

Independent Laboratory Services Fee Schedule
Effective July 1, 2013

PY = per year; PM = per month; ESRD = End Stage Renal Disease

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
80047	12.50	Basic Metabolic Panel		
80048	8.00	Basic Metabolic Panel		
80051	6.50	Electrolyte Panel		
80053	10.00	Comprehensive Metabolic Panel		
80055	45.23	Obstetric Panel		
80061	9.50	Lipid Panel	10 PY	
80069	8.00	Renal Function Panel		
80074	46.00	Acute Hepatitis Panel		
80076	7.50	Hepatic Function Panel		
80100	13.00	Drug Screen, Qualitative; Multiple Drug Classes Chromatographic Method, Eac		
80101	10.00	Drug Screen, Qualitative; Single Drug Class Method (Eg, Immunoassay, Enzyme		
80102	13.50	Drug, Confirmation, Each Procedure		
80150	15.50	Amikacin		
80152	18.00	Amitriptyline		
80154	18.50	Benzodiazepines		
80156	15.00	Carbamazepine; Total		
80157	9.50	Carbamazepine; Free		
80158	15.50	Cyclosporine		
80160	18.00	Desipramine		
80162	14.00	Digoxin		
80164	14.00	Dipropylacetic Acid (Valproic Acid)		
80166	15.50	Doxepin		
80168	15.50	Ethosuximide		
80170	16.50	Gentamicin		
80172	16.00	Gold		
80173	14.00	Haloperidol		
80174	17.50	Imipramine		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
80176	10.50	Lidocaine		
80178	7.00	Lithium		
80182	14.00	Nortriptyline		
80184	11.00	Phenobarbital		
80185	13.50	Phenytoin; Total		
80186	14.00	Phenytoin; Free		
80188	15.00	Primidone		
80190	16.50	Procainamide;		
80192	16.50	Procainamide; With Metabolites (Eg, N-Acetyl Procainamide)		
80194	14.50	Quinidine		
80195	13.42	Sirolimus		
80196	7.00	Salicylate		
80197	16.00	Tacrolimus		
80198	14.50	Theophylline		
80200	16.00	Tobramycin		
80201	14.00	Topiramate		
80202	14.00	Vancomycin		
80299	14.00	Quantitation Of Drug, Not Elsewhere Specified		
80502	33.05	Clinical Pathology Consultation; Comprehensive, For A Complex Diagnostic Pr		
81000	3.00	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglob		
81001	3.27	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglob		
81002	2.00	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglob		
81003	2.50	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglob		
81005	2.00	Urinalysis; Qualitative Or Semiquantitative, Except Immunoassays		
81007	1.50	Urinalysis; Bacteriuria Screen, Except By Culture Or Dipstick		
81015	2.00	Urinalysis; Microscopic Only		
81025	6.50	Urine Pregnancy Test, By Visual Color Comparison Methods		
81050	3.00	Volume Measurement For Timed Collection, Each		
81200	83.20	Aspa Gene		
81201	92.25	Apc Gene (Adenomatous Polyposis Sequencing) Full Gene Sequence		
81202	53.50	Apc Gene Known Fam Variants		
81203	92.25	Apc Gene Duplication/Deletion Variants		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
81205	111.02	Bckdhhb Gene		
81206	17.78	Bcr/Abl1 Gene Major Bp		
81207	17.78	Bcr/Abl1 Gene Minor Bp		
81208	92.25	Bcr/Abl1 Gene Other Bp		
81209	29.31	Blm Gene		
81210	27.48	Braf Gene		
81220	748.11	Cftr Gene Com Variants		
81221	35.96	Cftr Gene Known Fam Variants		
81222	57.96	Cftr Gene Dup/Delet Variants		
81223	796.33	Cftr Gene Full Sequence		
81224	61.94	Cftr Gene Intron Poly T		
81225	105.92	Cyp2C19 Gene Com Variants		
81226	37.50	Cyp2D6 Gene Com Variants		
81227	37.50	Cyp2C9 Gene Com Variants		
81228	92.25	Cytogen Microarray Copy Nnbr		
81229	281.65	Cytogen M Array Copy No&Snp		
81235	81.14	Egfr Gene Com Variants		
81240	16.36	F2 Gene		
81241	16.36	F5 Gene		
81242	61.54	Fancc Gene		
81243	33.75	Fmr1 Gene Detection		
81244	74.48	Fmr1 Gene Characterization		
81245	49.15	Flt3 Gene		
81250	87.08	G6Pc Gene		
81251	92.25	Gba Gene		
81252	92.25	Gjb2 Gene Full Sequence		
81253	45.86	Gjb2 Gene Known Fam Variants		
81254	25.93	Gjb6 Gap Junction Protein, Beta 6, Gene Analysis, Common Variants		
81255	84.51	Hexa Gene		
81256	25.36	Hfe Gene		
81257	135.37	Hba1/Hba2 Gene		
81260	67.50	Ikbkap Gene		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
81261	96.48	Igh Gene Rearrange Amp Meth		
81262	24.37	Igh Gene Rearrang Dir Probe		
81263	92.25	Igh Vari Regional Mutation		
81264	83.99	Igk Rearrangeabn Clonal Pop		
81265	92.25	Str Markers Specimen Analysis		
81266	92.25	Str Markers Analysis Addl		
81267	92.25	Chimerism Analysis No Cell Select		
81268	92.25	Chimerism Analysis W/Cell Select		
81270	38.52	Jak2 Gene		
81275	55.03	Kras Gene		
81280	92.25	Long Qt Synd Gene Full Seq		
81281	92.25	Long Qt Synd Known Fam Var		
81282	92.25	Long Qt Syn Gene Dup/Dlt Var (12 Genes)		
81290	71.77	Mcoln1 Gene		
81291	19.96	Mthfr Gene		
81292	487.50	Mlh1 Gene Full Seq		
81293	37.50	Mlh1 Gene Known Variants		
81294	264.60	Mlh1 Gene Dup/Delete Variants		
81295	487.50	Msh2 Gene Full Seq		
81296	51.96	Msh2 Gene Known Variants		
81297	264.60	Msh2 Gene Dup/Delete Variants		
81298	463.21	Msh6 Gene Full Seq		
81299	37.50	Msh6 Gene Known Variants		
81300	37.50	Msh6 Gene Dup/Delete Variants		
81301	176.25	Microsatellite Instability		
81302	92.25	Mecp2 Gene Full Seq		
81303	92.25	Mecp2 Gene Known Variant (Rett)		
81304	29.84	Mecp2 Gene Dup/Delet Variant		
81310	27.51	Npm1 Gene		
81315	32.53	Pml/Raralpha Com Breakpoints		
81316	67.60	Pml/Raralpha Com 1 Breakpoint		
81317	481.94	Pms2 Gene Full Seq Analysis		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
81318	37.50	Pms2 Known Familial Variants		
81319	37.50	Pms2 Gene Dup/Delete Variants		
81321	92.25	Pten Gene Analyis, Full Sequence		
81322	44.13	Pten Gene Known Familial Variants		
81323	66.20	Pten Gene Duplication/Deletion		
81324	92.25	Pmp22 Gene Analysis, Duplication/Deletion		
81325	92.25	Pmp22 Gene Full Sequence Analysis		
81326	53.50	Pmp22 Gene Known Familial Variants		
81330	82.05	Smpd1 Gene Common Variants		
81331	21.65	Snrpn/Ube3A Gene		
81332	37.50	Serpina1 Gene		
81340	37.50	Trb@Gene Rearrange Amplify		
81341	25.77	Trb@ Gene Rearrange Dirprobe		
81342	99.37	Trg Gene Rearrangement Anal		
81350	27.51	Ugt1A1 Gene		
81355	58.66	Vkorc1 Gene		
81370	61.76	HLA I & II Typng Lr		
81371	61.76	HLA I & II Type Verify Lr		
81372	61.76	HLA I Typing Complete Lr		
81373	92.25	HLA I Typing 1 Locus Lr		
81374	45.08	HLA I Typing 1 Antigen Lr		
81375	61.76	HLA II Typing Ag Equiv Lr		
81376	33.15	HLA II Typing 1 Locus Lr		
81377	37.50	HLA II Type 1 Ag Equiv Lr		
81378	61.76	HLA I & II Typing Hr		
81379	126.89	HLA I Typing Complete Hr		
81380	70.06	HLA I Typing 1 Locus Hr		
81381	24.88	HLA I Typing 1 Allele Hr		
81382	34.86	HLA II Typing 1 Loc Hr		
81383	21.65	HLA II Typing 1 Allele Hr		
81400	8.18	Mopath Procedure Level 1		
81401	76.64	Mopath Procedure Level 2		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
81402	125.21	Mopath Procedure Level 3		
81403	45.86	Mopath Procedure Level 4		
81404	118.48	Mopath Procedure Level 5		
81405	50.63	Mopath Procedure Level 6		
81406	281.65	Mopath Procedure Level 7		
81407	72.53	Mopath Procedure Level 8		
81408	291.68	Mopath Procedure Level 9		
82000	12.50	Acetaldehyde, Blood		
82003	12.50	Acetaminophen		
82009	3.50	Acetone Or Other Ketone Bodies, Serum; Qualitative		
82010	3.00	Acetone Or Other Ketone Bodies, Serum; Quantitative		
82013	11.50	Acetylcholinesterase		
82017	4.50	Acylcarnitines; Quantitative, Each Specimen		
82024	37.00	Adrenocorticotrophic Hormone (Acth)		
82030	9.00	Adenosine, 5'-Monophosphate, Cyclic (Cyclic Amp)		
82040	2.50	Albumin; Serum		
82042	1.00	Albumin; Urine Or Other Source, Quantitative, Each Specimen		
82043	1.50	Albumin; Urine, Microalbumin, Quantitative		
82044	1.50	Albumin; Urine, Microalbumin, Semiquantitative (Eg, Reagent Strip Assay)		
82045	33.20	Albumin; Ischemia Modified		
82055	12.00	Alcohol (Ethanol); Any Specimen Except Breath		
82085	9.50	Aldolase		
82088	39.00	Aldosterone		
82101	8.50	Alkaloids, Urine, Quantitative		
82103	13.00	Alpha-1-Antitrypsin; Total	1 PY	
82104	14.00	Alpha-1-Antitrypsin; Phenotype		
82105	15.50	Alpha-Fetoprotein; Serum		
82106	15.50	Alpha-Fetoprotein; Amniotic Fluid		
82107	62.99	Alpha-Fetoprotein (Afp); Afp-L3 Fraction Isoform And Total Afp (Including R		
82108	27.00	Aluminum	1 PY	ESRD
82127	13.00	Amino Acids; Single, Qualitative, Each Specimen		
82128	12.50	Amino Acids; Multiple, Qualitative, Each Specimen	2 PY	

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
82131	5.00	Amino Acids; Single, Quantitative, Each Specimen	2 PY	
82135	17.00	Aminolevulinic Acid, Delta (Ala)		
82136	4.50	Amino Acids, 2 To 5 Amino Acids, Quantitative, Each Specimen		
82139	4.50	Amino Acids, 6 Or More Amino Acids, Quantitative, Each Specimen		
82140	12.50	Ammonia		
82143	7.50	Amniotic Fluid Scan (Spectrophotometric)		
82145	15.50	Amphetamine Or Methamphetamine		
82150	6.00	Amylase	10 PY	
82154	33.50	Androstenediol Glucuronide		
82157	27.00	Androstenedione		
82160	28.00	Androsterone		
82163	18.50	Angiotensin II		
82164	12.50	Angiotensin I - Converting Enzyme (Ace)		
82172	11.00	Apolipoprotein, Each		
82175	19.50	Arsenic	1 PY	
82180	10.00	Ascorbic Acid (Vitamin C), Blood	1 PY	
82205	12.00	Barbiturates, Not Elsewhere Specified		
82232	16.50	Beta-2 Microglobulin		
82239	15.50	Bile Acids; Total		
82240	12.50	Bile Acids; Cholyglycine		
82247	4.50	Bilirubin; Total		
82248	4.50	Bilirubin; Direct		
82252	1.00	Bilirubin; Feces, Qualitative		
82261	4.50	Biotinidase, Each Specimen		
82270	2.00	Blood, Occult, By Peroxidase Activity (Eg, Guaiac), Qualitative; Feces, Con		
82271	3.18	Blood, Occult, By Peroxidase Activity (Eg, Guaiac), Qualitative; Other Sour		
82272	3.18	Blood, Occult, By Peroxidase Activity (Eg, Guaiac), Qualitative, Feces, Sin		
82274	2.00	Blood, Occult, By Fecal Hemoglobin Determination By Immunoassay, Qualitativ		
82286	5.50	Bradykinin		
82300	7.00	Cadmium	1 PY	
82306	30.00	Calcifediol (25-Oh Vitamin D-3)	3 PY	

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
82308	24.50	Calcitonin		
82310	4.50	Calcium; Total		
82330	11.00	Calcium; Ionized		
82340	6.00	Calcium; Urine Quantitative, Timed Specimen		
82355	10.50	Calculus; Qualitative Analysis		
82360	6.00	Calculus (Stone); Quantitative Analysis, Chemical		
82370	10.50	Calculus (Stone); X-Ray Diffraction		
82374	3.50	Carbon Dioxide (Bicarbonate)		
82375	9.00	Carbon Monoxide, (Carboxyhemoglobin); Quantitative		
82376	4.00	Carbon Monoxide, (Carboxyhemoglobin); Qualitative		
82378	19.50	Carcinoembryonic Antigen (Cea)		
82379	4.50	Carnitine (Total And Free), Quantitative, Each Specimen		
82380	9.50	Carotene	2 PY	
82382	14.50	Catecholamines; Total Urine		
82383	25.50	Catecholamines; Blood		
82384	17.50	Catecholamines; Fractionated		
82390	10.50	Ceruloplasmin	1 PY	
82397	16.50	Chemiluminescent Assay		
82435	4.50	Chloride; Blood		
82436	2.00	Chloride; Urine		
82438	4.00	Chloride; Other Source		
82465	4.00	Cholesterol, Serum Or Whole Blood, Total	4 PY	
82480	7.50	Cholinesterase; Serum		
82482	6.50	Cholinesterase; RBC		
82485	10.50	Chondroitin B Sulfate, Quantitative		
82486	12.50	Chromatography, Qualitative; Column (Eg, Gas Liquid Or Hplc), Analyte Not E		
82487	10.50	Chromatography, Qualitative; Paper, 1-Dimensional, Analyte Not Elsewhere Sp		
82488	10.50	Chromatography, Qualitative; Paper, 2-Dimensional, Analyte Not Elsewhere Sp		
82489	10.50	Chromatography, Qualitative; Thin Layer, Analyte Not Elsewhere Specified		
82491	15.50	Chromatography, Quantitative, Column (Eg, Gas Liquid Or Hplc); Single Analy		
82492	16.50	Chromatography, Quantitative, Column (Eg, Gas Liquid Or Hplc); Multiple Ana		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
82495	4.00	Chromium	1 PY	
82507	28.00	Citrate		
82520	15.50	Cocaine Or Metabolite		
82523	18.00	Collagen Cross Links, Any Method		
82525	11.50	Copper	1 PY	
82528	22.50	Corticosterone		
82530	17.50	Cortisol; Free		
82533	16.50	Cortisol; Total		
82540	4.00	Creatine		
82541	16.50	Column Chromatography/Mass Spectrometry (Eg, Gc/Ms, Or Hplc/Ms), Analyte No		
82542	16.50	Column Chromatography/Mass Spectrometry (Eg, Gc/Ms, Or Hplc/Ms), Analyte No		
82543	16.50	Column Chromatography/Mass Spectrometry (Eg, Gc/Ms, Or Hplc/Ms), Analyte No		
82544	16.50	Column Chromatography/Mass Spectrometry (Eg, Gc/Ms, Or Hplc/Ms), Analyte No		
82550	6.50	Creatine Kinase (CK), (CPK); Total		
82552	12.50	Creatine Kinase (CK), (CPK); Isoenzymes	2 PY	
82553	7.00	Creatine Kinase (CK), (CPK); Mb Fraction Only		
82554	7.00	Creatine Kinase (CK), (CPK); Isoforms		
82565	4.50	Creatinine; Blood		
82570	5.00	Creatinine; Other Source		
82575	9.50	Creatinine; Clearance		
82585	8.50	Cryofibrinogen		
82595	5.50	Cryoglobulin, Qualitative Or Semi-Quantitative (Eg, Cryocrit)		
82607	15.00	Cyanocobalamin (Vitamin B-12);	2 PY	
82608	15.00	Cyanocobalamin (Vitamin B-12); Unsaturated Binding Capacity		
82610	13.50	Cystatin C		
82615	6.00	Cystine And Homocystine, Urine, Qualitative		
82626	26.00	Dehydroepiandrosterone (Dhea)		
82627	26.00	Dehydroepiandrosterone-Sulfate (Dhea-S)		
82633	30.00	Desoxycorticosterone, 11-		
82634	30.00	Deoxycortisol, 11-		
82638	12.50	Dibucaine Number		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
82646	14.50	Dihydrocodeinone		
82649	26.50	Dihydromorphinone		
82651	26.50	Dihydrotestosterone (DHT)		
82652	1.00	Vit D 1, 25-Dihydroxy		
82654	10.00	Dimethadione		
82657	16.50	Enzyme Activity In Blood Cells, Cultured Cells, Or Tissue, Not Elsewhere Sp		
82658	16.50	Enzyme Activity In Blood Cells, Cultured Cells, Or Tissue, Not Elsewhere Sp		
82664	12.50	Electrophoretic Technique, Not Elsewhere Specified		
82666	22.00	Epiandrosterone		
82668	18.50	Erythropoietin		
82670	26.00	Estradiol		
82671	26.50	Estrogens; Fractionated		
82672	22.00	Estrogens; Total		
82677	28.00	Estriol		
82679	26.50	Estrone		
82690	14.50	Ethchlorvynol		
82693	5.00	Ethylene Glycol		
82696	25.50	Etiocholanolone		
82705	5.00	Fat Or Lipids, Feces; Qualitative		
82710	11.50	Fat Or Lipids, Feces; Quantitative		
82715	17.50	Fat Differential, Feces, Quantitative		
82725	6.00	Fatty Acids, Nonesterified		
82726	16.50	Very Long Chain Fatty Acids		
82728	14.00	Ferritin	2 PY	ESRD
82731	62.30	Fetal Fibronectin, Cervicovaginal Secretions, Semi-Quantitative	4 Units/300 Days	
82735	6.00	Fluoride		
82742	20.50	Flurazepam		
82746	15.00	Folic Acid; Serum	2 PY	ESRD
82747	2.50	Folic Acid; RBC		
82757	9.00	Fructose, Semen		
82759	22.00	Galactokinase, RBC		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
82760	3.50	Galactose		
82775	22.00	Galactose-1-Phosphate Uridyl Transferase; Quantitative		
82776	8.00	Galactose-1-Phosphate Uridyl Transferase; Screen		
82784	9.00	Gammaglobulin; Iga, Igd, Igg, Igm, Each	4 PY	
82785	16.00	Gammaglobulin; Ige	12 PY	
82787	3.66	Gammaglobulin; Immunoglobulin Subclasses, (Igg1, 2, 3, Or 4), Each		
82800	2.00	Blood Ph		
82803	19.50	Blood Gases Any Combination		
82805	28.50	Blood Gases W/O2 Saturation		
82810	9.00	Blood Gases O2 Sat Only		
82820	11.50	Hemoglobin-Oxygen Affinity		
82938	18.00	Gastrin After Secretin Stimulation		
82941	17.50	Gastrin		
82943	14.00	Glucagon		
82945	3.50	Glucose, Body Fluid, Other Than Blood		
82946	15.50	Glucagon Tolerance Test		
82947	3.50	Glucose; Quantitative, Blood (Except Reagent Strip)		
82948	3.00	Glucose; Blood, Reagent Strip		
82950	4.00	Glucose; Post Glucose Dose (Includes Glucose)		
82951	13.00	Glucose; Tolerance Test (Gtt), Three Specimens (Includes Glucose)		
82952	4.00	Glucose; Tolerance Test, Each Additional Beyond Three Specimens		
82953	3.50	Glucose; Tolbutamide Tolerance Test		
82955	9.50	Glucose-6-Phosphate Dehydrogenase (G6Pd); Quantitative		
82960	4.00	Glucose-6-Phosphate Dehydrogenase (G6Pd); Screen		
82962	2.75	Glucose, Blood By Glucose Monitoring Device(S) Cleared By The Fda Specifica		
82963	22.00	Glucosidase, Beta		
82965	3.50	Glutamate Dehydrogenase		
82975	14.00	Glutamine (Glutamic Acid Amide)		
82977	7.00	Glutamyltransferase, Gamma (GGT)		
82978	14.50	Glutathione		
82979	5.50	Glutathione Reductase, RBC		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
82980	12.50	Glutethimide		
82985	11.50	Glycated Protein		
83001	19.00	Gonadotropin; Follicle Stimulating Hormone (Fsh)		
83002	19.50	Gonadotropin; Luteinizing Hormone (Lh)		
83003	16.00	Growth Hormone, Human (Hgh) (Somatotropin)		
83008	15.50	Guanosine Monophosphate (Gmp), Cyclic		
83010	11.00	Haptoglobin; Quantitative	4 PY	
83012	17.50	Haptoglobin; Phenotypes		
83015	19.00	Heavy Metal (Arsenic, Barium, Beryllium, Bismuth, Antimony, Mercury); Scree	1 PY	
83018	22.00	Heavy Metal (Arsenic, Barium, Beryllium, Bismuth, Antimony, Mercury); Quant		
83020	12.00	Hemoglobin Fractionation And Quantitation; Electrophoresis (Eg, A2, S, C, A	1 PY	
83021	16.50	Hemoglobin Fractionation And Quantitation; Chromotography (Eg, A2, S, C, An	1 PY	
83026	2.50	Hemoglobin; By Copper Sulfate Method, Non-Automated		
83030	8.00	Hemoglobin; F(Fetal), Chemical		
83033	3.50	Hemoglobin; F (Fetal), Qualitative		
83036	9.50	Hemoglobin; Glycosylated (A1C)		
83045	2.00	Hemoglobin; Methemoglobin, Qualitative		
83050	2.50	Hemoglobin; Methemoglobin, Quantitative		
83051	6.00	Hemoglobin; Plasma		
83055	4.50	Hemoglobin; Sulfhemoglobin, Qualitative		
83060	4.00	Hemoglobin; Sulfhemoglobin, Quantitative		
83065	3.00	Hemoglobin; Thermolabile		
83068	6.00	Hemoglobin; Unstable, Screen		
83069	2.50	Hemoglobin; Urine		
83070	4.50	Hemosiderin; Qualitative		
83071	7.00	Hemosiderin; Quantitative		
83080	4.50	B-Hexosaminidase, Each Assay		
83088	16.00	Histamine		
83090	4.50	Homocystine		
83150	9.00	Homovanillic Acid (Hva)		
83491	16.00	Hydroxycorticosteroids, 17- (17-Ohcs)		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
83497	12.50	Hydroxyindolacetic Acid, 5-(Hiaa)		
83498	28.00	Hydroxyprogesterone, 17-D		
83499	26.00	Hydroxyprogesterone, 20- 83500J0 Hydroxyproline;		
83500	22.50	Hydroxyproline; Free		
83505	28.50	Hydroxyproline; Total		
83516	13.50	Immunoassay For Analyte Other Than Infectious Agent Antibody Or Infectious		
83518	9.50	Immunoassay For Analyte Other Than Antibody Or Infectious Agent Antigen, Qu		
83519	14.00	Immunoassay, Analyte, Quantitative; By Radiopharmaceutical Technique (Eg, R		
83520	14.00	Immunoassay, Analyte; Not Otherwise Specified		
83525	11.50	Insulin; Total		
83527	15.00	Insulin; Free		
83528	16.00	Intrinsic Factor		
83540	5.00	Iron	4 PY	
83550	8.50	Iron Binding Capacity	4 PY	
83570	9.00	Isocitric Dehydrogenase (Idh)		
83582	14.50	Ketogenic Steroids, Fractionation		
83586	13.00	Ketosteroids, 17- (17-Ks); Total		
83593	26.50	Ketosteroids, 17- (17-Ks); Fractionation		
83605	10.50	Lactate (Lactic Acid)		
83615	5.00	Lactate Dehydrogenase (LD), (LDH);		
83625	10.50	Lactate Dehydrogenase (LD), (LDH); Isoenzymes, Separation And Quantitation	4 PY	
83630	11.28	Lactoferrin, Fecal; Qualitative		
83631	19.19	Lactoferrin, Fecal; Quantitative		
83632	20.50	Lactogen, Human Placental (Hpl) Human Chorionic Somatomammotropin		
83633	5.50	Lactose, Urine; Qualitative		
83634	5.50	Lactose, Urine; Quantitative		
83655	10.50	Lead		
83661	14.50	Fetal Lung Maturity Assessment; Lecithin Sphingomyelin (L/S) Ratio		
83662	18.00	Foam Stability Fetal Lung		
83663	9.00	Fluoro Polarize Fetal Lung		
83664	4.50	Lamellar Bdy Fetal Lung		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
83670	9.00	Assay Of Lap Enzyme		
83690	7.00	Lipase	10 PY	
83695	12.66	Lipoprotein (A)		
83698	33.20	Lipoprotein-Associated Phospholipase A2, (LP-PLA2)		
83700	11.01	Liprotein, Blood; Electrohoretic Separation And Quantitation		
83701	12.11	Lipoprotein, Blood; High Resolution Fractionation And Quantitation Of Lipop		
83718	6.00	Lipoprotein, Direct Measurement; High Density Cholesterol (HDL Cholesterol)	4 PY	
83719	13.00	Lipoprotein, Direct Measurement; Direct Measurement, VLDI Cholesterol	4 PY	
83721	11.00	Lipoprotein, Direct Measurement; Direct Measurement, LDI Cholesterol	4 PY	
83727	17.50	Luteinizing Releasing Factor (Lrh)		
83735	6.50	Magnesium		
83775	7.50	Malate Dehydrogenase		
83785	24.50	Manganese	1 PY	
83788	16.50	Mass Spectrometry And Tandem Mass Spectrometry (Ms, Ms/ Ms), Analyte Not EI		
83789	16.50	Mass Spectrometry And Tandem Mass Spectrometry (Ms, Ms/ Ms), Analyte Not EI		
83805	17.50	Meprobamate		
83825	16.00	Mercury, Quantitative	1 PY	
83835	17.50	Metanephries		
83840	16.50	Methadone		
83857	10.50	Methemalbumin		
83858	9.50	Methsuximide		
83864	16.00	Mucopolysaccharides, Acid; Quantitative		
83866	8.00	Mucopolysaccharides, Acid; Screen		
83872	5.50	Mucin, Synovial Fluid (Ropes Test)		
83873	17.00	Myelin Basic Protein, Cerebrospinal Fluid		
83874	13.00	Myoglobin		
83876	15.12	Assay Myeloperoxidase		
83880	38.90	Natriuretic Peptide		
83883	15.50	Nephelometry, Each Analyte Not Elsewhere Specified		
83885	4.00	Nickel	1 PY	
83887	24.50	Nicotine		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
83915	9.50	Nucleotidase 5'- 83916J0 Oligoclonal Immunoglobulin (Oligoclonal Bands)		
83916	14.50	Oligoclonal Immune (Oligoclonal Bands)		
83918	11.00	Organic Acids; Total, Quantitative, Each Specimen		
83919	14.50	Organic Acids; Qualitative, Each Specimen		
83921	14.50	Organic Acid, Single, Quantitative		
83925	17.00	Opiates, (Eg, Morphine, Meperidine)		
83930	6.50	Osmolality; Blood	2 PY	
83935	7.00	Osmolality; Urine		
83937	18.50	Osteocalcin (Bone G1A Protein)		
83945	13.00	Oxalate		
83950	62.00	Oncoprotein, Her-2/Neu		
83951	62.00	Oncoprotein Dcp		
83970	40.50	Parathormone (Parathyroid Hormone)	2 PY	ESRD
83986	3.50	Ph, Body Fluid, Except Blood		
83992	15.00	Phencyclidine (Pcp)		
83993	19.00	Assay For Calprotectin Fecal		
84022	10.50	Phenothiazine		
84030	4.00	Phenylalanine (Pku), Blood		
84035	4.00	Phenylketones, Qualitative		
84060	6.00	Phosphatase, Acid; Total		
84066	10.00	Phosphatase, Acid; Prostatic	3 PY	
84075	5.00	Phosphatase, Alkaline;		
84078	7.00	Phosphatase, Alkaline; Heat Stable (Total Not Included)		
84080	15.50	Phosphatase, Alkaline; Isoenzymes		
84085	6.50	Phosphogluconate, 6-, Dehydrogenase, RBC		
84087	5.50	Phosphohexose Isomerase		
84100	4.00	Phosphorus Inorganic (Phosphate);		
84105	3.50	Phosphorus Inorganic (Phosphate); Urine		
84106	4.00	Porphobilinogen, Urine; Qualitative		
84110	8.00	Porphobilinogen, Urine; Quantitative		
84119	8.50	Porphyrins, Urine; Qualitative		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
84120	14.00	Porphyrins, Urine; Quantitation And Fractionation		
84126	26.50	Porphyrins, Feces; Quantitative		
84127	12.50	Porphyrins, Feces; Qualitative		
84132	4.00	Potassium; Serum		
84133	4.00	Potassium; Urine		
84134	15.00	Prealbumin	2 PY	
84135	21.50	Pregnanediol		
84138	21.00	Pregnanetriol		
84140	15.00	Pregnenolone		
84143	26.50	17-Hydroxypregnenolone		
84144	21.50	Progesterone		
84146	19.50	Prolactin		
84150	24.00	Prostaglandin, Each		
84152	17.50	Prostate Specific Antigen (Psa); Complexed (Direct Measurement)		
84153	21.50	Prostate Specific Antigen (Psa); Total	8 PY	
84154	17.50	Prostate Specific Antigen (Psa); Free	3 PY	
84155	4.00	Protein, Total, Except By Refractometry; Serum		
84156	3.50	Protein, Total, Except By Refractometry; Urine		
84157	3.50	Protein, Total, Except By Refractometry; Other Source (Eg, Synovial Fluid,		
84160	5.00	Protein, Total, By Refractometry, Any Source		
84163	17.25	Pregnancy-Associated Plasma Protein-A (Papp-A)		
84165	10.00	Protein; Electrophoretic Fractionation And Quantitation, Serum	2 PY	
84166	9.97	Protein; Electrophoretic Fractionation And Quantitation, Other Fluids With		
84181	16.00	Protein; Western Blot, With Interpretation And Report, Blood Or Other Body		
84182	17.00	Protein; Western Blot, With Interpretation And Report, Blood Or Other Body		
84202	5.50	Protoporphyrin, RBC; Quantitative		
84203	5.50	Protoporphyrin, RBC; Screen		
84206	9.50	Proinsulin		
84207	14.00	Pyridoxal Phosphate (Vitamin B-6)		
84210	11.00	Pyruvate		
84220	3.50	Pyruvate Kinase		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
84228	4.00	Quinine		
84233	41.50	Receptor Assay; Estrogen		
84234	13.00	Receptor Assay; Progesterone		
84235	54.50	Receptor Assay; Endocrine, Other Than Estrogen Or Progesterone (Specify Hor		
84244	18.50	Renin		
84252	9.00	Riboflavin (Vitamin B-2)	1 PY	
84255	26.50	Selenium	1 PY	
84260	11.00	Serotonin		
84270	7.00	Sex Hormone Binding Globulin (Shbg)		
84275	5.00	Sialic Acid		
84285	24.50	Silica		
84295	4.00	Sodium; Serum		
84300	4.00	Sodium; Urine		
84302	4.50	Sodium; Other Source		
84305	17.50	Somatomedin		
84307	8.00	Somatostatin		
84311	6.50	Spectrophotometry, Analyte Not Elsewhere Specified		
84315	2.00	Specific Gravity (Except Urine)		
84375	6.00	Sugars, Chromatographic, Tlc Or Paper Chromatography		
84376	5.00	Sugars (Mon-, Di, And Oligosaccharides); Single Qualitative, Each Specimen		
84377	5.00	Sugars (Mon-, Di, And Oligosaccharides); Multiple Qualitative, Each Specime		
84378	7.50	Sugars (Mon-, Di, And Oligosaccharides); Single Quantitative, Each Specimen		
84379	7.50	Sugars (Mon-, Di, And Oligosaccharides); Multiple Quantitative, Each Specim		
84392	5.00	Assay Of Urine Sulfate		
84402	27.50	Testosterone; Free		
84403	22.50	Testosterone; Total		
84425	6.00	Thiamine (Vitamin B-1)	1 PY	
84430	11.50	Thiocyanate		
84432	14.00	Thyroglobulin		
84436	7.00	Thyroxine; Total	12 Units/2 Yrs	
84437	4.00	Thyroxine; Requiring Elution (Eg, Neonatal)		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
84439	7.00	Thyroxine; Free	6 PY	
84442	11.00	Thyroxine Binding Globulin (Tbg)		
84443	17.50	Thyroid Stimulating Hormone (Tsh)	12 Units/2 Yrs	
84445	12.50	Thyroid Stimulating Immune Globulins (Tsi)		
84446	12.50	Tocopherol Alpha (Vitamin E)	1 PY	
84449	13.50	Transcortin (Cortisol Binding Globulin)		
84450	5.00	Transferase; Aspartate Amino (Ast) (Sgot)		
84460	4.00	Transferase; Alanine Amino (Alt) (Sgpt)		
84466	15.00	Transferrin	4 PY	
84478	6.00	Triglycerides	3 PY	
84479	6.00	Thyroid Hormone (T3 Or T4) Uptake Or Thyroid Hormone Binding Ratio (Thbr)	12 Units/2 Yrs	
84480	11.50	Trilodothyronine T3; Total (Tt-3)	6 PY	
84481	11.50	Trilodothyronine T3; Free		
84484	10.50	Troponin, Quantitative		
84485	5.00	Trypsin; Duodenal Fluid		
84488	5.00	Trypsin; Feces, Qualitative		
84490	5.00	Trypsin; Feces, Quantitative, 24-Hour Collection		
84510	6.00	Tyrosine		
84512	5.00	Troponin, Qualitative		
84520	3.50	Urea Nitrogen; Quantitative		
84525	2.00	Urea Nitrogen; Semiquantitative (Eg, Reagent Strip Test)		
84540	4.00	Urea Nitrogen, Urine		
84545	6.00	Urea Nitrogen, Clearance		
84550	4.00	Uric Acid; Blood		
84560	4.50	Uric Acid; Other Source		
84577	12.50	Urobilinogen, Feces, Quantitative		
84578	3.00	Urobilinogen, Urine; Qualitative		
84580	7.00	Urobilinogen, Urine; Quantitative, Timed Specimen		
84583	5.00	Urobilinogen, Urine; Semiquantitative		
84585	12.50	Vanillylmandelic Acid (Vma), Urine		
84586	17.50	Vasoactive Intestinal Peptide (Vip)		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
84588	26.50	Vasopressin (Antidiuretic Hormone, Adh)		
84590	12.50	Vitamin A	1 PY	
84597	5.00	Vitamin K		
84600	17.50	Volatiles (Eg, Acetic Anhydride, Carbon Tetrachloride, Dichloroethane, Dich		
84620	11.50	Xylose Absorption Test, Blood And/Or Urine		
84630	11.50	Zinc	1 PY	
84681	15.00	C-Peptide		
84702	15.50	Gonadotropin, Chorionic (Hcg); Quantitative		
84703	7.00	Gonadotropin, Chorionic (Hcg); Qualitative		
84704	14.75	Hcg Free Betachain Test		
85002	4.50	Bleeding Time		
85004	6.00	Blood Count; Automated Differential Wbc Count		
85007	3.50	Blood Count; Blood Smear, Microscopic Examination With Manual Differential		
85008	3.00	Blood Count; Blood Smear, Microscopic Examination Without Manual Differenti		
85009	3.50	Blood Count; Manual Differential Wbc Count, Buffy Coat		
85013	2.50	Blood Count; Spun Microhematocrit		
85014	2.00	Blood Count; Hematocrit (Hct)		
85018	2.00	Blood Count; Hemoglobin (Hgb)		
85025	8.00	Blood Count; Complete (Cbc), Automated (Hgb, Hct, RBC, Wbc And Platelet Cou		
85027	6.00	Blood Count; Complete (Cbc), Automated (Hgb, Hct, RBC, Wbc And Platelet Cou		
85032	4.00	Blood Count; Manual Cell Count (Erythrocyte, Leukocyte, Or Platelet) Each		
85041	2.00	Blood Count; Red Blood Cell (RBC), Automated		
85044	4.00	Blood Count; Reticulocyte, Manual	4 PY	
85045	4.00	Blood Count; Reticulocyte, Automated		
85046	5.00	Blood Count; Reticulocytes, Automated, Including One Or More Cellular Param		
85048	2.00	Blood Count; Leukocyte (Wbc), Automated		
85049	4.00	Blood Count; Platelet, Automated		
85055	4.00	Reticulated Platelet Assay		
*85060	12.22	Blood Smear, Peripheral, Interpretation By Physician With Written Report		
*85097	43.56	Bone Marrow Interpretation		
85130	13.50	Chromogenic Substrate Assay		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
85170	3.50	Clot Retraction		
85175	4.00	Clot Lysis Time, Whole Blood Dilution		
85210	4.00	Clotting; Factor II, Prothrombin, Specific		
85220	17.50	Clotting; Factor V (Acg Or Proaccelerin), Labile Factor		
85230	17.50	Clotting; Factor VII (Proconvertin, Stable Factor)		
85240	18.00	Clotting; Factor VIII (Ahg), One Stage		
85244	20.50	Clotting; Factor VIII Related Antigen		
85245	23.00	Clotting; Factor VIII, Vw Factor, Ristocetin Cofactor		
85246	23.00	Clotting; Factor VIII, Vw Factor Antigen		
85247	23.00	Clotting; Factor VIII, Von Willebrand'S Factor, Multimeric Analysis		
85250	18.50	Clotting; Factor IX (Ptc Or Christmas)		
85260	18.50	Clotting; Factor X (Stuart-Prower)		
85270	18.50	Clotting; Factor XI (Pta)		
85280	18.50	Clotting; Factor XII (Hageman)		
85290	16.50	Clotting; Factor XIII (Fibrin Stabilizing)		
85291	9.00	Clotting; Factor XIII (Fibrin Stabilizing), Screen Solubility		
85300	4.00	Clotting Inhibitors Or Anticoagulants; Antithrombin III, Activity		
85301	10.50	Clotting Inhibitors Or Anticoagulants; Antithrombin III, Antigen Assay		
85302	13.00	Clotting Inhibitors Or Anticoagulants; Protein C, Antigen		
85303	13.00	Clotting Inhibitors Or Anticoagulants; Protein C, Activity		
85305	12.00	Clotting Inhibitors Or Anticoagulants; Protein S, Total		
85306	12.50	Clotting Inhibitors Or Anticoagulants; Protein S, Free		
85307	14.50	Activated Protein C (Apc) Resistance Assay		
85335	12.00	Factor Inhibitor Test		
85337	10.50	Thrombomodulin		
85345	4.00	Coagulation Time		
85347	4.00	Coagulation Time		
85348	3.00	Coagulation Time		
85360	5.50	Euglobulin Lysis		
85362	7.00	Fibrin(Ogen) Degradation (Split) Products (Fdp)(Fsp); Agglutination Slide,		
85366	8.00	Fibrin(Ogen) Degradation (Split) Products (Fdp)(Fsp); Paracoagulation		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
85370	7.00	Fibrin(Ogen) Degradation (Split) Products (Fdp)(Fsp); Quantitative		
85378	7.00	Fibrin Degradation Products, D-Dimer; Qualitative Or Semiquantitative		
85379	7.00	Fibrin Degradation Products, D-Dimer; Quantitative		
85380	9.50	Fibrin Degradation Products, D-Dimer; Ultrasensitive (Eg, For Evaluation Fo		
85384	8.00	Fibrinogen; Activity		
85385	8.00	Fibrinogen; Antigen		
85390	4.50	Fibrinolysins Or Coagulopathy Screen, Interpretation And Report		
*85396	10.16	Coagulation/Fibrinolysis Assay, Whole Blood (Eg, Viscoelastic Clot Assessme		
85397	21.78	Clotting Funct Activity		
85400	8.50	Fibrinolytic Factors And Inhibitors; Plasmin		
85410	8.00	Fibrinolytic Factors And Inhibitors; Alpha-2 Antiplasmin		
85415	8.50	Fibrinolytic Factors And Inhibitors; Plasminogen Activator		
85420	6.50	Fibrinolytic Factors And Inhibitors; Plasminogen, Except Antigenic Assay		
85441	3.50	Heinz Bodies; Direct		
85445	7.00	Heinz Bodies; Induced, Acetyl Phenylhydrazine		
85460	8.00	Hemoglobin Or RBCs, Fetal, For Fetomaternal Hemorrhage; Differential Lysis		
85461	7.50	Hemoglobin Or RBCs, Fetal, For Fetomaternal Hemorrhage; Rosette		
85475	9.00	Hemolysin, Acid		
85520	7.00	Heparin Assay		
85525	8.50	Heparin Neutralization		
85530	7.00	Heparin-Protamine Tolerance Test		
85536	6.00	Iron Stain, Peripheral Blood		
85540	8.00	Leukocyte Alkaline Phosphatase With Count		
85547	8.50	Mechanical Fragility, RBC		
85549	19.00	Muramidase		
85555	5.00	Osmotic Fragility, RBC; Unincubated		
85557	13.50	Osmotic Fragility, RBC; Incubated		
85576	20.50	Platelet; Aggregation (In Vitro), Each Agent		
85597	21.00	Platelet Neutralization		
85610	3.50	Prothrombin Time;		
85611	4.00	Prothrombin Time; Substitution, Plasma Fractions, Each		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
85612	8.50	Russell Viper Venom Time (Includes Venom); Undiluted		
85613	8.00	Russell Viper Venom Time (Includes Venom); Diluted		
85635	10.00	Reptilase Test		
85651	3.50	Sedimentation Rate, Erythrocyte, Non-Automated		
85652	3.00	Sedimentation Rate, Erythrocyte; Automated		
85660	4.00	Sickling Of RBC, Reduction	1 PY	
85670	4.00	Thrombin Time; Plasma		
85675	3.50	Thrombin Time; Titer		
85705	7.00	Thromboplastin Inhibition; Tissue		
85730	5.50	Thromboplastin Time, Partial (Ptt); Plasma Or Whole Blood		
85732	5.50	Thromboplastin Time, Partial (Ptt); Substitution, Plasma Fractions, Each		
85810	10.50	Blood Viscosity Examination		
86000	7.00	Agglutinins, Febrile (Eg, Brucella, Francisella, Murine Typhus, Q Fever, Ro		
86001	5.00	Allergen Specific IgG Quantitative Or Semiquantitative, Each Allergen		
86003	6.00	Allergen Specific IgE; Quantitative Or Semiquantitative, Each Allergen	12 PY	
86005	9.00	Allergen Specific IgE; Qualitative, Multiallergen Screen (Dipstick, Paddle	1 PY	
86021	10.50	Antibody Identification; Leukocyte Antibodies		
86022	17.50	Antibody Identification; Platelet Antibodies		
86023	9.00	Antibody Identification; Platelet Associated Immunoglobulin Assay		
86038	12.50	Antinuclear Antibodies (Ana);	2 PY	
86039	13.00	Antinuclear Antibodies (Ana); Titer	2 PY	
86060	6.00	Antistreptolysin O; Titer	3 PY	
86063	5.00	Antistreptolysin O; Screen	2 PY	
86140	5.00	C-Reactive Protein	2 PY	
86141	12.50	C-Reactive Protein; High Sensitivity (Hscrp)		
86146	16.00	Beta 2 Glycoprotein I Antibody, Each		
86147	15.00	Cardiolipin (Phospholipid) Antibody, Each Ig Class		
86148	16.00	Anti-Phosphatidylserine (Phospholipid) Antibody		
86155	11.50	Chemotaxis Assay, Specify Method		
86156	7.00	Cold Agglutinin; Screen		
86157	7.00	Cold Agglutinin; Titer		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
86160	12.00	Complement; Antigen, Each Component	2 PY	
86161	12.00	Complement; Functional Activity, Each Component	2 PY	
86162	17.50	Complement; Total Hemolytic (Ch50)	2 PY	
86171	9.50	Complement Fixation Tests, Each Antigen		
86185	8.50	Counterimmunoelectrophoresis, Each Antigen		
86215	13.50	Deoxyribonuclease, Antibody		
86225	14.00	Deoxyribonucleic Acid (DNA) Antibody; Native Or Double Stranded	3 PY	
86226	14.00	Deoxyribonucleic Acid (DNA) Antibody; Single Stranded		
86235	17.50	Extractable Nuclear Antigen, Antibody To, Any Method (Eg, Nrnp, Ss-A, Ss-B,	3 PY	
86243	21.00	Fc Receptor		
86255	11.50	Fluorescent Noninfectious Agent Antibody; Screen, Each Antibody	3 PY	
86256	11.50	Fluorescent Antibody; Titer, Each Antibody		
86277	16.00	Growth Hormone, Human (Hgh), Antibody		
86280	8.00	Hemagglutination Inhibition Test (Hai)		
86294	19.50	Immunoassay For Tumor Antigen, Qualitative Or Semiquantitative (Eg, Bladder		
86300	19.50	Immunoassay For Tumor Antigen, Quantitative; Ca 15-3 (27.29)		
86301	19.50	Immunoassay For Tumor Antigen, Quantitative; Ca 19-9		
86304	19.50	Immunoassay For Tumor Antigen, Quantitative; Ca 125		
86308	5.00	Heterophile Antibodies; Screening		
86309	6.50	Heterophile Antibodies; Titer		
86310	5.50	Heterophile Antibodies; Titers After Absorption With Beef Cells And Guinea		
86316	16.00	Immunoassay For Tumor Antigen; Other Antigen, Quantitative (Eg, Ca 50, 72-4	3 PY	
86317	15.00	Immunoassay For Infectious Agent Antibody, Quantitative, Not Otherwise Spec	3 PY	
86318	14.00	Immunoassay For Infectious Agent Antibody, Qualitative Or Semiquantitative,	3 PY	
86320	21.50	Immunolectrophoresis; Serum		
86325	21.50	Immunolectrophoresis; Other Fluids (Eg, Urine, Cerebrospinal Fluid) With C		
86327	21.50	Immunolectrophoresis; Crossed (2-Dimensional Assay)		
86329	14.50	Immunodiffusion; Not Elsewhere Specified		
86331	12.00	Immunodiffusion; Gel Diffusion, Qualitative (Ouchterlony), Each Antigen Or		
86332	14.00	Immune Complex Assay		
86334	21.50	Immunofixation Electrophoresis; Serum		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
86335	28.70	Immunofixation Electrophoresis;Other Flu		
86336	17.86	Inhibin A		
86337	21.50	Insulin Antibodies		
86340	15.00	Intrinsic Factor Antibodies		
86341	23.00	Islet Cell Antibody		
86343	12.50	Leukocyte Histamine Release Test (Lhr)		
86344	8.00	Leukocyte Phagocytosis		
86353	51.00	Lymphocyte Transformation, Mitogen (Phytomitogen) Or Antigen Induced Blasto		
86355	3.13	B Cells, Total Count		
86356	9.00	Mononuclear Cell Antigen		
86357	3.13	Natural Killer Cells Cnk), Total Count		
86359	2.50	T Cells; Total Count		
86360	6.00	T Cells; Absolute Cd4 And Cd8 Count, Including Ratio		
86361	4.00	T Cells; Absolute Cd4 Count		
86376	9.50	Microsomal Antibodies (Eg, Thyroid Or Liver-Kidney), Each		
86378	17.50	Migration Inhibitory Factor Test (Mif)		
86382	15.00	Neutralization Test, Viral		
86384	11.50	Nitroblue Tetrazolium Dye		
86403	11.00	Particle Agglutination; Screen, Each Antibody		
86406	12.50	Particle Agglutination; Titer, Each Antibody		
86430	5.50	Rheumatoid Factor; Qualitative	2 PY	
86431	5.50	Rheumatoid Factor; Quantitative	2 PY	
*86486	2.89	Skin Test Nos Antigen		
*86490	2.60	Coccidioidomycosis Skin Test		
*86510	3.18	Histoplasmosis Skin Test		
*86580	3.87	Tb Intradermal Test		
86590	6.00	Streptokinase, Antibody		
86592	4.00	Syphilis Test; Qualitative (Eg, Vdrl, Rpr, Art)		
86593	4.50	Syphilis Test; Quantitative		
86602	5.00	Antibody; Actinomyces		
86603	15.00	Antibody; Adenovirus		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
86606	12.50	Antibody; Aspergillus		
86609	12.60	Antibody; Bacterium, Not Elsewhere Specified		
86611	4.77	Antibody; Bartonella		
86612	12.50	Antibody; Blastomyces		
86615	10.00	Antibody; Bordetella		
86617	18.00	Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (Eg, Wester		
86618	13.00	Antibody; Borella Burgdorferi (Lyme Disease)		
86619	10.00	Antibody; Borrelia (Relapsing Fever)		
86622	7.00	Antibody; Brucella		
86625	15.00	Antibody; Campylobacter		
86628	5.50	Antibody; Candida		
86631	8.50	Antibody; CHLAmydia	3 PY	
86632	12.50	Antibody; CHLAmydia, Igm	3 PY	
86635	10.00	Antibody; Coccidioides		
86638	14.00	Antibody; Coxiella BrunetII (Q Fever)		
86641	7.50	Antibody; Cryptococcus		
86644	14.50	Antibody; Cytomegalovirus (Cmv)	3 PY	
86645	12.50	Antibody; Cytomegalovirus (Cmv), Igm	3 PY	
86648	11.00	Antibody; Diphtheria		
86651	11.00	Antibody; Encephalitis, California (La Crosse)		
86652	15.50	Antibody; Encephalitis, Eastern Equine		
86653	15.50	Antibody; Encephalitis, St. Louis		
86654	15.50	Antibody; Encephalitis, Western Equine		
86658	10.00	Antibody; Enterovirus (Eg, Cocksackie, Echo, Polio)		
86663	14.00	Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)		
86664	17.50	Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)		
86665	14.00	Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)		
86666	4.77	Antibody; Ehrlichia		
86668	7.00	Antibody; Francisella Tularensis		
86674	7.00	Antibody; Giardia Lamblia		
86677	16.50	Antibody; Helicobacter Pylori	3 PY	

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
86684	16.50	Antibody; Hemophilus Influenza		
86687	9.00	Antibody; HTLV I	3 PY	
86688	15.50	Antibody; HTLV-II	3 PY	
86689	14.50	Antibody; HTLV Or HIV Antibody, Confirmatory Test (Eg, Western Blot)	1 PY	
86692	12.00	Antibody; Hepatitis, Delta Agent	3 PY	
86694	14.50	Antibody; Herpes Simplex, Non-Specific Type Test		
86695	12.50	Antibody; Herpes Simplex, Type I		
86696	18.50	Antibody; Herpes Simplex, Type 2		
86698	10.00	Antibody; Histoplasma		
86701	10.00	Antibody; HIV-1	3 PY	
86702	14.50	Antibody; HIV-2	3 PY	
86703	9.50	Antibody; HIV-1 And HIV-2, Single Assay	3 PY	
86704	11.50	Hepatitis B Core Antibody (Hbcab), Total	3 PY	
86705	11.00	Hepatitis B Core Antibody (Hbcab); Igm Antibody	3 PY	
86706	10.00	Hepatitis B Surface Antibody (Hbsab)	3 PY	ESRD
86707	11.00	Hepatitis Be Antibody (Hbeab)	3 PY	
86708	11.50	Hepatitis A Antibody (Haab), Total	3 PY	
86709	10.50	Hepatitis A Antibody (Haab); Igm Antibody	3 PY	
86710	11.00	Antibody; Influenza Virus		
86713	17.50	Antibody; Legionella		
86717	9.00	Antibody; Leishmania		
86720	12.00	Antibody; Leptospira		
86723	15.50	Antibody; Listeria Monocytogenes		
86727	12.50	Antibody; Lymphocytic Choriomeningitis		
86729	14.00	Antibody; Lymphogranuloma Venereum		
86732	14.50	Antibody; Mucormycosis		
86735	12.50	Antibody; Mumps		
86738	10.00	Antibody; Mycoplasma		
86741	15.50	Antibody; Neisseria Meningitidis		
86744	14.50	Antibody; Nocardia		
86747	16.00	Antibody; Parvovirus		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
86750	6.50	Antibody; Plasmodium (Malaria)		
86756	12.50	Antibody; Respiratory Syncytial Virus		
86757	18.50	Antibody; Rickettsia		
86759	15.50	Antibody; Rotavirus		
86762	14.50	Antibody; Rubella		
86765	13.00	Antibody; Rubeola		
86768	10.50	Antibody; Salmonella		
86771	10.00	Antibody; Shigella		
86774	16.00	Antibody; Tetanus		
86777	14.50	Antibody; Toxoplasma		
86778	12.50	Antibody; Toxoplasma, Igm		
86784	5.50	Antibody; Trichinella		
86787	15.00	Antibody; Varicella-Zoster		
86788	16.48	Antibody; West Nile Virus, Igm		
86789	14.08	Antibody; West Nile Virus		
86793	10.00	Antibody; Yersinia		
86800	16.00	Thyroglobulin Antibody		
86803	13.50	Hepatitis C Antibody;	3 PY	
86804	14.50	Hepatitis C Antibody; Confirmatory Test (Eg, Immunoblot)		
86805	54.50	Lymphocytotoxicity Assay, Visual Crossmatch; With Titration		
86806	49.50	Lymphocytotoxicity Assay, Visual Crossmatch; Without Titration		
86807	41.00	Serum Screening For Cytotoxic Percent Reactive Antibody (Pra); Standard Met		
86808	30.50	Serum Screening For Cytotoxic Percent Reactive Antibody (Pra); Quick Method		
86812	21.50	HLA Typing; A, B, Or C (Eg, A10, B7, B27), Single Antigen		
86813	60.50	HLA Typing; A, B, Or C, Multiple Antigens		
86816	28.00	HLA Typing; Dr/Dq, Single Antigen		
86817	67.00	HLA Typing; Dr/Dq, Multiple Antigens		
86821	58.50	HLA Typing; Lymphocyte Culture, Mixed (Mlc)		
86822	36.00	HLA Typing; Lymphocyte Culture, Primed (Plc)		
86850	11.50	Antibody Screen, RBC, Each Serum Technique		
86860	14.50	Antibody Elution (RBC), Each Elution		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
86870	7.85	Antibody Identification, RBC Antibodies, Each Panel For Each Serum Techniqu		
86880	5.50	Antihuman Globulin Test (Coombs Test); Direct, Each Antiserum		
86885	5.50	Antihuman Globulin Test (Coombs Test); Indirect, Qualitative, Each Antiseru		
86886	5.00	Antihuman Globulin Test (Coombs Test); Indirect, Titer, Each Antiserum		
86900	3.00	Blood Typing; ABO		
86901	3.00	Blood Typing; Rh (D)		
86904	10.00	Blood Typing Patient Serum		
86905	3.50	Blood Typing; RBC Antigens, Other Than Abo Or Rh (D), Each		
86906	7.00	Blood Typing; Rh Phenotyping, Complete		
86910	20.00	Blood Typing, For Paternity Testing, Per Individual, Abo, Rh And Mn;		
86920	20.00	Compatibility Test Spin		
86922	40.00	Compatibility Test Antiglob		
86930	18.50	Frozen Blood Prep		
86931	9.00	Frozen Blood Thaw		
86932	63.50	Frozen Blood Freeze/Thaw		
86940	8.00	Hemolysins And Agglutinins, Auto, Screen, Each;		
86941	8.50	Hemolysins/Agglutinins		
86950	52.00	Leukocyte Transfusion		
86965	5.00	Pooling Blood Platelets		
86970	15.50	RBC Pretreatment		
86971	12.50	RBC Pretreatment		
86972	5.50	RBC Pretreatment		
86975	6.50	RBC Pretreatment Serum		
86976	5.50	RBC Pretreatment Serum		
86977	12.50	RBC Pretreatment Serum		
86978	14.00	RBC Pretreatment Serum		
87015	6.50	Concentration (Any Type), For Infectious Agents	PM 2	
87040	10.50	Culture, Bacterial; Blood, Aerobic, With Isolation And Presumptive Identifi	4 PY	
87045	9.50	Culture, Bacterial; Stool, Aerobic, With Isolation And Preliminary Examinat	PM 2	
87046	2.00	Culture, Bacterial; Stool, Aerobic, Additional Pathogens, Isolation And Pre		
87070	8.50	Culture, Bacterial; Any Other Source Except Urine, Blood Or Stool, Aerobic,	4 PY	

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
87071	4.50	Culture, Bacterial; Quantitative, Aerobic With Isolation And Presumptive Id		
87073	4.50	Culture, Bacterial; Quantitative, Anaerobic With Isolation And Presumptive		
87075	9.50	Culture, Bacterial; Any Source, Except Blood, Anaerobic With Isolation And	4 PY	
87076	9.49	Culture, Bacterial; Anaerobic Isolate, Additional Methods Required For Defi	4 PY	
87077	7.50	Culture, Bacterial; Aerobic Isolate, Additional Methods Required For Defini	4 PY	
87081	5.50	Culture, Presumptive, Pathogenic Organisms, Screening Only;	4 PY	
87084	8.50	Culture, Presumptive, Pathogenic Organisms, Screening Only, By Commercial K		
87086	8.00	Culture, Bacterial; Quantitative Colony Count, Urine	8 PY	
87088	8.00	Culture, Bacterial; With Isolation And Presumptive Identification Of Each I	8 PY	
87101	8.00	Culture, Fungi (Mold Or Yeast) Isolation, With Presumptive Identification O	4 PY	
87102	8.50	Culture, Fungi, Isolation (With Or Without Presumptive Identification); Oth		
87103	9.00	Culture, Fungi, Isolation (With Or Without Presumptive Identification); Blo		
87106	10.50	Culture, Fungi, Definitive Identification, Each Organism; Yeast	4 PY	
87107	9.50	Culture, Fungi, Definitive Identification, Each Organism; Mold		
87109	15.50	Culture, Mycoplasma, Any Source		
87110	14.00	Culture, CHLAmydia, Any Source		
87116	10.50	Culture, Tubercle Or Other Acid-Fast Bacilli (Eg, Tb, Afb, Mycobacteria) An		
87118	11.00	Culture, Mycobacterial, Definitive Identification, Each Isolate		
87140	5.50	Culture, Typing; Immunofluorescent Method, Each Antiserum		
87143	12.50	Culture, Typing; Gas Liquid Chromatography (Glc) Or High Pressure Liquid Ch		
87147	4.50	Culture, Typing; Immunologic Method, Other Than Immunofluoresence (Eg, Aggl		
87149	12.00	Culture, Typing; Identification By Nucleic Acid Probe		
87152	5.00	Culture, Typing; Identification By Pulse Field Gel Typing		
87158	5.00	Culture, Typing; Other Methods		
87164	10.00	Dark Field Examination, Any Source (Eg, Penile, Vaginal, Oral, Skin); Inclu		
87166	11.50	Dark Field Examination, Any Source (Eg, Penile, Vaginal, Oral, Skin); Witho		
87168	4.00	Macroscopic Examination; Arthropod		
87169	4.00	Macroscopic Examination; Parasite		
87176	5.50	Homogenization, Tissue, For Culture		
87177	9.00	Ova And Parasites, Direct Smears, Concentration And Identification	PM 2	
87181	0.50	Susceptibility Studies, Antimicrobial Agent; Agar Dilution Method, Per Agen	4 PY	

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
87184	7.00	Susceptibility Studies, Antimicrobial Agent; Disk Method, Per Plate (12 Or	8 PY	
87185	0.50	Susceptibility Studies, Antimicrobial Agent; Enzyme Detection (Eg, Beta Lac		
87186	8.50	Susceptibility Studies, Antimicrobial Agent; Microdilution Or Agar Dilution	8 PY	
87187	9.00	Susceptibility Studies, Antimicrobial Agent; Microdilution Or Agar Dilution	8 PY	
87188	4.00	Susceptibility Studies, Antimicrobial Agent; Macrobrot h Dilution Method, Ea		
87190	5.00	Susceptibility Studies, Antimicrobial Agent; Mycobacteria, Proportion Metho		
87197	15.00	Serum Bactericidal Titer (Schlicter Test)		
87205	4.00	Smear, Primary Source With Interpretation; Gram Or Giemsa Stain For Bacteri	4 PY	
87206	5.00	Smear, Primary Source With Interpretation; Fluorescent And/Or Acid Fast Sta		
87207	5.50	Smear, Primary Source With Interpretation; Special Stain For Inclusion Bodi		
87209	17.58	Smear, Primary Source With Interpretation; Complex Special Stain (Eg, Trich		
87210	4.00	Smear, Primary Source With Interpretation; Wet Mount For Infectious Agents	4 PY	
87220	4.00	Tissue Examination By Koh Slide Of Samples From Skin, Hair, Or Nails For Fu	4 PY	
87230	19.00	Toxin Or Antitoxin Assay, Tissue Culture (Eg, Clostridium Difficile Toxin)		
87250	20.50	Virus Inoculate Eggs/Animal		
87252	22.50	Virus Isolation; Tissue Culture Inoculation, Observation, And Presumptive I		
87253	18.50	Virus Isolation; Tissue Culture, Additional Studies Or Definitive Identific		
87254	4.50	Virus Isolation; Centrifuge Enhanced (Shell Vial) Technique, Includes Ident		
87255	33.00	Virus Isolation; Including Identification By Non-Immunologic Method, Other		
87260	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Adenovir		
87265	11.50	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique		
87267	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Enterovi		
87269	12.00	Infectious Agent Antigen Detection By Immunofluorescent Technique; Giardia		
87270	11.50	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique		
87271	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Cytomega		
87272	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Cryptosp		
87273	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Herpes S		
87274	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Herpes S		
87275	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Influenz		
87276	11.50	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique		
87277	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Legionel		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
87278	11.50	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique		
87279	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Parainfl		
87280	11.50	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique		
87281	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Pneumocy		
87283	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Rubeola		
87285	11.50	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique		
87290	11.50	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique		
87299	11.50	Infectious Agent Antigen Detection By Immunofluorescent Technique; Not Othe		
87300	5.50	Infectious Agent Antigen Detection By Immunofluorescent Technique, Polyvale		
87301	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87305	11.73	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87320	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87324	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87327	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87328	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87329	12.00	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87332	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87335	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87336	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87337	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87340	9.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita	4 PY	
87341	9.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87350	11.00	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita	3 PY	
87380	15.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita	3 PY	
87385	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87390	10.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87400	5.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87420	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87425	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87427	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		
87430	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualita		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
87449	11.50	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique Qualitat		
87450	9.00	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique Qualitat		
87451	9.00	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique Qualitat		
87470	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Bartonella Hensela		
87471	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Bartonella Hensela		
87472	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Bartonella Hensela		
87475	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Borrelia Burgdorfe		
87476	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Borrelia Burgdorfe		
87477	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Borrelia Burgdorfe		
87480	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Candida Species, D		
87481	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Candida Species, A		
87482	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Candida Species, Q		
87485	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); CHLAmydia Pneumoni		
87486	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); CHLAmydia Pneumoni		
87487	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); CHLAmydia Pneumoni		
87490	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); CHLAmydia Trachoma		
87491	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); CHLAmydia Trachoma		
87492	41.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); CHLAmydia Trachoma		
87495	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Cytomegalovirus, D		
87496	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Cytomegalovirus, A		
87497	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Cytomegalovirus, Q		
87498	29.16	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Enterovirus, Ampli		
87510	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Gardnerella Vagina		
87511	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Gardnerella Vagina		
87512	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Gardnerella Vagina		
87515	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis B Virus,		
87516	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis B Virus,		
87517	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis B Virus,		
87520	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis C, Direc		
87521	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis C, Ampli		
87522	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis C, Quant		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
87525	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis G, Direc		
87526	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis G, Ampli		
87527	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Hepatitis G, Quant		
87528	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Simplex Vir		
87529	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Simplex Vir		
87530	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Simplex Vir		
87531	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Virus-6, Di		
87532	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Virus-6, Am		
87533	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Herpes Virus-6, Qu		
87534	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); HIV-1, Direct Prob		
87535	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); HIV-1, Amplified P		
87536	130.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); HIV-1, Quantificat		
87539	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); HIV-2, Quantificat		
87540	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Legionella Pneumop		
87541	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Legionella Pneumop		
87542	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Legionella Pneumop		
87550	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Speci		
87551	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Speci		
87552	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Speci		
87555	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Tuber		
87556	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Tuber		
87557	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Tuber		
87560	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Avium		
87561	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Avium		
87562	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycobacteria Avium		
87580	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycoplasma Pneumon		
87581	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycoplasma Pneumon		
87582	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycoplasma Pneumon		
87590	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Neisseria Gonorrhoe		
87591	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Neisseria Gonorrhoe		
87592	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Neisseria Gonorrhoe		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
87620	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Papillomavirus, Hu		
87621	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Papillomavirus, Hu		
87622	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Papillomavirus, Hu		
87640	29.16	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Staphylococcus Aur		
87641	29.16	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Staphylococcus Aur		
87650	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Streptococcus, Gro		
87651	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Streptococcus, Gro		
87652	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Streptococcus, Gro		
87653	29.16	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Streptococcus, Gro		
87660	12.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Trichomonas Vagina		
87797	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA), Not Otherwise Spec		
87798	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA), Not Otherwise Spec		
87799	45.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA), Not Otherwise Spec		
87800	12.00	Infectious Agent Detection By Nucleic Acid (DNA Or RNA), Multiple Organisms		
87801	28.50	Infectious Agent Detection By Nucleic Acid (DNA Or RNA), Multiple Organisms		
87802	11.50	Infectious Agent Antigen Detection By Immunoassay With Direct Optical Obser		
87803	11.50	Infectious Agent Antigen Detection By Immunoassay With Direct Optical Obser		
87804	11.50	Infectious Agent Antigen Detection By Immunoassay With Direct Optical Obser		
87807	11.73	Infectious Agent Antigen Detection By Immunoassay With Direct Optical Obser		
87808	11.73	Infectious Agent Antigen Detection By Immunoassay With Direct Optical Obser		
87809	11.73	Adenovirus Assay W/Optic		
87810	11.50	Infectious Agent Detection By Immunoassay With Direct Optical Observation;		
87850	11.50	Infectious Agent Detection By Immunoassay With Direct Optical Observation;		
87880	11.50	Infectious Agent Detection By Immunoassay With Direct Optical Observation;		
87899	11.50	Infectious Agent Detection By Immunoassay With Direct Optical Observation;		
87900	180.29	Infectious Agent Drug Susceptibility Phenotype Prediction Using Regularly U		
87901	355.78	Infectious Agent Genotype Analysis By Nucleic Acid (DNA Or RNA), HIV 1, Rev	2 PY	
87902	252.00	Infectious Agent Genotype Analysis By Nucleic Acid (DNA Or RNA); Hepatitis	2 PY	
87903	675.00	Infectious Agent Phenotype Analysis By Nucleic Acid (DNA Or RNA) With Drug, Up To 10 Tests	2 PY	
87904	36.02	Infectious Agent Phenotype Analysis By Nucleic Acid (DNA Or RNA) With Drug, Add On	10 PY	
87905	11.59	Sialidase Enzyme Assay		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
87906	133.42	Genotype DNA/RNA HIV	2 PY	
88104	38.13	Cytopathology, Fluids, Washings Or Brushings, Except Cervical Or Vaginal; S		
88106	40.02	Cytopathology, Fluids, Washings Or Brushings, Except Cervical Or Vaginal; S		
88107	51.19	Cytopathology, Fluids, Washings Or Brushings, Except Cervical Or Vaginal; S		
88108	39.07	Cytopathology, Concentration Technique, Smears And Interpretation (Eg, Sacc		
88112	55.43	Cytopathology, Selective Cellular Enhancement Technique With Interpretation		
88141	16.01	Cytopathology, Cervical Or Vaginal (Any Reporting System); Requiring Interp	1/200 Days	Abnormal Cytology
88142	17.00	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Pre	1/200 Days	Abnormal Cytology
88143	10.00	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Pre	1/200 Days	Abnormal Cytology
88147	10.22	Cytopathology Smears, Cervical Or Vaginal; Screening By Automated System Un	1/200 Days	Abnormal Cytology
88148	10.22	Cytopathology Smears, Cervical Or Vaginal; Screening By Automated System Wi	1/200 Days	Abnormal Cytology
88150	10.00	Cytopathology, Slides, Cervical Or Vaginal; Manual Screening Under Physicia	1/200 Days	Abnormal Cytology
88152	10.00	Cytopathology, Slides, Cervical Or Vaginal; With Manual Screening And Compu	1/200 Days	Abnormal Cytology
88153	10.00	Cytopathology, Slides, Cervical Or Vaginal; With Manual Screening And Rescr	1/200 Days	Abnormal Cytology
88154	10.00	Cytopathology, Slides, Cervical Or Vaginal; With Manual Screening And Compu	1/200 Days	Abnormal Cytology
88155	5.50	Cytopathology, Slides, Cervical Or Vaginal, Definitive Hormonal Evaluation	1/200 Days	Abnormal Cytology
88160	31.68	Cytopathology, Smears, Any Other Source; Screening And Interpretation	1/200 Days	Abnormal Cytology
88161	30.64	Cytopathology, Smears, Any Other Source; Preparation, Screening And Interpr	1/200 Days	Abnormal Cytology
88162	48.37	Cytopathology, Smears, Any Other Source; Extended Study Involving Over 5 Sl	1/200 Days	Abnormal Cytology
88164	10.00	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); Manual Sc	1/200 Days	Abnormal Cytology
88165	10.00	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manu	1/200 Days	Abnormal Cytology
88166	10.00	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manu	1/200 Days	Abnormal Cytology
88167	10.00	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manu	1/200 Days	Abnormal Cytology
88172	27.72	Cytopathology, Evaluation Of Fine Needle Aspirate; Immediate Cytohistologic	1/200 Days	Abnormal Cytology
88173	75.92	Evaluation Of Fine Needle Aspirate With Or Without Preparation Of Smears; I	1/200 Days	Abnormal Cytology
88174	20.50	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Pre	1/200 Days	Abnormal Cytology
88175	24.00	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Pre	1/200 Days	Abnormal Cytology
88177	17.33	Cytp Fna Eval Ea Addl		
88182	55.26	Flow Cytometry; Cell Cycle Or DNA Analysis		
88184	44.93	Flow Cytometry, Cell Surface, Cytoplasmic, Or Nuclear Marker, Technical Com		
88185	27.37	Flow Cytometry, Cell Surface, Cytoplasmic, Or Nuclear Marker, Technical Com		
88187	34.78	Flow Cytometry, Interpretation; 2 To 8 Markers		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
88188	44.42	Flow Cytometry, Interpretation; 9 To 15 Markers		
88189	53.89	Flow Cytometry, Interpretation; 16 Or More Markers		
88230	121.50	Tissue Culture For Non-Neoplastic Disorders; Lymphocyte		
88233	148.00	Tissue Culture For Chromosome Analysis; Skin Or Other Solid Tissue Biopsy		
88235	154.00	Tissue Culture For Chromosome Analysis; Amniotic Fluid Or Chorionic Villus		
88237	131.50	Tissue Culture For Neoplastic Disorders; Bone Marrow, Blood Cells		
88239	154.00	Tissue Culture For Neoplastic Disorders; Solid Tumor		
88245	107.50	Chromosome Analysis For Breakage Syndromes; Baseline Sister Chromatid Excha		
88248	143.50	Chromosome Analysis For Breakage Syndromes; Baseline Breakage, Score 50-100		
88249	167.50	Chromosome Analysis For Breakage Syndromes; Score 100 Cells, Clastogen Stre		
88261	136.50	Chromosome Analysis; Count 5 Cells, 1 Karyotype, With Banding		
88262	129.50	Chromosome Analysis; Count 15-20 Cells, 2 Karyotypes, With Banding		
88263	107.50	Chromosome Analysis; Count 45 Cells For Mosaicism, 2 Karyotypes, With Bandi		
88264	120.50	Chromosome Analysis; Analyze 20-25 Cells		
88267	170.00	Chromosome Analysis, Amniotic Fluid Or Chorionic Villus, Count 15 Cells, 1		
88269	107.50	Chromosome Analysis, In Situ For Amniotic Fluid Cells, Count Cells From 6-1		
88271	14.00	Molecular Cytogenetics; DNA Probe, Each (Eg, Fish)		
88272	24.50	Molecular Cytogenetics; Chromosomal In Situ Hybridization, Analyze 3-5 Cell		
88273	31.50	Molecular Cytogenetics; Chromosomal In Situ Hybridization, Analyze 10-30 Ce		
88275	47.18	Molecular Cytogenetics; Interphase In Situ Hybridization, Analyze 100-300 C		
88280	21.50	Chromosome Analysis; Additional Karyotypes, Each Study		
88283	71.50	Chromosome Analysis; Additional Specialized Banding Technique (Eg, Nor, C-B		
88285	4.00	Chromosome Analysis; Additional Cells Counted, Each Study		
88289	28.00	Chromosome Analysis; Additional High Resolution Study		
88291	15.49	Cytogenetics And Molecular Cytogenetics, Interpretation And Report		
88300	12.29	Level I – Surgical Pathology, Gross Examination Only		
88302	25.61	Level II – Surgical Pathology, Gross And Microscopic Examination		
88304	27.16	Level Iii – Surgical Pathology, Gross And Microscopic Examination		
88305	47.18	Level Iv – Surgical Pathology, Gross And Microscopic Examination		
88307	132.01	Level V – Surgical Pathology, Gross And Microscopic Examination		
88309	200.67	Level Vi – Surgical Pathology, Gross And Microscopic Examination		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
88311	10.33	Decalcification Procedure (List Separately In Addition To Code For Surgical		
88312	49.41	Special Stains (List Separately In Addition To Code For Primary Service); G		
88313	34.26	Special Stains (List Separately In Addition To Code For Surgical Pathology		
88314	40.97	Special Stains (List Separately In Addition To Code For Surgical Pathology		
88321	45.17	Consultation And Report On Referred Slides Prepared Elsewhere		
88323	67.59	Consultation And Report On Referred Material Requiring Preparation Of Slide		
88325	96.18	Consultation, Comprehensive, With Review Of Records And Specimens, With Rep		
88329	28.16	Pathology Consultation During Surgery;		
88331	50.44	Pathology Consultation During Surgery; First Tissue Block, With Frozen Sect		
88332	22.04	Pathology Consultation During Surgery; Each Additional Tissue Block With Fr		
88333	53.20	Pathology Consultation During Surgery; Cytologic Examination (Eg, Touch Pre		
88334	33.23	Pathology Consultation During Surgery; Cytologic Examination (Eg, Touch Pre		
88342	58.36	Immunohistochemistry (Including Tissue Immunoperoxidase), Each Antibody		
88346	55.26	Immunofluorescent Study, Each Antibody; Direct Method		
88347	40.11	Immunofluorescent Study, Each Antibody; Indirect Method		
88360	64.39	Morphometric Analysis, Tumor Immunohistochemistry (Eg, Her-2/Neu, Estrogen		
88361	79.19	Morphometric Analysis, Tumor Immunohistochemistry (Eg, Her-2/Neu, Estrogen		
88362	157.87	Nerve Teasing Preparations		
88365	90.38	In Situ Hybridization (Eg, Fish), Each Probe		
88367	130.67	Morphometric Analysis, In Situ Hybridization, (Quantitative Or Semi-Quantit		
88368	117.41	Morphometric Analysis, In Situ Hybridization, (Quantitative Or Semi-Quantit		
88371	21.50	Protein Analysis Of Tissue By Western Blot, With Interpretation And Report;		
88372	22.00	Protein Analysis Of Tissue By Western Blot, With Interpretation And Report;		
88380	79.88	Microdissection (Eg, Mechanical, Laser Capture)		
88381	99.44	Microdissection Manual		
88740	4.76	Transcutaneous Carboxyhb		
88741	4.76	Transcutaneous Methb		
89050	4.50	Cell Count, Miscellaneous Body Fluids (Eg, Cerebrospinal Fluid, Joint Fluid		
89051	5.50	Cell Count, Miscellaneous Body Fluids (Eg, Csf, Joint Fluid), Except Blood;		
89055	4.00	Leukocyte Assessment, Fecal, Qualitative Or Semiquantitative		
89060	6.50	Crystal Identification By Light Microscopy With Or Without Polarizing Lens		

Code	Max Fee	Description	Frequency Limit	Diagnosis Exceptions
89125	4.00	Fat Stain, Feces, Urine, Or Respiratory Secretions		
89160	3.50	Meat Fibers, Feces		
89190	4.50	Nasal Smear For Eosinophils		
89220	8.07	Sputum, Obtaining Specimen, Aerosol Induced Technique (Separate Procedure)		
89230	1.53	Sweat Collection By Iontophoresis		
89321	11.50	Semen Analysis, Presence And/Or Motility Of Sperm		
89330	9.00	Evaluation Cervical Mucus		
89331	19.00	Retrograde Ejaculation Analysis		
S3854	2,732.60	Oncotype Dx®		