FOR DETECTING GENES CAUSI	COST TO CHARGE	*
81432	GENE ANALYSIS (BREAST AND RELA	COST TO CHARGE	*
81433	GENE ANALYSIS (BREAST AND RELA	COST TO CHARGE	*
81434	GENE ANALYSIS (RETINAL DISORDE	COST TO CHARGE	*
81435	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81436	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81437	GENE ANALYSIS (NEUROENDOCRINE	COST TO CHARGE	*
81438	GENE ANALYSIS (NEUROENDOCRINE	COST TO CHARGE	*
81439	TEST FOR DETECTING GENES ASSOC	\$0.00	*
81440	TEST FOR DETECTING GENES	COST TO CHARGE	*
81442	GENE ANALYSIS (NOONAN SYNDROME	COST TO CHARGE	*
81445	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81448	GENE ANALYSIS PANEL FOR HEREDI	\$577.68	*
81450	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81455	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81460	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81465	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81470	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81471	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81479	UNLISTED MOLECULAR PATHOLOGY P	COST TO CHARGE	*
81490	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81493	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81500	ONCOLOGY (OVARIAN), BIOCHEMICA	COST TO CHARGE	*
81503	ONCOLOGY (OVARIAN), BIOCHEMICA	COST TO CHARGE	*
81504	GENETIC PROFILING ON ONCOLOGY	COST TO CHARGE	*
81506	ENDOCRINOLOGY (TYPE 2 DIABETES	COST TO CHARGE	*
81507	DNA ANALYSIS USING MATERNAL PL	COST TO CHARGE	*
81508	FETAL CONGENITAL ABNORMALITIES	COST TO CHARGE	*
81509	FETAL CONGENITAL ABNORMALITIES	COST TO CHARGE	*
81510	FETAL CONGENITAL ABNORMALITIES	COST TO CHARGE	*
81511	FETAL CONGENITAL ABNORMALITIES	COST TO CHARGE	*
81512	FETAL CONGENITAL ABNORMALITIES	COST TO CHARGE	*
81519	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81520	GENE ANALYSIS OF BREAST TUMOR	\$2479.22	*
81521	GENE ANALYSIS OF BREAST TUMOR	\$3098.40	*
81525	GENE ANALYSIS (COLON RELATED C	COST TO CHARGE	*

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
81528	GENE ANALYSIS (COLORECTAL CANC	\$409.94	
81535	CULTURE OF LIVE TUMOR CELLS AN	\$466.82	
81536	CULTURE OF LIVE TUMOR CELLS AN	\$143.04	
81538	TESTING OF LUNG TUMOR CELLS FO	COST TO CHARGE	*
81539	MEASUREMENT OF PROTEINS ASSOCI	\$481.68	*
81540	GENE ANALYSIS (CANCER)	COST TO CHARGE	*
81541	GENE ANALYSIS OF PROSTATE TUMO	\$3098.40	*
81545	GENE ANALYSIS (THYROID CANCER)	COST TO CHARGE	*
81551	GENE ANALYSIS OF PROSTATE TUMO	\$0.00	
81595	TEST FOR DETECTING GENES ASSOC	COST TO CHARGE	*
81599	UNLISTED MULTIANALYTE ASSAY WI	COST TO CHARGE	
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	\$37.25	*
82075	ASSAY BREATH ETHANOL	\$8.80	
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	
82106	ALPHA-FETOPROTEIN: AMNIOTIC FL	\$10.20	
82107	ALPHA-FETOPROTEIN (AFP):AFP-L3	\$70.69	*
82108	ALUMINUM,	\$28.17	
82120	AMINES VAG FLUID, QUAL	COST TO CHARGE	
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	\$20.00	
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	COST TO CHARGE	
82232	BETA-2 MICROGLOBULIN,	\$17.80	
82239	BILE ACIDS, TOTAL	\$20.00	
82240	CHOLYGLYCINE	\$5.69	
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	\$3.57	*
82272	BLLD OCCULT QUAL.DIGITA EXAM	\$3.57	*
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	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
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	
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,QUANT COL MULTI	\$21.50	
82495	CHROMIUM	\$9.66	
82507	ASSAY CITRIC ACID	\$37.00	
82523	COLLAGEN CROSSLINK ANY METHOD	\$11.86	
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	\$14.92	*
82615	TEST FOR URINE CYSTINES	\$11.00	
82626	DEHYDROEPIANDROSTERONE, (DHEA)	\$29.60	
82627	DEHYDROEPIANDROSTERONE-SULFATE	\$29.00	
82633	DESOXYCORTICOSTERONE, RIA	\$38.52	
82634	DESOXYCORTISOL, 11-	\$25.72	
82638	DIBUCAINE NUMBER	\$15.20	
82652	DIHYDROXYVITAMIN D, 1,25-	\$47.87	
82656	ELASTASE,PANCREATIC FECAL QUAL	\$12.07	*
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	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
82677	RIA ASSAY OF ESTRIOL	\$28.00	
82679	RIA ASSAY OF ESTRONE	\$25.00	
82693	ETHYLENE GLYCOL	\$12.50	
82696	ASSAY OF ETIOCHOLANOLONE, RIA	\$22.00	
82705	FATS/LIPIDS,FECES,SCREENING	\$0.70	
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	
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	\$24.14	*
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 O2 SAT.OONLY BY DIR M	\$10.00	
82820	HEMOGLOBIN-OXYGEN AFFINITY	\$10.98	
82930	GASTRIC ACID ANALYSIS, INCLUDE	\$5.95	*
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	
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	\$24.14	*
83009	HELICOBACTER,BLOOD PYLORI,BLAN	\$47.65	*
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	
83033	FETAL FECAL HEMOGLOBIN QUAL. (\$7.00	
83036	GLYCOSYLATED	\$6.60	
83037		\$10.66	*
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	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
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	COST TO CHARGE	
83525	RIA ASSAY OF INSULIN	\$12.00	
83526	INSULIN TOLERANCE TEST	\$10.00	
83527	INSULIN:FREE	\$16.11	
83528	INTRINSIC FACTOR LEVEL	\$20.00	
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	\$21.54 *	
83631	LACTOFERRIN,FECAL.QUANTITATIVE	\$21.54 *	
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 FLUORESENCE 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)	\$14.21 *	
83698	LIPOPROTEIN-ASSOCIATED PHOSPHO	\$37.25 *	
83700	LIPOPROTEIN,BLOOD:ELECT SEP AN	\$12.35 *	
83701	LIPOPROTEIN,BL,HIGH RESO QUANT	\$27.24 *	
83704	LIPOPROTEIN,QUANT PART NUM AND	\$34.62 *	
83718	BLOOD LIPOPROTEIN ASSAY	\$8.00	
83719	LIPOPROTEIN,VLDL CHOLESTEROL	\$15.50	
83721	LIPOPROTEIN,DIRECT MEAS.LDL CH	\$10.66	
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 METHHEMALBUMIN	\$12.00	
83861	MICROFLUIDIC ANALYSIS W/INTEG	\$18.13 *	
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)	\$37.25 *	
83880	NATRIURETIC PEPTIDE	\$37.94	
83883	NEPHELOMETRY,EACH ANALYTE NOT	COST TO CHARGE	
83885	ASSAY URINE FOR NICKEL	\$19.00	
83915	ASSAY NUCLEOTIDASE	\$6.00	
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	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
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	\$70.69 *	
83970	RIA ASSAY OF PARATHORMONE	\$54.00	
83986	ASSAY BODY FLUID ACIDITY	\$4.30	
83987	PH: EXHALED BREATH CONDENSATE	\$17.43 *	
83992	PHENCYCLIDINE (PCP)	\$18.00	
83993	CALPROTECTIN, FECAL	\$21.54 *	
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	
84105	ASSAY URINE PHOSPHORUS	\$3.00	
84106	PORPHOBILINOGEN,URINE,QUAL.	\$1.80	
84110	PORPHOBILINOGEN,QUANT.	\$7.50	
84112	PLACENTAL ALPHA MICROGLOBULIN	\$70.69 *	
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)	\$29.40 *	
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	\$16.52 *	
84165	ASSAY SERUM PROTEINS	\$6.00	
84166	PROTEIN,ELECT.FRACT.AND,QUAT,O	\$19.57 *	
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	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
84305	SOMATOMEDIN	\$16.00	
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	\$58.04	
84425	ASSAY VITAMIN B-1	\$29.00	
84430	THIOCYANATE	\$3.60	
84431	THRONBOXANE METABOLITE(S), INC	\$18.44 *	
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	\$23.00	
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	
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 FECEES FOR TRYPSIN	\$3.30	
84490	ASSAY FECEES FOR TRYPSIN	\$3.30	
84510	ASSAY BLOOD TYROSINE	\$12.70	
84512	TROPNIN-QUAL	COST TO CHARGE	
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,FECEES: QUANT.	\$6.00	
84578	TEST URINE UROBILINOGEN	\$0.40	
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	
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):	\$16.52 *	
84830	OVUL. TESTS,VISUAL COLOR COMP.M	\$3.00	
84999	UNLISTED CHEMISTRY/TOXICOLOGY	COST TO CHARGE	
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	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
85025	BLOOD COUNT:HEMO.PLAT.COUNT,AU	COST TO CHARGE	
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	
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	COST TO CHARGE	
85097	BONE MARROW SMEAR INTERPRET	COST TO CHARGE	
85130	CHROMOGENIC SUBSTRATE ASSAY	COST TO CHARGE	
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/	\$26.00	
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 KINNOGEN ASSA	\$20.67	
85300	ANTITHROMBIN III TEST ACTIVITY	\$15.00	
85301	CLOT. INHIB/ANTICOAG/ANTITHROM	\$14.00	
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	\$11.63	
85397	COAGULATION & FIBRINOLYSIS FUN	\$25.18	
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	
85421	FIBR0 MECH:PLASM.ANTIGENIC ASS	\$12.12	
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	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
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	\$19.73 *	
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	
85670	THROMBIN TIME: PLASMA	\$8.00	
85675	THROMBIN TIME: TITER	\$6.00	
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	COST TO CHARGE	
86000	AGGLUTININS: FEBRILE, EACH ANT	\$0.96	
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	MEASURMENT OF ANTIBODY (IGE) T	\$17.71 *	
86021	WBC ANTIBODY IDENTIFICATION	\$9.00	
86022	PLATELET ANTIBODIES	\$9.00	
86023	ANTIBODY ID,PLAT.ASS. IMMUNOBL	\$15.00	
86038	ANTINUCLEAR ANTIBODIES (ANA),	\$7.80	
86039	ANTINUCLEAR ANTIBODIES,ANA:TIT	\$15.00	
86060	ANTISTREPTOLYSIN O TITER	\$3.60	
86063	ANTISTREPTOLYSIN O SCREEN	\$1.20	
86077	BLOOD BANK PHYSICIAN SERVICES:	COST TO CHARGE	
86078	BLOOD BANK PHYSICIAN SERVICES:	COST TO CHARGE	
86079	BLOOD BANK PHYSICIAN SERVICES:	COST TO CHARGE	
86140	C-REACTIVE PROTEIN	\$3.00	
86141	C-REACTIVE PROTEIN:HSCRIP	\$14.30	
86146	BETA 2 GLYCOPROTEIN I ANTIBODY	\$27.77	
86147	CARDIOLIPIN ANTIBODY	\$27.77	
86148	ANTI-PHOSPHATIDYLSERINE	\$22.00	
86152	CELL ENUMERATION USING IMMUNOL	COST TO CHARGE *	
86153	CELL ENUMERATION USING IMMUNOL	\$29.60	
86155	CHEMOTAXIS ASSAY	\$14.00	
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	\$14.13 *	
86215	DEOXYRIBONUCLEASE, ANTIBODY	\$18.00	
86225	DNA ANTIBODY	\$13.00	
86226	DNA ANTIBODY:SINGLE STRANDED	\$15.00	
86235	ENA ANTIBODY	\$24.00	
86255	FLUORESCENT ANTIBODY: SCREEN	\$7.80	
86256	FLUORESCENT ANTIBODY: TITER	\$12.50	
86277	GROWTH HORMONE,HUMAN,ANTIBODY	\$16.00	
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	\$22.84 *	
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	IMMUNOASSAY TO INF. AGENT ANTI	\$7.00	
86320	SERUM IMMUNOELECTROPHORESIS	\$10.50	
86325	OTHER IMMUNOELECTROPHORESIS	\$25.00	
86327	IMMUNOELECTROPHORESIS: CROSSED	\$25.00	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR
*** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
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	\$32.21	*
86336	INHIBIN A	COST TO CHARGE	
86337	INSULIN ANTIBODIES	\$13.71	
86340	INTRINSIC FACTOR ANTIBODIES	\$20.00	
86341	ISLET CELL ANTIBODY	\$25.00	
86343	LEUKOCYTE HISTAMINE RELEASE	\$6.00	
86344	LEUKOCYTE PHAGOCYTOSIS	\$10.86	
86352	CELLULAR FUNCTION ASSAY INVOLV	\$149.10	*
86353	LYMPHOCYTE TRANSFORMATION	\$32.00	
86355	B CELL:TOTAL COUNT	\$41.40	*
86356	MONONUCLEAR CELL ANTIGEN, QUAN	\$29.38	*
86357	NATURAL KILLER CELLS:TOTAL COU	\$41.40	*
86359	T CELLS: TOTAL COUNT	\$40.00	
86360	T CELLS: T4 & T8, INCLUDING RA	\$55.00	
86361	T-CELL:ABSOLUTE CD4 COUNT	\$29.93	
86367	STEM CELLS (IE)CD34) TOTAL CEL	\$41.40	*
86376	MICROSOMAL ANTIBODY (THYROID)	\$6.60	
86382	NEUTRALIZATION TEST, VIRAL	\$20.00	
86384	NITROBLUE TETRAZOLIUM DYE	\$10.86	
86386	NUCLEAR MATRIX PROTEIN 22.QUAL	\$4.69	*
86403	PRECIPITIN (EG, LATEX BEAD) OR	\$8.00	
86406	TITER/EACH ANTIBODY	\$6.60	
86430	RHEUMATOID FACTOR: QUAL.	\$1.80	
86431	RHEUMATOID FACTOR: QUANTITATIV	\$4.50	
86480	TBTEST CELL MED.MEAS.OF GG INT	\$68.02	*
86481	TUBERCULOSIS TEST, CELL MEDIAT	\$82.23	*
86485	SKIN TEST: CANDIDA	COST TO CHARGE	
86486	SKIN TEST: UNLISTED ANTIGEN, E	\$4.49	*
86490	COCCIDIOIDOMYCOSIS SKIN TEST	COST TO CHARGE	
86510	HISTOPLASMOSIS SKIN TEST	COST TO CHARGE	
86580	TB PATCH OR INTRADERMAL TEST	COST TO CHARGE	
86590	STREPTOKINASE, ANTIBODY	\$8.00	
86592	SYPHILIS TEST(S),QUALITATIVE	\$1.50	
86593	SYPHILIS TEST, QUANTITATIVE	\$3.00	
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	
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	COST TO CHARGE	
86677	ANTIBODY:HELICOBACTER PYLORI	\$12.00	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
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 DETCT 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	
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)	\$15.79 *	
86713	ANITBODY: LEGIONELLA	\$20.00	
86717	ANTIBODY:LEISHMANIA	COST TO CHARGE	
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 ELSEWHER	\$12.00	
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	
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	\$14.53 *	
86784	ANTIBODY:TRICHINELLA	\$8.00	
86787	ANTIBODY:VARICELLA-ZOSTER	\$12.60	
86788	ANTIBODY: WEST NILE VIRUS, IGM	\$18.49 *	
86789	ANTIBODY: WEST NILE VIRUS	\$15.79 *	
86790	ANTIBODY:VIRUS, NOT ELSEWHERE	COST TO CHARGE	
86793	ANITBODY:YERSINIA	\$8.00	
86794	ANALYSIS FOR ANTIBODY TO ZIKA	\$16.64 *	
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	\$54.00	
86808	QUICK METHOD CYTOXIC % ANTI-P	\$39.00	
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)	\$88.14 *	
86826	HUMAN LEUKOCYTE ANTIGEN (HLA)	\$30.34 *	
86828	ANTIBODY TO HUMAN LEUKOCYTE AN	\$43.19 *	
86829	ANTIBODY TO HUMAN LEUKOCYTE AN	\$32.57 *	
86830	ANTIBODY TO HUMAN LEUKOCYTE AN	\$84.55 *	
86831	ANTIBODY TO HUMAN LEUKOCYTE AN	\$72.47 *	
86832	ANTIBODY TO HUMAN LEUKOCYTE AN	\$132.86 *	
86833	ANTIBODY TO HUMAN LEUKOCYTE AN	\$120.79 *	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
86834	ANTIBODY TO HUMAN LEUKOCYTE AN	\$374.45 *	
86835	ANTIBODY TO HUMAN LEUKOCYTE AN	\$338.22 *	
86849	UNLISTED IMMUNOLOGY PROCEDURE	COST TO CHARGE	
86850	ANTIBODY SCREEN,RBC,EACH SERUM	COST TO CHARGE	
86860	ANTIBODY ELUTION (RBC), EACH E	COST TO CHARGE	
86870	ANTIBODY IDENT. RBC ANT. EACH	COST TO CHARGE	
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	AUTLOGOUS BLOOD OR COMPONENT,C	\$75.00	
86891	AUTOLOGOUS BLOOD:INTRA. OR POS	\$75.00	
86900	BLOOD TYPING' ABO	COST TO CHARGE	
86901	BLOOD TYPING: RH (D)	COST TO CHARGE	
86902	BLOOD TYPING: ANTIGEN TESTING	\$4.18 *	
86904	BLOOD TYPING:ANT.SCR.COMP.UNIT	COST TO CHARGE	
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	COST TO CHARGE	
86921	COMP.TEST EACH,INCUBATION TECH	COST TO CHARGE	
86922	COMP.TEST EACH,ANTIGLOBULIN TE	COST TO CHARGE	
86923	COMPATIBILITY TEST EACH UNIT E	\$12.00	
86927	FRESH FROZEN PLASMA, THAWING,E	COST TO CHARGE	
86930	FROZEN BLOOD,PREP.FOR FREEZING	COST TO CHARGE	
86931	FROZEN BLOOD,PREP. FREEZ.& THA	COST TO CHARGE	
86932	FROZEN BLOOD,PREP.W.FREEZ&THAW	COST TO CHARGE	
86940	HEMOLYSINS & AGGLUTININS,AUTO,	\$9.50	
86941	HEM.& AGGL.AUTO,SCREEN,EACH:IN	\$12.50	
86945	IRRADIATION BLOOD PRODUCT,EACH	COST TO CHARGE	
86950	LEUKOCYTE TRANSFUSION	COST TO CHARGE	
86960	VOLUME REDUCTION BLOOD:PLALELE	\$25.00	
86965	POOLING PLALELETS OR OTHER BLO	COST TO CHARGE	
86970	PRET. RBC'S USE RBC ANT. DET.	COST TO CHARGE	
86971	PRET.RBC'S USE RBC INC.ENZYMES	COST TO CHARGE	
86972	PRET.RBC'S USE RBC DENSITY GRA	COST TO CHARGE	
86975	PRET.SERUM USE RBC, INC. DRUGS	COST TO CHARGE	
86976	PRET.SERUM USE RBC:BY DILUTION	COST TO CHARGE	
86977	PRET.SERUM USE RBC:INC. WITH I	COST TO CHARGE	
86978	PRET.SERUM USE RBC:DIF.RED CEL	COST TO CHARGE	
86985	SPLITTING BLOOD OR PRODUCTS,EA	COST TO CHARGE	
86999	UNLISTED TRANSF. PROCEDURE	COST TO CHARGE	
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	
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	\$38.51 *	
87152	IDENTIFICATION BY PULSE FIELD	\$5.79	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
87153	CULTURE, TYPING: ID BY NUCLEIC	\$126.59 *	
87158	CULTURE TYPING, ADDED METHOD	\$3.00	
87164	DARK FIELD EXAMINATION	\$6.00	
87166	DARK FIELD EXAMINATION	\$6.00	
87168	MACROSCOPIC 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	\$9.00	
87185	ENZYME MICROBE 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	\$0.78	
87197	SERUM BACTERICIDAL TITER	\$15.00	
87205	SMEAR, STAIN & INTERPRET, ROUT	\$4.20	
87206	SMEAR, STAIN & INTERPRET	\$4.20	
87207	SMEAR, STAIN & INTERPRET, SPEC	\$3.00	
87209	SMEAR PRIM.SOURCE COMPLEX SP.	\$19.23 *	
87210	SMEAR, STAIN & INTERPRET, WET	\$2.40	
87220	TISSUE EXAMINATION FOR FUNGI	\$2.40	
87230	TOXIN/ANTITOXIN ASSAY, TISSUE C	\$27.00	
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	INFECTIOUSAGENT 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:CYTOMEGLORIVUS	\$10.00	
87272	CRYPTOSPORIDIUM 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	\$15.00	
87279	PARAINFLUENZA,AG,IF	\$12.18	
87280	RESPIRATORY SYNCYTIAL VIRUS	\$12.00	
87281	PNEUMOCYSTIS CARINI	\$12.18	
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	\$12.02 *	
87320	CHLAMYDIA TRACHOMATIS	\$12.50	
87324	CLOSTRIDIUM DIFFICILE TOXIN A	\$12.50	
87327	CRPTOCOCCUS NEOFORMANS	\$12.18	
87328	CRYPTOSPORIDIUM/GIARDIA	\$12.50	
87329	GIARDIA/INFECTION AG ANTIGEN ENZYM	\$12.00	
87332	CYTOMEGLORIVUS	\$12.00	
87335	ESCHERICHIA COLI	\$12.00	
87336	ENTAMOEBIA HISTOLYTICA DISPAR G	\$12.18	
87337	ENTAMOEBIA HISTOLYTICA GROUP	\$12.18	
87338	IFECT AGENT ANT:HELI PYLORI:ST	COST TO CHARGE	
87339	HELICOBACTER PYLORI	\$12.18	
87340	HEPATITIS B SURFACE ANTIGEN HB	\$14.00	
87341	HEPATITIS B SURFACE ANTIGEN HB	\$11.42	
87350	HEPATITIS BE ANTIGEN HBEAG	\$14.00	
87380	HEPATITIS DELTA AGENT	\$20.00	
87385	HISTOPLASMA CAPSULATUM	\$15.00	
87389	INFECTIOUS AGENT ANTIGEN DETEC	\$26.29 *	
87390	HIV-1	\$15.00	
87391	HIV-2	\$15.00	
87400	INFLUENZA ALB,AG,EIA EACH	\$6.00	
87420	RESPIRATORY SYNCYTIAL VIRUS	\$12.00	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
87425	ROTAVIRUS	\$12.00	
87427	SHIGA-LIKE TOXIN AG,EIA	\$12.18	
87430	STREPTOCOCCUS GROUP A	\$12.00	
87449	INF.AGENT ANTINOTOTHERWISE SPE	\$12.00	
87450	INFECT AGENT ANTI NOSP SINGLE	\$10.00	
87451	AG DETECT POLYVAL,EIA,MULT	\$10.60	
87471	QUINTANA AMPLIFIED PROBE TECH	\$30.00	
87472	BARTONELLA QUANTIFICATION	\$20.00	
87475	BORELIA BURGSDORFERI NUCLEA ACI	\$25.00	
87476	BORRELIA BURGSDORFERI 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	\$613.81	*
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	\$38.51	*
87495	CYTOMEGALOVIRUS DIRECT PROBE	\$25.00	
87496	CYTOMEGALOVIRUS AMPLIFIED PROB	\$38.00	
87497	CYTOMEGALOVIRUS QUANTIFICATION	\$20.00	
87498	INFECTIOUS AGENT DETECTION BY	\$38.51	*
87500	INFECTIOUS AGENT DETECTION BY	\$38.51	*
87501	INFECTIOUS AGENT DETECTION BY	\$56.31	*
87502	INFECTIOUS AGENT DETECTION BY	\$93.38	*
87503	INFECTIOUS AGENT DETECTION BY	\$22.79	*
87505	DETECTION TEST FOR DIGESTIVE T	\$139.66	*
87506	DETECTION TEST FOR DIGESTIVE T	\$232.36	*
87507	DETECTION TEST FOR DIGESTIVE T	\$453.74	*
87510	GARDNERELLA VAGINALIS DIRECT P	\$25.00	
87511	GARDNERELLA VAGINALIS AMPLIFIE	\$28.00	
87512	GARDNERELLA VAGINALIS QUANTIFI	\$20.00	
87516	HEPATITIS B VIRUS AMPLIFIED	\$38.00	
87517	HEPATITIS B VIRUS QUANTIFICATI	\$20.00	
87520	HEPATITIS C DIRECR	\$25.00	
87521	HEPATITIS C AMPLIFIED PROBE	\$38.00	
87522	HEPATITIS 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	
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 TUBERCULOLSIS 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	
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	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
87592	NEISSERIA GONORRHOEAE QUANTIFI	\$20.00	
87623	DETECTION TEST FOR HUMAN PAPIL	\$38.51	*
87624	DETECTION TEST FOR HUMAN PAPIL	\$38.51	*
87625	DETECTION TEST FOR HUMAN PAPIL	\$38.51	*
87631	INFECTIOUS AGENT DETECTION BY	\$140.78	*
87632	INFECTIOUS AGENT DETECTION BY	\$234.22	*
87633	INFECTIOUS AGENT DETECTION BY	\$457.38	*
87634	DETECTION TEST FOR RESPIRATORY	\$69.33	*
87640	INFECTIOUS AGENT DETECTION BY	\$38.51	*
87641	INFECTIOUS AGENT DETECTION BY	\$38.51	*
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	\$38.51	*
87660	TRICHMONAS/VAG/DIRECT PROBE TE	\$25.00	
87661	INFECTIOUS AGENT DETECTION BY	\$38.51	*
87662	DETECTION TEST FOR ZIKA VIRUS	\$50.68	*
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	
87806	DETECTION TEST FOR HIV-1	\$26.42	
87807	INFECTIOUS AG ANTIGEN DET IMMU	\$12.02	*
87808	INFECTIOUS AGENT ANTIGEN DETEC	\$12.02	*
87809	INFECTIOUS AGENT ANTIGEN DETEC	\$12.02	*
87810	INF.AGENT CHLAMYDIA IMMUNOASSA	\$12.00	
87850	NESSERIA GONORRHOEAE	\$12.00	
87880	STREP A	\$12.00	
87899	NOT OTHERWISE SP	\$12.00	
87900	INFECT AG. DRUG SUS PHENOTYPE	\$143.04	*
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 ENZYMATI ACT	\$13.34	*
87906	INFECTIOUS AGENT GENOTYPE ANAL	\$141.26	*
87910	INFECTIOUS AGENT GENOTYPE ANAL	\$282.52	*
87912	INFECTIOUS AGENT GENOTYPE ANAL	\$282.52	*
87999	UNLISTED MICROBIOLOGY PROCEDUR	COST TO CHARGE	
88104	CYTOPATHOLOGY	COST TO CHARGE	
88106	CYTOPATHOLOGY	COST TO CHARGE	
88108	CYTOPATHOLOGY, FLUIDS, WASHING	COST TO CHARGE	
88112	CYTOPATH/LIQUID BASE SLIDE PRE	\$18.00	
88120	CYTOPATHOLOGY, IN SITU HYBRIDI	\$553.65	*
88121	CYTOPATHOLOGY, IN SITU HYBRIDI	\$495.01	*
88125	FORENSIC CYTOPATHOLOGY	COST TO CHARGE	
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	COST TO CHARGE	
88161	CYTOPATH. PREP.SCREEN.INTER	COST TO CHARGE	
88162	CYTOPATH...EXT.STUDY,+5 SLIDES	COST TO CHARGE	
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	COST TO CHARGE	
88173	FINE NEEDLE ASPIRATE...INTERP/	COST TO CHARGE	
88174	CYTOPATH:ANYREPORT SYS AUTO TH	\$23.50	
88175	CYTOW/SER:BY,AUTO,THIN LAYER P	\$28.50	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
88177	CYTOPATHOLOGY, EVALUATION OF F	\$26.53	*
88182	FLOW CYTOMETRY EACH CELL SURFA	\$64.98	
88184	FLOW.CYTOMETRY-CELL FIRST MARK	\$55.47	*
88185	FLOW CYTOMETRY-CELL SURFACE TC	\$33.89	*
88187	FLOW CYTOMETRY,INTREP:2-8 MARK	\$51.02	*
88188	FLOW-CYTOMETRY INTERP:9-15 MAR	\$64.17	*
88189	FLOW-CYTOMETRY,INTERP:16 OR MO	\$78.18	*
88199	UNLISTED CYTOPATHOLOGY PROCEDU	COST TO CHARGE	
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	\$55.00	
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	
88291	CYTO/MOLECULAR REPORT	\$26.82	
88299	UNLISTED CYTOGENIC STUDY	COST TO CHARGE	
88300	SURGICAL PATHOLOGY, GROSS	COST TO CHARGE	
88302	SURGICAL PATHOLOGY, COMPLETE	COST TO CHARGE	*
88304	SURGICAL PATHOLOGY, COMPLETE	COST TO CHARGE	*
88305	SURGICAL PATHOLOGY, COMPLETE	COST TO CHARGE	
88307	SURGICAL PATHOLOGY, COMPLETE	COST TO CHARGE	
88309	SURGICAL PATHOLOGY, COMPLETE	COST TO CHARGE	
88311	SURGICAL PATHOLOGY: DECALCIFIC	COST TO CHARGE	
88312	SPECIAL STAINS	COST TO CHARGE	
88313	SPECIAL STAINS	COST TO CHARGE	
88314	GROSS & MICROSCOPIC EXAM 3 SPE	COST TO CHARGE	*
88319	DETERMINATIVE HISTOCHEMISTRY T	COST TO CHARGE	
88321	MICROSLIDE CONSULTATION	COST TO CHARGE	
88323	MICROSLIDE CONSULTATION	COST TO CHARGE	
88325	COMPREHENSIVE REVIEW OF DATA	COST TO CHARGE	
88329	CONSULTATION DURING SURGERY	COST TO CHARGE	
88331	CONSULTATION DURING SURGERY	COST TO CHARGE	
88332	CONSULTATION DURING SURGERY	COST TO CHARGE	
88333	CYTOLOGIC EXAM (TOUCHPREP,SQUA	\$82.30	*
88334	CYTOLOGIC EXAM EACH ADD SITE	\$52.05	*
88341	SPECIAL STAINED SPECIMEN SLIDE	\$81.31	*
88342	IMMUNOCYTOCHEMISTRY (INCLUDING	COST TO CHARGE	
88344	SPECIAL STAINED SPECIMEN SLIDE	\$154.88	*
88346	IMMUNOFLUORESCENT ST EA DIRECT	\$40.00	
88347	IMMUNOFLUORESCENT ST EA ANT IN	\$45.00	
88348	ELECTRON MICROSCOPY	COST TO CHARGE	
88350	ANTIBODY EVALUATION	COST TO CHARGE	*
88355	MORPHOMETRIC ANALYSIS:SKELETAL	COST TO CHARGE	*
88356	SKELETAL MUSCLE NERVE:MORPHOME	COST TO CHARGE	
88358	MORPHOMETRIC ANALYSIS TUMOR	COST TO CHARGE	
88360	TUMOR-IMMUNO-EG,HER-2/NEU ESTR	\$124.58	*
88361	TUMOR HER 2/NEU QUANT/OR SEMIQ	\$94.00	
88362	NERVE TEASING PREPARATIONS	COST TO CHARGE	
88363	EXAMINATION AND SELECTION OF R	\$20.50	*
88364	CELL EXAMINATION	\$117.64	*
88365	TISSUE IN SITU HYBRIDIZATION I	\$47.25	
88366	CELL EXAMINATION	\$230.31	*
88367	IN-SITU HYBIRD-QUANT-SEMI QUAT	\$94.35	*
88368	IN SITU HYBIRD QUANT SEMI EACH	\$103.93	*
88369	MICROSCOPIC GENETIC EXAMINATIO	\$95.41	*
88371	PROTEIN ANAL TISSUE,INT & REPO	COST TO CHARGE	

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018**Codes for Out-Patient Laboratory Billing ONLY**

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR *** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
88372	PROTEIN ANAL TISSUE:IMM PROBE	COST TO CHARGE	
88373	MICROSCOPIC GENETIC EXAMINATIO	\$70.29	*
88374	MICROSCOPIC GENETIC EXAMINATIO	\$306.10	*
88377	MICROSCOPIC GENETIC EXAMINATIO	\$364.75	*
88380	MICRODISSECTION	COST TO CHARGE	
88381	MICRODISSECTION (IE, SAMPLE PR	\$109.09	*
88387	MACROSCOPIC EXAMINATION,DISSEC	\$32.99	*
88388	MACROSCOPIC EXAMINATION,DISSEC	\$30.28	*
88399	UNLISTED SURGICAL PATHOLOGY PR	COST TO CHARGE	
88720	BILIRUBIN TOTAL TRANSCUTANEOUS	\$5.47	*
88738	HEMOGLOBIN (HGB), QUANTITATIVE	\$5.50	*
88740	HEMOGLOBIN QUANTITATIVE TRANSC	\$5.47	*
88741	HEMOGLOBIN QUANTITATIVE TRANSC	\$5.47	*
88749	UNLISTED IN VIVO (EG TRANSCUTA	COST TO CHARGE	
89049	CAFFEINE HALOTHAWA INTREP AND	\$239.00	*
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,	\$17.01	*
89325	SPERM ANTIBODIES	\$13.00	
89331	SPERM EVALUATION, FOR RETROGRA	\$21.50	*
89398	UNLISTED REPRODUCTIVE MEDICINE	COST TO CHARGE	
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	\$15.44	*
G0433	INFECTIOUS AGENT ANTIBODY DETE	\$15.44	*
G0434	DRUG SCREEN, OTH THAN CHROMATO	\$16.38	
G0435	INFECTIOUS AGENT ANTIBODY DETE	\$13.50	*
G0461	IMMUNOHISTOCHEMISTRY OR IMMUNO	\$77.88	
G0462	IMMUNOHISTOCHEMISTRY OR IMMUNO	\$60.90	
G0480	DRUG TEST(S) DEFINITIVE UTILIZ	\$63.95	
G0481	DRUG TEST(S) DEFINITIVE UTILIZ	\$98.39	
G0482	DRUG TEST(S) DEFINITIVE UTILIZ	\$132.82	
G0483	DRUG TEST(S), DEFINITIVE, UTIL	\$172.18	
J0886	INJECTION EPOETIN ALFA(ESRD)10	\$13.31	
P0971	PLASMA (SINGLE DONOR), PATHOGE	COST TO CHARGE	
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	COST TO CHARGE	
P9011	BLOOD S SPLIT/UNIT SPECIFY AMO	COST TO CHARGE	
P9012	CRYOPREIPITATE EACH UNIT	COST TO CHARGE	
P9016	LEUKOCYTE POOR BLOOD, EACH UNI	COST TO CHARGE	
P9017	FRESH FROZEN PLASMA SINGLE	COST TO CHARGE	
P9019	PLATELETS, EACH UNIT	COST TO CHARGE	
P9020	PLATELET RICH PLASMA EACH UNIT	COST TO CHARGE	
P9021	RED BLOOD CELLS EACH UNIT	COST TO CHARGE	
P9022	RED BLOOD CELLS, WASHED EACH U	COST TO CHARGE	
P9023	PLASMA POOLED,MULTIPLE,DONOR F	COST TO CHARGE	
P9031	PLATELETS LEUK RED,EACH UNIT	COST TO CHARGE	
P9032	PLATELETS IRRADIATED EACH UNIT	COST TO CHARGE	
P9033	PLATELETS,LEUKOCYTES IRRADIATE	COST TO CHARGE	
P9034	PLATELETS,PHERESIS,EACH UNIT	COST TO CHARGE	
P9035	PLATELETS,PHERESIS,LEUKOCYTES	COST TO CHARGE	
P9036	PLATELETS,PHERESIS,IRRADIATED	COST TO CHARGE	
P9037	PLATELETS,PHERESIS,LEUK.RE.IRR	COST TO CHARGE	
P9038	RED BL.CELL,IRRADIATED EACH UN	COST TO CHARGE	
P9039	RED BL.CELL DEGLYCEROLIZED EAC	COST TO CHARGE	
P9040	RED BL.CELLS,LEUK,RE IRR,EACH	COST TO CHARGE	

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

OUT-PATIENT HOSPITAL LABORATORY SERVICES: UPDATE DECEMBER 1, 2018

Codes for Out-Patient Laboratory Billing ONLY

Rates Effective * Jan 1, 2018 (SPA 18-001) OR ** July 1, 2018 (SPA 18-003) OR
*** Oct 1, 2018 (SPA 18-009)

CPT/HC PCS	SHORT - DESCRIPTION	MAXIMUM FEE ALLOWANCE	IN D
P9041	INFUSION,ALBUMIN,5% 50ML	COST TO CHARGE	
P9043	INFUSION,PLASMA PROTEIN FRACTI	COST TO CHARGE	
P9044	PLASMA,CRYOPRECIPITATE REDUCED	COST TO CHARGE	
P9045	INFUSION, ALBUMIN (HUMAN), 5%,	COST TO CHARGE	
P9046	INFUSION, ALBUMIN(HUMAN), 25%,	COST TO CHARGE	
P9047	INFUSION, ALBUMIN (HUMAN), 25%	COST TO CHARGE	
P9051	WHOLE BLOOD OR RED BLOOD CELLS	COST TO CHARGE	
P9052	PLATELETS, HLA-MATCHED LEUKOCY	COST TO CHARGE	
P9053	PLATELETS, PHERESIS, LEUKOCYTE	COST TO CHARGE	
P9056	WHOLE BLOOD, LEUKOCYTES REDUCE	COST TO CHARGE	
P9058	RED BLOOD CELLS, LEUKOCYTES RE	COST TO CHARGE	
P9060	FRESH FROZEN PLASMA, DONOR RET	\$61.08	
P9070	PLASMA, POOLED MULTIPLE DONOR,	COST TO CHARGE	
P9071	PLASMA (SINGLE DONOR), PATHOGE	COST TO CHARGE	
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	